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Exhibit A1
ESSB 5940 Data Requirements

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

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Exhibit A2a

Health Plan Options by District

All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
Aberdeen School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Adna School District	**Plan 708**	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Almira School District	**Plan 346**	PPO	Y	N
	Plan 347	PPO	Y	N
Anacortes School District	**Plan 289**	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 467	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N

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Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Arlington School District	**Plan 289**	PPO	Y	N
	Plan 423	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 805	PPO	Y	N
	Plan 806	PPO	Y	N
	Plan 807	PPO	Y	N
	Plan 808	PPO	Y	N
	Plan 809	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1041	HMO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Asotin-Anatone School District	**Plan 289**	PPO	Y	N
	Plan 709	PPO	Y	N

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Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1357	PPO	N	Y
Auburn School District	**Plan 289**	PPO	Y	N
	Plan 424	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Bainbridge Island School District	**Plan 289**	PPO	Y	N
	Plan 324	PPO	Y	N
	Plan 325	PPO	Y	N
	Plan 326	PPO	Y	N
	Plan 327	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N

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Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 870	PPO	Y	N
	Plan 1046	HMO	Y	N
	Plan 1047	HMO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Battle Ground School District	**Plan 301**	HMO	Y	Y
	Plan 828	Deductible	Y	Y
Bellevue School District	**Plan 287**	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 289	PPO	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1040	HMO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Bellingham School District	**Plan 470**	HMO	Y	N
	Plan 486	HMO	Y	N

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Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 503	HMO	Y	N
	Plan 504	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 911	TRAD	Y	N
	Plan 912	TRAD	Y	N
	Plan 913	PPO	Y	N
	Plan 914	TRAD	Y	N
	Plan 915	PPO	Y	N
	Plan 916	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1442	PPO	N	Y
	Plan 1443	TRAD	N	Y
	Plan 1444	PPO	N	Y
	Plan 1445	PPO	N	Y
	Plan 1446	PPO	N	Y
Benge School District	**Plan 347**	PPO	Y	N
Bethel School District	**Plan 459**	HMO	Y	N
	Plan 794	PPO	Y	N
	Plan 795	PPO	Y	N
	Plan 796	PPO	Y	N
	Plan 797	PPO	Y	N
	Plan 798	PPO	Y	N
Bickleton School District	**Plan 710**	PPO	Y	N
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Blaine School District	**Plan 482**	HMO	Y	N
	Plan 487	HMO	Y	N

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Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 911	TRAD	Y	N
	Plan 912	TRAD	Y	N
	Plan 913	PPO	Y	N
	Plan 914	TRAD	Y	N
	Plan 915	PPO	Y	N
	Plan 1442	PPO	N	Y
	Plan 1443	TRAD	N	Y
	Plan 1444	PPO	N	Y
	Plan 1446	PPO	N	Y
Boistfort School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1355	PPO	N	Y
Bremerton School District	**Plan 289**	PPO	Y	N
	Plan 336	PPO	Y	N
	Plan 338	PPO	Y	N
	Plan 340	PPO	Y	N
	Plan 342	PPO	Y	N
	Plan 455	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1035	HMO	Y	N

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Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 1357	PPO	N	Y
Brewster School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Bridgeport School District	**Plan 289**	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
Brinnon School District	**Plan 708**	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 1344	PPO	N	Y

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Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
Burlington-Edison School District	**Plan 287**	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 289	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 473	HMO	Y	N
	Plan 499	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 894	PPO	Y	N
	Plan 895	TRAD	Y	N
	Plan 896	TRAD	Y	N
	Plan 897	PPO	Y	N
	Plan 898	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
	Plan 1434	PPO	N	Y
	Plan 1435	PPO	N	Y
	Plan 1436	PPO	N	Y
	Plan 1437	PPO	N	Y

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Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 1438	TRAD	N	Y
	Plan 1439	PPO	N	Y
	Plan 1440	PPO	N	Y
Camas School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1261	Deductible	N	Y
	Plan 1279	HMO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
Cape Flattery School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Carbonado School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N

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Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Cascade School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Cashmere School District	**Plan 346**	PPO	Y	N
	Plan 347	PPO	Y	N
Castle Rock School District	**Plan 275**	Deductible	Y	Y
	Plan 289	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N

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Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
Centerville School District	**Plan 270**	Open Network	Y	N
	Plan 271	Open Network	Y	N
	Plan 272	Open Network	Y	N
Central Kitsap School District	**Plan 422**	HMO	Y	N
	Plan 709	PPO	Y	N
	Plan 804	PPO	Y	N
	Plan 833	PPO	Y	N
	Plan 834	PPO	Y	N
	Plan 835	PPO	Y	N
	Plan 836	PPO	Y	N
Central Valley School District	**Plan 289**	PPO	Y	N
	Plan 520	HMO	Y	N
	Plan 521	HMO	Y	N
	Plan 559	HMO	Y	N
	Plan 560	HMO	Y	N
	Plan 630	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 875	PPO	Y	N

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 877	TRAD	Y	N
	Plan 879	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
	Plan 1380	PPO	N	Y
	Plan 1381	PPO	N	Y
	Plan 1382	TRAD	N	Y
Centralia School District	**Plan 289**	PPO	Y	N
	Plan 426	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Chehalis School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N

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Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Cheney School District	**Plan 524**	HMO	Y	N
	Plan 525	HMO	Y	N
	Plan 651	HMO	Y	N
	Plan 652	HMO	Y	N
	Plan 688	PPO	Y	N
	Plan 689	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
Chewelah School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Chimacum School District	**Plan 289**	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
Clarkston School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
Cle Elum-Roslyn School District	**Plan 287**	HMO	Y	N

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 288	HMO	Y	N
	Plan 289	PPO	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 598	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Clover Park School District	**Plan 289**	PPO	Y	N
	Plan 497	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
Colfax School District	**Plan 287**	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 289	PPO	Y	N
	Plan 346	PPO	Y	N
	Plan 528	HMO	Y	N
	Plan 612	HMO	Y	N
	Plan 629	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
College Place School District	**Plan 289**	PPO	Y	N
	Plan 596	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Colton School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
Columbia (Stevens) School District	**Plan 289**	PPO	Y	N
	Plan 628	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
Columbia (Walla Walla) School District	**Plan 289**	PPO	Y	N
	Plan 579	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Colville School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Concrete School District	**Plan 289**	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 895	TRAD	Y	N
	Plan 896	TRAD	Y	N
	Plan 897	PPO	Y	N
	Plan 898	PPO	Y	N
	Plan 1357	PPO	N	Y
	Plan 1436	PPO	N	Y
	Plan 1437	PPO	N	Y
	Plan 1438	TRAD	N	Y
	Plan 1439	PPO	N	Y

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 1440	PPO	N	Y
Conway School District	**Plan 287**	HMO	Y	N
	Plan 289	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1436	PPO	N	Y
	Plan 1437	PPO	N	Y
	Plan 1438	TRAD	N	Y
	Plan 1439	PPO	N	Y
	Plan 1440	PPO	N	Y
Cosmopolis School District	**Plan 708**	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Coulee-Hartline School District	**Plan 346**	PPO	Y	N
	Plan 347	PPO	Y	N
Coupeville School District	**Plan 495**	HMO	Y	N

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 894	PPO	Y	N
	Plan 895	TRAD	Y	N
	Plan 896	TRAD	Y	N
	Plan 897	PPO	Y	N
	Plan 899	PPO	Y	N
	Plan 1434	PPO	N	Y
	Plan 1437	PPO	N	Y
	Plan 1438	TRAD	N	Y
	Plan 1439	PPO	N	Y
	Plan 1440	PPO	N	Y
	Plan 1441	PPO	N	Y
Crescent School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Creston School District	**Plan 346**	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 1359	PPO	N	Y
Curlew School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Cusick School District	**Plan 288**	HMO	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Damman School District	**Plan 710**	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1359	PPO	N	Y
Darrington School District	**Plan 287**	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 346	PPO	Y	N

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K–12 School District Data Collection Project
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Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 347	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1355	PPO	N	Y
Davenport School District	**Plan 708**	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Dayton School District	**Plan 289**	PPO	Y	N
	Plan 554	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
Deer Park School District	**Plan 529**	HMO	Y	N
	Plan 615	HMO	Y	N

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 633	HMO	Y	N
	Plan 783	HMO	Y	N
	Plan 815	PPO	Y	N
	Plan 816	PPO	Y	N
	Plan 817	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1387	PPO	N	Y
	Plan 1388	PPO	N	Y
	Plan 1389	TRAD	N	Y
	Plan 1390	PPO	N	Y
	Plan 1391	PPO	N	Y
	Plan 1392	PPO	N	Y
	Plan 1393	PPO	N	Y
Dieringer School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Dixie School District	**Plan 522**	HMO	Y	N
	Plan 523	HMO	Y	N
	Plan 610	HMO	Y	N
	Plan 653	HMO	Y	N

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
East Valley School District (Spokane)	**Plan 289**	PPO	Y	N
	Plan 562	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1380	PPO	N	Y
	Plan 1381	PPO	N	Y
	Plan 1383	PPO	N	Y
	Plan 1386	PPO	N	Y
East Valley School District (Yakima)	**Plan 289**	PPO	Y	N
	Plan 589	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Eastmont School District	**Plan 289**	PPO	Y	N

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K–12 School District Data Collection Project
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Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Easton School District	**Plan 287**	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 347	PPO	Y	N
Eatonville School District	**Plan 427**	HMO	Y	N
	Plan 799	PPO	Y	N
	Plan 800	PPO	Y	N
	Plan 801	PPO	Y	N
	Plan 802	PPO	Y	N
	Plan 803	PPO	Y	N
Edmonds School District	**Plan 289**	PPO	Y	N
	Plan 428	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Ellensburg School District	**Plan 287**	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 289	PPO	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 631	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1096	HMO	Y	N
	Plan 1097	HMO	Y	N
	Plan 1098	HMO	Y	N
	Plan 1099	HMO	Y	N
	Plan 1254	PPO	Y	N
	Plan 1255	PPO	Y	N
	Plan 1256	PPO	Y	N
	Plan 1257	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
Elma School District	**Plan 287**	HMO	Y	N
	Plan 289	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
Endicott School District	**Plan 286**	HMO	Y	N
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 347	PPO	Y	N
Entiat School District	**Plan 289**	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
Enumclaw School District	**Plan 287**	HMO	Y	N
	Plan 289	PPO	Y	N
	Plan 346	PPO	Y	N

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K–12 School District Data Collection Project
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Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 347	PPO	Y	N
	Plan 430	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Ephrata School District	**Plan 289**	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Evaline School District	**Plan 709**	PPO	Y	N
	Plan 868	PPO	Y	N

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Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1357	PPO	N	Y
Everett School District	**Plan 429**	HMO	Y	N
	Plan 1536	POS	Y	N
	Plan 1537	POS	Y	N
	Plan 1538	POS	Y	N
	Plan 1539	POS	Y	N
	Plan 1540	POS	Y	N
	Plan 1541	POS	Y	N
	Plan 1542	POS	Y	N
	Plan 1543	POS	Y	N
	Plan 1544	POS	Y	N
	Plan 1545	POS	Y	N
	Plan 1546	POS	Y	N
	Plan 1547	POS	Y	N
	Plan 1548	POS	Y	N
Evergreen School District (Clark)	**Plan 273**	Deductible	Y	Y
	Plan 276	Deductible	Y	N
	Plan 283	Closed Network	Y	N
	Plan 285	Closed Network	Y	N
	Plan 289	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 832	HMO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1263	Deductible	N	Y
	Plan 1273	HMO	N	Y
	Plan 1344	PPO	N	Y

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Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Evergreen School District (Stevens)	**Plan 709**	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1348	PPO	N	Y
	Plan 1357	PPO	N	Y
Federal Way School District	**Plan 289**	PPO	Y	N
	Plan 445	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Ferndale School District	**Plan 289**	PPO	Y	N
	Plan 471	HMO	Y	N
	Plan 488	HMO	Y	N
	Plan 509	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N

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Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 911	TRAD	Y	N
	Plan 912	TRAD	Y	N
	Plan 913	PPO	Y	N
	Plan 914	TRAD	Y	N
	Plan 915	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
	Plan 1442	PPO	N	Y
	Plan 1443	TRAD	N	Y
	Plan 1444	PPO	N	Y
	Plan 1445	PPO	N	Y
	Plan 1446	PPO	N	Y
Fife School District	**Plan 289**	PPO	Y	N
	Plan 481	HMO	Y	N
	Plan 620	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y

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Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Finley School District	**Plan 289**	PPO	Y	N
	Plan 582	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Franklin Pierce School District	**Plan 289**	PPO	Y	N
	Plan 460	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y

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Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
Freeman School District	**Plan 530**	HMO	Y	N
	Plan 531	HMO	Y	N
	Plan 563	HMO	Y	N
	Plan 602	HMO	Y	N
	Plan 616	HMO	Y	N
	Plan 874	PPO	Y	N
	Plan 877	TRAD	Y	N
	Plan 878	PPO	Y	N
	Plan 879	PPO	Y	N
	Plan 1379	PPO	N	Y
	Plan 1381	PPO	N	Y
	Plan 1382	TRAD	N	Y
	Plan 1383	PPO	N	Y
Garfield School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
Glenwood School District	**Plan 270**	Open Network	Y	N
	Plan 271	Open Network	Y	N
	Plan 272	Open Network	Y	N
	Plan 1361	Open Network	Y	N
Goldendale School District	**Plan 270**	Open Network	Y	N
	Plan 271	Open Network	Y	N
	Plan 272	Open Network	Y	N
Grand Coulee Dam School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N

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Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Grandview School District	**Plan 289**	PPO	Y	N
	Plan 586	HMO	Y	N
	Plan 654	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Granger School District	**Plan 289**	PPO	Y	N
	Plan 537	HMO	Y	N
	Plan 538	HMO	Y	N
	Plan 634	HMO	Y	N
	Plan 648	HMO	Y	N

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Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1224	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Granite Falls School District	**Plan 710**	PPO	Y	N
	Plan 1034	HMO	Y	N
	Plan 1310	PPO	Y	N
	Plan 1313	PPO	N	Y
	Plan 1315	PPO	Y	N
	Plan 1318	PPO	N	Y
	Plan 1321	PPO	Y	N
	Plan 1324	PPO	N	Y
	Plan 1326	PPO	Y	N
	Plan 1329	PPO	N	Y
	Plan 1331	PPO	Y	N
	Plan 1334	PPO	N	Y
	Plan 1335	PPO	Y	N
	Plan 1337	PPO	N	Y
Grapeview School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N

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Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
Great Northern School District	**Plan 708**	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1355	PPO	N	Y
Green Mountain School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Griffin School District	**Plan 450**	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y

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Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Harrington School District	**Plan 287**	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
Highland School District	**Plan 287**	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 289	PPO	Y	N
	Plan 587	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Highline School District	**Plan 289**	PPO	Y	N
	Plan 448	HMO	Y	N

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Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 887	PPO	Y	N
	Plan 888	PPO	Y	N
	Plan 889	PPO	Y	N
	Plan 890	PPO	Y	N
	Plan 891	TRAD	Y	N
	Plan 892	TRAD	Y	N
	Plan 921	PPO	N	Y
	Plan 922	PPO	N	Y
	Plan 923	PPO	N	Y
	Plan 924	PPO	N	Y
	Plan 925	PPO	N	Y
	Plan 926	PPO	N	Y
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Hockinson School District	**Plan 824**	Deductible	Y	Y
	Plan 1265	Deductible	Y	Y
	Plan 1269	HMO	Y	N
	Plan 1274	HMO	N	Y
Hood Canal School District	**Plan 708**	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N

Washington State Office of the Insurance Commissioner
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Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
Hoquiam School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Inchelium School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y

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Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 1359	PPO	N	Y
Index School District	**Plan 708**	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1359	PPO	N	Y
Issaquah School District	**Plan 289**	PPO	Y	N
	Plan 432	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
Kahlotus School District	**Plan 708**	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending	
			2015	2016
	Plan 1357	PPO	N	Y
Kalama School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1280	HMO	Y	N
	Plan 1283	HMO	N	Y
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
Keller School District	**Plan 708**	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Kelso School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N

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K–12 School District Data Collection Project
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Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 870	PPO	Y	N
	Plan 1270	HMO	Y	N
	Plan 1275	HMO	N	Y
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Kennewick School District	**Plan 286**	HMO	Y	N
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 289	PPO	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 581	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Kent School District	**Plan 289**	PPO	Y	N
	Plan 433	HMO	Y	N

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K–12 School District Data Collection Project
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Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Kettle Falls School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
Kiona-Benton City School District	**Plan 289**	PPO	Y	N
	Plan 580	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N

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K–12 School District Data Collection Project
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Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Kittitas School District	**Plan 287**	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
Klickitat School District	**Plan 270**	Open Network	Y	N
	Plan 271	Open Network	Y	N
	Plan 272	Open Network	Y	N
La Center School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1269	HMO	Y	N
	Plan 1274	HMO	N	Y
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
La Conner School District	**Plan 289**	PPO	Y	N

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
LaCrosse School District	**Plan 347**	PPO	Y	N
	Plan 618	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
Lake Chelan School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Lake Quinault School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
Lake Stevens School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1032	HMO	Y	N
	Plan 1310	PPO	Y	N
	Plan 1311	PPO	N	Y
	Plan 1315	PPO	Y	N
	Plan 1316	PPO	N	Y
	Plan 1319	PPO	Y	N
	Plan 1321	PPO	Y	N
	Plan 1322	PPO	N	Y
	Plan 1326	PPO	Y	N
	Plan 1327	PPO	N	Y
	Plan 1331	PPO	Y	N
	Plan 1332	PPO	N	Y
	Plan 1344	PPO	N	Y

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Lake Washington School District	**Plan 434**	HMO	Y	N
	Plan 709	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 1213	PPO	Y	N
	Plan 1214	PPO	Y	N
	Plan 1215	PPO	Y	N
	Plan 1216	PPO	Y	N
	Plan 1217	PPO	Y	N
	Plan 1218	PPO	Y	N
	Plan 1357	PPO	N	Y
Lakewood School District	**Plan 289**	PPO	Y	N
	Plan 435	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 894	PPO	Y	N
	Plan 895	TRAD	Y	N
	Plan 896	TRAD	Y	N
	Plan 897	PPO	Y	N
	Plan 899	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
	Plan 1437	PPO	N	Y
	Plan 1439	PPO	N	Y
	Plan 1440	PPO	N	Y
	Plan 1441	PPO	N	Y
Lamont School District	**Plan 708**	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Liberty School District	**Plan 569**	HMO	Y	N
	Plan 600	HMO	Y	N
	Plan 685	PPO	Y	N
	Plan 686	PPO	Y	N
	Plan 785	HMO	Y	N
	Plan 786	HMO	Y	N
	Plan 787	HMO	Y	N
Lind School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Longview School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1281	HMO	Y	N
	Plan 1285	HMO	N	Y
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Loon Lake School District	**Plan 710**	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1357	PPO	N	Y
Lopez School District	**Plan 289**	PPO	Y	N
	Plan 478	HMO	Y	N
	Plan 708	PPO	Y	N

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
Lyle School District	**Plan 270**	Open Network	Y	N
	Plan 271	Open Network	Y	N
	Plan 272	Open Network	Y	N
Lynden School District	**Plan 469**	HMO	Y	N
	Plan 489	HMO	Y	N
	Plan 911	TRAD	Y	N
	Plan 912	TRAD	Y	N
	Plan 913	PPO	Y	N
	Plan 914	TRAD	Y	N
	Plan 915	PPO	Y	N
	Plan 1442	PPO	N	Y
	Plan 1443	TRAD	N	Y
	Plan 1444	PPO	N	Y
	Plan 1446	PPO	N	Y
Mabton School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Mansfield School District	**Plan 346**	PPO	Y	N
	Plan 347	PPO	Y	N
Manson School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Mary M Knight School District	**Plan 708**	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Mary Walker School District	**Plan 287**	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 347	PPO	Y	N

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
Marysville School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1044	HMO	Y	N
	Plan 1045	HMO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
McCleary School District	**Plan 708**	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Mead School District	**Plan 289**	PPO	Y	N
	Plan 561	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 788	HMO	Y	N
	Plan 818	PPO	Y	N
	Plan 819	PPO	Y	N
	Plan 820	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1094	HMO	Y	N
	Plan 1253	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Medical Lake School District	**Plan 526**	HMO	Y	N
	Plan 527	HMO	Y	N
	Plan 599	HMO	Y	N
	Plan 619	HMO	Y	N
	Plan 708	PPO	Y	N

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 810	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1252	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1355	PPO	N	Y
Mercer Island School District	**Plan 289**	PPO	Y	N
	Plan 437	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Meridian School District	**Plan 287**	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 475	HMO	Y	N
	Plan 490	HMO	Y	N
	Plan 911	TRAD	Y	N
	Plan 913	PPO	Y	N

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 914	TRAD	Y	N
	Plan 915	PPO	Y	N
	Plan 1442	PPO	N	Y
	Plan 1443	TRAD	N	Y
	Plan 1444	PPO	N	Y
	Plan 1446	PPO	N	Y
Methow Valley School District	**Plan 289**	PPO	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
Mill A School District	**Plan 270**	Open Network	Y	N
	Plan 271	Open Network	Y	N
	Plan 272	Open Network	Y	N
Monroe School District	**Plan 289**	PPO	Y	N
	Plan 438	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 1359	PPO	N	Y
Montesano School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Morton School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Moses Lake School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Mossyrock School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Mount Adams School District	**Plan 289**	PPO	Y	N
	Plan 539	HMO	Y	N
	Plan 540	HMO	Y	N
	Plan 597	HMO	Y	N
	Plan 635	HMO	Y	N
	Plan 636	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Mount Baker School District	**Plan 466**	HMO	Y	N
	Plan 491	HMO	Y	N
	Plan 709	PPO	Y	N
	Plan 911	TRAD	Y	N
	Plan 912	TRAD	Y	N
	Plan 913	PPO	Y	N
	Plan 914	TRAD	Y	N
	Plan 915	PPO	Y	N
	Plan 1357	PPO	N	Y
	Plan 1442	PPO	N	Y
	Plan 1443	TRAD	N	Y
	Plan 1444	PPO	N	Y
	Plan 1446	PPO	N	Y
Mount Pleasant School District	**Plan 709**	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1357	PPO	N	Y
Mount Vernon School District	**Plan 287**	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 289	PPO	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 472	HMO	Y	N

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 493	HMO	Y	N
	Plan 512	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 895	TRAD	Y	N
	Plan 896	TRAD	Y	N
	Plan 898	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
	Plan 1436	PPO	N	Y
	Plan 1437	PPO	N	Y
	Plan 1438	TRAD	N	Y
	Plan 1439	PPO	N	Y
	Plan 1440	PPO	N	Y
Mukilteo School District	**Plan 287**	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 289	PPO	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 769	PPO	Y	Y
	Plan 770	PPO	Y	Y
	Plan 772	PPO	Y	N

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 773	PPO	Y	N
	Plan 779	PPO	Y	Y
	Plan 780	PPO	Y	Y
	Plan 868	PPO	Y	N
	Plan 1036	HMO	Y	N
	Plan 1037	HMO	Y	N
	Plan 1038	HMO	Y	N
	Plan 1039	HMO	Y	N
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
Naches Valley School District	**Plan 289**	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 541	HMO	Y	N
	Plan 542	HMO	Y	N
	Plan 567	HMO	Y	N
	Plan 637	HMO	Y	N
	Plan 638	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1225	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Napavine School District	**Plan 289**	PPO	Y	N
	Plan 468	HMO	Y	N

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Naselle-Grays River Valley School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Nespelem School District	**Plan 708**	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
Newport School District	**Plan 289**	PPO	Y	N
	Plan 576	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Nine Mile Falls School District	**Plan 532**	HMO	Y	N
	Plan 533	HMO	Y	N
	Plan 572	HMO	Y	N
	Plan 573	HMO	Y	N
	Plan 604	HMO	Y	N
	Plan 605	HMO	Y	N
	Plan 613	HMO	Y	N
	Plan 614	HMO	Y	N
	Plan 877	TRAD	Y	N
	Plan 878	PPO	Y	N
	Plan 879	PPO	Y	N
	Plan 1381	PPO	N	Y
	Plan 1382	TRAD	N	Y
	Plan 1383	PPO	N	Y
	Plan 1386	PPO	N	Y

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
Nooksack Valley School District	**Plan 474**	HMO	Y	N
	Plan 492	HMO	Y	N
	Plan 911	TRAD	Y	N
	Plan 912	TRAD	Y	N
	Plan 913	PPO	Y	N
	Plan 914	TRAD	Y	N
	Plan 915	PPO	Y	N
	Plan 1442	PPO	N	Y
	Plan 1443	TRAD	N	Y
	Plan 1444	PPO	N	Y
	Plan 1446	PPO	N	Y
North Beach School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
North Franklin School District	**Plan 606**	HMO	Y	N
	Plan 1310	PPO	Y	N
	Plan 1311	PPO	N	Y
	Plan 1315	PPO	Y	N
	Plan 1316	PPO	N	Y
	Plan 1326	PPO	Y	N
	Plan 1327	PPO	N	Y

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 1331	PPO	Y	N
	Plan 1332	PPO	N	Y
	Plan 1335	PPO	Y	N
	Plan 1336	PPO	N	Y
North Kitsap School District	**Plan 289**	PPO	Y	N
	Plan 440	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
North Mason School District	**Plan 337**	PPO	Y	N
	Plan 339	PPO	Y	N
	Plan 341	PPO	Y	N
	Plan 343	PPO	Y	N
	Plan 464	HMO	Y	N
	Plan 703	PPO	Y	N
North River School District	**Plan 708**	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
North Thurston Public Schools	**Plan 289**	PPO	Y	N
	Plan 334	PPO	Y	N
	Plan 335	PPO	Y	N
	Plan 420	HMO	Y	N
	Plan 500	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 927	PPO	N	Y
	Plan 928	PPO	N	Y
	Plan 929	PPO	N	Y
	Plan 930	PPO	N	Y
	Plan 931	PPO	N	Y
	Plan 932	PPO	N	Y
	Plan 933	PPO	N	Y
Northport School District	**Plan 347**	PPO	Y	N
Northshore School District	**Plan 439**	HMO	Y	N
	Plan 1430	PPO	Y	N
	Plan 1431	PPO	Y	N
	Plan 1432	PPO	Y	N
	Plan 1433	PPO	Y	N
Oak Harbor School District	**Plan 289**	PPO	Y	N
	Plan 484	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Oakesdale School District	**Plan 287**	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 347	PPO	Y	N
Oakville School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Ocean Beach School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Ocosta School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Odessa School District	**Plan 347**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
Okanogan School District	**Plan 289**	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 708	PPO	Y	N

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Olympia School District	**Plan 289**	PPO	Y	N
	Plan 419	HMO	Y	N
	Plan 519	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Omak School District	**Plan 289**	PPO	Y	N
	Plan 511	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Onalaska School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Onion Creek School District	**Plan 347**	PPO	Y	N
Orcas Island School District	**Plan 479**	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 894	PPO	Y	N
	Plan 895	TRAD	Y	N
	Plan 896	TRAD	Y	N
	Plan 897	PPO	Y	N
	Plan 899	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1434	PPO	N	Y
	Plan 1436	PPO	N	Y
	Plan 1437	PPO	N	Y
	Plan 1438	TRAD	N	Y
Orchard Prairie School District	**Plan 287**	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 347	PPO	Y	N
Orient School District	**Plan 347**	PPO	Y	N
Orondo School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Oroville School District	**Plan 708**	PPO	Y	N

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Orting School District	**Plan 286**	HMO	Y	N
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 289	PPO	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 458	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1357	PPO	N	Y
Othello School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
	Plan 1380	PPO	N	Y
	Plan 1382	TRAD	N	Y
	Plan 1383	PPO	N	Y
	Plan 1384	PPO	N	Y
	Plan 1385	PPO	N	Y
	Plan 1386	PPO	N	Y
Palisades School District	**Plan 347**	PPO	Y	N
Palouse School District	**Plan 289**	PPO	Y	N
	Plan 607	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
Pasco School District	**Plan 289**	PPO	Y	N
	Plan 583	HMO	Y	N
	Plan 708	PPO	Y	N

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 880	PPO	Y	N
	Plan 881	PPO	Y	N
	Plan 882	PPO	Y	N
	Plan 883	PPO	Y	N
	Plan 884	PPO	Y	N
	Plan 885	TRAD	Y	N
	Plan 1095	HMO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
	Plan 1394	PPO	N	Y
	Plan 1395	PPO	N	Y
	Plan 1396	PPO	N	Y
	Plan 1397	PPO	N	Y
	Plan 1398	PPO	N	Y
	Plan 1399	TRAD	N	Y
Pateros School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Paterson School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
Pe Ell School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
Peninsula School District	**Plan 289**	PPO	Y	N
	Plan 461	HMO	Y	N
	Plan 508	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 894	PPO	Y	N
	Plan 895	TRAD	Y	N

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 896	TRAD	Y	N
	Plan 898	PPO	Y	N
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1435	PPO	N	Y
	Plan 1438	TRAD	N	Y
Pioneer School District	**Plan 289**	PPO	Y	N
	Plan 453	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
Pomeroy School District	**Plan 708**	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
Port Angeles School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Port Townsend School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Prescott School District	**Plan 656**	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Prosser School District	**Plan 289**	PPO	Y	N
	Plan 584	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Pullman School District	**Plan 534**	HMO	Y	N
	Plan 535	HMO	Y	N
	Plan 608	HMO	Y	N
	Plan 632	HMO	Y	N
	Plan 650	HMO	Y	N
	Plan 874	PPO	Y	N
	Plan 876	TRAD	Y	N
	Plan 877	TRAD	Y	N

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Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 879	PPO	Y	N
	Plan 1379	PPO	N	Y
	Plan 1381	PPO	N	Y
	Plan 1382	TRAD	N	Y
	Plan 1383	PPO	N	Y
Puyallup School District	**Plan 672**	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 782	HMO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 900	PPO	Y	Y
	Plan 901	PPO	Y	Y
	Plan 902	TRAD	Y	Y
	Plan 903	TRAD	Y	Y
	Plan 904	PPO	Y	N
	Plan 905	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1447	PPO	N	Y
	Plan 1448	PPO	N	Y
Queets-Clearwater School District	**Plan 708**	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 1359	PPO	N	Y
Quilcene School District	**Plan 708**	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Quillayute Valley School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Quincy School District	**Plan 289**	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Rainier School District	**Plan 454**	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Raymond School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
Reardan-Edwall School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Renton School District	**Plan 289**	PPO	Y	N
	Plan 441	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Republic School District	**Plan 289**	PPO	Y	N

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 347	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Richland School District	**Plan 289**	PPO	Y	N
	Plan 585	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Ridgefield School District	**Plan 275**	Deductible	Y	N
	Plan 289	PPO	Y	N
	Plan 708	PPO	Y	N

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1265	Deductible	Y	Y
	Plan 1280	HMO	Y	N
	Plan 1283	HMO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Ritzville School District	**Plan 346**	PPO	Y	N
	Plan 347	PPO	Y	N
Riverside School District	**Plan 536**	HMO	Y	N
	Plan 574	HMO	Y	N
	Plan 603	HMO	Y	N
	Plan 625	HMO	Y	N
	Plan 784	HMO	Y	N
	Plan 812	PPO	Y	N
	Plan 813	PPO	Y	N
	Plan 814	PPO	Y	N
Riverview School District	**Plan 289**	PPO	Y	N
	Plan 444	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Rochester School District	**Plan 289**	PPO	Y	N
	Plan 421	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Roosevelt School District	**Plan 708**	PPO	Y	N
	Plan 1355	PPO	N	Y
Rosalia School District	**Plan 289**	PPO	Y	N
	Plan 594	HMO	Y	N
	Plan 611	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
Royal School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
San Juan Island School District	**Plan 496**	HMO	Y	N
	Plan 893	PPO	Y	N
	Plan 894	PPO	Y	N
	Plan 896	TRAD	Y	N
	Plan 897	PPO	Y	N
	Plan 898	PPO	Y	N
	Plan 899	PPO	Y	N
	Plan 1434	PPO	N	Y
	Plan 1437	PPO	N	Y
	Plan 1438	TRAD	N	Y
	Plan 1439	PPO	N	Y
	Plan 1440	PPO	N	Y
	Plan 1441	PPO	N	Y

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
Satsop School District	**Plan 708**	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1355	PPO	N	Y
Seattle Public Schools	**Plan 668**	PPO	Y	N
	Plan 670	PPO	Y	N
	Plan 673	PPO	Y	N
	Plan 674	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 781	HMO	Y	N
	Plan 837	PPO	Y	N
	Plan 838	PPO	Y	N
	Plan 1355	PPO	N	Y
Sedro-Woolley School District	**Plan 287**	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 289	PPO	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 476	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 895	TRAD	Y	N
	Plan 896	TRAD	Y	N
	Plan 897	PPO	Y	N
	Plan 898	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
	Plan 1436	PPO	N	Y
	Plan 1437	PPO	N	Y
	Plan 1438	TRAD	N	Y
	Plan 1439	PPO	N	Y
	Plan 1440	PPO	N	Y
Selah School District	**Plan 289**	PPO	Y	N
	Plan 565	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Selkirk School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
Sequim School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1310	PPO	Y	N
	Plan 1311	PPO	N	Y
	Plan 1315	PPO	Y	N
	Plan 1316	PPO	N	Y
	Plan 1321	PPO	Y	N
	Plan 1326	PPO	Y	N
	Plan 1331	PPO	Y	N
	Plan 1332	PPO	N	Y
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Shaw Island School District	**Plan 477**	HMO	Y	N
	Plan 709	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 1346	PPO	N	Y
Shelton School District	**Plan 289**	PPO	Y	N
	Plan 501	HMO	Y	N

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 502	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Shoreline School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1033	HMO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Skamania School District	**Plan 270**	Open Network	Y	N
	Plan 271	Open Network	Y	N
	Plan 272	Open Network	Y	N

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 830	Deductible	Y	N
	Plan 1268	Deductible	N	Y
	Plan 1271	HMO	Y	N
	Plan 1272	HMO	N	Y
Skykomish School District	**Plan 708**	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Snohomish School District	**Plan 289**	PPO	Y	N
	Plan 446	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Snoqualmie Valley School District	**Plan 409**	PPO	Y	N
	Plan 410	PPO	Y	N

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 411	PPO	Y	N
	Plan 412	PPO	Y	N
	Plan 413	PPO	Y	N
	Plan 443	HMO	Y	N
	Plan 485	HMO	Y	N
	Plan 944	PPO	N	Y
Soap Lake School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
South Bend School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 1359	PPO	N	Y
South Kitsap School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1042	HMO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
South Whidbey School District	**Plan 289**	PPO	Y	N
	Plan 442	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Southside School District	**Plan 708**	PPO	Y	N

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 709	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
Spokane School District	**Plan 289**	PPO	Y	N
	Plan 317	PPO	Y	N
	Plan 555	HMO	Y	N
	Plan 556	HMO	Y	N
	Plan 557	HMO	Y	N
	Plan 558	HMO	Y	N
	Plan 675	PPO	Y	N
	Plan 676	PPO	Y	N
	Plan 690	PPO	Y	N
	Plan 691	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1350	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1359	PPO	N	Y
Sprague School District	**Plan 708**	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
St. John School District	**Plan 287**	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 347	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 1359	PPO	N	Y
Stanwood-Camano School District	**Plan 289**	PPO	Y	N
	Plan 506	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 894	PPO	Y	N
	Plan 895	TRAD	Y	N
	Plan 896	TRAD	Y	N
	Plan 897	PPO	Y	N
	Plan 898	PPO	Y	N
	Plan 899	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 1434	PPO	N	Y
	Plan 1435	PPO	N	Y
	Plan 1437	PPO	N	Y
	Plan 1439	PPO	N	Y
	Plan 1440	PPO	N	Y
	Plan 1441	PPO	N	Y
Star School District	**Plan 347**	PPO	Y	N
Starbuck School District	**Plan 709**	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 1357	PPO	N	Y
Stehekin School District	**Plan 710**	PPO	Y	N
	Plan 1359	PPO	N	Y
Steilacoom Hist. School District	**Plan 289**	PPO	Y	N
	Plan 456	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Steptoe School District	**Plan 287**	HMO	Y	N
	Plan 288	HMO	Y	N
Stevenson-Carson School District	**Plan 270**	Open Network	Y	N
	Plan 271	Open Network	Y	N
	Plan 272	Open Network	Y	N

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Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 830	Deductible	Y	N
	Plan 1268	Deductible	N	Y
	Plan 1271	HMO	Y	N
	Plan 1272	HMO	N	Y
Sultan School District	**Plan 289**	PPO	Y	N
	Plan 463	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Summit Valley School District	**Plan 347**	PPO	Y	N
Sumner School District	**Plan 289**	PPO	Y	N
	Plan 510	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Sunnyside School District	**Plan 289**	PPO	Y	N
	Plan 566	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Tacoma School District	**Plan 457**	HMO	Y	N
	Plan 1219	PPO	Y	N
	Plan 1220	PPO	Y	N
	Plan 1221	PPO	Y	N
	Plan 1222	PPO	Y	N
	Plan 1223	PPO	Y	N
Taholah School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Tahoma School District	**Plan 289**	PPO	Y	N
	Plan 447	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Tekoa School District	**Plan 289**	PPO	Y	N
	Plan 617	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
Tenino School District	**Plan 289**	PPO	Y	N
	Plan 483	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Thorp School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
Toledo School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N

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Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Tonasket School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Toppenish School District	**Plan 289**	PPO	Y	N
	Plan 513	HMO	Y	N
	Plan 543	HMO	Y	N
	Plan 544	HMO	Y	N
	Plan 588	HMO	Y	N
	Plan 627	HMO	Y	N
	Plan 639	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1226	PPO	Y	N
	Plan 1311	PPO	N	Y
	Plan 1316	PPO	N	Y
	Plan 1320	PPO	Y	N
	Plan 1322	PPO	N	Y
	Plan 1327	PPO	N	Y
	Plan 1332	PPO	N	Y
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Touchet School District	**Plan 609**	HMO	Y	N
	Plan 624	HMO	Y	N
	Plan 896	TRAD	Y	N
	Plan 898	PPO	Y	N
	Plan 1100	HMO	Y	N
	Plan 1435	PPO	N	Y
	Plan 1438	TRAD	N	Y
Toutle Lake School District	**Plan 275**	Deductible	Y	N
	Plan 289	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 1265	Deductible	N	Y
	Plan 1344	PPO	N	Y

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Trout Lake School District	**Plan 270**	Open Network	Y	N
	Plan 271	Open Network	Y	N
	Plan 272	Open Network	Y	N
	Plan 711	Open Network	Y	N
Tukwila School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 934	PPO	N	Y
	Plan 935	PPO	N	Y
	Plan 936	PPO	N	Y
	Plan 937	PPO	N	Y
	Plan 938	PPO	N	Y
	Plan 1043	HMO	Y	N
Tumwater School District	**Plan 289**	PPO	Y	N
	Plan 494	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Union Gap School District	**Plan 287**	HMO	Y	N
	Plan 289	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
University Place School District	**Plan 462**	HMO	Y	N
	Plan 1312	PPO	Y	N
	Plan 1313	PPO	N	Y
	Plan 1317	PPO	Y	N
	Plan 1318	PPO	N	Y
	Plan 1323	PPO	Y	N
	Plan 1324	PPO	N	Y
	Plan 1328	PPO	Y	N
	Plan 1329	PPO	N	Y
	Plan 1333	PPO	Y	N

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 1334	PPO	N	Y
Valley School District	**Plan 289**	PPO	Y	N
	Plan 626	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Vancouver School District	**Plan 289**	PPO	Y	N
	Plan 302	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1284	HMO	N	Y
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
Vashon Island School District	**Plan 289**	PPO	Y	N
	Plan 449	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Wahkiakum School District	**Plan 346**	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 704	HMO	Y	N
Wahluke School District	**Plan 288**	HMO	Y	N
	Plan 289	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 518	HMO	Y	N
	Plan 649	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Waitsburg School District	**Plan 289**	PPO	Y	N
	Plan 592	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
Walla Walla Public Schools	**Plan 593**	HMO	Y	N
	Plan 768	PPO	Y	Y
	Plan 774	PPO	Y	Y
	Plan 775	PPO	Y	Y
	Plan 776	PPO	Y	Y
Wapato School District	**Plan 514**	HMO	Y	N
	Plan 545	HMO	Y	N
	Plan 546	HMO	Y	N
	Plan 640	HMO	Y	N
	Plan 641	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 1227	PPO	Y	N
	Plan 1346	PPO	N	Y

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Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Warden School District	**Plan 286**	HMO	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
Washougal School District	**Plan 1286**	HMO	Y	N
	Plan 1287	HMO	N	Y
Washtucna School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Waterville School District	**Plan 708**	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Wellpinit School District	**Plan 289**	PPO	Y	N

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Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Wenatchee School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
West Valley School District (Spokane)	**Plan 289**	PPO	Y	N
	Plan 575	HMO	Y	N
	Plan 601	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N

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K–12 School District Data Collection Project
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Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 821	PPO	Y	N
	Plan 822	PPO	Y	N
	Plan 823	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
West Valley School District (Yakima)	**Plan 286**	HMO	Y	N
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 289	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 515	HMO	Y	N
	Plan 547	HMO	Y	N
	Plan 548	HMO	Y	N
	Plan 591	HMO	Y	N
	Plan 642	HMO	Y	N
	Plan 643	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1228	PPO	Y	N
	Plan 1344	PPO	N	Y

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K–12 School District Data Collection Project
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Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
White Pass School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
White River School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y

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Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2015

District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
White Salmon Valley School District	**Plan 270**	Open Network	Y	N
	Plan 271	Open Network	Y	N
	Plan 272	Open Network	Y	N
	Plan 711	Open Network	Y	N
Wilbur School District	**Plan 287**	HMO	Y	N
	Plan 289	PPO	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
Willapa Valley School District	**Plan 708**	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Wilson Creek School District	**Plan 347**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N

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District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1359	PPO	N	Y
Winlock School District	**Plan 289**	PPO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Wishkah Valley School District	**Plan 708**	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
Wishram School District	**Plan 289**	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 1346	PPO	N	Y

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District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1357	PPO	N	Y
Woodland School District	**Plan 308**	HMO	Y	Y
	Plan 831	Deductible	Y	N
	Plan 1310	PPO	Y	N
	Plan 1315	PPO	Y	N
	Plan 1321	PPO	Y	N
	Plan 1326	PPO	Y	N
	Plan 1331	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Yakima School District	**Plan 289**	PPO	Y	N
	Plan 516	HMO	Y	N
	Plan 549	HMO	Y	N
	Plan 550	HMO	Y	N
	Plan 644	HMO	Y	N
	Plan 645	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 906	TRAD	Y	N
	Plan 907	PPO	Y	N
	Plan 908	PPO	Y	N

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District	Health Plan	Plan Type	Plan Year Ending 2015	Plan Year Ending 2016
	Plan 909	TRAD	Y	N
	Plan 910	PPO	Y	N
	Plan 1229	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
	Plan 1449	TRAD	N	Y
	Plan 1450	TRAD	N	Y
	Plan 1451	PPO	N	Y
	Plan 1452	TRAD	N	Y
	Plan 1453	PPO	N	Y
Yelm School District	**Plan 289**	PPO	Y	N
	Plan 452	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 868	PPO	Y	N
	Plan 869	PPO	Y	N
	Plan 870	PPO	Y	N
	Plan 1344	PPO	N	Y
	Plan 1346	PPO	N	Y
	Plan 1348	PPO	N	Y
	Plan 1352	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y
Zillah School District	**Plan 517**	HMO	Y	N
	Plan 551	HMO	Y	N

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District	Health Plan	Plan Type	Plan Year Ending	
			2015	2016
	Plan 552	HMO	Y	N
	Plan 646	HMO	Y	N
	Plan 647	HMO	Y	N
	Plan 708	PPO	Y	N
	Plan 709	PPO	Y	N
	Plan 710	PPO	Y	N
	Plan 1230	PPO	Y	N
	Plan 1348	PPO	N	Y
	Plan 1355	PPO	N	Y
	Plan 1357	PPO	N	Y
	Plan 1359	PPO	N	Y

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Health Plan	Plan Year Ending in 2015		Plan Year Beginning in 2015	
	Begin Date	End Date	Begin Date	End Date
Plan 270	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 271	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 272	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 273	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 275	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 276	11/1/2014	10/31/2015		
Plan 283	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 285	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 286	1/1/2015	12/31/2015		
Plan 287	1/1/2015	12/31/2015		
Plan 288	1/1/2015	12/31/2015		
Plan 289	11/1/2014	10/31/2015		
Plan 301	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 302	11/1/2014	10/31/2015		
Plan 308	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 317	1/1/2015	12/31/2015		
Plan 324	11/1/2014	10/31/2015		
Plan 325	11/1/2014	10/31/2015		
Plan 326	11/1/2014	10/31/2015		
Plan 327	11/1/2014	10/31/2015		
Plan 334	11/1/2014	10/31/2015		
Plan 335	11/1/2014	10/31/2015		
Plan 336	11/1/2014	10/31/2015		
Plan 337	11/1/2014	10/31/2015		
Plan 338	11/1/2014	10/31/2015		
Plan 339	11/1/2014	10/31/2015		
Plan 340	11/1/2014	10/31/2015		
Plan 341	11/1/2014	10/31/2015		
Plan 342	11/1/2014	10/31/2015		
Plan 343	11/1/2014	10/31/2015		
Plan 346	1/1/2015	12/31/2015		
Plan 347	1/1/2015	12/31/2015		

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Health Plan	Plan Year Ending in 2015		Plan Year Beginning in 2015	
	Begin Date	End Date	Begin Date	End Date
Plan 409	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 410	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 411	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 412	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 413	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 419	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 420	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 421	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 422	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 423	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 424	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 426	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 427	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 428	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 429	1/1/2015	12/31/2015		
Plan 430	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 432	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 433	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 434	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 435	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 437	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 438	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 439	1/1/2015	12/31/2015		
Plan 440	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 441	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 442	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 443	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 444	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 445	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 446	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 447	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 448	10/1/2014	9/30/2015	10/1/2015	9/30/2016

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Health Plan	Plan Year Ending in 2015		Plan Year Beginning in 2015	
	Begin Date	End Date	Begin Date	End Date
Plan 449	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 450	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 452	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 453	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 454	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 455	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 456	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 457	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 458	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 459	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 460	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 461	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 462	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 463	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 464	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 466	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 467	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 468	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 469	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 470	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 471	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 472	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 473	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 474	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 475	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 476	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 477	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 478	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 479	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 481	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 482	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 483	11/1/2014	10/31/2015	11/1/2015	10/31/2016

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Health Plan	Plan Year Ending in 2015		Plan Year Beginning in 2015	
	Begin Date	End Date	Begin Date	End Date
Plan 484	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 485	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 486	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 487	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 488	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 489	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 490	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 491	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 492	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 493	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 494	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 495	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 496	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 497	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 499	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 500	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 501	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 502	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 503	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 504	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 506	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 508	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 509	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 510	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 511	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 512	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 513	1/1/2015	12/31/2015		
Plan 514	1/1/2015	12/31/2015		
Plan 515	1/1/2015	12/31/2015		
Plan 516	1/1/2015	12/31/2015		
Plan 517	1/1/2015	12/31/2015		
Plan 518	11/1/2014	10/31/2015	11/1/2015	10/31/2016

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Health Plan	Plan Year Ending in 2015		Plan Year Beginning in 2015	
	Begin Date	End Date	Begin Date	End Date
Plan 519	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 520	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 521	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 522	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 523	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 524	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 525	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 526	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 527	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 528	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 529	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 530	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 531	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 532	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 533	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 534	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 535	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 536	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 537	1/1/2015	12/31/2015		
Plan 538	1/1/2015	12/31/2015		
Plan 539	1/1/2015	12/31/2015		
Plan 540	1/1/2015	12/31/2015		
Plan 541	1/1/2015	12/31/2015		
Plan 542	1/1/2015	12/31/2015		
Plan 543	1/1/2015	12/31/2015		
Plan 544	1/1/2015	12/31/2015		
Plan 545	1/1/2015	12/31/2015		
Plan 546	1/1/2015	12/31/2015		
Plan 547	1/1/2015	12/31/2015		
Plan 548	1/1/2015	12/31/2015		
Plan 549	1/1/2015	12/31/2015		
Plan 550	1/1/2015	12/31/2015		

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Health Plan	Plan Year Ending in 2015		Plan Year Beginning in 2015	
	Begin Date	End Date	Begin Date	End Date
Plan 551	1/1/2015	12/31/2015		
Plan 552	1/1/2015	12/31/2015		
Plan 554	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 555	1/1/2015	12/31/2015		
Plan 556	1/1/2015	12/31/2015		
Plan 557	1/1/2015	12/31/2015		
Plan 558	1/1/2015	12/31/2015		
Plan 559	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 560	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 561	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 562	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 563	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 565	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 566	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 567	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 569	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 572	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 573	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 574	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 575	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 576	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 579	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 580	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 581	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 582	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 583	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 584	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 585	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 586	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 587	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 588	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 589	11/1/2014	10/31/2015	11/1/2015	10/31/2016

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Health Plan	Plan Year Ending in 2015		Plan Year Beginning in 2015	
	Begin Date	End Date	Begin Date	End Date
Plan 591	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 592	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 593	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 594	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 596	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 597	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 598	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 599	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 600	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 601	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 602	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 603	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 604	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 605	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 606	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 607	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 608	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 609	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 610	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 611	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 612	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 613	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 614	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 615	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 616	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 617	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 618	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 619	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 620	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 624	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 625	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 626	11/1/2014	10/31/2015	11/1/2015	10/31/2016

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Plan 627	1/1/2015	12/31/2015		
Plan 628	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 629	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 630	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 631	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 632	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 633	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 634	1/1/2015	12/31/2015		
Plan 635	1/1/2015	12/31/2015		
Plan 636	1/1/2015	12/31/2015		
Plan 637	1/1/2015	12/31/2015		
Plan 638	1/1/2015	12/31/2015		
Plan 639	1/1/2015	12/31/2015		
Plan 640	1/1/2015	12/31/2015		
Plan 641	1/1/2015	12/31/2015		
Plan 642	1/1/2015	12/31/2015		
Plan 643	1/1/2015	12/31/2015		
Plan 644	1/1/2015	12/31/2015		
Plan 645	1/1/2015	12/31/2015		
Plan 646	1/1/2015	12/31/2015		
Plan 647	1/1/2015	12/31/2015		
Plan 648	1/1/2015	12/31/2015		
Plan 649	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 650	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 651	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 652	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 653	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 654	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 656	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 668	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 670	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 672	11/1/2014	10/31/2015	11/1/2015	10/31/2016

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Plan 673	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 674	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 675	1/1/2015	12/31/2015		
Plan 676	1/1/2015	12/31/2015		
Plan 685	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 686	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 688	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 689	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 690	1/1/2015	12/31/2015		
Plan 691	1/1/2015	12/31/2015		
Plan 703	11/1/2014	10/31/2015		
Plan 704	1/1/2015	12/31/2015		
Plan 708	11/1/2014	10/31/2015		
Plan 709	11/1/2014	10/31/2015		
Plan 710	11/1/2014	10/31/2015		
Plan 711	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 768	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 769	10/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 770	10/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 772	10/1/2014	10/31/2015		
Plan 773	10/1/2014	10/31/2015		
Plan 774	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 775	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 776	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 779	10/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 780	10/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 781	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 782	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 783	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 784	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 785	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 786	11/1/2014	10/31/2015	11/1/2015	10/31/2016

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Plan 787	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 788	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 794	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 795	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 796	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 797	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 798	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 799	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 800	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 801	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 802	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 803	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 804	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 805	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 806	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 807	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 808	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 809	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 810	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 812	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 813	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 814	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 815	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 816	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 817	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 818	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 819	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 820	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 821	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 822	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 823	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 824	11/1/2014	10/31/2015	11/1/2015	10/31/2016

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Plan 828	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 830	11/1/2014	10/31/2015		
Plan 831	11/1/2014	10/31/2015		
Plan 832	11/1/2014	10/31/2015		
Plan 833	11/1/2014	10/31/2015		
Plan 834	11/1/2014	10/31/2015		
Plan 835	11/1/2014	10/31/2015		
Plan 836	11/1/2014	10/31/2015		
Plan 837	11/1/2014	10/31/2015		
Plan 838	11/1/2014	10/31/2015		
Plan 868	11/1/2014	10/31/2015		
Plan 869	11/1/2014	10/31/2015		
Plan 870	11/1/2014	10/31/2015		
Plan 874	11/1/2014	10/31/2015		
Plan 875	11/1/2014	10/31/2015		
Plan 876	11/1/2014	10/31/2015		
Plan 877	11/1/2014	10/31/2015		
Plan 878	11/1/2014	10/31/2015		
Plan 879	11/1/2014	10/31/2015		
Plan 880	11/1/2014	10/31/2015		
Plan 881	11/1/2014	10/31/2015		
Plan 882	11/1/2014	10/31/2015		
Plan 883	11/1/2014	10/31/2015		
Plan 884	11/1/2014	10/31/2015		
Plan 885	11/1/2014	10/31/2015		
Plan 887	11/1/2014	10/31/2015		
Plan 888	11/1/2014	10/31/2015		
Plan 889	11/1/2014	10/31/2015		
Plan 890	11/1/2014	10/31/2015		
Plan 891	11/1/2014	10/31/2015		
Plan 892	11/1/2014	10/31/2015		
Plan 893	11/1/2014	10/31/2015		

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Plan 894	11/1/2014	10/31/2015		
Plan 895	11/1/2014	10/31/2015		
Plan 896	11/1/2014	10/31/2015		
Plan 897	11/1/2014	10/31/2015		
Plan 898	11/1/2014	10/31/2015		
Plan 899	11/1/2014	10/31/2015		
Plan 900	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 901	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 902	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 903	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 904	11/1/2014	10/31/2015		
Plan 905	11/1/2014	10/31/2015		
Plan 906	11/1/2014	10/31/2015		
Plan 907	11/1/2014	10/31/2015		
Plan 908	11/1/2014	10/31/2015		
Plan 909	11/1/2014	10/31/2015		
Plan 910	11/1/2014	10/31/2015		
Plan 911	11/1/2014	10/31/2015		
Plan 912	11/1/2014	10/31/2015		
Plan 913	11/1/2014	10/31/2015		
Plan 914	11/1/2014	10/31/2015		
Plan 915	11/1/2014	10/31/2015		
Plan 916	11/1/2014	10/31/2015		
Plan 1215	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 1217	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 1219	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 1221	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 1252	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 1253	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 1254	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 1255	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 1256	11/1/2014	10/31/2015	11/1/2015	10/31/2016

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Plan 1257	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 1309	1/1/2015	12/31/2015		
Plan 1310	11/1/2014	10/31/2015		
Plan 1311			11/1/2015	10/31/2016
Plan 1312	10/1/2014	9/30/2015		
Plan 1313			10/1/2015	9/30/2016
Plan 1314	1/1/2015	12/31/2015		
Plan 1315	11/1/2014	10/31/2015		
Plan 1316			11/1/2015	10/31/2016
Plan 1317	10/1/2014	9/30/2015		
Plan 1318			10/1/2015	9/30/2016
Plan 1319	11/1/2014	10/31/2015		
Plan 1320	1/1/2015	12/31/2015		
Plan 1321	11/1/2014	10/31/2015		
Plan 1322			11/1/2015	10/31/2016
Plan 1323	10/1/2014	9/30/2015		
Plan 1324			10/1/2015	9/30/2016
Plan 1325	1/1/2015	12/31/2015		
Plan 1326	11/1/2014	10/31/2015		
Plan 1327			11/1/2015	10/31/2016
Plan 1328	10/1/2014	9/30/2015		
Plan 1329			10/1/2015	9/30/2016
Plan 1330	1/1/2015	12/31/2015		
Plan 1331	11/1/2014	10/31/2015		
Plan 1332			11/1/2015	10/31/2016
Plan 1333	10/1/2014	9/30/2015		
Plan 1334			10/1/2015	9/30/2016
Plan 1335	11/1/2014	10/31/2015		
Plan 1336			11/1/2015	10/31/2016
Plan 1337			10/1/2015	9/30/2016
Plan 1344			11/1/2015	10/31/2016
Plan 1346			11/1/2015	10/31/2016

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Plan 1348			11/1/2015	10/31/2016
Plan 1350			11/1/2015	10/31/2016
Plan 1352			11/1/2015	10/31/2016
Plan 1355			11/1/2015	10/31/2016
Plan 1357			11/1/2015	10/31/2016
Plan 1359			11/1/2015	10/31/2016
Plan 1361	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 1379			11/1/2015	10/31/2016
Plan 1380			11/1/2015	10/31/2016
Plan 1381			11/1/2015	10/31/2016
Plan 1382			11/1/2015	10/31/2016
Plan 1383			11/1/2015	10/31/2016
Plan 1384			11/1/2015	10/31/2016
Plan 1385			11/1/2015	10/31/2016
Plan 1386			11/1/2015	10/31/2016
Plan 1387			11/1/2015	10/31/2016
Plan 1388			11/1/2015	10/31/2016
Plan 1389			11/1/2015	10/31/2016
Plan 1390			11/1/2015	10/31/2016
Plan 1391			11/1/2015	10/31/2016
Plan 1392			11/1/2015	10/31/2016
Plan 1393			11/1/2015	10/31/2016
Plan 1394			11/1/2015	10/31/2016
Plan 1395			11/1/2015	10/31/2016
Plan 1396			11/1/2015	10/31/2016
Plan 1397			11/1/2015	10/31/2016
Plan 1398			11/1/2015	10/31/2016
Plan 1399			11/1/2015	10/31/2016
Plan 921			11/1/2015	10/30/2016
Plan 922			11/1/2015	10/30/2016
Plan 923			11/1/2015	10/30/2016
Plan 924			11/1/2015	10/30/2016

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Plan 925			11/1/2015	10/30/2016
Plan 926			11/1/2015	10/30/2016
Plan 927			11/1/2015	10/30/2016
Plan 928			11/1/2015	10/30/2016
Plan 929			11/1/2015	10/30/2016
Plan 930			11/1/2015	10/30/2016
Plan 931			11/1/2015	10/30/2016
Plan 932			11/1/2015	10/30/2016
Plan 933			11/1/2015	10/30/2016
Plan 934			11/1/2015	10/30/2016
Plan 935			11/1/2015	10/30/2016
Plan 936			11/1/2015	10/30/2016
Plan 937			11/1/2015	10/30/2016
Plan 938			11/1/2015	10/30/2016
Plan 944	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 1032	10/1/2014	9/30/2015	10/1/2015	9/30/2016
Plan 1033	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 1034	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 1035	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 1036	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 1037	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 1038	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 1039	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 1040	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 1041	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 1042	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 1043	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 1044	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 1045	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 1046	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 1047	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 1094	11/1/2014	10/31/2015	11/1/2015	10/31/2016

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Plan 1095	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 1096	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 1097	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 1098	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 1099	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 1100	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 1213	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 1214	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 1216	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 1218	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 1220	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 1222	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 1223	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 1224	1/1/2015	12/31/2015		
Plan 1225	1/1/2015	12/31/2015		
Plan 1226	1/1/2015	12/31/2015		
Plan 1227	1/1/2015	12/31/2015		
Plan 1228	1/1/2015	12/31/2015		
Plan 1229	1/1/2015	12/31/2015		
Plan 1230	1/1/2015	12/31/2015		
Plan 1261			11/1/2015	10/31/2016
Plan 1263			11/1/2015	10/31/2016
Plan 1265	11/1/2014	10/31/2015	11/1/2015	10/31/2016
Plan 1268			11/1/2015	10/31/2016
Plan 1269	11/1/2014	10/31/2015		
Plan 1270	11/1/2014	10/31/2015		
Plan 1271	11/1/2014	10/31/2015		
Plan 1272			11/1/2015	10/31/2016
Plan 1273			11/1/2015	10/31/2016
Plan 1274			11/1/2015	10/31/2016
Plan 1275			11/1/2015	10/31/2016
Plan 1279	11/1/2014	10/31/2015		

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Plan 1280	11/1/2014	10/31/2015		
Plan 1281	11/1/2014	10/31/2015		
Plan 1283			11/1/2015	10/31/2016
Plan 1284			11/1/2015	10/31/2016
Plan 1285			11/1/2015	10/31/2016
Plan 1286	10/1/2014	9/30/2015		
Plan 1287			10/1/2015	9/30/2016
Plan 1430	1/1/2015	12/31/2015		
Plan 1431	1/1/2015	12/31/2015		
Plan 1432	1/1/2015	12/31/2015		
Plan 1433	1/1/2015	12/31/2015		
Plan 1434			11/1/2015	10/31/2016
Plan 1435			11/1/2015	10/31/2016
Plan 1436			11/1/2015	10/31/2016
Plan 1437			11/1/2015	10/31/2016
Plan 1438			11/1/2015	10/31/2016
Plan 1439			11/1/2015	10/31/2016
Plan 1440			11/1/2015	10/31/2016
Plan 1441			11/1/2015	10/31/2016
Plan 1442			11/1/2015	10/31/2016
Plan 1443			11/1/2015	10/31/2016
Plan 1444			11/1/2015	10/31/2016
Plan 1445			11/1/2015	10/31/2016
Plan 1446			11/1/2015	10/31/2016
Plan 1447			11/1/2015	10/31/2016
Plan 1448			11/1/2015	10/31/2016
Plan 1449			11/1/2015	10/31/2016
Plan 1450			11/1/2015	10/31/2016
Plan 1451			11/1/2015	10/31/2016
Plan 1452			11/1/2015	10/31/2016
Plan 1453			11/1/2015	10/31/2016
Plan 1536	1/1/2015	12/31/2015		

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Health Plan	Plan Year Ending in 2015		Plan Year Beginning in 2015	
	Begin Date	End Date	Begin Date	End Date
Plan 1537	1/1/2015	12/31/2015		
Plan 1538	1/1/2015	12/31/2015		
Plan 1539	1/1/2015	12/31/2015		
Plan 1540	1/1/2015	12/31/2015		
Plan 1541	1/1/2015	12/31/2015		
Plan 1542	1/1/2015	12/31/2015		
Plan 1543	1/1/2015	12/31/2015		
Plan 1544	1/1/2015	12/31/2015		
Plan 1545	1/1/2015	12/31/2015		
Plan 1546	1/1/2015	12/31/2015		
Plan 1547	1/1/2015	12/31/2015		
Plan 1548	1/1/2015	12/31/2015		

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
Benefit Package 009	Plan 270	Centerville School District	1	2	3
		Glenwood School District	2	4	6
		Goldendale School District	15	15	30
		Klickitat School District	5	0	5
		Lyle School District	2	0	2
		Mill A School District	0	0	0
		Skamania School District	1	0	1
		Stevenson-Carson School District	9	1	10
		Trout Lake School District	4	3	7
		White Salmon Valley School District	26	7	33
	Plan 270 Total		65	32	97
Benefit Package 009 Total			**65**	**32**	**97**
Benefit Package 010	Plan 271	Centerville School District	9	9	18
		Glenwood School District	11	0	11
		Goldendale School District	66	28	94
		Klickitat School District	9	4	13
		Lyle School District	28	16	44
		Mill A School District	2	0	2
		Skamania School District	2	0	2
		Stevenson-Carson School District	53	33	86
		Trout Lake School District	16	6	22
		White Salmon Valley School District	67	29	96
	Plan 271 Total		263	125	388
Benefit Package 010 Total			**263**	**125**	**388**
Benefit Package 011	Plan 272	Centerville School District	1	2	3
		Glenwood School District	5	8	13
		Goldendale School District	20	43	63
		Klickitat School District	3	3	6
		Lyle School District	3	2	5
		Mill A School District	4	11	15
		Skamania School District	4	8	12
		Stevenson-Carson School District	22	38	60

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Trout Lake School District	4	4	8
		White Salmon Valley School District	28	44	72
	Plan 272 Total		94	163	257
Benefit Package 011 Total			**94**	**163**	**257**
Benefit Package 012	Plan 273	Evergreen School District (Clark)	349	291	640
	Plan 273 Total		349	291	640
Benefit Package 012 Total			**349**	**291**	**640**
Benefit Package 013	Plan 276	Evergreen School District (Clark)	251	207	458
	Plan 276 Total		251	207	458
Benefit Package 013 Total			**251**	**207**	**458**
Benefit Package 016	Plan 275	Castle Rock School District	58	32	90
		Ridgefield School District	1	3	4
		Toutle Lake School District	20	13	33
	Plan 275 Total		79	48	127
	Plan 824	Hockinson School District	6	11	17
	Plan 824 Total		6	11	17
	Plan 828	Battle Ground School District	23	12	35
	Plan 828 Total		23	12	35
	Plan 830	Skamania School District	2	1	3
		Stevenson-Carson School District	6	6	12
	Plan 830 Total		8	7	15
	Plan 831	Woodland School District	7	9	16
	Plan 831 Total		7	9	16
	Plan 1265	Hockinson School District	4	9	13
		Ridgefield School District	1	2	3
	Plan 1265 Total		5	11	16
Benefit Package 016 Total			**128**	**98**	**226**
Benefit Package 025	Plan 289	Aberdeen School District	2	3	5
		Anacortes School District	9	14	23
		Arlington School District	10	24	34
		Asotin-Anatone School District	0	0	0
		Auburn School District	30	51	81

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Bainbridge Island School District	17	29	46
		Bellevue School District	52	86	138
		Boistfort School District	1	0	1
		Bremerton School District	12	17	29
		Brewster School District	1	1	2
		Bridgeport School District	3	5	8
		Burlington-Edison School District	20	30	50
		Camas School District	16	32	48
		Cape Flattery School District	2	3	5
		Carbonado School District	1	3	4
		Cascade School District	7	8	15
		Castle Rock School District	3	7	10
		Central Valley School District	22	41	63
		Centralia School District	13	22	35
		Chehalis School District	9	21	30
		Chewelah School District	17	19	36
		Chimacum School District	3	4	7
		Clarkston School District	8	17	25
		Cle Elum-Roslyn School District	2	1	3
		Clover Park School District	24	45	69
		Colfax School District	0	0	0
		College Place School District	3	1	4
		Colton School District	0	0	0
		Columbia (Stevens) School District	1	1	2
		Columbia (Walla Walla) School District	1	4	5
		Colville School District	8	5	13
		Concrete School District	1	1	2
		Conway School District	1	1	2
		Crescent School District	3	3	6
		Curlew School District	1	0	1
		Dayton School District	2	5	7
		Dieringer School District	2	2	4

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		East Valley School District (Spokane)	17	28	45
		East Valley School District (Yakima)	14	27	41
		Eastmont School District	16	16	32
		Edmonds School District	28	47	75
		Ellensburg School District	13	15	28
		Elma School District	1	3	4
		Entiat School District	4	4	8
		Enumclaw School District	9	10	19
		Ephrata School District	9	15	24
		Evergreen School District (Clark)	78	122	200
		Federal Way School District	43	68	111
		Ferndale School District	13	18	31
		Fife School District	3	6	9
		Finley School District	5	14	19
		Franklin Pierce School District	12	17	29
		Garfield School District	1	0	1
		Grand Coulee Dam School District	3	9	12
		Grandview School District	2	4	6
		Granger School District	0	0	0
		Grapeview School District	1	2	3
		Green Mountain School District	1	3	4
		Highland School District	6	5	11
		Highline School District	13	15	28
		Hoquiam School District	3	3	6
		Inchelium School District	1	1	2
		Issaquah School District	24	51	75
		Kalama School District	1	2	3
		Kelso School District	11	24	35
		Kennewick School District	25	42	67
		Kent School District	60	78	138
		Kettle Falls School District	1	1	2
		Kiona-Benton City School District	1	2	3

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		La Center School District	2	7	9
		La Conner School District	10	14	24
		Lake Chelan School District	3	6	9
		Lake Quinault School District	0	0	0
		Lake Stevens School District	7	13	20
		Lakewood School District	4	7	11
		Lind School District	3	7	10
		Longview School District	19	38	57
		Lopez School District	1	0	1
		Mabton School District	2	3	5
		Manson School District	4	3	7
		Marysville School District	7	15	22
		Mead School District	34	56	90
		Mercer Island School District	12	5	17
		Methow Valley School District	0	0	0
		Monroe School District	20	35	55
		Montesano School District	1	4	5
		Morton School District	1	4	5
		Moses Lake School District	11	11	22
		Mossyrock School District	3	2	5
		Mount Adams School District	2	4	6
		Mount Vernon School District	22	35	57
		Mukilteo School District	38	64	102
		Naches Valley School District	0	0	0
		Napavine School District	1	3	4
		Naselle-Grays River Valley School District	0	0	0
		Newport School District	6	6	12
		North Beach School District	3	9	12
		North Kitsap School District	18	32	50
		North Thurston Public Schools	37	48	85
		Oak Harbor School District	6	9	15
		Oakville School District	2	4	6

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Ocean Beach School District	2	3	5
		Ocosta School District	2	7	9
		Okanogan School District	3	7	10
		Olympia School District	22	30	52
		Omak School District	15	22	37
		Onalaska School District	7	6	13
		Orondo School District	3	4	7
		Orting School District	1	3	4
		Othello School District	10	27	37
		Palouse School District	2	2	4
		Pasco School District	23	44	67
		Pateros School District	4	9	13
		Paterson School District	1	0	1
		Pe Ell School District	3	4	7
		Peninsula School District	30	30	60
		Pioneer School District	1	0	1
		Port Angeles School District	11	13	24
		Port Townsend School District	4	4	8
		Prosser School District	1	0	1
		Quillayute Valley School District	5	5	10
		Quincy School District	7	5	12
		Raymond School District	3	7	10
		Reardan-Edwall School District	2	5	7
		Renton School District	24	27	51
		Republic School District	3	4	7
		Richland School District	20	34	54
		Ridgefield School District	4	5	9
		Riverview School District	9	15	24
		Rochester School District	7	14	21
		Rosalia School District	3	6	9
		Royal School District	6	9	15
		Sedro-Woolley School District	20	20	40

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Selah School District	4	6	10
		Selkirk School District	2	3	5
		Sequim School District	8	13	21
		Shelton School District	3	5	8
		Shoreline School District	24	27	51
		Snohomish School District	11	27	38
		Soap Lake School District	2	0	2
		South Bend School District	2	7	9
		South Kitsap School District	13	17	30
		South Whidbey School District	9	13	22
		Spokane School District	97	111	208
		Stanwood-Camano School District	4	4	8
		Steilacoom Hist. School District	7	14	21
		Sultan School District	5	14	19
		Sumner School District	23	32	55
		Sunnyside School District	10	14	24
		Taholah School District	3	2	5
		Tahoma School District	15	29	44
		Tekoa School District	1	1	2
		Tenino School District	4	1	5
		Thorp School District	2	1	3
		Toledo School District	2	3	5
		Tonasket School District	10	18	28
		Toppenish School District	6	8	14
		Toutle Lake School District	4	14	18
		Tukwila School District	7	8	15
		Tumwater School District	14	21	35
		Union Gap School District	1	0	1
		Valley School District	2	0	2
		Vancouver School District	55	81	136
		Vashon Island School District	4	2	6
		Wahluke School District	10	18	28

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Waitsburg School District	1	3	4
		Washtucna School District	1	1	2
		Wellpinit School District	1	0	1
		Wenatchee School District	31	28	59
		West Valley School District (Spokane)	13	23	36
		West Valley School District (Yakima)	9	22	31
		White Pass School District	3	3	6
		White River School District	2	4	6
		Wilbur School District	0	0	0
		Winlock School District	2	5	7
		Wishram School District	0	0	0
		Yakima School District	4	8	12
		Yelm School District	11	22	33
	Plan 289 Total		1705	2606	4311
Benefit Package 025 Total			**1705**	**2606**	**4311**
Benefit Package 030	Plan 301	Battle Ground School District	374	396	770
	Plan 301 Total		374	396	770
Benefit Package 030 Total			**374**	**396**	**770**
Benefit Package 031	Plan 302	Vancouver School District	819	675	1494
	Plan 302 Total		819	675	1494
Benefit Package 031 Total			**819**	**675**	**1494**
Benefit Package 044	Plan 317	Spokane School District	87	55	142
	Plan 317 Total		87	55	142
Benefit Package 044 Total			**87**	**55**	**142**
Benefit Package 065	Plan 286	Endicott School District	1	2	3
		Kennewick School District	1	0	1
		Orting School District	2	3	5
		Warden School District	1	0	1
		West Valley School District (Yakima)	2	3	5
	Plan 286 Total		7	8	15
	Plan 287	Bellevue School District	12	18	30
		Burlington-Edison School District	10	21	31

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Cle Elum-Roslyn School District	4	9	13
		Colfax School District	14	6	20
		Conway School District	1	4	5
		Darrington School District	21	32	53
		Easton School District	3	3	6
		Ellensburg School District	3	2	5
		Elma School District	1	0	1
		Endicott School District	7	8	15
		Enumclaw School District	1	0	1
		Harrington School District	1	4	5
		Highland School District	6	10	16
		Kennewick School District	66	92	158
		Kittitas School District	13	16	29
		Mary Walker School District	4	6	10
		Meridian School District	6	5	11
		Mount Vernon School District	8	12	20
		Mukilteo School District	5	3	8
		Oakesdale School District	8	23	31
		Orchard Prairie School District	5	0	5
		Orting School District	11	13	24
		Sedro-Woolley School District	8	10	18
		St. John School District	8	12	20
		Steptoe School District	5	12	17
		Union Gap School District	4	6	10
		West Valley School District (Yakima)	23	27	50
		Wilbur School District	1	2	3
	Plan 287 Total		259	356	615
	Plan 288	Bellevue School District	4	4	8
		Burlington-Edison School District	6	15	21
		Cle Elum-Roslyn School District	1	0	1
		Colfax School District	4	1	5
		Cusick School District	1	1	2

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Darrington School District	9	12	21
		Easton School District	5	3	8
		Ellensburg School District	2	1	3
		Endicott School District	5	15	20
		Harrington School District	1	1	2
		Highland School District	2	6	8
		Kennewick School District	4	12	16
		Kittitas School District	23	37	60
		Mary Walker School District	3	6	9
		Meridian School District	4	14	18
		Mount Vernon School District	15	31	46
		Mukilteo School District	1	2	3
		Oakesdale School District	6	13	19
		Orchard Prairie School District	2	3	5
		Orting School District	7	6	13
		Sedro-Woolley School District	9	20	29
		St. John School District	7	8	15
		Steptoe School District	3	2	5
		Wahluke School District	2	0	2
		West Valley School District (Yakima)	14	19	33
	Plan 288 Total		140	232	372
	Plan 346	Almira School District	2	4	6
		Bellevue School District	2	6	8
		Cashmere School District	29	66	95
		Cle Elum-Roslyn School District	1	3	4
		Colfax School District	2	3	5
		Coulee-Hartline School District	1	0	1
		Creston School District	1	0	1
		Cusick School District	1	2	3
		Darrington School District	1	4	5
		Ellensburg School District	1	4	5
		Enumclaw School District	1	3	4

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Harrington School District	1	0	1
		Kennewick School District	1	3	4
		Kittitas School District	4	3	7
		Mansfield School District	1	0	1
		Meridian School District	1	0	1
		Methow Valley School District	5	6	11
		Mount Vernon School District	1	2	3
		Mukilteo School District	1	1	2
		Orting School District	14	10	24
		Ritzville School District	1	0	1
		Sedro-Woolley School District	2	0	2
		Wahkiakum School District	1	0	1
		Warden School District	4	7	11
		Wilbur School District	2	6	8
	Plan 346 Total		81	133	214
	Plan 347	Almira School District	15	27	42
		Anacortes School District	10	16	26
		Bellevue School District	18	25	43
		Benge School District	4	6	10
		Bridgeport School District	1	1	2
		Burlington-Edison School District	11	17	28
		Cashmere School District	111	185	296
		Chimacum School District	9	8	17
		Cle Elum-Roslyn School District	50	63	113
		Conway School District	4	6	10
		Coulee-Hartline School District	29	48	77
		Creston School District	22	31	53
		Cusick School District	21	19	40
		Darrington School District	21	27	48
		Easton School District	14	16	30
		Ellensburg School District	19	34	53
		Elma School District	15	42	57

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Endicott School District	9	11	20
		Entiat School District	26	36	62
		Enumclaw School District	21	40	61
		Ephrata School District	20	39	59
		Harrington School District	19	35	54
		Kennewick School District	102	125	227
		Kittitas School District	30	44	74
		LaCrosse School District	1	1	2
		Mansfield School District	22	46	68
		Mary Walker School District	27	54	81
		Meridian School District	5	9	14
		Methow Valley School District	70	91	161
		Mount Vernon School District	21	36	57
		Mukilteo School District	13	11	24
		Naches Valley School District	1	1	2
		Northport School District	37	38	75
		Oakesdale School District	7	8	15
		Odessa School District	2	4	6
		Okanogan School District	31	26	57
		Onion Creek School District	9	10	19
		Orchard Prairie School District	1	0	1
		Orient School District	8	9	17
		Orting School District	120	143	263
		Palisades School District	9	16	25
		Quincy School District	23	37	60
		Republic School District	3	6	9
		Ritzville School District	49	95	144
		Sedro-Woolley School District	22	26	48
		St. John School District	11	15	26
		Star School District	6	8	14
		Summit Valley School District	10	7	17
		Union Gap School District	37	26	63

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Wahkiakum School District	34	59	93
		Wahluke School District	79	26	105
		Warden School District	96	137	233
		West Valley School District (Yakima)	23	34	57
		Wilbur School District	40	49	89
		Wilson Creek School District	19	14	33
	Plan 347 Total		1437	1943	3380
	Plan 704	Wahkiakum School District	9	19	28
	Plan 704 Total		9	19	28
Benefit Package 065 Total			**1933**	**2691**	**4624**
Benefit Package 172	Plan 409	Snoqualmie Valley School District	10	14	24
	Plan 409 Total		10	14	24
	Plan 410	Snoqualmie Valley School District	81	66	147
	Plan 410 Total		81	66	147
	Plan 411	Snoqualmie Valley School District	63	31	94
	Plan 411 Total		63	31	94
	Plan 412	Snoqualmie Valley School District	97	61	158
	Plan 412 Total		97	61	158
	Plan 413	Snoqualmie Valley School District	97	110	207
	Plan 413 Total		97	110	207
Benefit Package 172 Total			**348**	**282**	**630**
Benefit Package 176	Plan 1269	Hockinson School District	64	62	126
		La Center School District	39	50	89
	Plan 1269 Total		103	112	215
	Plan 1270	Kelso School District	125	83	208
	Plan 1270 Total		125	83	208
	Plan 1271	Skamania School District	2	1	3
		Stevenson-Carson School District	13	4	17
	Plan 1271 Total		15	5	20
Benefit Package 176 Total			**243**	**200**	**443**
Benefit Package 177	Plan 1286	Washougal School District	102	42	144
	Plan 1286 Total		102	42	144

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
Benefit Package 177 Total			**102**	**42**	**144**
Benefit Package 185	Plan 711	Trout Lake School District	1	3	4
		White Salmon Valley School District	1	2	3
	Plan 711 Total		2	5	7
Benefit Package 185 Total			**2**	**5**	**7**
Benefit Package 230	Plan 768	Walla Walla Public Schools	22	43	65
	Plan 768 Total		22	43	65
Benefit Package 230 Total			**22**	**43**	**65**
Benefit Package 236	Plan 774	Walla Walla Public Schools	243	196	439
	Plan 774 Total		243	196	439
Benefit Package 236 Total			**243**	**196**	**439**
Benefit Package 237	Plan 775	Walla Walla Public Schools	215	197	412
	Plan 775 Total		215	197	412
Benefit Package 237 Total			**215**	**197**	**412**
Benefit Package 238	Plan 776	Walla Walla Public Schools	140	156	296
	Plan 776 Total		140	156	296
Benefit Package 238 Total			**140**	**156**	**296**
Benefit Package 245	Plan 537	Granger School District	1	0	1
	Plan 537 Total		1	0	1
	Plan 538	Granger School District	1	2	3
	Plan 538 Total		1	2	3
	Plan 539	Mount Adams School District	0	0	0
	Plan 539 Total		0	0	0
	Plan 540	Mount Adams School District	0	0	0
	Plan 540 Total		0	0	0
	Plan 541	Naches Valley School District	6	0	6
	Plan 541 Total		6	0	6
	Plan 542	Naches Valley School District	0	0	0
	Plan 542 Total		0	0	0
	Plan 543	Toppenish School District	4	0	4
	Plan 543 Total		4	0	4
	Plan 544	Toppenish School District	0	0	0

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
	Plan 544 Total		0	0	0
	Plan 545	Wapato School District	15	0	15
	Plan 545 Total		15	0	15
	Plan 546	Wapato School District	5	11	16
	Plan 546 Total		5	11	16
	Plan 547	West Valley School District (Yakima)	7	0	7
	Plan 547 Total		7	0	7
	Plan 548	West Valley School District (Yakima)	2	2	4
	Plan 548 Total		2	2	4
	Plan 549	Yakima School District	15	0	15
	Plan 549 Total		15	0	15
	Plan 550	Yakima School District	0	0	0
	Plan 550 Total		0	0	0
	Plan 551	Zillah School District	5	0	5
	Plan 551 Total		5	0	5
	Plan 552	Zillah School District	3	4	7
	Plan 552 Total		3	4	7
Benefit Package 245 Total			**64**	**19**	**83**
Benefit Package 246	Plan 513	Toppenish School District	99	76	175
	Plan 513 Total		99	76	175
	Plan 514	Wapato School District	200	237	437
	Plan 514 Total		200	237	437
	Plan 515	West Valley School District (Yakima)	10	3	13
	Plan 515 Total		10	3	13
	Plan 516	Yakima School District	54	53	107
	Plan 516 Total		54	53	107
	Plan 517	Zillah School District	79	106	185
	Plan 517 Total		79	106	185
Benefit Package 246 Total			**442**	**475**	**917**
Benefit Package 247	Plan 439	Northshore School District	247	126	373
	Plan 439 Total		247	126	373
	Plan 1224	Granger School District	0	0	0

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
	Plan 1224 Total		0	0	0
	Plan 1225	Naches Valley School District	0	0	0
	Plan 1225 Total		0	0	0
	Plan 1226	Toppenish School District	1	0	1
	Plan 1226 Total		1	0	1
	Plan 1227	Wapato School District	2	1	3
	Plan 1227 Total		2	1	3
	Plan 1228	West Valley School District (Yakima)	0	0	0
	Plan 1228 Total		0	0	0
	Plan 1229	Yakima School District	1	0	1
	Plan 1229 Total		1	0	1
	Plan 1230	Zillah School District	0	0	0
	Plan 1230 Total		0	0	0
Benefit Package 247 Total			**251**	**127**	**378**
Benefit Package 249	Plan 557	Spokane School District	361	286	647
	Plan 557 Total		361	286	647
	Plan 558	Spokane School District	14	34	48
	Plan 558 Total		14	34	48
	Plan 636	Mount Adams School District	33	28	61
	Plan 636 Total		33	28	61
	Plan 638	Naches Valley School District	11	2	13
	Plan 638 Total		11	2	13
	Plan 639	Toppenish School District	50	7	57
	Plan 639 Total		50	7	57
	Plan 641	Wapato School District	108	40	148
	Plan 641 Total		108	40	148
	Plan 643	West Valley School District (Yakima)	2	0	2
	Plan 643 Total		2	0	2
	Plan 645	Yakima School District	56	5	61
	Plan 645 Total		56	5	61
	Plan 647	Zillah School District	30	13	43
	Plan 647 Total		30	13	43

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
	Plan 648	Granger School District	29	8	37
	Plan 648 Total		29	8	37
Benefit Package 249 Total			**694**	**423**	**1117**
Benefit Package 250	Plan 786	Liberty School District	2	6	8
	Plan 786 Total		2	6	8
	Plan 802	Eatonville School District	7	0	7
	Plan 802 Total		7	0	7
	Plan 803	Eatonville School District	8	17	25
	Plan 803 Total		8	17	25
	Plan 805	Arlington School District	15	0	15
	Plan 805 Total		15	0	15
	Plan 806	Arlington School District	19	42	61
	Plan 806 Total		19	42	61
	Plan 807	Arlington School District	20	22	42
	Plan 807 Total		20	22	42
	Plan 1252	Medical Lake School District	1	0	1
	Plan 1252 Total		1	0	1
	Plan 1253	Mead School District	11	7	18
	Plan 1253 Total		11	7	18
	Plan 1254	Ellensburg School District	0	0	0
	Plan 1254 Total		0	0	0
Benefit Package 250 Total			**83**	**94**	**177**
Benefit Package 251	Plan 450	Griffin School District	10	4	14
	Plan 450 Total		10	4	14
	Plan 493	Mount Vernon School District	91	54	145
	Plan 493 Total		91	54	145
	Plan 499	Burlington-Edison School District	65	56	121
	Plan 499 Total		65	56	121
	Plan 500	North Thurston Public Schools	62	49	111
	Plan 500 Total		62	49	111
	Plan 522	Dixie School District	0	0	0
	Plan 522 Total		0	0	0

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
	Plan 523	Dixie School District	0	0	0
	Plan 523 Total		0	0	0
	Plan 526	Medical Lake School District	0	0	0
	Plan 526 Total		0	0	0
	Plan 529	Deer Park School District	7	13	20
	Plan 529 Total		7	13	20
	Plan 530	Freeman School District	0	0	0
	Plan 530 Total		0	0	0
	Plan 531	Freeman School District	4	9	13
	Plan 531 Total		4	9	13
	Plan 532	Nine Mile Falls School District	9	0	9
	Plan 532 Total		9	0	9
	Plan 533	Nine Mile Falls School District	0	0	0
	Plan 533 Total		0	0	0
	Plan 534	Pullman School District	2	0	2
	Plan 534 Total		2	0	2
	Plan 535	Pullman School District	4	8	12
	Plan 535 Total		4	8	12
	Plan 536	Riverside School District	3	5	8
	Plan 536 Total		3	5	8
	Plan 672	Puyallup School District	254	202	456
	Plan 672 Total		254	202	456
	Plan 783	Deer Park School District	3	0	3
	Plan 783 Total		3	0	3
	Plan 784	Riverside School District	3	0	3
	Plan 784 Total		3	0	3
	Plan 785	Liberty School District	0	0	0
	Plan 785 Total		0	0	0
	Plan 1035	Bremerton School District	33	14	47
	Plan 1035 Total		33	14	47
	Plan 1098	Ellensburg School District	1	0	1
	Plan 1098 Total		1	0	1

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
	Plan 1099	Ellensburg School District	3	4	7
	Plan 1099 Total		3	4	7
	Plan 1222	Tacoma School District	882	946	1828
	Plan 1222 Total		882	946	1828
	Plan 1255	Ellensburg School District	2	0	2
	Plan 1255 Total		2	0	2
Benefit Package 251 Total			**1438**	**1364**	**2802**
Benefit Package 254	Plan 797	Bethel School District	64	0	64
	Plan 797 Total		64	0	64
	Plan 798	Bethel School District	87	192	279
	Plan 798 Total		87	192	279
	Plan 810	Medical Lake School District	22	17	39
	Plan 810 Total		22	17	39
Benefit Package 254 Total			**173**	**209**	**382**
Benefit Package 257	Plan 433	Kent School District	498	407	905
	Plan 433 Total		498	407	905
	Plan 486	Bellingham School District	41	18	59
	Plan 486 Total		41	18	59
	Plan 487	Blaine School District	26	18	44
	Plan 487 Total		26	18	44
	Plan 488	Ferndale School District	33	24	57
	Plan 488 Total		33	24	57
	Plan 489	Lynden School District	13	7	20
	Plan 489 Total		13	7	20
	Plan 490	Meridian School District	28	20	48
	Plan 490 Total		28	20	48
	Plan 491	Mount Baker School District	27	13	40
	Plan 491 Total		27	13	40
	Plan 492	Nooksack Valley School District	23	25	48
	Plan 492 Total		23	25	48
	Plan 504	Bellingham School District	51	39	90
	Plan 504 Total		51	39	90

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
	Plan 509	Ferndale School District	5	3	8
	Plan 509 Total		5	3	8
Benefit Package 257 Total			**745**	**574**	**1319**
Benefit Package 259	Plan 442	South Whidbey School District	24	19	43
	Plan 442 Total		24	19	43
	Plan 444	Riverview School District	15	5	20
	Plan 444 Total		15	5	20
	Plan 466	Mount Baker School District	7	0	7
	Plan 466 Total		7	0	7
	Plan 469	Lynden School District	0	0	0
	Plan 469 Total		0	0	0
	Plan 470	Bellingham School District	15	3	18
	Plan 470 Total		15	3	18
	Plan 471	Ferndale School District	6	0	6
	Plan 471 Total		6	0	6
	Plan 474	Nooksack Valley School District	0	0	0
	Plan 474 Total		0	0	0
	Plan 475	Meridian School District	8	6	14
	Plan 475 Total		8	6	14
	Plan 477	Shaw Island School District	0	0	0
	Plan 477 Total		0	0	0
	Plan 478	Lopez School District	35	28	63
	Plan 478 Total		35	28	63
	Plan 482	Blaine School District	8	4	12
	Plan 482 Total		8	4	12
	Plan 485	Snoqualmie Valley School District	44	40	84
	Plan 485 Total		44	40	84
	Plan 495	Coupeville School District	29	16	45
	Plan 495 Total		29	16	45
	Plan 496	San Juan Island School District	43	47	90
	Plan 496 Total		43	47	90
	Plan 503	Bellingham School District	27	18	45

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
	Plan 503 Total		27	18	45
	Plan 506	Stanwood-Camano School District	124	81	205
	Plan 506 Total		124	81	205
Benefit Package 259 Total			**385**	**267**	**652**
Benefit Package 266	Plan 832	Evergreen School District (Clark)	383	376	759
	Plan 832 Total		383	376	759
Benefit Package 266 Total			**383**	**376**	**759**
Benefit Package 267	Plan 308	Woodland School District	107	45	152
	Plan 308 Total		107	45	152
	Plan 1280	Kalama School District	26	31	57
		Ridgefield School District	75	83	158
	Plan 1280 Total		101	114	215
Benefit Package 267 Total			**208**	**159**	**367**
Benefit Package 269	Plan 324	Bainbridge Island School District	10	1	11
	Plan 324 Total		10	1	11
Benefit Package 269 Total			**10**	**1**	**11**
Benefit Package 270	Plan 325	Bainbridge Island School District	35	49	84
	Plan 325 Total		35	49	84
Benefit Package 270 Total			**35**	**49**	**84**
Benefit Package 271	Plan 326	Bainbridge Island School District	3	2	5
	Plan 326 Total		3	2	5
Benefit Package 271 Total			**3**	**2**	**5**
Benefit Package 272	Plan 327	Bainbridge Island School District	1	0	1
	Plan 327 Total		1	0	1
Benefit Package 272 Total			**1**	**0**	**1**
Benefit Package 274	Plan 334	North Thurston Public Schools	46	46	92
	Plan 334 Total		46	46	92
Benefit Package 274 Total			**46**	**46**	**92**
Benefit Package 275	Plan 335	North Thurston Public Schools	52	74	126
	Plan 335 Total		52	74	126
Benefit Package 275 Total			**52**	**74**	**126**
Benefit Package 276	Plan 336	Bremerton School District	41	19	60

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
	Plan 336 Total		41	19	60
Benefit Package 276 Total			**41**	**19**	**60**
Benefit Package 277	Plan 833	Central Kitsap School District	173	114	287
	Plan 833 Total		173	114	287
Benefit Package 277 Total			**173**	**114**	**287**
Benefit Package 278	Plan 338	Bremerton School District	36	25	61
	Plan 338 Total		36	25	61
Benefit Package 278 Total			**36**	**25**	**61**
Benefit Package 279	Plan 834	Central Kitsap School District	240	171	411
	Plan 834 Total		240	171	411
Benefit Package 279 Total			**240**	**171**	**411**
Benefit Package 280	Plan 340	Bremerton School District	39	34	73
	Plan 340 Total		39	34	73
Benefit Package 280 Total			**39**	**34**	**73**
Benefit Package 281	Plan 342	Bremerton School District	18	14	32
	Plan 342 Total		18	14	32
Benefit Package 281 Total			**18**	**14**	**32**
Benefit Package 282	Plan 835	Central Kitsap School District	272	337	609
	Plan 835 Total		272	337	609
Benefit Package 282 Total			**272**	**337**	**609**
Benefit Package 284	Plan 836	Central Kitsap School District	31	56	87
	Plan 836 Total		31	56	87
Benefit Package 284 Total			**31**	**56**	**87**
Benefit Package 286	Plan 837	Seattle Public Schools	1328	730	2058
	Plan 837 Total		1328	730	2058
Benefit Package 286 Total			**1328**	**730**	**2058**
Benefit Package 288	Plan 838	Seattle Public Schools	257	213	470
	Plan 838 Total		257	213	470
Benefit Package 288 Total			**257**	**213**	**470**
Benefit Package 318	Plan 868	Aberdeen School District	78	72	150
		Adna School District	9	10	19
		Anacortes School District	60	77	137

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Arlington School District	70	123	193
		Asotin-Anatone School District	17	35	52
		Auburn School District	292	354	646
		Bainbridge Island School District	100	109	209
		Bellevue School District	356	412	768
		Bellingham School District	124	173	297
		Boistfort School District	6	1	7
		Bremerton School District	61	44	105
		Brewster School District	29	36	65
		Bridgeport School District	35	32	67
		Brinnon School District	5	4	9
		Burlington-Edison School District	66	65	131
		Camas School District	117	172	289
		Cape Flattery School District	17	8	25
		Carbonado School District	4	2	6
		Cascade School District	64	64	128
		Castle Rock School District	18	23	41
		Central Valley School District	225	254	479
		Centralia School District	123	149	272
		Chehalis School District	107	99	206
		Cheney School District	57	48	105
		Chewelah School District	26	18	44
		Chimacum School District	25	21	46
		Clarkston School District	92	125	217
		Cle Elum-Roslyn School District	14	8	22
		Clover Park School District	134	141	275
		Colfax School District	7	12	19
		College Place School District	27	21	48
		Columbia (Stevens) School District	12	14	26
		Columbia (Walla Walla) School District	13	15	28
		Colville School District	59	62	121
		Concrete School District	35	16	51

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Conway School District	15	18	33
		Cosmopolis School District	10	11	21
		Crescent School District	13	19	32
		Curlew School District	5	8	13
		Cusick School District	8	17	25
		Damman School District	3	1	4
		Darrington School District	1	1	2
		Davenport School District	21	40	61
		Dayton School District	5	11	16
		Deer Park School District	20	27	47
		Dieringer School District	55	61	116
		East Valley School District (Spokane)	71	89	160
		East Valley School District (Yakima)	56	66	122
		Eastmont School District	147	173	320
		Edmonds School District	321	420	741
		Ellensburg School District	62	70	132
		Elma School District	24	33	57
		Entiat School District	6	6	12
		Enumclaw School District	106	96	202
		Ephrata School District	51	56	107
		Evaline School District	1	0	1
		Evergreen School District (Clark)	289	273	562
		Federal Way School District	412	299	711
		Ferndale School District	94	105	199
		Fife School District	70	76	146
		Finley School District	27	39	66
		Franklin Pierce School District	245	273	518
		Garfield School District	9	7	16
		Grand Coulee Dam School District	18	11	29
		Grandview School District	172	196	368
		Granger School District	5	7	12
		Grapeview School District	10	11	21

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Great Northern School District	0	0	0
		Green Mountain School District	9	8	17
		Griffin School District	29	42	71
		Harrington School District	3	6	9
		Highland School District	22	13	35
		Highline School District	115	128	243
		Hood Canal School District	8	1	9
		Hoquiam School District	33	28	61
		Inchelium School District	18	11	29
		Index School District	2	2	4
		Issaquah School District	392	343	735
		Kahlotus School District	2	6	8
		Kalama School District	9	8	17
		Keller School District	1	0	1
		Kelso School District	107	108	215
		Kennewick School District	408	516	924
		Kent School District	483	535	1018
		Kettle Falls School District	50	68	118
		Kiona-Benton City School District	12	15	27
		La Center School District	10	14	24
		La Conner School District	26	47	73
		LaCrosse School District	2	3	5
		Lake Chelan School District	103	150	253
		Lake Quinault School District	7	4	11
		Lake Stevens School District	108	138	246
		Lakewood School District	22	33	55
		Lamont School District	1	3	4
		Lind School District	6	3	9
		Longview School District	99	153	252
		Loon Lake School District	4	5	9
		Lopez School District	2	2	4
		Mabton School District	29	26	55

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Manson School District	24	20	44
		Mary M Knight School District	8	13	21
		Mary Walker School District	8	6	14
		Marysville School District	207	269	476
		McCleary School District	10	7	17
		Mead School District	251	308	559
		Medical Lake School District	14	13	27
		Mercer Island School District	87	67	154
		Methow Valley School District	0	0	0
		Monroe School District	120	129	249
		Montesano School District	24	33	57
		Morton School District	10	10	20
		Moses Lake School District	148	176	324
		Mossyrock School District	12	12	24
		Mount Adams School District	11	6	17
		Mount Pleasant School District	0	0	0
		Mount Vernon School District	101	120	221
		Mukilteo School District	1	0	1
		Naches Valley School District	16	25	41
		Napavine School District	28	41	69
		Naselle-Grays River Valley School District	5	10	15
		Nespelem School District	10	12	22
		Newport School District	40	24	64
		North Beach School District	19	13	32
		North Kitsap School District	120	150	270
		North River School District	4	13	17
		North Thurston Public Schools	172	196	368
		Oak Harbor School District	82	96	178
		Oakville School District	10	16	26
		Ocean Beach School District	27	18	45
		Ocosta School District	11	14	25
		Odessa School District	15	24	39

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Okanogan School District	19	17	36
		Olympia School District	173	169	342
		Omak School District	109	129	238
		Onalaska School District	37	45	82
		Orcas Island School District	6	5	11
		Orondo School District	5	2	7
		Oroville School District	6	14	20
		Orting School District	26	19	45
		Othello School District	190	222	412
		Palouse School District	6	5	11
		Pasco School District	233	318	551
		Pateros School District	13	8	21
		Pe Ell School District	17	13	30
		Pioneer School District	27	20	47
		Pomeroy School District	9	18	27
		Port Angeles School District	126	132	258
		Port Townsend School District	31	39	70
		Prescott School District	2	2	4
		Prosser School District	51	56	107
		Puyallup School District	62	67	129
		Queets-Clearwater School District	3	1	4
		Quilcene School District	17	5	22
		Quillayute Valley School District	44	27	71
		Quincy School District	45	65	110
		Rainier School District	12	16	28
		Raymond School District	3	5	8
		Reardan-Edwall School District	14	9	23
		Renton School District	301	279	580
		Republic School District	7	9	16
		Richland School District	202	240	442
		Ridgefield School District	12	24	36
		Riverview School District	61	74	135

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Rochester School District	45	68	113
		Rosalia School District	4	5	9
		Royal School District	58	43	101
		Sedro-Woolley School District	126	125	251
		Selah School District	118	116	234
		Selkirk School District	10	10	20
		Sequim School District	31	30	61
		Shaw Island School District	1	3	4
		Shelton School District	139	118	257
		Shoreline School District	207	196	403
		Skykomish School District	5	2	7
		Snohomish School District	152	197	349
		Soap Lake School District	18	21	39
		South Bend School District	13	21	34
		South Kitsap School District	256	259	515
		South Whidbey School District	37	35	72
		Southside School District	13	14	27
		Spokane School District	296	559	855
		Sprague School District	5	0	5
		Stanwood-Camano School District	47	62	109
		Starbuck School District	1	2	3
		Steilacoom Hist. School District	46	42	88
		Sultan School District	40	47	87
		Sumner School District	351	415	766
		Sunnyside School District	225	253	478
		Taholah School District	2	0	2
		Tahoma School District	145	238	383
		Tekoa School District	6	19	25
		Tenino School District	25	33	58
		Thorp School District	7	10	17
		Toledo School District	35	40	75
		Tonasket School District	35	34	69

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Exhibit A3a
Enrollment by Benefit Package and Health Plan
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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Toppenish School District	32	63	95
		Toutle Lake School District	12	17	29
		Tukwila School District	55	43	98
		Tumwater School District	149	168	317
		Union Gap School District	10	5	15
		Valley School District	47	70	117
		Vancouver School District	433	439	872
		Vashon Island School District	26	45	71
		Wahluke School District	38	53	91
		Waitsburg School District	4	3	7
		Wapato School District	0	0	0
		Washtucna School District	3	5	8
		Waterville School District	13	22	35
		Wellpinit School District	27	21	48
		Wenatchee School District	182	183	365
		West Valley School District (Spokane)	56	61	117
		West Valley School District (Yakima)	87	150	237
		White Pass School District	19	15	34
		White River School District	71	97	168
		Wilbur School District	0	0	0
		Willapa Valley School District	10	6	16
		Wilson Creek School District	4	9	13
		Winlock School District	31	21	52
		Wishkah Valley School District	3	0	3
		Wishram School District	14	23	37
		Yakima School District	58	51	109
		Yelm School District	79	97	176
	Plan 868 Total		14384	16337	30721
Benefit Package 318 Total			**14384**	**16337**	**30721**
Benefit Package 319	Plan 869	Aberdeen School District	46	55	101
		Adna School District	9	14	23
		Anacortes School District	25	36	61

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Arlington School District	23	52	75
		Asotin-Anatone School District	14	24	38
		Auburn School District	126	164	290
		Bainbridge Island School District	37	45	82
		Bellevue School District	120	195	315
		Bellingham School District	17	31	48
		Boistfort School District	3	0	3
		Bremerton School District	29	30	59
		Brewster School District	29	20	49
		Bridgeport School District	13	7	20
		Brinnon School District	2	2	4
		Burlington-Edison School District	16	26	42
		Camas School District	40	58	98
		Cape Flattery School District	7	12	19
		Carbonado School District	1	5	6
		Cascade School District	20	26	46
		Castle Rock School District	7	13	20
		Central Valley School District	117	158	275
		Centralia School District	32	40	72
		Chehalis School District	41	40	81
		Cheney School District	42	49	91
		Chewelah School District	17	21	38
		Chimacum School District	19	22	41
		Clarkston School District	39	67	106
		Cle Elum-Roslyn School District	2	2	4
		Clover Park School District	59	78	137
		Colfax School District	6	9	15
		College Place School District	26	27	53
		Colton School District	0	0	0
		Columbia (Stevens) School District	4	4	8
		Columbia (Walla Walla) School District	4	4	8
		Colville School District	29	42	71

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Concrete School District	8	8	16
		Conway School District	2	2	4
		Cosmopolis School District	4	4	8
		Crescent School District	6	7	13
		Curlew School District	4	1	5
		Cusick School District	2	2	4
		Darrington School District	0	0	0
		Davenport School District	7	7	14
		Dayton School District	9	9	18
		Deer Park School District	7	7	14
		Dieringer School District	25	40	65
		East Valley School District (Spokane)	54	70	124
		East Valley School District (Yakima)	26	32	58
		Eastmont School District	100	136	236
		Edmonds School District	118	184	302
		Ellensburg School District	35	37	72
		Elma School District	9	11	20
		Entiat School District	2	2	4
		Enumclaw School District	44	41	85
		Ephrata School District	50	73	123
		Evergreen School District (Clark)	98	101	199
		Evergreen School District (Stevens)	5	0	5
		Federal Way School District	131	129	260
		Ferndale School District	27	43	70
		Fife School District	34	44	78
		Finley School District	9	10	19
		Franklin Pierce School District	81	99	180
		Garfield School District	3	8	11
		Grand Coulee Dam School District	12	12	24
		Grandview School District	18	25	43
		Granger School District	5	3	8
		Grapeview School District	8	4	12

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Great Northern School District	1	0	1
		Green Mountain School District	1	2	3
		Griffin School District	9	9	18
		Harrington School District	1	0	1
		Highland School District	14	19	33
		Highline School District	57	56	113
		Hood Canal School District	3	3	6
		Hoquiam School District	11	14	25
		Inchelium School District	2	2	4
		Index School District	1	0	1
		Issaquah School District	146	184	330
		Kahlotus School District	3	5	8
		Kalama School District	2	4	6
		Keller School District	1	0	1
		Kelso School District	61	73	134
		Kennewick School District	149	203	352
		Kent School District	197	187	384
		Kettle Falls School District	8	6	14
		Kiona-Benton City School District	24	19	43
		La Center School District	6	14	20
		La Conner School District	8	12	20
		LaCrosse School District	3	2	5
		Lake Chelan School District	14	14	28
		Lake Stevens School District	33	45	78
		Lake Washington School District	0	0	0
		Lakewood School District	7	11	18
		Lamont School District	2	1	3
		Lind School District	1	2	3
		Longview School District	51	65	116
		Loon Lake School District	6	7	13
		Lopez School District	3	8	11
		Mabton School District	4	6	10

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Manson School District	18	19	37
		Mary M Knight School District	1	1	2
		Mary Walker School District	4	2	6
		Marysville School District	72	126	198
		McCleary School District	7	5	12
		Mead School District	98	136	234
		Medical Lake School District	16	11	27
		Mercer Island School District	41	35	76
		Methow Valley School District	0	0	0
		Monroe School District	57	64	121
		Montesano School District	58	62	120
		Morton School District	2	1	3
		Moses Lake School District	71	99	170
		Mossyrock School District	18	21	39
		Mount Adams School District	5	5	10
		Mount Vernon School District	32	42	74
		Naches Valley School District	10	8	18
		Napavine School District	7	11	18
		Naselle-Grays River Valley School District	9	22	31
		Nespelem School District	3	1	4
		Newport School District	18	12	30
		North Beach School District	9	9	18
		North Kitsap School District	41	54	95
		North River School District	1	0	1
		North Thurston Public Schools	73	86	159
		Oak Harbor School District	53	77	130
		Oakville School District	2	1	3
		Ocean Beach School District	5	0	5
		Ocosta School District	7	7	14
		Odessa School District	4	3	7
		Okanogan School District	9	12	21
		Olympia School District	90	101	191

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Enrollment by Benefit Package and Health Plan
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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Omak School District	38	48	86
		Onalaska School District	15	16	31
		Orcas Island School District	8	11	19
		Orondo School District	11	13	24
		Oroville School District	6	2	8
		Orting School District	7	5	12
		Othello School District	57	95	152
		Palouse School District	3	3	6
		Pasco School District	129	226	355
		Pateros School District	6	8	14
		Paterson School District	7	13	20
		Pe Ell School District	4	2	6
		Pioneer School District	8	8	16
		Pomeroy School District	2	2	4
		Port Angeles School District	46	67	113
		Port Townsend School District	19	20	39
		Prescott School District	3	2	5
		Prosser School District	15	18	33
		Puyallup School District	30	54	84
		Quilcene School District	5	1	6
		Quillayute Valley School District	14	13	27
		Quincy School District	44	48	92
		Rainier School District	2	1	3
		Raymond School District	2	2	4
		Reardan-Edwall School District	7	5	12
		Renton School District	98	113	211
		Republic School District	11	13	24
		Richland School District	121	155	276
		Ridgefield School District	9	17	26
		Riverview School District	30	45	75
		Rochester School District	20	43	63
		Rosalia School District	9	7	16

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Royal School District	26	50	76
		Sedro-Woolley School District	51	44	95
		Selah School District	49	66	115
		Selkirk School District	2	2	4
		Sequim School District	17	20	37
		Shelton School District	44	44	88
		Shoreline School District	102	124	226
		Skykomish School District	3	0	3
		Snohomish School District	76	89	165
		Soap Lake School District	6	7	13
		South Bend School District	13	25	38
		South Kitsap School District	108	125	233
		South Whidbey School District	7	6	13
		Southside School District	1	2	3
		Spokane School District	99	158	257
		Sprague School District	2	0	2
		Stanwood-Camano School District	25	42	67
		Steilacoom Hist. School District	18	14	32
		Sultan School District	17	21	38
		Sumner School District	123	138	261
		Sunnyside School District	131	175	306
		Taholah School District	0	0	0
		Tahoma School District	61	82	143
		Tekoa School District	5	4	9
		Tenino School District	6	17	23
		Thorp School District	7	5	12
		Toledo School District	10	18	28
		Tonasket School District	28	43	71
		Toppenish School District	23	43	66
		Toutle Lake School District	4	5	9
		Tukwila School District	14	16	30
		Tumwater School District	36	52	88

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Union Gap School District	4	3	7
		Valley School District	4	6	10
		Vancouver School District	160	213	373
		Vashon Island School District	8	16	24
		Wahluke School District	18	35	53
		Waitsburg School District	1	0	1
		Washtucna School District	1	2	3
		Waterville School District	11	13	24
		Wellpinit School District	8	5	13
		Wenatchee School District	109	140	249
		West Valley School District (Spokane)	18	20	38
		West Valley School District (Yakima)	54	70	124
		White Pass School District	7	2	9
		White River School District	56	50	106
		Wilbur School District	0	0	0
		Willapa Valley School District	4	2	6
		Wilson Creek School District	1	2	3
		Winlock School District	9	13	22
		Wishkah Valley School District	3	0	3
		Wishram School District	3	4	7
		Yakima School District	21	20	41
		Yelm School District	40	36	76
	Plan 869 Total		6074	7700	13774
Benefit Package 319 Total			**6074**	**7700**	**13774**
Benefit Package 320	Plan 870	Aberdeen School District	9	4	13
		Anacortes School District	7	9	16
		Arlington School District	5	13	18
		Asotin-Anatone School District	16	42	58
		Auburn School District	72	52	124
		Bainbridge Island School District	13	14	27
		Bellevue School District	52	62	114
		Bellingham School District	4	5	9

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Boistfort School District	1	3	4
		Bremerton School District	20	20	40
		Brewster School District	8	6	14
		Bridgeport School District	5	10	15
		Burlington-Edison School District	7	9	16
		Camas School District	23	37	60
		Cape Flattery School District	11	6	17
		Cascade School District	5	0	5
		Castle Rock School District	3	5	8
		Central Valley School District	42	51	93
		Centralia School District	19	22	41
		Chehalis School District	11	14	25
		Cheney School District	14	6	20
		Chewelah School District	5	4	9
		Chimacum School District	2	2	4
		Clarkston School District	11	14	25
		Cle Elum-Roslyn School District	3	4	7
		Clover Park School District	22	23	45
		Colfax School District	2	5	7
		College Place School District	4	5	9
		Colton School District	1	1	2
		Columbia (Stevens) School District	1	3	4
		Columbia (Walla Walla) School District	2	5	7
		Colville School District	11	15	26
		Concrete School District	3	6	9
		Conway School District	1	2	3
		Crescent School District	2	3	5
		Curlew School District	5	6	11
		Dayton School District	5	5	10
		Deer Park School District	5	1	6
		Dieringer School District	5	15	20
		East Valley School District (Spokane)	20	24	44

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		East Valley School District (Yakima)	14	12	26
		Eastmont School District	40	33	73
		Edmonds School District	40	40	80
		Ellensburg School District	22	21	43
		Elma School District	9	6	15
		Entiat School District	7	13	20
		Enumclaw School District	15	18	33
		Ephrata School District	20	32	52
		Evaline School District	2	1	3
		Evergreen School District (Clark)	67	61	128
		Evergreen School District (Stevens)	1	0	1
		Federal Way School District	38	34	72
		Ferndale School District	7	5	12
		Fife School District	5	2	7
		Finley School District	5	2	7
		Franklin Pierce School District	41	42	83
		Grand Coulee Dam School District	13	22	35
		Grandview School District	7	6	13
		Granger School District	7	8	15
		Griffin School District	2	4	6
		Highland School District	8	8	16
		Highline School District	23	18	41
		Hoquiam School District	20	22	42
		Inchelium School District	1	1	2
		Issaquah School District	29	40	69
		Kahlotus School District	1	7	8
		Kalama School District	2	6	8
		Kelso School District	18	18	36
		Kennewick School District	84	121	205
		Kent School District	54	50	104
		Kettle Falls School District	0	0	0
		Kiona-Benton City School District	12	17	29

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		La Center School District	4	2	6
		La Conner School District	1	1	2
		LaCrosse School District	3	2	5
		Lake Stevens School District	10	13	23
		Lakewood School District	1	3	4
		Lind School District	4	5	9
		Longview School District	18	20	38
		Loon Lake School District	2	2	4
		Lopez School District	2	5	7
		Mabton School District	2	2	4
		Manson School District	3	5	8
		Mary M Knight School District	2	2	4
		Mary Walker School District	3	1	4
		Marysville School District	32	47	79
		McCleary School District	2	6	8
		Mead School District	55	78	133
		Medical Lake School District	5	3	8
		Mercer Island School District	10	10	20
		Methow Valley School District	0	0	0
		Monroe School District	29	38	67
		Montesano School District	1	6	7
		Moses Lake School District	44	55	99
		Mossyrock School District	6	2	8
		Mount Adams School District	2	0	2
		Mount Vernon School District	18	17	35
		Naches Valley School District	6	9	15
		Naselle-Grays River Valley School District	2	2	4
		Nespelem School District	1	0	1
		Newport School District	15	26	41
		North Beach School District	0	0	0
		North Kitsap School District	27	40	67
		North River School District	1	1	2

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		North Thurston Public Schools	26	32	58
		Oak Harbor School District	15	19	34
		Oakville School District	7	3	10
		Ocean Beach School District	12	16	28
		Ocosta School District	7	2	9
		Okanogan School District	10	9	19
		Olympia School District	33	36	69
		Omak School District	21	31	52
		Onalaska School District	3	5	8
		Orcas Island School District	1	1	2
		Orondo School District	2	0	2
		Oroville School District	1	1	2
		Orting School District	7	8	15
		Othello School District	21	34	55
		Palouse School District	0	0	0
		Pasco School District	45	93	138
		Pateros School District	2	1	3
		Pioneer School District	5	8	13
		Pomeroy School District	1	2	3
		Port Angeles School District	16	21	37
		Port Townsend School District	4	7	11
		Prescott School District	4	5	9
		Prosser School District	18	30	48
		Puyallup School District	26	41	67
		Queets-Clearwater School District	2	2	4
		Quilcene School District	1	3	4
		Quillayute Valley School District	7	11	18
		Quincy School District	4	2	6
		Rainier School District	6	7	13
		Raymond School District	2	0	2
		Reardan-Edwall School District	3	4	7
		Renton School District	44	34	78

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Republic School District	7	12	19
		Richland School District	46	73	119
		Ridgefield School District	6	9	15
		Riverview School District	7	6	13
		Rochester School District	2	2	4
		Rosalia School District	1	1	2
		Royal School District	14	16	30
		Satsop School District	2	0	2
		Sedro-Woolley School District	23	26	49
		Selah School District	14	10	24
		Selkirk School District	2	4	6
		Sequim School District	6	2	8
		Shelton School District	23	16	39
		Shoreline School District	29	29	58
		Snohomish School District	24	44	68
		Soap Lake School District	1	1	2
		South Bend School District	4	7	11
		South Kitsap School District	56	62	118
		South Whidbey School District	4	1	5
		Southside School District	1	3	4
		Spokane School District	46	96	142
		Sprague School District	2	2	4
		Stanwood-Camano School District	6	10	16
		Steilacoom Hist. School District	4	4	8
		Sultan School District	4	3	7
		Sumner School District	38	52	90
		Sunnyside School District	32	39	71
		Taholah School District	1	0	1
		Tahoma School District	14	23	37
		Tekoa School District	3	4	7
		Tenino School District	4	6	10
		Thorp School District	1	0	1

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Toledo School District	2	3	5
		Tonasket School District	3	2	5
		Toppenish School District	8	9	17
		Tukwila School District	3	0	3
		Tumwater School District	22	33	55
		Union Gap School District	3	1	4
		Valley School District	6	9	15
		Vancouver School District	91	94	185
		Vashon Island School District	3	2	5
		Wahluke School District	4	2	6
		Waitsburg School District	3	3	6
		Waterville School District	3	1	4
		Wellpinit School District	11	2	13
		Wenatchee School District	36	43	79
		West Valley School District (Spokane)	8	4	12
		West Valley School District (Yakima)	8	15	23
		White Pass School District	2	4	6
		White River School District	8	9	17
		Wilbur School District	0	0	0
		Willapa Valley School District	2	1	3
		Wilson Creek School District	1	3	4
		Winlock School District	4	7	11
		Wishkah Valley School District	0	0	0
		Yakima School District	18	27	45
		Yelm School District	10	15	25
	Plan 870 Total		2424	2926	5350
Benefit Package 320 Total			**2424**	**2926**	**5350**
Benefit Package 321	Plan 708	Aberdeen School District	194	102	296
		Adna School District	9	18	27
		Anacortes School District	89	70	159
		Arlington School District	80	61	141
		Auburn School District	387	259	646

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Bainbridge Island School District	67	48	115
		Bellevue School District	703	335	1038
		Bellingham School District	50	19	69
		Boistfort School District	4	2	6
		Bremerton School District	53	31	84
		Brewster School District	29	18	47
		Bridgeport School District	22	14	36
		Brinnon School District	1	0	1
		Burlington-Edison School District	14	9	23
		Camas School District	140	119	259
		Cape Flattery School District	15	11	26
		Carbonado School District	6	3	9
		Cascade School District	29	22	51
		Castle Rock School District	28	16	44
		Central Valley School District	268	235	503
		Centralia School District	86	51	137
		Chehalis School District	81	64	145
		Cheney School District	32	18	50
		Chewelah School District	19	14	33
		Chimacum School District	35	35	70
		Clarkston School District	104	37	141
		Cle Elum-Roslyn School District	12	9	21
		Clover Park School District	380	194	574
		Colfax School District	5	5	10
		College Place School District	23	13	36
		Colton School District	15	20	35
		Columbia (Stevens) School District	7	4	11
		Columbia (Walla Walla) School District	41	34	75
		Colville School District	33	26	59
		Conway School District	16	1	17
		Cosmopolis School District	2	0	2
		Crescent School District	6	0	6

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Exhibit A3a
Enrollment by Benefit Package and Health Plan
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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Curlew School District	3	1	4
		Cusick School District	4	1	5
		Darrington School District	2	4	6
		Davenport School District	21	33	54
		Dayton School District	9	11	20
		Dieringer School District	34	25	59
		East Valley School District (Spokane)	73	20	93
		East Valley School District (Yakima)	64	47	111
		Eastmont School District	156	124	280
		Edmonds School District	465	285	750
		Ellensburg School District	53	43	96
		Elma School District	89	39	128
		Entiat School District	4	2	6
		Enumclaw School District	90	71	161
		Ephrata School District	54	51	105
		Federal Way School District	502	265	767
		Ferndale School District	59	45	104
		Fife School District	87	85	172
		Finley School District	25	19	44
		Franklin Pierce School District	161	65	226
		Garfield School District	4	6	10
		Grand Coulee Dam School District	39	22	61
		Grandview School District	92	72	164
		Granger School District	35	29	64
		Grapeview School District	1	0	1
		Great Northern School District	3	0	3
		Green Mountain School District	2	1	3
		Griffin School District	7	5	12
		Harrington School District	2	0	2
		Highland School District	31	19	50
		Highline School District	388	169	557
		Hood Canal School District	12	4	16

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Hoquiam School District	86	51	137
		Inchelium School District	8	0	8
		Index School District	2	0	2
		Issaquah School District	630	351	981
		Kahlotus School District	7	4	11
		Kalama School District	11	6	17
		Keller School District	5	0	5
		Kelso School District	77	39	116
		Kennewick School District	373	270	643
		Kent School District	768	440	1208
		Kettle Falls School District	12	11	23
		Kiona-Benton City School District	66	59	125
		La Center School District	17	20	37
		La Conner School District	27	20	47
		LaCrosse School District	2	3	5
		Lake Chelan School District	31	20	51
		Lake Quinault School District	20	19	39
		Lake Stevens School District	56	30	86
		Lakewood School District	56	49	105
		Lamont School District	3	1	4
		Lind School District	9	11	20
		Longview School District	134	79	213
		Lopez School District	2	4	6
		Mabton School District	50	38	88
		Manson School District	22	27	49
		Mary M Knight School District	8	13	21
		Mary Walker School District	5	3	8
		Marysville School District	358	239	597
		McCleary School District	14	7	21
		Mead School District	150	128	278
		Medical Lake School District	3	1	4
		Mercer Island School District	132	87	219

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Methow Valley School District	0	0	0
		Monroe School District	145	77	222
		Montesano School District	33	41	74
		Morton School District	14	9	23
		Moses Lake School District	291	237	528
		Mossyrock School District	20	17	37
		Mount Adams School District	30	20	50
		Mount Vernon School District	56	23	79
		Mukilteo School District	102	56	158
		Naches Valley School District	32	28	60
		Napavine School District	12	8	20
		Naselle-Grays River Valley School District	7	8	15
		Nespelem School District	3	1	4
		Newport School District	14	13	27
		North Beach School District	32	25	57
		North Kitsap School District	113	59	172
		North River School District	8	2	10
		North Thurston Public Schools	214	133	347
		Oak Harbor School District	157	101	258
		Oakville School District	7	5	12
		Ocean Beach School District	25	23	48
		Ocosta School District	37	24	61
		Odessa School District	10	5	15
		Okanogan School District	31	13	44
		Olympia School District	188	112	300
		Omak School District	73	50	123
		Onalaska School District	8	4	12
		Orcas Island School District	1	0	1
		Orondo School District	3	0	3
		Oroville School District	18	13	31
		Orting School District	17	4	21
		Othello School District	86	43	129

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Palouse School District	8	9	17
		Pasco School District	280	188	468
		Pateros School District	11	2	13
		Paterson School District	3	3	6
		Pe Ell School District	12	10	22
		Peninsula School District	53	42	95
		Pioneer School District	15	2	17
		Pomeroy School District	17	24	41
		Port Angeles School District	146	86	232
		Port Townsend School District	33	12	45
		Prescott School District	11	4	15
		Prosser School District	109	113	222
		Queets-Clearwater School District	1	0	1
		Quilcene School District	13	9	22
		Quillayute Valley School District	50	34	84
		Quincy School District	117	93	210
		Rainier School District	15	9	24
		Raymond School District	25	10	35
		Reardan-Edwall School District	24	19	43
		Renton School District	498	260	758
		Republic School District	6	1	7
		Richland School District	303	190	493
		Ridgefield School District	22	20	42
		Riverview School District	68	36	104
		Rochester School District	52	48	100
		Roosevelt School District	4	0	4
		Rosalia School District	5	3	8
		Royal School District	42	40	82
		Satsop School District	5	3	8
		Seattle Public Schools	878	382	1260
		Sedro-Woolley School District	69	41	110
		Selah School District	87	91	178

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Selkirk School District	11	11	22
		Sequim School District	12	0	12
		Shelton School District	110	60	170
		Shoreline School District	249	171	420
		Skykomish School District	5	1	6
		Snohomish School District	363	330	693
		Soap Lake School District	16	16	32
		South Bend School District	33	28	61
		South Kitsap School District	105	51	156
		South Whidbey School District	49	39	88
		Southside School District	1	0	1
		Sprague School District	5	9	14
		Stanwood-Camano School District	67	61	128
		Steilacoom Hist. School District	34	11	45
		Sultan School District	45	27	72
		Sumner School District	107	88	195
		Sunnyside School District	166	94	260
		Taholah School District	26	18	44
		Tahoma School District	234	138	372
		Tekoa School District	3	4	7
		Tenino School District	19	7	26
		Thorp School District	4	2	6
		Toledo School District	15	9	24
		Tonasket School District	18	14	32
		Toppenish School District	93	56	149
		Toutle Lake School District	12	10	22
		Tukwila School District	103	66	169
		Tumwater School District	178	117	295
		Union Gap School District	9	3	12
		Valley School District	15	5	20
		Vancouver School District	470	290	760
		Vashon Island School District	36	32	68

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Wahluke School District	36	37	73
		Waitsburg School District	13	5	18
		Wapato School District	10	11	21
		Washtucna School District	10	5	15
		Waterville School District	3	3	6
		Wellpinit School District	17	1	18
		Wenatchee School District	307	229	536
		West Valley School District (Spokane)	51	40	91
		West Valley School District (Yakima)	95	83	178
		White Pass School District	18	15	33
		White River School District	116	67	183
		Wilbur School District	0	0	0
		Willapa Valley School District	18	10	28
		Wilson Creek School District	3	0	3
		Winlock School District	11	11	22
		Wishkah Valley School District	13	12	25
		Yakima School District	106	22	128
		Yelm School District	108	77	185
		Zillah School District	6	3	9
	Plan 708 Total		17123	10847	27970
Benefit Package 321 Total			**17123**	**10847**	**27970**
Benefit Package 322	Plan 709	Aberdeen School District	87	60	147
		Adna School District	4	2	6
		Anacortes School District	43	50	93
		Arlington School District	29	24	53
		Asotin-Anatone School District	12	20	32
		Auburn School District	267	189	456
		Bainbridge Island School District	34	32	66
		Bellevue School District	357	443	800
		Boistfort School District	1	0	1
		Bremerton School District	32	7	39
		Brewster School District	21	5	26

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Bridgeport School District	17	16	33
		Brinnon School District	3	1	4
		Burlington-Edison School District	12	2	14
		Camas School District	8	10	18
		Cape Flattery School District	12	11	23
		Carbonado School District	3	0	3
		Cascade School District	20	18	38
		Castle Rock School District	10	9	19
		Central Kitsap School District	38	20	58
		Central Valley School District	175	137	312
		Centralia School District	52	36	88
		Chehalis School District	46	32	78
		Cheney School District	1	1	2
		Chewelah School District	8	12	20
		Chimacum School District	34	32	66
		Clarkston School District	42	43	85
		Cle Elum-Roslyn School District	16	14	30
		Clover Park School District	236	188	424
		Colfax School District	6	8	14
		College Place School District	28	36	64
		Colton School District	5	2	7
		Columbia (Stevens) School District	2	1	3
		Columbia (Walla Walla) School District	17	8	25
		Colville School District	44	41	85
		Concrete School District	3	1	4
		Conway School District	9	6	15
		Cosmopolis School District	2	0	2
		Crescent School District	5	3	8
		Curlew School District	5	0	5
		Cusick School District	2	3	5
		Davenport School District	17	22	39
		Dayton School District	11	8	19

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Dieringer School District	20	8	28
		East Valley School District (Spokane)	70	59	129
		East Valley School District (Yakima)	62	59	121
		Eastmont School District	110	68	178
		Edmonds School District	390	296	686
		Ellensburg School District	42	27	69
		Elma School District	23	7	30
		Entiat School District	3	2	5
		Enumclaw School District	77	40	117
		Ephrata School District	30	26	56
		Evaline School District	2	2	4
		Evergreen School District (Clark)	215	149	364
		Evergreen School District (Stevens)	1	0	1
		Federal Way School District	469	292	761
		Ferndale School District	51	56	107
		Fife School District	49	44	93
		Finley School District	14	4	18
		Franklin Pierce School District	182	97	279
		Garfield School District	1	2	3
		Grand Coulee Dam School District	20	15	35
		Grandview School District	50	71	121
		Granger School District	13	20	33
		Grapeview School District	2	3	5
		Green Mountain School District	2	0	2
		Griffin School District	5	3	8
		Harrington School District	1	0	1
		Highland School District	22	15	37
		Highline School District	190	96	286
		Hood Canal School District	15	6	21
		Hoquiam School District	45	35	80
		Inchelium School District	5	2	7
		Issaquah School District	305	208	513

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Kahlotus School District	4	5	9
		Kalama School District	10	19	29
		Keller School District	2	1	3
		Kelso School District	55	36	91
		Kennewick School District	323	241	564
		Kent School District	590	297	887
		Kettle Falls School District	17	6	23
		Kiona-Benton City School District	13	16	29
		La Center School District	11	11	22
		La Conner School District	10	8	18
		LaCrosse School District	1	0	1
		Lake Chelan School District	22	13	35
		Lake Quinault School District	3	1	4
		Lake Stevens School District	94	77	171
		Lake Washington School District	596	372	968
		Lakewood School District	22	28	50
		Lamont School District	2	0	2
		Lind School District	8	8	16
		Longview School District	93	47	140
		Mabton School District	11	11	22
		Manson School District	23	30	53
		Mary M Knight School District	2	3	5
		Mary Walker School District	13	5	18
		Marysville School District	185	148	333
		McCleary School District	3	0	3
		Mead School District	110	87	197
		Mercer Island School District	44	38	82
		Methow Valley School District	0	0	0
		Monroe School District	90	79	169
		Montesano School District	20	11	31
		Morton School District	6	2	8
		Moses Lake School District	143	133	276

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Mossyrock School District	9	2	11
		Mount Adams School District	31	19	50
		Mount Baker School District	7	10	17
		Mount Pleasant School District	4	1	5
		Mount Vernon School District	63	43	106
		Mukilteo School District	111	99	210
		Naches Valley School District	17	15	32
		Napavine School District	11	0	11
		Naselle-Grays River Valley School District	9	12	21
		Nespelem School District	3	5	8
		Newport School District	20	3	23
		North Beach School District	17	8	25
		North Kitsap School District	92	56	148
		North River School District	3	0	3
		North Thurston Public Schools	143	129	272
		Oak Harbor School District	68	76	144
		Oakville School District	9	4	13
		Ocean Beach School District	33	14	47
		Ocosta School District	18	20	38
		Odessa School District	7	10	17
		Okanogan School District	18	14	32
		Olympia School District	136	124	260
		Omak School District	39	29	68
		Onalaska School District	7	5	12
		Orcas Island School District	4	4	8
		Orondo School District	5	3	8
		Oroville School District	8	7	15
		Orting School District	7	8	15
		Othello School District	67	62	129
		Palouse School District	3	2	5
		Pasco School District	150	122	272
		Pateros School District	1	1	2

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Paterson School District	4	4	8
		Pe Ell School District	9	8	17
		Peninsula School District	84	66	150
		Pioneer School District	9	4	13
		Pomeroy School District	5	4	9
		Port Angeles School District	63	50	113
		Port Townsend School District	40	34	74
		Prescott School District	4	2	6
		Prosser School District	49	67	116
		Puyallup School District	131	57	188
		Queets-Clearwater School District	3	0	3
		Quilcene School District	6	1	7
		Quillayute Valley School District	37	27	64
		Quincy School District	53	64	117
		Rainier School District	7	5	12
		Raymond School District	40	33	73
		Reardan-Edwall School District	13	14	27
		Renton School District	244	142	386
		Republic School District	2	0	2
		Richland School District	189	143	332
		Ridgefield School District	10	12	22
		Riverview School District	81	66	147
		Rochester School District	20	18	38
		Rosalia School District	9	7	16
		Royal School District	30	11	41
		Sedro-Woolley School District	73	32	105
		Selah School District	49	30	79
		Selkirk School District	6	3	9
		Sequim School District	16	14	30
		Shaw Island School District	2	0	2
		Shelton School District	103	47	150
		Shoreline School District	164	126	290

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Skykomish School District	5	3	8
		Snohomish School District	149	158	307
		Soap Lake School District	9	12	21
		South Bend School District	15	7	22
		South Kitsap School District	113	49	162
		South Whidbey School District	24	17	41
		Southside School District	1	0	1
		Sprague School District	4	3	7
		Stanwood-Camano School District	46	33	79
		Starbuck School District	5	1	6
		Steilacoom Hist. School District	51	46	97
		Sultan School District	35	36	71
		Sumner School District	93	62	155
		Sunnyside School District	135	98	233
		Taholah School District	6	2	8
		Tahoma School District	118	106	224
		Tekoa School District	5	3	8
		Tenino School District	19	14	33
		Thorp School District	4	2	6
		Toledo School District	7	2	9
		Tonasket School District	17	19	36
		Toppenish School District	47	46	93
		Toutle Lake School District	6	8	14
		Tukwila School District	46	26	72
		Tumwater School District	82	69	151
		Union Gap School District	6	5	11
		Valley School District	8	2	10
		Vancouver School District	275	195	470
		Vashon Island School District	22	24	46
		Wahluke School District	35	25	60
		Waitsburg School District	13	13	26
		Wapato School District	1	2	3

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Washtucna School District	2	0	2
		Waterville School District	3	0	3
		Wellpinit School District	7	6	13
		Wenatchee School District	167	143	310
		West Valley School District (Spokane)	39	20	59
		West Valley School District (Yakima)	121	94	215
		White Pass School District	7	3	10
		White River School District	68	46	114
		Wilbur School District	0	0	0
		Willapa Valley School District	3	3	6
		Winlock School District	16	10	26
		Wishkah Valley School District	4	1	5
		Wishram School District	1	0	1
		Yakima School District	97	60	157
		Yelm School District	60	31	91
		Zillah School District	4	6	10
	Plan 709 Total		11464	8507	19971
Benefit Package 322 Total			**11464**	**8507**	**19971**
Benefit Package 323	Plan 710	Aberdeen School District	10	8	18
		Adna School District	3	5	8
		Anacortes School District	12	5	17
		Arlington School District	25	24	49
		Auburn School District	71	53	124
		Bainbridge Island School District	10	10	20
		Bellevue School District	89	30	119
		Bickleton School District	13	28	41
		Bremerton School District	8	7	15
		Brewster School District	5	1	6
		Burlington-Edison School District	3	0	3
		Cape Flattery School District	17	3	20
		Carbonado School District	4	0	4
		Cascade School District	2	1	3

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Castle Rock School District	10	3	13
		Central Valley School District	29	21	50
		Centralia School District	42	13	55
		Chehalis School District	17	6	23
		Cle Elum-Roslyn School District	1	0	1
		Clover Park School District	212	89	301
		Colfax School District	2	2	4
		College Place School District	3	0	3
		Columbia (Walla Walla) School District	5	2	7
		Colville School District	4	0	4
		Cosmopolis School District	2	0	2
		Crescent School District	3	1	4
		Creston School District	1	1	2
		Curlew School District	5	7	12
		Cusick School District	2	1	3
		Damman School District	1	0	1
		Davenport School District	3	1	4
		Dieringer School District	2	0	2
		East Valley School District (Spokane)	20	12	32
		East Valley School District (Yakima)	29	30	59
		Eastmont School District	31	17	48
		Edmonds School District	272	92	364
		Ellensburg School District	19	12	31
		Enumclaw School District	26	27	53
		Ephrata School District	13	14	27
		Evergreen School District (Clark)	55	31	86
		Federal Way School District	161	97	258
		Ferndale School District	8	3	11
		Fife School District	51	48	99
		Finley School District	5	2	7
		Grand Coulee Dam School District	3	1	4
		Grandview School District	20	22	42

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Granger School District	40	80	120
		Granite Falls School District	9	23	32
		Green Mountain School District	1	0	1
		Griffin School District	11	5	16
		Highland School District	6	1	7
		Highline School District	81	35	116
		Hood Canal School District	1	1	2
		Hoquiam School District	1	0	1
		Inchelium School District	3	4	7
		Index School District	1	0	1
		Kahlotus School District	1	0	1
		Kalama School District	1	0	1
		Keller School District	1	0	1
		Kelso School District	28	19	47
		Kennewick School District	41	25	66
		Kent School District	80	68	148
		Kettle Falls School District	1	0	1
		Kiona-Benton City School District	6	2	8
		La Center School District	6	5	11
		La Conner School District	7	9	16
		Lake Chelan School District	2	2	4
		Lake Stevens School District	10	0	10
		Lakewood School District	1	0	1
		Lamont School District	1	0	1
		Lind School District	2	0	2
		Longview School District	37	25	62
		Loon Lake School District	1	0	1
		Mabton School District	7	5	12
		Manson School District	2	0	2
		Mary M Knight School District	4	4	8
		Marysville School District	134	72	206
		McCleary School District	2	1	3

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Mead School District	24	19	43
		Mercer Island School District	5	7	12
		Methow Valley School District	0	0	0
		Monroe School District	34	22	56
		Montesano School District	1	0	1
		Morton School District	4	5	9
		Moses Lake School District	128	110	238
		Mossyrock School District	1	0	1
		Mount Adams School District	4	5	9
		Mount Vernon School District	7	9	16
		Naches Valley School District	3	0	3
		Napavine School District	2	0	2
		Naselle-Grays River Valley School District	12	13	25
		Nespelem School District	3	1	4
		Newport School District	8	8	16
		North Beach School District	2	1	3
		North Kitsap School District	25	9	34
		North Thurston Public Schools	67	33	100
		Oak Harbor School District	56	19	75
		Oakville School District	1	0	1
		Ocean Beach School District	11	1	12
		Ocosta School District	4	3	7
		Okanogan School District	6	5	11
		Olympia School District	66	43	109
		Omak School District	18	9	27
		Onalaska School District	3	5	8
		Orondo School District	1	0	1
		Oroville School District	9	22	31
		Othello School District	9	17	26
		Pasco School District	41	38	79
		Pateros School District	1	1	2
		Pioneer School District	3	2	5

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Pomeroy School District	2	6	8
		Port Angeles School District	25	19	44
		Port Townsend School District	9	9	18
		Prescott School District	3	5	8
		Prosser School District	11	15	26
		Queets-Clearwater School District	2	1	3
		Quilcene School District	1	0	1
		Quillayute Valley School District	6	1	7
		Quincy School District	23	8	31
		Rainier School District	2	3	5
		Reardan-Edwall School District	2	2	4
		Renton School District	70	47	117
		Republic School District	1	0	1
		Richland School District	69	67	136
		Ridgefield School District	3	2	5
		Riverview School District	10	6	16
		Rochester School District	13	7	20
		Royal School District	8	4	12
		Sedro-Woolley School District	15	8	23
		Selah School District	15	11	26
		Sequim School District	2	0	2
		Shelton School District	8	4	12
		Shoreline School District	38	17	55
		Skykomish School District	1	0	1
		Snohomish School District	71	42	113
		Soap Lake School District	4	1	5
		South Bend School District	6	7	13
		South Kitsap School District	25	6	31
		South Whidbey School District	13	10	23
		Spokane School District	76	76	152
		Sprague School District	1	0	1
		St. John School District	2	1	3

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Stanwood-Camano School District	14	14	28
		Stehekin School District	1	1	2
		Steilacoom Hist. School District	23	12	35
		Sultan School District	16	15	31
		Sumner School District	35	15	50
		Sunnyside School District	30	10	40
		Taholah School District	3	4	7
		Tahoma School District	47	37	84
		Tekoa School District	1	0	1
		Tenino School District	13	3	16
		Toledo School District	3	0	3
		Tonasket School District	11	18	29
		Toppenish School District	23	9	32
		Toutle Lake School District	9	4	13
		Tukwila School District	33	21	54
		Tumwater School District	32	13	45
		Union Gap School District	3	0	3
		Valley School District	5	0	5
		Vancouver School District	77	40	117
		Vashon Island School District	10	9	19
		Wahluke School District	3	0	3
		Wapato School District	20	43	63
		Washtucna School District	1	0	1
		Waterville School District	2	5	7
		Wellpinit School District	3	5	8
		Wenatchee School District	37	26	63
		West Valley School District (Spokane)	8	9	17
		West Valley School District (Yakima)	13	24	37
		White Pass School District	3	0	3
		White River School District	38	25	63
		Willapa Valley School District	6	11	17
		Wilson Creek School District	4	1	5

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Winlock School District	2	3	5
		Yakima School District	14	9	23
		Yelm School District	44	19	63
		Zillah School District	3	6	9
	Plan 710 Total		3544	2319	5863
Benefit Package 323 Total			**3544**	**2319**	**5863**
Benefit Package 324	Plan 283	Evergreen School District (Clark)	380	355	735
	Plan 283 Total		380	355	735
Benefit Package 324 Total			**380**	**355**	**735**
Benefit Package 325	Plan 285	Evergreen School District (Clark)	174	108	282
	Plan 285 Total		174	108	282
Benefit Package 325 Total			**174**	**108**	**282**
Benefit Package 326	Plan 874	Freeman School District	2	7	9
		Pullman School District	17	10	27
	Plan 874 Total		19	17	36
Benefit Package 326 Total			**19**	**17**	**36**
Benefit Package 327	Plan 875	Central Valley School District	3	0	3
	Plan 875 Total		3	0	3
Benefit Package 327 Total			**3**	**0**	**3**
Benefit Package 328	Plan 876	Pullman School District	2	0	2
	Plan 876 Total		2	0	2
Benefit Package 328 Total			**2**	**0**	**2**
Benefit Package 329	Plan 877	Central Valley School District	6	9	15
		Freeman School District	11	9	20
		Nine Mile Falls School District	33	72	105
		Pullman School District	23	8	31
	Plan 877 Total		73	98	171
Benefit Package 329 Total			**73**	**98**	**171**
Benefit Package 330	Plan 878	Freeman School District	2	5	7
		Nine Mile Falls School District	3	1	4
	Plan 878 Total		5	6	11
Benefit Package 330 Total			**5**	**6**	**11**

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
Benefit Package 331	Plan 879	Central Valley School District	15	0	15
		Freeman School District	4	0	4
		Nine Mile Falls School District	25	56	81
		Pullman School District	15	5	20
	Plan 879 Total		59	61	120
Benefit Package 331 Total			**59**	**61**	**120**
Benefit Package 332	Plan 880	Pasco School District	131	30	161
	Plan 880 Total		131	30	161
Benefit Package 332 Total			**131**	**30**	**161**
Benefit Package 333	Plan 881	Pasco School District	230	202	432
	Plan 881 Total		230	202	432
Benefit Package 333 Total			**230**	**202**	**432**
Benefit Package 334	Plan 882	Pasco School District	160	129	289
	Plan 882 Total		160	129	289
Benefit Package 334 Total			**160**	**129**	**289**
Benefit Package 335	Plan 883	Pasco School District	183	198	381
	Plan 883 Total		183	198	381
Benefit Package 335 Total			**183**	**198**	**381**
Benefit Package 336	Plan 884	Pasco School District	19	25	44
	Plan 884 Total		19	25	44
Benefit Package 336 Total			**19**	**25**	**44**
Benefit Package 337	Plan 885	Pasco School District	24	19	43
	Plan 885 Total		24	19	43
Benefit Package 337 Total			**24**	**19**	**43**
Benefit Package 339	Plan 887	Highline School District	241	62	303
	Plan 887 Total		241	62	303
Benefit Package 339 Total			**241**	**62**	**303**
Benefit Package 340	Plan 888	Highline School District	19	32	51
	Plan 888 Total		19	32	51
Benefit Package 340 Total			**19**	**32**	**51**
Benefit Package 341	Plan 889	Highline School District	121	39	160
	Plan 889 Total		121	39	160

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
Benefit Package 341 Total			**121**	**39**	**160**
Benefit Package 342	Plan 890	Highline School District	160	99	259
	Plan 890 Total		160	99	259
Benefit Package 342 Total			**160**	**99**	**259**
Benefit Package 343	Plan 891	Highline School District	42	8	50
	Plan 891 Total		42	8	50
Benefit Package 343 Total			**42**	**8**	**50**
Benefit Package 344	Plan 892	Highline School District	66	66	132
	Plan 892 Total		66	66	132
Benefit Package 344 Total			**66**	**66**	**132**
Benefit Package 345	Plan 893	San Juan Island School District	4	2	6
	Plan 893 Total		4	2	6
Benefit Package 345 Total			**4**	**2**	**6**
Benefit Package 346	Plan 894	Burlington-Edison School District	22	17	39
		Coupeville School District	2	1	3
		Lakewood School District	7	5	12
		Orcas Island School District	10	5	15
		Peninsula School District	89	66	155
		San Juan Island School District	2	1	3
		Stanwood-Camano School District	19	4	23
	Plan 894 Total		151	99	250
Benefit Package 346 Total			**151**	**99**	**250**
Benefit Package 347	Plan 895	Burlington-Edison School District	2	0	2
		Concrete School District	2	1	3
		Coupeville School District	10	0	10
		Lakewood School District	1	0	1
		Mount Vernon School District	21	5	26
		Orcas Island School District	1	0	1
		Peninsula School District	10	0	10
		Sedro-Woolley School District	4	0	4
		Stanwood-Camano School District	5	0	5
	Plan 895 Total		56	6	62

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
Benefit Package 347 Total			**56**	**6**	**62**
Benefit Package 348	Plan 896	Burlington-Edison School District	19	13	32
		Concrete School District	4	2	6
		Coupeville School District	12	13	25
		Lakewood School District	28	36	64
		Mount Vernon School District	13	9	22
		Orcas Island School District	5	8	13
		Peninsula School District	154	194	348
		San Juan Island School District	18	28	46
		Sedro-Woolley School District	5	1	6
		Stanwood-Camano School District	36	51	87
		Touchet School District	9	7	16
	Plan 896 Total		303	362	665
Benefit Package 348 Total			**303**	**362**	**665**
Benefit Package 349	Plan 897	Burlington-Edison School District	10	5	15
		Concrete School District	3	1	4
		Coupeville School District	23	45	68
		Lakewood School District	2	3	5
		Orcas Island School District	4	1	5
		San Juan Island School District	3	3	6
		Sedro-Woolley School District	5	9	14
		Stanwood-Camano School District	3	2	5
	Plan 897 Total		53	69	122
Benefit Package 349 Total			**53**	**69**	**122**
Benefit Package 350	Plan 898	Burlington-Edison School District	34	15	49
		Concrete School District	5	4	9
		Mount Vernon School District	22	4	26
		Peninsula School District	85	44	129
		San Juan Island School District	3	1	4
		Sedro-Woolley School District	8	1	9
		Stanwood-Camano School District	10	3	13
		Touchet School District	6	5	11

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
	Plan 898 Total		173	77	250
Benefit Package 350 Total			**173**	**77**	**250**
Benefit Package 351	Plan 899	Coupeville School District	17	2	19
		Lakewood School District	15	10	25
		Orcas Island School District	10	7	17
		San Juan Island School District	14	6	20
		Stanwood-Camano School District	14	9	23
	Plan 899 Total		70	34	104
Benefit Package 351 Total			**70**	**34**	**104**
Benefit Package 352	Plan 900	Puyallup School District	243	408	651
	Plan 900 Total		243	408	651
Benefit Package 352 Total			**243**	**408**	**651**
Benefit Package 353	Plan 901	Puyallup School District	12	19	31
	Plan 901 Total		12	19	31
Benefit Package 353 Total			**12**	**19**	**31**
Benefit Package 354	Plan 902	Puyallup School District	274	246	520
	Plan 902 Total		274	246	520
Benefit Package 354 Total			**274**	**246**	**520**
Benefit Package 355	Plan 903	Puyallup School District	30	13	43
	Plan 903 Total		30	13	43
Benefit Package 355 Total			**30**	**13**	**43**
Benefit Package 356	Plan 904	Puyallup School District	45	0	45
	Plan 904 Total		45	0	45
Benefit Package 356 Total			**45**	**0**	**45**
Benefit Package 357	Plan 905	Puyallup School District	441	84	525
	Plan 905 Total		441	84	525
Benefit Package 357 Total			**441**	**84**	**525**
Benefit Package 358	Plan 906	Yakima School District	436	589	1025
	Plan 906 Total		436	589	1025
Benefit Package 358 Total			**436**	**589**	**1025**
Benefit Package 359	Plan 907	Yakima School District	307	214	521
	Plan 907 Total		307	214	521

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
Benefit Package 359 Total			**307**	**214**	**521**
Benefit Package 360	Plan 908	Yakima School District	516	333	849
	Plan 908 Total		516	333	849
Benefit Package 360 Total			**516**	**333**	**849**
Benefit Package 361	Plan 909	Yakima School District	97	182	279
	Plan 909 Total		97	182	279
Benefit Package 361 Total			**97**	**182**	**279**
Benefit Package 362	Plan 910	Yakima School District	28	62	90
	Plan 910 Total		28	62	90
Benefit Package 362 Total			**28**	**62**	**90**
Benefit Package 363	Plan 911	Bellingham School District	64	19	83
		Blaine School District	18	7	25
		Ferndale School District	15	4	19
		Lynden School District	9	5	14
		Meridian School District	5	2	7
		Mount Baker School District	5	2	7
		Nooksack Valley School District	5	2	7
	Plan 911 Total		121	41	162
Benefit Package 363 Total			**121**	**41**	**162**
Benefit Package 364	Plan 912	Bellingham School District	38	6	44
		Blaine School District	21	24	45
		Ferndale School District	5	3	8
		Lynden School District	1	0	1
		Mount Baker School District	4	0	4
		Nooksack Valley School District	3	0	3
	Plan 912 Total		72	33	105
Benefit Package 364 Total			**72**	**33**	**105**
Benefit Package 365	Plan 913	Bellingham School District	545	421	966
		Blaine School District	112	118	230
		Ferndale School District	121	101	222
		Lynden School District	166	108	274
		Meridian School District	81	55	136

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
		Mount Baker School District	113	78	191
		Nooksack Valley School District	120	105	225
	Plan 913 Total		1258	986	2244
Benefit Package 365 Total			**1258**	**986**	**2244**
Benefit Package 366	Plan 914	Bellingham School District	140	201	341
		Blaine School District	28	52	80
		Ferndale School District	42	47	89
		Lynden School District	122	203	325
		Meridian School District	26	25	51
		Mount Baker School District	66	105	171
		Nooksack Valley School District	43	75	118
	Plan 914 Total		467	708	1175
Benefit Package 366 Total			**467**	**708**	**1175**
Benefit Package 367	Plan 915	Bellingham School District	36	49	85
		Blaine School District	17	32	49
		Ferndale School District	11	10	21
		Lynden School District	4	2	6
		Meridian School District	9	13	22
		Mount Baker School District	14	16	30
		Nooksack Valley School District	8	3	11
	Plan 915 Total		99	125	224
Benefit Package 367 Total			**99**	**125**	**224**
Benefit Package 368	Plan 916	Bellingham School District	47	59	106
	Plan 916 Total		47	59	106
Benefit Package 368 Total			**47**	**59**	**106**
Benefit Package 424	Plan 675	Spokane School District	1021	819	1840
	Plan 675 Total		1021	819	1840
	Plan 690	Spokane School District	669	546	1215
	Plan 690 Total		669	546	1215
	Plan 691	Spokane School District	52	119	171
	Plan 691 Total		52	119	171
Benefit Package 424 Total			**1742**	**1484**	**3226**

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
Benefit Package 425	Plan 429	Everett School District	515	650	1165
	Plan 429 Total		515	650	1165
	Plan 627	Toppenish School District	10	0	10
	Plan 627 Total		10	0	10
	Plan 634	Granger School District	15	3	18
	Plan 634 Total		15	3	18
	Plan 635	Mount Adams School District	8	0	8
	Plan 635 Total		8	0	8
	Plan 637	Naches Valley School District	3	4	7
	Plan 637 Total		3	4	7
	Plan 640	Wapato School District	26	15	41
	Plan 640 Total		26	15	41
	Plan 642	West Valley School District (Yakima)	0	0	0
	Plan 642 Total		0	0	0
	Plan 644	Yakima School District	18	5	23
	Plan 644 Total		18	5	23
	Plan 646	Zillah School District	5	1	6
	Plan 646 Total		5	1	6
	Plan 676	Spokane School District	65	111	176
	Plan 676 Total		65	111	176
Benefit Package 425 Total			**665**	**789**	**1454**
Benefit Package 426	Plan 555	Spokane School District	241	183	424
	Plan 555 Total		241	183	424
	Plan 556	Spokane School District	13	29	42
	Plan 556 Total		13	29	42
Benefit Package 426 Total			**254**	**212**	**466**
Benefit Package 428	Plan 520	Central Valley School District	5	0	5
	Plan 520 Total		5	0	5
	Plan 521	Central Valley School District	11	27	38
	Plan 521 Total		11	27	38
	Plan 524	Cheney School District	14	0	14
	Plan 524 Total		14	0	14

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
	Plan 525	Cheney School District	8	22	30
	Plan 525 Total		8	22	30
	Plan 527	Medical Lake School District	2	2	4
	Plan 527 Total		2	2	4
	Plan 673	Seattle Public Schools	110	0	110
	Plan 673 Total		110	0	110
	Plan 674	Seattle Public Schools	225	408	633
	Plan 674 Total		225	408	633
	Plan 812	Riverside School District	21	9	30
	Plan 812 Total		21	9	30
	Plan 1213	Lake Washington School District	408	440	848
	Plan 1213 Total		408	440	848
	Plan 1217	Lake Washington School District	30	2	32
	Plan 1217 Total		30	2	32
	Plan 1218	Lake Washington School District	51	115	166
	Plan 1218 Total		51	115	166
	Plan 1219	Tacoma School District	12	0	12
	Plan 1219 Total		12	0	12
	Plan 1220	Tacoma School District	11	23	34
	Plan 1220 Total		11	23	34
	Plan 1221	Tacoma School District	290	397	687
	Plan 1221 Total		290	397	687
	Plan 1223	Tacoma School District	1260	1404	2664
	Plan 1223 Total		1260	1404	2664
Benefit Package 428 Total			**2458**	**2849**	**5307**
Benefit Package 429	Plan 518	Wahluke School District	23	20	43
	Plan 518 Total		23	20	43
	Plan 613	Nine Mile Falls School District	13	23	36
	Plan 613 Total		13	23	36
	Plan 614	Nine Mile Falls School District	21	39	60
	Plan 614 Total		21	39	60
	Plan 615	Deer Park School District	87	106	193

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
	Plan 615 Total		87	106	193
	Plan 616	Freeman School District	32	44	76
	Plan 616 Total		32	44	76
	Plan 619	Medical Lake School District	40	73	113
	Plan 619 Total		40	73	113
	Plan 625	Riverside School District	33	54	87
	Plan 625 Total		33	54	87
	Plan 628	Columbia (Stevens) School District	3	4	7
	Plan 628 Total		3	4	7
	Plan 630	Central Valley School District	117	136	253
	Plan 630 Total		117	136	253
	Plan 650	Pullman School District	72	113	185
	Plan 650 Total		72	113	185
	Plan 652	Cheney School District	77	100	177
	Plan 652 Total		77	100	177
	Plan 787	Liberty School District	13	25	38
	Plan 787 Total		13	25	38
	Plan 788	Mead School District	2	5	7
	Plan 788 Total		2	5	7
	Plan 800	Eatonville School District	27	27	54
	Plan 800 Total		27	27	54
	Plan 801	Eatonville School District	28	48	76
	Plan 801 Total		28	48	76
	Plan 815	Deer Park School District	21	12	33
	Plan 815 Total		21	12	33
	Plan 818	Mead School District	22	13	35
	Plan 818 Total		22	13	35
	Plan 821	West Valley School District (Spokane)	15	12	27
	Plan 821 Total		15	12	27
	Plan 1040	Bellevue School District	331	318	649
	Plan 1040 Total		331	318	649
	Plan 1096	Ellensburg School District	6	8	14

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Enrollment by Benefit Package and Health Plan
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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
	Plan 1096 Total		6	8	14
	Plan 1100	Touchet School District	5	5	10
	Plan 1100 Total		5	5	10
Benefit Package 429 Total			**988**	**1185**	**2173**
Benefit Package 431	Plan 420	North Thurston Public Schools	514	414	928
	Plan 420 Total		514	414	928
	Plan 426	Centralia School District	15	7	22
	Plan 426 Total		15	7	22
	Plan 428	Edmonds School District	504	446	950
	Plan 428 Total		504	446	950
	Plan 434	Lake Washington School District	569	395	964
	Plan 434 Total		569	395	964
	Plan 438	Monroe School District	73	61	134
	Plan 438 Total		73	61	134
	Plan 446	Snohomish School District	28	33	61
	Plan 446 Total		28	33	61
	Plan 447	Tahoma School District	51	33	84
	Plan 447 Total		51	33	84
	Plan 453	Pioneer School District	23	17	40
	Plan 453 Total		23	17	40
	Plan 456	Steilacoom Hist. School District	55	43	98
	Plan 456 Total		55	43	98
	Plan 458	Orting School District	3	1	4
	Plan 458 Total		3	1	4
	Plan 468	Napavine School District	13	12	25
	Plan 468 Total		13	12	25
	Plan 476	Sedro-Woolley School District	20	8	28
	Plan 476 Total		20	8	28
	Plan 497	Clover Park School District	201	107	308
	Plan 497 Total		201	107	308
	Plan 510	Sumner School District	97	105	202
	Plan 510 Total		97	105	202

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
	Plan 781	Seattle Public Schools	448	787	1235
	Plan 781 Total		448	787	1235
	Plan 808	Arlington School District	25	13	38
	Plan 808 Total		25	13	38
	Plan 1033	Shoreline School District	106	77	183
	Plan 1033 Total		106	77	183
	Plan 1038	Mukilteo School District	315	316	631
	Plan 1038 Total		315	316	631
	Plan 1039	Mukilteo School District	196	138	334
	Plan 1039 Total		196	138	334
	Plan 1043	Tukwila School District	56	33	89
	Plan 1043 Total		56	33	89
	Plan 1214	Lake Washington School District	271	135	406
	Plan 1214 Total		271	135	406
Benefit Package 431 Total			**3583**	**3181**	**6764**
Benefit Package 432	Plan 427	Eatonville School District	49	53	102
	Plan 427 Total		49	53	102
	Plan 437	Mercer Island School District	73	45	118
	Plan 437 Total		73	45	118
	Plan 455	Bremerton School District	106	36	142
	Plan 455 Total		106	36	142
	Plan 472	Mount Vernon School District	119	36	155
	Plan 472 Total		119	36	155
	Plan 512	Mount Vernon School District	174	147	321
	Plan 512 Total		174	147	321
	Plan 528	Colfax School District	2	6	8
	Plan 528 Total		2	6	8
	Plan 554	Dayton School District	13	14	27
	Plan 554 Total		13	14	27
	Plan 560	Central Valley School District	119	77	196
	Plan 560 Total		119	77	196
	Plan 562	East Valley School District (Spokane)	150	92	242

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
	Plan 562 Total		150	92	242
	Plan 565	Selah School District	41	27	68
	Plan 565 Total		41	27	68
	Plan 566	Sunnyside School District	28	30	58
	Plan 566 Total		28	30	58
	Plan 567	Naches Valley School District	0	0	0
	Plan 567 Total		0	0	0
	Plan 576	Newport School District	4	2	6
	Plan 576 Total		4	2	6
	Plan 579	Columbia (Walla Walla) School District	6	6	12
	Plan 579 Total		6	6	12
	Plan 580	Kiona-Benton City School District	24	26	50
	Plan 580 Total		24	26	50
	Plan 581	Kennewick School District	76	72	148
	Plan 581 Total		76	72	148
	Plan 584	Prosser School District	62	58	120
	Plan 584 Total		62	58	120
	Plan 585	Richland School District	141	96	237
	Plan 585 Total		141	96	237
	Plan 586	Grandview School District	0	0	0
	Plan 586 Total		0	0	0
	Plan 587	Highland School District	25	23	48
	Plan 587 Total		25	23	48
	Plan 589	East Valley School District (Yakima)	33	30	63
	Plan 589 Total		33	30	63
	Plan 591	West Valley School District (Yakima)	12	7	19
	Plan 591 Total		12	7	19
	Plan 592	Waitsburg School District	0	0	0
	Plan 592 Total		0	0	0
	Plan 593	Walla Walla Public Schools	91	64	155
	Plan 593 Total		91	64	155
	Plan 594	Rosalia School District	1	2	3

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
	Plan 594 Total		1	2	3
	Plan 597	Mount Adams School District	3	1	4
	Plan 597 Total		3	1	4
	Plan 599	Medical Lake School District	24	17	41
	Plan 599 Total		24	17	41
	Plan 600	Liberty School District	20	14	34
	Plan 600 Total		20	14	34
	Plan 601	West Valley School District (Spokane)	81	86	167
	Plan 601 Total		81	86	167
	Plan 602	Freeman School District	31	30	61
	Plan 602 Total		31	30	61
	Plan 603	Riverside School District	18	17	35
	Plan 603 Total		18	17	35
	Plan 604	Nine Mile Falls School District	11	21	32
	Plan 604 Total		11	21	32
	Plan 605	Nine Mile Falls School District	10	7	17
	Plan 605 Total		10	7	17
	Plan 606	North Franklin School District	14	11	25
	Plan 606 Total		14	11	25
	Plan 617	Tekoa School District	6	9	15
	Plan 617 Total		6	9	15
	Plan 618	LaCrosse School District	10	13	23
	Plan 618 Total		10	13	23
	Plan 624	Touchet School District	10	13	23
	Plan 624 Total		10	13	23
	Plan 626	Valley School District	4	5	9
	Plan 626 Total		4	5	9
	Plan 631	Ellensburg School District	29	18	47
	Plan 631 Total		29	18	47
	Plan 632	Pullman School District	92	49	141
	Plan 632 Total		92	49	141
	Plan 633	Deer Park School District	30	20	50

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
	Plan 633 Total		30	20	50
	Plan 649	Wahluke School District	0	0	0
	Plan 649 Total		0	0	0
	Plan 651	Cheney School District	61	40	101
	Plan 651 Total		61	40	101
	Plan 653	Dixie School District	6	3	9
	Plan 653 Total		6	3	9
	Plan 654	Grandview School District	5	0	5
	Plan 654 Total		5	0	5
	Plan 819	Mead School District	61	39	100
	Plan 819 Total		61	39	100
	Plan 1047	Bainbridge Island School District	30	18	48
	Plan 1047 Total		30	18	48
	Plan 1095	Pasco School District	19	15	34
	Plan 1095 Total		19	15	34
Benefit Package 432 Total			**1924**	**1395**	**3319**
Benefit Package 433	Plan 419	Olympia School District	256	134	390
	Plan 419 Total		256	134	390
	Plan 422	Central Kitsap School District	287	237	524
	Plan 422 Total		287	237	524
	Plan 423	Arlington School District	34	58	92
	Plan 423 Total		34	58	92
	Plan 424	Auburn School District	227	184	411
	Plan 424 Total		227	184	411
	Plan 430	Enumclaw School District	8	11	19
	Plan 430 Total		8	11	19
	Plan 432	Issaquah School District	306	192	498
	Plan 432 Total		306	192	498
	Plan 440	North Kitsap School District	152	95	247
	Plan 440 Total		152	95	247
	Plan 441	Renton School District	383	222	605
	Plan 441 Total		383	222	605

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
	Plan 454	Rainier School District	32	20	52
	Plan 454 Total		32	20	52
	Plan 460	Franklin Pierce School District	143	48	191
	Plan 460 Total		143	48	191
	Plan 467	Anacortes School District	4	4	8
	Plan 467 Total		4	4	8
	Plan 473	Burlington-Edison School District	100	104	204
	Plan 473 Total		100	104	204
	Plan 481	Fife School District	31	22	53
	Plan 481 Total		31	22	53
	Plan 483	Tenino School District	29	20	49
	Plan 483 Total		29	20	49
	Plan 494	Tumwater School District	143	67	210
	Plan 494 Total		143	67	210
	Plan 501	Shelton School District	27	8	35
	Plan 501 Total		27	8	35
	Plan 502	Shelton School District	54	31	85
	Plan 502 Total		54	31	85
	Plan 511	Omak School District	2	2	4
	Plan 511 Total		2	2	4
	Plan 519	Olympia School District	0	0	0
	Plan 519 Total		0	0	0
	Plan 620	Fife School District	0	0	0
	Plan 620 Total		0	0	0
	Plan 688	Cheney School District	93	47	140
	Plan 688 Total		93	47	140
	Plan 689	Cheney School District	68	77	145
	Plan 689 Total		68	77	145
	Plan 782	Puyallup School District	175	83	258
	Plan 782 Total		175	83	258
	Plan 809	Arlington School District	70	45	115
	Plan 809 Total		70	45	115

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
	Plan 1036	Mukilteo School District	47	68	115
	Plan 1036 Total		47	68	115
	Plan 1037	Mukilteo School District	77	74	151
	Plan 1037 Total		77	74	151
	Plan 1041	Arlington School District	75	58	133
	Plan 1041 Total		75	58	133
	Plan 1042	South Kitsap School District	145	91	236
	Plan 1042 Total		145	91	236
	Plan 1044	Marysville School District	47	45	92
	Plan 1044 Total		47	45	92
	Plan 1045	Marysville School District	26	7	33
	Plan 1045 Total		26	7	33
	Plan 1046	Bainbridge Island School District	19	18	37
	Plan 1046 Total		19	18	37
	Plan 1215	Lake Washington School District	523	297	820
	Plan 1215 Total		523	297	820
Benefit Package 433 Total			**3583**	**2369**	**5952**
Benefit Package 434	Plan 421	Rochester School District	49	48	97
	Plan 421 Total		49	48	97
	Plan 457	Tacoma School District	327	295	622
	Plan 457 Total		327	295	622
	Plan 508	Peninsula School District	107	73	180
	Plan 508 Total		107	73	180
	Plan 569	Liberty School District	5	3	8
	Plan 569 Total		5	3	8
	Plan 582	Finley School District	11	6	17
	Plan 582 Total		11	6	17
	Plan 583	Pasco School District	140	80	220
	Plan 583 Total		140	80	220
	Plan 588	Toppenish School District	8	5	13
	Plan 588 Total		8	5	13
	Plan 598	Cle Elum-Roslyn School District	3	3	6

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
	Plan 598 Total		3	3	6
	Plan 609	Touchet School District	2	3	5
	Plan 609 Total		2	3	5
	Plan 610	Dixie School District	0	0	0
	Plan 610 Total		0	0	0
	Plan 611	Rosalia School District	3	4	7
	Plan 611 Total		3	4	7
	Plan 612	Colfax School District	13	7	20
	Plan 612 Total		13	7	20
	Plan 629	Colfax School District	2	0	2
	Plan 629 Total		2	0	2
	Plan 656	Prescott School District	9	4	13
	Plan 656 Total		9	4	13
	Plan 685	Liberty School District	15	21	36
	Plan 685 Total		15	21	36
	Plan 813	Riverside School District	55	35	90
	Plan 813 Total		55	35	90
	Plan 816	Deer Park School District	36	27	63
	Plan 816 Total		36	27	63
	Plan 822	West Valley School District (Spokane)	38	21	59
	Plan 822 Total		38	21	59
	Plan 1094	Mead School District	0	0	0
	Plan 1094 Total		0	0	0
	Plan 1097	Ellensburg School District	0	0	0
	Plan 1097 Total		0	0	0
	Plan 1256	Ellensburg School District	10	5	15
	Plan 1256 Total		10	5	15
Benefit Package 434 Total			**833**	**640**	**1473**
Benefit Package 435	Plan 445	Federal Way School District	436	260	696
	Plan 445 Total		436	260	696
	Plan 449	Vashon Island School District	47	35	82
	Plan 449 Total		47	35	82

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
	Plan 452	Yelm School District	168	128	296
	Plan 452 Total		168	128	296
	Plan 461	Peninsula School District	187	99	286
	Plan 461 Total		187	99	286
	Plan 464	North Mason School District	54	39	93
	Plan 464 Total		54	39	93
	Plan 559	Central Valley School District	252	190	442
	Plan 559 Total		252	190	442
	Plan 561	Mead School District	122	128	250
	Plan 561 Total		122	128	250
	Plan 563	Freeman School District	4	2	6
	Plan 563 Total		4	2	6
	Plan 572	Nine Mile Falls School District	3	11	14
	Plan 572 Total		3	11	14
	Plan 573	Nine Mile Falls School District	12	7	19
	Plan 573 Total		12	7	19
	Plan 574	Riverside School District	5	0	5
	Plan 574 Total		5	0	5
	Plan 575	West Valley School District (Spokane)	59	56	115
	Plan 575 Total		59	56	115
	Plan 596	College Place School District	5	1	6
	Plan 596 Total		5	1	6
	Plan 607	Palouse School District	5	4	9
	Plan 607 Total		5	4	9
	Plan 608	Pullman School District	15	7	22
	Plan 608 Total		15	7	22
	Plan 668	Seattle Public Schools	759	834	1593
	Plan 668 Total		759	834	1593
	Plan 670	Seattle Public Schools	1826	859	2685
	Plan 670 Total		1826	859	2685
	Plan 686	Liberty School District	5	3	8
	Plan 686 Total		5	3	8

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
	Plan 799	Eatonville School District	68	65	133
	Plan 799 Total		68	65	133
	Plan 804	Central Kitsap School District	16	16	32
	Plan 804 Total		16	16	32
	Plan 814	Riverside School District	37	31	68
	Plan 814 Total		37	31	68
	Plan 817	Deer Park School District	22	21	43
	Plan 817 Total		22	21	43
	Plan 820	Mead School District	29	16	45
	Plan 820 Total		29	16	45
	Plan 823	West Valley School District (Spokane)	24	10	34
	Plan 823 Total		24	10	34
	Plan 1034	Granite Falls School District	12	4	16
	Plan 1034 Total		12	4	16
	Plan 1216	Lake Washington School District	50	61	111
	Plan 1216 Total		50	61	111
	Plan 1257	Ellensburg School District	0	0	0
	Plan 1257 Total		0	0	0
Benefit Package 435 Total			**4222**	**2887**	**7109**
Benefit Package 437	Plan 796	Bethel School District	361	261	622
	Plan 796 Total		361	261	622
Benefit Package 437 Total			**361**	**261**	**622**
Benefit Package 440	Plan 435	Lakewood School District	45	31	76
	Plan 435 Total		45	31	76
	Plan 443	Snoqualmie Valley School District	154	132	286
	Plan 443 Total		154	132	286
	Plan 448	Highline School District	689	448	1137
	Plan 448 Total		689	448	1137
	Plan 459	Bethel School District	140	93	233
	Plan 459 Total		140	93	233
	Plan 462	University Place School District	105	75	180
	Plan 462 Total		105	75	180

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
	Plan 479	Orcas Island School District	37	34	71
	Plan 479 Total		37	34	71
	Plan 484	Oak Harbor School District	51	32	83
	Plan 484 Total		51	32	83
	Plan 1032	Lake Stevens School District	135	121	256
	Plan 1032 Total		135	121	256
Benefit Package 440 Total			**1356**	**966**	**2322**
Benefit Package 441	Plan 463	Sultan School District	29	23	52
	Plan 463 Total		29	23	52
	Plan 794	Bethel School District	905	688	1593
	Plan 794 Total		905	688	1593
	Plan 795	Bethel School District	36	33	69
	Plan 795 Total		36	33	69
Benefit Package 441 Total			**970**	**744**	**1714**
Benefit Package 451	Plan 1279	Camas School District	274	272	546
	Plan 1279 Total		274	272	546
Benefit Package 451 Total			**274**	**272**	**546**
Benefit Package 452	Plan 1281	Longview School District	265	180	445
	Plan 1281 Total		265	180	445
Benefit Package 452 Total			**265**	**180**	**445**
Benefit Package 460	Plan 703	North Mason School District	1	2	3
	Plan 703 Total		1	2	3
Benefit Package 460 Total			**1**	**2**	**3**
Benefit Package 469	Plan 337	North Mason School District	52	16	68
	Plan 337 Total		52	16	68
Benefit Package 469 Total			**52**	**16**	**68**
Benefit Package 472	Plan 339	North Mason School District	43	38	81
	Plan 339 Total		43	38	81
Benefit Package 472 Total			**43**	**38**	**81**
Benefit Package 474	Plan 341	North Mason School District	18	16	34
	Plan 341 Total		18	16	34
Benefit Package 474 Total			**18**	**16**	**34**

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
Benefit Package 477	Plan 343	North Mason School District	28	26	54
	Plan 343 Total		28	26	54
Benefit Package 477 Total			**28**	**26**	**54**
Benefit Package 482	Plan 1310	Granite Falls School District	13	13	26
	Plan 1310 Total		13	13	26
Benefit Package 482 Total			**13**	**13**	**26**
Benefit Package 483	Plan 1310	Lake Stevens School District	23	27	50
		North Franklin School District	27	35	62
		Sequim School District	29	28	57
		Woodland School District	19	23	42
	Plan 1310 Total		98	113	211
Benefit Package 483 Total			**98**	**113**	**211**
Benefit Package 485	Plan 1312	University Place School District	29	28	57
	Plan 1312 Total		29	28	57
Benefit Package 485 Total			**29**	**28**	**57**
Benefit Package 488	Plan 1315	Granite Falls School District	25	41	66
	Plan 1315 Total		25	41	66
Benefit Package 488 Total			**25**	**41**	**66**
Benefit Package 489	Plan 1315	Lake Stevens School District	59	53	112
		North Franklin School District	51	70	121
		Sequim School District	67	114	181
		Woodland School District	72	82	154
	Plan 1315 Total		249	319	568
Benefit Package 489 Total			**249**	**319**	**568**
Benefit Package 491	Plan 1317	University Place School District	34	26	60
	Plan 1317 Total		34	26	60
Benefit Package 491 Total			**34**	**26**	**60**
Benefit Package 493	Plan 1319	Lake Stevens School District	18	2	20
	Plan 1319 Total		18	2	20
Benefit Package 493 Total			**18**	**2**	**20**
Benefit Package 494	Plan 1320	Toppenish School District	43	87	130
	Plan 1320 Total		43	87	130

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Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
Benefit Package 494 Total			**43**	**87**	**130**
Benefit Package 495	Plan 1321	Granite Falls School District	80	56	136
	Plan 1321 Total		80	56	136
Benefit Package 495 Total			**80**	**56**	**136**
Benefit Package 496	Plan 1321	Lake Stevens School District	56	28	84
		Sequim School District	15	4	19
		Woodland School District	38	19	57
	Plan 1321 Total		109	51	160
Benefit Package 496 Total			**109**	**51**	**160**
Benefit Package 498	Plan 1323	University Place School District	122	80	202
	Plan 1323 Total		122	80	202
Benefit Package 498 Total			**122**	**80**	**202**
Benefit Package 501	Plan 1326	Granite Falls School District	20	21	41
	Plan 1326 Total		20	21	41
Benefit Package 501 Total			**20**	**21**	**41**
Benefit Package 502	Plan 1326	Lake Stevens School District	84	59	143
		North Franklin School District	73	23	96
		Sequim School District	8	5	13
		Woodland School District	27	25	52
	Plan 1326 Total		192	112	304
Benefit Package 502 Total			**192**	**112**	**304**
Benefit Package 504	Plan 1328	University Place School District	129	84	213
	Plan 1328 Total		129	84	213
Benefit Package 504 Total			**129**	**84**	**213**
Benefit Package 507	Plan 1331	Granite Falls School District	13	25	38
	Plan 1331 Total		13	25	38
Benefit Package 507 Total			**13**	**25**	**38**
Benefit Package 508	Plan 1331	Lake Stevens School District	30	29	59
		North Franklin School District	32	43	75
		Sequim School District	64	64	128
		Woodland School District	12	21	33
	Plan 1331 Total		138	157	295

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A3a
Enrollment by Benefit Package and Health Plan
For the Plan Year Ending in 2015

Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
Benefit Package 508 Total			**138**	**157**	**295**
Benefit Package 510	Plan 1333	University Place School District	73	100	173
	Plan 1333 Total		73	100	173
Benefit Package 510 Total			**73**	**100**	**173**
Benefit Package 512	Plan 1335	Granite Falls School District	10	16	26
	Plan 1335 Total		10	16	26
Benefit Package 512 Total			**10**	**16**	**26**
Benefit Package 513	Plan 1335	North Franklin School District	42	100	142
	Plan 1335 Total		42	100	142
Benefit Package 513 Total			**42**	**100**	**142**
Benefit Package 534	Plan 1361	Glenwood School District	1	0	1
	Plan 1361 Total		1	0	1
Benefit Package 534 Total			**1**	**0**	**1**
Benefit Package 603	Plan 1430	Northshore School District	608	182	790
	Plan 1430 Total		608	182	790
Benefit Package 603 Total			**608**	**182**	**790**
Benefit Package 604	Plan 1431	Northshore School District	886	851	1737
	Plan 1431 Total		886	851	1737
Benefit Package 604 Total			**886**	**851**	**1737**
Benefit Package 605	Plan 1432	Northshore School District	14	23	37
	Plan 1432 Total		14	23	37
Benefit Package 605 Total			**14**	**23**	**37**
Benefit Package 606	Plan 1433	Northshore School District	254	463	717
	Plan 1433 Total		254	463	717
Benefit Package 606 Total			**254**	**463**	**717**
Benefit Package 709	Plan 1536	Everett School District	220	239	459
	Plan 1536 Total		220	239	459
Benefit Package 709 Total			**220**	**239**	**459**
Benefit Package 710	Plan 1537	Everett School District	0	0	0
	Plan 1537 Total		0	0	0
Benefit Package 710 Total			**0**	**0**	**0**
Benefit Package 711	Plan 1538	Everett School District	24	35	59

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A3a
Enrollment by Benefit Package and Health Plan
For the Plan Year Ending in 2015

Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
	Plan 1538 Total		24	35	59
Benefit Package 711 Total			**24**	**35**	**59**
Benefit Package 712	Plan 1539	Everett School District	4	9	13
	Plan 1539 Total		4	9	13
Benefit Package 712 Total			**4**	**9**	**13**
Benefit Package 713	Plan 1540	Everett School District	447	537	984
	Plan 1540 Total		447	537	984
Benefit Package 713 Total			**447**	**537**	**984**
Benefit Package 714	Plan 1541	Everett School District	6	14	20
	Plan 1541 Total		6	14	20
Benefit Package 714 Total			**6**	**14**	**20**
Benefit Package 715	Plan 1542	Everett School District	37	46	83
	Plan 1542 Total		37	46	83
Benefit Package 715 Total			**37**	**46**	**83**
Benefit Package 716	Plan 1543	Everett School District	3	8	11
	Plan 1543 Total		3	8	11
Benefit Package 716 Total			**3**	**8**	**11**
Benefit Package 717	Plan 1544	Everett School District	226	265	491
	Plan 1544 Total		226	265	491
Benefit Package 717 Total			**226**	**265**	**491**
Benefit Package 718	Plan 1545	Everett School District	15	34	49
	Plan 1545 Total		15	34	49
Benefit Package 718 Total			**15**	**34**	**49**
Benefit Package 719	Plan 1546	Everett School District	24	29	53
	Plan 1546 Total		24	29	53
Benefit Package 719 Total			**24**	**29**	**53**
Benefit Package 720	Plan 1547	Everett School District	95	95	190
	Plan 1547 Total		95	95	190
Benefit Package 720 Total			**95**	**95**	**190**
Benefit Package 721	Plan 1548	Everett School District	0	0	0
	Plan 1548 Total		0	0	0
Benefit Package 721 Total			**0**	**0**	**0**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A3a
Enrollment by Benefit Package and Health Plan
For the Plan Year Ending in 2015

Benefit Package	Health Plan	District	Enrollment		
			Employees	Dependents	Members
Benefit Package 723	Plan 769	Mukilteo School District	8	2	10
	Plan 769 Total		8	2	10
Benefit Package 723 Total			**8**	**2**	**10**
Benefit Package 724	Plan 770	Mukilteo School District	30	21	51
	Plan 770 Total		30	21	51
Benefit Package 724 Total			**30**	**21**	**51**
Benefit Package 725	Plan 772	Mukilteo School District	62	37	99
	Plan 772 Total		62	37	99
Benefit Package 725 Total			**62**	**37**	**99**
Benefit Package 726	Plan 773	Mukilteo School District	44	15	59
	Plan 773 Total		44	15	59
Benefit Package 726 Total			**44**	**15**	**59**
Benefit Package 730	Plan 779	Mukilteo School District	162	87	249
	Plan 779 Total		162	87	249
Benefit Package 730 Total			**162**	**87**	**249**
Benefit Package 731	Plan 780	Mukilteo School District	150	64	214
	Plan 780 Total		150	64	214
Benefit Package 731 Total			**150**	**64**	**214**
Grand Total			**105,635**	**93,372**	**199,007**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A3b
Number of Plans and Employee Enrollment by Metal Tier
For All Plans in Calendar Year 2015

Metal Tier	Number of Plans	Enrolled Employees
Bronze	54	252
Silver	46	4,583
Gold	185	53,013
Platinum	244	48,248
Total	**529**	**106,096**

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K–12 School District Data Collection Project
Exhibit A4a
Employee and Dependent Counts by District for All Plans Combined — As Reported by the Carriers
For the Plan Year Ending in 2015

District	Enrollment			
	Employees	Dependents	Members	Avg. Family Size
Aberdeen School District	426	304	730	1.714
Adna School District	34	49	83	2.441
Almira School District	17	31	48	2.824
Anacortes School District	259	281	540	2.085
Arlington School District	500	559	1,059	2.118
Asotin-Anatone School District	59	121	180	3.051
Auburn School District	1,472	1,306	2,778	1.887
Bainbridge Island School District	376	375	751	1.997
Battle Ground School District	397	408	805	2.028
Bellevue School District	2,096	1,934	4,030	1.923
Bellingham School District	1,199	1,061	2,260	1.885
Benge School District	4	6	10	2.500
Bethel School District	1,593	1,267	2,860	1.795
Bickleton School District	13	28	41	3.154
Blaine School District	230	255	485	2.109
Boistfort School District	16	6	22	1.375
Bremerton School District	488	298	786	1.611
Brewster School District	122	87	209	1.713
Bridgeport School District	96	85	181	1.885
Brinnon School District	11	7	18	1.636
Burlington-Edison School District	417	404	821	1.969
Camas School District	618	700	1,318	2.133
Cape Flattery School District	81	54	135	1.667
Carbonado School District	19	13	32	1.684
Cascade School District	147	139	286	1.946
Cashmere School District	140	251	391	2.793
Castle Rock School District	137	108	245	1.788
Centerville School District	11	13	24	2.182
Central Kitsap School District	1,057	951	2,008	1.900
Central Valley School District	1,406	1,336	2,742	1.950
Centralia School District	382	340	722	1.890
Chehalis School District	312	276	588	1.885

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A4a
Employee and Dependent Counts by District for All Plans Combined — As Reported by the Carriers
For the Plan Year Ending in 2015

District	Enrollment			
	Employees	Dependents	Members	Avg. Family Size
Cheney School District	467	408	875	1.874
Chewelah School District	92	88	180	1.957
Chimacum School District	127	124	251	1.976
Clarkston School District	296	303	599	2.024
Cle Elum-Roslyn School District	109	116	225	2.064
Clover Park School District	1,268	865	2,133	1.682
Colfax School District	65	64	129	1.985
College Place School District	119	104	223	1.874
Colton School District	21	23	44	2.095
Columbia (Stevens) School District	30	31	61	2.033
Columbia (Walla Walla) School District	89	78	167	1.876
Colville School District	188	191	379	2.016
Concrete School District	64	40	104	1.625
Conway School District	49	40	89	1.816
Cosmopolis School District	20	15	35	1.750
Coulee-Hartline School District	30	48	78	2.600
Coupeville School District	93	77	170	1.828
Crescent School District	38	36	74	1.947
Creston School District	24	32	56	2.333
Curlew School District	28	23	51	1.821
Cusick School District	41	46	87	2.122
Damman School District	4	1	5	1.250
Darrington School District	55	80	135	2.455
Davenport School District	69	103	172	2.493
Dayton School District	54	63	117	2.167
Deer Park School District	238	234	472	1.983
Dieringer School District	143	151	294	2.056
Dixie School District	6	3	9	1.500
East Valley School District (Spokane)	475	394	869	1.829
East Valley School District (Yakima)	298	303	601	2.017
Eastmont School District	600	567	1,167	1.945
Easton School District	22	22	44	2.000

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A4a
Employee and Dependent Counts by District for All Plans Combined — As Reported by the Carriers
For the Plan Year Ending in 2015

District	Enrollment			
	Employees	Dependents	Members	Avg. Family Size
Eatonville School District	187	210	397	2.123
Edmonds School District	2,138	1,810	3,948	1.847
Ellensburg School District	322	301	623	1.935
Elma School District	171	141	312	1.825
Endicott School District	22	36	58	2.636
Entiat School District	52	65	117	2.250
Enumclaw School District	398	357	755	1.897
Ephrata School District	247	306	553	2.239
Evaline School District	5	3	8	1.600
Everett School District	1,616	1,961	3,577	2.213
Evergreen School District (Clark)	2,339	2,074	4,413	1.887
Evergreen School District (Stevens)	7	0	7	1.000
Federal Way School District	2,192	1,444	3,636	1.659
Ferndale School District	497	467	964	1.940
Fife School District	330	327	657	1.991
Finley School District	101	96	197	1.950
Franklin Pierce School District	865	641	1,506	1.741
Freeman School District	90	106	196	2.178
Garfield School District	18	23	41	2.278
Glenwood School District	19	12	31	1.632
Goldendale School District	101	86	187	1.851
Grand Coulee Dam School District	108	92	200	1.852
Grandview School District	366	396	762	2.082
Granger School District	151	160	311	2.060
Granite Falls School District	182	199	381	2.093
Grapeview School District	22	20	42	1.909
Great Northern School District	4	0	4	1.000
Green Mountain School District	16	14	30	1.875
Griffin School District	73	72	145	1.986
Harrington School District	29	46	75	2.586
Highland School District	142	119	261	1.838
Highline School District	2,205	1,271	3,476	1.576

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A4a
Employee and Dependent Counts by District for All Plans Combined — As Reported by the Carriers
For the Plan Year Ending in 2015

District	Enrollment			
	Employees	Dependents	Members	Avg. Family Size
Hockinson School District	74	82	156	2.108
Hood Canal School District	39	15	54	1.385
Hoquiam School District	199	153	352	1.769
Inchelium School District	38	21	59	1.553
Index School District	6	2	8	1.333
Issaquah School District	1,832	1,369	3,201	1.747
Kahlotus School District	18	27	45	2.500
Kalama School District	62	76	138	2.226
Keller School District	10	1	11	1.100
Kelso School District	482	400	882	1.830
Kennewick School District	1,653	1,722	3,375	2.042
Kent School District	2,730	2,062	4,792	1.755
Kettle Falls School District	89	92	181	2.034
Kiona-Benton City School District	158	156	314	1.987
Kittitas School District	70	100	170	2.429
Klickitat School District	17	7	24	1.412
La Center School District	95	123	218	2.295
La Conner School District	89	111	200	2.247
LaCrosse School District	22	24	46	2.091
Lake Chelan School District	175	205	380	2.171
Lake Quinault School District	30	24	54	1.800
Lake Stevens School District	723	635	1,358	1.878
Lake Washington School District	2,498	1,817	4,315	1.727
Lakewood School District	211	216	427	2.024
Lamont School District	9	5	14	1.556
Liberty School District	60	72	132	2.200
Lind School District	33	36	69	2.091
Longview School District	716	607	1,323	1.848
Loon Lake School District	13	14	27	2.077
Lopez School District	45	47	92	2.044
Lyle School District	33	18	51	1.545
Lynden School District	315	325	640	2.032

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K–12 School District Data Collection Project
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Employee and Dependent Counts by District for All Plans Combined — As Reported by the Carriers
For the Plan Year Ending in 2015

District	Enrollment			
	Employees	Dependents	Members	Avg. Family Size
Mabton School District	105	91	196	1.867
Mansfield School District	23	46	69	3.000
Manson School District	96	104	200	2.083
Mary M Knight School District	25	36	61	2.440
Mary Walker School District	67	83	150	2.239
Marysville School District	1,068	968	2,036	1.906
McCleary School District	38	26	64	1.684
Mead School District	969	1,020	1,989	2.053
Medical Lake School District	127	137	264	2.079
Mercer Island School District	404	294	698	1.728
Meridian School District	173	149	322	1.861
Methow Valley School District	75	97	172	2.293
Mill A School District	6	11	17	2.833
Monroe School District	568	505	1,073	1.889
Montesano School District	138	157	295	2.138
Morton School District	37	31	68	1.838
Moses Lake School District	836	821	1,657	1.982
Mossyrock School District	69	56	125	1.812
Mount Adams School District	129	88	217	1.682
Mount Baker School District	243	224	467	1.922
Mount Pleasant School District	4	1	5	1.250
Mount Vernon School District	784	625	1,409	1.797
Mukilteo School District	1,363	1,058	2,421	1.776
Naches Valley School District	105	92	197	1.876
Napavine School District	74	75	149	2.014
Naselle-Grays River Valley School District	44	67	111	2.523
Nespelem School District	23	20	43	1.870
Newport School District	125	94	219	1.752
Nine Mile Falls School District	140	237	377	2.693
Nooksack Valley School District	202	210	412	2.040
North Beach School District	82	65	147	1.793
North Franklin School District	239	282	521	2.180

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K–12 School District Data Collection Project
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Employee and Dependent Counts by District for All Plans Combined — As Reported by the Carriers
For the Plan Year Ending in 2015

District	Enrollment			
	Employees	Dependents	Members	Avg. Family Size
North Kitsap School District	588	495	1,083	1.842
North Mason School District	196	137	333	1.699
North River School District	17	16	33	1.941
North Thurston Public Schools	1,406	1,240	2,646	1.882
Northport School District	37	38	75	2.027
Northshore School District	2,009	1,645	3,654	1.819
Oak Harbor School District	488	429	917	1.879
Oakesdale School District	21	44	65	3.095
Oakville School District	38	33	71	1.868
Ocean Beach School District	115	75	190	1.652
Ocosta School District	86	77	163	1.895
Odessa School District	38	46	84	2.211
Okanogan School District	127	103	230	1.811
Olympia School District	964	749	1,713	1.777
Omak School District	315	320	635	2.016
Onalaska School District	80	86	166	2.075
Onion Creek School District	9	10	19	2.111
Orcas Island School District	87	76	163	1.874
Orchard Prairie School District	8	3	11	1.375
Orient School District	8	9	17	2.125
Orondo School District	30	22	52	1.733
Oroville School District	48	59	107	2.229
Orting School District	222	223	445	2.005
Othello School District	440	500	940	2.136
Palisades School District	9	16	25	2.778
Palouse School District	27	25	52	1.926
Pasco School District	1,807	1,727	3,534	1.956
Pateros School District	38	30	68	1.789
Paterson School District	15	20	35	2.333
Pe Ell School District	45	37	82	1.822
Peninsula School District	799	614	1,413	1.768
Pioneer School District	91	61	152	1.670

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K–12 School District Data Collection Project
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Employee and Dependent Counts by District for All Plans Combined — As Reported by the Carriers
For the Plan Year Ending in 2015

District	Enrollment			
	Employees	Dependents	Members	Avg. Family Size
Pomeroy School District	36	56	92	2.556
Port Angeles School District	433	388	821	1.896
Port Townsend School District	140	125	265	1.893
Prescott School District	36	24	60	1.667
Prosser School District	316	357	673	2.130
Pullman School District	242	200	442	1.826
Puyallup School District	1,723	1,274	2,997	1.739
Queets-Clearwater School District	11	4	15	1.364
Quilcene School District	43	19	62	1.442
Quillayute Valley School District	163	118	281	1.724
Quincy School District	316	322	638	2.019
Rainier School District	76	61	137	1.803
Raymond School District	75	57	132	1.760
Reardan-Edwall School District	65	58	123	1.892
Renton School District	1,662	1,124	2,786	1.676
Republic School District	40	45	85	2.125
Richland School District	1,091	998	2,089	1.915
Ridgefield School District	143	177	320	2.238
Ritzville School District	50	95	145	2.900
Riverside School District	175	151	326	1.863
Riverview School District	281	253	534	1.900
Rochester School District	208	248	456	2.192
Roosevelt School District	4	0	4	1.000
Rosalia School District	35	35	70	2.000
Royal School District	184	173	357	1.940
San Juan Island School District	87	88	175	2.011
Satsop School District	7	3	10	1.429
Seattle Public Schools	5,831	4,213	10,044	1.723
Sedro-Woolley School District	460	371	831	1.807
Selah School District	377	357	734	1.947
Selkirk School District	33	33	66	2.000
Sequim School District	275	294	569	2.069

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K–12 School District Data Collection Project
Exhibit A4a
Employee and Dependent Counts by District for All Plans Combined — As Reported by the Carriers
For the Plan Year Ending in 2015

District	Enrollment			
	Employees	Dependents	Members	Avg. Family Size
Shaw Island School District	3	3	6	2.000
Shelton School District	511	333	844	1.652
Shoreline School District	919	767	1,686	1.835
Skamania School District	11	10	21	1.909
Skykomish School District	19	6	25	1.316
Snohomish School District	874	920	1,794	2.053
Snoqualmie Valley School District	546	454	1,000	1.832
Soap Lake School District	56	58	114	2.036
South Bend School District	86	102	188	2.186
South Kitsap School District	821	660	1,481	1.804
South Whidbey School District	167	140	307	1.838
Southside School District	17	19	36	2.118
Spokane School District	3,137	3,182	6,319	2.014
Sprague School District	19	14	33	1.737
St. John School District	28	36	64	2.286
Stanwood-Camano School District	420	376	796	1.895
Star School District	6	8	14	2.333
Starbuck School District	6	3	9	1.500
Stehekin School District	1	1	2	2.000
Steilacoom Hist. School District	238	186	424	1.782
Steptoe School District	8	14	22	2.750
Stevenson-Carson School District	103	82	185	1.796
Sultan School District	191	186	377	1.974
Summit Valley School District	10	7	17	1.700
Sumner School District	867	907	1,774	2.046
Sunnyside School District	757	713	1,470	1.942
Tacoma School District	2,782	3,065	5,847	2.102
Taholah School District	41	26	67	1.634
Tahoma School District	685	686	1,371	2.001
Tekoa School District	30	44	74	2.467
Tenino School District	119	101	220	1.849
Thorp School District	25	20	45	1.800

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A4a
Employee and Dependent Counts by District for All Plans Combined — As Reported by the Carriers
For the Plan Year Ending in 2015

District	Enrollment			
	Employees	Dependents	Members	Avg. Family Size
Toledo School District	74	75	149	2.014
Tonasket School District	122	148	270	2.213
Toppenish School District	447	409	856	1.915
Touchet School District	32	33	65	2.031
Toutle Lake School District	67	71	138	2.060
Trout Lake School District	25	16	41	1.640
Tukwila School District	317	213	530	1.672
Tumwater School District	656	540	1,196	1.823
Union Gap School District	77	49	126	1.636
University Place School District	492	393	885	1.799
Valley School District	91	97	188	2.066
Vancouver School District	2,380	2,027	4,407	1.852
Vashon Island School District	156	165	321	2.058
Wahkiakum School District	44	78	122	2.773
Wahluke School District	248	216	464	1.871
Waitsburg School District	35	27	62	1.771
Walla Walla Public Schools	711	656	1,367	1.923
Wapato School District	387	360	747	1.930
Warden School District	101	144	245	2.426
Washougal School District	102	42	144	1.412
Washtucna School District	18	13	31	1.722
Waterville School District	35	44	79	2.257
Wellpinit School District	74	40	114	1.541
Wenatchee School District	869	792	1,661	1.911
West Valley School District (Spokane)	410	362	772	1.883
West Valley School District (Yakima)	482	553	1,035	2.147
White Pass School District	59	42	101	1.712
White River School District	359	298	657	1.830
White Salmon Valley School District	122	82	204	1.672
Wilbur School District	43	57	100	2.326
Willapa Valley School District	43	33	76	1.767
Wilson Creek School District	32	29	61	1.906

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A4a
Employee and Dependent Counts by District for All Plans Combined — As Reported by the Carriers
For the Plan Year Ending in 2015

District	Enrollment			
	Employees	Dependents	Members	Avg. Family Size
Winlock School District	75	70	145	1.933
Wishkah Valley School District	23	13	36	1.565
Wishram School District	18	27	45	2.500
Woodland School District	282	224	506	1.794
Yakima School District	1,846	1,640	3,486	1.888
Yelm School District	520	425	945	1.817
Zillah School District	135	139	274	2.030
Grand Total	**105,635**	**93,372**	**199,007**	**1.884**

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	Certificated	Classified	Total	EE	ES	EC	EF	Not Enr.	Total
Aberdeen School District	201	316	517	248	28	95	20	126	517
Adna School District	39	39	78	15	5	8	6	44	78
Almira School District	9	13	22	2	7	3	5	5	22
Anacortes School District	180	137	317	115	30	49	46	77	317
Arlington School District	327	267	594	239	55	137	82	81	594
Asotin-Anatone School District	46	61	107	5	11	2	44	45	107
Auburn School District	853	1,044	1,897	828	132	329	157	451	1,897
Bainbridge Island School District	264	273	537	203	31	95	49	159	537
Battle Ground School District	906	477	1,383	576	123	263	161	260	1,383
Bellevue School District	1,414	1,315	2,729	1,097	179	483	273	697	2,729
Bellingham School District	829	671	1,500	652	127	292	133	296	1,500
Benge School District	2	2	4	1	1	0	2	0	4
Bethel School District	1,249	1,042	2,291	966	144	319	154	708	2,291
Bickleton School District	11	8	19	0	5	0	6	8	19
Blaine School District	135	171	306	111	32	50	37	76	306
Boistfort School District	7	9	16	11	2	0	1	2	16
Bremerton School District	380	326	706	322	45	99	28	212	706
Brewster School District	70	70	140	78	14	26	7	15	140
Bridgeport School District	57	62	119	55	0	24	9	31	119
Brinnon School District	6	8	14	6	2	2	1	3	14
Burlington-Edison School District	256	251	507	213	40	123	40	91	507
Camas School District	441	376	817	277	72	192	94	182	817
Cape Flattery School District	46	67	113	62	2	19	3	27	113
Carbonado School District	12	15	27	15	1	2	2	7	27
Cascade School District	92	108	200	65	17	31	17	70	200
Cashmere School District	71	128	199	73	26	28	53	19	199
Castle Rock School District	79	89	168	77	12	36	10	33	168
Centerville School District	5	12	17	2	3	4	1	7	17
Central Kitsap School District	720	724	1,444	552	117	229	123	423	1,444
Central Valley School District	849	560	1,409	786	100	414	109	0	1,409
Centralia School District	227	267	494	211	34	103	29	117	494
Chehalis School District	177	252	429	169	26	83	30	121	429

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	Certificated	Classified	Total	EE	ES	EC	EF	Not Enr.	Total
Cheney School District	341	337	678	286	32	118	42	200	678
Chewelah School District	59	72	131	52	11	21	7	40	131
Chimacum School District	68	82	150	64	14	27	14	31	150
Clarkston School District	158	222	380	143	21	70	41	105	380
Cle Elum-Roslyn School District	59	89	148	66	10	18	21	33	148
Clover Park School District	907	661	1,568	782	78	268	93	347	1,568
Colfax School District	38	58	96	34	9	15	6	32	96
College Place School District	91	69	160	80	8	28	15	29	160
Colton School District	17	9	26	11	0	5	3	7	26
Columbia (Stevens) School District	12	18	30	6	10	4	3	7	30
Columbia (Walla Walla) School District	58	69	127	51	7	18	11	40	127
Colville School District	90	170	260	97	16	41	13	93	260
Concrete School District	38	60	98	41	6	11	5	35	98
Conway School District	20	31	51	22	9	8	4	8	51
Cosmopolis School District	12	11	23	13	1	4	2	3	23
Coulee-Hartline School District	18	29	47	13	6	4	10	14	47
Coupeville School District	63	65	128	57	16	7	12	36	128
Crescent School District	21	23	44	17	6	10	3	8	44
Creston School District	9	17	26	14	0	5	7	0	26
Curlew School District	12	32	44	18	5	2	4	15	44
Cusick School District	21	26	47	17	8	8	5	9	47
Damman School District	4	5	9	4	1	0	0	4	9
Darrington School District	29	55	84	15	14	14	14	27	84
Davenport School District	44	39	83	34	7	25	10	7	83
Dayton School District	28	47	75	19	2	7	10	37	75
Deer Park School District	116	195	311	128	16	68	22	77	311
Dieringer School District	95	109	204	72	16	38	24	54	204
Dixie School District	3	8	11	4	0	2	0	5	11
East Valley School District (Spokane)	222	252	474	285	41	106	42	0	474
East Valley School District (Yakima)	202	179	381	150	28	85	39	79	381
Eastmont School District	390	340	730	313	47	170	47	153	730
Easton School District	14	14	28	6	4	8	3	7	28

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	Certificated	Classified	Total	EE	ES	EC	EF	Not Enr.	Total
Eatonville School District	120	120	240	90	14	58	22	56	240
Edmonds School District	1,417	1,188	2,605	1,043	179	477	229	677	2,605
Ellensburg School District	209	177	386	175	36	81	28	66	386
Elma School District	91	92	183	95	15	29	19	25	183
Endicott School District	14	20	34	8	2	7	6	11	34
Entiat School District	26	34	60	15	9	16	8	12	60
Enumclaw School District	263	271	534	228	28	81	50	147	534
Ephrata School District	155	143	298	116	23	65	40	54	298
Evaline School District	2	7	9	5	0	1	2	1	9
Everett School District	1,216	869	2,085	645	265	315	379	481	2,085
Evergreen School District (Clark)	1,856	1,308	3,164	1,277	238	559	244	846	3,164
Evergreen School District (Stevens)	3	5	8	4	0	0	0	4	8
Federal Way School District	1,611	1,203	2,814	1,523	125	451	154	561	2,814
Ferndale School District	291	380	671	250	52	108	69	192	671
Fife School District	213	123	336	178	34	99	25	0	336
Finley School District	56	74	130	55	11	21	11	32	130
Franklin Pierce School District	561	483	1,044	554	72	161	78	179	1,044
Freeman School District	59	95	154	39	10	27	10	68	154
Garfield School District	13	29	42	11	2	4	3	22	42
Glenwood School District	11	13	24	16	3	1	0	4	24
Goldendale School District	64	79	143	55	17	7	16	48	143
Grand Coulee Dam School District	50	89	139	60	4	27	9	39	139
Grandview School District	220	191	411	193	32	100	37	49	411
Granger School District	95	104	199	90	16	48	19	26	199
Granite Falls School District	104	157	261	98	15	44	27	77	261
Grapeview School District	13	15	28	10	3	5	1	9	28
Great Northern School District	5	2	7	3	0	0	0	4	7
Green Mountain School District	11	6	17	6	2	2	4	3	17
Griffin School District	36	56	92	36	11	17	9	19	92
Harrington School District	15	17	32	9	5	3	10	5	32
Highland School District	78	74	152	77	15	26	12	22	152
Highline School District	1,335	869	2,204	1,546	129	395	134	0	2,204

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	Certificated	Classified	Total	EE	ES	EC	EF	Not Enr.	Total
Hockinson School District	122	86	208	79	18	46	25	40	208
Hood Canal School District	25	36	61	26	6	9	0	20	61
Hoquiam School District	112	150	262	86	10	34	7	125	262
Inchelium School District	22	39	61	22	5	6	2	26	61
Index School District	6	8	14	4	0	1	0	9	14
Issaquah School District	1,222	916	2,138	1,096	124	392	156	370	2,138
Kahlotus School District	11	13	24	9	1	1	6	7	24
Kalama School District	54	27	81	30	8	14	14	15	81
Keller School District	4	9	13	8	0	1	1	3	13
Kelso School District	336	313	649	285	42	99	46	177	649
Kennewick School District	1,065	1,033	2,098	880	165	413	225	415	2,098
Kent School District	1,832	1,133	2,965	1,664	198	598	226	279	2,965
Kettle Falls School District	54	59	113	42	15	15	14	27	113
Kiona-Benton City School District	107	99	206	95	13	56	10	32	206
Kittitas School District	39	35	74	25	15	12	22	0	74
Klickitat School District	10	18	28	12	3	2	0	11	28
La Center School District	103	80	183	51	18	18	22	74	183
La Conner School District	42	46	88	39	10	17	18	4	88
LaCrosse School District	18	16	34	12	5	5	3	9	34
Lake Chelan School District	103	90	193	89	17	48	22	17	193
Lake Quinault School District	14	18	32	17	6	8	1	0	32
Lake Stevens School District	456	528	984	426	51	164	79	264	984
Lake Washington School District	1,861	1,182	3,043	1,406	158	477	238	764	3,043
Lakewood School District	137	134	271	103	19	48	28	73	271
Lamont School District	7	5	12	6	1	1	1	3	12
Liberty School District	26	63	89	28	7	14	8	32	89
Lind School District	19	22	41	16	2	7	7	9	41
Longview School District	450	407	857	399	73	175	58	152	857
Loon Lake School District	12	14	26	20	0	6	0	0	26
Lopez School District	25	30	55	24	9	5	6	11	55
Lyle School District	14	29	43	18	2	1	1	21	43
Lynden School District	161	257	418	170	32	66	42	108	418

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Mabton School District	63	50	113	58	9	32	8	6	113
Mansfield School District	15	16	31	5	2	4	12	8	31
Manson School District	53	70	123	46	11	25	11	30	123
Mary M Knight School District	11	10	21	9	4	5	3	0	21
Mary Walker School District	27	69	96	20	6	3	0	67	96
Marysville School District	724	617	1,341	563	97	269	97	315	1,341
McCleary School District	21	23	44	17	1	8	3	15	44
Mead School District	649	573	1,222	499	95	235	151	242	1,222
Medical Lake School District	132	141	273	99	12	47	21	94	273
Mercer Island School District	172	372	544	201	40	83	29	191	544
Meridian School District	113	144	257	102	21	37	19	78	257
Methow Valley School District	45	46	91	38	16	7	23	7	91
Mill A School District	3	7	10	2	0	0	3	5	10
Monroe School District	347	375	722	323	57	125	56	161	722
Montesano School District	82	116	198	65	10	37	17	69	198
Morton School District	23	38	61	23	3	7	2	26	61
Moses Lake School District	472	611	1,083	432	75	246	65	265	1,083
Mossyrock School District	25	61	86	24	2	6	29	25	86
Mount Adams School District	78	69	147	90	11	29	7	10	147
Mount Baker School District	129	188	317	129	40	37	30	81	317
Mount Pleasant School District	6	4	10	5	1	1	0	3	10
Mount Vernon School District	468	429	897	455	69	154	75	144	897
Mukilteo School District	1,009	734	1,743	832	104	299	125	383	1,743
Naches Valley School District	89	84	173	74	15	28	12	44	173
Napavine School District	39	42	81	44	5	23	9	0	81
Naselle-Grays River Valley School District	22	44	66	15	8	10	10	23	66
Nespelem School District	11	18	29	12	4	7	0	6	29
Newport School District	77	78	155	68	10	30	10	37	155
Nine Mile Falls School District	106	82	188	43	21	11	58	55	188
Nooksack Valley School District	108	157	265	105	23	42	31	64	265
North Beach School District	47	70	117	55	15	10	10	27	117
North Franklin School District	140	177	317	114	35	47	42	79	317

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North Kitsap School District	397	397	794	331	63	126	61	213	794
North Mason School District	144	109	253	120	15	43	17	58	253
North River School District	10	10	20	15	1	0	2	2	20
North Thurston Public Schools	1,014	930	1,944	703	116	415	116	594	1,944
Northport School District	19	34	53	18	8	3	8	16	53
Northshore School District	1,386	1,039	2,425	1,087	229	436	253	420	2,425
Oak Harbor School District	372	340	712	258	62	105	65	222	712
Oakesdale School District	13	23	36	4	4	6	7	15	36
Oakville School District	20	24	44	22	1	13	2	6	44
Ocean Beach School District	62	81	143	69	15	25	10	24	143
Ocosta School District	41	38	79	47	6	20	6	0	79
Odessa School District	23	29	52	16	7	13	3	13	52
Okanogan School District	66	100	166	77	9	30	9	41	166
Olympia School District	668	665	1,333	476	69	198	78	512	1,333
Omak School District	247	147	394	181	24	92	30	67	394
Onalaska School District	50	60	110	48	10	21	10	21	110
Onion Creek School District	5	14	19	2	4	1	2	10	19
Orcas Island School District	57	60	117	34	16	20	13	34	117
Orchard Prairie School District	7	3	10	6	0	1	1	2	10
Orient School District	5	10	15	7	2	0	3	3	15
Orondo School District	15	22	37	17	4	5	3	8	37
Oroville School District	43	36	79	38	8	14	9	10	79
Orting School District	138	148	286	92	31	38	31	94	286
Othello School District	266	241	507	224	35	111	42	95	507
Palisades School District	3	4	7	2	2	1	2	0	7
Palouse School District	16	27	43	7	8	6	2	20	43
Pasco School District	1,192	980	2,172	1,117	106	478	179	292	2,172
Pateros School District	24	16	40	25	4	8	3	0	40
Paterson School District	12	12	24	5	2	3	11	3	24
Pe Ell School District	14	30	44	28	2	8	5	1	44
Peninsula School District	577	442	1,019	457	72	183	60	247	1,019
Pioneer School District	50	58	108	60	8	15	8	17	108

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Pomeroy School District	25	32	57	12	5	9	12	19	57
Port Angeles School District	242	243	485	221	45	100	44	75	485
Port Townsend School District	93	84	177	69	24	24	18	42	177
Prescott School District	22	22	44	23	6	13	0	2	44
Prosser School District	187	194	381	151	20	97	40	73	381
Pullman School District	161	152	313	144	12	60	20	77	313
Puyallup School District	1,316	1,091	2,407	1,061	120	285	217	724	2,407
Queets-Clearwater School District	4	7	11	6	0	3	0	2	11
Quilcene School District	31	29	60	13	1	4	0	42	60
Quillayute Valley School District	79	115	194	109	16	33	8	28	194
Quincy School District	195	182	377	153	19	62	43	100	377
Rainier School District	54	66	120	48	12	16	7	37	120
Raymond School District	45	50	95	43	6	25	2	19	95
Reardan-Edwall School District	40	48	88	36	7	14	5	26	88
Renton School District	1,080	912	1,992	931	115	327	120	499	1,992
Republic School District	17	46	63	18	8	7	6	24	63
Richland School District	762	807	1,569	648	53	271	114	483	1,569
Ridgefield School District	127	56	183	57	26	45	22	33	183
Ritzville School District	26	27	53	11	9	11	22	0	53
Riverside School District	106	112	218	73	17	25	10	93	218
Riverview School District	206	169	375	162	26	61	36	90	375
Rochester School District	144	137	281	93	24	69	27	68	281
Roosevelt School District	3	5	8	5	0	0	0	3	8
Rosalia School District	21	26	47	16	10	3	5	13	47
Royal School District	103	114	217	120	15	38	17	27	217
San Juan Island School District	51	75	126	32	11	14	11	58	126
Satsop School District	5	6	11	5	0	1	1	4	11
Seattle Public Schools	3,936	2,397	6,333	3,413	502	1,257	538	623	6,333
Sedro-Woolley School District	270	343	613	269	42	104	42	156	613
Selah School District	242	214	456	215	35	102	24	80	456
Selkirk School District	23	40	63	15	7	2	6	33	63
Sequim School District	164	202	366	106	23	58	40	139	366

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Shaw Island School District	2	4	6	2	0	0	1	3	6
Shelton School District	261	331	592	333	51	99	29	80	592
Shoreline School District	618	643	1,261	497	79	192	118	375	1,261
Skamania School District	6	10	16	5	1	3	1	6	16
Skykomish School District	12	10	22	4	0	0	0	18	22
Snohomish School District	568	546	1,114	403	80	244	125	262	1,114
Snoqualmie Valley School District	352	392	744	312	40	113	63	216	744
Soap Lake School District	37	31	68	12	1	5	1	49	68
South Bend School District	30	67	97	45	4	24	11	13	97
South Kitsap School District	578	598	1,176	487	78	190	68	353	1,176
South Whidbey School District	101	115	216	87	16	35	22	56	216
Southside School District	12	10	22	6	2	6	1	7	22
Spokane School District	2,347	1,588	3,935	1,568	293	721	526	827	3,935
Sprague School District	12	14	26	12	2	2	2	8	26
St. John School District	19	23	42	8	4	8	6	16	42
Stanwood-Camano School District	292	273	565	226	42	89	59	149	565
Star School District	3	3	6	2	0	1	3	0	6
Starbuck School District	1	5	6	4	0	0	0	2	6
Stehekin School District	1	7	8	0	1	0	0	7	8
Steilacoom Hist. School District	200	118	318	138	15	59	24	82	318
Steptoe School District	4	6	10	2	3	1	2	2	10
Stevenson-Carson School District	61	73	134	55	18	5	18	38	134
Sultan School District	91	138	229	95	12	40	31	51	229
Summit Valley School District	7	8	15	6	1	3	0	5	15
Sumner School District	594	604	1,198	440	72	245	119	322	1,198
Sunnyside School District	425	367	792	439	46	215	32	60	792
Tacoma School District	2,148	1,415	3,563	1,176	506	565	510	806	3,563
Taholah School District	9	23	32	14	2	5	3	8	32
Tahoma School District	405	477	882	357	39	204	83	199	882
Tekoa School District	15	28	43	10	2	8	7	16	43
Tenino School District	80	90	170	69	18	30	11	42	170
Thorp School District	16	4	20	12	3	5	0	0	20

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Toledo School District	40	42	82	33	5	16	8	20	82
Tonasket School District	66	103	169	63	17	22	23	44	169
Toppenish School District	252	220	472	247	55	96	37	37	472
Touchet School District	21	14	35	18	4	6	2	5	35
Toutle Lake School District	38	47	85	36	7	16	10	16	85
Trout Lake School District	13	20	33	10	6	2	2	13	33
Tukwila School District	222	175	397	202	16	59	24	96	397
Tumwater School District	440	377	817	379	41	172	48	177	817
Union Gap School District	40	40	80	42	11	17	4	6	80
University Place School District	371	279	650	278	32	115	46	179	650
Valley School District	41	58	99	48	14	14	13	10	99
Vancouver School District	1,634	1,289	2,923	1,323	182	612	198	608	2,923
Vashon Island School District	107	98	205	75	15	32	29	54	205
Wahkiakum School District	15	45	60	9	10	5	15	21	60
Wahluke School District	150	121	271	155	21	47	27	21	271
Waitsburg School District	22	18	40	21	4	10	1	4	40
Walla Walla Public Schools	412	413	825	403	61	202	63	96	825
Wapato School District	220	188	408	218	23	115	25	27	408
Warden School District	74	55	129	60	20	16	28	5	129
Washougal School District	203	191	394	207	32	33	21	101	394
Washtucna School District	14	10	24	10	3	2	2	7	24
Waterville School District	20	32	52	16	3	13	4	16	52
Wellpinit School District	31	57	88	24	18	18	11	17	88
Wenatchee School District	551	563	1,114	487	64	223	76	264	1,114
West Valley School District (Spokane)	264	282	546	226	44	94	44	138	546
West Valley School District (Yakima)	308	248	556	223	42	148	60	83	556
White Pass School District	32	54	86	35	4	10	4	33	86
White River School District	228	217	445	205	27	72	38	103	445
White Salmon Valley School District	81	75	156	76	18	5	17	40	156
Wilbur School District	22	37	59	15	15	9	6	14	59
Willapa Valley School District	28	37	65	32	2	3	6	22	65
Wilson Creek School District	13	20	33	18	1	7	4	3	33

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Exhibit A4b
Enrollment by District for All Plans Combined — Reporting Districts Only

Census October 1, 2015

District	All Employees by Status			Enrolled Employees by Coverage Tier					
	Certificated	Classified	Total	EE	ES	EC	EF	Not Enr.	Total
Winlock School District	29	67	96	39	13	11	13	20	96
Wishkah Valley School District	14	14	28	14	1	6	0	7	28
Wishram School District	10	11	21	10	4	0	5	2	21
Woodland School District	149	235	384	177	15	64	21	107	384
Yakima School District	1,033	864	1,897	955	140	569	129	104	1,897
Yelm School District	301	217	518	300	47	121	50	0	518
Zillah School District	75	77	152	73	10	41	12	16	152
Grand Total	**70,834**	**62,319**	**133,153**	**58,669**	**9,731**	**24,371**	**11,685**	**28,697**	**133,153**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A4c
Enrollment by District — Reporting Districts Only
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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
Aberdeen School District	**ADMINISTRATORS**	No	**Yes**	SD Plan 0579	4	1	5
				SD Plan 3504	1	0	1
		Yes	**No**	SD Plan 0579	3	2	5
				SD Plan 3504	1	1	2
	CITY/COUNTY	No	**Yes**	SD Plan 0501	3	3	6
				SD Plan 0579	13	1	14
				SD Plan 0583	1	0	1
				SD Plan 3507	7	3	10
	PRINCIPAL'S ASSOC	Yes	**No**	SD Plan 0501	1	0	1
				SD Plan 0579	9	8	17
				SD Plan 3507	1	2	3
	PSE	No	**Yes**	SD Plan 0501	26	8	34
				SD Plan 0579	35	8	43
				SD Plan 3504	39	34	73
				SD Plan 3507	21	14	35
		Yes	**No**	SD Plan 0579	1	0	1
	TEACHERS POOL	No	**Yes**	SD Plan 0501	7	7	14
				SD Plan 0579	16	18	34
				SD Plan 0583	2	0	2
				SD Plan 3504	3	0	3
				SD Plan 3507	1	2	3
		Yes	**No**	SD Plan 0501	35	26	61
				SD Plan 0579	89	49	138
				SD Plan 0583	7	8	15
				SD Plan 3504	24	41	65
				SD Plan 3507	8	19	27
				SD Plan 3539	1	3	4
	TRANSP & FOOD	No	**Yes**	SD Plan 0501	3	0	3
				SD Plan 0579	10	2	12
				SD Plan 3504	3	0	3
				SD Plan 3507	7	6	13
	UNAFFILIATED	No	**Yes**	SD Plan 0501	4	3	7
				SD Plan 0579	3	0	3
				SD Plan 3504	1	1	2
				SD Plan 3507	1	3	4
Aberdeen School District Total					**391**	**273**	**664**
Adna School District	**CERTIFICATED - BENEFITS OFFERED**	Yes	**No**	SD Plan 0500	13	18	31
				SD Plan 0501	3	2	5
				SD Plan 0579	6	11	17
				SD Plan 0580	3	5	8

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
	CLASSIFIED - BENEFITS OFFERED	No	**Yes**	SD Plan 0500	8	14	22
				SD Plan 0501	1	0	1
Adna School District Total					**34**	**50**	**84**
Almira School District	**CERTIFICATED**	Yes	**No**	SD Plan 0072	8	17	25
				SD Plan 5483	1	0	1
	CLASSIFIED	No	**Yes**	SD Plan 0072	7	8	15
				SD Plan 0537	2	4	6
Almira School District Total					**18**	**29**	**47**
Anacortes School District	**AEA 1MC**	Yes	**No**	SD Plan 0082	5	0	5
				SD Plan 0083	1	0	1
				SD Plan 0084	3	0	3
				SD Plan 0091	3	0	3
				SD Plan 0105	2	0	2
				SD Plan 0115	15	0	15
				SD Plan 0415	1	0	1
				SD Plan 0524	6	0	6
				SD Plan 0525	33	0	33
				SD Plan 0526	8	0	8
				SD Plan 0527	22	0	22
				SD Plan 0528	34	0	34
	PARAEDS 2MA	No	**Yes**	SD Plan 0082	1	0	1
				SD Plan 0083	2	0	2
				SD Plan 0084	1	0	1
				SD Plan 0091	1	0	1
				SD Plan 0115	5	0	5
				SD Plan 0524	2	0	2
				SD Plan 0525	11	0	11
				SD Plan 0526	1	0	1
				SD Plan 0527	5	0	5
				SD Plan 0528	2	0	2
	SEC 2MS	No	**Yes**	SD Plan 0084	1	0	1
				SD Plan 0115	1	0	1
				SD Plan 0524	1	0	1
				SD Plan 0525	7	0	7
				SD Plan 0526	1	0	1
				SD Plan 0527	2	0	2
	SEIU 2MBUS 2MU	No	**Yes**	SD Plan 0115	11	0	11
				SD Plan 0524	4	0	4
				SD Plan 0525	8	0	8
				SD Plan 0526	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 0527	1	0	1
				SD Plan 0528	7	0	7
	UNREP 1MS 2MX 2MC	No	**Yes**	SD Plan 0082	2	0	2
				SD Plan 0083	1	0	1
				SD Plan 0115	5	0	5
				SD Plan 0525	7	0	7
				SD Plan 0527	2	0	2
				SD Plan 0528	10	0	10
		Yes	**No**	SD Plan 0115	1	0	1
				SD Plan 0525	1	0	1
				SD Plan 0527	1	0	1
				SD Plan 0528	1	0	1
Anacortes School District Total					**240**	**0**	**240**
Arlington School District	**Cabinet Pool**	No	**Yes**	SD Plan 1214	1	0	1
		Yes	**No**	SD Plan 1214	1	0	1
				SD Plan 4304	2	0	2
				SD Plan 4306	1	0	1
	Certificated Pool	No	**Yes**	SD Plan 0292	3	0	3
				SD Plan 0293	1	0	1
				SD Plan 0294	1	0	1
				SD Plan 0295	3	0	3
				SD Plan 0297	6	0	6
		Yes	**No**	SD Plan 0292	33	0	33
				SD Plan 0293	14	0	14
				SD Plan 0294	75	0	75
				SD Plan 0295	32	0	32
				SD Plan 0296	28	0	28
				SD Plan 0297	93	0	93
				SD Plan 4306	1	0	1
	Classified Pool	No	**Yes**	SD Plan 1214	53	0	53
				SD Plan 1215	21	0	21
				SD Plan 1216	21	0	21
				SD Plan 4304	18	0	18
				SD Plan 4306	67	0	67
	Excluded Pool	No	**Yes**	SD Plan 1214	4	0	4
				SD Plan 4304	5	0	5
				SD Plan 4306	6	0	6
	Principal/Director Pool	Yes	**No**	SD Plan 0293	1	0	1
				SD Plan 1214	9	0	9
				SD Plan 1215	4	0	4

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 4304	6	0	6
				SD Plan 4306	3	0	3
Arlington School District Total					**513**	**0**	**513**
Asotin-Anatone School District	**CERTIFICATED**	Yes	**No**	SD Plan 0657	7	0	7
				SD Plan 5983	28	5	33
				SD Plan 6539	1	1	2
	CERTIFICATED ADMIN	Yes	**No**	SD Plan 0657	1	0	1
				SD Plan 5983	3	0	3
	CLASSIFIED	No	**Yes**	SD Plan 5983	17	0	17
	CLASSIFIED SUPERVISOR	No	**Yes**	SD Plan 0657	1	0	1
				SD Plan 5983	3	0	3
				SD Plan 6539	1	1	2
Asotin-Anatone School District Total					**62**	**7**	**69**
Auburn School District	**Administators**	No	**Yes**	SD Plan 0185	6	11	17
				SD Plan 0186	2	4	6
				SD Plan 0187	1	0	1
				SD Plan 0547	1	2	3
				SD Plan 0746	7	3	10
				SD Plan 0747	4	11	15
				SD Plan 0750	3	2	5
		Yes	**No**	SD Plan 0185	6	10	16
				SD Plan 0186	2	6	8
				SD Plan 0187	1	2	3
				SD Plan 0547	1	3	4
				SD Plan 0746	5	4	9
				SD Plan 0747	6	13	19
				SD Plan 0750	3	3	6
	AEA	No	**Yes**	SD Plan 0185	31	68	99
				SD Plan 0186	11	17	28
				SD Plan 0187	8	11	19
				SD Plan 0547	3	6	9
				SD Plan 0746	56	54	110
				SD Plan 0747	39	32	71
				SD Plan 0749	10	5	15
				SD Plan 0750	28	29	57
		Yes	**No**	SD Plan 0185	132	179	311
				SD Plan 0186	59	75	134
				SD Plan 0187	25	26	51
				SD Plan 0547	15	24	39
				SD Plan 0746	202	137	339

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 0747	107	87	194
				SD Plan 0749	51	45	96
				SD Plan 0750	92	98	190
	HEAD ST	No	**Yes**	SD Plan 0185	4	0	4
				SD Plan 0186	2	2	4
				SD Plan 0187	1	1	2
				SD Plan 0746	2	1	3
				SD Plan 0747	1	0	1
	NON REP	No	**Yes**	SD Plan 0185	3	3	6
				SD Plan 0186	1	2	3
				SD Plan 0746	5	2	7
				SD Plan 0747	3	1	4
				SD Plan 0750	4	2	6
	PRINCIPALS	Yes	**No**	SD Plan 0750	5	14	19
	PROF-SUP	No	**Yes**	SD Plan 0185	6	3	9
				SD Plan 0186	7	11	18
				SD Plan 0187	1	0	1
				SD Plan 0547	2	5	7
				SD Plan 0746	12	4	16
				SD Plan 0747	3	1	4
				SD Plan 0750	11	5	16
	PSE	No	**Yes**	SD Plan 0185	96	70	166
				SD Plan 0186	37	45	82
				SD Plan 0187	29	7	36
				SD Plan 0547	9	10	19
				SD Plan 0746	60	30	90
				SD Plan 0747	69	32	101
				SD Plan 0749	8	3	11
				SD Plan 0750	60	25	85
	SECRETARIES	No	**Yes**	SD Plan 0185	15	8	23
				SD Plan 0186	7	9	16
				SD Plan 0187	6	8	14
				SD Plan 0746	22	8	30
				SD Plan 0747	18	5	23
				SD Plan 0749	3	2	5
				SD Plan 0750	6	1	7
	TRANSPORTATION	No	**Yes**	SD Plan 0750	11	3	14
Auburn School District Total					**1446**	**1290**	**2736**
Bainbridge Island School District	**ADMIN**	No	**Yes**	SD Plan 0547	1	0	1
				SD Plan 0748	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 0751	2	0	2
		Yes	**No**	SD Plan 0547	2	0	2
				SD Plan 0575	1	0	1
				SD Plan 0748	7	0	7
				SD Plan 0751	4	0	4
				SD Plan 3601	1	0	1
	ANNUAL	No	**Yes**	SD Plan 0747	1	0	1
	BIEA	No	**Yes**	SD Plan 0214	1	0	1
				SD Plan 0217	1	0	1
				SD Plan 0547	1	0	1
				SD Plan 0572	2	0	2
				SD Plan 0575	2	0	2
				SD Plan 0748	5	0	5
				SD Plan 0751	3	0	3
				SD Plan 0752	2	0	2
				SD Plan 3267	1	0	1
				SD Plan 3601	2	0	2
		Yes	**No**	SD Plan 0198	3	0	3
				SD Plan 0214	2	0	2
				SD Plan 0215	1	0	1
				SD Plan 0217	14	0	14
				SD Plan 0314	2	0	2
				SD Plan 0547	17	0	17
				SD Plan 0571	1	0	1
				SD Plan 0572	15	0	15
				SD Plan 0575	8	0	8
				SD Plan 0745	2	0	2
				SD Plan 0748	37	0	37
				SD Plan 0750	2	0	2
				SD Plan 0751	75	0	75
				SD Plan 0752	7	0	7
				SD Plan 3601	5	0	5
	BIESPA	No	**Yes**	SD Plan 0198	1	0	1
				SD Plan 0201	1	0	1
				SD Plan 0214	3	0	3
				SD Plan 0216	4	0	4
				SD Plan 0217	15	0	15
				SD Plan 0313	1	0	1
				SD Plan 0328	3	0	3
				SD Plan 0547	9	0	9

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 0571	1	0	1
				SD Plan 0572	10	0	10
				SD Plan 0575	6	0	6
				SD Plan 0748	15	0	15
				SD Plan 0750	5	0	5
				SD Plan 0751	50	0	50
				SD Plan 0752	1	0	1
				SD Plan 3601	6	0	6
	NONREP	No	**Yes**	SD Plan 0214	1	0	1
				SD Plan 0217	1	0	1
				SD Plan 0547	1	0	1
				SD Plan 0572	1	0	1
				SD Plan 0575	1	0	1
				SD Plan 0748	1	0	1
				SD Plan 0751	10	0	10
Bainbridge Island School District Total					**378**	**0**	**378**
Battle Ground School District	**ADMIN SUPPORT (UNREP)**	No	**Yes**	SD Plan 0329	11	16	27
				SD Plan 0530	8	8	16
				SD Plan 0531	8	6	14
				SD Plan 7024	4	6	10
				SD Plan 7025	4	5	9
				SD Plan 7039	1	3	4
	ADMINISTRATORS	No	**Yes**	SD Plan 0329	1	2	3
				SD Plan 0530	2	1	3
				SD Plan 0531	1	2	3
		Yes	**No**	SD Plan 0329	4	2	6
				SD Plan 0530	4	3	7
				SD Plan 0533	1	1	2
				SD Plan 7024	3	6	9
				SD Plan 7039	1	1	2
	BGEA (REP)	Yes	**No**	SD Plan 0329	213	269	482
				SD Plan 0530	193	157	350
				SD Plan 0531	85	95	180
				SD Plan 0533	24	18	42
				SD Plan 7024	52	71	123
				SD Plan 7025	22	32	54
				SD Plan 7026	11	8	19
				SD Plan 7039	38	85	123
	NEW HIRES AFTER OCT 1	No	**Yes**	SD Plan 0329	2	1	3
				SD Plan 0530	5	2	7

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 0531	1	1	2
				SD Plan 7024	6	6	12
				SD Plan 7025	5	6	11
				SD Plan 7026	4	2	6
				SD Plan 7039	4	3	7
		Yes	**No**	SD Plan 0329	14	5	19
				SD Plan 0530	5	3	8
				SD Plan 0531	11	0	11
				SD Plan 0533	2	0	2
				SD Plan 7024	16	18	34
				SD Plan 7025	7	8	15
				SD Plan 7026	6	7	13
				SD Plan 7039	10	9	19
	PRINCIPALS	Yes	**No**	SD Plan 0329	9	20	29
				SD Plan 0530	8	13	21
				SD Plan 0531	6	8	14
				SD Plan 0533	3	3	6
				SD Plan 7024	3	8	11
				SD Plan 7025	1	2	3
				SD Plan 7026	1	3	4
				SD Plan 7039	2	4	6
	PSE (REPRESENTED)	No	**Yes**	SD Plan 0329	108	68	176
				SD Plan 0530	82	34	116
				SD Plan 0531	37	28	65
				SD Plan 0533	10	2	12
				SD Plan 7024	26	39	65
				SD Plan 7025	19	20	39
				SD Plan 7026	10	7	17
				SD Plan 7039	6	6	12
		Yes	**No**	SD Plan 0329	1	0	1
				SD Plan 7024	1	0	1
				SD Plan 7026	1	2	3
Battle Ground School District Total					**1123**	**1135**	**2258**
Bellevue School District	**AISP - 20**	No	**Yes**	SD Plan 0509	2	0	2
				SD Plan 0510	4	4	8
				SD Plan 1600	4	6	10
				SD Plan 4519	18	27	45
				SD Plan 4538	2	1	3
				SD Plan 4570	3	4	7
				SD Plan 4583	4	4	8

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
	AISP - 30	No	**Yes**	SD Plan 0509	21	16	37
				SD Plan 0510	36	31	67
				SD Plan 1596	4	3	7
				SD Plan 1600	36	26	62
				SD Plan 4519	47	50	97
				SD Plan 4538	19	22	41
				SD Plan 4570	3	3	6
				SD Plan 4583	8	10	18
	AISP - 35	No	**Yes**	SD Plan 0509	73	37	110
				SD Plan 0510	37	48	85
				SD Plan 1596	7	2	9
				SD Plan 1600	38	19	57
				SD Plan 4519	43	56	99
				SD Plan 4538	15	19	34
				SD Plan 4570	3	4	7
				SD Plan 4583	5	1	6
	CABINET	No	**Yes**	SD Plan 0509	2	1	3
				SD Plan 0510	3	4	7
				SD Plan 1600	1	3	4
				SD Plan 4519	4	7	11
				SD Plan 4538	1	3	4
				SD Plan 4583	1	1	2
	CENTRAL ADMIN	No	**Yes**	SD Plan 0509	5	3	8
				SD Plan 0510	2	3	5
				SD Plan 1600	1	3	4
				SD Plan 4519	2	2	4
				SD Plan 4538	1	2	3
	CTSA	No	**Yes**	SD Plan 0509	37	6	43
				SD Plan 0510	19	19	38
				SD Plan 1596	6	0	6
				SD Plan 1600	18	20	38
				SD Plan 4519	17	23	40
				SD Plan 4538	6	18	24
				SD Plan 4583	3	10	13
	CUSTODIANS - 20	No	**Yes**	SD Plan 1600	1	0	1
	CUSTODIANS - 35	No	**Yes**	SD Plan 0509	28	9	37
				SD Plan 0510	14	12	26
				SD Plan 1596	4	0	4
				SD Plan 1600	21	23	44
				SD Plan 4519	14	19	33

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 4538	2	2	4
				SD Plan 4570	2	5	7
				SD Plan 4583	1	1	2
	MECHANICS	No	**Yes**	SD Plan 0509	3	4	7
				SD Plan 1600	2	4	6
	NUTRITION SVCS - 12	No	**Yes**	SD Plan 0509	3	2	5
				SD Plan 0510	4	0	4
				SD Plan 1600	8	4	12
				SD Plan 4519	8	11	19
				SD Plan 4538	2	2	4
				SD Plan 4570	4	3	7
	NUTRITION SVCS - 35	No	**Yes**	SD Plan 0509	1	0	1
				SD Plan 0510	2	4	6
				SD Plan 1600	10	13	23
				SD Plan 4519	4	7	11
				SD Plan 4538	1	1	2
	PEBB	No	**Yes**	SD Plan 2235	10	15	25
				SD Plan 2886	3	4	7
				SD Plan 4443	18	26	44
				SD Plan 5474	2	6	8
	PRINCIPALS	No	**Yes**	SD Plan 0509	17	9	26
				SD Plan 0510	17	40	57
				SD Plan 1596	3	3	6
				SD Plan 1600	5	10	15
				SD Plan 4519	10	23	33
				SD Plan 4538	2	7	9
				SD Plan 4570	1	0	1
	SUPERINTENDENT	No	**Yes**	SD Plan 4538	1	2	3
	TEACHER - 40	Yes	**No**	SD Plan 0509	414	194	608
				SD Plan 0510	169	207	376
				SD Plan 1596	53	20	73
				SD Plan 1600	155	163	318
				SD Plan 4519	172	152	324
				SD Plan 4538	62	109	171
				SD Plan 4570	16	27	43
				SD Plan 4583	24	37	61
	TEACHERS - 20	Yes	**No**	SD Plan 0509	10	11	21
				SD Plan 0510	12	14	26
				SD Plan 1596	1	0	1
				SD Plan 1600	7	3	10

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 4519	17	15	32
				SD Plan 4538	4	9	13
				SD Plan 4570	5	0	5
				SD Plan 4583	5	6	11
	TEACHERS - 25-35	Yes	**No**	SD Plan 0509	9	4	13
				SD Plan 0510	14	15	29
				SD Plan 1596	1	0	1
				SD Plan 1600	2	2	4
				SD Plan 4519	12	19	31
				SD Plan 4538	4	6	10
				SD Plan 4570	4	5	9
				SD Plan 4583	2	4	6
	TRANSPORTATION	No	**Yes**	SD Plan 0509	21	4	25
				SD Plan 0510	13	15	28
				SD Plan 1596	1	1	2
				SD Plan 1600	15	14	29
				SD Plan 4519	8	5	13
				SD Plan 4538	2	1	3
				SD Plan 4570	3	3	6
				SD Plan 4583	3	3	6
	TRUCK DRIVERS	No	**Yes**	SD Plan 0509	3	3	6
Bellevue School District Total					**2032**	**1863**	**3895**
Bellingham School District	**BAO**	Yes	**No**	SD Plan 0108	1	0	1
				SD Plan 0110	5	0	5
				SD Plan 0415	4	0	4
				SD Plan 0492	1	0	1
				SD Plan 0527	4	0	4
				SD Plan 0578	17	0	17
				SD Plan 0581	2	0	2
				SD Plan 0631	2	0	2
				SD Plan 0636	1	0	1
				SD Plan 0642	6	0	6
	BASE	No	**Yes**	SD Plan 0108	7	0	7
				SD Plan 0110	18	0	18
				SD Plan 0415	14	0	14
				SD Plan 0492	4	0	4
				SD Plan 0527	2	0	2
				SD Plan 0578	110	0	110
				SD Plan 0581	6	0	6
				SD Plan 0631	28	0	28

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 0636	10	0	10
				SD Plan 0642	40	0	40
	BEA	Yes	**No**	SD Plan 0108	25	0	25
				SD Plan 0110	64	0	64
				SD Plan 0415	33	0	33
				SD Plan 0492	30	0	30
				SD Plan 0527	34	0	34
				SD Plan 0578	288	0	288
				SD Plan 0581	21	0	21
				SD Plan 0631	81	0	81
				SD Plan 0636	34	0	34
				SD Plan 0642	87	0	87
	NONREP	No	**Yes**	SD Plan 0108	1	0	1
				SD Plan 0110	8	0	8
				SD Plan 0492	1	0	1
				SD Plan 0578	24	0	24
				SD Plan 0581	1	0	1
				SD Plan 0631	10	0	10
				SD Plan 0642	15	0	15
	NRADMIN	Yes	**No**	SD Plan 0527	1	0	1
				SD Plan 0578	2	0	2
				SD Plan 0581	1	0	1
				SD Plan 0631	1	0	1
				SD Plan 0642	3	0	3
	SEIU	No	**Yes**	SD Plan 0108	4	0	4
				SD Plan 0110	10	0	10
				SD Plan 0415	6	0	6
				SD Plan 0492	2	0	2
				SD Plan 0527	1	0	1
				SD Plan 0578	56	0	56
				SD Plan 0581	4	0	4
				SD Plan 0631	15	0	15
				SD Plan 0636	4	0	4
				SD Plan 0642	7	0	7
	TEAM	No	**Yes**	SD Plan 0108	3	0	3
				SD Plan 0110	5	0	5
				SD Plan 0527	3	0	3
				SD Plan 0578	23	0	23
				SD Plan 0581	1	0	1
				SD Plan 0631	9	0	9

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					Employees	Dependents	Members
				SD Plan 0636	1	0	1
				SD Plan 0642	3	0	3
Bellingham School District Total					**1204**	**0**	**1204**
Benge School District	**CERT FULL TIME**	Yes	**No**	SD Plan 3455	2	4	6
	CLASS FULL TIME	No	**Yes**	SD Plan 3455	1	0	1
	CLASS P/T	No	**Yes**	SD Plan 3455	1	2	3
Benge School District Total					**4**	**6**	**10**
Bethel School District	**ADMIN NON REP**	No	**Yes**	SD Plan 0550	27	11	38
				SD Plan 0551	7	3	10
				SD Plan 3308	3	2	5
				SD Plan 3310	7	7	14
		Yes	**No**	SD Plan 0550	26	17	43
				SD Plan 0551	4	1	5
				SD Plan 3308	1	0	1
				SD Plan 3310	3	3	6
	CERTIFICATED STAFF	Yes	**No**	SD Plan 0550	554	238	792
				SD Plan 0551	213	79	292
				SD Plan 3308	86	35	121
				SD Plan 3310	78	50	128
	PIERCE COUNTY SKILLS CENTER	Yes	**No**	SD Plan 0550	6	3	9
				SD Plan 0551	2	0	2
				SD Plan 3308	1	0	1
				SD Plan 3310	1	0	1
	PRINCIPALS	Yes	**No**	SD Plan 0550	27	16	43
				SD Plan 0551	12	8	20
				SD Plan 3308	3	2	5
				SD Plan 3310	4	4	8
	PSE EMPLOYEES	No	**Yes**	SD Plan 0550	243	57	300
				SD Plan 0551	152	41	193
				SD Plan 3308	43	6	49
				SD Plan 3310	80	34	114
Bethel School District Total					**1583**	**617**	**2200**
Bickleton School District	**GROUP 002**	No	**Yes**	SD Plan 5562	1	0	1
	GROUP 003	No	**Yes**	SD Plan 5562	1	0	1
	GROUP 011	No	**Yes**	SD Plan 5562	1	0	1
	TEACHERS	Yes	**No**	SD Plan 5562	8	0	8
Bickleton School District Total					**11**	**0**	**11**
Blaine School District	**ADMN**	No	**Yes**	SD Plan 4731	1	0	1
		Yes	**No**	SD Plan 4355	1	0	1
				SD Plan 4731	5	0	5

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					Employees	Dependents	Members
				SD Plan 4732	3	0	3
	BEA	No	**Yes**	SD Plan 3334	3	0	3
				SD Plan 4244	2	0	2
				SD Plan 4254	3	0	3
				SD Plan 4260	2	0	2
				SD Plan 4263	1	0	1
				SD Plan 4266	7	0	7
		Yes	**No**	SD Plan 3330	7	0	7
				SD Plan 3334	14	0	14
				SD Plan 4244	2	0	2
				SD Plan 4254	13	0	13
				SD Plan 4260	5	0	5
				SD Plan 4263	5	0	5
				SD Plan 4266	47	0	47
				SD Plan 4269	10	0	10
				SD Plan 4271	1	0	1
	NREP	No	**Yes**	SD Plan 4712	1	0	1
				SD Plan 4726	1	0	1
				SD Plan 4731	2	0	2
				SD Plan 4732	6	0	6
	SEIU	No	**Yes**	SD Plan 3261	2	0	2
				SD Plan 3332	4	0	4
				SD Plan 3335	5	0	5
				SD Plan 4239	2	0	2
				SD Plan 4245	3	0	3
				SD Plan 4255	12	0	12
				SD Plan 4261	9	0	9
				SD Plan 4264	5	0	5
				SD Plan 4267	39	0	39
				SD Plan 4270	4	0	4
		Yes	**No**	SD Plan 3335	1	0	1
				SD Plan 4267	2	0	2
Blaine School District Total					**230**	**0**	**230**
Boistfort School District	**CERTIFIED**	Yes	**No**	SD Plan 2039	3	1	4
				SD Plan 2988	1	0	1
				SD Plan 5785	2	0	2
				SD Plan 5786	1	0	1
	CLASSIFIED	No	**Yes**	SD Plan 2039	1	1	2
				SD Plan 2040	1	0	1
				SD Plan 5785	2	0	2

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					Employees	Dependents	Members
				SD Plan 5786	2	0	2
				SD Plan 5787	1	3	4
Boistfort School District Total					**14**	**5**	**19**
Bremerton School District	**ABA**	Yes	**No**	SD Plan 0631	1	0	1
				SD Plan 0632	3	0	3
				SD Plan 0633	2	0	2
				SD Plan 0637	1	0	1
				SD Plan 0640	2	0	2
				SD Plan 0641	1	0	1
				SD Plan 0642	4	0	4
	BEA	Yes	**No**	SD Plan 0422	22	0	22
				SD Plan 0491	1	0	1
				SD Plan 0631	25	0	25
				SD Plan 0632	59	0	59
				SD Plan 0633	5	0	5
				SD Plan 0634	7	0	7
				SD Plan 0635	8	0	8
				SD Plan 0637	35	0	35
				SD Plan 0639	15	0	15
				SD Plan 0640	24	0	24
				SD Plan 0641	25	0	25
				SD Plan 0642	44	0	44
	BPEA	No	**Yes**	SD Plan 0422	2	0	2
				SD Plan 0631	3	0	3
				SD Plan 0632	29	0	29
				SD Plan 0633	1	0	1
				SD Plan 0634	3	0	3
				SD Plan 0635	6	0	6
				SD Plan 0637	5	0	5
				SD Plan 0639	15	0	15
				SD Plan 0640	5	0	5
				SD Plan 0641	6	0	6
				SD Plan 0642	24	0	24
	EXADMIN & SUPERVISOR	No	**Yes**	SD Plan 0631	1	0	1
				SD Plan 0632	2	0	2
				SD Plan 0635	1	0	1
				SD Plan 0637	1	0	1
				SD Plan 0639	1	0	1
				SD Plan 0640	1	0	1
				SD Plan 0642	2	0	2

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					Employees	Dependents	Members
		Yes	**No**	SD Plan 0633	1	0	1
				SD Plan 0637	1	0	1
				SD Plan 0639	1	0	1
				SD Plan 0640	1	0	1
				SD Plan 0642	2	0	2
	NON-UNION	No	**Yes**	SD Plan 0422	1	0	1
				SD Plan 0631	1	0	1
				SD Plan 0632	5	0	5
				SD Plan 0635	1	0	1
				SD Plan 0639	2	0	2
				SD Plan 0641	2	0	2
				SD Plan 0642	2	0	2
	SEIU	No	**Yes**	SD Plan 0422	4	0	4
				SD Plan 0631	2	0	2
				SD Plan 0632	14	0	14
				SD Plan 0633	2	0	2
				SD Plan 0634	2	0	2
				SD Plan 0635	2	0	2
				SD Plan 0637	7	0	7
				SD Plan 0639	7	0	7
				SD Plan 0640	3	0	3
				SD Plan 0641	5	0	5
				SD Plan 0642	25	0	25
	WSTSCEA	Yes	**No**	SD Plan 0422	3	0	3
				SD Plan 0631	2	0	2
				SD Plan 0632	1	0	1
				SD Plan 0642	3	0	3
Bremerton School District Total					**494**	**0**	**494**
Brewster School District	**ADMIN**	No	**Yes**	SD Plan 0646	1	0	1
		Yes	**No**	SD Plan 0646	2	2	4
				SD Plan 0652	1	2	3
	CLASSIFI	No	**Yes**	SD Plan 0167	16	6	22
				SD Plan 0168	17	7	24
				SD Plan 0169	3	1	4
				SD Plan 0646	5	0	5
				SD Plan 0649	2	1	3
				SD Plan 0652	6	1	7
		Yes	**No**	SD Plan 0167	1	1	2
	EXEMPT	No	**Yes**	SD Plan 0168	3	2	5
				SD Plan 0646	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 0652	1	0	1
	SUPT	Yes	**No**	SD Plan 0646	1	3	4
	TEACHER	No	**Yes**	SD Plan 0167	1	0	1
				SD Plan 0646	2	0	2
				SD Plan 0659	1	1	2
		Yes	**No**	SD Plan 0167	19	28	47
				SD Plan 0168	10	13	23
				SD Plan 0169	2	5	7
				SD Plan 0646	15	15	30
				SD Plan 0649	3	0	3
				SD Plan 0652	12	1	13
Brewster School District Total					**125**	**89**	**214**
Bridgeport School District	**ADMINISTRATION**	Yes	**No**	SD Plan 0517	1	2	3
				SD Plan 4094	2	0	2
	CERTIFICATED	Yes	**No**	SD Plan 0218	10	6	16
				SD Plan 0219	2	0	2
				SD Plan 0220	4	8	12
				SD Plan 0225	2	4	6
				SD Plan 0516	4	4	8
				SD Plan 0517	1	1	2
				SD Plan 3786	12	18	30
				SD Plan 4094	7	8	15
				SD Plan 4095	3	2	5
	CLASSIFIED	No	**Yes**	SD Plan 0218	8	3	11
				SD Plan 0219	3	3	6
				SD Plan 0220	1	2	3
				SD Plan 0225	1	0	1
				SD Plan 0516	2	0	2
				SD Plan 0517	3	1	4
				SD Plan 3786	5	4	9
				SD Plan 3792	6	5	11
				SD Plan 4094	6	1	7
				SD Plan 4095	5	5	10
Bridgeport School District Total					**88**	**77**	**165**
Brinnon School District	**CERTS**	Yes	**No**	SD Plan 0648	2	0	2
				SD Plan 0651	1	0	1
				SD Plan 0653	2	0	2
	CLASS	No	**Yes**	SD Plan 0647	2	0	2
				SD Plan 0648	2	0	2
				SD Plan 0653	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
	CLASS Pool - Non-Union	No	**Yes**	SD Plan 0652	1	0	1
Brinnon School District Total					**11**	**0**	**11**
Burlington-Edison School District	**ADMINISTRATORS**	No	**Yes**	SD Plan 0396	1	0	1
				SD Plan 0399	1	0	1
		Yes	**No**	SD Plan 0394	1	0	1
				SD Plan 0396	1	0	1
				SD Plan 0399	5	0	5
				SD Plan 0600	4	0	4
				SD Plan 4427	4	0	4
	CERTIFICATED	No	**Yes**	SD Plan 0385	3	0	3
				SD Plan 0391	2	0	2
				SD Plan 0392	1	0	1
				SD Plan 0403	1	0	1
		Yes	**No**	SD Plan 0384	16	0	16
				SD Plan 0385	48	0	48
				SD Plan 0386	2	0	2
				SD Plan 0388	3	0	3
				SD Plan 0389	13	0	13
				SD Plan 0390	13	0	13
				SD Plan 0391	40	0	40
				SD Plan 0392	7	0	7
				SD Plan 0393	25	0	25
				SD Plan 0401	14	0	14
				SD Plan 0403	13	0	13
				SD Plan 0547	3	0	3
				SD Plan 0614	4	0	4
				SD Plan 0615	5	0	5
				SD Plan 0750	11	0	11
				SD Plan 0752	3	0	3
	CLASSIFIED	No	**Yes**	SD Plan 0384	5	0	5
				SD Plan 0385	24	0	24
				SD Plan 0388	1	0	1
				SD Plan 0389	7	0	7
				SD Plan 0390	11	0	11
				SD Plan 0391	35	0	35
				SD Plan 0392	10	0	10
				SD Plan 0393	22	0	22
				SD Plan 0401	9	0	9
				SD Plan 0606	3	0	3
				SD Plan 0607	5	0	5

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					Employees	Dependents	Members
				SD Plan 0609	1	0	1
				SD Plan 0610	6	0	6
				SD Plan 0611	14	0	14
				SD Plan 0614	5	0	5
				SD Plan 0752	4	0	4
	UNAFFILIATED	No	**Yes**	SD Plan 0600	5	0	5
				SD Plan 4427	5	0	5
Burlington-Edison School District Total					**416**	**0**	**416**
Camas School District	**Same Medical Plans Offered - Certs**	Yes	**No**	SD Plan 0656	93	90	183
				SD Plan 0657	6	5	11
				SD Plan 0659	16	32	48
				SD Plan 4372	147	176	323
				SD Plan 4527	84	125	209
				SD Plan 4528	29	46	75
				SD Plan 4529	14	17	31
	Same Medical Plans Offered - Class	No	**Yes**	SD Plan 0656	40	26	66
				SD Plan 0657	3	7	10
				SD Plan 0659	6	7	13
				SD Plan 4372	124	86	210
				SD Plan 4527	47	64	111
				SD Plan 4528	19	31	50
				SD Plan 4529	7	13	20
Camas School District Total					**635**	**725**	**1360**
Cape Flattery School District	**CFEA**	Yes	**No**	SD Plan 0180	4	3	7
				SD Plan 0399	7	3	10
				SD Plan 0600	3	1	4
				SD Plan 0613	3	0	3
				SD Plan 0614	9	5	14
				SD Plan 0615	1	0	1
				SD Plan 0648	2	2	4
				SD Plan 0652	5	2	7
				SD Plan 0743	7	1	8
	NONUNION GRP	No	**Yes**	SD Plan 0182	1	1	2
				SD Plan 0743	2	0	2
		Yes	**No**	SD Plan 0180	1	3	4
				SD Plan 0652	2	2	4
	PSE	No	**Yes**	SD Plan 0180	6	6	12
				SD Plan 0182	3	2	5
				SD Plan 0399	9	2	11
				SD Plan 0600	2	0	2

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					Employees	Dependents	Members
				SD Plan 0614	4	0	4
				SD Plan 0648	6	0	6
				SD Plan 0652	4	0	4
				SD Plan 0743	4	0	4
	SUPT	Yes	**No**	SD Plan 0743	1	1	2
Cape Flattery School District Total					**86**	**34**	**120**
Carbonado School District	**CERTS BENEFITS**	No	**Yes**	SD Plan 0659	1	2	3
		Yes	**No**	SD Plan 4613	3	2	5
				SD Plan 4614	2	0	2
				SD Plan 4615	3	0	3
				SD Plan 4616	1	0	1
	CLASS BENEFITS	No	**Yes**	SD Plan 4613	3	1	4
				SD Plan 4614	1	0	1
				SD Plan 4615	1	0	1
				SD Plan 4616	4	5	9
				SD Plan 6376	1	0	1
Carbonado School District Total					**20**	**10**	**30**
Cascade School District	**ADMINISTRATORS**	Yes	**No**	SD Plan 0256	1	0	1
				SD Plan 0501	1	0	1
				SD Plan 0579	2	0	2
				SD Plan 0580	1	0	1
	CERTIFIED	Yes	**No**	SD Plan 0256	33	0	33
				SD Plan 0257	8	0	8
				SD Plan 0258	1	0	1
				SD Plan 0501	10	0	10
				SD Plan 0579	13	0	13
				SD Plan 0580	1	0	1
				SD Plan 0659	3	0	3
	CLASSIFIED	No	**Yes**	SD Plan 0256	24	0	24
				SD Plan 0257	9	0	9
				SD Plan 0258	4	0	4
				SD Plan 0501	3	0	3
				SD Plan 0579	7	0	7
				SD Plan 0659	2	0	2
	DISTRICT OFFICE	No	**Yes**	SD Plan 0256	3	0	3
				SD Plan 0257	1	0	1
				SD Plan 0501	2	0	2
				SD Plan 0579	1	0	1
Cascade School District Total					**130**	**0**	**130**
Cashmere School District	**ADMIN**	Yes	**No**	SD Plan 0298	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 0579	7	0	7
	CERTIFICATED	No	**Yes**	SD Plan 0298	7	0	7
				SD Plan 0579	22	0	22
				SD Plan 5406	3	0	3
		Yes	**No**	SD Plan 0298	14	0	14
				SD Plan 0579	39	0	39
				SD Plan 5406	9	0	9
	CLASSIFIED	No	**Yes**	SD Plan 0298	8	0	8
				SD Plan 0579	42	0	42
				SD Plan 5406	28	0	28
Cashmere School District Total					**180**	**0**	**180**
Castle Rock School District	**1 Certificated**	Yes	**No**	SD Plan 0250	2	5	7
				SD Plan 3369	25	42	67
				SD Plan 4018	14	23	37
				SD Plan 4022	7	15	22
				SD Plan 4040	2	2	4
				SD Plan 6517	10	22	32
				SD Plan 6519	6	18	24
	2 PSE	No	**Yes**	SD Plan 0250	1	5	6
				SD Plan 3369	28	36	64
				SD Plan 4018	10	14	24
				SD Plan 4022	3	4	7
				SD Plan 4040	5	6	11
				SD Plan 6517	5	9	14
				SD Plan 6519	2	5	7
				SD Plan 6521	3	8	11
	3 Administrators	Yes	**No**	SD Plan 3369	1	4	5
				SD Plan 4018	1	3	4
				SD Plan 6517	2	8	10
				SD Plan 6519	1	4	5
	4 District Office	No	**Yes**	SD Plan 3369	3	7	10
				SD Plan 6517	3	5	8
	5 Superintendent	Yes	**No**	SD Plan 4018	1	1	2
Castle Rock School District Total					**135**	**246**	**381**
Centerville School District	**AIDE FULL**	No	**Yes**	SD Plan 1181	1	1	2
	BUS DRIVER	No	**Yes**	SD Plan 1181	1	1	2
	PARAPROF	No	**Yes**	SD Plan 1181	1	1	2
	PRINCIPAL	Yes	**No**	SD Plan 1181	1	0	1
	SECRETARY	No	**Yes**	SD Plan 1181	1	2	3
	SUPERINTENDENT	Yes	**No**	SD Plan 1181	1	0	1

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					Employees	Dependents	Members
	TEACH FULL	No	**Yes**	SD Plan 1181	1	2	3
		Yes	**No**	SD Plan 1181	3	1	4
Centerville School District Total					**10**	**8**	**18**
Central Kitsap School District	**ADMINISTRATORS**	No	**Yes**	SD Plan 0501	1	0	1
				SD Plan 4360	2	0	2
				SD Plan 4374	3	0	3
				SD Plan 4376	5	0	5
				SD Plan 4378	3	0	3
		Yes	**No**	SD Plan 0501	1	0	1
				SD Plan 4360	2	0	2
				SD Plan 4363	1	0	1
				SD Plan 4374	10	0	10
				SD Plan 4376	8	0	8
				SD Plan 4378	10	0	10
				SD Plan 4380	2	0	2
	CKEA CERTIFICATED	Yes	**No**	SD Plan 0501	28	0	28
				SD Plan 4360	130	0	130
				SD Plan 4363	10	0	10
				SD Plan 4374	109	0	109
				SD Plan 4376	147	0	147
				SD Plan 4378	105	0	105
				SD Plan 4380	13	0	13
	CKESP CLASSIFIED	No	**Yes**	SD Plan 0501	4	0	4
				SD Plan 4360	133	0	133
				SD Plan 4363	4	0	4
				SD Plan 4374	46	0	46
				SD Plan 4376	78	0	78
				SD Plan 4378	151	0	151
				SD Plan 4380	15	0	15
Central Kitsap School District Total					**1021**	**0**	**1021**
Central Valley School District	**Certificated (Admin)**	No	**Yes**	SD Plan 0550	8	0	8
				SD Plan 0551	6	0	6
				SD Plan 0552	6	0	6
				SD Plan 0561	2	0	2
				SD Plan 0562	7	0	7
				SD Plan 0563	6	0	6
				SD Plan 0564	2	0	2
				SD Plan 0566	1	0	1
		Yes	**No**	SD Plan 0550	2	0	2
				SD Plan 0551	2	0	2

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					Employees	Dependents	Members
				SD Plan 0552	1	0	1
				SD Plan 0553	2	0	2
				SD Plan 0561	3	0	3
				SD Plan 0562	6	0	6
				SD Plan 0567	2	0	2
	Certificated (CVEA Teachers)	Yes	**No**	SD Plan 0550	133	0	133
				SD Plan 0554	161	0	161
				SD Plan 0555	115	0	115
				SD Plan 0556	246	0	246
				SD Plan 0557	123	0	123
				SD Plan 0559	17	0	17
				SD Plan 0560	22	0	22
				SD Plan 5825	14	0	14
	Child Care Classified	No	**Yes**	SD Plan 0553	1	0	1
	CLASSIFIED	No	**Yes**	SD Plan 0550	83	0	83
				SD Plan 0551	121	0	121
				SD Plan 0552	109	0	109
				SD Plan 0553	13	0	13
				SD Plan 0561	24	0	24
				SD Plan 0562	36	0	36
				SD Plan 0563	67	0	67
				SD Plan 0564	43	0	43
				SD Plan 0566	3	0	3
				SD Plan 0567	2	0	2
				SD Plan 4487	5	0	5
				SD Plan 5269	1	0	1
				SD Plan 5270	8	0	8
				SD Plan 5271	6	0	6
Central Valley School District Total					**1409**	**0**	**1409**
Centralia School District	**DO ADMINISTRATORS**	No	**Yes**	SD Plan 6207	1	1	2
		Yes	**No**	SD Plan 4886	1	0	1
				SD Plan 6216	3	6	9
	ELEM SECRETARIES	No	**Yes**	SD Plan 6291	5	10	15
	EXEMPT	No	**Yes**	SD Plan 6216	2	5	7
				SD Plan 6291	6	12	18
				SD Plan 6330	1	2	3
	FULL TIME TEAMSTERS	No	**Yes**	SD Plan 6207	3	3	6
				SD Plan 6216	5	5	10
				SD Plan 6242	7	8	15
				SD Plan 6291	19	35	54

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 6330	1	5	6
	PART TIME TEAMSTERS	No	**Yes**	SD Plan 4886	4	0	4
				SD Plan 6207	14	21	35
				SD Plan 6216	5	8	13
				SD Plan 6242	5	5	10
				SD Plan 6291	47	89	136
				SD Plan 6330	3	5	8
	PRINCIPALS	Yes	**No**	SD Plan 6207	4	7	11
				SD Plan 6216	2	9	11
				SD Plan 6242	1	1	2
				SD Plan 6291	4	12	16
	PSE	No	**Yes**	SD Plan 4886	1	0	1
				SD Plan 6207	6	7	13
				SD Plan 6216	5	6	11
				SD Plan 6242	4	6	10
				SD Plan 6291	22	41	63
				SD Plan 6330	3	3	6
	SUPERVISORS	No	**Yes**	SD Plan 6291	2	5	7
	TEACHERS	No	**Yes**	SD Plan 6291	1	1	2
		Yes	**No**	SD Plan 4886	9	0	9
				SD Plan 6207	46	76	122
				SD Plan 6216	30	50	80
				SD Plan 6242	21	32	53
				SD Plan 6291	79	202	281
				SD Plan 6330	5	15	20
Centralia School District Total					**377**	**693**	**1070**
Chehalis School District	**ADMIN. BUILDING 1**	No	**Yes**	SD Plan 3504	8	5	13
				SD Plan 3507	1	4	5
				SD Plan 3526	2	0	2
				SD Plan 3532	1	2	3
				SD Plan 3536	1	0	1
	ADMINISTRATORS	No	**Yes**	SD Plan 3526	1	2	3
				SD Plan 3532	1	0	1
		Yes	**No**	SD Plan 3504	1	3	4
				SD Plan 3526	5	10	15
				SD Plan 3532	3	3	6
				SD Plan 3536	6	0	6
	CUSTODIANS	No	**Yes**	SD Plan 3504	8	1	9
				SD Plan 3507	5	6	11
				SD Plan 3526	3	1	4

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					Employees	Dependents	Members
				SD Plan 3532	2	1	3
	EDUCATIONAL PARAPROFE	No	**Yes**	SD Plan 3504	14	13	27
				SD Plan 3507	10	6	16
				SD Plan 3511	6	11	17
				SD Plan 3526	12	13	25
				SD Plan 3532	14	4	18
				SD Plan 3536	4	2	6
				SD Plan 3539	1	0	1
	FOOD SERVICE	No	**Yes**	SD Plan 3504	3	3	6
				SD Plan 3507	2	3	5
				SD Plan 3526	3	0	3
	TEACHERS	No	**Yes**	SD Plan 3504	10	9	19
				SD Plan 3507	1	2	3
				SD Plan 3511	1	0	1
				SD Plan 3526	6	8	14
				SD Plan 3532	4	4	8
				SD Plan 3536	1	0	1
				SD Plan 3539	1	4	5
		Yes	**No**	SD Plan 3504	55	65	120
				SD Plan 3507	16	16	32
				SD Plan 3511	2	3	5
				SD Plan 3526	39	28	67
				SD Plan 3532	19	17	36
				SD Plan 3536	4	3	7
				SD Plan 3539	7	17	24
	TEMP/CASUAL TEAMSTERS	No	**Yes**	SD Plan 3504	13	8	21
				SD Plan 3507	1	0	1
				SD Plan 3532	2	4	6
				SD Plan 3539	1	1	2
	TRANSPORTATION	No	**Yes**	SD Plan 3504	3	1	4
				SD Plan 3511	1	0	1
				SD Plan 3526	1	0	1
				SD Plan 3532	2	0	2
				SD Plan 3536	1	0	1
Chehalis School District Total					**308**	**283**	**591**
Cheney School District	**No Benefits Offered - Certificated**	Yes	**No**	SD Plan 0260	26	0	26
				SD Plan 0261	15	0	15
				SD Plan 0262	12	0	12
				SD Plan 0263	45	0	45
				SD Plan 0264	41	0	41

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					Employees	Dependents	Members
				SD Plan 0267	57	0	57
				SD Plan 0273	1	0	1
				SD Plan 0274	9	0	9
				SD Plan 0276	62	0	62
				SD Plan 0277	1	0	1
				SD Plan 0278	13	0	13
				SD Plan 0281	1	0	1
				SD Plan 0284	3	0	3
				SD Plan 6656	11	0	11
	No Benefits Offered - Classified	No	**Yes**	SD Plan 0260	10	0	10
				SD Plan 0261	12	0	12
				SD Plan 0262	9	0	9
				SD Plan 0263	16	0	16
				SD Plan 0264	36	0	36
				SD Plan 0267	37	0	37
				SD Plan 0273	1	0	1
				SD Plan 0274	1	0	1
				SD Plan 0276	38	0	38
				SD Plan 0277	1	0	1
				SD Plan 0278	7	0	7
				SD Plan 0281	2	0	2
				SD Plan 0285	1	0	1
				SD Plan 3326	1	0	1
				SD Plan 6656	9	0	9
Cheney School District Total					**478**	**0**	**478**
Chewelah School District	**ADMIN**	Yes	**No**	SD Plan 0433	1	0	1
				SD Plan 0638	1	4	5
	CEA	Yes	**No**	SD Plan 0287	13	12	25
				SD Plan 0433	6	9	15
				SD Plan 0637	6	5	11
				SD Plan 0638	26	24	50
	CPEA	No	**Yes**	SD Plan 0287	3	0	3
				SD Plan 0433	4	2	6
				SD Plan 0638	25	12	37
	UNREP	No	**Yes**	SD Plan 0433	3	2	5
				SD Plan 0637	1	2	3
				SD Plan 0638	2	2	4
Chewelah School District Total					**91**	**74**	**165**
Chimacum School District	**CLASSIFIED**	No	**Yes**	SD Plan 0303	7	0	7
				SD Plan 0304	9	3	12

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					Employees	Dependents	Members
				SD Plan 0305	5	4	9
				SD Plan 0306	5	2	7
	CUSTODIANS	No	**Yes**	SD Plan 0482	9	8	17
	EXEMPT	No	**Yes**	SD Plan 0303	4	2	6
				SD Plan 0304	2	1	3
				SD Plan 0305	4	3	7
				SD Plan 0306	1	0	1
		Yes	**No**	SD Plan 0303	1	0	1
	PRINCIPALS	Yes	**No**	SD Plan 0303	2	2	4
				SD Plan 0304	2	3	5
				SD Plan 0305	1	1	2
	TEACHERS	No	**Yes**	SD Plan 0303	1	0	1
				SD Plan 0304	3	4	7
				SD Plan 0306	1	0	1
				SD Plan 0307	1	1	2
		Yes	**No**	SD Plan 0303	15	15	30
				SD Plan 0304	15	10	25
				SD Plan 0305	9	7	16
				SD Plan 0306	10	13	23
				SD Plan 0307	1	0	1
				SD Plan 0308	2	2	4
	TEAMSTERS	No	**Yes**	SD Plan 0303	2	0	2
				SD Plan 0304	1	0	1
				SD Plan 0305	2	2	4
				SD Plan 0306	3	2	5
				SD Plan 0308	1	0	1
Chimacum School District Total					**119**	**85**	**204**
Clarkston School District	**CCA**	No	**Yes**	SD Plan 0091	5	0	5
				SD Plan 0227	33	0	33
				SD Plan 0526	16	0	16
		Yes	**No**	SD Plan 0227	2	0	2
	CEA	No	**Yes**	SD Plan 0091	5	0	5
				SD Plan 0227	8	0	8
				SD Plan 0526	3	0	3
				SD Plan 2069	1	0	1
		Yes	**No**	SD Plan 0091	21	0	21
				SD Plan 0227	45	0	45
				SD Plan 0526	50	0	50
				SD Plan 2069	1	0	1
	IUOE	No	**Yes**	SD Plan 0115	10	0	10

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					Employees	Dependents	Members
				SD Plan 0396	16	0	16
				SD Plan 0494	5	0	5
				SD Plan 2817	12	0	12
	NON REP	No	**Yes**	SD Plan 0091	3	0	3
				SD Plan 0227	14	0	14
				SD Plan 0526	11	0	11
				SD Plan 2069	1	0	1
		Yes	**No**	SD Plan 0091	1	0	1
				SD Plan 0227	10	0	10
				SD Plan 0526	2	0	2
Clarkston School District Total					**275**	**0**	**275**
Cle Elum-Roslyn School District	**CLASSIFIED**	No	**Yes**	SD Plan 2134	55	72	127
				SD Plan 5483	7	0	7
	Teacher Benefits	Yes	**No**	SD Plan 2132	3	3	6
				SD Plan 2133	16	14	30
				SD Plan 3889	9	9	18
				SD Plan 3890	1	0	1
				SD Plan 3891	15	8	23
				SD Plan 3892	7	5	12
				SD Plan 3894	2	1	3
Cle Elum-Roslyn School District Total					**115**	**112**	**227**
Clover Park School District	**CPEA**	Yes	**No**	SD Plan 0505	209	113	322
				SD Plan 0506	147	120	267
				SD Plan 0507	89	53	142
				SD Plan 0508	82	72	154
				SD Plan 0509	34	50	84
				SD Plan 0510	13	18	31
				SD Plan 0511	10	19	29
				SD Plan 0512	113	62	175
	DIRECTOR CL	No	**Yes**	SD Plan 0505	3	1	4
				SD Plan 0506	2	3	5
				SD Plan 0507	1	0	1
				SD Plan 0509	1	1	2
				SD Plan 0511	1	1	2
	ESPCP	No	**Yes**	SD Plan 0505	92	34	126
				SD Plan 0506	62	34	96
				SD Plan 0507	68	16	84
				SD Plan 0508	35	33	68
				SD Plan 0509	13	12	25
				SD Plan 0510	6	1	7

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 0511	4	3	7
				SD Plan 0512	66	23	89
	IUOE	No	**Yes**	SD Plan 0505	15	2	17
				SD Plan 0506	14	12	26
				SD Plan 0507	18	1	19
				SD Plan 0508	9	27	36
				SD Plan 0509	4	8	12
				SD Plan 0510	1	2	3
				SD Plan 0511	1	4	5
				SD Plan 0512	14	3	17
	NB CERT	Yes	**No**	SD Plan 0505	7	7	14
				SD Plan 0506	1	0	1
				SD Plan 0507	1	0	1
				SD Plan 0508	3	7	10
				SD Plan 0509	3	3	6
				SD Plan 0511	2	6	8
				SD Plan 0512	1	0	1
	NB CLS	No	**Yes**	SD Plan 0505	13	9	22
				SD Plan 0506	5	3	8
				SD Plan 0507	6	5	11
				SD Plan 0508	5	8	13
				SD Plan 0509	4	6	10
				SD Plan 0511	2	8	10
				SD Plan 0512	5	4	9
	PRINC	Yes	**No**	SD Plan 0505	12	9	21
				SD Plan 0506	5	8	13
				SD Plan 0507	7	5	12
				SD Plan 0508	4	9	13
				SD Plan 0509	5	13	18
				SD Plan 0511	1	3	4
				SD Plan 0512	2	6	8
Clover Park School District Total					**1221**	**847**	**2068**
Colfax School District	**Administration Certificated**	Yes	**No**	SD Plan 0151	1	6	7
				SD Plan 0423	1	7	8
				SD Plan 0428	1	0	1
	Administration Classified	No	**Yes**	SD Plan 0428	2	0	2
				SD Plan 2216	2	6	8
	CERTIFICATED	No	**Yes**	SD Plan 1318	2	2	4
				SD Plan 4667	1	1	2
		Yes	**No**	SD Plan 0151	1	1	2

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					Employees	Dependents	Members
				SD Plan 0423	4	8	12
				SD Plan 0428	12	7	19
				SD Plan 1318	3	3	6
				SD Plan 3009	2	2	4
				SD Plan 4667	12	18	30
	CLASSIFIED	No	**Yes**	SD Plan 0637	14	6	20
				SD Plan 0639	4	1	5
				SD Plan 4442	2	3	5
Colfax School District Total					**64**	**71**	**135**
College Place School District	**Cert Admin**	Yes	**No**	SD Plan 0370	1	0	1
				SD Plan 0372	2	4	6
				SD Plan 0373	1	0	1
				SD Plan 0374	1	2	3
				SD Plan 0376	1	2	3
	Class Admin	No	**Yes**	SD Plan 0371	2	0	2
				SD Plan 0372	1	2	3
	Faculty	Yes	**No**	SD Plan 0370	1	0	1
				SD Plan 0371	1	0	1
				SD Plan 0372	21	25	46
				SD Plan 0373	15	10	25
				SD Plan 0374	22	23	45
				SD Plan 0375	15	16	31
				SD Plan 0376	2	3	5
				SD Plan 2476	2	3	5
	Full Time	No	**Yes**	SD Plan 0370	2	0	2
				SD Plan 0372	1	1	2
				SD Plan 0373	2	0	2
				SD Plan 0374	2	0	2
				SD Plan 0375	2	3	5
	Reg Part-Time	No	**Yes**	SD Plan 0370	1	0	1
				SD Plan 0372	5	0	5
				SD Plan 0373	7	2	9
				SD Plan 0374	7	1	8
				SD Plan 0375	10	4	14
				SD Plan 0376	2	0	2
				SD Plan 2476	1	0	1
	SUPERINTENDENT	Yes	**No**	SD Plan 0372	1	4	5
College Place School District Total					**131**	**105**	**236**
Colton School District	**ADMINISTRATION**	Yes	**No**	SD Plan 0749	1	3	4
	CERTIFICATED	Yes	**No**	SD Plan 0749	10	13	23

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					Employees	Dependents	Members
				SD Plan 0750	3	0	3
	CLASSIFIED	No	**Yes**	SD Plan 0749	4	2	6
				SD Plan 0750	1	2	3
Colton School District Total					**19**	**20**	**39**
Columbia (Stevens) School District	**Certificated Employees**	No	**Yes**	SD Plan 0518	1	3	4
		Yes	**No**	SD Plan 0516	4	0	4
				SD Plan 0518	4	5	9
				SD Plan 0659	1	0	1
				SD Plan 4335	3	2	5
	Classified Employees	No	**Yes**	SD Plan 0516	1	0	1
				SD Plan 0517	4	2	6
				SD Plan 0518	2	0	2
				SD Plan 0519	2	2	4
				SD Plan 4335	1	0	1
Columbia (Stevens) School District Total					**23**	**14**	**37**
Columbia (Walla Walla) School District	**CERT FULL TIME**	Yes	**No**	SD Plan 0330	2	1	3
				SD Plan 0333	2	2	4
				SD Plan 0338	12	8	20
				SD Plan 0339	1	1	2
				SD Plan 0340	1	1	2
				SD Plan 0342	6	6	12
				SD Plan 0354	2	1	3
				SD Plan 0356	4	4	8
				SD Plan 0357	3	3	6
				SD Plan 0358	4	3	7
				SD Plan 0554	5	5	10
				SD Plan 0555	1	1	2
				SD Plan 3732	1	1	2
	CERT PART TIME	Yes	**No**	SD Plan 0354	2	2	4
	CLASS FULL TIME	No	**Yes**	SD Plan 0338	5	4	9
				SD Plan 0339	1	1	2
				SD Plan 0342	1	0	1
				SD Plan 0355	1	1	2
				SD Plan 0554	1	1	2
	CLASS PART TIME	No	**Yes**	SD Plan 0330	1	1	2
				SD Plan 0333	1	1	2
				SD Plan 0338	5	4	9
				SD Plan 0342	4	4	8
				SD Plan 0343	2	1	3
				SD Plan 0344	1	1	2

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 0354	7	5	12
				SD Plan 0355	1	1	2
				SD Plan 0554	2	2	4
				SD Plan 0555	2	2	4
				SD Plan 0559	1	1	2
	PRIN/ADMIN	Yes	**No**	SD Plan 0339	1	1	2
				SD Plan 0340	3	3	6
	SUPERINTENDENT	Yes	**No**	SD Plan 0339	1	1	2
Columbia (Walla Walla) School District Total					**87**	**74**	**161**
Colville School District	**CAEOP 205 DAY**	No	**Yes**	SD Plan 1217	2	0	2
				SD Plan 1218	1	0	1
				SD Plan 1223	2	0	2
				SD Plan 1224	3	0	3
	CAEOP 260 DAY	No	**Yes**	SD Plan 1229	1	0	1
	CEA 183 DAY	No	**Yes**	SD Plan 1215	1	0	1
				SD Plan 1216	2	0	2
				SD Plan 1217	6	0	6
				SD Plan 1218	1	0	1
				SD Plan 1219	1	0	1
				SD Plan 1222	2	0	2
				SD Plan 1223	1	0	1
				SD Plan 1224	6	0	6
				SD Plan 1225	1	0	1
				SD Plan 1226	1	0	1
				SD Plan 3550	1	0	1
		Yes	**No**	SD Plan 1215	8	0	8
				SD Plan 1216	6	0	6
				SD Plan 1217	7	0	7
				SD Plan 1218	7	0	7
				SD Plan 1222	2	0	2
				SD Plan 1223	15	0	15
				SD Plan 1224	10	0	10
				SD Plan 1225	6	0	6
				SD Plan 1227	1	0	1
				SD Plan 1229	1	0	1
				SD Plan 3550	2	0	2
	CEA 188 DAY	Yes	**No**	SD Plan 1215	1	0	1
				SD Plan 1222	1	0	1
	CEA 193 DAY	Yes	**No**	SD Plan 1217	1	0	1
	CERT ADM 204 DY	No	**Yes**	SD Plan 1217	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
		Yes	**No**	SD Plan 1218	1	0	1
				SD Plan 1224	2	0	2
	CERT ADM 215 DY	No	**Yes**	SD Plan 1217	1	0	1
		Yes	**No**	SD Plan 1226	1	0	1
	CERT ADM 220 DY	Yes	**No**	SD Plan 1224	1	0	1
	CERT ADM 260 DY	No	**Yes**	SD Plan 1223	1	0	1
	CLASS INACTIVE	No	**Yes**	SD Plan 1227	1	0	1
	CLASS N/R 1.0	No	**Yes**	SD Plan 1216	1	0	1
				SD Plan 1217	2	0	2
				SD Plan 1222	2	0	2
				SD Plan 1223	4	0	4
				SD Plan 1224	5	0	5
				SD Plan 1225	2	0	2
	CLASS N/R 215DY	No	**Yes**	SD Plan 1222	1	0	1
	MAIL CARRIER	No	**Yes**	SD Plan 1217	1	0	1
	PSE P/E & N/S	No	**Yes**	SD Plan 1215	4	0	4
				SD Plan 1216	3	0	3
				SD Plan 1217	2	0	2
				SD Plan 1218	3	0	3
				SD Plan 1220	2	0	2
				SD Plan 1222	1	0	1
				SD Plan 1223	1	0	1
				SD Plan 1224	9	0	9
				SD Plan 1225	1	0	1
				SD Plan 1226	1	0	1
				SD Plan 1229	1	0	1
				SD Plan 3550	3	0	3
	PSE-CUST	No	**Yes**	SD Plan 1216	2	0	2
				SD Plan 1217	5	0	5
				SD Plan 1224	1	0	1
	SUPERINTENDENT	Yes	**No**	SD Plan 1227	1	0	1
Colville School District Total					**167**	**0**	**167**
Concrete School District	**CERTIFIED**	Yes	**No**	SD Plan 0328	2	1	3
				SD Plan 0329	2	2	4
				SD Plan 0747	2	1	3
				SD Plan 0749	27	18	45
	CERTIFIED ADMIN	Yes	**No**	SD Plan 0749	3	2	5
	CLASSIFIED	No	**Yes**	SD Plan 0149	2	0	2
				SD Plan 0326	1	1	2
				SD Plan 0749	14	5	19

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 4251	3	2	5
				SD Plan 6954	4	2	6
	CLASSIFIED ADMIN	No	**Yes**	SD Plan 0749	3	0	3
Concrete School District Total					**63**	**34**	**97**
Conway School District	**Cert Admin**	Yes	**No**	SD Plan 5394	2	0	2
	CERTIFICATED	No	**Yes**	SD Plan 0369	6	0	6
		Yes	**No**	SD Plan 0369	17	0	17
	CLASSIFIED	No	**Yes**	SD Plan 0369	15	0	15
				SD Plan 5394	3	0	3
Conway School District Total					**43**	**0**	**43**
Cosmopolis School District	**CLASSIFIED/12**	No	**Yes**	SD Plan 0319	1	0	1
	CLASSIFIED/9	No	**Yes**	SD Plan 0319	1	0	1
				SD Plan 4168	4	1	5
				SD Plan 4169	3	4	7
	SUPERINTENDENT	Yes	**No**	SD Plan 2150	1	0	1
	TEACHER	Yes	**No**	SD Plan 0321	1	0	1
				SD Plan 2150	1	0	1
				SD Plan 4168	6	9	15
				SD Plan 4169	1	0	1
				SD Plan 5763	1	0	1
Cosmopolis School District Total					**20**	**14**	**34**
Coulee-Hartline School District	**CLASSIFIED**	No	**Yes**	SD Plan 0420	9	5	14
				SD Plan 0421	1	0	1
				SD Plan 5483	2	0	2
	CLASSIFIED ADM	No	**Yes**	SD Plan 0420	2	1	3
	PRINCIPAL	No	**Yes**	SD Plan 0420	1	1	2
	SUPERINTENDENT	Yes	**No**	SD Plan 0420	1	1	2
	TEACHER	Yes	**No**	SD Plan 0420	16	11	27
				SD Plan 5483	1	0	1
Coulee-Hartline School District Total					**33**	**19**	**52**
Coupeville School District	**ADMINISTRATOR**	No	**Yes**	SD Plan 0571	1	0	1
		Yes	**No**	SD Plan 0533	3	3	6
	CEA-TEACHERS	Yes	**No**	SD Plan 0529	1	0	1
				SD Plan 0530	4	3	7
				SD Plan 0531	4	0	4
				SD Plan 0532	9	1	10
				SD Plan 0533	18	10	28
				SD Plan 0571	18	7	25
	CESA-CLASSIFIED	No	**Yes**	SD Plan 0529	1	0	1
				SD Plan 0530	5	4	9

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 0531	3	0	3
				SD Plan 0532	5	0	5
				SD Plan 0533	2	2	4
				SD Plan 0571	10	3	13
	NONREPS	No	**Yes**	SD Plan 0530	1	1	2
				SD Plan 0532	2	0	2
				SD Plan 0533	1	0	1
	TEAMSTERS-BUS DRIVERS	No	**Yes**	SD Plan 0530	1	0	1
				SD Plan 0532	2	1	3
				SD Plan 0571	1	0	1
Coupeville School District Total					**92**	**35**	**127**
Crescent School District	**ADMINISTRATORS**	Yes	**No**	SD Plan 2311	2	3	5
	CEA CERTIFICATED	No	**Yes**	SD Plan 0523	1	0	1
				SD Plan 2311	1	0	1
		Yes	**No**	SD Plan 0523	2	0	2
				SD Plan 0524	1	2	3
				SD Plan 0526	2	1	3
				SD Plan 2311	10	15	25
				SD Plan 3179	2	1	3
	NON-REPRESENTED	No	**Yes**	SD Plan 0523	1	0	1
				SD Plan 0524	2	2	4
				SD Plan 2311	3	5	8
	PSE CLASSIFIED	No	**Yes**	SD Plan 0524	1	0	1
				SD Plan 2311	8	4	12
Crescent School District Total					**36**	**33**	**69**
Creston School District	**Cert Admin**	No	**Yes**	SD Plan 2950	1	0	1
	CERT MONTHLY	No	**Yes**	SD Plan 2950	4	0	4
		Yes	**No**	SD Plan 2950	9	0	9
	CLASSIFIED HRLY	No	**Yes**	SD Plan 2950	12	0	12
Creston School District Total					**26**	**0**	**26**
Curlew School District	**CERT TEACHER**	No	**Yes**	SD Plan 1244	1	1	2
				SD Plan 1245	1	0	1
				SD Plan 1246	1	2	3
				SD Plan 1247	2	0	2
				SD Plan 1249	1	1	2
		Yes	**No**	SD Plan 1245	1	3	4
				SD Plan 1246	2	0	2
				SD Plan 1247	1	0	1
				SD Plan 1248	4	4	8
				SD Plan 1249	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 4464	1	0	1
	CERTIFIED ADMIN	Yes	**No**	SD Plan 1246	1	5	6
	CLASS HOURLY	No	**Yes**	SD Plan 1244	2	0	2
				SD Plan 1245	3	1	4
				SD Plan 1247	2	0	2
				SD Plan 1248	1	1	2
				SD Plan 1249	1	0	1
	CLASSIFIED	No	**Yes**	SD Plan 1245	1	0	1
				SD Plan 1249	1	0	1
	CLASSIFIED ADMIN	No	**Yes**	SD Plan 1246	1	0	1
Curlew School District Total					**29**	**18**	**47**
Cusick School District	**CERTIFICATED STAFF**	Yes	**No**	SD Plan 0950	4	7	11
				SD Plan 3464	1	1	2
				SD Plan 3492	14	10	24
				SD Plan 3493	1	2	3
	CLASSIFIED NON-REPRESENTED	No	**Yes**	SD Plan 3706	2	0	2
	CLASSIFIED STAFF	No	**Yes**	SD Plan 0020	2	0	2
				SD Plan 0021	1	3	4
				SD Plan 0023	3	5	8
				SD Plan 3701	2	1	3
				SD Plan 3713	2	1	3
				SD Plan 3717	2	6	8
				SD Plan 3719	2	2	4
	TEAMSTERS BUS DRIVERS	No	**Yes**	SD Plan 0023	1	0	1
				SD Plan 3720	1	2	3
Cusick School District Total					**38**	**40**	**78**
Damman School District	**Certificated Employees**	Yes	**No**	SD Plan 0218	1	1	2
				SD Plan 0656	1	0	1
				SD Plan 0658	1	0	1
	Classified Employees	No	**Yes**	SD Plan 0218	1	0	1
				SD Plan 6369	1	0	1
Damman School District Total					**5**	**1**	**6**
Darrington School District	**CLASS EXEMPT**	No	**Yes**	SD Plan 0746	1	2	3
	CUST/MTNC/GRNDS	No	**Yes**	SD Plan 0500	1	0	1
				SD Plan 0578	2	0	2
				SD Plan 0579	1	0	1
	FOOD SERVICE	No	**Yes**	SD Plan 0579	2	0	2
	INST. ASST.	No	**Yes**	SD Plan 0500	5	0	5
				SD Plan 0578	6	0	6
				SD Plan 0579	2	0	2

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
	PRINCIPAL	Yes	**No**	SD Plan 0542	1	3	4
				SD Plan 0746	1	0	1
	SECRETARY	No	**Yes**	SD Plan 0500	2	0	2
				SD Plan 0578	1	0	1
	SUPERINTENDENT	Yes	**No**	SD Plan 0746	1	5	6
	TEACHER	No	**Yes**	SD Plan 0500	2	0	2
				SD Plan 0579	2	0	2
		Yes	**No**	SD Plan 0500	11	0	11
				SD Plan 0501	1	0	1
				SD Plan 0578	11	0	11
	TECHNOLOGY	No	**Yes**	SD Plan 0578	1	0	1
	TRANSPORTATION	No	**Yes**	SD Plan 0500	1	0	1
				SD Plan 0579	2	0	2
Darrington School District Total					**57**	**10**	**67**
Davenport School District	**ADMIN POOL**	No	**Yes**	SD Plan 2040	2	0	2
				SD Plan 2042	3	0	3
		Yes	**No**	SD Plan 2039	2	0	2
				SD Plan 2042	1	0	1
	Certificated Pool	Yes	**No**	SD Plan 2039	10	0	10
				SD Plan 2040	8	0	8
				SD Plan 2041	1	0	1
				SD Plan 2042	18	0	18
	Classified Pool	No	**Yes**	SD Plan 2039	9	0	9
				SD Plan 2040	4	0	4
				SD Plan 2042	16	0	16
				SD Plan 3683	1	0	1
		Yes	**No**	SD Plan 2042	1	0	1
Davenport School District Total					**76**	**0**	**76**
Dayton School District	**CUSTODIAN POOLING**	No	**Yes**	SD Plan 0460	1	1	2
	NON-REPRESENTED POOL	No	**Yes**	SD Plan 0443	1	1	2
				SD Plan 0453	5	0	5
				SD Plan 0455	1	1	2
				SD Plan 0468	4	0	4
				SD Plan 0470	1	1	2
				SD Plan 0471	1	1	2
				SD Plan 0474	1	1	2
				SD Plan 0511	1	1	2
		Yes	**No**	SD Plan 0472	1	0	1
	SUPERINTENDENT	Yes	**No**	SD Plan 0436	1	1	2
	TEACHERS POOL	No	**Yes**	SD Plan 0434	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 0436	1	1	2
				SD Plan 0437	1	1	2
				SD Plan 0443	1	1	2
		Yes	**No**	SD Plan 0434	2	0	2
				SD Plan 0448	2	0	2
				SD Plan 0450	1	1	2
				SD Plan 0451	1	1	2
				SD Plan 0457	1	1	2
				SD Plan 0458	1	1	2
				SD Plan 0464	1	1	2
				SD Plan 0468	2	0	2
				SD Plan 0471	1	1	2
				SD Plan 0472	2	0	2
				SD Plan 0474	1	1	2
				SD Plan 0479	1	1	2
Dayton School District Total					**38**	**19**	**57**
Deer Park School District	**CERTIFICATED**	No	**Yes**	SD Plan 0489	7	9	16
				SD Plan 0491	10	20	30
				SD Plan 0492	4	2	6
				SD Plan 0527	6	4	10
				SD Plan 3345	6	4	10
				SD Plan 3347	5	2	7
		Yes	**No**	SD Plan 0489	8	10	18
				SD Plan 0491	22	50	72
				SD Plan 0492	12	5	17
				SD Plan 0493	5	4	9
				SD Plan 0527	19	22	41
				SD Plan 3345	20	15	35
				SD Plan 3347	6	3	9
	DISTRICT OFFICE ADMIN	No	**Yes**	SD Plan 3345	1	2	3
				SD Plan 3347	1	2	3
		Yes	**No**	SD Plan 0492	1	0	1
				SD Plan 3347	1	2	3
	NON-REP CLASSIFIED	No	**Yes**	SD Plan 0489	1	0	1
				SD Plan 0491	8	11	19
				SD Plan 0492	9	8	17
				SD Plan 0493	1	1	2
				SD Plan 0527	2	7	9
				SD Plan 0631	1	2	3
				SD Plan 3345	3	4	7

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 3347	1	0	1
	PRINCIPALS/DIRECTORS	Yes	**No**	SD Plan 0489	1	0	1
				SD Plan 0491	2	7	9
				SD Plan 0492	1	0	1
				SD Plan 0527	1	4	5
				SD Plan 3347	1	1	2
	PSE 1	No	**Yes**	SD Plan 0489	3	0	3
				SD Plan 0491	22	12	34
				SD Plan 0492	1	0	1
				SD Plan 0493	1	0	1
				SD Plan 0527	2	4	6
				SD Plan 3345	3	0	3
				SD Plan 3347	4	0	4
	PSE 2 PARAS	No	**Yes**	SD Plan 0489	1	0	1
				SD Plan 0491	19	4	23
				SD Plan 0492	2	3	5
				SD Plan 0493	3	6	9
				SD Plan 0527	1	0	1
				SD Plan 3345	4	0	4
				SD Plan 3347	2	0	2
Deer Park School District Total					**234**	**230**	**464**
Dieringer School District	**Class Admin**	No	**Yes**	SD Plan 1841	2	0	2
				SD Plan 1850	1	2	3
				SD Plan 2668	1	0	1
				SD Plan 2879	5	5	10
				SD Plan 3135	2	1	3
		Yes	**No**	SD Plan 1848	1	5	6
				SD Plan 2879	1	3	4
				SD Plan 3135	3	6	9
	Classified Union DCPEA	No	**Yes**	SD Plan 1841	10	6	16
				SD Plan 1846	1	0	1
				SD Plan 2668	2	3	5
				SD Plan 2772	2	5	7
				SD Plan 2879	11	21	32
				SD Plan 3135	11	25	36
	IOE-FULL TIME	No	**Yes**	SD Plan 0294	1	0	1
				SD Plan 1841	1	0	1
				SD Plan 1846	2	1	3
				SD Plan 1853	2	2	4
				SD Plan 2668	4	1	5

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 2817	2	1	3
				SD Plan 2879	2	0	2
				SD Plan 3135	2	1	3
	TEACHERS	Yes	**No**	SD Plan 0294	2	2	4
				SD Plan 1841	19	14	33
				SD Plan 1842	3	6	9
				SD Plan 1846	1	0	1
				SD Plan 2668	10	7	17
				SD Plan 2772	1	4	5
				SD Plan 2879	34	29	63
				SD Plan 3135	11	18	29
Dieringer School District Total					**150**	**168**	**318**
Dixie School District	**BUS DRIVER**	No	**Yes**	SD Plan 1178	2	0	2
	BUSINESS MGR	No	**Yes**	SD Plan 1178	1	0	1
	FOOD SERVICE	No	**Yes**	SD Plan 1178	1	1	2
	PARA PRO	No	**Yes**	SD Plan 1178	1	1	2
	TEACHER	Yes	**No**	SD Plan 1178	1	0	1
Dixie School District Total					**6**	**2**	**8**
East Valley School District (Spokane)	**Cent Off Cert**	Yes	**No**	SD Plan 0131	1	0	1
				SD Plan 0133	1	0	1
				SD Plan 0139	1	0	1
	Class Admin	No	**Yes**	SD Plan 0131	2	0	2
				SD Plan 0133	3	0	3
				SD Plan 0139	1	0	1
				SD Plan 0295	2	0	2
	CO Class <260	No	**Yes**	SD Plan 0139	1	0	1
	CO Classified	No	**Yes**	SD Plan 0131	3	0	3
				SD Plan 0133	1	0	1
				SD Plan 0139	4	0	4
				SD Plan 0296	3	0	3
	EVAA Principals	Yes	**No**	SD Plan 0131	5	0	5
				SD Plan 0133	2	0	2
				SD Plan 0139	3	0	3
				SD Plan 0295	1	0	1
				SD Plan 0296	5	0	5
				SD Plan 0583	1	0	1
	Maintenance	No	**Yes**	SD Plan 0131	1	0	1
				SD Plan 0139	1	0	1
				SD Plan 0295	1	0	1
				SD Plan 0296	6	0	6

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 0583	1	0	1
	MECHANICS	No	**Yes**	SD Plan 0295	1	0	1
				SD Plan 0583	1	0	1
	PSE CLASSIFIED	No	**Yes**	SD Plan 0131	17	0	17
				SD Plan 0133	20	0	20
				SD Plan 0139	46	0	46
				SD Plan 0295	2	0	2
				SD Plan 0296	33	0	33
				SD Plan 0583	2	0	2
	PSE Custodians	No	**Yes**	SD Plan 0131	3	0	3
				SD Plan 0133	4	0	4
				SD Plan 0139	6	0	6
				SD Plan 0295	1	0	1
				SD Plan 0296	13	0	13
	PSE ECEAP	No	**Yes**	SD Plan 0131	1	0	1
				SD Plan 0133	3	0	3
				SD Plan 0139	6	0	6
				SD Plan 0296	5	0	5
	PSE Secretaries	No	**Yes**	SD Plan 0139	1	0	1
	TEACHER	No	**Yes**	SD Plan 0131	4	0	4
				SD Plan 0133	5	0	5
				SD Plan 0139	16	0	16
				SD Plan 0295	4	0	4
				SD Plan 0296	21	0	21
				SD Plan 0583	3	0	3
		Yes	**No**	SD Plan 0131	33	0	33
				SD Plan 0133	30	0	30
				SD Plan 0139	66	0	66
				SD Plan 0295	8	0	8
				SD Plan 0296	58	0	58
				SD Plan 0583	7	0	7
	Technology Serv	No	**Yes**	SD Plan 0131	1	0	1
				SD Plan 0133	1	0	1
				SD Plan 0296	2	0	2
East Valley School District (Spokane) Total					**474**	**0**	**474**
East Valley School District (Yakima)	**ADMINISTRATOR GROUP**	No	**Yes**	SD Plan 1268	2	0	2
		Yes	**No**	SD Plan 0512	1	0	1
				SD Plan 1262	1	0	1
				SD Plan 1266	1	0	1
				SD Plan 1268	8	0	8

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
	CERTIFICATED GROUP	Yes	**No**	SD Plan 0512	16	0	16
				SD Plan 1262	33	0	33
				SD Plan 1263	15	0	15
				SD Plan 1266	39	0	39
				SD Plan 1267	45	0	45
				SD Plan 1268	10	0	10
				SD Plan 3179	11	0	11
				SD Plan 5763	1	0	1
	CLASSIFIED GROUP	No	**Yes**	SD Plan 0512	16	0	16
				SD Plan 1262	30	0	30
				SD Plan 1263	18	0	18
				SD Plan 1266	19	0	19
				SD Plan 1267	12	0	12
				SD Plan 1268	6	0	6
				SD Plan 3179	8	0	8
				SD Plan 5763	1	0	1
	DISTRICT OFFICE/SUPERVISORS	No	**Yes**	SD Plan 0512	1	0	1
				SD Plan 1262	2	0	2
				SD Plan 1266	1	0	1
				SD Plan 1267	4	0	4
				SD Plan 1268	1	0	1
East Valley School District (Yakima) Total					**302**	**0**	**302**
Eastmont School District	**ADMINIST**	No	**Yes**	SD Plan 0180	1	0	1
				SD Plan 0648	1	2	3
				SD Plan 1571	1	2	3
		Yes	**No**	SD Plan 0180	4	0	4
				SD Plan 0648	8	15	23
				SD Plan 0743	1	3	4
				SD Plan 1570	4	7	11
				SD Plan 1571	3	8	11
				SD Plan 1573	1	3	4
	BEA	Yes	**No**	SD Plan 0180	57	45	102
				SD Plan 0648	84	80	164
				SD Plan 0743	15	10	25
				SD Plan 1570	105	130	235
				SD Plan 1571	62	85	147
				SD Plan 1572	15	16	31
				SD Plan 1573	6	8	14
	DO	No	**Yes**	SD Plan 0180	8	1	9
				SD Plan 0648	7	2	9

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					Employees	Dependents	Members
				SD Plan 0743	1	0	1
				SD Plan 1570	9	3	12
				SD Plan 1571	7	13	20
				SD Plan 1572	1	0	1
		Yes	**No**	SD Plan 1570	1	2	3
	PARA	No	**Yes**	SD Plan 0180	12	2	14
				SD Plan 0648	22	8	30
				SD Plan 0743	7	2	9
				SD Plan 1570	28	19	47
				SD Plan 1571	18	16	34
				SD Plan 1572	12	10	22
				SD Plan 1573	4	1	5
	PSE	No	**Yes**	SD Plan 0180	15	8	23
				SD Plan 0648	11	1	12
				SD Plan 0743	2	2	4
				SD Plan 1570	7	4	11
				SD Plan 1571	3	6	9
				SD Plan 1572	5	2	7
				SD Plan 1573	1	1	2
	SEC	No	**Yes**	SD Plan 0180	6	5	11
				SD Plan 0648	6	6	12
				SD Plan 0743	1	0	1
				SD Plan 1570	9	8	17
				SD Plan 1571	5	4	9
				SD Plan 1572	1	1	2
Eastmont School District Total					**577**	**541**	**1118**
Easton School District	**CLASSIFIED**	No	**Yes**	SD Plan 1273	2	0	2
				SD Plan 1278	1	0	1
				SD Plan 1279	1	0	1
				SD Plan 1280	2	0	2
				SD Plan 3145	2	0	2
		Yes	**No**	SD Plan 1280	1	0	1
	PRINCIPAL	Yes	**No**	SD Plan 1277	1	0	1
	TEACHER	Yes	**No**	SD Plan 1273	1	0	1
				SD Plan 1274	1	0	1
				SD Plan 1277	3	0	3
				SD Plan 1278	2	0	2
				SD Plan 1279	1	0	1
				SD Plan 1280	1	0	1
				SD Plan 3490	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 5362	1	0	1
Easton School District Total					**21**	**0**	**21**
Eatonville School District	**CERTIFICATED ADMINISTOR**	Yes	**No**	SD Plan 3238	3	7	10
				SD Plan 3239	2	0	2
				SD Plan 3240	1	0	1
				SD Plan 3241	1	3	4
				SD Plan 3321	3	4	7
	CLASSIFIED ADMINISTRATOR	No	**Yes**	SD Plan 3238	1	0	1
				SD Plan 3239	1	2	3
				SD Plan 3241	1	0	1
				SD Plan 3321	1	0	1
	CLASSIFIED STAFF	No	**Yes**	SD Plan 3238	29	11	40
				SD Plan 3239	10	10	20
				SD Plan 3240	7	14	21
				SD Plan 3241	7	7	14
				SD Plan 3321	24	27	51
	TEACHERS	No	**Yes**	SD Plan 3238	1	0	1
		Yes	**No**	SD Plan 3238	37	51	88
				SD Plan 3239	15	15	30
				SD Plan 3240	19	31	50
				SD Plan 3241	6	7	13
				SD Plan 3321	15	15	30
Eatonville School District Total					**184**	**204**	**388**
Edmonds School District	**1MMGA**	No	**Yes**	SD Plan 6601	1	0	1
		Yes	**No**	SD Plan 1945	1	0	1
				SD Plan 4651	1	0	1
				SD Plan 4994	3	0	3
				SD Plan 6592	3	0	3
				SD Plan 6601	4	0	4
				SD Plan 6603	2	0	2
				SD Plan 6605	1	0	1
	1MPRA	Yes	**No**	SD Plan 1945	5	0	5
				SD Plan 4650	5	0	5
				SD Plan 4651	5	0	5
				SD Plan 4652	2	0	2
				SD Plan 4994	8	0	8
				SD Plan 6592	7	0	7
				SD Plan 6601	5	0	5
				SD Plan 6603	8	0	8
				SD Plan 6604	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 6605	10	0	10
	1MSSA	Yes	**No**	SD Plan 4650	1	0	1
				SD Plan 4994	1	0	1
				SD Plan 6605	2	0	2
	1MSTA	Yes	**No**	SD Plan 6601	1	0	1
	1MTEA	No	**Yes**	SD Plan 1945	1	0	1
				SD Plan 4651	1	0	1
				SD Plan 4994	1	0	1
				SD Plan 6592	1	0	1
				SD Plan 6603	1	0	1
		Yes	**No**	SD Plan 1945	105	0	105
				SD Plan 4650	104	0	104
				SD Plan 4651	90	0	90
				SD Plan 4652	8	0	8
				SD Plan 4994	146	0	146
				SD Plan 6592	184	0	184
				SD Plan 6601	171	0	171
				SD Plan 6603	127	0	127
				SD Plan 6604	41	0	41
				SD Plan 6605	95	0	95
				SD Plan 6607	9	0	9
	2HBDA	No	**Yes**	SD Plan 1945	17	0	17
				SD Plan 4650	5	0	5
				SD Plan 4651	3	0	3
				SD Plan 4994	13	0	13
				SD Plan 6592	23	0	23
				SD Plan 6601	10	0	10
				SD Plan 6603	11	0	11
				SD Plan 6604	1	0	1
				SD Plan 6605	3	0	3
	2HFSA	No	**Yes**	SD Plan 1945	2	0	2
				SD Plan 4650	2	0	2
				SD Plan 4651	1	0	1
				SD Plan 4994	4	0	4
				SD Plan 6592	17	0	17
				SD Plan 6603	1	0	1
				SD Plan 6605	1	0	1
				SD Plan 6607	1	0	1
	2MAAA	No	**Yes**	SD Plan 4994	1	0	1
				SD Plan 6603	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
	2MCUA	No	**Yes**	SD Plan 1945	21	0	21
				SD Plan 4650	7	0	7
				SD Plan 4651	6	0	6
				SD Plan 4652	1	0	1
				SD Plan 4994	27	0	27
				SD Plan 6592	15	0	15
				SD Plan 6601	5	0	5
				SD Plan 6603	4	0	4
				SD Plan 6604	1	0	1
				SD Plan 6605	2	0	2
	2MFSA	No	**Yes**	SD Plan 4650	3	0	3
				SD Plan 6592	1	0	1
				SD Plan 6601	1	0	1
				SD Plan 6603	1	0	1
	2MMGA	No	**Yes**	SD Plan 1945	2	0	2
				SD Plan 4994	4	0	4
				SD Plan 6592	5	0	5
				SD Plan 6601	3	0	3
				SD Plan 6603	2	0	2
	2MMTA	No	**Yes**	SD Plan 1945	5	0	5
				SD Plan 4650	1	0	1
				SD Plan 4651	4	0	4
				SD Plan 4652	1	0	1
				SD Plan 4994	17	0	17
				SD Plan 6592	7	0	7
				SD Plan 6601	7	0	7
				SD Plan 6603	2	0	2
				SD Plan 6604	1	0	1
				SD Plan 6605	1	0	1
	2MOPA	No	**Yes**	SD Plan 1945	8	0	8
				SD Plan 4650	7	0	7
				SD Plan 4651	10	0	10
				SD Plan 4994	14	0	14
				SD Plan 6592	26	0	26
				SD Plan 6601	17	0	17
				SD Plan 6603	18	0	18
				SD Plan 6605	5	0	5
	2MPEA	No	**Yes**	SD Plan 1945	20	0	20
				SD Plan 4650	22	0	22
				SD Plan 4651	20	0	20

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 4652	2	0	2
				SD Plan 4994	37	0	37
				SD Plan 6592	116	0	116
				SD Plan 6601	19	0	19
				SD Plan 6603	27	0	27
				SD Plan 6604	2	0	2
				SD Plan 6605	17	0	17
				SD Plan 6607	1	0	1
	2MPTA	No	**Yes**	SD Plan 1945	5	0	5
				SD Plan 4650	11	0	11
				SD Plan 4651	6	0	6
				SD Plan 4652	2	0	2
				SD Plan 4994	14	0	14
				SD Plan 6592	24	0	24
				SD Plan 6601	19	0	19
				SD Plan 6603	14	0	14
				SD Plan 6605	6	0	6
		Yes	**No**	SD Plan 6603	1	0	1
	2MSSA	No	**Yes**	SD Plan 6592	1	0	1
				SD Plan 6601	1	0	1
Edmonds School District Total					**1928**	**0**	**1928**
Ellensburg School District	**1.0 FTE CERT**	Yes	**No**	SD Plan 0229	1	0	1
				SD Plan 0384	3	0	3
				SD Plan 0385	1	2	3
				SD Plan 0386	23	16	39
				SD Plan 0387	1	1	2
				SD Plan 0389	13	9	22
				SD Plan 0601	5	5	10
				SD Plan 0602	13	5	18
				SD Plan 1301	6	11	17
				SD Plan 1841	35	43	78
				SD Plan 2580	11	9	20
				SD Plan 2746	8	2	10
				SD Plan 2959	33	32	65
	ADMINISTRATOR	Yes	**No**	SD Plan 3491	1	0	1
	BUILDING ATTEND	No	**Yes**	SD Plan 5103	1	0	1
	BUS DRIVER	No	**Yes**	SD Plan 0601	1	0	1
				SD Plan 0602	1	0	1
				SD Plan 0659	1	0	1
				SD Plan 1301	2	2	4

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					Employees	Dependents	Members
				SD Plan 1841	3	1	4
				SD Plan 2580	2	2	4
				SD Plan 2959	1	0	1
				SD Plan 4333	2	0	2
				SD Plan 4342	1	0	1
	COUNSELOR	No	**Yes**	SD Plan 0601	1	0	1
		Yes	**No**	SD Plan 0386	3	0	3
				SD Plan 1841	1	2	3
				SD Plan 2580	1	0	1
				SD Plan 2959	2	7	9
	EAA - ADMIN	Yes	**No**	SD Plan 0602	1	3	4
				SD Plan 3491	10	10	20
	EDUCAT. ASSIST.	No	**Yes**	SD Plan 0229	2	0	2
				SD Plan 0386	4	1	5
				SD Plan 0389	3	0	3
				SD Plan 0601	3	2	5
				SD Plan 0602	2	0	2
				SD Plan 1301	3	2	5
				SD Plan 1841	5	0	5
				SD Plan 2580	4	3	7
				SD Plan 2746	4	0	4
				SD Plan 2959	1	0	1
				SD Plan 4342	4	0	4
				SD Plan 5103	3	0	3
				SD Plan 5106	2	0	2
	EXEMPT	No	**Yes**	SD Plan 0513	2	0	2
				SD Plan 3491	7	0	7
				SD Plan 3494	1	0	1
				SD Plan 4434	1	0	1
	FOOD SERVICE	No	**Yes**	SD Plan 0386	1	0	1
				SD Plan 0601	1	0	1
				SD Plan 1841	1	3	4
				SD Plan 2580	5	0	5
				SD Plan 2746	2	3	5
				SD Plan 4333	1	0	1
				SD Plan 4334	1	0	1
				SD Plan 5103	1	0	1
	LIBRARIAN	Yes	**No**	SD Plan 0386	1	2	3
				SD Plan 1841	2	1	3
				SD Plan 2580	1	2	3

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					Employees	Dependents	Members
				SD Plan 2746	1	3	4
	NURSE	No	**Yes**	SD Plan 0601	1	0	1
				SD Plan 2580	1	2	3
	PART TIME CERT	Yes	**No**	SD Plan 0387	1	0	1
				SD Plan 0389	1	0	1
				SD Plan 0602	1	0	1
				SD Plan 2580	2	7	9
				SD Plan 2905	1	0	1
				SD Plan 2959	2	6	8
	PROF TECHNICIAN	No	**Yes**	SD Plan 1841	1	0	1
				SD Plan 2580	1	0	1
				SD Plan 2959	1	1	2
	PROTECH	No	**Yes**	SD Plan 0384	1	0	1
				SD Plan 0513	2	1	3
				SD Plan 1283	1	0	1
				SD Plan 3491	2	2	4
	PSE-260 DAYS	No	**Yes**	SD Plan 0384	2	0	2
				SD Plan 0386	2	1	3
				SD Plan 0601	3	1	4
				SD Plan 0602	5	0	5
				SD Plan 1301	1	1	2
				SD Plan 1841	2	1	3
				SD Plan 2580	3	1	4
				SD Plan 2746	1	2	3
				SD Plan 2959	2	0	2
				SD Plan 5103	5	0	5
				SD Plan 5105	1	0	1
	PSYCHOLOGIST	Yes	**No**	SD Plan 0386	2	0	2
				SD Plan 2959	1	0	1
	SECRETARIES	No	**Yes**	SD Plan 0386	1	0	1
				SD Plan 0601	3	4	7
				SD Plan 0602	1	0	1
				SD Plan 1841	2	2	4
				SD Plan 2959	4	2	6
				SD Plan 4342	1	0	1
	SUPERINTENDENT	Yes	**No**	SD Plan 3491	2	0	2
Ellensburg School District Total					**320**	**218**	**538**
Elma School District	**CLASSIFIED**	No	**Yes**	SD Plan 0287	6	0	6
				SD Plan 0500	10	8	18
				SD Plan 0501	9	1	10

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 0579	19	2	21
				SD Plan 0580	3	0	3
				SD Plan 0581	6	3	9
				SD Plan 0637	1	0	1
				SD Plan 0638	3	3	6
				SD Plan 3179	1	2	3
	NON REPRESENTED	No	**Yes**	SD Plan 1318	5	5	10
		Yes	**No**	SD Plan 1318	2	7	9
	NON REPRESENTED ADMIN	Yes	**No**	SD Plan 1318	7	21	28
	SECRETARIES	No	**Yes**	SD Plan 0287	1	3	4
				SD Plan 0500	1	0	1
				SD Plan 0501	1	1	2
				SD Plan 0579	4	1	5
	TEACHERS	Yes	**No**	SD Plan 0287	5	0	5
				SD Plan 0433	1	6	7
				SD Plan 0500	9	12	21
				SD Plan 0501	11	3	14
				SD Plan 0579	45	23	68
				SD Plan 0580	6	9	15
				SD Plan 0581	1	1	2
				SD Plan 0638	1	2	3
Elma School District Total					**158**	**113**	**271**
Endicott School District	**ADMINISTRATION**	Yes	**No**	SD Plan 1321	2	0	2
	CERT. TEACHER	No	**Yes**	SD Plan 1321	1	0	1
		Yes	**No**	SD Plan 1321	10	0	10
	CLASS FULL TIME	No	**Yes**	SD Plan 1321	3	0	3
	CLASS PART TIME	No	**Yes**	SD Plan 1321	7	0	7
Endicott School District Total					**23**	**0**	**23**
Entiat School District	**ADM. PRINCIPAL**	Yes	**No**	SD Plan 2997	1	0	1
	CERT MONTHLY	Yes	**No**	SD Plan 0537	1	0	1
				SD Plan 0538	24	35	59
	CLASS MONTHLY	No	**Yes**	SD Plan 1471	4	8	12
				SD Plan 1472	2	2	4
				SD Plan 1584	4	4	8
				SD Plan 2900	6	11	17
				SD Plan 2997	3	2	5
				SD Plan 2998	3	2	5
Entiat School District Total					**48**	**64**	**112**
Enumclaw School District	**CABINET**	No	**Yes**	SD Plan 0524	1	0	1
		Yes	**No**	SD Plan 0523	3	0	3

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 0526	1	0	1
				SD Plan 0527	1	0	1
	CERTIFICATED	Yes	**No**	SD Plan 0115	22	0	22
				SD Plan 0523	55	0	55
				SD Plan 0524	45	0	45
				SD Plan 0526	13	0	13
				SD Plan 0527	50	0	50
				SD Plan 0528	6	0	6
				SD Plan 0743	6	0	6
				SD Plan 2081	4	0	4
	CLASSIFIED	No	**Yes**	SD Plan 0115	25	0	25
				SD Plan 0523	26	0	26
				SD Plan 0524	30	0	30
				SD Plan 0526	9	0	9
				SD Plan 0527	54	0	54
				SD Plan 0528	5	0	5
				SD Plan 0743	2	0	2
				SD Plan 2081	6	0	6
	PRINCIPALS	Yes	**No**	SD Plan 0642	12	0	12
	UNREPRESENTED	No	**Yes**	SD Plan 0423	1	0	1
				SD Plan 0642	10	0	10
Enumclaw School District Total					**387**	**0**	**387**
Ephrata School District	**CERTIFICATED**	Yes	**No**	SD Plan 0388	11	25	36
	CLASSIFIED	No	**Yes**	SD Plan 0388	8	17	25
	EPHRATA EDUCATION	Yes	**No**	SD Plan 1860	35	45	80
				SD Plan 1862	36	62	98
				SD Plan 1864	9	22	31
				SD Plan 4091	26	43	69
				SD Plan 4092	19	21	40
				SD Plan 4093	4	10	14
				SD Plan 4116	5	11	16
	PUBLIC SCHOOLS EMPLOY	No	**Yes**	SD Plan 1860	21	13	34
				SD Plan 1862	16	11	27
				SD Plan 1864	7	5	12
				SD Plan 4091	24	4	28
				SD Plan 4092	11	7	18
				SD Plan 4093	8	1	9
				SD Plan 4116	4	5	9
Ephrata School District Total					**244**	**302**	**546**
Evaline School District	**CERTIFICATED**	No	**Yes**	SD Plan 3504	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
		Yes	**No**	SD Plan 3532	1	3	4
	CLASSIFIED	No	**Yes**	SD Plan 3504	1	3	4
				SD Plan 3524	3	0	3
				SD Plan 3532	1	0	1
				SD Plan 5515	1	1	2
Evaline School District Total					**8**	**7**	**15**
Everett School District	**CERTIFICATED**	No	**Yes**	SD Plan 7056	1	4	5
		Yes	**No**	SD Plan 0333	300	491	791
				SD Plan 4748	164	237	401
				SD Plan 4749	298	488	786
				SD Plan 4753	24	36	60
				SD Plan 7056	81	98	179
				SD Plan 7059	155	244	399
				SD Plan 7062	18	38	56
				SD Plan 7063	14	30	44
	CLASSIFIED	No	**Yes**	SD Plan 0333	210	275	485
				SD Plan 4748	56	68	124
				SD Plan 4749	152	248	400
				SD Plan 4753	16	27	43
				SD Plan 7056	13	13	26
				SD Plan 7059	83	147	230
				SD Plan 7062	8	16	24
				SD Plan 7063	9	12	21
		Yes	**No**	SD Plan 0333	1	1	2
				SD Plan 7062	1	0	1
Everett School District Total					**1604**	**2473**	**4077**
Evergreen School District (Clark)	**NON UNION EMPLOYEES**	No	**Yes**	SD Plan 0216	8	11	19
				SD Plan 0313	6	0	6
				SD Plan 0385	1	0	1
				SD Plan 0386	2	1	3
				SD Plan 0577	3	4	7
				SD Plan 2338	6	0	6
				SD Plan 2347	1	0	1
				SD Plan 2348	2	0	2
				SD Plan 2380	5	9	14
				SD Plan 2382	4	11	15
				SD Plan 3858	4	3	7
		Yes	**No**	SD Plan 0216	4	1	5
				SD Plan 0313	8	3	11
				SD Plan 0385	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 0386	2	1	3
				SD Plan 0577	2	0	2
				SD Plan 2380	6	3	9
				SD Plan 2382	2	5	7
				SD Plan 3858	4	6	10
	PRINCIPALS	Yes	**No**	SD Plan 0216	9	10	19
				SD Plan 0313	18	3	21
				SD Plan 0386	11	14	25
				SD Plan 0577	4	2	6
				SD Plan 2338	8	1	9
				SD Plan 2347	1	0	1
				SD Plan 2348	3	3	6
				SD Plan 2380	5	7	12
				SD Plan 2382	3	9	12
				SD Plan 2580	1	0	1
				SD Plan 3858	3	3	6
	PSE 12 MONTH	No	**Yes**	SD Plan 0216	3	0	3
				SD Plan 0313	4	1	5
				SD Plan 0386	8	4	12
				SD Plan 0577	14	5	19
				SD Plan 2338	22	0	22
				SD Plan 2347	1	0	1
				SD Plan 2348	6	2	8
				SD Plan 2380	10	7	17
				SD Plan 2382	3	2	5
	PSE HRLY	No	**Yes**	SD Plan 0216	20	10	30
				SD Plan 0313	20	0	20
				SD Plan 0385	1	0	1
				SD Plan 0386	47	18	65
				SD Plan 0577	67	9	76
				SD Plan 2329	1	0	1
				SD Plan 2338	142	4	146
				SD Plan 2347	12	11	23
				SD Plan 2348	51	11	62
				SD Plan 2380	52	36	88
				SD Plan 2382	18	12	30
				SD Plan 3858	14	6	20
	PSE OFFICE/CLERICAL	No	**Yes**	SD Plan 0216	27	19	46
				SD Plan 0313	16	8	24
				SD Plan 0386	10	3	13

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 0577	41	15	56
				SD Plan 2338	15	0	15
				SD Plan 2347	4	3	7
				SD Plan 2348	5	6	11
				SD Plan 2380	49	29	78
				SD Plan 2382	6	9	15
				SD Plan 2580	3	2	5
				SD Plan 3858	12	9	21
	WASH EDUC ASSOC	No	**Yes**	SD Plan 0313	1	0	1
				SD Plan 2380	1	0	1
		Yes	**No**	SD Plan 0215	1	0	1
				SD Plan 0216	139	94	233
				SD Plan 0313	294	86	380
				SD Plan 0327	6	2	8
				SD Plan 0386	311	299	610
				SD Plan 0577	120	68	188
				SD Plan 2329	5	0	5
				SD Plan 2338	141	15	156
				SD Plan 2347	38	42	80
				SD Plan 2348	104	76	180
				SD Plan 2380	165	185	350
				SD Plan 2382	42	64	106
				SD Plan 2580	47	29	76
				SD Plan 3858	62	78	140
Evergreen School District (Clark) Total					**2318**	**1389**	**3707**
Evergreen School District (Stevens)	**ALL STAFF**	No	**Yes**	SD Plan 4150	2	0	2
		Yes	**No**	SD Plan 0657	1	0	1
				SD Plan 4150	1	0	1
Evergreen School District (Stevens) Total					**4**	**0**	**4**
Federal Way School District	**Central Kitchen, Paraeducators, Transportation**	No	**Yes**	SD Plan 0020	52	0	52
				SD Plan 0021	58	0	58
				SD Plan 0022	24	0	24
				SD Plan 0312	9	0	9
				SD Plan 0512	72	0	72
				SD Plan 3728	124	0	124
				SD Plan 4487	2	0	2
	ECEAP	No	**Yes**	SD Plan 0020	3	0	3
				SD Plan 0021	4	0	4
				SD Plan 0022	1	0	1
				SD Plan 0512	3	0	3

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 3728	8	0	8
	Federal Way Education Association	Yes	**No**	SD Plan 0020	258	0	258
				SD Plan 0021	286	0	286
				SD Plan 0022	87	0	87
				SD Plan 0312	31	0	31
				SD Plan 0512	262	0	262
				SD Plan 3728	452	0	452
				SD Plan 4487	2	0	2
	Head Start	No	**Yes**	SD Plan 0020	2	0	2
				SD Plan 0022	1	0	1
				SD Plan 0512	4	0	4
				SD Plan 3728	6	0	6
	Office Professionals	No	**Yes**	SD Plan 0020	25	0	25
				SD Plan 0021	35	0	35
				SD Plan 0022	7	0	7
				SD Plan 0512	26	0	26
				SD Plan 3728	54	0	54
				SD Plan 4487	1	0	1
	Operating Engineers	No	**Yes**	SD Plan 0020	14	0	14
				SD Plan 0021	29	0	29
				SD Plan 0022	2	0	2
				SD Plan 0312	2	0	2
				SD Plan 0512	27	0	27
				SD Plan 3728	32	0	32
				SD Plan 4487	1	0	1
	PRINCIPALS	Yes	**No**	SD Plan 0020	18	0	18
				SD Plan 0021	10	0	10
				SD Plan 0022	2	0	2
				SD Plan 0312	2	0	2
				SD Plan 0512	12	0	12
				SD Plan 3728	19	0	19
	Professional/Technical	No	**Yes**	SD Plan 0020	13	0	13
				SD Plan 0021	11	0	11
				SD Plan 0022	4	0	4
				SD Plan 0312	1	0	1
				SD Plan 0512	19	0	19
				SD Plan 3728	47	0	47
				SD Plan 4487	1	0	1
	Unrepresented Certificated	Yes	**No**	SD Plan 0020	6	0	6
				SD Plan 0021	5	0	5

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					Employees	Dependents	Members
				SD Plan 0022	1	0	1
				SD Plan 0512	3	0	3
				SD Plan 3728	7	0	7
	Unrepresented Classified	No	**Yes**	SD Plan 0020	7	0	7
				SD Plan 0021	12	0	12
				SD Plan 0022	3	0	3
				SD Plan 0312	4	0	4
				SD Plan 0512	11	0	11
				SD Plan 3728	28	0	28
				SD Plan 4487	1	0	1
Federal Way School District Total					**2253**	**0**	**2253**
Ferndale School District	**ADMIN**	Yes	**No**	SD Plan 0533	1	4	5
				SD Plan 0534	4	6	10
				SD Plan 0577	6	11	17
				SD Plan 0750	2	2	4
				SD Plan 1347	4	11	15
	DO ADMIN	No	**Yes**	SD Plan 0534	1	1	2
		Yes	**No**	SD Plan 0530	1	3	4
				SD Plan 0534	1	2	3
	FAAA	No	**Yes**	SD Plan 0533	1	0	1
				SD Plan 0534	14	17	31
				SD Plan 0574	1	0	1
				SD Plan 0577	3	2	5
				SD Plan 0750	3	1	4
				SD Plan 1347	6	6	12
				SD Plan 1348	2	3	5
	FEA	No	**Yes**	SD Plan 0592	2	3	5
				SD Plan 1336	5	9	14
				SD Plan 1338	17	28	45
				SD Plan 1342	2	3	5
				SD Plan 4880	1	0	1
		Yes	**No**	SD Plan 0592	42	39	81
				SD Plan 1336	42	48	90
				SD Plan 1338	119	138	257
				SD Plan 1339	2	4	6
				SD Plan 1340	7	2	9
				SD Plan 1342	11	11	22
				SD Plan 4880	4	3	7
	PROFTECH	No	**Yes**	SD Plan 0530	1	0	1
				SD Plan 0533	1	1	2

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					Employees	Dependents	Members
				SD Plan 0534	5	4	9
				SD Plan 0574	2	0	2
				SD Plan 0577	4	5	9
				SD Plan 1347	2	0	2
				SD Plan 1348	1	1	2
	PSE	No	**Yes**	SD Plan 0530	3	0	3
				SD Plan 0533	8	1	9
				SD Plan 0534	49	22	71
				SD Plan 0574	2	0	2
				SD Plan 0577	13	1	14
				SD Plan 0750	1	0	1
				SD Plan 1347	18	20	38
				SD Plan 1348	5	2	7
	SEIU	No	**Yes**	SD Plan 0533	1	0	1
				SD Plan 0534	16	24	40
				SD Plan 0574	2	0	2
				SD Plan 0577	5	3	8
				SD Plan 0750	1	0	1
				SD Plan 1347	5	8	13
	SUPT	Yes	**No**	SD Plan 0750	1	1	2
	TEAMSTER	No	**Yes**	SD Plan 0532	1	0	1
				SD Plan 0534	17	6	23
				SD Plan 0577	1	2	3
				SD Plan 1347	6	7	13
				SD Plan 1348	3	5	8
				SD Plan 2008	1	0	1
Ferndale School District Total					**479**	**470**	**949**
Fife School District	**ADMINISTRATOR - CERT**	Yes	**No**	SD Plan 2866	8	0	8
				SD Plan 2868	3	0	3
				SD Plan 2870	4	0	4
				SD Plan 2872	2	0	2
				SD Plan 2874	2	0	2
				SD Plan 3514	1	0	1
	CERTIFICATED	Yes	**No**	SD Plan 2866	50	0	50
				SD Plan 2868	23	0	23
				SD Plan 2870	62	0	62
				SD Plan 2872	34	0	34
				SD Plan 2874	22	0	22
				SD Plan 3514	2	0	2
	CLASSIFIED	No	**Yes**	SD Plan 2866	20	0	20

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 2868	19	0	19
				SD Plan 2870	39	0	39
				SD Plan 2872	8	0	8
				SD Plan 2874	10	0	10
				SD Plan 3514	1	0	1
	CLASSIFIED-NON REP	No	**Yes**	SD Plan 2866	8	0	8
				SD Plan 2868	5	0	5
				SD Plan 2870	4	0	4
				SD Plan 2872	7	0	7
				SD Plan 2874	2	0	2
Fife School District Total					**336**	**0**	**336**
Finley School District	**CLASSIFIEDSTAFF**	No	**Yes**	SD Plan 4828	3	1	4
				SD Plan 5686	9	4	13
				SD Plan 5694	5	1	6
				SD Plan 5703	6	5	11
				SD Plan 5704	1	0	1
				SD Plan 5705	3	1	4
	EXEMPTCLASSEMP	No	**Yes**	SD Plan 5720	2	0	2
				SD Plan 5877	1	4	5
	Faculty	No	**Yes**	SD Plan 4828	3	4	7
				SD Plan 5686	1	3	4
				SD Plan 5694	3	2	5
				SD Plan 5703	3	6	9
				SD Plan 5704	1	1	2
		Yes	**No**	SD Plan 4828	6	2	8
				SD Plan 5686	11	12	23
				SD Plan 5694	5	1	6
				SD Plan 5703	10	12	22
				SD Plan 5704	7	9	16
				SD Plan 5705	1	1	2
				SD Plan 5720	1	0	1
				SD Plan 5877	3	9	12
	PRINCIPALS	Yes	**No**	SD Plan 5686	2	0	2
				SD Plan 5703	4	11	15
	SUPERINTENDENT	Yes	**No**	SD Plan 5694	1	0	1
	TRANSPORTATION	No	**Yes**	SD Plan 5686	1	0	1
				SD Plan 5703	5	3	8
Finley School District Total					**98**	**92**	**190**
Franklin Pierce School District	**01EXMPT/CERTS**	Yes	**No**	SD Plan 0105	2	0	2
				SD Plan 0579	3	0	3

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 1376	4	7	11
				SD Plan 1377	2	2	4
	01EXMPT/CLASS	No	**Yes**	SD Plan 0105	8	6	14
				SD Plan 0579	5	0	5
				SD Plan 1376	3	0	3
				SD Plan 1377	10	11	21
				SD Plan 1378	5	6	11
				SD Plan 1380	1	3	4
	05 FPEA	Yes	**No**	SD Plan 0105	100	60	160
				SD Plan 0579	75	1	76
				SD Plan 1376	79	36	115
				SD Plan 1377	146	154	300
				SD Plan 1378	59	49	108
				SD Plan 1380	12	13	25
				SD Plan 6335	2	1	3
	06 FPESP	No	**Yes**	SD Plan 0105	9	0	9
				SD Plan 0579	6	0	6
				SD Plan 1376	7	0	7
				SD Plan 1377	22	22	44
				SD Plan 1378	7	9	16
				SD Plan 1380	2	4	6
	08 TEAMS	No	**Yes**	SD Plan 0105	7	12	19
				SD Plan 0579	10	2	12
				SD Plan 1376	6	0	6
				SD Plan 1377	11	2	13
				SD Plan 1378	7	2	9
	09 OP. E	No	**Yes**	SD Plan 0105	7	1	8
				SD Plan 0579	8	0	8
				SD Plan 1376	4	0	4
				SD Plan 1377	10	3	13
				SD Plan 1378	2	1	3
				SD Plan 6335	1	3	4
	10 PSE	No	**Yes**	SD Plan 0105	30	11	41
				SD Plan 0579	27	4	31
				SD Plan 1376	19	7	26
				SD Plan 1377	87	71	158
				SD Plan 1378	30	17	47
				SD Plan 1380	7	7	14
				SD Plan 6335	3	3	6
	PRINCIPA	Yes	**No**	SD Plan 0105	2	5	7

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					Employees	Dependents	Members
				SD Plan 0579	4	0	4
				SD Plan 1376	2	5	7
				SD Plan 1377	11	27	38
				SD Plan 1378	1	2	3
Franklin Pierce School District Total					**865**	**569**	**1434**
Freeman School District	**ALL CLASSIFIED (NON ADMIN)**	No	**Yes**	SD Plan 4694	4	0	4
				SD Plan 4695	1	0	1
				SD Plan 5130	1	0	1
				SD Plan 5131	7	0	7
				SD Plan 5132	14	0	14
	Class Admin	No	**Yes**	SD Plan 5131	2	0	2
				SD Plan 5132	3	0	3
				SD Plan 5133	1	0	1
		Yes	**No**	SD Plan 4694	1	0	1
				SD Plan 5131	4	0	4
				SD Plan 5132	1	0	1
	TEACHER	Yes	**No**	SD Plan 4693	1	0	1
				SD Plan 4694	5	0	5
				SD Plan 4695	1	0	1
				SD Plan 4696	2	0	2
				SD Plan 5130	3	0	3
				SD Plan 5131	18	0	18
				SD Plan 5132	14	0	14
				SD Plan 5133	3	0	3
Freeman School District Total					**86**	**0**	**86**
Garfield School District	**CERT TEACHER**	No	**Yes**	SD Plan 0537	3	0	3
		Yes	**No**	SD Plan 0537	8	0	8
				SD Plan 1909	1	0	1
	CLASSIFIED	No	**Yes**	SD Plan 0537	7	0	7
				SD Plan 1909	1	0	1
Garfield School District Total					**20**	**0**	**20**
Glenwood School District	**BALES CLASS SY**	No	**Yes**	SD Plan 4683	1	0	1
	CLASS CUST/BUS	No	**Yes**	SD Plan 1387	2	0	2
	CLASS FY 6HR	No	**Yes**	SD Plan 1387	1	2	3
	CLASS FY 8HR	No	**Yes**	SD Plan 4683	2	0	2
	CLASS SY 6.25HR	No	**Yes**	SD Plan 1387	2	0	2
	CLASS SY 6.5 HR	No	**Yes**	SD Plan 1387	1	1	2
	COUNSELOR	Yes	**No**	SD Plan 4683	1	0	1
	FOOD SVC 7.50HR	No	**Yes**	SD Plan 1387	1	0	1
	SUPERINTENDENT	Yes	**No**	SD Plan 1387	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
	TEACHER	Yes	**No**	SD Plan 1387	7	1	8
				SD Plan 4683	1	0	1
Glenwood School District Total					**20**	**4**	**24**
Goldendale School District	**ADMIN SUPPORT**	No	**Yes**	SD Plan 1976	3	0	3
				SD Plan 1977	1	0	1
				SD Plan 1978	2	0	2
	ADMINISTRATORS	Yes	**No**	SD Plan 1976	3	0	3
				SD Plan 1978	1	0	1
	BLDG SECRETARY	No	**Yes**	SD Plan 1976	4	0	4
				SD Plan 1977	1	0	1
				SD Plan 1978	1	0	1
	CERTIFIED	Yes	**No**	SD Plan 1976	32	0	32
				SD Plan 1977	8	0	8
				SD Plan 1978	8	0	8
	COOKS	No	**Yes**	SD Plan 1978	1	0	1
	CUSTODIAN	No	**Yes**	SD Plan 1976	6	0	6
	DRIVERS	No	**Yes**	SD Plan 1976	3	0	3
				SD Plan 1978	1	0	1
	EARLY CHILD	No	**Yes**	SD Plan 1976	1	0	1
	GEARUP COORD	No	**Yes**	SD Plan 1977	1	0	1
	LIBRARY	No	**Yes**	SD Plan 1976	2	0	2
				SD Plan 1977	1	0	1
	MECHANIC	No	**Yes**	SD Plan 1976	1	0	1
	PARA	No	**Yes**	SD Plan 1976	5	0	5
				SD Plan 1977	2	0	2
				SD Plan 1978	5	0	5
	SUPERINTENDENT	Yes	**No**	SD Plan 1976	1	0	1
	TERMINATED CLAS	No	**Yes**	SD Plan 1976	1	0	1
Goldendale School District Total					**95**	**0**	**95**
Grand Coulee Dam School District	**ADMIN**	No	**Yes**	SD Plan 6711	5	2	7
		Yes	**No**	SD Plan 6711	2	5	7
	CERT INSTR	Yes	**No**	SD Plan 6711	39	38	77
	CLASS EMPLOYEES	No	**Yes**	SD Plan 6711	48	40	88
	CLASS SUBS	No	**Yes**	SD Plan 6711	1	0	1
	ELEM PRINCIPAL	Yes	**No**	SD Plan 6711	1	0	1
	HS PRINCIPAL	Yes	**No**	SD Plan 6711	1	0	1
	MS PRINCIPAL	Yes	**No**	SD Plan 6711	1	0	1
	SHARP KIDS	No	**Yes**	SD Plan 6711	1	0	1
	SUPERINTENDENT	Yes	**No**	SD Plan 6711	1	1	2
Grand Coulee Dam School District Total					**100**	**86**	**186**

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
Grandview School District	**BUS MECHANIC**	No	**Yes**	SD Plan 2715	2	2	4
	CERT 1 YR ONLY	Yes	**No**	SD Plan 2715	2	4	6
	CERTIFICATED	Yes	**No**	SD Plan 2136	4	0	4
				SD Plan 2137	2	4	6
				SD Plan 2139	31	49	80
				SD Plan 2140	59	48	107
				SD Plan 2141	5	4	9
				SD Plan 2715	73	68	141
				SD Plan 2716	8	11	19
				SD Plan 3887	3	2	5
	CUSTODIAN	No	**Yes**	SD Plan 2139	2	7	9
				SD Plan 2140	4	2	6
				SD Plan 2141	1	0	1
				SD Plan 2715	11	5	16
				SD Plan 3887	1	0	1
	DIR FED PROGRAM	Yes	**No**	SD Plan 2139	1	3	4
	DIR SPEC ED	Yes	**No**	SD Plan 2715	1	0	1
	DIST ADMIN-HR	Yes	**No**	SD Plan 2715	1	0	1
	DISTRICT ADMIN	Yes	**No**	SD Plan 2141	1	1	2
	ELEM PRINCIPAL	Yes	**No**	SD Plan 2139	1	0	1
				SD Plan 2715	2	5	7
	EXEMPT ACCTG	No	**Yes**	SD Plan 2139	1	0	1
				SD Plan 2715	4	14	18
	EXEMPT STAFF	No	**Yes**	SD Plan 2136	1	0	1
				SD Plan 2140	1	0	1
				SD Plan 2141	4	9	13
				SD Plan 2715	4	10	14
				SD Plan 2716	2	2	4
	FOOD SERV STAFF	No	**Yes**	SD Plan 2139	1	0	1
				SD Plan 2140	4	1	5
				SD Plan 2715	4	5	9
	GUARD	No	**Yes**	SD Plan 2715	2	3	5
	HIGH PRINCIPAL	Yes	**No**	SD Plan 2140	1	1	2
				SD Plan 2715	1	1	2
	Maintenance	No	**Yes**	SD Plan 2140	1	2	3
				SD Plan 2715	3	4	7
				SD Plan 2716	1	5	6
	MS-COMPASS PRIN	Yes	**No**	SD Plan 2715	1	3	4
	NURSE ASST	No	**Yes**	SD Plan 2715	2	3	5
				SD Plan 2716	1	1	2

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					Employees	Dependents	Members
	PARA-BUS AIDE	No	**Yes**	SD Plan 2139	6	8	14
				SD Plan 2140	13	7	20
				SD Plan 2141	3	0	3
				SD Plan 2715	41	22	63
				SD Plan 2716	3	4	7
	SECRETARY	No	**Yes**	SD Plan 2140	1	3	4
				SD Plan 2715	10	18	28
				SD Plan 2716	1	0	1
	SECRETARY ASST	No	**Yes**	SD Plan 2139	1	0	1
				SD Plan 2140	1	0	1
				SD Plan 2715	6	10	16
				SD Plan 2716	1	2	3
	SUP FINANCE/OP	No	**Yes**	SD Plan 2141	1	3	4
	SUP TEACH/LEARN	Yes	**No**	SD Plan 2140	1	0	1
	SUPER & ASST	Yes	**No**	SD Plan 2141	1	1	2
	SUPERVISOR-FS	No	**Yes**	SD Plan 2141	1	0	1
	SUPERVISOR-MNTE	No	**Yes**	SD Plan 2139	1	1	2
	SUPERVISOR-TRNP	No	**Yes**	SD Plan 2715	1	0	1
	TRANSPORTATION	No	**Yes**	SD Plan 2139	1	0	1
				SD Plan 2140	1	0	1
				SD Plan 2715	5	3	8
				SD Plan 2716	1	1	2
	VICE PRINCIPAL	Yes	**No**	SD Plan 2139	1	0	1
				SD Plan 2140	3	3	6
				SD Plan 2141	1	0	1
				SD Plan 2715	1	1	2
	VOCATIONAL DIR	Yes	**No**	SD Plan 2141	1	0	1
Grandview School District Total					**362**	**366**	**728**
Granger School District	**ADMINISTRATOR**	Yes	**No**	SD Plan 4156	8	22	30
	NON REP CLASSIFIED	No	**Yes**	SD Plan 4154	1	1	2
				SD Plan 4156	11	19	30
				SD Plan 4157	1	0	1
	PSE CLASSIFIED	No	**Yes**	SD Plan 0551	15	3	18
				SD Plan 0552	26	8	34
				SD Plan 3296	2	2	4
				SD Plan 3308	20	30	50
	TEACHER	Yes	**No**	SD Plan 4154	31	23	54
				SD Plan 4155	15	15	30
				SD Plan 4156	20	38	58
				SD Plan 4157	17	18	35

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 6748	1	0	1
	TERM'D CERT	Yes	**No**	SD Plan 6748	1	1	2
	TERM'D CLASS	No	**Yes**	SD Plan 0552	3	0	3
				SD Plan 3308	1	0	1
Granger School District Total					**173**	**180**	**353**
Granite Falls School District	**ADMINISTRATION**	No	**Yes**	SD Plan 4389	1	4	5
		Yes	**No**	SD Plan 0623	10	16	26
	CLASSIFIED NON-REP	No	**Yes**	SD Plan 4389	2	10	12
				SD Plan 4944	2	0	2
	GRANITE FALLS ED ASSO	No	**Yes**	SD Plan 4389	11	7	18
				SD Plan 4391	3	4	7
				SD Plan 4944	1	1	2
				SD Plan 5242	3	6	9
				SD Plan 5246	4	9	13
		Yes	**No**	SD Plan 4389	33	26	59
				SD Plan 4391	14	14	28
				SD Plan 4944	2	0	2
				SD Plan 5242	8	9	17
				SD Plan 5246	8	10	18
				SD Plan 5249	4	2	6
				SD Plan 5251	10	17	27
	PUBLIC SCHOOL EMPLOYE	No	**Yes**	SD Plan 4389	23	10	33
				SD Plan 4391	13	8	21
				SD Plan 4944	7	3	10
				SD Plan 5242	1	2	3
				SD Plan 5249	10	8	18
				SD Plan 5251	14	22	36
Granite Falls School District Total					**184**	**188**	**372**
Grapeview School District	**ADMINISTRATOR**	Yes	**No**	SD Plan 0659	1	0	1
	CERTIFICATED	No	**Yes**	SD Plan 3810	1	2	3
		Yes	**No**	SD Plan 0657	1	1	2
				SD Plan 0658	1	1	2
				SD Plan 3810	8	6	14
	CLASSIFIED	No	**Yes**	SD Plan 3810	1	0	1
	Classified Hourly	No	**Yes**	SD Plan 0656	1	0	1
				SD Plan 3810	5	2	7
Grapeview School District Total					**19**	**12**	**31**
Great Northern School District	**CERT STAFF**	Yes	**No**	SD Plan 0757	2	0	2
	CLASS STAFF	No	**Yes**	SD Plan 0757	1	0	1
Great Northern School District Total					**3**	**0**	**3**

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					Employees	Dependents	Members
Green Mountain School District	**CERT MO ADMIN**	Yes	**No**	SD Plan 0602	1	0	1
	CERT MONTHLY	Yes	**No**	SD Plan 0602	8	8	16
	CLASS HOURLY	No	**Yes**	SD Plan 0602	1	2	3
	CLASSIFIED CONT	No	**Yes**	SD Plan 0602	4	2	6
Green Mountain School District Total					**14**	**12**	**26**
Griffin School District	**ADMINISTRATOR**	No	**Yes**	SD Plan 2088	1	1	2
		Yes	**No**	SD Plan 2088	2	7	9
				SD Plan 2089	1	3	4
	Classified Leadership	No	**Yes**	SD Plan 2088	2	2	4
				SD Plan 2092	1	1	2
	Griffin Education Association	No	**Yes**	SD Plan 0571	1	1	2
				SD Plan 2093	1	0	1
				SD Plan 2274	1	1	2
		Yes	**No**	SD Plan 0571	7	3	10
				SD Plan 2088	8	13	21
				SD Plan 2089	5	2	7
				SD Plan 2091	4	5	9
				SD Plan 2092	3	2	5
				SD Plan 2093	4	2	6
				SD Plan 2274	1	3	4
	Teamsters Local 252	No	**Yes**	SD Plan 0571	2	0	2
				SD Plan 2088	14	12	26
				SD Plan 2089	6	6	12
				SD Plan 2091	2	0	2
				SD Plan 2092	1	0	1
				SD Plan 2093	6	2	8
Griffin School District Total					**73**	**66**	**139**
Harrington School District	**CERTIFICATED STAFF**	Yes	**No**	SD Plan 0944	1	0	1
				SD Plan 3464	1	0	1
				SD Plan 3491	1	0	1
				SD Plan 3492	9	0	9
				SD Plan 3495	1	0	1
	CLASSIFIED STAFF	No	**Yes**	SD Plan 0023	4	0	4
				SD Plan 3491	8	0	8
				SD Plan 3717	2	0	2
Harrington School District Total					**27**	**0**	**27**
Highland School District	**Admin Cert**	Yes	**No**	SD Plan 2819	6	0	6
	Admin Class	No	**Yes**	SD Plan 2819	2	0	2
	CLASSIFIED	No	**Yes**	SD Plan 0623	6	0	6
				SD Plan 0652	9	0	9

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 2032	21	0	21
				SD Plan 2193	2	0	2
				SD Plan 2751	4	0	4
				SD Plan 2816	10	0	10
				SD Plan 2817	1	0	1
	TEACHERS	Yes	**No**	SD Plan 0623	12	0	12
				SD Plan 0652	15	0	15
				SD Plan 2032	20	0	20
				SD Plan 2193	4	0	4
				SD Plan 2751	2	0	2
				SD Plan 2816	16	0	16
Highland School District Total					**130**	**0**	**130**
Highline School District	**CERTIFICATED**	No	**Yes**	SD Plan 2120	1	0	1
				SD Plan 4775	1	0	1
		Yes	**No**	SD Plan 2103	156	0	156
				SD Plan 2104	85	0	85
				SD Plan 2106	18	0	18
				SD Plan 2107	320	0	320
				SD Plan 2108	214	0	214
				SD Plan 2111	63	0	63
				SD Plan 2120	391	0	391
				SD Plan 4769	1	0	1
				SD Plan 4771	1	0	1
	Certificated Administrators	Yes	**No**	SD Plan 2120	17	0	17
				SD Plan 4765	6	0	6
				SD Plan 4767	3	0	3
				SD Plan 4769	3	0	3
				SD Plan 4771	12	0	12
				SD Plan 4773	17	0	17
				SD Plan 4775	27	0	27
	CLASSIFIED	No	**Yes**	SD Plan 2120	293	0	293
				SD Plan 4765	71	0	71
				SD Plan 4767	37	0	37
				SD Plan 4769	13	0	13
				SD Plan 4771	116	0	116
				SD Plan 4772	1	0	1
				SD Plan 4773	130	0	130
				SD Plan 4775	187	0	187
		Yes	**No**	SD Plan 2120	1	0	1
	Classified Administrators	No	**Yes**	SD Plan 2120	6	0	6

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					Employees	Dependents	Members
				SD Plan 4765	3	0	3
				SD Plan 4767	1	0	1
				SD Plan 4769	1	0	1
				SD Plan 4771	2	0	2
				SD Plan 4773	2	0	2
				SD Plan 4775	4	0	4
Highline School District Total					**2204**	**0**	**2204**
Hockinson School District	**01-Cert**	Yes	**No**	SD Plan 0533	41	35	76
				SD Plan 0542	17	25	42
				SD Plan 0746	10	5	15
				SD Plan 0749	21	18	39
				SD Plan 2008	3	6	9
				SD Plan 2069	2	4	6
				SD Plan 6844	1	1	2
				SD Plan 6846	1	0	1
				SD Plan 6849	1	0	1
	02-Class	No	**Yes**	SD Plan 0533	17	18	35
				SD Plan 0542	13	25	38
				SD Plan 0746	11	9	20
				SD Plan 0749	3	4	7
				SD Plan 2008	3	5	8
				SD Plan 2069	2	5	7
	03-Class Admin	No	**Yes**	SD Plan 0533	2	4	6
				SD Plan 0542	1	2	3
				SD Plan 0746	2	1	3
				SD Plan 0749	2	4	6
				SD Plan 2069	1	3	4
	04-Cert Admin	Yes	**No**	SD Plan 0533	1	2	3
				SD Plan 0746	6	12	18
				SD Plan 0749	2	6	8
	05-Non Rep	No	**Yes**	SD Plan 0533	2	0	2
				SD Plan 0542	1	3	4
				SD Plan 0746	2	1	3
Hockinson School District Total					**168**	**198**	**366**
Hood Canal School District	**BUSINESS MGR**	No	**Yes**	SD Plan 2943	1	1	2
	Class Full-Time	No	**Yes**	SD Plan 4055	1	0	1
	Dir Student Ser	Yes	**No**	SD Plan 2943	1	1	2
	Hourly Class	No	**Yes**	SD Plan 2942	3	0	3
				SD Plan 2943	4	0	4
				SD Plan 2944	2	0	2

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					Employees	Dependents	Members
				SD Plan 4055	5	1	6
				SD Plan 4056	2	1	3
	MO Classified	No	**Yes**	SD Plan 2942	1	0	1
	SUPERINTENDENT	Yes	**No**	SD Plan 2943	1	1	2
	TEACHER	Yes	**No**	SD Plan 2942	6	0	6
				SD Plan 2943	9	3	12
				SD Plan 4055	4	0	4
				SD Plan 4056	1	0	1
Hood Canal School District Total					**41**	**8**	**49**
Hoquiam School District	**ADMIN/EXEMPT STAFF**	No	**Yes**	SD Plan 4651	3	1	4
				SD Plan 6592	2	4	6
		Yes	**No**	SD Plan 4650	2	1	3
				SD Plan 4651	2	2	4
				SD Plan 6592	1	3	4
	CERT STAFF	No	**Yes**	SD Plan 4650	1	0	1
		Yes	**No**	SD Plan 4650	40	31	71
				SD Plan 4651	20	19	39
				SD Plan 6592	3	3	6
				SD Plan 6604	1	0	1
	CLASS STAFF	No	**Yes**	SD Plan 4650	28	12	40
				SD Plan 4651	13	9	22
				SD Plan 6592	20	12	32
		Yes	**No**	SD Plan 4651	1	0	1
Hoquiam School District Total					**137**	**97**	**234**
Inchelium School District	**ADMINISTRATORS**	Yes	**No**	SD Plan 5981	1	0	1
	CERTIFICATED	Yes	**No**	SD Plan 0656	3	0	3
				SD Plan 0657	2	1	3
				SD Plan 0658	2	0	2
				SD Plan 0659	1	0	1
				SD Plan 5981	8	0	8
	CLASSIFIED	No	**Yes**	SD Plan 0656	3	0	3
				SD Plan 0657	3	0	3
				SD Plan 5956	1	0	1
				SD Plan 5981	11	1	12
Inchelium School District Total					**35**	**2**	**37**
Index School District	**CERTIFICATED**	Yes	**No**	SD Plan 0020	2	0	2
				SD Plan 1502	1	0	1
	CLASSIFIED	No	**Yes**	SD Plan 0022	1	1	2
				SD Plan 1501	1	1	2
Index School District Total					**5**	**2**	**7**

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
Issaquah School District	**Admin/Unreps**	No	**Yes**	SD Plan 0547	37	0	37
				SD Plan 0571	31	0	31
				SD Plan 0746	39	0	39
				SD Plan 0747	29	0	29
				SD Plan 0750	14	0	14
				SD Plan 0751	4	0	4
				SD Plan 0752	3	0	3
		Yes	**No**	SD Plan 0547	1	0	1
				SD Plan 0571	1	0	1
				SD Plan 0746	9	0	9
				SD Plan 0747	2	0	2
				SD Plan 0750	2	0	2
	Bus	No	**Yes**	SD Plan 0547	17	0	17
				SD Plan 0571	20	0	20
				SD Plan 0746	22	0	22
				SD Plan 0747	9	0	9
				SD Plan 0750	11	0	11
				SD Plan 0751	2	0	2
				SD Plan 0752	2	0	2
	Cust/Maint	No	**Yes**	SD Plan 0547	36	0	36
				SD Plan 0571	22	0	22
				SD Plan 0746	34	0	34
				SD Plan 0747	9	0	9
				SD Plan 0750	9	0	9
				SD Plan 0751	1	0	1
				SD Plan 0752	3	0	3
	EA	No	**Yes**	SD Plan 0547	74	0	74
				SD Plan 0571	22	0	22
				SD Plan 0746	44	0	44
				SD Plan 0747	36	0	36
				SD Plan 0750	30	0	30
				SD Plan 0751	4	0	4
				SD Plan 0752	1	0	1
		Yes	**No**	SD Plan 0747	1	0	1
	Food	No	**Yes**	SD Plan 0547	26	0	26
				SD Plan 0571	10	0	10
				SD Plan 0746	13	0	13
				SD Plan 0747	7	0	7
				SD Plan 0750	2	0	2
	MECHANICS	No	**Yes**	SD Plan 0571	5	0	5

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					Employees	Dependents	Members
				SD Plan 0746	1	0	1
				SD Plan 0747	2	0	2
				SD Plan 0750	1	0	1
	PRINCIPALS	Yes	**No**	SD Plan 0547	10	0	10
				SD Plan 0571	5	0	5
				SD Plan 0746	13	0	13
				SD Plan 0747	6	0	6
				SD Plan 0750	3	0	3
				SD Plan 0751	1	0	1
	SECRETARY	No	**Yes**	SD Plan 0547	22	0	22
				SD Plan 0571	9	0	9
				SD Plan 0746	30	0	30
				SD Plan 0747	34	0	34
				SD Plan 0750	10	0	10
	TEACHERS	No	**Yes**	SD Plan 0750	1	0	1
		Yes	**No**	SD Plan 0547	186	0	186
				SD Plan 0571	164	0	164
				SD Plan 0746	366	0	366
				SD Plan 0747	160	0	160
				SD Plan 0750	66	0	66
				SD Plan 0751	14	0	14
				SD Plan 0752	20	0	20
Issaquah School District Total					**1768**	**0**	**1768**
Kahlotus School District	**CERTIFICATED STAFF**	No	**Yes**	SD Plan 0627	1	0	1
		Yes	**No**	SD Plan 0627	7	0	7
				SD Plan 3860	3	0	3
	CLASSIFIED STAFF	No	**Yes**	SD Plan 0627	6	0	6
Kahlotus School District Total					**17**	**0**	**17**
Kalama School District	**01 Cert Staff**	Yes	**No**	SD Plan 0313	9	5	14
				SD Plan 0489	6	2	8
				SD Plan 0492	1	1	2
				SD Plan 0633	1	1	2
				SD Plan 0746	6	1	7
				SD Plan 0747	4	2	6
				SD Plan 5997	8	4	12
				SD Plan 5999	4	2	6
				SD Plan 6001	2	2	4
				SD Plan 6643	1	1	2
	02 Cert Administrators	Yes	**No**	SD Plan 0313	2	2	4
				SD Plan 5997	1	1	2

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
	03 Class Administrators	No	**Yes**	SD Plan 0313	1	1	2
				SD Plan 0489	1	1	2
				SD Plan 5997	1	0	1
	04 Secretaries	No	**Yes**	SD Plan 0039	1	1	2
				SD Plan 0746	1	0	1
				SD Plan 5997	1	1	2
	05 Classified	No	**Yes**	SD Plan 0313	6	1	7
				SD Plan 0489	1	1	2
				SD Plan 0746	2	0	2
				SD Plan 0747	2	1	3
				SD Plan 5997	3	1	4
	06 Superintendent	Yes	**No**	SD Plan 5999	1	1	2
Kalama School District Total					**66**	**33**	**99**
Keller School District	**F/T CERT**	Yes	**No**	SD Plan 1761	3	0	3
	P/T CLASS	No	**Yes**	SD Plan 1761	6	0	6
	SUPER	Yes	**No**	SD Plan 1761	1	0	1
Keller School District Total					**10**	**0**	**10**
Kelso School District	**001 Administrators**	Yes	**No**	SD Plan 0131	1	1	2
				SD Plan 0136	1	0	1
				SD Plan 0313	2	0	2
				SD Plan 0576	1	0	1
				SD Plan 0577	1	2	3
				SD Plan 0659	1	3	4
	002 Principals	Yes	**No**	SD Plan 0131	3	3	6
				SD Plan 0313	7	6	13
				SD Plan 0576	2	3	5
				SD Plan 0577	1	3	4
				SD Plan 0604	1	5	6
				SD Plan 0659	1	3	4
	003 Certificated	Yes	**No**	SD Plan 0131	42	27	69
				SD Plan 0136	29	28	57
				SD Plan 0313	75	60	135
				SD Plan 0576	69	84	153
				SD Plan 0577	29	43	72
				SD Plan 0604	14	12	26
				SD Plan 0659	5	10	15
				SD Plan 1535	9	12	21
	004 PSE 1	No	**Yes**	SD Plan 0131	21	7	28
				SD Plan 0136	15	2	17
				SD Plan 0313	31	16	47

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 0576	35	24	59
				SD Plan 0577	22	11	33
				SD Plan 0604	8	3	11
				SD Plan 0659	3	7	10
				SD Plan 1535	9	5	14
	005 PSE 2	No	**Yes**	SD Plan 0131	1	0	1
				SD Plan 0136	2	0	2
				SD Plan 0313	4	1	5
				SD Plan 0576	3	1	4
				SD Plan 0577	2	0	2
				SD Plan 0604	1	0	1
				SD Plan 0659	1	0	1
				SD Plan 1535	1	0	1
	006 Non-rep	No	**Yes**	SD Plan 0131	5	0	5
				SD Plan 0136	4	3	7
				SD Plan 0313	5	1	6
				SD Plan 0576	2	2	4
				SD Plan 0577	2	13	15
				SD Plan 0604	1	1	2
Kelso School District Total					**472**	**402**	**874**
Kennewick School District	**DIRECTORS**	No	**Yes**	SD Plan 5429	2	0	2
				SD Plan 5432	6	0	6
	MAINT/NONREPS	No	**Yes**	SD Plan 5429	64	0	64
				SD Plan 5430	1	0	1
				SD Plan 5431	4	0	4
				SD Plan 5432	99	0	99
				SD Plan 5433	1	0	1
				SD Plan 5483	8	0	8
	PARAEDUCATORS/TRANS/SEC/NUTR/NR	No	**Yes**	SD Plan 0020	73	0	73
				SD Plan 0021	91	0	91
				SD Plan 0022	11	0	11
				SD Plan 0023	233	0	233
				SD Plan 0024	81	0	81
				SD Plan 0512	25	0	25
				SD Plan 5865	7	0	7
				SD Plan 5872	1	0	1
	TEACHERS/ADMINKAA	No	**Yes**	SD Plan 0020	15	0	15
				SD Plan 0021	18	0	18
				SD Plan 0022	2	0	2
				SD Plan 0023	9	0	9

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					Employees	Dependents	Members
				SD Plan 0024	7	0	7
				SD Plan 0512	1	0	1
				SD Plan 5865	2	0	2
		Yes	**No**	SD Plan 0020	197	0	197
				SD Plan 0021	189	0	189
				SD Plan 0022	14	0	14
				SD Plan 0023	325	0	325
				SD Plan 0024	131	0	131
				SD Plan 0512	46	0	46
				SD Plan 5865	14	0	14
				SD Plan 5872	6	0	6
Kennewick School District Total					**1683**	**0**	**1683**
Kent School District	**ADMINISTRATOR**	No	**Yes**	SD Plan 0250	1	2	3
				SD Plan 3192	41	23	64
				SD Plan 3193	40	11	51
				SD Plan 3194	2	0	2
				SD Plan 3196	30	47	77
				SD Plan 3197	12	15	27
				SD Plan 3198	29	31	60
				SD Plan 3199	2	4	6
		Yes	**No**	SD Plan 0250	4	8	12
				SD Plan 3192	5	3	8
				SD Plan 3193	10	3	13
				SD Plan 3196	6	9	15
				SD Plan 3198	5	11	16
				SD Plan 3199	1	1	2
	BUS DRIVER	No	**Yes**	SD Plan 0250	6	1	7
				SD Plan 3192	19	5	24
				SD Plan 3193	10	2	12
				SD Plan 3194	1	0	1
				SD Plan 3196	11	10	21
				SD Plan 3197	10	11	21
				SD Plan 3198	29	8	37
				SD Plan 3199	2	0	2
	FOOD SERVICE	No	**Yes**	SD Plan 0250	2	0	2
				SD Plan 3192	15	3	18
				SD Plan 3193	10	3	13
				SD Plan 3196	10	4	14
				SD Plan 3197	7	1	8
				SD Plan 3198	20	12	32

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					Employees	Dependents	Members
				SD Plan 3199	2	2	4
	Maintenace	No	**Yes**	SD Plan 0250	4	7	11
				SD Plan 3192	38	5	43
				SD Plan 3193	28	5	33
				SD Plan 3194	1	0	1
				SD Plan 3196	23	12	35
				SD Plan 3197	12	6	18
				SD Plan 3198	60	28	88
				SD Plan 3199	2	0	2
	Office Professional	No	**Yes**	SD Plan 0250	8	5	13
				SD Plan 3192	54	29	83
				SD Plan 3193	54	35	89
				SD Plan 3196	56	51	107
				SD Plan 3197	10	14	24
				SD Plan 3198	21	19	40
				SD Plan 3199	2	3	5
	Paraeducator	No	**Yes**	SD Plan 0250	15	20	35
				SD Plan 3192	77	22	99
				SD Plan 3193	75	39	114
				SD Plan 3194	4	2	6
				SD Plan 3196	94	82	176
				SD Plan 3197	26	20	46
				SD Plan 3198	47	44	91
				SD Plan 3199	13	8	21
		Yes	**No**	SD Plan 3196	1	4	5
	PRINCIPAL	Yes	**No**	SD Plan 0250	1	6	7
				SD Plan 3192	25	24	49
				SD Plan 3193	13	6	19
				SD Plan 3196	14	25	39
				SD Plan 3197	1	1	2
				SD Plan 3198	16	17	33
				SD Plan 3199	2	1	3
	SUPERINTENDENT	No	**Yes**	SD Plan 3197	1	0	1
	TEACHER	No	**Yes**	SD Plan 0250	1	1	2
				SD Plan 3192	27	26	53
				SD Plan 3193	13	11	24
				SD Plan 3194	4	2	6
				SD Plan 3196	11	13	24
				SD Plan 3197	8	10	18
				SD Plan 3198	9	20	29

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 3199	1	1	2
		Yes	**No**	SD Plan 0250	21	34	55
				SD Plan 3192	431	293	724
				SD Plan 3193	313	194	507
				SD Plan 3194	57	47	104
				SD Plan 3196	210	245	455
				SD Plan 3197	127	128	255
				SD Plan 3198	280	206	486
				SD Plan 3199	33	29	62
Kent School District Total					**2686**	**2030**	**4716**
Kettle Falls School District	**Cert Admin**	Yes	**No**	SD Plan 0029	3	8	11
	CERT MONTHLY	Yes	**No**	SD Plan 0029	38	48	86
	CERT/ 5 Day EXT	Yes	**No**	SD Plan 0029	1	3	4
	CERT/10 DAY EXT	Yes	**No**	SD Plan 0029	1	3	4
	CERT/15 DAY EXT	Yes	**No**	SD Plan 0029	1	4	5
	CLASS NON-U AVG	No	**Yes**	SD Plan 0029	1	3	4
	CLASS NON-UNION	No	**Yes**	SD Plan 0029	4	3	7
	CLASS UNION	No	**Yes**	SD Plan 0029	37	16	53
Kettle Falls School District Total					**86**	**88**	**174**
Kiona-Benton City School District	**ADMIN**	Yes	**No**	SD Plan 1541	1	1	2
				SD Plan 3522	1	0	1
				SD Plan 3523	3	4	7
				SD Plan 5505	3	0	3
	CERTIFIED	Yes	**No**	SD Plan 1541	10	10	20
				SD Plan 1543	10	9	19
				SD Plan 3521	2	2	4
				SD Plan 3522	18	30	48
				SD Plan 3523	19	19	38
				SD Plan 3530	1	2	3
				SD Plan 5505	31	33	64
	CLASSIFIED-NON REP	No	**Yes**	SD Plan 1541	2	6	8
				SD Plan 3522	2	3	5
				SD Plan 3523	1	0	1
				SD Plan 5505	1	0	1
	CLASSIFIED-PSE	No	**Yes**	SD Plan 1541	10	9	19
				SD Plan 1543	3	2	5
				SD Plan 3521	5	2	7
				SD Plan 3522	5	4	9
				SD Plan 3523	22	10	32
				SD Plan 5505	11	8	19

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
	PRINCIPALS	Yes	**No**	SD Plan 1541	1	2	3
				SD Plan 1543	1	0	1
				SD Plan 5505	2	0	2
	SECRETARY/OFFICE MANAGER	No	**Yes**	SD Plan 1541	1	0	1
				SD Plan 1543	1	1	2
				SD Plan 3522	2	2	4
				SD Plan 3523	2	1	3
				SD Plan 5505	3	3	6
Kiona-Benton City School District Total					**174**	**163**	**337**
Kittitas School District	**2.5 CLASSIFIED**	No	**Yes**	SD Plan 4286	1	4	5
	260 NON-EXEMPT	No	**Yes**	SD Plan 1275	3	3	6
				SD Plan 3318	1	2	3
	3.25 CLASSIFIED	No	**Yes**	SD Plan 3318	1	2	3
	3.75 CLASSIFIED	No	**Yes**	SD Plan 3297	1	2	3
	4.25 CLASSIFIED	No	**Yes**	SD Plan 1273	2	0	2
	4.50 CLASSIFIED	No	**Yes**	SD Plan 4285	1	1	2
	4HR ADMIN EXEMP	No	**Yes**	SD Plan 3145	1	0	1
	5.5 CLASSIFIED	No	**Yes**	SD Plan 3151	1	1	2
	6.25 CLASSIFIED	No	**Yes**	SD Plan 4286	1	2	3
				SD Plan 4287	1	0	1
	6.5 CLASSIFIED	No	**Yes**	SD Plan 0390	2	0	2
				SD Plan 1274	1	1	2
				SD Plan 4285	2	2	4
				SD Plan 4289	1	1	2
	6.75 CLASSIFIED	No	**Yes**	SD Plan 1275	1	1	2
				SD Plan 3297	1	4	5
	7.0 CLASSIFIED	No	**Yes**	SD Plan 4283	1	0	1
				SD Plan 4285	1	1	2
				SD Plan 4287	1	0	1
	7.5HR SECRETARY	No	**Yes**	SD Plan 0390	1	0	1
	8HR/260 DAYS	No	**Yes**	SD Plan 3151	1	1	2
				SD Plan 3318	2	5	7
				SD Plan 4283	1	0	1
	8HR-189/DAY	No	**Yes**	SD Plan 1273	1	0	1
				SD Plan 1275	1	1	2
				SD Plan 4286	1	2	3
	BLDG SECRETARY	No	**Yes**	SD Plan 3318	1	5	6
				SD Plan 4283	1	0	1
	ELEM PRINCIPAL	Yes	**No**	SD Plan 3150	1	2	3
	FULLTIME CERT	Yes	**No**	SD Plan 0390	1	0	1

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					Employees	Dependents	Members
				SD Plan 1273	1	0	1
				SD Plan 1274	1	2	3
				SD Plan 1275	1	2	3
				SD Plan 3145	4	0	4
				SD Plan 3150	1	1	2
				SD Plan 3297	2	7	9
				SD Plan 3318	4	13	17
				SD Plan 4283	5	0	5
				SD Plan 4284	7	16	23
				SD Plan 4285	2	2	4
				SD Plan 4286	5	12	17
				SD Plan 4287	1	0	1
				SD Plan 4290	1	1	2
	MS/HS PRINCIPAL	Yes	**No**	SD Plan 4284	1	2	3
	SUPERINTENDENT	Yes	**No**	SD Plan 3145	1	0	1
Kittitas School District Total					**74**	**101**	**175**
Klickitat School District	**CERTIFICATED**	Yes	**No**	SD Plan 1537	5	2	7
				SD Plan 1538	2	0	2
				SD Plan 1539	2	0	2
	CLASSIFIED	No	**Yes**	SD Plan 1537	4	0	4
				SD Plan 1538	3	0	3
				SD Plan 1539	1	2	3
Klickitat School District Total					**17**	**4**	**21**
La Center School District	**AIDE**	No	**Yes**	SD Plan 0659	1	4	5
				SD Plan 1986	1	1	2
				SD Plan 5871	1	2	3
	ATHLETIC DIR	Yes	**No**	SD Plan 1988	1	2	3
	CAFETERIA	No	**Yes**	SD Plan 1981	1	0	1
				SD Plan 1988	1	0	1
	CLASSIFIED INST	No	**Yes**	SD Plan 1982	3	0	3
				SD Plan 5707	1	0	1
				SD Plan 5709	1	1	2
				SD Plan 5871	1	0	1
	COUNSELOR	Yes	**No**	SD Plan 1981	1	0	1
				SD Plan 1988	1	0	1
				SD Plan 5871	1	1	2
	CUSTODIAN	No	**Yes**	SD Plan 1985	1	0	1
				SD Plan 1986	3	0	3
				SD Plan 1987	1	0	1
				SD Plan 1988	1	0	1

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					Employees	Dependents	Members
	DISTRICT	No	**Yes**	SD Plan 1982	1	0	1
				SD Plan 1988	2	1	3
	DISTRICT/SALAR	No	**Yes**	SD Plan 1985	1	1	2
				SD Plan 1986	1	0	1
	FISCAL OFFICER	No	**Yes**	SD Plan 1985	1	0	1
	MAINT/GROUNDS	No	**Yes**	SD Plan 1982	1	0	1
	PRINCIPAL	Yes	**No**	SD Plan 0659	1	2	3
				SD Plan 1982	1	4	5
				SD Plan 1985	1	0	1
				SD Plan 1986	1	3	4
				SD Plan 1987	1	2	3
				SD Plan 1988	1	3	4
	PSYCHOLOGIST	Yes	**No**	SD Plan 1988	1	1	2
	SECRETARY	No	**Yes**	SD Plan 5871	1	1	2
	SLP	Yes	**No**	SD Plan 1981	1	0	1
	TEACHER	No	**Yes**	SD Plan 1981	1	0	1
		Yes	**No**	SD Plan 0659	1	3	4
				SD Plan 1981	11	22	33
				SD Plan 1982	5	6	11
				SD Plan 1985	12	12	24
				SD Plan 1986	6	10	16
				SD Plan 1987	2	3	5
				SD Plan 1988	33	42	75
				SD Plan 5687	1	1	2
La Center School District Total					**109**	**128**	**237**
La Conner School District	**LEA**	No	**Yes**	SD Plan 4507	3	1	4
				SD Plan 4511	2	6	8
				SD Plan 4513	1	3	4
				SD Plan 4515	1	3	4
		Yes	**No**	SD Plan 4507	10	9	19
				SD Plan 4509	4	6	10
				SD Plan 4511	6	8	14
				SD Plan 4513	12	21	33
				SD Plan 4515	4	6	10
	NON-UNION	No	**Yes**	SD Plan 4499	2	5	7
				SD Plan 4512	2	3	5
				SD Plan 4514	1	1	2
		Yes	**No**	SD Plan 4508	1	1	2
				SD Plan 4512	2	2	4
				SD Plan 4515	1	4	5

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
	PSE	No	**Yes**	SD Plan 4497	1	0	1
				SD Plan 4507	9	4	13
				SD Plan 4509	5	0	5
				SD Plan 4512	1	0	1
				SD Plan 4513	14	24	38
				SD Plan 4515	2	0	2
La Conner School District Total					**84**	**107**	**191**
LaCrosse School District	**ADMIN**	Yes	**No**	SD Plan 2490	1	0	1
				SD Plan 2491	1	0	1
	CERT FULL TIME	Yes	**No**	SD Plan 2489	5	0	5
				SD Plan 2491	8	0	8
	CERT PART TIME	Yes	**No**	SD Plan 2489	1	0	1
	CLASS FULL TIME	No	**Yes**	SD Plan 2489	1	0	1
				SD Plan 2491	5	0	5
	CLASS PART TIME	No	**Yes**	SD Plan 2489	2	1	3
				SD Plan 2491	1	0	1
LaCrosse School District Total					**25**	**1**	**26**
Lake Chelan School District	**ADMINISTRATOR**	Yes	**No**	SD Plan 0564	1	0	1
				SD Plan 3703	1	0	1
				SD Plan 3709	1	0	1
				SD Plan 3721	3	0	3
				SD Plan 3722	1	0	1
	CERTIFICATED	Yes	**No**	SD Plan 0020	1	0	1
				SD Plan 0021	2	0	2
				SD Plan 0563	16	0	16
				SD Plan 0564	6	0	6
				SD Plan 3703	17	0	17
				SD Plan 3709	10	0	10
				SD Plan 3721	35	0	35
				SD Plan 3722	1	0	1
				SD Plan 3729	2	0	2
	NON-REPRESENTED	No	**Yes**	SD Plan 3703	1	0	1
				SD Plan 3721	3	0	3
				SD Plan 3722	1	0	1
				SD Plan 3729	2	0	2
		Yes	**No**	SD Plan 3721	1	0	1
	OTHER-NO POOLING GROUP	No	**Yes**	SD Plan 3703	1	0	1
				SD Plan 3721	2	0	2
	PSE CLASSIFIED	No	**Yes**	SD Plan 0563	15	0	15
				SD Plan 0564	3	0	3

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					Employees	Dependents	Members
				SD Plan 3703	8	0	8
				SD Plan 3709	2	0	2
				SD Plan 3715	1	0	1
				SD Plan 3721	36	0	36
				SD Plan 3722	2	0	2
				SD Plan 3729	1	0	1
Lake Chelan School District Total					**176**	**0**	**176**
Lake Quinault School District	**CERT- REGULAR**	No	**Yes**	SD Plan 0746	1	0	1
		Yes	**No**	SD Plan 0659	1	2	3
				SD Plan 0746	5	3	8
				SD Plan 0747	1	0	1
				SD Plan 0748	5	3	8
	CLASS - REGULAR	No	**Yes**	SD Plan 0746	8	10	18
				SD Plan 0747	2	1	3
				SD Plan 0748	3	1	4
	CLASS MAINT CUS	No	**Yes**	SD Plan 0746	3	2	5
				SD Plan 0748	1	0	1
	PRIN/SUP MED	Yes	**No**	SD Plan 0746	1	0	1
				SD Plan 0748	1	2	3
Lake Quinault School District Total					**32**	**24**	**56**
Lake Stevens School District	**ADMINISTRATORS**	No	**Yes**	SD Plan 2820	1	0	1
				SD Plan 3968	1	0	1
				SD Plan 5257	1	0	1
		Yes	**No**	SD Plan 2820	4	0	4
				SD Plan 3967	8	0	8
				SD Plan 3968	10	0	10
				SD Plan 5257	1	0	1
				SD Plan 5258	2	0	2
	LSEA Union	No	**Yes**	SD Plan 0623	11	0	11
				SD Plan 1145	12	0	12
				SD Plan 1146	2	0	2
				SD Plan 2817	1	0	1
				SD Plan 2820	12	0	12
		Yes	**No**	SD Plan 0623	85	0	85
				SD Plan 1145	138	0	138
				SD Plan 1146	7	0	7
				SD Plan 2817	56	0	56
				SD Plan 2819	10	0	10
				SD Plan 2820	62	0	62
	NON-REPRESENTED	No	**Yes**	SD Plan 2820	2	0	2

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					Employees	Dependents	Members
				SD Plan 3967	15	0	15
				SD Plan 3968	14	0	14
				SD Plan 4397	2	0	2
				SD Plan 4405	1	0	1
				SD Plan 5257	2	0	2
				SD Plan 5258	3	0	3
	PSE of Lake Stevens	No	**Yes**	SD Plan 2820	17	0	17
				SD Plan 3967	17	0	17
				SD Plan 3968	33	0	33
				SD Plan 4397	12	0	12
				SD Plan 4405	11	0	11
				SD Plan 5257	7	0	7
				SD Plan 5258	30	0	30
	PSE Office Professionals	No	**Yes**	SD Plan 2820	3	0	3
				SD Plan 3967	5	0	5
				SD Plan 3968	13	0	13
				SD Plan 4405	5	0	5
				SD Plan 5257	3	0	3
				SD Plan 5258	7	0	7
	Teamsters-Custodians	No	**Yes**	SD Plan 2820	13	0	13
				SD Plan 3967	6	0	6
				SD Plan 3968	4	0	4
				SD Plan 4397	1	0	1
				SD Plan 4405	1	0	1
				SD Plan 5257	6	0	6
				SD Plan 5258	7	0	7
	Teamsters-Drivers & Mechanics	No	**Yes**	SD Plan 2820	14	0	14
				SD Plan 3967	6	0	6
				SD Plan 3968	10	0	10
				SD Plan 4397	2	0	2
				SD Plan 4405	12	0	12
				SD Plan 5257	3	0	3
				SD Plan 5258	9	0	9
Lake Stevens School District Total					**720**	**0**	**720**
Lake Washington School District	**ADMIN**	No	**Yes**	SD Plan 0207	2	4	6
				SD Plan 0251	3	5	8
				SD Plan 0501	4	2	6
				SD Plan 0572	7	9	16
				SD Plan 0604	2	3	5
		Yes	**No**	SD Plan 0207	11	24	35

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 0251	18	26	44
				SD Plan 0501	23	13	36
				SD Plan 0572	20	34	54
				SD Plan 0575	3	9	12
				SD Plan 0604	11	9	20
	ADMINISTRATOR PART TIME	Yes	**No**	SD Plan 0501	1	1	2
	PROF TECH	No	**Yes**	SD Plan 0207	14	17	31
				SD Plan 0251	10	7	17
				SD Plan 0501	22	8	30
				SD Plan 0572	26	18	44
				SD Plan 0575	1	0	1
				SD Plan 0604	11	8	19
		Yes	**No**	SD Plan 0501	1	0	1
	PROF TECH PART TIME	No	**Yes**	SD Plan 0207	8	7	15
				SD Plan 0251	3	1	4
				SD Plan 0501	1	2	3
	SCHOOL AIDES	No	**Yes**	SD Plan 0207	27	14	41
				SD Plan 0251	31	29	60
				SD Plan 0501	41	51	92
				SD Plan 0571	19	45	64
				SD Plan 0572	33	20	53
				SD Plan 0575	6	6	12
				SD Plan 0604	11	9	20
	SEC ASSOC	No	**Yes**	SD Plan 0207	22	33	55
				SD Plan 0251	23	11	34
				SD Plan 0501	32	21	53
				SD Plan 0571	2	0	2
				SD Plan 0572	38	28	66
				SD Plan 0575	1	0	1
				SD Plan 0604	16	14	30
	SECRETARY PART TIME	No	**Yes**	SD Plan 0207	5	3	8
				SD Plan 0251	1	0	1
				SD Plan 0501	1	0	1
				SD Plan 0572	1	0	1
				SD Plan 0575	1	0	1
				SD Plan 0604	2	3	5
	SUPERINTENDENT	Yes	**No**	SD Plan 0501	1	1	2
	TEACHER	Yes	**No**	SD Plan 0207	171	183	354
				SD Plan 0251	303	221	524
				SD Plan 0501	325	194	519

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 0571	20	14	34
				SD Plan 0572	291	137	428
				SD Plan 0575	34	54	88
				SD Plan 0604	145	60	205
	TEACHER PART TIME	Yes	**No**	SD Plan 0207	21	22	43
				SD Plan 0251	21	13	34
				SD Plan 0501	24	24	48
				SD Plan 0572	11	6	17
				SD Plan 0575	7	8	15
				SD Plan 0604	5	5	10
	THEATER MANAGERS	No	**Yes**	SD Plan 0572	1	1	2
	TRADES BARG	No	**Yes**	SD Plan 0207	56	71	127
				SD Plan 0251	56	36	92
				SD Plan 0501	38	20	58
				SD Plan 0571	1	1	2
				SD Plan 0572	43	30	73
				SD Plan 0575	13	24	37
				SD Plan 0604	28	14	42
		Yes	**No**	SD Plan 0571	1	0	1
	TRADES FULL TIME	No	**Yes**	SD Plan 0207	33	30	63
				SD Plan 0251	57	34	91
				SD Plan 0501	19	4	23
				SD Plan 0572	18	4	22
				SD Plan 0575	3	5	8
				SD Plan 0604	18	5	23
Lake Washington School District Total					**2279**	**1715**	**3994**
Lakewood School District	**ADMIN/NON-REP**	No	**Yes**	SD Plan 0494	3	0	3
				SD Plan 0523	1	2	3
				SD Plan 0527	1	5	6
				SD Plan 0532	1	1	2
		Yes	**No**	SD Plan 0494	2	0	2
				SD Plan 0523	2	6	8
				SD Plan 0532	3	7	10
	LEA	Yes	**No**	SD Plan 0494	23	21	44
				SD Plan 0523	36	28	64
				SD Plan 0524	19	26	45
				SD Plan 0525	33	46	79
				SD Plan 0526	1	0	1
	PSE	No	**Yes**	SD Plan 0494	16	11	27
				SD Plan 0523	12	7	19

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 0527	1	0	1
				SD Plan 0529	5	4	9
				SD Plan 0531	6	6	12
				SD Plan 0532	15	17	32
				SD Plan 2008	2	3	5
				SD Plan 2069	1	0	1
	PSE-OP	No	**Yes**	SD Plan 0494	2	2	4
				SD Plan 0527	2	1	3
				SD Plan 0531	6	2	8
				SD Plan 0532	5	8	13
Lakewood School District Total					**198**	**203**	**401**
Lamont School District	**ADMINISTRATOR**	Yes	**No**	SD Plan 0537	1	0	1
	CERT TEACHER	Yes	**No**	SD Plan 0537	4	2	6
	FULL TIME CLASS	No	**Yes**	SD Plan 0537	1	0	1
	PART TIME CLASS	No	**Yes**	SD Plan 0537	3	5	8
Lamont School District Total					**9**	**7**	**16**
Liberty School District	**Certificated Administrators**	Yes	**No**	SD Plan 0733	1	0	1
				SD Plan 0735	1	0	1
	Certificated Staff w/o Admin	No	**Yes**	SD Plan 0732	2	0	2
				SD Plan 0733	1	0	1
				SD Plan 0734	1	0	1
				SD Plan 0735	1	0	1
				SD Plan 3272	1	0	1
		Yes	**No**	SD Plan 0732	9	0	9
				SD Plan 0734	2	0	2
				SD Plan 0735	3	0	3
				SD Plan 3272	6	0	6
	Classified Administrators	No	**Yes**	SD Plan 0732	2	0	2
				SD Plan 0735	2	0	2
				SD Plan 3272	1	0	1
	Classified Staff w/o Admin	No	**Yes**	SD Plan 0732	7	0	7
				SD Plan 0733	3	0	3
				SD Plan 0734	2	0	2
				SD Plan 0735	8	0	8
				SD Plan 3272	4	0	4
Liberty School District Total					**57**	**0**	**57**
Lind School District	**Cert/Monthly**	Yes	**No**	SD Plan 4661	15	20	35
	Class/Monthly	No	**Yes**	SD Plan 4661	5	3	8
	Class/Parttime	No	**Yes**	SD Plan 4661	12	12	24
Lind School District Total					**32**	**35**	**67**

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
Longview School District	**ADMIN & EXEMPT**	No	**Yes**	SD Plan 0182	2	0	2
				SD Plan 0542	3	0	3
				SD Plan 2532	4	6	10
				SD Plan 2533	1	0	1
				SD Plan 2543	1	5	6
		Yes	**No**	SD Plan 0182	3	4	7
				SD Plan 0542	4	0	4
				SD Plan 0743	13	14	27
				SD Plan 2531	2	3	5
				SD Plan 2532	2	4	6
				SD Plan 2533	3	6	9
	LCPEA	No	**Yes**	SD Plan 0182	9	4	13
				SD Plan 0542	22	0	22
				SD Plan 0743	6	5	11
				SD Plan 2531	2	2	4
				SD Plan 2532	9	12	21
				SD Plan 2533	6	10	16
				SD Plan 2543	1	0	1
	LONGVIEW EA	Yes	**No**	SD Plan 0182	53	38	91
				SD Plan 0542	123	7	130
				SD Plan 0652	1	1	2
				SD Plan 0743	70	48	118
				SD Plan 2531	19	17	36
				SD Plan 2532	54	91	145
				SD Plan 2533	23	41	64
				SD Plan 2534	12	18	30
				SD Plan 2543	11	25	36
	SEIU	No	**Yes**	SD Plan 0182	25	5	30
				SD Plan 0542	111	20	131
				SD Plan 0743	27	2	29
				SD Plan 2531	10	1	11
				SD Plan 2532	38	44	82
				SD Plan 2533	20	19	39
				SD Plan 2534	7	8	15
				SD Plan 2543	7	10	17
		Yes	**No**	SD Plan 0542	1	0	1
Longview School District Total					**705**	**470**	**1175**
Lopez School District	**CENT OFFICE**	No	**Yes**	SD Plan 2547	1	0	1
		Yes	**No**	SD Plan 0537	2	0	2
	CLASSIFIED	No	**Yes**	SD Plan 0537	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 2547	18	0	18
	CT TEACHER	No	**Yes**	SD Plan 0537	1	0	1
				SD Plan 2547	2	0	2
		Yes	**No**	SD Plan 0537	5	0	5
				SD Plan 2547	14	0	14
Lopez School District Total					**44**	**0**	**44**
Lyle School District	**1-CERTIFICATED**	No	**Yes**	SD Plan 0473	1	0	1
				SD Plan 4194	2	0	2
		Yes	**No**	SD Plan 0014	1	1	2
				SD Plan 0473	1	0	1
				SD Plan 4194	6	1	7
	2-CLASSIFIED	No	**Yes**	SD Plan 0014	1	0	1
				SD Plan 4194	10	2	12
Lyle School District Total					**22**	**4**	**26**
Lynden School District	**DISTRICT OFFICE**	No	**Yes**	SD Plan 0387	8	0	8
				SD Plan 0388	2	0	2
				SD Plan 2746	3	0	3
	LCEA Para/Noon	No	**Yes**	SD Plan 0387	23	0	23
				SD Plan 0388	3	0	3
				SD Plan 0389	1	0	1
				SD Plan 2746	31	0	31
	LEA Certificated	No	**Yes**	SD Plan 0385	2	0	2
				SD Plan 0387	17	0	17
				SD Plan 2746	12	0	12
		Yes	**No**	SD Plan 0385	5	0	5
				SD Plan 0386	1	0	1
				SD Plan 0387	68	0	68
				SD Plan 0388	17	0	17
				SD Plan 0389	1	0	1
				SD Plan 2746	35	0	35
	NON REPRESENTED	No	**Yes**	SD Plan 0387	2	0	2
				SD Plan 2746	1	0	1
	PRINCIPALS	Yes	**No**	SD Plan 0387	6	0	6
				SD Plan 2746	5	0	5
	PSE Transportaton	No	**Yes**	SD Plan 0387	5	0	5
				SD Plan 2746	10	0	10
	SEIU Cust/Grounds	No	**Yes**	SD Plan 0387	14	0	14
				SD Plan 2746	3	0	3
	SEIU Food Service	No	**Yes**	SD Plan 0389	1	0	1
				SD Plan 2746	7	0	7

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
	SEIU Sec/Library	No	**Yes**	SD Plan 0387	13	0	13
				SD Plan 0388	3	0	3
				SD Plan 2746	11	0	11
Lynden School District Total					**310**	**0**	**310**
Mabton School District	**ADMINISTRATION**	No	**Yes**	SD Plan 4648	1	0	1
				SD Plan 4649	1	1	2
				SD Plan 4650	3	1	4
				SD Plan 4651	1	0	1
				SD Plan 4652	1	1	2
		Yes	**No**	SD Plan 4647	2	1	3
				SD Plan 4648	1	3	4
				SD Plan 4650	2	4	6
	CERTIFICATED	Yes	**No**	SD Plan 4647	18	21	39
				SD Plan 4648	2	3	5
				SD Plan 4650	25	31	56
				SD Plan 4651	7	8	15
				SD Plan 4652	1	0	1
				SD Plan 6604	2	4	6
	CLASSIFIED	No	**Yes**	SD Plan 4647	15	22	37
				SD Plan 4648	2	1	3
				SD Plan 4649	2	4	6
				SD Plan 4650	13	1	14
				SD Plan 4651	4	2	6
				SD Plan 6604	4	0	4
Mabton School District Total					**107**	**108**	**215**
Mansfield School District	**CERT ADMIN FULL**	Yes	**No**	SD Plan 3484	1	3	4
	CERT TEACHER	Yes	**No**	SD Plan 3484	12	26	38
				SD Plan 3485	1	0	1
	CLASSIFIED	No	**Yes**	SD Plan 3484	9	17	26
Mansfield School District Total					**23**	**46**	**69**
Manson School District	**ADMINISTRATOR**	No	**Yes**	SD Plan 3684	1	2	3
		Yes	**No**	SD Plan 3676	2	7	9
				SD Plan 3678	1	6	7
				SD Plan 3684	1	4	5
	CERTIFICATED	Yes	**No**	SD Plan 3676	8	11	19
				SD Plan 3678	14	17	31
				SD Plan 3680	1	0	1
				SD Plan 3682	15	16	31
				SD Plan 3684	5	4	9
				SD Plan 3686	1	3	4

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 3729	1	2	3
	NON-REPRESENTED	No	**Yes**	SD Plan 3676	2	4	6
				SD Plan 3678	2	3	5
				SD Plan 3684	1	4	5
	PSE CLASSIFIED	No	**Yes**	SD Plan 3676	8	1	9
				SD Plan 3678	4	1	5
				SD Plan 3680	1	0	1
				SD Plan 3682	11	7	18
				SD Plan 3684	11	6	17
				SD Plan 3686	1	2	3
				SD Plan 3729	2	1	3
Manson School District Total					**93**	**101**	**194**
Mary M Knight School District	**ADMINISTRATION**	Yes	**No**	SD Plan 2014	1	1	2
				SD Plan 2944	1	0	1
	CLASSIFIED	No	**Yes**	SD Plan 2014	2	3	5
				SD Plan 2943	3	2	5
				SD Plan 2944	1	2	3
	NON-UNION	No	**Yes**	SD Plan 2942	2	3	5
	TEACHER	No	**Yes**	SD Plan 2014	1	5	6
				SD Plan 2942	1	3	4
		Yes	**No**	SD Plan 2014	6	3	9
				SD Plan 2942	2	3	5
				SD Plan 2943	1	0	1
Mary M Knight School District Total					**21**	**25**	**46**
Mary Walker School District	**Classified Pool**	No	**Yes**	SD Plan 6728	5	1	6
				SD Plan 6729	9	0	9
				SD Plan 6730	15	8	23
Mary Walker School District Total					**29**	**9**	**38**
Marysville School District	**EXMPT/NON-REPRESENTED**	No	**Yes**	SD Plan 0319	18	0	18
				SD Plan 0320	11	0	11
				SD Plan 0321	1	0	1
				SD Plan 2147	2	0	2
				SD Plan 2148	9	0	9
				SD Plan 2150	4	0	4
				SD Plan 2152	5	0	5
	MSVL EDUCATION ASSOC	Yes	**No**	SD Plan 0319	205	0	205
				SD Plan 0320	89	0	89
				SD Plan 0321	4	0	4
				SD Plan 2147	46	0	46
				SD Plan 2148	91	0	91

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 2149	18	0	18
				SD Plan 2150	81	0	81
				SD Plan 2152	43	0	43
	PRINCIPALS/VP/COORD	Yes	**No**	SD Plan 0319	10	0	10
				SD Plan 0320	12	0	12
				SD Plan 2147	1	0	1
				SD Plan 2148	3	0	3
				SD Plan 2150	4	0	4
				SD Plan 2152	2	0	2
	PUBLIC SCHOOL EMPLOYE	No	**Yes**	SD Plan 0319	24	0	24
				SD Plan 0320	22	0	22
				SD Plan 0321	3	0	3
				SD Plan 2147	5	0	5
				SD Plan 2148	17	0	17
				SD Plan 2149	1	0	1
				SD Plan 2150	5	0	5
				SD Plan 2152	3	0	3
	SEIU 10 MONTH EMPLOYE	No	**Yes**	SD Plan 0319	54	0	54
				SD Plan 0320	21	0	21
				SD Plan 0321	4	0	4
				SD Plan 2147	20	0	20
				SD Plan 2148	57	0	57
				SD Plan 2149	9	0	9
				SD Plan 2150	21	0	21
				SD Plan 2152	14	0	14
	SEIU 12 MONTH EMPLOYE	No	**Yes**	SD Plan 0319	17	0	17
				SD Plan 0320	21	0	21
				SD Plan 2147	1	0	1
				SD Plan 2148	17	0	17
				SD Plan 2149	1	0	1
				SD Plan 2150	8	0	8
				SD Plan 2152	4	0	4
	SUPT/ASTSUP/EXDIR/DIR	No	**Yes**	SD Plan 2148	2	0	2
				SD Plan 2152	1	0	1
		Yes	**No**	SD Plan 0319	5	0	5
				SD Plan 0320	2	0	2
				SD Plan 2147	2	0	2
				SD Plan 2148	4	0	4
				SD Plan 2150	1	0	1
				SD Plan 2152	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
Marysville School District Total					**1026**	**0**	**1026**
McCleary School District	**ADMINISTRATORS**	Yes	**No**	SD Plan 0746	1	2	3
	CERT STAFF	No	**Yes**	SD Plan 0746	1	0	1
				SD Plan 0748	1	1	2
		Yes	**No**	SD Plan 0746	4	2	6
				SD Plan 0747	1	0	1
				SD Plan 0748	4	7	11
				SD Plan 0749	2	1	3
	CLASS MNTHLY	No	**Yes**	SD Plan 0746	4	1	5
				SD Plan 0747	3	4	7
				SD Plan 0748	8	3	11
McCleary School District Total					**29**	**21**	**50**
Mead School District	**1135MT**	No	**Yes**	SD Plan 2866	14	27	41
				SD Plan 2868	5	4	9
				SD Plan 4294	17	16	33
				SD Plan 4460	1	3	4
				SD Plan 4461	6	7	13
	CNS	No	**Yes**	SD Plan 2864	1	1	2
				SD Plan 2866	21	45	66
				SD Plan 2868	2	3	5
				SD Plan 2870	1	2	3
				SD Plan 4294	5	8	13
	DLADM	No	**Yes**	SD Plan 2866	1	2	3
				SD Plan 4294	2	6	8
		Yes	**No**	SD Plan 2864	1	3	4
				SD Plan 2866	2	10	12
				SD Plan 4294	5	7	12
	DOEMP	No	**Yes**	SD Plan 2866	4	7	11
				SD Plan 2868	1	3	4
				SD Plan 4294	6	11	17
	DOEX	No	**Yes**	SD Plan 2866	1	1	2
				SD Plan 2868	1	1	2
				SD Plan 4461	1	4	5
	MAEOP	No	**Yes**	SD Plan 2864	4	7	11
				SD Plan 2866	15	29	44
				SD Plan 2868	10	24	34
				SD Plan 2870	2	1	3
				SD Plan 4294	26	60	86
				SD Plan 4461	1	0	1
	MCPEA	No	**Yes**	SD Plan 2864	10	8	18

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 2866	9	12	21
				SD Plan 2868	10	18	28
				SD Plan 4294	2	2	4
				SD Plan 4460	1	0	1
				SD Plan 4461	12	22	34
	MCTA	No	**Yes**	SD Plan 2864	6	8	14
				SD Plan 2866	6	11	17
				SD Plan 2868	2	6	8
				SD Plan 4461	6	12	18
	MEA	Yes	**No**	SD Plan 2864	77	155	232
				SD Plan 2866	159	381	540
				SD Plan 2868	73	178	251
				SD Plan 2870	15	38	53
				SD Plan 4294	96	230	326
				SD Plan 4460	18	34	52
				SD Plan 4461	94	250	344
				SD Plan 5552	9	31	40
	PRIN	Yes	**No**	SD Plan 2864	4	5	9
				SD Plan 2866	4	10	14
				SD Plan 2868	1	3	4
				SD Plan 4294	13	33	46
				SD Plan 4461	1	2	3
				SD Plan 5552	1	4	5
	PSE	No	**Yes**	SD Plan 2864	4	6	10
				SD Plan 2866	74	138	212
				SD Plan 2868	26	47	73
				SD Plan 2870	19	31	50
				SD Plan 4294	46	107	153
				SD Plan 4460	1	1	2
				SD Plan 4461	5	8	13
				SD Plan 5552	4	9	13
	SUCO	No	**Yes**	SD Plan 2864	1	1	2
				SD Plan 2866	1	0	1
				SD Plan 2868	2	2	4
				SD Plan 4294	9	19	28
				SD Plan 4461	2	1	3
	SUPERINTENDENT	Yes	**No**	SD Plan 4461	1	2	3
Mead School District Total					**980**	**2117**	**3097**
Medical Lake School District	**ADMINISTRATIVE**	No	**Yes**	SD Plan 1224	1	2	3
				SD Plan 1225	1	1	2

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 4819	3	0	3
				SD Plan 4823	2	0	2
				SD Plan 4824	3	0	3
	ADMINISTRATORS	No	**Yes**	SD Plan 4819	2	0	2
		Yes	**No**	SD Plan 1225	1	1	2
				SD Plan 4819	2	1	3
				SD Plan 4823	5	0	5
				SD Plan 4824	2	0	2
	CERT-SUPPORT	Yes	**No**	SD Plan 1225	1	0	1
				SD Plan 4818	3	0	3
				SD Plan 4819	4	0	4
				SD Plan 4823	3	0	3
	CLSFD SUPPORT	No	**Yes**	SD Plan 1222	1	1	2
				SD Plan 1225	1	0	1
				SD Plan 1226	1	0	1
				SD Plan 4818	3	0	3
				SD Plan 4819	3	0	3
				SD Plan 4821	1	0	1
				SD Plan 4823	12	5	17
				SD Plan 4824	1	0	1
	COOKS	No	**Yes**	SD Plan 4818	2	0	2
				SD Plan 4819	1	0	1
				SD Plan 4823	1	0	1
	CUSTODIANS	No	**Yes**	SD Plan 1224	1	1	2
				SD Plan 4818	1	0	1
				SD Plan 4819	1	0	1
				SD Plan 4823	2	0	2
				SD Plan 4824	3	0	3
	SECRTY-CLERICAL	No	**Yes**	SD Plan 1224	1	0	1
				SD Plan 4818	2	0	2
				SD Plan 4819	1	0	1
				SD Plan 4823	1	0	1
				SD Plan 4824	1	0	1
	TEACHERS-BEA	Yes	**No**	SD Plan 1222	6	1	7
				SD Plan 1224	13	10	23
				SD Plan 1225	10	8	18
				SD Plan 1226	2	2	4
				SD Plan 4818	8	0	8
				SD Plan 4819	17	0	17
				SD Plan 4821	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 4823	25	0	25
				SD Plan 4824	9	0	9
				SD Plan 4825	1	0	1
	TRANSPORTATION	No	**Yes**	SD Plan 1224	1	0	1
				SD Plan 4818	3	0	3
				SD Plan 4819	1	0	1
				SD Plan 4823	7	0	7
				SD Plan 4824	1	0	1
Medical Lake School District Total					**179**	**33**	**212**
Mercer Island School District	**ADMIN - Certs**	No	**Yes**	SD Plan 0500	1	1	2
		Yes	**No**	SD Plan 0414	1	0	1
				SD Plan 0415	2	3	5
				SD Plan 0500	3	2	5
				SD Plan 0580	9	13	22
	ADMIN - Class	No	**Yes**	SD Plan 0415	2	3	5
				SD Plan 0578	2	0	2
				SD Plan 0580	8	7	15
	CERT	No	**Yes**	SD Plan 0251	7	0	7
				SD Plan 0414	22	13	35
				SD Plan 0415	19	21	40
				SD Plan 0416	3	1	4
				SD Plan 0500	13	6	19
				SD Plan 0578	6	0	6
				SD Plan 0580	12	6	18
				SD Plan 0581	6	5	11
				SD Plan 0582	4	3	7
				SD Plan 0584	1	2	3
		Yes	**No**	SD Plan 0105	3	0	3
				SD Plan 0251	13	0	13
				SD Plan 0414	20	9	29
				SD Plan 0415	21	18	39
				SD Plan 0416	1	2	3
				SD Plan 0500	10	7	17
				SD Plan 0578	8	0	8
				SD Plan 0580	25	15	40
				SD Plan 0581	4	3	7
				SD Plan 0582	13	11	24
				SD Plan 0584	1	4	5
	CLASS	No	**Yes**	SD Plan 0105	1	0	1
				SD Plan 0251	7	0	7

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 0414	10	6	16
				SD Plan 0415	19	17	36
				SD Plan 0500	2	0	2
				SD Plan 0578	13	0	13
				SD Plan 0580	23	8	31
				SD Plan 0581	5	3	8
				SD Plan 0582	3	2	5
				SD Plan 0583	1	0	1
				SD Plan 0584	1	0	1
	MT/CUST	No	**Yes**	SD Plan 0251	3	0	3
				SD Plan 0414	2	2	4
				SD Plan 0415	2	3	5
				SD Plan 0500	12	8	20
				SD Plan 0578	2	0	2
				SD Plan 0580	6	5	11
				SD Plan 0582	1	4	5
Mercer Island School District Total					**353**	**213**	**566**
Meridian School District	**ADMINISTRATORS**	Yes	**No**	SD Plan 0384	3	0	3
				SD Plan 0749	5	0	5
				SD Plan 2585	1	0	1
	PSE EMPLOYEES	No	**Yes**	SD Plan 0385	1	0	1
				SD Plan 0386	4	0	4
				SD Plan 2584	5	0	5
				SD Plan 2746	15	0	15
	SEC/AIDES POOL	No	**Yes**	SD Plan 0385	3	0	3
				SD Plan 0386	13	0	13
				SD Plan 0388	2	0	2
				SD Plan 2580	2	0	2
				SD Plan 2584	8	0	8
				SD Plan 2746	16	0	16
	TEACHERS	Yes	**No**	SD Plan 0385	5	0	5
				SD Plan 0386	19	0	19
				SD Plan 0388	8	0	8
				SD Plan 2580	3	0	3
				SD Plan 2584	10	0	10
				SD Plan 2746	48	0	48
				SD Plan 6867	1	0	1
	UNREPRESENTED	No	**Yes**	SD Plan 0384	4	0	4
				SD Plan 0547	3	0	3
Meridian School District Total					**179**	**0**	**179**

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
Methow Valley School District	**CERT CONTRACT**	Yes	**No**	SD Plan 2947	34	0	34
				SD Plan 5436	2	0	2
				SD Plan 5437	2	0	2
	CERT PRINCIPAL	Yes	**No**	SD Plan 2947	2	0	2
	CLASS CTRCT	No	**Yes**	SD Plan 2947	28	0	28
				SD Plan 5436	3	0	3
				SD Plan 5437	7	0	7
	CLASS EXEMPT	No	**Yes**	SD Plan 2947	5	0	5
	SUPERINTENDENT	Yes	**No**	SD Plan 2947	1	0	1
Methow Valley School District Total					**84**	**0**	**84**
Mill A School District	**CLASSIFIED**	No	**Yes**	SD Plan 0542	1	0	1
				SD Plan 0747	1	2	3
	TEACHER	Yes	**No**	SD Plan 0542	1	0	1
				SD Plan 0747	1	5	6
	YEAR ROUND	No	**Yes**	SD Plan 0747	1	2	3
Mill A School District Total					**5**	**9**	**14**
Monroe School District	**MEA**	No	**Yes**	SD Plan 0396	20	11	31
				SD Plan 0399	2	0	2
				SD Plan 0401	1	3	4
				SD Plan 0574	7	0	7
				SD Plan 0600	8	5	13
				SD Plan 0613	11	10	21
				SD Plan 0614	6	5	11
				SD Plan 0615	2	3	5
		Yes	**No**	SD Plan 0396	63	31	94
				SD Plan 0399	16	15	31
				SD Plan 0401	9	11	20
				SD Plan 0574	46	0	46
				SD Plan 0600	30	32	62
				SD Plan 0613	60	56	116
				SD Plan 0614	34	35	69
				SD Plan 0615	11	14	25
	NREP	No	**Yes**	SD Plan 0396	5	3	8
				SD Plan 0401	3	7	10
				SD Plan 0574	1	0	1
				SD Plan 0600	3	1	4
				SD Plan 0613	3	3	6
				SD Plan 0614	1	0	1
		Yes	**No**	SD Plan 0396	6	3	9
				SD Plan 0574	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 0600	1	0	1
				SD Plan 0614	1	4	5
	PRINC	Yes	**No**	SD Plan 0396	3	5	8
				SD Plan 0399	1	0	1
				SD Plan 0401	1	2	3
				SD Plan 0574	2	0	2
				SD Plan 0600	3	3	6
				SD Plan 0613	5	9	14
				SD Plan 0614	2	2	4
	PSE	No	**Yes**	SD Plan 0396	26	14	40
				SD Plan 0399	8	6	14
				SD Plan 0401	13	16	29
				SD Plan 0574	9	0	9
				SD Plan 0600	32	20	52
				SD Plan 0613	34	33	67
				SD Plan 0614	14	15	29
				SD Plan 0615	11	13	24
	PSEOP	No	**Yes**	SD Plan 0396	8	7	15
				SD Plan 0399	2	0	2
				SD Plan 0401	2	3	5
				SD Plan 0574	4	0	4
				SD Plan 0600	8	9	17
				SD Plan 0613	14	16	30
				SD Plan 0614	7	5	12
	STD	Yes	**No**	SD Plan 0600	1	1	2
Monroe School District Total					**561**	**431**	**992**
Montesano School District	**ADMINISTRATORS**	No	**Yes**	SD Plan 0746	1	3	4
		Yes	**No**	SD Plan 0659	1	3	4
				SD Plan 0746	4	9	13
				SD Plan 0749	1	1	2
	CLASSIFIED	No	**Yes**	SD Plan 0659	1	3	4
				SD Plan 0746	4	1	5
				SD Plan 0747	5	0	5
				SD Plan 0748	38	30	68
	DIST OFFICE	No	**Yes**	SD Plan 0746	1	3	4
				SD Plan 0748	1	4	5
	FULLTIME 8/260	No	**Yes**	SD Plan 0746	1	0	1
				SD Plan 0747	2	1	3
				SD Plan 0748	1	1	2
	TEACHERS	Yes	**No**	SD Plan 0746	14	20	34

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					Employees	Dependents	Members
				SD Plan 0747	11	5	16
				SD Plan 0748	42	61	103
				SD Plan 0749	1	0	1
Montesano School District Total					**129**	**145**	**274**
Morton School District	**MEA UNION**	Yes	**No**	SD Plan 0003	2	2	4
				SD Plan 3118	1	2	3
				SD Plan 3123	1	1	2
				SD Plan 3124	1	3	4
				SD Plan 3125	2	0	2
				SD Plan 3129	1	0	1
				SD Plan 3130	1	4	5
				SD Plan 3801	7	2	9
	NON REPRESENTED	No	**Yes**	SD Plan 3122	1	3	4
				SD Plan 3125	1	0	1
				SD Plan 3126	1	1	2
				SD Plan 3801	3	0	3
				SD Plan 4655	1	4	5
		Yes	**No**	SD Plan 3118	1	1	2
	PSE UNION	No	**Yes**	SD Plan 3121	5	0	5
				SD Plan 3125	1	0	1
				SD Plan 3126	1	1	2
				SD Plan 3801	4	0	4
Morton School District Total					**35**	**24**	**59**
Moses Lake School District	**ADMINISTRATORS**	No	**Yes**	SD Plan 2850	1	4	5
		Yes	**No**	SD Plan 2850	7	14	21
				SD Plan 2852	6	8	14
				SD Plan 2854	1	1	2
				SD Plan 2856	3	4	7
				SD Plan 2858	6	14	20
				SD Plan 2859	1	0	1
	CLASSIFIED ALL	No	**Yes**	SD Plan 2849	15	2	17
				SD Plan 2850	73	40	113
				SD Plan 2851	10	0	10
				SD Plan 2852	34	22	56
				SD Plan 2853	7	0	7
				SD Plan 2854	37	14	51
				SD Plan 2855	28	16	44
				SD Plan 2856	40	41	81
				SD Plan 2857	9	1	10
				SD Plan 2858	18	16	34

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					Employees	Dependents	Members
				SD Plan 2859	9	12	21
				SD Plan 2860	14	9	23
				SD Plan 2863	4	2	6
				SD Plan 3988	1	0	1
	MANAGERS	No	**Yes**	SD Plan 2850	9	2	11
				SD Plan 2852	1	0	1
				SD Plan 2854	2	0	2
				SD Plan 2856	1	5	6
				SD Plan 2858	2	2	4
	SUPERINTENDENTS	Yes	**No**	SD Plan 2850	2	2	4
				SD Plan 2858	2	2	4
				SD Plan 2860	1	4	5
	TEACHERS ALL TYPES	No	**Yes**	SD Plan 2849	1	0	1
				SD Plan 2850	23	28	51
				SD Plan 2851	3	3	6
				SD Plan 2852	15	17	32
				SD Plan 2853	4	5	9
				SD Plan 2854	7	12	19
				SD Plan 2855	1	0	1
				SD Plan 2856	9	12	21
				SD Plan 2857	2	4	6
				SD Plan 2858	1	0	1
				SD Plan 2860	2	2	4
		Yes	**No**	SD Plan 2849	18	8	26
				SD Plan 2850	122	119	241
				SD Plan 2851	14	3	17
				SD Plan 2852	53	62	115
				SD Plan 2853	6	1	7
				SD Plan 2854	52	53	105
				SD Plan 2855	31	30	61
				SD Plan 2856	53	92	145
				SD Plan 2857	14	22	36
				SD Plan 2858	26	52	78
				SD Plan 2859	3	2	5
				SD Plan 2860	8	13	21
				SD Plan 2863	3	6	9
				SD Plan 3988	3	3	6
Moses Lake School District Total					**818**	**786**	**1604**
Mossyrock School District	**MOSSYROCK EDUCATION ASSOCIATION**	No	**Yes**	SD Plan 3504	2	2	4
				SD Plan 3507	1	1	2

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 3526	5	9	14
				SD Plan 3532	1	0	1
				SD Plan 3539	1	2	3
		Yes	**No**	SD Plan 3504	5	9	14
				SD Plan 3507	5	8	13
				SD Plan 3526	8	4	12
				SD Plan 3532	2	0	2
	NON-REPRESENTED	No	**Yes**	SD Plan 3526	1	0	1
				SD Plan 3539	2	0	2
	PUBLIC SCHOOL EMPLOYEES	No	**Yes**	SD Plan 3504	3	0	3
				SD Plan 3507	9	5	14
				SD Plan 3511	6	2	8
				SD Plan 3526	4	2	6
				SD Plan 3532	6	3	9
Mossyrock School District Total					**61**	**47**	**108**
Mount Adams School District	**CERT.ADMINSTRTR**	Yes	**No**	SD Plan 0537	5	0	5
				SD Plan 1169	1	0	1
	CERT.TEACHERS	Yes	**No**	SD Plan 0537	66	0	66
				SD Plan 1171	3	0	3
	CLASS NON UNION	No	**Yes**	SD Plan 0537	5	0	5
				SD Plan 1169	2	0	2
	CLASSFD 12 MON	No	**Yes**	SD Plan 1168	5	0	5
				SD Plan 1169	3	0	3
				SD Plan 1170	2	0	2
	CLASSFD HRLY	No	**Yes**	SD Plan 0537	1	0	1
				SD Plan 1168	4	0	4
				SD Plan 1169	27	0	27
				SD Plan 1170	13	0	13
Mount Adams School District Total					**137**	**0**	**137**
Mount Baker School District	**ADMINISTRATORS**	Yes	**No**	SD Plan 0287	2	0	2
				SD Plan 0526	1	0	1
				SD Plan 0636	4	0	4
				SD Plan 3135	1	0	1
	CLASSFD EXEMPT	No	**Yes**	SD Plan 0314	4	0	4
				SD Plan 0636	3	0	3
	CLASSFD UNION	No	**Yes**	SD Plan 0287	8	0	8
				SD Plan 0314	28	0	28
				SD Plan 0631	3	0	3
				SD Plan 0636	56	0	56
				SD Plan 3134	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 3135	8	0	8
	SUPERINTENDENT	Yes	**No**	SD Plan 3135	1	0	1
	TEACHERS	No	**Yes**	SD Plan 0313	1	0	1
				SD Plan 0314	3	0	3
				SD Plan 0526	1	0	1
				SD Plan 0636	4	0	4
				SD Plan 3134	1	0	1
				SD Plan 3135	2	0	2
		Yes	**No**	SD Plan 0287	6	0	6
				SD Plan 0313	3	0	3
				SD Plan 0314	29	0	29
				SD Plan 0526	5	0	5
				SD Plan 0631	1	0	1
				SD Plan 0636	37	0	37
				SD Plan 3134	4	0	4
				SD Plan 3135	19	0	19
Mount Baker School District Total					**236**	**0**	**236**
Mount Pleasant School District	**CLASSIFIED**	No	**Yes**	SD Plan 0627	3	0	3
	TEACHERS	Yes	**No**	SD Plan 0627	4	0	4
Mount Pleasant School District Total					**7**	**0**	**7**
Mount Vernon School District	**MESA**	No	**Yes**	SD Plan 0617	5	5	10
				SD Plan 0621	2	0	2
				SD Plan 0623	2	0	2
				SD Plan 2032	1	0	1
				SD Plan 2750	1	1	2
				SD Plan 2751	1	0	1
				SD Plan 2817	2	1	3
				SD Plan 2819	3	1	4
				SD Plan 2878	14	6	20
				SD Plan 2879	12	3	15
				SD Plan 3134	3	0	3
	MVEA	Yes	**No**	SD Plan 0313	22	10	32
				SD Plan 0314	150	28	178
				SD Plan 0500	101	162	263
				SD Plan 0501	41	46	87
				SD Plan 0579	51	32	83
				SD Plan 0580	7	10	17
				SD Plan 0581	12	21	33
				SD Plan 4589	1	1	2
				SD Plan 4592	7	6	13

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
	PEBB	No	**Yes**	SD Plan 0644	8	8	16
				SD Plan 0648	1	1	2
				SD Plan 0652	11	11	22
		Yes	**No**	SD Plan 0644	13	13	26
				SD Plan 0648	7	7	14
				SD Plan 0652	4	4	8
	PSE1	No	**Yes**	SD Plan 0617	24	24	48
				SD Plan 0621	10	9	19
				SD Plan 0623	6	6	12
				SD Plan 2032	5	4	9
				SD Plan 2750	2	4	6
				SD Plan 2751	2	2	4
				SD Plan 2816	2	2	4
				SD Plan 2817	2	2	4
				SD Plan 2819	9	9	18
				SD Plan 2877	2	2	4
				SD Plan 2878	58	58	116
				SD Plan 2879	43	41	84
				SD Plan 3134	3	3	6
	PSE2	No	**Yes**	SD Plan 0617	10	14	24
				SD Plan 0621	1	1	2
				SD Plan 0623	7	7	14
				SD Plan 2032	2	2	4
				SD Plan 2750	2	1	3
				SD Plan 2817	3	3	6
				SD Plan 2819	3	3	6
				SD Plan 2878	25	25	50
				SD Plan 2879	29	29	58
				SD Plan 3134	3	3	6
	TEAM	No	**Yes**	SD Plan 0617	1	2	3
				SD Plan 0623	1	1	2
				SD Plan 2816	2	2	4
				SD Plan 2878	10	10	20
				SD Plan 2879	3	3	6
				SD Plan 3134	1	1	2
Mount Vernon School District Total					**753**	**650**	**1403**
Mukilteo School District	**CERTIFICATED**	Yes	**No**	SD Plan 0227	309	284	593
				SD Plan 0396	63	35	98
				SD Plan 0600	159	80	239
				SD Plan 0613	48	62	110

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 0615	125	84	209
				SD Plan 2683	8	2	10
				SD Plan 2688	42	71	113
				SD Plan 2689	99	56	155
				SD Plan 3458	5	3	8
				SD Plan 3460	1	0	1
				SD Plan 3461	13	10	23
				SD Plan 3462	1	1	2
	CLASSIFIED	No	**Yes**	SD Plan 0399	43	13	56
				SD Plan 0403	189	130	319
				SD Plan 0601	74	68	142
				SD Plan 0614	149	69	218
				SD Plan 2686	32	22	54
Mukilteo School District Total					**1360**	**990**	**2350**
Naches Valley School District	**BLDG SEC**	No	**Yes**	SD Plan 0133	2	0	2
				SD Plan 0230	3	0	3
	BUS DRIVER	No	**Yes**	SD Plan 0230	9	0	9
	BUS MECHANIC	No	**Yes**	SD Plan 0230	1	0	1
	CL.ADMIN.	No	**Yes**	SD Plan 0601	1	0	1
				SD Plan 0602	2	0	2
	COOK	No	**Yes**	SD Plan 0230	1	0	1
	CUSTODIAN	No	**Yes**	SD Plan 0133	2	0	2
				SD Plan 0230	2	0	2
	Maintenance	No	**Yes**	SD Plan 0230	1	0	1
				SD Plan 0602	1	0	1
	NURSE	No	**Yes**	SD Plan 0601	1	0	1
	PARA EDUCATOR	No	**Yes**	SD Plan 0133	5	0	5
				SD Plan 0230	15	0	15
	PRINCIPAL	Yes	**No**	SD Plan 0601	2	0	2
				SD Plan 0602	3	0	3
	PSYCHOLOGIST	Yes	**No**	SD Plan 0602	1	0	1
	SPED DIRECTOR	Yes	**No**	SD Plan 0602	1	0	1
	SUPERINTENDENT	Yes	**No**	SD Plan 2609	1	0	1
	TEACHER	Yes	**No**	SD Plan 0601	25	0	25
				SD Plan 0602	48	0	48
	TERMINATED	No	**Yes**	SD Plan 0230	1	0	1
	TRANSP.SUPV	No	**Yes**	SD Plan 0602	1	0	1
Naches Valley School District Total					**129**	**0**	**129**
Napavine School District	**CLASSIFIED ADMN**	No	**Yes**	SD Plan 0524	2	0	2
				SD Plan 0525	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
	NESP	No	**Yes**	SD Plan 0384	3	0	3
				SD Plan 0523	1	0	1
				SD Plan 0525	21	24	45
	NON-REP CLASSIF	No	**Yes**	SD Plan 0524	1	0	1
				SD Plan 0525	1	1	2
	PRINCIPAL	Yes	**No**	SD Plan 0525	1	4	5
				SD Plan 2622	1	3	4
	SUPERINTENDENT	Yes	**No**	SD Plan 0525	1	1	2
	TEACHER	No	**Yes**	SD Plan 0384	3	4	7
				SD Plan 0523	3	2	5
				SD Plan 0525	6	5	11
		Yes	**No**	SD Plan 0384	8	6	14
				SD Plan 0523	7	5	12
				SD Plan 0524	5	2	7
				SD Plan 0525	12	24	36
				SD Plan 0526	2	1	3
				SD Plan 0528	1	0	1
				SD Plan 2622	1	4	5
Napavine School District Total					**81**	**86**	**167**
Naselle-Grays River Valley School District	**FULL-TIME PSE**	No	**Yes**	SD Plan 0547	1	0	1
				SD Plan 0748	1	2	3
				SD Plan 0749	2	3	5
				SD Plan 0750	1	2	3
				SD Plan 0756	2	3	5
				SD Plan 3595	1	3	4
				SD Plan 3597	2	4	6
				SD Plan 3666	1	3	4
	NON UNION REPR	No	**Yes**	SD Plan 0547	2	1	3
				SD Plan 3666	1	2	3
	PART-TIME	No	**Yes**	SD Plan 0542	1	1	2
				SD Plan 0746	1	0	1
				SD Plan 0747	1	6	7
		Yes	**No**	SD Plan 0749	1	0	1
	PRINCIPAL/215	Yes	**No**	SD Plan 0547	1	1	2
	PRINCIPAL/225	Yes	**No**	SD Plan 0750	1	3	4
	SUPERINTENDENT	Yes	**No**	SD Plan 0547	1	1	2
	TEACHER	No	**Yes**	SD Plan 0747	1	0	1
				SD Plan 0749	1	0	1
				SD Plan 0755	2	6	8
				SD Plan 0756	3	11	14

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
		Yes	**No**	SD Plan 0542	1	5	6
				SD Plan 0547	3	0	3
				SD Plan 0746	1	0	1
				SD Plan 0747	1	1	2
				SD Plan 0748	3	5	8
				SD Plan 0749	1	2	3
				SD Plan 0755	1	0	1
				SD Plan 0756	1	1	2
				SD Plan 3595	1	2	3
				SD Plan 3597	1	2	3
	TEACHER 614	No	**Yes**	SD Plan 0749	1	3	4
Naselle-Grays River Valley School District Total					**43**	**73**	**116**
Nespelem School District	**CLASS MISC**	No	**Yes**	SD Plan 1881	1	0	1
				SD Plan 1883	1	0	1
	CLASSIFIED 260	No	**Yes**	SD Plan 4095	1	0	1
	PRINCIPAL	Yes	**No**	SD Plan 1881	1	0	1
	PSE	No	**Yes**	SD Plan 1881	6	0	6
				SD Plan 1882	1	0	1
				SD Plan 4094	1	0	1
				SD Plan 4095	1	0	1
				SD Plan 4096	1	0	1
	TEACHERS	Yes	**No**	SD Plan 1881	4	0	4
				SD Plan 1882	2	0	2
				SD Plan 4094	2	0	2
				SD Plan 4096	1	0	1
Nespelem School District Total					**23**	**0**	**23**
Newport School District	**ADMIN CONTRACT**	No	**Yes**	SD Plan 1951	2	2	4
				SD Plan 1955	1	2	3
				SD Plan 1957	1	1	2
		Yes	**No**	SD Plan 1954	1	5	6
	ADMINISTRATION	Yes	**No**	SD Plan 1950	1	2	3
				SD Plan 1952	1	3	4
				SD Plan 1953	3	7	10
	CLASS UNION HR	No	**Yes**	SD Plan 1950	1	0	1
				SD Plan 1952	9	1	10
				SD Plan 1953	15	4	19
				SD Plan 1954	5	5	10
				SD Plan 1955	7	6	13
				SD Plan 1957	2	0	2
	HOURLY ADMIN	No	**Yes**	SD Plan 1954	1	3	4

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 1956	2	1	3
	TEACHERS	No	**Yes**	SD Plan 1957	1	2	3
		Yes	**No**	SD Plan 1950	2	0	2
				SD Plan 1951	8	10	18
				SD Plan 1952	7	4	11
				SD Plan 1953	21	15	36
				SD Plan 1954	6	8	14
				SD Plan 1955	13	10	23
				SD Plan 1956	5	6	11
				SD Plan 1957	3	4	7
Newport School District Total					**118**	**101**	**219**
Nine Mile Falls School District	**ADMINISTRATORS**	Yes	**No**	SD Plan 4356	2	9	11
				SD Plan 4357	1	4	5
				SD Plan 4358	2	4	6
				SD Plan 4734	3	12	15
	CERTIFICATED	Yes	**No**	SD Plan 2701	1	1	2
				SD Plan 2703	10	0	10
				SD Plan 4356	1	2	3
				SD Plan 4357	6	16	22
				SD Plan 4358	17	33	50
				SD Plan 4733	17	45	62
				SD Plan 4734	23	45	68
				SD Plan 6978	3	11	14
	CLASSIFIED	No	**Yes**	SD Plan 2703	1	0	1
				SD Plan 4356	10	5	15
				SD Plan 4357	9	5	14
				SD Plan 4358	11	15	26
				SD Plan 4733	4	1	5
				SD Plan 4734	4	2	6
	NON-REPRESENTED	No	**Yes**	SD Plan 4356	1	1	2
				SD Plan 4358	2	6	8
				SD Plan 4733	2	3	5
				SD Plan 4734	3	9	12
Nine Mile Falls School District Total					**133**	**229**	**362**
Nooksack Valley School District	**ADMN**	No	**Yes**	SD Plan 0751	1	0	1
		Yes	**No**	SD Plan 0547	5	0	5
				SD Plan 0746	1	0	1
				SD Plan 0751	2	0	2
	NREP	No	**Yes**	SD Plan 0547	11	0	11
				SD Plan 0746	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 0751	2	0	2
	NVEA	No	**Yes**	SD Plan 0547	3	0	3
				SD Plan 0746	2	0	2
				SD Plan 0750	1	0	1
				SD Plan 0751	2	0	2
		Yes	**No**	SD Plan 0547	54	0	54
				SD Plan 0746	11	0	11
				SD Plan 0748	1	0	1
				SD Plan 0749	2	0	2
				SD Plan 0750	3	0	3
				SD Plan 0751	23	0	23
	SEIU	No	**Yes**	SD Plan 0547	46	0	46
				SD Plan 0746	9	0	9
				SD Plan 0748	4	0	4
				SD Plan 0749	1	0	1
				SD Plan 0750	3	0	3
				SD Plan 0751	13	0	13
Nooksack Valley School District Total					**201**	**0**	**201**
North Beach School District	**CERTIFICATED**	Yes	**No**	SD Plan 0501	3	0	3
				SD Plan 0579	8	7	15
				SD Plan 0580	2	1	3
				SD Plan 0748	10	11	21
				SD Plan 0749	4	3	7
				SD Plan 2713	2	0	2
				SD Plan 2714	2	6	8
				SD Plan 2715	2	2	4
				SD Plan 2716	3	4	7
				SD Plan 2729	8	7	15
	CLASSIFIED	No	**Yes**	SD Plan 0500	2	0	2
				SD Plan 0501	5	0	5
				SD Plan 0579	6	0	6
				SD Plan 0748	6	0	6
				SD Plan 0749	8	0	8
				SD Plan 2714	2	1	3
				SD Plan 2715	4	0	4
				SD Plan 2716	1	0	1
				SD Plan 2729	11	0	11
				SD Plan 5663	1	0	1
North Beach School District Total					**90**	**42**	**132**
North Franklin School District	**CERTIFIED UNION**	No	**Yes**	SD Plan 4410	2	2	4

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 4412	3	2	5
				SD Plan 4414	3	14	17
				SD Plan 5261	1	1	2
		Yes	**No**	SD Plan 4359	10	8	18
				SD Plan 4407	11	19	30
				SD Plan 4410	36	12	48
				SD Plan 4412	15	26	41
				SD Plan 4414	16	39	55
				SD Plan 5261	18	23	41
	CLASSIFIED UNION	No	**Yes**	SD Plan 4359	4	3	7
				SD Plan 4407	16	16	32
				SD Plan 4410	33	6	39
				SD Plan 4412	6	10	16
				SD Plan 4414	13	24	37
				SD Plan 5261	31	43	74
	NON REPRESENTED STAFF	No	**Yes**	SD Plan 4410	1	2	3
				SD Plan 4412	6	2	8
				SD Plan 4414	3	6	9
		Yes	**No**	SD Plan 4410	1	0	1
				SD Plan 4412	2	2	4
				SD Plan 4414	6	16	22
				SD Plan 5261	1	3	4
North Franklin School District Total					**238**	**279**	**517**
North Kitsap School District	**ADMIN BARGAINED**	Yes	**No**	SD Plan 0217	4	0	4
				SD Plan 0429	2	0	2
				SD Plan 0493	5	0	5
				SD Plan 2740	3	0	3
				SD Plan 2741	3	0	3
	NKACEE/PSE	No	**Yes**	SD Plan 0217	28	0	28
				SD Plan 0429	5	0	5
				SD Plan 0493	58	0	58
				SD Plan 0583	2	0	2
				SD Plan 2740	20	0	20
				SD Plan 2741	17	0	17
		Yes	**No**	SD Plan 0493	1	0	1
	NKEA	No	**Yes**	SD Plan 0429	1	0	1
				SD Plan 2741	1	0	1
		Yes	**No**	SD Plan 0217	81	0	81
				SD Plan 0429	6	0	6
				SD Plan 0493	111	0	111

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 0583	15	0	15
				SD Plan 2740	46	0	46
				SD Plan 2741	56	0	56
				SD Plan 4667	3	0	3
	NKSACAS-CLASS ADM	No	**Yes**	SD Plan 0217	1	0	1
				SD Plan 0493	3	0	3
				SD Plan 2741	1	0	1
	NON-BARGAINED EMPLOYEES (CERT&CLASS)	No	**Yes**	SD Plan 0217	1	0	1
				SD Plan 0493	4	0	4
				SD Plan 2740	1	0	1
				SD Plan 4667	1	0	1
		Yes	**No**	SD Plan 0217	3	0	3
				SD Plan 0493	2	0	2
				SD Plan 2740	6	0	6
				SD Plan 2741	1	0	1
	SEIU	No	**Yes**	SD Plan 0217	17	0	17
				SD Plan 0429	2	0	2
				SD Plan 0493	17	0	17
				SD Plan 2740	10	0	10
				SD Plan 2741	6	0	6
	TRANSPORTATION	No	**Yes**	SD Plan 0217	13	0	13
				SD Plan 0493	15	0	15
				SD Plan 0583	1	0	1
				SD Plan 2736	1	0	1
				SD Plan 2740	5	0	5
				SD Plan 2741	2	0	2
North Kitsap School District Total					**581**	**0**	**581**
North Mason School District	**ADMINISTRATORS**	No	**Yes**	SD Plan 0394	1	0	1
				SD Plan 0997	2	0	2
				SD Plan 0998	2	1	3
				SD Plan 1000	2	1	3
		Yes	**No**	SD Plan 0394	6	8	14
				SD Plan 0997	2	0	2
				SD Plan 0998	1	3	4
				SD Plan 1000	1	2	3
	PUBLIC SCH EMPLOYEES	No	**Yes**	SD Plan 0394	20	13	33
				SD Plan 0997	14	3	17
				SD Plan 0998	12	13	25
				SD Plan 0999	4	3	7
				SD Plan 1000	10	1	11

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 3388	1	2	3
	TEACHERS	Yes	**No**	SD Plan 0394	27	13	40
				SD Plan 0997	33	14	47
				SD Plan 0998	28	23	51
				SD Plan 0999	14	9	23
				SD Plan 1000	15	17	32
North Mason School District Total					**195**	**126**	**321**
North River School District	**TEACHERS**	No	**Yes**	SD Plan 0534	2	0	2
		Yes	**No**	SD Plan 0534	3	0	3
North River School District Total					**5**	**0**	**5**
North Thurston Public Schools	**Bus Drivers Mechanics Trans Dispatchers**	No	**Yes**	SD Plan 0313	4	0	4
				SD Plan 0623	5	1	6
				SD Plan 2774	3	0	3
				SD Plan 2820	1	2	3
				SD Plan 2823	1	1	2
				SD Plan 2878	28	1	29
				SD Plan 3324	12	0	12
				SD Plan 3837	4	0	4
	Classified Admin District Admin	No	**Yes**	SD Plan 0623	3	1	4
				SD Plan 2774	2	0	2
				SD Plan 2820	1	0	1
				SD Plan 2878	1	0	1
				SD Plan 3837	3	3	6
				SD Plan 3842	1	2	3
		Yes	**No**	SD Plan 0313	1	0	1
				SD Plan 0623	4	1	5
				SD Plan 2820	2	2	4
				SD Plan 2823	1	0	1
				SD Plan 2878	3	0	3
				SD Plan 3842	1	1	2
	Computer Techs	No	**Yes**	SD Plan 0623	1	0	1
				SD Plan 2820	1	1	2
				SD Plan 2823	1	3	4
				SD Plan 2878	3	0	3
				SD Plan 3837	3	4	7
				SD Plan 3842	3	5	8
	Cooks Warehouse	No	**Yes**	SD Plan 0313	2	0	2
				SD Plan 0623	4	1	5
				SD Plan 2774	3	0	3
				SD Plan 2820	3	6	9

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 2823	1	0	1
				SD Plan 2878	15	0	15
				SD Plan 3134	3	0	3
				SD Plan 3324	1	0	1
				SD Plan 3837	7	0	7
	CUSTODIANS	No	**Yes**	SD Plan 0313	2	0	2
				SD Plan 0623	3	0	3
				SD Plan 2774	3	0	3
				SD Plan 2820	2	0	2
				SD Plan 2823	1	1	2
				SD Plan 2878	34	0	34
				SD Plan 3324	4	0	4
				SD Plan 3837	2	0	2
	Educational Assistants	No	**Yes**	SD Plan 0313	32	0	32
				SD Plan 0623	11	10	21
				SD Plan 2774	23	0	23
				SD Plan 2819	1	3	4
				SD Plan 2820	18	18	36
				SD Plan 2823	7	5	12
				SD Plan 2878	52	0	52
				SD Plan 3134	10	17	27
				SD Plan 3324	23	0	23
				SD Plan 3837	16	16	32
				SD Plan 3842	4	2	6
	Grounds Maintenance	No	**Yes**	SD Plan 0313	2	0	2
				SD Plan 0623	2	1	3
				SD Plan 2774	2	0	2
				SD Plan 2820	3	1	4
				SD Plan 2878	3	0	3
				SD Plan 3837	3	5	8
	Interpreters	No	**Yes**	SD Plan 2774	1	0	1
				SD Plan 2820	3	4	7
				SD Plan 2878	3	0	3
	New Classified Admin District Acmin	No	**Yes**	SD Plan 2823	1	0	1
		Yes	**No**	SD Plan 3842	1	4	5
	NEW HIRE CT AFTER INITIAL POOLING	No	**Yes**	SD Plan 2878	1	0	1
	NEW HIRE CUSTODIANS AFTER INITIAL YR POOLIN	No	**Yes**	SD Plan 2878	1	0	1
				SD Plan 3324	1	0	1
	NEW HIRE GR/MN AFTER INITIAL POOLING	No	**Yes**	SD Plan 2823	1	0	1
	NEW HIRE OP AFTER INITAL POOLING	No	**Yes**	SD Plan 2823	3	2	5

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 2878	2	0	2
				SD Plan 3837	1	0	1
				SD Plan 3842	1	2	3
	NEW HIRE PARA EDUCATORS	No	**Yes**	SD Plan 0313	1	0	1
				SD Plan 0623	1	0	1
				SD Plan 2820	1	0	1
				SD Plan 2823	2	0	2
				SD Plan 2878	3	0	3
				SD Plan 3324	4	0	4
				SD Plan 3837	9	3	12
	NEW HIRE PRINCIPALS	Yes	**No**	SD Plan 2823	1	2	3
				SD Plan 3134	1	2	3
				SD Plan 3324	1	0	1
				SD Plan 3842	1	0	1
	NEW HIRE PSE	No	**Yes**	SD Plan 3324	1	0	1
				SD Plan 3837	1	0	1
	Non Union	No	**Yes**	SD Plan 0313	2	0	2
				SD Plan 2774	2	0	2
				SD Plan 2878	14	0	14
				SD Plan 3324	1	0	1
	Office Professional	No	**Yes**	SD Plan 0313	5	0	5
				SD Plan 0623	7	0	7
				SD Plan 2774	7	0	7
				SD Plan 2820	6	1	7
				SD Plan 2823	4	10	14
				SD Plan 2878	31	0	31
				SD Plan 3134	2	0	2
				SD Plan 3324	8	0	8
				SD Plan 3837	14	16	30
				SD Plan 3840	2	1	3
	PRINCIPALS	Yes	**No**	SD Plan 0313	1	0	1
				SD Plan 0623	4	6	10
				SD Plan 2820	8	10	18
				SD Plan 2823	1	2	3
				SD Plan 2878	6	0	6
				SD Plan 3324	2	0	2
				SD Plan 3837	4	5	9
				SD Plan 3842	4	8	12
	TEACHERS	No	**Yes**	SD Plan 0623	1	2	3
				SD Plan 2820	2	0	2

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					Employees	Dependents	Members
		Yes	**No**	SD Plan 0623	139	89	228
				SD Plan 2820	91	79	170
				SD Plan 2823	49	60	109
				SD Plan 2877	2	0	2
				SD Plan 2878	299	2	301
				SD Plan 3134	45	19	64
				SD Plan 3837	112	141	253
				SD Plan 3840	22	36	58
				SD Plan 3842	11	23	34
North Thurston Public Schools Total					**1350**	**643**	**1993**
Northport School District	**CERTIFICATED**	Yes	**No**	SD Plan 2947	17	0	17
	CLASS YEAR RND	No	**Yes**	SD Plan 2947	2	0	2
	CLASSIFIED	No	**Yes**	SD Plan 2947	18	0	18
Northport School District Total					**37**	**0**	**37**
Northshore School District	**Benefit Eligible Certificated**	Yes	**No**	SD Plan 1941	397	117	514
				SD Plan 1942	554	545	1099
				SD Plan 1943	146	298	444
				SD Plan 1945	173	99	272
				SD Plan 4744	8	13	21
	Benefit Eligible Certificated Job Share	Yes	**No**	SD Plan 1941	1	1	2
				SD Plan 1942	1	2	3
				SD Plan 1943	2	3	5
				SD Plan 1945	1	0	1
	Benefit Eligible Classified	No	**Yes**	SD Plan 1941	193	57	250
				SD Plan 1942	343	280	623
				SD Plan 1943	112	179	291
				SD Plan 1945	67	22	89
				SD Plan 4744	7	9	16
Northshore School District Total					**2005**	**1625**	**3630**
Oak Harbor School District	**NON REP**	No	**Yes**	SD Plan 0523	4	0	4
				SD Plan 0524	2	0	2
				SD Plan 0525	2	0	2
				SD Plan 0526	3	0	3
		Yes	**No**	SD Plan 0523	1	0	1
				SD Plan 0524	1	0	1
				SD Plan 0525	2	0	2
	OHBAA	Yes	**No**	SD Plan 0523	6	0	6
				SD Plan 0524	3	0	3
				SD Plan 0525	5	0	5
				SD Plan 0571	2	0	2

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					Employees	Dependents	Members
	OHEA	Yes	**No**	SD Plan 0523	92	0	92
				SD Plan 0524	45	0	45
				SD Plan 0525	78	0	78
				SD Plan 0526	18	0	18
				SD Plan 0527	7	0	7
				SD Plan 0571	39	0	39
	PSE	No	**Yes**	SD Plan 0523	41	0	41
				SD Plan 0524	19	0	19
				SD Plan 0525	62	0	62
				SD Plan 0526	34	0	34
				SD Plan 0527	2	0	2
				SD Plan 0571	22	0	22
Oak Harbor School District Total					**490**	**0**	**490**
Oakesdale School District	**CERT MONTHLY**	Yes	**No**	SD Plan 4446	11	0	11
	CLASS HOURLY	No	**Yes**	SD Plan 4446	4	0	4
				SD Plan 5483	5	0	5
	CLASS MONTHLY	No	**Yes**	SD Plan 4446	5	0	5
	SUPERINTENDENT	Yes	**No**	SD Plan 4446	1	0	1
Oakesdale School District Total					**26**	**0**	**26**
Oakville School District	**Benefits Offered**	No	**Yes**	SD Plan 6657	2	2	4
				SD Plan 6661	1	1	2
				SD Plan 6662	3	6	9
				SD Plan 6665	1	1	2
				SD Plan 6669	6	6	12
				SD Plan 6671	6	18	24
				SD Plan 6672	1	1	2
		Yes	**No**	SD Plan 6657	4	4	8
				SD Plan 6658	2	5	7
				SD Plan 6661	4	4	8
				SD Plan 6669	4	4	8
				SD Plan 6671	2	3	5
				SD Plan 6673	2	4	6
Oakville School District Total					**38**	**59**	**97**
Ocean Beach School District	**001 OBEA**	Yes	**No**	SD Plan 0472	8	8	16
				SD Plan 0473	2	0	2
				SD Plan 0474	3	11	14
				SD Plan 0501	14	6	20
				SD Plan 0579	4	0	4
				SD Plan 0580	2	0	2
				SD Plan 2443	2	3	5

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 2445	4	1	5
				SD Plan 2447	3	1	4
				SD Plan 3910	8	10	18
				SD Plan 3912	1	3	4
				SD Plan 3913	2	1	3
				SD Plan 6345	1	1	2
	002 CPEA	No	**Yes**	SD Plan 0472	6	2	8
				SD Plan 0473	2	0	2
				SD Plan 0474	9	3	12
				SD Plan 0501	5	2	7
				SD Plan 0579	5	8	13
				SD Plan 0580	2	0	2
				SD Plan 2443	2	0	2
				SD Plan 2445	5	1	6
				SD Plan 3910	4	7	11
				SD Plan 6345	2	2	4
	003 PSE	No	**Yes**	SD Plan 2443	4	1	5
				SD Plan 2445	1	0	1
				SD Plan 2447	1	0	1
				SD Plan 3910	3	0	3
	004 ADMIN	Yes	**No**	SD Plan 0472	1	0	1
				SD Plan 0579	1	1	2
				SD Plan 2443	1	4	5
				SD Plan 2445	1	2	3
				SD Plan 3910	1	2	3
				SD Plan 6345	1	3	4
	005 CLASS NON REP	No	**Yes**	SD Plan 0579	3	2	5
				SD Plan 2443	2	2	4
				SD Plan 2447	1	0	1
				SD Plan 6345	1	1	2
	007 21ST CENT GRANT COORD	No	**Yes**	SD Plan 6345	1	2	3
Ocean Beach School District Total					**119**	**90**	**209**
Ocosta School District	**ADMIN**	Yes	**No**	SD Plan 0644	4	1	5
	CERT	No	**Yes**	SD Plan 0644	3	1	4
		Yes	**No**	SD Plan 0644	37	47	84
	CLASSIFIED	No	**Yes**	SD Plan 0644	25	5	30
	NON REP	No	**Yes**	SD Plan 0644	10	8	18
Ocosta School District Total					**79**	**62**	**141**
Odessa School District	**ADMINISTRATORS**	Yes	**No**	SD Plan 2947	2	4	6
	Certificated Employees	Yes	**No**	SD Plan 0537	3	4	7

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 0540	4	1	5
				SD Plan 2951	12	22	34
	Classified Employees	No	**Yes**	SD Plan 0537	3	0	3
				SD Plan 2951	15	13	28
Odessa School District Total					**39**	**44**	**83**
Okanogan School District	**ADMIN**	No	**Yes**	SD Plan 4445	3	2	5
		Yes	**No**	SD Plan 4445	7	6	13
	CLASS - NON PSE	No	**Yes**	SD Plan 3496	21	4	25
	OEA	No	**Yes**	SD Plan 1883	1	1	2
		Yes	**No**	SD Plan 1881	14	8	22
				SD Plan 1882	7	6	13
				SD Plan 1883	4	2	6
				SD Plan 4094	10	3	13
				SD Plan 4095	10	5	15
				SD Plan 4096	5	3	8
	PSE	No	**Yes**	SD Plan 1881	8	2	10
				SD Plan 1882	4	0	4
				SD Plan 1883	4	1	5
				SD Plan 2594	3	1	4
				SD Plan 4094	18	3	21
				SD Plan 4095	5	0	5
				SD Plan 4096	1	0	1
Okanogan School District Total					**125**	**47**	**172**
Olympia School District	**CERTIFICATED**	No	**Yes**	SD Plan 0526	1	0	1
		Yes	**No**	SD Plan 0501	121	4	125
				SD Plan 0523	126	79	205
				SD Plan 0524	81	69	150
				SD Plan 0525	123	146	269
				SD Plan 0526	36	32	68
				SD Plan 0659	10	14	24
	CLASSIFIED	No	**Yes**	SD Plan 0501	40	0	40
				SD Plan 0523	42	24	66
				SD Plan 0524	31	34	65
				SD Plan 0525	64	73	137
				SD Plan 0526	19	4	23
				SD Plan 0659	7	11	18
		Yes	**No**	SD Plan 0501	1	0	1
				SD Plan 0524	1	0	1
				SD Plan 0525	1	0	1
	MAINT CUSTODIAL BUS TECH & FS	No	**Yes**	SD Plan 0501	43	0	43

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					Employees	Dependents	Members
				SD Plan 0523	24	9	33
				SD Plan 0524	15	8	23
				SD Plan 0525	18	13	31
				SD Plan 0526	17	3	20
Olympia School District Total					**821**	**523**	**1344**
Omak School District	**CERTIFICATED ADMINIST**	Yes	**No**	SD Plan 1860	3	0	3
				SD Plan 1864	1	0	1
				SD Plan 1868	2	0	2
				SD Plan 1869	1	0	1
				SD Plan 4116	1	0	1
	CLASSIFIED ADM SUPPRT	No	**Yes**	SD Plan 0167	2	0	2
				SD Plan 0169	1	0	1
				SD Plan 1860	1	0	1
				SD Plan 1862	1	0	1
				SD Plan 1868	8	0	8
				SD Plan 1870	1	0	1
				SD Plan 4116	1	0	1
	OMAK EDUCATION ASSOC	Yes	**No**	SD Plan 0167	29	0	29
				SD Plan 0168	13	0	13
				SD Plan 0169	9	0	9
				SD Plan 0659	3	0	3
				SD Plan 1860	51	0	51
				SD Plan 1862	19	0	19
				SD Plan 1864	4	0	4
				SD Plan 1868	29	0	29
				SD Plan 1869	21	0	21
				SD Plan 1870	8	0	8
				SD Plan 2091	15	0	15
				SD Plan 2092	5	0	5
				SD Plan 2093	2	0	2
				SD Plan 3285	2	0	2
				SD Plan 4116	5	0	5
	PUBLIC SCHOOL EMPLOYE	No	**Yes**	SD Plan 0167	3	0	3
				SD Plan 0168	1	0	1
				SD Plan 0659	1	0	1
				SD Plan 1860	26	0	26
				SD Plan 1862	6	0	6
				SD Plan 1864	5	0	5
				SD Plan 1868	12	0	12
				SD Plan 1869	10	0	10

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					Employees	Dependents	Members
				SD Plan 1870	5	0	5
				SD Plan 2092	1	0	1
				SD Plan 4116	4	0	4
		Yes	**No**	SD Plan 1864	1	0	1
	SECRETARIES ED ASSOC	No	**Yes**	SD Plan 1860	5	0	5
				SD Plan 1862	1	0	1
				SD Plan 1864	2	0	2
				SD Plan 1868	4	0	4
				SD Plan 2091	1	0	1
				SD Plan 4116	1	0	1
Omak School District Total					**327**	**0**	**327**
Onalaska School District	**CERTIFICATED - TEACHERS/ADMIN**	Yes	**No**	SD Plan 4650	3	3	6
				SD Plan 4651	5	3	8
				SD Plan 4652	5	5	10
				SD Plan 6596	26	30	56
				SD Plan 6597	6	4	10
				SD Plan 6604	3	4	7
	CLASSIFIED STAFF - ALL NON-CERTIFICATED	No	**Yes**	SD Plan 4650	5	2	7
				SD Plan 4651	4	1	5
				SD Plan 4652	3	0	3
				SD Plan 6587	1	0	1
				SD Plan 6596	17	17	34
				SD Plan 6597	11	10	21
Onalaska School District Total					**89**	**79**	**168**
Onion Creek School District	**CERTIFICATED**	Yes	**No**	SD Plan 2848	3	0	3
	CLASSIFIED	No	**Yes**	SD Plan 2848	6	0	6
Onion Creek School District Total					**9**	**0**	**9**
Orcas Island School District	**NON REPRESENTED**	No	**Yes**	SD Plan 0525	2	2	4
				SD Plan 0571	2	3	5
				SD Plan 2879	1	1	2
				SD Plan 2881	1	2	3
				SD Plan 3134	1	2	3
		Yes	**No**	SD Plan 0524	1	3	4
				SD Plan 0525	2	4	6
	ORCAS EDUCATION ASSOC	No	**Yes**	SD Plan 0571	1	1	2
		Yes	**No**	SD Plan 0523	1	1	2
				SD Plan 0524	2	1	3
				SD Plan 0525	11	15	26
				SD Plan 0571	15	15	30
				SD Plan 2878	1	1	2

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 2879	6	6	12
				SD Plan 2881	1	0	1
				SD Plan 3134	5	4	9
				SD Plan 3135	3	5	8
	PUBLIC SCHOOL EMPLS	No	**Yes**	SD Plan 0525	1	0	1
				SD Plan 0571	17	24	41
				SD Plan 2879	2	3	5
				SD Plan 2881	1	0	1
				SD Plan 3134	3	3	6
				SD Plan 3135	3	4	7
Orcas Island School District Total					**83**	**100**	**183**
Orchard Prairie School District	**CERTIFICATED**	No	**Yes**	SD Plan 3470	1	0	1
		Yes	**No**	SD Plan 3470	6	0	6
	CLASSIFIED	No	**Yes**	SD Plan 3470	1	0	1
Orchard Prairie School District Total					**8**	**0**	**8**
Orient School District	**CERT STAFF**	Yes	**No**	SD Plan 3452	4	2	6
	CLASSIFIED	No	**Yes**	SD Plan 2998	5	0	5
				SD Plan 4422	1	0	1
	CLASSIFIED SAL	No	**Yes**	SD Plan 4422	1	0	1
	PRINCIPAL	Yes	**No**	SD Plan 3452	1	0	1
Orient School District Total					**12**	**2**	**14**
Orondo School District	**ORONDO CLASSROOM SUPPORT- POW**	No	**Yes**	SD Plan 1881	1	0	1
				SD Plan 1882	2	1	3
				SD Plan 1884	1	0	1
				SD Plan 1892	1	0	1
				SD Plan 1894	1	0	1
	ORONDO ED ASSOC	Yes	**No**	SD Plan 1881	1	2	3
				SD Plan 1882	4	8	12
				SD Plan 1892	2	1	3
				SD Plan 1893	1	0	1
				SD Plan 1894	1	4	5
	UNREPRESENTED	No	**Yes**	SD Plan 1881	1	0	1
				SD Plan 1882	2	2	4
				SD Plan 1883	1	0	1
				SD Plan 1884	1	0	1
				SD Plan 1891	3	0	3
				SD Plan 1892	2	2	4
				SD Plan 1894	1	0	1
		Yes	**No**	SD Plan 1882	1	1	2
				SD Plan 1883	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 1884	1	0	1
Orondo School District Total					**29**	**21**	**50**
Oroville School District	**CERTIFICATED**	Yes	**No**	SD Plan 0501	6	9	15
				SD Plan 0579	11	10	21
				SD Plan 0580	5	12	17
				SD Plan 1906	8	3	11
				SD Plan 4598	6	16	22
	CLASSIFIED	No	**Yes**	SD Plan 0579	2	2	4
				SD Plan 5010	2	2	4
				SD Plan 5011	2	0	2
				SD Plan 5012	18	5	23
	CLASSIFIED NONUNION	No	**Yes**	SD Plan 0501	1	0	1
				SD Plan 0579	3	0	3
				SD Plan 0580	4	9	13
				SD Plan 4598	1	0	1
Oroville School District Total					**69**	**68**	**137**
Orting School District	**ADMINISTRATORS**	Yes	**No**	SD Plan 5435	9	0	9
	CLASSIFIED	No	**Yes**	SD Plan 0604	3	0	3
				SD Plan 0746	12	0	12
				SD Plan 0747	6	0	6
				SD Plan 0748	34	0	34
				SD Plan 2899	2	0	2
				SD Plan 5435	1	0	1
	EXEMPT	No	**Yes**	SD Plan 5435	14	0	14
	TEACHERS	No	**Yes**	SD Plan 5435	8	0	8
		Yes	**No**	SD Plan 5435	103	0	103
Orting School District Total					**192**	**0**	**192**
Othello School District	**ADMIN POOLING**	Yes	**No**	SD Plan 0636	1	0	1
				SD Plan 0640	1	3	4
				SD Plan 2933	3	0	3
				SD Plan 2935	6	22	28
	CERTIFICATED POOLING	Yes	**No**	SD Plan 0433	7	5	12
				SD Plan 0636	38	40	78
				SD Plan 0640	5	11	16
				SD Plan 2933	54	31	85
				SD Plan 2935	78	106	184
				SD Plan 2936	26	56	82
				SD Plan 2937	9	15	24
	CLASSIFIED POOLING	No	**Yes**	SD Plan 0433	1	0	1
				SD Plan 0636	20	11	31

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					Employees	Dependents	Members
				SD Plan 0640	7	14	21
				SD Plan 2933	21	6	27
				SD Plan 2935	105	79	184
				SD Plan 2936	21	18	39
				SD Plan 2937	6	12	18
	SUPER POOL CLASS	No	**Yes**	SD Plan 0433	1	3	4
	SUPERS POOLING	Yes	**No**	SD Plan 0433	2	8	10
Othello School District Total					**412**	**440**	**852**
Palisades School District	**CLASS MONTHLY**	No	**Yes**	SD Plan 1470	4	0	4
	TEACHER	Yes	**No**	SD Plan 1470	3	0	3
Palisades School District Total					**7**	**0**	**7**
Palouse School District	**CERT TEACHER**	No	**Yes**	SD Plan 0537	2	3	5
		Yes	**No**	SD Plan 0537	13	15	28
				SD Plan 1909	1	3	4
	CLASSIFIED	No	**Yes**	SD Plan 0537	5	5	10
				SD Plan 1909	2	1	3
Palouse School District Total					**23**	**27**	**50**
Pasco School District	**DISTRICT ADMINISTRATOR**	No	**Yes**	SD Plan 2511	1	0	1
				SD Plan 4692	11	0	11
		Yes	**No**	SD Plan 2511	1	0	1
				SD Plan 4692	16	0	16
	EXEMPT PROFESSIONAL	No	**Yes**	SD Plan 2511	2	0	2
				SD Plan 2512	1	0	1
				SD Plan 4688	4	0	4
				SD Plan 4689	11	0	11
				SD Plan 4690	1	0	1
				SD Plan 4692	6	0	6
	IUOE MANT AND CUST	No	**Yes**	SD Plan 2511	11	0	11
				SD Plan 2512	9	0	9
				SD Plan 4688	20	0	20
				SD Plan 4689	32	0	32
				SD Plan 4690	21	0	21
				SD Plan 4691	2	0	2
				SD Plan 4692	13	0	13
				SD Plan 4697	3	0	3
	IUOE TRANSPORTATION	No	**Yes**	SD Plan 2511	5	0	5
				SD Plan 2512	1	0	1
				SD Plan 4688	13	0	13
				SD Plan 4689	23	0	23
				SD Plan 4690	13	0	13

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 4691	1	0	1
				SD Plan 4692	11	0	11
				SD Plan 4697	7	0	7
	NON-SCHEDULED/NON-EXEMPT	No	**Yes**	SD Plan 4692	1	0	1
	PAE TEACHERS	No	**Yes**	SD Plan 4689	2	0	2
				SD Plan 4690	1	0	1
		Yes	**No**	SD Plan 0312	21	0	21
				SD Plan 0563	342	0	342
				SD Plan 0564	166	0	166
				SD Plan 2305	249	0	249
				SD Plan 2306	162	0	162
				SD Plan 2307	29	0	29
				SD Plan 2511	82	0	82
				SD Plan 2512	1	0	1
				SD Plan 4487	3	0	3
	PRINCIPAL & ASST PRINCIPALS	Yes	**No**	SD Plan 2511	2	0	2
				SD Plan 4688	2	0	2
				SD Plan 4692	47	0	47
	PSE NUTRITION SERVICES	No	**Yes**	SD Plan 2511	3	0	3
				SD Plan 2512	2	0	2
				SD Plan 4688	13	0	13
				SD Plan 4689	19	0	19
				SD Plan 4690	12	0	12
				SD Plan 4691	1	0	1
				SD Plan 4692	10	0	10
				SD Plan 4697	3	0	3
	PSE PARAEDUCATORS	No	**Yes**	SD Plan 2511	7	0	7
				SD Plan 2512	3	0	3
				SD Plan 4688	18	0	18
				SD Plan 4689	95	0	95
				SD Plan 4690	53	0	53
				SD Plan 4691	4	0	4
				SD Plan 4692	17	0	17
				SD Plan 4697	15	0	15
	PSE SECRETARIES & CLERKS	No	**Yes**	SD Plan 2511	10	0	10
				SD Plan 2512	3	0	3
				SD Plan 4688	26	0	26
				SD Plan 4689	55	0	55
				SD Plan 4690	31	0	31
				SD Plan 4691	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 4692	21	0	21
				SD Plan 4697	2	0	2
	PSE SPECIALISTS	No	**Yes**	SD Plan 2511	6	0	6
				SD Plan 2512	1	0	1
				SD Plan 4688	9	0	9
				SD Plan 4689	33	0	33
				SD Plan 4690	17	0	17
				SD Plan 4691	4	0	4
				SD Plan 4692	18	0	18
				SD Plan 4697	2	0	2
	TECHNOLOGY	No	**Yes**	SD Plan 2511	1	0	1
				SD Plan 4688	3	0	3
				SD Plan 4689	6	0	6
				SD Plan 4690	3	0	3
				SD Plan 4691	1	0	1
				SD Plan 4692	3	0	3
Pasco School District Total					**1880**	**0**	**1880**
Pateros School District	**CERTIFICATED**	Yes	**No**	SD Plan 0218	8	5	13
				SD Plan 0219	5	8	13
				SD Plan 0505	6	2	8
				SD Plan 0506	2	1	3
				SD Plan 0507	1	1	2
				SD Plan 0659	2	1	3
	CLASSIFIED	No	**Yes**	SD Plan 0218	9	2	11
				SD Plan 0219	3	0	3
				SD Plan 0505	2	0	2
				SD Plan 0659	2	8	10
Pateros School District Total					**40**	**28**	**68**
Paterson School District	**CERT**	Yes	**No**	SD Plan 0656	2	0	2
				SD Plan 0657	4	0	4
				SD Plan 3777	4	0	4
	CLASS	No	**Yes**	SD Plan 0656	1	0	1
				SD Plan 0657	1	0	1
				SD Plan 3777	2	0	2
				SD Plan 5955	7	0	7
Paterson School District Total					**21**	**0**	**21**
Pe Ell School District	**ADMIN**	Yes	**No**	SD Plan 0579	2	4	6
	CERT MONTHLY	No	**Yes**	SD Plan 0501	3	7	10
				SD Plan 0579	2	0	2
				SD Plan 0581	2	4	6

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 1906	1	0	1
		Yes	**No**	SD Plan 0501	2	1	3
				SD Plan 0579	4	0	4
				SD Plan 0581	3	5	8
				SD Plan 0582	2	2	4
				SD Plan 1906	1	2	3
	CLASS MONTHLY	No	**Yes**	SD Plan 0501	4	0	4
				SD Plan 0579	2	3	5
				SD Plan 0581	11	3	14
				SD Plan 0582	2	1	3
				SD Plan 1906	2	0	2
Pe Ell School District Total					**43**	**32**	**75**
Peninsula School District	**ADMIN/NON-REP**	No	**Yes**	SD Plan 0136	5	0	5
				SD Plan 0230	3	0	3
				SD Plan 0571	4	0	4
				SD Plan 0604	2	0	2
				SD Plan 0747	2	0	2
				SD Plan 2905	1	0	1
		Yes	**No**	SD Plan 0136	1	0	1
				SD Plan 0571	2	0	2
				SD Plan 0747	3	0	3
				SD Plan 0748	1	0	1
				SD Plan 2905	1	0	1
	PRINCIPALS/COORD	Yes	**No**	SD Plan 0136	2	0	2
				SD Plan 0230	4	0	4
				SD Plan 0511	1	0	1
				SD Plan 0571	2	0	2
				SD Plan 0604	1	0	1
				SD Plan 0747	7	0	7
				SD Plan 0748	6	0	6
	PSE-CLERICAL	No	**Yes**	SD Plan 0136	51	0	51
				SD Plan 0230	17	0	17
				SD Plan 0511	8	0	8
				SD Plan 0571	39	0	39
				SD Plan 0602	1	0	1
				SD Plan 0604	14	0	14
				SD Plan 0747	10	0	10
				SD Plan 0748	4	0	4
				SD Plan 2905	17	0	17
	PSE-CUSTODIANS	No	**Yes**	SD Plan 0136	5	0	5

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					Employees	Dependents	Members
				SD Plan 0230	2	0	2
				SD Plan 0571	15	0	15
				SD Plan 0604	11	0	11
				SD Plan 0747	5	0	5
				SD Plan 0748	1	0	1
				SD Plan 2905	4	0	4
	PSE-DRIVERS	No	**Yes**	SD Plan 0136	9	0	9
				SD Plan 0230	2	0	2
				SD Plan 0511	4	0	4
				SD Plan 0571	21	0	21
				SD Plan 0604	4	0	4
				SD Plan 2905	6	0	6
	PSE-MAINTENANCE	No	**Yes**	SD Plan 0136	5	0	5
				SD Plan 0571	6	0	6
				SD Plan 0604	2	0	2
				SD Plan 0747	2	0	2
	PSE-MECHANICS	No	**Yes**	SD Plan 0136	1	0	1
				SD Plan 0571	3	0	3
	TEACHERS	No	**Yes**	SD Plan 0571	1	0	1
		Yes	**No**	SD Plan 0136	76	0	76
				SD Plan 0207	1	0	1
				SD Plan 0230	52	0	52
				SD Plan 0511	10	0	10
				SD Plan 0571	87	0	87
				SD Plan 0602	7	0	7
				SD Plan 0604	72	0	72
				SD Plan 0747	59	0	59
				SD Plan 0748	32	0	32
				SD Plan 2905	52	0	52
	WATECH-TECH SUPPORT	No	**Yes**	SD Plan 0136	1	0	1
				SD Plan 0511	2	0	2
				SD Plan 0571	3	0	3
Peninsula School District Total					**772**	**0**	**772**
Pioneer School District	**Cert Admin**	Yes	**No**	SD Plan 0251	1	0	1
				SD Plan 0579	1	0	1
				SD Plan 0581	1	0	1
	Class Admin	No	**Yes**	SD Plan 0251	1	0	1
				SD Plan 0579	1	0	1
				SD Plan 0581	1	0	1
	CLASSIFIED	No	**Yes**	SD Plan 0251	5	0	5

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 0501	3	0	3
				SD Plan 0579	6	0	6
				SD Plan 0580	1	0	1
				SD Plan 0581	14	0	14
				SD Plan 0582	6	0	6
				SD Plan 0583	3	0	3
	SUPERINTENDENT	Yes	**No**	SD Plan 0251	1	0	1
	TEACHERS	No	**Yes**	SD Plan 0251	2	0	2
				SD Plan 0501	1	0	1
				SD Plan 0581	1	0	1
		Yes	**No**	SD Plan 0251	13	0	13
				SD Plan 0501	6	0	6
				SD Plan 0579	8	0	8
				SD Plan 0581	8	0	8
				SD Plan 0582	5	0	5
				SD Plan 0583	1	0	1
				SD Plan 0584	1	0	1
Pioneer School District Total					**91**	**0**	**91**
Pomeroy School District	**CERTIFICATED**	Yes	**No**	SD Plan 2927	5	5	10
				SD Plan 2928	9	18	27
				SD Plan 2929	3	6	9
				SD Plan 2932	5	7	12
	CLASSIFIED	No	**Yes**	SD Plan 2927	5	5	10
				SD Plan 2928	5	5	10
				SD Plan 2929	4	8	12
				SD Plan 2932	1	5	6
	SUPERINTENDENT	Yes	**No**	SD Plan 2931	1	4	5
Pomeroy School District Total					**38**	**63**	**101**
Port Angeles School District	**NON-UNION**	No	**Yes**	SD Plan 0180	5	0	5
				SD Plan 0743	8	0	8
				SD Plan 2543	2	0	2
				SD Plan 2982	3	0	3
		Yes	**No**	SD Plan 0180	1	0	1
				SD Plan 0743	1	0	1
				SD Plan 2543	1	0	1
				SD Plan 2982	1	0	1
	PAEA MEMBERS	No	**Yes**	SD Plan 0180	12	0	12
				SD Plan 0743	15	0	15
				SD Plan 2982	1	0	1
		Yes	**No**	SD Plan 0180	71	0	71

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 0743	78	0	78
				SD Plan 0744	19	0	19
				SD Plan 2543	7	0	7
				SD Plan 2982	30	0	30
	PAEOP	No	**Yes**	SD Plan 0180	7	0	7
				SD Plan 0743	20	0	20
				SD Plan 0744	1	0	1
				SD Plan 2982	5	0	5
	PARAEDUCATORS	No	**Yes**	SD Plan 0180	15	0	15
				SD Plan 0743	41	0	41
				SD Plan 0744	2	0	2
				SD Plan 2982	10	0	10
	PRINCIPALS	Yes	**No**	SD Plan 0180	5	0	5
				SD Plan 0743	4	0	4
				SD Plan 0744	1	0	1
				SD Plan 2982	2	0	2
	PSE	No	**Yes**	SD Plan 0180	6	0	6
				SD Plan 0743	14	0	14
				SD Plan 2543	3	0	3
				SD Plan 2982	8	0	8
	SUPERINTENDENT	Yes	**No**	SD Plan 0744	1	0	1
	TEAMSTERS	No	**Yes**	SD Plan 0180	4	0	4
				SD Plan 0743	2	0	2
				SD Plan 0744	1	0	1
				SD Plan 2543	1	0	1
				SD Plan 2982	2	0	2
Port Angeles School District Total					**410**	**0**	**410**
Port Townsend School District	**NON-REPRESENTED**	No	**Yes**	SD Plan 3849	3	2	5
				SD Plan 3851	1	1	2
				SD Plan 3852	3	2	5
		Yes	**No**	SD Plan 3849	1	1	2
				SD Plan 3852	5	6	11
	PTEA	No	**Yes**	SD Plan 3852	1	1	2
		Yes	**No**	SD Plan 0028	3	4	7
				SD Plan 3848	15	7	22
				SD Plan 3849	20	18	38
				SD Plan 3851	3	4	7
				SD Plan 3852	31	41	72
	SEIU	No	**Yes**	SD Plan 0028	1	0	1
				SD Plan 3848	10	2	12

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					Employees	Dependents	Members
				SD Plan 3849	12	5	17
				SD Plan 3851	2	0	2
				SD Plan 3852	24	20	44
Port Townsend School District Total					**135**	**114**	**249**
Prescott School District	**Bus**	No	**Yes**	SD Plan 0906	1	1	2
				SD Plan 0907	3	1	4
	CERT FULL-T MO.	No	**Yes**	SD Plan 0907	1	0	1
		Yes	**No**	SD Plan 0906	3	2	5
				SD Plan 0907	16	11	27
	CLASS FULL-T MO	No	**Yes**	SD Plan 0906	1	0	1
				SD Plan 0907	2	1	3
	FOOD SERVICE	No	**Yes**	SD Plan 0906	2	0	2
	PARA ED	No	**Yes**	SD Plan 0906	1	0	1
				SD Plan 0907	7	2	9
	PRINCIPAL	Yes	**No**	SD Plan 0906	1	0	1
	SECRETARY	No	**Yes**	SD Plan 0907	3	1	4
	SUPT	Yes	**No**	SD Plan 0907	1	2	3
Prescott School District Total					**42**	**21**	**63**
Prosser School District	**212 DAY ADMIN**	Yes	**No**	SD Plan 0084	10	24	34
	217 DAY ADMIN	Yes	**No**	SD Plan 2431	1	2	3
	BUSINESS MANAGE	No	**Yes**	SD Plan 0084	1	3	4
	CLASSIFIED	No	**Yes**	SD Plan 0084	15	13	28
				SD Plan 0207	11	6	17
				SD Plan 0574	14	16	30
				SD Plan 2427	10	12	22
				SD Plan 2428	33	31	64
				SD Plan 2429	6	3	9
				SD Plan 2430	12	18	30
				SD Plan 4089	1	0	1
	DIST SUPPORT	No	**Yes**	SD Plan 0084	2	3	5
				SD Plan 0207	1	0	1
				SD Plan 2427	2	2	4
				SD Plan 2428	1	2	3
				SD Plan 2430	1	2	3
	SECRETARIAL	No	**Yes**	SD Plan 0084	4	6	10
				SD Plan 0207	2	0	2
				SD Plan 0574	2	4	6
				SD Plan 2427	2	2	4
				SD Plan 2428	1	3	4
				SD Plan 2430	1	0	1

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					Employees	Dependents	Members
	SUPERINTENDENT	Yes	**No**	SD Plan 0084	1	3	4
	TEACHERS	No	**Yes**	SD Plan 0084	5	10	15
		Yes	**No**	SD Plan 0084	59	62	121
				SD Plan 0207	11	11	22
				SD Plan 0574	18	24	42
				SD Plan 2427	33	57	90
				SD Plan 2428	19	36	55
				SD Plan 2429	9	19	28
				SD Plan 2430	3	7	10
				SD Plan 2431	2	3	5
				SD Plan 4089	4	5	9
				SD Plan 4098	2	2	4
	UNREPRESENTED	No	**Yes**	SD Plan 0084	4	3	7
				SD Plan 2427	1	0	1
				SD Plan 2428	2	3	5
				SD Plan 2429	2	1	3
Prosser School District Total					**308**	**398**	**706**
Pullman School District	**CERTIFICATED**	Yes	**No**	SD Plan 0017	4	8	12
				SD Plan 0230	6	4	10
				SD Plan 0296	36	67	103
				SD Plan 0327	3	5	8
				SD Plan 0329	50	25	75
				SD Plan 0444	1	0	1
				SD Plan 0616	8	4	12
				SD Plan 2580	15	11	26
				SD Plan 3135	8	7	15
	CLASS CUSTODIAL	No	**Yes**	SD Plan 0296	6	2	8
				SD Plan 0329	6	2	8
				SD Plan 1051	1	0	1
				SD Plan 2821	1	0	1
				SD Plan 3135	1	0	1
	CLASS SECRETARY	No	**Yes**	SD Plan 0296	2	2	4
				SD Plan 0329	4	0	4
				SD Plan 0616	1	0	1
				SD Plan 3135	1	0	1
	CLASS/ADMIN/HRLY	No	**Yes**	SD Plan 0017	2	0	2
				SD Plan 0230	3	0	3
				SD Plan 0296	22	20	42
				SD Plan 0327	2	1	3
				SD Plan 0329	25	13	38

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 0434	1	0	1
				SD Plan 0444	2	0	2
				SD Plan 0463	1	1	2
				SD Plan 0616	8	3	11
				SD Plan 2580	2	0	2
				SD Plan 3135	4	0	4
		Yes	**No**	SD Plan 0230	1	1	2
				SD Plan 0296	5	14	19
				SD Plan 0329	2	2	4
				SD Plan 0616	1	1	2
				SD Plan 2580	1	2	3
Pullman School District Total					**236**	**195**	**431**
Puyallup School District	**Benefits Offered - Certificated**	Yes	**No**	SD Plan 0148	157	0	157
				SD Plan 0149	204	0	204
				SD Plan 0155	80	0	80
				SD Plan 0456	143	0	143
				SD Plan 0531	239	0	239
				SD Plan 0747	99	0	99
				SD Plan 4490	108	0	108
	Benefits Offered - Classified	No	**Yes**	SD Plan 0148	111	0	111
				SD Plan 0149	32	0	32
				SD Plan 0155	90	0	90
				SD Plan 0456	108	0	108
				SD Plan 0531	166	0	166
				SD Plan 0747	23	0	23
				SD Plan 4490	43	0	43
				SD Plan 7048	1	0	1
	Benefits Offered - Med with Vision	No	**Yes**	SD Plan 0151	43	0	43
				SD Plan 7048	25	0	25
				SD Plan 7049	11	0	11
Puyallup School District Total					**1683**	**0**	**1683**
Queets-Clearwater School District	**CERTIFICATED**	Yes	**No**	SD Plan 2943	2	0	2
				SD Plan 2944	1	0	1
	CLASSIFIED	No	**Yes**	SD Plan 2940	4	0	4
				SD Plan 2943	1	0	1
				SD Plan 6486	1	0	1
Queets-Clearwater School District Total					**9**	**0**	**9**
Quilcene School District	**CLASSIFIED UNION**	No	**Yes**	SD Plan 0648	5	0	5
				SD Plan 2959	1	0	1
	TEACHERS UNION	Yes	**No**	SD Plan 0646	3	0	3

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 0743	1	0	1
				SD Plan 0744	1	0	1
	UNREPRESENTED STAFF	No	**Yes**	SD Plan 0646	1	0	1
				SD Plan 0648	2	0	2
				SD Plan 0743	3	0	3
		Yes	**No**	SD Plan 0648	1	0	1
Quilcene School District Total					**18**	**0**	**18**
Quillayute Valley School District	**ADMINISTRATORS**	Yes	**No**	SD Plan 0644	4	7	11
				SD Plan 0652	1	1	2
	CLASS/NO UNION	No	**Yes**	SD Plan 0644	2	0	2
				SD Plan 0646	4	7	11
				SD Plan 0652	2	4	6
	FORKS ED ASSN	No	**Yes**	SD Plan 0646	4	3	7
				SD Plan 0652	3	0	3
				SD Plan 2982	1	2	3
				SD Plan 2986	1	1	2
		Yes	**No**	SD Plan 0180	3	2	5
				SD Plan 0644	18	11	29
				SD Plan 0646	10	2	12
				SD Plan 0648	1	0	1
				SD Plan 0652	29	21	50
				SD Plan 0743	2	0	2
				SD Plan 2982	2	0	2
				SD Plan 2985	1	0	1
				SD Plan 2986	3	3	6
	PSE/FORKS (CLASS)	No	**Yes**	SD Plan 0180	2	0	2
				SD Plan 0644	17	12	29
				SD Plan 0646	13	7	20
				SD Plan 0648	2	0	2
				SD Plan 0652	25	13	38
				SD Plan 0743	3	3	6
				SD Plan 0744	1	0	1
				SD Plan 2982	2	3	5
				SD Plan 2986	1	0	1
	PSE/Q.V. (BUS DRS)	No	**Yes**	SD Plan 0644	2	0	2
				SD Plan 0646	2	0	2
				SD Plan 0652	3	1	4
				SD Plan 0743	1	0	1
				SD Plan 2982	1	0	1
Quillayute Valley School District Total					**166**	**103**	**269**

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					Employees	Dependents	Members
Quincy School District	**ADMINISTRATIVE ASSISTANTS**	No	**Yes**	SD Plan 0218	1	0	1
				SD Plan 0219	2	2	4
				SD Plan 0516	3	5	8
				SD Plan 0517	4	0	4
	CERT EMPLOYEES	Yes	**No**	SD Plan 0218	20	41	61
				SD Plan 0219	13	22	35
				SD Plan 0220	1	2	3
				SD Plan 0514	18	6	24
				SD Plan 0516	68	69	137
				SD Plan 0517	23	53	76
				SD Plan 0659	2	4	6
	CLASS EMPLOYEES	No	**Yes**	SD Plan 0218	17	15	32
				SD Plan 0219	22	15	37
				SD Plan 0220	2	0	2
				SD Plan 0514	4	2	6
				SD Plan 0516	29	3	32
				SD Plan 0517	22	9	31
				SD Plan 0659	3	0	3
		Yes	**No**	SD Plan 0219	1	1	2
	EXEMPT	No	**Yes**	SD Plan 5388	10	9	19
		Yes	**No**	SD Plan 5388	12	24	36
Quincy School District Total					**277**	**282**	**559**
Rainier School District	**ADMINISTRATORS**	Yes	**No**	SD Plan 0319	1	0	1
				SD Plan 0428	1	3	4
				SD Plan 2216	1	0	1
	CLASS UNION	No	**Yes**	SD Plan 0428	2	0	2
				SD Plan 0572	8	5	13
				SD Plan 0604	1	0	1
				SD Plan 1553	6	3	9
				SD Plan 1560	1	0	1
				SD Plan 2216	2	1	3
				SD Plan 2217	2	5	7
				SD Plan 2218	1	0	1
				SD Plan 4675	3	0	3
	CLASS-NON UNION	No	**Yes**	SD Plan 0319	1	0	1
				SD Plan 0428	1	1	2
				SD Plan 1553	1	3	4
				SD Plan 1560	1	0	1
	GROUP 013	Yes	**No**	SD Plan 2219	1	1	2
	TEACHERS	No	**Yes**	SD Plan 0604	2	0	2

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					Employees	Dependents	Members
		Yes	**No**	SD Plan 0319	3	4	7
				SD Plan 0428	6	2	8
				SD Plan 0572	14	14	28
				SD Plan 0604	8	2	10
				SD Plan 1553	5	9	14
				SD Plan 1560	4	7	11
				SD Plan 2216	4	4	8
				SD Plan 2217	1	2	3
				SD Plan 2219	1	2	3
				SD Plan 4675	1	1	2
Rainier School District Total					**83**	**69**	**152**
Raymond School District	**ADMINISTRATORS**	Yes	**No**	SD Plan 0256	1	1	2
				SD Plan 3962	1	2	3
				SD Plan 3986	1	0	1
	CERT. TEACHER	Yes	**No**	SD Plan 0256	4	4	8
				SD Plan 3962	2	0	2
				SD Plan 3985	11	7	18
				SD Plan 3986	21	19	40
	PSE CLASSIFIED	No	**Yes**	SD Plan 0256	8	7	15
				SD Plan 3985	10	0	10
				SD Plan 3986	14	2	16
	SUPERVISORS	No	**Yes**	SD Plan 3985	1	0	1
				SD Plan 3986	2	1	3
Raymond School District Total					**76**	**43**	**119**
Reardan-Edwall School District	**CERTIFICATED STAFF**	Yes	**No**	SD Plan 0020	1	1	2
				SD Plan 0022	1	2	3
				SD Plan 0023	2	0	2
				SD Plan 0024	1	0	1
				SD Plan 0026	1	1	2
				SD Plan 3701	12	11	23
				SD Plan 3706	10	11	21
				SD Plan 3713	1	0	1
				SD Plan 3717	4	5	9
				SD Plan 3720	1	2	3
				SD Plan 3741	1	4	5
	CLASSIFIED STAFF	No	**Yes**	SD Plan 0021	1	0	1
				SD Plan 0023	1	0	1
				SD Plan 0025	1	2	3
				SD Plan 0026	2	0	2
				SD Plan 3701	8	4	12

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					Employees	Dependents	Members
				SD Plan 3706	3	3	6
				SD Plan 3717	5	3	8
				SD Plan 3719	4	5	9
				SD Plan 3720	1	0	1
				SD Plan 3741	1	1	2
Reardan-Edwall School District Total					**62**	**55**	**117**
Renton School District	**AFT**	No	**Yes**	SD Plan 0385	34	0	34
				SD Plan 0386	12	0	12
				SD Plan 0388	1	0	1
				SD Plan 0389	4	0	4
				SD Plan 0571	20	0	20
				SD Plan 2580	35	0	35
	ASST SUP	No	**Yes**	SD Plan 0385	1	0	1
				SD Plan 0388	1	0	1
	CLASS MA	No	**Yes**	SD Plan 0385	8	0	8
				SD Plan 0386	4	0	4
				SD Plan 0571	6	0	6
				SD Plan 2580	1	0	1
	CONFIDTL	No	**Yes**	SD Plan 0385	4	0	4
				SD Plan 0386	3	0	3
				SD Plan 0571	2	0	2
				SD Plan 2580	4	0	4
	DIRECTOR	Yes	**No**	SD Plan 0385	3	0	3
				SD Plan 0386	1	0	1
				SD Plan 0388	2	0	2
				SD Plan 0571	1	0	1
				SD Plan 2580	3	0	3
	ECEAP	No	**Yes**	SD Plan 0385	1	0	1
				SD Plan 0571	1	0	1
				SD Plan 2580	1	0	1
	EXEC DIR	No	**Yes**	SD Plan 0386	1	0	1
				SD Plan 2580	3	0	3
		Yes	**No**	SD Plan 0385	3	0	3
				SD Plan 0571	1	0	1
	HEADSTAR	No	**Yes**	SD Plan 0385	1	0	1
				SD Plan 0386	1	0	1
				SD Plan 0388	1	0	1
				SD Plan 0571	5	0	5
	PRINCIPA	Yes	**No**	SD Plan 0385	20	0	20
				SD Plan 0386	2	0	2

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					Employees	Dependents	Members
				SD Plan 0388	5	0	5
				SD Plan 0571	8	0	8
				SD Plan 2580	12	0	12
				SD Plan 3750	2	0	2
	PROF TEC	No	**Yes**	SD Plan 0385	16	0	16
				SD Plan 0386	14	0	14
				SD Plan 0388	1	0	1
				SD Plan 0571	14	0	14
				SD Plan 2580	16	0	16
	REA	Yes	**No**	SD Plan 0385	262	0	262
				SD Plan 0386	119	0	119
				SD Plan 0388	39	0	39
				SD Plan 0389	8	0	8
				SD Plan 0571	205	0	205
				SD Plan 2580	185	0	185
				SD Plan 3246	1	0	1
				SD Plan 3745	2	0	2
				SD Plan 3750	2	0	2
	RESP	No	**Yes**	SD Plan 0385	60	0	60
				SD Plan 0386	49	0	49
				SD Plan 0388	12	0	12
				SD Plan 0389	10	0	10
				SD Plan 0571	65	0	65
				SD Plan 2580	123	0	123
				SD Plan 3246	1	0	1
	SEIU	No	**Yes**	SD Plan 0385	25	0	25
				SD Plan 0386	9	0	9
				SD Plan 0388	2	0	2
				SD Plan 0571	21	0	21
				SD Plan 2580	13	0	13
	SUPT	Yes	**No**	SD Plan 0386	1	0	1
Renton School District Total					**1493**	**0**	**1493**
Republic School District	**BUS DRIVERS**	No	**Yes**	SD Plan 1584	1	1	2
				SD Plan 5636	1	1	2
	Cert Admin	No	**Yes**	SD Plan 5305	1	4	5
		Yes	**No**	SD Plan 5305	2	4	6
	CLAS HRLY FULLT	No	**Yes**	SD Plan 1584	1	3	4
				SD Plan 5636	1	1	2
	CLASSIFIED ADMN	No	**Yes**	SD Plan 1584	2	5	7
				SD Plan 5636	1	1	2

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					Employees	Dependents	Members
	COOKS	No	**Yes**	SD Plan 5636	1	1	2
	PARA PROS	No	**Yes**	SD Plan 1584	1	1	2
				SD Plan 5636	1	1	2
	School Nurse	No	**Yes**	SD Plan 5636	1	3	4
	SECRETARIES	No	**Yes**	SD Plan 1584	1	2	3
				SD Plan 5636	3	4	7
	TEACHER	No	**Yes**	SD Plan 5636	8	23	31
		Yes	**No**	SD Plan 5636	13	28	41
Republic School District Total					**39**	**83**	**122**
Richland School District	**CERTIFICATED**	Yes	**No**	SD Plan 0312	6	20	26
				SD Plan 0512	81	59	140
				SD Plan 0561	221	170	391
				SD Plan 0562	128	114	242
				SD Plan 3185	55	61	116
				SD Plan 3186	114	109	223
				SD Plan 3187	37	58	95
				SD Plan 3188	16	26	42
	CLASSIFIED	No	**Yes**	SD Plan 0312	12	12	24
				SD Plan 0512	64	19	83
				SD Plan 0561	93	46	139
				SD Plan 0562	62	41	103
				SD Plan 3185	20	8	28
				SD Plan 3186	114	116	230
				SD Plan 3187	44	42	86
				SD Plan 3188	19	16	35
Richland School District Total					**1086**	**917**	**2003**
Ridgefield School District	**ADMIN**	Yes	**No**	SD Plan 0018	2	1	3
				SD Plan 0105	2	1	3
				SD Plan 0251	2	3	5
				SD Plan 3991	1	1	2
	CERTIFIED	Yes	**No**	SD Plan 0017	3	2	5
				SD Plan 0018	12	8	20
				SD Plan 0019	1	1	2
				SD Plan 0105	17	7	24
				SD Plan 0251	54	64	118
				SD Plan 0416	8	3	11
				SD Plan 3990	8	8	16
				SD Plan 3991	2	2	4
	CLASSIFIED	No	**Yes**	SD Plan 0017	1	1	2
				SD Plan 0018	2	2	4

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 0019	2	0	2
				SD Plan 0105	4	1	5
				SD Plan 0251	14	9	23
				SD Plan 0416	3	2	5
				SD Plan 3991	4	4	8
	EXEMPT	No	**Yes**	SD Plan 0105	1	1	2
				SD Plan 0251	1	1	2
				SD Plan 0416	1	0	1
				SD Plan 3377	1	1	2
				SD Plan 3378	1	4	5
				SD Plan 3991	1	0	1
		Yes	**No**	SD Plan 0251	2	3	5
Ridgefield School District Total					**150**	**130**	**280**
Ritzville School District	**CERTIFICATED**	Yes	**No**	SD Plan 5439	26	0	26
	CLASSIFIED	No	**Yes**	SD Plan 5439	27	0	27
Ritzville School District Total					**53**	**0**	**53**
Riverside School District	**CERTIFICATED**	Yes	**No**	SD Plan 2234	4	0	4
				SD Plan 2235	12	0	12
				SD Plan 2236	1	0	1
				SD Plan 3312	11	0	11
				SD Plan 3313	8	0	8
				SD Plan 4328	13	0	13
				SD Plan 4978	31	0	31
	CLASSIFIED	No	**Yes**	SD Plan 2235	2	0	2
				SD Plan 2236	2	0	2
				SD Plan 3312	5	0	5
				SD Plan 3313	8	0	8
				SD Plan 4328	13	0	13
				SD Plan 4978	15	0	15
Riverside School District Total					**125**	**0**	**125**
Riverview School District	**CERTIFICATED**	Yes	**No**	SD Plan 0743	2	0	2
				SD Plan 0744	6	0	6
				SD Plan 0745	4	0	4
				SD Plan 0750	37	0	37
				SD Plan 0751	50	0	50
				SD Plan 0754	5	0	5
				SD Plan 0755	33	0	33
				SD Plan 0756	17	0	17
				SD Plan 3666	3	0	3
	Certificated Administrator	Yes	**No**	SD Plan 0743	1	0	1

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					Employees	Dependents	Members
				SD Plan 0745	1	0	1
				SD Plan 0750	3	0	3
				SD Plan 0751	5	0	5
				SD Plan 0756	3	0	3
	Certificated Duperintendent	Yes	**No**	SD Plan 0755	1	0	1
	CLASSIFIED	No	**Yes**	SD Plan 0743	2	0	2
				SD Plan 0744	1	0	1
				SD Plan 0745	4	0	4
				SD Plan 0750	20	0	20
				SD Plan 0751	24	0	24
				SD Plan 0754	7	0	7
				SD Plan 0755	30	0	30
				SD Plan 0756	9	0	9
				SD Plan 3666	4	0	4
	CLASSIFIED ADMINISTRATOR	No	**Yes**	SD Plan 0750	2	0	2
				SD Plan 0751	1	0	1
				SD Plan 0755	3	0	3
	Classified Exempt - 190 day	No	**Yes**	SD Plan 0756	1	0	1
	Classified Exempt - 260 day	No	**Yes**	SD Plan 0745	1	0	1
				SD Plan 0755	5	0	5
Riverview School District Total					**285**	**0**	**285**
Rochester School District	**ADMIN, 210 DAY**	Yes	**No**	SD Plan 0020	1	1	2
				SD Plan 0022	1	2	3
				SD Plan 0603	1	0	1
				SD Plan 1501	1	1	2
	ADMIN, 220 DAY	Yes	**No**	SD Plan 0021	1	0	1
				SD Plan 0022	1	2	3
				SD Plan 0603	1	0	1
				SD Plan 1502	1	2	3
	ASSISTANT	No	**Yes**	SD Plan 0020	10	3	13
				SD Plan 0021	4	5	9
				SD Plan 0022	3	0	3
				SD Plan 0024	1	0	1
				SD Plan 0603	11	0	11
				SD Plan 1501	15	28	43
				SD Plan 1502	10	20	30
				SD Plan 3732	1	0	1
	CUSTODIAN	No	**Yes**	SD Plan 0020	2	0	2
				SD Plan 0603	4	0	4
				SD Plan 1501	3	2	5

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					Employees	Dependents	Members
	DISTRICT OFFICE	No	**Yes**	SD Plan 0020	1	0	1
				SD Plan 0022	1	1	2
				SD Plan 0603	2	0	2
				SD Plan 1501	3	6	9
				SD Plan 1502	2	1	3
	Inactive	No	**Yes**	SD Plan 0020	1	2	3
				SD Plan 0603	1	0	1
				SD Plan 1501	1	0	1
	SUPERINTENDENT	Yes	**No**	SD Plan 0021	1	3	4
				SD Plan 0603	1	0	1
	TEACHER	Yes	**No**	SD Plan 0020	28	33	61
				SD Plan 0021	9	7	16
				SD Plan 0022	4	2	6
				SD Plan 0603	27	0	27
				SD Plan 1501	37	37	74
				SD Plan 1502	13	25	38
				SD Plan 3732	5	13	18
	TEAMSTERS	No	**Yes**	SD Plan 0022	1	0	1
				SD Plan 1501	1	2	3
				SD Plan 1502	1	1	2
				SD Plan 3732	1	1	2
Rochester School District Total					**213**	**200**	**413**
Rosalia School District	**Cert Admin**	Yes	**No**	SD Plan 3863	1	0	1
	CERT TEACHERS	Yes	**No**	SD Plan 3329	4	0	4
				SD Plan 3863	14	0	14
	Class Admin	No	**Yes**	SD Plan 3329	1	0	1
				SD Plan 3863	2	0	2
	CLASS HOURLY	No	**Yes**	SD Plan 3329	2	0	2
				SD Plan 3863	10	5	15
Rosalia School District Total					**34**	**5**	**39**
Royal School District	**ADMIN**	Yes	**No**	SD Plan 1888	1	0	1
				SD Plan 1889	1	0	1
				SD Plan 1890	2	0	2
				SD Plan 6314	1	0	1
				SD Plan 6315	3	0	3
				SD Plan 6316	1	0	1
	Cert. Bus. Mgr.	Yes	**No**	SD Plan 6316	1	0	1
	CLASS EXEMPT	No	**Yes**	SD Plan 1888	2	0	2
				SD Plan 1889	2	0	2
				SD Plan 1890	1	0	1

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					Employees	Dependents	Members
				SD Plan 6314	6	0	6
				SD Plan 6315	2	0	2
				SD Plan 6316	2	0	2
	CLASS FULLTIME	No	**Yes**	SD Plan 1888	14	0	14
				SD Plan 1889	9	0	9
				SD Plan 1890	2	0	2
				SD Plan 6314	28	0	28
				SD Plan 6315	7	0	7
				SD Plan 6316	7	0	7
				SD Plan 6323	7	0	7
	CLASS SUB	No	**Yes**	SD Plan 1889	2	0	2
	TEACHER	Yes	**No**	SD Plan 1888	26	0	26
				SD Plan 1889	15	0	15
				SD Plan 1890	3	0	3
				SD Plan 6314	25	0	25
				SD Plan 6315	14	0	14
				SD Plan 6316	4	0	4
				SD Plan 6323	2	0	2
Royal School District Total					**190**	**0**	**190**
San Juan Island School District	**ADM CERT**	No	**Yes**	SD Plan 0581	7	0	7
		Yes	**No**	SD Plan 0581	1	0	1
				SD Plan 0585	1	0	1
	PSE	No	**Yes**	SD Plan 0500	1	0	1
				SD Plan 0581	19	0	19
				SD Plan 0585	6	0	6
	SJEA	No	**Yes**	SD Plan 0581	2	0	2
				SD Plan 0585	2	0	2
		Yes	**No**	SD Plan 0500	2	0	2
				SD Plan 0578	2	0	2
				SD Plan 0581	15	0	15
				SD Plan 0585	10	0	10
San Juan Island School District Total					**68**	**0**	**68**
Satsop School District	**POOLING**	No	**Yes**	SD Plan 3512	2	0	2
				SD Plan 3527	2	0	2
		Yes	**No**	SD Plan 3527	3	2	5
Satsop School District Total					**7**	**2**	**9**
Seattle Public Schools	**CERTIFICATED**	Yes	**No**	SD Plan 1475	267	575	842
				SD Plan 1476	1095	842	1937
				SD Plan 1477	472	724	1196
				SD Plan 1478	211	339	550

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					Employees	Dependents	Members
				SD Plan 1479	800	699	1499
				SD Plan 1480	162	172	334
				SD Plan 1481	528	386	914
	CLASSIFIED	No	**Yes**	SD Plan 1475	176	406	582
				SD Plan 1476	712	513	1225
				SD Plan 1477	280	436	716
				SD Plan 1478	119	189	308
				SD Plan 1479	517	340	857
				SD Plan 1480	93	123	216
				SD Plan 1481	278	156	434
Seattle Public Schools Total					**5710**	**5900**	**11610**
Sedro-Woolley School District	**ADMIN POOL**	No	**Yes**	SD Plan 3082	1	3	4
				SD Plan 3092	2	1	3
				SD Plan 3095	4	11	15
				SD Plan 3101	4	5	9
		Yes	**No**	SD Plan 3091	2	3	5
				SD Plan 3092	3	2	5
				SD Plan 3095	4	7	11
				SD Plan 3101	11	14	25
				SD Plan 3487	1	0	1
	ALL EXEMPT POOL	No	**Yes**	SD Plan 3092	2	4	6
				SD Plan 3095	1	2	3
				SD Plan 3101	3	3	6
				SD Plan 3487	1	0	1
		Yes	**No**	SD Plan 3101	2	1	3
	CERT POOL	No	**Yes**	SD Plan 3340	1	0	1
				SD Plan 3342	2	0	2
				SD Plan 4004	2	2	4
				SD Plan 4006	1	0	1
				SD Plan 4008	1	0	1
				SD Plan 4010	1	2	3
				SD Plan 4031	5	4	9
				SD Plan 4033	3	3	6
				SD Plan 4035	1	0	1
				SD Plan 4037	9	8	17
				SD Plan 4039	1	1	2
		Yes	**No**	SD Plan 3340	4	0	4
				SD Plan 3342	8	0	8
				SD Plan 4004	6	2	8
				SD Plan 4006	5	1	6

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					Employees	Dependents	Members
				SD Plan 4008	1	2	3
				SD Plan 4010	5	4	9
				SD Plan 4012	1	1	2
				SD Plan 4031	50	31	81
				SD Plan 4033	34	26	60
				SD Plan 4035	10	6	16
				SD Plan 4037	75	85	160
				SD Plan 4039	12	16	28
	PSE POOL	No	**Yes**	SD Plan 3342	4	0	4
				SD Plan 4006	3	1	4
				SD Plan 4010	11	2	13
				SD Plan 4033	21	2	23
				SD Plan 4037	82	70	152
				SD Plan 4039	8	7	15
				SD Plan 6987	1	0	1
				SD Plan 6995	3	1	4
				SD Plan 6997	2	0	2
				SD Plan 6999	3	7	10
				SD Plan 7001	7	0	7
		Yes	**No**	SD Plan 4037	3	4	7
	SEC POOL	No	**Yes**	SD Plan 4010	1	0	1
				SD Plan 4033	4	3	7
				SD Plan 4037	16	12	28
				SD Plan 4039	3	0	3
				SD Plan 6995	3	0	3
				SD Plan 6997	2	0	2
				SD Plan 7001	1	1	2
Sedro-Woolley School District Total					**457**	**360**	**817**
Selah School District	**2X7SLPA'S SSP**	No	**Yes**	SD Plan 1945	1	0	1
	2x8 BHSSP	No	**Yes**	SD Plan 0218	1	0	1
	40% 2.8 HRS	Yes	**No**	SD Plan 0656	1	0	1
	50% 3.5 HRS	Yes	**No**	SD Plan 0219	1	0	1
				SD Plan 0656	1	0	1
	60% 4.2 HRS	Yes	**No**	SD Plan 0218	1	0	1
				SD Plan 0219	1	0	1
	80% 5.6 HRS	Yes	**No**	SD Plan 0218	3	0	3
				SD Plan 0219	1	0	1
	8HRS Tech-TC-CN	No	**Yes**	SD Plan 0218	1	0	1
				SD Plan 0220	1	0	1
				SD Plan 0657	1	0	1

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					Employees	Dependents	Members
	8x203SSP	No	**Yes**	SD Plan 0218	1	0	1
				SD Plan 0657	1	0	1
	AIDE SUB	No	**Yes**	SD Plan 0218	1	0	1
				SD Plan 0220	1	0	1
	ASST PRINCIPALS	Yes	**No**	SD Plan 0656	1	0	1
				SD Plan 0657	2	0	2
				SD Plan 1945	1	0	1
	ASST SUPT	Yes	**No**	SD Plan 0658	1	0	1
	ASST SUPT LRN	Yes	**No**	SD Plan 0656	1	0	1
	ATHLETICDIRECTO	Yes	**No**	SD Plan 0657	1	0	1
	BUS DRIVERS	No	**Yes**	SD Plan 0218	9	0	9
				SD Plan 0656	1	0	1
				SD Plan 0659	1	0	1
	CHILD NUTRITION	No	**Yes**	SD Plan 0218	3	0	3
				SD Plan 0656	1	0	1
				SD Plan 0657	1	0	1
	COTA	No	**Yes**	SD Plan 0218	1	0	1
				SD Plan 0219	1	0	1
				SD Plan 0657	1	0	1
	CUSTODIAN	No	**Yes**	SD Plan 0218	7	0	7
				SD Plan 0219	1	0	1
				SD Plan 0656	3	0	3
				SD Plan 0657	1	0	1
				SD Plan 0658	2	0	2
				SD Plan 1945	4	0	4
	DEAN OF STUDENT	Yes	**No**	SD Plan 0218	1	0	1
	DIRECTOR-FED$	Yes	**No**	SD Plan 0218	1	0	1
	DISTRICT OFFICE	No	**Yes**	SD Plan 0218	5	0	5
				SD Plan 0656	1	0	1
				SD Plan 0657	1	0	1
				SD Plan 0659	1	0	1
	DON	No	**Yes**	SD Plan 0657	1	0	1
	GONE	No	**Yes**	SD Plan 0218	3	0	3
				SD Plan 0219	3	0	3
				SD Plan 0220	1	0	1
				SD Plan 0656	1	0	1
		Yes	**No**	SD Plan 0218	1	0	1
	HR DIRECTOR	Yes	**No**	SD Plan 0656	1	0	1
	Maintenance	No	**Yes**	SD Plan 0218	5	0	5
				SD Plan 0656	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 0657	1	0	1
	ON LEAVE	No	**Yes**	SD Plan 0218	1	0	1
		Yes	**No**	SD Plan 0219	1	0	1
	PARAPRO	No	**Yes**	SD Plan 0218	27	0	27
				SD Plan 0219	9	0	9
				SD Plan 0220	2	0	2
				SD Plan 0656	10	0	10
				SD Plan 0657	2	0	2
				SD Plan 0658	2	0	2
				SD Plan 0659	1	0	1
				SD Plan 1945	10	0	10
	PRIN/DEAN OF ST	Yes	**No**	SD Plan 0220	1	0	1
				SD Plan 0656	1	0	1
				SD Plan 0657	1	0	1
	PRINCIPALS	Yes	**No**	SD Plan 0218	1	0	1
				SD Plan 0656	1	0	1
				SD Plan 0657	1	0	1
				SD Plan 0659	1	0	1
				SD Plan 1945	1	0	1
	SECRETARY	No	**Yes**	SD Plan 0218	8	0	8
				SD Plan 0219	1	0	1
				SD Plan 0656	2	0	2
				SD Plan 0658	1	0	1
				SD Plan 1945	3	0	3
	SECURITY	No	**Yes**	SD Plan 1945	1	0	1
	SUBS CERTS	Yes	**No**	SD Plan 1945	1	0	1
	SUPERINTENDENT	Yes	**No**	SD Plan 0658	1	0	1
	TEACHERS	Yes	**No**	SD Plan 0218	40	0	40
				SD Plan 0219	28	0	28
				SD Plan 0220	5	0	5
				SD Plan 0656	54	0	54
				SD Plan 0657	36	0	36
				SD Plan 0658	7	0	7
				SD Plan 0659	1	0	1
				SD Plan 1945	18	0	18
	TECHNOLOGY	No	**Yes**	SD Plan 0218	3	0	3
	TEMP CLASSIFIED	No	**Yes**	SD Plan 0218	1	0	1
	TRANS SUPPORT	No	**Yes**	SD Plan 0218	1	0	1
				SD Plan 0219	1	0	1
Selah School District Total					**376**	**0**	**376**

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
Selkirk School District	**DIST OFFICE**	No	**Yes**	SD Plan 1709	1	0	1
				SD Plan 1710	1	0	1
		Yes	**No**	SD Plan 1710	1	0	1
				SD Plan 1713	1	0	1
	PSE Group	No	**Yes**	SD Plan 1704	1	0	1
				SD Plan 1709	2	0	2
				SD Plan 1712	4	0	4
				SD Plan 1713	1	0	1
	SEA Group	No	**Yes**	SD Plan 1705	1	0	1
		Yes	**No**	SD Plan 1704	1	0	1
				SD Plan 1709	5	0	5
				SD Plan 1710	2	0	2
				SD Plan 1712	8	0	8
				SD Plan 1713	1	0	1
Selkirk School District Total					**30**	**0**	**30**
Sequim School District	**1M**	No	**Yes**	SD Plan 3612	1	0	1
				SD Plan 3623	14	0	14
				SD Plan 5211	2	0	2
				SD Plan 5212	1	0	1
		Yes	**No**	SD Plan 3612	6	0	6
				SD Plan 3623	62	0	62
				SD Plan 5211	38	0	38
				SD Plan 5212	8	0	8
	1MA	Yes	**No**	SD Plan 3552	1	0	1
				SD Plan 3562	4	0	4
				SD Plan 3567	3	0	3
				SD Plan 3575	1	0	1
	1MAS	Yes	**No**	SD Plan 3567	1	0	1
	2M	No	**Yes**	SD Plan 3623	1	0	1
				SD Plan 5211	2	0	2
				SD Plan 5212	1	0	1
	2MA	No	**Yes**	SD Plan 3623	2	0	2
				SD Plan 5211	10	0	10
				SD Plan 5212	1	0	1
				SD Plan 5214	1	0	1
	2MEA	No	**Yes**	SD Plan 3552	3	0	3
				SD Plan 3560	5	0	5
				SD Plan 3562	4	0	4
				SD Plan 3567	22	0	22
				SD Plan 3575	1	0	1

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					Employees	Dependents	Members
				SD Plan 3578	1	0	1
				SD Plan 3583	1	0	1
	2MS	No	**Yes**	SD Plan 3552	2	0	2
				SD Plan 3560	1	0	1
				SD Plan 3562	2	0	2
				SD Plan 3567	10	0	10
				SD Plan 3580	1	0	1
	2MT	No	**Yes**	SD Plan 3560	3	0	3
				SD Plan 3562	4	0	4
				SD Plan 3567	7	0	7
Sequim School District Total					**227**	**0**	**227**
Shaw Island School District	**CERTIFICATED**	Yes	**No**	SD Plan 6575	2	0	2
	CLASSIFIED	No	**Yes**	SD Plan 6575	1	3	4
Shaw Island School District Total					**3**	**3**	**6**
Shelton School District	**BUS DRIVER**	No	**Yes**	SD Plan 0523	2	0	2
				SD Plan 0524	1	0	1
				SD Plan 0526	1	0	1
				SD Plan 0571	3	2	5
				SD Plan 3002	14	15	29
	BUS MECHANIC	No	**Yes**	SD Plan 0524	1	0	1
				SD Plan 3002	2	2	4
	Cert Admin	Yes	**No**	SD Plan 0523	4	5	9
				SD Plan 0524	6	1	7
				SD Plan 0571	4	0	4
				SD Plan 3002	4	7	11
	ESP GROUP	No	**Yes**	SD Plan 0523	14	8	22
				SD Plan 0524	20	1	21
				SD Plan 0526	1	0	1
				SD Plan 0571	18	6	24
				SD Plan 2432	1	0	1
				SD Plan 3002	95	53	148
	FULL-TIME TEACH	No	**Yes**	SD Plan 0523	14	3	17
				SD Plan 0524	6	6	12
				SD Plan 0571	8	6	14
				SD Plan 3002	9	13	22
		Yes	**No**	SD Plan 0523	60	34	94
				SD Plan 0524	42	21	63
				SD Plan 0526	6	5	11
				SD Plan 0571	39	21	60
				SD Plan 2432	3	6	9

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					Employees	Dependents	Members
				SD Plan 3002	73	87	160
	NON REP	No	**Yes**	SD Plan 0523	5	5	10
				SD Plan 0524	8	6	14
				SD Plan 0571	1	0	1
				SD Plan 2432	1	1	2
				SD Plan 3002	12	6	18
		Yes	**No**	SD Plan 0523	1	1	2
				SD Plan 3002	2	3	5
	SECRETARY	No	**Yes**	SD Plan 0523	2	0	2
				SD Plan 0524	7	3	10
				SD Plan 0571	6	0	6
				SD Plan 3002	16	5	21
Shelton School District Total					**512**	**332**	**844**
Shoreline School District	**CC**	No	**Yes**	SD Plan 0511	1	0	1
				SD Plan 0623	5	0	5
				SD Plan 2031	14	0	14
				SD Plan 2032	6	0	6
				SD Plan 2193	2	0	2
				SD Plan 2817	6	0	6
	CON	No	**Yes**	SD Plan 0623	3	0	3
				SD Plan 2031	1	0	1
				SD Plan 2193	2	0	2
	CUS	No	**Yes**	SD Plan 0623	11	0	11
				SD Plan 2031	8	0	8
				SD Plan 2032	3	0	3
				SD Plan 2193	4	0	4
				SD Plan 2751	3	0	3
				SD Plan 2817	9	0	9
				SD Plan 2820	3	0	3
	FS	No	**Yes**	SD Plan 0623	1	0	1
				SD Plan 2031	4	0	4
				SD Plan 2032	4	0	4
				SD Plan 2193	1	0	1
				SD Plan 2817	3	0	3
				SD Plan 2820	1	0	1
	IAM	No	**Yes**	SD Plan 0623	2	0	2
	KCT	No	**Yes**	SD Plan 0623	3	0	3
				SD Plan 2031	3	0	3
				SD Plan 2032	1	0	1
				SD Plan 2193	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 2817	9	0	9
	NON REP	No	**Yes**	SD Plan 0623	1	0	1
				SD Plan 2031	3	0	3
				SD Plan 2032	3	0	3
				SD Plan 2751	1	0	1
	PFT	No	**Yes**	SD Plan 0623	2	0	2
				SD Plan 2031	3	0	3
				SD Plan 2193	4	0	4
				SD Plan 2817	3	0	3
	SCA/PA	No	**Yes**	SD Plan 0623	1	0	1
				SD Plan 2031	1	0	1
				SD Plan 2193	1	0	1
				SD Plan 2817	2	0	2
		Yes	**No**	SD Plan 0511	1	0	1
				SD Plan 0623	4	0	4
				SD Plan 2031	4	0	4
				SD Plan 2032	1	0	1
				SD Plan 2193	4	0	4
				SD Plan 2751	1	0	1
				SD Plan 2817	11	0	11
	SEA	Yes	**No**	SD Plan 0511	14	0	14
				SD Plan 0623	77	0	77
				SD Plan 2031	102	0	102
				SD Plan 2032	52	0	52
				SD Plan 2193	59	0	59
				SD Plan 2751	15	0	15
				SD Plan 2817	131	0	131
				SD Plan 2820	20	0	20
	SES	No	**Yes**	SD Plan 0511	7	0	7
				SD Plan 0623	41	0	41
				SD Plan 2031	62	0	62
				SD Plan 2032	26	0	26
				SD Plan 2193	20	0	20
				SD Plan 2751	7	0	7
				SD Plan 2817	50	0	50
				SD Plan 2820	5	0	5
	SUP	Yes	**No**	SD Plan 0623	1	0	1
				SD Plan 2817	2	0	2
	TRN	No	**Yes**	SD Plan 0511	2	0	2
				SD Plan 0623	4	0	4

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					Employees	Dependents	Members
				SD Plan 2031	9	0	9
				SD Plan 2032	1	0	1
				SD Plan 2193	5	0	5
				SD Plan 2751	1	0	1
				SD Plan 2817	6	0	6
				SD Plan 2820	2	0	2
Shoreline School District Total					**886**	**0**	**886**
Skamania School District	**CERTIFICATED STAFF**	Yes	**No**	SD Plan 1623	2	2	4
				SD Plan 1625	2	1	3
				SD Plan 5150	1	0	1
	CLASSIFIED STAFF	No	**Yes**	SD Plan 1625	4	4	8
				SD Plan 5143	1	0	1
Skamania School District Total					**10**	**7**	**17**
Skykomish School District	**ADMIN/NON REPRESENTED**	No	**Yes**	SD Plan 0292	1	0	1
	PUBLIC SCHOOL EMPLOYE	No	**Yes**	SD Plan 0292	1	0	1
	SKYKOMISH EDUCATION A	Yes	**No**	SD Plan 0292	2	0	2
Skykomish School District Total					**4**	**0**	**4**
Snohomish School District	**CERT DIRECTOR**	Yes	**No**	SD Plan 0746	2	0	2
				SD Plan 0747	1	0	1
				SD Plan 0748	2	0	2
	CERTIFICATED	No	**Yes**	SD Plan 0547	1	0	1
				SD Plan 0571	1	0	1
				SD Plan 0746	23	0	23
				SD Plan 0747	7	0	7
				SD Plan 0748	4	0	4
		Yes	**No**	SD Plan 0547	7	0	7
				SD Plan 0571	23	0	23
				SD Plan 0746	224	0	224
				SD Plan 0747	65	0	65
				SD Plan 0748	85	0	85
				SD Plan 0749	38	0	38
	CLASS DIRECTOR	No	**Yes**	SD Plan 0747	1	0	1
				SD Plan 0748	1	0	1
	CLASS SPEC PROJ	No	**Yes**	SD Plan 0748	2	0	2
	CLS NONREP ADM	No	**Yes**	SD Plan 0547	1	0	1
				SD Plan 0747	1	0	1
	CRT NONREP ADM	Yes	**No**	SD Plan 0571	1	0	1
				SD Plan 0746	2	0	2
				SD Plan 0748	3	0	3
	NON-REP	No	**Yes**	SD Plan 0547	1	0	1

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					Employees	Dependents	Members
				SD Plan 0746	2	0	2
				SD Plan 0747	2	0	2
				SD Plan 0748	1	0	1
	PRINCIPAL	Yes	**No**	SD Plan 0746	5	0	5
				SD Plan 0747	5	0	5
				SD Plan 0748	11	0	11
				SD Plan 0749	2	0	2
	PSE	No	**Yes**	SD Plan 0547	4	0	4
				SD Plan 0571	3	0	3
				SD Plan 0746	78	0	78
				SD Plan 0747	65	0	65
				SD Plan 0748	141	0	141
				SD Plan 0749	29	0	29
	SUPERVISORS	No	**Yes**	SD Plan 0746	2	0	2
				SD Plan 0747	1	0	1
				SD Plan 0748	5	0	5
Snohomish School District Total					**852**	**0**	**852**
Snoqualmie Valley School District	**NON REP**	No	**Yes**	SD Plan 3207	4	1	5
				SD Plan 3208	4	4	8
				SD Plan 3210	2	0	2
				SD Plan 3317	3	0	3
				SD Plan 4762	1	3	4
		Yes	**No**	SD Plan 3207	1	0	1
				SD Plan 3208	3	6	9
				SD Plan 3210	1	1	2
				SD Plan 3317	1	0	1
	PRINCIPALS	No	**Yes**	SD Plan 3210	1	1	2
		Yes	**No**	SD Plan 3206	1	2	3
				SD Plan 3207	6	13	19
				SD Plan 3208	5	9	14
				SD Plan 3317	3	5	8
				SD Plan 4762	1	2	3
	PSE	No	**Yes**	SD Plan 3206	14	5	19
				SD Plan 3207	17	2	19
				SD Plan 3208	21	22	43
				SD Plan 3210	22	16	38
				SD Plan 3211	1	4	5
				SD Plan 3300	14	20	34
				SD Plan 3317	37	28	65
				SD Plan 4762	7	5	12

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					Employees	Dependents	Members
	SEA	No	**Yes**	SD Plan 3206	5	1	6
				SD Plan 3207	11	18	29
				SD Plan 3208	17	17	34
				SD Plan 3210	6	1	7
				SD Plan 3211	2	3	5
				SD Plan 3300	4	4	8
				SD Plan 3317	21	31	52
				SD Plan 4762	1	1	2
		Yes	**No**	SD Plan 3206	25	15	40
				SD Plan 3207	37	19	56
				SD Plan 3208	50	52	102
				SD Plan 3210	59	42	101
				SD Plan 3211	3	0	3
				SD Plan 3300	14	10	24
				SD Plan 3317	73	56	129
				SD Plan 4762	2	3	5
	SECRETARIES	No	**Yes**	SD Plan 3206	5	4	9
				SD Plan 3207	5	5	10
				SD Plan 3208	4	2	6
				SD Plan 3210	6	2	8
				SD Plan 3211	1	3	4
				SD Plan 3317	6	13	19
				SD Plan 4762	1	0	1
Snoqualmie Valley School District Total					**528**	**451**	**979**
Soap Lake School District	**CERTIFIED**	Yes	**No**	SD Plan 0516	11	0	11
				SD Plan 3776	1	0	1
				SD Plan 3778	1	0	1
	CLASSIFIED	No	**Yes**	SD Plan 0516	4	0	4
				SD Plan 3776	1	0	1
				SD Plan 3777	1	0	1
Soap Lake School District Total					**19**	**0**	**19**
South Bend School District	**CERTIFICATED STAFF**	No	**Yes**	SD Plan 3504	1	0	1
				SD Plan 3526	3	3	6
				SD Plan 3532	2	0	2
				SD Plan 3536	1	2	3
				SD Plan 3539	2	0	2
				SD Plan 6698	1	2	3
				SD Plan 6704	1	3	4
		Yes	**No**	SD Plan 3504	2	0	2
				SD Plan 3507	2	1	3

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					Employees	Dependents	Members
				SD Plan 3526	9	10	19
				SD Plan 3532	2	3	5
				SD Plan 3539	2	1	3
				SD Plan 6698	5	18	23
				SD Plan 6704	2	5	7
	CLASSIFIED STAFF	No	**Yes**	SD Plan 3504	6	0	6
				SD Plan 3507	4	6	10
				SD Plan 3526	8	6	14
				SD Plan 3532	10	4	14
				SD Plan 3536	1	3	4
				SD Plan 6698	4	2	6
				SD Plan 6704	6	5	11
	NON REPRESENTED	No	**Yes**	SD Plan 3507	1	3	4
				SD Plan 3526	2	5	7
				SD Plan 3532	1	0	1
				SD Plan 3536	1	0	1
				SD Plan 3539	1	3	4
				SD Plan 6704	1	3	4
		Yes	**No**	SD Plan 3532	1	2	3
				SD Plan 3536	1	2	3
				SD Plan 3539	1	4	5
South Bend School District Total					**84**	**96**	**180**
South Kitsap School District	**CERT**	No	**Yes**	SD Plan 0743	12	6	18
				SD Plan 1130	6	0	6
				SD Plan 1131	6	4	10
				SD Plan 6737	16	9	25
				SD Plan 6739	13	9	22
				SD Plan 6740	4	4	8
				SD Plan 6742	2	2	4
		Yes	**No**	SD Plan 0743	77	34	111
				SD Plan 1130	55	15	70
				SD Plan 1131	69	11	80
				SD Plan 1132	12	3	15
				SD Plan 6737	156	80	236
				SD Plan 6739	67	34	101
				SD Plan 6740	29	17	46
				SD Plan 6742	5	5	10
	CLASS	No	**Yes**	SD Plan 0743	55	13	68
				SD Plan 1130	45	6	51
				SD Plan 1131	31	9	40

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 1132	13	0	13
				SD Plan 6737	84	41	125
				SD Plan 6738	1	1	2
				SD Plan 6739	34	18	52
				SD Plan 6740	21	9	30
				SD Plan 6742	8	4	12
		Yes	**No**	SD Plan 1131	1	1	2
				SD Plan 6737	1	1	2
South Kitsap School District Total					**823**	**336**	**1159**
South Whidbey School District	**NRNE**	No	**Yes**	SD Plan 0109	2	0	2
				SD Plan 1822	1	0	1
				SD Plan 1824	2	0	2
				SD Plan 1829	1	0	1
				SD Plan 2396	4	0	4
		Yes	**No**	SD Plan 2396	1	0	1
	PRIN	Yes	**No**	SD Plan 0109	2	0	2
				SD Plan 2396	1	0	1
				SD Plan 2515	1	0	1
				SD Plan 5547	1	0	1
	PSE	No	**Yes**	SD Plan 0109	7	0	7
				SD Plan 1822	1	0	1
				SD Plan 1824	6	0	6
				SD Plan 1829	5	0	5
				SD Plan 2396	11	0	11
				SD Plan 5547	2	0	2
	SEIU	No	**Yes**	SD Plan 0109	12	0	12
				SD Plan 1822	2	0	2
				SD Plan 1824	3	0	3
				SD Plan 1829	2	0	2
				SD Plan 2396	8	0	8
				SD Plan 2515	2	0	2
	SWEA	Yes	**No**	SD Plan 0109	20	0	20
				SD Plan 1822	3	0	3
				SD Plan 1824	14	0	14
				SD Plan 1829	17	0	17
				SD Plan 2396	15	0	15
				SD Plan 2515	9	0	9
				SD Plan 5544	4	0	4
				SD Plan 5547	1	0	1
South Whidbey School District Total					**160**	**0**	**160**

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
Southside School District	**ADMINISTRATORS**	Yes	**No**	SD Plan 0256	1	0	1
	CERT-MONTHLY	Yes	**No**	SD Plan 0256	6	15	21
				SD Plan 0257	1	2	3
				SD Plan 0501	1	0	1
				SD Plan 0579	1	0	1
	CLASS-MONTHLY	No	**Yes**	SD Plan 0256	5	3	8
Southside School District Total					**15**	**20**	**35**
Spokane School District	**Certificated Composite**	Yes	**No**	SD Plan 0511	1	0	1
				SD Plan 1022	2	5	7
				SD Plan 1025	4	10	14
				SD Plan 1029	12	30	42
				SD Plan 1030	12	26	38
				SD Plan 1031	4	8	12
				SD Plan 2235	3	12	15
	Certificated Tiered	No	**Yes**	SD Plan 1025	1	1	2
		Yes	**No**	SD Plan 0511	48	67	115
				SD Plan 1022	48	42	90
				SD Plan 1024	41	48	89
				SD Plan 1025	199	363	562
				SD Plan 1026	77	113	190
				SD Plan 1027	30	61	91
				SD Plan 1029	483	466	949
				SD Plan 1030	717	639	1356
				SD Plan 1031	163	154	317
				SD Plan 2235	227	230	457
	Classified Composite	No	**Yes**	SD Plan 0511	12	22	34
				SD Plan 1022	4	4	8
				SD Plan 1024	7	17	24
				SD Plan 1025	40	70	110
				SD Plan 1026	12	27	39
				SD Plan 1027	3	9	12
				SD Plan 1029	39	88	127
				SD Plan 1030	57	88	145
				SD Plan 1031	9	22	31
				SD Plan 2235	10	24	34
	Classified Tiered	No	**Yes**	SD Plan 0511	31	20	51
				SD Plan 1022	21	12	33
				SD Plan 1024	9	9	18
				SD Plan 1025	89	179	268
				SD Plan 1026	24	39	63

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					Employees	Dependents	Members
				SD Plan 1027	11	21	32
				SD Plan 1029	175	93	268
				SD Plan 1030	282	194	476
				SD Plan 1031	75	32	107
				SD Plan 2235	126	62	188
Spokane School District Total					**3108**	**3307**	**6415**
Sprague School District	**CERTIFICATED**	Yes	**No**	SD Plan 0029	7	0	7
				SD Plan 0537	1	0	1
	CLASSIFIED	No	**Yes**	SD Plan 0029	7	0	7
				SD Plan 0537	2	0	2
		Yes	**No**	SD Plan 0029	1	0	1
Sprague School District Total					**18**	**0**	**18**
St. John School District	**ADMINISTRATION**	Yes	**No**	SD Plan 1759	1	0	1
	CERT TEACHER	Yes	**No**	SD Plan 1759	16	0	16
	CLASS FULL TIME	No	**Yes**	SD Plan 1759	3	0	3
	CLASS PART TIME	No	**Yes**	SD Plan 1759	5	0	5
				SD Plan 1761	1	0	1
St. John School District Total					**26**	**0**	**26**
Stanwood-Camano School District	**ADMIN**	No	**Yes**	SD Plan 0523	1	2	3
				SD Plan 0527	2	3	5
				SD Plan 0528	1	2	3
		Yes	**No**	SD Plan 0523	8	11	19
				SD Plan 0525	4	4	8
				SD Plan 0528	1	0	1
				SD Plan 0571	5	9	14
	NONREP	No	**Yes**	SD Plan 0523	3	3	6
				SD Plan 0525	3	0	3
				SD Plan 0527	4	6	10
				SD Plan 0571	3	0	3
	PSE	No	**Yes**	SD Plan 0146	18	4	22
				SD Plan 0529	9	3	12
				SD Plan 0530	15	9	24
				SD Plan 0531	5	0	5
				SD Plan 0532	34	47	81
				SD Plan 0533	2	1	3
				SD Plan 0571	68	28	96
	SCEA	Yes	**No**	SD Plan 0523	53	42	95
				SD Plan 0525	36	20	56
				SD Plan 0527	81	120	201
				SD Plan 0528	12	12	24

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 0571	44	40	84
				SD Plan 2622	4	4	8
Stanwood-Camano School District Total					**416**	**370**	**786**
Star School District	**BUS DRIVER**	No	**Yes**	SD Plan 5390	3	0	3
	TEACHER	Yes	**No**	SD Plan 5390	3	0	3
Star School District Total					**6**	**0**	**6**
Starbuck School District	**CERT FULL-TIME**	No	**Yes**	SD Plan 3548	1	0	1
		Yes	**No**	SD Plan 3548	1	0	1
	Class Full-Time	No	**Yes**	SD Plan 3548	1	0	1
	CLASS PART-TIME	No	**Yes**	SD Plan 3548	1	0	1
Starbuck School District Total					**4**	**0**	**4**
Stehekin School District	**TEACHER**	Yes	**No**	SD Plan 6554	1	0	1
Stehekin School District Total					**1**	**0**	**1**
Steilacoom Hist. School District	**CERTIFICATED**	Yes	**No**	SD Plan 0578	31	26	57
				SD Plan 0579	30	17	47
				SD Plan 0580	36	30	66
				SD Plan 0581	17	12	29
				SD Plan 6253	27	34	61
				SD Plan 6254	11	8	19
				SD Plan 6255	2	2	4
				SD Plan 6331	4	8	12
	CLASSIFIED	No	**Yes**	SD Plan 0578	22	15	37
				SD Plan 0579	7	1	8
				SD Plan 0580	17	20	37
				SD Plan 0581	6	0	6
				SD Plan 6253	17	15	32
				SD Plan 6254	5	7	12
				SD Plan 6255	2	2	4
				SD Plan 6331	2	0	2
Steilacoom Hist. School District Total					**236**	**197**	**433**
Steptoe School District	**ADMIN**	Yes	**No**	SD Plan 2100	1	1	2
	CERT	No	**Yes**	SD Plan 2100	1	0	1
		Yes	**No**	SD Plan 2100	2	7	9
	CLASSIFIED	No	**Yes**	SD Plan 2100	4	6	10
Steptoe School District Total					**8**	**14**	**22**
Stevenson-Carson School District	**ADMINISTRATORS**	Yes	**No**	SD Plan 0745	5	5	10
				SD Plan 0748	1	4	5
	central office staff	No	**Yes**	SD Plan 0327	1	1	2
				SD Plan 0745	6	16	22
	CLASSIFIED-PSE	No	**Yes**	SD Plan 0314	4	3	7

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 0327	3	0	3
				SD Plan 0745	16	4	20
				SD Plan 0747	4	0	4
				SD Plan 0748	14	11	25
	TEACHERS	Yes	**No**	SD Plan 0314	2	4	6
				SD Plan 0327	8	3	11
				SD Plan 0745	23	9	32
				SD Plan 0747	1	1	2
				SD Plan 0748	8	22	30
Stevenson-Carson School District Total					**96**	**83**	**179**
Sultan School District	**CLA**	No	**Yes**	SD Plan 0021	2	0	2
				SD Plan 0022	1	4	5
				SD Plan 1773	1	3	4
				SD Plan 1775	1	3	4
	CTA	No	**Yes**	SD Plan 0020	1	2	3
		Yes	**No**	SD Plan 0020	2	2	4
				SD Plan 0021	2	2	4
				SD Plan 0022	1	0	1
				SD Plan 1773	1	1	2
				SD Plan 1775	1	3	4
	PSE	No	**Yes**	SD Plan 0020	16	7	23
				SD Plan 0021	9	9	18
				SD Plan 0022	5	1	6
				SD Plan 0648	9	0	9
				SD Plan 1773	19	19	38
				SD Plan 1775	1	3	4
	SEA	No	**Yes**	SD Plan 0020	10	12	22
				SD Plan 0021	4	3	7
				SD Plan 0022	1	0	1
				SD Plan 0648	5	0	5
				SD Plan 1773	7	8	15
		Yes	**No**	SD Plan 0020	14	4	18
				SD Plan 0021	12	14	26
				SD Plan 0022	6	6	12
				SD Plan 0648	11	0	11
				SD Plan 1773	23	26	49
	SUP	Yes	**No**	SD Plan 0022	1	3	4
	TEA	No	**Yes**	SD Plan 0020	1	0	1
				SD Plan 0021	1	0	1
				SD Plan 0648	4	0	4

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					Employees	Dependents	Members
				SD Plan 1773	6	7	13
Sultan School District Total					**178**	**142**	**320**
Summit Valley School District	**Cert Admin**	Yes	**No**	SD Plan 1621	1	0	1
	CERT STAFF	Yes	**No**	SD Plan 1621	6	0	6
	CLASSIFIED	No	**Yes**	SD Plan 1621	3	0	3
Summit Valley School District Total					**10**	**0**	**10**
Sumner School District	**ADMIN/CLASS**	No	**Yes**	SD Plan 0312	13	13	26
				SD Plan 0746	15	8	23
				SD Plan 0747	24	23	47
				SD Plan 0749	4	0	4
				SD Plan 1928	176	211	387
				SD Plan 1929	55	52	107
				SD Plan 1930	16	24	40
				SD Plan 2235	31	0	31
		Yes	**No**	SD Plan 0312	1	3	4
				SD Plan 0746	7	2	9
				SD Plan 0747	2	4	6
				SD Plan 0749	1	0	1
				SD Plan 1928	21	31	52
				SD Plan 1929	3	4	7
				SD Plan 1930	1	3	4
				SD Plan 2235	7	0	7
	SEA	Yes	**No**	SD Plan 0312	12	23	35
				SD Plan 0746	77	74	151
				SD Plan 0747	65	40	105
				SD Plan 0749	27	13	40
				SD Plan 1928	181	192	373
				SD Plan 1929	62	73	135
				SD Plan 1930	18	22	40
				SD Plan 2235	57	0	57
Sumner School District Total					**876**	**815**	**1691**
Sunnyside School District	**BUS DRIVERS**	No	**Yes**	SD Plan 1810	7	3	10
				SD Plan 1812	1	0	1
				SD Plan 1813	4	1	5
				SD Plan 1815	1	0	1
				SD Plan 1816	4	3	7
				SD Plan 1818	11	13	24
				SD Plan 1820	2	0	2
	Certified Admin 1MA	Yes	**No**	SD Plan 1806	1	0	1
				SD Plan 1810	5	6	11

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 1813	4	14	18
				SD Plan 1815	1	3	4
				SD Plan 1816	7	11	18
				SD Plan 1818	6	12	18
				SD Plan 1820	1	0	1
	Class Non Rep 2MO 2CT 2NR 2MM 2ME 2ML	No	**Yes**	SD Plan 1810	5	3	8
				SD Plan 1813	16	25	41
				SD Plan 1815	2	1	3
				SD Plan 1816	10	6	16
				SD Plan 1817	2	3	5
				SD Plan 1818	10	8	18
				SD Plan 1820	2	0	2
	COOKS	No	**Yes**	SD Plan 1806	3	0	3
				SD Plan 1810	13	0	13
				SD Plan 1813	3	0	3
				SD Plan 1816	7	9	16
				SD Plan 1817	1	0	1
				SD Plan 1818	8	10	18
				SD Plan 1820	1	0	1
	CUSTODIANS	No	**Yes**	SD Plan 1806	2	0	2
				SD Plan 1810	11	0	11
				SD Plan 1813	12	14	26
				SD Plan 1815	1	0	1
				SD Plan 1816	4	0	4
				SD Plan 1818	7	8	15
				SD Plan 1820	1	0	1
	EXEC. Director	No	**Yes**	SD Plan 1810	2	3	5
		Yes	**No**	SD Plan 1810	1	0	1
				SD Plan 1820	2	3	5
	MSDR/SEMY 2MP 2MR	No	**Yes**	SD Plan 1806	1	0	1
				SD Plan 1810	3	2	5
				SD Plan 1813	3	5	8
				SD Plan 1815	1	2	3
				SD Plan 1816	1	0	1
				SD Plan 1818	12	17	29
				SD Plan 1820	1	0	1
	SECRETARIES	No	**Yes**	SD Plan 1810	3	0	3
				SD Plan 1813	3	2	5
				SD Plan 1815	2	1	3
				SD Plan 1816	5	1	6

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 1817	1	0	1
				SD Plan 1818	13	13	26
				SD Plan 1820	1	0	1
	SECURITY LIAISO	No	**Yes**	SD Plan 1810	1	0	1
				SD Plan 1813	1	2	3
				SD Plan 1816	2	1	3
				SD Plan 1818	1	0	1
	TEACHER	Yes	**No**	SD Plan 1806	17	0	17
				SD Plan 1809	1	0	1
				SD Plan 1810	88	68	156
				SD Plan 1811	2	2	4
				SD Plan 1812	8	6	14
				SD Plan 1813	57	80	137
				SD Plan 1814	2	5	7
				SD Plan 1815	14	10	24
				SD Plan 1816	66	58	124
				SD Plan 1817	11	2	13
				SD Plan 1818	102	138	240
				SD Plan 1820	13	6	19
	TEACHERS AIDE	No	**Yes**	SD Plan 1806	4	0	4
				SD Plan 1810	16	6	22
				SD Plan 1812	5	0	5
				SD Plan 1813	30	25	55
				SD Plan 1815	3	0	3
				SD Plan 1816	18	2	20
				SD Plan 1817	4	0	4
				SD Plan 1818	32	20	52
				SD Plan 1820	3	0	3
Sunnyside School District Total					**732**	**633**	**1365**
Tacoma School District	**Certificated Employees**	Yes	**No**	SD Plan 0516	640	688	1328
				SD Plan 0517	774	926	1700
				SD Plan 1133	215	219	434
				SD Plan 4331	20	21	41
				SD Plan 4368	167	241	408
	Classified Employees	No	**Yes**	SD Plan 0516	226	250	476
				SD Plan 0517	480	475	955
				SD Plan 1133	111	76	187
				SD Plan 4331	3	2	5
				SD Plan 4368	121	152	273
Tacoma School District Total					**2757**	**3050**	**5807**

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
Taholah School District	**CERTIFICATED**	Yes	**No**	SD Plan 3173	7	0	7
				SD Plan 3174	1	0	1
	CLASSIFIED	No	**Yes**	SD Plan 3173	16	0	16
Taholah School District Total					**24**	**0**	**24**
Tahoma School District	**CLASS & ADMIN**	No	**Yes**	SD Plan 0198	8	8	16
				SD Plan 0572	18	18	36
				SD Plan 0747	94	94	188
				SD Plan 0749	45	45	90
				SD Plan 0750	112	112	224
				SD Plan 0752	14	14	28
		Yes	**No**	SD Plan 0572	3	3	6
				SD Plan 0747	6	6	12
				SD Plan 0749	2	2	4
				SD Plan 0750	4	4	8
				SD Plan 0752	2	2	4
	TEA	No	**Yes**	SD Plan 0198	2	2	4
				SD Plan 0572	1	1	2
				SD Plan 0747	11	11	22
				SD Plan 0749	8	8	16
				SD Plan 0750	11	11	22
				SD Plan 0752	2	2	4
		Yes	**No**	SD Plan 0198	4	4	8
				SD Plan 0572	29	29	58
				SD Plan 0747	121	121	242
				SD Plan 0749	62	62	124
				SD Plan 0750	97	97	194
				SD Plan 0752	27	27	54
Tahoma School District Total					**683**	**683**	**1366**
Tekoa School District	**CERT TEACHER**	No	**Yes**	SD Plan 2026	1	0	1
				SD Plan 2027	5	0	5
		Yes	**No**	SD Plan 2026	3	0	3
				SD Plan 2027	10	0	10
	CLASSIFIED	No	**Yes**	SD Plan 2026	2	0	2
				SD Plan 2027	6	0	6
Tekoa School District Total					**27**	**0**	**27**
Tenino School District	**ADMIN**	Yes	**No**	SD Plan 3284	1	0	1
				SD Plan 3528	1	0	1
				SD Plan 3534	1	0	1
				SD Plan 3541	1	0	1
				SD Plan 3607	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 3616	1	0	1
				SD Plan 3674	1	0	1
	CLASSIFIED	No	**Yes**	SD Plan 0512	2	0	2
				SD Plan 2264	1	0	1
				SD Plan 3278	3	0	3
				SD Plan 3315	8	0	8
				SD Plan 3506	3	0	3
				SD Plan 3509	2	0	2
				SD Plan 3528	2	0	2
				SD Plan 3534	2	0	2
				SD Plan 3538	2	0	2
				SD Plan 3604	1	0	1
				SD Plan 3607	2	0	2
				SD Plan 3616	4	0	4
				SD Plan 3640	4	0	4
				SD Plan 3670	4	0	4
				SD Plan 3672	4	0	4
				SD Plan 3674	1	0	1
				SD Plan 3731	1	0	1
				SD Plan 4109	1	0	1
	EXEMPT	No	**Yes**	SD Plan 3278	1	0	1
				SD Plan 3506	1	0	1
				SD Plan 3607	1	0	1
				SD Plan 3672	1	0	1
				SD Plan 4119	1	0	1
	TEACHERS	No	**Yes**	SD Plan 3506	1	0	1
		Yes	**No**	SD Plan 0512	5	0	5
				SD Plan 0747	1	0	1
				SD Plan 2264	4	0	4
				SD Plan 2265	1	0	1
				SD Plan 3278	5	0	5
				SD Plan 3284	1	0	1
				SD Plan 3315	3	0	3
				SD Plan 3506	6	0	6
				SD Plan 3509	1	0	1
				SD Plan 3513	1	0	1
				SD Plan 3528	5	0	5
				SD Plan 3534	3	0	3
				SD Plan 3538	2	0	2
				SD Plan 3541	1	0	1

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					Employees	Dependents	Members
				SD Plan 3604	1	0	1
				SD Plan 3607	5	0	5
				SD Plan 3610	2	0	2
				SD Plan 3616	6	0	6
				SD Plan 3640	4	0	4
				SD Plan 3670	3	0	3
				SD Plan 3672	3	0	3
				SD Plan 3674	1	0	1
				SD Plan 3731	2	0	2
				SD Plan 4109	1	0	1
				SD Plan 4119	1	0	1
Tenino School District Total					**128**	**0**	**128**
Thorp School District	**CERTIFICATED**	Yes	**No**	SD Plan 0001	4	9	13
				SD Plan 0002	4	0	4
				SD Plan 0003	1	0	1
				SD Plan 0004	1	0	1
				SD Plan 0007	1	0	1
				SD Plan 0011	2	0	2
				SD Plan 0012	1	2	3
	CLASS NONEXEMPT	No	**Yes**	SD Plan 0002	2	0	2
				SD Plan 0008	1	1	2
	CLASS YEARROUND	No	**Yes**	SD Plan 0008	1	1	2
		Yes	**No**	SD Plan 0002	1	0	1
	SUPT / ASST	Yes	**No**	SD Plan 0007	1	0	1
Thorp School District Total					**20**	**13**	**33**
Toledo School District	**CERT-INSURANCE**	No	**Yes**	SD Plan 0523	1	1	2
		Yes	**No**	SD Plan 0218	12	10	22
				SD Plan 0219	7	6	13
				SD Plan 0220	1	1	2
				SD Plan 0523	8	4	12
				SD Plan 0524	3	1	4
	CLASS-INSURANCE	No	**Yes**	SD Plan 0218	8	1	9
				SD Plan 0219	1	0	1
				SD Plan 0523	3	0	3
				SD Plan 0524	3	0	3
				SD Plan 0526	2	0	2
	PSE (BUS DRIV) INSUR	No	**Yes**	SD Plan 0218	4	1	5
				SD Plan 0219	2	0	2
	SUPT/PRINC/DO/TRAN MAIN SUP	No	**Yes**	SD Plan 0218	1	0	1
				SD Plan 0526	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 0659	1	0	1
		Yes	**No**	SD Plan 0218	2	2	4
				SD Plan 0523	1	1	2
				SD Plan 0659	1	1	2
Toledo School District Total					**62**	**29**	**91**
Tonasket School District	**ADMINISTRATORS**	Yes	**No**	SD Plan 3948	6	21	27
	NON REPRESENTED	No	**Yes**	SD Plan 3937	1	3	4
				SD Plan 3944	3	3	6
				SD Plan 3946	1	2	3
				SD Plan 3948	2	0	2
				SD Plan 3952	1	4	5
	PSE	No	**Yes**	SD Plan 3935	19	5	24
				SD Plan 3937	10	11	21
				SD Plan 3939	3	1	4
				SD Plan 3944	7	5	12
				SD Plan 3946	3	0	3
				SD Plan 3948	1	0	1
				SD Plan 3952	4	5	9
	TEA	No	**Yes**	SD Plan 3935	3	6	9
				SD Plan 3937	3	3	6
				SD Plan 3946	2	2	4
				SD Plan 3948	1	0	1
				SD Plan 3952	2	2	4
		Yes	**No**	SD Plan 3935	14	20	34
				SD Plan 3937	15	24	39
				SD Plan 3944	7	2	9
				SD Plan 3946	10	9	19
				SD Plan 3948	1	0	1
				SD Plan 3952	6	1	7
Tonasket School District Total					**125**	**129**	**254**
Toppenish School District	**ADMIN CENTRAL OFFICE SUPPORT**	No	**Yes**	SD Plan 5231	3	0	3
				SD Plan 5232	1	0	1
				SD Plan 5233	4	0	4
				SD Plan 5234	4	0	4
	ADMIN EXEMPT	No	**Yes**	SD Plan 5233	1	0	1
	DIRECT/PRINCIPA	Yes	**No**	SD Plan 5232	2	0	2
				SD Plan 5233	5	0	5
				SD Plan 5234	11	0	11
	HR DIRECTOR	Yes	**No**	SD Plan 5233	1	0	1
	NON PSE	No	**Yes**	SD Plan 3158	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 4050	1	0	1
				SD Plan 5234	4	0	4
	NON PSE1	No	**Yes**	SD Plan 3145	1	0	1
				SD Plan 3153	1	0	1
				SD Plan 3158	3	0	3
				SD Plan 3159	1	0	1
				SD Plan 5234	1	0	1
	PSE	No	**Yes**	SD Plan 3147	7	0	7
				SD Plan 3148	32	0	32
				SD Plan 3149	77	0	77
				SD Plan 4314	1	0	1
				SD Plan 4316	2	0	2
	PSE FULL TIME	No	**Yes**	SD Plan 3147	3	0	3
				SD Plan 3148	16	0	16
				SD Plan 3149	10	0	10
				SD Plan 4316	2	0	2
	PSE NEW	No	**Yes**	SD Plan 3149	6	0	6
	PSE ON LEAVE	No	**Yes**	SD Plan 3148	1	0	1
	PSE TERMINATE	No	**Yes**	SD Plan 3148	1	0	1
	RETIRE/REHIRE	Yes	**No**	SD Plan 3153	2	0	2
	SUPERVISOR	No	**Yes**	SD Plan 5233	3	0	3
	SUPT/ ASST SUPT	Yes	**No**	SD Plan 5233	2	0	2
	TEA CERTIFIED	Yes	**No**	SD Plan 2245	6	0	6
				SD Plan 3145	3	0	3
				SD Plan 3150	2	0	2
				SD Plan 3153	49	0	49
				SD Plan 3154	18	0	18
				SD Plan 3155	4	0	4
				SD Plan 3156	2	0	2
				SD Plan 3158	17	0	17
				SD Plan 3159	11	0	11
				SD Plan 3160	2	0	2
				SD Plan 3161	2	0	2
				SD Plan 3163	27	0	27
				SD Plan 3164	16	0	16
				SD Plan 3165	9	0	9
				SD Plan 3167	17	0	17
				SD Plan 3168	3	0	3
				SD Plan 4050	5	0	5
	TEA NEW CERT	No	**Yes**	SD Plan 4050	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
		Yes	**No**	SD Plan 2245	1	0	1
				SD Plan 3145	1	0	1
				SD Plan 3151	1	0	1
				SD Plan 3153	3	0	3
				SD Plan 3154	1	0	1
				SD Plan 3158	17	0	17
				SD Plan 3163	1	0	1
				SD Plan 3164	2	0	2
				SD Plan 3165	1	0	1
				SD Plan 4050	3	0	3
Toppenish School District Total					**435**	**0**	**435**
Touchet School District	**CLASSIFIED**	No	**Yes**	SD Plan 4841	4	0	4
				SD Plan 4843	3	0	3
				SD Plan 6869	4	0	4
	PRINCIPAL	Yes	**No**	SD Plan 6869	1	0	1
	SUPT	Yes	**No**	SD Plan 6869	1	0	1
	TEACHER	Yes	**No**	SD Plan 4841	1	0	1
				SD Plan 4842	3	0	3
				SD Plan 4843	6	0	6
				SD Plan 6869	7	0	7
Touchet School District Total					**30**	**0**	**30**
Toutle Lake School District	**001 CERTIFIED STAFF**	Yes	**No**	SD Plan 4373	5	7	12
				SD Plan 4658	5	14	19
				SD Plan 4679	3	8	11
				SD Plan 4680	4	4	8
				SD Plan 4682	8	4	12
				SD Plan 6756	7	22	29
				SD Plan 6758	2	6	8
	002 CLASSIFIED STAFF	No	**Yes**	SD Plan 4373	12	9	21
				SD Plan 4679	5	2	7
				SD Plan 4680	2	4	6
				SD Plan 6756	6	10	16
	003 ADMINISTRATION	No	**Yes**	SD Plan 4373	3	3	6
				SD Plan 4679	2	0	2
				SD Plan 4682	1	0	1
				SD Plan 6756	1	0	1
		Yes	**No**	SD Plan 4679	1	2	3
				SD Plan 6756	2	4	6
Toutle Lake School District Total					**69**	**99**	**168**
Trout Lake School District	**1-CERTIFICATED**	No	**Yes**	SD Plan 0473	1	1	2

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 4194	3	0	3
		Yes	**No**	SD Plan 0014	2	2	4
				SD Plan 0473	2	1	3
				SD Plan 4194	6	2	8
	2-CLASSIFIED	No	**Yes**	SD Plan 0014	1	1	2
				SD Plan 4194	5	3	8
Trout Lake School District Total					**20**	**10**	**30**
Tukwila School District	**Admin Unrep**	No	**Yes**	SD Plan 0082	2	0	2
				SD Plan 0523	1	0	1
				SD Plan 0524	3	0	3
				SD Plan 2274	1	0	1
		Yes	**No**	SD Plan 0082	1	0	1
				SD Plan 0523	1	0	1
				SD Plan 0524	1	0	1
				SD Plan 2274	1	0	1
	PRINCIPALS	Yes	**No**	SD Plan 0523	3	0	3
				SD Plan 0524	1	0	1
				SD Plan 0526	1	0	1
				SD Plan 2274	2	0	2
	SEIU	No	**Yes**	SD Plan 0082	10	0	10
				SD Plan 0523	9	0	9
				SD Plan 0524	2	0	2
				SD Plan 0526	4	0	4
				SD Plan 2274	7	0	7
	TCEA	No	**Yes**	SD Plan 0082	18	0	18
				SD Plan 0523	23	0	23
				SD Plan 0524	11	0	11
				SD Plan 0526	2	0	2
				SD Plan 2274	29	0	29
				SD Plan 2275	1	0	1
		Yes	**No**	SD Plan 0082	2	0	2
	TEA	Yes	**No**	SD Plan 0082	29	0	29
				SD Plan 0523	49	0	49
				SD Plan 0524	26	0	26
				SD Plan 0526	22	0	22
				SD Plan 2274	32	0	32
				SD Plan 2275	7	0	7
Tukwila School District Total					**301**	**0**	**301**
Tumwater School District	**ADMINISTRATORS/SUPERVISORS**	No	**Yes**	SD Plan 0333	3	5	8
				SD Plan 0516	3	2	5

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 0517	2	1	3
				SD Plan 6565	2	3	5
		Yes	**No**	SD Plan 0514	3	3	6
				SD Plan 0516	2	4	6
				SD Plan 6092	1	3	4
				SD Plan 6565	1	0	1
	NEW MARKET SKILLS CENTER	No	**Yes**	SD Plan 0516	1	0	1
				SD Plan 0517	1	0	1
				SD Plan 6092	1	3	4
				SD Plan 6565	2	4	6
		Yes	**No**	SD Plan 0333	3	0	3
				SD Plan 0516	2	3	5
				SD Plan 0517	1	0	1
				SD Plan 6565	4	1	5
	NON-REPRESENTED	No	**Yes**	SD Plan 0333	2	0	2
				SD Plan 0514	1	0	1
				SD Plan 0516	1	0	1
				SD Plan 0517	3	0	3
				SD Plan 6565	8	11	19
	PRINCIPALS	Yes	**No**	SD Plan 0333	3	2	5
				SD Plan 0514	2	3	5
				SD Plan 0516	3	5	8
				SD Plan 0517	3	5	8
				SD Plan 6565	8	11	19
	PUBLIC SCHOOL EMPLOYEES	No	**Yes**	SD Plan 0333	26	6	32
				SD Plan 0514	6	1	7
				SD Plan 0516	27	17	44
				SD Plan 0517	7	4	11
				SD Plan 6092	3	0	3
				SD Plan 6565	27	20	47
	TEACHERS	No	**Yes**	SD Plan 0516	1	2	3
				SD Plan 0517	2	5	7
				SD Plan 6565	1	0	1
		Yes	**No**	SD Plan 0333	70	43	113
				SD Plan 0514	16	7	23
				SD Plan 0516	92	62	154
				SD Plan 0517	47	40	87
				SD Plan 6092	10	14	24
				SD Plan 6565	113	144	257
	TUMWATER ASSOCIATION OF PARAPROFESSIONAL	No	**Yes**	SD Plan 0333	24	4	28

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					Employees	Dependents	Members
				SD Plan 0514	3	0	3
				SD Plan 0516	14	4	18
				SD Plan 0517	10	8	18
				SD Plan 6092	2	3	5
				SD Plan 6565	28	28	56
	TUMWATER OFFICE PROFESSIONALS ASSOCIATION	No	**Yes**	SD Plan 0333	5	2	7
				SD Plan 0516	12	8	20
				SD Plan 0517	7	0	7
				SD Plan 6565	21	33	54
Tumwater School District Total					**640**	**524**	**1164**
Union Gap School District	**NON REPRESENTED GROUP**	No	**Yes**	SD Plan 5391	4	0	4
		Yes	**No**	SD Plan 5391	3	0	3
	PSE CLASSIFIED	No	**Yes**	SD Plan 5391	32	0	32
				SD Plan 5483	4	0	4
	UGEA-CERTIFICATED	Yes	**No**	SD Plan 0442	17	0	17
				SD Plan 0656	9	0	9
				SD Plan 0657	5	0	5
				SD Plan 0658	3	0	3
				SD Plan 0659	1	0	1
Union Gap School District Total					**78**	**0**	**78**
University Place School District	**ADMINISTRATOR**	No	**Yes**	SD Plan 0180	4	0	4
				SD Plan 0652	1	0	1
				SD Plan 0744	5	0	5
				SD Plan 2982	3	0	3
				SD Plan 4306	1	0	1
		Yes	**No**	SD Plan 0180	3	0	3
				SD Plan 0182	1	0	1
				SD Plan 0652	3	0	3
				SD Plan 0744	11	0	11
				SD Plan 2982	5	0	5
				SD Plan 4306	2	0	2
	UPCA-CLASSIFIED	No	**Yes**	SD Plan 0180	27	0	27
				SD Plan 0182	8	0	8
				SD Plan 0652	43	0	43
				SD Plan 0744	9	0	9
				SD Plan 2982	16	0	16
				SD Plan 4306	11	0	11
	UPEA-TEACHERS	Yes	**No**	SD Plan 0180	47	0	47
				SD Plan 0182	20	0	20
				SD Plan 0652	72	0	72

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 0744	53	0	53
				SD Plan 2982	71	0	71
				SD Plan 4306	24	0	24
	UPOP-OFFICE PROF.	No	**Yes**	SD Plan 0180	6	0	6
				SD Plan 0182	1	0	1
				SD Plan 0652	7	0	7
				SD Plan 0744	10	0	10
				SD Plan 2982	6	0	6
		Yes	**No**	SD Plan 0744	1	0	1
University Place School District Total					**471**	**0**	**471**
Valley School District	**Certificated Pool**	Yes	**No**	SD Plan 0814	6	3	9
				SD Plan 0815	3	5	8
				SD Plan 0816	1	0	1
				SD Plan 0817	28	22	50
				SD Plan 0818	1	1	2
				SD Plan 0819	2	3	5
	Classified Pool	No	**Yes**	SD Plan 0814	9	1	10
				SD Plan 0815	5	0	5
				SD Plan 0816	3	4	7
				SD Plan 0817	28	28	56
				SD Plan 0818	1	0	1
				SD Plan 0819	2	4	6
Valley School District Total					**89**	**71**	**160**
Vancouver School District	**ADMINISTRATORS**	No	**Yes**	SD Plan 0607	4	4	8
				SD Plan 0613	1	0	1
				SD Plan 0617	3	9	12
				SD Plan 0619	1	2	3
				SD Plan 0623	2	9	11
		Yes	**No**	SD Plan 0607	9	22	31
				SD Plan 0609	1	4	5
				SD Plan 0613	6	19	25
				SD Plan 0617	4	5	9
				SD Plan 0622	1	0	1
				SD Plan 0623	5	12	17
	PRINCIPALS	Yes	**No**	SD Plan 0607	15	30	45
				SD Plan 0609	5	18	23
				SD Plan 0611	1	7	8
				SD Plan 0613	8	11	19
				SD Plan 0617	14	23	37
				SD Plan 0619	4	12	16

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 0622	1	4	5
				SD Plan 0623	19	59	78
	PRO TECH	No	**Yes**	SD Plan 0607	30	41	71
				SD Plan 0608	1	2	3
				SD Plan 0609	12	28	40
				SD Plan 0610	1	0	1
				SD Plan 0611	5	4	9
				SD Plan 0613	25	19	44
				SD Plan 0615	3	0	3
				SD Plan 0617	17	13	30
				SD Plan 0619	3	8	11
				SD Plan 0622	1	2	3
				SD Plan 0623	58	31	89
	SEIU	No	**Yes**	SD Plan 0606	1	0	1
				SD Plan 0607	50	74	124
				SD Plan 0608	1	2	3
				SD Plan 0609	17	30	47
				SD Plan 0611	7	6	13
				SD Plan 0613	25	20	45
				SD Plan 0615	9	2	11
				SD Plan 0616	1	0	1
				SD Plan 0617	46	33	79
				SD Plan 0619	6	10	16
				SD Plan 0622	1	0	1
				SD Plan 0623	155	224	379
	VAESP	No	**Yes**	SD Plan 0606	1	3	4
				SD Plan 0607	85	103	188
				SD Plan 0609	35	62	97
				SD Plan 0611	14	26	40
				SD Plan 0613	44	28	72
				SD Plan 0615	9	2	11
				SD Plan 0616	1	0	1
				SD Plan 0617	74	45	119
				SD Plan 0618	1	4	5
				SD Plan 0619	11	20	31
				SD Plan 0622	3	0	3
				SD Plan 0623	165	210	375
		Yes	**No**	SD Plan 0607	1	0	1
				SD Plan 0609	1	0	1
	VEA	Yes	**No**	SD Plan 0606	3	6	9

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					Employees	Dependents	Members
				SD Plan 0607	253	378	631
				SD Plan 0609	92	167	259
				SD Plan 0610	1	3	4
				SD Plan 0611	55	70	125
				SD Plan 0612	4	2	6
				SD Plan 0613	145	198	343
				SD Plan 0615	45	35	80
				SD Plan 0616	1	0	1
				SD Plan 0617	265	285	550
				SD Plan 0618	1	4	5
				SD Plan 0619	31	74	105
				SD Plan 0622	3	5	8
				SD Plan 0623	392	840	1232
Vancouver School District Total					**2315**	**3369**	**5684**
Vashon Island School District	**ADMINISTRATORS**	No	**Yes**	SD Plan 4996	1	2	3
				SD Plan 5987	1	3	4
				SD Plan 6532	2	3	5
				SD Plan 6538	1	1	2
		Yes	**No**	SD Plan 4996	2	3	5
				SD Plan 6532	1	0	1
				SD Plan 6534	1	2	3
				SD Plan 6535	2	2	4
				SD Plan 6538	1	1	2
	NO UNION AFFILIATION	No	**Yes**	SD Plan 4996	2	3	5
				SD Plan 5985	2	4	6
				SD Plan 6531	1	0	1
				SD Plan 6532	3	3	6
				SD Plan 6535	3	5	8
				SD Plan 6538	1	0	1
	SEIU-6	No	**Yes**	SD Plan 4995	5	4	9
				SD Plan 4996	6	2	8
				SD Plan 5984	1	2	3
				SD Plan 5985	2	4	6
				SD Plan 5987	2	2	4
				SD Plan 6532	3	4	7
				SD Plan 6535	1	1	2
	VASHON EDUCTN ASSOC.	Yes	**No**	SD Plan 4995	8	4	12
				SD Plan 4996	16	12	28
				SD Plan 5984	3	5	8
				SD Plan 5985	13	22	35

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					Employees	Dependents	Members
				SD Plan 5987	1	0	1
				SD Plan 5988	3	5	8
				SD Plan 5991	2	2	4
				SD Plan 6531	8	7	15
				SD Plan 6532	13	11	24
				SD Plan 6534	3	3	6
				SD Plan 6535	10	9	19
				SD Plan 6538	2	3	5
				SD Plan 6608	4	2	6
	VESP-AIDES & SEC	No	**Yes**	SD Plan 4996	7	2	9
				SD Plan 5985	2	0	2
				SD Plan 5987	1	3	4
				SD Plan 5988	2	3	5
				SD Plan 6532	2	4	6
				SD Plan 6534	1	0	1
				SD Plan 6535	3	1	4
				SD Plan 6537	1	0	1
				SD Plan 6538	2	4	6
Vashon Island School District Total					**151**	**153**	**304**
Wahkiakum School District	**AIDE**	No	**Yes**	SD Plan 2153	8	9	17
				SD Plan 5483	2	0	2
	CLERK	No	**Yes**	SD Plan 2153	1	0	1
	CUSTOD HOURLY	No	**Yes**	SD Plan 2153	1	0	1
	CUSTODIAN	No	**Yes**	SD Plan 2153	1	1	2
	ELEM TEACHER	No	**Yes**	SD Plan 2153	2	5	7
				SD Plan 5483	1	0	1
		Yes	**No**	SD Plan 2153	6	15	21
	MIDDLE SCH TEA	No	**Yes**	SD Plan 2153	2	6	8
		Yes	**No**	SD Plan 2153	4	6	10
	MUSIC TEACHER	No	**Yes**	SD Plan 2153	1	1	2
	PRINCIPAL	Yes	**No**	SD Plan 2153	2	6	8
	SEC TEACHER	No	**Yes**	SD Plan 2153	5	12	17
				SD Plan 5483	1	0	1
		Yes	**No**	SD Plan 2153	1	3	4
	SECRETARY	No	**Yes**	SD Plan 2153	3	3	6
	SUPERINTENDENT	Yes	**No**	SD Plan 2153	1	1	2
	TRANS/SUPV	No	**Yes**	SD Plan 2153	1	1	2
Wahkiakum School District Total					**43**	**69**	**112**
Wahluke School District	**CERTIFIED UNION**	Yes	**No**	SD Plan 2155	22	0	22
				SD Plan 4465	121	0	121

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
	CLASSIFIED UNION	No	**Yes**	SD Plan 2156	82	0	82
				SD Plan 4465	25	0	25
Wahluke School District Total					**250**	**0**	**250**
Waitsburg School District	**ADMIN ASST**	No	**Yes**	SD Plan 2159	3	5	8
	BUS DRIVER	No	**Yes**	SD Plan 2159	1	0	1
	CLASS OTHER	No	**Yes**	SD Plan 2159	2	3	5
	Cust/Maint	No	**Yes**	SD Plan 2159	3	3	6
	FOOD SERVICE	No	**Yes**	SD Plan 2159	2	1	3
	PARA EDUCATOR	No	**Yes**	SD Plan 2159	4	1	5
	PRINCIPALS	Yes	**No**	SD Plan 2159	1	2	3
	SUPERINTENDENT	Yes	**No**	SD Plan 2159	1	0	1
	TEACHER	Yes	**No**	SD Plan 2159	19	11	30
Waitsburg School District Total					**36**	**26**	**62**
Walla Walla Public Schools	**CERT EE**	No	**Yes**	SD Plan 4749	1	0	1
		Yes	**No**	SD Plan 0512	48	0	48
				SD Plan 4748	153	0	153
				SD Plan 4749	118	0	118
				SD Plan 4750	48	0	48
				SD Plan 4754	6	0	6
	CLASS EE	No	**Yes**	SD Plan 0512	42	0	42
				SD Plan 4748	92	0	92
				SD Plan 4749	76	0	76
				SD Plan 4750	86	0	86
				SD Plan 4754	7	0	7
	DIRECTORS	No	**Yes**	SD Plan 0512	1	0	1
				SD Plan 4748	3	0	3
				SD Plan 4749	4	0	4
				SD Plan 4750	1	0	1
		Yes	**No**	SD Plan 0512	1	0	1
				SD Plan 4748	4	0	4
	OFF SCHEDULE CLSS	No	**Yes**	SD Plan 0512	3	0	3
				SD Plan 4748	6	0	6
				SD Plan 4749	10	0	10
				SD Plan 4750	1	0	1
				SD Plan 4754	1	0	1
	PRINCIPALS	Yes	**No**	SD Plan 4748	12	0	12
				SD Plan 4749	5	0	5
Walla Walla Public Schools Total					**729**	**0**	**729**
Wapato School District	**ADMINISTRATOR**	Yes	**No**	SD Plan 5604	18	0	18
	AIDE	No	**Yes**	SD Plan 4301	6	0	6

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 4302	6	0	6
				SD Plan 4309	1	0	1
				SD Plan 4310	4	0	4
				SD Plan 4311	10	0	10
				SD Plan 4312	28	0	28
	BUS TRANSPORT	No	**Yes**	SD Plan 4303	4	0	4
				SD Plan 4310	1	0	1
				SD Plan 4311	4	0	4
				SD Plan 4312	6	0	6
	CDS	Yes	**No**	SD Plan 4302	1	0	1
	CLASS OTHER	No	**Yes**	SD Plan 4312	1	0	1
				SD Plan 5604	1	0	1
	COMPUTER TECH	No	**Yes**	SD Plan 5604	3	0	3
	COUNSELOR	Yes	**No**	SD Plan 4311	3	0	3
				SD Plan 4312	5	0	5
				SD Plan 4313	1	0	1
	CUSTODIAN	No	**Yes**	SD Plan 4302	1	0	1
				SD Plan 4310	1	0	1
				SD Plan 4311	4	0	4
				SD Plan 4312	8	0	8
	FOOD SERVICE	No	**Yes**	SD Plan 4311	6	0	6
				SD Plan 4312	14	0	14
	HOME VISITOR	No	**Yes**	SD Plan 4311	1	0	1
				SD Plan 4312	2	0	2
	LAS TESTING	No	**Yes**	SD Plan 4312	1	0	1
	Maintenance	No	**Yes**	SD Plan 4303	1	0	1
				SD Plan 4311	1	0	1
				SD Plan 4312	4	0	4
				SD Plan 4313	2	0	2
	MSRTS CLERK	No	**Yes**	SD Plan 4311	1	0	1
				SD Plan 4312	1	0	1
	OCCUPATIONAL TH	Yes	**No**	SD Plan 4311	1	0	1
	PAYROLL/ACCTNG	No	**Yes**	SD Plan 4311	1	0	1
				SD Plan 5604	1	0	1
	PERS OFFICER	No	**Yes**	SD Plan 5604	1	0	1
	SECRETARY	No	**Yes**	SD Plan 4310	1	0	1
				SD Plan 4311	4	0	4
				SD Plan 4312	17	0	17
				SD Plan 4313	2	0	2
				SD Plan 5604	2	0	2

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
	SUPERINTENDENT	Yes	**No**	SD Plan 5604	1	0	1
	SUPERVISOR	No	**Yes**	SD Plan 5604	4	0	4
	TEACHER	Yes	**No**	SD Plan 4301	7	0	7
				SD Plan 4302	9	0	9
				SD Plan 4303	1	0	1
				SD Plan 4309	1	0	1
				SD Plan 4310	18	0	18
				SD Plan 4311	56	0	56
				SD Plan 4312	79	0	79
				SD Plan 4313	9	0	9
	TUTOR	No	**Yes**	SD Plan 4311	3	0	3
				SD Plan 4312	12	0	12
Wapato School District Total					**381**	**0**	**381**
Warden School District	**B & O**	No	**Yes**	SD Plan 3475	1	0	1
	CERT MONTHLY	Yes	**No**	SD Plan 3474	23	20	43
				SD Plan 3475	33	55	88
				SD Plan 4425	2	1	3
				SD Plan 4437	7	0	7
	CLASS OTH	No	**Yes**	SD Plan 3475	6	12	18
				SD Plan 4437	1	0	1
		Yes	**No**	SD Plan 3475	1	4	5
	CUS/MAINT/GRNDS	No	**Yes**	SD Plan 3474	1	0	1
				SD Plan 3475	4	7	11
				SD Plan 4437	2	0	2
	FOOD SERVICE	No	**Yes**	SD Plan 3475	1	1	2
				SD Plan 4437	3	0	3
	PARA EDUCATOR	No	**Yes**	SD Plan 3474	1	0	1
				SD Plan 3475	12	18	30
				SD Plan 4437	6	0	6
	PRINCIPALS	Yes	**No**	SD Plan 3475	6	11	17
	SECRETARY/REG	No	**Yes**	SD Plan 3474	2	0	2
				SD Plan 3475	3	10	13
				SD Plan 4425	2	6	8
				SD Plan 4437	2	0	2
	SUPERINTENDENT	Yes	**No**	SD Plan 3475	1	3	4
	TRANSPORTATION	No	**Yes**	SD Plan 3475	1	1	2
				SD Plan 4437	3	0	3
Warden School District Total					**124**	**149**	**273**
Washougal School District	**DO ADMIN**	No	**Yes**	SD Plan 3024	1	0	1
				SD Plan 3359	3	2	5

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					Employees	Dependents	Members
		Yes	**No**	SD Plan 3024	1	0	1
				SD Plan 3359	3	3	6
				SD Plan 6859	1	3	4
	Non Union Classified	No	**Yes**	SD Plan 3022	2	2	4
				SD Plan 3023	2	1	3
				SD Plan 3025	3	4	7
				SD Plan 3359	3	0	3
				SD Plan 6859	1	1	2
	PAW	Yes	**No**	SD Plan 3021	2	0	2
				SD Plan 3022	1	1	2
				SD Plan 3023	1	2	3
				SD Plan 3024	1	0	1
				SD Plan 3359	2	0	2
	PSE	No	**Yes**	SD Plan 3022	9	5	14
				SD Plan 3023	3	0	3
				SD Plan 3024	20	1	21
				SD Plan 3025	21	18	39
				SD Plan 3359	39	4	43
				SD Plan 6859	4	1	5
	WAE	Yes	**No**	SD Plan 3021	7	2	9
				SD Plan 3022	15	13	28
				SD Plan 3023	30	13	43
				SD Plan 3024	23	7	30
				SD Plan 3025	40	39	79
				SD Plan 3359	46	32	78
				SD Plan 6859	8	19	27
				SD Plan 6865	1	1	2
Washougal School District Total					**293**	**174**	**467**
Washtucna School District	**BUSINESS MNGR**	No	**Yes**	SD Plan 2163	1	0	1
	CERTIFIED EMP	Yes	**No**	SD Plan 0029	1	0	1
				SD Plan 2163	7	1	8
				SD Plan 2164	1	0	1
				SD Plan 2165	2	2	4
				SD Plan 2166	1	1	2
	CLASSIFIED EMPL	No	**Yes**	SD Plan 2163	1	1	2
				SD Plan 2165	3	7	10
Washtucna School District Total					**17**	**12**	**29**
Waterville School District	**EDUCATIONAL SUPPORT PERSONNEL**	No	**Yes**	SD Plan 1881	4	3	7
				SD Plan 1882	3	1	4
				SD Plan 4094	1	0	1

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					Employees	Dependents	Members
				SD Plan 4095	3	0	3
				SD Plan 4096	1	0	1
	NON REPRESENTED EMPLOYEES	No	**Yes**	SD Plan 1882	1	1	2
		Yes	**No**	SD Plan 1882	1	1	2
	SCHOOL MAINTENANCE EMPLOYEES	No	**Yes**	SD Plan 1883	1	1	2
	TEACHERS UNION	No	**Yes**	SD Plan 1881	2	2	4
				SD Plan 1882	2	2	4
		Yes	**No**	SD Plan 1881	8	4	12
				SD Plan 1882	5	3	8
				SD Plan 1883	2	0	2
				SD Plan 4094	1	1	2
				SD Plan 4096	1	1	2
Waterville School District Total					**36**	**20**	**56**
Wellpinit School District	**ADMINISTRATIVE**	Yes	**No**	SD Plan 0537	4	0	4
	CERTIFICATED	No	**Yes**	SD Plan 0537	7	0	7
		Yes	**No**	SD Plan 0537	23	0	23
	CLASSIFIED	No	**Yes**	SD Plan 0537	36	0	36
	JOB CORP	Yes	**No**	SD Plan 0537	1	0	1
Wellpinit School District Total					**71**	**0**	**71**
Wenatchee School District	**2CLDIR = 260 DAYS**	No	**Yes**	SD Plan 1874	2	0	2
				SD Plan 1875	4	0	4
				SD Plan 1878	1	0	1
				SD Plan 4559	1	0	1
	2CLDIR<260 DAYS	No	**Yes**	SD Plan 1874	1	0	1
				SD Plan 4561	1	0	1
	ADMINISTRATION	No	**Yes**	SD Plan 1874	1	0	1
		Yes	**No**	SD Plan 1874	22	0	22
				SD Plan 1875	1	0	1
				SD Plan 1876	1	0	1
				SD Plan 1878	2	0	2
				SD Plan 4559	3	0	3
				SD Plan 4560	1	0	1
				SD Plan 4561	1	0	1
	BUS DRIVERS	No	**Yes**	SD Plan 1874	4	0	4
				SD Plan 1875	3	0	3
				SD Plan 1878	2	0	2
				SD Plan 4559	1	0	1
				SD Plan 4560	8	0	8
				SD Plan 4561	1	0	1
	CABINET	No	**Yes**	SD Plan 1874	1	0	1

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					Employees	Dependents	Members
		Yes	**No**	SD Plan 1874	2	0	2
				SD Plan 1878	1	0	1
	Certficated	No	**Yes**	SD Plan 1874	6	0	6
				SD Plan 1875	2	0	2
				SD Plan 4559	4	0	4
				SD Plan 4560	1	0	1
				SD Plan 4561	1	0	1
		Yes	**No**	SD Plan 1874	179	0	179
				SD Plan 1875	86	0	86
				SD Plan 1876	21	0	21
				SD Plan 1878	12	0	12
				SD Plan 4559	95	0	95
				SD Plan 4560	48	0	48
				SD Plan 4561	16	0	16
	DO ACCOUNTING	No	**Yes**	SD Plan 1874	2	0	2
	DO Secretaries	No	**Yes**	SD Plan 1874	1	0	1
				SD Plan 1875	1	0	1
				SD Plan 4559	2	0	2
	Food Service Managers	No	**Yes**	SD Plan 1874	1	0	1
				SD Plan 1875	1	0	1
				SD Plan 1876	1	0	1
				SD Plan 4560	1	0	1
	Food Service Workers	No	**Yes**	SD Plan 1874	1	0	1
				SD Plan 1875	4	0	4
				SD Plan 1876	1	0	1
				SD Plan 1878	4	0	4
				SD Plan 4559	9	0	9
				SD Plan 4560	1	0	1
				SD Plan 4561	1	0	1
	HR/Pay	No	**Yes**	SD Plan 1875	3	0	3
				SD Plan 4559	3	0	3
	M&O/Custodians	No	**Yes**	SD Plan 1874	24	0	24
				SD Plan 1875	13	0	13
				SD Plan 1876	1	0	1
				SD Plan 1878	2	0	2
				SD Plan 4559	12	0	12
				SD Plan 4560	6	0	6
				SD Plan 4561	1	0	1
	Managers/Asst. Directors/Coord	No	**Yes**	SD Plan 1874	5	0	5
				SD Plan 1875	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 4559	1	0	1
				SD Plan 4561	1	0	1
	NON REP	No	**Yes**	SD Plan 1876	1	0	1
				SD Plan 4559	4	0	4
				SD Plan 4560	1	0	1
				SD Plan 4561	1	0	1
		Yes	**No**	SD Plan 1876	1	0	1
	Para/Sec/Tech	No	**Yes**	SD Plan 1874	33	0	33
				SD Plan 1875	41	0	41
				SD Plan 1876	4	0	4
				SD Plan 1878	13	0	13
				SD Plan 4559	62	0	62
				SD Plan 4560	39	0	39
				SD Plan 4561	10	0	10
Wenatchee School District Total					**850**	**0**	**850**
West Valley School District (Spokane)	**AIDE**	No	**Yes**	SD Plan 2124	45	34	79
				SD Plan 2129	17	9	26
	BUS DR	No	**Yes**	SD Plan 2124	6	1	7
				SD Plan 2129	4	3	7
	CERT ADM	Yes	**No**	SD Plan 2129	2	1	3
	CLASS. COBRA	No	**Yes**	SD Plan 2124	1	0	1
	CUSTODIAN	No	**Yes**	SD Plan 2124	21	15	36
				SD Plan 2129	5	1	6
	FOOD SERV	No	**Yes**	SD Plan 2124	5	2	7
	Maintenance	No	**Yes**	SD Plan 2124	6	4	10
				SD Plan 2129	1	2	3
	MECHANIC	No	**Yes**	SD Plan 2124	2	2	4
	PRINCIPAL	Yes	**No**	SD Plan 2124	5	10	15
				SD Plan 2126	1	4	5
				SD Plan 2129	7	15	22
	PROFESSIONAL	No	**Yes**	SD Plan 0627	1	1	2
				SD Plan 2124	9	7	16
				SD Plan 2129	9	8	17
	PROFESSIONAL 3	No	**Yes**	SD Plan 2124	2	0	2
				SD Plan 2129	3	4	7
	PROFFESIONAL2	No	**Yes**	SD Plan 2129	2	0	2
	RN CLASS	No	**Yes**	SD Plan 2124	1	0	1
				SD Plan 2129	1	0	1
	SECRETARY	No	**Yes**	SD Plan 2124	11	5	16
				SD Plan 2129	9	12	21

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					Employees	Dependents	Members
	TEACHER	No	**Yes**	SD Plan 2129	2	2	4
		Yes	**No**	SD Plan 2124	99	114	213
				SD Plan 2129	127	111	238
	TECHNOLOGY	No	**Yes**	SD Plan 2129	4	0	4
West Valley School District (Spokane) Total					**408**	**367**	**775**
West Valley School District (Yakima)	**BUS DRIVER/TRANSPORTATION**	No	**Yes**	SD Plan 0849	8	0	8
				SD Plan 0851	1	0	1
				SD Plan 4853	10	0	10
	Central Office- Parapro- Secretary-SCHOOL NURSE	No	**Yes**	SD Plan 0020	11	0	11
				SD Plan 0021	35	0	35
				SD Plan 0022	3	0	3
				SD Plan 0333	1	0	1
				SD Plan 0512	7	0	7
				SD Plan 0659	2	0	2
				SD Plan 0852	1	0	1
				SD Plan 2886	1	0	1
				SD Plan 3186	15	0	15
				SD Plan 3187	29	0	29
				SD Plan 3188	2	0	2
	COORDINATOR-DIRECTORS-ROTC-COTA	No	**Yes**	SD Plan 0333	5	0	5
				SD Plan 0852	3	0	3
				SD Plan 0853	1	0	1
				SD Plan 2886	3	0	3
				SD Plan 5356	1	0	1
		Yes	**No**	SD Plan 0333	1	0	1
	FOOD SERVICE-MAINTENANCE-IT DEPARTMENT	No	**Yes**	SD Plan 0333	16	0	16
				SD Plan 0851	1	0	1
				SD Plan 0852	19	0	19
				SD Plan 0853	5	0	5
				SD Plan 2886	10	0	10
				SD Plan 5356	1	0	1
	Teachers-Certificated-Principals-Superintendents	No	**Yes**	SD Plan 3186	1	0	1
		Yes	**No**	SD Plan 0020	78	0	78
				SD Plan 0021	76	0	76
				SD Plan 0022	9	0	9
				SD Plan 0512	5	0	5
				SD Plan 0659	8	0	8
				SD Plan 3186	75	0	75
				SD Plan 3187	24	0	24
				SD Plan 3188	5	0	5

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					Employees	Dependents	Members
West Valley School District (Yakima) Total					**473**	**0**	**473**
White Pass School District	**Certificated Administrators**	Yes	**No**	SD Plan 3504	1	4	5
				SD Plan 3511	1	2	3
	CERTIFICATED WPEA BARGAINING UNIT	Yes	**No**	SD Plan 3504	7	8	15
				SD Plan 3526	9	13	22
				SD Plan 3532	3	4	7
				SD Plan 3539	3	3	6
	CLASSIFIED BARGAINING UNIT PSE	No	**Yes**	SD Plan 3504	7	0	7
				SD Plan 3507	4	0	4
				SD Plan 3511	1	0	1
				SD Plan 3526	6	1	7
				SD Plan 3532	3	0	3
				SD Plan 3536	2	0	2
	CLASSIFIED EXEMPT PERSONNEL	No	**Yes**	SD Plan 3504	1	0	1
				SD Plan 3507	1	1	2
				SD Plan 3511	1	4	5
				SD Plan 3526	1	0	1
	Teacher Spousal Group	Yes	**No**	SD Plan 3526	2	5	7
White Pass School District Total					**53**	**45**	**98**
White River School District	**BUS / IUOE**	No	**Yes**	SD Plan 3769	7	2	9
				SD Plan 3770	4	2	6
				SD Plan 3772	7	4	11
				SD Plan 3773	2	0	2
	CUST./ IUOE	No	**Yes**	SD Plan 3769	5	11	16
				SD Plan 3770	5	0	5
				SD Plan 3772	8	2	10
				SD Plan 3773	3	0	3
	EXEMPT	No	**Yes**	SD Plan 3769	3	3	6
				SD Plan 3770	5	1	6
				SD Plan 3772	3	3	6
				SD Plan 3773	2	5	7
		Yes	**No**	SD Plan 3769	2	4	6
				SD Plan 3770	1	4	5
				SD Plan 3772	4	6	10
	PRINC-ASSOC	Yes	**No**	SD Plan 3769	5	12	17
				SD Plan 3770	4	4	8
				SD Plan 3772	2	4	6
				SD Plan 3773	1	0	1
	PSE	No	**Yes**	SD Plan 3767	1	4	5
				SD Plan 3769	51	38	89

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					Employees	Dependents	Members
				SD Plan 3770	15	5	20
				SD Plan 3772	18	4	22
				SD Plan 3773	7	4	11
	WREA	Yes	**No**	SD Plan 3767	2	4	6
				SD Plan 3769	68	97	165
				SD Plan 3770	25	18	43
				SD Plan 3772	61	34	95
				SD Plan 3773	21	12	33
White River School District Total					**342**	**287**	**629**
White Salmon Valley School District	**ADMINISTRATION**	Yes	**No**	SD Plan 4183	4	10	14
				SD Plan 4187	3	9	12
	CERT-HALF/TIME	Yes	**No**	SD Plan 4187	1	0	1
	CERTS MONTH.	No	**Yes**	SD Plan 4183	1	3	4
		Yes	**No**	SD Plan 4183	41	18	59
				SD Plan 4185	8	7	15
				SD Plan 4187	13	23	36
				SD Plan 4189	1	2	3
	CLASS SCHOOL YR	No	**Yes**	SD Plan 2878	6	0	6
				SD Plan 3134	10	1	11
				SD Plan 3135	11	6	17
	CLASS-MONTHLY	No	**Yes**	SD Plan 2878	2	1	3
				SD Plan 3134	12	3	15
				SD Plan 3135	3	5	8
White Salmon Valley School District Total					**116**	**88**	**204**
Wilbur School District	**CERT ADMIN SLRY**	Yes	**No**	SD Plan 4447	1	0	1
	CERT TCHR CNTRC	No	**Yes**	SD Plan 4447	4	0	4
		Yes	**No**	SD Plan 4447	18	0	18
	CLSS MNTHLY HRS	No	**Yes**	SD Plan 4447	22	0	22
Wilbur School District Total					**45**	**0**	**45**
Willapa Valley School District	**CERT-MONTHLY**	Yes	**No**	SD Plan 0542	20	0	20
				SD Plan 0578	2	0	2
				SD Plan 0745	1	0	1
	Class Admin	No	**Yes**	SD Plan 0542	1	0	1
	CLASSIFIED	No	**Yes**	SD Plan 0369	2	0	2
				SD Plan 0542	6	0	6
				SD Plan 0745	9	0	9
	PRINCIPAL	Yes	**No**	SD Plan 0542	1	0	1
	SUPERINTENDENT	Yes	**No**	SD Plan 0745	1	0	1
Willapa Valley School District Total					**43**	**0**	**43**
Wilson Creek School District	**NON-TEACHERS**	No	**Yes**	SD Plan 2204	14	0	14

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					Employees	Dependents	Members
				SD Plan 5398	3	0	3
				SD Plan 5483	3	0	3
	TEACHERS	Yes	**No**	SD Plan 0020	1	0	1
				SD Plan 0021	3	0	3
				SD Plan 0022	6	0	6
				SD Plan 0219	1	0	1
				SD Plan 0220	1	0	1
				SD Plan 5398	1	0	1
Wilson Creek School District Total					**33**	**0**	**33**
Winlock School District	**CERTS**	No	**Yes**	SD Plan 0428	3	4	7
				SD Plan 0547	1	0	1
				SD Plan 2216	5	4	9
				SD Plan 2217	1	2	3
				SD Plan 2219	2	0	2
				SD Plan 4139	1	3	4
				SD Plan 4140	1	7	8
		Yes	**No**	SD Plan 0428	2	4	6
				SD Plan 0547	3	1	4
				SD Plan 0746	1	0	1
				SD Plan 0750	2	0	2
				SD Plan 2216	2	2	4
				SD Plan 2217	1	1	2
				SD Plan 2218	3	4	7
				SD Plan 2219	5	2	7
				SD Plan 4139	1	2	3
				SD Plan 4140	1	4	5
	CLASSIFIED	No	**Yes**	SD Plan 0198	1	1	2
				SD Plan 0547	5	4	9
				SD Plan 0746	1	0	1
				SD Plan 0747	2	0	2
				SD Plan 0749	1	0	1
				SD Plan 0750	3	2	5
				SD Plan 2216	4	3	7
				SD Plan 2218	6	10	16
				SD Plan 2219	6	5	11
				SD Plan 4140	3	4	7
				SD Plan 6714	1	0	1
	DO CLASS	No	**Yes**	SD Plan 0428	2	0	2
				SD Plan 2219	2	1	3
	PRINCIPAL	Yes	**No**	SD Plan 0428	2	2	4

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A4c
Enrollment by District — Reporting Districts Only
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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 2219	1	0	1
	SUPERINTENDENT	Yes	**No**	SD Plan 4140	1	0	1
Winlock School District Total					**76**	**72**	**148**
Wishkah Valley School District	**CERTIFICATED**	Yes	**No**	SD Plan 0745	13	6	19
	CLASSIFIED	No	**Yes**	SD Plan 0745	6	5	11
				SD Plan 0750	1	0	1
	CLASSIFIED HRLY	No	**Yes**	SD Plan 0750	1	1	2
Wishkah Valley School District Total					**21**	**12**	**33**
Wishram School District	**ADMINISTRATOR**	Yes	**No**	SD Plan 0578	1	1	2
	CLASSIFIED 6.75	No	**Yes**	SD Plan 0578	1	0	1
	CLASSIFIED 8.0	No	**Yes**	SD Plan 0578	4	1	5
	Classified Admi	No	**Yes**	SD Plan 0578	1	0	1
	CLASSIFIED-260	No	**Yes**	SD Plan 0578	1	6	7
	CLASSIFIED-7.0	No	**Yes**	SD Plan 0578	2	5	7
	KIND/PRE	Yes	**No**	SD Plan 0578	1	1	2
	TEACHERS	Yes	**No**	SD Plan 0578	8	9	17
Wishram School District Total					**19**	**23**	**42**
Woodland School District	**001 CERTS**	Yes	**No**	SD Plan 0501	1	2	3
				SD Plan 0542	27	18	45
				SD Plan 0745	14	15	29
				SD Plan 0748	1	0	1
				SD Plan 4370	2	6	8
				SD Plan 5217	23	12	35
				SD Plan 5219	19	12	31
				SD Plan 5221	6	7	13
				SD Plan 5223	5	4	9
				SD Plan 5225	27	47	74
	002 ADMIN	Yes	**No**	SD Plan 5217	1	0	1
				SD Plan 5219	2	6	8
				SD Plan 5225	3	3	6
	003 CLASSIFIED	No	**Yes**	SD Plan 0542	19	1	20
				SD Plan 0745	11	3	14
				SD Plan 4370	3	3	6
				SD Plan 5217	8	3	11
				SD Plan 5219	3	6	9
				SD Plan 5221	2	8	10
				SD Plan 5223	11	12	23
				SD Plan 5225	26	21	47
	004 BUS DRIVERS	No	**Yes**	SD Plan 0542	17	5	22
				SD Plan 0745	9	2	11

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 4370	1	0	1
				SD Plan 5217	2	0	2
				SD Plan 5219	1	0	1
				SD Plan 5221	2	0	2
				SD Plan 5223	2	5	7
				SD Plan 5225	9	3	12
	005 - CLASS NON-REP	No	**Yes**	SD Plan 0542	3	2	5
				SD Plan 5217	1	0	1
				SD Plan 5219	1	0	1
				SD Plan 5221	2	7	9
				SD Plan 5225	3	7	10
	006 SECRETARY	No	**Yes**	SD Plan 0542	3	0	3
				SD Plan 0745	2	0	2
				SD Plan 5217	1	0	1
				SD Plan 5225	4	5	9
Woodland School District Total					**277**	**225**	**502**
Yakima School District	**ASST PRINCIPAL**	Yes	**No**	SD Plan 2500	5	0	5
				SD Plan 2502	2	0	2
				SD Plan 2506	7	0	7
				SD Plan 2508	6	0	6
	CERT ADMIN 215	Yes	**No**	SD Plan 2500	3	0	3
				SD Plan 2506	5	0	5
				SD Plan 2508	3	0	3
	CERT ADMIN 220	Yes	**No**	SD Plan 2500	2	0	2
				SD Plan 2502	1	0	1
				SD Plan 2506	3	0	3
				SD Plan 2508	6	0	6
	CERT AUDIO	Yes	**No**	SD Plan 2500	1	0	1
	CERT COUNSELOR	Yes	**No**	SD Plan 2500	14	0	14
				SD Plan 2502	2	0	2
				SD Plan 2506	10	0	10
				SD Plan 2508	7	0	7
	CERT INTERV	Yes	**No**	SD Plan 2500	10	0	10
				SD Plan 2504	1	0	1
				SD Plan 2506	8	0	8
				SD Plan 2508	9	0	9
	CERT LOA	Yes	**No**	SD Plan 2500	1	0	1
				SD Plan 2502	1	0	1
	CERT NURSE	Yes	**No**	SD Plan 2500	2	0	2
				SD Plan 2502	2	0	2

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District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 2506	5	0	5
				SD Plan 2508	1	0	1
	CERT OT	Yes	**No**	SD Plan 2500	1	0	1
				SD Plan 2508	1	0	1
	CERT PSYCH	Yes	**No**	SD Plan 2500	2	0	2
				SD Plan 2502	1	0	1
				SD Plan 2506	3	0	3
				SD Plan 2508	2	0	2
	CERT PSYCH PT	Yes	**No**	SD Plan 2500	5	0	5
				SD Plan 2502	1	0	1
				SD Plan 2504	1	0	1
	CERT SLP	Yes	**No**	SD Plan 2500	5	0	5
				SD Plan 2502	1	0	1
				SD Plan 2506	2	0	2
				SD Plan 2508	4	0	4
	CERT SLP PT	Yes	**No**	SD Plan 2506	1	0	1
				SD Plan 2508	1	0	1
	CERT SUB	No	**Yes**	SD Plan 0501	1	0	1
				SD Plan 2502	1	0	1
		Yes	**No**	SD Plan 2500	1	0	1
	CERT TERMS	Yes	**No**	SD Plan 2500	1	0	1
				SD Plan 2508	1	0	1
	CERT TOSA	Yes	**No**	SD Plan 2500	15	0	15
				SD Plan 2502	2	0	2
				SD Plan 2504	2	0	2
				SD Plan 2506	17	0	17
				SD Plan 2508	12	0	12
	CERT TOSA PT	Yes	**No**	SD Plan 2502	1	0	1
	CERT YEA	No	**Yes**	SD Plan 2500	1	0	1
		Yes	**No**	SD Plan 2500	214	0	214
				SD Plan 2502	37	0	37
				SD Plan 2504	23	0	23
				SD Plan 2506	287	0	287
				SD Plan 2508	130	0	130
	CERT YEA LIBR	Yes	**No**	SD Plan 2500	5	0	5
				SD Plan 2502	1	0	1
				SD Plan 2506	10	0	10
				SD Plan 2508	4	0	4
	CERT YEA MUSIC	Yes	**No**	SD Plan 2500	7	0	7
				SD Plan 2502	1	0	1

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K–12 School District Data Collection Project
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Enrollment by District — Reporting Districts Only
Census October 1, 2015

District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 2506	13	0	13
				SD Plan 2508	5	0	5
	CERT YEA PART	Yes	**No**	SD Plan 2500	1	0	1
				SD Plan 2502	2	0	2
				SD Plan 2506	2	0	2
				SD Plan 2508	1	0	1
	CERT YEA PE	Yes	**No**	SD Plan 2500	13	0	13
				SD Plan 2502	3	0	3
				SD Plan 2506	13	0	13
				SD Plan 2508	9	0	9
	CLASS ADMIN 220	No	**Yes**	SD Plan 2500	4	0	4
				SD Plan 2502	1	0	1
				SD Plan 2504	2	0	2
				SD Plan 2508	6	0	6
	CLASS COOK HRLY	No	**Yes**	SD Plan 2500	29	0	29
				SD Plan 2502	4	0	4
				SD Plan 2504	2	0	2
				SD Plan 2506	18	0	18
				SD Plan 2508	7	0	7
	CLASS COOK MANG	No	**Yes**	SD Plan 2500	10	0	10
				SD Plan 2502	2	0	2
				SD Plan 2506	4	0	4
				SD Plan 2508	2	0	2
	CLASS EXEMPT	No	**Yes**	SD Plan 2502	2	0	2
				SD Plan 2508	2	0	2
	CLASS MAINT	No	**Yes**	SD Plan 0108	1	0	1
				SD Plan 0501	24	0	24
				SD Plan 0579	2	0	2
	CLASS OPERATION	No	**Yes**	SD Plan 0108	69	0	69
				SD Plan 2515	10	0	10
	CLASS OSG	No	**Yes**	SD Plan 2500	5	0	5
				SD Plan 2506	4	0	4
				SD Plan 2508	5	0	5
	CLASS PARAED	No	**Yes**	SD Plan 0501	256	0	256
				SD Plan 4633	2	0	2
	CLASS SUB	No	**Yes**	SD Plan 0501	4	0	4
				SD Plan 2506	1	0	1
	CLASS SUB TERM	No	**Yes**	SD Plan 2500	1	0	1
	CLASS TECH	No	**Yes**	SD Plan 0108	10	0	10
				SD Plan 2515	2	0	2

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A4c
Enrollment by District — Reporting Districts Only
Census October 1, 2015

District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
	CLASS TERMS	No	**Yes**	SD Plan 0108	4	0	4
				SD Plan 0501	7	0	7
				SD Plan 2500	2	0	2
				SD Plan 2506	6	0	6
				SD Plan 2508	1	0	1
	CLASS TRAN MECH	No	**Yes**	SD Plan 0108	3	0	3
	CLASS TRANSP	No	**Yes**	SD Plan 0108	40	0	40
				SD Plan 2515	3	0	3
				SD Plan 5087	1	0	1
	CLASS YEOP 197	No	**Yes**	SD Plan 2500	18	0	18
				SD Plan 2502	9	0	9
				SD Plan 2506	22	0	22
				SD Plan 2508	11	0	11
	CLASS YEOP 217	No	**Yes**	SD Plan 2500	5	0	5
				SD Plan 2506	9	0	9
				SD Plan 2508	6	0	6
	CLASS YEOP 260	No	**Yes**	SD Plan 2500	4	0	4
				SD Plan 2502	9	0	9
				SD Plan 2506	12	0	12
				SD Plan 2508	14	0	14
	CLASS YPTA 182	No	**Yes**	SD Plan 0501	6	0	6
				SD Plan 2500	28	0	28
				SD Plan 2502	6	0	6
				SD Plan 2506	36	0	36
				SD Plan 2508	15	0	15
	CLASS YPTA 260	No	**Yes**	SD Plan 2500	2	0	2
				SD Plan 2502	1	0	1
				SD Plan 2506	4	0	4
	CLASS YPTA SEC	No	**Yes**	SD Plan 2500	4	0	4
				SD Plan 2506	3	0	3
				SD Plan 2508	2	0	2
	PRINCIPAL	Yes	**No**	SD Plan 2500	4	0	4
				SD Plan 2506	4	0	4
				SD Plan 2508	12	0	12
	SUPERINTENDENTS	Yes	**No**	SD Plan 2506	1	0	1
				SD Plan 2508	4	0	4
Yakima School District Total					**1793**	**0**	**1793**
Yelm School District	**ADMINISTRATOR/SUPPORT BC PLAN 1**	No	**Yes**	SD Plan 0649	2	1	3
		Yes	**No**	SD Plan 0649	3	5	8
	ADMINISTRATORS/SUPPORT +300	No	**Yes**	SD Plan 0542	4	0	4

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A4c
Enrollment by District — Reporting Districts Only
Census October 1, 2015

District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
				SD Plan 0646	2	3	5
				SD Plan 0649	5	2	7
				SD Plan 0652	1	3	4
				SD Plan 2048	1	0	1
		Yes	**No**	SD Plan 0542	6	0	6
				SD Plan 0646	4	14	18
				SD Plan 0649	6	8	14
				SD Plan 2048	2	3	5
				SD Plan 2049	1	1	2
				SD Plan 2051	1	3	4
	NO POOLING	No	**Yes**	SD Plan 0542	1	0	1
	PUB SCH EMPL WASH	No	**Yes**	SD Plan 0542	69	0	69
				SD Plan 0646	27	9	36
				SD Plan 0649	10	0	10
				SD Plan 0652	15	8	23
				SD Plan 2048	27	30	57
				SD Plan 2049	22	12	34
				SD Plan 2050	3	4	7
				SD Plan 2051	4	3	7
	SECRETARIES ASSN	No	**Yes**	SD Plan 0542	8	0	8
				SD Plan 0646	6	3	9
				SD Plan 0649	1	0	1
				SD Plan 0652	4	2	6
				SD Plan 2048	5	6	11
	YELM EDUC ASSN	Yes	**No**	SD Plan 0542	82	0	82
				SD Plan 0646	49	43	92
				SD Plan 0649	18	7	25
				SD Plan 0652	41	19	60
				SD Plan 2048	52	53	105
				SD Plan 2049	23	21	44
				SD Plan 2050	6	11	17
				SD Plan 2051	7	15	22
Yelm School District Total					**518**	**289**	**807**
Zillah School District	**CLASSIFIED**	No	**Yes**	SD Plan 4831	46	0	46
	PRINCIPALS	No	**Yes**	SD Plan 5893	1	0	1
		Yes	**No**	SD Plan 5893	6	0	6
	TEACHERS	No	**Yes**	SD Plan 4831	11	0	11
		Yes	**No**	SD Plan 4831	64	0	64
				SD Plan 5893	1	0	1
	UNREPRESENTED	No	**Yes**	SD Plan 5893	7	0	7

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K–12 School District Data Collection Project
Exhibit A4c
Enrollment by District — Reporting Districts Only
Census October 1, 2015

District	Group Name	Certificated	Classified	School District Health Plan	Enrollment		
					Employees	Dependents	Members
Zillah School District Total					**136**	**0**	**136**
Grand Total					**104,429**	**58,958**	**163,387**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 270
Coverage Begins: 11/1/2014
Actuarial Value: 0.8100

Plan Type: Open Network
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	Included In-Network
Family	$1,500	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	50%
All Other Services	25%	50%
Co-payments:		
Office Visit Co-Payment	$30	$50
Inpatient Co-Payment	$25	$0
Outpatient Surgery Co-Payment	$25	$0
Emergency Room Co-Payment	$250	$250
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,750	Included In-Network
Family	$9,500	Included In-Network
Prescription Drugs (At Participating Pharmacies)		
Deductible	N/A	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$15/$40/50%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$45/$120/50%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$40	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 270
Coverage Begins: 11/1/2015
Actuarial Value: 0.7600

Plan Type: Open Network
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	Included In-Network
Family	$1,500	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	50%
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$25	$50
Inpatient Co-Payment	$20	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$250	$250
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	Included In-Network
Family	$8,000	Included In-Network
Prescription Drugs (At Participating Pharmacies)		
Deductible	N/A	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$15/$40/50%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$45/$120/50%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 271
Coverage Begins: 11/1/2014
Actuarial Value: 0.8700

Plan Type: Open Network
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	Included In-Network
Family	$500	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	20%
All Other Services	10%	20%
Co-payments:		
Office Visit Co-Payment	$20	$20
Inpatient Co-Payment	$10	$0
Outpatient Surgery Co-Payment	$10	$0
Emergency Room Co-Payment	$250	$250
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,250	Included In-Network
Family	$6,500	Included In-Network
Prescription Drugs (At Participating Pharmacies)		
Deductible	N/A	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$15/$40/50%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$45/$120/50%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$40	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 271
Coverage Begins: 11/1/2015
Actuarial Value: 0.8700

Plan Type: Open Network
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	Included In-Network
Family	$500	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	20%
All Other Services	10%	20%
Co-payments:		
Office Visit Co-Payment	$20	$20
Inpatient Co-Payment	$10	$0
Outpatient Surgery Co-Payment	$10	$0
Emergency Room Co-Payment	$250	$250
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,500	Included In-Network
Family	$7,000	Included In-Network
Prescription Drugs (At Participating Pharmacies)		
Deductible	N/A	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$15/$40/50%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$45/$120/50%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$40	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 272
Coverage Begins: 11/1/2014
Actuarial Value: 0.7700

Plan Type: Open Network
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	Included In-Network
Family	$3,000	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	50%
All Other Services	30%	50%
Co-payments:		
Office Visit Co-Payment	$25	$50
Inpatient Co-Payment	$30	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$250	$250
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,350	Included In-Network
Family	$12,700	Included In-Network
Prescription Drugs (At Participating Pharmacies)		
Deductible	N/A	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$15/$40/50%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$45/$120/50%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$40	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 272
Coverage Begins: 11/1/2015
Actuarial Value: 0.7500

Plan Type: Open Network
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$3,000	Included In-Network
Family	$6,000	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	50%
All Other Services	30%	50%
Co-payments:		
Office Visit Co-Payment	$25	$50
Inpatient Co-Payment	$30	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$250	$250
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,350	Included In-Network
Family	$12,700	Included In-Network
Prescription Drugs (At Participating Pharmacies)		
Deductible	N/A	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$15/$40/50%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$45/$120/50%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$40	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 273
Coverage Begins: 11/1/2014
Actuarial Value: 0.8474

Plan Type: Deductible
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 273
Coverage Begins: 11/1/2015
Actuarial Value: 0.8555

Plan Type: Deductible
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 275
Coverage Begins: 11/1/2014
Actuarial Value: 0.8798

Plan Type: Deductible
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	Not Covered
Family	$750	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	Not Covered
Co-payments:		
Office Visit Co-Payment	$15	Not Covered
Inpatient Co-Payment	$0	Not Covered
Outpatient Surgery Co-Payment	$0	Not Covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,250	Not Covered
Family	$6,750	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 275
Coverage Begins: 11/1/2015
Actuarial Value: 0.8834

Plan Type: Deductible
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	Not Covered
Family	$750	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	Not Covered
Co-payments:		
Office Visit Co-Payment	$15	Not Covered
Inpatient Co-Payment	$0	Not Covered
Outpatient Surgery Co-Payment	$0	Not Covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,250	Not Covered
Family	$6,750	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 276
Coverage Begins: 11/1/2014
Actuarial Value: 0.9025

Plan Type: Deductible
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 283
Coverage Begins: 11/1/2014
Actuarial Value: 0.9000

Plan Type: Closed Network
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	Not Covered
Family	$500	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	Not Covered
Co-payments:		
Office Visit Co-Payment	$15	Not Covered
Inpatient Co-Payment	$20	Not Covered
Outpatient Surgery Co-Payment	$20	Not Covered
Emergency Room Co-Payment	$250	$250
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,450	Not Covered
Family	$2,900	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	N/A	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10 generic $40 Brand	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30 generic $120 Brand	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 283
Coverage Begins: 11/1/2015
Actuarial Value: 0.8700

Plan Type: Closed Network
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	Not Covered
Family	$1,000	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	Not Covered
Co-payments:		
Office Visit Co-Payment	$25	Not Covered
Inpatient Co-Payment	$20	Not Covered
Outpatient Surgery Co-Payment	$20	Not Covered
Emergency Room Co-Payment	$250	$250
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not Covered
Family	$4,000	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	N/A	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10 generic $40 Brand	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30 generic $120 Brand	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 285
Coverage Begins: 11/1/2014
Actuarial Value: 0.8300

Plan Type: Closed Network
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	Not Covered
Family	$3,000	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	0%	Not Covered
Co-payments:		
Office Visit Co-Payment	$15	Not Covered
Inpatient Co-Payment	$30	Not Covered
Outpatient Surgery Co-Payment	$30	Not Covered
Emergency Room Co-Payment	$250	$250
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,500	Not Covered
Family	$7,000	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	N/A	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$10/$50/50%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$150/50%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 285
Coverage Begins: 11/1/2015
Actuarial Value: 0.8100

Plan Type: Closed Network
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	Not Covered
Family	$3,000	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	0%	Not Covered
Co-payments:		
Office Visit Co-Payment	$25	Not Covered
Inpatient Co-Payment	$30	Not Covered
Outpatient Surgery Co-Payment	$30	Not Covered
Emergency Room Co-Payment	$250	$250
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,500	Not Covered
Family	$7,000	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	N/A	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15generic $45Brand	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45generic $135 Brand	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 286
Coverage Begins: 1/1/2015
Actuarial Value: 0.8700

Plan Type: HMO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 287
Coverage Begins: 1/1/2015
Actuarial Value: 0.8530

Plan Type: HMO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 288
Coverage Begins: 1/1/2015
Actuarial Value: 0.8380

Plan Type: HMO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,400	Not Covered
Family	$2,800	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	10%	Not Covered
Co-payments:		
Office Visit Co-Payment	$25	Not Covered
Inpatient Co-Payment	$0	Not Covered
Outpatient Surgery Co-Payment	$51	Not Covered
Emergency Room Co-Payment	$127	$127
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$5,100
Family	$10,200	$10,200
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40/50%coins	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80/50%coins	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	50%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 289
Coverage Begins: 11/1/2014
Actuarial Value: 0.7640

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 301
Coverage Begins: 11/1/2014
Actuarial Value: 0.9367

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 301
Coverage Begins: 11/1/2015
Actuarial Value: 0.9488

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 302
Coverage Begins: 11/1/2014
Actuarial Value: 0.9367

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 308
Coverage Begins: 11/1/2014
Actuarial Value: 0.9334

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 308
Coverage Begins: 11/1/2015
Actuarial Value: 0.9464

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

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

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 317
Coverage Begins: 1/1/2015
Actuarial Value: 0.7780

Plan Type: PPO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$300	Included In-Network
Family	$900	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$0	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,800	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 324
Coverage Begins: 11/1/2014
Actuarial Value: 0.8370

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: N (calendar year)

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

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 325
Coverage Begins: 11/1/2014
Actuarial Value: 0.7700

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: N (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 326
Coverage Begins: 11/1/2014
Actuarial Value: 0.8960

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: N (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 327
Coverage Begins: 11/1/2014
Actuarial Value: 0.7720

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: N (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 334
Coverage Begins: 11/1/2014
Actuarial Value: 0.7590

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: N (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 335
Coverage Begins: 11/1/2014
Actuarial Value: 0.7400

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: N (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 336
Coverage Begins: 11/1/2014
Actuarial Value: 0.8560

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: N (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 337
Coverage Begins: 11/1/2014
Actuarial Value: 0.8550

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$100
Family	$300	$300
Coinsurance:		
Preventive Services (Exams and Screenings)	20%	20%
All Other Services	20%	20%
Co-payments:		
Office Visit Co-Payment	$20	$20
Inpatient Co-Payment	$200 copay per admit	$200 copay per admit
Outpatient Surgery Co-Payment	$200	$200
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$10,000
Family	$6,000	$30,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 338
Coverage Begins: 11/1/2014
Actuarial Value: 0.8270

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: N (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 339
Coverage Begins: 11/1/2014
Actuarial Value: 0.8220

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$300	$300
Family	$600	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	25%	25%
All Other Services	25%	25%
Co-payments:		
Office Visit Co-Payment	$25	$25
Inpatient Co-Payment	$300 copay per admit	$300 copay per admit
Outpatient Surgery Co-Payment	$300	$300
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$10,000
Family	$9,000	$30,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 340
Coverage Begins: 11/1/2014
Actuarial Value: 0.7790

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: N (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 341
Coverage Begins: 11/1/2014
Actuarial Value: 0.7630

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$500
Family	$1,500	$1,500
Coinsurance:		
Preventive Services (Exams and Screenings)	30%	30%
All Other Services	30%	30%
Co-payments:		
Office Visit Co-Payment	$30	$30
Inpatient Co-Payment	$350 copay per admit	$350 copay per admit
Outpatient Surgery Co-Payment	$350	$350
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	$4,000
Family	$12,000	$12,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 342
Coverage Begins: 11/1/2014
Actuarial Value: 0.7550

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	Included In-Network
Family	$3,000	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$400 copay per admit	$400 copay per admit
Outpatient Surgery Co-Payment	$400	$400
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$11,000
Family	$18,000	$33,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$200 per enrollee	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 343
Coverage Begins: 11/1/2014
Actuarial Value: 0.7240

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	$1,000
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	30%	30%
All Other Services	30%	30%
Co-payments:		
Office Visit Co-Payment	$30	$30
Inpatient Co-Payment	$400 copay per admit	$400 copay per admit
Outpatient Surgery Co-Payment	$400	$400
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	$10,000
Family	$12,000	$30,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 346
Coverage Begins: 1/1/2015
Actuarial Value: 0.8510

Plan Type: PPO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,400	Included In-Network
Family	$2,800	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	15%	40%
Co-payments:		
Office Visit Co-Payment	$25	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$83	$222
Emergency Room Co-Payment	$199	$199
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,200	$4,200
Family	$8,400	$8,400
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	15%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	15%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	15%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 347
Coverage Begins: 1/1/2015
Actuarial Value: 0.8430

Plan Type: PPO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	Included In-Network
Family	$750	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	15%	40%
Co-payments:		
Office Visit Co-Payment	$25	$40
Inpatient Co-Payment	$200, max 3 copays/year	$0
Outpatient Surgery Co-Payment	$92	$245
Emergency Room Co-Payment	$198	$198
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$2,000
Family	$4,000	$4,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$100	
Retail		
Cost Share — Generic/Brand/Non-Formulary	5%/10%/30%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	5%/10%/30%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$150	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 409
Coverage Begins: 10/1/2014
Actuarial Value: 0.7800

Plan Type: PPO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$3,000	$3,000
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	50%
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$0	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$8,000	$8,000
Family	$8,000	$8,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	NA	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 409
Coverage Begins: 10/1/2015
Actuarial Value: 0.7800

Plan Type: PPO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$3,000	$3,000
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	50%
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$0	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$8,000	$8,000
Family	$8,000	$8,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	NA	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 410
Coverage Begins: 10/1/2014
Actuarial Value: 0.8700

Plan Type: PPO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$1,500
Family	$2,250	$4,500
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	50%
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$30	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	$10,000
Family	$12,000	$30,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	NA	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 410
Coverage Begins: 10/1/2015
Actuarial Value: 0.8700

Plan Type: PPO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$1,500
Family	$2,250	$4,500
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	50%
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$30	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	$10,000
Family	$12,000	$30,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	NA	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 411
Coverage Begins: 10/1/2014
Actuarial Value: 0.9200

Plan Type: PPO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$400
Family	$400	$800
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	30%
All Other Services	0%	30%
Co-payments:		
Office Visit Co-Payment	$15	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$2,000
Family	$2,000	$4,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	NA	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 411
Coverage Begins: 10/1/2015
Actuarial Value: 0.9200

Plan Type: PPO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$400
Family	$400	$800
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	30%
All Other Services	0%	30%
Co-payments:		
Office Visit Co-Payment	$15	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$2,000
Family	$2,000	$4,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	NA	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 412
Coverage Begins: 10/1/2014
Actuarial Value: 0.9100

Plan Type: PPO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$100
Family	$300	$300
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$25	$60
Inpatient Co-Payment	$150	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	$1,500
Family	$4,500	$4,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	NA	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 412
Coverage Begins: 10/1/2015
Actuarial Value: 0.9100

Plan Type: PPO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$100
Family	$300	$300
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$25	$60
Inpatient Co-Payment	$150	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	$1,500
Family	$4,500	$4,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	NA	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 413
Coverage Begins: 10/1/2014
Actuarial Value: 0.8800

Plan Type: PPO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$200
Family	$600	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$30	$60
Inpatient Co-Payment	$300	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$5,000	$5,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	NA	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 413
Coverage Begins: 10/1/2015
Actuarial Value: 0.8800

Plan Type: PPO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$200
Family	$600	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$30	$60
Inpatient Co-Payment	$300	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$5,000	$5,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	NA	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 419
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 419
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 420
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$200/3	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 420
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$200/3	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$40	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 421
Coverage Begins: 11/1/2014
Actuarial Value: 0.9100

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100/1	$0
Outpatient Surgery Co-Payment	$25	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 421
Coverage Begins: 11/1/2015
Actuarial Value: 0.9100

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100/1	$0
Outpatient Surgery Co-Payment	$25	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 422
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 422
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 423
Coverage Begins: 11/1/2014
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$200/3	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 423
Coverage Begins: 11/1/2015
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$200/3	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 424
Coverage Begins: 11/1/2014
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100/3	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 424
Coverage Begins: 11/1/2015
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100/3	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 426
Coverage Begins: 11/1/2014
Actuarial Value: 0.8700

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$750	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$200/1	$0
Outpatient Surgery Co-Payment	$50	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 426
Coverage Begins: 11/1/2015
Actuarial Value: 0.8700

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$750	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$200/1	$0
Outpatient Surgery Co-Payment	$50	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 427
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 427
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 428
Coverage Begins: 11/1/2014
Actuarial Value: 0.8800

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$400	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100/3	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 428
Coverage Begins: 11/1/2015
Actuarial Value: 0.8800

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$400	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100/3	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 429
Coverage Begins: 1/1/2015
Actuarial Value: 0.9100

Plan Type: HMO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 430
Coverage Begins: 11/1/2014
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100/3	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 430
Coverage Begins: 11/1/2015
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100/3	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 432
Coverage Begins: 11/1/2014
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$200/1	$0
Outpatient Surgery Co-Payment	$25	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 432
Coverage Begins: 11/1/2015
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$200/1	$0
Outpatient Surgery Co-Payment	$25	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 433
Coverage Begins: 10/1/2014
Actuarial Value: 0.8300

Plan Type: HMO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,000	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$25	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 433
Coverage Begins: 10/1/2015
Actuarial Value: 0.8300

Plan Type: HMO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,000	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$25	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 434
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100/3	$0
Outpatient Surgery Co-Payment	$25	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 434
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100/3	$0
Outpatient Surgery Co-Payment	$25	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 435
Coverage Begins: 10/1/2014
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$400	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 435
Coverage Begins: 10/1/2015
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$400	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 437
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100/1	$0
Outpatient Surgery Co-Payment	$25	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 437
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100/1	$0
Outpatient Surgery Co-Payment	$25	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 438
Coverage Begins: 11/1/2014
Actuarial Value: 0.8800

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

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

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 438
Coverage Begins: 11/1/2015
Actuarial Value: 0.8800

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

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

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 439
Coverage Begins: 1/1/2015
Actuarial Value: 0.8600

Plan Type: HMO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$750	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 440
Coverage Begins: 11/1/2014
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 440
Coverage Begins: 11/1/2015
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 441
Coverage Begins: 11/1/2014
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 441
Coverage Begins: 11/1/2015
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 442
Coverage Begins: 10/1/2014
Actuarial Value: 0.8800

Plan Type: HMO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 442
Coverage Begins: 10/1/2015
Actuarial Value: 0.8800

Plan Type: HMO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 443
Coverage Begins: 10/1/2014
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 443
Coverage Begins: 10/1/2015
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 444
Coverage Begins: 10/1/2014
Actuarial Value: 0.8800

Plan Type: HMO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$0
Family	$5,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 444
Coverage Begins: 10/1/2015
Actuarial Value: 0.8800

Plan Type: HMO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$0
Family	$5,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 445
Coverage Begins: 11/1/2014
Actuarial Value: 0.9200

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 445
Coverage Begins: 11/1/2015
Actuarial Value: 0.9200

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 446
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100/5	$0
Outpatient Surgery Co-Payment	$25	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 446
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100/5	$0
Outpatient Surgery Co-Payment	$25	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 447
Coverage Begins: 11/1/2014
Actuarial Value: 0.8700

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

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

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 447
Coverage Begins: 11/1/2015
Actuarial Value: 0.8700

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 448
Coverage Begins: 10/1/2014
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$100/3	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 448
Coverage Begins: 10/1/2015
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$100/3	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 449
Coverage Begins: 11/1/2014
Actuarial Value: 0.9200

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$25	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 449
Coverage Begins: 11/1/2015
Actuarial Value: 0.9200

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$25	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 450
Coverage Begins: 11/1/2014
Actuarial Value: 0.8600

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$500/3	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$200	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 450
Coverage Begins: 11/1/2015
Actuarial Value: 0.8600

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$500/3	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$200	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 452
Coverage Begins: 11/1/2014
Actuarial Value: 0.9300

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 452
Coverage Begins: 11/1/2015
Actuarial Value: 0.9300

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 453
Coverage Begins: 11/1/2014
Actuarial Value: 0.8800

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$400	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100/3	$0
Outpatient Surgery Co-Payment	$50	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 453
Coverage Begins: 11/1/2015
Actuarial Value: 0.8800

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$400	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100/3	$0
Outpatient Surgery Co-Payment	$50	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 454
Coverage Begins: 11/1/2014
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 454
Coverage Begins: 11/1/2015
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 455
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

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

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 455
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 456
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 456
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 457
Coverage Begins: 11/1/2014
Actuarial Value: 0.9100

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$300/1	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$3,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 457
Coverage Begins: 11/1/2015
Actuarial Value: 0.9100

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$300/1	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$3,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 458
Coverage Begins: 11/1/2014
Actuarial Value: 0.8800

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 458
Coverage Begins: 11/1/2015
Actuarial Value: 0.8800

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 459
Coverage Begins: 10/1/2014
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$200/3	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 459
Coverage Begins: 10/1/2015
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$200/3	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 460
Coverage Begins: 11/1/2014
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100/3	$0
Outpatient Surgery Co-Payment	$50	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 460
Coverage Begins: 11/1/2015
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100/3	$0
Outpatient Surgery Co-Payment	$50	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 461
Coverage Begins: 11/1/2014
Actuarial Value: 0.9300

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 461
Coverage Begins: 11/1/2015
Actuarial Value: 0.9300

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 462
Coverage Begins: 10/1/2014
Actuarial Value: 0.9100

Plan Type: HMO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

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

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 462
Coverage Begins: 10/1/2015
Actuarial Value: 0.9100

Plan Type: HMO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

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

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 463
Coverage Begins: 10/1/2014
Actuarial Value: 0.9100

Plan Type: HMO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 463
Coverage Begins: 10/1/2015
Actuarial Value: 0.9100

Plan Type: HMO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 464
Coverage Begins: 11/1/2014
Actuarial Value: 0.9300

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

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

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 464
Coverage Begins: 11/1/2015
Actuarial Value: 0.9300

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

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

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 466
Coverage Begins: 10/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$750	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 466
Coverage Begins: 10/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$750	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 467
Coverage Begins: 11/1/2014
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$100/3	$0
Outpatient Surgery Co-Payment	$50	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 467
Coverage Begins: 11/1/2015
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$100/3	$0
Outpatient Surgery Co-Payment	$50	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 468
Coverage Begins: 11/1/2014
Actuarial Value: 0.8800

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$35	$0
Inpatient Co-Payment	$100/3	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$200	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Specialty Days Supply	30	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 468
Coverage Begins: 11/1/2015
Actuarial Value: 0.8800

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$35	$0
Inpatient Co-Payment	$100/3	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$200	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 469
Coverage Begins: 10/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$750	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 469
Coverage Begins: 10/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$750	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 470
Coverage Begins: 10/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$750	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 470
Coverage Begins: 10/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$750	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 471
Coverage Begins: 10/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$750	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 471
Coverage Begins: 10/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$750	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 472
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 472
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 473
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 473
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 474
Coverage Begins: 10/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$750	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 474
Coverage Begins: 10/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$750	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 475
Coverage Begins: 10/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$750	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 475
Coverage Begins: 10/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$750	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 476
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$100/3	$0
Outpatient Surgery Co-Payment	$50	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 476
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$100/3	$0
Outpatient Surgery Co-Payment	$50	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 477
Coverage Begins: 10/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 477
Coverage Begins: 10/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 478
Coverage Begins: 10/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 478
Coverage Begins: 10/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 479
Coverage Begins: 10/1/2014
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 479
Coverage Begins: 10/1/2015
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 481
Coverage Begins: 11/1/2014
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 481
Coverage Begins: 11/1/2015
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 482
Coverage Begins: 10/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$750	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 482
Coverage Begins: 10/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$750	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 483
Coverage Begins: 11/1/2014
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100/1	$0
Outpatient Surgery Co-Payment	$50	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 483
Coverage Begins: 11/1/2015
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100/1	$0
Outpatient Surgery Co-Payment	$50	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 484
Coverage Begins: 10/1/2014
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$100/3	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 484
Coverage Begins: 10/1/2015
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$100/3	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 485
Coverage Begins: 10/1/2014
Actuarial Value: 0.8700

Plan Type: HMO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,600	$0
Family	$7,800	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 485
Coverage Begins: 10/1/2015
Actuarial Value: 0.8700

Plan Type: HMO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,600	$0
Family	$7,800	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 486
Coverage Begins: 10/1/2014
Actuarial Value: 0.8700

Plan Type: HMO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 486
Coverage Begins: 10/1/2015
Actuarial Value: 0.8700

Plan Type: HMO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 487
Coverage Begins: 10/1/2014
Actuarial Value: 0.8700

Plan Type: HMO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 487
Coverage Begins: 10/1/2015
Actuarial Value: 0.8700

Plan Type: HMO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 488
Coverage Begins: 10/1/2014
Actuarial Value: 0.8700

Plan Type: HMO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 488
Coverage Begins: 10/1/2015
Actuarial Value: 0.8700

Plan Type: HMO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 489
Coverage Begins: 10/1/2014
Actuarial Value: 0.8700

Plan Type: HMO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 489
Coverage Begins: 10/1/2015
Actuarial Value: 0.8700

Plan Type: HMO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 490
Coverage Begins: 10/1/2014
Actuarial Value: 0.8700

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Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

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Actuarial Value: 0.8700

Plan Type: HMO
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Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

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Actuarial Value: 0.8700

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Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

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Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 492
Coverage Begins: 10/1/2015
Actuarial Value: 0.8700

Plan Type: HMO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 493
Coverage Begins: 11/1/2014
Actuarial Value: 0.8700

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 493
Coverage Begins: 11/1/2015
Actuarial Value: 0.8700

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 494
Coverage Begins: 11/1/2014
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100/3	$0
Outpatient Surgery Co-Payment	$25	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 494
Coverage Begins: 11/1/2015
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100/3	$0
Outpatient Surgery Co-Payment	$25	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 495
Coverage Begins: 10/1/2014
Actuarial Value: 0.8800

Plan Type: HMO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 495
Coverage Begins: 10/1/2015
Actuarial Value: 0.8800

Plan Type: HMO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

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Coverage Begins: 10/1/2014
Actuarial Value: 0.8800

Plan Type: HMO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
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Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
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Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Actuarial Value: 0.8800

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

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

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Family	$400	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
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Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 499
Coverage Begins: 11/1/2015
Actuarial Value: 0.8700

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 500
Coverage Begins: 11/1/2014
Actuarial Value: 0.8700

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$350	$0
Family	$1,050	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$35	$0
Inpatient Co-Payment	$100/3	$0
Outpatient Surgery Co-Payment	$35	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 500
Coverage Begins: 11/1/2015
Actuarial Value: 0.8700

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$350	$0
Family	$1,050	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$35	$0
Inpatient Co-Payment	$100/3	$0
Outpatient Surgery Co-Payment	$35	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 501
Coverage Begins: 11/1/2014
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$100/3	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 501
Coverage Begins: 11/1/2015
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$100/3	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 502
Coverage Begins: 11/1/2014
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$100/3	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 502
Coverage Begins: 11/1/2015
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$100/3	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 503
Coverage Begins: 10/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$750	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 503
Coverage Begins: 10/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$750	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 504
Coverage Begins: 10/1/2014
Actuarial Value: 0.8700

Plan Type: HMO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 504
Coverage Begins: 10/1/2015
Actuarial Value: 0.8700

Plan Type: HMO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 506
Coverage Begins: 10/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$400	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$30/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 506
Coverage Begins: 10/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$400	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$30/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 508
Coverage Begins: 11/1/2014
Actuarial Value: 0.9100

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$100/3	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 508
Coverage Begins: 11/1/2015
Actuarial Value: 0.9100

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$100/3	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 509
Coverage Begins: 10/1/2014
Actuarial Value: 0.8700

Plan Type: HMO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 509
Coverage Begins: 10/1/2015
Actuarial Value: 0.8700

Plan Type: HMO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 510
Coverage Begins: 11/1/2014
Actuarial Value: 0.8700

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$350	$0
Family	$700	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$35	$0
Inpatient Co-Payment	$200/3	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 510
Coverage Begins: 11/1/2015
Actuarial Value: 0.8700

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$350	$0
Family	$700	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$35	$0
Inpatient Co-Payment	$200/3	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 511
Coverage Begins: 11/1/2014
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$200/1	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 511
Coverage Begins: 11/1/2015
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$200/1	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 512
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 512
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 513
Coverage Begins: 1/1/2015
Actuarial Value: 0.8100

Plan Type: HMO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$0
Family	$12,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 514
Coverage Begins: 1/1/2015
Actuarial Value: 0.8100

Plan Type: HMO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$0
Family	$12,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 515
Coverage Begins: 1/1/2015
Actuarial Value: 0.8100

Plan Type: HMO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$0
Family	$12,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 516
Coverage Begins: 1/1/2015
Actuarial Value: 0.8100

Plan Type: HMO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$0
Family	$12,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 517
Coverage Begins: 1/1/2015
Actuarial Value: 0.8100

Plan Type: HMO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$0
Family	$12,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 518
Coverage Begins: 11/1/2014
Actuarial Value: 0.8100

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$0
Family	$12,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 518
Coverage Begins: 11/1/2015
Actuarial Value: 0.8100

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$0
Family	$12,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 519
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 519
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 520
Coverage Begins: 11/1/2014
Actuarial Value: 0.7900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 520
Coverage Begins: 11/1/2015
Actuarial Value: 0.7900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 521
Coverage Begins: 11/1/2014
Actuarial Value: 0.7900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 521
Coverage Begins: 11/1/2015
Actuarial Value: 0.7900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 522
Coverage Begins: 11/1/2014
Actuarial Value: 0.8200

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 522
Coverage Begins: 11/1/2015
Actuarial Value: 0.8200

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 523
Coverage Begins: 11/1/2014
Actuarial Value: 0.8200

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 523
Coverage Begins: 11/1/2015
Actuarial Value: 0.8200

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 524
Coverage Begins: 11/1/2014
Actuarial Value: 0.7900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 524
Coverage Begins: 11/1/2015
Actuarial Value: 0.7900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 525
Coverage Begins: 11/1/2014
Actuarial Value: 0.7900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 525
Coverage Begins: 11/1/2015
Actuarial Value: 0.7900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 526
Coverage Begins: 11/1/2014
Actuarial Value: 0.8200

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 526
Coverage Begins: 11/1/2015
Actuarial Value: 0.8200

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 527
Coverage Begins: 11/1/2014
Actuarial Value: 0.7900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 527
Coverage Begins: 11/1/2015
Actuarial Value: 0.7900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 528
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 528
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 529
Coverage Begins: 11/1/2014
Actuarial Value: 0.8200

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 529
Coverage Begins: 11/1/2015
Actuarial Value: 0.8200

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 530
Coverage Begins: 11/1/2014
Actuarial Value: 0.8200

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 530
Coverage Begins: 11/1/2015
Actuarial Value: 0.8200

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 531
Coverage Begins: 11/1/2014
Actuarial Value: 0.8200

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 531
Coverage Begins: 11/1/2015
Actuarial Value: 0.8200

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 532
Coverage Begins: 11/1/2014
Actuarial Value: 0.8200

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 532
Coverage Begins: 11/1/2015
Actuarial Value: 0.8200

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 533
Coverage Begins: 11/1/2014
Actuarial Value: 0.8200

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 533
Coverage Begins: 11/1/2015
Actuarial Value: 0.8200

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 534
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Actuarial Value: 0.8200

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Emergency Room Co-Payment	$0	$0
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Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 534
Coverage Begins: 11/1/2015
Actuarial Value: 0.8200

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

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Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 535
Coverage Begins: 11/1/2014
Actuarial Value: 0.8200

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 535
Coverage Begins: 11/1/2015
Actuarial Value: 0.8200

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 536
Coverage Begins: 11/1/2014
Actuarial Value: 0.8200

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 536
Coverage Begins: 11/1/2015
Actuarial Value: 0.8200

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
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Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 537
Coverage Begins: 1/1/2015
Actuarial Value: 0.7900

Plan Type: HMO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 538
Coverage Begins: 1/1/2015
Actuarial Value: 0.7900

Plan Type: HMO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
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Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 539
Coverage Begins: 1/1/2015
Actuarial Value: 0.7900

Plan Type: HMO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
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Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 540
Coverage Begins: 1/1/2015
Actuarial Value: 0.7900

Plan Type: HMO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
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Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 541
Coverage Begins: 1/1/2015
Actuarial Value: 0.7900

Plan Type: HMO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
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Office Visit Co-Payment	$0	$0
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Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 542
Coverage Begins: 1/1/2015
Actuarial Value: 0.7900

Plan Type: HMO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
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Emergency Room Co-Payment	$0	$0
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Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
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Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
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Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 543
Coverage Begins: 1/1/2015
Actuarial Value: 0.7900

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Emergency Room Co-Payment	$0	$0
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Family	$0	$0
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Deductible	$0	
Retail		
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Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
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Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

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Emergency Room Co-Payment	$0	$0
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Family	$0	$0
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Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
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Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

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Actuarial Value: 0.7900

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Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 546
Coverage Begins: 1/1/2015
Actuarial Value: 0.7900

Plan Type: HMO
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Deductible Reset: Y (calendar year)

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Family	$0	$0
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Deductible	$0	
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Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
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Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 547
Coverage Begins: 1/1/2015
Actuarial Value: 0.7900

Plan Type: HMO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 548
Coverage Begins: 1/1/2015
Actuarial Value: 0.7900

Plan Type: HMO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 549
Coverage Begins: 1/1/2015
Actuarial Value: 0.7900

Plan Type: HMO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 550
Coverage Begins: 1/1/2015
Actuarial Value: 0.7900

Plan Type: HMO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 551
Coverage Begins: 1/1/2015
Actuarial Value: 0.7900

Plan Type: HMO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 552
Coverage Begins: 1/1/2015
Actuarial Value: 0.7900

Plan Type: HMO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 554
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 554
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 555
Coverage Begins: 1/1/2015
Actuarial Value: 0.9500

Plan Type: HMO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 556
Coverage Begins: 1/1/2015
Actuarial Value: 0.9500

Plan Type: HMO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 557
Coverage Begins: 1/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 558
Coverage Begins: 1/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 559
Coverage Begins: 11/1/2015
Actuarial Value: 0.9500

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 559
Coverage Begins: 11/1/2014
Actuarial Value: 0.9500

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 560
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 560
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 561
Coverage Begins: 11/1/2014
Actuarial Value: 0.9500

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 561
Coverage Begins: 11/1/2015
Actuarial Value: 0.9500

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 562
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 562
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 563
Coverage Begins: 11/1/2014
Actuarial Value: 0.9500

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 563
Coverage Begins: 11/1/2015
Actuarial Value: 0.9500

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 565
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 565
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 566
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 566
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 567
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 567
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 569
Coverage Begins: 11/1/2014
Actuarial Value: 0.9100

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$350/3	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 569
Coverage Begins: 11/1/2015
Actuarial Value: 0.9100

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$350/3	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 572
Coverage Begins: 11/1/2014
Actuarial Value: 0.9500

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 572
Coverage Begins: 11/1/2015
Actuarial Value: 0.9500

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 573
Coverage Begins: 11/1/2014
Actuarial Value: 0.9500

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 573
Coverage Begins: 11/1/2015
Actuarial Value: 0.9500

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 574
Coverage Begins: 11/1/2014
Actuarial Value: 0.9500

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 574
Coverage Begins: 11/1/2015
Actuarial Value: 0.9500

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 575
Coverage Begins: 11/1/2014
Actuarial Value: 0.9500

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 575
Coverage Begins: 11/1/2015
Actuarial Value: 0.9500

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 576
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 576
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 579
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 579
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 580
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 580
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 581
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$350/3	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 581
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$350/3	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 582
Coverage Begins: 11/1/2014
Actuarial Value: 0.9100

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$350/3	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 582
Coverage Begins: 11/1/2015
Actuarial Value: 0.9100

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$350/3	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 583
Coverage Begins: 11/1/2014
Actuarial Value: 0.9100

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$350/3	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 583
Coverage Begins: 11/1/2015
Actuarial Value: 0.9100

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$350/3	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 584
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 584
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 585
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 585
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 586
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 586
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 587
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 587
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 588
Coverage Begins: 11/1/2014
Actuarial Value: 0.9100

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$350/3	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 588
Coverage Begins: 11/1/2015
Actuarial Value: 0.9100

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$350/3	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 589
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 589
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 591
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 591
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 592
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 592
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 593
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 593
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 594
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 594
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 596
Coverage Begins: 11/1/2014
Actuarial Value: 0.9500

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 596
Coverage Begins: 11/1/2015
Actuarial Value: 0.9500

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 597
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 597
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 598
Coverage Begins: 11/1/2014
Actuarial Value: 0.9100

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$350/3	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 598
Coverage Begins: 11/1/2015
Actuarial Value: 0.9100

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$350/3	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 599
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 599
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 600
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 600
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 601
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 601
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 602
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 602
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 603
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 603
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 604
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 604
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 605
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 605
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 606
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 606
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 607
Coverage Begins: 11/1/2014
Actuarial Value: 0.9500

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 607
Coverage Begins: 11/1/2015
Actuarial Value: 0.9500

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 608
Coverage Begins: 11/1/2014
Actuarial Value: 0.9500

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 608
Coverage Begins: 11/1/2015
Actuarial Value: 0.9500

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 609
Coverage Begins: 11/1/2014
Actuarial Value: 0.9100

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$350/3	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Coinsurance:		
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Inpatient Co-Payment	$350/3	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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For All Plans in Calendar Year 2015

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Family	$200	$0
Coinsurance:		
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Inpatient Co-Payment	$350/3	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 610
Coverage Begins: 11/1/2015
Actuarial Value: 0.9100

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

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Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
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All Other Services	0%	0%
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Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$350/3	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 611
Coverage Begins: 11/1/2014
Actuarial Value: 0.9100

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

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Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$350/3	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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For All Plans in Calendar Year 2015

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Actuarial Value: 0.9100

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Deductible Reset: Y (calendar year)

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Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$350/3	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 612
Coverage Begins: 11/1/2014
Actuarial Value: 0.9100

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$350/3	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 612
Coverage Begins: 11/1/2015
Actuarial Value: 0.9100

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$350/3	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 613
Coverage Begins: 11/1/2014
Actuarial Value: 0.8100

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 613
Coverage Begins: 11/1/2015
Actuarial Value: 0.8100

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 614
Coverage Begins: 11/1/2014
Actuarial Value: 0.8100

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 614
Coverage Begins: 11/1/2015
Actuarial Value: 0.8100

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$0
Family	$1,500	$0
Coinsurance:		
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All Other Services	0%	0%
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Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

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For All Plans in Calendar Year 2015

Health Plan: Plan 615
Coverage Begins: 11/1/2014
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Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$0
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Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Emergency Room Co-Payment	$150	$0
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Individual	$6,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Emergency Room Co-Payment	$150	$0
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Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 617
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
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Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 618
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 618
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 619
Coverage Begins: 11/1/2014
Actuarial Value: 0.8100

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 619
Coverage Begins: 11/1/2015
Actuarial Value: 0.8100

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 620
Coverage Begins: 11/1/2014
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 620
Coverage Begins: 11/1/2015
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 624
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 624
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 625
Coverage Begins: 11/1/2014
Actuarial Value: 0.8100

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 625
Coverage Begins: 11/1/2015
Actuarial Value: 0.8100

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 626
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 626
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 627
Coverage Begins: 1/1/2015
Actuarial Value: 0.9100

Plan Type: HMO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$350/3	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 628
Coverage Begins: 11/1/2014
Actuarial Value: 0.8100

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 628
Coverage Begins: 11/1/2015
Actuarial Value: 0.8100

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 629
Coverage Begins: 11/1/2014
Actuarial Value: 0.9100

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$350/3	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 629
Coverage Begins: 11/1/2015
Actuarial Value: 0.9100

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$350/3	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 630
Coverage Begins: 11/1/2014
Actuarial Value: 0.8100

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 630
Coverage Begins: 11/1/2015
Actuarial Value: 0.8100

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 631
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 631
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 632
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 632
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 633
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 633
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 634
Coverage Begins: 1/1/2015
Actuarial Value: 0.9100

Plan Type: HMO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$350/3	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 635
Coverage Begins: 1/1/2015
Actuarial Value: 0.9100

Plan Type: HMO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$350/3	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 636
Coverage Begins: 1/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 637
Coverage Begins: 1/1/2015
Actuarial Value: 0.9100

Plan Type: HMO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$350/3	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 638
Coverage Begins: 1/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 639
Coverage Begins: 1/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 640
Coverage Begins: 1/1/2015
Actuarial Value: 0.9100

Plan Type: HMO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$350/3	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 641
Coverage Begins: 1/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 642
Coverage Begins: 1/1/2015
Actuarial Value: 0.9100

Plan Type: HMO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$350/3	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 643
Coverage Begins: 1/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 644
Coverage Begins: 1/1/2015
Actuarial Value: 0.9100

Plan Type: HMO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$350/3	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 645
Coverage Begins: 1/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 646
Coverage Begins: 1/1/2015
Actuarial Value: 0.9100

Plan Type: HMO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$350/3	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 647
Coverage Begins: 1/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 648
Coverage Begins: 1/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 649
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 649
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 650
Coverage Begins: 11/1/2014
Actuarial Value: 0.8100

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 650
Coverage Begins: 11/1/2015
Actuarial Value: 0.8100

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 651
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 651
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 652
Coverage Begins: 11/1/2014
Actuarial Value: 0.8100

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 652
Coverage Begins: 11/1/2015
Actuarial Value: 0.8100

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 653
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 653
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 654
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 654
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 656
Coverage Begins: 11/1/2014
Actuarial Value: 0.9100

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$350/3	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 656
Coverage Begins: 11/1/2015
Actuarial Value: 0.9100

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$350/3	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 668
Coverage Begins: 11/1/2014
Actuarial Value: 0.9300

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$100
Family	$300	$300
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	20%
Co-payments:		
Office Visit Co-Payment	$30	$20
Inpatient Co-Payment	$200/3	$200/3
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$0	$7,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$4/$8/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$4/$8/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$4/$8/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 668
Coverage Begins: 11/1/2015
Actuarial Value: 0.9300

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$100
Family	$300	$300
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	20%
Co-payments:		
Office Visit Co-Payment	$30	$20
Inpatient Co-Payment	$200/3	$200/3
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$0	$7,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$4/$8/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$4/$8/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$4/$8/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 670
Coverage Begins: 11/1/2014
Actuarial Value: 0.9200

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$200
Family	$0	$400
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	20%
All Other Services	0%	20%
Co-payments:		
Office Visit Co-Payment	$25	$20
Inpatient Co-Payment	$200/3	$200/3
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$2,000
Family	$0	$6,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$4/$8/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$4/$8/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$4/$8/$25/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 670
Coverage Begins: 11/1/2015
Actuarial Value: 0.9200

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$200
Family	$0	$400
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	20%
All Other Services	0%	20%
Co-payments:		
Office Visit Co-Payment	$25	$20
Inpatient Co-Payment	$200/3	$200/3
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$2,000
Family	$0	$6,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$4/$8/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$4/$8/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$4/$8/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 672
Coverage Begins: 11/1/2014
Actuarial Value: 0.8600

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$350	$350
Family	$700	$700
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	20%
Co-payments:		
Office Visit Co-Payment	$25	$20
Inpatient Co-Payment	$100/3	$100/3
Outpatient Surgery Co-Payment	$25	$25
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$2,000
Family	$0	$4,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 672
Coverage Begins: 11/1/2015
Actuarial Value: 0.8600

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$350	$350
Family	$700	$700
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	20%
Co-payments:		
Office Visit Co-Payment	$25	$20
Inpatient Co-Payment	$100/3	$100/3
Outpatient Surgery Co-Payment	$25	$25
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$2,000
Family	$0	$4,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 673
Coverage Begins: 11/1/2014
Actuarial Value: 0.7400

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	20%
Co-payments:		
Office Visit Co-Payment	$20	$20
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$20
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$5,100
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 673
Coverage Begins: 11/1/2015
Actuarial Value: 0.7400

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	20%
Co-payments:		
Office Visit Co-Payment	$20	$20
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$20
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$5,100
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 674
Coverage Begins: 11/1/2014
Actuarial Value: 0.7400

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	20%
Co-payments:		
Office Visit Co-Payment	$20	$20
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$20
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$5,100
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 674
Coverage Begins: 11/1/2015
Actuarial Value: 0.7400

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	20%
Co-payments:		
Office Visit Co-Payment	$20	$20
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$20
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$5,100
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 675
Coverage Begins: 1/1/2015
Actuarial Value: 0.9000

Plan Type: PPO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$400
Family	$400	$800
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	30%
Co-payments:		
Office Visit Co-Payment	$0	$30
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 676
Coverage Begins: 1/1/2015
Actuarial Value: 0.9100

Plan Type: PPO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$400
Family	$400	$800
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	30%
Co-payments:		
Office Visit Co-Payment	$0	$30
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 685
Coverage Begins: 11/1/2014
Actuarial Value: 0.9100

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$400
Family	$400	$800
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	30%
Co-payments:		
Office Visit Co-Payment	$0	$30
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 685
Coverage Begins: 11/1/2015
Actuarial Value: 0.9100

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$400
Family	$400	$800
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	30%
Co-payments:		
Office Visit Co-Payment	$0	$30
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 686
Coverage Begins: 11/1/2014
Actuarial Value: 0.9100

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$200
Family	$0	$400
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	30%
Co-payments:		
Office Visit Co-Payment	$25	$30
Inpatient Co-Payment	$200/1	$200/1
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 686
Coverage Begins: 11/1/2015
Actuarial Value: 0.9100

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$200
Family	$0	$400
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	30%
Co-payments:		
Office Visit Co-Payment	$25	$30
Inpatient Co-Payment	$200/1	$200/1
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 688
Coverage Begins: 11/1/2014
Actuarial Value: 0.9000

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$400
Family	$400	$800
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	30%
Co-payments:		
Office Visit Co-Payment	$0	$30
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 688
Coverage Begins: 11/1/2015
Actuarial Value: 0.9000

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$400
Family	$400	$800
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	30%
Co-payments:		
Office Visit Co-Payment	$0	$30
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 689
Coverage Begins: 11/1/2014
Actuarial Value: 0.9000

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$200
Family	$0	$400
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	30%
Co-payments:		
Office Visit Co-Payment	$25	$30
Inpatient Co-Payment	$200/1	$200/1
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 689
Coverage Begins: 11/1/2015
Actuarial Value: 0.9000

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$200
Family	$0	$400
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	30%
Co-payments:		
Office Visit Co-Payment	$25	$30
Inpatient Co-Payment	$200/1	$200/1
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 690
Coverage Begins: 1/1/2015
Actuarial Value: 0.9000

Plan Type: PPO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$200
Family	$0	$400
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	30%
Co-payments:		
Office Visit Co-Payment	$25	$30
Inpatient Co-Payment	$200/1	$200/1
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 691
Coverage Begins: 1/1/2015
Actuarial Value: 0.9000

Plan Type: PPO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$200
Family	$0	$400
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	30%
Co-payments:		
Office Visit Co-Payment	$25	$30
Inpatient Co-Payment	$200/1	$200/1
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 703
Coverage Begins: 11/1/2014
Actuarial Value: 0.6930

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$3,000
Family	$3,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$10,000
Family	$10,000	$20,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	0%	
Retail Days Supply	0	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	0%	
Mail-Order Days Supply	0	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 704
Coverage Begins: 1/1/2015
Actuarial Value: 0.8600

Plan Type: HMO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	Not Covered
Family	$750	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	15%	Not Covered
Co-payments:		
Office Visit Co-Payment	$20	Not Covered
Inpatient Co-Payment	$0	Not Covered
Outpatient Surgery Co-Payment	$242	Not Covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$2,000
Family	$4,000	$4,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 708
Coverage Begins: 11/1/2014
Actuarial Value: 0.8960

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	Included In-Network
Family	$600	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	20%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$25	$40
Inpatient Co-Payment	$150 per day, $450 max PCY	Included In-Network
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	Included In-Network
Family	$4,500	Included In-Network
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$35	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$35	
Mail-Order Days Supply	100	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$35	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 709
Coverage Begins: 11/1/2014
Actuarial Value: 0.8620

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$300	Included In-Network
Family	$900	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	20%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$300 per day, $900 max PCY	Included In-Network
Outpatient Surgery Co-Payment	$150	$150
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,750	Included In-Network
Family	$8,250	Included In-Network
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$40	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$40	
Mail-Order Days Supply	100	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	15/25/40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 710
Coverage Begins: 11/1/2014
Actuarial Value: 0.9330

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$350
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	10%	30%
Co-payments:		
Office Visit Co-Payment	$15	$30
Inpatient Co-Payment	$200 per admit $600 max PCY	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$50	$50
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$30/$60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 711
Coverage Begins: 11/1/2014
Actuarial Value: 0.7300

Plan Type: Open Network
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 711
Coverage Begins: 11/1/2015
Actuarial Value: 0.6900

Plan Type: Open Network
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 768
Coverage Begins: 11/1/2014
Actuarial Value: 0.5538

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$3,000
Family	$3,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$0	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	$8,000
Family	$8,000	$16,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	15/25/40	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	30/50/80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	15/25/40	
Specialty Days Supply	31	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 768
Coverage Begins: 11/1/2015
Actuarial Value: 0.7274

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$3,000
Family	$3,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$0	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	$8,000
Family	$8,000	$16,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	15/25/40	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	30/50/80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	15/25/40	
Specialty Days Supply	31	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 769
Coverage Begins: 10/1/2014
Actuarial Value: 0.6794

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	Included In-Network
Family	$3,000	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$0	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,500	Included In-Network
Family	$7,000	Included In-Network
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	10/35/60	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20/70/120	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	10/35/60	
Specialty Days Supply	31	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 769
Coverage Begins: 11/1/2015
Actuarial Value: 0.6845

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	Included In-Network
Family	$3,000	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$0	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,500	Included In-Network
Family	$7,000	Included In-Network
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	10/35/60	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20/70/120	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	10/35/60	
Specialty Days Supply	31	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 770
Coverage Begins: 10/1/2014
Actuarial Value: 0.6794

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	Included In-Network
Family	$3,000	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$0	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,500	Included In-Network
Family	$7,000	Included In-Network
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	10/35/60	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20/70/120	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	10/35/60	
Specialty Days Supply	31	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 770
Coverage Begins: 11/1/2015
Actuarial Value: 0.6845

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	Included In-Network
Family	$3,000	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$0	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,500	Included In-Network
Family	$7,000	Included In-Network
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	10/35/60	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20/70/120	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	10/35/60	
Specialty Days Supply	31	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 772
Coverage Begins: 10/1/2014
Actuarial Value: 0.8123

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	Included In-Network
Family	$1,500	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$20	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,750	Included In-Network
Family	$5,250	Included In-Network
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/20/40	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	10/40/80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$5/20/40	
Specialty Days Supply	31	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 773
Coverage Begins: 10/1/2014
Actuarial Value: 0.8123

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	Included In-Network
Family	$1,500	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$20	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,750	Included In-Network
Family	$5,250	Included In-Network
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/20/40	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	10/40/80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$5/20/40	
Specialty Days Supply	31	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 774
Coverage Begins: 11/1/2014
Actuarial Value: 0.7737

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	Included In-Network
Family	$600	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	20%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$25	$40
Inpatient Co-Payment	$150 per admit, then 20%	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	Included In-Network
Family	$4,500	Included In-Network
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/20/35	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/25/35	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/20/35	
Specialty Days Supply	31	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 774
Coverage Begins: 11/1/2015
Actuarial Value: 0.8745

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	Included In-Network
Family	$600	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	20%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$25	$40
Inpatient Co-Payment	$150 per admit, then 20%	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	Included In-Network
Family	$4,500	Included In-Network
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/20/35	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/25/35	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/20/35	
Specialty Days Supply	31	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 775
Coverage Begins: 11/1/2014
Actuarial Value: 0.7115

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$300	Included In-Network
Family	$900	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	20%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$300 per admit, then 20%	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,750	Included In-Network
Family	$8,250	Included In-Network
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	15/25/40	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	15/25/40	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	15/25/40	
Specialty Days Supply	31	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 775
Coverage Begins: 11/1/2015
Actuarial Value: 0.8006

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$300	Included In-Network
Family	$900	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	20%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$300 per admit, then 20%	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,750	Included In-Network
Family	$8,250	Included In-Network
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	15/25/40	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	15/25/40	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	15/25/40	
Specialty Days Supply	31	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 776
Coverage Begins: 11/1/2014
Actuarial Value: 0.6140

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	$2,000
Family	$3,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$15	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$10,000
Family	$15,000	$30,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$500	
Retail		
Cost Share — Generic/Brand/Non-Formulary	0/30%/30%	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	0/25%/25%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0/30%/30%	
Specialty Days Supply	31	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 776
Coverage Begins: 11/1/2015
Actuarial Value: 0.7349

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	$2,000
Family	$3,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$15	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$10,000
Family	$15,000	$30,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$500	
Retail		
Cost Share — Generic/Brand/Non-Formulary	0/30%/30%	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	0/25%/25%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0/30%/30%	
Specialty Days Supply	31	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 779
Coverage Begins: 10/1/2014
Actuarial Value: 0.7957

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	Included In-Network
Family	$2,250	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$20	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,750	Included In-Network
Family	$5,250	Included In-Network
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/20/40	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	10/40/80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$5/20/40	
Specialty Days Supply	31	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 779
Coverage Begins: 11/1/2015
Actuarial Value: 0.8056

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	Included In-Network
Family	$2,250	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$20	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,750	Included In-Network
Family	$5,250	Included In-Network
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/20/40	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	10/40/80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$5/20/40	
Specialty Days Supply	31	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 780
Coverage Begins: 10/1/2014
Actuarial Value: 0.7957

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	Included In-Network
Family	$2,250	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$20	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,750	Included In-Network
Family	$5,250	Included In-Network
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/20/40	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	10/40/80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$5/20/40	
Specialty Days Supply	31	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 780
Coverage Begins: 11/1/2015
Actuarial Value: 0.8056

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	Included In-Network
Family	$2,250	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$20	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,750	Included In-Network
Family	$5,250	Included In-Network
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/20/40	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	10/40/80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$5/20/40	
Specialty Days Supply	31	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 781
Coverage Begins: 11/1/2014
Actuarial Value: 0.8800

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$25	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$0
Family	$7,500	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$4/$8/$25	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$4/$8/$25	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$4/$8/$25	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 781
Coverage Begins: 11/1/2015
Actuarial Value: 0.8800

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$25	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$0
Family	$7,500	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$4/$8/$25	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$4/$8/$25	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$4/$8/$25	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 782
Coverage Begins: 11/1/2014
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$100/3	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 782
Coverage Begins: 11/1/2015
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$100/3	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 783
Coverage Begins: 11/1/2014
Actuarial Value: 0.8200

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 783
Coverage Begins: 11/1/2015
Actuarial Value: 0.8200

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 784
Coverage Begins: 11/1/2014
Actuarial Value: 0.8200

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 784
Coverage Begins: 11/1/2015
Actuarial Value: 0.8200

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 785
Coverage Begins: 11/1/2014
Actuarial Value: 0.8200

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 785
Coverage Begins: 11/1/2015
Actuarial Value: 0.8200

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 786
Coverage Begins: 11/1/2014
Actuarial Value: 0.7100

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 786
Coverage Begins: 11/1/2015
Actuarial Value: 0.7100

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 787
Coverage Begins: 11/1/2014
Actuarial Value: 0.8100

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 787
Coverage Begins: 11/1/2015
Actuarial Value: 0.8100

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 788
Coverage Begins: 11/1/2014
Actuarial Value: 0.8100

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 788
Coverage Begins: 11/1/2015
Actuarial Value: 0.8100

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 794
Coverage Begins: 10/1/2014
Actuarial Value: 0.9200

Plan Type: PPO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$200
Family	$300	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	30%
Co-payments:		
Office Visit Co-Payment	$25	$30
Inpatient Co-Payment	$100/3	$100/3
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 794
Coverage Begins: 10/1/2015
Actuarial Value: 0.9200

Plan Type: PPO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$200
Family	$300	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	30%
Co-payments:		
Office Visit Co-Payment	$25	$30
Inpatient Co-Payment	$100/3	$100/3
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 795
Coverage Begins: 10/1/2014
Actuarial Value: 0.9400

Plan Type: PPO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$100
Family	$300	$300
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	20%
Co-payments:		
Office Visit Co-Payment	$15	$20
Inpatient Co-Payment	$200/3	$200/3
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$1,000
Family	$0	$3,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 795
Coverage Begins: 10/1/2015
Actuarial Value: 0.9400

Plan Type: PPO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$100
Family	$300	$300
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	20%
Co-payments:		
Office Visit Co-Payment	$15	$20
Inpatient Co-Payment	$200/3	$200/3
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$1,000
Family	$0	$3,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 796
Coverage Begins: 10/1/2014
Actuarial Value: 0.8000

Plan Type: PPO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	$2,000
Family	$3,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$15	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$15
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/50%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/50%	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/50%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 796
Coverage Begins: 10/1/2015
Actuarial Value: 0.8000

Plan Type: PPO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	$2,000
Family	$3,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$15	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$15
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/50%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/50%	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/50%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 797
Coverage Begins: 10/1/2014
Actuarial Value: 0.7800

Plan Type: PPO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$3,000
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$0	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$10,200
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 797
Coverage Begins: 10/1/2015
Actuarial Value: 0.7800

Plan Type: PPO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$3,000
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$0	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$10,200
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 798
Coverage Begins: 10/1/2014
Actuarial Value: 0.7800

Plan Type: PPO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$3,000
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$0	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$10,200
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 798
Coverage Begins: 10/1/2015
Actuarial Value: 0.7800

Plan Type: PPO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$3,000
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$0	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$10,200
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 799
Coverage Begins: 11/1/2014
Actuarial Value: 0.9200

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$200
Family	$300	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	30%
Co-payments:		
Office Visit Co-Payment	$25	$30
Inpatient Co-Payment	$100/3	$100/3
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 799
Coverage Begins: 11/1/2015
Actuarial Value: 0.9200

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$200
Family	$300	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	30%
Co-payments:		
Office Visit Co-Payment	$25	$30
Inpatient Co-Payment	$100/3	$100/3
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 800
Coverage Begins: 11/1/2014
Actuarial Value: 0.8100

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$1,000
Family	$1,500	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$200/3	$200/3
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 800
Coverage Begins: 11/1/2015
Actuarial Value: 0.8100

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$1,000
Family	$1,500	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$200/3	$200/3
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 801
Coverage Begins: 11/1/2014
Actuarial Value: 0.8200

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	$2,000
Family	$3,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$15	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$15
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/50%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/50%	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/50%	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 801
Coverage Begins: 11/1/2015
Actuarial Value: 0.8200

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	$2,000
Family	$3,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$15	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$15
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/50%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/50%	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/50%	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 802
Coverage Begins: 11/1/2014
Actuarial Value: 0.7200

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$3,000
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$0	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$10,200
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 802
Coverage Begins: 11/1/2015
Actuarial Value: 0.7200

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$3,000
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$0	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$10,200
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 803
Coverage Begins: 11/1/2014
Actuarial Value: 0.7200

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$3,000
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$0	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$10,200
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 803
Coverage Begins: 11/1/2015
Actuarial Value: 0.7200

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$3,000
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$0	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$10,200
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 804
Coverage Begins: 11/1/2014
Actuarial Value: 0.9500

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$100
Family	$300	$300
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	20%
Co-payments:		
Office Visit Co-Payment	$20	$20
Inpatient Co-Payment	$200/3	$200/3
Outpatient Surgery Co-Payment	$20	$20
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$1,000
Family	$0	$3,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$4/$8/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$4/$8/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$4/$8/$25/$50	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 804
Coverage Begins: 11/1/2015
Actuarial Value: 0.9500

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$100
Family	$300	$300
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	20%
Co-payments:		
Office Visit Co-Payment	$20	$20
Inpatient Co-Payment	$200/3	$200/3
Outpatient Surgery Co-Payment	$20	$20
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$1,000
Family	$0	$3,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$4/$8/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$4/$8/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$4/$8/$25/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 805
Coverage Begins: 11/1/2014
Actuarial Value: 0.7200

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$3,000
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$0	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$10,200
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 805
Coverage Begins: 11/1/2015
Actuarial Value: 0.7200

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$3,000
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$0	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$10,200
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 806
Coverage Begins: 11/1/2014
Actuarial Value: 0.7300

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$3,000
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$0	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$10,200
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 806
Coverage Begins: 11/1/2015
Actuarial Value: 0.7300

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$3,000
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$0	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$10,200
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 807
Coverage Begins: 11/1/2014
Actuarial Value: 0.7200

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$3,000
Family	$4,500	$9,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$20	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$20
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 807
Coverage Begins: 11/1/2015
Actuarial Value: 0.7200

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$3,000
Family	$4,500	$9,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$20	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$20
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 808
Coverage Begins: 11/1/2014
Actuarial Value: 0.8800

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$350	$700
Family	$1,050	$2,100
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	30%
Co-payments:		
Office Visit Co-Payment	$25	$30
Inpatient Co-Payment	$100/3	$100/3
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 808
Coverage Begins: 11/1/2015
Actuarial Value: 0.8800

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$350	$700
Family	$1,050	$2,100
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	30%
Co-payments:		
Office Visit Co-Payment	$25	$30
Inpatient Co-Payment	$100/3	$100/3
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 809
Coverage Begins: 11/1/2014
Actuarial Value: 0.9000

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$200
Family	$300	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	30%
Co-payments:		
Office Visit Co-Payment	$15	$30
Inpatient Co-Payment	$200/3	$200/3
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 809
Coverage Begins: 11/1/2015
Actuarial Value: 0.9000

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$200
Family	$300	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	30%
Co-payments:		
Office Visit Co-Payment	$15	$30
Inpatient Co-Payment	$200/3	$200/3
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 810
Coverage Begins: 10/1/2014
Actuarial Value: 0.7900

Plan Type: PPO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$1,000
Family	$1,000	$2,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 810
Coverage Begins: 10/1/2015
Actuarial Value: 0.7900

Plan Type: PPO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$1,000
Family	$1,000	$2,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 812
Coverage Begins: 11/1/2014
Actuarial Value: 0.8000

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$1,000
Family	$1,000	$2,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 812
Coverage Begins: 11/1/2015
Actuarial Value: 0.8000

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$1,000
Family	$1,000	$2,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 813
Coverage Begins: 11/1/2014
Actuarial Value: 0.9100

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$400
Family	$400	$800
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	30%
Co-payments:		
Office Visit Co-Payment	$0	$30
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 813
Coverage Begins: 11/1/2015
Actuarial Value: 0.9100

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$400
Family	$400	$800
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	30%
Co-payments:		
Office Visit Co-Payment	$0	$30
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 814
Coverage Begins: 11/1/2014
Actuarial Value: 0.9100

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$200
Family	$0	$400
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	30%
Co-payments:		
Office Visit Co-Payment	$25	$30
Inpatient Co-Payment	$200/1	$200/1
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 814
Coverage Begins: 11/1/2015
Actuarial Value: 0.9100

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$200
Family	$0	$400
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	30%
Co-payments:		
Office Visit Co-Payment	$25	$30
Inpatient Co-Payment	$200/1	$200/1
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 815
Coverage Begins: 11/1/2014
Actuarial Value: 0.8000

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$1,000
Family	$1,000	$2,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 815
Coverage Begins: 11/1/2015
Actuarial Value: 0.8000

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$1,000
Family	$1,000	$2,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 816
Coverage Begins: 11/1/2014
Actuarial Value: 0.9100

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$400
Family	$400	$800
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	30%
Co-payments:		
Office Visit Co-Payment	$0	$30
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 816
Coverage Begins: 11/1/2015
Actuarial Value: 0.9100

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$400
Family	$400	$800
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	30%
Co-payments:		
Office Visit Co-Payment	$0	$30
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 817
Coverage Begins: 11/1/2014
Actuarial Value: 0.9100

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$200
Family	$0	$400
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	30%
Co-payments:		
Office Visit Co-Payment	$25	$30
Inpatient Co-Payment	$200/1	$200/1
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 817
Coverage Begins: 11/1/2015
Actuarial Value: 0.9100

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$200
Family	$0	$400
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	30%
Co-payments:		
Office Visit Co-Payment	$25	$30
Inpatient Co-Payment	$200/1	$200/1
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 818
Coverage Begins: 11/1/2014
Actuarial Value: 0.8000

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$1,000
Family	$1,000	$2,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 818
Coverage Begins: 11/1/2015
Actuarial Value: 0.8000

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$1,000
Family	$1,000	$2,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 819
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$400
Family	$400	$800
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	30%
Co-payments:		
Office Visit Co-Payment	$0	$30
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 819
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$400
Family	$400	$800
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	30%
Co-payments:		
Office Visit Co-Payment	$0	$30
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 820
Coverage Begins: 11/1/2014
Actuarial Value: 0.9100

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$200
Family	$0	$400
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	30%
Co-payments:		
Office Visit Co-Payment	$25	$30
Inpatient Co-Payment	$200/1	$200/1
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 820
Coverage Begins: 11/1/2015
Actuarial Value: 0.9100

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$200
Family	$0	$400
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	30%
Co-payments:		
Office Visit Co-Payment	$25	$30
Inpatient Co-Payment	$200/1	$200/1
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 821
Coverage Begins: 11/1/2014
Actuarial Value: 0.8000

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$1,000
Family	$1,000	$2,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 821
Coverage Begins: 11/1/2015
Actuarial Value: 0.8000

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$1,000
Family	$1,000	$2,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 822
Coverage Begins: 11/1/2014
Actuarial Value: 0.9100

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$400
Family	$400	$800
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	30%
Co-payments:		
Office Visit Co-Payment	$0	$30
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 822
Coverage Begins: 11/1/2015
Actuarial Value: 0.9100

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$400
Family	$400	$800
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	30%
Co-payments:		
Office Visit Co-Payment	$0	$30
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 823
Coverage Begins: 11/1/2014
Actuarial Value: 0.9100

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$200
Family	$0	$400
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	30%
Co-payments:		
Office Visit Co-Payment	$25	$30
Inpatient Co-Payment	$200/1	$200/1
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 823
Coverage Begins: 11/1/2015
Actuarial Value: 0.9100

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$200
Family	$0	$400
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	30%
Co-payments:		
Office Visit Co-Payment	$25	$30
Inpatient Co-Payment	$200/1	$200/1
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 824
Coverage Begins: 11/1/2014
Actuarial Value: 0.8306

Plan Type: Deductible
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	Not Covered
Family	$3,000	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	Not Covered
Co-payments:		
Office Visit Co-Payment	$25	Not Covered
Inpatient Co-Payment	$0	Not Covered
Outpatient Surgery Co-Payment	$0	Not Covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	Not Covered
Family	$12,000	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$30	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 824
Coverage Begins: 11/1/2015
Actuarial Value: 0.8306

Plan Type: Deductible
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	Not Covered
Family	$3,000	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	Not Covered
Co-payments:		
Office Visit Co-Payment	$25	Not Covered
Inpatient Co-Payment	$0	Not Covered
Outpatient Surgery Co-Payment	$0	Not Covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	Not Covered
Family	$12,000	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$30	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 828
Coverage Begins: 11/1/2014
Actuarial Value: 0.8863

Plan Type: Deductible
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	Not Covered
Family	$750	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	10%	Not Covered
Co-payments:		
Office Visit Co-Payment	$15	Not Covered
Inpatient Co-Payment	$0	Not Covered
Outpatient Surgery Co-Payment	$0	Not Covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,250	Not Covered
Family	$6,750	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 828
Coverage Begins: 11/1/2015
Actuarial Value: 0.8880

Plan Type: Deductible
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	Not Covered
Family	$750	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	10%	Not Covered
Co-payments:		
Office Visit Co-Payment	$15	Not Covered
Inpatient Co-Payment	$0	Not Covered
Outpatient Surgery Co-Payment	$0	Not Covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,250	Not Covered
Family	$6,750	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$30	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 830
Coverage Begins: 11/1/2014
Actuarial Value: 0.8464

Plan Type: Deductible
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	Not Covered
Family	$1,500	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	Not Covered
Co-payments:		
Office Visit Co-Payment	$20	Not Covered
Inpatient Co-Payment	$0	Not Covered
Outpatient Surgery Co-Payment	$0	Not Covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	Not Covered
Family	$9,000	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$40	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 830
Coverage Begins: 11/1/2014
Actuarial Value: 0.8464

Plan Type: Deductible
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	$2,000
Family	$2,000	$4,000
Coinsurance:		
Preventive Services (Exams and Screenings)	20%	50%
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$15	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$200	$200
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,500	$0
Family	$11,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$500	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$35/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$70/$120	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$120/30%	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 831
Coverage Begins: 11/1/2014
Actuarial Value: 0.8450

Plan Type: Deductible
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	Not Covered
Family	$2,250	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	Not Covered
Co-payments:		
Office Visit Co-Payment	$20	Not Covered
Inpatient Co-Payment	$0	Not Covered
Outpatient Surgery Co-Payment	$0	Not Covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,250	Not Covered
Family	$9,750	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$150	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 832
Coverage Begins: 11/1/2014
Actuarial Value: 0.9338

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 833
Coverage Begins: 11/1/2014
Actuarial Value: 0.8290

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	Included In-Network
Family	$600	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$25	$40
Inpatient Co-Payment	$200 copay per admit	$200 copay per admit
Outpatient Surgery Co-Payment	$200	$200
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,200	Included In-Network
Family	$6,600	Included In-Network
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 834
Coverage Begins: 11/1/2014
Actuarial Value: 0.8020

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$300	Included In-Network
Family	$900	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$300 copay per admit	$300 copay per admit
Outpatient Surgery Co-Payment	$300	$300
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,300	Included In-Network
Family	$9,900	Included In-Network
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$12/$35/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$12/$35/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 835
Coverage Begins: 11/1/2014
Actuarial Value: 0.7140

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,250	Included In-Network
Family	$3,750	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$35	$40
Inpatient Co-Payment	$400 copay per admit	$400 copay per admit
Outpatient Surgery Co-Payment	$400	$400
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,250	Included In-Network
Family	$15,750	Included In-Network
Prescription Drugs (At Participating Pharmacies)		
Deductible	$200 per enrollee	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$12/$35/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$12/$35/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 836
Coverage Begins: 11/1/2014
Actuarial Value: 0.6930

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$2,000	$4,000
Family	$3,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$0	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$10,000
Family	$10,000	$20,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	med ded/oop max	
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 837
Coverage Begins: 11/1/2014
Actuarial Value: 0.8250

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	Included In-Network
Family	$600	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$25	$40
Inpatient Co-Payment	$200/day Max 5 copays/admit	$200/day Max 5 copays/admit
Outpatient Surgery Co-Payment	$200	$200
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,200	$3,200
Family	$6,600	$9,600
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30/50%(Max $100)	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$30/50%(Max $100)	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 838
Coverage Begins: 11/1/2014
Actuarial Value: 0.8060

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$350	$1,000
Family	$1,050	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	50%
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$30	$50
Inpatient Co-Payment	$300/day Max 3 copays/admit	$300/day Max 3 copays/admit
Outpatient Surgery Co-Payment	$150	$150
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,350	$11,000
Family	$1,050	$33,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 868
Coverage Begins: 11/1/2014
Actuarial Value: 0.8030

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	$2,000
Family	$3,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$15	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	$0
Family	$12,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$500	
Retail		
Cost Share — Generic/Brand/Non-Formulary	0/30%/30%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	0/25%/25%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	30%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 869
Coverage Begins: 11/1/2014
Actuarial Value: 0.8240

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$1,500
Family	$2,250	$4,500
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	25%	50%
Co-payments:		
Office Visit Co-Payment	$30	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,500	$0
Family	$10,500	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$250	
Retail		
Cost Share — Generic/Brand/Non-Formulary	0/$30/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	0/$75/$112	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	30%	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 870
Coverage Begins: 11/1/2014
Actuarial Value: 0.8160

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$250
Family	$300	$750
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	35%	50%
Co-payments:		
Office Visit Co-Payment	$35	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$200	$200
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,200	$0
Family	$12,600	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$500	
Retail		
Cost Share — Generic/Brand/Non-Formulary	0/$30/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	0/$75/$112	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	30%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 874
Coverage Begins: 11/1/2014
Actuarial Value: 0.9490

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$100
Family	$300	$300
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	30%
All Other Services	10%	30%
Co-payments:		
Office Visit Co-Payment	$20	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$1,000
Family	$3,000	$3,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 875
Coverage Begins: 11/1/2014
Actuarial Value: 0.9090

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$200
Family	$600	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$20	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$35
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$2,000
Family	$6,000	$6,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 876
Coverage Begins: 11/1/2014
Actuarial Value: 0.9070

Plan Type: TRAD
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	20%
All Other Services	20%	20%
Co-payments:		
Office Visit Co-Payment	$0	$80
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$2,000
Family	$6,000	$6,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 877
Coverage Begins: 11/1/2014
Actuarial Value: 0.8010

Plan Type: TRAD
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	30%
All Other Services	30%	30%
Co-payments:		
Office Visit Co-Payment	$0	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,750	$5,750
Family	$11,500	$11,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 878
Coverage Begins: 11/1/2014
Actuarial Value: 0.6860

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$3,000	$3,000
Family	$6,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$10,000	$10,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 879
Coverage Begins: 11/1/2014
Actuarial Value: 0.9070

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$500
Family	$1,500	$1,500
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$20	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$35
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$7,500	$7,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 880
Coverage Begins: 11/1/2014
Actuarial Value: 0.8680

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$500
Family	$1,500	$1,500
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$20	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$35
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$3,000
Family	$9,000	$9,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 881
Coverage Begins: 11/1/2014
Actuarial Value: 0.8520

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	$2,000
Family	$3,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$15	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	$4,000
Family	$8,000	$8,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$500	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$0/.30/.30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$0/.30/.30	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 882
Coverage Begins: 11/1/2014
Actuarial Value: 0.8480

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$1,500
Family	$2,250	$4,500
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	25%	50%
Co-payments:		
Office Visit Co-Payment	$30	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$45
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,500	$3,500
Family	$7,000	$7,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$250	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$0/$30/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$0/$60/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 883
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$200
Family	$600	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$20	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$35
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,200	$2,200
Family	$6,600	$6,600
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 884
Coverage Begins: 11/1/2014
Actuarial Value: 0.6860

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$200
Family	$600	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$20	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$35
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,200	$2,200
Family	$6,600	$6,600
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 885
Coverage Begins: 11/1/2014
Actuarial Value: 0.7940

Plan Type: TRAD
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	30%
All Other Services	30%	30%
Co-payments:		
Office Visit Co-Payment	$0	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,750	$5,750
Family	$11,500	$11,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 887
Coverage Begins: 11/1/2014
Actuarial Value: 0.9490

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$100
Family	$300	$300
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	30%
All Other Services	10%	30%
Co-payments:		
Office Visit Co-Payment	$20	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$1,000
Family	$3,000	$3,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 888
Coverage Begins: 11/1/2014
Actuarial Value: 0.7520

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$10,000	$10,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 889
Coverage Begins: 11/1/2014
Actuarial Value: 0.9070

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$500
Family	$1,500	$1,500
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$20	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$35
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$7,500	$7,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 890
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$20	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$35
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$7,500	$7,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 891
Coverage Begins: 11/1/2014
Actuarial Value: 0.9070

Plan Type: TRAD
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	20%
All Other Services	20%	20%
Co-payments:		
Office Visit Co-Payment	$0	$80
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$2,000
Family	$6,000	$6,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 892
Coverage Begins: 11/1/2014
Actuarial Value: 0.7810

Plan Type: TRAD
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	30%
All Other Services	30%	30%
Co-payments:		
Office Visit Co-Payment	$0	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,750	$5,750
Family	$11,500	$11,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 893
Coverage Begins: 11/1/2014
Actuarial Value: 0.9490

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$100
Family	$300	$300
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	30%
All Other Services	10%	30%
Co-payments:		
Office Visit Co-Payment	$20	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$1,000
Family	$3,000	$3,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 894
Coverage Begins: 11/1/2014
Actuarial Value: 0.9090

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$200
Family	$600	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$20	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$35
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$2,000
Family	$6,000	$6,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 895
Coverage Begins: 11/1/2014
Actuarial Value: 0.9070

Plan Type: TRAD
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	20%
All Other Services	20%	20%
Co-payments:		
Office Visit Co-Payment	$0	$80
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$2,000
Family	$6,000	$6,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 896
Coverage Begins: 11/1/2014
Actuarial Value: 0.8010

Plan Type: TRAD
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	30%
All Other Services	30%	30%
Co-payments:		
Office Visit Co-Payment	$0	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,750	$5,750
Family	$11,500	$11,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 897
Coverage Begins: 11/1/2014
Actuarial Value: 0.6860

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$3,000	$3,000
Family	$6,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$10,000	$10,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 898
Coverage Begins: 11/1/2014
Actuarial Value: 0.9070

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$500
Family	$1,500	$1,500
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$20	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$35
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$7,500	$7,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 899
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$20	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$35
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$7,500	$7,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 900
Coverage Begins: 11/1/2014
Actuarial Value: 0.7940

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$5,000	$5,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$1,500	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 900
Coverage Begins: 11/1/2015
Actuarial Value: 0.7940

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$5,000	$5,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$1,500	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 901
Coverage Begins: 11/1/2014
Actuarial Value: 0.7940

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$5,000	$5,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$1,500	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 901
Coverage Begins: 11/1/2015
Actuarial Value: 0.7940

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$5,000	$5,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$1,500	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 902
Coverage Begins: 11/1/2014
Actuarial Value: 0.7970

Plan Type: TRAD
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	30%	30%
Co-payments:		
Office Visit Co-Payment	$0	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$15,000	$15,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 902
Coverage Begins: 11/1/2015
Actuarial Value: 0.7030

Plan Type: TRAD
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	30%	30%
Co-payments:		
Office Visit Co-Payment	$0	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	$4,000
Family	$12,000	$12,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 903
Coverage Begins: 11/1/2014
Actuarial Value: 0.7970

Plan Type: TRAD
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	30%	30%
Co-payments:		
Office Visit Co-Payment	$0	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$15,000	$15,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 903
Coverage Begins: 11/1/2015
Actuarial Value: 0.7030

Plan Type: TRAD
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	30%	30%
Co-payments:		
Office Visit Co-Payment	$0	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	$4,000
Family	$12,000	$12,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 904
Coverage Begins: 11/1/2014
Actuarial Value: 0.9170

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$300	$300
Family	$900	$900
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	10%	30%
Co-payments:		
Office Visit Co-Payment	$25	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$25	$25
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$7,500	$7,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 905
Coverage Begins: 11/1/2014
Actuarial Value: 0.9170

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$300	$300
Family	$900	$900
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	10%	30%
Co-payments:		
Office Visit Co-Payment	$25	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$25	$25
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$7,500	$7,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 906
Coverage Begins: 11/1/2014
Actuarial Value: 0.8180

Plan Type: TRAD
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	20%	20%
Co-payments:		
Office Visit Co-Payment	$30	$80
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$30
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$3,000
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$35/$75	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$70/$150	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 907
Coverage Begins: 11/1/2014
Actuarial Value: 0.8840

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 908
Coverage Begins: 11/1/2014
Actuarial Value: 0.8450

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$300	$300
Family	$900	$900
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$30	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$30
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$7,500	$7,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$35/$75	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$70/$150	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 909
Coverage Begins: 11/1/2014
Actuarial Value: 0.7970

Plan Type: TRAD
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	30%	30%
Co-payments:		
Office Visit Co-Payment	$0	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$10,000	$10,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 910
Coverage Begins: 11/1/2014
Actuarial Value: 0.7520

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$10,000	$10,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 911
Coverage Begins: 11/1/2014
Actuarial Value: 0.9070

Plan Type: TRAD
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	20%
All Other Services	20%	20%
Co-payments:		
Office Visit Co-Payment	$0	$80
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$2,000
Family	$6,000	$6,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 912
Coverage Begins: 11/1/2014
Actuarial Value: 0.9380

Plan Type: TRAD
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$200
Family	$600	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	10%	30%
Co-payments:		
Office Visit Co-Payment	$20	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$35
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$1,000
Family	$3,000	$3,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 913
Coverage Begins: 11/1/2014
Actuarial Value: 0.9070

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$500
Family	$1,500	$1,500
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$20	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$35
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$7,500	$7,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 914
Coverage Begins: 11/1/2014
Actuarial Value: 0.8010

Plan Type: TRAD
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	30%
All Other Services	30%	30%
Co-payments:		
Office Visit Co-Payment	$0	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,750	$5,750
Family	$11,500	$11,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 915
Coverage Begins: 11/1/2014
Actuarial Value: 0.7520

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,750	$3,750
Family	$7,500	$7,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$3,750	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 916
Coverage Begins: 11/1/2014
Actuarial Value: 0.8060

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 921
Coverage Begins: 11/1/2015
Actuarial Value: 0.8100

Plan Type: PPO
Coverage Ends: 10/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	30%	30%
Co-payments:		
Office Visit Co-Payment	$0	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,750	$5,750
Family	$11,500	$11,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	Not Covered	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	NA	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 922
Coverage Begins: 11/1/2015
Actuarial Value: 0.9100

Plan Type: PPO
Coverage Ends: 10/30/2016
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 923
Coverage Begins: 11/1/2015
Actuarial Value: 0.8800

Plan Type: PPO
Coverage Ends: 10/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$500
Family	$1,500	$1,500
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$20	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$3,000
Family	$9,000	$9,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	Not Covered	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	0	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	NA	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 924
Coverage Begins: 11/1/2015
Actuarial Value: 0.8800

Plan Type: PPO
Coverage Ends: 10/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$20	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,250	$3,250
Family	$9,750	$9,750
Prescription Drugs (At Participating Pharmacies)		
Deductible	Not Covered	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	NA	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 925
Coverage Begins: 11/1/2015
Actuarial Value: 0.9300

Plan Type: PPO
Coverage Ends: 10/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$100
Family	$300	$300
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	30%
All Other Services	10%	30%
Co-payments:		
Office Visit Co-Payment	$20	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$1,000
Family	$3,000	$3,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	Not Covered	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	NA	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 926
Coverage Begins: 11/1/2015
Actuarial Value: 0.7500

Plan Type: PPO
Coverage Ends: 10/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$6,000	$6,000
Family	$6,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$10,000	$10,000
Family	$10,000	$10,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	Not Covered	
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	NA	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 927
Coverage Begins: 11/1/2015
Actuarial Value: 0.9000

Plan Type: PPO
Coverage Ends: 10/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$200
Family	$600	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$25	$60
Inpatient Co-Payment	$150	$150
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	100%
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	$1,500
Family	$4,500	$4,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$35	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$35	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	NA	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 928
Coverage Begins: 11/1/2015
Actuarial Value: 0.8700

Plan Type: PPO
Coverage Ends: 10/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$300	$300
Family	$900	$900
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$30	$60
Inpatient Co-Payment	$300	$300
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$7,500	$7,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$40	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	NA	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 929
Coverage Begins: 11/1/2015
Actuarial Value: 0.9500

Plan Type: PPO
Coverage Ends: 10/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$350
Family	$600	$1,050
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	100%
All Other Services	10%	30%
Co-payments:		
Office Visit Co-Payment	$15	$70
Inpatient Co-Payment	$200	$200
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$50	$50
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$500	$10,000
Family	$1,500	$30,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$30/$60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	NA	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 930
Coverage Begins: 11/1/2015
Actuarial Value: 0.8700

Plan Type: PPO
Coverage Ends: 10/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	$2,000
Family	$3,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$15	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	$10,000
Family	$12,000	$30,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/20%/30%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/20%/30%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	NA	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 931
Coverage Begins: 11/1/2015
Actuarial Value: 0.8500

Plan Type: PPO
Coverage Ends: 10/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$1,500
Family	$2,250	$4,500
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$30	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,500	$10,000
Family	$10,500	$30,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	NA	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 932
Coverage Begins: 11/1/2015
Actuarial Value: 0.8600

Plan Type: PPO
Coverage Ends: 10/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$250
Family	$300	$750
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	30%	40%
Co-payments:		
Office Visit Co-Payment	$30	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$200	$200
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,250	$10,000
Family	$12,750	$30,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	NA	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 933
Coverage Begins: 11/1/2015
Actuarial Value: 0.8000

Plan Type: PPO
Coverage Ends: 10/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$3,000	$6,000
Family	$3,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$8,000	$20,000
Family	$8,000	$20,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%/20%/20%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%/20%/20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	NA	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 934
Coverage Begins: 11/1/2015
Actuarial Value: 0.9300

Plan Type: PPO
Coverage Ends: 10/30/2016
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 935
Coverage Begins: 11/1/2015
Actuarial Value: 0.9100

Plan Type: PPO
Coverage Ends: 10/30/2016
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 936
Coverage Begins: 11/1/2015
Actuarial Value: 0.8600

Plan Type: PPO
Coverage Ends: 10/30/2016
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 937
Coverage Begins: 11/1/2015
Actuarial Value: 0.8800

Plan Type: PPO
Coverage Ends: 10/30/2016
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 938
Coverage Begins: 11/1/2015
Actuarial Value: 0.7700

Plan Type: PPO
Coverage Ends: 10/30/2016
Deductible Reset: Y (calendar year)

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

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 944
Coverage Begins: 10/1/2014
Actuarial Value: 0.7300

Plan Type: PPO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

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

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 944
Coverage Begins: 10/1/2015
Actuarial Value: 0.7300

Plan Type: PPO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

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

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1032
Coverage Begins: 10/1/2014
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1032
Coverage Begins: 10/1/2015
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1033
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$25	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$4/$8/$25	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$4/$8/$25	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$4/$8/$25	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1033
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$25	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$4/$8/$25	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$4/$8/$25	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$4/$8/$25	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1034
Coverage Begins: 11/1/2014
Actuarial Value: 0.9300

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$3,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1034
Coverage Begins: 11/1/2015
Actuarial Value: 0.9300

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$3,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1035
Coverage Begins: 11/1/2014
Actuarial Value: 0.8600

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$350	$0
Family	$700	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,200	$0
Family	$4,400	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1035
Coverage Begins: 11/1/2015
Actuarial Value: 0.8600

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$350	$0
Family	$700	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,200	$0
Family	$4,400	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1036
Coverage Begins: 11/1/2014
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1036
Coverage Begins: 11/1/2015
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1037
Coverage Begins: 11/1/2014
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1037
Coverage Begins: 11/1/2015
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1038
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1038
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1039
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1039
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

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

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1040
Coverage Begins: 11/1/2014
Actuarial Value: 0.8100

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$350	$0
Family	$700	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$200/3	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$200	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1040
Coverage Begins: 11/1/2015
Actuarial Value: 0.8100

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$350	$0
Family	$700	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$200/3	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$200	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$25/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1041
Coverage Begins: 11/1/2014
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$200/3	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1041
Coverage Begins: 11/1/2015
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$200/3	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1042
Coverage Begins: 11/1/2014
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1042
Coverage Begins: 11/1/2015
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1043
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1043
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

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

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1044
Coverage Begins: 11/1/2014
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

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

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1044
Coverage Begins: 11/1/2015
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

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

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1045
Coverage Begins: 11/1/2014
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

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

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1045
Coverage Begins: 11/1/2015
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

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

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1046
Coverage Begins: 11/1/2014
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$100/3	$0
Outpatient Surgery Co-Payment	$50	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1046
Coverage Begins: 11/1/2015
Actuarial Value: 0.9000

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$100/3	$0
Outpatient Surgery Co-Payment	$50	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1047
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1047
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1094
Coverage Begins: 11/1/2014
Actuarial Value: 0.9100

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$350/3	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1094
Coverage Begins: 11/1/2015
Actuarial Value: 0.9100

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$350/3	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1095
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1095
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1096
Coverage Begins: 11/1/2014
Actuarial Value: 0.8100

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1096
Coverage Begins: 11/1/2015
Actuarial Value: 0.8100

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1097
Coverage Begins: 11/1/2014
Actuarial Value: 0.9100

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$350/3	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1097
Coverage Begins: 11/1/2015
Actuarial Value: 0.9100

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$350/3	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1098
Coverage Begins: 11/1/2014
Actuarial Value: 0.8200

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1098
Coverage Begins: 11/1/2015
Actuarial Value: 0.8200

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1099
Coverage Begins: 11/1/2014
Actuarial Value: 0.8200

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1099
Coverage Begins: 11/1/2015
Actuarial Value: 0.8200

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1100
Coverage Begins: 11/1/2014
Actuarial Value: 0.8100

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1100
Coverage Begins: 11/1/2015
Actuarial Value: 0.8100

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1213
Coverage Begins: 11/1/2014
Actuarial Value: 0.8000

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	$1,000
Family	$2,000	$2,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	50%
All Other Services	0%	50%
Co-payments:		
Office Visit Co-Payment	$30	$50
Inpatient Co-Payment	$200/3	$200/3
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$6,000
Family	$0	$12,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1213
Coverage Begins: 11/1/2015
Actuarial Value: 0.8000

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	$1,000
Family	$2,000	$2,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	50%
All Other Services	0%	50%
Co-payments:		
Office Visit Co-Payment	$30	$50
Inpatient Co-Payment	$200/3	$200/3
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$6,000
Family	$0	$12,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1214
Coverage Begins: 11/1/2014
Actuarial Value: 0.8800

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$350	$350
Family	$1,050	$1,050
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$200/3	$200/3
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$0	$7,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1214
Coverage Begins: 11/1/2015
Actuarial Value: 0.8800

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$350	$350
Family	$1,050	$1,050
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$200/3	$200/3
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$0	$7,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1215
Coverage Begins: 11/1/2014
Actuarial Value: 0.9000

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$200
Family	$600	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$200/3	$200/3
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$2,000
Family	$0	$6,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1215
Coverage Begins: 11/1/2015
Actuarial Value: 0.9000

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$200
Family	$600	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$200/3	$200/3
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$2,000
Family	$0	$6,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1216
Coverage Begins: 11/1/2014
Actuarial Value: 0.9200

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$100
Family	$300	$300
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	30%
All Other Services	0%	30%
Co-payments:		
Office Visit Co-Payment	$25	$30
Inpatient Co-Payment	$100/3	$100/3
Outpatient Surgery Co-Payment	$0	$25
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$2,000
Family	$0	$6,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1216
Coverage Begins: 11/1/2015
Actuarial Value: 0.9200

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$100
Family	$300	$300
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	30%
All Other Services	0%	30%
Co-payments:		
Office Visit Co-Payment	$25	$30
Inpatient Co-Payment	$100/3	$100/3
Outpatient Surgery Co-Payment	$0	$25
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$2,000
Family	$0	$6,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1217
Coverage Begins: 11/1/2014
Actuarial Value: 0.7900

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$0	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$5,100
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1217
Coverage Begins: 11/1/2015
Actuarial Value: 0.7900

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$0	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$5,100
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1218
Coverage Begins: 11/1/2014
Actuarial Value: 0.7900

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$0	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$5,100
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1218
Coverage Begins: 11/1/2015
Actuarial Value: 0.7900

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$0	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$5,100
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1219
Coverage Begins: 11/1/2014
Actuarial Value: 0.7900

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$0	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$5,100
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1219
Coverage Begins: 11/1/2015
Actuarial Value: 0.7900

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$0	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$5,100
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1220
Coverage Begins: 11/1/2014
Actuarial Value: 0.7900

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$0	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$5,100
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1220
Coverage Begins: 11/1/2015
Actuarial Value: 0.7900

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$0	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$5,100
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1221
Coverage Begins: 11/1/2014
Actuarial Value: 0.7900

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	50%
All Other Services	0%	50%
Co-payments:		
Office Visit Co-Payment	$30	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	$4,000
Family	$0	$12,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$45/$90	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$45/$90	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$5/$45/$90	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1221
Coverage Begins: 11/1/2015
Actuarial Value: 0.7900

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	50%
All Other Services	0%	50%
Co-payments:		
Office Visit Co-Payment	$30	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	$4,000
Family	$0	$12,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$45/$90	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$45/$90	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$5/$45/$90	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1222
Coverage Begins: 11/1/2014
Actuarial Value: 0.8700

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$400
Family	$600	$1,200
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$25	$40
Inpatient Co-Payment	$200/3	$200/3
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1222
Coverage Begins: 11/1/2015
Actuarial Value: 0.8700

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$400
Family	$600	$1,200
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$25	$40
Inpatient Co-Payment	$200/3	$200/3
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1223
Coverage Begins: 11/1/2014
Actuarial Value: 0.8000

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$350	$700
Family	$1,050	$2,100
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$200/3	$200/3
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1223
Coverage Begins: 11/1/2015
Actuarial Value: 0.8000

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$350	$700
Family	$1,050	$2,100
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$200/3	$200/3
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1224
Coverage Begins: 1/1/2015
Actuarial Value: 0.8200

Plan Type: PPO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$500
Family	$1,000	$1,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	$4,000
Family	$0	$12,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$35/$55	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$35/$55	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$35/$55	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1225
Coverage Begins: 1/1/2015
Actuarial Value: 0.8200

Plan Type: PPO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$500
Family	$1,000	$1,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$3,000
Family	$0	$6,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$35/$55	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$35/$55	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$35/$55	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1226
Coverage Begins: 1/1/2015
Actuarial Value: 0.8200

Plan Type: PPO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$500
Family	$1,000	$1,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$3,000
Family	$0	$6,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$35/$55	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$35/$55	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$35/$55	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1227
Coverage Begins: 1/1/2015
Actuarial Value: 0.8200

Plan Type: PPO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$500
Family	$1,000	$1,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$3,000
Family	$0	$6,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$35/$55	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$35/$55	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$35/$55	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1228
Coverage Begins: 1/1/2015
Actuarial Value: 0.8200

Plan Type: PPO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$500
Family	$1,000	$1,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$3,000
Family	$0	$6,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$35/$55	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$35/$55	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$35/$55	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1229
Coverage Begins: 1/1/2015
Actuarial Value: 0.8200

Plan Type: PPO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$500
Family	$1,000	$1,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$3,000
Family	$0	$6,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$35/$55	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$35/$55	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$35/$55	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1230
Coverage Begins: 1/1/2015
Actuarial Value: 0.8200

Plan Type: PPO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$500
Family	$1,000	$1,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$3,000
Family	$0	$6,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$35/$55	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$35/$55	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$35/$55	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1252
Coverage Begins: 11/1/2014
Actuarial Value: 0.7300

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	$2,000
Family	$2,000	$4,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$30
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1252
Coverage Begins: 11/1/2015
Actuarial Value: 0.7300

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	$2,000
Family	$2,000	$4,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$30
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1253
Coverage Begins: 11/1/2014
Actuarial Value: 0.7300

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	$2,000
Family	$2,000	$4,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$30
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1253
Coverage Begins: 11/1/2015
Actuarial Value: 0.7300

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	$2,000
Family	$2,000	$4,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$30
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1254
Coverage Begins: 11/1/2014
Actuarial Value: 0.7300

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	$2,000
Family	$2,000	$4,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$30
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1254
Coverage Begins: 11/1/2015
Actuarial Value: 0.7300

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	$2,000
Family	$2,000	$4,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$30
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$70	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1255
Coverage Begins: 11/1/2014
Actuarial Value: 0.8600

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$1,000
Family	$1,000	$2,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1255
Coverage Begins: 11/1/2015
Actuarial Value: 0.8600

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$1,000
Family	$1,000	$2,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1256
Coverage Begins: 11/1/2014
Actuarial Value: 0.9100

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$400
Family	$400	$800
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	30%
Co-payments:		
Office Visit Co-Payment	$0	$30
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1256
Coverage Begins: 11/1/2015
Actuarial Value: 0.9100

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$400
Family	$400	$800
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	30%
Co-payments:		
Office Visit Co-Payment	$0	$30
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1257
Coverage Begins: 11/1/2014
Actuarial Value: 0.9100

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$200
Family	$0	$400
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	30%
Co-payments:		
Office Visit Co-Payment	$25	$30
Inpatient Co-Payment	$200/1	$200/1
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1257
Coverage Begins: 11/1/2015
Actuarial Value: 0.9100

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$200
Family	$0	$400
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	30%
Co-payments:		
Office Visit Co-Payment	$25	$30
Inpatient Co-Payment	$200/1	$200/1
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1261
Coverage Begins: 11/1/2015
Actuarial Value: 0.8921

Plan Type: Deductible
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1263
Coverage Begins: 11/1/2015
Actuarial Value: 0.9030

Plan Type: Deductible
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	Not Covered
Family	$750	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	Not Covered
Co-payments:		
Office Visit Co-Payment	$20	Not Covered
Inpatient Co-Payment	$0	Not Covered
Outpatient Surgery Co-Payment	$0	Not Covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	Not Covered
Family	$3,000	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/$120	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$150	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1265
Coverage Begins: 11/1/2014
Actuarial Value: 0.8578

Plan Type: Deductible
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	Not Covered
Family	$1,500	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	Not Covered
Co-payments:		
Office Visit Co-Payment	$20	Not Covered
Inpatient Co-Payment	$0	Not Covered
Outpatient Surgery Co-Payment	$0	Not Covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	Not Covered
Family	$9,000	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1265
Coverage Begins: 11/1/2014
Actuarial Value: 0.8578

Plan Type: Deductible
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$1,500
Family	$1,500	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	30%	50%
All Other Services	30%	50%
Co-payments:		
Office Visit Co-Payment	$30	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$0
Family	$10,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$250	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$80/30%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1265
Coverage Begins: 11/1/2015
Actuarial Value: 0.8598

Plan Type: Deductible
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	Not Covered
Family	$1,500	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	Not Covered
Co-payments:		
Office Visit Co-Payment	$20	Not Covered
Inpatient Co-Payment	$0	Not Covered
Outpatient Surgery Co-Payment	$0	Not Covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	Not Covered
Family	$9,000	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1265
Coverage Begins: 11/1/2015
Actuarial Value: 0.8598

Plan Type: Deductible
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$1,500
Family	$1,500	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	30%	50%
All Other Services	30%	50%
Co-payments:		
Office Visit Co-Payment	$30	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$0
Family	$10,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$250	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$80/30%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1268
Coverage Begins: 11/1/2015
Actuarial Value: 0.8415

Plan Type: Deductible
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	Not Covered
Family	$2,250	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	Not Covered
Co-payments:		
Office Visit Co-Payment	$20	Not Covered
Inpatient Co-Payment	$0	Not Covered
Outpatient Surgery Co-Payment	$0	Not Covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,250	Not Covered
Family	$9,750	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1269
Coverage Begins: 11/1/2014
Actuarial Value: 0.9438

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1270
Coverage Begins: 11/1/2014
Actuarial Value: 0.9321

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1271
Coverage Begins: 11/1/2014
Actuarial Value: 0.9207

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1272
Coverage Begins: 11/1/2015
Actuarial Value: 0.9396

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1273
Coverage Begins: 11/1/2015
Actuarial Value: 0.9292

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	Not Covered
Family	$0	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	Not Covered
Co-payments:		
Office Visit Co-Payment	$10	Not Covered
Inpatient Co-Payment	$100	Not Covered
Outpatient Surgery Co-Payment	$50	Not Covered
Emergency Room Co-Payment	$200	$200
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	Not Covered
Family	$2,000	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$150	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1274
Coverage Begins: 11/1/2015
Actuarial Value: 0.9520

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1275
Coverage Begins: 11/1/2015
Actuarial Value: 0.9450

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1279
Coverage Begins: 11/1/2014
Actuarial Value: 0.9381

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1280
Coverage Begins: 11/1/2014
Actuarial Value: 0.9264

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1281
Coverage Begins: 11/1/2014
Actuarial Value: 0.9150

Plan Type: HMO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1283
Coverage Begins: 11/1/2015
Actuarial Value: 0.9409

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1284
Coverage Begins: 11/1/2015
Actuarial Value: 0.9488

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	Not Covered
Family	$0	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	0%	Not Covered
Co-payments:		
Office Visit Co-Payment	$15	Not Covered
Inpatient Co-Payment	$0	Not Covered
Outpatient Surgery Co-Payment	$10	Not Covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not Covered
Family	$1,200	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1285
Coverage Begins: 11/1/2015
Actuarial Value: 0.9358

Plan Type: HMO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1286
Coverage Begins: 10/1/2014
Actuarial Value: 0.9135

Plan Type: HMO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1287
Coverage Begins: 10/1/2015
Actuarial Value: 0.9217

Plan Type: HMO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	Not Covered
Family	$0	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	Not Covered
Co-payments:		
Office Visit Co-Payment	$20	Not Covered
Inpatient Co-Payment	$100	Not Covered
Outpatient Surgery Co-Payment	$50	Not Covered
Emergency Room Co-Payment	$200	$200
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	Not Covered
Family	$2,000	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1309
Coverage Begins: 1/1/2015
Actuarial Value: 0.8000

Plan Type: PPO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	Not Covered
Family	$1,500	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	Not Covered
Co-payments:		
Office Visit Co-Payment	$20	Not Covered
Inpatient Co-Payment	$0	Not Covered
Outpatient Surgery Co-Payment	$0	Not Covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	Not Covered
Family	$9,000	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1309
Coverage Begins: 1/1/2015
Actuarial Value: 0.8000

Plan Type: PPO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$1,500
Family	$1,500	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	30%	50%
All Other Services	30%	50%
Co-payments:		
Office Visit Co-Payment	$30	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$0
Family	$10,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$250	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$80/30%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1310
Coverage Begins: 11/1/2014
Actuarial Value: 0.8000

Plan Type: PPO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	Not Covered
Family	$1,500	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	Not Covered
Co-payments:		
Office Visit Co-Payment	$20	Not Covered
Inpatient Co-Payment	$0	Not Covered
Outpatient Surgery Co-Payment	$0	Not Covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	Not Covered
Family	$9,000	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1310
Coverage Begins: 11/1/2014
Actuarial Value: 0.8000

Plan Type: PPO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$1,500
Family	$1,500	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	30%	50%
All Other Services	30%	50%
Co-payments:		
Office Visit Co-Payment	$30	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$0
Family	$10,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$250	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$80/30%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1310
Coverage Begins: 11/1/2014
Actuarial Value: 0.8000

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$1,500
Family	$1,500	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	30%	50%
All Other Services	30%	50%
Co-payments:		
Office Visit Co-Payment	$30	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$0
Family	$10,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$250	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$80/30%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1310
Coverage Begins: 11/1/2014
Actuarial Value: 0.8000

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	Not Covered
Family	$1,500	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	Not Covered
Co-payments:		
Office Visit Co-Payment	$20	Not Covered
Inpatient Co-Payment	$0	Not Covered
Outpatient Surgery Co-Payment	$0	Not Covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	Not Covered
Family	$9,000	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1311
Coverage Begins: 11/1/2015
Actuarial Value: 0.8000

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$1,500
Family	$1,500	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	30%	50%
All Other Services	30%	50%
Co-payments:		
Office Visit Co-Payment	$30	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$0
Family	$10,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$250	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$80/30%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1311
Coverage Begins: 11/1/2015
Actuarial Value: 0.8000

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	Not Covered
Family	$1,500	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	Not Covered
Co-payments:		
Office Visit Co-Payment	$20	Not Covered
Inpatient Co-Payment	$0	Not Covered
Outpatient Surgery Co-Payment	$0	Not Covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	Not Covered
Family	$9,000	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1312
Coverage Begins: 10/1/2014
Actuarial Value: 0.8000

Plan Type: PPO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	Not Covered
Family	$1,500	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	Not Covered
Co-payments:		
Office Visit Co-Payment	$20	Not Covered
Inpatient Co-Payment	$0	Not Covered
Outpatient Surgery Co-Payment	$0	Not Covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	Not Covered
Family	$9,000	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1312
Coverage Begins: 10/1/2014
Actuarial Value: 0.8000

Plan Type: PPO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$1,500
Family	$1,500	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	30%	50%
All Other Services	30%	50%
Co-payments:		
Office Visit Co-Payment	$30	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$0
Family	$10,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$250	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$80/30%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1313
Coverage Begins: 10/1/2015
Actuarial Value: 0.8000

Plan Type: PPO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	Not Covered
Family	$1,500	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	Not Covered
Co-payments:		
Office Visit Co-Payment	$20	Not Covered
Inpatient Co-Payment	$0	Not Covered
Outpatient Surgery Co-Payment	$0	Not Covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	Not Covered
Family	$9,000	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1313
Coverage Begins: 10/1/2015
Actuarial Value: 0.8000

Plan Type: PPO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$1,500
Family	$1,500	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	30%	50%
All Other Services	30%	50%
Co-payments:		
Office Visit Co-Payment	$30	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$0
Family	$10,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$250	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$80/30%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1314
Coverage Begins: 1/1/2015
Actuarial Value: 0.8100

Plan Type: PPO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	Not Covered
Family	$1,500	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	Not Covered
Co-payments:		
Office Visit Co-Payment	$20	Not Covered
Inpatient Co-Payment	$0	Not Covered
Outpatient Surgery Co-Payment	$0	Not Covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	Not Covered
Family	$9,000	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1314
Coverage Begins: 1/1/2015
Actuarial Value: 0.8100

Plan Type: PPO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	$2,000
Family	$2,000	$4,000
Coinsurance:		
Preventive Services (Exams and Screenings)	20%	50%
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$15	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$200	$200
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,500	$0
Family	$11,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$500	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$35/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$70/$120	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$120/30%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1315
Coverage Begins: 11/1/2014
Actuarial Value: 0.8100

Plan Type: PPO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	Not Covered
Family	$1,500	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	Not Covered
Co-payments:		
Office Visit Co-Payment	$20	Not Covered
Inpatient Co-Payment	$0	Not Covered
Outpatient Surgery Co-Payment	$0	Not Covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	Not Covered
Family	$9,000	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1315
Coverage Begins: 11/1/2014
Actuarial Value: 0.8100

Plan Type: PPO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	$2,000
Family	$2,000	$4,000
Coinsurance:		
Preventive Services (Exams and Screenings)	20%	50%
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$15	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$200	$200
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,500	$0
Family	$11,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$500	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$35/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$70/$120	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$120/30%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1315
Coverage Begins: 11/1/2014
Actuarial Value: 0.8100

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	Not Covered
Family	$1,500	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	Not Covered
Co-payments:		
Office Visit Co-Payment	$20	Not Covered
Inpatient Co-Payment	$0	Not Covered
Outpatient Surgery Co-Payment	$0	Not Covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	Not Covered
Family	$9,000	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1315
Coverage Begins: 11/1/2014
Actuarial Value: 0.8100

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	$2,000
Family	$2,000	$4,000
Coinsurance:		
Preventive Services (Exams and Screenings)	20%	50%
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$15	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$200	$200
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,500	$0
Family	$11,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$500	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$35/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$70/$120	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$120/30%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1316
Coverage Begins: 11/1/2015
Actuarial Value: 0.8100

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	Not Covered
Family	$1,500	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	Not Covered
Co-payments:		
Office Visit Co-Payment	$20	Not Covered
Inpatient Co-Payment	$0	Not Covered
Outpatient Surgery Co-Payment	$0	Not Covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	Not Covered
Family	$9,000	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1316
Coverage Begins: 11/1/2015
Actuarial Value: 0.8100

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	$2,000
Family	$2,000	$4,000
Coinsurance:		
Preventive Services (Exams and Screenings)	20%	50%
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$15	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$200	$200
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,500	$0
Family	$11,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$500	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$35/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$70/$120	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$120/30%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1317
Coverage Begins: 10/1/2014
Actuarial Value: 0.8100

Plan Type: PPO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	$2,000
Family	$2,000	$4,000
Coinsurance:		
Preventive Services (Exams and Screenings)	20%	50%
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$15	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$200	$200
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,500	$0
Family	$11,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$500	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$35/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$70/$120	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$120/30%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1317
Coverage Begins: 10/1/2014
Actuarial Value: 0.8100

Plan Type: PPO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	Not Covered
Family	$1,500	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	Not Covered
Co-payments:		
Office Visit Co-Payment	$20	Not Covered
Inpatient Co-Payment	$0	Not Covered
Outpatient Surgery Co-Payment	$0	Not Covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	Not Covered
Family	$9,000	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1318
Coverage Begins: 10/1/2015
Actuarial Value: 0.8100

Plan Type: PPO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	Not Covered
Family	$1,500	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	Not Covered
Co-payments:		
Office Visit Co-Payment	$20	Not Covered
Inpatient Co-Payment	$0	Not Covered
Outpatient Surgery Co-Payment	$0	Not Covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	Not Covered
Family	$9,000	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1318
Coverage Begins: 10/1/2015
Actuarial Value: 0.8100

Plan Type: PPO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	$2,000
Family	$2,000	$4,000
Coinsurance:		
Preventive Services (Exams and Screenings)	20%	50%
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$15	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$200	$200
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,500	$0
Family	$11,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$500	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$35/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$70/$120	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$120/30%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1319
Coverage Begins: 11/1/2014
Actuarial Value: 0.9200

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$200
Family	$200	$400
Coinsurance:		
Preventive Services (Exams and Screenings)	10%	40%
All Other Services	10%	40%
Co-payments:		
Office Visit Co-Payment	$20	$40
Inpatient Co-Payment	$150	$150
Outpatient Surgery Co-Payment	$50	$50
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$4,500
Family	$2,000	$9,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$30	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$60/30%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1320
Coverage Begins: 1/1/2015
Actuarial Value: 0.8900

Plan Type: PPO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$500
Family	$400	$1,000
Coinsurance:		
Preventive Services (Exams and Screenings)	20%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$25	$40
Inpatient Co-Payment	$300	$300
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	$7,500
Family	$3,000	$15,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$35	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$70	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$70/30%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1321
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: PPO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$500
Family	$400	$1,000
Coinsurance:		
Preventive Services (Exams and Screenings)	20%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$25	$40
Inpatient Co-Payment	$300	$300
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	$7,500
Family	$3,000	$15,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$35	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$70	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$70/30%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1321
Coverage Begins: 11/1/2014
Actuarial Value: 0.8900

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$500
Family	$400	$1,000
Coinsurance:		
Preventive Services (Exams and Screenings)	20%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$25	$40
Inpatient Co-Payment	$300	$300
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	$7,500
Family	$3,000	$15,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$35	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$70	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$70/30%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1322
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$500
Family	$400	$1,000
Coinsurance:		
Preventive Services (Exams and Screenings)	20%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$25	$40
Inpatient Co-Payment	$300	$300
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	$7,500
Family	$3,000	$15,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$35	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$70	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$70/30%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1323
Coverage Begins: 10/1/2014
Actuarial Value: 0.8900

Plan Type: PPO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$500
Family	$400	$1,000
Coinsurance:		
Preventive Services (Exams and Screenings)	20%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$25	$40
Inpatient Co-Payment	$300	$300
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	$7,500
Family	$3,000	$15,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$35	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$70	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$70/30%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1324
Coverage Begins: 10/1/2015
Actuarial Value: 0.8900

Plan Type: PPO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$500
Family	$400	$1,000
Coinsurance:		
Preventive Services (Exams and Screenings)	20%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$25	$40
Inpatient Co-Payment	$300	$300
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	$7,500
Family	$3,000	$15,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$35	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$70	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$70/30%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1325
Coverage Begins: 1/1/2015
Actuarial Value: 0.8500

Plan Type: PPO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$1,000
Family	$1,000	$2,000
Coinsurance:		
Preventive Services (Exams and Screenings)	20%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$10,500
Family	$5,000	$21,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$40	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$80/30%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1326
Coverage Begins: 11/1/2014
Actuarial Value: 0.8500

Plan Type: PPO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$1,000
Family	$1,000	$2,000
Coinsurance:		
Preventive Services (Exams and Screenings)	20%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$10,500
Family	$5,000	$21,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$40	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$80/30%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1326
Coverage Begins: 11/1/2014
Actuarial Value: 0.8500

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$1,000
Family	$1,000	$2,000
Coinsurance:		
Preventive Services (Exams and Screenings)	20%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$10,500
Family	$5,000	$21,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$40	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$80/30%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1327
Coverage Begins: 11/1/2015
Actuarial Value: 0.8500

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$1,000
Family	$1,000	$2,000
Coinsurance:		
Preventive Services (Exams and Screenings)	20%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$10,500
Family	$5,000	$21,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$40	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$80/30%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1328
Coverage Begins: 10/1/2014
Actuarial Value: 0.8500

Plan Type: PPO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$1,000
Family	$1,000	$2,000
Coinsurance:		
Preventive Services (Exams and Screenings)	20%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$10,500
Family	$5,000	$21,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$40	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$80/30%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1329
Coverage Begins: 10/1/2015
Actuarial Value: 0.8500

Plan Type: PPO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$1,000
Family	$1,000	$2,000
Coinsurance:		
Preventive Services (Exams and Screenings)	20%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$10,500
Family	$5,000	$21,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$40	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$80/30%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1330
Coverage Begins: 1/1/2015
Actuarial Value: 0.8100

Plan Type: PPO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$3,000
Family	$3,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	20%	50%
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$0	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$5,000
Family	$5,000	$10,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$100/30%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1331
Coverage Begins: 11/1/2014
Actuarial Value: 0.8100

Plan Type: PPO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$3,000
Family	$3,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	20%	50%
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$0	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$5,000
Family	$5,000	$10,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$100/30%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1331
Coverage Begins: 11/1/2014
Actuarial Value: 0.8100

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$3,000
Family	$3,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	20%	50%
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$0	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$5,000
Family	$5,000	$10,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$100/30%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1332
Coverage Begins: 11/1/2015
Actuarial Value: 0.8100

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$3,000
Family	$3,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	20%	50%
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$0	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$5,000
Family	$5,000	$10,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$100/30%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1333
Coverage Begins: 10/1/2014
Actuarial Value: 0.8100

Plan Type: PPO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$3,000
Family	$3,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	20%	50%
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$0	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$5,000
Family	$5,000	$10,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$100/30%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1334
Coverage Begins: 10/1/2015
Actuarial Value: 0.8100

Plan Type: PPO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$3,000
Family	$3,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	20%	50%
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$0	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$5,000
Family	$5,000	$10,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$100/30%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1335
Coverage Begins: 11/1/2014
Actuarial Value: 0.7200

Plan Type: PPO
Coverage Ends: 9/30/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$2,500	$5,000
Family	$5,000	$10,000
Coinsurance:		
Preventive Services (Exams and Screenings)	30%	50%
All Other Services	30%	50%
Co-payments:		
Office Visit Co-Payment	$0	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$7,000
Family	$7,000	$14,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$150/30%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1335
Coverage Begins: 11/1/2014
Actuarial Value: 0.7200

Plan Type: PPO
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$2,500	$5,000
Family	$5,000	$10,000
Coinsurance:		
Preventive Services (Exams and Screenings)	30%	50%
All Other Services	30%	50%
Co-payments:		
Office Visit Co-Payment	$0	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$7,000
Family	$7,000	$14,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$150/30%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1336
Coverage Begins: 11/1/2015
Actuarial Value: 0.7200

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$2,500	$5,000
Family	$5,000	$10,000
Coinsurance:		
Preventive Services (Exams and Screenings)	30%	50%
All Other Services	30%	50%
Co-payments:		
Office Visit Co-Payment	$0	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$7,000
Family	$7,000	$14,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$150/30%	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1337
Coverage Begins: 10/1/2015
Actuarial Value: 0.7200

Plan Type: PPO
Coverage Ends: 9/30/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$2,500	$5,000
Family	$5,000	$10,000
Coinsurance:		
Preventive Services (Exams and Screenings)	30%	50%
All Other Services	30%	50%
Co-payments:		
Office Visit Co-Payment	$0	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$7,000
Family	$7,000	$14,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$150/30%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1344
Coverage Begins: 11/1/2015
Actuarial Value: 0.7780

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,250	$2,500
Family	$2,500	$5,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	30%	50%
Co-payments:		
Office Visit Co-Payment	$30	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$200	$200
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,500	$0
Family	$9,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$500 ind/$1000 fam	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$60/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	30%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1346
Coverage Begins: 11/1/2015
Actuarial Value: 0.8140

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	$2,000
Family	$3,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$15	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	$0
Family	$8,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$500	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/30%/30%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/25%/25%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	30%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1348
Coverage Begins: 11/1/2015
Actuarial Value: 0.8200

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$1,500
Family	$2,250	$4,500
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	25%	50%
Co-payments:		
Office Visit Co-Payment	$30	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,500	$0
Family	$7,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$250	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$75/$112	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	30%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1350
Coverage Begins: 11/1/2015
Actuarial Value: 0.8160

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1352
Coverage Begins: 11/1/2015
Actuarial Value: 0.7640

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1355
Coverage Begins: 11/1/2015
Actuarial Value: 0.8930

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	Included In-Network
Family	$600	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	20%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$25	$40
Inpatient Co-Payment	$150 per day, $450 max PCY	Included In-Network
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,700	$3,400
Family	$5,100	$10,200
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$35	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$45	
Mail-Order Days Supply	100	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1357
Coverage Begins: 11/1/2015
Actuarial Value: 0.8620

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$300	Included In-Network
Family	$900	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	20%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$300 per day, $900 max PCY	Included In-Network
Outpatient Surgery Co-Payment	$150	$150
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,950	$5,900
Family	$8,850	$17,700
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$40	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$35/$50	
Mail-Order Days Supply	100	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1359
Coverage Begins: 11/1/2015
Actuarial Value: 0.9270

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$350
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	10%	30%
Co-payments:		
Office Visit Co-Payment	$15	$30
Inpatient Co-Payment	$150 per day, $450 max PCY	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$50	$50
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$700	$0
Family	$2,100	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1361
Coverage Begins: 11/1/2014
Actuarial Value: 0.7300

Plan Type: Open Network
Coverage Ends: 10/31/2015
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1361
Coverage Begins: 11/1/2015
Actuarial Value: 0.6900

Plan Type: Open Network
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$2,500	Included In-Network
Family	$5,000	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$0	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,500	Included In-Network
Family	$11,000	Included In-Network
Prescription Drugs (At Participating Pharmacies)		
Deductible	$2,500	
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	20%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1379
Coverage Begins: 11/1/2015
Actuarial Value: 0.9200

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$100
Family	$300	$300
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	30%
All Other Services	10%	30%
Co-payments:		
Office Visit Co-Payment	$20	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,100	$1,100
Family	$3,300	$3,300
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	75	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1380
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$200
Family	$600	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$20	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$35
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,200	$2,200
Family	$6,600	$6,600
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$75	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1381
Coverage Begins: 11/1/2015
Actuarial Value: 0.9070

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$500
Family	$1,500	$1,500
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$20	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$35
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$3,000
Family	$9,000	$9,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$75	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1382
Coverage Begins: 11/1/2015
Actuarial Value: 0.7810

Plan Type: TRAD
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	30%
All Other Services	30%	30%
Co-payments:		
Office Visit Co-Payment	$0	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,750	$5,750
Family	$11,500	$11,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1383
Coverage Begins: 11/1/2015
Actuarial Value: 0.7520

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$10,000	$10,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1384
Coverage Begins: 11/1/2015
Actuarial Value: 0.8520

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	$2,000
Family	$3,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$15	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	$4,000
Family	$8,000	$8,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$500	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$0/.30/.30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$0/.30/.30	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1385
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$1,500
Family	$2,250	$4,500
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	50%
All Other Services	25%	50%
Co-payments:		
Office Visit Co-Payment	$30	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$45
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,500	$3,500
Family	$7,000	$7,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$250	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$0/$30/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$0/$60/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1386
Coverage Begins: 11/1/2015
Actuarial Value: 0.7790

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$2,500	$2,500
Family	$7,500	$7,500
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$30	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$45
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$10,000	$10,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$500	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$0/$30/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$0/$60/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$75	
Specialty Days Supply	0	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1387
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$200
Family	$600	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$20	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$35
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,200	$2,200
Family	$6,600	$6,600
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$75	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1388
Coverage Begins: 11/1/2015
Actuarial Value: 0.9070

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$500
Family	$1,500	$1,500
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$20	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$35
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$3,000
Family	$9,000	$9,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$75	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1389
Coverage Begins: 11/1/2015
Actuarial Value: 0.7810

Plan Type: TRAD
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	30%
All Other Services	30%	30%
Co-payments:		
Office Visit Co-Payment	$0	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,750	$5,750
Family	$11,500	$11,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1390
Coverage Begins: 11/1/2015
Actuarial Value: 0.8520

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	$2,000
Family	$3,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$15	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	$4,000
Family	$8,000	$8,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$500	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$0/.30/.30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$0/.30/.30	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1391
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$1,500
Family	$2,250	$4,500
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	50%
All Other Services	25%	50%
Co-payments:		
Office Visit Co-Payment	$30	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$45
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,500	$3,500
Family	$7,000	$7,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$250	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$0/$30/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$0/$60/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1392
Coverage Begins: 11/1/2015
Actuarial Value: 0.7790

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$2,500	$2,500
Family	$7,500	$7,500
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$30	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$45
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$10,000	$10,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$500	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$0/$30/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$0/$60/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$75	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1393
Coverage Begins: 11/1/2015
Actuarial Value: 0.7520

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$10,000	$10,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1394
Coverage Begins: 11/1/2015
Actuarial Value: 0.8680

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$500
Family	$1,500	$1,500
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$20	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$35
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$3,000
Family	$9,000	$9,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1395
Coverage Begins: 11/1/2015
Actuarial Value: 0.8520

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	$2,000
Family	$3,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$15	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	$4,000
Family	$8,000	$8,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$500	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$0/.30/.30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$0/.30/.30	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1396
Coverage Begins: 11/1/2015
Actuarial Value: 0.8480

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$1,500
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	50%
All Other Services	25%	50%
Co-payments:		
Office Visit Co-Payment	$30	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$45
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,500	$3,500
Family	$7,000	$7,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$0/$30/$45	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$0/$60/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1397
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$200
Family	$600	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$20	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$35
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,200	$2,200
Family	$6,600	$6,600
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1398
Coverage Begins: 11/1/2015
Actuarial Value: 0.6860

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$3,000	$3,000
Family	$6,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$10,000	$10,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1399
Coverage Begins: 11/1/2015
Actuarial Value: 0.7810

Plan Type: TRAD
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	30%
All Other Services	30%	30%
Co-payments:		
Office Visit Co-Payment	$0	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,750	$5,750
Family	$11,500	$11,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1430
Coverage Begins: 1/1/2015
Actuarial Value: 0.8630

Plan Type: PPO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1431
Coverage Begins: 1/1/2015
Actuarial Value: 0.8190

Plan Type: PPO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1432
Coverage Begins: 1/1/2015
Actuarial Value: 0.7600

Plan Type: PPO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,750	$3,750
Family	$7,500	$7,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$3,750	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1433
Coverage Begins: 1/1/2015
Actuarial Value: 0.7410

Plan Type: PPO
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1434
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$200
Family	$600	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$20	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$35
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,200	$2,200
Family	$6,600	$6,600
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$75	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1435
Coverage Begins: 11/1/2015
Actuarial Value: 0.9070

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$500
Family	$1,500	$1,500
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$20	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$35
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$3,000
Family	$9,000	$9,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$75	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1436
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$20	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$35
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,250	$3,250
Family	$9,750	$9,750
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1437
Coverage Begins: 11/1/2015
Actuarial Value: 0.7520

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$10,000	$10,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1438
Coverage Begins: 11/1/2015
Actuarial Value: 0.9380

Plan Type: TRAD
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	30%
All Other Services	30%	30%
Co-payments:		
Office Visit Co-Payment	$0	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,750	$5,750
Family	$11,500	$11,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$75	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1439
Coverage Begins: 11/1/2015
Actuarial Value: 0.8520

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	$2,000
Family	$3,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$15	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	$4,000
Family	$8,000	$8,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$500	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$0/.30/.30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$0/.30/.30	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1440
Coverage Begins: 11/1/2015
Actuarial Value: 0.8900

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$1,500
Family	$2,250	$4,500
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	50%
All Other Services	25%	50%
Co-payments:		
Office Visit Co-Payment	$30	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$45
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,500	$3,500
Family	$7,000	$7,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$250	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$0/$30/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$0/$60/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1441
Coverage Begins: 11/1/2015
Actuarial Value: 0.7790

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$2,500	$2,500
Family	$7,500	$7,500
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$30	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$45
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$10,000	$10,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$500	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$0/$30/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$0/$60/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$75	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1442
Coverage Begins: 11/1/2015
Actuarial Value: 0.9070

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$500
Family	$1,500	$1,500
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$15	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$35
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$3,000
Family	$9,000	$9,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$75	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1443
Coverage Begins: 11/1/2015
Actuarial Value: 0.9380

Plan Type: TRAD
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	30%
All Other Services	30%	30%
Co-payments:		
Office Visit Co-Payment	$0	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,750	$5,750
Family	$11,500	$11,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$75	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1444
Coverage Begins: 11/1/2015
Actuarial Value: 0.7520

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$10,000	$10,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1445
Coverage Begins: 11/1/2015
Actuarial Value: 0.8060

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	$1,000
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$30	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$45
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$10,000	$10,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$75	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1446
Coverage Begins: 11/1/2015
Actuarial Value: 0.7790

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$2,500	$2,500
Family	$7,500	$7,500
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$30	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$45
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$10,000	$10,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$500	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$0/$30/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$0/$60/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$75	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1447
Coverage Begins: 11/1/2015
Actuarial Value: 0.8780

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$500
Family	$1,500	$1,500
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	10%	30%
Co-payments:		
Office Visit Co-Payment	$25	$70
Inpatient Co-Payment	$100	$100
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,800	$2,800
Family	$8,400	$8,400
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1448
Coverage Begins: 11/1/2015
Actuarial Value: 0.8780

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$500
Family	$1,500	$1,500
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	10%	30%
Co-payments:		
Office Visit Co-Payment	$25	$70
Inpatient Co-Payment	$100	$100
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,800	$2,800
Family	$8,400	$8,400
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1449
Coverage Begins: 11/1/2015
Actuarial Value: 0.8310

Plan Type: TRAD
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	$1,000
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	20%	20%
Co-payments:		
Office Visit Co-Payment	$0	$80
Inpatient Co-Payment	$200	$200
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$3,000
Family	$9,000	$9,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$35/$100	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$70/$200	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1450
Coverage Begins: 11/1/2015
Actuarial Value: 0.8730

Plan Type: TRAD
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$500
Family	$1,500	$1,500
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	20%	20%
Co-payments:		
Office Visit Co-Payment	$0	$80
Inpatient Co-Payment	$200	$200
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,750	$1,750
Family	$5,250	$5,250
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$35/$100	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$70/$200	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1451
Coverage Begins: 11/1/2015
Actuarial Value: 0.8590

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$300	$300
Family	$900	$900
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$200	$200
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$7,500	$7,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$35/$100	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$70/$200	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1452
Coverage Begins: 11/1/2015
Actuarial Value: 0.7760

Plan Type: TRAD
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	30%
All Other Services	30%	30%
Co-payments:		
Office Visit Co-Payment	$0	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$10,000	$10,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$35/$100	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$105/$300	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1453
Coverage Begins: 11/1/2015
Actuarial Value: 0.7520

Plan Type: PPO
Coverage Ends: 10/31/2016
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$10,000	$10,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1536
Coverage Begins: 1/1/2015
Actuarial Value: 0.8369

Plan Type: POS
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

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

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1537
Coverage Begins: 1/1/2015
Actuarial Value: 0.8369

Plan Type: POS
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	0%	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	0%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	31	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1538
Coverage Begins: 1/1/2015
Actuarial Value: 0.6762

Plan Type: POS
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$250
Family	$300	$750
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	35%	50%
Co-payments:		
Office Visit Co-Payment	$35	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$35	$0
Emergency Room Co-Payment	$200	$200
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,200	$0
Family	$12,600	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$500	
Retail		
Cost Share — Generic/Brand/Non-Formulary	0/30/45	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	0/75/112	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0/30/45	
Specialty Days Supply	31	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1539
Coverage Begins: 1/1/2015
Actuarial Value: 0.6762

Plan Type: POS
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	0%	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	0%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	31	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1540
Coverage Begins: 1/1/2015
Actuarial Value: 0.7494

Plan Type: POS
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$300	$300
Family	$900	$900
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$300 per admit, then 20%	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,750	$2,750
Family	$8,250	$8,250
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	15/25/40	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	15/25/40	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	15/25/40	
Specialty Days Supply	31	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1541
Coverage Begins: 1/1/2015
Actuarial Value: 0.7494

Plan Type: POS
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

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

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1542
Coverage Begins: 1/1/2015
Actuarial Value: 0.6871

Plan Type: POS
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$1,500
Family	$2,250	$4,500
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	25%	50%
Co-payments:		
Office Visit Co-Payment	$30	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,500	$0
Family	$10,500	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$250	
Retail		
Cost Share — Generic/Brand/Non-Formulary	0/30/45	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	0/75/112	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0/30/45	
Specialty Days Supply	31	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1543
Coverage Begins: 1/1/2015
Actuarial Value: 0.6871

Plan Type: POS
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	0%	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	0%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	31	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1544
Coverage Begins: 1/1/2015
Actuarial Value: 0.6957

Plan Type: POS
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	$2,000
Family	$3,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$15	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	$0
Family	$12,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$500	
Retail		
Cost Share — Generic/Brand/Non-Formulary	0/30%/30%	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	0/25%/25%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0/30%/30%	
Specialty Days Supply	31	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1545
Coverage Begins: 1/1/2015
Actuarial Value: 0.6957

Plan Type: POS
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	0%	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	0%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	31	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1546
Coverage Begins: 1/1/2015
Actuarial Value: 0.6559

Plan Type: POS
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$3,000
Family	$3,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$0	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	$0
Family	$8,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%/20%/20%	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%/20%/20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	20%/20%/20%	
Specialty Days Supply	31	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1547
Coverage Begins: 1/1/2015
Actuarial Value: 0.9692

Plan Type: POS
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$350
Family	$600	$350
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	10%	30%
Co-payments:		
Office Visit Co-Payment	$15	$30
Inpatient Co-Payment	$200 per admit, then 10%	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$50	$50
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/15/30	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/30/60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/15/30	
Specialty Days Supply	31	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2015

Health Plan: Plan 1548
Coverage Begins: 1/1/2015
Actuarial Value: 0.9692

Plan Type: POS
Coverage Ends: 12/31/2015
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	0%	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	0%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	31	

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A5b
Health Plans by Actuarial Value
For All Plans in Calendar Year 2015

Health Plan	Plan Year Ending	Plan Type	Actuarial Value	Enrolled Employees
Plan 270	2015	Open Network	0.8100	65
Plan 270	2016	Open Network	0.7600	n/a
Plan 271	2015	Open Network	0.8700	263
Plan 271	2016	Open Network	0.8700	n/a
Plan 272	2015	Open Network	0.7700	94
Plan 272	2016	Open Network	0.7500	n/a
Plan 273	2015	Deductible	0.8474	349
Plan 273	2016	Deductible	0.8555	429
Plan 275	2015	Deductible	0.8798	79
Plan 275	2016	Deductible	0.8834	59
Plan 276	2015	Deductible	0.9025	251
Plan 283	2015	Closed Network	0.9000	380
Plan 283	2016	Closed Network	0.8700	n/a
Plan 285	2015	Closed Network	0.8300	174
Plan 285	2016	Closed Network	0.8100	n/a
Plan 286	2015	HMO	0.8700	7
Plan 287	2015	HMO	0.8530	259
Plan 288	2015	HMO	0.8380	140
Plan 289	2015	PPO	0.7640	1,705
Plan 301	2015	HMO	0.9367	374
Plan 301	2016	HMO	0.9488	363
Plan 302	2015	HMO	0.9367	819
Plan 308	2015	HMO	0.9334	107
Plan 308	2016	HMO	0.9464	117
Plan 317	2015	PPO	0.7780	87
Plan 324	2015	PPO	0.8370	10
Plan 325	2015	PPO	0.7700	35
Plan 326	2015	PPO	0.8960	3
Plan 327	2015	PPO	0.7720	1
Plan 334	2015	PPO	0.7590	46
Plan 335	2015	PPO	0.7400	52
Plan 336	2015	PPO	0.8560	41

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A5b
Health Plans by Actuarial Value
For All Plans in Calendar Year 2015

Health Plan	Plan Year Ending	Plan Type	Actuarial Value	Enrolled Employees
Plan 337	2015	PPO	0.8550	52
Plan 338	2015	PPO	0.8270	36
Plan 339	2015	PPO	0.8220	43
Plan 340	2015	PPO	0.7790	39
Plan 341	2015	PPO	0.7630	18
Plan 342	2015	PPO	0.7550	18
Plan 343	2015	PPO	0.7240	28
Plan 346	2015	PPO	0.8510	81
Plan 347	2015	PPO	0.8430	1,437
Plan 409	2015	PPO	0.7800	10
Plan 409	2016	PPO	0.7800	n/a
Plan 410	2015	PPO	0.8700	81
Plan 410	2016	PPO	0.8700	n/a
Plan 411	2015	PPO	0.9200	63
Plan 411	2016	PPO	0.9200	n/a
Plan 412	2015	PPO	0.9100	97
Plan 412	2016	PPO	0.9100	n/a
Plan 413	2015	PPO	0.8800	97
Plan 413	2016	PPO	0.8800	n/a
Plan 419	2015	HMO	0.8900	256
Plan 419	2016	HMO	0.8900	n/a
Plan 420	2015	HMO	0.8900	514
Plan 420	2016	HMO	0.8900	n/a
Plan 421	2015	HMO	0.9100	49
Plan 421	2016	HMO	0.9100	n/a
Plan 422	2015	HMO	0.8900	287
Plan 422	2016	HMO	0.8900	n/a
Plan 423	2015	HMO	0.9000	34
Plan 423	2016	HMO	0.9000	n/a
Plan 424	2015	HMO	0.9000	227
Plan 424	2016	HMO	0.9000	n/a
Plan 426	2015	HMO	0.8700	15

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A5b
Health Plans by Actuarial Value
For All Plans in Calendar Year 2015

Health Plan	Plan Year Ending	Plan Type	Actuarial Value	Enrolled Employees
Plan 426	2016	HMO	0.8700	n/a
Plan 427	2015	HMO	0.8900	49
Plan 427	2016	HMO	0.8900	n/a
Plan 428	2015	HMO	0.8800	504
Plan 428	2016	HMO	0.8800	n/a
Plan 429	2015	HMO	0.9100	515
Plan 430	2015	HMO	0.9000	8
Plan 430	2016	HMO	0.9000	n/a
Plan 432	2015	HMO	0.9000	306
Plan 432	2016	HMO	0.9000	n/a
Plan 433	2015	HMO	0.8300	498
Plan 433	2016	HMO	0.8300	n/a
Plan 434	2015	HMO	0.8900	569
Plan 434	2016	HMO	0.8900	n/a
Plan 435	2015	HMO	0.9000	45
Plan 435	2016	HMO	0.9000	n/a
Plan 437	2015	HMO	0.8900	73
Plan 437	2016	HMO	0.8900	n/a
Plan 438	2015	HMO	0.8800	73
Plan 438	2016	HMO	0.8800	n/a
Plan 439	2015	HMO	0.8600	247
Plan 440	2015	HMO	0.9000	152
Plan 440	2016	HMO	0.9000	n/a
Plan 441	2015	HMO	0.9000	383
Plan 441	2016	HMO	0.9000	n/a
Plan 442	2015	HMO	0.8800	24
Plan 442	2016	HMO	0.8800	n/a
Plan 443	2015	HMO	0.9000	154
Plan 443	2016	HMO	0.9000	n/a
Plan 444	2015	HMO	0.8800	15
Plan 444	2016	HMO	0.8800	n/a
Plan 445	2015	HMO	0.9200	436

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K–12 School District Data Collection Project
Exhibit A5b
Health Plans by Actuarial Value
For All Plans in Calendar Year 2015

Health Plan	Plan Year Ending	Plan Type	Actuarial Value	Enrolled Employees
Plan 445	2016	HMO	0.9200	n/a
Plan 446	2015	HMO	0.8900	28
Plan 446	2016	HMO	0.8900	n/a
Plan 447	2015	HMO	0.8700	51
Plan 447	2016	HMO	0.8700	n/a
Plan 448	2015	HMO	0.9000	689
Plan 448	2016	HMO	0.9000	n/a
Plan 449	2015	HMO	0.9200	47
Plan 449	2016	HMO	0.9200	n/a
Plan 450	2015	HMO	0.8600	10
Plan 450	2016	HMO	0.8600	n/a
Plan 452	2015	HMO	0.9300	168
Plan 452	2016	HMO	0.9300	n/a
Plan 453	2015	HMO	0.8800	23
Plan 453	2016	HMO	0.8800	n/a
Plan 454	2015	HMO	0.9000	32
Plan 454	2016	HMO	0.9000	n/a
Plan 455	2015	HMO	0.8900	106
Plan 455	2016	HMO	0.8900	n/a
Plan 456	2015	HMO	0.8900	55
Plan 456	2016	HMO	0.8900	n/a
Plan 457	2015	HMO	0.9100	327
Plan 457	2016	HMO	0.9100	n/a
Plan 458	2015	HMO	0.8800	3
Plan 458	2016	HMO	0.8800	n/a
Plan 459	2015	HMO	0.9000	140
Plan 459	2016	HMO	0.9000	n/a
Plan 460	2015	HMO	0.9000	143
Plan 460	2016	HMO	0.9000	n/a
Plan 461	2015	HMO	0.9300	187
Plan 461	2016	HMO	0.9300	n/a
Plan 462	2015	HMO	0.9100	105

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K–12 School District Data Collection Project
Exhibit A5b
Health Plans by Actuarial Value
For All Plans in Calendar Year 2015

Health Plan	Plan Year Ending	Plan Type	Actuarial Value	Enrolled Employees
Plan 462	2016	HMO	0.9100	n/a
Plan 463	2015	HMO	0.9100	29
Plan 463	2016	HMO	0.9100	n/a
Plan 464	2015	HMO	0.9300	54
Plan 464	2016	HMO	0.9300	n/a
Plan 466	2015	HMO	0.8900	7
Plan 466	2016	HMO	0.8900	n/a
Plan 467	2015	HMO	0.9000	4
Plan 467	2016	HMO	0.9000	n/a
Plan 468	2015	HMO	0.8800	13
Plan 468	2016	HMO	0.8800	n/a
Plan 469	2015	HMO	0.8900	0
Plan 469	2016	HMO	0.8900	n/a
Plan 470	2015	HMO	0.8900	15
Plan 470	2016	HMO	0.8900	n/a
Plan 471	2015	HMO	0.8900	6
Plan 471	2016	HMO	0.8900	n/a
Plan 472	2015	HMO	0.8900	119
Plan 472	2016	HMO	0.8900	n/a
Plan 473	2015	HMO	0.8900	100
Plan 473	2016	HMO	0.8900	n/a
Plan 474	2015	HMO	0.8900	0
Plan 474	2016	HMO	0.8900	n/a
Plan 475	2015	HMO	0.8900	8
Plan 475	2016	HMO	0.8900	n/a
Plan 476	2015	HMO	0.8900	20
Plan 476	2016	HMO	0.8900	n/a
Plan 477	2015	HMO	0.8900	0
Plan 477	2016	HMO	0.8900	n/a
Plan 478	2015	HMO	0.8900	35
Plan 478	2016	HMO	0.8900	n/a
Plan 479	2015	HMO	0.9000	37

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Health Plan	Plan Year Ending	Plan Type	Actuarial Value	Enrolled Employees
Plan 479	2016	HMO	0.9000	n/a
Plan 481	2015	HMO	0.9000	31
Plan 481	2016	HMO	0.9000	n/a
Plan 482	2015	HMO	0.8900	8
Plan 482	2016	HMO	0.8900	n/a
Plan 483	2015	HMO	0.9000	29
Plan 483	2016	HMO	0.9000	n/a
Plan 484	2015	HMO	0.9000	51
Plan 484	2016	HMO	0.9000	n/a
Plan 485	2015	HMO	0.8700	44
Plan 485	2016	HMO	0.8700	n/a
Plan 486	2015	HMO	0.8700	41
Plan 486	2016	HMO	0.8700	n/a
Plan 487	2015	HMO	0.8700	26
Plan 487	2016	HMO	0.8700	n/a
Plan 488	2015	HMO	0.8700	33
Plan 488	2016	HMO	0.8700	n/a
Plan 489	2015	HMO	0.8700	13
Plan 489	2016	HMO	0.8700	n/a
Plan 490	2015	HMO	0.8700	28
Plan 490	2016	HMO	0.8700	n/a
Plan 491	2015	HMO	0.8700	27
Plan 491	2016	HMO	0.8700	n/a
Plan 492	2015	HMO	0.8700	23
Plan 492	2016	HMO	0.8700	n/a
Plan 493	2015	HMO	0.8700	91
Plan 493	2016	HMO	0.8700	n/a
Plan 494	2015	HMO	0.9000	143
Plan 494	2016	HMO	0.9000	n/a
Plan 495	2015	HMO	0.8800	29
Plan 495	2016	HMO	0.8800	n/a
Plan 496	2015	HMO	0.8800	43

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Health Plan	Plan Year Ending	Plan Type	Actuarial Value	Enrolled Employees
Plan 496	2016	HMO	0.8800	n/a
Plan 497	2015	HMO	0.8800	201
Plan 497	2016	HMO	0.8800	n/a
Plan 499	2015	HMO	0.8700	65
Plan 499	2016	HMO	0.8700	n/a
Plan 500	2015	HMO	0.8700	62
Plan 500	2016	HMO	0.8700	n/a
Plan 501	2015	HMO	0.9000	27
Plan 501	2016	HMO	0.9000	n/a
Plan 502	2015	HMO	0.9000	54
Plan 502	2016	HMO	0.9000	n/a
Plan 503	2015	HMO	0.8900	27
Plan 503	2016	HMO	0.8900	n/a
Plan 504	2015	HMO	0.8700	51
Plan 504	2016	HMO	0.8700	n/a
Plan 506	2015	HMO	0.8900	124
Plan 506	2016	HMO	0.8900	n/a
Plan 508	2015	HMO	0.9100	107
Plan 508	2016	HMO	0.9100	n/a
Plan 509	2015	HMO	0.8700	5
Plan 509	2016	HMO	0.8700	n/a
Plan 510	2015	HMO	0.8700	97
Plan 510	2016	HMO	0.8700	n/a
Plan 511	2015	HMO	0.9000	2
Plan 511	2016	HMO	0.9000	n/a
Plan 512	2015	HMO	0.8900	174
Plan 512	2016	HMO	0.8900	n/a
Plan 513	2015	HMO	0.8100	99
Plan 514	2015	HMO	0.8100	200
Plan 515	2015	HMO	0.8100	10
Plan 516	2015	HMO	0.8100	54
Plan 517	2015	HMO	0.8100	79

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Health Plan	Plan Year Ending	Plan Type	Actuarial Value	Enrolled Employees
Plan 518	2015	HMO	0.8100	23
Plan 518	2016	HMO	0.8100	n/a
Plan 519	2015	HMO	0.8900	0
Plan 519	2016	HMO	0.8900	n/a
Plan 520	2015	HMO	0.7900	5
Plan 520	2016	HMO	0.7900	n/a
Plan 521	2015	HMO	0.7900	11
Plan 521	2016	HMO	0.7900	n/a
Plan 522	2015	HMO	0.8200	0
Plan 522	2016	HMO	0.8200	n/a
Plan 523	2015	HMO	0.8200	0
Plan 523	2016	HMO	0.8200	n/a
Plan 524	2015	HMO	0.7900	14
Plan 524	2016	HMO	0.7900	n/a
Plan 525	2015	HMO	0.7900	8
Plan 525	2016	HMO	0.7900	n/a
Plan 526	2015	HMO	0.8200	0
Plan 526	2016	HMO	0.8200	n/a
Plan 527	2015	HMO	0.7900	2
Plan 527	2016	HMO	0.7900	n/a
Plan 528	2015	HMO	0.8900	2
Plan 528	2016	HMO	0.8900	n/a
Plan 529	2015	HMO	0.8200	7
Plan 529	2016	HMO	0.8200	n/a
Plan 530	2015	HMO	0.8200	0
Plan 530	2016	HMO	0.8200	n/a
Plan 531	2015	HMO	0.8200	4
Plan 531	2016	HMO	0.8200	n/a
Plan 532	2015	HMO	0.8200	9
Plan 532	2016	HMO	0.8200	n/a
Plan 533	2015	HMO	0.8200	0
Plan 533	2016	HMO	0.8200	n/a

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Health Plan	Plan Year Ending	Plan Type	Actuarial Value	Enrolled Employees
Plan 534	2015	HMO	0.8200	2
Plan 534	2016	HMO	0.8200	n/a
Plan 535	2015	HMO	0.8200	4
Plan 535	2016	HMO	0.8200	n/a
Plan 536	2015	HMO	0.8200	3
Plan 536	2016	HMO	0.8200	n/a
Plan 537	2015	HMO	0.7900	1
Plan 538	2015	HMO	0.7900	1
Plan 539	2015	HMO	0.7900	0
Plan 540	2015	HMO	0.7900	0
Plan 541	2015	HMO	0.7900	6
Plan 542	2015	HMO	0.7900	0
Plan 543	2015	HMO	0.7900	4
Plan 544	2015	HMO	0.7900	0
Plan 545	2015	HMO	0.7900	15
Plan 546	2015	HMO	0.7900	5
Plan 547	2015	HMO	0.7900	7
Plan 548	2015	HMO	0.7900	2
Plan 549	2015	HMO	0.7900	15
Plan 550	2015	HMO	0.7900	0
Plan 551	2015	HMO	0.7900	5
Plan 552	2015	HMO	0.7900	3
Plan 554	2015	HMO	0.8900	13
Plan 554	2016	HMO	0.8900	n/a
Plan 555	2015	HMO	0.9500	241
Plan 556	2015	HMO	0.9500	13
Plan 557	2015	HMO	0.8900	361
Plan 558	2015	HMO	0.8900	14
Plan 559	2016	HMO	0.9500	n/a
Plan 559	2015	HMO	0.9500	252
Plan 560	2015	HMO	0.8900	119
Plan 560	2016	HMO	0.8900	n/a

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Health Plan	Plan Year Ending	Plan Type	Actuarial Value	Enrolled Employees
Plan 561	2015	HMO	0.9500	122
Plan 561	2016	HMO	0.9500	n/a
Plan 562	2015	HMO	0.8900	150
Plan 562	2016	HMO	0.8900	n/a
Plan 563	2015	HMO	0.9500	4
Plan 563	2016	HMO	0.9500	n/a
Plan 565	2015	HMO	0.8900	41
Plan 565	2016	HMO	0.8900	n/a
Plan 566	2015	HMO	0.8900	28
Plan 566	2016	HMO	0.8900	n/a
Plan 567	2016	HMO	0.8900	n/a
Plan 567	2015	HMO	0.8900	0
Plan 569	2015	HMO	0.9100	5
Plan 569	2016	HMO	0.9100	n/a
Plan 572	2015	HMO	0.9500	3
Plan 572	2016	HMO	0.9500	n/a
Plan 573	2015	HMO	0.9500	12
Plan 573	2016	HMO	0.9500	n/a
Plan 574	2015	HMO	0.9500	5
Plan 574	2016	HMO	0.9500	n/a
Plan 575	2015	HMO	0.9500	59
Plan 575	2016	HMO	0.9500	n/a
Plan 576	2015	HMO	0.8900	4
Plan 576	2016	HMO	0.8900	n/a
Plan 579	2015	HMO	0.8900	6
Plan 579	2016	HMO	0.8900	n/a
Plan 580	2015	HMO	0.8900	24
Plan 580	2016	HMO	0.8900	n/a
Plan 581	2015	HMO	0.8900	76
Plan 581	2016	HMO	0.8900	n/a
Plan 582	2015	HMO	0.9100	11
Plan 582	2016	HMO	0.9100	n/a

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Health Plan	Plan Year Ending	Plan Type	Actuarial Value	Enrolled Employees
Plan 583	2015	HMO	0.9100	140
Plan 583	2016	HMO	0.9100	n/a
Plan 584	2015	HMO	0.8900	62
Plan 584	2016	HMO	0.8900	n/a
Plan 585	2015	HMO	0.8900	141
Plan 585	2016	HMO	0.8900	n/a
Plan 586	2015	HMO	0.8900	0
Plan 586	2016	HMO	0.8900	n/a
Plan 587	2015	HMO	0.8900	25
Plan 587	2016	HMO	0.8900	n/a
Plan 588	2015	HMO	0.9100	8
Plan 588	2016	HMO	0.9100	n/a
Plan 589	2015	HMO	0.8900	33
Plan 589	2016	HMO	0.8900	n/a
Plan 591	2015	HMO	0.8900	12
Plan 591	2016	HMO	0.8900	n/a
Plan 592	2015	HMO	0.8900	0
Plan 592	2016	HMO	0.8900	n/a
Plan 593	2015	HMO	0.8900	91
Plan 593	2016	HMO	0.8900	n/a
Plan 594	2015	HMO	0.8900	1
Plan 594	2016	HMO	0.8900	n/a
Plan 596	2015	HMO	0.9500	5
Plan 596	2016	HMO	0.9500	n/a
Plan 597	2015	HMO	0.8900	3
Plan 597	2016	HMO	0.8900	n/a
Plan 598	2015	HMO	0.9100	3
Plan 598	2016	HMO	0.9100	n/a
Plan 599	2015	HMO	0.8900	24
Plan 599	2016	HMO	0.8900	n/a
Plan 600	2015	HMO	0.8900	20
Plan 600	2016	HMO	0.8900	n/a

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Health Plan	Plan Year Ending	Plan Type	Actuarial Value	Enrolled Employees
Plan 601	2015	HMO	0.8900	81
Plan 601	2016	HMO	0.8900	n/a
Plan 602	2015	HMO	0.8900	31
Plan 602	2016	HMO	0.8900	n/a
Plan 603	2015	HMO	0.8900	18
Plan 603	2016	HMO	0.8900	n/a
Plan 604	2015	HMO	0.8900	11
Plan 604	2016	HMO	0.8900	n/a
Plan 605	2015	HMO	0.8900	10
Plan 605	2016	HMO	0.8900	n/a
Plan 606	2015	HMO	0.8900	14
Plan 606	2016	HMO	0.8900	n/a
Plan 607	2015	HMO	0.9500	5
Plan 607	2016	HMO	0.9500	n/a
Plan 608	2015	HMO	0.9500	15
Plan 608	2016	HMO	0.9500	n/a
Plan 609	2015	HMO	0.9100	2
Plan 609	2016	HMO	0.9100	n/a
Plan 610	2015	HMO	0.9100	0
Plan 610	2016	HMO	0.9100	n/a
Plan 611	2015	HMO	0.9100	3
Plan 611	2016	HMO	0.9100	n/a
Plan 612	2015	HMO	0.9100	13
Plan 612	2016	HMO	0.9100	n/a
Plan 613	2015	HMO	0.8100	13
Plan 613	2016	HMO	0.8100	n/a
Plan 614	2015	HMO	0.8100	21
Plan 614	2016	HMO	0.8100	n/a
Plan 615	2015	HMO	0.8100	87
Plan 615	2016	HMO	0.8100	n/a
Plan 616	2015	HMO	0.8100	32
Plan 616	2016	HMO	0.8100	n/a

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Health Plan	Plan Year Ending	Plan Type	Actuarial Value	Enrolled Employees
Plan 617	2015	HMO	0.8900	6
Plan 617	2016	HMO	0.8900	n/a
Plan 618	2015	HMO	0.8900	10
Plan 618	2016	HMO	0.8900	n/a
Plan 619	2015	HMO	0.8100	40
Plan 619	2016	HMO	0.8100	n/a
Plan 620	2015	HMO	0.9000	0
Plan 620	2016	HMO	0.9000	n/a
Plan 624	2015	HMO	0.8900	10
Plan 624	2016	HMO	0.8900	n/a
Plan 625	2015	HMO	0.8100	33
Plan 625	2016	HMO	0.8100	n/a
Plan 626	2015	HMO	0.8900	4
Plan 626	2016	HMO	0.8900	n/a
Plan 627	2015	HMO	0.9100	10
Plan 628	2015	HMO	0.8100	3
Plan 628	2016	HMO	0.8100	n/a
Plan 629	2015	HMO	0.9100	2
Plan 629	2016	HMO	0.9100	n/a
Plan 630	2015	HMO	0.8100	117
Plan 630	2016	HMO	0.8100	n/a
Plan 631	2015	HMO	0.8900	29
Plan 631	2016	HMO	0.8900	n/a
Plan 632	2015	HMO	0.8900	92
Plan 632	2016	HMO	0.8900	n/a
Plan 633	2015	HMO	0.8900	30
Plan 633	2016	HMO	0.8900	n/a
Plan 634	2015	HMO	0.9100	15
Plan 635	2015	HMO	0.9100	8
Plan 636	2015	HMO	0.8900	33
Plan 637	2015	HMO	0.9100	3
Plan 638	2015	HMO	0.8900	11

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Health Plan	Plan Year Ending	Plan Type	Actuarial Value	Enrolled Employees
Plan 639	2015	HMO	0.8900	50
Plan 640	2015	HMO	0.9100	26
Plan 641	2015	HMO	0.8900	108
Plan 642	2015	HMO	0.9100	0
Plan 643	2015	HMO	0.8900	2
Plan 644	2015	HMO	0.9100	18
Plan 645	2015	HMO	0.8900	56
Plan 646	2015	HMO	0.9100	5
Plan 647	2015	HMO	0.8900	30
Plan 648	2015	HMO	0.8900	29
Plan 649	2015	HMO	0.8900	0
Plan 649	2016	HMO	0.8900	n/a
Plan 650	2015	HMO	0.8100	72
Plan 650	2016	HMO	0.8100	n/a
Plan 651	2015	HMO	0.8900	61
Plan 651	2016	HMO	0.8900	n/a
Plan 652	2015	HMO	0.8100	77
Plan 652	2016	HMO	0.8100	n/a
Plan 653	2015	HMO	0.8900	6
Plan 653	2016	HMO	0.8900	n/a
Plan 654	2015	HMO	0.8900	5
Plan 654	2016	HMO	0.8900	n/a
Plan 656	2015	HMO	0.9100	9
Plan 656	2016	HMO	0.9100	n/a
Plan 668	2015	PPO	0.9300	759
Plan 668	2016	PPO	0.9300	n/a
Plan 670	2015	PPO	0.9200	1,826
Plan 670	2016	PPO	0.9200	n/a
Plan 672	2015	PPO	0.8600	254
Plan 672	2016	PPO	0.8600	n/a
Plan 673	2015	PPO	0.7400	110
Plan 673	2016	PPO	0.7400	n/a

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Health Plan	Plan Year Ending	Plan Type	Actuarial Value	Enrolled Employees
Plan 674	2015	PPO	0.7400	225
Plan 674	2016	PPO	0.7400	n/a
Plan 675	2015	PPO	0.9000	1,021
Plan 676	2015	PPO	0.9100	65
Plan 685	2015	PPO	0.9100	15
Plan 685	2016	PPO	0.9100	n/a
Plan 686	2015	PPO	0.9100	5
Plan 686	2016	PPO	0.9100	n/a
Plan 688	2015	PPO	0.9000	93
Plan 688	2016	PPO	0.9000	n/a
Plan 689	2015	PPO	0.9000	68
Plan 689	2016	PPO	0.9000	n/a
Plan 690	2015	PPO	0.9000	669
Plan 691	2015	PPO	0.9000	52
Plan 703	2015	PPO	0.6930	1
Plan 704	2015	HMO	0.8600	9
Plan 708	2015	PPO	0.8960	17,123
Plan 709	2015	PPO	0.8620	11,464
Plan 710	2015	PPO	0.9330	3,544
Plan 711	2015	Open Network	0.7300	2
Plan 711	2016	Open Network	0.6900	n/a
Plan 768	2015	PPO	0.5538	22
Plan 768	2016	PPO	0.7274	37
Plan 769	2015	PPO	0.6794	8
Plan 769	2016	PPO	0.6845	18
Plan 770	2015	PPO	0.6794	30
Plan 770	2016	PPO	0.6845	43
Plan 772	2015	PPO	0.8123	62
Plan 773	2015	PPO	0.8123	44
Plan 774	2015	PPO	0.7737	243
Plan 774	2016	PPO	0.8745	185
Plan 775	2015	PPO	0.7115	215

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Health Plan	Plan Year Ending	Plan Type	Actuarial Value	Enrolled Employees
Plan 775	2016	PPO	0.8006	255
Plan 776	2015	PPO	0.6140	140
Plan 776	2016	PPO	0.7349	151
Plan 779	2015	PPO	0.7957	162
Plan 779	2016	PPO	0.8056	190
Plan 780	2015	PPO	0.7957	150
Plan 780	2016	PPO	0.8056	162
Plan 781	2015	HMO	0.8800	448
Plan 781	2016	HMO	0.8800	n/a
Plan 782	2015	HMO	0.9000	175
Plan 782	2016	HMO	0.9000	n/a
Plan 783	2015	HMO	0.8200	3
Plan 783	2016	HMO	0.8200	n/a
Plan 784	2015	HMO	0.8200	3
Plan 784	2016	HMO	0.8200	n/a
Plan 785	2015	HMO	0.8200	0
Plan 785	2016	HMO	0.8200	n/a
Plan 786	2015	HMO	0.7100	2
Plan 786	2016	HMO	0.7100	n/a
Plan 787	2015	HMO	0.8100	13
Plan 787	2016	HMO	0.8100	n/a
Plan 788	2015	HMO	0.8100	2
Plan 788	2016	HMO	0.8100	n/a
Plan 794	2015	PPO	0.9200	905
Plan 794	2016	PPO	0.9200	n/a
Plan 795	2015	PPO	0.9400	36
Plan 795	2016	PPO	0.9400	n/a
Plan 796	2015	PPO	0.8000	361
Plan 796	2016	PPO	0.8000	n/a
Plan 797	2015	PPO	0.7800	64
Plan 797	2016	PPO	0.7800	n/a
Plan 798	2015	PPO	0.7800	87

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Health Plan	Plan Year Ending	Plan Type	Actuarial Value	Enrolled Employees
Plan 798	2016	PPO	0.7800	n/a
Plan 799	2015	PPO	0.9200	68
Plan 799	2016	PPO	0.9200	n/a
Plan 800	2015	PPO	0.8100	27
Plan 800	2016	PPO	0.8100	n/a
Plan 801	2015	PPO	0.8200	28
Plan 801	2016	PPO	0.8200	n/a
Plan 802	2015	PPO	0.7200	7
Plan 802	2016	PPO	0.7200	n/a
Plan 803	2015	PPO	0.7200	8
Plan 803	2016	PPO	0.7200	n/a
Plan 804	2015	PPO	0.9500	16
Plan 804	2016	PPO	0.9500	n/a
Plan 805	2015	PPO	0.7200	15
Plan 805	2016	PPO	0.7200	n/a
Plan 806	2015	PPO	0.7300	19
Plan 806	2016	PPO	0.7300	n/a
Plan 807	2015	PPO	0.7200	20
Plan 807	2016	PPO	0.7200	n/a
Plan 808	2015	PPO	0.8800	25
Plan 808	2016	PPO	0.8800	n/a
Plan 809	2015	PPO	0.9000	70
Plan 809	2016	PPO	0.9000	n/a
Plan 810	2015	PPO	0.7900	22
Plan 810	2016	PPO	0.7900	n/a
Plan 812	2015	PPO	0.8000	21
Plan 812	2016	PPO	0.8000	n/a
Plan 813	2015	PPO	0.9100	55
Plan 813	2016	PPO	0.9100	n/a
Plan 814	2015	PPO	0.9100	37
Plan 814	2016	PPO	0.9100	n/a
Plan 815	2015	PPO	0.8000	21

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Health Plan	Plan Year Ending	Plan Type	Actuarial Value	Enrolled Employees
Plan 815	2016	PPO	0.8000	n/a
Plan 816	2015	PPO	0.9100	36
Plan 816	2016	PPO	0.9100	n/a
Plan 817	2015	PPO	0.9100	22
Plan 817	2016	PPO	0.9100	n/a
Plan 818	2015	PPO	0.8000	22
Plan 818	2016	PPO	0.8000	n/a
Plan 819	2015	PPO	0.8900	61
Plan 819	2016	PPO	0.8900	n/a
Plan 820	2015	PPO	0.9100	29
Plan 820	2016	PPO	0.9100	n/a
Plan 821	2015	PPO	0.8000	15
Plan 821	2016	PPO	0.8000	n/a
Plan 822	2015	PPO	0.9100	38
Plan 822	2016	PPO	0.9100	n/a
Plan 823	2015	PPO	0.9100	24
Plan 823	2016	PPO	0.9100	n/a
Plan 824	2015	Deductible	0.8306	6
Plan 824	2016	Deductible	0.8306	9
Plan 828	2015	Deductible	0.8863	23
Plan 828	2016	Deductible	0.8880	29
Plan 830	2015	Deductible	0.8464	8
Plan 830	2015	Deductible	0.8464	8
Plan 831	2015	Deductible	0.8450	7
Plan 832	2015	HMO	0.9338	383
Plan 833	2015	PPO	0.8290	173
Plan 834	2015	PPO	0.8020	240
Plan 835	2015	PPO	0.7140	272
Plan 836	2015	PPO	0.6930	31
Plan 837	2015	PPO	0.8250	1,328
Plan 838	2015	PPO	0.8060	257
Plan 868	2015	PPO	0.8030	14,384

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K–12 School District Data Collection Project
Exhibit A5b
Health Plans by Actuarial Value
For All Plans in Calendar Year 2015

Health Plan	Plan Year Ending	Plan Type	Actuarial Value	Enrolled Employees
Plan 869	2015	PPO	0.8240	6,074
Plan 870	2015	PPO	0.8160	2,424
Plan 874	2015	PPO	0.9490	19
Plan 875	2015	PPO	0.9090	3
Plan 876	2015	TRAD	0.9070	2
Plan 877	2015	TRAD	0.8010	73
Plan 878	2015	PPO	0.6860	5
Plan 879	2015	PPO	0.9070	59
Plan 880	2015	PPO	0.8680	131
Plan 881	2015	PPO	0.8520	230
Plan 882	2015	PPO	0.8480	160
Plan 883	2015	PPO	0.8900	183
Plan 884	2015	PPO	0.6860	19
Plan 885	2015	TRAD	0.7940	24
Plan 887	2015	PPO	0.9490	241
Plan 888	2015	PPO	0.7520	19
Plan 889	2015	PPO	0.9070	121
Plan 890	2015	PPO	0.8900	160
Plan 891	2015	TRAD	0.9070	42
Plan 892	2015	TRAD	0.7810	66
Plan 893	2015	PPO	0.9490	4
Plan 894	2015	PPO	0.9090	151
Plan 895	2015	TRAD	0.9070	56
Plan 896	2015	TRAD	0.8010	303
Plan 897	2015	PPO	0.6860	53
Plan 898	2015	PPO	0.9070	173
Plan 899	2015	PPO	0.8900	70
Plan 900	2015	PPO	0.7940	243
Plan 900	2016	PPO	0.7940	255
Plan 901	2015	PPO	0.7940	12
Plan 901	2016	PPO	0.7940	14
Plan 902	2015	TRAD	0.7970	274

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Health Plans by Actuarial Value
For All Plans in Calendar Year 2015

Health Plan	Plan Year Ending	Plan Type	Actuarial Value	Enrolled Employees
Plan 902	2016	TRAD	0.7030	251
Plan 903	2015	TRAD	0.7970	30
Plan 903	2016	TRAD	0.7030	33
Plan 904	2015	PPO	0.9170	45
Plan 905	2015	PPO	0.9170	441
Plan 906	2015	TRAD	0.8180	436
Plan 907	2015	PPO	0.8840	307
Plan 908	2015	PPO	0.8450	516
Plan 909	2015	TRAD	0.7970	97
Plan 910	2015	PPO	0.7520	28
Plan 911	2015	TRAD	0.9070	121
Plan 912	2015	TRAD	0.9380	72
Plan 913	2015	PPO	0.9070	1,258
Plan 914	2015	TRAD	0.8010	467
Plan 915	2015	PPO	0.7520	99
Plan 916	2015	PPO	0.8060	47
Plan 921	2016	PPO	0.8100	84
Plan 922	2016	PPO	0.9100	42
Plan 923	2016	PPO	0.8800	134
Plan 924	2016	PPO	0.8800	153
Plan 925	2016	PPO	0.9300	225
Plan 926	2016	PPO	0.7500	20
Plan 927	2016	PPO	0.9000	139
Plan 928	2016	PPO	0.8700	184
Plan 929	2016	PPO	0.9500	61
Plan 930	2016	PPO	0.8700	251
Plan 931	2016	PPO	0.8500	98
Plan 932	2016	PPO	0.8600	56
Plan 933	2016	PPO	0.8000	52
Plan 934	2016	PPO	0.9300	154
Plan 935	2016	PPO	0.9100	71
Plan 936	2016	PPO	0.8600	8

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Health Plans by Actuarial Value
For All Plans in Calendar Year 2015

Health Plan	Plan Year Ending	Plan Type	Actuarial Value	Enrolled Employees
Plan 937	2016	PPO	0.8800	31
Plan 938	2016	PPO	0.7700	22
Plan 944	2015	PPO	0.7300	n/a
Plan 944	2016	PPO	0.7300	0
Plan 1032	2015	HMO	0.9000	135
Plan 1032	2016	HMO	0.9000	n/a
Plan 1033	2015	HMO	0.8900	106
Plan 1033	2016	HMO	0.8900	n/a
Plan 1034	2015	HMO	0.9300	12
Plan 1034	2016	HMO	0.9300	n/a
Plan 1035	2015	HMO	0.8600	33
Plan 1035	2016	HMO	0.8600	n/a
Plan 1036	2015	HMO	0.9000	47
Plan 1036	2016	HMO	0.9000	n/a
Plan 1037	2015	HMO	0.9000	77
Plan 1037	2016	HMO	0.9000	n/a
Plan 1038	2015	HMO	0.8900	315
Plan 1038	2016	HMO	0.8900	n/a
Plan 1039	2015	HMO	0.8900	196
Plan 1039	2016	HMO	0.8900	n/a
Plan 1040	2015	HMO	0.8100	331
Plan 1040	2016	HMO	0.8100	n/a
Plan 1041	2015	HMO	0.9000	75
Plan 1041	2016	HMO	0.9000	n/a
Plan 1042	2015	HMO	0.9000	145
Plan 1042	2016	HMO	0.9000	n/a
Plan 1043	2015	HMO	0.8900	56
Plan 1043	2016	HMO	0.8900	n/a
Plan 1044	2015	HMO	0.9000	47
Plan 1044	2016	HMO	0.9000	n/a
Plan 1045	2015	HMO	0.9000	26
Plan 1045	2016	HMO	0.9000	n/a

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K–12 School District Data Collection Project
Exhibit A5b
Health Plans by Actuarial Value
For All Plans in Calendar Year 2015

Health Plan	Plan Year Ending	Plan Type	Actuarial Value	Enrolled Employees
Plan 1046	2015	HMO	0.9000	19
Plan 1046	2016	HMO	0.9000	n/a
Plan 1047	2015	HMO	0.8900	30
Plan 1047	2016	HMO	0.8900	n/a
Plan 1094	2015	HMO	0.9100	0
Plan 1094	2016	HMO	0.9100	n/a
Plan 1095	2015	HMO	0.8900	19
Plan 1095	2016	HMO	0.8900	n/a
Plan 1096	2015	HMO	0.8100	6
Plan 1096	2016	HMO	0.8100	n/a
Plan 1097	2015	HMO	0.9100	0
Plan 1097	2016	HMO	0.9100	n/a
Plan 1098	2015	HMO	0.8200	1
Plan 1098	2016	HMO	0.8200	n/a
Plan 1099	2015	HMO	0.8200	3
Plan 1099	2016	HMO	0.8200	n/a
Plan 1100	2015	HMO	0.8100	5
Plan 1100	2016	HMO	0.8100	n/a
Plan 1213	2015	PPO	0.8000	408
Plan 1213	2016	PPO	0.8000	n/a
Plan 1214	2015	PPO	0.8800	271
Plan 1214	2016	PPO	0.8800	n/a
Plan 1215	2015	PPO	0.9000	523
Plan 1215	2016	PPO	0.9000	n/a
Plan 1216	2015	PPO	0.9200	50
Plan 1216	2016	PPO	0.9200	n/a
Plan 1217	2015	PPO	0.7900	30
Plan 1217	2016	PPO	0.7900	n/a
Plan 1218	2015	PPO	0.7900	51
Plan 1218	2016	PPO	0.7900	n/a
Plan 1219	2015	PPO	0.7900	12
Plan 1219	2016	PPO	0.7900	n/a

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A5b
Health Plans by Actuarial Value
For All Plans in Calendar Year 2015

Health Plan	Plan Year Ending	Plan Type	Actuarial Value	Enrolled Employees
Plan 1220	2015	PPO	0.7900	11
Plan 1220	2016	PPO	0.7900	n/a
Plan 1221	2015	PPO	0.7900	290
Plan 1221	2016	PPO	0.7900	n/a
Plan 1222	2015	PPO	0.8700	882
Plan 1222	2016	PPO	0.8700	n/a
Plan 1223	2015	PPO	0.8000	1,260
Plan 1223	2016	PPO	0.8000	n/a
Plan 1224	2015	PPO	0.8200	0
Plan 1225	2015	PPO	0.8200	0
Plan 1226	2015	PPO	0.8200	1
Plan 1227	2015	PPO	0.8200	2
Plan 1228	2015	PPO	0.8200	0
Plan 1229	2015	PPO	0.8200	1
Plan 1230	2015	PPO	0.8200	0
Plan 1252	2015	PPO	0.7300	1
Plan 1252	2016	PPO	0.7300	n/a
Plan 1253	2015	PPO	0.7300	11
Plan 1253	2016	PPO	0.7300	n/a
Plan 1254	2015	PPO	0.7300	0
Plan 1254	2016	PPO	0.7300	n/a
Plan 1255	2015	PPO	0.8600	2
Plan 1255	2016	PPO	0.8600	n/a
Plan 1256	2015	PPO	0.9100	10
Plan 1256	2016	PPO	0.9100	n/a
Plan 1257	2015	PPO	0.9100	0
Plan 1257	2016	PPO	0.9100	n/a
Plan 1261	2016	Deductible	0.8921	256
Plan 1263	2016	Deductible	0.9030	229
Plan 1265	2015	Deductible	0.8578	5
Plan 1265	2015	Deductible	0.8578	5
Plan 1265	2016	Deductible	0.8598	31

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Exhibit A5b
Health Plans by Actuarial Value
For All Plans in Calendar Year 2015

Health Plan	Plan Year Ending	Plan Type	Actuarial Value	Enrolled Employees
Plan 1265	2016	Deductible	0.8598	31
Plan 1268	2016	Deductible	0.8415	10
Plan 1269	2015	HMO	0.9438	103
Plan 1270	2015	HMO	0.9321	125
Plan 1271	2015	HMO	0.9207	15
Plan 1272	2016	HMO	0.9396	12
Plan 1273	2016	HMO	0.9292	376
Plan 1274	2016	HMO	0.9520	108
Plan 1275	2016	HMO	0.9450	134
Plan 1279	2015	HMO	0.9381	274
Plan 1280	2015	HMO	0.9264	101
Plan 1281	2015	HMO	0.9150	265
Plan 1283	2016	HMO	0.9409	96
Plan 1284	2016	HMO	0.9488	792
Plan 1285	2016	HMO	0.9358	284
Plan 1286	2015	HMO	0.9135	102
Plan 1287	2016	HMO	0.9217	99
Plan 1309	2015	PPO	0.8000	n/a
Plan 1309	2015	PPO	0.8000	n/a
Plan 1310	2015	PPO	0.8000	13
Plan 1310	2015	PPO	0.8000	13
Plan 1310	2015	PPO	0.8000	98
Plan 1310	2015	PPO	0.8000	98
Plan 1311	2016	PPO	0.8000	96
Plan 1311	2016	PPO	0.8000	96
Plan 1312	2015	PPO	0.8000	29
Plan 1312	2015	PPO	0.8000	29
Plan 1313	2016	PPO	0.8000	45
Plan 1313	2016	PPO	0.8000	45
Plan 1314	2015	PPO	0.8100	n/a
Plan 1314	2015	PPO	0.8100	n/a
Plan 1315	2015	PPO	0.8100	25

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Exhibit A5b
Health Plans by Actuarial Value
For All Plans in Calendar Year 2015

Health Plan	Plan Year Ending	Plan Type	Actuarial Value	Enrolled Employees
Plan 1315	2015	PPO	0.8100	25
Plan 1315	2015	PPO	0.8100	249
Plan 1315	2015	PPO	0.8100	249
Plan 1316	2016	PPO	0.8100	234
Plan 1316	2016	PPO	0.8100	234
Plan 1317	2015	PPO	0.8100	34
Plan 1317	2015	PPO	0.8100	34
Plan 1318	2016	PPO	0.8100	64
Plan 1318	2016	PPO	0.8100	64
Plan 1319	2015	PPO	0.9200	18
Plan 1320	2015	PPO	0.8900	43
Plan 1321	2015	PPO	0.8900	80
Plan 1321	2015	PPO	0.8900	109
Plan 1322	2016	PPO	0.8900	121
Plan 1323	2015	PPO	0.8900	122
Plan 1324	2016	PPO	0.8900	167
Plan 1325	2015	PPO	0.8500	n/a
Plan 1326	2015	PPO	0.8500	20
Plan 1326	2015	PPO	0.8500	192
Plan 1327	2016	PPO	0.8500	197
Plan 1328	2015	PPO	0.8500	129
Plan 1329	2016	PPO	0.8500	138
Plan 1330	2015	PPO	0.8100	n/a
Plan 1331	2015	PPO	0.8100	13
Plan 1331	2015	PPO	0.8100	138
Plan 1332	2016	PPO	0.8100	134
Plan 1333	2015	PPO	0.8100	73
Plan 1334	2016	PPO	0.8100	106
Plan 1335	2015	PPO	0.7200	10
Plan 1335	2015	PPO	0.7200	42
Plan 1336	2016	PPO	0.7200	42
Plan 1337	2016	PPO	0.7200	11

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K–12 School District Data Collection Project
Exhibit A5b
Health Plans by Actuarial Value
For All Plans in Calendar Year 2015

Health Plan	Plan Year Ending	Plan Type	Actuarial Value	Enrolled Employees
Plan 1344	2016	PPO	0.7780	681
Plan 1346	2016	PPO	0.8140	18,491
Plan 1348	2016	PPO	0.8200	8,390
Plan 1350	2016	PPO	0.8160	0
Plan 1352	2016	PPO	0.7640	1,969
Plan 1355	2016	PPO	0.8930	13,922
Plan 1357	2016	PPO	0.8620	10,868
Plan 1359	2016	PPO	0.9270	2,657
Plan 1361	2015	Open Network	0.7300	1
Plan 1361	2016	Open Network	0.6900	n/a
Plan 1379	2016	PPO	0.9200	16
Plan 1380	2016	PPO	0.8900	8
Plan 1381	2016	PPO	0.9070	49
Plan 1382	2016	TRAD	0.7810	73
Plan 1383	2016	PPO	0.7520	22
Plan 1384	2016	PPO	0.8520	6
Plan 1385	2016	PPO	0.8900	2
Plan 1386	2016	PPO	0.7790	92
Plan 1387	2016	PPO	0.8900	6
Plan 1388	2016	PPO	0.9070	16
Plan 1389	2016	TRAD	0.7810	2
Plan 1390	2016	PPO	0.8520	33
Plan 1391	2016	PPO	0.8900	9
Plan 1392	2016	PPO	0.7790	4
Plan 1393	2016	PPO	0.7520	9
Plan 1394	2016	PPO	0.8680	110
Plan 1395	2016	PPO	0.8520	285
Plan 1396	2016	PPO	0.8480	154
Plan 1397	2016	PPO	0.8900	177
Plan 1398	2016	PPO	0.6860	17
Plan 1399	2016	TRAD	0.7810	32
Plan 1430	2015	PPO	0.8630	608

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Exhibit A5b
Health Plans by Actuarial Value
For All Plans in Calendar Year 2015

Health Plan	Plan Year Ending	Plan Type	Actuarial Value	Enrolled Employees
Plan 1431	2015	PPO	0.8190	886
Plan 1432	2015	PPO	0.7600	14
Plan 1433	2015	PPO	0.7410	254
Plan 1434	2016	PPO	0.8900	55
Plan 1435	2016	PPO	0.9070	135
Plan 1436	2016	PPO	0.8900	63
Plan 1437	2016	PPO	0.7520	86
Plan 1438	2016	TRAD	0.9380	307
Plan 1439	2016	PPO	0.8520	243
Plan 1440	2016	PPO	0.8900	158
Plan 1441	2016	PPO	0.7790	52
Plan 1442	2016	PPO	0.9070	1,084
Plan 1443	2016	TRAD	0.9380	364
Plan 1444	2016	PPO	0.7520	97
Plan 1445	2016	PPO	0.8060	62
Plan 1446	2016	PPO	0.7790	120
Plan 1447	2016	PPO	0.8780	22
Plan 1448	2016	PPO	0.8780	289
Plan 1449	2016	TRAD	0.8310	482
Plan 1450	2016	TRAD	0.8730	272
Plan 1451	2016	PPO	0.8590	496
Plan 1452	2016	TRAD	0.7760	103
Plan 1453	2016	PPO	0.7520	34
Plan 1536	2015	POS	0.8369	220
Plan 1537	2015	POS	0.8369	0
Plan 1538	2015	POS	0.6762	24
Plan 1539	2015	POS	0.6762	4
Plan 1540	2015	POS	0.7494	447
Plan 1541	2015	POS	0.7494	6
Plan 1542	2015	POS	0.6871	37
Plan 1543	2015	POS	0.6871	3
Plan 1544	2015	POS	0.6957	226

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Exhibit A5b
Health Plans by Actuarial Value
For All Plans in Calendar Year 2015

Health Plan	Plan Year Ending	Plan Type	Actuarial Value	Enrolled Employees
Plan 1545	2015	POS	0.6957	15
Plan 1546	2015	POS	0.6559	24
Plan 1547	2015	POS	0.9692	95
Plan 1548	2015	POS	0.9692	0

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K–12 School District Data Collection Project
Exhibit A5c
Health Plan Design Comparison — Deductibles (Paid by Plan Participant)
For All Plans in Calendar Year 2015

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 270	2015	Open Network	$750	$1,500	Included In-Network	Included In-Network
Plan 270	2016	Open Network	$750	$1,500	Included In-Network	Included In-Network
Plan 271	2015	Open Network	$250	$500	Included In-Network	Included In-Network
Plan 271	2016	Open Network	$250	$500	Included In-Network	Included In-Network
Plan 272	2015	Open Network	$1,500	$3,000	Included In-Network	Included In-Network
Plan 272	2016	Open Network	$3,000	$6,000	Included In-Network	Included In-Network
Plan 273	2015	Deductible	$1,500	$4,500	Not Covered	Not Covered
Plan 273	2016	Deductible	$1,500	$4,500	Not Covered	Not Covered
Plan 275	2015	Deductible	$250	$750	Not Covered	Not Covered
Plan 275	2016	Deductible	$250	$750	Not Covered	Not Covered
Plan 276	2015	Deductible	$250	$750	Not Covered	Not Covered
Plan 283	2015	Closed Network	$250	$500	Not Covered	Not Covered
Plan 283	2016	Closed Network	$500	$1,000	Not Covered	Not Covered
Plan 285	2015	Closed Network	$1,500	$3,000	Not Covered	Not Covered
Plan 285	2016	Closed Network	$1,500	$3,000	Not Covered	Not Covered
Plan 286	2015	HMO	$250	$750	Not Covered	Not Covered
Plan 287	2015	HMO	$350	$1,050	Not Covered	Not Covered
Plan 288	2015	HMO	$1,400	$2,800	Not Covered	Not Covered
Plan 289	2015	PPO	$1,500	$3,000	$3,000	$6,000
Plan 301	2015	HMO	$0	$0	Not Covered	Not Covered
Plan 301	2016	HMO	$0	$0	Not Covered	Not Covered
Plan 302	2015	HMO	$0	$0	Not Covered	Not Covered
Plan 308	2015	HMO	$0	$0	Not Covered	Not Covered
Plan 308	2016	HMO	$0	$0	Not Covered	Not Covered
Plan 317	2015	PPO	$300	$900	Included In-Network	$0
Plan 324	2015	PPO	$200	$600	Included In-Network	Included In-Network
Plan 325	2015	PPO	$500	$1,500	Included In-Network	Included In-Network
Plan 326	2015	PPO	$1,200	$3,600	Included In-Network	Included In-Network
Plan 327	2015	PPO	$750	$2,250	Included In-Network	Included In-Network
Plan 334	2015	PPO	$500	$1,500	Included In-Network	Included In-Network
Plan 335	2015	PPO	$750	$2,250	Included In-Network	Included In-Network
Plan 336	2015	PPO	$100	$300	Included In-Network	Included In-Network

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Exhibit A5c
Health Plan Design Comparison — Deductibles (Paid by Plan Participant)
For All Plans in Calendar Year 2015

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 337	2015	PPO	$100	$300	$100	$300
Plan 338	2015	PPO	$200	$600	Included In-Network	Included In-Network
Plan 339	2015	PPO	$300	$600	$300	$600
Plan 340	2015	PPO	$500	$1,500	Included In-Network	Included In-Network
Plan 341	2015	PPO	$500	$1,500	$500	$1,500
Plan 342	2015	PPO	$1,000	$3,000	Included In-Network	Included In-Network
Plan 343	2015	PPO	$1,000	$3,000	$1,000	$3,000
Plan 346	2015	PPO	$1,400	$2,800	Included In-Network	Included In-Network
Plan 347	2015	PPO	$250	$750	Included In-Network	Included In-Network
Plan 409	2015	PPO	$3,000	$3,000	$3,000	$3,000
Plan 409	2016	PPO	$3,000	$3,000	$3,000	$3,000
Plan 410	2015	PPO	$750	$2,250	$1,500	$4,500
Plan 410	2016	PPO	$750	$2,250	$1,500	$4,500
Plan 411	2015	PPO	$200	$400	$400	$800
Plan 411	2016	PPO	$200	$400	$400	$800
Plan 412	2015	PPO	$100	$300	$100	$300
Plan 412	2016	PPO	$100	$300	$100	$300
Plan 413	2015	PPO	$200	$600	$200	$600
Plan 413	2016	PPO	$200	$600	$200	$600
Plan 419	2015	HMO	$0	$0	$0	$0
Plan 419	2016	HMO	$0	$0	$0	$0
Plan 420	2015	HMO	$100	$200	$0	$0
Plan 420	2016	HMO	$100	$200	$0	$0
Plan 421	2015	HMO	$0	$0	$0	$0
Plan 421	2016	HMO	$0	$0	$0	$0
Plan 422	2015	HMO	$0	$0	$0	$0
Plan 422	2016	HMO	$0	$0	$0	$0
Plan 423	2015	HMO	$0	$0	$0	$0
Plan 423	2016	HMO	$0	$0	$0	$0
Plan 424	2015	HMO	$0	$0	$0	$0
Plan 424	2016	HMO	$0	$0	$0	$0
Plan 426	2015	HMO	$250	$750	$0	$0

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Exhibit A5c
Health Plan Design Comparison — Deductibles (Paid by Plan Participant)
For All Plans in Calendar Year 2015

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 426	2016	HMO	$250	$750	$0	$0
Plan 427	2015	HMO	$0	$0	$0	$0
Plan 427	2016	HMO	$0	$0	$0	$0
Plan 428	2015	HMO	$200	$400	$0	$0
Plan 428	2016	HMO	$200	$400	$0	$0
Plan 429	2015	HMO	$0	$0	$0	$0
Plan 430	2015	HMO	$0	$0	$0	$0
Plan 430	2016	HMO	$0	$0	$0	$0
Plan 432	2015	HMO	$0	$0	$0	$0
Plan 432	2016	HMO	$0	$0	$0	$0
Plan 433	2015	HMO	$500	$1,000	$0	$0
Plan 433	2016	HMO	$500	$1,000	$0	$0
Plan 434	2015	HMO	$100	$200	$0	$0
Plan 434	2016	HMO	$100	$200	$0	$0
Plan 435	2015	HMO	$200	$400	$0	$0
Plan 435	2016	HMO	$200	$400	$0	$0
Plan 437	2015	HMO	$100	$200	$0	$0
Plan 437	2016	HMO	$100	$200	$0	$0
Plan 438	2015	HMO	$200	$400	$0	$0
Plan 438	2016	HMO	$200	$400	$0	$0
Plan 439	2015	HMO	$250	$750	$0	$0
Plan 440	2015	HMO	$0	$0	$0	$0
Plan 440	2016	HMO	$0	$0	$0	$0
Plan 441	2015	HMO	$0	$0	$0	$0
Plan 441	2016	HMO	$0	$0	$0	$0
Plan 442	2015	HMO	$200	$600	$0	$0
Plan 442	2016	HMO	$200	$600	$0	$0
Plan 443	2015	HMO	$0	$0	$0	$0
Plan 443	2016	HMO	$0	$0	$0	$0
Plan 444	2015	HMO	$100	$200	$0	$0
Plan 444	2016	HMO	$100	$200	$0	$0
Plan 445	2015	HMO	$0	$0	$0	$0

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			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 445	2016	HMO	$0	$0	$0	$0
Plan 446	2015	HMO	$0	$0	$0	$0
Plan 446	2016	HMO	$0	$0	$0	$0
Plan 447	2015	HMO	$0	$0	$0	$0
Plan 447	2016	HMO	$0	$0	$0	$0
Plan 448	2015	HMO	$0	$0	$0	$0
Plan 448	2016	HMO	$0	$0	$0	$0
Plan 449	2015	HMO	$0	$0	$0	$0
Plan 449	2016	HMO	$0	$0	$0	$0
Plan 450	2015	HMO	$100	$200	$0	$0
Plan 450	2016	HMO	$100	$200	$0	$0
Plan 452	2015	HMO	$0	$0	$0	$0
Plan 452	2016	HMO	$0	$0	$0	$0
Plan 453	2015	HMO	$200	$400	$0	$0
Plan 453	2016	HMO	$200	$400	$0	$0
Plan 454	2015	HMO	$0	$0	$0	$0
Plan 454	2016	HMO	$0	$0	$0	$0
Plan 455	2015	HMO	$0	$0	$0	$0
Plan 455	2016	HMO	$0	$0	$0	$0
Plan 456	2015	HMO	$100	$200	$0	$0
Plan 456	2016	HMO	$100	$200	$0	$0
Plan 457	2015	HMO	$200	$600	$0	$0
Plan 457	2016	HMO	$200	$600	$0	$0
Plan 458	2015	HMO	$0	$0	$0	$0
Plan 458	2016	HMO	$0	$0	$0	$0
Plan 459	2015	HMO	$0	$0	$0	$0
Plan 459	2016	HMO	$0	$0	$0	$0
Plan 460	2015	HMO	$0	$0	$0	$0
Plan 460	2016	HMO	$0	$0	$0	$0
Plan 461	2015	HMO	$0	$0	$0	$0
Plan 461	2016	HMO	$0	$0	$0	$0
Plan 462	2015	HMO	$200	$400	$0	$0

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			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 462	2016	HMO	$200	$400	$0	$0
Plan 463	2015	HMO	$200	$400	$0	$0
Plan 463	2016	HMO	$200	$400	$0	$0
Plan 464	2015	HMO	$0	$0	$0	$0
Plan 464	2016	HMO	$0	$0	$0	$0
Plan 466	2015	HMO	$250	$750	$0	$0
Plan 466	2016	HMO	$250	$750	$0	$0
Plan 467	2015	HMO	$0	$0	$0	$0
Plan 467	2016	HMO	$0	$0	$0	$0
Plan 468	2015	HMO	$250	$500	$0	$0
Plan 468	2016	HMO	$250	$500	$0	$0
Plan 469	2015	HMO	$250	$750	$0	$0
Plan 469	2016	HMO	$250	$750	$0	$0
Plan 470	2015	HMO	$250	$750	$0	$0
Plan 470	2016	HMO	$250	$750	$0	$0
Plan 471	2015	HMO	$250	$750	$0	$0
Plan 471	2016	HMO	$250	$750	$0	$0
Plan 472	2015	HMO	$0	$0	$0	$0
Plan 472	2016	HMO	$0	$0	$0	$0
Plan 473	2015	HMO	$0	$0	$0	$0
Plan 473	2016	HMO	$0	$0	$0	$0
Plan 474	2015	HMO	$250	$750	$0	$0
Plan 474	2016	HMO	$250	$750	$0	$0
Plan 475	2015	HMO	$250	$750	$0	$0
Plan 475	2016	HMO	$250	$750	$0	$0
Plan 476	2015	HMO	$0	$0	$0	$0
Plan 476	2016	HMO	$0	$0	$0	$0
Plan 477	2015	HMO	$200	$600	$0	$0
Plan 477	2016	HMO	$200	$600	$0	$0
Plan 478	2015	HMO	$200	$600	$0	$0
Plan 478	2016	HMO	$200	$600	$0	$0
Plan 479	2015	HMO	$200	$600	$0	$0

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			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 479	2016	HMO	$200	$600	$0	$0
Plan 481	2015	HMO	$0	$0	$0	$0
Plan 481	2016	HMO	$0	$0	$0	$0
Plan 482	2015	HMO	$250	$750	$0	$0
Plan 482	2016	HMO	$250	$750	$0	$0
Plan 483	2015	HMO	$0	$0	$0	$0
Plan 483	2016	HMO	$0	$0	$0	$0
Plan 484	2015	HMO	$0	$0	$0	$0
Plan 484	2016	HMO	$0	$0	$0	$0
Plan 485	2015	HMO	$500	$1,500	$0	$0
Plan 485	2016	HMO	$500	$1,500	$0	$0
Plan 486	2015	HMO	$500	$1,500	$0	$0
Plan 486	2016	HMO	$500	$1,500	$0	$0
Plan 487	2015	HMO	$500	$1,500	$0	$0
Plan 487	2016	HMO	$500	$1,500	$0	$0
Plan 488	2015	HMO	$500	$1,500	$0	$0
Plan 488	2016	HMO	$500	$1,500	$0	$0
Plan 489	2015	HMO	$500	$1,500	$0	$0
Plan 489	2016	HMO	$500	$1,500	$0	$0
Plan 490	2015	HMO	$500	$1,500	$0	$0
Plan 490	2016	HMO	$500	$1,500	$0	$0
Plan 491	2015	HMO	$500	$1,500	$0	$0
Plan 491	2016	HMO	$500	$1,500	$0	$0
Plan 492	2015	HMO	$500	$1,500	$0	$0
Plan 492	2016	HMO	$500	$1,500	$0	$0
Plan 493	2015	HMO	$500	$1,500	$0	$0
Plan 493	2016	HMO	$500	$1,500	$0	$0
Plan 494	2015	HMO	$0	$0	$0	$0
Plan 494	2016	HMO	$0	$0	$0	$0
Plan 495	2015	HMO	$200	$600	$0	$0
Plan 495	2016	HMO	$200	$600	$0	$0
Plan 496	2015	HMO	$200	$600	$0	$0

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			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 496	2016	HMO	$200	$600	$0	$0
Plan 497	2015	HMO	$200	$400	$0	$0
Plan 497	2016	HMO	$200	$400	$0	$0
Plan 499	2015	HMO	$500	$1,500	$0	$0
Plan 499	2016	HMO	$500	$1,500	$0	$0
Plan 500	2015	HMO	$350	$1,050	$0	$0
Plan 500	2016	HMO	$350	$1,050	$0	$0
Plan 501	2015	HMO	$0	$0	$0	$0
Plan 501	2016	HMO	$0	$0	$0	$0
Plan 502	2015	HMO	$0	$0	$0	$0
Plan 502	2016	HMO	$0	$0	$0	$0
Plan 503	2015	HMO	$250	$750	$0	$0
Plan 503	2016	HMO	$250	$750	$0	$0
Plan 504	2015	HMO	$500	$1,500	$0	$0
Plan 504	2016	HMO	$500	$1,500	$0	$0
Plan 506	2015	HMO	$200	$400	$0	$0
Plan 506	2016	HMO	$200	$400	$0	$0
Plan 508	2015	HMO	$0	$0	$0	$0
Plan 508	2016	HMO	$0	$0	$0	$0
Plan 509	2015	HMO	$500	$1,500	$0	$0
Plan 509	2016	HMO	$500	$1,500	$0	$0
Plan 510	2015	HMO	$350	$700	$0	$0
Plan 510	2016	HMO	$350	$700	$0	$0
Plan 511	2015	HMO	$200	$600	$0	$0
Plan 511	2016	HMO	$200	$600	$0	$0
Plan 512	2015	HMO	$0	$0	$0	$0
Plan 512	2016	HMO	$0	$0	$0	$0
Plan 513	2015	HMO	$750	$1,500	$0	$0
Plan 514	2015	HMO	$750	$1,500	$0	$0
Plan 515	2015	HMO	$750	$1,500	$0	$0
Plan 516	2015	HMO	$750	$1,500	$0	$0
Plan 517	2015	HMO	$750	$1,500	$0	$0

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			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 518	2015	HMO	$750	$1,500	$0	$0
Plan 518	2016	HMO	$750	$1,500	$0	$0
Plan 519	2015	HMO	$0	$0	$0	$0
Plan 519	2016	HMO	$0	$0	$0	$0
Plan 520	2015	HMO	$1,500	$0	$0	$0
Plan 520	2016	HMO	$1,500	$0	$0	$0
Plan 521	2015	HMO	$1,500	$0	$0	$0
Plan 521	2016	HMO	$1,500	$0	$0	$0
Plan 522	2015	HMO	$1,500	$0	$0	$0
Plan 522	2016	HMO	$1,500	$0	$0	$0
Plan 523	2015	HMO	$1,500	$0	$0	$0
Plan 523	2016	HMO	$1,500	$0	$0	$0
Plan 524	2015	HMO	$1,500	$0	$0	$0
Plan 524	2016	HMO	$1,500	$0	$0	$0
Plan 525	2015	HMO	$1,500	$0	$0	$0
Plan 525	2016	HMO	$1,500	$0	$0	$0
Plan 526	2015	HMO	$1,500	$0	$0	$0
Plan 526	2016	HMO	$1,500	$0	$0	$0
Plan 527	2015	HMO	$1,500	$0	$0	$0
Plan 527	2016	HMO	$1,500	$0	$0	$0
Plan 528	2015	HMO	$250	$500	$0	$0
Plan 528	2016	HMO	$250	$500	$0	$0
Plan 529	2015	HMO	$1,500	$0	$0	$0
Plan 529	2016	HMO	$1,500	$0	$0	$0
Plan 530	2015	HMO	$1,500	$0	$0	$0
Plan 530	2016	HMO	$1,500	$0	$0	$0
Plan 531	2015	HMO	$1,500	$0	$0	$0
Plan 531	2016	HMO	$1,500	$0	$0	$0
Plan 532	2015	HMO	$1,500	$0	$0	$0
Plan 532	2016	HMO	$1,500	$0	$0	$0
Plan 533	2015	HMO	$1,500	$0	$0	$0
Plan 533	2016	HMO	$1,500	$0	$0	$0

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Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 534	2015	HMO	$1,500	$0	$0	$0
Plan 534	2016	HMO	$1,500	$0	$0	$0
Plan 535	2015	HMO	$1,500	$0	$0	$0
Plan 535	2016	HMO	$1,500	$0	$0	$0
Plan 536	2015	HMO	$1,500	$0	$0	$0
Plan 536	2016	HMO	$1,500	$0	$0	$0
Plan 537	2015	HMO	$1,500	$0	$0	$0
Plan 538	2015	HMO	$1,500	$0	$0	$0
Plan 539	2015	HMO	$1,500	$0	$0	$0
Plan 540	2015	HMO	$1,500	$0	$0	$0
Plan 541	2015	HMO	$1,500	$0	$0	$0
Plan 542	2015	HMO	$1,500	$0	$0	$0
Plan 543	2015	HMO	$1,500	$0	$0	$0
Plan 544	2015	HMO	$1,500	$0	$0	$0
Plan 545	2015	HMO	$1,500	$0	$0	$0
Plan 546	2015	HMO	$1,500	$0	$0	$0
Plan 547	2015	HMO	$1,500	$0	$0	$0
Plan 548	2015	HMO	$1,500	$0	$0	$0
Plan 549	2015	HMO	$1,500	$0	$0	$0
Plan 550	2015	HMO	$1,500	$0	$0	$0
Plan 551	2015	HMO	$1,500	$0	$0	$0
Plan 552	2015	HMO	$1,500	$0	$0	$0
Plan 554	2015	HMO	$250	$500	$0	$0
Plan 554	2016	HMO	$250	$500	$0	$0
Plan 555	2015	HMO	$0	$0	$0	$0
Plan 556	2015	HMO	$0	$0	$0	$0
Plan 557	2015	HMO	$250	$500	$0	$0
Plan 558	2015	HMO	$250	$500	$0	$0
Plan 559	2016	HMO	$0	$0	$0	$0
Plan 559	2015	HMO	$0	$0	$0	$0
Plan 560	2015	HMO	$250	$500	$0	$0
Plan 560	2016	HMO	$250	$500	$0	$0

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			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 561	2015	HMO	$0	$0	$0	$0
Plan 561	2016	HMO	$0	$0	$0	$0
Plan 562	2015	HMO	$250	$500	$0	$0
Plan 562	2016	HMO	$250	$500	$0	$0
Plan 563	2015	HMO	$0	$0	$0	$0
Plan 563	2016	HMO	$0	$0	$0	$0
Plan 565	2015	HMO	$250	$500	$0	$0
Plan 565	2016	HMO	$250	$500	$0	$0
Plan 566	2015	HMO	$250	$500	$0	$0
Plan 566	2016	HMO	$250	$500	$0	$0
Plan 567	2016	HMO	$250	$500	$0	$0
Plan 567	2015	HMO	$250	$500	$0	$0
Plan 569	2015	HMO	$100	$200	$0	$0
Plan 569	2016	HMO	$100	$200	$0	$0
Plan 572	2015	HMO	$0	$0	$0	$0
Plan 572	2016	HMO	$0	$0	$0	$0
Plan 573	2015	HMO	$0	$0	$0	$0
Plan 573	2016	HMO	$0	$0	$0	$0
Plan 574	2015	HMO	$0	$0	$0	$0
Plan 574	2016	HMO	$0	$0	$0	$0
Plan 575	2015	HMO	$0	$0	$0	$0
Plan 575	2016	HMO	$0	$0	$0	$0
Plan 576	2015	HMO	$250	$500	$0	$0
Plan 576	2016	HMO	$250	$500	$0	$0
Plan 579	2015	HMO	$250	$500	$0	$0
Plan 579	2016	HMO	$250	$500	$0	$0
Plan 580	2015	HMO	$250	$500	$0	$0
Plan 580	2016	HMO	$250	$500	$0	$0
Plan 581	2015	HMO	$100	$200	$0	$0
Plan 581	2016	HMO	$100	$200	$0	$0
Plan 582	2015	HMO	$100	$200	$0	$0
Plan 582	2016	HMO	$100	$200	$0	$0

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			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 583	2015	HMO	$100	$200	$0	$0
Plan 583	2016	HMO	$100	$200	$0	$0
Plan 584	2015	HMO	$250	$500	$0	$0
Plan 584	2016	HMO	$250	$500	$0	$0
Plan 585	2015	HMO	$250	$500	$0	$0
Plan 585	2016	HMO	$250	$500	$0	$0
Plan 586	2015	HMO	$250	$500	$0	$0
Plan 586	2016	HMO	$250	$500	$0	$0
Plan 587	2015	HMO	$250	$500	$0	$0
Plan 587	2016	HMO	$250	$500	$0	$0
Plan 588	2015	HMO	$100	$200	$0	$0
Plan 588	2016	HMO	$100	$200	$0	$0
Plan 589	2015	HMO	$250	$500	$0	$0
Plan 589	2016	HMO	$250	$500	$0	$0
Plan 591	2015	HMO	$250	$500	$0	$0
Plan 591	2016	HMO	$250	$500	$0	$0
Plan 592	2015	HMO	$250	$500	$0	$0
Plan 592	2016	HMO	$250	$500	$0	$0
Plan 593	2015	HMO	$250	$500	$0	$0
Plan 593	2016	HMO	$250	$500	$0	$0
Plan 594	2015	HMO	$250	$500	$0	$0
Plan 594	2016	HMO	$250	$500	$0	$0
Plan 596	2015	HMO	$0	$0	$0	$0
Plan 596	2016	HMO	$0	$0	$0	$0
Plan 597	2015	HMO	$250	$500	$0	$0
Plan 597	2016	HMO	$250	$500	$0	$0
Plan 598	2015	HMO	$100	$200	$0	$0
Plan 598	2016	HMO	$100	$200	$0	$0
Plan 599	2015	HMO	$250	$500	$0	$0
Plan 599	2016	HMO	$250	$500	$0	$0
Plan 600	2015	HMO	$250	$500	$0	$0
Plan 600	2016	HMO	$250	$500	$0	$0

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			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 601	2015	HMO	$250	$500	$0	$0
Plan 601	2016	HMO	$250	$500	$0	$0
Plan 602	2015	HMO	$250	$500	$0	$0
Plan 602	2016	HMO	$250	$500	$0	$0
Plan 603	2015	HMO	$250	$500	$0	$0
Plan 603	2016	HMO	$250	$500	$0	$0
Plan 604	2015	HMO	$250	$500	$0	$0
Plan 604	2016	HMO	$250	$500	$0	$0
Plan 605	2015	HMO	$250	$500	$0	$0
Plan 605	2016	HMO	$250	$500	$0	$0
Plan 606	2015	HMO	$250	$500	$0	$0
Plan 606	2016	HMO	$250	$500	$0	$0
Plan 607	2015	HMO	$0	$0	$0	$0
Plan 607	2016	HMO	$0	$0	$0	$0
Plan 608	2015	HMO	$0	$0	$0	$0
Plan 608	2016	HMO	$0	$0	$0	$0
Plan 609	2015	HMO	$100	$200	$0	$0
Plan 609	2016	HMO	$100	$200	$0	$0
Plan 610	2015	HMO	$100	$200	$0	$0
Plan 610	2016	HMO	$100	$200	$0	$0
Plan 611	2015	HMO	$100	$200	$0	$0
Plan 611	2016	HMO	$100	$200	$0	$0
Plan 612	2015	HMO	$100	$200	$0	$0
Plan 612	2016	HMO	$100	$200	$0	$0
Plan 613	2015	HMO	$750	$1,500	$0	$0
Plan 613	2016	HMO	$750	$1,500	$0	$0
Plan 614	2015	HMO	$750	$1,500	$0	$0
Plan 614	2016	HMO	$750	$1,500	$0	$0
Plan 615	2015	HMO	$750	$1,500	$0	$0
Plan 615	2016	HMO	$750	$1,500	$0	$0
Plan 616	2015	HMO	$750	$1,500	$0	$0
Plan 616	2016	HMO	$750	$1,500	$0	$0

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			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 617	2015	HMO	$250	$500	$0	$0
Plan 617	2016	HMO	$250	$500	$0	$0
Plan 618	2015	HMO	$250	$500	$0	$0
Plan 618	2016	HMO	$250	$500	$0	$0
Plan 619	2015	HMO	$750	$1,500	$0	$0
Plan 619	2016	HMO	$750	$1,500	$0	$0
Plan 620	2015	HMO	$0	$0	$0	$0
Plan 620	2016	HMO	$0	$0	$0	$0
Plan 624	2015	HMO	$250	$500	$0	$0
Plan 624	2016	HMO	$250	$500	$0	$0
Plan 625	2015	HMO	$750	$1,500	$0	$0
Plan 625	2016	HMO	$750	$1,500	$0	$0
Plan 626	2015	HMO	$250	$500	$0	$0
Plan 626	2016	HMO	$250	$500	$0	$0
Plan 627	2015	HMO	$100	$200	$0	$0
Plan 628	2015	HMO	$750	$1,500	$0	$0
Plan 628	2016	HMO	$750	$1,500	$0	$0
Plan 629	2015	HMO	$100	$200	$0	$0
Plan 629	2016	HMO	$100	$200	$0	$0
Plan 630	2015	HMO	$750	$1,500	$0	$0
Plan 630	2016	HMO	$750	$1,500	$0	$0
Plan 631	2015	HMO	$250	$500	$0	$0
Plan 631	2016	HMO	$250	$500	$0	$0
Plan 632	2015	HMO	$250	$500	$0	$0
Plan 632	2016	HMO	$250	$500	$0	$0
Plan 633	2015	HMO	$250	$500	$0	$0
Plan 633	2016	HMO	$250	$500	$0	$0
Plan 634	2015	HMO	$100	$200	$0	$0
Plan 635	2015	HMO	$100	$200	$0	$0
Plan 636	2015	HMO	$250	$500	$0	$0
Plan 637	2015	HMO	$100	$200	$0	$0
Plan 638	2015	HMO	$250	$500	$0	$0

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			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 639	2015	HMO	$250	$500	$0	$0
Plan 640	2015	HMO	$100	$200	$0	$0
Plan 641	2015	HMO	$250	$500	$0	$0
Plan 642	2015	HMO	$100	$200	$0	$0
Plan 643	2015	HMO	$250	$500	$0	$0
Plan 644	2015	HMO	$100	$200	$0	$0
Plan 645	2015	HMO	$250	$500	$0	$0
Plan 646	2015	HMO	$100	$200	$0	$0
Plan 647	2015	HMO	$250	$500	$0	$0
Plan 648	2015	HMO	$250	$500	$0	$0
Plan 649	2015	HMO	$250	$500	$0	$0
Plan 649	2016	HMO	$250	$500	$0	$0
Plan 650	2015	HMO	$750	$1,500	$0	$0
Plan 650	2016	HMO	$750	$1,500	$0	$0
Plan 651	2015	HMO	$250	$500	$0	$0
Plan 651	2016	HMO	$250	$500	$0	$0
Plan 652	2015	HMO	$750	$1,500	$0	$0
Plan 652	2016	HMO	$750	$1,500	$0	$0
Plan 653	2015	HMO	$250	$500	$0	$0
Plan 653	2016	HMO	$250	$500	$0	$0
Plan 654	2015	HMO	$250	$500	$0	$0
Plan 654	2016	HMO	$250	$500	$0	$0
Plan 656	2015	HMO	$100	$200	$0	$0
Plan 656	2016	HMO	$100	$200	$0	$0
Plan 668	2015	PPO	$100	$300	$100	$300
Plan 668	2016	PPO	$100	$300	$100	$300
Plan 670	2015	PPO	$0	$0	$200	$400
Plan 670	2016	PPO	$0	$0	$200	$400
Plan 672	2015	PPO	$350	$700	$350	$700
Plan 672	2016	PPO	$350	$700	$350	$700
Plan 673	2015	PPO	$1,500	$0	$1,500	$0
Plan 673	2016	PPO	$1,500	$0	$1,500	$0

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			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 674	2015	PPO	$1,500	$0	$1,500	$0
Plan 674	2016	PPO	$1,500	$0	$1,500	$0
Plan 675	2015	PPO	$200	$400	$400	$800
Plan 676	2015	PPO	$200	$400	$400	$800
Plan 685	2015	PPO	$200	$400	$400	$800
Plan 685	2016	PPO	$200	$400	$400	$800
Plan 686	2015	PPO	$0	$0	$200	$400
Plan 686	2016	PPO	$0	$0	$200	$400
Plan 688	2015	PPO	$200	$400	$400	$800
Plan 688	2016	PPO	$200	$400	$400	$800
Plan 689	2015	PPO	$0	$0	$200	$400
Plan 689	2016	PPO	$0	$0	$200	$400
Plan 690	2015	PPO	$0	$0	$200	$400
Plan 691	2015	PPO	$0	$0	$200	$400
Plan 703	2015	PPO	$1,500	$3,000	$3,000	$6,000
Plan 704	2015	HMO	$250	$750	Not Covered	Not Covered
Plan 708	2015	PPO	$200	$600	Included In-Network	Included In-Network
Plan 709	2015	PPO	$300	$900	Included In-Network	Included In-Network
Plan 710	2015	PPO	$200	$600	$350	$0
Plan 711	2015	Open Network	$3,000	$3,000	Included In-Network	Included In-Network
Plan 711	2016	Open Network	$5,000	$5,000	Included In-Network	Included In-Network
Plan 768	2015	PPO	$1,500	$3,000	$3,000	$6,000
Plan 768	2016	PPO	$1,500	$3,000	$3,000	$6,000
Plan 769	2015	PPO	$1,500	$3,000	Included In-Network	Included In-Network
Plan 769	2016	PPO	$1,500	$3,000	Included In-Network	Included In-Network
Plan 770	2015	PPO	$1,500	$3,000	Included In-Network	Included In-Network
Plan 770	2016	PPO	$1,500	$3,000	Included In-Network	Included In-Network
Plan 772	2015	PPO	$500	$1,500	Included In-Network	Included In-Network
Plan 773	2015	PPO	$500	$1,500	Included In-Network	Included In-Network
Plan 774	2015	PPO	$200	$600	Included In-Network	Included In-Network
Plan 774	2016	PPO	$200	$600	Included In-Network	Included In-Network
Plan 775	2015	PPO	$300	$900	Included In-Network	Included In-Network

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			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 775	2016	PPO	$300	$900	Included In-Network	Included In-Network
Plan 776	2015	PPO	$1,000	$3,000	$2,000	$6,000
Plan 776	2016	PPO	$1,000	$3,000	$2,000	$6,000
Plan 779	2015	PPO	$750	$2,250	Included In-Network	Included In-Network
Plan 779	2016	PPO	$750	$2,250	Included In-Network	Included In-Network
Plan 780	2015	PPO	$750	$2,250	Included In-Network	Included In-Network
Plan 780	2016	PPO	$750	$2,250	Included In-Network	Included In-Network
Plan 781	2015	HMO	$500	$1,500	$0	$0
Plan 781	2016	HMO	$500	$1,500	$0	$0
Plan 782	2015	HMO	$0	$0	$0	$0
Plan 782	2016	HMO	$0	$0	$0	$0
Plan 783	2015	HMO	$1,500	$0	$0	$0
Plan 783	2016	HMO	$1,500	$0	$0	$0
Plan 784	2015	HMO	$1,500	$0	$0	$0
Plan 784	2016	HMO	$1,500	$0	$0	$0
Plan 785	2015	HMO	$1,500	$0	$0	$0
Plan 785	2016	HMO	$1,500	$0	$0	$0
Plan 786	2015	HMO	$1,500	$0	$0	$0
Plan 786	2016	HMO	$1,500	$0	$0	$0
Plan 787	2015	HMO	$750	$1,500	$0	$0
Plan 787	2016	HMO	$750	$1,500	$0	$0
Plan 788	2015	HMO	$750	$1,500	$0	$0
Plan 788	2016	HMO	$750	$1,500	$0	$0
Plan 794	2015	PPO	$100	$300	$200	$600
Plan 794	2016	PPO	$100	$300	$200	$600
Plan 795	2015	PPO	$100	$300	$100	$300
Plan 795	2016	PPO	$100	$300	$100	$300
Plan 796	2015	PPO	$1,000	$3,000	$2,000	$6,000
Plan 796	2016	PPO	$1,000	$3,000	$2,000	$6,000
Plan 797	2015	PPO	$1,500	$0	$3,000	$0
Plan 797	2016	PPO	$1,500	$0	$3,000	$0
Plan 798	2015	PPO	$1,500	$0	$3,000	$0

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			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 798	2016	PPO	$1,500	$0	$3,000	$0
Plan 799	2015	PPO	$100	$300	$200	$600
Plan 799	2016	PPO	$100	$300	$200	$600
Plan 800	2015	PPO	$500	$1,500	$1,000	$3,000
Plan 800	2016	PPO	$500	$1,500	$1,000	$3,000
Plan 801	2015	PPO	$1,000	$3,000	$2,000	$6,000
Plan 801	2016	PPO	$1,000	$3,000	$2,000	$6,000
Plan 802	2015	PPO	$1,500	$0	$3,000	$0
Plan 802	2016	PPO	$1,500	$0	$3,000	$0
Plan 803	2015	PPO	$1,500	$0	$3,000	$0
Plan 803	2016	PPO	$1,500	$0	$3,000	$0
Plan 804	2015	PPO	$100	$300	$100	$300
Plan 804	2016	PPO	$100	$300	$100	$300
Plan 805	2015	PPO	$1,500	$0	$3,000	$0
Plan 805	2016	PPO	$1,500	$0	$3,000	$0
Plan 806	2015	PPO	$1,500	$0	$3,000	$0
Plan 806	2016	PPO	$1,500	$0	$3,000	$0
Plan 807	2015	PPO	$1,500	$4,500	$3,000	$9,000
Plan 807	2016	PPO	$1,500	$4,500	$3,000	$9,000
Plan 808	2015	PPO	$350	$1,050	$700	$2,100
Plan 808	2016	PPO	$350	$1,050	$700	$2,100
Plan 809	2015	PPO	$100	$300	$200	$600
Plan 809	2016	PPO	$100	$300	$200	$600
Plan 810	2015	PPO	$500	$1,000	$1,000	$2,000
Plan 810	2016	PPO	$500	$1,000	$1,000	$2,000
Plan 812	2015	PPO	$500	$1,000	$1,000	$2,000
Plan 812	2016	PPO	$500	$1,000	$1,000	$2,000
Plan 813	2015	PPO	$200	$400	$400	$800
Plan 813	2016	PPO	$200	$400	$400	$800
Plan 814	2015	PPO	$0	$0	$200	$400
Plan 814	2016	PPO	$0	$0	$200	$400
Plan 815	2015	PPO	$500	$1,000	$1,000	$2,000

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			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 815	2016	PPO	$500	$1,000	$1,000	$2,000
Plan 816	2015	PPO	$200	$400	$400	$800
Plan 816	2016	PPO	$200	$400	$400	$800
Plan 817	2015	PPO	$0	$0	$200	$400
Plan 817	2016	PPO	$0	$0	$200	$400
Plan 818	2015	PPO	$500	$1,000	$1,000	$2,000
Plan 818	2016	PPO	$500	$1,000	$1,000	$2,000
Plan 819	2015	PPO	$200	$400	$400	$800
Plan 819	2016	PPO	$200	$400	$400	$800
Plan 820	2015	PPO	$0	$0	$200	$400
Plan 820	2016	PPO	$0	$0	$200	$400
Plan 821	2015	PPO	$500	$1,000	$1,000	$2,000
Plan 821	2016	PPO	$500	$1,000	$1,000	$2,000
Plan 822	2015	PPO	$200	$400	$400	$800
Plan 822	2016	PPO	$200	$400	$400	$800
Plan 823	2015	PPO	$0	$0	$200	$400
Plan 823	2016	PPO	$0	$0	$200	$400
Plan 824	2015	Deductible	$1,000	$3,000	Not Covered	Not Covered
Plan 824	2016	Deductible	$1,000	$3,000	Not Covered	Not Covered
Plan 828	2015	Deductible	$250	$750	Not Covered	Not Covered
Plan 828	2016	Deductible	$250	$750	Not Covered	Not Covered
Plan 830	2015	Deductible	$500	$1,500	Not Covered	Not Covered
Plan 830	2015	Deductible	$1,000	$2,000	$2,000	$4,000
Plan 831	2015	Deductible	$750	$2,250	Not Covered	Not Covered
Plan 832	2015	HMO	$0	$0	Not Covered	Not Covered
Plan 833	2015	PPO	$200	$600	Included In-Network	Included In-Network
Plan 834	2015	PPO	$300	$900	Included In-Network	Included In-Network
Plan 835	2015	PPO	$1,250	$3,750	Included In-Network	Included In-Network
Plan 836	2015	PPO	$2,000	$3,000	$4,000	$6,000
Plan 837	2015	PPO	$200	$600	Included In-Network	Included In-Network
Plan 838	2015	PPO	$350	$1,050	$1,000	$3,000
Plan 868	2015	PPO	$1,000	$3,000	$2,000	$6,000

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Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 869	2015	PPO	$750	$2,250	$1,500	$4,500
Plan 870	2015	PPO	$100	$300	$250	$750
Plan 874	2015	PPO	$100	$300	$100	$300
Plan 875	2015	PPO	$200	$600	$200	$600
Plan 876	2015	TRAD	$0	$0	$0	$0
Plan 877	2015	TRAD	$750	$2,250	$750	$2,250
Plan 878	2015	PPO	$3,000	$6,000	$3,000	$6,000
Plan 879	2015	PPO	$500	$1,500	$500	$1,500
Plan 880	2015	PPO	$500	$1,500	$500	$1,500
Plan 881	2015	PPO	$1,000	$3,000	$2,000	$6,000
Plan 882	2015	PPO	$750	$2,250	$1,500	$4,500
Plan 883	2015	PPO	$200	$600	$200	$600
Plan 884	2015	PPO	$200	$600	$200	$600
Plan 885	2015	TRAD	$750	$2,250	$750	$2,250
Plan 887	2015	PPO	$100	$300	$100	$300
Plan 888	2015	PPO	$1,500	$3,000	$1,500	$3,000
Plan 889	2015	PPO	$500	$1,500	$500	$1,500
Plan 890	2015	PPO	$750	$2,250	$750	$2,250
Plan 891	2015	TRAD	$0	$0	$0	$0
Plan 892	2015	TRAD	$750	$2,250	$750	$2,250
Plan 893	2015	PPO	$100	$300	$100	$300
Plan 894	2015	PPO	$200	$600	$200	$600
Plan 895	2015	TRAD	$0	$0	$0	$0
Plan 896	2015	TRAD	$750	$2,250	$750	$2,250
Plan 897	2015	PPO	$3,000	$6,000	$3,000	$6,000
Plan 898	2015	PPO	$500	$1,500	$500	$1,500
Plan 899	2015	PPO	$750	$2,250	$750	$2,250
Plan 900	2015	PPO	$1,500	$3,000	$1,500	$3,000
Plan 900	2016	PPO	$1,500	$3,000	$1,500	$3,000
Plan 901	2015	PPO	$1,500	$3,000	$1,500	$3,000
Plan 901	2016	PPO	$1,500	$3,000	$1,500	$3,000
Plan 902	2015	TRAD	$750	$2,250	$750	$2,250

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			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 902	2016	TRAD	$750	$2,250	$750	$2,250
Plan 903	2015	TRAD	$750	$2,250	$750	$2,250
Plan 903	2016	TRAD	$750	$2,250	$750	$2,250
Plan 904	2015	PPO	$300	$900	$300	$900
Plan 905	2015	PPO	$300	$900	$300	$900
Plan 906	2015	TRAD	$750	$2,250	$750	$2,250
Plan 907	2015	PPO	$0	$0	$0	$0
Plan 908	2015	PPO	$300	$900	$300	$900
Plan 909	2015	TRAD	$750	$2,250	$750	$2,250
Plan 910	2015	PPO	$1,500	$3,000	$1,500	$3,000
Plan 911	2015	TRAD	$0	$0	$0	$0
Plan 912	2015	TRAD	$200	$600	$200	$600
Plan 913	2015	PPO	$500	$1,500	$500	$1,500
Plan 914	2015	TRAD	$750	$2,250	$750	$2,250
Plan 915	2015	PPO	$1,500	$3,000	$1,500	$3,000
Plan 916	2015	PPO	$0	$0	$0	$0
Plan 921	2016	PPO	$750	$2,250	$750	$2,250
Plan 922	2016	PPO	$0	$0	$0	$0
Plan 923	2016	PPO	$500	$1,500	$500	$1,500
Plan 924	2016	PPO	$750	$2,250	$750	$2,250
Plan 925	2016	PPO	$100	$300	$100	$300
Plan 926	2016	PPO	$6,000	$6,000	$6,000	$6,000
Plan 927	2016	PPO	$200	$600	$200	$600
Plan 928	2016	PPO	$300	$900	$300	$900
Plan 929	2016	PPO	$200	$600	$350	$1,050
Plan 930	2016	PPO	$1,000	$3,000	$2,000	$6,000
Plan 931	2016	PPO	$750	$2,250	$1,500	$4,500
Plan 932	2016	PPO	$100	$300	$250	$750
Plan 933	2016	PPO	$3,000	$3,000	$6,000	$6,000
Plan 934	2016	PPO	$0	$0	$0	$0
Plan 935	2016	PPO	$0	$0	$0	$0
Plan 936	2016	PPO	$0	$0	$0	$0

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			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 937	2016	PPO	$0	$0	$0	$0
Plan 938	2016	PPO	$0	$0	$0	$0
Plan 944	2015	PPO	$0	$0	$0	$0
Plan 944	2016	PPO	$0	$0	$0	$0
Plan 1032	2015	HMO	$0	$0	$0	$0
Plan 1032	2016	HMO	$0	$0	$0	$0
Plan 1033	2015	HMO	$250	$500	$0	$0
Plan 1033	2016	HMO	$250	$500	$0	$0
Plan 1034	2015	HMO	$100	$300	$0	$0
Plan 1034	2016	HMO	$100	$300	$0	$0
Plan 1035	2015	HMO	$350	$700	$0	$0
Plan 1035	2016	HMO	$350	$700	$0	$0
Plan 1036	2015	HMO	$200	$600	$0	$0
Plan 1036	2016	HMO	$200	$600	$0	$0
Plan 1037	2015	HMO	$200	$600	$0	$0
Plan 1037	2016	HMO	$200	$600	$0	$0
Plan 1038	2015	HMO	$0	$0	$0	$0
Plan 1038	2016	HMO	$0	$0	$0	$0
Plan 1039	2015	HMO	$0	$0	$0	$0
Plan 1039	2016	HMO	$0	$0	$0	$0
Plan 1040	2015	HMO	$350	$700	$0	$0
Plan 1040	2016	HMO	$350	$700	$0	$0
Plan 1041	2015	HMO	$0	$0	$0	$0
Plan 1041	2016	HMO	$0	$0	$0	$0
Plan 1042	2015	HMO	$0	$0	$0	$0
Plan 1042	2016	HMO	$0	$0	$0	$0
Plan 1043	2015	HMO	$0	$0	$0	$0
Plan 1043	2016	HMO	$0	$0	$0	$0
Plan 1044	2015	HMO	$0	$0	$0	$0
Plan 1044	2016	HMO	$0	$0	$0	$0
Plan 1045	2015	HMO	$0	$0	$0	$0
Plan 1045	2016	HMO	$0	$0	$0	$0

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			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 1046	2015	HMO	$0	$0	$0	$0
Plan 1046	2016	HMO	$0	$0	$0	$0
Plan 1047	2015	HMO	$0	$0	$0	$0
Plan 1047	2016	HMO	$0	$0	$0	$0
Plan 1094	2015	HMO	$100	$200	$0	$0
Plan 1094	2016	HMO	$100	$200	$0	$0
Plan 1095	2015	HMO	$250	$500	$0	$0
Plan 1095	2016	HMO	$250	$500	$0	$0
Plan 1096	2015	HMO	$750	$1,500	$0	$0
Plan 1096	2016	HMO	$750	$1,500	$0	$0
Plan 1097	2015	HMO	$100	$200	$0	$0
Plan 1097	2016	HMO	$100	$200	$0	$0
Plan 1098	2015	HMO	$1,500	$0	$0	$0
Plan 1098	2016	HMO	$1,500	$0	$0	$0
Plan 1099	2015	HMO	$1,500	$0	$0	$0
Plan 1099	2016	HMO	$1,500	$0	$0	$0
Plan 1100	2015	HMO	$750	$1,500	$0	$0
Plan 1100	2016	HMO	$750	$1,500	$0	$0
Plan 1213	2015	PPO	$1,000	$2,000	$1,000	$2,000
Plan 1213	2016	PPO	$1,000	$2,000	$1,000	$2,000
Plan 1214	2015	PPO	$350	$1,050	$350	$1,050
Plan 1214	2016	PPO	$350	$1,050	$350	$1,050
Plan 1215	2015	PPO	$200	$600	$200	$600
Plan 1215	2016	PPO	$200	$600	$200	$600
Plan 1216	2015	PPO	$100	$300	$100	$300
Plan 1216	2016	PPO	$100	$300	$100	$300
Plan 1217	2015	PPO	$1,500	$0	$1,500	$0
Plan 1217	2016	PPO	$1,500	$0	$1,500	$0
Plan 1218	2015	PPO	$1,500	$0	$1,500	$0
Plan 1218	2016	PPO	$1,500	$0	$1,500	$0
Plan 1219	2015	PPO	$1,500	$0	$1,500	$0
Plan 1219	2016	PPO	$1,500	$0	$1,500	$0

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Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 1220	2015	PPO	$1,500	$0	$1,500	$0
Plan 1220	2016	PPO	$1,500	$0	$1,500	$0
Plan 1221	2015	PPO	$750	$2,250	$750	$2,250
Plan 1221	2016	PPO	$750	$2,250	$750	$2,250
Plan 1222	2015	PPO	$200	$600	$400	$1,200
Plan 1222	2016	PPO	$200	$600	$400	$1,200
Plan 1223	2015	PPO	$350	$1,050	$700	$2,100
Plan 1223	2016	PPO	$350	$1,050	$700	$2,100
Plan 1224	2015	PPO	$500	$1,000	$500	$1,000
Plan 1225	2015	PPO	$500	$1,000	$500	$1,000
Plan 1226	2015	PPO	$500	$1,000	$500	$1,000
Plan 1227	2015	PPO	$500	$1,000	$500	$1,000
Plan 1228	2015	PPO	$500	$1,000	$500	$1,000
Plan 1229	2015	PPO	$500	$1,000	$500	$1,000
Plan 1230	2015	PPO	$500	$1,000	$500	$1,000
Plan 1252	2015	PPO	$1,000	$2,000	$2,000	$4,000
Plan 1252	2016	PPO	$1,000	$2,000	$2,000	$4,000
Plan 1253	2015	PPO	$1,000	$2,000	$2,000	$4,000
Plan 1253	2016	PPO	$1,000	$2,000	$2,000	$4,000
Plan 1254	2015	PPO	$1,000	$2,000	$2,000	$4,000
Plan 1254	2016	PPO	$1,000	$2,000	$2,000	$4,000
Plan 1255	2015	PPO	$500	$1,000	$1,000	$2,000
Plan 1255	2016	PPO	$500	$1,000	$1,000	$2,000
Plan 1256	2015	PPO	$200	$400	$400	$800
Plan 1256	2016	PPO	$200	$400	$400	$800
Plan 1257	2015	PPO	$0	$0	$200	$400
Plan 1257	2016	PPO	$0	$0	$200	$400
Plan 1261	2016	Deductible	$250	$750	Not Covered	Not Covered
Plan 1263	2016	Deductible	$250	$750	Not Covered	Not Covered
Plan 1265	2015	Deductible	$500	$1,500	Not Covered	Not Covered
Plan 1265	2015	Deductible	$750	$1,500	$1,500	$3,000
Plan 1265	2016	Deductible	$500	$1,500	Not Covered	Not Covered

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Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 1265	2016	Deductible	$750	$1,500	$1,500	$3,000
Plan 1268	2016	Deductible	$750	$2,250	Not Covered	Not Covered
Plan 1269	2015	HMO	$0	$0	Not Covered	Not Covered
Plan 1270	2015	HMO	$0	$0	Not Covered	Not Covered
Plan 1271	2015	HMO	$0	$0	Not Covered	Not Covered
Plan 1272	2016	HMO	$0	$0	Not Covered	Not Covered
Plan 1273	2016	HMO	$0	$0	Not Covered	Not Covered
Plan 1274	2016	HMO	$0	$0	Not Covered	Not Covered
Plan 1275	2016	HMO	$0	$0	Not Covered	Not Covered
Plan 1279	2015	HMO	$0	$0	Not Covered	Not Covered
Plan 1280	2015	HMO	$0	$0	Not Covered	Not Covered
Plan 1281	2015	HMO	$0	$0	Not Covered	Not Covered
Plan 1283	2016	HMO	$0	$0	Not Covered	Not Covered
Plan 1284	2016	HMO	$0	$0	Not Covered	Not Covered
Plan 1285	2016	HMO	$0	$0	Not Covered	Not Covered
Plan 1286	2015	HMO	$0	$0	Not Covered	Not Covered
Plan 1287	2016	HMO	$0	$0	Not Covered	Not Covered
Plan 1309	2015	PPO	$500	$1,500	Not Covered	Not Covered
Plan 1309	2015	PPO	$750	$1,500	$1,500	$3,000
Plan 1310	2015	PPO	$500	$1,500	Not Covered	Not Covered
Plan 1310	2015	PPO	$750	$1,500	$1,500	$3,000
Plan 1310	2015	PPO	$750	$1,500	$1,500	$3,000
Plan 1310	2015	PPO	$500	$1,500	Not Covered	Not Covered
Plan 1311	2016	PPO	$750	$1,500	$1,500	$3,000
Plan 1311	2016	PPO	$500	$1,500	Not Covered	Not Covered
Plan 1312	2015	PPO	$500	$1,500	Not Covered	Not Covered
Plan 1312	2015	PPO	$750	$1,500	$1,500	$3,000
Plan 1313	2016	PPO	$500	$1,500	Not Covered	Not Covered
Plan 1313	2016	PPO	$750	$1,500	$1,500	$3,000
Plan 1314	2015	PPO	$500	$1,500	Not Covered	Not Covered
Plan 1314	2015	PPO	$1,000	$2,000	$2,000	$4,000
Plan 1315	2015	PPO	$500	$1,500	Not Covered	Not Covered

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Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 1315	2015	PPO	$1,000	$2,000	$2,000	$4,000
Plan 1315	2015	PPO	$500	$1,500	Not Covered	Not Covered
Plan 1315	2015	PPO	$1,000	$2,000	$2,000	$4,000
Plan 1316	2016	PPO	$500	$1,500	Not Covered	Not Covered
Plan 1316	2016	PPO	$1,000	$2,000	$2,000	$4,000
Plan 1317	2015	PPO	$1,000	$2,000	$2,000	$4,000
Plan 1317	2015	PPO	$500	$1,500	Not Covered	Not Covered
Plan 1318	2016	PPO	$500	$1,500	Not Covered	Not Covered
Plan 1318	2016	PPO	$1,000	$2,000	$2,000	$4,000
Plan 1319	2015	PPO	$100	$200	$200	$400
Plan 1320	2015	PPO	$200	$400	$500	$1,000
Plan 1321	2015	PPO	$200	$400	$500	$1,000
Plan 1321	2015	PPO	$200	$400	$500	$1,000
Plan 1322	2016	PPO	$200	$400	$500	$1,000
Plan 1323	2015	PPO	$200	$400	$500	$1,000
Plan 1324	2016	PPO	$200	$400	$500	$1,000
Plan 1325	2015	PPO	$500	$1,000	$1,000	$2,000
Plan 1326	2015	PPO	$500	$1,000	$1,000	$2,000
Plan 1326	2015	PPO	$500	$1,000	$1,000	$2,000
Plan 1327	2016	PPO	$500	$1,000	$1,000	$2,000
Plan 1328	2015	PPO	$500	$1,000	$1,000	$2,000
Plan 1329	2016	PPO	$500	$1,000	$1,000	$2,000
Plan 1330	2015	PPO	$1,500	$3,000	$3,000	$6,000
Plan 1331	2015	PPO	$1,500	$3,000	$3,000	$6,000
Plan 1331	2015	PPO	$1,500	$3,000	$3,000	$6,000
Plan 1332	2016	PPO	$1,500	$3,000	$3,000	$6,000
Plan 1333	2015	PPO	$1,500	$3,000	$3,000	$6,000
Plan 1334	2016	PPO	$1,500	$3,000	$3,000	$6,000
Plan 1335	2015	PPO	$2,500	$5,000	$5,000	$10,000
Plan 1335	2015	PPO	$2,500	$5,000	$5,000	$10,000
Plan 1336	2016	PPO	$2,500	$5,000	$5,000	$10,000
Plan 1337	2016	PPO	$2,500	$5,000	$5,000	$10,000

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Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 1344	2016	PPO	$1,250	$2,500	$2,500	$5,000
Plan 1346	2016	PPO	$1,000	$3,000	$2,000	$6,000
Plan 1348	2016	PPO	$750	$2,250	$1,500	$4,500
Plan 1350	2016	PPO	$0	$0	$0	$0
Plan 1352	2016	PPO	$0	$0	$0	$0
Plan 1355	2016	PPO	$200	$600	Included In-Network	Included In-Network
Plan 1357	2016	PPO	$300	$900	Included In-Network	Included In-Network
Plan 1359	2016	PPO	$200	$600	$350	$0
Plan 1361	2015	Open Network	$1,500	$3,000	Included In-Network	Included In-Network
Plan 1361	2016	Open Network	$2,500	$5,000	Included In-Network	Included In-Network
Plan 1379	2016	PPO	$100	$300	$100	$300
Plan 1380	2016	PPO	$200	$600	$200	$600
Plan 1381	2016	PPO	$500	$1,500	$500	$1,500
Plan 1382	2016	TRAD	$750	$2,250	$750	$2,250
Plan 1383	2016	PPO	$1,500	$3,000	$1,500	$3,000
Plan 1384	2016	PPO	$1,000	$3,000	$2,000	$6,000
Plan 1385	2016	PPO	$750	$2,250	$1,500	$4,500
Plan 1386	2016	PPO	$2,500	$7,500	$2,500	$7,500
Plan 1387	2016	PPO	$200	$600	$200	$600
Plan 1388	2016	PPO	$500	$1,500	$500	$1,500
Plan 1389	2016	TRAD	$750	$2,250	$750	$2,250
Plan 1390	2016	PPO	$1,000	$3,000	$2,000	$6,000
Plan 1391	2016	PPO	$750	$2,250	$1,500	$4,500
Plan 1392	2016	PPO	$2,500	$7,500	$2,500	$7,500
Plan 1393	2016	PPO	$1,500	$3,000	$1,500	$3,000
Plan 1394	2016	PPO	$500	$1,500	$500	$1,500
Plan 1395	2016	PPO	$1,000	$3,000	$2,000	$6,000
Plan 1396	2016	PPO	$750	$2,250	$1,500	$2,250
Plan 1397	2016	PPO	$200	$600	$200	$600
Plan 1398	2016	PPO	$3,000	$6,000	$3,000	$6,000
Plan 1399	2016	TRAD	$750	$2,250	$750	$2,250
Plan 1430	2015	PPO	$0	$0	$0	$0

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Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 1431	2015	PPO	$0	$0	$0	$0
Plan 1432	2015	PPO	$1,500	$3,000	$1,500	$3,000
Plan 1433	2015	PPO	$0	$0	$0	$0
Plan 1434	2016	PPO	$200	$600	$200	$600
Plan 1435	2016	PPO	$500	$1,500	$500	$1,500
Plan 1436	2016	PPO	$750	$2,250	$750	$2,250
Plan 1437	2016	PPO	$1,500	$3,000	$1,500	$3,000
Plan 1438	2016	TRAD	$750	$2,250	$750	$2,250
Plan 1439	2016	PPO	$1,000	$3,000	$2,000	$6,000
Plan 1440	2016	PPO	$750	$2,250	$1,500	$4,500
Plan 1441	2016	PPO	$2,500	$7,500	$2,500	$7,500
Plan 1442	2016	PPO	$500	$1,500	$500	$1,500
Plan 1443	2016	TRAD	$750	$2,250	$750	$2,250
Plan 1444	2016	PPO	$1,500	$3,000	$1,500	$3,000
Plan 1445	2016	PPO	$1,000	$3,000	$1,000	$3,000
Plan 1446	2016	PPO	$2,500	$7,500	$2,500	$7,500
Plan 1447	2016	PPO	$500	$1,500	$500	$1,500
Plan 1448	2016	PPO	$500	$1,500	$500	$1,500
Plan 1449	2016	TRAD	$1,000	$3,000	$1,000	$3,000
Plan 1450	2016	TRAD	$500	$1,500	$500	$1,500
Plan 1451	2016	PPO	$300	$900	$300	$900
Plan 1452	2016	TRAD	$750	$2,250	$750	$2,250
Plan 1453	2016	PPO	$1,500	$3,000	$1,500	$3,000
Plan 1536	2015	POS	$0	$0	$0	$0
Plan 1537	2015	POS	$0	$0	$0	$0
Plan 1538	2015	POS	$100	$300	$250	$750
Plan 1539	2015	POS	$0	$0	$0	$0
Plan 1540	2015	POS	$300	$900	$300	$900
Plan 1541	2015	POS	$0	$0	$0	$0
Plan 1542	2015	POS	$750	$2,250	$1,500	$4,500
Plan 1543	2015	POS	$0	$0	$0	$0
Plan 1544	2015	POS	$1,000	$3,000	$2,000	$6,000

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Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 1545	2015	POS	$0	$0	$0	$0
Plan 1546	2015	POS	$1,500	$3,000	$3,000	$6,000
Plan 1547	2015	POS	$200	$600	$350	$350
Plan 1548	2015	POS	$0	$0	$0	$0

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Health Plan Design Comparison — Coinsurance (Paid by Plan Participant)
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Health Plan	Plan Year Ending	Plan Type	Coinsurance			
			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 270	2015	Open Network	0%	25%	50%	50%
Plan 270	2016	Open Network	0%	20%	50%	50%
Plan 271	2015	Open Network	0%	10%	20%	20%
Plan 271	2016	Open Network	0%	10%	20%	20%
Plan 272	2015	Open Network	0%	30%	50%	50%
Plan 272	2016	Open Network	0%	30%	50%	50%
Plan 273	2015	Deductible	0%	20%	Not Covered	Not Covered
Plan 273	2016	Deductible	0%	20%	Not Covered	Not Covered
Plan 275	2015	Deductible	0%	20%	Not Covered	Not Covered
Plan 275	2016	Deductible	0%	20%	Not Covered	Not Covered
Plan 276	2015	Deductible	0%	20%	Not Covered	Not Covered
Plan 283	2015	Closed Network	0%	20%	Not Covered	Not Covered
Plan 283	2016	Closed Network	0%	20%	Not Covered	Not Covered
Plan 285	2015	Closed Network	0%	0%	Not Covered	Not Covered
Plan 285	2016	Closed Network	0%	0%	Not Covered	Not Covered
Plan 286	2015	HMO	0%	20%	Not Covered	Not Covered
Plan 287	2015	HMO	0%	20%	Not Covered	Not Covered
Plan 288	2015	HMO	0%	10%	Not Covered	Not Covered
Plan 289	2015	PPO	0%	20%	Not Covered	50%
Plan 301	2015	HMO	0%	0%	Not Covered	Not Covered
Plan 301	2016	HMO	0%	0%	Not Covered	Not Covered
Plan 302	2015	HMO	0%	0%	Not Covered	Not Covered
Plan 308	2015	HMO	0%	20%	Not Covered	Not Covered
Plan 308	2016	HMO	0%	20%	Not Covered	Not Covered
Plan 317	2015	PPO	0%	20%	Not Covered	40%
Plan 324	2015	PPO	0%	20%	0%	40%
Plan 325	2015	PPO	0%	20%	40%	40%
Plan 326	2015	PPO	0%	20%	40%	40%
Plan 327	2015	PPO	0%	20%	Not Covered	50%
Plan 334	2015	PPO	0%	20%	40%	40%
Plan 335	2015	PPO	0%	20%	40%	40%
Plan 336	2015	PPO	0%	20%	40%	40%

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Health Plan	Plan Year Ending	Plan Type	Coinsurance			
			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 337	2015	PPO	20%	20%	20%	20%
Plan 338	2015	PPO	0%	20%	40%	40%
Plan 339	2015	PPO	25%	25%	25%	25%
Plan 340	2015	PPO	0%	20%	40%	40%
Plan 341	2015	PPO	30%	30%	30%	30%
Plan 342	2015	PPO	0%	20%	40%	40%
Plan 343	2015	PPO	30%	30%	30%	30%
Plan 346	2015	PPO	0%	15%	40%	40%
Plan 347	2015	PPO	0%	15%	40%	40%
Plan 409	2015	PPO	0%	20%	50%	50%
Plan 409	2016	PPO	0%	20%	50%	50%
Plan 410	2015	PPO	0%	20%	50%	50%
Plan 410	2016	PPO	0%	20%	50%	50%
Plan 411	2015	PPO	0%	0%	30%	30%
Plan 411	2016	PPO	0%	0%	30%	30%
Plan 412	2015	PPO	0%	20%	40%	40%
Plan 412	2016	PPO	0%	20%	40%	40%
Plan 413	2015	PPO	0%	20%	40%	40%
Plan 413	2016	PPO	0%	20%	40%	40%
Plan 419	2015	HMO	0%	0%	0%	0%
Plan 419	2016	HMO	0%	0%	0%	0%
Plan 420	2015	HMO	0%	0%	0%	0%
Plan 420	2016	HMO	0%	0%	0%	0%
Plan 421	2015	HMO	0%	0%	0%	0%
Plan 421	2016	HMO	0%	0%	0%	0%
Plan 422	2015	HMO	0%	0%	0%	0%
Plan 422	2016	HMO	0%	0%	0%	0%
Plan 423	2015	HMO	0%	0%	0%	0%
Plan 423	2016	HMO	0%	0%	0%	0%
Plan 424	2015	HMO	0%	0%	0%	0%
Plan 424	2016	HMO	0%	0%	0%	0%
Plan 426	2015	HMO	0%	0%	0%	0%

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Health Plan	Plan Year Ending	Plan Type	Coinsurance			
			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 426	2016	HMO	0%	0%	0%	0%
Plan 427	2015	HMO	0%	0%	0%	0%
Plan 427	2016	HMO	0%	0%	0%	0%
Plan 428	2015	HMO	0%	0%	0%	0%
Plan 428	2016	HMO	0%	0%	0%	0%
Plan 429	2015	HMO	0%	0%	0%	0%
Plan 430	2015	HMO	0%	0%	0%	0%
Plan 430	2016	HMO	0%	0%	0%	0%
Plan 432	2015	HMO	0%	0%	0%	0%
Plan 432	2016	HMO	0%	0%	0%	0%
Plan 433	2015	HMO	0%	0%	0%	0%
Plan 433	2016	HMO	0%	0%	0%	0%
Plan 434	2015	HMO	0%	0%	0%	0%
Plan 434	2016	HMO	0%	0%	0%	0%
Plan 435	2015	HMO	0%	0%	0%	0%
Plan 435	2016	HMO	0%	0%	0%	0%
Plan 437	2015	HMO	0%	0%	0%	0%
Plan 437	2016	HMO	0%	0%	0%	0%
Plan 438	2015	HMO	0%	0%	0%	0%
Plan 438	2016	HMO	0%	0%	0%	0%
Plan 439	2015	HMO	0%	0%	0%	0%
Plan 440	2015	HMO	0%	0%	0%	0%
Plan 440	2016	HMO	0%	0%	0%	0%
Plan 441	2015	HMO	0%	0%	0%	0%
Plan 441	2016	HMO	0%	0%	0%	0%
Plan 442	2015	HMO	0%	0%	0%	0%
Plan 442	2016	HMO	0%	0%	0%	0%
Plan 443	2015	HMO	0%	0%	0%	0%
Plan 443	2016	HMO	0%	0%	0%	0%
Plan 444	2015	HMO	0%	0%	0%	0%
Plan 444	2016	HMO	0%	0%	0%	0%
Plan 445	2015	HMO	0%	0%	0%	0%

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Health Plan	Plan Year Ending	Plan Type	Coinsurance			
			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 445	2016	HMO	0%	0%	0%	0%
Plan 446	2015	HMO	0%	0%	0%	0%
Plan 446	2016	HMO	0%	0%	0%	0%
Plan 447	2015	HMO	0%	0%	0%	0%
Plan 447	2016	HMO	0%	0%	0%	0%
Plan 448	2015	HMO	0%	0%	0%	0%
Plan 448	2016	HMO	0%	0%	0%	0%
Plan 449	2015	HMO	0%	0%	0%	0%
Plan 449	2016	HMO	0%	0%	0%	0%
Plan 450	2015	HMO	0%	0%	0%	0%
Plan 450	2016	HMO	0%	0%	0%	0%
Plan 452	2015	HMO	0%	0%	0%	0%
Plan 452	2016	HMO	0%	0%	0%	0%
Plan 453	2015	HMO	0%	0%	0%	0%
Plan 453	2016	HMO	0%	0%	0%	0%
Plan 454	2015	HMO	0%	0%	0%	0%
Plan 454	2016	HMO	0%	0%	0%	0%
Plan 455	2015	HMO	0%	0%	0%	0%
Plan 455	2016	HMO	0%	0%	0%	0%
Plan 456	2015	HMO	0%	0%	0%	0%
Plan 456	2016	HMO	0%	0%	0%	0%
Plan 457	2015	HMO	0%	0%	0%	0%
Plan 457	2016	HMO	0%	0%	0%	0%
Plan 458	2015	HMO	0%	0%	0%	0%
Plan 458	2016	HMO	0%	0%	0%	0%
Plan 459	2015	HMO	0%	0%	0%	0%
Plan 459	2016	HMO	0%	0%	0%	0%
Plan 460	2015	HMO	0%	0%	0%	0%
Plan 460	2016	HMO	0%	0%	0%	0%
Plan 461	2015	HMO	0%	0%	0%	0%
Plan 461	2016	HMO	0%	0%	0%	0%
Plan 462	2015	HMO	0%	0%	0%	0%

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			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 462	2016	HMO	0%	0%	0%	0%
Plan 463	2015	HMO	0%	0%	0%	0%
Plan 463	2016	HMO	0%	0%	0%	0%
Plan 464	2015	HMO	0%	0%	0%	0%
Plan 464	2016	HMO	0%	0%	0%	0%
Plan 466	2015	HMO	0%	0%	0%	0%
Plan 466	2016	HMO	0%	0%	0%	0%
Plan 467	2015	HMO	0%	0%	0%	0%
Plan 467	2016	HMO	0%	0%	0%	0%
Plan 468	2015	HMO	0%	0%	0%	0%
Plan 468	2016	HMO	0%	0%	0%	0%
Plan 469	2015	HMO	0%	0%	0%	0%
Plan 469	2016	HMO	0%	0%	0%	0%
Plan 470	2015	HMO	0%	0%	0%	0%
Plan 470	2016	HMO	0%	0%	0%	0%
Plan 471	2015	HMO	0%	0%	0%	0%
Plan 471	2016	HMO	0%	0%	0%	0%
Plan 472	2015	HMO	0%	0%	0%	0%
Plan 472	2016	HMO	0%	0%	0%	0%
Plan 473	2015	HMO	0%	0%	0%	0%
Plan 473	2016	HMO	0%	0%	0%	0%
Plan 474	2015	HMO	0%	0%	0%	0%
Plan 474	2016	HMO	0%	0%	0%	0%
Plan 475	2015	HMO	0%	0%	0%	0%
Plan 475	2016	HMO	0%	0%	0%	0%
Plan 476	2015	HMO	0%	0%	0%	0%
Plan 476	2016	HMO	0%	0%	0%	0%
Plan 477	2015	HMO	0%	0%	0%	0%
Plan 477	2016	HMO	0%	0%	0%	0%
Plan 478	2015	HMO	0%	0%	0%	0%
Plan 478	2016	HMO	0%	0%	0%	0%
Plan 479	2015	HMO	0%	0%	0%	0%

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			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 479	2016	HMO	0%	0%	0%	0%
Plan 481	2015	HMO	0%	0%	0%	0%
Plan 481	2016	HMO	0%	0%	0%	0%
Plan 482	2015	HMO	0%	0%	0%	0%
Plan 482	2016	HMO	0%	0%	0%	0%
Plan 483	2015	HMO	0%	0%	0%	0%
Plan 483	2016	HMO	0%	0%	0%	0%
Plan 484	2015	HMO	0%	0%	0%	0%
Plan 484	2016	HMO	0%	0%	0%	0%
Plan 485	2015	HMO	0%	0%	0%	0%
Plan 485	2016	HMO	0%	0%	0%	0%
Plan 486	2015	HMO	0%	0%	0%	0%
Plan 486	2016	HMO	0%	0%	0%	0%
Plan 487	2015	HMO	0%	0%	0%	0%
Plan 487	2016	HMO	0%	0%	0%	0%
Plan 488	2015	HMO	0%	0%	0%	0%
Plan 488	2016	HMO	0%	0%	0%	0%
Plan 489	2015	HMO	0%	0%	0%	0%
Plan 489	2016	HMO	0%	0%	0%	0%
Plan 490	2015	HMO	0%	0%	0%	0%
Plan 490	2016	HMO	0%	0%	0%	0%
Plan 491	2015	HMO	0%	0%	0%	0%
Plan 491	2016	HMO	0%	0%	0%	0%
Plan 492	2015	HMO	0%	0%	0%	0%
Plan 492	2016	HMO	0%	0%	0%	0%
Plan 493	2015	HMO	0%	0%	0%	0%
Plan 493	2016	HMO	0%	0%	0%	0%
Plan 494	2015	HMO	0%	0%	0%	0%
Plan 494	2016	HMO	0%	0%	0%	0%
Plan 495	2015	HMO	0%	0%	0%	0%
Plan 495	2016	HMO	0%	0%	0%	0%
Plan 496	2015	HMO	0%	0%	0%	0%

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			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 496	2016	HMO	0%	0%	0%	0%
Plan 497	2015	HMO	0%	0%	0%	0%
Plan 497	2016	HMO	0%	0%	0%	0%
Plan 499	2015	HMO	0%	0%	0%	0%
Plan 499	2016	HMO	0%	0%	0%	0%
Plan 500	2015	HMO	0%	0%	0%	0%
Plan 500	2016	HMO	0%	0%	0%	0%
Plan 501	2015	HMO	0%	0%	0%	0%
Plan 501	2016	HMO	0%	0%	0%	0%
Plan 502	2015	HMO	0%	0%	0%	0%
Plan 502	2016	HMO	0%	0%	0%	0%
Plan 503	2015	HMO	0%	0%	0%	0%
Plan 503	2016	HMO	0%	0%	0%	0%
Plan 504	2015	HMO	0%	0%	0%	0%
Plan 504	2016	HMO	0%	0%	0%	0%
Plan 506	2015	HMO	0%	0%	0%	0%
Plan 506	2016	HMO	0%	0%	0%	0%
Plan 508	2015	HMO	0%	0%	0%	0%
Plan 508	2016	HMO	0%	0%	0%	0%
Plan 509	2015	HMO	0%	0%	0%	0%
Plan 509	2016	HMO	0%	0%	0%	0%
Plan 510	2015	HMO	0%	0%	0%	0%
Plan 510	2016	HMO	0%	0%	0%	0%
Plan 511	2015	HMO	0%	0%	0%	0%
Plan 511	2016	HMO	0%	0%	0%	0%
Plan 512	2015	HMO	0%	0%	0%	0%
Plan 512	2016	HMO	0%	0%	0%	0%
Plan 513	2015	HMO	0%	0%	0%	0%
Plan 514	2015	HMO	0%	0%	0%	0%
Plan 515	2015	HMO	0%	0%	0%	0%
Plan 516	2015	HMO	0%	0%	0%	0%
Plan 517	2015	HMO	0%	0%	0%	0%

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			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 518	2015	HMO	0%	0%	0%	0%
Plan 518	2016	HMO	0%	0%	0%	0%
Plan 519	2015	HMO	0%	0%	0%	0%
Plan 519	2016	HMO	0%	0%	0%	0%
Plan 520	2015	HMO	0%	0%	0%	0%
Plan 520	2016	HMO	0%	0%	0%	0%
Plan 521	2015	HMO	0%	0%	0%	0%
Plan 521	2016	HMO	0%	0%	0%	0%
Plan 522	2015	HMO	0%	0%	0%	0%
Plan 522	2016	HMO	0%	0%	0%	0%
Plan 523	2015	HMO	0%	0%	0%	0%
Plan 523	2016	HMO	0%	0%	0%	0%
Plan 524	2015	HMO	0%	0%	0%	0%
Plan 524	2016	HMO	0%	0%	0%	0%
Plan 525	2015	HMO	0%	0%	0%	0%
Plan 525	2016	HMO	0%	0%	0%	0%
Plan 526	2015	HMO	0%	0%	0%	0%
Plan 526	2016	HMO	0%	0%	0%	0%
Plan 527	2015	HMO	0%	0%	0%	0%
Plan 527	2016	HMO	0%	0%	0%	0%
Plan 528	2015	HMO	0%	0%	0%	0%
Plan 528	2016	HMO	0%	0%	0%	0%
Plan 529	2015	HMO	0%	0%	0%	0%
Plan 529	2016	HMO	0%	0%	0%	0%
Plan 530	2015	HMO	0%	0%	0%	0%
Plan 530	2016	HMO	0%	0%	0%	0%
Plan 531	2015	HMO	0%	0%	0%	0%
Plan 531	2016	HMO	0%	0%	0%	0%
Plan 532	2015	HMO	0%	0%	0%	0%
Plan 532	2016	HMO	0%	0%	0%	0%
Plan 533	2015	HMO	0%	0%	0%	0%
Plan 533	2016	HMO	0%	0%	0%	0%

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			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 534	2015	HMO	0%	0%	0%	0%
Plan 534	2016	HMO	0%	0%	0%	0%
Plan 535	2015	HMO	0%	0%	0%	0%
Plan 535	2016	HMO	0%	0%	0%	0%
Plan 536	2015	HMO	0%	0%	0%	0%
Plan 536	2016	HMO	0%	0%	0%	0%
Plan 537	2015	HMO	0%	0%	0%	0%
Plan 538	2015	HMO	0%	0%	0%	0%
Plan 539	2015	HMO	0%	0%	0%	0%
Plan 540	2015	HMO	0%	0%	0%	0%
Plan 541	2015	HMO	0%	0%	0%	0%
Plan 542	2015	HMO	0%	0%	0%	0%
Plan 543	2015	HMO	0%	0%	0%	0%
Plan 544	2015	HMO	0%	0%	0%	0%
Plan 545	2015	HMO	0%	0%	0%	0%
Plan 546	2015	HMO	0%	0%	0%	0%
Plan 547	2015	HMO	0%	0%	0%	0%
Plan 548	2015	HMO	0%	0%	0%	0%
Plan 549	2015	HMO	0%	0%	0%	0%
Plan 550	2015	HMO	0%	0%	0%	0%
Plan 551	2015	HMO	0%	0%	0%	0%
Plan 552	2015	HMO	0%	0%	0%	0%
Plan 554	2015	HMO	0%	0%	0%	0%
Plan 554	2016	HMO	0%	0%	0%	0%
Plan 555	2015	HMO	0%	0%	0%	0%
Plan 556	2015	HMO	0%	0%	0%	0%
Plan 557	2015	HMO	0%	0%	0%	0%
Plan 558	2015	HMO	0%	0%	0%	0%
Plan 559	2016	HMO	0%	0%	0%	0%
Plan 559	2015	HMO	0%	0%	0%	0%
Plan 560	2015	HMO	0%	0%	0%	0%
Plan 560	2016	HMO	0%	0%	0%	0%

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			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 561	2015	HMO	0%	0%	0%	0%
Plan 561	2016	HMO	0%	0%	0%	0%
Plan 562	2015	HMO	0%	0%	0%	0%
Plan 562	2016	HMO	0%	0%	0%	0%
Plan 563	2015	HMO	0%	0%	0%	0%
Plan 563	2016	HMO	0%	0%	0%	0%
Plan 565	2015	HMO	0%	0%	0%	0%
Plan 565	2016	HMO	0%	0%	0%	0%
Plan 566	2015	HMO	0%	0%	0%	0%
Plan 566	2016	HMO	0%	0%	0%	0%
Plan 567	2016	HMO	0%	0%	0%	0%
Plan 567	2015	HMO	0%	0%	0%	0%
Plan 569	2015	HMO	0%	0%	0%	0%
Plan 569	2016	HMO	0%	0%	0%	0%
Plan 572	2015	HMO	0%	0%	0%	0%
Plan 572	2016	HMO	0%	0%	0%	0%
Plan 573	2015	HMO	0%	0%	0%	0%
Plan 573	2016	HMO	0%	0%	0%	0%
Plan 574	2015	HMO	0%	0%	0%	0%
Plan 574	2016	HMO	0%	0%	0%	0%
Plan 575	2015	HMO	0%	0%	0%	0%
Plan 575	2016	HMO	0%	0%	0%	0%
Plan 576	2015	HMO	0%	0%	0%	0%
Plan 576	2016	HMO	0%	0%	0%	0%
Plan 579	2015	HMO	0%	0%	0%	0%
Plan 579	2016	HMO	0%	0%	0%	0%
Plan 580	2015	HMO	0%	0%	0%	0%
Plan 580	2016	HMO	0%	0%	0%	0%
Plan 581	2015	HMO	0%	0%	0%	0%
Plan 581	2016	HMO	0%	0%	0%	0%
Plan 582	2015	HMO	0%	0%	0%	0%
Plan 582	2016	HMO	0%	0%	0%	0%

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			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 583	2015	HMO	0%	0%	0%	0%
Plan 583	2016	HMO	0%	0%	0%	0%
Plan 584	2015	HMO	0%	0%	0%	0%
Plan 584	2016	HMO	0%	0%	0%	0%
Plan 585	2015	HMO	0%	0%	0%	0%
Plan 585	2016	HMO	0%	0%	0%	0%
Plan 586	2015	HMO	0%	0%	0%	0%
Plan 586	2016	HMO	0%	0%	0%	0%
Plan 587	2015	HMO	0%	0%	0%	0%
Plan 587	2016	HMO	0%	0%	0%	0%
Plan 588	2015	HMO	0%	0%	0%	0%
Plan 588	2016	HMO	0%	0%	0%	0%
Plan 589	2015	HMO	0%	0%	0%	0%
Plan 589	2016	HMO	0%	0%	0%	0%
Plan 591	2015	HMO	0%	0%	0%	0%
Plan 591	2016	HMO	0%	0%	0%	0%
Plan 592	2015	HMO	0%	0%	0%	0%
Plan 592	2016	HMO	0%	0%	0%	0%
Plan 593	2015	HMO	0%	0%	0%	0%
Plan 593	2016	HMO	0%	0%	0%	0%
Plan 594	2015	HMO	0%	0%	0%	0%
Plan 594	2016	HMO	0%	0%	0%	0%
Plan 596	2015	HMO	0%	0%	0%	0%
Plan 596	2016	HMO	0%	0%	0%	0%
Plan 597	2015	HMO	0%	0%	0%	0%
Plan 597	2016	HMO	0%	0%	0%	0%
Plan 598	2015	HMO	0%	0%	0%	0%
Plan 598	2016	HMO	0%	0%	0%	0%
Plan 599	2015	HMO	0%	0%	0%	0%
Plan 599	2016	HMO	0%	0%	0%	0%
Plan 600	2015	HMO	0%	0%	0%	0%
Plan 600	2016	HMO	0%	0%	0%	0%

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			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 601	2015	HMO	0%	0%	0%	0%
Plan 601	2016	HMO	0%	0%	0%	0%
Plan 602	2015	HMO	0%	0%	0%	0%
Plan 602	2016	HMO	0%	0%	0%	0%
Plan 603	2015	HMO	0%	0%	0%	0%
Plan 603	2016	HMO	0%	0%	0%	0%
Plan 604	2015	HMO	0%	0%	0%	0%
Plan 604	2016	HMO	0%	0%	0%	0%
Plan 605	2015	HMO	0%	0%	0%	0%
Plan 605	2016	HMO	0%	0%	0%	0%
Plan 606	2015	HMO	0%	0%	0%	0%
Plan 606	2016	HMO	0%	0%	0%	0%
Plan 607	2015	HMO	0%	0%	0%	0%
Plan 607	2016	HMO	0%	0%	0%	0%
Plan 608	2015	HMO	0%	0%	0%	0%
Plan 608	2016	HMO	0%	0%	0%	0%
Plan 609	2015	HMO	0%	0%	0%	0%
Plan 609	2016	HMO	0%	0%	0%	0%
Plan 610	2015	HMO	0%	0%	0%	0%
Plan 610	2016	HMO	0%	0%	0%	0%
Plan 611	2015	HMO	0%	0%	0%	0%
Plan 611	2016	HMO	0%	0%	0%	0%
Plan 612	2015	HMO	0%	0%	0%	0%
Plan 612	2016	HMO	0%	0%	0%	0%
Plan 613	2015	HMO	0%	0%	0%	0%
Plan 613	2016	HMO	0%	0%	0%	0%
Plan 614	2015	HMO	0%	0%	0%	0%
Plan 614	2016	HMO	0%	0%	0%	0%
Plan 615	2015	HMO	0%	0%	0%	0%
Plan 615	2016	HMO	0%	0%	0%	0%
Plan 616	2015	HMO	0%	0%	0%	0%
Plan 616	2016	HMO	0%	0%	0%	0%

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			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 617	2015	HMO	0%	0%	0%	0%
Plan 617	2016	HMO	0%	0%	0%	0%
Plan 618	2015	HMO	0%	0%	0%	0%
Plan 618	2016	HMO	0%	0%	0%	0%
Plan 619	2015	HMO	0%	0%	0%	0%
Plan 619	2016	HMO	0%	0%	0%	0%
Plan 620	2015	HMO	0%	0%	0%	0%
Plan 620	2016	HMO	0%	0%	0%	0%
Plan 624	2015	HMO	0%	0%	0%	0%
Plan 624	2016	HMO	0%	0%	0%	0%
Plan 625	2015	HMO	0%	0%	0%	0%
Plan 625	2016	HMO	0%	0%	0%	0%
Plan 626	2015	HMO	0%	0%	0%	0%
Plan 626	2016	HMO	0%	0%	0%	0%
Plan 627	2015	HMO	0%	0%	0%	0%
Plan 628	2015	HMO	0%	0%	0%	0%
Plan 628	2016	HMO	0%	0%	0%	0%
Plan 629	2015	HMO	0%	0%	0%	0%
Plan 629	2016	HMO	0%	0%	0%	0%
Plan 630	2015	HMO	0%	0%	0%	0%
Plan 630	2016	HMO	0%	0%	0%	0%
Plan 631	2015	HMO	0%	0%	0%	0%
Plan 631	2016	HMO	0%	0%	0%	0%
Plan 632	2015	HMO	0%	0%	0%	0%
Plan 632	2016	HMO	0%	0%	0%	0%
Plan 633	2015	HMO	0%	0%	0%	0%
Plan 633	2016	HMO	0%	0%	0%	0%
Plan 634	2015	HMO	0%	0%	0%	0%
Plan 635	2015	HMO	0%	0%	0%	0%
Plan 636	2015	HMO	0%	0%	0%	0%
Plan 637	2015	HMO	0%	0%	0%	0%
Plan 638	2015	HMO	0%	0%	0%	0%

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			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 639	2015	HMO	0%	0%	0%	0%
Plan 640	2015	HMO	0%	0%	0%	0%
Plan 641	2015	HMO	0%	0%	0%	0%
Plan 642	2015	HMO	0%	0%	0%	0%
Plan 643	2015	HMO	0%	0%	0%	0%
Plan 644	2015	HMO	0%	0%	0%	0%
Plan 645	2015	HMO	0%	0%	0%	0%
Plan 646	2015	HMO	0%	0%	0%	0%
Plan 647	2015	HMO	0%	0%	0%	0%
Plan 648	2015	HMO	0%	0%	0%	0%
Plan 649	2015	HMO	0%	0%	0%	0%
Plan 649	2016	HMO	0%	0%	0%	0%
Plan 650	2015	HMO	0%	0%	0%	0%
Plan 650	2016	HMO	0%	0%	0%	0%
Plan 651	2015	HMO	0%	0%	0%	0%
Plan 651	2016	HMO	0%	0%	0%	0%
Plan 652	2015	HMO	0%	0%	0%	0%
Plan 652	2016	HMO	0%	0%	0%	0%
Plan 653	2015	HMO	0%	0%	0%	0%
Plan 653	2016	HMO	0%	0%	0%	0%
Plan 654	2015	HMO	0%	0%	0%	0%
Plan 654	2016	HMO	0%	0%	0%	0%
Plan 656	2015	HMO	0%	0%	0%	0%
Plan 656	2016	HMO	0%	0%	0%	0%
Plan 668	2015	PPO	0%	0%	0%	20%
Plan 668	2016	PPO	0%	0%	0%	20%
Plan 670	2015	PPO	0%	0%	20%	20%
Plan 670	2016	PPO	0%	0%	20%	20%
Plan 672	2015	PPO	0%	0%	0%	20%
Plan 672	2016	PPO	0%	0%	0%	20%
Plan 673	2015	PPO	0%	0%	0%	20%
Plan 673	2016	PPO	0%	0%	0%	20%

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Health Plan	Plan Year Ending	Plan Type	Coinsurance			
			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 674	2015	PPO	0%	0%	0%	20%
Plan 674	2016	PPO	0%	0%	0%	20%
Plan 675	2015	PPO	0%	0%	0%	30%
Plan 676	2015	PPO	0%	0%	0%	30%
Plan 685	2015	PPO	0%	0%	0%	30%
Plan 685	2016	PPO	0%	0%	0%	30%
Plan 686	2015	PPO	0%	0%	0%	30%
Plan 686	2016	PPO	0%	0%	0%	30%
Plan 688	2015	PPO	0%	0%	0%	30%
Plan 688	2016	PPO	0%	0%	0%	30%
Plan 689	2015	PPO	0%	0%	0%	30%
Plan 689	2016	PPO	0%	0%	0%	30%
Plan 690	2015	PPO	0%	0%	0%	30%
Plan 691	2015	PPO	0%	0%	0%	30%
Plan 703	2015	PPO	0%	0%	0%	0%
Plan 704	2015	HMO	0%	15%	Not Covered	Not Covered
Plan 708	2015	PPO	0%	20%	20%	40%
Plan 709	2015	PPO	0%	20%	20%	40%
Plan 710	2015	PPO	0%	10%	Not Covered	30%
Plan 711	2015	Open Network	0%	20%	40%	40%
Plan 711	2016	Open Network	0%	20%	40%	40%
Plan 768	2015	PPO	0%	20%	Not Covered	50%
Plan 768	2016	PPO	0%	20%	Not Covered	50%
Plan 769	2015	PPO	0%	20%	Not Covered	40%
Plan 769	2016	PPO	0%	20%	Not Covered	40%
Plan 770	2015	PPO	0%	20%	Not Covered	40%
Plan 770	2016	PPO	0%	20%	Not Covered	40%
Plan 772	2015	PPO	0%	20%	Not Covered	50%
Plan 773	2015	PPO	0%	20%	Not Covered	50%
Plan 774	2015	PPO	0%	20%	20%	40%
Plan 774	2016	PPO	0%	20%	20%	40%
Plan 775	2015	PPO	0%	20%	20%	40%

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Health Plan	Plan Year Ending	Plan Type	Coinsurance			
			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 775	2016	PPO	0%	20%	20%	40%
Plan 776	2015	PPO	0%	20%	Not Covered	50%
Plan 776	2016	PPO	0%	20%	Not Covered	50%
Plan 779	2015	PPO	0%	20%	Not Covered	50%
Plan 779	2016	PPO	0%	20%	Not Covered	50%
Plan 780	2015	PPO	0%	20%	Not Covered	50%
Plan 780	2016	PPO	0%	20%	Not Covered	50%
Plan 781	2015	HMO	0%	0%	0%	0%
Plan 781	2016	HMO	0%	0%	0%	0%
Plan 782	2015	HMO	0%	0%	0%	0%
Plan 782	2016	HMO	0%	0%	0%	0%
Plan 783	2015	HMO	0%	0%	0%	0%
Plan 783	2016	HMO	0%	0%	0%	0%
Plan 784	2015	HMO	0%	0%	0%	0%
Plan 784	2016	HMO	0%	0%	0%	0%
Plan 785	2015	HMO	0%	0%	0%	0%
Plan 785	2016	HMO	0%	0%	0%	0%
Plan 786	2015	HMO	0%	0%	0%	0%
Plan 786	2016	HMO	0%	0%	0%	0%
Plan 787	2015	HMO	0%	0%	0%	0%
Plan 787	2016	HMO	0%	0%	0%	0%
Plan 788	2015	HMO	0%	0%	0%	0%
Plan 788	2016	HMO	0%	0%	0%	0%
Plan 794	2015	PPO	0%	0%	0%	30%
Plan 794	2016	PPO	0%	0%	0%	30%
Plan 795	2015	PPO	0%	0%	0%	20%
Plan 795	2016	PPO	0%	0%	0%	20%
Plan 796	2015	PPO	0%	0%	0%	40%
Plan 796	2016	PPO	0%	0%	0%	40%
Plan 797	2015	PPO	0%	0%	40%	40%
Plan 797	2016	PPO	0%	0%	40%	40%
Plan 798	2015	PPO	0%	0%	40%	40%

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Health Plan	Plan Year Ending	Plan Type	Coinsurance			
			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 798	2016	PPO	0%	0%	40%	40%
Plan 799	2015	PPO	0%	0%	0%	30%
Plan 799	2016	PPO	0%	0%	0%	30%
Plan 800	2015	PPO	0%	0%	0%	40%
Plan 800	2016	PPO	0%	0%	0%	40%
Plan 801	2015	PPO	0%	0%	0%	40%
Plan 801	2016	PPO	0%	0%	0%	40%
Plan 802	2015	PPO	0%	0%	40%	40%
Plan 802	2016	PPO	0%	0%	40%	40%
Plan 803	2015	PPO	0%	0%	40%	40%
Plan 803	2016	PPO	0%	0%	40%	40%
Plan 804	2015	PPO	0%	0%	0%	20%
Plan 804	2016	PPO	0%	0%	0%	20%
Plan 805	2015	PPO	0%	0%	40%	40%
Plan 805	2016	PPO	0%	0%	40%	40%
Plan 806	2015	PPO	0%	0%	40%	40%
Plan 806	2016	PPO	0%	0%	40%	40%
Plan 807	2015	PPO	0%	0%	0%	40%
Plan 807	2016	PPO	0%	0%	0%	40%
Plan 808	2015	PPO	0%	0%	0%	30%
Plan 808	2016	PPO	0%	0%	0%	30%
Plan 809	2015	PPO	0%	0%	0%	30%
Plan 809	2016	PPO	0%	0%	0%	30%
Plan 810	2015	PPO	0%	0%	0%	40%
Plan 810	2016	PPO	0%	0%	0%	40%
Plan 812	2015	PPO	0%	0%	0%	40%
Plan 812	2016	PPO	0%	0%	0%	40%
Plan 813	2015	PPO	0%	0%	0%	30%
Plan 813	2016	PPO	0%	0%	0%	30%
Plan 814	2015	PPO	0%	0%	0%	30%
Plan 814	2016	PPO	0%	0%	0%	30%
Plan 815	2015	PPO	0%	0%	0%	40%

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Health Plan	Plan Year Ending	Plan Type	Coinsurance			
			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 815	2016	PPO	0%	0%	0%	40%
Plan 816	2015	PPO	0%	0%	0%	30%
Plan 816	2016	PPO	0%	0%	0%	30%
Plan 817	2015	PPO	0%	0%	0%	30%
Plan 817	2016	PPO	0%	0%	0%	30%
Plan 818	2015	PPO	0%	0%	0%	40%
Plan 818	2016	PPO	0%	0%	0%	40%
Plan 819	2015	PPO	0%	0%	0%	30%
Plan 819	2016	PPO	0%	0%	0%	30%
Plan 820	2015	PPO	0%	0%	0%	30%
Plan 820	2016	PPO	0%	0%	0%	30%
Plan 821	2015	PPO	0%	0%	0%	40%
Plan 821	2016	PPO	0%	0%	0%	40%
Plan 822	2015	PPO	0%	0%	0%	30%
Plan 822	2016	PPO	0%	0%	0%	30%
Plan 823	2015	PPO	0%	0%	0%	30%
Plan 823	2016	PPO	0%	0%	0%	30%
Plan 824	2015	Deductible	0%	20%	Not Covered	Not Covered
Plan 824	2016	Deductible	0%	20%	Not Covered	Not Covered
Plan 828	2015	Deductible	0%	10%	Not Covered	Not Covered
Plan 828	2016	Deductible	0%	10%	Not Covered	Not Covered
Plan 830	2015	Deductible	0%	20%	Not Covered	Not Covered
Plan 830	2015	Deductible	20%	20%	50%	50%
Plan 831	2015	Deductible	0%	20%	Not Covered	Not Covered
Plan 832	2015	HMO	0%	20%	Not Covered	Not Covered
Plan 833	2015	PPO	0%	20%	40%	40%
Plan 834	2015	PPO	0%	20%	40%	40%
Plan 835	2015	PPO	0%	20%	40%	40%
Plan 836	2015	PPO	0%	20%	40%	40%
Plan 837	2015	PPO	0%	20%	40%	40%
Plan 838	2015	PPO	0%	20%	50%	50%
Plan 868	2015	PPO	0%	20%	Not Covered	50%

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Health Plan	Plan Year Ending	Plan Type	Coinsurance			
			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 869	2015	PPO	0%	25%	Not Covered	50%
Plan 870	2015	PPO	0%	35%	Not Covered	50%
Plan 874	2015	PPO	0%	10%	30%	30%
Plan 875	2015	PPO	0%	20%	40%	40%
Plan 876	2015	TRAD	0%	20%	20%	20%
Plan 877	2015	TRAD	0%	30%	30%	30%
Plan 878	2015	PPO	0%	20%	40%	40%
Plan 879	2015	PPO	0%	20%	40%	40%
Plan 880	2015	PPO	0%	20%	40%	40%
Plan 881	2015	PPO	0%	20%	40%	40%
Plan 882	2015	PPO	0%	25%	0%	50%
Plan 883	2015	PPO	0%	20%	40%	40%
Plan 884	2015	PPO	0%	20%	40%	40%
Plan 885	2015	TRAD	0%	30%	30%	30%
Plan 887	2015	PPO	0%	10%	30%	30%
Plan 888	2015	PPO	0%	20%	40%	40%
Plan 889	2015	PPO	0%	20%	40%	40%
Plan 890	2015	PPO	0%	20%	40%	40%
Plan 891	2015	TRAD	0%	20%	20%	20%
Plan 892	2015	TRAD	0%	30%	30%	30%
Plan 893	2015	PPO	0%	10%	30%	30%
Plan 894	2015	PPO	0%	20%	40%	40%
Plan 895	2015	TRAD	0%	20%	20%	20%
Plan 896	2015	TRAD	0%	30%	30%	30%
Plan 897	2015	PPO	0%	20%	40%	40%
Plan 898	2015	PPO	0%	20%	40%	40%
Plan 899	2015	PPO	0%	20%	40%	40%
Plan 900	2015	PPO	0%	20%	0%	40%
Plan 900	2016	PPO	0%	20%	0%	40%
Plan 901	2015	PPO	0%	20%	0%	40%
Plan 901	2016	PPO	0%	20%	0%	40%
Plan 902	2015	TRAD	0%	30%	0%	30%

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Health Plan	Plan Year Ending	Plan Type	Coinsurance			
			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 902	2016	TRAD	0%	30%	0%	30%
Plan 903	2015	TRAD	0%	30%	0%	30%
Plan 903	2016	TRAD	0%	30%	0%	30%
Plan 904	2015	PPO	0%	10%	0%	30%
Plan 905	2015	PPO	0%	10%	0%	30%
Plan 906	2015	TRAD	0%	20%	0%	20%
Plan 907	2015	PPO	%	%	%	%
Plan 908	2015	PPO	0%	20%	0%	40%
Plan 909	2015	TRAD	0%	30%	0%	30%
Plan 910	2015	PPO	0%	20%	40%	40%
Plan 911	2015	TRAD	0%	20%	20%	20%
Plan 912	2015	TRAD	0%	10%	0%	30%
Plan 913	2015	PPO	0%	20%	40%	40%
Plan 914	2015	TRAD	0%	30%	30%	30%
Plan 915	2015	PPO	0%	20%	0%	40%
Plan 916	2015	PPO	%	%	%	%
Plan 921	2016	PPO	0%	30%	40%	30%
Plan 922	2016	PPO	%	%	%	%
Plan 923	2016	PPO	0%	20%	40%	40%
Plan 924	2016	PPO	0%	20%	40%	40%
Plan 925	2016	PPO	0%	10%	30%	30%
Plan 926	2016	PPO	0%	20%	40%	40%
Plan 927	2016	PPO	0%	20%	40%	40%
Plan 928	2016	PPO	0%	20%	40%	40%
Plan 929	2016	PPO	0%	10%	100%	30%
Plan 930	2016	PPO	0%	20%	40%	40%
Plan 931	2016	PPO	0%	20%	40%	40%
Plan 932	2016	PPO	0%	30%	40%	40%
Plan 933	2016	PPO	0%	20%	40%	40%
Plan 934	2016	PPO	%	%	%	%
Plan 935	2016	PPO	%	%	%	%
Plan 936	2016	PPO	%	%	%	%

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Health Plan	Plan Year Ending	Plan Type	Coinsurance			
			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 937	2016	PPO	%	%	%	%
Plan 938	2016	PPO	%	%	%	%
Plan 944	2015	PPO	%	%	%	%
Plan 944	2016	PPO	%	%	%	%
Plan 1032	2015	HMO	0%	0%	0%	0%
Plan 1032	2016	HMO	0%	0%	0%	0%
Plan 1033	2015	HMO	0%	0%	0%	0%
Plan 1033	2016	HMO	0%	0%	0%	0%
Plan 1034	2015	HMO	0%	0%	0%	0%
Plan 1034	2016	HMO	0%	0%	0%	0%
Plan 1035	2015	HMO	0%	0%	0%	0%
Plan 1035	2016	HMO	0%	0%	0%	0%
Plan 1036	2015	HMO	0%	0%	0%	0%
Plan 1036	2016	HMO	0%	0%	0%	0%
Plan 1037	2015	HMO	0%	0%	0%	0%
Plan 1037	2016	HMO	0%	0%	0%	0%
Plan 1038	2015	HMO	0%	0%	0%	0%
Plan 1038	2016	HMO	0%	0%	0%	0%
Plan 1039	2015	HMO	0%	0%	0%	0%
Plan 1039	2016	HMO	0%	0%	0%	0%
Plan 1040	2015	HMO	0%	0%	0%	0%
Plan 1040	2016	HMO	0%	0%	0%	0%
Plan 1041	2015	HMO	0%	0%	0%	0%
Plan 1041	2016	HMO	0%	0%	0%	0%
Plan 1042	2015	HMO	0%	0%	0%	0%
Plan 1042	2016	HMO	0%	0%	0%	0%
Plan 1043	2015	HMO	0%	0%	0%	0%
Plan 1043	2016	HMO	0%	0%	0%	0%
Plan 1044	2015	HMO	0%	0%	0%	0%
Plan 1044	2016	HMO	0%	0%	0%	0%
Plan 1045	2015	HMO	0%	0%	0%	0%
Plan 1045	2016	HMO	0%	0%	0%	0%

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Health Plan	Plan Year Ending	Plan Type	Coinsurance			
			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 1046	2015	HMO	0%	0%	0%	0%
Plan 1046	2016	HMO	0%	0%	0%	0%
Plan 1047	2015	HMO	0%	0%	0%	0%
Plan 1047	2016	HMO	0%	0%	0%	0%
Plan 1094	2015	HMO	0%	0%	0%	0%
Plan 1094	2016	HMO	0%	0%	0%	0%
Plan 1095	2015	HMO	0%	0%	0%	0%
Plan 1095	2016	HMO	0%	0%	0%	0%
Plan 1096	2015	HMO	0%	0%	0%	0%
Plan 1096	2016	HMO	0%	0%	0%	0%
Plan 1097	2015	HMO	0%	0%	0%	0%
Plan 1097	2016	HMO	0%	0%	0%	0%
Plan 1098	2015	HMO	0%	0%	0%	0%
Plan 1098	2016	HMO	0%	0%	0%	0%
Plan 1099	2015	HMO	0%	0%	0%	0%
Plan 1099	2016	HMO	0%	0%	0%	0%
Plan 1100	2015	HMO	0%	0%	0%	0%
Plan 1100	2016	HMO	0%	0%	0%	0%
Plan 1213	2015	PPO	0%	0%	50%	50%
Plan 1213	2016	PPO	0%	0%	50%	50%
Plan 1214	2015	PPO	0%	0%	40%	40%
Plan 1214	2016	PPO	0%	0%	40%	40%
Plan 1215	2015	PPO	0%	0%	40%	40%
Plan 1215	2016	PPO	0%	0%	40%	40%
Plan 1216	2015	PPO	0%	0%	30%	30%
Plan 1216	2016	PPO	0%	0%	30%	30%
Plan 1217	2015	PPO	0%	0%	40%	40%
Plan 1217	2016	PPO	0%	0%	40%	40%
Plan 1218	2015	PPO	0%	0%	40%	40%
Plan 1218	2016	PPO	0%	0%	40%	40%
Plan 1219	2015	PPO	0%	0%	40%	40%
Plan 1219	2016	PPO	0%	0%	40%	40%

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Health Plan	Plan Year Ending	Plan Type	Coinsurance			
			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 1220	2015	PPO	0%	0%	40%	40%
Plan 1220	2016	PPO	0%	0%	40%	40%
Plan 1221	2015	PPO	0%	0%	50%	50%
Plan 1221	2016	PPO	0%	0%	50%	50%
Plan 1222	2015	PPO	0%	0%	0%	40%
Plan 1222	2016	PPO	0%	0%	0%	40%
Plan 1223	2015	PPO	0%	0%	0%	40%
Plan 1223	2016	PPO	0%	0%	0%	40%
Plan 1224	2015	PPO	0%	0%	40%	40%
Plan 1225	2015	PPO	0%	0%	40%	40%
Plan 1226	2015	PPO	0%	0%	40%	40%
Plan 1227	2015	PPO	0%	0%	40%	40%
Plan 1228	2015	PPO	0%	0%	40%	40%
Plan 1229	2015	PPO	0%	0%	40%	40%
Plan 1230	2015	PPO	0%	0%	40%	40%
Plan 1252	2015	PPO	0%	0%	40%	40%
Plan 1252	2016	PPO	0%	0%	40%	40%
Plan 1253	2015	PPO	0%	0%	40%	40%
Plan 1253	2016	PPO	0%	0%	40%	40%
Plan 1254	2015	PPO	0%	0%	40%	40%
Plan 1254	2016	PPO	0%	0%	40%	40%
Plan 1255	2015	PPO	0%	0%	0%	40%
Plan 1255	2016	PPO	0%	0%	0%	40%
Plan 1256	2015	PPO	0%	0%	0%	30%
Plan 1256	2016	PPO	0%	0%	0%	30%
Plan 1257	2015	PPO	0%	0%	0%	30%
Plan 1257	2016	PPO	0%	0%	0%	30%
Plan 1261	2016	Deductible	0%	20%	Not Covered	Not Covered
Plan 1263	2016	Deductible	0%	20%	Not Covered	Not Covered
Plan 1265	2015	Deductible	0%	20%	Not Covered	Not Covered
Plan 1265	2015	Deductible	30%	30%	50%	50%
Plan 1265	2016	Deductible	0%	20%	Not Covered	Not Covered

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Health Plan	Plan Year Ending	Plan Type	Coinsurance			
			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 1265	2016	Deductible	30%	30%	50%	50%
Plan 1268	2016	Deductible	0%	20%	Not Covered	Not Covered
Plan 1269	2015	HMO	0%	20%	Not Covered	Not Covered
Plan 1270	2015	HMO	0%	20%	Not Covered	Not Covered
Plan 1271	2015	HMO	0%	20%	Not Covered	Not Covered
Plan 1272	2016	HMO	0%	20%	Not Covered	Not Covered
Plan 1273	2016	HMO	0%	20%	Not Covered	Not Covered
Plan 1274	2016	HMO	0%	20%	Not Covered	Not Covered
Plan 1275	2016	HMO	0%	20%	Not Covered	Not Covered
Plan 1279	2015	HMO	0%	20%	Not Covered	Not Covered
Plan 1280	2015	HMO	0%	20%	Not Covered	Not Covered
Plan 1281	2015	HMO	0%	20%	Not Covered	Not Covered
Plan 1283	2016	HMO	0%	20%	Not Covered	Not Covered
Plan 1284	2016	HMO	0%	0%	Not Covered	Not Covered
Plan 1285	2016	HMO	0%	20%	Not Covered	Not Covered
Plan 1286	2015	HMO	0%	20%	Not Covered	Not Covered
Plan 1287	2016	HMO	0%	20%	Not Covered	Not Covered
Plan 1309	2015	PPO	0%	20%	Not Covered	Not Covered
Plan 1309	2015	PPO	30%	30%	50%	50%
Plan 1310	2015	PPO	0%	20%	Not Covered	Not Covered
Plan 1310	2015	PPO	30%	30%	50%	50%
Plan 1310	2015	PPO	30%	30%	50%	50%
Plan 1310	2015	PPO	0%	20%	Not Covered	Not Covered
Plan 1311	2016	PPO	30%	30%	50%	50%
Plan 1311	2016	PPO	0%	20%	Not Covered	Not Covered
Plan 1312	2015	PPO	0%	20%	Not Covered	Not Covered
Plan 1312	2015	PPO	30%	30%	50%	50%
Plan 1313	2016	PPO	0%	20%	Not Covered	Not Covered
Plan 1313	2016	PPO	30%	30%	50%	50%
Plan 1314	2015	PPO	0%	20%	Not Covered	Not Covered
Plan 1314	2015	PPO	20%	20%	50%	50%
Plan 1315	2015	PPO	0%	20%	Not Covered	Not Covered

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K–12 School District Data Collection Project
Exhibit A5d
Health Plan Design Comparison — Coinsurance (Paid by Plan Participant)
For All Plans in Calendar Year 2015

Health Plan	Plan Year Ending	Plan Type	Coinsurance			
			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 1315	2015	PPO	20%	20%	50%	50%
Plan 1315	2015	PPO	0%	20%	Not Covered	Not Covered
Plan 1315	2015	PPO	20%	20%	50%	50%
Plan 1316	2016	PPO	0%	20%	Not Covered	Not Covered
Plan 1316	2016	PPO	20%	20%	50%	50%
Plan 1317	2015	PPO	20%	20%	50%	50%
Plan 1317	2015	PPO	0%	20%	Not Covered	Not Covered
Plan 1318	2016	PPO	0%	20%	Not Covered	Not Covered
Plan 1318	2016	PPO	20%	20%	50%	50%
Plan 1319	2015	PPO	10%	10%	40%	40%
Plan 1320	2015	PPO	20%	20%	40%	40%
Plan 1321	2015	PPO	20%	20%	40%	40%
Plan 1321	2015	PPO	20%	20%	40%	40%
Plan 1322	2016	PPO	20%	20%	40%	40%
Plan 1323	2015	PPO	20%	20%	40%	40%
Plan 1324	2016	PPO	20%	20%	40%	40%
Plan 1325	2015	PPO	20%	20%	40%	40%
Plan 1326	2015	PPO	20%	20%	40%	40%
Plan 1326	2015	PPO	20%	20%	40%	40%
Plan 1327	2016	PPO	20%	20%	40%	40%
Plan 1328	2015	PPO	20%	20%	40%	40%
Plan 1329	2016	PPO	20%	20%	40%	40%
Plan 1330	2015	PPO	20%	20%	50%	50%
Plan 1331	2015	PPO	20%	20%	50%	50%
Plan 1331	2015	PPO	20%	20%	50%	50%
Plan 1332	2016	PPO	20%	20%	50%	50%
Plan 1333	2015	PPO	20%	20%	50%	50%
Plan 1334	2016	PPO	20%	20%	50%	50%
Plan 1335	2015	PPO	30%	30%	50%	50%
Plan 1335	2015	PPO	30%	30%	50%	50%
Plan 1336	2016	PPO	30%	30%	50%	50%
Plan 1337	2016	PPO	30%	30%	50%	50%

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Health Plan	Plan Year Ending	Plan Type	Coinsurance			
			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 1344	2016	PPO	0%	30%	Not Covered	50%
Plan 1346	2016	PPO	0%	20%	Not Covered	50%
Plan 1348	2016	PPO	0%	25%	Not Covered	50%
Plan 1350	2016	PPO	%	%	%	%
Plan 1352	2016	PPO	%	%	%	%
Plan 1355	2016	PPO	0%	20%	20%	40%
Plan 1357	2016	PPO	0%	20%	20%	40%
Plan 1359	2016	PPO	0%	10%	Not Covered	30%
Plan 1361	2015	Open Network	0%	20%	40%	40%
Plan 1361	2016	Open Network	0%	20%	40%	40%
Plan 1379	2016	PPO	0%	10%	30%	30%
Plan 1380	2016	PPO	0%	20%	40%	40%
Plan 1381	2016	PPO	0%	20%	40%	40%
Plan 1382	2016	TRAD	0%	30%	30%	30%
Plan 1383	2016	PPO	0%	20%	40%	40%
Plan 1384	2016	PPO	0%	20%	40%	40%
Plan 1385	2016	PPO	0%	25%	50%	50%
Plan 1386	2016	PPO	0%	20%	40%	40%
Plan 1387	2016	PPO	0%	20%	40%	40%
Plan 1388	2016	PPO	0%	20%	40%	40%
Plan 1389	2016	TRAD	0%	30%	30%	30%
Plan 1390	2016	PPO	0%	20%	40%	40%
Plan 1391	2016	PPO	0%	25%	50%	50%
Plan 1392	2016	PPO	0%	20%	40%	40%
Plan 1393	2016	PPO	0%	20%	40%	40%
Plan 1394	2016	PPO	0%	20%	40%	40%
Plan 1395	2016	PPO	0%	20%	40%	40%
Plan 1396	2016	PPO	0%	25%	50%	50%
Plan 1397	2016	PPO	0%	20%	40%	40%
Plan 1398	2016	PPO	0%	20%	40%	40%
Plan 1399	2016	TRAD	0%	30%	30%	30%
Plan 1430	2015	PPO	%	%	%	%

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Health Plan	Plan Year Ending	Plan Type	Coinsurance			
			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 1431	2015	PPO	%	%	%	%
Plan 1432	2015	PPO	0%	20%	0%	40%
Plan 1433	2015	PPO	%	%	%	%
Plan 1434	2016	PPO	0%	20%	40%	40%
Plan 1435	2016	PPO	0%	20%	40%	40%
Plan 1436	2016	PPO	0%	20%	40%	40%
Plan 1437	2016	PPO	0%	20%	40%	40%
Plan 1438	2016	TRAD	0%	30%	30%	30%
Plan 1439	2016	PPO	0%	20%	40%	40%
Plan 1440	2016	PPO	0%	25%	50%	50%
Plan 1441	2016	PPO	0%	20%	40%	40%
Plan 1442	2016	PPO	0%	20%	40%	40%
Plan 1443	2016	TRAD	0%	30%	30%	30%
Plan 1444	2016	PPO	0%	20%	40%	40%
Plan 1445	2016	PPO	0%	20%	40%	40%
Plan 1446	2016	PPO	0%	20%	40%	40%
Plan 1447	2016	PPO	0%	10%	0%	30%
Plan 1448	2016	PPO	0%	10%	0%	30%
Plan 1449	2016	TRAD	0%	20%	0%	20%
Plan 1450	2016	TRAD	0%	20%	0%	20%
Plan 1451	2016	PPO	0%	20%	0%	40%
Plan 1452	2016	TRAD	0%	30%	30%	30%
Plan 1453	2016	PPO	0%	20%	40%	40%
Plan 1536	2015	POS	%	%	%	%
Plan 1537	2015	POS	0%	0%	Not Covered	0%
Plan 1538	2015	POS	0%	35%	Not Covered	50%
Plan 1539	2015	POS	0%	0%	Not Covered	0%
Plan 1540	2015	POS	0%	20%	Not Covered	40%
Plan 1541	2015	POS	%	%	%	%
Plan 1542	2015	POS	0%	25%	Not Covered	50%
Plan 1543	2015	POS	0%	0%	Not Covered	0%
Plan 1544	2015	POS	0%	20%	Not Covered	50%

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Health Plan Design Comparison — Coinsurance (Paid by Plan Participant)
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Health Plan	Plan Year Ending	Plan Type	Coinsurance			
			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 1545	2015	POS	0%	0%	Not Covered	0%
Plan 1546	2015	POS	0%	20%	Not Covered	50%
Plan 1547	2015	POS	0%	10%	Not Covered	30%
Plan 1548	2015	POS	0%	0%	Not Covered	0%

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Exhibit A5e
Health Plan Design Comparison — Co-Payments (Paid by Plan Participant)
For All Plans in Calendar Year 2015

Health Plan	Plan Year Ending	Plan Type	Co-Payments							
			In-Network				Out-of-Network			
			Office Visit	Inpatient	Outpatient Surgery	Emergency Room	Office Visit	Inpatient	Outpatient Surgery	Emergency Room
Plan 270	2015	Open Network	$30	$25	$25	$250	$50	$0	$0	$250
Plan 270	2016	Open Network	$25	$20	$20	$250	$50	$0	$0	$250
Plan 271	2015	Open Network	$20	$10	$10	$250	$20	$0	$0	$250
Plan 271	2016	Open Network	$20	$10	$10	$250	$20	$0	$0	$250
Plan 272	2015	Open Network	$25	$30	$30	$250	$50	$0	$0	$250
Plan 272	2016	Open Network	$25	$30	$30	$250	$50	$0	$0	$250
Plan 273	2015	Deductible	$15	$0	$0	$0	Not	Not Covered	Not Covered	$0
Plan 273	2016	Deductible	$15	$0	$0	$0	Not	Not Covered	Not Covered	$0
Plan 275	2015	Deductible	$15	$0	$0	$0	Not	Not Covered	Not Covered	$0
Plan 275	2016	Deductible	$15	$0	$0	$0	Not	Not Covered	Not Covered	$0
Plan 276	2015	Deductible	$15	$0	$0	$0	Not	Not Covered	Not Covered	$0
Plan 283	2015	Closed Network	$15	$20	$20	$250	Not	Not Covered	Not Covered	$250
Plan 283	2016	Closed Network	$25	$20	$20	$250	Not	Not Covered	Not Covered	$250
Plan 285	2015	Closed Network	$15	$30	$30	$250	Not	Not Covered	Not Covered	$250
Plan 285	2016	Closed Network	$25	$30	$30	$250	Not	Not Covered	Not Covered	$250
Plan 286	2015	HMO	$15	150 max 5 copays	$15	$250	Not	Not Covered	Not Covered	$250
Plan 287	2015	HMO	$20	200 max 5 copays	$20	$300	Not	Not Covered	Not Covered	$300
Plan 288	2015	HMO	$25	$0	$51	$127	Not	Not Covered	Not Covered	$127
Plan 289	2015	PPO	$0	$0	$0	$0	$50	$0	$0	$0
Plan 301	2015	HMO	$15	$0	$15	$75	Not	Not Covered	Not Covered	$75
Plan 301	2016	HMO	$15	$0	$15	$75	Not	Not Covered	Not Covered	$75
Plan 302	2015	HMO	$15	$0	$15	$75	Not	Not Covered	Not Covered	$75
Plan 308	2015	HMO	$15	$50	$20	$75	Not	Not Covered	Not Covered	$75
Plan 308	2016	HMO	$15	$50	$20	$75	Not	Not Covered	Not Covered	$75
Plan 317	2015	PPO	$0	$0	$0	$100	$40	$0	$0	$100
Plan 324	2015	PPO	$20	$150/day Max 3 copays/yr	$0	$75	$40	$150/day Max 3 copays/yr	$0	$75
Plan 325	2015	PPO	$30	$350/day Max 5 copays/admit	$150	$150	$40	$350/day Max 5 copays/admit	$150	$150
Plan 326	2015	PPO	$15	$100/day Max 3 copays/yr	$0	$75	$40	$100/day Max 3 copays/yr	$0	$75
Plan 327	2015	PPO	$25	$0	$0	$150	$50	$0	$0	$150
Plan 334	2015	PPO	$30	$350/day Max 5 copays/admit	$350	$150	$40	$350/day Max 5 copays/admit	$350	$150
Plan 335	2015	PPO	$35	$400/day Max 5 copays/admit	$400	$150	$40	$400/day Max 5 copays/admit	$400	$150
Plan 336	2015	PPO	$20	$200 copay per admit	$200	$150	$40	$200 copay per admit	$200	$150
Plan 337	2015	PPO	$20	$200 copay per admit	$200	$150	$20	$200 copay per admit	$200	$150
Plan 338	2015	PPO	$25	$300 copay per admit	$300	$150	$40	$300 copay per admit	$300	$150
Plan 339	2015	PPO	$25	$300 copay per admit	$300	$150	$25	$300 copay per admit	$300	$150
Plan 340	2015	PPO	$30	$350 copay per admit	$350	$150	$40	$350 copay per admit	$350	$150
Plan 341	2015	PPO	$30	$350 copay per admit	$350	$150	$30	$350 copay per admit	$350	$150
Plan 342	2015	PPO	$30	$400 copay per admit	$400	$150	$40	$400 copay per admit	$400	$150
Plan 343	2015	PPO	$30	$400 copay per admit	$400	$150	$30	$400 copay per admit	$400	$150
Plan 346	2015	PPO	$25	$0	$83	$199	$40	$0	$222	$199
Plan 347	2015	PPO	$25	$200, max 3 copays/year	$92	$198	$40	$0	$245	$198
Plan 409	2015	PPO	$0	$0	$0	$0	$50	$0	$0	$0
Plan 409	2016	PPO	$0	$0	$0	$0	$50	$0	$0	$0
Plan 410	2015	PPO	$30	$0	$0	$150	$50	$0	$0	$150
Plan 410	2016	PPO	$30	$0	$0	$150	$50	$0	$0	$150
Plan 411	2015	PPO	$15	$0	$0	$75	$70	$0	$0	$75
Plan 411	2016	PPO	$15	$0	$0	$75	$70	$0	$0	$75
Plan 412	2015	PPO	$25	$150	$0	$75	$60	$0	$0	$75
Plan 412	2016	PPO	$25	$150	$0	$75	$60	$0	$0	$75
Plan 413	2015	PPO	$30	$300	$0	$75	$60	$0	$0	$75
Plan 413	2016	PPO	$30	$300	$0	$75	$60	$0	$0	$75
Plan 419	2015	HMO	$30	$0	$30	$100	$0	$0	$0	$0
Plan 419	2016	HMO	$30	$0	$30	$100	$0	$0	$0	$0
Plan 420	2015	HMO	$30	$200/3	$30	$150	$0	$0	$0	$0

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Health Plan	Plan Year Ending	Plan Type	Co-Payments							
			In-Network				Out-of-Network			
			Office Visit	Inpatient	Outpatient Surgery	Emergency Room	Office Visit	Inpatient	Outpatient Surgery	Emergency Room
Plan 420	2016	HMO	$30	$200/3	$30	$150	$0	$0	$0	$0
Plan 421	2015	HMO	$25	$100/1	$25	$100	$0	$0	$0	$0
Plan 421	2016	HMO	$25	$100/1	$25	$100	$0	$0	$0	$0
Plan 422	2015	HMO	$20	$200/3	$100	$100	$0	$0	$0	$0
Plan 422	2016	HMO	$20	$200/3	$100	$100	$0	$0	$0	$0
Plan 423	2015	HMO	$15	$200/3	$100	$100	$0	$0	$0	$0
Plan 423	2016	HMO	$15	$200/3	$100	$100	$0	$0	$0	$0
Plan 424	2015	HMO	$25	$100/3	$100	$150	$0	$0	$0	$0
Plan 424	2016	HMO	$25	$100/3	$100	$150	$0	$0	$0	$0
Plan 426	2015	HMO	$30	$200/1	$50	$150	$0	$0	$0	$0
Plan 426	2016	HMO	$30	$200/1	$50	$150	$0	$0	$0	$0
Plan 427	2015	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 427	2016	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 428	2015	HMO	$25	$100/3	$100	$150	$0	$0	$0	$0
Plan 428	2016	HMO	$25	$100/3	$100	$150	$0	$0	$0	$0
Plan 429	2015	HMO	$15	$100/3	$15	$100	$0	$0	$0	$0
Plan 430	2015	HMO	$25	$100/3	$100	$150	$0	$0	$0	$0
Plan 430	2016	HMO	$25	$100/3	$100	$150	$0	$0	$0	$0
Plan 432	2015	HMO	$25	$200/1	$25	$100	$0	$0	$0	$0
Plan 432	2016	HMO	$25	$200/1	$25	$100	$0	$0	$0	$0
Plan 433	2015	HMO	$25	$0	$25	$100	$0	$0	$0	$0
Plan 433	2016	HMO	$25	$0	$25	$100	$0	$0	$0	$0
Plan 434	2015	HMO	$25	$100/3	$25	$150	$0	$0	$0	$0
Plan 434	2016	HMO	$25	$100/3	$25	$150	$0	$0	$0	$0
Plan 435	2015	HMO	$20	$200/3	$20	$150	$0	$0	$0	$0
Plan 435	2016	HMO	$20	$200/3	$20	$150	$0	$0	$0	$0
Plan 437	2015	HMO	$25	$100/1	$25	$100	$0	$0	$0	$0
Plan 437	2016	HMO	$25	$100/1	$25	$100	$0	$0	$0	$0
Plan 438	2015	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 438	2016	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 439	2015	HMO	$30	$0	$30	$75	$0	$0	$0	$0
Plan 440	2015	HMO	$10	$0	$10	$100	$0	$0	$0	$0
Plan 440	2016	HMO	$10	$0	$10	$100	$0	$0	$0	$0
Plan 441	2015	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 441	2016	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 442	2015	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 442	2016	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 443	2015	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 443	2016	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 444	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 444	2016	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 445	2015	HMO	$30	$0	$30	$75	$0	$0	$0	$0
Plan 445	2016	HMO	$30	$0	$30	$75	$0	$0	$0	$0
Plan 446	2015	HMO	$25	$100/5	$25	$100	$0	$0	$0	$0
Plan 446	2016	HMO	$25	$100/5	$25	$100	$0	$0	$0	$0
Plan 447	2015	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 447	2016	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 448	2015	HMO	$20	$100/3	$20	$100	$0	$0	$0	$0
Plan 448	2016	HMO	$20	$100/3	$20	$100	$0	$0	$0	$0
Plan 449	2015	HMO	$25	$0	$25	$100	$0	$0	$0	$0
Plan 449	2016	HMO	$25	$0	$25	$100	$0	$0	$0	$0
Plan 450	2015	HMO	$30	$500/3	$30	$200	$0	$0	$0	$0
Plan 450	2016	HMO	$30	$500/3	$30	$200	$0	$0	$0	$0
Plan 452	2015	HMO	$15	$0	$15	$75	$0	$0	$0	$0

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Health Plan	Plan Year Ending	Plan Type	Co-Payments							
			In-Network				Out-of-Network			
			Office Visit	Inpatient	Outpatient Surgery	Emergency Room	Office Visit	Inpatient	Outpatient Surgery	Emergency Room
Plan 452	2016	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 453	2015	HMO	$25	$100/3	$50	$150	$0	$0	$0	$0
Plan 453	2016	HMO	$25	$100/3	$50	$150	$0	$0	$0	$0
Plan 454	2015	HMO	$10	$0	$10	$75	$0	$0	$0	$0
Plan 454	2016	HMO	$10	$0	$10	$75	$0	$0	$0	$0
Plan 455	2015	HMO	$15	$0	$15	$100	$0	$0	$0	$0
Plan 455	2016	HMO	$15	$0	$15	$100	$0	$0	$0	$0
Plan 456	2015	HMO	$20	$200/3	$20	$100	$0	$0	$0	$0
Plan 456	2016	HMO	$20	$200/3	$20	$100	$0	$0	$0	$0
Plan 457	2015	HMO	$20	$300/1	$20	$100	$0	$0	$0	$0
Plan 457	2016	HMO	$20	$300/1	$20	$100	$0	$0	$0	$0
Plan 458	2015	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 458	2016	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 459	2015	HMO	$15	$200/3	$100	$100	$0	$0	$0	$0
Plan 459	2016	HMO	$15	$200/3	$100	$100	$0	$0	$0	$0
Plan 460	2015	HMO	$25	$100/3	$50	$100	$0	$0	$0	$0
Plan 460	2016	HMO	$25	$100/3	$50	$100	$0	$0	$0	$0
Plan 461	2015	HMO	$10	$0	$10	$75	$0	$0	$0	$0
Plan 461	2016	HMO	$10	$0	$10	$75	$0	$0	$0	$0
Plan 462	2015	HMO	$10	$0	$10	$75	$0	$0	$0	$0
Plan 462	2016	HMO	$10	$0	$10	$75	$0	$0	$0	$0
Plan 463	2015	HMO	$15	$0	$15	$100	$0	$0	$0	$0
Plan 463	2016	HMO	$15	$0	$15	$100	$0	$0	$0	$0
Plan 464	2015	HMO	$10	$0	$10	$75	$0	$0	$0	$0
Plan 464	2016	HMO	$10	$0	$10	$75	$0	$0	$0	$0
Plan 466	2015	HMO	$30	$0	$30	$100	$0	$0	$0	$0
Plan 466	2016	HMO	$30	$0	$30	$100	$0	$0	$0	$0
Plan 467	2015	HMO	$30	$100/3	$50	$100	$0	$0	$0	$0
Plan 467	2016	HMO	$30	$100/3	$50	$100	$0	$0	$0	$0
Plan 468	2015	HMO	$35	$100/3	$100	$200	$0	$0	$0	$0
Plan 468	2016	HMO	$35	$100/3	$100	$200	$0	$0	$0	$0
Plan 469	2015	HMO	$30	$0	$30	$100	$0	$0	$0	$0
Plan 469	2016	HMO	$30	$0	$30	$100	$0	$0	$0	$0
Plan 470	2015	HMO	$30	$0	$30	$100	$0	$0	$0	$0
Plan 470	2016	HMO	$30	$0	$30	$100	$0	$0	$0	$0
Plan 471	2015	HMO	$30	$0	$30	$100	$0	$0	$0	$0
Plan 471	2016	HMO	$30	$0	$30	$100	$0	$0	$0	$0
Plan 472	2015	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 472	2016	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 473	2015	HMO	$10	$0	$10	$75	$0	$0	$0	$0
Plan 473	2016	HMO	$10	$0	$10	$75	$0	$0	$0	$0
Plan 474	2015	HMO	$30	$0	$30	$100	$0	$0	$0	$0
Plan 474	2016	HMO	$30	$0	$30	$100	$0	$0	$0	$0
Plan 475	2015	HMO	$30	$0	$30	$100	$0	$0	$0	$0
Plan 475	2016	HMO	$30	$0	$30	$100	$0	$0	$0	$0
Plan 476	2015	HMO	$20	$100/3	$50	$75	$0	$0	$0	$0
Plan 476	2016	HMO	$20	$100/3	$50	$75	$0	$0	$0	$0
Plan 477	2015	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 477	2016	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 478	2015	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 478	2016	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 479	2015	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 479	2016	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 481	2015	HMO	$15	$100/3	$15	$100	$0	$0	$0	$0

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Health Plan	Plan Year Ending	Plan Type	Co-Payments							
			In-Network				Out-of-Network			
			Office Visit	Inpatient	Outpatient Surgery	Emergency Room	Office Visit	Inpatient	Outpatient Surgery	Emergency Room
Plan 481	2016	HMO	$15	$100/3	$15	$100	$0	$0	$0	$0
Plan 482	2015	HMO	$30	$0	$30	$100	$0	$0	$0	$0
Plan 482	2016	HMO	$30	$0	$30	$100	$0	$0	$0	$0
Plan 483	2015	HMO	$25	$100/1	$50	$150	$0	$0	$0	$0
Plan 483	2016	HMO	$25	$100/1	$50	$150	$0	$0	$0	$0
Plan 484	2015	HMO	$20	$100/3	$20	$75	$0	$0	$0	$0
Plan 484	2016	HMO	$20	$100/3	$20	$75	$0	$0	$0	$0
Plan 485	2015	HMO	$20	$0	$20	$75	$0	$0	$0	$0
Plan 485	2016	HMO	$20	$0	$20	$75	$0	$0	$0	$0
Plan 486	2015	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 486	2016	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 487	2015	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 487	2016	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 488	2015	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 488	2016	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 489	2015	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 489	2016	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 490	2015	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 490	2016	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 491	2015	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 491	2016	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 492	2015	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 492	2016	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 493	2015	HMO	$20	$0	$20	$75	$0	$0	$0	$0
Plan 493	2016	HMO	$20	$0	$20	$75	$0	$0	$0	$0
Plan 494	2015	HMO	$25	$100/3	$25	$150	$0	$0	$0	$0
Plan 494	2016	HMO	$25	$100/3	$25	$150	$0	$0	$0	$0
Plan 495	2015	HMO	$20	$0	$20	$75	$0	$0	$0	$0
Plan 495	2016	HMO	$20	$0	$20	$75	$0	$0	$0	$0
Plan 496	2015	HMO	$20	$0	$20	$75	$0	$0	$0	$0
Plan 496	2016	HMO	$20	$0	$20	$75	$0	$0	$0	$0
Plan 497	2015	HMO	$20	$0	$20	$75	$0	$0	$0	$0
Plan 497	2016	HMO	$20	$0	$20	$75	$0	$0	$0	$0
Plan 499	2015	HMO	$20	$0	$20	$75	$0	$0	$0	$0
Plan 499	2016	HMO	$20	$0	$20	$75	$0	$0	$0	$0
Plan 500	2015	HMO	$35	$100/3	$35	$150	$0	$0	$0	$0
Plan 500	2016	HMO	$35	$100/3	$35	$150	$0	$0	$0	$0
Plan 501	2015	HMO	$20	$100/3	$20	$100	$0	$0	$0	$0
Plan 501	2016	HMO	$20	$100/3	$20	$100	$0	$0	$0	$0
Plan 502	2015	HMO	$20	$100/3	$20	$100	$0	$0	$0	$0
Plan 502	2016	HMO	$20	$100/3	$20	$100	$0	$0	$0	$0
Plan 503	2015	HMO	$30	$0	$30	$100	$0	$0	$0	$0
Plan 503	2016	HMO	$30	$0	$30	$100	$0	$0	$0	$0
Plan 504	2015	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 504	2016	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 506	2015	HMO	$20	$200/5	$20	$150	$0	$0	$0	$0
Plan 506	2016	HMO	$20	$200/5	$20	$150	$0	$0	$0	$0
Plan 508	2015	HMO	$30	$100/3	$100	$75	$0	$0	$0	$0
Plan 508	2016	HMO	$30	$100/3	$100	$75	$0	$0	$0	$0
Plan 509	2015	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 509	2016	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 510	2015	HMO	$35	$200/3	$100	$150	$0	$0	$0	$0
Plan 510	2016	HMO	$35	$200/3	$100	$150	$0	$0	$0	$0
Plan 511	2015	HMO	$25	$200/1	$100	$150	$0	$0	$0	$0

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			In-Network				Out-of-Network			
			Office Visit	Inpatient	Outpatient Surgery	Emergency Room	Office Visit	Inpatient	Outpatient Surgery	Emergency Room
Plan 511	2016	HMO	$25	$200/1	$100	$150	$0	$0	$0	$0
Plan 512	2015	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 512	2016	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 513	2015	HMO	$20	$200/5	$100	$150	$0	$0	$0	$0
Plan 514	2015	HMO	$20	$200/5	$100	$150	$0	$0	$0	$0
Plan 515	2015	HMO	$20	$200/5	$100	$150	$0	$0	$0	$0
Plan 516	2015	HMO	$20	$200/5	$100	$150	$0	$0	$0	$0
Plan 517	2015	HMO	$20	$200/5	$100	$150	$0	$0	$0	$0
Plan 518	2015	HMO	$20	$200/5	$100	$150	$0	$0	$0	$0
Plan 518	2016	HMO	$20	$200/5	$100	$150	$0	$0	$0	$0
Plan 519	2015	HMO	$30	$0	$30	$100	$0	$0	$0	$0
Plan 519	2016	HMO	$30	$0	$30	$100	$0	$0	$0	$0
Plan 520	2015	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 520	2016	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 521	2015	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 521	2016	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 522	2015	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 522	2016	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 523	2015	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 523	2016	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 524	2015	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 524	2016	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 525	2015	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 525	2016	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 526	2015	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 526	2016	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 527	2015	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 527	2016	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 528	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 528	2016	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 529	2015	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 529	2016	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 530	2015	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 530	2016	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 531	2015	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 531	2016	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 532	2015	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 532	2016	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 533	2015	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 533	2016	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 534	2015	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 534	2016	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 535	2015	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 535	2016	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 536	2015	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 536	2016	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 537	2015	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 538	2015	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 539	2015	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 540	2015	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 541	2015	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 542	2015	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 543	2015	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 544	2015	HMO	$0	$0	$0	$0	$0	$0	$0	$0

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			In-Network				Out-of-Network			
			Office Visit	Inpatient	Outpatient Surgery	Emergency Room	Office Visit	Inpatient	Outpatient Surgery	Emergency Room
Plan 545	2015	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 546	2015	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 547	2015	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 548	2015	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 549	2015	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 550	2015	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 551	2015	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 552	2015	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 554	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 554	2016	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 555	2015	HMO	$20	$200/3	$20	$150	$0	$0	$0	$0
Plan 556	2015	HMO	$20	$200/3	$20	$150	$0	$0	$0	$0
Plan 557	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 558	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 559	2016	HMO	$20	$200/3	$20	$150	$0	$0	$0	$0
Plan 559	2015	HMO	$20	$200/3	$20	$150	$0	$0	$0	$0
Plan 560	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 560	2016	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 561	2015	HMO	$20	$200/3	$20	$150	$0	$0	$0	$0
Plan 561	2016	HMO	$20	$200/3	$20	$150	$0	$0	$0	$0
Plan 562	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 562	2016	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 563	2015	HMO	$20	$200/3	$20	$150	$0	$0	$0	$0
Plan 563	2016	HMO	$20	$200/3	$20	$150	$0	$0	$0	$0
Plan 565	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 565	2016	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 566	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 566	2016	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 567	2016	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 567	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 569	2015	HMO	$30	$350/3	$30	$150	$0	$0	$0	$0
Plan 569	2016	HMO	$30	$350/3	$30	$150	$0	$0	$0	$0
Plan 572	2015	HMO	$20	$200/3	$20	$150	$0	$0	$0	$0
Plan 572	2016	HMO	$20	$200/3	$20	$150	$0	$0	$0	$0
Plan 573	2015	HMO	$20	$200/3	$20	$150	$0	$0	$0	$0
Plan 573	2016	HMO	$20	$200/3	$20	$150	$0	$0	$0	$0
Plan 574	2015	HMO	$20	$200/3	$20	$150	$0	$0	$0	$0
Plan 574	2016	HMO	$20	$200/3	$20	$150	$0	$0	$0	$0
Plan 575	2015	HMO	$20	$200/3	$20	$150	$0	$0	$0	$0
Plan 575	2016	HMO	$20	$200/3	$20	$150	$0	$0	$0	$0
Plan 576	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 576	2016	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 579	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 579	2016	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 580	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 580	2016	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 581	2015	HMO	$30	$350/3	$30	$150	$0	$0	$0	$0
Plan 581	2016	HMO	$30	$350/3	$30	$150	$0	$0	$0	$0
Plan 582	2015	HMO	$30	$350/3	$30	$150	$0	$0	$0	$0
Plan 582	2016	HMO	$30	$350/3	$30	$150	$0	$0	$0	$0
Plan 583	2015	HMO	$30	$350/3	$30	$150	$0	$0	$0	$0
Plan 583	2016	HMO	$30	$350/3	$30	$150	$0	$0	$0	$0
Plan 584	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 584	2016	HMO	$20	$0	$20	$150	$0	$0	$0	$0

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Health Plan	Plan Year Ending	Plan Type	Co-Payments							
			In-Network				Out-of-Network			
			Office Visit	Inpatient	Outpatient Surgery	Emergency Room	Office Visit	Inpatient	Outpatient Surgery	Emergency Room
Plan 585	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 585	2016	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 586	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 586	2016	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 587	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 587	2016	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 588	2015	HMO	$30	$350/3	$30	$150	$0	$0	$0	$0
Plan 588	2016	HMO	$30	$350/3	$30	$150	$0	$0	$0	$0
Plan 589	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 589	2016	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 591	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 591	2016	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 592	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 592	2016	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 593	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 593	2016	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 594	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 594	2016	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 596	2015	HMO	$20	$200/3	$20	$150	$0	$0	$0	$0
Plan 596	2016	HMO	$20	$200/3	$20	$150	$0	$0	$0	$0
Plan 597	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 597	2016	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 598	2015	HMO	$30	$350/3	$30	$150	$0	$0	$0	$0
Plan 598	2016	HMO	$30	$350/3	$30	$150	$0	$0	$0	$0
Plan 599	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 599	2016	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 600	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 600	2016	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 601	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 601	2016	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 602	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 602	2016	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 603	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 603	2016	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 604	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 604	2016	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 605	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 605	2016	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 606	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 606	2016	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 607	2015	HMO	$20	$200/3	$20	$150	$0	$0	$0	$0
Plan 607	2016	HMO	$20	$200/3	$20	$150	$0	$0	$0	$0
Plan 608	2015	HMO	$20	$200/3	$20	$150	$0	$0	$0	$0
Plan 608	2016	HMO	$20	$200/3	$20	$150	$0	$0	$0	$0
Plan 609	2015	HMO	$30	$350/3	$30	$150	$0	$0	$0	$0
Plan 609	2016	HMO	$30	$350/3	$30	$150	$0	$0	$0	$0
Plan 610	2015	HMO	$30	$350/3	$30	$150	$0	$0	$0	$0
Plan 610	2016	HMO	$30	$350/3	$30	$150	$0	$0	$0	$0
Plan 611	2015	HMO	$30	$350/3	$30	$150	$0	$0	$0	$0
Plan 611	2016	HMO	$30	$350/3	$30	$150	$0	$0	$0	$0
Plan 612	2015	HMO	$30	$350/3	$30	$150	$0	$0	$0	$0
Plan 612	2016	HMO	$30	$350/3	$30	$150	$0	$0	$0	$0
Plan 613	2015	HMO	$20	$200/5	$100	$150	$0	$0	$0	$0
Plan 613	2016	HMO	$20	$200/5	$100	$150	$0	$0	$0	$0

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Health Plan	Plan Year Ending	Plan Type	Co-Payments							
			In-Network				Out-of-Network			
			Office Visit	Inpatient	Outpatient Surgery	Emergency Room	Office Visit	Inpatient	Outpatient Surgery	Emergency Room
Plan 614	2015	HMO	$20	$200/5	$100	$150	$0	$0	$0	$0
Plan 614	2016	HMO	$20	$200/5	$100	$150	$0	$0	$0	$0
Plan 615	2015	HMO	$20	$200/5	$100	$150	$0	$0	$0	$0
Plan 615	2016	HMO	$20	$200/5	$100	$150	$0	$0	$0	$0
Plan 616	2015	HMO	$20	$200/5	$100	$150	$0	$0	$0	$0
Plan 616	2016	HMO	$20	$200/5	$100	$150	$0	$0	$0	$0
Plan 617	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 617	2016	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 618	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 618	2016	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 619	2015	HMO	$20	$200/5	$100	$150	$0	$0	$0	$0
Plan 619	2016	HMO	$20	$200/5	$100	$150	$0	$0	$0	$0
Plan 620	2015	HMO	$15	$100/3	$15	$100	$0	$0	$0	$0
Plan 620	2016	HMO	$15	$100/3	$15	$100	$0	$0	$0	$0
Plan 624	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 624	2016	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 625	2015	HMO	$20	$200/5	$100	$150	$0	$0	$0	$0
Plan 625	2016	HMO	$20	$200/5	$100	$150	$0	$0	$0	$0
Plan 626	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 626	2016	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 627	2015	HMO	$30	$350/3	$30	$150	$0	$0	$0	$0
Plan 628	2015	HMO	$20	$200/5	$100	$150	$0	$0	$0	$0
Plan 628	2016	HMO	$20	$200/5	$100	$150	$0	$0	$0	$0
Plan 629	2015	HMO	$30	$350/3	$30	$150	$0	$0	$0	$0
Plan 629	2016	HMO	$30	$350/3	$30	$150	$0	$0	$0	$0
Plan 630	2015	HMO	$20	$200/5	$100	$150	$0	$0	$0	$0
Plan 630	2016	HMO	$20	$200/5	$100	$150	$0	$0	$0	$0
Plan 631	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 631	2016	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 632	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 632	2016	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 633	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 633	2016	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 634	2015	HMO	$30	$350/3	$30	$150	$0	$0	$0	$0
Plan 635	2015	HMO	$30	$350/3	$30	$150	$0	$0	$0	$0
Plan 636	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 637	2015	HMO	$30	$350/3	$30	$150	$0	$0	$0	$0
Plan 638	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 639	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 640	2015	HMO	$30	$350/3	$30	$150	$0	$0	$0	$0
Plan 641	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 642	2015	HMO	$30	$350/3	$30	$150	$0	$0	$0	$0
Plan 643	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 644	2015	HMO	$30	$350/3	$30	$150	$0	$0	$0	$0
Plan 645	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 646	2015	HMO	$30	$350/3	$30	$150	$0	$0	$0	$0
Plan 647	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 648	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 649	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 649	2016	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 650	2015	HMO	$20	$200/5	$100	$150	$0	$0	$0	$0
Plan 650	2016	HMO	$20	$200/5	$100	$150	$0	$0	$0	$0
Plan 651	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 651	2016	HMO	$20	$0	$20	$150	$0	$0	$0	$0

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			In-Network				Out-of-Network			
			Office Visit	Inpatient	Outpatient Surgery	Emergency Room	Office Visit	Inpatient	Outpatient Surgery	Emergency Room
Plan 652	2015	HMO	$20	$200/5	$100	$150	$0	$0	$0	$0
Plan 652	2016	HMO	$20	$200/5	$100	$150	$0	$0	$0	$0
Plan 653	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 653	2016	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 654	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 654	2016	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 656	2015	HMO	$30	$350/3	$30	$150	$0	$0	$0	$0
Plan 656	2016	HMO	$30	$350/3	$30	$150	$0	$0	$0	$0
Plan 668	2015	PPO	$30	$200/3	$100	$150	$20	$200/3	$100	$150
Plan 668	2016	PPO	$30	$200/3	$100	$150	$20	$200/3	$100	$150
Plan 670	2015	PPO	$25	$200/3	$100	$100	$20	$200/3	$100	$100
Plan 670	2016	PPO	$25	$200/3	$100	$100	$20	$200/3	$100	$100
Plan 672	2015	PPO	$25	$100/3	$25	$100	$20	$100/3	$25	$100
Plan 672	2016	PPO	$25	$100/3	$25	$100	$20	$100/3	$25	$100
Plan 673	2015	PPO	$20	$0	$20	$0	$20	$0	$20	$0
Plan 673	2016	PPO	$20	$0	$20	$0	$20	$0	$20	$0
Plan 674	2015	PPO	$20	$0	$20	$0	$20	$0	$20	$0
Plan 674	2016	PPO	$20	$0	$20	$0	$20	$0	$20	$0
Plan 675	2015	PPO	$0	$0	$75	$100	$30	$0	$75	$100
Plan 676	2015	PPO	$0	$0	$75	$100	$30	$0	$75	$100
Plan 685	2015	PPO	$0	$0	$75	$100	$30	$0	$75	$100
Plan 685	2016	PPO	$0	$0	$75	$100	$30	$0	$75	$100
Plan 686	2015	PPO	$25	$200/1	$75	$75	$30	$200/1	$75	$75
Plan 686	2016	PPO	$25	$200/1	$75	$75	$30	$200/1	$75	$75
Plan 688	2015	PPO	$0	$0	$75	$100	$30	$0	$75	$100
Plan 688	2016	PPO	$0	$0	$75	$100	$30	$0	$75	$100
Plan 689	2015	PPO	$25	$200/1	$75	$75	$30	$200/1	$75	$75
Plan 689	2016	PPO	$25	$200/1	$75	$75	$30	$200/1	$75	$75
Plan 690	2015	PPO	$25	$200/1	$75	$75	$30	$200/1	$75	$75
Plan 691	2015	PPO	$25	$200/1	$75	$75	$30	$200/1	$75	$75
Plan 703	2015	PPO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 704	2015	HMO	$20	$0	$242	$75	Not	Not Covered	Not Covered	$75
Plan 708	2015	PPO	$25	$150 per day, $450 max PCY	$100	$75	$40	Included In-Network	$100	$75
Plan 709	2015	PPO	$30	$300 per day, $900 max PCY	$150	$100	$40	Included In-Network	$150	$100
Plan 710	2015	PPO	$15	$200 per admit $600 max PCY	$0	$50	$30	$0	$0	$50
Plan 711	2015	Open Network	$0	$0	$0	$0	$40	$0	$0	$0
Plan 711	2016	Open Network	$0	$0	$0	$0	$40	$0	$0	$0
Plan 768	2015	PPO	$0	$0	$0	$0	$50	$0	$0	$0
Plan 768	2016	PPO	$0	$0	$0	$0	$50	$0	$0	$0
Plan 769	2015	PPO	$0	$0	$0	$0	$40	$0	$0	$0
Plan 769	2016	PPO	$0	$0	$0	$0	$40	$0	$0	$0
Plan 770	2015	PPO	$0	$0	$0	$0	$40	$0	$0	$0
Plan 770	2016	PPO	$0	$0	$0	$0	$40	$0	$0	$0
Plan 772	2015	PPO	$20	$0	$0	$100	$50	$0	$0	$100
Plan 773	2015	PPO	$20	$0	$0	$100	$50	$0	$0	$100
Plan 774	2015	PPO	$25	$150 per admit, then 20%	$100	$75	$40	$0	$0	$75
Plan 774	2016	PPO	$25	$150 per admit, then 20%	$100	$75	$40	$0	$0	$75
Plan 775	2015	PPO	$30	$300 per admit, then 20%	$0	$100	$40	$0	$0	$100
Plan 775	2016	PPO	$30	$300 per admit, then 20%	$0	$100	$40	$0	$0	$100
Plan 776	2015	PPO	$15	$0	$0	$100	$50	$0	$0	$100
Plan 776	2016	PPO	$15	$0	$0	$100	$50	$0	$0	$100
Plan 779	2015	PPO	$20	$0	$0	$100	$50	$0	$0	$100
Plan 779	2016	PPO	$20	$0	$0	$100	$50	$0	$0	$100
Plan 780	2015	PPO	$20	$0	$0	$100	$50	$0	$0	$100

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			In-Network				Out-of-Network			
			Office Visit	Inpatient	Outpatient Surgery	Emergency Room	Office Visit	Inpatient	Outpatient Surgery	Emergency Room
Plan 780	2016	PPO	$20	$0	$0	$100	$50	$0	$0	$100
Plan 781	2015	HMO	$25	$0	$25	$150	$0	$0	$0	$0
Plan 781	2016	HMO	$25	$0	$25	$150	$0	$0	$0	$0
Plan 782	2015	HMO	$20	$100/3	$20	$75	$0	$0	$0	$0
Plan 782	2016	HMO	$20	$100/3	$20	$75	$0	$0	$0	$0
Plan 783	2015	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 783	2016	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 784	2015	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 784	2016	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 785	2015	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 785	2016	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 786	2015	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 786	2016	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 787	2015	HMO	$20	$200/5	$100	$150	$0	$0	$0	$0
Plan 787	2016	HMO	$20	$200/5	$100	$150	$0	$0	$0	$0
Plan 788	2015	HMO	$20	$200/5	$100	$150	$0	$0	$0	$0
Plan 788	2016	HMO	$20	$200/5	$100	$150	$0	$0	$0	$0
Plan 794	2015	PPO	$25	$100/3	$100	$75	$30	$100/3	$100	$75
Plan 794	2016	PPO	$25	$100/3	$100	$75	$30	$100/3	$100	$75
Plan 795	2015	PPO	$15	$200/3	$100	$75	$20	$200/3	$100	$75
Plan 795	2016	PPO	$15	$200/3	$100	$75	$20	$200/3	$100	$75
Plan 796	2015	PPO	$15	$0	$15	$100	$40	$0	$15	$100
Plan 796	2016	PPO	$15	$0	$15	$100	$40	$0	$15	$100
Plan 797	2015	PPO	$0	$0	$0	$0	$40	$0	$0	$0
Plan 797	2016	PPO	$0	$0	$0	$0	$40	$0	$0	$0
Plan 798	2015	PPO	$0	$0	$0	$0	$40	$0	$0	$0
Plan 798	2016	PPO	$0	$0	$0	$0	$40	$0	$0	$0
Plan 799	2015	PPO	$25	$100/3	$100	$75	$30	$100/3	$100	$75
Plan 799	2016	PPO	$25	$100/3	$100	$75	$30	$100/3	$100	$75
Plan 800	2015	PPO	$30	$200/3	$100	$100	$40	$200/3	$100	$100
Plan 800	2016	PPO	$30	$200/3	$100	$100	$40	$200/3	$100	$100
Plan 801	2015	PPO	$15	$0	$15	$100	$40	$0	$15	$100
Plan 801	2016	PPO	$15	$0	$15	$100	$40	$0	$15	$100
Plan 802	2015	PPO	$0	$0	$0	$0	$40	$0	$0	$0
Plan 802	2016	PPO	$0	$0	$0	$0	$40	$0	$0	$0
Plan 803	2015	PPO	$0	$0	$0	$0	$40	$0	$0	$0
Plan 803	2016	PPO	$0	$0	$0	$0	$40	$0	$0	$0
Plan 804	2015	PPO	$20	$200/3	$20	$75	$20	$200/3	$20	$75
Plan 804	2016	PPO	$20	$200/3	$20	$75	$20	$200/3	$20	$75
Plan 805	2015	PPO	$0	$0	$0	$0	$40	$0	$0	$0
Plan 805	2016	PPO	$0	$0	$0	$0	$40	$0	$0	$0
Plan 806	2015	PPO	$0	$0	$0	$0	$40	$0	$0	$0
Plan 806	2016	PPO	$0	$0	$0	$0	$40	$0	$0	$0
Plan 807	2015	PPO	$20	$0	$20	$100	$40	$0	$20	$100
Plan 807	2016	PPO	$20	$0	$20	$100	$40	$0	$20	$100
Plan 808	2015	PPO	$25	$100/3	$100	$75	$30	$100/3	$100	$75
Plan 808	2016	PPO	$25	$100/3	$100	$75	$30	$100/3	$100	$75
Plan 809	2015	PPO	$15	$200/3	$100	$75	$30	$200/3	$100	$75
Plan 809	2016	PPO	$15	$200/3	$100	$75	$30	$200/3	$100	$75
Plan 810	2015	PPO	$30	$0	$100	$100	$40	$0	$100	$100
Plan 810	2016	PPO	$30	$0	$100	$100	$40	$0	$100	$100
Plan 812	2015	PPO	$30	$0	$100	$100	$40	$0	$100	$100
Plan 812	2016	PPO	$30	$0	$100	$100	$40	$0	$100	$100
Plan 813	2015	PPO	$0	$0	$75	$100	$30	$0	$75	$100

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			In-Network				Out-of-Network			
			Office Visit	Inpatient	Outpatient Surgery	Emergency Room	Office Visit	Inpatient	Outpatient Surgery	Emergency Room
Plan 813	2016	PPO	$0	$0	$75	$100	$30	$0	$75	$100
Plan 814	2015	PPO	$25	$200/1	$75	$75	$30	$200/1	$75	$75
Plan 814	2016	PPO	$25	$200/1	$75	$75	$30	$200/1	$75	$75
Plan 815	2015	PPO	$30	$0	$100	$100	$40	$0	$100	$100
Plan 815	2016	PPO	$30	$0	$100	$100	$40	$0	$100	$100
Plan 816	2015	PPO	$0	$0	$75	$100	$30	$0	$75	$100
Plan 816	2016	PPO	$0	$0	$75	$100	$30	$0	$75	$100
Plan 817	2015	PPO	$25	$200/1	$75	$75	$30	$200/1	$75	$75
Plan 817	2016	PPO	$25	$200/1	$75	$75	$30	$200/1	$75	$75
Plan 818	2015	PPO	$30	$0	$100	$100	$40	$0	$100	$100
Plan 818	2016	PPO	$30	$0	$100	$100	$40	$0	$100	$100
Plan 819	2015	PPO	$0	$0	$75	$100	$30	$0	$75	$100
Plan 819	2016	PPO	$0	$0	$75	$100	$30	$0	$75	$100
Plan 820	2015	PPO	$25	$200/1	$75	$75	$30	$200/1	$75	$75
Plan 820	2016	PPO	$25	$200/1	$75	$75	$30	$200/1	$75	$75
Plan 821	2015	PPO	$30	$0	$100	$100	$40	$0	$100	$100
Plan 821	2016	PPO	$30	$0	$100	$100	$40	$0	$100	$100
Plan 822	2015	PPO	$0	$0	$75	$100	$30	$0	$75	$100
Plan 822	2016	PPO	$0	$0	$75	$100	$30	$0	$75	$100
Plan 823	2015	PPO	$25	$200/1	$75	$75	$30	$200/1	$75	$75
Plan 823	2016	PPO	$25	$200/1	$75	$75	$30	$200/1	$75	$75
Plan 824	2015	Deductible	$25	$0	$0	$0	Not	Not Covered	Not Covered	$0
Plan 824	2016	Deductible	$25	$0	$0	$0	Not	Not Covered	Not Covered	$0
Plan 828	2015	Deductible	$15	$0	$0	$0	Not	Not Covered	Not Covered	$0
Plan 828	2016	Deductible	$15	$0	$0	$0	Not	Not Covered	Not Covered	$0
Plan 830	2015	Deductible	$20	$0	$0	$0	Not	Not Covered	Not Covered	$0
Plan 830	2015	Deductible	$15	$0	$0	$200	$50	$0	$0	$200
Plan 831	2015	Deductible	$20	$0	$0	$0	Not	Not Covered	Not Covered	$0
Plan 832	2015	HMO	$15	$0	$15	$75	Not	Not Covered	Not Covered	$75
Plan 833	2015	PPO	$25	$200 copay per admit	$200	$150	$40	$200 copay per admit	$200	$150
Plan 834	2015	PPO	$30	$300 copay per admit	$300	$150	$40	$300 copay per admit	$300	$150
Plan 835	2015	PPO	$35	$400 copay per admit	$400	$150	$40	$400 copay per admit	$400	$150
Plan 836	2015	PPO	$0	$0	$0	$0	$40	$0	$0	$0
Plan 837	2015	PPO	$25	$200/day Max 5 copays/admit	$200	$150	$40	$200/day Max 5 copays/admit	$200	$150
Plan 838	2015	PPO	$30	$300/day Max 3 copays/admit	$150	$150	$50	$300/day Max 3 copays/admit	$150	$150
Plan 868	2015	PPO	$15	$0	$0	$100	$50	$0	$0	$100
Plan 869	2015	PPO	$30	$0	$0	$150	$50	$0	$0	$150
Plan 870	2015	PPO	$35	$0	$0	$200	$50	$0	$0	$200
Plan 874	2015	PPO	$20	$0	$0	$75	$70	$0	$0	$75
Plan 875	2015	PPO	$20	$0	$20	$75	$60	$0	$35	$75
Plan 876	2015	TRAD	$0	$0	$0	$75	$80	$0	$0	$75
Plan 877	2015	TRAD	$0	$0	$0	$75	$70	$0	$0	$75
Plan 878	2015	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 879	2015	PPO	$20	$0	$20	$75	$60	$0	$35	$75
Plan 880	2015	PPO	$20	$0	$20	$75	$60	$0	$35	$75
Plan 881	2015	PPO	$15	$0	$0	$100	$60	$0	$0	$100
Plan 882	2015	PPO	$30	$0	$30	$150	$50	$0	$45	$150
Plan 883	2015	PPO	$20	$0	$20	$75	$60	$0	$35	$75
Plan 884	2015	PPO	$20	$0	$20	$75	$60	$0	$35	$75
Plan 885	2015	TRAD	$0	$0	$0	$75	$70	$0	$0	$75
Plan 887	2015	PPO	$20	$0	$0	$75	$70	$0	$0	$75
Plan 888	2015	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 889	2015	PPO	$20	$0	$20	$75	$60	$0	$35	$75
Plan 890	2015	PPO	$20	$0	$20	$75	$60	$0	$35	$75

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Exhibit A5e
Health Plan Design Comparison — Co-Payments (Paid by Plan Participant)
For All Plans in Calendar Year 2015

Health Plan	Plan Year Ending	Plan Type	Co-Payments							
			In-Network				Out-of-Network			
			Office Visit	Inpatient	Outpatient Surgery	Emergency Room	Office Visit	Inpatient	Outpatient Surgery	Emergency Room
Plan 891	2015	TRAD	$0	$0	$0	$75	$80	$0	$0	$75
Plan 892	2015	TRAD	$0	$0	$0	$75	$70	$0	$0	$75
Plan 893	2015	PPO	$20	$0	$0	$75	$70	$0	$0	$75
Plan 894	2015	PPO	$20	$0	$20	$75	$60	$0	$35	$75
Plan 895	2015	TRAD	$0	$0	$0	$75	$80	$0	$0	$75
Plan 896	2015	TRAD	$0	$0	$0	$75	$70	$0	$0	$75
Plan 897	2015	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 898	2015	PPO	$20	$0	$20	$75	$60	$0	$35	$75
Plan 899	2015	PPO	$20	$0	$20	$75	$60	$0	$35	$75
Plan 900	2015	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 900	2016	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 901	2015	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 901	2016	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 902	2015	TRAD	$0	$0	$0	$75	$70	$0	$0	$75
Plan 902	2016	TRAD	$0	$0	$0	$75	$70	$0	$0	$75
Plan 903	2015	TRAD	$0	$0	$0	$75	$70	$0	$0	$75
Plan 903	2016	TRAD	$0	$0	$0	$75	$70	$0	$0	$75
Plan 904	2015	PPO	$25	$0	$25	$75	$70	$0	$25	$75
Plan 905	2015	PPO	$25	$0	$25	$75	$70	$0	$25	$75
Plan 906	2015	TRAD	$30	$0	$30	$100	$80	$0	$30	$100
Plan 907	2015	PPO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 908	2015	PPO	$30	$0	$30	$100	$60	$0	$30	$100
Plan 909	2015	TRAD	$0	$0	$0	$75	$70	$0	$0	$75
Plan 910	2015	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 911	2015	TRAD	$0	$0	$0	$75	$80	$0	$0	$75
Plan 912	2015	TRAD	$20	$0	$20	$75	$70	$0	$35	$75
Plan 913	2015	PPO	$20	$0	$20	$75	$60	$0	$35	$75
Plan 914	2015	TRAD	$0	$0	$0	$75	$70	$0	$0	$75
Plan 915	2015	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 916	2015	PPO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 921	2016	PPO	$0	$0	$0	$75	$70	$0	$0	$75
Plan 922	2016	PPO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 923	2016	PPO	$20	$0	$0	$75	$60	$0	$0	$75
Plan 924	2016	PPO	$20	$0	$0	$75	$60	$0	$0	$75
Plan 925	2016	PPO	$20	$0	$0	$75	$70	$0	$0	$75
Plan 926	2016	PPO	$0	$0	$0	$0	$60	$0	$0	$75
Plan 927	2016	PPO	$25	$150	$0	$75	$60	$150	$0	100%
Plan 928	2016	PPO	$30	$300	$0	$100	$60	$300	$0	$100
Plan 929	2016	PPO	$15	$200	$0	$50	$70	$200	$0	$50
Plan 930	2016	PPO	$15	$0	$0	$100	$60	$0	$0	$100
Plan 931	2016	PPO	$30	$0	$0	$150	$60	$0	$0	$150
Plan 932	2016	PPO	$30	$0	$0	$200	$60	$0	$0	$200
Plan 933	2016	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 934	2016	PPO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 935	2016	PPO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 936	2016	PPO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 937	2016	PPO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 938	2016	PPO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 944	2015	PPO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 944	2016	PPO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 1032	2015	HMO	$20	$200/3	$20	$75	$0	$0	$0	$0
Plan 1032	2016	HMO	$20	$200/3	$20	$75	$0	$0	$0	$0
Plan 1033	2015	HMO	$25	$0	$25	$75	$0	$0	$0	$0
Plan 1033	2016	HMO	$25	$0	$25	$75	$0	$0	$0	$0

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Health Plan	Plan Year Ending	Plan Type	Co-Payments							
			In-Network				Out-of-Network			
			Office Visit	Inpatient	Outpatient Surgery	Emergency Room	Office Visit	Inpatient	Outpatient Surgery	Emergency Room
Plan 1034	2015	HMO	$15	$0	$15	$100	$0	$0	$0	$0
Plan 1034	2016	HMO	$15	$0	$15	$100	$0	$0	$0	$0
Plan 1035	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 1035	2016	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 1036	2015	HMO	$20	$0	$20	$75	$0	$0	$0	$0
Plan 1036	2016	HMO	$20	$0	$20	$75	$0	$0	$0	$0
Plan 1037	2015	HMO	$20	$0	$20	$75	$0	$0	$0	$0
Plan 1037	2016	HMO	$20	$0	$20	$75	$0	$0	$0	$0
Plan 1038	2015	HMO	$20	$0	$20	$75	$0	$0	$0	$0
Plan 1038	2016	HMO	$20	$0	$20	$75	$0	$0	$0	$0
Plan 1039	2015	HMO	$20	$0	$20	$75	$0	$0	$0	$0
Plan 1039	2016	HMO	$20	$0	$20	$75	$0	$0	$0	$0
Plan 1040	2015	HMO	$30	$200/3	$100	$200	$0	$0	$0	$0
Plan 1040	2016	HMO	$30	$200/3	$100	$200	$0	$0	$0	$0
Plan 1041	2015	HMO	$15	$200/3	$100	$100	$0	$0	$0	$0
Plan 1041	2016	HMO	$15	$200/3	$100	$100	$0	$0	$0	$0
Plan 1042	2015	HMO	$15	$100/3	$15	$100	$0	$0	$0	$0
Plan 1042	2016	HMO	$15	$100/3	$15	$100	$0	$0	$0	$0
Plan 1043	2015	HMO	$20	$0	$20	$75	$0	$0	$0	$0
Plan 1043	2016	HMO	$20	$0	$20	$75	$0	$0	$0	$0
Plan 1044	2015	HMO	$20	$100/1	$20	$100	$0	$0	$0	$0
Plan 1044	2016	HMO	$20	$100/1	$20	$100	$0	$0	$0	$0
Plan 1045	2015	HMO	$20	$100/1	$20	$100	$0	$0	$0	$0
Plan 1045	2016	HMO	$20	$100/1	$20	$100	$0	$0	$0	$0
Plan 1046	2015	HMO	$20	$100/3	$50	$75	$0	$0	$0	$0
Plan 1046	2016	HMO	$20	$100/3	$50	$75	$0	$0	$0	$0
Plan 1047	2015	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 1047	2016	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 1094	2015	HMO	$30	$350/3	$30	$150	$0	$0	$0	$0
Plan 1094	2016	HMO	$30	$350/3	$30	$150	$0	$0	$0	$0
Plan 1095	2015	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 1095	2016	HMO	$20	$0	$20	$150	$0	$0	$0	$0
Plan 1096	2015	HMO	$20	$200/5	$100	$150	$0	$0	$0	$0
Plan 1096	2016	HMO	$20	$200/5	$100	$150	$0	$0	$0	$0
Plan 1097	2015	HMO	$30	$350/3	$30	$150	$0	$0	$0	$0
Plan 1097	2016	HMO	$30	$350/3	$30	$150	$0	$0	$0	$0
Plan 1098	2015	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 1098	2016	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 1099	2015	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 1099	2016	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 1100	2015	HMO	$20	$200/5	$100	$150	$0	$0	$0	$0
Plan 1100	2016	HMO	$20	$200/5	$100	$150	$0	$0	$0	$0
Plan 1213	2015	PPO	$30	$200/3	$0	$100	$50	$200/3	$0	$100
Plan 1213	2016	PPO	$30	$200/3	$0	$100	$50	$200/3	$0	$100
Plan 1214	2015	PPO	$30	$200/3	$0	$100	$40	$200/3	$0	$100
Plan 1214	2016	PPO	$30	$200/3	$0	$100	$40	$200/3	$0	$100
Plan 1215	2015	PPO	$30	$200/3	$0	$100	$40	$200/3	$0	$100
Plan 1215	2016	PPO	$30	$200/3	$0	$100	$40	$200/3	$0	$100
Plan 1216	2015	PPO	$25	$100/3	$0	$100	$30	$100/3	$25	$100
Plan 1216	2016	PPO	$25	$100/3	$0	$100	$30	$100/3	$25	$100
Plan 1217	2015	PPO	$0	$0	$0	$100	$40	$0	$0	$100
Plan 1217	2016	PPO	$0	$0	$0	$100	$40	$0	$0	$100
Plan 1218	2015	PPO	$0	$0	$0	$100	$40	$0	$0	$100
Plan 1218	2016	PPO	$0	$0	$0	$100	$40	$0	$0	$100

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Health Plan	Plan Year Ending	Plan Type	Co-Payments							
			In-Network				Out-of-Network			
			Office Visit	Inpatient	Outpatient Surgery	Emergency Room	Office Visit	Inpatient	Outpatient Surgery	Emergency Room
Plan 1219	2015	PPO	$0	$0	$0	$100	$40	$0	$0	$100
Plan 1219	2016	PPO	$0	$0	$0	$100	$40	$0	$0	$100
Plan 1220	2015	PPO	$0	$0	$0	$100	$40	$0	$0	$100
Plan 1220	2016	PPO	$0	$0	$0	$100	$40	$0	$0	$100
Plan 1221	2015	PPO	$30	$0	$0	$150	$50	$0	$0	$150
Plan 1221	2016	PPO	$30	$0	$0	$150	$50	$0	$0	$150
Plan 1222	2015	PPO	$25	$200/3	$100	$100	$40	$200/3	$100	$100
Plan 1222	2016	PPO	$25	$200/3	$100	$100	$40	$200/3	$100	$100
Plan 1223	2015	PPO	$30	$200/3	$100	$100	$40	$200/3	$100	$100
Plan 1223	2016	PPO	$30	$200/3	$100	$100	$40	$200/3	$100	$100
Plan 1224	2015	PPO	$30	$0	$0	$150	$40	$0	$0	$150
Plan 1225	2015	PPO	$30	$0	$0	$150	$40	$0	$0	$150
Plan 1226	2015	PPO	$30	$0	$0	$150	$40	$0	$0	$150
Plan 1227	2015	PPO	$30	$0	$0	$150	$40	$0	$0	$150
Plan 1228	2015	PPO	$30	$0	$0	$150	$40	$0	$0	$150
Plan 1229	2015	PPO	$30	$0	$0	$150	$40	$0	$0	$150
Plan 1230	2015	PPO	$30	$0	$0	$150	$40	$0	$0	$150
Plan 1252	2015	PPO	$30	$0	$30	$150	$40	$0	$30	$150
Plan 1252	2016	PPO	$30	$0	$30	$150	$40	$0	$30	$150
Plan 1253	2015	PPO	$30	$0	$30	$150	$40	$0	$30	$150
Plan 1253	2016	PPO	$30	$0	$30	$150	$40	$0	$30	$150
Plan 1254	2015	PPO	$30	$0	$30	$150	$40	$0	$30	$150
Plan 1254	2016	PPO	$30	$0	$30	$150	$40	$0	$30	$150
Plan 1255	2015	PPO	$30	$0	$100	$100	$40	$0	$100	$100
Plan 1255	2016	PPO	$30	$0	$100	$100	$40	$0	$100	$100
Plan 1256	2015	PPO	$0	$0	$75	$100	$30	$0	$75	$100
Plan 1256	2016	PPO	$0	$0	$75	$100	$30	$0	$75	$100
Plan 1257	2015	PPO	$25	$200/1	$75	$75	$30	$200/1	$75	$75
Plan 1257	2016	PPO	$25	$200/1	$75	$75	$30	$200/1	$75	$75
Plan 1261	2016	Deductible	$15	$0	$0	$0	Not	Not Covered	Not Covered	$0
Plan 1263	2016	Deductible	$20	$0	$0	$0	Not	Not Covered	Not Covered	$0
Plan 1265	2015	Deductible	$20	$0	$0	$0	Not	Not Covered	Not Covered	$0
Plan 1265	2015	Deductible	$30	$0	$0	$150	$50	$0	$0	$150
Plan 1265	2016	Deductible	$20	$0	$0	$0	Not	Not Covered	Not Covered	$0
Plan 1265	2016	Deductible	$30	$0	$0	$150	$50	$0	$0	$150
Plan 1268	2016	Deductible	$20	$0	$0	$0	Not	Not Covered	Not Covered	$0
Plan 1269	2015	HMO	$10	$50	$20	$100	Not	Not Covered	Not Covered	$100
Plan 1270	2015	HMO	$10	$50	$20	$100	Not	Not Covered	Not Covered	$100
Plan 1271	2015	HMO	$10	$50	$20	$100	Not	Not Covered	Not Covered	$100
Plan 1272	2016	HMO	$10	$50	$20	$200	Not	Not Covered	Not Covered	$200
Plan 1273	2016	HMO	$10	$100	$50	$200	Not	Not Covered	Not Covered	$200
Plan 1274	2016	HMO	$10	$50	$20	$200	Not	Not Covered	Not Covered	$200
Plan 1275	2016	HMO	$10	$50	$20	$200	Not	Not Covered	Not Covered	$200
Plan 1279	2015	HMO	$15	$50	$20	$100	Not	Not Covered	Not Covered	$100
Plan 1280	2015	HMO	$50	$100	$20	$100	Not	Not Covered	Not Covered	$100
Plan 1281	2015	HMO	$15	$50	$20	$100	Not	Not Covered	Not Covered	$100
Plan 1283	2016	HMO	$15	$50	$20	$200	Not	Not Covered	Not Covered	$200
Plan 1284	2016	HMO	$15	$0	$10	$75	Not	Not Covered	Not Covered	$75
Plan 1285	2016	HMO	$15	$50	$20	$200	Not	Not Covered	Not Covered	$200
Plan 1286	2015	HMO	$20	$100	$50	$100	Not	Not Covered	Not Covered	$100
Plan 1287	2016	HMO	$20	$100	$50	$200	Not	Not Covered	Not Covered	$200
Plan 1309	2015	PPO	$20	$0	$0	$0	Not	Not Covered	Not Covered	$0
Plan 1309	2015	PPO	$30	$0	$0	$150	$50	$0	$0	$150
Plan 1310	2015	PPO	$20	$0	$0	$0	Not	Not Covered	Not Covered	$0

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For All Plans in Calendar Year 2015

Health Plan	Plan Year Ending	Plan Type	Co-Payments							
			In-Network				Out-of-Network			
			Office Visit	Inpatient	Outpatient Surgery	Emergency Room	Office Visit	Inpatient	Outpatient Surgery	Emergency Room
Plan 1310	2015	PPO	$30	$0	$0	$150	$50	$0	$0	$150
Plan 1310	2015	PPO	$30	$0	$0	$150	$50	$0	$0	$150
Plan 1310	2015	PPO	$20	$0	$0	$0	Not	Not Covered	Not Covered	$0
Plan 1311	2016	PPO	$30	$0	$0	$150	$50	$0	$0	$150
Plan 1311	2016	PPO	$20	$0	$0	$0	Not	Not Covered	Not Covered	$0
Plan 1312	2015	PPO	$20	$0	$0	$0	Not	Not Covered	Not Covered	$0
Plan 1312	2015	PPO	$30	$0	$0	$150	$50	$0	$0	$150
Plan 1313	2016	PPO	$20	$0	$0	$0	Not	Not Covered	Not Covered	$0
Plan 1313	2016	PPO	$30	$0	$0	$150	$50	$0	$0	$150
Plan 1314	2015	PPO	$20	$0	$0	$0	Not	Not Covered	Not Covered	$0
Plan 1314	2015	PPO	$15	$0	$0	$200	$50	$0	$0	$200
Plan 1315	2015	PPO	$20	$0	$0	$0	Not	Not Covered	Not Covered	$0
Plan 1315	2015	PPO	$15	$0	$0	$200	$50	$0	$0	$200
Plan 1315	2015	PPO	$20	$0	$0	$0	Not	Not Covered	Not Covered	$0
Plan 1315	2015	PPO	$15	$0	$0	$200	$50	$0	$0	$200
Plan 1316	2016	PPO	$20	$0	$0	$0	Not	Not Covered	Not Covered	$0
Plan 1316	2016	PPO	$15	$0	$0	$200	$50	$0	$0	$200
Plan 1317	2015	PPO	$15	$0	$0	$200	$50	$0	$0	$200
Plan 1317	2015	PPO	$20	$0	$0	$0	Not	Not Covered	Not Covered	$0
Plan 1318	2016	PPO	$20	$0	$0	$0	Not	Not Covered	Not Covered	$0
Plan 1318	2016	PPO	$15	$0	$0	$200	$50	$0	$0	$200
Plan 1319	2015	PPO	$20	$150	$50	$75	$40	$150	$50	$75
Plan 1320	2015	PPO	$25	$300	$100	$100	$40	$300	$100	$100
Plan 1321	2015	PPO	$25	$300	$100	$100	$40	$300	$100	$100
Plan 1321	2015	PPO	$25	$300	$100	$100	$40	$300	$100	$100
Plan 1322	2016	PPO	$25	$300	$100	$100	$40	$300	$100	$100
Plan 1323	2015	PPO	$25	$300	$100	$100	$40	$300	$100	$100
Plan 1324	2016	PPO	$25	$300	$100	$100	$40	$300	$100	$100
Plan 1325	2015	PPO	$30	$0	$0	$100	$40	$0	$0	$100
Plan 1326	2015	PPO	$30	$0	$0	$100	$40	$0	$0	$100
Plan 1326	2015	PPO	$30	$0	$0	$100	$40	$0	$0	$100
Plan 1327	2016	PPO	$30	$0	$0	$100	$40	$0	$0	$100
Plan 1328	2015	PPO	$30	$0	$0	$100	$40	$0	$0	$100
Plan 1329	2016	PPO	$30	$0	$0	$100	$40	$0	$0	$100
Plan 1330	2015	PPO	$0	$0	$0	$0	$50	$0	$0	$0
Plan 1331	2015	PPO	$0	$0	$0	$0	$50	$0	$0	$0
Plan 1331	2015	PPO	$0	$0	$0	$0	$50	$0	$0	$0
Plan 1332	2016	PPO	$0	$0	$0	$0	$50	$0	$0	$0
Plan 1333	2015	PPO	$0	$0	$0	$0	$50	$0	$0	$0
Plan 1334	2016	PPO	$0	$0	$0	$0	$50	$0	$0	$0
Plan 1335	2015	PPO	$0	$0	$0	$0	$50	$0	$0	$0
Plan 1335	2015	PPO	$0	$0	$0	$0	$50	$0	$0	$0
Plan 1336	2016	PPO	$0	$0	$0	$0	$50	$0	$0	$0
Plan 1337	2016	PPO	$0	$0	$0	$0	$50	$0	$0	$0
Plan 1344	2016	PPO	$30	$0	$0	$200	$50	$0	$0	$200
Plan 1346	2016	PPO	$15	$0	$0	$100	$50	$0	$0	$100
Plan 1348	2016	PPO	$30	$0	$0	$150	$50	$0	$0	$150
Plan 1350	2016	PPO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 1352	2016	PPO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 1355	2016	PPO	$25	$150 per day, $450 max PCY	$100	$75	$40	Included In-Network	$100	$75
Plan 1357	2016	PPO	$30	$300 per day, $900 max PCY	$150	$100	$40	Included In-Network	$150	$100
Plan 1359	2016	PPO	$15	$150 per day, $450 max PCY	$0	$50	$30	$0	$0	$50
Plan 1361	2015	Open Network	$0	$0	$0	$0	$40	$0	$0	$0
Plan 1361	2016	Open Network	$0	$0	$0	$0	$40	$0	$0	$0

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Exhibit A5e
Health Plan Design Comparison — Co-Payments (Paid by Plan Participant)
For All Plans in Calendar Year 2015

Health Plan	Plan Year Ending	Plan Type	Co-Payments							
			In-Network				Out-of-Network			
			Office Visit	Inpatient	Outpatient Surgery	Emergency Room	Office Visit	Inpatient	Outpatient Surgery	Emergency Room
Plan 1379	2016	PPO	$20	$0	$0	$75	$70	$0	$0	$75
Plan 1380	2016	PPO	$20	$0	$20	$75	$60	$0	$35	$75
Plan 1381	2016	PPO	$20	$0	$20	$75	$60	$0	$35	$75
Plan 1382	2016	TRAD	$0	$0	$0	$75	$70	$0	$0	$75
Plan 1383	2016	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 1384	2016	PPO	$15	$0	$0	$100	$60	$0	$0	$100
Plan 1385	2016	PPO	$30	$0	$30	$150	$50	$0	$45	$150
Plan 1386	2016	PPO	$30	$0	$30	$75	$60	$0	$45	$75
Plan 1387	2016	PPO	$20	$0	$20	$75	$60	$0	$35	$75
Plan 1388	2016	PPO	$20	$0	$20	$75	$60	$0	$35	$75
Plan 1389	2016	TRAD	$0	$0	$0	$75	$70	$0	$0	$75
Plan 1390	2016	PPO	$15	$0	$0	$100	$60	$0	$0	$100
Plan 1391	2016	PPO	$30	$0	$30	$150	$50	$0	$45	$150
Plan 1392	2016	PPO	$30	$0	$30	$75	$60	$0	$45	$75
Plan 1393	2016	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 1394	2016	PPO	$20	$0	$20	$75	$60	$0	$35	$75
Plan 1395	2016	PPO	$15	$0	$0	$100	$60	$0	$0	$100
Plan 1396	2016	PPO	$30	$0	$30	$150	$50	$0	$45	$150
Plan 1397	2016	PPO	$20	$0	$20	$75	$60	$0	$35	$75
Plan 1398	2016	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 1399	2016	TRAD	$0	$0	$0	$75	$70	$0	$0	$75
Plan 1430	2015	PPO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 1431	2015	PPO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 1432	2015	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 1433	2015	PPO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 1434	2016	PPO	$20	$0	$20	$75	$60	$0	$35	$75
Plan 1435	2016	PPO	$20	$0	$20	$75	$60	$0	$35	$75
Plan 1436	2016	PPO	$20	$0	$20	$75	$60	$0	$35	$75
Plan 1437	2016	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 1438	2016	TRAD	$0	$0	$0	$75	$70	$0	$0	$75
Plan 1439	2016	PPO	$15	$0	$0	$100	$60	$0	$0	$100
Plan 1440	2016	PPO	$30	$0	$30	$150	$50	$0	$45	$150
Plan 1441	2016	PPO	$30	$0	$30	$75	$60	$0	$45	$75
Plan 1442	2016	PPO	$15	$0	$20	$75	$60	$0	$35	$75
Plan 1443	2016	TRAD	$0	$0	$0	$75	$70	$0	$0	$75
Plan 1444	2016	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 1445	2016	PPO	$30	$0	$30	$75	$60	$0	$45	$75
Plan 1446	2016	PPO	$30	$0	$30	$75	$60	$0	$45	$75
Plan 1447	2016	PPO	$25	$100	$0	$75	$70	$100	$0	$75
Plan 1448	2016	PPO	$25	$100	$0	$75	$70	$100	$0	$75
Plan 1449	2016	TRAD	$0	$200	$0	$100	$80	$200	$0	$100
Plan 1450	2016	TRAD	$0	$200	$0	$100	$80	$200	$0	$100
Plan 1451	2016	PPO	$0	$200	$0	$100	$60	$200	$0	$100
Plan 1452	2016	TRAD	$0	$0	$0	$75	$70	$0	$0	$75
Plan 1453	2016	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 1536	2015	POS	$0	$0	$0	$0	$0	$0	$0	$0
Plan 1537	2015	POS	$0	$0	$0	$0	$0	$0	$0	$0
Plan 1538	2015	POS	$35	$0	$35	$200	$50	$0	$0	$200
Plan 1539	2015	POS	$0	$0	$0	$0	$0	$0	$0	$0
Plan 1540	2015	POS	$30	$300 per admit, then 20%	$30	$100	$40	$0	$0	$100
Plan 1541	2015	POS	$0	$0	$0	$0	$0	$0	$0	$0
Plan 1542	2015	POS	$30	$0	$30	$150	$50	$0	$0	$150
Plan 1543	2015	POS	$0	$0	$0	$0	$0	$0	$0	$0
Plan 1544	2015	POS	$15	$0	$15	$100	$50	$0	$0	$100

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Health Plan Design Comparison — Co-Payments (Paid by Plan Participant)
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Health Plan	Plan Year Ending	Plan Type	Co-Payments							
			In-Network				Out-of-Network			
			Office Visit	Inpatient	Outpatient Surgery	Emergency Room	Office Visit	Inpatient	Outpatient Surgery	Emergency Room
Plan 1545	2015	POS	$0	$0	$0	$0	$0	$0	$0	$0
Plan 1546	2015	POS	$0	$0	$0	$0	$50	$0	$0	$0
Plan 1547	2015	POS	$15	$200 per admit, then 10%	$15	$50	$30	$0	$0	$50
Plan 1548	2015	POS	$0	$0	$0	$0	$0	$0	$0	$0

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K–12 School District Data Collection Project
Exhibit A5f
Health Plan Design Comparison — Out of-Pocket Maximums (Paid by Plan Participant)
For All Plans in Calendar Year 2015

Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 270	2015	Open Network	$4,750	$9,500	Included In-Network	Included In-Network
Plan 270	2016	Open Network	$4,000	$8,000	Included In-Network	Included In-Network
Plan 271	2015	Open Network	$3,250	$6,500	Included In-Network	Included In-Network
Plan 271	2016	Open Network	$3,500	$7,000	Included In-Network	Included In-Network
Plan 272	2015	Open Network	$6,350	$12,700	Included In-Network	Included In-Network
Plan 272	2016	Open Network	$6,350	$12,700	Included In-Network	Included In-Network
Plan 273	2015	Deductible	$2,000	$6,000	Not Covered	Not Covered
Plan 273	2016	Deductible	$2,000	$6,000	Not Covered	Not Covered
Plan 275	2015	Deductible	$2,250	$6,750	Not Covered	Not Covered
Plan 275	2016	Deductible	$2,250	$6,750	Not Covered	Not Covered
Plan 276	2015	Deductible	$600	$1,800	Not Covered	Not Covered
Plan 283	2015	Closed Network	$1,450	$2,900	Not Covered	Not Covered
Plan 283	2016	Closed Network	$2,000	$4,000	Not Covered	Not Covered
Plan 285	2015	Closed Network	$3,500	$7,000	Not Covered	Not Covered
Plan 285	2016	Closed Network	$3,500	$7,000	Not Covered	Not Covered
Plan 286	2015	HMO	$2,000	$4,000	$2,000	$4,000
Plan 287	2015	HMO	$2,000	$4,000	$2,000	$4,000
Plan 288	2015	HMO	$5,100	$10,200	$5,100	$10,200
Plan 289	2015	PPO	$4,000	$8,000	$0	$0
Plan 301	2015	HMO	$600	$1,200	Not Covered	Not Covered
Plan 301	2016	HMO	$600	$1,200	Not Covered	Not Covered
Plan 302	2015	HMO	$600	$1,200	Not Covered	Not Covered
Plan 308	2015	HMO	$600	$1,200	Not Covered	Not Covered
Plan 308	2016	HMO	$600	$1,200	Not Covered	Not Covered
Plan 317	2015	PPO	$1,800	$0	$0	$0
Plan 324	2015	PPO	$2,700	$8,100	Included In-Network	Included In-Network
Plan 325	2015	PPO	$5,500	$16,500	$10,500	$31,500
Plan 326	2015	PPO	$1,200	$3,600	Included In-Network	Included In-Network
Plan 327	2015	PPO	$5,750	$0	$0	$0
Plan 334	2015	PPO	$5,500	$16,500	$10,500	$31,500
Plan 335	2015	PPO	$5,750	$17,250	$10,750	$32,250
Plan 336	2015	PPO	$2,100	$6,300	$10,100	$30,300

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Health Plan Design Comparison — Out of-Pocket Maximums (Paid by Plan Participant)
For All Plans in Calendar Year 2015

Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 337	2015	PPO	$2,000	$6,000	$10,000	$30,000
Plan 338	2015	PPO	$3,200	$9,600	$10,200	$30,600
Plan 339	2015	PPO	$3,000	$9,000	$10,000	$30,000
Plan 340	2015	PPO	$5,500	$16,500	$10,500	$31,500
Plan 341	2015	PPO	$4,000	$12,000	$4,000	$12,000
Plan 342	2015	PPO	$6,000	$18,000	$11,000	$33,000
Plan 343	2015	PPO	$4,000	$12,000	$10,000	$30,000
Plan 346	2015	PPO	$4,200	$8,400	$4,200	$8,400
Plan 347	2015	PPO	$2,000	$4,000	$2,000	$4,000
Plan 409	2015	PPO	$8,000	$8,000	$8,000	$8,000
Plan 409	2016	PPO	$8,000	$8,000	$8,000	$8,000
Plan 410	2015	PPO	$4,000	$12,000	$10,000	$30,000
Plan 410	2016	PPO	$4,000	$12,000	$10,000	$30,000
Plan 411	2015	PPO	$1,000	$2,000	$2,000	$4,000
Plan 411	2016	PPO	$1,000	$2,000	$2,000	$4,000
Plan 412	2015	PPO	$1,500	$4,500	$1,500	$4,500
Plan 412	2016	PPO	$1,500	$4,500	$1,500	$4,500
Plan 413	2015	PPO	$2,500	$5,000	$2,500	$5,000
Plan 413	2016	PPO	$2,500	$5,000	$2,500	$5,000
Plan 419	2015	HMO	$1,000	$2,000	$0	$0
Plan 419	2016	HMO	$1,000	$2,000	$0	$0
Plan 420	2015	HMO	$2,000	$4,000	$0	$0
Plan 420	2016	HMO	$2,000	$4,000	$0	$0
Plan 421	2015	HMO	$2,000	$4,000	$0	$0
Plan 421	2016	HMO	$2,000	$4,000	$0	$0
Plan 422	2015	HMO	$2,000	$4,000	$0	$0
Plan 422	2016	HMO	$2,000	$4,000	$0	$0
Plan 423	2015	HMO	$2,000	$4,000	$0	$0
Plan 423	2016	HMO	$2,000	$4,000	$0	$0
Plan 424	2015	HMO	$2,000	$4,000	$0	$0
Plan 424	2016	HMO	$2,000	$4,000	$0	$0
Plan 426	2015	HMO	$2,000	$6,000	$0	$0

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Health Plan Design Comparison — Out of-Pocket Maximums (Paid by Plan Participant)
For All Plans in Calendar Year 2015

Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 426	2016	HMO	$2,000	$6,000	$0	$0
Plan 427	2015	HMO	$2,000	$4,000	$0	$0
Plan 427	2016	HMO	$2,000	$4,000	$0	$0
Plan 428	2015	HMO	$2,000	$4,000	$0	$0
Plan 428	2016	HMO	$2,000	$4,000	$0	$0
Plan 429	2015	HMO	$2,000	$4,000	$0	$0
Plan 430	2015	HMO	$2,000	$4,000	$0	$0
Plan 430	2016	HMO	$2,000	$4,000	$0	$0
Plan 432	2015	HMO	$2,000	$4,000	$0	$0
Plan 432	2016	HMO	$2,000	$4,000	$0	$0
Plan 433	2015	HMO	$3,000	$6,000	$0	$0
Plan 433	2016	HMO	$3,000	$6,000	$0	$0
Plan 434	2015	HMO	$2,000	$4,000	$0	$0
Plan 434	2016	HMO	$2,000	$4,000	$0	$0
Plan 435	2015	HMO	$2,000	$4,000	$0	$0
Plan 435	2016	HMO	$2,000	$4,000	$0	$0
Plan 437	2015	HMO	$2,000	$4,000	$0	$0
Plan 437	2016	HMO	$2,000	$4,000	$0	$0
Plan 438	2015	HMO	$2,000	$4,000	$0	$0
Plan 438	2016	HMO	$2,000	$4,000	$0	$0
Plan 439	2015	HMO	$2,000	$6,000	$0	$0
Plan 440	2015	HMO	$2,000	$4,000	$0	$0
Plan 440	2016	HMO	$2,000	$4,000	$0	$0
Plan 441	2015	HMO	$2,000	$4,000	$0	$0
Plan 441	2016	HMO	$2,000	$4,000	$0	$0
Plan 442	2015	HMO	$2,000	$6,000	$0	$0
Plan 442	2016	HMO	$2,000	$6,000	$0	$0
Plan 443	2015	HMO	$2,000	$4,000	$0	$0
Plan 443	2016	HMO	$2,000	$4,000	$0	$0
Plan 444	2015	HMO	$2,500	$5,000	$0	$0
Plan 444	2016	HMO	$2,500	$5,000	$0	$0
Plan 445	2015	HMO	$1,000	$2,000	$0	$0

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For All Plans in Calendar Year 2015

Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 445	2016	HMO	$1,000	$2,000	$0	$0
Plan 446	2015	HMO	$2,000	$4,000	$0	$0
Plan 446	2016	HMO	$2,000	$4,000	$0	$0
Plan 447	2015	HMO	$2,000	$4,000	$0	$0
Plan 447	2016	HMO	$2,000	$4,000	$0	$0
Plan 448	2015	HMO	$2,000	$4,000	$0	$0
Plan 448	2016	HMO	$2,000	$4,000	$0	$0
Plan 449	2015	HMO	$1,000	$2,000	$0	$0
Plan 449	2016	HMO	$1,000	$2,000	$0	$0
Plan 450	2015	HMO	$3,000	$6,000	$0	$0
Plan 450	2016	HMO	$3,000	$6,000	$0	$0
Plan 452	2015	HMO	$1,000	$2,000	$0	$0
Plan 452	2016	HMO	$1,000	$2,000	$0	$0
Plan 453	2015	HMO	$2,000	$4,000	$0	$0
Plan 453	2016	HMO	$2,000	$4,000	$0	$0
Plan 454	2015	HMO	$2,000	$4,000	$0	$0
Plan 454	2016	HMO	$2,000	$4,000	$0	$0
Plan 455	2015	HMO	$2,000	$4,000	$0	$0
Plan 455	2016	HMO	$2,000	$4,000	$0	$0
Plan 456	2015	HMO	$2,000	$4,000	$0	$0
Plan 456	2016	HMO	$2,000	$4,000	$0	$0
Plan 457	2015	HMO	$1,000	$3,000	$0	$0
Plan 457	2016	HMO	$1,000	$3,000	$0	$0
Plan 458	2015	HMO	$3,000	$6,000	$0	$0
Plan 458	2016	HMO	$3,000	$6,000	$0	$0
Plan 459	2015	HMO	$2,000	$4,000	$0	$0
Plan 459	2016	HMO	$2,000	$4,000	$0	$0
Plan 460	2015	HMO	$2,000	$4,000	$0	$0
Plan 460	2016	HMO	$2,000	$4,000	$0	$0
Plan 461	2015	HMO	$1,000	$2,000	$0	$0
Plan 461	2016	HMO	$1,000	$2,000	$0	$0
Plan 462	2015	HMO	$2,000	$4,000	$0	$0

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For All Plans in Calendar Year 2015

Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 462	2016	HMO	$2,000	$4,000	$0	$0
Plan 463	2015	HMO	$2,000	$4,000	$0	$0
Plan 463	2016	HMO	$2,000	$4,000	$0	$0
Plan 464	2015	HMO	$1,000	$2,000	$0	$0
Plan 464	2016	HMO	$1,000	$2,000	$0	$0
Plan 466	2015	HMO	$2,000	$6,000	$0	$0
Plan 466	2016	HMO	$2,000	$6,000	$0	$0
Plan 467	2015	HMO	$2,000	$4,000	$0	$0
Plan 467	2016	HMO	$2,000	$4,000	$0	$0
Plan 468	2015	HMO	$2,000	$4,000	$0	$0
Plan 468	2016	HMO	$2,000	$4,000	$0	$0
Plan 469	2015	HMO	$2,000	$6,000	$0	$0
Plan 469	2016	HMO	$2,000	$6,000	$0	$0
Plan 470	2015	HMO	$2,000	$6,000	$0	$0
Plan 470	2016	HMO	$2,000	$6,000	$0	$0
Plan 471	2015	HMO	$2,000	$6,000	$0	$0
Plan 471	2016	HMO	$2,000	$6,000	$0	$0
Plan 472	2015	HMO	$2,000	$4,000	$0	$0
Plan 472	2016	HMO	$2,000	$4,000	$0	$0
Plan 473	2015	HMO	$2,000	$4,000	$0	$0
Plan 473	2016	HMO	$2,000	$4,000	$0	$0
Plan 474	2015	HMO	$2,000	$6,000	$0	$0
Plan 474	2016	HMO	$2,000	$6,000	$0	$0
Plan 475	2015	HMO	$2,000	$6,000	$0	$0
Plan 475	2016	HMO	$2,000	$6,000	$0	$0
Plan 476	2015	HMO	$2,000	$4,000	$0	$0
Plan 476	2016	HMO	$2,000	$4,000	$0	$0
Plan 477	2015	HMO	$2,000	$6,000	$0	$0
Plan 477	2016	HMO	$2,000	$6,000	$0	$0
Plan 478	2015	HMO	$2,000	$6,000	$0	$0
Plan 478	2016	HMO	$2,000	$6,000	$0	$0
Plan 479	2015	HMO	$2,000	$6,000	$0	$0

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For All Plans in Calendar Year 2015

Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 479	2016	HMO	$2,000	$6,000	$0	$0
Plan 481	2015	HMO	$2,000	$4,000	$0	$0
Plan 481	2016	HMO	$2,000	$4,000	$0	$0
Plan 482	2015	HMO	$2,000	$6,000	$0	$0
Plan 482	2016	HMO	$2,000	$6,000	$0	$0
Plan 483	2015	HMO	$2,000	$4,000	$0	$0
Plan 483	2016	HMO	$2,000	$4,000	$0	$0
Plan 484	2015	HMO	$2,000	$4,000	$0	$0
Plan 484	2016	HMO	$2,000	$4,000	$0	$0
Plan 485	2015	HMO	$2,600	$7,800	$0	$0
Plan 485	2016	HMO	$2,600	$7,800	$0	$0
Plan 486	2015	HMO	$2,000	$6,000	$0	$0
Plan 486	2016	HMO	$2,000	$6,000	$0	$0
Plan 487	2015	HMO	$2,000	$6,000	$0	$0
Plan 487	2016	HMO	$2,000	$6,000	$0	$0
Plan 488	2015	HMO	$2,000	$6,000	$0	$0
Plan 488	2016	HMO	$2,000	$6,000	$0	$0
Plan 489	2015	HMO	$2,000	$6,000	$0	$0
Plan 489	2016	HMO	$2,000	$6,000	$0	$0
Plan 490	2015	HMO	$2,000	$6,000	$0	$0
Plan 490	2016	HMO	$2,000	$6,000	$0	$0
Plan 491	2015	HMO	$2,000	$6,000	$0	$0
Plan 491	2016	HMO	$2,000	$6,000	$0	$0
Plan 492	2015	HMO	$2,000	$6,000	$0	$0
Plan 492	2016	HMO	$2,000	$6,000	$0	$0
Plan 493	2015	HMO	$2,000	$6,000	$0	$0
Plan 493	2016	HMO	$2,000	$6,000	$0	$0
Plan 494	2015	HMO	$2,000	$4,000	$0	$0
Plan 494	2016	HMO	$2,000	$4,000	$0	$0
Plan 495	2015	HMO	$2,000	$6,000	$0	$0
Plan 495	2016	HMO	$2,000	$6,000	$0	$0
Plan 496	2015	HMO	$2,000	$6,000	$0	$0

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For All Plans in Calendar Year 2015

Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 496	2016	HMO	$2,000	$6,000	$0	$0
Plan 497	2015	HMO	$2,000	$4,000	$0	$0
Plan 497	2016	HMO	$2,000	$4,000	$0	$0
Plan 499	2015	HMO	$2,000	$6,000	$0	$0
Plan 499	2016	HMO	$2,000	$6,000	$0	$0
Plan 500	2015	HMO	$2,000	$6,000	$0	$0
Plan 500	2016	HMO	$2,000	$6,000	$0	$0
Plan 501	2015	HMO	$2,000	$4,000	$0	$0
Plan 501	2016	HMO	$2,000	$4,000	$0	$0
Plan 502	2015	HMO	$2,000	$4,000	$0	$0
Plan 502	2016	HMO	$2,000	$4,000	$0	$0
Plan 503	2015	HMO	$2,000	$6,000	$0	$0
Plan 503	2016	HMO	$2,000	$6,000	$0	$0
Plan 504	2015	HMO	$2,000	$6,000	$0	$0
Plan 504	2016	HMO	$2,000	$6,000	$0	$0
Plan 506	2015	HMO	$2,000	$4,000	$0	$0
Plan 506	2016	HMO	$2,000	$4,000	$0	$0
Plan 508	2015	HMO	$1,000	$2,000	$0	$0
Plan 508	2016	HMO	$1,000	$2,000	$0	$0
Plan 509	2015	HMO	$2,000	$6,000	$0	$0
Plan 509	2016	HMO	$2,000	$6,000	$0	$0
Plan 510	2015	HMO	$2,000	$4,000	$0	$0
Plan 510	2016	HMO	$2,000	$4,000	$0	$0
Plan 511	2015	HMO	$2,000	$6,000	$0	$0
Plan 511	2016	HMO	$2,000	$6,000	$0	$0
Plan 512	2015	HMO	$2,000	$4,000	$0	$0
Plan 512	2016	HMO	$2,000	$4,000	$0	$0
Plan 513	2015	HMO	$6,000	$12,000	$0	$0
Plan 514	2015	HMO	$6,000	$12,000	$0	$0
Plan 515	2015	HMO	$6,000	$12,000	$0	$0
Plan 516	2015	HMO	$6,000	$12,000	$0	$0
Plan 517	2015	HMO	$6,000	$12,000	$0	$0

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Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 518	2015	HMO	$6,000	$12,000	$0	$0
Plan 518	2016	HMO	$6,000	$12,000	$0	$0
Plan 519	2015	HMO	$1,000	$2,000	$0	$0
Plan 519	2016	HMO	$1,000	$2,000	$0	$0
Plan 520	2015	HMO	$5,100	$0	$0	$0
Plan 520	2016	HMO	$5,100	$0	$0	$0
Plan 521	2015	HMO	$5,100	$0	$0	$0
Plan 521	2016	HMO	$5,100	$0	$0	$0
Plan 522	2015	HMO	$5,100	$0	$0	$0
Plan 522	2016	HMO	$5,100	$0	$0	$0
Plan 523	2015	HMO	$5,100	$0	$0	$0
Plan 523	2016	HMO	$5,100	$0	$0	$0
Plan 524	2015	HMO	$5,100	$0	$0	$0
Plan 524	2016	HMO	$5,100	$0	$0	$0
Plan 525	2015	HMO	$5,100	$0	$0	$0
Plan 525	2016	HMO	$5,100	$0	$0	$0
Plan 526	2015	HMO	$5,100	$0	$0	$0
Plan 526	2016	HMO	$5,100	$0	$0	$0
Plan 527	2015	HMO	$5,100	$0	$0	$0
Plan 527	2016	HMO	$5,100	$0	$0	$0
Plan 528	2015	HMO	$2,000	$0	$0	$0
Plan 528	2016	HMO	$2,000	$0	$0	$0
Plan 529	2015	HMO	$5,100	$0	$0	$0
Plan 529	2016	HMO	$5,100	$0	$0	$0
Plan 530	2015	HMO	$5,100	$0	$0	$0
Plan 530	2016	HMO	$5,100	$0	$0	$0
Plan 531	2015	HMO	$5,100	$0	$0	$0
Plan 531	2016	HMO	$5,100	$0	$0	$0
Plan 532	2015	HMO	$5,100	$0	$0	$0
Plan 532	2016	HMO	$5,100	$0	$0	$0
Plan 533	2015	HMO	$5,100	$0	$0	$0
Plan 533	2016	HMO	$5,100	$0	$0	$0

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Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 534	2015	HMO	$5,100	$0	$0	$0
Plan 534	2016	HMO	$5,100	$0	$0	$0
Plan 535	2015	HMO	$5,100	$0	$0	$0
Plan 535	2016	HMO	$5,100	$0	$0	$0
Plan 536	2015	HMO	$5,100	$0	$0	$0
Plan 536	2016	HMO	$5,100	$0	$0	$0
Plan 537	2015	HMO	$5,100	$0	$0	$0
Plan 538	2015	HMO	$5,100	$0	$0	$0
Plan 539	2015	HMO	$5,100	$0	$0	$0
Plan 540	2015	HMO	$5,100	$0	$0	$0
Plan 541	2015	HMO	$5,100	$0	$0	$0
Plan 542	2015	HMO	$5,100	$0	$0	$0
Plan 543	2015	HMO	$5,100	$0	$0	$0
Plan 544	2015	HMO	$5,100	$0	$0	$0
Plan 545	2015	HMO	$5,100	$0	$0	$0
Plan 546	2015	HMO	$5,100	$0	$0	$0
Plan 547	2015	HMO	$5,100	$0	$0	$0
Plan 548	2015	HMO	$5,100	$0	$0	$0
Plan 549	2015	HMO	$5,100	$0	$0	$0
Plan 550	2015	HMO	$5,100	$0	$0	$0
Plan 551	2015	HMO	$5,100	$0	$0	$0
Plan 552	2015	HMO	$5,100	$0	$0	$0
Plan 554	2015	HMO	$2,000	$0	$0	$0
Plan 554	2016	HMO	$2,000	$0	$0	$0
Plan 555	2015	HMO	$1,000	$0	$0	$0
Plan 556	2015	HMO	$1,000	$0	$0	$0
Plan 557	2015	HMO	$2,000	$0	$0	$0
Plan 558	2015	HMO	$2,000	$0	$0	$0
Plan 559	2016	HMO	$1,000	$0	$0	$0
Plan 559	2015	HMO	$1,000	$0	$0	$0
Plan 560	2015	HMO	$2,000	$0	$0	$0
Plan 560	2016	HMO	$2,000	$0	$0	$0

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Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 561	2015	HMO	$1,000	$0	$0	$0
Plan 561	2016	HMO	$1,000	$0	$0	$0
Plan 562	2015	HMO	$2,000	$0	$0	$0
Plan 562	2016	HMO	$2,000	$0	$0	$0
Plan 563	2015	HMO	$1,000	$0	$0	$0
Plan 563	2016	HMO	$1,000	$0	$0	$0
Plan 565	2015	HMO	$2,000	$0	$0	$0
Plan 565	2016	HMO	$2,000	$0	$0	$0
Plan 566	2015	HMO	$2,000	$0	$0	$0
Plan 566	2016	HMO	$2,000	$0	$0	$0
Plan 567	2016	HMO	$2,000	$0	$0	$0
Plan 567	2015	HMO	$2,000	$0	$0	$0
Plan 569	2015	HMO	$2,000	$0	$0	$0
Plan 569	2016	HMO	$2,000	$0	$0	$0
Plan 572	2015	HMO	$1,000	$0	$0	$0
Plan 572	2016	HMO	$1,000	$0	$0	$0
Plan 573	2015	HMO	$1,000	$0	$0	$0
Plan 573	2016	HMO	$1,000	$0	$0	$0
Plan 574	2015	HMO	$1,000	$0	$0	$0
Plan 574	2016	HMO	$1,000	$0	$0	$0
Plan 575	2015	HMO	$1,000	$0	$0	$0
Plan 575	2016	HMO	$1,000	$0	$0	$0
Plan 576	2015	HMO	$2,000	$0	$0	$0
Plan 576	2016	HMO	$2,000	$0	$0	$0
Plan 579	2015	HMO	$2,000	$0	$0	$0
Plan 579	2016	HMO	$2,000	$0	$0	$0
Plan 580	2015	HMO	$2,000	$0	$0	$0
Plan 580	2016	HMO	$2,000	$0	$0	$0
Plan 581	2015	HMO	$2,000	$0	$0	$0
Plan 581	2016	HMO	$2,000	$0	$0	$0
Plan 582	2015	HMO	$2,000	$0	$0	$0
Plan 582	2016	HMO	$2,000	$0	$0	$0

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Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 583	2015	HMO	$2,000	$0	$0	$0
Plan 583	2016	HMO	$2,000	$0	$0	$0
Plan 584	2015	HMO	$2,000	$0	$0	$0
Plan 584	2016	HMO	$2,000	$0	$0	$0
Plan 585	2015	HMO	$2,000	$0	$0	$0
Plan 585	2016	HMO	$2,000	$0	$0	$0
Plan 586	2015	HMO	$2,000	$0	$0	$0
Plan 586	2016	HMO	$2,000	$0	$0	$0
Plan 587	2015	HMO	$2,000	$0	$0	$0
Plan 587	2016	HMO	$2,000	$0	$0	$0
Plan 588	2015	HMO	$2,000	$0	$0	$0
Plan 588	2016	HMO	$2,000	$0	$0	$0
Plan 589	2015	HMO	$2,000	$0	$0	$0
Plan 589	2016	HMO	$2,000	$0	$0	$0
Plan 591	2015	HMO	$2,000	$0	$0	$0
Plan 591	2016	HMO	$2,000	$0	$0	$0
Plan 592	2015	HMO	$2,000	$0	$0	$0
Plan 592	2016	HMO	$2,000	$0	$0	$0
Plan 593	2015	HMO	$2,000	$0	$0	$0
Plan 593	2016	HMO	$2,000	$0	$0	$0
Plan 594	2015	HMO	$2,000	$0	$0	$0
Plan 594	2016	HMO	$2,000	$0	$0	$0
Plan 596	2015	HMO	$1,000	$0	$0	$0
Plan 596	2016	HMO	$1,000	$0	$0	$0
Plan 597	2015	HMO	$2,000	$0	$0	$0
Plan 597	2016	HMO	$2,000	$0	$0	$0
Plan 598	2015	HMO	$2,000	$0	$0	$0
Plan 598	2016	HMO	$2,000	$0	$0	$0
Plan 599	2015	HMO	$2,000	$0	$0	$0
Plan 599	2016	HMO	$2,000	$0	$0	$0
Plan 600	2015	HMO	$2,000	$0	$0	$0
Plan 600	2016	HMO	$2,000	$0	$0	$0

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Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 601	2015	HMO	$2,000	$0	$0	$0
Plan 601	2016	HMO	$2,000	$0	$0	$0
Plan 602	2015	HMO	$2,000	$0	$0	$0
Plan 602	2016	HMO	$2,000	$0	$0	$0
Plan 603	2015	HMO	$2,000	$0	$0	$0
Plan 603	2016	HMO	$2,000	$0	$0	$0
Plan 604	2015	HMO	$2,000	$0	$0	$0
Plan 604	2016	HMO	$2,000	$0	$0	$0
Plan 605	2015	HMO	$2,000	$0	$0	$0
Plan 605	2016	HMO	$2,000	$0	$0	$0
Plan 606	2015	HMO	$2,000	$0	$0	$0
Plan 606	2016	HMO	$2,000	$0	$0	$0
Plan 607	2015	HMO	$1,000	$0	$0	$0
Plan 607	2016	HMO	$1,000	$0	$0	$0
Plan 608	2015	HMO	$1,000	$0	$0	$0
Plan 608	2016	HMO	$1,000	$0	$0	$0
Plan 609	2015	HMO	$2,000	$0	$0	$0
Plan 609	2016	HMO	$2,000	$0	$0	$0
Plan 610	2015	HMO	$2,000	$0	$0	$0
Plan 610	2016	HMO	$2,000	$0	$0	$0
Plan 611	2015	HMO	$2,000	$0	$0	$0
Plan 611	2016	HMO	$2,000	$0	$0	$0
Plan 612	2015	HMO	$2,000	$0	$0	$0
Plan 612	2016	HMO	$2,000	$0	$0	$0
Plan 613	2015	HMO	$6,000	$0	$0	$0
Plan 613	2016	HMO	$6,000	$0	$0	$0
Plan 614	2015	HMO	$6,000	$0	$0	$0
Plan 614	2016	HMO	$6,000	$0	$0	$0
Plan 615	2015	HMO	$6,000	$0	$0	$0
Plan 615	2016	HMO	$6,000	$0	$0	$0
Plan 616	2015	HMO	$6,000	$0	$0	$0
Plan 616	2016	HMO	$6,000	$0	$0	$0

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Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 617	2015	HMO	$2,000	$0	$0	$0
Plan 617	2016	HMO	$2,000	$0	$0	$0
Plan 618	2015	HMO	$2,000	$0	$0	$0
Plan 618	2016	HMO	$2,000	$0	$0	$0
Plan 619	2015	HMO	$6,000	$0	$0	$0
Plan 619	2016	HMO	$6,000	$0	$0	$0
Plan 620	2015	HMO	$2,000	$0	$0	$0
Plan 620	2016	HMO	$2,000	$0	$0	$0
Plan 624	2015	HMO	$2,000	$0	$0	$0
Plan 624	2016	HMO	$2,000	$0	$0	$0
Plan 625	2015	HMO	$6,000	$0	$0	$0
Plan 625	2016	HMO	$6,000	$0	$0	$0
Plan 626	2015	HMO	$2,000	$0	$0	$0
Plan 626	2016	HMO	$2,000	$0	$0	$0
Plan 627	2015	HMO	$2,000	$0	$0	$0
Plan 628	2015	HMO	$6,000	$0	$0	$0
Plan 628	2016	HMO	$6,000	$0	$0	$0
Plan 629	2015	HMO	$2,000	$0	$0	$0
Plan 629	2016	HMO	$2,000	$0	$0	$0
Plan 630	2015	HMO	$6,000	$0	$0	$0
Plan 630	2016	HMO	$6,000	$0	$0	$0
Plan 631	2015	HMO	$2,000	$0	$0	$0
Plan 631	2016	HMO	$2,000	$0	$0	$0
Plan 632	2015	HMO	$2,000	$0	$0	$0
Plan 632	2016	HMO	$2,000	$0	$0	$0
Plan 633	2015	HMO	$2,000	$0	$0	$0
Plan 633	2016	HMO	$2,000	$0	$0	$0
Plan 634	2015	HMO	$2,000	$0	$0	$0
Plan 635	2015	HMO	$2,000	$0	$0	$0
Plan 636	2015	HMO	$2,000	$0	$0	$0
Plan 637	2015	HMO	$2,000	$0	$0	$0
Plan 638	2015	HMO	$2,000	$0	$0	$0

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Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 639	2015	HMO	$2,000	$0	$0	$0
Plan 640	2015	HMO	$2,000	$0	$0	$0
Plan 641	2015	HMO	$2,000	$0	$0	$0
Plan 642	2015	HMO	$2,000	$0	$0	$0
Plan 643	2015	HMO	$2,000	$0	$0	$0
Plan 644	2015	HMO	$2,000	$0	$0	$0
Plan 645	2015	HMO	$2,000	$0	$0	$0
Plan 646	2015	HMO	$2,000	$0	$0	$0
Plan 647	2015	HMO	$2,000	$0	$0	$0
Plan 648	2015	HMO	$2,000	$0	$0	$0
Plan 649	2015	HMO	$2,000	$0	$0	$0
Plan 649	2016	HMO	$2,000	$0	$0	$0
Plan 650	2015	HMO	$6,000	$0	$0	$0
Plan 650	2016	HMO	$6,000	$0	$0	$0
Plan 651	2015	HMO	$2,000	$0	$0	$0
Plan 651	2016	HMO	$2,000	$0	$0	$0
Plan 652	2015	HMO	$6,000	$0	$0	$0
Plan 652	2016	HMO	$6,000	$0	$0	$0
Plan 653	2015	HMO	$2,000	$0	$0	$0
Plan 653	2016	HMO	$2,000	$0	$0	$0
Plan 654	2015	HMO	$2,000	$0	$0	$0
Plan 654	2016	HMO	$2,000	$0	$0	$0
Plan 656	2015	HMO	$2,000	$0	$0	$0
Plan 656	2016	HMO	$2,000	$0	$0	$0
Plan 668	2015	PPO	$2,500	$0	$2,500	$7,500
Plan 668	2016	PPO	$2,500	$0	$2,500	$7,500
Plan 670	2015	PPO	$2,000	$0	$2,000	$6,000
Plan 670	2016	PPO	$2,000	$0	$2,000	$6,000
Plan 672	2015	PPO	$2,000	$0	$2,000	$4,000
Plan 672	2016	PPO	$2,000	$0	$2,000	$4,000
Plan 673	2015	PPO	$5,100	$0	$5,100	$0
Plan 673	2016	PPO	$5,100	$0	$5,100	$0

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Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 674	2015	PPO	$5,100	$0	$5,100	$0
Plan 674	2016	PPO	$5,100	$0	$5,100	$0
Plan 675	2015	PPO	$1,500	$0	$0	$0
Plan 676	2015	PPO	$1,500	$0	$0	$0
Plan 685	2015	PPO	$1,500	$0	$0	$0
Plan 685	2016	PPO	$1,500	$0	$0	$0
Plan 686	2015	PPO	$1,000	$0	$0	$0
Plan 686	2016	PPO	$1,000	$0	$0	$0
Plan 688	2015	PPO	$1,500	$0	$0	$0
Plan 688	2016	PPO	$1,500	$0	$0	$0
Plan 689	2015	PPO	$1,000	$0	$0	$0
Plan 689	2016	PPO	$1,000	$0	$0	$0
Plan 690	2015	PPO	$1,000	$0	$0	$0
Plan 691	2015	PPO	$1,000	$0	$0	$0
Plan 703	2015	PPO	$5,000	$10,000	$10,000	$20,000
Plan 704	2015	HMO	$2,000	$4,000	$2,000	$4,000
Plan 708	2015	PPO	$1,500	$4,500	Included In-Network	Included In-Network
Plan 709	2015	PPO	$2,750	$8,250	Included In-Network	Included In-Network
Plan 710	2015	PPO	$500	$1,500	$0	$0
Plan 711	2015	Open Network	$11,000	$11,000	Included In-Network	Included In-Network
Plan 711	2016	Open Network	$11,000	$11,000	Included In-Network	Included In-Network
Plan 768	2015	PPO	$4,000	$8,000	$8,000	$16,000
Plan 768	2016	PPO	$4,000	$8,000	$8,000	$16,000
Plan 769	2015	PPO	$3,500	$7,000	Included In-Network	Included In-Network
Plan 769	2016	PPO	$3,500	$7,000	Included In-Network	Included In-Network
Plan 770	2015	PPO	$3,500	$7,000	Included In-Network	Included In-Network
Plan 770	2016	PPO	$3,500	$7,000	Included In-Network	Included In-Network
Plan 772	2015	PPO	$1,750	$5,250	Included In-Network	Included In-Network
Plan 773	2015	PPO	$1,750	$5,250	Included In-Network	Included In-Network
Plan 774	2015	PPO	$1,500	$4,500	Included In-Network	Included In-Network
Plan 774	2016	PPO	$1,500	$4,500	Included In-Network	Included In-Network
Plan 775	2015	PPO	$2,750	$8,250	Included In-Network	Included In-Network

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Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 775	2016	PPO	$2,750	$8,250	Included In-Network	Included In-Network
Plan 776	2015	PPO	$5,000	$15,000	$10,000	$30,000
Plan 776	2016	PPO	$5,000	$15,000	$10,000	$30,000
Plan 779	2015	PPO	$1,750	$5,250	Included In-Network	Included In-Network
Plan 779	2016	PPO	$1,750	$5,250	Included In-Network	Included In-Network
Plan 780	2015	PPO	$1,750	$5,250	Included In-Network	Included In-Network
Plan 780	2016	PPO	$1,750	$5,250	Included In-Network	Included In-Network
Plan 781	2015	HMO	$2,500	$7,500	$0	$0
Plan 781	2016	HMO	$2,500	$7,500	$0	$0
Plan 782	2015	HMO	$2,000	$4,000	$0	$0
Plan 782	2016	HMO	$2,000	$4,000	$0	$0
Plan 783	2015	HMO	$5,100	$0	$0	$0
Plan 783	2016	HMO	$5,100	$0	$0	$0
Plan 784	2015	HMO	$5,100	$0	$0	$0
Plan 784	2016	HMO	$5,100	$0	$0	$0
Plan 785	2015	HMO	$5,100	$0	$0	$0
Plan 785	2016	HMO	$5,100	$0	$0	$0
Plan 786	2015	HMO	$5,100	$0	$0	$0
Plan 786	2016	HMO	$5,100	$0	$0	$0
Plan 787	2015	HMO	$6,000	$0	$0	$0
Plan 787	2016	HMO	$6,000	$0	$0	$0
Plan 788	2015	HMO	$6,000	$0	$0	$0
Plan 788	2016	HMO	$6,000	$0	$0	$0
Plan 794	2015	PPO	$2,000	$0	$0	$0
Plan 794	2016	PPO	$2,000	$0	$0	$0
Plan 795	2015	PPO	$1,000	$0	$1,000	$3,000
Plan 795	2016	PPO	$1,000	$0	$1,000	$3,000
Plan 796	2015	PPO	$4,000	$0	$0	$0
Plan 796	2016	PPO	$4,000	$0	$0	$0
Plan 797	2015	PPO	$5,100	$0	$10,200	$0
Plan 797	2016	PPO	$5,100	$0	$10,200	$0
Plan 798	2015	PPO	$5,100	$0	$10,200	$0

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Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 798	2016	PPO	$5,100	$0	$10,200	$0
Plan 799	2015	PPO	$2,000	$0	$0	$0
Plan 799	2016	PPO	$2,000	$0	$0	$0
Plan 800	2015	PPO	$4,000	$0	$0	$0
Plan 800	2016	PPO	$4,000	$0	$0	$0
Plan 801	2015	PPO	$4,000	$0	$0	$0
Plan 801	2016	PPO	$4,000	$0	$0	$0
Plan 802	2015	PPO	$5,100	$0	$10,200	$0
Plan 802	2016	PPO	$5,100	$0	$10,200	$0
Plan 803	2015	PPO	$5,100	$0	$10,200	$0
Plan 803	2016	PPO	$5,100	$0	$10,200	$0
Plan 804	2015	PPO	$1,000	$0	$1,000	$3,000
Plan 804	2016	PPO	$1,000	$0	$1,000	$3,000
Plan 805	2015	PPO	$5,100	$0	$10,200	$0
Plan 805	2016	PPO	$5,100	$0	$10,200	$0
Plan 806	2015	PPO	$5,100	$0	$10,200	$0
Plan 806	2016	PPO	$5,100	$0	$10,200	$0
Plan 807	2015	PPO	$4,000	$0	$0	$0
Plan 807	2016	PPO	$4,000	$0	$0	$0
Plan 808	2015	PPO	$2,000	$0	$0	$0
Plan 808	2016	PPO	$2,000	$0	$0	$0
Plan 809	2015	PPO	$1,000	$0	$0	$0
Plan 809	2016	PPO	$1,000	$0	$0	$0
Plan 810	2015	PPO	$2,000	$0	$0	$0
Plan 810	2016	PPO	$2,000	$0	$0	$0
Plan 812	2015	PPO	$2,000	$0	$0	$0
Plan 812	2016	PPO	$2,000	$0	$0	$0
Plan 813	2015	PPO	$1,500	$0	$0	$0
Plan 813	2016	PPO	$1,500	$0	$0	$0
Plan 814	2015	PPO	$1,000	$0	$0	$0
Plan 814	2016	PPO	$1,000	$0	$0	$0
Plan 815	2015	PPO	$2,000	$0	$0	$0

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Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 815	2016	PPO	$2,000	$0	$0	$0
Plan 816	2015	PPO	$1,500	$0	$0	$0
Plan 816	2016	PPO	$1,500	$0	$0	$0
Plan 817	2015	PPO	$1,000	$0	$0	$0
Plan 817	2016	PPO	$1,000	$0	$0	$0
Plan 818	2015	PPO	$2,000	$0	$0	$0
Plan 818	2016	PPO	$2,000	$0	$0	$0
Plan 819	2015	PPO	$1,500	$0	$0	$0
Plan 819	2016	PPO	$1,500	$0	$0	$0
Plan 820	2015	PPO	$1,000	$0	$0	$0
Plan 820	2016	PPO	$1,000	$0	$0	$0
Plan 821	2015	PPO	$2,000	$0	$0	$0
Plan 821	2016	PPO	$2,000	$0	$0	$0
Plan 822	2015	PPO	$1,500	$0	$0	$0
Plan 822	2016	PPO	$1,500	$0	$0	$0
Plan 823	2015	PPO	$1,000	$0	$0	$0
Plan 823	2016	PPO	$1,000	$0	$0	$0
Plan 824	2015	Deductible	$4,000	$12,000	Not Covered	Not Covered
Plan 824	2016	Deductible	$4,000	$12,000	Not Covered	Not Covered
Plan 828	2015	Deductible	$2,250	$6,750	Not Covered	Not Covered
Plan 828	2016	Deductible	$2,250	$6,750	Not Covered	Not Covered
Plan 830	2015	Deductible	$3,000	$9,000	Not Covered	Not Covered
Plan 830	2015	Deductible	$5,500	$11,000	$0	$0
Plan 831	2015	Deductible	$3,250	$9,750	Not Covered	Not Covered
Plan 832	2015	HMO	$600	$1,200	Not Covered	Not Covered
Plan 833	2015	PPO	$2,200	$6,600	Included In-Network	Included In-Network
Plan 834	2015	PPO	$3,300	$9,900	Included In-Network	Included In-Network
Plan 835	2015	PPO	$5,250	$15,750	Included In-Network	Included In-Network
Plan 836	2015	PPO	$5,000	$10,000	$10,000	$20,000
Plan 837	2015	PPO	$2,200	$6,600	$3,200	$9,600
Plan 838	2015	PPO	$3,350	$1,050	$11,000	$33,000
Plan 868	2015	PPO	$4,000	$12,000	$0	$0

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			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 869	2015	PPO	$3,500	$10,500	$0	$0
Plan 870	2015	PPO	$4,200	$12,600	$0	$0
Plan 874	2015	PPO	$1,000	$3,000	$1,000	$3,000
Plan 875	2015	PPO	$2,000	$6,000	$2,000	$6,000
Plan 876	2015	TRAD	$2,000	$6,000	$2,000	$6,000
Plan 877	2015	TRAD	$5,750	$11,500	$5,750	$11,500
Plan 878	2015	PPO	$5,000	$10,000	$5,000	$10,000
Plan 879	2015	PPO	$2,500	$7,500	$2,500	$7,500
Plan 880	2015	PPO	$3,000	$9,000	$3,000	$9,000
Plan 881	2015	PPO	$4,000	$8,000	$4,000	$8,000
Plan 882	2015	PPO	$3,500	$7,000	$3,500	$7,000
Plan 883	2015	PPO	$2,200	$6,600	$2,200	$6,600
Plan 884	2015	PPO	$2,200	$6,600	$2,200	$6,600
Plan 885	2015	TRAD	$5,750	$11,500	$5,750	$11,500
Plan 887	2015	PPO	$1,000	$3,000	$1,000	$3,000
Plan 888	2015	PPO	$5,000	$10,000	$5,000	$10,000
Plan 889	2015	PPO	$2,500	$7,500	$2,500	$7,500
Plan 890	2015	PPO	$2,500	$7,500	$2,500	$7,500
Plan 891	2015	TRAD	$2,000	$6,000	$2,000	$6,000
Plan 892	2015	TRAD	$5,750	$11,500	$5,750	$11,500
Plan 893	2015	PPO	$1,000	$3,000	$1,000	$3,000
Plan 894	2015	PPO	$2,000	$6,000	$2,000	$6,000
Plan 895	2015	TRAD	$2,000	$6,000	$2,000	$6,000
Plan 896	2015	TRAD	$5,750	$11,500	$5,750	$11,500
Plan 897	2015	PPO	$5,000	$10,000	$5,000	$10,000
Plan 898	2015	PPO	$2,500	$7,500	$2,500	$7,500
Plan 899	2015	PPO	$2,500	$7,500	$2,500	$7,500
Plan 900	2015	PPO	$2,500	$5,000	$2,500	$5,000
Plan 900	2016	PPO	$2,500	$5,000	$2,500	$5,000
Plan 901	2015	PPO	$2,500	$5,000	$2,500	$5,000
Plan 901	2016	PPO	$2,500	$5,000	$2,500	$5,000
Plan 902	2015	TRAD	$5,000	$15,000	$5,000	$15,000

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			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 902	2016	TRAD	$4,000	$12,000	$4,000	$12,000
Plan 903	2015	TRAD	$5,000	$15,000	$5,000	$15,000
Plan 903	2016	TRAD	$4,000	$12,000	$4,000	$12,000
Plan 904	2015	PPO	$2,500	$7,500	$2,500	$7,500
Plan 905	2015	PPO	$2,500	$7,500	$2,500	$7,500
Plan 906	2015	TRAD	$3,000	$0	$3,000	$0
Plan 907	2015	PPO	$0	$0	$0	$0
Plan 908	2015	PPO	$2,500	$7,500	$2,500	$7,500
Plan 909	2015	TRAD	$5,000	$10,000	$5,000	$10,000
Plan 910	2015	PPO	$5,000	$10,000	$5,000	$10,000
Plan 911	2015	TRAD	$2,000	$6,000	$2,000	$6,000
Plan 912	2015	TRAD	$1,000	$3,000	$1,000	$3,000
Plan 913	2015	PPO	$2,500	$7,500	$2,500	$7,500
Plan 914	2015	TRAD	$5,750	$11,500	$5,750	$11,500
Plan 915	2015	PPO	$3,750	$7,500	$3,750	$7,500
Plan 916	2015	PPO	$0	$0	$0	$0
Plan 921	2016	PPO	$5,750	$11,500	$5,750	$11,500
Plan 922	2016	PPO	$0	$0	$0	$0
Plan 923	2016	PPO	$3,000	$9,000	$3,000	$9,000
Plan 924	2016	PPO	$3,250	$9,750	$3,250	$9,750
Plan 925	2016	PPO	$1,000	$3,000	$1,000	$3,000
Plan 926	2016	PPO	$10,000	$10,000	$10,000	$10,000
Plan 927	2016	PPO	$1,500	$4,500	$1,500	$4,500
Plan 928	2016	PPO	$2,500	$7,500	$2,500	$7,500
Plan 929	2016	PPO	$500	$1,500	$10,000	$30,000
Plan 930	2016	PPO	$4,000	$12,000	$10,000	$30,000
Plan 931	2016	PPO	$3,500	$10,500	$10,000	$30,000
Plan 932	2016	PPO	$4,250	$12,750	$10,000	$30,000
Plan 933	2016	PPO	$8,000	$8,000	$20,000	$20,000
Plan 934	2016	PPO	$0	$0	$0	$0
Plan 935	2016	PPO	$0	$0	$0	$0
Plan 936	2016	PPO	$0	$0	$0	$0

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			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 937	2016	PPO	$0	$0	$0	$0
Plan 938	2016	PPO	$0	$0	$0	$0
Plan 944	2015	PPO	$0	$0	$0	$0
Plan 944	2016	PPO	$0	$0	$0	$0
Plan 1032	2015	HMO	$2,000	$4,000	$0	$0
Plan 1032	2016	HMO	$2,000	$4,000	$0	$0
Plan 1033	2015	HMO	$2,000	$4,000	$0	$0
Plan 1033	2016	HMO	$2,000	$4,000	$0	$0
Plan 1034	2015	HMO	$1,000	$3,000	$0	$0
Plan 1034	2016	HMO	$1,000	$3,000	$0	$0
Plan 1035	2015	HMO	$2,200	$4,400	$0	$0
Plan 1035	2016	HMO	$2,200	$4,400	$0	$0
Plan 1036	2015	HMO	$2,000	$6,000	$0	$0
Plan 1036	2016	HMO	$2,000	$6,000	$0	$0
Plan 1037	2015	HMO	$2,000	$6,000	$0	$0
Plan 1037	2016	HMO	$2,000	$6,000	$0	$0
Plan 1038	2015	HMO	$2,000	$4,000	$0	$0
Plan 1038	2016	HMO	$2,000	$4,000	$0	$0
Plan 1039	2015	HMO	$2,000	$4,000	$0	$0
Plan 1039	2016	HMO	$2,000	$4,000	$0	$0
Plan 1040	2015	HMO	$3,000	$6,000	$0	$0
Plan 1040	2016	HMO	$3,000	$6,000	$0	$0
Plan 1041	2015	HMO	$2,000	$4,000	$0	$0
Plan 1041	2016	HMO	$2,000	$4,000	$0	$0
Plan 1042	2015	HMO	$2,000	$4,000	$0	$0
Plan 1042	2016	HMO	$2,000	$4,000	$0	$0
Plan 1043	2015	HMO	$2,000	$4,000	$0	$0
Plan 1043	2016	HMO	$2,000	$4,000	$0	$0
Plan 1044	2015	HMO	$2,000	$4,000	$0	$0
Plan 1044	2016	HMO	$2,000	$4,000	$0	$0
Plan 1045	2015	HMO	$2,000	$4,000	$0	$0
Plan 1045	2016	HMO	$2,000	$4,000	$0	$0

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Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 1046	2015	HMO	$2,000	$6,000	$0	$0
Plan 1046	2016	HMO	$2,000	$6,000	$0	$0
Plan 1047	2015	HMO	$2,000	$4,000	$0	$0
Plan 1047	2016	HMO	$2,000	$4,000	$0	$0
Plan 1094	2015	HMO	$2,000	$0	$0	$0
Plan 1094	2016	HMO	$2,000	$0	$0	$0
Plan 1095	2015	HMO	$2,000	$0	$0	$0
Plan 1095	2016	HMO	$2,000	$0	$0	$0
Plan 1096	2015	HMO	$6,000	$0	$0	$0
Plan 1096	2016	HMO	$6,000	$0	$0	$0
Plan 1097	2015	HMO	$2,000	$0	$0	$0
Plan 1097	2016	HMO	$2,000	$0	$0	$0
Plan 1098	2015	HMO	$5,100	$0	$0	$0
Plan 1098	2016	HMO	$5,100	$0	$0	$0
Plan 1099	2015	HMO	$5,100	$0	$0	$0
Plan 1099	2016	HMO	$5,100	$0	$0	$0
Plan 1100	2015	HMO	$6,000	$0	$0	$0
Plan 1100	2016	HMO	$6,000	$0	$0	$0
Plan 1213	2015	PPO	$6,000	$0	$6,000	$12,000
Plan 1213	2016	PPO	$6,000	$0	$6,000	$12,000
Plan 1214	2015	PPO	$2,500	$0	$2,500	$7,500
Plan 1214	2016	PPO	$2,500	$0	$2,500	$7,500
Plan 1215	2015	PPO	$2,000	$0	$2,000	$6,000
Plan 1215	2016	PPO	$2,000	$0	$2,000	$6,000
Plan 1216	2015	PPO	$2,000	$0	$2,000	$6,000
Plan 1216	2016	PPO	$2,000	$0	$2,000	$6,000
Plan 1217	2015	PPO	$5,100	$0	$5,100	$0
Plan 1217	2016	PPO	$5,100	$0	$5,100	$0
Plan 1218	2015	PPO	$5,100	$0	$5,100	$0
Plan 1218	2016	PPO	$5,100	$0	$5,100	$0
Plan 1219	2015	PPO	$5,100	$0	$5,100	$0
Plan 1219	2016	PPO	$5,100	$0	$5,100	$0

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			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 1220	2015	PPO	$5,100	$0	$5,100	$0
Plan 1220	2016	PPO	$5,100	$0	$5,100	$0
Plan 1221	2015	PPO	$4,000	$0	$4,000	$12,000
Plan 1221	2016	PPO	$4,000	$0	$4,000	$12,000
Plan 1222	2015	PPO	$2,000	$0	$0	$0
Plan 1222	2016	PPO	$2,000	$0	$0	$0
Plan 1223	2015	PPO	$4,000	$0	$0	$0
Plan 1223	2016	PPO	$4,000	$0	$0	$0
Plan 1224	2015	PPO	$4,000	$0	$4,000	$12,000
Plan 1225	2015	PPO	$3,000	$0	$3,000	$6,000
Plan 1226	2015	PPO	$3,000	$0	$3,000	$6,000
Plan 1227	2015	PPO	$3,000	$0	$3,000	$6,000
Plan 1228	2015	PPO	$3,000	$0	$3,000	$6,000
Plan 1229	2015	PPO	$3,000	$0	$3,000	$6,000
Plan 1230	2015	PPO	$3,000	$0	$3,000	$6,000
Plan 1252	2015	PPO	$6,000	$0	$0	$0
Plan 1252	2016	PPO	$6,000	$0	$0	$0
Plan 1253	2015	PPO	$6,000	$0	$0	$0
Plan 1253	2016	PPO	$6,000	$0	$0	$0
Plan 1254	2015	PPO	$6,000	$0	$0	$0
Plan 1254	2016	PPO	$6,000	$0	$0	$0
Plan 1255	2015	PPO	$2,000	$0	$0	$0
Plan 1255	2016	PPO	$2,000	$0	$0	$0
Plan 1256	2015	PPO	$1,500	$0	$0	$0
Plan 1256	2016	PPO	$1,500	$0	$0	$0
Plan 1257	2015	PPO	$1,000	$0	$0	$0
Plan 1257	2016	PPO	$1,000	$0	$0	$0
Plan 1261	2016	Deductible	$2,250	$6,750	Not Covered	Not Covered
Plan 1263	2016	Deductible	$1,000	$3,000	Not Covered	Not Covered
Plan 1265	2015	Deductible	$3,000	$9,000	Not Covered	Not Covered
Plan 1265	2015	Deductible	$5,000	$10,000	$0	$0
Plan 1265	2016	Deductible	$3,000	$9,000	Not Covered	Not Covered

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			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 1265	2016	Deductible	$5,000	$10,000	$0	$0
Plan 1268	2016	Deductible	$3,250	$9,750	Not Covered	Not Covered
Plan 1269	2015	HMO	$600	$1,200	Not Covered	Not Covered
Plan 1270	2015	HMO	$600	$1,200	Not Covered	Not Covered
Plan 1271	2015	HMO	$600	$1,200	Not Covered	Not Covered
Plan 1272	2016	HMO	$600	$1,200	Not Covered	Not Covered
Plan 1273	2016	HMO	$1,000	$2,000	Not Covered	Not Covered
Plan 1274	2016	HMO	$600	$1,200	Not Covered	Not Covered
Plan 1275	2016	HMO	$600	$1,200	Not Covered	Not Covered
Plan 1279	2015	HMO	$600	$1,200	Not Covered	Not Covered
Plan 1280	2015	HMO	$600	$1,200	Not Covered	Not Covered
Plan 1281	2015	HMO	$600	$1,200	Not Covered	Not Covered
Plan 1283	2016	HMO	$600	$1,200	Not Covered	Not Covered
Plan 1284	2016	HMO	$600	$1,200	Not Covered	Not Covered
Plan 1285	2016	HMO	$600	$1,200	Not Covered	Not Covered
Plan 1286	2015	HMO	$1,000	$2,000	Not Covered	Not Covered
Plan 1287	2016	HMO	$1,000	$2,000	Not Covered	Not Covered
Plan 1309	2015	PPO	$3,000	$9,000	Not Covered	Not Covered
Plan 1309	2015	PPO	$5,000	$10,000	$0	$0
Plan 1310	2015	PPO	$3,000	$9,000	Not Covered	Not Covered
Plan 1310	2015	PPO	$5,000	$10,000	$0	$0
Plan 1310	2015	PPO	$5,000	$10,000	$0	$0
Plan 1310	2015	PPO	$3,000	$9,000	Not Covered	Not Covered
Plan 1311	2016	PPO	$5,000	$10,000	$0	$0
Plan 1311	2016	PPO	$3,000	$9,000	Not Covered	Not Covered
Plan 1312	2015	PPO	$3,000	$9,000	Not Covered	Not Covered
Plan 1312	2015	PPO	$5,000	$10,000	$0	$0
Plan 1313	2016	PPO	$3,000	$9,000	Not Covered	Not Covered
Plan 1313	2016	PPO	$5,000	$10,000	$0	$0
Plan 1314	2015	PPO	$3,000	$9,000	Not Covered	Not Covered
Plan 1314	2015	PPO	$5,500	$11,000	$0	$0
Plan 1315	2015	PPO	$3,000	$9,000	Not Covered	Not Covered

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Health Plan Design Comparison — Out of-Pocket Maximums (Paid by Plan Participant)
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Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 1315	2015	PPO	$5,500	$11,000	$0	$0
Plan 1315	2015	PPO	$3,000	$9,000	Not Covered	Not Covered
Plan 1315	2015	PPO	$5,500	$11,000	$0	$0
Plan 1316	2016	PPO	$3,000	$9,000	Not Covered	Not Covered
Plan 1316	2016	PPO	$5,500	$11,000	$0	$0
Plan 1317	2015	PPO	$5,500	$11,000	$0	$0
Plan 1317	2015	PPO	$3,000	$9,000	Not Covered	Not Covered
Plan 1318	2016	PPO	$3,000	$9,000	Not Covered	Not Covered
Plan 1318	2016	PPO	$5,500	$11,000	$0	$0
Plan 1319	2015	PPO	$1,000	$2,000	$4,500	$9,000
Plan 1320	2015	PPO	$1,500	$3,000	$7,500	$15,000
Plan 1321	2015	PPO	$1,500	$3,000	$7,500	$15,000
Plan 1321	2015	PPO	$1,500	$3,000	$7,500	$15,000
Plan 1322	2016	PPO	$1,500	$3,000	$7,500	$15,000
Plan 1323	2015	PPO	$1,500	$3,000	$7,500	$15,000
Plan 1324	2016	PPO	$1,500	$3,000	$7,500	$15,000
Plan 1325	2015	PPO	$2,500	$5,000	$10,500	$21,000
Plan 1326	2015	PPO	$2,500	$5,000	$10,500	$21,000
Plan 1326	2015	PPO	$2,500	$5,000	$10,500	$21,000
Plan 1327	2016	PPO	$2,500	$5,000	$10,500	$21,000
Plan 1328	2015	PPO	$2,500	$5,000	$10,500	$21,000
Plan 1329	2016	PPO	$2,500	$5,000	$10,500	$21,000
Plan 1330	2015	PPO	$2,500	$5,000	$5,000	$10,000
Plan 1331	2015	PPO	$2,500	$5,000	$5,000	$10,000
Plan 1331	2015	PPO	$2,500	$5,000	$5,000	$10,000
Plan 1332	2016	PPO	$2,500	$5,000	$5,000	$10,000
Plan 1333	2015	PPO	$2,500	$5,000	$5,000	$10,000
Plan 1334	2016	PPO	$2,500	$5,000	$5,000	$10,000
Plan 1335	2015	PPO	$5,000	$7,000	$7,000	$14,000
Plan 1335	2015	PPO	$5,000	$7,000	$7,000	$14,000
Plan 1336	2016	PPO	$5,000	$7,000	$7,000	$14,000
Plan 1337	2016	PPO	$5,000	$7,000	$7,000	$14,000

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Health Plan Design Comparison — Out of-Pocket Maximums (Paid by Plan Participant)
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Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 1344	2016	PPO	$4,500	$9,000	$0	$0
Plan 1346	2016	PPO	$4,000	$8,000	$0	$0
Plan 1348	2016	PPO	$3,500	$7,000	$0	$0
Plan 1350	2016	PPO	$0	$0	$0	$0
Plan 1352	2016	PPO	$0	$0	$0	$0
Plan 1355	2016	PPO	$1,700	$5,100	$3,400	$10,200
Plan 1357	2016	PPO	$2,950	$8,850	$5,900	$17,700
Plan 1359	2016	PPO	$700	$2,100	$0	$0
Plan 1361	2015	Open Network	$5,500	$11,000	Included In-Network	Included In-Network
Plan 1361	2016	Open Network	$5,500	$11,000	Included In-Network	Included In-Network
Plan 1379	2016	PPO	$1,100	$3,300	$1,100	$3,300
Plan 1380	2016	PPO	$2,200	$6,600	$2,200	$6,600
Plan 1381	2016	PPO	$3,000	$9,000	$3,000	$9,000
Plan 1382	2016	TRAD	$5,750	$11,500	$5,750	$11,500
Plan 1383	2016	PPO	$5,000	$10,000	$5,000	$10,000
Plan 1384	2016	PPO	$4,000	$8,000	$4,000	$8,000
Plan 1385	2016	PPO	$3,500	$7,000	$3,500	$7,000
Plan 1386	2016	PPO	$5,000	$10,000	$5,000	$10,000
Plan 1387	2016	PPO	$2,200	$6,600	$2,200	$6,600
Plan 1388	2016	PPO	$3,000	$9,000	$3,000	$9,000
Plan 1389	2016	TRAD	$5,750	$11,500	$5,750	$11,500
Plan 1390	2016	PPO	$4,000	$8,000	$4,000	$8,000
Plan 1391	2016	PPO	$3,500	$7,000	$3,500	$7,000
Plan 1392	2016	PPO	$5,000	$10,000	$5,000	$10,000
Plan 1393	2016	PPO	$5,000	$10,000	$5,000	$10,000
Plan 1394	2016	PPO	$3,000	$9,000	$3,000	$9,000
Plan 1395	2016	PPO	$4,000	$8,000	$4,000	$8,000
Plan 1396	2016	PPO	$3,500	$7,000	$3,500	$7,000
Plan 1397	2016	PPO	$2,200	$6,600	$2,200	$6,600
Plan 1398	2016	PPO	$5,000	$10,000	$5,000	$10,000
Plan 1399	2016	TRAD	$5,750	$11,500	$5,750	$11,500
Plan 1430	2015	PPO	$0	$0	$0	$0

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Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 1431	2015	PPO	$0	$0	$0	$0
Plan 1432	2015	PPO	$3,750	$7,500	$3,750	$7,500
Plan 1433	2015	PPO	$0	$0	$0	$0
Plan 1434	2016	PPO	$2,200	$6,600	$2,200	$6,600
Plan 1435	2016	PPO	$3,000	$9,000	$3,000	$9,000
Plan 1436	2016	PPO	$3,250	$9,750	$3,250	$9,750
Plan 1437	2016	PPO	$5,000	$10,000	$5,000	$10,000
Plan 1438	2016	TRAD	$5,750	$11,500	$5,750	$11,500
Plan 1439	2016	PPO	$4,000	$8,000	$4,000	$8,000
Plan 1440	2016	PPO	$3,500	$7,000	$3,500	$7,000
Plan 1441	2016	PPO	$5,000	$10,000	$5,000	$10,000
Plan 1442	2016	PPO	$3,000	$9,000	$3,000	$9,000
Plan 1443	2016	TRAD	$5,750	$11,500	$5,750	$11,500
Plan 1444	2016	PPO	$5,000	$10,000	$5,000	$10,000
Plan 1445	2016	PPO	$5,000	$10,000	$5,000	$10,000
Plan 1446	2016	PPO	$5,000	$10,000	$5,000	$10,000
Plan 1447	2016	PPO	$2,800	$8,400	$2,800	$8,400
Plan 1448	2016	PPO	$2,800	$8,400	$2,800	$8,400
Plan 1449	2016	TRAD	$3,000	$9,000	$3,000	$9,000
Plan 1450	2016	TRAD	$1,750	$5,250	$1,750	$5,250
Plan 1451	2016	PPO	$2,500	$7,500	$2,500	$7,500
Plan 1452	2016	TRAD	$5,000	$10,000	$5,000	$10,000
Plan 1453	2016	PPO	$5,000	$10,000	$5,000	$10,000
Plan 1536	2015	POS	$0	$0	$0	$0
Plan 1537	2015	POS	$0	$0	$0	$0
Plan 1538	2015	POS	$4,200	$12,600	$0	$0
Plan 1539	2015	POS	$0	$0	$0	$0
Plan 1540	2015	POS	$2,750	$8,250	$2,750	$8,250
Plan 1541	2015	POS	$0	$0	$0	$0
Plan 1542	2015	POS	$3,500	$10,500	$0	$0
Plan 1543	2015	POS	$0	$0	$0	$0
Plan 1544	2015	POS	$4,000	$12,000	$0	$0

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Health Plan Design Comparison — Out of-Pocket Maximums (Paid by Plan Participant)
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Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 1545	2015	POS	$0	$0	$0	$0
Plan 1546	2015	POS	$4,000	$8,000	$0	$0
Plan 1547	2015	POS	$500	$1,500	$0	$0
Plan 1548	2015	POS	$0	$0	$0	$0

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Exhibit A5g
Health Plan Design Comparison — Prescription Drugs (At Participating Pharmacies)
For All Plans in Calendar Year 2015

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)	Retail		Mail-Order		Speciality Drugs	
				Cost Share	Days Supply	Cost Share	Days Supply	Cost Share	Days Supply
Plan 270	2015	Open Network	N/A	$5/$15/$40/50%	30	$15/$45/$120/50%	90	$40	30
Plan 270	2016	Open Network	N/A	$5/$15/$40/50%	30	$15/$45/$120/50%	90	$40	30
Plan 271	2015	Open Network	N/A	$5/$15/$40/50%	30	$15/$45/$120/50%	90	$40	30
Plan 271	2016	Open Network	N/A	$5/$15/$40/50%	30	$15/$45/$120/50%	90	$40	30
Plan 272	2015	Open Network	N/A	$5/$15/$40/50%	30	$15/$45/$120/50%	90	$40	30
Plan 272	2016	Open Network	N/A	$5/$15/$40/50%	30	$15/$45/$120/50%	90	$40	30
Plan 273	2015	Deductible	0	$20/$40/$40	30	$40/$80/$80	90	$40	30
Plan 273	2016	Deductible	0	$20/$40/$40	30	$40/$80/$80	90	$40	30
Plan 275	2015	Deductible	0	$15/$30/$30	30	$30/$60/$60	90	$30	30
Plan 275	2016	Deductible	0	$15/$30/$30	30	$30/$60/$60	90	$30	30
Plan 276	2015	Deductible	0	$20/$40/$40	30	$40/$80/$80	90	$40	30
Plan 283	2015	Closed Network	N/A	$10 generic $40 Brand	30	$30 generic $120 Brand	90	$40	30
Plan 283	2016	Closed Network	N/A	$10 generic $40 Brand	30	$30 generic $120 Brand	90	$40	30
Plan 285	2015	Closed Network	N/A	$5/$10/$50/50%	30	$15/$30/$150/50%	90	$50	30
Plan 285	2016	Closed Network	N/A	$15generic $45Brand	30	$45generic $135 Brand	90	$45	30
Plan 286	2015	HMO	0	$5/$20/$40/50%coins	30	$10/$40/$80/50%coins	90	50%	30
Plan 287	2015	HMO	0	$5/$20/$40/50%coins	30	$10/$40/$80/50%coins	90	50%	30
Plan 288	2015	HMO	0	$5/$20/$40/50%coins	30	$10/$40/$80/50%coins	90	50%	30
Plan 289	2015	PPO	Not Covered	20%	30	20%	90	20%	30
Plan 301	2015	HMO	0	$15/$30/$30	30	$30/$60/$60	90	$30	30
Plan 301	2016	HMO	0	$15/$30/$30	30	$30/$60/$60	90	$30	30
Plan 302	2015	HMO	0	$15/$30/$50	30	$30/$60/$100	90	$50	30
Plan 308	2015	HMO	0	$15/$30/$30	30	$30/$60/$60	90	$30	30
Plan 308	2016	HMO	0	$15/$30/$30	30	$30/$60/$60	90	$30	30
Plan 317	2015	PPO	0	$10/$20/$40	30	$10/$20/$40	90	$10/$20/$40	30
Plan 324	2015	PPO	0	$10/$25/50%(Min $35)	30	$10/$25/50%(Min $35)	30	Not Covered	0
Plan 325	2015	PPO	$150 per enrollee	$7/$30/50%(Min $50)	30	$7/$30/50%(Min $50)	30	Not Covered	0
Plan 326	2015	PPO	0	$5/$15/50%(Min $35)	30	$5/$15/50%(Min $35)	30	Not Covered	0
Plan 327	2015	PPO	$250 per enrollee	$10/$25/$45	30	$10/$25/$45	30	Not Covered	0
Plan 334	2015	PPO	$150 per enrollee	$7/$30/50%(Min $50)	30	$7/$30/50%(Min $50)	30	Not Covered	0
Plan 335	2015	PPO	$250 per enrollee	$7/$30/50%(Min $50)	30	$7/$30/50%(Min $50)	30	Not Covered	0
Plan 336	2015	PPO	0	$5/$30/$50	30	$5/$30/$50	30	Not Covered	0
Plan 337	2015	PPO	0	$5/$30/$50/$50	30	$5/$30/$50/$50	30	0%	0
Plan 338	2015	PPO	0	$5/$30/$50	30	$5/$30/$50	30	Not Covered	0
Plan 339	2015	PPO	0	$5/$30/$50/$50	30	$5/$30/$50/$50	30	0%	0
Plan 340	2015	PPO	$100 per enrollee	$5/$30/$50	30	$5/$30/$50	30	Not Covered	0
Plan 341	2015	PPO	0	$5/$30/$50/$50	30	$5/$30/$50/$50	30	0%	0
Plan 342	2015	PPO	$200 per enrollee	$5/$30/$50	30	$5/$30/$50	30	Not Covered	0
Plan 343	2015	PPO	0	$5/$30/$50/$50	30	$5/$30/$50/$50	30	0%	0
Plan 346	2015	PPO	0	15%	30	15%	90	15%	30
Plan 347	2015	PPO	0	5%/10%/30%	30	5%/10%/30%	90	$150	30
Plan 409	2015	PPO	0	$10/$25/$50	30	$20/$50/$100	90	NA	0
Plan 409	2016	PPO	0	$10/$25/$50	30	$20/$50/$100	90	NA	0
Plan 410	2015	PPO	0	$5/$20/$40	30	$10/$40/$80	90	NA	0
Plan 410	2016	PPO	0	$5/$20/$40	30	$10/$40/$80	90	NA	0
Plan 411	2015	PPO	0	$10/$25/$50	30	$20/$50/$100	90	NA	0
Plan 411	2016	PPO	0	$10/$25/$50	30	$20/$50/$100	90	NA	0
Plan 412	2015	PPO	0	$10/$20/$40	30	$20/$40/$80	90	NA	0

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Health Plan Design Comparison — Prescription Drugs (At Participating Pharmacies)
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				Retail		Mail-Order		Speciality Drugs	
Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)	Cost Share	Days Supply	Cost Share	Days Supply	Cost Share	Days Supply
Plan 412	2016	PPO	0	$10/$20/$40	30	$20/$40/$80	90	NA	0
Plan 413	2015	PPO	0	$15/$25/$40	30	$30/$50/$80	90	NA	0
Plan 413	2016	PPO	0	$15/$25/$40	30	$30/$50/$80	90	NA	0
Plan 419	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 419	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 420	2015	HMO	0	$15/$40	30	$15/$40	30	$15/$40	30
Plan 420	2016	HMO	0	$15/$40	30	$15/$40	30	$15/$40	30
Plan 421	2015	HMO	0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 421	2016	HMO	0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 422	2015	HMO	0	$20/$40	30	$20/$40	30	$20/$40	30
Plan 422	2016	HMO	0	$20/$40	30	$20/$40	30	$20/$40	30
Plan 423	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 423	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 424	2015	HMO	0	$10/$30	30	$10/$30	30	$10/$30	30
Plan 424	2016	HMO	0	$10/$30	30	$10/$30	30	$10/$30	30
Plan 426	2015	HMO	0	$20/$40	30	$20/$40	30	$20/$40	30
Plan 426	2016	HMO	0	$20/$40	30	$20/$40	30	$20/$40	30
Plan 427	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 427	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 428	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 428	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 429	2015	HMO	0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 430	2015	HMO	0	$15	30	$15	30	$15	30
Plan 430	2016	HMO	0	$15	30	$15	30	$15	30
Plan 432	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 432	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 433	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 433	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 434	2015	HMO	0	$10/$30	30	$10/$30	30	$10/$30	30
Plan 434	2016	HMO	0	$10/$30	30	$10/$30	30	$10/$30	30
Plan 435	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 435	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 437	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 437	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 438	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 438	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 439	2015	HMO	0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 440	2015	HMO	0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 440	2016	HMO	0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 441	2015	HMO	0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 441	2016	HMO	0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 442	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 442	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 443	2015	HMO	0	$15	30	$15	30	$15	30
Plan 443	2016	HMO	0	$15	30	$15	30	$15	30
Plan 444	2015	HMO	0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 444	2016	HMO	0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 445	2015	HMO	0	$10/$20	30	$10/$20	30	$10/$20	30

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Health Plan Design Comparison — Prescription Drugs (At Participating Pharmacies)
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				Retail		Mail-Order		Speciality Drugs	
Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)	Cost Share	Days Supply	Cost Share	Days Supply	Cost Share	Days Supply
Plan 445	2016	HMO	0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 446	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 446	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 447	2015	HMO	0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 447	2016	HMO	0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 448	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 448	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 449	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 449	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 450	2015	HMO	0	$20/$40	30	$20/$40	30	$20/$40	30
Plan 450	2016	HMO	0	$20/$40	30	$20/$40	30	$20/$40	30
Plan 452	2015	HMO	0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 452	2016	HMO	0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 453	2015	HMO	0	$15/$40	30	$15/$40	30	$15/$40	30
Plan 453	2016	HMO	0	$15/$40	30	$15/$40	30	$15/$40	30
Plan 454	2015	HMO	0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 454	2016	HMO	0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 455	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 455	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 456	2015	HMO	0	$20/$40	30	$20/$40	30	$20/$40	30
Plan 456	2016	HMO	0	$20/$40	30	$20/$40	30	$20/$40	30
Plan 457	2015	HMO	0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 457	2016	HMO	0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 458	2015	HMO	0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 458	2016	HMO	0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 459	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 459	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 460	2015	HMO	0	$10/$30	30	$10/$30	30	$10/$30	30
Plan 460	2016	HMO	0	$10/$30	30	$10/$30	30	$10/$30	30
Plan 461	2015	HMO	0	$10	30	$10	30	$10	30
Plan 461	2016	HMO	0	$10	30	$10	30	$10	30
Plan 462	2015	HMO	0	$20	30	$20	30	$20	30
Plan 462	2016	HMO	0	$20	30	$20	30	$20	30
Plan 463	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 463	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 464	2015	HMO	0	$10	30	$10	30	$10	30
Plan 464	2016	HMO	0	$10	30	$10	30	$10	30
Plan 466	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 466	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 467	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 467	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 468	2015	HMO	0	$20/$40	30	$20/$40	30	$20/$40	30
Plan 468	2016	HMO	0	$20/$40	30	$20/$40	30	$20/$40	30
Plan 469	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 469	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 470	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 470	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 471	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A5g
Health Plan Design Comparison — Prescription Drugs (At Participating Pharmacies)
For All Plans in Calendar Year 2015

				Retail		Mail-Order		Speciality Drugs	
Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)	Cost Share	Days Supply	Cost Share	Days Supply	Cost Share	Days Supply
Plan 471	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 472	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 472	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 473	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 473	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 474	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 474	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 475	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 475	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 476	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 476	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 477	2015	HMO	0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 477	2016	HMO	0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 478	2015	HMO	0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 478	2016	HMO	0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 479	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 479	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 481	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 481	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 482	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 482	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 483	2015	HMO	0	$10/$30	30	$10/$30	30	$10/$30	30
Plan 483	2016	HMO	0	$10/$30	30	$10/$30	30	$10/$30	30
Plan 484	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 484	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 485	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 485	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 486	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 486	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 487	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 487	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 488	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 488	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 489	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 489	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 490	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 490	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 491	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 491	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 492	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 492	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 493	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 493	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 494	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 494	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 495	2015	HMO	0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 495	2016	HMO	0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 496	2015	HMO	0	$10/$20	30	$10/$20	30	$10/$20	30

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5g

Health Plan Design Comparison — Prescription Drugs (At Participating Pharmacies)

For All Plans in Calendar Year 2015

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)	Retail		Mail-Order		Speciality Drugs	
				Cost Share	Days Supply	Cost Share	Days Supply	Cost Share	Days Supply
Plan 496	2016	HMO	0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 497	2015	HMO	0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 497	2016	HMO	0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 499	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 499	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 500	2015	HMO	0	$20/$40	30	$20/$40	30	$20/$40	30
Plan 500	2016	HMO	0	$20/$40	30	$20/$40	30	$20/$40	30
Plan 501	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 501	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 502	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 502	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 503	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 503	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 504	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 504	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 506	2015	HMO	0	$10/$30/$50	30	$10/$30/$50	30	$10/$30/$50	30
Plan 506	2016	HMO	0	$10/$30/$50	30	$10/$30/$50	30	$10/$30/$50	30
Plan 508	2015	HMO	0	$20/$40	30	$20/$40	30	$20/$40	30
Plan 508	2016	HMO	0	$20/$40	30	$20/$40	30	$20/$40	30
Plan 509	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 509	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 510	2015	HMO	0	$15/$40	30	$15/$40	30	$15/$40	30
Plan 510	2016	HMO	0	$15/$40	30	$15/$40	30	$15/$40	30
Plan 511	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 511	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 512	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 512	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 513	2015	HMO	0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 514	2015	HMO	0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 515	2015	HMO	0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 516	2015	HMO	0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 517	2015	HMO	0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 518	2015	HMO	0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 518	2016	HMO	0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 519	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 519	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 520	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 520	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 521	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 521	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 522	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 522	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 523	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 523	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 524	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 524	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 525	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 525	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5g

Health Plan Design Comparison — Prescription Drugs (At Participating Pharmacies)

For All Plans in Calendar Year 2015

				Retail		Mail-Order		Speciality Drugs	
Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)	Cost Share	Days Supply	Cost Share	Days Supply	Cost Share	Days Supply
Plan 526	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 526	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 527	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 527	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 528	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 528	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 529	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 529	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 530	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 530	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 531	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 531	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 532	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 532	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 533	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 533	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 534	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 534	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 535	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 535	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 536	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 536	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 537	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 538	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 539	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 540	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 541	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 542	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 543	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 544	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 545	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 546	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 547	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 548	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 549	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 550	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 551	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 552	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 554	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 554	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 555	2015	HMO	0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 556	2015	HMO	0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 557	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 558	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 559	2016	HMO	0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 559	2015	HMO	0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 560	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 560	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A5g
Health Plan Design Comparison — Prescription Drugs (At Participating Pharmacies)
For All Plans in Calendar Year 2015

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)	Retail		Mail-Order		Speciality Drugs	
				Cost Share	Days Supply	Cost Share	Days Supply	Cost Share	Days Supply
Plan 561	2015	HMO	0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 561	2016	HMO	0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 562	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 562	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 563	2015	HMO	0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 563	2016	HMO	0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 565	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 565	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 566	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 566	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 567	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 567	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 569	2015	HMO	0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 569	2016	HMO	0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 572	2015	HMO	0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 572	2016	HMO	0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 573	2015	HMO	0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 573	2016	HMO	0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 574	2015	HMO	0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 574	2016	HMO	0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 575	2015	HMO	0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 575	2016	HMO	0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 576	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 576	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 579	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 579	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 580	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 580	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 581	2015	HMO	0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 581	2016	HMO	0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 582	2015	HMO	0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 582	2016	HMO	0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 583	2015	HMO	0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 583	2016	HMO	0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 584	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 584	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 585	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 585	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 586	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 586	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 587	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 587	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 588	2015	HMO	0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 588	2016	HMO	0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 589	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 589	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 591	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 591	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5g

Health Plan Design Comparison — Prescription Drugs (At Participating Pharmacies)

For All Plans in Calendar Year 2015

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)	Retail		Mail-Order		Speciality Drugs	
				Cost Share	Days Supply	Cost Share	Days Supply	Cost Share	Days Supply
Plan 592	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 592	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 593	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 593	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 594	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 594	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 596	2015	HMO	0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 596	2016	HMO	0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 597	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 597	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 598	2015	HMO	0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 598	2016	HMO	0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 599	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 599	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 600	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 600	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 601	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 601	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 602	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 602	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 603	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 603	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 604	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 604	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 605	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 605	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 606	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 606	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 607	2015	HMO	0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 607	2016	HMO	0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 608	2015	HMO	0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 608	2016	HMO	0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 609	2015	HMO	0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 609	2016	HMO	0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 610	2015	HMO	0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 610	2016	HMO	0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 611	2015	HMO	0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 611	2016	HMO	0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 612	2015	HMO	0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 612	2016	HMO	0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 613	2015	HMO	0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 613	2016	HMO	0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 614	2015	HMO	0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 614	2016	HMO	0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 615	2015	HMO	0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 615	2016	HMO	0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 616	2015	HMO	0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 616	2016	HMO	0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30

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K–12 School District Data Collection Project

Exhibit A5g

Health Plan Design Comparison — Prescription Drugs (At Participating Pharmacies)

For All Plans in Calendar Year 2015

				Retail		Mail-Order		Speciality Drugs	
Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)	Cost Share	Days Supply	Cost Share	Days Supply	Cost Share	Days Supply
Plan 617	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 617	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 618	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 618	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 619	2015	HMO	0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 619	2016	HMO	0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 620	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 620	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 624	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 624	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 625	2015	HMO	$3,000.00	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 625	2016	HMO	$5,000.00	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 626	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 626	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 627	2015	HMO	0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 628	2015	HMO	0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 628	2016	HMO	0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 629	2015	HMO	0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 629	2016	HMO	0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 630	2015	HMO	0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 630	2016	HMO	0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 631	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 631	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 632	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 632	2016	HMO	500	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 633	2015	HMO	500	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 633	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 634	2015	HMO	0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 635	2015	HMO	0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 636	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 637	2015	HMO	0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 638	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 639	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 640	2015	HMO	0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 641	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 642	2015	HMO	0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 643	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 644	2015	HMO	0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 645	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 646	2015	HMO	0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 647	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 648	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 649	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 649	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 650	2015	HMO	0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 650	2016	HMO	0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 651	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 651	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30

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Health Plan Design Comparison — Prescription Drugs (At Participating Pharmacies)
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Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)	Retail		Mail-Order		Speciality Drugs	
				Cost Share	Days Supply	Cost Share	Days Supply	Cost Share	Days Supply
Plan 652	2015	HMO	0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 652	2016	HMO	0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 653	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 653	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 654	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 654	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 656	2015	HMO	0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 656	2016	HMO	0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 668	2015	PPO	0	$4/$8/$25/$50	30	$4/$8/$25/$50	30	$4/$8/$25/$50	30
Plan 668	2016	PPO	0	$4/$8/$25/$50	30	$4/$8/$25/$50	30	$4/$8/$25/$50	30
Plan 670	2015	PPO	0	$4/$8/$25/$50	30	$4/$8/$25/$50	30	$4/$8/$25/$50	30
Plan 670	2016	PPO	0	$4/$8/$25/$50	30	$4/$8/$25/$50	30	$4/$8/$25/$50	30
Plan 672	2015	PPO	0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 672	2016	PPO	0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 673	2015	PPO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 673	2016	PPO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 674	2015	PPO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 674	2016	PPO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 675	2015	PPO	0	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 676	2015	PPO	0	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 685	2015	PPO	0	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 685	2016	PPO	0	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 686	2015	PPO	0	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 686	2016	PPO	0	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 688	2015	PPO	0	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 688	2016	PPO	0	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 689	2015	PPO	0	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 689	2016	PPO	0	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 690	2015	PPO	0	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 691	2015	PPO	0	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 703	2015	PPO	0	0%	0	0%	0	0%	0
Plan 704	2015	HMO	0	$15/$30	30	$30/$60	90	$30	30
Plan 708	2015	PPO	0	$10/$20/$35	34	$10/$20/$35	100	$10/$20/$35	30
Plan 709	2015	PPO	0	$15/$25/$40	34	$15/$25/$40	100	15/25/40	30
Plan 710	2015	PPO	0	$10/$15/$30	30	$10/$30/$60	90	$10/$15/$30	30
Plan 711	2015	Open Network	0	20%	30	20%	90	20%	30
Plan 711	2016	Open Network	0	20%	30	20%	90	20%	30
Plan 768	2015	PPO	0	15/25/40	31	30/50/80	90	15/25/40	31
Plan 768	2016	PPO	0	15/25/40	31	30/50/80	90	15/25/40	31
Plan 769	2015	PPO	0	10/35/60	31	20/70/120	90	10/35/60	31
Plan 769	2016	PPO	0	10/35/60	31	20/70/120	90	10/35/60	31
Plan 770	2015	PPO	0	10/35/60	31	20/70/120	90	10/35/60	31
Plan 770	2016	PPO	0	10/35/60	31	20/70/120	90	10/35/60	31
Plan 772	2015	PPO	0	$5/20/40	31	10/40/80	90	$5/20/40	31
Plan 773	2015	PPO	0	$5/20/40	31	10/40/80	90	$5/20/40	31
Plan 774	2015	PPO	0	$10/20/35	31	$10/25/35	90	$10/20/35	31
Plan 774	2016	PPO	0	$10/20/35	31	$10/25/35	90	$10/20/35	31
Plan 775	2015	PPO	0	15/25/40	31	15/25/40	90	15/25/40	31

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Health Plan Design Comparison — Prescription Drugs (At Participating Pharmacies)

For All Plans in Calendar Year 2015

				Retail		Mail-Order		Speciality Drugs	
Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)	Cost Share	Days Supply	Cost Share	Days Supply	Cost Share	Days Supply
Plan 775	2016	PPO	0	15/25/40	31	15/25/40	90	15/25/40	31
Plan 776	2015	PPO	0	0/30%/30%	31	0/25%/25%	90	0/30%/30%	31
Plan 776	2016	PPO	0	0/30%/30%	31	0/25%/25%	90	0/30%/30%	31
Plan 779	2015	PPO	0	$5/20/40	31	10/40/80	90	$5/20/40	31
Plan 779	2016	PPO	0	$5/20/40	31	10/40/80	90	$5/20/40	31
Plan 780	2015	PPO	0	$5/20/40	31	10/40/80	90	$5/20/40	31
Plan 780	2016	PPO	0	$5/20/40	31	10/40/80	90	$5/20/40	31
Plan 781	2015	HMO	0	$4/$8/$25	30	$4/$8/$25	30	$4/$8/$25	30
Plan 781	2016	HMO	0	$4/$8/$25	30	$4/$8/$25	30	$4/$8/$25	30
Plan 782	2015	HMO	0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 782	2016	HMO	0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 783	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 783	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 784	2015	HMO	500	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 784	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 785	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 785	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 786	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 786	2016	HMO	$200 per enrollee	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 787	2015	HMO	med ded/oop max	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 787	2016	HMO	0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 788	2015	HMO	0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 788	2016	HMO	$500	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 794	2015	PPO	$250	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 794	2016	PPO	$500	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 795	2015	PPO	0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 795	2016	PPO	0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 796	2015	PPO	0	$5/$30/50%	30	$5/$30/50%	30	$5/$30/50%	30
Plan 796	2016	PPO	0	$5/$30/50%	30	$5/$30/50%	30	$5/$30/50%	30
Plan 797	2015	PPO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 797	2016	PPO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 798	2015	PPO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 798	2016	PPO	500	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 799	2015	PPO	250	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 799	2016	PPO	0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 800	2015	PPO	0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 800	2016	PPO	0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 801	2015	PPO	0	$5/$30/50%	30	$5/$30/50%	30	$5/$30/50%	30
Plan 801	2016	PPO	0	$5/$30/50%	30	$5/$30/50%	30	$5/$30/50%	30
Plan 802	2015	PPO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 802	2016	PPO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 803	2015	PPO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 803	2016	PPO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 804	2015	PPO	0	$4/$8/$25/$50	30	$4/$8/$25/$50	30	$4/$8/$25/$50	30
Plan 804	2016	PPO	0	$4/$8/$25/$50	30	$4/$8/$25/$50	30	$4/$8/$25/$50	30
Plan 805	2015	PPO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 805	2016	PPO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 806	2015	PPO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30

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Exhibit A5g

Health Plan Design Comparison — Prescription Drugs (At Participating Pharmacies)

For All Plans in Calendar Year 2015

				Retail		Mail-Order		Speciality Drugs	
Health Plan	**Plan Year Ending**	**Plan Type**	**Deductible (Plan Year)**	**Cost Share**	**Days Supply**	**Cost Share**	**Days Supply**	**Cost Share**	**Days Supply**
Plan 806	2016	PPO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 807	2015	PPO	0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 807	2016	PPO	1500	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 808	2015	PPO	1500	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 808	2016	PPO	1500	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 809	2015	PPO	1500	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 809	2016	PPO	0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 810	2015	PPO	0	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 810	2016	PPO	0	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 812	2015	PPO	0	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 812	2016	PPO	0	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 813	2015	PPO	0	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 813	2016	PPO	0	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 814	2015	PPO	$0	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 814	2016	PPO	0	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 815	2015	PPO	0	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 815	2016	PPO	0	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 816	2015	PPO	0	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 816	2016	PPO	0	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 817	2015	PPO	0	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 817	2016	PPO	0	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 818	2015	PPO	3750	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 818	2016	PPO	$0	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 819	2015	PPO	Not Covered	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 819	2016	PPO	$0	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 820	2015	PPO	Not Covered	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 820	2016	PPO	Not Covered	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 821	2015	PPO	Not Covered	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 821	2016	PPO	Not Covered	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 822	2015	PPO	0	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 822	2016	PPO	0	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 823	2015	PPO	0	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 823	2016	PPO	0	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 824	2015	Deductible	0	$15/$30/$30	30	$30/$60/$60	90	$30	30
Plan 824	2016	Deductible	0	$15/$30/$30	30	$30/$60/$60	90	$30	30
Plan 828	2015	Deductible	0	$15/$30/$30	30	$30/$60/$60	90	$30	30
Plan 828	2016	Deductible	$0	$15/$30/$30	30	$30/$60/$60	90	$30	30
Plan 830	2015	Deductible	$0	$20/$40/$40	30	$40/$80/$80	90	$40	30
Plan 830	2015	Deductible	$0	$15/$35/$60	30	$30/$70/$120	90	$120/30%	30
Plan 831	2015	Deductible	$0	$15/$30/$50	30	$30/$60/$100	90	$150	30
Plan 832	2015	HMO	$0	$15/$30/$30	30	$30/$60/$60	90	$30	30
Plan 833	2015	PPO	$0	$10/$30/$50	30	$10/$30/$50	30	Not Covered	0
Plan 834	2015	PPO	$0	$12/$35/$60	30	$12/$35/$60	30	Not Covered	0
Plan 835	2015	PPO	$200 per enrollee	$12/$35/$60	30	$12/$35/$60	30	Not Covered	0
Plan 836	2015	PPO	med ded/oop max	20%	30	20%	30	Not Covered	0
Plan 837	2015	PPO	0	$10/$30/50%(Max $100)	30	$10/$30/50%(Max $100)	30	Not Covered	0
Plan 838	2015	PPO	0	$15/$25/$50	30	$15/$25/$50	30	Not Covered	0
Plan 868	2015	PPO	0	0/30%/30%	30	0/25%/25%	90	30%	30

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5g

Health Plan Design Comparison — Prescription Drugs (At Participating Pharmacies)

For All Plans in Calendar Year 2015

				Retail		Mail-Order		Speciality Drugs	
Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)	Cost Share	Days Supply	Cost Share	Days Supply	Cost Share	Days Supply
Plan 869	2015	PPO	0	0/$30/$45	30	0/$75/$112	90	30%	30
Plan 870	2015	PPO	0	0/$30/$45	30	0/$75/$112	90	30%	30
Plan 874	2015	PPO	0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 875	2015	PPO	0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 876	2015	TRAD	0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 877	2015	TRAD	0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 878	2015	PPO	0	$20	30	$20	90	0%	0
Plan 879	2015	PPO	0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 880	2015	PPO	0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 881	2015	PPO	0	$0/.30/.30	30	$0/.30/.30	90	0%	0
Plan 882	2015	PPO	0	$0/$30/$45	30	$0/$60/$90	90	0%	0
Plan 883	2015	PPO	0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 884	2015	PPO	0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 885	2015	TRAD	0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 887	2015	PPO	0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 888	2015	PPO	0	$20	30	$20	90	0%	0
Plan 889	2015	PPO	0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 890	2015	PPO	0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 891	2015	TRAD	0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 892	2015	TRAD	0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 893	2015	PPO	0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 894	2015	PPO	0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 895	2015	TRAD	0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 896	2015	TRAD	0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 897	2015	PPO	0	$20	30	$20	90	0%	0
Plan 898	2015	PPO	0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 899	2015	PPO	0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 900	2015	PPO	0	$20	30	$20	90	0%	0
Plan 900	2016	PPO	0	$20	30	$20	90	0%	0
Plan 901	2015	PPO	0	$20	30	$20	90	0%	0
Plan 901	2016	PPO	0	$20	30	$20	90	0%	0
Plan 902	2015	TRAD	0	$5/$25/$50	30	$10/$50/$100	90	0%	0
Plan 902	2016	TRAD	0	$5/$25/$50	30	$10/$50/$100	90	0%	0
Plan 903	2015	TRAD	0	$5/$25/$50	30	$10/$50/$100	90	0%	0
Plan 903	2016	TRAD	0	$5/$25/$50	30	$10/$50/$100	90	0%	0
Plan 904	2015	PPO	0	$5/$25/$50	30	$10/$50/$100	90	0%	0
Plan 905	2015	PPO	0	$5/$25/$50	30	$10/$50/$100	90	0%	0
Plan 906	2015	TRAD	0	$15/$35/$75	34	$30/$70/$150	90	0%	0
Plan 907	2015	PPO	0	0%	0	0%	0	0%	0
Plan 908	2015	PPO	0	$15/$35/$75	34	$30/$70/$150	90	0%	0
Plan 909	2015	TRAD	0	$5/$25/$50	30	$10/$50/$100	90	0%	0
Plan 910	2015	PPO	0	$20	30	$20	90	0%	0
Plan 911	2015	TRAD	0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 912	2015	TRAD	0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 913	2015	PPO	0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 914	2015	TRAD	0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 915	2015	PPO	0	$20	30	$20	90	0%	0
Plan 916	2015	PPO	0	0%	0	0%	0	0%	0

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5g

Health Plan Design Comparison — Prescription Drugs (At Participating Pharmacies)

For All Plans in Calendar Year 2015

				Retail		Mail-Order		Speciality Drugs	
Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)	Cost Share	Days Supply	Cost Share	Days Supply	Cost Share	Days Supply
Plan 921	2016	PPO	Not Covered	$5/$20/$40	30	$10/$40/$80	90	NA	0
Plan 922	2016	PPO	0	0%	0	0%	0	0%	0
Plan 923	2016	PPO	Not Covered	$5/$20/$40	30	$10/$40/$80	0	NA	0
Plan 924	2016	PPO	Not Covered	$5/$20/$40	30	$10/$40/$80	90	NA	0
Plan 925	2016	PPO	Not Covered	$5/$20/$40	30	$10/$40/$80	90	NA	0
Plan 926	2016	PPO	Not Covered	20%	30	20%	90	NA	0
Plan 927	2016	PPO	0	$10/$20/$35	30	$10/$20/$35	90	NA	0
Plan 928	2016	PPO	0	$15/$25/$40	30	$15/$25/$40	90	NA	0
Plan 929	2016	PPO	0	$10/$15/$30	30	$20/$30/$60	90	NA	0
Plan 930	2016	PPO	0	$5/20%/30%	30	$10/20%/30%	90	NA	0
Plan 931	2016	PPO	0	$10/$25/$45	30	$20/$50/$90	90	NA	0
Plan 932	2016	PPO	0	$10/$25/$45	30	$20/$50/$90	90	NA	0
Plan 933	2016	PPO	0	20%/20%/20%	30	20%/20%/20%	90	NA	0
Plan 934	2016	PPO	0	0%	0	0%	0	0%	0
Plan 935	2016	PPO	0	0%	0	0%	0	0%	0
Plan 936	2016	PPO	0	0%	0	0%	0	0%	0
Plan 937	2016	PPO	0	0%	0	0%	0	0%	0
Plan 938	2016	PPO	0	0%	0	0%	0	0%	0
Plan 944	2015	PPO	0	0%	0	0%	0	0%	0
Plan 944	2016	PPO	0	0%	0	0%	0	0%	0
Plan 1032	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 1032	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 1033	2015	HMO	0	$4/$8/$25	30	$4/$8/$25	30	$4/$8/$25	30
Plan 1033	2016	HMO	0	$4/$8/$25	30	$4/$8/$25	30	$4/$8/$25	30
Plan 1034	2015	HMO	0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 1034	2016	HMO	0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 1035	2015	HMO	0	$20/$40	30	$20/$40	30	$20/$40	30
Plan 1035	2016	HMO	0	$20/$40	30	$20/$40	30	$20/$40	30
Plan 1036	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 1036	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 1037	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 1037	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 1038	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 1038	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 1039	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 1039	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 1040	2015	HMO	0	$25/$50	30	$25/$50	30	$25/$50	30
Plan 1040	2016	HMO	250	$25/$50	30	$25/$50	30	$25/$50	30
Plan 1041	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 1041	2016	HMO	250	$15/$30	30	$15/$30	30	$15/$30	30
Plan 1042	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 1042	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 1043	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 1043	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 1044	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 1044	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 1045	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 1045	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5g

Health Plan Design Comparison — Prescription Drugs (At Participating Pharmacies)

For All Plans in Calendar Year 2015

				Retail		Mail-Order		Speciality Drugs	
Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)	Cost Share	Days Supply	Cost Share	Days Supply	Cost Share	Days Supply
Plan 1046	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 1046	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 1047	2015	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 1047	2016	HMO	0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 1094	2015	HMO	0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 1094	2016	HMO	0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 1095	2015	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 1095	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 1096	2015	HMO	0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 1096	2016	HMO	250	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 1097	2015	HMO	0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 1097	2016	HMO	250	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 1098	2015	HMO	250	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 1098	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 1099	2015	HMO	250	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 1099	2016	HMO	0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 1100	2015	HMO	0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 1100	2016	HMO	250	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 1213	2015	PPO	0	$10/$35/$70	30	$10/$35/$70	30	$10/$35/$70	30
Plan 1213	2016	PPO	250	$10/$35/$70	30	$10/$35/$70	30	$10/$35/$70	30
Plan 1214	2015	PPO	0	$10/$35/$70	30	$10/$35/$70	30	$10/$35/$70	30
Plan 1214	2016	PPO	500	$10/$35/$70	30	$10/$35/$70	30	$10/$35/$70	30
Plan 1215	2015	PPO	0	$10/$35/$70	30	$10/$35/$70	30	$10/$35/$70	30
Plan 1215	2016	PPO	500	$10/$35/$70	30	$10/$35/$70	30	$10/$35/$70	30
Plan 1216	2015	PPO	0	$10/$35/$70	30	$10/$35/$70	30	$10/$35/$70	30
Plan 1216	2016	PPO	500	$10/$35/$70	30	$10/$35/$70	30	$10/$35/$70	30
Plan 1217	2015	PPO	0	$10/$35/$70	30	$10/$35/$70	30	$10/$35/$70	30
Plan 1217	2016	PPO	500	$10/$35/$70	30	$10/$35/$70	30	$10/$35/$70	30
Plan 1218	2015	PPO	500	$10/$35/$70	30	$10/$35/$70	30	$10/$35/$70	30
Plan 1218	2016	PPO	0	$10/$35/$70	30	$10/$35/$70	30	$10/$35/$70	30
Plan 1219	2015	PPO	0	$10/$35/$70	30	$10/$35/$70	30	$10/$35/$70	30
Plan 1219	2016	PPO	500	$10/$35/$70	30	$10/$35/$70	30	$10/$35/$70	30
Plan 1220	2015	PPO	0	$10/$35/$70	30	$10/$35/$70	30	$10/$35/$70	30
Plan 1220	2016	PPO	0	$10/$35/$70	30	$10/$35/$70	30	$10/$35/$70	30
Plan 1221	2015	PPO	0	$5/$45/$90	30	$5/$45/$90	30	$5/$45/$90	30
Plan 1221	2016	PPO	0	$5/$45/$90	30	$5/$45/$90	30	$5/$45/$90	30
Plan 1222	2015	PPO	0	$10/$35/$70	30	$10/$35/$70	30	$10/$35/$70	30
Plan 1222	2016	PPO	0	$10/$35/$70	30	$10/$35/$70	30	$10/$35/$70	30
Plan 1223	2015	PPO	0	$10/$35/$70	30	$10/$35/$70	30	$10/$35/$70	30
Plan 1223	2016	PPO	0	$10/$35/$70	30	$10/$35/$70	30	$10/$35/$70	30
Plan 1224	2015	PPO	0	$20/$35/$55	30	$20/$35/$55	30	$20/$35/$55	30
Plan 1225	2015	PPO	0	$20/$35/$55	30	$20/$35/$55	30	$20/$35/$55	30
Plan 1226	2015	PPO	0	$20/$35/$55	30	$20/$35/$55	30	$20/$35/$55	30
Plan 1227	2015	PPO	0	$20/$35/$55	30	$20/$35/$55	30	$20/$35/$55	30
Plan 1228	2015	PPO	0	$20/$35/$55	30	$20/$35/$55	30	$20/$35/$55	30
Plan 1229	2015	PPO	0	$20/$35/$55	30	$20/$35/$55	30	$20/$35/$55	30
Plan 1230	2015	PPO	0	$20/$35/$55	30	$20/$35/$55	30	$20/$35/$55	30
Plan 1252	2015	PPO	0	$10/$35/$70	30	$10/$35/$70	30	$10/$35/$70	30

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5g

Health Plan Design Comparison — Prescription Drugs (At Participating Pharmacies)

For All Plans in Calendar Year 2015

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)	Retail		Mail-Order		Speciality Drugs	
				Cost Share	Days Supply	Cost Share	Days Supply	Cost Share	Days Supply
Plan 1252	2016	PPO	0	$10/$35/$70	30	$10/$35/$70	30	$10/$35/$70	30
Plan 1253	2015	PPO	0	$10/$35/$70	30	$10/$35/$70	30	$10/$35/$70	30
Plan 1253	2016	PPO	0	$10/$35/$70	30	$10/$35/$70	30	$10/$35/$70	30
Plan 1254	2015	PPO	0	$10/$35/$70	30	$10/$35/$70	30	$10/$35/$70	30
Plan 1254	2016	PPO	0	$10/$35/$70	30	$10/$35/$70	30	$10/$35/$70	30
Plan 1255	2015	PPO	0	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 1255	2016	PPO	0	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 1256	2015	PPO	$500 ind/$1000 fam	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 1256	2016	PPO	$500	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 1257	2015	PPO	$250	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 1257	2016	PPO	$0	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 1261	2016	Deductible	$0	$10/$20/$20	30	$20/$40/$40	90	$20	30
Plan 1263	2016	Deductible	0	$20/$40/$60	30	$40/$80/$120	90	$150	30
Plan 1265	2015	Deductible	0	$15/$30/$30	30	$30/$60/$60	90	$30	30
Plan 1265	2015	Deductible	0	$15/$25/$40	30	$30/$50/$80	90	$80/30%	30
Plan 1265	2016	Deductible	$1,500.00	$15/$30/$30	30	$30/$60/$60	90	$30	30
Plan 1265	2016	Deductible	$2,500.00	$15/$25/$40	30	$30/$50/$80	90	$80/30%	30
Plan 1268	2016	Deductible	0	$20/$40/$40	30	$40/$80/$80	90	$40	30
Plan 1269	2015	HMO	0	$10/$20/$20	30	$20/$40/$40	90	$20	30
Plan 1270	2015	HMO	0	$15/$30/$30	30	$30/$60/$60	90	$30	30
Plan 1271	2015	HMO	0	$20/$40/$40	30	$40/$80/$80	90	$40	30
Plan 1272	2016	HMO	0	$20/$40/$40	30	$40/$80/$80	90	$40	30
Plan 1273	2016	HMO	500	$15/$30/$50	30	$30/$60/$100	90	$150	30
Plan 1274	2016	HMO	250	$10/$20/$20	30	$20/$40/$40	90	$20	30
Plan 1275	2016	HMO	500	$15/$30/$30	30	$30/$60/$60	90	$30	30
Plan 1279	2015	HMO	0	$10/$20/$20	30	$20/$40/$40	90	$20	30
Plan 1280	2015	HMO	0	$15/$30/$30	30	$30/$60/$60	90	$30	30
Plan 1281	2015	HMO	0	$20/$40/$40	30	$40/$80/$80	90	$40	30
Plan 1283	2016	HMO	500	$15/$30/$30	30	$30/$60/$60	90	$30	30
Plan 1284	2016	HMO	250	$15/$30/$50	30	$30/$60/$100	90	$50	30
Plan 1285	2016	HMO	500	$20/$40/$40	30	$40/$80/$80	90	$40	30
Plan 1286	2015	HMO	0	$15/$30/$30	30	$30/$60/$60	90	$30	30
Plan 1287	2016	HMO	0	$15/$30/$30	30	$30/$60/$60	90	$30	30
Plan 1309	2015	PPO	500	$15/$30/$30	30	$30/$60/$60	90	$30	30
Plan 1309	2015	PPO	0	$15/$25/$40	30	$30/$50/$80	90	$80/30%	30
Plan 1310	2015	PPO	0	$15/$30/$30	30	$30/$60/$60	90	$30	30
Plan 1310	2015	PPO	0	$15/$25/$40	30	$30/$50/$80	90	$80/30%	30
Plan 1310	2015	PPO	0	$15/$25/$40	30	$30/$50/$80	90	$80/30%	30
Plan 1310	2015	PPO	$0	$15/$30/$30	30	$30/$60/$60	90	$30	30
Plan 1311	2016	PPO	$0	$15/$25/$40	30	$30/$50/$80	90	$80/30%	30
Plan 1311	2016	PPO	3750	$15/$30/$30	30	$30/$60/$60	90	$30	30
Plan 1312	2015	PPO	$0	$15/$30/$30	30	$30/$60/$60	90	$30	30
Plan 1312	2015	PPO	0	$15/$25/$40	30	$30/$50/$80	90	$80/30%	30
Plan 1313	2016	PPO	0	$15/$30/$30	30	$30/$60/$60	90	$30	30
Plan 1313	2016	PPO	0	$15/$25/$40	30	$30/$50/$80	90	$80/30%	30
Plan 1314	2015	PPO	0	$20/$40/$40	30	$40/$80/$80	90	$40	30
Plan 1314	2015	PPO	0	$15/$35/$60	30	$30/$70/$120	90	$120/30%	30
Plan 1315	2015	PPO	500	$20/$40/$40	30	$40/$80/$80	90	$40	30

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5g

Health Plan Design Comparison — Prescription Drugs (At Participating Pharmacies)

For All Plans in Calendar Year 2015

				Retail		Mail-Order		Speciality Drugs	
Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)	Cost Share	Days Supply	Cost Share	Days Supply	Cost Share	Days Supply
Plan 1315	2015	PPO	250	$15/$35/$60	30	$30/$70/$120	90	$120/30%	30
Plan 1315	2015	PPO	500	$20/$40/$40	30	$40/$80/$80	90	$40	30
Plan 1315	2015	PPO	0	$15/$35/$60	30	$30/$70/$120	90	$120/30%	30
Plan 1316	2016	PPO	0	$20/$40/$40	30	$40/$80/$80	90	$40	30
Plan 1316	2016	PPO	0	$15/$35/$60	30	$30/$70/$120	90	$120/30%	30
Plan 1317	2015	PPO	0	$15/$35/$60	30	$30/$70/$120	90	$120/30%	30
Plan 1317	2015	PPO	500	$20/$40/$40	30	$40/$80/$80	90	$40	30
Plan 1318	2016	PPO	0	$20/$40/$40	30	$40/$80/$80	90	$40	30
Plan 1318	2016	PPO	0	$15/$35/$60	30	$30/$70/$120	90	$120/30%	30
Plan 1319	2015	PPO	0	$10/$20/$30	34	$20/$40/$60	90	$60/30%	30
Plan 1320	2015	PPO	0	$10/$20/$35	34	$20/$40/$70	90	$70/30%	30
Plan 1321	2015	PPO	0	$10/$20/$35	34	$20/$40/$70	90	$70/30%	30
Plan 1321	2015	PPO	0	$10/$20/$35	34	$20/$40/$70	90	$70/30%	30
Plan 1322	2016	PPO	0	$10/$20/$35	34	$20/$40/$70	90	$70/30%	30
Plan 1323	2015	PPO	$0	$10/$20/$35	34	$20/$40/$70	90	$70/30%	30
Plan 1324	2016	PPO	0	$10/$20/$35	34	$20/$40/$70	90	$70/30%	30
Plan 1325	2015	PPO	500	$15/$25/$40	34	$30/$50/$80	90	$80/30%	30
Plan 1326	2015	PPO	0	$15/$25/$40	34	$30/$50/$80	90	$80/30%	30
Plan 1326	2015	PPO	0	$15/$25/$40	34	$30/$50/$80	90	$80/30%	30
Plan 1327	2016	PPO	$0	$15/$25/$40	34	$30/$50/$80	90	$80/30%	30
Plan 1328	2015	PPO	250	$15/$25/$40	34	$30/$50/$80	90	$80/30%	30
Plan 1329	2016	PPO	0	$15/$25/$40	34	$30/$50/$80	90	$80/30%	30
Plan 1330	2015	PPO	500	$15/$30/$50	30	$30/$60/$100	90	$100/30%	30
Plan 1331	2015	PPO	0	$15/$30/$50	30	$30/$60/$100	90	$100/30%	30
Plan 1331	2015	PPO	0	$15/$30/$50	30	$30/$60/$100	90	$100/30%	30
Plan 1332	2016	PPO	0	$15/$30/$50	30	$30/$60/$100	90	$100/30%	30
Plan 1333	2015	PPO	0	$15/$30/$50	30	$30/$60/$100	90	$100/30%	30
Plan 1334	2016	PPO	$0	$15/$30/$50	30	$30/$60/$100	90	$100/30%	30
Plan 1335	2015	PPO	$0	$15/$30/$50	30	$30/$60/$100	90	$150/30%	30
Plan 1335	2015	PPO	$0	$15/$30/$50	30	$30/$60/$100	90	$150/30%	30
Plan 1336	2016	PPO	$0	$15/$30/$50	30	$30/$60/$100	90	$150/30%	30
Plan 1337	2016	PPO	$0	$15/$30/$50	30	$30/$60/$100	90	$150/30%	30
Plan 1344	2016	PPO	$500 ind/$1000 fam	$15/$30/$45	30	$15/$60/$90	90	30%	30
Plan 1346	2016	PPO	$0	$5/30%/30%	30	$10/25%/25%	90	30%	30
Plan 1348	2016	PPO	$0	$5/$30/$45	30	$10/$75/$112	90	30%	30
Plan 1350	2016	PPO	$0	0%	0	0%	0	0%	0
Plan 1352	2016	PPO	$0	0%	0	0%	0	0%	0
Plan 1355	2016	PPO	$0	$10/$20/$35	34	$15/$30/$45	100	$50	30
Plan 1357	2016	PPO	$0	$15/$25/$40	34	$20/$35/$50	100	$60	30
Plan 1359	2016	PPO	$0	$10/$15/$30	30	$15/$30/$60	90	$50	30
Plan 1361	2015	Open Network	$0	20%	30	20%	90	20%	30
Plan 1361	2016	Open Network	$0	20%	30	20%	90	20%	30
Plan 1379	2016	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	0%	75
Plan 1380	2016	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	$75	0
Plan 1381	2016	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	$75	0
Plan 1382	2016	TRAD	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 1383	2016	PPO	$0	$20	30	$20	90	0%	0
Plan 1384	2016	PPO	$0	$0/.30/.30	30	$0/.30/.30	90	0%	0

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A5g
Health Plan Design Comparison — Prescription Drugs (At Participating Pharmacies)
For All Plans in Calendar Year 2015

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)	Retail		Mail-Order		Speciality Drugs	
				Cost Share	Days Supply	Cost Share	Days Supply	Cost Share	Days Supply
Plan 1385	2016	PPO	$0	$0/$30/$45	30	$0/$60/$90	90	0%	0
Plan 1386	2016	PPO	$0	$0/$30/$45	30	$0/$60/$90	90	$75	0
Plan 1387	2016	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	$75	0
Plan 1388	2016	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	$75	0
Plan 1389	2016	TRAD	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 1390	2016	PPO	$0	$0/.30/.30	30	$0/.30/.30	90	0%	0
Plan 1391	2016	PPO	$0	$0/$30/$45	30	$0/$60/$90	90	0%	0
Plan 1392	2016	PPO	$0	$0/$30/$45	30	$0/$60/$90	90	$75	0
Plan 1393	2016	PPO	$0	$20	30	$20	90	0%	0
Plan 1394	2016	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 1395	2016	PPO	$0	$0/.30/.30	30	$0/.30/.30	90	0%	0
Plan 1396	2016	PPO	$0	$0/$30/$45	34	$0/$60/$90	90	0%	0
Plan 1397	2016	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 1398	2016	PPO	$0	$20	30	$20	90	0%	0
Plan 1399	2016	TRAD	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 1430	2015	PPO	$0	0%	0	0%	0	0%	0
Plan 1431	2015	PPO	$0	0%	0	0%	0	0%	0
Plan 1432	2015	PPO	$0	$20	30	$20	90	0%	0
Plan 1433	2015	PPO	$0	0%	0	0%	0	0%	0
Plan 1434	2016	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	$75	0
Plan 1435	2016	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	$75	0
Plan 1436	2016	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 1437	2016	PPO	$0	$20	30	$20	90	0%	0
Plan 1438	2016	TRAD	$0	$5/$20/$40	30	$10/$40/$80	90	$75	0
Plan 1439	2016	PPO	$0	$0/.30/.30	30	$0/.30/.30	90	0%	0
Plan 1440	2016	PPO	$0	$0/$30/$45	30	$0/$60/$90	90	0%	0
Plan 1441	2016	PPO	$0	$0/$30/$45	30	$0/$60/$90	90	$75	0
Plan 1442	2016	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	$75	0
Plan 1443	2016	TRAD	$0	$5/$20/$40	30	$10/$40/$80	90	$75	0
Plan 1444	2016	PPO	$0	$20	30	$20	90	0%	0
Plan 1445	2016	PPO	$0	$10/$25/$50	30	$20/$50/$100	90	$75	0
Plan 1446	2016	PPO	$0	$0/$30/$45	30	$0/$60/$90	90	$75	0
Plan 1447	2016	PPO	$0	$5/$25/$50	30	$10/$50/$100	90	0%	0
Plan 1448	2016	PPO	$0	$5/$25/$50	30	$10/$50/$100	90	0%	0
Plan 1449	2016	TRAD	$0	$15/$35/$100	34	$30/$70/$200	90	0%	0
Plan 1450	2016	TRAD	$0	$15/$35/$100	34	$30/$70/$200	90	0%	0
Plan 1451	2016	PPO	$0	$15/$35/$100	34	$30/$70/$200	90	0%	0
Plan 1452	2016	TRAD	$0	$15/$35/$100	30	$45/$105/$300	90	0%	0
Plan 1453	2016	PPO	$0	$20	30	$20	90	0%	0
Plan 1536	2015	POS	$0	0%	0	0%	0	0%	0
Plan 1537	2015	POS	$0	0%	31	0%	90	0%	31
Plan 1538	2015	POS	$0	0/30/45	31	0/75/112	90	0/30/45	31
Plan 1539	2015	POS	$0	0%	31	0%	90	0%	31
Plan 1540	2015	POS	$0	15/25/40	31	15/25/40	90	15/25/40	31
Plan 1541	2015	POS	$0	0%	0	0%	0	0%	0
Plan 1542	2015	POS	$0	0/30/45	31	0/75/112	90	0/30/45	31
Plan 1543	2015	POS	$0	0%	31	0%	90	0%	31
Plan 1544	2015	POS	$0	0/30%/30%	31	0/25%/25%	90	0/30%/30%	31

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5g

Health Plan Design Comparison — Prescription Drugs (At Participating Pharmacies)

For All Plans in Calendar Year 2015

				Retail		Mail-Order		Speciality Drugs	
Health Plan	**Plan Year Ending**	**Plan Type**	**Deductible (Plan Year)**	**Cost Share**	**Days Supply**	**Cost Share**	**Days Supply**	**Cost Share**	**Days Supply**
Plan 1545	2015	POS	$0	0%	31	0%	90	0%	31
Plan 1546	2015	POS	$0	20%/20%/20%	31	20%/20%/20%	90	20%/20%/20%	31
Plan 1547	2015	POS	$0	$10/15/30	31	$10/30/60	90	$10/15/30	31
Plan 1548	2015	POS	$0	0%	31	0%	90	0%	31

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A6a
Total Costs by District for District-Specific Health Plans Combined — Sorted by District
Plan Year Ending in 2015

District	Plan-Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Aberdeen School District	391	664	$4,371,433	$931.68	$548.62
Adna School District	34	84	$391,920	$960.59	$388.81
Almira School District	17	46	$231,695	$1,135.76	$419.74
Anacortes School District	240	240	$2,985,390	$1,036.59	$1,036.59
Arlington School District	513	513	$5,208,418	$846.07	$846.07
Asotin-Anatone School District	62	69	$648,529	$871.68	$783.25
Auburn School District	1,446	2,736	$16,451,364	$948.10	$501.08
Bainbridge Island School District	378	378	$4,504,716	$993.10	$993.10
Battle Ground School District	1,123	2,258	$14,137,008	$1,049.05	$521.74
Bellevue School District	2,032	3,895	$22,539,471	$924.35	$482.23
Bellingham School District	1,204	1,204	$12,306,439	$851.77	$851.77
Benge School District	4	10	$40,095	$835.31	$334.13
Bethel School District	1,583	2,200	$16,558,889	$871.70	$627.23
Bickleton School District	11	11	$313,524	$2,375.18	$2,375.18
Blaine School District	230	230	$2,584,625	$936.46	$936.46
Boistfort School District	14	19	$146,498	$872.01	$642.53
Bremerton School District	494	494	$5,751,815	$970.28	$970.28
Brewster School District	125	214	$1,155,916	$770.61	$450.12
Bridgeport School District	88	165	$891,425	$844.15	$450.21
Brinnon School District	11	11	$113,752	$861.75	$861.75
Burlington-Edison School District	416	416	$4,628,313	$927.15	$927.15
Camas School District	635	1,360	$6,988,642	$917.14	$428.23
Cape Flattery School District	86	120	$797,893	$773.15	$554.09
Carbonado School District	20	30	$198,404	$826.68	$551.12
Cascade School District	130	130	$1,388,087	$889.80	$889.80
Cashmere School District	180	180	$1,673,893	$774.95	$774.95
Castle Rock School District	135	381	$1,483,150	$915.52	$324.40
Centerville School District	10	18	$133,766	$1,114.72	$619.29
Central Kitsap School District	1,021	1,021	$11,129,592	$908.39	$908.39
Central Valley School District	1,409	1,409	$14,749,027	$872.31	$872.31
Centralia School District	377	1,070	$3,886,624	$859.11	$302.70
Chehalis School District	308	591	$3,099,189	$838.53	$437.00

[1]Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A6a
Total Costs by District for District-Specific Health Plans Combined — Sorted by District
Plan Year Ending in 2015

District	Plan-Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Cheney School District	478	478	$5,524,057	$963.05	$963.05
Chewelah School District	91	165	$839,190	$768.49	$423.83
Chimacum School District	119	204	$1,354,820	$948.75	$553.44
Clarkston School District	275	275	$3,195,891	$968.45	$968.45
Cle Elum-Roslyn School District	115	227	$1,131,965	$820.26	$415.55
Clover Park School District	1,221	2,068	$14,567,323	$994.22	$587.01
Colfax School District	64	135	$717,520	$934.27	$442.91
College Place School District	131	236	$1,176,992	$748.72	$415.60
Colton School District	19	39	$267,034	$1,171.20	$570.59
Columbia (Stevens) School District	23	37	$321,437	$1,164.63	$723.96
Columbia (Walla Walla) School District	87	161	$1,006,270	$963.86	$520.84
Colville School District	167	167	$1,808,528	$902.46	$902.46
Concrete School District	63	97	$580,285	$767.57	$498.53
Conway School District	43	43	$529,272	$1,025.72	$1,025.72
Cosmopolis School District	20	34	$178,257	$742.74	$436.90
Coulee-Hartline School District	33	52	$332,534	$839.73	$532.91
Coupeville School District	92	127	$863,890	$782.51	$566.86
Crescent School District	36	69	$375,962	$870.28	$454.06
Creston School District	26	26	$280,751	$899.84	$899.84
Curlew School District	29	47	$304,384	$874.67	$539.69
Cusick School District	38	78	$448,823	$984.26	$479.51
Damman School District	5	6	$35,010	$583.51	$486.26
Darrington School District	57	67	$652,245	$953.57	$811.25
Davenport School District	76	76	$813,933	$892.47	$892.47
Dayton School District	38	57	$582,296	$1,276.96	$851.31
Deer Park School District	234	464	$2,290,075	$815.55	$411.29
Dieringer School District	150	318	$1,444,792	$802.66	$378.61
Dixie School District	6	8	$76,622	$1,064.20	$798.15
East Valley School District (Spokane)	474	474	$4,710,833	$828.21	$828.21
East Valley School District (Yakima)	302	302	$3,336,058	$920.55	$920.55
Eastmont School District	577	1,118	$5,969,126	$862.09	$444.93
Easton School District	21	21	$210,829	$836.62	$836.62

[1]Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A6a
Total Costs by District for District-Specific Health Plans Combined — Sorted by District
Plan Year Ending in 2015

District	Plan-Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Eatonville School District	184	388	$1,829,643	$828.64	$392.96
Edmonds School District	1,928	1,928	$24,223,544	$1,047.01	$1,047.01
Ellensburg School District	320	538	$3,299,406	$859.22	$511.06
Elma School District	158	271	$1,775,692	$936.55	$546.03
Endicott School District	23	23	$226,660	$821.23	$821.23
Entiat School District	48	112	$492,699	$855.38	$366.59
Enumclaw School District	387	387	$4,023,116	$866.30	$866.30
Ephrata School District	244	546	$2,534,606	$865.64	$386.84
Evaline School District	8	15	$45,234	$471.19	$251.30
Everett School District	1,604	4,077	$19,461,996	$1,011.12	$397.80
Evergreen School District (Clark)	2,318	3,707	$27,573,546	$991.28	$619.85
Evergreen School District (Stevens)	4	4	$45,638	$950.78	$950.78
Federal Way School District	2,253	2,253	$22,492,966	$831.96	$831.96
Ferndale School District	479	949	$5,071,134	$882.24	$445.31
Fife School District	336	336	$3,712,358	$920.72	$920.72
Finley School District	98	190	$1,070,721	$910.48	$469.61
Franklin Pierce School District	865	1,434	$10,131,154	$976.03	$588.75
Freeman School District	86	86	$874,982	$847.85	$847.85
Garfield School District	20	20	$268,838	$1,120.16	$1,120.16
Glenwood School District	20	24	$182,326	$759.69	$633.08
Goldendale School District	95	95	$1,101,063	$965.84	$965.84
Grand Coulee Dam School District	100	186	$1,066,382	$888.65	$477.77
Grandview School District	362	728	$3,813,456	$877.87	$436.52
Granger School District	173	353	$2,247,718	$1,082.72	$530.62
Granite Falls School District	184	372	$1,887,706	$854.94	$422.87
Grapeview School District	19	31	$181,012	$793.91	$486.59
Great Northern School District	3	3	$36,629	$1,017.48	$1,017.48
Green Mountain School District	14	26	$160,985	$958.24	$515.98
Griffin School District	73	139	$805,259	$919.25	$482.77
Harrington School District	27	27	$289,439	$893.33	$893.33
Highland School District	130	130	$1,448,025	$928.22	$928.22
Highline School District	2,204	2,204	$23,969,507	$906.29	$906.29

[1]Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A6a
Total Costs by District for District-Specific Health Plans Combined — Sorted by District
Plan Year Ending in 2015

District	Plan-Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Hockinson School District	168	366	$1,829,719	$907.60	$416.60
Hood Canal School District	41	49	$407,540	$828.33	$693.09
Hoquiam School District	137	234	$2,088,541	$1,270.40	$743.78
Inchelium School District	35	37	$377,557	$898.94	$850.35
Index School District	5	7	$46,519	$775.32	$553.80
Issaquah School District	1,768	1,768	$18,457,374	$869.97	$869.97
Kahlotus School District	17	17	$213,826	$1,048.16	$1,048.16
Kalama School District	66	99	$851,994	$1,075.75	$717.17
Keller School District	10	10	$102,741	$856.17	$856.17
Kelso School District	472	874	$4,999,191	$882.63	$476.66
Kennewick School District	1,683	1,683	$17,979,669	$890.26	$890.26
Kent School District	2,686	4,716	$28,340,187	$879.26	$500.78
Kettle Falls School District	86	174	$893,074	$865.38	$427.72
Kiona-Benton City School District	174	337	$1,700,769	$814.54	$420.57
Kittitas School District	74	175	$783,276	$882.07	$372.99
Klickitat School District	17	21	$200,340	$982.06	$795.00
La Center School District	109	237	$1,248,982	$954.88	$439.16
La Conner School District	84	191	$997,695	$989.78	$435.29
LaCrosse School District	25	26	$301,483	$1,004.94	$966.29
Lake Chelan School District	176	176	$1,697,810	$803.89	$803.89
Lake Quinault School District	32	56	$371,900	$968.49	$553.42
Lake Stevens School District	720	720	$7,216,854	$835.28	$835.28
Lake Washington School District	2,279	3,994	$25,111,547	$918.22	$523.94
Lakewood School District	198	401	$2,361,567	$993.93	$490.77
Lamont School District	9	16	$95,767	$886.73	$498.79
Liberty School District	57	57	$650,633	$951.22	$951.22
Lind School District	32	67	$353,721	$921.15	$439.95
Longview School District	705	1,175	$7,716,591	$912.13	$547.28
Loon Lake School District	26	38	$168,480	$540.00	$369.47
Lopez School District	44	44	$492,769	$933.27	$933.27
Lyle School District	22	26	$287,415	$1,088.69	$921.20
Lynden School District	310	310	$2,930,861	$787.87	$787.87

[1]Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A6a
Total Costs by District for District-Specific Health Plans Combined — Sorted by District
Plan Year Ending in 2015

District	Plan-Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Mabton School District	107	215	$1,128,411	$878.83	$437.37
Mansfield School District	23	69	$246,465	$892.99	$297.66
Manson School District	93	194	$1,002,401	$898.21	$430.58
Mary M Knight School District	21	46	$300,058	$1,190.71	$543.58
Mary Walker School District	29	38	$667,410	$1,917.84	$1,463.62
Marysville School District	1,026	1,026	$12,220,338	$992.56	$992.56
McCleary School District	29	50	$383,243	$1,101.27	$638.74
Mead School District	980	3,097	$10,587,626	$900.31	$284.89
Medical Lake School District	179	212	$1,912,203	$890.22	$751.65
Mercer Island School District	353	566	$4,197,935	$991.01	$618.07
Meridian School District	179	179	$1,680,837	$782.51	$782.51
Methow Valley School District	84	84	$728,274	$722.49	$722.49
Mill A School District	5	14	$68,524	$1,142.07	$407.88
Monroe School District	561	992	$6,085,778	$904.01	$511.24
Montesano School District	129	274	$1,368,142	$883.81	$416.10
Morton School District	35	59	$388,150	$924.17	$548.23
Moses Lake School District	818	1,604	$9,321,134	$949.59	$484.27
Mossyrock School District	61	108	$661,253	$903.35	$510.23
Mount Adams School District	137	137	$1,491,824	$907.44	$907.44
Mount Baker School District	236	236	$2,388,399	$843.36	$843.36
Mount Pleasant School District	7	7	$45,959	$547.13	$547.13
Mount Vernon School District	753	1,403	$7,858,720	$869.71	$466.78
Mukilteo School District	1,360	2,350	$15,357,456	$941.02	$544.59
Naches Valley School District	129	129	$1,381,628	$892.52	$892.52
Napavine School District	81	167	$732,345	$753.44	$365.44
Naselle-Grays River Valley School District	43	116	$578,911	$1,121.92	$415.88
Nespelem School District	23	23	$229,330	$830.90	$830.90
Newport School District	118	219	$1,119,687	$790.74	$426.06
Nine Mile Falls School District	133	362	$1,557,808	$976.07	$358.61
Nooksack Valley School District	201	201	$2,026,693	$840.25	$840.25
North Beach School District	90	132	$896,208	$829.82	$565.79
North Franklin School District	238	517	$2,182,443	$764.16	$351.78

[1]Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A6a
Total Costs by District for District-Specific Health Plans Combined — Sorted by District
Plan Year Ending in 2015

District	Plan-Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
North Kitsap School District	581	581	$6,223,964	$892.71	$892.71
North Mason School District	195	321	$2,135,025	$912.40	$554.26
North River School District	18	18	$170,401	$788.89	$788.89
North Thurston Public Schools	1,350	1,993	$14,288,622	$882.01	$597.45
Northport School District	37	37	$380,146	$856.19	$856.19
Northshore School District	2,005	3,630	$20,012,788	$831.79	$459.43
Oak Harbor School District	490	490	$5,172,946	$879.75	$879.75
Oakesdale School District	21	21	$261,589	$1,038.05	$1,038.05
Oakville School District	38	97	$343,911	$754.19	$295.46
Ocean Beach School District	119	209	$1,179,578	$826.03	$470.33
Ocosta School District	79	141	$911,632	$961.64	$538.79
Odessa School District	39	83	$388,529	$830.19	$390.09
Okanogan School District	125	172	$1,220,743	$813.83	$591.45
Olympia School District	821	1,344	$9,983,166	$1,013.31	$619.00
Omak School District	327	327	$3,073,233	$783.19	$783.19
Onalaska School District	89	168	$785,962	$735.92	$389.86
Onion Creek School District	9	9	$103,009	$953.78	$953.78
Orcas Island School District	83	183	$975,855	$979.77	$444.38
Orchard Prairie School District	8	8	$87,741	$913.96	$913.96
Orient School District	12	14	$142,744	$991.28	$849.66
Orondo School District	29	50	$279,075	$801.94	$465.12
Oroville School District	69	137	$831,041	$1,003.67	$505.50
Orting School District	192	192	$2,196,098	$953.17	$953.17
Othello School District	412	852	$4,209,306	$851.40	$411.71
Palisades School District	7	7	$81,699	$972.61	$972.61
Palouse School District	23	50	$351,647	$1,274.08	$586.08
Pasco School District	1,880	1,880	$17,616,468	$780.87	$780.87
Pateros School District	40	68	$286,145	$596.14	$350.67
Paterson School District	21	21	$196,980	$781.67	$781.67
Pe Ell School District	43	75	$442,789	$858.12	$491.99
Peninsula School District	772	772	$8,485,556	$915.97	$915.97
Pioneer School District	91	91	$923,581	$845.77	$845.77

[1]Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A6a
Total Costs by District for District-Specific Health Plans Combined — Sorted by District
Plan Year Ending in 2015

District	Plan-Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Pomeroy School District	38	101	$482,092	$1,057.22	$397.77
Port Angeles School District	410	410	$4,532,773	$921.30	$921.30
Port Townsend School District	135	249	$1,554,511	$959.57	$520.25
Prescott School District	42	63	$402,376	$798.37	$532.24
Prosser School District	308	706	$3,571,788	$966.39	$421.60
Pullman School District	236	431	$2,188,091	$772.63	$423.06
Puyallup School District	1,683	1,683	$18,297,790	$906.01	$906.01
Queets-Clearwater School District	9	9	$118,539	$1,097.58	$1,097.58
Quilcene School District	18	18	$394,363	$1,825.75	$1,825.75
Quillayute Valley School District	166	269	$1,666,720	$836.71	$516.33
Quincy School District	277	559	$3,494,117	$1,051.18	$520.89
Rainier School District	83	152	$860,280	$863.73	$471.64
Raymond School District	76	119	$804,010	$881.59	$563.03
Reardan-Edwall School District	62	117	$692,483	$930.76	$493.22
Renton School District	1,493	1,493	$16,632,732	$928.37	$928.37
Republic School District	39	122	$376,398	$804.27	$257.10
Richland School District	1,086	2,003	$11,382,586	$873.43	$473.56
Ridgefield School District	150	280	$1,671,035	$928.35	$497.33
Ritzville School District	53	53	$840	$1.32	$1.32
Riverside School District	125	125	$1,792,713	$1,195.14	$1,195.14
Riverview School District	285	285	$3,056,673	$893.76	$893.76
Rochester School District	213	413	$2,225,877	$870.84	$449.13
Roosevelt School District	5	5	$39,967	$666.11	$666.11
Rosalia School District	34	39	$456,249	$1,118.26	$974.89
Royal School District	190	190	$1,795,022	$787.29	$787.29
San Juan Island School District	68	68	$894,710	$1,096.46	$1,096.46
Satsop School District	7	9	$77,995	$928.52	$722.18
Seattle Public Schools	5,710	11,610	$60,214,598	$878.79	$432.20
Sedro-Woolley School District	457	817	$4,544,972	$828.77	$463.58
Selah School District	376	376	$3,956,742	$876.94	$876.94
Selkirk School District	30	30	$370,842	$1,030.12	$1,030.12
Sequim School District	227	227	$2,655,939	$975.01	$975.01

[1]Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A6a
Total Costs by District for District-Specific Health Plans Combined — Sorted by District
Plan Year Ending in 2015

District	Plan-Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Shaw Island School District	3	6	$30,074	$835.40	$417.70
Shelton School District	512	844	$5,157,646	$839.46	$509.25
Shoreline School District	886	886	$10,075,502	$947.66	$947.66
Skamania School District	10	17	$109,569	$913.07	$537.10
Skykomish School District	4	4	$181,256	$3,776.17	$3,776.17
Snohomish School District	852	852	$10,262,716	$1,003.79	$1,003.79
Snoqualmie Valley School District	528	979	$5,951,101	$939.25	$506.56
Soap Lake School District	19	19	$572,455	$2,510.77	$2,510.77
South Bend School District	84	180	$922,521	$915.20	$427.09
South Kitsap School District	823	1,159	$7,300,230	$739.19	$524.89
South Whidbey School District	160	160	$1,768,519	$921.10	$921.10
Southside School District	15	35	$139,170	$773.17	$331.36
Spokane School District	3,108	6,415	$36,931,037	$990.21	$479.75
Sprague School District	18	18	$219,191	$1,014.77	$1,014.77
St. John School District	26	26	$275,639	$883.46	$883.46
Stanwood-Camano School District	416	786	$4,633,079	$928.10	$491.21
Star School District	6	6	$48,176	$669.11	$669.11
Starbuck School District	4	4	$65,623	$1,367.14	$1,367.14
Stehekin School District	1	1	$22,452	$1,871.01	$1,871.01
Steilacoom Hist. School District	236	433	$2,562,822	$904.95	$493.23
Steptoe School District	8	22	$87,786	$914.44	$332.52
Stevenson-Carson School District	96	179	$1,161,870	$1,008.57	$540.91
Sultan School District	178	320	$2,100,354	$983.31	$546.97
Summit Valley School District	10	10	$125,012	$1,041.77	$1,041.77
Sumner School District	876	1,691	$8,485,751	$807.24	$418.18
Sunnyside School District	732	1,365	$7,194,123	$819.00	$439.20
Tacoma School District	2,757	5,807	$34,192,164	$1,033.50	$490.67
Taholah School District	24	24	$451,130	$1,566.42	$1,566.42
Tahoma School District	683	1,366	$7,449,761	$908.95	$454.48
Tekoa School District	27	27	$320,516	$989.25	$989.25
Tenino School District	128	128	$1,256,662	$818.14	$818.14
Thorp School District	20	33	$244,050	$1,016.87	$616.29

[1]Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A6a
Total Costs by District for District-Specific Health Plans Combined — Sorted by District
Plan Year Ending in 2015

District	Plan-Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Toledo School District	62	91	$683,772	$919.05	$626.16
Tonasket School District	125	254	$1,368,745	$912.50	$449.06
Toppenish School District	435	435	$4,859,021	$930.85	$930.85
Touchet School District	30	30	$479,185	$1,331.07	$1,331.07
Toutle Lake School District	69	168	$756,767	$913.97	$375.38
Trout Lake School District	20	30	$270,752	$1,128.13	$752.09
Tukwila School District	301	301	$3,432,202	$950.22	$950.22
Tumwater School District	640	1,164	$6,731,589	$876.51	$481.93
Union Gap School District	74	74	$731,865	$824.17	$824.17
University Place School District	471	471	$4,752,134	$840.79	$840.79
Valley School District	89	160	$904,881	$847.27	$471.29
Vancouver School District	2,315	5,684	$23,156,072	$833.55	$339.49
Vashon Island School District	151	304	$1,835,074	$1,012.73	$503.04
Wahkiakum School District	39	108	$487,183	$1,040.99	$375.91
Wahluke School District	250	250	$2,589,061	$863.02	$863.02
Waitsburg School District	36	62	$377,944	$874.87	$507.99
Walla Walla Public Schools	729	729	$7,409,048	$846.94	$846.94
Wapato School District	381	381	$3,974,548	$869.32	$869.32
Warden School District	124	273	$1,203,135	$808.56	$367.26
Washougal School District	293	467	$3,163,665	$899.79	$564.54
Washtucna School District	17	29	$208,148	$1,020.33	$598.13
Waterville School District	36	56	$353,167	$817.52	$525.55
Wellpinit School District	71	71	$626,882	$735.78	$735.78
Wenatchee School District	850	850	$8,938,148	$876.29	$876.29
West Valley School District (Spokane)	408	775	$4,828,473	$986.21	$519.19
West Valley School District (Yakima)	473	473	$5,940,258	$1,046.56	$1,046.56
White Pass School District	53	98	$560,853	$881.84	$476.92
White River School District	342	629	$3,805,339	$927.23	$504.15
White Salmon Valley School District	116	204	$1,259,568	$904.86	$514.53
Wilbur School District	45	45	$449,841	$833.04	$833.04
Willapa Valley School District	43	43	$488,402	$946.52	$946.52
Wilson Creek School District	30	30	$324,222	$900.62	$900.62

[1]Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A6a
Total Costs by District for District-Specific Health Plans Combined — Sorted by District
Plan Year Ending in 2015

District	Plan-Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Winlock School District	76	148	$809,627	$887.75	$455.87
Wishkah Valley School District	21	33	$231,657	$919.27	$584.99
Wishram School District	19	42	$175,454	$769.54	$348.12
Woodland School District	277	502	$3,124,607	$940.01	$518.69
Yakima School District	1,793	1,793	$21,318,622	$990.83	$990.83
Yelm School District	518	807	$5,537,028	$890.77	$571.77
Zillah School District	136	136	$1,330,079	$815.00	$815.00
Low	**1**	**1**	**$840**	**$1.32**	**$1.32**
Average	**354**	**554**	**$3,866,287**	**$909.92**	**$581.59**
High	**5,710**	**11,610**	**$60,214,598**	**$3,776.17**	**$3,776.17**
Grand Total	**104,456**	**163,426**	**$1,140,554,691**		

[1]Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A6b
Total Costs by District for District-Specific Health Plans Combined — Sorted by Total Cost PMPM In Descending Cost Order
Plan Year Ending in 2015

District	Plan-Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Skykomish School District	4	4	$181,256	$3,776.17	$3,776.17
Soap Lake School District	19	19	$572,455	$2,510.77	$2,510.77
Bickleton School District	11	11	$313,524	$2,375.18	$2,375.18
Stehekin School District	1	1	$22,452	$1,871.01	$1,871.01
Quilcene School District	18	18	$394,363	$1,825.75	$1,825.75
Taholah School District	24	24	$451,130	$1,566.42	$1,566.42
Mary Walker School District	29	38	$667,410	$1,917.84	$1,463.62
Starbuck School District	4	4	$65,623	$1,367.14	$1,367.14
Touchet School District	30	30	$479,185	$1,331.07	$1,331.07
Riverside School District	125	125	$1,792,713	$1,195.14	$1,195.14
Garfield School District	20	20	$268,838	$1,120.16	$1,120.16
Queets-Clearwater School District	9	9	$118,539	$1,097.58	$1,097.58
San Juan Island School District	68	68	$894,710	$1,096.46	$1,096.46
Kahlotus School District	17	17	$213,826	$1,048.16	$1,048.16
Edmonds School District	1,928	1,928	$24,223,544	$1,047.01	$1,047.01
West Valley School District (Yakima)	473	473	$5,940,258	$1,046.56	$1,046.56
Summit Valley School District	10	10	$125,012	$1,041.77	$1,041.77
Oakesdale School District	21	21	$261,589	$1,038.05	$1,038.05
Anacortes School District	240	240	$2,985,390	$1,036.59	$1,036.59
Selkirk School District	30	30	$370,842	$1,030.12	$1,030.12
Conway School District	43	43	$529,272	$1,025.72	$1,025.72
Great Northern School District	3	3	$36,629	$1,017.48	$1,017.48
Sprague School District	18	18	$219,191	$1,014.77	$1,014.77
Snohomish School District	852	852	$10,262,716	$1,003.79	$1,003.79
Bainbridge Island School District	378	378	$4,504,716	$993.10	$993.10
Marysville School District	1,026	1,026	$12,220,338	$992.56	$992.56
Yakima School District	1,793	1,793	$21,318,622	$990.83	$990.83
Tekoa School District	27	27	$320,516	$989.25	$989.25
Sequim School District	227	227	$2,655,939	$975.01	$975.01
Rosalia School District	34	39	$456,249	$1,118.26	$974.89
Palisades School District	7	7	$81,699	$972.61	$972.61
Bremerton School District	494	494	$5,751,815	$970.28	$970.28

[1]Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A6b
Total Costs by District for District-Specific Health Plans Combined — Sorted by Total Cost PMPM In Descending Cost Order
Plan Year Ending in 2015

District	Plan-Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Clarkston School District	275	275	$3,195,891	$968.45	$968.45
LaCrosse School District	25	26	$301,483	$1,004.94	$966.29
Goldendale School District	95	95	$1,101,063	$965.84	$965.84
Cheney School District	478	478	$5,524,057	$963.05	$963.05
Onion Creek School District	9	9	$103,009	$953.78	$953.78
Orting School District	192	192	$2,196,098	$953.17	$953.17
Liberty School District	57	57	$650,633	$951.22	$951.22
Evergreen School District (Stevens)	4	4	$45,638	$950.78	$950.78
Tukwila School District	301	301	$3,432,202	$950.22	$950.22
Shoreline School District	886	886	$10,075,502	$947.66	$947.66
Willapa Valley School District	43	43	$488,402	$946.52	$946.52
Blaine School District	230	230	$2,584,625	$936.46	$936.46
Lopez School District	44	44	$492,769	$933.27	$933.27
Toppenish School District	435	435	$4,859,021	$930.85	$930.85
Renton School District	1,493	1,493	$16,632,732	$928.37	$928.37
Highland School District	130	130	$1,448,025	$928.22	$928.22
Burlington-Edison School District	416	416	$4,628,313	$927.15	$927.15
Port Angeles School District	410	410	$4,532,773	$921.30	$921.30
Lyle School District	22	26	$287,415	$1,088.69	$921.20
South Whidbey School District	160	160	$1,768,519	$921.10	$921.10
Fife School District	336	336	$3,712,358	$920.72	$920.72
East Valley School District (Yakima)	302	302	$3,336,058	$920.55	$920.55
Peninsula School District	772	772	$8,485,556	$915.97	$915.97
Orchard Prairie School District	8	8	$87,741	$913.96	$913.96
Central Kitsap School District	1,021	1,021	$11,129,592	$908.39	$908.39
Mount Adams School District	137	137	$1,491,824	$907.44	$907.44
Highline School District	2,204	2,204	$23,969,507	$906.29	$906.29
Puyallup School District	1,683	1,683	$18,297,790	$906.01	$906.01
Colville School District	167	167	$1,808,528	$902.46	$902.46
Wilson Creek School District	30	30	$324,222	$900.62	$900.62
Creston School District	26	26	$280,751	$899.84	$899.84
Riverview School District	285	285	$3,056,673	$893.76	$893.76

[1]Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A6b
Total Costs by District for District-Specific Health Plans Combined — Sorted by Total Cost PMPM In Descending Cost Order
Plan Year Ending in 2015

District	Plan-Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Harrington School District	27	27	$289,439	$893.33	$893.33
North Kitsap School District	581	581	$6,223,964	$892.71	$892.71
Naches Valley School District	129	129	$1,381,628	$892.52	$892.52
Davenport School District	76	76	$813,933	$892.47	$892.47
Kennewick School District	1,683	1,683	$17,979,669	$890.26	$890.26
Cascade School District	130	130	$1,388,087	$889.80	$889.80
St. John School District	26	26	$275,639	$883.46	$883.46
Oak Harbor School District	490	490	$5,172,946	$879.75	$879.75
Selah School District	376	376	$3,956,742	$876.94	$876.94
Wenatchee School District	850	850	$8,938,148	$876.29	$876.29
Central Valley School District	1,409	1,409	$14,749,027	$872.31	$872.31
Issaquah School District	1,768	1,768	$18,457,374	$869.97	$869.97
Wapato School District	381	381	$3,974,548	$869.32	$869.32
Enumclaw School District	387	387	$4,023,116	$866.30	$866.30
Wahluke School District	250	250	$2,589,061	$863.02	$863.02
Brinnon School District	11	11	$113,752	$861.75	$861.75
Northport School District	37	37	$380,146	$856.19	$856.19
Keller School District	10	10	$102,741	$856.17	$856.17
Bellingham School District	1,204	1,204	$12,306,439	$851.77	$851.77
Dayton School District	38	57	$582,296	$1,276.96	$851.31
Inchelium School District	35	37	$377,557	$898.94	$850.35
Orient School District	12	14	$142,744	$991.28	$849.66
Freeman School District	86	86	$874,982	$847.85	$847.85
Walla Walla Public Schools	729	729	$7,409,048	$846.94	$846.94
Arlington School District	513	513	$5,208,418	$846.07	$846.07
Pioneer School District	91	91	$923,581	$845.77	$845.77
Mount Baker School District	236	236	$2,388,399	$843.36	$843.36
University Place School District	471	471	$4,752,134	$840.79	$840.79
Nooksack Valley School District	201	201	$2,026,693	$840.25	$840.25
Easton School District	21	21	$210,829	$836.62	$836.62
Lake Stevens School District	720	720	$7,216,854	$835.28	$835.28
Wilbur School District	45	45	$449,841	$833.04	$833.04

[1]Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A6b
Total Costs by District for District-Specific Health Plans Combined — Sorted by Total Cost PMPM In Descending Cost Order
Plan Year Ending in 2015

District	Plan-Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Federal Way School District	2,253	2,253	$22,492,966	$831.96	$831.96
Nespelem School District	23	23	$229,330	$830.90	$830.90
East Valley School District (Spokane)	474	474	$4,710,833	$828.21	$828.21
Union Gap School District	74	74	$731,865	$824.17	$824.17
Endicott School District	23	23	$226,660	$821.23	$821.23
Tenino School District	128	128	$1,256,662	$818.14	$818.14
Zillah School District	136	136	$1,330,079	$815.00	$815.00
Darrington School District	57	67	$652,245	$953.57	$811.25
Lake Chelan School District	176	176	$1,697,810	$803.89	$803.89
Dixie School District	6	8	$76,622	$1,064.20	$798.15
Klickitat School District	17	21	$200,340	$982.06	$795.00
North River School District	18	18	$170,401	$788.89	$788.89
Lynden School District	310	310	$2,930,861	$787.87	$787.87
Royal School District	190	190	$1,795,022	$787.29	$787.29
Asotin-Anatone School District	62	69	$648,529	$871.68	$783.25
Omak School District	327	327	$3,073,233	$783.19	$783.19
Meridian School District	179	179	$1,680,837	$782.51	$782.51
Paterson School District	21	21	$196,980	$781.67	$781.67
Pasco School District	1,880	1,880	$17,616,468	$780.87	$780.87
Cashmere School District	180	180	$1,673,893	$774.95	$774.95
Trout Lake School District	20	30	$270,752	$1,128.13	$752.09
Medical Lake School District	179	212	$1,912,203	$890.22	$751.65
Hoquiam School District	137	234	$2,088,541	$1,270.40	$743.78
Wellpinit School District	71	71	$626,882	$735.78	$735.78
Columbia (Stevens) School District	23	37	$321,437	$1,164.63	$723.96
Methow Valley School District	84	84	$728,274	$722.49	$722.49
Satsop School District	7	9	$77,995	$928.52	$722.18
Kalama School District	66	99	$851,994	$1,075.75	$717.17
Hood Canal School District	41	49	$407,540	$828.33	$693.09
Star School District	6	6	$48,176	$669.11	$669.11
Roosevelt School District	5	5	$39,967	$666.11	$666.11
Boistfort School District	14	19	$146,498	$872.01	$642.53

[1]Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A6b
Total Costs by District for District-Specific Health Plans Combined — Sorted by Total Cost PMPM In Descending Cost Order
Plan Year Ending in 2015

District	Plan-Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
McCleary School District	29	50	$383,243	$1,101.27	$638.74
Glenwood School District	20	24	$182,326	$759.69	$633.08
Bethel School District	1,583	2,200	$16,558,889	$871.70	$627.23
Toledo School District	62	91	$683,772	$919.05	$626.16
Evergreen School District (Clark)	2,318	3,707	$27,573,546	$991.28	$619.85
Centerville School District	10	18	$133,766	$1,114.72	$619.29
Olympia School District	821	1,344	$9,983,166	$1,013.31	$619.00
Mercer Island School District	353	566	$4,197,935	$991.01	$618.07
Thorp School District	20	33	$244,050	$1,016.87	$616.29
Washtucna School District	17	29	$208,148	$1,020.33	$598.13
North Thurston Public Schools	1,350	1,993	$14,288,622	$882.01	$597.45
Okanogan School District	125	172	$1,220,743	$813.83	$591.45
Franklin Pierce School District	865	1,434	$10,131,154	$976.03	$588.75
Clover Park School District	1,221	2,068	$14,567,323	$994.22	$587.01
Palouse School District	23	50	$351,647	$1,274.08	$586.08
Wishkah Valley School District	21	33	$231,657	$919.27	$584.99
Yelm School District	518	807	$5,537,028	$890.77	$571.77
Colton School District	19	39	$267,034	$1,171.20	$570.59
Coupeville School District	92	127	$863,890	$782.51	$566.86
North Beach School District	90	132	$896,208	$829.82	$565.79
Washougal School District	293	467	$3,163,665	$899.79	$564.54
Raymond School District	76	119	$804,010	$881.59	$563.03
North Mason School District	195	321	$2,135,025	$912.40	$554.26
Cape Flattery School District	86	120	$797,893	$773.15	$554.09
Index School District	5	7	$46,519	$775.32	$553.80
Chimacum School District	119	204	$1,354,820	$948.75	$553.44
Lake Quinault School District	32	56	$371,900	$968.49	$553.42
Carbonado School District	20	30	$198,404	$826.68	$551.12
Aberdeen School District	391	664	$4,371,433	$931.68	$548.62
Morton School District	35	59	$388,150	$924.17	$548.23
Longview School District	705	1,175	$7,716,591	$912.13	$547.28
Mount Pleasant School District	7	7	$45,959	$547.13	$547.13

[1]Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A6b
Total Costs by District for District-Specific Health Plans Combined — Sorted by Total Cost PMPM In Descending Cost Order
Plan Year Ending in 2015

District	Plan-Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Sultan School District	178	320	$2,100,354	$983.31	$546.97
Elma School District	158	271	$1,775,692	$936.55	$546.03
Mukilteo School District	1,360	2,350	$15,357,456	$941.02	$544.59
Mary M Knight School District	21	46	$300,058	$1,190.71	$543.58
Stevenson-Carson School District	96	179	$1,161,870	$1,008.57	$540.91
Curlew School District	29	47	$304,384	$874.67	$539.69
Ocosta School District	79	141	$911,632	$961.64	$538.79
Skamania School District	10	17	$109,569	$913.07	$537.10
Coulee-Hartline School District	33	52	$332,534	$839.73	$532.91
Prescott School District	42	63	$402,376	$798.37	$532.24
Granger School District	173	353	$2,247,718	$1,082.72	$530.62
Waterville School District	36	56	$353,167	$817.52	$525.55
South Kitsap School District	823	1,159	$7,300,230	$739.19	$524.89
Lake Washington School District	2,279	3,994	$25,111,547	$918.22	$523.94
Battle Ground School District	1,123	2,258	$14,137,008	$1,049.05	$521.74
Quincy School District	277	559	$3,494,117	$1,051.18	$520.89
Columbia (Walla Walla) School District	87	161	$1,006,270	$963.86	$520.84
Port Townsend School District	135	249	$1,554,511	$959.57	$520.25
West Valley School District (Spokane)	408	775	$4,828,473	$986.21	$519.19
Woodland School District	277	502	$3,124,607	$940.01	$518.69
Quillayute Valley School District	166	269	$1,666,720	$836.71	$516.33
Green Mountain School District	14	26	$160,985	$958.24	$515.98
White Salmon Valley School District	116	204	$1,259,568	$904.86	$514.53
Monroe School District	561	992	$6,085,778	$904.01	$511.24
Ellensburg School District	320	538	$3,299,406	$859.22	$511.06
Mossyrock School District	61	108	$661,253	$903.35	$510.23
Shelton School District	512	844	$5,157,646	$839.46	$509.25
Waitsburg School District	36	62	$377,944	$874.87	$507.99
Snoqualmie Valley School District	528	979	$5,951,101	$939.25	$506.56
Oroville School District	69	137	$831,041	$1,003.67	$505.50
White River School District	342	629	$3,805,339	$927.23	$504.15
Vashon Island School District	151	304	$1,835,074	$1,012.73	$503.04

[1]Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A6b
Total Costs by District for District-Specific Health Plans Combined — Sorted by Total Cost PMPM In Descending Cost Order
Plan Year Ending in 2015

District	Plan-Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Auburn School District	1,446	2,736	$16,451,364	$948.10	$501.08
Kent School District	2,686	4,716	$28,340,187	$879.26	$500.78
Lamont School District	9	16	$95,767	$886.73	$498.79
Concrete School District	63	97	$580,285	$767.57	$498.53
Ridgefield School District	150	280	$1,671,035	$928.35	$497.33
Steilacoom Hist. School District	236	433	$2,562,822	$904.95	$493.23
Reardan-Edwall School District	62	117	$692,483	$930.76	$493.22
Pe Ell School District	43	75	$442,789	$858.12	$491.99
Stanwood-Camano School District	416	786	$4,633,079	$928.10	$491.21
Lakewood School District	198	401	$2,361,567	$993.93	$490.77
Tacoma School District	2,757	5,807	$34,192,164	$1,033.50	$490.67
Grapeview School District	19	31	$181,012	$793.91	$486.59
Damman School District	5	6	$35,010	$583.51	$486.26
Moses Lake School District	818	1,604	$9,321,134	$949.59	$484.27
Griffin School District	73	139	$805,259	$919.25	$482.77
Bellevue School District	2,032	3,895	$22,539,471	$924.35	$482.23
Tumwater School District	640	1,164	$6,731,589	$876.51	$481.93
Spokane School District	3,108	6,415	$36,931,037	$990.21	$479.75
Cusick School District	38	78	$448,823	$984.26	$479.51
Grand Coulee Dam School District	100	186	$1,066,382	$888.65	$477.77
White Pass School District	53	98	$560,853	$881.84	$476.92
Kelso School District	472	874	$4,999,191	$882.63	$476.66
Richland School District	1,086	2,003	$11,382,586	$873.43	$473.56
Rainier School District	83	152	$860,280	$863.73	$471.64
Valley School District	89	160	$904,881	$847.27	$471.29
Ocean Beach School District	119	209	$1,179,578	$826.03	$470.33
Finley School District	98	190	$1,070,721	$910.48	$469.61
Mount Vernon School District	753	1,403	$7,858,720	$869.71	$466.78
Orondo School District	29	50	$279,075	$801.94	$465.12
Sedro-Woolley School District	457	817	$4,544,972	$828.77	$463.58
Northshore School District	2,005	3,630	$20,012,788	$831.79	$459.43
Winlock School District	76	148	$809,627	$887.75	$455.87

[1]Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A6b
Total Costs by District for District-Specific Health Plans Combined — Sorted by Total Cost PMPM In Descending Cost Order
Plan Year Ending in 2015

District	Plan-Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Tahoma School District	683	1,366	$7,449,761	$908.95	$454.48
Crescent School District	36	69	$375,962	$870.28	$454.06
Bridgeport School District	88	165	$891,425	$844.15	$450.21
Brewster School District	125	214	$1,155,916	$770.61	$450.12
Rochester School District	213	413	$2,225,877	$870.84	$449.13
Tonasket School District	125	254	$1,368,745	$912.50	$449.06
Ferndale School District	479	949	$5,071,134	$882.24	$445.31
Eastmont School District	577	1,118	$5,969,126	$862.09	$444.93
Orcas Island School District	83	183	$975,855	$979.77	$444.38
Colfax School District	64	135	$717,520	$934.27	$442.91
Lind School District	32	67	$353,721	$921.15	$439.95
Sunnyside School District	732	1,365	$7,194,123	$819.00	$439.20
La Center School District	109	237	$1,248,982	$954.88	$439.16
Mabton School District	107	215	$1,128,411	$878.83	$437.37
Chehalis School District	308	591	$3,099,189	$838.53	$437.00
Cosmopolis School District	20	34	$178,257	$742.74	$436.90
Grandview School District	362	728	$3,813,456	$877.87	$436.52
La Conner School District	84	191	$997,695	$989.78	$435.29
Seattle Public Schools	5,710	11,610	$60,214,598	$878.79	$432.20
Manson School District	93	194	$1,002,401	$898.21	$430.58
Camas School District	635	1,360	$6,988,642	$917.14	$428.23
Kettle Falls School District	86	174	$893,074	$865.38	$427.72
South Bend School District	84	180	$922,521	$915.20	$427.09
Newport School District	118	219	$1,119,687	$790.74	$426.06
Chewelah School District	91	165	$839,190	$768.49	$423.83
Pullman School District	236	431	$2,188,091	$772.63	$423.06
Granite Falls School District	184	372	$1,887,706	$854.94	$422.87
Prosser School District	308	706	$3,571,788	$966.39	$421.60
Kiona-Benton City School District	174	337	$1,700,769	$814.54	$420.57
Almira School District	17	46	$231,695	$1,135.76	$419.74
Sumner School District	876	1,691	$8,485,751	$807.24	$418.18
Shaw Island School District	3	6	$30,074	$835.40	$417.70

[1]Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A6b
Total Costs by District for District-Specific Health Plans Combined — Sorted by Total Cost PMPM In Descending Cost Order
Plan Year Ending in 2015

District	Plan-Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Hockinson School District	168	366	$1,829,719	$907.60	$416.60
Montesano School District	129	274	$1,368,142	$883.81	$416.10
Naselle-Grays River Valley School District	43	116	$578,911	$1,121.92	$415.88
College Place School District	131	236	$1,176,992	$748.72	$415.60
Cle Elum-Roslyn School District	115	227	$1,131,965	$820.26	$415.55
Othello School District	412	852	$4,209,306	$851.40	$411.71
Deer Park School District	234	464	$2,290,075	$815.55	$411.29
Mill A School District	5	14	$68,524	$1,142.07	$407.88
Everett School District	1,604	4,077	$19,461,996	$1,011.12	$397.80
Pomeroy School District	38	101	$482,092	$1,057.22	$397.77
Eatonville School District	184	388	$1,829,643	$828.64	$392.96
Odessa School District	39	83	$388,529	$830.19	$390.09
Onalaska School District	89	168	$785,962	$735.92	$389.86
Adna School District	34	84	$391,920	$960.59	$388.81
Ephrata School District	244	546	$2,534,606	$865.64	$386.84
Dieringer School District	150	318	$1,444,792	$802.66	$378.61
Wahkiakum School District	39	108	$487,183	$1,040.99	$375.91
Toutle Lake School District	69	168	$756,767	$913.97	$375.38
Kittitas School District	74	175	$783,276	$882.07	$372.99
Loon Lake School District	26	38	$168,480	$540.00	$369.47
Warden School District	124	273	$1,203,135	$808.56	$367.26
Entiat School District	48	112	$492,699	$855.38	$366.59
Napavine School District	81	167	$732,345	$753.44	$365.44
Nine Mile Falls School District	133	362	$1,557,808	$976.07	$358.61
North Franklin School District	238	517	$2,182,443	$764.16	$351.78
Pateros School District	40	68	$286,145	$596.14	$350.67
Wishram School District	19	42	$175,454	$769.54	$348.12
Vancouver School District	2,315	5,684	$23,156,072	$833.55	$339.49
Benge School District	4	10	$40,095	$835.31	$334.13
Steptoe School District	8	22	$87,786	$914.44	$332.52
Southside School District	15	35	$139,170	$773.17	$331.36
Castle Rock School District	135	381	$1,483,150	$915.52	$324.40

[1]Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A6b

Total Costs by District for District-Specific Health Plans Combined — Sorted by Total Cost PMPM In Descending Cost Order

Plan Year Ending in 2015

District	Plan-Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Centralia School District	377	1,070	$3,886,624	$859.11	$302.70
Mansfield School District	23	69	$246,465	$892.99	$297.66
Oakville School District	38	97	$343,911	$754.19	$295.46
Mead School District	980	3,097	$10,587,626	$900.31	$284.89
Republic School District	39	122	$376,398	$804.27	$257.10
Evaline School District	8	15	$45,234	$471.19	$251.30
Ritzville School District	53	53	$840	$1.32	$1.32
Low	**1**	**1**	**$840**	**$1.32**	**$1.32**
Average	**354**	**554**	**$3,866,287**	**$909.92**	**$581.59**
High	**5,710**	**11,610**	**$60,214,598**	**$3,776.17**	**$3,776.17**
Grand Total	**104,456**	**163,426**	**$1,140,554,691**		

[1]Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A7a
Average Costs and Contributions by District — Differential by Employee/Family Contributions — Full-Time Employees
Census October 1, 2015 — Reporting Districts Only

District	Full-Time Enrollment[1]			Average Premiums					Average Contributions					Contribution % of Premium		
	EE	EF	ED[2]	EE	EF	ED[2]	Ratio EF/EE	Ratio ED[2]/EE	EE	EF	ED[2]	Ratio EF/EE	Ratio ED[2]/EE	EE	EF	ED[2]
Aberdeen School District	248	20	143	$759.81	$1,302.43	$1,032.98	1.714	1.360	$82.31	$598.13	$320.13	7.267	3.889	10.8%	45.9%	31.0%
Adna School District	13	5	17	$698.83	$1,782.43	$1,288.29	2.551	1.843	$98.66	$1,149.03	$654.89	11.646	6.638	14.1%	64.5%	50.8%
Almira School District	1	3	13	$924.00	$1,032.33	$1,023.85	1.117	1.108	$144.00	$252.33	$220.69	1.752	1.533	15.6%	24.4%	21.6%
Anacortes School District	115	43	118	$738.69	$1,400.72	$1,158.34	1.896	1.568	$69.95	$571.82	$376.04	8.174	5.375	9.5%	40.8%	32.5%
Arlington School District	239	82	274	$730.75	$1,115.61	$1,005.02	1.527	1.375	$59.98	$361.47	$269.19	6.026	4.488	8.2%	32.4%	26.8%
Asotin-Anatone School District	5	44	57	$850.60	$897.66	$899.14	1.055	1.057	$70.60	$76.33	$87.94	1.081	1.246	8.3%	8.5%	9.8%
Auburn School District	636	147	532	$731.52	$1,429.90	$1,127.42	1.955	1.541	$47.80	$544.73	$335.59	11.395	7.020	6.5%	38.1%	29.8%
Bainbridge Island School District	203	49	175	$762.57	$1,481.67	$1,184.89	1.943	1.554	$80.08	$718.46	$439.46	8.972	5.488	10.5%	48.5%	37.1%
Battle Ground School District	457	154	493	$769.37	$1,513.47	$1,207.55	1.967	1.570	$85.74	$707.87	$458.80	8.256	5.351	11.1%	46.8%	38.0%
Bellevue School District	902	227	780	$751.47	$1,382.63	$1,103.81	1.840	1.469	$93.20	$618.10	$360.29	6.632	3.866	12.4%	44.7%	32.6%
Bellingham School District	454	117	446	$694.06	$1,352.85	$1,081.83	1.949	1.559	$59.29	$660.05	$392.06	11.132	6.612	8.5%	48.8%	36.2%
Benge School District	1	2	3	$1,018.00	$1,259.00	$1,238.00	1.237	1.216	$84.00	$241.00	$220.00	2.869	2.619	8.3%	19.1%	17.8%
Bethel School District	939	146	601	$735.77	$1,471.85	$1,176.21	2.000	1.599	$21.11	$472.42	$301.09	22.377	14.262	2.9%	32.1%	25.6%
Bickleton School District	0	6	11	n/a	$2,113.75	$2,092.56	n/a	n/a	n/a	$769.87	$824.86	n/a	n/a	n/a	36.4%	39.4%
Blaine School District	75	34	103	$748.59	$1,388.87	$1,202.27	1.855	1.606	$41.32	$440.73	$306.76	10.666	7.424	5.5%	31.7%	25.5%
Boistfort School District	11	0	3	$599.35	n/a	$1,409.85	n/a	2.352	$50.08	n/a	$364.90	n/a	7.286	8.4%	n/a	25.9%
Bremerton School District	322	28	172	$785.67	$1,495.70	$1,282.36	1.904	1.632	$36.86	$691.40	$480.98	18.757	13.048	4.7%	46.2%	37.5%
Brewster School District	78	7	47	$670.72	$1,356.46	$994.97	2.022	1.483	$81.78	$480.28	$291.76	5.873	3.568	12.2%	35.4%	29.3%
Bridgeport School District	55	9	33	$634.47	$1,263.09	$979.09	1.991	1.543	$85.13	$648.48	$363.14	7.617	4.266	13.4%	51.3%	37.1%
Brinnon School District	6	1	5	$606.73	$1,164.05	$1,067.11	1.919	1.759	$12.38	$507.09	$331.70	40.960	26.793	2.0%	43.6%	31.1%
Burlington-Edison School District	130	31	147	$756.41	$1,391.58	$1,095.09	1.840	1.448	$64.83	$617.08	$332.03	9.518	5.121	8.6%	44.3%	30.3%
Camas School District	60	20	73	$712.05	$1,293.48	$1,119.10	1.817	1.572	$63.17	$485.04	$379.13	7.678	6.001	8.9%	37.5%	33.9%
Cape Flattery School District	57	2	22	$714.05	$1,164.05	$946.55	1.630	1.326	$59.07	$567.40	$211.67	9.606	3.584	8.3%	48.7%	22.4%
Carbonado School District	15	2	5	$820.80	$1,120.35	$1,171.86	1.365	1.428	$66.82	$288.30	$352.25	4.315	5.272	8.1%	25.7%	30.1%
Cascade School District	65	17	65	$632.57	$1,307.06	$1,008.12	2.066	1.594	$55.89	$628.12	$321.61	11.239	5.755	8.8%	48.1%	31.9%
Cashmere School District	43	39	86	$881.75	$986.71	$981.36	1.119	1.113	$87.60	$215.26	$204.45	2.457	2.334	9.9%	21.8%	20.8%
Castle Rock School District	51	8	47	$726.95	$1,215.41	$1,031.22	1.672	1.419	$20.36	$405.99	$228.79	19.943	11.239	2.8%	33.4%	22.2%
Centerville School District	2	1	6	$646.74	$593.12	$993.48	0.917	1.536	$0.50	$0.00	$124.33	0.000	248.663	0.1%	0.0%	12.5%
Central Kitsap School District	490	120	443	$696.84	$1,368.48	$1,092.17	1.964	1.567	$47.14	$483.95	$333.38	10.267	7.072	6.8%	35.4%	30.5%
Central Valley School District	572	98	534	$762.93	$1,381.12	$1,058.93	1.810	1.388	$100.04	$643.04	$348.72	6.428	3.486	13.1%	46.6%	32.9%
Centralia School District	211	29	166	$720.94	$1,240.55	$982.40	1.721	1.363	$670.21	$882.51	$784.23	1.317	1.170	93.0%	71.1%	79.8%
Chehalis School District	122	25	112	$707.18	$1,174.44	$1,005.84	1.661	1.422	$83.59	$456.30	$289.85	5.459	3.468	11.8%	38.9%	28.8%
Cheney School District	286	42	192	$677.65	$1,332.70	$1,063.91	1.967	1.570	$94.61	$526.89	$328.16	5.569	3.469	14.0%	39.5%	30.8%
Chewelah School District	52	7	39	$584.65	$1,253.87	$957.30	2.145	1.637	$28.01	$468.68	$225.31	16.730	8.043	4.8%	37.4%	23.5%
Chimacum School District	38	11	47	$753.02	$1,513.85	$1,093.99	2.010	1.453	$71.11	$766.12	$375.75	10.773	5.284	9.4%	50.6%	34.3%
Clarkston School District	142	41	132	$750.50	$1,078.32	$947.90	1.437	1.263	$65.34	$325.67	$215.02	4.984	3.291	8.7%	30.2%	22.7%
Cle Elum-Roslyn School District	66	21	49	$827.50	$1,205.34	$1,085.36	1.457	1.312	$53.15	$286.96	$221.88	5.399	4.174	6.4%	23.8%	20.4%
Clover Park School District	764	86	428	$822.32	$1,377.88	$1,164.61	1.676	1.416	$32.79	$556.95	$343.53	16.987	10.478	4.0%	40.4%	29.5%
Colfax School District	27	1	25	$758.09	$1,780.91	$1,121.50	2.349	1.479	$25.44	$311.92	$260.14	12.260	10.225	3.4%	17.5%	23.2%
College Place School District	51	14	46	$698.50	$1,238.99	$981.09	1.774	1.405	$74.03	$586.80	$330.62	7.927	4.466	10.6%	47.4%	33.7%
Colton School District	11	3	8	$773.05	$1,684.52	$1,381.06	2.179	1.787	$74.17	$1,098.53	$732.46	14.811	9.875	9.6%	65.2%	53.0%
Columbia (Stevens) School District	4	2	13	$578.45	$1,086.88	$1,159.89	1.879	2.005	$59.80	$358.67	$398.32	5.998	6.661	10.3%	33.0%	34.3%
Columbia (Walla Walla) School District	51	11	36	$756.06	$1,489.97	$1,224.02	1.971	1.619	$74.82	$308.88	$268.09	4.129	3.583	9.9%	20.7%	21.9%
Colville School District	97	13	70	$684.85	$1,234.49	$990.07	1.803	1.446	$74.93	$563.70	$318.70	7.523	4.254	10.9%	45.7%	32.2%
Concrete School District	37	5	19	$613.61	$1,386.37	$1,085.25	2.259	1.769	$32.04	$668.92	$319.89	20.877	9.984	5.2%	48.2%	29.5%
Conway School District	22	4	21	$747.16	$1,159.04	$1,004.95	1.551	1.345	$94.36	$449.64	$291.62	4.765	3.090	12.6%	38.8%	29.0%
Cosmopolis School District	13	2	7	$669.68	$1,164.05	$876.99	1.738	1.310	$43.64	$613.37	$251.04	14.054	5.752	6.5%	52.7%	28.6%
Coulee-Hartline School District	13	10	20	$902.46	$1,081.00	$1,044.55	1.198	1.157	$104.46	$255.49	$211.80	2.446	2.027	11.6%	23.6%	20.3%
Coupeville School District	56	12	35	$633.17	$915.25	$902.38	1.446	1.425	$15.25	$58.81	$45.78	3.856	3.002	2.4%	6.4%	5.1%
Crescent School District	12	3	17	$708.88	$1,076.52	$877.86	1.519	1.238	$27.08	$321.92	$131.60	11.889	4.860	3.8%	29.9%	15.0%
Creston School District	14	7	12	$916.50	$1,195.49	$1,124.29	1.304	1.227	$171.41	$313.20	$294.51	1.827	1.718	18.7%	26.2%	26.2%
Curlew School District	18	3	11	$696.18	$1,899.78	$1,245.67	2.729	1.789	$80.69	$754.67	$363.49	9.353	4.505	11.6%	39.7%	29.2%
Cusick School District	14	4	13	$895.79	$1,015.33	$1,029.26	1.133	1.149	$90.86	$200.75	$176.57	2.209	1.943	10.1%	19.8%	17.2%
Damman School District	2	0	1	$816.60	n/a	$1,054.05	n/a	1.291	$136.40	n/a	$1,054.05	n/a	7.728	16.7%	n/a	100.0%
Darrington School District	15	14	42	$937.33	$1,109.08	$1,052.18	1.183	1.123	$102.71	$257.91	$222.97	2.511	2.171	11.0%	23.3%	21.2%
Davenport School District	34	10	42	$753.35	$1,501.23	$1,121.30	1.993	1.488	$590.09	$655.83	$656.58	1.111	1.113	78.3%	43.7%	58.6%

[1]As of the end of the Plan Year ending in 2015

[2]ED = Employee + Dependents. This represents all coverage that is not employee-only.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A7a
Average Costs and Contributions by District — Differential by Employee/Family Contributions — Full-Time Employees
Census October 1, 2015 — Reporting Districts Only

District	Full-Time Enrollment[1]			Average Premiums					Average Contributions					Contribution % of Premium		
	EE	EF	ED[2]	EE	EF	ED[2]	Ratio EF/EE	Ratio ED[2]/EE	EE	EF	ED[2]	Ratio EF/EE	Ratio ED[2]/EE	EE	EF	ED[2]
Dayton School District	17	10	19	$663.37	$1,268.22	$1,127.22	1.912	1.699	$65.02	$619.08	$461.61	9.522	7.100	9.8%	48.8%	41.0%
Deer Park School District	84	20	91	$691.22	$1,239.45	$969.94	1.793	1.403	$35.30	$466.00	$242.21	13.201	6.861	5.1%	37.6%	25.0%
Dieringer School District	72	24	78	$682.95	$1,260.21	$1,011.52	1.845	1.481	$42.20	$333.55	$220.77	7.903	5.231	6.2%	26.5%	21.8%
Dixie School District	4	0	2	$664.02	n/a	$1,003.46	n/a	1.511	$11.42	n/a	$32.20	n/a	2.820	1.7%	n/a	3.2%
East Valley School District (Spokane)	285	42	189	$833.19	$1,399.21	$1,141.15	1.679	1.370	$60.10	$587.93	$317.47	9.783	5.283	7.2%	42.0%	27.8%
East Valley School District (Yakima)	150	39	152	$730.71	$1,584.79	$1,116.95	2.169	1.529	$82.16	$578.01	$367.93	7.035	4.478	11.2%	36.5%	32.9%
Eastmont School District	275	47	241	$695.06	$1,249.60	$994.13	1.798	1.430	$11.76	$346.88	$164.74	29.485	14.003	1.7%	27.8%	16.6%
Easton School District	6	3	15	$931.67	$1,102.00	$1,002.80	1.183	1.076	$151.67	$322.00	$222.80	2.123	1.469	16.3%	29.2%	22.2%
Eatonville School District	69	0	82	$676.50	n/a	$1,061.48	n/a	1.569	$37.79	n/a	$206.36	n/a	5.461	5.6%	n/a	19.4%
Edmonds School District	1,043	229	885	$760.52	$1,419.30	$1,144.88	1.866	1.505	$44.73	$606.26	$354.25	13.553	7.920	5.9%	42.7%	30.9%
Ellensburg School District	126	21	118	$737.98	$1,299.70	$1,005.13	1.761	1.362	$85.99	$575.17	$298.25	6.689	3.468	11.7%	44.3%	29.7%
Elma School District	61	16	48	$800.49	$1,169.87	$1,122.35	1.461	1.402	$25.48	$355.81	$300.31	13.966	11.788	3.2%	30.4%	26.8%
Endicott School District	8	3	15	$943.00	$1,363.33	$1,220.40	1.446	1.294	$252.17	$461.16	$313.31	1.829	1.242	26.7%	33.8%	25.7%
Entiat School District	10	3	24	$848.04	$1,136.37	$1,029.67	1.340	1.214	$92.43	$365.31	$237.92	3.952	2.574	10.9%	32.1%	23.1%
Enumclaw School District	228	50	159	$698.66	$1,343.85	$1,096.81	1.923	1.570	$41.20	$440.64	$265.43	10.694	6.442	5.9%	32.8%	24.2%
Ephrata School District	109	40	127	$686.20	$1,215.08	$1,024.16	1.771	1.493	$632.69	$725.30	$704.42	1.146	1.113	92.2%	59.7%	68.8%
Evaline School District	3	1	2	$546.57	$580.40	$868.03	1.062	1.588	$45.50	$0.00	$193.83	0.000	4.260	8.3%	0.0%	22.3%
Everett School District	564	323	824	$1,716.93	$2,770.59	$2,459.24	1.614	1.432	$165.24	$388.35	$323.15	2.350	1.956	9.6%	14.0%	13.1%
Evergreen School District (Clark)	211	90	275	$701.05	$1,645.04	$1,241.96	2.347	1.772	$55.40	$496.09	$340.91	8.954	6.153	7.9%	30.2%	27.4%
Evergreen School District (Stevens)	4	0	0	$588.86	n/a	n/a	n/a	n/a	$10.00	n/a	n/a	n/a	n/a	1.7%	n/a	n/a
Federal Way School District	1,242	139	631	$759.25	$1,481.69	$1,159.94	1.952	1.528	$85.73	$764.89	$440.81	8.922	5.142	11.3%	51.6%	38.0%
Ferndale School District	249	69	229	$664.45	$1,373.04	$1,071.02	2.066	1.612	$38.03	$492.88	$262.98	12.960	6.915	5.7%	35.9%	24.6%
Fife School District	133	19	120	$778.74	$1,622.85	$1,134.79	2.084	1.457	$115.80	$884.28	$400.76	7.636	3.461	14.9%	54.5%	35.3%
Finley School District	38	2	39	$733.50	$1,348.40	$1,029.93	1.838	1.404	$75.02	$684.96	$303.99	9.130	4.052	10.2%	50.8%	29.5%
Franklin Pierce School District	554	78	311	$723.50	$1,340.60	$1,079.90	1.853	1.493	$60.20	$540.15	$335.99	8.973	5.582	8.3%	40.3%	31.1%
Freeman School District	39	10	47	$630.67	$1,284.78	$936.20	2.037	1.484	$8.09	$517.60	$207.64	63.976	25.665	1.3%	40.3%	22.2%
Garfield School District	11	3	9	$649.59	$1,388.53	$1,144.83	2.138	1.762	$94.91	$778.85	$530.52	8.207	5.590	14.6%	56.1%	46.3%
Glenwood School District	12	0	2	$656.30	n/a	$608.50	n/a	0.927	$26.48	n/a	$435.43	n/a	16.443	4.0%	n/a	71.6%
Goldendale School District	55	16	40	$670.98	$1,474.33	$1,310.61	2.197	1.953	$34.03	$539.62	$420.93	15.859	12.370	5.1%	36.6%	32.1%
Grand Coulee Dam School District	60	9	40	$704.68	$1,162.00	$1,012.21	1.649	1.436	$86.56	$452.52	$316.66	5.228	3.658	12.3%	38.9%	31.3%
Grandview School District	193	37	169	$675.68	$1,459.53	$1,059.12	2.160	1.567	$49.24	$290.56	$171.38	5.902	3.481	7.3%	19.9%	16.2%
Granger School District	62	19	74	$777.86	$2,029.00	$1,384.08	2.608	1.779	$131.71	$500.53	$392.00	3.800	2.976	16.9%	24.7%	28.3%
Granite Falls School District	76	26	77	$751.39	$1,520.16	$1,219.40	2.023	1.623	$29.61	$331.58	$259.87	11.196	8.775	3.9%	21.8%	21.3%
Grapeview School District	10	1	9	$633.76	$977.85	$962.48	1.543	1.519	$3.22	$391.79	$145.43	121.674	45.165	0.5%	40.1%	15.1%
Great Northern School District	3	0	0	$9,991.65	n/a	n/a	n/a	n/a	$941.97	n/a	n/a	n/a	n/a	9.4%	n/a	n/a
Green Mountain School District	6	0	6	$801.34	n/a	$1,016.22	n/a	1.268	$64.63	n/a	$10.63	n/a	0.165	8.1%	n/a	1.0%
Griffin School District	36	9	37	$732.41	$1,292.27	$1,077.13	1.764	1.471	$92.65	$530.37	$343.29	5.724	3.705	12.7%	41.0%	31.9%
Harrington School District	9	10	18	$709.88	$1,095.61	$1,040.21	1.543	1.465	$84.60	$317.73	$334.48	3.756	3.954	11.9%	29.0%	32.2%
Highland School District	47	3	44	$762.56	$1,289.80	$1,123.64	1.691	1.474	$125.76	$646.32	$438.81	5.139	3.489	16.5%	50.1%	39.1%
Highline School District	1,229	114	572	$757.93	$1,382.70	$1,096.26	1.824	1.446	$57.72	$658.74	$355.90	11.414	6.166	7.6%	47.6%	32.5%
Hockinson School District	65	20	76	$737.87	$1,357.10	$1,152.31	1.839	1.562	$2.81	$329.71	$157.52	117.291	56.035	0.4%	24.3%	13.7%
Hood Canal School District	26	0	15	$711.41	n/a	$1,146.49	n/a	1.612	$0.00	n/a	$123.89	n/a	n/a	0.0%	n/a	10.8%
Hoquiam School District	86	7	51	$819.13	$1,630.66	$1,223.72	1.991	1.494	$28.74	$477.52	$307.59	16.616	10.703	3.5%	29.3%	25.1%
Inchelium School District	22	2	13	$9,216.72	$5,831.88	$8,691.13	0.633	0.943	$94.55	$252.48	$285.35	2.670	3.018	1.0%	4.3%	3.3%
Index School District	4	0	1	$797.65	n/a	$709.80	n/a	0.890	$232.59	n/a	$134.14	n/a	0.577	29.2%	n/a	18.9%
Issaquah School District	1,096	156	672	$695.88	$1,325.14	$1,043.63	1.904	1.500	$61.10	$564.79	$320.43	9.244	5.245	8.8%	42.6%	30.7%
Kahlotus School District	9	0	8	$901.49	n/a	$1,386.24	n/a	1.538	$126.19	n/a	$582.38	n/a	4.615	14.0%	n/a	42.0%
Kalama School District	24	14	34	$755.50	$1,407.61	$1,227.32	1.863	1.625	$39.10	$604.07	$444.41	15.448	11.365	5.2%	42.9%	36.2%
Keller School District	8	1	2	$768.88	$1,837.50	$1,419.18	2.390	1.846	$102.40	$1,348.90	$794.53	13.173	7.759	13.3%	73.4%	56.0%
Kelso School District	189	38	158	$717.32	$1,270.12	$1,054.09	1.771	1.469	$40.18	$531.59	$310.50	13.231	7.728	5.6%	41.9%	29.5%
Kennewick School District	595	194	661	$761.62	$1,365.88	$1,127.06	1.793	1.480	$104.75	$422.36	$289.36	4.032	2.762	13.8%	30.9%	25.7%
Kent School District	1,663	226	1,022	$721.32	$1,369.06	$1,097.21	1.898	1.521	$27.19	$542.46	$299.54	19.953	11.018	3.8%	39.6%	27.3%
Kettle Falls School District	29	13	35	$716.69	$1,284.42	$1,048.61	1.792	1.463	$71.19	$236.29	$192.06	3.319	2.698	9.9%	18.4%	18.3%
Kiona-Benton City School District	67	3	71	$745.83	$1,327.87	$1,090.80	1.780	1.463	$84.04	$582.09	$367.92	6.926	4.378	11.3%	43.8%	33.7%
Kittitas School District	25	10	49	$916.00	$1,055.70	$1,012.04	1.153	1.105	$76.00	$215.70	$189.18	2.838	2.489	8.3%	20.4%	18.7%
Klickitat School District	9	0	4	$669.07	n/a	$1,191.71	n/a	1.781	$45.27	n/a	$179.69	n/a	3.970	6.8%	n/a	15.1%

[1]As of the end of the Plan Year ending in 2015

[2]ED = Employee + Dependents. This represents all coverage that is not employee-only.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A7a
Average Costs and Contributions by District — Differential by Employee/Family Contributions — Full-Time Employees
Census October 1, 2015 — Reporting Districts Only

District	Full-Time Enrollment[1]			Average Premiums					Average Contributions					Contribution % of Premium		
	EE	EF	ED[2]	EE	EF	ED[2]	Ratio EF/EE	Ratio ED[2]/EE	EE	EF	ED[2]	Ratio EF/EE	Ratio ED[2]/EE	EE	EF	ED[2]
La Center School District	46	4	52	$822.61	$1,436.85	$1,325.05	1.747	1.611	$122.10	$454.08	$466.41	3.719	3.820	14.8%	31.6%	35.2%
La Conner School District	39	18	45	$791.23	$1,323.94	$1,179.32	1.673	1.490	$29.56	$362.63	$291.09	12.269	9.849	3.7%	27.4%	24.7%
LaCrosse School District	12	1	13	$633.04	$1,597.34	$1,158.00	2.523	1.829	$61.52	$1,294.59	$552.51	21.045	8.982	9.7%	81.0%	47.7%
Lake Chelan School District	89	11	87	$669.31	$1,365.37	$1,041.34	2.040	1.556	$64.01	$663.59	$331.68	10.367	5.182	9.6%	48.6%	31.9%
Lake Quinault School District	17	1	15	$774.80	$1,974.70	$1,242.04	2.549	1.603	$95.39	$5.00	$359.10	0.052	3.765	12.3%	0.3%	28.9%
Lake Stevens School District	425	79	294	$697.94	$1,421.11	$1,058.35	2.036	1.516	$23.46	$338.20	$173.09	14.417	7.379	3.4%	23.8%	16.4%
Lake Washington School District	1,406	238	873	$707.94	$1,444.92	$1,114.97	2.041	1.575	$55.03	$641.29	$389.50	11.653	7.078	7.8%	44.4%	34.9%
Lakewood School District	73	22	76	$736.42	$1,490.03	$1,146.33	2.023	1.557	$54.67	$517.62	$324.27	9.467	5.931	7.4%	34.7%	28.3%
Lamont School District	6	0	3	$781.67	n/a	$1,084.65	n/a	1.388	$105.90	n/a	$586.15	n/a	5.535	13.5%	n/a	54.0%
Liberty School District	28	8	29	$719.84	$1,464.29	$1,070.89	2.034	1.488	$54.25	$773.93	$383.00	14.267	7.060	7.5%	52.9%	35.8%
Lind School District	16	1	16	$743.66	$1,164.05	$1,098.52	1.565	1.477	$83.94	$177.88	$235.88	2.119	2.810	11.3%	15.3%	21.5%
Longview School District	284	52	263	$753.90	$1,339.48	$1,116.03	1.777	1.480	$59.92	$543.46	$367.82	9.070	6.139	7.9%	40.6%	33.0%
Loon Lake School District	20	0	6	$773.39	n/a	$565.00	n/a	0.731	$42.79	n/a	$28.25	n/a	0.660	5.5%	n/a	5.0%
Lopez School District	24	6	20	$566.16	$1,276.29	$1,140.08	2.254	2.014	$70.28	$465.48	$452.53	6.623	6.439	12.4%	36.5%	39.7%
Lyle School District	18	1	4	$673.28	$1,804.64	$1,355.34	2.680	2.013	$41.90	$0.00	$0.00	0.000	0.000	6.2%	0.0%	0.0%
Lynden School District	170	42	140	$610.33	$1,205.29	$987.39	1.975	1.618	$29.68	$419.01	$257.62	14.116	8.679	4.9%	34.8%	26.1%
Mabton School District	41	8	46	$762.06	$1,351.83	$1,086.46	1.774	1.426	$100.15	$649.99	$367.55	6.490	3.670	13.1%	48.1%	33.8%
Mansfield School District	4	10	15	$910.75	$1,088.50	$1,056.73	1.195	1.160	$152.75	$336.50	$304.73	2.203	1.995	16.8%	30.9%	28.8%
Manson School District	46	11	47	$662.56	$1,335.15	$1,043.38	2.015	1.575	$30.85	$600.67	$288.22	19.467	9.341	4.7%	45.0%	27.6%
Mary M Knight School District	9	1	12	$656.22	$1,761.70	$1,182.17	2.685	1.801	$2.93	$0.00	$170.85	0.000	58.223	0.4%	0.0%	14.5%
Mary Walker School District	20	0	9	$692.25	n/a	$929.75	n/a	1.343	$65.40	n/a	$170.63	n/a	2.609	9.4%	n/a	18.4%
Marysville School District	562	97	463	$793.58	$1,429.68	$1,107.39	1.802	1.395	$45.97	$553.96	$291.81	12.050	6.347	5.8%	38.7%	26.4%
McCleary School District	17	3	12	$711.19	$1,388.53	$1,045.28	1.952	1.470	$36.46	$242.05	$233.06	6.638	6.391	5.1%	17.4%	22.3%
Mead School District	332	127	390	$767.07	$1,386.31	$1,146.70	1.807	1.495	$98.27	$619.23	$393.49	6.301	4.004	12.8%	44.7%	34.3%
Medical Lake School District	70	19	68	$755.45	$1,226.09	$1,001.98	1.623	1.326	$97.56	$323.96	$206.03	3.321	2.112	12.9%	26.4%	20.6%
Mercer Island School District	168	27	141	$701.57	$1,435.73	$1,161.21	2.046	1.655	$74.05	$604.59	$398.29	8.165	5.379	10.6%	42.1%	34.3%
Meridian School District	102	6	77	$654.94	$1,167.52	$1,069.03	1.783	1.632	$36.18	$320.33	$314.57	8.854	8.695	5.5%	27.4%	29.4%
Methow Valley School District	25	18	36	$907.20	$1,066.41	$1,025.03	1.175	1.130	$20.48	$48.01	$53.23	2.344	2.599	2.3%	4.5%	5.2%
Mill A School District	2	3	3	$694.24	$1,168.56	$1,168.56	1.683	1.683	$6.94	$276.73	$276.73	39.874	39.874	1.0%	23.7%	23.7%
Monroe School District	249	43	183	$749.67	$1,401.65	$1,083.92	1.870	1.446	$49.77	$523.02	$269.21	10.509	5.409	6.6%	37.3%	24.8%
Montesano School District	65	17	64	$692.76	$1,466.93	$1,102.36	2.118	1.591	$44.90	$315.25	$194.84	7.021	4.339	6.5%	21.5%	17.7%
Morton School District	13	2	11	$674.24	$1,476.28	$1,155.97	2.190	1.714	$29.93	$1,012.79	$435.02	33.838	14.534	4.4%	68.6%	37.6%
Moses Lake School District	432	64	384	$752.80	$1,403.94	$1,109.10	1.865	1.473	$47.77	$691.37	$357.05	14.473	7.474	6.3%	49.2%	32.2%
Mossyrock School District	24	29	37	$768.77	$721.35	$838.69	0.938	1.091	$121.17	$164.50	$225.53	1.358	1.861	15.8%	22.8%	26.9%
Mount Adams School District	90	7	47	$742.09	$1,223.39	$1,097.51	1.649	1.479	$101.11	$588.13	$454.07	5.817	4.491	13.6%	48.1%	41.4%
Mount Baker School District	129	30	107	$630.36	$1,287.76	$1,044.96	2.043	1.658	$12.26	$397.25	$218.02	32.399	17.782	1.9%	30.8%	20.9%
Mount Pleasant School District	0	0	2	n/a	n/a	$1,417.27	n/a	n/a	n/a	n/a	$6.32	n/a	n/a	n/a	n/a	0.4%
Mount Vernon School District	455	75	298	$709.96	$1,251.25	$1,056.56	1.762	1.488	$48.26	$476.80	$327.87	9.879	6.793	6.8%	38.1%	31.0%
Mukilteo School District	608	113	427	$775.69	$1,545.26	$1,212.04	1.992	1.563	$41.61	$573.70	$350.61	13.786	8.425	5.4%	37.1%	28.9%
Naches Valley School District	74	12	55	$684.49	$1,346.95	$1,102.99	1.968	1.611	$71.38	$642.74	$414.68	9.005	5.810	10.4%	47.7%	37.6%
Napavine School District	44	3	37	$664.57	$1,324.18	$927.87	1.993	1.396	$68.41	$655.07	$248.13	9.576	3.627	10.3%	49.5%	26.7%
Naselle-Grays River Valley School District	3	0	9	$809.18	n/a	$1,555.83	n/a	1.923	$9.17	n/a	$12.21	n/a	1.332	1.1%	n/a	0.8%
Nespelem School District	10	0	10	$640.21	n/a	$962.45	n/a	1.503	$43.99	n/a	$194.24	n/a	4.416	6.9%	n/a	20.2%
Newport School District	68	10	50	$620.86	$1,248.46	$957.04	2.011	1.541	$66.55	$632.57	$366.13	9.505	5.501	10.7%	50.7%	38.3%
Nine Mile Falls School District	30	18	80	$732.25	$1,044.45	$1,025.47	1.426	1.400	$78.16	$272.21	$249.78	3.483	3.196	10.7%	26.1%	24.4%
Nooksack Valley School District	100	31	94	$635.15	$1,367.70	$1,094.81	2.153	1.724	$14.99	$507.37	$280.89	33.842	18.736	2.4%	37.1%	25.7%
North Beach School District	32	9	27	$815.16	$1,490.14	$1,309.11	1.828	1.606	$93.53	$481.81	$373.86	5.151	3.997	11.5%	32.3%	28.6%
North Franklin School District	114	14	124	$594.38	$1,075.07	$838.60	1.809	1.411	$17.97	$47.66	$28.11	2.651	1.564	3.0%	4.4%	3.4%
North Kitsap School District	331	61	250	$725.31	$1,196.07	$1,036.82	1.649	1.429	$30.39	$506.35	$312.88	16.661	10.295	4.2%	42.3%	30.2%
North Mason School District	120	17	75	$762.56	$1,497.34	$1,188.43	1.964	1.558	$51.87	$705.59	$380.76	13.603	7.341	6.8%	47.1%	32.0%
North River School District	15	2	3	$713.45	$1,164.05	$1,099.92	1.632	1.542	$133.48	$502.25	$438.12	3.763	3.282	18.7%	43.1%	39.8%
North Thurston Public Schools	703	116	647	$689.25	$1,381.97	$1,032.15	2.005	1.498	$96.04	$595.09	$338.62	6.196	3.526	13.9%	43.1%	32.8%
Northport School District	18	8	19	$1,049.73	$1,270.63	$1,219.92	1.210	1.162	$131.82	$221.15	$219.44	1.678	1.665	12.6%	17.4%	18.0%
Northshore School District	1,087	96	918	$672.89	$1,322.23	$1,106.27	1.965	1.644	$85.09	$503.94	$352.24	5.922	4.140	12.6%	38.1%	31.8%
Oak Harbor School District	258	65	232	$775.23	$1,267.74	$1,121.17	1.635	1.446	$10.74	$277.02	$152.31	25.785	14.177	1.4%	21.9%	13.6%
Oakesdale School District	4	7	17	$929.75	$1,097.29	$1,043.59	1.180	1.122	$174.13	$331.21	$283.66	1.902	1.629	18.7%	30.2%	27.2%

[1]As of the end of the Plan Year ending in 2015

[2]ED = Employee + Dependents. This represents all coverage that is not employee-only.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A7a
Average Costs and Contributions by District — Differential by Employee/Family Contributions — Full-Time Employees
Census October 1, 2015 — Reporting Districts Only

	Full-Time Enrollment[1]			Average Premiums					Average Contributions					Contribution % of Premium		
District	EE	EF	ED[2]	EE	EF	ED[2]	Ratio EF/EE	Ratio ED[2]/EE	EE	EF	ED[2]	Ratio EF/EE	Ratio ED[2]/EE	EE	EF	ED[2]
Oakville School District	17	2	11	$669.50	$1,032.75	$895.72	1.543	1.338	$11.50	$75.59	$68.85	6.575	5.989	1.7%	7.3%	7.7%
Ocean Beach School District	46	8	37	$742.52	$1,215.41	$1,066.06	1.637	1.436	$57.14	$491.80	$284.49	8.607	4.979	7.7%	40.5%	26.7%
Ocosta School District	47	3	32	$721.89	$1,236.68	$1,146.97	1.713	1.589	$65.57	$457.11	$412.19	6.971	6.286	9.1%	37.0%	35.9%
Odessa School District	11	0	16	$766.58	n/a	$933.44	n/a	1.218	$73.65	n/a	$230.38	n/a	3.128	9.6%	n/a	24.7%
Okanogan School District	77	9	48	$690.12	$1,208.97	$1,020.15	1.752	1.478	$68.96	$368.07	$257.65	5.337	3.736	10.0%	30.4%	25.3%
Olympia School District	476	78	345	$683.14	$1,334.18	$1,046.03	1.953	1.531	$52.76	$631.91	$347.36	11.976	6.583	7.7%	47.4%	33.2%
Omak School District	137	28	134	$692.62	$1,192.77	$951.35	1.722	1.374	$32.56	$438.10	$218.75	13.454	6.718	4.7%	36.7%	23.0%
Onalaska School District	30	8	32	$650.90	$1,312.38	$1,086.37	2.016	1.669	$41.53	$560.04	$330.01	13.486	7.947	6.4%	42.7%	30.4%
Onion Creek School District	2	2	7	$924.00	$1,081.00	$1,031.57	1.170	1.116	$144.00	$301.00	$251.57	2.090	1.747	15.6%	27.8%	24.4%
Orcas Island School District	22	6	30	$713.10	$1,286.80	$1,100.49	1.805	1.543	$148.96	$495.09	$441.73	3.324	2.965	20.9%	38.5%	40.1%
Orchard Prairie School District	6	1	2	$736.74	$1,694.51	$1,412.95	2.300	1.918	$0.00	$846.49	$564.93	n/a	n/a	0.0%	50.0%	40.0%
Orient School District	7	3	5	$7,402.51	$10,312.00	$11,135.52	1.393	1.504	$1,348.89	$2,632.00	$3,288.79	1.951	2.438	18.2%	25.5%	29.5%
Orondo School District	10	3	11	$671.67	$1,236.68	$985.09	1.841	1.467	$34.41	$463.84	$219.59	13.480	6.382	5.1%	37.5%	22.3%
Oroville School District	38	3	31	$673.09	$1,164.05	$1,288.56	1.729	1.914	$42.07	$213.48	$158.21	5.074	3.761	6.3%	18.3%	12.3%
Orting School District	92	31	100	$800.11	$1,067.87	$990.27	1.335	1.238	$60.70	$268.49	$191.97	4.424	3.163	7.6%	25.1%	19.4%
Othello School District	224	42	188	$659.33	$1,281.32	$964.08	1.943	1.462	$69.07	$292.83	$228.10	4.239	3.302	10.5%	22.9%	23.7%
Palisades School District	2	2	3	$924.00	$1,081.00	$1,049.67	1.170	1.136	$84.00	$241.00	$209.67	2.869	2.496	9.1%	22.3%	20.0%
Palouse School District	7	2	16	$683.12	$1,741.03	$1,109.26	2.549	1.624	$91.21	$683.81	$446.27	7.497	4.893	13.4%	39.3%	40.2%
Pasco School District	852	165	682	$747.71	$1,442.05	$1,098.06	1.929	1.469	$63.40	$479.36	$273.44	7.561	4.313	8.5%	33.2%	24.9%
Pateros School District	15	3	15	$754.65	$1,223.00	$1,105.61	1.621	1.465	$90.17	$443.00	$337.97	4.913	3.748	11.9%	36.2%	30.6%
Paterson School District	3	1	7	$988.12	$1,155.55	$1,264.24	1.169	1.279	$229.68	$397.11	$240.58	1.729	1.047	23.2%	34.4%	19.0%
Pe Ell School District	28	5	15	$641.00	$1,477.01	$1,079.26	2.304	1.684	$66.76	$368.13	$253.82	5.514	3.802	10.4%	24.9%	23.5%
Peninsula School District	457	60	315	$701.23	$1,494.49	$1,130.91	2.131	1.613	$71.47	$679.99	$398.34	9.514	5.573	10.2%	45.5%	35.2%
Pioneer School District	60	8	31	$662.10	$1,245.23	$1,124.09	1.881	1.698	$61.04	$555.79	$460.03	9.105	7.536	9.2%	44.6%	40.9%
Pomeroy School District	9	3	22	$707.57	$1,774.40	$1,253.97	2.508	1.772	$70.64	$480.67	$351.02	6.805	4.969	10.0%	27.1%	28.0%
Port Angeles School District	221	44	189	$717.84	$1,290.42	$1,046.08	1.798	1.457	$90.83	$590.26	$363.08	6.498	3.997	12.7%	45.7%	34.7%
Port Townsend School District	69	18	66	$688.41	$1,325.47	$1,100.72	1.925	1.599	$25.00	$473.38	$262.49	18.932	10.498	3.6%	35.7%	23.8%
Prescott School District	23	0	19	$715.26	n/a	$1,007.36	n/a	1.408	$97.90	n/a	$362.01	n/a	3.698	13.7%	n/a	35.9%
Prosser School District	151	40	157	$719.39	$1,535.25	$1,155.20	2.134	1.606	$49.72	$551.92	$333.99	11.100	6.717	6.9%	35.9%	28.9%
Pullman School District	101	20	82	$712.89	$1,097.69	$953.29	1.540	1.337	$25.24	$252.82	$146.70	10.018	5.813	3.5%	23.0%	15.4%
Puyallup School District	806	54	547	$733.11	$1,324.87	$1,142.74	1.807	1.559	$99.41	$593.03	$459.34	5.966	4.621	13.6%	44.8%	40.2%
Queets-Clearwater School District	6	0	3	$692.89	n/a	$918.78	n/a	1.326	$90.67	n/a	$239.15	n/a	2.638	13.1%	n/a	26.0%
Quilcene School District	13	0	5	$821.59	n/a	$1,168.96	n/a	1.423	$95.29	n/a	$484.14	n/a	5.080	11.6%	n/a	41.4%
Quillayute Valley School District	104	8	57	$684.81	$1,488.85	$1,054.40	2.174	1.540	$51.29	$793.72	$348.88	15.476	6.802	7.5%	53.3%	33.1%
Quincy School District	153	39	124	$775.89	$1,455.96	$1,144.08	1.877	1.475	$30.48	$402.58	$238.23	13.210	7.817	3.9%	27.7%	20.8%
Rainier School District	48	1	35	$712.61	$1,837.50	$1,206.07	2.579	1.692	$33.53	$1,120.05	$419.97	33.400	12.524	4.7%	61.0%	34.8%
Raymond School District	43	2	33	$754.87	$901.45	$998.94	1.194	1.323	$45.06	$164.71	$280.98	3.655	6.235	6.0%	18.3%	28.1%
Reardan-Edwall School District	29	5	23	$733.14	$1,477.01	$1,162.51	2.015	1.586	$100.12	$575.71	$370.18	5.750	3.697	13.7%	39.0%	31.8%
Renton School District	712	99	462	$722.71	$1,426.41	$1,090.31	1.974	1.509	$60.43	$686.72	$354.60	11.363	5.868	8.4%	48.1%	32.5%
Republic School District	18	6	21	$667.81	$1,211.66	$928.38	1.814	1.390	$139.90	$256.88	$170.73	1.836	1.220	20.9%	21.2%	18.4%
Richland School District	485	97	359	$762.57	$1,352.10	$1,087.40	1.773	1.426	$100.96	$675.15	$406.18	6.688	4.023	13.2%	49.9%	37.4%
Ridgefield School District	49	20	83	$719.79	$1,521.62	$1,134.18	2.114	1.576	$43.45	$657.69	$384.68	15.136	8.853	6.0%	43.2%	33.9%
Ritzville School District	10	5	32	$932.70	$1,049.60	$1,036.81	1.125	1.112	$92.70	$209.60	$196.81	2.261	2.123	9.9%	20.0%	19.0%
Riverside School District	73	10	52	$749.39	$1,235.51	$1,081.46	1.649	1.443	$96.91	$545.47	$387.67	5.629	4.000	12.9%	44.1%	35.8%
Riverview School District	133	29	97	$734.22	$1,332.03	$1,089.10	1.814	1.483	$128.71	$547.09	$409.92	4.251	3.185	17.5%	41.1%	37.6%
Rochester School District	93	27	120	$727.58	$1,440.41	$1,084.58	1.980	1.491	$107.95	$541.79	$296.70	5.019	2.748	14.8%	37.6%	27.4%
Roosevelt School District	1	0	0	$837.75	n/a	n/a	n/a	n/a	$0.00	n/a	n/a	n/a	n/a	0.0%	n/a	n/a
Rosalia School District	16	5	18	$631.70	$1,074.91	$1,104.35	1.702	1.748	$52.72	$435.42	$477.79	8.260	9.064	8.3%	40.5%	43.3%
Royal School District	120	17	70	$667.41	$1,331.23	$1,020.42	1.995	1.529	$62.16	$642.45	$321.45	10.336	5.172	9.3%	48.3%	31.5%
San Juan Island School District	32	11	36	$583.81	$1,156.92	$973.85	1.982	1.668	$19.42	$518.24	$276.60	26.687	14.243	3.3%	44.8%	28.4%
Satsop School District	5	1	2	$716.75	$1,837.50	$1,477.88	2.564	2.062	$88.85	$1,430.55	$831.52	16.100	9.358	12.4%	77.9%	56.3%
Seattle Public Schools	3,207	190	2,154	$712.86	$1,376.89	$1,090.92	1.931	1.530	$48.50	$676.02	$389.84	13.940	8.039	6.8%	49.1%	35.7%
Sedro-Woolley School District	267	42	188	$714.52	$1,204.71	$991.59	1.686	1.388	$61.51	$403.90	$235.38	6.566	3.826	8.6%	33.5%	23.7%
Selah School District	215	24	161	$677.42	$1,505.40	$1,042.93	2.222	1.540	$76.39	$754.19	$381.12	9.873	4.989	11.3%	50.1%	36.5%
Selkirk School District	15	6	15	$900.72	$1,192.73	$1,257.60	1.324	1.396	$85.30	$301.42	$369.73	3.533	4.334	9.5%	25.3%	29.4%
Sequim School District	106	40	121	$601.13	$1,169.46	$912.89	1.945	1.519	$41.98	$146.54	$97.99	3.491	2.334	7.0%	12.5%	10.7%

[1]As of the end of the Plan Year ending in 2015

[2]ED = Employee + Dependents. This represents all coverage that is not employee-only.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A7a
Average Costs and Contributions by District — Differential by Employee/Family Contributions — Full-Time Employees
Census October 1, 2015 — Reporting Districts Only

District	Full-Time Enrollment[1]			Average Premiums					Average Contributions					Contribution % of Premium		
	EE	EF	ED[2]	EE	EF	ED[2]	Ratio EF/EE	Ratio ED[2]/EE	EE	EF	ED[2]	Ratio EF/EE	Ratio ED[2]/EE	EE	EF	ED[2]
Shaw Island School District	2	0	0	$580.40	n/a	n/a	n/a	n/a	$0.00	n/a	n/a	n/a	n/a	0.0%	n/a	n/a
Shelton School District	231	25	156	$743.37	$1,326.39	$1,059.99	1.784	1.426	$84.56	$575.76	$334.46	6.809	3.955	11.4%	43.4%	31.6%
Shoreline School District	497	118	388	$718.88	$1,382.75	$1,138.99	1.923	1.584	$71.64	$607.28	$401.35	8.476	5.602	10.0%	43.9%	35.2%
Skamania School District	5	1	5	$665.34	$1,267.76	$1,182.73	1.905	1.778	$37.86	$509.05	$620.07	13.445	16.377	5.7%	40.2%	52.4%
Skykomish School District	4	0	0	$837.75	n/a	n/a	n/a	n/a	$96.26	n/a	n/a	n/a	n/a	11.5%	n/a	n/a
Snohomish School District	403	125	449	$766.30	$1,445.20	$1,171.04	1.886	1.528	$88.69	$622.14	$354.34	7.015	3.995	11.6%	43.0%	30.3%
Snoqualmie Valley School District	312	63	216	$750.86	$1,521.74	$1,228.29	2.027	1.636	$84.23	$717.43	$462.14	8.517	5.487	11.2%	47.1%	37.6%
Soap Lake School District	9	0	6	$837.75	n/a	$1,035.75	n/a	1.236	$124.50	n/a	$333.26	n/a	2.677	14.9%	n/a	32.2%
South Bend School District	45	11	39	$713.06	$1,384.10	$1,151.31	1.941	1.615	$84.30	$668.44	$417.39	7.929	4.951	11.8%	48.3%	36.3%
South Kitsap School District	385	62	296	$700.53	$1,232.90	$960.81	1.760	1.372	$3.83	$356.02	$134.70	92.944	35.167	0.5%	28.9%	14.0%
South Whidbey School District	52	20	62	$741.15	$1,288.41	$1,117.08	1.738	1.507	$68.32	$531.85	$364.69	7.784	5.338	9.2%	41.3%	32.6%
Southside School District	6	1	9	$669.33	$1,262.85	$887.78	1.887	1.326	$109.93	$703.45	$313.88	6.399	2.855	16.4%	55.7%	35.4%
Spokane School District	1,232	476	1,350	$765.01	$1,455.82	$1,238.28	1.903	1.619	$116.39	$522.77	$437.85	4.492	3.762	15.2%	35.9%	35.4%
Sprague School District	6	0	3	$748.10	n/a	$1,691.87	n/a	2.262	$94.78	n/a	$564.11	n/a	5.952	12.7%	n/a	33.3%
St. John School District	8	1	18	$7,771.84	$9,307.00	$8,659.10	1.198	1.114	$1,564.59	$3,067.00	$2,251.32	1.960	1.439	20.1%	33.0%	26.0%
Stanwood-Camano School District	166	51	145	$754.31	$1,444.12	$1,169.55	1.915	1.550	$39.34	$463.35	$321.76	11.779	8.180	5.2%	32.1%	27.5%
Star School District	2	3	4	$6,680.00	$8,401.67	$8,704.00	1.258	1.303	$336.00	$669.00	$648.75	1.991	1.931	5.0%	8.0%	7.5%
Starbuck School District	4	0	0	$749.70	n/a	n/a	n/a	n/a	$0.00	n/a	n/a	n/a	n/a	0.0%	n/a	n/a
Stehekin School District	0	0	1	n/a	n/a	$1,882.45	n/a	n/a	n/a	n/a	$0.00	n/a	n/a	n/a	n/a	0.0%
Steilacoom Hist. School District	118	21	83	$768.99	$1,485.98	$1,159.49	1.932	1.508	$33.35	$614.11	$323.87	18.416	9.712	4.3%	41.3%	27.9%
Steptoe School District	2	2	6	$931.00	$1,144.00	$1,063.17	1.229	1.142	$225.10	$364.00	$417.85	1.617	1.856	24.2%	31.8%	39.3%
Stevenson-Carson School District	37	17	36	$719.33	$1,569.55	$1,381.42	2.182	1.920	$8.43	$286.65	$232.27	33.994	27.545	1.2%	18.3%	16.8%
Sultan School District	95	31	83	$739.01	$1,216.28	$1,068.66	1.646	1.446	$29.93	$376.58	$250.07	12.584	8.356	4.0%	31.0%	23.4%
Summit Valley School District	6	0	4	$674.30	n/a	$852.34	n/a	1.264	$15.23	n/a	$91.84	n/a	6.031	2.3%	n/a	10.8%
Sumner School District	358	92	365	$656.97	$1,251.27	$962.70	1.905	1.465	$76.75	$386.46	$215.31	5.035	2.805	11.7%	30.9%	22.4%
Sunnyside School District	439	32	293	$683.63	$1,307.58	$943.72	1.913	1.380	$76.82	$607.66	$263.31	7.910	3.428	11.2%	46.5%	27.9%
Tacoma School District	1,019	441	1,361	$845.02	$1,973.69	$1,560.38	2.336	1.847	$142.07	$434.63	$313.53	3.059	2.207	16.8%	22.0%	20.1%
Taholah School District	13	3	10	$712.25	$1,270.90	$1,038.08	1.784	1.457	$74.40	$635.83	$350.45	8.546	4.710	10.4%	50.0%	33.8%
Tahoma School District	357	83	326	$757.14	$1,160.88	$1,032.67	1.533	1.364	$78.62	$433.91	$314.75	5.519	4.004	10.4%	37.4%	30.5%
Tekoa School District	10	7	17	$725.21	$1,287.85	$1,032.44	1.776	1.424	$137.86	$383.31	$288.81	2.780	2.095	19.0%	29.8%	28.0%
Tenino School District	69	11	59	$728.11	$1,209.05	$982.83	1.661	1.350	$307.94	$599.68	$414.55	1.947	1.346	42.3%	49.6%	42.2%
Thorp School District	12	0	8	$726.20	n/a	$1,053.00	n/a	1.450	$104.97	n/a	$398.53	n/a	3.797	14.5%	n/a	37.8%
Toledo School District	33	8	29	$667.65	$1,107.18	$964.09	1.658	1.444	$145.75	$429.34	$309.54	2.946	2.124	21.8%	38.8%	32.1%
Tonasket School District	42	20	53	$687.85	$1,418.19	$1,113.60	2.062	1.619	$54.30	$249.23	$195.53	4.590	3.601	7.9%	17.6%	17.6%
Toppenish School District	247	37	188	$740.10	$1,564.33	$1,123.73	2.114	1.518	$46.62	$298.91	$220.22	6.412	4.724	6.3%	19.1%	19.6%
Touchet School District	18	0	12	$648.50	n/a	$994.27	n/a	1.533	$144.74	n/a	$374.55	n/a	2.588	22.3%	n/a	37.7%
Toutle Lake School District	11	0	5	$742.31	n/a	$1,142.03	n/a	1.538	$95.71	n/a	$438.37	n/a	4.580	12.9%	n/a	38.4%
Trout Lake School District	10	2	10	$683.44	$1,680.91	$1,246.76	2.459	1.824	$1.01	$872.25	$296.96	867.905	295.485	0.1%	51.9%	23.8%
Tukwila School District	202	24	99	$746.51	$1,465.85	$1,134.38	1.964	1.520	$63.98	$736.55	$401.16	11.511	6.270	8.6%	50.2%	35.4%
Tumwater School District	271	40	222	$732.60	$1,276.18	$1,040.81	1.742	1.421	$58.76	$540.74	$325.76	9.202	5.544	8.0%	42.4%	31.3%
Union Gap School District	27	1	25	$775.45	$1,081.00	$996.17	1.394	1.285	$91.69	$179.59	$225.21	1.959	2.456	11.8%	16.6%	22.6%
University Place School District	267	45	187	$706.45	$1,375.09	$1,100.55	1.946	1.558	$47.90	$628.27	$347.08	13.116	7.246	6.8%	45.7%	31.5%
Valley School District	48	13	41	$622.27	$1,106.89	$936.62	1.779	1.505	$10.10	$278.54	$160.54	27.576	15.894	1.6%	25.2%	17.1%
Vancouver School District	998	169	847	$723.66	$1,410.60	$1,095.45	1.949	1.514	$36.05	$674.36	$358.45	18.708	9.944	5.0%	47.8%	32.7%
Vashon Island School District	54	23	63	$753.34	$1,607.58	$1,260.58	2.134	1.673	$55.93	$863.37	$513.91	15.437	9.189	7.4%	53.7%	40.8%
Wahkiakum School District	8	4	28	$906.88	$1,109.25	$1,076.64	1.223	1.187	$19.78	$156.45	$117.77	7.908	5.953	2.2%	14.1%	10.9%
Wahluke School District	115	27	89	$707.24	$1,277.31	$1,081.14	1.806	1.529	$93.41	$540.55	$331.80	5.787	3.552	13.2%	42.3%	30.7%
Waitsburg School District	18	1	14	$687.00	$1,302.90	$1,064.88	1.897	1.550	$74.77	$651.45	$437.23	8.713	5.848	10.9%	50.0%	41.1%
Walla Walla Public Schools	403	63	326	$701.81	$1,317.74	$1,027.47	1.878	1.464	$49.02	$561.43	$278.62	11.454	5.684	7.0%	42.6%	27.1%
Wapato School District	218	25	163	$693.97	$1,767.77	$1,052.82	2.547	1.517	$56.44	$493.20	$237.51	8.739	4.208	8.1%	27.9%	22.6%
Warden School District	44	6	52	$899.89	$1,081.00	$1,034.50	1.201	1.150	$103.52	$301.00	$257.76	2.908	2.490	11.5%	27.8%	24.9%
Washougal School District	160	20	71	$788.30	$1,410.67	$1,208.04	1.789	1.532	$85.29	$704.51	$473.40	8.260	5.550	10.8%	49.9%	39.2%
Washtucna School District	10	1	4	$812.91	$1,164.05	$1,248.15	1.432	1.535	$123.62	$527.49	$502.77	4.267	4.067	15.2%	45.3%	40.3%
Waterville School District	14	4	18	$581.20	$1,439.95	$923.84	2.478	1.590	$0.00	$627.56	$187.37	n/a	n/a	0.0%	43.6%	20.3%
Wellpinit School District	24	5	47	$633.87	$799.31	$771.44	1.261	1.217	$60.57	$37.18	$131.62	0.614	2.173	9.6%	4.7%	17.1%
Wenatchee School District	346	69	310	$743.03	$1,382.08	$1,078.34	1.860	1.451	$69.23	$663.82	$356.17	9.589	5.145	9.3%	48.0%	33.0%

[1]As of the end of the Plan Year ending in 2015

[2]ED = Employee + Dependents. This represents all coverage that is not employee-only.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A7a
Average Costs and Contributions by District — Differential by Employee/Family Contributions — Full-Time Employees
Census October 1, 2015 — Reporting Districts Only

District	Full-Time Enrollment[1]			Average Premiums					Average Contributions					Contribution % of Premium		
	EE	EF	ED[2]	EE	EF	ED[2]	Ratio EF/EE	Ratio ED[2]/EE	EE	EF	ED[2]	Ratio EF/EE	Ratio ED[2]/EE	EE	EF	ED[2]
West Valley School District (Spokane)	226	44	182	$750.09	$1,496.00	$1,234.59	1.994	1.646	$66.48	$409.70	$284.18	6.162	4.274	8.9%	27.4%	23.0%
West Valley School District (Yakima)	223	60	249	$732.38	$1,338.21	$1,027.41	1.827	1.403	$77.49	$563.67	$307.09	7.274	3.963	10.6%	42.1%	29.9%
White Pass School District	35	3	17	$665.23	$1,076.52	$1,039.66	1.618	1.563	$59.02	$340.12	$324.84	5.763	5.504	8.9%	31.6%	31.2%
White River School District	181	36	128	$751.14	$1,282.34	$1,094.79	1.707	1.458	$83.32	$497.99	$332.50	5.977	3.990	11.1%	38.8%	30.4%
White Salmon Valley School District	60	17	38	$664.76	$1,505.85	$1,303.53	2.265	1.961	$7.32	$517.61	$398.89	70.760	54.531	1.1%	34.4%	30.6%
Wilbur School District	15	6	30	$924.00	$1,091.50	$1,002.07	1.181	1.084	$192.53	$328.83	$269.18	1.708	1.398	20.8%	30.1%	26.9%
Willapa Valley School District	32	1	11	$706.52	$1,837.50	$1,597.60	2.601	2.261	$63.04	$1,163.68	$547.95	18.459	8.692	8.9%	63.3%	34.3%
Wilson Creek School District	18	4	12	$812.91	$1,331.58	$1,148.88	1.638	1.413	$161.89	$654.27	$423.11	4.041	2.614	19.9%	49.1%	36.8%
Winlock School District	39	7	37	$629.42	$1,476.61	$1,131.43	2.346	1.798	$28.71	$777.59	$414.59	27.087	14.442	4.6%	52.7%	36.6%
Wishkah Valley School District	11	0	7	$676.24	n/a	$1,102.34	n/a	1.630	$55.75	n/a	$274.17	n/a	4.918	8.2%	n/a	24.9%
Wishram School District	8	4	7	$477.10	$1,164.05	$1,081.59	2.440	2.267	$14.64	$95.85	$85.39	6.545	5.831	3.1%	8.2%	7.9%
Woodland School District	106	19	71	$1,006.62	$1,540.89	$1,289.90	1.531	1.281	$7.23	$569.31	$261.41	78.724	36.148	0.7%	36.9%	20.3%
Yakima School District	955	129	838	$815.44	$1,493.58	$1,130.01	1.832	1.386	$33.89	$571.76	$260.98	16.873	7.702	4.2%	38.3%	23.1%
Yelm School District	269	48	202	$732.37	$1,436.05	$1,121.48	1.961	1.531	$30.68	$386.72	$237.73	12.603	7.748	4.2%	26.9%	21.2%
Zillah School District	73	5	63	$673.16	$1,294.02	$1,006.27	1.922	1.495	$57.08	$664.29	$309.50	11.638	5.422	8.5%	51.3%	30.8%
Low	**0**	**0**	**0**	**$477.10**	**$580.40**	**$565.00**	**0.633**	**0.731**	**$0.00**	**$0.00**	**$0.00**	**0.000**	**0.000**	**0.0%**	**0.0%**	**0.0%**
Average	**172**	**33**	**140**	**$750.33**	**$1,451.85**	**$1,149.34**	**1.935**	**1.532**	**$68.42**	**$554.66**	**$334.03**	**8.106**	**4.882**	**9.1%**	**38.2%**	**29.1%**
High	**3,207**	**476**	**2,154**	**$9,991.65**	**$10,312.00**	**$11,135.52**	**2.729**	**2.352**	**$1,564.59**	**$3,067.00**	**$3,288.79**	**867.905**	**295.485**	**93.0%**	**81.0%**	**100.0%**
Grand Total	**50,616**	**9,737**	**41,270**													

[1]As of the end of the Plan Year ending in 2015
[2]ED = Employee + Dependents. This represents all coverage that is not employee-only.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A7b
Average Costs and Contributions by District — Differential by Employee/Family Contributions — Part-Time Employees
Census October 1, 2015 — Reporting Districts Only

	Part-Time Enrollment[1]			Average Premiums					Average Contributions					Contribution % of Premium		
District	EE	EF	ED[2]	EE	EF	ED[2]	Ratio EF/EE	Ratio ED[2]/EE	EE	EF	ED[2]	Ratio EF/EE	Ratio ED[2]/EE	EE	EF	ED[2]
Aberdeen School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Adna School District	2	1	2	$580.40	$1,262.85	$1,016.35	2.176	1.751	$76.02	$846.87	$556.36	11.140	7.319	13.1%	67.1%	54.7%
Almira School District	1	2	2	$924.00	$876.00	$876.00	0.948	0.948	$243.06	$93.89	$93.89	0.386	0.386	26.3%	10.7%	10.7%
Anacortes School District	0	3	7	n/a	$1,324.22	$1,142.51	n/a	n/a	n/a	$690.97	$393.19	n/a	n/a	n/a	52.2%	34.4%
Arlington School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Asotin-Anatone School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Auburn School District	192	10	86	$635.63	$1,292.32	$967.13	2.033	1.522	$86.58	$722.26	$390.44	8.342	4.509	13.6%	55.9%	40.4%
Bainbridge Island School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Battle Ground School District	119	7	54	$704.60	$1,398.50	$1,034.83	1.985	1.469	$71.33	$822.55	$357.75	11.531	5.015	10.1%	58.8%	34.6%
Bellevue School District	195	46	155	$643.48	$1,305.69	$1,006.87	2.029	1.565	$126.37	$720.23	$427.89	5.699	3.386	19.6%	55.2%	42.5%
Bellingham School District	198	16	106	$621.18	$1,344.22	$1,006.75	2.164	1.621	$125.19	$793.34	$503.78	6.337	4.024	20.2%	59.0%	50.0%
Benge School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Bethel School District	27	8	16	$633.24	$1,337.84	$1,138.19	2.113	1.797	$137.33	$812.83	$607.51	5.919	4.424	21.7%	60.8%	53.4%
Bickleton School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Blaine School District	36	3	16	$638.79	$1,083.69	$954.77	1.696	1.495	$69.08	$234.07	$279.34	3.388	4.043	10.8%	21.6%	29.3%
Boistfort School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Bremerton School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Brewster School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Bridgeport School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Brinnon School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Burlington-Edison School District	83	9	56	$680.70	$1,584.73	$1,121.73	2.328	1.648	$33.99	$847.95	$333.42	24.950	9.810	5.0%	53.5%	29.7%
Camas School District	217	74	285	$700.51	$1,366.45	$1,064.33	1.951	1.519	$83.78	$636.14	$356.24	7.593	4.252	12.0%	46.6%	33.5%
Cape Flattery School District	5	1	2	$681.53	$1,164.05	$860.90	1.708	1.263	$17.74	$422.96	$218.45	23.845	12.315	2.6%	36.3%	25.4%
Carbonado School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Cascade School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Cashmere School District	30	14	21	$850.29	$980.48	$988.55	1.153	1.163	$38.15	$452.97	$442.85	11.873	11.608	4.5%	46.2%	44.8%
Castle Rock School District	26	2	11	$753.24	$927.41	$913.99	1.231	1.213	$68.88	$231.53	$125.50	3.361	1.822	9.1%	25.0%	13.7%
Centerville School District	0	0	2	n/a	n/a	$1,381.33	n/a	n/a	n/a	n/a	$151.94	n/a	n/a	n/a	n/a	11.0%
Central Kitsap School District	62	3	26	$623.70	$1,304.69	$1,001.01	2.092	1.605	$78.63	$698.20	$394.74	8.880	5.020	12.6%	53.5%	39.4%
Central Valley School District	214	11	89	$671.39	$1,158.94	$923.33	1.726	1.375	$111.81	$554.88	$345.55	4.963	3.090	16.7%	47.9%	37.4%
Centralia School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Chehalis School District	47	5	27	$648.85	$1,260.15	$925.79	1.942	1.427	$88.70	$373.74	$222.22	4.214	2.505	13.7%	29.7%	24.0%
Cheney School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Chewelah School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Chimacum School District	26	3	8	$661.78	$1,301.00	$1,088.05	1.966	1.644	$90.62	$814.43	$465.66	8.987	5.138	13.7%	62.6%	42.8%
Clarkston School District	1	0	0	$574.09	n/a	n/a	n/a	n/a	$188.95	n/a	n/a	n/a	n/a	32.9%	n/a	n/a
Cle Elum-Roslyn School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Clover Park School District	18	2	11	$687.16	$1,956.10	$1,113.52	2.847	1.620	$239.94	$1,489.47	$648.77	6.208	2.704	34.9%	76.1%	58.3%
Colfax School District	7	0	5	$688.39	n/a	$1,051.76	n/a	1.528	$12.77	n/a	$289.21	n/a	22.652	1.9%	n/a	27.5%
College Place School District	29	1	5	$658.29	$1,837.50	$987.71	2.791	1.500	$9.78	$0.00	$0.00	0.000	0.000	1.5%	0.0%	0.0%
Colton School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Columbia (Stevens) School District	2	1	4	$847.20	$1,262.85	$1,003.76	1.491	1.185	$157.00	$88.40	$73.45	0.563	0.468	18.5%	7.0%	7.3%
Columbia (Walla Walla) School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Colville School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Concrete School District	4	0	3	$533.66	n/a	$941.64	n/a	1.764	$37.36	n/a	$65.92	n/a	1.764	7.0%	n/a	7.0%
Conway School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Cosmopolis School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Coulee-Hartline School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Coupeville School District	1	0	0	$473.17	n/a	n/a	n/a	n/a	$108.28	n/a	n/a	n/a	n/a	22.9%	n/a	n/a
Crescent School District	5	0	2	$578.14	n/a	$971.65	n/a	1.681	$47.25	n/a	$163.28	n/a	3.455	8.2%	n/a	16.8%
Creston School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Curlew School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Cusick School District	3	1	8	$784.28	$1,164.05	$980.54	1.484	1.250	$37.35	$296.25	$267.46	7.932	7.161	4.8%	25.4%	27.3%
Damman School District	2	0	0	$554.73	n/a	n/a	n/a	n/a	$20.32	n/a	n/a	n/a	n/a	3.7%	n/a	n/a
Darrington School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Davenport School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

[1]As of the end of the Plan Year ending in 2015

[2]ED = Employee + Dependents. This represents all coverage that is not employee-only.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A7b
Average Costs and Contributions by District — Differential by Employee/Family Contributions — Part-Time Employees
Census October 1, 2015 — Reporting Districts Only

District	Part-Time Enrollment[1]			Average Premiums					Average Contributions					Contribution % of Premium		
	EE	EF	ED[2]	EE	EF	ED[2]	Ratio EF/EE	Ratio ED[2]/EE	EE	EF	ED[2]	Ratio EF/EE	Ratio ED[2]/EE	EE	EF	ED[2]
Dayton School District	2	0	0	$535.25	n/a	n/a	n/a	n/a	$130.46	n/a	n/a	n/a	n/a	24.4%	n/a	n/a
Deer Park School District	44	2	15	$540.15	$1,353.11	$871.38	2.505	1.613	$47.51	$310.16	$199.68	6.529	4.203	8.8%	22.9%	22.9%
Dieringer School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Dixie School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
East Valley School District (Spokane)	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
East Valley School District (Yakima)	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Eastmont School District	38	0	23	$632.14	n/a	$949.33	n/a	1.502	$20.62	n/a	$117.12	n/a	5.679	3.3%	n/a	12.3%
Easton School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Eatonville School District	21	0	12	$632.53	n/a	$1,014.36	n/a	1.604	$119.69	n/a	$332.57	n/a	2.779	18.9%	n/a	32.8%
Edmonds School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ellensburg School District	49	7	27	$654.74	$1,282.34	$1,075.06	1.959	1.642	$153.25	$728.21	$552.27	4.752	3.604	23.4%	56.8%	51.4%
Elma School District	34	3	15	$733.24	$1,048.83	$973.26	1.430	1.327	$6.32	$150.75	$107.29	23.846	16.970	0.9%	14.4%	11.0%
Endicott School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Entiat School District	5	0	9	$681.53	n/a	$762.93	n/a	1.119	$84.52	n/a	$124.93	n/a	1.478	12.4%	n/a	16.4%
Enumclaw School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ephrata School District	7	0	1	$580.19	n/a	$1,000.85	n/a	1.725	$497.10	n/a	$510.51	n/a	1.027	85.7%	n/a	51.0%
Evaline School District	2	1	1	$154.80	$1,020.45	$1,020.45	6.592	6.592	$0.00	$473.65	$473.65	n/a	n/a	0.0%	46.4%	46.4%
Everett School District	81	56	135	$1,584.90	$2,524.26	$2,189.17	1.593	1.381	$225.76	$513.45	$425.86	2.274	1.886	14.2%	20.3%	19.5%
Evergreen School District (Clark)	1,066	154	766	$694.41	$1,531.27	$1,133.25	2.205	1.632	$78.56	$854.97	$464.43	10.883	5.912	11.3%	55.8%	41.0%
Evergreen School District (Stevens)	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Federal Way School District	281	15	99	$725.88	$1,357.29	$1,071.00	1.870	1.475	$79.73	$689.23	$367.65	8.645	4.611	11.0%	50.8%	34.3%
Ferndale School District	1	0	0	$420.90	n/a	n/a	n/a	n/a	$5.46	n/a	n/a	n/a	n/a	1.3%	n/a	n/a
Fife School District	45	6	38	$673.78	$1,428.07	$1,140.37	2.119	1.692	$98.78	$451.77	$320.95	4.574	3.249	14.7%	31.6%	28.1%
Finley School District	17	0	4	$658.92	n/a	$1,063.70	n/a	1.614	$48.06	n/a	$382.19	n/a	7.952	7.3%	n/a	35.9%
Franklin Pierce School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Freeman School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Garfield School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Glenwood School District	4	0	2	$476.54	n/a	$632.58	n/a	1.327	$118.92	n/a	$448.69	n/a	3.773	25.0%	n/a	70.9%
Goldendale School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Grand Coulee Dam School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Grandview School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Granger School District	28	0	9	$756.77	n/a	$1,054.16	n/a	1.393	$102.20	n/a	$431.85	n/a	4.226	13.5%	n/a	41.0%
Granite Falls School District	22	1	9	$691.24	$1,338.82	$960.02	1.937	1.389	$85.49	$604.01	$275.49	7.066	3.223	12.4%	45.1%	28.7%
Grapeview School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Great Northern School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Green Mountain School District	0	0	2	n/a	n/a	$1,455.00	n/a	n/a	n/a	n/a	$668.72	n/a	n/a	n/a	n/a	46.0%
Griffin School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Harrington School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Highland School District	30	0	9	$625.44	n/a	$1,056.83	n/a	1.690	$68.33	n/a	$389.01	n/a	5.693	10.9%	n/a	36.8%
Highline School District	317	20	86	$684.72	$1,302.47	$1,015.37	1.902	1.483	$59.56	$654.77	$358.53	10.994	6.020	8.7%	50.3%	35.3%
Hockinson School District	14	5	13	$678.65	$1,415.47	$1,115.65	2.086	1.644	$11.22	$458.55	$247.27	40.861	22.034	1.7%	32.4%	22.2%
Hood Canal School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Hoquiam School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Inchelium School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Index School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Issaquah School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Kahlotus School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Kalama School District	6	0	2	$737.04	n/a	$1,158.16	n/a	1.571	$44.17	n/a	$123.48	n/a	2.796	6.0%	n/a	10.7%
Keller School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Kelso School District	96	8	29	$628.31	$1,139.03	$1,025.76	1.813	1.633	$51.61	$661.90	$458.20	12.825	8.878	8.2%	58.1%	44.7%
Kennewick School District	285	31	142	$685.36	$1,326.92	$1,020.27	1.936	1.489	$53.94	$643.79	$314.38	11.936	5.829	7.9%	48.5%	30.8%
Kent School District	1	0	0	$837.75	n/a	n/a	n/a	n/a	$509.17	n/a	n/a	n/a	n/a	60.8%	n/a	n/a
Kettle Falls School District	13	1	9	$551.75	$1,164.05	$882.57	2.110	1.600	$48.28	$592.50	$370.73	12.272	7.679	8.8%	50.9%	42.0%
Kiona-Benton City School District	28	2	8	$721.50	$1,858.80	$1,167.11	2.576	1.618	$72.64	$1,088.21	$459.44	14.980	6.324	10.1%	58.5%	39.4%
Kittitas School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Klickitat School District	3	0	1	$673.92	n/a	$695.67	n/a	1.032	$51.43	n/a	$76.23	n/a	1.482	7.6%	n/a	11.0%

[1]As of the end of the Plan Year ending in 2015

[2]ED = Employee + Dependents. This represents all coverage that is not employee-only.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A7b
Average Costs and Contributions by District — Differential by Employee/Family Contributions — Part-Time Employees
Census October 1, 2015 — Reporting Districts Only

District	Part-Time Enrollment[1]			Average Premiums					Average Contributions					Contribution % of Premium		
	EE	EF	ED[2]	EE	EF	ED[2]	Ratio EF/EE	Ratio ED[2]/EE	EE	EF	ED[2]	Ratio EF/EE	Ratio ED[2]/EE	EE	EF	ED[2]
La Center School District	5	0	6	$570.13	n/a	$1,057.93	n/a	1.856	$74.17	n/a	$580.32	n/a	7.824	13.0%	n/a	54.9%
La Conner School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
LaCrosse School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Lake Chelan School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Lake Quinault School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Lake Stevens School District	1	0	0	$887.72	n/a	n/a	n/a	n/a	$17.75	n/a	n/a	n/a	n/a	2.0%	n/a	n/a
Lake Washington School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Lakewood School District	30	6	19	$696.22	$1,334.17	$1,038.18	1.916	1.491	$65.27	$695.53	$422.73	10.656	6.477	9.4%	52.1%	40.7%
Lamont School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Liberty School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Lind School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Longview School District	115	6	43	$726.31	$1,244.13	$928.79	1.713	1.279	$15.22	$406.10	$113.23	26.677	7.438	2.1%	32.6%	12.2%
Loon Lake School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Lopez School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Lyle School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Lynden School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mabton School District	17	0	3	$756.57	n/a	$1,251.25	n/a	1.654	$245.59	n/a	$711.75	n/a	2.898	32.5%	n/a	56.9%
Mansfield School District	1	2	3	$924.00	$1,106.00	$1,076.67	1.197	1.165	$386.40	$495.44	$446.91	1.282	1.157	41.8%	44.8%	41.5%
Manson School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mary M Knight School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mary Walker School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Marysville School District	1	0	0	$535.25	n/a	n/a	n/a	n/a	$7.50	n/a	n/a	n/a	n/a	1.4%	n/a	n/a
McCleary School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mead School District	167	24	91	$679.40	$1,320.36	$1,031.81	1.943	1.519	$111.66	$630.36	$379.27	5.645	3.397	16.4%	47.7%	36.8%
Medical Lake School District	29	2	12	$742.38	$1,353.11	$1,161.66	1.823	1.565	$106.93	$295.86	$232.13	2.767	2.171	14.4%	21.9%	20.0%
Mercer Island School District	33	2	11	$730.72	$1,404.30	$1,064.33	1.922	1.457	$107.05	$816.68	$340.41	7.629	3.180	14.7%	58.2%	32.0%
Meridian School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Methow Valley School District	13	5	10	$889.59	$1,081.00	$1,024.13	1.215	1.151	$17.54	$55.04	$48.32	3.138	2.755	2.0%	5.1%	4.7%
Mill A School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Monroe School District	74	13	55	$678.19	$1,201.58	$1,042.83	1.772	1.538	$74.96	$530.52	$319.81	7.077	4.266	11.1%	44.2%	30.7%
Montesano School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Morton School District	10	0	1	$751.05	n/a	$1,060.55	n/a	1.412	$28.57	n/a	$187.14	n/a	6.550	3.8%	n/a	17.6%
Moses Lake School District	0	1	2	n/a	$1,164.05	$1,141.15	n/a	n/a	n/a	$944.14	$657.72	n/a	n/a	n/a	81.1%	57.6%
Mossyrock School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mount Adams School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mount Baker School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mount Pleasant School District	5	0	0	$594.60	n/a	n/a	n/a	n/a	$0.00	n/a	n/a	n/a	n/a	0.0%	n/a	n/a
Mount Vernon School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mukilteo School District	224	12	101	$690.09	$1,398.03	$1,055.74	2.026	1.530	$85.12	$757.30	$357.82	8.896	4.203	12.3%	54.2%	33.9%
Naches Valley School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Napavine School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Naselle-Grays River Valley School District	12	0	19	$831.90	n/a	$1,152.43	n/a	1.385	$127.55	n/a	$279.65	n/a	2.193	15.3%	n/a	24.3%
Nespelem School District	2	0	1	$535.25	n/a	$1,000.85	n/a	1.870	$5.35	n/a	$10.01	n/a	1.871	1.0%	n/a	1.0%
Newport School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Nine Mile Falls School District	13	1	10	$617.51	$1,112.29	$974.17	1.801	1.578	$47.43	$376.72	$241.54	7.943	5.093	7.7%	33.9%	24.8%
Nooksack Valley School District	5	0	2	$573.60	n/a	$1,218.02	n/a	2.123	$5.00	n/a	$423.25	n/a	84.649	0.9%	n/a	34.7%
North Beach School District	23	1	8	$675.89	$977.85	$1,044.53	1.447	1.545	$85.85	$432.14	$457.19	5.034	5.326	12.7%	44.2%	43.8%
North Franklin School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
North Kitsap School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
North Mason School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
North River School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
North Thurston Public Schools	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Northport School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Northshore School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Oak Harbor School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Oakesdale School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

[1]As of the end of the Plan Year ending in 2015

[2]ED = Employee + Dependents. This represents all coverage that is not employee-only.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A7b
Average Costs and Contributions by District — Differential by Employee/Family Contributions — Part-Time Employees
Census October 1, 2015 — Reporting Districts Only

	Part-Time Enrollment[1]			Average Premiums					Average Contributions					Contribution % of Premium		
District	EE	EF	ED[2]	EE	EF	ED[2]	Ratio EF/EE	Ratio ED[2]/EE	EE	EF	ED[2]	Ratio EF/EE	Ratio ED[2]/EE	EE	EF	ED[2]
Oakville School District	5	0	5	$667.06	n/a	$817.99	n/a	1.226	$72.53	n/a	$91.50	n/a	1.262	10.9%	n/a	11.2%
Ocean Beach School District	23	2	13	$638.31	$1,032.75	$956.49	1.618	1.498	$60.10	$316.39	$240.40	5.264	4.000	9.4%	30.6%	25.1%
Ocosta School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Odessa School District	5	1	7	$595.75	$1,081.00	$981.52	1.815	1.648	$94.26	$216.20	$377.99	2.294	4.010	15.8%	20.0%	38.5%
Okanogan School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Olympia School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Omak School District	44	2	12	$644.64	$1,164.05	$892.98	1.806	1.385	$87.02	$408.96	$222.02	4.700	2.551	13.5%	35.1%	24.9%
Onalaska School District	18	2	9	$610.28	$1,262.85	$942.56	2.069	1.544	$19.15	$420.48	$150.67	21.962	7.869	3.1%	33.3%	16.0%
Onion Creek School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Orcas Island School District	12	7	19	$636.47	$1,231.43	$1,036.22	1.935	1.628	$183.66	$754.21	$523.02	4.106	2.848	28.9%	61.2%	50.5%
Orchard Prairie School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Orient School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Orondo School District	7	0	1	$592.76	n/a	$709.80	n/a	1.197	$55.04	n/a	$121.19	n/a	2.202	9.3%	n/a	17.1%
Oroville School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Orting School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Othello School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Palisades School District	0	0	2	n/a	n/a	$1,018.00	n/a	n/a	n/a	n/a	$178.00	n/a	n/a	n/a	n/a	17.5%
Palouse School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Pasco School District	265	14	81	$630.08	$1,179.27	$938.23	1.872	1.489	$37.55	$377.54	$230.54	10.055	6.140	6.0%	32.0%	24.6%
Pateros School District	10	0	0	$615.19	n/a	n/a	n/a	n/a	$62.54	n/a	n/a	n/a	n/a	10.2%	n/a	n/a
Paterson School District	2	9	9	$632.78	$413.34	$413.34	0.653	0.653	$159.65	$161.39	$161.39	1.011	1.011	25.2%	39.0%	39.0%
Pe Ell School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Peninsula School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Pioneer School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Pomeroy School District	3	1	4	$636.08	$1,263.67	$1,409.26	1.987	2.216	$88.64	$825.61	$767.67	9.314	8.660	13.9%	65.3%	54.5%
Port Angeles School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Port Townsend School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Prescott School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Prosser School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Pullman School District	43	0	10	$600.61	n/a	$805.41	n/a	1.341	$18.09	n/a	$205.86	n/a	11.382	3.0%	n/a	25.6%
Puyallup School District	255	6	75	$711.89	$1,484.50	$1,057.08	2.085	1.485	$40.16	$707.49	$407.78	17.615	10.153	5.6%	47.7%	38.6%
Queets-Clearwater School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Quilcene School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Quillayute Valley School District	5	0	0	$572.36	n/a	n/a	n/a	n/a	$75.85	n/a	n/a	n/a	n/a	13.3%	n/a	n/a
Quincy School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Rainier School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Raymond School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Reardan-Edwall School District	7	0	3	$592.76	n/a	$797.08	n/a	1.345	$82.41	n/a	$153.51	n/a	1.863	13.9%	n/a	19.3%
Renton School District	219	21	100	$647.69	$1,217.86	$997.28	1.880	1.540	$29.86	$394.10	$220.90	13.199	7.398	4.6%	32.4%	22.2%
Republic School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Richland School District	163	17	79	$661.00	$1,156.87	$961.70	1.750	1.455	$84.72	$552.08	$344.91	6.516	4.071	12.8%	47.7%	35.9%
Ridgefield School District	8	2	10	$663.34	$1,158.70	$1,115.34	1.747	1.681	$64.06	$577.73	$446.54	9.018	6.970	9.7%	49.9%	40.0%
Ritzville School District	1	0	10	$840.00	n/a	$993.50	n/a	1.183	$0.00	n/a	$280.30	n/a	n/a	0.0%	n/a	28.2%
Riverside School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Riverview School District	29	7	26	$641.60	$1,294.95	$999.42	2.018	1.558	$158.97	$805.73	$556.54	5.068	3.501	24.8%	62.2%	55.7%
Rochester School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Roosevelt School District	4	0	0	$837.75	n/a	n/a	n/a	n/a	$0.00	n/a	n/a	n/a	n/a	0.0%	n/a	n/a
Rosalia School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Royal School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
San Juan Island School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Satsop School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Seattle Public Schools	206	14	143	$655.97	$1,478.24	$1,076.88	2.254	1.642	$199.18	$1,039.41	$626.53	5.218	3.146	30.4%	70.3%	58.2%
Sedro-Woolley School District	2	0	0	$535.31	n/a	n/a	n/a	n/a	$5.00	n/a	n/a	n/a	n/a	0.9%	n/a	n/a
Selah School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Selkirk School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Sequim School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

[1]As of the end of the Plan Year ending in 2015

[2]ED = Employee + Dependents. This represents all coverage that is not employee-only.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A7b
Average Costs and Contributions by District — Differential by Employee/Family Contributions — Part-Time Employees
Census October 1, 2015 — Reporting Districts Only

	Part-Time Enrollment[1]			Average Premiums					Average Contributions					Contribution % of Premium		
District	EE	EF	ED[2]	EE	EF	ED[2]	Ratio EF/EE	Ratio ED[2]/EE	EE	EF	ED[2]	Ratio EF/EE	Ratio ED[2]/EE	EE	EF	ED[2]
Shaw Island School District	0	1	1	n/a	$1,262.85	$1,262.85	n/a	n/a	n/a	$462.19	$462.19	n/a	n/a	n/a	36.6%	36.6%
Shelton School District	102	4	23	$630.32	$1,164.05	$886.25	1.847	1.406	$35.87	$326.15	$140.61	9.093	3.920	5.7%	28.0%	15.9%
Shoreline School District	0	0	1	n/a	n/a	$1,143.39	n/a	n/a	n/a	n/a	$405.74	n/a	n/a	n/a	n/a	35.5%
Skamania School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Skykomish School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Snohomish School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Snoqualmie Valley School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Soap Lake School District	3	1	1	$736.92	$603.13	$603.13	0.818	0.818	$6.67	$603.13	$603.13	90.470	90.470	0.9%	100.0%	100.0%
South Bend School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
South Kitsap School District	102	6	40	$632.33	$1,122.56	$892.84	1.775	1.412	$10.63	$210.70	$84.94	19.817	7.989	1.7%	18.8%	9.5%
South Whidbey School District	35	2	11	$694.61	$1,260.49	$874.97	1.815	1.260	$101.33	$534.13	$209.84	5.271	2.071	14.6%	42.4%	24.0%
Southside School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Spokane School District	336	50	190	$735.40	$1,478.36	$1,213.42	2.010	1.650	$154.24	$571.51	$455.90	3.705	2.956	21.0%	38.7%	37.6%
Sprague School District	6	1	3	$651.72	$1,262.85	$934.18	1.938	1.433	$94.85	$627.54	$305.05	6.616	3.216	14.6%	49.7%	32.7%
St. John School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Stanwood-Camano School District	60	8	45	$683.91	$1,146.86	$1,028.57	1.677	1.504	$40.34	$427.16	$305.54	10.589	7.574	5.9%	37.2%	29.7%
Star School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Starbuck School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Stehekin School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Steilacoom Hist. School District	20	3	15	$680.99	$1,076.52	$1,023.84	1.581	1.503	$57.79	$327.05	$281.80	5.659	4.876	8.5%	30.4%	27.5%
Steptoe School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Stevenson-Carson School District	18	1	5	$630.64	$1,267.76	$1,264.77	2.010	2.006	$6.30	$775.35	$165.18	123.017	26.207	1.0%	61.2%	13.1%
Sultan School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Summit Valley School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Sumner School District	82	27	71	$567.48	$1,207.20	$1,006.88	2.127	1.774	$165.06	$337.04	$279.41	2.042	1.693	29.1%	27.9%	27.8%
Sunnyside School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Tacoma School District	157	69	220	$874.92	$2,022.84	$1,601.60	2.312	1.831	$187.38	$493.92	$360.26	2.636	1.923	21.4%	24.4%	22.5%
Taholah School District	1	0	0	$665.10	n/a	n/a	n/a	n/a	$1.00	n/a	n/a	n/a	n/a	0.2%	n/a	n/a
Tahoma School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Tekoa School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Tenino School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Thorp School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Toledo School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Tonasket School District	21	3	9	$595.80	$1,253.42	$939.53	2.104	1.577	$31.28	$396.72	$197.07	12.684	6.301	5.2%	31.7%	21.0%
Toppenish School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Touchet School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Toutle Lake School District	25	10	28	$719.38	$1,171.65	$1,106.89	1.629	1.539	$150.22	$510.56	$451.19	3.399	3.003	20.9%	43.6%	40.8%
Trout Lake School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Tukwila School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Tumwater School District	108	8	39	$687.64	$1,339.10	$972.08	1.947	1.414	$72.86	$474.22	$266.41	6.509	3.656	10.6%	35.4%	27.4%
Union Gap School District	15	3	7	$899.62	$1,102.00	$1,054.86	1.225	1.173	$175.62	$279.74	$247.21	1.593	1.408	19.5%	25.4%	23.4%
University Place School District	11	1	6	$806.98	$1,137.30	$1,209.24	1.409	1.498	$59.29	$532.45	$531.17	8.981	8.960	7.3%	46.8%	43.9%
Valley School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Vancouver School District	325	29	145	$698.40	$1,216.52	$987.76	1.742	1.414	$78.51	$571.60	$345.92	7.281	4.406	11.2%	47.0%	35.0%
Vashon Island School District	21	6	13	$657.12	$1,276.29	$1,254.59	1.942	1.909	$94.22	$434.97	$453.62	4.616	4.814	14.3%	34.1%	36.2%
Wahkiakum School District	1	0	2	$924.00	n/a	$1,018.00	n/a	1.102	$0.00	n/a	$130.57	n/a	n/a	0.0%	n/a	12.8%
Wahluke School District	40	0	6	$715.96	n/a	$1,211.15	n/a	1.692	$30.65	n/a	$292.81	n/a	9.553	4.3%	n/a	24.2%
Waitsburg School District	3	0	1	$516.78	n/a	$618.34	n/a	1.197	$100.26	n/a	$52.11	n/a	0.520	19.4%	n/a	8.4%
Walla Walla Public Schools	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Wapato School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Warden School District	16	1	12	$861.00	$1,081.00	$1,023.42	1.256	1.189	$35.92	$359.67	$315.74	10.012	8.789	4.2%	33.3%	30.9%
Washougal School District	47	1	15	$704.07	$1,242.65	$1,156.05	1.765	1.642	$72.91	$209.49	$397.83	2.873	5.456	10.4%	16.9%	34.4%
Washtucna School District	0	1	3	n/a	$1,164.05	$861.22	n/a	n/a	n/a	$533.31	$259.56	n/a	n/a	n/a	45.8%	30.1%
Waterville School District	2	0	2	$908.80	n/a	$709.80	n/a	0.781	$0.00	n/a	$0.00	n/a	n/a	0.0%	n/a	0.0%
Wellpinit School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Wenatchee School District	141	7	53	$609.44	$1,390.35	$933.89	2.281	1.532	$43.55	$758.56	$289.62	17.418	6.650	7.1%	54.6%	31.0%

[1]As of the end of the Plan Year ending in 2015

[2]ED = Employee + Dependents. This represents all coverage that is not employee-only.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A7b
Average Costs and Contributions by District — Differential by Employee/Family Contributions — Part-Time Employees
Census October 1, 2015 — Reporting Districts Only

District	Part-Time Enrollment[1]			Average Premiums					Average Contributions					Contribution % of Premium		
	EE	EF	ED[2]	EE	EF	ED[2]	Ratio EF/EE	Ratio ED[2]/EE	EE	EF	ED[2]	Ratio EF/EE	Ratio ED[2]/EE	EE	EF	ED[2]
West Valley School District (Spokane)	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
West Valley School District (Yakima)	0	0	1	n/a	n/a	$971.65	n/a	n/a	n/a	n/a	$615.22	n/a	n/a	n/a	n/a	63.3%
White Pass School District	0	1	1	n/a	$1,837.50	$1,837.50	n/a	n/a	n/a	$624.50	$624.50	n/a	n/a	n/a	34.0%	34.0%
White River School District	24	2	9	$639.28	$1,164.05	$974.18	1.821	1.524	$43.41	$58.20	$72.55	1.341	1.671	6.8%	5.0%	7.4%
White Salmon Valley School District	16	0	2	$591.87	n/a	$970.15	n/a	1.639	$87.06	n/a	$547.97	n/a	6.294	14.7%	n/a	56.5%
Wilbur School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Willapa Valley School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Wilson Creek School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Winlock School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Wishkah Valley School District	3	0	0	$736.92	n/a	n/a	n/a	n/a	$0.00	n/a	n/a	n/a	n/a	0.0%	n/a	n/a
Wishram School District	2	1	2	$535.25	$1,163.05	$1,067.35	2.173	1.994	$1.00	$1.00	$36.23	1.000	36.225	0.2%	0.1%	3.4%
Woodland School District	71	2	29	$957.67	$1,365.30	$933.19	1.426	0.974	$50.15	$289.98	$72.42	5.782	1.444	5.2%	21.2%	7.8%
Yakima School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Yelm School District	31	2	16	$689.43	$1,404.30	$994.67	2.037	1.443	$51.43	$732.25	$324.45	14.237	6.308	7.5%	52.1%	32.6%
Zillah School District	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Low	**0**	**0**	**0**	**$154.80**	**$413.34**	**$413.34**	**0.653**	**0.653**	**$0.00**	**$0.00**	**$0.00**	**0.000**	**0.000**	**0.0%**	**0.0%**	**0.0%**
Average	**27**	**3**	**15**	**$692.54**	**$1,447.91**	**$1,107.46**	**2.091**	**1.599**	**$83.83**	**$596.64**	**$375.09**	**7.117**	**4.475**	**12.1%**	**41.2%**	**33.9%**
High	**1,066**	**154**	**766**	**$1,584.90**	**$2,524.26**	**$2,189.17**	**6.592**	**6.592**	**$509.17**	**$1,489.47**	**$767.67**	**123.017**	**90.470**	**85.7%**	**100.0%**	**100.0%**
Grand Total	**8,053**	**966**	**4,517**													

[1]As of the end of the Plan Year ending in 2015
[2]ED = Employee + Dependents. This represents all coverage that is not employee-only.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A8a
Financial Plan Structure and Overall Performance by Benefit Package — Monthly Employee Counts
Calendar Year 2015

	Enrolled Employees												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 009	59	58	58	57	57	56	55	52	51	49	65	65	**682**
Benefit Package 010	262	261	260	260	261	262	261	264	264	257	263	263	**3,138**
Benefit Package 011	93	94	93	92	94	91	90	91	91	95	93	94	**1,111**
Benefit Package 012	370	373	374	372	376	376	377	361	338	349	422	429	**4,517**
Benefit Package 013	273	273	273	272	271	271	271	266	255	251			**2,676**
Benefit Package 016	132	131	133	132	131	131	132	134	132	128	136	138	**1,590**
Benefit Package 025	1,703	1,705	1,723	1,745	1,755	1,752	1,757	1,763	1,764	1,872			**17,539**
Benefit Package 030	408	403	400	400	396	394	395	393	394	374	360	363	**4,680**
Benefit Package 031	828	822	819	815	818	817	816	814	812	819			**8,180**
Benefit Package 044	88	87	86	86	86	86	85	85	85	77	76	76	**1,003**
Benefit Package 065	1,931	1,935	1,940	1,938	1,937	1,936	1,931	1,929	1,928	1,933	1,949	1,942	**23,229**
Benefit Package 172	360	356	356	353	351	352	349	349	348	356	357	356	**4,243**
Benefit Package 176	245	243	242	244	244	247	247	242	245	241	253	254	**2,947**
Benefit Package 177	99	98	98	98	98	98	97	101	101	98	99	99	**1,184**
Benefit Package 185	1	1	1	1	1	1	1	1	1	1	2	2	**14**
Benefit Package 230	17	17	17	17	17	17	16	16	16	22	37	37	**246**
Benefit Package 236	268	268	268	268	268	267	266	263	263	243	185	185	**3,012**
Benefit Package 237	216	216	216	214	214	214	213	215	213	215	254	255	**2,655**
Benefit Package 238	140	140	140	142	143	142	141	141	141	140	150	151	**1,711**
Benefit Package 245	68	68	68	66	64	64	64	64	64	65	64	64	**783**
Benefit Package 246	458	456	462	460	464	462	460	461	462	458	457	466	**5,526**
Benefit Package 247	242	243	244	245	248	248	248	250	250	248	249	251	**2,966**
Benefit Package 249	710	709	705	702	704	702	698	696	694	691	691	694	**8,396**
Benefit Package 250	78	80	81	81	80	81	83	86	86	83	80	84	**983**
Benefit Package 251	1,462	1,459	1,459	1,468	1,465	1,466	1,438	1,437	1,407	1,438	1,467	1,465	**17,431**
Benefit Package 254	159	163	167	168	167	168	168	173	173	193	177	179	**2,055**
Benefit Package 257	757	756	764	763	763	763	760	760	745	824	1,157	1,163	**9,975**
Benefit Package 259	386	386	386	385	384	382	383	381	385	378	392	394	**4,622**
Benefit Package 266	407	406	406	405	404	405	404	406	400	383			**4,026**
Benefit Package 267	205	206	206	206	206	206	205	203	201	208	213	213	**2,478**
Benefit Package 269	11	11	11	10	10	10	10	10	10	10			**103**
Benefit Package 270	42	42	42	42	42	42	42	42	42	35			**413**
Benefit Package 271	4	4	4	4	4	4	4	4	4	3			**39**
Benefit Package 272	1	1	1	1	1	1	1	1	1	1			**10**
Benefit Package 274	50	49	49	49	49	49	49	48	48	46			**486**
Benefit Package 275	55	55	55	54	54	54	54	53	53	52			**539**
Benefit Package 276	43	43	43	43	43	43	42	43	43	41			**427**
Benefit Package 277	189	189	187	187	185	184	184	184	182	173			**1,844**
Benefit Package 278	37	37	37	37	37	37	37	37	37	36			**369**
Benefit Package 279	250	249	251	251	254	254	253	249	249	240			**2,500**
Benefit Package 280	44	44	44	44	44	44	44	44	43	39			**434**
Benefit Package 281	18	18	18	18	17	17	17	17	17	18			**175**
Benefit Package 282	259	259	261	262	264	264	263	262	262	272			**2,628**
Benefit Package 284	28	27	27	27	28	29	29	29	29	31			**284**
Benefit Package 286	1,390	1,395	1,392	1,391	1,393	1,398	1,398	1,388	1,388	1,328			**13,861**
Benefit Package 288	259	262	263	263	261	264	264	264	264	257			**2,621**
Benefit Package 318	14,322	14,384	14,442	14,472	14,521	14,525	14,526	14,520	14,553	15,590			**145,855**
Benefit Package 319	6,048	6,074	6,111	6,133	6,146	6,150	6,156	6,152	6,165	6,496			**61,631**
Benefit Package 320	2,425	2,424	2,437	2,441	2,453	2,455	2,461	2,440	2,440	2,304			**24,280**
Benefit Package 321	17,177	17,123	17,105	17,065	17,023	16,995	16,962	16,869	16,837	15,943			**169,099**
Benefit Package 322	11,485	11,464	11,463	11,456	11,439	11,424	11,407	11,351	11,348	11,185			**114,022**
Benefit Package 323	3,561	3,544	3,532	3,519	3,513	3,508	3,497	3,474	3,471	3,273			**34,892**
Benefit Package 324	439	439	435	441	438	435	437	435	423	403	380	380	**5,085**
Benefit Package 325	187	189	188	191	192	190	188	181	173	169	174	174	**2,196**

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	Enrolled Employees												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 326	19	19	19	19	19	19	19	19	19	20			**191**
Benefit Package 327	3	3	3	3	3	3	3	3	2	2			**28**
Benefit Package 328	4	2	2	2	2	2	2	2	2	2			**22**
Benefit Package 329	73	80	73	73	73	74	74	74	74	67			**735**
Benefit Package 330	4	4	4	4	4	4	4	4	4	3			**39**
Benefit Package 331	59	59	59	59	59	59	59	59	59	55			**586**
Benefit Package 332	131	131	132	132	132	132	132	129	129	124			**1,304**
Benefit Package 333	230	232	232	232	233	234	237	237	237	229			**2,333**
Benefit Package 334	164	163	161	160	161	159	160	158	158	151			**1,595**
Benefit Package 335	185	184	184	183	182	183	181	182	180	178			**1,822**
Benefit Package 336	18	18	19	19	18	18	18	18	18	17			**181**
Benefit Package 337	21	24	26	26	25	25	25	25	25	28			**250**
Benefit Package 339	244	240	240	240	241	241	242	240	237	230			**2,395**
Benefit Package 340	20	20	19	19	19	20	20	20	20	19			**196**
Benefit Package 341	123	123	123	120	120	121	121	119	118	117			**1,205**
Benefit Package 342	155	162	165	164	164	161	162	165	164	159			**1,621**
Benefit Package 343	41	42	42	41	42	42	42	41	41	39			**413**
Benefit Package 344	62	66	66	66	64	66	67	66	68	72			**663**
Benefit Package 345	4	4	4	4	4	4	4	3	3	3			**37**
Benefit Package 346	153	151	151	150	150	150	150	148	149	138			**1,490**
Benefit Package 347	57	57	56	56	56	55	55	54	54	49			**549**
Benefit Package 348	301	302	301	300	307	310	310	310	308	304			**3,053**
Benefit Package 349	47	47	47	47	49	49	49	49	49	49			**482**
Benefit Package 350	176	173	173	172	172	172	171	171	171	162			**1,713**
Benefit Package 351	67	67	67	67	67	67	67	65	65	67			**666**
Benefit Package 352	243	243	243	243	240	241	241	241	241	239	252	256	**2,923**
Benefit Package 353	12	12	12	12	12	11	11	11	11	11	14	14	**143**
Benefit Package 354	273	274	275	274	275	275	275	273	273	273	251	250	**3,241**
Benefit Package 355	29	31	31	31	28	28	28	28	28	27	33	32	**354**
Benefit Package 356	44	44	44	44	44	44	44	44	43	43			**438**
Benefit Package 357	447	443	443	443	444	444	445	441	442	416			**4,408**
Benefit Package 358	437	438	438	440	439	438	431	429	429	431			**4,350**
Benefit Package 359	313	311	308	307	307	306	303	303	302	293			**3,053**
Benefit Package 360	516	520	518	516	514	519	514	514	512	513			**5,156**
Benefit Package 361	96	95	96	97	98	98	97	98	97	94			**966**
Benefit Package 362	27	27	27	27	28	28	28	28	28	31			**279**
Benefit Package 363	121	122	122	122	122	121	120	117	118	111			**1,196**
Benefit Package 364	71	71	71	71	71	71	71	71	71	70			**709**
Benefit Package 365	1,264	1,262	1,264	1,262	1,258	1,256	1,257	1,250	1,249	1,207			**12,529**
Benefit Package 366	458	463	466	467	468	468	469	471	471	470			**4,671**
Benefit Package 367	95	95	95	95	95	96	95	96	97	101			**960**
Benefit Package 368	44	45	48	48	48	48	50	49	49	51			**480**
Benefit Package 416											646	658	**1,304**
Benefit Package 417											840	841	**1,681**
Benefit Package 418											285	286	**571**
Benefit Package 424	1,745	1,748	1,749	1,751	1,756	1,753	1,755	1,753	1,755	1,737	1,743	1,742	**20,987**
Benefit Package 425	687	683	681	681	678	677	673	670	670	665	666	665	**8,096**
Benefit Package 426	276	274	274	273	272	272	272	268	267	253	253	254	**3,208**
Benefit Package 428	2,429	2,437	2,450	2,453	2,466	2,475	2,455	2,449	2,401	2,458	2,417	2,423	**29,313**
Benefit Package 429	980	983	987	987	989	992	989	990	991	988	984	988	**11,848**
Benefit Package 431	3,660	3,661	3,656	3,649	3,642	3,634	3,627	3,608	3,614	3,583	3,547	3,555	**43,436**
Benefit Package 432	1,934	1,933	1,934	1,930	1,927	1,919	1,911	1,907	1,906	1,924	1,945	1,952	**23,122**
Benefit Package 433	3,635	3,641	3,639	3,648	3,641	3,639	3,629	3,621	3,596	3,583	3,477	3,464	**43,213**
Benefit Package 434	855	851	849	847	847	844	837	838	827	833	709	709	**9,846**

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	Enrolled Employees												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 435	4,301	4,297	4,297	4,294	4,296	4,291	4,293	4,283	4,289	4,222	3,674	3,676	**50,213**
Benefit Package 437	351	351	352	352	352	352	352	358	361	393	398	400	**4,372**
Benefit Package 440	1,324	1,335	1,333	1,334	1,339	1,333	1,330	1,325	1,356	1,386	1,409	1,413	**16,217**
Benefit Package 441	991	989	989	985	980	978	977	970	970	927	926	928	**11,610**
Benefit Package 443											255	256	**511**
Benefit Package 445											229	229	**458**
Benefit Package 447											376	376	**752**
Benefit Package 451	285	284	284	285	284	282	282	280	278	274			**2,818**
Benefit Package 452	268	269	265	266	266	266	265	264	262	264			**2,655**
Benefit Package 453											794	792	**1,586**
Benefit Package 454											285	284	**569**
Benefit Package 460	1	1	1	1	1	1	1	1	1	1			**10**
Benefit Package 469	55	55	55	55	55	55	54	54	54	52			**544**
Benefit Package 472	44	45	45	45	45	44	44	43	43	43			**441**
Benefit Package 474	14	14	14	14	14	14	14	14	14	18			**144**
Benefit Package 477	23	23	23	23	24	23	23	24	24	28			**238**
Benefit Package 482	11	13	13	13	14	13	13	13	13				**116**
Benefit Package 483	93	94	93	94	92	91	91	93	94	98			**933**
Benefit Package 484											97	96	**193**
Benefit Package 485	29	29	29	29	29	29	29	29	29				**261**
Benefit Package 486										46	46	45	**137**
Benefit Package 488	26	26	25	25	25	25	25	25	25				**227**
Benefit Package 489	259	258	257	259	259	257	257	254	252	249			**2,561**
Benefit Package 490											233	234	**467**
Benefit Package 491	33	31	31	32	33	33	33	34	34				**294**
Benefit Package 492										62	64	64	**190**
Benefit Package 493	18	18	18	18	18	18	18	18	18	18			**180**
Benefit Package 494	43	43	43	42	42	42	42	42	43	43	43	43	**511**
Benefit Package 495	81	82	81	81	80	80	80	80	80				**725**
Benefit Package 496	110	110	110	109	108	108	108	108	108	109			**1,088**
Benefit Package 497											121	121	**242**
Benefit Package 498	126	126	126	125	125	125	124	122	122				**1,121**
Benefit Package 499										161	167	167	**495**
Benefit Package 501	20	20	20	20	20	20	20	19	20				**179**
Benefit Package 502	195	197	197	197	199	198	198	198	198	192			**1,969**
Benefit Package 503											196	197	**393**
Benefit Package 504	126	126	126	127	128	128	128	129	129				**1,147**
Benefit Package 505										138	138	138	**414**
Benefit Package 507	13	13	13	13	13	13	13	13	13				**117**
Benefit Package 508	122	122	121	122	122	122	121	121	121	138			**1,232**
Benefit Package 509											135	134	**269**
Benefit Package 510	75	74	74	74	74	74	74	73	73				**665**
Benefit Package 511										102	105	106	**313**
Benefit Package 512	10	10	10	10	10	10	10	10	10				**90**
Benefit Package 513	38	40	40	40	40	40	40	40	40	42			**400**
Benefit Package 514											41	42	**83**
Benefit Package 515										10	11	11	**32**
Benefit Package 517											587	629	**1,216**
Benefit Package 519											18,127	18,263	**36,390**
Benefit Package 521											8,300	8,325	**16,625**
Benefit Package 523											44	44	**88**
Benefit Package 525											1,911	1,930	**3,841**
Benefit Package 528											14,024	14,006	**28,030**
Benefit Package 530											10,877	10,886	**21,763**

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	Enrolled Employees												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 532											2,694	2,687	**5,381**
Benefit Package 534	0	0	0	0	0	0	0	0	0	0	1	1	**2**
Benefit Package 552											16	16	**32**
Benefit Package 553											8	8	**16**
Benefit Package 554											48	48	**96**
Benefit Package 555											73	73	**146**
Benefit Package 556											21	22	**43**
Benefit Package 557											6	6	**12**
Benefit Package 558											2	2	**4**
Benefit Package 559											92	92	**184**
Benefit Package 560											6	6	**12**
Benefit Package 561											16	16	**32**
Benefit Package 562											2	2	**4**
Benefit Package 563											33	33	**66**
Benefit Package 564											9	9	**18**
Benefit Package 565											4	4	**8**
Benefit Package 566											9	9	**18**
Benefit Package 567											111	107	**218**
Benefit Package 568											280	289	**569**
Benefit Package 569											152	155	**307**
Benefit Package 570											177	176	**353**
Benefit Package 571											15	15	**30**
Benefit Package 572											32	32	**64**
Benefit Package 603	623	617	614	614	611	613	610	606	610	595	595	595	**7,303**
Benefit Package 604	877	878	877	874	873	872	875	872	873	907	913	914	**10,605**
Benefit Package 605	14	14	14	14	14	14	14	14	14	15	15	15	**171**
Benefit Package 606	241	243	245	246	249	249	250	250	252	264	269	269	**3,027**
Benefit Package 607											56	53	**109**
Benefit Package 608											136	134	**270**
Benefit Package 609											62	63	**125**
Benefit Package 610											84	86	**170**
Benefit Package 611											306	307	**613**
Benefit Package 612											238	242	**480**
Benefit Package 613											155	157	**312**
Benefit Package 614											51	52	**103**
Benefit Package 615											1,102	1,058	**2,160**
Benefit Package 616											362	360	**722**
Benefit Package 617											96	95	**191**
Benefit Package 618											60	62	**122**
Benefit Package 619											116	120	**236**
Benefit Package 620											22	22	**44**
Benefit Package 621											290	288	**578**
Benefit Package 622											479	483	**962**
Benefit Package 623											270	273	**543**
Benefit Package 624											495	497	**992**
Benefit Package 625											102	101	**203**
Benefit Package 626											34	33	**67**
Benefit Package 709	239	237	236	236	236	233	233	233	233	221	220	220	**2,777**
Benefit Package 711	19	19	19	19	20	20	20	20	20	22	23	24	**245**
Benefit Package 712	4	4	4	4	4	4	4	4	4	4	4	4	**48**
Benefit Package 713	462	464	462	461	459	459	460	459	458	444	449	447	**5,484**
Benefit Package 714	7	7	7	7	7	7	7	7	7	6	6	6	**81**
Benefit Package 715	33	33	32	32	32	32	32	32	32	35	37	37	**399**
Benefit Package 716	3	3	3	3	3	3	3	3	3	3	3	3	**36**

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	Enrolled Employees												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 717	206	206	206	205	206	204	204	206	206	222	225	226	**2,522**
Benefit Package 718	15	15	15	15	15	15	15	15	15	15	15	15	**180**
Benefit Package 719	22	22	23	23	23	23	23	24	24	23	23	24	**277**
Benefit Package 720	105	104	102	102	102	101	101	98	97	95	95	95	**1,197**
Benefit Package 723	5	5	6	6	6	6	6	6	6	8	18	18	**96**
Benefit Package 724	25	25	24	25	26	26	27	27	27	30	42	43	**347**
Benefit Package 725	65	65	65	65	65	65	65	65	65	62			**647**
Benefit Package 726	47	47	47	46	46	45	45	45	45	44			**457**
Benefit Package 730	169	169	169	169	169	168	168	168	168	162	190	190	**2,059**
Benefit Package 731	158	158	156	154	152	152	151	152	152	150	163	162	**1,860**
Grand Total	**106,225**	**106,249**	**106,342**	**106,336**	**106,358**	**106,276**	**106,109**	**105,766**	**105,618**	**105,466**	**103,505**	**103,761**	**1,268,011**

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Financial Plan Structure and Overall Performance by Benefit Package — Monthly Dependent Counts
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	Enrolled Dependents												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 009	37	37	37	36	35	33	33	31	31	30	32	32	**404**
Benefit Package 010	134	131	131	131	132	132	131	134	133	135	127	125	**1,576**
Benefit Package 011	142	142	141	141	144	141	141	143	141	149	163	163	**1,751**
Benefit Package 012	318	315	320	321	313	313	310	305	295	291	340	339	**3,780**
Benefit Package 013	222	222	224	222	222	220	220	219	219	207			**2,197**
Benefit Package 016	104	104	105	105	105	105	105	109	107	98	102	102	**1,251**
Benefit Package 025	2,604	2,606	2,640	2,651	2,669	2,657	2,659	2,684	2,687	2,805			**26,662**
Benefit Package 030	425	421	416	411	408	409	407	400	402	396	370	369	**4,834**
Benefit Package 031	685	693	692	694	697	693	696	694	693	675			**6,912**
Benefit Package 044	55	55	54	54	52	52	52	52	53	50	50	50	**629**
Benefit Package 065	2,696	2,688	2,693	2,693	2,686	2,682	2,677	2,667	2,658	2,691	2,710	2,700	**32,241**
Benefit Package 172	293	287	282	283	284	283	281	283	282	276	287	287	**3,408**
Benefit Package 176	206	201	199	198	197	195	195	194	198	200	218	218	**2,419**
Benefit Package 177	37	37	37	37	37	37	36	41	41	40	39	39	**458**
Benefit Package 185	2	2	2	2	2	2	2	2	2	2	5	5	**30**
Benefit Package 230	34	34	34	34	34	35	35	35	35	43	61	61	**475**
Benefit Package 236	204	204	201	202	204	203	203	201	202	196	125	125	**2,270**
Benefit Package 237	210	210	208	205	205	205	206	207	201	197	246	248	**2,548**
Benefit Package 238	160	162	163	164	165	162	162	163	163	156	150	150	**1,920**
Benefit Package 245	17	16	16	16	16	16	16	16	16	19	19	19	**202**
Benefit Package 246	529	521	523	517	511	508	507	506	506	495	489	486	**6,098**
Benefit Package 247	128	126	126	125	127	130	132	133	132	131	126	127	**1,543**
Benefit Package 249	446	443	440	435	433	427	427	426	427	426	425	423	**5,178**
Benefit Package 250	94	91	91	91	87	89	94	103	99	94	94	97	**1,124**
Benefit Package 251	1,378	1,370	1,372	1,368	1,371	1,372	1,350	1,352	1,339	1,364	1,320	1,318	**16,274**
Benefit Package 254	198	199	201	202	203	204	204	212	209	241	229	226	**2,528**
Benefit Package 257	580	576	579	576	577	577	573	584	574	603	975	969	**7,743**
Benefit Package 259	274	277	272	266	265	261	263	262	267	272	261	261	**3,201**
Benefit Package 266	383	382	378	375	381	378	379	385	386	376			**3,803**
Benefit Package 267	158	157	157	157	159	159	159	156	155	159	148	139	**1,863**
Benefit Package 269	1	1	1	1	1	1	1	1	1	1			**10**
Benefit Package 270	55	55	55	55	55	54	54	53	53	49			**538**
Benefit Package 271	2	2	2	2	2	2	2	2	2	2			**20**
Benefit Package 272	1	1	1	1	1	1	0	0	0	0			**6**
Benefit Package 274	49	48	48	48	48	49	49	49	49	46			**483**
Benefit Package 275	78	79	79	78	78	78	79	77	77	74			**777**
Benefit Package 276	15	16	16	16	15	15	15	17	17	17			**159**
Benefit Package 277	126	126	125	126	126	126	127	124	122	114			**1,242**
Benefit Package 278	26	26	26	26	26	26	25	25	24	24			**254**
Benefit Package 279	186	184	184	185	184	185	184	182	180	171			**1,825**
Benefit Package 280	40	39	39	38	38	36	35	36	36	34			**371**
Benefit Package 281	15	15	15	15	15	15	15	14	14	14			**147**
Benefit Package 282	334	337	338	337	338	337	336	337	336	337			**3,367**
Benefit Package 284	61	60	60	60	61	61	61	58	57	56			**595**
Benefit Package 286	776	773	779	777	774	768	772	755	751	733			**7,658**
Benefit Package 288	212	211	210	213	211	212	213	216	213	213			**2,124**
Benefit Package 318	16,301	16,337	16,368	16,368	16,447	16,426	16,433	16,423	16,452	17,109			**164,664**
Benefit Package 319	7,673	7,701	7,741	7,735	7,741	7,753	7,757	7,758	7,773	7,995			**77,627**
Benefit Package 320	2,934	2,926	2,945	2,921	2,920	2,930	2,928	2,918	2,907	2,733			**29,062**
Benefit Package 321	10,910	10,847	10,813	10,757	10,723	10,676	10,656	10,606	10,544	10,232			**106,764**
Benefit Package 322	8,546	8,507	8,475	8,451	8,433	8,415	8,411	8,371	8,352	8,174			**84,135**
Benefit Package 323	2,339	2,319	2,299	2,284	2,286	2,287	2,280	2,276	2,267	2,184			**22,821**
Benefit Package 324	423	421	419	422	418	413	413	414	412	388	361	355	**4,859**
Benefit Package 325	137	138	134	134	138	139	138	137	132	131	109	108	**1,575**

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	Enrolled Dependents												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 326	17	17	17	17	17	17	17	17	17	20			**173**
Benefit Package 327	0	0	0	0	0	0	0	0	0	0			**0**
Benefit Package 328	0	0	0	0	0	0	0	0	0	0			**0**
Benefit Package 329	96	103	96	96	97	98	99	99	99	97			**980**
Benefit Package 330	6	6	6	6	6	6	6	6	6	7			**61**
Benefit Package 331	61	61	61	61	61	62	63	61	61	61			**613**
Benefit Package 332	31	30	29	29	29	30	29	30	30	33			**300**
Benefit Package 333	201	204	202	198	202	203	206	206	206	202			**2,030**
Benefit Package 334	132	132	125	133	130	126	126	127	126	120			**1,277**
Benefit Package 335	200	199	197	196	195	196	195	200	199	199			**1,976**
Benefit Package 336	26	26	26	26	24	24	24	23	23	22			**244**
Benefit Package 337	15	21	21	21	21	21	20	20	20	20			**200**
Benefit Package 339	66	64	63	61	61	58	58	62	58	60			**611**
Benefit Package 340	33	33	31	31	31	31	31	31	31	31			**314**
Benefit Package 341	39	38	38	38	38	38	38	37	37	35			**376**
Benefit Package 342	98	97	97	96	98	99	98	103	102	96			**984**
Benefit Package 343	8	8	8	8	8	8	8	7	7	7			**77**
Benefit Package 344	65	67	67	69	68	66	67	67	69	73			**678**
Benefit Package 345	3	3	2	2	2	2	2	2	2	2			**22**
Benefit Package 346	99	99	99	99	99	98	97	98	100	91			**979**
Benefit Package 347	6	6	6	6	6	6	6	6	6	6			**60**
Benefit Package 348	372	367	360	357	359	364	362	359	357	356			**3,613**
Benefit Package 349	68	79	69	69	67	67	66	66	66	68			**685**
Benefit Package 350	81	78	78	78	75	75	76	76	76	75			**768**
Benefit Package 351	39	38	37	37	35	34	34	30	30	28			**342**
Benefit Package 352	409	412	408	410	408	408	407	406	405	401	400	401	**4,875**
Benefit Package 353	19	19	19	19	19	19	19	19	19	18	16	16	**221**
Benefit Package 354	251	248	248	245	244	242	243	244	242	243	166	163	**2,779**
Benefit Package 355	12	13	15	14	12	12	12	12	12	12	7	7	**140**
Benefit Package 356	0	0	0	0	0	0	0	0	0	0			**0**
Benefit Package 357	83	83	83	82	84	86	87	86	87	77			**838**
Benefit Package 358	596	591	589	592	586	587	586	580	586	587			**5,880**
Benefit Package 359	219	221	220	215	214	214	213	212	209	197			**2,134**
Benefit Package 360	337	334	338	333	330	333	331	331	329	328			**3,324**
Benefit Package 361	179	179	184	185	182	183	187	189	186	186			**1,840**
Benefit Package 362	60	60	60	61	62	62	63	64	63	70			**625**
Benefit Package 363	39	41	41	41	41	41	40	41	42	40			**407**
Benefit Package 364	32	32	34	34	33	33	33	32	32	32			**327**
Benefit Package 365	1,007	992	993	991	992	993	986	964	961	929			**9,808**
Benefit Package 366	700	703	706	708	701	706	704	711	709	704			**7,052**
Benefit Package 367	124	126	125	124	125	124	125	124	125	126			**1,248**
Benefit Package 368	59	58	61	60	60	60	59	58	57	59			**591**
Benefit Package 416											315	318	**633**
Benefit Package 417											829	827	**1,656**
Benefit Package 418											173	176	**349**
Benefit Package 424	1,516	1,522	1,517	1,512	1,514	1,518	1,509	1,504	1,511	1,493	1,482	1,484	**18,082**
Benefit Package 425	827	818	810	810	807	809	801	787	787	786	789	789	**9,620**
Benefit Package 426	240	234	234	229	228	227	226	225	225	214	213	212	**2,707**
Benefit Package 428	2,850	2,849	2,848	2,850	2,860	2,863	2,857	2,839	2,783	2,849	2,878	2,873	**34,199**
Benefit Package 429	1,218	1,215	1,217	1,210	1,210	1,206	1,198	1,198	1,201	1,185	1,169	1,176	**14,403**
Benefit Package 431	3,275	3,267	3,253	3,234	3,224	3,217	3,213	3,213	3,219	3,181	3,013	3,009	**38,318**
Benefit Package 432	1,395	1,393	1,391	1,388	1,392	1,392	1,389	1,395	1,386	1,395	1,334	1,334	**16,584**
Benefit Package 433	2,429	2,419	2,411	2,410	2,397	2,394	2,390	2,393	2,383	2,369	2,201	2,186	**28,382**
Benefit Package 434	678	677	683	675	676	676	667	664	641	640	535	533	**7,745**

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	Enrolled Dependents												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 435	3,010	2,995	2,976	2,967	2,963	2,961	2,961	2,935	2,944	2,887	1,895	1,881	**33,375**
Benefit Package 437	253	254	257	255	257	258	255	261	261	272	270	267	**3,120**
Benefit Package 440	977	971	966	968	967	963	960	957	966	967	983	980	**11,625**
Benefit Package 441	754	758	758	755	755	752	751	743	744	700	689	693	**8,852**
Benefit Package 443											243	240	**483**
Benefit Package 445											173	172	**345**
Benefit Package 447											353	351	**704**
Benefit Package 451	299	295	293	294	294	290	288	281	277	272			**2,883**
Benefit Package 452	177	176	176	174	174	174	173	170	171	177			**1,742**
Benefit Package 453											616	621	**1,237**
Benefit Package 454											206	201	**407**
Benefit Package 460	3	3	3	3	3	3	3	3	3	2			**29**
Benefit Package 469	19	19	19	19	19	19	18	18	18	16			**184**
Benefit Package 472	40	42	42	42	42	42	42	42	42	38			**414**
Benefit Package 474	13	13	13	12	12	12	13	13	13	16			**130**
Benefit Package 477	20	20	20	20	21	19	19	20	20	26			**205**
Benefit Package 482	12	13	13	13	15	13	13	13	13				**118**
Benefit Package 483	112	114	110	111	110	110	110	113	113	113			**1,116**
Benefit Package 484											110	109	**219**
Benefit Package 485	29	29	29	29	29	29	29	28	28				**259**
Benefit Package 486										36	34	34	**104**
Benefit Package 488	41	41	41	41	41	41	41	41	41				**369**
Benefit Package 489	344	345	347	348	347	344	346	336	334	319			**3,410**
Benefit Package 490											337	337	**674**
Benefit Package 491	26	24	24	26	27	27	26	26	26				**232**
Benefit Package 492										68	68	68	**204**
Benefit Package 493	2	2	2	2	2	2	2	2	2	2			**20**
Benefit Package 494	91	91	91	88	88	89	89	89	89	89	89	87	**1,070**
Benefit Package 495	56	56	56	56	56	57	56	56	56				**505**
Benefit Package 496	59	58	58	55	55	55	55	49	50	51			**545**
Benefit Package 497											64	64	**128**
Benefit Package 498	85	85	83	83	82	82	82	79	80				**741**
Benefit Package 499										105	121	120	**346**
Benefit Package 501	21	21	21	21	21	21	21	19	21				**187**
Benefit Package 502	121	119	119	118	117	115	116	117	118	112			**1,172**
Benefit Package 503											102	99	**201**
Benefit Package 504	81	82	80	82	81	83	84	84	84				**741**
Benefit Package 505										89	89	89	**267**
Benefit Package 507	25	25	25	25	25	25	25	25	25				**225**
Benefit Package 508	149	148	149	149	149	149	147	142	141	157			**1,480**
Benefit Package 509											144	145	**289**
Benefit Package 510	103	103	103	102	103	104	103	103	100				**924**
Benefit Package 511										138	136	137	**411**
Benefit Package 512	17	16	16	16	16	16	16	16	16				**145**
Benefit Package 513	94	94	94	94	94	94	94	94	93	100			**945**
Benefit Package 514											99	100	**199**
Benefit Package 515										18	18	18	**54**
Benefit Package 517											729	774	**1,503**
Benefit Package 519											19,509	19,569	**39,078**
Benefit Package 521											9,690	9,717	**19,407**
Benefit Package 523											89	89	**178**
Benefit Package 525											2,967	2,985	**5,952**
Benefit Package 528											8,686	8,644	**17,330**
Benefit Package 530											7,624	7,604	**15,228**

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	Enrolled Dependents												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 532											1,730	1,716	**3,446**
Benefit Package 534	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Benefit Package 552											14	14	**28**
Benefit Package 553											6	6	**12**
Benefit Package 554											57	56	**113**
Benefit Package 555											100	100	**200**
Benefit Package 556											43	46	**89**
Benefit Package 557											17	17	**34**
Benefit Package 558											4	4	**8**
Benefit Package 559											164	165	**329**
Benefit Package 560											4	4	**8**
Benefit Package 561											11	11	**22**
Benefit Package 562											4	4	**8**
Benefit Package 563											33	33	**66**
Benefit Package 564											16	16	**32**
Benefit Package 565											5	5	**10**
Benefit Package 566											14	14	**28**
Benefit Package 567											26	23	**49**
Benefit Package 568											242	246	**488**
Benefit Package 569											118	120	**238**
Benefit Package 570											196	195	**391**
Benefit Package 571											15	18	**33**
Benefit Package 572											25	25	**50**
Benefit Package 603	183	180	183	181	186	187	183	181	187	185	178	178	**2,192**
Benefit Package 604	861	856	861	860	859	855	853	855	850	837	835	829	**10,211**
Benefit Package 605	22	22	23	23	23	23	23	23	23	21	24	22	**272**
Benefit Package 606	450	460	457	458	458	450	451	454	461	479	488	487	**5,553**
Benefit Package 607											17	17	**34**
Benefit Package 608											79	79	**158**
Benefit Package 609											24	25	**49**
Benefit Package 610											88	90	**178**
Benefit Package 611											323	332	**655**
Benefit Package 612											166	168	**334**
Benefit Package 613											118	120	**238**
Benefit Package 614											75	79	**154**
Benefit Package 615											657	581	**1,238**
Benefit Package 616											527	520	**1,047**
Benefit Package 617											112	110	**222**
Benefit Package 618											54	56	**110**
Benefit Package 619											176	185	**361**
Benefit Package 620											0	0	**0**
Benefit Package 621											34	32	**66**
Benefit Package 622											648	643	**1,291**
Benefit Package 623											167	171	**338**
Benefit Package 624											286	287	**573**
Benefit Package 625											210	213	**423**
Benefit Package 626											73	72	**145**
Benefit Package 709	251	251	248	249	248	246	248	250	245	240	239	239	**2,954**
Benefit Package 711	32	32	32	32	34	33	33	33	33	34	35	35	**398**
Benefit Package 712	9	9	9	9	9	9	9	9	9	9	9	9	**108**
Benefit Package 713	557	562	555	548	544	542	542	539	546	532	537	537	**6,541**
Benefit Package 714	16	16	16	16	16	16	16	16	16	14	14	14	**186**
Benefit Package 715	36	36	36	36	36	36	37	38	38	44	46	46	**465**
Benefit Package 716	8	8	8	8	8	8	8	8	8	8	8	8	**96**

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	Enrolled Dependents												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 717	241	238	241	241	244	242	241	244	240	254	264	265	**2,955**
Benefit Package 718	34	34	34	34	34	34	34	34	34	34	34	34	**408**
Benefit Package 719	28	29	29	29	29	29	29	29	29	29	29	29	**347**
Benefit Package 720	101	101	102	101	100	98	98	95	95	95	95	95	**1,176**
Benefit Package 723	0	0	1	1	1	1	1	1	2	2	4	4	**18**
Benefit Package 724	23	23	22	22	22	22	22	22	22	21	34	37	**292**
Benefit Package 725	38	38	38	38	38	38	37	38	37	37			**377**
Benefit Package 726	16	16	16	16	16	16	16	15	15	15			**157**
Benefit Package 730	102	101	101	101	101	97	97	97	97	87	103	103	**1,187**
Benefit Package 731	72	72	71	70	69	68	67	65	62	64	63	63	**806**
Grand Total	**94,422**	**94,256**	**94,196**	**93,969**	**93,970**	**93,818**	**93,695**	**93,493**	**93,290**	**93,289**	**90,951**	**90,892**	**1,120,241**

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	Claims												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 009	$25,842	$13,238	$23,738	$38,028	$17,807	$12,447	$26,493	$27,097	$35,554	$16,128	$41,884	$14,398	**$292,653**
Benefit Package 010	$382,501	$196,054	$351,372	$315,077	$215,919	$148,295	$365,512	$292,879	$305,778	$447,039	$275,530	$325,259	**$3,621,213**
Benefit Package 011	$14,879	$22,224	$13,280	$25,864	$47,565	$38,979	$57,370	$203,072	$59,620	$185,746	$131,383	$96,129	**$896,111**
Benefit Package 012	$116,955	$200,455	$158,353	$222,550	$150,297	$195,558	$235,643	$267,388	$142,309	$190,116	$158,426	$162,212	**$2,200,263**
Benefit Package 013	$191,875	$180,205	$217,855	$173,570	$140,092	$132,025	$213,248	$169,521	$153,088	$149,597			**$1,721,076**
Benefit Package 016	$73,242	$110,117	$91,565	$87,011	$54,182	$57,477	$102,001	$62,482	$67,658	$51,353	$43,985	$45,802	**$846,876**
Benefit Package 025	$484,610	$562,730	$754,637	$595,448	$1,024,568	$739,275	$952,968	$989,424	$1,190,378	$741,626			**$8,035,665**
Benefit Package 030	$273,726	$408,712	$335,495	$358,455	$302,778	$353,120	$636,243	$466,505	$273,518	$325,951	$273,044	$381,623	**$4,389,171**
Benefit Package 031	$633,597	$553,591	$643,555	$613,233	$684,675	$768,418	$978,765	$677,984	$641,952	$578,302			**$6,774,071**
Benefit Package 044	$72,312	$62,739	$91,038	$251,876	$115,408	$67,688	$172,127	$117,712	$76,758	$129,780	$115,102	$91,406	**$1,363,947**
Benefit Package 065	$1,237,935	$1,202,791	$1,337,531	$1,700,750	$1,426,818	$1,635,280	$1,673,844	$1,627,891	$2,423,961	$2,018,165	$1,962,393	$1,560,157	**$19,807,514**
Benefit Package 172	$320,388	$296,505	$389,935	$261,455	$247,400	$417,164	$304,430	$253,085	$298,531	$221,710	$256,756	$289,035	**$3,556,394**
Benefit Package 176	$147,030	$128,997	$130,764	$121,957	$133,583	$203,317	$218,753	$132,900	$130,150	$175,239	$228,632	$142,413	**$1,893,736**
Benefit Package 177	$79,611	$86,178	$49,172	$71,240	$128,690	$62,459	$74,326	$52,350	$33,835	$57,283	$38,894	$39,826	**$773,862**
Benefit Package 185	$189	$189	$189	$539	$189	$189	$311	$373	$139	$390	$139	$335	**$3,171**
Benefit Package 230	$658	$408	$967	$1,357	$16,479	$1,388	$3,241	$559	$2,478	$2,812	$6,330	$7,076	**$43,752**
Benefit Package 236	$158,107	$202,865	$363,295	$356,574	$94,978	$216,033	$298,320	$230,436	$166,949	$178,253	$140,834	$221,721	**$2,628,367**
Benefit Package 237	$179,838	$141,773	$110,044	$106,871	$70,686	$128,320	$354,868	$336,800	$116,280	$146,658	$227,522	$196,009	**$2,115,669**
Benefit Package 238	$58,240	$92,067	$56,375	$201,920	$105,491	$55,050	$98,556	$78,384	$80,546	$50,020	$55,167	$120,267	**$1,052,083**
Benefit Package 245	$29,524	$1,668	$3,787	$5,845	$3,933	$4,111	$11,054	$7,326	$7,482	$8,736	$36,846	$8,365	**$128,676**
Benefit Package 246	$203,642	$271,557	$370,541	$245,073	$171,549	$203,272	$257,686	$448,674	$214,333	$217,641	$434,658	$254,220	**$3,292,846**
Benefit Package 247	$104,088	$215,295	$140,339	$194,424	$136,089	$139,343	$180,522	$171,456	$139,582	$157,269	$86,364	$166,805	**$1,831,577**
Benefit Package 249	$341,251	$311,458	$426,160	$303,403	$251,956	$350,828	$435,531	$679,679	$453,146	$527,467	$345,749	$474,013	**$4,900,642**
Benefit Package 250	$61,421	$56,531	$10,480	$31,772	$18,148	$35,869	$43,748	$55,302	$45,536	$63,440	$27,312	$63,403	**$512,961**
Benefit Package 251	$1,363,630	$1,696,968	$1,776,796	$1,583,648	$1,256,988	$1,731,505	$1,700,098	$1,805,419	$1,486,801	$1,336,213	$1,628,560	$1,612,093	**$18,978,719**
Benefit Package 254	$35,131	$45,613	$33,200	$51,235	$44,263	$110,541	$56,589	$122,331	$87,920	$74,783	$115,977	$114,933	**$892,515**
Benefit Package 257	$457,447	$316,056	$272,474	$382,451	$464,554	$518,138	$620,161	$660,430	$620,503	$542,003	$428,907	$612,119	**$5,895,243**
Benefit Package 259	$210,481	$330,183	$340,940	$190,108	$207,334	$275,833	$269,310	$297,761	$268,870	$211,536	$145,999	$166,799	**$2,915,152**
Benefit Package 266	$434,352	$298,379	$388,256	$671,980	$414,721	$397,082	$387,504	$429,647	$377,110	$472,789			**$4,271,820**
Benefit Package 267	$164,513	$156,581	$134,533	$271,120	$216,820	$199,209	$157,575	$816,853	$258,888	$177,908	$144,771	$167,545	**$2,866,316**
Benefit Package 269	$2,179	$1,177	$1,356	$5,321	$2,751	$293	$4,524	$3,175	$2,228	$3,971			**$26,975**
Benefit Package 270	$27,501	$19,247	$14,730	$14,567	$21,965	$15,198	$28,271	$21,335	$21,257	$27,672			**$211,743**
Benefit Package 271	$1,191	$519	$928	$263	$1,123	$598	$594	$152	$579	$286			**$6,232**
Benefit Package 272	$2,489	$698	$1,831	$4,042	$599	$514	$874	$667	$338	$11,381			**$23,432**
Benefit Package 274	$82,984	$63,315	$21,625	$21,442	$56,995	$13,293	$34,207	$31,904	$43,631	$325,480			**$694,876**
Benefit Package 275	$34,060	$8,541	$20,901	$14,484	$58,724	$40,824	$36,039	$20,334	$20,544	$54,496			**$308,945**
Benefit Package 276	$28,642	$137,333	$26,769	$92,815	$56,773	$17,512	$17,786	$19,129	$24,621	$24,619			**$445,998**
Benefit Package 277	$282,547	$262,913	$181,722	$113,224	$248,208	$205,850	$359,432	$145,838	$243,008	$281,338			**$2,324,081**
Benefit Package 278	$14,027	$117,668	$14,904	$11,616	$19,476	$46,298	$30,499	$24,913	$18,743	$22,215			**$320,360**
Benefit Package 279	$125,344	$137,818	$82,383	$495,789	$98,670	$178,298	$167,031	$123,139	$100,707	$425,168			**$1,934,348**
Benefit Package 280	$10,700	$15,874	$14,252	$30,043	$12,025	$6,679	$11,590	$13,778	$45,060	$14,344			**$174,346**
Benefit Package 281	$6,126	$4,713	$7,667	$26,192	$68,183	$6,363	$13,178	$31,665	$21,124	$15,775			**$200,985**
Benefit Package 282	$75,120	$109,072	$99,925	$142,155	$167,528	$93,472	$123,624	$185,908	$103,188	$252,034			**$1,352,027**
Benefit Package 284	$7,368	$2,240	$5,545	$4,755	$5,409	$4,208	$8,005	$4,468	$4,605	$45,742			**$92,345**
Benefit Package 286	$949,545	$699,811	$876,244	$755,522	$1,212,744	$424,079	$1,400,554	$1,013,114	$1,296,185	$1,394,075			**$10,021,871**
Benefit Package 288	$298,771	$178,644	$186,890	$90,585	$153,727	$67,917	$151,521	$149,122	$171,703	$642,978			**$2,091,856**
Benefit Package 318	$7,464,194	$6,927,367	$8,149,292	$8,359,906	$7,997,772	$9,254,201	$8,669,299	$9,605,842	$7,528,370	$8,066,155			**$82,022,396**
Benefit Package 319	$3,325,924	$3,296,862	$3,776,421	$4,028,434	$4,061,783	$5,162,514	$5,654,018	$5,136,467	$4,162,378	$4,402,021			**$43,006,823**
Benefit Package 320	$1,669,279	$1,093,724	$1,503,162	$1,179,048	$1,048,895	$1,422,392	$1,416,034	$1,511,718	$1,319,500	$1,321,286			**$13,485,038**
Benefit Package 321	$15,933,277	$14,444,260	$17,466,207	$17,539,790	$16,537,107	$19,748,004	$19,915,412	$18,839,888	$16,222,048	$16,351,172			**$172,997,166**
Benefit Package 322	$7,816,493	$7,330,037	$8,597,537	$9,223,666	$7,808,345	$10,144,293	$9,897,051	$9,818,552	$9,187,686	$9,457,274			**$89,280,934**
Benefit Package 323	$3,860,154	$4,575,123	$4,894,769	$4,900,817	$4,282,731	$5,560,790	$5,811,049	$5,263,203	$4,700,786	$4,085,880			**$47,935,302**
Benefit Package 324	$545,873	$362,300	$413,685	$434,840	$433,391	$459,766	$473,781	$421,117	$439,109	$466,791	$381,629	$342,029	**$5,174,308**
Benefit Package 325	$51,729	$48,578	$69,962	$71,446	$96,312	$60,458	$87,113	$71,338	$61,634	$101,193	$74,885	$58,757	**$853,405**

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K–12 School District Data Collection Project
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	Claims												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 326	$9,100	$11,621	$7,258	$9,307	$14,118	$7,933	$14,527	$57,171	$15,188	$27,329			**$173,552**
Benefit Package 327	$1,781	$1,272	$254	$777	$830	$801	$32,785	$54,781	$1,432	$1,739			**$96,452**
Benefit Package 328	$4,144	$7,024	$10,429	$3,922	$3,815	$4,523	$3,982	$3,828	$4,838	$4,073			**$50,577**
Benefit Package 329	$50,610	$10,557	$18,848	$15,824	$36,295	$21,156	$21,653	$23,389	$22,413	$18,174			**$238,919**
Benefit Package 330	$629	$0	$0	$34	$399	$5	$21	$201	$0	$18			**$1,307**
Benefit Package 331	$37,920	$33,635	$26,601	$37,458	$79,990	$59,824	$99,766	$54,772	$46,718	$143,497			**$620,180**
Benefit Package 332	$93,021	$53,354	$65,811	$41,157	$43,102	$109,893	$76,662	$102,921	$85,080	$88,326			**$759,327**
Benefit Package 333	$68,499	$113,717	$64,125	$74,435	$128,955	$70,316	$100,701	$77,721	$103,805	$124,667			**$926,942**
Benefit Package 334	$148,052	$186,106	$71,018	$37,334	$132,567	$44,452	$91,238	$88,905	$78,872	$96,898			**$975,442**
Benefit Package 335	$254,456	$148,694	$191,190	$149,963	$306,896	$600,440	$275,658	$128,190	$133,341	$176,834			**$2,365,662**
Benefit Package 336	$3	$36	$28,782	$1,497	$2,734	$2,191	$2,013	$5,645	$5,144	$17,774			**$65,818**
Benefit Package 337	$1,406	$778	$2,675	$10,178	$5,814	$18,945	$32,162	$6,704	$9,366	$11,687			**$99,716**
Benefit Package 339	$215,072	$339,166	$210,821	$120,793	$274,323	$164,443	$314,187	$165,731	$186,039	$227,512			**$2,218,088**
Benefit Package 340	$553	$131	$505	$478	$37	$785	$741	$1,607	$1,590	$3,834			**$10,260**
Benefit Package 341	$60,861	$29,207	$73,328	$49,593	$63,318	$51,995	$55,829	$76,957	$37,827	$79,098			**$578,012**
Benefit Package 342	$125,272	$117,056	$123,106	$42,543	$54,218	$62,982	$139,565	$54,416	$49,223	$120,205			**$888,586**
Benefit Package 343	$16,402	$24,730	$17,644	$16,794	$32,704	$17,916	$16,969	$10,030	$25,550	$13,175			**$191,913**
Benefit Package 344	$25,110	$21,375	$97,676	$42,808	$186,583	$153,984	$54,893	$64,418	$35,915	$26,416			**$709,178**
Benefit Package 345	$1,650	$1,119	$298	$2,358	$256	$488	$334	$537	$371	$3,746			**$11,157**
Benefit Package 346	$151,184	$194,268	$140,963	$184,175	$262,714	$132,259	$188,097	$164,920	$197,217	$105,574			**$1,721,370**
Benefit Package 347	$45,561	$87,106	$20,041	$24,844	$184,031	$68,531	$45,783	$51,672	$36,956	$51,092			**$615,616**
Benefit Package 348	$210,639	$156,126	$151,481	$236,966	$200,570	$137,600	$185,225	$209,805	$216,146	$141,944			**$1,846,502**
Benefit Package 349	$19,881	$9,291	$1,739	$371	$1,306	$3,075	$1,380	$1,168	$2,925	$8,061			**$49,198**
Benefit Package 350	$135,510	$200,816	$177,012	$88,585	$188,511	$160,194	$118,055	$122,737	$113,548	$132,128			**$1,437,096**
Benefit Package 351	$39,728	$30,864	$41,281	$39,758	$68,436	$89,363	$70,454	$66,560	$117,663	$127,717			**$691,825**
Benefit Package 352	$259,996	$105,479	$61,536	$153,801	$123,784	$133,781	$180,376	$154,124	$200,546	$202,968	$162,846	$143,330	**$1,882,566**
Benefit Package 353	$37,410	$12,005	$3,743	$19,297	$9,581	$11,061	$13,146	$10,372	$14,457	$22,761	$11,762	$18,964	**$184,559**
Benefit Package 354	$202,170	$108,148	$94,735	$203,965	$174,966	$172,222	$144,996	$204,047	$146,314	$222,601	$153,094	$173,467	**$2,000,724**
Benefit Package 355	$7,790	$4,565	$62,472	$8,601	$13,265	$5,741	$30,647	$12,514	$6,170	$6,466	$7,378	$9,071	**$174,679**
Benefit Package 356	$107,471	$142,349	$60,325	$95,163	$74,156	$97,014	$92,230	$61,715	$35,593	$111,340			**$877,357**
Benefit Package 357	$432,178	$300,850	$330,128	$308,136	$437,296	$348,594	$687,649	$401,718	$459,510	$364,560			**$4,070,618**
Benefit Package 358	$396,982	$190,195	$230,821	$247,461	$267,411	$184,244	$415,583	$341,421	$285,016	$494,683			**$3,053,817**
Benefit Package 359	$415,819	$225,278	$383,889	$239,219	$464,791	$214,797	$409,582	$260,274	$247,023	$291,953			**$3,152,625**
Benefit Package 360	$230,356	$254,597	$454,942	$183,939	$200,834	$277,723	$399,880	$195,680	$214,598	$288,952			**$2,701,499**
Benefit Package 361	$156,893	$70,171	$104,725	$76,309	$38,166	$112,788	$155,238	$84,400	$41,374	$130,163			**$970,227**
Benefit Package 362	$26,965	$4,124	$5,572	$11,618	$4,925	$6,253	$19,712	$80,467	$48,787	$7,619			**$216,042**
Benefit Package 363	$198,537	$100,051	$197,408	$108,250	$174,487	$124,832	$242,393	$317,733	$160,417	$227,183			**$1,851,290**
Benefit Package 364	$154,475	$142,389	$76,853	$61,262	$34,621	$40,448	$98,516	$175,101	$96,647	$57,659			**$937,971**
Benefit Package 365	$1,212,721	$967,640	$783,026	$693,751	$721,110	$861,503	$1,462,933	$673,674	$736,373	$1,246,538			**$9,359,269**
Benefit Package 366	$292,923	$226,210	$223,405	$286,622	$437,251	$203,178	$291,651	$291,736	$285,018	$570,512			**$3,108,508**
Benefit Package 367	$15,417	$23,607	$59,410	$10,453	$39,757	$16,147	$10,402	$69,131	$9,184	$21,070			**$274,579**
Benefit Package 368	$12,777	$14,663	$46,529	$52,332	$23,063	$8,570	$12,308	$14,618	$12,515	$20,827			**$218,201**
Benefit Package 416											$320,654	$590,205	**$910,859**
Benefit Package 417											$435,162	$482,478	**$917,640**
Benefit Package 418											$204,972	$192,240	**$397,212**
Benefit Package 424	$1,296,192	$1,294,819	$1,896,147	$1,421,339	$1,751,276	$1,835,274	$1,813,930	$2,105,677	$1,473,199	$1,631,090	$1,557,355	$1,811,354	**$19,887,653**
Benefit Package 425	$656,151	$589,581	$576,111	$524,955	$595,003	$603,784	$667,379	$483,951	$604,807	$565,056	$529,667	$671,726	**$7,068,170**
Benefit Package 426	$243,841	$152,224	$208,128	$203,285	$181,134	$236,789	$338,096	$204,291	$202,514	$138,563	$187,314	$132,132	**$2,428,311**
Benefit Package 428	$1,150,056	$1,261,647	$1,437,402	$1,476,895	$1,109,914	$1,617,930	$1,907,055	$1,752,645	$1,619,552	$1,240,885	$1,283,754	$1,640,923	**$17,498,657**
Benefit Package 429	$523,160	$418,369	$484,438	$446,852	$346,822	$388,349	$442,025	$623,131	$464,804	$593,027	$563,191	$675,416	**$5,969,583**
Benefit Package 431	$2,290,621	$2,218,710	$2,341,594	$2,259,593	$2,196,392	$2,709,428	$2,657,855	$2,767,676	$2,483,247	$2,594,860	$2,094,239	$2,316,641	**$28,930,857**
Benefit Package 432	$1,096,692	$1,288,240	$1,242,648	$1,150,977	$1,108,153	$1,575,765	$1,605,217	$1,285,576	$1,392,767	$1,336,802	$1,028,518	$1,269,260	**$15,380,614**
Benefit Package 433	$2,568,481	$3,330,148	$2,790,229	$2,676,409	$2,616,554	$3,588,679	$2,888,246	$3,485,880	$3,245,682	$2,818,556	$2,427,907	$3,145,152	**$35,581,922**
Benefit Package 434	$714,352	$773,976	$1,123,980	$617,111	$542,511	$724,278	$553,621	$743,407	$671,249	$616,483	$409,255	$421,352	**$7,911,575**

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	Claims												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 435	$3,015,416	$3,079,501	$3,345,013	$3,153,025	$2,756,304	$3,932,733	$3,116,082	$3,621,794	$2,994,036	$2,851,537	$2,384,465	$2,824,700	**$37,074,604**
Benefit Package 437	$114,850	$147,030	$181,968	$137,210	$227,011	$280,702	$345,091	$292,568	$246,034	$221,306	$149,417	$156,241	**$2,499,430**
Benefit Package 440	$624,061	$710,503	$884,435	$869,407	$936,750	$933,842	$884,389	$1,043,276	$843,517	$852,310	$670,744	$823,528	**$10,076,762**
Benefit Package 441	$1,090,300	$992,133	$967,764	$1,140,909	$985,440	$995,537	$1,011,656	$1,541,702	$850,897	$764,352	$967,237	$811,167	**$12,119,095**
Benefit Package 443											$147,390	$177,807	**$325,197**
Benefit Package 445											$99,823	$216,166	**$315,989**
Benefit Package 447											$300,767	$352,582	**$653,349**
Benefit Package 451	$307,031	$246,511	$209,506	$189,619	$242,633	$245,571	$278,270	$252,572	$191,897	$339,666			**$2,503,276**
Benefit Package 452	$142,075	$122,383	$240,563	$222,881	$186,587	$229,043	$199,716	$278,781	$89,309	$191,177			**$1,902,515**
Benefit Package 453											$545,438	$685,940	**$1,231,378**
Benefit Package 454											$172,699	$190,967	**$363,666**
Benefit Package 460	$0	$200	$0	$0	$62	$184	$62	$0	$0	$479			**$987**
Benefit Package 469	$32,138	$28,377	$21,689	$25,791	$49,460	$96,324	$118,103	$33,791	$74,287	$70,180			**$550,140**
Benefit Package 472	$19,261	$23,575	$27,784	$20,156	$25,839	$12,020	$20,153	$25,173	$68,159	$56,265			**$298,385**
Benefit Package 474	$1,637	$2,971	$2,990	$1,080	$567	$411	$2,071	$402	$1,705	$4,207			**$18,041**
Benefit Package 477	$7,647	$27,881	$12,541	$2,816	$36,475	$14,071	$3,618	$3,989	$60,840	$21,412			**$191,289**
Benefit Package 482	$2,937	$2,031	$1,633	$17,929	$1,555	$2,665	$10,472	$12,971	$1,413				**$53,605**
Benefit Package 483	$125,642	$53,657	$64,182	$82,482	$73,792	$82,748	$105,198	$53,429	$41,360	$48,228			**$730,719**
Benefit Package 484											$42,068	$83,036	**$125,103**
Benefit Package 485	$10,254	$40,712	$33,141	$35,664	$13,632	$5,496	$119,148	$20,970	$47,942				**$326,959**
Benefit Package 486										$20,228	$4,565	$7,277	**$32,070**
Benefit Package 488	$8,259	$14,421	$3,293	$5,265	$3,139	$5,553	$82,238	$10,844	$7,884				**$140,896**
Benefit Package 489	$133,073	$323,310	$230,215	$176,184	$344,716	$133,839	$164,132	$155,740	$84,814	$212,293			**$1,958,316**
Benefit Package 490											$63,805	$86,524	**$150,330**
Benefit Package 491	$7,721	$5,262	$6,344	$4,184	$21,303	$68,259	$4,973	$14,381	$4,599				**$137,027**
Benefit Package 492										$22,051	$16,061	$193,201	**$231,313**
Benefit Package 493	$15,651	$10,089	$14,330	$16,716	$29,167	$5,825	$19,106	$8,303	$44,185	$14,508			**$177,880**
Benefit Package 494	$31,410	$19,533	$60,763	$103,200	$75,562	$87,903	$32,909	$32,081	$30,460	$43,136	$90,594	$35,039	**$642,591**
Benefit Package 495	$109,315	$53,780	$64,748	$80,614	$213,460	$46,204	$46,785	$107,816	$49,291				**$772,012**
Benefit Package 496	$141,016	$82,593	$77,823	$93,843	$78,787	$175,963	$140,295	$152,339	$511,075	$103,069			**$1,556,803**
Benefit Package 497											$153,362	$135,440	**$288,802**
Benefit Package 498	$178,422	$205,316	$130,518	$251,443	$182,919	$319,686	$183,907	$174,736	$225,185				**$1,852,132**
Benefit Package 499										$394,105	$181,777	$163,579	**$739,460**
Benefit Package 501	$11,748	$18,812	$35,301	$16,014	$8,001	$11,780	$14,965	$16,094	$17,864				**$150,579**
Benefit Package 502	$156,628	$181,094	$201,146	$211,570	$170,868	$261,826	$204,986	$214,431	$312,256	$227,968			**$2,142,773**
Benefit Package 503											$114,920	$149,834	**$264,754**
Benefit Package 504	$54,686	$91,613	$70,529	$81,657	$148,791	$79,754	$80,731	$110,241	$98,937				**$816,938**
Benefit Package 505										$82,519	$96,670	$74,345	**$253,534**
Benefit Package 507	$2,415	$1,567	$12,132	$5,335	$5,177	$6,727	$3,127	$6,475	$2,556				**$45,510**
Benefit Package 508	$66,965	$26,339	$37,203	$39,714	$64,703	$45,302	$60,281	$71,496	$113,216	$49,343			**$574,562**
Benefit Package 509											$89,048	$59,458	**$148,505**
Benefit Package 510	$7,624	$20,618	$14,376	$47,001	$35,943	$79,308	$56,631	$106,226	$121,539				**$489,265**
Benefit Package 511										$74,856	$55,681	$105,780	**$236,317**
Benefit Package 512	$2,754	$741	$776	$1,341	$393	$2,665	$1,127	$20,516	$2,507				**$32,820**
Benefit Package 513	$1,383	$3,061	$2,224	$3,699	$6,269	$125,325	$49,503	$9,100	$5,421	$11,141			**$217,126**
Benefit Package 514											$14,341	$13,085	**$27,426**
Benefit Package 515										$3,015	$5,885	$2,330	**$11,230**
Benefit Package 517											$105,570	$143,761	**$249,331**
Benefit Package 519											$10,317,091	$10,850,849	**$21,167,941**
Benefit Package 521											$5,444,138	$6,313,898	**$11,758,035**
Benefit Package 523											$40,413	$27,001	**$67,414**
Benefit Package 525											$599,857	$978,447	**$1,578,304**
Benefit Package 528											$15,395,423	$16,659,283	**$32,054,706**
Benefit Package 530											$8,156,828	$9,985,663	**$18,142,491**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
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Financial Plan Structure and Overall Performance by Benefit Package — Monthly Claims
Calendar Year 2015

	Claims												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 532											$3,926,247	$4,094,008	**$8,020,255**
Benefit Package 534	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$157	$0	**$157**
Benefit Package 552											$15,193	$20,491	**$35,685**
Benefit Package 553											$2,683	$7,286	**$9,968**
Benefit Package 554											$15,684	$44,408	**$60,092**
Benefit Package 555											$18,742	$29,966	**$48,708**
Benefit Package 556											$277	$556	**$833**
Benefit Package 557											$282	$5,189	**$5,472**
Benefit Package 558											$946	$574	**$1,521**
Benefit Package 559											$15,268	$19,507	**$34,775**
Benefit Package 560											$821	$3,393	**$4,215**
Benefit Package 561											$6,091	$22,126	**$28,217**
Benefit Package 562											$165	$22	**$187**
Benefit Package 563											$5,301	$6,237	**$11,538**
Benefit Package 564											$1,375	$18,032	**$19,407**
Benefit Package 565											$105	$308	**$414**
Benefit Package 566											$851	$1,118	**$1,969**
Benefit Package 567											$35,808	$88,787	**$124,595**
Benefit Package 568											$42,734	$129,459	**$172,192**
Benefit Package 569											$26,135	$38,254	**$64,389**
Benefit Package 570											$121,229	$162,967	**$284,197**
Benefit Package 571											$548	$533	**$1,081**
Benefit Package 572											$6,532	$10,437	**$16,970**
Benefit Package 603	$187,719	$451,022	$515,786	$484,002	$868,519	$593,752	$629,574	$648,471	$555,876	$702,722	$440,195	$548,888	**$6,626,527**
Benefit Package 604	$205,789	$612,427	$615,373	$590,361	$568,031	$564,926	$839,207	$955,543	$597,684	$755,710	$717,037	$741,035	**$7,763,123**
Benefit Package 605	$187	$7,611	$1,738	$1,043	$4,103	$5,562	$10,047	$3,179	$5,972	$17,671	$5,027	$2,628	**$64,768**
Benefit Package 606	$41,800	$140,193	$126,811	$158,394	$385,605	$143,557	$247,320	$214,480	$307,969	$194,303	$294,580	$218,941	**$2,473,952**
Benefit Package 607											$13,947	$23,088	**$37,035**
Benefit Package 608											$45,913	$62,581	**$108,493**
Benefit Package 609											$12,318	$22,779	**$35,096**
Benefit Package 610											$15,381	$26,506	**$41,887**
Benefit Package 611											$90,271	$150,080	**$240,351**
Benefit Package 612											$24,492	$65,594	**$90,086**
Benefit Package 613											$35,952	$100,007	**$135,959**
Benefit Package 614											$13,083	$16,219	**$29,301**
Benefit Package 615											$338,099	$750,080	**$1,088,179**
Benefit Package 616											$100,571	$156,281	**$256,852**
Benefit Package 617											$18,364	$16,351	**$34,715**
Benefit Package 618											$11,217	$7,979	**$19,196**
Benefit Package 619											$18,656	$30,229	**$48,885**
Benefit Package 620											$13,409	$30,713	**$44,123**
Benefit Package 621											$104,202	$171,871	**$276,073**
Benefit Package 622											$160,963	$271,155	**$432,118**
Benefit Package 623											$118,288	$175,582	**$293,869**
Benefit Package 624											$101,102	$220,544	**$321,646**
Benefit Package 625											$30,307	$66,055	**$96,362**
Benefit Package 626											$7,184	$8,528	**$15,712**
Benefit Package 709	$275,542	$289,837	$300,795	$340,983	$343,808	$318,534	$198,885	$235,411	$272,135	$249,660	$176,135	$246,929	**$3,248,654**
Benefit Package 711	$7,025	$4,329	$4,673	$11,558	$6,757	$9,242	$4,986	$9,767	$4,830	$9,938	$3,743	$11,524	**$88,372**
Benefit Package 712	$1,254	$2,085	$1,275	$814	$1,070	$2,538	$1,088	$1,355	$1,764	$430	$1,785	$1,277	**$16,734**
Benefit Package 713	$325,840	$343,329	$390,861	$292,854	$259,263	$359,944	$395,997	$408,202	$327,781	$325,923	$577,357	$494,813	**$4,502,164**
Benefit Package 714	$1,470	$2,919	$2,147	$2,320	$2,247	$1,172	$3,739	$1,788	$885	$645	$532	$2,253	**$22,118**
Benefit Package 715	$7,462	$5,606	$12,218	$14,407	$81,836	$52,725	$60,894	$10,356	$13,650	$18,685	$8,976	$12,648	**$299,464**
Benefit Package 716	$1,524	$1,731	$2,836	$788	$688	$902	$1,166	$759	$1,065	$3,006	$1,414	$1,028	**$16,907**

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K–12 School District Data Collection Project
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Financial Plan Structure and Overall Performance by Benefit Package — Monthly Claims
Calendar Year 2015

	Claims												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 717	$105,583	$75,086	$93,333	$82,771	$114,303	$96,257	$167,374	$247,667	$93,030	$86,517	$104,641	$148,131	**$1,414,693**
Benefit Package 718	$6,739	$6,626	$10,900	$13,653	$22,475	$11,911	$10,066	$72,925	$4,593	$4,859	$4,924	$11,174	**$180,845**
Benefit Package 719	$10,406	$2,208	$2,339	$5,543	$910	$9,663	$6,030	$15,776	$10,829	$4,686	$24,860	$79,604	**$172,853**
Benefit Package 720	$153,987	$177,760	$134,362	$80,529	$254,892	$96,560	$111,646	$258,221	$147,246	$142,795	$244,030	$119,715	**$1,921,743**
Benefit Package 723	$0	$906	$418	$875	$64	$0	$429	$1,898	$4,080	$3,477	$752	$953	**$13,851**
Benefit Package 724	$6,415	$15,698	$17,159	$19,101	$16,412	$2,312	$3,029	$5,859	$3,959	$3,493	$4,972	$3,057	**$101,465**
Benefit Package 725	$69,784	$66,683	$184,681	$527,257	$240,009	$118,722	$155,900	$166,629	$106,366	$65,638			**$1,701,670**
Benefit Package 726	$58,193	$51,807	$51,570	$56,443	$188,830	$35,281	$28,361	$17,329	$24,025	$24,128			**$535,967**
Benefit Package 730	$55,430	$66,756	$109,022	$129,220	$113,712	$60,983	$147,931	$74,506	$70,609	$80,882	$106,725	$118,290	**$1,134,067**
Benefit Package 731	$73,440	$117,393	$99,946	$89,082	$60,590	$59,387	$236,632	$58,776	$65,245	$64,930	$84,977	$154,785	**$1,165,185**
Grand Total	**$74,907,910**	**$72,975,677**	**$81,901,624**	**$81,703,893**	**$79,034,369**	**$91,046,484**	**$95,301,648**	**$94,135,359**	**$82,345,993**	**$84,263,442**	**$73,930,379**	**$83,728,941**	**$995,275,719**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A8d
Financial Plan Structure and Overall Performance by Benefit Package — Monthly Premiums
Calendar Year 2015

	Premiums												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 009	$50,764	$50,164	$50,164	$48,379	$47,879	$46,686	$46,086	$43,192	$42,592	$40,800	$52,197	$52,197	**$571,098**
Benefit Package 010	$240,352	$238,548	$237,854	$237,854	$237,747	$238,442	$237,218	$240,039	$241,420	$236,720	$242,353	$241,332	**$2,869,878**
Benefit Package 011	$84,619	$85,106	$84,136	$83,649	$83,162	$82,675	$82,188	$83,455	$83,534	$87,935	$73,480	$74,306	**$988,246**
Benefit Package 012	$260,747	$285,439	$287,537	$293,118	$288,172	$278,500	$276,389	$273,843	$277,776	$240,102	$347,628	$366,248	**$3,475,498**
Benefit Package 013	$212,696	$262,267	$260,918	$256,924	$260,499	$260,366	$252,269	$253,537	$255,289	$225,354			**$2,500,118**
Benefit Package 016	$113,113	$111,776	$114,627	$114,024	$114,217	$114,058	$114,297	$114,869	$112,688	$109,847	$119,211	$117,521	**$1,370,248**
Benefit Package 025	$1,155,828	$1,157,308	$1,168,765	$1,180,143	$1,186,518	$1,184,002	$1,186,388	$1,191,785	$1,195,251	$1,253,972			**$11,859,961**
Benefit Package 030	$454,689	$454,112	$446,604	$447,500	$445,855	$445,124	$443,202	$437,047	$437,346	$418,621	$404,329	$411,588	**$5,246,017**
Benefit Package 031	$757,183	$755,312	$751,167	$748,415	$759,156	$750,370	$752,177	$747,735	$746,282	$746,167			**$7,513,964**
Benefit Package 044	$102,694	$101,777	$99,996	$99,996	$99,648	$99,648	$98,731	$98,731	$98,731	$89,343	$88,426	$88,426	**$1,166,148**
Benefit Package 065	$1,963,008	$1,959,982	$1,965,673	$1,963,628	$1,960,234	$1,959,077	$1,953,306	$1,948,425	$1,946,046	$1,955,094	$1,968,724	$1,962,778	**$23,505,975**
Benefit Package 172	$347,921	$343,218	$341,394	$340,245	$338,541	$338,384	$336,298	$336,583	$336,280	$344,399	$347,202	$346,441	**$4,096,906**
Benefit Package 176	$236,116	$233,248	$233,675	$235,352	$237,025	$238,156	$238,182	$233,202	$234,505	$237,356	$239,221	$236,705	**$2,832,743**
Benefit Package 177	$80,576	$80,084	$80,089	$80,179	$80,749	$80,636	$79,659	$82,959	$83,269	$79,647	$80,524	$81,226	**$969,595**
Benefit Package 185	$937	$937	$937	$937	$937	$937	$937	$937	$937	$937	$1,870	$1,870	**$13,114**
Benefit Package 230	$11,462	$11,462	$11,462	$11,462	$11,462	$11,462	$10,788	$10,788	$10,788	$14,834	$26,261	$26,261	**$168,495**
Benefit Package 236	$254,220	$254,220	$254,220	$254,220	$254,220	$253,271	$252,323	$249,477	$249,477	$230,505	$190,432	$190,432	**$2,887,018**
Benefit Package 237	$175,660	$175,660	$175,660	$174,033	$174,033	$174,033	$173,220	$174,846	$173,220	$174,846	$229,275	$230,177	**$2,204,662**
Benefit Package 238	$97,077	$97,077	$97,077	$98,464	$99,158	$98,464	$97,771	$97,771	$97,771	$97,077	$110,753	$111,491	**$1,199,952**
Benefit Package 245	$33,109	$33,109	$39,853	$34,219	$30,994	$35,167	$33,271	$33,271	$33,271	$33,745	$34,542	$33,906	**$408,457**
Benefit Package 246	$335,455	$331,600	$330,050	$331,191	$336,443	$334,191	$337,117	$331,213	$338,922	$339,540	$311,405	$336,437	**$3,993,563**
Benefit Package 247	$202,734	$203,554	$204,019	$204,038	$206,501	$206,501	$206,770	$209,259	$208,990	$202,739	$212,851	$208,729	**$2,476,687**
Benefit Package 249	$608,237	$608,497	$610,557	$614,355	$607,964	$603,007	$596,571	$601,274	$599,137	$600,906	$579,147	$593,028	**$7,222,681**
Benefit Package 250	$55,288	$55,387	$55,225	$55,225	$56,103	$55,129	$53,144	$59,480	$58,058	$58,289	$58,124	$62,054	**$681,505**
Benefit Package 251	$1,460,436	$1,457,233	$1,460,019	$1,461,982	$1,461,475	$1,460,382	$1,431,291	$1,442,690	$1,405,421	$1,448,616	$1,569,335	$1,557,911	**$17,616,790**
Benefit Package 254	$99,655	$107,451	$108,656	$107,243	$107,804	$107,184	$114,645	$112,252	$111,172	$145,242	$112,372	$122,143	**$1,355,817**
Benefit Package 257	$678,400	$661,784	$668,421	$675,023	$674,582	$676,583	$671,419	$675,527	$682,318	$715,877	$968,301	$964,699	**$8,712,933**
Benefit Package 259	$340,450	$341,782	$343,306	$337,443	$335,752	$333,932	$335,552	$340,904	$332,795	$337,203	$355,211	$356,044	**$4,090,373**
Benefit Package 266	$375,007	$339,928	$434,951	$431,297	$436,523	$431,692	$433,122	$430,977	$435,199	$414,940			**$4,163,637**
Benefit Package 267	$185,974	$199,277	$192,329	$192,914	$194,810	$194,338	$193,877	$191,351	$190,659	$192,016	$203,025	$201,955	**$2,332,525**
Benefit Package 269	$11,488	$11,488	$11,488	$10,487	$10,487	$10,487	$10,487	$10,487	$10,487	$10,487			**$107,875**
Benefit Package 270	$38,178	$38,178	$38,178	$38,178	$38,178	$38,178	$38,178	$38,178	$38,178	$32,451			**$376,053**
Benefit Package 271	$5,847	$5,847	$5,847	$5,847	$5,847	$5,847	$5,847	$5,847	$5,847	$4,539			**$57,161**
Benefit Package 272	$1,297	$1,297	$1,297	$1,297	$1,297	$1,297	$928	$928	$928	$928			**$11,494**
Benefit Package 274	$39,726	$38,844	$38,844	$38,844	$38,844	$39,590	$39,590	$38,912	$38,912	$37,150			**$389,257**
Benefit Package 275	$44,667	$44,831	$44,831	$44,831	$43,849	$43,686	$43,849	$42,704	$42,704	$41,995			**$437,948**
Benefit Package 276	$42,923	$42,923	$42,923	$42,923	$42,567	$42,567	$41,676	$42,923	$42,923	$41,142			**$425,492**
Benefit Package 277	$181,921	$181,921	$179,773	$178,759	$177,246	$176,490	$176,747	$175,461	$173,419	$163,798			**$1,765,534**
Benefit Package 278	$37,283	$37,283	$37,283	$37,283	$37,283	$37,283	$36,958	$36,958	$36,958	$36,144			**$370,713**
Benefit Package 279	$218,470	$217,161	$218,568	$218,568	$220,920	$221,511	$220,568	$217,864	$217,864	$208,699			**$2,180,193**
Benefit Package 280	$40,399	$40,399	$40,399	$40,399	$40,399	$40,117	$39,408	$40,117	$39,411	$36,304			**$397,349**
Benefit Package 281	$17,393	$17,393	$17,393	$17,393	$16,714	$16,714	$16,714	$16,034	$16,034	$16,714			**$168,494**
Benefit Package 282	$195,098	$195,550	$196,862	$196,946	$197,996	$197,996	$197,030	$196,505	$196,505	$209,230			**$1,979,719**
Benefit Package 284	$22,247	$21,473	$21,473	$21,473	$22,037	$22,458	$22,458	$21,523	$21,161	$22,979			**$219,281**
Benefit Package 286	$1,219,641	$1,224,658	$1,225,317	$1,224,739	$1,223,735	$1,228,830	$1,228,250	$1,219,001	$1,217,968	$1,169,695			**$12,181,834**
Benefit Package 288	$232,313	$233,268	$233,394	$233,284	$233,092	$234,063	$233,952	$232,191	$231,994	$222,799			**$2,320,349**
Benefit Package 318	$10,392,351	$10,429,223	$10,462,455	$10,479,632	$10,517,915	$10,518,218	$10,519,600	$10,515,281	$10,536,405	$11,179,771			**$105,550,851**
Benefit Package 319	$4,637,118	$4,654,309	$4,681,592	$4,694,433	$4,703,042	$4,707,891	$4,713,411	$4,710,396	$4,721,278	$4,927,974			**$47,151,441**
Benefit Package 320	$1,765,234	$1,764,434	$1,773,930	$1,774,318	$1,781,936	$1,785,107	$1,786,934	$1,773,866	$1,772,946	$1,675,541			**$17,654,244**
Benefit Package 321	$17,198,577	$17,132,948	$17,108,036	$17,058,992	$17,014,370	$16,983,442	$16,951,718	$16,848,624	$16,810,939	$15,935,178			**$169,042,824**
Benefit Package 322	$10,643,946	$10,613,773	$10,605,761	$10,592,620	$10,576,953	$10,561,320	$10,545,898	$10,495,980	$10,491,462	$10,306,502			**$105,434,215**
Benefit Package 323	$4,182,554	$4,157,657	$4,139,154	$4,121,749	$4,113,411	$4,109,711	$4,097,627	$4,072,519	$4,067,666	$3,843,871			**$40,905,918**
Benefit Package 324	$443,826	$443,486	$440,877	$442,654	$441,822	$439,478	$440,234	$437,965	$430,138	$408,775	$404,690	$404,890	**$5,178,835**
Benefit Package 325	$157,437	$159,037	$157,437	$158,090	$160,343	$158,384	$157,078	$151,134	$143,884	$143,721	$153,168	$152,605	**$1,852,319**

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	Premiums												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 326	$19,849	$19,849	$19,849	$19,849	$19,849	$19,849	$19,849	$19,849	$21,054	$19,849			**$199,697**
Benefit Package 327	$2,406	$2,406	$2,406	$2,406	$2,406	$2,406	$2,406	$2,406	$1,604	$1,604			**$22,455**
Benefit Package 328	$1,641	$1,641	$1,641	$1,641	$1,641	$1,641	$1,641	$1,641	$1,641	$1,641			**$16,408**
Benefit Package 329	$40,920	$43,848	$40,682	$40,682	$40,682	$41,420	$41,420	$41,420	$41,420	$38,242			**$410,738**
Benefit Package 330	$2,154	$2,154	$2,154	$2,154	$2,154	$2,154	$2,154	$2,154	$2,154	$1,846			**$21,234**
Benefit Package 331	$48,678	$48,678	$48,678	$48,678	$48,678	$48,678	$48,678	$48,678	$48,678	$45,877			**$483,978**
Benefit Package 332	$79,173	$79,095	$79,651	$79,812	$79,651	$79,651	$79,363	$78,814	$78,255	$75,935			**$789,398**
Benefit Package 333	$124,622	$125,556	$126,011	$124,687	$124,956	$125,342	$127,242	$127,391	$127,391	$123,603			**$1,256,799**
Benefit Package 334	$83,591	$83,163	$81,887	$81,878	$82,530	$81,394	$81,808	$80,952	$80,952	$77,675			**$815,831**
Benefit Package 335	$153,332	$152,639	$152,362	$151,380	$150,558	$151,197	$149,919	$151,221	$149,943	$148,666			**$1,511,217**
Benefit Package 336	$8,682	$8,682	$8,980	$8,980	$8,325	$8,325	$8,325	$8,077	$8,077	$7,679			**$84,133**
Benefit Package 337	$8,231	$9,596	$10,249	$10,249	$9,922	$9,645	$9,645	$9,645	$9,645	$10,625			**$97,452**
Benefit Package 339	$220,154	$217,440	$213,362	$214,277	$215,109	$217,018	$215,640	$215,026	$211,627	$206,852			**$2,146,504**
Benefit Package 340	$10,999	$10,999	$10,552	$10,552	$10,552	$10,993	$10,882	$10,882	$10,882	$10,552			**$107,842**
Benefit Package 341	$84,505	$85,191	$84,567	$82,694	$82,694	$84,163	$83,318	$81,507	$80,883	$79,390			**$828,909**
Benefit Package 342	$108,132	$111,608	$113,338	$112,243	$112,447	$113,806	$110,109	$114,979	$114,201	$109,902			**$1,120,765**
Benefit Package 343	$32,535	$33,285	$33,285	$32,535	$33,285	$33,625	$33,285	$32,264	$32,264	$30,762			**$327,126**
Benefit Package 344	$28,666	$31,738	$31,137	$31,525	$30,213	$31,394	$31,416	$30,870	$31,926	$34,330			**$313,213**
Benefit Package 345	$4,993	$4,993	$4,158	$4,158	$4,158	$4,158	$4,158	$3,207	$3,207	$3,207			**$40,397**
Benefit Package 346	$154,968	$154,780	$154,780	$154,025	$154,025	$154,025	$153,245	$151,828	$152,662	$141,051			**$1,525,391**
Benefit Package 347	$47,793	$47,793	$47,015	$47,015	$47,015	$46,134	$46,134	$45,155	$45,356	$41,385			**$460,796**
Benefit Package 348	$163,405	$162,280	$162,502	$161,810	$165,092	$166,440	$166,120	$165,973	$165,647	$163,847			**$1,643,115**
Benefit Package 349	$25,215	$24,485	$24,370	$24,370	$24,616	$24,616	$25,164	$24,353	$24,353	$24,779			**$246,322**
Benefit Package 350	$139,779	$136,192	$136,192	$135,266	$135,056	$135,056	$134,612	$134,612	$134,612	$129,214			**$1,350,592**
Benefit Package 351	$55,105	$54,528	$54,278	$54,278	$53,445	$53,445	$53,445	$51,577	$51,577	$51,989			**$533,666**
Benefit Package 352	$174,680	$174,636	$175,058	$174,346	$173,635	$172,502	$173,090	$172,421	$172,756	$170,497	$215,283	$217,898	**$2,166,802**
Benefit Package 353	$8,616	$8,616	$8,616	$8,616	$8,616	$8,221	$8,221	$8,221	$8,221	$8,043	$10,867	$10,867	**$105,738**
Benefit Package 354	$166,802	$168,016	$167,747	$166,796	$167,023	$166,298	$166,479	$165,667	$165,124	$165,666	$173,111	$169,674	**$2,008,403**
Benefit Package 355	$15,613	$14,146	$16,223	$16,937	$14,525	$14,525	$14,525	$14,525	$14,525	$14,102	$19,213	$18,695	**$187,553**
Benefit Package 356	$34,688	$34,688	$34,688	$34,688	$34,688	$34,688	$34,688	$34,688	$33,899	$33,899			**$345,302**
Benefit Package 357	$382,021	$378,164	$379,707	$378,591	$380,051	$381,084	$381,855	$377,310	$379,624	$353,637			**$3,772,044**
Benefit Package 358	$323,149	$322,144	$322,362	$323,457	$323,093	$322,558	$319,182	$316,018	$316,448	$317,497			**$3,205,907**
Benefit Package 359	$281,610	$280,810	$278,344	$275,779	$276,015	$275,285	$272,818	$272,157	$270,490	$258,734			**$2,742,042**
Benefit Package 360	$387,214	$388,462	$388,767	$385,648	$383,057	$386,558	$382,928	$383,597	$381,212	$380,795			**$3,848,240**
Benefit Package 361	$59,263	$59,077	$59,745	$60,703	$60,754	$60,754	$60,837	$61,717	$60,837	$59,855			**$603,543**
Benefit Package 362	$18,577	$18,577	$18,577	$18,577	$19,239	$19,239	$19,360	$19,360	$19,360	$21,885			**$192,749**
Benefit Package 363	$100,390	$101,450	$101,450	$101,450	$101,450	$100,694	$99,938	$98,286	$99,117	$93,798			**$998,022**
Benefit Package 364	$68,502	$68,502	$69,622	$69,622	$69,279	$69,279	$69,279	$69,279	$69,279	$68,431			**$691,073**
Benefit Package 365	$920,381	$916,880	$917,415	$913,880	$911,406	$912,229	$909,771	$903,291	$901,853	$870,355			**$9,077,460**
Benefit Package 366	$283,598	$286,572	$288,581	$287,890	$288,584	$289,047	$288,010	$290,693	$290,727	$289,938			**$2,883,640**
Benefit Package 367	$55,320	$55,320	$55,320	$55,113	$55,113	$55,484	$55,484	$54,906	$55,854	$58,431			**$556,346**
Benefit Package 368	$35,592	$36,069	$37,779	$37,915	$37,779	$37,779	$38,295	$37,538	$37,258	$37,894			**$373,899**
Benefit Package 416											$515,173	$523,715	**$1,038,888**
Benefit Package 417											$702,342	$702,209	**$1,404,551**
Benefit Package 418											$231,070	$232,747	**$463,817**
Benefit Package 424	$1,710,032	$1,710,739	$1,711,339	$1,713,735	$1,715,661	$1,716,231	$1,711,322	$1,712,242	$1,706,702	$1,691,620	$1,689,860	$1,690,031	**$20,479,514**
Benefit Package 425	$802,403	$798,326	$790,385	$804,021	$790,240	$794,474	$791,551	$781,981	$772,207	$784,099	$775,867	$779,028	**$9,464,581**
Benefit Package 426	$290,597	$287,971	$282,944	$284,156	$283,335	$282,256	$282,564	$278,141	$276,451	$263,164	$263,164	$262,557	**$3,337,301**
Benefit Package 428	$2,187,497	$2,187,977	$2,191,504	$2,207,057	$2,214,191	$2,212,740	$2,196,250	$2,161,647	$2,143,057	$2,185,799	$2,361,154	$2,357,477	**$26,606,351**
Benefit Package 429	$755,140	$749,986	$763,892	$761,556	$764,536	$764,341	$760,461	$761,232	$761,679	$753,880	$747,214	$760,313	**$9,104,228**
Benefit Package 431	$3,264,437	$3,255,932	$3,255,951	$3,227,159	$3,241,597	$3,226,865	$3,212,064	$3,185,674	$3,184,196	$3,214,392	$3,245,215	$3,277,427	**$38,790,908**
Benefit Package 432	$1,716,414	$1,720,888	$1,713,447	$1,717,750	$1,715,507	$1,706,857	$1,704,001	$1,700,442	$1,702,069	$1,731,164	$1,697,764	$1,671,977	**$20,498,280**
Benefit Package 433	$3,140,212	$3,139,712	$3,146,491	$3,149,401	$3,133,541	$3,138,513	$3,136,056	$3,133,500	$3,119,136	$3,142,265	$3,162,324	$3,077,566	**$37,618,716**
Benefit Package 434	$767,183	$756,795	$756,447	$755,564	$751,195	$749,399	$746,125	$745,751	$734,804	$741,897	$669,921	$654,850	**$8,829,932**

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	Premiums												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 435	$3,767,231	$3,742,440	$3,740,328	$3,674,366	$3,719,989	$3,684,300	$3,730,380	$3,644,113	$3,687,766	$3,637,159	$3,276,009	$3,279,480	**$43,583,561**
Benefit Package 437	$272,553	$277,112	$275,721	$275,721	$274,241	$272,210	$274,813	$278,705	$281,624	$360,844	$299,981	$342,050	**$3,485,575**
Benefit Package 440	$1,105,377	$1,110,393	$1,105,337	$1,105,073	$1,108,584	$1,111,123	$1,102,765	$1,098,473	$1,102,871	$1,206,473	$1,177,638	$1,200,698	**$13,534,805**
Benefit Package 441	$914,427	$907,875	$912,158	$908,057	$902,335	$901,708	$905,508	$889,747	$892,359	$961,833	$812,764	$900,586	**$10,809,358**
Benefit Package 443											$305,203	$181,630	**$486,833**
Benefit Package 445											$237,918	$241,471	**$479,389**
Benefit Package 447											$413,094	$431,765	**$844,859**
Benefit Package 451	$239,946	$259,838	$259,378	$260,681	$262,862	$259,167	$257,866	$254,912	$257,069	$243,325			**$2,555,045**
Benefit Package 452	$233,154	$235,752	$234,587	$229,839	$234,438	$233,027	$232,475	$230,525	$230,209	$232,571			**$2,326,577**
Benefit Package 453											$798,957	$806,808	**$1,605,765**
Benefit Package 454											$243,876	$245,079	**$488,955**
Benefit Package 460	$1,067	$1,067	$1,067	$1,067	$1,067	$1,067	$1,067	$1,067	$1,067	$1,067			**$10,669**
Benefit Package 469	$50,829	$50,829	$50,829	$50,829	$50,829	$50,829	$49,308	$49,308	$49,308	$47,060			**$499,961**
Benefit Package 472	$44,927	$45,980	$45,980	$45,980	$45,980	$45,206	$45,206	$44,432	$44,432	$42,853			**$450,974**
Benefit Package 474	$12,142	$12,142	$12,142	$12,142	$12,142	$12,142	$12,142	$12,142	$12,142	$15,288			**$124,565**
Benefit Package 477	$18,984	$18,984	$18,984	$18,984	$19,764	$18,501	$18,501	$19,281	$19,281	$22,954			**$194,216**
Benefit Package 482	$7,153	$8,302	$8,302	$8,302	$9,427	$8,302	$8,302	$8,302	$8,302				**$74,695**
Benefit Package 483	$69,161	$69,910	$68,127	$69,372	$68,626	$68,112	$68,112	$69,764	$70,251	$73,136			**$694,570**
Benefit Package 484											$80,463	$79,158	**$159,621**
Benefit Package 485	$23,308	$23,308	$23,308	$23,308	$23,308	$23,308	$23,308	$23,111	$23,111				**$209,379**
Benefit Package 486										$37,152	$36,923	$36,346	**$110,421**
Benefit Package 488	$18,937	$18,937	$18,452	$18,452	$18,452	$18,452	$18,452	$18,452	$18,452				**$167,038**
Benefit Package 489	$186,843	$186,675	$186,746	$187,948	$188,234	$186,728	$186,926	$184,147	$182,053	$179,043			**$1,855,343**
Benefit Package 490											$189,488	$189,853	**$379,341**
Benefit Package 491	$23,421	$22,094	$22,094	$23,342	$24,104	$24,104	$23,907	$24,471	$24,471				**$212,010**
Benefit Package 492										$51,175	$52,485	$52,485	**$156,146**
Benefit Package 493	$16,980	$16,980	$16,980	$16,980	$16,980	$16,980	$16,980	$16,980	$16,980	$16,980			**$169,802**
Benefit Package 494	$68,157	$68,157	$68,157	$66,096	$66,096	$66,096	$66,096	$66,096	$66,921	$66,921	$66,921	$66,921	**$802,638**
Benefit Package 495	$66,258	$66,943	$66,258	$66,258	$65,573	$65,573	$65,573	$65,573	$65,573				**$593,580**
Benefit Package 496	$101,431	$100,760	$100,760	$99,784	$98,975	$98,575	$98,575	$97,519	$97,144	$97,268			**$990,792**
Benefit Package 497											$116,726	$116,726	**$233,452**
Benefit Package 498	$115,371	$115,371	$115,092	$114,319	$113,662	$113,662	$112,888	$111,071	$111,342				**$1,022,778**
Benefit Package 499										$165,924	$176,327	$176,013	**$518,265**
Benefit Package 501	$16,425	$16,425	$16,425	$16,425	$16,425	$16,425	$16,425	$15,582	$16,425				**$146,979**
Benefit Package 502	$161,773	$162,918	$162,914	$162,914	$163,715	$162,405	$162,462	$163,184	$163,170	$157,980			**$1,623,434**
Benefit Package 503											$166,717	$167,198	**$333,915**
Benefit Package 504	$105,165	$105,414	$105,172	$106,108	$107,044	$107,287	$107,530	$108,230	$108,230				**$960,179**
Benefit Package 505										$131,513	$131,513	$131,513	**$394,540**
Benefit Package 507	$9,428	$9,428	$9,428	$9,428	$9,428	$9,428	$9,428	$9,428	$9,428				**$84,854**
Benefit Package 508	$80,215	$79,858	$79,405	$79,846	$79,846	$79,846	$78,578	$78,005	$78,005	$88,911			**$802,516**
Benefit Package 509											$98,368	$98,222	**$196,589**
Benefit Package 510	$49,115	$48,671	$48,671	$48,671	$48,831	$48,831	$48,671	$48,383	$47,846				**$437,690**
Benefit Package 511										$77,568	$78,237	$78,752	**$234,558**
Benefit Package 512	$4,883	$4,592	$4,592	$4,592	$4,592	$4,592	$4,592	$4,592	$4,592				**$41,623**
Benefit Package 513	$27,897	$28,641	$28,641	$28,641	$28,641	$28,641	$28,641	$28,641	$28,332	$29,644			**$286,357**
Benefit Package 514											$30,938	$31,650	**$62,588**
Benefit Package 515										$5,818	$6,190	$6,190	**$18,198**
Benefit Package 517											$440,914	$468,923	**$909,838**
Benefit Package 519											$13,958,380	$14,043,451	**$28,001,830**
Benefit Package 521											$6,677,983	$6,693,884	**$13,371,867**
Benefit Package 523											$45,818	$45,818	**$91,635**
Benefit Package 525											$1,390,487	$1,401,079	**$2,791,566**
Benefit Package 528											$15,017,102	$14,990,411	**$30,007,513**
Benefit Package 530											$10,538,269	$10,535,826	**$21,074,095**

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	Premiums												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 532											$3,371,712	$3,361,344	**$6,733,056**
Benefit Package 534	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$467	$467	**$935**
Benefit Package 552											$18,841	$18,841	**$37,682**
Benefit Package 553											$7,051	$7,051	**$14,103**
Benefit Package 554											$44,619	$44,619	**$89,239**
Benefit Package 555											$45,050	$46,277	**$91,328**
Benefit Package 556											$15,050	$15,050	**$30,100**
Benefit Package 557											$4,151	$4,151	**$8,301**
Benefit Package 558											$1,250	$1,250	**$2,501**
Benefit Package 559											$52,888	$52,888	**$105,776**
Benefit Package 560											$4,619	$4,619	**$9,238**
Benefit Package 561											$11,826	$11,826	**$23,653**
Benefit Package 562											$1,004	$1,004	**$2,007**
Benefit Package 563											$18,900	$18,900	**$37,801**
Benefit Package 564											$5,587	$5,587	**$11,174**
Benefit Package 565											$1,750	$2,691	**$4,441**
Benefit Package 566											$5,586	$5,586	**$11,172**
Benefit Package 567											$77,760	$73,891	**$151,651**
Benefit Package 568											$152,758	$157,501	**$310,259**
Benefit Package 569											$83,072	$85,335	**$168,407**
Benefit Package 570											$169,819	$168,345	**$338,163**
Benefit Package 571											$7,487	$7,210	**$14,698**
Benefit Package 572											$14,624	$14,624	**$29,249**
Benefit Package 603	$34,944	$75,805	$346,919	$409,654	$371,834	$752,621	$441,374	$549,408	$567,533	$468,092	$591,989	$332,981	**$4,943,156**
Benefit Package 604	$49,214	$129,606	$526,709	$525,057	$495,822	$476,233	$474,820	$725,584	$859,835	$490,353	$659,839	$573,024	**$5,986,094**
Benefit Package 605	$787	$787	$8,026	$2,434	$1,556	$4,761	$6,019	$10,718	$3,645	$6,452	$17,848	$5,411	**$68,444**
Benefit Package 606	$13,371	$30,682	$129,019	$114,420	$145,836	$373,327	$135,464	$238,277	$197,379	$291,750	$179,848	$264,747	**$2,114,120**
Benefit Package 607											$54,738	$53,862	**$108,600**
Benefit Package 608											$122,995	$121,438	**$244,433**
Benefit Package 609											$42,667	$43,457	**$86,124**
Benefit Package 610											$50,714	$52,006	**$102,720**
Benefit Package 611											$185,745	$187,752	**$373,497**
Benefit Package 612											$143,223	$144,823	**$288,046**
Benefit Package 613											$101,144	$102,084	**$203,227**
Benefit Package 614											$31,929	$35,045	**$66,974**
Benefit Package 615											$836,545	$790,566	**$1,627,111**
Benefit Package 616											$247,092	$244,100	**$491,192**
Benefit Package 617											$61,417	$61,066	**$122,483**
Benefit Package 618											$45,612	$46,988	**$92,600**
Benefit Package 619											$85,402	$88,289	**$173,690**
Benefit Package 620											$21,246	$21,246	**$42,493**
Benefit Package 621											$292,722	$284,422	**$577,144**
Benefit Package 622											$361,794	$362,768	**$724,562**
Benefit Package 623											$238,891	$241,381	**$480,272**
Benefit Package 624											$385,328	$386,678	**$772,006**
Benefit Package 625											$68,743	$68,099	**$136,842**
Benefit Package 626											$25,187	$24,487	**$49,674**
Benefit Package 709	$269,953	$267,694	$266,564	$266,564	$266,564	$263,176	$263,176	$263,176	$263,176	$249,621	$248,492	$248,492	**$3,136,646**
Benefit Package 711	$14,305	$14,305	$14,305	$14,305	$15,058	$15,058	$15,058	$15,058	$15,058	$16,564	$17,317	$18,070	**$184,461**
Benefit Package 712	$2,364	$2,364	$2,364	$2,364	$2,364	$2,364	$2,364	$2,364	$2,364	$2,364	$2,364	$2,364	**$28,365**
Benefit Package 713	$487,984	$490,096	$487,984	$486,927	$484,815	$484,815	$485,871	$484,815	$483,759	$468,971	$474,252	$472,140	**$5,792,429**
Benefit Package 714	$7,485	$7,485	$7,485	$7,485	$7,485	$7,485	$7,485	$7,485	$7,485	$6,415	$6,415	$6,415	**$86,607**
Benefit Package 715	$23,632	$23,632	$22,916	$22,916	$22,916	$22,916	$22,916	$22,916	$22,916	$25,064	$26,496	$26,496	**$285,732**
Benefit Package 716	$3,323	$3,323	$3,323	$3,323	$3,323	$3,323	$3,323	$3,323	$3,323	$3,323	$3,323	$3,323	**$39,874**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A8d
Financial Plan Structure and Overall Performance by Benefit Package — Monthly Premiums
Calendar Year 2015

	Premiums												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 717	$151,897	$151,897	$151,897	$151,160	$151,897	$150,423	$150,423	$151,897	$151,897	$163,695	$165,907	$166,645	**$1,859,636**
Benefit Package 718	$11,292	$11,292	$11,292	$11,292	$11,292	$11,292	$11,292	$11,292	$11,292	$11,292	$11,292	$11,292	**$135,500**
Benefit Package 719	$12,281	$12,281	$12,840	$12,840	$12,840	$12,840	$12,840	$13,398	$13,398	$12,840	$12,840	$13,398	**$154,635**
Benefit Package 720	$140,362	$139,025	$136,351	$136,351	$136,351	$135,015	$135,015	$131,004	$129,668	$126,994	$126,994	$126,994	**$1,600,125**
Benefit Package 723	$3,319	$3,319	$3,983	$3,983	$3,983	$3,983	$3,983	$3,983	$3,983	$5,310	$12,188	$12,188	**$64,203**
Benefit Package 724	$15,234	$15,234	$14,625	$15,234	$15,843	$15,843	$16,453	$16,453	$16,453	$18,281	$29,435	$30,136	**$219,223**
Benefit Package 725	$76,555	$76,555	$76,555	$76,555	$76,555	$76,555	$76,555	$76,555	$76,555	$73,022			**$762,015**
Benefit Package 726	$44,977	$44,977	$44,977	$44,020	$44,020	$43,064	$43,064	$43,064	$43,064	$42,107			**$437,334**
Benefit Package 730	$177,091	$177,091	$177,091	$177,091	$177,091	$176,043	$176,043	$176,043	$176,043	$169,756	$199,096	$199,096	**$2,157,577**
Benefit Package 731	$145,725	$145,725	$143,880	$142,036	$140,191	$140,191	$139,269	$140,191	$140,191	$138,346	$150,336	$149,414	**$1,715,494**
Grand Total	**$91,842,449**	**$91,916,719**	**$92,804,075**	**$92,714,277**	**$92,713,445**	**$93,165,485**	**$92,476,756**	**$92,514,819**	**$92,539,819**	**$91,782,371**	**$93,284,572**	**$93,112,655**	**$1,110,867,442**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A8e
Financial Plan Structure and Overall Performance by Benefit Package — Loss Ratios
Calendar Year 2015

	Loss Ratios												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 009	50.9%	26.4%	47.3%	78.6%	37.2%	26.7%	57.5%	62.7%	83.5%	39.5%	80.2%	27.6%	**51.2%**
Benefit Package 010	159.1%	82.2%	147.7%	132.5%	90.8%	62.2%	154.1%	122.0%	126.7%	188.8%	113.7%	134.8%	**126.2%**
Benefit Package 011	17.6%	26.1%	15.8%	30.9%	57.2%	47.1%	69.8%	243.3%	71.4%	211.2%	178.8%	129.4%	**90.7%**
Benefit Package 012	44.9%	70.2%	55.1%	75.9%	52.2%	70.2%	85.3%	97.6%	51.2%	79.2%	45.6%	44.3%	**63.3%**
Benefit Package 013	90.2%	68.7%	83.5%	67.6%	53.8%	50.7%	84.5%	66.9%	60.0%	66.4%			**68.8%**
Benefit Package 016	64.8%	98.5%	79.9%	76.3%	47.4%	50.4%	89.2%	54.4%	60.0%	46.7%	36.9%	39.0%	**61.8%**
Benefit Package 025	41.9%	48.6%	64.6%	50.5%	86.4%	62.4%	80.3%	83.0%	99.6%	59.1%			**67.8%**
Benefit Package 030	60.2%	90.0%	75.1%	80.1%	67.9%	79.3%	143.6%	106.7%	62.5%	77.9%	67.5%	92.7%	**83.7%**
Benefit Package 031	83.7%	73.3%	85.7%	81.9%	90.2%	102.4%	130.1%	90.7%	86.0%	77.5%			**90.2%**
Benefit Package 044	70.4%	61.6%	91.0%	251.9%	115.8%	67.9%	174.3%	119.2%	77.7%	145.3%	130.2%	103.4%	**117.0%**
Benefit Package 065	63.1%	61.4%	68.0%	86.6%	72.8%	83.5%	85.7%	83.5%	124.6%	103.2%	99.7%	79.5%	**84.3%**
Benefit Package 172	92.1%	86.4%	114.2%	76.8%	73.1%	123.3%	90.5%	75.2%	88.8%	64.4%	74.0%	83.4%	**86.8%**
Benefit Package 176	62.3%	55.3%	56.0%	51.8%	56.4%	85.4%	91.8%	57.0%	55.5%	73.8%	95.6%	60.2%	**66.9%**
Benefit Package 177	98.8%	107.6%	61.4%	88.9%	159.4%	77.5%	93.3%	63.1%	40.6%	71.9%	48.3%	49.0%	**79.8%**
Benefit Package 185	20.2%	20.2%	20.2%	57.5%	20.2%	20.2%	33.1%	39.8%	14.8%	41.6%	7.4%	17.9%	**24.2%**
Benefit Package 230	5.7%	3.6%	8.4%	11.8%	143.8%	12.1%	30.0%	5.2%	23.0%	19.0%	24.1%	26.9%	**26.0%**
Benefit Package 236	62.2%	79.8%	142.9%	140.3%	37.4%	85.3%	118.2%	92.4%	66.9%	77.3%	74.0%	116.4%	**91.0%**
Benefit Package 237	102.4%	80.7%	62.6%	61.4%	40.6%	73.7%	204.9%	192.6%	67.1%	83.9%	99.2%	85.2%	**96.0%**
Benefit Package 238	60.0%	94.8%	58.1%	205.1%	106.4%	55.9%	100.8%	80.2%	82.4%	51.5%	49.8%	107.9%	**87.7%**
Benefit Package 245	89.2%	5.0%	9.5%	17.1%	12.7%	11.7%	33.2%	22.0%	22.5%	25.9%	106.7%	24.7%	**31.5%**
Benefit Package 246	60.7%	81.9%	112.3%	74.0%	51.0%	60.8%	76.4%	135.5%	63.2%	64.1%	139.6%	75.6%	**82.5%**
Benefit Package 247	51.3%	105.8%	68.8%	95.3%	65.9%	67.5%	87.3%	81.9%	66.8%	77.6%	40.6%	79.9%	**74.0%**
Benefit Package 249	56.1%	51.2%	69.8%	49.4%	41.4%	58.2%	73.0%	113.0%	75.6%	87.8%	59.7%	79.9%	**67.9%**
Benefit Package 250	111.1%	102.1%	19.0%	57.5%	32.3%	65.1%	82.3%	93.0%	78.4%	108.8%	47.0%	102.2%	**75.3%**
Benefit Package 251	93.4%	116.5%	121.7%	108.3%	86.0%	118.6%	118.8%	125.1%	105.8%	92.2%	103.8%	103.5%	**107.7%**
Benefit Package 254	35.3%	42.4%	30.6%	47.8%	41.1%	103.1%	49.4%	109.0%	79.1%	51.5%	103.2%	94.1%	**65.8%**
Benefit Package 257	67.4%	47.8%	40.8%	56.7%	68.9%	76.6%	92.4%	97.8%	90.9%	75.7%	44.3%	63.5%	**67.7%**
Benefit Package 259	61.8%	96.6%	99.3%	56.3%	61.8%	82.6%	80.3%	87.3%	80.8%	62.7%	41.1%	46.8%	**71.3%**
Benefit Package 266	115.8%	87.8%	89.3%	155.8%	95.0%	92.0%	89.5%	99.7%	86.7%	113.9%			**102.6%**
Benefit Package 267	88.5%	78.6%	69.9%	140.5%	111.3%	102.5%	81.3%	426.9%	135.8%	92.7%	71.3%	83.0%	**122.9%**
Benefit Package 269	19.0%	10.2%	11.8%	50.7%	26.2%	2.8%	43.1%	30.3%	21.2%	37.9%			**25.0%**
Benefit Package 270	72.0%	50.4%	38.6%	38.2%	57.5%	39.8%	74.0%	55.9%	55.7%	85.3%			**56.3%**
Benefit Package 271	20.4%	8.9%	15.9%	4.5%	19.2%	10.2%	10.2%	2.6%	9.9%	6.3%			**10.9%**
Benefit Package 272	191.9%	53.9%	141.2%	311.6%	46.2%	39.6%	94.2%	71.8%	36.4%	1226.0%			**203.9%**
Benefit Package 274	208.9%	163.0%	55.7%	55.2%	146.7%	33.6%	86.4%	82.0%	112.1%	876.1%			**178.5%**
Benefit Package 275	76.3%	19.1%	46.6%	32.3%	133.9%	93.4%	82.2%	47.6%	48.1%	129.8%			**70.5%**
Benefit Package 276	66.7%	320.0%	62.4%	216.2%	133.4%	41.1%	42.7%	44.6%	57.4%	59.8%			**104.8%**
Benefit Package 277	155.3%	144.5%	101.1%	63.3%	140.0%	116.6%	203.4%	83.1%	140.1%	171.8%			**131.6%**
Benefit Package 278	37.6%	315.6%	40.0%	31.2%	52.2%	124.2%	82.5%	67.4%	50.7%	61.5%			**86.4%**
Benefit Package 279	57.4%	63.5%	37.7%	226.8%	44.7%	80.5%	75.7%	56.5%	46.2%	203.7%			**88.7%**
Benefit Package 280	26.5%	39.3%	35.3%	74.4%	29.8%	16.6%	29.4%	34.3%	114.3%	39.5%			**43.9%**
Benefit Package 281	35.2%	27.1%	44.1%	150.6%	407.9%	38.1%	78.8%	197.5%	131.7%	94.4%			**119.3%**
Benefit Package 282	38.5%	55.8%	50.8%	72.2%	84.6%	47.2%	62.7%	94.6%	52.5%	120.5%			**68.3%**
Benefit Package 284	33.1%	10.4%	25.8%	22.1%	24.5%	18.7%	35.6%	20.8%	21.8%	199.1%			**42.1%**
Benefit Package 286	77.9%	57.1%	71.5%	61.7%	99.1%	34.5%	114.0%	83.1%	106.4%	119.2%			**82.3%**
Benefit Package 288	128.6%	76.6%	80.1%	38.8%	66.0%	29.0%	64.8%	64.2%	74.0%	288.6%			**90.2%**
Benefit Package 318	71.8%	66.4%	77.9%	79.8%	76.0%	88.0%	82.4%	91.4%	71.5%	72.1%			**77.7%**
Benefit Package 319	71.7%	70.8%	80.7%	85.8%	86.4%	109.7%	120.0%	109.0%	88.2%	89.3%			**91.2%**
Benefit Package 320	94.6%	62.0%	84.7%	66.5%	58.9%	79.7%	79.2%	85.2%	74.4%	78.9%			**76.4%**
Benefit Package 321	92.6%	84.3%	102.1%	102.8%	97.2%	116.3%	117.5%	111.8%	96.5%	102.6%			**102.3%**
Benefit Package 322	73.4%	69.1%	81.1%	87.1%	73.8%	96.1%	93.8%	93.5%	87.6%	91.8%			**84.7%**
Benefit Package 323	92.3%	110.0%	118.3%	118.9%	104.1%	135.3%	141.8%	129.2%	115.6%	106.3%			**117.2%**
Benefit Package 324	123.0%	81.7%	93.8%	98.2%	98.1%	104.6%	107.6%	96.2%	102.1%	114.2%	94.3%	84.5%	**99.9%**
Benefit Package 325	32.9%	30.5%	44.4%	45.2%	60.1%	38.2%	55.5%	47.2%	42.8%	70.4%	48.9%	38.5%	**46.1%**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A8e
Financial Plan Structure and Overall Performance by Benefit Package — Loss Ratios
Calendar Year 2015

	Loss Ratios												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 326	45.8%	58.5%	36.6%	46.9%	71.1%	40.0%	73.2%	288.0%	72.1%	137.7%			**86.9%**
Benefit Package 327	74.0%	52.9%	10.5%	32.3%	34.5%	33.3%	1362.7%	2276.9%	89.3%	108.4%			**429.5%**
Benefit Package 328	252.6%	428.1%	635.6%	239.0%	232.5%	275.6%	242.7%	233.3%	294.8%	248.3%			**308.2%**
Benefit Package 329	123.7%	24.1%	46.3%	38.9%	89.2%	51.1%	52.3%	56.5%	54.1%	47.5%			**58.2%**
Benefit Package 330	29.2%	0.0%	0.0%	1.6%	18.5%	0.2%	1.0%	9.3%	0.0%	1.0%			**6.2%**
Benefit Package 331	77.9%	69.1%	54.6%	77.0%	164.3%	122.9%	205.0%	112.5%	96.0%	312.8%			**128.1%**
Benefit Package 332	117.5%	67.5%	82.6%	51.6%	54.1%	138.0%	96.6%	130.6%	108.7%	116.3%			**96.2%**
Benefit Package 333	55.0%	90.6%	50.9%	59.7%	103.2%	56.1%	79.1%	61.0%	81.5%	100.9%			**73.8%**
Benefit Package 334	177.1%	223.8%	86.7%	45.6%	160.6%	54.6%	111.5%	109.8%	97.4%	124.7%			**119.6%**
Benefit Package 335	166.0%	97.4%	125.5%	99.1%	203.8%	397.1%	183.9%	84.8%	88.9%	118.9%			**156.5%**
Benefit Package 336	0.0%	0.4%	320.5%	16.7%	32.8%	26.3%	24.2%	69.9%	63.7%	231.5%			**78.2%**
Benefit Package 337	17.1%	8.1%	26.1%	99.3%	58.6%	196.4%	333.4%	69.5%	97.1%	110.0%			**102.3%**
Benefit Package 339	97.7%	156.0%	98.8%	56.4%	127.5%	75.8%	145.7%	77.1%	87.9%	110.0%			**103.3%**
Benefit Package 340	5.0%	1.2%	4.8%	4.5%	0.3%	7.1%	6.8%	14.8%	14.6%	36.3%			**9.5%**
Benefit Package 341	72.0%	34.3%	86.7%	60.0%	76.6%	61.8%	67.0%	94.4%	46.8%	99.6%			**69.7%**
Benefit Package 342	115.9%	104.9%	108.6%	37.9%	48.2%	55.3%	126.8%	47.3%	43.1%	109.4%			**79.3%**
Benefit Package 343	50.4%	74.3%	53.0%	51.6%	98.3%	53.3%	51.0%	31.1%	79.2%	42.8%			**58.7%**
Benefit Package 344	87.6%	67.3%	313.7%	135.8%	617.6%	490.5%	174.7%	208.7%	112.5%	76.9%			**226.4%**
Benefit Package 345	33.0%	22.4%	7.2%	56.7%	6.2%	11.7%	8.0%	16.7%	11.6%	116.8%			**27.6%**
Benefit Package 346	97.6%	125.5%	91.1%	119.6%	170.6%	85.9%	122.7%	108.6%	129.2%	74.8%			**112.8%**
Benefit Package 347	95.3%	182.3%	42.6%	52.8%	391.4%	148.5%	99.2%	114.4%	81.5%	123.5%			**133.6%**
Benefit Package 348	128.9%	96.2%	93.2%	146.4%	121.5%	82.7%	111.5%	126.4%	130.5%	86.6%			**112.4%**
Benefit Package 349	78.8%	37.9%	7.1%	1.5%	5.3%	12.5%	5.5%	4.8%	12.0%	32.5%			**20.0%**
Benefit Package 350	96.9%	147.5%	130.0%	65.5%	139.6%	118.6%	87.7%	91.2%	84.4%	102.3%			**106.4%**
Benefit Package 351	72.1%	56.6%	76.1%	73.2%	128.0%	167.2%	131.8%	129.0%	228.1%	245.7%			**129.6%**
Benefit Package 352	148.8%	60.4%	35.2%	88.2%	71.3%	77.6%	104.2%	89.4%	116.1%	119.0%	75.6%	65.8%	**86.9%**
Benefit Package 353	434.2%	139.3%	43.4%	224.0%	111.2%	134.5%	159.9%	126.2%	175.9%	283.0%	108.2%	174.5%	**174.5%**
Benefit Package 354	121.2%	64.4%	56.5%	122.3%	104.8%	103.6%	87.1%	123.2%	88.6%	134.4%	88.4%	102.2%	**99.6%**
Benefit Package 355	49.9%	32.3%	385.1%	50.8%	91.3%	39.5%	211.0%	86.2%	42.5%	45.9%	38.4%	48.5%	**93.1%**
Benefit Package 356	309.8%	410.4%	173.9%	274.3%	213.8%	279.7%	265.9%	177.9%	105.0%	328.4%			**254.1%**
Benefit Package 357	113.1%	79.6%	86.9%	81.4%	115.1%	91.5%	180.1%	106.5%	121.0%	103.1%			**107.9%**
Benefit Package 358	122.8%	59.0%	71.6%	76.5%	82.8%	57.1%	130.2%	108.0%	90.1%	155.8%			**95.3%**
Benefit Package 359	147.7%	80.2%	137.9%	86.7%	168.4%	78.0%	150.1%	95.6%	91.3%	112.8%			**115.0%**
Benefit Package 360	59.5%	65.5%	117.0%	47.7%	52.4%	71.8%	104.4%	51.0%	56.3%	75.9%			**70.2%**
Benefit Package 361	264.7%	118.8%	175.3%	125.7%	62.8%	185.6%	255.2%	136.8%	68.0%	217.5%			**160.8%**
Benefit Package 362	145.2%	22.2%	30.0%	62.5%	25.6%	32.5%	101.8%	415.6%	252.0%	34.8%			**112.1%**
Benefit Package 363	197.8%	98.6%	194.6%	106.7%	172.0%	124.0%	242.5%	323.3%	161.8%	242.2%			**185.5%**
Benefit Package 364	225.5%	207.9%	110.4%	88.0%	50.0%	58.4%	142.2%	252.7%	139.5%	84.3%			**135.7%**
Benefit Package 365	131.8%	105.5%	85.4%	75.9%	79.1%	94.4%	160.8%	74.6%	81.7%	143.2%			**103.1%**
Benefit Package 366	103.3%	78.9%	77.4%	99.6%	151.5%	70.3%	101.3%	100.4%	98.0%	196.8%			**107.8%**
Benefit Package 367	27.9%	42.7%	107.4%	19.0%	72.1%	29.1%	18.7%	125.9%	16.4%	36.1%			**49.4%**
Benefit Package 368	35.9%	40.7%	123.2%	138.0%	61.0%	22.7%	32.1%	38.9%	33.6%	55.0%			**58.4%**
Benefit Package 416											62.2%	112.7%	**87.7%**
Benefit Package 417											62.0%	68.7%	**65.3%**
Benefit Package 418											88.7%	82.6%	**85.6%**
Benefit Package 424	75.8%	75.7%	110.8%	82.9%	102.1%	106.9%	106.0%	123.0%	86.3%	96.4%	92.2%	107.2%	**97.1%**
Benefit Package 425	81.8%	73.9%	72.9%	65.3%	75.3%	76.0%	84.3%	61.9%	78.3%	72.1%	68.3%	86.2%	**74.7%**
Benefit Package 426	83.9%	52.9%	73.6%	71.5%	63.9%	83.9%	119.7%	73.4%	73.3%	52.7%	71.2%	50.3%	**72.8%**
Benefit Package 428	52.6%	57.7%	65.6%	66.9%	50.1%	73.1%	86.8%	81.1%	75.6%	56.8%	54.4%	69.6%	**65.8%**
Benefit Package 429	69.3%	55.8%	63.4%	58.7%	45.4%	50.8%	58.1%	81.9%	61.0%	78.7%	75.4%	88.8%	**65.6%**
Benefit Package 431	70.2%	68.1%	71.9%	70.0%	67.8%	84.0%	82.7%	86.9%	78.0%	80.7%	64.5%	70.7%	**74.6%**
Benefit Package 432	63.9%	74.9%	72.5%	67.0%	64.6%	92.3%	94.2%	75.6%	81.8%	77.2%	60.6%	75.9%	**75.0%**
Benefit Package 433	81.8%	106.1%	88.7%	85.0%	83.5%	114.3%	92.1%	111.2%	104.1%	89.7%	76.8%	102.2%	**94.6%**
Benefit Package 434	93.1%	102.3%	148.6%	81.7%	72.2%	96.6%	74.2%	99.7%	91.4%	83.1%	61.1%	64.3%	**89.6%**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
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Calendar Year 2015

	Loss Ratios												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 435	80.0%	82.3%	89.4%	85.8%	74.1%	106.7%	83.5%	99.4%	81.2%	78.4%	72.8%	86.1%	**85.1%**
Benefit Package 437	42.1%	53.1%	66.0%	49.8%	82.8%	103.1%	125.6%	105.0%	87.4%	61.3%	49.8%	45.7%	**71.7%**
Benefit Package 440	56.5%	64.0%	80.0%	78.7%	84.5%	84.0%	80.2%	95.0%	76.5%	70.6%	57.0%	68.6%	**74.5%**
Benefit Package 441	119.2%	109.3%	106.1%	125.6%	109.2%	110.4%	111.7%	173.3%	95.4%	79.5%	119.0%	90.1%	**112.1%**
Benefit Package 443											48.3%	97.9%	**66.8%**
Benefit Package 445											42.0%	89.5%	**65.9%**
Benefit Package 447											72.8%	81.7%	**77.3%**
Benefit Package 451	128.0%	94.9%	80.8%	72.7%	92.3%	94.8%	107.9%	99.1%	74.6%	139.6%			**98.0%**
Benefit Package 452	60.9%	51.9%	102.5%	97.0%	79.6%	98.3%	85.9%	120.9%	38.8%	82.2%			**81.8%**
Benefit Package 453											68.3%	85.0%	**76.7%**
Benefit Package 454											70.8%	77.9%	**74.4%**
Benefit Package 460	0.0%	18.8%	0.0%	0.0%	5.8%	17.2%	5.8%	0.0%	0.0%	44.9%			**9.3%**
Benefit Package 469	63.2%	55.8%	42.7%	50.7%	97.3%	189.5%	239.5%	68.5%	150.7%	149.1%			**110.0%**
Benefit Package 472	42.9%	51.3%	60.4%	43.8%	56.2%	26.6%	44.6%	56.7%	153.4%	131.3%			**66.2%**
Benefit Package 474	13.5%	24.5%	24.6%	8.9%	4.7%	3.4%	17.1%	3.3%	14.0%	27.5%			**14.5%**
Benefit Package 477	40.3%	146.9%	66.1%	14.8%	184.6%	76.1%	19.6%	20.7%	315.5%	93.3%			**98.5%**
Benefit Package 482	41.1%	24.5%	19.7%	216.0%	16.5%	32.1%	126.1%	156.2%	17.0%				**71.8%**
Benefit Package 483	181.7%	76.8%	94.2%	118.9%	107.5%	121.5%	154.4%	76.6%	58.9%	65.9%			**105.2%**
Benefit Package 484											52.3%	104.9%	**78.4%**
Benefit Package 485	44.0%	174.7%	142.2%	153.0%	58.5%	23.6%	511.2%	90.7%	207.4%				**156.2%**
Benefit Package 486										54.4%	12.4%	20.0%	**29.0%**
Benefit Package 488	43.6%	76.2%	17.8%	28.5%	17.0%	30.1%	445.7%	58.8%	42.7%				**84.3%**
Benefit Package 489	71.2%	173.2%	123.3%	93.7%	183.1%	71.7%	87.8%	84.6%	46.6%	118.6%			**105.6%**
Benefit Package 490											33.7%	45.6%	**39.6%**
Benefit Package 491	33.0%	23.8%	28.7%	17.9%	88.4%	283.2%	20.8%	58.8%	18.8%				**64.6%**
Benefit Package 492										43.1%	30.6%	368.1%	**148.1%**
Benefit Package 493	92.2%	59.4%	84.4%	98.4%	171.8%	34.3%	112.5%	48.9%	260.2%	85.4%			**104.8%**
Benefit Package 494	46.1%	28.7%	89.2%	156.1%	114.3%	133.0%	49.8%	48.5%	45.5%	64.5%	135.4%	52.4%	**80.1%**
Benefit Package 495	165.0%	80.3%	97.7%	121.7%	325.5%	70.5%	71.3%	164.4%	75.2%				**130.1%**
Benefit Package 496	139.0%	82.0%	77.2%	94.0%	79.6%	178.5%	142.3%	156.2%	526.1%	106.0%			**157.1%**
Benefit Package 497											131.4%	116.0%	**123.7%**
Benefit Package 498	154.7%	178.0%	113.4%	219.9%	160.9%	281.3%	162.9%	157.3%	202.2%				**181.1%**
Benefit Package 499										237.5%	103.1%	92.9%	**142.7%**
Benefit Package 501	71.5%	114.5%	214.9%	97.5%	48.7%	71.7%	91.1%	103.3%	108.8%				**102.4%**
Benefit Package 502	96.8%	111.2%	123.5%	129.9%	104.4%	161.2%	126.2%	131.4%	191.4%	144.3%			**132.0%**
Benefit Package 503											68.9%	89.6%	**79.3%**
Benefit Package 504	52.0%	86.9%	67.1%	77.0%	139.0%	74.3%	75.1%	101.9%	91.4%				**85.1%**
Benefit Package 505										62.7%	73.5%	56.5%	**64.3%**
Benefit Package 507	25.6%	16.6%	128.7%	56.6%	54.9%	71.3%	33.2%	68.7%	27.1%				**53.6%**
Benefit Package 508	83.5%	33.0%	46.9%	49.7%	81.0%	56.7%	76.7%	91.7%	145.1%	55.5%			**71.6%**
Benefit Package 509											90.5%	60.5%	**75.5%**
Benefit Package 510	15.5%	42.4%	29.5%	96.6%	73.6%	162.4%	116.4%	219.6%	254.0%				**111.8%**
Benefit Package 511										96.5%	71.2%	134.3%	**100.7%**
Benefit Package 512	56.4%	16.1%	16.9%	29.2%	8.6%	58.0%	24.5%	446.7%	54.6%				**78.9%**
Benefit Package 513	5.0%	10.7%	7.8%	12.9%	21.9%	437.6%	172.8%	31.8%	19.1%	37.6%			**75.8%**
Benefit Package 514											46.4%	41.3%	**43.8%**
Benefit Package 515										51.8%	95.1%	37.6%	**61.7%**
Benefit Package 517											23.9%	30.7%	**27.4%**
Benefit Package 519											73.9%	77.3%	**75.6%**
Benefit Package 521											81.5%	94.3%	**87.9%**
Benefit Package 523											88.2%	58.9%	**73.6%**
Benefit Package 525											43.1%	69.8%	**56.5%**
Benefit Package 528											102.5%	111.1%	**106.8%**
Benefit Package 530											77.4%	94.8%	**86.1%**

Washington State Office of the Insurance Commissioner
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Calendar Year 2015

	Loss Ratios												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 532											116.4%	121.8%	**119.1%**
Benefit Package 534											33.7%	0.0%	**16.8%**
Benefit Package 552											80.6%	108.8%	**94.7%**
Benefit Package 553											38.0%	103.3%	**70.7%**
Benefit Package 554											35.2%	99.5%	**67.3%**
Benefit Package 555											41.6%	64.8%	**53.3%**
Benefit Package 556											1.8%	3.7%	**2.8%**
Benefit Package 557											6.8%	125.0%	**65.9%**
Benefit Package 558											75.7%	45.9%	**60.8%**
Benefit Package 559											28.9%	36.9%	**32.9%**
Benefit Package 560											17.8%	73.5%	**45.6%**
Benefit Package 561											51.5%	187.1%	**119.3%**
Benefit Package 562											16.4%	2.2%	**9.3%**
Benefit Package 563											28.0%	33.0%	**30.5%**
Benefit Package 564											24.6%	322.7%	**173.7%**
Benefit Package 565											6.0%	11.5%	**9.3%**
Benefit Package 566											15.2%	20.0%	**17.6%**
Benefit Package 567											46.0%	120.2%	**82.2%**
Benefit Package 568											28.0%	82.2%	**55.5%**
Benefit Package 569											31.5%	44.8%	**38.2%**
Benefit Package 570											71.4%	96.8%	**84.0%**
Benefit Package 571											7.3%	7.4%	**7.4%**
Benefit Package 572											44.7%	71.4%	**58.0%**
Benefit Package 603	537.2%	595.0%	148.7%	118.1%	233.6%	78.9%	142.6%	118.0%	97.9%	150.1%	74.4%	164.8%	**134.1%**
Benefit Package 604	418.2%	472.5%	116.8%	112.4%	114.6%	118.6%	176.7%	131.7%	69.5%	154.1%	108.7%	129.3%	**129.7%**
Benefit Package 605	23.8%	967.7%	21.7%	42.8%	263.7%	116.8%	166.9%	29.7%	163.8%	273.9%	28.2%	48.6%	**94.6%**
Benefit Package 606	312.6%	456.9%	98.3%	138.4%	264.4%	38.5%	182.6%	90.0%	156.0%	66.6%	163.8%	82.7%	**117.0%**
Benefit Package 607											25.5%	42.9%	**34.1%**
Benefit Package 608											37.3%	51.5%	**44.4%**
Benefit Package 609											28.9%	52.4%	**40.8%**
Benefit Package 610											30.3%	51.0%	**40.8%**
Benefit Package 611											48.6%	79.9%	**64.4%**
Benefit Package 612											17.1%	45.3%	**31.3%**
Benefit Package 613											35.5%	98.0%	**66.9%**
Benefit Package 614											41.0%	46.3%	**43.8%**
Benefit Package 615											40.4%	94.9%	**66.9%**
Benefit Package 616											40.7%	64.0%	**52.3%**
Benefit Package 617											29.9%	26.8%	**28.3%**
Benefit Package 618											24.6%	17.0%	**20.7%**
Benefit Package 619											21.8%	34.2%	**28.1%**
Benefit Package 620											63.1%	144.6%	**103.8%**
Benefit Package 621											35.6%	60.4%	**47.8%**
Benefit Package 622											44.5%	74.7%	**59.6%**
Benefit Package 623											49.5%	72.7%	**61.2%**
Benefit Package 624											26.2%	57.0%	**41.7%**
Benefit Package 625											44.1%	97.0%	**70.4%**
Benefit Package 626											28.5%	34.8%	**31.6%**
Benefit Package 709	102.1%	108.3%	112.8%	127.9%	129.0%	121.0%	75.6%	89.5%	103.4%	100.0%	70.9%	99.4%	**103.6%**
Benefit Package 711	49.1%	30.3%	32.7%	80.8%	44.9%	61.4%	33.1%	64.9%	32.1%	60.0%	21.6%	63.8%	**47.9%**
Benefit Package 712	53.0%	88.2%	53.9%	34.4%	45.3%	107.4%	46.0%	57.3%	74.6%	18.2%	75.5%	54.0%	**59.0%**
Benefit Package 713	66.8%	70.1%	80.1%	60.1%	53.5%	74.2%	81.5%	84.2%	67.8%	69.5%	121.7%	104.8%	**77.7%**
Benefit Package 714	19.6%	39.0%	28.7%	31.0%	30.0%	15.7%	50.0%	23.9%	11.8%	10.1%	8.3%	35.1%	**25.5%**
Benefit Package 715	31.6%	23.7%	53.3%	62.9%	357.1%	230.1%	265.7%	45.2%	59.6%	74.6%	33.9%	47.7%	**104.8%**
Benefit Package 716	45.9%	52.1%	85.3%	23.7%	20.7%	27.2%	35.1%	22.9%	32.0%	90.5%	42.5%	30.9%	**42.4%**

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	Loss Ratios												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 717	69.5%	49.4%	61.4%	54.8%	75.3%	64.0%	111.3%	163.0%	61.2%	52.9%	63.1%	88.9%	**76.1%**
Benefit Package 718	59.7%	58.7%	96.5%	120.9%	199.0%	105.5%	89.1%	645.8%	40.7%	43.0%	43.6%	99.0%	**133.5%**
Benefit Package 719	84.7%	18.0%	18.2%	43.2%	7.1%	75.3%	47.0%	117.7%	80.8%	36.5%	193.6%	594.2%	**111.8%**
Benefit Package 720	109.7%	127.9%	98.5%	59.1%	186.9%	71.5%	82.7%	197.1%	113.6%	112.4%	192.2%	94.3%	**120.1%**
Benefit Package 723	0.0%	27.3%	10.5%	22.0%	1.6%	0.0%	10.8%	47.7%	102.4%	65.5%	6.2%	7.8%	**21.6%**
Benefit Package 724	42.1%	103.0%	117.3%	125.4%	103.6%	14.6%	18.4%	35.6%	24.1%	19.1%	16.9%	10.1%	**46.3%**
Benefit Package 725	91.2%	87.1%	241.2%	688.7%	313.5%	155.1%	203.6%	217.7%	138.9%	89.9%			**223.3%**
Benefit Package 726	129.4%	115.2%	114.7%	128.2%	429.0%	81.9%	65.9%	40.2%	55.8%	57.3%			**122.6%**
Benefit Package 730	31.3%	37.7%	61.6%	73.0%	64.2%	34.6%	84.0%	42.3%	40.1%	47.6%	53.6%	59.4%	**52.6%**
Benefit Package 731	50.4%	80.6%	69.5%	62.7%	43.2%	42.4%	169.9%	41.9%	46.5%	46.9%	56.5%	103.6%	**67.9%**
Grand Total	**81.6%**	**79.4%**	**88.3%**	**88.1%**	**85.2%**	**97.7%**	**103.1%**	**101.8%**	**89.0%**	**91.8%**	**79.3%**	**89.9%**	**89.6%**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A8f
Financial Plan Structure and Overall Performance by Benefit Package
Calendar Year 2015

		Financial Measures												
Benefit Package	**Category**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 009	Enrollment	59	58	58	57	57	56	55	52	51	49	65	65	**682**
	Claims	$25,842	$13,238	$23,738	$38,028	$17,807	$12,447	$26,493	$27,097	$35,554	$16,128	$41,884	$14,398	**$292,653**
	Premiums	$50,764	$50,164	$50,164	$48,379	$47,879	$46,686	$46,086	$43,192	$42,592	$40,800	$52,197	$52,197	**$571,098**
	Loss Ratio	50.9%	26.4%	47.3%	78.6%	37.2%	26.7%	57.5%	62.7%	83.5%	39.5%	80.2%	27.6%	**51.2%**
Benefit Package 010	Enrollment	262	261	260	260	261	262	261	264	264	257	263	263	**3,138**
	Claims	$382,501	$196,054	$351,372	$315,077	$215,919	$148,295	$365,512	$292,879	$305,778	$447,039	$275,530	$325,259	**$3,621,213**
	Premiums	$240,352	$238,548	$237,854	$237,854	$237,747	$238,442	$237,218	$240,039	$241,420	$236,720	$242,353	$241,332	**$2,869,878**
	Loss Ratio	159.1%	82.2%	147.7%	132.5%	90.8%	62.2%	154.1%	122.0%	126.7%	188.8%	113.7%	134.8%	**126.2%**
Benefit Package 011	Enrollment	93	94	93	92	94	91	90	91	91	95	93	94	**1,111**
	Claims	$14,879	$22,224	$13,280	$25,864	$47,565	$38,979	$57,370	$203,072	$59,620	$185,746	$131,383	$96,129	**$896,111**
	Premiums	$84,619	$85,106	$84,136	$83,649	$83,162	$82,675	$82,188	$83,455	$83,534	$87,935	$73,480	$74,306	**$988,246**
	Loss Ratio	17.6%	26.1%	15.8%	30.9%	57.2%	47.1%	69.8%	243.3%	71.4%	211.2%	178.8%	129.4%	**90.7%**
Benefit Package 012	Enrollment	370	373	374	372	376	376	377	361	338	349	422	429	**4,517**
	Claims	$116,955	$200,455	$158,353	$222,550	$150,297	$195,558	$235,643	$267,388	$142,309	$190,116	$158,426	$162,212	**$2,200,263**
	Premiums	$260,747	$285,439	$287,537	$293,118	$288,172	$278,500	$276,389	$273,843	$277,776	$240,102	$347,628	$366,248	**$3,475,498**
	Loss Ratio	44.9%	70.2%	55.1%	75.9%	52.2%	70.2%	85.3%	97.6%	51.2%	79.2%	45.6%	44.3%	**63.3%**
Benefit Package 013	Enrollment	273	273	273	272	271	271	271	266	255	251			**2,676**
	Claims	$191,875	$180,205	$217,855	$173,570	$140,092	$132,025	$213,248	$169,521	$153,088	$149,597			**$1,721,076**
	Premiums	$212,696	$262,267	$260,918	$256,924	$260,499	$260,366	$252,269	$253,537	$255,289	$225,354			**$2,500,118**
	Loss Ratio	90.2%	68.7%	83.5%	67.6%	53.8%	50.7%	84.5%	66.9%	60.0%	66.4%			**68.8%**
Benefit Package 016	Enrollment	132	131	133	132	131	131	132	134	132	128	136	138	**1,590**
	Claims	$73,242	$110,117	$91,565	$87,011	$54,182	$57,477	$102,001	$62,482	$67,658	$51,353	$43,985	$45,802	**$846,876**
	Premiums	$113,113	$111,776	$114,627	$114,024	$114,217	$114,058	$114,297	$114,869	$112,688	$109,847	$119,211	$117,521	**$1,370,248**
	Loss Ratio	64.8%	98.5%	79.9%	76.3%	47.4%	50.4%	89.2%	54.4%	60.0%	46.7%	36.9%	39.0%	**61.8%**
Benefit Package 025	Enrollment	1,703	1,705	1,723	1,745	1,755	1,752	1,757	1,763	1,764	1,872			**17,539**
	Claims	$484,610	$562,730	$754,637	$595,448	$1,024,568	$739,275	$952,968	$989,424	$1,190,378	$741,626			**$8,035,665**
	Premiums	$1,155,828	$1,157,308	$1,168,765	$1,180,143	$1,186,518	$1,184,002	$1,186,388	$1,191,785	$1,195,251	$1,253,972			**$11,859,961**
	Loss Ratio	41.9%	48.6%	64.6%	50.5%	86.4%	62.4%	80.3%	83.0%	99.6%	59.1%			**67.8%**
Benefit Package 030	Enrollment	408	403	400	400	396	394	395	393	394	374	360	363	**4,680**
	Claims	$273,726	$408,712	$335,495	$358,455	$302,778	$353,120	$636,243	$466,505	$273,518	$325,951	$273,044	$381,623	**$4,389,171**
	Premiums	$454,689	$454,112	$446,604	$447,500	$445,855	$445,124	$443,202	$437,047	$437,346	$418,621	$404,329	$411,588	**$5,246,017**
	Loss Ratio	60.2%	90.0%	75.1%	80.1%	67.9%	79.3%	143.6%	106.7%	62.5%	77.9%	67.5%	92.7%	**83.7%**
Benefit Package 031	Enrollment	828	822	819	815	818	817	816	814	812	819			**8,180**
	Claims	$633,597	$553,591	$643,555	$613,233	$684,675	$768,418	$978,765	$677,984	$641,952	$578,302			**$6,774,071**
	Premiums	$757,183	$755,312	$751,167	$748,415	$759,156	$750,370	$752,177	$747,735	$746,282	$746,167			**$7,513,964**
	Loss Ratio	83.7%	73.3%	85.7%	81.9%	90.2%	102.4%	130.1%	90.7%	86.0%	77.5%			**90.2%**
Benefit Package 044	Enrollment	88	87	86	86	86	86	85	85	85	77	76	76	**1,003**
	Claims	$72,312	$62,739	$91,038	$251,876	$115,408	$67,688	$172,127	$117,712	$76,758	$129,780	$115,102	$91,406	**$1,363,947**
	Premiums	$102,694	$101,777	$99,996	$99,996	$99,648	$99,648	$98,731	$98,731	$98,731	$89,343	$88,426	$88,426	**$1,166,148**
	Loss Ratio	70.4%	61.6%	91.0%	251.9%	115.8%	67.9%	174.3%	119.2%	77.7%	145.3%	130.2%	103.4%	**117.0%**
Benefit Package 065	Enrollment	1,931	1,935	1,940	1,938	1,937	1,936	1,931	1,929	1,928	1,933	1,949	1,942	**23,229**
	Claims	$1,237,935	$1,202,791	$1,337,531	$1,700,750	$1,426,818	$1,635,280	$1,673,844	$1,627,891	$2,423,961	$2,018,165	$1,962,393	$1,560,157	**$19,807,514**
	Premiums	$1,963,008	$1,959,982	$1,965,673	$1,963,628	$1,960,234	$1,959,077	$1,953,306	$1,948,425	$1,946,046	$1,955,094	$1,968,724	$1,962,778	**$23,505,975**
	Loss Ratio	63.1%	61.4%	68.0%	86.6%	72.8%	83.5%	85.7%	83.5%	124.6%	103.2%	99.7%	79.5%	**84.3%**
Benefit Package 172	Enrollment	360	356	356	353	351	352	349	349	348	356	357	356	**4,243**
	Claims	$320,388	$296,505	$389,935	$261,455	$247,400	$417,164	$304,430	$253,085	$298,531	$221,710	$256,756	$289,035	**$3,556,394**
	Premiums	$347,921	$343,218	$341,394	$340,245	$338,541	$338,384	$336,298	$336,583	$336,280	$344,399	$347,202	$346,441	**$4,096,906**
	Loss Ratio	92.1%	86.4%	114.2%	76.8%	73.1%	123.3%	90.5%	75.2%	88.8%	64.4%	74.0%	83.4%	**86.8%**
Benefit Package 176	Enrollment	245	243	242	244	244	244	247	247	242	245	241	253	254	**2,947**
	Claims	$147,030	$128,997	$130,764	$121,957	$133,583	$203,317	$218,753	$132,900	$130,150	$175,239	$228,632	$142,413	**$1,893,736**
	Premiums	$236,116	$233,248	$233,675	$235,352	$237,025	$238,156	$238,182	$233,202	$234,505	$237,356	$239,221	$236,705	**$2,832,743**
	Loss Ratio	62.3%	55.3%	56.0%	51.8%	56.4%	85.4%	91.8%	57.0%	55.5%	73.8%	95.6%	60.2%	**66.9%**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
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		Financial Measures												
Benefit Package	**Category**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 177	Enrollment	99	98	98	98	98	98	97	101	101	98	99	99	**1,184**
	Claims	$79,611	$86,178	$49,172	$71,240	$128,690	$62,459	$74,326	$52,350	$33,835	$57,283	$38,894	$39,826	**$773,862**
	Premiums	$80,576	$80,084	$80,089	$80,179	$80,749	$80,636	$79,659	$82,959	$83,269	$79,647	$80,524	$81,226	**$969,595**
	Loss Ratio	98.8%	107.6%	61.4%	88.9%	159.4%	77.5%	93.3%	63.1%	40.6%	71.9%	48.3%	49.0%	**79.8%**
Benefit Package 185	Enrollment	1	1	1	1	1	1	1	1	1	1	2	2	**14**
	Claims	$189	$189	$189	$539	$189	$189	$311	$373	$139	$390	$139	$335	**$3,171**
	Premiums	$937	$937	$937	$937	$937	$937	$937	$937	$937	$937	$1,870	$1,870	**$13,114**
	Loss Ratio	20.2%	20.2%	20.2%	57.5%	20.2%	20.2%	33.1%	39.8%	14.8%	41.6%	7.4%	17.9%	**24.2%**
Benefit Package 230	Enrollment	17	17	17	17	17	17	16	16	16	22	37	37	**246**
	Claims	$658	$408	$967	$1,357	$16,479	$1,388	$3,241	$559	$2,478	$2,812	$6,330	$7,076	**$43,752**
	Premiums	$11,462	$11,462	$11,462	$11,462	$11,462	$11,462	$10,788	$10,788	$10,788	$14,834	$26,261	$26,261	**$168,495**
	Loss Ratio	5.7%	3.6%	8.4%	11.8%	143.8%	12.1%	30.0%	5.2%	23.0%	19.0%	24.1%	26.9%	**26.0%**
Benefit Package 236	Enrollment	268	268	268	268	268	267	266	263	263	243	185	185	**3,012**
	Claims	$158,107	$202,865	$363,295	$356,574	$94,978	$216,033	$298,320	$230,436	$166,949	$178,253	$140,834	$221,721	**$2,628,367**
	Premiums	$254,220	$254,220	$254,220	$254,220	$254,220	$253,271	$252,323	$249,477	$249,477	$230,505	$190,432	$190,432	**$2,887,018**
	Loss Ratio	62.2%	79.8%	142.9%	140.3%	37.4%	85.3%	118.2%	92.4%	66.9%	77.3%	74.0%	116.4%	**91.0%**
Benefit Package 237	Enrollment	216	216	216	214	214	214	213	215	213	215	254	255	**2,655**
	Claims	$179,838	$141,773	$110,044	$106,871	$70,686	$128,320	$354,868	$336,800	$116,280	$146,658	$227,522	$196,009	**$2,115,669**
	Premiums	$175,660	$175,660	$175,660	$174,033	$174,033	$174,033	$173,220	$174,846	$173,220	$174,846	$229,275	$230,177	**$2,204,662**
	Loss Ratio	102.4%	80.7%	62.6%	61.4%	40.6%	73.7%	204.9%	192.6%	67.1%	83.9%	99.2%	85.2%	**96.0%**
Benefit Package 238	Enrollment	140	140	140	142	143	142	141	141	141	140	150	151	**1,711**
	Claims	$58,240	$92,067	$56,375	$201,920	$105,491	$55,050	$98,556	$78,384	$80,546	$50,020	$55,167	$120,267	**$1,052,083**
	Premiums	$97,077	$97,077	$97,077	$98,464	$99,158	$98,464	$97,771	$97,771	$97,771	$97,077	$110,753	$111,491	**$1,199,952**
	Loss Ratio	60.0%	94.8%	58.1%	205.1%	106.4%	55.9%	100.8%	80.2%	82.4%	51.5%	49.8%	107.9%	**87.7%**
Benefit Package 245	Enrollment	68	68	68	66	64	64	64	64	64	65	64	64	**783**
	Claims	$29,524	$1,668	$3,787	$5,845	$3,933	$4,111	$11,054	$7,326	$7,482	$8,736	$36,846	$8,365	**$128,676**
	Premiums	$33,109	$33,109	$39,853	$34,219	$30,994	$35,167	$33,271	$33,271	$33,271	$33,745	$34,542	$33,906	**$408,457**
	Loss Ratio	89.2%	5.0%	9.5%	17.1%	12.7%	11.7%	33.2%	22.0%	22.5%	25.9%	106.7%	24.7%	**31.5%**
Benefit Package 246	Enrollment	458	456	462	460	464	462	460	461	462	458	457	466	**5,526**
	Claims	$203,642	$271,557	$370,541	$245,073	$171,549	$203,272	$257,686	$448,674	$214,333	$217,641	$434,658	$254,220	**$3,292,846**
	Premiums	$335,455	$331,600	$330,050	$331,191	$336,443	$334,191	$337,117	$331,213	$338,922	$339,540	$311,405	$336,437	**$3,993,563**
	Loss Ratio	60.7%	81.9%	112.3%	74.0%	51.0%	60.8%	76.4%	135.5%	63.2%	64.1%	139.6%	75.6%	**82.5%**
Benefit Package 247	Enrollment	242	243	244	245	248	248	248	250	250	248	249	251	**2,966**
	Claims	$104,088	$215,295	$140,339	$194,424	$136,089	$139,343	$180,522	$171,456	$139,582	$157,269	$86,364	$166,805	**$1,831,577**
	Premiums	$202,734	$203,554	$204,019	$204,038	$206,501	$206,501	$206,770	$209,259	$208,990	$202,739	$212,851	$208,729	**$2,476,687**
	Loss Ratio	51.3%	105.8%	68.8%	95.3%	65.9%	67.5%	87.3%	81.9%	66.8%	77.6%	40.6%	79.9%	**74.0%**
Benefit Package 249	Enrollment	710	709	705	702	704	702	698	696	694	691	691	694	**8,396**
	Claims	$341,251	$311,458	$426,160	$303,403	$251,956	$350,828	$435,531	$679,679	$453,146	$527,467	$345,749	$474,013	**$4,900,642**
	Premiums	$608,237	$608,497	$610,557	$614,355	$607,964	$603,007	$596,571	$601,274	$599,137	$600,906	$579,147	$593,028	**$7,222,681**
	Loss Ratio	56.1%	51.2%	69.8%	49.4%	41.4%	58.2%	73.0%	113.0%	75.6%	87.8%	59.7%	79.9%	**67.9%**
Benefit Package 250	Enrollment	78	80	81	81	80	81	83	86	86	83	80	84	**983**
	Claims	$61,421	$56,531	$10,480	$31,772	$18,148	$35,869	$43,748	$55,302	$45,536	$63,440	$27,312	$63,403	**$512,961**
	Premiums	$55,288	$55,387	$55,225	$55,225	$56,103	$55,129	$53,144	$59,480	$58,058	$58,289	$58,124	$62,054	**$681,505**
	Loss Ratio	111.1%	102.1%	19.0%	57.5%	32.3%	65.1%	82.3%	93.0%	78.4%	108.8%	47.0%	102.2%	**75.3%**
Benefit Package 251	Enrollment	1,462	1,459	1,459	1,468	1,465	1,466	1,438	1,437	1,407	1,438	1,467	1,465	**17,431**
	Claims	$1,363,630	$1,696,968	$1,776,796	$1,583,648	$1,256,988	$1,731,505	$1,700,098	$1,805,419	$1,486,801	$1,336,213	$1,628,560	$1,612,093	**$18,978,719**
	Premiums	$1,460,436	$1,457,233	$1,460,019	$1,461,982	$1,461,475	$1,460,382	$1,431,291	$1,442,690	$1,405,421	$1,448,616	$1,569,335	$1,557,911	**$17,616,790**
	Loss Ratio	93.4%	116.5%	121.7%	108.3%	86.0%	118.6%	118.8%	125.1%	105.8%	92.2%	103.8%	103.5%	**107.7%**
Benefit Package 254	Enrollment	159	163	167	168	168	167	168	168	173	173	193	177	179	**2,055**
	Claims	$35,131	$45,613	$33,200	$51,235	$44,263	$110,541	$56,589	$122,331	$87,920	$74,783	$115,977	$114,933	**$892,515**
	Premiums	$99,655	$107,451	$108,656	$107,243	$107,804	$107,184	$114,645	$112,252	$111,172	$145,242	$112,372	$122,143	**$1,355,817**
	Loss Ratio	35.3%	42.4%	30.6%	47.8%	41.1%	103.1%	49.4%	109.0%	79.1%	51.5%	103.2%	94.1%	**65.8%**

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		Financial Measures												
Benefit Package	**Category**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 257	Enrollment	757	756	764	763	763	763	760	760	745	824	1,157	1,163	**9,975**
	Claims	$457,447	$316,056	$272,474	$382,451	$464,554	$518,138	$620,161	$660,430	$620,503	$542,003	$428,907	$612,119	**$5,895,243**
	Premiums	$678,400	$661,784	$668,421	$675,023	$674,582	$676,583	$671,419	$675,527	$682,318	$715,877	$968,301	$964,699	**$8,712,933**
	Loss Ratio	67.4%	47.8%	40.8%	56.7%	68.9%	76.6%	92.4%	97.8%	90.9%	75.7%	44.3%	63.5%	**67.7%**
Benefit Package 259	Enrollment	386	386	386	385	384	382	383	381	385	378	392	394	**4,622**
	Claims	$210,481	$330,183	$340,940	$190,108	$207,334	$275,833	$269,310	$297,761	$268,870	$211,536	$145,999	$166,799	**$2,915,152**
	Premiums	$340,450	$341,782	$343,306	$337,443	$335,752	$333,932	$335,552	$340,904	$332,795	$337,203	$355,211	$356,044	**$4,090,373**
	Loss Ratio	61.8%	96.6%	99.3%	56.3%	61.8%	82.6%	80.3%	87.3%	80.8%	62.7%	41.1%	46.8%	**71.3%**
Benefit Package 266	Enrollment	407	406	406	405	404	405	404	406	400	383			**4,026**
	Claims	$434,352	$298,379	$388,256	$671,980	$414,721	$397,082	$387,504	$429,647	$377,110	$472,789			**$4,271,820**
	Premiums	$375,007	$339,928	$434,951	$431,297	$436,523	$431,692	$433,122	$430,977	$435,199	$414,940			**$4,163,637**
	Loss Ratio	115.8%	87.8%	89.3%	155.8%	95.0%	92.0%	89.5%	99.7%	86.7%	113.9%			**102.6%**
Benefit Package 267	Enrollment	205	206	206	206	206	206	205	203	201	208	213	213	**2,478**
	Claims	$164,513	$156,581	$134,533	$271,120	$216,820	$199,209	$157,575	$816,853	$258,888	$177,908	$144,771	$167,545	**$2,866,316**
	Premiums	$185,974	$199,277	$192,329	$192,914	$194,810	$194,338	$193,877	$191,351	$190,659	$192,016	$203,025	$201,955	**$2,332,525**
	Loss Ratio	88.5%	78.6%	69.9%	140.5%	111.3%	102.5%	81.3%	426.9%	135.8%	92.7%	71.3%	83.0%	**122.9%**
Benefit Package 269	Enrollment	11	11	11	10	10	10	10	10	10	10			**103**
	Claims	$2,179	$1,177	$1,356	$5,321	$2,751	$293	$4,524	$3,175	$2,228	$3,971			**$26,975**
	Premiums	$11,488	$11,488	$11,488	$10,487	$10,487	$10,487	$10,487	$10,487	$10,487	$10,487			**$107,875**
	Loss Ratio	19.0%	10.2%	11.8%	50.7%	26.2%	2.8%	43.1%	30.3%	21.2%	37.9%			**25.0%**
Benefit Package 270	Enrollment	42	42	42	42	42	42	42	42	42	35			**413**
	Claims	$27,501	$19,247	$14,730	$14,567	$21,965	$15,198	$28,271	$21,335	$21,257	$27,672			**$211,743**
	Premiums	$38,178	$38,178	$38,178	$38,178	$38,178	$38,178	$38,178	$38,178	$38,178	$32,451			**$376,053**
	Loss Ratio	72.0%	50.4%	38.6%	38.2%	57.5%	39.8%	74.0%	55.9%	55.7%	85.3%			**56.3%**
Benefit Package 271	Enrollment	4	4	4	4	4	4	4	4	4	3			**39**
	Claims	$1,191	$519	$928	$263	$1,123	$598	$594	$152	$579	$286			**$6,232**
	Premiums	$5,847	$5,847	$5,847	$5,847	$5,847	$5,847	$5,847	$5,847	$5,847	$4,539			**$57,161**
	Loss Ratio	20.4%	8.9%	15.9%	4.5%	19.2%	10.2%	10.2%	2.6%	9.9%	6.3%			**10.9%**
Benefit Package 272	Enrollment	1	1	1	1	1	1	1	1	1	1			**10**
	Claims	$2,489	$698	$1,831	$4,042	$599	$514	$874	$667	$338	$11,381			**$23,432**
	Premiums	$1,297	$1,297	$1,297	$1,297	$1,297	$1,297	$928	$928	$928	$928			**$11,494**
	Loss Ratio	191.9%	53.9%	141.2%	311.6%	46.2%	39.6%	94.2%	71.8%	36.4%	1226.0%			**203.9%**
Benefit Package 274	Enrollment	50	49	49	49	49	49	49	48	48	46			**486**
	Claims	$82,984	$63,315	$21,625	$21,442	$56,995	$13,293	$34,207	$31,904	$43,631	$325,480			**$694,876**
	Premiums	$39,726	$38,844	$38,844	$38,844	$38,844	$39,590	$39,590	$38,912	$38,912	$37,150			**$389,257**
	Loss Ratio	208.9%	163.0%	55.7%	55.2%	146.7%	33.6%	86.4%	82.0%	112.1%	876.1%			**178.5%**
Benefit Package 275	Enrollment	55	55	55	54	54	54	54	53	53	52			**539**
	Claims	$34,060	$8,541	$20,901	$14,484	$58,724	$40,824	$36,039	$20,334	$20,544	$54,496			**$308,945**
	Premiums	$44,667	$44,831	$44,831	$44,831	$43,849	$43,686	$43,849	$42,704	$42,704	$41,995			**$437,948**
	Loss Ratio	76.3%	19.1%	46.6%	32.3%	133.9%	93.4%	82.2%	47.6%	48.1%	129.8%			**70.5%**
Benefit Package 276	Enrollment	43	43	43	43	43	43	42	43	43	41			**427**
	Claims	$28,642	$137,333	$26,769	$92,815	$56,773	$17,512	$17,786	$19,129	$24,621	$24,619			**$445,998**
	Premiums	$42,923	$42,923	$42,923	$42,923	$42,567	$42,567	$41,676	$42,923	$42,923	$41,142			**$425,492**
	Loss Ratio	66.7%	320.0%	62.4%	216.2%	133.4%	41.1%	42.7%	44.6%	57.4%	59.8%			**104.8%**
Benefit Package 277	Enrollment	189	189	187	187	185	184	184	184	182	173			**1,844**
	Claims	$282,547	$262,913	$181,722	$113,224	$248,208	$205,850	$359,432	$145,838	$243,008	$281,338			**$2,324,081**
	Premiums	$181,921	$181,921	$179,773	$178,759	$177,246	$176,490	$176,747	$175,461	$173,419	$163,798			**$1,765,534**
	Loss Ratio	155.3%	144.5%	101.1%	63.3%	140.0%	116.6%	203.4%	83.1%	140.1%	171.8%			**131.6%**
Benefit Package 278	Enrollment	37	37	37	37	37	37	37	37	37	36			**369**
	Claims	$14,027	$117,668	$14,904	$11,616	$19,476	$46,298	$30,499	$24,913	$18,743	$22,215			**$320,360**
	Premiums	$37,283	$37,283	$37,283	$37,283	$37,283	$37,283	$36,958	$36,958	$36,958	$36,144			**$370,713**
	Loss Ratio	37.6%	315.6%	40.0%	31.2%	52.2%	124.2%	82.5%	67.4%	50.7%	61.5%			**86.4%**

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		Financial Measures												
Benefit Package	**Category**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 279	Enrollment	250	249	251	251	254	254	253	249	249	240			**2,500**
	Claims	$125,344	$137,818	$82,383	$495,789	$98,670	$178,298	$167,031	$123,139	$100,707	$425,168			**$1,934,348**
	Premiums	$218,470	$217,161	$218,568	$218,568	$220,920	$221,511	$220,568	$217,864	$217,864	$208,699			**$2,180,193**
	Loss Ratio	57.4%	63.5%	37.7%	226.8%	44.7%	80.5%	75.7%	56.5%	46.2%	203.7%			**88.7%**
Benefit Package 280	Enrollment	44	44	44	44	44	44	44	44	43	39			**434**
	Claims	$10,700	$15,874	$14,252	$30,043	$12,025	$6,679	$11,590	$13,778	$45,060	$14,344			**$174,346**
	Premiums	$40,399	$40,399	$40,399	$40,399	$40,399	$40,117	$39,408	$40,117	$39,411	$36,304			**$397,349**
	Loss Ratio	26.5%	39.3%	35.3%	74.4%	29.8%	16.6%	29.4%	34.3%	114.3%	39.5%			**43.9%**
Benefit Package 281	Enrollment	18	18	18	18	17	17	17	17	17	18			**175**
	Claims	$6,126	$4,713	$7,667	$26,192	$68,183	$6,363	$13,178	$31,665	$21,124	$15,775			**$200,985**
	Premiums	$17,393	$17,393	$17,393	$17,393	$16,714	$16,714	$16,714	$16,034	$16,034	$16,714			**$168,494**
	Loss Ratio	35.2%	27.1%	44.1%	150.6%	407.9%	38.1%	78.8%	197.5%	131.7%	94.4%			**119.3%**
Benefit Package 282	Enrollment	259	259	261	262	264	264	263	262	262	272			**2,628**
	Claims	$75,120	$109,072	$99,925	$142,155	$167,528	$93,472	$123,624	$185,908	$103,188	$252,034			**$1,352,027**
	Premiums	$195,098	$195,550	$196,862	$196,946	$197,996	$197,996	$197,030	$196,505	$196,505	$209,230			**$1,979,719**
	Loss Ratio	38.5%	55.8%	50.8%	72.2%	84.6%	47.2%	62.7%	94.6%	52.5%	120.5%			**68.3%**
Benefit Package 284	Enrollment	28	27	27	27	28	29	29	29	29	31			**284**
	Claims	$7,368	$2,240	$5,545	$4,755	$5,409	$4,208	$8,005	$4,468	$4,605	$45,742			**$92,345**
	Premiums	$22,247	$21,473	$21,473	$21,473	$22,037	$22,458	$22,458	$21,523	$21,161	$22,979			**$219,281**
	Loss Ratio	33.1%	10.4%	25.8%	22.1%	24.5%	18.7%	35.6%	20.8%	21.8%	199.1%			**42.1%**
Benefit Package 286	Enrollment	1,390	1,395	1,392	1,391	1,393	1,398	1,398	1,388	1,388	1,328			**13,861**
	Claims	$949,545	$699,811	$876,244	$755,522	$1,212,744	$424,079	$1,400,554	$1,013,114	$1,296,185	$1,394,075			**$10,021,871**
	Premiums	$1,219,641	$1,224,658	$1,225,317	$1,224,739	$1,223,735	$1,228,830	$1,228,250	$1,219,001	$1,217,968	$1,169,695			**$12,181,834**
	Loss Ratio	77.9%	57.1%	71.5%	61.7%	99.1%	34.5%	114.0%	83.1%	106.4%	119.2%			**82.3%**
Benefit Package 288	Enrollment	259	262	263	263	261	264	264	264	264	257			**2,621**
	Claims	$298,771	$178,644	$186,890	$90,585	$153,727	$67,917	$151,521	$149,122	$171,703	$642,978			**$2,091,856**
	Premiums	$232,313	$233,268	$233,394	$233,284	$233,092	$234,063	$233,952	$232,191	$231,994	$222,799			**$2,320,349**
	Loss Ratio	128.6%	76.6%	80.1%	38.8%	66.0%	29.0%	64.8%	64.2%	74.0%	288.6%			**90.2%**
Benefit Package 318	Enrollment	14,322	14,384	14,442	14,472	14,521	14,525	14,526	14,520	14,553	15,590			**145,855**
	Claims	$7,464,194	$6,927,367	$8,149,292	$8,359,906	$7,997,772	$9,254,201	$8,669,299	$9,605,842	$7,528,370	$8,066,155			**$82,022,396**
	Premiums	$10,392,351	$10,429,223	$10,462,455	$10,479,632	$10,517,915	$10,518,218	$10,519,600	$10,515,281	$10,536,405	$11,179,771			**$105,550,851**
	Loss Ratio	71.8%	66.4%	77.9%	79.8%	76.0%	88.0%	82.4%	91.4%	71.5%	72.1%			**77.7%**
Benefit Package 319	Enrollment	6,048	6,074	6,111	6,133	6,146	6,150	6,156	6,152	6,165	6,496			**61,631**
	Claims	$3,325,924	$3,296,862	$3,776,421	$4,028,434	$4,061,783	$5,162,514	$5,654,018	$5,136,467	$4,162,378	$4,402,021			**$43,006,823**
	Premiums	$4,637,118	$4,654,309	$4,681,592	$4,694,433	$4,703,042	$4,707,891	$4,713,411	$4,710,396	$4,721,278	$4,927,974			**$47,151,441**
	Loss Ratio	71.7%	70.8%	80.7%	85.8%	86.4%	109.7%	120.0%	109.0%	88.2%	89.3%			**91.2%**
Benefit Package 320	Enrollment	2,425	2,424	2,437	2,441	2,453	2,455	2,461	2,440	2,440	2,304			**24,280**
	Claims	$1,669,279	$1,093,724	$1,503,162	$1,179,048	$1,048,895	$1,422,392	$1,416,034	$1,511,718	$1,319,500	$1,321,286			**$13,485,038**
	Premiums	$1,765,234	$1,764,434	$1,773,930	$1,774,318	$1,781,936	$1,785,107	$1,786,934	$1,773,866	$1,772,946	$1,675,541			**$17,654,244**
	Loss Ratio	94.6%	62.0%	84.7%	66.5%	58.9%	79.7%	79.2%	85.2%	74.4%	78.9%			**76.4%**
Benefit Package 321	Enrollment	17,177	17,123	17,105	17,065	17,023	16,995	16,962	16,869	16,837	15,943			**169,099**
	Claims	$15,933,277	$14,444,260	$17,466,207	$17,539,790	$16,537,107	$19,748,004	$19,915,412	$18,839,888	$16,222,048	$16,351,172			**$172,997,166**
	Premiums	$17,198,577	$17,132,948	$17,108,036	$17,058,992	$17,014,370	$16,983,442	$16,951,718	$16,848,624	$16,810,939	$15,935,178			**$169,042,824**
	Loss Ratio	92.6%	84.3%	102.1%	102.8%	97.2%	116.3%	117.5%	111.8%	96.5%	102.6%			**102.3%**
Benefit Package 322	Enrollment	11,485	11,464	11,463	11,456	11,439	11,424	11,407	11,351	11,348	11,185			**114,022**
	Claims	$7,816,493	$7,330,037	$8,597,537	$9,223,666	$7,808,345	$10,144,293	$9,897,051	$9,818,552	$9,187,686	$9,457,274			**$89,280,934**
	Premiums	$10,643,946	$10,613,773	$10,605,761	$10,592,620	$10,576,953	$10,561,320	$10,545,898	$10,495,980	$10,491,462	$10,306,502			**$105,434,215**
	Loss Ratio	73.4%	69.1%	81.1%	87.1%	73.8%	96.1%	93.8%	93.5%	87.6%	91.8%			**84.7%**
Benefit Package 323	Enrollment	3,561	3,544	3,532	3,519	3,513	3,508	3,497	3,474	3,471	3,273			**34,892**
	Claims	$3,860,154	$4,575,123	$4,894,769	$4,900,817	$4,282,731	$5,560,790	$5,811,049	$5,263,203	$4,700,786	$4,085,880			**$47,935,302**
	Premiums	$4,182,554	$4,157,657	$4,139,154	$4,121,749	$4,113,411	$4,109,711	$4,097,627	$4,072,519	$4,067,666	$3,843,871			**$40,905,918**
	Loss Ratio	92.3%	110.0%	118.3%	118.9%	104.1%	135.3%	141.8%	129.2%	115.6%	106.3%			**117.2%**

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Benefit Package	**Category**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 324	Enrollment	439	439	435	441	438	435	437	435	423	403	380	380	**5,085**
	Claims	$545,873	$362,300	$413,685	$434,840	$433,391	$459,766	$473,781	$421,117	$439,109	$466,791	$381,629	$342,029	**$5,174,308**
	Premiums	$443,826	$443,486	$440,877	$442,654	$441,822	$439,478	$440,234	$437,965	$430,138	$408,775	$404,690	$404,890	**$5,178,835**
	Loss Ratio	123.0%	81.7%	93.8%	98.2%	98.1%	104.6%	107.6%	96.2%	102.1%	114.2%	94.3%	84.5%	**99.9%**
Benefit Package 325	Enrollment	187	189	188	191	192	190	188	181	173	169	174	174	**2,196**
	Claims	$51,729	$48,578	$69,962	$71,446	$96,312	$60,458	$87,113	$71,338	$61,634	$101,193	$74,885	$58,757	**$853,405**
	Premiums	$157,437	$159,037	$157,437	$158,090	$160,343	$158,384	$157,078	$151,134	$143,884	$143,721	$153,168	$152,605	**$1,852,319**
	Loss Ratio	32.9%	30.5%	44.4%	45.2%	60.1%	38.2%	55.5%	47.2%	42.8%	70.4%	48.9%	38.5%	**46.1%**
Benefit Package 326	Enrollment	19	19	19	19	19	19	19	19	19	20			**191**
	Claims	$9,100	$11,621	$7,258	$9,307	$14,118	$7,933	$14,527	$57,171	$15,188	$27,329			**$173,552**
	Premiums	$19,849	$19,849	$19,849	$19,849	$19,849	$19,849	$19,849	$19,849	$21,054	$19,849			**$199,697**
	Loss Ratio	45.8%	58.5%	36.6%	46.9%	71.1%	40.0%	73.2%	288.0%	72.1%	137.7%			**86.9%**
Benefit Package 327	Enrollment	3	3	3	3	3	3	3	3	2	2			**28**
	Claims	$1,781	$1,272	$254	$777	$830	$801	$32,785	$54,781	$1,432	$1,739			**$96,452**
	Premiums	$2,406	$2,406	$2,406	$2,406	$2,406	$2,406	$2,406	$2,406	$1,604	$1,604			**$22,455**
	Loss Ratio	74.0%	52.9%	10.5%	32.3%	34.5%	33.3%	1362.7%	2276.9%	89.3%	108.4%			**429.5%**
Benefit Package 328	Enrollment	4	2	2	2	2	2	2	2	2	2			**22**
	Claims	$4,144	$7,024	$10,429	$3,922	$3,815	$4,523	$3,982	$3,828	$4,838	$4,073			**$50,577**
	Premiums	$1,641	$1,641	$1,641	$1,641	$1,641	$1,641	$1,641	$1,641	$1,641	$1,641			**$16,408**
	Loss Ratio	252.6%	428.1%	635.6%	239.0%	232.5%	275.6%	242.7%	233.3%	294.8%	248.3%			**308.2%**
Benefit Package 329	Enrollment	73	80	73	73	73	74	74	74	74	67			**735**
	Claims	$50,610	$10,557	$18,848	$15,824	$36,295	$21,156	$21,653	$23,389	$22,413	$18,174			**$238,919**
	Premiums	$40,920	$43,848	$40,682	$40,682	$40,682	$41,420	$41,420	$41,420	$41,420	$38,242			**$410,738**
	Loss Ratio	123.7%	24.1%	46.3%	38.9%	89.2%	51.1%	52.3%	56.5%	54.1%	47.5%			**58.2%**
Benefit Package 330	Enrollment	4	4	4	4	4	4	4	4	4	3			**39**
	Claims	$629	$0	$0	$34	$399	$5	$21	$201	$0	$18			**$1,307**
	Premiums	$2,154	$2,154	$2,154	$2,154	$2,154	$2,154	$2,154	$2,154	$2,154	$1,846			**$21,234**
	Loss Ratio	29.2%	0.0%	0.0%	1.6%	18.5%	0.2%	1.0%	9.3%	0.0%	1.0%			**6.2%**
Benefit Package 331	Enrollment	59	59	59	59	59	59	59	59	59	55			**586**
	Claims	$37,920	$33,635	$26,601	$37,458	$79,990	$59,824	$99,766	$54,772	$46,718	$143,497			**$620,180**
	Premiums	$48,678	$48,678	$48,678	$48,678	$48,678	$48,678	$48,678	$48,678	$48,678	$45,877			**$483,978**
	Loss Ratio	77.9%	69.1%	54.6%	77.0%	164.3%	122.9%	205.0%	112.5%	96.0%	312.8%			**128.1%**
Benefit Package 332	Enrollment	131	131	132	132	132	132	132	129	129	124			**1,304**
	Claims	$93,021	$53,354	$65,811	$41,157	$43,102	$109,893	$76,662	$102,921	$85,080	$88,326			**$759,327**
	Premiums	$79,173	$79,095	$79,651	$79,812	$79,651	$79,651	$79,363	$78,814	$78,255	$75,935			**$789,398**
	Loss Ratio	117.5%	67.5%	82.6%	51.6%	54.1%	138.0%	96.6%	130.6%	108.7%	116.3%			**96.2%**
Benefit Package 333	Enrollment	230	232	232	232	233	234	237	237	237	229			**2,333**
	Claims	$68,499	$113,717	$64,125	$74,435	$128,955	$70,316	$100,701	$77,721	$103,805	$124,667			**$926,942**
	Premiums	$124,622	$125,556	$126,011	$124,687	$124,956	$125,342	$127,242	$127,391	$127,391	$123,603			**$1,256,799**
	Loss Ratio	55.0%	90.6%	50.9%	59.7%	103.2%	56.1%	79.1%	61.0%	81.5%	100.9%			**73.8%**
Benefit Package 334	Enrollment	164	163	161	160	161	159	160	158	158	151			**1,595**
	Claims	$148,052	$186,106	$71,018	$37,334	$132,567	$44,452	$91,238	$88,905	$78,872	$96,898			**$975,442**
	Premiums	$83,591	$83,163	$81,887	$81,878	$82,530	$81,394	$81,808	$80,952	$80,952	$77,675			**$815,831**
	Loss Ratio	177.1%	223.8%	86.7%	45.6%	160.6%	54.6%	111.5%	109.8%	97.4%	124.7%			**119.6%**
Benefit Package 335	Enrollment	185	184	184	183	182	183	181	182	180	178			**1,822**
	Claims	$254,456	$148,694	$191,190	$149,963	$306,896	$600,440	$275,658	$128,190	$133,341	$176,834			**$2,365,662**
	Premiums	$153,332	$152,639	$152,362	$151,380	$150,558	$151,197	$149,919	$151,221	$149,943	$148,666			**$1,511,217**
	Loss Ratio	166.0%	97.4%	125.5%	99.1%	203.8%	397.1%	183.9%	84.8%	88.9%	118.9%			**156.5%**
Benefit Package 336	Enrollment	18	18	19	19	18	18	18	18	18	17			**181**
	Claims	$3	$36	$28,782	$1,497	$2,734	$2,191	$2,013	$5,645	$5,144	$17,774			**$65,818**
	Premiums	$8,682	$8,682	$8,980	$8,980	$8,325	$8,325	$8,325	$8,077	$8,077	$7,679			**$84,133**
	Loss Ratio	0.0%	0.4%	320.5%	16.7%	32.8%	26.3%	24.2%	69.9%	63.7%	231.5%			**78.2%**

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Benefit Package	**Category**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 337	Enrollment	21	24	26	26	25	25	25	25	25	28			**250**
	Claims	$1,406	$778	$2,675	$10,178	$5,814	$18,945	$32,162	$6,704	$9,366	$11,687			**$99,716**
	Premiums	$8,231	$9,596	$10,249	$10,249	$9,922	$9,645	$9,645	$9,645	$9,645	$10,625			**$97,452**
	Loss Ratio	17.1%	8.1%	26.1%	99.3%	58.6%	196.4%	333.4%	69.5%	97.1%	110.0%			**102.3%**
Benefit Package 339	Enrollment	244	240	240	240	241	241	242	240	237	230			**2,395**
	Claims	$215,072	$339,166	$210,821	$120,793	$274,323	$164,443	$314,187	$165,731	$186,039	$227,512			**$2,218,088**
	Premiums	$220,154	$217,440	$213,362	$214,277	$215,109	$217,018	$215,640	$215,026	$211,627	$206,852			**$2,146,504**
	Loss Ratio	97.7%	156.0%	98.8%	56.4%	127.5%	75.8%	145.7%	77.1%	87.9%	110.0%			**103.3%**
Benefit Package 340	Enrollment	20	20	19	19	19	20	20	20	20	19			**196**
	Claims	$553	$131	$505	$478	$37	$785	$741	$1,607	$1,590	$3,834			**$10,260**
	Premiums	$10,999	$10,999	$10,552	$10,552	$10,552	$10,993	$10,882	$10,882	$10,882	$10,552			**$107,842**
	Loss Ratio	5.0%	1.2%	4.8%	4.5%	0.3%	7.1%	6.8%	14.8%	14.6%	36.3%			**9.5%**
Benefit Package 341	Enrollment	123	123	123	120	120	121	121	119	118	117			**1,205**
	Claims	$60,861	$29,207	$73,328	$49,593	$63,318	$51,995	$55,829	$76,957	$37,827	$79,098			**$578,012**
	Premiums	$84,505	$85,191	$84,567	$82,694	$82,694	$84,163	$83,318	$81,507	$80,883	$79,390			**$828,909**
	Loss Ratio	72.0%	34.3%	86.7%	60.0%	76.6%	61.8%	67.0%	94.4%	46.8%	99.6%			**69.7%**
Benefit Package 342	Enrollment	155	162	165	164	164	161	162	165	164	159			**1,621**
	Claims	$125,272	$117,056	$123,106	$42,543	$54,218	$62,982	$139,565	$54,416	$49,223	$120,205			**$888,586**
	Premiums	$108,132	$111,608	$113,338	$112,243	$112,447	$113,806	$110,109	$114,979	$114,201	$109,902			**$1,120,765**
	Loss Ratio	115.9%	104.9%	108.6%	37.9%	48.2%	55.3%	126.8%	47.3%	43.1%	109.4%			**79.3%**
Benefit Package 343	Enrollment	41	42	42	41	42	42	42	41	41	39			**413**
	Claims	$16,402	$24,730	$17,644	$16,794	$32,704	$17,916	$16,969	$10,030	$25,550	$13,175			**$191,913**
	Premiums	$32,535	$33,285	$33,285	$32,535	$33,285	$33,625	$33,285	$32,264	$32,264	$30,762			**$327,126**
	Loss Ratio	50.4%	74.3%	53.0%	51.6%	98.3%	53.3%	51.0%	31.1%	79.2%	42.8%			**58.7%**
Benefit Package 344	Enrollment	62	66	66	66	64	66	67	66	68	72			**663**
	Claims	$25,110	$21,375	$97,676	$42,808	$186,583	$153,984	$54,893	$64,418	$35,915	$26,416			**$709,178**
	Premiums	$28,666	$31,738	$31,137	$31,525	$30,213	$31,394	$31,416	$30,870	$31,926	$34,330			**$313,213**
	Loss Ratio	87.6%	67.3%	313.7%	135.8%	617.6%	490.5%	174.7%	208.7%	112.5%	76.9%			**226.4%**
Benefit Package 345	Enrollment	4	4	4	4	4	4	4	3	3	3			**37**
	Claims	$1,650	$1,119	$298	$2,358	$256	$488	$334	$537	$371	$3,746			**$11,157**
	Premiums	$4,993	$4,993	$4,158	$4,158	$4,158	$4,158	$4,158	$3,207	$3,207	$3,207			**$40,397**
	Loss Ratio	33.0%	22.4%	7.2%	56.7%	6.2%	11.7%	8.0%	16.7%	11.6%	116.8%			**27.6%**
Benefit Package 346	Enrollment	153	151	151	150	150	150	150	148	149	138			**1,490**
	Claims	$151,184	$194,268	$140,963	$184,175	$262,714	$132,259	$188,097	$164,920	$197,217	$105,574			**$1,721,370**
	Premiums	$154,968	$154,780	$154,780	$154,025	$154,025	$154,025	$153,245	$151,828	$152,662	$141,051			**$1,525,391**
	Loss Ratio	97.6%	125.5%	91.1%	119.6%	170.6%	85.9%	122.7%	108.6%	129.2%	74.8%			**112.8%**
Benefit Package 347	Enrollment	57	57	56	56	56	55	55	54	54	49			**549**
	Claims	$45,561	$87,106	$20,041	$24,844	$184,031	$68,531	$45,783	$51,672	$36,956	$51,092			**$615,616**
	Premiums	$47,793	$47,793	$47,015	$47,015	$47,015	$46,134	$46,134	$45,155	$45,356	$41,385			**$460,796**
	Loss Ratio	95.3%	182.3%	42.6%	52.8%	391.4%	148.5%	99.2%	114.4%	81.5%	123.5%			**133.6%**
Benefit Package 348	Enrollment	301	302	301	300	307	310	310	310	308	304			**3,053**
	Claims	$210,639	$156,126	$151,481	$236,966	$200,570	$137,600	$185,225	$209,805	$216,146	$141,944			**$1,846,502**
	Premiums	$163,405	$162,280	$162,502	$161,810	$165,092	$166,440	$166,120	$165,973	$165,647	$163,847			**$1,643,115**
	Loss Ratio	128.9%	96.2%	93.2%	146.4%	121.5%	82.7%	111.5%	126.4%	130.5%	86.6%			**112.4%**
Benefit Package 349	Enrollment	47	47	47	47	49	49	49	49	49	49			**482**
	Claims	$19,881	$9,291	$1,739	$371	$1,306	$3,075	$1,380	$1,168	$2,925	$8,061			**$49,198**
	Premiums	$25,215	$24,485	$24,370	$24,370	$24,616	$24,616	$25,164	$24,353	$24,353	$24,779			**$246,322**
	Loss Ratio	78.8%	37.9%	7.1%	1.5%	5.3%	12.5%	5.5%	4.8%	12.0%	32.5%			**20.0%**
Benefit Package 350	Enrollment	176	173	173	172	172	172	171	171	171	162			**1,713**
	Claims	$135,510	$200,816	$177,012	$88,585	$188,511	$160,194	$118,055	$122,737	$113,548	$132,128			**$1,437,096**
	Premiums	$139,779	$136,192	$136,192	$135,266	$135,056	$135,056	$134,612	$134,612	$134,612	$129,214			**$1,350,592**
	Loss Ratio	96.9%	147.5%	130.0%	65.5%	139.6%	118.6%	87.7%	91.2%	84.4%	102.3%			**106.4%**

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K–12 School District Data Collection Project
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		Financial Measures												
Benefit Package	**Category**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 351	Enrollment	67	67	67	67	67	67	67	65	65	67			**666**
	Claims	$39,728	$30,864	$41,281	$39,758	$68,436	$89,363	$70,454	$66,560	$117,663	$127,717			**$691,825**
	Premiums	$55,105	$54,528	$54,278	$54,278	$53,445	$53,445	$53,445	$51,577	$51,577	$51,989			**$533,666**
	Loss Ratio	72.1%	56.6%	76.1%	73.2%	128.0%	167.2%	131.8%	129.0%	228.1%	245.7%			**129.6%**
Benefit Package 352	Enrollment	243	243	243	243	240	241	241	241	241	239	252	256	**2,923**
	Claims	$259,996	$105,479	$61,536	$153,801	$123,784	$133,781	$180,376	$154,124	$200,546	$202,968	$162,846	$143,330	**$1,882,566**
	Premiums	$174,680	$174,636	$175,058	$174,346	$173,635	$172,502	$173,090	$172,421	$172,756	$170,497	$215,283	$217,898	**$2,166,802**
	Loss Ratio	148.8%	60.4%	35.2%	88.2%	71.3%	77.6%	104.2%	89.4%	116.1%	119.0%	75.6%	65.8%	**86.9%**
Benefit Package 353	Enrollment	12	12	12	12	12	11	11	11	11	11	14	14	**143**
	Claims	$37,410	$12,005	$3,743	$19,297	$9,581	$11,061	$13,146	$10,372	$14,457	$22,761	$11,762	$18,964	**$184,559**
	Premiums	$8,616	$8,616	$8,616	$8,616	$8,616	$8,221	$8,221	$8,221	$8,221	$8,043	$10,867	$10,867	**$105,738**
	Loss Ratio	434.2%	139.3%	43.4%	224.0%	111.2%	134.5%	159.9%	126.2%	175.9%	283.0%	108.2%	174.5%	**174.5%**
Benefit Package 354	Enrollment	273	274	275	274	275	275	275	273	273	273	251	250	**3,241**
	Claims	$202,170	$108,148	$94,735	$203,965	$174,966	$172,222	$144,996	$204,047	$146,314	$222,601	$153,094	$173,467	**$2,000,724**
	Premiums	$166,802	$168,016	$167,747	$166,796	$167,023	$166,298	$166,479	$165,667	$165,124	$165,666	$173,111	$169,674	**$2,008,403**
	Loss Ratio	121.2%	64.4%	56.5%	122.3%	104.8%	103.6%	87.1%	123.2%	88.6%	134.4%	88.4%	102.2%	**99.6%**
Benefit Package 355	Enrollment	29	31	31	31	28	28	28	28	28	27	33	32	**354**
	Claims	$7,790	$4,565	$62,472	$8,601	$13,265	$5,741	$30,647	$12,514	$6,170	$6,466	$7,378	$9,071	**$174,679**
	Premiums	$15,613	$14,146	$16,223	$16,937	$14,525	$14,525	$14,525	$14,525	$14,525	$14,102	$19,213	$18,695	**$187,553**
	Loss Ratio	49.9%	32.3%	385.1%	50.8%	91.3%	39.5%	211.0%	86.2%	42.5%	45.9%	38.4%	48.5%	**93.1%**
Benefit Package 356	Enrollment	44	44	44	44	44	44	44	44	43	43			**438**
	Claims	$107,471	$142,349	$60,325	$95,163	$74,156	$97,014	$92,230	$61,715	$35,593	$111,340			**$877,357**
	Premiums	$34,688	$34,688	$34,688	$34,688	$34,688	$34,688	$34,688	$34,688	$33,899	$33,899			**$345,302**
	Loss Ratio	309.8%	410.4%	173.9%	274.3%	213.8%	279.7%	265.9%	177.9%	105.0%	328.4%			**254.1%**
Benefit Package 357	Enrollment	447	443	443	443	444	444	445	441	442	416			**4,408**
	Claims	$432,178	$300,850	$330,128	$308,136	$437,296	$348,594	$687,649	$401,718	$459,510	$364,560			**$4,070,618**
	Premiums	$382,021	$378,164	$379,707	$378,591	$380,051	$381,084	$381,855	$377,310	$379,624	$353,637			**$3,772,044**
	Loss Ratio	113.1%	79.6%	86.9%	81.4%	115.1%	91.5%	180.1%	106.5%	121.0%	103.1%			**107.9%**
Benefit Package 358	Enrollment	437	438	438	440	439	438	431	429	429	431			**4,350**
	Claims	$396,982	$190,195	$230,821	$247,461	$267,411	$184,244	$415,583	$341,421	$285,016	$494,683			**$3,053,817**
	Premiums	$323,149	$322,144	$322,362	$323,457	$323,093	$322,558	$319,182	$316,018	$316,448	$317,497			**$3,205,907**
	Loss Ratio	122.8%	59.0%	71.6%	76.5%	82.8%	57.1%	130.2%	108.0%	90.1%	155.8%			**95.3%**
Benefit Package 359	Enrollment	313	311	308	307	307	306	303	303	302	293			**3,053**
	Claims	$415,819	$225,278	$383,889	$239,219	$464,791	$214,797	$409,582	$260,274	$247,023	$291,953			**$3,152,625**
	Premiums	$281,610	$280,810	$278,344	$275,779	$276,015	$275,285	$272,818	$272,157	$270,490	$258,734			**$2,742,042**
	Loss Ratio	147.7%	80.2%	137.9%	86.7%	168.4%	78.0%	150.1%	95.6%	91.3%	112.8%			**115.0%**
Benefit Package 360	Enrollment	516	520	518	516	514	519	514	514	512	513			**5,156**
	Claims	$230,356	$254,597	$454,942	$183,939	$200,834	$277,723	$399,880	$195,680	$214,598	$288,952			**$2,701,499**
	Premiums	$387,214	$388,462	$388,767	$385,648	$383,057	$386,558	$382,928	$383,597	$381,212	$380,795			**$3,848,240**
	Loss Ratio	59.5%	65.5%	117.0%	47.7%	52.4%	71.8%	104.4%	51.0%	56.3%	75.9%			**70.2%**
Benefit Package 361	Enrollment	96	95	96	97	98	98	97	98	97	94			**966**
	Claims	$156,893	$70,171	$104,725	$76,309	$38,166	$112,788	$155,238	$84,400	$41,374	$130,163			**$970,227**
	Premiums	$59,263	$59,077	$59,745	$60,703	$60,754	$60,754	$60,837	$61,717	$60,837	$59,855			**$603,543**
	Loss Ratio	264.7%	118.8%	175.3%	125.7%	62.8%	185.6%	255.2%	136.8%	68.0%	217.5%			**160.8%**
Benefit Package 362	Enrollment	27	27	27	27	28	28	28	28	28	31			**279**
	Claims	$26,965	$4,124	$5,572	$11,618	$4,925	$6,253	$19,712	$80,467	$48,787	$7,619			**$216,042**
	Premiums	$18,577	$18,577	$18,577	$18,577	$19,239	$19,239	$19,360	$19,360	$19,360	$21,885			**$192,749**
	Loss Ratio	145.2%	22.2%	30.0%	62.5%	25.6%	32.5%	101.8%	415.6%	252.0%	34.8%			**112.1%**
Benefit Package 363	Enrollment	121	122	122	122	122	121	120	117	118	111			**1,196**
	Claims	$198,537	$100,051	$197,408	$108,250	$174,487	$124,832	$242,393	$317,733	$160,417	$227,183			**$1,851,290**
	Premiums	$100,390	$101,450	$101,450	$101,450	$101,450	$100,694	$99,938	$98,286	$99,117	$93,798			**$998,022**
	Loss Ratio	197.8%	98.6%	194.6%	106.7%	172.0%	124.0%	242.5%	323.3%	161.8%	242.2%			**185.5%**

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		Financial Measures												
Benefit Package	**Category**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 364	Enrollment	71	71	71	71	71	71	71	71	71	70			**709**
	Claims	$154,475	$142,389	$76,853	$61,262	$34,621	$40,448	$98,516	$175,101	$96,647	$57,659			**$937,971**
	Premiums	$68,502	$68,502	$69,622	$69,622	$69,279	$69,279	$69,279	$69,279	$69,279	$68,431			**$691,073**
	Loss Ratio	225.5%	207.9%	110.4%	88.0%	50.0%	58.4%	142.2%	252.7%	139.5%	84.3%			**135.7%**
Benefit Package 365	Enrollment	1,264	1,262	1,264	1,262	1,258	1,256	1,257	1,250	1,249	1,207			**12,529**
	Claims	$1,212,721	$967,640	$783,026	$693,751	$721,110	$861,503	$1,462,933	$673,674	$736,373	$1,246,538			**$9,359,269**
	Premiums	$920,381	$916,880	$917,415	$913,880	$911,406	$912,229	$909,771	$903,291	$901,853	$870,355			**$9,077,460**
	Loss Ratio	131.8%	105.5%	85.4%	75.9%	79.1%	94.4%	160.8%	74.6%	81.7%	143.2%			**103.1%**
Benefit Package 366	Enrollment	458	463	466	467	468	468	469	471	471	470			**4,671**
	Claims	$292,923	$226,210	$223,405	$286,622	$437,251	$203,178	$291,651	$291,736	$285,018	$570,512			**$3,108,508**
	Premiums	$283,598	$286,572	$288,581	$287,890	$288,584	$289,047	$288,010	$290,693	$290,727	$289,938			**$2,883,640**
	Loss Ratio	103.3%	78.9%	77.4%	99.6%	151.5%	70.3%	101.3%	100.4%	98.0%	196.8%			**107.8%**
Benefit Package 367	Enrollment	95	95	95	95	95	96	95	96	97	101			**960**
	Claims	$15,417	$23,607	$59,410	$10,453	$39,757	$16,147	$10,402	$69,131	$9,184	$21,070			**$274,579**
	Premiums	$55,320	$55,320	$55,320	$55,113	$55,113	$55,484	$55,484	$54,906	$55,854	$58,431			**$556,346**
	Loss Ratio	27.9%	42.7%	107.4%	19.0%	72.1%	29.1%	18.7%	125.9%	16.4%	36.1%			**49.4%**
Benefit Package 368	Enrollment	44	45	48	48	48	48	50	49	49	51			**480**
	Claims	$12,777	$14,663	$46,529	$52,332	$23,063	$8,570	$12,308	$14,618	$12,515	$20,827			**$218,201**
	Premiums	$35,592	$36,069	$37,779	$37,915	$37,779	$37,779	$38,295	$37,538	$37,258	$37,894			**$373,899**
	Loss Ratio	35.9%	40.7%	123.2%	138.0%	61.0%	22.7%	32.1%	38.9%	33.6%	55.0%			**58.4%**
Benefit Package 416	Enrollment											646	658	**1,304**
	Claims											$320,654	$590,205	**$910,859**
	Premiums											$515,173	$523,715	**$1,038,888**
	Loss Ratio											62.2%	112.7%	**87.7%**
Benefit Package 417	Enrollment											840	841	**1,681**
	Claims											$435,162	$482,478	**$917,640**
	Premiums											$702,342	$702,209	**$1,404,551**
	Loss Ratio											62.0%	68.7%	**65.3%**
Benefit Package 418	Enrollment											285	286	**571**
	Claims											$204,972	$192,240	**$397,212**
	Premiums											$231,070	$232,747	**$463,817**
	Loss Ratio											88.7%	82.6%	**85.6%**
Benefit Package 424	Enrollment	1,745	1,748	1,749	1,751	1,756	1,753	1,755	1,753	1,755	1,737	1,743	1,742	**20,987**
	Claims	$1,296,192	$1,294,819	$1,896,147	$1,421,339	$1,751,276	$1,835,274	$1,813,930	$2,105,677	$1,473,199	$1,631,090	$1,557,355	$1,811,354	**$19,887,653**
	Premiums	$1,710,032	$1,710,739	$1,711,339	$1,713,735	$1,715,661	$1,716,231	$1,711,322	$1,712,242	$1,706,702	$1,691,620	$1,689,860	$1,690,031	**$20,479,514**
	Loss Ratio	75.8%	75.7%	110.8%	82.9%	102.1%	106.9%	106.0%	123.0%	86.3%	96.4%	92.2%	107.2%	**97.1%**
Benefit Package 425	Enrollment	687	683	681	681	678	677	673	670	670	665	666	665	**8,096**
	Claims	$656,151	$589,581	$576,111	$524,955	$595,003	$603,784	$667,379	$483,951	$604,807	$565,056	$529,667	$671,726	**$7,068,170**
	Premiums	$802,403	$798,326	$790,385	$804,021	$790,240	$794,474	$791,551	$781,981	$772,207	$784,099	$775,867	$779,028	**$9,464,581**
	Loss Ratio	81.8%	73.9%	72.9%	65.3%	75.3%	76.0%	84.3%	61.9%	78.3%	72.1%	68.3%	86.2%	**74.7%**
Benefit Package 426	Enrollment	276	274	274	273	272	272	272	268	267	253	253	254	**3,208**
	Claims	$243,841	$152,224	$208,128	$203,285	$181,134	$236,789	$338,096	$204,291	$202,514	$138,563	$187,314	$132,132	**$2,428,311**
	Premiums	$290,597	$287,971	$282,944	$284,156	$283,335	$282,256	$282,564	$278,141	$276,451	$263,164	$263,164	$262,557	**$3,337,301**
	Loss Ratio	83.9%	52.9%	73.6%	71.5%	63.9%	83.9%	119.7%	73.4%	73.3%	52.7%	71.2%	50.3%	**72.8%**
Benefit Package 428	Enrollment	2,429	2,437	2,450	2,453	2,466	2,475	2,455	2,449	2,401	2,458	2,417	2,423	**29,313**
	Claims	$1,150,056	$1,261,647	$1,437,402	$1,476,895	$1,109,914	$1,617,930	$1,907,055	$1,752,645	$1,619,552	$1,240,885	$1,283,754	$1,640,923	**$17,498,657**
	Premiums	$2,187,497	$2,187,977	$2,191,504	$2,207,057	$2,214,191	$2,212,740	$2,196,250	$2,161,647	$2,143,057	$2,185,799	$2,361,154	$2,357,477	**$26,606,351**
	Loss Ratio	52.6%	57.7%	65.6%	66.9%	50.1%	73.1%	86.8%	81.1%	75.6%	56.8%	54.4%	69.6%	**65.8%**
Benefit Package 429	Enrollment	980	983	987	987	989	992	989	990	991	988	984	988	**11,848**
	Claims	$523,160	$418,369	$484,438	$446,852	$346,822	$388,349	$442,025	$623,131	$464,804	$593,027	$563,191	$675,416	**$5,969,583**
	Premiums	$755,140	$749,986	$763,892	$761,556	$764,536	$764,341	$760,461	$761,232	$761,679	$753,880	$747,214	$760,313	**$9,104,228**
	Loss Ratio	69.3%	55.8%	63.4%	58.7%	45.4%	50.8%	58.1%	81.9%	61.0%	78.7%	75.4%	88.8%	**65.6%**

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		Financial Measures												
Benefit Package	**Category**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 431	Enrollment	3,660	3,661	3,656	3,649	3,642	3,634	3,627	3,608	3,614	3,583	3,547	3,555	**43,436**
	Claims	$2,290,621	$2,218,710	$2,341,594	$2,259,593	$2,196,392	$2,709,428	$2,657,855	$2,767,676	$2,483,247	$2,594,860	$2,094,239	$2,316,641	**$28,930,857**
	Premiums	$3,264,437	$3,255,932	$3,255,951	$3,227,159	$3,241,597	$3,226,865	$3,212,064	$3,185,674	$3,184,196	$3,214,392	$3,245,215	$3,277,427	**$38,790,908**
	Loss Ratio	70.2%	68.1%	71.9%	70.0%	67.8%	84.0%	82.7%	86.9%	78.0%	80.7%	64.5%	70.7%	**74.6%**
Benefit Package 432	Enrollment	1,934	1,933	1,934	1,930	1,927	1,919	1,911	1,907	1,906	1,924	1,945	1,952	**23,122**
	Claims	$1,096,692	$1,288,240	$1,242,648	$1,150,977	$1,108,153	$1,575,765	$1,605,217	$1,285,576	$1,392,767	$1,336,802	$1,028,518	$1,269,260	**$15,380,614**
	Premiums	$1,716,414	$1,720,888	$1,713,447	$1,717,750	$1,715,507	$1,706,857	$1,704,001	$1,700,442	$1,702,069	$1,731,164	$1,697,764	$1,671,977	**$20,498,280**
	Loss Ratio	63.9%	74.9%	72.5%	67.0%	64.6%	92.3%	94.2%	75.6%	81.8%	77.2%	60.6%	75.9%	**75.0%**
Benefit Package 433	Enrollment	3,635	3,641	3,639	3,648	3,641	3,639	3,629	3,621	3,596	3,583	3,477	3,464	**43,213**
	Claims	$2,568,481	$3,330,148	$2,790,229	$2,676,409	$2,616,554	$3,588,679	$2,888,246	$3,485,880	$3,245,682	$2,818,556	$2,427,907	$3,145,152	**$35,581,922**
	Premiums	$3,140,212	$3,139,712	$3,146,491	$3,149,401	$3,133,541	$3,138,513	$3,136,056	$3,133,500	$3,119,136	$3,142,265	$3,162,324	$3,077,566	**$37,618,716**
	Loss Ratio	81.8%	106.1%	88.7%	85.0%	83.5%	114.3%	92.1%	111.2%	104.1%	89.7%	76.8%	102.2%	**94.6%**
Benefit Package 434	Enrollment	855	851	849	847	847	844	837	838	827	833	709	709	**9,846**
	Claims	$714,352	$773,976	$1,123,980	$617,111	$542,511	$724,278	$553,621	$743,407	$671,249	$616,483	$409,255	$421,352	**$7,911,575**
	Premiums	$767,183	$756,795	$756,447	$755,564	$751,195	$749,399	$746,125	$745,751	$734,804	$741,897	$669,921	$654,850	**$8,829,932**
	Loss Ratio	93.1%	102.3%	148.6%	81.7%	72.2%	96.6%	74.2%	99.7%	91.4%	83.1%	61.1%	64.3%	**89.6%**
Benefit Package 435	Enrollment	4,301	4,297	4,297	4,294	4,296	4,291	4,293	4,283	4,289	4,222	3,674	3,676	**50,213**
	Claims	$3,015,416	$3,079,501	$3,345,013	$3,153,025	$2,756,304	$3,932,733	$3,116,082	$3,621,794	$2,994,036	$2,851,537	$2,384,465	$2,824,700	**$37,074,604**
	Premiums	$3,767,231	$3,742,440	$3,740,328	$3,674,366	$3,719,989	$3,684,300	$3,730,380	$3,644,113	$3,687,766	$3,637,159	$3,276,009	$3,279,480	**$43,583,561**
	Loss Ratio	80.0%	82.3%	89.4%	85.8%	74.1%	106.7%	83.5%	99.4%	81.2%	78.4%	72.8%	86.1%	**85.1%**
Benefit Package 437	Enrollment	351	351	352	352	352	352	352	358	361	393	398	400	**4,372**
	Claims	$114,850	$147,030	$181,968	$137,210	$227,011	$280,702	$345,091	$292,568	$246,034	$221,306	$149,417	$156,241	**$2,499,430**
	Premiums	$272,553	$277,112	$275,721	$275,721	$274,241	$272,210	$274,813	$278,705	$281,624	$360,844	$299,981	$342,050	**$3,485,575**
	Loss Ratio	42.1%	53.1%	66.0%	49.8%	82.8%	103.1%	125.6%	105.0%	87.4%	61.3%	49.8%	45.7%	**71.7%**
Benefit Package 440	Enrollment	1,324	1,335	1,333	1,334	1,339	1,333	1,330	1,325	1,356	1,386	1,409	1,413	**16,217**
	Claims	$624,061	$710,503	$884,435	$869,407	$936,750	$933,842	$884,389	$1,043,276	$843,517	$852,310	$670,744	$823,528	**$10,076,762**
	Premiums	$1,105,377	$1,110,393	$1,105,337	$1,105,073	$1,108,584	$1,111,123	$1,102,765	$1,098,473	$1,102,871	$1,206,473	$1,177,638	$1,200,698	**$13,534,805**
	Loss Ratio	56.5%	64.0%	80.0%	78.7%	84.5%	84.0%	80.2%	95.0%	76.5%	70.6%	57.0%	68.6%	**74.5%**
Benefit Package 441	Enrollment	991	989	989	985	980	978	977	970	970	927	926	928	**11,610**
	Claims	$1,090,300	$992,133	$967,764	$1,140,909	$985,440	$995,537	$1,011,656	$1,541,702	$850,897	$764,352	$967,237	$811,167	**$12,119,095**
	Premiums	$914,427	$907,875	$912,158	$908,057	$902,335	$901,708	$905,508	$889,747	$892,359	$961,833	$812,764	$900,586	**$10,809,358**
	Loss Ratio	119.2%	109.3%	106.1%	125.6%	109.2%	110.4%	111.7%	173.3%	95.4%	79.5%	119.0%	90.1%	**112.1%**
Benefit Package 443	Enrollment											255	256	**511**
	Claims											$147,390	$177,807	**$325,197**
	Premiums											$305,203	$181,630	**$486,833**
	Loss Ratio											48.3%	97.9%	**66.8%**
Benefit Package 445	Enrollment											229	229	**458**
	Claims											$99,823	$216,166	**$315,989**
	Premiums											$237,918	$241,471	**$479,389**
	Loss Ratio											42.0%	89.5%	**65.9%**
Benefit Package 447	Enrollment											376	376	**752**
	Claims											$300,767	$352,582	**$653,349**
	Premiums											$413,094	$431,765	**$844,859**
	Loss Ratio											72.8%	81.7%	**77.3%**
Benefit Package 451	Enrollment	285	284	284	285	284	282	282	280	278	274			**2,818**
	Claims	$307,031	$246,511	$209,506	$189,619	$242,633	$245,571	$278,270	$252,572	$191,897	$339,666			**$2,503,276**
	Premiums	$239,946	$259,838	$259,378	$260,681	$262,862	$259,167	$257,866	$254,912	$257,069	$243,325			**$2,555,045**
	Loss Ratio	128.0%	94.9%	80.8%	72.7%	92.3%	94.8%	107.9%	99.1%	74.6%	139.6%			**98.0%**
Benefit Package 452	Enrollment	268	269	265	266	266	266	265	264	262	264			**2,655**
	Claims	$142,075	$122,383	$240,563	$222,881	$186,587	$229,043	$199,716	$278,781	$89,309	$191,177			**$1,902,515**
	Premiums	$233,154	$235,752	$234,587	$229,839	$234,438	$233,027	$232,475	$230,525	$230,209	$232,571			**$2,326,577**
	Loss Ratio	60.9%	51.9%	102.5%	97.0%	79.6%	98.3%	85.9%	120.9%	38.8%	82.2%			**81.8%**

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		Financial Measures												
Benefit Package	**Category**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 453	Enrollment											794	792	**1,586**
	Claims											$545,438	$685,940	**$1,231,378**
	Premiums											$798,957	$806,808	**$1,605,765**
	Loss Ratio											68.3%	85.0%	**76.7%**
Benefit Package 454	Enrollment											285	284	**569**
	Claims											$172,699	$190,967	**$363,666**
	Premiums											$243,876	$245,079	**$488,955**
	Loss Ratio											70.8%	77.9%	**74.4%**
Benefit Package 460	Enrollment	1	1	1	1	1	1	1	1	1	1			**10**
	Claims	$0	$200	$0	$0	$62	$184	$62	$0	$0	$479			**$987**
	Premiums	$1,067	$1,067	$1,067	$1,067	$1,067	$1,067	$1,067	$1,067	$1,067	$1,067			**$10,669**
	Loss Ratio	0.0%	18.8%	0.0%	0.0%	5.8%	17.2%	5.8%	0.0%	0.0%	44.9%			**9.3%**
Benefit Package 469	Enrollment	55	55	55	55	55	55	54	54	54	52			**544**
	Claims	$32,138	$28,377	$21,689	$25,791	$49,460	$96,324	$118,103	$33,791	$74,287	$70,180			**$550,140**
	Premiums	$50,829	$50,829	$50,829	$50,829	$50,829	$50,829	$49,308	$49,308	$49,308	$47,060			**$499,961**
	Loss Ratio	63.2%	55.8%	42.7%	50.7%	97.3%	189.5%	239.5%	68.5%	150.7%	149.1%			**110.0%**
Benefit Package 472	Enrollment	44	45	45	45	45	44	44	43	43	43			**441**
	Claims	$19,261	$23,575	$27,784	$20,156	$25,839	$12,020	$20,153	$25,173	$68,159	$56,265			**$298,385**
	Premiums	$44,927	$45,980	$45,980	$45,980	$45,980	$45,206	$45,206	$44,432	$44,432	$42,853			**$450,974**
	Loss Ratio	42.9%	51.3%	60.4%	43.8%	56.2%	26.6%	44.6%	56.7%	153.4%	131.3%			**66.2%**
Benefit Package 474	Enrollment	14	14	14	14	14	14	14	14	14	18			**144**
	Claims	$1,637	$2,971	$2,990	$1,080	$567	$411	$2,071	$402	$1,705	$4,207			**$18,041**
	Premiums	$12,142	$12,142	$12,142	$12,142	$12,142	$12,142	$12,142	$12,142	$12,142	$15,288			**$124,565**
	Loss Ratio	13.5%	24.5%	24.6%	8.9%	4.7%	3.4%	17.1%	3.3%	14.0%	27.5%			**14.5%**
Benefit Package 477	Enrollment	23	23	23	23	24	23	23	24	24	28			**238**
	Claims	$7,647	$27,881	$12,541	$2,816	$36,475	$14,071	$3,618	$3,989	$60,840	$21,412			**$191,289**
	Premiums	$18,984	$18,984	$18,984	$18,984	$19,764	$18,501	$18,501	$19,281	$19,281	$22,954			**$194,216**
	Loss Ratio	40.3%	146.9%	66.1%	14.8%	184.6%	76.1%	19.6%	20.7%	315.5%	93.3%			**98.5%**
Benefit Package 482	Enrollment	11	13	13	13	14	13	13	13	13				**116**
	Claims	$2,937	$2,031	$1,633	$17,929	$1,555	$2,665	$10,472	$12,971	$1,413				**$53,605**
	Premiums	$7,153	$8,302	$8,302	$8,302	$9,427	$8,302	$8,302	$8,302	$8,302				**$74,695**
	Loss Ratio	41.1%	24.5%	19.7%	216.0%	16.5%	32.1%	126.1%	156.2%	17.0%				**71.8%**
Benefit Package 483	Enrollment	93	94	93	94	92	91	91	93	94	98			**933**
	Claims	$125,642	$53,657	$64,182	$82,482	$73,792	$82,748	$105,198	$53,429	$41,360	$48,228			**$730,719**
	Premiums	$69,161	$69,910	$68,127	$69,372	$68,626	$68,112	$68,112	$69,764	$70,251	$73,136			**$694,570**
	Loss Ratio	181.7%	76.8%	94.2%	118.9%	107.5%	121.5%	154.4%	76.6%	58.9%	65.9%			**105.2%**
Benefit Package 484	Enrollment											97	96	**193**
	Claims											$42,068	$83,036	**$125,103**
	Premiums											$80,463	$79,158	**$159,621**
	Loss Ratio											52.3%	104.9%	**78.4%**
Benefit Package 485	Enrollment	29	29	29	29	29	29	29	29	29				**261**
	Claims	$10,254	$40,712	$33,141	$35,664	$13,632	$5,496	$119,148	$20,970	$47,942				**$326,959**
	Premiums	$23,308	$23,308	$23,308	$23,308	$23,308	$23,308	$23,308	$23,111	$23,111				**$209,379**
	Loss Ratio	44.0%	174.7%	142.2%	153.0%	58.5%	23.6%	511.2%	90.7%	207.4%				**156.2%**
Benefit Package 486	Enrollment										46	46	45	**137**
	Claims										$20,228	$4,565	$7,277	**$32,070**
	Premiums										$37,152	$36,923	$36,346	**$110,421**
	Loss Ratio										54.4%	12.4%	20.0%	**29.0%**
Benefit Package 488	Enrollment	26	26	25	25	25	25	25	25	25				**227**
	Claims	$8,259	$14,421	$3,293	$5,265	$3,139	$5,553	$82,238	$10,844	$7,884				**$140,896**
	Premiums	$18,937	$18,937	$18,452	$18,452	$18,452	$18,452	$18,452	$18,452	$18,452				**$167,038**
	Loss Ratio	43.6%	76.2%	17.8%	28.5%	17.0%	30.1%	445.7%	58.8%	42.7%				**84.3%**

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		Financial Measures												
Benefit Package	**Category**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 489	Enrollment	259	258	257	259	259	257	257	254	252	249			**2,561**
	Claims	$133,073	$323,310	$230,215	$176,184	$344,716	$133,839	$164,132	$155,740	$84,814	$212,293			**$1,958,316**
	Premiums	$186,843	$186,675	$186,746	$187,948	$188,234	$186,728	$186,926	$184,147	$182,053	$179,043			**$1,855,343**
	Loss Ratio	71.2%	173.2%	123.3%	93.7%	183.1%	71.7%	87.8%	84.6%	46.6%	118.6%			**105.6%**
Benefit Package 490	Enrollment											233	234	**467**
	Claims											$63,805	$86,524	**$150,330**
	Premiums											$189,488	$189,853	**$379,341**
	Loss Ratio											33.7%	45.6%	**39.6%**
Benefit Package 491	Enrollment	33	31	31	32	33	33	33	34	34				**294**
	Claims	$7,721	$5,262	$6,344	$4,184	$21,303	$68,259	$4,973	$14,381	$4,599				**$137,027**
	Premiums	$23,421	$22,094	$22,094	$23,342	$24,104	$24,104	$23,907	$24,471	$24,471				**$212,010**
	Loss Ratio	33.0%	23.8%	28.7%	17.9%	88.4%	283.2%	20.8%	58.8%	18.8%				**64.6%**
Benefit Package 492	Enrollment										62	64	64	**190**
	Claims										$22,051	$16,061	$193,201	**$231,313**
	Premiums										$51,175	$52,485	$52,485	**$156,146**
	Loss Ratio										43.1%	30.6%	368.1%	**148.1%**
Benefit Package 493	Enrollment	18	18	18	18	18	18	18	18	18	18			**180**
	Claims	$15,651	$10,089	$14,330	$16,716	$29,167	$5,825	$19,106	$8,303	$44,185	$14,508			**$177,880**
	Premiums	$16,980	$16,980	$16,980	$16,980	$16,980	$16,980	$16,980	$16,980	$16,980	$16,980			**$169,802**
	Loss Ratio	92.2%	59.4%	84.4%	98.4%	171.8%	34.3%	112.5%	48.9%	260.2%	85.4%			**104.8%**
Benefit Package 494	Enrollment	43	43	43	42	42	42	42	42	43	43	43	43	**511**
	Claims	$31,410	$19,533	$60,763	$103,200	$75,562	$87,903	$32,909	$32,081	$30,460	$43,136	$90,594	$35,039	**$642,591**
	Premiums	$68,157	$68,157	$68,157	$66,096	$66,096	$66,096	$66,096	$66,096	$66,921	$66,921	$66,921	$66,921	**$802,638**
	Loss Ratio	46.1%	28.7%	89.2%	156.1%	114.3%	133.0%	49.8%	48.5%	45.5%	64.5%	135.4%	52.4%	**80.1%**
Benefit Package 495	Enrollment	81	82	82	81	81	80	80	80	80				**725**
	Claims	$109,315	$53,780	$64,748	$80,614	$213,460	$46,204	$46,785	$107,816	$49,291				**$772,012**
	Premiums	$66,258	$66,943	$66,258	$66,258	$65,573	$65,573	$65,573	$65,573	$65,573				**$593,580**
	Loss Ratio	165.0%	80.3%	97.7%	121.7%	325.5%	70.5%	71.3%	164.4%	75.2%				**130.1%**
Benefit Package 496	Enrollment	110	110	110	109	108	108	108	108	108	109			**1,088**
	Claims	$141,016	$82,593	$77,823	$93,843	$78,787	$175,963	$140,295	$152,339	$511,075	$103,069			**$1,556,803**
	Premiums	$101,431	$100,760	$100,760	$99,784	$98,975	$98,575	$98,575	$97,519	$97,144	$97,268			**$990,792**
	Loss Ratio	139.0%	82.0%	77.2%	94.0%	79.6%	178.5%	142.3%	156.2%	526.1%	106.0%			**157.1%**
Benefit Package 497	Enrollment											121	121	**242**
	Claims											$153,362	$135,440	**$288,802**
	Premiums											$116,726	$116,726	**$233,452**
	Loss Ratio											131.4%	116.0%	**123.7%**
Benefit Package 498	Enrollment	126	126	126	125	125	125	124	122	122				**1,121**
	Claims	$178,422	$205,316	$130,518	$251,443	$182,919	$319,686	$183,907	$174,736	$225,185				**$1,852,132**
	Premiums	$115,371	$115,371	$115,092	$114,319	$113,662	$113,662	$112,888	$111,071	$111,342				**$1,022,778**
	Loss Ratio	154.7%	178.0%	113.4%	219.9%	160.9%	281.3%	162.9%	157.3%	202.2%				**181.1%**
Benefit Package 499	Enrollment										161	167	167	**495**
	Claims										$394,105	$181,777	$163,579	**$739,460**
	Premiums										$165,924	$176,327	$176,013	**$518,265**
	Loss Ratio										237.5%	103.1%	92.9%	**142.7%**
Benefit Package 501	Enrollment	20	20	20	20	20	20	20	19	20				**179**
	Claims	$11,748	$18,812	$35,301	$16,014	$8,001	$11,780	$14,965	$16,094	$17,864				**$150,579**
	Premiums	$16,425	$16,425	$16,425	$16,425	$16,425	$16,425	$16,425	$15,582	$16,425				**$146,979**
	Loss Ratio	71.5%	114.5%	214.9%	97.5%	48.7%	71.7%	91.1%	103.3%	108.8%				**102.4%**
Benefit Package 502	Enrollment	195	197	197	197	197	199	198	198	198	198	192		**1,969**
	Claims	$156,628	$181,094	$201,146	$211,570	$170,868	$261,826	$204,986	$214,431	$312,256	$227,968			**$2,142,773**
	Premiums	$161,773	$162,918	$162,914	$162,914	$163,715	$162,405	$162,462	$163,184	$163,170	$157,980			**$1,623,434**
	Loss Ratio	96.8%	111.2%	123.5%	129.9%	104.4%	161.2%	126.2%	131.4%	191.4%	144.3%			**132.0%**

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Benefit Package	**Category**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 503	Enrollment											196	197	**393**
	Claims											$114,920	$149,834	**$264,754**
	Premiums											$166,717	$167,198	**$333,915**
	Loss Ratio											68.9%	89.6%	**79.3%**
Benefit Package 504	Enrollment	126	126	126	127	128	128	128	129	129				**1,147**
	Claims	$54,686	$91,613	$70,529	$81,657	$148,791	$79,754	$80,731	$110,241	$98,937				**$816,938**
	Premiums	$105,165	$105,414	$105,172	$106,108	$107,044	$107,287	$107,530	$108,230	$108,230				**$960,179**
	Loss Ratio	52.0%	86.9%	67.1%	77.0%	139.0%	74.3%	75.1%	101.9%	91.4%				**85.1%**
Benefit Package 505	Enrollment										138	138	138	**414**
	Claims										$82,519	$96,670	$74,345	**$253,534**
	Premiums										$131,513	$131,513	$131,513	**$394,540**
	Loss Ratio										62.7%	73.5%	56.5%	**64.3%**
Benefit Package 507	Enrollment	13	13	13	13	13	13	13	13	13				**117**
	Claims	$2,415	$1,567	$12,132	$5,335	$5,177	$6,727	$3,127	$6,475	$2,556				**$45,510**
	Premiums	$9,428	$9,428	$9,428	$9,428	$9,428	$9,428	$9,428	$9,428	$9,428				**$84,854**
	Loss Ratio	25.6%	16.6%	128.7%	56.6%	54.9%	71.3%	33.2%	68.7%	27.1%				**53.6%**
Benefit Package 508	Enrollment	122	122	121	122	122	122	121	121	121	138			**1,232**
	Claims	$66,965	$26,339	$37,203	$39,714	$64,703	$45,302	$60,281	$71,496	$113,216	$49,343			**$574,562**
	Premiums	$80,215	$79,858	$79,405	$79,846	$79,846	$79,846	$78,578	$78,005	$78,005	$88,911			**$802,516**
	Loss Ratio	83.5%	33.0%	46.9%	49.7%	81.0%	56.7%	76.7%	91.7%	145.1%	55.5%			**71.6%**
Benefit Package 509	Enrollment											135	134	**269**
	Claims											$89,048	$59,458	**$148,505**
	Premiums											$98,368	$98,222	**$196,589**
	Loss Ratio											90.5%	60.5%	**75.5%**
Benefit Package 510	Enrollment	75	74	74	74	74	74	74	73	73				**665**
	Claims	$7,624	$20,618	$14,376	$47,001	$35,943	$79,308	$56,631	$106,226	$121,539				**$489,265**
	Premiums	$49,115	$48,671	$48,671	$48,671	$48,831	$48,831	$48,671	$48,383	$47,846				**$437,690**
	Loss Ratio	15.5%	42.4%	29.5%	96.6%	73.6%	162.4%	116.4%	219.6%	254.0%				**111.8%**
Benefit Package 511	Enrollment										102	105	106	**313**
	Claims										$74,856	$55,681	$105,780	**$236,317**
	Premiums										$77,568	$78,237	$78,752	**$234,558**
	Loss Ratio										96.5%	71.2%	134.3%	**100.7%**
Benefit Package 512	Enrollment	10	10	10	10	10	10	10	10	10				**90**
	Claims	$2,754	$741	$776	$1,341	$393	$2,665	$1,127	$20,516	$2,507				**$32,820**
	Premiums	$4,883	$4,592	$4,592	$4,592	$4,592	$4,592	$4,592	$4,592	$4,592				**$41,623**
	Loss Ratio	56.4%	16.1%	16.9%	29.2%	8.6%	58.0%	24.5%	446.7%	54.6%				**78.9%**
Benefit Package 513	Enrollment	38	40	40	40	40	40	40	40	40	42			**400**
	Claims	$1,383	$3,061	$2,224	$3,699	$6,269	$125,325	$49,503	$9,100	$5,421	$11,141			**$217,126**
	Premiums	$27,897	$28,641	$28,641	$28,641	$28,641	$28,641	$28,641	$28,641	$28,332	$29,644			**$286,357**
	Loss Ratio	5.0%	10.7%	7.8%	12.9%	21.9%	437.6%	172.8%	31.8%	19.1%	37.6%			**75.8%**
Benefit Package 514	Enrollment											41	42	**83**
	Claims											$14,341	$13,085	**$27,426**
	Premiums											$30,938	$31,650	**$62,588**
	Loss Ratio											46.4%	41.3%	**43.8%**
Benefit Package 515	Enrollment										10	11	11	**32**
	Claims										$3,015	$5,885	$2,330	**$11,230**
	Premiums										$5,818	$6,190	$6,190	**$18,198**
	Loss Ratio										51.8%	95.1%	37.6%	**61.7%**
Benefit Package 517	Enrollment											587	629	**1,216**
	Claims											$105,570	$143,761	**$249,331**
	Premiums											$440,914	$468,923	**$909,838**
	Loss Ratio											23.9%	30.7%	**27.4%**

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Benefit Package	**Category**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 519	Enrollment											18,127	18,263	**36,390**
	Claims											$10,317,091	$10,850,849	**$21,167,941**
	Premiums											$13,958,380	$14,043,451	**$28,001,830**
	Loss Ratio											73.9%	77.3%	**75.6%**
Benefit Package 521	Enrollment											8,300	8,325	**16,625**
	Claims											$5,444,138	$6,313,898	**$11,758,035**
	Premiums											$6,677,983	$6,693,884	**$13,371,867**
	Loss Ratio											81.5%	94.3%	**87.9%**
Benefit Package 523	Enrollment											44	44	**88**
	Claims											$40,413	$27,001	**$67,414**
	Premiums											$45,818	$45,818	**$91,635**
	Loss Ratio											88.2%	58.9%	**73.6%**
Benefit Package 525	Enrollment											1,911	1,930	**3,841**
	Claims											$599,857	$978,447	**$1,578,304**
	Premiums											$1,390,487	$1,401,079	**$2,791,566**
	Loss Ratio											43.1%	69.8%	**56.5%**
Benefit Package 528	Enrollment											14,024	14,006	**28,030**
	Claims											$15,395,423	$16,659,283	**$32,054,706**
	Premiums											$15,017,102	$14,990,411	**$30,007,513**
	Loss Ratio											102.5%	111.1%	**106.8%**
Benefit Package 530	Enrollment											10,877	10,886	**21,763**
	Claims											$8,156,828	$9,985,663	**$18,142,491**
	Premiums											$10,538,269	$10,535,826	**$21,074,095**
	Loss Ratio											77.4%	94.8%	**86.1%**
Benefit Package 532	Enrollment											2,694	2,687	**5,381**
	Claims											$3,926,247	$4,094,008	**$8,020,255**
	Premiums											$3,371,712	$3,361,344	**$6,733,056**
	Loss Ratio											116.4%	121.8%	**119.1%**
Benefit Package 534	Enrollment	0	0	0	0	0	0	0	0	0	0	1	1	**2**
	Claims	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$157	$0	**$157**
	Premiums	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$467	$467	**$935**
	Loss Ratio	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	33.7%	0.0%	**16.8%**
Benefit Package 552	Enrollment											16	16	**32**
	Claims											$15,193	$20,491	**$35,685**
	Premiums											$18,841	$18,841	**$37,682**
	Loss Ratio											80.6%	108.8%	**94.7%**
Benefit Package 553	Enrollment											8	8	**16**
	Claims											$2,683	$7,286	**$9,968**
	Premiums											$7,051	$7,051	**$14,103**
	Loss Ratio											38.0%	103.3%	**70.7%**
Benefit Package 554	Enrollment											48	48	**96**
	Claims											$15,684	$44,408	**$60,092**
	Premiums											$44,619	$44,619	**$89,239**
	Loss Ratio											35.2%	99.5%	**67.3%**
Benefit Package 555	Enrollment											73	73	**146**
	Claims											$18,742	$29,966	**$48,708**
	Premiums											$45,050	$46,277	**$91,328**
	Loss Ratio											41.6%	64.8%	**53.3%**
Benefit Package 556	Enrollment											21	22	**43**
	Claims											$277	$556	**$833**
	Premiums											$15,050	$15,050	**$30,100**
	Loss Ratio											1.8%	3.7%	**2.8%**

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Benefit Package	**Category**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 557	Enrollment											6	6	**12**
	Claims											$282	$5,189	**$5,472**
	Premiums											$4,151	$4,151	**$8,301**
	Loss Ratio											6.8%	125.0%	**65.9%**
Benefit Package 558	Enrollment											2	2	**4**
	Claims											$946	$574	**$1,521**
	Premiums											$1,250	$1,250	**$2,501**
	Loss Ratio											75.7%	45.9%	**60.8%**
Benefit Package 559	Enrollment											92	92	**184**
	Claims											$15,268	$19,507	**$34,775**
	Premiums											$52,888	$52,888	**$105,776**
	Loss Ratio											28.9%	36.9%	**32.9%**
Benefit Package 560	Enrollment											6	6	**12**
	Claims											$821	$3,393	**$4,215**
	Premiums											$4,619	$4,619	**$9,238**
	Loss Ratio											17.8%	73.5%	**45.6%**
Benefit Package 561	Enrollment											16	16	**32**
	Claims											$6,091	$22,126	**$28,217**
	Premiums											$11,826	$11,826	**$23,653**
	Loss Ratio											51.5%	187.1%	**119.3%**
Benefit Package 562	Enrollment											2	2	**4**
	Claims											$165	$22	**$187**
	Premiums											$1,004	$1,004	**$2,007**
	Loss Ratio											16.4%	2.2%	**9.3%**
Benefit Package 563	Enrollment											33	33	**66**
	Claims											$5,301	$6,237	**$11,538**
	Premiums											$18,900	$18,900	**$37,801**
	Loss Ratio											28.0%	33.0%	**30.5%**
Benefit Package 564	Enrollment											9	9	**18**
	Claims											$1,375	$18,032	**$19,407**
	Premiums											$5,587	$5,587	**$11,174**
	Loss Ratio											24.6%	322.7%	**173.7%**
Benefit Package 565	Enrollment											4	4	**8**
	Claims											$105	$308	**$414**
	Premiums											$1,750	$2,691	**$4,441**
	Loss Ratio											6.0%	11.5%	**9.3%**
Benefit Package 566	Enrollment											9	9	**18**
	Claims											$851	$1,118	**$1,969**
	Premiums											$5,586	$5,586	**$11,172**
	Loss Ratio											15.2%	20.0%	**17.6%**
Benefit Package 567	Enrollment											111	107	**218**
	Claims											$35,808	$88,787	**$124,595**
	Premiums											$77,760	$73,891	**$151,651**
	Loss Ratio											46.0%	120.2%	**82.2%**
Benefit Package 568	Enrollment											280	289	**569**
	Claims											$42,734	$129,459	**$172,192**
	Premiums											$152,758	$157,501	**$310,259**
	Loss Ratio											28.0%	82.2%	**55.5%**
Benefit Package 569	Enrollment											152	155	**307**
	Claims											$26,135	$38,254	**$64,389**
	Premiums											$83,072	$85,335	**$168,407**
	Loss Ratio											31.5%	44.8%	**38.2%**

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Benefit Package	**Category**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 570	Enrollment											177	176	**353**
	Claims											$121,229	$162,967	**$284,197**
	Premiums											$169,819	$168,345	**$338,163**
	Loss Ratio											71.4%	96.8%	**84.0%**
Benefit Package 571	Enrollment											15	15	**30**
	Claims											$548	$533	**$1,081**
	Premiums											$7,487	$7,210	**$14,698**
	Loss Ratio											7.3%	7.4%	**7.4%**
Benefit Package 572	Enrollment											32	32	**64**
	Claims											$6,532	$10,437	**$16,970**
	Premiums											$14,624	$14,624	**$29,249**
	Loss Ratio											44.7%	71.4%	**58.0%**
Benefit Package 603	Enrollment	623	617	614	614	611	613	610	606	610	595	595	595	**7,303**
	Claims	$187,719	$451,022	$515,786	$484,002	$868,519	$593,752	$629,574	$648,471	$555,876	$702,722	$440,195	$548,888	**$6,626,527**
	Premiums	$34,944	$75,805	$346,919	$409,654	$371,834	$752,621	$441,374	$549,408	$567,533	$468,092	$591,989	$332,981	**$4,943,156**
	Loss Ratio	537.2%	595.0%	148.7%	118.1%	233.6%	78.9%	142.6%	118.0%	97.9%	150.1%	74.4%	164.8%	**134.1%**
Benefit Package 604	Enrollment	877	878	877	874	873	872	875	872	873	907	913	914	**10,605**
	Claims	$205,789	$612,427	$615,373	$590,361	$568,031	$564,926	$839,207	$955,543	$597,684	$755,710	$717,037	$741,035	**$7,763,123**
	Premiums	$49,214	$129,606	$526,709	$525,057	$495,822	$476,233	$474,820	$725,584	$859,835	$490,353	$659,839	$573,024	**$5,986,094**
	Loss Ratio	418.2%	472.5%	116.8%	112.4%	114.6%	118.6%	176.7%	131.7%	69.5%	154.1%	108.7%	129.3%	**129.7%**
Benefit Package 605	Enrollment	14	14	14	14	14	14	14	14	14	15	15	15	**171**
	Claims	$187	$7,611	$1,738	$1,043	$4,103	$5,562	$10,047	$3,179	$5,972	$17,671	$5,027	$2,628	**$64,768**
	Premiums	$787	$787	$8,026	$2,434	$1,556	$4,761	$6,019	$10,718	$3,645	$6,452	$17,848	$5,411	**$68,444**
	Loss Ratio	23.8%	967.7%	21.7%	42.8%	263.7%	116.8%	166.9%	29.7%	163.8%	273.9%	28.2%	48.6%	**94.6%**
Benefit Package 606	Enrollment	241	243	245	246	249	249	250	250	252	264	269	269	**3,027**
	Claims	$41,800	$140,193	$126,811	$158,394	$385,605	$143,557	$247,320	$214,480	$307,969	$194,303	$294,580	$218,941	**$2,473,952**
	Premiums	$13,371	$30,682	$129,019	$114,420	$145,836	$373,327	$135,464	$238,277	$197,379	$291,750	$179,848	$264,747	**$2,114,120**
	Loss Ratio	312.6%	456.9%	98.3%	138.4%	264.4%	38.5%	182.6%	90.0%	156.0%	66.6%	163.8%	82.7%	**117.0%**
Benefit Package 607	Enrollment											56	53	**109**
	Claims											$13,947	$23,088	**$37,035**
	Premiums											$54,738	$53,862	**$108,600**
	Loss Ratio											25.5%	42.9%	**34.1%**
Benefit Package 608	Enrollment											136	134	**270**
	Claims											$45,913	$62,581	**$108,493**
	Premiums											$122,995	$121,438	**$244,433**
	Loss Ratio											37.3%	51.5%	**44.4%**
Benefit Package 609	Enrollment											62	63	**125**
	Claims											$12,318	$22,779	**$35,096**
	Premiums											$42,667	$43,457	**$86,124**
	Loss Ratio											28.9%	52.4%	**40.8%**
Benefit Package 610	Enrollment											84	86	**170**
	Claims											$15,381	$26,506	**$41,887**
	Premiums											$50,714	$52,006	**$102,720**
	Loss Ratio											30.3%	51.0%	**40.8%**
Benefit Package 611	Enrollment											306	307	**613**
	Claims											$90,271	$150,080	**$240,351**
	Premiums											$185,745	$187,752	**$373,497**
	Loss Ratio											48.6%	79.9%	**64.4%**
Benefit Package 612	Enrollment											238	242	**480**
	Claims											$24,492	$65,594	**$90,086**
	Premiums											$143,223	$144,823	**$288,046**
	Loss Ratio											17.1%	45.3%	**31.3%**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
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Financial Plan Structure and Overall Performance by Benefit Package
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		Financial Measures												
Benefit Package	**Category**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 613	Enrollment											155	157	**312**
	Claims											$35,952	$100,007	**$135,959**
	Premiums											$101,144	$102,084	**$203,227**
	Loss Ratio											35.5%	98.0%	**66.9%**
Benefit Package 614	Enrollment											51	52	**103**
	Claims											$13,083	$16,219	**$29,301**
	Premiums											$31,929	$35,045	**$66,974**
	Loss Ratio											41.0%	46.3%	**43.8%**
Benefit Package 615	Enrollment											1,102	1,058	**2,160**
	Claims											$338,099	$750,080	**$1,088,179**
	Premiums											$836,545	$790,566	**$1,627,111**
	Loss Ratio											40.4%	94.9%	**66.9%**
Benefit Package 616	Enrollment											362	360	**722**
	Claims											$100,571	$156,281	**$256,852**
	Premiums											$247,092	$244,100	**$491,192**
	Loss Ratio											40.7%	64.0%	**52.3%**
Benefit Package 617	Enrollment											96	95	**191**
	Claims											$18,364	$16,351	**$34,715**
	Premiums											$61,417	$61,066	**$122,483**
	Loss Ratio											29.9%	26.8%	**28.3%**
Benefit Package 618	Enrollment											60	62	**122**
	Claims											$11,217	$7,979	**$19,196**
	Premiums											$45,612	$46,988	**$92,600**
	Loss Ratio											24.6%	17.0%	**20.7%**
Benefit Package 619	Enrollment											116	120	**236**
	Claims											$18,656	$30,229	**$48,885**
	Premiums											$85,402	$88,289	**$173,690**
	Loss Ratio											21.8%	34.2%	**28.1%**
Benefit Package 620	Enrollment											22	22	**44**
	Claims											$13,409	$30,713	**$44,123**
	Premiums											$21,246	$21,246	**$42,493**
	Loss Ratio											63.1%	144.6%	**103.8%**
Benefit Package 621	Enrollment											290	288	**578**
	Claims											$104,202	$171,871	**$276,073**
	Premiums											$292,722	$284,422	**$577,144**
	Loss Ratio											35.6%	60.4%	**47.8%**
Benefit Package 622	Enrollment											479	483	**962**
	Claims											$160,963	$271,155	**$432,118**
	Premiums											$361,794	$362,768	**$724,562**
	Loss Ratio											44.5%	74.7%	**59.6%**
Benefit Package 623	Enrollment											270	273	**543**
	Claims											$118,288	$175,582	**$293,869**
	Premiums											$238,891	$241,381	**$480,272**
	Loss Ratio											49.5%	72.7%	**61.2%**
Benefit Package 624	Enrollment											495	497	**992**
	Claims											$101,102	$220,544	**$321,646**
	Premiums											$385,328	$386,678	**$772,006**
	Loss Ratio											26.2%	57.0%	**41.7%**
Benefit Package 625	Enrollment											102	101	**203**
	Claims											$30,307	$66,055	**$96,362**
	Premiums											$68,743	$68,099	**$136,842**
	Loss Ratio											44.1%	97.0%	**70.4%**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
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Financial Plan Structure and Overall Performance by Benefit Package
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		Financial Measures												
Benefit Package	**Category**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 626	Enrollment											34	33	**67**
	Claims											$7,184	$8,528	**$15,712**
	Premiums											$25,187	$24,487	**$49,674**
	Loss Ratio											28.5%	34.8%	**31.6%**
Benefit Package 709	Enrollment	239	237	236	236	236	233	233	233	233	221	220	220	**2,777**
	Claims	$275,542	$289,837	$300,795	$340,983	$343,808	$318,534	$198,885	$235,411	$272,135	$249,660	$176,135	$246,929	**$3,248,654**
	Premiums	$269,953	$267,694	$266,564	$266,564	$266,564	$263,176	$263,176	$263,176	$263,176	$249,621	$248,492	$248,492	**$3,136,646**
	Loss Ratio	102.1%	108.3%	112.8%	127.9%	129.0%	121.0%	75.6%	89.5%	103.4%	100.0%	70.9%	99.4%	**103.6%**
Benefit Package 711	Enrollment	19	19	19	19	20	20	20	20	20	22	23	24	**245**
	Claims	$7,025	$4,329	$4,673	$11,558	$6,757	$9,242	$4,986	$9,767	$4,830	$9,938	$3,743	$11,524	**$88,372**
	Premiums	$14,305	$14,305	$14,305	$14,305	$15,058	$15,058	$15,058	$15,058	$15,058	$16,564	$17,317	$18,070	**$184,461**
	Loss Ratio	49.1%	30.3%	32.7%	80.8%	44.9%	61.4%	33.1%	64.9%	32.1%	60.0%	21.6%	63.8%	**47.9%**
Benefit Package 712	Enrollment	4	4	4	4	4	4	4	4	4	4	4	4	**48**
	Claims	$1,254	$2,085	$1,275	$814	$1,070	$2,538	$1,088	$1,355	$1,764	$430	$1,785	$1,277	**$16,734**
	Premiums	$2,364	$2,364	$2,364	$2,364	$2,364	$2,364	$2,364	$2,364	$2,364	$2,364	$2,364	$2,364	**$28,365**
	Loss Ratio	53.0%	88.2%	53.9%	34.4%	45.3%	107.4%	46.0%	57.3%	74.6%	18.2%	75.5%	54.0%	**59.0%**
Benefit Package 713	Enrollment	462	464	462	461	459	459	460	459	458	444	449	447	**5,484**
	Claims	$325,840	$343,329	$390,861	$292,854	$259,263	$359,944	$395,997	$408,202	$327,781	$325,923	$577,357	$494,813	**$4,502,164**
	Premiums	$487,984	$490,096	$487,984	$486,927	$484,815	$484,815	$485,871	$484,815	$483,759	$468,971	$474,252	$472,140	**$5,792,429**
	Loss Ratio	66.8%	70.1%	80.1%	60.1%	53.5%	74.2%	81.5%	84.2%	67.8%	69.5%	121.7%	104.8%	**77.7%**
Benefit Package 714	Enrollment	7	7	7	7	7	7	7	7	7	6	6	6	**81**
	Claims	$1,470	$2,919	$2,147	$2,320	$2,247	$1,172	$3,739	$1,788	$885	$645	$532	$2,253	**$22,118**
	Premiums	$7,485	$7,485	$7,485	$7,485	$7,485	$7,485	$7,485	$7,485	$7,485	$6,415	$6,415	$6,415	**$86,607**
	Loss Ratio	19.6%	39.0%	28.7%	31.0%	30.0%	15.7%	50.0%	23.9%	11.8%	10.1%	8.3%	35.1%	**25.5%**
Benefit Package 715	Enrollment	33	33	32	32	32	32	32	32	32	35	37	37	**399**
	Claims	$7,462	$5,606	$12,218	$14,407	$81,836	$52,725	$60,894	$10,356	$13,650	$18,685	$8,976	$12,648	**$299,464**
	Premiums	$23,632	$23,632	$22,916	$22,916	$22,916	$22,916	$22,916	$22,916	$22,916	$25,064	$26,496	$26,496	**$285,732**
	Loss Ratio	31.6%	23.7%	53.3%	62.9%	357.1%	230.1%	265.7%	45.2%	59.6%	74.6%	33.9%	47.7%	**104.8%**
Benefit Package 716	Enrollment	3	3	3	3	3	3	3	3	3	3	3	3	**36**
	Claims	$1,524	$1,731	$2,836	$788	$688	$902	$1,166	$759	$1,065	$3,006	$1,414	$1,028	**$16,907**
	Premiums	$3,323	$3,323	$3,323	$3,323	$3,323	$3,323	$3,323	$3,323	$3,323	$3,323	$3,323	$3,323	**$39,874**
	Loss Ratio	45.9%	52.1%	85.3%	23.7%	20.7%	27.2%	35.1%	22.9%	32.0%	90.5%	42.5%	30.9%	**42.4%**
Benefit Package 717	Enrollment	206	206	206	205	206	204	204	206	206	222	225	226	**2,522**
	Claims	$105,583	$75,086	$93,333	$82,771	$114,303	$96,257	$167,374	$247,667	$93,030	$86,517	$104,641	$148,131	**$1,414,693**
	Premiums	$151,897	$151,897	$151,897	$151,160	$151,897	$150,423	$150,423	$151,897	$151,897	$163,695	$165,907	$166,645	**$1,859,636**
	Loss Ratio	69.5%	49.4%	61.4%	54.8%	75.3%	64.0%	111.3%	163.0%	61.2%	52.9%	63.1%	88.9%	**76.1%**
Benefit Package 718	Enrollment	15	15	15	15	15	15	15	15	15	15	15	15	**180**
	Claims	$6,739	$6,626	$10,900	$13,653	$22,475	$11,911	$10,066	$72,925	$4,593	$4,859	$4,924	$11,174	**$180,845**
	Premiums	$11,292	$11,292	$11,292	$11,292	$11,292	$11,292	$11,292	$11,292	$11,292	$11,292	$11,292	$11,292	**$135,500**
	Loss Ratio	59.7%	58.7%	96.5%	120.9%	199.0%	105.5%	89.1%	645.8%	40.7%	43.0%	43.6%	99.0%	**133.5%**
Benefit Package 719	Enrollment	22	22	23	23	23	23	23	24	24	23	23	24	**277**
	Claims	$10,406	$2,208	$2,339	$5,543	$910	$9,663	$6,030	$15,776	$10,829	$4,686	$24,860	$79,604	**$172,853**
	Premiums	$12,281	$12,281	$12,840	$12,840	$12,840	$12,840	$12,840	$13,398	$13,398	$12,840	$12,840	$13,398	**$154,635**
	Loss Ratio	84.7%	18.0%	18.2%	43.2%	7.1%	75.3%	47.0%	117.7%	80.8%	36.5%	193.6%	594.2%	**111.8%**
Benefit Package 720	Enrollment	105	104	102	102	102	101	101	98	97	95	95	95	**1,197**
	Claims	$153,987	$177,760	$134,362	$80,529	$254,892	$96,560	$111,646	$258,221	$147,246	$142,795	$244,030	$119,715	**$1,921,743**
	Premiums	$140,362	$139,025	$136,351	$136,351	$136,351	$135,015	$135,015	$131,004	$129,668	$126,994	$126,994	$126,994	**$1,600,125**
	Loss Ratio	109.7%	127.9%	98.5%	59.1%	186.9%	71.5%	82.7%	197.1%	113.6%	112.4%	192.2%	94.3%	**120.1%**
Benefit Package 723	Enrollment	5	5	6	6	6	6	6	6	6	8	18	18	**96**
	Claims	$0	$906	$418	$875	$64	$0	$429	$1,898	$4,080	$3,477	$752	$953	**$13,851**
	Premiums	$3,319	$3,319	$3,983	$3,983	$3,983	$3,983	$3,983	$3,983	$3,983	$5,310	$12,188	$12,188	**$64,203**
	Loss Ratio	0.0%	27.3%	10.5%	22.0%	1.6%	0.0%	10.8%	47.7%	102.4%	65.5%	6.2%	7.8%	**21.6%**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A8f
Financial Plan Structure and Overall Performance by Benefit Package
Calendar Year 2015

		Financial Measures												
Benefit Package	**Category**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 724	Enrollment	25	25	24	25	26	26	27	27	27	30	42	43	**347**
	Claims	$6,415	$15,698	$17,159	$19,101	$16,412	$2,312	$3,029	$5,859	$3,959	$3,493	$4,972	$3,057	**$101,465**
	Premiums	$15,234	$15,234	$14,625	$15,234	$15,843	$15,843	$16,453	$16,453	$16,453	$18,281	$29,435	$30,136	**$219,223**
	Loss Ratio	42.1%	103.0%	117.3%	125.4%	103.6%	14.6%	18.4%	35.6%	24.1%	19.1%	16.9%	10.1%	**46.3%**
Benefit Package 725	Enrollment	65	65	65	65	65	65	65	65	65	62			**647**
	Claims	$69,784	$66,683	$184,681	$527,257	$240,009	$118,722	$155,900	$166,629	$106,366	$65,638			**$1,701,670**
	Premiums	$76,555	$76,555	$76,555	$76,555	$76,555	$76,555	$76,555	$76,555	$76,555	$73,022			**$762,015**
	Loss Ratio	91.2%	87.1%	241.2%	688.7%	313.5%	155.1%	203.6%	217.7%	138.9%	89.9%			**223.3%**
Benefit Package 726	Enrollment	47	47	47	46	46	45	45	45	45	44			**457**
	Claims	$58,193	$51,807	$51,570	$56,443	$188,830	$35,281	$28,361	$17,329	$24,025	$24,128			**$535,967**
	Premiums	$44,977	$44,977	$44,977	$44,020	$44,020	$43,064	$43,064	$43,064	$43,064	$42,107			**$437,334**
	Loss Ratio	129.4%	115.2%	114.7%	128.2%	429.0%	81.9%	65.9%	40.2%	55.8%	57.3%			**122.6%**
Benefit Package 730	Enrollment	169	169	169	169	169	168	168	168	168	162	190	190	**2,059**
	Claims	$55,430	$66,756	$109,022	$129,220	$113,712	$60,983	$147,931	$74,506	$70,609	$80,882	$106,725	$118,290	**$1,134,067**
	Premiums	$177,091	$177,091	$177,091	$177,091	$177,091	$176,043	$176,043	$176,043	$176,043	$169,756	$199,096	$199,096	**$2,157,577**
	Loss Ratio	31.3%	37.7%	61.6%	73.0%	64.2%	34.6%	84.0%	42.3%	40.1%	47.6%	53.6%	59.4%	**52.6%**
Benefit Package 731	Enrollment	158	158	156	154	152	152	151	152	152	150	163	162	**1,860**
	Claims	$73,440	$117,393	$99,946	$89,082	$60,590	$59,387	$236,632	$58,776	$65,245	$64,930	$84,977	$154,785	**$1,165,185**
	Premiums	$145,725	$145,725	$143,880	$142,036	$140,191	$140,191	$139,269	$140,191	$140,191	$138,346	$150,336	$149,414	**$1,715,494**
	Loss Ratio	50.4%	80.6%	69.5%	62.7%	43.2%	42.4%	169.9%	41.9%	46.5%	46.9%	56.5%	103.6%	**67.9%**
Grand Total	Enrollment	**106,225**	**106,249**	**106,342**	**106,336**	**106,358**	**106,276**	**106,109**	**105,766**	**105,618**	**105,466**	**103,505**	**103,761**	**1,268,011**
	Claims	**$74,907,910**	**$72,975,677**	**$81,901,624**	**$81,703,893**	**$79,034,369**	**$91,046,484**	**$95,301,648**	**$94,135,359**	**$82,345,993**	**$84,263,442**	**$73,930,379**	**$83,728,941**	**$995,275,719**
	Premiums	**$91,842,449**	**$91,916,719**	**$92,804,075**	**$92,714,277**	**$92,713,445**	**$93,165,485**	**$92,476,756**	**$92,514,819**	**$92,539,819**	**$91,782,371**	**$93,284,572**	**$93,112,655**	**$1,110,867,442**
	Loss Ratio	**81.6%**	**79.4%**	**88.3%**	**88.1%**	**85.2%**	**97.7%**	**103.1%**	**101.8%**	**89.0%**	**91.8%**	**79.3%**	**89.9%**	**89.6%**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9a
Experience Reports by Benefit Package — Premiums and Claims Paid
Calendar Year 2015

	Average Monthly Enrolled			Total Claims Paid							
Benefit Package	Employees	Members	Total Premiums	Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 009	57	91	$571,098	$32,261	$79,452	$17,954	$67,147	$68,229	$27,611	$0	$292,653
Benefit Package 010	262	393	$2,869,878	$763,066	$489,166	$135,462	$773,720	$1,171,790	$288,011	$0	$3,621,213
Benefit Package 011	93	239	$988,246	$379,028	$163,609	$18,861	$146,557	$158,076	$29,981	$0	$896,111
Benefit Package 012	376	691	$3,475,498	$277,192	$142,857	$70,755	$91,637	$1,312,466	$305,356	$0	$2,200,263
Benefit Package 013	268	487	$2,500,118	$218,802	$202,549	$99,207	$96,846	$880,615	$223,058	$0	$1,721,076
Benefit Package 016	133	237	$1,370,248	$93,669	$99,412	$35,954	$57,758	$472,877	$87,206	$0	$846,876
Benefit Package 025	1,754	4,420	$11,859,961	$2,207,377	$2,576,573	$487,513	$2,185,123	$75,033	$504,045	$0	$8,035,665
Benefit Package 030	390	793	$5,246,017	$781,355	$413,120	$203,879	$420,863	$2,061,878	$508,076	$0	$4,389,171
Benefit Package 031	818	1,509	$7,513,964	$1,444,719	$516,158	$377,222	$621,359	$3,231,037	$583,576	$0	$6,774,071
Benefit Package 044	84	136	$1,166,148	$240,851	$126,128	$24,575	$386,167	$25,157	$561,070	$0	$1,363,947
Benefit Package 065	1,936	4,623	$23,505,975	$5,188,427	$5,591,742	$599,167	$3,526,189	$2,410,257	$2,491,731	$0	$19,807,514
Benefit Package 172	354	638	$4,096,906	$430,897	$385,777	$171,641	$769,080	$999,825	$799,178	$0	$3,556,394
Benefit Package 176	246	447	$2,832,743	$246,751	$188,155	$52,925	$198,035	$1,036,032	$171,837	$0	$1,893,736
Benefit Package 177	99	137	$969,595	$75,108	$115,827	$28,491	$40,484	$335,954	$177,998	$0	$773,862
Benefit Package 185	1	4	$13,114	$0	$0	$0	$641	$2,530	$0	$0	$3,171
Benefit Package 230	21	60	$168,495	$11,343	$2,194	$1,591	$17,901	$419	$10,304	$0	$43,752
Benefit Package 236	251	440	$2,887,018	$463,406	$808,864	$88,818	$600,654	$2,900	$663,724	$0	$2,628,367
Benefit Package 237	221	434	$2,204,662	$669,407	$579,460	$70,082	$485,242	$735	$310,744	$0	$2,115,669
Benefit Package 238	143	303	$1,199,952	$264,062	$352,089	$71,465	$278,440	$0	$86,027	$0	$1,052,083
Benefit Package 245	65	82	$408,457	$40,455	$25,377	$2,443	$39,073	$17,240	$4,089	$0	$128,676
Benefit Package 246	461	969	$3,993,563	$860,144	$681,606	$123,720	$577,911	$291,464	$758,001	$0	$3,292,846
Benefit Package 247	247	376	$2,476,687	$300,427	$160,078	$42,989	$694,036	$363,917	$270,131	$0	$1,831,577
Benefit Package 249	700	1,131	$7,222,681	$1,180,538	$872,328	$309,533	$1,213,077	$683,413	$641,753	$0	$4,900,642
Benefit Package 250	82	176	$681,505	$47,169	$89,040	$20,653	$115,434	$206,660	$34,006	$0	$512,961
Benefit Package 251	1,453	2,809	$17,616,790	$3,562,173	$5,155,565	$951,913	$4,115,734	$2,510,193	$2,683,141	$0	$18,978,719
Benefit Package 254	171	382	$1,355,817	$115,443	$181,874	$45,678	$193,440	$112,015	$244,064	$0	$892,515
Benefit Package 257	831	1,477	$8,712,933	$1,193,726	$803,148	$149,173	$1,901,585	$1,006,926	$840,686	$0	$5,895,243
Benefit Package 259	385	652	$4,090,373	$281,198	$729,866	$233,882	$785,089	$587,265	$297,852	$0	$2,915,152
Benefit Package 266	403	783	$4,163,637	$1,138,334	$194,045	$263,103	$299,113	$1,749,168	$628,056	$0	$4,271,820
Benefit Package 267	207	362	$2,332,525	$1,114,019	$221,721	$120,118	$211,631	$911,502	$287,324	$0	$2,866,316
Benefit Package 269	10	11	$107,875	$0	$0	$0	$14,732	$5,911	$6,333	$0	$26,975
Benefit Package 270	41	95	$376,053	$0	$12,302	$3,239	$106,118	$16,313	$73,771	$0	$211,743
Benefit Package 271	4	6	$57,161	$0	$228	$0	$3,799	$654	$1,552	$0	$6,232
Benefit Package 272	1	2	$11,494	$0	$4,900	$3,343	$10,745	$4,174	$271	$0	$23,432
Benefit Package 274	49	97	$389,257	$45,704	$358,272	$10,417	$171,656	$52,704	$56,124	$0	$694,876
Benefit Package 275	54	132	$437,948	$17,416	$80,847	$10,143	$170,764	$15,121	$14,654	$0	$308,945
Benefit Package 276	43	59	$425,492	$137,808	$101,899	$1,912	$100,887	$17,317	$86,175	$0	$445,998
Benefit Package 277	184	309	$1,765,534	$568,710	$149,487	$46,021	$798,096	$327,525	$434,242	$0	$2,324,081
Benefit Package 278	37	62	$370,713	$133,116	$9,952	$4,392	$107,114	$14,466	$51,320	$0	$320,360
Benefit Package 279	250	433	$2,180,193	$753,575	$146,468	$27,299	$685,627	$107,456	$213,922	$0	$1,934,348
Benefit Package 280	43	81	$397,349	$2,974	$58,850	$1,278	$78,934	$9,550	$22,760	$0	$174,346
Benefit Package 281	18	32	$168,494	$61,395	$48,063	$5,251	$63,460	$8,584	$14,230	$0	$200,985
Benefit Package 282	263	600	$1,979,719	$295,154	$185,944	$19,562	$579,885	$72,699	$198,784	$0	$1,352,027
Benefit Package 284	28	88	$219,281	$31,064	$7,938	$1,750	$42,093	$3,410	$6,090	$0	$92,345
Benefit Package 286	1,386	2,152	$12,181,834	$1,640,005	$1,175,391	$151,888	$4,361,800	$807,898	$1,884,890	$0	$10,021,871
Benefit Package 288	262	475	$2,320,349	$754,550	$79,905	$29,297	$848,656	$76,679	$302,770	$0	$2,091,856
Benefit Package 318	14,586	31,052	$105,550,851	$16,534,885	$17,338,007	$3,554,676	$33,023,852	$791,412	$10,779,564	$0	$82,022,396
Benefit Package 319	6,163	13,926	$47,151,441	$9,934,748	$8,945,493	$1,744,185	$13,170,934	$700,589	$8,510,875	$0	$43,006,823

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	Average Monthly Enrolled			Total Claims Paid							
Benefit Package	Employees	Members	Total Premiums	Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 320	2,428	5,334	$17,654,244	$2,814,056	$3,153,896	$643,807	$4,515,659	$164,400	$2,193,221	$0	$13,485,038
Benefit Package 321	16,910	27,586	$169,042,824	$33,735,936	$40,337,331	$5,248,271	$47,981,974	$2,423,036	$43,270,618	$0	$172,997,166
Benefit Package 322	11,402	19,816	$105,434,215	$18,118,656	$19,540,803	$2,927,699	$25,412,092	$1,317,875	$21,963,809	$0	$89,280,934
Benefit Package 323	3,489	5,771	$40,905,918	$10,356,249	$9,293,404	$1,817,262	$14,543,490	$724,002	$11,200,895	$0	$47,935,302
Benefit Package 324	424	829	$5,178,835	$1,146,870	$724,106	$195,522	$1,208,991	$1,000,442	$898,377	$0	$5,174,308
Benefit Package 325	183	314	$1,852,319	$122,679	$56,626	$30,300	$268,267	$253,814	$121,719	$0	$853,405
Benefit Package 326	19	36	$199,697	$35,163	$7,513	$17,450	$55,632	$0	$57,794	$0	$173,552
Benefit Package 327	3	3	$22,455	$12,923	$5,461	$2,514	$10,557	$0	$64,997	$0	$96,452
Benefit Package 328	2	2	$16,408	$0	$6,122	$0	$7,436	$0	$37,020	$0	$50,577
Benefit Package 329	74	172	$410,738	$58,086	$8,241	$13,406	$95,930	$0	$63,256	$0	$238,919
Benefit Package 330	4	10	$21,234	$0	$0	$0	$1,303	$0	$5	$0	$1,307
Benefit Package 331	59	120	$483,978	$177,941	$117,983	$20,000	$176,149	$0	$128,107	$0	$620,180
Benefit Package 332	130	160	$789,398	$135,554	$126,422	$81,872	$233,395	$0	$182,083	$0	$759,327
Benefit Package 333	233	436	$1,256,799	$144,845	$177,645	$83,203	$442,547	$0	$78,703	$0	$926,942
Benefit Package 334	160	287	$815,831	$83,663	$342,183	$36,027	$278,609	$0	$234,960	$0	$975,442
Benefit Package 335	182	380	$1,511,217	$862,780	$289,199	$135,769	$620,959	$0	$456,955	$0	$2,365,662
Benefit Package 336	18	43	$84,133	$43,520	$845	$1,366	$17,354	$0	$2,733	$0	$65,818
Benefit Package 337	25	45	$97,452	$8,053	$34,183	$5,573	$20,846	$0	$31,061	$0	$99,716
Benefit Package 339	240	301	$2,146,504	$323,936	$298,162	$78,700	$1,025,453	$0	$491,837	$0	$2,218,088
Benefit Package 340	20	51	$107,842	$0	$0	$0	$9,042	$0	$1,219	$0	$10,260
Benefit Package 341	121	158	$828,909	$12,338	$229,422	$20,619	$181,481	$0	$134,154	$0	$578,012
Benefit Package 342	162	261	$1,120,765	$118,251	$240,649	$18,706	$294,746	$0	$216,235	$0	$888,586
Benefit Package 343	41	49	$327,126	$0	$12,786	$9,498	$90,291	$0	$79,338	$0	$191,913
Benefit Package 344	66	134	$313,213	$377,897	$80,796	$15,488	$142,142	$0	$92,855	$0	$709,178
Benefit Package 345	4	6	$40,397	$0	$1,006	$991	$8,059	$0	$1,102	$0	$11,157
Benefit Package 346	149	247	$1,525,391	$299,014	$355,249	$72,601	$587,793	$0	$406,714	$0	$1,721,370
Benefit Package 347	55	61	$460,796	$173,177	$154,763	$19,699	$183,154	$0	$84,824	$0	$615,616
Benefit Package 348	305	667	$1,643,115	$353,672	$323,009	$70,979	$646,171	$0	$452,672	$0	$1,846,502
Benefit Package 349	48	117	$246,322	$8,461	$16,966	$3,035	$17,850	$0	$2,885	$0	$49,198
Benefit Package 350	171	248	$1,350,592	$205,407	$388,088	$43,601	$406,269	$0	$393,854	$0	$1,437,096
Benefit Package 351	67	101	$533,666	$39,527	$155,569	$23,005	$280,560	$0	$193,164	$0	$691,825
Benefit Package 352	244	650	$2,166,802	$338,207	$442,363	$91,002	$806,727	$0	$204,268	$0	$1,882,566
Benefit Package 353	12	30	$105,738	$0	$19,493	$0	$154,754	$0	$10,312	$0	$184,559
Benefit Package 354	270	502	$2,008,403	$318,461	$267,059	$69,431	$569,678	$0	$776,095	$0	$2,000,724
Benefit Package 355	30	41	$187,553	$0	$68,653	$11,546	$68,578	$0	$25,903	$0	$174,679
Benefit Package 356	44	44	$345,302	$39,736	$484,038	$13,215	$195,297	$0	$145,070	$0	$877,357
Benefit Package 357	441	525	$3,772,044	$816,299	$505,747	$147,526	$1,669,741	$0	$931,305	$0	$4,070,618
Benefit Package 358	435	1,023	$3,205,907	$550,151	$705,261	$76,673	$1,116,504	$0	$605,228	$0	$3,053,817
Benefit Package 359	305	519	$2,742,042	$689,099	$487,342	$80,271	$1,171,531	$0	$724,382	$0	$3,152,625
Benefit Package 360	516	848	$3,848,240	$686,103	$394,124	$83,827	$1,061,725	$0	$475,719	$0	$2,701,499
Benefit Package 361	97	281	$603,543	$41,041	$192,295	$11,654	$576,899	$0	$148,338	$0	$970,227
Benefit Package 362	28	90	$192,749	$66,146	$52,747	$11,604	$83,075	$0	$2,470	$0	$216,042
Benefit Package 363	120	160	$998,022	$563,992	$202,286	$26,756	$567,908	$0	$490,348	$0	$1,851,290
Benefit Package 364	71	104	$691,073	$273,915	$30,724	$23,844	$355,178	$0	$254,310	$0	$937,971
Benefit Package 365	1,253	2,234	$9,077,460	$2,370,971	$1,603,520	$392,834	$3,301,156	$0	$1,690,788	$0	$9,359,269
Benefit Package 366	467	1,172	$2,883,640	$1,038,423	$306,811	$178,574	$1,004,029	$0	$580,671	$0	$3,108,508
Benefit Package 367	96	221	$556,346	$121,513	$31,125	$1,146	$111,789	$0	$9,006	$0	$274,579
Benefit Package 368	48	107	$373,899	$39,974	$20,818	$17,431	$92,398	$0	$47,580	$0	$218,201

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	Average Monthly Enrolled			Total Claims Paid							
Benefit Package	Employees	Members	Total Premiums	Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 416	652	969	$1,038,888	$189,180	$136,229	$21,903	$180,076	$149,740	$233,733	$0	$910,859
Benefit Package 417	841	1,669	$1,404,551	$216,594	$130,415	$17,850	$220,554	$128,576	$203,649	$0	$917,640
Benefit Package 418	286	460	$463,817	$84,171	$81,321	$29,039	$85,368	$51,421	$65,891	$0	$397,212
Benefit Package 424	1,749	3,256	$20,479,514	$3,914,034	$2,821,323	$775,547	$5,110,601	$3,336,679	$3,929,469	$0	$19,887,653
Benefit Package 425	675	1,476	$9,464,581	$927,206	$887,029	$261,745	$2,446,964	$1,511,772	$1,033,454	$0	$7,068,170
Benefit Package 426	267	493	$3,337,301	$561,517	$301,071	$117,059	$620,330	$382,838	$445,494	$0	$2,428,311
Benefit Package 428	2,443	5,293	$26,606,351	$4,013,944	$4,163,274	$770,354	$4,022,622	$2,200,161	$2,328,301	$0	$17,498,657
Benefit Package 429	987	2,188	$9,104,228	$919,804	$826,776	$201,360	$1,926,061	$1,032,743	$1,062,841	$0	$5,969,583
Benefit Package 431	3,620	6,813	$38,790,908	$5,584,097	$3,441,995	$1,017,047	$9,772,275	$4,865,502	$4,249,942	$0	$28,930,857
Benefit Package 432	1,927	3,309	$20,498,280	$2,718,545	$3,067,994	$721,341	$3,759,704	$2,216,494	$2,896,536	$0	$15,380,614
Benefit Package 433	3,601	5,966	$37,618,716	$8,942,141	$4,909,654	$1,354,196	$9,554,035	$6,196,297	$4,625,600	$0	$35,581,922
Benefit Package 434	821	1,466	$8,829,932	$1,391,596	$1,277,991	$389,392	$2,069,294	$1,025,860	$1,757,442	$0	$7,911,575
Benefit Package 435	4,184	6,966	$43,583,561	$6,798,022	$6,860,797	$1,274,454	$11,169,091	$5,452,082	$5,520,158	$0	$37,074,604
Benefit Package 437	364	624	$3,485,575	$362,680	$907,423	$105,464	$607,981	$332,895	$182,987	$0	$2,499,430
Benefit Package 440	1,351	2,320	$13,534,805	$2,095,955	$1,292,362	$431,946	$3,224,242	$1,769,230	$1,263,027	$0	$10,076,762
Benefit Package 441	968	1,705	$10,809,358	$2,429,041	$3,234,274	$546,416	$2,759,849	$1,581,857	$1,567,659	$0	$12,119,095
Benefit Package 443	256	497	$486,833	$26,576	$30,979	$36,800	$8,396	$171,803	$50,643	$0	$325,197
Benefit Package 445	229	402	$479,389	$36,853	$55,588	$15,675	$28,798	$150,405	$28,670	$0	$315,989
Benefit Package 447	376	728	$844,859	$56,025	$33,941	$57,853	$57,488	$329,748	$118,293	$0	$653,349
Benefit Package 451	282	570	$2,555,045	$521,873	$206,789	$145,808	$233,770	$1,111,515	$283,521	$0	$2,503,276
Benefit Package 452	266	440	$2,326,577	$458,099	$184,025	$92,057	$112,279	$864,113	$191,940	$0	$1,902,515
Benefit Package 453	793	1,412	$1,605,765	$189,089	$90,171	$98,636	$97,169	$597,213	$159,101	$0	$1,231,378
Benefit Package 454	285	488	$488,955	$40,244	$35,328	$37,417	$20,910	$179,001	$50,766	$0	$363,666
Benefit Package 460	1	4	$10,669	$0	$0	$0	$806	$0	$181	$0	$987
Benefit Package 469	54	73	$499,961	$79,206	$129,152	$18,100	$142,321	$45,300	$136,060	$0	$550,140
Benefit Package 472	44	86	$450,974	$9,518	$43,089	$8,468	$169,535	$19,219	$48,557	$0	$298,385
Benefit Package 474	14	27	$124,565	$2,124	$21	$871	$10,142	$784	$4,099	$0	$18,041
Benefit Package 477	24	44	$194,216	$69,373	$51,365	$2,662	$54,984	$4,890	$8,016	$0	$191,289
Benefit Package 482	13	26	$74,695	$0	$15,652	$8,308	$26,565	$0	$3,081	$0	$53,605
Benefit Package 483	93	205	$694,570	$141,416	$96,424	$19,620	$188,846	$0	$284,412	$0	$730,719
Benefit Package 484	97	206	$159,621	$48,489	$14,267	$4,446	$37,075	$0	$20,826	$0	$125,103
Benefit Package 485	29	58	$209,379	$138,063	$119,703	$3,104	$49,555	$0	$16,534	$0	$326,959
Benefit Package 486	46	80	$110,421	$0	$10,397	$550	$18,433	$0	$2,690	$0	$32,070
Benefit Package 488	25	66	$167,038	$75,435	$6,839	$0	$51,453	$0	$7,168	$0	$140,896
Benefit Package 489	256	597	$1,855,343	$613,400	$480,841	$84,886	$566,857	$0	$212,332	$0	$1,958,316
Benefit Package 490	234	571	$379,341	$3,710	$30,256	$11,647	$71,146	$0	$33,570	$0	$150,330
Benefit Package 491	33	58	$212,010	$0	$77,049	$5,705	$46,496	$0	$7,777	$0	$137,027
Benefit Package 492	63	131	$156,146	$156,297	$22,045	$0	$43,749	$0	$9,223	$0	$231,313
Benefit Package 493	18	20	$169,802	$0	$46,510	$452	$97,113	$0	$33,805	$0	$177,880
Benefit Package 494	43	132	$802,638	$18,110	$210,092	$32,755	$186,687	$0	$194,947	$0	$642,591
Benefit Package 495	81	137	$593,580	$141,260	$191,678	$38,073	$239,861	$0	$161,141	$0	$772,012
Benefit Package 496	109	163	$990,792	$591,110	$200,075	$36,460	$506,287	$14,684	$208,188	$0	$1,556,803
Benefit Package 497	121	185	$233,452	$42,459	$94,417	$5,556	$99,589	$0	$46,781	$0	$288,802
Benefit Package 498	125	207	$1,022,778	$368,077	$634,195	$66,112	$384,930	$21,062	$377,756	$0	$1,852,132
Benefit Package 499	165	280	$518,265	$252,751	$149,539	$13,152	$182,564	$0	$141,455	$0	$739,460
Benefit Package 501	20	41	$146,979	$23,549	$10,636	$8,645	$52,922	$0	$54,827	$0	$150,579
Benefit Package 502	197	314	$1,623,434	$65,436	$837,209	$49,183	$683,319	$0	$507,626	$0	$2,142,773
Benefit Package 503	197	297	$333,915	$28,278	$73,954	$3,853	$64,117	$0	$94,552	$0	$264,754

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Benefit Package	Employees	Members	Total Premiums	Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 504	127	210	$960,179	$135,709	$140,730	$41,048	$276,256	$0	$223,195	$0	$816,938
Benefit Package 505	138	227	$394,540	$0	$38,372	$28,764	$85,120	$0	$101,278	$0	$253,534
Benefit Package 507	13	38	$84,854	$9,708	$9,437	$3,331	$23,034	$0	$0	$0	$45,510
Benefit Package 508	123	271	$802,516	$39,521	$219,731	$18,321	$139,486	$0	$157,502	$0	$574,562
Benefit Package 509	135	279	$196,589	$31,059	$33,605	$4,639	$32,247	$0	$46,956	$0	$148,505
Benefit Package 510	74	177	$437,690	$155,807	$155,566	$29,094	$131,810	$0	$16,990	$0	$489,265
Benefit Package 511	104	241	$234,558	$2,646	$113,563	$27,898	$79,394	$0	$12,816	$0	$236,317
Benefit Package 512	10	26	$41,623	$0	$2,228	$16,484	$14,108	$0	$0	$0	$32,820
Benefit Package 513	40	135	$286,357	$97,438	$23,327	$2,094	$83,391	$0	$10,876	$0	$217,126
Benefit Package 514	42	141	$62,588	$0	$6,778	$683	$15,096	$0	$4,868	$0	$27,426
Benefit Package 515	11	29	$18,198	$0	$1,145	$3,265	$6,820	$0	$0	$0	$11,230
Benefit Package 517	608	1,360	$909,838	$26,288	$32,051	$12,029	$121,643	$7,230	$50,091	$0	$249,331
Benefit Package 519	18,195	37,734	$28,001,830	$5,592,125	$4,401,523	$822,958	$7,741,933	$202,526	$2,406,877	$0	$21,167,941
Benefit Package 521	8,313	18,016	$13,371,867	$2,367,555	$2,902,231	$523,812	$3,494,437	$231,089	$2,238,912	$0	$11,758,035
Benefit Package 523	44	133	$91,635	$16,700	$9,117	$0	$29,300	$767	$11,530	$0	$67,414
Benefit Package 525	1,921	4,897	$2,791,566	$407,945	$465,403	$48,197	$519,544	$6,051	$131,164	$0	$1,578,304
Benefit Package 528	14,015	22,680	$30,007,513	$7,494,199	$6,858,038	$935,545	$8,337,138	$491,539	$7,938,248	$0	$32,054,706
Benefit Package 530	10,882	18,496	$21,074,095	$3,293,388	$4,395,485	$559,112	$5,043,270	$283,476	$4,567,761	$0	$18,142,491
Benefit Package 532	2,691	4,414	$6,733,056	$1,797,687	$1,735,690	$221,145	$2,374,353	$116,311	$1,775,069	$0	$8,020,255
Benefit Package 534	0	0	$935	$0	$0	$0	$0	$157	$0	$0	$157
Benefit Package 552	16	30	$37,682	$0	$4,531	$0	$12,064	$0	$19,089	$0	$35,685
Benefit Package 553	8	14	$14,103	$0	$0	$909	$5,008	$0	$4,051	$0	$9,968
Benefit Package 554	48	105	$89,239	$0	$6,692	$5,318	$21,066	$0	$27,016	$0	$60,092
Benefit Package 555	73	173	$91,328	$0	$3,589	$0	$9,747	$0	$35,373	$0	$48,708
Benefit Package 556	22	66	$30,100	$0	$0	$0	$802	$0	$32	$0	$833
Benefit Package 557	6	23	$8,301	$0	$0	$0	$1,096	$0	$4,376	$0	$5,472
Benefit Package 558	2	6	$2,501	$0	$0	$0	$386	$0	$1,135	$0	$1,521
Benefit Package 559	92	257	$105,776	$7,529	$0	$25	$15,587	$0	$11,634	$0	$34,775
Benefit Package 560	6	10	$9,238	$0	$0	$0	$2,597	$0	$1,617	$0	$4,215
Benefit Package 561	16	27	$23,653	$0	$15,948	$0	$3,380	$0	$8,890	$0	$28,217
Benefit Package 562	2	6	$2,007	$0	$0	$0	$187	$0	$0	$0	$187
Benefit Package 563	33	66	$37,801	$0	$0	$0	$9,717	$0	$1,821	$0	$11,538
Benefit Package 564	9	25	$11,174	$2,771	$12,209	$0	$3,920	$0	$507	$0	$19,407
Benefit Package 565	4	9	$4,441	$0	$0	$0	$105	$0	$309	$0	$414
Benefit Package 566	9	23	$11,172	$0	$0	$0	$1,308	$0	$660	$0	$1,969
Benefit Package 567	109	134	$151,651	$47,451	$8,115	$3,993	$26,806	$0	$38,230	$0	$124,595
Benefit Package 568	285	529	$310,259	$31,327	$28,273	$14,196	$76,958	$0	$21,439	$0	$172,192
Benefit Package 569	154	273	$168,407	$0	$6,850	$0	$25,067	$0	$32,473	$0	$64,389
Benefit Package 570	177	372	$338,163	$31,042	$2,239	$21,584	$70,721	$0	$158,611	$0	$284,197
Benefit Package 571	15	32	$14,698	$0	$0	$0	$1,035	$0	$46	$0	$1,081
Benefit Package 572	32	57	$29,249	$0	$0	$2,339	$1,948	$0	$12,683	$0	$16,970
Benefit Package 603	609	791	$4,943,156	$939,637	$1,487,318	$172,971	$2,357,392	$0	$1,669,208	$0	$6,626,527
Benefit Package 604	884	1,735	$5,986,094	$1,375,694	$1,322,155	$262,765	$3,055,947	$0	$1,746,562	$0	$7,763,123
Benefit Package 605	14	37	$68,444	$16,149	$2,489	$1,104	$42,037	$0	$2,989	$0	$64,768
Benefit Package 606	252	715	$2,114,120	$625,259	$526,847	$51,459	$951,794	$0	$318,592	$0	$2,473,952
Benefit Package 607	55	72	$108,600	$0	$0	$0	$16,959	$0	$20,076	$0	$37,035
Benefit Package 608	135	214	$244,433	$0	$11,561	$4,594	$44,620	$0	$47,719	$0	$108,493
Benefit Package 609	63	87	$86,124	$0	$1,284	$0	$15,067	$0	$18,745	$0	$35,096

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Experience Reports by Benefit Package — Premiums and Claims Paid
Calendar Year 2015

	Average Monthly Enrolled			Total Claims Paid							
Benefit Package	Employees	Members	Total Premiums	Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 610	85	174	$102,720	$8,156	$17,507	$1,007	$12,812	$0	$2,406	$0	$41,887
Benefit Package 611	307	634	$373,497	$18,427	$59,804	$1,348	$66,976	$0	$93,795	$0	$240,351
Benefit Package 612	240	407	$288,046	$6,602	$0	$1,963	$49,524	$0	$31,997	$0	$90,086
Benefit Package 613	156	275	$203,227	$0	$1,173	$34	$50,447	$0	$84,306	$0	$135,959
Benefit Package 614	52	129	$66,974	$0	$294	$1,798	$20,413	$0	$6,797	$0	$29,301
Benefit Package 615	1,080	1,699	$1,627,111	$61,081	$65,368	$29,512	$462,390	$0	$469,828	$0	$1,088,179
Benefit Package 616	361	885	$491,192	$3,682	$15,355	$8,134	$139,409	$0	$90,271	$0	$256,852
Benefit Package 617	96	207	$122,483	$0	$588	$13,102	$18,762	$0	$2,262	$0	$34,715
Benefit Package 618	61	116	$92,600	$0	$0	$260	$10,958	$0	$7,979	$0	$19,196
Benefit Package 619	118	299	$173,690	$0	$4,448	$0	$24,826	$0	$19,611	$0	$48,885
Benefit Package 620	22	22	$42,493	$0	$17,350	$0	$9,922	$0	$16,851	$0	$44,123
Benefit Package 621	289	322	$577,144	$9,485	$36,616	$14,260	$111,524	$0	$104,188	$0	$276,073
Benefit Package 622	481	1,127	$724,562	$26,781	$56,022	$14,409	$169,949	$0	$164,958	$0	$432,118
Benefit Package 623	272	441	$480,272	$15,009	$41,923	$10,912	$132,961	$0	$93,065	$0	$293,869
Benefit Package 624	496	783	$772,006	$32,408	$33,061	$2,796	$129,519	$0	$123,862	$0	$321,646
Benefit Package 625	102	313	$136,842	$0	$7,955	$748	$59,483	$0	$28,176	$0	$96,362
Benefit Package 626	34	106	$49,674	$0	$847	$0	$13,474	$0	$1,391	$0	$15,712
Benefit Package 709	231	478	$3,136,646	$606,417	$942,069	$115,847	$1,046,165	$1,335	$536,822	$0	$3,248,654
Benefit Package 711	20	54	$184,461	$0	$29,752	$2,362	$39,610	$0	$16,648	$0	$88,372
Benefit Package 712	4	13	$28,365	$0	$1,606	$0	$10,185	$0	$4,942	$0	$16,734
Benefit Package 713	457	1,002	$5,792,429	$642,088	$1,334,818	$168,028	$1,428,485	$1,172	$927,574	$0	$4,502,164
Benefit Package 714	7	22	$86,607	$0	$3,184	$1,248	$16,740	$0	$946	$0	$22,118
Benefit Package 715	33	72	$285,732	$78,249	$90,107	$9,239	$83,254	$0	$38,615	$0	$299,464
Benefit Package 716	3	11	$39,874	$0	$1,369	$2,064	$10,005	$0	$3,469	$0	$16,907
Benefit Package 717	210	456	$1,859,636	$304,233	$302,585	$53,911	$591,164	$0	$162,800	$0	$1,414,693
Benefit Package 718	15	49	$135,500	$51,086	$26,901	$14,727	$73,602	$0	$14,529	$0	$180,845
Benefit Package 719	23	52	$154,635	$85,040	$30,084	$4,942	$47,608	$0	$5,179	$0	$172,853
Benefit Package 720	100	198	$1,600,125	$551,528	$307,163	$97,281	$574,990	$395	$390,386	$0	$1,921,743
Benefit Package 723	8	10	$64,203	$538	$8,676	$0	$4,016	$0	$621	$0	$13,851
Benefit Package 724	29	53	$219,223	$0	$60,517	$282	$38,041	$0	$2,625	$0	$101,465
Benefit Package 725	65	102	$762,015	$798,521	$424,815	$26,808	$404,295	$10	$47,223	$0	$1,701,670
Benefit Package 726	46	61	$437,334	$120,681	$131,335	$3,889	$100,048	$75	$179,939	$0	$535,967
Benefit Package 730	172	271	$2,157,577	$130,873	$319,357	$43,665	$426,393	$230	$213,550	$0	$1,134,067
Benefit Package 731	155	222	$1,715,494	$293,871	$193,266	$53,264	$395,042	$284	$229,458	$0	$1,165,185
Grand Total/Average	**105,668**	**199,021**	**$1,110,867,442**	**$205,989,868**	**$201,016,740**	**$36,787,201**	**$292,078,181**	**$68,688,132**	**$190,715,722**	**$0**	**$995,275,719**
Percentage of Total Claims				**20.7%**	**20.2%**	**3.7%**	**29.3%**	**6.9%**	**19.2%**	**0.0%**	**100.0%**

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K–12 School District Data Collection Project
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Experience Reports by Benefit Package — Claims Paid Per Employee Per Month
Calendar Year 2015

Benefit Package	Avg. Monthly Enrolled Employees	Premiums PEPM	Claims Paid PEPM							
			Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 009	57	$837.39	$47.30	$116.50	$26.32	$98.46	$100.04	$40.49	$0.00	$429.11
Benefit Package 010	262	$914.56	$243.17	$155.88	$43.17	$246.56	$373.42	$91.78	$0.00	$1,153.99
Benefit Package 011	93	$889.51	$341.16	$147.26	$16.98	$131.91	$142.28	$26.99	$0.00	$806.58
Benefit Package 012	376	$769.43	$61.37	$31.63	$15.66	$20.29	$290.56	$67.60	$0.00	$487.11
Benefit Package 013	268	$934.27	$81.76	$75.69	$37.07	$36.19	$329.08	$83.35	$0.00	$643.15
Benefit Package 016	133	$861.79	$58.91	$62.52	$22.61	$36.33	$297.41	$54.85	$0.00	$532.63
Benefit Package 025	1,754	$676.21	$125.86	$146.91	$27.80	$124.59	$4.28	$28.74	$0.00	$458.16
Benefit Package 030	390	$1,120.94	$166.96	$88.27	$43.56	$89.93	$440.57	$108.56	$0.00	$937.86
Benefit Package 031	818	$918.58	$176.62	$63.10	$46.12	$75.96	$394.99	$71.34	$0.00	$828.13
Benefit Package 044	84	$1,162.66	$240.13	$125.75	$24.50	$385.01	$25.08	$559.39	$0.00	$1,359.87
Benefit Package 065	1,936	$1,011.92	$223.36	$240.72	$25.79	$151.80	$103.76	$107.27	$0.00	$852.71
Benefit Package 172	354	$965.57	$101.55	$90.92	$40.45	$181.26	$235.64	$188.35	$0.00	$838.18
Benefit Package 176	246	$961.23	$83.73	$63.85	$17.96	$67.20	$351.55	$58.31	$0.00	$642.60
Benefit Package 177	99	$818.91	$63.44	$97.83	$24.06	$34.19	$283.75	$150.34	$0.00	$653.60
Benefit Package 185	1	$936.69	$0.00	$0.00	$0.00	$45.76	$180.75	$0.00	$0.00	$226.51
Benefit Package 230	21	$684.94	$46.11	$8.92	$6.47	$72.77	$1.70	$41.89	$0.00	$177.85
Benefit Package 236	251	$958.51	$153.85	$268.55	$29.49	$199.42	$0.96	$220.36	$0.00	$872.63
Benefit Package 237	221	$830.38	$252.13	$218.25	$26.40	$182.77	$0.28	$117.04	$0.00	$796.86
Benefit Package 238	143	$701.32	$154.33	$205.78	$41.77	$162.74	$0.00	$50.28	$0.00	$614.89
Benefit Package 245	65	$521.66	$51.67	$32.41	$3.12	$49.90	$22.02	$5.22	$0.00	$164.34
Benefit Package 246	461	$722.69	$155.65	$123.35	$22.39	$104.58	$52.74	$137.17	$0.00	$595.88
Benefit Package 247	247	$835.03	$101.29	$53.97	$14.49	$234.00	$122.70	$91.08	$0.00	$617.52
Benefit Package 249	700	$860.25	$140.61	$103.90	$36.87	$144.48	$81.40	$76.44	$0.00	$583.69
Benefit Package 250	82	$693.29	$47.98	$90.58	$21.01	$117.43	$210.23	$34.59	$0.00	$521.83
Benefit Package 251	1,453	$1,010.66	$204.36	$295.77	$54.61	$236.12	$144.01	$153.93	$0.00	$1,088.79
Benefit Package 254	171	$659.77	$56.18	$88.50	$22.23	$94.13	$54.51	$118.77	$0.00	$434.31
Benefit Package 257	831	$873.48	$119.67	$80.52	$14.95	$190.64	$100.94	$84.28	$0.00	$591.00
Benefit Package 259	385	$884.98	$60.84	$157.91	$50.60	$169.86	$127.06	$64.44	$0.00	$630.71
Benefit Package 266	403	$1,034.19	$282.75	$48.20	$65.35	$74.30	$434.47	$156.00	$0.00	$1,061.06
Benefit Package 267	207	$941.29	$449.56	$89.48	$48.47	$85.40	$367.84	$115.95	$0.00	$1,156.71
Benefit Package 269	10	$1,047.33	$0.00	$0.00	$0.00	$143.03	$57.38	$61.48	$0.00	$261.89
Benefit Package 270	41	$910.54	$0.00	$29.79	$7.84	$256.94	$39.50	$178.62	$0.00	$512.69

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Experience Reports by Benefit Package — Claims Paid Per Employee Per Month
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Benefit Package	Avg. Monthly Enrolled Employees	Premiums PEPM	Claims Paid PEPM							
			Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 271	4	$1,465.66	$0.00	$5.84	$0.00	$97.40	$16.76	$39.80	$0.00	$159.80
Benefit Package 272	1	$1,149.44	$0.00	$489.97	$334.30	$1,074.45	$417.42	$27.07	$0.00	$2,343.22
Benefit Package 274	49	$800.94	$94.04	$737.19	$21.43	$353.20	$108.44	$115.48	$0.00	$1,429.79
Benefit Package 275	54	$812.52	$32.31	$149.99	$18.82	$316.82	$28.05	$27.19	$0.00	$573.18
Benefit Package 276	43	$996.47	$322.73	$238.64	$4.48	$236.27	$40.56	$201.81	$0.00	$1,044.49
Benefit Package 277	184	$957.45	$308.41	$81.07	$24.96	$432.81	$177.62	$235.49	$0.00	$1,260.35
Benefit Package 278	37	$1,004.64	$360.75	$26.97	$11.90	$290.28	$39.20	$139.08	$0.00	$868.18
Benefit Package 279	250	$872.08	$301.43	$58.59	$10.92	$274.25	$42.98	$85.57	$0.00	$773.74
Benefit Package 280	43	$915.55	$6.85	$135.60	$2.95	$181.88	$22.00	$52.44	$0.00	$401.72
Benefit Package 281	18	$962.82	$350.83	$274.65	$30.01	$362.63	$49.05	$81.32	$0.00	$1,148.48
Benefit Package 282	263	$753.32	$112.31	$70.75	$7.44	$220.66	$27.66	$75.64	$0.00	$514.47
Benefit Package 284	28	$772.11	$109.38	$27.95	$6.16	$148.21	$12.01	$21.44	$0.00	$325.16
Benefit Package 286	1,386	$878.86	$118.32	$84.80	$10.96	$314.68	$58.29	$135.99	$0.00	$723.03
Benefit Package 288	262	$885.29	$287.89	$30.49	$11.18	$323.79	$29.26	$115.52	$0.00	$798.11
Benefit Package 318	14,586	$723.67	$113.37	$118.87	$24.37	$226.42	$5.43	$73.91	$0.00	$562.36
Benefit Package 319	6,163	$765.06	$161.20	$145.15	$28.30	$213.71	$11.37	$138.09	$0.00	$697.81
Benefit Package 320	2,428	$727.11	$115.90	$129.90	$26.52	$185.98	$6.77	$90.33	$0.00	$555.40
Benefit Package 321	16,910	$999.67	$199.50	$238.54	$31.04	$283.75	$14.33	$255.89	$0.00	$1,023.05
Benefit Package 322	11,402	$924.68	$158.90	$171.38	$25.68	$222.87	$11.56	$192.63	$0.00	$783.01
Benefit Package 323	3,489	$1,172.36	$296.81	$266.35	$52.08	$416.81	$20.75	$321.02	$0.00	$1,373.82
Benefit Package 324	424	$1,018.45	$225.54	$142.40	$38.45	$237.76	$196.74	$176.67	$0.00	$1,017.56
Benefit Package 325	183	$843.50	$55.86	$25.79	$13.80	$122.16	$115.58	$55.43	$0.00	$388.62
Benefit Package 326	19	$1,045.53	$184.10	$39.33	$91.36	$291.27	$0.00	$302.58	$0.00	$908.65
Benefit Package 327	3	$801.98	$461.54	$195.02	$89.78	$377.04	$0.00	$2,321.33	$0.00	$3,444.71
Benefit Package 328	2	$745.82	$0.00	$278.26	$0.00	$337.98	$0.00	$1,682.73	$0.00	$2,298.97
Benefit Package 329	74	$558.83	$79.03	$11.21	$18.24	$130.52	$0.00	$86.06	$0.00	$325.06
Benefit Package 330	4	$544.47	$0.00	$0.00	$0.00	$33.40	$0.00	$0.12	$0.00	$33.52
Benefit Package 331	59	$825.90	$303.65	$201.34	$34.13	$300.60	$0.00	$218.61	$0.00	$1,058.33
Benefit Package 332	130	$605.37	$103.95	$96.95	$62.79	$178.98	$0.00	$139.63	$0.00	$582.31
Benefit Package 333	233	$538.71	$62.09	$76.14	$35.66	$189.69	$0.00	$33.73	$0.00	$397.32
Benefit Package 334	160	$511.49	$52.45	$214.53	$22.59	$174.68	$0.00	$147.31	$0.00	$611.56
Benefit Package 335	182	$829.43	$473.53	$158.73	$74.52	$340.81	$0.00	$250.80	$0.00	$1,298.39

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Experience Reports by Benefit Package — Claims Paid Per Employee Per Month
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Benefit Package	Avg. Monthly Enrolled Employees	Premiums PEPM	Claims Paid PEPM							
			Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 336	18	$464.82	$240.44	$4.67	$7.55	$95.88	$0.00	$15.10	$0.00	$363.64
Benefit Package 337	25	$389.81	$32.21	$136.73	$22.29	$83.39	$0.00	$124.24	$0.00	$398.86
Benefit Package 339	240	$896.24	$135.25	$124.49	$32.86	$428.16	$0.00	$205.36	$0.00	$926.13
Benefit Package 340	20	$550.22	$0.00	$0.00	$0.00	$46.13	$0.00	$6.22	$0.00	$52.35
Benefit Package 341	121	$687.89	$10.24	$190.39	$17.11	$150.61	$0.00	$111.33	$0.00	$479.68
Benefit Package 342	162	$691.40	$72.95	$148.46	$11.54	$181.83	$0.00	$133.40	$0.00	$548.17
Benefit Package 343	41	$792.07	$0.00	$30.96	$23.00	$218.62	$0.00	$192.10	$0.00	$464.68
Benefit Package 344	66	$472.42	$569.98	$121.86	$23.36	$214.39	$0.00	$140.05	$0.00	$1,069.65
Benefit Package 345	4	$1,091.80	$0.00	$27.18	$26.78	$217.80	$0.00	$29.77	$0.00	$301.54
Benefit Package 346	149	$1,023.75	$200.68	$238.42	$48.73	$394.49	$0.00	$272.96	$0.00	$1,155.28
Benefit Package 347	55	$839.34	$315.44	$281.90	$35.88	$333.61	$0.00	$154.51	$0.00	$1,121.34
Benefit Package 348	305	$538.20	$115.84	$105.80	$23.25	$211.65	$0.00	$148.27	$0.00	$604.82
Benefit Package 349	48	$511.04	$17.55	$35.20	$6.30	$37.03	$0.00	$5.99	$0.00	$102.07
Benefit Package 350	171	$788.44	$119.91	$226.55	$25.45	$237.17	$0.00	$229.92	$0.00	$838.94
Benefit Package 351	67	$801.30	$59.35	$233.59	$34.54	$421.26	$0.00	$290.04	$0.00	$1,038.78
Benefit Package 352	244	$741.29	$115.71	$151.34	$31.13	$275.99	$0.00	$69.88	$0.00	$644.05
Benefit Package 353	12	$739.43	$0.00	$136.31	$0.00	$1,082.20	$0.00	$72.11	$0.00	$1,290.62
Benefit Package 354	270	$619.69	$98.26	$82.40	$21.42	$175.77	$0.00	$239.46	$0.00	$617.32
Benefit Package 355	30	$529.81	$0.00	$193.93	$32.62	$193.72	$0.00	$73.17	$0.00	$493.44
Benefit Package 356	44	$788.36	$90.72	$1,105.11	$30.17	$445.88	$0.00	$331.21	$0.00	$2,003.10
Benefit Package 357	441	$855.73	$185.19	$114.73	$33.47	$378.80	$0.00	$211.28	$0.00	$923.46
Benefit Package 358	435	$736.99	$126.47	$162.13	$17.63	$256.67	$0.00	$139.13	$0.00	$702.03
Benefit Package 359	305	$898.15	$225.71	$159.63	$26.29	$383.73	$0.00	$237.27	$0.00	$1,032.63
Benefit Package 360	516	$746.36	$133.07	$76.44	$16.26	$205.92	$0.00	$92.27	$0.00	$523.95
Benefit Package 361	97	$624.79	$42.49	$199.06	$12.06	$597.20	$0.00	$153.56	$0.00	$1,004.38
Benefit Package 362	28	$690.86	$237.08	$189.06	$41.59	$297.76	$0.00	$8.85	$0.00	$774.34
Benefit Package 363	120	$834.47	$471.57	$169.14	$22.37	$474.84	$0.00	$409.99	$0.00	$1,547.90
Benefit Package 364	71	$974.71	$386.34	$43.33	$33.63	$500.96	$0.00	$358.69	$0.00	$1,322.95
Benefit Package 365	1,253	$724.52	$189.24	$127.98	$31.35	$263.48	$0.00	$134.95	$0.00	$747.01
Benefit Package 366	467	$617.35	$222.31	$65.68	$38.23	$214.95	$0.00	$124.31	$0.00	$665.49
Benefit Package 367	96	$579.53	$126.58	$32.42	$1.19	$116.45	$0.00	$9.38	$0.00	$286.02
Benefit Package 368	48	$778.96	$83.28	$43.37	$36.31	$192.50	$0.00	$99.13	$0.00	$454.59

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Benefit Package	Avg. Monthly Enrolled Employees	Premiums PEPM	Claims Paid PEPM							
			Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 416	652	$796.69	$145.08	$104.47	$16.80	$138.10	$114.83	$179.24	$0.00	$698.51
Benefit Package 417	841	$835.54	$128.85	$77.58	$10.62	$131.20	$76.49	$121.15	$0.00	$545.89
Benefit Package 418	286	$812.29	$147.41	$142.42	$50.86	$149.51	$90.05	$115.40	$0.00	$695.64
Benefit Package 424	1,749	$975.82	$186.50	$134.43	$36.95	$243.51	$158.99	$187.23	$0.00	$947.62
Benefit Package 425	675	$1,169.04	$114.53	$109.56	$32.33	$302.24	$186.73	$127.65	$0.00	$873.04
Benefit Package 426	267	$1,040.31	$175.04	$93.85	$36.49	$193.37	$119.34	$138.87	$0.00	$756.95
Benefit Package 428	2,443	$907.66	$136.93	$142.03	$26.28	$137.23	$75.06	$79.43	$0.00	$596.96
Benefit Package 429	987	$768.42	$77.63	$69.78	$17.00	$162.56	$87.17	$89.71	$0.00	$503.85
Benefit Package 431	3,620	$893.06	$128.56	$79.24	$23.41	$224.98	$112.02	$97.84	$0.00	$666.06
Benefit Package 432	1,927	$886.53	$117.57	$132.69	$31.20	$162.60	$95.86	$125.27	$0.00	$665.19
Benefit Package 433	3,601	$870.54	$206.93	$113.62	$31.34	$221.09	$143.39	$107.04	$0.00	$823.41
Benefit Package 434	821	$896.80	$141.34	$129.80	$39.55	$210.17	$104.19	$178.49	$0.00	$803.53
Benefit Package 435	4,184	$867.97	$135.38	$136.63	$25.38	$222.43	$108.58	$109.93	$0.00	$738.35
Benefit Package 437	364	$797.25	$82.96	$207.55	$24.12	$139.06	$76.14	$41.85	$0.00	$571.69
Benefit Package 440	1,351	$834.61	$129.24	$79.69	$26.64	$198.82	$109.10	$77.88	$0.00	$621.37
Benefit Package 441	968	$931.04	$209.22	$278.58	$47.06	$237.71	$136.25	$135.03	$0.00	$1,043.85
Benefit Package 443	256	$952.71	$52.01	$60.62	$72.02	$16.43	$336.21	$99.11	$0.00	$636.39
Benefit Package 445	229	$1,046.70	$80.47	$121.37	$34.23	$62.88	$328.39	$62.60	$0.00	$689.93
Benefit Package 447	376	$1,123.48	$74.50	$45.13	$76.93	$76.45	$438.50	$157.31	$0.00	$868.82
Benefit Package 451	282	$906.69	$185.19	$73.38	$51.74	$82.96	$394.43	$100.61	$0.00	$888.32
Benefit Package 452	266	$876.30	$172.54	$69.31	$34.67	$42.29	$325.47	$72.29	$0.00	$716.58
Benefit Package 453	793	$1,012.46	$119.22	$56.85	$62.19	$61.27	$376.55	$100.32	$0.00	$776.40
Benefit Package 454	285	$859.32	$70.73	$62.09	$65.76	$36.75	$314.59	$89.22	$0.00	$639.13
Benefit Package 460	1	$1,066.88	$0.00	$0.00	$0.00	$80.57	$0.00	$18.14	$0.00	$98.71
Benefit Package 469	54	$919.05	$145.60	$237.41	$33.27	$261.62	$83.27	$250.11	$0.00	$1,011.29
Benefit Package 472	44	$1,022.62	$21.58	$97.71	$19.20	$384.43	$43.58	$110.11	$0.00	$676.61
Benefit Package 474	14	$865.04	$14.75	$0.14	$6.05	$70.43	$5.45	$28.47	$0.00	$125.29
Benefit Package 477	24	$816.03	$291.48	$215.82	$11.19	$231.02	$20.55	$33.68	$0.00	$803.74
Benefit Package 482	13	$643.93	$0.00	$134.93	$71.62	$229.01	$0.00	$26.56	$0.00	$462.11
Benefit Package 483	93	$744.45	$151.57	$103.35	$21.03	$202.41	$0.00	$304.84	$0.00	$783.19
Benefit Package 484	97	$827.05	$251.24	$73.92	$23.04	$192.10	$0.00	$107.91	$0.00	$648.20
Benefit Package 485	29	$802.22	$528.98	$458.63	$11.89	$189.87	$0.00	$63.35	$0.00	$1,252.72

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Benefit Package	Avg. Monthly Enrolled Employees	Premiums PEPM	Claims Paid PEPM							
			Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 486	46	$805.99	$0.00	$75.89	$4.02	$134.55	$0.00	$19.64	$0.00	$234.09
Benefit Package 488	25	$735.85	$332.31	$30.13	$0.00	$226.67	$0.00	$31.58	$0.00	$620.69
Benefit Package 489	256	$724.46	$239.52	$187.75	$33.15	$221.34	$0.00	$82.91	$0.00	$764.67
Benefit Package 490	234	$812.29	$7.94	$64.79	$24.94	$152.35	$0.00	$71.88	$0.00	$321.90
Benefit Package 491	33	$721.12	$0.00	$262.07	$19.41	$158.15	$0.00	$26.45	$0.00	$466.08
Benefit Package 492	63	$821.82	$822.61	$116.03	$0.00	$230.26	$0.00	$48.54	$0.00	$1,217.44
Benefit Package 493	18	$943.34	$0.00	$258.39	$2.51	$539.52	$0.00	$187.81	$0.00	$988.22
Benefit Package 494	43	$1,570.72	$35.44	$411.14	$64.10	$365.34	$0.00	$381.50	$0.00	$1,257.52
Benefit Package 495	81	$818.73	$194.84	$264.38	$52.51	$330.84	$0.00	$222.26	$0.00	$1,064.84
Benefit Package 496	109	$910.65	$543.30	$183.89	$33.51	$465.34	$13.50	$191.35	$0.00	$1,430.89
Benefit Package 497	121	$964.68	$175.45	$390.15	$22.96	$411.52	$0.00	$193.31	$0.00	$1,193.40
Benefit Package 498	125	$912.38	$328.35	$565.74	$58.98	$343.38	$18.79	$336.98	$0.00	$1,652.21
Benefit Package 499	165	$1,047.00	$510.61	$302.10	$26.57	$368.82	$0.00	$285.77	$0.00	$1,493.86
Benefit Package 501	20	$821.11	$131.56	$59.42	$48.30	$295.66	$0.00	$306.29	$0.00	$841.22
Benefit Package 502	197	$824.50	$33.23	$425.20	$24.98	$347.04	$0.00	$257.81	$0.00	$1,088.25
Benefit Package 503	197	$849.66	$71.95	$188.18	$9.80	$163.15	$0.00	$240.59	$0.00	$673.67
Benefit Package 504	127	$837.12	$118.32	$122.69	$35.79	$240.85	$0.00	$194.59	$0.00	$712.24
Benefit Package 505	138	$952.99	$0.00	$92.69	$69.48	$205.60	$0.00	$244.63	$0.00	$612.40
Benefit Package 507	13	$725.24	$82.98	$80.66	$28.47	$196.87	$0.00	$0.00	$0.00	$388.98
Benefit Package 508	123	$651.39	$32.08	$178.35	$14.87	$113.22	$0.00	$127.84	$0.00	$466.37
Benefit Package 509	135	$730.82	$115.46	$124.92	$17.24	$119.88	$0.00	$174.56	$0.00	$552.06
Benefit Package 510	74	$658.18	$234.30	$233.93	$43.75	$198.21	$0.00	$25.55	$0.00	$735.74
Benefit Package 511	104	$749.39	$8.45	$362.82	$89.13	$253.65	$0.00	$40.95	$0.00	$755.01
Benefit Package 512	10	$462.48	$0.00	$24.75	$183.16	$156.75	$0.00	$0.00	$0.00	$364.67
Benefit Package 513	40	$715.89	$243.60	$58.32	$5.24	$208.48	$0.00	$27.19	$0.00	$542.81
Benefit Package 514	42	$754.07	$0.00	$81.66	$8.23	$181.89	$0.00	$58.66	$0.00	$330.43
Benefit Package 515	11	$568.69	$0.00	$35.79	$102.04	$213.12	$0.00	$0.00	$0.00	$350.95
Benefit Package 517	608	$748.22	$21.62	$26.36	$9.89	$100.04	$5.95	$41.19	$0.00	$205.04
Benefit Package 519	18,195	$769.49	$153.67	$120.95	$22.61	$212.75	$5.57	$66.14	$0.00	$581.70
Benefit Package 521	8,313	$804.32	$142.41	$174.57	$31.51	$210.19	$13.90	$134.67	$0.00	$707.25
Benefit Package 523	44	$1,041.31	$189.77	$103.60	$0.00	$332.95	$8.72	$131.03	$0.00	$766.07
Benefit Package 525	1,921	$726.78	$106.21	$121.17	$12.55	$135.26	$1.58	$34.15	$0.00	$410.91

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Benefit Package	Avg. Monthly Enrolled Employees	Premiums PEPM	Claims Paid PEPM							
			Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 528	14,015	$1,070.55	$267.36	$244.67	$33.38	$297.44	$17.54	$283.21	$0.00	$1,143.59
Benefit Package 530	10,882	$968.35	$151.33	$201.97	$25.69	$231.74	$13.03	$209.89	$0.00	$833.64
Benefit Package 532	2,691	$1,251.26	$334.08	$322.56	$41.10	$441.25	$21.62	$329.88	$0.00	$1,490.48
Benefit Package 534	0	$467.42	$0.00	$0.00	$0.00	$0.00	$78.69	$0.00	$0.00	$78.69
Benefit Package 552	16	$1,177.57	$0.00	$141.60	$0.00	$377.01	$0.00	$596.54	$0.00	$1,115.15
Benefit Package 553	8	$881.43	$0.00	$0.00	$56.81	$313.00	$0.00	$253.21	$0.00	$623.02
Benefit Package 554	48	$929.57	$0.00	$69.71	$55.40	$219.43	$0.00	$281.42	$0.00	$625.96
Benefit Package 555	73	$625.53	$0.00	$24.58	$0.00	$66.76	$0.00	$242.28	$0.00	$333.62
Benefit Package 556	22	$699.99	$0.00	$0.00	$0.00	$18.65	$0.00	$0.73	$0.00	$19.38
Benefit Package 557	6	$691.77	$0.00	$0.00	$0.00	$91.31	$0.00	$364.68	$0.00	$455.98
Benefit Package 558	2	$625.14	$0.00	$0.00	$0.00	$96.54	$0.00	$283.64	$0.00	$380.18
Benefit Package 559	92	$574.87	$40.92	$0.00	$0.14	$84.71	$0.00	$63.23	$0.00	$188.99
Benefit Package 560	6	$769.84	$0.00	$0.00	$0.00	$216.44	$0.00	$134.78	$0.00	$351.21
Benefit Package 561	16	$739.15	$0.00	$498.36	$0.00	$105.61	$0.00	$277.80	$0.00	$881.78
Benefit Package 562	2	$501.78	$0.00	$0.00	$0.00	$46.78	$0.00	$0.00	$0.00	$46.78
Benefit Package 563	33	$572.73	$0.00	$0.00	$0.00	$147.22	$0.00	$27.59	$0.00	$174.81
Benefit Package 564	9	$620.79	$153.95	$678.26	$0.00	$217.77	$0.00	$28.18	$0.00	$1,078.16
Benefit Package 565	4	$555.18	$0.00	$0.00	$0.00	$13.08	$0.00	$38.64	$0.00	$51.71
Benefit Package 566	9	$620.67	$0.00	$0.00	$0.00	$72.68	$0.00	$36.69	$0.00	$109.37
Benefit Package 567	109	$695.65	$217.67	$37.22	$18.32	$122.96	$0.00	$175.37	$0.00	$571.54
Benefit Package 568	285	$545.27	$55.06	$49.69	$24.95	$135.25	$0.00	$37.68	$0.00	$302.62
Benefit Package 569	154	$548.56	$0.00	$22.31	$0.00	$81.65	$0.00	$105.77	$0.00	$209.74
Benefit Package 570	177	$957.97	$87.94	$6.34	$61.15	$200.34	$0.00	$449.32	$0.00	$805.09
Benefit Package 571	15	$489.92	$0.00	$0.00	$0.00	$34.49	$0.00	$1.54	$0.00	$36.04
Benefit Package 572	32	$457.02	$0.00	$0.00	$36.55	$30.43	$0.00	$198.16	$0.00	$265.15
Benefit Package 603	609	$676.87	$128.66	$203.66	$23.68	$322.80	$0.00	$228.56	$0.00	$907.37
Benefit Package 604	884	$564.46	$129.72	$124.67	$24.78	$288.16	$0.00	$164.69	$0.00	$732.02
Benefit Package 605	14	$400.25	$94.44	$14.55	$6.46	$245.83	$0.00	$17.48	$0.00	$378.76
Benefit Package 606	252	$698.42	$206.56	$174.05	$17.00	$314.43	$0.00	$105.25	$0.00	$817.29
Benefit Package 607	55	$996.33	$0.00	$0.00	$0.00	$155.59	$0.00	$184.19	$0.00	$339.77
Benefit Package 608	135	$905.31	$0.00	$42.82	$17.01	$165.26	$0.00	$176.74	$0.00	$401.83
Benefit Package 609	63	$688.99	$0.00	$10.27	$0.00	$120.54	$0.00	$149.96	$0.00	$280.77

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			Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 610	85	$604.23	$47.98	$102.98	$5.92	$75.36	$0.00	$14.15	$0.00	$246.40
Benefit Package 611	307	$609.29	$30.06	$97.56	$2.20	$109.26	$0.00	$153.01	$0.00	$392.09
Benefit Package 612	240	$600.10	$13.75	$0.00	$4.09	$103.17	$0.00	$66.66	$0.00	$187.68
Benefit Package 613	156	$651.37	$0.00	$3.76	$0.11	$161.69	$0.00	$270.21	$0.00	$435.77
Benefit Package 614	52	$650.23	$0.00	$2.85	$17.45	$198.19	$0.00	$65.99	$0.00	$284.48
Benefit Package 615	1,080	$753.29	$28.28	$30.26	$13.66	$214.07	$0.00	$217.51	$0.00	$503.79
Benefit Package 616	361	$680.32	$5.10	$21.27	$11.27	$193.09	$0.00	$125.03	$0.00	$355.75
Benefit Package 617	96	$641.27	$0.00	$3.08	$68.60	$98.23	$0.00	$11.84	$0.00	$181.75
Benefit Package 618	61	$759.02	$0.00	$0.00	$2.13	$89.82	$0.00	$65.40	$0.00	$157.35
Benefit Package 619	118	$735.98	$0.00	$18.85	$0.00	$105.19	$0.00	$83.10	$0.00	$207.14
Benefit Package 620	22	$965.74	$0.00	$394.32	$0.00	$225.50	$0.00	$382.97	$0.00	$1,002.79
Benefit Package 621	289	$998.52	$16.41	$63.35	$24.67	$192.95	$0.00	$180.26	$0.00	$477.64
Benefit Package 622	481	$753.18	$27.84	$58.23	$14.98	$176.66	$0.00	$171.47	$0.00	$449.19
Benefit Package 623	272	$884.48	$27.64	$77.21	$20.10	$244.86	$0.00	$171.39	$0.00	$541.20
Benefit Package 624	496	$778.23	$32.67	$33.33	$2.82	$130.56	$0.00	$124.86	$0.00	$324.24
Benefit Package 625	102	$674.10	$0.00	$39.19	$3.69	$293.02	$0.00	$138.80	$0.00	$474.69
Benefit Package 626	34	$741.40	$0.00	$12.65	$0.00	$201.10	$0.00	$20.76	$0.00	$234.51
Benefit Package 709	231	$1,129.51	$218.37	$339.24	$41.72	$376.72	$0.48	$193.31	$0.00	$1,169.84
Benefit Package 711	20	$752.90	$0.00	$121.44	$9.64	$161.67	$0.00	$67.95	$0.00	$360.70
Benefit Package 712	4	$590.93	$0.00	$33.46	$0.00	$212.19	$0.00	$102.97	$0.00	$348.62
Benefit Package 713	457	$1,056.24	$117.08	$243.40	$30.64	$260.48	$0.21	$169.14	$0.00	$820.96
Benefit Package 714	7	$1,069.22	$0.00	$39.31	$15.41	$206.67	$0.00	$11.68	$0.00	$273.06
Benefit Package 715	33	$716.12	$196.11	$225.83	$23.16	$208.66	$0.00	$96.78	$0.00	$750.54
Benefit Package 716	3	$1,107.62	$0.00	$38.03	$57.34	$277.92	$0.00	$96.36	$0.00	$469.65
Benefit Package 717	210	$737.37	$120.63	$119.98	$21.38	$234.40	$0.00	$64.55	$0.00	$560.94
Benefit Package 718	15	$752.78	$283.81	$149.45	$81.81	$408.90	$0.00	$80.72	$0.00	$1,004.69
Benefit Package 719	23	$558.25	$307.00	$108.61	$17.84	$171.87	$0.00	$18.70	$0.00	$624.02
Benefit Package 720	100	$1,336.78	$460.76	$256.61	$81.27	$480.36	$0.33	$326.14	$0.00	$1,605.47
Benefit Package 723	8	$668.78	$5.60	$90.38	$0.00	$41.83	$0.00	$6.47	$0.00	$144.28
Benefit Package 724	29	$631.77	$0.00	$174.40	$0.81	$109.63	$0.00	$7.56	$0.00	$292.41
Benefit Package 725	65	$1,177.77	$1,234.19	$656.59	$41.43	$624.88	$0.02	$72.99	$0.00	$2,630.09
Benefit Package 726	46	$956.97	$264.07	$287.38	$8.51	$218.92	$0.16	$393.74	$0.00	$1,172.79

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9b
Experience Reports by Benefit Package — Claims Paid Per Employee Per Month
Calendar Year 2015

Benefit Package	Avg. Monthly Enrolled Employees	Premiums PEPM	Claims Paid PEPM							
			Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 730	172	$1,047.88	$63.56	$155.10	$21.21	$207.09	$0.11	$103.72	$0.00	$550.79
Benefit Package 731	155	$922.31	$158.00	$103.91	$28.64	$212.39	$0.15	$123.36	$0.00	$626.44
Low	**0**	**$389.81**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$19.38**
Average	**767**	**$876.07**	**$162.45**	**$158.53**	**$29.01**	**$230.34**	**$54.17**	**$150.41**	**$0.00**	**$784.91**
High	**18,195**	**$1,570.72**	**$1,234.19**	**$1,105.11**	**$334.30**	**$1,082.20**	**$440.57**	**$2,321.33**	**$0.00**	**$3,444.71**
Grand Total	**105,668**									

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K–12 School District Data Collection Project
Exhibit A9c
Experience Reports by Benefit Package — Claims Paid Per Member Per Month
Calendar Year 2015

Benefit Package	Avg. Monthly Enrolled Members	Premiums PMPM	Claims Paid PMPM							
			Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 009	91	$525.87	$29.71	$73.16	$16.53	$61.83	$62.83	$25.42	$0.00	$269.48
Benefit Package 010	393	$608.80	$161.87	$103.77	$28.74	$164.13	$248.58	$61.10	$0.00	$768.18
Benefit Package 011	239	$345.30	$132.43	$57.17	$6.59	$51.21	$55.23	$10.48	$0.00	$313.11
Benefit Package 012	691	$418.89	$33.41	$17.22	$8.53	$11.04	$158.19	$36.80	$0.00	$265.19
Benefit Package 013	487	$513.06	$44.90	$41.57	$20.36	$19.87	$180.71	$45.77	$0.00	$353.19
Benefit Package 016	237	$482.31	$32.97	$34.99	$12.66	$20.33	$166.45	$30.70	$0.00	$298.09
Benefit Package 025	4,420	$268.32	$49.94	$58.29	$11.03	$49.44	$1.70	$11.40	$0.00	$181.80
Benefit Package 030	793	$551.40	$82.13	$43.42	$21.43	$44.24	$216.72	$53.40	$0.00	$461.34
Benefit Package 031	1,509	$497.88	$95.73	$34.20	$24.99	$41.17	$214.09	$38.67	$0.00	$448.85
Benefit Package 044	136	$714.55	$147.58	$77.28	$15.06	$236.62	$15.41	$343.79	$0.00	$835.75
Benefit Package 065	4,623	$423.76	$93.54	$100.81	$10.80	$63.57	$43.45	$44.92	$0.00	$357.09
Benefit Package 172	638	$535.47	$56.32	$50.42	$22.43	$100.52	$130.68	$104.45	$0.00	$464.83
Benefit Package 176	447	$527.91	$45.98	$35.06	$9.86	$36.91	$193.07	$32.02	$0.00	$352.91
Benefit Package 177	137	$590.50	$45.74	$70.54	$17.35	$24.66	$204.60	$108.40	$0.00	$471.29
Benefit Package 185	4	$298.04	$0.00	$0.00	$0.00	$14.56	$57.51	$0.00	$0.00	$72.07
Benefit Package 230	60	$233.70	$15.73	$3.04	$2.21	$24.83	$0.58	$14.29	$0.00	$60.68
Benefit Package 236	440	$546.58	$87.73	$153.14	$16.82	$113.72	$0.55	$125.66	$0.00	$497.61
Benefit Package 237	434	$423.73	$128.66	$111.37	$13.47	$93.26	$0.14	$59.72	$0.00	$406.62
Benefit Package 238	303	$330.47	$72.72	$96.97	$19.68	$76.68	$0.00	$23.69	$0.00	$289.75
Benefit Package 245	82	$414.68	$41.07	$25.76	$2.48	$39.67	$17.50	$4.15	$0.00	$130.64
Benefit Package 246	969	$343.56	$74.00	$58.64	$10.64	$49.72	$25.07	$65.21	$0.00	$283.28
Benefit Package 247	376	$549.28	$66.63	$35.50	$9.53	$153.92	$80.71	$59.91	$0.00	$406.20
Benefit Package 249	1,131	$532.10	$86.97	$64.26	$22.80	$89.37	$50.35	$47.28	$0.00	$361.03
Benefit Package 250	176	$323.45	$22.39	$42.26	$9.80	$54.79	$98.08	$16.14	$0.00	$243.46
Benefit Package 251	2,809	$522.68	$105.69	$152.96	$28.24	$122.11	$74.48	$79.61	$0.00	$563.08
Benefit Package 254	382	$295.84	$25.19	$39.68	$9.97	$42.21	$24.44	$53.25	$0.00	$194.74
Benefit Package 257	1,477	$491.76	$67.37	$45.33	$8.42	$107.33	$56.83	$47.45	$0.00	$332.73
Benefit Package 259	652	$522.87	$35.95	$93.30	$29.90	$100.36	$75.07	$38.07	$0.00	$372.64
Benefit Package 266	783	$531.82	$145.40	$24.79	$33.61	$38.21	$223.42	$80.22	$0.00	$545.64
Benefit Package 267	362	$537.32	$256.63	$51.08	$27.67	$48.75	$209.98	$66.19	$0.00	$660.29
Benefit Package 269	11	$954.65	$0.00	$0.00	$0.00	$130.37	$52.31	$56.04	$0.00	$238.72
Benefit Package 270	95	$395.43	$0.00	$12.94	$3.41	$111.59	$17.15	$77.57	$0.00	$222.65

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9c
Experience Reports by Benefit Package — Claims Paid Per Member Per Month
Calendar Year 2015

Benefit Package	Avg. Monthly Enrolled Members	Premiums PMPM	Claims Paid PMPM							
			Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 271	6	$968.82	$0.00	$3.86	$0.00	$64.38	$11.08	$26.31	$0.00	$105.63
Benefit Package 272	2	$718.40	$0.00	$306.23	$208.94	$671.53	$260.89	$16.92	$0.00	$1,464.51
Benefit Package 274	97	$401.71	$47.17	$369.73	$10.75	$177.15	$54.39	$57.92	$0.00	$717.11
Benefit Package 275	132	$332.79	$13.23	$61.43	$7.71	$129.76	$11.49	$11.14	$0.00	$234.76
Benefit Package 276	59	$726.10	$235.17	$173.89	$3.26	$172.16	$29.55	$147.06	$0.00	$761.09
Benefit Package 277	309	$572.11	$184.29	$48.44	$14.91	$258.62	$106.13	$140.71	$0.00	$753.10
Benefit Package 278	62	$595.05	$213.67	$15.97	$7.05	$171.93	$23.22	$82.37	$0.00	$514.22
Benefit Package 279	433	$504.09	$174.24	$33.87	$6.31	$158.53	$24.85	$49.46	$0.00	$447.25
Benefit Package 280	81	$493.60	$3.69	$73.11	$1.59	$98.06	$11.86	$28.27	$0.00	$216.58
Benefit Package 281	32	$523.27	$190.67	$149.27	$16.31	$197.08	$26.66	$44.19	$0.00	$624.18
Benefit Package 282	600	$330.23	$49.23	$31.02	$3.26	$96.73	$12.13	$33.16	$0.00	$225.53
Benefit Package 284	88	$249.47	$35.34	$9.03	$1.99	$47.89	$3.88	$6.93	$0.00	$105.06
Benefit Package 286	2,152	$566.10	$76.21	$54.62	$7.06	$202.70	$37.54	$87.59	$0.00	$465.72
Benefit Package 288	475	$489.01	$159.02	$16.84	$6.17	$178.85	$16.16	$63.81	$0.00	$440.85
Benefit Package 318	31,052	$339.92	$53.25	$55.84	$11.45	$106.35	$2.55	$34.71	$0.00	$264.15
Benefit Package 319	13,926	$338.59	$71.34	$64.24	$12.52	$94.58	$5.03	$61.12	$0.00	$308.83
Benefit Package 320	5,334	$330.96	$52.75	$59.13	$12.07	$84.65	$3.08	$41.12	$0.00	$252.80
Benefit Package 321	27,586	$612.78	$122.29	$146.22	$19.02	$173.93	$8.78	$156.86	$0.00	$627.11
Benefit Package 322	19,816	$532.07	$91.44	$98.61	$14.77	$128.24	$6.65	$110.84	$0.00	$450.56
Benefit Package 323	5,771	$708.78	$179.44	$161.03	$31.49	$252.00	$12.54	$194.08	$0.00	$830.58
Benefit Package 324	829	$520.80	$115.33	$72.82	$19.66	$121.58	$100.61	$90.34	$0.00	$520.34
Benefit Package 325	314	$491.20	$32.53	$15.02	$8.04	$71.14	$67.31	$32.28	$0.00	$226.31
Benefit Package 326	36	$548.62	$96.60	$20.64	$47.94	$152.84	$0.00	$158.77	$0.00	$476.79
Benefit Package 327	3	$801.98	$461.54	$195.02	$89.78	$377.04	$0.00	$2,321.33	$0.00	$3,444.71
Benefit Package 328	2	$745.82	$0.00	$278.26	$0.00	$337.98	$0.00	$1,682.73	$0.00	$2,298.97
Benefit Package 329	172	$239.50	$33.87	$4.81	$7.82	$55.94	$0.00	$36.88	$0.00	$139.31
Benefit Package 330	10	$212.34	$0.00	$0.00	$0.00	$13.03	$0.00	$0.05	$0.00	$13.07
Benefit Package 331	120	$403.65	$148.41	$98.40	$16.68	$146.91	$0.00	$106.84	$0.00	$517.25
Benefit Package 332	160	$492.14	$84.51	$78.82	$51.04	$145.51	$0.00	$113.52	$0.00	$473.40
Benefit Package 333	436	$288.06	$33.20	$40.72	$19.07	$101.43	$0.00	$18.04	$0.00	$212.46
Benefit Package 334	287	$284.06	$29.13	$119.14	$12.54	$97.01	$0.00	$81.81	$0.00	$339.64
Benefit Package 335	380	$397.90	$227.17	$76.15	$35.75	$163.50	$0.00	$120.31	$0.00	$622.87

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K–12 School District Data Collection Project
Exhibit A9c
Experience Reports by Benefit Package — Claims Paid Per Member Per Month
Calendar Year 2015

Benefit Package	Avg. Monthly Enrolled Members	Premiums PMPM	Claims Paid PMPM							
			Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 336	43	$197.96	$102.40	$1.99	$3.21	$40.83	$0.00	$6.43	$0.00	$154.87
Benefit Package 337	45	$216.56	$17.90	$75.96	$12.39	$46.33	$0.00	$69.02	$0.00	$221.59
Benefit Package 339	301	$714.07	$107.76	$99.19	$26.18	$341.14	$0.00	$163.62	$0.00	$737.89
Benefit Package 340	51	$211.46	$0.00	$0.00	$0.00	$17.73	$0.00	$2.39	$0.00	$20.12
Benefit Package 341	158	$524.29	$7.80	$145.11	$13.04	$114.79	$0.00	$84.85	$0.00	$365.60
Benefit Package 342	261	$430.24	$45.39	$92.38	$7.18	$113.15	$0.00	$83.01	$0.00	$341.11
Benefit Package 343	49	$667.60	$0.00	$26.09	$19.38	$184.27	$0.00	$161.91	$0.00	$391.66
Benefit Package 344	134	$233.57	$281.80	$60.25	$11.55	$106.00	$0.00	$69.24	$0.00	$528.84
Benefit Package 345	6	$684.69	$0.00	$17.05	$16.80	$136.59	$0.00	$18.67	$0.00	$189.10
Benefit Package 346	247	$617.82	$121.11	$143.88	$29.40	$238.07	$0.00	$164.73	$0.00	$697.19
Benefit Package 347	61	$756.64	$284.36	$254.13	$32.35	$300.75	$0.00	$139.28	$0.00	$1,010.86
Benefit Package 348	667	$246.49	$53.06	$48.46	$10.65	$96.94	$0.00	$67.91	$0.00	$277.00
Benefit Package 349	117	$211.07	$7.25	$14.54	$2.60	$15.30	$0.00	$2.47	$0.00	$42.16
Benefit Package 350	248	$544.37	$82.79	$156.42	$17.57	$163.75	$0.00	$158.75	$0.00	$579.24
Benefit Package 351	101	$529.43	$39.21	$154.33	$22.82	$278.33	$0.00	$191.63	$0.00	$686.33
Benefit Package 352	650	$277.87	$43.37	$56.73	$11.67	$103.45	$0.00	$26.19	$0.00	$241.42
Benefit Package 353	30	$290.49	$0.00	$53.55	$0.00	$425.15	$0.00	$28.33	$0.00	$507.03
Benefit Package 354	502	$333.62	$52.90	$44.36	$11.53	$94.63	$0.00	$128.92	$0.00	$332.35
Benefit Package 355	41	$379.66	$0.00	$138.97	$23.37	$138.82	$0.00	$52.44	$0.00	$353.60
Benefit Package 356	44	$788.36	$90.72	$1,105.11	$30.17	$445.88	$0.00	$331.21	$0.00	$2,003.10
Benefit Package 357	525	$719.03	$155.60	$96.41	$28.12	$318.29	$0.00	$177.53	$0.00	$775.95
Benefit Package 358	1,023	$313.38	$53.78	$68.94	$7.49	$109.14	$0.00	$59.16	$0.00	$298.52
Benefit Package 359	519	$528.64	$132.85	$93.95	$15.48	$225.86	$0.00	$139.65	$0.00	$607.79
Benefit Package 360	848	$453.80	$80.91	$46.48	$9.89	$125.20	$0.00	$56.10	$0.00	$318.57
Benefit Package 361	281	$215.09	$14.63	$68.53	$4.15	$205.59	$0.00	$52.86	$0.00	$345.77
Benefit Package 362	90	$213.22	$73.17	$58.35	$12.84	$91.90	$0.00	$2.73	$0.00	$238.98
Benefit Package 363	160	$622.60	$351.84	$126.19	$16.69	$354.28	$0.00	$305.89	$0.00	$1,154.89
Benefit Package 364	104	$667.06	$264.40	$29.66	$23.02	$342.84	$0.00	$245.47	$0.00	$905.38
Benefit Package 365	2,234	$406.39	$106.15	$71.79	$17.59	$147.79	$0.00	$75.69	$0.00	$419.00
Benefit Package 366	1,172	$245.98	$88.58	$26.17	$15.23	$85.65	$0.00	$49.53	$0.00	$265.16
Benefit Package 367	221	$251.97	$55.03	$14.10	$0.52	$50.63	$0.00	$4.08	$0.00	$124.36
Benefit Package 368	107	$349.11	$37.32	$19.44	$16.28	$86.27	$0.00	$44.43	$0.00	$203.74

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Experience Reports by Benefit Package — Claims Paid Per Member Per Month
Calendar Year 2015

Benefit Package	Avg. Monthly Enrolled Members	Premiums PMPM	Claims Paid PMPM							
			Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 416	969	$536.34	$97.67	$70.33	$11.31	$92.97	$77.31	$120.67	$0.00	$470.24
Benefit Package 417	1,669	$420.90	$64.91	$39.08	$5.35	$66.09	$38.53	$61.03	$0.00	$274.99
Benefit Package 418	460	$504.15	$91.49	$88.39	$31.56	$92.79	$55.89	$71.62	$0.00	$431.75
Benefit Package 424	3,256	$524.19	$100.18	$72.21	$19.85	$130.81	$85.40	$100.58	$0.00	$509.04
Benefit Package 425	1,476	$534.24	$52.34	$50.07	$14.77	$138.12	$85.33	$58.33	$0.00	$398.97
Benefit Package 426	493	$564.21	$94.93	$50.90	$19.79	$104.87	$64.72	$75.32	$0.00	$410.53
Benefit Package 428	5,293	$418.92	$63.20	$65.55	$12.13	$63.34	$34.64	$36.66	$0.00	$275.52
Benefit Package 429	2,188	$346.81	$35.04	$31.50	$7.67	$73.37	$39.34	$40.49	$0.00	$227.40
Benefit Package 431	6,813	$474.48	$68.30	$42.10	$12.44	$119.53	$59.51	$51.98	$0.00	$353.88
Benefit Package 432	3,309	$516.25	$68.47	$77.27	$18.17	$94.69	$55.82	$72.95	$0.00	$387.36
Benefit Package 433	5,966	$525.44	$124.90	$68.58	$18.91	$133.45	$86.55	$64.61	$0.00	$496.99
Benefit Package 434	1,466	$501.96	$79.11	$72.65	$22.14	$117.63	$58.32	$99.91	$0.00	$449.75
Benefit Package 435	6,966	$521.41	$81.33	$82.08	$15.25	$133.62	$65.23	$66.04	$0.00	$443.54
Benefit Package 437	624	$465.24	$48.41	$121.12	$14.08	$81.15	$44.43	$24.42	$0.00	$333.61
Benefit Package 440	2,320	$486.13	$75.28	$46.42	$15.51	$115.80	$63.55	$45.36	$0.00	$361.93
Benefit Package 441	1,705	$528.26	$118.71	$158.06	$26.70	$134.88	$77.31	$76.61	$0.00	$592.27
Benefit Package 443	497	$489.77	$26.74	$31.17	$37.02	$8.45	$172.84	$50.95	$0.00	$327.16
Benefit Package 445	402	$597.00	$45.89	$69.23	$19.52	$35.86	$187.30	$35.70	$0.00	$393.51
Benefit Package 447	728	$580.26	$38.48	$23.31	$39.73	$39.48	$226.48	$81.25	$0.00	$448.73
Benefit Package 451	570	$448.17	$91.54	$36.27	$25.58	$41.01	$194.97	$49.73	$0.00	$439.09
Benefit Package 452	440	$529.13	$104.18	$41.85	$20.94	$25.54	$196.52	$43.65	$0.00	$432.68
Benefit Package 453	1,412	$568.82	$66.98	$31.94	$34.94	$34.42	$211.55	$56.36	$0.00	$436.19
Benefit Package 454	488	$500.98	$41.23	$36.20	$38.34	$21.42	$183.40	$52.01	$0.00	$372.61
Benefit Package 460	4	$273.56	$0.00	$0.00	$0.00	$20.66	$0.00	$4.65	$0.00	$25.31
Benefit Package 469	73	$686.76	$108.80	$177.41	$24.86	$195.50	$62.23	$186.90	$0.00	$755.69
Benefit Package 472	86	$527.45	$11.13	$50.40	$9.90	$198.29	$22.48	$56.79	$0.00	$348.99
Benefit Package 474	27	$454.62	$7.75	$0.08	$3.18	$37.02	$2.86	$14.96	$0.00	$65.84
Benefit Package 477	44	$438.41	$156.60	$115.95	$6.01	$124.12	$11.04	$18.09	$0.00	$431.80
Benefit Package 482	26	$319.21	$0.00	$66.89	$35.50	$113.53	$0.00	$13.17	$0.00	$229.08
Benefit Package 483	205	$338.98	$69.02	$47.06	$9.58	$92.16	$0.00	$138.81	$0.00	$356.62
Benefit Package 484	206	$387.43	$117.69	$34.63	$10.79	$89.99	$0.00	$50.55	$0.00	$303.65
Benefit Package 485	58	$402.65	$265.51	$230.20	$5.97	$95.30	$0.00	$31.80	$0.00	$628.77

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
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Experience Reports by Benefit Package — Claims Paid Per Member Per Month
Calendar Year 2015

Benefit Package	Avg. Monthly Enrolled Members	Premiums PMPM	Claims Paid PMPM							
			Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 486	80	$458.18	$0.00	$43.14	$2.28	$76.49	$0.00	$11.16	$0.00	$133.07
Benefit Package 488	66	$280.27	$126.57	$11.48	$0.00	$86.33	$0.00	$12.03	$0.00	$236.40
Benefit Package 489	597	$310.73	$102.73	$80.53	$14.22	$94.94	$0.00	$35.56	$0.00	$327.97
Benefit Package 490	571	$332.46	$3.25	$26.52	$10.21	$62.35	$0.00	$29.42	$0.00	$131.75
Benefit Package 491	58	$403.06	$0.00	$146.48	$10.85	$88.39	$0.00	$14.78	$0.00	$260.51
Benefit Package 492	131	$396.31	$396.69	$55.95	$0.00	$111.04	$0.00	$23.41	$0.00	$587.09
Benefit Package 493	20	$849.01	$0.00	$232.55	$2.26	$485.57	$0.00	$169.03	$0.00	$889.40
Benefit Package 494	132	$507.68	$11.45	$132.89	$20.72	$118.08	$0.00	$123.31	$0.00	$406.45
Benefit Package 495	137	$482.59	$114.85	$155.84	$30.95	$195.01	$0.00	$131.01	$0.00	$627.65
Benefit Package 496	163	$606.73	$361.98	$122.52	$22.33	$310.03	$8.99	$127.49	$0.00	$953.34
Benefit Package 497	185	$630.95	$114.76	$255.18	$15.02	$269.16	$0.00	$126.44	$0.00	$780.55
Benefit Package 498	207	$549.29	$197.68	$340.60	$35.51	$206.73	$11.31	$202.88	$0.00	$994.70
Benefit Package 499	280	$616.25	$300.54	$177.81	$15.64	$217.08	$0.00	$168.20	$0.00	$879.26
Benefit Package 501	41	$401.58	$64.34	$29.06	$23.62	$144.60	$0.00	$149.80	$0.00	$411.42
Benefit Package 502	314	$516.85	$20.83	$266.54	$15.66	$217.55	$0.00	$161.61	$0.00	$682.19
Benefit Package 503	297	$562.15	$47.61	$124.50	$6.49	$107.94	$0.00	$159.18	$0.00	$445.71
Benefit Package 504	210	$508.57	$71.88	$74.54	$21.74	$146.32	$0.00	$118.22	$0.00	$432.70
Benefit Package 505	227	$579.35	$0.00	$56.35	$42.24	$124.99	$0.00	$148.72	$0.00	$372.30
Benefit Package 507	38	$248.11	$28.39	$27.59	$9.74	$67.35	$0.00	$0.00	$0.00	$133.07
Benefit Package 508	271	$295.91	$14.57	$81.02	$6.76	$51.43	$0.00	$58.08	$0.00	$211.86
Benefit Package 509	279	$352.31	$55.66	$60.22	$8.31	$57.79	$0.00	$84.15	$0.00	$266.14
Benefit Package 510	177	$275.45	$98.05	$97.90	$18.31	$82.95	$0.00	$10.69	$0.00	$307.91
Benefit Package 511	241	$323.98	$3.65	$156.86	$38.53	$109.66	$0.00	$17.70	$0.00	$326.40
Benefit Package 512	26	$177.12	$0.00	$9.48	$70.15	$60.03	$0.00	$0.00	$0.00	$139.66
Benefit Package 513	135	$212.90	$72.44	$17.34	$1.56	$62.00	$0.00	$8.09	$0.00	$161.43
Benefit Package 514	141	$221.94	$0.00	$24.04	$2.42	$53.53	$0.00	$17.26	$0.00	$97.25
Benefit Package 515	29	$211.61	$0.00	$13.32	$37.97	$79.30	$0.00	$0.00	$0.00	$130.59
Benefit Package 517	1,360	$334.62	$9.67	$11.79	$4.42	$44.74	$2.66	$18.42	$0.00	$91.70
Benefit Package 519	37,734	$371.04	$74.10	$58.32	$10.90	$102.59	$2.68	$31.89	$0.00	$280.49
Benefit Package 521	18,016	$371.11	$65.71	$80.55	$14.54	$96.98	$6.41	$62.14	$0.00	$326.32
Benefit Package 523	133	$344.49	$62.78	$34.27	$0.00	$110.15	$2.88	$43.35	$0.00	$253.44
Benefit Package 525	4,897	$285.06	$41.66	$47.52	$4.92	$53.05	$0.62	$13.39	$0.00	$161.17

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K–12 School District Data Collection Project
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Experience Reports by Benefit Package — Claims Paid Per Member Per Month
Calendar Year 2015

Benefit Package	Avg. Monthly Enrolled Members	Premiums PMPM	Claims Paid PMPM							
			Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 528	22,680	$661.54	$165.22	$151.19	$20.62	$183.80	$10.84	$175.01	$0.00	$706.67
Benefit Package 530	18,496	$569.71	$89.03	$118.83	$15.11	$136.34	$7.66	$123.48	$0.00	$490.46
Benefit Package 532	4,414	$762.78	$203.66	$196.63	$25.05	$268.99	$13.18	$201.10	$0.00	$908.60
Benefit Package 534	0	$467.42	$0.00	$0.00	$0.00	$0.00	$78.69	$0.00	$0.00	$78.69
Benefit Package 552	30	$628.04	$0.00	$75.52	$0.00	$201.07	$0.00	$318.16	$0.00	$594.75
Benefit Package 553	14	$503.67	$0.00	$0.00	$32.46	$178.86	$0.00	$144.69	$0.00	$356.01
Benefit Package 554	105	$426.98	$0.00	$32.02	$25.45	$100.79	$0.00	$129.26	$0.00	$287.52
Benefit Package 555	173	$263.95	$0.00	$10.37	$0.00	$28.17	$0.00	$102.23	$0.00	$140.77
Benefit Package 556	66	$228.03	$0.00	$0.00	$0.00	$6.07	$0.00	$0.24	$0.00	$6.31
Benefit Package 557	23	$180.46	$0.00	$0.00	$0.00	$23.82	$0.00	$95.13	$0.00	$118.95
Benefit Package 558	6	$208.38	$0.00	$0.00	$0.00	$32.18	$0.00	$94.55	$0.00	$126.73
Benefit Package 559	257	$206.19	$14.68	$0.00	$0.05	$30.38	$0.00	$22.68	$0.00	$67.79
Benefit Package 560	10	$461.90	$0.00	$0.00	$0.00	$129.86	$0.00	$80.87	$0.00	$210.73
Benefit Package 561	27	$438.02	$0.00	$295.33	$0.00	$62.59	$0.00	$164.62	$0.00	$522.54
Benefit Package 562	6	$167.26	$0.00	$0.00	$0.00	$15.59	$0.00	$0.00	$0.00	$15.59
Benefit Package 563	66	$286.37	$0.00	$0.00	$0.00	$73.61	$0.00	$13.80	$0.00	$87.41
Benefit Package 564	25	$223.49	$55.42	$244.18	$0.00	$78.40	$0.00	$10.14	$0.00	$388.14
Benefit Package 565	9	$246.74	$0.00	$0.00	$0.00	$5.81	$0.00	$17.17	$0.00	$22.98
Benefit Package 566	23	$242.87	$0.00	$0.00	$0.00	$28.44	$0.00	$14.36	$0.00	$42.80
Benefit Package 567	134	$567.98	$177.72	$30.39	$14.96	$100.40	$0.00	$143.18	$0.00	$466.65
Benefit Package 568	529	$293.53	$29.64	$26.75	$13.43	$72.81	$0.00	$20.28	$0.00	$162.91
Benefit Package 569	273	$309.00	$0.00	$12.57	$0.00	$45.99	$0.00	$59.58	$0.00	$118.15
Benefit Package 570	372	$454.52	$41.72	$3.01	$29.01	$95.05	$0.00	$213.19	$0.00	$381.98
Benefit Package 571	32	$233.30	$0.00	$0.00	$0.00	$16.42	$0.00	$0.74	$0.00	$17.16
Benefit Package 572	57	$256.57	$0.00	$0.00	$20.52	$17.08	$0.00	$111.25	$0.00	$148.86
Benefit Package 603	791	$520.61	$98.96	$156.64	$18.22	$248.28	$0.00	$175.80	$0.00	$697.90
Benefit Package 604	1,735	$287.57	$66.09	$63.52	$12.62	$146.81	$0.00	$83.90	$0.00	$372.94
Benefit Package 605	37	$154.50	$36.45	$5.62	$2.49	$94.89	$0.00	$6.75	$0.00	$146.20
Benefit Package 606	715	$246.40	$72.87	$61.40	$6.00	$110.93	$0.00	$37.13	$0.00	$288.34
Benefit Package 607	72	$759.44	$0.00	$0.00	$0.00	$118.59	$0.00	$140.39	$0.00	$258.99
Benefit Package 608	214	$571.11	$0.00	$27.01	$10.73	$104.25	$0.00	$111.49	$0.00	$253.49
Benefit Package 609	87	$494.96	$0.00	$7.38	$0.00	$86.59	$0.00	$107.73	$0.00	$201.70

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Calendar Year 2015

Benefit Package	Avg. Monthly Enrolled Members	Premiums PMPM	Claims Paid PMPM							
			Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 610	174	$295.17	$23.44	$50.31	$2.89	$36.82	$0.00	$6.91	$0.00	$120.37
Benefit Package 611	634	$294.56	$14.53	$47.16	$1.06	$52.82	$0.00	$73.97	$0.00	$189.55
Benefit Package 612	407	$353.86	$8.11	$0.00	$2.41	$60.84	$0.00	$39.31	$0.00	$110.67
Benefit Package 613	275	$369.50	$0.00	$2.13	$0.06	$91.72	$0.00	$153.28	$0.00	$247.20
Benefit Package 614	129	$260.60	$0.00	$1.14	$6.99	$79.43	$0.00	$26.45	$0.00	$114.01
Benefit Package 615	1,699	$478.84	$17.98	$19.24	$8.69	$136.08	$0.00	$138.27	$0.00	$320.24
Benefit Package 616	885	$277.67	$2.08	$8.68	$4.60	$78.81	$0.00	$51.03	$0.00	$145.20
Benefit Package 617	207	$296.57	$0.00	$1.42	$31.73	$45.43	$0.00	$5.48	$0.00	$84.06
Benefit Package 618	116	$399.14	$0.00	$0.00	$1.12	$47.23	$0.00	$34.39	$0.00	$82.74
Benefit Package 619	299	$290.94	$0.00	$7.45	$0.00	$41.58	$0.00	$32.85	$0.00	$81.88
Benefit Package 620	22	$965.74	$0.00	$394.32	$0.00	$225.50	$0.00	$382.97	$0.00	$1,002.79
Benefit Package 621	322	$896.19	$14.73	$56.86	$22.14	$173.17	$0.00	$161.78	$0.00	$428.69
Benefit Package 622	1,127	$321.60	$11.89	$24.87	$6.40	$75.43	$0.00	$73.22	$0.00	$191.80
Benefit Package 623	441	$545.14	$17.04	$47.59	$12.39	$150.92	$0.00	$105.64	$0.00	$333.56
Benefit Package 624	783	$493.29	$20.71	$21.13	$1.79	$82.76	$0.00	$79.15	$0.00	$205.52
Benefit Package 625	313	$218.60	$0.00	$12.71	$1.20	$95.02	$0.00	$45.01	$0.00	$153.93
Benefit Package 626	106	$234.31	$0.00	$4.00	$0.00	$63.56	$0.00	$6.56	$0.00	$74.11
Benefit Package 709	478	$547.31	$105.81	$164.38	$20.21	$182.54	$0.23	$93.67	$0.00	$566.86
Benefit Package 711	54	$286.87	$0.00	$46.27	$3.67	$61.60	$0.00	$25.89	$0.00	$137.44
Benefit Package 712	13	$181.82	$0.00	$10.29	$0.00	$65.29	$0.00	$31.68	$0.00	$107.27
Benefit Package 713	1,002	$481.70	$53.40	$111.00	$13.97	$118.79	$0.10	$77.14	$0.00	$374.40
Benefit Package 714	22	$324.37	$0.00	$11.93	$4.67	$62.70	$0.00	$3.54	$0.00	$82.84
Benefit Package 715	72	$330.71	$90.57	$104.29	$10.69	$96.36	$0.00	$44.69	$0.00	$346.60
Benefit Package 716	11	$302.08	$0.00	$10.37	$15.64	$75.80	$0.00	$26.28	$0.00	$128.09
Benefit Package 717	456	$339.54	$55.55	$55.25	$9.84	$107.94	$0.00	$29.72	$0.00	$258.30
Benefit Package 718	49	$230.44	$86.88	$45.75	$25.05	$125.17	$0.00	$24.71	$0.00	$307.56
Benefit Package 719	52	$247.81	$136.28	$48.21	$7.92	$76.30	$0.00	$8.30	$0.00	$277.01
Benefit Package 720	198	$674.30	$232.42	$129.44	$40.99	$242.30	$0.17	$164.51	$0.00	$809.84
Benefit Package 723	10	$563.18	$4.72	$76.11	$0.00	$35.23	$0.00	$5.45	$0.00	$121.50
Benefit Package 724	53	$343.07	$0.00	$94.71	$0.44	$59.53	$0.00	$4.11	$0.00	$158.79
Benefit Package 725	102	$744.15	$779.81	$414.86	$26.18	$394.82	$0.01	$46.12	$0.00	$1,661.79
Benefit Package 726	61	$712.27	$196.55	$213.90	$6.33	$162.94	$0.12	$293.06	$0.00	$872.91

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9c
Experience Reports by Benefit Package — Claims Paid Per Member Per Month
Calendar Year 2015

Benefit Package	Avg. Monthly Enrolled Members	Premiums PMPM	Claims Paid PMPM							
			Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 730	271	$664.69	$40.32	$98.38	$13.45	$131.36	$0.07	$65.79	$0.00	$349.37
Benefit Package 731	222	$643.47	$110.23	$72.49	$19.98	$148.18	$0.11	$86.07	$0.00	$437.05
Low	**0**	**$154.50**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$6.31**
Average	**1,448**	**$465.14**	**$86.25**	**$84.17**	**$15.40**	**$122.30**	**$28.76**	**$79.86**	**$0.00**	**$416.74**
High	**37,734**	**$968.82**	**$779.81**	**$1,105.11**	**$208.94**	**$671.53**	**$260.89**	**$2,321.33**	**$0.00**	**$3,444.71**
Grand Total	**199,021**									

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9d
Experience Reports by Benefit Package — Utilization
Plan Year Ending in 2015

			Utilization									
	Enrollment		Inpatient			Outpatient		Professional	Pharmacy Scripts		Other	
Benefit Package	Employees	Members	Avg. LOS	Admits	Days	Visits	ER Visits	Services Visits	Generic	Brand	Visits	Procedures
Benefit Package 009	55	89	n/a	3	4	33	19	363	619	94	198	0
Benefit Package 010	261	394	n/a	25	75	429	84	2,176	4,872	496	1,872	0
Benefit Package 011	92	235	n/a	9	100	67	23	756	936	82	581	0
Benefit Package 012	367	677	n/a	14	38	59	51	2,727	3,660	478	2,016	0
Benefit Package 013	268	487	n/a	13	26	123	51	2,501	3,400	411	1,725	0
Benefit Package 016	132	236	n/a	7	14	48	15	1,036	1,486	189	739	0
Benefit Package 025	1,754	4,420	n/a	157	672	2,310	436	47,597	16,324	2,100	0	0
Benefit Package 030	396	805	n/a	33	123	196	86	4,103	5,219	637	2,972	0
Benefit Package 031	818	1,509	n/a	77	222	244	209	7,522	10,090	1,316	5,584	0
Benefit Package 044	84	136	n/a	7	24	86	24	4,360	2,407	668	0	0
Benefit Package 065	1,936	4,623	n/a	181	885	6,664	575	25,654	31,695	4,515	28,144	0
Benefit Package 172	353	637	n/a	29	278	241	260	3,003	6,631	1,250	0	0
Benefit Package 176	244	442	n/a	15	81	100	32	2,101	2,541	257	1,509	0
Benefit Package 177	99	136	n/a	0	0	64	19	737	1,024	150	637	0
Benefit Package 185	1	3	n/a	0	0	0	0	4	1	0	0	0
Benefit Package 230	17	53	n/a	3	2	35	6	147	136	24	4	0
Benefit Package 236	264	466	n/a	20	61	1,018	75	3,271	5,144	1,156	65	0
Benefit Package 237	215	420	n/a	17	66	741	58	2,229	2,727	731	16	0
Benefit Package 238	141	303	n/a	14	51	516	74	1,594	2,036	152	0	0
Benefit Package 245	65	82	n/a	2	15	64	9	402	245	23	87	0
Benefit Package 246	461	969	n/a	45	170	702	221	5,044	1,755	884	752	0
Benefit Package 247	247	376	n/a	20	61	306	28	2,657	973	628	293	0
Benefit Package 249	700	1,131	n/a	72	270	664	195	8,023	4,923	1,566	1,369	0
Benefit Package 250	82	175	n/a	5	15	64	12	1,005	544	96	219	0
Benefit Package 251	1,450	2,814	n/a	153	588	2,759	376	24,106	15,179	5,368	4,676	0
Benefit Package 254	167	371	n/a	10	20	150	28	1,578	1,091	113	312	0
Benefit Package 257	759	1,336	n/a	57	197	652	90	7,963	4,171	1,689	819	0
Benefit Package 259	384	652	n/a	25	76	661	83	4,848	2,996	859	711	0
Benefit Package 266	403	783	n/a	34	126	118	111	4,435	6,250	1,012	3,109	0
Benefit Package 267	205	363	n/a	29	186	119	60	1,853	2,965	459	1,538	0
Benefit Package 269	10	11	n/a	0	0	0	0	45	170	53	75	0
Benefit Package 270	41	95	n/a	1	1	28	24	383	1,436	322	678	0
Benefit Package 271	4	6	n/a	0	0	1	0	20	103	14	21	0
Benefit Package 272	1	2	n/a	0	0	24	14	25	36	5	88	0
Benefit Package 274	49	97	n/a	5	18	67	28	401	1,410	295	652	0
Benefit Package 275	54	132	n/a	3	4	111	31	418	1,378	195	701	0
Benefit Package 276	43	59	n/a	2	8	74	19	379	1,559	266	604	0
Benefit Package 277	184	309	n/a	23	55	288	148	2,121	6,450	1,856	5,502	0
Benefit Package 278	37	62	n/a	1	4	19	9	51	966	185	376	0
Benefit Package 279	250	433	n/a	13	55	218	125	1,813	5,847	1,443	3,249	0
Benefit Package 280	43	81	n/a	1	2	58	6	252	732	227	483	0
Benefit Package 281	18	32	n/a	2	3	33	20	782	605	79	296	0
Benefit Package 282	263	600	n/a	14	52	236	116	1,742	5,908	1,095	2,650	0
Benefit Package 284	28	88	n/a	1	2	25	19	10	532	85	327	0

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Experience Reports by Benefit Package — Utilization
Plan Year Ending in 2015

	Enrollment		Utilization									
			Inpatient			Outpatient		Professional	Pharmacy Scripts		Other	
Benefit Package	Employees	Members	Avg. LOS	Admits	Days	Visits	ER Visits	Services Visits	Generic	Brand	Visits	Procedures
Benefit Package 286	1,386	2,152	n/a	63	237	1,394	434	7,115	30,893	7,422	14,342	0
Benefit Package 288	262	475	n/a	28	105	457	89	1,527	5,199	1,188	3,437	0
Benefit Package 318	14,586	31,052	n/a	1,101	4,385	22,398	3,927	554,626	226,438	18,436	0	0
Benefit Package 319	6,163	13,926	n/a	563	2,355	10,768	1,859	230,901	118,045	17,607	0	0
Benefit Package 320	2,428	5,334	n/a	211	907	3,481	755	82,792	36,344	3,455	0	0
Benefit Package 321	16,910	27,586	n/a	1,803	7,562	35,611	4,527	748,342	373,048	87,197	0	0
Benefit Package 322	11,402	19,816	n/a	1,008	4,252	20,382	2,782	437,744	196,227	45,788	0	0
Benefit Package 323	3,489	5,771	n/a	460	2,286	8,063	1,207	192,321	87,931	21,204	0	0
Benefit Package 324	433	847	n/a	65	244	763	164	5,044	8,568	1,126	5,237	0
Benefit Package 325	185	321	n/a	15	32	196	49	1,429	2,240	305	1,173	0
Benefit Package 326	19	36	n/a	2	2	12	1	458	466	116	0	0
Benefit Package 327	3	3	n/a	1	2	4	0	55	102	9	0	0
Benefit Package 328	2	2	n/a	2	6	2	0	84	51	48	0	0
Benefit Package 329	74	172	n/a	8	14	14	3	1,617	1,288	258	0	0
Benefit Package 330	4	10	n/a	0	0	0	1	36	62	0	0	0
Benefit Package 331	59	120	n/a	7	445	39	2	1,528	1,083	260	0	0
Benefit Package 332	130	160	n/a	12	29	43	3	2,193	2,435	506	0	0
Benefit Package 333	233	436	n/a	17	35	110	15	4,297	3,640	190	0	0
Benefit Package 334	160	287	n/a	10	38	70	5	3,316	3,060	386	0	0
Benefit Package 335	182	380	n/a	21	103	107	12	5,703	4,133	894	0	0
Benefit Package 336	18	43	n/a	2	11	7	0	268	126	31	0	0
Benefit Package 337	25	45	n/a	2	2	16	0	345	113	36	0	0
Benefit Package 339	240	301	n/a	13	69	105	9	7,314	5,817	996	0	0
Benefit Package 340	20	51	n/a	0	0	3	1	241	143	9	0	0
Benefit Package 341	121	158	n/a	1	3	40	4	2,067	1,941	258	0	0
Benefit Package 342	162	261	n/a	7	19	41	3	3,235	3,199	641	0	0
Benefit Package 343	41	49	n/a	0	0	12	1	1,061	667	154	0	0
Benefit Package 344	66	134	n/a	8	36	39	5	1,848	1,340	210	0	0
Benefit Package 345	4	6	n/a	0	0	0	2	63	63	2	0	0
Benefit Package 346	149	247	n/a	17	99	58	6	4,673	4,315	752	0	0
Benefit Package 347	55	61	n/a	7	28	25	0	1,750	1,498	210	0	0
Benefit Package 348	305	667	n/a	29	153	101	13	6,781	6,309	922	0	0
Benefit Package 349	48	117	n/a	1	3	6	1	593	244	43	0	0
Benefit Package 350	171	248	n/a	11	68	83	11	3,362	3,262	604	0	0
Benefit Package 351	67	101	n/a	5	9	21	2	1,663	1,569	236	0	0
Benefit Package 352	242	649	n/a	29	56	86	12	8,054	3,483	529	0	0
Benefit Package 353	12	30	n/a	0	0	2	1	427	277	44	0	0
Benefit Package 354	274	519	n/a	17	48	55	11	5,824	5,013	783	0	0
Benefit Package 355	29	42	n/a	0	0	8	0	632	628	59	0	0
Benefit Package 356	44	44	n/a	1	1	28	2	1,567	1,051	185	0	0
Benefit Package 357	441	525	n/a	37	121	137	14	12,903	10,628	1,910	0	0
Benefit Package 358	435	1,023	n/a	36	74	281	28	12,004	7,415	1,199	0	0
Benefit Package 359	305	519	n/a	30	128	186	22	8,926	6,495	1,004	0	0
Benefit Package 360	516	848	n/a	40	135	192	23	11,242	6,939	1,248	0	0

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K–12 School District Data Collection Project
Exhibit A9d
Experience Reports by Benefit Package — Utilization
Plan Year Ending in 2015

	Enrollment		Utilization									
			Inpatient			Outpatient		Professional	Pharmacy Scripts		Other	
Benefit Package	Employees	Members	Avg. LOS	Admits	Days	Visits	ER Visits	Services Visits	Generic	Brand	Visits	Procedures
Benefit Package 361	97	281	n/a	4	8	51	8	2,037	1,662	295	0	0
Benefit Package 362	28	90	n/a	6	10	21	2	1,559	328	38	0	0
Benefit Package 363	120	160	n/a	23	105	32	2	4,081	3,144	703	0	0
Benefit Package 364	71	104	n/a	6	15	15	1	2,013	2,144	377	0	0
Benefit Package 365	1,253	2,234	n/a	103	614	250	42	30,441	26,498	4,445	0	0
Benefit Package 366	467	1,172	n/a	57	224	122	18	11,380	9,567	1,457	0	0
Benefit Package 367	96	221	n/a	10	38	13	4	1,891	882	130	0	0
Benefit Package 368	48	107	n/a	2	11	9	4	1,101	1,029	154	0	0
Benefit Package 424	1,749	3,256	n/a	234	1,101	880	481	30,058	20,454	6,981	5,728	0
Benefit Package 425	675	1,476	n/a	71	216	920	176	11,083	7,722	2,342	1,641	0
Benefit Package 426	267	493	n/a	29	183	99	68	3,590	3,845	1,043	448	0
Benefit Package 428	2,447	5,292	n/a	184	867	3,444	480	28,521	18,274	5,032	5,222	0
Benefit Package 429	988	2,193	n/a	74	277	899	224	11,924	4,657	2,035	1,526	0
Benefit Package 431	3,633	6,863	n/a	375	1,214	4,927	499	42,018	25,321	9,123	4,623	0
Benefit Package 432	1,923	3,314	n/a	197	701	2,312	486	24,412	14,263	4,556	3,425	0
Benefit Package 433	3,627	6,027	n/a	357	1,601	3,680	557	43,685	26,694	8,697	6,532	0
Benefit Package 434	843	1,511	n/a	89	289	874	217	11,186	8,072	2,843	1,389	0
Benefit Package 435	4,286	7,246	n/a	420	1,578	8,519	634	54,528	45,020	11,405	7,792	0
Benefit Package 437	353	610	n/a	15	41	404	57	3,733	3,760	672	950	0
Benefit Package 440	1,334	2,300	n/a	134	392	1,876	177	13,323	7,855	2,700	1,552	0
Benefit Package 441	981	1,733	n/a	97	441	1,268	205	15,033	9,624	3,466	2,791	0
Benefit Package 451	282	570	n/a	26	102	110	76	3,014	3,640	498	2,084	0
Benefit Package 452	266	440	n/a	23	101	56	39	2,237	3,028	293	1,593	0
Benefit Package 460	1	4	n/a	0	0	0	0	3	14	0	0	0
Benefit Package 469	54	73	n/a	3	6	94	45	334	1,479	454	687	0
Benefit Package 472	44	86	n/a	2	3	114	42	238	1,132	272	534	0
Benefit Package 474	14	27	n/a	0	0	2	7	34	107	23	39	0
Benefit Package 477	24	44	n/a	3	17	36	23	90	532	64	123	0
Benefit Package 482	13	26	n/a	0	0	3	0	58	13	0	0	0
Benefit Package 483	93	205	n/a	1	2	47	1	440	164	22	0	0
Benefit Package 485	29	58	n/a	0	1	24	0	123	24	2	0	0
Benefit Package 488	25	66	n/a	0	1	3	0	138	44	1	0	0
Benefit Package 489	256	597	n/a	3	14	125	6	1,228	329	18	0	0
Benefit Package 491	33	58	n/a	0	0	5	0	131	28	3	0	0
Benefit Package 493	18	20	n/a	0	0	6	0	91	58	8	0	0
Benefit Package 494	43	132	n/a	0	1	29	2	293	71	14	0	0
Benefit Package 495	81	137	n/a	1	2	27	2	389	162	21	0	0
Benefit Package 496	109	163	n/a	1	13	38	2	527	221	33	0	0
Benefit Package 498	125	207	n/a	1	14	114	2	656	262	52	0	0
Benefit Package 501	20	41	n/a	0	2	8	1	116	35	7	0	0
Benefit Package 502	197	314	n/a	1	2	48	3	930	322	59	0	0
Benefit Package 504	127	210	n/a	2	3	60	2	597	174	32	0	0
Benefit Package 507	13	38	n/a	0	5	8	0	96	0	0	0	0
Benefit Package 508	123	271	n/a	0	1	62	2	530	123	9	0	0

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K–12 School District Data Collection Project
Exhibit A9d
Experience Reports by Benefit Package — Utilization
Plan Year Ending in 2015

			Utilization									
	Enrollment		Inpatient			Outpatient		Professional	Pharmacy Scripts		Other	
Benefit Package	Employees	Members	Avg. LOS	Admits	Days	Visits	ER Visits	Services Visits	Generic	Brand	Visits	Procedures
Benefit Package 510	74	177	n/a	1	1	27	2	373	88	9	0	0
Benefit Package 512	10	26	n/a	0	0	2	1	49	0	0	0	0
Benefit Package 513	40	135	n/a	0	3	6	1	241	44	6	0	0
Benefit Package 534	0	0	n/a	0	0	0	0	0	0	0	0	0
Benefit Package 603	609	791	n/a	53	177	261	19	18,002	12,724	2,238	0	0
Benefit Package 604	884	1,735	n/a	76	363	423	24	28,254	18,429	3,235	0	0
Benefit Package 605	14	37	n/a	4	6	3	1	337	97	25	0	0
Benefit Package 606	252	715	n/a	29	125	122	15	8,796	5,061	639	0	0
Benefit Package 709	231	478	n/a	26	59	1,336	86	5,044	5,996	1,138	39	0
Benefit Package 711	20	54	n/a	0	0	83	3	261	338	37	0	0
Benefit Package 712	4	13	n/a	0	0	18	0	53	59	13	0	0
Benefit Package 713	457	1,002	n/a	45	154	2,600	121	8,266	9,535	2,000	25	0
Benefit Package 714	7	22	n/a	0	0	41	3	132	31	1	0	0
Benefit Package 715	33	72	n/a	4	6	135	6	489	622	119	0	0
Benefit Package 716	3	11	n/a	0	0	10	4	100	80	13	0	0
Benefit Package 717	210	456	n/a	17	46	961	49	3,340	2,949	352	2	0
Benefit Package 718	15	49	n/a	1	3	63	7	502	208	42	0	0
Benefit Package 719	23	52	n/a	4	7	309	4	246	210	18	0	0
Benefit Package 720	100	198	n/a	17	67	776	57	2,751	3,505	823	19	0
Benefit Package 723	6	7	n/a	0	0	14	0	27	75	2	0	0
Benefit Package 724	26	48	n/a	0	0	93	8	192	176	20	0	0
Benefit Package 725	65	102	n/a	18	82	496	14	925	1,187	147	1	0
Benefit Package 726	46	61	n/a	2	3	179	8	616	1,414	208	3	0
Benefit Package 730	168	266	n/a	12	35	838	39	2,174	2,925	430	2	0
Benefit Package 731	154	222	n/a	5	17	633	30	2,270	3,705	662	4	0
Grand Total	**106,065**	**199,896**	**n/a**	**9,699**	**40,119**	**166,922**	**24,977**	**3,003,536**	**1,665,195**	**334,542**	**148,612**	**0**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9e
Experience Reports by Benefit Package — Utilization Per Unit Measure
Plan Year Ending in 2015

			Utilization per 1,000 Members									
	Enrollment		Inpatient			Outpatient		Professional	Pharmacy Scripts		Other	
Benefit Package	Employees	Members	Avg. LOS	Admits	Days	Visits	ER Visits	Services Visits	Generic	Brand	Visits	Procedures
Benefit Package 009	55	89	1.3	33.090	44.110	374.970	209.540	4,069.480	6,936.860	1,058.730	2,216.710	0.000
Benefit Package 010	261	394	3.0	63.420	190.270	1,090.900	213.110	5,528.080	12,377.930	1,260.880	4,756.840	0.000
Benefit Package 011	92	235	11.1	38.290	425.430	285.040	97.850	3,220.500	3,986.280	348.850	2,471.750	0.000
Benefit Package 012	367	677	2.7	20.662	56.082	87.074	75.267	4,030.501	5,408.929	706.924	2,979.707	0.000
Benefit Package 013	268	487	2.0	26.644	53.288	252.092	104.526	5,132.024	6,976.601	844.406	3,539.539	0.000
Benefit Package 016	132	236	2.0	29.546	59.093	202.603	63.313	4,385.508	6,289.131	797.749	3,127.682	0.000
Benefit Package 025	1,754	4,420	4.3	35.476	152.138	522.589	98.696	10,768.344	3,693.087	475.114	0.000	0.000
Benefit Package 030	396	805	3.8	40.674	152.835	242.810	107.231	5,095.316	6,481.923	791.290	3,691.454	0.000
Benefit Package 031	818	1,509	2.9	51.033	147.134	161.714	138.518	4,983.983	6,685.960	872.197	3,700.210	0.000
Benefit Package 044	84	136	3.4	51.471	176.471	632.353	176.471	32,058.824	17,698.774	4,908.333	0.000	0.000
Benefit Package 065	1,936	4,623	4.9	39.101	191.387	1,441.663	124.432	5,549.845	6,856.648	976.738	6,088.449	0.000
Benefit Package 172	353	637	9.6	45.000	436.000	378.000	408.000	4,715.000	10,412.000	1,963.000	0.000	0.000
Benefit Package 176	244	442	5.4	33.796	182.501	225.310	72.099	4,749.531	5,745.400	581.299	3,411.190	0.000
Benefit Package 177	99	136	0.0	0.000	0.000	466.302	138.434	5,398.907	7,504.554	1,100.182	4,670.310	0.000
Benefit Package 185	1	3	0.0	0.000	0.000	0.000	0.000	1,333.330	333.330	0.000	0.000	0.000
Benefit Package 230	17	53	0.7	57.416	38.278	669.856	114.833	2,794.258	2,583.094	461.244	76.555	0.000
Benefit Package 236	264	466	3.1	42.697	130.226	2,183.953	160.114	7,017.257	11,032.841	2,479.701	138.765	0.000
Benefit Package 237	215	420	3.9	40.356	156.677	1,763.798	137.685	5,308.012	6,492.028	1,740.376	37.982	0.000
Benefit Package 238	141	303	3.6	46.345	168.828	1,701.517	244.966	5,260.138	6,718.455	502.069	0.000	0.000
Benefit Package 245	65	82	7.5	24.365	182.741	779.695	109.645	4,897.462	2,986.802	275.330	1,059.898	0.000
Benefit Package 246	461	969	3.8	46.456	175.499	724.708	228.149	5,207.158	1,811.803	913.008	776.325	0.000
Benefit Package 247	247	376	3.1	53.227	162.342	814.371	74.518	7,071.191	2,590.020	1,671.324	779.774	0.000
Benefit Package 249	700	1,131	3.8	63.651	238.692	587.005	172.388	7,092.677	4,351.820	1,384.058	1,210.255	0.000
Benefit Package 250	82	175	3.0	28.653	85.960	366.762	68.768	5,736.390	3,103.152	548.615	1,249.284	0.000
Benefit Package 251	1,450	2,814	3.8	54.340	208.838	980.614	133.542	8,568.029	5,394.939	1,908.036	1,661.823	0.000
Benefit Package 254	167	371	2.0	27.372	54.745	405.109	76.642	4,253.650	2,942.609	305.474	840.328	0.000
Benefit Package 257	759	1,336	3.5	42.633	147.345	487.659	67.315	5,958.863	3,120.917	1,263.800	612.565	0.000
Benefit Package 259	384	652	3.1	38.042	117.170	1,014.963	127.821	7,439.513	4,597.920	1,318.184	1,091.047	0.000
Benefit Package 266	403	783	3.7	43.317	160.527	150.334	141.416	5,664.296	7,983.013	1,293.131	3,971.122	0.000
Benefit Package 267	205	363	6.4	79.798	511.809	327.448	165.100	5,107.086	8,172.438	1,265.765	4,240.312	0.000
Benefit Package 269	10	11	0.0	0.000	0.000	0.000	0.000	3,941.606	15,065.693	4,729.927	6,656.934	0.000
Benefit Package 270	41	95	1.0	10.435	10.435	292.174	250.435	4,027.826	15,099.130	3,380.870	7,126.957	0.000
Benefit Package 271	4	6	0.0	0.000	0.000	169.014	0.000	3,380.282	17,408.451	2,366.197	3,549.296	0.000
Benefit Package 272	1	2	0.0	0.000	0.000	15,000.000	9,000.000	15,600.000	22,800.000	3,000.000	55,200.000	0.000
Benefit Package 274	49	97	3.6	51.370	184.932	688.356	287.671	4,140.411	14,547.945	3,041.096	6,729.452	0.000
Benefit Package 275	54	132	1.3	22.713	30.284	840.379	234.700	3,179.811	10,470.662	1,483.912	5,329.968	0.000
Benefit Package 276	43	59	4.0	34.188	136.752	1,264.957	324.786	6,461.538	26,598.291	4,547.009	10,307.692	0.000
Benefit Package 277	184	309	2.4	74.293	177.658	933.513	478.062	6,873.755	20,902.288	6,014.536	17,830.417	0.000
Benefit Package 278	37	62	4.0	16.021	64.085	304.406	144.192	817.089	15,508.678	2,963.952	6,040.053	0.000
Benefit Package 279	250	433	4.2	30.035	127.070	503.658	288.795	4,190.990	13,520.216	3,336.157	7,513.285	0.000
Benefit Package 280	43	81	2.0	12.333	24.666	715.313	73.998	3,132.580	9,089.414	2,824.255	6,006.166	0.000
Benefit Package 281	18	32	1.5	61.381	92.072	1,012.788	613.811	24,276.215	18,782.609	2,455.243	9,207.161	0.000
Benefit Package 282	263	600	3.7	23.451	87.102	393.635	194.305	2,906.198	9,854.271	1,825.796	4,420.436	0.000
Benefit Package 284	28	88	2.0	11.407	22.814	285.171	216.730	114.068	6,057.034	969.582	3,718.631	0.000

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9e
Experience Reports by Benefit Package — Utilization Per Unit Measure
Plan Year Ending in 2015

			Utilization per 1,000 Members									
	Enrollment		Inpatient			Outpatient		Professional	Pharmacy Scripts		Other	
Benefit Package	Employees	Members	Avg. LOS	Admits	Days	Visits	ER Visits	Services Visits	Generic	Brand	Visits	Procedures
Benefit Package 286	1,386	2,152	3.8	29.243	110.011	647.996	201.454	3,306.359	14,356.181	3,448.863	6,664.707	0.000
Benefit Package 288	262	475	3.8	59.020	221.324	963.288	187.599	3,218.690	10,956.613	2,504.128	7,242.579	0.000
Benefit Package 318	14,586	31,052	4.0	35.450	141.219	721.322	126.478	17,861.248	7,292.245	593.728	0.000	0.000
Benefit Package 319	6,163	13,926	4.2	40.393	169.131	773.220	133.490	16,580.785	8,476.748	1,264.350	0.000	0.000
Benefit Package 320	2,428	5,334	4.3	39.548	169.999	652.630	141.509	15,521.055	6,813.326	647.738	0.000	0.000
Benefit Package 321	16,910	27,586	4.2	65.352	274.106	1,290.900	164.118	27,127.315	13,522.943	3,160.870	0.000	0.000
Benefit Package 322	11,402	19,816	4.2	50.877	214.581	1,028.564	140.411	22,090.764	9,902.578	2,310.699	0.000	0.000
Benefit Package 323	3,489	5,771	5.0	79.764	396.091	1,397.057	209.124	33,323.656	15,235.950	3,674.014	0.000	0.000
Benefit Package 324	433	847	3.8	76.590	288.690	901.410	193.240	5,956.380	10,118.180	1,329.140	6,184.970	0.000
Benefit Package 325	185	321	2.1	46.980	100.220	610.730	153.470	4,456.790	6,987.420	952.120	3,658.140	0.000
Benefit Package 326	19	36	1.0	56.000	56.000	333.000	28.000	12,583.000	12,806.000	3,194.000	0.000	0.000
Benefit Package 327	3	3	2.0	333.000	667.000	1,333.000	0.000	19,667.000	36,333.000	3,333.000	0.000	0.000
Benefit Package 328	2	2	2.5	1,000.000	2,500.000	1,000.000	0.000	38,000.000	23,000.000	22,000.000	0.000	0.000
Benefit Package 329	74	172	1.8	47.000	82.000	82.000	18.000	9,427.000	7,509.000	1,503.000	0.000	0.000
Benefit Package 330	4	10	0.0	0.000	0.000	0.000	100.000	3,600.000	6,200.000	0.000	0.000	0.000
Benefit Package 331	59	120	63.6	58.000	3,708.000	325.000	17.000	12,742.000	9,033.000	2,167.000	0.000	0.000
Benefit Package 332	130	160	2.4	75.000	181.000	269.000	19.000	13,675.000	15,181.000	3,156.000	0.000	0.000
Benefit Package 333	233	436	2.1	39.000	81.000	252.000	35.000	9,848.000	8,342.000	436.000	0.000	0.000
Benefit Package 334	160	287	3.8	35.000	131.000	242.000	17.000	11,547.000	10,654.000	1,343.000	0.000	0.000
Benefit Package 335	182	380	4.9	55.000	270.000	283.000	31.000	15,016.000	10,882.000	2,354.000	0.000	0.000
Benefit Package 336	18	43	5.5	47.000	256.000	163.000	0.000	6,302.000	2,953.000	721.000	0.000	0.000
Benefit Package 337	25	45	1.0	47.000	47.000	349.000	0.000	7,674.000	2,512.000	791.000	0.000	0.000
Benefit Package 339	240	301	5.3	43.000	228.000	350.000	30.000	24,330.000	19,350.000	3,314.000	0.000	0.000
Benefit Package 340	20	51	0.0	0.000	0.000	58.000	19.000	4,731.000	2,808.000	173.000	0.000	0.000
Benefit Package 341	121	158	3.0	6.000	19.000	256.000	25.000	13,075.000	12,275.000	1,631.000	0.000	0.000
Benefit Package 342	162	261	2.7	27.000	73.000	158.000	12.000	12,417.000	12,282.000	2,459.000	0.000	0.000
Benefit Package 343	41	49	0.0	0.000	0.000	245.000	20.000	21,653.000	13,612.000	3,143.000	0.000	0.000
Benefit Package 344	66	134	4.4	61.000	267.000	290.000	38.000	13,779.000	9,992.000	1,565.000	0.000	0.000
Benefit Package 345	4	6	0.0	0.000	0.000	0.000	333.000	10,667.000	10,667.000	333.000	0.000	0.000
Benefit Package 346	149	247	5.8	69.000	399.000	234.000	24.000	18,927.000	17,476.000	3,044.000	0.000	0.000
Benefit Package 347	55	61	4.0	115.000	459.000	410.000	0.000	28,738.000	24,590.000	3,443.000	0.000	0.000
Benefit Package 348	305	667	5.3	44.000	230.000	152.000	20.000	10,173.000	9,465.000	1,383.000	0.000	0.000
Benefit Package 349	48	117	3.0	9.000	26.000	52.000	9.000	5,078.000	2,087.000	365.000	0.000	0.000
Benefit Package 350	171	248	6.3	44.000	276.000	336.000	44.000	13,552.000	13,148.000	2,436.000	0.000	0.000
Benefit Package 351	67	101	1.8	49.000	88.000	206.000	20.000	16,500.000	15,569.000	2,343.000	0.000	0.000
Benefit Package 352	242	649	1.9	45.000	86.000	132.000	18.000	12,412.000	5,368.000	815.000	0.000	0.000
Benefit Package 353	12	30	0.0	0.000	0.000	65.000	32.000	14,032.000	9,097.000	1,452.000	0.000	0.000
Benefit Package 354	274	519	2.8	33.000	92.000	106.000	21.000	11,222.000	9,659.000	1,509.000	0.000	0.000
Benefit Package 355	29	42	0.0	0.000	0.000	190.000	0.000	15,238.000	15,143.000	1,429.000	0.000	0.000
Benefit Package 356	44	44	1.0	23.000	23.000	636.000	45.000	35,773.000	24,000.000	4,227.000	0.000	0.000
Benefit Package 357	441	525	3.3	70.000	230.000	262.000	27.000	24,595.000	20,260.000	3,641.000	0.000	0.000
Benefit Package 358	435	1,023	2.1	35.000	72.000	275.000	27.000	11,734.000	7,248.000	1,172.000	0.000	0.000
Benefit Package 359	305	519	4.3	58.000	246.000	359.000	42.000	17,209.000	12,522.000	1,935.000	0.000	0.000
Benefit Package 360	516	848	3.4	47.000	159.000	226.000	27.000	13,257.000	8,183.000	1,472.000	0.000	0.000

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9e
Experience Reports by Benefit Package — Utilization Per Unit Measure
Plan Year Ending in 2015

			Utilization per 1,000 Members									
	Enrollment		Inpatient			Outpatient		Professional	Pharmacy Scripts		Other	
Benefit Package	Employees	Members	Avg. LOS	Admits	Days	Visits	ER Visits	Services Visits	Generic	Brand	Visits	Procedures
Benefit Package 361	97	281	2.0	14.000	29.000	183.000	29.000	7,259.000	5,924.000	1,050.000	0.000	0.000
Benefit Package 362	28	90	1.7	67.000	111.000	233.000	22.000	17,244.000	3,633.000	422.000	0.000	0.000
Benefit Package 363	120	160	4.6	143.000	658.000	199.000	12.000	25,460.000	19,615.000	4,385.000	0.000	0.000
Benefit Package 364	71	104	2.5	58.000	144.000	144.000	10.000	19,433.000	20,692.000	3,635.000	0.000	0.000
Benefit Package 365	1,253	2,234	6.0	46.000	275.000	112.000	19.000	13,628.000	11,863.000	1,990.000	0.000	0.000
Benefit Package 366	467	1,172	3.9	49.000	191.000	104.000	15.000	9,707.000	8,161.000	1,243.000	0.000	0.000
Benefit Package 367	96	221	3.8	45.000	172.000	59.000	18.000	8,566.000	3,995.000	588.000	0.000	0.000
Benefit Package 368	48	107	5.5	19.000	104.000	85.000	38.000	10,283.000	9,604.000	1,434.000	0.000	0.000
Benefit Package 424	1,749	3,256	4.7	71.873	338.171	270.291	147.739	9,232.281	6,282.557	2,144.063	1,759.349	0.000
Benefit Package 425	675	1,476	3.0	48.092	146.308	623.166	119.214	7,507.112	5,230.684	1,586.272	1,111.538	0.000
Benefit Package 426	267	493	6.3	58.833	371.260	200.845	137.954	7,283.178	7,799.696	2,116.450	908.876	0.000
Benefit Package 428	2,447	5,292	4.7	34.794	163.757	650.867	90.766	5,389.411	3,453.098	950.879	986.700	0.000
Benefit Package 429	988	2,193	3.7	33.762	126.378	409.703	102.198	5,436.089	2,123.093	927.899	695.765	0.000
Benefit Package 431	3,633	6,863	3.2	54.704	176.913	717.838	72.744	6,122.428	3,689.509	1,329.363	673.610	0.000
Benefit Package 432	1,923	3,314	3.6	59.445	211.659	697.723	146.510	7,366.025	4,303.628	1,374.651	1,033.375	0.000
Benefit Package 433	3,627	6,027	4.5	59.175	265.705	610.641	92.491	7,248.633	4,429.245	1,443.074	1,083.872	0.000
Benefit Package 434	843	1,511	3.3	58.736	191.388	578.782	143.871	7,405.379	5,344.091	1,882.198	919.320	0.000
Benefit Package 435	4,286	7,246	3.8	57.988	217.764	1,175.593	87.464	7,525.034	6,212.943	1,573.935	1,075.320	0.000
Benefit Package 437	353	610	2.7	24.583	67.195	662.114	93.417	6,118.001	6,162.305	1,101.830	1,556.952	0.000
Benefit Package 440	1,334	2,300	2.9	58.301	170.552	815.344	77.010	5,791.378	3,414.568	1,173.779	674.812	0.000
Benefit Package 441	981	1,733	4.6	55.720	254.476	731.833	118.334	8,673.432	5,552.915	1,999.981	1,610.148	0.000
Benefit Package 451	282	570	4.0	45.276	179.364	193.296	134.088	5,286.896	6,383.979	874.184	3,655.202	0.000
Benefit Package 452	266	440	4.4	52.204	229.242	127.104	88.519	5,086.438	6,886.325	667.297	3,622.470	0.000
Benefit Package 460	1	4	0.0	0.000	0.000	0.000	0.000	765.957	3,574.468	0.000	0.000	0.000
Benefit Package 469	54	73	2.0	41.096	82.192	1,287.671	616.438	4,589.041	20,315.068	6,232.877	9,438.356	0.000
Benefit Package 472	44	86	1.5	23.460	35.191	1,337.243	492.669	2,780.059	13,243.402	3,178.886	6,240.469	0.000
Benefit Package 474	14	27	0.0	0.000	0.000	62.176	269.430	1,222.798	3,917.098	849.741	1,409.326	0.000
Benefit Package 477	24	44	5.7	67.797	384.181	813.559	519.774	2,033.898	12,000.000	1,446.328	2,779.661	0.000
Benefit Package 482	13	26	0.0	0.000	0.000	128.205	17.094	2,235.043	484.900	13.533	0.000	0.000
Benefit Package 483	93	205	3.5	2.928	10.249	228.892	5.368	2,145.437	799.756	107.923	0.000	0.000
Benefit Package 485	29	58	3.0	7.692	23.077	409.615	3.846	2,125.000	416.923	34.359	0.000	0.000
Benefit Package 488	25	66	4.0	3.356	13.423	41.946	6.711	2,085.570	667.450	11.465	0.000	0.000
Benefit Package 489	256	597	5.3	4.354	23.279	208.843	10.384	2,055.770	551.678	30.626	0.000	0.000
Benefit Package 491	33	58	0.0	0.000	0.000	93.156	1.901	2,249.049	478.517	57.541	0.000	0.000
Benefit Package 493	18	20	0.0	0.000	0.000	300.000	5.000	4,555.000	2,880.000	388.000	0.000	0.000
Benefit Package 494	43	132	3.0	1.741	5.223	219.965	16.831	2,226.349	541.923	107.816	0.000	0.000
Benefit Package 495	81	137	3.0	5.691	17.073	199.187	16.260	2,843.902	1,187.751	155.014	0.000	0.000
Benefit Package 496	109	163	11.0	7.348	80.833	233.313	13.472	3,225.964	1,350.684	203.756	0.612	0.000
Benefit Package 498	125	207	9.8	6.982	68.206	553.169	11.815	3,169.173	1,268.170	250.841	1.074	0.000
Benefit Package 501	20	41	5.0	8.197	40.984	193.989	13.661	2,860.656	860.291	181.239	0.000	0.000
Benefit Package 502	197	314	2.5	1.910	4.776	151.862	8.596	2,962.114	1,026.701	186.618	0.000	0.000
Benefit Package 504	127	210	1.8	7.415	13.242	286.017	7.945	2,847.458	830.703	151.660	0.000	0.000
Benefit Package 507	13	38	14.3	8.772	125.731	201.754	11.696	2,514.620	0.000	0.000	0.000	0.000
Benefit Package 508	123	271	2.0	1.106	2.212	227.507	8.481	1,952.802	454.056	32.448	0.000	0.000

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9e
Experience Reports by Benefit Package — Utilization Per Unit Measure
Plan Year Ending in 2015

			Utilization per 1,000 Members									
	Enrollment		Inpatient			Outpatient		Professional	Pharmacy Scripts		Other	
Benefit Package	Employees	Members	Avg. LOS	Admits	Days	Visits	ER Visits	Services Visits	Generic	Brand	Visits	Procedures
Benefit Package 510	74	177	1.6	5.035	8.181	151.038	11.328	2,115.167	499.224	50.996	0.000	0.000
Benefit Package 512	10	26	0.0	0.000	0.000	72.340	25.532	1,872.340	0.000	0.000	0.000	0.000
Benefit Package 513	40	135	16.0	1.487	23.792	43.123	4.461	1,793.309	325.675	44.535	0.000	0.000
Benefit Package 534	0	0	0.0	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Benefit Package 603	609	791	3.3	67.000	224.000	330.000	24.000	22,751.000	16,081.000	2,828.000	0.000	0.000
Benefit Package 604	884	1,735	4.7	44.000	209.000	244.000	14.000	16,288.000	10,624.000	1,865.000	0.000	0.000
Benefit Package 605	14	37	1.5	108.000	162.000	81.000	27.000	9,135.000	2,622.000	676.000	0.000	0.000
Benefit Package 606	252	715	4.3	41.000	175.000	171.000	21.000	12,302.000	7,078.000	894.000	0.000	0.000
Benefit Package 709	231	478	2.3	54.441	123.539	2,797.418	180.073	10,561.508	12,553.900	2,382.062	81.661	0.000
Benefit Package 711	20	54	0.0	0.000	0.000	1,548.989	55.988	4,870.918	6,299.222	689.269	0.000	0.000
Benefit Package 712	4	13	0.0	0.000	0.000	1,384.615	0.000	4,076.923	4,571.795	1,025.641	0.000	0.000
Benefit Package 713	457	1,002	3.4	44.906	153.680	2,594.595	120.748	8,248.815	9,515.010	1,995.609	24.948	0.000
Benefit Package 714	7	22	0.0	0.000	0.000	1,842.697	134.831	5,932.584	1,405.243	64.419	0.000	0.000
Benefit Package 715	33	72	1.5	55.556	83.333	1,875.000	83.333	6,791.667	8,643.056	1,659.259	0.000	0.000
Benefit Package 716	3	11	0.0	0.000	0.000	909.091	363.636	9,090.909	7,251.515	1,157.576	0.000	0.000
Benefit Package 717	210	456	2.7	37.247	100.785	2,105.532	107.358	7,317.875	6,462.078	771.809	4.382	0.000
Benefit Package 718	15	49	3.0	20.408	61.224	1,285.714	142.857	10,244.898	4,241.497	849.660	0.000	0.000
Benefit Package 719	23	52	1.8	76.923	134.615	5,942.308	76.923	4,730.769	4,033.974	342.949	0.000	0.000
Benefit Package 720	100	198	3.9	85.967	338.812	3,924.147	288.243	13,911.504	17,724.737	4,160.641	96.081	0.000
Benefit Package 723	6	7	0.0	0.000	0.000	1,988.235	0.000	3,823.529	10,680.392	260.000	0.000	0.000
Benefit Package 724	26	48	0.0	0.000	0.000	1,925.926	167.472	3,977.456	3,639.721	413.097	0.000	0.000
Benefit Package 725	65	102	4.7	172.185	803.532	4,840.324	133.922	9,030.169	11,589.993	1,439.343	9.566	0.000
Benefit Package 726	46	61	1.5	31.824	47.736	2,911.873	127.295	10,040.392	23,033.497	3,386.047	47.736	0.000
Benefit Package 730	168	266	3.0	44.432	133.295	3,150.954	148.106	8,171.746	10,994.769	1,617.317	7.405	0.000
Benefit Package 731	154	222	3.4	22.154	75.324	2,857.873	137.355	10,248.466	16,727.198	2,987.991	17.723	0.000
Grand Total	**106,065**	**199,896**	**4.1**	**48.518**	**200.699**	**835.046**	**124.952**	**15,025.529**	**8,330.325**	**1,673.585**	**743.451**	**0.000**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9f
Experience Reports by Benefit Package — Monthly
Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 009	**Enrolled Employees**		59	58	58	57	57	56	55	52	51	49	65	65	**57**
	Enrolled Members		96	95	95	93	92	89	88	83	82	79	97	97	**91**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$32,261	$0	**$32,261**
		Outpatient	$4,482	$2,697	$7,331	$16,694	$0	$127	$10,453	$8,435	$24,595	$0	$0	$4,638	**$79,452**
		ER	$6,844	$854	$3,179	$866	$2,524	$0	$596	$2,486	$0	$494	$112	$0	**$17,954**
		Prof Svcs	$4,501	$5,527	$5,739	$8,359	$5,283	$5,445	$6,222	$6,975	$4,572	$7,303	$2,842	$4,380	**$67,147**
		Other	$7,285	$2,098	$4,437	$9,813	$6,844	$4,680	$6,628	$6,993	$3,678	$6,594	$5,207	$3,972	**$68,229**
		Pharmacy	$2,731	$2,062	$3,051	$2,297	$3,156	$2,196	$2,594	$2,208	$2,708	$1,737	$1,463	$1,409	**$27,611**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$25,842**	**$13,238**	**$23,738**	**$38,028**	**$17,807**	**$12,447**	**$26,493**	**$27,097**	**$35,554**	**$16,128**	**$41,884**	**$14,398**	**$292,653**
	Total Premiums		**$50,764**	**$50,164**	**$50,164**	**$48,379**	**$47,879**	**$46,686**	**$46,086**	**$43,192**	**$42,592**	**$40,800**	**$52,197**	**$52,197**	**$571,098**
Benefit Package 010	**Enrolled Employees**		262	261	260	260	261	262	261	264	264	257	263	263	**262**
	Enrolled Members		396	392	391	391	393	394	392	398	397	392	390	388	**393**
	Claims	Inpatient	$165,435	$4,963	$137,110	$89,936	$26,466	$0	$170,394	$0	$60,722	$41,596	$30,047	$36,396	**$763,066**
		Outpatient	$20,273	$39,685	$32,074	$58,682	$43,063	$20,416	$25,420	$39,888	$24,322	$26,654	$89,302	$69,386	**$489,166**
		ER	$12,212	$10,090	$6,408	$8,386	$12,232	$8,659	$13,606	$19,535	$7,122	$31,353	$1,824	$4,034	**$135,462**
		Prof Svcs	$95,732	$38,107	$81,721	$45,585	$36,941	$32,422	$39,753	$95,285	$91,133	$88,438	$41,222	$87,381	**$773,720**
		Other	$69,467	$76,880	$74,639	$83,307	$67,559	$59,501	$87,990	$118,224	$100,180	$232,596	$96,225	$105,222	**$1,171,790**
		Pharmacy	$19,380	$26,328	$19,420	$29,182	$29,658	$27,297	$28,349	$19,947	$22,298	$26,401	$16,910	$22,839	**$288,011**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$382,501**	**$196,054**	**$351,372**	**$315,077**	**$215,919**	**$148,295**	**$365,512**	**$292,879**	**$305,778**	**$447,039**	**$275,530**	**$325,259**	**$3,621,213**
	Total Premiums		**$240,352**	**$238,548**	**$237,854**	**$237,854**	**$237,747**	**$238,442**	**$237,218**	**$240,039**	**$241,420**	**$236,720**	**$242,353**	**$241,332**	**$2,869,878**
Benefit Package 011	**Enrolled Employees**		93	94	93	92	94	91	90	91	91	95	93	94	**93**
	Enrolled Members		235	236	234	233	238	232	231	234	232	244	256	257	**239**
	Claims	Inpatient	$0	$0	$0	$0	$1,579	$13,386	$0	$138,739	$0	$128,433	$52,732	$44,159	**$379,028**
		Outpatient	$594	$3,553	$0	$11,025	$14,594	$5,969	$15,081	$21,039	$26,077	$15,383	$29,114	$21,180	**$163,609**
		ER	$0	$0	$70	$783	$5,908	$100	$0	$7,184	$522	$3,524	$770	$0	**$18,861**
		Prof Svcs	$7,028	$9,048	$5,239	$6,713	$12,790	$10,065	$25,523	$17,186	$12,189	$13,564	$15,995	$11,216	**$146,557**
		Other	$5,267	$7,224	$6,322	$5,403	$10,303	$7,462	$13,341	$16,902	$18,612	$19,724	$30,918	$16,596	**$158,076**
		Pharmacy	$1,990	$2,398	$1,649	$1,941	$2,391	$1,997	$3,425	$2,021	$2,220	$5,118	$1,854	$2,978	**$29,981**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$14,879**	**$22,224**	**$13,280**	**$25,864**	**$47,565**	**$38,979**	**$57,370**	**$203,072**	**$59,620**	**$185,746**	**$131,383**	**$96,129**	**$896,111**
	Total Premiums		**$84,619**	**$85,106**	**$84,136**	**$83,649**	**$83,162**	**$82,675**	**$82,188**	**$83,455**	**$83,534**	**$87,935**	**$73,480**	**$74,306**	**$988,246**
Benefit Package 012	**Enrolled Employees**		370	373	374	372	376	376	377	361	338	349	422	429	**376**
	Enrolled Members		688	688	694	693	689	689	687	666	633	640	762	768	**691**
	Claims	Inpatient	-$2,640	$33,956	$0	$61,272	$7,409	$0	$0	$85,159	$17,420	$42,540	$20,102	$11,974	**$277,192**
		Outpatient	$156	$19,564	$6,124	$7,238	$4,161	$14,667	$34,532	$13,897	$11,099	$21,691	$2,848	$6,880	**$142,857**
		ER	$5,166	$6,963	$17,482	$635	-$390	$2,554	$8,967	$9,383	$3,981	$4,236	$3,829	$7,949	**$70,755**
		Prof Svcs	$8,367	$10,965	$2,424	$688	$3,410	$16,912	$13,880	$5,485	$2,710	$8,502	$10,787	$7,508	**$91,637**
		Other	$94,525	$101,930	$114,395	$125,097	$113,822	$115,866	$130,503	$109,713	$93,775	$97,615	$107,718	$107,509	**$1,312,466**
		Pharmacy	$11,381	$27,078	$17,928	$27,621	$21,885	$45,560	$47,762	$43,750	$13,324	$15,532	$13,143	$20,392	**$305,356**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$116,955**	**$200,455**	**$158,353**	**$222,550**	**$150,297**	**$195,558**	**$235,643**	**$267,388**	**$142,309**	**$190,116**	**$158,426**	**$162,212**	**$2,200,263**
	Total Premiums		**$260,747**	**$285,439**	**$287,537**	**$293,118**	**$288,172**	**$278,500**	**$276,389**	**$273,843**	**$277,776**	**$240,102**	**$347,628**	**$366,248**	**$3,475,498**
Benefit Package 013	**Enrolled Employees**		273	273	273	272	271	271	271	266	255	251			**268**
	Enrolled Members		495	495	497	494	493	491	491	485	474	458			**487**
	Claims	Inpatient	$27,979	-$5,021	$58,208	$0	$16,070	$9,097	$38,878	$30,437	$25,638	$17,515			**$218,802**
		Outpatient	$17,083	$56,717	$19,098	$34,564	$13,174	-$2,984	$42,147	$11,375	$9,229	$2,146			**$202,549**
		ER	$10,460	$6,400	$8,154	$8,996	$8,586	$17,075	$7,731	$2,266	$8,619	$20,920			**$99,207**
		Prof Svcs	$13,315	$5,883	$15,278	$3,797	$10,591	$3,083	$7,408	$9,421	$11,614	$16,456			**$96,846**
		Other	$86,138	$98,448	$94,534	$97,799	$71,669	$88,804	$95,380	$97,973	$75,936	$73,933			**$880,615**
		Pharmacy	$36,900	$17,778	$22,583	$28,414	$20,001	$16,949	$21,705	$18,049	$22,051	$18,627			**$223,058**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$191,875**	**$180,205**	**$217,855**	**$173,570**	**$140,092**	**$132,025**	**$213,248**	**$169,521**	**$153,088**	**$149,597**			**$1,721,076**
	Total Premiums		**$212,696**	**$262,267**	**$260,918**	**$256,924**	**$260,499**	**$260,366**	**$252,269**	**$253,537**	**$255,289**	**$225,354**			**$2,500,118**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9f
Experience Reports by Benefit Package — Monthly
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Benefit Package	Category	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 016	**Enrolled Employees**		132	131	133	132	131	131	132	134	132	128	136	138	**133**
	Enrolled Members		236	235	238	237	236	236	237	243	239	226	238	240	**237**
	Claims	Inpatient	$0	$62,817	$0	-$197	$0	$0	$24,671	-$1,151	$7,101	$0	$0	$428	**$93,669**
		Outpatient	$14,604	-$4,621	$18,779	$26,929	$3,802	$6,125	$19,922	$8,938	$1,924	$3,011	$0	$0	**$99,412**
		ER	$0	$1,451	$10,389	$11,350	$1,132	$446	$261	$353	$2,240	$3,315	$3,729	$1,287	**$35,954**
		Prof Svcs	$11,744	$7,214	$7,830	$4,851	-$41	$5,412	$5,108	$6,634	$5,454	$3,620	$518	-$585	**$57,758**
		Other	$39,096	$36,429	$45,824	$39,565	$38,527	$42,391	$46,986	$40,663	$42,824	$29,592	$36,512	$34,468	**$472,877**
		Pharmacy	$7,798	$6,828	$8,742	$4,513	$10,762	$3,104	$5,054	$7,045	$8,115	$11,816	$3,226	$10,204	**$87,206**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$73,242**	**$110,117**	**$91,565**	**$87,011**	**$54,182**	**$57,477**	**$102,001**	**$62,482**	**$67,658**	**$51,353**	**$43,985**	**$45,802**	**$846,876**
	Total Premiums		**$113,113**	**$111,776**	**$114,627**	**$114,024**	**$114,217**	**$114,058**	**$114,297**	**$114,869**	**$112,688**	**$109,847**	**$119,211**	**$117,521**	**$1,370,248**
Benefit Package 025	**Enrolled Employees**		1,703	1,705	1,723	1,745	1,755	1,752	1,757	1,763	1,764	1,872			**1,754**
	Enrolled Members		4,307	4,311	4,363	4,396	4,424	4,409	4,416	4,447	4,451	4,677			**4,420**
	Claims	Inpatient	$184,348	$238,381	$229,476	$101,709	$420,817	$56,969	$202,663	$269,337	$444,887	$58,789			**$2,207,377**
		Outpatient	$138,662	$138,827	$250,566	$209,204	$246,226	$314,903	$325,925	$264,463	$347,320	$340,479			**$2,576,573**
		ER	$28,645	$28,925	$66,252	$39,902	$68,862	$65,845	$67,595	$53,421	$23,085	$44,982			**$487,513**
		Prof Svcs	$112,049	$127,917	$155,372	$189,058	$228,445	$231,550	$290,530	$321,229	$291,505	$237,470			**$2,185,123**
		Other	$1,615	$6,337	$5,397	$10,331	$10,061	$6,211	$6,803	$7,325	$15,318	$5,636			**$75,033**
		Pharmacy	$19,291	$22,343	$47,574	$45,244	$50,158	$63,797	$59,453	$73,649	$68,264	$54,271			**$504,045**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$484,610**	**$562,730**	**$754,637**	**$595,448**	**$1,024,568**	**$739,275**	**$952,968**	**$989,424**	**$1,190,378**	**$741,626**			**$8,035,665**
	Total Premiums		**$1,155,828**	**$1,157,308**	**$1,168,765**	**$1,180,143**	**$1,186,518**	**$1,184,002**	**$1,186,388**	**$1,191,785**	**$1,195,251**	**$1,253,972**			**$11,859,961**
Benefit Package 030	**Enrolled Employees**		408	403	400	400	396	394	395	393	394	374	360	363	**390**
	Enrolled Members		833	824	816	811	804	803	802	793	796	770	730	732	**793**
	Claims	Inpatient	-$12,484	$63,836	$19,195	$75,615	$40,396	$67,079	$200,730	$133,307	$13,988	$49,423	$25,825	$104,446	**$781,355**
		Outpatient	$6,955	$74,375	$42,518	$17,655	$10,831	$24,338	$88,540	$36,870	$42,876	$19,914	$26,004	$22,244	**$413,120**
		ER	$12,204	$14,509	$23,751	$22,530	$10,551	$9,265	$35,878	$7,818	$8,908	$11,559	$16,421	$30,485	**$203,879**
		Prof Svcs	$40,623	$35,486	$25,859	$21,035	$30,312	$28,032	$43,786	$50,317	$32,696	$44,470	$35,437	$32,812	**$420,863**
		Other	$154,882	$166,224	$174,187	$167,685	$160,140	$177,583	$236,891	$205,758	$152,358	$163,961	$144,209	$157,999	**$2,061,878**
		Pharmacy	$71,546	$54,283	$49,986	$53,934	$50,548	$46,823	$30,418	$32,436	$22,694	$36,624	$25,148	$33,636	**$508,076**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$273,726**	**$408,712**	**$335,495**	**$358,455**	**$302,778**	**$353,120**	**$636,243**	**$466,505**	**$273,518**	**$325,951**	**$273,044**	**$381,623**	**$4,389,171**
	Total Premiums		**$454,689**	**$454,112**	**$446,604**	**$447,500**	**$445,855**	**$445,124**	**$443,202**	**$437,047**	**$437,346**	**$418,621**	**$404,329**	**$411,588**	**$5,246,017**
Benefit Package 031	**Enrolled Employees**		828	822	819	815	818	817	816	814	812	819			**818**
	Enrolled Members		1,513	1,515	1,511	1,509	1,515	1,510	1,512	1,508	1,505	1,494			**1,509**
	Claims	Inpatient	$88,800	$39,858	$133,626	$101,507	$205,700	$179,829	$310,585	$108,113	$179,703	$96,997			**$1,444,719**
		Outpatient	$22,320	$90,145	$46,172	$24,332	$29,296	$59,750	$93,122	$87,235	$44,643	$19,144			**$516,158**
		ER	$49,272	$20,616	$45,688	$71,865	$21,079	$35,471	$46,657	$37,059	$18,464	$31,052			**$377,222**
		Prof Svcs	$58,478	$66,378	$55,812	$45,110	$39,407	$70,636	$80,923	$65,630	$67,099	$71,887			**$621,359**
		Other	$342,939	$275,588	$303,815	$308,739	$336,139	$361,980	$381,138	$322,684	$285,624	$312,392			**$3,231,037**
		Pharmacy	$71,789	$61,007	$58,443	$61,680	$53,054	$60,752	$66,339	$57,263	$46,420	$46,831			**$583,576**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$633,597**	**$553,591**	**$643,555**	**$613,233**	**$684,675**	**$768,418**	**$978,765**	**$677,984**	**$641,952**	**$578,302**			**$6,774,071**
	Total Premiums		**$757,183**	**$755,312**	**$751,167**	**$748,415**	**$759,156**	**$750,370**	**$752,177**	**$747,735**	**$746,282**	**$746,167**			**$7,513,964**
Benefit Package 044	**Enrolled Employees**		88	87	86	86	86	86	85	85	85	77	76	76	**84**
	Enrolled Members		143	142	140	140	138	138	137	137	138	127	126	126	**136**
	Claims	Inpatient	$1,101	$0	$0	$108,456	$0	$16,866	$54,880	$8,680	$16,366	$34,502	$0	$0	**$240,851**
		Outpatient	$5,361	$13,748	$9,587	$17,301	$7,994	$1,809	$15,516	$8,271	$2,605	$4,121	$25,715	$14,101	**$126,128**
		ER	$168	$221	$1,129	$4,194	$0	$222	$1,390	$0	$2,264	$6,210	$4,780	$3,997	**$24,575**
		Prof Svcs	$17,218	$20,352	$20,012	$57,194	$26,624	$25,113	$52,861	$38,611	$27,329	$39,258	$30,670	$30,926	**$386,167**
		Other	$431	$419	$693	$3,660	$1,859	$761	$2,547	$2,219	$404	$2,451	$1,068	$8,644	**$25,157**
		Pharmacy	$48,033	$27,999	$59,617	$61,071	$78,931	$22,917	$44,933	$59,932	$27,791	$43,238	$52,870	$33,738	**$561,070**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$72,312**	**$62,739**	**$91,038**	**$251,876**	**$115,408**	**$67,688**	**$172,127**	**$117,712**	**$76,758**	**$129,780**	**$115,102**	**$91,406**	**$1,363,947**
	Total Premiums		**$102,694**	**$101,777**	**$99,996**	**$99,996**	**$99,648**	**$99,648**	**$98,731**	**$98,731**	**$98,731**	**$89,343**	**$88,426**	**$88,426**	**$1,166,148**

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Experience Reports by Benefit Package — Monthly
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Benefit Package	Category	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 065	**Enrolled Employees**		1,931	1,935	1,940	1,938	1,937	1,936	1,931	1,929	1,928	1,933	1,949	1,942	**1,936**
	Enrolled Members		4,627	4,623	4,633	4,631	4,623	4,618	4,608	4,596	4,586	4,624	4,659	4,642	**4,623**
	Claims	Inpatient	$307,002	$245,294	$257,949	$490,498	$385,396	$453,977	$240,201	$423,038	$1,118,323	$486,417	$591,262	$189,071	**$5,188,427**
		Outpatient	$278,338	$367,386	$365,221	$457,485	$341,863	$432,723	$551,751	$422,762	$519,087	$696,922	$579,569	$578,636	**$5,591,742**
		ER	$47,172	$35,201	$52,440	$71,218	$48,112	$45,647	$69,648	$49,207	$47,507	$40,316	$50,543	$42,156	**$599,167**
		Prof Svcs	$229,959	$192,866	$244,260	$282,867	$270,369	$301,853	$334,507	$314,735	$323,702	$356,677	$322,367	$352,028	**$3,526,189**
		Other	$155,248	$176,185	$195,287	$204,053	$187,358	$187,671	$242,262	$205,333	$193,709	$238,772	$213,302	$211,076	**$2,410,257**
		Pharmacy	$220,216	$185,860	$222,374	$194,629	$193,719	$213,410	$235,475	$212,816	$221,632	$199,060	$205,350	$187,191	**$2,491,731**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$1,237,935**	**$1,202,791**	**$1,337,531**	**$1,700,750**	**$1,426,818**	**$1,635,280**	**$1,673,844**	**$1,627,891**	**$2,423,961**	**$2,018,165**	**$1,962,393**	**$1,560,157**	**$19,807,514**
	Total Premiums		**$1,963,008**	**$1,959,982**	**$1,965,673**	**$1,963,628**	**$1,960,234**	**$1,959,077**	**$1,953,306**	**$1,948,425**	**$1,946,046**	**$1,955,094**	**$1,968,724**	**$1,962,778**	**$23,505,975**
Benefit Package 172	**Enrolled Employees**		360	356	356	353	351	352	349	349	348	356	357	356	**354**
	Enrolled Members		653	643	638	636	635	635	630	632	630	632	644	643	**638**
	Claims	Inpatient	$68,528	$80,777	$78,267	$25,996	$11,946	$111,023	$10,000	$1,413	$28,316	$14,631	$0	$0	**$430,897**
		Outpatient	$10,818	$15,740	$49,648	$27,734	$46,567	$50,959	$69,370	$17,666	$29,935	$12,733	$14,741	$39,866	**$385,777**
		ER	$16,521	$24,081	$6,049	$5,539	$7,787	$33,972	$13,206	$16,880	$19,679	$4,697	$17,589	$5,641	**$171,641**
		Prof Svcs	$55,687	$58,196	$74,945	$68,754	$45,161	$92,534	$65,409	$60,132	$69,549	$58,677	$57,128	$62,908	**$769,080**
		Other	$100,894	$75,009	$106,188	$74,862	$66,639	$60,723	$94,811	$71,313	$95,470	$82,384	$112,385	$59,147	**$999,825**
		Pharmacy	$67,940	$42,703	$74,837	$58,571	$69,300	$67,954	$51,634	$85,683	$55,581	$48,589	$54,913	$121,473	**$799,178**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$320,388**	**$296,506**	**$389,934**	**$261,456**	**$247,400**	**$417,165**	**$304,430**	**$253,087**	**$298,530**	**$221,711**	**$256,756**	**$289,035**	**$3,556,398**
	Total Premiums		**$347,921**	**$343,218**	**$341,394**	**$340,245**	**$338,541**	**$338,384**	**$336,298**	**$336,583**	**$336,280**	**$344,399**	**$347,202**	**$346,441**	**$4,096,906**
Benefit Package 176	**Enrolled Employees**		245	243	242	244	244	247	247	242	245	241	253	254	**246**
	Enrolled Members		451	444	441	442	441	442	442	436	443	441	471	472	**447**
	Claims	Inpatient	$0	$18,429	$13,261	$425	$7,409	$48,675	$53,405	$0	$0	$37,370	$67,689	$88	**$246,751**
		Outpatient	$17,217	$1,010	$1,747	$5,551	$12,174	$18,024	$43,112	$20,829	$39,215	$13,291	$9,679	$6,304	**$188,155**
		ER	$5,927	$13,374	$514	$3,841	$3,829	$2,650	$5,876	$1,343	$994	$5,016	$2,426	$7,135	**$52,925**
		Prof Svcs	$31,807	$3,637	$18,472	$18,967	$11,588	$16,035	$9,753	$13,811	$10,130	$12,650	$25,222	$25,962	**$198,035**
		Other	$81,925	$83,231	$80,579	$83,491	$85,967	$103,103	$96,319	$82,457	$64,636	$89,522	$100,081	$84,721	**$1,036,032**
		Pharmacy	$10,155	$9,316	$16,192	$9,681	$12,615	$14,830	$10,287	$14,459	$15,175	$17,391	$23,535	$18,203	**$171,837**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$147,030**	**$128,997**	**$130,764**	**$121,957**	**$133,583**	**$203,317**	**$218,753**	**$132,900**	**$130,150**	**$175,239**	**$228,632**	**$142,413**	**$1,893,736**
	Total Premiums		**$236,116**	**$233,248**	**$233,675**	**$235,352**	**$237,025**	**$238,156**	**$238,182**	**$233,202**	**$234,505**	**$237,356**	**$239,221**	**$236,705**	**$2,832,743**
Benefit Package 177	**Enrolled Employees**		99	98	98	98	98	98	97	101	101	98	99	99	**99**
	Enrolled Members		136	135	135	135	135	135	133	142	142	138	138	138	**137**
	Claims	Inpatient	$0	$9,797	$11,985	$19,501	$33,925	$0	-$100	$0	$0	$0	$0	$0	**$75,108**
		Outpatient	$24,950	$15,139	$631	$113	$31,137	$1,444	$11,680	$6,461	$5,858	$17,087	$628	$698	**$115,827**
		ER	$3,478	$4,314	$1,323	$1,443	$9,158	$715	$2,016	$3,726	$15	$0	$1,775	$529	**$28,491**
		Prof Svcs	$451	$4,992	$654	-$79	$2,049	$6,239	$9,225	$4,975	$3,031	$5,194	$2,124	$1,628	**$40,484**
		Other	$28,242	$31,501	$30,960	$27,577	$31,252	$31,842	$28,761	$27,849	$19,811	$26,635	$26,905	$24,618	**$335,954**
		Pharmacy	$22,489	$20,435	$3,620	$22,685	$21,169	$22,218	$22,743	$9,338	$5,120	$8,367	$7,462	$12,352	**$177,998**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$79,611**	**$86,178**	**$49,172**	**$71,240**	**$128,690**	**$62,459**	**$74,326**	**$52,350**	**$33,835**	**$57,283**	**$38,894**	**$39,826**	**$773,862**
	Total Premiums		**$80,576**	**$80,084**	**$80,089**	**$80,179**	**$80,749**	**$80,636**	**$79,659**	**$82,959**	**$83,269**	**$79,647**	**$80,524**	**$81,226**	**$969,595**
Benefit Package 185	**Enrolled Employees**		1	1	1	1	1	1	1	1	1	1	2	2	**1**
	Enrolled Members		3	3	3	3	3	3	3	3	3	3	7	7	**4**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Outpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		ER	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Prof Svcs	$0	$0	$0	$230	$0	$0	$0	$215	$0	$0	$0	$196	**$641**
		Other	$189	$189	$189	$309	$189	$189	$311	$158	$139	$390	$139	$139	**$2,530**
		Pharmacy	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$189**	**$189**	**$189**	**$539**	**$189**	**$189**	**$311**	**$373**	**$139**	**$390**	**$139**	**$335**	**$3,171**
	Total Premiums		**$937**	**$937**	**$937**	**$937**	**$937**	**$937**	**$937**	**$937**	**$937**	**$937**	**$1,870**	**$1,870**	**$13,114**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9f
Experience Reports by Benefit Package — Monthly
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Benefit Package	Category	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 230	**Enrolled Employees**		17	17	17	17	17	17	16	16	16	22	37	37	**21**
	Enrolled Members		51	51	51	51	51	52	51	51	51	65	98	98	**60**
	Claims	Inpatient	$0	$0	$0	$0	$11,343	$0	$0	$0	$0	$0	$0	$0	**$11,343**
		Outpatient	$114	$45	$128	$0	$0	$345	$822	$0	$519	$204	$0	$18	**$2,194**
		ER	$0	$0	$0	$0	$0	$0	$0	$0	$0	$1,591	$0	$0	**$1,591**
		Prof Svcs	$511	$363	$839	$1,323	$5,119	$1,031	$2,409	$495	$1,555	$995	$2,375	$886	**$17,901**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$397	$22	$0	$0	**$419**
		Pharmacy	$33	$0	$0	$35	$17	$12	$10	$64	$7	$0	$3,955	$6,172	**$10,304**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$658**	**$408**	**$967**	**$1,357**	**$16,479**	**$1,388**	**$3,241**	**$559**	**$2,478**	**$2,812**	**$6,330**	**$7,076**	**$43,752**
	Total Premiums		**$11,462**	**$11,462**	**$11,462**	**$11,462**	**$11,462**	**$11,462**	**$10,788**	**$10,788**	**$10,788**	**$14,834**	**$26,261**	**$26,261**	**$168,495**
Benefit Package 236	**Enrolled Employees**		268	268	268	268	268	267	266	263	263	243	185	185	**251**
	Enrolled Members		472	472	469	470	472	470	469	464	465	439	310	310	**440**
	Claims	Inpatient	$0	$0	$184,598	$138,248	$0	$2,270	$64,810	$6,800	$8,349	$0	$3,866	$54,466	**$463,406**
		Outpatient	$51,147	$90,842	$39,649	$83,401	$23,964	$80,958	$86,643	$103,877	$52,732	$72,272	$67,400	$55,979	**$808,864**
		ER	$6,317	$0	$9,356	$21,243	$5,836	$8,056	$9,315	$8,136	$7,158	$3,471	$1,503	$8,426	**$88,818**
		Prof Svcs	$33,498	$45,721	$55,401	$48,470	$32,848	$48,896	$73,785	$62,233	$56,986	$57,467	$37,253	$48,095	**$600,654**
		Other	$95	$39	$50	$0	$0	$0	$172	$380	$833	$1,121	$0	$209	**$2,900**
		Pharmacy	$67,050	$66,263	$74,242	$65,212	$32,330	$75,853	$63,596	$49,009	$40,891	$43,922	$30,811	$54,547	**$663,724**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$158,107**	**$202,865**	**$363,295**	**$356,574**	**$94,978**	**$216,033**	**$298,320**	**$230,436**	**$166,949**	**$178,253**	**$140,834**	**$221,721**	**$2,628,367**
	Total Premiums		**$254,220**	**$254,220**	**$254,220**	**$254,220**	**$254,220**	**$253,271**	**$252,323**	**$249,477**	**$249,477**	**$230,505**	**$190,432**	**$190,432**	**$2,887,018**
Benefit Package 237	**Enrolled Employees**		216	216	216	214	214	214	213	215	213	215	254	255	**221**
	Enrolled Members		426	426	424	419	419	419	419	422	414	412	500	503	**434**
	Claims	Inpatient	$50,630	$14,176	$13,516	$0	$0	$28,503	$126,858	$181,693	$19,502	$54,810	$121,430	$58,291	**$669,407**
		Outpatient	$60,062	$60,048	$41,206	$46,573	$19,751	$35,899	$139,918	$58,168	$23,356	$21,597	$28,296	$44,587	**$579,460**
		ER	$3,340	$18,353	$3,637	$3,468	$3,169	$3,977	$8,981	$1,918	$3,049	$2,939	$9,995	$7,256	**$70,082**
		Prof Svcs	$37,445	$27,821	$28,027	$31,418	$30,177	$34,951	$54,237	$65,633	$38,233	$44,533	$35,998	$56,769	**$485,242**
		Other	$60	$0	$0	$0	$0	$45	$0	$95	$215	$320	$0	$0	**$735**
		Pharmacy	$28,302	$21,375	$23,657	$25,412	$17,589	$24,945	$24,874	$29,293	$31,926	$22,460	$31,803	$29,106	**$310,744**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$179,838**	**$141,773**	**$110,044**	**$106,871**	**$70,686**	**$128,320**	**$354,868**	**$336,800**	**$116,280**	**$146,658**	**$227,522**	**$196,009**	**$2,115,669**
	Total Premiums		**$175,660**	**$175,660**	**$175,660**	**$174,033**	**$174,033**	**$174,033**	**$173,220**	**$174,846**	**$173,220**	**$174,846**	**$229,275**	**$230,177**	**$2,204,662**
Benefit Package 238	**Enrolled Employees**		140	140	140	142	143	142	141	141	141	140	150	151	**143**
	Enrolled Members		300	302	303	306	308	304	303	304	304	296	300	301	**303**
	Claims	Inpatient	$0	$46,802	$0	$133,749	$12,879	$0	$8,710	$0	$0	$0	$0	$61,922	**$264,062**
		Outpatient	$27,009	$14,753	$28,520	$21,524	$53,171	$26,444	$29,364	$41,314	$46,956	$18,006	$20,797	$24,230	**$352,089**
		ER	$4,356	$6,783	$7,585	$1,937	$9,644	$0	$20,566	$5,130	$2,746	$372	$10,093	$2,254	**$71,465**
		Prof Svcs	$23,360	$20,252	$15,638	$36,604	$22,825	$17,923	$29,475	$20,993	$20,066	$22,057	$21,339	$27,909	**$278,440**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$3,514	$3,477	$4,632	$8,106	$6,974	$10,682	$10,439	$10,947	$10,779	$9,585	$2,939	$3,953	**$86,027**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$58,240**	**$92,067**	**$56,375**	**$201,920**	**$105,491**	**$55,050**	**$98,556**	**$78,384**	**$80,546**	**$50,020**	**$55,167**	**$120,267**	**$1,052,083**
	Total Premiums		**$97,077**	**$97,077**	**$97,077**	**$98,464**	**$99,158**	**$98,464**	**$97,771**	**$97,771**	**$97,771**	**$97,077**	**$110,753**	**$111,491**	**$1,199,952**
Benefit Package 245	**Enrolled Employees**		68	68	68	66	64	64	64	64	64	65	64	64	**65**
	Enrolled Members		85	84	84	82	80	80	80	80	80	84	83	83	**82**
	Claims	Inpatient	$19,500	$0	$0	$0	$0	$0	$0	$0	$0	$0	$20,955	$0	**$40,455**
		Outpatient	$1,681	$84	$2,600	$3,365	$2,573	$0	-$1,605	$1,406	$191	$4,931	$8,802	$1,348	**$25,377**
		ER	$0	$0	$0	$0	$0	$0	$0	$0	$1,761	$482	$0	$199	**$2,443**
		Prof Svcs	$4,442	$673	$726	$795	$263	$2,675	$10,651	$3,606	$4,252	$1,788	$5,293	$3,908	**$39,073**
		Other	$3,645	$845	$262	$1,572	$1,070	$1,201	$1,278	$1,865	$994	$791	$1,124	$2,592	**$17,240**
		Pharmacy	$255	$66	$199	$113	$27	$235	$730	$449	$283	$743	$671	$317	**$4,089**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$29,524**	**$1,668**	**$3,787**	**$5,845**	**$3,933**	**$4,111**	**$11,054**	**$7,326**	**$7,482**	**$8,736**	**$36,846**	**$8,365**	**$128,676**
	Total Premiums		**$33,109**	**$33,109**	**$39,853**	**$34,219**	**$30,994**	**$35,167**	**$33,271**	**$33,271**	**$33,271**	**$33,745**	**$34,542**	**$33,906**	**$408,457**

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Experience Reports by Benefit Package — Monthly
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Benefit Package	Category	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 246	**Enrolled Employees**		458	456	462	460	464	462	460	461	462	458	457	466	**461**
	Enrolled Members		987	977	985	977	975	970	967	967	968	953	946	952	**969**
	Claims	Inpatient	$3,270	$66,181	$151,832	$0	$20,906	$9,436	$37,559	$217,424	$21,856	$31,619	$247,710	$52,352	**$860,144**
		Outpatient	$59,442	$68,932	$94,671	$104,400	$35,778	$33,337	$55,643	$34,002	$28,877	$49,259	$38,831	$78,434	**$681,606**
		ER	$10,243	$14,961	$7,838	$5,250	$5,752	$5,283	$4,308	$9,823	$17,196	$10,780	$23,588	$8,698	**$123,720**
		Prof Svcs	$55,556	$57,420	$41,239	$40,938	$35,450	$37,542	$60,000	$67,693	$46,653	$52,161	$43,996	$39,261	**$577,911**
		Other	$22,344	$22,543	$19,364	$24,903	$17,915	$18,500	$24,593	$38,490	$24,564	$22,398	$29,735	$26,116	**$291,464**
		Pharmacy	$52,787	$41,520	$55,597	$69,583	$55,749	$99,173	$75,582	$81,241	$75,187	$51,425	$50,798	$49,359	**$758,001**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$203,642**	**$271,557**	**$370,541**	**$245,073**	**$171,549**	**$203,272**	**$257,686**	**$448,674**	**$214,333**	**$217,641**	**$434,658**	**$254,220**	**$3,292,846**
	Total Premiums		**$335,455**	**$331,600**	**$330,050**	**$331,191**	**$336,443**	**$334,191**	**$337,117**	**$331,213**	**$338,922**	**$339,540**	**$311,405**	**$336,437**	**$3,993,563**
Benefit Package 247	**Enrolled Employees**		242	243	244	245	248	248	248	250	250	248	249	251	**247**
	Enrolled Members		370	369	370	370	375	378	380	383	382	379	375	378	**376**
	Claims	Inpatient	$5,859	$65,484	$12,441	$54,490	$7,006	$45,631	$12,615	$16,076	$23,049	$31,777	$0	$25,997	**$300,427**
		Outpatient	$6,006	$55,467	$33,018	$7,709	$3,993	$5,701	$7,966	$7,087	$4,940	$16,472	$1,856	$9,861	**$160,078**
		ER	$939	$3,165	$2,208	$4,249	$3,281	$0	$4,218	$0	$4,791	$13,029	$4,129	$2,980	**$42,989**
		Prof Svcs	$59,994	$41,451	$51,473	$68,598	$55,911	$34,892	$92,326	$87,722	$56,040	$39,066	$33,514	$73,050	**$694,036**
		Other	$16,114	$32,445	$25,156	$36,238	$40,998	$26,161	$40,641	$25,552	$31,780	$32,888	$25,202	$30,741	**$363,917**
		Pharmacy	$15,176	$17,284	$16,042	$23,140	$24,900	$26,958	$22,754	$35,019	$18,981	$24,036	$21,663	$24,177	**$270,131**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$104,088**	**$215,295**	**$140,339**	**$194,424**	**$136,089**	**$139,343**	**$180,522**	**$171,456**	**$139,582**	**$157,269**	**$86,364**	**$166,805**	**$1,831,577**
	Total Premiums		**$202,734**	**$203,554**	**$204,019**	**$204,038**	**$206,501**	**$206,501**	**$206,770**	**$209,259**	**$208,990**	**$202,739**	**$212,851**	**$208,729**	**$2,476,687**
Benefit Package 249	**Enrolled Employees**		710	709	705	702	704	702	698	696	694	691	691	694	**700**
	Enrolled Members		1,156	1,152	1,145	1,137	1,137	1,129	1,125	1,122	1,121	1,117	1,116	1,117	**1,131**
	Claims	Inpatient	$94,915	$84,411	$125,045	$49,998	$2,782	$92,374	$139,813	$263,124	$69,826	$88,057	$61,776	$108,416	**$1,180,538**
		Outpatient	$46,251	$39,471	$72,615	$41,022	$68,501	$43,797	$47,467	$84,317	$105,642	$168,682	$44,109	$110,452	**$872,328**
		ER	$19,992	$21,237	$25,050	$31,242	$9,859	$18,132	$10,792	$49,136	$31,824	$35,359	$21,749	$35,160	**$309,533**
		Prof Svcs	$90,821	$76,600	$91,808	$82,990	$76,185	$98,061	$127,246	$138,560	$138,123	$107,216	$78,859	$106,609	**$1,213,077**
		Other	$48,132	$49,198	$51,932	$53,504	$47,572	$41,919	$58,396	$70,722	$70,103	$71,871	$62,523	$57,542	**$683,413**
		Pharmacy	$41,139	$40,540	$59,710	$44,647	$47,056	$56,545	$51,818	$73,820	$37,629	$56,282	$76,733	$55,834	**$641,753**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$341,251**	**$311,458**	**$426,160**	**$303,403**	**$251,956**	**$350,828**	**$435,531**	**$679,679**	**$453,146**	**$527,467**	**$345,749**	**$474,013**	**$4,900,642**
	Total Premiums		**$608,237**	**$608,497**	**$610,557**	**$614,355**	**$607,964**	**$603,007**	**$596,571**	**$601,274**	**$599,137**	**$600,906**	**$579,147**	**$593,028**	**$7,222,681**
Benefit Package 250	**Enrolled Employees**		78	80	81	81	80	81	83	86	86	83	80	84	**82**
	Enrolled Members		172	171	172	172	167	170	177	189	185	177	174	181	**176**
	Claims	Inpatient	$0	$0	$0	$0	$0	$8,245	$3,324	$0	$0	$20,977	$0	$14,623	**$47,169**
		Outpatient	$28,262	$23,658	$784	$1,422	$1,847	$381	$2,559	$11,857	$5,340	$4,475	$1,009	$7,445	**$89,040**
		ER	$8,006	$0	$0	$981	$0	$1,842	$0	$5,325	$847	$1,580	$437	$1,633	**$20,653**
		Prof Svcs	$13,258	$6,036	$5,458	$4,227	$3,870	$11,286	$7,767	$9,713	$8,584	$9,461	$6,216	$29,558	**$115,434**
		Other	$11,124	$25,043	$2,633	$23,240	$11,397	$10,110	$26,555	$24,061	$23,765	$23,429	$17,867	$7,435	**$206,660**
		Pharmacy	$771	$1,793	$1,604	$1,901	$1,034	$4,004	$3,543	$4,346	$7,000	$3,517	$1,783	$2,709	**$34,006**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$61,421**	**$56,531**	**$10,480**	**$31,772**	**$18,148**	**$35,869**	**$43,748**	**$55,302**	**$45,536**	**$63,440**	**$27,312**	**$63,403**	**$512,961**
	Total Premiums		**$55,288**	**$55,387**	**$55,225**	**$55,225**	**$56,103**	**$55,129**	**$53,144**	**$59,480**	**$58,058**	**$58,289**	**$58,124**	**$62,054**	**$681,505**
Benefit Package 251	**Enrolled Employees**		1,462	1,459	1,459	1,468	1,465	1,466	1,438	1,437	1,407	1,438	1,467	1,465	**1,453**
	Enrolled Members		2,840	2,829	2,831	2,836	2,836	2,838	2,788	2,789	2,746	2,802	2,787	2,783	**2,809**
	Claims	Inpatient	$288,723	$351,107	$477,191	$391,963	$117,056	$351,783	$408,697	$294,042	$238,221	$127,845	$302,570	$212,975	**$3,562,173**
		Outpatient	$273,896	$556,966	$415,713	$316,761	$305,262	$449,013	$516,356	$586,304	$366,023	$378,197	$431,349	$559,725	**$5,155,565**
		ER	$88,645	$47,606	$84,114	$72,448	$88,736	$105,034	$70,477	$55,989	$70,223	$46,279	$157,777	$64,585	**$951,913**
		Prof Svcs	$326,251	$332,089	$334,010	$396,096	$339,573	$358,109	$340,969	$381,737	$360,850	$287,751	$285,744	$372,555	**$4,115,734**
		Other	$194,651	$195,199	$179,433	$197,825	$185,533	$218,644	$180,742	$226,114	$242,031	$278,192	$224,493	$187,337	**$2,510,193**
		Pharmacy	$191,465	$214,001	$286,335	$208,555	$220,828	$248,921	$182,857	$261,234	$209,454	$217,950	$226,627	$214,916	**$2,683,141**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$1,363,630**	**$1,696,968**	**$1,776,796**	**$1,583,648**	**$1,256,988**	**$1,731,505**	**$1,700,098**	**$1,805,419**	**$1,486,801**	**$1,336,213**	**$1,628,560**	**$1,612,093**	**$18,978,719**
	Total Premiums		**$1,460,436**	**$1,457,233**	**$1,460,019**	**$1,461,982**	**$1,461,475**	**$1,460,382**	**$1,431,291**	**$1,442,690**	**$1,405,421**	**$1,448,616**	**$1,569,335**	**$1,557,911**	**$17,616,790**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
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Experience Reports by Benefit Package — Monthly
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Benefit Package	Category	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 254	**Enrolled Employees**		159	163	167	168	167	168	168	173	173	193	177	179	**171**
	Enrolled Members		357	362	368	370	370	372	372	385	382	434	406	405	**382**
	Claims	Inpatient	$4,090	$0	$0	$10,953	$1,839	$64,244	$0	$14,911	$0	$1,260	$0	$18,147	**$115,443**
		Outpatient	$14,160	$19,067	$4,057	$9,070	$15,138	$9,446	$19,018	$34,531	$11,515	$8,565	$6,368	$30,940	**$181,874**
		ER	$426	$2,627	$0	$2,393	$1,131	$1,558	$2,082	$3,130	$950	$5,944	$17,949	$7,487	**$45,678**
		Prof Svcs	$8,676	$10,546	$17,347	$16,514	$13,509	$14,308	$16,267	$17,950	$27,491	$16,595	$19,190	$15,048	**$193,440**
		Other	$6,200	$7,519	$6,966	$7,295	$5,736	$12,583	$12,821	$15,044	$13,363	$7,360	$9,914	$7,214	**$112,015**
		Pharmacy	$1,580	$5,853	$4,830	$5,011	$6,910	$8,401	$6,401	$36,764	$34,601	$35,058	$62,555	$36,098	**$244,064**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$35,131**	**$45,613**	**$33,200**	**$51,235**	**$44,263**	**$110,541**	**$56,589**	**$122,331**	**$87,920**	**$74,783**	**$115,977**	**$114,933**	**$892,515**
	Total Premiums		**$99,655**	**$107,451**	**$108,656**	**$107,243**	**$107,804**	**$107,184**	**$114,645**	**$112,252**	**$111,172**	**$145,242**	**$112,372**	**$122,143**	**$1,355,817**
Benefit Package 257	**Enrolled Employees**		757	756	764	763	763	763	760	760	745	824	1,157	1,163	**831**
	Enrolled Members		1,337	1,332	1,343	1,339	1,340	1,340	1,333	1,344	1,319	1,427	2,132	2,132	**1,477**
	Claims	Inpatient	$105,782	$23,179	-$24,282	$56,889	$93,248	$135,102	$160,641	$247,452	$102,377	$133,751	$57,047	$102,541	**$1,193,726**
		Outpatient	$118,065	$28,390	$41,812	$26,406	$53,466	$69,542	$70,173	$55,329	$207,067	$71,973	$13,721	$47,205	**$803,148**
		ER	$513	$17,661	$18,290	$3,491	$15,169	$13,903	$25,389	$10,739	$13,539	-$5,734	$11,830	$24,383	**$149,173**
		Prof Svcs	$123,803	$125,776	$122,752	$175,735	$165,370	$149,611	$166,521	$194,681	$155,857	$179,143	$147,207	$195,129	**$1,901,585**
		Other	$70,021	$60,396	$63,727	$70,960	$78,121	$78,761	$114,869	$89,003	$74,975	$115,020	$80,005	$111,067	**$1,006,926**
		Pharmacy	$39,264	$60,654	$50,174	$48,970	$59,179	$71,218	$82,569	$63,227	$66,689	$47,850	$119,097	$131,794	**$840,686**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$457,447**	**$316,056**	**$272,474**	**$382,451**	**$464,554**	**$518,138**	**$620,161**	**$660,430**	**$620,503**	**$542,003**	**$428,907**	**$612,119**	**$5,895,243**
	Total Premiums		**$678,400**	**$661,784**	**$668,421**	**$675,023**	**$674,582**	**$676,583**	**$671,419**	**$675,527**	**$682,318**	**$715,877**	**$968,301**	**$964,699**	**$8,712,933**
Benefit Package 259	**Enrolled Employees**		386	386	386	385	384	382	383	381	385	378	392	394	**385**
	Enrolled Members		660	663	658	651	649	643	646	643	652	650	653	655	**652**
	Claims	Inpatient	$19,789	$66,544	$68,408	$14,036	$17,024	$41,256	$29,234	$0	$19,620	$0	$127	$5,160	**$281,198**
		Outpatient	$76,288	$59,451	$90,475	$51,381	$43,276	$91,828	$67,668	$36,412	$72,093	$43,241	$36,055	$61,697	**$729,866**
		ER	$12,233	$11,716	$9,870	$7,424	$20,889	$11,880	$18,698	$38,528	$32,766	$52,532	$8,275	$9,072	**$233,882**
		Prof Svcs	$44,077	$64,132	$64,654	$57,954	$68,506	$69,184	$81,080	$108,843	$84,619	$58,184	$38,470	$45,386	**$785,089**
		Other	$35,187	$105,384	$68,969	$40,684	$34,437	$31,629	$56,200	$88,590	$33,902	$34,203	$38,271	$19,809	**$587,265**
		Pharmacy	$22,906	$22,957	$38,563	$18,630	$23,201	$30,057	$16,429	$25,389	$25,870	$23,376	$24,801	$25,675	**$297,852**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$210,481**	**$330,183**	**$340,940**	**$190,108**	**$207,334**	**$275,833**	**$269,310**	**$297,761**	**$268,870**	**$211,536**	**$145,999**	**$166,799**	**$2,915,152**
	Total Premiums		**$340,450**	**$341,782**	**$343,306**	**$337,443**	**$335,752**	**$333,932**	**$335,552**	**$340,904**	**$332,795**	**$337,203**	**$355,211**	**$356,044**	**$4,090,373**
Benefit Package 266	**Enrolled Employees**		407	406	406	405	404	405	404	406	400	383			**403**
	Enrolled Members		790	788	784	780	785	783	783	791	786	759			**783**
	Claims	Inpatient	$52,078	$18,252	$120,145	$318,207	$136,040	$119,906	$44,984	$72,436	$101,940	$154,348			**$1,138,334**
		Outpatient	$28,643	$19,310	-$1,488	$29,483	$5,533	$16,318	$20,112	$30,387	$21,980	$23,767			**$194,045**
		ER	$49,528	$18,471	$36,809	$28,722	$24,272	$10,627	$13,902	$41,499	$19,609	$19,664			**$263,103**
		Prof Svcs	$33,891	$28,411	$9,187	$41,599	$22,888	$42,857	$45,133	$25,557	$22,005	$27,586			**$299,113**
		Other	$169,622	$151,975	$170,632	$190,973	$171,555	$161,341	$191,548	$215,155	$161,770	$164,597			**$1,749,168**
		Pharmacy	$100,590	$61,961	$52,970	$62,996	$54,433	$46,033	$71,825	$44,613	$49,807	$82,827			**$628,056**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$434,352**	**$298,379**	**$388,256**	**$671,980**	**$414,721**	**$397,082**	**$387,504**	**$429,647**	**$377,110**	**$472,789**			**$4,271,820**
	Total Premiums		**$375,007**	**$339,928**	**$434,951**	**$431,297**	**$436,523**	**$431,692**	**$433,122**	**$430,977**	**$435,199**	**$414,940**			**$4,163,637**
Benefit Package 267	**Enrolled Employees**		205	206	206	206	206	206	205	203	201	208	213	213	**207**
	Enrolled Members		363	363	363	363	365	365	364	359	356	367	361	352	**362**
	Claims	Inpatient	$7,143	$0	$0	$102,147	$47,489	$68,848	$24,618	$649,453	$127,360	$44,549	$12,009	$30,402	**$1,114,019**
		Outpatient	$31,232	$25,444	$9,092	$32,548	$34,485	$1,988	$8,144	$14,654	$21,310	$7,048	$17,304	$18,473	**$221,721**
		ER	$10,890	$4,512	$12,952	$16,302	$4,903	$10,158	$16,896	$8,773	$2,719	$17,814	$8,027	$6,174	**$120,118**
		Prof Svcs	$25,941	$35,295	$21,174	$18,012	$31,474	$8,698	$14,784	$11,819	$14,249	$12,436	$8,813	$8,936	**$211,631**
		Other	$72,780	$67,652	$66,233	$77,743	$75,652	$82,420	$72,291	$109,888	$70,394	$72,765	$74,751	$68,934	**$911,502**
		Pharmacy	$16,527	$23,679	$25,083	$24,368	$22,816	$27,097	$20,843	$22,267	$22,856	$23,297	$23,866	$34,627	**$287,324**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$164,513**	**$156,581**	**$134,533**	**$271,120**	**$216,820**	**$199,209**	**$157,575**	**$816,853**	**$258,888**	**$177,908**	**$144,771**	**$167,545**	**$2,866,316**
	Total Premiums		**$185,974**	**$199,277**	**$192,329**	**$192,914**	**$194,810**	**$194,338**	**$193,877**	**$191,351**	**$190,659**	**$192,016**	**$203,025**	**$201,955**	**$2,332,525**

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Benefit Package	Category	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 269	**Enrolled Employees**		11	11	11	10	10	10	10	10	10	10			**10**
	Enrolled Members		12	12	12	11	11	11	11	11	11	11			**11**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Outpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		ER	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Prof Svcs	$1,399	$683	$0	$4,384	$1,048	$87	$2,295	$2,108	$793	$1,935			**$14,732**
		Other	$17	$106	$738	$536	$850	$0	$773	$848	$876	$1,167			**$5,911**
		Pharmacy	$764	$389	$618	$400	$853	$206	$1,456	$219	$559	$869			**$6,333**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$2,179**	**$1,177**	**$1,356**	**$5,321**	**$2,751**	**$293**	**$4,524**	**$3,175**	**$2,228**	**$3,971**			**$26,975**
	Total Premiums		**$11,488**	**$11,488**	**$11,488**	**$10,487**	**$10,487**	**$10,487**	**$10,487**	**$10,487**	**$10,487**	**$10,487**			**$107,875**
Benefit Package 270	**Enrolled Employees**		42	42	42	42	42	42	42	42	42	35			**41**
	Enrolled Members		97	97	97	97	97	96	96	95	95	84			**95**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Outpatient	$8,717	$9	$101	$0	$0	$41	$1,632	$193	$0	$1,608			**$12,302**
		ER	$103	$119	$189	$0	$217	$1,219	$421	$63	$190	$717			**$3,239**
		Prof Svcs	$12,482	$11,986	$8,853	$7,717	$11,622	$6,526	$12,302	$12,319	$10,642	$11,669			**$106,118**
		Other	$405	$1,166	$897	$1,836	$1,041	$2,284	$2,119	$1,666	$558	$4,341			**$16,313**
		Pharmacy	$5,794	$5,968	$4,689	$5,013	$9,084	$5,127	$11,797	$7,093	$9,867	$9,338			**$73,771**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$27,501**	**$19,247**	**$14,730**	**$14,567**	**$21,965**	**$15,198**	**$28,271**	**$21,335**	**$21,257**	**$27,672**			**$211,743**
	Total Premiums		**$38,178**	**$38,178**	**$38,178**	**$38,178**	**$38,178**	**$38,178**	**$38,178**	**$38,178**	**$38,178**	**$32,451**			**$376,053**
Benefit Package 271	**Enrolled Employees**		4	4	4	4	4	4	4	4	4	3			**4**
	Enrolled Members		6	6	6	6	6	6	6	6	6	5			**6**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Outpatient	$228	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$228**
		ER	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Prof Svcs	$544	$201	$530	$117	$753	$430	$561	$103	$282	$279			**$3,799**
		Other	$263	$0	$10	$21	$335	$4	$4	$16	$0	$0			**$654**
		Pharmacy	$156	$318	$388	$125	$35	$164	$29	$33	$297	$7			**$1,552**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$1,191**	**$519**	**$928**	**$263**	**$1,123**	**$598**	**$594**	**$152**	**$579**	**$286**			**$6,232**
	Total Premiums		**$5,847**	**$5,847**	**$5,847**	**$5,847**	**$5,847**	**$5,847**	**$5,847**	**$5,847**	**$5,847**	**$4,539**			**$57,161**
Benefit Package 272	**Enrolled Employees**		1	1	1	1	1	1	1	1	1	1			**1**
	Enrolled Members		2	2	2	2	2	2	1	1	1	1			**2**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Outpatient	$0	$50	$150	$1,934	$0	$0	$0	$0	$0	$2,766			**$4,900**
		ER	$0	$0	$1,482	$0	$0	$0	$0	$0	$0	$1,861			**$3,343**
		Prof Svcs	$1,925	$649	-$21	$686	$338	$338	$839	$537	$338	$5,114			**$10,745**
		Other	$471	$0	$219	$1,422	$261	$0	$35	$129	$0	$1,638			**$4,174**
		Pharmacy	$93	$0	$0	$0	$0	$176	$0	$0	$0	$2			**$271**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$2,489**	**$698**	**$1,831**	**$4,042**	**$599**	**$514**	**$874**	**$667**	**$338**	**$11,381**			**$23,432**
	Total Premiums		**$1,297**	**$1,297**	**$1,297**	**$1,297**	**$1,297**	**$1,297**	**$928**	**$928**	**$928**	**$928**			**$11,494**
Benefit Package 274	**Enrolled Employees**		50	49	49	49	49	49	49	48	48	46			**49**
	Enrolled Members		99	97	97	97	97	98	98	97	97	92			**97**
	Claims	Inpatient	$10,731	$12,153	$0	$0	$14,808	$0	$0	$0	$8,012	$0			**$45,704**
		Outpatient	$34,634	$19,874	$0	$4,090	$932	$0	$478	$1,516	$10,316	$286,432			**$358,272**
		ER	$591	$1,866	$661	$0	$2,286	$0	$1,199	$2,805	$416	$595			**$10,417**
		Prof Svcs	$27,788	$18,298	$11,528	$11,198	$19,114	$8,965	$16,162	$18,360	$17,857	$22,384			**$171,656**
		Other	$3,317	$4,129	$3,693	$1,539	$11,369	$296	$12,796	$1,212	$2,369	$11,982			**$52,704**
		Pharmacy	$5,924	$6,994	$5,743	$4,615	$8,486	$4,031	$3,573	$8,011	$4,661	$4,086			**$56,124**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$82,984**	**$63,315**	**$21,625**	**$21,442**	**$56,995**	**$13,293**	**$34,207**	**$31,904**	**$43,631**	**$325,480**			**$694,876**
	Total Premiums		**$39,726**	**$38,844**	**$38,844**	**$38,844**	**$38,844**	**$39,590**	**$39,590**	**$38,912**	**$38,912**	**$37,150**			**$389,257**

Washington State Office of the Insurance Commissioner
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Experience Reports by Benefit Package — Monthly
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Benefit Package	Category	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 275	**Enrolled Employees**		55	55	55	54	54	54	54	53	53	52			**54**
	Enrolled Members		133	134	134	132	132	132	133	130	130	126			**132**
	Claims	Inpatient	$0	$0	$0	$0	$0	$14,507	$2,909	$0	$0	$0			**$17,416**
		Outpatient	$9,814	$0	$418	$79	$44,412	$177	$136	$0	$413	$25,397			**$80,847**
		ER	$3,472	$0	$644	$0	$917	$1,364	$1,538	$0	$2,200	$7			**$10,143**
		Prof Svcs	$19,281	$6,591	$17,745	$12,167	$10,788	$22,544	$24,742	$16,922	$14,949	$25,034			**$170,764**
		Other	$287	$859	$458	$714	$1,328	$652	$5,157	$749	$2,605	$2,312			**$15,121**
		Pharmacy	$1,205	$1,091	$1,635	$1,523	$1,278	$1,580	$1,557	$2,663	$377	$1,746			**$14,654**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$34,060**	**$8,541**	**$20,901**	**$14,484**	**$58,724**	**$40,824**	**$36,039**	**$20,334**	**$20,544**	**$54,496**			**$308,945**
	Total Premiums		**$44,667**	**$44,831**	**$44,831**	**$44,831**	**$43,849**	**$43,686**	**$43,849**	**$42,704**	**$42,704**	**$41,995**			**$437,948**
Benefit Package 276	**Enrolled Employees**		43	43	43	43	43	43	42	43	43	41			**43**
	Enrolled Members		58	59	59	59	58	58	57	60	60	58			**59**
	Claims	Inpatient	$0	$100,397	$0	$37,410	$0	$0	$0	$0	$0	$0			**$137,808**
		Outpatient	$12,541	$11,085	$474	$36,468	$40,437	$0	$400	$0	$93	$400			**$101,899**
		ER	$80	$0	$762	$485	$0	$0	$0	$0	$0	$585			**$1,912**
		Prof Svcs	$6,301	$15,569	$12,639	$11,699	$9,073	$4,206	$9,616	$10,721	$9,210	$11,853			**$100,887**
		Other	$2,649	$3,780	$1,111	$1,853	$727	$651	$1,342	$1,490	$2,018	$1,698			**$17,317**
		Pharmacy	$7,072	$6,502	$11,783	$4,899	$6,536	$12,654	$6,429	$6,918	$13,299	$10,083			**$86,175**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$28,642**	**$137,333**	**$26,769**	**$92,815**	**$56,773**	**$17,512**	**$17,786**	**$19,129**	**$24,621**	**$24,619**			**$445,998**
	Total Premiums		**$42,923**	**$42,923**	**$42,923**	**$42,923**	**$42,567**	**$42,567**	**$41,676**	**$42,923**	**$42,923**	**$41,142**			**$425,492**
Benefit Package 277	**Enrolled Employees**		189	189	187	187	185	184	184	184	182	173			**184**
	Enrolled Members		315	315	312	313	311	310	311	308	304	287			**309**
	Claims	Inpatient	$124,637	$127,095	$47,159	$0	$30,884	$36,529	$143,488	$0	$0	$58,918			**$568,710**
		Outpatient	$7,604	$17,249	$10,205	$4,693	$21,554	$3,566	$18,320	$2,712	$25,189	$38,395			**$149,487**
		ER	$1,262	$2,957	$2,826	$2,111	$6,136	$5,122	$4,449	$3,409	$13,839	$3,908			**$46,021**
		Prof Svcs	$73,550	$64,056	$54,910	$62,499	$90,771	$78,773	$121,222	$74,050	$82,890	$95,375			**$798,096**
		Other	$31,991	$20,636	$30,253	$6,453	$36,567	$32,954	$33,903	$25,434	$75,159	$34,175			**$327,525**
		Pharmacy	$43,503	$30,921	$36,369	$37,468	$62,296	$48,905	$38,048	$40,232	$45,932	$50,568			**$434,242**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$282,547**	**$262,913**	**$181,722**	**$113,224**	**$248,208**	**$205,850**	**$359,432**	**$145,838**	**$243,008**	**$281,338**			**$2,324,081**
	Total Premiums		**$181,921**	**$181,921**	**$179,773**	**$178,759**	**$177,246**	**$176,490**	**$176,747**	**$175,461**	**$173,419**	**$163,798**			**$1,765,534**
Benefit Package 278	**Enrolled Employees**		37	37	37	37	37	37	37	37	37	36			**37**
	Enrolled Members		63	63	63	63	63	63	62	62	61	60			**62**
	Claims	Inpatient	$0	$99,821	$0	$0	$0	$33,294	$0	$0	$0	$0			**$133,116**
		Outpatient	$0	$707	$0	$0	$0	$0	$7,259	$0	$0	$1,986			**$9,952**
		ER	$837	$0	$2,186	$0	$0	$119	$0	$1,000	$158	$93			**$4,392**
		Prof Svcs	$6,819	$10,430	$8,608	$5,735	$12,063	$9,040	$14,758	$18,077	$6,057	$15,527			**$107,114**
		Other	$966	$633	$578	$405	$533	$1,180	$1,548	$4	$7,614	$1,005			**$14,466**
		Pharmacy	$5,406	$6,078	$3,533	$5,476	$6,880	$2,665	$6,933	$5,832	$4,915	$3,603			**$51,320**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$14,027**	**$117,668**	**$14,904**	**$11,616**	**$19,476**	**$46,298**	**$30,499**	**$24,913**	**$18,743**	**$22,215**			**$320,360**
	Total Premiums		**$37,283**	**$37,283**	**$37,283**	**$37,283**	**$37,283**	**$37,283**	**$36,958**	**$36,958**	**$36,958**	**$36,144**			**$370,713**
Benefit Package 279	**Enrolled Employees**		250	249	251	251	254	254	253	249	249	240			**250**
	Enrolled Members		436	433	435	436	438	439	437	431	429	411			**433**
	Claims	Inpatient	$20,094	$59,353	$4,966	$386,939	$4,745	$54,494	$707	$0	$0	$222,278			**$753,575**
		Outpatient	$6,454	-$234	$1,284	$10,163	$2,564	$44,007	$32,241	$22,234	$19,784	$7,972			**$146,468**
		ER	$1,735	$113	$4,020	$3,822	$3,023	$3,890	$2,552	$472	$3,444	$4,227			**$27,299**
		Prof Svcs	$65,285	$53,021	$46,310	$59,166	$57,128	$55,004	$97,054	$64,031	$52,184	$136,444			**$685,627**
		Other	$9,478	$8,554	$4,517	$15,920	$10,506	$935	$13,691	$9,617	$9,588	$24,651			**$107,456**
		Pharmacy	$22,298	$17,011	$21,286	$19,780	$20,705	$19,968	$20,786	$26,785	$15,707	$29,597			**$213,922**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$125,344**	**$137,818**	**$82,383**	**$495,789**	**$98,670**	**$178,298**	**$167,031**	**$123,139**	**$100,707**	**$425,168**			**$1,934,348**
	Total Premiums		**$218,470**	**$217,161**	**$218,568**	**$218,568**	**$220,920**	**$221,511**	**$220,568**	**$217,864**	**$217,864**	**$208,699**			**$2,180,193**

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Benefit Package	Category	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 280	**Enrolled Employees**		44	44	44	44	44	44	44	44	43	39			**43**
	Enrolled Members		84	83	83	82	82	80	79	80	79	73			**81**
	Claims	Inpatient	$0	$2,974	$0	$0	$0	$0	$0	$0	$0	$0			**$2,974**
		Outpatient	$0	$2,864	$3,133	$15,267	$1,650	$0	$202	$0	$35,609	$124			**$58,850**
		ER	$0	$0	$0	$21	$0	$0	$0	$0	$837	$421			**$1,278**
		Prof Svcs	$7,119	$6,780	$7,537	$11,172	$7,896	$3,034	$8,971	$10,448	$5,012	$10,966			**$78,934**
		Other	$1,322	$480	$1,689	$725	$279	$1,107	$51	$958	$1,381	$1,557			**$9,550**
		Pharmacy	$2,259	$2,776	$1,893	$2,859	$2,199	$2,539	$2,366	$2,372	$2,221	$1,276			**$22,760**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$10,700**	**$15,874**	**$14,252**	**$30,043**	**$12,025**	**$6,679**	**$11,590**	**$13,778**	**$45,060**	**$14,344**			**$174,346**
	Total Premiums		**$40,399**	**$40,399**	**$40,399**	**$40,399**	**$40,399**	**$40,117**	**$39,408**	**$40,117**	**$39,411**	**$36,304**			**$397,349**
Benefit Package 281	**Enrolled Employees**		18	18	18	18	17	17	17	17	17	18			**18**
	Enrolled Members		33	33	33	33	32	32	32	31	31	32			**32**
	Claims	Inpatient	$0	$0	$0	$0	$39,676	$0	$0	$21,719	$0	$0			**$61,395**
		Outpatient	$0	$167	$546	$11,695	$18,910	$0	$0	$0	$12,729	$4,016			**$48,063**
		ER	$421	$103	$851	$1,511	$16	$0	$0	$0	$1,759	$591			**$5,251**
		Prof Svcs	$4,360	$2,592	$4,683	$11,224	$7,484	$4,193	$7,609	$8,204	$4,879	$8,232			**$63,460**
		Other	$198	$283	$564	$399	$996	$1,417	$1,945	$1,125	$445	$1,212			**$8,584**
		Pharmacy	$1,147	$1,568	$1,023	$1,363	$1,100	$753	$3,623	$617	$1,312	$1,724			**$14,230**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$6,126**	**$4,713**	**$7,667**	**$26,192**	**$68,183**	**$6,363**	**$13,178**	**$31,665**	**$21,124**	**$15,775**			**$200,985**
	Total Premiums		**$17,393**	**$17,393**	**$17,393**	**$17,393**	**$16,714**	**$16,714**	**$16,714**	**$16,034**	**$16,034**	**$16,714**			**$168,494**
Benefit Package 282	**Enrolled Employees**		259	259	261	262	264	264	263	262	262	272			**263**
	Enrolled Members		593	596	599	599	602	601	599	599	598	609			**600**
	Claims	Inpatient	$1,406	$39,570	$24,276	$42,099	$68,225	$12,998	$0	$79,101	$0	$27,480			**$295,154**
		Outpatient	$247	$10,122	$3,889	$12,547	$20,277	$751	$23,733	$18,382	$3,344	$92,653			**$185,944**
		ER	$544	$1,613	$1,614	$4,035	$1,634	$724	$2,357	$2,885	$2,519	$1,637			**$19,562**
		Prof Svcs	$59,308	$33,721	$49,394	$54,204	$54,201	$52,752	$60,311	$53,849	$70,619	$91,527			**$579,885**
		Other	$2,480	$6,152	$5,169	$8,139	$5,960	$3,790	$11,319	$8,269	$7,815	$13,606			**$72,699**
		Pharmacy	$11,136	$17,895	$15,584	$21,132	$17,232	$22,457	$25,904	$23,422	$18,891	$25,131			**$198,784**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$75,120**	**$109,072**	**$99,925**	**$142,155**	**$167,528**	**$93,472**	**$123,624**	**$185,908**	**$103,188**	**$252,034**			**$1,352,027**
	Total Premiums		**$195,098**	**$195,550**	**$196,862**	**$196,946**	**$197,996**	**$197,996**	**$197,030**	**$196,505**	**$196,505**	**$209,230**			**$1,979,719**
Benefit Package 284	**Enrolled Employees**		28	27	27	27	28	29	29	29	29	31			**28**
	Enrolled Members		89	87	87	87	89	90	90	87	86	87			**88**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$31,064			**$31,064**
		Outpatient	$143	$0	$3,015	$3,602	$137	$0	$916	$126	$0	$0			**$7,938**
		ER	$1,248	$0	$0	$0	$502	$0	$0	$0	$0	$0			**$1,750**
		Prof Svcs	$5,097	$2,182	$1,905	$877	$4,189	$2,321	$5,673	$4,013	$2,143	$13,692			**$42,093**
		Other	$669	$32	$5	$197	$264	$103	$877	$170	$595	$497			**$3,410**
		Pharmacy	$211	$26	$620	$78	$318	$1,784	$539	$158	$1,866	$488			**$6,090**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$7,368**	**$2,240**	**$5,545**	**$4,755**	**$5,409**	**$4,208**	**$8,005**	**$4,468**	**$4,605**	**$45,742**			**$92,345**
	Total Premiums		**$22,247**	**$21,473**	**$21,473**	**$21,473**	**$22,037**	**$22,458**	**$22,458**	**$21,523**	**$21,161**	**$22,979**			**$219,281**
Benefit Package 286	**Enrolled Employees**		1,390	1,395	1,392	1,391	1,393	1,398	1,398	1,388	1,388	1,328			**1,386**
	Enrolled Members		2,166	2,168	2,171	2,168	2,167	2,166	2,170	2,143	2,139	2,061			**2,152**
	Claims	Inpatient	$192,404	$38,553	$95,408	$93,962	$229,740	$27,675	$192,093	$117,487	$280,884	$371,798			**$1,640,005**
		Outpatient	$78,571	$60,490	$198,743	$109,953	$187,470	$3,621	$178,599	$90,488	$147,286	$120,172			**$1,175,391**
		ER	$16,347	$10,450	$13,310	$9,608	$12,248	$6,250	$12,668	$15,121	$28,062	$27,825			**$151,888**
		Prof Svcs	$394,001	$349,100	$332,453	$339,271	$476,476	$173,927	$673,314	$519,376	$548,451	$555,432			**$4,361,800**
		Other	$66,870	$68,415	$70,042	$68,823	$80,513	$38,214	$131,346	$85,620	$100,778	$97,276			**$807,898**
		Pharmacy	$201,351	$172,804	$166,286	$133,905	$226,298	$174,392	$212,534	$185,023	$190,724	$221,572			**$1,884,890**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$949,545**	**$699,811**	**$876,244**	**$755,522**	**$1,212,744**	**$424,079**	**$1,400,554**	**$1,013,114**	**$1,296,185**	**$1,394,075**			**$10,021,871**
	Total Premiums		**$1,219,641**	**$1,224,658**	**$1,225,317**	**$1,224,739**	**$1,223,735**	**$1,228,830**	**$1,228,250**	**$1,219,001**	**$1,217,968**	**$1,169,695**			**$12,181,834**

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Benefit Package	Category	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 288	**Enrolled Employees**		259	262	263	263	261	264	264	264	264	257			**262**
	Enrolled Members		471	473	473	476	472	476	477	480	477	470			**475**
	Claims	Inpatient	$95,013	$13,695	$83,720	$0	$51,643	$3,434	$0	$42,168	$13,039	$451,838			**$754,550**
		Outpatient	$24,451	$9,309	$1,519	$15,133	$345	$270	$8,126	$1,071	$3,220	$16,461			**$79,905**
		ER	$5,787	$4,102	$697	$892	$2,581	$3,656	$1,385	$4,097	$3,073	$3,027			**$29,297**
		Prof Svcs	$108,023	$68,057	$50,667	$50,482	$72,135	$42,441	$109,042	$81,314	$130,771	$135,724			**$848,656**
		Other	$16,725	$6,696	$5,587	$6,634	$3,665	$1,724	$12,275	$6,202	$745	$16,425			**$76,679**
		Pharmacy	$48,771	$76,783	$44,701	$17,444	$23,357	$16,391	$20,694	$14,271	$20,855	$19,503			**$302,770**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$298,771**	**$178,644**	**$186,890**	**$90,585**	**$153,727**	**$67,917**	**$151,521**	**$149,122**	**$171,703**	**$642,978**			**$2,091,856**
	Total Premiums		**$232,313**	**$233,268**	**$233,394**	**$233,284**	**$233,092**	**$234,063**	**$233,952**	**$232,191**	**$231,994**	**$222,799**			**$2,320,349**
Benefit Package 318	**Enrolled Employees**		14,322	14,384	14,442	14,472	14,521	14,525	14,526	14,520	14,553	15,590			**14,586**
	Enrolled Members		30,623	30,721	30,810	30,840	30,968	30,951	30,959	30,943	31,005	32,699			**31,052**
	Claims	Inpatient	$1,459,347	$1,207,119	$1,447,373	$1,667,906	$1,595,220	$2,488,614	$1,643,211	$2,111,414	$1,440,767	$1,473,915			**$16,534,885**
		Outpatient	$1,603,487	$1,514,396	$1,822,340	$1,671,978	$1,818,824	$1,798,623	$2,044,504	$1,984,079	$1,456,762	$1,623,013			**$17,338,007**
		ER	$288,523	$313,880	$388,810	$443,414	$345,437	$394,126	$291,271	$381,872	$332,871	$374,473			**$3,554,676**
		Prof Svcs	$3,129,769	$2,919,595	$3,344,239	$3,443,403	$3,112,078	$3,334,217	$3,494,671	$3,848,350	$3,032,075	$3,365,454			**$33,023,852**
		Other	$88,789	$56,743	$82,839	$72,078	$51,201	$72,662	$90,339	$135,998	$76,140	$64,623			**$791,412**
		Pharmacy	$894,280	$915,633	$1,063,690	$1,061,126	$1,075,012	$1,165,958	$1,105,303	$1,144,130	$1,189,755	$1,164,677			**$10,779,564**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$7,464,194**	**$6,927,367**	**$8,149,292**	**$8,359,906**	**$7,997,772**	**$9,254,201**	**$8,669,299**	**$9,605,842**	**$7,528,370**	**$8,066,155**			**$82,022,396**
	Total Premiums		**$10,392,351**	**$10,429,223**	**$10,462,455**	**$10,479,632**	**$10,517,915**	**$10,518,218**	**$10,519,600**	**$10,515,281**	**$10,536,405**	**$11,179,771**			**$105,550,851**
Benefit Package 319	**Enrolled Employees**		6,048	6,074	6,111	6,133	6,146	6,150	6,156	6,152	6,165	6,496			**6,163**
	Enrolled Members		13,721	13,775	13,852	13,868	13,887	13,903	13,913	13,910	13,938	14,491			**13,926**
	Claims	Inpatient	$597,085	$648,546	$743,583	$861,002	$1,068,050	$1,559,736	$1,596,767	$1,135,951	$995,821	$728,207			**$9,934,748**
		Outpatient	$739,970	$637,117	$695,873	$882,124	$694,988	$1,082,857	$1,321,894	$1,101,233	$745,926	$1,043,514			**$8,945,493**
		ER	$198,614	$130,371	$174,910	$148,044	$204,176	$177,047	$140,223	$235,101	$133,379	$202,319			**$1,744,185**
		Prof Svcs	$1,118,796	$1,121,921	$1,295,924	$1,292,272	$1,181,988	$1,362,090	$1,581,682	$1,553,114	$1,287,409	$1,375,739			**$13,170,934**
		Other	$31,963	$42,947	$37,708	$54,790	$94,924	$88,930	$74,058	$133,738	$69,482	$72,049			**$700,589**
		Pharmacy	$639,497	$715,961	$828,423	$790,202	$817,657	$891,855	$939,394	$977,331	$930,362	$980,193			**$8,510,875**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$3,325,924**	**$3,296,862**	**$3,776,421**	**$4,028,434**	**$4,061,783**	**$5,162,514**	**$5,654,018**	**$5,136,467**	**$4,162,378**	**$4,402,021**			**$43,006,823**
	Total Premiums		**$4,637,118**	**$4,654,309**	**$4,681,592**	**$4,694,433**	**$4,703,042**	**$4,707,891**	**$4,713,411**	**$4,710,396**	**$4,721,278**	**$4,927,974**			**$47,151,441**
Benefit Package 320	**Enrolled Employees**		2,425	2,424	2,437	2,441	2,453	2,455	2,461	2,440	2,440	2,304			**2,428**
	Enrolled Members		5,359	5,350	5,382	5,362	5,373	5,385	5,389	5,358	5,347	5,037			**5,334**
	Claims	Inpatient	$534,826	$181,059	$246,811	$218,053	$184,882	$327,120	$224,330	$266,958	$304,005	$326,011			**$2,814,056**
		Outpatient	$404,436	$304,579	$510,918	$272,828	$191,532	$308,719	$391,563	$303,599	$252,518	$213,203			**$3,153,896**
		ER	$56,856	$34,600	$56,458	$56,481	$60,183	$79,227	$57,764	$97,461	$60,723	$84,053			**$643,807**
		Prof Svcs	$496,480	$381,881	$448,527	$431,938	$380,002	$468,477	$500,590	$542,553	$406,471	$458,739			**$4,515,659**
		Other	$16,773	$11,804	$17,649	$10,248	$19,080	$15,262	$15,450	$21,180	$20,461	$16,492			**$164,400**
		Pharmacy	$159,907	$179,801	$222,798	$189,500	$213,216	$223,587	$226,338	$279,966	$275,321	$222,787			**$2,193,221**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$1,669,279**	**$1,093,724**	**$1,503,162**	**$1,179,048**	**$1,048,895**	**$1,422,392**	**$1,416,034**	**$1,511,718**	**$1,319,500**	**$1,321,286**			**$13,485,038**
	Total Premiums		**$1,765,234**	**$1,764,434**	**$1,773,930**	**$1,774,318**	**$1,781,936**	**$1,785,107**	**$1,786,934**	**$1,773,866**	**$1,772,946**	**$1,675,541**			**$17,654,244**
Benefit Package 321	**Enrolled Employees**		17,177	17,123	17,105	17,065	17,023	16,995	16,962	16,869	16,837	15,943			**16,910**
	Enrolled Members		28,087	27,970	27,918	27,822	27,746	27,671	27,618	27,475	27,381	26,175			**27,586**
	Claims	Inpatient	$3,314,489	$2,485,176	$4,400,647	$3,478,415	$3,198,519	$4,424,265	$3,761,540	$3,199,627	$2,816,593	$2,656,665			**$33,735,936**
		Outpatient	$3,564,618	$3,352,060	$3,424,108	$4,062,707	$3,791,295	$4,781,310	$5,087,385	$4,661,626	$3,692,511	$3,919,710			**$40,337,331**
		ER	$413,125	$403,973	$585,109	$582,704	$595,621	$640,628	$495,067	$483,576	$528,871	$519,596			**$5,248,271**
		Prof Svcs	$4,148,221	$4,031,923	$4,597,179	$4,848,953	$4,513,892	$5,275,752	$5,586,244	$5,662,818	$4,521,487	$4,795,504			**$47,981,974**
		Other	$164,930	$198,650	$146,097	$287,285	$244,300	$263,223	$361,420	$257,528	$263,800	$235,802			**$2,423,036**
		Pharmacy	$4,327,892	$3,972,477	$4,313,067	$4,279,727	$4,193,481	$4,362,826	$4,623,756	$4,574,713	$4,398,784	$4,223,895			**$43,270,618**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$15,933,277**	**$14,444,260**	**$17,466,207**	**$17,539,790**	**$16,537,107**	**$19,748,004**	**$19,915,412**	**$18,839,888**	**$16,222,048**	**$16,351,172**			**$172,997,166**
	Total Premiums		**$17,198,577**	**$17,132,948**	**$17,108,036**	**$17,058,992**	**$17,014,370**	**$16,983,442**	**$16,951,718**	**$16,848,624**	**$16,810,939**	**$15,935,178**			**$169,042,824**

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Benefit Package	Category	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 322	**Enrolled Employees**		11,485	11,464	11,463	11,456	11,439	11,424	11,407	11,351	11,348	11,185			**11,402**
	Enrolled Members		20,031	19,971	19,938	19,907	19,872	19,839	19,818	19,722	19,700	19,359			**19,816**
	Claims	Inpatient	$1,475,881	$1,364,065	$1,829,126	$2,009,616	$1,201,413	$2,407,260	$1,617,640	$1,952,108	$2,175,800	$2,085,748			**$18,118,656**
		Outpatient	$1,509,566	$1,462,023	$1,633,867	$2,024,336	$1,845,929	$2,278,276	$2,593,261	$2,206,181	$1,948,528	$2,038,836			**$19,540,803**
		ER	$225,029	$236,407	$370,793	$316,125	$304,540	$290,227	$316,414	$256,381	$269,899	$341,885			**$2,927,699**
		Prof Svcs	$2,166,636	$2,108,124	$2,429,891	$2,537,741	$2,283,333	$2,798,421	$2,953,187	$2,987,704	$2,450,971	$2,696,084			**$25,412,092**
		Other	$117,403	$87,527	$134,246	$167,514	$106,601	$100,739	$181,680	$130,726	$141,837	$149,602			**$1,317,875**
		Pharmacy	$2,321,977	$2,071,892	$2,199,614	$2,168,336	$2,066,529	$2,269,370	$2,234,869	$2,285,453	$2,200,650	$2,145,119			**$21,963,809**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$7,816,493**	**$7,330,037**	**$8,597,537**	**$9,223,666**	**$7,808,345**	**$10,144,293**	**$9,897,051**	**$9,818,552**	**$9,187,686**	**$9,457,274**			**$89,280,934**
	Total Premiums		**$10,643,946**	**$10,613,773**	**$10,605,761**	**$10,592,620**	**$10,576,953**	**$10,561,320**	**$10,545,898**	**$10,495,980**	**$10,491,462**	**$10,306,502**			**$105,434,215**
Benefit Package 323	**Enrolled Employees**		3,561	3,544	3,532	3,519	3,513	3,508	3,497	3,474	3,471	3,273			**3,489**
	Enrolled Members		5,900	5,863	5,831	5,803	5,799	5,795	5,777	5,750	5,738	5,457			**5,771**
	Claims	Inpatient	$497,299	$1,160,732	$1,235,689	$968,032	$871,419	$1,509,486	$1,360,563	$1,130,278	$1,205,587	$417,165			**$10,356,249**
		Outpatient	$893,521	$969,876	$937,921	$940,840	$743,704	$974,481	$1,108,233	$1,127,571	$647,517	$949,741			**$9,293,404**
		ER	$123,732	$137,448	$133,150	$279,656	$225,418	$176,007	$217,233	$122,065	$204,256	$198,295			**$1,817,262**
		Prof Svcs	$1,211,382	$1,217,579	$1,384,186	$1,503,970	$1,273,015	$1,641,072	$1,816,052	$1,649,285	$1,423,066	$1,423,882			**$14,543,490**
		Other	$25,693	$98,574	$39,630	$85,900	$88,045	$63,739	$64,705	$63,076	$127,569	$67,073			**$724,002**
		Pharmacy	$1,108,528	$990,913	$1,164,194	$1,122,418	$1,081,131	$1,196,005	$1,244,263	$1,170,929	$1,092,790	$1,029,724			**$11,200,895**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$3,860,154**	**$4,575,123**	**$4,894,769**	**$4,900,817**	**$4,282,731**	**$5,560,790**	**$5,811,049**	**$5,263,203**	**$4,700,786**	**$4,085,880**			**$47,935,302**
	Total Premiums		**$4,182,554**	**$4,157,657**	**$4,139,154**	**$4,121,749**	**$4,113,411**	**$4,109,711**	**$4,097,627**	**$4,072,519**	**$4,067,666**	**$3,843,871**			**$40,905,918**
Benefit Package 324	**Enrolled Employees**		439	439	435	441	438	435	437	435	423	403	380	380	**424**
	Enrolled Members		862	860	854	863	856	848	850	849	835	791	741	735	**829**
	Claims	Inpatient	$205,372	$48,993	$76,257	$104,765	$61,413	$80,505	$95,158	$48,924	$131,584	$116,562	$137,060	$40,277	**$1,146,870**
		Outpatient	$67,333	$47,739	$94,873	$55,360	$68,461	$125,873	$76,584	$48,932	$49,937	$33,768	$15,346	$39,899	**$724,106**
		ER	$20,187	$19,609	$14,474	$11,133	$16,536	$26,859	$12,010	$17,687	$11,674	$23,447	$16,854	$5,051	**$195,522**
		Prof Svcs	$110,485	$102,508	$98,050	$108,912	$102,731	$90,360	$110,978	$127,720	$87,777	$114,234	$80,190	$75,048	**$1,208,991**
		Other	$65,989	$85,920	$67,564	$88,823	$92,342	$61,256	$103,779	$102,055	$81,387	$86,744	$54,831	$109,750	**$1,000,442**
		Pharmacy	$76,506	$57,530	$62,467	$65,846	$91,907	$74,913	$75,272	$75,799	$76,751	$92,036	$77,347	$72,004	**$898,377**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$545,873**	**$362,300**	**$413,685**	**$434,840**	**$433,391**	**$459,766**	**$473,781**	**$421,117**	**$439,109**	**$466,791**	**$381,629**	**$342,029**	**$5,174,308**
	Total Premiums		**$443,826**	**$443,486**	**$440,877**	**$442,654**	**$441,822**	**$439,478**	**$440,234**	**$437,965**	**$430,138**	**$408,775**	**$404,690**	**$404,890**	**$5,178,835**
Benefit Package 325	**Enrolled Employees**		187	189	188	191	192	190	188	181	173	169	174	174	**183**
	Enrolled Members		324	327	322	325	330	329	326	318	305	300	283	282	**314**
	Claims	Inpatient	$9,104	$0	$29,164	$8,800	$30,391	$6,501	$20,049	$0	$8,532	$10,138	$0	$0	**$122,679**
		Outpatient	$1,002	$248	$4,892	$3,566	$5,925	$2,030	$2,154	$9,596	$2,884	$14,705	$3,883	$5,741	**$56,626**
		ER	$1,557	$4,304	$3,343	$3,590	$1,817	$4,281	$0	$178	$4,358	$4,300	$520	$2,051	**$30,300**
		Prof Svcs	$17,377	$21,099	$14,213	$20,696	$24,665	$16,814	$28,436	$20,546	$20,904	$35,084	$29,606	$18,828	**$268,267**
		Other	$14,836	$13,847	$12,086	$24,233	$20,557	$24,279	$23,063	$30,012	$18,079	$26,745	$26,515	$19,562	**$253,814**
		Pharmacy	$7,853	$9,081	$6,265	$10,560	$12,956	$6,552	$13,412	$11,005	$6,878	$10,222	$14,361	$12,576	**$121,719**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$51,729**	**$48,578**	**$69,962**	**$71,446**	**$96,312**	**$60,458**	**$87,113**	**$71,338**	**$61,634**	**$101,193**	**$74,885**	**$58,757**	**$853,405**
	Total Premiums		**$157,437**	**$159,037**	**$157,437**	**$158,090**	**$160,343**	**$158,384**	**$157,078**	**$151,134**	**$143,884**	**$143,721**	**$153,168**	**$152,605**	**$1,852,319**
Benefit Package 326	**Enrolled Employees**		19	19	19	19	19	19	19	19	19	20			**19**
	Enrolled Members		36	36	36	36	36	36	36	36	36	40			**36**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$35,163	$0	$0			**$35,163**
		Outpatient	$0	$717	$0	$0	$807	$0	$0	$5,989	$0	$0			**$7,513**
		ER	$0	$2,302	$0	$443	$0	$0	$0	$0	$362	$14,344			**$17,450**
		Prof Svcs	$2,564	$2,911	$2,583	$2,663	$7,157	$2,178	$7,882	$10,898	$9,186	$7,612			**$55,632**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$6,536	$5,692	$4,675	$6,201	$6,154	$5,755	$6,645	$5,121	$5,640	$5,373			**$57,794**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$9,100**	**$11,621**	**$7,258**	**$9,307**	**$14,118**	**$7,933**	**$14,527**	**$57,171**	**$15,188**	**$27,329**			**$173,552**
	Total Premiums		**$19,849**	**$19,849**	**$19,849**	**$19,849**	**$19,849**	**$19,849**	**$19,849**	**$19,849**	**$21,054**	**$19,849**			**$199,697**

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Benefit Package	Category	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 327	**Enrolled Employees**		3	3	3	3	3	3	3	3	2	2			**3**
	Enrolled Members		3	3	3	3	3	3	3	3	2	2			**3**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$12,923	$0	$0			**$12,923**
		Outpatient	$0	$0	$0	$0	$0	$0	$0	$5,461	$0	$0			**$5,461**
		ER	$540	$0	$0	$0	$0	$0	$0	$1,974	$0	$0			**$2,514**
		Prof Svcs	$1,200	$815	$3	$303	$640	$677	$1,341	$2,926	$1,333	$1,319			**$10,557**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$40	$456	$251	$474	$190	$124	$31,444	$31,498	$99	$420			**$64,997**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$1,781**	**$1,272**	**$254**	**$777**	**$830**	**$801**	**$32,785**	**$54,781**	**$1,432**	**$1,739**			**$96,452**
	Total Premiums		**$2,406**	**$2,406**	**$2,406**	**$2,406**	**$2,406**	**$2,406**	**$2,406**	**$2,406**	**$1,604**	**$1,604**			**$22,455**
Benefit Package 328	**Enrolled Employees**		4	2	2	2	2	2	2	2	2	2			**2**
	Enrolled Members		4	2	2	2	2	2	2	2	2	2			**2**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Outpatient	$0	$0	$6,122	$0	$0	$0	$0	$0	$0	$0			**$6,122**
		ER	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Prof Svcs	$586	$3,269	$965	$114	$339	$886	$239	$85	$868	$84			**$7,436**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$3,558	$3,755	$3,342	$3,808	$3,476	$3,637	$3,743	$3,743	$3,969	$3,990			**$37,020**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$4,144**	**$7,024**	**$10,429**	**$3,922**	**$3,815**	**$4,523**	**$3,982**	**$3,828**	**$4,838**	**$4,073**			**$50,577**
	Total Premiums		**$1,641**	**$1,641**	**$1,641**	**$1,641**	**$1,641**	**$1,641**	**$1,641**	**$1,641**	**$1,641**	**$1,641**			**$16,408**
Benefit Package 329	**Enrolled Employees**		73	80	73	73	73	74	74	74	74	67			**74**
	Enrolled Members		169	183	169	169	170	172	173	173	173	164			**172**
	Claims	Inpatient	$29,652	$0	$0	$0	$15,948	$0	$0	$7,693	$4,792	$0			**$58,086**
		Outpatient	$4,275	$28	$2,920	$0	$0	$0	$0	$4	$0	$1,014			**$8,241**
		ER	$0	$0	$1,407	$2,925	$1,889	$3,249	$1,659	$0	$2,207	$71			**$13,406**
		Prof Svcs	$9,192	$5,268	$8,690	$3,784	$12,938	$9,224	$13,672	$10,496	$10,899	$11,766			**$95,930**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$7,489	$5,260	$5,832	$9,115	$5,521	$8,683	$6,322	$5,196	$4,515	$5,323			**$63,256**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$50,610**	**$10,557**	**$18,848**	**$15,824**	**$36,295**	**$21,156**	**$21,653**	**$23,389**	**$22,413**	**$18,174**			**$238,919**
	Total Premiums		**$40,920**	**$43,848**	**$40,682**	**$40,682**	**$40,682**	**$41,420**	**$41,420**	**$41,420**	**$41,420**	**$38,242**			**$410,738**
Benefit Package 330	**Enrolled Employees**		4	4	4	4	4	4	4	4	4	3			**4**
	Enrolled Members		10	10	10	10	10	10	10	10	10	10			**10**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Outpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		ER	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Prof Svcs	$629	$0	$0	$34	$399	$0	$21	$201	$0	$18			**$1,303**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$0	$0	$0	$0	$0	$5	$0	$0	$0	$0			**$5**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$629**	**$0**	**$0**	**$34**	**$399**	**$5**	**$21**	**$201**	**$0**	**$18**			**$1,307**
	Total Premiums		**$2,154**	**$2,154**	**$2,154**	**$2,154**	**$2,154**	**$2,154**	**$2,154**	**$2,154**	**$2,154**	**$1,846**			**$21,234**
Benefit Package 331	**Enrolled Employees**		59	59	59	59	59	59	59	59	59	55			**59**
	Enrolled Members		120	120	120	120	120	121	122	120	120	116			**120**
	Claims	Inpatient	$23,515	$0	$0	$3,136	$11,710	$18,138	$11,706	$12,641	$436	$96,658			**$177,941**
		Outpatient	$0	$5,208	$0	$2,362	$32,467	$10,422	$52,060	$1,611	$9,758	$4,095			**$117,983**
		ER	$552	$2,554	$290	$1,508	$2,587	$1,223	$538	$4,900	$5,789	$60			**$20,000**
		Prof Svcs	$8,795	$16,464	$11,217	$13,354	$20,068	$16,794	$20,545	$21,291	$17,188	$30,434			**$176,149**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$5,058	$9,409	$15,095	$17,099	$13,158	$13,246	$14,918	$14,328	$13,547	$12,249			**$128,107**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$37,920**	**$33,635**	**$26,601**	**$37,458**	**$79,990**	**$59,824**	**$99,766**	**$54,772**	**$46,718**	**$143,497**			**$620,180**
	Total Premiums		**$48,678**	**$48,678**	**$48,678**	**$48,678**	**$48,678**	**$48,678**	**$48,678**	**$48,678**	**$48,678**	**$45,877**			**$483,978**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9f
Experience Reports by Benefit Package — Monthly
Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 332	**Enrolled Employees**		131	131	132	132	132	132	132	129	129	124			**130**
	Enrolled Members		162	161	161	161	161	162	161	159	159	157			**160**
	Claims	Inpatient	$42,731	$0	$0	$0	$6,727	$0	$6,968	$52,516	$0	$26,611			**$135,554**
		Outpatient	$1,579	$15,274	$7,612	$5,694	$0	$65,613	$5,918	$3,049	$6,467	$15,215			**$126,422**
		ER	$7,027	$2,180	$23,009	$1,032	$2,065	$2,475	$13,123	$376	$29,500	$1,087			**$81,872**
		Prof Svcs	$28,447	$18,460	$16,154	$16,992	$17,325	$17,889	$38,446	$23,289	$27,450	$28,943			**$233,395**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$13,238	$17,440	$19,036	$17,440	$16,984	$23,917	$12,207	$23,690	$21,663	$16,469			**$182,083**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$93,021**	**$53,354**	**$65,811**	**$41,157**	**$43,102**	**$109,893**	**$76,662**	**$102,921**	**$85,080**	**$88,326**			**$759,327**
	Total Premiums		**$79,173**	**$79,095**	**$79,651**	**$79,812**	**$79,651**	**$79,651**	**$79,363**	**$78,814**	**$78,255**	**$75,935**			**$789,398**
Benefit Package 333	**Enrolled Employees**		230	232	232	232	233	234	237	237	237	229			**233**
	Enrolled Members		431	436	434	430	435	437	443	443	443	431			**436**
	Claims	Inpatient	$0	$45,983	$11,150	$10,626	$12,198	$5,546	$27,422	$16,771	$15,150	$0			**$144,845**
		Outpatient	$20,737	$18,666	$0	$11,126	$34,739	$8,885	$8,417	$0	$5,710	$69,366			**$177,645**
		ER	$8,460	$6,698	$9,016	$2,303	$24,007	$772	$2,820	$4,142	$21,092	$3,892			**$83,203**
		Prof Svcs	$32,464	$36,319	$36,574	$38,973	$47,412	$48,401	$55,640	$48,266	$54,961	$43,538			**$442,547**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$6,838	$6,052	$7,384	$11,408	$10,600	$6,713	$6,401	$8,542	$6,893	$7,871			**$78,703**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$68,499**	**$113,717**	**$64,125**	**$74,435**	**$128,955**	**$70,316**	**$100,701**	**$77,721**	**$103,805**	**$124,667**			**$926,942**
	Total Premiums		**$124,622**	**$125,556**	**$126,011**	**$124,687**	**$124,956**	**$125,342**	**$127,242**	**$127,391**	**$127,391**	**$123,603**			**$1,256,799**
Benefit Package 334	**Enrolled Employees**		164	163	161	160	161	159	160	158	158	151			**160**
	Enrolled Members		296	295	286	293	291	285	286	285	284	271			**287**
	Claims	Inpatient	$0	$7,637	$5,705	$0	$24,778	$0	$17,198	$8,775	$0	$19,569			**$83,663**
		Outpatient	$36,377	$132,544	$2,535	$6,522	$49,519	$754	$18,548	$26,533	$34,737	$34,116			**$342,183**
		ER	$3,905	$3,488	$2,623	$40	$12,503	$1,575	$3,099	$6,623	$109	$2,061			**$36,027**
		Prof Svcs	$27,627	$28,121	$43,306	$15,758	$30,260	$22,443	$32,606	$34,737	$22,501	$21,250			**$278,609**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$80,142	$14,316	$16,849	$15,014	$15,507	$19,680	$19,788	$12,236	$21,526	$19,902			**$234,960**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$148,052**	**$186,106**	**$71,018**	**$37,334**	**$132,567**	**$44,452**	**$91,238**	**$88,905**	**$78,872**	**$96,898**			**$975,442**
	Total Premiums		**$83,591**	**$83,163**	**$81,887**	**$81,878**	**$82,530**	**$81,394**	**$81,808**	**$80,952**	**$80,952**	**$77,675**			**$815,831**
Benefit Package 335	**Enrolled Employees**		185	184	184	183	182	183	181	182	180	178			**182**
	Enrolled Members		385	383	381	379	377	379	376	382	379	377			**380**
	Claims	Inpatient	$57,411	$23,206	$81,619	$17,250	$137,745	$416,267	$77,773	$2,103	$0	$49,406			**$862,780**
		Outpatient	$70,474	$22,756	$6,228	$22,081	$18,310	$59,537	$41,051	$17,466	$17,548	$13,748			**$289,199**
		ER	$13,454	$6,934	$4,008	$15,552	$28,823	$7,248	$37,162	$3,917	$11,370	$7,302			**$135,769**
		Prof Svcs	$70,992	$55,899	$52,568	$53,776	$74,315	$69,263	$71,331	$52,576	$53,526	$66,713			**$620,959**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$42,125	$39,899	$46,767	$41,304	$47,703	$48,125	$48,341	$52,129	$50,897	$39,665			**$456,955**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$254,456**	**$148,694**	**$191,190**	**$149,963**	**$306,896**	**$600,440**	**$275,658**	**$128,190**	**$133,341**	**$176,834**			**$2,365,662**
	Total Premiums		**$153,332**	**$152,639**	**$152,362**	**$151,380**	**$150,558**	**$151,197**	**$149,919**	**$151,221**	**$149,943**	**$148,666**			**$1,511,217**
Benefit Package 336	**Enrolled Employees**		18	18	19	19	18	18	18	18	18	17			**18**
	Enrolled Members		44	44	45	45	42	42	42	41	41	39			**43**
	Claims	Inpatient	$0	$0	$27,270	$0	$0	$0	$0	$0	$0	$16,251			**$43,520**
		Outpatient	$0	$0	$0	$0	$845	$0	$0	$0	$0	$0			**$845**
		ER	$0	$0	$0	$0	$0	$3	$161	$1,155	$0	$48			**$1,366**
		Prof Svcs	$3	$0	$1,501	$1,483	$1,858	$1,606	$1,743	$3,824	$4,068	$1,268			**$17,354**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$0	$36	$11	$14	$31	$582	$109	$666	$1,076	$208			**$2,733**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$3**	**$36**	**$28,782**	**$1,497**	**$2,734**	**$2,191**	**$2,013**	**$5,645**	**$5,144**	**$17,774**			**$65,818**
	Total Premiums		**$8,682**	**$8,682**	**$8,980**	**$8,980**	**$8,325**	**$8,325**	**$8,325**	**$8,077**	**$8,077**	**$7,679**			**$84,133**

Washington State Office of the Insurance Commissioner
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Experience Reports by Benefit Package — Monthly
Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 337	**Enrolled Employees**		21	24	26	26	25	25	25	25	25	28			**25**
	Enrolled Members		36	45	47	47	46	46	45	45	45	48			**45**
	Claims	Inpatient	$0	$0	$0	$0	$0	$8,053	$0	$0	$0	$0			**$8,053**
		Outpatient	$0	$0	$0	$3,515	$0	$0	$30,667	$0	$0	$0			**$34,183**
		ER	$34	$0	$2,168	$0	$1,431	$0	$146	$0	$954	$840			**$5,573**
		Prof Svcs	$841	$491	$43	$1,104	$3,962	$5,029	$1,175	$1,068	$2,493	$4,641			**$20,846**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$531	$287	$464	$5,559	$421	$5,864	$174	$5,636	$5,918	$6,205			**$31,061**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$1,406**	**$778**	**$2,675**	**$10,178**	**$5,814**	**$18,945**	**$32,162**	**$6,704**	**$9,366**	**$11,687**			**$99,716**
	Total Premiums		**$8,231**	**$9,596**	**$10,249**	**$10,249**	**$9,922**	**$9,645**	**$9,645**	**$9,645**	**$9,645**	**$10,625**			**$97,452**
Benefit Package 339	**Enrolled Employees**		244	240	240	240	241	241	242	240	237	230			**240**
	Enrolled Members		310	304	303	301	302	299	300	302	295	290			**301**
	Claims	Inpatient	$0	$25,461	$60,306	$0	$39,366	$31,829	$99,616	$0	$23,610	$43,747			**$323,936**
		Outpatient	$51,353	$77,050	$11,340	$5,122	$44,602	$4,479	$53,459	$33,195	$11,766	$5,796			**$298,162**
		ER	$6,147	$5,648	$16,580	$1,657	$8,984	$10,088	$6,609	$0	$10,421	$12,566			**$78,700**
		Prof Svcs	$120,591	$180,249	$83,605	$65,034	$133,588	$67,016	$103,945	$79,805	$88,052	$103,569			**$1,025,453**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$36,981	$50,757	$38,991	$48,980	$47,783	$51,031	$50,558	$52,731	$52,190	$61,835			**$491,837**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$215,072**	**$339,166**	**$210,821**	**$120,793**	**$274,323**	**$164,443**	**$314,187**	**$165,731**	**$186,039**	**$227,512**			**$2,218,088**
	Total Premiums		**$220,154**	**$217,440**	**$213,362**	**$214,277**	**$215,109**	**$217,018**	**$215,640**	**$215,026**	**$211,627**	**$206,852**			**$2,146,504**
Benefit Package 340	**Enrolled Employees**		20	20	19	19	19	20	20	20	20	19			**20**
	Enrolled Members		53	53	50	50	50	51	51	51	51	50			**51**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Outpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		ER	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Prof Svcs	$553	$131	$476	$425	$37	$536	$627	$1,318	$1,412	$3,528			**$9,042**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$0	$0	$30	$53	$0	$249	$114	$289	$178	$307			**$1,219**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$553**	**$131**	**$505**	**$478**	**$37**	**$785**	**$741**	**$1,607**	**$1,590**	**$3,834**			**$10,260**
	Total Premiums		**$10,999**	**$10,999**	**$10,552**	**$10,552**	**$10,552**	**$10,993**	**$10,882**	**$10,882**	**$10,882**	**$10,552**			**$107,842**
Benefit Package 341	**Enrolled Employees**		123	123	123	120	120	121	121	119	118	117			**121**
	Enrolled Members		162	161	161	158	158	159	159	156	155	152			**158**
	Claims	Inpatient	$0	$0	$0	$0	$12,338	$0	$0	$0	$0	$0			**$12,338**
		Outpatient	$24,001	$1,844	$43,879	$16,832	$18,289	$16,398	$21,839	$40,085	$594	$45,658			**$229,422**
		ER	$1,052	$0	$0	$2,002	$2,294	$2,194	$2,947	$2,549	$5,241	$2,340			**$20,619**
		Prof Svcs	$17,069	$16,789	$15,413	$12,811	$21,295	$19,400	$21,996	$20,504	$14,882	$21,322			**$181,481**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$18,739	$10,574	$14,036	$17,948	$9,102	$14,003	$9,046	$13,818	$17,110	$9,778			**$134,154**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$60,861**	**$29,207**	**$73,328**	**$49,593**	**$63,318**	**$51,995**	**$55,829**	**$76,957**	**$37,827**	**$79,098**			**$578,012**
	Total Premiums		**$84,505**	**$85,191**	**$84,567**	**$82,694**	**$82,694**	**$84,163**	**$83,318**	**$81,507**	**$80,883**	**$79,390**			**$828,909**
Benefit Package 342	**Enrolled Employees**		155	162	165	164	164	161	162	165	164	159			**162**
	Enrolled Members		253	259	262	260	262	260	260	268	266	255			**261**
	Claims	Inpatient	$53,135	$13,510	$0	$0	$2,345	$0	$41,822	$0	$0	$7,438			**$118,251**
		Outpatient	$14,674	$55,094	$79,122	$2,236	$1,920	$4,772	$32,687	$4,538	$2,305	$43,302			**$240,649**
		ER	$3,321	$2,002	$1,574	$0	$3,837	$0	$1,936	$423	$1,017	$4,595			**$18,706**
		Prof Svcs	$35,763	$28,746	$20,016	$20,104	$27,589	$32,671	$39,427	$28,704	$24,803	$36,922			**$294,746**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$18,379	$17,703	$22,395	$20,203	$18,528	$25,539	$23,692	$20,751	$21,097	$27,947			**$216,235**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$125,272**	**$117,056**	**$123,106**	**$42,543**	**$54,218**	**$62,982**	**$139,565**	**$54,416**	**$49,223**	**$120,205**			**$888,586**
	Total Premiums		**$108,132**	**$111,608**	**$113,338**	**$112,243**	**$112,447**	**$113,806**	**$110,109**	**$114,979**	**$114,201**	**$109,902**			**$1,120,765**

Washington State Office of the Insurance Commissioner
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Experience Reports by Benefit Package — Monthly
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Benefit Package	Category	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 343	**Enrolled Employees**		41	42	42	41	42	42	42	41	41	39			**41**
	Enrolled Members		49	50	50	49	50	50	50	48	48	46			**49**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Outpatient	$0	$1,420	$0	$1,136	$0	$0	$1,853	$0	$6,152	$2,225			**$12,786**
		ER	$1,373	$689	$675	$1,674	$0	$5,087	$0	$0	$0	$0			**$9,498**
		Prof Svcs	$8,553	$15,813	$8,772	$6,357	$13,332	$8,595	$9,847	$4,805	$8,012	$6,205			**$90,291**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$6,476	$6,807	$8,197	$7,626	$19,372	$4,234	$5,268	$5,225	$11,387	$4,745			**$79,338**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$16,402**	**$24,730**	**$17,644**	**$16,794**	**$32,704**	**$17,916**	**$16,969**	**$10,030**	**$25,550**	**$13,175**			**$191,913**
	Total Premiums		**$32,535**	**$33,285**	**$33,285**	**$32,535**	**$33,285**	**$33,625**	**$33,285**	**$32,264**	**$32,264**	**$30,762**			**$327,126**
Benefit Package 344	**Enrolled Employees**		62	66	66	66	64	66	67	66	68	72			**66**
	Enrolled Members		127	133	133	135	132	132	134	133	137	145			**134**
	Claims	Inpatient	$0	$0	$66,897	$0	$132,361	$109,925	$24,248	$44,466	$0	$0			**$377,897**
		Outpatient	$1,859	-$203	$6,348	$26,715	$16,469	$17,080	$3,486	$0	$8,914	$129			**$80,796**
		ER	$4,157	$3,533	$1,778	$1,224	$1,016	$0	$526	$581	$1,357	$1,316			**$15,488**
		Prof Svcs	$7,620	$8,386	$16,538	$7,234	$25,875	$18,248	$17,299	$7,310	$17,224	$16,407			**$142,142**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$11,474	$9,456	$6,115	$7,636	$10,862	$8,731	$9,334	$12,264	$8,420	$8,564			**$92,855**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$25,110**	**$21,173**	**$97,676**	**$42,808**	**$186,583**	**$153,984**	**$54,893**	**$64,621**	**$35,915**	**$26,416**			**$709,178**
	Total Premiums		**$28,666**	**$31,738**	**$31,137**	**$31,525**	**$30,213**	**$31,394**	**$31,416**	**$30,870**	**$31,926**	**$34,330**			**$313,213**
Benefit Package 345	**Enrolled Employees**		4	4	4	4	4	4	4	3	3	3			**4**
	Enrolled Members		7	7	6	6	6	6	6	5	5	5			**6**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Outpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$1,006			**$1,006**
		ER	$358	$0	$0	$0	$0	$0	$0	$0	$0	$633			**$991**
		Prof Svcs	$945	$1,037	$242	$2,198	$199	$438	$280	$458	$244	$2,017			**$8,059**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$347	$82	$56	$160	$57	$49	$54	$79	$126	$90			**$1,102**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$1,650**	**$1,119**	**$298**	**$2,358**	**$256**	**$488**	**$334**	**$537**	**$371**	**$3,746**			**$11,157**
	Total Premiums		**$4,993**	**$4,993**	**$4,158**	**$4,158**	**$4,158**	**$4,158**	**$4,158**	**$3,207**	**$3,207**	**$3,207**			**$40,397**
Benefit Package 346	**Enrolled Employees**		153	151	151	150	150	150	150	148	149	138			**149**
	Enrolled Members		252	250	250	249	249	248	247	246	249	229			**247**
	Claims	Inpatient	$0	$31,006	$22,108	$17,444	$110,279	$979	$29,894	$17,613	$69,691	$0			**$299,014**
		Outpatient	$46,828	$53,857	$26,724	$69,647	$24,594	$26,686	$32,224	$26,276	$22,197	$26,216			**$355,249**
		ER	$6,753	$5,517	$2,499	$841	$16,791	$2,910	$16,962	$15,844	$2,983	$1,501			**$72,601**
		Prof Svcs	$47,022	$62,712	$58,332	$56,446	$67,388	$62,612	$77,202	$59,599	$58,573	$37,907			**$587,793**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$50,580	$41,176	$31,301	$39,797	$43,662	$39,072	$31,815	$45,587	$43,772	$39,951			**$406,714**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$151,184**	**$194,268**	**$140,963**	**$184,175**	**$262,714**	**$132,259**	**$188,097**	**$164,920**	**$197,217**	**$105,574**			**$1,721,370**
	Total Premiums		**$154,968**	**$154,780**	**$154,780**	**$154,025**	**$154,025**	**$154,025**	**$153,245**	**$151,828**	**$152,662**	**$141,051**			**$1,525,391**
Benefit Package 347	**Enrolled Employees**		57	57	56	56	56	55	55	54	54	49			**55**
	Enrolled Members		63	63	62	62	62	61	61	60	60	55			**61**
	Claims	Inpatient	$0	$19,823	$0	$0	$129,509	$0	$10,631	$13,215	$0	$0			**$173,177**
		Outpatient	$13,811	$37,655	$3,601	$0	$14,546	$39,819	$5,990	$5,139	$12,186	$22,017			**$154,763**
		ER	$0	$5,955	$0	$0	$2,866	$2,614	$0	$9,678	$0	-$1,414			**$19,699**
		Prof Svcs	$21,134	$15,879	$9,915	$14,521	$28,575	$18,957	$22,201	$12,486	$15,291	$24,193			**$183,154**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$10,616	$7,794	$6,525	$10,323	$8,534	$7,141	$6,961	$11,155	$9,479	$6,296			**$84,824**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$45,561**	**$87,106**	**$20,041**	**$24,844**	**$184,031**	**$68,531**	**$45,783**	**$51,672**	**$36,956**	**$51,092**			**$615,616**
	Total Premiums		**$47,793**	**$47,793**	**$47,015**	**$47,015**	**$47,015**	**$46,134**	**$46,134**	**$45,155**	**$45,356**	**$41,385**			**$460,796**

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Experience Reports by Benefit Package — Monthly
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Benefit Package	Category	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 348	**Enrolled Employees**		301	302	301	300	307	310	310	310	308	304			**305**
	Enrolled Members		673	669	661	657	666	674	672	669	665	660			**667**
	Claims	Inpatient	$68,778	$15,504	$44,401	$40,255	$33,737	$34,088	$39,157	$54,932	$15,661	$7,159			**$353,672**
		Outpatient	$24,657	$55,749	$16,438	$73,364	$48,421	$8,147	$16,132	$18,456	$56,658	$4,987			**$323,009**
		ER	$15,051	$10,182	$845	$8,396	$5,754	$753	$7,179	$4,315	$10,686	$7,820			**$70,979**
		Prof Svcs	$52,057	$35,579	$47,583	$71,147	$71,325	$54,135	$75,451	$88,662	$77,274	$72,958			**$646,171**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$50,097	$39,113	$42,213	$43,804	$41,333	$40,476	$47,306	$43,441	$55,868	$49,020			**$452,672**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$210,639**	**$156,126**	**$151,481**	**$236,966**	**$200,570**	**$137,600**	**$185,225**	**$209,805**	**$216,146**	**$141,944**			**$1,846,502**
	Total Premiums		**$163,405**	**$162,280**	**$162,502**	**$161,810**	**$165,092**	**$166,440**	**$166,120**	**$165,973**	**$165,647**	**$163,847**			**$1,643,115**
Benefit Package 349	**Enrolled Employees**		47	47	47	47	49	49	49	49	49	49			**48**
	Enrolled Members		115	126	116	116	116	116	115	115	115	117			**117**
	Claims	Inpatient	$0	$8,461	$0	$0	$0	$0	$0	$0	$0	$0			**$8,461**
		Outpatient	$15,392	$0	$0	$0	$0	$1,479	$3	$0	$0	$92			**$16,966**
		ER	$0	$0	$0	$6	$0	$0	$0	$0	$0	$3,029			**$3,035**
		Prof Svcs	$4,103	$306	$1,334	$349	$1,173	$1,437	$970	$1,134	$2,860	$4,184			**$17,850**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$386	$524	$405	$16	$133	$158	$406	$34	$66	$756			**$2,885**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$19,881**	**$9,291**	**$1,739**	**$371**	**$1,306**	**$3,075**	**$1,380**	**$1,168**	**$2,925**	**$8,061**			**$49,198**
	Total Premiums		**$25,215**	**$24,485**	**$24,370**	**$24,370**	**$24,616**	**$24,616**	**$25,164**	**$24,353**	**$24,353**	**$24,779**			**$246,322**
Benefit Package 350	**Enrolled Employees**		176	173	173	172	172	172	171	171	171	162			**171**
	Enrolled Members		257	251	251	251	250	247	247	247	247	237			**248**
	Claims	Inpatient	$0	$108,977	$57,167	$7,285	$0	$0	$14,392	$0	$16,226	$1,360			**$205,407**
		Outpatient	$35,681	$20,109	$46,094	$7,027	$101,368	$63,571	$13,822	$45,838	$21,008	$33,570			**$388,088**
		ER	$0	$5,308	$3,118	$3,381	$4,657	$5,955	$7,299	$1,176	$2,338	$10,368			**$43,601**
		Prof Svcs	$48,787	$24,341	$39,096	$30,885	$44,590	$43,111	$39,645	$47,907	$36,624	$51,283			**$406,269**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$51,043	$42,082	$31,537	$40,007	$37,895	$47,557	$42,897	$27,938	$37,352	$35,546			**$393,854**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$135,510**	**$200,816**	**$177,012**	**$88,585**	**$188,511**	**$160,194**	**$118,055**	**$122,859**	**$113,548**	**$132,128**			**$1,437,218**
	Total Premiums		**$139,779**	**$136,192**	**$136,192**	**$135,266**	**$135,056**	**$135,056**	**$134,612**	**$134,612**	**$134,612**	**$129,214**			**$1,350,592**
Benefit Package 351	**Enrolled Employees**		67	67	67	67	67	67	67	65	65	67			**67**
	Enrolled Members		106	105	104	104	102	101	101	95	95	95			**101**
	Claims	Inpatient	$0	$855	$0	$7,294	$13,011	$0	$0	$0	$0	$18,368			**$39,527**
		Outpatient	$7,337	$0	$8,626	$3,161	$13,729	$53,776	$555	$2,738	$3,712	$61,935			**$155,569**
		ER	$0	$0	$0	$0	$2,087	$0	$0	$4,859	$16,060	$0			**$23,005**
		Prof Svcs	$14,881	$12,330	$13,875	$11,331	$18,283	$15,563	$48,820	$42,597	$76,525	$26,354			**$280,560**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$17,510	$17,679	$18,780	$17,972	$21,326	$20,025	$21,079	$16,366	$21,367	$21,061			**$193,164**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$39,728**	**$30,864**	**$41,281**	**$39,758**	**$68,436**	**$89,363**	**$70,454**	**$66,560**	**$117,663**	**$127,717**			**$691,825**
	Total Premiums		**$55,105**	**$54,528**	**$54,278**	**$54,278**	**$53,445**	**$53,445**	**$53,445**	**$51,577**	**$51,577**	**$51,989**			**$533,666**
Benefit Package 352	**Enrolled Employees**		243	243	243	243	240	241	241	241	241	239	252	256	**244**
	Enrolled Members		652	655	651	653	648	649	648	647	646	640	652	657	**650**
	Claims	Inpatient	$70,380	$38,655	$0	$60,409	$29,546	$29,385	$17,398	$9,799	$4,730	$40,128	$28,034	$9,744	**$338,207**
		Outpatient	$107,194	$30,420	$24,817	$13,199	$7,024	$14,162	$43,907	$15,276	$69,871	$51,333	$39,327	$25,832	**$442,363**
		ER	$1,094	$137	$0	$2,049	$8,628	$11,429	$2,126	$17,424	$27,109	$8,066	$8,908	$4,033	**$91,002**
		Prof Svcs	$78,733	$29,634	$29,522	$58,486	$59,823	$68,050	$80,756	$87,490	$69,953	$87,683	$71,460	$85,136	**$806,727**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$2,595	$6,634	$7,197	$19,658	$18,764	$10,753	$36,188	$24,135	$28,882	$15,759	$15,117	$18,586	**$204,268**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$259,996**	**$105,479**	**$61,536**	**$153,801**	**$123,784**	**$133,781**	**$180,376**	**$154,124**	**$200,546**	**$202,968**	**$162,846**	**$143,330**	**$1,882,566**
	Total Premiums		**$174,680**	**$174,636**	**$175,058**	**$174,346**	**$173,635**	**$172,502**	**$173,090**	**$172,421**	**$172,756**	**$170,497**	**$215,283**	**$217,898**	**$2,166,802**

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Benefit Package	Category	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 353	**Enrolled Employees**		12	12	12	12	12	11	11	11	11	11	14	14	**12**
	Enrolled Members		31	31	31	31	31	30	30	30	30	29	30	30	**30**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Outpatient	$18,792	$0	$0	$0	$0	$0	$0	$0	$0	$0	$83	$618	**$19,493**
		ER	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Prof Svcs	$18,562	$11,962	$2,040	$19,238	$9,424	$9,361	$12,991	$10,337	$12,428	$22,507	$11,467	$14,437	**$154,754**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$56	$43	$1,703	$59	$157	$1,700	$154	$35	$2,028	$254	$212	$3,909	**$10,312**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$37,410**	**$12,005**	**$3,743**	**$19,297**	**$9,581**	**$11,061**	**$13,146**	**$10,372**	**$14,457**	**$22,761**	**$11,762**	**$18,964**	**$184,559**
	Total Premiums		**$8,616**	**$8,616**	**$8,616**	**$8,616**	**$8,616**	**$8,221**	**$8,221**	**$8,221**	**$8,221**	**$8,043**	**$10,867**	**$10,867**	**$105,738**
Benefit Package 354	**Enrolled Employees**		273	274	275	274	275	275	275	273	273	273	251	250	**270**
	Enrolled Members		524	522	523	519	519	517	518	517	515	516	417	413	**502**
	Claims	Inpatient	$79,537	$0	$16,619	$107,530	$30,365	$17,951	$0	$25,766	$12,494	$1,715	$0	$26,483	**$318,461**
		Outpatient	$20,162	$29,077	$879	$3,163	$19,933	$63,624	$9,272	$23,818	$11,369	$56,783	$8,499	$20,481	**$267,059**
		ER	$925	$624	$4,022	$8,575	$2,080	$6,081	$3,905	$4,898	$1,069	$25,089	$5,348	$6,814	**$69,431**
		Prof Svcs	$31,647	$26,104	$29,732	$28,474	$43,821	$38,855	$66,003	$67,225	$57,772	$92,610	$52,503	$34,932	**$569,678**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$69,898	$52,344	$43,481	$56,223	$78,767	$45,712	$65,816	$82,340	$63,610	$46,403	$86,744	$84,756	**$776,095**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$202,170**	**$108,148**	**$94,735**	**$203,965**	**$174,966**	**$172,222**	**$144,996**	**$204,047**	**$146,314**	**$222,601**	**$153,094**	**$173,467**	**$2,000,724**
	Total Premiums		**$166,802**	**$168,016**	**$167,747**	**$166,796**	**$167,023**	**$166,298**	**$166,479**	**$165,667**	**$165,124**	**$165,666**	**$173,111**	**$169,674**	**$2,008,403**
Benefit Package 355	**Enrolled Employees**		29	31	31	31	28	28	28	28	28	27	33	32	**30**
	Enrolled Members		41	44	46	45	40	40	40	40	40	39	40	39	**41**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Outpatient	$0	$0	$46,857	$2,173	$0	$0	$17,604	-$114	$0	$0	$0	$2,132	**$68,653**
		ER	$0	$0	$8,256	$0	$0	$0	$1,354	$0	$0	$0	$1,937	$0	**$11,546**
		Prof Svcs	$5,025	$1,470	$5,115	$3,603	$11,809	$4,249	$10,048	$10,651	$3,547	$3,576	$4,269	$5,217	**$68,578**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$2,765	$3,096	$2,244	$2,825	$1,456	$1,492	$1,641	$1,977	$2,622	$2,890	$1,172	$1,722	**$25,903**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$7,790**	**$4,565**	**$62,472**	**$8,601**	**$13,265**	**$5,741**	**$30,647**	**$12,514**	**$6,170**	**$6,466**	**$7,378**	**$9,071**	**$174,679**
	Total Premiums		**$15,613**	**$14,146**	**$16,223**	**$16,937**	**$14,525**	**$14,525**	**$14,525**	**$14,525**	**$14,525**	**$14,102**	**$19,213**	**$18,695**	**$187,553**
Benefit Package 356	**Enrolled Employees**		44	44	44	44	44	44	44	44	43	43			**44**
	Enrolled Members		44	44	44	44	44	44	44	44	43	43			**44**
	Claims	Inpatient	$0	$0	$0	$39,736	$0	$0	$0	$0	$0	$0			**$39,736**
		Outpatient	$70,076	$117,840	$25,618	$15,145	$40,990	$46,670	$50,479	$28,575	$17,769	$70,877			**$484,038**
		ER	$7,046	$0	$0	$0	$0	$0	$0	$0	$1,752	$4,417			**$13,215**
		Prof Svcs	$19,525	$13,607	$11,358	$23,002	$24,412	$24,846	$32,097	$18,982	$8,703	$18,765			**$195,297**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$10,825	$10,901	$23,349	$17,280	$8,755	$25,498	$9,655	$14,158	$7,369	$17,281			**$145,070**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$107,471**	**$142,349**	**$60,325**	**$95,163**	**$74,156**	**$97,014**	**$92,230**	**$61,715**	**$35,593**	**$111,340**			**$877,357**
	Total Premiums		**$34,688**	**$34,688**	**$34,688**	**$34,688**	**$34,688**	**$34,688**	**$34,688**	**$34,688**	**$33,899**	**$33,899**			**$345,302**
Benefit Package 357	**Enrolled Employees**		447	443	443	443	444	444	445	441	442	416			**441**
	Enrolled Members		530	526	526	525	528	530	532	527	529	493			**525**
	Claims	Inpatient	$53,132	$33,908	$32,431	$20,200	$132,853	$43,539	$321,187	$54,051	$67,765	$57,232			**$816,299**
		Outpatient	$110,504	$34,402	$92,004	$23,422	$12,408	$46,508	$14,185	$26,757	$106,114	$39,444			**$505,747**
		ER	$5,567	$8,261	$12,974	$13,042	$19,658	$11,804	$26,111	$39,821	$1,761	$8,527			**$147,526**
		Prof Svcs	$169,405	$133,551	$123,639	$141,415	$188,721	$155,440	$223,081	$200,928	$164,857	$168,703			**$1,669,741**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$93,570	$90,728	$69,080	$110,057	$83,654	$91,303	$103,085	$80,161	$119,013	$90,654			**$931,305**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$432,178**	**$300,850**	**$330,128**	**$308,136**	**$437,296**	**$348,594**	**$687,649**	**$401,718**	**$459,510**	**$364,560**			**$4,070,618**
	Total Premiums		**$382,021**	**$378,164**	**$379,707**	**$378,591**	**$380,051**	**$381,084**	**$381,855**	**$377,310**	**$379,624**	**$353,637**			**$3,772,044**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9f
Experience Reports by Benefit Package — Monthly
Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 358	**Enrolled Employees**		437	438	438	440	439	438	431	429	429	431			**435**
	Enrolled Members		1,033	1,029	1,027	1,032	1,025	1,025	1,017	1,009	1,015	1,018			**1,023**
	Claims	Inpatient	$103,387	$7,138	$40,314	$42,980	$0	$5,373	$68,851	$50,742	$12,413	$218,953			**$550,151**
		Outpatient	$111,115	$64,648	$44,323	$48,749	$108,477	$11,402	$110,089	$84,166	$55,493	$66,799			**$705,261**
		ER	$8,267	$5,123	$3,807	$1,986	$9,918	$10,382	$13,087	$7,168	$9,200	$7,737			**$76,673**
		Prof Svcs	$106,092	$70,805	$92,686	$98,296	$99,797	$88,183	$158,160	$132,423	$137,409	$132,652			**$1,116,504**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$68,121	$42,482	$49,692	$55,449	$49,219	$68,903	$65,397	$66,923	$70,501	$68,543			**$605,228**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$396,982**	**$190,195**	**$230,821**	**$247,461**	**$267,411**	**$184,244**	**$415,583**	**$341,421**	**$285,016**	**$494,683**			**$3,053,817**
	Total Premiums		**$323,149**	**$322,144**	**$322,362**	**$323,457**	**$323,093**	**$322,558**	**$319,182**	**$316,018**	**$316,448**	**$317,497**			**$3,205,907**
Benefit Package 359	**Enrolled Employees**		313	311	308	307	307	306	303	303	302	293			**305**
	Enrolled Members		532	532	528	522	521	520	516	515	511	490			**519**
	Claims	Inpatient	$161,900	$41,832	$46,609	$26,114	$229,351	$0	$103,757	$12,730	$0	$66,806			**$689,099**
		Outpatient	$45,032	$23,435	$80,322	$43,812	$37,042	$17,316	$69,707	$68,406	$86,207	$16,062			**$487,342**
		ER	$9,688	$4,526	$10,112	$10,925	$4,756	$1,115	$20,792	$6,384	$5,158	$6,815			**$80,271**
		Prof Svcs	$133,537	$92,081	$93,639	$96,492	$130,609	$133,342	$152,639	$112,316	$92,751	$134,124			**$1,171,531**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$65,662	$63,404	$153,206	$61,877	$63,032	$63,024	$62,686	$60,439	$62,906	$68,145			**$724,382**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$415,819**	**$225,278**	**$383,889**	**$239,219**	**$464,791**	**$214,797**	**$409,582**	**$260,274**	**$247,023**	**$291,953**			**$3,152,625**
	Total Premiums		**$281,610**	**$280,810**	**$278,344**	**$275,779**	**$276,015**	**$275,285**	**$272,818**	**$272,157**	**$270,490**	**$258,734**			**$2,742,042**
Benefit Package 360	**Enrolled Employees**		516	520	518	516	514	519	514	514	512	513			**516**
	Enrolled Members		853	854	856	849	844	852	845	845	841	841			**848**
	Claims	Inpatient	$19,304	$49,203	$282,768	$32,269	$6,374	$47,501	$144,479	$36,136	$5,491	$62,577			**$686,103**
		Outpatient	$44,700	$57,713	-$2,386	$11,421	$49,547	$69,936	$57,630	$10,753	$61,195	$33,615			**$394,124**
		ER	$8,505	$3,128	$19,031	$4,282	$9,755	$10,730	$14,629	$1,285	$6,814	$5,667			**$83,827**
		Prof Svcs	$102,026	$96,510	$102,295	$93,479	$89,396	$110,702	$148,129	$104,541	$92,867	$121,781			**$1,061,725**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$55,820	$48,042	$53,234	$42,487	$45,762	$38,855	$35,013	$42,964	$48,231	$65,312			**$475,719**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$230,356**	**$254,597**	**$454,942**	**$183,939**	**$200,834**	**$277,723**	**$399,880**	**$195,680**	**$214,598**	**$288,952**			**$2,701,499**
	Total Premiums		**$387,214**	**$388,462**	**$388,767**	**$385,648**	**$383,057**	**$386,558**	**$382,928**	**$383,597**	**$381,212**	**$380,795**			**$3,848,240**
Benefit Package 361	**Enrolled Employees**		96	95	96	97	98	98	97	98	97	94			**97**
	Enrolled Members		275	274	280	282	280	281	284	287	283	280			**281**
	Claims	Inpatient	$17,894	$0	$0	$0	$0	$23,147	$0	$0	$0	$0			**$41,041**
		Outpatient	$16,227	$0	$28,338	$5,085	$2,618	$54,011	$64,802	$20,362	$852	$0			**$192,295**
		ER	$802	$71	$1,048	$0	$236	$890	$3,710	$1,146	$1,881	$1,870			**$11,654**
		Prof Svcs	$108,897	$53,863	$59,696	$61,513	$17,239	$19,243	$70,806	$48,581	$21,404	$115,657			**$576,899**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$13,073	$16,237	$15,643	$9,711	$18,074	$15,497	$15,919	$14,312	$17,237	$12,635			**$148,338**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$156,893**	**$70,171**	**$104,725**	**$76,309**	**$38,166**	**$112,788**	**$155,238**	**$84,400**	**$41,374**	**$130,163**			**$970,227**
	Total Premiums		**$59,263**	**$59,077**	**$59,745**	**$60,703**	**$60,754**	**$60,754**	**$60,837**	**$61,717**	**$60,837**	**$59,855**			**$603,543**
Benefit Package 362	**Enrolled Employees**		27	27	27	27	28	28	28	28	28	31			**28**
	Enrolled Members		87	87	87	88	90	90	91	92	91	101			**90**
	Claims	Inpatient	$12,430	$0	$103	$5,759	$0	$0	$0	$44,033	$3,820	$0			**$66,146**
		Outpatient	$2,624	$0	$0	$0	$0	$0	$1,664	$20,947	$25,037	$2,475			**$52,747**
		ER	$3,441	$0	$2,655	$0	$367	$697	$2,365	$1,698	$381	$0			**$11,604**
		Prof Svcs	$8,898	$4,032	$2,521	$5,554	$4,361	$5,235	$15,228	$13,475	$19,052	$4,720			**$83,075**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	-$428	$93	$294	$305	$196	$321	$455	$313	$497	$425			**$2,470**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$26,965**	**$4,124**	**$5,572**	**$11,618**	**$4,925**	**$6,253**	**$19,712**	**$80,467**	**$48,787**	**$7,619**			**$216,042**
	Total Premiums		**$18,577**	**$18,577**	**$18,577**	**$18,577**	**$19,239**	**$19,239**	**$19,360**	**$19,360**	**$19,360**	**$21,885**			**$192,749**

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Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 363	**Enrolled Employees**		121	122	122	122	122	121	120	117	118	111			**120**
	Enrolled Members		160	163	163	163	163	162	160	158	160	151			**160**
	Claims	Inpatient	$62,808	$0	$80,417	$0	$31,475	$0	$85,933	$193,100	$26,586	$83,673			**$563,992**
		Outpatient	$26,275	$21,402	$1,987	$11,697	$23,588	$14,526	$26,212	$28,954	$14,863	$32,781			**$202,286**
		ER	$6,093	$2,463	$267	$2,017	$8,249	$0	$5,734	$0	$1,934	$0			**$26,756**
		Prof Svcs	$50,752	$38,687	$52,308	$44,544	$63,555	$60,119	$71,799	$60,172	$66,216	$59,756			**$567,908**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$52,608	$37,500	$62,429	$49,992	$47,619	$50,187	$52,716	$35,506	$50,818	$50,974			**$490,348**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$198,537**	**$100,051**	**$197,408**	**$108,250**	**$174,487**	**$124,832**	**$242,393**	**$317,733**	**$160,417**	**$227,183**			**$1,851,290**
	Total Premiums		**$100,390**	**$101,450**	**$101,450**	**$101,450**	**$101,450**	**$100,694**	**$99,938**	**$98,286**	**$99,117**	**$93,798**			**$998,022**
Benefit Package 364	**Enrolled Employees**		71	71	71	71	71	71	71	71	71	70			**71**
	Enrolled Members		103	103	105	105	104	104	104	103	103	102			**104**
	Claims	Inpatient	$90,956	$67,718	$0	$0	$0	$0	$0	$111,080	$4,161	$0			**$273,915**
		Outpatient	$4,097	$5,622	$4,851	$0	$0	$83	$9,615	$0	$6,456	$0			**$30,724**
		ER	$0	$8,933	$0	$913	$0	$0	$6,310	$663	$7,026	$0			**$23,844**
		Prof Svcs	$30,812	$29,400	$39,583	$26,357	$17,920	$22,133	$65,869	$34,186	$50,099	$38,819			**$355,178**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$28,610	$30,717	$32,419	$33,993	$16,701	$18,232	$16,722	$29,171	$28,905	$18,839			**$254,310**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$154,475**	**$142,389**	**$76,853**	**$61,262**	**$34,621**	**$40,448**	**$98,516**	**$175,101**	**$96,647**	**$57,659**			**$937,971**
	Total Premiums		**$68,502**	**$68,502**	**$69,622**	**$69,622**	**$69,279**	**$69,279**	**$69,279**	**$69,279**	**$69,279**	**$68,431**			**$691,073**
Benefit Package 365	**Enrolled Employees**		1,264	1,262	1,264	1,262	1,258	1,256	1,257	1,250	1,249	1,207			**1,253**
	Enrolled Members		2,271	2,254	2,257	2,253	2,250	2,249	2,243	2,214	2,210	2,136			**2,234**
	Claims	Inpatient	$294,373	$352,233	$108,472	$198,936	$79,813	$138,677	$668,881	$9,322	$147,050	$373,214			**$2,370,971**
		Outpatient	$375,286	$172,134	$175,128	$34,289	$110,517	$143,024	$91,200	$136,438	$97,760	$267,744			**$1,603,520**
		ER	$46,858	$33,417	$35,888	$26,671	$36,130	$35,425	$80,926	$29,399	$27,613	$40,508			**$392,834**
		Prof Svcs	$345,806	$268,666	$294,103	$260,156	$330,312	$376,904	$428,037	$333,662	$280,623	$382,886			**$3,301,156**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$150,399	$141,190	$169,435	$173,699	$164,338	$167,474	$193,889	$164,853	$183,327	$182,185			**$1,690,788**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$1,212,721**	**$967,640**	**$783,026**	**$693,751**	**$721,110**	**$861,503**	**$1,462,933**	**$673,674**	**$736,373**	**$1,246,538**			**$9,359,269**
	Total Premiums		**$920,381**	**$916,880**	**$917,415**	**$913,880**	**$911,406**	**$912,229**	**$909,771**	**$903,291**	**$901,853**	**$870,355**			**$9,077,460**
Benefit Package 366	**Enrolled Employees**		458	463	466	467	468	468	469	471	471	470			**467**
	Enrolled Members		1,158	1,166	1,172	1,175	1,169	1,174	1,173	1,182	1,180	1,174			**1,172**
	Claims	Inpatient	$138,912	$59,897	$51,988	$33,843	$249,212	$15,695	$63,868	$65,396	$112,092	$247,521			**$1,038,423**
		Outpatient	$14,703	$25,800	$12,999	$33,402	$50,438	$7,948	$6,156	$24,563	$9,125	$121,676			**$306,811**
		ER	$4,867	$3,563	$5,688	$20,130	$3,669	$26,359	$38,623	$42,888	$9,981	$22,805			**$178,574**
		Prof Svcs	$91,190	$81,610	$96,343	$134,379	$80,244	$97,665	$121,153	$94,828	$92,557	$114,063			**$1,004,029**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$43,252	$55,340	$56,388	$64,868	$53,688	$55,512	$61,851	$64,061	$61,264	$64,447			**$580,671**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$292,923**	**$226,210**	**$223,405**	**$286,622**	**$437,251**	**$203,178**	**$291,651**	**$291,736**	**$285,018**	**$570,512**			**$3,108,508**
	Total Premiums		**$283,598**	**$286,572**	**$288,581**	**$287,890**	**$288,584**	**$289,047**	**$288,010**	**$290,693**	**$290,727**	**$289,938**			**$2,883,640**
Benefit Package 367	**Enrolled Employees**		95	95	95	95	95	96	95	96	97	101			**96**
	Enrolled Members		219	221	220	219	220	220	220	220	222	227			**221**
	Claims	Inpatient	$5,627	$18,115	$42,611	$0	$1,451	$0	$0	$53,347	$0	$362			**$121,513**
		Outpatient	$0	$1,069	$1,545	$2,463	$21,772	$4,277	$0	$0	$0	$0			**$31,125**
		ER	$44	$44	$0	$0	$240	$44	$475	$291	$0	$7			**$1,146**
		Prof Svcs	$9,414	$4,181	$14,612	$7,298	$15,083	$11,492	$8,664	$14,587	$7,914	$18,544			**$111,789**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$332	$198	$642	$692	$1,211	$335	$1,262	$906	$1,271	$2,158			**$9,006**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$15,417**	**$23,607**	**$59,410**	**$10,453**	**$39,757**	**$16,147**	**$10,402**	**$69,131**	**$9,184**	**$21,070**			**$274,579**
	Total Premiums		**$55,320**	**$55,320**	**$55,320**	**$55,113**	**$55,113**	**$55,484**	**$55,484**	**$54,906**	**$55,854**	**$58,431**			**$556,346**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9f
Experience Reports by Benefit Package — Monthly
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Benefit Package	Category	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 368	**Enrolled Employees**		44	45	48	48	48	48	50	49	49	51			**48**
	Enrolled Members		103	103	109	108	108	108	109	107	106	110			**107**
	Claims	Inpatient	$0	$0	$24,591	$15,383	$0	$0	$0	$0	$0	$0			**$39,974**
		Outpatient	$0	$0	$0	$15,747	$0	$0	$0	$0	$0	$5,071			**$20,818**
		ER	$0	$0	$2,663	$1,707	$8,655	$0	$0	$2,311	$0	$2,095			**$17,431**
		Prof Svcs	$6,088	$8,975	$13,412	$13,657	$11,383	$5,953	$9,724	$9,112	$7,147	$6,946			**$92,398**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$6,690	$5,688	$5,863	$5,837	$3,024	$2,617	$2,584	$3,194	$5,368	$6,715			**$47,580**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$12,777**	**$14,663**	**$46,529**	**$52,332**	**$23,063**	**$8,570**	**$12,308**	**$14,618**	**$12,515**	**$20,827**			**$218,201**
	Total Premiums		**$35,592**	**$36,069**	**$37,779**	**$37,915**	**$37,779**	**$37,779**	**$38,295**	**$37,538**	**$37,258**	**$37,894**			**$373,899**
Benefit Package 416	**Enrolled Employees**												646	658	**652**
	Enrolled Members												961	976	**969**
	Claims	Inpatient											$36,365	$152,815	**$189,180**
		Outpatient											$60,309	$75,920	**$136,229**
		ER											$4,789	$17,114	**$21,903**
		Prof Svcs											$74,122	$105,954	**$180,076**
		Other											$56,559	$93,181	**$149,740**
		Pharmacy											$88,511	$145,222	**$233,733**
		Capitation											$0	$0	**$0**
	Total Claims												**$320,655**	**$590,206**	**$910,861**
	Total Premiums												**$515,173**	**$523,715**	**$1,038,888**
Benefit Package 417	**Enrolled Employees**												840	841	**841**
	Enrolled Members												1,669	1,668	**1,669**
	Claims	Inpatient											$129,463	$87,131	**$216,594**
		Outpatient											$71,754	$58,661	**$130,415**
		ER											$9,617	$8,233	**$17,850**
		Prof Svcs											$96,452	$124,102	**$220,554**
		Other											$49,195	$79,381	**$128,576**
		Pharmacy											$78,680	$124,969	**$203,649**
		Capitation											$0	$0	**$0**
	Total Claims												**$435,161**	**$482,477**	**$917,638**
	Total Premiums												**$702,342**	**$702,209**	**$1,404,551**
Benefit Package 418	**Enrolled Employees**												285	286	**286**
	Enrolled Members												458	462	**460**
	Claims	Inpatient											$45,243	$38,928	**$84,171**
		Outpatient											$69,747	$11,574	**$81,321**
		ER											$7,501	$21,538	**$29,039**
		Prof Svcs											$35,728	$49,640	**$85,368**
		Other											$21,129	$30,292	**$51,421**
		Pharmacy											$25,623	$40,268	**$65,891**
		Capitation											$0	$0	**$0**
	Total Claims												**$204,971**	**$192,240**	**$397,211**
	Total Premiums												**$231,070**	**$232,747**	**$463,817**
Benefit Package 424	**Enrolled Employees**		1,745	1,748	1,749	1,751	1,756	1,753	1,755	1,753	1,755	1,737	1,743	1,742	**1,749**
	Enrolled Members		3,261	3,270	3,266	3,263	3,270	3,271	3,264	3,257	3,266	3,230	3,225	3,226	**3,256**
	Claims	Inpatient	$77,453	$189,755	$581,286	$208,956	$511,405	$561,472	$316,766	$409,234	$226,155	$233,464	$167,741	$430,346	**$3,914,034**
		Outpatient	$250,382	$170,353	$273,990	$170,955	$207,246	$176,280	$266,677	$423,123	$201,685	$208,391	$214,042	$258,198	**$2,821,323**
		ER	$80,562	$71,147	$65,596	$65,629	$62,211	$79,473	$78,343	$42,108	$82,089	$63,555	$28,922	$55,913	**$775,547**
		Prof Svcs	$403,004	$387,381	$383,612	$445,616	$413,421	$393,020	$540,688	$510,455	$389,673	$435,826	$396,772	$411,133	**$5,110,601**
		Other	$252,130	$245,494	$236,588	$279,383	$242,722	$271,572	$314,551	$325,376	$263,135	$312,868	$296,048	$296,811	**$3,336,679**
		Pharmacy	$232,662	$230,689	$355,074	$250,799	$314,270	$353,456	$296,905	$395,381	$310,464	$376,986	$453,830	$358,954	**$3,929,469**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$1,296,192**	**$1,294,819**	**$1,896,147**	**$1,421,339**	**$1,751,276**	**$1,835,274**	**$1,813,930**	**$2,105,677**	**$1,473,199**	**$1,631,090**	**$1,557,355**	**$1,811,354**	**$19,887,653**
	Total Premiums		**$1,710,032**	**$1,710,739**	**$1,711,339**	**$1,713,735**	**$1,715,661**	**$1,716,231**	**$1,711,322**	**$1,712,242**	**$1,706,702**	**$1,691,620**	**$1,689,860**	**$1,690,031**	**$20,479,514**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
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Experience Reports by Benefit Package — Monthly
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Benefit Package	Category	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 425	**Enrolled Employees**		687	683	681	681	678	677	673	670	670	665	666	665	**675**
	Enrolled Members		1,514	1,501	1,491	1,491	1,485	1,486	1,474	1,457	1,457	1,451	1,455	1,454	**1,476**
	Claims	Inpatient	$110,942	$122,277	$36,365	$39,943	$78,689	$130,168	$133,784	$10,601	$68,592	$55,095	$27,550	$113,201	**$927,206**
		Outpatient	$97,233	$101,767	$98,928	$59,868	$48,066	$46,696	$97,405	$38,442	$118,024	$61,999	$70,651	$47,949	**$887,029**
		ER	$28,017	$13,365	$18,364	$18,554	$34,044	$18,210	$11,795	$16,292	$25,543	$25,244	$21,206	$31,111	**$261,745**
		Prof Svcs	$233,804	$182,991	$178,033	$204,770	$215,725	$203,937	$216,173	$197,264	$171,324	$206,991	$197,971	$237,981	**$2,446,964**
		Other	$117,175	$115,350	$132,557	$129,262	$130,071	$123,211	$116,161	$124,978	$129,058	$124,275	$111,721	$157,953	**$1,511,772**
		Pharmacy	$68,981	$53,832	$111,863	$72,557	$88,407	$81,562	$92,062	$96,373	$92,267	$91,452	$100,568	$83,532	**$1,033,454**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$656,151**	**$589,581**	**$576,111**	**$524,955**	**$595,003**	**$603,784**	**$667,379**	**$483,951**	**$604,807**	**$565,056**	**$529,667**	**$671,726**	**$7,068,170**
	Total Premiums		**$802,403**	**$798,326**	**$790,385**	**$804,021**	**$790,240**	**$794,474**	**$791,551**	**$781,981**	**$772,207**	**$784,099**	**$775,867**	**$779,028**	**$9,464,581**
Benefit Package 426	**Enrolled Employees**		276	274	274	273	272	272	272	268	267	253	253	254	**267**
	Enrolled Members		516	508	508	502	500	499	498	493	492	467	466	466	**493**
	Claims	Inpatient	$63,010	$16,819	$53,173	$36,620	$35,284	$34,675	$182,717	$28,052	$8,900	$9,143	$63,171	$29,954	**$561,517**
		Outpatient	$17,493	$10,978	$10,266	$46,030	$25,203	$36,205	$20,086	$36,970	$58,480	$18,853	$11,493	$9,016	**$301,071**
		ER	$11,180	$24,846	$22,702	$16,170	$1,705	$7,451	$3,410	$9,389	$8,448	$1,611	-$1,292	$11,439	**$117,059**
		Prof Svcs	$87,359	$46,655	$45,205	$51,059	$50,619	$69,151	$74,282	$42,407	$44,407	$40,427	$39,079	$29,681	**$620,330**
		Other	$34,348	$23,315	$35,799	$26,937	$31,628	$39,232	$26,395	$40,802	$40,495	$35,148	$30,636	$18,103	**$382,838**
		Pharmacy	$30,452	$29,613	$40,983	$26,469	$36,695	$50,076	$31,206	$46,672	$41,783	$33,381	$44,226	$33,938	**$445,494**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$243,841**	**$152,224**	**$208,128**	**$203,285**	**$181,134**	**$236,789**	**$338,096**	**$204,291**	**$202,514**	**$138,563**	**$187,314**	**$132,132**	**$2,428,311**
	Total Premiums		**$290,597**	**$287,971**	**$282,944**	**$284,156**	**$283,335**	**$282,256**	**$282,564**	**$278,141**	**$276,451**	**$263,164**	**$263,164**	**$262,557**	**$3,337,301**
Benefit Package 428	**Enrolled Employees**		2,429	2,437	2,450	2,453	2,466	2,475	2,455	2,449	2,401	2,458	2,417	2,423	**2,443**
	Enrolled Members		5,279	5,286	5,298	5,303	5,326	5,338	5,312	5,288	5,184	5,307	5,295	5,296	**5,293**
	Claims	Inpatient	$207,064	$299,498	$315,980	$344,072	$121,234	$361,855	$653,869	$230,135	$286,633	$178,428	$285,172	$730,004	**$4,013,944**
		Outpatient	$218,513	$313,900	$327,244	$387,533	$323,457	$430,431	$384,185	$527,358	$446,867	$343,166	$253,145	$207,475	**$4,163,274**
		ER	$81,780	$58,875	$62,291	$63,132	$62,303	$49,984	$49,317	$87,038	$92,470	$36,192	$76,656	$50,316	**$770,354**
		Prof Svcs	$339,680	$271,048	$332,758	$321,990	$282,436	$392,081	$426,876	$427,749	$367,177	$294,744	$287,496	$278,588	**$4,022,622**
		Other	$146,638	$133,228	$167,105	$171,760	$148,312	$166,749	$190,305	$243,588	$245,719	$213,045	$184,816	$188,896	**$2,200,161**
		Pharmacy	$156,380	$185,098	$232,024	$188,407	$172,171	$216,829	$202,504	$236,777	$180,686	$175,311	$196,469	$185,645	**$2,328,301**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$1,150,056**	**$1,261,647**	**$1,437,402**	**$1,476,895**	**$1,109,914**	**$1,617,930**	**$1,907,055**	**$1,752,645**	**$1,619,552**	**$1,240,885**	**$1,283,754**	**$1,640,923**	**$17,498,657**
	Total Premiums		**$2,187,497**	**$2,187,977**	**$2,191,504**	**$2,207,057**	**$2,214,191**	**$2,212,740**	**$2,196,250**	**$2,161,647**	**$2,143,057**	**$2,185,799**	**$2,361,154**	**$2,357,477**	**$26,606,351**
Benefit Package 429	**Enrolled Employees**		980	983	987	987	989	992	989	990	991	988	984	988	**987**
	Enrolled Members		2,198	2,198	2,204	2,197	2,199	2,198	2,187	2,188	2,192	2,173	2,153	2,164	**2,188**
	Claims	Inpatient	$67,057	$71,432	$47,981	$49,153	$52,130	$25,619	$31,648	$145,913	$27,866	$122,404	$124,637	$153,964	**$919,804**
		Outpatient	$117,216	$47,968	$96,798	$62,967	$37,983	$53,552	$60,358	$76,781	$77,484	$89,786	$40,743	$65,142	**$826,776**
		ER	$9,872	$14,974	$33,192	$14,911	$11,553	$11,766	$12,262	$15,382	$26,560	$38,009	$1,555	$11,326	**$201,360**
		Prof Svcs	$188,302	$157,790	$167,430	$160,772	$129,762	$140,797	$184,038	$165,834	$142,613	$172,778	$166,924	$149,022	**$1,926,061**
		Other	$82,336	$58,173	$68,288	$74,327	$51,140	$73,776	$77,746	$97,623	$105,023	$83,152	$96,891	$164,268	**$1,032,743**
		Pharmacy	$58,377	$68,031	$70,750	$84,723	$64,253	$82,840	$75,974	$121,599	$85,259	$86,900	$132,441	$131,694	**$1,062,841**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$523,160**	**$418,369**	**$484,438**	**$446,852**	**$346,822**	**$388,349**	**$442,025**	**$623,131**	**$464,804**	**$593,027**	**$563,191**	**$675,416**	**$5,969,583**
	Total Premiums		**$755,140**	**$749,986**	**$763,892**	**$761,556**	**$764,536**	**$764,341**	**$760,461**	**$761,232**	**$761,679**	**$753,880**	**$747,214**	**$760,313**	**$9,104,228**
Benefit Package 431	**Enrolled Employees**		3,660	3,661	3,656	3,649	3,642	3,634	3,627	3,608	3,614	3,583	3,547	3,555	**3,620**
	Enrolled Members		6,935	6,928	6,909	6,883	6,866	6,851	6,840	6,821	6,833	6,764	6,560	6,564	**6,813**
	Claims	Inpatient	$453,619	$597,784	$439,691	$352,960	$489,427	$758,629	$426,557	$502,556	$490,132	$493,958	$282,419	$296,364	**$5,584,097**
		Outpatient	$321,928	$247,694	$275,478	$273,724	$172,327	$263,190	$390,225	$332,352	$346,079	$422,297	$133,233	$263,469	**$3,441,995**
		ER	$47,927	$34,537	$97,447	$68,874	$65,301	$82,215	$107,275	$80,643	$51,778	$88,187	$105,642	$187,222	**$1,017,047**
		Prof Svcs	$810,912	$662,585	$744,003	$880,293	$780,721	$813,663	$951,204	$967,690	$845,525	$794,102	$709,535	$812,041	**$9,772,275**
		Other	$436,647	$367,881	$385,875	$386,691	$382,675	$389,399	$430,805	$442,015	$421,983	$468,525	$366,131	$386,874	**$4,865,502**
		Pharmacy	$219,589	$308,227	$399,100	$297,051	$305,942	$402,332	$351,789	$442,420	$327,750	$327,791	$497,279	$370,672	**$4,249,942**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$2,290,621**	**$2,218,710**	**$2,341,594**	**$2,259,593**	**$2,196,392**	**$2,709,428**	**$2,657,855**	**$2,767,676**	**$2,483,247**	**$2,594,860**	**$2,094,239**	**$2,316,641**	**$28,930,857**
	Total Premiums		**$3,264,437**	**$3,255,932**	**$3,255,951**	**$3,227,159**	**$3,241,597**	**$3,226,865**	**$3,212,064**	**$3,185,674**	**$3,184,196**	**$3,214,392**	**$3,245,215**	**$3,277,427**	**$38,790,908**

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Experience Reports by Benefit Package — Monthly
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Benefit Package	Category	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 432	**Enrolled Employees**		1,934	1,933	1,934	1,930	1,927	1,919	1,911	1,907	1,906	1,924	1,945	1,952	**1,927**
	Enrolled Members		3,329	3,326	3,325	3,318	3,319	3,311	3,300	3,302	3,292	3,319	3,279	3,286	**3,309**
	Claims	Inpatient	$174,733	$184,842	$210,533	$104,225	$128,788	$492,314	$371,016	$268,455	$205,583	$143,083	$138,684	$296,289	**$2,718,545**
		Outpatient	$164,218	$374,519	$196,441	$248,632	$280,059	$193,359	$346,053	$134,787	$350,615	$434,459	$144,177	$200,675	**$3,067,994**
		ER	$38,704	$51,672	$69,701	$57,347	$43,797	$82,460	$58,547	$74,882	$89,144	$53,426	$21,717	$79,945	**$721,341**
		Prof Svcs	$363,179	$288,410	$317,613	$306,366	$294,024	$321,093	$363,611	$334,503	$349,691	$283,214	$265,573	$272,429	**$3,759,704**
		Other	$172,508	$161,950	$216,608	$208,253	$163,213	$189,243	$193,200	$209,477	$185,697	$182,519	$168,978	$164,849	**$2,216,494**
		Pharmacy	$183,350	$226,847	$231,753	$226,154	$198,273	$297,296	$272,790	$263,471	$212,038	$240,101	$289,388	$255,074	**$2,896,536**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$1,096,692**	**$1,288,240**	**$1,242,648**	**$1,150,977**	**$1,108,153**	**$1,575,765**	**$1,605,217**	**$1,285,576**	**$1,392,767**	**$1,336,802**	**$1,028,518**	**$1,269,260**	**$15,380,614**
	Total Premiums		**$1,716,414**	**$1,720,888**	**$1,713,447**	**$1,717,750**	**$1,715,507**	**$1,706,857**	**$1,704,001**	**$1,700,442**	**$1,702,069**	**$1,731,164**	**$1,697,764**	**$1,671,977**	**$20,498,280**
Benefit Package 433	**Enrolled Employees**		3,635	3,641	3,639	3,648	3,641	3,639	3,629	3,621	3,596	3,583	3,477	3,464	**3,601**
	Enrolled Members		6,064	6,060	6,050	6,058	6,038	6,033	6,019	6,014	5,979	5,952	5,678	5,650	**5,966**
	Claims	Inpatient	$414,048	$1,341,512	$271,063	$472,777	$555,668	$1,115,439	$615,031	$1,139,135	$933,855	$451,398	$547,561	$1,084,654	**$8,942,141**
		Outpatient	$373,763	$290,013	$711,873	$379,389	$348,821	$650,898	$365,345	$411,781	$421,695	$384,940	$302,649	$268,486	**$4,909,654**
		ER	$118,696	$130,457	$101,371	$130,757	$83,804	$113,368	$64,216	$132,277	$131,891	$157,881	$81,866	$107,612	**$1,354,196**
		Prof Svcs	$800,041	$739,166	$764,315	$837,822	$762,934	$775,218	$876,039	$827,588	$839,871	$858,279	$655,664	$817,099	**$9,554,035**
		Other	$515,355	$525,006	$517,377	$501,951	$503,754	$527,263	$533,752	$522,736	$541,510	$589,421	$405,514	$512,657	**$6,196,297**
		Pharmacy	$346,577	$303,993	$424,231	$353,713	$361,574	$406,494	$433,862	$452,364	$376,859	$376,637	$434,653	$354,644	**$4,625,600**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$2,568,481**	**$3,330,148**	**$2,790,229**	**$2,676,409**	**$2,616,554**	**$3,588,679**	**$2,888,246**	**$3,485,880**	**$3,245,682**	**$2,818,556**	**$2,427,907**	**$3,145,152**	**$35,581,922**
	Total Premiums		**$3,140,212**	**$3,139,712**	**$3,146,491**	**$3,149,401**	**$3,133,541**	**$3,138,513**	**$3,136,056**	**$3,133,500**	**$3,119,136**	**$3,142,265**	**$3,162,324**	**$3,077,566**	**$37,618,716**
Benefit Package 434	**Enrolled Employees**		855	851	849	847	847	844	837	838	827	833	709	709	**821**
	Enrolled Members		1,533	1,528	1,532	1,522	1,523	1,520	1,504	1,502	1,468	1,473	1,244	1,242	**1,466**
	Claims	Inpatient	$157,685	$172,384	$490,161	$62,307	$51,566	$121,527	$150	$152,762	$111,835	$51,623	$7,101	$12,495	**$1,391,596**
		Outpatient	$139,432	$114,012	$116,290	$129,865	$62,355	$147,305	$87,468	$57,526	$94,225	$170,053	$76,813	$82,647	**$1,277,991**
		ER	$46,248	$29,006	$55,747	$39,289	$22,331	$22,503	$25,916	$55,976	$30,499	$30,317	$15,109	$16,450	**$389,392**
		Prof Svcs	$167,563	$279,600	$237,938	$175,737	$140,581	$158,062	$182,353	$180,621	$189,297	$117,952	$120,805	$118,785	**$2,069,294**
		Other	$73,388	$77,890	$77,213	$85,967	$108,377	$79,898	$100,426	$96,588	$91,413	$89,566	$69,919	$75,217	**$1,025,860**
		Pharmacy	$130,036	$101,085	$146,632	$123,947	$157,301	$194,983	$157,308	$199,935	$153,980	$156,971	$119,508	$115,758	**$1,757,442**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$714,352**	**$773,976**	**$1,123,980**	**$617,111**	**$542,511**	**$724,278**	**$553,621**	**$743,407**	**$671,249**	**$616,483**	**$409,255**	**$421,352**	**$7,911,575**
	Total Premiums		**$767,183**	**$756,795**	**$756,447**	**$755,564**	**$751,195**	**$749,399**	**$746,125**	**$745,751**	**$734,804**	**$741,897**	**$669,921**	**$654,850**	**$8,829,932**
Benefit Package 435	**Enrolled Employees**		4,301	4,297	4,297	4,294	4,296	4,291	4,293	4,283	4,289	4,222	3,674	3,676	**4,184**
	Enrolled Members		7,311	7,292	7,273	7,261	7,259	7,252	7,254	7,218	7,233	7,109	5,569	5,557	**6,966**
	Claims	Inpatient	$572,839	$613,121	$750,338	$843,660	$309,397	$1,033,636	$502,893	$638,759	$303,216	$352,617	$265,442	$612,103	**$6,798,022**
		Outpatient	$577,314	$527,262	$525,930	$422,850	$603,771	$774,397	$548,395	$643,101	$603,191	$588,366	$434,708	$611,512	**$6,860,797**
		ER	$125,889	$138,122	$106,950	$84,450	$94,827	$105,039	$77,551	$129,814	$97,396	$91,199	$120,856	$102,361	**$1,274,454**
		Prof Svcs	$908,651	$859,368	$971,832	$892,568	$878,577	$1,034,399	$1,042,002	$1,175,054	$1,037,019	$879,780	$693,213	$796,627	**$11,169,091**
		Other	$412,512	$450,553	$475,140	$455,223	$465,621	$446,104	$476,771	$533,053	$495,251	$465,241	$417,974	$358,638	**$5,452,082**
		Pharmacy	$418,211	$491,076	$514,822	$454,273	$404,111	$539,157	$468,469	$502,013	$457,963	$474,333	$452,272	$343,459	**$5,520,158**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$3,015,416**	**$3,079,501**	**$3,345,013**	**$3,153,025**	**$2,756,304**	**$3,932,733**	**$3,116,082**	**$3,621,794**	**$2,994,036**	**$2,851,537**	**$2,384,465**	**$2,824,700**	**$37,074,604**
	Total Premiums		**$3,767,231**	**$3,742,440**	**$3,740,328**	**$3,674,366**	**$3,719,989**	**$3,684,300**	**$3,730,380**	**$3,644,113**	**$3,687,766**	**$3,637,159**	**$3,276,009**	**$3,279,480**	**$43,583,561**
Benefit Package 437	**Enrolled Employees**		351	351	352	352	352	352	352	358	361	393	398	400	**364**
	Enrolled Members		604	605	609	607	609	610	607	619	622	665	668	667	**624**
	Claims	Inpatient	-$4,830	$7,433	$62,872	$0	$8,473	$110,739	$32,653	$50,004	$1,403	$53,602	$8,768	$31,564	**$362,680**
		Outpatient	$31,762	$34,387	$20,682	$43,055	$131,453	$58,869	$184,754	$129,232	$136,796	$47,788	$47,077	$41,570	**$907,423**
		ER	$16,763	$14,672	$4,537	$5,245	$1,328	$7,758	$6,350	$4,264	$5,728	$30,382	$3,008	$5,429	**$105,464**
		Prof Svcs	$38,419	$53,250	$49,171	$46,799	$43,153	$47,505	$80,924	$57,859	$58,648	$41,751	$46,897	$43,605	**$607,981**
		Other	$20,642	$23,723	$27,483	$28,888	$29,558	$38,267	$26,738	$33,336	$27,850	$34,046	$24,427	$17,937	**$332,895**
		Pharmacy	$12,095	$13,566	$17,224	$13,222	$13,046	$17,564	$13,672	$17,872	$15,610	$13,737	$19,242	$16,137	**$182,987**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$114,850**	**$147,030**	**$181,968**	**$137,210**	**$227,011**	**$280,702**	**$345,091**	**$292,568**	**$246,034**	**$221,306**	**$149,417**	**$156,241**	**$2,499,430**
	Total Premiums		**$272,553**	**$277,112**	**$275,721**	**$275,721**	**$274,241**	**$272,210**	**$274,813**	**$278,705**	**$281,624**	**$360,844**	**$299,981**	**$342,050**	**$3,485,575**

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Benefit Package	Category	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 440	**Enrolled Employees**		1,324	1,335	1,333	1,334	1,339	1,333	1,330	1,325	1,356	1,386	1,409	1,413	**1,351**
	Enrolled Members		2,301	2,306	2,299	2,302	2,306	2,296	2,290	2,282	2,322	2,353	2,392	2,393	**2,320**
	Claims	Inpatient	$54,901	$177,110	$315,712	$210,582	$205,690	$176,078	$130,074	$276,874	$167,853	$122,230	$71,591	$187,260	**$2,095,955**
		Outpatient	$91,893	$75,533	$73,730	$94,077	$112,748	$168,093	$86,200	$152,937	$125,420	$96,899	$109,886	$104,946	**$1,292,362**
		ER	$30,514	$31,737	$36,163	$23,957	$38,414	$54,829	$32,866	$30,891	$28,215	$84,227	$18,020	$22,114	**$431,946**
		Prof Svcs	$245,185	$221,926	$210,895	$294,177	$269,742	$261,528	$377,104	$342,464	$239,416	$286,530	$235,647	$239,629	**$3,224,242**
		Other	$146,827	$126,128	$150,368	$156,650	$146,462	$127,952	$144,212	$143,948	$191,538	$173,677	$115,680	$145,789	**$1,769,230**
		Pharmacy	$54,743	$78,069	$97,568	$89,964	$163,694	$145,363	$113,933	$96,161	$91,075	$88,747	$119,920	$123,790	**$1,263,027**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$624,061**	**$710,503**	**$884,435**	**$869,407**	**$936,750**	**$933,842**	**$884,389**	**$1,043,276**	**$843,517**	**$852,310**	**$670,744**	**$823,528**	**$10,076,762**
	Total Premiums		**$1,105,377**	**$1,110,393**	**$1,105,337**	**$1,105,073**	**$1,108,584**	**$1,111,123**	**$1,102,765**	**$1,098,473**	**$1,102,871**	**$1,206,473**	**$1,177,638**	**$1,200,698**	**$13,534,805**
Benefit Package 441	**Enrolled Employees**		991	989	989	985	980	978	977	970	970	927	926	928	**968**
	Enrolled Members		1,745	1,747	1,747	1,740	1,735	1,730	1,728	1,713	1,714	1,627	1,615	1,621	**1,705**
	Claims	Inpatient	$301,264	$281,883	$64,786	$293,110	$248,785	$171,280	$99,897	$496,362	$49,566	$110,239	$217,874	$93,995	**$2,429,041**
		Outpatient	$251,999	$256,367	$329,796	$235,986	$289,697	$203,600	$328,920	$414,744	$267,020	$155,401	$236,101	$264,642	**$3,234,274**
		ER	$24,585	$49,798	$78,023	$58,709	$34,063	$48,974	$50,754	$31,529	$27,429	$46,517	$74,570	$21,464	**$546,416**
		Prof Svcs	$275,255	$210,123	$219,687	$271,031	$175,724	$267,007	$262,313	$264,800	$231,693	$170,555	$197,870	$213,792	**$2,759,849**
		Other	$125,848	$102,383	$140,262	$137,323	$109,039	$174,913	$116,599	$166,835	$134,686	$166,593	$105,004	$102,371	**$1,581,857**
		Pharmacy	$111,349	$91,580	$135,211	$144,750	$128,132	$129,762	$153,172	$167,433	$140,503	$115,046	$135,818	$114,903	**$1,567,659**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$1,090,300**	**$992,133**	**$967,764**	**$1,140,909**	**$985,440**	**$995,537**	**$1,011,656**	**$1,541,702**	**$850,897**	**$764,352**	**$967,237**	**$811,167**	**$12,119,095**
	Total Premiums		**$914,427**	**$907,875**	**$912,158**	**$908,057**	**$902,335**	**$901,708**	**$905,508**	**$889,747**	**$892,359**	**$961,833**	**$812,764**	**$900,586**	**$10,809,358**
Benefit Package 443	**Enrolled Employees**												255	256	**256**
	Enrolled Members												498	496	**497**
	Claims	Inpatient											$0	$26,576	**$26,576**
		Outpatient											$21,041	$9,938	**$30,979**
		ER											$13,415	$23,385	**$36,800**
		Prof Svcs											$3,181	$5,215	**$8,396**
		Other											$87,012	$84,791	**$171,803**
		Pharmacy											$22,742	$27,902	**$50,643**
		Capitation											$0	$0	**$0**
	Total Claims												**$147,390**	**$177,807**	**$325,197**
	Total Premiums												**$305,203**	**$181,630**	**$486,833**
Benefit Package 445	**Enrolled Employees**												229	229	**229**
	Enrolled Members												402	401	**402**
	Claims	Inpatient											-$9,416	$46,269	**$36,853**
		Outpatient											$11,326	$44,262	**$55,588**
		ER											$2,979	$12,697	**$15,675**
		Prof Svcs											$13,015	$15,783	**$28,798**
		Other											$65,582	$84,823	**$150,405**
		Pharmacy											$16,338	$12,332	**$28,670**
		Capitation											$0	$0	**$0**
	Total Claims												**$99,823**	**$216,166**	**$315,989**
	Total Premiums												**$237,918**	**$241,471**	**$479,389**
Benefit Package 447	**Enrolled Employees**												376	376	**376**
	Enrolled Members												729	727	**728**
	Claims	Inpatient											$9,491	$46,534	**$56,025**
		Outpatient											$19,484	$14,457	**$33,941**
		ER											$37,402	$20,450	**$57,853**
		Prof Svcs											$15,865	$41,623	**$57,488**
		Other											$161,254	$168,495	**$329,748**
		Pharmacy											$57,271	$61,022	**$118,293**
		Capitation											$0	$0	**$0**
	Total Claims												**$300,767**	**$352,582**	**$653,349**
	Total Premiums												**$413,094**	**$431,765**	**$844,859**

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Benefit Package	Category	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 451	**Enrolled Employees**		285	284	284	285	284	282	282	280	278	274			**282**
	Enrolled Members		584	579	577	579	578	572	570	561	555	546			**570**
	Claims	Inpatient	$81,756	$68,695	$7,359	$1,094	$49,374	$34,075	$89,017	$70,411	$35,529	$84,563			**$521,873**
		Outpatient	$12,994	$5,270	$15,829	$28,906	$47,668	$5,984	$12,774	$12,809	$8,013	$56,542			**$206,789**
		ER	$23,270	$11,368	$21,955	$8,228	$6,815	$21,766	$14,092	$12,241	$6,467	$19,607			**$145,808**
		Prof Svcs	$38,500	$17,061	$29,543	$18,241	$13,403	$20,598	$21,852	$22,692	$19,584	$32,296			**$233,770**
		Other	$118,677	$118,350	$103,263	$101,692	$99,048	$133,754	$109,664	$110,446	$95,345	$121,275			**$1,111,515**
		Pharmacy	$31,834	$25,767	$31,556	$31,458	$26,325	$29,394	$30,871	$23,973	$26,959	$25,383			**$283,521**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$307,031**	**$246,511**	**$209,506**	**$189,619**	**$242,633**	**$245,571**	**$278,270**	**$252,572**	**$191,897**	**$339,666**			**$2,503,276**
	Total Premiums		**$239,946**	**$259,838**	**$259,378**	**$260,681**	**$262,862**	**$259,167**	**$257,866**	**$254,912**	**$257,069**	**$243,325**			**$2,555,045**
Benefit Package 452	**Enrolled Employees**		268	269	265	266	266	266	265	264	262	264			**266**
	Enrolled Members		445	445	441	440	440	440	438	434	433	441			**440**
	Claims	Inpatient	$7,309	$9,597	$81,335	$89,643	$44,941	$55,185	$45,302	$122,894	-$28,351	$30,245			**$458,099**
		Outpatient	$15,661	$7,306	$8,980	$15,827	$9,969	$30,336	$25,442	$24,187	$15,552	$30,765			**$184,025**
		ER	$25,097	$7,333	$6,637	$3,398	$10,530	$9,198	$10,543	$9,343	$1,181	$8,797			**$92,057**
		Prof Svcs	$10,029	$6,009	$10,924	$17,778	$13,801	$13,442	$12,981	$3,534	$9,998	$13,784			**$112,279**
		Other	$74,233	$79,361	$98,052	$80,420	$93,082	$97,947	$85,184	$100,519	$68,276	$87,040			**$864,113**
		Pharmacy	$9,745	$12,777	$34,635	$15,815	$14,265	$22,935	$20,265	$18,305	$22,653	$20,545			**$191,940**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$142,075**	**$122,383**	**$240,563**	**$222,881**	**$186,587**	**$229,043**	**$199,716**	**$278,781**	**$89,309**	**$191,177**			**$1,902,515**
	Total Premiums		**$233,154**	**$235,752**	**$234,587**	**$229,839**	**$234,438**	**$233,027**	**$232,475**	**$230,525**	**$230,209**	**$232,571**			**$2,326,577**
Benefit Package 453	**Enrolled Employees**												794	792	**793**
	Enrolled Members												1,410	1,413	**1,412**
	Claims	Inpatient											$43,979	$145,110	**$189,089**
		Outpatient											$27,231	$62,940	**$90,171**
		ER											$61,637	$36,998	**$98,636**
		Prof Svcs											$50,785	$46,384	**$97,169**
		Other											$284,455	$312,758	**$597,213**
		Pharmacy											$77,350	$81,751	**$159,101**
		Capitation											$0	$0	**$0**
	Total Claims												**$545,438**	**$685,940**	**$1,231,378**
	Total Premiums												**$798,957**	**$806,808**	**$1,605,765**
Benefit Package 454	**Enrolled Employees**												285	284	**285**
	Enrolled Members												491	485	**488**
	Claims	Inpatient											$28,391	$11,853	**$40,244**
		Outpatient											$22,121	$13,206	**$35,328**
		ER											$3,748	$33,669	**$37,417**
		Prof Svcs											$10,670	$10,240	**$20,910**
		Other											$85,820	$93,181	**$179,001**
		Pharmacy											$21,949	$28,817	**$50,766**
		Capitation											$0	$0	**$0**
	Total Claims												**$172,699**	**$190,967**	**$363,666**
	Total Premiums												**$243,876**	**$245,079**	**$488,955**
Benefit Package 460	**Enrolled Employees**		1	1	1	1	1	1	1	1	1	1			**1**
	Enrolled Members		4	4	4	4	4	4	4	4	4	3			**4**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Outpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		ER	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Prof Svcs	$0	$143	$0	$0	$0	$184	$0	$0	$0	$479			**$806**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$0	$57	$0	$0	$62	$0	$62	$0	$0	$0			**$181**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$0**	**$200**	**$0**	**$0**	**$62**	**$184**	**$62**	**$0**	**$0**	**$479**			**$987**
	Total Premiums		**$1,067**	**$1,067**	**$1,067**	**$1,067**	**$1,067**	**$1,067**	**$1,067**	**$1,067**	**$1,067**	**$1,067**			**$10,669**

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Benefit Package	Category	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 469	**Enrolled Employees**		55	55	55	55	55	55	54	54	54	52			**54**
	Enrolled Members		74	74	74	74	74	74	72	72	72	68			**73**
	Claims	Inpatient	$0	$0	$0	$0	$8,407	$0	$35,773	$0	$0	$35,027			**$79,206**
		Outpatient	$109	$1,232	$15	$655	$429	$72,734	$34,065	$1,592	$18,320	$0			**$129,152**
		ER	$1,966	$911	$1,326	$905	$0	$0	$4,541	$93	$8,357	$0			**$18,100**
		Prof Svcs	$12,390	$7,835	$14,987	$9,332	$19,665	$9,884	$16,348	$15,735	$22,360	$13,786			**$142,321**
		Other	$3,075	$2,475	-$782	$1,428	$4,407	$496	$12,070	$3,077	$10,627	$8,427			**$45,300**
		Pharmacy	$14,597	$15,924	$6,142	$13,471	$16,551	$13,210	$15,308	$13,294	$14,623	$12,940			**$136,060**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$32,138**	**$28,377**	**$21,689**	**$25,791**	**$49,460**	**$96,324**	**$118,103**	**$33,791**	**$74,287**	**$70,180**			**$550,140**
	Total Premiums		**$50,829**	**$50,829**	**$50,829**	**$50,829**	**$50,829**	**$50,829**	**$49,308**	**$49,308**	**$49,308**	**$47,060**			**$499,961**
Benefit Package 472	**Enrolled Employees**		44	45	45	45	45	44	44	43	43	43			**44**
	Enrolled Members		84	87	87	87	87	86	86	85	85	81			**86**
	Claims	Inpatient	$0	$9,518	$0	$0	$0	$0	$0	$0	$0	$0			**$9,518**
		Outpatient	$104	$210	$5,554	$5,073	$695	$75	$0	$8,275	$9,388	$13,715			**$43,089**
		ER	$1,197	$2,108	$313	$0	$2,205	$0	$0	$820	$1,825	$0			**$8,468**
		Prof Svcs	$10,883	$5,353	$14,307	$8,441	$16,992	$6,116	$13,443	$13,805	$44,576	$35,620			**$169,535**
		Other	$1,546	$2,707	$2,737	$1,049	$511	$668	$769	-$2,489	$8,073	$3,647			**$19,219**
		Pharmacy	$5,531	$3,678	$4,873	$5,593	$5,435	$5,162	$5,941	$4,763	$4,298	$3,283			**$48,557**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$19,261**	**$23,575**	**$27,784**	**$20,156**	**$25,839**	**$12,020**	**$20,153**	**$25,173**	**$68,159**	**$56,265**			**$298,385**
	Total Premiums		**$44,927**	**$45,980**	**$45,980**	**$45,980**	**$45,980**	**$45,206**	**$45,206**	**$44,432**	**$44,432**	**$42,853**			**$450,974**
Benefit Package 474	**Enrolled Employees**		14	14	14	14	14	14	14	14	14	18			**14**
	Enrolled Members		27	27	27	26	26	26	27	27	27	34			**27**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$2,124			**$2,124**
		Outpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$21			**$21**
		ER	$0	$0	$0	$0	$0	$0	$103	$0	$0	$768			**$871**
		Prof Svcs	$1,166	$2,409	$1,597	$332	$209	$185	$1,417	$331	$1,341	$1,156			**$10,142**
		Other	$6	$82	$417	$0	$0	$0	$143	$0	$38	$99			**$784**
		Pharmacy	$465	$480	$975	$748	$358	$226	$409	$71	$326	$40			**$4,099**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$1,637**	**$2,971**	**$2,990**	**$1,080**	**$567**	**$411**	**$2,071**	**$402**	**$1,705**	**$4,207**			**$18,041**
	Total Premiums		**$12,142**	**$12,142**	**$12,142**	**$12,142**	**$12,142**	**$12,142**	**$12,142**	**$12,142**	**$12,142**	**$15,288**			**$124,565**
Benefit Package 477	**Enrolled Employees**		23	23	23	23	24	23	23	24	24	28			**24**
	Enrolled Members		43	43	43	43	45	42	42	44	44	54			**44**
	Claims	Inpatient	$0	$24,442	$0	$0	$0	$0	$0	$0	$44,930	$0			**$69,373**
		Outpatient	$63	$59	$7,216	$106	$24,582	$9,719	$0	$0	$152	$9,468			**$51,365**
		ER	$0	$0	$0	$1,105	$75	$103	$0	$0	$1,283	$97			**$2,662**
		Prof Svcs	$4,620	$2,048	$4,427	$1,104	$9,821	$3,095	$2,552	$3,036	$13,379	$10,901			**$54,984**
		Other	$2,295	$58	$85	$3	$750	$357	$339	$65	$545	$394			**$4,890**
		Pharmacy	$668	$1,274	$812	$498	$1,247	$797	$728	$888	$550	$552			**$8,016**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$7,647**	**$27,881**	**$12,541**	**$2,816**	**$36,475**	**$14,071**	**$3,618**	**$3,989**	**$60,840**	**$21,412**			**$191,289**
	Total Premiums		**$18,984**	**$18,984**	**$18,984**	**$18,984**	**$19,764**	**$18,501**	**$18,501**	**$19,281**	**$19,281**	**$22,954**			**$194,216**
Benefit Package 482	**Enrolled Employees**		11	13	13	13	14	13	13	13	13				**13**
	Enrolled Members		23	26	26	26	29	26	26	26	26				**26**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
		Outpatient	$279	$0	$0	$10,367	$0	$464	$3,548	$993	$0				**$15,652**
		ER	$0	$0	$0	$0	$0	$0	$1,761	$6,547	$0				**$8,308**
		Prof Svcs	$1,957	$1,740	$1,470	$7,425	$1,453	$2,032	$4,371	$4,890	$1,226				**$26,565**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
		Pharmacy	$701	$290	$163	$137	$102	$168	$791	$541	$186				**$3,081**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
	Total Claims		**$2,937**	**$2,031**	**$1,633**	**$17,929**	**$1,555**	**$2,665**	**$10,472**	**$12,971**	**$1,413**				**$53,605**
	Total Premiums		**$7,153**	**$8,302**	**$8,302**	**$8,302**	**$9,427**	**$8,302**	**$8,302**	**$8,302**	**$8,302**				**$74,695**

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Benefit Package	Category	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 483	**Enrolled Employees**		93	94	93	94	92	91	91	93	94	98			**93**
	Enrolled Members		205	208	203	205	202	201	201	206	207	211			**205**
	Claims	Inpatient	$76,152	$0	$8,489	$0	$0	$0	$56,776	$0	$0	$0			**$141,416**
		Outpatient	$15,425	$4,515	$1,003	$19,667	$700	$18,580	$9,855	$13,572	$5,061	$8,047			**$96,424**
		ER	$0	$0	$25	$5,287	$0	$1,853	$2,125	$0	$7,231	$3,099			**$19,620**
		Prof Svcs	$25,590	$14,577	$14,103	$18,156	$18,818	$18,644	$20,480	$23,851	$13,720	$20,907			**$188,846**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$8,475	$34,565	$40,562	$39,372	$54,274	$43,672	$15,962	$16,007	$15,348	$16,176			**$284,412**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$125,642**	**$53,657**	**$64,182**	**$82,482**	**$73,792**	**$82,748**	**$105,198**	**$53,429**	**$41,360**	**$48,228**			**$730,719**
	Total Premiums		**$69,161**	**$69,910**	**$68,127**	**$69,372**	**$68,626**	**$68,112**	**$68,112**	**$69,764**	**$70,251**	**$73,136**			**$694,570**
Benefit Package 484	**Enrolled Employees**												97	96	**97**
	Enrolled Members												207	205	**206**
	Claims	Inpatient											$6,047	$42,443	**$48,489**
		Outpatient											$3,951	$10,316	**$14,267**
		ER											$2,940	$1,506	**$4,446**
		Prof Svcs											$18,359	$18,715	**$37,075**
		Other											$0	$0	**$0**
		Pharmacy											$10,771	$10,056	**$20,826**
		Capitation											$0	$0	**$0**
	Total Claims												**$42,068**	**$83,036**	**$125,103**
	Total Premiums												**$80,463**	**$79,158**	**$159,621**
Benefit Package 485	**Enrolled Employees**		29	29	29	29	29	29	29	29	29				**29**
	Enrolled Members		58	58	58	58	58	58	58	57	57				**58**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$102,738	$0	$35,325				**$138,063**
		Outpatient	$6,634	$34,929	$24,468	$27,108	$8,192	$1,089	$1,607	$13,197	$2,479				**$119,703**
		ER	$0	$0	$0	$0	$0	$0	$0	$1,184	$1,921				**$3,104**
		Prof Svcs	$2,910	$2,045	$5,963	$4,563	$4,080	$3,459	$13,988	$5,342	$7,205				**$49,555**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
		Pharmacy	$709	$3,738	$2,710	$3,993	$1,361	$948	$815	$1,247	$1,012				**$16,534**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
	Total Claims		**$10,254**	**$40,712**	**$33,141**	**$35,664**	**$13,632**	**$5,496**	**$119,148**	**$20,970**	**$47,942**				**$326,959**
	Total Premiums		**$23,308**	**$23,308**	**$23,308**	**$23,308**	**$23,308**	**$23,308**	**$23,308**	**$23,111**	**$23,111**				**$209,379**
Benefit Package 486	**Enrolled Employees**											46	46	45	**46**
	Enrolled Members											82	80	79	**80**
	Claims	Inpatient										$0	$0	$0	**$0**
		Outpatient										$8,839	$544	$1,014	**$10,397**
		ER										$550	$0	$0	**$550**
		Prof Svcs										$9,807	$3,059	$5,567	**$18,433**
		Other										$0	$0	$0	**$0**
		Pharmacy										$1,033	$962	$696	**$2,690**
		Capitation										$0	$0	$0	**$0**
	Total Claims											**$20,228**	**$4,565**	**$7,277**	**$32,070**
	Total Premiums											**$37,152**	**$36,923**	**$36,346**	**$110,421**
Benefit Package 488	**Enrolled Employees**		26	26	25	25	25	25	25	25	25				**25**
	Enrolled Members		67	67	66	66	66	66	66	66	66				**66**
	Claims	Inpatient	$0	$8,886	$0	$0	$0	$0	$66,548	$0	$0				**$75,435**
		Outpatient	$1,505	$271	$0	$345	$32	$497	$131	$2,087	$1,972				**$6,839**
		ER	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
		Prof Svcs	$6,008	$4,548	$2,588	$4,514	$2,355	$4,446	$14,923	$6,722	$5,350				**$51,453**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
		Pharmacy	$746	$716	$705	$407	$752	$610	$636	$2,035	$562				**$7,168**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
	Total Claims		**$8,259**	**$14,421**	**$3,293**	**$5,265**	**$3,139**	**$5,553**	**$82,238**	**$10,844**	**$7,884**				**$140,896**
	Total Premiums		**$18,937**	**$18,937**	**$18,452**	**$18,452**	**$18,452**	**$18,452**	**$18,452**	**$18,452**	**$18,452**				**$167,038**

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Benefit Package	Category	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 489	**Enrolled Employees**		259	258	257	259	259	257	257	254	252	249			**256**
	Enrolled Members		603	603	604	607	606	601	603	590	586	568			**597**
	Claims	Inpatient	$9,407	$189,273	$81,123	$58,033	$145,701	$30,680	$0	$48,376	$0	$50,808			**$613,400**
		Outpatient	$30,499	$24,792	$47,007	$45,792	$110,053	$27,768	$65,561	$28,153	$15,455	$85,761			**$480,841**
		ER	$16,755	$4,650	$11,755	$82	$6,916	$2,881	$11,556	$3,559	$14,509	$12,224			**$84,886**
		Prof Svcs	$65,841	$82,958	$64,192	$48,746	$50,632	$46,263	$58,944	$64,392	$37,461	$47,428			**$566,857**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$10,571	$21,638	$26,138	$23,532	$31,415	$26,248	$28,071	$11,259	$17,389	$16,072			**$212,332**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$133,073**	**$323,310**	**$230,215**	**$176,184**	**$344,716**	**$133,839**	**$164,132**	**$155,740**	**$84,814**	**$212,293**			**$1,958,316**
	Total Premiums		**$186,843**	**$186,675**	**$186,746**	**$187,948**	**$188,234**	**$186,728**	**$186,926**	**$184,147**	**$182,053**	**$179,043**			**$1,855,343**
Benefit Package 490	**Enrolled Employees**												233	234	**234**
	Enrolled Members												570	571	**571**
	Claims	Inpatient											$3,710	$0	**$3,710**
		Outpatient											$5,252	$25,004	**$30,256**
		ER											$5,901	$5,746	**$11,647**
		Prof Svcs											$32,094	$39,051	**$71,146**
		Other											$0	$0	**$0**
		Pharmacy											$16,847	$16,723	**$33,570**
		Capitation											$0	$0	**$0**
	Total Claims												**$63,805**	**$86,524**	**$150,330**
	Total Premiums												**$189,488**	**$189,853**	**$379,341**
Benefit Package 491	**Enrolled Employees**		33	31	31	32	33	33	33	34	34				**33**
	Enrolled Members		59	55	55	58	60	60	59	60	60				**58**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
		Outpatient	$1,812	$584	$291	$128	$14,127	$58,374	$1,077	$176	$481				**$77,049**
		ER	$0	$0	$0	$0	$0	$0	$0	$5,705	$0				**$5,705**
		Prof Svcs	$5,399	$4,243	$5,087	$3,632	$6,331	$9,088	$2,654	$7,062	$3,001				**$46,496**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
		Pharmacy	$511	$436	$966	$424	$845	$797	$1,243	$1,438	$1,118				**$7,777**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
	Total Claims		**$7,721**	**$5,262**	**$6,344**	**$4,184**	**$21,303**	**$68,259**	**$4,973**	**$14,381**	**$4,599**				**$137,027**
	Total Premiums		**$23,421**	**$22,094**	**$22,094**	**$23,342**	**$24,104**	**$24,104**	**$23,907**	**$24,471**	**$24,471**				**$212,010**
Benefit Package 492	**Enrolled Employees**											62	64	64	**63**
	Enrolled Members											130	132	132	**131**
	Claims	Inpatient										$6,186	$0	$150,111	**$156,297**
		Outpatient										$3,597	$1,697	$16,752	**$22,045**
		ER										$0	$0	$0	**$0**
		Prof Svcs										$9,847	$11,365	$22,536	**$43,749**
		Other										$0	$0	$0	**$0**
		Pharmacy										$2,421	$2,999	$3,802	**$9,223**
		Capitation										$0	$0	$0	**$0**
	Total Claims											**$22,051**	**$16,061**	**$193,201**	**$231,313**
	Total Premiums											**$51,175**	**$52,485**	**$52,485**	**$156,146**
Benefit Package 493	**Enrolled Employees**		18	18	18	18	18	18	18	18	18	18			**18**
	Enrolled Members		20	20	20	20	20	20	20	20	20	20			**20**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Outpatient	$2,261	$2,596	$2,069	$542	$7,931	$0	$1,908	$1,134	$25,962	$2,107			**$46,510**
		ER	$0	$0	$0	$0	$452	$0	$0	$0	$0	$0			**$452**
		Prof Svcs	$9,412	$4,332	$7,373	$13,358	$17,414	$2,441	$13,924	$4,070	$15,163	$9,627			**$97,113**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$3,978	$3,162	$4,888	$2,817	$3,369	$3,384	$3,274	$3,100	$3,060	$2,774			**$33,805**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$15,651**	**$10,089**	**$14,330**	**$16,716**	**$29,167**	**$5,825**	**$19,106**	**$8,303**	**$44,185**	**$14,508**			**$177,880**
	Total Premiums		**$16,980**	**$16,980**	**$16,980**	**$16,980**	**$16,980**	**$16,980**	**$16,980**	**$16,980**	**$16,980**	**$16,980**			**$169,802**

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Benefit Package	Category	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 494	**Enrolled Employees**		43	43	43	42	42	42	42	42	43	43	43	43	**43**
	Enrolled Members		134	134	134	130	130	131	131	131	132	132	132	130	**132**
	Claims	Inpatient	$0	$0	$0	$0	$0	$11,450	$0	$0	$0	$6,660	$0	$0	**$18,110**
		Outpatient	$11,394	$4,968	$8,269	$30,506	$22,469	$40,418	$3,612	$2,177	$11,001	$9,364	$55,240	$10,674	**$210,092**
		ER	$3,265	$385	$1,241	$4,871	$711	$2,731	$5,394	$5,672	$1,598	$1,844	$1,415	$3,628	**$32,755**
		Prof Svcs	$13,747	$7,855	$12,502	$26,935	$10,866	$28,874	$12,948	$13,898	$11,979	$12,390	$21,894	$12,802	**$186,687**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$3,005	$6,326	$38,752	$40,889	$41,516	$4,431	$10,956	$10,334	$5,882	$12,878	$12,044	$7,935	**$194,947**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$31,410**	**$19,533**	**$60,763**	**$103,200**	**$75,562**	**$87,903**	**$32,909**	**$32,081**	**$30,460**	**$43,136**	**$90,594**	**$35,039**	**$642,591**
	Total Premiums		**$68,157**	**$68,157**	**$68,157**	**$66,096**	**$66,096**	**$66,096**	**$66,096**	**$66,096**	**$66,921**	**$66,921**	**$66,921**	**$66,921**	**$802,638**
Benefit Package 495	**Enrolled Employees**		81	82	81	81	80	80	80	80	80				**81**
	Enrolled Members		137	138	137	137	136	137	136	136	136				**137**
	Claims	Inpatient	$0	$0	$17,826	$0	$86,427	$0	$0	$37,007	$0				**$141,260**
		Outpatient	$49,336	$8,314	$5,300	$24,129	$55,258	$13,231	$7,009	$14,896	$14,204				**$191,678**
		ER	$577	$682	$1,994	$3,840	$16,562	$446	$3,333	$10,181	$457				**$38,073**
		Prof Svcs	$41,001	$22,021	$25,760	$33,041	$40,578	$14,472	$20,513	$27,480	$14,997				**$239,861**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
		Pharmacy	$18,400	$22,762	$13,868	$19,604	$14,636	$18,055	$15,930	$18,252	$19,633				**$161,141**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
	Total Claims		**$109,315**	**$53,780**	**$64,748**	**$80,614**	**$213,460**	**$46,204**	**$46,785**	**$107,816**	**$49,291**				**$772,012**
	Total Premiums		**$66,258**	**$66,943**	**$66,258**	**$66,258**	**$65,573**	**$65,573**	**$65,573**	**$65,573**	**$65,573**				**$593,580**
Benefit Package 496	**Enrolled Employees**		110	110	110	109	108	108	108	108	108	109			**109**
	Enrolled Members		169	168	168	164	163	163	163	157	158	160			**163**
	Claims	Inpatient	$48,082	$0	$0	$9,451	$0	$68,767	$23,585	$74,224	$367,001	$0			**$591,110**
		Outpatient	$5,854	$21,174	$22,923	$18,862	$28,555	$14,762	$39,693	$8,637	$28,959	$10,656			**$200,075**
		ER	$11,893	$3,298	$2,108	$307	$2,253	$5,070	$10,903	$628	$0	$0			**$36,460**
		Prof Svcs	$39,467	$39,038	$34,046	$40,335	$30,126	$68,231	$41,008	$43,305	$96,793	$73,936			**$506,287**
		Other	$14,684	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$14,684**
		Pharmacy	$21,036	$19,083	$18,745	$24,888	$17,853	$19,134	$25,106	$25,545	$18,321	$18,477			**$208,188**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$141,016**	**$82,593**	**$77,823**	**$93,843**	**$78,787**	**$175,963**	**$140,295**	**$152,339**	**$511,075**	**$103,069**			**$1,556,803**
	Total Premiums		**$101,431**	**$100,760**	**$100,760**	**$99,784**	**$98,975**	**$98,575**	**$98,575**	**$97,519**	**$97,144**	**$97,268**			**$990,792**
Benefit Package 497	**Enrolled Employees**												121	121	**121**
	Enrolled Members												185	185	**185**
	Claims	Inpatient											$31,917	$10,542	**$42,459**
		Outpatient											$51,794	$42,624	**$94,417**
		ER											$3,752	$1,804	**$5,556**
		Prof Svcs											$52,173	$47,416	**$99,589**
		Other											$0	$0	**$0**
		Pharmacy											$13,726	$33,055	**$46,781**
		Capitation											$0	$0	**$0**
	Total Claims												**$153,362**	**$135,440**	**$288,802**
	Total Premiums												**$116,726**	**$116,726**	**$233,452**
Benefit Package 498	**Enrolled Employees**		126	126	126	125	125	125	124	122	122				**125**
	Enrolled Members		211	211	209	208	207	207	206	201	202				**207**
	Claims	Inpatient	$0	$0	$0	$108,022	$0	$122,957	$53,204	$17,090	$66,804				**$368,077**
		Outpatient	$86,810	$126,163	$43,555	$53,920	$71,749	$79,861	$50,600	$67,694	$53,844				**$634,195**
		ER	$17,926	$594	$10,674	$3,895	$13,454	$4,314	$2,619	$3,238	$9,399				**$66,112**
		Prof Svcs	$34,373	$38,203	$36,823	$42,566	$38,560	$62,301	$35,939	$43,232	$52,934				**$384,930**
		Other	$0	$0	$0	$0	$16,848	$4,214	$0	$0	$0				**$21,062**
		Pharmacy	$39,314	$40,357	$39,466	$43,041	$42,308	$46,039	$41,545	$43,482	$42,204				**$377,756**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
	Total Claims		**$178,422**	**$205,316**	**$130,518**	**$251,443**	**$182,919**	**$319,686**	**$183,907**	**$174,736**	**$225,185**				**$1,852,132**
	Total Premiums		**$115,371**	**$115,371**	**$115,092**	**$114,319**	**$113,662**	**$113,662**	**$112,888**	**$111,071**	**$111,342**				**$1,022,778**

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Benefit Package	Category	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 499	**Enrolled Employees**											161	167	167	**165**
	Enrolled Members											266	288	287	**280**
	Claims	Inpatient										$225,097	$17,296	$10,357	**$252,751**
		Outpatient										$49,691	$54,489	$45,359	**$149,539**
		ER										$7,217	$2,159	$3,775	**$13,152**
		Prof Svcs										$69,338	$64,832	$48,394	**$182,564**
		Other										$0	$0	$0	**$0**
		Pharmacy										$42,762	$43,000	$55,693	**$141,455**
		Capitation										$0	$0	$0	**$0**
	Total Claims											**$394,105**	**$181,777**	**$163,579**	**$739,460**
	Total Premiums											**$165,924**	**$176,327**	**$176,013**	**$518,265**
Benefit Package 501	**Enrolled Employees**		20	20	20	20	20	20	20	19	20				**20**
	Enrolled Members		41	41	41	41	41	41	41	38	41				**41**
	Claims	Inpatient	$0	$4,944	$18,605	$0	$0	$0	$0	$0	$0				**$23,549**
		Outpatient	$120	$172	$2,948	$1,833	$366	$2,122	$273	$2,801	$0				**$10,636**
		ER	$0	$550	$0	$0	$0	$0	$1,841	$3,755	$2,499				**$8,645**
		Prof Svcs	$4,047	$6,239	$9,094	$6,445	$2,945	$5,075	$5,836	$4,633	$8,609				**$52,922**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
		Pharmacy	$7,581	$6,908	$4,653	$7,736	$4,689	$4,583	$7,014	$4,905	$6,757				**$54,827**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
	Total Claims		**$11,748**	**$18,812**	**$35,301**	**$16,014**	**$8,001**	**$11,780**	**$14,965**	**$16,094**	**$17,864**				**$150,579**
	Total Premiums		**$16,425**	**$16,425**	**$16,425**	**$16,425**	**$16,425**	**$16,425**	**$16,425**	**$15,582**	**$16,425**				**$146,979**
Benefit Package 502	**Enrolled Employees**		195	197	197	197	199	198	198	198	198	192			**197**
	Enrolled Members		316	316	316	315	316	313	314	315	316	304			**314**
	Claims	Inpatient	$0	$0	$8,810	$11,901	$0	$28,298	$0	$0	$16,427	$0			**$65,436**
		Outpatient	$63,451	$69,607	$55,740	$67,616	$63,336	$98,545	$86,727	$74,332	$141,016	$116,839			**$837,209**
		ER	$976	$1,366	$10,979	$6,147	$1,473	$6,170	$0	$6,174	$8,954	$6,944			**$49,183**
		Prof Svcs	$51,928	$66,518	$74,713	$76,925	$57,828	$81,501	$75,559	$77,873	$64,810	$55,663			**$683,319**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$40,273	$43,603	$50,904	$48,982	$48,230	$47,312	$42,700	$56,051	$81,049	$48,522			**$507,626**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$156,628**	**$181,094**	**$201,146**	**$211,570**	**$170,868**	**$261,826**	**$204,986**	**$214,431**	**$312,256**	**$227,968**			**$2,142,773**
	Total Premiums		**$161,773**	**$162,918**	**$162,914**	**$162,914**	**$163,715**	**$162,405**	**$162,462**	**$163,184**	**$163,170**	**$157,980**			**$1,623,434**
Benefit Package 503	**Enrolled Employees**												196	197	**197**
	Enrolled Members												298	296	**297**
	Claims	Inpatient											$0	$28,278	**$28,278**
		Outpatient											$40,285	$33,669	**$73,954**
		ER											$2,441	$1,412	**$3,853**
		Prof Svcs											$23,907	$40,210	**$64,117**
		Other											$0	$0	**$0**
		Pharmacy											$48,288	$46,265	**$94,552**
		Capitation											$0	$0	**$0**
	Total Claims												**$114,920**	**$149,834**	**$264,754**
	Total Premiums												**$166,717**	**$167,198**	**$333,915**
Benefit Package 504	**Enrolled Employees**		126	126	126	127	128	128	128	129	129				**127**
	Enrolled Members		207	208	206	209	209	211	212	213	213				**210**
	Claims	Inpatient	$0	$30,832	$0	$7,790	$60,407	$12,733	$11,168	$12,781	$0				**$135,709**
		Outpatient	$8,124	$10,593	$15,370	$19,278	$30,125	$17,083	$7,957	$8,524	$23,677				**$140,730**
		ER	$4,153	$0	$2,666	$0	$1,592	$0	$7,386	$11,751	$13,499				**$41,048**
		Prof Svcs	$20,629	$27,591	$23,430	$35,227	$33,422	$23,284	$31,664	$44,459	$36,549				**$276,256**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
		Pharmacy	$21,780	$22,597	$29,062	$19,362	$23,244	$26,655	$22,556	$32,727	$25,212				**$223,195**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
	Total Claims		**$54,686**	**$91,613**	**$70,529**	**$81,657**	**$148,791**	**$79,754**	**$80,731**	**$110,241**	**$98,937**				**$816,938**
	Total Premiums		**$105,165**	**$105,414**	**$105,172**	**$106,108**	**$107,044**	**$107,287**	**$107,530**	**$108,230**	**$108,230**				**$960,179**

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Benefit Package	Category	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 505	**Enrolled Employees**											138	138	138	**138**
	Enrolled Members											227	227	227	**227**
	Claims	Inpatient										$0	$0	$0	**$0**
		Outpatient										$4,192	$21,474	$12,705	**$38,372**
		ER										$16,169	$4,930	$7,666	**$28,764**
		Prof Svcs										$29,443	$27,280	$28,398	**$85,120**
		Other										$0	$0	$0	**$0**
		Pharmacy										$32,715	$42,986	$25,577	**$101,278**
		Capitation										$0	$0	$0	**$0**
	Total Claims											**$82,519**	**$96,670**	**$74,345**	**$253,534**
	Total Premiums											**$131,513**	**$131,513**	**$131,513**	**$394,540**
Benefit Package 507	**Enrolled Employees**		13	13	13	13	13	13	13	13	13				**13**
	Enrolled Members		38	38	38	38	38	38	38	38	38				**38**
	Claims	Inpatient	$0	$0	$6,843	$0	$0	$2,865	$0	$0	$0				**$9,708**
		Outpatient	$1,434	$190	$0	$4,089	$2,069	$503	$21	$1,088	$42				**$9,437**
		ER	$0	$0	$2,598	$0	$0	$0	$0	$733	$0				**$3,331**
		Prof Svcs	$980	$1,378	$2,691	$1,246	$3,107	$3,358	$3,106	$4,655	$2,513				**$23,034**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
		Pharmacy	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
	Total Claims		**$2,415**	**$1,567**	**$12,132**	**$5,335**	**$5,177**	**$6,727**	**$3,127**	**$6,475**	**$2,556**				**$45,510**
	Total Premiums		**$9,428**	**$9,428**	**$9,428**	**$9,428**	**$9,428**	**$9,428**	**$9,428**	**$9,428**	**$9,428**				**$84,854**
Benefit Package 508	**Enrolled Employees**		122	122	121	122	122	122	121	121	121	138			**123**
	Enrolled Members		271	270	270	271	271	271	268	263	262	295			**271**
	Claims	Inpatient	$0	$7,495	$0	$0	$0	$0	$0	$0	$32,027	$0			**$39,521**
		Outpatient	$45,929	$6,581	$8,399	$10,837	$25,392	$10,454	$22,445	$32,697	$41,342	$15,654			**$219,731**
		ER	$310	$0	$1,547	$2,781	$1,326	$354	$2,413	$3,455	$5,510	$626			**$18,321**
		Prof Svcs	$10,290	$6,944	$8,513	$9,187	$17,606	$12,139	$17,826	$20,260	$19,479	$17,242			**$139,486**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$10,436	$5,319	$18,744	$16,908	$20,380	$22,355	$17,597	$15,084	$14,858	$15,821			**$157,502**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$66,965**	**$26,339**	**$37,203**	**$39,714**	**$64,703**	**$45,302**	**$60,281**	**$71,496**	**$113,216**	**$49,343**			**$574,562**
	Total Premiums		**$80,215**	**$79,858**	**$79,405**	**$79,846**	**$79,846**	**$79,846**	**$78,578**	**$78,005**	**$78,005**	**$88,911**			**$802,516**
Benefit Package 509	**Enrolled Employees**												135	134	**135**
	Enrolled Members												279	279	**279**
	Claims	Inpatient											$31,059	$0	**$31,059**
		Outpatient											$22,539	$11,066	**$33,605**
		ER											$1,704	$2,935	**$4,639**
		Prof Svcs											$15,643	$16,604	**$32,247**
		Other											$0	$0	**$0**
		Pharmacy											$18,103	$28,853	**$46,956**
		Capitation											$0	$0	**$0**
	Total Claims												**$89,048**	**$59,458**	**$148,505**
	Total Premiums												**$98,368**	**$98,222**	**$196,589**
Benefit Package 510	**Enrolled Employees**		75	74	74	74	74	74	74	73	73				**74**
	Enrolled Members		178	177	177	176	177	178	177	176	173				**177**
	Claims	Inpatient	$0	$0	$0	$29,269	$14,262	$27,791	$3,492	$17,791	$63,203				**$155,807**
		Outpatient	$1,504	$10,314	$4,314	$2,668	$4,621	$20,820	$21,172	$54,417	$35,737				**$155,566**
		ER	$0	$2,903	$0	$5,937	$205	$3,346	$9,636	$7,066	$0				**$29,094**
		Prof Svcs	$5,529	$6,693	$8,582	$8,186	$14,891	$25,620	$20,048	$23,197	$19,063				**$131,810**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
		Pharmacy	$591	$708	$1,481	$942	$1,964	$1,730	$2,284	$3,755	$3,536				**$16,990**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
	Total Claims		**$7,624**	**$20,618**	**$14,376**	**$47,001**	**$35,943**	**$79,308**	**$56,631**	**$106,226**	**$121,539**				**$489,265**
	Total Premiums		**$49,115**	**$48,671**	**$48,671**	**$48,671**	**$48,831**	**$48,831**	**$48,671**	**$48,383**	**$47,846**				**$437,690**

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Benefit Package	Category	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 511	**Enrolled Employees**											102	105	106	**104**
	Enrolled Members											240	241	243	**241**
	Claims	Inpatient										$0	$0	$2,646	**$2,646**
		Outpatient										$42,982	$24,892	$45,689	**$113,563**
		ER										$2,783	$2,131	$22,985	**$27,898**
		Prof Svcs										$24,549	$24,060	$30,785	**$79,394**
		Other										$0	$0	$0	**$0**
		Pharmacy										$4,542	$4,599	$3,675	**$12,816**
		Capitation										$0	$0	$0	**$0**
	Total Claims											**$74,856**	**$55,681**	**$105,780**	**$236,317**
	Total Premiums											**$77,568**	**$78,237**	**$78,752**	**$234,558**
Benefit Package 512	**Enrolled Employees**		10	10	10	10	10	10	10	10	10				**10**
	Enrolled Members		27	26	26	26	26	26	26	26	26				**26**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
		Outpatient	$0	$0	$0	$0	$0	$1,265	$0	$703	$259				**$2,228**
		ER	$2,227	$0	$0	$0	$0	$0	$0	$13,832	$425				**$16,484**
		Prof Svcs	$527	$741	$776	$1,341	$393	$1,399	$1,127	$5,981	$1,823				**$14,108**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
		Pharmacy	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
	Total Claims		**$2,754**	**$741**	**$776**	**$1,341**	**$393**	**$2,665**	**$1,127**	**$20,516**	**$2,507**				**$32,820**
	Total Premiums		**$4,883**	**$4,592**	**$4,592**	**$4,592**	**$4,592**	**$4,592**	**$4,592**	**$4,592**	**$4,592**				**$41,623**
Benefit Package 513	**Enrolled Employees**		38	40	40	40	40	40	40	40	40	42			**40**
	Enrolled Members		132	134	134	134	134	134	134	134	133	142			**135**
	Claims	Inpatient	$0	$0	$0	$0	$0	$65,671	$31,767	$0	$0	$0			**$97,438**
		Outpatient	$115	$187	$0	$115	$1,770	$11,706	$5,033	$1,413	$1,522	$1,463			**$23,327**
		ER	$0	$104	$556	$0	$1,434	$0	$0	$0	$0	$0			**$2,094**
		Prof Svcs	$870	$2,600	$1,451	$3,131	$2,575	$46,425	$10,935	$6,042	$2,817	$6,545			**$83,391**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$398	$171	$216	$452	$489	$1,523	$1,768	$1,646	$1,081	$3,132			**$10,876**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$1,383**	**$3,061**	**$2,224**	**$3,699**	**$6,269**	**$125,325**	**$49,503**	**$9,100**	**$5,421**	**$11,141**			**$217,126**
	Total Premiums		**$27,897**	**$28,641**	**$28,641**	**$28,641**	**$28,641**	**$28,641**	**$28,641**	**$28,641**	**$28,332**	**$29,644**			**$286,357**
Benefit Package 514	**Enrolled Employees**												41	42	**42**
	Enrolled Members												140	142	**141**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$4,542	$2,236	**$6,778**
		ER											$683	$0	**$683**
		Prof Svcs											$7,351	$7,746	**$15,096**
		Other											$0	$0	**$0**
		Pharmacy											$1,766	$3,102	**$4,868**
		Capitation											$0	$0	**$0**
	Total Claims												**$14,341**	**$13,085**	**$27,426**
	Total Premiums												**$30,938**	**$31,650**	**$62,588**
Benefit Package 515	**Enrolled Employees**											10	11	11	**11**
	Enrolled Members											28	29	29	**29**
	Claims	Inpatient										$0	$0	$0	**$0**
		Outpatient										$886	$0	$259	**$1,145**
		ER										$0	$3,265	$0	**$3,265**
		Prof Svcs										$2,129	$2,620	$2,071	**$6,820**
		Other										$0	$0	$0	**$0**
		Pharmacy										$0	$0	$0	**$0**
		Capitation										$0	$0	$0	**$0**
	Total Claims											**$3,015**	**$5,885**	**$2,330**	**$11,230**
	Total Premiums											**$5,818**	**$6,190**	**$6,190**	**$18,198**

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Benefit Package	Category	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 517	**Enrolled Employees**												587	629	**608**
	Enrolled Members												1,316	1,403	**1,360**
	Claims	Inpatient											$2,495	$23,792	**$26,288**
		Outpatient											$12,770	$19,281	**$32,051**
		ER											$10,834	$1,195	**$12,029**
		Prof Svcs											$54,035	$67,608	**$121,643**
		Other											$3,561	$3,669	**$7,230**
		Pharmacy											$21,876	$28,215	**$50,091**
		Capitation											$0	$0	**$0**
	Total Claims												**$105,570**	**$143,761**	**$249,331**
	Total Premiums												**$440,914**	**$468,923**	**$909,838**
Benefit Package 519	**Enrolled Employees**												18,127	18,263	**18,195**
	Enrolled Members												37,636	37,832	**37,734**
	Claims	Inpatient											$3,244,248	$2,347,876	**$5,592,125**
		Outpatient											$1,867,957	$2,533,566	**$4,401,523**
		ER											$378,457	$444,501	**$822,958**
		Prof Svcs											$3,632,082	$4,109,851	**$7,741,933**
		Other											$100,333	$102,193	**$202,526**
		Pharmacy											$1,094,014	$1,312,863	**$2,406,877**
		Capitation											$0	$0	**$0**
	Total Claims												**$10,317,091**	**$10,850,849**	**$21,167,941**
	Total Premiums												**$13,958,380**	**$14,043,451**	**$28,001,830**
Benefit Package 521	**Enrolled Employees**												8,300	8,325	**8,313**
	Enrolled Members												17,990	18,042	**18,016**
	Claims	Inpatient											$1,045,063	$1,322,492	**$2,367,555**
		Outpatient											$1,320,040	$1,582,191	**$2,902,231**
		ER											$277,326	$246,485	**$523,812**
		Prof Svcs											$1,647,321	$1,847,115	**$3,494,437**
		Other											$88,153	$142,936	**$231,089**
		Pharmacy											$1,066,235	$1,172,677	**$2,238,912**
		Capitation											$0	$0	**$0**
	Total Claims												**$5,444,138**	**$6,313,898**	**$11,758,035**
	Total Premiums												**$6,677,983**	**$6,693,884**	**$13,371,867**
Benefit Package 523	**Enrolled Employees**												44	44	**44**
	Enrolled Members												133	133	**133**
	Claims	Inpatient											$16,700	$0	**$16,700**
		Outpatient											$1,374	$7,743	**$9,117**
		ER											$0	$0	**$0**
		Prof Svcs											$16,410	$12,890	**$29,300**
		Other											$709	$58	**$767**
		Pharmacy											$5,221	$6,310	**$11,530**
		Capitation											$0	$0	**$0**
	Total Claims												**$40,413**	**$27,001**	**$67,414**
	Total Premiums												**$45,818**	**$45,818**	**$91,635**
Benefit Package 525	**Enrolled Employees**												1,911	1,930	**1,921**
	Enrolled Members												4,878	4,915	**4,897**
	Claims	Inpatient											$176,656	$231,289	**$407,945**
		Outpatient											$120,455	$344,948	**$465,403**
		ER											$23,595	$24,602	**$48,197**
		Prof Svcs											$223,857	$295,687	**$519,544**
		Other											$1,265	$4,786	**$6,051**
		Pharmacy											$54,028	$77,136	**$131,164**
		Capitation											$0	$0	**$0**
	Total Claims												**$599,857**	**$978,447**	**$1,578,304**
	Total Premiums												**$1,390,487**	**$1,401,079**	**$2,791,566**

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Benefit Package	Category	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 528	**Enrolled Employees**												14,024	14,006	**14,015**
	Enrolled Members												22,710	22,650	**22,680**
	Claims	Inpatient											$4,091,123	$3,403,075	**$7,494,199**
		Outpatient											$2,996,862	$3,861,176	**$6,858,038**
		ER											$448,576	$486,969	**$935,545**
		Prof Svcs											$3,910,302	$4,426,836	**$8,337,138**
		Other											$172,492	$319,047	**$491,539**
		Pharmacy											$3,776,068	$4,162,180	**$7,938,248**
		Capitation											$0	$0	**$0**
	Total Claims												**$15,395,423**	**$16,659,283**	**$32,054,706**
	Total Premiums												**$15,017,102**	**$14,990,411**	**$30,007,513**
Benefit Package 530	**Enrolled Employees**												10,877	10,886	**10,882**
	Enrolled Members												18,501	18,490	**18,496**
	Claims	Inpatient											$1,036,099	$2,257,289	**$3,293,388**
		Outpatient											$2,154,143	$2,241,342	**$4,395,485**
		ER											$277,476	$281,636	**$559,112**
		Prof Svcs											$2,347,768	$2,695,502	**$5,043,270**
		Other											$112,205	$171,271	**$283,476**
		Pharmacy											$2,229,138	$2,338,623	**$4,567,761**
		Capitation											$0	$0	**$0**
	Total Claims												**$8,156,828**	**$9,985,663**	**$18,142,491**
	Total Premiums												**$10,538,269**	**$10,535,826**	**$21,074,095**
Benefit Package 532	**Enrolled Employees**												2,694	2,687	**2,691**
	Enrolled Members												4,424	4,403	**4,414**
	Claims	Inpatient											$931,333	$866,354	**$1,797,687**
		Outpatient											$851,419	$884,272	**$1,735,690**
		ER											$103,697	$117,448	**$221,145**
		Prof Svcs											$1,131,542	$1,242,811	**$2,374,353**
		Other											$50,373	$65,938	**$116,311**
		Pharmacy											$857,884	$917,185	**$1,775,069**
		Capitation											$0	$0	**$0**
	Total Claims												**$3,926,247**	**$4,094,008**	**$8,020,255**
	Total Premiums												**$3,371,712**	**$3,361,344**	**$6,733,056**
Benefit Package 534	**Enrolled Employees**		0	0	0	0	0	0	0	0	0	0	1	1	**1**
	Enrolled Members		0	0	0	0	0	0	0	0	0	0	1	1	**1**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Outpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		ER	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Prof Svcs	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$157	$0	**$157**
		Pharmacy	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$157**	**$0**	**$157**
	Total Premiums		**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$467**	**$467**	**$935**
Benefit Package 552	**Enrolled Employees**												16	16	**16**
	Enrolled Members												30	30	**30**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$0	$4,531	**$4,531**
		ER											$0	$0	**$0**
		Prof Svcs											$1,868	$10,196	**$12,064**
		Other											$0	$0	**$0**
		Pharmacy											$13,326	$5,764	**$19,089**
		Capitation											$0	$0	**$0**
	Total Claims												**$15,193**	**$20,491**	**$35,685**
	Total Premiums												**$18,841**	**$18,841**	**$37,682**

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Benefit Package	Category	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 553	**Enrolled Employees**												8	8	**8**
	Enrolled Members												14	14	**14**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$0	$0	**$0**
		ER											$0	$909	**$909**
		Prof Svcs											$2,601	$2,407	**$5,008**
		Other											$0	$0	**$0**
		Pharmacy											$82	$3,970	**$4,051**
		Capitation											$0	$0	**$0**
	Total Claims												**$2,683**	**$7,286**	**$9,968**
	Total Premiums												**$7,051**	**$7,051**	**$14,103**
Benefit Package 554	**Enrolled Employees**												48	48	**48**
	Enrolled Members												105	104	**105**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$0	$6,692	**$6,692**
		ER											$0	$5,318	**$5,318**
		Prof Svcs											$5,329	$15,737	**$21,066**
		Other											$0	$0	**$0**
		Pharmacy											$10,355	$16,661	**$27,016**
		Capitation											$0	$0	**$0**
	Total Claims												**$15,684**	**$44,408**	**$60,092**
	Total Premiums												**$44,619**	**$44,619**	**$89,239**
Benefit Package 555	**Enrolled Employees**												73	73	**73**
	Enrolled Members												173	173	**173**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$0	$3,589	**$3,589**
		ER											$0	$0	**$0**
		Prof Svcs											$4,417	$5,330	**$9,747**
		Other											$0	$0	**$0**
		Pharmacy											$14,325	$21,048	**$35,373**
		Capitation											$0	$0	**$0**
	Total Claims												**$18,742**	**$29,966**	**$48,708**
	Total Premiums												**$45,050**	**$46,277**	**$91,328**
Benefit Package 556	**Enrolled Employees**												21	22	**22**
	Enrolled Members												64	68	**66**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$0	$0	**$0**
		ER											$0	$0	**$0**
		Prof Svcs											$261	$540	**$802**
		Other											$0	$0	**$0**
		Pharmacy											$16	$16	**$32**
		Capitation											$0	$0	**$0**
	Total Claims												**$277**	**$556**	**$833**
	Total Premiums												**$15,050**	**$15,050**	**$30,100**
Benefit Package 557	**Enrolled Employees**												6	6	**6**
	Enrolled Members												23	23	**23**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$0	$0	**$0**
		ER											$0	$0	**$0**
		Prof Svcs											$272	$823	**$1,096**
		Other											$0	$0	**$0**
		Pharmacy											$10	$4,366	**$4,376**
		Capitation											$0	$0	**$0**
	Total Claims												**$282**	**$5,189**	**$5,472**
	Total Premiums												**$4,151**	**$4,151**	**$8,301**

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Benefit Package	Category	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 558	**Enrolled Employees**												2	2	**2**
	Enrolled Members												6	6	**6**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$0	$0	**$0**
		ER											$0	$0	**$0**
		Prof Svcs											$300	$86	**$386**
		Other											$0	$0	**$0**
		Pharmacy											$646	$488	**$1,135**
		Capitation											$0	$0	**$0**
	Total Claims												**$946**	**$574**	**$1,521**
	Total Premiums												**$1,250**	**$1,250**	**$2,501**
Benefit Package 559	**Enrolled Employees**												92	92	**92**
	Enrolled Members												256	257	**257**
	Claims	Inpatient											$6,210	$1,319	**$7,529**
		Outpatient											$0	$0	**$0**
		ER											$0	$25	**$25**
		Prof Svcs											$5,723	$9,864	**$15,587**
		Other											$0	$0	**$0**
		Pharmacy											$3,336	$8,298	**$11,634**
		Capitation											$0	$0	**$0**
	Total Claims												**$15,268**	**$19,507**	**$34,775**
	Total Premiums												**$52,888**	**$52,888**	**$105,776**
Benefit Package 560	**Enrolled Employees**												6	6	**6**
	Enrolled Members												10	10	**10**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$0	$0	**$0**
		ER											$0	$0	**$0**
		Prof Svcs											$410	$2,187	**$2,597**
		Other											$0	$0	**$0**
		Pharmacy											$411	$1,206	**$1,617**
		Capitation											$0	$0	**$0**
	Total Claims												**$821**	**$3,393**	**$4,215**
	Total Premiums												**$4,619**	**$4,619**	**$9,238**
Benefit Package 561	**Enrolled Employees**												16	16	**16**
	Enrolled Members												27	27	**27**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$0	$15,948	**$15,948**
		ER											$0	$0	**$0**
		Prof Svcs											$422	$2,957	**$3,380**
		Other											$0	$0	**$0**
		Pharmacy											$5,669	$3,221	**$8,890**
		Capitation											$0	$0	**$0**
	Total Claims												**$6,091**	**$22,126**	**$28,217**
	Total Premiums												**$11,826**	**$11,826**	**$23,653**
Benefit Package 562	**Enrolled Employees**												2	2	**2**
	Enrolled Members												6	6	**6**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$0	$0	**$0**
		ER											$0	$0	**$0**
		Prof Svcs											$165	$22	**$187**
		Other											$0	$0	**$0**
		Pharmacy											$0	$0	**$0**
		Capitation											$0	$0	**$0**
	Total Claims												**$165**	**$22**	**$187**
	Total Premiums												**$1,004**	**$1,004**	**$2,007**

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Benefit Package	Category	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 563	**Enrolled Employees**												33	33	**33**
	Enrolled Members												66	66	**66**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$0	$0	**$0**
		ER											$0	$0	**$0**
		Prof Svcs											$4,575	$5,141	**$9,717**
		Other											$0	$0	**$0**
		Pharmacy											$726	$1,095	**$1,821**
		Capitation											$0	$0	**$0**
	Total Claims												**$5,301**	**$6,237**	**$11,538**
	Total Premiums												**$18,900**	**$18,900**	**$37,801**
Benefit Package 564	**Enrolled Employees**												9	9	**9**
	Enrolled Members												25	25	**25**
	Claims	Inpatient											$0	$2,771	**$2,771**
		Outpatient											$0	$12,209	**$12,209**
		ER											$0	$0	**$0**
		Prof Svcs											$1,058	$2,862	**$3,920**
		Other											$0	$0	**$0**
		Pharmacy											$317	$190	**$507**
		Capitation											$0	$0	**$0**
	Total Claims												**$1,375**	**$18,032**	**$19,407**
	Total Premiums												**$5,587**	**$5,587**	**$11,174**
Benefit Package 565	**Enrolled Employees**												4	4	**4**
	Enrolled Members												9	9	**9**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$0	$0	**$0**
		ER											$0	$0	**$0**
		Prof Svcs											$0	$105	**$105**
		Other											$0	$0	**$0**
		Pharmacy											$105	$204	**$309**
		Capitation											$0	$0	**$0**
	Total Claims												**$105**	**$308**	**$414**
	Total Premiums												**$1,750**	**$2,691**	**$4,441**
Benefit Package 566	**Enrolled Employees**												9	9	**9**
	Enrolled Members												23	23	**23**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$0	$0	**$0**
		ER											$0	$0	**$0**
		Prof Svcs											$238	$1,070	**$1,308**
		Other											$0	$0	**$0**
		Pharmacy											$612	$48	**$660**
		Capitation											$0	$0	**$0**
	Total Claims												**$851**	**$1,118**	**$1,969**
	Total Premiums												**$5,586**	**$5,586**	**$11,172**
Benefit Package 567	**Enrolled Employees**												111	107	**109**
	Enrolled Members												137	130	**134**
	Claims	Inpatient											$0	$47,451	**$47,451**
		Outpatient											$4,943	$3,172	**$8,115**
		ER											$1,334	$2,660	**$3,993**
		Prof Svcs											$11,862	$14,944	**$26,806**
		Other											$0	$0	**$0**
		Pharmacy											$17,669	$20,561	**$38,230**
		Capitation											$0	$0	**$0**
	Total Claims												**$35,808**	**$88,787**	**$124,595**
	Total Premiums												**$77,760**	**$73,891**	**$151,651**

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Benefit Package	Category	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 568	**Enrolled Employees**												280	289	**285**
	Enrolled Members												522	535	**529**
	Claims	Inpatient											$0	$31,327	**$31,327**
		Outpatient											$2,513	$25,760	**$28,273**
		ER											$1,395	$12,801	**$14,196**
		Prof Svcs											$27,271	$49,686	**$76,958**
		Other											$0	$0	**$0**
		Pharmacy											$11,554	$9,884	**$21,439**
		Capitation											$0	$0	**$0**
	Total Claims												**$42,734**	**$129,459**	**$172,192**
	Total Premiums												**$152,758**	**$157,501**	**$310,259**
Benefit Package 569	**Enrolled Employees**												152	155	**154**
	Enrolled Members												270	275	**273**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$1,018	$5,832	**$6,850**
		ER											$0	$0	**$0**
		Prof Svcs											$9,251	$15,815	**$25,067**
		Other											$0	$0	**$0**
		Pharmacy											$15,865	$16,607	**$32,473**
		Capitation											$0	$0	**$0**
	Total Claims												**$26,135**	**$38,254**	**$64,389**
	Total Premiums												**$83,072**	**$85,335**	**$168,407**
Benefit Package 570	**Enrolled Employees**												177	176	**177**
	Enrolled Members												373	371	**372**
	Claims	Inpatient											$0	$31,042	**$31,042**
		Outpatient											$782	$1,457	**$2,239**
		ER											$7,290	$14,294	**$21,584**
		Prof Svcs											$29,290	$41,430	**$70,721**
		Other											$0	$0	**$0**
		Pharmacy											$83,867	$74,744	**$158,611**
		Capitation											$0	$0	**$0**
	Total Claims												**$121,229**	**$162,967**	**$284,197**
	Total Premiums												**$169,819**	**$168,345**	**$338,163**
Benefit Package 571	**Enrolled Employees**												15	15	**15**
	Enrolled Members												30	33	**32**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$0	$0	**$0**
		ER											$0	$0	**$0**
		Prof Svcs											$548	$487	**$1,035**
		Other											$0	$0	**$0**
		Pharmacy											$0	$46	**$46**
		Capitation											$0	$0	**$0**
	Total Claims												**$548**	**$533**	**$1,081**
	Total Premiums												**$7,487**	**$7,210**	**$14,698**
Benefit Package 572	**Enrolled Employees**												32	32	**32**
	Enrolled Members												57	57	**57**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$0	$0	**$0**
		ER											$0	$2,339	**$2,339**
		Prof Svcs											$808	$1,140	**$1,948**
		Other											$0	$0	**$0**
		Pharmacy											$5,724	$6,958	**$12,683**
		Capitation											$0	$0	**$0**
	Total Claims												**$6,532**	**$10,437**	**$16,970**
	Total Premiums												**$14,624**	**$14,624**	**$29,249**

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Benefit Package	Category	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 603	**Enrolled Employees**		623	617	614	614	611	613	610	606	610	595	595	595	**609**
	Enrolled Members		806	797	797	795	797	800	793	787	797	780	773	773	**791**
	Claims	Inpatient	$0	$14,402	$55,609	$67,262	$285,219	$78,267	$63,846	$62,989	$69,406	$142,172	$43,252	$57,215	**$939,637**
		Outpatient	$3,812	$61,611	$118,598	$63,230	$191,613	$125,551	$148,594	$237,065	$137,461	$192,890	$98,900	$107,994	**$1,487,318**
		ER	$3,346	$12,175	$22,467	$30,473	$13,527	$11,600	$29,225	$11,936	$8,769	$10,737	$3,252	$15,464	**$172,971**
		Prof Svcs	$33,972	$234,591	$178,459	$176,528	$239,883	$191,116	$273,364	$219,715	$219,226	$214,582	$173,869	$202,088	**$2,357,392**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$146,588	$128,244	$140,653	$146,510	$138,277	$187,218	$114,546	$116,766	$121,014	$142,342	$120,922	$166,128	**$1,669,208**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$187,719**	**$451,022**	**$515,786**	**$484,002**	**$868,519**	**$593,752**	**$629,574**	**$648,471**	**$555,876**	**$702,722**	**$440,195**	**$548,888**	**$6,626,527**
	Total Premiums		**$34,944**	**$75,805**	**$346,919**	**$409,654**	**$371,834**	**$752,621**	**$441,374**	**$549,408**	**$567,533**	**$468,092**	**$591,989**	**$332,981**	**$4,943,156**
Benefit Package 604	**Enrolled Employees**		877	878	877	874	873	872	875	872	873	907	913	914	**884**
	Enrolled Members		1,738	1,734	1,738	1,734	1,732	1,727	1,728	1,727	1,723	1,744	1,748	1,743	**1,735**
	Claims	Inpatient	$0	$87,531	$151,870	$102,003	$66,988	$87,680	$186,382	$227,015	$51,610	$169,307	$123,161	$122,149	**$1,375,694**
		Outpatient	$20,002	$76,352	$105,415	$91,995	$93,114	$81,371	$98,480	$224,352	$116,390	$153,604	$108,316	$152,764	**$1,322,155**
		ER	$1,840	$23,441	$6,907	$30,310	$9,906	$21,859	$47,174	$16,136	$17,147	$13,516	$49,179	$25,350	**$262,765**
		Prof Svcs	$58,360	$306,083	$211,674	$222,447	$264,409	$233,978	$344,067	$340,917	$254,506	$272,961	$277,672	$268,873	**$3,055,947**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$125,588	$119,020	$139,507	$143,606	$133,613	$140,038	$163,104	$147,124	$158,031	$146,322	$158,709	$171,900	**$1,746,562**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$205,789**	**$612,427**	**$615,373**	**$590,361**	**$568,031**	**$564,926**	**$839,207**	**$955,543**	**$597,684**	**$755,710**	**$717,037**	**$741,035**	**$7,763,123**
	Total Premiums		**$49,214**	**$129,606**	**$526,709**	**$525,057**	**$495,822**	**$476,233**	**$474,820**	**$725,584**	**$859,835**	**$490,353**	**$659,839**	**$573,024**	**$5,986,094**
Benefit Package 605	**Enrolled Employees**		14	14	14	14	14	14	14	14	14	15	15	15	**14**
	Enrolled Members		36	36	37	37	37	37	37	37	37	36	39	37	**37**
	Claims	Inpatient	$0	$3,900	$0	$0	$0	$0	$0	$0	$0	$12,249	$0	$0	**$16,149**
		Outpatient	$0	$0	$0	$0	$778	$0	$0	$0	$1,711	$0	$0	$0	**$2,489**
		ER	$0	$0	$0	$0	$0	$0	$0	$0	$186	$918	$0	$0	**$1,104**
		Prof Svcs	$0	$3,581	$1,648	$770	$3,264	$5,220	$9,923	$2,850	$3,715	$3,837	$4,897	$2,333	**$42,037**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$187	$130	$90	$273	$62	$342	$123	$329	$360	$666	$130	$295	**$2,989**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$187**	**$7,611**	**$1,738**	**$1,043**	**$4,103**	**$5,562**	**$10,047**	**$3,179**	**$5,972**	**$17,671**	**$5,027**	**$2,628**	**$64,768**
	Total Premiums		**$787**	**$787**	**$8,026**	**$2,434**	**$1,556**	**$4,761**	**$6,019**	**$10,718**	**$3,645**	**$6,452**	**$17,848**	**$5,411**	**$68,444**
Benefit Package 606	**Enrolled Employees**		241	243	245	246	249	249	250	250	252	264	269	269	**252**
	Enrolled Members		691	703	702	704	707	699	701	704	713	743	757	756	**715**
	Claims	Inpatient	$0	$6,231	$14,369	$33,716	$215,520	$6,034	$93,878	$39,909	$123,062	$30,043	$62,496	$0	**$625,259**
		Outpatient	$0	$23,563	$23,991	$21,147	$55,364	$33,082	$36,157	$31,392	$75,311	$21,901	$111,558	$93,381	**$526,847**
		ER	$482	$823	$5,390	$8,122	$2,309	$5,246	$253	$4,990	$2,534	$2,865	$8,621	$9,823	**$51,459**
		Prof Svcs	$16,487	$88,420	$56,842	$68,799	$92,236	$76,783	$93,808	$106,395	$76,137	$110,088	$84,806	$80,992	**$951,794**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$24,831	$21,156	$26,219	$26,609	$20,176	$22,412	$23,224	$31,793	$30,925	$29,405	$27,099	$34,744	**$318,592**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$41,800**	**$140,193**	**$126,811**	**$158,394**	**$385,605**	**$143,557**	**$247,320**	**$214,480**	**$307,969**	**$194,303**	**$294,580**	**$218,941**	**$2,473,952**
	Total Premiums		**$13,371**	**$30,682**	**$129,019**	**$114,420**	**$145,836**	**$373,327**	**$135,464**	**$238,277**	**$197,379**	**$291,750**	**$179,848**	**$264,747**	**$2,114,120**
Benefit Package 607	**Enrolled Employees**												56	53	**55**
	Enrolled Members												73	70	**72**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$0	$0	**$0**
		ER											$0	$0	**$0**
		Prof Svcs											$7,011	$9,948	**$16,959**
		Other											$0	$0	**$0**
		Pharmacy											$6,936	$13,140	**$20,076**
		Capitation											$0	$0	**$0**
	Total Claims												**$13,947**	**$23,088**	**$37,035**
	Total Premiums												**$54,738**	**$53,862**	**$108,600**

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Benefit Package	Category	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 608	**Enrolled Employees**												136	134	**135**
	Enrolled Members												215	213	**214**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$0	$11,561	**$11,561**
		ER											$3,118	$1,476	**$4,594**
		Prof Svcs											$18,147	$26,472	**$44,620**
		Other											$0	$0	**$0**
		Pharmacy											$24,648	$23,072	**$47,719**
		Capitation											$0	$0	**$0**
	Total Claims												**$45,913**	**$62,581**	**$108,493**
	Total Premiums												**$122,995**	**$121,438**	**$244,433**
Benefit Package 609	**Enrolled Employees**												62	63	**63**
	Enrolled Members												86	88	**87**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$75	$1,209	**$1,284**
		ER											$0	$0	**$0**
		Prof Svcs											$4,326	$10,742	**$15,067**
		Other											$0	$0	**$0**
		Pharmacy											$7,917	$10,828	**$18,745**
		Capitation											$0	$0	**$0**
	Total Claims												**$12,318**	**$22,779**	**$35,096**
	Total Premiums												**$42,667**	**$43,457**	**$86,124**
Benefit Package 610	**Enrolled Employees**												84	86	**85**
	Enrolled Members												172	176	**174**
	Claims	Inpatient											$8,156	$0	**$8,156**
		Outpatient											$901	$16,606	**$17,507**
		ER											$1,007	$0	**$1,007**
		Prof Svcs											$4,672	$8,140	**$12,812**
		Other											$0	$0	**$0**
		Pharmacy											$645	$1,760	**$2,406**
		Capitation											$0	$0	**$0**
	Total Claims												**$15,381**	**$26,506**	**$41,887**
	Total Premiums												**$50,714**	**$52,006**	**$102,720**
Benefit Package 611	**Enrolled Employees**												306	307	**307**
	Enrolled Members												629	639	**634**
	Claims	Inpatient											$5,785	$12,643	**$18,427**
		Outpatient											$5,185	$54,619	**$59,804**
		ER											$1,348	$0	**$1,348**
		Prof Svcs											$29,929	$37,047	**$66,976**
		Other											$0	$0	**$0**
		Pharmacy											$48,024	$45,771	**$93,795**
		Capitation											$0	$0	**$0**
	Total Claims												**$90,271**	**$150,080**	**$240,351**
	Total Premiums												**$185,745**	**$187,752**	**$373,497**
Benefit Package 612	**Enrolled Employees**												238	242	**240**
	Enrolled Members												404	410	**407**
	Claims	Inpatient											$0	$6,602	**$6,602**
		Outpatient											$0	$0	**$0**
		ER											$0	$1,963	**$1,963**
		Prof Svcs											$11,033	$38,491	**$49,524**
		Other											$0	$0	**$0**
		Pharmacy											$13,459	$18,538	**$31,997**
		Capitation											$0	$0	**$0**
	Total Claims												**$24,492**	**$65,594**	**$90,086**
	Total Premiums												**$143,223**	**$144,823**	**$288,046**

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Benefit Package	Category	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 613	**Enrolled Employees**												155	157	**156**
	Enrolled Members												273	277	**275**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$308	$864	**$1,173**
		ER											$0	$34	**$34**
		Prof Svcs											$7,571	$42,876	**$50,447**
		Other											$0	$0	**$0**
		Pharmacy											$28,073	$56,233	**$84,306**
		Capitation											$0	$0	**$0**
	Total Claims												**$35,952**	**$100,007**	**$135,959**
	Total Premiums												**$101,144**	**$102,084**	**$203,227**
Benefit Package 614	**Enrolled Employees**												51	52	**52**
	Enrolled Members												126	131	**129**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$294	$0	**$294**
		ER											$1,798	$0	**$1,798**
		Prof Svcs											$7,756	$12,658	**$20,413**
		Other											$0	$0	**$0**
		Pharmacy											$3,236	$3,561	**$6,797**
		Capitation											$0	$0	**$0**
	Total Claims												**$13,083**	**$16,219**	**$29,301**
	Total Premiums												**$31,929**	**$35,045**	**$66,974**
Benefit Package 615	**Enrolled Employees**												1,102	1,058	**1,080**
	Enrolled Members												1,759	1,639	**1,699**
	Claims	Inpatient											$0	$61,081	**$61,081**
		Outpatient											$460	$64,908	**$65,368**
		ER											$3,998	$25,514	**$29,512**
		Prof Svcs											$136,483	$325,907	**$462,390**
		Other											$0	$0	**$0**
		Pharmacy											$197,157	$272,670	**$469,828**
		Capitation											$0	$0	**$0**
	Total Claims												**$338,099**	**$750,080**	**$1,088,179**
	Total Premiums												**$836,545**	**$790,566**	**$1,627,111**
Benefit Package 616	**Enrolled Employees**												362	360	**361**
	Enrolled Members												889	880	**885**
	Claims	Inpatient											$3,682	$0	**$3,682**
		Outpatient											$29	$15,326	**$15,355**
		ER											$404	$7,730	**$8,134**
		Prof Svcs											$47,970	$91,439	**$139,409**
		Other											$0	$0	**$0**
		Pharmacy											$48,485	$41,785	**$90,271**
		Capitation											$0	$0	**$0**
	Total Claims												**$100,571**	**$156,281**	**$256,852**
	Total Premiums												**$247,092**	**$244,100**	**$491,192**
Benefit Package 617	**Enrolled Employees**												96	95	**96**
	Enrolled Members												208	205	**207**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$0	$588	**$588**
		ER											$9,980	$3,122	**$13,102**
		Prof Svcs											$7,199	$11,563	**$18,762**
		Other											$0	$0	**$0**
		Pharmacy											$1,185	$1,077	**$2,262**
		Capitation											$0	$0	**$0**
	Total Claims												**$18,364**	**$16,351**	**$34,715**
	Total Premiums												**$61,417**	**$61,066**	**$122,483**

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Benefit Package	Category	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 618	**Enrolled Employees**												60	62	**61**
	Enrolled Members												114	118	**116**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$0	$0	**$0**
		ER											$260	$0	**$260**
		Prof Svcs											$5,227	$5,731	**$10,958**
		Other											$0	$0	**$0**
		Pharmacy											$5,730	$2,249	**$7,979**
		Capitation											$0	$0	**$0**
	Total Claims												**$11,217**	**$7,979**	**$19,196**
	Total Premiums												**$45,612**	**$46,988**	**$92,600**
Benefit Package 619	**Enrolled Employees**												116	120	**118**
	Enrolled Members												292	305	**299**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$0	$4,448	**$4,448**
		ER											$0	$0	**$0**
		Prof Svcs											$11,178	$13,648	**$24,826**
		Other											$0	$0	**$0**
		Pharmacy											$7,478	$12,133	**$19,611**
		Capitation											$0	$0	**$0**
	Total Claims												**$18,656**	**$30,229**	**$48,885**
	Total Premiums												**$85,402**	**$88,289**	**$173,690**
Benefit Package 620	**Enrolled Employees**												22	22	**22**
	Enrolled Members												22	22	**22**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$1,585	$15,765	**$17,350**
		ER											$0	$0	**$0**
		Prof Svcs											$3,952	$5,970	**$9,922**
		Other											$0	$0	**$0**
		Pharmacy											$7,873	$8,978	**$16,851**
		Capitation											$0	$0	**$0**
	Total Claims												**$13,409**	**$30,713**	**$44,123**
	Total Premiums												**$21,246**	**$21,246**	**$42,493**
Benefit Package 621	**Enrolled Employees**												290	288	**289**
	Enrolled Members												324	320	**322**
	Claims	Inpatient											$0	$9,485	**$9,485**
		Outpatient											$4,405	$32,211	**$36,616**
		ER											$7,770	$6,490	**$14,260**
		Prof Svcs											$43,924	$67,599	**$111,524**
		Other											$0	$0	**$0**
		Pharmacy											$48,103	$56,086	**$104,188**
		Capitation											$0	$0	**$0**
	Total Claims												**$104,202**	**$171,871**	**$276,073**
	Total Premiums												**$292,722**	**$284,422**	**$577,144**
Benefit Package 622	**Enrolled Employees**												479	483	**481**
	Enrolled Members												1,127	1,126	**1,127**
	Claims	Inpatient											$0	$26,781	**$26,781**
		Outpatient											$8,628	$47,393	**$56,022**
		ER											$2,515	$11,894	**$14,409**
		Prof Svcs											$72,828	$97,121	**$169,949**
		Other											$0	$0	**$0**
		Pharmacy											$76,992	$87,966	**$164,958**
		Capitation											$0	$0	**$0**
	Total Claims												**$160,963**	**$271,155**	**$432,118**
	Total Premiums												**$361,794**	**$362,768**	**$724,562**

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Benefit Package	Category	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 623	**Enrolled Employees**												270	273	**272**
	Enrolled Members												437	444	**441**
	Claims	Inpatient											$0	$15,009	**$15,009**
		Outpatient											$21,825	$20,098	**$41,923**
		ER											$7,339	$3,573	**$10,912**
		Prof Svcs											$45,747	$87,214	**$132,961**
		Other											$0	$0	**$0**
		Pharmacy											$43,376	$49,689	**$93,065**
		Capitation											$0	$0	**$0**
	Total Claims												**$118,288**	**$175,582**	**$293,869**
	Total Premiums												**$238,891**	**$241,381**	**$480,272**
Benefit Package 624	**Enrolled Employees**												495	497	**496**
	Enrolled Members												781	784	**783**
	Claims	Inpatient											$0	$32,408	**$32,408**
		Outpatient											$1,429	$31,632	**$33,061**
		ER											$837	$1,959	**$2,796**
		Prof Svcs											$52,003	$77,516	**$129,519**
		Other											$0	$0	**$0**
		Pharmacy											$46,833	$77,029	**$123,862**
		Capitation											$0	$0	**$0**
	Total Claims												**$101,102**	**$220,544**	**$321,646**
	Total Premiums												**$385,328**	**$386,678**	**$772,006**
Benefit Package 625	**Enrolled Employees**												102	101	**102**
	Enrolled Members												312	314	**313**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$4,571	$3,384	**$7,955**
		ER											$748	$0	**$748**
		Prof Svcs											$8,486	$50,997	**$59,483**
		Other											$0	$0	**$0**
		Pharmacy											$16,502	$11,674	**$28,176**
		Capitation											$0	$0	**$0**
	Total Claims												**$30,307**	**$66,055**	**$96,362**
	Total Premiums												**$68,743**	**$68,099**	**$136,842**
Benefit Package 626	**Enrolled Employees**												34	33	**34**
	Enrolled Members												107	105	**106**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$847	$0	**$847**
		ER											$0	$0	**$0**
		Prof Svcs											$5,569	$7,905	**$13,474**
		Other											$0	$0	**$0**
		Pharmacy											$767	$624	**$1,391**
		Capitation											$0	$0	**$0**
	Total Claims												**$7,184**	**$8,528**	**$15,712**
	Total Premiums												**$25,187**	**$24,487**	**$49,674**
Benefit Package 709	**Enrolled Employees**		239	237	236	236	236	233	233	233	233	221	220	220	**231**
	Enrolled Members		490	488	484	485	484	479	481	483	478	461	459	459	**478**
	Claims	Inpatient	$76,830	$71,243	$58,254	$90,948	$145,715	$24,040	$24,067	$21,590	$21,996	$50,180	$19,360	$2,194	**$606,417**
		Outpatient	$84,311	$65,791	$100,951	$81,120	$60,823	$152,133	$36,646	$46,770	$117,663	$57,561	$43,691	$94,609	**$942,069**
		ER	$4,151	$11,201	$6,510	$15,153	$16,139	$5,118	$2,165	$18,168	$11,871	$10,914	$6,691	$7,767	**$115,847**
		Prof Svcs	$79,849	$85,202	$91,162	$99,646	$87,661	$84,272	$91,205	$109,061	$86,874	$76,778	$69,015	$85,440	**$1,046,165**
		Other	$0	$0	$0	$117	$0	$0	$35	$8	$24	$401	$321	$430	**$1,335**
		Pharmacy	$30,400	$56,400	$43,918	$54,000	$33,471	$52,972	$44,768	$39,813	$33,707	$53,826	$37,057	$56,490	**$536,822**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$275,542**	**$289,837**	**$300,795**	**$340,983**	**$343,808**	**$318,534**	**$198,885**	**$235,411**	**$272,135**	**$249,660**	**$176,135**	**$246,929**	**$3,248,654**
	Total Premiums		**$269,953**	**$267,694**	**$266,564**	**$266,564**	**$266,564**	**$263,176**	**$263,176**	**$263,176**	**$263,176**	**$249,621**	**$248,492**	**$248,492**	**$3,136,646**

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Benefit Package	Category	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 711	**Enrolled Employees**		19	19	19	19	20	20	20	20	20	22	23	24	**20**
	Enrolled Members		51	51	51	51	54	53	53	53	53	56	58	59	**54**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Outpatient	$5,180	$32	$313	$3,811	$2,967	$192	$412	$4,515	$1,081	$5,175	$211	$5,864	**$29,752**
		ER	$0	$1,462	$0	$0	$0	$295	$0	$0	$0	$605	$0	$0	**$2,362**
		Prof Svcs	$1,582	$2,502	$3,192	$7,578	$3,162	$4,831	$3,558	$4,568	$1,690	$3,482	$1,350	$2,115	**$39,610**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$263	$332	$1,168	$169	$628	$3,923	$1,016	$684	$2,059	$677	$2,182	$3,545	**$16,648**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$7,025**	**$4,329**	**$4,673**	**$11,558**	**$6,757**	**$9,242**	**$4,986**	**$9,767**	**$4,830**	**$9,938**	**$3,743**	**$11,524**	**$88,372**
	Total Premiums		**$14,305**	**$14,305**	**$14,305**	**$14,305**	**$15,058**	**$15,058**	**$15,058**	**$15,058**	**$15,058**	**$16,564**	**$17,317**	**$18,070**	**$184,461**
Benefit Package 712	**Enrolled Employees**		4	4	4	4	4	4	4	4	4	4	4	4	**4**
	Enrolled Members		13	13	13	13	13	13	13	13	13	13	13	13	**13**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Outpatient	$313	$526	$0	$0	$162	$446	$0	$39	$0	$0	$120	$0	**$1,606**
		ER	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Prof Svcs	$885	$1,415	$785	$223	$505	$1,340	$1,022	$1,050	$1,006	$230	$893	$830	**$10,185**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$56	$144	$490	$591	$403	$752	$66	$265	$757	$200	$772	$447	**$4,942**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$1,254**	**$2,085**	**$1,275**	**$814**	**$1,070**	**$2,538**	**$1,088**	**$1,355**	**$1,764**	**$430**	**$1,785**	**$1,277**	**$16,734**
	Total Premiums		**$2,364**	**$2,364**	**$2,364**	**$2,364**	**$2,364**	**$2,364**	**$2,364**	**$2,364**	**$2,364**	**$2,364**	**$2,364**	**$2,364**	**$28,365**
Benefit Package 713	**Enrolled Employees**		462	464	462	461	459	459	460	459	458	444	449	447	**457**
	Enrolled Members		1,019	1,026	1,017	1,009	1,003	1,001	1,002	998	1,004	976	986	984	**1,002**
	Claims	Inpatient	$56,057	$21,879	$90,522	$38,076	$49,797	$55,492	$29,044	$63,139	$24,372	$23,459	$141,376	$48,875	**$642,088**
		Outpatient	$104,007	$114,787	$91,188	$76,084	$45,612	$108,762	$143,622	$92,081	$70,208	$92,704	$187,302	$208,461	**$1,334,818**
		ER	$13,207	$21,090	$4,150	$3,294	$11,196	$8,572	$5,448	$14,864	$16,477	$15,498	$32,145	$22,089	**$168,028**
		Prof Svcs	$109,515	$110,138	$105,029	$101,441	$103,360	$102,840	$122,396	$146,045	$118,839	$116,658	$151,970	$140,252	**$1,428,485**
		Other	$0	$0	$0	$75	$0	$0	$60	$97	$54	$585	$150	$151	**$1,172**
		Pharmacy	$43,054	$75,435	$99,972	$73,884	$49,299	$84,278	$95,428	$91,976	$97,830	$77,019	$64,415	$74,985	**$927,574**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$325,840**	**$343,329**	**$390,861**	**$292,854**	**$259,263**	**$359,944**	**$395,997**	**$408,202**	**$327,781**	**$325,923**	**$577,357**	**$494,813**	**$4,502,164**
	Total Premiums		**$487,984**	**$490,096**	**$487,984**	**$486,927**	**$484,815**	**$484,815**	**$485,871**	**$484,815**	**$483,759**	**$468,971**	**$474,252**	**$472,140**	**$5,792,429**
Benefit Package 714	**Enrolled Employees**		7	7	7	7	7	7	7	7	7	6	6	6	**7**
	Enrolled Members		23	23	23	23	23	23	23	23	23	20	20	20	**22**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Outpatient	$485	$0	$84	$177	$573	$16	$797	$410	$164	$88	$0	$391	**$3,184**
		ER	$0	$1,248	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$1,248**
		Prof Svcs	$979	$1,662	$1,944	$2,052	$1,649	$1,114	$2,815	$1,244	$673	$511	$456	$1,642	**$16,740**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$6	$10	$120	$91	$25	$42	$127	$135	$49	$46	$76	$220	**$946**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$1,470**	**$2,919**	**$2,147**	**$2,320**	**$2,247**	**$1,172**	**$3,739**	**$1,788**	**$885**	**$645**	**$532**	**$2,253**	**$22,118**
	Total Premiums		**$7,485**	**$7,485**	**$7,485**	**$7,485**	**$7,485**	**$7,485**	**$7,485**	**$7,485**	**$7,485**	**$6,415**	**$6,415**	**$6,415**	**$86,607**
Benefit Package 715	**Enrolled Employees**		33	33	32	32	32	32	32	32	32	35	37	37	**33**
	Enrolled Members		69	69	68	68	68	68	69	70	70	79	83	83	**72**
	Claims	Inpatient	$0	$0	$0	$0	$62,096	$0	$16,153	$0	$0	$0	$0	$0	**$78,249**
		Outpatient	$377	$297	$1,236	$2,935	$1,839	$40,396	$31,548	$1,564	$1,515	$6,745	$244	$1,410	**$90,107**
		ER	$0	$0	$0	$1,752	$4,450	$0	$0	$0	$1,206	$758	$1,074	$0	**$9,239**
		Prof Svcs	$4,490	$3,257	$5,422	$6,704	$12,220	$7,526	$11,063	$5,191	$7,295	$9,116	$4,946	$6,022	**$83,254**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$2,595	$2,052	$5,560	$3,016	$1,231	$4,802	$2,130	$3,600	$3,634	$2,067	$2,712	$5,216	**$38,615**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$7,462**	**$5,606**	**$12,218**	**$14,407**	**$81,836**	**$52,725**	**$60,894**	**$10,356**	**$13,650**	**$18,685**	**$8,976**	**$12,648**	**$299,464**
	Total Premiums		**$23,632**	**$23,632**	**$22,916**	**$22,916**	**$22,916**	**$22,916**	**$22,916**	**$22,916**	**$22,916**	**$25,064**	**$26,496**	**$26,496**	**$285,732**

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Benefit Package	Category	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 716	**Enrolled Employees**		3	3	3	3	3	3	3	3	3	3	3	3	**3**
	Enrolled Members		11	11	11	11	11	11	11	11	11	11	11	11	**11**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Outpatient	$0	$256	$621	$223	$0	$46	$0	$0	$0	$224	$0	$0	**$1,369**
		ER	$0	$0	$1,412	$0	$0	$652	$0	$0	$0	$0	$0	$0	**$2,064**
		Prof Svcs	$1,346	$1,014	$771	$283	$412	$175	$847	$390	$732	$2,253	$1,072	$709	**$10,005**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$178	$461	$32	$281	$277	$29	$319	$369	$333	$529	$342	$319	**$3,469**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$1,524**	**$1,731**	**$2,836**	**$788**	**$688**	**$902**	**$1,166**	**$759**	**$1,065**	**$3,006**	**$1,414**	**$1,028**	**$16,907**
	Total Premiums		**$3,323**	**$3,323**	**$3,323**	**$3,323**	**$3,323**	**$3,323**	**$3,323**	**$3,323**	**$3,323**	**$3,323**	**$3,323**	**$3,323**	**$39,874**
Benefit Package 717	**Enrolled Employees**		206	206	206	205	206	204	204	206	206	222	225	226	**210**
	Enrolled Members		447	444	447	446	450	446	445	450	446	476	489	491	**456**
	Claims	Inpatient	$0	$0	$7,293	$469	$44,696	$21,916	$61,943	$127,273	$5,184	$0	$1,368	$34,091	**$304,233**
		Outpatient	$19,826	$22,836	$16,232	$23,912	$13,671	$12,738	$34,317	$41,604	$19,241	$21,172	$35,546	$41,490	**$302,585**
		ER	$6,208	$3,129	$8,804	$0	$5,551	$4,984	$1,114	$2,143	$3,518	$2,059	$6,642	$9,758	**$53,911**
		Prof Svcs	$44,349	$41,207	$50,770	$47,608	$41,002	$44,920	$60,525	$64,501	$52,875	$48,731	$48,642	$46,034	**$591,164**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$35,200	$7,915	$10,234	$10,781	$9,382	$11,699	$9,475	$12,145	$12,213	$14,555	$12,443	$16,758	**$162,800**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$105,583**	**$75,086**	**$93,333**	**$82,771**	**$114,303**	**$96,257**	**$167,374**	**$247,667**	**$93,030**	**$86,517**	**$104,641**	**$148,131**	**$1,414,693**
	Total Premiums		**$151,897**	**$151,897**	**$151,897**	**$151,160**	**$151,897**	**$150,423**	**$150,423**	**$151,897**	**$151,897**	**$163,695**	**$165,907**	**$166,645**	**$1,859,636**
Benefit Package 718	**Enrolled Employees**		15	15	15	15	15	15	15	15	15	15	15	15	**15**
	Enrolled Members		49	49	49	49	49	49	49	49	49	49	49	49	**49**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$51,086	$0	$0	$0	$0	**$51,086**
		Outpatient	$383	$816	$3,427	$886	$13,024	$2,946	$2,366	$1,641	$204	$415	$73	$720	**$26,901**
		ER	$2,800	$0	$0	$5,607	$1,656	$1,660	$0	$0	$602	$0	$0	$2,402	**$14,727**
		Prof Svcs	$3,363	$5,510	$6,603	$5,755	$5,865	$5,332	$5,882	$18,576	$2,587	$3,649	$3,932	$6,549	**$73,602**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$194	$299	$871	$1,405	$1,930	$1,972	$1,818	$1,622	$1,201	$795	$919	$1,503	**$14,529**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$6,739**	**$6,626**	**$10,900**	**$13,653**	**$22,475**	**$11,911**	**$10,066**	**$72,925**	**$4,593**	**$4,859**	**$4,924**	**$11,174**	**$180,845**
	Total Premiums		**$11,292**	**$11,292**	**$11,292**	**$11,292**	**$11,292**	**$11,292**	**$11,292**	**$11,292**	**$11,292**	**$11,292**	**$11,292**	**$11,292**	**$135,500**
Benefit Package 719	**Enrolled Employees**		22	22	23	23	23	23	23	24	24	23	23	24	**23**
	Enrolled Members		50	51	52	52	52	52	52	53	53	52	52	53	**52**
	Claims	Inpatient	$5,560	$0	$0	$0	$0	$0	$0	$0	$0	$0	$18,659	$60,821	**$85,040**
		Outpatient	$334	$420	$323	$3,607	$126	$5,518	$2,486	$7,921	$6,142	$549	$1,126	$1,531	**$30,084**
		ER	$0	$0	$0	$0	$0	$1,446	$0	$2,480	$0	$0	$0	$1,016	**$4,942**
		Prof Svcs	$4,510	$1,788	$2,015	$1,580	$784	$2,454	$2,840	$4,621	$4,054	$3,248	$3,975	$15,738	**$47,608**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$2	$0	$0	$356	$0	$245	$704	$753	$633	$889	$1,100	$498	**$5,179**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$10,406**	**$2,208**	**$2,339**	**$5,543**	**$910**	**$9,663**	**$6,030**	**$15,776**	**$10,829**	**$4,686**	**$24,860**	**$79,604**	**$172,853**
	Total Premiums		**$12,281**	**$12,281**	**$12,840**	**$12,840**	**$12,840**	**$12,840**	**$12,840**	**$13,398**	**$13,398**	**$12,840**	**$12,840**	**$13,398**	**$154,635**
Benefit Package 720	**Enrolled Employees**		105	104	102	102	102	101	101	98	97	95	95	95	**100**
	Enrolled Members		206	205	204	203	202	199	199	193	192	190	190	190	**198**
	Claims	Inpatient	$60,094	$55,405	$8,486	$984	$140,871	$445	$120	$129,655	$54,827	$8,520	$91,893	$229	**$551,528**
		Outpatient	$16,274	$32,187	$36,902	$15,558	$16,215	$19,576	$30,215	$28,935	$14,192	$30,695	$42,631	$23,782	**$307,163**
		ER	$14,743	$14,366	$11,976	$1,918	$12,269	$5,615	$1,279	$5,088	$3,275	$6,210	$5,479	$15,062	**$97,281**
		Prof Svcs	$40,291	$44,985	$38,845	$36,028	$58,156	$45,234	$50,171	$68,042	$41,009	$48,971	$55,288	$47,970	**$574,990**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$45	$197	$43	$111	**$395**
		Pharmacy	$22,585	$30,816	$38,152	$26,042	$27,381	$25,690	$29,861	$26,501	$33,897	$48,203	$48,696	$32,561	**$390,386**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$153,987**	**$177,760**	**$134,362**	**$80,529**	**$254,892**	**$96,560**	**$111,646**	**$258,221**	**$147,246**	**$142,795**	**$244,030**	**$119,715**	**$1,921,743**
	Total Premiums		**$140,362**	**$139,025**	**$136,351**	**$136,351**	**$136,351**	**$135,015**	**$135,015**	**$131,004**	**$129,668**	**$126,994**	**$126,994**	**$126,994**	**$1,600,125**

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Benefit Package	Category	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 723	**Enrolled Employees**		5	5	6	6	6	6	6	6	6	8	18	18	**8**
	Enrolled Members		5	5	7	7	7	7	7	7	8	10	22	22	**10**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$431	$107	**$538**
		Outpatient	$0	$0	$179	$167	$0	$0	$0	$875	$3,792	$3,455	$104	$104	**$8,676**
		ER	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Prof Svcs	$0	$906	$236	$559	$64	$0	$426	$1,023	$121	$0	$127	$555	**$4,016**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$0	$0	$3	$149	$0	$0	$3	$0	$167	$22	$90	$188	**$621**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$0**	**$906**	**$418**	**$875**	**$64**	**$0**	**$429**	**$1,898**	**$4,080**	**$3,477**	**$752**	**$953**	**$13,851**
	Total Premiums		**$3,319**	**$3,319**	**$3,983**	**$3,983**	**$3,983**	**$3,983**	**$3,983**	**$3,983**	**$3,983**	**$5,310**	**$12,188**	**$12,188**	**$64,203**
Benefit Package 724	**Enrolled Employees**		25	25	24	25	26	26	27	27	27	30	42	43	**29**
	Enrolled Members		48	48	46	47	48	48	49	49	49	51	76	80	**53**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Outpatient	$3,135	$10,430	$9,078	$17,291	$13,946	$24	$346	$2,589	$1,823	$1,160	$643	$52	**$60,517**
		ER	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$282	$0	**$282**
		Prof Svcs	$3,250	$5,190	$7,693	$1,675	$2,417	$1,840	$2,435	$2,909	$2,020	$2,090	$3,965	$2,557	**$38,041**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$31	$78	$387	$135	$49	$448	$248	$360	$116	$243	$82	$448	**$2,625**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$6,415**	**$15,698**	**$17,159**	**$19,101**	**$16,412**	**$2,312**	**$3,029**	**$5,859**	**$3,959**	**$3,493**	**$4,972**	**$3,057**	**$101,465**
	Total Premiums		**$15,234**	**$15,234**	**$14,625**	**$15,234**	**$15,843**	**$15,843**	**$16,453**	**$16,453**	**$16,453**	**$18,281**	**$29,435**	**$30,136**	**$219,223**
Benefit Package 725	**Enrolled Employees**		65	65	65	65	65	65	65	65	65	62			**65**
	Enrolled Members		103	103	103	103	103	103	102	103	102	99			**102**
	Claims	Inpatient	$21,209	$0	$108,407	$413,060	$120,332	$28,210	$23,878	$50,521	$32,904	$0			**$798,521**
		Outpatient	$13,719	$23,537	$31,422	$54,311	$59,916	$49,946	$75,581	$61,050	$35,872	$19,459			**$424,815**
		ER	$4,314	$2,700	$0	$4,350	$2,400	$1,910	$560	$0	$3,100	$7,473			**$26,808**
		Prof Svcs	$26,821	$38,406	$40,567	$51,131	$51,626	$33,009	$48,806	$48,716	$30,889	$34,324			**$404,295**
		Other	$10	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$10**
		Pharmacy	$3,710	$2,041	$4,285	$4,405	$5,736	$5,647	$7,074	$6,341	$3,602	$4,381			**$47,223**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$69,784**	**$66,683**	**$184,681**	**$527,257**	**$240,009**	**$118,722**	**$155,900**	**$166,629**	**$106,366**	**$65,638**			**$1,701,670**
	Total Premiums		**$76,555**	**$76,555**	**$76,555**	**$76,555**	**$76,555**	**$76,555**	**$76,555**	**$76,555**	**$76,555**	**$73,022**			**$762,015**
Benefit Package 726	**Enrolled Employees**		47	47	47	46	46	45	45	45	45	44			**46**
	Enrolled Members		63	63	63	62	62	61	61	60	60	59			**61**
	Claims	Inpatient	$29,906	$20	$120	$100	$90,536	$0	$0	$0	$0	$0			**$120,681**
		Outpatient	$3,266	$1,914	$3,498	$34,311	$61,278	$18,841	$3,279	$376	$2,859	$1,713			**$131,335**
		ER	$0	$0	$0	$0	$3,245	$0	$643	$0	$0	$0			**$3,889**
		Prof Svcs	$9,249	$9,309	$7,182	$6,354	$23,165	$10,141	$10,202	$5,858	$7,764	$10,823			**$100,048**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$75			**$75**
		Pharmacy	$15,772	$40,563	$40,770	$15,677	$10,607	$6,299	$14,236	$11,095	$13,402	$11,517			**$179,939**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$58,193**	**$51,807**	**$51,570**	**$56,443**	**$188,830**	**$35,281**	**$28,361**	**$17,329**	**$24,025**	**$24,128**			**$535,967**
	Total Premiums		**$44,977**	**$44,977**	**$44,977**	**$44,020**	**$44,020**	**$43,064**	**$43,064**	**$43,064**	**$43,064**	**$42,107**			**$437,334**
Benefit Package 730	**Enrolled Employees**		169	169	169	169	169	168	168	168	168	162	190	190	**172**
	Enrolled Members		271	270	270	270	270	265	265	265	265	249	293	293	**271**
	Claims	Inpatient	$4,084	$0	$44,383	$6,277	$20,780	$0	$50,721	$80	$4,288	$0	$260	$0	**$130,873**
		Outpatient	$7,689	$16,746	$10,877	$45,548	$44,306	$15,358	$19,089	$19,617	$9,733	$33,936	$36,910	$59,547	**$319,357**
		ER	$388	$6,326	$0	$14,667	$0	$0	$4,773	$7,269	$5,853	$539	$801	$3,048	**$43,665**
		Prof Svcs	$29,737	$30,232	$35,802	$46,036	$35,780	$26,931	$46,865	$34,857	$28,279	$28,806	$48,195	$34,873	**$426,393**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$30	$25	$150	$25	**$230**
		Pharmacy	$13,532	$13,452	$17,961	$16,691	$12,846	$18,694	$26,483	$12,683	$22,426	$17,576	$20,409	$20,797	**$213,550**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$55,430**	**$66,756**	**$109,022**	**$129,220**	**$113,712**	**$60,983**	**$147,931**	**$74,506**	**$70,609**	**$80,882**	**$106,725**	**$118,290**	**$1,134,067**
	Total Premiums		**$177,091**	**$177,091**	**$177,091**	**$177,091**	**$177,091**	**$176,043**	**$176,043**	**$176,043**	**$176,043**	**$169,756**	**$199,096**	**$199,096**	**$2,157,577**

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Benefit Package	Category	Sub-Category	Financial Measures												
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Benefit Package 731	**Enrolled Employees**		158	158	156	154	152	152	151	152	152	150	163	162	**155**
	Enrolled Members		230	230	227	224	221	220	218	217	214	214	226	225	**222**
	Claims	Inpatient	$0	$37,985	$31,013	$10,030	$0	$0	$168,361	$0	$0	$0	$0	$46,482	**$293,871**
		Outpatient	$13,156	$10,063	$4,758	$13,514	$16,058	$18,577	$7,368	$7,525	$23,462	$14,359	$32,539	$31,888	**$193,266**
		ER	$0	$5,623	$5,097	$6,187	$5,959	$403	$4,830	$0	$7,076	$4,667	$4,117	$9,304	**$53,264**
		Prof Svcs	$40,043	$46,504	$42,168	$34,831	$26,622	$23,185	$41,996	$27,637	$26,685	$23,057	$22,922	$39,392	**$395,042**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$14	$245	$25	**$284**
		Pharmacy	$20,241	$17,218	$16,911	$24,520	$11,952	$17,221	$14,076	$23,614	$8,022	$22,834	$25,154	$27,695	**$229,458**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$73,440**	**$117,393**	**$99,946**	**$89,082**	**$60,590**	**$59,387**	**$236,632**	**$58,776**	**$65,245**	**$64,930**	**$84,977**	**$154,785**	**$1,165,185**
	Total Premiums		**$145,725**	**$145,725**	**$143,880**	**$142,036**	**$140,191**	**$140,191**	**$139,269**	**$140,191**	**$140,191**	**$138,346**	**$150,336**	**$149,414**	**$1,715,494**
Grand Total	**Enrolled Employees**		106,225	106,249	106,342	106,336	106,358	106,276	106,109	105,766	105,618	105,466	103,505	103,761	**105,668**
	Enrolled Members		200,647	200,505	200,538	200,305	200,328	200,094	199,804	199,259	198,908	198,755	194,456	194,653	**199,021**
	Claims	Inpatient	$14,529,625	$14,815,773	$17,876,352	$17,005,339	$16,196,851	$21,712,995	$19,636,623	$19,733,200	$16,469,488	$15,367,665	$15,463,563	$17,182,394	**$205,989,868**
		Outpatient	$14,998,064	$14,763,897	$15,771,276	$15,842,369	$15,740,603	$18,517,560	$20,463,551	$18,937,605	$16,274,559	$17,816,071	$14,309,796	$17,581,388	**$201,016,740**
		ER	$2,770,757	$2,572,331	$3,293,998	$3,265,252	$3,119,526	$3,196,541	$3,122,227	$3,190,382	$3,042,180	$3,317,929	$2,842,347	$3,053,732	**$36,787,201**
		Prof Svcs	$22,428,257	$21,346,466	$23,270,943	$24,415,222	$23,121,040	$25,288,281	$28,997,597	$28,651,769	$24,387,121	$25,528,736	$20,734,967	$23,907,780	**$292,078,181**
		Other	$5,233,482	$5,187,968	$5,390,589	$5,700,513	$5,457,782	$5,592,498	$6,350,374	$6,430,422	$5,979,281	$6,300,103	$5,254,799	$5,810,322	**$68,688,132**
		Pharmacy	$14,947,724	$14,289,041	$16,298,465	$15,475,200	$15,398,568	$16,738,610	$16,731,276	$17,192,308	$16,193,362	$15,932,938	$15,324,906	$16,193,326	**$190,715,722**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$74,907,910**	**$72,975,476**	**$81,901,623**	**$81,703,894**	**$79,034,369**	**$91,046,485**	**$95,301,648**	**$94,135,686**	**$82,345,992**	**$84,263,443**	**$73,930,378**	**$83,728,941**	**$995,275,844**
	Total Premiums		**$91,842,449**	**$91,916,719**	**$92,804,075**	**$92,714,277**	**$92,713,445**	**$93,165,485**	**$92,476,756**	**$92,514,819**	**$92,539,819**	**$91,782,371**	**$93,284,572**	**$93,112,655**	**$1,110,867,442**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9g
Experience Reports by Benefit Package — Per Employee Per Month
Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 009	**Enrolled Employees**		**59**	**58**	**58**	**57**	**57**	**56**	**55**	**52**	**51**	**49**	**65**	**65**	**57**
	Enrolled Members		**96**	**95**	**95**	**93**	**92**	**89**	**88**	**83**	**82**	**79**	**97**	**97**	**91**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$496.32	$0.00	**$496.32**
		Outpatient	$75.96	$46.51	$126.40	$292.87	$0.00	$2.26	$190.05	$162.22	$482.26	$0.00	$0.00	$71.35	**$161.10**
		ER	$116.00	$14.72	$54.82	$15.19	$44.28	$0.00	$10.83	$47.80	$0.00	$10.08	$1.72	$0.00	**$35.05**
		Prof Svcs	$76.28	$95.29	$98.96	$146.65	$92.68	$97.23	$113.13	$134.13	$89.65	$149.04	$43.72	$67.38	**$100.34**
		Other	$123.48	$36.18	$76.50	$172.16	$120.08	$83.56	$120.51	$134.48	$72.13	$134.57	$80.10	$61.10	**$101.24**
		Pharmacy	$46.28	$35.55	$52.60	$40.30	$55.38	$39.21	$47.17	$42.47	$53.09	$35.44	$22.51	$21.67	**$40.97**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$438.00**	**$228.24**	**$409.27**	**$667.17**	**$312.41**	**$222.26**	**$481.69**	**$521.10**	**$697.13**	**$329.13**	**$644.37**	**$221.51**	**$431.02**
	Total Premiums		**$860.40**	**$864.89**	**$864.89**	**$848.76**	**$839.97**	**$833.68**	**$837.93**	**$830.62**	**$835.14**	**$832.65**	**$803.03**	**$803.03**	**$837.92**
Benefit Package 010	**Enrolled Employees**		**262**	**261**	**260**	**260**	**261**	**262**	**261**	**264**	**264**	**257**	**263**	**263**	**262**
	Enrolled Members		**396**	**392**	**391**	**391**	**393**	**394**	**392**	**398**	**397**	**392**	**390**	**388**	**393**
	Claims	Inpatient	$631.43	$19.02	$527.35	$345.91	$101.40	$0.00	$652.85	$0.00	$230.01	$161.85	$114.25	$138.39	**$292.25**
		Outpatient	$77.38	$152.05	$123.36	$225.70	$164.99	$77.93	$97.39	$151.09	$92.13	$103.71	$339.55	$263.83	**$155.76**
		ER	$46.61	$38.66	$24.65	$32.25	$46.87	$33.05	$52.13	$73.99	$26.98	$122.00	$6.94	$15.34	**$43.29**
		Prof Svcs	$365.39	$146.00	$314.31	$175.33	$141.54	$123.75	$152.31	$360.93	$345.20	$344.12	$156.74	$332.25	**$246.49**
		Other	$265.14	$294.56	$287.07	$320.41	$258.85	$227.10	$337.13	$447.82	$379.47	$905.04	$365.87	$400.08	**$374.05**
		Pharmacy	$73.97	$100.88	$74.69	$112.24	$113.63	$104.19	$108.62	$75.56	$84.46	$102.73	$64.30	$86.84	**$91.84**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$1,459.93**	**$751.16**	**$1,351.43**	**$1,211.83**	**$827.27**	**$566.01**	**$1,400.43**	**$1,109.39**	**$1,158.25**	**$1,739.45**	**$1,047.64**	**$1,236.73**	**$1,154.96**
	Total Premiums		**$917.38**	**$913.98**	**$914.82**	**$914.82**	**$910.91**	**$910.08**	**$908.88**	**$909.24**	**$914.47**	**$921.09**	**$921.50**	**$917.61**	**$914.56**
Benefit Package 011	**Enrolled Employees**		**93**	**94**	**93**	**92**	**94**	**91**	**90**	**91**	**91**	**95**	**93**	**94**	**93**
	Enrolled Members		**235**	**236**	**234**	**233**	**238**	**232**	**231**	**234**	**232**	**244**	**256**	**257**	**239**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$16.80	$147.10	$0.00	$1,524.60	$0.00	$1,351.93	$567.01	$469.77	**$679.54**
		Outpatient	$6.38	$37.80	$0.00	$119.83	$155.26	$65.59	$167.57	$231.20	$286.56	$161.93	$313.05	$225.32	**$160.95**
		ER	$0.00	$0.00	$0.75	$8.51	$62.85	$1.10	$0.00	$78.95	$5.74	$37.09	$8.27	$0.00	**$25.41**
		Prof Svcs	$75.58	$96.26	$56.34	$72.96	$136.06	$110.61	$283.59	$188.86	$133.94	$142.78	$171.99	$119.32	**$132.36**
		Other	$56.64	$76.86	$67.98	$58.72	$109.61	$82.00	$148.23	$185.74	$204.53	$207.63	$332.45	$176.56	**$142.24**
		Pharmacy	$21.40	$25.51	$17.73	$21.09	$25.43	$21.94	$38.06	$22.21	$24.40	$53.87	$19.94	$31.68	**$26.94**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$159.99**	**$236.42**	**$142.79**	**$281.13**	**$506.01**	**$428.34**	**$637.45**	**$2,231.56**	**$655.16**	**$1,955.22**	**$1,412.72**	**$1,022.65**	**$805.79**
	Total Premiums		**$909.88**	**$905.39**	**$904.69**	**$909.23**	**$884.70**	**$908.51**	**$913.20**	**$917.09**	**$917.96**	**$925.64**	**$790.11**	**$790.49**	**$889.74**
Benefit Package 012	**Enrolled Employees**		**370**	**373**	**374**	**372**	**376**	**376**	**377**	**361**	**338**	**349**	**422**	**429**	**376**
	Enrolled Members		**688**	**688**	**694**	**693**	**689**	**689**	**687**	**666**	**633**	**640**	**762**	**768**	**691**
	Claims	Inpatient	-$7.13	$91.04	$0.00	$164.71	$19.71	$0.00	$0.00	$235.90	$51.54	$121.89	$47.63	$27.91	**$94.15**
		Outpatient	$0.42	$52.45	$16.37	$19.46	$11.07	$39.01	$91.60	$38.50	$32.84	$62.15	$6.75	$16.04	**$32.22**
		ER	$13.96	$18.67	$46.74	$1.71	-$1.04	$6.79	$23.79	$25.99	$11.78	$12.14	$9.07	$18.53	**$17.10**
		Prof Svcs	$22.61	$29.40	$6.48	$1.85	$9.07	$44.98	$36.82	$15.19	$8.02	$24.36	$25.56	$17.50	**$20.15**
		Other	$255.47	$273.27	$305.87	$336.28	$302.72	$308.15	$346.16	$303.91	$277.44	$279.70	$255.25	$250.60	**$291.24**
		Pharmacy	$30.76	$72.59	$47.94	$74.25	$58.20	$121.17	$126.69	$121.19	$39.42	$44.51	$31.14	$47.53	**$67.95**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$316.09**	**$537.41**	**$423.40**	**$598.25**	**$399.73**	**$520.10**	**$625.05**	**$740.69**	**$421.03**	**$544.75**	**$375.42**	**$378.12**	**$490.00**
	Total Premiums		**$704.72**	**$765.25**	**$768.81**	**$787.95**	**$766.41**	**$740.69**	**$733.13**	**$758.57**	**$821.82**	**$687.97**	**$823.76**	**$853.73**	**$767.74**

Washington State Office of the Insurance Commissioner
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Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 013	**Enrolled Employees**		**273**	**273**	**273**	**272**	**271**	**271**	**271**	**266**	**255**	**251**			**268**
	Enrolled Members		**495**	**495**	**497**	**494**	**493**	**491**	**491**	**485**	**474**	**458**			**487**
	Claims	Inpatient	$102.49	-$18.39	$213.22	$0.00	$59.30	$33.57	$143.46	$114.43	$100.54	$69.78			**$102.30**
		Outpatient	$62.57	$207.75	$69.96	$127.07	$48.61	-$11.01	$155.52	$42.76	$36.19	$8.55			**$83.11**
		ER	$38.31	$23.44	$29.87	$33.07	$31.68	$63.01	$28.53	$8.52	$33.80	$83.35			**$37.36**
		Prof Svcs	$48.77	$21.55	$55.96	$13.96	$39.08	$11.38	$27.34	$35.42	$45.55	$65.56			**$36.46**
		Other	$315.52	$360.62	$346.28	$359.55	$264.46	$327.69	$351.96	$368.32	$297.79	$294.56			**$328.67**
		Pharmacy	$135.17	$65.12	$82.72	$104.46	$73.81	$62.54	$80.09	$67.85	$86.48	$74.21			**$83.25**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$702.84**	**$660.09**	**$798.00**	**$638.13**	**$516.94**	**$487.18**	**$786.89**	**$637.30**	**$600.35**	**$596.00**			**$642.37**
	Total Premiums		**$779.11**	**$960.68**	**$955.75**	**$944.57**	**$961.25**	**$960.76**	**$930.88**	**$953.15**	**$1,001.13**	**$897.83**			**$934.51**
Benefit Package 016	**Enrolled Employees**		**132**	**131**	**133**	**132**	**131**	**131**	**132**	**134**	**132**	**128**	**136**	**138**	**133**
	Enrolled Members		**236**	**235**	**238**	**237**	**236**	**236**	**237**	**243**	**239**	**226**	**238**	**240**	**237**
	Claims	Inpatient	$0.00	$479.52	$0.00	-$1.49	$0.00	$0.00	$186.90	-$8.59	$53.80	$0.00	$0.00	$3.10	**$178.31**
		Outpatient	$110.63	-$35.28	$141.20	$204.01	$29.02	$46.75	$150.92	$66.70	$14.58	$23.52	$0.00	$0.00	**$83.56**
		ER	$0.00	$11.07	$78.11	$85.99	$8.64	$3.41	$1.98	$2.64	$16.97	$25.90	$27.42	$9.33	**$24.68**
		Prof Svcs	$88.97	$55.07	$58.88	$36.75	-$0.31	$41.31	$38.70	$49.51	$41.31	$28.28	$3.81	-$4.24	**$43.80**
		Other	$296.18	$278.08	$344.54	$299.74	$294.10	$323.59	$355.95	$303.46	$324.43	$231.18	$268.47	$249.77	**$297.46**
		Pharmacy	$59.08	$52.13	$65.73	$34.19	$82.15	$23.69	$38.28	$52.57	$61.48	$92.31	$23.72	$73.94	**$54.94**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$554.86**	**$840.59**	**$688.46**	**$659.18**	**$413.60**	**$438.75**	**$772.74**	**$466.29**	**$512.56**	**$401.20**	**$323.42**	**$331.90**	**$533.63**
	Total Premiums		**$856.92**	**$853.25**	**$861.86**	**$863.82**	**$871.89**	**$870.67**	**$865.89**	**$857.23**	**$853.70**	**$858.18**	**$876.55**	**$851.60**	**$861.80**
Benefit Package 025	**Enrolled Employees**		**1,703**	**1,705**	**1,723**	**1,745**	**1,755**	**1,752**	**1,757**	**1,763**	**1,764**	**1,872**			**1,754**
	Enrolled Members		**4,307**	**4,311**	**4,363**	**4,396**	**4,424**	**4,409**	**4,416**	**4,447**	**4,451**	**4,677**			**4,420**
	Claims	Inpatient	$108.25	$139.81	$133.18	$58.29	$239.78	$32.52	$115.35	$152.77	$252.20	$31.40			**$126.36**
		Outpatient	$81.42	$81.42	$145.42	$119.89	$140.30	$179.74	$185.50	$150.01	$196.89	$181.88			**$146.25**
		ER	$16.82	$16.96	$38.45	$22.87	$39.24	$37.58	$38.47	$30.30	$13.09	$24.03			**$27.78**
		Prof Svcs	$65.79	$75.02	$90.18	$108.34	$130.17	$132.16	$165.36	$182.21	$165.25	$126.85			**$124.13**
		Other	$0.95	$3.72	$3.13	$5.92	$5.73	$3.54	$3.87	$4.15	$8.68	$3.01			**$4.27**
		Pharmacy	$11.33	$13.10	$27.61	$25.93	$28.58	$36.41	$33.84	$41.77	$38.70	$28.99			**$28.63**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$284.56**	**$330.05**	**$437.98**	**$341.23**	**$583.80**	**$421.96**	**$542.38**	**$561.22**	**$674.82**	**$396.17**			**$457.42**
	Total Premiums		**$678.70**	**$678.77**	**$678.33**	**$676.30**	**$676.08**	**$675.80**	**$675.24**	**$676.00**	**$677.58**	**$669.86**			**$676.27**
Benefit Package 030	**Enrolled Employees**		**408**	**403**	**400**	**400**	**396**	**394**	**395**	**393**	**394**	**374**	**360**	**363**	**390**
	Enrolled Members		**833**	**824**	**816**	**811**	**804**	**803**	**802**	**793**	**796**	**770**	**730**	**732**	**793**
	Claims	Inpatient	-$30.60	$158.40	$47.99	$189.04	$102.01	$170.25	$508.18	$339.20	$35.50	$132.15	$71.74	$287.73	**$182.87**
		Outpatient	$17.05	$184.55	$106.29	$44.14	$27.35	$61.77	$224.15	$93.82	$108.82	$53.25	$72.23	$61.28	**$87.89**
		ER	$29.91	$36.00	$59.38	$56.33	$26.64	$23.52	$90.83	$19.89	$22.61	$30.91	$45.61	$83.98	**$43.80**
		Prof Svcs	$99.57	$88.05	$64.65	$52.59	$76.54	$71.15	$110.85	$128.03	$82.98	$118.90	$98.44	$90.39	**$90.18**
		Other	$379.61	$412.47	$435.47	$419.21	$404.39	$450.72	$599.72	$523.56	$386.70	$438.40	$400.58	$435.26	**$440.51**
		Pharmacy	$175.36	$134.70	$124.97	$134.84	$127.65	$118.84	$77.01	$82.54	$57.60	$97.92	$69.86	$92.66	**$107.83**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$670.90**	**$1,014.17**	**$838.74**	**$896.14**	**$764.59**	**$896.24**	**$1,610.74**	**$1,187.04**	**$694.21**	**$871.53**	**$758.45**	**$1,051.30**	**$937.84**
	Total Premiums		**$1,114.43**	**$1,126.83**	**$1,116.51**	**$1,118.75**	**$1,125.90**	**$1,129.76**	**$1,122.03**	**$1,112.08**	**$1,110.02**	**$1,119.31**	**$1,123.14**	**$1,133.85**	**$1,121.05**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9g
Experience Reports by Benefit Package — Per Employee Per Month
Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 031	**Enrolled Employees**		**828**	**822**	**819**	**815**	**818**	**817**	**816**	**814**	**812**	**819**			**818**
	Enrolled Members		**1,513**	**1,515**	**1,511**	**1,509**	**1,515**	**1,510**	**1,512**	**1,508**	**1,505**	**1,494**			**1,509**
	Claims	Inpatient	$107.25	$48.49	$163.16	$124.55	$251.47	$220.11	$380.62	$132.82	$221.31	$118.43			**$176.82**
		Outpatient	$26.96	$109.67	$56.38	$29.85	$35.81	$73.13	$114.12	$107.17	$54.98	$23.38			**$63.14**
		ER	$59.51	$25.08	$55.79	$88.18	$25.77	$43.42	$57.18	$45.53	$22.74	$37.91			**$46.11**
		Prof Svcs	$70.63	$80.75	$68.15	$55.35	$48.18	$86.46	$99.17	$80.63	$82.63	$87.77			**$75.97**
		Other	$414.18	$335.26	$370.96	$378.82	$410.93	$443.06	$467.08	$396.42	$351.75	$381.43			**$394.99**
		Pharmacy	$86.70	$74.22	$71.36	$75.68	$64.86	$74.36	$81.30	$70.35	$57.17	$57.18			**$71.32**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$765.21**	**$673.47**	**$785.78**	**$752.43**	**$837.01**	**$940.54**	**$1,199.47**	**$832.90**	**$790.58**	**$706.11**			**$828.35**
	Total Premiums		**$914.47**	**$918.87**	**$917.18**	**$918.30**	**$928.06**	**$918.45**	**$921.78**	**$918.59**	**$919.07**	**$911.07**			**$918.58**
Benefit Package 044	**Enrolled Employees**		**88**	**87**	**86**	**86**	**86**	**86**	**85**	**85**	**85**	**77**	**76**	**76**	**84**
	Enrolled Members		**143**	**142**	**140**	**140**	**138**	**138**	**137**	**137**	**138**	**127**	**126**	**126**	**136**
	Claims	Inpatient	$12.51	$0.00	$0.00	$1,261.12	$0.00	$196.12	$645.65	$102.11	$192.54	$448.07	$0.00	$0.00	**$408.30**
		Outpatient	$60.92	$158.03	$111.48	$201.18	$92.95	$21.03	$182.54	$97.30	$30.64	$53.51	$338.36	$185.54	**$127.79**
		ER	$1.91	$2.54	$13.13	$48.76	$0.00	$2.58	$16.36	$0.00	$26.63	$80.65	$62.89	$52.60	**$30.81**
		Prof Svcs	$195.66	$233.93	$232.69	$665.04	$309.58	$292.01	$621.90	$454.25	$321.52	$509.85	$403.56	$406.92	**$387.24**
		Other	$4.90	$4.82	$8.05	$42.56	$21.62	$8.85	$29.96	$26.10	$4.76	$31.83	$14.05	$113.74	**$25.94**
		Pharmacy	$545.83	$321.83	$693.22	$710.13	$917.80	$266.47	$528.62	$705.08	$326.96	$561.53	$695.65	$443.92	**$559.75**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$821.73**	**$721.14**	**$1,058.58**	**$2,928.79**	**$1,341.95**	**$787.07**	**$2,025.02**	**$1,384.85**	**$903.04**	**$1,685.45**	**$1,514.50**	**$1,202.71**	**$1,364.57**
	Total Premiums		**$1,166.98**	**$1,169.85**	**$1,162.75**	**$1,162.75**	**$1,158.70**	**$1,158.70**	**$1,161.55**	**$1,161.55**	**$1,161.55**	**$1,160.30**	**$1,163.50**	**$1,163.50**	**$1,162.64**
Benefit Package 065	**Enrolled Employees**		**1,931**	**1,935**	**1,940**	**1,938**	**1,937**	**1,936**	**1,931**	**1,929**	**1,928**	**1,933**	**1,949**	**1,942**	**1,936**
	Enrolled Members		**4,627**	**4,623**	**4,633**	**4,631**	**4,623**	**4,618**	**4,608**	**4,596**	**4,586**	**4,624**	**4,659**	**4,642**	**4,623**
	Claims	Inpatient	$158.99	$126.77	$132.96	$253.09	$198.97	$234.49	$124.39	$219.30	$580.04	$251.64	$303.37	$97.36	**$223.45**
		Outpatient	$144.14	$189.86	$188.26	$236.06	$176.49	$223.51	$285.73	$219.16	$269.24	$360.54	$297.37	$297.96	**$240.69**
		ER	$24.43	$18.19	$27.03	$36.75	$24.84	$23.58	$36.07	$25.51	$24.64	$20.86	$25.93	$21.71	**$25.79**
		Prof Svcs	$119.09	$99.67	$125.91	$145.96	$139.58	$155.92	$173.23	$163.16	$167.90	$184.52	$165.40	$181.27	**$151.80**
		Other	$80.40	$91.05	$100.66	$105.29	$96.73	$96.94	$125.46	$106.45	$100.47	$123.52	$109.44	$108.69	**$103.76**
		Pharmacy	$114.04	$96.05	$114.63	$100.43	$100.01	$110.23	$121.94	$110.32	$114.95	$102.98	$105.36	$96.39	**$107.28**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$641.08**	**$621.60**	**$689.45**	**$877.58**	**$736.61**	**$844.67**	**$866.83**	**$843.90**	**$1,257.24**	**$1,044.06**	**$1,006.87**	**$803.38**	**$852.77**
	Total Premiums		**$1,016.58**	**$1,012.91**	**$1,013.23**	**$1,013.22**	**$1,011.99**	**$1,011.92**	**$1,011.55**	**$1,010.07**	**$1,009.36**	**$1,011.43**	**$1,010.12**	**$1,010.70**	**$1,011.92**
Benefit Package 172	**Enrolled Employees**		**360**	**356**	**356**	**353**	**351**	**352**	**349**	**349**	**348**	**356**	**357**	**356**	**354**
	Enrolled Members		**653**	**643**	**638**	**636**	**635**	**635**	**630**	**632**	**630**	**632**	**644**	**643**	**638**
	Claims	Inpatient	$190.36	$226.90	$219.85	$73.64	$34.03	$315.41	$28.65	$4.05	$81.37	$41.10	$0.00	$0.00	**$121.54**
		Outpatient	$30.05	$44.21	$139.46	$78.57	$132.67	$144.77	$198.77	$50.62	$86.02	$35.77	$41.29	$111.98	**$91.18**
		ER	$45.89	$67.64	$16.99	$15.69	$22.19	$96.51	$37.84	$48.37	$56.55	$13.19	$49.27	$15.85	**$40.50**
		Prof Svcs	$154.69	$163.47	$210.52	$194.77	$128.66	$262.88	$187.42	$172.30	$199.85	$164.82	$160.02	$176.71	**$181.34**
		Other	$280.26	$210.70	$298.28	$212.07	$189.85	$172.51	$271.66	$204.34	$274.34	$231.42	$314.80	$166.14	**$235.53**
		Pharmacy	$188.72	$119.95	$210.22	$165.92	$197.44	$193.05	$147.95	$245.51	$159.72	$136.49	$153.82	$341.22	**$188.33**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$889.97**	**$832.88**	**$1,095.32**	**$740.67**	**$704.84**	**$1,185.13**	**$872.29**	**$725.18**	**$857.84**	**$622.78**	**$719.20**	**$811.90**	**$838.17**
	Total Premiums		**$966.45**	**$964.10**	**$958.97**	**$963.87**	**$964.50**	**$961.32**	**$963.60**	**$964.42**	**$966.32**	**$967.41**	**$972.55**	**$973.15**	**$965.56**

Washington State Office of the Insurance Commissioner
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Experience Reports by Benefit Package — Per Employee Per Month
Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 176	**Enrolled Employees**		**245**	**243**	**242**	**244**	**244**	**247**	**247**	**242**	**245**	**241**	**253**	**254**	**246**
	Enrolled Members		**451**	**444**	**441**	**442**	**441**	**442**	**442**	**436**	**443**	**441**	**471**	**472**	**447**
	Claims	Inpatient	$0.00	$75.84	$54.80	$1.74	$30.37	$197.07	$216.21	$0.00	$0.00	$155.06	$267.55	$0.35	**$111.00**
		Outpatient	$70.27	$4.16	$7.22	$22.75	$49.89	$72.97	$174.54	$86.07	$160.06	$55.15	$38.26	$24.82	**$63.85**
		ER	$24.19	$55.04	$2.12	$15.74	$15.69	$10.73	$23.79	$5.55	$4.06	$20.81	$9.59	$28.09	**$17.95**
		Prof Svcs	$129.82	$14.97	$76.33	$77.73	$47.49	$64.92	$39.49	$57.07	$41.35	$52.49	$99.69	$102.21	**$66.96**
		Other	$334.39	$342.52	$332.97	$342.18	$352.32	$417.42	$389.95	$340.73	$263.82	$371.46	$395.58	$333.55	**$351.41**
		Pharmacy	$41.45	$38.34	$66.91	$39.68	$51.70	$60.04	$41.65	$59.75	$61.94	$72.16	$93.02	$71.66	**$58.19**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$600.12**	**$530.85**	**$540.35**	**$499.82**	**$547.47**	**$823.15**	**$885.64**	**$549.17**	**$531.23**	**$727.13**	**$903.69**	**$560.68**	**$641.61**
	Total Premiums		**$963.74**	**$959.87**	**$965.60**	**$964.56**	**$971.42**	**$964.19**	**$964.30**	**$963.65**	**$957.16**	**$984.88**	**$945.54**	**$931.91**	**$961.40**
Benefit Package 177	**Enrolled Employees**		**99**	**98**	**98**	**98**	**98**	**98**	**97**	**101**	**101**	**98**	**99**	**99**	**99**
	Enrolled Members		**136**	**135**	**135**	**135**	**135**	**135**	**133**	**142**	**142**	**138**	**138**	**138**	**137**
	Claims	Inpatient	$0.00	$99.96	$122.30	$198.99	$346.17	$0.00	-$1.03	$0.00	$0.00	$0.00	$0.00	$0.00	**$191.60**
		Outpatient	$252.02	$154.48	$6.44	$1.15	$317.72	$14.74	$120.41	$63.97	$58.00	$174.36	$6.35	$7.05	**$98.06**
		ER	$35.13	$44.02	$13.50	$14.72	$93.45	$7.30	$20.78	$36.89	$0.15	$0.00	$17.93	$5.34	**$26.29**
		Prof Svcs	$4.56	$50.94	$6.67	-$0.81	$20.91	$63.67	$95.11	$49.26	$30.01	$53.00	$21.45	$16.44	**$37.38**
		Other	$285.28	$321.44	$315.91	$281.40	$318.90	$324.91	$296.51	$275.73	$196.15	$271.79	$271.77	$248.67	**$284.04**
		Pharmacy	$227.16	$208.52	$36.94	$231.48	$216.01	$226.72	$234.46	$92.46	$50.69	$85.38	$75.37	$124.77	**$150.83**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$804.15**	**$879.37**	**$501.76**	**$726.94**	**$1,313.17**	**$637.33**	**$766.24**	**$518.31**	**$335.00**	**$584.52**	**$392.87**	**$402.28**	**$655.16**
	Total Premiums		**$813.89**	**$817.18**	**$817.23**	**$818.15**	**$823.97**	**$822.81**	**$821.23**	**$821.37**	**$824.44**	**$812.73**	**$813.38**	**$820.46**	**$818.90**
Benefit Package 185	**Enrolled Employees**		**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**2**	**2**	**1**
	Enrolled Members		**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**7**	**7**	**4**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs	$0.00	$0.00	$0.00	$230.00	$0.00	$0.00	$0.00	$215.00	$0.00	$0.00	$0.00	$97.84	**$180.95**
		Other	$189.32	$189.32	$189.32	$308.96	$189.32	$189.32	$310.59	$157.69	$138.91	$389.88	$69.46	$69.46	**$199.30**
		Pharmacy	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$189.32**	**$189.32**	**$189.32**	**$538.96**	**$189.32**	**$189.32**	**$310.59**	**$372.69**	**$138.91**	**$389.88**	**$69.46**	**$167.30**	**$244.53**
	Total Premiums		**$937.43**	**$937.43**	**$937.43**	**$937.43**	**$937.43**	**$937.43**	**$937.43**	**$937.43**	**$937.43**	**$937.43**	**$934.84**	**$934.84**	**$937.00**
Benefit Package 230	**Enrolled Employees**		**17**	**17**	**17**	**17**	**17**	**17**	**16**	**16**	**16**	**22**	**37**	**37**	**21**
	Enrolled Members		**51**	**51**	**51**	**51**	**51**	**52**	**51**	**51**	**51**	**65**	**98**	**98**	**60**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$667.24	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$667.24**
		Outpatient	$6.68	$2.63	$7.53	$0.00	$0.00	$20.32	$51.37	$0.00	$32.42	$9.27	$0.00	$0.49	**$16.34**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$72.30	$0.00	$0.00	**$72.30**
		Prof Svcs	$30.07	$21.35	$49.32	$77.81	$301.11	$60.63	$150.57	$30.96	$97.21	$45.23	$64.19	$23.95	**$79.37**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$24.81	$1.01	$0.00	$0.00	**$12.91**
		Pharmacy	$1.96	$0.00	$0.00	$2.04	$1.00	$0.70	$0.61	$3.99	$0.43	$0.00	$106.89	$166.80	**$31.60**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$38.71**	**$23.99**	**$56.86**	**$79.85**	**$969.35**	**$81.65**	**$202.55**	**$34.95**	**$154.87**	**$127.80**	**$171.08**	**$191.24**	**$177.74**
	Total Premiums		**$674.26**	**$674.26**	**$674.26**	**$674.26**	**$674.26**	**$674.26**	**$674.26**	**$674.26**	**$674.26**	**$674.26**	**$709.76**	**$709.76**	**$680.18**

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Benefit Package 236	**Enrolled Employees**		**268**	**268**	**268**	**268**	**268**	**267**	**266**	**263**	**263**	**243**	**185**	**185**	**251**
	Enrolled Members		**472**	**472**	**469**	**470**	**472**	**470**	**469**	**464**	**465**	**439**	**310**	**310**	**440**
	Claims	Inpatient	$0.00	$0.00	$688.80	$515.85	$0.00	$8.50	$243.65	$25.86	$31.74	$0.00	$20.90	$294.41	**$228.71**
		Outpatient	$190.85	$338.96	$147.94	$311.20	$89.42	$303.21	$325.72	$394.97	$200.50	$297.41	$364.32	$302.59	**$272.26**
		ER	$23.57	$0.00	$34.91	$79.26	$21.78	$30.17	$35.02	$30.94	$27.22	$14.29	$8.13	$45.55	**$31.89**
		Prof Svcs	$124.99	$170.60	$206.72	$180.86	$122.57	$183.13	$277.39	$236.63	$216.68	$236.49	$201.37	$259.97	**$201.45**
		Other	$0.35	$0.15	$0.19	$0.00	$0.00	$0.00	$0.65	$1.44	$3.17	$4.61	$0.00	$1.13	**$1.46**
		Pharmacy	$250.18	$247.25	$277.02	$243.33	$120.63	$284.09	$239.08	$186.35	$155.48	$180.75	$166.55	$294.85	**$220.46**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$589.95**	**$756.96**	**$1,355.58**	**$1,330.50**	**$354.40**	**$809.11**	**$1,121.50**	**$876.18**	**$634.79**	**$733.55**	**$761.26**	**$1,198.49**	**$876.86**
	Total Premiums		**$948.58**	**$948.58**	**$948.58**	**$948.58**	**$948.58**	**$948.58**	**$948.58**	**$948.58**	**$948.58**	**$948.58**	**$1,029.36**	**$1,029.36**	**$962.05**
Benefit Package 237	**Enrolled Employees**		**216**	**216**	**216**	**214**	**214**	**214**	**213**	**215**	**213**	**215**	**254**	**255**	**221**
	Enrolled Members		**426**	**426**	**424**	**419**	**419**	**419**	**419**	**422**	**414**	**412**	**500**	**503**	**434**
	Claims	Inpatient	$234.40	$65.63	$62.58	$0.00	$0.00	$133.19	$595.58	$845.08	$91.56	$254.93	$478.07	$228.59	**$298.96**
		Outpatient	$278.06	$278.00	$190.77	$217.63	$92.29	$167.75	$656.89	$270.55	$109.65	$100.45	$111.40	$174.85	**$220.69**
		ER	$15.46	$84.97	$16.84	$16.21	$14.81	$18.59	$42.16	$8.92	$14.31	$13.67	$39.35	$28.46	**$26.15**
		Prof Svcs	$173.36	$128.80	$129.75	$146.81	$141.02	$163.32	$254.63	$305.27	$179.50	$207.13	$141.73	$222.62	**$182.83**
		Other	$0.28	$0.00	$0.00	$0.00	$0.00	$0.21	$0.00	$0.44	$1.01	$1.49	$0.00	$0.00	**$0.69**
		Pharmacy	$131.03	$98.96	$109.52	$118.75	$82.19	$116.57	$116.78	$136.25	$149.89	$104.46	$125.21	$114.14	**$116.98**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$832.59**	**$656.36**	**$509.46**	**$499.40**	**$330.31**	**$599.63**	**$1,666.05**	**$1,566.51**	**$545.92**	**$682.13**	**$895.75**	**$768.66**	**$796.06**
	Total Premiums		**$813.24**	**$813.24**	**$813.24**	**$813.24**	**$813.24**	**$813.24**	**$813.24**	**$813.24**	**$813.24**	**$813.24**	**$902.66**	**$902.66**	**$828.14**
Benefit Package 238	**Enrolled Employees**		**140**	**140**	**140**	**142**	**143**	**142**	**141**	**141**	**141**	**140**	**150**	**151**	**143**
	Enrolled Members		**300**	**302**	**303**	**306**	**308**	**304**	**303**	**304**	**304**	**296**	**300**	**301**	**303**
	Claims	Inpatient	$0.00	$334.30	$0.00	$941.89	$90.06	$0.00	$61.78	$0.00	$0.00	$0.00	$0.00	$410.08	**$367.62**
		Outpatient	$192.92	$105.38	$203.72	$151.57	$371.83	$186.23	$208.26	$293.01	$333.02	$128.61	$138.64	$160.46	**$206.14**
		ER	$31.12	$48.45	$54.18	$13.64	$67.44	$0.00	$145.86	$36.38	$19.47	$2.66	$67.28	$14.93	**$45.58**
		Prof Svcs	$166.86	$144.65	$111.70	$257.77	$159.61	$126.22	$209.05	$148.88	$142.31	$157.55	$142.26	$184.83	**$162.64**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$25.10	$24.83	$33.08	$57.09	$48.77	$75.23	$74.04	$77.64	$76.44	$68.46	$19.59	$26.18	**$50.54**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$416.00**	**$657.62**	**$402.68**	**$1,421.97**	**$737.70**	**$387.68**	**$698.98**	**$555.92**	**$571.25**	**$357.28**	**$367.78**	**$796.47**	**$614.28**
	Total Premiums		**$693.41**	**$693.41**	**$693.41**	**$693.41**	**$693.41**	**$693.41**	**$693.41**	**$693.41**	**$693.41**	**$693.41**	**$738.35**	**$738.35**	**$700.90**
Benefit Package 245	**Enrolled Employees**		**68**	**68**	**68**	**66**	**64**	**64**	**64**	**64**	**64**	**65**	**64**	**64**	**65**
	Enrolled Members		**85**	**84**	**84**	**82**	**80**	**80**	**80**	**80**	**80**	**84**	**83**	**83**	**82**
	Claims	Inpatient	$286.76	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$327.42	$0.00	**$307.09**
		Outpatient	$24.73	$1.23	$38.24	$50.99	$40.20	$0.00	-$25.07	$21.97	$2.99	$75.86	$137.54	$21.06	**$38.97**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$27.52	$7.42	$0.00	$3.11	**$12.69**
		Prof Svcs	$65.32	$9.90	$10.68	$12.04	$4.11	$41.80	$166.42	$56.34	$66.44	$27.51	$82.71	$61.06	**$50.36**
		Other	$53.61	$12.43	$3.85	$23.82	$16.72	$18.76	$19.96	$29.15	$15.53	$12.17	$17.56	$40.50	**$22.01**
		Pharmacy	$3.76	$0.97	$2.93	$1.71	$0.42	$3.68	$11.40	$7.01	$4.42	$11.44	$10.48	$4.96	**$5.26**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$434.18**	**$24.53**	**$55.69**	**$88.57**	**$61.46**	**$64.24**	**$172.71**	**$114.47**	**$116.90**	**$134.40**	**$575.72**	**$130.70**	**$164.46**
	Total Premiums		**$486.90**	**$486.90**	**$586.07**	**$518.47**	**$484.29**	**$549.49**	**$519.85**	**$519.85**	**$519.85**	**$519.15**	**$539.71**	**$529.78**	**$521.69**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9g
Experience Reports by Benefit Package — Per Employee Per Month
Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 246	**Enrolled Employees**		**458**	**456**	**462**	**460**	**464**	**462**	**460**	**461**	**462**	**458**	**457**	**466**	**461**
	Enrolled Members		**987**	**977**	**985**	**977**	**975**	**970**	**967**	**967**	**968**	**953**	**946**	**952**	**969**
	Claims	Inpatient	$7.14	$145.13	$328.64	$0.00	$45.06	$20.42	$81.65	$471.64	$47.31	$69.04	$542.03	$112.34	**$170.04**
		Outpatient	$129.79	$151.17	$204.92	$226.96	$77.11	$72.16	$120.96	$73.76	$62.50	$107.55	$84.97	$168.31	**$123.35**
		ER	$22.36	$32.81	$16.97	$11.41	$12.40	$11.43	$9.37	$21.31	$37.22	$23.54	$51.62	$18.67	**$22.42**
		Prof Svcs	$121.30	$125.92	$89.26	$89.00	$76.40	$81.26	$130.44	$146.84	$100.98	$113.89	$96.27	$84.25	**$104.65**
		Other	$48.79	$49.44	$41.91	$54.14	$38.61	$40.04	$53.46	$83.49	$53.17	$48.90	$65.07	$56.04	**$52.75**
		Pharmacy	$115.26	$91.05	$120.34	$151.27	$120.15	$214.66	$164.31	$176.23	$162.74	$112.28	$111.15	$105.92	**$137.11**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$444.63**	**$595.52**	**$802.04**	**$532.77**	**$369.72**	**$439.98**	**$560.19**	**$973.26**	**$463.92**	**$475.20**	**$951.11**	**$545.54**	**$596.16**
	Total Premiums		**$732.44**	**$727.19**	**$714.39**	**$719.98**	**$725.09**	**$723.36**	**$732.86**	**$718.47**	**$733.60**	**$741.35**	**$681.41**	**$721.97**	**$722.68**
Benefit Package 247	**Enrolled Employees**		**242**	**243**	**244**	**245**	**248**	**248**	**248**	**250**	**250**	**248**	**249**	**251**	**247**
	Enrolled Members		**370**	**369**	**370**	**370**	**375**	**378**	**380**	**383**	**382**	**379**	**375**	**378**	**376**
	Claims	Inpatient	$24.21	$269.48	$50.99	$222.41	$28.25	$184.00	$50.87	$64.31	$92.20	$128.13	$0.00	$103.57	**$110.76**
		Outpatient	$24.82	$228.26	$135.32	$31.46	$16.10	$22.99	$32.12	$28.35	$19.76	$66.42	$7.45	$39.29	**$54.36**
		ER	$3.88	$13.02	$9.05	$17.34	$13.23	$0.00	$17.01	$0.00	$19.17	$52.54	$16.58	$11.87	**$17.37**
		Prof Svcs	$247.91	$170.58	$210.95	$279.99	$225.45	$140.69	$372.28	$350.89	$224.16	$157.52	$134.60	$291.03	**$233.84**
		Other	$66.59	$133.52	$103.10	$147.91	$165.32	$105.49	$163.88	$102.21	$127.12	$132.61	$101.21	$122.47	**$122.62**
		Pharmacy	$62.71	$71.13	$65.75	$94.45	$100.40	$108.70	$91.75	$140.08	$75.92	$96.92	$87.00	$96.32	**$90.93**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$430.12**	**$885.99**	**$575.16**	**$793.57**	**$548.75**	**$561.87**	**$727.91**	**$685.82**	**$558.33**	**$634.15**	**$346.85**	**$664.56**	**$617.76**
	Total Premiums		**$837.74**	**$837.67**	**$836.14**	**$832.81**	**$832.67**	**$832.67**	**$833.75**	**$837.04**	**$835.96**	**$817.49**	**$854.82**	**$831.59**	**$835.03**
Benefit Package 249	**Enrolled Employees**		**710**	**709**	**705**	**702**	**704**	**702**	**698**	**696**	**694**	**691**	**691**	**694**	**700**
	Enrolled Members		**1,156**	**1,152**	**1,145**	**1,137**	**1,137**	**1,129**	**1,125**	**1,122**	**1,121**	**1,117**	**1,116**	**1,117**	**1,131**
	Claims	Inpatient	$133.68	$119.06	$177.37	$71.22	$3.95	$131.59	$200.31	$378.05	$100.61	$127.43	$89.40	$156.22	**$140.74**
		Outpatient	$65.14	$55.67	$103.00	$58.44	$97.30	$62.39	$68.00	$121.14	$152.22	$244.11	$63.83	$159.15	**$104.20**
		ER	$28.16	$29.95	$35.53	$44.50	$14.00	$25.83	$15.46	$70.60	$45.86	$51.17	$31.47	$50.66	**$36.93**
		Prof Svcs	$127.92	$108.04	$130.22	$118.22	$108.22	$139.69	$182.30	$199.08	$199.02	$155.16	$114.12	$153.62	**$144.63**
		Other	$67.79	$69.39	$73.66	$76.22	$67.57	$59.71	$83.66	$101.61	$101.01	$104.01	$90.48	$82.91	**$81.50**
		Pharmacy	$57.94	$57.18	$84.69	$63.60	$66.84	$80.55	$74.24	$106.06	$54.22	$81.45	$111.05	$80.45	**$76.52**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$480.63**	**$439.29**	**$604.48**	**$432.20**	**$357.89**	**$499.75**	**$623.97**	**$976.55**	**$652.95**	**$763.34**	**$500.36**	**$683.02**	**$584.54**
	Total Premiums		**$856.67**	**$858.25**	**$866.04**	**$875.15**	**$863.59**	**$858.98**	**$854.69**	**$863.90**	**$863.31**	**$869.62**	**$838.13**	**$854.51**	**$860.24**
Benefit Package 250	**Enrolled Employees**		**78**	**80**	**81**	**81**	**80**	**81**	**83**	**86**	**86**	**83**	**80**	**84**	**82**
	Enrolled Members		**172**	**171**	**172**	**172**	**167**	**170**	**177**	**189**	**185**	**177**	**174**	**181**	**176**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$101.78	$40.04	$0.00	$0.00	$252.74	$0.00	$174.09	**$142.16**
		Outpatient	$362.33	$295.73	$9.68	$17.56	$23.08	$4.70	$30.83	$137.88	$62.10	$53.92	$12.62	$88.63	**$91.59**
		ER	$102.64	$0.00	$0.00	$12.12	$0.00	$22.75	$0.00	$61.92	$9.85	$19.04	$5.46	$19.44	**$31.65**
		Prof Svcs	$169.98	$75.45	$67.39	$52.18	$48.37	$139.34	$93.58	$112.94	$99.82	$113.99	$77.70	$351.88	**$116.88**
		Other	$142.62	$313.04	$32.51	$286.91	$142.47	$124.82	$319.94	$279.78	$276.34	$282.28	$223.33	$88.51	**$209.38**
		Pharmacy	$9.88	$22.42	$19.80	$23.47	$12.92	$49.44	$42.69	$50.53	$81.39	$42.38	$22.29	$32.25	**$34.12**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$787.45**	**$706.64**	**$129.38**	**$392.24**	**$226.84**	**$442.82**	**$527.08**	**$643.05**	**$529.49**	**$764.33**	**$341.40**	**$754.80**	**$520.46**
	Total Premiums		**$708.82**	**$692.33**	**$681.78**	**$681.78**	**$701.29**	**$680.60**	**$640.29**	**$691.62**	**$675.10**	**$702.28**	**$726.55**	**$738.74**	**$693.43**

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Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 251	**Enrolled Employees**		**1,462**	**1,459**	**1,459**	**1,468**	**1,465**	**1,466**	**1,438**	**1,437**	**1,407**	**1,438**	**1,467**	**1,465**	**1,453**
	Enrolled Members		**2,840**	**2,829**	**2,831**	**2,836**	**2,836**	**2,838**	**2,788**	**2,789**	**2,746**	**2,802**	**2,787**	**2,783**	**2,809**
	Claims	Inpatient	$197.48	$240.65	$327.07	$267.00	$79.90	$239.96	$284.21	$204.62	$169.31	$88.90	$206.25	$145.38	**$204.23**
		Outpatient	$187.34	$381.74	$284.93	$215.78	$208.37	$306.28	$359.08	$408.01	$260.14	$263.00	$294.03	$382.06	**$295.90**
		ER	$60.63	$32.63	$57.65	$49.35	$60.57	$71.65	$49.01	$38.96	$49.91	$32.18	$107.55	$44.09	**$54.52**
		Prof Svcs	$223.15	$227.61	$228.93	$269.82	$231.79	$244.28	$237.11	$265.65	$256.47	$200.10	$194.78	$254.30	**$236.17**
		Other	$133.14	$133.79	$122.98	$134.76	$126.64	$149.14	$125.69	$157.35	$172.02	$193.46	$153.03	$127.88	**$144.16**
		Pharmacy	$130.96	$146.68	$196.25	$142.07	$150.74	$169.80	$127.16	$181.79	$148.87	$151.56	$154.48	$146.70	**$153.92**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$932.72**	**$1,163.10**	**$1,217.82**	**$1,078.78**	**$858.01**	**$1,181.11**	**$1,182.27**	**$1,256.38**	**$1,056.72**	**$929.22**	**$1,110.13**	**$1,100.40**	**$1,088.89**
	Total Premiums		**$998.93**	**$998.79**	**$1,000.70**	**$995.90**	**$997.59**	**$996.17**	**$995.33**	**$1,003.96**	**$998.88**	**$1,007.38**	**$1,069.76**	**$1,063.42**	**$1,010.57**
Benefit Package 254	**Enrolled Employees**		**159**	**163**	**167**	**168**	**167**	**168**	**168**	**173**	**173**	**193**	**177**	**179**	**171**
	Enrolled Members		**357**	**362**	**368**	**370**	**370**	**372**	**372**	**385**	**382**	**434**	**406**	**405**	**382**
	Claims	Inpatient	$25.72	$0.00	$0.00	$65.20	$11.01	$382.41	$0.00	$86.19	$0.00	$6.53	$0.00	$101.38	**$96.92**
		Outpatient	$89.06	$116.98	$24.29	$53.99	$90.64	$56.23	$113.20	$199.60	$66.56	$44.38	$35.98	$172.85	**$88.65**
		ER	$2.68	$16.12	$0.00	$14.24	$6.77	$9.27	$12.39	$18.09	$5.49	$30.80	$101.41	$41.83	**$23.55**
		Prof Svcs	$54.56	$64.70	$103.87	$98.30	$80.89	$85.17	$96.83	$103.75	$158.91	$85.99	$108.42	$84.07	**$93.79**
		Other	$38.99	$46.13	$41.71	$43.42	$34.35	$74.90	$76.31	$86.96	$77.24	$38.13	$56.01	$40.30	**$54.54**
		Pharmacy	$9.94	$35.91	$28.92	$29.83	$41.38	$50.01	$38.10	$212.51	$200.01	$181.65	$353.42	$201.66	**$115.28**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$220.95**	**$279.83**	**$198.80**	**$304.97**	**$265.05**	**$657.98**	**$336.84**	**$707.11**	**$508.21**	**$387.48**	**$655.24**	**$642.09**	**$430.38**
	Total Premiums		**$626.76**	**$659.21**	**$650.63**	**$638.35**	**$645.53**	**$638.00**	**$682.41**	**$648.85**	**$642.61**	**$752.55**	**$634.87**	**$682.36**	**$658.51**
Benefit Package 257	**Enrolled Employees**		**757**	**756**	**764**	**763**	**763**	**763**	**760**	**760**	**745**	**824**	**1,157**	**1,163**	**831**
	Enrolled Members		**1,337**	**1,332**	**1,343**	**1,339**	**1,340**	**1,340**	**1,333**	**1,344**	**1,319**	**1,427**	**2,132**	**2,132**	**1,477**
	Claims	Inpatient	$139.74	$30.66	-$31.78	$74.56	$122.21	$177.07	$211.37	$325.59	$137.42	$162.32	$49.31	$88.17	**$135.15**
		Outpatient	$155.96	$37.55	$54.73	$34.61	$70.07	$91.14	$92.33	$72.80	$277.94	$87.35	$11.86	$40.59	**$85.58**
		ER	$0.68	$23.36	$23.94	$4.58	$19.88	$18.22	$33.41	$14.13	$18.17	-$6.96	$10.22	$20.97	**$16.42**
		Prof Svcs	$163.54	$166.37	$160.67	$230.32	$216.74	$196.08	$219.11	$256.16	$209.20	$217.41	$127.23	$167.78	**$194.22**
		Other	$92.50	$79.89	$83.41	$93.00	$102.39	$103.23	$151.14	$117.11	$100.64	$139.59	$69.15	$95.50	**$102.29**
		Pharmacy	$51.87	$80.23	$65.67	$64.18	$77.56	$93.34	$108.64	$83.19	$89.52	$58.07	$102.94	$113.32	**$82.38**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$604.29**	**$418.06**	**$356.64**	**$501.25**	**$608.85**	**$679.08**	**$816.00**	**$868.99**	**$832.89**	**$657.77**	**$370.71**	**$526.33**	**$603.40**
	Total Premiums		**$896.17**	**$875.38**	**$874.90**	**$884.70**	**$884.12**	**$886.74**	**$883.45**	**$888.85**	**$915.86**	**$868.78**	**$836.91**	**$829.49**	**$877.11**
Benefit Package 259	**Enrolled Employees**		**386**	**386**	**386**	**385**	**384**	**382**	**383**	**381**	**385**	**378**	**392**	**394**	**385**
	Enrolled Members		**660**	**663**	**658**	**651**	**649**	**643**	**646**	**643**	**652**	**650**	**653**	**655**	**652**
	Claims	Inpatient	$51.27	$172.39	$177.22	$36.46	$44.33	$108.00	$76.33	$0.00	$50.96	$0.00	$0.32	$13.10	**$73.04**
		Outpatient	$197.64	$154.02	$234.39	$133.46	$112.70	$240.39	$176.68	$95.57	$187.25	$114.39	$91.98	$156.59	**$157.92**
		ER	$31.69	$30.35	$25.57	$19.28	$54.40	$31.10	$48.82	$101.12	$85.11	$138.97	$21.11	$23.02	**$50.88**
		Prof Svcs	$114.19	$166.15	$167.50	$150.53	$178.40	$181.11	$211.70	$285.68	$219.79	$153.93	$98.14	$115.19	**$170.19**
		Other	$91.16	$273.01	$178.68	$105.67	$89.68	$82.80	$146.74	$232.52	$88.06	$90.48	$97.63	$50.28	**$127.23**
		Pharmacy	$59.34	$59.47	$99.90	$48.39	$60.42	$78.68	$42.90	$66.64	$67.19	$61.84	$63.27	$65.16	**$64.43**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$545.29**	**$855.40**	**$883.26**	**$493.79**	**$539.93**	**$722.08**	**$703.16**	**$781.53**	**$698.36**	**$559.62**	**$372.45**	**$423.35**	**$631.52**
	Total Premiums		**$881.99**	**$885.44**	**$889.39**	**$876.48**	**$874.35**	**$874.17**	**$876.12**	**$894.76**	**$864.40**	**$892.07**	**$906.15**	**$903.66**	**$884.92**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9g
Experience Reports by Benefit Package — Per Employee Per Month
Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 266	**Enrolled Employees**		**407**	**406**	**406**	**405**	**404**	**405**	**404**	**406**	**400**	**383**			**403**
	Enrolled Members		**790**	**788**	**784**	**780**	**785**	**783**	**783**	**791**	**786**	**759**			**783**
	Claims	Inpatient	$127.96	$44.95	$295.92	$785.70	$336.73	$296.06	$111.35	$178.41	$254.85	$403.00			**$283.49**
		Outpatient	$70.38	$47.56	-$3.66	$72.80	$13.70	$40.29	$49.78	$74.84	$54.95	$62.05			**$53.63**
		ER	$121.69	$45.50	$90.66	$70.92	$60.08	$26.24	$34.41	$102.22	$49.02	$51.34			**$65.21**
		Prof Svcs	$83.27	$69.98	$22.63	$102.71	$56.65	$105.82	$111.72	$62.95	$55.01	$72.03			**$74.28**
		Other	$416.76	$374.32	$420.28	$471.54	$424.64	$398.37	$474.13	$529.94	$404.42	$429.76			**$434.42**
		Pharmacy	$247.15	$152.61	$130.47	$155.55	$134.74	$113.66	$177.79	$109.88	$124.52	$216.26			**$156.26**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$1,067.20**	**$734.92**	**$956.30**	**$1,659.21**	**$1,026.54**	**$980.45**	**$959.17**	**$1,058.24**	**$942.77**	**$1,234.44**			**$1,061.92**
	Total Premiums		**$921.39**	**$837.26**	**$1,071.31**	**$1,064.93**	**$1,080.50**	**$1,065.91**	**$1,072.08**	**$1,061.52**	**$1,088.00**	**$1,083.39**			**$1,034.63**
Benefit Package 267	**Enrolled Employees**		**205**	**206**	**206**	**206**	**206**	**206**	**205**	**203**	**201**	**208**	**213**	**213**	**207**
	Enrolled Members		**363**	**363**	**363**	**363**	**365**	**365**	**364**	**359**	**356**	**367**	**361**	**352**	**362**
	Claims	Inpatient	$34.85	$0.00	$0.00	$495.86	$230.53	$334.21	$120.09	$3,199.28	$633.63	$214.18	$56.38	$142.73	**$546.17**
		Outpatient	$152.35	$123.52	$44.13	$158.00	$167.40	$9.65	$39.72	$72.19	$106.02	$33.88	$81.24	$86.73	**$89.57**
		ER	$53.12	$21.90	$62.87	$79.13	$23.80	$49.31	$82.42	$43.22	$13.53	$85.64	$37.69	$28.99	**$48.47**
		Prof Svcs	$126.54	$171.33	$102.78	$87.44	$152.79	$42.22	$72.12	$58.22	$70.89	$59.79	$41.38	$41.95	**$85.62**
		Other	$355.02	$328.41	$321.52	$377.39	$367.24	$400.10	$352.64	$541.32	$350.22	$349.83	$350.95	$323.63	**$368.19**
		Pharmacy	$80.62	$114.95	$121.76	$118.29	$110.76	$131.54	$101.67	$109.69	$113.71	$112.00	$112.05	$162.57	**$115.80**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$802.50**	**$760.10**	**$653.07**	**$1,316.11**	**$1,052.52**	**$967.03**	**$768.66**	**$4,023.91**	**$1,288.00**	**$855.33**	**$679.68**	**$786.60**	**$1,162.79**
	Total Premiums		**$907.19**	**$967.37**	**$933.64**	**$936.47**	**$945.68**	**$943.39**	**$945.74**	**$942.61**	**$948.55**	**$923.16**	**$953.17**	**$948.14**	**$941.26**
Benefit Package 269	**Enrolled Employees**		**11**	**11**	**11**	**10**	**10**	**10**	**10**	**10**	**10**	**10**			**10**
	Enrolled Members		**12**	**12**	**12**	**11**	**11**	**11**	**11**	**11**	**11**	**11**			**11**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Prof Svcs	$127.17	$62.05	$0.00	$438.45	$104.78	$8.70	$229.48	$210.81	$79.29	$193.53			**$161.58**
		Other	$1.52	$9.60	$67.07	$53.65	$84.97	$0.00	$77.32	$84.80	$87.61	$116.69			**$64.80**
		Pharmacy	$69.43	$35.32	$56.17	$39.98	$85.35	$20.55	$145.63	$21.90	$55.93	$86.91			**$61.72**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$198.12**	**$106.97**	**$123.24**	**$532.07**	**$275.10**	**$29.25**	**$452.43**	**$317.51**	**$222.83**	**$397.13**			**$265.47**
	Total Premiums		**$1,044.41**	**$1,044.41**	**$1,044.41**	**$1,048.71**	**$1,048.71**	**$1,048.71**	**$1,048.71**	**$1,048.71**	**$1,048.71**	**$1,048.71**			**$1,047.42**
Benefit Package 270	**Enrolled Employees**		**42**	**42**	**42**	**42**	**42**	**42**	**42**	**42**	**42**	**35**			**41**
	Enrolled Members		**97**	**97**	**97**	**97**	**97**	**96**	**96**	**95**	**95**	**84**			**95**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Outpatient	$207.55	$0.22	$2.42	$0.00	$0.00	$0.98	$38.86	$4.60	$0.00	$45.94			**$42.94**
		ER	$2.45	$2.84	$4.49	$0.00	$5.18	$29.03	$10.02	$1.51	$4.53	$20.47			**$8.95**
		Prof Svcs	$297.20	$285.38	$210.77	$183.74	$276.72	$155.38	$292.90	$293.31	$253.37	$333.40			**$258.22**
		Other	$9.63	$27.75	$21.37	$43.72	$24.79	$54.38	$50.45	$39.68	$13.28	$124.02			**$40.91**
		Pharmacy	$137.95	$142.08	$111.65	$119.37	$216.30	$122.07	$280.88	$168.88	$234.93	$266.81			**$180.09**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$654.79**	**$458.27**	**$350.70**	**$346.83**	**$522.98**	**$361.85**	**$673.11**	**$507.98**	**$506.12**	**$790.64**			**$517.33**
	Total Premiums		**$909.00**	**$909.00**	**$909.00**	**$909.00**	**$909.00**	**$909.00**	**$909.00**	**$909.00**	**$909.00**	**$927.17**			**$910.82**

Washington State Office of the Insurance Commissioner
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Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 271	**Enrolled Employees**		**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**3**			**4**
	Enrolled Members		**6**	**6**	**6**	**6**	**6**	**6**	**6**	**6**	**6**	**5**			**6**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Outpatient	$56.98	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$56.98**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Prof Svcs	$136.00	$50.21	$132.44	$29.22	$188.35	$107.38	$140.16	$25.66	$70.41	$93.10			**$97.29**
		Other	$65.73	$0.00	$2.51	$5.15	$83.73	$1.09	$1.09	$4.12	$0.00	$0.00			**$23.34**
		Pharmacy	$38.94	$79.52	$97.00	$31.34	$8.66	$41.07	$7.25	$8.25	$74.25	$2.35			**$38.86**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$297.64**	**$129.73**	**$231.94**	**$65.70**	**$280.74**	**$149.54**	**$148.49**	**$38.04**	**$144.65**	**$95.45**			**$158.19**
	Total Premiums		**$1,461.72**	**$1,461.72**	**$1,461.72**	**$1,461.72**	**$1,461.72**	**$1,461.72**	**$1,461.72**	**$1,461.72**	**$1,461.72**	**$1,512.93**			**$1,466.84**
Benefit Package 272	**Enrolled Employees**		**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**			**1**
	Enrolled Members		**2**	**2**	**2**	**2**	**2**	**2**	**1**	**1**	**1**	**1**			**2**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Outpatient	$0.00	$49.59	$150.44	$1,934.11	$0.00	$0.00	$0.00	$0.00	$0.00	$2,765.59			**$1,224.93**
		ER	$0.00	$0.00	$1,482.25	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,860.79			**$1,671.52**
		Prof Svcs	$1,925.44	$648.82	-$20.60	$685.68	$338.23	$338.23	$839.23	$537.40	$338.23	$5,113.85			**$1,193.83**
		Other	$470.61	$0.00	$218.59	$1,421.84	$260.64	$0.00	$34.94	$129.28	$0.00	$1,638.32			**$596.32**
		Pharmacy	$92.82	$0.00	$0.00	$0.00	$0.00	$175.89	$0.00	$0.00	$0.00	$2.00			**$90.24**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$2,488.87**	**$698.41**	**$1,830.68**	**$4,041.63**	**$598.87**	**$514.12**	**$874.17**	**$666.68**	**$338.23**	**$11,380.55**			**$2,343.22**
	Total Premiums		**$1,296.88**	**$1,296.88**	**$1,296.88**	**$1,296.88**	**$1,296.88**	**$1,296.88**	**$928.28**	**$928.28**	**$928.28**	**$928.28**			**$1,149.44**
Benefit Package 274	**Enrolled Employees**		**50**	**49**	**49**	**49**	**49**	**49**	**49**	**48**	**48**	**46**			**49**
	Enrolled Members		**99**	**97**	**97**	**97**	**97**	**98**	**98**	**97**	**97**	**92**			**97**
	Claims	Inpatient	$214.61	$248.03	$0.00	$0.00	$302.20	$0.00	$0.00	$0.00	$166.91	$0.00			**$232.94**
		Outpatient	$692.67	$405.59	$0.00	$83.46	$19.03	$0.00	$9.76	$31.58	$214.92	$6,226.79			**$960.48**
		ER	$11.81	$38.08	$13.49	$0.00	$46.65	$0.00	$24.46	$58.43	$8.67	$12.93			**$26.81**
		Prof Svcs	$555.76	$373.44	$235.26	$228.54	$390.08	$182.97	$329.84	$382.50	$372.03	$486.61			**$353.70**
		Other	$66.35	$84.27	$75.37	$31.41	$232.03	$6.04	$261.14	$25.24	$49.36	$260.49			**$109.17**
		Pharmacy	$118.48	$142.74	$117.20	$94.19	$173.18	$82.27	$72.92	$166.90	$97.10	$88.82			**$115.38**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$1,659.68**	**$1,292.15**	**$441.32**	**$437.60**	**$1,163.17**	**$271.28**	**$698.11**	**$664.66**	**$908.98**	**$7,075.65**			**$1,461.26**
	Total Premiums		**$794.51**	**$792.74**	**$792.74**	**$792.74**	**$792.74**	**$807.96**	**$807.96**	**$810.67**	**$810.67**	**$807.60**			**$801.03**
Benefit Package 275	**Enrolled Employees**		**55**	**55**	**55**	**54**	**54**	**54**	**54**	**53**	**53**	**52**			**54**
	Enrolled Members		**133**	**134**	**134**	**132**	**132**	**132**	**133**	**130**	**130**	**126**			**132**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$268.64	$53.87	$0.00	$0.00	$0.00			**$161.26**
		Outpatient	$178.44	$0.00	$7.61	$1.47	$822.44	$3.28	$2.52	$0.00	$7.80	$488.40			**$188.99**
		ER	$63.13	$0.00	$11.71	$0.00	$16.99	$25.26	$28.48	$0.00	$41.52	$0.14			**$26.75**
		Prof Svcs	$350.57	$119.83	$322.64	$225.32	$199.79	$417.49	$458.19	$319.29	$282.05	$481.42			**$317.66**
		Other	$5.22	$15.62	$8.32	$13.22	$24.59	$12.08	$95.50	$14.13	$49.15	$44.47			**$28.23**
		Pharmacy	$21.90	$19.83	$29.73	$28.20	$23.68	$29.25	$28.83	$50.24	$7.12	$33.58			**$27.24**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$619.27**	**$155.29**	**$380.01**	**$268.21**	**$1,087.47**	**$756.00**	**$667.39**	**$383.66**	**$387.62**	**$1,048.00**			**$575.29**
	Total Premiums		**$812.13**	**$815.11**	**$815.11**	**$830.20**	**$812.02**	**$808.99**	**$812.02**	**$805.74**	**$805.74**	**$807.60**			**$812.47**

Washington State Office of the Insurance Commissioner
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Experience Reports by Benefit Package — Per Employee Per Month
Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 276	**Enrolled Employees**		**43**	**43**	**43**	**43**	**43**	**43**	**42**	**43**	**43**	**41**			**43**
	Enrolled Members		**58**	**59**	**59**	**59**	**58**	**58**	**57**	**60**	**60**	**58**			**59**
	Claims	Inpatient	$0.00	$2,334.82	$0.00	$870.01	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$1,602.42**
		Outpatient	$291.66	$257.80	$11.03	$848.10	$940.40	$0.00	$9.51	$0.00	$2.17	$9.75			**$296.30**
		ER	$1.86	$0.00	$17.71	$11.28	$0.00	$0.00	$0.00	$0.00	$0.00	$14.28			**$11.28**
		Prof Svcs	$146.52	$362.07	$293.93	$272.08	$210.99	$97.82	$228.95	$249.32	$214.19	$289.10			**$236.50**
		Other	$61.59	$87.90	$25.83	$43.08	$16.91	$15.15	$31.95	$34.65	$46.93	$41.40			**$40.54**
		Pharmacy	$164.46	$151.21	$274.03	$113.93	$152.00	$294.28	$153.06	$160.88	$309.29	$245.93			**$201.91**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$666.09**	**$3,193.80**	**$622.53**	**$2,158.50**	**$1,320.29**	**$407.25**	**$423.47**	**$444.85**	**$572.58**	**$600.46**			**$1,040.98**
	Total Premiums		**$998.22**	**$998.22**	**$998.22**	**$998.22**	**$989.93**	**$989.93**	**$992.29**	**$998.22**	**$998.22**	**$1,003.47**			**$996.49**
Benefit Package 277	**Enrolled Employees**		**189**	**189**	**187**	**187**	**185**	**184**	**184**	**184**	**182**	**173**			**184**
	Enrolled Members		**315**	**315**	**312**	**313**	**311**	**310**	**311**	**308**	**304**	**287**			**309**
	Claims	Inpatient	$659.46	$672.46	$252.19	$0.00	$166.94	$198.53	$779.83	$0.00	$0.00	$340.57			**$438.57**
		Outpatient	$40.24	$91.26	$54.57	$25.10	$116.51	$19.38	$99.56	$14.74	$138.40	$221.94			**$82.17**
		ER	$6.68	$15.65	$15.11	$11.29	$33.17	$27.84	$24.18	$18.53	$76.04	$22.59			**$25.11**
		Prof Svcs	$389.15	$338.92	$293.64	$334.22	$490.66	$428.12	$658.82	$402.45	$455.44	$551.30			**$434.27**
		Other	$169.26	$109.18	$161.78	$34.51	$197.66	$179.10	$184.26	$138.23	$412.96	$197.54			**$178.45**
		Pharmacy	$230.17	$163.60	$194.49	$200.36	$336.73	$265.79	$206.78	$218.65	$252.37	$292.30			**$236.13**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$1,494.96**	**$1,391.07**	**$971.78**	**$605.47**	**$1,341.67**	**$1,118.75**	**$1,953.43**	**$792.60**	**$1,335.21**	**$1,626.23**			**$1,263.12**
	Total Premiums		**$962.54**	**$962.54**	**$961.35**	**$955.93**	**$958.09**	**$959.18**	**$960.58**	**$953.59**	**$952.85**	**$946.81**			**$957.35**
Benefit Package 278	**Enrolled Employees**		**37**	**37**	**37**	**37**	**37**	**37**	**37**	**37**	**37**	**36**			**37**
	Enrolled Members		**63**	**63**	**63**	**63**	**63**	**63**	**62**	**62**	**61**	**60**			**62**
	Claims	Inpatient	$0.00	$2,697.87	$0.00	$0.00	$0.00	$899.85	$0.00	$0.00	$0.00	$0.00			**$1,798.86**
		Outpatient	$0.00	$19.10	$0.00	$0.00	$0.00	$0.00	$196.20	$0.00	$0.00	$55.17			**$90.16**
		ER	$22.61	$0.00	$59.07	$0.00	$0.00	$3.22	$0.00	$27.02	$4.26	$2.60			**$19.80**
		Prof Svcs	$184.31	$281.88	$232.65	$155.00	$326.03	$244.32	$398.87	$488.57	$163.70	$431.30			**$290.66**
		Other	$26.10	$17.10	$15.62	$10.95	$14.41	$31.89	$41.84	$0.12	$205.78	$27.91			**$39.17**
		Pharmacy	$146.10	$164.26	$95.48	$148.00	$185.94	$72.03	$187.37	$157.62	$132.83	$100.10			**$138.97**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$379.12**	**$3,180.21**	**$402.82**	**$313.96**	**$526.38**	**$1,251.31**	**$824.29**	**$673.32**	**$506.56**	**$617.08**			**$867.50**
	Total Premiums		**$1,007.64**	**$1,007.64**	**$1,007.64**	**$1,007.64**	**$1,007.64**	**$1,007.64**	**$998.87**	**$998.87**	**$998.87**	**$1,003.99**			**$1,004.64**
Benefit Package 279	**Enrolled Employees**		**250**	**249**	**251**	**251**	**254**	**254**	**253**	**249**	**249**	**240**			**250**
	Enrolled Members		**436**	**433**	**435**	**436**	**438**	**439**	**437**	**431**	**429**	**411**			**433**
	Claims	Inpatient	$80.37	$238.36	$19.79	$1,541.59	$18.68	$214.54	$2.79	$0.00	$0.00	$926.16			**$380.29**
		Outpatient	$25.82	-$0.94	$5.11	$40.49	$10.10	$173.26	$127.43	$89.29	$79.45	$33.21			**$64.80**
		ER	$6.94	$0.45	$16.02	$15.23	$11.90	$15.31	$10.09	$1.90	$13.83	$17.61			**$10.93**
		Prof Svcs	$261.14	$212.94	$184.50	$235.72	$224.91	$216.55	$383.61	$257.15	$209.57	$568.52			**$275.46**
		Other	$37.91	$34.35	$18.00	$63.42	$41.36	$3.68	$54.12	$38.62	$38.51	$102.71			**$43.27**
		Pharmacy	$89.19	$68.32	$84.81	$78.80	$81.51	$78.61	$82.16	$107.57	$63.08	$123.32			**$85.74**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$501.37**	**$553.49**	**$328.22**	**$1,975.26**	**$388.47**	**$701.96**	**$660.20**	**$494.53**	**$404.45**	**$1,771.54**			**$777.95**
	Total Premiums		**$873.88**	**$872.13**	**$870.79**	**$870.79**	**$869.76**	**$872.09**	**$871.81**	**$874.96**	**$874.96**	**$869.58**			**$872.07**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
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Experience Reports by Benefit Package — Per Employee Per Month
Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 280	**Enrolled Employees**		**44**	**44**	**44**	**44**	**44**	**44**	**44**	**44**	**43**	**39**			**43**
	Enrolled Members		**84**	**83**	**83**	**82**	**82**	**80**	**79**	**80**	**79**	**73**			**81**
	Claims	Inpatient	$0.00	$67.59	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$67.59**
		Outpatient	$0.00	$65.09	$71.21	$346.97	$37.50	$0.00	$4.60	$0.00	$828.12	$3.18			**$193.81**
		ER	$0.00	$0.00	$0.00	$0.47	$0.00	$0.00	$0.00	$0.00	$19.46	$10.79			**$10.24**
		Prof Svcs	$161.79	$154.10	$171.29	$253.90	$179.46	$68.95	$203.88	$237.46	$116.57	$281.18			**$182.86**
		Other	$30.05	$10.90	$38.39	$16.47	$6.34	$25.16	$1.16	$21.78	$32.12	$39.93			**$22.23**
		Pharmacy	$51.34	$63.09	$43.01	$64.99	$49.99	$57.69	$53.77	$53.91	$51.64	$32.72			**$52.22**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$243.19**	**$360.78**	**$323.91**	**$682.80**	**$273.29**	**$151.80**	**$263.40**	**$313.14**	**$1,047.91**	**$367.81**			**$402.80**
	Total Premiums		**$918.15**	**$918.15**	**$918.15**	**$918.15**	**$918.15**	**$911.75**	**$895.63**	**$911.75**	**$916.52**	**$930.87**			**$915.73**
Benefit Package 281	**Enrolled Employees**		**18**	**18**	**18**	**18**	**17**	**17**	**17**	**17**	**17**	**18**			**18**
	Enrolled Members		**33**	**33**	**33**	**33**	**32**	**32**	**32**	**31**	**31**	**32**			**32**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$2,333.90	$0.00	$0.00	$1,277.56	$0.00	$0.00			**$1,805.73**
		Outpatient	$0.00	$9.26	$30.31	$649.74	$1,112.38	$0.00	$0.00	$0.00	$748.79	$223.12			**$462.27**
		ER	$23.38	$5.73	$47.26	$83.96	$0.95	$0.00	$0.00	$0.00	$103.44	$32.81			**$42.51**
		Prof Svcs	$242.22	$144.02	$260.15	$623.55	$440.22	$246.66	$447.61	$482.60	$287.02	$457.32			**$363.14**
		Other	$10.99	$15.70	$31.35	$22.16	$58.61	$83.32	$114.43	$66.18	$26.19	$67.34			**$49.63**
		Pharmacy	$63.72	$87.13	$56.85	$75.73	$64.68	$44.31	$213.12	$36.28	$77.17	$95.78			**$81.48**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$340.31**	**$261.84**	**$425.92**	**$1,455.14**	**$4,010.75**	**$374.28**	**$775.16**	**$1,862.63**	**$1,242.61**	**$876.37**			**$1,162.50**
	Total Premiums		**$966.28**	**$966.28**	**$966.28**	**$966.28**	**$983.15**	**$983.15**	**$983.15**	**$943.17**	**$943.17**	**$928.53**			**$962.94**
Benefit Package 282	**Enrolled Employees**		**259**	**259**	**261**	**262**	**264**	**264**	**263**	**262**	**262**	**272**			**263**
	Enrolled Members		**593**	**596**	**599**	**599**	**602**	**601**	**599**	**599**	**598**	**609**			**600**
	Claims	Inpatient	$5.43	$152.78	$93.01	$160.68	$258.43	$49.23	$0.00	$301.91	$0.00	$101.03			**$140.31**
		Outpatient	$0.95	$39.08	$14.90	$47.89	$76.81	$2.85	$90.24	$70.16	$12.76	$340.64			**$69.63**
		ER	$2.10	$6.23	$6.18	$15.40	$6.19	$2.74	$8.96	$11.01	$9.62	$6.02			**$7.45**
		Prof Svcs	$228.99	$130.20	$189.25	$206.88	$205.31	$199.82	$229.32	$205.53	$269.54	$336.50			**$220.13**
		Other	$9.58	$23.75	$19.80	$31.06	$22.57	$14.35	$43.04	$31.56	$29.83	$50.02			**$27.56**
		Pharmacy	$43.00	$69.09	$59.71	$80.66	$65.27	$85.07	$98.49	$89.40	$72.10	$92.39			**$75.52**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$290.04**	**$421.13**	**$382.86**	**$542.58**	**$634.58**	**$354.06**	**$470.05**	**$709.57**	**$393.85**	**$926.60**			**$512.53**
	Total Premiums		**$753.28**	**$755.02**	**$754.26**	**$751.70**	**$749.99**	**$749.99**	**$749.16**	**$750.02**	**$750.02**	**$769.23**			**$753.27**
Benefit Package 284	**Enrolled Employees**		**28**	**27**	**27**	**27**	**28**	**29**	**29**	**29**	**29**	**31**			**28**
	Enrolled Members		**89**	**87**	**87**	**87**	**89**	**90**	**90**	**87**	**86**	**87**			**88**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,002.07			**$1,002.07**
		Outpatient	$5.11	$0.00	$111.66	$133.39	$4.88	$0.00	$31.59	$4.34	$0.00	$0.00			**$48.50**
		ER	$44.57	$0.00	$0.00	$0.00	$17.92	$0.00	$0.00	$0.00	$0.00	$0.00			**$31.25**
		Prof Svcs	$182.04	$80.80	$70.56	$32.49	$149.59	$80.03	$195.62	$138.39	$73.91	$441.69			**$144.51**
		Other	$23.88	$1.18	$0.19	$7.31	$9.44	$3.56	$30.24	$5.88	$20.51	$16.04			**$11.82**
		Pharmacy	$7.54	$0.97	$22.96	$2.90	$11.35	$61.52	$18.59	$5.45	$64.36	$15.76			**$21.14**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$263.14**	**$82.95**	**$205.38**	**$176.10**	**$193.18**	**$145.11**	**$276.04**	**$154.06**	**$158.78**	**$1,475.56**			**$313.03**
	Total Premiums		**$794.54**	**$795.28**	**$795.28**	**$795.28**	**$787.02**	**$774.40**	**$774.40**	**$742.18**	**$729.70**	**$741.27**			**$772.94**

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Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 286	**Enrolled Employees**		**1,390**	**1,395**	**1,392**	**1,391**	**1,393**	**1,398**	**1,398**	**1,388**	**1,388**	**1,328**			**1,386**
	Enrolled Members		**2,166**	**2,168**	**2,171**	**2,168**	**2,167**	**2,166**	**2,170**	**2,143**	**2,139**	**2,061**			**2,152**
	Claims	Inpatient	$138.42	$27.64	$68.54	$67.55	$164.92	$19.80	$137.41	$84.64	$202.37	$279.97			**$119.13**
		Outpatient	$56.53	$43.36	$142.78	$79.05	$134.58	$2.59	$127.75	$65.19	$106.11	$90.49			**$84.84**
		ER	$11.76	$7.49	$9.56	$6.91	$8.79	$4.47	$9.06	$10.89	$20.22	$20.95			**$11.01**
		Prof Svcs	$283.45	$250.25	$238.83	$243.90	$342.05	$124.41	$481.63	$374.19	$395.14	$418.25			**$315.21**
		Other	$48.11	$49.04	$50.32	$49.48	$57.80	$27.34	$93.95	$61.69	$72.61	$73.25			**$58.36**
		Pharmacy	$144.86	$123.87	$119.46	$96.27	$162.45	$124.74	$152.03	$133.30	$137.41	$166.85			**$136.12**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$683.13**	**$501.66**	**$629.49**	**$543.15**	**$870.60**	**$303.35**	**$1,001.83**	**$729.91**	**$933.85**	**$1,049.76**			**$724.67**
	Total Premiums		**$877.44**	**$877.89**	**$880.26**	**$880.47**	**$878.49**	**$878.99**	**$878.58**	**$878.24**	**$877.50**	**$880.79**			**$878.87**
Benefit Package 288	**Enrolled Employees**		**259**	**262**	**263**	**263**	**261**	**264**	**264**	**264**	**264**	**257**			**262**
	Enrolled Members		**471**	**473**	**473**	**476**	**472**	**476**	**477**	**480**	**477**	**470**			**475**
	Claims	Inpatient	$366.84	$52.27	$318.33	$0.00	$197.87	$13.01	$0.00	$159.73	$49.39	$1,758.12			**$364.44**
		Outpatient	$94.41	$35.53	$5.77	$57.54	$1.32	$1.02	$30.78	$4.06	$12.20	$64.05			**$30.67**
		ER	$22.35	$15.66	$2.65	$3.39	$9.89	$13.85	$5.24	$15.52	$11.64	$11.78			**$11.20**
		Prof Svcs	$417.08	$259.76	$192.65	$191.95	$276.38	$160.76	$413.04	$308.01	$495.34	$528.11			**$324.31**
		Other	$64.58	$25.56	$21.24	$25.22	$14.04	$6.53	$46.50	$23.49	$2.82	$63.91			**$29.39**
		Pharmacy	$188.30	$293.07	$169.97	$66.33	$89.49	$62.09	$78.39	$54.06	$79.00	$75.89			**$115.66**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$1,153.56**	**$681.85**	**$710.61**	**$344.43**	**$588.99**	**$257.26**	**$573.94**	**$564.86**	**$650.39**	**$2,501.86**			**$802.77**
	Total Premiums		**$896.96**	**$890.34**	**$887.43**	**$887.01**	**$893.07**	**$886.60**	**$886.18**	**$879.51**	**$878.76**	**$866.92**			**$885.28**
Benefit Package 318	**Enrolled Employees**		**14,322**	**14,384**	**14,442**	**14,472**	**14,521**	**14,525**	**14,526**	**14,520**	**14,553**	**15,590**			**14,586**
	Enrolled Members		**30,623**	**30,721**	**30,810**	**30,840**	**30,968**	**30,951**	**30,959**	**30,943**	**31,005**	**32,699**			**31,052**
	Claims	Inpatient	$101.90	$83.92	$100.22	$115.25	$109.86	$171.33	$113.12	$145.41	$99.00	$94.54			**$113.46**
		Outpatient	$111.96	$105.28	$126.18	$115.53	$125.25	$123.83	$140.75	$136.64	$100.10	$104.11			**$118.96**
		ER	$20.15	$21.82	$26.92	$30.64	$23.79	$27.13	$20.05	$26.30	$22.87	$24.02			**$24.37**
		Prof Svcs	$218.53	$202.98	$231.56	$237.94	$214.32	$229.55	$240.58	$265.04	$208.35	$215.87			**$226.47**
		Other	$6.20	$3.94	$5.74	$4.98	$3.53	$5.00	$6.22	$9.37	$5.23	$4.15			**$5.44**
		Pharmacy	$62.44	$63.66	$73.65	$73.32	$74.03	$80.27	$76.09	$78.80	$81.75	$74.71			**$73.87**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$521.17**	**$481.60**	**$564.28**	**$577.66**	**$550.77**	**$637.12**	**$596.81**	**$661.56**	**$517.31**	**$517.39**			**$562.57**
	Total Premiums		**$725.62**	**$725.06**	**$724.45**	**$724.13**	**$724.32**	**$724.15**	**$724.19**	**$724.19**	**$724.00**	**$717.11**			**$723.72**
Benefit Package 319	**Enrolled Employees**		**6,048**	**6,074**	**6,111**	**6,133**	**6,146**	**6,150**	**6,156**	**6,152**	**6,165**	**6,496**			**6,163**
	Enrolled Members		**13,721**	**13,775**	**13,852**	**13,868**	**13,887**	**13,903**	**13,913**	**13,910**	**13,938**	**14,491**			**13,926**
	Claims	Inpatient	$98.72	$106.77	$121.68	$140.39	$173.78	$253.62	$259.38	$184.65	$161.53	$112.10			**$161.26**
		Outpatient	$122.35	$104.89	$113.87	$143.83	$113.08	$176.07	$214.73	$179.00	$120.99	$160.64			**$144.95**
		ER	$32.84	$21.46	$28.62	$24.14	$33.22	$28.79	$22.78	$38.22	$21.63	$31.15			**$28.28**
		Prof Svcs	$184.99	$184.71	$212.06	$210.71	$192.32	$221.48	$256.93	$252.46	$208.83	$211.78			**$213.63**
		Other	$5.28	$7.07	$6.17	$8.93	$15.44	$14.46	$12.03	$21.74	$11.27	$11.09			**$11.35**
		Pharmacy	$105.74	$117.87	$135.56	$128.84	$133.04	$145.02	$152.60	$158.86	$150.91	$150.89			**$137.93**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$549.92**	**$542.78**	**$617.97**	**$656.85**	**$660.88**	**$839.43**	**$918.46**	**$834.93**	**$675.16**	**$677.65**			**$697.40**
	Total Premiums		**$766.72**	**$766.27**	**$766.09**	**$765.44**	**$765.22**	**$765.51**	**$765.66**	**$765.67**	**$765.82**	**$758.62**			**$765.10**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9g
Experience Reports by Benefit Package — Per Employee Per Month
Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 320	**Enrolled Employees**		**2,425**	**2,424**	**2,437**	**2,441**	**2,453**	**2,455**	**2,461**	**2,440**	**2,440**	**2,304**			**2,428**
	Enrolled Members		**5,359**	**5,350**	**5,382**	**5,362**	**5,373**	**5,385**	**5,389**	**5,358**	**5,347**	**5,037**			**5,334**
	Claims	Inpatient	$220.55	$74.69	$101.28	$89.33	$75.37	$133.25	$91.15	$109.41	$124.59	$141.50			**$116.11**
		Outpatient	$166.78	$125.65	$209.65	$111.77	$78.08	$125.75	$159.11	$124.43	$103.49	$92.54			**$129.72**
		ER	$23.45	$14.27	$23.17	$23.14	$24.53	$32.27	$23.47	$39.94	$24.89	$36.48			**$26.56**
		Prof Svcs	$204.73	$157.54	$184.05	$176.95	$154.91	$190.83	$203.41	$222.36	$166.59	$199.11			**$186.05**
		Other	$6.92	$4.87	$7.24	$4.20	$7.78	$6.22	$6.28	$8.68	$8.39	$7.16			**$6.77**
		Pharmacy	$65.94	$74.18	$91.42	$77.63	$86.92	$91.07	$91.97	$114.74	$112.84	$96.70			**$90.34**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$688.36**	**$451.21**	**$616.81**	**$483.02**	**$427.60**	**$579.39**	**$575.39**	**$619.56**	**$540.78**	**$573.47**			**$555.56**
	Total Premiums		**$727.93**	**$727.90**	**$727.92**	**$726.88**	**$726.43**	**$727.13**	**$726.10**	**$726.99**	**$726.62**	**$727.23**			**$727.11**
Benefit Package 321	**Enrolled Employees**		**17,177**	**17,123**	**17,105**	**17,065**	**17,023**	**16,995**	**16,962**	**16,869**	**16,837**	**15,943**			**16,910**
	Enrolled Members		**28,087**	**27,970**	**27,918**	**27,822**	**27,746**	**27,671**	**27,618**	**27,475**	**27,381**	**26,175**			**27,586**
	Claims	Inpatient	$192.96	$145.14	$257.27	$203.83	$187.89	$260.33	$221.76	$189.67	$167.29	$166.64			**$199.28**
		Outpatient	$207.52	$195.76	$200.18	$238.07	$222.72	$281.34	$299.93	$276.34	$219.31	$245.86			**$238.70**
		ER	$24.05	$23.59	$34.21	$34.15	$34.99	$37.70	$29.19	$28.67	$31.41	$32.59			**$31.05**
		Prof Svcs	$241.50	$235.47	$268.76	$284.15	$265.16	$310.43	$329.34	$335.69	$268.54	$300.79			**$283.98**
		Other	$9.60	$11.60	$8.54	$16.83	$14.35	$15.49	$21.31	$15.27	$15.67	$14.79			**$14.35**
		Pharmacy	$251.96	$232.00	$252.15	$250.79	$246.34	$256.71	$272.59	$271.19	$261.26	$264.94			**$255.99**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$927.59**	**$843.56**	**$1,021.12**	**$1,027.82**	**$971.46**	**$1,161.99**	**$1,174.12**	**$1,116.83**	**$963.48**	**$1,025.60**			**$1,023.36**
	Total Premiums		**$1,001.26**	**$1,000.58**	**$1,000.18**	**$999.65**	**$999.49**	**$999.32**	**$999.39**	**$998.79**	**$998.45**	**$999.51**			**$999.66**
Benefit Package 322	**Enrolled Employees**		**11,485**	**11,464**	**11,463**	**11,456**	**11,439**	**11,424**	**11,407**	**11,351**	**11,348**	**11,185**			**11,402**
	Enrolled Members		**20,031**	**19,971**	**19,938**	**19,907**	**19,872**	**19,839**	**19,818**	**19,722**	**19,700**	**19,359**			**19,816**
	Claims	Inpatient	$128.51	$118.99	$159.57	$175.42	$105.03	$210.72	$141.81	$171.98	$191.73	$186.48			**$159.02**
		Outpatient	$131.44	$127.53	$142.53	$176.71	$161.37	$199.43	$227.34	$194.36	$171.71	$182.28			**$171.47**
		ER	$19.59	$20.62	$32.35	$27.59	$26.62	$25.41	$27.74	$22.59	$23.78	$30.57			**$25.69**
		Prof Svcs	$188.65	$183.89	$211.98	$221.52	$199.61	$244.96	$258.89	$263.21	$215.98	$241.04			**$222.97**
		Other	$10.22	$7.63	$11.71	$14.62	$9.32	$8.82	$15.93	$11.52	$12.50	$13.38			**$11.56**
		Pharmacy	$202.17	$180.73	$191.89	$189.28	$180.66	$198.65	$195.92	$201.34	$193.92	$191.79			**$192.63**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$680.58**	**$639.40**	**$750.03**	**$805.14**	**$682.61**	**$887.98**	**$867.63**	**$864.99**	**$809.63**	**$845.53**			**$783.35**
	Total Premiums		**$926.77**	**$925.84**	**$925.22**	**$924.64**	**$924.64**	**$924.49**	**$924.51**	**$924.67**	**$924.52**	**$921.46**			**$924.67**
Benefit Package 323	**Enrolled Employees**		**3,561**	**3,544**	**3,532**	**3,519**	**3,513**	**3,508**	**3,497**	**3,474**	**3,471**	**3,273**			**3,489**
	Enrolled Members		**5,900**	**5,863**	**5,831**	**5,803**	**5,799**	**5,795**	**5,777**	**5,750**	**5,738**	**5,457**			**5,771**
	Claims	Inpatient	$139.65	$327.52	$349.86	$275.09	$248.06	$430.30	$389.07	$325.35	$347.33	$127.46			**$295.97**
		Outpatient	$250.92	$273.67	$265.55	$267.36	$211.70	$277.79	$316.91	$324.57	$186.55	$290.17			**$266.52**
		ER	$34.75	$38.78	$37.70	$79.47	$64.17	$50.17	$62.12	$35.14	$58.85	$60.59			**$52.17**
		Prof Svcs	$340.18	$343.56	$391.90	$427.39	$362.37	$467.81	$519.32	$474.75	$409.99	$435.04			**$417.23**
		Other	$7.22	$27.81	$11.22	$24.41	$25.06	$18.17	$18.50	$18.16	$36.75	$20.49			**$20.78**
		Pharmacy	$311.30	$279.60	$329.61	$318.96	$307.75	$340.94	$355.81	$337.05	$314.83	$314.61			**$321.05**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$1,084.01**	**$1,290.95**	**$1,385.84**	**$1,392.67**	**$1,219.11**	**$1,585.17**	**$1,661.72**	**$1,515.03**	**$1,354.30**	**$1,248.36**			**$1,373.72**
	Total Premiums		**$1,174.54**	**$1,173.15**	**$1,171.90**	**$1,171.28**	**$1,170.91**	**$1,171.53**	**$1,171.76**	**$1,172.29**	**$1,171.90**	**$1,174.42**			**$1,172.37**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9g
Experience Reports by Benefit Package — Per Employee Per Month
Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 324	**Enrolled Employees**		**439**	**439**	**435**	**441**	**438**	**435**	**437**	**435**	**423**	**403**	**380**	**380**	**424**
	Enrolled Members		**862**	**860**	**854**	**863**	**856**	**848**	**850**	**849**	**835**	**791**	**741**	**735**	**829**
	Claims	Inpatient	$467.82	$111.60	$175.30	$237.56	$140.21	$185.07	$217.75	$112.47	$311.07	$289.24	$360.68	$105.99	**$226.23**
		Outpatient	$153.38	$108.75	$218.10	$125.53	$156.30	$289.36	$175.25	$112.49	$118.05	$83.79	$40.38	$105.00	**$140.53**
		ER	$45.98	$44.67	$33.27	$25.25	$37.75	$61.74	$27.48	$40.66	$27.60	$58.18	$44.35	$13.29	**$38.35**
		Prof Svcs	$251.67	$233.50	$225.40	$246.97	$234.55	$207.72	$253.95	$293.61	$207.51	$283.46	$211.03	$197.49	**$237.24**
		Other	$150.32	$195.72	$155.32	$201.41	$210.83	$140.82	$237.48	$234.61	$192.41	$215.25	$144.29	$288.81	**$197.27**
		Pharmacy	$174.27	$131.05	$143.60	$149.31	$209.83	$172.21	$172.25	$174.25	$181.44	$228.38	$203.55	$189.48	**$177.47**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$1,243.45**	**$825.28**	**$951.00**	**$986.03**	**$989.48**	**$1,056.93**	**$1,084.17**	**$968.08**	**$1,038.08**	**$1,158.29**	**$1,004.29**	**$900.08**	**$1,017.10**
	Total Premiums		**$1,010.99**	**$1,010.22**	**$1,013.51**	**$1,003.75**	**$1,008.73**	**$1,010.29**	**$1,007.40**	**$1,006.82**	**$1,016.88**	**$1,014.33**	**$1,064.97**	**$1,065.50**	**$1,019.45**
Benefit Package 325	**Enrolled Employees**		**187**	**189**	**188**	**191**	**192**	**190**	**188**	**181**	**173**	**169**	**174**	**174**	**183**
	Enrolled Members		**324**	**327**	**322**	**325**	**330**	**329**	**326**	**318**	**305**	**300**	**283**	**282**	**314**
	Claims	Inpatient	$48.68	$0.00	$155.13	$46.07	$158.29	$34.22	$106.64	$0.00	$49.32	$59.99	$0.00	$0.00	**$82.29**
		Outpatient	$5.36	$1.31	$26.02	$18.67	$30.86	$10.68	$11.46	$53.02	$16.67	$87.01	$22.32	$32.99	**$26.36**
		ER	$8.33	$22.77	$17.78	$18.80	$9.46	$22.53	$0.00	$0.98	$25.19	$25.44	$2.99	$11.79	**$15.10**
		Prof Svcs	$92.92	$111.63	$75.60	$108.36	$128.47	$88.49	$151.25	$113.52	$120.83	$207.60	$170.15	$108.21	**$123.09**
		Other	$79.34	$73.26	$64.29	$126.88	$107.07	$127.79	$122.68	$165.81	$104.50	$158.26	$152.39	$112.42	**$116.22**
		Pharmacy	$41.99	$48.05	$33.32	$55.29	$67.48	$34.48	$71.34	$60.80	$39.76	$60.48	$82.53	$72.27	**$55.65**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$276.63**	**$257.03**	**$372.14**	**$374.06**	**$501.63**	**$318.20**	**$463.37**	**$394.13**	**$356.27**	**$598.77**	**$430.37**	**$337.68**	**$390.02**
	Total Premiums		**$841.91**	**$841.47**	**$837.43**	**$827.70**	**$835.12**	**$833.60**	**$835.52**	**$835.00**	**$831.70**	**$850.42**	**$880.28**	**$877.04**	**$843.93**
Benefit Package 326	**Enrolled Employees**		**19**	**19**	**19**	**19**	**19**	**19**	**19**	**19**	**19**	**20**			**19**
	Enrolled Members		**36**	**36**	**36**	**36**	**36**	**36**	**36**	**36**	**36**	**40**			**36**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,850.71	$0.00	$0.00			**$1,850.71**
		Outpatient	$0.00	$37.73	$0.00	$0.00	$42.47	$0.00	$0.00	$315.21	$0.00	$0.00			**$131.80**
		ER	$0.00	$121.14	$0.00	$23.31	$0.00	$0.00	$0.00	$0.00	$19.04	$717.21			**$220.17**
		Prof Svcs	$134.94	$153.20	$135.92	$140.14	$376.67	$114.62	$414.84	$573.58	$483.47	$380.60			**$290.80**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$343.99	$299.58	$246.07	$326.39	$323.91	$302.92	$349.74	$269.52	$296.87	$268.65			**$302.76**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$478.93**	**$611.65**	**$381.99**	**$489.84**	**$743.05**	**$417.54**	**$764.58**	**$3,009.01**	**$799.38**	**$1,366.46**			**$906.24**
	Total Premiums		**$1,044.70**	**$1,044.70**	**$1,044.70**	**$1,044.70**	**$1,044.70**	**$1,044.70**	**$1,044.70**	**$1,044.70**	**$1,108.08**	**$992.46**			**$1,045.81**
Benefit Package 327	**Enrolled Employees**		**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**2**	**2**			**3**
	Enrolled Members		**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**2**	**2**			**3**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$4,307.73	$0.00	$0.00			**$4,307.73**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,820.20	$0.00	$0.00			**$1,820.20**
		ER	$180.08	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$657.87	$0.00	$0.00			**$418.97**
		Prof Svcs	$400.13	$271.82	$0.92	$100.87	$213.35	$225.70	$446.99	$975.31	$666.43	$659.44			**$396.10**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$13.47	$152.12	$83.61	$158.11	$63.43	$41.32	$10,481.33	$10,499.33	$49.51	$210.03			**$2,175.23**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$593.68**	**$423.94**	**$84.53**	**$258.98**	**$276.77**	**$267.03**	**$10,928.32**	**$18,260.44**	**$715.93**	**$869.47**			**$3,267.91**
	Total Premiums		**$801.98**	**$801.98**	**$801.98**	**$801.98**	**$801.98**	**$801.98**	**$801.98**	**$801.98**	**$801.98**	**$801.98**			**$801.98**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9g

Experience Reports by Benefit Package — Per Employee Per Month

Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 328	**Enrolled Employees**		**4**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**			**2**
	Enrolled Members		**4**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**			**2**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Outpatient	$0.00	$0.00	$3,060.88	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$3,060.88**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Prof Svcs	$146.56	$1,634.47	$482.67	$56.95	$169.56	$442.80	$119.63	$42.58	$434.24	$41.83			**$357.13**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$889.50	$1,877.40	$1,670.90	$1,903.89	$1,738.02	$1,818.53	$1,871.41	$1,871.41	$1,984.59	$1,994.87			**$1,762.05**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$1,036.06**	**$3,511.87**	**$5,214.45**	**$1,960.84**	**$1,907.58**	**$2,261.33**	**$1,991.04**	**$1,913.99**	**$2,418.83**	**$2,036.70**			**$2,425.27**
	Total Premiums		**$410.20**	**$820.40**	**$820.40**	**$820.40**	**$820.40**	**$820.40**	**$820.40**	**$820.40**	**$820.40**	**$820.40**			**$779.38**
Benefit Package 329	**Enrolled Employees**		**73**	**80**	**73**	**73**	**73**	**74**	**74**	**74**	**74**	**67**			**74**
	Enrolled Members		**169**	**183**	**169**	**169**	**170**	**172**	**173**	**173**	**173**	**164**			**172**
	Claims	Inpatient	$406.20	$0.00	$0.00	$0.00	$218.47	$0.00	$0.00	$103.97	$64.76	$0.00			**$198.35**
		Outpatient	$58.57	$0.35	$40.00	$0.00	$0.00	$0.00	$0.00	$0.05	$0.00	$15.13			**$22.82**
		ER	$0.00	$0.00	$19.27	$40.07	$25.87	$43.91	$22.42	$0.00	$29.82	$1.05			**$26.06**
		Prof Svcs	$125.92	$65.85	$119.04	$51.84	$177.23	$124.65	$184.76	$141.83	$147.29	$175.62			**$131.40**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$102.60	$65.75	$79.89	$124.86	$75.62	$117.34	$85.43	$70.22	$61.01	$79.45			**$86.22**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$693.28**	**$131.96**	**$258.20**	**$216.77**	**$497.19**	**$285.90**	**$292.61**	**$316.07**	**$302.88**	**$271.25**			**$326.61**
	Total Premiums		**$560.55**	**$548.10**	**$557.29**	**$557.29**	**$557.29**	**$559.73**	**$559.73**	**$559.73**	**$559.73**	**$570.78**			**$559.02**
Benefit Package 330	**Enrolled Employees**		**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**3**			**4**
	Enrolled Members		**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**			**10**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Prof Svcs	$157.36	$0.00	$0.00	$8.56	$99.72	$0.00	$5.24	$50.18	$0.00	$6.13			**$54.53**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$0.00	$0.00	$0.00	$0.00	$0.00	$1.20	$0.00	$0.00	$0.00	$0.00			**$1.20**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$157.36**	**$0.00**	**$0.00**	**$8.56**	**$99.72**	**$1.20**	**$5.24**	**$50.18**	**$0.00**	**$6.13**			**$46.91**
	Total Premiums		**$538.55**	**$538.55**	**$538.55**	**$538.55**	**$538.55**	**$538.55**	**$538.55**	**$538.55**	**$538.55**	**$615.49**			**$546.24**
Benefit Package 331	**Enrolled Employees**		**59**	**59**	**59**	**59**	**59**	**59**	**59**	**59**	**59**	**55**			**59**
	Enrolled Members		**120**	**120**	**120**	**120**	**120**	**121**	**122**	**120**	**120**	**116**			**120**
	Claims	Inpatient	$398.56	$0.00	$0.00	$53.15	$198.47	$307.43	$198.40	$214.26	$7.40	$1,757.42			**$391.89**
		Outpatient	$0.00	$88.27	$0.00	$40.03	$550.29	$176.65	$882.37	$27.31	$165.39	$74.46			**$250.60**
		ER	$9.35	$43.28	$4.91	$25.56	$43.85	$20.73	$9.12	$83.05	$98.12	$1.09			**$33.91**
		Prof Svcs	$149.06	$279.06	$190.12	$226.33	$340.13	$284.65	$348.21	$360.86	$291.32	$553.35			**$302.31**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$85.73	$159.48	$255.85	$289.82	$223.01	$224.52	$252.84	$242.85	$229.61	$222.70			**$218.64**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$642.71**	**$570.09**	**$450.87**	**$634.89**	**$1,355.76**	**$1,013.97**	**$1,690.94**	**$928.34**	**$791.82**	**$2,609.03**			**$1,068.84**
	Total Premiums		**$825.05**	**$825.05**	**$825.05**	**$825.05**	**$825.05**	**$825.05**	**$825.05**	**$825.05**	**$825.05**	**$834.13**			**$825.96**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9g
Experience Reports by Benefit Package — Per Employee Per Month
Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 332	**Enrolled Employees**		**131**	**131**	**132**	**132**	**132**	**132**	**132**	**129**	**129**	**124**			**130**
	Enrolled Members		**162**	**161**	**161**	**161**	**161**	**162**	**161**	**159**	**159**	**157**			**160**
	Claims	Inpatient	$326.19	$0.00	$0.00	$0.00	$50.96	$0.00	$52.79	$407.10	$0.00	$214.61			**$210.33**
		Outpatient	$12.05	$116.60	$57.67	$43.14	$0.00	$497.07	$44.83	$23.64	$50.13	$122.70			**$107.54**
		ER	$53.64	$16.64	$174.31	$7.81	$15.65	$18.75	$99.41	$2.91	$228.68	$8.77			**$62.66**
		Prof Svcs	$217.15	$140.92	$122.38	$128.72	$131.25	$135.52	$291.26	$180.53	$212.79	$233.41			**$179.39**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$101.05	$133.13	$144.21	$132.12	$128.67	$181.19	$92.48	$183.65	$167.93	$132.81			**$139.72**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$710.09**	**$407.28**	**$498.57**	**$311.80**	**$326.53**	**$832.52**	**$580.77**	**$797.83**	**$659.53**	**$712.30**			**$583.72**
	Total Premiums		**$604.38**	**$603.78**	**$603.41**	**$604.63**	**$603.41**	**$603.41**	**$601.23**	**$610.96**	**$606.63**	**$612.38**			**$605.42**
Benefit Package 333	**Enrolled Employees**		**230**	**232**	**232**	**232**	**233**	**234**	**237**	**237**	**237**	**229**			**233**
	Enrolled Members		**431**	**436**	**434**	**430**	**435**	**437**	**443**	**443**	**443**	**431**			**436**
	Claims	Inpatient	$0.00	$198.20	$48.06	$45.80	$52.35	$23.70	$115.71	$70.76	$63.92	$0.00			**$77.31**
		Outpatient	$90.16	$80.46	$0.00	$47.96	$149.09	$37.97	$35.52	$0.00	$24.09	$302.91			**$96.02**
		ER	$36.78	$28.87	$38.86	$9.93	$103.03	$3.30	$11.90	$17.48	$88.99	$17.00			**$35.61**
		Prof Svcs	$141.15	$156.55	$157.65	$167.99	$203.48	$206.84	$234.77	$203.66	$231.90	$190.12			**$189.41**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$29.73	$26.09	$31.83	$49.17	$45.49	$28.69	$27.01	$36.04	$29.08	$34.37			**$33.75**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$297.82**	**$490.16**	**$276.40**	**$320.84**	**$553.46**	**$300.50**	**$424.90**	**$327.94**	**$438.00**	**$544.40**			**$397.44**
	Total Premiums		**$541.83**	**$541.19**	**$543.15**	**$537.44**	**$536.29**	**$535.65**	**$536.89**	**$537.51**	**$537.51**	**$539.75**			**$538.72**
Benefit Package 334	**Enrolled Employees**		**164**	**163**	**161**	**160**	**161**	**159**	**160**	**158**	**158**	**151**			**160**
	Enrolled Members		**296**	**295**	**286**	**293**	**291**	**285**	**286**	**285**	**284**	**271**			**287**
	Claims	Inpatient	$0.00	$46.85	$35.44	$0.00	$153.90	$0.00	$107.48	$55.54	$0.00	$129.60			**$88.14**
		Outpatient	$221.81	$813.15	$15.74	$40.76	$307.57	$4.74	$115.92	$167.93	$219.85	$225.93			**$213.34**
		ER	$23.81	$21.40	$16.29	$0.25	$77.66	$9.91	$19.37	$41.92	$0.69	$13.65			**$22.49**
		Prof Svcs	$168.46	$172.52	$268.98	$98.49	$187.95	$141.15	$203.79	$219.86	$142.41	$140.73			**$174.43**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$488.67	$87.83	$104.65	$93.84	$96.32	$123.78	$123.67	$77.45	$136.24	$131.80			**$146.42**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$902.75**	**$1,141.76**	**$441.11**	**$233.34**	**$823.40**	**$279.57**	**$570.24**	**$562.69**	**$499.19**	**$641.71**			**$609.57**
	Total Premiums		**$509.70**	**$510.20**	**$508.62**	**$511.74**	**$512.61**	**$511.91**	**$511.30**	**$512.35**	**$512.35**	**$514.41**			**$511.52**
Benefit Package 335	**Enrolled Employees**		**185**	**184**	**184**	**183**	**182**	**183**	**181**	**182**	**180**	**178**			**182**
	Enrolled Members		**385**	**383**	**381**	**379**	**377**	**379**	**376**	**382**	**379**	**377**			**380**
	Claims	Inpatient	$310.33	$126.12	$443.58	$94.26	$756.84	$2,274.68	$429.68	$11.55	$0.00	$277.56			**$524.96**
		Outpatient	$380.94	$123.67	$33.85	$120.66	$100.61	$325.34	$226.80	$95.97	$97.49	$77.24			**$158.26**
		ER	$72.72	$37.68	$21.78	$84.98	$158.37	$39.61	$205.31	$21.52	$63.17	$41.02			**$74.62**
		Prof Svcs	$383.74	$303.80	$285.69	$293.86	$408.33	$378.49	$394.09	$288.88	$297.37	$374.79			**$340.90**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$227.71	$216.84	$254.17	$225.71	$262.10	$262.98	$267.08	$286.42	$282.76	$222.84			**$250.86**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$1,375.44**	**$808.12**	**$1,039.08**	**$819.47**	**$1,686.24**	**$3,281.09**	**$1,522.97**	**$704.34**	**$740.79**	**$993.45**			**$1,297.10**
	Total Premiums		**$828.82**	**$829.56**	**$828.06**	**$827.21**	**$827.24**	**$826.21**	**$828.28**	**$830.88**	**$833.02**	**$835.20**			**$829.45**

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Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 336	**Enrolled Employees**		**18**	**18**	**19**	**19**	**18**	**18**	**18**	**18**	**18**	**17**			**18**
	Enrolled Members		**44**	**44**	**45**	**45**	**42**	**42**	**42**	**41**	**41**	**39**			**43**
	Claims	Inpatient	$0.00	$0.00	$1,435.26	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$955.92			**$1,195.59**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$46.95	$0.00	$0.00	$0.00	$0.00	$0.00			**$46.95**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.17	$8.93	$64.15	$0.00	$2.81			**$19.01**
		Prof Svcs	$0.14	$0.00	$79.01	$78.06	$103.25	$89.21	$96.83	$212.44	$226.00	$74.57			**$106.61**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$0.00	$2.00	$0.58	$0.72	$1.71	$32.33	$6.05	$37.01	$59.78	$12.23			**$16.94**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$0.14**	**$2.00**	**$1,514.84**	**$78.78**	**$151.91**	**$121.71**	**$111.81**	**$313.60**	**$285.78**	**$1,045.53**			**$362.61**
	Total Premiums		**$482.36**	**$482.36**	**$472.62**	**$472.62**	**$462.52**	**$462.52**	**$462.52**	**$448.72**	**$448.72**	**$451.68**			**$464.66**
Benefit Package 337	**Enrolled Employees**		**21**	**24**	**26**	**26**	**25**	**25**	**25**	**25**	**25**	**28**			**25**
	Enrolled Members		**36**	**45**	**47**	**47**	**46**	**46**	**45**	**45**	**45**	**48**			**45**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$322.11	$0.00	$0.00	$0.00	$0.00			**$322.11**
		Outpatient	$0.00	$0.00	$0.00	$135.20	$0.00	$0.00	$1,226.69	$0.00	$0.00	$0.00			**$680.95**
		ER	$1.61	$0.00	$83.40	$0.00	$57.23	$0.00	$5.82	$0.00	$38.18	$30.02			**$36.04**
		Prof Svcs	$40.06	$20.46	$1.66	$42.45	$158.48	$201.15	$46.98	$42.71	$99.72	$165.76			**$81.94**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$25.29	$11.97	$17.83	$213.82	$16.85	$234.55	$6.98	$225.46	$236.73	$221.62			**$121.11**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$66.96**	**$32.43**	**$102.89**	**$391.47**	**$232.56**	**$757.81**	**$1,286.47**	**$268.17**	**$374.63**	**$417.40**			**$393.08**
	Total Premiums		**$391.93**	**$399.82**	**$394.18**	**$394.18**	**$396.89**	**$385.81**	**$385.81**	**$385.81**	**$385.81**	**$379.46**			**$389.97**
Benefit Package 339	**Enrolled Employees**		**244**	**240**	**240**	**240**	**241**	**241**	**242**	**240**	**237**	**230**			**240**
	Enrolled Members		**310**	**304**	**303**	**301**	**302**	**299**	**300**	**302**	**295**	**290**			**301**
	Claims	Inpatient	$0.00	$106.09	$251.28	$0.00	$163.34	$132.07	$411.64	$0.00	$99.62	$190.20			**$193.46**
		Outpatient	$210.46	$321.04	$47.25	$21.34	$185.07	$18.59	$220.90	$138.31	$49.65	$25.20			**$123.78**
		ER	$25.19	$23.53	$69.08	$6.91	$37.28	$41.86	$27.31	$0.00	$43.97	$54.64			**$36.64**
		Prof Svcs	$494.22	$751.04	$348.35	$270.97	$554.31	$278.08	$429.52	$332.52	$371.53	$450.30			**$428.08**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$151.56	$211.49	$162.46	$204.08	$198.27	$211.75	$208.92	$219.71	$220.21	$268.85			**$205.73**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$881.44**	**$1,413.19**	**$878.42**	**$503.31**	**$1,138.27**	**$682.34**	**$1,298.29**	**$690.55**	**$784.97**	**$989.18**			**$926.00**
	Total Premiums		**$902.27**	**$906.00**	**$889.01**	**$892.82**	**$892.57**	**$900.49**	**$891.07**	**$895.94**	**$892.94**	**$899.36**			**$896.25**
Benefit Package 340	**Enrolled Employees**		**20**	**20**	**19**	**19**	**19**	**20**	**20**	**20**	**20**	**19**			**20**
	Enrolled Members		**53**	**53**	**50**	**50**	**50**	**51**	**51**	**51**	**51**	**50**			**51**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Prof Svcs	$27.64	$6.56	$25.03	$22.37	$1.94	$26.78	$31.37	$65.90	$70.59	$185.66			**$46.38**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$0.00	$0.00	$1.56	$2.78	$0.00	$12.45	$5.68	$14.43	$8.92	$16.14			**$8.85**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$27.64**	**$6.56**	**$26.59**	**$25.15**	**$1.94**	**$39.23**	**$37.05**	**$80.33**	**$79.51**	**$201.79**			**$52.58**
	Total Premiums		**$549.94**	**$549.94**	**$555.37**	**$555.37**	**$555.37**	**$549.63**	**$544.08**	**$544.08**	**$544.08**	**$555.37**			**$550.32**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
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Experience Reports by Benefit Package — Per Employee Per Month
Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 341	**Enrolled Employees**		**123**	**123**	**123**	**120**	**120**	**121**	**121**	**119**	**118**	**117**			**121**
	Enrolled Members		**162**	**161**	**161**	**158**	**158**	**159**	**159**	**156**	**155**	**152**			**158**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$102.81	$0.00	$0.00	$0.00	$0.00	$0.00			**$102.81**
		Outpatient	$195.13	$14.99	$356.74	$140.27	$152.41	$135.52	$180.49	$336.85	$5.04	$390.24			**$190.77**
		ER	$8.55	$0.00	$0.00	$16.68	$19.11	$18.13	$24.36	$21.42	$44.42	$20.00			**$21.58**
		Prof Svcs	$138.77	$136.50	$125.31	$106.76	$177.46	$160.33	$181.79	$172.30	$126.12	$182.24			**$150.76**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$152.35	$85.96	$114.11	$149.57	$75.85	$115.73	$74.76	$116.12	$145.00	$83.57			**$111.30**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$494.80**	**$237.45**	**$596.17**	**$413.27**	**$527.65**	**$429.71**	**$461.40**	**$646.69**	**$320.57**	**$676.05**			**$480.38**
	Total Premiums		**$687.03**	**$692.61**	**$687.53**	**$689.11**	**$689.11**	**$695.56**	**$688.58**	**$684.93**	**$685.45**	**$678.54**			**$687.85**
Benefit Package 342	**Enrolled Employees**		**155**	**162**	**165**	**164**	**164**	**161**	**162**	**165**	**164**	**159**			**162**
	Enrolled Members		**253**	**259**	**262**	**260**	**262**	**260**	**260**	**268**	**266**	**255**			**261**
	Claims	Inpatient	$342.81	$83.40	$0.00	$0.00	$14.30	$0.00	$258.16	$0.00	$0.00	$46.78			**$149.09**
		Outpatient	$94.67	$340.09	$479.52	$13.63	$11.71	$29.64	$201.77	$27.50	$14.06	$272.34			**$148.49**
		ER	$21.43	$12.36	$9.54	$0.00	$23.40	$0.00	$11.95	$2.56	$6.20	$28.90			**$14.54**
		Prof Svcs	$230.73	$177.44	$121.31	$122.59	$168.23	$202.93	$243.38	$173.97	$151.24	$232.21			**$182.40**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$118.57	$109.28	$135.73	$123.19	$112.97	$158.62	$146.25	$125.77	$128.64	$175.77			**$133.48**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$808.21**	**$722.57**	**$746.10**	**$259.41**	**$330.60**	**$391.19**	**$861.51**	**$329.80**	**$300.14**	**$756.00**			**$550.55**
	Total Premiums		**$697.62**	**$688.94**	**$686.90**	**$684.41**	**$685.65**	**$706.87**	**$679.68**	**$696.84**	**$696.35**	**$691.21**			**$691.45**
Benefit Package 343	**Enrolled Employees**		**41**	**42**	**42**	**41**	**42**	**42**	**42**	**41**	**41**	**39**			**41**
	Enrolled Members		**49**	**50**	**50**	**49**	**50**	**50**	**50**	**48**	**48**	**46**			**49**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Outpatient	$0.00	$33.81	$0.00	$27.71	$0.00	$0.00	$44.11	$0.00	$150.04	$57.05			**$62.54**
		ER	$33.48	$16.41	$16.07	$40.84	$0.00	$121.12	$0.00	$0.00	$0.00	$0.00			**$45.58**
		Prof Svcs	$208.61	$376.50	$208.85	$155.06	$317.43	$204.64	$234.46	$117.20	$195.41	$159.10			**$217.73**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$157.95	$162.08	$195.17	$186.00	$461.24	$100.82	$125.44	$127.44	$277.72	$121.67			**$191.55**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$400.04**	**$588.80**	**$420.09**	**$409.60**	**$778.67**	**$426.58**	**$404.01**	**$244.63**	**$623.17**	**$337.82**			**$463.34**
	Total Premiums		**$793.53**	**$792.51**	**$792.51**	**$793.53**	**$792.51**	**$800.60**	**$792.51**	**$786.92**	**$786.92**	**$788.78**			**$792.03**
Benefit Package 344	**Enrolled Employees**		**62**	**66**	**66**	**66**	**64**	**66**	**67**	**66**	**68**	**72**			**66**
	Enrolled Members		**127**	**133**	**133**	**135**	**132**	**132**	**134**	**133**	**137**	**145**			**134**
	Claims	Inpatient	$0.00	$0.00	$1,013.60	$0.00	$2,068.15	$1,665.52	$361.91	$673.72	$0.00	$0.00			**$1,156.58**
		Outpatient	$29.98	-$3.07	$96.18	$404.77	$257.33	$258.78	$52.02	$0.00	$131.09	$1.79			**$153.61**
		ER	$67.05	$53.53	$26.94	$18.54	$15.88	$0.00	$7.84	$8.80	$19.96	$18.28			**$26.31**
		Prof Svcs	$122.90	$127.07	$250.57	$109.61	$404.29	$276.49	$258.20	$110.77	$253.29	$227.88			**$214.11**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$185.07	$143.27	$92.65	$115.69	$169.71	$132.29	$139.32	$185.82	$123.82	$118.94			**$140.66**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$405.00**	**$320.80**	**$1,479.94**	**$648.61**	**$2,915.36**	**$2,333.08**	**$819.30**	**$979.11**	**$528.16**	**$366.89**			**$1,079.62**
	Total Premiums		**$462.35**	**$480.88**	**$471.77**	**$477.65**	**$472.08**	**$475.66**	**$468.89**	**$467.72**	**$469.49**	**$476.81**			**$472.33**

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K–12 School District Data Collection Project
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Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 345	**Enrolled Employees**		**4**	**4**	**4**	**4**	**4**	**4**	**4**	**3**	**3**	**3**			**4**
	Enrolled Members		**7**	**7**	**6**	**6**	**6**	**6**	**6**	**5**	**5**	**5**			**6**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$335.27			**$335.27**
		ER	$89.47	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$211.03			**$150.25**
		Prof Svcs	$236.18	$259.25	$60.40	$549.57	$49.78	$109.61	$70.08	$152.51	$81.47	$672.42			**$224.13**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$86.87	$20.39	$14.01	$40.05	$14.29	$12.37	$13.48	$26.40	$42.12	$30.07			**$30.00**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$412.51**	**$279.64**	**$74.41**	**$589.62**	**$64.07**	**$121.98**	**$83.55**	**$178.91**	**$123.59**	**$1,248.78**			**$317.71**
	Total Premiums		**$1,248.24**	**$1,248.24**	**$1,039.43**	**$1,039.43**	**$1,039.43**	**$1,039.43**	**$1,039.43**	**$1,069.13**	**$1,069.13**	**$1,069.13**			**$1,090.10**
Benefit Package 346	**Enrolled Employees**		**153**	**151**	**151**	**150**	**150**	**150**	**150**	**148**	**149**	**138**			**149**
	Enrolled Members		**252**	**250**	**250**	**249**	**249**	**248**	**247**	**246**	**249**	**229**			**247**
	Claims	Inpatient	$0.00	$205.34	$146.41	$116.30	$735.19	$6.53	$199.29	$119.01	$467.72	$0.00			**$249.47**
		Outpatient	$306.07	$356.67	$176.98	$464.31	$163.96	$177.91	$214.83	$177.54	$148.97	$189.97			**$237.72**
		ER	$44.14	$36.53	$16.55	$5.61	$111.94	$19.40	$113.08	$107.05	$20.02	$10.88			**$48.52**
		Prof Svcs	$307.34	$415.31	$386.30	$376.30	$449.25	$417.41	$514.68	$402.70	$393.11	$274.69			**$393.71**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$330.59	$272.69	$207.29	$265.32	$291.08	$260.48	$212.10	$308.02	$293.77	$289.50			**$273.08**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$988.13**	**$1,286.54**	**$933.53**	**$1,227.83**	**$1,751.42**	**$881.73**	**$1,253.98**	**$1,114.32**	**$1,323.60**	**$765.03**			**$1,152.61**
	Total Premiums		**$1,012.86**	**$1,025.03**	**$1,025.03**	**$1,026.84**	**$1,026.84**	**$1,026.84**	**$1,021.63**	**$1,025.86**	**$1,024.58**	**$1,022.11**			**$1,023.76**
Benefit Package 347	**Enrolled Employees**		**57**	**57**	**56**	**56**	**56**	**55**	**55**	**54**	**54**	**49**			**55**
	Enrolled Members		**63**	**63**	**62**	**62**	**62**	**61**	**61**	**60**	**60**	**55**			**61**
	Claims	Inpatient	$0.00	$347.77	$0.00	$0.00	$2,312.67	$0.00	$193.28	$244.72	$0.00	$0.00			**$774.61**
		Outpatient	$242.30	$660.61	$64.30	$0.00	$259.76	$723.98	$108.91	$95.16	$225.66	$449.33			**$314.44**
		ER	$0.00	$104.48	$0.00	$0.00	$51.18	$47.53	$0.00	$179.21	$0.00	-$28.86			**$88.38**
		Prof Svcs	$370.78	$278.58	$177.06	$259.31	$510.27	$344.68	$403.65	$231.23	$283.17	$493.73			**$335.25**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$186.24	$136.74	$116.52	$184.33	$152.39	$129.84	$126.57	$206.57	$175.54	$128.50			**$154.32**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$799.31**	**$1,528.17**	**$357.88**	**$443.64**	**$3,286.26**	**$1,246.02**	**$832.41**	**$956.89**	**$684.38**	**$1,042.69**			**$1,117.77**
	Total Premiums		**$838.48**	**$838.48**	**$839.55**	**$839.55**	**$839.55**	**$838.80**	**$838.80**	**$836.20**	**$839.92**	**$844.59**			**$839.39**
Benefit Package 348	**Enrolled Employees**		**301**	**302**	**301**	**300**	**307**	**310**	**310**	**310**	**308**	**304**			**305**
	Enrolled Members		**673**	**669**	**661**	**657**	**666**	**674**	**672**	**669**	**665**	**660**			**667**
	Claims	Inpatient	$228.50	$51.34	$147.51	$134.18	$109.89	$109.96	$126.31	$177.20	$50.85	$23.55			**$115.93**
		Outpatient	$81.92	$184.60	$54.61	$244.55	$157.72	$26.28	$52.04	$59.53	$183.95	$16.41			**$106.16**
		ER	$50.00	$33.71	$2.81	$27.99	$18.74	$2.43	$23.16	$13.92	$34.69	$25.72			**$23.32**
		Prof Svcs	$172.95	$117.81	$158.08	$237.16	$232.33	$174.63	$243.39	$286.01	$250.89	$239.99			**$211.32**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$166.43	$129.51	$140.24	$146.01	$134.64	$130.57	$152.60	$140.13	$181.39	$161.25			**$148.28**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$699.80**	**$516.97**	**$503.26**	**$789.89**	**$653.32**	**$443.87**	**$597.50**	**$676.79**	**$701.77**	**$466.92**			**$605.01**
	Total Premiums		**$542.87**	**$537.35**	**$539.87**	**$539.37**	**$537.76**	**$536.90**	**$535.87**	**$535.40**	**$537.81**	**$538.97**			**$538.22**

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Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 349	**Enrolled Employees**		**47**	**47**	**47**	**47**	**49**	**49**	**49**	**49**	**49**	**49**			**48**
	Enrolled Members		**115**	**126**	**116**	**116**	**116**	**116**	**115**	**115**	**115**	**117**			**117**
	Claims	Inpatient	$0.00	$180.02	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$180.02**
		Outpatient	$327.48	$0.00	$0.00	$0.00	$0.00	$30.19	$0.07	$0.00	$0.00	$1.88			**$89.90**
		ER	$0.00	$0.00	$0.00	$0.13	$0.00	$0.00	$0.00	$0.00	$0.00	$61.81			**$30.97**
		Prof Svcs	$87.30	$6.51	$28.37	$7.43	$23.93	$29.33	$19.81	$23.15	$58.36	$85.38			**$36.96**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$8.22	$11.15	$8.62	$0.33	$2.72	$3.23	$8.29	$0.69	$1.34	$15.44			**$6.00**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$423.01**	**$197.68**	**$37.00**	**$7.89**	**$26.65**	**$62.76**	**$28.17**	**$23.84**	**$59.70**	**$164.50**			**$103.12**
	Total Premiums		**$536.50**	**$520.95**	**$518.51**	**$518.51**	**$502.36**	**$502.36**	**$513.56**	**$497.01**	**$497.01**	**$505.70**			**$511.25**
Benefit Package 350	**Enrolled Employees**		**176**	**173**	**173**	**172**	**172**	**172**	**171**	**171**	**171**	**162**			**171**
	Enrolled Members		**257**	**251**	**251**	**250**	**247**	**247**	**247**	**247**	**247**	**237**			**248**
	Claims	Inpatient	$0.00	$629.92	$330.45	$42.36	$0.00	$0.00	$84.16	$0.00	$94.89	$8.40			**$198.36**
		Outpatient	$202.73	$116.24	$266.44	$40.86	$589.35	$369.60	$80.83	$268.06	$122.85	$207.22			**$226.42**
		ER	$0.00	$30.68	$18.02	$19.66	$27.08	$34.62	$42.69	$6.88	$13.67	$64.00			**$28.59**
		Prof Svcs	$277.20	$140.70	$225.99	$179.57	$259.24	$250.65	$231.84	$280.16	$214.17	$316.56			**$237.61**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$290.02	$243.25	$182.29	$232.60	$220.32	$276.50	$250.86	$163.38	$218.43	$219.42			**$229.71**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$769.94**	**$1,160.79**	**$1,023.19**	**$515.03**	**$1,095.99**	**$931.36**	**$690.38**	**$718.47**	**$664.02**	**$815.60**			**$838.48**
	Total Premiums		**$794.20**	**$787.24**	**$787.24**	**$786.43**	**$785.21**	**$785.21**	**$787.21**	**$787.21**	**$787.21**	**$797.62**			**$788.48**
Benefit Package 351	**Enrolled Employees**		**67**	**67**	**67**	**67**	**67**	**67**	**67**	**65**	**65**	**67**			**67**
	Enrolled Members		**106**	**105**	**104**	**104**	**102**	**101**	**101**	**95**	**95**	**95**			**101**
	Claims	Inpatient	$0.00	$12.76	$0.00	$108.86	$194.19	$0.00	$0.00	$0.00	$0.00	$274.14			**$147.49**
		Outpatient	$109.51	$0.00	$128.75	$47.18	$204.91	$802.63	$8.29	$42.12	$57.10	$924.41			**$258.32**
		ER	$0.00	$0.00	$0.00	$0.00	$31.14	$0.00	$0.00	$74.75	$247.07	$0.00			**$117.65**
		Prof Svcs	$222.10	$184.04	$207.09	$169.13	$272.88	$232.28	$728.66	$655.35	$1,177.31	$393.34			**$424.22**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$261.34	$263.86	$280.30	$268.24	$318.31	$298.88	$314.61	$251.78	$328.72	$314.34			**$290.04**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$592.96**	**$460.65**	**$616.14**	**$593.41**	**$1,021.43**	**$1,333.78**	**$1,051.56**	**$1,023.99**	**$1,810.20**	**$1,906.23**			**$1,041.03**
	Total Premiums		**$822.46**	**$813.85**	**$810.12**	**$810.12**	**$797.69**	**$797.69**	**$797.69**	**$793.49**	**$793.49**	**$775.95**			**$801.25**
Benefit Package 352	**Enrolled Employees**		**243**	**243**	**243**	**243**	**240**	**241**	**241**	**241**	**241**	**239**	**252**	**256**	**244**
	Enrolled Members		**652**	**655**	**651**	**653**	**648**	**649**	**648**	**647**	**646**	**640**	**652**	**657**	**650**
	Claims	Inpatient	$289.63	$159.07	$0.00	$248.59	$123.11	$121.93	$72.19	$40.66	$19.63	$167.90	$111.24	$38.06	**$126.55**
		Outpatient	$441.13	$125.18	$102.13	$54.32	$29.27	$58.77	$182.19	$63.39	$289.92	$214.78	$156.06	$100.90	**$151.50**
		ER	$4.50	$0.56	$0.00	$8.43	$35.95	$47.42	$8.82	$72.30	$112.49	$33.75	$35.35	$15.75	**$34.12**
		Prof Svcs	$324.00	$121.95	$121.49	$240.68	$249.26	$282.37	$335.09	$363.03	$290.26	$366.87	$283.57	$332.56	**$275.93**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$10.68	$27.30	$29.62	$80.90	$78.18	$44.62	$150.16	$100.15	$119.84	$65.94	$59.99	$72.60	**$70.00**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$1,069.94**	**$434.07**	**$253.23**	**$632.92**	**$515.77**	**$555.11**	**$748.45**	**$639.52**	**$832.14**	**$849.24**	**$646.22**	**$559.88**	**$644.71**
	Total Premiums		**$718.85**	**$718.67**	**$720.40**	**$717.48**	**$723.48**	**$715.77**	**$718.22**	**$715.44**	**$716.83**	**$713.38**	**$854.30**	**$851.16**	**$740.33**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9g
Experience Reports by Benefit Package — Per Employee Per Month
Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 353	**Enrolled Employees**		**12**	**12**	**12**	**12**	**12**	**11**	**11**	**11**	**11**	**11**	**14**	**14**	**12**
	Enrolled Members		**31**	**31**	**31**	**31**	**31**	**30**	**30**	**30**	**30**	**29**	**30**	**30**	**30**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$1,566.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$5.93	$44.13	**$538.68**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs	$1,546.82	$996.82	$169.97	$1,603.17	$785.31	$851.00	$1,181.02	$939.73	$1,129.84	$2,046.13	$819.07	$1,031.23	**$1,091.68**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$4.68	$3.58	$141.92	$4.93	$13.10	$154.56	$14.04	$3.14	$184.40	$23.10	$15.16	$279.23	**$70.16**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$3,117.50**	**$1,000.41**	**$311.89**	**$1,608.10**	**$798.41**	**$1,005.56**	**$1,195.06**	**$942.87**	**$1,314.25**	**$2,069.23**	**$840.16**	**$1,354.59**	**$1,296.50**
	Total Premiums		**$717.97**	**$717.97**	**$717.97**	**$717.97**	**$717.97**	**$747.36**	**$747.36**	**$747.36**	**$747.36**	**$731.17**	**$776.19**	**$776.19**	**$738.57**
Benefit Package 354	**Enrolled Employees**		**273**	**274**	**275**	**274**	**275**	**275**	**275**	**273**	**273**	**273**	**251**	**250**	**270**
	Enrolled Members		**524**	**522**	**523**	**519**	**519**	**517**	**518**	**517**	**515**	**516**	**417**	**413**	**502**
	Claims	Inpatient	$291.35	$0.00	$60.43	$392.45	$110.42	$65.27	$0.00	$94.38	$45.77	$6.28	$0.00	$105.93	**$130.25**
		Outpatient	$73.85	$106.12	$3.20	$11.54	$72.48	$231.36	$33.72	$87.25	$41.64	$208.00	$33.86	$81.92	**$82.08**
		ER	$3.39	$2.28	$14.63	$31.30	$7.56	$22.11	$14.20	$17.94	$3.92	$91.90	$21.31	$27.26	**$21.48**
		Prof Svcs	$115.92	$95.27	$108.12	$103.92	$159.35	$141.29	$240.01	$246.24	$211.62	$339.23	$209.17	$139.73	**$175.82**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$256.04	$191.03	$158.11	$205.19	$286.43	$166.22	$239.33	$301.61	$233.00	$169.98	$345.60	$339.03	**$240.96**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$740.55**	**$394.70**	**$344.49**	**$744.40**	**$636.24**	**$626.26**	**$527.26**	**$747.43**	**$535.95**	**$815.39**	**$609.94**	**$693.87**	**$618.04**
	Total Premiums		**$611.00**	**$613.20**	**$609.99**	**$608.75**	**$607.36**	**$604.72**	**$605.38**	**$606.84**	**$604.85**	**$606.83**	**$689.69**	**$678.70**	**$620.61**
Benefit Package 355	**Enrolled Employees**		**29**	**31**	**31**	**31**	**28**	**28**	**28**	**28**	**28**	**27**	**33**	**32**	**30**
	Enrolled Members		**41**	**44**	**46**	**45**	**40**	**40**	**40**	**40**	**40**	**39**	**40**	**39**	**41**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$0.00	$0.00	$1,511.52	$70.10	$0.00	$0.00	$628.72	-$4.05	$0.00	$0.00	$0.00	$66.62	**$568.23**
		ER	$0.00	$0.00	$266.31	$0.00	$0.00	$0.00	$48.35	$0.00	$0.00	$0.00	$58.69	$0.00	**$124.45**
		Prof Svcs	$173.28	$47.42	$165.00	$116.22	$421.73	$151.74	$358.87	$380.39	$126.69	$132.43	$129.35	$163.03	**$197.18**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$95.35	$99.86	$72.39	$91.14	$52.00	$53.29	$58.60	$70.60	$93.65	$107.05	$35.53	$53.82	**$73.61**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$268.64**	**$147.27**	**$2,015.22**	**$277.46**	**$473.73**	**$205.03**	**$1,094.54**	**$446.93**	**$220.34**	**$239.48**	**$223.56**	**$283.47**	**$491.31**
	Total Premiums		**$538.38**	**$456.31**	**$523.32**	**$546.36**	**$518.74**	**$518.74**	**$518.74**	**$518.74**	**$518.74**	**$522.28**	**$582.23**	**$584.22**	**$528.90**
Benefit Package 356	**Enrolled Employees**		**44**	**44**	**44**	**44**	**44**	**44**	**44**	**44**	**43**	**43**			**44**
	Enrolled Members		**44**	**44**	**44**	**44**	**44**	**44**	**44**	**44**	**43**	**43**			**44**
	Claims	Inpatient	$0.00	$0.00	$0.00	$903.08	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$903.08**
		Outpatient	$1,592.63	$2,678.19	$582.22	$344.21	$931.59	$1,060.68	$1,147.24	$649.43	$413.24	$1,648.29			**$1,104.77**
		ER	$160.13	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$40.75	$102.72			**$101.20**
		Prof Svcs	$443.76	$309.26	$258.14	$522.76	$554.81	$564.69	$729.47	$431.41	$202.38	$436.41			**$445.31**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$246.01	$247.75	$530.66	$392.73	$198.97	$579.50	$219.42	$321.78	$171.37	$401.88			**$331.01**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$2,442.53**	**$3,235.20**	**$1,371.03**	**$2,162.79**	**$1,685.37**	**$2,204.87**	**$2,096.14**	**$1,402.61**	**$827.74**	**$2,589.30**			**$2,001.76**
	Total Premiums		**$788.36**	**$788.36**	**$788.36**	**$788.36**	**$788.36**	**$788.36**	**$788.36**	**$788.36**	**$788.36**	**$788.36**			**$788.36**

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Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 357	**Enrolled Employees**		**447**	**443**	**443**	**443**	**444**	**444**	**445**	**441**	**442**	**416**			**441**
	Enrolled Members		**530**	**526**	**526**	**525**	**528**	**530**	**532**	**527**	**529**	**493**			**525**
	Claims	Inpatient	$118.86	$76.54	$73.21	$45.60	$299.22	$98.06	$721.77	$122.56	$153.31	$137.58			**$184.67**
		Outpatient	$247.21	$77.66	$207.68	$52.87	$27.95	$104.75	$31.88	$60.67	$240.08	$94.82			**$114.56**
		ER	$12.45	$18.65	$29.29	$29.44	$44.28	$26.59	$58.68	$90.30	$3.98	$20.50			**$33.41**
		Prof Svcs	$378.98	$301.47	$279.10	$319.22	$425.05	$350.09	$501.31	$455.62	$372.98	$405.54			**$378.93**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$209.33	$204.80	$155.94	$248.44	$188.41	$205.64	$231.65	$181.77	$269.26	$217.92			**$211.32**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$966.84**	**$679.12**	**$745.21**	**$695.57**	**$984.90**	**$785.12**	**$1,545.28**	**$910.92**	**$1,039.62**	**$876.35**			**$922.89**
	Total Premiums		**$854.63**	**$853.64**	**$857.13**	**$854.61**	**$855.97**	**$858.30**	**$858.10**	**$855.58**	**$858.88**	**$850.09**			**$855.69**
Benefit Package 358	**Enrolled Employees**		**437**	**438**	**438**	**440**	**439**	**438**	**431**	**429**	**429**	**431**			**435**
	Enrolled Members		**1,033**	**1,029**	**1,027**	**1,032**	**1,025**	**1,025**	**1,017**	**1,009**	**1,015**	**1,018**			**1,023**
	Claims	Inpatient	$236.58	$16.30	$92.04	$97.68	$0.00	$12.27	$159.75	$118.28	$28.94	$508.01			**$141.09**
		Outpatient	$254.27	$147.60	$101.19	$110.79	$247.10	$26.03	$255.43	$196.19	$129.35	$154.99			**$162.29**
		ER	$18.92	$11.70	$8.69	$4.51	$22.59	$23.70	$30.36	$16.71	$21.44	$17.95			**$17.66**
		Prof Svcs	$242.77	$161.66	$211.61	$223.40	$227.33	$201.33	$366.96	$308.68	$320.30	$307.78			**$257.18**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$155.88	$96.99	$113.45	$126.02	$112.12	$157.31	$151.73	$156.00	$164.34	$159.03			**$139.29**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$908.43**	**$434.23**	**$526.99**	**$562.41**	**$609.14**	**$420.65**	**$964.23**	**$795.85**	**$664.37**	**$1,147.76**			**$703.41**
	Total Premiums		**$739.47**	**$735.49**	**$735.99**	**$735.13**	**$735.98**	**$736.43**	**$740.56**	**$736.64**	**$737.64**	**$736.65**			**$737.00**
Benefit Package 359	**Enrolled Employees**		**313**	**311**	**308**	**307**	**307**	**306**	**303**	**303**	**302**	**293**			**305**
	Enrolled Members		**532**	**532**	**528**	**522**	**521**	**520**	**516**	**515**	**511**	**490**			**519**
	Claims	Inpatient	$517.25	$134.51	$151.33	$85.06	$747.07	$0.00	$342.43	$42.01	$0.00	$228.01			**$280.96**
		Outpatient	$143.87	$75.35	$260.79	$142.71	$120.66	$56.59	$230.06	$225.76	$285.46	$54.82			**$159.61**
		ER	$30.95	$14.55	$32.83	$35.59	$15.49	$3.64	$68.62	$21.07	$17.08	$23.26			**$26.31**
		Prof Svcs	$426.63	$296.08	$304.02	$314.31	$425.44	$435.76	$503.76	$370.68	$307.12	$457.76			**$384.16**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$209.78	$203.87	$497.42	$201.55	$205.32	$205.96	$206.89	$199.47	$208.30	$232.58			**$237.11**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$1,328.50**	**$724.37**	**$1,246.39**	**$779.22**	**$1,513.98**	**$701.95**	**$1,351.75**	**$858.99**	**$817.96**	**$996.43**			**$1,031.95**
	Total Premiums		**$899.71**	**$902.93**	**$903.71**	**$898.30**	**$899.07**	**$899.62**	**$900.39**	**$898.21**	**$895.66**	**$883.05**			**$898.07**
Benefit Package 360	**Enrolled Employees**		**516**	**520**	**518**	**516**	**514**	**519**	**514**	**514**	**512**	**513**			**516**
	Enrolled Members		**853**	**854**	**856**	**849**	**844**	**852**	**845**	**845**	**841**	**841**			**848**
	Claims	Inpatient	$37.41	$94.62	$545.88	$62.54	$12.40	$91.52	$281.09	$70.30	$10.72	$121.98			**$132.85**
		Outpatient	$86.63	$110.99	-$4.61	$22.13	$96.39	$134.75	$112.12	$20.92	$119.52	$65.53			**$84.93**
		ER	$16.48	$6.02	$36.74	$8.30	$18.98	$20.67	$28.46	$2.50	$13.31	$11.05			**$16.25**
		Prof Svcs	$197.72	$185.60	$197.48	$181.16	$173.92	$213.30	$288.19	$203.39	$181.38	$237.39			**$205.95**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$108.18	$92.39	$102.77	$82.34	$89.03	$74.87	$68.12	$83.59	$94.20	$127.31			**$92.28**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$446.43**	**$489.61**	**$878.27**	**$356.47**	**$390.73**	**$535.11**	**$777.98**	**$380.70**	**$419.14**	**$563.26**			**$523.77**
	Total Premiums		**$750.41**	**$747.04**	**$750.52**	**$747.38**	**$745.25**	**$744.81**	**$745.00**	**$746.30**	**$744.55**	**$742.29**			**$746.36**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9g
Experience Reports by Benefit Package — Per Employee Per Month
Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 361	**Enrolled Employees**		**96**	**95**	**96**	**97**	**98**	**98**	**97**	**98**	**97**	**94**			**97**
	Enrolled Members		**275**	**274**	**280**	**282**	**280**	**281**	**284**	**287**	**283**	**280**			**281**
	Claims	Inpatient	$186.40	$0.00	$0.00	$0.00	$0.00	$236.20	$0.00	$0.00	$0.00	$0.00			**$211.30**
		Outpatient	$169.03	$0.00	$295.18	$52.42	$26.72	$551.14	$668.06	$207.77	$8.78	$0.00			**$247.39**
		ER	$8.36	$0.75	$10.92	$0.00	$2.40	$9.08	$38.25	$11.69	$19.39	$19.90			**$13.42**
		Prof Svcs	$1,134.34	$566.98	$621.83	$634.16	$175.91	$196.36	$729.96	$495.72	$220.66	$1,230.39			**$600.63**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$136.18	$170.91	$162.95	$100.11	$184.43	$158.13	$164.11	$146.04	$177.71	$134.42			**$153.50**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$1,634.30**	**$738.65**	**$1,090.88**	**$786.69**	**$389.45**	**$1,150.90**	**$1,600.39**	**$861.23**	**$426.54**	**$1,384.71**			**$1,006.37**
	Total Premiums		**$617.32**	**$621.87**	**$622.34**	**$625.80**	**$619.94**	**$619.94**	**$627.19**	**$629.77**	**$627.19**	**$636.76**			**$624.81**
Benefit Package 362	**Enrolled Employees**		**27**	**27**	**27**	**27**	**28**	**28**	**28**	**28**	**28**	**31**			**28**
	Enrolled Members		**87**	**87**	**87**	**88**	**90**	**90**	**91**	**92**	**91**	**101**			**90**
	Claims	Inpatient	$460.39	$0.00	$3.80	$213.31	$0.00	$0.00	$0.00	$1,572.61	$136.42	$0.00			**$477.31**
		Outpatient	$97.18	$0.00	$0.00	$0.00	$0.00	$0.00	$59.42	$748.12	$894.19	$79.84			**$375.75**
		ER	$127.44	$0.00	$98.32	$0.00	$13.11	$24.91	$84.47	$60.66	$13.60	$0.00			**$60.36**
		Prof Svcs	$329.55	$149.32	$93.37	$205.69	$155.76	$186.96	$543.86	$481.24	$680.44	$152.24			**$297.84**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	-$15.86	$3.44	$10.89	$11.28	$7.01	$11.46	$16.25	$11.18	$17.75	$13.70			**$9.68**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$998.69**	**$152.76**	**$206.39**	**$430.29**	**$175.88**	**$223.33**	**$703.99**	**$2,873.81**	**$1,742.40**	**$245.79**			**$775.33**
	Total Premiums		**$688.02**	**$688.02**	**$688.02**	**$688.02**	**$687.12**	**$687.12**	**$691.41**	**$691.41**	**$691.41**	**$705.98**			**$690.65**
Benefit Package 363	**Enrolled Employees**		**121**	**122**	**122**	**122**	**122**	**121**	**120**	**117**	**118**	**111**			**120**
	Enrolled Members		**160**	**163**	**163**	**163**	**163**	**162**	**160**	**158**	**160**	**151**			**160**
	Claims	Inpatient	$519.08	$0.00	$659.16	$0.00	$258.00	$0.00	$716.10	$1,650.43	$225.30	$753.81			**$683.12**
		Outpatient	$217.15	$175.42	$16.28	$95.88	$193.35	$120.05	$218.44	$247.47	$125.96	$295.32			**$170.53**
		ER	$50.35	$20.19	$2.19	$16.53	$67.61	$0.00	$47.78	$0.00	$16.39	$0.00			**$31.58**
		Prof Svcs	$419.44	$317.11	$428.76	$365.11	$520.94	$496.85	$598.32	$514.29	$561.16	$538.34			**$476.03**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$434.78	$307.37	$511.71	$409.77	$390.32	$414.77	$439.30	$303.47	$430.66	$459.23			**$410.14**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$1,640.80**	**$820.09**	**$1,618.10**	**$887.30**	**$1,430.22**	**$1,031.67**	**$2,019.94**	**$2,715.66**	**$1,359.47**	**$2,046.69**			**$1,556.99**
	Total Premiums		**$829.67**	**$831.56**	**$831.56**	**$831.56**	**$831.56**	**$832.18**	**$832.82**	**$840.05**	**$839.98**	**$845.03**			**$834.59**
Benefit Package 364	**Enrolled Employees**		**71**	**71**	**71**	**71**	**71**	**71**	**71**	**71**	**71**	**70**			**71**
	Enrolled Members		**103**	**103**	**105**	**105**	**104**	**104**	**104**	**103**	**103**	**102**			**104**
	Claims	Inpatient	$1,281.06	$953.77	$0.00	$0.00	$0.00	$0.00	$0.00	$1,564.51	$58.60	$0.00			**$964.49**
		Outpatient	$57.71	$79.18	$68.32	$0.00	$0.00	$1.16	$135.42	$0.00	$90.94	$0.00			**$72.12**
		ER	$0.00	$125.81	$0.00	$12.85	$0.00	$0.00	$88.88	$9.33	$98.95	$0.00			**$67.17**
		Prof Svcs	$433.97	$414.08	$557.50	$371.22	$252.40	$311.74	$927.73	$481.50	$705.62	$554.56			**$501.03**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$402.96	$432.63	$456.61	$478.77	$235.23	$256.79	$235.52	$410.86	$407.11	$269.13			**$358.56**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$2,175.70**	**$2,005.48**	**$1,082.44**	**$862.85**	**$487.62**	**$569.69**	**$1,387.55**	**$2,466.21**	**$1,361.23**	**$823.70**			**$1,322.25**
	Total Premiums		**$964.81**	**$964.81**	**$980.60**	**$980.60**	**$975.76**	**$975.76**	**$975.76**	**$975.76**	**$975.76**	**$977.59**			**$974.72**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
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Experience Reports by Benefit Package — Per Employee Per Month
Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 365	**Enrolled Employees**		**1,264**	**1,262**	**1,264**	**1,262**	**1,258**	**1,256**	**1,257**	**1,250**	**1,249**	**1,207**			**1,253**
	Enrolled Members		**2,271**	**2,254**	**2,257**	**2,253**	**2,250**	**2,249**	**2,243**	**2,214**	**2,210**	**2,136**			**2,234**
	Claims	Inpatient	$232.89	$279.11	$85.82	$157.64	$63.44	$110.41	$532.12	$7.46	$117.73	$309.21			**$189.58**
		Outpatient	$296.90	$136.40	$138.55	$27.17	$87.85	$113.87	$72.55	$109.15	$78.27	$221.83			**$128.25**
		ER	$37.07	$26.48	$28.39	$21.13	$28.72	$28.20	$64.38	$23.52	$22.11	$33.56			**$31.36**
		Prof Svcs	$273.58	$212.89	$232.68	$206.15	$262.57	$300.08	$340.52	$266.93	$224.68	$317.22			**$263.73**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$118.99	$111.88	$134.05	$137.64	$130.63	$133.34	$154.25	$131.88	$146.78	$150.94			**$135.04**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$959.43**	**$766.75**	**$619.48**	**$549.72**	**$573.22**	**$685.91**	**$1,163.83**	**$538.94**	**$589.57**	**$1,032.76**			**$747.96**
	Total Premiums		**$728.15**	**$726.53**	**$725.80**	**$724.15**	**$724.49**	**$726.30**	**$723.76**	**$722.63**	**$722.06**	**$721.09**			**$724.50**
Benefit Package 366	**Enrolled Employees**		**458**	**463**	**466**	**467**	**468**	**468**	**469**	**471**	**471**	**470**			**467**
	Enrolled Members		**1,158**	**1,166**	**1,172**	**1,175**	**1,169**	**1,174**	**1,173**	**1,182**	**1,180**	**1,174**			**1,172**
	Claims	Inpatient	$303.30	$129.37	$111.56	$72.47	$532.50	$33.54	$136.18	$138.84	$237.99	$526.64			**$222.24**
		Outpatient	$32.10	$55.72	$27.89	$71.53	$107.77	$16.98	$13.13	$52.15	$19.37	$258.89			**$65.55**
		ER	$10.63	$7.69	$12.21	$43.10	$7.84	$56.32	$82.35	$91.06	$21.19	$48.52			**$38.09**
		Prof Svcs	$199.10	$176.26	$206.74	$287.75	$171.46	$208.68	$258.32	$201.33	$196.51	$242.69			**$214.89**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$94.44	$119.53	$121.00	$138.90	$114.72	$118.62	$131.88	$136.01	$130.07	$137.12			**$124.23**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$639.57**	**$488.57**	**$479.41**	**$613.75**	**$934.30**	**$434.14**	**$621.86**	**$619.40**	**$605.13**	**$1,213.86**			**$665.00**
	Total Premiums		**$619.21**	**$618.95**	**$619.27**	**$616.47**	**$616.63**	**$617.62**	**$614.09**	**$617.18**	**$617.25**	**$616.89**			**$617.36**
Benefit Package 367	**Enrolled Employees**		**95**	**95**	**95**	**95**	**95**	**96**	**95**	**96**	**97**	**101**			**96**
	Enrolled Members		**219**	**221**	**220**	**219**	**220**	**220**	**220**	**220**	**222**	**227**			**221**
	Claims	Inpatient	$59.23	$190.68	$448.54	$0.00	$15.28	$0.00	$0.00	$555.70	$0.00	$3.58			**$212.17**
		Outpatient	$0.00	$11.26	$16.26	$25.93	$229.17	$44.55	$0.00	$0.00	$0.00	$0.00			**$65.43**
		ER	$0.46	$0.46	$0.00	$0.00	$2.53	$0.46	$5.00	$3.03	$0.00	$0.07			**$1.72**
		Prof Svcs	$99.10	$44.01	$153.81	$76.82	$158.77	$119.71	$91.20	$151.95	$81.58	$183.60			**$116.06**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$3.50	$2.08	$6.76	$7.28	$12.74	$3.48	$13.29	$9.43	$13.10	$21.37			**$9.30**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$162.29**	**$248.49**	**$625.37**	**$110.03**	**$418.49**	**$168.20**	**$109.49**	**$720.11**	**$94.69**	**$208.62**			**$286.58**
	Total Premiums		**$582.32**	**$582.32**	**$582.32**	**$580.14**	**$580.14**	**$577.96**	**$584.04**	**$571.94**	**$575.82**	**$578.52**			**$579.55**
Benefit Package 368	**Enrolled Employees**		**44**	**45**	**48**	**48**	**48**	**48**	**50**	**49**	**49**	**51**			**48**
	Enrolled Members		**103**	**103**	**109**	**108**	**108**	**108**	**109**	**107**	**106**	**110**			**107**
	Claims	Inpatient	$0.00	$0.00	$512.31	$320.47	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$416.39**
		Outpatient	$0.00	$0.00	$0.00	$328.06	$0.00	$0.00	$0.00	$0.00	$0.00	$99.44			**$213.75**
		ER	$0.00	$0.00	$55.47	$35.57	$180.32	$0.00	$0.00	$47.17	$0.00	$41.07			**$71.92**
		Prof Svcs	$138.35	$199.45	$279.42	$284.53	$237.15	$124.02	$194.48	$185.97	$145.85	$136.20			**$192.54**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$152.04	$126.39	$122.15	$121.61	$63.01	$54.51	$51.69	$65.19	$109.55	$131.66			**$99.78**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$290.39**	**$325.84**	**$969.35**	**$1,090.25**	**$480.48**	**$178.53**	**$246.17**	**$298.33**	**$255.40**	**$408.36**			**$454.31**
	Total Premiums		**$808.91**	**$801.53**	**$787.07**	**$789.89**	**$787.07**	**$787.07**	**$765.89**	**$766.08**	**$760.37**	**$743.02**			**$779.69**

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Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 416	**Enrolled Employees**												**646**	**658**	**652**
	Enrolled Members												**961**	**976**	**969**
	Claims	Inpatient											$56.29	$232.24	**$144.27**
		Outpatient											$93.36	$115.38	**$104.37**
		ER											$7.41	$26.01	**$16.71**
		Prof Svcs											$114.74	$161.02	**$137.88**
		Other											$87.55	$141.61	**$114.58**
		Pharmacy											$137.01	$220.70	**$178.86**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$496.37**	**$896.97**	**$696.67**
	Total Premiums												**$797.48**	**$795.92**	**$796.70**
Benefit Package 417	**Enrolled Employees**												**840**	**841**	**841**
	Enrolled Members												**1,669**	**1,668**	**1,669**
	Claims	Inpatient											$154.12	$103.60	**$128.86**
		Outpatient											$85.42	$69.75	**$77.59**
		ER											$11.45	$9.79	**$10.62**
		Prof Svcs											$114.82	$147.56	**$131.19**
		Other											$58.57	$94.39	**$76.48**
		Pharmacy											$93.67	$148.60	**$121.13**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$518.05**	**$573.69**	**$545.87**
	Total Premiums												**$836.12**	**$834.97**	**$835.55**
Benefit Package 418	**Enrolled Employees**												**285**	**286**	**286**
	Enrolled Members												**458**	**462**	**460**
	Claims	Inpatient											$158.75	$136.11	**$147.43**
		Outpatient											$244.73	$40.47	**$142.60**
		ER											$26.32	$75.31	**$50.81**
		Prof Svcs											$125.36	$173.57	**$149.46**
		Other											$74.14	$105.92	**$90.03**
		Pharmacy											$89.91	$140.80	**$115.35**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$719.20**	**$672.17**	**$695.68**
	Total Premiums												**$810.77**	**$813.80**	**$812.29**
Benefit Package 424	**Enrolled Employees**		**1,745**	**1,748**	**1,749**	**1,751**	**1,756**	**1,753**	**1,755**	**1,753**	**1,755**	**1,737**	**1,743**	**1,742**	**1,749**
	Enrolled Members		**3,261**	**3,270**	**3,266**	**3,263**	**3,270**	**3,271**	**3,264**	**3,257**	**3,266**	**3,230**	**3,225**	**3,226**	**3,256**
	Claims	Inpatient	$44.39	$108.56	$332.35	$119.34	$291.23	$320.29	$180.49	$233.45	$128.86	$134.41	$96.24	$247.04	**$186.39**
		Outpatient	$143.49	$97.46	$156.66	$97.63	$118.02	$100.56	$151.95	$241.37	$114.92	$119.97	$122.80	$148.22	**$134.42**
		ER	$46.17	$40.70	$37.50	$37.48	$35.43	$45.34	$44.64	$24.02	$46.77	$36.59	$16.59	$32.10	**$36.94**
		Prof Svcs	$230.95	$221.61	$219.33	$254.49	$235.43	$224.20	$308.08	$291.19	$222.04	$250.91	$227.64	$236.01	**$243.49**
		Other	$144.49	$140.44	$135.27	$159.56	$138.22	$154.92	$179.23	$185.61	$149.93	$180.12	$169.85	$170.39	**$159.00**
		Pharmacy	$133.33	$131.97	$203.02	$143.23	$178.97	$201.63	$169.18	$225.55	$176.90	$217.03	$260.37	$206.06	**$187.27**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$742.80**	**$740.74**	**$1,084.13**	**$811.73**	**$997.31**	**$1,046.93**	**$1,033.58**	**$1,201.18**	**$839.43**	**$939.03**	**$893.49**	**$1,039.81**	**$947.51**
	Total Premiums		**$979.96**	**$978.68**	**$978.47**	**$978.72**	**$977.03**	**$979.03**	**$975.11**	**$976.75**	**$972.48**	**$973.87**	**$969.51**	**$970.17**	**$975.81**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9g
Experience Reports by Benefit Package — Per Employee Per Month
Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 425	**Enrolled Employees**		**687**	**683**	**681**	**681**	**678**	**677**	**673**	**670**	**670**	**665**	**666**	**665**	**675**
	Enrolled Members		**1,514**	**1,501**	**1,491**	**1,491**	**1,485**	**1,486**	**1,474**	**1,457**	**1,457**	**1,451**	**1,455**	**1,454**	**1,476**
	Claims	Inpatient	$161.49	$179.03	$53.40	$58.65	$116.06	$192.27	$198.79	$15.82	$102.38	$82.85	$41.37	$170.23	**$114.36**
		Outpatient	$141.53	$149.00	$145.27	$87.91	$70.89	$68.97	$144.73	$57.38	$176.15	$93.23	$106.08	$72.10	**$109.44**
		ER	$40.78	$19.57	$26.97	$27.25	$50.21	$26.90	$17.53	$24.32	$38.12	$37.96	$31.84	$46.78	**$32.35**
		Prof Svcs	$340.33	$267.92	$261.43	$300.69	$318.18	$301.24	$321.21	$294.42	$255.71	$311.27	$297.25	$357.87	**$302.29**
		Other	$170.56	$168.89	$194.65	$189.81	$191.84	$182.00	$172.60	$186.54	$192.62	$186.88	$167.75	$237.52	**$186.81**
		Pharmacy	$100.41	$78.82	$164.26	$106.54	$130.39	$120.48	$136.79	$143.84	$137.71	$137.52	$151.00	$125.61	**$127.78**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$955.10**	**$863.22**	**$845.98**	**$770.86**	**$877.59**	**$891.85**	**$991.65**	**$722.31**	**$902.70**	**$849.71**	**$795.30**	**$1,010.11**	**$873.03**
	Total Premiums		**$1,167.98**	**$1,168.85**	**$1,160.62**	**$1,180.65**	**$1,165.55**	**$1,173.52**	**$1,176.15**	**$1,167.14**	**$1,152.55**	**$1,179.10**	**$1,164.97**	**$1,171.47**	**$1,169.04**
Benefit Package 426	**Enrolled Employees**		**276**	**274**	**274**	**273**	**272**	**272**	**272**	**268**	**267**	**253**	**253**	**254**	**267**
	Enrolled Members		**516**	**508**	**508**	**502**	**500**	**499**	**498**	**493**	**492**	**467**	**466**	**466**	**493**
	Claims	Inpatient	$228.30	$61.38	$194.06	$134.14	$129.72	$127.48	$671.75	$104.67	$33.33	$36.14	$249.69	$117.93	**$174.05**
		Outpatient	$63.38	$40.06	$37.47	$168.61	$92.66	$133.11	$73.84	$137.95	$219.03	$74.52	$45.43	$35.50	**$93.46**
		ER	$40.51	$90.68	$82.85	$59.23	$6.27	$27.39	$12.54	$35.03	$31.64	$6.37	-$5.11	$45.04	**$39.31**
		Prof Svcs	$316.52	$170.27	$164.98	$187.03	$186.10	$254.23	$273.10	$158.23	$166.32	$159.79	$154.46	$116.85	**$192.32**
		Other	$124.45	$85.09	$130.65	$98.67	$116.28	$144.23	$97.04	$152.24	$151.67	$138.93	$121.09	$71.27	**$119.30**
		Pharmacy	$110.33	$108.08	$149.57	$96.96	$134.91	$184.10	$114.73	$174.15	$156.49	$131.94	$174.81	$133.62	**$139.14**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$883.48**	**$555.56**	**$759.59**	**$744.64**	**$665.93**	**$870.55**	**$1,243.00**	**$762.28**	**$758.48**	**$547.68**	**$740.37**	**$520.20**	**$754.31**
	Total Premiums		**$1,052.89**	**$1,050.99**	**$1,032.64**	**$1,040.86**	**$1,041.67**	**$1,037.70**	**$1,038.84**	**$1,037.84**	**$1,035.40**	**$1,040.18**	**$1,040.18**	**$1,033.69**	**$1,040.24**
Benefit Package 428	**Enrolled Employees**		**2,429**	**2,437**	**2,450**	**2,453**	**2,466**	**2,475**	**2,455**	**2,449**	**2,401**	**2,458**	**2,417**	**2,423**	**2,443**
	Enrolled Members		**5,279**	**5,286**	**5,298**	**5,303**	**5,326**	**5,338**	**5,312**	**5,288**	**5,184**	**5,307**	**5,295**	**5,296**	**5,293**
	Claims	Inpatient	$85.25	$122.90	$128.97	$140.27	$49.16	$146.20	$266.34	$93.97	$119.38	$72.59	$117.99	$301.28	**$137.02**
		Outpatient	$89.96	$128.81	$133.57	$157.98	$131.17	$173.91	$156.49	$215.34	$186.12	$139.61	$104.74	$85.63	**$141.94**
		ER	$33.67	$24.16	$25.42	$25.74	$25.26	$20.20	$20.09	$35.54	$38.51	$14.72	$31.72	$20.77	**$26.32**
		Prof Svcs	$139.84	$111.22	$135.82	$131.26	$114.53	$158.42	$173.88	$174.66	$152.93	$119.91	$118.95	$114.98	**$137.20**
		Other	$60.37	$54.67	$68.21	$70.02	$60.14	$67.37	$77.52	$99.46	$102.34	$86.67	$76.46	$77.96	**$75.10**
		Pharmacy	$64.38	$75.95	$94.70	$76.81	$69.82	$87.61	$82.49	$96.68	$75.25	$71.32	$81.29	$76.62	**$79.41**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$473.47**	**$517.70**	**$586.69**	**$602.08**	**$450.09**	**$653.71**	**$776.80**	**$715.66**	**$674.53**	**$504.84**	**$531.14**	**$677.23**	**$596.99**
	Total Premiums		**$900.58**	**$897.82**	**$894.49**	**$899.74**	**$897.89**	**$894.04**	**$894.60**	**$882.67**	**$892.57**	**$889.26**	**$976.89**	**$972.96**	**$907.79**
Benefit Package 429	**Enrolled Employees**		**980**	**983**	**987**	**987**	**989**	**992**	**989**	**990**	**991**	**988**	**984**	**988**	**987**
	Enrolled Members		**2,198**	**2,198**	**2,204**	**2,197**	**2,199**	**2,198**	**2,187**	**2,188**	**2,192**	**2,173**	**2,153**	**2,164**	**2,188**
	Claims	Inpatient	$68.43	$72.67	$48.61	$49.80	$52.71	$25.83	$32.00	$147.39	$28.12	$123.89	$126.66	$155.83	**$77.66**
		Outpatient	$119.61	$48.80	$98.07	$63.80	$38.41	$53.98	$61.03	$77.56	$78.19	$90.88	$41.40	$65.93	**$69.80**
		ER	$10.07	$15.23	$33.63	$15.11	$11.68	$11.86	$12.40	$15.54	$26.80	$38.47	$1.58	$11.46	**$16.99**
		Prof Svcs	$192.14	$160.52	$169.64	$162.89	$131.21	$141.93	$186.08	$167.51	$143.91	$174.88	$169.64	$150.83	**$162.60**
		Other	$84.02	$59.18	$69.19	$75.31	$51.71	$74.37	$78.61	$98.61	$105.98	$84.16	$98.47	$166.26	**$87.15**
		Pharmacy	$59.57	$69.21	$71.68	$85.84	$64.97	$83.51	$76.82	$122.83	$86.03	$87.95	$134.59	$133.29	**$89.69**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$533.84**	**$425.60**	**$490.82**	**$452.74**	**$350.68**	**$391.48**	**$446.94**	**$629.43**	**$469.03**	**$600.23**	**$572.35**	**$683.62**	**$503.90**
	Total Premiums		**$770.55**	**$762.96**	**$773.95**	**$771.59**	**$773.04**	**$770.50**	**$768.92**	**$768.92**	**$768.60**	**$763.04**	**$759.36**	**$769.55**	**$768.41**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
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Experience Reports by Benefit Package — Per Employee Per Month
Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 431	**Enrolled Employees**		**3,660**	**3,661**	**3,656**	**3,649**	**3,642**	**3,634**	**3,627**	**3,608**	**3,614**	**3,583**	**3,547**	**3,555**	**3,620**
	Enrolled Members		**6,935**	**6,928**	**6,909**	**6,883**	**6,866**	**6,851**	**6,840**	**6,821**	**6,833**	**6,764**	**6,560**	**6,564**	**6,813**
	Claims	Inpatient	$123.94	$163.28	$120.27	$96.73	$134.38	$208.76	$117.61	$139.29	$135.62	$137.86	$79.62	$83.37	**$128.39**
		Outpatient	$87.96	$67.66	$75.35	$75.01	$47.32	$72.42	$107.59	$92.12	$95.76	$117.86	$37.56	$74.11	**$79.23**
		ER	$13.09	$9.43	$26.65	$18.87	$17.93	$22.62	$29.58	$22.35	$14.33	$24.61	$29.78	$52.66	**$23.49**
		Prof Svcs	$221.56	$180.98	$203.50	$241.24	$214.37	$223.90	$262.26	$268.21	$233.96	$221.63	$200.04	$228.42	**$225.01**
		Other	$119.30	$100.49	$105.55	$105.97	$105.07	$107.15	$118.78	$122.51	$116.76	$130.76	$103.22	$108.83	**$112.03**
		Pharmacy	$60.00	$84.19	$109.16	$81.41	$84.00	$110.71	$96.99	$122.62	$90.69	$91.48	$140.20	$104.27	**$97.98**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$625.85**	**$606.04**	**$640.48**	**$619.24**	**$603.07**	**$745.58**	**$732.80**	**$767.09**	**$687.12**	**$724.21**	**$590.43**	**$651.66**	**$666.13**
	Total Premiums		**$891.92**	**$889.36**	**$890.58**	**$884.40**	**$890.06**	**$887.97**	**$885.60**	**$882.95**	**$881.07**	**$897.12**	**$914.92**	**$921.92**	**$893.15**
Benefit Package 432	**Enrolled Employees**		**1,934**	**1,933**	**1,934**	**1,930**	**1,927**	**1,919**	**1,911**	**1,907**	**1,906**	**1,924**	**1,945**	**1,952**	**1,927**
	Enrolled Members		**3,329**	**3,326**	**3,325**	**3,318**	**3,319**	**3,311**	**3,300**	**3,302**	**3,292**	**3,319**	**3,279**	**3,286**	**3,309**
	Claims	Inpatient	$90.35	$95.62	$108.86	$54.00	$66.83	$256.55	$194.15	$140.77	$107.86	$74.37	$71.30	$151.79	**$117.70**
		Outpatient	$84.91	$193.75	$101.57	$128.83	$145.33	$100.76	$181.08	$70.68	$183.95	$225.81	$74.13	$102.80	**$132.80**
		ER	$20.01	$26.73	$36.04	$29.71	$22.73	$42.97	$30.64	$39.27	$46.77	$27.77	$11.17	$40.96	**$31.23**
		Prof Svcs	$187.79	$149.20	$164.23	$158.74	$152.58	$167.32	$190.27	$175.41	$183.47	$147.20	$136.54	$139.56	**$162.69**
		Other	$89.20	$83.78	$112.00	$107.90	$84.70	$98.62	$101.10	$109.85	$97.43	$94.86	$86.88	$84.45	**$95.90**
		Pharmacy	$94.80	$117.36	$119.83	$117.18	$102.89	$154.92	$142.75	$138.16	$111.25	$124.79	$148.79	$130.67	**$125.28**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$567.06**	**$666.45**	**$642.53**	**$596.36**	**$575.07**	**$821.14**	**$839.99**	**$674.14**	**$730.73**	**$694.80**	**$528.80**	**$650.24**	**$665.61**
	Total Premiums		**$887.49**	**$890.27**	**$885.96**	**$890.03**	**$890.25**	**$889.45**	**$891.68**	**$891.68**	**$893.01**	**$899.77**	**$872.89**	**$856.55**	**$886.59**
Benefit Package 433	**Enrolled Employees**		**3,635**	**3,641**	**3,639**	**3,648**	**3,641**	**3,639**	**3,629**	**3,621**	**3,596**	**3,583**	**3,477**	**3,464**	**3,601**
	Enrolled Members		**6,064**	**6,060**	**6,050**	**6,058**	**6,038**	**6,033**	**6,019**	**6,014**	**5,979**	**5,952**	**5,678**	**5,650**	**5,966**
	Claims	Inpatient	$113.91	$368.45	$74.49	$129.60	$152.61	$306.52	$169.48	$314.59	$259.69	$125.98	$157.48	$313.12	**$207.16**
		Outpatient	$102.82	$79.65	$195.62	$104.00	$95.80	$178.87	$100.67	$113.72	$117.27	$107.44	$87.04	$77.51	**$113.37**
		ER	$32.65	$35.83	$27.86	$35.84	$23.02	$31.15	$17.70	$36.53	$36.68	$44.06	$23.54	$31.07	**$31.33**
		Prof Svcs	$220.09	$203.01	$210.03	$229.67	$209.54	$213.03	$241.40	$228.55	$233.56	$239.54	$188.57	$235.88	**$221.07**
		Other	$141.78	$144.19	$142.18	$137.60	$138.36	$144.89	$147.08	$144.36	$150.59	$164.50	$116.63	$148.00	**$143.35**
		Pharmacy	$95.34	$83.49	$116.58	$96.96	$99.31	$111.70	$119.55	$124.93	$104.80	$105.12	$125.01	$102.38	**$107.10**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$706.60**	**$914.62**	**$766.76**	**$733.66**	**$718.64**	**$986.17**	**$795.88**	**$962.68**	**$902.58**	**$786.65**	**$698.28**	**$907.95**	**$823.37**
	Total Premiums		**$863.88**	**$862.32**	**$864.66**	**$863.32**	**$860.63**	**$862.47**	**$864.17**	**$865.37**	**$867.39**	**$876.99**	**$909.50**	**$888.44**	**$870.76**
Benefit Package 434	**Enrolled Employees**		**855**	**851**	**849**	**847**	**847**	**844**	**837**	**838**	**827**	**833**	**709**	**709**	**821**
	Enrolled Members		**1,533**	**1,528**	**1,532**	**1,522**	**1,523**	**1,520**	**1,504**	**1,502**	**1,468**	**1,473**	**1,244**	**1,242**	**1,466**
	Claims	Inpatient	$184.43	$202.57	$577.34	$73.56	$60.88	$143.99	$0.18	$182.29	$135.23	$61.97	$10.02	$17.62	**$137.51**
		Outpatient	$163.08	$133.97	$136.97	$153.32	$73.62	$174.53	$104.50	$68.65	$113.94	$204.15	$108.34	$116.57	**$129.30**
		ER	$54.09	$34.08	$65.66	$46.39	$26.36	$26.66	$30.96	$66.80	$36.88	$36.40	$21.31	$23.20	**$39.07**
		Prof Svcs	$195.98	$328.55	$280.26	$207.48	$165.98	$187.28	$217.86	$215.54	$228.90	$141.60	$170.39	$167.54	**$208.95**
		Other	$85.83	$91.53	$90.95	$101.50	$127.95	$94.67	$119.98	$115.26	$110.54	$107.52	$98.62	$106.09	**$104.20**
		Pharmacy	$152.09	$118.78	$172.71	$146.34	$185.71	$231.02	$187.94	$238.59	$186.19	$188.44	$168.56	$163.27	**$178.30**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$835.50**	**$909.49**	**$1,323.89**	**$728.58**	**$640.51**	**$858.15**	**$661.43**	**$887.12**	**$811.67**	**$740.08**	**$577.23**	**$594.29**	**$797.33**
	Total Premiums		**$897.29**	**$889.30**	**$890.99**	**$892.05**	**$886.89**	**$887.91**	**$891.43**	**$889.92**	**$888.52**	**$890.63**	**$944.88**	**$923.62**	**$897.79**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9g
Experience Reports by Benefit Package — Per Employee Per Month
Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 435	**Enrolled Employees**		**4,301**	**4,297**	**4,297**	**4,294**	**4,296**	**4,291**	**4,293**	**4,283**	**4,289**	**4,222**	**3,674**	**3,676**	**4,184**
	Enrolled Members		**7,311**	**7,292**	**7,273**	**7,261**	**7,259**	**7,252**	**7,254**	**7,218**	**7,233**	**7,109**	**5,569**	**5,557**	**6,966**
	Claims	Inpatient	$133.19	$142.69	$174.62	$196.47	$72.02	$240.88	$117.14	$149.14	$70.70	$83.52	$72.25	$166.51	**$134.93**
		Outpatient	$134.23	$122.70	$122.39	$98.47	$140.54	$180.47	$127.74	$150.15	$140.64	$139.36	$118.32	$166.35	**$136.78**
		ER	$29.27	$32.14	$24.89	$19.67	$22.07	$24.48	$18.06	$30.31	$22.71	$21.60	$32.90	$27.85	**$25.50**
		Prof Svcs	$211.27	$199.99	$226.17	$207.86	$204.51	$241.06	$242.72	$274.35	$241.79	$208.38	$188.68	$216.71	**$221.96**
		Other	$95.91	$104.85	$110.57	$106.01	$108.38	$103.96	$111.06	$124.46	$115.47	$110.19	$113.77	$97.56	**$108.52**
		Pharmacy	$97.24	$114.28	$119.81	$105.79	$94.07	$125.65	$109.12	$117.21	$106.78	$112.35	$123.10	$93.43	**$109.90**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$701.10**	**$716.66**	**$778.45**	**$734.29**	**$641.60**	**$916.51**	**$725.85**	**$845.62**	**$698.07**	**$675.40**	**$649.01**	**$768.42**	**$737.58**
	Total Premiums		**$875.90**	**$870.94**	**$870.45**	**$855.70**	**$865.92**	**$858.61**	**$868.94**	**$850.83**	**$859.82**	**$861.48**	**$891.67**	**$892.13**	**$868.53**
Benefit Package 437	**Enrolled Employees**		**351**	**351**	**352**	**352**	**352**	**352**	**352**	**358**	**361**	**393**	**398**	**400**	**364**
	Enrolled Members		**604**	**605**	**609**	**607**	**609**	**610**	**607**	**619**	**622**	**665**	**668**	**667**	**624**
	Claims	Inpatient	-$13.76	$21.18	$178.61	$0.00	$24.07	$314.60	$92.76	$139.68	$3.89	$136.39	$22.03	$78.91	**$99.84**
		Outpatient	$90.49	$97.97	$58.76	$122.32	$373.45	$167.24	$524.87	$360.98	$378.94	$121.60	$118.28	$103.92	**$209.90**
		ER	$47.76	$41.80	$12.89	$14.90	$3.77	$22.04	$18.04	$11.91	$15.87	$77.31	$7.56	$13.57	**$23.95**
		Prof Svcs	$109.45	$151.71	$139.69	$132.95	$122.59	$134.96	$229.90	$161.62	$162.46	$106.24	$117.83	$109.01	**$139.87**
		Other	$58.81	$67.59	$78.08	$82.07	$83.97	$108.71	$75.96	$93.12	$77.15	$86.63	$61.37	$44.84	**$76.52**
		Pharmacy	$34.46	$38.65	$48.93	$37.56	$37.06	$49.90	$38.84	$49.92	$43.24	$34.95	$48.35	$40.34	**$41.85**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$327.21**	**$418.89**	**$516.95**	**$389.80**	**$644.92**	**$797.45**	**$980.37**	**$817.23**	**$681.54**	**$563.12**	**$375.42**	**$390.60**	**$575.29**
	Total Premiums		**$776.50**	**$789.49**	**$783.30**	**$783.30**	**$779.09**	**$773.32**	**$780.72**	**$778.51**	**$780.12**	**$918.18**	**$753.72**	**$855.12**	**$795.95**
Benefit Package 440	**Enrolled Employees**		**1,324**	**1,335**	**1,333**	**1,334**	**1,339**	**1,333**	**1,330**	**1,325**	**1,356**	**1,386**	**1,409**	**1,413**	**1,351**
	Enrolled Members		**2,301**	**2,306**	**2,299**	**2,302**	**2,306**	**2,296**	**2,290**	**2,282**	**2,322**	**2,353**	**2,392**	**2,393**	**2,320**
	Claims	Inpatient	$41.47	$132.67	$236.84	$157.86	$153.61	$132.09	$97.80	$208.96	$123.79	$88.19	$50.81	$132.53	**$129.72**
		Outpatient	$69.41	$56.58	$55.31	$70.52	$84.20	$126.10	$64.81	$115.42	$92.49	$69.91	$77.99	$74.27	**$79.75**
		ER	$23.05	$23.77	$27.13	$17.96	$28.69	$41.13	$24.71	$23.31	$20.81	$60.77	$12.79	$15.65	**$26.65**
		Prof Svcs	$185.18	$166.24	$158.21	$220.52	$201.45	$196.19	$283.54	$258.46	$176.56	$206.73	$167.24	$169.59	**$199.16**
		Other	$110.90	$94.48	$112.80	$117.43	$109.38	$95.99	$108.43	$108.64	$141.25	$125.31	$82.10	$103.18	**$109.16**
		Pharmacy	$41.35	$58.48	$73.19	$67.44	$122.25	$109.05	$85.66	$72.57	$67.16	$64.03	$85.11	$87.61	**$77.83**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$471.35**	**$532.21**	**$663.49**	**$651.73**	**$699.59**	**$700.56**	**$664.95**	**$787.38**	**$622.06**	**$614.94**	**$476.04**	**$582.82**	**$622.26**
	Total Premiums		**$834.88**	**$831.75**	**$829.21**	**$828.39**	**$827.92**	**$833.55**	**$829.15**	**$829.04**	**$813.33**	**$870.47**	**$835.80**	**$849.75**	**$834.44**
Benefit Package 441	**Enrolled Employees**		**991**	**989**	**989**	**985**	**980**	**978**	**977**	**970**	**970**	**927**	**926**	**928**	**968**
	Enrolled Members		**1,745**	**1,747**	**1,747**	**1,740**	**1,735**	**1,730**	**1,728**	**1,713**	**1,714**	**1,627**	**1,615**	**1,621**	**1,705**
	Claims	Inpatient	$304.00	$285.02	$65.51	$297.57	$253.86	$175.13	$102.25	$511.71	$51.10	$118.92	$235.29	$101.29	**$208.47**
		Outpatient	$254.29	$259.22	$333.46	$239.58	$295.61	$208.18	$336.66	$427.57	$275.28	$167.64	$254.97	$285.18	**$278.14**
		ER	$24.81	$50.35	$78.89	$59.60	$34.76	$50.08	$51.95	$32.50	$28.28	$50.18	$80.53	$23.13	**$47.09**
		Prof Svcs	$277.75	$212.46	$222.13	$275.16	$179.31	$273.01	$268.49	$272.99	$238.86	$183.99	$213.68	$230.38	**$237.35**
		Other	$126.99	$103.52	$141.82	$139.41	$111.26	$178.85	$119.34	$172.00	$138.85	$179.71	$113.40	$110.31	**$136.29**
		Pharmacy	$112.36	$92.60	$136.71	$146.95	$130.75	$132.68	$156.78	$172.61	$144.85	$124.11	$146.67	$123.82	**$135.07**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$1,100.20**	**$1,003.17**	**$978.53**	**$1,158.28**	**$1,005.55**	**$1,017.93**	**$1,035.47**	**$1,589.38**	**$877.21**	**$824.54**	**$1,044.53**	**$874.10**	**$1,042.41**
	Total Premiums		**$922.73**	**$917.97**	**$922.30**	**$921.88**	**$920.75**	**$921.99**	**$926.83**	**$917.26**	**$919.96**	**$1,037.58**	**$877.72**	**$970.46**	**$931.45**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
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Experience Reports by Benefit Package — Per Employee Per Month
Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 443	**Enrolled Employees**												**255**	**256**	**256**
	Enrolled Members												**498**	**496**	**497**
	Claims	Inpatient											$0.00	$103.81	**$103.81**
		Outpatient											$82.51	$38.82	**$60.67**
		ER											$52.61	$91.35	**$71.98**
		Prof Svcs											$12.48	$20.37	**$16.42**
		Other											$341.22	$331.21	**$336.22**
		Pharmacy											$89.18	$108.99	**$99.09**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$578.00**	**$694.56**	**$636.28**
	Total Premiums												**$1,196.88**	**$709.49**	**$953.18**
Benefit Package 445	**Enrolled Employees**												**229**	**229**	**229**
	Enrolled Members												**402**	**401**	**402**
	Claims	Inpatient											-$41.12	$202.05	**$160.93**
		Outpatient											$49.46	$193.28	**$121.37**
		ER											$13.01	$55.44	**$34.23**
		Prof Svcs											$56.83	$68.92	**$62.88**
		Other											$286.38	$370.40	**$328.39**
		Pharmacy											$71.35	$53.85	**$62.60**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$435.91**	**$943.96**	**$689.93**
	Total Premiums												**$1,038.94**	**$1,054.46**	**$1,046.70**
Benefit Package 447	**Enrolled Employees**												**376**	**376**	**376**
	Enrolled Members												**729**	**727**	**728**
	Claims	Inpatient											$25.24	$123.76	**$74.50**
		Outpatient											$51.82	$38.45	**$45.13**
		ER											$99.47	$54.39	**$76.93**
		Prof Svcs											$42.19	$110.70	**$76.45**
		Other											$428.87	$448.12	**$438.50**
		Pharmacy											$152.32	$162.29	**$157.31**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$799.91**	**$937.72**	**$868.82**
	Total Premiums												**$1,098.65**	**$1,148.31**	**$1,123.48**
Benefit Package 451	**Enrolled Employees**		**285**	**284**	**284**	**285**	**284**	**282**	**282**	**280**	**278**	**274**			**282**
	Enrolled Members		**584**	**579**	**577**	**579**	**578**	**572**	**570**	**561**	**555**	**546**			**570**
	Claims	Inpatient	$286.86	$241.88	$25.91	$3.84	$173.85	$120.83	$315.66	$251.47	$127.80	$308.62			**$185.67**
		Outpatient	$45.59	$18.56	$55.73	$101.43	$167.85	$21.22	$45.30	$45.75	$28.82	$206.36			**$73.66**
		ER	$81.65	$40.03	$77.31	$28.87	$24.00	$77.19	$49.97	$43.72	$23.26	$71.56			**$51.75**
		Prof Svcs	$135.09	$60.07	$104.03	$64.00	$47.19	$73.04	$77.49	$81.04	$70.44	$117.87			**$83.03**
		Other	$416.41	$416.73	$363.60	$356.81	$348.76	$474.31	$388.88	$394.45	$342.97	$442.61			**$394.55**
		Pharmacy	$111.70	$90.73	$111.11	$110.38	$92.69	$104.23	$109.47	$85.62	$96.98	$92.64			**$100.56**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$1,077.30**	**$868.00**	**$737.70**	**$665.33**	**$854.34**	**$870.82**	**$986.77**	**$902.04**	**$690.28**	**$1,239.66**			**$889.22**
	Total Premiums		**$841.92**	**$914.92**	**$913.30**	**$914.67**	**$925.57**	**$919.03**	**$914.42**	**$910.40**	**$924.71**	**$888.05**			**$906.70**

Washington State Office of the Insurance Commissioner
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Experience Reports by Benefit Package — Per Employee Per Month
Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 452	**Enrolled Employees**		**268**	**269**	**265**	**266**	**266**	**266**	**265**	**264**	**262**	**264**			**266**
	Enrolled Members		**445**	**445**	**441**	**440**	**440**	**440**	**438**	**434**	**433**	**441**			**440**
	Claims	Inpatient	$27.27	$35.68	$306.92	$337.00	$168.95	$207.46	$170.95	$465.51	-$108.21	$114.56			**$191.79**
		Outpatient	$58.44	$27.16	$33.89	$59.50	$37.48	$114.04	$96.01	$91.62	$59.36	$116.53			**$69.40**
		ER	$93.65	$27.26	$25.04	$12.77	$39.59	$34.58	$39.78	$35.39	$4.51	$33.32			**$34.59**
		Prof Svcs	$37.42	$22.34	$41.22	$66.83	$51.88	$50.54	$48.98	$13.39	$38.16	$52.21			**$42.30**
		Other	$276.99	$295.02	$370.01	$302.33	$349.93	$368.22	$321.45	$380.75	$260.60	$329.70			**$325.50**
		Pharmacy	$36.36	$47.50	$130.70	$59.45	$53.63	$86.22	$76.47	$69.34	$86.46	$77.82			**$72.40**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$530.13**	**$454.96**	**$907.79**	**$837.90**	**$701.45**	**$861.06**	**$753.65**	**$1,055.99**	**$340.87**	**$724.15**			**$716.80**
	Total Premiums		**$869.98**	**$876.40**	**$885.23**	**$864.06**	**$881.35**	**$876.04**	**$877.26**	**$873.20**	**$878.66**	**$880.95**			**$876.31**
Benefit Package 453	**Enrolled Employees**												**794**	**792**	**793**
	Enrolled Members												**1,410**	**1,413**	**1,412**
	Claims	Inpatient											$55.39	$183.22	**$119.30**
		Outpatient											$34.30	$79.47	**$56.88**
		ER											$77.63	$46.72	**$62.17**
		Prof Svcs											$63.96	$58.57	**$61.26**
		Other											$358.26	$394.90	**$376.58**
		Pharmacy											$97.42	$103.22	**$100.32**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$686.95**	**$866.09**	**$776.52**
	Total Premiums												**$1,006.24**	**$1,018.70**	**$1,012.47**
Benefit Package 454	**Enrolled Employees**												**285**	**284**	**285**
	Enrolled Members												**491**	**485**	**488**
	Claims	Inpatient											$99.62	$41.74	**$70.68**
		Outpatient											$77.62	$46.50	**$62.06**
		ER											$13.15	$118.55	**$65.85**
		Prof Svcs											$37.44	$36.06	**$36.75**
		Other											$301.12	$328.10	**$314.61**
		Pharmacy											$77.01	$101.47	**$89.24**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$605.96**	**$672.42**	**$639.19**
	Total Premiums												**$855.71**	**$862.95**	**$859.33**
Benefit Package 460	**Enrolled Employees**		**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**			**1**
	Enrolled Members		**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**3**			**4**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Prof Svcs	$0.00	$142.91	$0.00	$0.00	$0.00	$183.50	$0.00	$0.00	$0.00	$479.31			**$268.57**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$0.00	$57.29	$0.00	$0.00	$62.26	$0.00	$61.82	$0.00	$0.00	$0.00			**$60.46**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$0.00**	**$200.20**	**$0.00**	**$0.00**	**$62.26**	**$183.50**	**$61.82**	**$0.00**	**$0.00**	**$479.31**			**$197.42**
	Total Premiums		**$1,066.87**	**$1,066.87**	**$1,066.87**	**$1,066.87**	**$1,066.87**	**$1,066.87**	**$1,067.00**	**$1,066.87**	**$1,066.87**	**$1,066.87**			**$1,066.88**

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Experience Reports by Benefit Package — Per Employee Per Month
Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 469	**Enrolled Employees**		**55**	**55**	**55**	**55**	**55**	**55**	**54**	**54**	**54**	**52**			**54**
	Enrolled Members		**74**	**74**	**74**	**74**	**74**	**74**	**72**	**72**	**72**	**68**			**73**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$152.86	$0.00	$662.45	$0.00	$0.00	$673.59			**$496.30**
		Outpatient	$1.98	$22.40	$0.28	$11.92	$7.81	$1,322.43	$630.83	$29.49	$339.26	$0.00			**$262.93**
		ER	$35.75	$16.57	$24.11	$16.46	$0.00	$0.00	$84.09	$1.73	$154.76	$0.00			**$47.64**
		Prof Svcs	$225.27	$142.46	$272.49	$169.67	$357.54	$179.71	$302.74	$291.38	$414.07	$265.11			**$262.04**
		Other	$55.91	$44.99	-$14.21	$25.97	$80.13	$9.02	$223.51	$56.97	$196.80	$162.07			**$93.46**
		Pharmacy	$265.41	$289.53	$111.68	$244.92	$300.94	$240.18	$283.47	$246.19	$270.80	$248.84			**$250.20**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$584.32**	**$515.95**	**$394.34**	**$468.93**	**$899.27**	**$1,751.34**	**$2,187.09**	**$625.76**	**$1,375.69**	**$1,349.62**			**$1,015.23**
	Total Premiums		**$924.17**	**$924.17**	**$924.17**	**$924.17**	**$924.17**	**$924.17**	**$913.11**	**$913.11**	**$913.11**	**$904.99**			**$918.94**
Benefit Package 472	**Enrolled Employees**		**44**	**45**	**45**	**45**	**45**	**44**	**44**	**43**	**43**	**43**			**44**
	Enrolled Members		**84**	**87**	**87**	**87**	**87**	**86**	**86**	**85**	**85**	**81**			**86**
	Claims	Inpatient	$0.00	$211.51	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$211.51**
		Outpatient	$2.35	$4.67	$123.43	$112.74	$15.45	$1.70	$0.00	$192.43	$218.32	$318.96			**$110.01**
		ER	$27.21	$46.85	$6.95	$0.00	$49.00	$0.00	$0.00	$19.06	$42.44	$0.00			**$31.92**
		Prof Svcs	$247.34	$118.96	$317.94	$187.57	$377.60	$138.99	$305.52	$321.04	$1,036.65	$828.38			**$388.00**
		Other	$35.14	$60.16	$60.83	$23.32	$11.36	$15.18	$17.48	-$57.89	$187.73	$84.81			**$48.68**
		Pharmacy	$125.70	$81.74	$108.29	$124.28	$120.79	$117.32	$135.03	$110.77	$99.95	$76.34			**$110.02**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$437.74**	**$523.89**	**$617.43**	**$447.91**	**$574.19**	**$273.19**	**$458.03**	**$585.41**	**$1,585.09**	**$1,308.50**			**$681.14**
	Total Premiums		**$1,021.07**	**$1,021.77**	**$1,021.77**	**$1,021.77**	**$1,021.77**	**$1,027.40**	**$1,027.40**	**$1,033.29**	**$1,033.29**	**$996.58**			**$1,022.61**
Benefit Package 474	**Enrolled Employees**		**14**	**14**	**14**	**14**	**14**	**14**	**14**	**14**	**14**	**18**			**14**
	Enrolled Members		**27**	**27**	**27**	**26**	**26**	**26**	**27**	**27**	**27**	**34**			**27**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$117.99			**$117.99**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1.16			**$1.16**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$7.36	$0.00	$0.00	$42.66			**$25.01**
		Prof Svcs	$83.26	$172.05	$114.10	$23.69	$14.90	$13.25	$101.20	$23.66	$95.76	$64.24			**$70.61**
		Other	$0.43	$5.85	$29.79	$0.00	$0.00	$0.00	$10.18	$0.00	$2.74	$5.48			**$9.08**
		Pharmacy	$33.23	$34.31	$69.66	$53.45	$25.58	$16.12	$29.21	$5.07	$23.29	$2.23			**$29.21**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$116.92**	**$212.21**	**$213.55**	**$77.13**	**$40.49**	**$29.36**	**$147.96**	**$28.73**	**$121.79**	**$233.75**			**$122.19**
	Total Premiums		**$867.28**	**$867.28**	**$867.28**	**$867.28**	**$867.28**	**$867.28**	**$867.28**	**$867.28**	**$867.28**	**$849.31**			**$865.48**
Benefit Package 477	**Enrolled Employees**		**23**	**23**	**23**	**23**	**24**	**23**	**23**	**24**	**24**	**28**			**24**
	Enrolled Members		**43**	**43**	**43**	**43**	**45**	**42**	**42**	**44**	**44**	**54**			**44**
	Claims	Inpatient	$0.00	$1,062.70	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,872.10	$0.00			**$1,467.40**
		Outpatient	$2.75	$2.55	$313.74	$4.61	$1,024.26	$422.57	$0.00	$0.00	$6.35	$338.13			**$264.37**
		ER	$0.00	$0.00	$0.00	$48.03	$3.12	$4.48	$0.00	$0.00	$53.44	$3.47			**$22.51**
		Prof Svcs	$200.87	$89.05	$192.48	$48.01	$409.21	$134.56	$110.93	$126.50	$557.47	$389.33			**$225.84**
		Other	$99.79	$2.50	$3.72	$0.13	$31.26	$15.51	$14.72	$2.70	$22.70	$14.07			**$20.71**
		Pharmacy	$29.06	$55.40	$35.32	$21.67	$51.96	$34.66	$31.65	$36.99	$22.93	$19.72			**$33.94**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$332.47**	**$1,212.20**	**$545.27**	**$122.44**	**$1,519.80**	**$611.79**	**$157.31**	**$166.19**	**$2,534.99**	**$764.71**			**$796.72**
	Total Premiums		**$825.37**	**$825.37**	**$825.37**	**$825.37**	**$823.48**	**$804.39**	**$804.39**	**$803.38**	**$803.38**	**$819.77**			**$816.03**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9g

Experience Reports by Benefit Package — Per Employee Per Month

Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 482	**Enrolled Employees**		**11**	**13**	**13**	**13**	**14**	**13**	**13**	**13**	**13**				**13**
	Enrolled Members		**23**	**26**	**26**	**26**	**29**	**26**	**26**	**26**	**26**				**26**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Outpatient	$25.35	$0.00	$0.00	$797.43	$0.00	$35.71	$272.95	$76.41	$0.00				**$241.57**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$135.49	$503.58	$0.00				**$319.53**
		Prof Svcs	$177.90	$133.88	$113.09	$571.19	$103.80	$156.31	$336.21	$376.14	$94.34				**$229.21**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$63.76	$22.33	$12.52	$10.54	$7.29	$12.95	$60.88	$41.65	$14.32				**$27.36**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$267.01**	**$156.21**	**$125.61**	**$1,379.16**	**$111.09**	**$204.97**	**$805.53**	**$997.78**	**$108.66**				**$461.78**
	Total Premiums		**$650.26**	**$638.63**	**$638.63**	**$638.63**	**$673.37**	**$638.63**	**$638.63**	**$638.63**	**$638.63**				**$643.78**
Benefit Package 483	**Enrolled Employees**		**93**	**94**	**93**	**94**	**92**	**91**	**91**	**93**	**94**	**98**			**93**
	Enrolled Members		**205**	**208**	**203**	**205**	**202**	**201**	**201**	**206**	**207**	**211**			**205**
	Claims	Inpatient	$818.83	$0.00	$91.27	$0.00	$0.00	$0.00	$623.92	$0.00	$0.00	$0.00			**$511.34**
		Outpatient	$165.86	$48.04	$10.78	$209.23	$7.61	$204.17	$108.29	$145.93	$53.84	$82.11			**$103.59**
		ER	$0.00	$0.00	$0.27	$56.25	$0.00	$20.36	$23.35	$0.00	$76.92	$31.62			**$34.80**
		Prof Svcs	$275.16	$155.07	$151.65	$193.15	$204.54	$204.88	$225.05	$256.47	$145.96	$213.33			**$202.53**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$91.13	$367.71	$436.15	$418.85	$589.94	$479.91	$175.41	$172.11	$163.27	$165.06			**$305.95**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$1,350.99**	**$570.82**	**$690.13**	**$877.47**	**$802.09**	**$909.32**	**$1,156.02**	**$574.51**	**$440.00**	**$492.12**			**$786.35**
	Total Premiums		**$743.67**	**$743.73**	**$732.55**	**$738.00**	**$745.94**	**$748.48**	**$748.48**	**$750.15**	**$747.35**	**$746.28**			**$744.46**
Benefit Package 484	**Enrolled Employees**												**97**	**96**	**97**
	Enrolled Members												**207**	**205**	**206**
	Claims	Inpatient											$62.34	$442.11	**$252.22**
		Outpatient											$40.73	$107.46	**$74.09**
		ER											$30.31	$15.69	**$23.00**
		Prof Svcs											$189.27	$194.95	**$192.11**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$111.04	$104.75	**$107.89**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$433.69**	**$864.95**	**$649.32**
	Total Premiums												**$829.51**	**$824.56**	**$827.04**
Benefit Package 485	**Enrolled Employees**		**29**	**29**	**29**	**29**	**29**	**29**	**29**	**29**	**29**				**29**
	Enrolled Members		**58**	**58**	**58**	**58**	**58**	**58**	**58**	**57**	**57**				**58**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$3,542.69	$0.00	$1,218.10				**$2,380.39**
		Outpatient	$228.77	$1,204.45	$843.72	$934.76	$282.47	$37.57	$55.40	$455.06	$85.48				**$458.63**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$40.81	$66.23				**$53.52**
		Prof Svcs	$100.35	$70.52	$205.61	$157.35	$140.68	$119.27	$482.36	$184.22	$248.45				**$189.87**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$24.45	$128.90	$93.45	$137.70	$46.93	$32.70	$28.10	$43.01	$34.90				**$63.35**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$353.57**	**$1,403.87**	**$1,142.78**	**$1,229.81**	**$470.08**	**$189.53**	**$4,108.54**	**$723.10**	**$1,653.16**				**$1,252.72**
	Total Premiums		**$803.73**	**$803.73**	**$803.73**	**$803.73**	**$803.73**	**$803.73**	**$803.73**	**$796.92**	**$796.92**				**$802.22**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9g
Experience Reports by Benefit Package — Per Employee Per Month
Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 486	**Enrolled Employees**											**46**	**46**	**45**	**46**
	Enrolled Members											**82**	**80**	**79**	**80**
	Claims	Inpatient										$0.00	$0.00	$0.00	**$0.00**
		Outpatient										$192.15	$11.82	$22.54	**$75.50**
		ER										$11.96	$0.00	$0.00	**$11.96**
		Prof Svcs										$213.19	$66.51	$123.72	**$134.47**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$22.45	$20.91	$15.46	**$19.61**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$439.74**	**$99.23**	**$161.72**	**$233.57**
	Total Premiums											**$807.66**	**$802.67**	**$807.69**	**$806.01**
Benefit Package 488	**Enrolled Employees**		**26**	**26**	**25**	**25**	**25**	**25**	**25**	**25**	**25**				**25**
	Enrolled Members		**67**	**67**	**66**	**66**	**66**	**66**	**66**	**66**	**66**				**66**
	Claims	Inpatient	$0.00	$341.79	$0.00	$0.00	$0.00	$0.00	$2,661.93	$0.00	$0.00				**$1,501.86**
		Outpatient	$57.87	$10.41	$0.00	$13.78	$1.27	$19.89	$5.25	$83.48	$78.90				**$33.86**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Prof Svcs	$231.08	$174.92	$103.54	$180.55	$94.19	$177.83	$596.91	$268.87	$214.00				**$226.88**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$28.69	$27.53	$28.19	$16.28	$30.09	$24.40	$25.44	$81.41	$22.47				**$31.61**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$317.64**	**$554.65**	**$131.73**	**$210.61**	**$125.55**	**$222.12**	**$3,289.52**	**$433.76**	**$315.37**				**$622.33**
	Total Premiums		**$728.34**	**$728.34**	**$738.08**	**$738.08**	**$738.08**	**$738.08**	**$738.08**	**$738.08**	**$738.08**				**$735.92**
Benefit Package 489	**Enrolled Employees**		**259**	**258**	**257**	**259**	**259**	**257**	**257**	**254**	**252**	**249**			**256**
	Enrolled Members		**603**	**603**	**604**	**607**	**606**	**601**	**603**	**590**	**586**	**568**			**597**
	Claims	Inpatient	$36.32	$733.62	$315.65	$224.06	$562.55	$119.38	$0.00	$190.46	$0.00	$204.05			**$298.26**
		Outpatient	$117.76	$96.09	$182.91	$176.80	$424.91	$108.05	$255.10	$110.84	$61.33	$344.42			**$187.82**
		ER	$64.69	$18.02	$45.74	$0.32	$26.70	$11.21	$44.96	$14.01	$57.58	$49.09			**$33.23**
		Prof Svcs	$254.21	$321.54	$249.77	$188.21	$195.49	$180.01	$229.35	$253.51	$148.65	$190.48			**$221.12**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$40.82	$83.87	$101.71	$90.86	$121.29	$102.13	$109.23	$44.33	$69.00	$64.55			**$82.78**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$513.80**	**$1,253.14**	**$895.78**	**$680.25**	**$1,330.95**	**$520.78**	**$638.65**	**$613.15**	**$336.56**	**$852.58**			**$763.56**
	Total Premiums		**$721.40**	**$723.55**	**$726.64**	**$725.67**	**$726.77**	**$726.57**	**$727.34**	**$724.99**	**$722.43**	**$719.05**			**$724.44**
Benefit Package 490	**Enrolled Employees**												**233**	**234**	**234**
	Enrolled Members												**570**	**571**	**571**
	Claims	Inpatient											$15.92	$0.00	**$15.92**
		Outpatient											$22.54	$106.85	**$64.70**
		ER											$25.33	$24.55	**$24.94**
		Prof Svcs											$137.74	$166.89	**$152.32**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$72.30	$71.47	**$71.89**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$273.84**	**$369.76**	**$321.80**
	Total Premiums												**$813.25**	**$811.34**	**$812.29**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9g
Experience Reports by Benefit Package — Per Employee Per Month
Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 491	**Enrolled Employees**		**33**	**31**	**31**	**32**	**33**	**33**	**33**	**34**	**34**				**33**
	Enrolled Members		**59**	**55**	**55**	**58**	**60**	**60**	**59**	**60**	**60**				**58**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Outpatient	$54.91	$18.83	$9.39	$3.99	$428.10	$1,768.90	$32.63	$5.18	$14.15				**$259.56**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$167.80	$0.00				**$167.80**
		Prof Svcs	$163.59	$136.86	$164.11	$113.50	$191.84	$275.40	$80.42	$207.70	$88.26				**$157.96**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$15.48	$14.06	$31.16	$13.25	$25.59	$24.16	$37.66	$42.29	$32.87				**$26.28**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$233.98**	**$169.75**	**$204.66**	**$130.75**	**$645.53**	**$2,068.46**	**$150.71**	**$422.96**	**$135.27**				**$462.45**
	Total Premiums		**$709.73**	**$712.72**	**$712.72**	**$729.44**	**$730.43**	**$730.43**	**$724.45**	**$719.75**	**$719.75**				**$721.05**
Benefit Package 492	**Enrolled Employees**											**62**	**64**	**64**	**63**
	Enrolled Members											**130**	**132**	**132**	**131**
	Claims	Inpatient										$99.77	$0.00	$2,345.49	**$1,222.63**
		Outpatient										$58.01	$26.51	$261.75	**$115.42**
		ER										$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs										$158.83	$177.58	$352.12	**$229.51**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$39.05	$46.87	$59.41	**$48.44**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$355.66**	**$250.96**	**$3,018.76**	**$1,208.46**
	Total Premiums											**$825.41**	**$820.08**	**$820.08**	**$821.86**
Benefit Package 493	**Enrolled Employees**		**18**	**18**	**18**	**18**	**18**	**18**	**18**	**18**	**18**	**18**			**18**
	Enrolled Members		**20**	**20**	**20**	**20**	**20**	**20**	**20**	**20**	**20**	**20**			**20**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Outpatient	$125.60	$144.21	$114.96	$30.10	$440.64	$0.00	$106.01	$63.00	$1,442.32	$117.06			**$287.10**
		ER	$0.00	$0.00	$0.00	$0.00	$25.09	$0.00	$0.00	$0.00	$0.00	$0.00			**$25.09**
		Prof Svcs	$522.88	$240.65	$409.59	$742.08	$967.47	$135.61	$773.55	$226.09	$842.41	$534.85			**$539.52**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$221.03	$175.65	$271.57	$156.49	$187.17	$187.98	$181.87	$172.20	$170.01	$154.10			**$187.81**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$869.51**	**$560.51**	**$796.11**	**$928.68**	**$1,620.37**	**$323.59**	**$1,061.44**	**$461.28**	**$2,454.74**	**$806.02**			**$988.22**
	Total Premiums		**$943.34**	**$943.34**	**$943.34**	**$943.34**	**$943.34**	**$943.34**	**$943.34**	**$943.34**	**$943.34**	**$943.34**			**$943.34**
Benefit Package 494	**Enrolled Employees**		**43**	**43**	**43**	**42**	**42**	**42**	**42**	**42**	**43**	**43**	**43**	**43**	**43**
	Enrolled Members		**134**	**134**	**134**	**130**	**130**	**131**	**131**	**131**	**132**	**132**	**132**	**130**	**132**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$272.61	$0.00	$0.00	$0.00	$154.89	$0.00	$0.00	**$213.75**
		Outpatient	$264.98	$115.53	$192.30	$726.33	$534.98	$962.32	$86.00	$51.83	$255.84	$217.77	$1,284.66	$248.23	**$411.73**
		ER	$75.92	$8.96	$28.87	$115.98	$16.93	$65.03	$128.42	$135.06	$37.17	$42.87	$32.91	$84.37	**$64.37**
		Prof Svcs	$319.69	$182.66	$290.73	$641.30	$258.71	$687.48	$308.28	$330.90	$278.58	$288.13	$509.16	$297.71	**$366.11**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$69.88	$147.11	$901.20	$973.54	$988.47	$105.50	$260.85	$246.05	$136.80	$299.48	$280.10	$184.54	**$382.79**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$730.47**	**$454.26**	**$1,413.10**	**$2,457.15**	**$1,799.09**	**$2,092.94**	**$783.55**	**$763.83**	**$708.38**	**$1,003.16**	**$2,106.84**	**$814.85**	**$1,260.64**
	Total Premiums		**$1,585.05**	**$1,585.05**	**$1,585.05**	**$1,573.72**	**$1,573.72**	**$1,573.72**	**$1,573.72**	**$1,573.72**	**$1,556.30**	**$1,556.30**	**$1,556.30**	**$1,556.30**	**$1,570.75**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9g
Experience Reports by Benefit Package — Per Employee Per Month
Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 495	**Enrolled Employees**		**81**	**82**	**81**	**81**	**80**	**80**	**80**	**80**	**80**				**81**
	Enrolled Members		**137**	**138**	**137**	**137**	**136**	**137**	**136**	**136**	**136**				**137**
	Claims	Inpatient	$0.00	$0.00	$220.08	$0.00	$1,080.33	$0.00	$0.00	$462.58	$0.00				**$587.67**
		Outpatient	$609.09	$101.39	$65.43	$297.89	$690.72	$165.39	$87.62	$186.20	$177.55				**$264.59**
		ER	$7.13	$8.32	$24.61	$47.41	$207.02	$5.58	$41.67	$127.27	$5.71				**$52.75**
		Prof Svcs	$506.19	$268.55	$318.02	$407.91	$507.22	$180.90	$256.41	$343.50	$187.46				**$330.68**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$227.16	$277.59	$171.21	$242.02	$182.95	$225.69	$199.12	$228.15	$245.41				**$222.15**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$1,349.56**	**$655.85**	**$799.35**	**$995.23**	**$2,668.26**	**$577.55**	**$584.81**	**$1,347.70**	**$616.13**				**$1,066.05**
	Total Premiums		**$818.00**	**$816.38**	**$818.00**	**$818.00**	**$819.66**	**$819.66**	**$819.66**	**$819.66**	**$819.66**				**$818.74**
Benefit Package 496	**Enrolled Employees**		**110**	**110**	**110**	**109**	**108**	**108**	**108**	**108**	**108**	**109**			**109**
	Enrolled Members		**169**	**168**	**168**	**164**	**163**	**163**	**163**	**157**	**158**	**160**			**163**
	Claims	Inpatient	$437.11	$0.00	$0.00	$86.71	$0.00	$636.73	$218.38	$687.26	$3,398.16	$0.00			**$910.72**
		Outpatient	$53.21	$192.49	$208.39	$173.04	$264.40	$136.68	$367.53	$79.97	$268.14	$97.76			**$184.16**
		ER	$108.11	$29.98	$19.17	$2.82	$20.86	$46.94	$100.95	$5.82	$0.00	$0.00			**$41.83**
		Prof Svcs	$358.79	$354.89	$309.51	$370.05	$278.95	$631.77	$379.71	$400.98	$896.23	$678.31			**$465.92**
		Other	$133.49	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$133.49**
		Pharmacy	$191.24	$173.48	$170.41	$228.33	$165.31	$177.17	$232.47	$236.53	$169.64	$169.51			**$191.41**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$1,281.96**	**$750.85**	**$707.48**	**$860.95**	**$729.51**	**$1,629.29**	**$1,299.03**	**$1,410.55**	**$4,732.17**	**$945.58**			**$1,434.74**
	Total Premiums		**$922.10**	**$916.00**	**$916.00**	**$915.45**	**$916.44**	**$912.73**	**$912.73**	**$902.96**	**$899.48**	**$892.37**			**$910.63**
Benefit Package 497	**Enrolled Employees**												**121**	**121**	**121**
	Enrolled Members												**185**	**185**	**185**
	Claims	Inpatient											$263.78	$87.13	**$175.45**
		Outpatient											$428.05	$352.26	**$390.15**
		ER											$31.01	$14.91	**$22.96**
		Prof Svcs											$431.18	$391.86	**$411.52**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$113.44	$273.18	**$193.31**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$1,267.46**	**$1,119.34**	**$1,193.40**
	Total Premiums												**$964.68**	**$964.68**	**$964.68**
Benefit Package 498	**Enrolled Employees**		**126**	**126**	**126**	**125**	**125**	**125**	**124**	**122**	**122**				**125**
	Enrolled Members		**211**	**211**	**209**	**208**	**207**	**207**	**206**	**201**	**202**				**207**
	Claims	Inpatient	$0.00	$0.00	$0.00	$864.17	$0.00	$983.66	$429.07	$140.08	$547.57				**$592.91**
		Outpatient	$688.97	$1,001.29	$345.67	$431.36	$573.99	$638.89	$408.07	$554.87	$441.34				**$564.94**
		ER	$142.27	$4.71	$84.72	$31.16	$107.63	$34.51	$21.12	$26.54	$77.04				**$58.86**
		Prof Svcs	$272.80	$303.20	$292.25	$340.52	$308.48	$498.41	$289.83	$354.36	$433.89				**$343.75**
		Other	$0.00	$0.00	$0.00	$0.00	$134.79	$33.71	$0.00	$0.00	$0.00				**$84.25**
		Pharmacy	$312.01	$320.29	$313.23	$344.33	$338.46	$368.32	$335.04	$356.41	$345.94				**$337.11**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$1,416.05**	**$1,629.49**	**$1,035.86**	**$2,011.54**	**$1,463.35**	**$2,557.49**	**$1,483.12**	**$1,432.26**	**$1,845.78**				**$1,652.77**
	Total Premiums		**$915.64**	**$915.64**	**$913.43**	**$914.55**	**$909.29**	**$909.29**	**$910.39**	**$910.42**	**$912.64**				**$912.37**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9g
Experience Reports by Benefit Package — Per Employee Per Month
Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 499	**Enrolled Employees**											**161**	**167**	**167**	**165**
	Enrolled Members											**266**	**288**	**287**	**280**
	Claims	Inpatient										$1,398.12	$103.57	$62.02	**$521.24**
		Outpatient										$308.64	$326.28	$271.61	**$302.18**
		ER										$44.83	$12.93	$22.61	**$26.79**
		Prof Svcs										$430.67	$388.22	$289.78	**$369.56**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$265.60	$257.49	$333.49	**$285.53**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$2,447.86**	**$1,088.48**	**$979.51**	**$1,505.28**
	Total Premiums											**$1,030.59**	**$1,055.85**	**$1,053.97**	**$1,046.80**
Benefit Package 501	**Enrolled Employees**		**20**	**20**	**20**	**20**	**20**	**20**	**20**	**19**	**20**				**20**
	Enrolled Members		**41**	**41**	**41**	**41**	**41**	**41**	**41**	**38**	**41**				**41**
	Claims	Inpatient	$0.00	$247.20	$930.23	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$588.71**
		Outpatient	$6.02	$8.60	$147.42	$91.64	$18.32	$106.08	$13.67	$147.42	$0.00				**$67.40**
		ER	$0.00	$27.51	$0.00	$0.00	$0.00	$0.00	$92.07	$197.61	$124.95				**$110.53**
		Prof Svcs	$202.34	$311.93	$454.70	$322.23	$147.27	$253.73	$291.81	$243.83	$430.45				**$295.37**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$379.05	$345.38	$232.67	$386.80	$234.46	$229.17	$350.71	$258.17	$337.83				**$306.03**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$587.41**	**$940.62**	**$1,765.03**	**$800.68**	**$400.04**	**$588.98**	**$748.26**	**$847.04**	**$893.22**				**$841.25**
	Total Premiums		**$821.23**	**$821.23**	**$821.23**	**$821.23**	**$821.23**	**$821.23**	**$821.23**	**$820.13**	**$821.23**				**$821.11**
Benefit Package 502	**Enrolled Employees**		**195**	**197**	**197**	**197**	**199**	**198**	**198**	**198**	**198**	**192**			**197**
	Enrolled Members		**316**	**316**	**316**	**315**	**316**	**313**	**314**	**315**	**316**	**304**			**314**
	Claims	Inpatient	$0.00	$0.00	$44.72	$60.41	$0.00	$142.92	$0.00	$0.00	$82.97	$0.00			**$82.75**
		Outpatient	$325.39	$353.33	$282.94	$343.23	$318.27	$497.70	$438.01	$375.42	$712.20	$608.54			**$425.50**
		ER	$5.01	$6.94	$55.73	$31.20	$7.40	$31.16	$0.00	$31.18	$45.22	$36.17			**$27.78**
		Prof Svcs	$266.30	$337.65	$379.25	$390.48	$290.59	$411.62	$381.61	$393.30	$327.32	$289.91			**$346.81**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$206.53	$221.34	$258.40	$248.64	$242.36	$238.95	$215.66	$283.09	$409.34	$252.72			**$257.70**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$803.22**	**$919.26**	**$1,021.05**	**$1,073.96**	**$858.63**	**$1,322.36**	**$1,035.28**	**$1,082.98**	**$1,577.05**	**$1,187.33**			**$1,088.11**
	Total Premiums		**$829.60**	**$826.99**	**$826.97**	**$826.97**	**$822.69**	**$820.23**	**$820.51**	**$824.16**	**$824.09**	**$822.81**			**$824.50**
Benefit Package 503	**Enrolled Employees**												**196**	**197**	**197**
	Enrolled Members												**298**	**296**	**297**
	Claims	Inpatient											$0.00	$143.54	**$143.54**
		Outpatient											$205.54	$170.91	**$188.22**
		ER											$12.45	$7.17	**$9.81**
		Prof Svcs											$121.97	$204.11	**$163.04**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$246.37	$234.85	**$240.61**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$586.33**	**$760.58**	**$673.45**
	Total Premiums												**$850.60**	**$848.72**	**$849.66**

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Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 504	**Enrolled Employees**		**126**	**126**	**126**	**127**	**128**	**128**	**128**	**129**	**129**				**127**
	Enrolled Members		**207**	**208**	**206**	**209**	**209**	**211**	**212**	**213**	**213**				**210**
	Claims	Inpatient	$0.00	$244.70	$0.00	$61.34	$471.93	$99.47	$87.25	$99.07	$0.00				**$177.29**
		Outpatient	$64.48	$84.07	$121.99	$151.79	$235.35	$133.46	$62.16	$66.07	$183.54				**$122.55**
		ER	$32.96	$0.00	$21.16	$0.00	$12.44	$0.00	$57.70	$91.09	$104.64				**$53.33**
		Prof Svcs	$163.72	$218.98	$185.95	$277.38	$261.11	$181.90	$247.38	$344.64	$283.33				**$240.49**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$172.86	$179.34	$230.65	$152.45	$181.60	$208.24	$176.22	$253.70	$195.44				**$194.50**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$434.01**	**$727.09**	**$559.75**	**$642.97**	**$1,162.43**	**$623.08**	**$630.71**	**$854.58**	**$766.95**				**$711.29**
	Total Premiums		**$834.64**	**$836.62**	**$834.69**	**$835.49**	**$836.28**	**$838.18**	**$840.08**	**$838.99**	**$838.99**				**$837.11**
Benefit Package 505	**Enrolled Employees**											**138**	**138**	**138**	**138**
	Enrolled Members											**227**	**227**	**227**	**227**
	Claims	Inpatient										$0.00	$0.00	$0.00	**$0.00**
		Outpatient										$30.38	$155.61	$92.07	**$92.69**
		ER										$117.16	$35.72	$55.55	**$69.48**
		Prof Svcs										$213.35	$197.68	$205.78	**$205.60**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$237.07	$311.49	$185.34	**$244.63**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$597.96**	**$700.51**	**$538.73**	**$612.40**
	Total Premiums											**$952.99**	**$952.99**	**$952.99**	**$952.99**
Benefit Package 507	**Enrolled Employees**		**13**	**13**	**13**	**13**	**13**	**13**	**13**	**13**	**13**				**13**
	Enrolled Members		**38**	**38**	**38**	**38**	**38**	**38**	**38**	**38**	**38**				**38**
	Claims	Inpatient	$0.00	$0.00	$526.40	$0.00	$0.00	$220.39	$0.00	$0.00	$0.00				**$373.40**
		Outpatient	$110.33	$14.60	$0.00	$314.53	$159.17	$38.73	$1.62	$83.68	$3.25				**$90.74**
		ER	$0.00	$0.00	$199.86	$0.00	$0.00	$0.00	$0.00	$56.36	$0.00				**$128.11**
		Prof Svcs	$75.40	$105.96	$206.97	$95.84	$239.03	$258.33	$238.95	$358.06	$193.33				**$196.87**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$185.73**	**$120.56**	**$933.23**	**$410.37**	**$398.20**	**$517.45**	**$240.57**	**$498.11**	**$196.58**				**$388.98**
	Total Premiums		**$725.24**	**$725.24**	**$725.24**	**$725.24**	**$725.24**	**$725.24**	**$725.24**	**$725.24**	**$725.24**				**$725.24**
Benefit Package 508	**Enrolled Employees**		**122**	**122**	**121**	**122**	**122**	**122**	**121**	**121**	**121**	**138**			**123**
	Enrolled Members		**271**	**270**	**270**	**271**	**271**	**271**	**268**	**263**	**262**	**295**			**271**
	Claims	Inpatient	$0.00	$61.43	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$264.68	$0.00			**$163.06**
		Outpatient	$376.47	$53.94	$69.41	$88.83	$208.13	$85.69	$185.49	$270.23	$341.67	$113.43			**$179.33**
		ER	$2.54	$0.00	$12.79	$22.80	$10.87	$2.90	$19.94	$28.55	$45.54	$4.54			**$16.72**
		Prof Svcs	$84.35	$56.92	$70.36	$75.31	$144.31	$99.50	$147.32	$167.44	$160.99	$124.94			**$113.14**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$85.54	$43.60	$154.91	$138.59	$167.05	$183.24	$145.43	$124.66	$122.79	$114.65			**$128.05**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$548.89**	**$215.90**	**$307.47**	**$325.52**	**$530.35**	**$371.33**	**$498.19**	**$590.87**	**$935.67**	**$357.56**			**$468.17**
	Total Premiums		**$657.50**	**$654.57**	**$656.24**	**$654.48**	**$654.48**	**$654.48**	**$649.41**	**$644.67**	**$644.67**	**$644.28**			**$651.48**

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Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 509	**Enrolled Employees**												**135**	**134**	**135**
	Enrolled Members												**279**	**279**	**279**
	Claims	Inpatient											$230.07	$0.00	**$230.07**
		Outpatient											$166.96	$82.58	**$124.77**
		ER											$12.62	$21.90	**$17.26**
		Prof Svcs											$115.87	$123.91	**$119.89**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$134.10	$215.32	**$174.71**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$659.61**	**$443.71**	**$551.66**
	Total Premiums												**$728.65**	**$733.00**	**$730.82**
Benefit Package 510	**Enrolled Employees**		**75**	**74**	**74**	**74**	**74**	**74**	**74**	**73**	**73**				**74**
	Enrolled Members		**178**	**177**	**177**	**176**	**177**	**178**	**177**	**176**	**173**				**177**
	Claims	Inpatient	$0.00	$0.00	$0.00	$395.53	$192.72	$375.56	$47.18	$243.71	$865.79				**$353.42**
		Outpatient	$20.05	$139.38	$58.30	$36.05	$62.44	$281.35	$286.10	$745.44	$489.55				**$235.41**
		ER	$0.00	$39.23	$0.00	$80.22	$2.77	$45.22	$130.22	$96.79	$0.00				**$65.74**
		Prof Svcs	$73.71	$90.44	$115.97	$110.62	$201.23	$346.22	$270.92	$317.77	$261.14				**$198.67**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$7.88	$9.56	$20.01	$12.72	$26.54	$23.38	$30.86	$51.43	$48.44				**$25.65**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$101.65**	**$278.62**	**$194.28**	**$635.15**	**$485.71**	**$1,071.73**	**$765.29**	**$1,455.15**	**$1,664.92**				**$739.16**
	Total Premiums		**$654.86**	**$657.72**	**$657.72**	**$657.72**	**$659.88**	**$659.88**	**$657.72**	**$662.78**	**$655.42**				**$658.19**
Benefit Package 511	**Enrolled Employees**											**102**	**105**	**106**	**104**
	Enrolled Members											**240**	**241**	**243**	**241**
	Claims	Inpatient										$0.00	$0.00	$24.96	**$24.96**
		Outpatient										$421.40	$237.07	$431.03	**$363.16**
		ER										$27.28	$20.29	$216.84	**$88.14**
		Prof Svcs										$240.67	$229.14	$290.43	**$253.41**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$44.53	$43.80	$34.67	**$41.00**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$733.88**	**$530.30**	**$997.93**	**$754.03**
	Total Premiums											**$760.48**	**$745.12**	**$742.94**	**$749.51**
Benefit Package 512	**Enrolled Employees**		**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**				**10**
	Enrolled Members		**27**	**26**	**26**	**26**	**26**	**26**	**26**	**26**	**26**				**26**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$126.54	$0.00	$70.33	$25.91				**$74.26**
		ER	$222.71	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,383.22	$42.51				**$549.48**
		Prof Svcs	$52.72	$74.10	$77.60	$134.06	$39.32	$139.93	$112.70	$598.09	$182.25				**$156.75**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$275.44**	**$74.10**	**$77.60**	**$134.06**	**$39.32**	**$266.47**	**$112.70**	**$2,051.63**	**$250.67**				**$364.67**
	Total Premiums		**$488.30**	**$459.25**	**$459.25**	**$459.25**	**$459.25**	**$459.25**	**$459.25**	**$459.25**	**$459.25**				**$462.48**

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Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 513	**Enrolled Employees**		**38**	**40**	**40**	**40**	**40**	**40**	**40**	**40**	**40**	**42**			**40**
	Enrolled Members		**132**	**134**	**134**	**134**	**134**	**134**	**134**	**134**	**133**	**142**			**135**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$1,641.77	$794.18	$0.00	$0.00	$0.00			**$1,217.98**
		Outpatient	$3.03	$4.67	$0.00	$2.88	$44.26	$292.66	$125.84	$35.33	$38.06	$34.84			**$64.62**
		ER	$0.00	$2.59	$13.90	$0.00	$35.86	$0.00	$0.00	$0.00	$0.00	$0.00			**$17.45**
		Prof Svcs	$22.90	$64.99	$36.28	$78.27	$64.38	$1,160.62	$273.37	$151.04	$70.43	$155.83			**$207.81**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$10.47	$4.28	$5.40	$11.31	$12.23	$38.08	$44.19	$41.14	$27.03	$74.58			**$26.87**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$36.40**	**$76.53**	**$55.59**	**$92.47**	**$156.73**	**$3,133.13**	**$1,237.59**	**$227.51**	**$135.52**	**$265.25**			**$541.67**
	Total Premiums		**$734.13**	**$716.01**	**$716.01**	**$716.01**	**$716.01**	**$716.01**	**$716.01**	**$716.01**	**$708.30**	**$705.81**			**$716.03**
Benefit Package 514	**Enrolled Employees**												**41**	**42**	**42**
	Enrolled Members												**140**	**142**	**141**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$110.77	$53.24	**$82.01**
		ER											$16.65	$0.00	**$16.65**
		Prof Svcs											$179.28	$184.42	**$181.85**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$43.07	$73.87	**$58.47**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$349.78**	**$311.54**	**$330.66**
	Total Premiums												**$754.59**	**$753.56**	**$754.08**
Benefit Package 515	**Enrolled Employees**											**10**	**11**	**11**	**11**
	Enrolled Members											**28**	**29**	**29**	**29**
	Claims	Inpatient										$0.00	$0.00	$0.00	**$0.00**
		Outpatient										$88.62	$0.00	$23.56	**$56.09**
		ER										$0.00	$296.84	$0.00	**$296.84**
		Prof Svcs										$212.89	$238.16	$188.28	**$213.11**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$0.00	$0.00	$0.00	**$0.00**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$301.52**	**$535.01**	**$211.84**	**$349.45**
	Total Premiums											**$581.82**	**$562.73**	**$562.73**	**$569.09**
Benefit Package 517	**Enrolled Employees**												**587**	**629**	**608**
	Enrolled Members												**1,316**	**1,403**	**1,360**
	Claims	Inpatient											$4.25	$37.83	**$21.04**
		Outpatient											$21.75	$30.65	**$26.20**
		ER											$18.46	$1.90	**$10.18**
		Prof Svcs											$92.05	$107.48	**$99.77**
		Other											$6.07	$5.83	**$5.95**
		Pharmacy											$37.27	$44.86	**$41.06**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$179.85**	**$228.55**	**$204.20**
	Total Premiums												**$751.13**	**$745.51**	**$748.32**

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Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 519	**Enrolled Employees**												**18,127**	**18,263**	**18,195**
	Enrolled Members												**37,636**	**37,832**	**37,734**
	Claims	Inpatient											$178.97	$128.56	**$153.77**
		Outpatient											$103.05	$138.73	**$120.89**
		ER											$20.88	$24.34	**$22.61**
		Prof Svcs											$200.37	$225.04	**$212.70**
		Other											$5.54	$5.60	**$5.57**
		Pharmacy											$60.35	$71.89	**$66.12**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$569.16**	**$594.14**	**$581.65**
	Total Premiums												**$770.03**	**$768.96**	**$769.49**
Benefit Package 521	**Enrolled Employees**												**8,300**	**8,325**	**8,313**
	Enrolled Members												**17,990**	**18,042**	**18,016**
	Claims	Inpatient											$125.91	$158.86	**$142.38**
		Outpatient											$159.04	$190.05	**$174.55**
		ER											$33.41	$29.61	**$31.51**
		Prof Svcs											$198.47	$221.88	**$210.17**
		Other											$10.62	$17.17	**$13.90**
		Pharmacy											$128.46	$140.86	**$134.66**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$655.92**	**$758.43**	**$707.17**
	Total Premiums												**$804.58**	**$804.07**	**$804.32**
Benefit Package 523	**Enrolled Employees**												**44**	**44**	**44**
	Enrolled Members												**133**	**133**	**133**
	Claims	Inpatient											$379.55	$0.00	**$379.55**
		Outpatient											$31.24	$175.97	**$103.60**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$372.95	$292.96	**$332.95**
		Other											$16.11	$1.33	**$8.72**
		Pharmacy											$118.65	$143.40	**$131.03**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$918.49**	**$613.65**	**$766.07**
	Total Premiums												**$1,041.31**	**$1,041.31**	**$1,041.31**
Benefit Package 525	**Enrolled Employees**												**1,911**	**1,930**	**1,921**
	Enrolled Members												**4,878**	**4,915**	**4,897**
	Claims	Inpatient											$92.44	$119.84	**$106.14**
		Outpatient											$63.03	$178.73	**$120.88**
		ER											$12.35	$12.75	**$12.55**
		Prof Svcs											$117.14	$153.21	**$135.17**
		Other											$0.66	$2.48	**$1.57**
		Pharmacy											$28.27	$39.97	**$34.12**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$313.90**	**$506.97**	**$410.43**
	Total Premiums												**$727.62**	**$725.95**	**$726.79**

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Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 528	**Enrolled Employees**												**14,024**	**14,006**	**14,015**
	Enrolled Members												**22,710**	**22,650**	**22,680**
	Claims	Inpatient											$291.72	$242.97	**$267.35**
		Outpatient											$213.70	$275.68	**$244.69**
		ER											$31.99	$34.77	**$33.38**
		Prof Svcs											$278.83	$316.07	**$297.45**
		Other											$12.30	$22.78	**$17.54**
		Pharmacy											$269.26	$297.17	**$283.21**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$1,097.79**	**$1,189.44**	**$1,143.62**
	Total Premiums												**$1,070.81**	**$1,070.28**	**$1,070.55**
Benefit Package 530	**Enrolled Employees**												**10,877**	**10,886**	**10,882**
	Enrolled Members												**18,501**	**18,490**	**18,496**
	Claims	Inpatient											$95.26	$207.36	**$151.31**
		Outpatient											$198.05	$205.89	**$201.97**
		ER											$25.51	$25.87	**$25.69**
		Prof Svcs											$215.85	$247.61	**$231.73**
		Other											$10.32	$15.73	**$13.02**
		Pharmacy											$204.94	$214.83	**$209.88**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$749.92**	**$917.29**	**$833.60**
	Total Premiums												**$968.86**	**$967.83**	**$968.35**
Benefit Package 532	**Enrolled Employees**												**2,694**	**2,687**	**2,691**
	Enrolled Members												**4,424**	**4,403**	**4,414**
	Claims	Inpatient											$345.71	$322.42	**$334.07**
		Outpatient											$316.04	$329.09	**$322.57**
		ER											$38.49	$43.71	**$41.10**
		Prof Svcs											$420.02	$462.53	**$441.28**
		Other											$18.70	$24.54	**$21.62**
		Pharmacy											$318.44	$341.34	**$329.89**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$1,457.40**	**$1,523.64**	**$1,490.52**
	Total Premiums												**$1,251.56**	**$1,250.97**	**$1,251.26**
Benefit Package 534	**Enrolled Employees**		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**1**	**1**
	Enrolled Members		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**1**	**1**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$157.37	$0.00	**$157.37**
		Pharmacy	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$157.37**	**$0.00**	**$157.37**
	Total Premiums		**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$467.42**	**$467.42**	**$467.42**

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Experience Reports by Benefit Package — Per Employee Per Month
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Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 552	**Enrolled Employees**												**16**	**16**	**16**
	Enrolled Members												**30**	**30**	**30**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$283.20	**$283.20**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$116.74	$637.28	**$377.01**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$832.86	$360.23	**$596.54**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$949.59**	**$1,280.71**	**$1,115.15**
	Total Premiums												**$1,177.57**	**$1,177.57**	**$1,177.57**
Benefit Package 553	**Enrolled Employees**												**8**	**8**	**8**
	Enrolled Members												**14**	**14**	**14**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$113.62	**$113.62**
		Prof Svcs											$325.11	$300.90	**$313.00**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$10.23	$496.19	**$253.21**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$335.33**	**$910.71**	**$623.02**
	Total Premiums												**$881.43**	**$881.43**	**$881.43**
Benefit Package 554	**Enrolled Employees**												**48**	**48**	**48**
	Enrolled Members												**105**	**104**	**105**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$139.41	**$139.41**
		ER											$0.00	$110.80	**$110.80**
		Prof Svcs											$111.02	$327.85	**$219.43**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$215.73	$347.11	**$281.42**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$326.74**	**$925.17**	**$625.96**
	Total Premiums												**$929.57**	**$929.57**	**$929.57**
Benefit Package 555	**Enrolled Employees**												**73**	**73**	**73**
	Enrolled Members												**173**	**173**	**173**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$49.16	**$49.16**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$60.51	$73.01	**$66.76**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$196.23	$288.33	**$242.28**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$256.74**	**$410.50**	**$333.62**
	Total Premiums												**$617.12**	**$633.94**	**$625.53**

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Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 556	**Enrolled Employees**												**21**	**22**	**22**
	Enrolled Members												**64**	**68**	**66**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$12.45	$24.56	**$18.51**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$0.75	$0.72	**$0.73**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$13.20**	**$25.28**	**$19.24**
	Total Premiums												**$716.66**	**$684.09**	**$700.37**
Benefit Package 557	**Enrolled Employees**												**6**	**6**	**6**
	Enrolled Members												**23**	**23**	**23**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$45.39	$137.22	**$91.31**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$1.69	$727.67	**$364.68**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$47.08**	**$864.89**	**$455.98**
	Total Premiums												**$691.77**	**$691.77**	**$691.77**
Benefit Package 558	**Enrolled Employees**												**2**	**2**	**2**
	Enrolled Members												**6**	**6**	**6**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$150.02	$43.06	**$96.54**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$323.21	$244.07	**$283.64**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$473.23**	**$287.13**	**$380.18**
	Total Premiums												**$625.14**	**$625.14**	**$625.14**
Benefit Package 559	**Enrolled Employees**												**92**	**92**	**92**
	Enrolled Members												**256**	**257**	**257**
	Claims	Inpatient											$67.49	$14.34	**$40.92**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$0.27	**$0.27**
		Prof Svcs											$62.20	$107.22	**$84.71**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$36.26	$90.20	**$63.23**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$165.96**	**$212.03**	**$188.99**
	Total Premiums												**$574.87**	**$574.87**	**$574.87**

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Experience Reports by Benefit Package — Per Employee Per Month
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Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 560	**Enrolled Employees**												**6**	**6**	**6**
	Enrolled Members												**10**	**10**	**10**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$68.34	$364.54	**$216.44**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$68.51	$201.04	**$134.78**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$136.85**	**$565.58**	**$351.21**
	Total Premiums												**$769.84**	**$769.84**	**$769.84**
Benefit Package 561	**Enrolled Employees**												**16**	**16**	**16**
	Enrolled Members												**27**	**27**	**27**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$996.73	**$996.73**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$26.39	$184.84	**$105.61**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$354.32	$201.29	**$277.80**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$380.71**	**$1,382.85**	**$881.78**
	Total Premiums												**$739.15**	**$739.15**	**$739.15**
Benefit Package 562	**Enrolled Employees**												**2**	**2**	**2**
	Enrolled Members												**6**	**6**	**6**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$82.50	$11.06	**$46.78**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$0.00	$0.00	**$0.00**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$82.50**	**$11.06**	**$46.78**
	Total Premiums												**$501.78**	**$501.78**	**$501.78**
Benefit Package 563	**Enrolled Employees**												**33**	**33**	**33**
	Enrolled Members												**66**	**66**	**66**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$138.64	$155.80	**$147.22**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$21.99	$33.19	**$27.59**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$160.63**	**$188.99**	**$174.81**
	Total Premiums												**$572.73**	**$572.73**	**$572.73**

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Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 564	**Enrolled Employees**												**9**	**9**	**9**
	Enrolled Members												**25**	**25**	**25**
	Claims	Inpatient											$0.00	$307.91	**$307.91**
		Outpatient											$0.00	$1,356.53	**$1,356.53**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$117.53	$318.01	**$217.77**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$35.27	$21.08	**$28.18**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$152.80**	**$2,003.52**	**$1,078.16**
	Total Premiums												**$620.79**	**$620.79**	**$620.79**
Benefit Package 565	**Enrolled Employees**												**4**	**4**	**4**
	Enrolled Members												**9**	**9**	**9**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$0.00	$26.15	**$26.15**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$26.34	$50.93	**$38.64**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$26.34**	**$77.09**	**$51.71**
	Total Premiums												**$437.61**	**$672.74**	**$555.18**
Benefit Package 566	**Enrolled Employees**												**9**	**9**	**9**
	Enrolled Members												**23**	**23**	**23**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$26.49	$118.87	**$72.68**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$68.04	$5.35	**$36.69**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$94.53**	**$124.22**	**$109.37**
	Total Premiums												**$620.67**	**$620.67**	**$620.67**
Benefit Package 567	**Enrolled Employees**												**111**	**107**	**109**
	Enrolled Members												**137**	**130**	**134**
	Claims	Inpatient											$0.00	$443.47	**$443.47**
		Outpatient											$44.53	$29.64	**$37.09**
		ER											$12.01	$24.86	**$18.43**
		Prof Svcs											$106.87	$139.66	**$123.26**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$159.18	$192.16	**$175.67**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$322.59**	**$829.79**	**$576.19**
	Total Premiums												**$700.54**	**$690.57**	**$695.56**

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Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 568	**Enrolled Employees**												**280**	**289**	**285**
	Enrolled Members												**522**	**535**	**529**
	Claims	Inpatient											$0.00	$108.40	**$108.40**
		Outpatient											$8.97	$89.14	**$49.06**
		ER											$4.98	$44.29	**$24.64**
		Prof Svcs											$97.40	$171.92	**$134.66**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$41.27	$34.20	**$37.73**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$152.62**	**$447.95**	**$300.29**
	Total Premiums												**$545.57**	**$544.99**	**$545.28**
Benefit Package 569	**Enrolled Employees**												**152**	**155**	**154**
	Enrolled Members												**270**	**275**	**273**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$6.70	$37.62	**$22.16**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$60.87	$102.03	**$81.45**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$104.38	$107.14	**$105.76**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$171.94**	**$246.80**	**$209.37**
	Total Premiums												**$546.53**	**$550.55**	**$548.54**
Benefit Package 570	**Enrolled Employees**												**177**	**176**	**177**
	Enrolled Members												**373**	**371**	**372**
	Claims	Inpatient											$0.00	$176.37	**$176.37**
		Outpatient											$4.42	$8.28	**$6.35**
		ER											$41.19	$81.22	**$61.20**
		Prof Svcs											$165.48	$235.40	**$200.44**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$473.82	$424.68	**$449.25**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$684.91**	**$925.95**	**$805.43**
	Total Premiums												**$959.43**	**$956.50**	**$957.97**
Benefit Package 571	**Enrolled Employees**												**15**	**15**	**15**
	Enrolled Members												**30**	**33**	**32**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$36.55	$32.43	**$34.49**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$0.00	$3.09	**$3.09**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$36.55**	**$35.52**	**$36.04**
	Total Premiums												**$499.15**	**$480.69**	**$489.92**

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Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 572	**Enrolled Employees**												**32**	**32**	**32**
	Enrolled Members												**57**	**57**	**57**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$73.11	**$73.11**
		Prof Svcs											$25.25	$35.62	**$30.43**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$178.88	$217.45	**$198.16**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$204.13**	**$326.17**	**$265.15**
	Total Premiums												**$457.02**	**$457.02**	**$457.02**
Benefit Package 603	**Enrolled Employees**		**623**	**617**	**614**	**614**	**611**	**613**	**610**	**606**	**610**	**595**	**595**	**595**	**609**
	Enrolled Members		**806**	**797**	**797**	**795**	**797**	**800**	**793**	**787**	**797**	**780**	**773**	**773**	**791**
	Claims	Inpatient	$0.00	$23.34	$90.57	$109.55	$466.81	$127.68	$104.67	$103.94	$113.78	$238.94	$72.69	$96.16	**$140.74**
		Outpatient	$6.12	$99.86	$193.16	$102.98	$313.61	$204.81	$243.60	$391.20	$225.35	$324.18	$166.22	$181.50	**$204.38**
		ER	$5.37	$19.73	$36.59	$49.63	$22.14	$18.92	$47.91	$19.70	$14.38	$18.05	$5.47	$25.99	**$23.66**
		Prof Svcs	$54.53	$380.21	$290.65	$287.50	$392.61	$311.77	$448.14	$362.57	$359.39	$360.64	$292.22	$339.64	**$323.32**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$235.29	$207.85	$229.08	$238.62	$226.31	$305.41	$187.78	$192.68	$198.38	$239.23	$203.23	$279.21	**$228.59**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$301.31**	**$730.99**	**$840.04**	**$788.28**	**$1,421.47**	**$968.60**	**$1,032.09**	**$1,070.08**	**$911.27**	**$1,181.05**	**$739.82**	**$922.50**	**$908.96**
	Total Premiums		**$56.09**	**$122.86**	**$565.02**	**$667.19**	**$608.57**	**$1,227.77**	**$723.56**	**$906.61**	**$930.38**	**$786.71**	**$994.94**	**$559.63**	**$679.11**
Benefit Package 604	**Enrolled Employees**		**877**	**878**	**877**	**874**	**873**	**872**	**875**	**872**	**873**	**907**	**913**	**914**	**884**
	Enrolled Members		**1,738**	**1,734**	**1,738**	**1,734**	**1,732**	**1,727**	**1,728**	**1,727**	**1,723**	**1,744**	**1,748**	**1,743**	**1,735**
	Claims	Inpatient	$0.00	$99.69	$173.17	$116.71	$76.73	$100.55	$213.01	$260.34	$59.12	$186.67	$134.90	$133.64	**$141.32**
		Outpatient	$22.81	$86.96	$120.20	$105.26	$106.66	$93.32	$112.55	$257.28	$133.32	$169.35	$118.64	$167.14	**$124.46**
		ER	$2.10	$26.70	$7.88	$34.68	$11.35	$25.07	$53.91	$18.50	$19.64	$14.90	$53.86	$27.74	**$24.69**
		Prof Svcs	$66.54	$348.61	$241.36	$254.52	$302.87	$268.32	$393.22	$390.96	$291.53	$300.95	$304.13	$294.17	**$288.10**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$143.20	$135.56	$159.07	$164.31	$153.05	$160.59	$186.40	$168.72	$181.02	$161.33	$173.83	$188.07	**$164.60**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$234.65**	**$697.52**	**$701.68**	**$675.47**	**$650.67**	**$647.85**	**$959.09**	**$1,095.81**	**$684.63**	**$833.20**	**$785.36**	**$810.76**	**$731.39**
	Total Premiums		**$56.12**	**$147.61**	**$600.58**	**$600.75**	**$567.95**	**$546.14**	**$542.65**	**$832.09**	**$984.92**	**$540.63**	**$722.72**	**$626.94**	**$564.09**
Benefit Package 605	**Enrolled Employees**		**14**	**14**	**14**	**14**	**14**	**14**	**14**	**14**	**14**	**15**	**15**	**15**	**14**
	Enrolled Members		**36**	**36**	**37**	**37**	**37**	**37**	**37**	**37**	**37**	**36**	**39**	**37**	**37**
	Claims	Inpatient	$0.00	$278.56	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$816.63	$0.00	$0.00	**$547.59**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$55.54	$0.00	$0.00	$0.00	$122.22	$0.00	$0.00	$0.00	**$88.88**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$13.29	$61.23	$0.00	$0.00	**$37.26**
		Prof Svcs	$0.00	$255.78	$117.69	$54.97	$233.14	$372.86	$708.81	$203.56	$265.36	$255.81	$326.44	$155.53	**$268.18**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$13.37	$9.30	$6.45	$19.51	$4.41	$24.41	$8.81	$23.53	$25.69	$44.43	$8.69	$19.66	**$17.36**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$13.37**	**$543.64**	**$124.14**	**$74.49**	**$293.10**	**$397.27**	**$717.62**	**$227.09**	**$426.55**	**$1,178.10**	**$335.14**	**$175.19**	**$375.47**
	Total Premiums		**$56.18**	**$56.18**	**$573.29**	**$173.87**	**$111.16**	**$340.10**	**$429.90**	**$765.58**	**$260.33**	**$430.15**	**$1,189.89**	**$360.71**	**$395.61**

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Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 606	**Enrolled Employees**		**241**	**243**	**245**	**246**	**249**	**249**	**250**	**250**	**252**	**264**	**269**	**269**	**252**
	Enrolled Members		**691**	**703**	**702**	**704**	**707**	**699**	**701**	**704**	**713**	**743**	**757**	**756**	**715**
	Claims	Inpatient	$0.00	$25.64	$58.65	$137.06	$865.54	$24.23	$375.51	$159.64	$488.34	$113.80	$232.33	$0.00	**$248.07**
		Outpatient	$0.00	$96.97	$97.92	$85.96	$222.34	$132.86	$144.63	$125.57	$298.85	$82.96	$414.71	$347.14	**$186.36**
		ER	$2.00	$3.39	$22.00	$33.02	$9.27	$21.07	$1.01	$19.96	$10.05	$10.85	$32.05	$36.52	**$16.77**
		Prof Svcs	$68.41	$363.87	$232.01	$279.67	$370.43	$308.37	$375.23	$425.58	$302.13	$417.00	$315.26	$301.09	**$313.25**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$103.03	$87.06	$107.02	$108.17	$81.03	$90.01	$92.89	$127.17	$122.72	$111.38	$100.74	$129.16	**$105.03**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$173.44**	**$576.93**	**$517.60**	**$643.88**	**$1,548.61**	**$576.53**	**$989.28**	**$857.92**	**$1,222.10**	**$736.00**	**$1,095.09**	**$813.91**	**$812.61**
	Total Premiums		**$55.48**	**$126.26**	**$526.61**	**$465.12**	**$585.69**	**$1,499.30**	**$541.86**	**$953.11**	**$783.25**	**$1,105.11**	**$668.58**	**$984.19**	**$691.21**
Benefit Package 607	**Enrolled Employees**												**56**	**53**	**55**
	Enrolled Members												**73**	**70**	**72**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$125.19	$187.70	**$156.45**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$123.86	$247.93	**$185.89**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$249.05**	**$435.63**	**$342.34**
	Total Premiums												**$977.46**	**$1,016.26**	**$996.86**
Benefit Package 608	**Enrolled Employees**												**136**	**134**	**135**
	Enrolled Members												**215**	**213**	**214**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$86.27	**$86.27**
		ER											$22.93	$11.01	**$16.97**
		Prof Svcs											$133.44	$197.55	**$165.50**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$181.23	$172.18	**$176.70**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$337.60**	**$467.02**	**$402.31**
	Total Premiums												**$904.38**	**$906.26**	**$905.32**
Benefit Package 609	**Enrolled Employees**												**62**	**63**	**63**
	Enrolled Members												**86**	**88**	**87**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$1.22	$19.19	**$10.20**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$69.77	$170.50	**$120.14**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$127.69	$171.87	**$149.78**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$198.68**	**$361.56**	**$280.12**
	Total Premiums												**$688.17**	**$689.79**	**$688.98**

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Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 610	**Enrolled Employees**												**84**	**86**	**85**
	Enrolled Members												**172**	**176**	**174**
	Claims	Inpatient											$97.09	$0.00	**$97.09**
		Outpatient											$10.72	$193.10	**$101.91**
		ER											$11.99	$0.00	**$11.99**
		Prof Svcs											$55.62	$94.65	**$75.13**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$7.68	$20.47	**$14.07**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$183.11**	**$308.21**	**$245.66**
	Total Premiums												**$603.73**	**$604.72**	**$604.23**
Benefit Package 611	**Enrolled Employees**												**306**	**307**	**307**
	Enrolled Members												**629**	**639**	**634**
	Claims	Inpatient											$18.90	$41.18	**$30.04**
		Outpatient											$16.95	$177.91	**$97.43**
		ER											$4.41	$0.00	**$4.41**
		Prof Svcs											$97.81	$120.68	**$109.24**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$156.94	$149.09	**$153.02**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$295.00**	**$488.86**	**$391.93**
	Total Premiums												**$607.01**	**$611.57**	**$609.29**
Benefit Package 612	**Enrolled Employees**												**238**	**242**	**240**
	Enrolled Members												**404**	**410**	**407**
	Claims	Inpatient											$0.00	$27.28	**$27.28**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$8.11	**$8.11**
		Prof Svcs											$46.36	$159.05	**$102.70**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$56.55	$76.60	**$66.58**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$102.91**	**$271.05**	**$186.98**
	Total Premiums												**$601.78**	**$598.44**	**$600.11**
Benefit Package 613	**Enrolled Employees**												**155**	**157**	**156**
	Enrolled Members												**273**	**277**	**275**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$1.99	$5.51	**$3.75**
		ER											$0.00	$0.22	**$0.22**
		Prof Svcs											$48.84	$273.10	**$160.97**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$181.11	$358.17	**$269.64**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$231.95**	**$636.99**	**$434.47**
	Total Premiums												**$652.54**	**$650.21**	**$651.38**

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Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 614	**Enrolled Employees**												**51**	**52**	**52**
	Enrolled Members												**126**	**131**	**129**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$5.76	$0.00	**$5.76**
		ER											$35.25	$0.00	**$35.25**
		Prof Svcs											$152.08	$243.41	**$197.75**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$63.44	$68.48	**$65.96**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$256.52**	**$311.90**	**$284.21**
	Total Premiums												**$626.07**	**$673.93**	**$650.00**
Benefit Package 615	**Enrolled Employees**												**1,102**	**1,058**	**1,080**
	Enrolled Members												**1,759**	**1,639**	**1,699**
	Claims	Inpatient											$0.00	$57.73	**$57.73**
		Outpatient											$0.42	$61.35	**$30.88**
		ER											$3.63	$24.12	**$13.87**
		Prof Svcs											$123.85	$308.04	**$215.95**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$178.91	$257.72	**$218.32**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$306.81**	**$708.96**	**$507.88**
	Total Premiums												**$759.12**	**$747.23**	**$753.17**
Benefit Package 616	**Enrolled Employees**												**362**	**360**	**361**
	Enrolled Members												**889**	**880**	**885**
	Claims	Inpatient											$10.17	$0.00	**$10.17**
		Outpatient											$0.08	$42.57	**$21.33**
		ER											$1.12	$21.47	**$11.29**
		Prof Svcs											$132.51	$254.00	**$193.26**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$133.94	$116.07	**$125.00**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$277.82**	**$434.11**	**$355.97**
	Total Premiums												**$682.57**	**$678.06**	**$680.31**
Benefit Package 617	**Enrolled Employees**												**96**	**95**	**96**
	Enrolled Members												**208**	**205**	**207**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$6.19	**$6.19**
		ER											$103.96	$32.87	**$68.41**
		Prof Svcs											$74.99	$121.72	**$98.35**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$12.34	$11.34	**$11.84**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$191.29**	**$172.11**	**$181.70**
	Total Premiums												**$639.76**	**$642.80**	**$641.28**

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Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 618	**Enrolled Employees**												**60**	**62**	**61**
	Enrolled Members												**114**	**118**	**116**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$4.33	$0.00	**$4.33**
		Prof Svcs											$87.12	$92.43	**$89.77**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$95.50	$36.27	**$65.89**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$186.95**	**$128.70**	**$157.83**
	Total Premiums												**$760.21**	**$757.87**	**$759.04**
Benefit Package 619	**Enrolled Employees**												**116**	**120**	**118**
	Enrolled Members												**292**	**305**	**299**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$37.06	**$37.06**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$96.36	$113.74	**$105.05**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$64.47	$101.11	**$82.79**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$160.82**	**$251.91**	**$206.37**
	Total Premiums												**$736.22**	**$735.74**	**$735.98**
Benefit Package 620	**Enrolled Employees**												**22**	**22**	**22**
	Enrolled Members												**22**	**22**	**22**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$72.03	$716.61	**$394.32**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$179.63	$271.36	**$225.50**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$357.85	$408.09	**$382.97**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$609.51**	**$1,396.06**	**$1,002.79**
	Total Premiums												**$965.74**	**$965.74**	**$965.74**
Benefit Package 621	**Enrolled Employees**												**290**	**288**	**289**
	Enrolled Members												**324**	**320**	**322**
	Claims	Inpatient											$0.00	$32.93	**$32.93**
		Outpatient											$15.19	$111.85	**$63.52**
		ER											$26.79	$22.53	**$24.66**
		Prof Svcs											$151.46	$234.72	**$193.09**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$165.87	$194.74	**$180.31**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$359.32**	**$596.78**	**$478.05**
	Total Premiums												**$1,009.39**	**$987.58**	**$998.48**

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Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 622	**Enrolled Employees**												**479**	**483**	**481**
	Enrolled Members												**1,127**	**1,126**	**1,127**
	Claims	Inpatient											$0.00	$55.45	**$55.45**
		Outpatient											$18.01	$98.12	**$58.07**
		ER											$5.25	$24.63	**$14.94**
		Prof Svcs											$152.04	$201.08	**$176.56**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$160.73	$182.12	**$171.43**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$336.04**	**$561.40**	**$448.72**
	Total Premiums												**$755.31**	**$751.07**	**$753.19**
Benefit Package 623	**Enrolled Employees**												**270**	**273**	**272**
	Enrolled Members												**437**	**444**	**441**
	Claims	Inpatient											$0.00	$54.98	**$54.98**
		Outpatient											$80.83	$73.62	**$77.23**
		ER											$27.18	$13.09	**$20.13**
		Prof Svcs											$169.43	$319.47	**$244.45**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$160.65	$182.01	**$171.33**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$438.10**	**$643.16**	**$540.63**
	Total Premiums												**$884.78**	**$884.18**	**$884.48**
Benefit Package 624	**Enrolled Employees**												**495**	**497**	**496**
	Enrolled Members												**781**	**784**	**783**
	Claims	Inpatient											$0.00	$65.21	**$65.21**
		Outpatient											$2.89	$63.65	**$33.27**
		ER											$1.69	$3.94	**$2.82**
		Prof Svcs											$105.06	$155.97	**$130.51**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$94.61	$154.99	**$124.80**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$204.25**	**$443.75**	**$324.00**
	Total Premiums												**$778.44**	**$778.02**	**$778.23**
Benefit Package 625	**Enrolled Employees**												**102**	**101**	**102**
	Enrolled Members												**312**	**314**	**313**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$44.82	$33.50	**$39.16**
		ER											$7.34	$0.00	**$7.34**
		Prof Svcs											$83.20	$504.92	**$294.06**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$161.78	$115.59	**$138.68**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$297.13**	**$654.01**	**$475.57**
	Total Premiums												**$673.95**	**$674.25**	**$674.10**

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Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 626	**Enrolled Employees**												**34**	**33**	**34**
	Enrolled Members												**107**	**105**	**106**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$24.92	$0.00	**$24.92**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$163.81	$239.53	**$201.67**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$22.56	$18.90	**$20.73**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$211.29**	**$258.43**	**$234.86**
	Total Premiums												**$740.78**	**$742.04**	**$741.41**
Benefit Package 709	**Enrolled Employees**		**239**	**237**	**236**	**236**	**236**	**233**	**233**	**233**	**233**	**221**	**220**	**220**	**231**
	Enrolled Members		**490**	**488**	**484**	**485**	**484**	**479**	**481**	**483**	**478**	**461**	**459**	**459**	**478**
	Claims	Inpatient	$321.47	$300.60	$246.84	$385.37	$617.44	$103.18	$103.29	$92.66	$94.40	$227.06	$88.00	$9.97	**$215.86**
		Outpatient	$352.77	$277.60	$427.76	$343.73	$257.72	$652.93	$157.28	$200.73	$504.99	$260.46	$198.59	$430.04	**$338.72**
		ER	$17.37	$47.26	$27.58	$64.21	$68.39	$21.96	$9.29	$77.98	$50.95	$49.38	$30.41	$35.30	**$41.67**
		Prof Svcs	$334.10	$359.50	$386.28	$422.23	$371.44	$361.68	$391.44	$468.07	$372.85	$347.41	$313.71	$388.36	**$376.42**
		Other	$0.00	$0.00	$0.00	$0.50	$0.00	$0.00	$0.15	$0.03	$0.10	$1.81	$1.46	$1.95	**$0.86**
		Pharmacy	$127.20	$237.97	$186.09	$228.81	$141.82	$227.35	$192.14	$170.87	$144.67	$243.56	$168.44	$256.77	**$193.81**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$1,152.89**	**$1,222.94**	**$1,274.55**	**$1,444.84**	**$1,456.82**	**$1,367.10**	**$853.58**	**$1,010.35**	**$1,167.96**	**$1,129.68**	**$800.62**	**$1,122.40**	**$1,166.98**
	Total Premiums		**$1,129.51**	**$1,129.51**	**$1,129.51**	**$1,129.51**	**$1,129.51**	**$1,129.51**	**$1,129.51**	**$1,129.51**	**$1,129.51**	**$1,129.51**	**$1,129.51**	**$1,129.51**	**$1,129.51**
Benefit Package 711	**Enrolled Employees**		**19**	**19**	**19**	**19**	**20**	**20**	**20**	**20**	**20**	**22**	**23**	**24**	**20**
	Enrolled Members		**51**	**51**	**51**	**51**	**54**	**53**	**53**	**53**	**53**	**56**	**58**	**59**	**54**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$272.63	$1.70	$16.48	$200.57	$148.33	$9.61	$20.59	$225.75	$54.03	$235.20	$9.17	$244.34	**$119.87**
		ER	$0.00	$76.96	$0.00	$0.00	$0.00	$14.77	$0.00	$0.00	$0.00	$27.48	$0.00	$0.00	**$39.73**
		Prof Svcs	$83.26	$131.67	$167.99	$398.85	$158.12	$241.57	$177.92	$228.40	$84.48	$158.27	$58.70	$88.11	**$164.78**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$13.85	$17.49	$61.46	$8.91	$31.38	$196.15	$50.79	$34.22	$102.97	$30.79	$94.89	$147.71	**$65.88**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$369.75**	**$227.82**	**$245.93**	**$608.33**	**$337.83**	**$462.10**	**$249.30**	**$488.37**	**$241.48**	**$451.74**	**$162.76**	**$480.16**	**$360.46**
	Total Premiums		**$752.90**	**$752.90**	**$752.90**	**$752.90**	**$752.90**	**$752.90**	**$752.90**	**$752.90**	**$752.90**	**$752.90**	**$752.90**	**$752.90**	**$752.90**
Benefit Package 712	**Enrolled Employees**		**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**
	Enrolled Members		**13**	**13**	**13**	**13**	**13**	**13**	**13**	**13**	**13**	**13**	**13**	**13**	**13**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$78.19	$131.50	$0.00	$0.00	$40.40	$111.49	$0.00	$9.85	$0.00	$0.00	$30.06	$0.00	**$66.92**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs	$221.34	$353.72	$196.20	$55.75	$126.29	$335.02	$255.48	$262.58	$251.59	$57.59	$223.15	$207.56	**$212.19**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$13.93	$36.07	$122.43	$147.65	$100.87	$187.89	$16.53	$66.29	$189.36	$49.93	$193.05	$111.63	**$102.97**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$313.46**	**$521.29**	**$318.63**	**$203.40**	**$267.56**	**$634.40**	**$272.01**	**$338.72**	**$440.95**	**$107.52**	**$446.26**	**$319.19**	**$348.62**
	Total Premiums		**$590.93**	**$590.93**	**$590.93**	**$590.93**	**$590.93**	**$590.93**	**$590.93**	**$590.93**	**$590.93**	**$590.93**	**$590.93**	**$590.93**	**$590.93**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
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Experience Reports by Benefit Package — Per Employee Per Month
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Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 713	**Enrolled Employees**		**462**	**464**	**462**	**461**	**459**	**459**	**460**	**459**	**458**	**444**	**449**	**447**	**457**
	Enrolled Members		**1,019**	**1,026**	**1,017**	**1,009**	**1,003**	**1,001**	**1,002**	**998**	**1,004**	**976**	**986**	**984**	**1,002**
	Claims	Inpatient	$121.33	$47.15	$195.94	$82.59	$108.49	$120.90	$63.14	$137.56	$53.21	$52.84	$314.87	$109.34	**$117.28**
		Outpatient	$225.12	$247.39	$197.38	$165.04	$99.37	$236.95	$312.22	$200.61	$153.29	$208.79	$417.15	$466.36	**$244.14**
		ER	$28.59	$45.45	$8.98	$7.14	$24.39	$18.67	$11.84	$32.38	$35.98	$34.91	$71.59	$49.42	**$30.78**
		Prof Svcs	$237.05	$237.37	$227.34	$220.05	$225.19	$224.05	$266.08	$318.18	$259.47	$262.74	$338.46	$313.76	**$260.81**
		Other	$0.00	$0.00	$0.00	$0.16	$0.00	$0.00	$0.13	$0.21	$0.12	$1.32	$0.33	$0.34	**$0.37**
		Pharmacy	$93.19	$162.58	$216.39	$160.27	$107.40	$183.61	$207.45	$200.38	$213.60	$173.47	$143.46	$167.75	**$169.13**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$705.28**	**$739.93**	**$846.02**	**$635.26**	**$564.84**	**$784.19**	**$860.86**	**$889.33**	**$715.68**	**$734.06**	**$1,285.87**	**$1,106.96**	**$822.36**
	Total Premiums		**$1,056.24**	**$1,056.24**	**$1,056.24**	**$1,056.24**	**$1,056.24**	**$1,056.24**	**$1,056.24**	**$1,056.24**	**$1,056.24**	**$1,056.24**	**$1,056.24**	**$1,056.24**	**$1,056.24**
Benefit Package 714	**Enrolled Employees**		**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**	**6**	**6**	**6**	**7**
	Enrolled Members		**23**	**23**	**23**	**23**	**23**	**23**	**23**	**23**	**23**	**20**	**20**	**20**	**22**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$69.29	$0.00	$11.96	$25.33	$81.86	$2.30	$113.90	$58.51	$23.38	$14.67	$0.00	$65.12	**$46.63**
		ER	$0.00	$178.29	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$178.29**
		Prof Svcs	$139.86	$237.38	$277.64	$293.09	$235.62	$159.14	$402.20	$177.66	$96.16	$85.20	$75.93	$273.66	**$204.46**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$0.86	$1.36	$17.14	$12.96	$3.59	$5.94	$18.10	$19.33	$6.94	$7.60	$12.73	$36.72	**$11.94**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$210.01**	**$417.03**	**$306.74**	**$331.38**	**$321.07**	**$167.37**	**$534.20**	**$255.49**	**$126.48**	**$107.47**	**$88.67**	**$375.50**	**$270.12**
	Total Premiums		**$1,069.22**	**$1,069.22**	**$1,069.22**	**$1,069.22**	**$1,069.22**	**$1,069.22**	**$1,069.22**	**$1,069.22**	**$1,069.22**	**$1,069.22**	**$1,069.22**	**$1,069.22**	**$1,069.22**
Benefit Package 715	**Enrolled Employees**		**33**	**33**	**32**	**32**	**32**	**32**	**32**	**32**	**32**	**35**	**37**	**37**	**33**
	Enrolled Members		**69**	**69**	**68**	**68**	**68**	**68**	**69**	**70**	**70**	**79**	**83**	**83**	**72**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$1,940.50	$0.00	$504.77	$0.00	$0.00	$0.00	$0.00	$0.00	**$1,222.64**
		Outpatient	$11.43	$9.00	$38.63	$91.72	$57.47	$1,262.39	$985.88	$48.89	$47.34	$192.71	$6.59	$38.11	**$232.51**
		ER	$0.00	$0.00	$0.00	$54.74	$139.06	$0.00	$0.00	$0.00	$37.68	$21.64	$29.03	$0.00	**$56.43**
		Prof Svcs	$136.05	$98.71	$169.43	$209.50	$381.89	$235.20	$345.73	$162.22	$227.98	$260.45	$133.68	$162.76	**$210.30**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$78.65	$62.18	$173.74	$94.26	$38.46	$150.07	$66.57	$112.51	$113.55	$59.06	$73.29	$140.98	**$96.94**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$226.13**	**$169.89**	**$381.80**	**$450.22**	**$2,557.39**	**$1,647.65**	**$1,902.95**	**$323.61**	**$426.55**	**$533.87**	**$242.60**	**$341.85**	**$767.04**
	Total Premiums		**$716.12**	**$716.12**	**$716.12**	**$716.12**	**$716.12**	**$716.12**	**$716.12**	**$716.12**	**$716.12**	**$716.12**	**$716.12**	**$716.12**	**$716.12**
Benefit Package 716	**Enrolled Employees**		**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
	Enrolled Members		**11**	**11**	**11**	**11**	**11**	**11**	**11**	**11**	**11**	**11**	**11**	**11**	**11**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$0.00	$85.20	$206.87	$74.36	$0.00	$15.28	$0.00	$0.00	$0.00	$74.59	$0.00	$0.00	**$91.26**
		ER	$0.00	$0.00	$470.71	$0.00	$0.00	$217.41	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$344.06**
		Prof Svcs	$448.52	$338.08	$257.05	$94.43	$137.17	$58.38	$282.39	$130.14	$243.90	$751.08	$357.40	$236.44	**$277.92**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$59.39	$153.74	$10.56	$93.82	$92.23	$9.75	$106.31	$122.99	$111.02	$176.38	$113.86	$106.30	**$96.36**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$507.92**	**$577.02**	**$945.19**	**$262.61**	**$229.40**	**$300.83**	**$388.71**	**$253.12**	**$354.92**	**$1,002.06**	**$471.26**	**$342.74**	**$469.65**
	Total Premiums		**$1,107.62**	**$1,107.62**	**$1,107.62**	**$1,107.62**	**$1,107.62**	**$1,107.62**	**$1,107.62**	**$1,107.62**	**$1,107.62**	**$1,107.62**	**$1,107.62**	**$1,107.62**	**$1,107.62**

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Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 717	**Enrolled Employees**		**206**	**206**	**206**	**205**	**206**	**204**	**204**	**206**	**206**	**222**	**225**	**226**	**210**
	Enrolled Members		**447**	**444**	**447**	**446**	**450**	**446**	**445**	**450**	**446**	**476**	**489**	**491**	**456**
	Claims	Inpatient	$0.00	$0.00	$35.40	$2.29	$216.97	$107.43	$303.64	$617.83	$25.16	$0.00	$6.08	$150.85	**$162.85**
		Outpatient	$96.24	$110.85	$78.80	$116.65	$66.37	$62.44	$168.22	$201.96	$93.40	$95.37	$157.98	$183.58	**$119.32**
		ER	$30.14	$15.19	$42.74	$0.00	$26.95	$24.43	$5.46	$10.40	$17.08	$9.28	$29.52	$43.18	**$23.12**
		Prof Svcs	$215.28	$200.03	$246.45	$232.23	$199.04	$220.20	$296.69	$313.11	$256.68	$219.51	$216.19	$203.69	**$234.93**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$170.87	$38.42	$49.68	$52.59	$45.54	$57.35	$46.45	$58.96	$59.29	$65.56	$55.30	$74.15	**$64.51**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$512.54**	**$364.50**	**$453.07**	**$403.76**	**$554.87**	**$471.85**	**$820.46**	**$1,202.27**	**$451.60**	**$389.72**	**$465.07**	**$655.45**	**$562.10**
	Total Premiums		**$737.37**	**$737.37**	**$737.37**	**$737.37**	**$737.37**	**$737.37**	**$737.37**	**$737.37**	**$737.37**	**$737.37**	**$737.37**	**$737.37**	**$737.37**
Benefit Package 718	**Enrolled Employees**		**15**	**15**	**15**	**15**	**15**	**15**	**15**	**15**	**15**	**15**	**15**	**15**	**15**
	Enrolled Members		**49**	**49**	**49**	**49**	**49**	**49**	**49**	**49**	**49**	**49**	**49**	**49**	**49**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$3,405.74	$0.00	$0.00	$0.00	$0.00	**$3,405.74**
		Outpatient	$25.52	$54.43	$228.46	$59.07	$868.25	$196.39	$157.75	$109.38	$13.59	$27.67	$4.89	$48.02	**$149.45**
		ER	$186.67	$0.00	$0.00	$373.78	$110.40	$110.67	$0.00	$0.00	$40.13	$0.00	$0.00	$160.12	**$163.63**
		Prof Svcs	$224.18	$367.34	$440.18	$383.64	$391.00	$355.49	$392.11	$1,238.42	$172.44	$243.27	$262.11	$436.60	**$408.90**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$12.91	$19.94	$58.04	$93.68	$128.69	$131.49	$121.20	$108.14	$80.05	$53.00	$61.30	$100.17	**$80.72**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$449.27**	**$441.71**	**$726.68**	**$910.17**	**$1,498.33**	**$794.04**	**$671.06**	**$4,861.67**	**$306.22**	**$323.95**	**$328.30**	**$744.91**	**$1,004.69**
	Total Premiums		**$752.78**	**$752.78**	**$752.78**	**$752.78**	**$752.78**	**$752.78**	**$752.78**	**$752.78**	**$752.78**	**$752.78**	**$752.78**	**$752.78**	**$752.78**
Benefit Package 719	**Enrolled Employees**		**22**	**22**	**23**	**23**	**23**	**23**	**23**	**24**	**24**	**23**	**23**	**24**	**23**
	Enrolled Members		**50**	**51**	**52**	**52**	**52**	**52**	**52**	**53**	**53**	**52**	**52**	**53**	**52**
	Claims	Inpatient	$252.73	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$811.26	$2,534.20	**$1,199.39**
		Outpatient	$15.20	$19.09	$14.06	$156.81	$5.48	$239.92	$108.07	$330.05	$255.90	$23.87	$48.97	$63.80	**$106.77**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$62.86	$0.00	$103.33	$0.00	$0.00	$0.00	$42.34	**$69.51**
		Prof Svcs	$204.99	$81.27	$87.63	$68.69	$34.10	$106.70	$123.49	$192.55	$168.91	$141.20	$172.84	$655.77	**$169.84**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$0.09	$0.00	$0.00	$15.49	$0.00	$10.63	$30.60	$31.38	$26.37	$38.66	$47.81	$20.74	**$24.64**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$473.01**	**$100.36**	**$101.69**	**$241.00**	**$39.58**	**$420.11**	**$262.16**	**$657.32**	**$451.19**	**$203.73**	**$1,080.87**	**$3,316.85**	**$612.32**
	Total Premiums		**$558.25**	**$558.25**	**$558.25**	**$558.25**	**$558.25**	**$558.25**	**$558.25**	**$558.25**	**$558.25**	**$558.25**	**$558.25**	**$558.25**	**$558.25**
Benefit Package 720	**Enrolled Employees**		**105**	**104**	**102**	**102**	**102**	**101**	**101**	**98**	**97**	**95**	**95**	**95**	**100**
	Enrolled Members		**206**	**205**	**204**	**203**	**202**	**199**	**199**	**193**	**192**	**190**	**190**	**190**	**198**
	Claims	Inpatient	$572.32	$532.74	$83.20	$9.64	$1,381.09	$4.41	$1.19	$1,323.01	$565.23	$89.68	$967.29	$2.41	**$461.02**
		Outpatient	$154.99	$309.49	$361.79	$152.53	$158.97	$193.82	$299.15	$295.26	$146.31	$323.11	$448.75	$250.34	**$257.88**
		ER	$140.41	$138.14	$117.41	$18.80	$120.29	$55.59	$12.66	$51.92	$33.76	$65.37	$57.68	$158.55	**$80.88**
		Prof Svcs	$383.72	$432.55	$380.83	$353.21	$570.16	$447.86	$496.74	$694.31	$422.78	$515.48	$581.98	$504.95	**$482.05**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.46	$2.07	$0.45	$1.16	**$1.04**
		Pharmacy	$215.10	$296.31	$374.04	$255.31	$268.44	$254.36	$295.66	$270.42	$349.46	$507.40	$512.59	$342.74	**$328.49**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$1,466.55**	**$1,709.23**	**$1,317.27**	**$789.50**	**$2,498.95**	**$956.04**	**$1,105.41**	**$2,634.90**	**$1,518.00**	**$1,503.11**	**$2,568.74**	**$1,260.16**	**$1,610.65**
	Total Premiums		**$1,336.78**	**$1,336.78**	**$1,336.78**	**$1,336.78**	**$1,336.78**	**$1,336.78**	**$1,336.78**	**$1,336.78**	**$1,336.78**	**$1,336.78**	**$1,336.78**	**$1,336.78**	**$1,336.78**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9g
Experience Reports by Benefit Package — Per Employee Per Month
Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 723	**Enrolled Employees**		**5**	**5**	**6**	**6**	**6**	**6**	**6**	**6**	**6**	**8**	**18**	**18**	**8**
	Enrolled Members		**5**	**5**	**7**	**7**	**7**	**7**	**7**	**7**	**8**	**10**	**22**	**22**	**10**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$23.94	$5.94	**$14.94**
		Outpatient	$0.00	$0.00	$29.91	$27.85	$0.00	$0.00	$0.00	$145.83	$632.05	$431.82	$5.78	$5.78	**$182.72**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs	$0.00	$181.24	$39.26	$93.09	$10.67	$0.00	$71.03	$170.47	$20.11	$0.00	$7.05	$30.83	**$69.30**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$0.00	$0.00	$0.45	$24.81	$0.00	$0.00	$0.45	$0.00	$27.85	$2.79	$4.98	$10.42	**$10.25**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$0.00**	**$181.24**	**$69.62**	**$145.75**	**$10.67**	**$0.00**	**$71.48**	**$316.30**	**$680.01**	**$434.60**	**$41.76**	**$52.97**	**$200.44**
	Total Premiums		**$663.77**	**$663.77**	**$663.77**	**$663.77**	**$663.77**	**$663.77**	**$663.77**	**$663.77**	**$663.77**	**$663.77**	**$677.13**	**$677.13**	**$665.99**
Benefit Package 724	**Enrolled Employees**		**25**	**25**	**24**	**25**	**26**	**26**	**27**	**27**	**27**	**30**	**42**	**43**	**29**
	Enrolled Members		**48**	**48**	**46**	**47**	**48**	**48**	**49**	**49**	**49**	**51**	**76**	**80**	**53**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$125.38	$417.21	$378.26	$691.65	$536.38	$0.92	$12.81	$95.90	$67.53	$38.65	$15.30	$1.21	**$198.43**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$6.72	$0.00	**$6.72**
		Prof Svcs	$130.01	$207.59	$320.54	$66.99	$92.98	$70.78	$90.18	$107.74	$74.81	$69.68	$94.40	$59.46	**$115.43**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$1.23	$3.13	$16.14	$5.39	$1.88	$17.23	$9.19	$13.35	$4.28	$8.11	$1.95	$10.41	**$7.69**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$256.62**	**$627.92**	**$714.94**	**$764.04**	**$631.23**	**$88.93**	**$112.18**	**$216.99**	**$146.61**	**$116.44**	**$118.37**	**$71.09**	**$322.11**
	Total Premiums		**$609.35**	**$609.35**	**$609.35**	**$609.35**	**$609.35**	**$609.35**	**$609.35**	**$609.35**	**$609.35**	**$609.35**	**$700.85**	**$700.85**	**$624.60**
Benefit Package 725	**Enrolled Employees**		**65**	**65**	**65**	**65**	**65**	**65**	**65**	**65**	**65**	**62**			**65**
	Enrolled Members		**103**	**103**	**103**	**103**	**103**	**103**	**102**	**103**	**102**	**99**			**102**
	Claims	Inpatient	$326.29	$0.00	$1,667.80	$6,354.77	$1,851.26	$434.00	$367.35	$777.25	$506.21	$0.00			**$1,535.62**
		Outpatient	$211.06	$362.11	$483.42	$835.56	$921.78	$768.40	$1,162.79	$939.23	$551.88	$313.86			**$655.01**
		ER	$66.38	$41.54	$0.00	$66.92	$36.92	$29.38	$8.62	$0.00	$47.69	$120.54			**$52.25**
		Prof Svcs	$412.63	$590.86	$624.11	$786.63	$794.24	$507.84	$750.87	$749.48	$475.21	$553.61			**$624.55**
		Other	$0.15	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.15**
		Pharmacy	$57.08	$31.40	$65.92	$67.77	$88.24	$86.88	$108.83	$97.56	$55.41	$70.66			**$72.98**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$1,073.60**	**$1,025.90**	**$2,841.25**	**$8,111.65**	**$3,692.45**	**$1,826.49**	**$2,398.46**	**$2,563.53**	**$1,636.40**	**$1,058.68**			**$2,622.84**
	Total Premiums		**$1,177.77**	**$1,177.77**	**$1,177.77**	**$1,177.77**	**$1,177.77**	**$1,177.77**	**$1,177.77**	**$1,177.77**	**$1,177.77**	**$1,177.77**			**$1,177.77**
Benefit Package 726	**Enrolled Employees**		**47**	**47**	**47**	**46**	**46**	**45**	**45**	**45**	**45**	**44**			**46**
	Enrolled Members		**63**	**63**	**63**	**62**	**62**	**61**	**61**	**60**	**60**	**59**			**61**
	Claims	Inpatient	$636.30	$0.43	$2.55	$2.17	$1,968.16	$0.00	$0.00	$0.00	$0.00	$0.00			**$521.92**
		Outpatient	$69.48	$40.73	$74.42	$745.90	$1,332.12	$418.69	$72.87	$8.36	$63.52	$38.94			**$286.50**
		ER	$0.00	$0.00	$0.00	$0.00	$70.55	$0.00	$14.30	$0.00	$0.00	$0.00			**$42.43**
		Prof Svcs	$196.78	$198.07	$152.82	$138.14	$503.58	$225.35	$226.72	$130.17	$172.54	$245.98			**$219.02**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1.70			**$1.70**
		Pharmacy	$335.58	$863.05	$867.44	$340.80	$230.59	$139.98	$316.36	$246.56	$297.83	$261.74			**$389.99**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$1,238.14**	**$1,102.28**	**$1,097.23**	**$1,227.01**	**$4,105.01**	**$784.02**	**$630.25**	**$385.08**	**$533.90**	**$548.36**			**$1,165.13**
	Total Premiums		**$956.97**	**$956.97**	**$956.97**	**$956.97**	**$956.97**	**$956.97**	**$956.97**	**$956.97**	**$956.97**	**$956.97**			**$956.97**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9g
Experience Reports by Benefit Package — Per Employee Per Month
Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 730	**Enrolled Employees**		**169**	**169**	**169**	**169**	**169**	**168**	**168**	**168**	**168**	**162**	**190**	**190**	**172**
	Enrolled Members		**271**	**270**	**270**	**270**	**270**	**265**	**265**	**265**	**265**	**249**	**293**	**293**	**271**
	Claims	Inpatient	$24.16	$0.00	$262.62	$37.14	$122.96	$0.00	$301.91	$0.48	$25.52	$0.00	$1.37	$0.00	**$97.02**
		Outpatient	$45.50	$99.09	$64.36	$269.52	$262.17	$91.41	$113.63	$116.77	$57.93	$209.48	$194.26	$313.40	**$153.13**
		ER	$2.29	$37.43	$0.00	$86.79	$0.00	$0.00	$28.41	$43.27	$34.84	$3.33	$4.22	$16.04	**$28.51**
		Prof Svcs	$175.96	$178.89	$211.85	$272.40	$211.72	$160.31	$278.96	$207.48	$168.33	$177.82	$253.66	$183.54	**$206.74**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.18	$0.15	$0.79	$0.13	**$0.31**
		Pharmacy	$80.07	$79.60	$106.28	$98.77	$76.01	$111.27	$157.64	$75.49	$133.49	$108.49	$107.42	$109.46	**$103.66**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$327.99**	**$395.01**	**$645.10**	**$764.62**	**$672.85**	**$362.99**	**$880.54**	**$443.49**	**$420.29**	**$499.27**	**$561.71**	**$622.58**	**$549.70**
	Total Premiums		**$1,047.88**	**$1,047.88**	**$1,047.88**	**$1,047.88**	**$1,047.88**	**$1,047.88**	**$1,047.88**	**$1,047.88**	**$1,047.88**	**$1,047.88**	**$1,047.88**	**$1,047.88**	**$1,047.88**
Benefit Package 731	**Enrolled Employees**		**158**	**158**	**156**	**154**	**152**	**152**	**151**	**152**	**152**	**150**	**163**	**162**	**155**
	Enrolled Members		**230**	**230**	**227**	**224**	**221**	**220**	**218**	**217**	**214**	**214**	**226**	**225**	**222**
	Claims	Inpatient	$0.00	$240.41	$198.80	$65.13	$0.00	$0.00	$1,114.97	$0.00	$0.00	$0.00	$0.00	$286.92	**$381.25**
		Outpatient	$83.26	$63.69	$30.50	$87.75	$105.64	$122.22	$48.80	$49.51	$154.35	$95.72	$199.63	$196.84	**$103.16**
		ER	$0.00	$35.59	$32.67	$40.18	$39.21	$2.65	$31.99	$0.00	$46.56	$31.11	$25.26	$57.43	**$34.26**
		Prof Svcs	$253.44	$294.33	$270.31	$226.18	$175.14	$152.53	$278.12	$181.83	$175.56	$153.71	$140.63	$243.16	**$212.08**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.09	$1.50	$0.15	**$0.58**
		Pharmacy	$128.11	$108.97	$108.40	$159.22	$78.63	$113.30	$93.22	$155.35	$52.78	$152.23	$154.32	$170.95	**$122.96**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$464.81**	**$743.00**	**$640.68**	**$578.46**	**$398.62**	**$390.70**	**$1,567.10**	**$386.69**	**$429.24**	**$432.87**	**$521.33**	**$955.46**	**$625.75**
	Total Premiums		**$922.31**	**$922.31**	**$922.31**	**$922.31**	**$922.31**	**$922.31**	**$922.31**	**$922.31**	**$922.31**	**$922.31**	**$922.31**	**$922.31**	**$922.31**
Grand Total	**Enrolled Employees**		**106,225**	**106,249**	**106,342**	**106,336**	**106,358**	**106,276**	**106,109**	**105,766**	**105,618**	**105,466**	**103,505**	**103,761**	**105,668**
	Enrolled Members		**200,647**	**200,505**	**200,538**	**200,305**	**200,328**	**200,094**	**199,804**	**199,259**	**198,908**	**198,755**	**194,456**	**194,653**	**199,021**
	Claims	Inpatient	$136.78	$139.44	$168.10	$159.92	$152.29	$204.31	$185.06	$186.57	$155.93	$145.71	$149.40	$165.60	**$162.43**
		Outpatient	$141.19	$138.96	$148.31	$148.98	$148.00	$174.24	$192.85	$179.05	$154.09	$168.93	$138.25	$169.44	**$158.52**
		ER	$26.08	$24.21	$30.98	$30.71	$29.33	$30.08	$29.42	$30.16	$28.80	$31.46	$27.46	$29.43	**$29.01**
		Prof Svcs	$211.14	$200.91	$218.83	$229.60	$217.39	$237.95	$273.28	$270.90	$230.90	$242.06	$200.33	$230.41	**$230.31**
		Other	$49.27	$48.83	$50.69	$53.61	$51.32	$52.62	$59.85	$60.80	$56.61	$59.74	$50.77	$56.00	**$54.17**
		Pharmacy	$140.72	$134.49	$153.26	$145.53	$144.78	$157.50	$157.68	$162.55	$153.32	$151.07	$148.06	$156.06	**$150.42**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$705.18**	**$686.83**	**$770.17**	**$768.36**	**$743.10**	**$856.70**	**$898.15**	**$890.04**	**$779.66**	**$798.96**	**$714.27**	**$806.94**	**$784.86**
	Total Premiums		**$864.60**	**$865.11**	**$872.69**	**$871.90**	**$871.71**	**$876.64**	**$871.53**	**$874.71**	**$876.17**	**$870.26**	**$901.26**	**$897.38**	**$876.16**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9h
Experience Reports by Benefit Package — Per Member Per Month
Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 009	**Enrolled Employees**		**59**	**58**	**58**	**57**	**57**	**56**	**55**	**52**	**51**	**49**	**65**	**65**	**57**
	Enrolled Members		**96**	**95**	**95**	**93**	**92**	**89**	**88**	**83**	**82**	**79**	**97**	**97**	**91**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$332.59	$0.00	**$332.59**
		Outpatient	$46.69	$28.39	$77.17	$179.50	$0.00	$1.42	$118.78	$101.63	$299.94	$0.00	$0.00	$47.81	**$100.15**
		ER	$71.29	$8.98	$33.47	$9.31	$27.43	$0.00	$6.77	$29.95	$0.00	$6.25	$1.15	$0.00	**$21.62**
		Prof Svcs	$46.88	$58.18	$60.42	$89.88	$57.42	$61.18	$70.71	$84.03	$55.76	$92.45	$29.30	$45.15	**$62.61**
		Other	$75.89	$22.09	$46.70	$105.52	$74.39	$52.58	$75.32	$84.25	$44.86	$83.47	$53.68	$40.94	**$63.31**
		Pharmacy	$28.44	$21.70	$32.12	$24.70	$34.31	$24.67	$29.48	$26.61	$33.02	$21.98	$15.08	$14.52	**$25.55**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$269.19**	**$139.35**	**$249.87**	**$408.91**	**$193.56**	**$139.85**	**$301.06**	**$326.47**	**$433.58**	**$204.15**	**$431.79**	**$148.43**	**$270.52**
	Total Premiums		**$528.79**	**$528.04**	**$528.04**	**$520.21**	**$520.42**	**$524.56**	**$523.70**	**$520.39**	**$519.42**	**$516.45**	**$538.11**	**$538.11**	**$525.52**
Benefit Package 010	**Enrolled Employees**		**262**	**261**	**260**	**260**	**261**	**262**	**261**	**264**	**264**	**257**	**263**	**263**	**262**
	Enrolled Members		**396**	**392**	**391**	**391**	**393**	**394**	**392**	**398**	**397**	**392**	**390**	**388**	**393**
	Claims	Inpatient	$417.77	$12.66	$350.66	$230.01	$67.34	$0.00	$434.68	$0.00	$152.95	$106.11	$77.04	$93.81	**$194.30**
		Outpatient	$51.20	$101.24	$82.03	$150.08	$109.57	$51.82	$64.85	$100.22	$61.27	$67.99	$228.98	$178.83	**$104.01**
		ER	$30.84	$25.74	$16.39	$21.45	$31.12	$21.98	$34.71	$49.08	$17.94	$79.98	$4.68	$10.40	**$28.69**
		Prof Svcs	$241.75	$97.21	$209.00	$116.59	$94.00	$82.29	$101.41	$239.41	$229.55	$225.61	$105.70	$225.21	**$163.98**
		Other	$175.42	$196.12	$190.89	$213.06	$171.91	$151.02	$224.46	$297.05	$252.34	$593.36	$246.73	$271.19	**$248.63**
		Pharmacy	$48.94	$67.16	$49.67	$74.63	$75.47	$69.28	$72.32	$50.12	$56.17	$67.35	$43.36	$58.86	**$61.11**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$965.91**	**$500.14**	**$898.65**	**$805.82**	**$549.41**	**$376.38**	**$932.43**	**$735.88**	**$770.22**	**$1,140.41**	**$706.49**	**$838.30**	**$768.34**
	Total Premiums		**$606.95**	**$608.54**	**$608.32**	**$608.32**	**$604.95**	**$605.18**	**$605.15**	**$603.11**	**$608.11**	**$603.88**	**$621.42**	**$621.99**	**$608.83**
Benefit Package 011	**Enrolled Employees**		**93**	**94**	**93**	**92**	**94**	**91**	**90**	**91**	**91**	**95**	**93**	**94**	**93**
	Enrolled Members		**235**	**236**	**234**	**233**	**238**	**232**	**231**	**234**	**232**	**244**	**256**	**257**	**239**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$6.63	$57.70	$0.00	$592.90	$0.00	$526.37	$205.99	$171.82	**$260.23**
		Outpatient	$2.53	$15.06	$0.00	$47.32	$61.32	$25.73	$65.29	$89.91	$112.40	$63.05	$113.72	$82.41	**$61.70**
		ER	$0.00	$0.00	$0.30	$3.36	$24.82	$0.43	$0.00	$30.70	$2.25	$14.44	$3.01	$0.00	**$9.91**
		Prof Svcs	$29.91	$38.34	$22.39	$28.81	$53.74	$43.39	$110.49	$73.44	$52.54	$55.59	$62.48	$43.64	**$51.23**
		Other	$22.41	$30.61	$27.02	$23.19	$43.29	$32.16	$57.75	$72.23	$80.22	$80.84	$120.77	$64.58	**$54.59**
		Pharmacy	$8.47	$10.16	$7.04	$8.33	$10.05	$8.61	$14.83	$8.64	$9.57	$20.97	$7.24	$11.59	**$10.46**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$63.32**	**$94.17**	**$56.75**	**$111.00**	**$199.85**	**$168.01**	**$248.36**	**$867.83**	**$256.98**	**$761.25**	**$513.22**	**$374.04**	**$309.57**
	Total Premiums		**$360.08**	**$360.62**	**$359.56**	**$359.01**	**$349.42**	**$356.36**	**$355.79**	**$356.65**	**$360.06**	**$360.39**	**$287.03**	**$289.13**	**$346.17**
Benefit Package 012	**Enrolled Employees**		**370**	**373**	**374**	**372**	**376**	**376**	**377**	**361**	**338**	**349**	**422**	**429**	**376**
	Enrolled Members		**688**	**688**	**694**	**693**	**689**	**689**	**687**	**666**	**633**	**640**	**762**	**768**	**691**
	Claims	Inpatient	-$3.84	$49.35	$0.00	$88.42	$10.75	$0.00	$0.00	$127.87	$27.52	$66.47	$26.38	$15.59	**$51.06**
		Outpatient	$0.23	$28.44	$8.82	$10.44	$6.04	$21.29	$50.26	$20.87	$17.53	$33.89	$3.74	$8.96	**$17.54**
		ER	$7.51	$10.12	$25.19	$0.92	-$0.57	$3.71	$13.05	$14.09	$6.29	$6.62	$5.02	$10.35	**$9.30**
		Prof Svcs	$12.16	$15.94	$3.49	$0.99	$4.95	$24.55	$20.20	$8.24	$4.28	$13.28	$14.16	$9.78	**$11.00**
		Other	$137.39	$148.15	$164.83	$180.51	$165.20	$168.17	$189.96	$164.73	$148.14	$152.52	$141.36	$139.99	**$158.41**
		Pharmacy	$16.54	$39.36	$25.83	$39.86	$31.76	$66.12	$69.52	$65.69	$21.05	$24.27	$17.25	$26.55	**$36.98**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$169.99**	**$291.36**	**$228.17**	**$321.14**	**$218.14**	**$283.83**	**$343.00**	**$401.48**	**$224.82**	**$297.06**	**$207.91**	**$211.21**	**$266.51**
	Total Premiums		**$378.99**	**$414.88**	**$414.32**	**$422.97**	**$418.25**	**$404.21**	**$402.31**	**$411.18**	**$438.82**	**$375.16**	**$456.20**	**$476.89**	**$417.85**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9h
Experience Reports by Benefit Package — Per Member Per Month
Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 013	**Enrolled Employees**		**273**	**273**	**273**	**272**	**271**	**271**	**271**	**266**	**255**	**251**			**268**
	Enrolled Members		**495**	**495**	**497**	**494**	**493**	**491**	**491**	**485**	**474**	**458**			**487**
	Claims	Inpatient	$56.52	-$10.14	$117.12	$0.00	$32.60	$18.53	$79.18	$62.76	$54.09	$38.24			**$56.11**
		Outpatient	$34.51	$114.58	$38.43	$69.97	$26.72	-$6.08	$85.84	$23.45	$19.47	$4.69			**$45.73**
		ER	$21.13	$12.93	$16.41	$18.21	$17.42	$34.78	$15.74	$4.67	$18.18	$45.68			**$20.51**
		Prof Svcs	$26.90	$11.88	$30.74	$7.69	$21.48	$6.28	$15.09	$19.43	$24.50	$35.93			**$19.99**
		Other	$174.02	$198.89	$190.21	$197.97	$145.37	$180.86	$194.26	$202.01	$160.20	$161.43			**$180.52**
		Pharmacy	$74.55	$35.92	$45.44	$57.52	$40.57	$34.52	$44.20	$37.21	$46.52	$40.67			**$45.71**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$387.63**	**$364.05**	**$438.34**	**$351.36**	**$284.16**	**$268.89**	**$434.31**	**$349.53**	**$322.97**	**$326.63**			**$352.79**
	Total Premiums		**$429.69**	**$529.83**	**$524.99**	**$520.09**	**$528.40**	**$530.28**	**$513.79**	**$522.76**	**$538.58**	**$492.04**			**$513.04**
Benefit Package 016	**Enrolled Employees**		**132**	**131**	**133**	**132**	**131**	**131**	**132**	**134**	**132**	**128**	**136**	**138**	**133**
	Enrolled Members		**236**	**235**	**238**	**237**	**236**	**236**	**237**	**243**	**239**	**226**	**238**	**240**	**237**
	Claims	Inpatient	$0.00	$267.30	$0.00	-$0.83	$0.00	$0.00	$104.10	-$4.74	$29.71	$0.00	$0.00	$1.78	**$99.33**
		Outpatient	$61.88	-$19.67	$78.91	$113.63	$16.11	$25.95	$84.06	$36.78	$8.05	$13.32	$0.00	$0.00	**$46.56**
		ER	$0.00	$6.17	$43.65	$47.89	$4.80	$1.89	$1.10	$1.45	$9.37	$14.67	$15.67	$5.36	**$13.82**
		Prof Svcs	$49.76	$30.70	$32.90	$20.47	-$0.17	$22.93	$21.55	$27.30	$22.82	$16.02	$2.18	-$2.44	**$24.40**
		Other	$165.66	$155.02	$192.54	$166.94	$163.25	$179.62	$198.25	$167.34	$179.18	$130.94	$153.41	$143.62	**$166.31**
		Pharmacy	$33.04	$29.06	$36.73	$19.04	$45.60	$13.15	$21.32	$28.99	$33.96	$52.28	$13.55	$42.52	**$30.77**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$310.35**	**$468.58**	**$384.73**	**$367.14**	**$229.58**	**$243.55**	**$430.38**	**$257.13**	**$283.09**	**$227.23**	**$184.81**	**$190.84**	**$298.12**
	Total Premiums		**$479.29**	**$475.64**	**$481.63**	**$481.12**	**$483.97**	**$483.30**	**$482.27**	**$472.71**	**$471.50**	**$486.05**	**$500.89**	**$489.67**	**$482.34**
Benefit Package 025	**Enrolled Employees**		**1,703**	**1,705**	**1,723**	**1,745**	**1,755**	**1,752**	**1,757**	**1,763**	**1,764**	**1,872**			**1,754**
	Enrolled Members		**4,307**	**4,311**	**4,363**	**4,396**	**4,424**	**4,409**	**4,416**	**4,447**	**4,451**	**4,677**			**4,420**
	Claims	Inpatient	$42.80	$55.30	$52.60	$23.14	$95.12	$12.92	$45.89	$60.57	$99.95	$12.57			**$50.09**
		Outpatient	$32.19	$32.20	$57.43	$47.59	$55.66	$71.42	$73.81	$59.47	$78.03	$72.80			**$58.06**
		ER	$6.65	$6.71	$15.18	$9.08	$15.57	$14.93	$15.31	$12.01	$5.19	$9.62			**$11.02**
		Prof Svcs	$26.02	$29.67	$35.61	$43.01	$51.64	$52.52	$65.79	$72.23	$65.49	$50.77			**$49.28**
		Other	$0.37	$1.47	$1.24	$2.35	$2.27	$1.41	$1.54	$1.65	$3.44	$1.20			**$1.69**
		Pharmacy	$4.48	$5.18	$10.90	$10.29	$11.34	$14.47	$13.46	$16.56	$15.34	$11.60			**$11.36**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$112.52**	**$130.53**	**$172.96**	**$135.45**	**$231.59**	**$167.67**	**$215.80**	**$222.49**	**$267.44**	**$158.57**			**$181.50**
	Total Premiums		**$268.36**	**$268.45**	**$267.88**	**$268.46**	**$268.20**	**$268.54**	**$268.66**	**$268.00**	**$268.54**	**$268.11**			**$268.32**
Benefit Package 030	**Enrolled Employees**		**408**	**403**	**400**	**400**	**396**	**394**	**395**	**393**	**394**	**374**	**360**	**363**	**390**
	Enrolled Members		**833**	**824**	**816**	**811**	**804**	**803**	**802**	**793**	**796**	**770**	**730**	**732**	**793**
	Claims	Inpatient	-$14.99	$77.47	$23.52	$93.24	$50.24	$83.54	$250.29	$168.10	$17.57	$64.19	$35.38	$142.69	**$90.11**
		Outpatient	$8.35	$90.26	$52.11	$21.77	$13.47	$30.31	$110.40	$46.49	$53.86	$25.86	$35.62	$30.39	**$43.24**
		ER	$14.65	$17.61	$29.11	$27.78	$13.12	$11.54	$44.74	$9.86	$11.19	$15.01	$22.49	$41.65	**$21.56**
		Prof Svcs	$48.77	$43.06	$31.69	$25.94	$37.70	$34.91	$54.60	$63.45	$41.07	$57.75	$48.54	$44.83	**$44.36**
		Other	$185.93	$201.73	$213.46	$206.76	$199.18	$221.15	$295.38	$259.47	$191.40	$212.94	$197.55	$215.85	**$216.73**
		Pharmacy	$85.89	$65.88	$61.26	$66.50	$62.87	$58.31	$37.93	$40.90	$28.51	$47.56	$34.45	$45.95	**$53.00**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$328.60**	**$496.01**	**$411.15**	**$441.99**	**$376.59**	**$439.75**	**$793.32**	**$588.28**	**$343.62**	**$423.31**	**$374.03**	**$521.34**	**$461.50**
	Total Premiums		**$545.84**	**$551.11**	**$547.31**	**$551.79**	**$554.55**	**$554.33**	**$552.62**	**$551.13**	**$549.43**	**$543.66**	**$553.88**	**$562.28**	**$551.49**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9h

Experience Reports by Benefit Package — Per Member Per Month

Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 031	**Enrolled Employees**		**828**	**822**	**819**	**815**	**818**	**817**	**816**	**814**	**812**	**819**			**818**
	Enrolled Members		**1,513**	**1,515**	**1,511**	**1,509**	**1,515**	**1,510**	**1,512**	**1,508**	**1,505**	**1,494**			**1,509**
	Claims	Inpatient	$58.69	$26.31	$88.44	$67.27	$135.78	$119.09	$205.41	$71.69	$119.40	$64.92			**$95.70**
		Outpatient	$14.75	$59.50	$30.56	$16.12	$19.34	$39.57	$61.59	$57.85	$29.66	$12.81			**$34.18**
		ER	$32.57	$13.61	$30.24	$47.62	$13.91	$23.49	$30.86	$24.58	$12.27	$20.78			**$24.99**
		Prof Svcs	$38.65	$43.81	$36.94	$29.89	$26.01	$46.78	$53.52	$43.52	$44.58	$48.12			**$41.18**
		Other	$226.66	$181.91	$201.07	$204.60	$221.87	$239.72	$252.08	$213.98	$189.78	$209.10			**$214.08**
		Pharmacy	$47.45	$40.27	$38.68	$40.87	$35.02	$40.23	$43.88	$37.97	$30.84	$31.35			**$38.66**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$418.77**	**$365.41**	**$425.91**	**$406.38**	**$451.93**	**$508.89**	**$647.33**	**$449.59**	**$426.55**	**$387.08**			**$448.78**
	Total Premiums		**$500.45**	**$498.56**	**$497.13**	**$495.97**	**$501.09**	**$496.93**	**$497.47**	**$495.85**	**$495.87**	**$499.44**			**$497.88**
Benefit Package 044	**Enrolled Employees**		**88**	**87**	**86**	**86**	**86**	**86**	**85**	**85**	**85**	**77**	**76**	**76**	**84**
	Enrolled Members		**143**	**142**	**140**	**140**	**138**	**138**	**137**	**137**	**138**	**127**	**126**	**126**	**136**
	Claims	Inpatient	$7.70	$0.00	$0.00	$774.69	$0.00	$122.22	$400.58	$63.36	$118.59	$271.67	$0.00	$0.00	**$251.26**
		Outpatient	$37.49	$96.82	$68.48	$123.58	$57.93	$13.11	$113.25	$60.37	$18.87	$32.45	$204.09	$111.91	**$78.20**
		ER	$1.17	$1.56	$8.07	$29.95	$0.00	$1.61	$10.15	$0.00	$16.40	$48.90	$37.93	$31.73	**$18.75**
		Prof Svcs	$120.40	$143.32	$142.94	$408.53	$192.93	$181.98	$385.85	$281.84	$198.03	$309.12	$243.42	$245.44	**$237.82**
		Other	$3.02	$2.95	$4.95	$26.14	$13.47	$5.51	$18.59	$16.19	$2.93	$19.30	$8.47	$68.60	**$15.85**
		Pharmacy	$335.90	$197.18	$425.84	$436.22	$571.96	$166.06	$327.98	$437.46	$201.39	$340.46	$419.60	$267.76	**$343.98**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$505.68**	**$441.83**	**$650.27**	**$1,799.12**	**$836.29**	**$490.49**	**$1,256.40**	**$859.21**	**$556.22**	**$1,021.89**	**$913.51**	**$725.44**	**$838.03**
	Total Premiums		**$718.14**	**$716.74**	**$714.26**	**$714.26**	**$722.09**	**$722.09**	**$720.67**	**$720.67**	**$715.44**	**$703.49**	**$701.79**	**$701.79**	**$714.29**
Benefit Package 065	**Enrolled Employees**		**1,931**	**1,935**	**1,940**	**1,938**	**1,937**	**1,936**	**1,931**	**1,929**	**1,928**	**1,933**	**1,949**	**1,942**	**1,936**
	Enrolled Members		**4,627**	**4,623**	**4,633**	**4,631**	**4,623**	**4,618**	**4,608**	**4,596**	**4,586**	**4,624**	**4,659**	**4,642**	**4,623**
	Claims	Inpatient	$66.35	$53.06	$55.68	$105.92	$83.36	$98.31	$52.13	$92.04	$243.86	$105.19	$126.91	$40.73	**$93.63**
		Outpatient	$60.16	$79.47	$78.83	$98.79	$73.95	$93.70	$119.74	$91.98	$113.19	$150.72	$124.40	$124.65	**$100.80**
		ER	$10.19	$7.61	$11.32	$15.38	$10.41	$9.88	$15.11	$10.71	$10.36	$8.72	$10.85	$9.08	**$10.80**
		Prof Svcs	$49.70	$41.72	$52.72	$61.08	$58.48	$65.36	$72.59	$68.48	$70.58	$77.14	$69.19	$75.84	**$63.57**
		Other	$33.55	$38.11	$42.15	$44.06	$40.53	$40.64	$52.57	$44.68	$42.24	$51.64	$45.78	$45.47	**$43.45**
		Pharmacy	$47.59	$40.20	$48.00	$42.03	$41.90	$46.21	$51.10	$46.30	$48.33	$43.05	$44.08	$40.33	**$44.93**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$267.55**	**$260.18**	**$288.70**	**$367.25**	**$308.63**	**$354.11**	**$363.25**	**$354.20**	**$528.56**	**$436.45**	**$421.20**	**$336.10**	**$357.18**
	Total Premiums		**$424.25**	**$423.96**	**$424.28**	**$424.02**	**$424.02**	**$424.23**	**$423.89**	**$423.94**	**$424.35**	**$422.81**	**$422.56**	**$422.83**	**$423.76**
Benefit Package 172	**Enrolled Employees**		**360**	**356**	**356**	**353**	**351**	**352**	**349**	**349**	**348**	**356**	**357**	**356**	**354**
	Enrolled Members		**653**	**643**	**638**	**636**	**635**	**635**	**630**	**632**	**630**	**632**	**644**	**643**	**638**
	Claims	Inpatient	$104.94	$125.63	$122.68	$40.87	$18.81	$174.84	$15.87	$2.24	$44.95	$23.15	$0.00	$0.00	**$67.40**
		Outpatient	$16.57	$24.48	$77.82	$43.61	$73.33	$80.25	$110.11	$27.95	$47.52	$20.15	$22.89	$62.00	**$50.56**
		ER	$25.30	$37.45	$9.48	$8.71	$12.26	$53.50	$20.96	$26.71	$31.24	$7.43	$27.31	$8.77	**$22.43**
		Prof Svcs	$85.28	$90.51	$117.47	$108.10	$71.12	$145.72	$103.82	$95.15	$110.40	$92.84	$88.71	$97.84	**$100.58**
		Other	$154.51	$116.65	$166.44	$117.71	$104.94	$95.63	$150.49	$112.84	$151.54	$130.35	$174.51	$91.99	**$130.63**
		Pharmacy	$104.04	$66.41	$117.30	$92.09	$109.13	$107.01	$81.96	$135.57	$88.22	$76.88	$85.27	$188.92	**$104.40**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$490.64**	**$461.13**	**$611.18**	**$411.09**	**$389.61**	**$656.95**	**$483.22**	**$400.45**	**$473.86**	**$350.81**	**$398.69**	**$449.51**	**$464.76**
	Total Premiums		**$532.80**	**$533.78**	**$535.10**	**$534.98**	**$533.14**	**$532.89**	**$533.81**	**$532.57**	**$533.78**	**$544.94**	**$539.13**	**$538.79**	**$535.47**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9h
Experience Reports by Benefit Package — Per Member Per Month
Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 176	**Enrolled Employees**		**245**	**243**	**242**	**244**	**244**	**247**	**247**	**242**	**245**	**241**	**253**	**254**	**246**
	Enrolled Members		**451**	**444**	**441**	**442**	**441**	**442**	**442**	**436**	**443**	**441**	**471**	**472**	**447**
	Claims	Inpatient	$0.00	$41.51	$30.07	$0.96	$16.80	$110.13	$120.83	$0.00	$0.00	$84.74	$143.71	$0.19	**$60.99**
		Outpatient	$38.17	$2.28	$3.96	$12.56	$27.61	$40.78	$97.54	$47.77	$88.52	$30.14	$20.55	$13.36	**$35.27**
		ER	$13.14	$30.12	$1.17	$8.69	$8.68	$6.00	$13.29	$3.08	$2.24	$11.37	$5.15	$15.12	**$9.84**
		Prof Svcs	$70.53	$8.19	$41.89	$42.91	$26.28	$36.28	$22.07	$31.68	$22.87	$28.69	$53.55	$55.00	**$36.66**
		Other	$181.65	$187.46	$182.72	$188.89	$194.94	$233.27	$217.92	$189.12	$145.91	$203.00	$212.49	$179.49	**$193.07**
		Pharmacy	$22.52	$20.98	$36.72	$21.90	$28.61	$33.55	$23.27	$33.16	$34.26	$39.43	$49.97	$38.57	**$31.91**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$326.01**	**$290.53**	**$296.52**	**$275.92**	**$302.91**	**$459.99**	**$494.92**	**$304.82**	**$293.79**	**$397.37**	**$485.42**	**$301.72**	**$352.49**
	Total Premiums		**$523.54**	**$525.33**	**$529.88**	**$532.47**	**$537.47**	**$538.81**	**$538.87**	**$534.87**	**$529.36**	**$538.22**	**$507.90**	**$501.49**	**$528.18**
Benefit Package 177	**Enrolled Employees**		**99**	**98**	**98**	**98**	**98**	**98**	**97**	**101**	**101**	**98**	**99**	**99**	**99**
	Enrolled Members		**136**	**135**	**135**	**135**	**135**	**135**	**133**	**142**	**142**	**138**	**138**	**138**	**137**
	Claims	Inpatient	$0.00	$72.57	$88.78	$144.45	$251.30	$0.00	-$0.75	$0.00	$0.00	$0.00	$0.00	$0.00	**$139.09**
		Outpatient	$183.46	$112.14	$4.67	$0.84	$230.64	$10.70	$87.82	$45.50	$41.25	$123.82	$4.55	$5.06	**$70.87**
		ER	$25.57	$31.96	$9.80	$10.69	$67.84	$5.30	$15.16	$26.24	$0.11	$0.00	$12.86	$3.83	**$19.03**
		Prof Svcs	$3.32	$36.98	$4.84	-$0.59	$15.18	$46.22	$69.36	$35.04	$21.35	$37.63	$15.39	$11.80	**$26.96**
		Other	$207.66	$233.34	$229.33	$204.28	$231.50	$235.86	$216.25	$196.12	$139.52	$193.01	$194.96	$178.39	**$205.02**
		Pharmacy	$165.36	$151.37	$26.81	$168.04	$156.81	$164.58	$171.00	$65.76	$36.05	$60.63	$54.07	$89.51	**$109.17**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$585.37**	**$638.36**	**$364.24**	**$527.70**	**$953.26**	**$462.66**	**$558.84**	**$368.66**	**$238.27**	**$415.09**	**$281.84**	**$288.59**	**$473.57**
	Total Premiums		**$592.47**	**$593.21**	**$593.25**	**$593.92**	**$598.14**	**$597.30**	**$598.94**	**$584.22**	**$586.40**	**$577.15**	**$583.51**	**$588.59**	**$590.59**
Benefit Package 185	**Enrolled Employees**		**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**2**	**2**	**1**
	Enrolled Members		**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**7**	**7**	**4**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs	$0.00	$0.00	$0.00	$76.67	$0.00	$0.00	$0.00	$71.67	$0.00	$0.00	$0.00	$27.95	**$58.76**
		Other	$63.11	$63.11	$63.11	$102.99	$63.11	$63.11	$103.53	$52.56	$46.30	$129.96	$19.84	$19.84	**$65.88**
		Pharmacy	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$63.11**	**$63.11**	**$63.11**	**$179.65**	**$63.11**	**$63.11**	**$103.53**	**$124.23**	**$46.30**	**$129.96**	**$19.84**	**$47.80**	**$80.57**
	Total Premiums		**$312.48**	**$312.48**	**$312.48**	**$312.48**	**$312.48**	**$312.48**	**$312.48**	**$312.48**	**$312.48**	**$312.48**	**$267.10**	**$267.10**	**$304.91**
Benefit Package 230	**Enrolled Employees**		**17**	**17**	**17**	**17**	**17**	**17**	**16**	**16**	**16**	**22**	**37**	**37**	**21**
	Enrolled Members		**51**	**51**	**51**	**51**	**51**	**52**	**51**	**51**	**51**	**65**	**98**	**98**	**60**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$222.41	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$222.41**
		Outpatient	$2.23	$0.88	$2.51	$0.00	$0.00	$6.64	$16.12	$0.00	$10.17	$3.14	$0.00	$0.18	**$5.23**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$24.47	$0.00	$0.00	**$24.47**
		Prof Svcs	$10.02	$7.12	$16.44	$25.94	$100.37	$19.82	$47.24	$9.71	$30.50	$15.31	$24.24	$9.04	**$26.31**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$7.78	$0.34	$0.00	$0.00	**$4.06**
		Pharmacy	$0.65	$0.00	$0.00	$0.68	$0.33	$0.23	$0.19	$1.25	$0.14	$0.00	$40.36	$62.98	**$11.87**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$12.90**	**$8.00**	**$18.95**	**$26.62**	**$323.12**	**$26.69**	**$63.54**	**$10.96**	**$48.59**	**$43.26**	**$64.59**	**$72.20**	**$59.95**
	Total Premiums		**$224.75**	**$224.75**	**$224.75**	**$224.75**	**$224.75**	**$220.43**	**$211.53**	**$211.53**	**$211.53**	**$228.21**	**$267.97**	**$267.97**	**$228.58**

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Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 236	**Enrolled Employees**		**268**	**268**	**268**	**268**	**268**	**267**	**266**	**263**	**263**	**243**	**185**	**185**	**251**
	Enrolled Members		**472**	**472**	**469**	**470**	**472**	**470**	**469**	**464**	**465**	**439**	**310**	**310**	**440**
	Claims	Inpatient	$0.00	$0.00	$393.60	$294.14	$0.00	$4.83	$138.19	$14.66	$17.95	$0.00	$12.47	$175.70	**$131.44**
		Outpatient	$108.36	$192.46	$84.54	$177.45	$50.77	$172.25	$184.74	$223.87	$113.40	$164.63	$217.42	$180.58	**$155.87**
		ER	$13.38	$0.00	$19.95	$45.20	$12.36	$17.14	$19.86	$17.54	$15.39	$7.91	$4.85	$27.18	**$18.25**
		Prof Svcs	$70.97	$96.87	$118.13	$103.13	$69.59	$104.04	$157.32	$134.12	$122.55	$130.90	$120.17	$155.15	**$115.24**
		Other	$0.20	$0.08	$0.11	$0.00	$0.00	$0.00	$0.37	$0.82	$1.79	$2.55	$0.00	$0.67	**$0.82**
		Pharmacy	$142.05	$140.39	$158.30	$138.75	$68.50	$161.39	$135.60	$105.62	$87.94	$100.05	$99.39	$175.96	**$126.16**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$334.97**	**$429.80**	**$774.62**	**$758.67**	**$201.23**	**$459.64**	**$636.08**	**$496.63**	**$359.03**	**$406.04**	**$454.30**	**$715.23**	**$502.19**
	Total Premiums		**$538.60**	**$538.60**	**$542.05**	**$540.89**	**$538.60**	**$538.88**	**$538.00**	**$537.67**	**$536.51**	**$525.07**	**$614.30**	**$614.30**	**$550.29**
Benefit Package 237	**Enrolled Employees**		**216**	**216**	**216**	**214**	**214**	**214**	**213**	**215**	**213**	**215**	**254**	**255**	**221**
	Enrolled Members		**426**	**426**	**424**	**419**	**419**	**419**	**419**	**422**	**414**	**412**	**500**	**503**	**434**
	Claims	Inpatient	$118.85	$33.28	$31.88	$0.00	$0.00	$68.03	$302.76	$430.55	$47.11	$133.03	$242.86	$115.89	**$152.42**
		Outpatient	$140.99	$140.96	$97.18	$111.15	$47.14	$85.68	$333.93	$137.84	$56.42	$52.42	$56.59	$88.64	**$112.41**
		ER	$7.84	$43.08	$8.58	$8.28	$7.56	$9.49	$21.43	$4.55	$7.36	$7.13	$19.99	$14.43	**$13.31**
		Prof Svcs	$87.90	$65.31	$66.10	$74.98	$72.02	$83.41	$129.44	$155.53	$92.35	$108.09	$72.00	$112.86	**$93.33**
		Other	$0.14	$0.00	$0.00	$0.00	$0.00	$0.11	$0.00	$0.23	$0.52	$0.78	$0.00	$0.00	**$0.35**
		Pharmacy	$66.44	$50.18	$55.80	$60.65	$41.98	$59.54	$59.37	$69.42	$77.11	$54.51	$63.61	$57.87	**$59.70**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$422.16**	**$332.80**	**$259.54**	**$255.06**	**$168.70**	**$306.25**	**$846.94**	**$798.11**	**$280.87**	**$355.97**	**$455.04**	**$389.68**	**$405.93**
	Total Premiums		**$412.35**	**$412.35**	**$414.29**	**$415.35**	**$415.35**	**$415.35**	**$413.41**	**$414.33**	**$418.41**	**$424.38**	**$458.55**	**$457.61**	**$422.64**
Benefit Package 238	**Enrolled Employees**		**140**	**140**	**140**	**142**	**143**	**142**	**141**	**141**	**141**	**140**	**150**	**151**	**143**
	Enrolled Members		**300**	**302**	**303**	**306**	**308**	**304**	**303**	**304**	**304**	**296**	**300**	**301**	**303**
	Claims	Inpatient	$0.00	$154.97	$0.00	$437.09	$41.81	$0.00	$28.75	$0.00	$0.00	$0.00	$0.00	$205.72	**$173.67**
		Outpatient	$90.03	$48.85	$94.13	$70.34	$172.63	$86.99	$96.91	$135.90	$154.46	$60.83	$69.32	$80.50	**$96.74**
		ER	$14.52	$22.46	$25.03	$6.33	$31.31	$0.00	$67.87	$16.87	$9.03	$1.26	$33.64	$7.49	**$21.44**
		Prof Svcs	$77.87	$67.06	$51.61	$119.62	$74.11	$58.96	$97.28	$69.06	$66.01	$74.52	$71.13	$92.72	**$76.66**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$11.71	$11.51	$15.29	$26.49	$22.64	$35.14	$34.45	$36.01	$35.46	$32.38	$9.80	$13.13	**$23.67**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$194.13**	**$304.86**	**$186.05**	**$659.87**	**$342.50**	**$181.09**	**$325.27**	**$257.84**	**$264.95**	**$168.99**	**$183.89**	**$399.56**	**$289.08**
	Total Premiums		**$323.59**	**$321.45**	**$320.39**	**$321.78**	**$321.94**	**$323.90**	**$322.68**	**$321.61**	**$321.61**	**$327.96**	**$369.18**	**$370.40**	**$330.54**
Benefit Package 245	**Enrolled Employees**		**68**	**68**	**68**	**66**	**64**	**64**	**64**	**64**	**64**	**65**	**64**	**64**	**65**
	Enrolled Members		**85**	**84**	**84**	**82**	**80**	**80**	**80**	**80**	**80**	**84**	**83**	**83**	**82**
	Claims	Inpatient	$229.41	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$252.47	$0.00	**$240.94**
		Outpatient	$19.78	$0.99	$30.95	$41.04	$32.16	$0.00	-$20.06	$17.57	$2.39	$58.70	$106.05	$16.24	**$30.58**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$22.02	$5.74	$0.00	$2.40	**$10.05**
		Prof Svcs	$52.26	$8.02	$8.64	$9.69	$3.29	$33.44	$133.14	$45.07	$53.15	$21.29	$63.78	$47.08	**$39.90**
		Other	$42.88	$10.06	$3.12	$19.18	$13.38	$15.01	$15.97	$23.32	$12.43	$9.42	$13.54	$31.23	**$17.46**
		Pharmacy	$3.01	$0.79	$2.37	$1.37	$0.34	$2.94	$9.12	$5.61	$3.53	$8.85	$8.08	$3.82	**$4.15**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$347.34**	**$19.86**	**$45.09**	**$71.29**	**$49.16**	**$51.39**	**$138.17**	**$91.57**	**$93.52**	**$104.00**	**$443.92**	**$100.78**	**$129.67**
	Total Premiums		**$389.52**	**$394.16**	**$474.44**	**$417.31**	**$387.43**	**$439.59**	**$415.88**	**$415.88**	**$415.88**	**$401.72**	**$416.16**	**$408.51**	**$414.71**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9h
Experience Reports by Benefit Package — Per Member Per Month
Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 246	**Enrolled Employees**		**458**	**456**	**462**	**460**	**464**	**462**	**460**	**461**	**462**	**458**	**457**	**466**	**461**
	Enrolled Members		**987**	**977**	**985**	**977**	**975**	**970**	**967**	**967**	**968**	**953**	**946**	**952**	**969**
	Claims	Inpatient	$3.31	$67.74	$154.14	$0.00	$21.44	$9.73	$38.84	$224.84	$22.58	$33.18	$261.85	$54.99	**$81.15**
		Outpatient	$60.23	$70.55	$96.11	$106.86	$36.70	$34.37	$57.54	$35.16	$29.83	$51.69	$41.05	$82.39	**$58.54**
		ER	$10.38	$15.31	$7.96	$5.37	$5.90	$5.45	$4.46	$10.16	$17.76	$11.31	$24.93	$9.14	**$10.68**
		Prof Svcs	$56.29	$58.77	$41.87	$41.90	$36.36	$38.70	$62.05	$70.00	$48.20	$54.73	$46.51	$41.24	**$49.72**
		Other	$22.64	$23.07	$19.66	$25.49	$18.37	$19.07	$25.43	$39.80	$25.38	$23.50	$31.43	$27.43	**$25.11**
		Pharmacy	$53.48	$42.50	$56.44	$71.22	$57.18	$102.24	$78.16	$84.01	$77.67	$53.96	$53.70	$51.85	**$65.20**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$206.32**	**$277.95**	**$376.18**	**$250.84**	**$175.95**	**$209.56**	**$266.48**	**$463.99**	**$221.42**	**$228.37**	**$459.47**	**$267.04**	**$283.63**
	Total Premiums		**$339.87**	**$339.41**	**$335.08**	**$338.99**	**$345.07**	**$344.53**	**$348.62**	**$342.52**	**$350.13**	**$356.29**	**$329.18**	**$353.40**	**$343.59**
Benefit Package 247	**Enrolled Employees**		**242**	**243**	**244**	**245**	**248**	**248**	**248**	**250**	**250**	**248**	**249**	**251**	**247**
	Enrolled Members		**370**	**369**	**370**	**370**	**375**	**378**	**380**	**383**	**382**	**379**	**375**	**378**	**376**
	Claims	Inpatient	$15.83	$177.46	$33.62	$147.27	$18.68	$120.72	$33.20	$41.98	$60.34	$83.85	$0.00	$68.78	**$72.88**
		Outpatient	$16.23	$150.32	$89.24	$20.83	$10.65	$15.08	$20.96	$18.50	$12.93	$43.46	$4.95	$26.09	**$35.77**
		ER	$2.54	$8.58	$5.97	$11.48	$8.75	$0.00	$11.10	$0.00	$12.54	$34.38	$11.01	$7.88	**$11.42**
		Prof Svcs	$162.15	$112.33	$139.12	$185.40	$149.09	$92.31	$242.96	$229.04	$146.70	$103.08	$89.37	$193.25	**$153.73**
		Other	$43.55	$87.93	$67.99	$97.94	$109.33	$69.21	$106.95	$66.72	$83.19	$86.78	$67.20	$81.32	**$80.68**
		Pharmacy	$41.02	$46.84	$43.36	$62.54	$66.40	$71.32	$59.88	$91.43	$49.69	$63.42	$57.77	$63.96	**$59.80**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$281.32**	**$583.46**	**$379.29**	**$525.47**	**$362.90**	**$368.63**	**$475.06**	**$447.67**	**$365.40**	**$414.96**	**$230.31**	**$441.28**	**$406.31**
	Total Premiums		**$547.93**	**$551.64**	**$551.40**	**$551.45**	**$550.67**	**$546.30**	**$544.13**	**$546.37**	**$547.10**	**$534.93**	**$567.60**	**$552.19**	**$549.31**
Benefit Package 249	**Enrolled Employees**		**710**	**709**	**705**	**702**	**704**	**702**	**698**	**696**	**694**	**691**	**691**	**694**	**700**
	Enrolled Members		**1,156**	**1,152**	**1,145**	**1,137**	**1,137**	**1,129**	**1,125**	**1,122**	**1,121**	**1,117**	**1,116**	**1,117**	**1,131**
	Claims	Inpatient	$82.11	$73.27	$109.21	$43.97	$2.45	$81.82	$124.28	$234.51	$62.29	$78.83	$55.36	$97.06	**$87.10**
		Outpatient	$40.01	$34.26	$63.42	$36.08	$60.25	$38.79	$42.19	$75.15	$94.24	$151.01	$39.52	$98.88	**$64.48**
		ER	$17.29	$18.43	$21.88	$27.48	$8.67	$16.06	$9.59	$43.79	$28.39	$31.66	$19.49	$31.48	**$22.85**
		Prof Svcs	$78.57	$66.49	$80.18	$72.99	$67.01	$86.86	$113.11	$123.49	$123.21	$95.99	$70.66	$95.44	**$89.50**
		Other	$41.64	$42.71	$45.36	$47.06	$41.84	$37.13	$51.91	$63.03	$62.54	$64.34	$56.02	$51.51	**$50.42**
		Pharmacy	$35.59	$35.19	$52.15	$39.27	$41.39	$50.08	$46.06	$65.79	$33.57	$50.39	$68.76	$49.99	**$47.35**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$295.20**	**$270.36**	**$372.19**	**$266.85**	**$221.60**	**$310.74**	**$387.14**	**$605.77**	**$404.23**	**$472.22**	**$309.81**	**$424.36**	**$361.71**
	Total Premiums		**$526.16**	**$528.21**	**$533.24**	**$540.33**	**$534.71**	**$534.11**	**$530.29**	**$535.89**	**$534.47**	**$537.96**	**$518.95**	**$530.91**	**$532.10**
Benefit Package 250	**Enrolled Employees**		**78**	**80**	**81**	**81**	**80**	**81**	**83**	**86**	**86**	**83**	**80**	**84**	**82**
	Enrolled Members		**172**	**171**	**172**	**172**	**167**	**170**	**177**	**189**	**185**	**177**	**174**	**181**	**176**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$48.50	$18.78	$0.00	$0.00	$118.52	$0.00	$80.79	**$66.65**
		Outpatient	$164.31	$138.35	$4.56	$8.27	$11.06	$2.24	$14.46	$62.74	$28.87	$25.28	$5.80	$41.13	**$42.26**
		ER	$46.55	$0.00	$0.00	$5.71	$0.00	$10.84	$0.00	$28.18	$4.58	$8.93	$2.51	$9.02	**$14.54**
		Prof Svcs	$77.08	$35.30	$31.73	$24.57	$23.17	$66.39	$43.88	$51.39	$46.40	$53.45	$35.73	$163.30	**$54.37**
		Other	$64.68	$146.45	$15.31	$135.12	$68.25	$59.47	$150.03	$127.31	$128.46	$132.37	$102.68	$41.08	**$97.60**
		Pharmacy	$4.48	$10.49	$9.33	$11.05	$6.19	$23.55	$20.02	$22.99	$37.84	$19.87	$10.25	$14.97	**$15.92**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$357.10**	**$330.59**	**$60.93**	**$184.72**	**$108.67**	**$210.99**	**$247.16**	**$292.60**	**$246.14**	**$358.42**	**$156.97**	**$350.29**	**$242.05**
	Total Premiums		**$321.44**	**$323.90**	**$321.07**	**$321.07**	**$335.95**	**$324.29**	**$300.25**	**$314.71**	**$313.83**	**$329.32**	**$334.05**	**$342.84**	**$323.56**

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			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 251	**Enrolled Employees**		**1,462**	**1,459**	**1,459**	**1,468**	**1,465**	**1,466**	**1,438**	**1,437**	**1,407**	**1,438**	**1,467**	**1,465**	**1,453**
	Enrolled Members		**2,840**	**2,829**	**2,831**	**2,836**	**2,836**	**2,838**	**2,788**	**2,789**	**2,746**	**2,802**	**2,787**	**2,783**	**2,809**
	Claims	Inpatient	$101.66	$124.11	$168.56	$138.21	$41.28	$123.95	$146.59	$105.43	$86.75	$45.63	$108.56	$76.53	**$105.61**
		Outpatient	$96.44	$196.88	$146.84	$111.69	$107.64	$158.21	$185.21	$210.22	$133.29	$134.97	$154.77	$201.12	**$153.11**
		ER	$31.21	$16.83	$29.71	$25.55	$31.29	$37.01	$25.28	$20.07	$25.57	$16.52	$56.61	$23.21	**$28.24**
		Prof Svcs	$114.88	$117.39	$117.98	$139.67	$119.74	$126.18	$122.30	$136.87	$131.41	$102.69	$102.53	$133.87	**$122.13**
		Other	$68.54	$69.00	$63.38	$69.75	$65.42	$77.04	$64.83	$81.07	$88.14	$99.28	$80.55	$67.31	**$74.53**
		Pharmacy	$67.42	$75.65	$101.14	$73.54	$77.87	$87.71	$65.59	$93.67	$76.28	$77.78	$81.32	$77.22	**$79.60**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$480.15**	**$599.85**	**$627.62**	**$558.41**	**$443.23**	**$610.11**	**$609.79**	**$647.34**	**$541.44**	**$476.88**	**$584.34**	**$579.26**	**$563.20**
	Total Premiums		**$514.24**	**$515.11**	**$515.73**	**$515.51**	**$515.33**	**$514.58**	**$513.38**	**$517.28**	**$511.81**	**$516.99**	**$563.09**	**$559.80**	**$522.74**
Benefit Package 254	**Enrolled Employees**		**159**	**163**	**167**	**168**	**167**	**168**	**168**	**173**	**173**	**193**	**177**	**179**	**171**
	Enrolled Members		**357**	**362**	**368**	**370**	**370**	**372**	**372**	**385**	**382**	**434**	**406**	**405**	**382**
	Claims	Inpatient	$11.46	$0.00	$0.00	$29.60	$4.97	$172.70	$0.00	$38.73	$0.00	$2.90	$0.00	$44.81	**$43.60**
		Outpatient	$39.66	$52.67	$11.02	$24.51	$40.91	$25.39	$51.12	$89.69	$30.14	$19.73	$15.69	$76.40	**$39.75**
		ER	$1.19	$7.26	$0.00	$6.47	$3.06	$4.19	$5.60	$8.13	$2.49	$13.70	$44.21	$18.49	**$10.43**
		Prof Svcs	$24.30	$29.13	$47.14	$44.63	$36.51	$38.46	$43.73	$46.62	$71.97	$38.24	$47.27	$37.16	**$42.10**
		Other	$17.37	$20.77	$18.93	$19.72	$15.50	$33.83	$34.46	$39.08	$34.98	$16.96	$24.42	$17.81	**$24.49**
		Pharmacy	$4.43	$16.17	$13.12	$13.54	$18.68	$22.58	$17.21	$95.49	$90.58	$80.78	$154.08	$89.13	**$51.32**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$98.41**	**$126.00**	**$90.22**	**$138.47**	**$119.63**	**$297.15**	**$152.12**	**$317.74**	**$230.16**	**$172.31**	**$285.66**	**$283.79**	**$192.64**
	Total Premiums		**$279.15**	**$296.83**	**$295.26**	**$289.85**	**$291.36**	**$288.13**	**$308.18**	**$291.56**	**$291.03**	**$334.66**	**$276.78**	**$301.59**	**$295.36**
Benefit Package 257	**Enrolled Employees**		**757**	**756**	**764**	**763**	**763**	**763**	**760**	**760**	**745**	**824**	**1,157**	**1,163**	**831**
	Enrolled Members		**1,337**	**1,332**	**1,343**	**1,339**	**1,340**	**1,340**	**1,333**	**1,344**	**1,319**	**1,427**	**2,132**	**2,132**	**1,477**
	Claims	Inpatient	$79.12	$17.40	-$18.08	$42.49	$69.59	$100.82	$120.51	$184.12	$77.62	$93.73	$26.76	$48.10	**$76.56**
		Outpatient	$88.31	$21.31	$31.13	$19.72	$39.90	$51.90	$52.64	$41.17	$156.99	$50.44	$6.44	$22.14	**$48.51**
		ER	$0.38	$13.26	$13.62	$2.61	$11.32	$10.38	$19.05	$7.99	$10.26	-$4.02	$5.55	$11.44	**$9.26**
		Prof Svcs	$92.60	$94.43	$91.40	$131.24	$123.41	$111.65	$124.92	$144.85	$118.16	$125.54	$69.05	$91.52	**$109.90**
		Other	$52.37	$45.34	$47.45	$53.00	$58.30	$58.78	$86.17	$66.22	$56.84	$80.60	$37.53	$52.10	**$57.89**
		Pharmacy	$29.37	$45.54	$37.36	$36.57	$44.16	$53.15	$61.94	$47.04	$50.56	$33.53	$55.86	$61.82	**$46.41**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$342.14**	**$237.28**	**$202.88**	**$285.62**	**$346.68**	**$386.67**	**$465.24**	**$491.39**	**$470.43**	**$379.82**	**$201.18**	**$287.11**	**$341.37**
	Total Premiums		**$507.40**	**$496.83**	**$497.71**	**$504.12**	**$503.42**	**$504.91**	**$503.69**	**$502.62**	**$517.30**	**$501.67**	**$454.17**	**$452.49**	**$495.53**
Benefit Package 259	**Enrolled Employees**		**386**	**386**	**386**	**385**	**384**	**382**	**383**	**381**	**385**	**378**	**392**	**394**	**385**
	Enrolled Members		**660**	**663**	**658**	**651**	**649**	**643**	**646**	**643**	**652**	**650**	**653**	**655**	**652**
	Claims	Inpatient	$29.98	$100.37	$103.96	$21.56	$26.23	$64.16	$45.25	$0.00	$30.09	$0.00	$0.19	$7.88	**$42.97**
		Outpatient	$115.59	$89.67	$137.50	$78.93	$66.68	$142.81	$104.75	$56.63	$110.57	$66.52	$55.21	$94.19	**$93.26**
		ER	$18.54	$17.67	$15.00	$11.40	$32.19	$18.48	$28.94	$59.92	$50.25	$80.82	$12.67	$13.85	**$29.98**
		Prof Svcs	$66.78	$96.73	$98.26	$89.02	$105.56	$107.60	$125.51	$169.27	$129.78	$89.51	$58.91	$69.29	**$100.52**
		Other	$53.31	$158.95	$104.82	$62.49	$53.06	$49.19	$87.00	$137.78	$52.00	$52.62	$58.61	$30.24	**$75.01**
		Pharmacy	$34.71	$34.63	$58.61	$28.62	$35.75	$46.74	$25.43	$39.48	$39.68	$35.96	$37.98	$39.20	**$38.07**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$318.91**	**$498.01**	**$518.15**	**$292.02**	**$319.47**	**$428.98**	**$416.89**	**$463.08**	**$412.38**	**$325.44**	**$223.58**	**$254.65**	**$372.63**
	Total Premiums		**$515.83**	**$515.51**	**$521.74**	**$518.35**	**$517.34**	**$519.34**	**$519.43**	**$530.18**	**$510.42**	**$518.77**	**$543.97**	**$543.58**	**$522.87**

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Benefit Package 266	**Enrolled Employees**		**407**	**406**	**406**	**405**	**404**	**405**	**404**	**406**	**400**	**383**			**403**
	Enrolled Members		**790**	**788**	**784**	**780**	**785**	**783**	**783**	**791**	**786**	**759**			**783**
	Claims	Inpatient	$65.92	$23.16	$153.25	$407.96	$173.30	$153.14	$57.45	$91.57	$129.69	$203.36			**$145.88**
		Outpatient	$36.26	$24.50	-$1.90	$37.80	$7.05	$20.84	$25.69	$38.42	$27.96	$31.31			**$27.55**
		ER	$62.69	$23.44	$46.95	$36.82	$30.92	$13.57	$17.76	$52.46	$24.95	$25.91			**$33.55**
		Prof Svcs	$42.90	$36.05	$11.72	$53.33	$29.16	$54.73	$57.64	$32.31	$28.00	$36.35			**$38.22**
		Other	$214.71	$192.86	$217.64	$244.84	$218.54	$206.06	$244.63	$272.00	$205.81	$216.86			**$223.40**
		Pharmacy	$127.33	$78.63	$67.56	$80.76	$69.34	$58.79	$91.73	$56.40	$63.37	$109.13			**$80.30**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$549.81**	**$378.65**	**$495.22**	**$861.51**	**$528.31**	**$507.13**	**$494.90**	**$543.17**	**$479.78**	**$622.91**			**$546.14**
	Total Premiums		**$474.69**	**$431.38**	**$554.79**	**$552.94**	**$556.08**	**$551.33**	**$553.16**	**$544.85**	**$553.69**	**$546.69**			**$531.96**
Benefit Package 267	**Enrolled Employees**		**205**	**206**	**206**	**206**	**206**	**206**	**205**	**203**	**201**	**208**	**213**	**213**	**207**
	Enrolled Members		**363**	**363**	**363**	**363**	**365**	**365**	**364**	**359**	**356**	**367**	**361**	**352**	**362**
	Claims	Inpatient	$19.68	$0.00	$0.00	$281.40	$130.11	$188.63	$67.63	$1,809.06	$357.75	$121.39	$33.27	$86.37	**$309.53**
		Outpatient	$86.04	$70.09	$25.05	$89.66	$94.48	$5.45	$22.37	$40.82	$59.86	$19.20	$47.93	$52.48	**$51.12**
		ER	$30.00	$12.43	$35.68	$44.91	$13.43	$27.83	$46.42	$24.44	$7.64	$48.54	$22.24	$17.54	**$27.59**
		Prof Svcs	$71.46	$97.23	$58.33	$49.62	$86.23	$23.83	$40.62	$32.92	$40.02	$33.88	$24.41	$25.39	**$48.66**
		Other	$200.49	$186.37	$182.46	$214.17	$207.27	$225.81	$198.60	$306.09	$197.74	$198.27	$207.07	$195.84	**$210.01**
		Pharmacy	$45.53	$65.23	$69.10	$67.13	$62.51	$74.24	$57.26	$62.02	$64.20	$63.48	$66.11	$98.37	**$66.27**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$453.20**	**$431.35**	**$370.61**	**$746.89**	**$594.03**	**$545.78**	**$432.90**	**$2,275.36**	**$727.21**	**$484.76**	**$401.03**	**$475.98**	**$661.59**
	Total Premiums		**$512.33**	**$548.97**	**$529.83**	**$531.44**	**$533.73**	**$532.43**	**$532.63**	**$533.01**	**$535.56**	**$523.21**	**$562.40**	**$573.73**	**$537.44**
Benefit Package 269	**Enrolled Employees**		**11**	**11**	**11**	**10**	**10**	**10**	**10**	**10**	**10**	**10**			**10**
	Enrolled Members		**12**	**12**	**12**	**11**	**11**	**11**	**11**	**11**	**11**	**11**			**11**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Prof Svcs	$116.58	$56.88	$0.00	$398.59	$95.26	$7.91	$208.62	$191.64	$72.08	$175.93			**$147.05**
		Other	$1.40	$8.80	$61.48	$48.77	$77.25	$0.00	$70.29	$77.09	$79.64	$106.09			**$58.98**
		Pharmacy	$63.64	$32.38	$51.49	$36.34	$77.59	$18.68	$132.39	$19.91	$50.85	$79.01			**$56.23**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$181.61**	**$98.05**	**$112.97**	**$483.70**	**$250.09**	**$26.59**	**$411.30**	**$288.64**	**$202.57**	**$361.03**			**$241.66**
	Total Premiums		**$957.37**	**$957.37**	**$957.37**	**$953.37**	**$953.37**	**$953.37**	**$953.37**	**$953.37**	**$953.37**	**$953.37**			**$954.57**
Benefit Package 270	**Enrolled Employees**		**42**	**42**	**42**	**42**	**42**	**42**	**42**	**42**	**42**	**35**			**41**
	Enrolled Members		**97**	**97**	**97**	**97**	**97**	**96**	**96**	**95**	**95**	**84**			**95**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Outpatient	$89.87	$0.09	$1.05	$0.00	$0.00	$0.43	$17.00	$2.03	$0.00	$19.14			**$18.52**
		ER	$1.06	$1.23	$1.95	$0.00	$2.24	$12.70	$4.38	$0.67	$2.00	$8.53			**$3.86**
		Prof Svcs	$128.68	$123.57	$91.26	$79.56	$119.82	$67.98	$128.14	$129.68	$112.02	$138.92			**$111.96**
		Other	$4.17	$12.02	$9.25	$18.93	$10.73	$23.79	$22.07	$17.54	$5.87	$51.67			**$17.61**
		Pharmacy	$59.73	$61.52	$48.34	$51.68	$93.65	$53.41	$122.89	$74.66	$103.86	$111.17			**$78.09**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$283.52**	**$198.43**	**$151.85**	**$150.17**	**$226.45**	**$158.31**	**$294.49**	**$224.58**	**$223.76**	**$329.43**			**$224.10**
	Total Premiums		**$393.59**	**$393.59**	**$393.59**	**$393.59**	**$393.59**	**$397.69**	**$397.69**	**$401.87**	**$401.87**	**$386.32**			**$395.34**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9h
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Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 271	**Enrolled Employees**		**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**3**			**4**
	Enrolled Members		**6**	**6**	**6**	**6**	**6**	**6**	**6**	**6**	**6**	**5**			**6**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Outpatient	$37.98	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$37.98**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Prof Svcs	$90.67	$33.47	$88.29	$19.48	$125.57	$71.59	$93.44	$17.11	$46.94	$55.86			**$64.24**
		Other	$43.82	$0.00	$1.67	$3.43	$55.82	$0.73	$0.73	$2.75	$0.00	$0.00			**$15.56**
		Pharmacy	$25.96	$53.01	$64.67	$20.89	$5.77	$27.38	$4.83	$5.50	$49.50	$1.41			**$25.89**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$198.43**	**$86.49**	**$154.63**	**$43.80**	**$187.16**	**$99.69**	**$99.00**	**$25.36**	**$96.43**	**$57.27**			**$104.83**
	Total Premiums		**$974.48**	**$974.48**	**$974.48**	**$974.48**	**$974.48**	**$974.48**	**$974.48**	**$974.48**	**$974.48**	**$907.76**			**$967.81**
Benefit Package 272	**Enrolled Employees**		**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**			**1**
	Enrolled Members		**2**	**2**	**2**	**2**	**2**	**2**	**1**	**1**	**1**	**1**			**2**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Outpatient	$0.00	$24.80	$75.22	$967.06	$0.00	$0.00	$0.00	$0.00	$0.00	$2,765.59			**$958.17**
		ER	$0.00	$0.00	$741.13	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,860.79			**$1,300.96**
		Prof Svcs	$962.72	$324.41	-$10.30	$342.84	$169.12	$169.12	$839.23	$537.40	$338.23	$5,113.85			**$976.29**
		Other	$235.31	$0.00	$109.30	$710.92	$130.32	$0.00	$34.94	$129.28	$0.00	$1,638.32			**$426.91**
		Pharmacy	$46.41	$0.00	$0.00	$0.00	$0.00	$87.95	$0.00	$0.00	$0.00	$2.00			**$45.45**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$1,244.44**	**$349.21**	**$915.34**	**$2,020.82**	**$299.44**	**$257.06**	**$874.17**	**$666.68**	**$338.23**	**$11,380.55**			**$1,834.59**
	Total Premiums		**$648.44**	**$648.44**	**$648.44**	**$648.44**	**$648.44**	**$648.44**	**$928.28**	**$928.28**	**$928.28**	**$928.28**			**$760.38**
Benefit Package 274	**Enrolled Employees**		**50**	**49**	**49**	**49**	**49**	**49**	**49**	**48**	**48**	**46**			**49**
	Enrolled Members		**99**	**97**	**97**	**97**	**97**	**98**	**98**	**97**	**97**	**92**			**97**
	Claims	Inpatient	$108.39	$125.29	$0.00	$0.00	$152.66	$0.00	$0.00	$0.00	$82.59	$0.00			**$117.23**
		Outpatient	$349.84	$204.88	$0.00	$42.16	$9.61	$0.00	$4.88	$15.63	$106.35	$3,113.40			**$480.84**
		ER	$5.97	$19.24	$6.81	$0.00	$23.57	$0.00	$12.23	$28.91	$4.29	$6.46			**$13.43**
		Prof Svcs	$280.69	$188.64	$118.84	$115.45	$197.05	$91.48	$164.92	$189.28	$184.10	$243.31			**$177.38**
		Other	$33.51	$42.57	$38.08	$15.87	$117.21	$3.02	$130.57	$12.49	$24.43	$130.24			**$54.80**
		Pharmacy	$59.84	$72.11	$59.20	$47.58	$87.48	$41.14	$36.46	$82.59	$48.05	$44.41			**$57.89**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$838.22**	**$652.73**	**$222.93**	**$221.05**	**$587.58**	**$135.64**	**$349.06**	**$328.90**	**$449.81**	**$3,537.82**			**$732.38**
	Total Premiums		**$401.27**	**$400.46**	**$400.46**	**$400.46**	**$400.46**	**$403.98**	**$403.98**	**$401.16**	**$401.16**	**$403.80**			**$401.72**
Benefit Package 275	**Enrolled Employees**		**55**	**55**	**55**	**54**	**54**	**54**	**54**	**53**	**53**	**52**			**54**
	Enrolled Members		**133**	**134**	**134**	**132**	**132**	**132**	**133**	**130**	**130**	**126**			**132**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$109.90	$21.87	$0.00	$0.00	$0.00			**$65.89**
		Outpatient	$73.79	$0.00	$3.12	$0.60	$336.45	$1.34	$1.02	$0.00	$3.18	$201.56			**$77.63**
		ER	$26.11	$0.00	$4.81	$0.00	$6.95	$10.33	$11.56	$0.00	$16.93	$0.06			**$10.96**
		Prof Svcs	$144.97	$49.19	$132.43	$92.18	$81.73	$170.79	$186.03	$130.17	$114.99	$198.68			**$130.12**
		Other	$2.16	$6.41	$3.41	$5.41	$10.06	$4.94	$38.77	$5.76	$20.04	$18.35			**$11.53**
		Pharmacy	$9.06	$8.14	$12.20	$11.54	$9.69	$11.97	$11.71	$20.48	$2.90	$13.86			**$11.15**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$256.09**	**$63.74**	**$155.98**	**$109.72**	**$444.88**	**$309.27**	**$270.97**	**$156.42**	**$158.03**	**$432.51**			**$235.76**
	Total Premiums		**$335.84**	**$334.56**	**$334.56**	**$339.63**	**$332.19**	**$330.95**	**$329.69**	**$328.49**	**$328.49**	**$333.29**			**$332.77**

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			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 276	**Enrolled Employees**		**43**	**43**	**43**	**43**	**43**	**43**	**42**	**43**	**43**	**41**			**43**
	Enrolled Members		**58**	**59**	**59**	**59**	**58**	**58**	**57**	**60**	**60**	**58**			**59**
	Claims	Inpatient	$0.00	$1,701.65	$0.00	$634.08	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$1,167.86**
		Outpatient	$216.23	$187.89	$8.04	$618.11	$697.19	$0.00	$7.01	$0.00	$1.56	$6.89			**$217.86**
		ER	$1.38	$0.00	$12.91	$8.22	$0.00	$0.00	$0.00	$0.00	$0.00	$10.09			**$8.15**
		Prof Svcs	$108.63	$263.88	$214.22	$198.30	$156.42	$72.52	$168.70	$178.68	$153.50	$204.37			**$171.92**
		Other	$45.66	$64.07	$18.82	$31.40	$12.54	$11.23	$23.54	$24.84	$33.63	$29.27			**$29.50**
		Pharmacy	$121.92	$110.20	$199.72	$83.04	$112.69	$218.18	$112.78	$115.30	$221.66	$173.84			**$146.93**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$493.83**	**$2,327.68**	**$453.71**	**$1,573.14**	**$978.84**	**$301.93**	**$312.03**	**$318.81**	**$410.35**	**$424.46**			**$759.48**
	Total Premiums		**$740.06**	**$727.51**	**$727.51**	**$727.51**	**$733.91**	**$733.91**	**$731.16**	**$715.39**	**$715.39**	**$709.35**			**$726.17**
Benefit Package 277	**Enrolled Employees**		**189**	**189**	**187**	**187**	**185**	**184**	**184**	**184**	**182**	**173**			**184**
	Enrolled Members		**315**	**315**	**312**	**313**	**311**	**310**	**311**	**308**	**304**	**287**			**309**
	Claims	Inpatient	$395.67	$403.47	$151.15	$0.00	$99.31	$117.83	$461.38	$0.00	$0.00	$205.29			**$262.02**
		Outpatient	$24.14	$54.76	$32.71	$14.99	$69.31	$11.50	$58.91	$8.81	$82.86	$133.78			**$49.18**
		ER	$4.01	$9.39	$9.06	$6.74	$19.73	$16.52	$14.31	$11.07	$45.52	$13.62			**$15.00**
		Prof Svcs	$233.49	$203.35	$175.99	$199.68	$291.87	$254.11	$389.78	$240.42	$272.67	$332.32			**$259.37**
		Other	$101.56	$65.51	$96.96	$20.62	$117.58	$106.30	$109.01	$82.58	$247.23	$119.08			**$106.64**
		Pharmacy	$138.10	$98.16	$116.57	$119.71	$200.31	$157.76	$122.34	$130.62	$151.09	$176.20			**$141.09**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$896.98**	**$834.64**	**$582.44**	**$361.74**	**$798.10**	**$664.03**	**$1,155.73**	**$473.50**	**$799.37**	**$980.27**			**$754.68**
	Total Premiums		**$577.53**	**$577.53**	**$576.19**	**$571.11**	**$569.92**	**$569.32**	**$568.32**	**$569.68**	**$570.46**	**$570.73**			**$572.08**
Benefit Package 278	**Enrolled Employees**		**37**	**37**	**37**	**37**	**37**	**37**	**37**	**37**	**37**	**36**			**37**
	Enrolled Members		**63**	**63**	**63**	**63**	**63**	**63**	**62**	**62**	**61**	**60**			**62**
	Claims	Inpatient	$0.00	$1,584.47	$0.00	$0.00	$0.00	$528.48	$0.00	$0.00	$0.00	$0.00			**$1,056.47**
		Outpatient	$0.00	$11.21	$0.00	$0.00	$0.00	$0.00	$117.09	$0.00	$0.00	$33.10			**$53.80**
		ER	$13.28	$0.00	$34.69	$0.00	$0.00	$1.89	$0.00	$16.12	$2.58	$1.56			**$11.69**
		Prof Svcs	$108.24	$165.55	$136.64	$91.03	$191.48	$143.49	$238.04	$291.56	$99.29	$258.78			**$172.41**
		Other	$15.33	$10.04	$9.17	$6.43	$8.46	$18.73	$24.97	$0.07	$124.82	$16.75			**$23.48**
		Pharmacy	$85.81	$96.47	$56.08	$86.92	$109.20	$42.30	$111.82	$94.06	$80.57	$60.06			**$82.33**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$222.66**	**$1,867.74**	**$236.58**	**$184.39**	**$309.14**	**$734.90**	**$491.91**	**$401.82**	**$307.26**	**$370.25**			**$512.66**
	Total Premiums		**$591.79**	**$591.79**	**$591.79**	**$591.79**	**$591.79**	**$591.79**	**$596.10**	**$596.10**	**$605.87**	**$602.40**			**$595.12**
Benefit Package 279	**Enrolled Employees**		**250**	**249**	**251**	**251**	**254**	**254**	**253**	**249**	**249**	**240**			**250**
	Enrolled Members		**436**	**433**	**435**	**436**	**438**	**439**	**437**	**431**	**429**	**411**			**433**
	Claims	Inpatient	$46.09	$137.07	$11.42	$887.47	$10.83	$124.13	$1.62	$0.00	$0.00	$540.82			**$219.93**
		Outpatient	$14.80	-$0.54	$2.95	$23.31	$5.85	$100.24	$73.78	$51.59	$46.12	$19.40			**$37.50**
		ER	$3.98	$0.26	$9.24	$8.77	$6.90	$8.86	$5.84	$1.10	$8.03	$10.28			**$6.33**
		Prof Svcs	$149.74	$122.45	$106.46	$135.70	$130.43	$125.29	$222.09	$148.56	$121.64	$331.98			**$159.43**
		Other	$21.74	$19.75	$10.38	$36.51	$23.99	$2.13	$31.33	$22.31	$22.35	$59.98			**$25.05**
		Pharmacy	$51.14	$39.29	$48.93	$45.37	$47.27	$45.48	$47.56	$62.15	$36.61	$72.01			**$49.58**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$287.49**	**$318.29**	**$189.39**	**$1,137.13**	**$225.27**	**$406.14**	**$382.22**	**$285.71**	**$234.75**	**$1,034.47**			**$450.09**
	Total Premiums		**$501.08**	**$501.53**	**$502.46**	**$501.30**	**$504.38**	**$504.58**	**$504.73**	**$505.49**	**$507.84**	**$507.78**			**$504.12**

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Experience Reports by Benefit Package — Per Member Per Month
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Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 280	**Enrolled Employees**		**44**	**44**	**44**	**44**	**44**	**44**	**44**	**44**	**43**	**39**			**43**
	Enrolled Members		**84**	**83**	**83**	**82**	**82**	**80**	**79**	**80**	**79**	**73**			**81**
	Claims	Inpatient	$0.00	$35.83	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$35.83**
		Outpatient	$0.00	$34.51	$37.75	$186.18	$20.12	$0.00	$2.56	$0.00	$450.75	$1.70			**$104.80**
		ER	$0.00	$0.00	$0.00	$0.25	$0.00	$0.00	$0.00	$0.00	$10.59	$5.76			**$5.54**
		Prof Svcs	$84.75	$81.69	$90.80	$136.24	$96.30	$37.92	$113.55	$130.60	$63.45	$150.22			**$98.55**
		Other	$15.74	$5.78	$20.35	$8.84	$3.40	$13.84	$0.64	$11.98	$17.48	$21.33			**$11.94**
		Pharmacy	$26.89	$33.45	$22.80	$34.87	$26.82	$31.73	$29.95	$29.65	$28.11	$17.48			**$28.18**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$127.38**	**$191.26**	**$171.71**	**$366.38**	**$146.64**	**$83.49**	**$146.70**	**$172.23**	**$570.38**	**$196.50**			**$217.27**
	Total Premiums		**$480.93**	**$486.73**	**$486.73**	**$492.66**	**$492.66**	**$501.46**	**$498.83**	**$501.46**	**$498.87**	**$497.31**			**$493.77**
Benefit Package 281	**Enrolled Employees**		**18**	**18**	**18**	**18**	**17**	**17**	**17**	**17**	**17**	**18**			**18**
	Enrolled Members		**33**	**33**	**33**	**33**	**32**	**32**	**32**	**31**	**31**	**32**			**32**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$1,239.88	$0.00	$0.00	$700.60	$0.00	$0.00			**$970.24**
		Outpatient	$0.00	$5.05	$16.53	$354.40	$590.95	$0.00	$0.00	$0.00	$410.63	$125.50			**$250.51**
		ER	$12.75	$3.12	$25.78	$45.80	$0.51	$0.00	$0.00	$0.00	$56.73	$18.46			**$23.31**
		Prof Svcs	$132.12	$78.56	$141.90	$340.12	$233.87	$131.04	$237.79	$264.65	$157.40	$257.24			**$197.47**
		Other	$6.00	$8.57	$17.10	$12.09	$31.14	$44.27	$60.79	$36.29	$14.36	$37.88			**$26.85**
		Pharmacy	$34.76	$47.53	$31.01	$41.31	$34.36	$23.54	$113.22	$19.90	$42.32	$53.87			**$44.18**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$185.62**	**$142.82**	**$232.32**	**$793.71**	**$2,130.71**	**$198.84**	**$411.80**	**$1,021.44**	**$681.43**	**$492.96**			**$629.17**
	Total Premiums		**$527.06**	**$527.06**	**$527.06**	**$527.06**	**$522.30**	**$522.30**	**$522.30**	**$517.22**	**$517.22**	**$522.30**			**$523.19**
Benefit Package 282	**Enrolled Employees**		**259**	**259**	**261**	**262**	**264**	**264**	**263**	**262**	**262**	**272**			**263**
	Enrolled Members		**593**	**596**	**599**	**599**	**602**	**601**	**599**	**599**	**598**	**609**			**600**
	Claims	Inpatient	$2.37	$66.39	$40.53	$70.28	$113.33	$21.63	$0.00	$132.05	$0.00	$45.12			**$61.46**
		Outpatient	$0.42	$16.98	$6.49	$20.95	$33.68	$1.25	$39.62	$30.69	$5.59	$152.14			**$30.78**
		ER	$0.92	$2.71	$2.69	$6.74	$2.71	$1.20	$3.94	$4.82	$4.21	$2.69			**$3.26**
		Prof Svcs	$100.01	$56.58	$82.46	$90.49	$90.03	$87.77	$100.69	$89.90	$118.09	$150.29			**$96.63**
		Other	$4.18	$10.32	$8.63	$13.59	$9.90	$6.31	$18.90	$13.80	$13.07	$22.34			**$12.10**
		Pharmacy	$18.78	$30.02	$26.02	$35.28	$28.62	$37.37	$43.24	$39.10	$31.59	$41.27			**$33.13**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$126.68**	**$183.01**	**$166.82**	**$237.32**	**$278.29**	**$155.53**	**$206.38**	**$310.36**	**$172.56**	**$413.85**			**$225.08**
	Total Premiums		**$329.00**	**$328.10**	**$328.65**	**$328.79**	**$328.90**	**$329.44**	**$328.93**	**$328.06**	**$328.60**	**$343.56**			**$330.20**
Benefit Package 284	**Enrolled Employees**		**28**	**27**	**27**	**27**	**28**	**29**	**29**	**29**	**29**	**31**			**28**
	Enrolled Members		**89**	**87**	**87**	**87**	**89**	**90**	**90**	**87**	**86**	**87**			**88**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$357.06			**$357.06**
		Outpatient	$1.61	$0.00	$34.65	$41.40	$1.53	$0.00	$10.18	$1.45	$0.00	$0.00			**$15.14**
		ER	$14.02	$0.00	$0.00	$0.00	$5.64	$0.00	$0.00	$0.00	$0.00	$0.00			**$9.83**
		Prof Svcs	$57.27	$25.08	$21.90	$10.08	$47.06	$25.79	$63.03	$46.13	$24.92	$157.38			**$47.86**
		Other	$7.51	$0.37	$0.06	$2.27	$2.97	$1.15	$9.75	$1.96	$6.92	$5.71			**$3.87**
		Pharmacy	$2.37	$0.30	$7.13	$0.90	$3.57	$19.82	$5.99	$1.82	$21.70	$5.61			**$6.92**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$82.79**	**$25.74**	**$63.74**	**$54.65**	**$60.78**	**$46.76**	**$88.95**	**$51.35**	**$53.54**	**$525.77**			**$105.41**
	Total Premiums		**$249.97**	**$246.81**	**$246.81**	**$246.81**	**$247.60**	**$249.53**	**$249.53**	**$247.39**	**$246.06**	**$264.13**			**$249.46**

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Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 286	**Enrolled Employees**		**1,390**	**1,395**	**1,392**	**1,391**	**1,393**	**1,398**	**1,398**	**1,388**	**1,388**	**1,328**			**1,386**
	Enrolled Members		**2,166**	**2,168**	**2,171**	**2,168**	**2,167**	**2,166**	**2,170**	**2,143**	**2,139**	**2,061**			**2,152**
	Claims	Inpatient	$88.83	$17.78	$43.95	$43.34	$106.02	$12.78	$88.52	$54.82	$131.32	$180.40			**$76.78**
		Outpatient	$36.27	$27.90	$91.54	$50.72	$86.51	$1.67	$82.30	$42.22	$68.86	$58.31			**$54.63**
		ER	$7.55	$4.82	$6.13	$4.43	$5.65	$2.89	$5.84	$7.06	$13.12	$13.50			**$7.10**
		Prof Svcs	$181.90	$161.02	$153.13	$156.49	$219.88	$80.30	$310.28	$242.36	$256.41	$269.50			**$203.13**
		Other	$30.87	$31.56	$32.26	$31.74	$37.15	$17.64	$60.53	$39.95	$47.11	$47.20			**$37.60**
		Pharmacy	$92.96	$79.71	$76.59	$61.76	$104.43	$80.51	$97.94	$86.34	$89.17	$107.51			**$87.69**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$438.39**	**$322.79**	**$403.61**	**$348.49**	**$559.64**	**$195.79**	**$645.42**	**$472.75**	**$605.98**	**$676.41**			**$466.93**
	Total Premiums		**$563.08**	**$564.88**	**$564.40**	**$564.92**	**$564.71**	**$567.33**	**$566.01**	**$568.83**	**$569.41**	**$567.54**			**$566.11**
Benefit Package 288	**Enrolled Employees**		**259**	**262**	**263**	**263**	**261**	**264**	**264**	**264**	**264**	**257**			**262**
	Enrolled Members		**471**	**473**	**473**	**476**	**472**	**476**	**477**	**480**	**477**	**470**			**475**
	Claims	Inpatient	$201.73	$28.95	$177.00	$0.00	$109.41	$7.21	$0.00	$87.85	$27.34	$961.36			**$200.11**
		Outpatient	$51.91	$19.68	$3.21	$31.79	$0.73	$0.57	$17.04	$2.23	$6.75	$35.02			**$16.89**
		ER	$12.29	$8.67	$1.47	$1.87	$5.47	$7.68	$2.90	$8.53	$6.44	$6.44			**$6.18**
		Prof Svcs	$229.35	$143.88	$107.12	$106.05	$152.83	$89.16	$228.60	$169.40	$274.15	$288.77			**$178.93**
		Other	$35.51	$14.16	$11.81	$13.94	$7.77	$3.62	$25.73	$12.92	$1.56	$34.95			**$16.20**
		Pharmacy	$103.55	$162.33	$94.51	$36.65	$49.49	$34.44	$43.38	$29.73	$43.72	$41.50			**$63.93**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$634.33**	**$377.68**	**$395.12**	**$190.30**	**$325.69**	**$142.68**	**$317.65**	**$310.67**	**$359.96**	**$1,368.04**			**$442.21**
	Total Premiums		**$493.23**	**$493.17**	**$493.43**	**$490.09**	**$493.84**	**$491.73**	**$490.47**	**$483.73**	**$486.36**	**$474.04**			**$489.01**
Benefit Package 318	**Enrolled Employees**		**14,322**	**14,384**	**14,442**	**14,472**	**14,521**	**14,525**	**14,526**	**14,520**	**14,553**	**15,590**			**14,586**
	Enrolled Members		**30,623**	**30,721**	**30,810**	**30,840**	**30,968**	**30,951**	**30,959**	**30,943**	**31,005**	**32,699**			**31,052**
	Claims	Inpatient	$47.66	$39.29	$46.98	$54.08	$51.51	$80.40	$53.08	$68.24	$46.47	$45.08			**$53.28**
		Outpatient	$52.36	$49.30	$59.15	$54.21	$58.73	$58.11	$66.04	$64.12	$46.98	$49.63			**$55.86**
		ER	$9.42	$10.22	$12.62	$14.38	$11.15	$12.73	$9.41	$12.34	$10.74	$11.45			**$11.45**
		Prof Svcs	$102.20	$95.04	$108.54	$111.65	$100.49	$107.73	$112.88	$124.37	$97.79	$102.92			**$106.36**
		Other	$2.90	$1.85	$2.69	$2.34	$1.65	$2.35	$2.92	$4.40	$2.46	$1.98			**$2.55**
		Pharmacy	$29.20	$29.80	$34.52	$34.41	$34.71	$37.67	$35.70	$36.98	$38.37	$35.62			**$34.70**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$243.74**	**$225.49**	**$264.50**	**$271.07**	**$258.26**	**$299.00**	**$280.03**	**$310.44**	**$242.81**	**$246.68**			**$264.20**
	Total Premiums		**$339.36**	**$339.48**	**$339.58**	**$339.81**	**$339.64**	**$339.83**	**$339.79**	**$339.83**	**$339.83**	**$341.90**			**$339.91**
Benefit Package 319	**Enrolled Employees**		**6,048**	**6,074**	**6,111**	**6,133**	**6,146**	**6,150**	**6,156**	**6,152**	**6,165**	**6,496**			**6,163**
	Enrolled Members		**13,721**	**13,775**	**13,852**	**13,868**	**13,887**	**13,903**	**13,913**	**13,910**	**13,938**	**14,491**			**13,926**
	Claims	Inpatient	$43.52	$47.08	$53.68	$62.09	$76.91	$112.19	$114.77	$81.66	$71.45	$50.25			**$71.36**
		Outpatient	$53.93	$46.25	$50.24	$63.61	$50.05	$77.89	$95.01	$79.17	$53.52	$72.01			**$64.17**
		ER	$14.48	$9.46	$12.63	$10.68	$14.70	$12.73	$10.08	$16.90	$9.57	$13.96			**$12.52**
		Prof Svcs	$81.54	$81.45	$93.56	$93.18	$85.11	$97.97	$113.68	$111.65	$92.37	$94.94			**$94.55**
		Other	$2.33	$3.12	$2.72	$3.95	$6.84	$6.40	$5.32	$9.61	$4.99	$4.97			**$5.02**
		Pharmacy	$46.61	$51.98	$59.81	$56.98	$58.88	$64.15	$67.52	$70.26	$66.75	$67.64			**$61.06**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$242.40**	**$239.34**	**$272.63**	**$290.48**	**$292.49**	**$371.32**	**$406.38**	**$369.26**	**$298.64**	**$303.78**			**$308.67**
	Total Premiums		**$337.96**	**$337.88**	**$337.97**	**$338.51**	**$338.67**	**$338.62**	**$338.78**	**$338.63**	**$338.73**	**$340.07**			**$338.58**

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Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 320	**Enrolled Employees**		**2,425**	**2,424**	**2,437**	**2,441**	**2,453**	**2,455**	**2,461**	**2,440**	**2,440**	**2,304**			**2,428**
	Enrolled Members		**5,359**	**5,350**	**5,382**	**5,362**	**5,373**	**5,385**	**5,389**	**5,358**	**5,347**	**5,037**			**5,334**
	Claims	Inpatient	$99.80	$33.84	$45.86	$40.67	$34.41	$60.75	$41.63	$49.82	$56.86	$64.72			**$52.84**
		Outpatient	$75.47	$56.93	$94.93	$50.88	$35.65	$57.33	$72.66	$56.66	$47.23	$42.33			**$59.01**
		ER	$10.61	$6.47	$10.49	$10.53	$11.20	$14.71	$10.72	$18.19	$11.36	$16.69			**$12.10**
		Prof Svcs	$92.64	$71.38	$83.34	$80.56	$70.72	$87.00	$92.89	$101.26	$76.02	$91.07			**$84.69**
		Other	$3.13	$2.21	$3.28	$1.91	$3.55	$2.83	$2.87	$3.95	$3.83	$3.27			**$3.08**
		Pharmacy	$29.84	$33.61	$41.40	$35.34	$39.68	$41.52	$42.00	$52.25	$51.49	$44.23			**$41.14**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$311.49**	**$204.43**	**$279.29**	**$219.89**	**$195.22**	**$264.14**	**$262.76**	**$282.14**	**$246.77**	**$262.32**			**$252.85**
	Total Premiums		**$329.40**	**$329.80**	**$329.60**	**$330.91**	**$331.65**	**$331.50**	**$331.59**	**$331.07**	**$331.58**	**$332.65**			**$330.97**
Benefit Package 321	**Enrolled Employees**		**17,177**	**17,123**	**17,105**	**17,065**	**17,023**	**16,995**	**16,962**	**16,869**	**16,837**	**15,943**			**16,910**
	Enrolled Members		**28,087**	**27,970**	**27,918**	**27,822**	**27,746**	**27,671**	**27,618**	**27,475**	**27,381**	**26,175**			**27,586**
	Claims	Inpatient	$118.01	$88.85	$157.63	$125.02	$115.28	$159.89	$136.20	$116.46	$102.87	$101.50			**$122.17**
		Outpatient	$126.91	$119.84	$122.65	$146.02	$136.64	$172.79	$184.21	$169.67	$134.86	$149.75			**$146.33**
		ER	$14.71	$14.44	$20.96	$20.94	$21.47	$23.15	$17.93	$17.60	$19.32	$19.85			**$19.04**
		Prof Svcs	$147.69	$144.15	$164.67	$174.28	$162.69	$190.66	$202.27	$206.11	$165.13	$183.21			**$174.09**
		Other	$5.87	$7.10	$5.23	$10.33	$8.80	$9.51	$13.09	$9.37	$9.63	$9.01			**$8.80**
		Pharmacy	$154.09	$142.03	$154.49	$153.83	$151.14	$157.67	$167.42	$166.50	$160.65	$161.37			**$156.92**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$567.28**	**$516.42**	**$625.63**	**$630.43**	**$596.02**	**$713.67**	**$721.10**	**$685.71**	**$592.46**	**$624.69**			**$627.34**
	Total Premiums		**$612.33**	**$612.55**	**$612.80**	**$613.15**	**$613.22**	**$613.76**	**$613.79**	**$613.23**	**$613.96**	**$608.79**			**$612.76**
Benefit Package 322	**Enrolled Employees**		**11,485**	**11,464**	**11,463**	**11,456**	**11,439**	**11,424**	**11,407**	**11,351**	**11,348**	**11,185**			**11,402**
	Enrolled Members		**20,031**	**19,971**	**19,938**	**19,907**	**19,872**	**19,839**	**19,818**	**19,722**	**19,700**	**19,359**			**19,816**
	Claims	Inpatient	$73.68	$68.30	$91.74	$100.95	$60.46	$121.34	$81.62	$98.98	$110.45	$107.74			**$91.53**
		Outpatient	$75.36	$73.21	$81.95	$101.69	$92.89	$114.84	$130.85	$111.86	$98.91	$105.32			**$98.69**
		ER	$11.23	$11.84	$18.60	$15.88	$15.33	$14.63	$15.97	$13.00	$13.70	$17.66			**$14.78**
		Prof Svcs	$108.16	$105.56	$121.87	$127.48	$114.90	$141.06	$149.02	$151.49	$124.41	$139.27			**$128.32**
		Other	$5.86	$4.38	$6.73	$8.41	$5.36	$5.08	$9.17	$6.63	$7.20	$7.73			**$6.66**
		Pharmacy	$115.92	$103.75	$110.32	$108.92	$103.99	$114.39	$112.77	$115.88	$111.71	$110.81			**$110.85**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$390.22**	**$367.03**	**$431.21**	**$463.34**	**$392.93**	**$511.33**	**$499.40**	**$497.85**	**$466.38**	**$488.52**			**$450.82**
	Total Premiums		**$531.37**	**$531.46**	**$531.94**	**$532.11**	**$532.25**	**$532.35**	**$532.14**	**$532.20**	**$532.56**	**$532.39**			**$532.08**
Benefit Package 323	**Enrolled Employees**		**3,561**	**3,544**	**3,532**	**3,519**	**3,513**	**3,508**	**3,497**	**3,474**	**3,471**	**3,273**			**3,489**
	Enrolled Members		**5,900**	**5,863**	**5,831**	**5,803**	**5,799**	**5,795**	**5,777**	**5,750**	**5,738**	**5,457**			**5,771**
	Claims	Inpatient	$84.29	$197.98	$211.92	$166.82	$150.27	$260.48	$235.51	$196.57	$210.11	$76.45			**$179.04**
		Outpatient	$151.44	$165.42	$160.85	$162.13	$128.25	$168.16	$191.84	$196.10	$112.85	$174.04			**$161.11**
		ER	$20.97	$23.44	$22.83	$48.19	$38.87	$30.37	$37.60	$21.23	$35.60	$36.34			**$31.55**
		Prof Svcs	$205.32	$207.67	$237.38	$259.17	$219.52	$283.19	$314.36	$286.83	$248.01	$260.93			**$252.24**
		Other	$4.35	$16.81	$6.80	$14.80	$15.18	$11.00	$11.20	$10.97	$22.23	$12.29			**$12.56**
		Pharmacy	$187.89	$169.01	$199.66	$193.42	$186.43	$206.39	$215.38	$203.64	$190.45	$188.70			**$194.10**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$654.26**	**$780.34**	**$839.44**	**$844.53**	**$738.53**	**$959.58**	**$1,005.89**	**$915.34**	**$819.24**	**$748.74**			**$830.59**
	Total Premiums		**$708.91**	**$709.13**	**$709.85**	**$710.28**	**$709.33**	**$709.18**	**$709.30**	**$708.26**	**$708.90**	**$704.39**			**$708.75**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9h
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Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 324	**Enrolled Employees**		**439**	**439**	**435**	**441**	**438**	**435**	**437**	**435**	**423**	**403**	**380**	**380**	**424**
	Enrolled Members		**862**	**860**	**854**	**863**	**856**	**848**	**850**	**849**	**835**	**791**	**741**	**735**	**829**
	Claims	Inpatient	$238.25	$56.97	$89.29	$121.40	$71.74	$94.93	$111.95	$57.63	$157.59	$147.36	$184.97	$54.80	**$115.57**
		Outpatient	$78.11	$55.51	$111.09	$64.15	$79.98	$148.44	$90.10	$57.64	$59.80	$42.69	$20.71	$54.28	**$71.88**
		ER	$23.42	$22.80	$16.95	$12.90	$19.32	$31.67	$14.13	$20.83	$13.98	$29.64	$22.75	$6.87	**$19.61**
		Prof Svcs	$128.17	$119.20	$114.81	$126.20	$120.01	$106.56	$130.56	$150.44	$105.12	$144.42	$108.22	$102.11	**$121.32**
		Other	$76.55	$99.91	$79.11	$102.92	$107.88	$72.24	$122.09	$120.21	$97.47	$109.66	$74.00	$149.32	**$100.95**
		Pharmacy	$88.75	$66.89	$73.15	$76.30	$107.37	$88.34	$88.56	$89.28	$91.92	$116.35	$104.38	$97.96	**$90.77**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$633.26**	**$421.28**	**$484.41**	**$503.87**	**$506.30**	**$542.18**	**$557.39**	**$496.01**	**$525.88**	**$590.13**	**$515.02**	**$465.35**	**$520.09**
	Total Premiums		**$514.88**	**$515.68**	**$516.25**	**$512.92**	**$516.15**	**$518.25**	**$517.92**	**$515.86**	**$515.14**	**$516.78**	**$546.14**	**$550.87**	**$521.40**
Benefit Package 325	**Enrolled Employees**		**187**	**189**	**188**	**191**	**192**	**190**	**188**	**181**	**173**	**169**	**174**	**174**	**183**
	Enrolled Members		**324**	**327**	**322**	**325**	**330**	**329**	**326**	**318**	**305**	**300**	**283**	**282**	**314**
	Claims	Inpatient	$28.10	$0.00	$90.57	$27.08	$92.09	$19.76	$61.50	$0.00	$27.97	$33.79	$0.00	$0.00	**$47.61**
		Outpatient	$3.09	$0.76	$15.19	$10.97	$17.95	$6.17	$6.61	$30.18	$9.46	$49.02	$13.72	$20.36	**$15.29**
		ER	$4.81	$13.16	$10.38	$11.05	$5.51	$13.01	$0.00	$0.56	$14.29	$14.33	$1.84	$7.27	**$8.75**
		Prof Svcs	$53.63	$64.52	$44.14	$63.68	$74.74	$51.11	$87.23	$64.61	$68.54	$116.95	$104.61	$66.77	**$71.71**
		Other	$45.79	$42.34	$37.53	$74.56	$62.29	$73.80	$70.75	$94.38	$59.27	$89.15	$93.69	$69.37	**$67.74**
		Pharmacy	$24.24	$27.77	$19.46	$32.49	$39.26	$19.91	$41.14	$34.61	$22.55	$34.07	$50.74	$44.59	**$32.57**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$159.66**	**$148.56**	**$217.27**	**$219.83**	**$291.86**	**$183.76**	**$267.22**	**$224.33**	**$202.08**	**$337.31**	**$264.61**	**$208.36**	**$227.07**
	Total Premiums		**$485.92**	**$486.35**	**$488.93**	**$486.43**	**$485.89**	**$481.41**	**$481.83**	**$475.26**	**$471.75**	**$479.07**	**$541.23**	**$541.15**	**$492.10**
Benefit Package 326	**Enrolled Employees**		**19**	**19**	**19**	**19**	**19**	**19**	**19**	**19**	**19**	**20**			**19**
	Enrolled Members		**36**	**36**	**36**	**36**	**36**	**36**	**36**	**36**	**36**	**40**			**36**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$976.76	$0.00	$0.00			**$976.76**
		Outpatient	$0.00	$19.91	$0.00	$0.00	$22.41	$0.00	$0.00	$166.36	$0.00	$0.00			**$69.56**
		ER	$0.00	$63.93	$0.00	$12.30	$0.00	$0.00	$0.00	$0.00	$10.05	$358.60			**$111.22**
		Prof Svcs	$71.22	$80.86	$71.74	$73.96	$198.80	$60.49	$218.95	$302.72	$255.17	$190.30			**$152.42**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$181.55	$158.11	$129.87	$172.26	$170.95	$159.87	$184.58	$142.25	$156.68	$134.33			**$159.05**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$252.77**	**$322.81**	**$201.61**	**$258.52**	**$392.16**	**$220.37**	**$403.53**	**$1,588.09**	**$421.89**	**$683.23**			**$474.50**
	Total Premiums		**$551.37**	**$551.37**	**$551.37**	**$551.37**	**$551.37**	**$551.37**	**$551.37**	**$551.37**	**$584.82**	**$496.23**			**$549.20**
Benefit Package 327	**Enrolled Employees**		**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**2**	**2**			**3**
	Enrolled Members		**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**2**	**2**			**3**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$4,307.73	$0.00	$0.00			**$4,307.73**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,820.20	$0.00	$0.00			**$1,820.20**
		ER	$180.08	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$657.87	$0.00	$0.00			**$418.97**
		Prof Svcs	$400.13	$271.82	$0.92	$100.87	$213.35	$225.70	$446.99	$975.31	$666.43	$659.44			**$396.10**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$13.47	$152.12	$83.61	$158.11	$63.43	$41.32	$10,481.33	$10,499.33	$49.51	$210.03			**$2,175.23**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$593.68**	**$423.94**	**$84.53**	**$258.98**	**$276.77**	**$267.03**	**$10,928.32**	**$18,260.44**	**$715.93**	**$869.47**			**$3,267.91**
	Total Premiums		**$801.98**	**$801.98**	**$801.98**	**$801.98**	**$801.98**	**$801.98**	**$801.98**	**$801.98**	**$801.98**	**$801.98**			**$801.98**

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Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 328	**Enrolled Employees**		**4**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**			**2**
	Enrolled Members		**4**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**			**2**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Outpatient	$0.00	$0.00	$3,060.88	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$3,060.88**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Prof Svcs	$146.56	$1,634.47	$482.67	$56.95	$169.56	$442.80	$119.63	$42.58	$434.24	$41.83			**$357.13**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$889.50	$1,877.40	$1,670.90	$1,903.89	$1,738.02	$1,818.53	$1,871.41	$1,871.41	$1,984.59	$1,994.87			**$1,762.05**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$1,036.06**	**$3,511.87**	**$5,214.45**	**$1,960.84**	**$1,907.58**	**$2,261.33**	**$1,991.04**	**$1,913.99**	**$2,418.83**	**$2,036.70**			**$2,425.27**
	Total Premiums		**$410.20**	**$820.40**	**$820.40**	**$820.40**	**$820.40**	**$820.40**	**$820.40**	**$820.40**	**$820.40**	**$820.40**			**$779.38**
Benefit Package 329	**Enrolled Employees**		**73**	**80**	**73**	**73**	**73**	**74**	**74**	**74**	**74**	**67**			**74**
	Enrolled Members		**169**	**183**	**169**	**169**	**170**	**172**	**173**	**173**	**173**	**164**			**172**
	Claims	Inpatient	$175.46	$0.00	$0.00	$0.00	$93.81	$0.00	$0.00	$44.47	$27.70	$0.00			**$85.36**
		Outpatient	$25.30	$0.15	$17.28	$0.00	$0.00	$0.00	$0.00	$0.02	$0.00	$6.18			**$9.79**
		ER	$0.00	$0.00	$8.33	$17.31	$11.11	$18.89	$9.59	$0.00	$12.75	$0.43			**$11.20**
		Prof Svcs	$54.39	$28.79	$51.42	$22.39	$76.10	$53.63	$79.03	$60.67	$63.00	$71.75			**$56.12**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$44.32	$28.74	$34.51	$53.93	$32.47	$50.48	$36.54	$30.04	$26.10	$32.46			**$36.96**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$299.47**	**$57.69**	**$111.53**	**$93.63**	**$213.50**	**$123.00**	**$125.16**	**$135.20**	**$129.56**	**$110.81**			**$139.95**
	Total Premiums		**$242.13**	**$239.60**	**$240.72**	**$240.72**	**$239.31**	**$240.81**	**$239.42**	**$239.42**	**$239.42**	**$233.18**			**$239.48**
Benefit Package 330	**Enrolled Employees**		**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**3**			**4**
	Enrolled Members		**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**			**10**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Prof Svcs	$62.95	$0.00	$0.00	$3.43	$39.89	$0.00	$2.10	$20.07	$0.00	$1.84			**$21.71**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$0.00	$0.00	$0.00	$0.00	$0.00	$0.48	$0.00	$0.00	$0.00	$0.00			**$0.48**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$62.95**	**$0.00**	**$0.00**	**$3.43**	**$39.89**	**$0.48**	**$2.10**	**$20.07**	**$0.00**	**$1.84**			**$18.68**
	Total Premiums		**$215.42**	**$215.42**	**$215.42**	**$215.42**	**$215.42**	**$215.42**	**$215.42**	**$215.42**	**$215.42**	**$184.65**			**$212.34**
Benefit Package 331	**Enrolled Employees**		**59**	**59**	**59**	**59**	**59**	**59**	**59**	**59**	**59**	**55**			**59**
	Enrolled Members		**120**	**120**	**120**	**120**	**120**	**121**	**122**	**120**	**120**	**116**			**120**
	Claims	Inpatient	$195.96	$0.00	$0.00	$26.13	$97.58	$149.90	$95.95	$105.34	$3.64	$833.26			**$188.47**
		Outpatient	$0.00	$43.40	$0.00	$19.68	$270.56	$86.13	$426.72	$13.43	$81.31	$35.30			**$122.07**
		ER	$4.60	$21.28	$2.41	$12.56	$21.56	$10.11	$4.41	$40.83	$48.24	$0.52			**$16.65**
		Prof Svcs	$73.29	$137.20	$93.47	$111.28	$167.23	$138.80	$168.40	$177.42	$143.23	$262.36			**$147.27**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$42.15	$78.41	$125.79	$142.49	$109.65	$109.48	$122.28	$119.40	$112.89	$105.59			**$106.81**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$316.00**	**$280.30**	**$221.68**	**$312.15**	**$666.58**	**$494.42**	**$817.75**	**$456.43**	**$389.31**	**$1,237.04**			**$519.17**
	Total Premiums		**$405.65**	**$405.65**	**$405.65**	**$405.65**	**$405.65**	**$402.30**	**$399.00**	**$405.65**	**$405.65**	**$395.49**			**$403.63**

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Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 332	**Enrolled Employees**		**131**	**131**	**132**	**132**	**132**	**132**	**132**	**129**	**129**	**124**			**130**
	Enrolled Members		**162**	**161**	**161**	**161**	**161**	**162**	**161**	**159**	**159**	**157**			**160**
	Claims	Inpatient	$263.77	$0.00	$0.00	$0.00	$41.78	$0.00	$43.28	$330.29	$0.00	$169.50			**$169.73**
		Outpatient	$9.75	$94.87	$47.28	$35.37	$0.00	$405.02	$36.76	$19.18	$40.67	$96.91			**$87.31**
		ER	$43.37	$13.54	$142.91	$6.41	$12.83	$15.28	$81.51	$2.36	$185.53	$6.92			**$51.07**
		Prof Svcs	$175.60	$114.66	$100.33	$105.54	$107.61	$110.43	$238.80	$146.47	$172.64	$184.35			**$145.64**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$81.71	$108.32	$118.24	$108.32	$105.49	$147.63	$75.82	$149.00	$136.24	$104.89			**$113.57**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$574.21**	**$331.39**	**$408.77**	**$255.63**	**$267.71**	**$678.35**	**$476.16**	**$647.30**	**$535.09**	**$562.58**			**$473.72**
	Total Premiums		**$488.72**	**$491.27**	**$494.72**	**$495.73**	**$494.72**	**$491.67**	**$492.94**	**$495.68**	**$492.17**	**$483.66**			**$492.13**
Benefit Package 333	**Enrolled Employees**		**230**	**232**	**232**	**232**	**233**	**234**	**237**	**237**	**237**	**229**			**233**
	Enrolled Members		**431**	**436**	**434**	**430**	**435**	**437**	**443**	**443**	**443**	**431**			**436**
	Claims	Inpatient	$0.00	$105.46	$25.69	$24.71	$28.04	$12.69	$61.90	$37.86	$34.20	$0.00			**$41.32**
		Outpatient	$48.11	$42.81	$0.00	$25.87	$79.86	$20.33	$19.00	$0.00	$12.89	$160.94			**$51.23**
		ER	$19.63	$15.36	$20.77	$5.36	$55.19	$1.77	$6.37	$9.35	$47.61	$9.03			**$19.04**
		Prof Svcs	$75.32	$83.30	$84.27	$90.63	$108.99	$110.76	$125.60	$108.95	$124.07	$101.02			**$101.29**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$15.87	$13.88	$17.01	$26.53	$24.37	$15.36	$14.45	$19.28	$15.56	$18.26			**$18.06**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$158.93**	**$260.82**	**$147.75**	**$173.11**	**$296.45**	**$160.91**	**$227.31**	**$175.44**	**$234.32**	**$289.25**			**$212.43**
	Total Premiums		**$289.15**	**$287.97**	**$290.35**	**$289.97**	**$287.26**	**$286.82**	**$287.23**	**$287.56**	**$287.56**	**$286.78**			**$288.06**
Benefit Package 334	**Enrolled Employees**		**164**	**163**	**161**	**160**	**161**	**159**	**160**	**158**	**158**	**151**			**160**
	Enrolled Members		**296**	**295**	**286**	**293**	**291**	**285**	**286**	**285**	**284**	**271**			**287**
	Claims	Inpatient	$0.00	$25.89	$19.95	$0.00	$85.15	$0.00	$60.13	$30.79	$0.00	$72.21			**$49.02**
		Outpatient	$122.90	$449.30	$8.86	$22.26	$170.17	$2.64	$64.85	$93.10	$122.31	$125.89			**$118.23**
		ER	$13.19	$11.82	$9.17	$0.14	$42.97	$5.53	$10.84	$23.24	$0.38	$7.60			**$12.49**
		Prof Svcs	$93.34	$95.33	$151.42	$53.78	$103.98	$78.75	$114.01	$121.89	$79.23	$78.41			**$97.01**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$270.75	$48.53	$58.91	$51.24	$53.29	$69.05	$69.19	$42.93	$75.80	$73.44			**$81.31**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$500.17**	**$630.87**	**$248.32**	**$127.42**	**$455.56**	**$155.97**	**$319.02**	**$311.95**	**$277.72**	**$357.56**			**$338.45**
	Total Premiums		**$282.40**	**$281.91**	**$286.32**	**$279.45**	**$283.61**	**$285.59**	**$286.04**	**$284.04**	**$285.04**	**$286.62**			**$284.10**
Benefit Package 335	**Enrolled Employees**		**185**	**184**	**184**	**183**	**182**	**183**	**181**	**182**	**180**	**178**			**182**
	Enrolled Members		**385**	**383**	**381**	**379**	**377**	**379**	**376**	**382**	**379**	**377**			**380**
	Claims	Inpatient	$149.12	$60.59	$214.22	$45.51	$365.37	$1,098.33	$206.84	$5.50	$0.00	$131.05			**$252.95**
		Outpatient	$183.05	$59.41	$16.35	$58.26	$48.57	$157.09	$109.18	$45.72	$46.30	$36.47			**$76.04**
		ER	$34.95	$18.10	$10.52	$41.03	$76.45	$19.12	$98.83	$10.25	$30.00	$19.37			**$35.86**
		Prof Svcs	$184.39	$145.95	$137.97	$141.89	$197.12	$182.75	$189.71	$137.63	$141.23	$176.96			**$163.56**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$109.42	$104.18	$122.75	$108.98	$126.53	$126.98	$128.57	$136.46	$134.29	$105.21			**$120.34**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$660.92**	**$388.24**	**$501.81**	**$395.68**	**$814.05**	**$1,584.27**	**$733.13**	**$335.58**	**$351.82**	**$469.06**			**$623.46**
	Total Premiums		**$398.27**	**$398.54**	**$399.90**	**$399.42**	**$399.36**	**$398.94**	**$398.72**	**$395.87**	**$395.63**	**$394.34**			**$397.90**

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Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 336	**Enrolled Employees**		**18**	**18**	**19**	**19**	**18**	**18**	**18**	**18**	**18**	**17**			**18**
	Enrolled Members		**44**	**44**	**45**	**45**	**42**	**42**	**42**	**41**	**41**	**39**			**43**
	Claims	Inpatient	$0.00	$0.00	$606.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$416.68			**$511.34**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$20.12	$0.00	$0.00	$0.00	$0.00	$0.00			**$20.12**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.07	$3.83	$28.17	$0.00	$1.22			**$8.32**
		Prof Svcs	$0.06	$0.00	$33.36	$32.96	$44.25	$38.23	$41.50	$93.26	$99.22	$32.51			**$46.15**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$0.00	$0.82	$0.24	$0.30	$0.73	$13.86	$2.59	$16.25	$26.25	$5.33			**$7.38**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$0.06**	**$0.82**	**$639.60**	**$33.26**	**$65.10**	**$52.16**	**$47.92**	**$137.68**	**$125.47**	**$455.74**			**$155.78**
	Total Premiums		**$197.33**	**$197.33**	**$199.55**	**$199.55**	**$198.22**	**$198.22**	**$198.22**	**$197.00**	**$197.00**	**$196.89**			**$197.93**
Benefit Package 337	**Enrolled Employees**		**21**	**24**	**26**	**26**	**25**	**25**	**25**	**25**	**25**	**28**			**25**
	Enrolled Members		**36**	**45**	**47**	**47**	**46**	**46**	**45**	**45**	**45**	**48**			**45**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$175.06	$0.00	$0.00	$0.00	$0.00			**$175.06**
		Outpatient	$0.00	$0.00	$0.00	$74.79	$0.00	$0.00	$681.50	$0.00	$0.00	$0.00			**$378.14**
		ER	$0.94	$0.00	$46.14	$0.00	$31.10	$0.00	$3.23	$0.00	$21.21	$17.51			**$20.02**
		Prof Svcs	$23.37	$10.91	$0.92	$23.48	$86.13	$109.32	$26.10	$23.73	$55.40	$96.69			**$45.61**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$14.75	$6.38	$9.86	$118.28	$9.16	$127.47	$3.88	$125.25	$131.52	$129.28			**$67.58**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$39.06**	**$17.29**	**$56.92**	**$216.56**	**$126.39**	**$411.86**	**$714.71**	**$148.98**	**$208.13**	**$243.48**			**$218.34**
	Total Premiums		**$228.63**	**$213.24**	**$218.06**	**$218.06**	**$215.70**	**$209.68**	**$214.34**	**$214.34**	**$214.34**	**$221.35**			**$216.77**
Benefit Package 339	**Enrolled Employees**		**244**	**240**	**240**	**240**	**241**	**241**	**242**	**240**	**237**	**230**			**240**
	Enrolled Members		**310**	**304**	**303**	**301**	**302**	**299**	**300**	**302**	**295**	**290**			**301**
	Claims	Inpatient	$0.00	$83.75	$199.03	$0.00	$130.35	$106.45	$332.05	$0.00	$80.03	$150.85			**$154.65**
		Outpatient	$165.66	$253.46	$37.43	$17.02	$147.69	$14.98	$178.20	$109.92	$39.88	$19.98			**$98.42**
		ER	$19.83	$18.58	$54.72	$5.51	$29.75	$33.74	$22.03	$0.00	$35.32	$43.33			**$29.20**
		Prof Svcs	$389.00	$592.93	$275.92	$216.06	$442.34	$224.13	$346.48	$264.26	$298.48	$357.13			**$340.67**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$119.29	$166.97	$128.68	$162.72	$158.22	$170.67	$168.53	$174.61	$176.92	$213.22			**$163.98**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$693.78**	**$1,115.68**	**$695.78**	**$401.31**	**$908.36**	**$549.98**	**$1,047.29**	**$548.78**	**$630.64**	**$784.53**			**$737.61**
	Total Premiums		**$710.18**	**$715.26**	**$704.16**	**$711.88**	**$712.28**	**$725.81**	**$718.80**	**$712.01**	**$717.38**	**$713.28**			**$714.10**
Benefit Package 340	**Enrolled Employees**		**20**	**20**	**19**	**19**	**19**	**20**	**20**	**20**	**20**	**19**			**20**
	Enrolled Members		**53**	**53**	**50**	**50**	**50**	**51**	**51**	**51**	**51**	**50**			**51**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Prof Svcs	$10.43	$2.47	$9.51	$8.50	$0.74	$10.50	$12.30	$25.84	$27.68	$70.55			**$17.85**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$0.00	$0.00	$0.59	$1.06	$0.00	$4.88	$2.23	$5.66	$3.50	$6.13			**$3.44**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$10.43**	**$2.47**	**$10.10**	**$9.56**	**$0.74**	**$15.38**	**$14.53**	**$31.50**	**$31.18**	**$76.68**			**$20.26**
	Total Premiums		**$207.52**	**$207.52**	**$211.04**	**$211.04**	**$211.04**	**$215.54**	**$213.36**	**$213.36**	**$213.36**	**$211.04**			**$211.48**

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Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 341	**Enrolled Employees**		**123**	**123**	**123**	**120**	**120**	**121**	**121**	**119**	**118**	**117**			**121**
	Enrolled Members		**162**	**161**	**161**	**158**	**158**	**159**	**159**	**156**	**155**	**152**			**158**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$78.09	$0.00	$0.00	$0.00	$0.00	$0.00			**$78.09**
		Outpatient	$148.16	$11.45	$272.54	$106.53	$115.75	$103.13	$137.35	$256.96	$3.83	$300.38			**$145.61**
		ER	$6.49	$0.00	$0.00	$12.67	$14.52	$13.80	$18.54	$16.34	$33.81	$15.39			**$16.45**
		Prof Svcs	$105.36	$104.28	$95.73	$81.08	$134.78	$122.01	$138.34	$131.44	$96.01	$140.27			**$114.93**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$115.67	$65.67	$87.18	$113.59	$57.61	$88.07	$56.89	$88.58	$110.39	$64.33			**$84.80**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$375.68**	**$181.41**	**$455.46**	**$313.88**	**$400.75**	**$327.01**	**$351.13**	**$493.31**	**$244.05**	**$520.38**			**$366.30**
	Total Premiums		**$521.63**	**$529.14**	**$525.26**	**$523.38**	**$523.38**	**$529.33**	**$524.01**	**$522.48**	**$521.82**	**$522.30**			**$524.27**
Benefit Package 342	**Enrolled Employees**		**155**	**162**	**165**	**164**	**164**	**161**	**162**	**165**	**164**	**159**			**162**
	Enrolled Members		**253**	**259**	**262**	**260**	**262**	**260**	**260**	**268**	**266**	**255**			**261**
	Claims	Inpatient	$210.02	$52.16	$0.00	$0.00	$8.95	$0.00	$160.86	$0.00	$0.00	$29.17			**$92.23**
		Outpatient	$58.00	$212.72	$301.99	$8.60	$7.33	$18.35	$125.72	$16.93	$8.67	$169.81			**$92.81**
		ER	$13.13	$7.73	$6.01	$0.00	$14.64	$0.00	$7.45	$1.58	$3.82	$18.02			**$9.05**
		Prof Svcs	$141.35	$110.99	$76.40	$77.32	$105.30	$125.66	$151.64	$107.11	$93.25	$144.79			**$113.38**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$72.64	$68.35	$85.48	$77.71	$70.72	$98.23	$91.12	$77.43	$79.31	$109.60			**$83.06**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$495.15**	**$451.95**	**$469.87**	**$163.63**	**$206.94**	**$242.24**	**$536.79**	**$203.05**	**$185.05**	**$471.39**			**$342.60**
	Total Premiums		**$427.40**	**$430.92**	**$432.59**	**$431.71**	**$429.19**	**$437.72**	**$423.50**	**$429.02**	**$429.33**	**$430.99**			**$430.23**
Benefit Package 343	**Enrolled Employees**		**41**	**42**	**42**	**41**	**42**	**42**	**42**	**41**	**41**	**39**			**41**
	Enrolled Members		**49**	**50**	**50**	**49**	**50**	**50**	**50**	**48**	**48**	**46**			**49**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Outpatient	$0.00	$28.40	$0.00	$23.18	$0.00	$0.00	$37.06	$0.00	$128.16	$48.37			**$53.03**
		ER	$28.02	$13.79	$13.49	$34.17	$0.00	$101.74	$0.00	$0.00	$0.00	$0.00			**$38.24**
		Prof Svcs	$174.55	$316.26	$175.44	$129.74	$266.64	$171.90	$196.95	$100.11	$166.91	$134.89			**$183.34**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$132.16	$136.15	$163.94	$155.63	$387.44	$84.69	$105.37	$108.85	$237.22	$103.15			**$161.46**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$334.73**	**$494.59**	**$352.87**	**$342.73**	**$654.08**	**$358.33**	**$339.37**	**$208.96**	**$532.29**	**$286.41**			**$390.44**
	Total Premiums		**$663.98**	**$665.71**	**$665.71**	**$663.98**	**$665.71**	**$672.51**	**$665.71**	**$672.16**	**$672.16**	**$668.75**			**$667.64**
Benefit Package 344	**Enrolled Employees**		**62**	**66**	**66**	**66**	**64**	**66**	**67**	**66**	**68**	**72**			**66**
	Enrolled Members		**127**	**133**	**133**	**135**	**132**	**132**	**134**	**133**	**137**	**145**			**134**
	Claims	Inpatient	$0.00	$0.00	$502.99	$0.00	$1,002.74	$832.76	$180.96	$334.33	$0.00	$0.00			**$570.75**
		Outpatient	$14.64	-$1.52	$47.73	$197.89	$124.77	$129.39	$26.01	$0.00	$65.07	$0.89			**$75.61**
		ER	$32.73	$26.57	$13.37	$9.06	$7.70	$0.00	$3.92	$4.37	$9.91	$9.08			**$12.97**
		Prof Svcs	$60.00	$63.06	$124.34	$53.59	$196.02	$138.24	$129.10	$54.97	$125.72	$113.15			**$105.82**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$90.35	$71.10	$45.98	$56.56	$82.28	$66.14	$69.66	$92.21	$61.46	$59.06			**$69.48**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$197.72**	**$159.19**	**$734.40**	**$317.10**	**$1,413.51**	**$1,166.54**	**$409.65**	**$485.87**	**$262.15**	**$182.18**			**$532.83**
	Total Premiums		**$225.71**	**$238.63**	**$234.11**	**$233.52**	**$228.89**	**$237.83**	**$234.45**	**$232.10**	**$233.03**	**$236.76**			**$233.50**

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Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 345	**Enrolled Employees**		**4**	**4**	**4**	**4**	**4**	**4**	**4**	**3**	**3**	**3**			**4**
	Enrolled Members		**7**	**7**	**6**	**6**	**6**	**6**	**6**	**5**	**5**	**5**			**6**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$201.16			**$201.16**
		ER	$51.12	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$126.62			**$88.87**
		Prof Svcs	$134.96	$148.14	$40.27	$366.38	$33.19	$73.07	$46.72	$91.51	$48.88	$403.45			**$138.66**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$49.64	$11.65	$9.34	$26.70	$9.53	$8.25	$8.98	$15.84	$25.27	$18.04			**$18.32**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$235.72**	**$159.79**	**$49.61**	**$393.08**	**$42.71**	**$81.32**	**$55.70**	**$107.34**	**$74.15**	**$749.27**			**$194.87**
	Total Premiums		**$713.28**	**$713.28**	**$692.95**	**$692.95**	**$692.95**	**$692.95**	**$692.95**	**$641.48**	**$641.48**	**$641.48**			**$681.58**
Benefit Package 346	**Enrolled Employees**		**153**	**151**	**151**	**150**	**150**	**150**	**150**	**148**	**149**	**138**			**149**
	Enrolled Members		**252**	**250**	**250**	**249**	**249**	**248**	**247**	**246**	**249**	**229**			**247**
	Claims	Inpatient	$0.00	$124.03	$88.43	$70.06	$442.89	$3.95	$121.03	$71.60	$279.88	$0.00			**$150.23**
		Outpatient	$185.83	$215.43	$106.89	$279.71	$98.77	$107.61	$130.46	$106.81	$89.14	$114.48			**$143.51**
		ER	$26.80	$22.07	$10.00	$3.38	$67.43	$11.73	$68.67	$64.41	$11.98	$6.55			**$29.30**
		Prof Svcs	$186.60	$250.85	$233.33	$226.69	$270.63	$252.47	$312.56	$242.27	$235.23	$165.53			**$237.62**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$200.71	$164.70	$125.20	$159.83	$175.35	$157.55	$128.81	$185.31	$175.79	$174.46			**$164.77**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$599.94**	**$777.07**	**$563.85**	**$739.66**	**$1,055.08**	**$533.30**	**$761.53**	**$670.40**	**$792.04**	**$461.02**			**$695.39**
	Total Premiums		**$614.95**	**$619.12**	**$619.12**	**$618.58**	**$618.58**	**$621.07**	**$620.42**	**$617.19**	**$613.10**	**$615.95**			**$617.81**
Benefit Package 347	**Enrolled Employees**		**57**	**57**	**56**	**56**	**56**	**55**	**55**	**54**	**54**	**49**			**55**
	Enrolled Members		**63**	**63**	**62**	**62**	**62**	**61**	**61**	**60**	**60**	**55**			**61**
	Claims	Inpatient	$0.00	$314.65	$0.00	$0.00	$2,088.86	$0.00	$174.27	$220.24	$0.00	$0.00			**$699.51**
		Outpatient	$219.22	$597.69	$58.07	$0.00	$234.62	$652.77	$98.20	$85.64	$203.10	$400.31			**$283.29**
		ER	$0.00	$94.53	$0.00	$0.00	$46.23	$42.86	$0.00	$161.29	$0.00	-$25.71			**$79.80**
		Prof Svcs	$335.47	$252.05	$159.93	$234.22	$460.89	$310.77	$363.94	$208.11	$254.85	$439.87			**$302.01**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$168.50	$123.72	$105.24	$166.49	$137.64	$117.06	$114.12	$185.91	$157.99	$114.48			**$139.12**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$723.19**	**$1,382.63**	**$323.24**	**$400.71**	**$2,968.24**	**$1,123.46**	**$750.53**	**$861.20**	**$615.94**	**$928.95**			**$1,007.81**
	Total Premiums		**$758.62**	**$758.62**	**$758.31**	**$758.31**	**$758.31**	**$756.30**	**$756.30**	**$752.58**	**$755.93**	**$752.46**			**$756.57**
Benefit Package 348	**Enrolled Employees**		**301**	**302**	**301**	**300**	**307**	**310**	**310**	**310**	**308**	**304**			**305**
	Enrolled Members		**673**	**669**	**661**	**657**	**666**	**674**	**672**	**669**	**665**	**660**			**667**
	Claims	Inpatient	$102.20	$23.17	$67.17	$61.27	$50.66	$50.58	$58.27	$82.11	$23.55	$10.85			**$52.98**
		Outpatient	$36.64	$83.33	$24.87	$111.66	$72.70	$12.09	$24.01	$27.59	$85.20	$7.56			**$48.56**
		ER	$22.36	$15.22	$1.28	$12.78	$8.64	$1.12	$10.68	$6.45	$16.07	$11.85			**$10.64**
		Prof Svcs	$77.35	$53.18	$71.99	$108.29	$107.09	$80.32	$112.28	$132.53	$116.20	$110.54			**$96.98**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$74.44	$58.47	$63.86	$66.67	$62.06	$60.05	$70.40	$64.93	$84.01	$74.27			**$67.92**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$312.98**	**$233.37**	**$229.17**	**$360.68**	**$301.16**	**$204.15**	**$275.63**	**$313.61**	**$325.03**	**$215.07**			**$277.09**
	Total Premiums		**$242.80**	**$242.57**	**$245.84**	**$246.29**	**$247.89**	**$246.94**	**$247.20**	**$248.09**	**$249.09**	**$248.25**			**$246.50**

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Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 349	**Enrolled Employees**		**47**	**47**	**47**	**47**	**49**	**49**	**49**	**49**	**49**	**49**			**48**
	Enrolled Members		**115**	**126**	**116**	**116**	**116**	**116**	**115**	**115**	**115**	**117**			**117**
	Claims	Inpatient	$0.00	$67.15	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$67.15**
		Outpatient	$133.84	$0.00	$0.00	$0.00	$0.00	$12.75	$0.03	$0.00	$0.00	$0.79			**$36.85**
		ER	$0.00	$0.00	$0.00	$0.05	$0.00	$0.00	$0.00	$0.00	$0.00	$25.89			**$12.97**
		Prof Svcs	$35.68	$2.43	$11.50	$3.01	$10.11	$12.39	$8.44	$9.86	$24.87	$35.76			**$15.40**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$3.36	$4.16	$3.49	$0.13	$1.15	$1.37	$3.53	$0.29	$0.57	$6.47			**$2.45**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$172.88**	**$73.74**	**$14.99**	**$3.20**	**$11.26**	**$26.51**	**$12.00**	**$10.16**	**$25.44**	**$68.89**			**$41.91**
	Total Premiums		**$219.26**	**$194.32**	**$210.09**	**$210.09**	**$212.20**	**$212.20**	**$218.82**	**$211.77**	**$211.77**	**$211.79**			**$211.23**
Benefit Package 350	**Enrolled Employees**		**176**	**173**	**173**	**172**	**172**	**172**	**171**	**171**	**171**	**162**			**171**
	Enrolled Members		**257**	**251**	**251**	**250**	**247**	**247**	**247**	**247**	**247**	**237**			**248**
	Claims	Inpatient	$0.00	$434.17	$227.76	$29.14	$0.00	$0.00	$58.27	$0.00	$65.69	$5.74			**$136.79**
		Outpatient	$138.83	$80.12	$183.64	$28.11	$410.40	$257.37	$55.96	$185.58	$85.05	$141.65			**$156.67**
		ER	$0.00	$21.15	$12.42	$13.53	$18.86	$24.11	$29.55	$4.76	$9.47	$43.75			**$19.73**
		Prof Svcs	$189.83	$96.97	$155.76	$123.54	$180.53	$174.54	$160.51	$193.96	$148.27	$216.38			**$164.03**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$198.61	$167.66	$125.65	$160.03	$153.42	$192.54	$173.67	$113.11	$151.22	$149.98			**$158.59**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$527.28**	**$800.06**	**$705.23**	**$354.34**	**$763.20**	**$648.56**	**$477.95**	**$497.41**	**$459.71**	**$557.50**			**$579.12**
	Total Premiums		**$543.89**	**$542.60**	**$542.60**	**$541.07**	**$546.79**	**$546.79**	**$544.99**	**$544.99**	**$544.99**	**$545.21**			**$544.39**
Benefit Package 351	**Enrolled Employees**		**67**	**67**	**67**	**67**	**67**	**67**	**67**	**65**	**65**	**67**			**67**
	Enrolled Members		**106**	**105**	**104**	**104**	**102**	**101**	**101**	**95**	**95**	**95**			**101**
	Claims	Inpatient	$0.00	$8.14	$0.00	$70.13	$127.56	$0.00	$0.00	$0.00	$0.00	$193.34			**$99.79**
		Outpatient	$69.22	$0.00	$82.94	$30.39	$134.60	$532.44	$5.50	$28.82	$39.07	$651.95			**$174.99**
		ER	$0.00	$0.00	$0.00	$0.00	$20.46	$0.00	$0.00	$51.14	$169.05	$0.00			**$80.22**
		Prof Svcs	$140.39	$117.43	$133.41	$108.96	$179.24	$154.08	$483.37	$448.39	$805.53	$277.41			**$284.82**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$165.19	$168.37	$180.58	$172.81	$209.08	$198.26	$208.70	$172.27	$224.91	$221.69			**$192.19**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$374.79**	**$293.94**	**$396.94**	**$382.29**	**$670.94**	**$884.79**	**$697.57**	**$700.63**	**$1,238.56**	**$1,344.39**			**$698.48**
	Total Premiums		**$519.85**	**$519.31**	**$521.90**	**$521.90**	**$523.97**	**$529.16**	**$529.16**	**$542.91**	**$542.91**	**$547.25**			**$529.83**
Benefit Package 352	**Enrolled Employees**		**243**	**243**	**243**	**243**	**240**	**241**	**241**	**241**	**241**	**239**	**252**	**256**	**244**
	Enrolled Members		**652**	**655**	**651**	**653**	**648**	**649**	**648**	**647**	**646**	**640**	**652**	**657**	**650**
	Claims	Inpatient	$107.95	$59.01	$0.00	$92.51	$45.60	$45.28	$26.85	$15.15	$7.32	$62.70	$43.00	$14.83	**$47.29**
		Outpatient	$164.41	$46.44	$38.12	$20.21	$10.84	$21.82	$67.76	$23.61	$108.16	$80.21	$60.32	$39.32	**$56.77**
		ER	$1.68	$0.21	$0.00	$3.14	$13.31	$17.61	$3.28	$26.93	$41.96	$12.60	$13.66	$6.14	**$12.78**
		Prof Svcs	$120.76	$45.24	$45.35	$89.57	$92.32	$104.85	$124.62	$135.22	$108.29	$137.00	$109.60	$129.58	**$103.53**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$3.98	$10.13	$11.06	$30.10	$28.96	$16.57	$55.84	$37.30	$44.71	$24.62	$23.19	$28.29	**$26.23**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$398.77**	**$161.04**	**$94.53**	**$235.53**	**$191.03**	**$206.13**	**$278.36**	**$238.21**	**$310.44**	**$317.14**	**$249.76**	**$218.16**	**$241.59**
	Total Premiums		**$267.91**	**$266.62**	**$268.91**	**$266.99**	**$267.96**	**$265.80**	**$267.11**	**$266.49**	**$267.42**	**$266.40**	**$330.19**	**$331.66**	**$277.79**

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Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 353	**Enrolled Employees**		**12**	**12**	**12**	**12**	**12**	**11**	**11**	**11**	**11**	**11**	**14**	**14**	**12**
	Enrolled Members		**31**	**31**	**31**	**31**	**31**	**30**	**30**	**30**	**30**	**29**	**30**	**30**	**30**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$606.19	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$2.77	$20.59	**$209.85**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs	$598.77	$385.87	$65.79	$620.58	$303.99	$312.03	$433.04	$344.57	$414.28	$776.12	$382.23	$481.24	**$426.54**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$1.81	$1.39	$54.94	$1.91	$5.07	$56.67	$5.15	$1.15	$67.62	$8.76	$7.07	$130.31	**$28.49**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$1,206.77**	**$387.25**	**$120.73**	**$622.49**	**$309.06**	**$368.71**	**$438.19**	**$345.72**	**$481.89**	**$784.88**	**$392.07**	**$632.14**	**$507.49**
	Total Premiums		**$277.92**	**$277.92**	**$277.92**	**$277.92**	**$277.92**	**$274.03**	**$274.03**	**$274.03**	**$274.03**	**$277.34**	**$362.22**	**$362.22**	**$290.63**
Benefit Package 354	**Enrolled Employees**		**273**	**274**	**275**	**274**	**275**	**275**	**275**	**273**	**273**	**273**	**251**	**250**	**270**
	Enrolled Members		**524**	**522**	**523**	**519**	**519**	**517**	**518**	**517**	**515**	**516**	**417**	**413**	**502**
	Claims	Inpatient	$151.79	$0.00	$31.78	$207.19	$58.51	$34.72	$0.00	$49.84	$24.26	$3.32	$0.00	$64.12	**$69.50**
		Outpatient	$38.48	$55.70	$1.68	$6.09	$38.41	$123.06	$17.90	$46.07	$22.08	$110.04	$20.38	$49.59	**$44.12**
		ER	$1.77	$1.19	$7.69	$16.52	$4.01	$11.76	$7.54	$9.47	$2.08	$48.62	$12.83	$16.50	**$11.66**
		Prof Svcs	$60.39	$50.01	$56.85	$54.86	$84.43	$75.16	$127.42	$130.03	$112.18	$179.48	$125.91	$84.58	**$95.11**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$133.39	$100.28	$83.14	$108.33	$151.77	$88.42	$127.06	$159.27	$123.51	$89.93	$208.02	$205.22	**$131.53**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$385.82**	**$207.18**	**$181.14**	**$393.00**	**$337.12**	**$333.12**	**$279.91**	**$394.68**	**$284.11**	**$431.40**	**$367.13**	**$420.02**	**$334.55**
	Total Premiums		**$318.32**	**$321.87**	**$320.74**	**$321.38**	**$321.82**	**$321.66**	**$321.39**	**$320.44**	**$320.63**	**$321.06**	**$415.13**	**$410.83**	**$336.27**
Benefit Package 355	**Enrolled Employees**		**29**	**31**	**31**	**31**	**28**	**28**	**28**	**28**	**28**	**27**	**33**	**32**	**30**
	Enrolled Members		**41**	**44**	**46**	**45**	**40**	**40**	**40**	**40**	**40**	**39**	**40**	**39**	**41**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$0.00	$0.00	$1,018.63	$48.29	$0.00	$0.00	$440.11	-$2.84	$0.00	$0.00	$0.00	$54.66	**$389.71**
		ER	$0.00	$0.00	$179.47	$0.00	$0.00	$0.00	$33.84	$0.00	$0.00	$0.00	$48.42	$0.00	**$87.24**
		Prof Svcs	$122.57	$33.41	$111.20	$80.06	$295.21	$106.22	$251.21	$266.27	$88.68	$91.68	$106.71	$133.77	**$140.58**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$67.44	$70.35	$48.78	$62.78	$36.40	$37.30	$41.02	$49.42	$65.55	$74.11	$29.31	$44.16	**$52.22**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$190.01**	**$103.76**	**$1,358.08**	**$191.14**	**$331.61**	**$143.52**	**$766.17**	**$312.85**	**$154.24**	**$165.80**	**$184.44**	**$232.59**	**$344.52**
	Total Premiums		**$380.81**	**$321.49**	**$352.67**	**$376.38**	**$363.12**	**$363.12**	**$363.12**	**$363.12**	**$363.12**	**$361.58**	**$480.34**	**$479.36**	**$380.69**
Benefit Package 356	**Enrolled Employees**		**44**	**44**	**44**	**44**	**44**	**44**	**44**	**44**	**43**	**43**			**44**
	Enrolled Members		**44**	**44**	**44**	**44**	**44**	**44**	**44**	**44**	**43**	**43**			**44**
	Claims	Inpatient	$0.00	$0.00	$0.00	$903.08	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$903.08**
		Outpatient	$1,592.63	$2,678.19	$582.22	$344.21	$931.59	$1,060.68	$1,147.24	$649.43	$413.24	$1,648.29			**$1,104.77**
		ER	$160.13	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$40.75	$102.72			**$101.20**
		Prof Svcs	$443.76	$309.26	$258.14	$522.76	$554.81	$564.69	$729.47	$431.41	$202.38	$436.41			**$445.31**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$246.01	$247.75	$530.66	$392.73	$198.97	$579.50	$219.42	$321.78	$171.37	$401.88			**$331.01**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$2,442.53**	**$3,235.20**	**$1,371.03**	**$2,162.79**	**$1,685.37**	**$2,204.87**	**$2,096.14**	**$1,402.61**	**$827.74**	**$2,589.30**			**$2,001.76**
	Total Premiums		**$788.36**	**$788.36**	**$788.36**	**$788.36**	**$788.36**	**$788.36**	**$788.36**	**$788.36**	**$788.36**	**$788.36**			**$788.36**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9h
Experience Reports by Benefit Package — Per Member Per Month
Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 357	**Enrolled Employees**		**447**	**443**	**443**	**443**	**444**	**444**	**445**	**441**	**442**	**416**			**441**
	Enrolled Members		**530**	**526**	**526**	**525**	**528**	**530**	**532**	**527**	**529**	**493**			**525**
	Claims	Inpatient	$100.25	$64.46	$61.66	$38.48	$251.62	$82.15	$603.73	$102.56	$128.10	$116.09			**$154.91**
		Outpatient	$208.50	$65.40	$174.91	$44.61	$23.50	$87.75	$26.66	$50.77	$200.59	$80.01			**$96.27**
		ER	$10.50	$15.71	$24.67	$24.84	$37.23	$22.27	$49.08	$75.56	$3.33	$17.30			**$28.05**
		Prof Svcs	$319.63	$253.90	$235.06	$269.36	$357.43	$293.28	$419.32	$381.27	$311.64	$342.20			**$318.31**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$176.55	$172.49	$131.33	$209.63	$158.44	$172.27	$193.77	$152.11	$224.98	$183.88			**$177.54**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$815.43**	**$571.96**	**$627.62**	**$586.93**	**$828.21**	**$657.72**	**$1,292.57**	**$762.27**	**$868.64**	**$739.47**			**$775.08**
	Total Premiums		**$720.79**	**$718.94**	**$721.88**	**$721.13**	**$719.79**	**$719.03**	**$717.77**	**$715.96**	**$717.63**	**$717.32**			**$719.02**
Benefit Package 358	**Enrolled Employees**		**437**	**438**	**438**	**440**	**439**	**438**	**431**	**429**	**429**	**431**			**435**
	Enrolled Members		**1,033**	**1,029**	**1,027**	**1,032**	**1,025**	**1,025**	**1,017**	**1,009**	**1,015**	**1,018**			**1,023**
	Claims	Inpatient	$100.08	$6.94	$39.25	$41.65	$0.00	$5.24	$67.70	$50.29	$12.23	$215.08			**$59.83**
		Outpatient	$107.57	$62.83	$43.16	$47.24	$105.83	$11.12	$108.25	$83.41	$54.67	$65.62			**$68.97**
		ER	$8.00	$4.98	$3.71	$1.92	$9.68	$10.13	$12.87	$7.10	$9.06	$7.60			**$7.51**
		Prof Svcs	$102.70	$68.81	$90.25	$95.25	$97.36	$86.03	$155.52	$131.24	$135.38	$130.31			**$109.28**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$65.94	$41.28	$48.39	$53.73	$48.02	$67.22	$64.30	$66.33	$69.46	$67.33			**$59.20**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$384.30**	**$184.83**	**$224.75**	**$239.79**	**$260.89**	**$179.75**	**$408.64**	**$338.38**	**$280.80**	**$485.94**			**$298.81**
	Total Premiums		**$312.83**	**$313.06**	**$313.89**	**$313.43**	**$315.21**	**$314.69**	**$313.85**	**$313.20**	**$311.77**	**$311.88**			**$313.38**
Benefit Package 359	**Enrolled Employees**		**313**	**311**	**308**	**307**	**307**	**306**	**303**	**303**	**302**	**293**			**305**
	Enrolled Members		**532**	**532**	**528**	**522**	**521**	**520**	**516**	**515**	**511**	**490**			**519**
	Claims	Inpatient	$304.32	$78.63	$88.27	$50.03	$440.21	$0.00	$201.08	$24.72	$0.00	$136.34			**$165.45**
		Outpatient	$84.65	$44.05	$152.13	$83.93	$71.10	$33.30	$135.09	$132.83	$168.70	$32.78			**$93.86**
		ER	$18.21	$8.51	$19.15	$20.93	$9.13	$2.14	$40.29	$12.40	$10.09	$13.91			**$15.48**
		Prof Svcs	$251.01	$173.09	$177.35	$184.85	$250.69	$256.43	$295.81	$218.09	$181.51	$273.72			**$226.25**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$123.43	$119.18	$290.16	$118.54	$120.98	$121.20	$121.49	$117.36	$123.10	$139.07			**$139.45**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$781.62**	**$423.45**	**$727.06**	**$458.27**	**$892.11**	**$413.07**	**$793.76**	**$505.39**	**$483.41**	**$595.82**			**$607.40**
	Total Premiums		**$529.34**	**$527.84**	**$527.17**	**$528.31**	**$529.78**	**$529.39**	**$528.72**	**$528.46**	**$529.33**	**$528.03**			**$528.64**
Benefit Package 360	**Enrolled Employees**		**516**	**520**	**518**	**516**	**514**	**519**	**514**	**514**	**512**	**513**			**516**
	Enrolled Members		**853**	**854**	**856**	**849**	**844**	**852**	**845**	**845**	**841**	**841**			**848**
	Claims	Inpatient	$22.63	$57.62	$330.34	$38.01	$7.55	$55.75	$170.98	$42.76	$6.53	$74.41			**$80.66**
		Outpatient	$52.40	$67.58	-$2.79	$13.45	$58.70	$82.08	$68.20	$12.73	$72.77	$39.97			**$51.68**
		ER	$9.97	$3.66	$22.23	$5.04	$11.56	$12.59	$17.31	$1.52	$8.10	$6.74			**$9.87**
		Prof Svcs	$119.61	$113.01	$119.50	$110.10	$105.92	$129.93	$175.30	$123.72	$110.42	$144.80			**$125.23**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$65.44	$56.25	$62.19	$50.04	$54.22	$45.60	$41.44	$50.85	$57.35	$77.66			**$56.10**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$270.05**	**$298.12**	**$531.47**	**$216.65**	**$237.96**	**$325.97**	**$473.23**	**$231.57**	**$255.17**	**$343.58**			**$318.38**
	Total Premiums		**$453.94**	**$454.87**	**$454.17**	**$454.24**	**$453.86**	**$453.71**	**$453.17**	**$453.96**	**$453.28**	**$452.79**			**$453.80**

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Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 361	**Enrolled Employees**		**96**	**95**	**96**	**97**	**98**	**98**	**97**	**98**	**97**	**94**			**97**
	Enrolled Members		**275**	**274**	**280**	**282**	**280**	**281**	**284**	**287**	**283**	**280**			**281**
	Claims	Inpatient	$65.07	$0.00	$0.00	$0.00	$0.00	$82.37	$0.00	$0.00	$0.00	$0.00			**$73.72**
		Outpatient	$59.01	$0.00	$101.21	$18.03	$9.35	$192.21	$228.18	$70.95	$3.01	$0.00			**$85.24**
		ER	$2.92	$0.26	$3.74	$0.00	$0.84	$3.17	$13.06	$3.99	$6.65	$6.68			**$4.59**
		Prof Svcs	$395.99	$196.58	$213.20	$218.13	$61.57	$68.48	$249.32	$169.27	$75.63	$413.06			**$206.12**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$47.54	$59.26	$55.87	$34.43	$64.55	$55.15	$56.05	$49.87	$60.91	$45.13			**$52.88**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$570.52**	**$256.10**	**$374.02**	**$270.60**	**$136.31**	**$401.38**	**$546.61**	**$294.08**	**$146.20**	**$464.87**			**$346.07**
	Total Premiums		**$215.50**	**$215.61**	**$213.37**	**$215.26**	**$216.98**	**$216.21**	**$214.22**	**$215.04**	**$214.97**	**$213.77**			**$215.09**
Benefit Package 362	**Enrolled Employees**		**27**	**27**	**27**	**27**	**28**	**28**	**28**	**28**	**28**	**31**			**28**
	Enrolled Members		**87**	**87**	**87**	**88**	**90**	**90**	**91**	**92**	**91**	**101**			**90**
	Claims	Inpatient	$142.88	$0.00	$1.18	$65.45	$0.00	$0.00	$0.00	$478.62	$41.97	$0.00			**$146.02**
		Outpatient	$30.16	$0.00	$0.00	$0.00	$0.00	$0.00	$18.28	$227.69	$275.14	$24.51			**$115.15**
		ER	$39.55	$0.00	$30.51	$0.00	$4.08	$7.75	$25.99	$18.46	$4.18	$0.00			**$18.65**
		Prof Svcs	$102.27	$46.34	$28.98	$63.11	$48.46	$58.16	$167.34	$146.46	$209.37	$46.73			**$91.72**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	-$4.92	$1.07	$3.38	$3.46	$2.18	$3.57	$5.00	$3.40	$5.46	$4.21			**$2.98**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$309.94**	**$47.41**	**$64.05**	**$132.02**	**$54.72**	**$69.48**	**$216.61**	**$874.64**	**$536.12**	**$75.44**			**$238.04**
	Total Premiums		**$213.52**	**$213.52**	**$213.52**	**$211.10**	**$213.77**	**$213.77**	**$212.74**	**$210.43**	**$212.74**	**$216.69**			**$213.18**
Benefit Package 363	**Enrolled Employees**		**121**	**122**	**122**	**122**	**122**	**121**	**120**	**117**	**118**	**111**			**120**
	Enrolled Members		**160**	**163**	**163**	**163**	**163**	**162**	**160**	**158**	**160**	**151**			**160**
	Claims	Inpatient	$392.55	$0.00	$493.36	$0.00	$193.10	$0.00	$537.08	$1,222.15	$166.16	$554.12			**$508.36**
		Outpatient	$164.22	$131.30	$12.19	$71.76	$144.71	$89.67	$163.83	$183.26	$92.89	$217.09			**$127.09**
		ER	$38.08	$15.11	$1.64	$12.37	$50.60	$0.00	$35.84	$0.00	$12.09	$0.00			**$23.68**
		Prof Svcs	$317.20	$237.34	$320.91	$273.27	$389.91	$371.10	$448.74	$380.84	$413.85	$395.73			**$354.89**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$328.80	$230.06	$383.00	$306.70	$292.14	$309.79	$329.47	$224.72	$317.61	$337.58			**$305.99**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$1,240.85**	**$613.81**	**$1,211.09**	**$664.11**	**$1,070.47**	**$770.57**	**$1,514.96**	**$2,010.97**	**$1,002.61**	**$1,504.52**			**$1,160.40**
	Total Premiums		**$627.44**	**$622.39**	**$622.39**	**$622.39**	**$622.39**	**$621.57**	**$624.61**	**$622.06**	**$619.48**	**$621.18**			**$622.59**
Benefit Package 364	**Enrolled Employees**		**71**	**71**	**71**	**71**	**71**	**71**	**71**	**71**	**71**	**70**			**71**
	Enrolled Members		**103**	**103**	**105**	**105**	**104**	**104**	**104**	**103**	**103**	**102**			**104**
	Claims	Inpatient	$883.06	$657.46	$0.00	$0.00	$0.00	$0.00	$0.00	$1,078.45	$40.40	$0.00			**$664.84**
		Outpatient	$39.78	$54.58	$46.20	$0.00	$0.00	$0.79	$92.45	$0.00	$62.68	$0.00			**$49.41**
		ER	$0.00	$86.73	$0.00	$8.69	$0.00	$0.00	$60.68	$6.43	$68.21	$0.00			**$46.15**
		Prof Svcs	$299.15	$285.44	$376.98	$251.02	$172.31	$212.82	$633.35	$331.91	$486.40	$380.58			**$342.99**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$277.77	$298.22	$308.76	$323.74	$160.59	$175.31	$160.79	$283.22	$280.63	$184.70			**$245.37**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$1,499.76**	**$1,382.42**	**$731.94**	**$583.45**	**$332.90**	**$388.92**	**$947.27**	**$1,700.01**	**$938.32**	**$565.28**			**$907.03**
	Total Premiums		**$665.06**	**$665.06**	**$663.07**	**$663.07**	**$666.14**	**$666.14**	**$666.14**	**$672.61**	**$672.61**	**$670.90**			**$667.08**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9h
Experience Reports by Benefit Package — Per Member Per Month
Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 365	**Enrolled Employees**		**1,264**	**1,262**	**1,264**	**1,262**	**1,258**	**1,256**	**1,257**	**1,250**	**1,249**	**1,207**			**1,253**
	Enrolled Members		**2,271**	**2,254**	**2,257**	**2,253**	**2,250**	**2,249**	**2,243**	**2,214**	**2,210**	**2,136**			**2,234**
	Claims	Inpatient	$129.62	$156.27	$48.06	$88.30	$35.47	$61.66	$298.21	$4.21	$66.54	$174.73			**$106.31**
		Outpatient	$165.25	$76.37	$77.59	$15.22	$49.12	$63.59	$40.66	$61.62	$44.24	$125.35			**$71.90**
		ER	$20.63	$14.83	$15.90	$11.84	$16.06	$15.75	$36.08	$13.28	$12.49	$18.96			**$17.58**
		Prof Svcs	$152.27	$119.20	$130.31	$115.47	$146.81	$167.59	$190.83	$150.71	$126.98	$179.25			**$147.94**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$66.23	$62.64	$75.07	$77.10	$73.04	$74.47	$86.44	$74.46	$82.95	$85.29			**$75.77**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$534.00**	**$429.30**	**$346.93**	**$307.92**	**$320.49**	**$383.06**	**$652.22**	**$304.28**	**$333.20**	**$583.59**			**$419.50**
	Total Premiums		**$405.28**	**$406.78**	**$406.48**	**$405.63**	**$405.07**	**$405.62**	**$405.60**	**$407.99**	**$408.08**	**$407.47**			**$406.40**
Benefit Package 366	**Enrolled Employees**		**458**	**463**	**466**	**467**	**468**	**468**	**469**	**471**	**471**	**470**			**467**
	Enrolled Members		**1,158**	**1,166**	**1,172**	**1,175**	**1,169**	**1,174**	**1,173**	**1,182**	**1,180**	**1,174**			**1,172**
	Claims	Inpatient	$119.96	$51.37	$44.36	$28.80	$213.18	$13.37	$54.45	$55.33	$94.99	$210.84			**$88.66**
		Outpatient	$12.70	$22.13	$11.09	$28.43	$43.15	$6.77	$5.25	$20.78	$7.73	$103.64			**$26.17**
		ER	$4.20	$3.06	$4.85	$17.13	$3.14	$22.45	$32.93	$36.28	$8.46	$19.43			**$15.19**
		Prof Svcs	$78.75	$69.99	$82.20	$114.37	$68.64	$83.19	$103.28	$80.23	$78.44	$97.16			**$85.62**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$37.35	$47.46	$48.11	$55.21	$45.93	$47.28	$52.73	$54.20	$51.92	$54.90			**$49.51**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$252.96**	**$194.00**	**$190.62**	**$243.93**	**$374.04**	**$173.06**	**$248.64**	**$246.82**	**$241.54**	**$485.96**			**$265.16**
	Total Premiums		**$244.90**	**$245.77**	**$246.23**	**$245.01**	**$246.86**	**$246.21**	**$245.53**	**$245.93**	**$246.38**	**$246.97**			**$245.98**
Benefit Package 367	**Enrolled Employees**		**95**	**95**	**95**	**95**	**95**	**96**	**95**	**96**	**97**	**101**			**96**
	Enrolled Members		**219**	**221**	**220**	**219**	**220**	**220**	**220**	**220**	**222**	**227**			**221**
	Claims	Inpatient	$25.69	$81.97	$193.69	$0.00	$6.60	$0.00	$0.00	$242.49	$0.00	$1.59			**$92.00**
		Outpatient	$0.00	$4.84	$7.02	$11.25	$98.96	$19.44	$0.00	$0.00	$0.00	$0.00			**$28.30**
		ER	$0.20	$0.20	$0.00	$0.00	$1.09	$0.20	$2.16	$1.32	$0.00	$0.03			**$0.74**
		Prof Svcs	$42.99	$18.92	$66.42	$33.32	$68.56	$52.24	$39.38	$66.31	$35.65	$81.69			**$50.55**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$1.52	$0.89	$2.92	$3.16	$5.50	$1.52	$5.74	$4.12	$5.72	$9.51			**$4.06**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$70.40**	**$106.82**	**$270.05**	**$47.73**	**$180.71**	**$73.40**	**$47.28**	**$314.23**	**$41.37**	**$92.82**			**$124.48**
	Total Premiums		**$252.60**	**$250.32**	**$251.46**	**$251.66**	**$250.52**	**$252.20**	**$252.20**	**$249.57**	**$251.60**	**$257.40**			**$251.95**
Benefit Package 368	**Enrolled Employees**		**44**	**45**	**48**	**48**	**48**	**48**	**50**	**49**	**49**	**51**			**48**
	Enrolled Members		**103**	**103**	**109**	**108**	**108**	**108**	**109**	**107**	**106**	**110**			**107**
	Claims	Inpatient	$0.00	$0.00	$225.60	$142.43	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$184.02**
		Outpatient	$0.00	$0.00	$0.00	$145.80	$0.00	$0.00	$0.00	$0.00	$0.00	$46.10			**$95.95**
		ER	$0.00	$0.00	$24.43	$15.81	$80.14	$0.00	$0.00	$21.60	$0.00	$19.04			**$32.20**
		Prof Svcs	$59.10	$87.14	$123.05	$126.46	$105.40	$55.12	$89.21	$85.16	$67.42	$63.15			**$86.12**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$64.95	$55.22	$53.79	$54.05	$28.00	$24.23	$23.71	$29.86	$50.64	$61.04			**$44.55**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$124.05**	**$142.36**	**$426.87**	**$484.55**	**$213.54**	**$79.35**	**$112.92**	**$136.62**	**$118.06**	**$189.33**			**$202.77**
	Total Premiums		**$345.55**	**$350.18**	**$346.60**	**$351.06**	**$349.81**	**$349.81**	**$351.33**	**$350.82**	**$351.49**	**$344.49**			**$349.12**

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Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 416	**Enrolled Employees**												**646**	**658**	**652**
	Enrolled Members												**961**	**976**	**969**
	Claims	Inpatient											$37.84	$156.57	**$97.21**
		Outpatient											$62.76	$77.79	**$70.27**
		ER											$4.98	$17.53	**$11.26**
		Prof Svcs											$77.13	$108.56	**$92.84**
		Other											$58.85	$95.47	**$77.16**
		Pharmacy											$92.10	$148.79	**$120.45**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$333.67**	**$604.72**	**$469.19**
	Total Premiums												**$536.08**	**$536.59**	**$536.34**
Benefit Package 417	**Enrolled Employees**												**840**	**841**	**841**
	Enrolled Members												**1,669**	**1,668**	**1,669**
	Claims	Inpatient											$77.57	$52.24	**$64.90**
		Outpatient											$42.99	$35.17	**$39.08**
		ER											$5.76	$4.94	**$5.35**
		Prof Svcs											$57.79	$74.40	**$66.10**
		Other											$29.48	$47.59	**$38.53**
		Pharmacy											$47.14	$74.92	**$61.03**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$260.73**	**$289.25**	**$274.99**
	Total Premiums												**$420.82**	**$420.99**	**$420.90**
Benefit Package 418	**Enrolled Employees**												**285**	**286**	**286**
	Enrolled Members												**458**	**462**	**460**
	Claims	Inpatient											$98.78	$84.26	**$91.52**
		Outpatient											$152.29	$25.05	**$88.67**
		ER											$16.38	$46.62	**$31.50**
		Prof Svcs											$78.01	$107.45	**$92.73**
		Other											$46.13	$65.57	**$55.85**
		Pharmacy											$55.95	$87.16	**$71.55**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$447.53**	**$416.10**	**$431.82**
	Total Premiums												**$504.52**	**$503.78**	**$504.15**
Benefit Package 424	**Enrolled Employees**		**1,745**	**1,748**	**1,749**	**1,751**	**1,756**	**1,753**	**1,755**	**1,753**	**1,755**	**1,737**	**1,743**	**1,742**	**1,749**
	Enrolled Members		**3,261**	**3,270**	**3,266**	**3,263**	**3,270**	**3,271**	**3,264**	**3,257**	**3,266**	**3,230**	**3,225**	**3,226**	**3,256**
	Claims	Inpatient	$23.75	$58.03	$177.98	$64.04	$156.39	$171.65	$97.05	$125.65	$69.25	$72.28	$52.01	$133.40	**$100.12**
		Outpatient	$76.78	$52.10	$83.89	$52.39	$63.38	$53.89	$81.70	$129.91	$61.75	$64.52	$66.37	$80.04	**$72.23**
		ER	$24.70	$21.76	$20.08	$20.11	$19.02	$24.30	$24.00	$12.93	$25.13	$19.68	$8.97	$17.33	**$19.84**
		Prof Svcs	$123.58	$118.47	$117.46	$136.57	$126.43	$120.15	$165.65	$156.73	$119.31	$134.93	$123.03	$127.44	**$130.81**
		Other	$77.32	$75.07	$72.44	$85.62	$74.23	$83.02	$96.37	$99.90	$80.57	$96.86	$91.80	$92.01	**$85.43**
		Pharmacy	$71.35	$70.55	$108.72	$76.86	$96.11	$108.06	$90.96	$121.39	$95.06	$116.71	$140.72	$111.27	**$100.65**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$397.48**	**$395.97**	**$580.57**	**$435.59**	**$535.56**	**$561.07**	**$555.74**	**$646.51**	**$451.07**	**$504.98**	**$482.90**	**$561.49**	**$509.08**
	Total Premiums		**$524.39**	**$523.16**	**$523.99**	**$525.20**	**$524.67**	**$524.68**	**$524.30**	**$525.71**	**$522.57**	**$523.72**	**$523.99**	**$523.88**	**$524.19**

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Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 425	**Enrolled Employees**		**687**	**683**	**681**	**681**	**678**	**677**	**673**	**670**	**670**	**665**	**666**	**665**	**675**
	Enrolled Members		**1,514**	**1,501**	**1,491**	**1,491**	**1,485**	**1,486**	**1,474**	**1,457**	**1,457**	**1,451**	**1,455**	**1,454**	**1,476**
	Claims	Inpatient	$73.28	$81.46	$24.39	$26.79	$52.99	$87.60	$90.76	$7.28	$47.08	$37.97	$18.93	$77.85	**$52.20**
		Outpatient	$64.22	$67.80	$66.35	$40.15	$32.37	$31.42	$66.08	$26.38	$81.00	$42.73	$48.56	$32.98	**$50.00**
		ER	$18.50	$8.90	$12.32	$12.44	$22.93	$12.25	$8.00	$11.18	$17.53	$17.40	$14.57	$21.40	**$14.79**
		Prof Svcs	$154.43	$121.91	$119.41	$137.34	$145.27	$137.24	$146.66	$135.39	$117.59	$142.65	$136.06	$163.67	**$138.13**
		Other	$77.39	$76.85	$88.90	$86.69	$87.59	$82.91	$78.81	$85.78	$88.58	$85.65	$76.78	$108.63	**$85.38**
		Pharmacy	$45.56	$35.86	$75.03	$48.66	$59.53	$54.89	$62.46	$66.14	$63.33	$63.03	$69.12	$57.45	**$58.42**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$433.39**	**$392.79**	**$386.39**	**$352.08**	**$400.68**	**$406.32**	**$452.77**	**$332.16**	**$415.10**	**$389.42**	**$364.03**	**$461.98**	**$398.93**
	Total Premiums		**$529.99**	**$531.86**	**$530.10**	**$539.25**	**$532.15**	**$534.64**	**$537.01**	**$536.71**	**$530.00**	**$540.39**	**$533.24**	**$535.78**	**$534.26**
Benefit Package 426	**Enrolled Employees**		**276**	**274**	**274**	**273**	**272**	**272**	**272**	**268**	**267**	**253**	**253**	**254**	**267**
	Enrolled Members		**516**	**508**	**508**	**502**	**500**	**499**	**498**	**493**	**492**	**467**	**466**	**466**	**493**
	Claims	Inpatient	$122.11	$33.11	$104.67	$72.95	$70.57	$69.49	$366.90	$56.90	$18.09	$19.58	$135.56	$64.28	**$94.52**
		Outpatient	$33.90	$21.61	$20.21	$91.69	$50.41	$72.55	$40.33	$74.99	$118.86	$40.37	$24.66	$19.35	**$50.74**
		ER	$21.67	$48.91	$44.69	$32.21	$3.41	$14.93	$6.85	$19.05	$17.17	$3.45	-$2.77	$24.55	**$21.28**
		Prof Svcs	$169.30	$91.84	$88.99	$101.71	$101.24	$138.58	$149.16	$86.02	$90.26	$86.57	$83.86	$63.69	**$104.27**
		Other	$66.57	$45.89	$70.47	$53.66	$63.26	$78.62	$53.00	$82.76	$82.31	$75.26	$65.74	$38.85	**$64.70**
		Pharmacy	$59.01	$58.29	$80.68	$52.73	$73.39	$100.35	$62.66	$94.67	$84.93	$71.48	$94.91	$72.83	**$75.49**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$472.56**	**$299.65**	**$409.70**	**$404.95**	**$362.27**	**$474.53**	**$678.91**	**$414.38**	**$411.61**	**$296.71**	**$401.96**	**$283.54**	**$409.23**
	Total Premiums		**$563.17**	**$566.87**	**$556.98**	**$566.05**	**$566.67**	**$565.64**	**$567.40**	**$564.18**	**$561.89**	**$563.52**	**$564.73**	**$563.43**	**$564.21**
Benefit Package 428	**Enrolled Employees**		**2,429**	**2,437**	**2,450**	**2,453**	**2,466**	**2,475**	**2,455**	**2,449**	**2,401**	**2,458**	**2,417**	**2,423**	**2,443**
	Enrolled Members		**5,279**	**5,286**	**5,298**	**5,303**	**5,326**	**5,338**	**5,312**	**5,288**	**5,184**	**5,307**	**5,295**	**5,296**	**5,293**
	Claims	Inpatient	$39.22	$56.66	$59.64	$64.88	$22.76	$67.79	$123.09	$43.52	$55.29	$33.62	$53.86	$137.84	**$63.18**
		Outpatient	$41.39	$59.38	$61.77	$73.08	$60.73	$80.64	$72.32	$99.73	$86.20	$64.66	$47.81	$39.18	**$65.57**
		ER	$15.49	$11.14	$11.76	$11.90	$11.70	$9.36	$9.28	$16.46	$17.84	$6.82	$14.48	$9.50	**$12.14**
		Prof Svcs	$64.35	$51.28	$62.81	$60.72	$53.03	$73.45	$80.36	$80.89	$70.83	$55.54	$54.30	$52.60	**$63.35**
		Other	$27.78	$25.20	$31.54	$32.39	$27.85	$31.24	$35.83	$46.06	$47.40	$40.14	$34.90	$35.67	**$34.67**
		Pharmacy	$29.62	$35.02	$43.79	$35.53	$32.33	$40.62	$38.12	$44.78	$34.85	$33.03	$37.10	$35.05	**$36.65**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$217.85**	**$238.68**	**$271.31**	**$278.50**	**$208.40**	**$303.10**	**$359.01**	**$331.44**	**$312.41**	**$233.82**	**$242.45**	**$309.84**	**$275.57**
	Total Premiums		**$414.38**	**$413.92**	**$413.65**	**$416.19**	**$415.73**	**$414.53**	**$413.45**	**$408.78**	**$413.40**	**$411.87**	**$445.92**	**$445.14**	**$418.91**
Benefit Package 429	**Enrolled Employees**		**980**	**983**	**987**	**987**	**989**	**992**	**989**	**990**	**991**	**988**	**984**	**988**	**987**
	Enrolled Members		**2,198**	**2,198**	**2,204**	**2,197**	**2,199**	**2,198**	**2,187**	**2,188**	**2,192**	**2,173**	**2,153**	**2,164**	**2,188**
	Claims	Inpatient	$30.51	$32.50	$21.77	$22.37	$23.71	$11.66	$14.47	$66.69	$12.71	$56.33	$57.89	$71.15	**$35.15**
		Outpatient	$53.33	$21.82	$43.92	$28.66	$17.27	$24.36	$27.60	$35.09	$35.35	$41.32	$18.92	$30.10	**$31.48**
		ER	$4.49	$6.81	$15.06	$6.79	$5.25	$5.35	$5.61	$7.03	$12.12	$17.49	$0.72	$5.23	**$7.66**
		Prof Svcs	$85.67	$71.79	$75.97	$73.18	$59.01	$64.06	$84.15	$75.79	$65.06	$79.51	$77.53	$68.86	**$73.38**
		Other	$37.46	$26.47	$30.98	$33.83	$23.26	$33.56	$35.55	$44.62	$47.91	$38.27	$45.00	$75.91	**$39.40**
		Pharmacy	$26.56	$30.95	$32.10	$38.56	$29.22	$37.69	$34.74	$55.58	$38.90	$39.99	$61.51	$60.86	**$40.55**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$238.02**	**$190.34**	**$219.80**	**$203.39**	**$157.72**	**$176.68**	**$202.11**	**$284.79**	**$212.05**	**$272.91**	**$261.58**	**$312.11**	**$227.63**
	Total Premiums		**$343.56**	**$341.21**	**$346.59**	**$346.63**	**$347.67**	**$347.74**	**$347.72**	**$347.91**	**$347.48**	**$346.93**	**$347.06**	**$351.35**	**$346.82**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9h
Experience Reports by Benefit Package — Per Member Per Month
Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 431	**Enrolled Employees**		**3,660**	**3,661**	**3,656**	**3,649**	**3,642**	**3,634**	**3,627**	**3,608**	**3,614**	**3,583**	**3,547**	**3,555**	**3,620**
	Enrolled Members		**6,935**	**6,928**	**6,909**	**6,883**	**6,866**	**6,851**	**6,840**	**6,821**	**6,833**	**6,764**	**6,560**	**6,564**	**6,813**
	Claims	Inpatient	$65.41	$86.29	$63.64	$51.28	$71.28	$110.73	$62.36	$73.68	$71.73	$73.03	$43.05	$45.15	**$68.14**
		Outpatient	$46.42	$35.75	$39.87	$39.77	$25.10	$38.42	$57.05	$48.72	$50.65	$62.43	$20.31	$40.14	**$42.05**
		ER	$6.91	$4.99	$14.10	$10.01	$9.51	$12.00	$15.68	$11.82	$7.58	$13.04	$16.10	$28.52	**$12.52**
		Prof Svcs	$116.93	$95.64	$107.69	$127.89	$113.71	$118.77	$139.06	$141.87	$123.74	$117.40	$108.16	$123.71	**$119.55**
		Other	$62.96	$53.10	$55.85	$56.18	$55.73	$56.84	$62.98	$64.80	$61.76	$69.27	$55.81	$58.94	**$59.52**
		Pharmacy	$31.66	$44.49	$57.77	$43.16	$44.56	$58.73	$51.43	$64.86	$47.97	$48.46	$75.80	$56.47	**$52.11**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$330.30**	**$320.25**	**$338.92**	**$328.29**	**$319.89**	**$395.48**	**$388.58**	**$405.76**	**$363.42**	**$383.63**	**$319.24**	**$352.93**	**$353.89**
	Total Premiums		**$470.72**	**$469.97**	**$471.26**	**$468.86**	**$472.12**	**$471.01**	**$469.60**	**$467.04**	**$466.00**	**$475.22**	**$494.70**	**$499.30**	**$474.65**
Benefit Package 432	**Enrolled Employees**		**1,934**	**1,933**	**1,934**	**1,930**	**1,927**	**1,919**	**1,911**	**1,907**	**1,906**	**1,924**	**1,945**	**1,952**	**1,927**
	Enrolled Members		**3,329**	**3,326**	**3,325**	**3,318**	**3,319**	**3,311**	**3,300**	**3,302**	**3,292**	**3,319**	**3,279**	**3,286**	**3,309**
	Claims	Inpatient	$52.49	$55.57	$63.32	$31.41	$38.80	$148.69	$112.43	$81.30	$62.45	$43.11	$42.29	$90.17	**$68.50**
		Outpatient	$49.33	$112.60	$59.08	$74.93	$84.38	$58.40	$104.86	$40.82	$106.51	$130.90	$43.97	$61.07	**$77.24**
		ER	$11.63	$15.54	$20.96	$17.28	$13.20	$24.90	$17.74	$22.68	$27.08	$16.10	$6.62	$24.33	**$18.17**
		Prof Svcs	$109.10	$86.71	$95.52	$92.33	$88.59	$96.98	$110.19	$101.30	$106.22	$85.33	$80.99	$82.91	**$94.68**
		Other	$51.82	$48.69	$65.15	$62.76	$49.18	$57.16	$58.55	$63.44	$56.41	$54.99	$51.53	$50.17	**$55.82**
		Pharmacy	$55.08	$68.20	$69.70	$68.16	$59.74	$89.79	$82.66	$79.79	$64.41	$72.34	$88.25	$77.62	**$72.98**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$329.44**	**$387.32**	**$373.73**	**$346.89**	**$333.88**	**$475.92**	**$486.43**	**$389.33**	**$423.08**	**$402.77**	**$313.67**	**$386.26**	**$387.39**
	Total Premiums		**$515.59**	**$517.40**	**$515.32**	**$517.71**	**$516.87**	**$515.51**	**$516.36**	**$514.97**	**$517.03**	**$521.59**	**$517.77**	**$508.82**	**$516.25**
Benefit Package 433	**Enrolled Employees**		**3,635**	**3,641**	**3,639**	**3,648**	**3,641**	**3,639**	**3,629**	**3,621**	**3,596**	**3,583**	**3,477**	**3,464**	**3,601**
	Enrolled Members		**6,064**	**6,060**	**6,050**	**6,058**	**6,038**	**6,033**	**6,019**	**6,014**	**5,979**	**5,952**	**5,678**	**5,650**	**5,966**
	Claims	Inpatient	$68.28	$221.37	$44.80	$78.04	$92.03	$184.89	$102.18	$189.41	$156.19	$75.84	$96.44	$191.97	**$125.12**
		Outpatient	$61.64	$47.86	$117.66	$62.63	$57.77	$107.89	$60.70	$68.47	$70.53	$64.67	$53.30	$47.52	**$68.39**
		ER	$19.57	$21.53	$16.76	$21.58	$13.88	$18.79	$10.67	$21.99	$22.06	$26.53	$14.42	$19.05	**$18.90**
		Prof Svcs	$131.93	$121.97	$126.33	$138.30	$126.36	$128.50	$145.55	$137.61	$140.47	$144.20	$115.47	$144.62	**$133.44**
		Other	$84.99	$86.63	$85.52	$82.86	$83.43	$87.40	$88.68	$86.92	$90.57	$99.03	$71.42	$90.74	**$86.51**
		Pharmacy	$57.15	$50.16	$70.12	$58.39	$59.88	$67.38	$72.08	$75.22	$63.03	$63.28	$76.55	$62.77	**$64.67**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$423.56**	**$549.53**	**$461.19**	**$441.80**	**$433.35**	**$594.84**	**$479.85**	**$579.63**	**$542.85**	**$473.55**	**$427.60**	**$556.66**	**$497.03**
	Total Premiums		**$517.84**	**$518.10**	**$520.08**	**$519.87**	**$518.97**	**$520.22**	**$521.03**	**$521.03**	**$521.68**	**$527.93**	**$556.94**	**$544.70**	**$525.70**
Benefit Package 434	**Enrolled Employees**		**855**	**851**	**849**	**847**	**847**	**844**	**837**	**838**	**827**	**833**	**709**	**709**	**821**
	Enrolled Members		**1,533**	**1,528**	**1,532**	**1,522**	**1,523**	**1,520**	**1,504**	**1,502**	**1,468**	**1,473**	**1,244**	**1,242**	**1,466**
	Claims	Inpatient	$102.86	$112.82	$319.95	$40.94	$33.86	$79.95	$0.10	$101.71	$76.18	$35.05	$5.71	$10.06	**$76.60**
		Outpatient	$90.95	$74.62	$75.91	$85.33	$40.94	$96.91	$58.16	$38.30	$64.19	$115.45	$61.75	$66.54	**$72.42**
		ER	$30.17	$18.98	$36.39	$25.81	$14.66	$14.80	$17.23	$37.27	$20.78	$20.58	$12.15	$13.24	**$21.84**
		Prof Svcs	$109.30	$182.98	$155.31	$115.46	$92.31	$103.99	$121.25	$120.25	$128.95	$80.08	$97.11	$95.64	**$116.89**
		Other	$47.87	$50.97	$50.40	$56.48	$71.16	$52.56	$66.77	$64.31	$62.27	$60.81	$56.20	$60.56	**$58.36**
		Pharmacy	$84.82	$66.15	$95.71	$81.44	$103.28	$128.28	$104.59	$133.11	$104.89	$106.57	$96.07	$93.20	**$99.84**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$465.98**	**$506.53**	**$733.67**	**$405.46**	**$356.21**	**$476.50**	**$368.10**	**$494.94**	**$457.25**	**$418.52**	**$328.98**	**$339.25**	**$445.95**
	Total Premiums		**$500.45**	**$495.28**	**$493.76**	**$496.43**	**$493.23**	**$493.03**	**$496.09**	**$496.51**	**$500.55**	**$503.66**	**$538.52**	**$527.25**	**$502.90**

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Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 435	**Enrolled Employees**		**4,301**	**4,297**	**4,297**	**4,294**	**4,296**	**4,291**	**4,293**	**4,283**	**4,289**	**4,222**	**3,674**	**3,676**	**4,184**
	Enrolled Members		**7,311**	**7,292**	**7,273**	**7,261**	**7,259**	**7,252**	**7,254**	**7,218**	**7,233**	**7,109**	**5,569**	**5,557**	**6,966**
	Claims	Inpatient	$78.35	$84.08	$103.17	$116.19	$42.62	$142.53	$69.33	$88.50	$41.92	$49.60	$47.66	$110.15	**$81.18**
		Outpatient	$78.97	$72.31	$72.31	$58.24	$83.18	$106.78	$75.60	$89.10	$83.39	$82.76	$78.06	$110.04	**$82.56**
		ER	$17.22	$18.94	$14.71	$11.63	$13.06	$14.48	$10.69	$17.98	$13.47	$12.83	$21.70	$18.42	**$15.43**
		Prof Svcs	$124.29	$117.85	$133.62	$122.93	$121.03	$142.64	$143.65	$162.79	$143.37	$123.76	$124.48	$143.36	**$133.65**
		Other	$56.42	$61.79	$65.33	$62.69	$64.14	$61.51	$65.73	$73.85	$68.47	$65.44	$75.05	$64.54	**$65.41**
		Pharmacy	$57.20	$67.34	$70.79	$62.56	$55.67	$74.35	$64.58	$69.55	$63.32	$66.72	$81.21	$61.81	**$66.26**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$412.45**	**$422.31**	**$459.92**	**$434.24**	**$379.71**	**$542.30**	**$429.57**	**$501.77**	**$413.94**	**$401.12**	**$428.17**	**$508.31**	**$444.48**
	Total Premiums		**$515.28**	**$513.23**	**$514.28**	**$506.04**	**$512.47**	**$508.04**	**$514.25**	**$504.86**	**$509.85**	**$511.63**	**$588.26**	**$590.15**	**$524.03**
Benefit Package 437	**Enrolled Employees**		**351**	**351**	**352**	**352**	**352**	**352**	**352**	**358**	**361**	**393**	**398**	**400**	**364**
	Enrolled Members		**604**	**605**	**609**	**607**	**609**	**610**	**607**	**619**	**622**	**665**	**668**	**667**	**624**
	Claims	Inpatient	-$8.00	$12.29	$103.24	$0.00	$13.91	$181.54	$53.79	$80.78	$2.26	$80.60	$13.13	$47.32	**$58.09**
		Outpatient	$52.59	$56.84	$33.96	$70.93	$215.85	$96.51	$304.37	$208.78	$219.93	$71.86	$70.47	$62.32	**$122.03**
		ER	$27.75	$24.25	$7.45	$8.64	$2.18	$12.72	$10.46	$6.89	$9.21	$45.69	$4.50	$8.14	**$13.99**
		Prof Svcs	$63.61	$88.02	$80.74	$77.10	$70.86	$77.88	$133.32	$93.47	$94.29	$62.78	$70.21	$65.37	**$81.47**
		Other	$34.17	$39.21	$45.13	$47.59	$48.54	$62.73	$44.05	$53.85	$44.78	$51.20	$36.57	$26.89	**$44.56**
		Pharmacy	$20.03	$22.42	$28.28	$21.78	$21.42	$28.79	$22.52	$28.87	$25.10	$20.66	$28.80	$24.19	**$24.41**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$190.15**	**$243.03**	**$298.80**	**$226.05**	**$372.76**	**$460.17**	**$568.52**	**$472.65**	**$395.55**	**$332.79**	**$223.68**	**$234.25**	**$334.86**
	Total Premiums		**$451.25**	**$458.04**	**$452.74**	**$454.24**	**$450.31**	**$446.25**	**$452.74**	**$450.25**	**$452.77**	**$542.62**	**$449.07**	**$512.82**	**$464.42**
Benefit Package 440	**Enrolled Employees**		**1,324**	**1,335**	**1,333**	**1,334**	**1,339**	**1,333**	**1,330**	**1,325**	**1,356**	**1,386**	**1,409**	**1,413**	**1,351**
	Enrolled Members		**2,301**	**2,306**	**2,299**	**2,302**	**2,306**	**2,296**	**2,290**	**2,282**	**2,322**	**2,353**	**2,392**	**2,393**	**2,320**
	Claims	Inpatient	$23.86	$76.80	$137.33	$91.48	$89.20	$76.69	$56.80	$121.33	$72.29	$51.95	$29.93	$78.25	**$75.49**
		Outpatient	$39.94	$32.76	$32.07	$40.87	$48.89	$73.21	$37.64	$67.02	$54.01	$41.18	$45.94	$43.86	**$46.45**
		ER	$13.26	$13.76	$15.73	$10.41	$16.66	$23.88	$14.35	$13.54	$12.15	$35.80	$7.53	$9.24	**$15.53**
		Prof Svcs	$106.56	$96.24	$91.73	$127.79	$116.97	$113.91	$164.67	$150.07	$103.11	$121.77	$98.51	$100.14	**$115.96**
		Other	$63.81	$54.70	$65.41	$68.05	$63.51	$55.73	$62.97	$63.08	$82.49	$73.81	$48.36	$60.92	**$63.57**
		Pharmacy	$23.79	$33.85	$42.44	$39.08	$70.99	$63.31	$49.75	$42.14	$39.22	$37.72	$50.13	$51.73	**$45.35**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$271.21**	**$308.11**	**$384.70**	**$377.67**	**$406.22**	**$406.73**	**$386.20**	**$457.18**	**$363.27**	**$362.22**	**$280.41**	**$344.14**	**$362.34**
	Total Premiums		**$480.39**	**$481.52**	**$480.79**	**$480.05**	**$480.74**	**$483.94**	**$481.56**	**$481.36**	**$474.97**	**$512.74**	**$492.32**	**$501.75**	**$486.01**
Benefit Package 441	**Enrolled Employees**		**991**	**989**	**989**	**985**	**980**	**978**	**977**	**970**	**970**	**927**	**926**	**928**	**968**
	Enrolled Members		**1,745**	**1,747**	**1,747**	**1,740**	**1,735**	**1,730**	**1,728**	**1,713**	**1,714**	**1,627**	**1,615**	**1,621**	**1,705**
	Claims	Inpatient	$172.64	$161.35	$37.08	$168.45	$143.39	$99.01	$57.81	$289.76	$28.92	$67.76	$134.91	$57.99	**$118.26**
		Outpatient	$144.41	$146.75	$188.78	$135.62	$166.97	$117.69	$190.35	$242.12	$155.79	$95.51	$146.19	$163.26	**$157.79**
		ER	$14.09	$28.51	$44.66	$33.74	$19.63	$28.31	$29.37	$18.41	$16.00	$28.59	$46.17	$13.24	**$26.73**
		Prof Svcs	$157.74	$120.28	$125.75	$155.77	$101.28	$154.34	$151.80	$154.58	$135.18	$104.83	$122.52	$131.89	**$134.66**
		Other	$72.12	$58.61	$80.29	$78.92	$62.85	$101.11	$67.48	$97.39	$78.58	$102.39	$65.02	$63.15	**$77.32**
		Pharmacy	$63.81	$52.42	$77.40	$83.19	$73.85	$75.01	$88.64	$97.74	$81.97	$70.71	$84.10	$70.88	**$76.64**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$624.81**	**$567.91**	**$553.96**	**$655.70**	**$567.98**	**$575.45**	**$585.45**	**$900.00**	**$496.44**	**$469.79**	**$598.91**	**$500.41**	**$591.40**
	Total Premiums		**$524.03**	**$519.68**	**$522.13**	**$521.87**	**$520.08**	**$521.22**	**$524.02**	**$519.41**	**$520.63**	**$591.17**	**$503.26**	**$555.57**	**$528.59**

Washington State Office of the Insurance Commissioner
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Experience Reports by Benefit Package — Per Member Per Month
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Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 443	**Enrolled Employees**												**255**	**256**	**256**
	Enrolled Members												**498**	**496**	**497**
	Claims	Inpatient											$0.00	$53.58	**$53.58**
		Outpatient											$42.25	$20.04	**$31.14**
		ER											$26.94	$47.15	**$37.04**
		Prof Svcs											$6.39	$10.51	**$8.45**
		Other											$174.72	$170.95	**$172.84**
		Pharmacy											$45.67	$56.25	**$50.96**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$295.96**	**$358.48**	**$327.22**
	Total Premiums												**$612.86**	**$366.19**	**$489.52**
Benefit Package 445	**Enrolled Employees**												**229**	**229**	**229**
	Enrolled Members												**402**	**401**	**402**
	Claims	Inpatient											-$23.42	$115.38	**$91.96**
		Outpatient											$28.17	$110.38	**$69.28**
		ER											$7.41	$31.66	**$19.54**
		Prof Svcs											$32.38	$39.36	**$35.87**
		Other											$163.14	$211.53	**$187.33**
		Pharmacy											$40.64	$30.75	**$35.70**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$248.32**	**$539.07**	**$393.69**
	Total Premiums												**$591.84**	**$602.17**	**$597.00**
Benefit Package 447	**Enrolled Employees**												**376**	**376**	**376**
	Enrolled Members												**729**	**727**	**728**
	Claims	Inpatient											$13.02	$64.01	**$38.51**
		Outpatient											$26.73	$19.89	**$23.31**
		ER											$51.31	$28.13	**$39.72**
		Prof Svcs											$21.76	$57.25	**$39.51**
		Other											$221.20	$231.77	**$226.48**
		Pharmacy											$78.56	$83.94	**$81.25**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$412.57**	**$484.98**	**$448.78**
	Total Premiums												**$566.66**	**$593.90**	**$580.28**
Benefit Package 451	**Enrolled Employees**		**285**	**284**	**284**	**285**	**284**	**282**	**282**	**280**	**278**	**274**			**282**
	Enrolled Members		**584**	**579**	**577**	**579**	**578**	**572**	**570**	**561**	**555**	**546**			**570**
	Claims	Inpatient	$139.99	$118.64	$12.75	$1.89	$85.42	$59.57	$156.17	$125.51	$64.02	$154.88			**$91.88**
		Outpatient	$22.25	$9.10	$27.43	$49.92	$82.47	$10.46	$22.41	$22.83	$14.44	$103.56			**$36.49**
		ER	$39.85	$19.63	$38.05	$14.21	$11.79	$38.05	$24.72	$21.82	$11.65	$35.91			**$25.57**
		Prof Svcs	$65.93	$29.47	$51.20	$31.50	$23.19	$36.01	$38.34	$40.45	$35.29	$59.15			**$41.05**
		Other	$203.21	$204.40	$178.97	$175.63	$171.36	$233.84	$192.39	$196.87	$171.79	$222.12			**$195.06**
		Pharmacy	$54.51	$44.50	$54.69	$54.33	$45.54	$51.39	$54.16	$42.73	$48.58	$46.49			**$49.69**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$525.74**	**$425.75**	**$363.10**	**$327.49**	**$419.78**	**$429.32**	**$488.19**	**$450.22**	**$345.76**	**$622.10**			**$439.75**
	Total Premiums		**$410.87**	**$448.77**	**$449.53**	**$450.23**	**$454.78**	**$453.09**	**$452.40**	**$454.39**	**$463.19**	**$445.65**			**$448.29**

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Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 452	**Enrolled Employees**		**268**	**269**	**265**	**266**	**266**	**266**	**265**	**264**	**262**	**264**			**266**
	Enrolled Members		**445**	**445**	**441**	**440**	**440**	**440**	**438**	**434**	**433**	**441**			**440**
	Claims	Inpatient	$16.43	$21.57	$184.43	$203.73	$102.14	$125.42	$103.43	$283.17	-$65.48	$68.58			**$115.94**
		Outpatient	$35.19	$16.42	$20.36	$35.97	$22.66	$68.94	$58.09	$55.73	$35.92	$69.76			**$41.90**
		ER	$56.40	$16.48	$15.05	$7.72	$23.93	$20.90	$24.07	$21.53	$2.73	$19.95			**$20.88**
		Prof Svcs	$22.54	$13.50	$24.77	$40.40	$31.37	$30.55	$29.64	$8.14	$23.09	$31.26			**$25.53**
		Other	$166.82	$178.34	$222.34	$182.77	$211.55	$222.61	$194.48	$231.61	$157.68	$197.37			**$196.56**
		Pharmacy	$21.90	$28.71	$78.54	$35.94	$32.42	$52.13	$46.27	$42.18	$52.32	$46.59			**$43.70**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$319.27**	**$275.02**	**$545.49**	**$506.55**	**$424.06**	**$520.55**	**$455.97**	**$642.35**	**$206.26**	**$433.51**			**$432.90**
	Total Premiums		**$523.94**	**$529.78**	**$531.94**	**$522.36**	**$532.81**	**$529.61**	**$530.76**	**$531.16**	**$531.66**	**$527.37**			**$529.14**
Benefit Package 453	**Enrolled Employees**												**794**	**792**	**793**
	Enrolled Members												**1,410**	**1,413**	**1,412**
	Claims	Inpatient											$31.19	$102.70	**$66.94**
		Outpatient											$19.31	$44.54	**$31.93**
		ER											$43.71	$26.18	**$34.95**
		Prof Svcs											$36.02	$32.83	**$34.42**
		Other											$201.74	$221.34	**$211.54**
		Pharmacy											$54.86	$57.86	**$56.36**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$386.84**	**$485.45**	**$436.14**
	Total Premiums												**$566.64**	**$570.99**	**$568.81**
Benefit Package 454	**Enrolled Employees**												**285**	**284**	**285**
	Enrolled Members												**491**	**485**	**488**
	Claims	Inpatient											$57.82	$24.44	**$41.13**
		Outpatient											$45.05	$27.23	**$36.14**
		ER											$7.63	$69.42	**$38.53**
		Prof Svcs											$21.73	$21.11	**$21.42**
		Other											$174.79	$192.13	**$183.46**
		Pharmacy											$44.70	$59.42	**$52.06**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$351.73**	**$393.75**	**$372.74**
	Total Premiums												**$496.69**	**$505.32**	**$501.01**
Benefit Package 460	**Enrolled Employees**		**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**			**1**
	Enrolled Members		**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**3**			**4**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Prof Svcs	$0.00	$35.73	$0.00	$0.00	$0.00	$45.88	$0.00	$0.00	$0.00	$159.77			**$80.46**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$0.00	$14.32	$0.00	$0.00	$15.57	$0.00	$15.46	$0.00	$0.00	$0.00			**$15.11**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$0.00**	**$50.05**	**$0.00**	**$0.00**	**$15.57**	**$45.88**	**$15.46**	**$0.00**	**$0.00**	**$159.77**			**$57.34**
	Total Premiums		**$266.72**	**$266.72**	**$266.72**	**$266.72**	**$266.72**	**$266.72**	**$266.75**	**$266.72**	**$266.72**	**$355.62**			**$275.61**

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Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 469	**Enrolled Employees**		**55**	**55**	**55**	**55**	**55**	**55**	**54**	**54**	**54**	**52**			**54**
	Enrolled Members		**74**	**74**	**74**	**74**	**74**	**74**	**72**	**72**	**72**	**68**			**73**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$113.61	$0.00	$496.84	$0.00	$0.00	$515.10			**$375.18**
		Outpatient	$1.47	$16.65	$0.20	$8.86	$5.80	$982.89	$473.12	$22.12	$254.45	$0.00			**$196.17**
		ER	$26.57	$12.32	$17.92	$12.23	$0.00	$0.00	$63.07	$1.30	$116.07	$0.00			**$35.64**
		Prof Svcs	$167.43	$105.88	$202.53	$126.11	$265.74	$133.57	$227.05	$218.54	$310.55	$202.73			**$196.01**
		Other	$41.56	$33.44	-$10.56	$19.30	$59.56	$6.71	$167.63	$42.73	$147.60	$123.93			**$70.21**
		Pharmacy	$197.26	$215.19	$83.01	$182.03	$223.67	$178.51	$212.60	$184.64	$203.10	$190.29			**$187.03**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$434.29**	**$383.47**	**$293.09**	**$348.53**	**$668.38**	**$1,301.67**	**$1,640.32**	**$469.32**	**$1,031.77**	**$1,032.06**			**$760.29**
	Total Premiums		**$686.88**	**$686.88**	**$686.88**	**$686.88**	**$686.88**	**$686.88**	**$684.84**	**$684.84**	**$684.84**	**$692.05**			**$686.79**
Benefit Package 472	**Enrolled Employees**		**44**	**45**	**45**	**45**	**45**	**44**	**44**	**43**	**43**	**43**			**44**
	Enrolled Members		**84**	**87**	**87**	**87**	**87**	**86**	**86**	**85**	**85**	**81**			**86**
	Claims	Inpatient	$0.00	$109.40	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$109.40**
		Outpatient	$1.23	$2.42	$63.84	$58.31	$7.99	$0.87	$0.00	$97.35	$110.44	$169.33			**$56.86**
		ER	$14.25	$24.23	$3.60	$0.00	$25.35	$0.00	$0.00	$9.64	$21.47	$0.00			**$16.42**
		Prof Svcs	$129.56	$61.53	$164.45	$97.02	$195.31	$71.11	$156.31	$162.41	$524.42	$439.76			**$200.19**
		Other	$18.41	$31.12	$31.46	$12.06	$5.88	$7.77	$8.95	-$29.28	$94.97	$45.02			**$25.15**
		Pharmacy	$65.84	$42.28	$56.01	$64.28	$62.48	$60.02	$69.08	$56.03	$50.56	$40.53			**$56.71**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$229.29**	**$270.98**	**$319.36**	**$231.68**	**$297.00**	**$139.77**	**$234.34**	**$296.15**	**$801.87**	**$694.64**			**$351.51**
	Total Premiums		**$534.85**	**$528.50**	**$528.50**	**$528.50**	**$528.50**	**$525.65**	**$525.65**	**$522.72**	**$522.72**	**$529.05**			**$527.47**
Benefit Package 474	**Enrolled Employees**		**14**	**14**	**14**	**14**	**14**	**14**	**14**	**14**	**14**	**18**			**14**
	Enrolled Members		**27**	**27**	**27**	**26**	**26**	**26**	**27**	**27**	**27**	**34**			**27**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$62.46			**$62.46**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.61			**$0.61**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$3.82	$0.00	$0.00	$22.59			**$13.20**
		Prof Svcs	$43.17	$89.21	$59.16	$12.76	$8.03	$7.13	$52.48	$12.27	$49.65	$34.01			**$36.79**
		Other	$0.22	$3.03	$15.45	$0.00	$0.00	$0.00	$5.28	$0.00	$1.42	$2.90			**$4.72**
		Pharmacy	$17.23	$17.79	$36.12	$28.78	$13.78	$8.68	$15.15	$2.63	$12.08	$1.18			**$15.34**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$60.62**	**$110.03**	**$110.73**	**$41.53**	**$21.80**	**$15.81**	**$76.72**	**$14.90**	**$63.15**	**$123.75**			**$63.90**
	Total Premiums		**$449.70**	**$449.70**	**$449.70**	**$467.00**	**$467.00**	**$467.00**	**$449.70**	**$449.70**	**$449.70**	**$449.63**			**$454.88**
Benefit Package 477	**Enrolled Employees**		**23**	**23**	**23**	**23**	**24**	**23**	**23**	**24**	**24**	**28**			**24**
	Enrolled Members		**43**	**43**	**43**	**43**	**45**	**42**	**42**	**44**	**44**	**54**			**44**
	Claims	Inpatient	$0.00	$568.42	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,021.15	$0.00			**$794.79**
		Outpatient	$1.47	$1.36	$167.82	$2.46	$546.27	$231.41	$0.00	$0.00	$3.46	$175.33			**$141.20**
		ER	$0.00	$0.00	$0.00	$25.69	$1.66	$2.45	$0.00	$0.00	$29.15	$1.80			**$12.15**
		Prof Svcs	$107.44	$47.63	$102.96	$25.68	$218.25	$73.69	$60.75	$69.00	$304.07	$201.88			**$121.13**
		Other	$53.37	$1.34	$1.99	$0.07	$16.67	$8.49	$8.06	$1.47	$12.38	$7.29			**$11.11**
		Pharmacy	$15.54	$29.63	$18.89	$11.59	$27.71	$18.98	$17.33	$20.17	$12.51	$10.23			**$18.26**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$177.83**	**$648.39**	**$291.65**	**$65.49**	**$810.56**	**$335.03**	**$86.14**	**$90.65**	**$1,382.72**	**$396.52**			**$428.50**
	Total Premiums		**$441.48**	**$441.48**	**$441.48**	**$441.48**	**$439.19**	**$440.50**	**$440.50**	**$438.21**	**$438.21**	**$425.07**			**$438.76**

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Benefit Package	Category	Sub-Category	Financial Measures PMPM												
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Benefit Package 482	**Enrolled Employees**		**11**	**13**	**13**	**13**	**14**	**13**	**13**	**13**	**13**				**13**
	Enrolled Members		**23**	**26**	**26**	**26**	**29**	**26**	**26**	**26**	**26**				**26**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Outpatient	$12.13	$0.00	$0.00	$398.72	$0.00	$17.86	$136.48	$38.21	$0.00				**$120.68**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$67.74	$251.79	$0.00				**$159.77**
		Prof Svcs	$85.08	$66.94	$56.54	$285.59	$50.11	$78.16	$168.11	$188.07	$47.17				**$113.97**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$30.49	$11.16	$6.26	$5.27	$3.52	$6.47	$30.44	$20.83	$7.16				**$13.51**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$127.70**	**$78.10**	**$62.80**	**$689.58**	**$53.63**	**$102.49**	**$402.77**	**$498.89**	**$54.33**				**$230.03**
	Total Premiums		**$310.99**	**$319.31**	**$319.31**	**$319.31**	**$325.08**	**$319.31**	**$319.31**	**$319.31**	**$319.31**				**$319.03**
Benefit Package 483	**Enrolled Employees**		**93**	**94**	**93**	**94**	**92**	**91**	**91**	**93**	**94**	**98**			**93**
	Enrolled Members		**205**	**208**	**203**	**205**	**202**	**201**	**201**	**206**	**207**	**211**			**205**
	Claims	Inpatient	$371.47	$0.00	$41.82	$0.00	$0.00	$0.00	$282.47	$0.00	$0.00	$0.00			**$231.92**
		Outpatient	$75.25	$21.71	$4.94	$95.94	$3.46	$92.44	$49.03	$65.88	$24.45	$38.14			**$47.12**
		ER	$0.00	$0.00	$0.12	$25.79	$0.00	$9.22	$10.57	$0.00	$34.93	$14.69			**$15.89**
		Prof Svcs	$124.83	$70.08	$69.47	$88.57	$93.16	$92.76	$101.89	$115.78	$66.28	$99.08			**$92.19**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$41.34	$166.18	$199.81	$192.06	$268.68	$217.27	$79.41	$77.70	$74.14	$76.66			**$139.33**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$612.89**	**$257.97**	**$316.17**	**$402.35**	**$365.31**	**$411.68**	**$523.37**	**$259.37**	**$199.81**	**$228.57**			**$357.75**
	Total Premiums		**$337.37**	**$336.11**	**$335.60**	**$338.40**	**$339.73**	**$338.86**	**$338.86**	**$338.66**	**$339.38**	**$346.62**			**$338.96**
Benefit Package 484	**Enrolled Employees**												**97**	**96**	**97**
	Enrolled Members												**207**	**205**	**206**
	Claims	Inpatient											$29.21	$207.04	**$118.12**
		Outpatient											$19.09	$50.32	**$34.70**
		ER											$14.20	$7.35	**$10.78**
		Prof Svcs											$88.69	$91.29	**$89.99**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$52.03	$49.05	**$50.54**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$203.23**	**$405.05**	**$304.14**
	Total Premiums												**$388.71**	**$386.14**	**$387.42**
Benefit Package 485	**Enrolled Employees**		**29**	**29**	**29**	**29**	**29**	**29**	**29**	**29**	**29**				**29**
	Enrolled Members		**58**	**58**	**58**	**58**	**58**	**58**	**58**	**57**	**57**				**58**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,771.34	$0.00	$619.73				**$1,195.54**
		Outpatient	$114.39	$602.22	$421.86	$467.38	$141.24	$18.78	$27.70	$231.52	$43.49				**$229.84**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$20.76	$33.69				**$27.23**
		Prof Svcs	$50.17	$35.26	$102.80	$78.67	$70.34	$59.63	$241.18	$93.72	$126.41				**$95.36**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$12.23	$64.45	$46.72	$68.85	$23.46	$16.35	$14.05	$21.88	$17.76				**$31.75**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$176.79**	**$701.94**	**$571.39**	**$614.90**	**$235.04**	**$94.77**	**$2,054.27**	**$367.89**	**$841.08**				**$628.67**
	Total Premiums		**$401.87**	**$401.87**	**$401.87**	**$401.87**	**$401.87**	**$401.87**	**$401.87**	**$405.45**	**$405.45**				**$402.66**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9h
Experience Reports by Benefit Package — Per Member Per Month
Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 486	**Enrolled Employees**											**46**	**46**	**45**	**46**
	Enrolled Members											**82**	**80**	**79**	**80**
	Claims	Inpatient										$0.00	$0.00	$0.00	**$0.00**
		Outpatient										$107.79	$6.79	$12.84	**$42.47**
		ER										$6.71	$0.00	$0.00	**$6.71**
		Prof Svcs										$119.59	$38.24	$70.47	**$76.10**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$12.59	$12.02	$8.81	**$11.14**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$246.68**	**$57.06**	**$92.12**	**$131.95**
	Total Premiums											**$453.08**	**$461.54**	**$460.08**	**$458.23**
Benefit Package 488	**Enrolled Employees**		**26**	**26**	**25**	**25**	**25**	**25**	**25**	**25**	**25**				**25**
	Enrolled Members		**67**	**67**	**66**	**66**	**66**	**66**	**66**	**66**	**66**				**66**
	Claims	Inpatient	$0.00	$132.63	$0.00	$0.00	$0.00	$0.00	$1,008.31	$0.00	$0.00				**$570.47**
		Outpatient	$22.46	$4.04	$0.00	$5.22	$0.48	$7.53	$1.99	$31.62	$29.89				**$12.90**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Prof Svcs	$89.67	$67.88	$39.22	$68.39	$35.68	$67.36	$226.10	$101.85	$81.06				**$86.36**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$11.13	$10.68	$10.68	$6.17	$11.40	$9.24	$9.63	$30.84	$8.51				**$12.03**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$123.26**	**$215.24**	**$49.90**	**$79.78**	**$47.56**	**$84.13**	**$1,246.03**	**$164.30**	**$119.46**				**$236.63**
	Total Premiums		**$282.64**	**$282.64**	**$279.58**	**$279.58**	**$279.58**	**$279.58**	**$279.58**	**$279.58**	**$279.58**				**$280.26**
Benefit Package 489	**Enrolled Employees**		**259**	**258**	**257**	**259**	**259**	**257**	**257**	**254**	**252**	**249**			**256**
	Enrolled Members		**603**	**603**	**604**	**607**	**606**	**601**	**603**	**590**	**586**	**568**			**597**
	Claims	Inpatient	$15.60	$313.89	$134.31	$95.61	$240.43	$51.05	$0.00	$81.99	$0.00	$89.45			**$127.79**
		Outpatient	$50.58	$41.11	$77.83	$75.44	$181.61	$46.20	$108.73	$47.72	$26.37	$150.99			**$80.66**
		ER	$27.79	$7.71	$19.46	$0.14	$11.41	$4.79	$19.16	$6.03	$24.76	$21.52			**$14.28**
		Prof Svcs	$109.19	$137.58	$106.28	$80.31	$83.55	$76.98	$97.75	$109.14	$63.93	$83.50			**$94.82**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$17.53	$35.88	$43.28	$38.77	$51.84	$43.67	$46.55	$19.08	$29.67	$28.30			**$35.46**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$220.69**	**$536.17**	**$381.15**	**$290.25**	**$568.84**	**$222.69**	**$272.19**	**$263.97**	**$144.73**	**$373.76**			**$327.44**
	Total Premiums		**$309.86**	**$309.58**	**$309.18**	**$309.64**	**$310.62**	**$310.70**	**$309.99**	**$312.11**	**$310.67**	**$315.22**			**$310.76**
Benefit Package 490	**Enrolled Employees**												**233**	**234**	**234**
	Enrolled Members												**570**	**571**	**571**
	Claims	Inpatient											$6.51	$0.00	**$6.51**
		Outpatient											$9.21	$43.79	**$26.50**
		ER											$10.35	$10.06	**$10.21**
		Prof Svcs											$56.31	$68.39	**$62.35**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$29.56	$29.29	**$29.42**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$111.94**	**$151.53**	**$131.74**
	Total Premiums												**$332.43**	**$332.49**	**$332.46**

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K–12 School District Data Collection Project
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Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 491	**Enrolled Employees**		**33**	**31**	**31**	**32**	**33**	**33**	**33**	**34**	**34**				**33**
	Enrolled Members		**59**	**55**	**55**	**58**	**60**	**60**	**59**	**60**	**60**				**58**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Outpatient	$30.71	$10.61	$5.29	$2.20	$235.45	$972.90	$18.25	$2.94	$8.02				**$142.93**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$95.09	$0.00				**$95.09**
		Prof Svcs	$91.50	$77.14	$92.50	$62.62	$105.51	$151.47	$44.98	$117.69	$50.01				**$88.16**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$8.66	$7.93	$17.56	$7.31	$14.08	$13.29	$21.06	$23.96	$18.63				**$14.72**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$130.87**	**$95.68**	**$115.35**	**$72.14**	**$355.04**	**$1,137.65**	**$84.29**	**$239.68**	**$76.66**				**$256.37**
	Total Premiums		**$396.97**	**$401.71**	**$401.71**	**$402.45**	**$401.74**	**$401.74**	**$405.20**	**$407.86**	**$407.86**				**$403.03**
Benefit Package 492	**Enrolled Employees**											**62**	**64**	**64**	**63**
	Enrolled Members											**130**	**132**	**132**	**131**
	Claims	Inpatient										$47.58	$0.00	$1,137.21	**$592.39**
		Outpatient										$27.67	$12.85	$126.91	**$55.81**
		ER										$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs										$75.75	$86.10	$170.73	**$110.86**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$18.63	$22.72	$28.80	**$23.38**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$169.62**	**$121.68**	**$1,463.64**	**$584.98**
	Total Premiums											**$393.66**	**$397.62**	**$397.62**	**$396.30**
Benefit Package 493	**Enrolled Employees**		**18**	**18**	**18**	**18**	**18**	**18**	**18**	**18**	**18**	**18**			**18**
	Enrolled Members		**20**	**20**	**20**	**20**	**20**	**20**	**20**	**20**	**20**	**20**			**20**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Outpatient	$113.04	$129.79	$103.46	$27.09	$396.57	$0.00	$95.41	$56.70	$1,298.09	$105.35			**$258.39**
		ER	$0.00	$0.00	$0.00	$0.00	$22.58	$0.00	$0.00	$0.00	$0.00	$0.00			**$22.58**
		Prof Svcs	$470.59	$216.59	$368.63	$667.88	$870.72	$122.05	$696.20	$203.48	$758.16	$481.37			**$485.57**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$198.92	$158.08	$244.41	$140.84	$168.45	$169.18	$163.69	$154.98	$153.01	$138.69			**$169.03**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$782.55**	**$504.46**	**$716.50**	**$835.81**	**$1,458.33**	**$291.24**	**$955.29**	**$415.16**	**$2,209.26**	**$725.42**			**$889.40**
	Total Premiums		**$849.01**	**$849.01**	**$849.01**	**$849.01**	**$849.01**	**$849.01**	**$849.01**	**$849.01**	**$849.01**	**$849.01**			**$849.01**
Benefit Package 494	**Enrolled Employees**		**43**	**43**	**43**	**42**	**42**	**42**	**42**	**42**	**43**	**43**	**43**	**43**	**43**
	Enrolled Members		**134**	**134**	**134**	**130**	**130**	**131**	**131**	**131**	**132**	**132**	**132**	**130**	**132**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$87.40	$0.00	$0.00	$0.00	$50.46	$0.00	$0.00	**$68.93**
		Outpatient	$85.03	$37.07	$61.71	$234.66	$172.84	$308.53	$27.57	$16.62	$83.34	$70.94	$418.49	$82.11	**$133.24**
		ER	$24.36	$2.87	$9.26	$37.47	$5.47	$20.85	$41.17	$43.30	$12.11	$13.97	$10.72	$27.91	**$20.79**
		Prof Svcs	$102.59	$58.62	$93.30	$207.19	$83.58	$220.41	$98.84	$106.09	$90.75	$93.86	$165.86	$98.47	**$118.30**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$22.42	$47.21	$289.19	$314.53	$319.35	$33.82	$83.63	$78.89	$44.56	$97.56	$91.25	$61.04	**$123.62**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$234.41**	**$145.77**	**$453.46**	**$793.85**	**$581.25**	**$671.02**	**$251.21**	**$244.89**	**$230.76**	**$326.79**	**$686.32**	**$269.53**	**$407.44**
	Total Premiums		**$508.64**	**$508.64**	**$508.64**	**$508.43**	**$508.43**	**$504.55**	**$504.55**	**$504.55**	**$506.98**	**$506.98**	**$506.98**	**$514.78**	**$507.68**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
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Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 495	**Enrolled Employees**		**81**	**82**	**81**	**81**	**80**	**80**	**80**	**80**	**80**				**81**
	Enrolled Members		**137**	**138**	**137**	**137**	**136**	**137**	**136**	**136**	**136**				**137**
	Claims	Inpatient	$0.00	$0.00	$130.12	$0.00	$635.49	$0.00	$0.00	$272.11	$0.00				**$345.91**
		Outpatient	$360.12	$60.25	$38.68	$176.13	$406.31	$96.58	$51.54	$109.53	$104.44				**$155.95**
		ER	$4.21	$4.94	$14.55	$28.03	$121.78	$3.26	$24.51	$74.86	$3.36				**$31.06**
		Prof Svcs	$299.28	$159.57	$188.03	$241.18	$298.37	$105.63	$150.83	$202.06	$110.27				**$195.02**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$134.31	$164.94	$101.23	$143.09	$107.62	$131.79	$117.13	$134.21	$144.36				**$130.96**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$797.92**	**$389.71**	**$472.61**	**$588.42**	**$1,569.56**	**$337.26**	**$344.01**	**$792.77**	**$362.43**				**$628.30**
	Total Premiums		**$483.63**	**$485.10**	**$483.63**	**$483.63**	**$482.15**	**$478.63**	**$482.15**	**$482.15**	**$482.15**				**$482.58**
Benefit Package 496	**Enrolled Employees**		**110**	**110**	**110**	**109**	**108**	**108**	**108**	**108**	**108**	**109**			**109**
	Enrolled Members		**169**	**168**	**168**	**164**	**163**	**163**	**163**	**157**	**158**	**160**			**163**
	Claims	Inpatient	$284.51	$0.00	$0.00	$57.63	$0.00	$421.88	$144.69	$472.76	$2,322.79	$0.00			**$617.38**
		Outpatient	$34.64	$126.04	$136.45	$115.01	$175.18	$90.56	$243.51	$55.01	$183.29	$66.60			**$122.63**
		ER	$70.37	$19.63	$12.55	$1.87	$13.82	$31.10	$66.89	$4.00	$0.00	$0.00			**$27.53**
		Prof Svcs	$233.53	$232.37	$202.66	$245.95	$184.82	$418.60	$251.58	$275.83	$612.61	$462.10			**$312.01**
		Other	$86.89	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$86.89**
		Pharmacy	$124.47	$113.59	$111.58	$151.76	$109.53	$117.39	$154.03	$162.71	$115.95	$115.48			**$127.65**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$834.41**	**$491.63**	**$463.23**	**$572.22**	**$483.35**	**$1,079.53**	**$860.71**	**$970.31**	**$3,234.65**	**$644.18**			**$963.42**
	Total Premiums		**$600.19**	**$599.76**	**$599.76**	**$608.44**	**$607.21**	**$604.75**	**$604.75**	**$621.14**	**$614.83**	**$607.92**			**$606.88**
Benefit Package 497	**Enrolled Employees**												**121**	**121**	**121**
	Enrolled Members												**185**	**185**	**185**
	Claims	Inpatient											$172.53	$56.99	**$114.76**
		Outpatient											$279.97	$230.40	**$255.18**
		ER											$20.28	$9.75	**$15.02**
		Prof Svcs											$282.02	$256.30	**$269.16**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$74.20	$178.67	**$126.44**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$828.98**	**$732.11**	**$780.55**
	Total Premiums												**$630.95**	**$630.95**	**$630.95**
Benefit Package 498	**Enrolled Employees**		**126**	**126**	**126**	**125**	**125**	**125**	**124**	**122**	**122**				**125**
	Enrolled Members		**211**	**211**	**209**	**208**	**207**	**207**	**206**	**201**	**202**				**207**
	Claims	Inpatient	$0.00	$0.00	$0.00	$519.34	$0.00	$594.00	$258.27	$85.02	$330.71				**$357.47**
		Outpatient	$411.42	$597.93	$208.39	$259.23	$346.61	$385.80	$245.63	$336.79	$266.55				**$339.82**
		ER	$84.96	$2.81	$51.07	$18.72	$64.99	$20.84	$12.71	$16.11	$46.53				**$35.42**
		Prof Svcs	$162.90	$181.06	$176.19	$204.64	$186.28	$300.97	$174.46	$215.08	$262.05				**$207.07**
		Other	$0.00	$0.00	$0.00	$0.00	$81.39	$20.36	$0.00	$0.00	$0.00				**$50.87**
		Pharmacy	$186.32	$191.26	$188.83	$206.93	$204.38	$222.41	$201.67	$216.33	$208.93				**$203.01**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$845.60**	**$973.06**	**$624.49**	**$1,208.86**	**$883.66**	**$1,544.38**	**$892.75**	**$869.33**	**$1,114.78**				**$995.21**
	Total Premiums		**$546.78**	**$546.78**	**$550.68**	**$549.61**	**$549.09**	**$549.09**	**$548.00**	**$552.59**	**$551.20**				**$549.31**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9h
Experience Reports by Benefit Package — Per Member Per Month
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Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 499	**Enrolled Employees**											**161**	**167**	**167**	**165**
	Enrolled Members											**266**	**288**	**287**	**280**
	Claims	Inpatient										$846.23	$60.06	$36.09	**$314.12**
		Outpatient										$186.81	$189.20	$158.05	**$178.02**
		ER										$27.13	$7.50	$13.15	**$15.93**
		Prof Svcs										$260.67	$225.11	$168.62	**$218.13**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$160.76	$149.31	$194.05	**$168.04**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$1,481.60**	**$631.17**	**$569.96**	**$894.24**
	Total Premiums											**$623.78**	**$612.25**	**$613.29**	**$616.44**
Benefit Package 501	**Enrolled Employees**		**20**	**20**	**20**	**20**	**20**	**20**	**20**	**19**	**20**				**20**
	Enrolled Members		**41**	**41**	**41**	**41**	**41**	**41**	**41**	**38**	**41**				**41**
	Claims	Inpatient	$0.00	$120.59	$453.77	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$287.18**
		Outpatient	$2.93	$4.20	$71.91	$44.70	$8.93	$51.75	$6.67	$73.71	$0.00				**$33.10**
		ER	$0.00	$13.42	$0.00	$0.00	$0.00	$0.00	$44.91	$98.81	$60.95				**$54.52**
		Prof Svcs	$98.70	$152.16	$221.81	$157.19	$71.84	$123.77	$142.35	$121.92	$209.98				**$144.41**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$184.90	$168.48	$113.50	$188.68	$114.37	$111.79	$171.08	$129.08	$164.79				**$149.63**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$286.54**	**$458.84**	**$860.99**	**$390.57**	**$195.14**	**$287.31**	**$365.01**	**$423.52**	**$435.72**				**$411.52**
	Total Premiums		**$400.60**	**$400.60**	**$400.60**	**$400.60**	**$400.60**	**$400.60**	**$400.60**	**$410.06**	**$400.60**				**$401.65**
Benefit Package 502	**Enrolled Employees**		**195**	**197**	**197**	**197**	**199**	**198**	**198**	**198**	**198**	**192**			**197**
	Enrolled Members		**316**	**316**	**316**	**315**	**316**	**313**	**314**	**315**	**316**	**304**			**314**
	Claims	Inpatient	$0.00	$0.00	$27.88	$37.78	$0.00	$90.41	$0.00	$0.00	$51.98	$0.00			**$52.01**
		Outpatient	$200.79	$220.27	$176.39	$214.65	$200.43	$314.84	$276.20	$235.98	$446.25	$384.34			**$267.02**
		ER	$3.09	$4.32	$34.74	$19.51	$4.66	$19.71	$0.00	$19.60	$28.33	$22.84			**$17.42**
		Prof Svcs	$164.33	$210.50	$236.43	$244.20	$183.00	$260.39	$240.63	$247.22	$205.10	$183.10			**$217.49**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$127.45	$137.98	$161.09	$155.50	$152.63	$151.16	$135.99	$177.94	$256.48	$159.61			**$161.58**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$495.66**	**$573.08**	**$636.54**	**$671.65**	**$540.72**	**$836.51**	**$652.82**	**$680.73**	**$988.15**	**$749.90**			**$682.58**
	Total Premiums		**$511.94**	**$515.56**	**$515.55**	**$517.19**	**$518.09**	**$518.87**	**$517.39**	**$518.05**	**$516.36**	**$519.67**			**$516.87**
Benefit Package 503	**Enrolled Employees**												**196**	**197**	**197**
	Enrolled Members												**298**	**296**	**297**
	Claims	Inpatient											$0.00	$95.53	**$95.53**
		Outpatient											$135.18	$113.75	**$124.47**
		ER											$8.19	$4.77	**$6.48**
		Prof Svcs											$80.22	$135.84	**$108.03**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$162.04	$156.30	**$159.17**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$385.64**	**$506.20**	**$445.92**
	Total Premiums												**$559.45**	**$564.86**	**$562.16**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
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Experience Reports by Benefit Package — Per Member Per Month
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Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 504	**Enrolled Employees**		**126**	**126**	**126**	**127**	**128**	**128**	**128**	**129**	**129**				**127**
	Enrolled Members		**207**	**208**	**206**	**209**	**209**	**211**	**212**	**213**	**213**				**210**
	Claims	Inpatient	$0.00	$148.23	$0.00	$37.27	$289.03	$60.34	$52.68	$60.00	$0.00				**$107.93**
		Outpatient	$39.25	$50.93	$74.61	$92.24	$144.14	$80.96	$37.53	$40.02	$111.16				**$74.54**
		ER	$20.06	$0.00	$12.94	$0.00	$7.62	$0.00	$34.84	$55.17	$63.38				**$32.33**
		Prof Svcs	$99.66	$132.65	$113.74	$168.55	$159.92	$110.35	$149.36	$208.73	$171.59				**$146.06**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$105.22	$108.64	$141.08	$92.64	$111.22	$126.33	$106.40	$153.65	$118.37				**$118.17**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$264.18**	**$440.45**	**$342.37**	**$390.70**	**$711.92**	**$377.98**	**$380.81**	**$517.56**	**$464.49**				**$432.27**
	Total Premiums		**$508.04**	**$506.80**	**$510.54**	**$507.69**	**$512.17**	**$508.47**	**$507.22**	**$508.12**	**$508.12**				**$508.58**
Benefit Package 505	**Enrolled Employees**											**138**	**138**	**138**	**138**
	Enrolled Members											**227**	**227**	**227**	**227**
	Claims	Inpatient										$0.00	$0.00	$0.00	**$0.00**
		Outpatient										$18.47	$94.60	$55.97	**$56.35**
		ER										$71.23	$21.72	$33.77	**$42.24**
		Prof Svcs										$129.70	$120.18	$125.10	**$124.99**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$144.12	$189.36	$112.67	**$148.72**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$363.52**	**$425.86**	**$327.51**	**$372.30**
	Total Premiums											**$579.35**	**$579.35**	**$579.35**	**$579.35**
Benefit Package 507	**Enrolled Employees**		**13**	**13**	**13**	**13**	**13**	**13**	**13**	**13**	**13**				**13**
	Enrolled Members		**38**	**38**	**38**	**38**	**38**	**38**	**38**	**38**	**38**				**38**
	Claims	Inpatient	$0.00	$0.00	$180.08	$0.00	$0.00	$75.40	$0.00	$0.00	$0.00				**$127.74**
		Outpatient	$37.74	$4.99	$0.00	$107.60	$54.45	$13.25	$0.56	$28.63	$1.11				**$31.04**
		ER	$0.00	$0.00	$68.37	$0.00	$0.00	$0.00	$0.00	$19.28	$0.00				**$43.83**
		Prof Svcs	$25.80	$36.25	$70.81	$32.79	$81.77	$88.37	$81.75	$122.50	$66.14				**$67.35**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$63.54**	**$41.25**	**$319.26**	**$140.39**	**$136.23**	**$177.02**	**$82.30**	**$170.41**	**$67.25**				**$133.07**
	Total Premiums		**$248.11**	**$248.11**	**$248.11**	**$248.11**	**$248.11**	**$248.11**	**$248.11**	**$248.11**	**$248.11**				**$248.11**
Benefit Package 508	**Enrolled Employees**		**122**	**122**	**121**	**122**	**122**	**122**	**121**	**121**	**121**	**138**			**123**
	Enrolled Members		**271**	**270**	**270**	**271**	**271**	**271**	**268**	**263**	**262**	**295**			**271**
	Claims	Inpatient	$0.00	$27.76	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$122.24	$0.00			**$75.00**
		Outpatient	$169.48	$24.37	$31.11	$39.99	$93.70	$38.58	$83.75	$124.32	$157.79	$53.06			**$81.62**
		ER	$1.14	$0.00	$5.73	$10.26	$4.89	$1.31	$9.00	$13.13	$21.03	$2.12			**$7.63**
		Prof Svcs	$37.97	$25.72	$31.53	$33.90	$64.97	$44.79	$66.52	$77.03	$74.35	$58.45			**$51.52**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$38.51	$19.70	$69.42	$62.39	$75.20	$82.49	$65.66	$57.35	$56.71	$53.63			**$58.11**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$247.10**	**$97.55**	**$137.79**	**$146.55**	**$238.76**	**$167.17**	**$224.93**	**$271.85**	**$432.12**	**$167.26**			**$213.11**
	Total Premiums		**$296.00**	**$295.77**	**$294.09**	**$294.64**	**$294.64**	**$294.64**	**$293.20**	**$296.60**	**$297.73**	**$301.39**			**$295.87**

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Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 509	**Enrolled Employees**												**135**	**134**	**135**
	Enrolled Members												**279**	**279**	**279**
	Claims	Inpatient											$111.32	$0.00	**$111.32**
		Outpatient											$80.79	$39.66	**$60.22**
		ER											$6.11	$10.52	**$8.31**
		Prof Svcs											$56.07	$59.51	**$57.79**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$64.89	$103.41	**$84.15**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$319.17**	**$213.11**	**$266.14**
	Total Premiums												**$352.57**	**$352.05**	**$352.31**
Benefit Package 510	**Enrolled Employees**		**75**	**74**	**74**	**74**	**74**	**74**	**74**	**73**	**73**				**74**
	Enrolled Members		**178**	**177**	**177**	**176**	**177**	**178**	**177**	**176**	**173**				**177**
	Claims	Inpatient	$0.00	$0.00	$0.00	$166.30	$80.57	$156.13	$19.73	$101.09	$365.33				**$148.19**
		Outpatient	$8.45	$58.27	$24.37	$15.16	$26.11	$116.96	$119.61	$309.19	$206.57				**$98.30**
		ER	$0.00	$16.40	$0.00	$33.73	$1.16	$18.80	$54.44	$40.15	$0.00				**$27.45**
		Prof Svcs	$31.06	$37.81	$48.48	$46.51	$84.13	$143.94	$113.27	$131.80	$110.19				**$83.02**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$3.32	$4.00	$8.37	$5.35	$11.09	$9.72	$12.90	$21.33	$20.44				**$10.73**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$42.83**	**$116.48**	**$81.22**	**$267.05**	**$203.06**	**$445.55**	**$319.95**	**$603.56**	**$702.54**				**$309.14**
	Total Premiums		**$275.93**	**$274.98**	**$274.98**	**$276.54**	**$275.88**	**$274.33**	**$274.98**	**$274.90**	**$276.57**				**$275.45**
Benefit Package 511	**Enrolled Employees**											**102**	**105**	**106**	**104**
	Enrolled Members											**240**	**241**	**243**	**241**
	Claims	Inpatient										$0.00	$0.00	$10.89	**$10.89**
		Outpatient										$179.09	$103.29	$188.02	**$156.80**
		ER										$11.59	$8.84	$94.59	**$38.34**
		Prof Svcs										$102.29	$99.83	$126.69	**$109.60**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$18.92	$19.08	$15.12	**$17.71**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$311.90**	**$231.04**	**$435.31**	**$326.08**
	Total Premiums											**$323.20**	**$324.64**	**$324.08**	**$323.97**
Benefit Package 512	**Enrolled Employees**		**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**				**10**
	Enrolled Members		**27**	**26**	**26**	**26**	**26**	**26**	**26**	**26**	**26**				**26**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$48.67	$0.00	$27.05	$9.97				**$28.56**
		ER	$82.49	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$532.01	$16.35				**$210.28**
		Prof Svcs	$19.53	$28.50	$29.85	$51.56	$15.12	$53.82	$43.35	$230.03	$70.10				**$60.21**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$102.01**	**$28.50**	**$29.85**	**$51.56**	**$15.12**	**$102.49**	**$43.35**	**$789.09**	**$96.41**				**$139.82**
	Total Premiums		**$180.85**	**$176.63**	**$176.63**	**$176.63**	**$176.63**	**$176.63**	**$176.63**	**$176.63**	**$176.63**				**$177.10**

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Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 513	**Enrolled Employees**		**38**	**40**	**40**	**40**	**40**	**40**	**40**	**40**	**40**	**42**			**40**
	Enrolled Members		**132**	**134**	**134**	**134**	**134**	**134**	**134**	**134**	**133**	**142**			**135**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$490.08	$237.07	$0.00	$0.00	$0.00			**$363.57**
		Outpatient	$0.87	$1.40	$0.00	$0.86	$13.21	$87.36	$37.56	$10.55	$11.45	$10.30			**$19.28**
		ER	$0.00	$0.77	$4.15	$0.00	$10.70	$0.00	$0.00	$0.00	$0.00	$0.00			**$5.21**
		Prof Svcs	$6.59	$19.40	$10.83	$23.37	$19.22	$346.46	$81.60	$45.09	$21.18	$46.09			**$61.98**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$3.01	$1.28	$1.61	$3.38	$3.65	$11.37	$13.19	$12.28	$8.13	$22.06			**$8.00**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$10.48**	**$22.85**	**$16.59**	**$27.60**	**$46.78**	**$935.26**	**$369.43**	**$67.91**	**$40.76**	**$78.45**			**$161.61**
	Total Premiums		**$211.34**	**$213.74**	**$213.74**	**$213.74**	**$213.74**	**$213.74**	**$213.74**	**$213.74**	**$213.02**	**$208.76**			**$212.93**
Benefit Package 514	**Enrolled Employees**												**41**	**42**	**42**
	Enrolled Members												**140**	**142**	**141**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$32.44	$15.75	**$24.09**
		ER											$4.88	$0.00	**$4.88**
		Prof Svcs											$52.50	$54.55	**$53.53**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$12.61	$21.85	**$17.23**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$102.44**	**$92.14**	**$97.29**
	Total Premiums												**$220.99**	**$222.88**	**$221.94**
Benefit Package 515	**Enrolled Employees**											**10**	**11**	**11**	**11**
	Enrolled Members											**28**	**29**	**29**	**29**
	Claims	Inpatient										$0.00	$0.00	$0.00	**$0.00**
		Outpatient										$31.65	$0.00	$8.94	**$20.29**
		ER										$0.00	$112.60	$0.00	**$112.60**
		Prof Svcs										$76.03	$90.34	$71.42	**$79.26**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$0.00	$0.00	$0.00	**$0.00**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$107.68**	**$202.93**	**$80.35**	**$130.32**
	Total Premiums											**$207.79**	**$213.45**	**$213.45**	**$211.56**
Benefit Package 517	**Enrolled Employees**												**587**	**629**	**608**
	Enrolled Members												**1,316**	**1,403**	**1,360**
	Claims	Inpatient											$1.90	$16.96	**$9.43**
		Outpatient											$9.70	$13.74	**$11.72**
		ER											$8.23	$0.85	**$4.54**
		Prof Svcs											$41.06	$48.19	**$44.62**
		Other											$2.71	$2.62	**$2.66**
		Pharmacy											$16.62	$20.11	**$18.37**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$80.22**	**$102.47**	**$91.34**
	Total Premiums												**$335.04**	**$334.23**	**$334.64**

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			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 519	**Enrolled Employees**												**18,127**	**18,263**	**18,195**
	Enrolled Members												**37,636**	**37,832**	**37,734**
	Claims	Inpatient											$86.20	$62.06	**$74.13**
		Outpatient											$49.63	$66.97	**$58.30**
		ER											$10.06	$11.75	**$10.90**
		Prof Svcs											$96.51	$108.63	**$102.57**
		Other											$2.67	$2.70	**$2.68**
		Pharmacy											$29.07	$34.70	**$31.89**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$274.13**	**$286.82**	**$280.47**
	Total Premiums												**$370.88**	**$371.21**	**$371.04**
Benefit Package 521	**Enrolled Employees**												**8,300**	**8,325**	**8,313**
	Enrolled Members												**17,990**	**18,042**	**18,016**
	Claims	Inpatient											$58.09	$73.30	**$65.70**
		Outpatient											$73.38	$87.69	**$80.54**
		ER											$15.42	$13.66	**$14.54**
		Prof Svcs											$91.57	$102.38	**$96.97**
		Other											$4.90	$7.92	**$6.41**
		Pharmacy											$59.27	$65.00	**$62.13**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$302.62**	**$349.96**	**$326.29**
	Total Premiums												**$371.21**	**$371.02**	**$371.11**
Benefit Package 523	**Enrolled Employees**												**44**	**44**	**44**
	Enrolled Members												**133**	**133**	**133**
	Claims	Inpatient											$125.56	$0.00	**$125.56**
		Outpatient											$10.33	$58.21	**$34.27**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$123.38	$96.92	**$110.15**
		Other											$5.33	$0.44	**$2.88**
		Pharmacy											$39.25	$47.44	**$43.35**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$303.86**	**$203.01**	**$253.44**
	Total Premiums												**$344.49**	**$344.49**	**$344.49**
Benefit Package 525	**Enrolled Employees**												**1,911**	**1,930**	**1,921**
	Enrolled Members												**4,878**	**4,915**	**4,897**
	Claims	Inpatient											$36.21	$47.06	**$41.64**
		Outpatient											$24.69	$70.18	**$47.44**
		ER											$4.84	$5.01	**$4.92**
		Prof Svcs											$45.89	$60.16	**$53.03**
		Other											$0.26	$0.97	**$0.62**
		Pharmacy											$11.08	$15.69	**$13.38**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$122.97**	**$199.07**	**$161.02**
	Total Premiums												**$285.05**	**$285.06**	**$285.06**

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Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 528	**Enrolled Employees**												**14,024**	**14,006**	**14,015**
	Enrolled Members												**22,710**	**22,650**	**22,680**
	Claims	Inpatient											$180.15	$150.25	**$165.20**
		Outpatient											$131.96	$170.47	**$151.22**
		ER											$19.75	$21.50	**$20.63**
		Prof Svcs											$172.18	$195.45	**$183.81**
		Other											$7.60	$14.09	**$10.84**
		Pharmacy											$166.27	$183.76	**$175.02**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$677.91**	**$735.51**	**$706.71**
	Total Premiums												**$661.26**	**$661.83**	**$661.54**
Benefit Package 530	**Enrolled Employees**												**10,877**	**10,886**	**10,882**
	Enrolled Members												**18,501**	**18,490**	**18,496**
	Claims	Inpatient											$56.00	$122.08	**$89.04**
		Outpatient											$116.43	$121.22	**$118.83**
		ER											$15.00	$15.23	**$15.11**
		Prof Svcs											$126.90	$145.78	**$136.34**
		Other											$6.06	$9.26	**$7.66**
		Pharmacy											$120.49	$126.48	**$123.48**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$440.89**	**$540.06**	**$490.47**
	Total Premiums												**$569.61**	**$569.81**	**$569.71**
Benefit Package 532	**Enrolled Employees**												**2,694**	**2,687**	**2,691**
	Enrolled Members												**4,424**	**4,403**	**4,414**
	Claims	Inpatient											$210.52	$196.76	**$203.64**
		Outpatient											$192.45	$200.83	**$196.64**
		ER											$23.44	$26.67	**$25.06**
		Prof Svcs											$255.77	$282.26	**$269.02**
		Other											$11.39	$14.98	**$13.18**
		Pharmacy											$193.92	$208.31	**$201.11**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$887.49**	**$929.82**	**$908.66**
	Total Premiums												**$762.14**	**$763.42**	**$762.78**
Benefit Package 534	**Enrolled Employees**		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**1**	**1**
	Enrolled Members		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**1**	**1**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$157.37	$0.00	**$157.37**
		Pharmacy	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$157.37**	**$0.00**	**$157.37**
	Total Premiums		**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$467.42**	**$467.42**	**$467.42**

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Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 552	**Enrolled Employees**												**16**	**16**	**16**
	Enrolled Members												**30**	**30**	**30**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$151.04	**$151.04**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$62.26	$339.88	**$201.07**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$444.19	$192.12	**$318.16**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$506.45**	**$683.04**	**$594.75**
	Total Premiums												**$628.04**	**$628.04**	**$628.04**
Benefit Package 553	**Enrolled Employees**												**8**	**8**	**8**
	Enrolled Members												**14**	**14**	**14**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$64.93	**$64.93**
		Prof Svcs											$185.78	$171.94	**$178.86**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$5.84	$283.54	**$144.69**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$191.62**	**$520.40**	**$356.01**
	Total Premiums												**$503.67**	**$503.67**	**$503.67**
Benefit Package 554	**Enrolled Employees**												**48**	**48**	**48**
	Enrolled Members												**105**	**104**	**105**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$64.34	**$64.34**
		ER											$0.00	$51.14	**$51.14**
		Prof Svcs											$50.75	$151.31	**$101.03**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$98.62	$160.21	**$129.41**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$149.37**	**$427.00**	**$288.19**
	Total Premiums												**$424.95**	**$429.03**	**$426.99**
Benefit Package 555	**Enrolled Employees**												**73**	**73**	**73**
	Enrolled Members												**173**	**173**	**173**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$20.74	**$20.74**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$25.53	$30.81	**$28.17**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$82.80	$121.66	**$102.23**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$108.33**	**$173.22**	**$140.77**
	Total Premiums												**$260.41**	**$267.50**	**$263.95**

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			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 556	**Enrolled Employees**												**21**	**22**	**22**
	Enrolled Members												**64**	**68**	**66**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$4.08	$7.95	**$6.02**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$0.25	$0.23	**$0.24**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$4.33**	**$8.18**	**$6.25**
	Total Premiums												**$235.15**	**$221.32**	**$228.24**
Benefit Package 557	**Enrolled Employees**												**6**	**6**	**6**
	Enrolled Members												**23**	**23**	**23**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$11.84	$35.80	**$23.82**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$0.44	$189.83	**$95.13**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$12.28**	**$225.62**	**$118.95**
	Total Premiums												**$180.46**	**$180.46**	**$180.46**
Benefit Package 558	**Enrolled Employees**												**2**	**2**	**2**
	Enrolled Members												**6**	**6**	**6**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$50.01	$14.35	**$32.18**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$107.74	$81.36	**$94.55**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$157.74**	**$95.71**	**$126.73**
	Total Premiums												**$208.38**	**$208.38**	**$208.38**
Benefit Package 559	**Enrolled Employees**												**92**	**92**	**92**
	Enrolled Members												**256**	**257**	**257**
	Claims	Inpatient											$24.26	$5.13	**$14.69**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$0.10	**$0.10**
		Prof Svcs											$22.35	$38.38	**$30.37**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$13.03	$32.29	**$22.66**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$59.64**	**$75.90**	**$67.77**
	Total Premiums												**$206.59**	**$205.79**	**$206.19**

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Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 560	**Enrolled Employees**												**6**	**6**	**6**
	Enrolled Members												**10**	**10**	**10**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$41.00	$218.72	**$129.86**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$41.11	$120.63	**$80.87**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$82.11**	**$339.35**	**$210.73**
	Total Premiums												**$461.90**	**$461.90**	**$461.90**
Benefit Package 561	**Enrolled Employees**												**16**	**16**	**16**
	Enrolled Members												**27**	**27**	**27**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$590.65	**$590.65**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$15.64	$109.53	**$62.59**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$209.97	$119.28	**$164.62**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$225.60**	**$819.47**	**$522.54**
	Total Premiums												**$438.02**	**$438.02**	**$438.02**
Benefit Package 562	**Enrolled Employees**												**2**	**2**	**2**
	Enrolled Members												**6**	**6**	**6**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$27.50	$3.69	**$15.59**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$0.00	$0.00	**$0.00**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$27.50**	**$3.69**	**$15.59**
	Total Premiums												**$167.26**	**$167.26**	**$167.26**
Benefit Package 563	**Enrolled Employees**												**33**	**33**	**33**
	Enrolled Members												**66**	**66**	**66**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$69.32	$77.90	**$73.61**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$11.00	$16.59	**$13.80**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$80.32**	**$94.49**	**$87.41**
	Total Premiums												**$286.37**	**$286.37**	**$286.37**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9h
Experience Reports by Benefit Package — Per Member Per Month
Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 564	**Enrolled Employees**												**9**	**9**	**9**
	Enrolled Members												**25**	**25**	**25**
	Claims	Inpatient											$0.00	$110.85	**$110.85**
		Outpatient											$0.00	$488.35	**$488.35**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$42.31	$114.48	**$78.40**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$12.70	$7.59	**$10.14**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$55.01**	**$721.27**	**$388.14**
	Total Premiums												**$223.49**	**$223.49**	**$223.49**
Benefit Package 565	**Enrolled Employees**												**4**	**4**	**4**
	Enrolled Members												**9**	**9**	**9**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$0.00	$11.62	**$11.62**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$11.71	$22.64	**$17.17**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$11.71**	**$34.26**	**$22.98**
	Total Premiums												**$194.49**	**$298.99**	**$246.74**
Benefit Package 566	**Enrolled Employees**												**9**	**9**	**9**
	Enrolled Members												**23**	**23**	**23**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$10.37	$46.52	**$28.44**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$26.62	$2.09	**$14.36**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$36.99**	**$48.61**	**$42.80**
	Total Premiums												**$242.87**	**$242.87**	**$242.87**
Benefit Package 567	**Enrolled Employees**												**111**	**107**	**109**
	Enrolled Members												**137**	**130**	**134**
	Claims	Inpatient											$0.00	$365.01	**$365.01**
		Outpatient											$36.08	$24.40	**$30.24**
		ER											$9.73	$20.46	**$15.10**
		Prof Svcs											$86.58	$114.95	**$100.77**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$128.97	$158.16	**$143.57**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$261.37**	**$682.98**	**$472.17**
	Total Premiums												**$567.59**	**$568.39**	**$567.99**

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Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 568	**Enrolled Employees**												**280**	**289**	**285**
	Enrolled Members												**522**	**535**	**529**
	Claims	Inpatient											$0.00	$58.55	**$58.55**
		Outpatient											$4.81	$48.15	**$26.48**
		ER											$2.67	$23.93	**$13.30**
		Prof Svcs											$52.24	$92.87	**$72.56**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$22.13	$18.48	**$20.30**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$81.87**	**$241.98**	**$161.92**
	Total Premiums												**$292.64**	**$294.39**	**$293.52**
Benefit Package 569	**Enrolled Employees**												**152**	**155**	**154**
	Enrolled Members												**270**	**275**	**273**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$3.77	$21.21	**$12.49**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$34.26	$57.51	**$45.89**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$58.76	$60.39	**$59.58**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$96.80**	**$139.11**	**$117.95**
	Total Premiums												**$307.67**	**$310.31**	**$308.99**
Benefit Package 570	**Enrolled Employees**												**177**	**176**	**177**
	Enrolled Members												**373**	**371**	**372**
	Claims	Inpatient											$0.00	$83.67	**$83.67**
		Outpatient											$2.10	$3.93	**$3.01**
		ER											$19.55	$38.53	**$29.04**
		Prof Svcs											$78.53	$111.67	**$95.10**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$224.84	$201.47	**$213.16**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$325.01**	**$439.27**	**$382.14**
	Total Premiums												**$455.28**	**$453.76**	**$454.52**
Benefit Package 571	**Enrolled Employees**												**15**	**15**	**15**
	Enrolled Members												**30**	**33**	**32**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$18.27	$14.74	**$16.51**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$0.00	$1.40	**$1.40**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$18.27**	**$16.15**	**$17.21**
	Total Premiums												**$249.58**	**$218.49**	**$234.04**

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K–12 School District Data Collection Project
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Experience Reports by Benefit Package — Per Member Per Month
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Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 572	**Enrolled Employees**												**32**	**32**	**32**
	Enrolled Members												**57**	**57**	**57**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$41.04	**$41.04**
		Prof Svcs											$14.18	$19.99	**$17.08**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$100.43	$122.07	**$111.25**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$114.60**	**$183.11**	**$148.86**
	Total Premiums												**$256.57**	**$256.57**	**$256.57**
Benefit Package 603	**Enrolled Employees**		**623**	**617**	**614**	**614**	**611**	**613**	**610**	**606**	**610**	**595**	**595**	**595**	**609**
	Enrolled Members		**806**	**797**	**797**	**795**	**797**	**800**	**793**	**787**	**797**	**780**	**773**	**773**	**791**
	Claims	Inpatient	$0.00	$18.07	$69.77	$84.61	$357.87	$97.83	$80.51	$80.04	$87.08	$182.27	$55.95	$74.02	**$108.00**
		Outpatient	$4.73	$77.30	$148.81	$79.53	$240.42	$156.94	$187.38	$301.23	$172.47	$247.29	$127.94	$139.71	**$156.98**
		ER	$4.15	$15.28	$28.19	$38.33	$16.97	$14.50	$36.85	$15.17	$11.00	$13.77	$4.21	$20.00	**$18.20**
		Prof Svcs	$42.15	$294.34	$223.91	$222.05	$300.98	$238.90	$344.72	$279.18	$275.06	$275.10	$224.93	$261.43	**$248.56**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$181.87	$160.91	$176.48	$184.29	$173.50	$234.02	$144.45	$148.37	$151.84	$182.49	$156.43	$214.91	**$175.80**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$232.90**	**$565.90**	**$647.16**	**$608.81**	**$1,089.74**	**$742.19**	**$793.91**	**$823.98**	**$697.46**	**$900.93**	**$569.46**	**$710.08**	**$698.54**
	Total Premiums		**$43.35**	**$95.11**	**$435.28**	**$515.29**	**$466.54**	**$940.78**	**$556.59**	**$698.10**	**$712.09**	**$600.12**	**$765.83**	**$430.76**	**$521.65**
Benefit Package 604	**Enrolled Employees**		**877**	**878**	**877**	**874**	**873**	**872**	**875**	**872**	**873**	**907**	**913**	**914**	**884**
	Enrolled Members		**1,738**	**1,734**	**1,738**	**1,734**	**1,732**	**1,727**	**1,728**	**1,727**	**1,723**	**1,744**	**1,748**	**1,743**	**1,735**
	Claims	Inpatient	$0.00	$50.48	$87.38	$58.83	$38.68	$50.77	$107.86	$131.45	$29.95	$97.08	$70.46	$70.08	**$72.09**
		Outpatient	$11.51	$44.03	$60.65	$53.05	$53.76	$47.12	$56.99	$129.91	$67.55	$88.08	$61.97	$87.64	**$63.52**
		ER	$1.06	$13.52	$3.97	$17.48	$5.72	$12.66	$27.30	$9.34	$9.95	$7.75	$28.13	$14.54	**$12.62**
		Prof Svcs	$33.58	$176.52	$121.79	$128.29	$152.66	$135.48	$199.11	$197.40	$147.71	$156.51	$158.85	$154.26	**$146.85**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$72.26	$68.64	$80.27	$82.82	$77.14	$81.09	$94.39	$85.19	$91.72	$83.90	$90.79	$98.62	**$83.90**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$118.41**	**$353.19**	**$354.07**	**$340.46**	**$327.96**	**$327.11**	**$485.65**	**$553.30**	**$346.89**	**$433.32**	**$410.20**	**$425.15**	**$372.98**
	Total Premiums		**$28.32**	**$74.74**	**$303.05**	**$302.80**	**$286.27**	**$275.76**	**$274.78**	**$420.14**	**$499.03**	**$281.17**	**$377.48**	**$328.76**	**$287.69**
Benefit Package 605	**Enrolled Employees**		**14**	**14**	**14**	**14**	**14**	**14**	**14**	**14**	**14**	**15**	**15**	**15**	**14**
	Enrolled Members		**36**	**36**	**37**	**37**	**37**	**37**	**37**	**37**	**37**	**36**	**39**	**37**	**37**
	Claims	Inpatient	$0.00	$108.33	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$340.26	$0.00	$0.00	**$224.30**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$21.02	$0.00	$0.00	$0.00	$46.25	$0.00	$0.00	$0.00	**$33.63**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$5.03	$25.51	$0.00	$0.00	**$15.27**
		Prof Svcs	$0.00	$99.47	$44.53	$20.80	$88.22	$141.08	$268.20	$77.02	$100.41	$106.59	$125.56	$63.05	**$103.17**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$5.20	$3.62	$2.44	$7.38	$1.67	$9.24	$3.33	$8.90	$9.72	$18.51	$3.34	$7.97	**$6.78**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$5.20**	**$211.42**	**$46.97**	**$28.18**	**$110.90**	**$150.32**	**$271.53**	**$85.92**	**$161.40**	**$490.87**	**$128.90**	**$71.02**	**$146.89**
	Total Premiums		**$21.85**	**$21.85**	**$216.92**	**$65.79**	**$42.06**	**$128.69**	**$162.67**	**$289.68**	**$98.50**	**$179.23**	**$457.65**	**$146.23**	**$152.59**

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Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 606	**Enrolled Employees**		**241**	**243**	**245**	**246**	**249**	**249**	**250**	**250**	**252**	**264**	**269**	**269**	**252**
	Enrolled Members		**691**	**703**	**702**	**704**	**707**	**699**	**701**	**704**	**713**	**743**	**757**	**756**	**715**
	Claims	Inpatient	$0.00	$8.86	$20.47	$47.89	$304.84	$8.63	$133.92	$56.69	$172.60	$40.43	$82.56	$0.00	**$87.69**
		Outpatient	$0.00	$33.52	$34.18	$30.04	$78.31	$47.33	$51.58	$44.59	$105.63	$29.48	$147.37	$123.52	**$65.96**
		ER	$0.70	$1.17	$7.68	$11.54	$3.27	$7.51	$0.36	$7.09	$3.55	$3.86	$11.39	$12.99	**$5.92**
		Prof Svcs	$23.86	$125.78	$80.97	$97.73	$130.46	$109.85	$133.82	$151.13	$106.78	$148.17	$112.03	$107.13	**$110.64**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$35.93	$30.09	$37.35	$37.80	$28.54	$32.06	$33.13	$45.16	$43.37	$39.58	$35.80	$45.96	**$37.06**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$60.49**	**$199.42**	**$180.64**	**$224.99**	**$545.41**	**$205.37**	**$352.81**	**$304.66**	**$431.93**	**$261.51**	**$389.14**	**$289.60**	**$287.17**
	Total Premiums		**$19.35**	**$43.64**	**$183.79**	**$162.53**	**$206.27**	**$534.09**	**$193.24**	**$338.46**	**$276.83**	**$392.67**	**$237.58**	**$350.19**	**$244.89**
Benefit Package 607	**Enrolled Employees**												**56**	**53**	**55**
	Enrolled Members												**73**	**70**	**72**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$96.04	$142.12	**$119.08**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$95.01	$187.72	**$141.37**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$191.05**	**$329.83**	**$260.44**
	Total Premiums												**$749.83**	**$769.46**	**$759.65**
Benefit Package 608	**Enrolled Employees**												**136**	**134**	**135**
	Enrolled Members												**215**	**213**	**214**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$54.28	**$54.28**
		ER											$14.50	$6.93	**$10.72**
		Prof Svcs											$84.41	$124.28	**$104.34**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$114.64	$108.32	**$111.48**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$213.55**	**$293.81**	**$253.68**
	Total Premiums												**$572.07**	**$570.13**	**$571.10**
Benefit Package 609	**Enrolled Employees**												**62**	**63**	**63**
	Enrolled Members												**86**	**88**	**87**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.88	$13.74	**$7.31**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$50.30	$122.06	**$86.18**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$92.05	$123.05	**$107.55**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$143.23**	**$258.85**	**$201.04**
	Total Premiums												**$496.13**	**$493.83**	**$494.98**

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Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 610	**Enrolled Employees**												**84**	**86**	**85**
	Enrolled Members												**172**	**176**	**174**
	Claims	Inpatient											$47.42	$0.00	**$47.42**
		Outpatient											$5.24	$94.35	**$49.80**
		ER											$5.86	$0.00	**$5.86**
		Prof Svcs											$27.16	$46.25	**$36.71**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$3.75	$10.00	**$6.88**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$89.42**	**$150.60**	**$120.01**
	Total Premiums												**$294.85**	**$295.49**	**$295.17**
Benefit Package 611	**Enrolled Employees**												**306**	**307**	**307**
	Enrolled Members												**629**	**639**	**634**
	Claims	Inpatient											$9.20	$19.78	**$14.49**
		Outpatient											$8.24	$85.48	**$46.86**
		ER											$2.14	$0.00	**$2.14**
		Prof Svcs											$47.58	$57.98	**$52.78**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$76.35	$71.63	**$73.99**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$143.52**	**$234.87**	**$189.19**
	Total Premiums												**$295.30**	**$293.82**	**$294.56**
Benefit Package 612	**Enrolled Employees**												**238**	**242**	**240**
	Enrolled Members												**404**	**410**	**407**
	Claims	Inpatient											$0.00	$16.10	**$16.10**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$4.79	**$4.79**
		Prof Svcs											$27.31	$93.88	**$60.59**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$33.31	$45.22	**$39.26**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$60.62**	**$159.99**	**$110.30**
	Total Premiums												**$354.51**	**$353.23**	**$353.87**
Benefit Package 613	**Enrolled Employees**												**155**	**157**	**156**
	Enrolled Members												**273**	**277**	**275**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$1.13	$3.12	**$2.12**
		ER											$0.00	$0.12	**$0.12**
		Prof Svcs											$27.73	$154.79	**$91.26**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$102.83	$203.01	**$152.92**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$131.69**	**$361.04**	**$246.36**
	Total Premiums												**$370.49**	**$368.53**	**$369.51**

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Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 614	**Enrolled Employees**												**51**	**52**	**52**
	Enrolled Members												**126**	**131**	**129**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$2.33	$0.00	**$2.33**
		ER											$14.27	$0.00	**$14.27**
		Prof Svcs											$61.56	$96.62	**$79.09**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$25.68	$27.18	**$26.43**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$103.83**	**$123.81**	**$113.82**
	Total Premiums												**$253.41**	**$267.52**	**$260.46**
Benefit Package 615	**Enrolled Employees**												**1,102**	**1,058**	**1,080**
	Enrolled Members												**1,759**	**1,639**	**1,699**
	Claims	Inpatient											$0.00	$37.27	**$37.27**
		Outpatient											$0.26	$39.60	**$19.93**
		ER											$2.27	$15.57	**$8.92**
		Prof Svcs											$77.59	$198.84	**$138.22**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$112.08	$166.36	**$139.22**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$192.21**	**$457.64**	**$324.93**
	Total Premiums												**$475.58**	**$482.35**	**$478.96**
Benefit Package 616	**Enrolled Employees**												**362**	**360**	**361**
	Enrolled Members												**889**	**880**	**885**
	Claims	Inpatient											$4.14	$0.00	**$4.14**
		Outpatient											$0.03	$17.42	**$8.72**
		ER											$0.45	$8.78	**$4.62**
		Prof Svcs											$53.96	$103.91	**$78.93**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$54.54	$47.48	**$51.01**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$113.13**	**$177.59**	**$145.36**
	Total Premiums												**$277.94**	**$277.39**	**$277.66**
Benefit Package 617	**Enrolled Employees**												**96**	**95**	**96**
	Enrolled Members												**208**	**205**	**207**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$2.87	**$2.87**
		ER											$47.98	$15.23	**$31.61**
		Prof Svcs											$34.61	$56.41	**$45.51**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$5.70	$5.26	**$5.48**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$88.29**	**$79.76**	**$84.02**
	Total Premiums												**$295.27**	**$297.88**	**$296.58**

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Benefit Package 618	**Enrolled Employees**												**60**	**62**	**61**
	Enrolled Members												**114**	**118**	**116**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$2.28	$0.00	**$2.28**
		Prof Svcs											$45.85	$48.56	**$47.21**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$50.27	$19.06	**$34.66**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$98.40**	**$67.62**	**$83.01**
	Total Premiums												**$400.11**	**$398.20**	**$399.16**
Benefit Package 619	**Enrolled Employees**												**116**	**120**	**118**
	Enrolled Members												**292**	**305**	**299**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$14.58	**$14.58**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$38.28	$44.75	**$41.51**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$25.61	$39.78	**$32.70**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$63.89**	**$99.11**	**$81.50**
	Total Premiums												**$292.47**	**$289.47**	**$290.97**
Benefit Package 620	**Enrolled Employees**												**22**	**22**	**22**
	Enrolled Members												**22**	**22**	**22**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$72.03	$716.61	**$394.32**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$179.63	$271.36	**$225.50**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$357.85	$408.09	**$382.97**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$609.51**	**$1,396.06**	**$1,002.79**
	Total Premiums												**$965.74**	**$965.74**	**$965.74**
Benefit Package 621	**Enrolled Employees**												**290**	**288**	**289**
	Enrolled Members												**324**	**320**	**322**
	Claims	Inpatient											$0.00	$29.64	**$29.64**
		Outpatient											$13.60	$100.66	**$57.13**
		ER											$23.98	$20.28	**$22.13**
		Prof Svcs											$135.57	$211.25	**$173.41**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$148.47	$175.27	**$161.87**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$321.61**	**$537.10**	**$429.35**
	Total Premiums												**$903.46**	**$888.82**	**$896.14**

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			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 622	**Enrolled Employees**												**479**	**483**	**481**
	Enrolled Members												**1,127**	**1,126**	**1,127**
	Claims	Inpatient											$0.00	$23.78	**$23.78**
		Outpatient											$7.66	$42.09	**$24.87**
		ER											$2.23	$10.56	**$6.40**
		Prof Svcs											$64.62	$86.25	**$75.44**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$68.32	$78.12	**$73.22**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$142.82**	**$240.81**	**$191.82**
	Total Premiums												**$321.02**	**$322.17**	**$321.60**
Benefit Package 623	**Enrolled Employees**												**270**	**273**	**272**
	Enrolled Members												**437**	**444**	**441**
	Claims	Inpatient											$0.00	$33.80	**$33.80**
		Outpatient											$49.94	$45.26	**$47.60**
		ER											$16.79	$8.05	**$12.42**
		Prof Svcs											$104.69	$196.43	**$150.56**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$99.26	$111.91	**$105.59**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$270.68**	**$395.45**	**$333.07**
	Total Premiums												**$546.66**	**$543.65**	**$545.16**
Benefit Package 624	**Enrolled Employees**												**495**	**497**	**496**
	Enrolled Members												**781**	**784**	**783**
	Claims	Inpatient											$0.00	$41.34	**$41.34**
		Outpatient											$1.83	$40.35	**$21.09**
		ER											$1.07	$2.50	**$1.78**
		Prof Svcs											$66.58	$98.87	**$82.73**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$59.97	$98.25	**$79.11**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$129.45**	**$281.31**	**$205.38**
	Total Premiums												**$493.38**	**$493.21**	**$493.29**
Benefit Package 625	**Enrolled Employees**												**102**	**101**	**102**
	Enrolled Members												**312**	**314**	**313**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$14.65	$10.78	**$12.71**
		ER											$2.40	$0.00	**$2.40**
		Prof Svcs											$27.20	$162.41	**$94.81**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$52.89	$37.18	**$45.03**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$97.14**	**$210.37**	**$153.75**
	Total Premiums												**$220.33**	**$216.88**	**$218.60**

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			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 626	**Enrolled Employees**												**34**	**33**	**34**
	Enrolled Members												**107**	**105**	**106**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$7.92	$0.00	**$7.92**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$52.05	$75.28	**$63.67**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$7.17	$5.94	**$6.56**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$67.14**	**$81.22**	**$74.18**
	Total Premiums												**$235.39**	**$233.21**	**$234.30**
Benefit Package 709	**Enrolled Employees**		**239**	**237**	**236**	**236**	**236**	**233**	**233**	**233**	**233**	**221**	**220**	**220**	**231**
	Enrolled Members		**490**	**488**	**484**	**485**	**484**	**479**	**481**	**483**	**478**	**461**	**459**	**459**	**478**
	Claims	Inpatient	$156.80	$145.99	$120.36	$187.52	$301.06	$50.19	$50.04	$44.70	$46.02	$108.85	$42.18	$4.78	**$104.87**
		Outpatient	$172.06	$134.82	$208.58	$167.26	$125.67	$317.60	$76.19	$96.83	$246.16	$124.86	$95.19	$206.12	**$164.28**
		ER	$8.47	$22.95	$13.45	$31.24	$33.35	$10.68	$4.50	$37.62	$24.83	$23.67	$14.58	$16.92	**$20.19**
		Prof Svcs	$162.96	$174.59	$188.35	$205.46	$181.12	$175.93	$189.62	$225.80	$181.75	$166.55	$150.36	$186.14	**$182.38**
		Other	$0.00	$0.00	$0.00	$0.24	$0.00	$0.00	$0.07	$0.02	$0.05	$0.87	$0.70	$0.94	**$0.41**
		Pharmacy	$62.04	$115.57	$90.74	$111.34	$69.15	$110.59	$93.07	$82.43	$70.52	$116.76	$80.73	$123.07	**$93.84**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$562.33**	**$593.93**	**$621.48**	**$703.06**	**$710.35**	**$665.00**	**$413.48**	**$487.39**	**$569.32**	**$541.56**	**$383.74**	**$537.97**	**$565.80**
	Total Premiums		**$550.92**	**$548.55**	**$550.75**	**$549.62**	**$550.75**	**$549.43**	**$547.14**	**$544.88**	**$550.58**	**$541.48**	**$541.38**	**$541.38**	**$547.24**
Benefit Package 711	**Enrolled Employees**		**19**	**19**	**19**	**19**	**20**	**20**	**20**	**20**	**20**	**22**	**23**	**24**	**20**
	Enrolled Members		**51**	**51**	**51**	**51**	**54**	**53**	**53**	**53**	**53**	**56**	**58**	**59**	**54**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$101.57	$0.63	$6.14	$74.72	$54.94	$3.63	$7.77	$85.19	$20.39	$92.40	$3.64	$99.39	**$45.87**
		ER	$0.00	$28.67	$0.00	$0.00	$0.00	$5.57	$0.00	$0.00	$0.00	$10.79	$0.00	$0.00	**$15.01**
		Prof Svcs	$31.02	$49.05	$62.59	$148.59	$58.56	$91.16	$67.14	$86.19	$31.88	$62.18	$23.28	$35.84	**$62.29**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$5.16	$6.52	$22.90	$3.32	$11.62	$74.02	$19.17	$12.91	$38.86	$12.09	$37.63	$60.09	**$25.36**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$137.75**	**$84.87**	**$91.62**	**$226.63**	**$125.12**	**$174.38**	**$94.08**	**$184.29**	**$91.12**	**$177.47**	**$64.54**	**$195.32**	**$137.27**
	Total Premiums		**$280.49**	**$280.49**	**$280.49**	**$280.49**	**$278.85**	**$284.11**	**$284.11**	**$284.11**	**$284.11**	**$295.78**	**$298.56**	**$306.26**	**$286.49**
Benefit Package 712	**Enrolled Employees**		**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**
	Enrolled Members		**13**	**13**	**13**	**13**	**13**	**13**	**13**	**13**	**13**	**13**	**13**	**13**	**13**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$24.06	$40.46	$0.00	$0.00	$12.43	$34.31	$0.00	$3.03	$0.00	$0.00	$9.25	$0.00	**$20.59**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs	$68.10	$108.84	$60.37	$17.15	$38.86	$103.08	$78.61	$80.79	$77.41	$17.72	$68.66	$63.86	**$65.29**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$4.29	$11.10	$37.67	$45.43	$31.04	$57.81	$5.09	$20.40	$58.26	$15.36	$59.40	$34.35	**$31.68**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$96.45**	**$160.40**	**$98.04**	**$62.59**	**$82.33**	**$195.20**	**$83.70**	**$104.22**	**$135.68**	**$33.08**	**$137.31**	**$98.21**	**$107.27**
	Total Premiums		**$181.82**	**$181.82**	**$181.82**	**$181.82**	**$181.82**	**$181.82**	**$181.82**	**$181.82**	**$181.82**	**$181.82**	**$181.82**	**$181.82**	**$181.82**

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Benefit Package 713	**Enrolled Employees**		**462**	**464**	**462**	**461**	**459**	**459**	**460**	**459**	**458**	**444**	**449**	**447**	**457**
	Enrolled Members		**1,019**	**1,026**	**1,017**	**1,009**	**1,003**	**1,001**	**1,002**	**998**	**1,004**	**976**	**986**	**984**	**1,002**
	Claims	Inpatient	$55.01	$21.32	$89.01	$37.74	$49.65	$55.44	$28.99	$63.27	$24.27	$24.04	$143.38	$49.67	**$53.48**
		Outpatient	$102.07	$111.88	$89.66	$75.41	$45.48	$108.65	$143.33	$92.27	$69.93	$94.98	$189.96	$211.85	**$111.29**
		ER	$12.96	$20.56	$4.08	$3.26	$11.16	$8.56	$5.44	$14.89	$16.41	$15.88	$32.60	$22.45	**$14.02**
		Prof Svcs	$107.47	$107.35	$103.27	$100.54	$103.05	$102.74	$122.15	$146.34	$118.37	$119.53	$154.13	$142.53	**$118.96**
		Other	$0.00	$0.00	$0.00	$0.07	$0.00	$0.00	$0.06	$0.10	$0.05	$0.60	$0.15	$0.15	**$0.17**
		Pharmacy	$42.25	$73.52	$98.30	$73.23	$49.15	$84.19	$95.24	$92.16	$97.44	$78.91	$65.33	$76.20	**$77.16**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$319.76**	**$334.63**	**$384.33**	**$290.24**	**$258.49**	**$359.58**	**$395.21**	**$409.02**	**$326.47**	**$333.94**	**$585.56**	**$502.86**	**$375.01**
	Total Premiums		**$478.88**	**$477.68**	**$479.83**	**$482.58**	**$483.36**	**$484.33**	**$484.90**	**$485.79**	**$481.83**	**$480.50**	**$480.99**	**$479.82**	**$481.71**
Benefit Package 714	**Enrolled Employees**		**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**	**6**	**6**	**6**	**7**
	Enrolled Members		**23**	**23**	**23**	**23**	**23**	**23**	**23**	**23**	**23**	**20**	**20**	**20**	**22**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$21.09	$0.00	$3.64	$7.71	$24.91	$0.70	$34.67	$17.81	$7.12	$4.40	$0.00	$19.54	**$14.16**
		ER	$0.00	$54.26	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$54.26**
		Prof Svcs	$42.56	$72.25	$84.50	$89.20	$71.71	$48.43	$122.41	$54.07	$29.27	$25.56	$22.78	$82.10	**$62.07**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$0.26	$0.41	$5.22	$3.94	$1.09	$1.81	$5.51	$5.88	$2.11	$2.28	$3.82	$11.02	**$3.61**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$63.91**	**$126.92**	**$93.36**	**$100.85**	**$97.72**	**$50.94**	**$162.58**	**$77.76**	**$38.49**	**$32.24**	**$26.60**	**$112.65**	**$82.00**
	Total Premiums		**$325.41**	**$325.41**	**$325.41**	**$325.41**	**$325.41**	**$325.41**	**$325.41**	**$325.41**	**$325.41**	**$320.77**	**$320.77**	**$320.77**	**$324.25**
Benefit Package 715	**Enrolled Employees**		**33**	**33**	**32**	**32**	**32**	**32**	**32**	**32**	**32**	**35**	**37**	**37**	**33**
	Enrolled Members		**69**	**69**	**68**	**68**	**68**	**68**	**69**	**70**	**70**	**79**	**83**	**83**	**72**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$913.18	$0.00	$234.10	$0.00	$0.00	$0.00	$0.00	$0.00	**$573.64**
		Outpatient	$5.47	$4.30	$18.18	$43.16	$27.05	$594.06	$457.22	$22.35	$21.64	$85.38	$2.94	$16.99	**$108.23**
		ER	$0.00	$0.00	$0.00	$25.76	$65.44	$0.00	$0.00	$0.00	$17.23	$9.59	$12.94	$0.00	**$26.19**
		Prof Svcs	$65.07	$47.21	$79.73	$98.59	$179.71	$110.68	$160.34	$74.16	$104.22	$115.39	$59.59	$72.55	**$97.27**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$37.61	$29.74	$81.76	$44.36	$18.10	$70.62	$30.87	$51.43	$51.91	$26.17	$32.67	$62.85	**$44.84**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$108.15**	**$81.25**	**$179.67**	**$211.87**	**$1,203.48**	**$775.37**	**$882.53**	**$147.94**	**$195.00**	**$236.52**	**$108.15**	**$152.39**	**$356.86**
	Total Premiums		**$342.49**	**$342.49**	**$337.00**	**$337.00**	**$337.00**	**$337.00**	**$332.11**	**$327.37**	**$327.37**	**$317.27**	**$319.23**	**$319.23**	**$331.30**
Benefit Package 716	**Enrolled Employees**		**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
	Enrolled Members		**11**	**11**	**11**	**11**	**11**	**11**	**11**	**11**	**11**	**11**	**11**	**11**	**11**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$0.00	$23.24	$56.42	$20.28	$0.00	$4.17	$0.00	$0.00	$0.00	$20.34	$0.00	$0.00	**$24.89**
		ER	$0.00	$0.00	$128.38	$0.00	$0.00	$59.29	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$93.84**
		Prof Svcs	$122.32	$92.20	$70.11	$25.75	$37.41	$15.92	$77.02	$35.49	$66.52	$204.84	$97.47	$64.48	**$75.80**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$16.20	$41.93	$2.88	$25.59	$25.15	$2.66	$28.99	$33.54	$30.28	$48.10	$31.05	$28.99	**$26.28**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$138.52**	**$157.37**	**$257.78**	**$71.62**	**$62.56**	**$82.04**	**$106.01**	**$69.03**	**$96.80**	**$273.29**	**$128.53**	**$93.48**	**$128.09**
	Total Premiums		**$302.08**	**$302.08**	**$302.08**	**$302.08**	**$302.08**	**$302.08**	**$302.08**	**$302.08**	**$302.08**	**$302.08**	**$302.08**	**$302.08**	**$302.08**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9h
Experience Reports by Benefit Package — Per Member Per Month
Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 717	**Enrolled Employees**		**206**	**206**	**206**	**205**	**206**	**204**	**204**	**206**	**206**	**222**	**225**	**226**	**210**
	Enrolled Members		**447**	**444**	**447**	**446**	**450**	**446**	**445**	**450**	**446**	**476**	**489**	**491**	**456**
	Claims	Inpatient	$0.00	$0.00	$16.32	$1.05	$99.33	$49.14	$139.20	$282.83	$11.62	$0.00	$2.80	$69.43	**$74.63**
		Outpatient	$44.35	$51.43	$36.31	$53.61	$30.38	$28.56	$77.12	$92.45	$43.14	$44.48	$72.69	$84.50	**$54.92**
		ER	$13.89	$7.05	$19.70	$0.00	$12.34	$11.18	$2.50	$4.76	$7.89	$4.33	$13.58	$19.87	**$10.64**
		Prof Svcs	$99.21	$92.81	$113.58	$106.74	$91.12	$100.72	$136.01	$143.34	$118.55	$102.38	$99.47	$93.76	**$108.14**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$78.75	$17.83	$22.90	$24.17	$20.85	$26.23	$21.29	$26.99	$27.38	$30.58	$25.45	$34.13	**$29.71**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$236.20**	**$169.11**	**$208.80**	**$185.58**	**$254.01**	**$215.82**	**$376.12**	**$550.37**	**$208.59**	**$181.76**	**$213.99**	**$301.69**	**$258.50**
	Total Premiums		**$339.82**	**$342.11**	**$339.82**	**$338.92**	**$337.55**	**$337.27**	**$338.03**	**$337.55**	**$340.58**	**$343.90**	**$339.28**	**$339.40**	**$339.52**
Benefit Package 718	**Enrolled Employees**		**15**	**15**	**15**	**15**	**15**	**15**	**15**	**15**	**15**	**15**	**15**	**15**	**15**
	Enrolled Members		**49**	**49**	**49**	**49**	**49**	**49**	**49**	**49**	**49**	**49**	**49**	**49**	**49**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,042.57	$0.00	$0.00	$0.00	$0.00	**$1,042.57**
		Outpatient	$7.81	$16.66	$69.94	$18.08	$265.79	$60.12	$48.29	$33.48	$4.16	$8.47	$1.50	$14.70	**$45.75**
		ER	$57.14	$0.00	$0.00	$114.42	$33.80	$33.88	$0.00	$0.00	$12.29	$0.00	$0.00	$49.02	**$50.09**
		Prof Svcs	$68.63	$112.45	$134.75	$117.44	$119.69	$108.82	$120.04	$379.11	$52.79	$74.47	$80.24	$133.65	**$125.17**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$3.95	$6.10	$17.77	$28.68	$39.39	$40.25	$37.10	$33.10	$24.51	$16.22	$18.76	$30.67	**$24.71**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$137.53**	**$135.22**	**$222.45**	**$278.62**	**$458.67**	**$243.07**	**$205.43**	**$1,488.27**	**$93.74**	**$99.17**	**$100.50**	**$228.03**	**$307.56**
	Total Premiums		**$230.44**	**$230.44**	**$230.44**	**$230.44**	**$230.44**	**$230.44**	**$230.44**	**$230.44**	**$230.44**	**$230.44**	**$230.44**	**$230.44**	**$230.44**
Benefit Package 719	**Enrolled Employees**		**22**	**22**	**23**	**23**	**23**	**23**	**23**	**24**	**24**	**23**	**23**	**24**	**23**
	Enrolled Members		**50**	**51**	**52**	**52**	**52**	**52**	**52**	**53**	**53**	**52**	**52**	**53**	**52**
	Claims	Inpatient	$111.20	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$358.83	$1,147.56	**$539.20**
		Outpatient	$6.69	$8.24	$6.22	$69.36	$2.42	$106.12	$47.80	$149.46	$115.88	$10.56	$21.66	$28.89	**$47.77**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$27.80	$0.00	$46.79	$0.00	$0.00	$0.00	$19.17	**$31.26**
		Prof Svcs	$90.20	$35.06	$38.76	$30.38	$15.08	$47.20	$54.62	$87.19	$76.49	$62.45	$76.45	$296.95	**$75.90**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$0.04	$0.00	$0.00	$6.85	$0.00	$4.70	$13.54	$14.21	$11.94	$17.10	$21.14	$9.39	**$10.99**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$208.12**	**$43.29**	**$44.98**	**$106.59**	**$17.51**	**$185.82**	**$115.96**	**$297.65**	**$204.31**	**$90.11**	**$478.08**	**$1,501.97**	**$274.53**
	Total Premiums		**$245.63**	**$240.81**	**$246.92**	**$246.92**	**$246.92**	**$246.92**	**$246.92**	**$252.79**	**$252.79**	**$246.92**	**$246.92**	**$252.79**	**$247.77**
Benefit Package 720	**Enrolled Employees**		**105**	**104**	**102**	**102**	**102**	**101**	**101**	**98**	**97**	**95**	**95**	**95**	**100**
	Enrolled Members		**206**	**205**	**204**	**203**	**202**	**199**	**199**	**193**	**192**	**190**	**190**	**190**	**198**
	Claims	Inpatient	$291.72	$270.27	$41.60	$4.85	$697.38	$2.24	$0.60	$671.79	$285.56	$44.84	$483.65	$1.20	**$232.97**
		Outpatient	$79.00	$157.01	$180.89	$76.64	$80.27	$98.37	$151.83	$149.92	$73.92	$161.55	$224.37	$125.17	**$129.91**
		ER	$71.57	$70.08	$58.71	$9.45	$60.74	$28.22	$6.43	$26.36	$17.06	$32.69	$28.84	$79.28	**$40.78**
		Prof Svcs	$195.59	$219.44	$190.42	$177.48	$287.90	$227.31	$252.11	$352.55	$213.59	$257.74	$290.99	$252.47	**$243.13**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.23	$1.04	$0.23	$0.58	**$0.52**
		Pharmacy	$109.64	$150.32	$187.02	$128.28	$135.55	$129.10	$150.06	$137.31	$176.55	$253.70	$256.30	$171.37	**$165.43**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$747.51**	**$867.12**	**$658.64**	**$396.69**	**$1,261.84**	**$485.23**	**$561.03**	**$1,337.93**	**$766.91**	**$751.55**	**$1,284.37**	**$630.08**	**$812.41**
	Total Premiums		**$681.37**	**$678.17**	**$668.39**	**$671.68**	**$675.01**	**$678.47**	**$678.47**	**$678.78**	**$675.35**	**$668.39**	**$668.39**	**$668.39**	**$674.24**

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Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 723	**Enrolled Employees**		**5**	**5**	**6**	**6**	**6**	**6**	**6**	**6**	**6**	**8**	**18**	**18**	**8**
	Enrolled Members		**5**	**5**	**7**	**7**	**7**	**7**	**7**	**7**	**8**	**10**	**22**	**22**	**10**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$19.59	$4.86	**$12.23**
		Outpatient	$0.00	$0.00	$25.64	$23.87	$0.00	$0.00	$0.00	$125.00	$474.04	$345.45	$4.73	$4.73	**$143.35**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs	$0.00	$181.24	$33.65	$79.79	$9.14	$0.00	$60.88	$146.11	$15.08	$0.00	$5.77	$25.22	**$61.88**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$0.00	$0.00	$0.39	$21.26	$0.00	$0.00	$0.39	$0.00	$20.89	$2.23	$4.08	$8.53	**$8.25**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$0.00**	**$181.24**	**$59.67**	**$124.93**	**$9.14**	**$0.00**	**$61.27**	**$271.11**	**$510.01**	**$347.68**	**$34.16**	**$43.34**	**$164.26**
	Total Premiums		**$663.77**	**$663.77**	**$568.94**	**$568.94**	**$568.94**	**$568.94**	**$568.94**	**$568.94**	**$497.82**	**$531.01**	**$554.02**	**$554.02**	**$573.17**
Benefit Package 724	**Enrolled Employees**		**25**	**25**	**24**	**25**	**26**	**26**	**27**	**27**	**27**	**30**	**42**	**43**	**29**
	Enrolled Members		**48**	**48**	**46**	**47**	**48**	**48**	**49**	**49**	**49**	**51**	**76**	**80**	**53**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$65.30	$217.30	$197.35	$367.90	$290.54	$0.50	$7.06	$52.84	$37.21	$22.74	$8.45	$0.65	**$105.65**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$3.71	$0.00	**$3.71**
		Prof Svcs	$67.71	$108.12	$167.24	$35.63	$50.36	$38.34	$49.69	$59.37	$41.22	$40.99	$52.17	$31.96	**$61.90**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$0.64	$1.63	$8.42	$2.87	$1.02	$9.33	$5.06	$7.36	$2.36	$4.77	$1.08	$5.60	**$4.18**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$133.66**	**$327.04**	**$373.01**	**$406.41**	**$341.92**	**$48.17**	**$61.81**	**$119.57**	**$80.79**	**$68.49**	**$65.42**	**$38.21**	**$172.04**
	Total Premiums		**$317.37**	**$317.37**	**$317.92**	**$324.12**	**$330.07**	**$330.07**	**$335.77**	**$335.77**	**$335.77**	**$358.44**	**$387.31**	**$376.70**	**$338.89**
Benefit Package 725	**Enrolled Employees**		**65**	**65**	**65**	**65**	**65**	**65**	**65**	**65**	**65**	**62**			**65**
	Enrolled Members		**103**	**103**	**103**	**103**	**103**	**103**	**102**	**103**	**102**	**99**			**102**
	Claims	Inpatient	$205.91	$0.00	$1,052.49	$4,010.29	$1,168.27	$273.88	$234.10	$490.50	$322.59	$0.00			**$969.75**
		Outpatient	$133.20	$228.51	$305.07	$527.29	$581.71	$484.91	$740.99	$592.72	$351.69	$196.56			**$414.27**
		ER	$41.89	$26.21	$0.00	$42.23	$23.30	$18.54	$5.49	$0.00	$30.39	$75.49			**$32.94**
		Prof Svcs	$260.40	$372.87	$393.85	$496.41	$501.22	$320.48	$478.49	$472.97	$302.83	$346.71			**$394.62**
		Other	$0.10	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.10**
		Pharmacy	$36.02	$19.81	$41.60	$42.77	$55.69	$54.83	$69.35	$61.57	$35.31	$44.25			**$46.12**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$677.51**	**$647.41**	**$1,793.02**	**$5,119.00**	**$2,330.19**	**$1,152.64**	**$1,528.43**	**$1,617.76**	**$1,042.81**	**$663.01**			**$1,657.18**
	Total Premiums		**$743.25**	**$743.25**	**$743.25**	**$743.25**	**$743.25**	**$743.25**	**$750.54**	**$743.25**	**$750.54**	**$737.59**			**$744.14**
Benefit Package 726	**Enrolled Employees**		**47**	**47**	**47**	**46**	**46**	**45**	**45**	**45**	**45**	**44**			**46**
	Enrolled Members		**63**	**63**	**63**	**62**	**62**	**61**	**61**	**60**	**60**	**59**			**61**
	Claims	Inpatient	$474.70	$0.32	$1.90	$1.61	$1,460.25	$0.00	$0.00	$0.00	$0.00	$0.00			**$387.76**
		Outpatient	$51.84	$30.39	$55.52	$553.41	$988.35	$308.87	$53.76	$6.27	$47.64	$29.04			**$212.51**
		ER	$0.00	$0.00	$0.00	$0.00	$52.34	$0.00	$10.55	$0.00	$0.00	$0.00			**$31.45**
		Prof Svcs	$146.81	$147.77	$114.01	$102.49	$373.63	$166.24	$167.25	$97.63	$129.41	$183.44			**$162.87**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1.27			**$1.27**
		Pharmacy	$250.35	$643.86	$647.14	$252.85	$171.08	$103.27	$233.38	$184.92	$223.37	$195.20			**$290.54**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$923.69**	**$822.34**	**$818.57**	**$910.36**	**$3,045.65**	**$578.37**	**$464.94**	**$288.81**	**$400.42**	**$408.95**			**$866.21**
	Total Premiums		**$713.93**	**$713.93**	**$713.93**	**$710.01**	**$710.01**	**$705.96**	**$705.96**	**$717.73**	**$717.73**	**$713.67**			**$712.28**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9h
Experience Reports by Benefit Package — Per Member Per Month
Calendar Year 2015

Benefit Package	Category	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 730	**Enrolled Employees**		**169**	**169**	**169**	**169**	**169**	**168**	**168**	**168**	**168**	**162**	**190**	**190**	**172**
	Enrolled Members		**271**	**270**	**270**	**270**	**270**	**265**	**265**	**265**	**265**	**249**	**293**	**293**	**271**
	Claims	Inpatient	$15.07	$0.00	$164.38	$23.25	$76.96	$0.00	$191.40	$0.30	$16.18	$0.00	$0.89	$0.00	**$61.05**
		Outpatient	$28.37	$62.02	$40.28	$168.70	$164.10	$57.95	$72.03	$74.03	$36.73	$136.29	$125.97	$203.23	**$97.48**
		ER	$1.43	$23.43	$0.00	$54.32	$0.00	$0.00	$18.01	$27.43	$22.09	$2.17	$2.73	$10.40	**$18.00**
		Prof Svcs	$109.73	$111.97	$132.60	$170.50	$132.52	$101.63	$176.85	$131.54	$106.71	$115.69	$164.49	$119.02	**$131.10**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.11	$0.10	$0.51	$0.09	**$0.20**
		Pharmacy	$49.94	$49.82	$66.52	$61.82	$47.58	$70.54	$99.94	$47.86	$84.63	$70.59	$69.66	$70.98	**$65.82**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$204.54**	**$247.25**	**$403.78**	**$478.59**	**$421.16**	**$230.12**	**$558.23**	**$281.16**	**$266.45**	**$324.83**	**$364.25**	**$403.72**	**$348.67**
	Total Premiums		**$653.47**	**$655.89**	**$655.89**	**$655.89**	**$655.89**	**$664.31**	**$664.31**	**$664.31**	**$664.31**	**$681.75**	**$679.51**	**$679.51**	**$664.59**
Benefit Package 731	**Enrolled Employees**		**158**	**158**	**156**	**154**	**152**	**152**	**151**	**152**	**152**	**150**	**163**	**162**	**155**
	Enrolled Members		**230**	**230**	**227**	**224**	**221**	**220**	**218**	**217**	**214**	**214**	**226**	**225**	**222**
	Claims	Inpatient	$0.00	$165.15	$136.62	$44.78	$0.00	$0.00	$772.30	$0.00	$0.00	$0.00	$0.00	$206.58	**$265.09**
		Outpatient	$57.20	$43.75	$20.96	$60.33	$72.66	$84.44	$33.80	$34.68	$109.63	$67.10	$143.98	$141.72	**$72.52**
		ER	$0.00	$24.45	$22.45	$27.62	$26.96	$1.83	$22.16	$0.00	$33.07	$21.81	$18.22	$41.35	**$23.99**
		Prof Svcs	$174.10	$202.19	$185.76	$155.50	$120.46	$105.39	$192.64	$127.36	$124.69	$107.74	$101.43	$175.08	**$147.69**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.06	$1.08	$0.11	**$0.42**
		Pharmacy	$88.01	$74.86	$74.50	$109.47	$54.08	$78.28	$64.57	$108.82	$37.49	$106.70	$111.30	$123.09	**$85.93**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$319.30**	**$510.41**	**$440.29**	**$397.69**	**$274.16**	**$269.94**	**$1,085.47**	**$270.86**	**$304.88**	**$303.41**	**$376.01**	**$687.93**	**$436.70**
	Total Premiums		**$633.59**	**$633.59**	**$633.83**	**$634.09**	**$634.35**	**$637.23**	**$638.85**	**$646.04**	**$655.10**	**$646.48**	**$665.20**	**$664.06**	**$643.53**
Grand Total	**Enrolled Employees**		**106,225**	**106,249**	**106,342**	**106,336**	**106,358**	**106,276**	**106,109**	**105,766**	**105,618**	**105,466**	**103,505**	**103,761**	**105,668**
	Enrolled Members		**200,647**	**200,505**	**200,538**	**200,305**	**200,328**	**200,094**	**199,804**	**199,259**	**198,908**	**198,755**	**194,456**	**194,653**	**199,021**
	Claims	Inpatient	$72.41	$73.89	$89.14	$84.90	$80.85	$108.51	$98.28	$99.03	$82.80	$77.32	$79.52	$88.27	**$86.24**
		Outpatient	$74.75	$73.63	$78.64	$79.09	$78.57	$92.54	$102.42	$95.04	$81.82	$89.64	$73.59	$90.32	**$84.17**
		ER	$13.81	$12.83	$16.43	$16.30	$15.57	$15.98	$15.63	$16.01	$15.29	$16.69	$14.62	$15.69	**$15.40**
		Prof Svcs	$111.78	$106.46	$116.04	$121.89	$115.42	$126.38	$145.13	$143.79	$122.61	$128.44	$106.63	$122.82	**$122.28**
		Other	$26.08	$25.87	$26.88	$28.46	$27.24	$27.95	$31.78	$32.27	$30.06	$31.70	$27.02	$29.85	**$28.76**
		Pharmacy	$74.50	$71.27	$81.27	$77.26	$76.87	$83.65	$83.74	$86.28	$81.41	$80.16	$78.81	$83.19	**$79.87**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$373.33**	**$363.96**	**$408.41**	**$407.90**	**$394.52**	**$455.02**	**$476.98**	**$472.43**	**$413.99**	**$423.96**	**$380.19**	**$430.14**	**$416.74**
	Total Premiums		**$457.73**	**$458.43**	**$462.78**	**$462.87**	**$462.81**	**$465.61**	**$462.84**	**$464.29**	**$465.24**	**$461.79**	**$479.72**	**$478.35**	**$465.20**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A10
List of Large Claims by Claimant

Plan Year Ending in 2015

Claimant	Major Diagnosis Category	Paid Amount
1	Neoplasms (140-239)	$1,433,421
2	Neoplasms (140-239)	$1,353,285
3	Injury and Poisoning (800-999)	$1,093,151
4	Diseases of the Genitourinary System (580-629)	$1,032,839
5	Neoplasms (140-239)	$934,672
6	e000-e999 Supp. Class of external causes injury/poisoning	$882,061
7	Diseases of the Genitourinary System (580-629)	$859,841
8	Diseases of the Genitourinary System (580-629)	$850,764
9	Diseases of the Blood and Blood-Forming Organs (280-289)	$787,658
10	Diseases of the Genitourinary System (580-629)	$765,941
11	Diseases of the Circulatory System (390-459)	$758,866
12	Injury and Poisoning (800-999)	$758,434
13	Congenital Anomalies (740-759)	$750,357
14	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$748,261
15	Injury and Poisoning (800-999)	$714,951
16	Diseases of the Digestive System (520-579)	$700,521
17	Diseases of the Genitourinary System (580-629)	$675,125
18	Neoplasms (140-239)	$666,311
19	Infectious and Parasitic Diseases (001-139)	$664,995
20	Infectious and Parasitic Diseases (001-139)	$644,261
21	Diseases of the Respiratory System (460-519)	$635,398
22	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$618,107
23	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$598,644
24	Diseases of the Genitourinary System (580-629)	$597,374
25	Neoplasms (140-239)	$593,754
26	Diseases of the Genitourinary System (580-629)	$582,191
27	e000-e999 Supp. Class of external causes injury/poisoning	$552,094
28	Diseases of the Genitourinary System (580-629)	$546,335
29	Infectious and Parasitic Diseases (001-139)	$544,594
30	Diseases of the Genitourinary System (580-629)	$535,825
31	Diseases of the Circulatory System (390-459)	$520,914
32	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$504,957

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A10
List of Large Claims by Claimant

Plan Year Ending in 2015

Claimant	Major Diagnosis Category	Paid Amount
33	Diseases of the Nervous System and Sense Organs (320-389)	$502,578
34	Neoplasms (140-239)	$500,811
35	Diseases of the Circulatory System (390-459)	$488,939
36	Neoplasms (140-239)	$475,005
37	Neoplasms (140-239)	$472,420
38	Neoplasms (140-239)	$471,888
39	Infectious and Parasitic Diseases (001-139)	$471,866
40	Diseases of the Genitourinary System (580-629)	$470,167
41	Neoplasms (140-239)	$469,656
42	Diseases of the Digestive System (520-579)	$468,422
43	Diseases of the Blood and Blood-Forming Organs (280-289)	$467,933
44	Diseases of the Digestive System (520-579)	$466,424
45	Diseases of the Genitourinary System (580-629)	$459,388
46	Injury and Poisoning (800-999)	$457,403
47	Infectious and Parasitic Diseases (001-139)	$452,888
48	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$449,611
49	Diseases of the Respiratory System (460-519)	$444,036
50	Mental Disorders (290-319)	$441,159
51	Diseases of the Respiratory System (460-519)	$434,895
52	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$433,048
53	Diseases of the Digestive System (520-579)	$432,577
54	Diseases of the Genitourinary System (580-629)	$423,393
55	Mental Disorders (290-319)	$416,214
56	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$415,389
57	Neoplasms (140-239)	$413,895
58	Injury and Poisoning (800-999)	$412,407
59	Infectious and Parasitic Diseases (001-139)	$405,103
60	Congenital Anomalies (740-759)	$400,987
61	Neoplasms (140-239)	$400,232
62	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$394,124
63	Infectious and Parasitic Diseases (001-139)	$393,737
64	Diseases of the Circulatory System (390-459)	$391,920

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A10
List of Large Claims by Claimant

Plan Year Ending in 2015

Claimant	Major Diagnosis Category	Paid Amount
65	Injury and Poisoning (800-999)	$388,063
66	Neoplasms (140-239)	$380,869
67	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$374,545
68	Diseases of the Genitourinary System (580-629)	$368,388
69	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$367,579
70	Neoplasms (140-239)	$365,064
71	Diseases of the Digestive System (520-579)	$357,259
72	Neoplasms (140-239)	$354,327
73	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$353,731
74	e000-e999 Supp. Class of external causes injury/poisoning	$352,604
75	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$349,372
76	Neoplasms (140-239)	$347,503
77	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$342,939
78	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$341,063
79	Neoplasms (140-239)	$338,733
80	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$338,471
81	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$338,069
82	e000-e999 Supp. Class of external causes injury/poisoning	$336,577
83	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$336,434
84	Diseases of the Genitourinary System (580-629)	$334,081
85	Diseases of the Circulatory System (390-459)	$333,321
86	Symptoms, Signs, and Ill-Defined Conditions (780-799)	$331,702
87	e000-e999 Supp. Class of external causes injury/poisoning	$330,613
88	Neoplasms (140-239)	$327,802
89	Neoplasms (140-239)	$326,786
90	Neoplasms (140-239)	$326,277
91	Injury and Poisoning (800-999)	$324,586
92	Neoplasms (140-239)	$323,473
93	Injury and Poisoning (800-999)	$323,142
94	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$322,532
95	Diseases of the Blood and Blood-Forming Organs (280-289)	$322,093
96	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$320,996

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A10
List of Large Claims by Claimant

Plan Year Ending in 2015

Claimant	Major Diagnosis Category	Paid Amount
97	Diseases of the Circulatory System (390-459)	$320,914
98	Diseases of the Genitourinary System (580-629)	$318,429
99	Injury and Poisoning (800-999)	$316,306
100	Neoplasms (140-239)	$315,510
101	Neoplasms (140-239)	$312,632
102	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$311,170
103	Neoplasms (140-239)	$306,603
104	Neoplasms (140-239)	$304,217
105	Neoplasms (140-239)	$302,882
106	Mental Disorders (290-319)	$301,961
107	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$300,518
108	Neoplasms (140-239)	$298,478
109	Diseases of the Circulatory System (390-459)	$297,623
110	Diseases of the Circulatory System (390-459)	$297,205
111	Diseases of the Circulatory System (390-459)	$297,146
112	Neoplasms (140-239)	$296,198
113	Neoplasms (140-239)	$296,107
114	Neoplasms (140-239)	$295,354
115	e000-e999 Supp. Class of external causes injury/poisoning	$294,384
116	Infectious and Parasitic Diseases (001-139)	$292,374
117	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$290,786
118	Injury and Poisoning (800-999)	$289,832
119	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$288,039
120	Diseases of the Genitourinary System (580-629)	$287,839
121	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$287,804
122	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$287,546
123	Diseases of the Blood and Blood-Forming Organs (280-289)	$286,084
124	Diseases of the Respiratory System (460-519)	$284,923
125	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$284,420
126	Neoplasms (140-239)	$282,101
127	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$279,746
128	Neoplasms (140-239)	$279,551

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A10
List of Large Claims by Claimant

Plan Year Ending in 2015

Claimant	Major Diagnosis Category	Paid Amount
129	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$278,901
130	Mental Disorders (290-319)	$278,051
131	Diseases of the Genitourinary System (580-629)	$277,789
132	Neoplasms (140-239)	$277,665
133	Neoplasms (140-239)	$275,437
134	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$275,260
135	Diseases of the Nervous System and Sense Organs (320-389)	$273,575
136	Neoplasms (140-239)	$272,660
137	Infectious and Parasitic Diseases (001-139)	$272,433
138	Diseases of the Digestive System (520-579)	$272,251
139	Diseases of the Circulatory System (390-459)	$271,956
140	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$271,274
141	Diseases of the Digestive System (520-579)	$270,953
142	Diseases of the Blood and Blood-Forming Organs (280-289)	$270,795
143	e000-e999 Supp. Class of external causes injury/poisoning	$270,584
144	Injury and Poisoning (800-999)	$269,066
145	Neoplasms (140-239)	$268,559
146	Mental Disorders (290-319)	$268,346
147	Diseases of the Genitourinary System (580-629)	$268,146
148	Diseases of the Genitourinary System (580-629)	$266,134
149	Mental Disorders (290-319)	$265,608
150	Symptoms, Signs, and Ill-Defined Conditions (780-799)	$265,292
151	Diseases of the Circulatory System (390-459)	$264,992
152	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$264,190
153	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$263,839
154	Diseases of the Circulatory System (390-459)	$263,386
155	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$262,693
156	Neoplasms (140-239)	$262,199
157	Diseases of the Genitourinary System (580-629)	$261,879
158	Neoplasms (140-239)	$261,593
159	Diseases of the Circulatory System (390-459)	$260,212
160	Diseases of the Circulatory System (390-459)	$260,208

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Plan Year Ending in 2015

Claimant	Major Diagnosis Category	Paid Amount
161	Neoplasms (140-239)	$259,326
162	Injury and Poisoning (800-999)	$258,920
163	Neoplasms (140-239)	$257,705
164	Neoplasms (140-239)	$257,326
165	Symptoms, Signs, and Ill-Defined Conditions (780-799)	$256,792
166	Infectious and Parasitic Diseases (001-139)	$255,884
167	Neoplasms (140-239)	$255,761
168	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$255,262
169	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$254,934
170	Diseases of the Respiratory System (460-519)	$254,646
171	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$254,434
172	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$254,288
173	Congenital Anomalies (740-759)	$251,542
174	Neoplasms (140-239)	$251,479
175	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$251,325
176	Infectious and Parasitic Diseases (001-139)	$251,097
177	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$249,373
178	Neoplasms (140-239)	$248,390
179	Injury and Poisoning (800-999)	$247,262
180	Neoplasms (140-239)	$246,329
181	Neoplasms (140-239)	$246,279
182	Diseases of the Genitourinary System (580-629)	$245,485
183	Diseases of the Circulatory System (390-459)	$245,390
184	Diseases of the Circulatory System (390-459)	$244,219
185	Neoplasms (140-239)	$244,093
186	Infectious and Parasitic Diseases (001-139)	$243,916
187	Diseases of the Digestive System (520-579)	$243,522
188	Injury and Poisoning (800-999)	$241,010
189	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$240,450
190	e000-e999 Supp. Class of external causes injury/poisoning	$239,958
191	Diseases of the Circulatory System (390-459)	$238,057
192	Neoplasms (140-239)	$238,045

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Claimant	Major Diagnosis Category	Paid Amount
193	Diseases of the Digestive System (520-579)	$236,436
194	Injury and Poisoning (800-999)	$235,572
195	Neoplasms (140-239)	$235,547
196	Diseases of the Genitourinary System (580-629)	$232,838
197	Diseases of the Genitourinary System (580-629)	$232,203
198	Injury and Poisoning (800-999)	$231,690
199	Neoplasms (140-239)	$230,906
200	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$230,337
201	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$229,932
202	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$229,861
203	Diseases of the Genitourinary System (580-629)	$229,051
204	Neoplasms (140-239)	$229,040
205	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$228,987
206	Diseases of the Skin and Subcutaneous Tissue (680-709)	$228,394
207	Infectious and Parasitic Diseases (001-139)	$228,017
208	Congenital Anomalies (740-759)	$227,695
209	Congenital Anomalies (740-759)	$227,570
210	Neoplasms (140-239)	$226,464
211	Mental Disorders (290-319)	$225,806
212	Diseases of the Nervous System and Sense Organs (320-389)	$225,064
213	Neoplasms (140-239)	$222,465
214	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$222,348
215	Diseases of the Blood and Blood-Forming Organs (280-289)	$221,861
216	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$221,820
217	Neoplasms (140-239)	$221,127
218	Diseases of the Respiratory System (460-519)	$220,719
219	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$219,733
220	Diseases of the Nervous System and Sense Organs (320-389)	$219,516
221	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$218,708
222	Mental Disorders (290-319)	$218,579
223	e000-e999 Supp. Class of external causes injury/poisoning	$217,982
224	Infectious and Parasitic Diseases (001-139)	$217,937

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Claimant	Major Diagnosis Category	Paid Amount
225	e000-e999 Supp. Class of external causes injury/poisoning	$217,355
226	Neoplasms (140-239)	$217,046
227	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$216,704
228	Diseases of the Digestive System (520-579)	$216,345
229	Neoplasms (140-239)	$216,316
230	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$215,390
231	Injury and Poisoning (800-999)	$215,335
232	Symptoms, Signs, and Ill-Defined Conditions (780-799)	$215,233
233	Diseases of the Blood and Blood-Forming Organs (280-289)	$214,603
234	Diseases of the Circulatory System (390-459)	$214,540
235	Diseases of the Blood and Blood-Forming Organs (280-289)	$214,533
236	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$214,388
237	Diseases of the Circulatory System (390-459)	$213,846
238	Injury and Poisoning (800-999)	$211,956
239	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$211,820
240	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$211,745
241	Injury and Poisoning (800-999)	$211,539
242	Injury and Poisoning (800-999)	$211,220
243	Diseases of the Blood and Blood-Forming Organs (280-289)	$210,707
244	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$210,682
245	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$210,502
246	Neoplasms (140-239)	$209,804
247	Injury and Poisoning (800-999)	$209,799
248	Neoplasms (140-239)	$209,675
249	Diseases of the Digestive System (520-579)	$209,172
250	Neoplasms (140-239)	$208,714
251	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$208,401
252	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$208,338
253	Symptoms, Signs, and Ill-Defined Conditions (780-799)	$207,872
254	Injury and Poisoning (800-999)	$207,699
255	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$207,626
256	Injury and Poisoning (800-999)	$207,185

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Claimant	Major Diagnosis Category	Paid Amount
257	Diseases of the Circulatory System (390-459)	$207,090
258	Diseases of the Circulatory System (390-459)	$206,949
259	Diseases of the Genitourinary System (580-629)	$206,815
260	Neoplasms (140-239)	$206,654
261	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$205,922
262	Neoplasms (140-239)	$204,992
263	Neoplasms (140-239)	$204,952
264	Diseases of the Circulatory System (390-459)	$204,869
265	Diseases of the Digestive System (520-579)	$204,717
266	Diseases of the Genitourinary System (580-629)	$204,675
267	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$204,106
268	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$203,100
269	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$203,056
270	Injury and Poisoning (800-999)	$202,969
271	Neoplasms (140-239)	$202,627
272	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$202,441
273	Diseases of the Circulatory System (390-459)	$201,458
274	Injury and Poisoning (800-999)	$201,226
275	Diseases of the Nervous System and Sense Organs (320-389)	$201,111
276	e000-e999 Supp. Class of external causes injury/poisoning	$201,027
277	Diseases of the Circulatory System (390-459)	$199,886
278	Diseases of the Circulatory System (390-459)	$199,825
279	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$198,449
280	Injury and Poisoning (800-999)	$197,652
281	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$197,626
282	Neoplasms (140-239)	$197,403
283	Diseases of the Digestive System (520-579)	$197,368
284	Diseases of the Nervous System and Sense Organs (320-389)	$197,062
285	Neoplasms (140-239)	$197,036
286	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$196,634
287	Diseases of the Circulatory System (390-459)	$196,533
288	Diseases of the Nervous System and Sense Organs (320-389)	$195,992

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List of Large Claims by Claimant

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Claimant	Major Diagnosis Category	Paid Amount
289	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$195,843
290	Diseases of the Genitourinary System (580-629)	$195,601
291	Neoplasms (140-239)	$195,141
292	Neoplasms (140-239)	$194,748
293	Diseases of the Nervous System and Sense Organs (320-389)	$194,480
294	Mental Disorders (290-319)	$193,317
295	Neoplasms (140-239)	$193,263
296	Infectious and Parasitic Diseases (001-139)	$193,099
297	Diseases of the Circulatory System (390-459)	$192,233
298	e000-e999 Supp. Class of external causes injury/poisoning	$192,055
299	Diseases of the Circulatory System (390-459)	$191,984
300	Neoplasms (140-239)	$191,455
301	Neoplasms (140-239)	$191,318
302	Infectious and Parasitic Diseases (001-139)	$191,270
303	Neoplasms (140-239)	$190,875
304	Diseases of the Circulatory System (390-459)	$190,751
305	Diseases of the Circulatory System (390-459)	$190,460
306	Injury and Poisoning (800-999)	$190,028
307	Congenital Anomalies (740-759)	$189,108
308	Neoplasms (140-239)	$188,644
309	Neoplasms (140-239)	$188,164
310	Neoplasms (140-239)	$188,129
311	Diseases of the Circulatory System (390-459)	$188,054
312	Neoplasms (140-239)	$187,333
313	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$187,135
314	Neoplasms (140-239)	$186,245
315	Neoplasms (140-239)	$186,168
316	Neoplasms (140-239)	$186,078
317	Diseases of the Genitourinary System (580-629)	$185,293
318	Neoplasms (140-239)	$184,241
319	Diseases of the Digestive System (520-579)	$184,202
320	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$184,024

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Claimant	Major Diagnosis Category	Paid Amount
321	Neoplasms (140-239)	$182,886
322	Injury and Poisoning (800-999)	$182,641
323	Injury and Poisoning (800-999)	$182,532
324	Complications of Pregnancy, Childbirth, and the Puerperium (630-679)	$181,676
325	Diseases of the Blood and Blood-Forming Organs (280-289)	$181,651
326	Diseases of the Circulatory System (390-459)	$181,508
327	Injury and Poisoning (800-999)	$181,382
328	Diseases of the Circulatory System (390-459)	$181,271
329	Neoplasms (140-239)	$180,792
330	Neoplasms (140-239)	$179,231
331	Injury and Poisoning (800-999)	$179,216
332	Diseases of the Circulatory System (390-459)	$179,168
333	Mental Disorders (290-319)	$178,563
334	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$177,383
335	Mental Disorders (290-319)	$177,317
336	Congenital Anomalies (740-759)	$177,226
337	Mental Disorders (290-319)	$176,811
338	Infectious and Parasitic Diseases (001-139)	$176,751
339	Diseases of the Nervous System and Sense Organs (320-389)	$175,707
340	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$175,366
341	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$175,010
342	Infectious and Parasitic Diseases (001-139)	$174,712
343	Diseases of the Circulatory System (390-459)	$174,596
344	e000-e999 Supp. Class of external causes injury/poisoning	$174,532
345	Diseases of the Circulatory System (390-459)	$174,312
346	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$174,166
347	Neoplasms (140-239)	$174,074
348	Injury and Poisoning (800-999)	$173,566
349	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$173,538
350	Diseases of the Nervous System and Sense Organs (320-389)	$173,450
351	Neoplasms (140-239)	$173,433
352	Diseases of the Circulatory System (390-459)	$173,018

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Claimant	Major Diagnosis Category	Paid Amount
353	e000-e999 Supp. Class of external causes injury/poisoning	$172,457
354	Neoplasms (140-239)	$172,169
355	Congenital Anomalies (740-759)	$172,164
356	Diseases of the Circulatory System (390-459)	$171,901
357	Injury and Poisoning (800-999)	$171,768
358	Neoplasms (140-239)	$171,565
359	e000-e999 Supp. Class of external causes injury/poisoning	$170,204
360	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$169,160
361	Neoplasms (140-239)	$168,990
362	Neoplasms (140-239)	$168,389
363	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$168,035
364	Diseases of the Nervous System and Sense Organs (320-389)	$167,924
365	Neoplasms (140-239)	$167,808
366	Diseases of the Circulatory System (390-459)	$167,644
367	Congenital Anomalies (740-759)	$167,465
368	Neoplasms (140-239)	$167,464
369	Diseases of the Genitourinary System (580-629)	$167,003
370	Neoplasms (140-239)	$166,711
371	Neoplasms (140-239)	$165,763
372	Diseases of the Digestive System (520-579)	$165,700
373	Diseases of the Blood and Blood-Forming Organs (280-289)	$165,523
374	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$165,465
375	Diseases of the Circulatory System (390-459)	$164,703
376	Neoplasms (140-239)	$164,461
377	Diseases of the Skin and Subcutaneous Tissue (680-709)	$164,216
378	Mental Disorders (290-319)	$164,012
379	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$163,853
380	Neoplasms (140-239)	$163,655
381	e000-e999 Supp. Class of external causes injury/poisoning	$163,318
382	Neoplasms (140-239)	$162,748
383	Diseases of the Circulatory System (390-459)	$162,729
384	Diseases of the Circulatory System (390-459)	$162,245

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Claimant	Major Diagnosis Category	Paid Amount
385	Diseases of the Nervous System and Sense Organs (320-389)	$162,032
386	Neoplasms (140-239)	$161,347
387	Diseases of the Blood and Blood-Forming Organs (280-289)	$161,259
388	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$160,716
389	Diseases of the Circulatory System (390-459)	$160,706
390	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$160,438
391	Neoplasms (140-239)	$160,364
392	Infectious and Parasitic Diseases (001-139)	$160,181
393	Infectious and Parasitic Diseases (001-139)	$160,068
394	e000-e999 Supp. Class of external causes injury/poisoning	$160,003
395	e000-e999 Supp. Class of external causes injury/poisoning	$159,929
396	e000-e999 Supp. Class of external causes injury/poisoning	$159,231
397	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$158,974
398	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$158,901
399	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$158,852
400	Neoplasms (140-239)	$158,722
401	Injury and Poisoning (800-999)	$158,014
402	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$157,983
403	Neoplasms (140-239)	$157,826
404	Neoplasms (140-239)	$157,824
405	Symptoms, Signs, and Ill-Defined Conditions (780-799)	$157,760
406	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$157,323
407	e000-e999 Supp. Class of external causes injury/poisoning	$157,145
408	Diseases of the Circulatory System (390-459)	$157,104
409	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$157,071
410	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$156,865
411	Diseases of the Circulatory System (390-459)	$156,610
412	Diseases of the Circulatory System (390-459)	$156,564
413	Neoplasms (140-239)	$154,642
414	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$154,626
415	Diseases of the Circulatory System (390-459)	$154,618
416	Neoplasms (140-239)	$154,088

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Claimant	Major Diagnosis Category	Paid Amount
417	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$153,949
418	e000-e999 Supp. Class of external causes injury/poisoning	$153,933
419	Symptoms, Signs, and Ill-Defined Conditions (780-799)	$153,737
420	Diseases of the Circulatory System (390-459)	$153,428
421	Diseases of the Circulatory System (390-459)	$153,414
422	Diseases of the Digestive System (520-579)	$153,311
423	Diseases of the Genitourinary System (580-629)	$152,689
424	Diseases of the Respiratory System (460-519)	$152,488
425	Diseases of the Digestive System (520-579)	$152,421
426	Diseases of the Nervous System and Sense Organs (320-389)	$152,415
427	Congenital Anomalies (740-759)	$152,219
428	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$152,104
429	Diseases of the Skin and Subcutaneous Tissue (680-709)	$152,066
430	Neoplasms (140-239)	$152,011
431	Neoplasms (140-239)	$151,871
432	Neoplasms (140-239)	$151,694
433	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$151,573
434	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$151,221
435	Diseases of the Circulatory System (390-459)	$151,177
436	Infectious and Parasitic Diseases (001-139)	$151,130
437	Mental Disorders (290-319)	$151,038
438	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$150,859
439	Neoplasms (140-239)	$150,802
440	Neoplasms (140-239)	$150,626
441	Neoplasms (140-239)	$150,568
442	Injury and Poisoning (800-999)	$150,559
443	Neoplasms (140-239)	$150,467
444	Diseases of the Circulatory System (390-459)	$150,452
445	Mental Disorders (290-319)	$150,423
446	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$150,194
447	Neoplasms (140-239)	$150,189
448	Congenital Anomalies (740-759)	$150,082

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Claimant	Major Diagnosis Category	Paid Amount
449	Neoplasms (140-239)	$149,800
450	Neoplasms (140-239)	$149,717
451	e000-e999 Supp. Class of external causes injury/poisoning	$149,666
452	Neoplasms (140-239)	$149,558
453	Complications of Pregnancy, Childbirth, and the Puerperium (630-679)	$149,474
454	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$149,153
455	Neoplasms (140-239)	$149,135
456	Diseases of the Circulatory System (390-459)	$149,084
457	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$148,721
458	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$148,645
459	Mental Disorders (290-319)	$148,421
460	Neoplasms (140-239)	$148,380
461	Congenital Anomalies (740-759)	$148,303
462	Diseases of the Circulatory System (390-459)	$148,169
463	Diseases of the Digestive System (520-579)	$147,930
464	Diseases of the Circulatory System (390-459)	$147,710
465	Injury and Poisoning (800-999)	$147,615
466	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$147,568
467	Injury and Poisoning (800-999)	$147,375
468	Diseases of the Circulatory System (390-459)	$147,165
469	Diseases of the Circulatory System (390-459)	$147,125
470	Neoplasms (140-239)	$146,621
471	Diseases of the Genitourinary System (580-629)	$146,487
472	Diseases of the Blood and Blood-Forming Organs (280-289)	$146,169
473	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$146,051
474	Injury and Poisoning (800-999)	$145,829
475	Diseases of the Circulatory System (390-459)	$145,515
476	Diseases of the Circulatory System (390-459)	$145,399
477	Diseases of the Digestive System (520-579)	$145,309
478	Mental Disorders (290-319)	$145,197
479	Mental Disorders (290-319)	$144,823
480	Diseases of the Circulatory System (390-459)	$144,591

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Claimant	Major Diagnosis Category	Paid Amount
481	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$144,541
482	Congenital Anomalies (740-759)	$144,528
483	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$144,521
484	Mental Disorders (290-319)	$144,486
485	Diseases of the Circulatory System (390-459)	$144,157
486	Diseases of the Nervous System and Sense Organs (320-389)	$143,957
487	Neoplasms (140-239)	$143,575
488	Neoplasms (140-239)	$143,382
489	Diseases of the Nervous System and Sense Organs (320-389)	$143,312
490	Complications of Pregnancy, Childbirth, and the Puerperium (630-679)	$143,239
491	Neoplasms (140-239)	$143,216
492	Diseases of the Circulatory System (390-459)	$143,164
493	Injury and Poisoning (800-999)	$143,042
494	Diseases of the Nervous System and Sense Organs (320-389)	$142,933
495	Diseases of the Genitourinary System (580-629)	$142,903
496	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$142,883
497	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$142,659
498	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$141,866
499	Mental Disorders (290-319)	$141,826
500	Diseases of the Circulatory System (390-459)	$141,661
501	Infectious and Parasitic Diseases (001-139)	$141,660
502	Mental Disorders (290-319)	$141,487
503	Neoplasms (140-239)	$141,385
504	Diseases of the Respiratory System (460-519)	$141,107
505	Mental Disorders (290-319)	$141,045
506	Neoplasms (140-239)	$140,716
507	Diseases of the Digestive System (520-579)	$140,664
508	Diseases of the Nervous System and Sense Organs (320-389)	$139,986
509	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$139,323
510	Injury and Poisoning (800-999)	$139,118
511	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$139,018
512	Infectious and Parasitic Diseases (001-139)	$138,827

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Claimant	Major Diagnosis Category	Paid Amount
513	Injury and Poisoning (800-999)	$138,180
514	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$138,114
515	Infectious and Parasitic Diseases (001-139)	$137,912
516	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$137,534
517	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$137,523
518	Neoplasms (140-239)	$137,396
519	Neoplasms (140-239)	$137,337
520	Diseases of the Skin and Subcutaneous Tissue (680-709)	$137,106
521	Diseases of the Respiratory System (460-519)	$136,990
522	Neoplasms (140-239)	$136,956
523	Neoplasms (140-239)	$136,940
524	Neoplasms (140-239)	$136,747
525	Diseases of the Genitourinary System (580-629)	$136,578
526	Neoplasms (140-239)	$136,535
527	Neoplasms (140-239)	$136,431
528	Injury and Poisoning (800-999)	$135,894
529	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$135,678
530	Neoplasms (140-239)	$135,397
531	Neoplasms (140-239)	$135,288
532	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$134,624
533	Neoplasms (140-239)	$134,560
534	Diseases of the Nervous System and Sense Organs (320-389)	$134,424
535	Neoplasms (140-239)	$134,306
536	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$134,294
537	Diseases of the Genitourinary System (580-629)	$133,868
538	Congenital Anomalies (740-759)	$133,501
539	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$133,417
540	Diseases of the Nervous System and Sense Organs (320-389)	$133,348
541	Neoplasms (140-239)	$133,325
542	Diseases of the Respiratory System (460-519)	$133,276
543	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$132,371
544	Neoplasms (140-239)	$132,331

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Claimant	Major Diagnosis Category	Paid Amount
545	Diseases of the Circulatory System (390-459)	$132,241
546	e000-e999 Supp. Class of external causes injury/poisoning	$132,024
547	Congenital Anomalies (740-759)	$131,585
548	Infectious and Parasitic Diseases (001-139)	$131,518
549	Neoplasms (140-239)	$131,407
550	Complications of Pregnancy, Childbirth, and the Puerperium (630-679)	$131,314
551	Neoplasms (140-239)	$131,208
552	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$131,134
553	Congenital Anomalies (740-759)	$131,077
554	Diseases of the Circulatory System (390-459)	$130,855
555	Diseases of the Digestive System (520-579)	$130,583
556	Neoplasms (140-239)	$130,309
557	Infectious and Parasitic Diseases (001-139)	$130,228
558	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$130,180
559	Neoplasms (140-239)	$130,116
560	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$129,979
561	Injury and Poisoning (800-999)	$129,745
562	Diseases of the Circulatory System (390-459)	$129,454
563	Injury and Poisoning (800-999)	$129,221
564	Neoplasms (140-239)	$128,551
565	Neoplasms (140-239)	$128,370
566	Diseases of the Nervous System and Sense Organs (320-389)	$128,125
567	Neoplasms (140-239)	$128,100
568	Diseases of the Digestive System (520-579)	$128,021
569	Mental Disorders (290-319)	$127,714
570	Diseases of the Circulatory System (390-459)	$127,650
571	Mental Disorders (290-319)	$127,620
572	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$127,365
573	Injury and Poisoning (800-999)	$127,169
574	Diseases of the Genitourinary System (580-629)	$127,115
575	e000-e999 Supp. Class of external causes injury/poisoning	$126,818
576	Diseases of the Circulatory System (390-459)	$126,688

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Claimant	Major Diagnosis Category	Paid Amount
577	Congenital Anomalies (740-759)	$126,643
578	Diseases of the Digestive System (520-579)	$126,638
579	Diseases of the Digestive System (520-579)	$126,530
580	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$126,298
581	Neoplasms (140-239)	$126,140
582	Diseases of the Digestive System (520-579)	$126,020
583	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$125,948
584	Injury and Poisoning (800-999)	$125,932
585	Neoplasms (140-239)	$125,858
586	Neoplasms (140-239)	$125,769
587	Neoplasms (140-239)	$125,523
588	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$125,226
589	Complications of Pregnancy, Childbirth, and the Puerperium (630-679)	$125,104
590	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$124,652
591	Complications of Pregnancy, Childbirth, and the Puerperium (630-679)	$124,650
592	Neoplasms (140-239)	$124,645
593	Neoplasms (140-239)	$124,601
594	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$124,328
595	Injury and Poisoning (800-999)	$124,193
596	Neoplasms (140-239)	$124,085
597	Injury and Poisoning (800-999)	$124,062
598	Congenital Anomalies (740-759)	$124,047
599	Neoplasms (140-239)	$123,927
600	Diseases of the Nervous System and Sense Organs (320-389)	$123,815
601	Diseases of the Genitourinary System (580-629)	$123,755
602	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$123,609
603	Neoplasms (140-239)	$123,582
604	Diseases of the Nervous System and Sense Organs (320-389)	$123,484
605	e000-e999 Supp. Class of external causes injury/poisoning	$123,483
606	Diseases of the Circulatory System (390-459)	$123,437
607	Diseases of the Genitourinary System (580-629)	$123,362
608	Neoplasms (140-239)	$123,336

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Claimant	Major Diagnosis Category	Paid Amount
609	Diseases of the Genitourinary System (580-629)	$123,270
610	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$123,246
611	Diseases of the Nervous System and Sense Organs (320-389)	$123,232
612	Diseases of the Blood and Blood-Forming Organs (280-289)	$123,185
613	Injury and Poisoning (800-999)	$122,987
614	Neoplasms (140-239)	$122,920
615	Neoplasms (140-239)	$122,817
616	Diseases of the Respiratory System (460-519)	$122,671
617	Infectious and Parasitic Diseases (001-139)	$122,650
618	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$122,619
619	Neoplasms (140-239)	$122,611
620	Infectious and Parasitic Diseases (001-139)	$122,606
621	Neoplasms (140-239)	$122,507
622	Diseases of the Nervous System and Sense Organs (320-389)	$122,384
623	Infectious and Parasitic Diseases (001-139)	$122,303
624	Injury and Poisoning (800-999)	$122,195
625	Diseases of the Circulatory System (390-459)	$122,013
626	Diseases of the Nervous System and Sense Organs (320-389)	$121,960
627	e000-e999 Supp. Class of external causes injury/poisoning	$121,881
628	Mental Disorders (290-319)	$121,790
629	Neoplasms (140-239)	$121,776
630	Diseases of the Digestive System (520-579)	$121,739
631	Diseases of the Nervous System and Sense Organs (320-389)	$121,310
632	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$121,023
633	Diseases of the Circulatory System (390-459)	$120,980
634	Diseases of the Nervous System and Sense Organs (320-389)	$120,927
635	Diseases of the Circulatory System (390-459)	$120,704
636	Neoplasms (140-239)	$120,559
637	Injury and Poisoning (800-999)	$120,492
638	Diseases of the Genitourinary System (580-629)	$120,311
639	Neoplasms (140-239)	$120,129
640	Diseases of the Nervous System and Sense Organs (320-389)	$120,002

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Claimant	Major Diagnosis Category	Paid Amount
641	Diseases of the Respiratory System (460-519)	$119,985
642	Neoplasms (140-239)	$119,967
643	Diseases of the Genitourinary System (580-629)	$119,891
644	Diseases of the Genitourinary System (580-629)	$119,725
645	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$119,725
646	Neoplasms (140-239)	$119,675
647	Symptoms, Signs, and Ill-Defined Conditions (780-799)	$119,650
648	Injury and Poisoning (800-999)	$119,506
649	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$119,232
650	Diseases of the Circulatory System (390-459)	$119,197
651	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$118,910
652	Infectious and Parasitic Diseases (001-139)	$118,636
653	Neoplasms (140-239)	$118,579
654	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$118,536
655	Neoplasms (140-239)	$118,265
656	Neoplasms (140-239)	$118,087
657	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$118,011
658	Injury and Poisoning (800-999)	$117,733
659	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$117,582
660	Neoplasms (140-239)	$117,508
661	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$117,224
662	Neoplasms (140-239)	$117,221
663	Neoplasms (140-239)	$117,108
664	Infectious and Parasitic Diseases (001-139)	$117,077
665	Neoplasms (140-239)	$116,795
666	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$116,735
667	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$116,719
668	e000-e999 Supp. Class of external causes injury/poisoning	$116,485
669	Infectious and Parasitic Diseases (001-139)	$116,138
670	Infectious and Parasitic Diseases (001-139)	$116,126
671	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$116,112
672	Diseases of the Circulatory System (390-459)	$116,049

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Claimant	Major Diagnosis Category	Paid Amount
673	Neoplasms (140-239)	$116,024
674	Neoplasms (140-239)	$115,840
675	Neoplasms (140-239)	$115,775
676	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$115,634
677	Injury and Poisoning (800-999)	$115,488
678	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$115,439
679	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$115,398
680	Neoplasms (140-239)	$115,331
681	Diseases of the Circulatory System (390-459)	$115,292
682	Mental Disorders (290-319)	$115,273
683	Diseases of the Digestive System (520-579)	$115,226
684	Neoplasms (140-239)	$115,199
685	Diseases of the Nervous System and Sense Organs (320-389)	$115,189
686	Diseases of the Nervous System and Sense Organs (320-389)	$115,120
687	Neoplasms (140-239)	$115,104
688	Neoplasms (140-239)	$114,993
689	Diseases of the Skin and Subcutaneous Tissue (680-709)	$114,927
690	Symptoms, Signs, and Ill-Defined Conditions (780-799)	$114,417
691	Infectious and Parasitic Diseases (001-139)	$114,221
692	Diseases of the Circulatory System (390-459)	$114,114
693	Injury and Poisoning (800-999)	$114,106
694	Congenital Anomalies (740-759)	$113,974
695	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$113,875
696	Neoplasms (140-239)	$113,828
697	Diseases of the Circulatory System (390-459)	$113,740
698	Neoplasms (140-239)	$113,491
699	Diseases of the Nervous System and Sense Organs (320-389)	$113,436
700	Diseases of the Circulatory System (390-459)	$113,399
701	e000-e999 Supp. Class of external causes injury/poisoning	$113,305
702	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$113,207
703	Mental Disorders (290-319)	$113,024
704	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$112,959

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Claimant	Major Diagnosis Category	Paid Amount
705	Neoplasms (140-239)	$112,956
706	Diseases of the Circulatory System (390-459)	$112,846
707	Neoplasms (140-239)	$112,842
708	Injury and Poisoning (800-999)	$112,760
709	Diseases of the Digestive System (520-579)	$112,715
710	Diseases of the Digestive System (520-579)	$112,679
711	Injury and Poisoning (800-999)	$112,587
712	Infectious and Parasitic Diseases (001-139)	$112,476
713	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$112,454
714	Neoplasms (140-239)	$112,416
715	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$112,322
716	Mental Disorders (290-319)	$112,237
717	Neoplasms (140-239)	$112,177
718	Diseases of the Circulatory System (390-459)	$112,002
719	Diseases of the Circulatory System (390-459)	$111,986
720	Neoplasms (140-239)	$111,860
721	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$111,647
722	Neoplasms (140-239)	$111,451
723	Mental Disorders (290-319)	$111,114
724	Diseases of the Circulatory System (390-459)	$111,032
725	Diseases of the Respiratory System (460-519)	$110,960
726	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$110,947
727	Neoplasms (140-239)	$110,921
728	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$110,912
729	Certain Conditions Originating in the Perinatal Period (760-779)	$110,683
730	Symptoms, Signs, and Ill-Defined Conditions (780-799)	$110,664
731	Congenital Anomalies (740-759)	$110,565
732	Diseases of the Nervous System and Sense Organs (320-389)	$110,431
733	Congenital Anomalies (740-759)	$110,279
734	Diseases of the Circulatory System (390-459)	$110,097
735	Neoplasms (140-239)	$109,881
736	Injury and Poisoning (800-999)	$109,863

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Claimant	Major Diagnosis Category	Paid Amount
737	Neoplasms (140-239)	$109,793
738	Neoplasms (140-239)	$109,516
739	Diseases of the Circulatory System (390-459)	$109,488
740	e000-e999 Supp. Class of external causes injury/poisoning	$109,315
741	Injury and Poisoning (800-999)	$109,223
742	Mental Disorders (290-319)	$109,157
743	Diseases of the Circulatory System (390-459)	$109,048
744	Diseases of the Circulatory System (390-459)	$108,896
745	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$108,827
746	Diseases of the Circulatory System (390-459)	$108,726
747	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$108,535
748	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$108,475
749	Neoplasms (140-239)	$108,466
750	Diseases of the Nervous System and Sense Organs (320-389)	$108,315
751	Injury and Poisoning (800-999)	$108,306
752	Infectious and Parasitic Diseases (001-139)	$107,963
753	Neoplasms (140-239)	$107,727
754	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$107,706
755	Diseases of the Circulatory System (390-459)	$107,678
756	Neoplasms (140-239)	$107,601
757	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$107,592
758	Diseases of the Digestive System (520-579)	$107,591
759	Neoplasms (140-239)	$107,524
760	Injury and Poisoning (800-999)	$107,495
761	Diseases of the Genitourinary System (580-629)	$107,078
762	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$106,970
763	Congenital Anomalies (740-759)	$106,938
764	Diseases of the Circulatory System (390-459)	$106,858
765	Diseases of the Skin and Subcutaneous Tissue (680-709)	$106,851
766	Diseases of the Genitourinary System (580-629)	$106,839
767	Injury and Poisoning (800-999)	$106,811
768	Mental Disorders (290-319)	$106,657

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Claimant	Major Diagnosis Category	Paid Amount
769	Diseases of the Circulatory System (390-459)	$106,645
770	Diseases of the Genitourinary System (580-629)	$106,613
771	Injury and Poisoning (800-999)	$106,611
772	Neoplasms (140-239)	$106,609
773	Diseases of the Blood and Blood-Forming Organs (280-289)	$106,498
774	Infectious and Parasitic Diseases (001-139)	$106,496
775	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$106,470
776	Diseases of the Circulatory System (390-459)	$106,375
777	Diseases of the Skin and Subcutaneous Tissue (680-709)	$106,267
778	Neoplasms (140-239)	$106,100
779	Diseases of the Circulatory System (390-459)	$106,092
780	Diseases of the Circulatory System (390-459)	$105,992
781	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$105,895
782	Diseases of the Circulatory System (390-459)	$105,843
783	Neoplasms (140-239)	$105,807
784	Injury and Poisoning (800-999)	$105,785
785	Diseases of the Nervous System and Sense Organs (320-389)	$105,738
786	Diseases of the Circulatory System (390-459)	$105,664
787	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$105,583
788	Diseases of the Circulatory System (390-459)	$105,552
789	Diseases of the Nervous System and Sense Organs (320-389)	$105,305
790	Injury and Poisoning (800-999)	$105,194
791	Neoplasms (140-239)	$105,020
792	Diseases of the Digestive System (520-579)	$104,980
793	Neoplasms (140-239)	$104,910
794	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$104,876
795	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$104,641
796	Diseases of the Nervous System and Sense Organs (320-389)	$104,621
797	Diseases of the Respiratory System (460-519)	$104,604
798	Neoplasms (140-239)	$104,586
799	Neoplasms (140-239)	$104,480
800	Neoplasms (140-239)	$104,467

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Claimant	Major Diagnosis Category	Paid Amount
801	Symptoms, Signs, and Ill-Defined Conditions (780-799)	$104,416
802	Congenital Anomalies (740-759)	$104,262
803	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$104,086
804	Neoplasms (140-239)	$103,960
805	Neoplasms (140-239)	$103,889
806	Neoplasms (140-239)	$103,416
807	Mental Disorders (290-319)	$103,359
808	Injury and Poisoning (800-999)	$103,140
809	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$103,133
810	Complications of Pregnancy, Childbirth, and the Puerperium (630-679)	$102,959
811	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$102,789
812	Neoplasms (140-239)	$102,744
813	Neoplasms (140-239)	$102,707
814	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$102,674
815	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$102,643
816	Mental Disorders (290-319)	$102,607
817	Congenital Anomalies (740-759)	$102,588
818	Diseases of the Circulatory System (390-459)	$102,552
819	Certain Conditions Originating in the Perinatal Period (760-779)	$102,535
820	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$102,467
821	Symptoms, Signs, and Ill-Defined Conditions (780-799)	$102,360
822	Injury and Poisoning (800-999)	$102,279
823	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$102,224
824	Neoplasms (140-239)	$102,121
825	Diseases of the Circulatory System (390-459)	$102,085
826	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$102,083
827	Neoplasms (140-239)	$101,866
828	Diseases of the Circulatory System (390-459)	$101,848
829	Diseases of the Digestive System (520-579)	$101,727
830	Mental Disorders (290-319)	$101,651
831	Neoplasms (140-239)	$101,488
832	Diseases of the Circulatory System (390-459)	$101,411

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A10
List of Large Claims by Claimant

Plan Year Ending in 2015

Claimant	Major Diagnosis Category	Paid Amount
833	Mental Disorders (290-319)	$101,229
834	Symptoms, Signs, and Ill-Defined Conditions (780-799)	$101,225
835	e000-e999 Supp. Class of external causes injury/poisoning	$101,133
836	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$101,121
837	Neoplasms (140-239)	$101,121
838	Neoplasms (140-239)	$101,118
839	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$101,053
840	Diseases of the Circulatory System (390-459)	$101,027
841	Neoplasms (140-239)	$101,018
842	Diseases of the Blood and Blood-Forming Organs (280-289)	$100,962
843	Neoplasms (140-239)	$100,949
844	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$100,891
845	Diseases of the Circulatory System (390-459)	$100,849
846	Diseases of the Respiratory System (460-519)	$100,765
847	Neoplasms (140-239)	$100,743
848	Diseases of the Circulatory System (390-459)	$100,729
849	Diseases of the Circulatory System (390-459)	$100,704
850	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$100,616
851	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$100,606
852	Injury and Poisoning (800-999)	$100,514
853	Injury and Poisoning (800-999)	$100,468
854	Complications of Pregnancy, Childbirth, and the Puerperium (630-679)	$100,348
855	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$100,346
856	Neoplasms (140-239)	$100,309
857	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$100,262
858	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$100,222
859	Diseases of the Circulatory System (390-459)	$100,128
860	Diseases of the Blood and Blood-Forming Organs (280-289)	$100,071
861	Neoplasms (140-239)	$100,065
Average Per Claimant		**$200,226**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A11
Demographics by Benefit Package
For the Plan Year Ending in 2015

Benefit Package: Benefit Package 009

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	2	2	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	6	6	0	0	0
	50 – 54	1	2	3	0	0	0
	55 – 59	3	8	11	0	0	0
	60 – 64	1	3	4	0	0	0
	65+	0	3	3	0	0	0
	Total	**5**	**25**	**30**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	1	1	1	0	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	1	0	1
	45 – 49	0	1	1	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	1	0	1	1	1	2
	65+	0	3	3	2	0	2
	Total	**1**	**5**	**6**	**5**	**1**	**6**
Employee & Children	**0 – 19**	0	0	0	1	1	2
	20 – 24	0	0	0	1	1	2
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	2	2
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	1	0	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	2	2	0	0	0
	Total	**1**	**4**	**5**	**2**	**4**	**6**
Employee & Family	**0 – 19**	0	0	0	3	6	9
	20 – 24	0	0	0	3	6	9
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	3	1	4
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	1	0	1	0	1	1
	50 – 54	0	1	1	1	0	1
	55 – 59	0	1	1	0	1	1
	60 – 64	2	1	3	2	1	3
	65+	0	0	0	0	0	0
	Total	**3**	**3**	**6**	**12**	**16**	**28**
All Tiers	**0 – 19**	0	0	0	4	7	11
	20 – 24	0	0	0	4	7	11
	25 – 29	0	1	1	1	0	1
	30 – 34	0	0	0	3	3	6
	35 – 39	0	2	2	0	0	0
	40 – 44	0	2	2	1	0	1
	45 – 49	1	7	8	0	1	1
	50 – 54	1	4	5	1	0	1
	55 – 59	4	9	13	0	1	1
	60 – 64	4	4	8	3	2	5
	65+	0	8	8	2	0	2
	Total	**10**	**37**	**47**	**19**	**21**	**40**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A11
Demographics by Benefit Package
For the Plan Year Ending in 2015

Benefit Package: Benefit Package 010

		Enrolled Employees			Enrolled Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	2	6	8	0	0	0
	30 – 34	2	2	4	0	0	0
	35 – 39	4	5	9	0	0	0
	40 – 44	9	4	13	0	0	0
	45 – 49	6	14	20	0	0	0
	50 – 54	6	16	22	0	0	0
	55 – 59	2	16	18	0	0	0
	60 – 64	3	19	22	0	0	0
	65+	8	25	33	0	0	0
	Total	**42**	**107**	**149**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	2	2	4	5	0	5
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	1	1	2	1	1	2
	55 – 59	0	1	1	2	0	2
	60 – 64	3	1	4	1	3	4
	65+	3	6	9	1	6	7
	Total	**9**	**12**	**21**	**10**	**10**	**20**
Employee & Children	**0 – 19**	0	0	0	6	8	14
	20 – 24	0	0	0	6	8	14
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	7	4	11
	35 – 39	0	0	0	1	1	2
	40 – 44	0	0	0	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	2	1	3	0	0	0
	60 – 64	1	2	3	0	0	0
	65+	3	3	6	0	0	0
	Total	**6**	**7**	**13**	**20**	**21**	**41**
Employee & Family	**0 – 19**	0	0	0	21	14	35
	20 – 24	0	0	0	21	14	35
	25 – 29	0	0	0	1	0	1
	30 – 34	0	0	0	8	5	13
	35 – 39	0	0	0	1	2	3
	40 – 44	1	1	2	1	0	1
	45 – 49	0	2	2	2	0	2
	50 – 54	0	4	4	4	1	5
	55 – 59	1	1	2	0	0	0
	60 – 64	2	4	6	3	4	7
	65+	1	3	4	2	1	3
	Total	**5**	**15**	**20**	**64**	**41**	**105**
All Tiers	**0 – 19**	0	0	0	27	22	49
	20 – 24	0	0	0	27	22	49
	25 – 29	4	8	12	6	0	6
	30 – 34	2	2	4	15	9	24
	35 – 39	4	5	9	2	3	5
	40 – 44	10	5	15	1	0	1
	45 – 49	6	18	24	2	0	2
	50 – 54	7	21	28	5	2	7
	55 – 59	5	19	24	2	0	2
	60 – 64	9	26	35	4	7	11
	65+	15	37	52	3	7	10
	Total	**62**	**141**	**203**	**94**	**72**	**166**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A11
Demographics by Benefit Package
For the Plan Year Ending in 2015

Benefit Package: Benefit Package 011

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	1	0	1	0	0	0
	35 – 39	0	2	2	0	0	0
	40 – 44	0	2	2	0	0	0
	45 – 49	0	5	5	0	0	0
	50 – 54	1	6	7	0	0	0
	55 – 59	2	3	5	0	0	0
	60 – 64	2	0	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**6**	**18**	**24**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	1	1	4	0	4
	30 – 34	0	0	0	1	0	1
	35 – 39	1	1	2	0	2	2
	40 – 44	1	1	2	1	0	1
	45 – 49	2	1	3	1	2	3
	50 – 54	2	0	2	0	2	2
	55 – 59	1	0	1	0	1	1
	60 – 64	1	5	6	1	0	1
	65+	0	5	5	5	2	7
	Total	**8**	**14**	**22**	**13**	**9**	**22**
Employee & Children	**0 – 19**	0	0	0	8	8	16
	20 – 24	0	0	0	8	8	16
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	4	4	8
	35 – 39	0	0	0	0	0	0
	40 – 44	0	2	2	0	0	0
	45 – 49	0	2	2	0	0	0
	50 – 54	1	1	2	0	0	0
	55 – 59	1	1	2	0	0	0
	60 – 64	0	2	2	0	0	0
	65+	0	2	2	0	0	0
	Total	**2**	**10**	**12**	**20**	**20**	**40**
Employee & Family	**0 – 19**	0	0	0	20	24	44
	20 – 24	0	0	0	20	24	44
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	8	10	18
	35 – 39	2	0	2	2	6	8
	40 – 44	1	1	2	1	1	2
	45 – 49	1	0	1	0	2	2
	50 – 54	2	4	6	2	1	3
	55 – 59	1	2	3	4	3	7
	60 – 64	4	5	9	3	3	6
	65+	1	5	6	5	1	6
	Total	**12**	**17**	**29**	**65**	**75**	**140**
All Tiers	**0 – 19**	0	0	0	28	32	60
	20 – 24	0	0	0	28	32	60
	25 – 29	0	1	1	4	0	4
	30 – 34	1	0	1	13	14	27
	35 – 39	3	3	6	2	8	10
	40 – 44	2	6	8	2	1	3
	45 – 49	3	8	11	1	4	5
	50 – 54	6	11	17	2	3	5
	55 – 59	5	6	11	4	4	8
	60 – 64	7	12	19	4	3	7
	65+	1	12	13	10	3	13
	Total	**28**	**59**	**87**	**98**	**104**	**202**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A11
Demographics by Benefit Package
For the Plan Year Ending in 2015

Benefit Package: Benefit Package 012

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	9	19	28	0	0	0
	30 – 34	6	21	27	0	0	0
	35 – 39	5	19	24	0	0	0
	40 – 44	2	11	13	0	0	0
	45 – 49	3	24	27	0	0	0
	50 – 54	3	19	22	0	0	0
	55 – 59	5	23	28	0	0	0
	60 – 64	2	20	22	0	0	0
	65+	1	5	6	0	0	0
	Total	**36**	**161**	**197**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	2	2	4	0	3	3
	30 – 34	1	1	2	3	1	4
	35 – 39	2	1	3	2	3	5
	40 – 44	2	3	5	1	1	2
	45 – 49	2	1	3	1	1	2
	50 – 54	1	3	4	5	2	7
	55 – 59	5	9	14	6	6	12
	60 – 64	3	3	6	6	0	6
	65+	2	0	2	0	2	2
	Total	**20**	**23**	**43**	**24**	**19**	**43**
Employee & Children	**0 – 19**	0	0	0	47	38	85
	20 – 24	0	0	0	47	38	85
	25 – 29	1	0	1	7	1	8
	30 – 34	2	6	8	0	0	0
	35 – 39	2	5	7	0	0	0
	40 – 44	6	7	13	0	0	0
	45 – 49	4	11	15	0	0	0
	50 – 54	0	6	6	0	0	0
	55 – 59	1	5	6	0	0	0
	60 – 64	1	1	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**17**	**41**	**58**	**101**	**77**	**178**
Employee & Family	**0 – 19**	0	0	0	43	21	64
	20 – 24	0	0	0	43	21	64
	25 – 29	0	1	1	3	6	9
	30 – 34	1	2	3	1	0	1
	35 – 39	0	2	2	1	3	4
	40 – 44	3	3	6	2	5	7
	45 – 49	6	9	15	6	5	11
	50 – 54	2	4	6	5	1	6
	55 – 59	1	5	6	7	1	8
	60 – 64	0	1	1	2	0	2
	65+	0	0	0	0	0	0
	Total	**13**	**27**	**40**	**113**	**63**	**176**
All Tiers	**0 – 19**	0	0	0	90	59	149
	20 – 24	0	0	0	90	59	149
	25 – 29	12	22	34	10	10	20
	30 – 34	10	30	40	4	1	5
	35 – 39	9	27	36	3	6	9
	40 – 44	13	24	37	3	6	9
	45 – 49	15	45	60	7	6	13
	50 – 54	6	32	38	10	3	13
	55 – 59	12	42	54	13	7	20
	60 – 64	6	25	31	8	0	8
	65+	3	5	8	0	2	2
	Total	**86**	**252**	**338**	**238**	**159**	**397**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A11
Demographics by Benefit Package
For the Plan Year Ending in 2015

Benefit Package: Benefit Package 013

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	8	3	11	0	0	0
	30 – 34	3	12	15	0	0	0
	35 – 39	4	5	9	0	0	0
	40 – 44	9	10	19	0	0	0
	45 – 49	5	12	17	0	0	0
	50 – 54	3	23	26	0	0	0
	55 – 59	2	20	22	0	0	0
	60 – 64	2	22	24	0	0	0
	65+	0	7	7	0	0	0
	Total	**36**	**114**	**150**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	2	2	1	1	2
	30 – 34	1	1	2	2	1	3
	35 – 39	1	0	1	0	0	0
	40 – 44	0	0	0	0	1	1
	45 – 49	0	3	3	0	0	0
	50 – 54	0	1	1	1	1	2
	55 – 59	1	5	6	3	1	4
	60 – 64	1	0	1	6	0	6
	65+	0	2	2	0	0	0
	Total	**4**	**14**	**18**	**13**	**5**	**18**
Employee & Children	**0 – 19**	0	0	0	33	37	70
	20 – 24	0	0	0	33	37	70
	25 – 29	0	0	0	8	0	8
	30 – 34	1	4	5	0	0	0
	35 – 39	2	6	8	0	0	0
	40 – 44	6	6	12	0	0	0
	45 – 49	0	8	8	0	0	0
	50 – 54	2	5	7	0	0	0
	55 – 59	1	9	10	0	0	0
	60 – 64	0	3	3	0	0	0
	65+	0	1	1	0	0	0
	Total	**12**	**42**	**54**	**74**	**74**	**148**
Employee & Family	**0 – 19**	0	0	0	25	32	57
	20 – 24	0	0	0	25	32	57
	25 – 29	0	0	0	0	2	2
	30 – 34	3	0	3	0	3	3
	35 – 39	3	2	5	0	4	4
	40 – 44	4	2	6	2	3	5
	45 – 49	3	2	5	1	3	4
	50 – 54	1	7	8	8	0	8
	55 – 59	0	0	0	2	0	2
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**14**	**13**	**27**	**63**	**79**	**142**
All Tiers	**0 – 19**	0	0	0	58	69	127
	20 – 24	0	0	0	58	69	127
	25 – 29	8	5	13	9	3	12
	30 – 34	8	17	25	2	4	6
	35 – 39	10	13	23	0	4	4
	40 – 44	19	18	37	2	4	6
	45 – 49	8	25	33	1	3	4
	50 – 54	6	36	42	9	1	10
	55 – 59	4	34	38	5	1	6
	60 – 64	3	25	28	6	0	6
	65+	0	10	10	0	0	0
	Total	**66**	**183**	**249**	**150**	**158**	**308**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A11
Demographics by Benefit Package
For the Plan Year Ending in 2015

Benefit Package: Benefit Package 016

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	3	5	8	0	0	0
	30 – 34	2	4	6	0	0	0
	35 – 39	1	4	5	0	0	0
	40 – 44	2	6	8	0	0	0
	45 – 49	2	9	11	0	0	0
	50 – 54	3	6	9	0	0	0
	55 – 59	4	13	17	0	0	0
	60 – 64	1	8	9	0	0	0
	65+	1	0	1	0	0	0
	Total	**19**	**55**	**74**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	1	0	1
	30 – 34	0	2	2	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	1	0	1
	50 – 54	0	3	3	1	1	2
	55 – 59	1	3	4	3	0	3
	60 – 64	0	0	0	2	0	2
	65+	0	0	0	0	0	0
	Total	**1**	**8**	**9**	**8**	**1**	**9**
Employee & Children	**0 – 19**	0	0	0	23	16	39
	20 – 24	0	0	0	23	16	39
	25 – 29	1	1	2	2	0	2
	30 – 34	0	1	1	1	0	1
	35 – 39	1	3	4	0	0	0
	40 – 44	2	7	9	0	0	0
	45 – 49	2	5	7	0	0	0
	50 – 54	2	5	7	0	0	0
	55 – 59	0	2	2	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**8**	**24**	**32**	**49**	**32**	**81**
Employee & Family	**0 – 19**	0	0	0	10	7	17
	20 – 24	0	0	0	10	7	17
	25 – 29	0	0	0	0	1	1
	30 – 34	0	0	0	0	1	1
	35 – 39	0	3	3	1	0	1
	40 – 44	2	0	2	2	1	3
	45 – 49	1	1	2	1	1	2
	50 – 54	1	1	2	1	1	2
	55 – 59	1	0	1	0	1	1
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**5**	**5**	**10**	**25**	**20**	**45**
All Tiers	**0 – 19**	0	0	0	33	23	56
	20 – 24	0	0	0	33	23	56
	25 – 29	4	6	10	3	1	4
	30 – 34	2	7	9	1	1	2
	35 – 39	2	10	12	1	0	1
	40 – 44	6	13	19	2	1	3
	45 – 49	5	15	20	2	1	3
	50 – 54	6	15	21	2	2	4
	55 – 59	6	18	24	3	1	4
	60 – 64	1	8	9	2	0	2
	65+	1	0	1	0	0	0
	Total	**33**	**92**	**125**	**82**	**53**	**135**

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Benefit Package: Benefit Package 025

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	34	88	122	0	0	0
	30 – 34	31	48	79	0	0	0
	35 – 39	20	47	67	0	0	0
	40 – 44	22	64	86	0	0	0
	45 – 49	11	59	70	0	0	0
	50 – 54	11	51	62	0	0	0
	55 – 59	23	53	76	0	0	0
	60 – 64	8	41	49	0	0	0
	65+	4	7	11	0	0	0
	Total	**164**	**458**	**622**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	16	32	48	25	19	44
	30 – 34	25	21	46	31	22	53
	35 – 39	20	8	28	8	19	27
	40 – 44	9	22	31	16	8	24
	45 – 49	9	12	21	16	7	23
	50 – 54	13	28	41	20	11	31
	55 – 59	18	47	65	47	18	65
	60 – 64	17	32	49	46	21	67
	65+	7	3	10	3	2	5
	Total	**134**	**205**	**339**	**212**	**127**	**339**
Employee & Children	**0 – 19**	0	0	0	210	213	423
	20 – 24	0	0	0	210	213	423
	25 – 29	0	7	7	3	8	11
	30 – 34	9	20	29	0	0	0
	35 – 39	8	36	44	0	0	0
	40 – 44	19	48	67	0	0	0
	45 – 49	15	33	48	0	0	0
	50 – 54	17	16	33	0	0	0
	55 – 59	3	9	12	0	0	0
	60 – 64	1	6	7	0	0	0
	65+	1	0	1	0	0	0
	Total	**73**	**175**	**248**	**423**	**434**	**857**
Employee & Family	**0 – 19**	0	0	0	543	516	1,059
	20 – 24	0	0	0	543	516	1,059
	25 – 29	5	11	16	25	30	55
	30 – 34	39	23	62	27	65	92
	35 – 39	78	51	129	38	61	99
	40 – 44	59	58	117	52	65	117
	45 – 49	47	73	120	61	41	102
	50 – 54	42	53	95	61	37	98
	55 – 59	25	35	60	41	15	56
	60 – 64	4	13	17	30	5	35
	65+	1	0	1	2	0	2
	Total	**300**	**317**	**617**	**1,423**	**1,351**	**2,774**
All Tiers	**0 – 19**	0	0	0	753	729	1,482
	20 – 24	0	0	0	753	729	1,482
	25 – 29	55	138	193	53	57	110
	30 – 34	104	112	216	58	87	145
	35 – 39	126	142	268	46	80	126
	40 – 44	109	192	301	68	73	141
	45 – 49	82	177	259	77	48	125
	50 – 54	83	148	231	81	48	129
	55 – 59	69	144	213	88	33	121
	60 – 64	30	92	122	76	26	102
	65+	13	10	23	5	2	7
	Total	**671**	**1,155**	**1,826**	**2,058**	**1,912**	**3,970**

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Benefit Package: Benefit Package 030

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	6	12	18	0	0	0
	30 – 34	5	13	18	0	0	0
	35 – 39	7	10	17	0	0	0
	40 – 44	2	20	22	0	0	0
	45 – 49	4	20	24	0	0	0
	50 – 54	2	17	19	0	0	0
	55 – 59	9	28	37	0	0	0
	60 – 64	5	34	39	0	0	0
	65+	2	6	8	0	0	0
	Total	**42**	**160**	**202**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	1	0	1
	45 – 49	1	0	1	0	1	1
	50 – 54	0	4	4	0	3	3
	55 – 59	4	8	12	8	2	10
	60 – 64	4	7	11	11	5	16
	65+	3	0	3	0	1	1
	Total	**12**	**20**	**32**	**20**	**12**	**32**
Employee & Children	**0 – 19**	0	0	0	66	57	123
	20 – 24	0	0	0	66	57	123
	25 – 29	0	4	4	3	5	8
	30 – 34	1	3	4	0	0	0
	35 – 39	4	9	13	0	0	0
	40 – 44	4	12	16	0	0	0
	45 – 49	6	14	20	0	1	1
	50 – 54	2	12	14	0	0	0
	55 – 59	1	7	8	0	0	0
	60 – 64	0	2	2	0	0	0
	65+	0	1	1	0	0	0
	Total	**18**	**64**	**82**	**135**	**120**	**255**
Employee & Family	**0 – 19**	0	0	0	49	41	90
	20 – 24	0	0	0	49	41	90
	25 – 29	0	1	1	5	4	9
	30 – 34	0	1	1	0	3	3
	35 – 39	2	3	5	2	2	4
	40 – 44	5	4	9	1	5	6
	45 – 49	4	5	9	9	9	18
	50 – 54	8	9	17	9	3	12
	55 – 59	3	7	10	7	0	7
	60 – 64	0	2	2	3	0	3
	65+	0	0	0	0	0	0
	Total	**22**	**32**	**54**	**134**	**108**	**242**
All Tiers	**0 – 19**	0	0	0	115	98	213
	20 – 24	0	0	0	115	98	213
	25 – 29	6	17	23	8	9	17
	30 – 34	6	17	23	0	3	3
	35 – 39	13	22	35	2	2	4
	40 – 44	11	37	48	2	5	7
	45 – 49	15	39	54	9	11	20
	50 – 54	12	42	54	9	6	15
	55 – 59	17	50	67	15	2	17
	60 – 64	9	45	54	14	5	19
	65+	5	7	12	0	1	1
	Total	**94**	**276**	**370**	**289**	**240**	**529**

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Benefit Package: Benefit Package 031

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	11	29	40	0	0	0
	30 – 34	19	41	60	0	0	0
	35 – 39	10	28	38	0	0	0
	40 – 44	16	23	39	0	0	0
	45 – 49	11	29	40	0	0	0
	50 – 54	12	52	64	0	0	0
	55 – 59	14	65	79	0	0	0
	60 – 64	21	72	93	0	0	0
	65+	8	21	29	0	0	0
	Total	**122**	**360**	**482**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	1	1	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	1	0	1	1	0	1
	40 – 44	0	2	2	1	0	1
	45 – 49	1	1	2	1	2	3
	50 – 54	2	3	5	4	1	5
	55 – 59	0	7	7	3	0	3
	60 – 64	6	18	24	20	7	27
	65+	2	2	4	5	1	6
	Total	**12**	**34**	**46**	**35**	**11**	**46**
Employee & Children	**0 – 19**	0	0	0	181	156	337
	20 – 24	0	0	0	181	156	337
	25 – 29	1	5	6	8	11	19
	30 – 34	9	21	30	0	0	0
	35 – 39	11	21	32	0	0	0
	40 – 44	9	20	29	0	0	0
	45 – 49	18	38	56	0	0	0
	50 – 54	14	30	44	0	0	0
	55 – 59	7	13	20	0	0	0
	60 – 64	6	3	9	0	0	0
	65+	0	0	0	0	0	0
	Total	**75**	**151**	**226**	**370**	**323**	**693**
Employee & Family	**0 – 19**	0	0	0	40	42	82
	20 – 24	0	0	0	40	42	82
	25 – 29	0	0	0	3	5	8
	30 – 34	1	4	5	2	2	4
	35 – 39	4	0	4	4	3	7
	40 – 44	3	4	7	4	6	10
	45 – 49	8	9	17	5	6	11
	50 – 54	2	6	8	5	5	10
	55 – 59	7	3	10	6	6	12
	60 – 64	3	0	3	1	0	1
	65+	0	0	0	0	0	0
	Total	**28**	**26**	**54**	**110**	**117**	**227**
All Tiers	**0 – 19**	0	0	0	221	198	419
	20 – 24	0	0	0	221	198	419
	25 – 29	12	35	47	11	16	27
	30 – 34	29	66	95	2	2	4
	35 – 39	26	49	75	5	3	8
	40 – 44	28	49	77	5	6	11
	45 – 49	38	77	115	6	8	14
	50 – 54	30	91	121	9	6	15
	55 – 59	28	88	116	9	6	15
	60 – 64	36	93	129	21	7	28
	65+	10	23	33	5	1	6
	Total	**237**	**571**	**808**	**515**	**451**	**966**

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Benefit Package: Benefit Package 044

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	3	3	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	2	2	4	0	0	0
	40 – 44	3	2	5	0	0	0
	45 – 49	1	3	4	0	0	0
	50 – 54	3	8	11	0	0	0
	55 – 59	2	6	8	0	0	0
	60 – 64	3	6	9	0	0	0
	65+	0	3	3	0	0	0
	Total	**14**	**34**	**48**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	1	0	1
	55 – 59	1	0	1	0	1	1
	60 – 64	3	3	6	4	3	7
	65+	1	0	1	0	1	1
	Total	**5**	**5**	**10**	**5**	**5**	**10**
Employee & Children	**0 – 19**	0	0	0	8	4	12
	20 – 24	0	0	0	8	4	12
	25 – 29	0	1	1	2	2	4
	30 – 34	1	0	1	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	1	3	4	0	0	0
	55 – 59	2	2	4	0	0	0
	60 – 64	1	0	1	0	0	0
	65+	0	1	1	0	0	0
	Total	**5**	**9**	**14**	**18**	**10**	**28**
Employee & Family	**0 – 19**	0	0	0	5	3	8
	20 – 24	0	0	0	5	3	8
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	1	1	1	0	1
	50 – 54	0	1	1	0	0	0
	55 – 59	0	0	0	2	0	2
	60 – 64	1	0	1	0	1	1
	65+	0	0	0	0	0	0
	Total	**1**	**3**	**4**	**13**	**7**	**20**
All Tiers	**0 – 19**	0	0	0	13	7	20
	20 – 24	0	0	0	13	7	20
	25 – 29	0	4	4	2	2	4
	30 – 34	1	1	2	0	0	0
	35 – 39	2	3	5	0	0	0
	40 – 44	3	5	8	0	0	0
	45 – 49	1	4	5	1	0	1
	50 – 54	4	13	17	1	0	1
	55 – 59	5	8	13	2	1	3
	60 – 64	8	9	17	4	4	8
	65+	1	4	5	0	1	1
	Total	**25**	**51**	**76**	**36**	**22**	**58**

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Benefit Package: Benefit Package 065

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	22	38	60	0	0	0
	30 – 34	15	36	51	0	0	0
	35 – 39	16	41	57	0	0	0
	40 – 44	22	47	69	0	0	0
	45 – 49	25	44	69	0	0	0
	50 – 54	32	65	97	0	0	0
	55 – 59	63	76	139	0	0	0
	60 – 64	39	75	114	0	0	0
	65+	17	20	37	0	0	0
	Total	**251**	**442**	**693**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	2	7	9	5	5	10
	30 – 34	6	8	14	8	5	13
	35 – 39	8	8	16	6	7	13
	40 – 44	5	4	9	6	2	8
	45 – 49	1	9	10	6	5	11
	50 – 54	16	23	39	13	17	30
	55 – 59	27	58	85	45	37	82
	60 – 64	45	71	116	69	36	105
	65+	16	18	34	48	11	59
	Total	**126**	**206**	**332**	**206**	**125**	**331**
Employee & Children	**0 – 19**	0	0	0	271	265	536
	20 – 24	0	0	0	271	265	536
	25 – 29	6	6	12	20	8	28
	30 – 34	12	21	33	0	0	0
	35 – 39	22	33	55	0	0	0
	40 – 44	32	46	78	0	0	0
	45 – 49	28	37	65	0	0	0
	50 – 54	25	47	72	0	0	0
	55 – 59	22	19	41	0	0	0
	60 – 64	7	6	13	0	0	0
	65+	0	0	0	0	0	0
	Total	**154**	**215**	**369**	**562**	**538**	**1,100**
Employee & Family	**0 – 19**	0	0	0	423	407	830
	20 – 24	0	0	0	423	407	830
	25 – 29	5	3	8	24	32	56
	30 – 34	22	24	46	17	30	47
	35 – 39	38	41	79	32	38	70
	40 – 44	52	40	92	42	44	86
	45 – 49	46	60	106	45	51	96
	50 – 54	43	50	93	57	46	103
	55 – 59	26	34	60	37	23	60
	60 – 64	18	5	23	17	8	25
	65+	2	0	2	7	0	7
	Total	**252**	**257**	**509**	**1,124**	**1,086**	**2,210**
All Tiers	**0 – 19**	0	0	0	694	672	1,366
	20 – 24	0	0	0	694	672	1,366
	25 – 29	35	54	89	49	45	94
	30 – 34	55	89	144	25	35	60
	35 – 39	84	123	207	38	45	83
	40 – 44	111	137	248	48	46	94
	45 – 49	100	150	250	51	56	107
	50 – 54	116	185	301	70	63	133
	55 – 59	138	187	325	82	60	142
	60 – 64	109	157	266	86	44	130
	65+	35	38	73	55	11	66
	Total	**783**	**1,120**	**1,903**	**1,892**	**1,749**	**3,641**

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Benefit Package: Benefit Package 172

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	13	14	0	0	0
	30 – 34	5	17	22	0	0	0
	35 – 39	4	13	17	0	0	0
	40 – 44	4	17	21	0	0	0
	45 – 49	5	21	26	0	0	0
	50 – 54	8	17	25	0	0	0
	55 – 59	9	29	38	0	0	0
	60 – 64	3	25	28	0	0	0
	65+	6	10	16	0	0	0
	Total	**45**	**162**	**207**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	1	0	1	0	1	1
	35 – 39	0	0	0	0	0	0
	40 – 44	1	0	1	0	1	1
	45 – 49	0	1	1	0	1	1
	50 – 54	2	3	5	3	2	5
	55 – 59	4	7	11	4	2	6
	60 – 64	1	8	9	9	0	9
	65+	1	1	2	4	3	7
	Total	**10**	**20**	**30**	**20**	**10**	**30**
Employee & Children	**0 – 19**	0	0	0	57	47	104
	20 – 24	0	0	0	57	47	104
	25 – 29	1	1	2	1	6	7
	30 – 34	1	2	3	0	0	0
	35 – 39	5	7	12	0	0	0
	40 – 44	2	12	14	0	0	0
	45 – 49	2	14	16	0	0	0
	50 – 54	1	9	10	0	0	0
	55 – 59	4	8	12	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	1	1	0	0	0
	Total	**16**	**55**	**71**	**115**	**100**	**215**
Employee & Family	**0 – 19**	0	0	0	28	25	53
	20 – 24	0	0	0	28	25	53
	25 – 29	1	0	1	2	2	4
	30 – 34	1	0	1	0	2	2
	35 – 39	4	2	6	2	4	6
	40 – 44	3	4	7	1	1	2
	45 – 49	1	3	4	5	3	8
	50 – 54	1	8	9	4	3	7
	55 – 59	2	4	6	4	2	6
	60 – 64	1	0	1	3	0	3
	65+	0	0	0	0	0	0
	Total	**14**	**21**	**35**	**77**	**67**	**144**
All Tiers	**0 – 19**	0	0	0	85	72	157
	20 – 24	0	0	0	85	72	157
	25 – 29	3	14	17	3	8	11
	30 – 34	8	19	27	0	3	3
	35 – 39	13	22	35	2	4	6
	40 – 44	10	33	43	1	2	3
	45 – 49	8	39	47	5	4	9
	50 – 54	12	37	49	7	5	12
	55 – 59	19	48	67	8	4	12
	60 – 64	5	34	39	12	0	12
	65+	7	12	19	4	3	7
	Total	**85**	**258**	**343**	**212**	**177**	**389**

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Benefit Package: Benefit Package 176

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	4	9	13	0	0	0
	30 – 34	3	9	12	0	0	0
	35 – 39	2	12	14	0	0	0
	40 – 44	3	17	20	0	0	0
	45 – 49	5	17	22	0	0	0
	50 – 54	2	15	17	0	0	0
	55 – 59	6	14	20	0	0	0
	60 – 64	4	13	17	0	0	0
	65+	0	3	3	0	0	0
	Total	**29**	**109**	**138**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	1	1
	30 – 34	1	0	1	0	0	0
	35 – 39	0	2	2	1	0	1
	40 – 44	1	0	1	0	0	0
	45 – 49	2	1	3	0	1	1
	50 – 54	0	3	3	4	3	7
	55 – 59	2	3	5	2	1	3
	60 – 64	2	6	8	6	2	8
	65+	0	0	0	2	0	2
	Total	**8**	**15**	**23**	**15**	**8**	**23**
Employee & Children	**0 – 19**	0	0	0	41	32	73
	20 – 24	0	0	0	41	32	73
	25 – 29	0	0	0	2	2	4
	30 – 34	0	2	2	1	0	1
	35 – 39	3	3	6	0	0	0
	40 – 44	3	12	15	0	0	0
	45 – 49	4	9	13	0	0	0
	50 – 54	4	7	11	0	0	0
	55 – 59	2	2	4	0	0	0
	60 – 64	1	1	2	0	0	0
	65+	0	1	1	0	0	0
	Total	**17**	**37**	**54**	**85**	**66**	**151**
Employee & Family	**0 – 19**	0	0	0	18	13	31
	20 – 24	0	0	0	18	13	31
	25 – 29	0	0	0	0	3	3
	30 – 34	2	0	2	0	3	3
	35 – 39	1	2	3	1	1	2
	40 – 44	2	4	6	2	2	4
	45 – 49	2	1	3	4	3	7
	50 – 54	2	2	4	0	1	1
	55 – 59	1	2	3	2	0	2
	60 – 64	0	1	1	3	0	3
	65+	0	0	0	0	0	0
	Total	**10**	**12**	**22**	**48**	**39**	**87**
All Tiers	**0 – 19**	0	0	0	59	45	104
	20 – 24	0	0	0	59	45	104
	25 – 29	4	9	13	2	6	8
	30 – 34	6	11	17	1	3	4
	35 – 39	6	19	25	2	1	3
	40 – 44	9	33	42	2	2	4
	45 – 49	13	28	41	4	4	8
	50 – 54	8	27	35	4	4	8
	55 – 59	11	21	32	4	1	5
	60 – 64	7	21	28	9	2	11
	65+	0	4	4	2	0	2
	Total	**64**	**173**	**237**	**148**	**113**	**261**

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Benefit Package: Benefit Package 177

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	3	4	0	0	0
	30 – 34	1	0	1	0	0	0
	35 – 39	1	9	10	0	0	0
	40 – 44	4	7	11	0	0	0
	45 – 49	1	10	11	0	0	0
	50 – 54	2	11	13	0	0	0
	55 – 59	2	11	13	0	0	0
	60 – 64	1	10	11	0	0	0
	65+	2	2	4	0	0	0
	Total	**15**	**63**	**78**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	0	1	0	1	1
	30 – 34	0	0	0	0	0	0
	35 – 39	1	1	2	1	1	2
	40 – 44	1	0	1	0	0	0
	45 – 49	0	1	1	1	0	1
	50 – 54	0	0	0	1	0	1
	55 – 59	0	1	1	0	0	0
	60 – 64	1	3	4	5	1	6
	65+	0	1	1	0	0	0
	Total	**4**	**7**	**11**	**8**	**3**	**11**
Employee & Children	**0 – 19**	0	0	0	9	4	13
	20 – 24	0	0	0	9	4	13
	25 – 29	0	0	0	0	1	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	1	1	2	0	0	0
	45 – 49	1	2	3	0	0	0
	50 – 54	1	0	1	0	0	0
	55 – 59	1	0	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**4**	**3**	**7**	**18**	**9**	**27**
Employee & Family	**0 – 19**	0	0	0	2	4	6
	20 – 24	0	0	0	2	4	6
	25 – 29	0	0	0	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	0	0	0	1	0	1
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	2	2	0	0	0
	55 – 59	0	0	0	1	0	1
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	1	0	1
	Total	**0**	**3**	**3**	**7**	**8**	**15**
All Tiers	**0 – 19**	0	0	0	11	8	19
	20 – 24	0	0	0	11	8	19
	25 – 29	2	3	5	0	2	2
	30 – 34	1	1	2	0	0	0
	35 – 39	2	10	12	2	1	3
	40 – 44	6	8	14	0	0	0
	45 – 49	2	13	15	1	0	1
	50 – 54	3	13	16	1	0	1
	55 – 59	3	12	15	1	0	1
	60 – 64	2	13	15	5	1	6
	65+	2	3	5	1	0	1
	Total	**23**	**76**	**99**	**33**	**20**	**53**

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Benefit Package: Benefit Package 185

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Children	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	2	2
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	1	0	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**0**	**1**	**0**	**2**	**2**
Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	2	2
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	1	0	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**0**	**1**	**0**	**2**	**2**

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Benefit Package: Benefit Package 230

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	1	2	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	1	0	1	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**2**	**4**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	0	1	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	1	1	2	0	1	1
	45 – 49	0	1	1	0	0	0
	50 – 54	0	0	0	2	0	2
	55 – 59	1	1	2	2	1	3
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**3**	**4**	**7**	**4**	**2**	**6**
Employee & Children	**0 – 19**	0	0	0	3	4	7
	20 – 24	0	0	0	3	4	7
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	2	2	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**3**	**3**	**6**	**8**	**14**
Employee & Family	**0 – 19**	0	0	0	10	9	19
	20 – 24	0	0	0	10	9	19
	25 – 29	0	0	0	2	0	2
	30 – 34	1	1	2	0	1	1
	35 – 39	1	0	1	0	1	1
	40 – 44	0	2	2	2	0	2
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	1	0	1
	55 – 59	1	0	1	0	1	1
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**3**	**4**	**7**	**25**	**21**	**46**
All Tiers	**0 – 19**	0	0	0	13	13	26
	20 – 24	0	0	0	13	13	26
	25 – 29	2	1	3	2	0	2
	30 – 34	1	2	3	0	1	1
	35 – 39	2	2	4	0	1	1
	40 – 44	1	4	5	2	1	3
	45 – 49	0	1	1	0	0	0
	50 – 54	0	1	1	3	0	3
	55 – 59	2	1	3	2	2	4
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**8**	**13**	**21**	**35**	**31**	**66**

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Benefit Package: Benefit Package 236

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	8	8	0	0	0
	30 – 34	3	8	11	0	0	0
	35 – 39	2	5	7	0	0	0
	40 – 44	6	10	16	0	0	0
	45 – 49	4	16	20	0	0	0
	50 – 54	7	24	31	0	0	0
	55 – 59	4	18	22	0	0	0
	60 – 64	11	15	26	0	0	0
	65+	1	8	9	0	0	0
	Total	**38**	**112**	**150**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	1	4	5	2	0	2
	60 – 64	1	4	5	2	2	4
	65+	0	1	1	3	0	3
	Total	**2**	**9**	**11**	**7**	**2**	**9**
Employee & Children	**0 – 19**	0	0	0	53	43	96
	20 – 24	0	0	0	53	43	96
	25 – 29	0	1	1	5	9	14
	30 – 34	0	3	3	0	0	0
	35 – 39	1	2	3	0	0	0
	40 – 44	4	8	12	0	0	0
	45 – 49	3	12	15	0	0	0
	50 – 54	10	11	21	0	0	0
	55 – 59	3	6	9	0	0	0
	60 – 64	3	4	7	0	0	0
	65+	0	0	0	0	0	0
	Total	**24**	**47**	**71**	**111**	**95**	**206**
Employee & Family	**0 – 19**	0	0	0	9	11	20
	20 – 24	0	0	0	9	11	20
	25 – 29	0	1	1	0	0	0
	30 – 34	0	0	0	1	0	1
	35 – 39	0	0	0	0	1	1
	40 – 44	3	0	3	0	4	4
	45 – 49	3	1	4	0	1	1
	50 – 54	1	0	1	1	1	2
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**7**	**2**	**9**	**20**	**29**	**49**
All Tiers	**0 – 19**	0	0	0	62	54	116
	20 – 24	0	0	0	62	54	116
	25 – 29	0	10	10	5	9	14
	30 – 34	3	11	14	1	0	1
	35 – 39	3	7	10	0	1	1
	40 – 44	13	18	31	0	4	4
	45 – 49	10	29	39	0	1	1
	50 – 54	18	35	53	1	1	2
	55 – 59	8	28	36	2	0	2
	60 – 64	15	23	38	2	2	4
	65+	1	9	10	3	0	3
	Total	**71**	**170**	**241**	**138**	**126**	**264**

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Benefit Package: Benefit Package 237

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	1	1
	20 – 24	0	0	0	0	1	1
	25 – 29	3	11	14	0	0	0
	30 – 34	5	14	19	0	0	0
	35 – 39	4	10	14	0	0	0
	40 – 44	3	4	7	0	0	0
	45 – 49	1	9	10	0	0	0
	50 – 54	3	13	16	0	0	0
	55 – 59	2	12	14	0	0	0
	60 – 64	3	11	14	0	0	0
	65+	1	0	1	0	0	0
	Total	**25**	**84**	**109**	**0**	**2**	**2**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	1	1
	40 – 44	0	0	0	1	0	1
	45 – 49	0	1	1	0	0	0
	50 – 54	1	2	3	0	0	0
	55 – 59	1	5	6	4	1	5
	60 – 64	2	5	7	7	1	8
	65+	0	0	0	0	0	0
	Total	**4**	**13**	**17**	**12**	**3**	**15**
Employee & Children	**0 – 19**	0	0	0	49	38	87
	20 – 24	0	0	0	49	38	87
	25 – 29	0	1	1	5	1	6
	30 – 34	2	1	3	0	0	0
	35 – 39	5	6	11	0	0	0
	40 – 44	3	8	11	0	0	0
	45 – 49	7	10	17	0	0	0
	50 – 54	6	6	12	0	0	0
	55 – 59	3	5	8	0	0	0
	60 – 64	0	3	3	0	0	0
	65+	0	0	0	0	0	0
	Total	**26**	**40**	**66**	**103**	**77**	**180**
Employee & Family	**0 – 19**	0	0	0	12	13	25
	20 – 24	0	0	0	12	13	25
	25 – 29	0	0	0	2	3	5
	30 – 34	0	1	1	0	0	0
	35 – 39	2	2	4	1	2	3
	40 – 44	0	0	0	2	0	2
	45 – 49	1	4	5	1	2	3
	50 – 54	1	2	3	4	0	4
	55 – 59	0	4	4	3	1	4
	60 – 64	1	0	1	2	0	2
	65+	0	0	0	0	0	0
	Total	**5**	**13**	**18**	**39**	**34**	**73**
All Tiers	**0 – 19**	0	0	0	61	52	113
	20 – 24	0	0	0	61	52	113
	25 – 29	3	12	15	7	4	11
	30 – 34	7	16	23	0	0	0
	35 – 39	11	18	29	1	3	4
	40 – 44	6	12	18	3	0	3
	45 – 49	9	24	33	1	2	3
	50 – 54	11	23	34	4	0	4
	55 – 59	6	26	32	7	2	9
	60 – 64	6	19	25	9	1	10
	65+	1	0	1	0	0	0
	Total	**60**	**150**	**210**	**154**	**116**	**270**

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Benefit Package: Benefit Package 238

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	8	9	17	0	0	0
	30 – 34	4	8	12	0	0	0
	35 – 39	0	6	6	0	0	0
	40 – 44	0	4	4	0	0	0
	45 – 49	1	6	7	0	0	0
	50 – 54	1	2	3	0	0	0
	55 – 59	3	3	6	0	0	0
	60 – 64	3	2	5	0	0	0
	65+	0	2	2	0	0	0
	Total	**20**	**42**	**62**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	0	1	0	1	1
	30 – 34	2	2	4	2	1	3
	35 – 39	0	0	0	0	0	0
	40 – 44	1	1	2	1	1	2
	45 – 49	1	0	1	0	1	1
	50 – 54	0	1	1	1	1	2
	55 – 59	1	3	4	0	1	1
	60 – 64	1	2	3	5	0	5
	65+	0	0	0	0	0	0
	Total	**7**	**9**	**16**	**9**	**6**	**15**
Employee & Children	**0 – 19**	0	0	0	27	20	47
	20 – 24	0	0	0	27	20	47
	25 – 29	0	2	2	2	0	2
	30 – 34	0	3	3	0	0	0
	35 – 39	1	5	6	0	0	0
	40 – 44	0	6	6	0	0	0
	45 – 49	1	3	4	0	0	0
	50 – 54	0	4	4	0	0	0
	55 – 59	1	2	3	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	1	1	0	0	0
	Total	**3**	**26**	**29**	**56**	**40**	**96**
Employee & Family	**0 – 19**	0	0	0	25	21	46
	20 – 24	0	0	0	25	21	46
	25 – 29	1	0	1	2	3	5
	30 – 34	1	1	2	1	0	1
	35 – 39	1	2	3	1	3	4
	40 – 44	1	3	4	3	0	3
	45 – 49	1	6	7	5	1	6
	50 – 54	2	1	3	0	2	2
	55 – 59	2	1	3	1	0	1
	60 – 64	0	1	1	1	0	1
	65+	0	0	0	1	0	1
	Total	**9**	**15**	**24**	**65**	**51**	**116**
All Tiers	**0 – 19**	0	0	0	52	41	93
	20 – 24	0	0	0	52	41	93
	25 – 29	10	11	21	4	4	8
	30 – 34	7	14	21	3	1	4
	35 – 39	2	13	15	1	3	4
	40 – 44	2	14	16	4	1	5
	45 – 49	4	15	19	5	2	7
	50 – 54	3	8	11	1	3	4
	55 – 59	7	9	16	1	1	2
	60 – 64	4	5	9	6	0	6
	65+	0	3	3	1	0	1
	Total	**39**	**92**	**131**	**130**	**97**	**227**

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Benefit Package: Benefit Package 245

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	2	1	3	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	2	2	4	0	0	0
	40 – 44	2	0	2	0	0	0
	45 – 49	5	3	8	0	0	0
	50 – 54	3	6	9	0	0	0
	55 – 59	4	5	9	0	0	0
	60 – 64	11	5	16	0	0	0
	65+	1	0	1	0	0	0
	Total	**30**	**22**	**52**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	1	2	3	3	1	4
	65+	0	0	0	0	0	0
	Total	**1**	**3**	**4**	**3**	**1**	**4**
Employee & Children	**0 – 19**	0	0	0	5	6	11
	20 – 24	0	0	0	5	6	11
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	2	2	0	0	0
	40 – 44	0	3	3	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**6**	**6**	**10**	**12**	**22**
Employee & Family	**0 – 19**	0	0	0	0	2	2
	20 – 24	0	0	0	0	2	2
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	1	1
	45 – 49	0	0	0	0	0	0
	50 – 54	1	0	1	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**0**	**1**	**0**	**5**	**5**
All Tiers	**0 – 19**	0	0	0	5	8	13
	20 – 24	0	0	0	5	8	13
	25 – 29	2	1	3	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	2	4	6	0	0	0
	40 – 44	2	3	5	0	1	1
	45 – 49	5	4	9	0	0	0
	50 – 54	4	7	11	0	0	0
	55 – 59	4	5	9	0	0	0
	60 – 64	12	7	19	3	1	4
	65+	1	0	1	0	0	0
	Total	**32**	**31**	**63**	**13**	**18**	**31**

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Benefit Package: Benefit Package 246

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	10	17	27	0	0	0
	30 – 34	8	26	34	0	0	0
	35 – 39	9	10	19	0	0	0
	40 – 44	4	22	26	0	0	0
	45 – 49	12	10	22	0	0	0
	50 – 54	8	19	27	0	0	0
	55 – 59	5	14	19	0	0	0
	60 – 64	11	20	31	0	0	0
	65+	7	5	12	0	0	0
	Total	**74**	**143**	**217**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	3	0	3	0	2	2
	40 – 44	0	0	0	0	1	1
	45 – 49	0	0	0	0	0	0
	50 – 54	1	6	7	4	1	5
	55 – 59	4	7	11	2	3	5
	60 – 64	6	11	17	14	5	19
	65+	2	1	3	7	4	11
	Total	**16**	**25**	**41**	**27**	**16**	**43**
Employee & Children	**0 – 19**	0	0	0	135	146	281
	20 – 24	0	0	0	135	146	281
	25 – 29	4	4	8	7	3	10
	30 – 34	4	8	12	0	0	0
	35 – 39	10	23	33	0	0	0
	40 – 44	8	30	38	0	0	0
	45 – 49	11	27	38	0	0	0
	50 – 54	13	14	27	0	0	0
	55 – 59	7	6	13	0	0	0
	60 – 64	2	0	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**59**	**112**	**171**	**277**	**295**	**572**
Employee & Family	**0 – 19**	0	0	0	15	19	34
	20 – 24	0	0	0	15	19	34
	25 – 29	1	0	1	0	1	1
	30 – 34	0	3	3	3	0	3
	35 – 39	3	0	3	0	2	2
	40 – 44	0	2	2	2	3	5
	45 – 49	1	4	5	3	1	4
	50 – 54	3	3	6	2	0	2
	55 – 59	0	2	2	1	2	3
	60 – 64	1	1	2	3	0	3
	65+	0	0	0	1	0	1
	Total	**9**	**15**	**24**	**45**	**47**	**92**
All Tiers	**0 – 19**	0	0	0	150	165	315
	20 – 24	0	0	0	150	165	315
	25 – 29	15	21	36	7	4	11
	30 – 34	12	37	49	3	0	3
	35 – 39	25	33	58	0	4	4
	40 – 44	12	54	66	2	4	6
	45 – 49	24	41	65	3	1	4
	50 – 54	25	42	67	6	1	7
	55 – 59	16	29	45	3	5	8
	60 – 64	20	32	52	17	5	22
	65+	9	6	15	8	4	12
	Total	**158**	**295**	**453**	**349**	**358**	**707**

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Benefit Package: Benefit Package 247

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	8	31	39	0	0	0
	30 – 34	4	28	32	0	0	0
	35 – 39	6	8	14	0	0	0
	40 – 44	1	8	9	0	0	0
	45 – 49	6	9	15	0	0	0
	50 – 54	2	8	10	0	0	0
	55 – 59	1	16	17	0	0	0
	60 – 64	7	18	25	0	0	0
	65+	4	4	8	0	0	0
	Total	**39**	**130**	**169**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	1	0	1	0	1	1
	40 – 44	0	1	1	0	0	0
	45 – 49	0	2	2	1	0	1
	50 – 54	0	0	0	1	0	1
	55 – 59	0	2	2	1	0	1
	60 – 64	3	1	4	3	5	8
	65+	3	4	7	4	1	5
	Total	**7**	**10**	**17**	**10**	**7**	**17**
Employee & Children	**0 – 19**	0	0	0	24	20	44
	20 – 24	0	0	0	24	20	44
	25 – 29	0	1	1	2	0	2
	30 – 34	2	7	9	0	0	0
	35 – 39	0	3	3	0	0	0
	40 – 44	4	8	12	0	0	0
	45 – 49	2	5	7	0	0	0
	50 – 54	1	2	3	0	0	0
	55 – 59	0	3	3	0	0	0
	60 – 64	1	1	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**10**	**30**	**40**	**50**	**40**	**90**
Employee & Family	**0 – 19**	0	0	0	15	9	24
	20 – 24	0	0	0	15	9	24
	25 – 29	0	0	0	2	2	4
	30 – 34	1	0	1	0	2	2
	35 – 39	2	0	2	0	1	1
	40 – 44	0	0	0	0	1	1
	45 – 49	4	3	7	3	3	6
	50 – 54	0	1	1	0	0	0
	55 – 59	0	3	3	2	1	3
	60 – 64	0	4	4	5	0	5
	65+	1	0	1	1	0	1
	Total	**8**	**11**	**19**	**43**	**28**	**71**
All Tiers	**0 – 19**	0	0	0	39	29	68
	20 – 24	0	0	0	39	29	68
	25 – 29	8	32	40	4	2	6
	30 – 34	7	35	42	0	2	2
	35 – 39	9	11	20	0	2	2
	40 – 44	5	17	22	0	1	1
	45 – 49	12	19	31	4	3	7
	50 – 54	3	11	14	1	0	1
	55 – 59	1	24	25	3	1	4
	60 – 64	11	24	35	8	5	13
	65+	8	8	16	5	1	6
	Total	**64**	**181**	**245**	**103**	**75**	**178**

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Benefit Package: Benefit Package 249

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	18	24	42	0	0	0
	30 – 34	11	28	39	0	0	0
	35 – 39	22	39	61	0	0	0
	40 – 44	14	32	46	0	0	0
	45 – 49	13	23	36	0	0	0
	50 – 54	26	41	67	0	0	0
	55 – 59	21	69	90	0	0	0
	60 – 64	26	44	70	0	0	0
	65+	7	15	22	0	0	0
	Total	**158**	**315**	**473**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	1	2	0	2	2
	30 – 34	2	2	4	4	1	5
	35 – 39	0	4	4	2	1	3
	40 – 44	1	1	2	2	0	2
	45 – 49	0	3	3	1	0	1
	50 – 54	0	3	3	4	1	5
	55 – 59	3	5	8	3	3	6
	60 – 64	4	7	11	9	3	12
	65+	0	2	2	3	0	3
	Total	**11**	**28**	**39**	**28**	**11**	**39**
Employee & Children	**0 – 19**	0	0	0	96	96	192
	20 – 24	0	0	0	96	96	192
	25 – 29	0	4	4	10	6	16
	30 – 34	1	7	8	0	0	0
	35 – 39	9	19	28	0	0	0
	40 – 44	4	18	22	0	0	0
	45 – 49	10	18	28	0	0	0
	50 – 54	6	21	27	0	0	0
	55 – 59	2	11	13	0	0	0
	60 – 64	3	2	5	0	0	0
	65+	0	0	0	0	0	0
	Total	**35**	**100**	**135**	**202**	**198**	**400**
Employee & Family	**0 – 19**	0	0	0	27	40	67
	20 – 24	0	0	0	27	40	67
	25 – 29	0	1	1	3	2	5
	30 – 34	2	1	3	2	1	3
	35 – 39	3	2	5	1	5	6
	40 – 44	3	4	7	0	2	2
	45 – 49	4	5	9	7	3	10
	50 – 54	3	3	6	2	3	5
	55 – 59	1	1	2	1	1	2
	60 – 64	2	0	2	2	2	4
	65+	2	0	2	1	1	2
	Total	**20**	**17**	**37**	**73**	**100**	**173**
All Tiers	**0 – 19**	0	0	0	123	136	259
	20 – 24	0	0	0	123	136	259
	25 – 29	19	30	49	13	10	23
	30 – 34	16	38	54	6	2	8
	35 – 39	34	64	98	3	6	9
	40 – 44	22	55	77	2	2	4
	45 – 49	27	49	76	8	3	11
	50 – 54	35	68	103	6	4	10
	55 – 59	27	86	113	4	4	8
	60 – 64	35	53	88	11	5	16
	65+	9	17	26	4	1	5
	Total	**224**	**460**	**684**	**303**	**309**	**612**

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Benefit Package: Benefit Package 250

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	2	2	4	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	3	3	0	0	0
	45 – 49	1	7	8	0	0	0
	50 – 54	0	7	7	0	0	0
	55 – 59	1	4	5	0	0	0
	60 – 64	1	6	7	0	0	0
	65+	0	1	1	0	0	0
	Total	**5**	**32**	**37**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	0	1	0	1	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	1	0	1
	40 – 44	0	1	1	0	0	0
	45 – 49	0	0	0	1	0	1
	50 – 54	0	3	3	1	0	1
	55 – 59	1	4	5	5	2	7
	60 – 64	2	2	4	3	1	4
	65+	0	0	0	0	0	0
	Total	**4**	**11**	**15**	**11**	**4**	**15**
Employee & Children	**0 – 19**	0	0	0	15	7	22
	20 – 24	0	0	0	15	7	22
	25 – 29	0	1	1	2	1	3
	30 – 34	1	1	2	0	0	0
	35 – 39	1	2	3	0	0	0
	40 – 44	0	2	2	0	0	0
	45 – 49	2	4	6	0	0	0
	50 – 54	1	2	3	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**5**	**12**	**17**	**32**	**15**	**47**
Employee & Family	**0 – 19**	0	0	0	12	9	21
	20 – 24	0	0	0	12	9	21
	25 – 29	0	0	0	1	1	2
	30 – 34	0	0	0	0	0	0
	35 – 39	0	2	2	1	1	2
	40 – 44	1	2	3	1	1	2
	45 – 49	3	2	5	4	1	5
	50 – 54	1	1	2	2	2	4
	55 – 59	0	2	2	0	0	0
	60 – 64	0	0	0	1	0	1
	65+	0	0	0	0	0	0
	Total	**5**	**9**	**14**	**34**	**24**	**58**
All Tiers	**0 – 19**	0	0	0	27	16	43
	20 – 24	0	0	0	27	16	43
	25 – 29	3	3	6	3	3	6
	30 – 34	1	2	3	0	0	0
	35 – 39	1	6	7	2	1	3
	40 – 44	1	8	9	1	1	2
	45 – 49	6	13	19	5	1	6
	50 – 54	2	13	15	3	2	5
	55 – 59	2	10	12	5	2	7
	60 – 64	3	8	11	4	1	5
	65+	0	1	1	0	0	0
	Total	**19**	**64**	**83**	**77**	**43**	**120**

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Benefit Package: Benefit Package 251

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	1	0	1	0	0	0
	20 – 24	1	0	1	0	0	0
	25 – 29	18	43	61	0	0	0
	30 – 34	12	46	58	0	0	0
	35 – 39	11	37	48	0	0	0
	40 – 44	9	46	55	0	0	0
	45 – 49	11	53	64	0	0	0
	50 – 54	28	67	95	0	0	0
	55 – 59	25	102	127	0	0	0
	60 – 64	24	106	130	0	0	0
	65+	7	42	49	0	0	0
	Total	**147**	**542**	**689**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	8	8	7	0	7
	30 – 34	1	4	5	5	0	5
	35 – 39	0	3	3	7	0	7
	40 – 44	1	8	9	6	1	7
	45 – 49	5	14	19	8	5	13
	50 – 54	3	13	16	10	8	18
	55 – 59	17	54	71	32	19	51
	60 – 64	23	58	81	63	17	80
	65+	3	27	30	49	6	55
	Total	**53**	**189**	**242**	**187**	**56**	**243**
Employee & Children	**0 – 19**	0	0	0	178	168	346
	20 – 24	0	0	0	178	168	346
	25 – 29	2	9	11	16	8	24
	30 – 34	3	21	24	0	0	0
	35 – 39	8	29	37	0	0	0
	40 – 44	7	34	41	0	0	0
	45 – 49	13	49	62	0	0	0
	50 – 54	16	32	48	0	0	0
	55 – 59	7	31	38	0	0	0
	60 – 64	7	14	21	0	0	0
	65+	0	1	1	0	0	0
	Total	**63**	**220**	**283**	**372**	**344**	**716**
Employee & Family	**0 – 19**	0	0	0	156	129	285
	20 – 24	0	0	0	156	129	285
	25 – 29	0	2	2	13	11	24
	30 – 34	7	8	15	8	9	17
	35 – 39	13	20	33	12	21	33
	40 – 44	12	17	29	23	11	34
	45 – 49	13	24	37	21	16	37
	50 – 54	11	34	45	30	10	40
	55 – 59	13	19	32	18	9	27
	60 – 64	7	11	18	18	2	20
	65+	0	0	0	2	0	2
	Total	**76**	**135**	**211**	**457**	**347**	**804**
All Tiers	**0 – 19**	1	0	1	334	297	631
	20 – 24	1	0	1	334	297	631
	25 – 29	20	62	82	36	19	55
	30 – 34	23	79	102	13	9	22
	35 – 39	32	89	121	19	21	40
	40 – 44	29	105	134	29	12	41
	45 – 49	42	140	182	29	21	50
	50 – 54	58	146	204	40	18	58
	55 – 59	62	206	268	50	28	78
	60 – 64	61	189	250	81	19	100
	65+	10	70	80	51	6	57
	Total	**339**	**1,086**	**1,425**	**1,016**	**747**	**1,763**

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Benefit Package: Benefit Package 254

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	3	6	9	0	0	0
	30 – 34	2	4	6	0	0	0
	35 – 39	0	7	7	0	0	0
	40 – 44	0	4	4	0	0	0
	45 – 49	1	9	10	0	0	0
	50 – 54	2	8	10	0	0	0
	55 – 59	1	5	6	0	0	0
	60 – 64	6	10	16	0	0	0
	65+	0	3	3	0	0	0
	Total	**15**	**56**	**71**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	1	1	1	0	1
	30 – 34	0	1	1	0	0	0
	35 – 39	1	0	1	1	1	2
	40 – 44	0	3	3	1	0	1
	45 – 49	0	1	1	2	0	2
	50 – 54	0	3	3	2	0	2
	55 – 59	0	5	5	5	1	6
	60 – 64	4	3	7	4	4	8
	65+	1	0	1	1	0	1
	Total	**6**	**17**	**23**	**17**	**6**	**23**
Employee & Children	**0 – 19**	0	0	0	22	21	43
	20 – 24	0	0	0	22	21	43
	25 – 29	1	1	2	1	0	1
	30 – 34	3	3	6	0	0	0
	35 – 39	0	4	4	0	0	0
	40 – 44	2	1	3	0	0	0
	45 – 49	3	8	11	0	0	0
	50 – 54	1	7	8	0	0	0
	55 – 59	0	2	2	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**10**	**27**	**37**	**45**	**42**	**87**
Employee & Family	**0 – 19**	0	0	0	33	33	66
	20 – 24	0	0	0	33	33	66
	25 – 29	0	0	0	2	2	4
	30 – 34	2	0	2	0	2	2
	35 – 39	2	5	7	2	3	5
	40 – 44	3	4	7	3	5	8
	45 – 49	4	7	11	7	2	9
	50 – 54	3	4	7	6	2	8
	55 – 59	1	2	3	4	0	4
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**15**	**22**	**37**	**90**	**82**	**172**
All Tiers	**0 – 19**	0	0	0	55	54	109
	20 – 24	0	0	0	55	54	109
	25 – 29	4	8	12	4	2	6
	30 – 34	7	8	15	0	2	2
	35 – 39	3	16	19	3	4	7
	40 – 44	5	12	17	4	5	9
	45 – 49	8	25	33	9	2	11
	50 – 54	6	22	28	8	2	10
	55 – 59	2	14	16	9	1	10
	60 – 64	10	14	24	4	4	8
	65+	1	3	4	1	0	1
	Total	**46**	**122**	**168**	**152**	**130**	**282**

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Benefit Package: Benefit Package 257

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	12	34	46	0	0	0
	30 – 34	19	24	43	0	0	0
	35 – 39	9	30	39	0	0	0
	40 – 44	11	34	45	0	0	0
	45 – 49	10	36	46	0	0	0
	50 – 54	19	46	65	0	0	0
	55 – 59	19	61	80	0	0	0
	60 – 64	14	50	64	0	0	0
	65+	5	15	20	0	0	0
	Total	**118**	**330**	**448**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	1	2	1	1	2
	30 – 34	1	2	3	0	1	1
	35 – 39	0	0	0	2	0	2
	40 – 44	1	1	2	2	1	3
	45 – 49	2	3	5	1	1	2
	50 – 54	0	3	3	0	2	2
	55 – 59	2	16	18	10	6	16
	60 – 64	9	15	24	19	5	24
	65+	5	7	12	13	5	18
	Total	**21**	**48**	**69**	**48**	**22**	**70**
Employee & Children	**0 – 19**	0	0	0	120	79	199
	20 – 24	0	0	0	120	79	199
	25 – 29	1	5	6	10	8	18
	30 – 34	2	7	9	0	1	1
	35 – 39	9	13	22	1	0	1
	40 – 44	9	24	33	0	0	0
	45 – 49	7	18	25	0	0	0
	50 – 54	13	17	30	0	0	0
	55 – 59	1	17	18	0	0	0
	60 – 64	4	8	12	0	0	0
	65+	0	1	1	0	0	0
	Total	**46**	**110**	**156**	**251**	**167**	**418**
Employee & Family	**0 – 19**	0	0	0	54	46	100
	20 – 24	0	0	0	54	46	100
	25 – 29	0	0	0	3	5	8
	30 – 34	2	3	5	2	1	3
	35 – 39	1	2	3	2	4	6
	40 – 44	5	14	19	8	6	14
	45 – 49	10	11	21	10	6	16
	50 – 54	4	9	13	10	6	16
	55 – 59	4	2	6	4	0	4
	60 – 64	0	1	1	2	1	3
	65+	0	0	0	3	1	4
	Total	**26**	**42**	**68**	**152**	**122**	**274**
All Tiers	**0 – 19**	0	0	0	174	125	299
	20 – 24	0	0	0	174	125	299
	25 – 29	14	40	54	14	14	28
	30 – 34	24	36	60	2	3	5
	35 – 39	19	45	64	5	4	9
	40 – 44	26	73	99	10	7	17
	45 – 49	29	68	97	11	7	18
	50 – 54	36	75	111	10	8	18
	55 – 59	26	96	122	14	6	20
	60 – 64	27	74	101	21	6	27
	65+	10	23	33	16	6	22
	Total	**211**	**530**	**741**	**451**	**311**	**762**

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Benefit Package: Benefit Package 259

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	1	0	1	0	0	0
	20 – 24	1	0	1	0	0	0
	25 – 29	4	12	16	0	0	0
	30 – 34	6	6	12	0	0	0
	35 – 39	3	15	18	0	0	0
	40 – 44	7	12	19	0	0	0
	45 – 49	6	18	24	0	0	0
	50 – 54	6	23	29	0	0	0
	55 – 59	6	34	40	0	0	0
	60 – 64	17	46	63	0	0	0
	65+	5	10	15	0	0	0
	Total	**62**	**176**	**238**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	1	0	1	0	1	1
	35 – 39	0	1	1	1	0	1
	40 – 44	0	1	1	0	0	0
	45 – 49	0	1	1	1	0	1
	50 – 54	0	6	6	2	3	5
	55 – 59	5	12	17	11	3	14
	60 – 64	2	7	9	11	4	15
	65+	3	4	7	5	1	6
	Total	**11**	**32**	**43**	**31**	**12**	**43**
Employee & Children	**0 – 19**	0	1	1	55	37	92
	20 – 24	0	1	1	55	37	92
	25 – 29	0	2	2	4	1	5
	30 – 34	1	3	4	0	0	0
	35 – 39	2	5	7	0	0	0
	40 – 44	4	7	11	0	0	0
	45 – 49	7	6	13	0	0	0
	50 – 54	4	11	15	0	0	0
	55 – 59	3	7	10	0	0	0
	60 – 64	1	3	4	0	0	0
	65+	0	0	0	0	0	0
	Total	**22**	**46**	**68**	**114**	**75**	**189**
Employee & Family	**0 – 19**	0	0	0	13	22	35
	20 – 24	0	0	0	13	22	35
	25 – 29	0	0	0	3	3	6
	30 – 34	0	0	0	0	1	1
	35 – 39	4	2	6	1	2	3
	40 – 44	1	3	4	3	1	4
	45 – 49	1	4	5	3	5	8
	50 – 54	5	6	11	7	2	9
	55 – 59	0	5	5	4	1	5
	60 – 64	2	1	3	3	1	4
	65+	0	0	0	0	0	0
	Total	**13**	**21**	**34**	**50**	**60**	**110**
All Tiers	**0 – 19**	1	1	2	68	59	127
	20 – 24	1	1	2	68	59	127
	25 – 29	4	14	18	7	4	11
	30 – 34	8	9	17	0	2	2
	35 – 39	9	23	32	2	2	4
	40 – 44	12	23	35	3	1	4
	45 – 49	14	29	43	4	5	9
	50 – 54	15	46	61	9	5	14
	55 – 59	14	58	72	15	4	19
	60 – 64	22	57	79	14	5	19
	65+	8	14	22	5	1	6
	Total	**108**	**275**	**383**	**195**	**147**	**342**

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Benefit Package: Benefit Package 266

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	8	9	0	0	0
	30 – 34	5	16	21	0	0	0
	35 – 39	6	15	21	0	0	0
	40 – 44	6	14	20	0	0	0
	45 – 49	7	25	32	0	0	0
	50 – 54	9	22	31	0	0	0
	55 – 59	5	25	30	0	0	0
	60 – 64	5	25	30	0	0	0
	65+	1	3	4	0	0	0
	Total	**45**	**153**	**198**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	2	0	2	0	2	2
	30 – 34	3	3	6	0	3	3
	35 – 39	2	1	3	3	2	5
	40 – 44	1	0	1	0	0	0
	45 – 49	0	0	0	3	0	3
	50 – 54	2	4	6	3	3	6
	55 – 59	5	14	19	5	8	13
	60 – 64	9	7	16	11	7	18
	65+	1	0	1	3	0	3
	Total	**25**	**29**	**54**	**28**	**25**	**53**
Employee & Children	**0 – 19**	0	0	0	76	88	164
	20 – 24	0	0	0	76	88	164
	25 – 29	0	1	1	7	3	10
	30 – 34	0	6	6	1	1	2
	35 – 39	5	19	24	0	0	0
	40 – 44	7	12	19	0	0	0
	45 – 49	6	11	17	0	0	0
	50 – 54	3	7	10	0	0	0
	55 – 59	5	8	13	0	0	0
	60 – 64	1	3	4	0	0	0
	65+	0	0	0	0	0	0
	Total	**27**	**67**	**94**	**160**	**180**	**340**
Employee & Family	**0 – 19**	0	0	0	27	28	55
	20 – 24	0	0	0	27	28	55
	25 – 29	0	0	0	1	5	6
	30 – 34	1	1	2	1	2	3
	35 – 39	1	4	5	2	4	6
	40 – 44	8	3	11	4	5	9
	45 – 49	4	4	8	3	5	8
	50 – 54	2	2	4	4	2	6
	55 – 59	3	0	3	0	3	3
	60 – 64	2	1	3	0	0	0
	65+	0	0	0	1	0	1
	Total	**21**	**15**	**36**	**70**	**82**	**152**
All Tiers	**0 – 19**	0	0	0	103	116	219
	20 – 24	0	0	0	103	116	219
	25 – 29	3	9	12	8	10	18
	30 – 34	9	26	35	2	6	8
	35 – 39	14	39	53	5	6	11
	40 – 44	22	29	51	4	5	9
	45 – 49	17	40	57	6	5	11
	50 – 54	16	35	51	7	5	12
	55 – 59	18	47	65	5	11	16
	60 – 64	17	36	53	11	7	18
	65+	2	3	5	4	0	4
	Total	**118**	**264**	**382**	**258**	**287**	**545**

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Benefit Package: Benefit Package 267

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	2	8	10	0	0	0
	30 – 34	3	2	5	0	0	0
	35 – 39	4	7	11	0	0	0
	40 – 44	3	12	15	0	0	0
	45 – 49	4	7	11	0	0	0
	50 – 54	4	13	17	0	0	0
	55 – 59	4	21	25	0	0	0
	60 – 64	7	10	17	0	0	0
	65+	3	4	7	0	0	0
	Total	**34**	**84**	**118**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	1	1	0	1	1
	35 – 39	0	0	0	0	1	1
	40 – 44	2	1	3	1	1	2
	45 – 49	0	0	0	1	1	2
	50 – 54	1	4	5	0	2	2
	55 – 59	3	5	8	5	2	7
	60 – 64	1	4	5	6	0	6
	65+	1	0	1	1	1	2
	Total	**8**	**15**	**23**	**14**	**9**	**23**
Employee & Children	**0 – 19**	0	0	0	38	32	70
	20 – 24	0	0	0	38	32	70
	25 – 29	0	2	2	0	3	3
	30 – 34	1	4	5	0	0	0
	35 – 39	4	6	10	0	0	0
	40 – 44	1	7	8	0	0	0
	45 – 49	3	6	9	0	0	0
	50 – 54	2	2	4	0	0	0
	55 – 59	2	4	6	0	0	0
	60 – 64	1	0	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**14**	**31**	**45**	**76**	**67**	**143**
Employee & Family	**0 – 19**	0	0	0	15	11	26
	20 – 24	0	0	0	15	11	26
	25 – 29	1	1	2	1	1	2
	30 – 34	1	0	1	1	2	3
	35 – 39	3	0	3	0	3	3
	40 – 44	3	3	6	1	1	2
	45 – 49	1	1	2	1	2	3
	50 – 54	0	1	1	3	1	4
	55 – 59	2	0	2	0	1	1
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**11**	**6**	**17**	**37**	**33**	**70**
All Tiers	**0 – 19**	0	0	0	53	43	96
	20 – 24	0	0	0	53	43	96
	25 – 29	3	11	14	1	4	5
	30 – 34	5	7	12	1	3	4
	35 – 39	11	13	24	0	4	4
	40 – 44	9	23	32	2	2	4
	45 – 49	8	14	22	2	3	5
	50 – 54	7	20	27	3	3	6
	55 – 59	11	30	41	5	3	8
	60 – 64	9	14	23	6	0	6
	65+	4	4	8	1	1	2
	Total	**67**	**136**	**203**	**127**	**109**	**236**

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Benefit Package: Benefit Package 269

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	1	0	1	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	1	3	4	0	0	0
	65+	1	2	3	0	0	0
	Total	**3**	**6**	**9**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Children	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**1**	**1**	**0**	**0**	**0**
Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	1	0	1	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	1	4	5	0	0	0
	65+	1	2	3	0	0	0
	Total	**3**	**7**	**10**	**0**	**0**	**0**

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Benefit Package: Benefit Package 270

		Enrolled Employees			Enrolled Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	2	2	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	1	2	3	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	3	1	4	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	1	1	0	0	0
	Total	**4**	**8**	**12**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	1	1	1	0	1
	65+	0	0	0	0	0	0
	Total	**0**	**1**	**1**	**1**	**0**	**1**
Employee & Children	**0 – 19**	0	0	0	9	6	15
	20 – 24	0	0	0	9	6	15
	25 – 29	0	0	0	0	4	4
	30 – 34	0	1	1	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	2	2	4	0	0	0
	50 – 54	1	2	3	0	0	0
	55 – 59	0	6	6	0	0	0
	60 – 64	1	1	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**4**	**12**	**16**	**18**	**16**	**34**
Employee & Family	**0 – 19**	0	0	0	5	1	6
	20 – 24	0	0	0	5	1	6
	25 – 29	0	0	0	1	0	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	1	0	1
	45 – 49	0	2	2	0	0	0
	50 – 54	1	0	1	3	1	4
	55 – 59	0	1	1	0	0	0
	60 – 64	0	1	1	1	0	1
	65+	0	0	0	0	0	0
	Total	**1**	**5**	**6**	**16**	**3**	**19**
All Tiers	**0 – 19**	0	0	0	14	7	21
	20 – 24	0	0	0	14	7	21
	25 – 29	0	0	0	1	4	5
	30 – 34	0	3	3	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	1	1	1	0	1
	45 – 49	3	6	9	0	0	0
	50 – 54	2	2	4	3	1	4
	55 – 59	3	8	11	0	0	0
	60 – 64	1	4	5	2	0	2
	65+	0	1	1	0	0	0
	Total	**9**	**26**	**35**	**35**	**19**	**54**

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Benefit Package: Benefit Package 271

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	1	1	2	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**1**	**2**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Children	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	1	0	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**1**	**1**	**1**	**0**	**1**
Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	1	0	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	1	2	3	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**2**	**3**	**1**	**0**	**1**

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Benefit Package: Benefit Package 272

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**1**	**1**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Children	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**1**	**1**	**0**	**0**	**0**

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Benefit Package: Benefit Package 274

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	0	1	0	0	0
	30 – 34	0	2	2	0	0	0
	35 – 39	1	1	2	0	0	0
	40 – 44	1	0	1	0	0	0
	45 – 49	1	2	3	0	0	0
	50 – 54	0	3	3	0	0	0
	55 – 59	0	6	6	0	0	0
	60 – 64	0	5	5	0	0	0
	65+	0	0	0	0	0	0
	Total	**4**	**19**	**23**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	1	0	1	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	1	1
	65+	0	0	0	0	0	0
	Total	**1**	**0**	**1**	**0**	**1**	**1**
Employee & Children	**0 – 19**	0	0	0	14	13	27
	20 – 24	0	0	0	14	13	27
	25 – 29	0	0	0	2	2	4
	30 – 34	0	2	2	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	1	4	5	0	0	0
	45 – 49	0	5	5	0	0	0
	50 – 54	1	4	5	0	0	0
	55 – 59	1	2	3	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**3**	**18**	**21**	**30**	**28**	**58**
Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	1	1	1	0	1
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**1**	**1**	**1**	**0**	**1**
All Tiers	**0 – 19**	0	0	0	14	13	27
	20 – 24	0	0	0	14	13	27
	25 – 29	1	0	1	2	2	4
	30 – 34	0	4	4	0	0	0
	35 – 39	1	2	3	0	0	0
	40 – 44	2	4	6	0	0	0
	45 – 49	1	8	9	1	0	1
	50 – 54	2	7	9	0	0	0
	55 – 59	1	8	9	0	0	0
	60 – 64	0	5	5	0	1	1
	65+	0	0	0	0	0	0
	Total	**8**	**38**	**46**	**31**	**29**	**60**

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Benefit Package: Benefit Package 275

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	2	2	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	1	2	3	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	4	4	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	1	1	0	0	0
	Total	**1**	**12**	**13**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	0	0	1	0	1
	45 – 49	0	0	0	0	1	1
	50 – 54	0	2	2	0	0	0
	55 – 59	2	0	2	1	1	2
	60 – 64	0	1	1	3	0	3
	65+	0	1	1	0	0	0
	Total	**2**	**5**	**7**	**5**	**2**	**7**
Employee & Children	**0 – 19**	0	0	0	13	12	25
	20 – 24	0	0	0	13	12	25
	25 – 29	0	1	1	3	1	4
	30 – 34	1	1	2	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	2	3	5	0	0	0
	45 – 49	2	3	5	0	0	0
	50 – 54	1	8	9	0	0	0
	55 – 59	1	1	2	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**7**	**18**	**25**	**29**	**25**	**54**
Employee & Family	**0 – 19**	0	0	0	6	3	9
	20 – 24	0	0	0	6	3	9
	25 – 29	0	0	0	1	1	2
	30 – 34	1	0	1	0	1	1
	35 – 39	0	1	1	0	0	0
	40 – 44	0	1	1	1	0	1
	45 – 49	0	2	2	1	0	1
	50 – 54	0	1	1	2	0	2
	55 – 59	0	1	1	1	0	1
	60 – 64	0	0	0	1	0	1
	65+	0	0	0	0	0	0
	Total	**1**	**6**	**7**	**19**	**8**	**27**
All Tiers	**0 – 19**	0	0	0	19	15	34
	20 – 24	0	0	0	19	15	34
	25 – 29	0	1	1	4	2	6
	30 – 34	2	1	3	0	1	1
	35 – 39	0	4	4	0	0	0
	40 – 44	2	5	7	2	0	2
	45 – 49	3	7	10	1	1	2
	50 – 54	1	12	13	2	0	2
	55 – 59	3	6	9	2	1	3
	60 – 64	0	3	3	4	0	4
	65+	0	2	2	0	0	0
	Total	**11**	**41**	**52**	**53**	**35**	**88**

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Benefit Package: Benefit Package 276

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	1	1	2	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	2	3	5	0	0	0
	55 – 59	1	8	9	0	0	0
	60 – 64	1	7	8	0	0	0
	65+	1	4	5	0	0	0
	Total	**6**	**25**	**31**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	1	1	1	0	1
	65+	0	1	1	1	0	1
	Total	**0**	**2**	**2**	**2**	**0**	**2**
Employee & Children	**0 – 19**	0	0	0	4	2	6
	20 – 24	0	0	0	4	2	6
	25 – 29	0	0	0	3	0	3
	30 – 34	0	0	0	0	0	0
	35 – 39	0	2	2	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	1	1	2	0	0	0
	55 – 59	1	2	3	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**6**	**8**	**11**	**4**	**15**
Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
All Tiers	**0 – 19**	0	0	0	4	2	6
	20 – 24	0	0	0	4	2	6
	25 – 29	0	0	0	3	0	3
	30 – 34	1	1	2	0	0	0
	35 – 39	0	3	3	0	0	0
	40 – 44	0	2	2	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	3	4	7	0	0	0
	55 – 59	2	10	12	0	0	0
	60 – 64	1	8	9	1	0	1
	65+	1	5	6	1	0	1
	Total	**8**	**33**	**41**	**13**	**4**	**17**

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Benefit Package: Benefit Package 277

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	1	2	0	0	0
	30 – 34	1	8	9	0	0	0
	35 – 39	2	3	5	0	0	0
	40 – 44	1	6	7	0	0	0
	45 – 49	2	5	7	0	0	0
	50 – 54	5	6	11	0	0	0
	55 – 59	3	17	20	0	0	0
	60 – 64	12	27	39	0	0	0
	65+	1	8	9	0	0	0
	Total	**28**	**81**	**109**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	1	1
	50 – 54	2	4	6	3	4	7
	55 – 59	3	7	10	2	3	5
	60 – 64	5	2	7	4	5	9
	65+	2	1	3	4	0	4
	Total	**12**	**14**	**26**	**13**	**13**	**26**
Employee & Children	**0 – 19**	0	0	0	14	18	32
	20 – 24	0	0	0	14	18	32
	25 – 29	0	0	0	1	4	5
	30 – 34	0	0	0	0	1	1
	35 – 39	1	3	4	0	0	0
	40 – 44	0	3	3	0	0	0
	45 – 49	1	5	6	0	0	0
	50 – 54	1	5	6	0	0	0
	55 – 59	1	2	3	0	0	0
	60 – 64	2	2	4	0	0	0
	65+	0	1	1	0	0	0
	Total	**6**	**21**	**27**	**29**	**41**	**70**
Employee & Family	**0 – 19**	0	0	0	5	6	11
	20 – 24	0	0	0	5	6	11
	25 – 29	0	0	0	2	1	3
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	3	1	4	1	3	4
	45 – 49	0	1	1	0	1	1
	50 – 54	1	1	2	1	1	2
	55 – 59	1	1	2	1	0	1
	60 – 64	1	1	2	1	1	2
	65+	0	0	0	1	0	1
	Total	**6**	**5**	**11**	**17**	**19**	**36**
All Tiers	**0 – 19**	0	0	0	19	24	43
	20 – 24	0	0	0	19	24	43
	25 – 29	1	1	2	3	5	8
	30 – 34	1	8	9	0	1	1
	35 – 39	3	6	9	0	0	0
	40 – 44	4	10	14	1	3	4
	45 – 49	3	11	14	0	2	2
	50 – 54	9	16	25	4	5	9
	55 – 59	8	27	35	3	3	6
	60 – 64	20	32	52	5	6	11
	65+	3	10	13	5	0	5
	Total	**52**	**121**	**173**	**59**	**73**	**132**

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Benefit Package: Benefit Package 278

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	3	3	0	0	0
	35 – 39	1	1	2	0	0	0
	40 – 44	0	2	2	0	0	0
	45 – 49	0	2	2	0	0	0
	50 – 54	2	1	3	0	0	0
	55 – 59	0	2	2	0	0	0
	60 – 64	2	1	3	0	0	0
	65+	2	2	4	0	0	0
	Total	**7**	**14**	**21**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	2	2	2	0	2
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	1	1	1	0	1
	65+	0	0	0	1	0	1
	Total	**0**	**4**	**4**	**4**	**0**	**4**
Employee & Children	**0 – 19**	0	0	0	12	4	16
	20 – 24	0	0	0	12	4	16
	25 – 29	0	0	0	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	1	1	2	0	0	0
	40 – 44	2	0	2	0	0	0
	45 – 49	0	2	2	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	2	2	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**3**	**8**	**11**	**24**	**8**	**32**
Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
All Tiers	**0 – 19**	0	0	0	12	4	16
	20 – 24	0	0	0	12	4	16
	25 – 29	0	0	0	0	0	0
	30 – 34	0	4	4	0	0	0
	35 – 39	2	2	4	0	0	0
	40 – 44	2	2	4	0	0	0
	45 – 49	0	6	6	2	0	2
	50 – 54	2	2	4	0	0	0
	55 – 59	0	5	5	0	0	0
	60 – 64	2	3	5	1	0	1
	65+	2	2	4	1	0	1
	Total	**10**	**26**	**36**	**28**	**8**	**36**

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Benefit Package: Benefit Package 279

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	4	5	9	0	0	0
	30 – 34	2	10	12	0	0	0
	35 – 39	1	6	7	0	0	0
	40 – 44	1	8	9	0	0	0
	45 – 49	2	17	19	0	0	0
	50 – 54	3	21	24	0	0	0
	55 – 59	2	29	31	0	0	0
	60 – 64	3	20	23	0	0	0
	65+	1	12	13	0	0	0
	Total	**19**	**128**	**147**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	1	1
	40 – 44	0	0	0	0	0	0
	45 – 49	1	0	1	0	0	0
	50 – 54	1	0	1	1	0	1
	55 – 59	3	9	12	4	5	9
	60 – 64	0	5	5	5	0	5
	65+	1	1	2	4	1	5
	Total	**6**	**15**	**21**	**14**	**7**	**21**
Employee & Children	**0 – 19**	0	0	0	29	21	50
	20 – 24	0	0	0	29	21	50
	25 – 29	0	0	0	8	7	15
	30 – 34	0	3	3	0	0	0
	35 – 39	0	5	5	0	0	0
	40 – 44	1	3	4	0	0	0
	45 – 49	3	7	10	0	0	0
	50 – 54	6	8	14	0	0	0
	55 – 59	2	8	10	0	0	0
	60 – 64	2	3	5	0	0	0
	65+	0	0	0	0	0	0
	Total	**14**	**37**	**51**	**66**	**49**	**115**
Employee & Family	**0 – 19**	0	0	0	11	10	21
	20 – 24	0	0	0	11	10	21
	25 – 29	2	0	2	3	3	6
	30 – 34	0	0	0	0	0	0
	35 – 39	1	1	2	1	1	2
	40 – 44	0	1	1	1	1	2
	45 – 49	2	1	3	1	6	7
	50 – 54	3	1	4	1	1	2
	55 – 59	3	3	6	2	2	4
	60 – 64	2	1	3	1	0	1
	65+	0	0	0	1	0	1
	Total	**13**	**8**	**21**	**33**	**34**	**67**
All Tiers	**0 – 19**	0	0	0	40	31	71
	20 – 24	0	0	0	40	31	71
	25 – 29	6	5	11	11	10	21
	30 – 34	2	13	15	0	0	0
	35 – 39	2	12	14	1	2	3
	40 – 44	2	12	14	1	1	2
	45 – 49	8	25	33	1	6	7
	50 – 54	13	30	43	2	1	3
	55 – 59	10	49	59	6	7	13
	60 – 64	7	29	36	6	0	6
	65+	2	13	15	5	1	6
	Total	**52**	**188**	**240**	**113**	**90**	**203**

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Benefit Package: Benefit Package 280

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	2	2	0	0	0
	30 – 34	1	0	1	0	0	0
	35 – 39	0	2	2	0	0	0
	40 – 44	1	1	2	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	1	2	3	0	0	0
	55 – 59	1	3	4	0	0	0
	60 – 64	0	4	4	0	0	0
	65+	0	1	1	0	0	0
	Total	**4**	**16**	**20**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	1	1
	55 – 59	0	0	0	1	0	1
	60 – 64	1	1	2	1	0	1
	65+	0	1	1	0	0	0
	Total	**1**	**2**	**3**	**2**	**1**	**3**
Employee & Children	**0 – 19**	0	0	0	9	4	13
	20 – 24	0	0	0	9	4	13
	25 – 29	0	0	0	1	2	3
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	2	2	0	0	0
	45 – 49	2	1	3	0	0	0
	50 – 54	1	2	3	0	0	0
	55 – 59	1	3	4	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**4**	**9**	**13**	**19**	**10**	**29**
Employee & Family	**0 – 19**	0	0	0	1	0	1
	20 – 24	0	0	0	1	0	1
	25 – 29	0	0	0	1	1	2
	30 – 34	1	0	1	0	1	1
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	1	0	1	0	0	0
	55 – 59	0	0	0	0	2	2
	60 – 64	1	0	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**3**	**0**	**3**	**3**	**4**	**7**
All Tiers	**0 – 19**	0	0	0	10	4	14
	20 – 24	0	0	0	10	4	14
	25 – 29	0	2	2	2	3	5
	30 – 34	2	0	2	0	1	1
	35 – 39	0	2	2	0	0	0
	40 – 44	1	3	4	0	0	0
	45 – 49	2	2	4	0	0	0
	50 – 54	3	4	7	0	1	1
	55 – 59	2	6	8	1	2	3
	60 – 64	2	6	8	1	0	1
	65+	0	2	2	0	0	0
	Total	**12**	**27**	**39**	**24**	**15**	**39**

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Benefit Package: Benefit Package 281

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	1	1	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	0	2	2	0	0	0
	40 – 44	1	1	2	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	2	2	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	1	0	1	0	0	0
	Total	**2**	**8**	**10**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	1	0	1
	60 – 64	0	1	1	2	0	2
	65+	0	2	2	1	0	1
	Total	**0**	**4**	**4**	**4**	**0**	**4**
Employee & Children	**0 – 19**	0	0	0	4	2	6
	20 – 24	0	0	0	4	2	6
	25 – 29	0	0	0	0	0	0
	30 – 34	1	0	1	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	1	0	1	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	1	0	1	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**3**	**0**	**3**	**8**	**4**	**12**
Employee & Family	**0 – 19**	0	0	0	1	0	1
	20 – 24	0	0	0	1	0	1
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	0	0	1	0	1
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**1**	**1**	**3**	**0**	**3**
All Tiers	**0 – 19**	0	0	0	5	2	7
	20 – 24	0	0	0	5	2	7
	25 – 29	0	1	1	0	0	0
	30 – 34	1	1	2	0	0	0
	35 – 39	0	2	2	0	0	0
	40 – 44	2	1	3	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	1	1	2	0	0	0
	55 – 59	0	3	3	2	0	2
	60 – 64	0	1	1	2	0	2
	65+	1	2	3	1	0	1
	Total	**5**	**13**	**18**	**15**	**4**	**19**

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Benefit Package: Benefit Package 282

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	3	8	11	0	0	0
	30 – 34	1	7	8	0	0	0
	35 – 39	1	12	13	0	0	0
	40 – 44	1	8	9	0	0	0
	45 – 49	0	11	11	0	0	0
	50 – 54	1	15	16	0	0	0
	55 – 59	1	22	23	0	0	0
	60 – 64	1	14	15	0	0	0
	65+	1	6	7	0	0	0
	Total	**10**	**103**	**113**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	2	2	1	0	1
	30 – 34	2	1	3	1	0	1
	35 – 39	0	0	0	1	2	3
	40 – 44	1	0	1	0	0	0
	45 – 49	0	2	2	2	2	4
	50 – 54	2	2	4	2	1	3
	55 – 59	1	4	5	2	3	5
	60 – 64	2	4	6	4	0	4
	65+	3	2	5	4	3	7
	Total	**11**	**17**	**28**	**17**	**11**	**28**
Employee & Children	**0 – 19**	0	0	0	42	43	85
	20 – 24	0	0	0	42	43	85
	25 – 29	0	1	1	9	4	13
	30 – 34	0	6	6	0	0	0
	35 – 39	0	5	5	0	0	0
	40 – 44	3	13	16	0	0	0
	45 – 49	4	9	13	0	0	0
	50 – 54	6	12	18	0	0	0
	55 – 59	0	11	11	0	0	0
	60 – 64	2	2	4	0	0	0
	65+	0	0	0	0	0	0
	Total	**15**	**59**	**74**	**93**	**90**	**183**
Employee & Family	**0 – 19**	0	0	0	53	46	99
	20 – 24	0	0	0	53	46	99
	25 – 29	0	0	0	2	2	4
	30 – 34	1	1	2	1	2	3
	35 – 39	5	3	8	3	4	7
	40 – 44	5	7	12	3	8	11
	45 – 49	8	6	14	7	7	14
	50 – 54	3	8	11	7	4	11
	55 – 59	3	0	3	5	0	5
	60 – 64	0	2	2	0	0	0
	65+	1	1	2	3	0	3
	Total	**26**	**28**	**54**	**137**	**119**	**256**
All Tiers	**0 – 19**	0	0	0	95	89	184
	20 – 24	0	0	0	95	89	184
	25 – 29	3	11	14	12	6	18
	30 – 34	4	15	19	2	2	4
	35 – 39	6	20	26	4	6	10
	40 – 44	10	28	38	3	8	11
	45 – 49	12	28	40	9	9	18
	50 – 54	12	37	49	9	5	14
	55 – 59	5	37	42	7	3	10
	60 – 64	5	22	27	4	0	4
	65+	5	9	14	7	3	10
	Total	**62**	**207**	**269**	**247**	**220**	**467**

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Benefit Package: Benefit Package 284

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	1	1	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**2**	**2**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	2	0	2	0	2	2
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	1	1	1	0	1
	50 – 54	0	0	0	0	1	1
	55 – 59	1	5	6	1	0	1
	60 – 64	1	0	1	5	1	6
	65+	0	0	0	0	0	0
	Total	**4**	**7**	**11**	**7**	**4**	**11**
Employee & Children	**0 – 19**	0	0	0	7	3	10
	20 – 24	0	0	0	7	3	10
	25 – 29	1	0	1	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	2	2	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	2	2	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**6**	**7**	**14**	**6**	**20**
Employee & Family	**0 – 19**	0	0	0	7	3	10
	20 – 24	0	0	0	7	3	10
	25 – 29	0	0	0	1	0	1
	30 – 34	0	0	0	0	1	1
	35 – 39	0	0	0	0	0	0
	40 – 44	1	0	1	0	0	0
	45 – 49	0	2	2	1	0	1
	50 – 54	1	3	4	2	1	3
	55 – 59	0	1	1	2	1	3
	60 – 64	1	0	1	0	1	1
	65+	0	0	0	0	0	0
	Total	**3**	**6**	**9**	**20**	**10**	**30**
All Tiers	**0 – 19**	0	0	0	14	6	20
	20 – 24	0	0	0	14	6	20
	25 – 29	1	1	2	1	0	1
	30 – 34	2	0	2	0	3	3
	35 – 39	0	2	2	0	0	0
	40 – 44	1	2	3	0	0	0
	45 – 49	0	5	5	2	0	2
	50 – 54	1	4	5	2	2	4
	55 – 59	1	7	8	3	1	4
	60 – 64	2	0	2	5	2	7
	65+	0	0	0	0	0	0
	Total	**8**	**21**	**29**	**41**	**20**	**61**

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Benefit Package: Benefit Package 286

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	18	55	73	0	0	0
	30 – 34	30	96	126	0	0	0
	35 – 39	38	60	98	0	0	0
	40 – 44	27	63	90	0	0	0
	45 – 49	30	67	97	0	0	0
	50 – 54	35	71	106	0	0	0
	55 – 59	35	99	134	0	0	0
	60 – 64	40	108	148	0	0	0
	65+	17	56	73	0	0	0
	Total	**270**	**675**	**945**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	1	1
	20 – 24	0	0	0	0	1	1
	25 – 29	0	1	1	1	0	1
	30 – 34	0	0	0	0	0	0
	35 – 39	2	2	4	1	2	3
	40 – 44	1	2	3	1	1	2
	45 – 49	3	1	4	2	3	5
	50 – 54	3	2	5	4	1	5
	55 – 59	1	5	6	4	1	5
	60 – 64	1	9	10	9	4	13
	65+	3	6	9	6	2	8
	Total	**14**	**28**	**42**	**28**	**16**	**44**
Employee & Children	**0 – 19**	0	0	0	147	151	298
	20 – 24	0	0	0	147	151	298
	25 – 29	0	0	0	28	18	46
	30 – 34	1	10	11	1	0	1
	35 – 39	8	20	28	0	0	0
	40 – 44	8	30	38	0	0	0
	45 – 49	20	31	51	0	0	0
	50 – 54	15	32	47	0	0	0
	55 – 59	12	28	40	0	0	0
	60 – 64	10	29	39	0	0	0
	65+	3	2	5	0	0	0
	Total	**77**	**182**	**259**	**323**	**320**	**643**
Employee & Family	**0 – 19**	0	0	0	46	49	95
	20 – 24	0	0	0	46	49	95
	25 – 29	0	0	0	4	7	11
	30 – 34	0	1	1	2	0	2
	35 – 39	1	5	6	2	2	4
	40 – 44	4	6	10	8	2	10
	45 – 49	4	10	14	8	7	15
	50 – 54	5	15	20	9	3	12
	55 – 59	10	9	19	12	9	21
	60 – 64	1	6	7	8	5	13
	65+	1	0	1	2	0	2
	Total	**26**	**52**	**78**	**147**	**133**	**280**
All Tiers	**0 – 19**	0	0	0	193	201	394
	20 – 24	0	0	0	193	201	394
	25 – 29	18	56	74	33	25	58
	30 – 34	31	107	138	3	0	3
	35 – 39	49	87	136	3	4	7
	40 – 44	40	101	141	9	3	12
	45 – 49	57	109	166	10	10	20
	50 – 54	58	120	178	13	4	17
	55 – 59	58	141	199	16	10	26
	60 – 64	52	152	204	17	9	26
	65+	24	64	88	8	2	10
	Total	**387**	**937**	**1,324**	**498**	**469**	**967**

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Benefit Package: Benefit Package 288

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	3	16	19	0	0	0
	30 – 34	5	21	26	0	0	0
	35 – 39	5	12	17	0	0	0
	40 – 44	4	14	18	0	0	0
	45 – 49	8	11	19	0	0	0
	50 – 54	3	13	16	0	0	0
	55 – 59	2	5	7	0	0	0
	60 – 64	4	9	13	0	0	0
	65+	0	7	7	0	0	0
	Total	**34**	**108**	**142**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	1	1	2	1	0	1
	45 – 49	0	0	0	1	2	3
	50 – 54	2	1	3	0	0	0
	55 – 59	1	0	1	1	1	2
	60 – 64	3	6	9	2	3	5
	65+	1	1	2	5	1	6
	Total	**8**	**9**	**17**	**10**	**7**	**17**
Employee & Children	**0 – 19**	0	0	0	55	43	98
	20 – 24	0	0	0	55	43	98
	25 – 29	0	1	1	1	5	6
	30 – 34	2	0	2	0	0	0
	35 – 39	4	5	9	0	0	0
	40 – 44	5	13	18	0	0	0
	45 – 49	2	13	15	0	0	0
	50 – 54	5	12	17	0	0	0
	55 – 59	2	5	7	0	0	0
	60 – 64	3	2	5	0	0	0
	65+	0	0	0	0	0	0
	Total	**23**	**51**	**74**	**111**	**91**	**202**
Employee & Family	**0 – 19**	0	0	0	12	11	23
	20 – 24	0	0	0	12	11	23
	25 – 29	0	0	0	2	2	4
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	1	1
	40 – 44	2	3	5	2	1	3
	45 – 49	1	1	2	1	1	2
	50 – 54	0	4	4	3	1	4
	55 – 59	4	2	6	4	3	7
	60 – 64	1	4	5	3	1	4
	65+	0	1	1	2	0	2
	Total	**8**	**15**	**23**	**41**	**32**	**73**
All Tiers	**0 – 19**	0	0	0	67	54	121
	20 – 24	0	0	0	67	54	121
	25 – 29	3	17	20	3	7	10
	30 – 34	7	21	28	0	0	0
	35 – 39	9	17	26	0	1	1
	40 – 44	12	31	43	3	1	4
	45 – 49	11	25	36	2	3	5
	50 – 54	10	30	40	3	1	4
	55 – 59	9	12	21	5	4	9
	60 – 64	11	21	32	5	4	9
	65+	1	9	10	7	1	8
	Total	**73**	**183**	**256**	**162**	**130**	**292**

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Benefit Package: Benefit Package 318

		Enrolled Employees			Enrolled Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	1	4	5	0	0	0
	20 – 24	1	4	5	0	0	0
	25 – 29	306	858	1,164	0	0	0
	30 – 34	260	683	943	0	0	0
	35 – 39	186	633	819	0	0	0
	40 – 44	157	602	759	0	0	0
	45 – 49	129	674	803	0	0	0
	50 – 54	128	710	838	0	0	0
	55 – 59	143	770	913	0	0	0
	60 – 64	124	536	660	0	0	0
	65+	42	137	179	0	0	0
	Total	**1,477**	**5,611**	**7,088**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	28	104	132	83	32	115
	30 – 34	42	76	118	71	56	127
	35 – 39	46	69	115	70	42	112
	40 – 44	32	66	98	54	28	82
	45 – 49	23	60	83	58	20	78
	50 – 54	47	140	187	100	63	163
	55 – 59	81	281	362	211	98	309
	60 – 64	102	213	315	296	90	386
	65+	42	27	69	88	17	105
	Total	**443**	**1,036**	**1,479**	**1,031**	**446**	**1,477**
Employee & Children	**0 – 19**	0	1	1	3,407	3,346	6,753
	20 – 24	0	1	1	3,407	3,346	6,753
	25 – 29	26	130	156	134	136	270
	30 – 34	113	393	506	1	1	2
	35 – 39	216	615	831	0	1	1
	40 – 44	238	646	884	0	0	0
	45 – 49	197	590	787	0	0	0
	50 – 54	150	518	668	0	0	0
	55 – 59	84	271	355	0	0	0
	60 – 64	31	87	118	0	0	0
	65+	6	10	16	0	0	0
	Total	**1,061**	**3,262**	**4,323**	**6,949**	**6,830**	**13,779**
Employee & Family	**0 – 19**	0	0	0	1,868	1,716	3,584
	20 – 24	0	0	0	1,868	1,716	3,584
	25 – 29	39	58	97	113	131	244
	30 – 34	105	132	237	108	140	248
	35 – 39	154	207	361	164	183	347
	40 – 44	182	251	433	235	168	403
	45 – 49	128	275	403	240	120	360
	50 – 54	108	251	359	276	106	382
	55 – 59	76	154	230	186	50	236
	60 – 64	42	27	69	97	27	124
	65+	10	0	10	12	1	13
	Total	**844**	**1,355**	**2,199**	**5,167**	**4,358**	**9,525**
All Tiers	**0 – 19**	1	5	6	5,275	5,062	10,337
	20 – 24	1	5	6	5,275	5,062	10,337
	25 – 29	399	1,150	1,549	330	299	629
	30 – 34	520	1,284	1,804	180	197	377
	35 – 39	602	1,524	2,126	234	226	460
	40 – 44	609	1,565	2,174	289	196	485
	45 – 49	477	1,599	2,076	298	140	438
	50 – 54	433	1,619	2,052	376	169	545
	55 – 59	384	1,476	1,860	397	148	545
	60 – 64	299	863	1,162	393	117	510
	65+	100	174	274	100	18	118
	Total	**3,825**	**11,264**	**15,089**	**13,147**	**11,634**	**24,781**

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Benefit Package: Benefit Package 319

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	1	1	2	0	0	0
	20 – 24	1	1	2	0	0	0
	25 – 29	100	276	376	0	0	0
	30 – 34	95	198	293	0	0	0
	35 – 39	62	196	258	0	0	0
	40 – 44	48	194	242	0	0	0
	45 – 49	48	199	247	0	0	0
	50 – 54	56	266	322	0	0	0
	55 – 59	65	322	387	0	0	0
	60 – 64	65	217	282	0	0	0
	65+	21	54	75	0	0	0
	Total	**562**	**1,924**	**2,486**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	14	58	72	45	22	67
	30 – 34	27	39	66	44	23	67
	35 – 39	24	26	50	21	23	44
	40 – 44	22	30	52	28	17	45
	45 – 49	24	33	57	38	27	65
	50 – 54	20	96	116	60	31	91
	55 – 59	63	193	256	160	59	219
	60 – 64	67	165	232	208	66	274
	65+	33	23	56	68	16	84
	Total	**294**	**663**	**957**	**672**	**284**	**956**
Employee & Children	**0 – 19**	0	0	0	1,353	1,272	2,625
	20 – 24	0	0	0	1,353	1,272	2,625
	25 – 29	11	49	60	57	59	116
	30 – 34	51	159	210	1	2	3
	35 – 39	71	230	301	0	0	0
	40 – 44	88	238	326	0	0	0
	45 – 49	80	260	340	0	0	0
	50 – 54	84	200	284	0	0	0
	55 – 59	43	143	186	0	0	0
	60 – 64	22	29	51	0	0	0
	65+	1	4	5	0	0	0
	Total	**451**	**1,312**	**1,763**	**2,764**	**2,605**	**5,369**
Employee & Family	**0 – 19**	0	0	0	872	854	1,726
	20 – 24	0	0	0	872	854	1,726
	25 – 29	15	27	42	74	72	146
	30 – 34	51	62	113	40	63	103
	35 – 39	71	82	153	67	76	143
	40 – 44	80	106	186	113	70	183
	45 – 49	70	150	220	118	78	196
	50 – 54	74	157	231	148	67	215
	55 – 59	43	96	139	128	30	158
	60 – 64	17	21	38	56	12	68
	65+	7	0	7	13	2	15
	Total	**428**	**701**	**1,129**	**2,501**	**2,178**	**4,679**
All Tiers	**0 – 19**	1	1	2	2,225	2,126	4,351
	20 – 24	1	1	2	2,225	2,126	4,351
	25 – 29	140	410	550	176	153	329
	30 – 34	224	458	682	85	88	173
	35 – 39	228	534	762	88	99	187
	40 – 44	238	568	806	141	87	228
	45 – 49	222	642	864	156	105	261
	50 – 54	234	719	953	208	98	306
	55 – 59	214	754	968	288	89	377
	60 – 64	171	432	603	264	78	342
	65+	62	81	143	81	18	99
	Total	**1,735**	**4,600**	**6,335**	**5,937**	**5,067**	**11,004**

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Benefit Package: Benefit Package 320

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	45	98	143	0	0	0
	30 – 34	30	81	111	0	0	0
	35 – 39	31	73	104	0	0	0
	40 – 44	19	100	119	0	0	0
	45 – 49	19	88	107	0	0	0
	50 – 54	25	115	140	0	0	0
	55 – 59	22	107	129	0	0	0
	60 – 64	27	70	97	0	0	0
	65+	6	16	22	0	0	0
	Total	**224**	**748**	**972**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	6	13	19	6	11	17
	30 – 34	7	16	23	18	9	27
	35 – 39	8	5	13	7	6	13
	40 – 44	8	6	14	12	9	21
	45 – 49	10	15	25	11	9	20
	50 – 54	10	24	34	18	10	28
	55 – 59	10	40	50	30	9	39
	60 – 64	14	35	49	40	14	54
	65+	6	6	12	18	4	22
	Total	**79**	**160**	**239**	**160**	**81**	**241**
Employee & Children	**0 – 19**	0	0	0	567	552	1,119
	20 – 24	0	0	0	567	552	1,119
	25 – 29	4	20	24	21	22	43
	30 – 34	20	63	83	0	0	0
	35 – 39	40	97	137	0	0	0
	40 – 44	34	105	139	0	0	0
	45 – 49	34	111	145	0	0	0
	50 – 54	15	91	106	0	0	0
	55 – 59	16	33	49	0	0	0
	60 – 64	6	17	23	0	0	0
	65+	1	1	2	0	0	0
	Total	**170**	**538**	**708**	**1,155**	**1,126**	**2,281**
Employee & Family	**0 – 19**	0	0	0	257	252	509
	20 – 24	0	0	0	257	252	509
	25 – 29	3	8	11	21	19	40
	30 – 34	10	14	24	13	17	30
	35 – 39	24	32	56	22	28	50
	40 – 44	19	41	60	31	17	48
	45 – 49	24	43	67	41	25	66
	50 – 54	12	43	55	39	11	50
	55 – 59	15	21	36	36	12	48
	60 – 64	7	8	15	17	2	19
	65+	1	0	1	5	1	6
	Total	**115**	**210**	**325**	**739**	**636**	**1,375**
All Tiers	**0 – 19**	0	0	0	824	804	1,628
	20 – 24	0	0	0	824	804	1,628
	25 – 29	58	139	197	48	52	100
	30 – 34	67	174	241	31	26	57
	35 – 39	103	207	310	29	34	63
	40 – 44	80	252	332	43	26	69
	45 – 49	87	257	344	52	34	86
	50 – 54	62	273	335	57	21	78
	55 – 59	63	201	264	66	21	87
	60 – 64	54	130	184	57	16	73
	65+	14	23	37	23	5	28
	Total	**588**	**1,656**	**2,244**	**2,054**	**1,843**	**3,897**

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Benefit Package: Benefit Package 321

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	109	490	599	0	0	0
	30 – 34	187	640	827	0	0	0
	35 – 39	211	558	769	0	0	0
	40 – 44	219	635	854	0	0	0
	45 – 49	310	798	1,108	0	0	0
	50 – 54	328	1,090	1,418	0	0	0
	55 – 59	458	1,685	2,143	0	0	0
	60 – 64	431	1,629	2,060	0	0	0
	65+	173	563	736	0	0	0
	Total	**2,426**	**8,088**	**10,514**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	2	2	4	0	4	4
	30 – 34	7	4	11	4	6	10
	35 – 39	7	4	11	7	10	17
	40 – 44	3	16	19	8	7	15
	45 – 49	8	24	32	18	14	32
	50 – 54	36	75	111	50	56	106
	55 – 59	90	235	325	149	93	242
	60 – 64	114	270	384	296	108	404
	65+	66	73	139	164	41	205
	Total	**333**	**703**	**1,036**	**696**	**339**	**1,035**
Employee & Children	**0 – 19**	0	0	0	2,356	2,259	4,615
	20 – 24	0	0	0	2,356	2,259	4,615
	25 – 29	7	56	63	168	148	316
	30 – 34	29	243	272	4	4	8
	35 – 39	103	359	462	1	1	2
	40 – 44	128	428	556	1	0	1
	45 – 49	201	521	722	0	0	0
	50 – 54	196	506	702	0	0	0
	55 – 59	126	335	461	0	0	0
	60 – 64	67	133	200	0	0	0
	65+	11	13	24	0	0	0
	Total	**868**	**2,594**	**3,462**	**4,886**	**4,671**	**9,557**
Employee & Family	**0 – 19**	0	0	0	513	513	1,026
	20 – 24	0	0	0	513	513	1,026
	25 – 29	1	2	3	59	66	125
	30 – 34	14	15	29	11	31	42
	35 – 39	29	30	59	27	42	69
	40 – 44	51	61	112	47	60	107
	45 – 49	67	81	148	58	78	136
	50 – 54	87	123	210	102	81	183
	55 – 59	71	104	175	113	56	169
	60 – 64	35	43	78	74	29	103
	65+	17	5	22	28	2	30
	Total	**372**	**464**	**836**	**1,545**	**1,471**	**3,016**
All Tiers	**0 – 19**	0	0	0	2,869	2,772	5,641
	20 – 24	0	0	0	2,869	2,772	5,641
	25 – 29	119	550	669	227	218	445
	30 – 34	237	902	1,139	19	41	60
	35 – 39	350	951	1,301	35	53	88
	40 – 44	401	1,140	1,541	56	67	123
	45 – 49	586	1,424	2,010	76	92	168
	50 – 54	647	1,794	2,441	152	137	289
	55 – 59	745	2,359	3,104	262	149	411
	60 – 64	647	2,075	2,722	370	137	507
	65+	267	654	921	192	43	235
	Total	**3,999**	**11,849**	**15,848**	**7,127**	**6,481**	**13,608**

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Benefit Package: Benefit Package 322

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	1	1	0	0	0
	20 – 24	0	1	1	0	0	0
	25 – 29	164	611	775	0	0	0
	30 – 34	215	527	742	0	0	0
	35 – 39	191	491	682	0	0	0
	40 – 44	171	481	652	0	0	0
	45 – 49	174	572	746	0	0	0
	50 – 54	192	731	923	0	0	0
	55 – 59	254	943	1,197	0	0	0
	60 – 64	192	738	930	0	0	0
	65+	69	196	265	0	0	0
	Total	**1,622**	**5,292**	**6,914**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	2	7	9	8	7	15
	30 – 34	10	9	19	8	5	13
	35 – 39	8	7	15	10	8	18
	40 – 44	12	14	26	7	9	16
	45 – 49	8	23	31	18	11	29
	50 – 54	26	64	90	42	27	69
	55 – 59	54	172	226	121	72	193
	60 – 64	70	176	246	210	65	275
	65+	41	34	75	88	22	110
	Total	**231**	**506**	**737**	**512**	**226**	**738**
Employee & Children	**0 – 19**	0	0	0	1,784	1,672	3,456
	20 – 24	0	0	0	1,784	1,672	3,456
	25 – 29	7	47	54	122	125	247
	30 – 34	45	174	219	4	1	5
	35 – 39	87	273	360	0	0	0
	40 – 44	117	329	446	0	0	0
	45 – 49	145	383	528	0	0	0
	50 – 54	138	315	453	0	0	0
	55 – 59	90	232	322	0	0	0
	60 – 64	39	77	116	0	0	0
	65+	4	6	10	0	0	0
	Total	**672**	**1,836**	**2,508**	**3,694**	**3,470**	**7,164**
Employee & Family	**0 – 19**	0	0	0	571	505	1,076
	20 – 24	0	0	0	571	505	1,076
	25 – 29	3	2	5	55	62	117
	30 – 34	17	18	35	12	27	39
	35 – 39	38	46	84	40	48	88
	40 – 44	55	65	120	46	62	108
	45 – 49	71	110	181	80	71	151
	50 – 54	69	137	206	123	62	185
	55 – 59	53	104	157	113	41	154
	60 – 64	15	25	40	79	19	98
	65+	12	0	12	11	2	13
	Total	**333**	**507**	**840**	**1,701**	**1,404**	**3,105**
All Tiers	**0 – 19**	0	1	1	2,355	2,177	4,532
	20 – 24	0	1	1	2,355	2,177	4,532
	25 – 29	176	667	843	185	194	379
	30 – 34	287	728	1,015	24	33	57
	35 – 39	324	817	1,141	50	56	106
	40 – 44	355	889	1,244	53	71	124
	45 – 49	398	1,088	1,486	98	82	180
	50 – 54	425	1,247	1,672	165	89	254
	55 – 59	451	1,451	1,902	234	113	347
	60 – 64	316	1,016	1,332	289	84	373
	65+	126	236	362	99	24	123
	Total	**2,858**	**8,141**	**10,999**	**5,907**	**5,100**	**11,007**

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Benefit Package: Benefit Package 323

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	16	60	76	0	0	0
	30 – 34	47	124	171	0	0	0
	35 – 39	52	122	174	0	0	0
	40 – 44	50	118	168	0	0	0
	45 – 49	55	195	250	0	0	0
	50 – 54	70	260	330	0	0	0
	55 – 59	100	328	428	0	0	0
	60 – 64	110	342	452	0	0	0
	65+	35	114	149	0	0	0
	Total	**535**	**1,663**	**2,198**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	1	1
	30 – 34	1	2	3	1	0	1
	35 – 39	0	4	4	4	3	7
	40 – 44	2	0	2	1	0	1
	45 – 49	0	5	5	2	1	3
	50 – 54	2	12	14	9	5	14
	55 – 59	17	35	52	22	19	41
	60 – 64	15	48	63	47	17	64
	65+	19	8	27	27	12	39
	Total	**56**	**114**	**170**	**113**	**58**	**171**
Employee & Children	**0 – 19**	0	0	0	533	507	1,040
	20 – 24	0	0	0	533	507	1,040
	25 – 29	2	6	8	34	33	67
	30 – 34	3	47	50	1	0	1
	35 – 39	21	84	105	1	2	3
	40 – 44	37	107	144	0	1	1
	45 – 49	41	114	155	0	0	0
	50 – 54	32	86	118	0	0	0
	55 – 59	23	76	99	0	0	0
	60 – 64	14	22	36	0	0	0
	65+	2	1	3	0	0	0
	Total	**175**	**543**	**718**	**1,102**	**1,050**	**2,152**
Employee & Family	**0 – 19**	0	0	0	133	128	261
	20 – 24	0	0	0	133	128	261
	25 – 29	0	1	1	12	13	25
	30 – 34	3	4	7	1	6	7
	35 – 39	12	10	22	8	7	15
	40 – 44	17	11	28	8	26	34
	45 – 49	18	18	36	18	20	38
	50 – 54	16	25	41	30	17	47
	55 – 59	16	9	25	12	9	21
	60 – 64	5	7	12	4	2	6
	65+	0	1	1	2	0	2
	Total	**87**	**86**	**173**	**361**	**356**	**717**
All Tiers	**0 – 19**	0	0	0	666	635	1,301
	20 – 24	0	0	0	666	635	1,301
	25 – 29	18	67	85	46	47	93
	30 – 34	54	177	231	3	6	9
	35 – 39	85	220	305	13	12	25
	40 – 44	106	236	342	9	27	36
	45 – 49	114	332	446	20	21	41
	50 – 54	120	383	503	39	22	61
	55 – 59	156	448	604	34	28	62
	60 – 64	144	419	563	51	19	70
	65+	56	124	180	29	12	41
	Total	**853**	**2,406**	**3,259**	**1,576**	**1,464**	**3,040**

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Benefit Package: Benefit Package 324

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	4	4	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	0	14	14	0	0	0
	40 – 44	3	19	22	0	0	0
	45 – 49	3	8	11	0	0	0
	50 – 54	7	11	18	0	0	0
	55 – 59	4	21	25	0	0	0
	60 – 64	7	23	30	0	0	0
	65+	7	26	33	0	0	0
	Total	**31**	**127**	**158**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	1	2	4	1	5
	30 – 34	0	0	0	0	0	0
	35 – 39	0	3	3	1	0	1
	40 – 44	2	0	2	1	4	5
	45 – 49	3	1	4	1	2	3
	50 – 54	1	2	3	2	1	3
	55 – 59	5	3	8	2	2	4
	60 – 64	0	8	8	8	2	10
	65+	2	11	13	8	3	11
	Total	**14**	**29**	**43**	**27**	**15**	**42**
Employee & Children	**0 – 19**	0	0	0	82	94	176
	20 – 24	0	0	0	82	94	176
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	27	19	46
	35 – 39	0	1	1	6	5	11
	40 – 44	1	4	5	0	0	0
	45 – 49	1	22	23	0	0	0
	50 – 54	6	20	26	0	0	0
	55 – 59	9	21	30	0	0	0
	60 – 64	5	8	13	0	0	0
	65+	4	8	12	0	0	0
	Total	**26**	**84**	**110**	**197**	**212**	**409**
Employee & Family	**0 – 19**	0	0	0	24	24	48
	20 – 24	0	0	0	24	24	48
	25 – 29	0	0	0	1	0	1
	30 – 34	0	0	0	5	7	12
	35 – 39	1	0	1	3	3	6
	40 – 44	1	0	1	1	1	2
	45 – 49	1	1	2	0	1	1
	50 – 54	1	5	6	3	3	6
	55 – 59	6	5	11	3	6	9
	60 – 64	3	4	7	4	3	7
	65+	3	3	6	5	1	6
	Total	**16**	**18**	**34**	**73**	**73**	**146**
All Tiers	**0 – 19**	0	0	0	106	118	224
	20 – 24	0	0	0	106	118	224
	25 – 29	1	5	6	5	1	6
	30 – 34	0	1	1	32	26	58
	35 – 39	1	18	19	10	8	18
	40 – 44	7	23	30	2	5	7
	45 – 49	8	32	40	1	3	4
	50 – 54	15	38	53	5	4	9
	55 – 59	24	50	74	5	8	13
	60 – 64	15	43	58	12	5	17
	65+	16	48	64	13	4	17
	Total	**87**	**258**	**345**	**297**	**300**	**597**

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Benefit Package: Benefit Package 325

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	1	1	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	1	7	8	0	0	0
	40 – 44	3	4	7	0	0	0
	45 – 49	3	13	16	0	0	0
	50 – 54	2	11	13	0	0	0
	55 – 59	5	13	18	0	0	0
	60 – 64	1	9	10	0	0	0
	65+	1	13	14	0	0	0
	Total	**16**	**72**	**88**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	0	1	1	1	2
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	1	1	2	0	1	1
	45 – 49	0	0	0	0	1	1
	50 – 54	0	2	2	1	0	1
	55 – 59	0	0	0	2	1	3
	60 – 64	1	2	3	1	1	2
	65+	3	2	5	1	2	3
	Total	**6**	**7**	**13**	**6**	**7**	**13**
Employee & Children	**0 – 19**	0	0	0	25	24	49
	20 – 24	0	0	0	25	24	49
	25 – 29	1	0	1	0	0	0
	30 – 34	0	0	0	10	5	15
	35 – 39	0	1	1	3	2	5
	40 – 44	0	3	3	0	0	0
	45 – 49	2	6	8	0	0	0
	50 – 54	2	5	7	0	0	0
	55 – 59	2	9	11	0	0	0
	60 – 64	0	5	5	0	0	0
	65+	0	2	2	0	0	0
	Total	**7**	**31**	**38**	**63**	**55**	**118**
Employee & Family	**0 – 19**	0	0	0	9	12	21
	20 – 24	0	0	0	9	12	21
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	1	4	5
	35 – 39	0	0	0	2	3	5
	40 – 44	0	0	0	0	0	0
	45 – 49	0	1	1	0	1	1
	50 – 54	2	2	4	1	2	3
	55 – 59	3	1	4	2	1	3
	60 – 64	2	3	5	2	3	5
	65+	0	1	1	3	1	4
	Total	**7**	**8**	**15**	**29**	**39**	**68**
All Tiers	**0 – 19**	0	0	0	34	36	70
	20 – 24	0	0	0	34	36	70
	25 – 29	2	1	3	1	1	2
	30 – 34	0	1	1	11	9	20
	35 – 39	1	8	9	5	5	10
	40 – 44	4	8	12	0	1	1
	45 – 49	5	20	25	0	2	2
	50 – 54	6	20	26	2	2	4
	55 – 59	10	23	33	4	2	6
	60 – 64	4	19	23	3	4	7
	65+	4	18	22	4	3	7
	Total	**36**	**118**	**154**	**98**	**101**	**199**

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Benefit Package: Benefit Package 326

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	2	1	3	0	0	0
	50 – 54	1	2	3	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	3	3	0	0	0
	65+	0	0	0	0	0	0
	Total	**3**	**9**	**12**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Children	**0 – 19**	0	0	0	6	2	8
	20 – 24	0	0	0	6	2	8
	25 – 29	0	0	0	2	0	2
	30 – 34	0	1	1	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	1	1	2	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	1	1	2	0	0	0
	55 – 59	1	0	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**3**	**4**	**7**	**14**	**4**	**18**
Employee & Family	**0 – 19**	0	0	0	2	1	3
	20 – 24	0	0	0	2	1	3
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	1	0	1
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**1**	**1**	**5**	**2**	**7**
All Tiers	**0 – 19**	0	0	0	8	3	11
	20 – 24	0	0	0	8	3	11
	25 – 29	0	0	0	2	0	2
	30 – 34	0	2	2	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	1	1	2	0	0	0
	45 – 49	2	3	5	0	0	0
	50 – 54	2	3	5	0	0	0
	55 – 59	1	1	2	1	0	1
	60 – 64	0	3	3	0	0	0
	65+	0	0	0	0	0	0
	Total	**6**	**14**	**20**	**19**	**6**	**25**

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Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	1	1	0	0	0
	Total	**0**	**2**	**2**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Children	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	1	1	0	0	0
	Total	**0**	**2**	**2**	**0**	**0**	**0**

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Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	1	0	1	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**1**	**2**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Children	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	1	0	1	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**1**	**2**	**0**	**0**	**0**

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Benefit Package: Benefit Package 329

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	2	3	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	1	0	1	0	0	0
	45 – 49	0	4	4	0	0	0
	50 – 54	1	2	3	0	0	0
	55 – 59	1	6	7	0	0	0
	60 – 64	1	4	5	0	0	0
	65+	1	1	2	0	0	0
	Total	**6**	**20**	**26**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	1	1	0	0	0
	30 – 34	1	0	1	1	1	2
	35 – 39	0	1	1	1	0	1
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	3	3	2	1	3
	55 – 59	1	1	2	0	0	0
	60 – 64	2	2	4	4	3	7
	65+	1	0	1	0	0	0
	Total	**5**	**8**	**13**	**8**	**5**	**13**
Employee & Children	**0 – 19**	0	0	0	2	4	6
	20 – 24	0	0	0	2	4	6
	25 – 29	0	0	0	1	0	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	1	0	1	0	0	0
	50 – 54	0	4	4	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**6**	**7**	**5**	**8**	**13**
Employee & Family	**0 – 19**	0	0	0	22	17	39
	20 – 24	0	0	0	22	17	39
	25 – 29	0	1	1	4	0	4
	30 – 34	0	1	1	0	1	1
	35 – 39	1	0	1	1	1	2
	40 – 44	3	3	6	3	2	5
	45 – 49	3	1	4	2	3	5
	50 – 54	2	3	5	1	2	3
	55 – 59	1	1	2	2	1	3
	60 – 64	0	0	0	0	0	0
	65+	1	0	1	0	1	1
	Total	**11**	**10**	**21**	**57**	**45**	**102**
All Tiers	**0 – 19**	0	0	0	24	21	45
	20 – 24	0	0	0	24	21	45
	25 – 29	1	4	5	5	0	5
	30 – 34	1	2	3	1	2	3
	35 – 39	1	2	3	2	1	3
	40 – 44	4	4	8	3	2	5
	45 – 49	4	5	9	2	3	5
	50 – 54	3	12	15	3	3	6
	55 – 59	3	8	11	2	1	3
	60 – 64	3	6	9	4	3	7
	65+	3	1	4	0	1	1
	Total	**23**	**44**	**67**	**70**	**58**	**128**

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Benefit Package: Benefit Package 330

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	0	0	1	0	1
	65+	0	0	0	0	0	0
	Total	**0**	**1**	**1**	**1**	**0**	**1**
Employee & Children	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Family	**0 – 19**	0	0	0	2	2	4
	20 – 24	0	0	0	2	2	4
	25 – 29	0	0	0	0	0	0
	30 – 34	1	0	1	0	1	1
	35 – 39	0	0	0	0	0	0
	40 – 44	1	0	1	0	1	1
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**0**	**2**	**4**	**6**	**10**
All Tiers	**0 – 19**	0	0	0	2	2	4
	20 – 24	0	0	0	2	2	4
	25 – 29	0	0	0	0	0	0
	30 – 34	1	0	1	0	1	1
	35 – 39	0	0	0	0	0	0
	40 – 44	1	0	1	0	1	1
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	0	0	1	0	1
	65+	0	0	0	0	0	0
	Total	**2**	**1**	**3**	**5**	**6**	**11**

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Benefit Package: Benefit Package 331

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	2	2	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	1	0	1	0	0	0
	50 – 54	3	2	5	0	0	0
	55 – 59	4	3	7	0	0	0
	60 – 64	2	7	9	0	0	0
	65+	2	4	6	0	0	0
	Total	**12**	**20**	**32**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	1	0	1
	60 – 64	0	1	1	1	0	1
	65+	0	0	0	0	0	0
	Total	**0**	**2**	**2**	**2**	**0**	**2**
Employee & Children	**0 – 19**	0	0	0	3	4	7
	20 – 24	0	0	0	3	4	7
	25 – 29	0	0	0	1	0	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	3	3	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	1	0	1	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**4**	**5**	**7**	**8**	**15**
Employee & Family	**0 – 19**	0	0	0	8	15	23
	20 – 24	0	0	0	8	15	23
	25 – 29	0	0	0	0	3	3
	30 – 34	0	1	1	1	1	2
	35 – 39	1	3	4	2	1	3
	40 – 44	1	2	3	2	0	2
	45 – 49	1	1	2	2	1	3
	50 – 54	1	0	1	1	1	2
	55 – 59	1	3	4	2	1	3
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	1	0	1
	Total	**5**	**11**	**16**	**27**	**38**	**65**
All Tiers	**0 – 19**	0	0	0	11	19	30
	20 – 24	0	0	0	11	19	30
	25 – 29	0	2	2	1	3	4
	30 – 34	0	1	1	1	1	2
	35 – 39	1	7	8	2	1	3
	40 – 44	1	3	4	2	0	2
	45 – 49	2	1	3	2	1	3
	50 – 54	4	2	6	1	1	2
	55 – 59	6	7	13	3	1	4
	60 – 64	2	10	12	1	0	1
	65+	2	4	6	1	0	1
	Total	**18**	**37**	**55**	**36**	**46**	**82**

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Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	4	8	12	0	0	0
	30 – 34	1	7	8	0	0	0
	35 – 39	1	5	6	0	0	0
	40 – 44	1	7	8	0	0	0
	45 – 49	5	8	13	0	0	0
	50 – 54	2	18	20	0	0	0
	55 – 59	2	12	14	0	0	0
	60 – 64	4	14	18	0	0	0
	65+	1	5	6	0	0	0
	Total	**21**	**84**	**105**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	1	0	1
	20 – 24	0	0	0	1	0	1
	25 – 29	0	0	0	0	0	0
	30 – 34	0	1	1	1	0	1
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	2	2	2	0	2
	60 – 64	0	1	1	2	1	3
	65+	1	0	1	0	0	0
	Total	**1**	**5**	**6**	**7**	**1**	**8**
Employee & Children	**0 – 19**	0	0	0	4	3	7
	20 – 24	0	0	0	4	3	7
	25 – 29	0	0	0	0	2	2
	30 – 34	0	1	1	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	1	3	4	0	0	0
	50 – 54	1	2	3	0	0	0
	55 – 59	1	0	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**3**	**6**	**9**	**8**	**8**	**16**
Employee & Family	**0 – 19**	0	0	0	4	2	6
	20 – 24	0	0	0	4	2	6
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	1	1
	35 – 39	1	0	1	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	0	0	1	0	1
	50 – 54	1	0	1	0	2	2
	55 – 59	0	0	0	0	0	0
	60 – 64	1	0	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**3**	**1**	**4**	**9**	**7**	**16**
All Tiers	**0 – 19**	0	0	0	9	5	14
	20 – 24	0	0	0	9	5	14
	25 – 29	4	8	12	0	2	2
	30 – 34	1	9	10	1	1	2
	35 – 39	2	5	7	0	0	0
	40 – 44	1	8	9	0	0	0
	45 – 49	6	11	17	1	0	1
	50 – 54	4	21	25	0	2	2
	55 – 59	3	14	17	2	0	2
	60 – 64	5	15	20	2	1	3
	65+	2	5	7	0	0	0
	Total	**28**	**96**	**124**	**24**	**16**	**40**

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Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	4	10	14	0	0	0
	30 – 34	7	18	25	0	0	0
	35 – 39	6	14	20	0	0	0
	40 – 44	5	15	20	0	0	0
	45 – 49	3	13	16	0	0	0
	50 – 54	1	13	14	0	0	0
	55 – 59	4	10	14	0	0	0
	60 – 64	2	5	7	0	0	0
	65+	1	2	3	0	0	0
	Total	**33**	**100**	**133**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	0	1	0	1	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	1	0	1	0	1	1
	45 – 49	0	1	1	1	0	1
	50 – 54	1	1	2	0	0	0
	55 – 59	0	2	2	2	1	3
	60 – 64	0	2	2	2	0	2
	65+	0	0	0	1	0	1
	Total	**3**	**6**	**9**	**6**	**3**	**9**
Employee & Children	**0 – 19**	0	0	0	52	38	90
	20 – 24	0	0	0	52	38	90
	25 – 29	2	5	7	2	3	5
	30 – 34	1	5	6	0	0	0
	35 – 39	1	6	7	0	0	0
	40 – 44	2	18	20	0	0	0
	45 – 49	0	9	9	0	0	0
	50 – 54	1	7	8	0	0	0
	55 – 59	0	2	2	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	1	1	0	0	0
	Total	**7**	**53**	**60**	**106**	**79**	**185**
Employee & Family	**0 – 19**	0	0	0	11	9	20
	20 – 24	0	0	0	11	9	20
	25 – 29	0	0	0	1	3	4
	30 – 34	1	1	2	1	2	3
	35 – 39	1	1	2	0	0	0
	40 – 44	0	0	0	2	0	2
	45 – 49	0	5	5	3	0	3
	50 – 54	1	3	4	3	0	3
	55 – 59	0	1	1	1	1	2
	60 – 64	0	0	0	1	0	1
	65+	0	0	0	0	0	0
	Total	**3**	**11**	**14**	**34**	**24**	**58**
All Tiers	**0 – 19**	0	0	0	63	47	110
	20 – 24	0	0	0	63	47	110
	25 – 29	7	15	22	3	7	10
	30 – 34	9	24	33	1	2	3
	35 – 39	8	21	29	0	0	0
	40 – 44	8	33	41	2	1	3
	45 – 49	3	28	31	4	0	4
	50 – 54	4	24	28	3	0	3
	55 – 59	4	15	19	3	2	5
	60 – 64	2	7	9	3	0	3
	65+	1	3	4	1	0	1
	Total	**46**	**170**	**216**	**146**	**106**	**252**

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Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	2	4	6	0	0	0
	30 – 34	6	3	9	0	0	0
	35 – 39	2	5	7	0	0	0
	40 – 44	5	12	17	0	0	0
	45 – 49	4	5	9	0	0	0
	50 – 54	1	12	13	0	0	0
	55 – 59	1	9	10	0	0	0
	60 – 64	1	9	10	0	0	0
	65+	2	1	3	0	0	0
	Total	**24**	**60**	**84**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	1	1
	30 – 34	4	0	4	0	2	2
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	1	1
	45 – 49	0	1	1	0	0	0
	50 – 54	0	2	2	1	1	2
	55 – 59	1	1	2	2	1	3
	60 – 64	1	2	3	3	2	5
	65+	2	0	2	0	0	0
	Total	**8**	**6**	**14**	**6**	**8**	**14**
Employee & Children	**0 – 19**	0	0	0	34	28	62
	20 – 24	0	0	0	34	28	62
	25 – 29	0	2	2	2	3	5
	30 – 34	2	2	4	0	0	0
	35 – 39	0	3	3	0	0	0
	40 – 44	1	9	10	0	0	0
	45 – 49	2	5	7	0	0	0
	50 – 54	2	4	6	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**7**	**26**	**33**	**70**	**59**	**129**
Employee & Family	**0 – 19**	0	0	0	3	4	7
	20 – 24	0	0	0	3	4	7
	25 – 29	0	0	0	0	1	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	1	1
	45 – 49	0	1	1	1	1	2
	50 – 54	1	0	1	0	0	0
	55 – 59	0	4	4	3	0	3
	60 – 64	1	0	1	1	0	1
	65+	0	0	0	0	0	0
	Total	**2**	**5**	**7**	**11**	**11**	**22**
All Tiers	**0 – 19**	0	0	0	37	32	69
	20 – 24	0	0	0	37	32	69
	25 – 29	2	6	8	2	5	7
	30 – 34	12	5	17	0	2	2
	35 – 39	2	8	10	0	0	0
	40 – 44	6	21	27	0	2	2
	45 – 49	6	12	18	1	1	2
	50 – 54	4	18	22	1	1	2
	55 – 59	2	14	16	5	1	6
	60 – 64	3	12	15	4	2	6
	65+	4	1	5	0	0	0
	Total	**41**	**97**	**138**	**87**	**78**	**165**

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Benefit Package: Benefit Package 335

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	2	1	3	0	0	0
	30 – 34	4	2	6	0	0	0
	35 – 39	0	2	2	0	0	0
	40 – 44	0	7	7	0	0	0
	45 – 49	2	4	6	0	0	0
	50 – 54	3	7	10	0	0	0
	55 – 59	4	13	17	0	0	0
	60 – 64	7	20	27	0	0	0
	65+	2	13	15	0	0	0
	Total	**24**	**69**	**93**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	1	1
	30 – 34	1	1	2	1	0	1
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	1	0	1
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	1	0	1
	60 – 64	1	6	7	3	1	4
	65+	0	1	1	4	0	4
	Total	**2**	**10**	**12**	**10**	**2**	**12**
Employee & Children	**0 – 19**	0	0	0	32	36	68
	20 – 24	0	0	0	32	36	68
	25 – 29	0	0	0	2	3	5
	30 – 34	1	3	4	0	0	0
	35 – 39	3	2	5	0	0	0
	40 – 44	2	12	14	0	0	0
	45 – 49	4	10	14	0	0	0
	50 – 54	1	5	6	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**11**	**34**	**45**	**66**	**75**	**141**
Employee & Family	**0 – 19**	0	0	0	27	37	64
	20 – 24	0	0	0	27	37	64
	25 – 29	0	0	0	3	0	3
	30 – 34	2	1	3	0	3	3
	35 – 39	4	4	8	2	3	5
	40 – 44	6	3	9	4	6	10
	45 – 49	1	0	1	1	1	2
	50 – 54	1	2	3	2	0	2
	55 – 59	1	0	1	1	2	3
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**15**	**10**	**25**	**67**	**89**	**156**
All Tiers	**0 – 19**	0	0	0	59	73	132
	20 – 24	0	0	0	59	73	132
	25 – 29	2	1	3	5	4	9
	30 – 34	8	7	15	1	3	4
	35 – 39	7	8	15	2	3	5
	40 – 44	8	23	31	5	6	11
	45 – 49	7	14	21	1	1	2
	50 – 54	5	14	19	2	0	2
	55 – 59	5	15	20	2	2	4
	60 – 64	8	27	35	3	1	4
	65+	2	14	16	4	0	4
	Total	**52**	**123**	**175**	**143**	**166**	**309**

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Benefit Package: Benefit Package 336

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	0	1	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	2	2	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	1	0	1	0	0	0
	Total	**2**	**4**	**6**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	0	1	0	1	1
	30 – 34	0	1	1	0	0	0
	35 – 39	0	0	0	2	0	2
	40 – 44	0	1	1	0	1	1
	45 – 49	1	0	1	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**2**	**4**	**2**	**2**	**4**
Employee & Children	**0 – 19**	0	0	0	2	2	4
	20 – 24	0	0	0	2	2	4
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**2**	**2**	**4**	**4**	**8**
Employee & Family	**0 – 19**	0	0	0	1	6	7
	20 – 24	0	0	0	1	6	7
	25 – 29	1	0	1	2	1	3
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	2	2	1	0	1
	45 – 49	0	1	1	2	0	2
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**3**	**4**	**7**	**13**	**20**
All Tiers	**0 – 19**	0	0	0	3	8	11
	20 – 24	0	0	0	3	8	11
	25 – 29	3	0	3	2	2	4
	30 – 34	0	1	1	0	0	0
	35 – 39	0	0	0	2	0	2
	40 – 44	0	5	5	1	1	2
	45 – 49	1	3	4	2	0	2
	50 – 54	0	2	2	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	1	0	1	0	0	0
	Total	**5**	**11**	**16**	**13**	**19**	**32**

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Benefit Package: Benefit Package 337

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	2	3	0	0	0
	30 – 34	2	3	5	0	0	0
	35 – 39	0	3	3	0	0	0
	40 – 44	0	2	2	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	1	2	3	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**4**	**15**	**19**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Children	**0 – 19**	0	0	0	2	5	7
	20 – 24	0	0	0	2	5	7
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**3**	**3**	**4**	**10**	**14**
Employee & Family	**0 – 19**	0	0	0	1	5	6
	20 – 24	0	0	0	1	5	6
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	3	3	1	0	1
	50 – 54	0	0	0	1	0	1
	55 – 59	0	0	0	1	0	1
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**3**	**3**	**5**	**10**	**15**
All Tiers	**0 – 19**	0	0	0	3	10	13
	20 – 24	0	0	0	3	10	13
	25 – 29	1	2	3	0	0	0
	30 – 34	2	3	5	0	0	0
	35 – 39	0	4	4	0	0	0
	40 – 44	0	3	3	0	0	0
	45 – 49	0	4	4	1	0	1
	50 – 54	0	2	2	1	0	1
	55 – 59	1	2	3	1	0	1
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**4**	**21**	**25**	**9**	**20**	**29**

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Benefit Package: Benefit Package 339

		Enrolled Employees			Enrolled Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	1	2	0	0	0
	30 – 34	6	5	11	0	0	0
	35 – 39	1	4	5	0	0	0
	40 – 44	5	4	9	0	0	0
	45 – 49	4	12	16	0	0	0
	50 – 54	8	20	28	0	0	0
	55 – 59	15	40	55	0	0	0
	60 – 64	16	37	53	0	0	0
	65+	6	12	18	0	0	0
	Total	**62**	**135**	**197**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	1	0	1
	45 – 49	0	1	1	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	2	2	1	0	1
	60 – 64	0	3	3	2	0	2
	65+	2	1	3	3	2	5
	Total	**2**	**7**	**9**	**7**	**2**	**9**
Employee & Children	**0 – 19**	0	0	0	13	12	25
	20 – 24	0	0	0	13	12	25
	25 – 29	0	0	0	1	2	3
	30 – 34	0	1	1	0	0	0
	35 – 39	1	4	5	0	0	0
	40 – 44	1	1	2	0	0	0
	45 – 49	2	2	4	0	0	0
	50 – 54	0	4	4	0	0	0
	55 – 59	1	2	3	0	0	0
	60 – 64	1	2	3	0	0	0
	65+	0	0	0	0	0	0
	Total	**6**	**16**	**22**	**27**	**26**	**53**
Employee & Family	**0 – 19**	0	0	0	3	2	5
	20 – 24	0	0	0	3	2	5
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	1	1
	40 – 44	1	0	1	0	0	0
	45 – 49	1	0	1	0	1	1
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**0**	**2**	**6**	**6**	**12**
All Tiers	**0 – 19**	0	0	0	16	14	30
	20 – 24	0	0	0	16	14	30
	25 – 29	1	1	2	1	2	3
	30 – 34	6	6	12	0	0	0
	35 – 39	2	8	10	0	1	1
	40 – 44	7	5	12	1	0	1
	45 – 49	7	15	22	0	1	1
	50 – 54	8	24	32	0	0	0
	55 – 59	16	44	60	1	0	1
	60 – 64	17	42	59	2	0	2
	65+	8	13	21	3	2	5
	Total	**72**	**158**	**230**	**40**	**34**	**74**

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Benefit Package: Benefit Package 340

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	2	2	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	1	0	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**3**	**4**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	2	2	1	0	1
	30 – 34	0	0	0	1	0	1
	35 – 39	0	1	1	1	0	1
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	1	0	1
	60 – 64	2	0	2	0	2	2
	65+	0	0	0	0	0	0
	Total	**2**	**4**	**6**	**4**	**2**	**6**
Employee & Children	**0 – 19**	0	0	0	1	2	3
	20 – 24	0	0	0	1	2	3
	25 – 29	0	0	0	0	1	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**3**	**3**	**2**	**5**	**7**
Employee & Family	**0 – 19**	0	0	0	7	4	11
	20 – 24	0	0	0	7	4	11
	25 – 29	0	0	0	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	1	0	1	1	1	2
	40 – 44	0	1	1	0	1	1
	45 – 49	1	1	2	1	0	1
	50 – 54	0	0	0	1	0	1
	55 – 59	0	1	1	1	0	1
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**4**	**6**	**18**	**10**	**28**
All Tiers	**0 – 19**	0	0	0	8	6	14
	20 – 24	0	0	0	8	6	14
	25 – 29	0	2	2	1	1	2
	30 – 34	0	3	3	1	0	1
	35 – 39	1	2	3	2	1	3
	40 – 44	0	1	1	0	1	1
	45 – 49	1	1	2	1	0	1
	50 – 54	0	2	2	1	0	1
	55 – 59	0	2	2	2	0	2
	60 – 64	3	1	4	0	2	2
	65+	0	0	0	0	0	0
	Total	**5**	**14**	**19**	**24**	**17**	**41**

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Benefit Package: Benefit Package 341

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	9	10	0	0	0
	30 – 34	2	5	7	0	0	0
	35 – 39	3	5	8	0	0	0
	40 – 44	3	6	9	0	0	0
	45 – 49	2	6	8	0	0	0
	50 – 54	3	9	12	0	0	0
	55 – 59	5	12	17	0	0	0
	60 – 64	3	11	14	0	0	0
	65+	4	5	9	0	0	0
	Total	**26**	**68**	**94**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	1	0	1
	40 – 44	0	0	0	0	0	0
	45 – 49	0	1	1	0	1	1
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	1	0	1
	Total	**0**	**3**	**3**	**2**	**1**	**3**
Employee & Children	**0 – 19**	0	0	0	7	11	18
	20 – 24	0	0	0	7	11	18
	25 – 29	0	0	0	0	1	1
	30 – 34	1	0	1	0	0	0
	35 – 39	1	2	3	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	2	1	3	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	2	4	6	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**6**	**8**	**14**	**14**	**23**	**37**
Employee & Family	**0 – 19**	0	0	0	3	2	5
	20 – 24	0	0	0	3	2	5
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	1	1	1	1	2
	50 – 54	1	0	1	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**1**	**2**	**7**	**5**	**12**
All Tiers	**0 – 19**	0	0	0	10	13	23
	20 – 24	0	0	0	10	13	23
	25 – 29	1	9	10	0	1	1
	30 – 34	3	5	8	0	0	0
	35 – 39	4	8	12	1	0	1
	40 – 44	3	6	9	0	0	0
	45 – 49	4	9	13	1	2	3
	50 – 54	4	10	14	0	0	0
	55 – 59	7	16	23	0	0	0
	60 – 64	3	12	15	0	0	0
	65+	4	5	9	1	0	1
	Total	**33**	**80**	**113**	**23**	**29**	**52**

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Benefit Package: Benefit Package 342

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	2	7	9	0	0	0
	30 – 34	0	9	9	0	0	0
	35 – 39	1	3	4	0	0	0
	40 – 44	1	4	5	0	0	0
	45 – 49	0	9	9	0	0	0
	50 – 54	2	17	19	0	0	0
	55 – 59	6	19	25	0	0	0
	60 – 64	3	16	19	0	0	0
	65+	1	0	1	0	0	0
	Total	**16**	**84**	**100**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	1	1
	45 – 49	0	1	1	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	2	2	1	0	1
	60 – 64	1	4	5	4	0	4
	65+	0	0	0	1	1	2
	Total	**1**	**7**	**8**	**6**	**2**	**8**
Employee & Children	**0 – 19**	0	0	0	26	6	32
	20 – 24	0	0	0	26	6	32
	25 – 29	0	0	0	2	1	3
	30 – 34	0	3	3	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	1	3	4	0	0	0
	45 – 49	1	9	10	0	0	0
	50 – 54	1	6	7	0	0	0
	55 – 59	2	6	8	0	0	0
	60 – 64	0	2	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**5**	**29**	**34**	**54**	**13**	**67**
Employee & Family	**0 – 19**	0	0	0	7	2	9
	20 – 24	0	0	0	7	2	9
	25 – 29	0	0	0	0	2	2
	30 – 34	1	0	1	0	1	1
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	1	1
	45 – 49	2	1	3	0	1	1
	50 – 54	1	3	4	3	1	4
	55 – 59	0	2	2	2	0	2
	60 – 64	0	1	1	2	0	2
	65+	0	0	0	0	0	0
	Total	**4**	**7**	**11**	**21**	**10**	**31**
All Tiers	**0 – 19**	0	0	0	33	8	41
	20 – 24	0	0	0	33	8	41
	25 – 29	2	7	9	2	3	5
	30 – 34	1	12	13	0	1	1
	35 – 39	1	3	4	0	0	0
	40 – 44	2	7	9	0	2	2
	45 – 49	3	20	23	0	1	1
	50 – 54	4	26	30	3	1	4
	55 – 59	8	29	37	3	0	3
	60 – 64	4	23	27	6	0	6
	65+	1	0	1	1	1	2
	Total	**26**	**127**	**153**	**81**	**25**	**106**

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Benefit Package: Benefit Package 343

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	2	2	0	0	0
	40 – 44	1	2	3	0	0	0
	45 – 49	2	1	3	0	0	0
	50 – 54	1	9	10	0	0	0
	55 – 59	1	6	7	0	0	0
	60 – 64	0	6	6	0	0	0
	65+	0	3	3	0	0	0
	Total	**5**	**29**	**34**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	1	0	1
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**1**	**1**	**1**	**0**	**1**
Employee & Children	**0 – 19**	0	0	0	2	3	5
	20 – 24	0	0	0	2	3	5
	25 – 29	0	0	0	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**3**	**3**	**4**	**6**	**10**
Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
All Tiers	**0 – 19**	0	0	0	2	3	5
	20 – 24	0	0	0	2	3	5
	25 – 29	0	0	0	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	0	3	3	0	0	0
	40 – 44	1	3	4	0	0	0
	45 – 49	2	1	3	0	0	0
	50 – 54	1	10	11	1	0	1
	55 – 59	1	6	7	0	0	0
	60 – 64	0	6	6	0	0	0
	65+	0	3	3	0	0	0
	Total	**5**	**33**	**38**	**5**	**6**	**11**

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Benefit Package: Benefit Package 344

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	1	1	0	0	0
	20 – 24	0	1	1	0	0	0
	25 – 29	0	1	1	0	0	0
	30 – 34	2	2	4	0	0	0
	35 – 39	1	0	1	0	0	0
	40 – 44	1	3	4	0	0	0
	45 – 49	1	4	5	0	0	0
	50 – 54	0	6	6	0	0	0
	55 – 59	0	5	5	0	0	0
	60 – 64	0	4	4	0	0	0
	65+	0	2	2	0	0	0
	Total	**5**	**29**	**34**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	1	1	0	0	0
	30 – 34	1	2	3	2	2	4
	35 – 39	0	0	0	1	0	1
	40 – 44	0	1	1	0	0	0
	45 – 49	0	0	0	1	0	1
	50 – 54	0	2	2	0	0	0
	55 – 59	0	4	4	2	1	3
	60 – 64	2	1	3	4	1	5
	65+	0	0	0	1	0	1
	Total	**3**	**11**	**14**	**11**	**4**	**15**
Employee & Children	**0 – 19**	0	0	0	7	1	8
	20 – 24	0	0	0	7	1	8
	25 – 29	0	1	1	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	2	2	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	2	2	0	0	0
	50 – 54	1	0	1	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**6**	**7**	**14**	**2**	**16**
Employee & Family	**0 – 19**	0	0	0	13	13	26
	20 – 24	0	0	0	13	13	26
	25 – 29	0	0	0	1	0	1
	30 – 34	0	0	0	0	0	0
	35 – 39	1	3	4	1	2	3
	40 – 44	1	2	3	4	0	4
	45 – 49	1	3	4	1	1	2
	50 – 54	0	0	0	0	0	0
	55 – 59	1	2	3	2	1	3
	60 – 64	0	0	0	2	0	2
	65+	0	0	0	0	0	0
	Total	**4**	**10**	**14**	**37**	**30**	**67**
All Tiers	**0 – 19**	0	1	1	20	14	34
	20 – 24	0	1	1	20	14	34
	25 – 29	0	3	3	1	0	1
	30 – 34	3	4	7	2	2	4
	35 – 39	2	5	7	2	2	4
	40 – 44	2	7	9	4	0	4
	45 – 49	2	9	11	2	1	3
	50 – 54	1	8	9	0	0	0
	55 – 59	1	11	12	4	2	6
	60 – 64	2	5	7	6	1	7
	65+	0	2	2	1	0	1
	Total	**13**	**56**	**69**	**62**	**36**	**98**

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Benefit Package: Benefit Package 345

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	2	2	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**2**	**2**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Children	**0 – 19**	0	0	0	1	1	2
	20 – 24	0	0	0	1	1	2
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**1**	**1**	**2**	**2**	**4**
Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
All Tiers	**0 – 19**	0	0	0	1	1	2
	20 – 24	0	0	0	1	1	2
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	2	2	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**3**	**3**	**2**	**2**	**4**

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Benefit Package: Benefit Package 346

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	6	6	0	0	0
	35 – 39	2	4	6	0	0	0
	40 – 44	2	3	5	0	0	0
	45 – 49	3	4	7	0	0	0
	50 – 54	0	10	10	0	0	0
	55 – 59	3	14	17	0	0	0
	60 – 64	5	21	26	0	0	0
	65+	1	9	10	0	0	0
	Total	**16**	**71**	**87**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	1	1	1	0	1
	50 – 54	0	0	0	0	1	1
	55 – 59	1	1	2	1	0	1
	60 – 64	1	6	7	3	2	5
	65+	1	2	3	5	0	5
	Total	**3**	**10**	**13**	**10**	**3**	**13**
Employee & Children	**0 – 19**	0	0	0	18	13	31
	20 – 24	0	0	0	18	13	31
	25 – 29	0	0	0	0	2	2
	30 – 34	0	3	3	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	1	2	3	0	0	0
	45 – 49	2	4	6	0	0	0
	50 – 54	0	4	4	0	0	0
	55 – 59	3	3	6	0	0	0
	60 – 64	1	1	2	0	0	0
	65+	0	1	1	0	0	0
	Total	**7**	**19**	**26**	**36**	**28**	**64**
Employee & Family	**0 – 19**	0	0	0	7	7	14
	20 – 24	0	0	0	7	7	14
	25 – 29	0	0	0	1	0	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	1	1
	40 – 44	0	2	2	3	1	4
	45 – 49	2	1	3	0	0	0
	50 – 54	1	3	4	1	1	2
	55 – 59	1	1	2	3	1	4
	60 – 64	0	0	0	0	1	1
	65+	1	0	1	0	0	0
	Total	**5**	**7**	**12**	**22**	**19**	**41**
All Tiers	**0 – 19**	0	0	0	25	20	45
	20 – 24	0	0	0	25	20	45
	25 – 29	0	0	0	1	2	3
	30 – 34	0	9	9	0	0	0
	35 – 39	2	5	7	0	1	1
	40 – 44	3	7	10	3	1	4
	45 – 49	7	10	17	1	0	1
	50 – 54	1	17	18	1	2	3
	55 – 59	8	19	27	4	1	5
	60 – 64	7	28	35	3	3	6
	65+	3	12	15	5	0	5
	Total	**31**	**107**	**138**	**68**	**50**	**118**

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Benefit Package: Benefit Package 347

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	1	1	0	0	0
	30 – 34	2	0	2	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	1	4	5	0	0	0
	45 – 49	3	2	5	0	0	0
	50 – 54	0	6	6	0	0	0
	55 – 59	1	11	12	0	0	0
	60 – 64	2	8	10	0	0	0
	65+	1	2	3	0	0	0
	Total	**10**	**35**	**45**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	1	1
	60 – 64	0	1	1	1	0	1
	65+	1	0	1	0	0	0
	Total	**1**	**1**	**2**	**1**	**1**	**2**
Employee & Children	**0 – 19**	0	0	0	2	1	3
	20 – 24	0	0	0	2	1	3
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	1	0	1	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	1	0	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**0**	**2**	**4**	**2**	**6**
Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
All Tiers	**0 – 19**	0	0	0	2	1	3
	20 – 24	0	0	0	2	1	3
	25 – 29	0	1	1	0	0	0
	30 – 34	2	0	2	0	0	0
	35 – 39	1	1	2	0	0	0
	40 – 44	1	4	5	0	0	0
	45 – 49	3	2	5	0	0	0
	50 – 54	0	6	6	0	0	0
	55 – 59	2	11	13	0	1	1
	60 – 64	2	9	11	1	0	1
	65+	2	2	4	0	0	0
	Total	**13**	**36**	**49**	**5**	**3**	**8**

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Benefit Package: Benefit Package 348

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	5	4	9	0	0	0
	30 – 34	0	6	6	0	0	0
	35 – 39	3	6	9	0	0	0
	40 – 44	1	8	9	0	0	0
	45 – 49	2	12	14	0	0	0
	50 – 54	3	19	22	0	0	0
	55 – 59	10	23	33	0	0	0
	60 – 64	0	11	11	0	0	0
	65+	4	8	12	0	0	0
	Total	**28**	**97**	**125**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	1	0	1
	30 – 34	1	1	2	0	1	1
	35 – 39	2	0	2	0	2	2
	40 – 44	1	2	3	2	1	3
	45 – 49	1	1	2	0	2	2
	50 – 54	2	7	9	5	2	7
	55 – 59	5	6	11	1	6	7
	60 – 64	7	5	12	11	6	17
	65+	2	0	2	1	2	3
	Total	**21**	**22**	**43**	**21**	**22**	**43**
Employee & Children	**0 – 19**	0	0	0	60	47	107
	20 – 24	0	0	0	60	47	107
	25 – 29	0	1	1	5	5	10
	30 – 34	2	5	7	0	0	0
	35 – 39	0	5	5	0	0	0
	40 – 44	1	14	15	0	0	0
	45 – 49	5	21	26	0	0	0
	50 – 54	2	15	17	0	0	0
	55 – 59	1	9	10	0	0	0
	60 – 64	0	2	2	0	0	0
	65+	0	1	1	0	0	0
	Total	**11**	**73**	**84**	**125**	**99**	**224**
Employee & Family	**0 – 19**	0	0	0	31	29	60
	20 – 24	0	0	0	31	29	60
	25 – 29	0	0	0	7	1	8
	30 – 34	1	2	3	1	2	3
	35 – 39	2	1	3	1	3	4
	40 – 44	2	2	4	0	3	3
	45 – 49	3	6	9	2	4	6
	50 – 54	6	15	21	11	4	15
	55 – 59	3	2	5	10	3	13
	60 – 64	4	0	4	2	2	4
	65+	0	0	0	0	0	0
	Total	**21**	**28**	**49**	**96**	**80**	**176**
All Tiers	**0 – 19**	0	0	0	91	76	167
	20 – 24	0	0	0	91	76	167
	25 – 29	5	5	10	13	6	19
	30 – 34	4	14	18	1	3	4
	35 – 39	7	12	19	1	5	6
	40 – 44	5	26	31	2	4	6
	45 – 49	11	40	51	2	6	8
	50 – 54	13	56	69	16	6	22
	55 – 59	19	40	59	11	9	20
	60 – 64	11	18	29	13	8	21
	65+	6	9	15	1	2	3
	Total	**81**	**220**	**301**	**242**	**201**	**443**

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Benefit Package: Benefit Package 349

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	1	1	0	0	0
	30 – 34	1	1	2	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	2	2	0	0	0
	45 – 49	2	2	4	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	2	0	2	0	0	0
	60 – 64	1	2	3	0	0	0
	65+	0	0	0	0	0	0
	Total	**6**	**8**	**14**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	1	1
	35 – 39	1	0	1	1	0	1
	40 – 44	1	1	2	0	1	1
	45 – 49	0	1	1	0	0	0
	50 – 54	0	2	2	2	0	2
	55 – 59	0	3	3	3	0	3
	60 – 64	0	2	2	2	0	2
	65+	0	0	0	1	0	1
	Total	**2**	**9**	**11**	**9**	**2**	**11**
Employee & Children	**0 – 19**	0	0	0	1	4	5
	20 – 24	0	0	0	1	4	5
	25 – 29	1	0	1	1	0	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	1	2	3	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	1	0	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**3**	**4**	**7**	**3**	**8**	**11**
Employee & Family	**0 – 19**	0	0	0	15	16	31
	20 – 24	0	0	0	15	16	31
	25 – 29	0	0	0	1	0	1
	30 – 34	0	0	0	0	1	1
	35 – 39	1	1	2	2	0	2
	40 – 44	2	2	4	1	2	3
	45 – 49	2	2	4	1	2	3
	50 – 54	2	0	2	1	2	3
	55 – 59	1	0	1	0	1	1
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**8**	**5**	**13**	**36**	**40**	**76**
All Tiers	**0 – 19**	0	0	0	16	20	36
	20 – 24	0	0	0	16	20	36
	25 – 29	1	1	2	2	0	2
	30 – 34	1	1	2	0	2	2
	35 – 39	2	1	3	3	0	3
	40 – 44	3	5	8	1	3	4
	45 – 49	5	7	12	1	2	3
	50 – 54	2	3	5	3	2	5
	55 – 59	3	4	7	3	1	4
	60 – 64	2	4	6	2	0	2
	65+	0	0	0	1	0	1
	Total	**19**	**26**	**45**	**48**	**50**	**98**

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Demographics by Benefit Package
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Benefit Package: Benefit Package 350

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	0	1	0	0	0
	30 – 34	2	4	6	0	0	0
	35 – 39	6	3	9	0	0	0
	40 – 44	2	4	6	0	0	0
	45 – 49	4	10	14	0	0	0
	50 – 54	4	11	15	0	0	0
	55 – 59	3	32	35	0	0	0
	60 – 64	5	22	27	0	0	0
	65+	1	3	4	0	0	0
	Total	**28**	**89**	**117**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	1	1	1	0	1
	35 – 39	0	1	1	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	1	0	1
	50 – 54	0	1	1	0	0	0
	55 – 59	0	4	4	1	0	1
	60 – 64	1	3	4	7	0	7
	65+	0	1	1	1	1	2
	Total	**1**	**11**	**12**	**11**	**1**	**12**
Employee & Children	**0 – 19**	0	0	0	17	21	38
	20 – 24	0	0	0	17	21	38
	25 – 29	0	1	1	1	0	1
	30 – 34	0	3	3	0	0	0
	35 – 39	1	2	3	0	0	0
	40 – 44	0	3	3	0	0	0
	45 – 49	1	7	8	0	0	0
	50 – 54	2	4	6	0	0	0
	55 – 59	0	3	3	0	0	0
	60 – 64	0	2	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**4**	**25**	**29**	**35**	**42**	**77**
Employee & Family	**0 – 19**	0	0	0	1	0	1
	20 – 24	0	0	0	1	0	1
	25 – 29	0	0	0	0	1	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	1	0	1
	55 – 59	0	2	2	1	0	1
	60 – 64	0	0	0	1	0	1
	65+	0	0	0	0	0	0
	Total	**0**	**3**	**3**	**5**	**1**	**6**
All Tiers	**0 – 19**	0	0	0	18	21	39
	20 – 24	0	0	0	18	21	39
	25 – 29	1	1	2	1	1	2
	30 – 34	2	8	10	1	0	1
	35 – 39	7	6	13	0	0	0
	40 – 44	2	7	9	0	0	0
	45 – 49	5	17	22	1	0	1
	50 – 54	6	17	23	1	0	1
	55 – 59	3	41	44	2	0	2
	60 – 64	6	27	33	8	0	8
	65+	1	4	5	1	1	2
	Total	**33**	**128**	**161**	**51**	**44**	**95**

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Benefit Package: Benefit Package 351

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	2	2	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	2	2	4	0	0	0
	45 – 49	3	3	6	0	0	0
	50 – 54	1	8	9	0	0	0
	55 – 59	2	9	11	0	0	0
	60 – 64	1	8	9	0	0	0
	65+	1	4	5	0	0	0
	Total	**10**	**38**	**48**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	0	0	0	1	0	1
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	2	2	1	0	1
	55 – 59	0	1	1	0	0	0
	60 – 64	0	4	4	4	0	4
	65+	1	0	1	1	2	3
	Total	**1**	**8**	**9**	**7**	**2**	**9**
Employee & Children	**0 – 19**	0	0	0	8	0	8
	20 – 24	0	0	0	8	0	8
	25 – 29	0	0	0	0	2	2
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	6	6	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**8**	**8**	**16**	**2**	**18**
Employee & Family	**0 – 19**	0	0	0	2	0	2
	20 – 24	0	0	0	2	0	2
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	1	0	1
	45 – 49	0	0	0	0	0	0
	50 – 54	1	0	1	0	1	1
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**1**	**2**	**5**	**1**	**6**
All Tiers	**0 – 19**	0	0	0	10	0	10
	20 – 24	0	0	0	10	0	10
	25 – 29	0	2	2	0	2	2
	30 – 34	0	2	2	0	0	0
	35 – 39	0	1	1	1	0	1
	40 – 44	2	4	6	1	0	1
	45 – 49	3	3	6	0	0	0
	50 – 54	2	16	18	1	1	2
	55 – 59	2	11	13	0	0	0
	60 – 64	1	12	13	4	0	4
	65+	2	4	6	1	2	3
	Total	**12**	**55**	**67**	**28**	**5**	**33**

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Benefit Package: Benefit Package 352

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	10	11	0	0	0
	30 – 34	2	6	8	0	0	0
	35 – 39	6	3	9	0	0	0
	40 – 44	4	4	8	0	0	0
	45 – 49	1	4	5	0	0	0
	50 – 54	1	4	5	0	0	0
	55 – 59	6	9	15	0	0	0
	60 – 64	1	3	4	0	0	0
	65+	0	1	1	0	0	0
	Total	**22**	**44**	**66**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	0	1	0	2	2
	30 – 34	0	0	0	0	0	0
	35 – 39	1	3	4	2	0	2
	40 – 44	0	0	0	2	0	2
	45 – 49	1	1	2	0	1	1
	50 – 54	1	2	3	2	0	2
	55 – 59	1	6	7	5	1	6
	60 – 64	2	5	7	7	2	9
	65+	0	0	0	0	0	0
	Total	**7**	**17**	**24**	**18**	**6**	**24**
Employee & Children	**0 – 19**	0	0	0	33	32	65
	20 – 24	0	0	0	33	32	65
	25 – 29	2	1	3	0	0	0
	30 – 34	1	7	8	0	0	0
	35 – 39	2	9	11	0	0	0
	40 – 44	2	4	6	0	0	0
	45 – 49	3	6	9	0	0	0
	50 – 54	4	5	9	0	0	0
	55 – 59	1	1	2	0	0	0
	60 – 64	1	1	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**16**	**34**	**50**	**66**	**64**	**130**
Employee & Family	**0 – 19**	0	0	0	79	87	166
	20 – 24	0	0	0	79	87	166
	25 – 29	0	2	2	2	5	7
	30 – 34	2	3	5	3	3	6
	35 – 39	10	9	19	7	9	16
	40 – 44	12	8	20	10	12	22
	45 – 49	13	9	22	9	17	26
	50 – 54	12	9	21	6	8	14
	55 – 59	2	3	5	3	1	4
	60 – 64	1	0	1	3	1	4
	65+	0	0	0	1	0	1
	Total	**52**	**43**	**95**	**202**	**230**	**432**
All Tiers	**0 – 19**	0	0	0	112	119	231
	20 – 24	0	0	0	112	119	231
	25 – 29	4	13	17	2	7	9
	30 – 34	5	16	21	3	3	6
	35 – 39	19	24	43	9	9	18
	40 – 44	18	16	34	12	12	24
	45 – 49	18	20	38	9	18	27
	50 – 54	18	20	38	8	8	16
	55 – 59	10	19	29	8	2	10
	60 – 64	5	9	14	10	3	13
	65+	0	1	1	1	0	1
	Total	**97**	**138**	**235**	**286**	**300**	**586**

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Benefit Package: Benefit Package 353

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	2	2	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**3**	**3**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	1	0	1
	55 – 59	0	2	2	1	0	1
	60 – 64	0	2	2	2	0	2
	65+	0	0	0	0	0	0
	Total	**0**	**4**	**4**	**4**	**0**	**4**
Employee & Children	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	1	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**1**	**1**	**0**	**1**	**1**
Employee & Family	**0 – 19**	0	0	0	3	1	4
	20 – 24	0	0	0	3	1	4
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	1	1	2	0	2
	50 – 54	0	1	1	1	0	1
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**3**	**3**	**9**	**2**	**11**
All Tiers	**0 – 19**	0	0	0	3	1	4
	20 – 24	0	0	0	3	1	4
	25 – 29	0	0	0	0	1	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	2	2	2	0	2
	50 – 54	0	2	2	2	0	2
	55 – 59	0	4	4	1	0	1
	60 – 64	0	2	2	2	0	2
	65+	0	0	0	0	0	0
	Total	**0**	**11**	**11**	**13**	**3**	**16**

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Benefit Package: Benefit Package 354

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	5	9	14	0	0	0
	30 – 34	2	10	12	0	0	0
	35 – 39	2	15	17	0	0	0
	40 – 44	1	19	20	0	0	0
	45 – 49	3	17	20	0	0	0
	50 – 54	0	13	13	0	0	0
	55 – 59	7	17	24	0	0	0
	60 – 64	3	12	15	0	0	0
	65+	2	3	5	0	0	0
	Total	**25**	**115**	**140**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	2	3	1	2	3
	30 – 34	0	1	1	1	0	1
	35 – 39	0	1	1	2	1	3
	40 – 44	0	1	1	1	0	1
	45 – 49	1	1	2	2	1	3
	50 – 54	1	5	6	1	1	2
	55 – 59	2	8	10	7	2	9
	60 – 64	1	5	6	7	2	9
	65+	2	2	4	4	0	4
	Total	**8**	**26**	**34**	**26**	**9**	**35**
Employee & Children	**0 – 19**	0	0	0	24	19	43
	20 – 24	0	0	0	24	19	43
	25 – 29	0	0	0	4	1	5
	30 – 34	0	6	6	0	0	0
	35 – 39	1	4	5	0	0	0
	40 – 44	2	6	8	0	0	0
	45 – 49	0	8	8	0	0	0
	50 – 54	1	13	14	0	0	0
	55 – 59	2	2	4	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**6**	**40**	**46**	**52**	**39**	**91**
Employee & Family	**0 – 19**	0	0	0	36	34	70
	20 – 24	0	0	0	36	34	70
	25 – 29	1	1	2	3	4	7
	30 – 34	1	0	1	0	1	1
	35 – 39	3	4	7	2	3	5
	40 – 44	4	7	11	4	3	7
	45 – 49	2	7	9	8	6	14
	50 – 54	7	4	11	7	5	12
	55 – 59	4	1	5	1	2	3
	60 – 64	0	1	1	2	0	2
	65+	0	0	0	0	0	0
	Total	**22**	**25**	**47**	**99**	**92**	**191**
All Tiers	**0 – 19**	0	0	0	60	53	113
	20 – 24	0	0	0	60	53	113
	25 – 29	7	12	19	8	7	15
	30 – 34	3	17	20	1	1	2
	35 – 39	6	24	30	4	4	8
	40 – 44	7	33	40	5	3	8
	45 – 49	6	33	39	10	7	17
	50 – 54	9	35	44	8	6	14
	55 – 59	15	28	43	8	4	12
	60 – 64	4	19	23	9	2	11
	65+	4	5	9	4	0	4
	Total	**61**	**206**	**267**	**177**	**140**	**317**

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Benefit Package: Benefit Package 355

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	9	9	0	0	0
	50 – 54	0	4	4	0	0	0
	55 – 59	0	2	2	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	1	1	0	0	0
	Total	**0**	**19**	**19**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	2	2	1	0	1
	55 – 59	0	0	0	1	0	1
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**2**	**2**	**2**	**0**	**2**
Employee & Children	**0 – 19**	0	0	0	1	2	3
	20 – 24	0	0	0	1	2	3
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	2	2	0	0	0
	50 – 54	0	2	2	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**5**	**5**	**2**	**4**	**6**
Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	1	0	1
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**1**	**1**	**1**	**0**	**1**
All Tiers	**0 – 19**	0	0	0	1	2	3
	20 – 24	0	0	0	1	2	3
	25 – 29	0	0	0	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	0	2	2	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	11	11	0	0	0
	50 – 54	0	9	9	2	0	2
	55 – 59	0	2	2	1	0	1
	60 – 64	0	0	0	0	0	0
	65+	0	1	1	0	0	0
	Total	**0**	**27**	**27**	**5**	**4**	**9**

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Benefit Package: Benefit Package 356

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	1	1	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	5	5	0	0	0
	45 – 49	0	7	7	0	0	0
	50 – 54	0	5	5	0	0	0
	55 – 59	0	9	9	0	0	0
	60 – 64	0	13	13	0	0	0
	65+	0	2	2	0	0	0
	Total	**0**	**43**	**43**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Children	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	1	1	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	5	5	0	0	0
	45 – 49	0	7	7	0	0	0
	50 – 54	0	5	5	0	0	0
	55 – 59	0	9	9	0	0	0
	60 – 64	0	13	13	0	0	0
	65+	0	2	2	0	0	0
	Total	**0**	**43**	**43**	**0**	**0**	**0**

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Benefit Package: Benefit Package 357

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	4	9	13	0	0	0
	30 – 34	4	21	25	0	0	0
	35 – 39	1	11	12	0	0	0
	40 – 44	12	19	31	0	0	0
	45 – 49	8	38	46	0	0	0
	50 – 54	15	51	66	0	0	0
	55 – 59	16	67	83	0	0	0
	60 – 64	10	54	64	0	0	0
	65+	5	15	20	0	0	0
	Total	**75**	**285**	**360**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	1	0	1
	40 – 44	0	1	1	0	0	0
	45 – 49	0	1	1	2	0	2
	50 – 54	0	2	2	1	2	3
	55 – 59	2	2	4	0	1	1
	60 – 64	4	1	5	2	2	4
	65+	0	1	1	2	1	3
	Total	**6**	**8**	**14**	**8**	**6**	**14**
Employee & Children	**0 – 19**	0	0	0	12	18	30
	20 – 24	0	0	0	12	18	30
	25 – 29	0	0	0	1	0	1
	30 – 34	0	1	1	0	0	0
	35 – 39	1	6	7	0	0	0
	40 – 44	0	4	4	0	0	0
	45 – 49	3	3	6	0	0	0
	50 – 54	1	5	6	0	0	0
	55 – 59	2	2	4	0	0	0
	60 – 64	1	2	3	0	0	0
	65+	0	0	0	0	0	0
	Total	**8**	**23**	**31**	**25**	**36**	**61**
Employee & Family	**0 – 19**	0	0	0	4	2	6
	20 – 24	0	0	0	4	2	6
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	1	3	4	3	1	4
	50 – 54	0	2	2	1	0	1
	55 – 59	0	0	0	1	0	1
	60 – 64	0	1	1	1	0	1
	65+	0	0	0	0	0	0
	Total	**1**	**6**	**7**	**14**	**5**	**19**
All Tiers	**0 – 19**	0	0	0	16	20	36
	20 – 24	0	0	0	16	20	36
	25 – 29	4	9	13	1	0	1
	30 – 34	4	22	26	0	0	0
	35 – 39	2	17	19	1	0	1
	40 – 44	12	24	36	0	0	0
	45 – 49	12	45	57	5	1	6
	50 – 54	16	60	76	2	2	4
	55 – 59	20	71	91	1	1	2
	60 – 64	15	58	73	3	2	5
	65+	5	16	21	2	1	3
	Total	**90**	**322**	**412**	**47**	**47**	**94**

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Benefit Package: Benefit Package 358

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	5	16	21	0	0	0
	30 – 34	5	9	14	0	0	0
	35 – 39	4	16	20	0	0	0
	40 – 44	1	10	11	0	0	0
	45 – 49	6	12	18	0	0	0
	50 – 54	4	18	22	0	0	0
	55 – 59	5	10	15	0	0	0
	60 – 64	3	8	11	0	0	0
	65+	0	6	6	0	0	0
	Total	**33**	**105**	**138**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	3	1	4	1	3	4
	30 – 34	0	0	0	0	0	0
	35 – 39	1	1	2	1	1	2
	40 – 44	0	2	2	1	0	1
	45 – 49	1	2	3	1	2	3
	50 – 54	6	4	10	2	6	8
	55 – 59	3	7	10	6	3	9
	60 – 64	4	15	19	14	2	16
	65+	0	4	4	10	1	11
	Total	**18**	**36**	**54**	**36**	**18**	**54**
Employee & Children	**0 – 19**	0	0	0	161	130	291
	20 – 24	0	0	0	161	130	291
	25 – 29	1	7	8	12	6	18
	30 – 34	3	23	26	0	0	0
	35 – 39	7	25	32	0	0	0
	40 – 44	12	28	40	0	0	0
	45 – 49	7	24	31	0	0	0
	50 – 54	10	12	22	0	0	0
	55 – 59	7	10	17	0	0	0
	60 – 64	1	4	5	0	0	0
	65+	0	0	0	0	0	0
	Total	**48**	**133**	**181**	**334**	**266**	**600**
Employee & Family	**0 – 19**	0	0	0	43	34	77
	20 – 24	0	0	0	43	34	77
	25 – 29	0	0	0	0	2	2
	30 – 34	3	3	6	1	4	5
	35 – 39	3	7	10	2	2	4
	40 – 44	0	4	4	8	2	10
	45 – 49	3	11	14	9	4	13
	50 – 54	4	4	8	7	2	9
	55 – 59	3	4	7	2	1	3
	60 – 64	1	1	2	3	2	5
	65+	0	0	0	1	0	1
	Total	**17**	**34**	**51**	**119**	**87**	**206**
All Tiers	**0 – 19**	0	0	0	204	164	368
	20 – 24	0	0	0	204	164	368
	25 – 29	9	24	33	13	11	24
	30 – 34	11	35	46	1	4	5
	35 – 39	15	49	64	3	3	6
	40 – 44	13	44	57	9	2	11
	45 – 49	17	49	66	10	6	16
	50 – 54	24	38	62	9	8	17
	55 – 59	18	31	49	8	4	12
	60 – 64	9	28	37	17	4	21
	65+	0	10	10	11	1	12
	Total	**116**	**308**	**424**	**489**	**371**	**860**

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Benefit Package: Benefit Package 359

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	2	7	9	0	0	0
	30 – 34	3	8	11	0	0	0
	35 – 39	4	19	23	0	0	0
	40 – 44	3	11	14	0	0	0
	45 – 49	7	11	18	0	0	0
	50 – 54	1	15	16	0	0	0
	55 – 59	10	35	45	0	0	0
	60 – 64	7	33	40	0	0	0
	65+	2	9	11	0	0	0
	Total	**39**	**148**	**187**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	1	0	1
	40 – 44	0	1	1	0	0	0
	45 – 49	0	0	0	2	0	2
	50 – 54	0	1	1	0	0	0
	55 – 59	0	5	5	3	0	3
	60 – 64	1	5	6	5	1	6
	65+	1	0	1	2	0	2
	Total	**2**	**12**	**14**	**13**	**1**	**14**
Employee & Children	**0 – 19**	0	0	0	42	35	77
	20 – 24	0	0	0	42	35	77
	25 – 29	0	1	1	3	3	6
	30 – 34	1	6	7	0	0	0
	35 – 39	2	2	4	0	0	0
	40 – 44	3	10	13	0	0	0
	45 – 49	4	10	14	0	0	0
	50 – 54	3	9	12	0	0	0
	55 – 59	6	8	14	0	0	0
	60 – 64	1	4	5	0	0	0
	65+	0	1	1	0	0	0
	Total	**20**	**51**	**71**	**87**	**73**	**160**
Employee & Family	**0 – 19**	0	0	0	20	9	29
	20 – 24	0	0	0	20	9	29
	25 – 29	0	0	0	0	1	1
	30 – 34	0	0	0	0	0	0
	35 – 39	1	0	1	1	2	3
	40 – 44	2	0	2	0	2	2
	45 – 49	2	2	4	0	1	1
	50 – 54	2	2	4	1	1	2
	55 – 59	2	2	4	3	3	6
	60 – 64	1	1	2	1	1	2
	65+	0	0	0	1	0	1
	Total	**10**	**7**	**17**	**47**	**29**	**76**
All Tiers	**0 – 19**	0	0	0	62	44	106
	20 – 24	0	0	0	62	44	106
	25 – 29	2	8	10	3	4	7
	30 – 34	4	14	18	0	0	0
	35 – 39	7	21	28	2	2	4
	40 – 44	8	22	30	0	2	2
	45 – 49	13	23	36	2	1	3
	50 – 54	6	27	33	1	1	2
	55 – 59	18	50	68	6	3	9
	60 – 64	10	43	53	6	2	8
	65+	3	10	13	3	0	3
	Total	**71**	**218**	**289**	**147**	**103**	**250**

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Benefit Package: Benefit Package 360

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	1	1
	20 – 24	0	0	0	0	1	1
	25 – 29	12	35	47	0	0	0
	30 – 34	9	25	34	0	0	0
	35 – 39	13	34	47	0	0	0
	40 – 44	6	20	26	0	0	0
	45 – 49	15	29	44	0	0	0
	50 – 54	10	42	52	0	0	0
	55 – 59	6	38	44	0	0	0
	60 – 64	10	32	42	0	0	0
	65+	2	3	5	0	0	0
	Total	**83**	**258**	**341**	**0**	**2**	**2**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	1	1	2	1	0	1
	50 – 54	0	1	1	0	2	2
	55 – 59	2	4	6	2	0	2
	60 – 64	1	1	2	3	1	4
	65+	5	0	5	1	6	7
	Total	**9**	**7**	**16**	**7**	**9**	**16**
Employee & Children	**0 – 19**	0	0	0	103	99	202
	20 – 24	0	0	0	103	99	202
	25 – 29	0	2	2	5	3	8
	30 – 34	1	13	14	0	0	0
	35 – 39	3	19	22	0	0	0
	40 – 44	5	23	28	0	0	0
	45 – 49	6	17	23	0	0	0
	50 – 54	7	13	20	0	0	0
	55 – 59	2	8	10	0	0	0
	60 – 64	3	2	5	0	0	0
	65+	1	0	1	0	0	0
	Total	**28**	**97**	**125**	**211**	**201**	**412**
Employee & Family	**0 – 19**	0	0	0	12	10	22
	20 – 24	0	0	0	12	10	22
	25 – 29	0	0	0	1	3	4
	30 – 34	0	0	0	1	0	1
	35 – 39	1	1	2	1	1	2
	40 – 44	2	1	3	1	1	2
	45 – 49	0	2	2	2	1	3
	50 – 54	1	1	2	1	0	1
	55 – 59	0	4	4	3	0	3
	60 – 64	1	2	3	1	1	2
	65+	0	0	0	2	0	2
	Total	**5**	**11**	**16**	**37**	**27**	**64**
All Tiers	**0 – 19**	0	0	0	115	110	225
	20 – 24	0	0	0	115	110	225
	25 – 29	12	37	49	6	6	12
	30 – 34	10	38	48	1	0	1
	35 – 39	17	54	71	1	1	2
	40 – 44	13	44	57	1	1	2
	45 – 49	22	49	71	3	1	4
	50 – 54	18	57	75	1	2	3
	55 – 59	10	54	64	5	0	5
	60 – 64	15	37	52	4	2	6
	65+	8	3	11	3	6	9
	Total	**125**	**373**	**498**	**255**	**239**	**494**

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Benefit Package: Benefit Package 361

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	1	1	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	3	3	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	1	0	1	0	0	0
	55 – 59	0	2	2	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**7**	**8**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	2	1	3	1	2	3
	35 – 39	0	1	1	0	0	0
	40 – 44	1	1	2	0	1	1
	45 – 49	0	2	2	3	0	3
	50 – 54	0	5	5	2	0	2
	55 – 59	0	3	3	3	0	3
	60 – 64	0	2	2	4	0	4
	65+	0	1	1	3	0	3
	Total	**3**	**16**	**19**	**16**	**3**	**19**
Employee & Children	**0 – 19**	0	0	0	1	0	1
	20 – 24	0	0	0	1	0	1
	25 – 29	0	5	5	0	0	0
	30 – 34	0	6	6	0	0	0
	35 – 39	1	8	9	0	1	1
	40 – 44	0	4	4	0	0	0
	45 – 49	0	5	5	0	0	0
	50 – 54	0	4	4	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**32**	**33**	**2**	**1**	**3**
Employee & Family	**0 – 19**	0	0	0	16	21	37
	20 – 24	0	0	0	16	21	37
	25 – 29	1	1	2	0	2	2
	30 – 34	1	3	4	2	1	3
	35 – 39	1	4	5	2	1	3
	40 – 44	0	4	4	7	0	7
	45 – 49	0	1	1	2	1	3
	50 – 54	1	0	1	0	1	1
	55 – 59	1	0	1	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	1	0	1
	Total	**5**	**14**	**19**	**46**	**48**	**94**
All Tiers	**0 – 19**	0	0	0	17	21	38
	20 – 24	0	0	0	17	21	38
	25 – 29	1	7	8	0	2	2
	30 – 34	3	10	13	3	3	6
	35 – 39	2	14	16	2	2	4
	40 – 44	1	12	13	7	1	8
	45 – 49	0	8	8	5	1	6
	50 – 54	2	9	11	2	1	3
	55 – 59	1	5	6	3	0	3
	60 – 64	0	3	3	4	0	4
	65+	0	1	1	4	0	4
	Total	**10**	**69**	**79**	**64**	**52**	**116**

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Benefit Package: Benefit Package 362

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	3	3	2	0	2
	30 – 34	0	1	1	0	0	0
	35 – 39	0	0	0	0	2	2
	40 – 44	2	0	2	1	0	1
	45 – 49	1	0	1	0	1	1
	50 – 54	1	0	1	0	1	1
	55 – 59	0	2	2	2	0	2
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**4**	**6**	**10**	**5**	**4**	**9**
Employee & Children	**0 – 19**	0	0	0	4	3	7
	20 – 24	0	0	0	4	3	7
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	1	2	3	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	1	0	1	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**2**	**4**	**8**	**6**	**14**
Employee & Family	**0 – 19**	0	0	0	17	16	33
	20 – 24	0	0	0	17	16	33
	25 – 29	1	0	1	0	2	2
	30 – 34	3	1	4	0	2	2
	35 – 39	1	0	1	2	2	4
	40 – 44	1	1	2	1	1	2
	45 – 49	2	2	4	0	2	2
	50 – 54	1	1	2	0	0	0
	55 – 59	1	1	2	2	1	3
	60 – 64	0	1	1	2	0	2
	65+	0	0	0	0	0	0
	Total	**10**	**7**	**17**	**41**	**42**	**83**
All Tiers	**0 – 19**	0	0	0	21	19	40
	20 – 24	0	0	0	21	19	40
	25 – 29	1	3	4	2	2	4
	30 – 34	3	2	5	0	2	2
	35 – 39	2	2	4	2	4	6
	40 – 44	3	1	4	2	1	3
	45 – 49	4	2	6	0	3	3
	50 – 54	2	1	3	0	1	1
	55 – 59	1	3	4	4	1	5
	60 – 64	0	1	1	2	0	2
	65+	0	0	0	0	0	0
	Total	**16**	**15**	**31**	**54**	**52**	**106**

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Benefit Package: Benefit Package 363

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	4	4	0	0	0
	30 – 34	0	3	3	0	0	0
	35 – 39	1	3	4	0	0	0
	40 – 44	0	2	2	0	0	0
	45 – 49	2	3	5	0	0	0
	50 – 54	3	15	18	0	0	0
	55 – 59	6	16	22	0	0	0
	60 – 64	7	19	26	0	0	0
	65+	2	1	3	0	0	0
	Total	**21**	**66**	**87**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	1	0	1
	60 – 64	0	3	3	0	0	0
	65+	0	2	2	4	0	4
	Total	**0**	**5**	**5**	**5**	**0**	**5**
Employee & Children	**0 – 19**	0	0	0	10	12	22
	20 – 24	0	0	0	10	12	22
	25 – 29	0	0	0	1	0	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	3	3	0	0	0
	40 – 44	0	2	2	0	0	0
	45 – 49	3	2	5	0	0	0
	50 – 54	2	5	7	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**5**	**13**	**18**	**21**	**24**	**45**
Employee & Family	**0 – 19**	0	0	0	0	1	1
	20 – 24	0	0	0	0	1	1
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	1	0	1
	Total	**0**	**1**	**1**	**1**	**2**	**3**
All Tiers	**0 – 19**	0	0	0	10	13	23
	20 – 24	0	0	0	10	13	23
	25 – 29	0	4	4	1	0	1
	30 – 34	0	3	3	0	0	0
	35 – 39	1	6	7	0	0	0
	40 – 44	0	4	4	0	0	0
	45 – 49	5	5	10	0	0	0
	50 – 54	5	20	25	0	0	0
	55 – 59	6	17	23	1	0	1
	60 – 64	7	23	30	0	0	0
	65+	2	3	5	5	0	5
	Total	**26**	**85**	**111**	**27**	**26**	**53**

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Benefit Package: Benefit Package 364

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	3	1	4	0	0	0
	35 – 39	1	5	6	0	0	0
	40 – 44	0	2	2	0	0	0
	45 – 49	1	3	4	0	0	0
	50 – 54	3	5	8	0	0	0
	55 – 59	3	10	13	0	0	0
	60 – 64	3	11	14	0	0	0
	65+	0	2	2	0	0	0
	Total	**14**	**39**	**53**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	2	0	2	1	2	3
	60 – 64	0	1	1	1	0	1
	65+	0	0	0	0	0	0
	Total	**2**	**2**	**4**	**2**	**2**	**4**
Employee & Children	**0 – 19**	0	0	0	0	1	1
	20 – 24	0	0	0	0	1	1
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	2	0	2	0	0	0
	45 – 49	1	0	1	0	0	0
	50 – 54	1	1	2	0	0	0
	55 – 59	2	0	2	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**6**	**1**	**7**	**0**	**2**	**2**
Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	1	0	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	1	1
	55 – 59	2	0	2	0	1	1
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**0**	**2**	**1**	**2**	**3**
All Tiers	**0 – 19**	0	0	0	0	1	1
	20 – 24	0	0	0	0	1	1
	25 – 29	0	0	0	1	0	1
	30 – 34	3	1	4	0	0	0
	35 – 39	1	5	6	0	0	0
	40 – 44	2	2	4	0	0	0
	45 – 49	2	3	5	0	0	0
	50 – 54	4	7	11	0	1	1
	55 – 59	9	10	19	1	3	4
	60 – 64	3	12	15	1	0	1
	65+	0	2	2	0	0	0
	Total	**24**	**42**	**66**	**3**	**6**	**9**

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Benefit Package: Benefit Package 365

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	14	52	66	0	0	0
	30 – 34	15	39	54	0	0	0
	35 – 39	16	55	71	0	0	0
	40 – 44	15	51	66	0	0	0
	45 – 49	16	62	78	0	0	0
	50 – 54	24	80	104	0	0	0
	55 – 59	28	102	130	0	0	0
	60 – 64	27	84	111	0	0	0
	65+	7	34	41	0	0	0
	Total	**162**	**559**	**721**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	0	1	0	1	1
	30 – 34	3	1	4	1	3	4
	35 – 39	2	2	4	1	2	3
	40 – 44	0	1	1	1	0	1
	45 – 49	2	3	5	3	1	4
	50 – 54	6	17	23	8	4	12
	55 – 59	8	31	39	31	9	40
	60 – 64	6	33	39	34	5	39
	65+	2	11	13	20	4	24
	Total	**30**	**99**	**129**	**99**	**29**	**128**
Employee & Children	**0 – 19**	0	0	0	142	147	289
	20 – 24	0	0	0	142	147	289
	25 – 29	0	0	0	13	14	27
	30 – 34	1	10	11	1	0	1
	35 – 39	8	15	23	0	0	0
	40 – 44	16	37	53	0	0	0
	45 – 49	19	27	46	0	0	0
	50 – 54	17	40	57	0	0	0
	55 – 59	11	18	29	0	0	0
	60 – 64	7	11	18	0	0	0
	65+	0	1	1	0	0	0
	Total	**79**	**159**	**238**	**298**	**308**	**606**
Employee & Family	**0 – 19**	0	0	0	71	73	144
	20 – 24	0	0	0	71	73	144
	25 – 29	0	0	0	8	10	18
	30 – 34	2	2	4	1	3	4
	35 – 39	5	3	8	4	8	12
	40 – 44	4	10	14	5	6	11
	45 – 49	10	16	26	12	7	19
	50 – 54	9	15	24	17	14	31
	55 – 59	13	10	23	10	9	19
	60 – 64	4	2	6	8	0	8
	65+	1	0	1	1	1	2
	Total	**48**	**58**	**106**	**208**	**204**	**412**
All Tiers	**0 – 19**	0	0	0	213	220	433
	20 – 24	0	0	0	213	220	433
	25 – 29	15	52	67	21	25	46
	30 – 34	21	52	73	3	6	9
	35 – 39	31	75	106	5	10	15
	40 – 44	35	99	134	6	6	12
	45 – 49	47	108	155	15	8	23
	50 – 54	56	152	208	25	18	43
	55 – 59	60	161	221	41	18	59
	60 – 64	44	130	174	42	5	47
	65+	10	46	56	21	5	26
	Total	**319**	**875**	**1,194**	**605**	**541**	**1,146**

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Benefit Package: Benefit Package 366

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	2	10	12	0	0	0
	30 – 34	1	10	11	0	0	0
	35 – 39	2	9	11	0	0	0
	40 – 44	3	22	25	0	0	0
	45 – 49	5	18	23	0	0	0
	50 – 54	1	15	16	0	0	0
	55 – 59	6	16	22	0	0	0
	60 – 64	2	8	10	0	0	0
	65+	2	1	3	0	0	0
	Total	**24**	**109**	**133**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	4	5	3	4	7
	30 – 34	4	3	7	4	3	7
	35 – 39	2	3	5	4	2	6
	40 – 44	3	5	8	2	4	6
	45 – 49	4	2	6	5	2	7
	50 – 54	4	8	12	5	4	9
	55 – 59	5	30	35	16	5	21
	60 – 64	5	17	22	30	4	34
	65+	3	2	5	6	4	10
	Total	**31**	**74**	**105**	**75**	**32**	**107**
Employee & Children	**0 – 19**	0	0	0	68	82	150
	20 – 24	0	0	0	68	82	150
	25 – 29	1	3	4	6	6	12
	30 – 34	2	8	10	0	0	0
	35 – 39	3	11	14	0	0	0
	40 – 44	9	13	22	0	0	0
	45 – 49	9	11	20	0	0	0
	50 – 54	6	10	16	0	0	0
	55 – 59	6	7	13	0	0	0
	60 – 64	1	2	3	0	0	0
	65+	0	0	0	0	0	0
	Total	**37**	**65**	**102**	**142**	**170**	**312**
Employee & Family	**0 – 19**	0	0	0	87	83	170
	20 – 24	0	0	0	87	83	170
	25 – 29	3	0	3	7	10	17
	30 – 34	2	4	6	2	6	8
	35 – 39	7	7	14	7	7	14
	40 – 44	5	12	17	10	10	20
	45 – 49	15	17	32	15	13	28
	50 – 54	13	19	32	19	10	29
	55 – 59	5	8	13	8	3	11
	60 – 64	4	2	6	7	3	10
	65+	1	0	1	1	0	1
	Total	**55**	**69**	**124**	**250**	**228**	**478**
All Tiers	**0 – 19**	0	0	0	155	165	320
	20 – 24	0	0	0	155	165	320
	25 – 29	7	17	24	16	20	36
	30 – 34	9	25	34	6	9	15
	35 – 39	14	30	44	11	9	20
	40 – 44	20	52	72	12	14	26
	45 – 49	33	48	81	20	15	35
	50 – 54	24	52	76	24	14	38
	55 – 59	22	61	83	24	8	32
	60 – 64	12	29	41	37	7	44
	65+	6	3	9	7	4	11
	Total	**147**	**317**	**464**	**467**	**430**	**897**

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Benefit Package: Benefit Package 367

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	2	3	0	0	0
	30 – 34	0	2	2	0	0	0
	35 – 39	1	5	6	0	0	0
	40 – 44	1	4	5	0	0	0
	45 – 49	0	3	3	0	0	0
	50 – 54	3	5	8	0	0	0
	55 – 59	1	6	7	0	0	0
	60 – 64	1	3	4	0	0	0
	65+	0	1	1	0	0	0
	Total	**8**	**31**	**39**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	1	0	1	0	1	1
	35 – 39	0	1	1	0	0	0
	40 – 44	1	0	1	0	1	1
	45 – 49	1	0	1	1	1	2
	50 – 54	3	2	5	1	2	3
	55 – 59	0	2	2	3	0	3
	60 – 64	2	1	3	2	2	4
	65+	0	0	0	0	0	0
	Total	**8**	**6**	**14**	**7**	**7**	**14**
Employee & Children	**0 – 19**	0	0	0	20	19	39
	20 – 24	0	0	0	20	19	39
	25 – 29	0	1	1	0	0	0
	30 – 34	1	1	2	0	0	0
	35 – 39	2	5	7	0	0	0
	40 – 44	3	2	5	0	0	0
	45 – 49	2	5	7	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	1	0	1	0	0	0
	Total	**9**	**14**	**23**	**40**	**38**	**78**
Employee & Family	**0 – 19**	0	0	0	24	14	38
	20 – 24	0	0	0	24	14	38
	25 – 29	1	0	1	1	2	3
	30 – 34	0	0	0	0	1	1
	35 – 39	1	2	3	1	2	3
	40 – 44	3	1	4	2	1	3
	45 – 49	2	2	4	1	3	4
	50 – 54	2	5	7	4	2	6
	55 – 59	2	0	2	2	1	3
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**11**	**10**	**21**	**59**	**40**	**99**
All Tiers	**0 – 19**	0	0	0	44	33	77
	20 – 24	0	0	0	44	33	77
	25 – 29	2	3	5	1	2	3
	30 – 34	2	3	5	0	2	2
	35 – 39	4	13	17	1	2	3
	40 – 44	8	7	15	2	2	4
	45 – 49	5	10	15	2	4	6
	50 – 54	8	12	20	5	4	9
	55 – 59	3	8	11	5	1	6
	60 – 64	3	4	7	2	2	4
	65+	1	1	2	0	0	0
	Total	**36**	**61**	**97**	**106**	**85**	**191**

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Benefit Package: Benefit Package 368

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	3	3	6	0	0	0
	30 – 34	0	2	2	0	0	0
	35 – 39	0	2	2	0	0	0
	40 – 44	1	2	3	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	2	0	2	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	2	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**6**	**12**	**18**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	1	0	1	0	1	1
	45 – 49	0	1	1	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	2	1	3	3	2	5
	60 – 64	0	2	2	2	0	2
	65+	0	0	0	0	0	0
	Total	**3**	**5**	**8**	**5**	**3**	**8**
Employee & Children	**0 – 19**	0	0	0	17	13	30
	20 – 24	0	0	0	17	13	30
	25 – 29	0	0	0	0	0	0
	30 – 34	1	1	2	0	0	0
	35 – 39	1	5	6	0	0	0
	40 – 44	1	4	5	0	0	0
	45 – 49	0	3	3	0	0	0
	50 – 54	0	2	2	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**3**	**15**	**18**	**34**	**26**	**60**
Employee & Family	**0 – 19**	0	0	0	3	3	6
	20 – 24	0	0	0	3	3	6
	25 – 29	0	0	0	1	0	1
	30 – 34	0	1	1	0	0	0
	35 – 39	1	1	2	2	2	4
	40 – 44	0	0	0	0	0	0
	45 – 49	2	0	2	0	1	1
	50 – 54	0	1	1	0	0	0
	55 – 59	0	1	1	1	0	1
	60 – 64	0	0	0	1	0	1
	65+	0	0	0	0	0	0
	Total	**3**	**4**	**7**	**11**	**9**	**20**
All Tiers	**0 – 19**	0	0	0	20	16	36
	20 – 24	0	0	0	20	16	36
	25 – 29	3	3	6	1	0	1
	30 – 34	1	4	5	0	0	0
	35 – 39	2	8	10	2	2	4
	40 – 44	3	6	9	0	1	1
	45 – 49	2	4	6	0	1	1
	50 – 54	2	4	6	0	0	0
	55 – 59	2	3	5	4	2	6
	60 – 64	0	4	4	3	0	3
	65+	0	0	0	0	0	0
	Total	**15**	**36**	**51**	**50**	**38**	**88**

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Benefit Package: Benefit Package 424

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	22	67	89	0	0	0
	30 – 34	30	76	106	0	0	0
	35 – 39	23	58	81	0	0	0
	40 – 44	19	75	94	0	0	0
	45 – 49	24	85	109	0	0	0
	50 – 54	29	103	132	0	0	0
	55 – 59	36	146	182	0	0	0
	60 – 64	35	130	165	0	0	0
	65+	3	22	25	0	0	0
	Total	**221**	**762**	**983**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	2	3	5	4	1	5
	30 – 34	0	2	2	3	0	3
	35 – 39	1	2	3	3	1	4
	40 – 44	1	5	6	2	0	2
	45 – 49	1	6	7	6	1	7
	50 – 54	2	7	9	2	2	4
	55 – 59	11	35	46	29	15	44
	60 – 64	23	34	57	44	25	69
	65+	5	11	16	14	4	18
	Total	**46**	**105**	**151**	**107**	**49**	**156**
Employee & Children	**0 – 19**	0	0	0	355	341	696
	20 – 24	0	0	0	355	341	696
	25 – 29	1	14	15	21	9	30
	30 – 34	7	50	57	0	0	0
	35 – 39	20	45	65	0	0	0
	40 – 44	20	68	88	0	0	0
	45 – 49	23	56	79	0	0	0
	50 – 54	20	61	81	0	0	0
	55 – 59	13	30	43	0	0	0
	60 – 64	0	12	12	0	0	0
	65+	1	1	2	0	0	0
	Total	**105**	**337**	**442**	**731**	**691**	**1,422**
Employee & Family	**0 – 19**	0	0	0	91	88	179
	20 – 24	0	0	0	91	88	179
	25 – 29	1	1	2	6	10	16
	30 – 34	1	2	3	3	4	7
	35 – 39	4	9	13	4	5	9
	40 – 44	10	11	21	10	9	19
	45 – 49	6	22	28	15	8	23
	50 – 54	13	11	24	17	15	32
	55 – 59	17	16	33	15	11	26
	60 – 64	7	4	11	13	4	17
	65+	0	0	0	1	0	1
	Total	**59**	**76**	**135**	**266**	**242**	**508**
All Tiers	**0 – 19**	0	0	0	446	429	875
	20 – 24	0	0	0	446	429	875
	25 – 29	26	85	111	31	20	51
	30 – 34	38	130	168	6	4	10
	35 – 39	48	114	162	7	6	13
	40 – 44	50	159	209	12	9	21
	45 – 49	54	169	223	21	9	30
	50 – 54	64	182	246	19	17	36
	55 – 59	77	227	304	44	26	70
	60 – 64	65	180	245	57	29	86
	65+	9	34	43	15	4	19
	Total	**431**	**1,280**	**1,711**	**1,104**	**982**	**2,086**

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Demographics by Benefit Package
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Benefit Package: Benefit Package 425

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	8	13	21	0	0	0
	30 – 34	6	21	27	0	0	0
	35 – 39	10	10	20	0	0	0
	40 – 44	9	14	23	0	0	0
	45 – 49	7	28	35	0	0	0
	50 – 54	21	23	44	0	0	0
	55 – 59	12	37	49	0	0	0
	60 – 64	11	33	44	0	0	0
	65+	7	12	19	0	0	0
	Total	**91**	**191**	**282**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	3	4	2	3	5
	30 – 34	2	3	5	4	0	4
	35 – 39	0	3	3	0	1	1
	40 – 44	2	2	4	5	2	7
	45 – 49	4	6	10	5	1	6
	50 – 54	5	6	11	8	7	15
	55 – 59	7	28	35	18	6	24
	60 – 64	7	24	31	24	8	32
	65+	4	5	9	17	3	20
	Total	**32**	**80**	**112**	**83**	**31**	**114**
Employee & Children	**0 – 19**	0	0	0	69	66	135
	20 – 24	0	0	0	69	66	135
	25 – 29	2	4	6	9	2	11
	30 – 34	0	9	9	0	0	0
	35 – 39	1	14	15	0	0	0
	40 – 44	4	12	16	0	0	0
	45 – 49	5	15	20	0	0	0
	50 – 54	4	9	13	0	0	0
	55 – 59	4	10	14	0	0	0
	60 – 64	3	2	5	0	0	0
	65+	0	0	0	0	0	0
	Total	**23**	**75**	**98**	**147**	**134**	**281**
Employee & Family	**0 – 19**	0	0	0	117	111	228
	20 – 24	0	0	0	117	111	228
	25 – 29	0	0	0	10	15	25
	30 – 34	11	6	17	6	9	15
	35 – 39	10	14	24	9	9	18
	40 – 44	7	18	25	14	11	25
	45 – 49	15	9	24	14	12	26
	50 – 54	14	16	30	17	16	33
	55 – 59	13	16	29	11	9	20
	60 – 64	3	9	12	12	2	14
	65+	0	2	2	7	0	7
	Total	**73**	**90**	**163**	**334**	**305**	**639**
All Tiers	**0 – 19**	0	0	0	186	177	363
	20 – 24	0	0	0	186	177	363
	25 – 29	11	20	31	21	20	41
	30 – 34	19	39	58	10	9	19
	35 – 39	21	41	62	9	10	19
	40 – 44	22	46	68	19	13	32
	45 – 49	31	58	89	19	13	32
	50 – 54	44	54	98	25	23	48
	55 – 59	36	91	127	29	15	44
	60 – 64	24	68	92	36	10	46
	65+	11	19	30	24	3	27
	Total	**219**	**436**	**655**	**564**	**470**	**1,034**

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Demographics by Benefit Package
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Benefit Package: Benefit Package 426

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	5	6	0	0	0
	30 – 34	3	7	10	0	0	0
	35 – 39	2	6	8	0	0	0
	40 – 44	4	15	19	0	0	0
	45 – 49	5	16	21	0	0	0
	50 – 54	5	13	18	0	0	0
	55 – 59	6	21	27	0	0	0
	60 – 64	5	20	25	0	0	0
	65+	2	11	13	0	0	0
	Total	**33**	**114**	**147**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	1	0	1	0	0	0
	45 – 49	0	1	1	0	1	1
	50 – 54	1	2	3	4	2	6
	55 – 59	3	4	7	2	2	4
	60 – 64	3	2	5	2	2	4
	65+	1	0	1	2	1	3
	Total	**9**	**9**	**18**	**10**	**8**	**18**
Employee & Children	**0 – 19**	0	0	0	51	52	103
	20 – 24	0	0	0	51	52	103
	25 – 29	0	0	0	6	3	9
	30 – 34	0	6	6	0	0	0
	35 – 39	3	6	9	0	0	0
	40 – 44	3	13	16	0	0	0
	45 – 49	6	4	10	0	0	0
	50 – 54	6	12	18	0	0	0
	55 – 59	3	2	5	0	0	0
	60 – 64	0	4	4	0	0	0
	65+	1	0	1	0	0	0
	Total	**22**	**47**	**69**	**108**	**107**	**215**
Employee & Family	**0 – 19**	0	0	0	20	8	28
	20 – 24	0	0	0	20	8	28
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	1	4	5	4	2	6
	45 – 49	3	4	7	3	2	5
	50 – 54	1	4	5	3	1	4
	55 – 59	2	0	2	0	2	2
	60 – 64	0	0	0	2	0	2
	65+	0	0	0	0	0	0
	Total	**7**	**12**	**19**	**52**	**23**	**75**
All Tiers	**0 – 19**	0	0	0	71	60	131
	20 – 24	0	0	0	71	60	131
	25 – 29	1	5	6	6	3	9
	30 – 34	3	13	16	0	0	0
	35 – 39	5	12	17	0	0	0
	40 – 44	9	32	41	4	2	6
	45 – 49	14	25	39	3	3	6
	50 – 54	13	31	44	7	3	10
	55 – 59	14	27	41	2	4	6
	60 – 64	8	26	34	4	2	6
	65+	4	11	15	2	1	3
	Total	**71**	**182**	**253**	**170**	**138**	**308**

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Demographics by Benefit Package
For the Plan Year Ending in 2015

Benefit Package: Benefit Package 428

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	58	110	168	0	0	0
	30 – 34	50	82	132	0	0	0
	35 – 39	30	64	94	0	0	0
	40 – 44	31	65	96	0	0	0
	45 – 49	27	71	98	0	0	0
	50 – 54	44	93	137	0	0	0
	55 – 59	35	90	125	0	0	0
	60 – 64	22	87	109	0	0	0
	65+	8	31	39	0	0	0
	Total	**305**	**693**	**998**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	9	26	35	16	15	31
	30 – 34	24	32	56	27	23	50
	35 – 39	18	18	36	23	14	37
	40 – 44	9	18	27	17	12	29
	45 – 49	13	8	21	21	9	30
	50 – 54	10	29	39	19	19	38
	55 – 59	21	66	87	48	16	64
	60 – 64	21	68	89	70	22	92
	65+	13	19	32	40	10	50
	Total	**138**	**284**	**422**	**281**	**140**	**421**
Employee & Children	**0 – 19**	0	0	0	343	303	646
	20 – 24	0	0	0	343	303	646
	25 – 29	0	7	7	20	17	37
	30 – 34	22	47	69	0	2	2
	35 – 39	14	40	54	0	0	0
	40 – 44	14	61	75	0	0	0
	45 – 49	31	75	106	0	0	0
	50 – 54	22	73	95	0	0	0
	55 – 59	25	37	62	0	0	0
	60 – 64	8	16	24	0	0	0
	65+	1	1	2	0	0	0
	Total	**137**	**357**	**494**	**706**	**625**	**1,331**
Employee & Family	**0 – 19**	0	0	0	376	383	759
	20 – 24	0	0	0	376	383	759
	25 – 29	3	6	9	26	30	56
	30 – 34	17	26	43	23	21	44
	35 – 39	28	45	73	35	29	64
	40 – 44	23	59	82	40	33	73
	45 – 49	39	63	102	63	38	101
	50 – 54	28	56	84	58	30	88
	55 – 59	27	43	70	54	15	69
	60 – 64	11	16	27	27	7	34
	65+	3	0	3	9	1	10
	Total	**179**	**314**	**493**	**1,087**	**970**	**2,057**
All Tiers	**0 – 19**	0	0	0	719	686	1,405
	20 – 24	0	0	0	719	686	1,405
	25 – 29	70	149	219	62	62	124
	30 – 34	113	187	300	50	46	96
	35 – 39	90	167	257	58	43	101
	40 – 44	77	203	280	57	45	102
	45 – 49	110	217	327	84	47	131
	50 – 54	104	251	355	77	49	126
	55 – 59	108	236	344	102	31	133
	60 – 64	62	187	249	97	29	126
	65+	25	51	76	49	11	60
	Total	**759**	**1,648**	**2,407**	**2,074**	**1,735**	**3,809**

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Demographics by Benefit Package
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Benefit Package: Benefit Package 429

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	13	31	44	0	0	0
	30 – 34	17	31	48	0	0	0
	35 – 39	13	25	38	0	0	0
	40 – 44	9	32	41	0	0	0
	45 – 49	12	39	51	0	0	0
	50 – 54	16	34	50	0	0	0
	55 – 59	15	44	59	0	0	0
	60 – 64	15	34	49	0	0	0
	65+	8	10	18	0	0	0
	Total	**118**	**280**	**398**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	2	3	3	3	6
	30 – 34	5	4	9	1	4	5
	35 – 39	2	2	4	2	1	3
	40 – 44	1	5	6	2	0	2
	45 – 49	1	3	4	8	3	11
	50 – 54	3	9	12	9	3	12
	55 – 59	14	27	41	14	11	25
	60 – 64	7	21	28	31	13	44
	65+	6	5	11	8	3	11
	Total	**40**	**78**	**118**	**78**	**41**	**119**
Employee & Children	**0 – 19**	0	0	0	224	210	434
	20 – 24	0	0	0	224	210	434
	25 – 29	5	5	10	17	12	29
	30 – 34	7	18	25	0	0	0
	35 – 39	11	31	42	0	0	0
	40 – 44	14	44	58	0	0	0
	45 – 49	13	37	50	0	0	0
	50 – 54	19	52	71	0	0	0
	55 – 59	9	30	39	0	0	0
	60 – 64	2	7	9	0	0	0
	65+	1	0	1	0	0	0
	Total	**81**	**224**	**305**	**465**	**432**	**897**
Employee & Family	**0 – 19**	0	0	0	122	113	235
	20 – 24	0	0	0	122	113	235
	25 – 29	2	6	8	10	3	13
	30 – 34	5	4	9	6	7	13
	35 – 39	9	10	19	10	15	25
	40 – 44	15	15	30	8	15	23
	45 – 49	9	20	29	19	11	30
	50 – 54	12	15	27	15	15	30
	55 – 59	16	9	25	8	9	17
	60 – 64	5	1	6	11	1	12
	65+	0	0	0	1	0	1
	Total	**73**	**80**	**153**	**332**	**302**	**634**
All Tiers	**0 – 19**	0	0	0	346	323	669
	20 – 24	0	0	0	346	323	669
	25 – 29	21	44	65	30	18	48
	30 – 34	34	57	91	7	11	18
	35 – 39	35	68	103	12	16	28
	40 – 44	39	96	135	10	15	25
	45 – 49	35	99	134	27	14	41
	50 – 54	50	110	160	24	18	42
	55 – 59	54	110	164	22	20	42
	60 – 64	29	63	92	42	14	56
	65+	15	15	30	9	3	12
	Total	**312**	**662**	**974**	**875**	**775**	**1,650**

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Demographics by Benefit Package
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Benefit Package: Benefit Package 431

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	67	214	281	0	0	0
	30 – 34	70	176	246	0	0	0
	35 – 39	49	124	173	0	0	0
	40 – 44	50	112	162	0	0	0
	45 – 49	42	134	176	0	0	0
	50 – 54	63	172	235	0	0	0
	55 – 59	71	201	272	0	0	0
	60 – 64	79	187	266	0	0	0
	65+	23	64	87	0	0	0
	Total	**514**	**1,384**	**1,898**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	2	17	19	11	4	15
	30 – 34	6	14	20	13	6	19
	35 – 39	2	2	4	5	7	12
	40 – 44	4	12	16	6	3	9
	45 – 49	5	11	16	13	4	17
	50 – 54	9	19	28	13	15	28
	55 – 59	18	50	68	31	22	53
	60 – 64	33	46	79	57	29	86
	65+	12	15	27	33	5	38
	Total	**91**	**186**	**277**	**182**	**95**	**277**
Employee & Children	**0 – 19**	0	0	0	649	613	1,262
	20 – 24	0	0	0	649	613	1,262
	25 – 29	2	18	20	44	53	97
	30 – 34	15	55	70	1	0	1
	35 – 39	47	108	155	0	0	0
	40 – 44	48	127	175	0	0	0
	45 – 49	68	118	186	0	0	0
	50 – 54	62	115	177	0	0	0
	55 – 59	27	71	98	0	0	0
	60 – 64	30	23	53	0	0	0
	65+	3	2	5	0	0	0
	Total	**302**	**637**	**939**	**1,343**	**1,279**	**2,622**
Employee & Family	**0 – 19**	0	0	0	279	255	534
	20 – 24	0	0	0	279	255	534
	25 – 29	2	3	5	26	18	44
	30 – 34	10	19	29	16	17	33
	35 – 39	21	23	44	21	30	51
	40 – 44	39	31	70	25	35	60
	45 – 49	38	35	73	40	42	82
	50 – 54	35	37	72	24	32	56
	55 – 59	27	43	70	40	20	60
	60 – 64	12	18	30	32	9	41
	65+	3	2	5	13	0	13
	Total	**187**	**211**	**398**	**795**	**713**	**1,508**
All Tiers	**0 – 19**	0	0	0	928	868	1,796
	20 – 24	0	0	0	928	868	1,796
	25 – 29	73	252	325	81	75	156
	30 – 34	101	264	365	30	23	53
	35 – 39	119	257	376	26	37	63
	40 – 44	141	282	423	31	38	69
	45 – 49	153	298	451	53	46	99
	50 – 54	169	343	512	37	47	84
	55 – 59	143	365	508	71	42	113
	60 – 64	154	274	428	89	38	127
	65+	41	83	124	46	5	51
	Total	**1,094**	**2,418**	**3,512**	**2,320**	**2,087**	**4,407**

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Demographics by Benefit Package
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Benefit Package: Benefit Package 432

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	27	93	120	0	0	0
	30 – 34	38	71	109	0	0	0
	35 – 39	32	78	110	0	0	0
	40 – 44	34	90	124	0	0	0
	45 – 49	39	91	130	0	0	0
	50 – 54	35	144	179	0	0	0
	55 – 59	66	150	216	0	0	0
	60 – 64	55	120	175	0	0	0
	65+	17	39	56	0	0	0
	Total	**343**	**876**	**1,219**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	1	2	1	1	2
	30 – 34	1	1	2	1	2	3
	35 – 39	0	1	1	2	0	2
	40 – 44	3	2	5	1	4	5
	45 – 49	4	7	11	3	5	8
	50 – 54	5	4	9	1	5	6
	55 – 59	11	20	31	19	12	31
	60 – 64	13	22	35	28	10	38
	65+	2	9	11	11	1	12
	Total	**40**	**67**	**107**	**67**	**40**	**107**
Employee & Children	**0 – 19**	0	0	0	338	307	645
	20 – 24	0	0	0	338	307	645
	25 – 29	4	7	11	22	26	48
	30 – 34	4	41	45	0	0	0
	35 – 39	21	38	59	0	0	0
	40 – 44	22	54	76	0	0	0
	45 – 49	25	65	90	0	0	0
	50 – 54	33	69	102	0	0	0
	55 – 59	22	30	52	0	0	0
	60 – 64	7	10	17	0	0	0
	65+	1	1	2	0	0	0
	Total	**139**	**315**	**454**	**698**	**640**	**1,338**
Employee & Family	**0 – 19**	0	0	0	76	73	149
	20 – 24	0	0	0	76	73	149
	25 – 29	3	0	3	10	8	18
	30 – 34	4	4	8	3	3	6
	35 – 39	7	3	10	4	15	19
	40 – 44	10	7	17	4	9	13
	45 – 49	9	7	16	5	14	19
	50 – 54	12	16	28	12	7	19
	55 – 59	10	12	22	15	5	20
	60 – 64	5	1	6	7	5	12
	65+	1	2	3	0	0	0
	Total	**61**	**52**	**113**	**212**	**212**	**424**
All Tiers	**0 – 19**	0	0	0	414	380	794
	20 – 24	0	0	0	414	380	794
	25 – 29	35	101	136	33	35	68
	30 – 34	47	117	164	4	5	9
	35 – 39	60	120	180	6	15	21
	40 – 44	69	153	222	5	13	18
	45 – 49	77	170	247	8	19	27
	50 – 54	85	233	318	13	12	25
	55 – 59	109	212	321	34	17	51
	60 – 64	80	153	233	35	15	50
	65+	21	51	72	11	1	12
	Total	**583**	**1,310**	**1,893**	**977**	**892**	**1,869**

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Demographics by Benefit Package
For the Plan Year Ending in 2015

Benefit Package: Benefit Package 433

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	60	189	249	0	0	0
	30 – 34	62	165	227	0	0	0
	35 – 39	68	136	204	0	0	0
	40 – 44	57	153	210	0	0	0
	45 – 49	68	161	229	0	0	0
	50 – 54	78	236	314	0	0	0
	55 – 59	104	310	414	0	0	0
	60 – 64	91	268	359	0	0	0
	65+	33	83	116	0	0	0
	Total	**621**	**1,701**	**2,322**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	5	6	3	2	5
	30 – 34	2	2	4	5	2	7
	35 – 39	2	6	8	4	4	8
	40 – 44	3	3	6	2	3	5
	45 – 49	7	11	18	9	5	14
	50 – 54	8	11	19	9	8	17
	55 – 59	21	55	76	31	22	53
	60 – 64	31	51	82	65	34	99
	65+	18	9	27	27	12	39
	Total	**93**	**153**	**246**	**155**	**92**	**247**
Employee & Children	**0 – 19**	0	0	0	496	443	939
	20 – 24	0	0	0	496	443	939
	25 – 29	2	15	17	35	42	77
	30 – 34	10	49	59	0	2	2
	35 – 39	24	74	98	0	0	0
	40 – 44	39	95	134	0	0	0
	45 – 49	36	104	140	0	0	0
	50 – 54	41	73	114	0	0	0
	55 – 59	41	69	110	0	0	0
	60 – 64	14	26	40	0	0	0
	65+	2	3	5	0	0	0
	Total	**209**	**508**	**717**	**1,027**	**930**	**1,957**
Employee & Family	**0 – 19**	0	0	0	179	168	347
	20 – 24	0	0	0	179	168	347
	25 – 29	0	1	1	16	14	30
	30 – 34	5	8	13	4	7	11
	35 – 39	17	12	29	10	18	28
	40 – 44	22	22	44	21	23	44
	45 – 49	15	26	41	20	25	45
	50 – 54	27	27	54	26	23	49
	55 – 59	18	26	44	34	11	45
	60 – 64	9	15	24	23	4	27
	65+	0	1	1	1	0	1
	Total	**113**	**138**	**251**	**513**	**461**	**974**
All Tiers	**0 – 19**	0	0	0	675	611	1,286
	20 – 24	0	0	0	675	611	1,286
	25 – 29	63	210	273	54	58	112
	30 – 34	79	224	303	9	11	20
	35 – 39	111	228	339	14	22	36
	40 – 44	121	273	394	23	26	49
	45 – 49	126	302	428	29	30	59
	50 – 54	154	347	501	35	31	66
	55 – 59	184	460	644	65	33	98
	60 – 64	145	360	505	88	38	126
	65+	53	96	149	28	12	40
	Total	**1,036**	**2,500**	**3,536**	**1,695**	**1,483**	**3,178**

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Demographics by Benefit Package
For the Plan Year Ending in 2015

Benefit Package: Benefit Package 434

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	17	34	51	0	0	0
	30 – 34	12	32	44	0	0	0
	35 – 39	15	31	46	0	0	0
	40 – 44	12	28	40	0	0	0
	45 – 49	14	37	51	0	0	0
	50 – 54	15	36	51	0	0	0
	55 – 59	25	55	80	0	0	0
	60 – 64	23	63	86	0	0	0
	65+	3	16	19	0	0	0
	Total	**136**	**332**	**468**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	5	6	4	1	5
	30 – 34	1	0	1	1	2	3
	35 – 39	0	2	2	3	2	5
	40 – 44	4	3	7	1	1	2
	45 – 49	3	2	5	2	2	4
	50 – 54	4	6	10	3	2	5
	55 – 59	6	25	31	18	7	25
	60 – 64	9	25	34	22	9	31
	65+	2	4	6	17	3	20
	Total	**30**	**72**	**102**	**71**	**29**	**100**
Employee & Children	**0 – 19**	0	0	0	100	107	207
	20 – 24	0	0	0	100	107	207
	25 – 29	2	4	6	8	4	12
	30 – 34	6	12	18	0	0	0
	35 – 39	5	17	22	0	0	0
	40 – 44	5	17	22	0	0	0
	45 – 49	14	29	43	0	0	0
	50 – 54	12	30	42	0	0	0
	55 – 59	1	12	13	0	0	0
	60 – 64	1	4	5	0	0	0
	65+	0	0	0	0	0	0
	Total	**46**	**125**	**171**	**208**	**218**	**426**
Employee & Family	**0 – 19**	0	0	0	46	52	98
	20 – 24	0	0	0	46	52	98
	25 – 29	0	0	0	5	4	9
	30 – 34	2	4	6	2	4	6
	35 – 39	7	6	13	7	6	13
	40 – 44	2	13	15	6	5	11
	45 – 49	7	2	9	9	7	16
	50 – 54	6	6	12	3	3	6
	55 – 59	6	9	15	10	7	17
	60 – 64	7	5	12	7	3	10
	65+	0	0	0	2	1	3
	Total	**37**	**45**	**82**	**143**	**144**	**287**
All Tiers	**0 – 19**	0	0	0	146	159	305
	20 – 24	0	0	0	146	159	305
	25 – 29	20	43	63	17	9	26
	30 – 34	21	48	69	3	6	9
	35 – 39	27	56	83	10	8	18
	40 – 44	23	61	84	7	6	13
	45 – 49	38	70	108	11	9	20
	50 – 54	37	78	115	6	5	11
	55 – 59	38	101	139	28	14	42
	60 – 64	40	97	137	29	12	41
	65+	5	20	25	19	4	23
	Total	**249**	**574**	**823**	**422**	**391**	**813**

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Benefit Package: Benefit Package 435

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	79	251	330	0	0	0
	30 – 34	98	203	301	0	0	0
	35 – 39	89	145	234	0	0	0
	40 – 44	78	136	214	0	0	0
	45 – 49	80	182	262	0	0	0
	50 – 54	95	193	288	0	0	0
	55 – 59	102	287	389	0	0	0
	60 – 64	89	275	364	0	0	0
	65+	39	106	145	0	0	0
	Total	**749**	**1,778**	**2,527**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	2	10	12	10	4	14
	30 – 34	5	18	23	18	8	26
	35 – 39	6	12	18	9	6	15
	40 – 44	11	9	20	12	7	19
	45 – 49	13	21	34	14	10	24
	50 – 54	17	17	34	17	16	33
	55 – 59	32	43	75	33	32	65
	60 – 64	36	65	101	68	41	109
	65+	20	22	42	42	15	57
	Total	**142**	**217**	**359**	**223**	**139**	**362**
Employee & Children	**0 – 19**	1	0	1	642	593	1,235
	20 – 24	1	0	1	642	593	1,235
	25 – 29	4	13	17	53	37	90
	30 – 34	12	69	81	0	1	1
	35 – 39	53	107	160	0	0	0
	40 – 44	62	113	175	0	0	0
	45 – 49	61	137	198	0	0	0
	50 – 54	47	110	157	0	0	0
	55 – 59	46	83	129	0	0	0
	60 – 64	18	27	45	0	0	0
	65+	8	7	15	0	0	0
	Total	**313**	**666**	**979**	**1,337**	**1,224**	**2,561**
Employee & Family	**0 – 19**	0	0	0	183	214	397
	20 – 24	0	0	0	183	214	397
	25 – 29	0	0	0	9	14	23
	30 – 34	1	6	7	3	4	7
	35 – 39	11	13	24	8	18	26
	40 – 44	28	30	58	20	31	51
	45 – 49	22	40	62	33	24	57
	50 – 54	22	32	54	32	25	57
	55 – 59	25	23	48	27	19	46
	60 – 64	16	21	37	27	10	37
	65+	1	0	1	8	1	9
	Total	**126**	**165**	**291**	**533**	**574**	**1,107**
All Tiers	**0 – 19**	1	0	1	825	807	1,632
	20 – 24	1	0	1	825	807	1,632
	25 – 29	85	274	359	72	55	127
	30 – 34	116	296	412	21	13	34
	35 – 39	159	277	436	17	24	41
	40 – 44	179	288	467	32	38	70
	45 – 49	176	380	556	47	34	81
	50 – 54	181	352	533	49	41	90
	55 – 59	205	436	641	60	51	111
	60 – 64	159	388	547	95	51	146
	65+	68	135	203	50	16	66
	Total	**1,330**	**2,826**	**4,156**	**2,093**	**1,937**	**4,030**

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Benefit Package: Benefit Package 437

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	9	22	31	0	0	0
	30 – 34	9	15	24	0	0	0
	35 – 39	3	18	21	0	0	0
	40 – 44	5	27	32	0	0	0
	45 – 49	5	32	37	0	0	0
	50 – 54	3	17	20	0	0	0
	55 – 59	2	21	23	0	0	0
	60 – 64	7	16	23	0	0	0
	65+	0	9	9	0	0	0
	Total	**43**	**177**	**220**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	2	2	0	0	0
	30 – 34	0	2	2	2	1	3
	35 – 39	1	2	3	2	1	3
	40 – 44	1	0	1	1	0	1
	45 – 49	1	4	5	3	2	5
	50 – 54	1	5	6	3	1	4
	55 – 59	1	7	8	8	0	8
	60 – 64	1	2	3	4	2	6
	65+	2	2	4	2	2	4
	Total	**8**	**26**	**34**	**25**	**9**	**34**
Employee & Children	**0 – 19**	0	0	0	47	64	111
	20 – 24	0	0	0	47	64	111
	25 – 29	1	3	4	1	1	2
	30 – 34	0	2	2	0	0	0
	35 – 39	0	10	10	0	0	0
	40 – 44	8	15	23	0	0	0
	45 – 49	4	8	12	0	0	0
	50 – 54	3	8	11	0	0	0
	55 – 59	2	2	4	0	0	0
	60 – 64	0	2	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**18**	**50**	**68**	**95**	**129**	**224**
Employee & Family	**0 – 19**	0	0	0	28	17	45
	20 – 24	0	0	0	28	17	45
	25 – 29	0	0	0	1	1	2
	30 – 34	1	0	1	0	2	2
	35 – 39	2	2	4	2	4	6
	40 – 44	5	3	8	3	3	6
	45 – 49	5	4	9	1	3	4
	50 – 54	1	1	2	4	3	7
	55 – 59	3	3	6	1	2	3
	60 – 64	0	1	1	3	0	3
	65+	0	0	0	0	0	0
	Total	**17**	**14**	**31**	**71**	**52**	**123**
All Tiers	**0 – 19**	0	0	0	75	81	156
	20 – 24	0	0	0	75	81	156
	25 – 29	10	27	37	2	2	4
	30 – 34	10	19	29	2	3	5
	35 – 39	6	32	38	4	5	9
	40 – 44	19	45	64	4	3	7
	45 – 49	15	48	63	4	5	9
	50 – 54	8	31	39	7	4	11
	55 – 59	8	33	41	9	2	11
	60 – 64	8	21	29	7	2	9
	65+	2	11	13	2	2	4
	Total	**86**	**267**	**353**	**191**	**190**	**381**

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Benefit Package: Benefit Package 440

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	31	77	108	0	0	0
	30 – 34	34	81	115	0	0	0
	35 – 39	30	47	77	0	0	0
	40 – 44	23	51	74	0	0	0
	45 – 49	19	53	72	0	0	0
	50 – 54	28	64	92	0	0	0
	55 – 59	32	101	133	0	0	0
	60 – 64	29	81	110	0	0	0
	65+	16	16	32	0	0	0
	Total	**242**	**571**	**813**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	3	3	1	1	2
	30 – 34	1	3	4	4	1	5
	35 – 39	3	4	7	3	6	9
	40 – 44	1	3	4	4	3	7
	45 – 49	5	3	8	4	1	5
	50 – 54	2	7	9	8	3	11
	55 – 59	9	18	27	11	6	17
	60 – 64	8	17	25	22	8	30
	65+	4	7	11	6	6	12
	Total	**33**	**65**	**98**	**63**	**35**	**98**
Employee & Children	**0 – 19**	0	0	0	211	180	391
	20 – 24	0	0	0	211	180	391
	25 – 29	5	8	13	14	4	18
	30 – 34	4	25	29	0	0	0
	35 – 39	16	36	52	0	0	0
	40 – 44	15	44	59	0	0	0
	45 – 49	18	29	47	0	0	0
	50 – 54	19	34	53	0	0	0
	55 – 59	17	13	30	0	0	0
	60 – 64	5	11	16	1	0	1
	65+	0	2	2	0	0	0
	Total	**99**	**202**	**301**	**437**	**364**	**801**
Employee & Family	**0 – 19**	0	0	0	80	79	159
	20 – 24	0	0	0	80	79	159
	25 – 29	1	1	2	7	4	11
	30 – 34	5	5	10	2	6	8
	35 – 39	4	8	12	7	4	11
	40 – 44	6	9	15	9	8	17
	45 – 49	9	14	23	11	8	19
	50 – 54	7	13	20	18	8	26
	55 – 59	5	12	17	11	3	14
	60 – 64	2	6	8	9	2	11
	65+	2	0	2	0	1	1
	Total	**41**	**68**	**109**	**234**	**202**	**436**
All Tiers	**0 – 19**	0	0	0	291	259	550
	20 – 24	0	0	0	291	259	550
	25 – 29	37	89	126	22	9	31
	30 – 34	44	114	158	6	7	13
	35 – 39	53	95	148	10	10	20
	40 – 44	45	107	152	13	11	24
	45 – 49	51	99	150	15	9	24
	50 – 54	56	118	174	26	11	37
	55 – 59	63	144	207	22	9	31
	60 – 64	44	115	159	32	10	42
	65+	22	25	47	6	7	13
	Total	**415**	**906**	**1,321**	**734**	**601**	**1,335**

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Benefit Package: Benefit Package 441

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	10	32	42	0	0	0
	30 – 34	11	37	48	0	0	0
	35 – 39	17	41	58	0	0	0
	40 – 44	9	42	51	0	0	0
	45 – 49	12	49	61	0	0	0
	50 – 54	14	50	64	0	0	0
	55 – 59	22	98	120	0	0	0
	60 – 64	20	84	104	0	0	0
	65+	3	33	36	0	0	0
	Total	**118**	**466**	**584**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	0	1	0	1	1
	30 – 34	1	2	3	3	2	5
	35 – 39	1	0	1	0	0	0
	40 – 44	2	2	4	1	1	2
	45 – 49	1	6	7	4	1	5
	50 – 54	2	9	11	4	5	9
	55 – 59	8	15	23	15	12	27
	60 – 64	12	13	25	21	6	27
	65+	1	9	10	9	0	9
	Total	**29**	**56**	**85**	**57**	**28**	**85**
Employee & Children	**0 – 19**	0	0	0	159	156	315
	20 – 24	0	0	0	159	156	315
	25 – 29	0	5	5	5	3	8
	30 – 34	5	27	32	1	1	2
	35 – 39	2	30	32	0	0	0
	40 – 44	7	33	40	0	0	0
	45 – 49	8	28	36	0	0	0
	50 – 54	14	24	38	0	0	0
	55 – 59	5	17	22	0	0	0
	60 – 64	3	3	6	0	0	0
	65+	0	1	1	0	0	0
	Total	**44**	**168**	**212**	**324**	**316**	**640**
Employee & Family	**0 – 19**	0	0	0	64	50	114
	20 – 24	0	0	0	64	50	114
	25 – 29	0	0	0	8	7	15
	30 – 34	4	2	6	1	7	8
	35 – 39	4	6	10	5	5	10
	40 – 44	11	9	20	9	10	19
	45 – 49	5	6	11	6	7	13
	50 – 54	14	8	22	6	8	14
	55 – 59	1	5	6	7	5	12
	60 – 64	5	4	9	5	2	7
	65+	0	0	0	1	0	1
	Total	**44**	**40**	**84**	**176**	**151**	**327**
All Tiers	**0 – 19**	0	0	0	223	206	429
	20 – 24	0	0	0	223	206	429
	25 – 29	11	37	48	13	11	24
	30 – 34	21	68	89	5	10	15
	35 – 39	24	77	101	5	5	10
	40 – 44	29	86	115	10	11	21
	45 – 49	26	89	115	10	8	18
	50 – 54	44	91	135	10	13	23
	55 – 59	36	135	171	22	17	39
	60 – 64	40	104	144	26	8	34
	65+	4	43	47	10	0	10
	Total	**235**	**730**	**965**	**557**	**495**	**1,052**

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Benefit Package: Benefit Package 451

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	3	9	12	0	0	0
	30 – 34	4	6	10	0	0	0
	35 – 39	5	6	11	0	0	0
	40 – 44	5	9	14	0	0	0
	45 – 49	2	10	12	0	0	0
	50 – 54	5	20	25	0	0	0
	55 – 59	4	18	22	0	0	0
	60 – 64	2	16	18	0	0	0
	65+	2	3	5	0	0	0
	Total	**32**	**97**	**129**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	1	0	1
	45 – 49	0	0	0	0	0	0
	50 – 54	0	8	8	2	0	2
	55 – 59	0	6	6	7	0	7
	60 – 64	3	7	10	12	4	16
	65+	0	1	1	0	0	0
	Total	**3**	**23**	**26**	**22**	**4**	**26**
Employee & Children	**0 – 19**	0	0	0	58	68	126
	20 – 24	0	0	0	58	68	126
	25 – 29	0	2	2	8	6	14
	30 – 34	1	6	7	0	1	1
	35 – 39	5	9	14	0	0	0
	40 – 44	3	11	14	0	0	0
	45 – 49	7	15	22	0	0	0
	50 – 54	4	13	17	0	0	0
	55 – 59	1	11	12	0	0	0
	60 – 64	2	4	6	0	0	0
	65+	0	1	1	0	0	0
	Total	**23**	**72**	**95**	**124**	**143**	**267**
Employee & Family	**0 – 19**	0	0	0	17	10	27
	20 – 24	0	0	0	17	10	27
	25 – 29	0	0	0	1	2	3
	30 – 34	0	0	0	0	1	1
	35 – 39	2	2	4	1	1	2
	40 – 44	2	1	3	1	5	6
	45 – 49	2	2	4	2	1	3
	50 – 54	3	2	5	0	2	2
	55 – 59	1	3	4	4	1	5
	60 – 64	1	1	2	3	0	3
	65+	0	0	0	0	0	0
	Total	**11**	**11**	**22**	**46**	**33**	**79**
All Tiers	**0 – 19**	0	0	0	75	78	153
	20 – 24	0	0	0	75	78	153
	25 – 29	3	11	14	9	8	17
	30 – 34	5	12	17	0	2	2
	35 – 39	12	17	29	1	1	2
	40 – 44	10	22	32	2	5	7
	45 – 49	11	27	38	2	1	3
	50 – 54	12	43	55	2	2	4
	55 – 59	6	38	44	11	1	12
	60 – 64	8	28	36	15	4	19
	65+	2	5	7	0	0	0
	Total	**69**	**203**	**272**	**192**	**180**	**372**

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Demographics by Benefit Package
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Benefit Package: Benefit Package 452

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	3	13	16	0	0	0
	30 – 34	2	5	7	0	0	0
	35 – 39	4	11	15	0	0	0
	40 – 44	6	7	13	0	0	0
	45 – 49	7	13	20	0	0	0
	50 – 54	2	25	27	0	0	0
	55 – 59	3	26	29	0	0	0
	60 – 64	5	31	36	0	0	0
	65+	2	4	6	0	0	0
	Total	**34**	**135**	**169**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	1	1	1	0	1
	30 – 34	0	1	1	1	0	1
	35 – 39	0	0	0	0	0	0
	40 – 44	1	0	1	0	1	1
	45 – 49	0	1	1	0	0	0
	50 – 54	1	2	3	2	1	3
	55 – 59	1	4	5	4	1	5
	60 – 64	3	2	5	3	3	6
	65+	1	0	1	0	1	1
	Total	**7**	**11**	**18**	**11**	**7**	**18**
Employee & Children	**0 – 19**	0	0	0	40	53	93
	20 – 24	0	0	0	40	53	93
	25 – 29	1	1	2	6	2	8
	30 – 34	0	6	6	1	0	1
	35 – 39	1	11	12	0	0	0
	40 – 44	3	10	13	0	0	0
	45 – 49	4	6	10	0	0	0
	50 – 54	5	8	13	0	0	0
	55 – 59	1	5	6	0	0	0
	60 – 64	0	2	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**15**	**49**	**64**	**87**	**108**	**195**
Employee & Family	**0 – 19**	0	0	0	8	5	13
	20 – 24	0	0	0	8	5	13
	25 – 29	2	0	2	0	2	2
	30 – 34	0	1	1	1	1	2
	35 – 39	1	0	1	0	0	0
	40 – 44	0	2	2	1	0	1
	45 – 49	0	1	1	1	0	1
	50 – 54	1	0	1	1	0	1
	55 – 59	0	0	0	0	1	1
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**4**	**4**	**8**	**20**	**14**	**34**
All Tiers	**0 – 19**	0	0	0	48	58	106
	20 – 24	0	0	0	48	58	106
	25 – 29	6	15	21	7	4	11
	30 – 34	2	13	15	3	1	4
	35 – 39	6	22	28	0	0	0
	40 – 44	10	19	29	1	1	2
	45 – 49	11	21	32	1	0	1
	50 – 54	9	35	44	3	1	4
	55 – 59	5	35	40	4	2	6
	60 – 64	8	35	43	3	3	6
	65+	3	4	7	0	1	1
	Total	**60**	**199**	**259**	**118**	**129**	**247**

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Benefit Package: Benefit Package 460

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Children	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	1	0	1
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**1**	**1**	**1**	**0**	**1**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	1	0	1
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**1**	**1**	**1**	**0**	**1**

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Benefit Package: Benefit Package 469

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	1	1	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	4	4	0	0	0
	40 – 44	0	5	5	0	0	0
	45 – 49	1	1	2	0	0	0
	50 – 54	1	5	6	0	0	0
	55 – 59	1	7	8	0	0	0
	60 – 64	4	9	13	0	0	0
	65+	0	4	4	0	0	0
	Total	**7**	**36**	**43**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Children	**0 – 19**	0	0	0	2	2	4
	20 – 24	0	0	0	2	2	4
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	1	0	1	0	0	0
	45 – 49	0	2	2	0	0	0
	50 – 54	0	2	2	0	0	0
	55 – 59	1	1	2	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**5**	**7**	**4**	**4**	**8**
Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	1	2	3
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	1	0	1
	55 – 59	0	1	1	0	0	0
	60 – 64	1	0	1	0	1	1
	65+	0	0	0	0	0	0
	Total	**1**	**1**	**2**	**2**	**3**	**5**
All Tiers	**0 – 19**	0	0	0	2	2	4
	20 – 24	0	0	0	2	2	4
	25 – 29	0	1	1	1	2	3
	30 – 34	0	0	0	0	0	0
	35 – 39	0	4	4	0	0	0
	40 – 44	1	5	6	0	0	0
	45 – 49	1	3	4	0	0	0
	50 – 54	1	7	8	1	0	1
	55 – 59	2	9	11	0	0	0
	60 – 64	5	9	14	0	1	1
	65+	0	4	4	0	0	0
	Total	**10**	**42**	**52**	**6**	**7**	**13**

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Benefit Package: Benefit Package 472

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	2	2	0	0	0
	30 – 34	2	2	4	0	0	0
	35 – 39	1	0	1	0	0	0
	40 – 44	0	2	2	0	0	0
	45 – 49	1	3	4	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	1	4	5	0	0	0
	60 – 64	0	2	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**5**	**16**	**21**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	1	0	1
	55 – 59	1	1	2	1	2	3
	60 – 64	1	0	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**2**	**4**	**2**	**2**	**4**
Employee & Children	**0 – 19**	0	0	0	5	11	16
	20 – 24	0	0	0	5	11	16
	25 – 29	0	1	1	1	2	3
	30 – 34	0	1	1	0	0	0
	35 – 39	0	3	3	0	0	0
	40 – 44	1	0	1	0	0	0
	45 – 49	0	2	2	0	0	0
	50 – 54	2	2	4	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	1	1	0	0	0
	Total	**3**	**12**	**15**	**11**	**24**	**35**
Employee & Family	**0 – 19**	0	0	0	1	1	2
	20 – 24	0	0	0	1	1	2
	25 – 29	0	0	0	0	1	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	1	0	1
	40 – 44	0	0	0	0	0	0
	45 – 49	1	0	1	0	1	1
	50 – 54	0	1	1	0	0	0
	55 – 59	0	0	0	1	0	1
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**2**	**3**	**4**	**4**	**8**
All Tiers	**0 – 19**	0	0	0	6	12	18
	20 – 24	0	0	0	6	12	18
	25 – 29	0	3	3	1	3	4
	30 – 34	2	3	5	0	0	0
	35 – 39	1	4	5	1	0	1
	40 – 44	1	2	3	0	0	0
	45 – 49	2	5	7	0	1	1
	50 – 54	2	5	7	1	0	1
	55 – 59	2	6	8	2	2	4
	60 – 64	1	3	4	0	0	0
	65+	0	1	1	0	0	0
	Total	**11**	**32**	**43**	**17**	**30**	**47**

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Benefit Package: Benefit Package 474

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	2	2	0	0	0
	30 – 34	1	2	3	0	0	0
	35 – 39	1	0	1	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	1	0	1	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	2	2	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	1	1	0	0	0
	Total	**3**	**7**	**10**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	1	1	1	0	1
	50 – 54	0	0	0	1	0	1
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**2**	**2**	**2**	**0**	**2**
Employee & Children	**0 – 19**	0	0	0	3	3	6
	20 – 24	0	0	0	3	3	6
	25 – 29	0	0	0	1	0	1
	30 – 34	1	1	2	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	1	0	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**2**	**4**	**7**	**6**	**13**
Employee & Family	**0 – 19**	0	0	0	1	3	4
	20 – 24	0	0	0	1	3	4
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	1	1
	35 – 39	1	1	2	1	0	1
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**1**	**2**	**3**	**7**	**10**
All Tiers	**0 – 19**	0	0	0	4	6	10
	20 – 24	0	0	0	4	6	10
	25 – 29	0	2	2	1	0	1
	30 – 34	2	3	5	0	1	1
	35 – 39	2	3	5	1	0	1
	40 – 44	0	0	0	0	0	0
	45 – 49	1	1	2	1	0	1
	50 – 54	0	0	0	1	0	1
	55 – 59	1	2	3	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	1	1	0	0	0
	Total	**6**	**12**	**18**	**12**	**13**	**25**

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Benefit Package: Benefit Package 477

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	1	1	0	0	0
	30 – 34	1	0	1	0	0	0
	35 – 39	1	1	2	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	2	3	5	0	0	0
	50 – 54	0	2	2	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	2	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**4**	**10**	**14**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	2	2	1	0	1
	40 – 44	0	1	1	0	0	0
	45 – 49	0	0	0	1	0	1
	50 – 54	0	1	1	1	0	1
	55 – 59	0	0	0	1	0	1
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**4**	**4**	**4**	**0**	**4**
Employee & Children	**0 – 19**	0	0	0	3	3	6
	20 – 24	0	0	0	3	3	6
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	2	2	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	1	0	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**3**	**4**	**6**	**6**	**12**
Employee & Family	**0 – 19**	0	0	0	4	3	7
	20 – 24	0	0	0	4	3	7
	25 – 29	0	0	0	1	1	2
	30 – 34	0	1	1	1	0	1
	35 – 39	0	1	1	1	0	1
	40 – 44	0	0	0	0	1	1
	45 – 49	1	0	1	0	0	0
	50 – 54	0	1	1	1	0	1
	55 – 59	1	0	1	0	0	0
	60 – 64	1	0	1	0	2	2
	65+	0	0	0	0	0	0
	Total	**3**	**3**	**6**	**12**	**10**	**22**
All Tiers	**0 – 19**	0	0	0	7	6	13
	20 – 24	0	0	0	7	6	13
	25 – 29	0	1	1	1	1	2
	30 – 34	1	1	2	1	0	1
	35 – 39	1	5	6	2	0	2
	40 – 44	0	2	2	0	1	1
	45 – 49	3	5	8	1	0	1
	50 – 54	0	4	4	2	0	2
	55 – 59	1	0	1	1	0	1
	60 – 64	2	2	4	0	2	2
	65+	0	0	0	0	0	0
	Total	**8**	**20**	**28**	**22**	**16**	**38**

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Demographics by Benefit Package
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Benefit Package: Benefit Package 482

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	1	1	2	0	0	0
	45 – 49	1	0	1	0	0	0
	50 – 54	0	3	3	0	0	0
	55 – 59	0	2	2	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**6**	**8**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Children	**0 – 19**	0	0	0	3	2	5
	20 – 24	0	0	0	3	2	5
	25 – 29	0	1	1	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	2	2	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**4**	**4**	**6**	**4**	**10**
Employee & Family	**0 – 19**	0	0	0	2	2	4
	20 – 24	0	0	0	2	2	4
	25 – 29	0	0	0	0	0	0
	30 – 34	0	1	1	1	0	1
	35 – 39	1	0	1	0	0	0
	40 – 44	0	0	0	0	1	1
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	1	0	1
	60 – 64	0	0	0	1	0	1
	65+	0	0	0	0	0	0
	Total	**1**	**2**	**3**	**7**	**5**	**12**
All Tiers	**0 – 19**	0	0	0	5	4	9
	20 – 24	0	0	0	5	4	9
	25 – 29	0	1	1	0	0	0
	30 – 34	0	1	1	1	0	1
	35 – 39	1	0	1	0	0	0
	40 – 44	1	3	4	0	1	1
	45 – 49	1	1	2	0	0	0
	50 – 54	0	3	3	0	0	0
	55 – 59	0	3	3	1	0	1
	60 – 64	0	0	0	1	0	1
	65+	0	0	0	0	0	0
	Total	**3**	**12**	**15**	**13**	**9**	**22**

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Demographics by Benefit Package
For the Plan Year Ending in 2015

Benefit Package: Benefit Package 483

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	3	3	0	0	0
	30 – 34	0	5	5	0	0	0
	35 – 39	0	5	5	0	0	0
	40 – 44	1	4	5	0	0	0
	45 – 49	2	2	4	0	0	0
	50 – 54	0	5	5	0	0	0
	55 – 59	2	2	4	0	0	0
	60 – 64	4	5	9	0	0	0
	65+	0	2	2	0	0	0
	Total	**9**	**33**	**42**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	2	2	1	2	3
	30 – 34	4	2	6	2	2	4
	35 – 39	1	0	1	1	2	3
	40 – 44	2	1	3	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	2	2	1	1	2
	55 – 59	3	2	5	4	1	5
	60 – 64	2	2	4	2	2	4
	65+	0	2	2	1	0	1
	Total	**12**	**14**	**26**	**12**	**10**	**22**
Employee & Children	**0 – 19**	0	0	0	18	23	41
	20 – 24	0	0	0	18	23	41
	25 – 29	1	1	2	1	3	4
	30 – 34	2	4	6	0	0	0
	35 – 39	1	2	3	0	0	0
	40 – 44	2	5	7	0	0	0
	45 – 49	2	1	3	0	0	0
	50 – 54	1	3	4	0	0	0
	55 – 59	1	3	4	0	0	0
	60 – 64	1	0	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**11**	**19**	**30**	**37**	**49**	**86**
Employee & Family	**0 – 19**	0	0	0	12	11	23
	20 – 24	0	0	0	12	11	23
	25 – 29	0	0	0	0	1	1
	30 – 34	1	0	1	0	1	1
	35 – 39	1	3	4	2	2	4
	40 – 44	1	1	2	2	1	3
	45 – 49	2	4	6	2	2	4
	50 – 54	4	1	5	2	2	4
	55 – 59	0	1	1	3	0	3
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**9**	**10**	**19**	**35**	**31**	**66**
All Tiers	**0 – 19**	0	0	0	30	34	64
	20 – 24	0	0	0	30	34	64
	25 – 29	1	6	7	2	6	8
	30 – 34	7	11	18	2	3	5
	35 – 39	3	10	13	3	4	7
	40 – 44	6	11	17	2	1	3
	45 – 49	6	8	14	2	2	4
	50 – 54	5	11	16	3	3	6
	55 – 59	6	8	14	7	1	8
	60 – 64	7	7	14	2	2	4
	65+	0	4	4	1	0	1
	Total	**41**	**76**	**117**	**84**	**90**	**174**

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Demographics by Benefit Package
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Benefit Package: Benefit Package 485

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	1	2	0	0	0
	30 – 34	1	1	2	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	1	4	5	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	1	1	2	0	0	0
	65+	1	0	1	0	0	0
	Total	**5**	**10**	**15**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	1	0	1
	55 – 59	0	1	1	1	0	1
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**2**	**2**	**2**	**0**	**2**
Employee & Children	**0 – 19**	0	0	0	3	3	6
	20 – 24	0	0	0	3	3	6
	25 – 29	0	0	0	0	0	0
	30 – 34	1	0	1	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	1	1	2	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	1	0	1	0	0	0
	Total	**3**	**2**	**5**	**6**	**6**	**12**
Employee & Family	**0 – 19**	0	0	0	4	4	8
	20 – 24	0	0	0	4	4	8
	25 – 29	0	0	0	0	0	0
	30 – 34	1	1	2	1	1	2
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	1	0	1
	45 – 49	1	1	2	1	1	2
	50 – 54	1	2	3	1	1	2
	55 – 59	0	0	0	1	1	2
	60 – 64	1	0	1	0	1	1
	65+	0	0	0	0	0	0
	Total	**4**	**4**	**8**	**13**	**13**	**26**
All Tiers	**0 – 19**	0	0	0	7	7	14
	20 – 24	0	0	0	7	7	14
	25 – 29	1	1	2	0	0	0
	30 – 34	3	2	5	1	1	2
	35 – 39	0	1	1	0	0	0
	40 – 44	0	1	1	1	0	1
	45 – 49	2	2	4	1	1	2
	50 – 54	2	8	10	2	1	3
	55 – 59	0	2	2	2	1	3
	60 – 64	2	1	3	0	1	1
	65+	2	0	2	0	0	0
	Total	**12**	**18**	**30**	**21**	**19**	**40**

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Demographics by Benefit Package
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Benefit Package: Benefit Package 488

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	2	2	0	0	0
	45 – 49	0	2	2	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**5**	**5**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	1	1	1	0	1
	55 – 59	1	1	2	1	1	2
	60 – 64	0	2	2	1	0	1
	65+	0	0	0	1	0	1
	Total	**1**	**5**	**6**	**4**	**1**	**5**
Employee & Children	**0 – 19**	0	0	0	11	9	20
	20 – 24	0	0	0	11	9	20
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	3	3	0	0	0
	40 – 44	0	3	3	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	5	5	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**12**	**12**	**22**	**18**	**40**
Employee & Family	**0 – 19**	0	0	0	2	2	4
	20 – 24	0	0	0	2	2	4
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	1	1	2	0	2
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	1	0	1
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**3**	**3**	**7**	**4**	**11**
All Tiers	**0 – 19**	0	0	0	13	11	24
	20 – 24	0	0	0	13	11	24
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	4	4	0	0	0
	40 – 44	0	6	6	2	0	2
	45 – 49	0	4	4	0	0	0
	50 – 54	0	7	7	2	0	2
	55 – 59	1	2	3	1	1	2
	60 – 64	0	2	2	1	0	1
	65+	0	0	0	1	0	1
	Total	**1**	**25**	**26**	**33**	**23**	**56**

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Benefit Package: Benefit Package 489

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	1	1	0	0	0
	20 – 24	0	1	1	0	0	0
	25 – 29	2	12	14	0	0	0
	30 – 34	1	6	7	0	0	0
	35 – 39	2	10	12	0	0	0
	40 – 44	1	9	10	0	0	0
	45 – 49	3	12	15	0	0	0
	50 – 54	2	9	11	0	0	0
	55 – 59	2	15	17	0	0	0
	60 – 64	2	7	9	0	0	0
	65+	1	2	3	0	0	0
	Total	**16**	**84**	**100**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	1	2	1	4	5
	30 – 34	4	0	4	0	1	1
	35 – 39	1	1	2	0	1	1
	40 – 44	1	1	2	1	1	2
	45 – 49	0	0	0	1	2	3
	50 – 54	1	1	2	0	1	1
	55 – 59	1	4	5	2	2	4
	60 – 64	3	7	10	7	5	12
	65+	3	1	4	2	0	2
	Total	**15**	**16**	**31**	**14**	**17**	**31**
Employee & Children	**0 – 19**	0	0	0	67	70	137
	20 – 24	0	0	0	67	70	137
	25 – 29	1	4	5	2	4	6
	30 – 34	1	6	7	0	0	0
	35 – 39	4	14	18	0	0	0
	40 – 44	3	12	15	0	0	0
	45 – 49	4	14	18	0	0	0
	50 – 54	3	12	15	0	0	0
	55 – 59	1	5	6	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	1	0	1	0	0	0
	Total	**18**	**68**	**86**	**136**	**144**	**280**
Employee & Family	**0 – 19**	0	0	0	34	25	59
	20 – 24	0	0	0	34	25	59
	25 – 29	1	1	2	2	5	7
	30 – 34	0	1	1	2	2	4
	35 – 39	7	4	11	2	5	7
	40 – 44	5	3	8	1	5	6
	45 – 49	3	4	7	6	3	9
	50 – 54	2	5	7	7	0	7
	55 – 59	2	2	4	2	1	3
	60 – 64	3	1	4	1	3	4
	65+	0	0	0	1	0	1
	Total	**23**	**21**	**44**	**92**	**74**	**166**
All Tiers	**0 – 19**	0	1	1	101	95	196
	20 – 24	0	1	1	101	95	196
	25 – 29	5	18	23	5	13	18
	30 – 34	6	13	19	2	3	5
	35 – 39	14	29	43	2	6	8
	40 – 44	10	25	35	2	6	8
	45 – 49	10	30	40	7	5	12
	50 – 54	8	27	35	7	1	8
	55 – 59	6	26	32	4	3	7
	60 – 64	8	16	24	8	8	16
	65+	5	3	8	3	0	3
	Total	**72**	**189**	**261**	**242**	**235**	**477**

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Benefit Package: Benefit Package 491

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	2	2	0	0	0
	30 – 34	0	2	2	0	0	0
	35 – 39	1	1	2	0	0	0
	40 – 44	0	2	2	0	0	0
	45 – 49	0	2	2	0	0	0
	50 – 54	1	5	6	0	0	0
	55 – 59	1	1	2	0	0	0
	60 – 64	1	2	3	0	0	0
	65+	0	0	0	0	0	0
	Total	**4**	**17**	**21**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	1	0	1
	60 – 64	0	1	1	1	0	1
	65+	0	0	0	0	0	0
	Total	**0**	**2**	**2**	**2**	**0**	**2**
Employee & Children	**0 – 19**	0	0	0	4	6	10
	20 – 24	0	0	0	4	6	10
	25 – 29	0	1	1	1	1	2
	30 – 34	0	3	3	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	1	1	2	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**8**	**9**	**9**	**13**	**22**
Employee & Family	**0 – 19**	0	0	0	2	1	3
	20 – 24	0	0	0	2	1	3
	25 – 29	0	0	0	1	0	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	1	0	1
	45 – 49	1	1	2	0	1	1
	50 – 54	0	1	1	1	0	1
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	1	0	1
	65+	0	0	0	0	0	0
	Total	**1**	**3**	**4**	**8**	**3**	**11**
All Tiers	**0 – 19**	0	0	0	6	7	13
	20 – 24	0	0	0	6	7	13
	25 – 29	0	3	3	2	1	3
	30 – 34	0	5	5	0	0	0
	35 – 39	1	2	3	0	0	0
	40 – 44	1	4	5	1	0	1
	45 – 49	1	4	5	0	1	1
	50 – 54	1	7	8	1	0	1
	55 – 59	1	2	3	1	0	1
	60 – 64	1	3	4	2	0	2
	65+	0	0	0	0	0	0
	Total	**6**	**30**	**36**	**19**	**16**	**35**

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Benefit Package: Benefit Package 493

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	2	2	0	0	0
	55 – 59	4	1	5	0	0	0
	60 – 64	1	4	5	0	0	0
	65+	1	1	2	0	0	0
	Total	**6**	**10**	**16**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	1	0	1
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**1**	**1**	**1**	**0**	**1**
Employee & Children	**0 – 19**	0	0	0	1	0	1
	20 – 24	0	0	0	1	0	1
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**1**	**1**	**2**	**0**	**2**
Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
All Tiers	**0 – 19**	0	0	0	1	0	1
	20 – 24	0	0	0	1	0	1
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	2	2	0	0	0
	55 – 59	4	2	6	1	0	1
	60 – 64	1	4	5	0	0	0
	65+	1	1	2	0	0	0
	Total	**6**	**12**	**18**	**3**	**0**	**3**

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Benefit Package: Benefit Package 494

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	1	3	4	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**4**	**5**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	2	2	2	1	3
	55 – 59	2	3	5	3	3	6
	60 – 64	4	4	8	2	2	4
	65+	0	0	0	3	1	4
	Total	**6**	**11**	**17**	**10**	**7**	**17**
Employee & Children	**0 – 19**	0	0	0	3	4	7
	20 – 24	0	0	0	3	4	7
	25 – 29	0	0	0	1	1	2
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	2	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**6**	**6**	**7**	**9**	**16**
Employee & Family	**0 – 19**	0	0	0	15	17	32
	20 – 24	0	0	0	15	17	32
	25 – 29	0	0	0	1	2	3
	30 – 34	1	1	2	1	1	2
	35 – 39	3	3	6	2	4	6
	40 – 44	1	3	4	2	1	3
	45 – 49	1	3	4	4	1	5
	50 – 54	1	1	2	1	3	4
	55 – 59	2	0	2	1	0	1
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**9**	**11**	**20**	**42**	**46**	**88**
All Tiers	**0 – 19**	0	0	0	18	21	39
	20 – 24	0	0	0	18	21	39
	25 – 29	0	0	0	2	3	5
	30 – 34	1	1	2	1	1	2
	35 – 39	3	4	7	2	4	6
	40 – 44	1	5	6	2	1	3
	45 – 49	1	4	5	4	1	5
	50 – 54	1	4	5	3	4	7
	55 – 59	4	5	9	4	3	7
	60 – 64	5	9	14	2	2	4
	65+	0	0	0	3	1	4
	Total	**16**	**32**	**48**	**59**	**62**	**121**

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Benefit Package: Benefit Package 495

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	2	3	0	0	0
	30 – 34	1	2	3	0	0	0
	35 – 39	1	2	3	0	0	0
	40 – 44	5	4	9	0	0	0
	45 – 49	1	7	8	0	0	0
	50 – 54	3	6	9	0	0	0
	55 – 59	0	8	8	0	0	0
	60 – 64	2	9	11	0	0	0
	65+	0	1	1	0	0	0
	Total	**14**	**41**	**55**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	2	0	2
	60 – 64	0	3	3	1	0	1
	65+	0	0	0	0	0	0
	Total	**0**	**4**	**4**	**3**	**0**	**3**
Employee & Children	**0 – 19**	0	0	0	12	13	25
	20 – 24	0	0	0	12	13	25
	25 – 29	0	0	0	1	0	1
	30 – 34	1	0	1	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	1	2	3	0	0	0
	45 – 49	3	2	5	0	0	0
	50 – 54	0	3	3	0	0	0
	55 – 59	1	3	4	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**6**	**11**	**17**	**25**	**26**	**51**
Employee & Family	**0 – 19**	0	0	0	7	4	11
	20 – 24	0	0	0	7	4	11
	25 – 29	0	0	0	1	0	1
	30 – 34	0	0	0	0	0	0
	35 – 39	1	0	1	1	1	2
	40 – 44	0	1	1	1	0	1
	45 – 49	0	1	1	2	0	2
	50 – 54	1	1	2	2	1	3
	55 – 59	1	0	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**3**	**3**	**6**	**21**	**10**	**31**
All Tiers	**0 – 19**	0	0	0	19	17	36
	20 – 24	0	0	0	19	17	36
	25 – 29	1	2	3	2	0	2
	30 – 34	2	2	4	0	0	0
	35 – 39	2	3	5	1	1	2
	40 – 44	6	7	13	1	0	1
	45 – 49	4	10	14	2	0	2
	50 – 54	4	10	14	2	1	3
	55 – 59	2	12	14	2	0	2
	60 – 64	2	12	14	1	0	1
	65+	0	1	1	0	0	0
	Total	**23**	**59**	**82**	**49**	**36**	**85**

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Benefit Package: Benefit Package 496

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	3	2	5	0	0	0
	30 – 34	1	4	5	0	0	0
	35 – 39	1	3	4	0	0	0
	40 – 44	4	4	8	0	0	0
	45 – 49	0	8	8	0	0	0
	50 – 54	1	10	11	0	0	0
	55 – 59	6	14	20	0	0	0
	60 – 64	2	16	18	0	0	0
	65+	3	3	6	0	0	0
	Total	**21**	**64**	**85**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	1	0	1
	55 – 59	1	4	5	2	2	4
	60 – 64	1	2	3	5	0	5
	65+	0	2	2	1	0	1
	Total	**2**	**9**	**11**	**9**	**2**	**11**
Employee & Children	**0 – 19**	0	0	0	7	14	21
	20 – 24	0	0	0	7	14	21
	25 – 29	0	1	1	1	2	3
	30 – 34	0	1	1	0	0	0
	35 – 39	0	2	2	0	0	0
	40 – 44	1	1	2	0	0	0
	45 – 49	1	3	4	0	0	0
	50 – 54	1	6	7	0	0	0
	55 – 59	0	2	2	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**3**	**16**	**19**	**15**	**30**	**45**
Employee & Family	**0 – 19**	0	0	0	4	1	5
	20 – 24	0	0	0	4	1	5
	25 – 29	0	0	0	1	0	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	1	0	1	0	1	1
	45 – 49	1	0	1	0	1	1
	50 – 54	1	1	2	1	2	3
	55 – 59	1	0	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**4**	**1**	**5**	**10**	**6**	**16**
All Tiers	**0 – 19**	0	0	0	11	15	26
	20 – 24	0	0	0	11	15	26
	25 – 29	3	3	6	2	2	4
	30 – 34	1	5	6	0	0	0
	35 – 39	1	5	6	0	0	0
	40 – 44	6	5	11	0	1	1
	45 – 49	2	11	13	0	1	1
	50 – 54	3	18	21	2	2	4
	55 – 59	8	20	28	2	2	4
	60 – 64	3	18	21	5	0	5
	65+	3	5	8	1	0	1
	Total	**30**	**90**	**120**	**34**	**38**	**72**

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Benefit Package: Benefit Package 498

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	2	3	0	0	0
	30 – 34	2	3	5	0	0	0
	35 – 39	2	3	5	0	0	0
	40 – 44	1	3	4	0	0	0
	45 – 49	4	5	9	0	0	0
	50 – 54	4	8	12	0	0	0
	55 – 59	1	15	16	0	0	0
	60 – 64	4	13	17	0	0	0
	65+	1	8	9	0	0	0
	Total	**20**	**60**	**80**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	1	1
	30 – 34	1	0	1	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	1	0	1
	55 – 59	0	3	3	1	1	2
	60 – 64	1	1	2	2	0	2
	65+	0	1	1	1	0	1
	Total	**2**	**6**	**8**	**5**	**2**	**7**
Employee & Children	**0 – 19**	0	0	0	27	17	44
	20 – 24	0	0	0	27	17	44
	25 – 29	1	1	2	1	2	3
	30 – 34	1	1	2	0	0	0
	35 – 39	1	7	8	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	2	8	10	0	0	0
	50 – 54	1	5	6	0	0	0
	55 – 59	1	3	4	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**7**	**27**	**34**	**55**	**36**	**91**
Employee & Family	**0 – 19**	0	0	0	4	2	6
	20 – 24	0	0	0	4	2	6
	25 – 29	0	0	0	0	0	0
	30 – 34	1	0	1	0	1	1
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	1	0	1
	45 – 49	0	0	0	0	0	0
	50 – 54	1	0	1	0	1	1
	55 – 59	0	1	1	1	0	1
	60 – 64	0	0	0	1	0	1
	65+	0	0	0	0	0	0
	Total	**2**	**2**	**4**	**11**	**6**	**17**
All Tiers	**0 – 19**	0	0	0	31	19	50
	20 – 24	0	0	0	31	19	50
	25 – 29	2	3	5	1	3	4
	30 – 34	5	4	9	0	1	1
	35 – 39	3	10	13	0	0	0
	40 – 44	1	5	6	1	0	1
	45 – 49	6	13	19	0	0	0
	50 – 54	6	14	20	1	1	2
	55 – 59	2	22	24	2	1	3
	60 – 64	5	15	20	3	0	3
	65+	1	9	10	1	0	1
	Total	**31**	**95**	**126**	**71**	**44**	**115**

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Benefit Package: Benefit Package 501

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	2	2	0	0	0
	45 – 49	0	3	3	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	2	2	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**10**	**10**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	1	1	2	1	0	1
	60 – 64	0	0	0	0	1	1
	65+	0	0	0	0	0	0
	Total	**1**	**2**	**3**	**1**	**1**	**2**
Employee & Children	**0 – 19**	0	0	0	6	5	11
	20 – 24	0	0	0	6	5	11
	25 – 29	0	0	0	1	0	1
	30 – 34	0	1	1	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	1	3	4	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**7**	**8**	**13**	**10**	**23**
Employee & Family	**0 – 19**	0	0	0	0	1	1
	20 – 24	0	0	0	0	1	1
	25 – 29	0	0	0	0	1	1
	30 – 34	1	0	1	0	0	0
	35 – 39	1	0	1	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	1	1
	50 – 54	0	0	0	0	0	0
	55 – 59	1	0	1	0	1	1
	60 – 64	0	0	0	0	1	1
	65+	0	0	0	0	0	0
	Total	**3**	**0**	**3**	**0**	**6**	**6**
All Tiers	**0 – 19**	0	0	0	6	6	12
	20 – 24	0	0	0	6	6	12
	25 – 29	0	0	0	1	1	2
	30 – 34	1	2	3	0	0	0
	35 – 39	1	2	3	0	0	0
	40 – 44	1	5	6	0	0	0
	45 – 49	0	4	4	0	1	1
	50 – 54	0	2	2	0	0	0
	55 – 59	2	3	5	1	1	2
	60 – 64	0	1	1	0	2	2
	65+	0	0	0	0	0	0
	Total	**5**	**19**	**24**	**14**	**17**	**31**

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Benefit Package: Benefit Package 502

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	3	9	12	0	0	0
	30 – 34	4	5	9	0	0	0
	35 – 39	1	11	12	0	0	0
	40 – 44	2	15	17	0	0	0
	45 – 49	2	10	12	0	0	0
	50 – 54	3	19	22	0	0	0
	55 – 59	5	20	25	0	0	0
	60 – 64	4	13	17	0	0	0
	65+	3	9	12	0	0	0
	Total	**27**	**111**	**138**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	1	0	1	0	1	1
	35 – 39	0	2	2	0	0	0
	40 – 44	0	0	0	2	0	2
	45 – 49	0	2	2	1	0	1
	50 – 54	0	2	2	1	0	1
	55 – 59	0	2	2	2	0	2
	60 – 64	1	3	4	2	1	3
	65+	1	1	2	2	1	3
	Total	**3**	**12**	**15**	**10**	**3**	**13**
Employee & Children	**0 – 19**	0	0	0	24	20	44
	20 – 24	0	0	0	24	20	44
	25 – 29	0	2	2	1	2	3
	30 – 34	2	1	3	0	0	0
	35 – 39	2	4	6	0	0	0
	40 – 44	1	4	5	0	0	0
	45 – 49	2	6	8	0	0	0
	50 – 54	4	6	10	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	1	0	1	0	0	0
	Total	**12**	**24**	**36**	**49**	**42**	**91**
Employee & Family	**0 – 19**	0	0	0	11	4	15
	20 – 24	0	0	0	11	4	15
	25 – 29	1	0	1	1	4	5
	30 – 34	1	0	1	0	0	0
	35 – 39	1	1	2	1	2	3
	40 – 44	2	2	4	1	0	1
	45 – 49	1	2	3	2	1	3
	50 – 54	2	2	4	1	2	3
	55 – 59	2	2	4	3	1	4
	60 – 64	0	1	1	3	0	3
	65+	0	0	0	0	0	0
	Total	**10**	**10**	**20**	**34**	**18**	**52**
All Tiers	**0 – 19**	0	0	0	35	24	59
	20 – 24	0	0	0	35	24	59
	25 – 29	4	11	15	2	6	8
	30 – 34	8	6	14	0	1	1
	35 – 39	4	18	22	1	2	3
	40 – 44	5	21	26	3	0	3
	45 – 49	5	20	25	3	1	4
	50 – 54	9	29	38	2	2	4
	55 – 59	7	24	31	5	1	6
	60 – 64	5	18	23	5	1	6
	65+	5	10	15	2	1	3
	Total	**52**	**157**	**209**	**93**	**63**	**156**

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Benefit Package: Benefit Package 504

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	3	6	9	0	0	0
	30 – 34	3	3	6	0	0	0
	35 – 39	0	7	7	0	0	0
	40 – 44	2	9	11	0	0	0
	45 – 49	1	6	7	0	0	0
	50 – 54	4	13	17	0	0	0
	55 – 59	2	12	14	0	0	0
	60 – 64	2	6	8	0	0	0
	65+	1	2	3	0	0	0
	Total	**18**	**64**	**82**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	1	0	1	0	1	1
	35 – 39	1	0	1	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	1	1	1	0	1
	60 – 64	1	1	2	2	1	3
	65+	0	0	0	0	0	0
	Total	**3**	**3**	**6**	**3**	**2**	**5**
Employee & Children	**0 – 19**	0	0	0	20	18	38
	20 – 24	0	0	0	20	18	38
	25 – 29	0	1	1	1	1	2
	30 – 34	2	4	6	0	0	0
	35 – 39	1	1	2	0	0	0
	40 – 44	2	5	7	0	0	0
	45 – 49	1	6	7	0	0	0
	50 – 54	0	5	5	0	0	0
	55 – 59	0	4	4	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	1	0	1	0	0	0
	Total	**7**	**27**	**34**	**41**	**37**	**78**
Employee & Family	**0 – 19**	0	0	0	9	3	12
	20 – 24	0	0	0	9	3	12
	25 – 29	0	0	0	0	0	0
	30 – 34	1	0	1	0	2	2
	35 – 39	2	1	3	1	1	2
	40 – 44	0	0	0	0	1	1
	45 – 49	1	1	2	1	0	1
	50 – 54	1	0	1	0	2	2
	55 – 59	1	1	2	1	0	1
	60 – 64	0	1	1	1	0	1
	65+	0	0	0	0	0	0
	Total	**6**	**4**	**10**	**22**	**12**	**34**
All Tiers	**0 – 19**	0	0	0	29	21	50
	20 – 24	0	0	0	29	21	50
	25 – 29	3	7	10	1	1	2
	30 – 34	7	7	14	0	3	3
	35 – 39	4	9	13	1	1	2
	40 – 44	4	14	18	0	1	1
	45 – 49	3	13	16	1	0	1
	50 – 54	5	19	24	0	2	2
	55 – 59	3	18	21	2	0	2
	60 – 64	3	9	12	3	1	4
	65+	2	2	4	0	0	0
	Total	**34**	**98**	**132**	**66**	**51**	**117**

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Benefit Package: Benefit Package 507

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	1	0	1	0	0	0
	35 – 39	1	0	1	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	1	0	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**3**	**0**	**3**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	1	0	1
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**1**	**1**	**1**	**0**	**1**
Employee & Children	**0 – 19**	0	0	0	2	0	2
	20 – 24	0	0	0	2	0	2
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**2**	**2**	**4**	**0**	**4**
Employee & Family	**0 – 19**	0	0	0	6	7	13
	20 – 24	0	0	0	6	7	13
	25 – 29	0	0	0	0	0	0
	30 – 34	1	0	1	0	1	1
	35 – 39	1	1	2	0	3	3
	40 – 44	2	1	3	1	0	1
	45 – 49	1	1	2	0	1	1
	50 – 54	0	0	0	1	0	1
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**5**	**3**	**8**	**14**	**19**	**33**
All Tiers	**0 – 19**	0	0	0	8	7	15
	20 – 24	0	0	0	8	7	15
	25 – 29	0	0	0	0	0	0
	30 – 34	2	0	2	0	1	1
	35 – 39	2	2	4	0	3	3
	40 – 44	2	1	3	1	0	1
	45 – 49	1	1	2	0	1	1
	50 – 54	0	0	0	1	0	1
	55 – 59	1	2	3	1	0	1
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**8**	**6**	**14**	**19**	**19**	**38**

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Benefit Package: Benefit Package 508

		Enrolled Employees			Enrolled Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	4	4	0	0	0
	30 – 34	4	1	5	0	0	0
	35 – 39	0	3	3	0	0	0
	40 – 44	0	5	5	0	0	0
	45 – 49	3	7	10	0	0	0
	50 – 54	5	6	11	0	0	0
	55 – 59	3	13	16	0	0	0
	60 – 64	3	5	8	0	0	0
	65+	0	1	1	0	0	0
	Total	**18**	**45**	**63**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	0	1	0	0	0
	30 – 34	0	0	0	1	1	2
	35 – 39	0	1	1	1	1	2
	40 – 44	1	0	1	0	0	0
	45 – 49	1	0	1	0	0	0
	50 – 54	0	1	1	0	2	2
	55 – 59	0	5	5	1	1	2
	60 – 64	1	4	5	6	1	7
	65+	1	0	1	1	0	1
	Total	**5**	**11**	**16**	**10**	**6**	**16**
Employee & Children	**0 – 19**	0	0	0	30	18	48
	20 – 24	0	0	0	30	18	48
	25 – 29	1	2	3	2	2	4
	30 – 34	2	3	5	0	0	0
	35 – 39	1	4	5	0	0	0
	40 – 44	1	4	5	0	0	0
	45 – 49	4	3	7	0	0	0
	50 – 54	2	6	8	0	0	0
	55 – 59	2	2	4	0	0	0
	60 – 64	1	1	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**14**	**25**	**39**	**62**	**38**	**100**
Employee & Family	**0 – 19**	0	0	0	19	18	37
	20 – 24	0	0	0	19	18	37
	25 – 29	1	1	2	0	1	1
	30 – 34	1	4	5	3	1	4
	35 – 39	1	2	3	2	1	3
	40 – 44	2	2	4	3	1	4
	45 – 49	2	3	5	3	3	6
	50 – 54	2	2	4	2	2	4
	55 – 59	2	1	3	3	2	5
	60 – 64	2	0	2	1	1	2
	65+	0	0	0	0	0	0
	Total	**13**	**15**	**28**	**55**	**48**	**103**
All Tiers	**0 – 19**	0	0	0	49	36	85
	20 – 24	0	0	0	49	36	85
	25 – 29	3	7	10	2	3	5
	30 – 34	7	8	15	4	2	6
	35 – 39	2	10	12	3	2	5
	40 – 44	4	11	15	3	1	4
	45 – 49	10	13	23	3	3	6
	50 – 54	9	15	24	2	4	6
	55 – 59	7	21	28	4	3	7
	60 – 64	7	10	17	7	2	9
	65+	1	1	2	1	0	1
	Total	**50**	**96**	**146**	**127**	**92**	**219**

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Demographics by Benefit Package
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Benefit Package: Benefit Package 510

		Enrolled Employees			Enrolled Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	2	3	0	0	0
	30 – 34	0	3	3	0	0	0
	35 – 39	1	0	1	0	0	0
	40 – 44	1	3	4	0	0	0
	45 – 49	0	2	2	0	0	0
	50 – 54	2	5	7	0	0	0
	55 – 59	0	8	8	0	0	0
	60 – 64	1	5	6	0	0	0
	65+	0	1	1	0	0	0
	Total	**6**	**29**	**35**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	1	0	1	0	1	1
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	1	1	1	0	1
	50 – 54	0	2	2	2	0	2
	55 – 59	0	3	3	2	0	2
	60 – 64	0	1	1	2	0	2
	65+	0	1	1	0	0	0
	Total	**1**	**8**	**9**	**7**	**1**	**8**
Employee & Children	**0 – 19**	0	0	0	10	9	19
	20 – 24	0	0	0	10	9	19
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	1	3	4	0	0	0
	40 – 44	1	1	2	0	0	0
	45 – 49	2	1	3	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**4**	**7**	**11**	**20**	**18**	**38**
Employee & Family	**0 – 19**	0	0	0	28	13	41
	20 – 24	0	0	0	28	13	41
	25 – 29	0	0	0	0	1	1
	30 – 34	1	1	2	0	1	1
	35 – 39	1	1	2	2	1	3
	40 – 44	3	2	5	0	4	4
	45 – 49	2	1	3	1	2	3
	50 – 54	1	5	6	3	1	4
	55 – 59	2	1	3	5	0	5
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**10**	**11**	**21**	**67**	**36**	**103**
All Tiers	**0 – 19**	0	0	0	38	22	60
	20 – 24	0	0	0	38	22	60
	25 – 29	1	2	3	0	1	1
	30 – 34	2	4	6	0	2	2
	35 – 39	3	4	7	2	1	3
	40 – 44	5	6	11	0	4	4
	45 – 49	4	5	9	2	2	4
	50 – 54	3	13	16	5	1	6
	55 – 59	2	13	15	7	0	7
	60 – 64	1	6	7	2	0	2
	65+	0	2	2	0	0	0
	Total	**21**	**55**	**76**	**94**	**55**	**149**

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Demographics by Benefit Package
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Benefit Package: Benefit Package 512

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	1	0	1	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	1	0	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**2**	**4**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	1	1
	45 – 49	1	0	1	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**0**	**1**	**0**	**1**	**1**
Employee & Children	**0 – 19**	0	0	0	0	3	3
	20 – 24	0	0	0	0	3	3
	25 – 29	0	0	0	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**2**	**2**	**0**	**6**	**6**
Employee & Family	**0 – 19**	0	0	0	4	6	10
	20 – 24	0	0	0	4	6	10
	25 – 29	0	0	0	0	0	0
	30 – 34	1	0	1	0	1	1
	35 – 39	0	0	0	0	1	1
	40 – 44	2	0	2	0	0	0
	45 – 49	0	0	0	0	1	1
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**3**	**0**	**3**	**8**	**15**	**23**
All Tiers	**0 – 19**	0	0	0	4	9	13
	20 – 24	0	0	0	4	9	13
	25 – 29	0	0	0	0	0	0
	30 – 34	1	2	3	0	1	1
	35 – 39	0	0	0	0	1	1
	40 – 44	2	0	2	0	1	1
	45 – 49	2	1	3	0	1	1
	50 – 54	0	1	1	0	0	0
	55 – 59	1	0	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**6**	**4**	**10**	**8**	**22**	**30**

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Benefit Package: Benefit Package 513

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	1	0	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**1**	**2**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	1	2	1	3	4
	30 – 34	1	1	2	1	0	1
	35 – 39	1	0	1	0	0	0
	40 – 44	0	1	1	1	0	1
	45 – 49	0	1	1	0	0	0
	50 – 54	1	0	1	1	1	2
	55 – 59	0	2	2	1	0	1
	60 – 64	2	1	3	2	2	4
	65+	0	0	0	0	0	0
	Total	**6**	**7**	**13**	**7**	**6**	**13**
Employee & Children	**0 – 19**	0	0	0	1	1	2
	20 – 24	0	0	0	1	1	2
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**2**	**2**	**2**	**2**	**4**
Employee & Family	**0 – 19**	0	0	0	31	16	47
	20 – 24	0	0	0	31	16	47
	25 – 29	0	0	0	0	2	2
	30 – 34	0	1	1	0	1	1
	35 – 39	2	3	5	1	2	3
	40 – 44	1	2	3	3	2	5
	45 – 49	3	5	8	5	2	7
	50 – 54	1	1	2	2	1	3
	55 – 59	2	0	2	0	1	1
	60 – 64	2	0	2	0	2	2
	65+	0	0	0	0	0	0
	Total	**11**	**12**	**23**	**73**	**45**	**118**
All Tiers	**0 – 19**	0	0	0	32	17	49
	20 – 24	0	0	0	32	17	49
	25 – 29	1	1	2	1	5	6
	30 – 34	1	2	3	1	1	2
	35 – 39	3	4	7	1	2	3
	40 – 44	1	5	6	4	2	6
	45 – 49	3	6	9	5	2	7
	50 – 54	2	1	3	3	2	5
	55 – 59	3	2	5	1	1	2
	60 – 64	4	1	5	2	4	6
	65+	0	0	0	0	0	0
	Total	**18**	**22**	**40**	**82**	**53**	**135**

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Benefit Package: Benefit Package 603

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	1	1
	20 – 24	0	0	0	0	1	1
	25 – 29	2	21	23	0	0	0
	30 – 34	10	32	42	0	0	0
	35 – 39	9	42	51	0	0	0
	40 – 44	12	23	35	0	0	0
	45 – 49	11	33	44	0	0	0
	50 – 54	12	50	62	0	0	0
	55 – 59	23	71	94	0	0	0
	60 – 64	18	81	99	0	0	0
	65+	8	19	27	0	0	0
	Total	**105**	**372**	**477**	**0**	**2**	**2**
Employee & Spouse	**0 – 19**	0	0	0	0	1	1
	20 – 24	0	0	0	0	1	1
	25 – 29	0	0	0	1	1	2
	30 – 34	0	1	1	1	0	1
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	0	0	1	1	2
	50 – 54	2	3	5	2	4	6
	55 – 59	5	5	10	2	1	3
	60 – 64	3	15	18	14	5	19
	65+	3	5	8	9	2	11
	Total	**13**	**30**	**43**	**30**	**16**	**46**
Employee & Children	**0 – 19**	0	0	0	33	30	63
	20 – 24	0	0	0	33	30	63
	25 – 29	0	2	2	2	0	2
	30 – 34	0	6	6	0	0	0
	35 – 39	0	7	7	0	0	0
	40 – 44	3	8	11	0	0	0
	45 – 49	1	4	5	0	0	0
	50 – 54	2	9	11	0	0	0
	55 – 59	1	4	5	0	0	0
	60 – 64	0	2	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**7**	**42**	**49**	**68**	**60**	**128**
Employee & Family	**0 – 19**	0	0	0	9	5	14
	20 – 24	0	0	0	9	5	14
	25 – 29	1	0	1	2	4	6
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	2	2	1	1	2
	45 – 49	1	2	3	2	0	2
	50 – 54	0	2	2	2	0	2
	55 – 59	0	9	9	6	0	6
	60 – 64	0	2	2	5	0	5
	65+	0	0	0	1	0	1
	Total	**2**	**17**	**19**	**37**	**15**	**52**
All Tiers	**0 – 19**	0	0	0	42	37	79
	20 – 24	0	0	0	42	37	79
	25 – 29	3	23	26	5	5	10
	30 – 34	10	39	49	1	0	1
	35 – 39	9	49	58	0	0	0
	40 – 44	15	34	49	1	1	2
	45 – 49	13	39	52	3	1	4
	50 – 54	16	64	80	4	4	8
	55 – 59	29	89	118	8	1	9
	60 – 64	21	100	121	19	5	24
	65+	11	24	35	10	2	12
	Total	**127**	**461**	**588**	**135**	**93**	**228**

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Demographics by Benefit Package
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Benefit Package: Benefit Package 604

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	1	0	1	0	0	0
	20 – 24	1	0	1	0	0	0
	25 – 29	14	52	66	0	0	0
	30 – 34	11	34	45	0	0	0
	35 – 39	6	32	38	0	0	0
	40 – 44	7	24	31	0	0	0
	45 – 49	6	34	40	0	0	0
	50 – 54	11	33	44	0	0	0
	55 – 59	13	58	71	0	0	0
	60 – 64	6	40	46	0	0	0
	65+	3	10	13	0	0	0
	Total	**79**	**317**	**396**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	1	1
	20 – 24	0	0	0	0	1	1
	25 – 29	0	5	5	4	1	5
	30 – 34	3	4	7	5	1	6
	35 – 39	0	6	6	4	2	6
	40 – 44	4	0	4	1	2	3
	45 – 49	2	5	7	1	3	4
	50 – 54	4	11	15	9	6	15
	55 – 59	4	23	27	22	8	30
	60 – 64	13	34	47	32	12	44
	65+	7	9	16	19	2	21
	Total	**37**	**97**	**134**	**97**	**39**	**136**
Employee & Children	**0 – 19**	0	0	0	127	122	249
	20 – 24	0	0	0	127	122	249
	25 – 29	2	3	5	6	5	11
	30 – 34	2	12	14	0	1	1
	35 – 39	8	29	37	0	0	0
	40 – 44	12	21	33	0	0	0
	45 – 49	13	47	60	0	0	0
	50 – 54	12	34	46	0	0	0
	55 – 59	10	32	42	0	0	0
	60 – 64	5	7	12	0	0	0
	65+	0	0	0	0	0	0
	Total	**64**	**185**	**249**	**260**	**250**	**510**
Employee & Family	**0 – 19**	0	0	0	76	73	149
	20 – 24	0	0	0	76	73	149
	25 – 29	3	3	6	9	4	13
	30 – 34	3	2	5	2	3	5
	35 – 39	5	9	14	8	9	17
	40 – 44	3	12	15	11	1	12
	45 – 49	5	20	25	15	7	22
	50 – 54	7	19	26	13	8	21
	55 – 59	7	13	20	16	4	20
	60 – 64	3	5	8	12	2	14
	65+	1	0	1	4	0	4
	Total	**37**	**83**	**120**	**242**	**184**	**426**
All Tiers	**0 – 19**	1	0	1	203	196	399
	20 – 24	1	0	1	203	196	399
	25 – 29	19	63	82	19	10	29
	30 – 34	19	52	71	7	5	12
	35 – 39	19	76	95	12	11	23
	40 – 44	26	57	83	12	3	15
	45 – 49	26	106	132	16	10	26
	50 – 54	34	97	131	22	14	36
	55 – 59	34	126	160	38	12	50
	60 – 64	27	86	113	44	14	58
	65+	11	19	30	23	2	25
	Total	**217**	**682**	**899**	**599**	**473**	**1,072**

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Benefit Package: Benefit Package 605

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	1	0	1	0	0	0
	40 – 44	1	0	1	0	0	0
	45 – 49	0	2	2	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**3**	**5**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	1	0	1
	65+	0	0	0	0	0	0
	Total	**0**	**1**	**1**	**1**	**0**	**1**
Employee & Children	**0 – 19**	0	0	0	1	3	4
	20 – 24	0	0	0	1	3	4
	25 – 29	0	0	0	0	0	0
	30 – 34	1	1	2	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**4**	**5**	**2**	**6**	**8**
Employee & Family	**0 – 19**	0	0	0	2	8	10
	20 – 24	0	0	0	2	8	10
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	0	0	0	1	1
	45 – 49	1	1	2	2	0	2
	50 – 54	0	1	1	1	0	1
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**3**	**4**	**7**	**17**	**24**
All Tiers	**0 – 19**	0	0	0	3	11	14
	20 – 24	0	0	0	3	11	14
	25 – 29	0	0	0	0	0	0
	30 – 34	1	1	2	0	0	0
	35 – 39	1	1	2	0	0	0
	40 – 44	1	0	1	0	1	1
	45 – 49	1	4	5	2	0	2
	50 – 54	0	4	4	1	0	1
	55 – 59	0	1	1	0	0	0
	60 – 64	0	0	0	1	0	1
	65+	0	0	0	0	0	0
	Total	**4**	**11**	**15**	**10**	**23**	**33**

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Benefit Package: Benefit Package 606

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	2	5	7	0	0	0
	30 – 34	4	3	7	0	0	0
	35 – 39	1	4	5	0	0	0
	40 – 44	0	3	3	0	0	0
	45 – 49	2	6	8	0	0	0
	50 – 54	0	3	3	0	0	0
	55 – 59	2	1	3	0	0	0
	60 – 64	0	2	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**11**	**27**	**38**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	2	3	5	4	3	7
	30 – 34	2	3	5	3	2	5
	35 – 39	0	2	2	2	1	3
	40 – 44	0	0	0	1	2	3
	45 – 49	0	3	3	2	0	2
	50 – 54	3	0	3	2	2	4
	55 – 59	4	7	11	3	3	6
	60 – 64	5	5	10	7	4	11
	65+	3	0	3	1	2	3
	Total	**19**	**23**	**42**	**25**	**19**	**44**
Employee & Children	**0 – 19**	0	0	0	64	65	129
	20 – 24	0	0	0	64	65	129
	25 – 29	1	2	3	3	1	4
	30 – 34	3	4	7	0	0	0
	35 – 39	4	8	12	0	0	0
	40 – 44	5	15	20	0	0	0
	45 – 49	4	17	21	0	0	0
	50 – 54	4	16	20	0	0	0
	55 – 59	1	7	8	0	0	0
	60 – 64	1	0	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**23**	**69**	**92**	**131**	**131**	**262**
Employee & Family	**0 – 19**	0	0	0	86	70	156
	20 – 24	0	0	0	86	70	156
	25 – 29	1	0	1	2	3	5
	30 – 34	3	2	5	3	5	8
	35 – 39	6	8	14	9	5	14
	40 – 44	7	12	19	3	10	13
	45 – 49	9	13	22	13	9	22
	50 – 54	9	12	21	11	7	18
	55 – 59	3	3	6	6	3	9
	60 – 64	2	3	5	4	2	6
	65+	1	1	2	3	1	4
	Total	**41**	**54**	**95**	**226**	**185**	**411**
All Tiers	**0 – 19**	0	0	0	150	135	285
	20 – 24	0	0	0	150	135	285
	25 – 29	6	10	16	9	7	16
	30 – 34	12	12	24	6	7	13
	35 – 39	11	22	33	11	6	17
	40 – 44	12	30	42	4	12	16
	45 – 49	15	39	54	15	9	24
	50 – 54	16	31	47	13	9	22
	55 – 59	10	18	28	9	6	15
	60 – 64	8	10	18	11	6	17
	65+	4	1	5	4	3	7
	Total	**94**	**173**	**267**	**382**	**335**	**717**

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Benefit Package: Benefit Package 709

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	3	3	0	0	0
	30 – 34	2	5	7	0	0	0
	35 – 39	0	6	6	0	0	0
	40 – 44	2	7	9	0	0	0
	45 – 49	3	4	7	0	0	0
	50 – 54	8	12	20	0	0	0
	55 – 59	1	12	13	0	0	0
	60 – 64	1	17	18	0	0	0
	65+	1	7	8	0	0	0
	Total	**18**	**73**	**91**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	1	0	1
	45 – 49	1	0	1	2	0	2
	50 – 54	2	7	9	1	2	3
	55 – 59	1	6	7	6	5	11
	60 – 64	5	12	17	7	3	10
	65+	3	3	6	9	2	11
	Total	**12**	**29**	**41**	**26**	**12**	**38**
Employee & Children	**0 – 19**	0	0	0	26	25	51
	20 – 24	0	0	0	26	25	51
	25 – 29	0	1	1	1	3	4
	30 – 34	0	4	4	0	0	0
	35 – 39	0	10	10	0	0	0
	40 – 44	0	11	11	0	0	0
	45 – 49	0	2	2	0	0	0
	50 – 54	0	11	11	0	0	0
	55 – 59	0	8	8	0	0	0
	60 – 64	0	4	4	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**51**	**51**	**53**	**53**	**106**
Employee & Family	**0 – 19**	0	0	0	24	20	44
	20 – 24	0	0	0	24	20	44
	25 – 29	0	0	0	0	3	3
	30 – 34	0	0	0	0	2	2
	35 – 39	1	2	3	0	0	0
	40 – 44	1	2	3	3	1	4
	45 – 49	2	6	8	6	1	7
	50 – 54	0	11	11	7	1	8
	55 – 59	0	8	8	7	1	8
	60 – 64	2	2	4	6	0	6
	65+	0	0	0	2	0	2
	Total	**6**	**31**	**37**	**79**	**49**	**128**
All Tiers	**0 – 19**	0	0	0	50	45	95
	20 – 24	0	0	0	50	45	95
	25 – 29	0	4	4	1	6	7
	30 – 34	2	9	11	0	2	2
	35 – 39	1	18	19	0	0	0
	40 – 44	3	21	24	4	1	5
	45 – 49	6	12	18	8	1	9
	50 – 54	10	41	51	8	3	11
	55 – 59	2	34	36	13	6	19
	60 – 64	8	35	43	13	3	16
	65+	4	10	14	11	2	13
	Total	**36**	**184**	**220**	**158**	**114**	**272**

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Benefit Package: Benefit Package 711

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	2	2	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	2	0	2	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	3	3	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**7**	**9**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	1	1	1	0	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**1**	**1**	**1**	**0**	**1**
Employee & Children	**0 – 19**	0	0	0	4	5	9
	20 – 24	0	0	0	4	5	9
	25 – 29	0	1	1	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	1	0	1	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**4**	**5**	**8**	**10**	**18**
Employee & Family	**0 – 19**	0	0	0	6	6	12
	20 – 24	0	0	0	6	6	12
	25 – 29	0	0	0	1	2	3
	30 – 34	1	1	2	0	1	1
	35 – 39	0	0	0	2	0	2
	40 – 44	1	1	2	0	1	1
	45 – 49	0	2	2	0	0	0
	50 – 54	0	1	1	2	0	2
	55 – 59	0	1	1	1	0	1
	60 – 64	0	0	0	1	0	1
	65+	0	0	0	0	0	0
	Total	**2**	**6**	**8**	**19**	**16**	**35**
All Tiers	**0 – 19**	0	0	0	10	11	21
	20 – 24	0	0	0	10	11	21
	25 – 29	0	2	2	2	2	4
	30 – 34	1	3	4	0	1	1
	35 – 39	1	0	1	2	0	2
	40 – 44	3	2	5	0	1	1
	45 – 49	0	4	4	0	0	0
	50 – 54	0	2	2	2	0	2
	55 – 59	0	4	4	1	0	1
	60 – 64	0	1	1	1	0	1
	65+	0	0	0	0	0	0
	Total	**5**	**18**	**23**	**28**	**26**	**54**

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Benefit Package: Benefit Package 712

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	0	1	1
	60 – 64	1	0	1	1	0	1
	65+	0	0	0	0	0	0
	Total	**1**	**1**	**2**	**1**	**1**	**2**
Employee & Children	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Family	**0 – 19**	0	0	0	0	1	1
	20 – 24	0	0	0	0	1	1
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	2	2
	50 – 54	0	0	0	0	0	0
	55 – 59	2	0	2	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**0**	**2**	**0**	**4**	**4**
All Tiers	**0 – 19**	0	0	0	0	1	1
	20 – 24	0	0	0	0	1	1
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	2	2
	50 – 54	0	0	0	0	0	0
	55 – 59	2	1	3	0	1	1
	60 – 64	1	0	1	1	0	1
	65+	0	0	0	0	0	0
	Total	**3**	**1**	**4**	**1**	**5**	**6**

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Benefit Package: Benefit Package 713

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	2	4	6	0	0	0
	30 – 34	3	15	18	0	0	0
	35 – 39	4	4	8	0	0	0
	40 – 44	2	16	18	0	0	0
	45 – 49	3	18	21	0	0	0
	50 – 54	4	22	26	0	0	0
	55 – 59	2	36	38	0	0	0
	60 – 64	0	23	23	0	0	0
	65+	0	6	6	0	0	0
	Total	**20**	**144**	**164**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	1	0	1
	30 – 34	2	2	4	0	2	2
	35 – 39	0	2	2	1	0	1
	40 – 44	1	1	2	4	0	4
	45 – 49	0	3	3	3	1	4
	50 – 54	0	8	8	4	0	4
	55 – 59	2	22	24	16	5	21
	60 – 64	8	23	31	16	4	20
	65+	3	9	12	22	4	26
	Total	**16**	**70**	**86**	**67**	**16**	**83**
Employee & Children	**0 – 19**	0	0	0	66	60	126
	20 – 24	0	0	0	66	60	126
	25 – 29	0	0	0	5	6	11
	30 – 34	0	3	3	0	0	0
	35 – 39	0	9	9	0	0	0
	40 – 44	3	15	18	0	0	0
	45 – 49	3	17	20	0	0	0
	50 – 54	6	23	29	0	0	0
	55 – 59	2	11	13	0	0	0
	60 – 64	1	3	4	0	0	0
	65+	0	2	2	0	0	0
	Total	**15**	**83**	**98**	**137**	**126**	**263**
Employee & Family	**0 – 19**	0	0	0	60	63	123
	20 – 24	0	0	0	60	63	123
	25 – 29	0	1	1	8	6	14
	30 – 34	1	5	6	3	3	6
	35 – 39	5	7	12	8	5	13
	40 – 44	4	11	15	9	3	12
	45 – 49	5	16	21	11	4	15
	50 – 54	2	15	17	14	3	17
	55 – 59	4	15	19	14	2	16
	60 – 64	1	6	7	12	3	15
	65+	1	0	1	2	0	2
	Total	**23**	**76**	**99**	**201**	**155**	**356**
All Tiers	**0 – 19**	0	0	0	126	123	249
	20 – 24	0	0	0	126	123	249
	25 – 29	2	5	7	14	12	26
	30 – 34	6	25	31	3	5	8
	35 – 39	9	22	31	9	5	14
	40 – 44	10	43	53	13	3	16
	45 – 49	11	54	65	14	5	19
	50 – 54	12	68	80	18	3	21
	55 – 59	10	84	94	30	7	37
	60 – 64	10	55	65	28	7	35
	65+	4	17	21	24	4	28
	Total	**74**	**373**	**447**	**405**	**297**	**702**

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Benefit Package: Benefit Package 714

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	1	1	2	1	1	2
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**1**	**2**	**1**	**1**	**2**
Employee & Children	**0 – 19**	0	0	0	0	4	4
	20 – 24	0	0	0	0	4	4
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	1	0	1	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**1**	**2**	**0**	**8**	**8**
Employee & Family	**0 – 19**	0	0	0	4	2	6
	20 – 24	0	0	0	4	2	6
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	1	1	2	1	1	2
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**1**	**2**	**9**	**5**	**14**
All Tiers	**0 – 19**	0	0	0	4	6	10
	20 – 24	0	0	0	4	6	10
	25 – 29	0	0	0	0	0	0
	30 – 34	1	1	2	1	1	2
	35 – 39	1	2	3	1	1	2
	40 – 44	1	0	1	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**3**	**3**	**6**	**10**	**14**	**24**

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Benefit Package: Benefit Package 715

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	2	1	3	0	0	0
	30 – 34	0	2	2	0	0	0
	35 – 39	0	2	2	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	1	1	2	0	0	0
	50 – 54	1	3	4	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	2	2	0	0	0
	Total	**4**	**12**	**16**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	1	1	2
	55 – 59	1	0	1	0	0	0
	60 – 64	0	2	2	0	0	0
	65+	0	0	0	2	0	2
	Total	**1**	**3**	**4**	**3**	**1**	**4**
Employee & Children	**0 – 19**	0	0	0	8	4	12
	20 – 24	0	0	0	8	4	12
	25 – 29	0	1	1	0	1	1
	30 – 34	0	3	3	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	1	3	4	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**8**	**9**	**16**	**9**	**25**
Employee & Family	**0 – 19**	0	0	0	7	7	14
	20 – 24	0	0	0	7	7	14
	25 – 29	0	0	0	0	2	2
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	1	0	1	1	2	3
	45 – 49	1	0	1	0	2	2
	50 – 54	2	2	4	1	0	1
	55 – 59	0	1	1	1	0	1
	60 – 64	0	0	0	1	0	1
	65+	0	0	0	0	0	0
	Total	**4**	**4**	**8**	**18**	**20**	**38**
All Tiers	**0 – 19**	0	0	0	15	11	26
	20 – 24	0	0	0	15	11	26
	25 – 29	2	2	4	0	3	3
	30 – 34	0	5	5	0	0	0
	35 – 39	0	3	3	0	0	0
	40 – 44	1	1	2	1	2	3
	45 – 49	3	4	7	0	2	2
	50 – 54	3	6	9	2	1	3
	55 – 59	1	2	3	1	0	1
	60 – 64	0	2	2	1	0	1
	65+	0	2	2	2	0	2
	Total	**10**	**27**	**37**	**37**	**30**	**67**

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Benefit Package: Benefit Package 716

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Children	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Family	**0 – 19**	0	0	0	0	2	2
	20 – 24	0	0	0	0	2	2
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	1	1	2	1	1	2
	50 – 54	0	1	1	1	0	1
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**2**	**3**	**2**	**5**	**7**
All Tiers	**0 – 19**	0	0	0	0	2	2
	20 – 24	0	0	0	0	2	2
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	1	1	2	1	1	2
	50 – 54	0	1	1	1	0	1
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**2**	**3**	**2**	**5**	**7**

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Benefit Package: Benefit Package 717

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	1	0	1
	20 – 24	0	0	0	1	0	1
	25 – 29	3	15	18	0	0	0
	30 – 34	0	15	15	0	0	0
	35 – 39	2	11	13	0	0	0
	40 – 44	2	10	12	0	0	0
	45 – 49	2	5	7	0	0	0
	50 – 54	1	7	8	0	0	0
	55 – 59	2	15	17	0	0	0
	60 – 64	0	5	5	0	0	0
	65+	0	1	1	0	0	0
	Total	**12**	**84**	**96**	**2**	**0**	**2**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	4	4	2	0	2
	30 – 34	0	4	4	2	0	2
	35 – 39	0	1	1	2	0	2
	40 – 44	0	2	2	1	1	2
	45 – 49	0	0	0	1	0	1
	50 – 54	0	4	4	4	1	5
	55 – 59	0	5	5	2	1	3
	60 – 64	1	7	8	8	0	8
	65+	1	2	3	3	1	4
	Total	**2**	**29**	**31**	**25**	**4**	**29**
Employee & Children	**0 – 19**	0	0	0	35	24	59
	20 – 24	0	0	0	35	24	59
	25 – 29	0	3	3	0	2	2
	30 – 34	0	4	4	0	0	0
	35 – 39	1	8	9	0	0	0
	40 – 44	1	8	9	0	0	0
	45 – 49	1	6	7	0	0	0
	50 – 54	0	3	3	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	2	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**3**	**35**	**38**	**70**	**50**	**120**
Employee & Family	**0 – 19**	0	0	0	46	42	88
	20 – 24	0	0	0	46	42	88
	25 – 29	0	1	1	2	1	3
	30 – 34	2	2	4	2	4	6
	35 – 39	4	4	8	4	7	11
	40 – 44	5	15	20	13	2	15
	45 – 49	4	7	11	6	2	8
	50 – 54	1	8	9	3	1	4
	55 – 59	0	4	4	6	0	6
	60 – 64	0	0	0	5	0	5
	65+	0	0	0	0	0	0
	Total	**16**	**41**	**57**	**133**	**101**	**234**
All Tiers	**0 – 19**	0	0	0	82	66	148
	20 – 24	0	0	0	82	66	148
	25 – 29	3	23	26	4	3	7
	30 – 34	2	25	27	4	4	8
	35 – 39	7	24	31	6	7	13
	40 – 44	8	35	43	14	3	17
	45 – 49	7	18	25	7	2	9
	50 – 54	2	22	24	7	2	9
	55 – 59	2	25	27	8	1	9
	60 – 64	1	14	15	13	0	13
	65+	1	3	4	3	1	4
	Total	**33**	**189**	**222**	**230**	**155**	**385**

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Benefit Package: Benefit Package 718

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	3	3	0	3	3
	60 – 64	3	0	3	3	0	3
	65+	0	0	0	0	0	0
	Total	**3**	**3**	**6**	**3**	**3**	**6**
Employee & Children	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**1**	**1**	**0**	**0**	**0**
Employee & Family	**0 – 19**	0	0	0	4	1	5
	20 – 24	0	0	0	4	1	5
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	3	3	0	1	1
	50 – 54	2	0	2	1	1	2
	55 – 59	1	1	2	3	1	4
	60 – 64	1	0	1	0	1	1
	65+	0	0	0	0	0	0
	Total	**4**	**4**	**8**	**12**	**6**	**18**
All Tiers	**0 – 19**	0	0	0	4	1	5
	20 – 24	0	0	0	4	1	5
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	3	3	0	1	1
	50 – 54	2	0	2	1	1	2
	55 – 59	1	4	5	3	4	7
	60 – 64	4	1	5	3	1	4
	65+	0	0	0	0	0	0
	Total	**7**	**8**	**15**	**15**	**9**	**24**

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Benefit Package: Benefit Package 719

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	2	3	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	2	2	0	0	0
	45 – 49	0	3	3	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	2	2	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	1	0	1	0	0	0
	Total	**2**	**10**	**12**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	1	0	1	1	1	2
	65+	0	0	0	0	0	0
	Total	**1**	**1**	**2**	**1**	**1**	**2**
Employee & Children	**0 – 19**	0	0	0	2	3	5
	20 – 24	0	0	0	2	3	5
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	1	0	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**3**	**4**	**4**	**6**	**10**
Employee & Family	**0 – 19**	0	0	0	8	4	12
	20 – 24	0	0	0	8	4	12
	25 – 29	0	0	0	0	0	0
	30 – 34	2	0	2	0	2	2
	35 – 39	1	0	1	0	1	1
	40 – 44	0	1	1	0	0	0
	45 – 49	0	0	0	1	0	1
	50 – 54	0	2	2	2	0	2
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**3**	**3**	**6**	**19**	**11**	**30**
All Tiers	**0 – 19**	0	0	0	10	7	17
	20 – 24	0	0	0	10	7	17
	25 – 29	1	2	3	0	0	0
	30 – 34	2	0	2	0	2	2
	35 – 39	1	1	2	0	1	1
	40 – 44	0	3	3	0	0	0
	45 – 49	0	4	4	1	0	1
	50 – 54	0	3	3	2	0	2
	55 – 59	0	4	4	0	0	0
	60 – 64	2	0	2	1	1	2
	65+	1	0	1	0	0	0
	Total	**7**	**17**	**24**	**24**	**18**	**42**

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Benefit Package: Benefit Package 720

		Enrolled Employees			Enrolled Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	1	1	0	0	0
	30 – 34	0	2	2	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	3	3	0	0	0
	45 – 49	1	3	4	0	0	0
	50 – 54	2	5	7	0	0	0
	55 – 59	2	8	10	0	0	0
	60 – 64	2	7	9	0	0	0
	65+	2	3	5	0	0	0
	Total	**9**	**33**	**42**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	1	0	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	1	1	2	1	1	2
	45 – 49	0	0	0	1	0	1
	50 – 54	1	2	3	0	1	1
	55 – 59	1	2	3	1	2	3
	60 – 64	1	4	5	0	1	1
	65+	0	3	3	7	0	7
	Total	**4**	**12**	**16**	**11**	**5**	**16**
Employee & Children	**0 – 19**	0	0	0	13	13	26
	20 – 24	0	0	0	13	13	26
	25 – 29	0	0	0	1	2	3
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	7	7	0	0	0
	50 – 54	2	7	9	0	0	0
	55 – 59	0	3	3	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**19**	**21**	**27**	**28**	**55**
Employee & Family	**0 – 19**	0	0	0	9	7	16
	20 – 24	0	0	0	9	7	16
	25 – 29	0	0	0	1	3	4
	30 – 34	0	1	1	0	0	0
	35 – 39	0	1	1	1	0	1
	40 – 44	1	0	1	0	2	2
	45 – 49	1	0	1	1	0	1
	50 – 54	0	3	3	0	0	0
	55 – 59	2	3	5	3	1	4
	60 – 64	0	2	2	4	1	5
	65+	0	1	1	2	0	2
	Total	**4**	**11**	**15**	**30**	**21**	**51**
All Tiers	**0 – 19**	0	0	0	22	20	42
	20 – 24	0	0	0	22	20	42
	25 – 29	0	1	1	3	5	8
	30 – 34	0	3	3	0	0	0
	35 – 39	0	2	2	1	0	1
	40 – 44	2	5	7	1	3	4
	45 – 49	2	10	12	2	0	2
	50 – 54	5	17	22	0	1	1
	55 – 59	5	16	21	4	3	7
	60 – 64	3	14	17	4	2	6
	65+	2	7	9	9	0	9
	Total	**19**	**75**	**94**	**68**	**54**	**122**

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Demographics by Benefit Package
For the Plan Year Ending in 2015

Benefit Package: Benefit Package 723

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	1	1	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	2	2	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	1	1	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**5**	**6**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	0	1	0	1	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**0**	**1**	**0**	**1**	**1**
Employee & Children	**0 – 19**	0	0	0	0	1	1
	20 – 24	0	0	0	0	1	1
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**1**	**1**	**0**	**2**	**2**
Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
All Tiers	**0 – 19**	0	0	0	0	1	1
	20 – 24	0	0	0	0	1	1
	25 – 29	1	1	2	0	1	1
	30 – 34	0	1	1	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	2	2	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	1	1	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**6**	**8**	**0**	**3**	**3**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A11
Demographics by Benefit Package
For the Plan Year Ending in 2015

Benefit Package: Benefit Package 724

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	2	2	0	0	0
	30 – 34	0	2	2	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	3	3	0	0	0
	45 – 49	1	3	4	0	0	0
	50 – 54	0	3	3	0	0	0
	55 – 59	1	2	3	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**17**	**19**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	1	1
	60 – 64	1	1	2	0	0	0
	65+	0	0	0	1	0	1
	Total	**1**	**1**	**2**	**1**	**1**	**2**
Employee & Children	**0 – 19**	0	0	0	6	1	7
	20 – 24	0	0	0	6	1	7
	25 – 29	0	0	0	1	1	2
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	1	2	3	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**5**	**6**	**13**	**3**	**16**
Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	1	1	2	0	2
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**2**	**2**	**2**	**0**	**2**
All Tiers	**0 – 19**	0	0	0	6	1	7
	20 – 24	0	0	0	6	1	7
	25 – 29	0	2	2	1	1	2
	30 – 34	0	2	2	0	0	0
	35 – 39	0	2	2	0	0	0
	40 – 44	0	3	3	0	0	0
	45 – 49	1	4	5	0	0	0
	50 – 54	1	6	7	0	0	0
	55 – 59	1	4	5	2	1	3
	60 – 64	1	2	3	0	0	0
	65+	0	0	0	1	0	1
	Total	**4**	**25**	**29**	**16**	**4**	**20**

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Demographics by Benefit Package
For the Plan Year Ending in 2015

Benefit Package: Benefit Package 725

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	4	4	0	0	0
	30 – 34	1	1	2	0	0	0
	35 – 39	2	2	4	0	0	0
	40 – 44	0	6	6	0	0	0
	45 – 49	1	5	6	0	0	0
	50 – 54	0	3	3	0	0	0
	55 – 59	1	8	9	0	0	0
	60 – 64	1	4	5	0	0	0
	65+	0	2	2	0	0	0
	Total	**6**	**35**	**41**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	1	0	1
	55 – 59	0	2	2	0	0	0
	60 – 64	0	2	2	3	0	3
	65+	0	0	0	1	0	1
	Total	**0**	**5**	**5**	**5**	**0**	**5**
Employee & Children	**0 – 19**	0	0	0	13	11	24
	20 – 24	0	0	0	13	11	24
	25 – 29	0	0	0	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	7	7	0	0	0
	45 – 49	0	2	2	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	2	0	2	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**12**	**14**	**26**	**22**	**48**
Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	1	0	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	2	0	2	0	2	2
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**0**	**2**	**1**	**2**	**3**
All Tiers	**0 – 19**	0	0	0	13	11	24
	20 – 24	0	0	0	13	11	24
	25 – 29	0	4	4	1	0	1
	30 – 34	1	2	3	0	0	0
	35 – 39	2	2	4	0	0	0
	40 – 44	0	13	13	0	0	0
	45 – 49	1	7	8	0	0	0
	50 – 54	0	5	5	1	0	1
	55 – 59	5	10	15	0	2	2
	60 – 64	1	7	8	3	0	3
	65+	0	2	2	1	0	1
	Total	**10**	**52**	**62**	**32**	**24**	**56**

Washington State Office of the Insurance Commissioner
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Demographics by Benefit Package
For the Plan Year Ending in 2015

Benefit Package: Benefit Package 726

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	1	1	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	2	2	0	0	0
	50 – 54	0	6	6	0	0	0
	55 – 59	2	9	11	0	0	0
	60 – 64	3	9	12	0	0	0
	65+	3	2	5	0	0	0
	Total	**8**	**30**	**38**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	1	1
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	1	1
	65+	1	0	1	0	0	0
	Total	**1**	**0**	**1**	**0**	**2**	**2**
Employee & Children	**0 – 19**	0	0	0	2	0	2
	20 – 24	0	0	0	2	0	2
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**4**	**4**	**4**	**0**	**4**
Employee & Family	**0 – 19**	0	0	0	1	3	4
	20 – 24	0	0	0	1	3	4
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	1	0	1	0	1	1
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	1	1
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**0**	**1**	**2**	**8**	**10**
All Tiers	**0 – 19**	0	0	0	3	3	6
	20 – 24	0	0	0	3	3	6
	25 – 29	0	1	1	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	1	3	4	0	1	1
	50 – 54	0	6	6	0	1	1
	55 – 59	2	10	12	0	1	1
	60 – 64	3	10	13	0	1	1
	65+	4	2	6	0	0	0
	Total	**10**	**34**	**44**	**6**	**10**	**16**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A11
Demographics by Benefit Package
For the Plan Year Ending in 2015

Benefit Package: Benefit Package 730

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	11	12	0	0	0
	30 – 34	0	14	14	0	0	0
	35 – 39	1	6	7	0	0	0
	40 – 44	2	14	16	0	0	0
	45 – 49	1	13	14	0	0	0
	50 – 54	2	8	10	0	0	0
	55 – 59	5	13	18	0	0	0
	60 – 64	4	11	15	0	0	0
	65+	0	8	8	0	0	0
	Total	**16**	**98**	**114**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	1	2	3	2	1	3
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	0	0	0	1	1
	55 – 59	0	2	2	0	0	0
	60 – 64	1	0	1	0	1	1
	65+	0	0	0	0	0	0
	Total	**2**	**5**	**7**	**2**	**3**	**5**
Employee & Children	**0 – 19**	0	0	0	16	23	39
	20 – 24	0	0	0	16	23	39
	25 – 29	0	0	0	1	4	5
	30 – 34	0	3	3	0	0	0
	35 – 39	0	6	6	0	0	0
	40 – 44	1	3	4	0	0	0
	45 – 49	1	6	7	0	0	0
	50 – 54	0	4	4	0	0	0
	55 – 59	0	4	4	0	0	0
	60 – 64	1	2	3	0	0	0
	65+	0	0	0	0	0	0
	Total	**3**	**28**	**31**	**33**	**50**	**83**
Employee & Family	**0 – 19**	0	0	0	5	7	12
	20 – 24	0	0	0	5	7	12
	25 – 29	0	0	0	1	1	2
	30 – 34	1	0	1	0	1	1
	35 – 39	0	1	1	0	0	0
	40 – 44	2	0	2	0	2	2
	45 – 49	0	0	0	1	1	2
	50 – 54	0	2	2	1	1	2
	55 – 59	2	1	3	1	0	1
	60 – 64	1	0	1	1	1	2
	65+	0	0	0	0	0	0
	Total	**6**	**4**	**10**	**15**	**21**	**36**
All Tiers	**0 – 19**	0	0	0	21	30	51
	20 – 24	0	0	0	21	30	51
	25 – 29	1	11	12	2	5	7
	30 – 34	2	19	21	2	2	4
	35 – 39	1	13	14	0	0	0
	40 – 44	5	17	22	0	2	2
	45 – 49	2	20	22	1	1	2
	50 – 54	2	14	16	1	2	3
	55 – 59	7	20	27	1	0	1
	60 – 64	7	13	20	1	2	3
	65+	0	8	8	0	0	0
	Total	**27**	**135**	**162**	**50**	**74**	**124**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A11
Demographics by Benefit Package
For the Plan Year Ending in 2015

Benefit Package: Benefit Package 731

Tier	Age Band	Enrolled Employees			Enrolled Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	3	0	3	0	0	0
	30 – 34	0	2	2	0	0	0
	35 – 39	1	1	2	0	0	0
	40 – 44	1	1	2	0	0	0
	45 – 49	2	7	9	0	0	0
	50 – 54	1	17	18	0	0	0
	55 – 59	2	25	27	0	0	0
	60 – 64	4	28	32	0	0	0
	65+	4	6	10	0	0	0
	Total	**18**	**87**	**105**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	2	2	4	0	3	3
	60 – 64	4	2	6	4	1	5
	65+	1	2	3	2	1	3
	Total	**7**	**6**	**13**	**6**	**5**	**11**
Employee & Children	**0 – 19**	0	0	0	10	7	17
	20 – 24	0	0	0	10	7	17
	25 – 29	0	0	0	2	4	6
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	1	9	10	0	0	0
	50 – 54	0	4	4	0	0	0
	55 – 59	2	4	6	0	0	0
	60 – 64	0	2	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**3**	**20**	**23**	**22**	**18**	**40**
Employee & Family	**0 – 19**	0	0	0	1	1	2
	20 – 24	0	0	0	1	1	2
	25 – 29	0	0	0	1	0	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	2	2	1	0	1
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	1	0	1
	60 – 64	2	3	5	1	1	2
	65+	0	0	0	1	0	1
	Total	**2**	**6**	**8**	**7**	**3**	**10**
All Tiers	**0 – 19**	0	0	0	11	8	19
	20 – 24	0	0	0	11	8	19
	25 – 29	3	0	3	3	4	7
	30 – 34	0	2	2	0	0	0
	35 – 39	1	2	3	0	0	0
	40 – 44	1	1	2	0	0	0
	45 – 49	3	18	21	1	0	1
	50 – 54	1	21	22	0	0	0
	55 – 59	6	32	38	1	3	4
	60 – 64	10	35	45	5	2	7
	65+	5	8	13	3	1	4
	Total	**30**	**119**	**149**	**35**	**26**	**61**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12a
Annual Carrier Administrative Cost Breakdown by Benefit Package — Per Employee Per Month
Plan Year Ending in 2015

	Admin PEPM					
Benefit Package	Taxes[1]	Agent Payments[2]	TPA Payments[3]	PPO Access Fees	Carrier Admin	Total
Benefit Package 009	$16.90	$0.00	$0.00	$0.00	$2.02	$18.92
Benefit Package 010	$18.28	$0.00	$0.00	$0.00	$2.19	$20.47
Benefit Package 011	$18.21	$0.00	$0.00	$0.00	$2.17	$20.37
Benefit Package 012	$16.74	$9.89	$0.00	$0.00	$54.32	$80.95
Benefit Package 013	$21.02	$9.67	$0.00	$0.00	$56.90	$87.58
Benefit Package 016	$19.31	$31.69	$0.00	$0.00	$53.42	$104.42
Benefit Package 025	$43.50	$1.31	$0.00	$0.17	$54.42	$99.39
Benefit Package 030	$25.08	$12.68	$0.00	$0.00	$64.92	$102.69
Benefit Package 031	$20.55	$0.22	$0.00	$0.00	$58.88	$79.66
Benefit Package 044	$64.40	$38.88	$0.00	$1.76	$78.05	$183.09
Benefit Package 065	$12.60	$0.00	$0.00	$0.00	$56.99	$69.59
Benefit Package 172	$23.19	$9.66	$0.00	$0.00	$0.00	$32.85
Benefit Package 176	$21.66	$22.06	$0.00	$0.00	$54.52	$98.24
Benefit Package 177	$18.16	$14.60	$0.00	$0.00	$41.33	$74.08
Benefit Package 185	$18.75	$0.00	$0.00	$0.00	$2.23	$20.98
Benefit Package 230	$0.56	$1.01	$0.00	$0.00	$2.43	$4.01
Benefit Package 236	$0.40	$0.72	$0.00	$0.00	$1.74	$2.87
Benefit Package 237	$0.44	$0.79	$0.00	$0.00	$1.90	$3.13
Benefit Package 238	$0.44	$0.79	$0.00	$0.00	$1.89	$3.12
Benefit Package 245	$22.80	$8.18	$0.00	$0.00	$41.24	$72.21
Benefit Package 246	$33.49	$13.67	$0.00	$0.00	$68.95	$116.12
Benefit Package 247	$34.19	$19.59	$0.00	$0.00	$53.98	$107.76
Benefit Package 249	$35.18	$5.64	$0.00	$0.00	$53.00	$93.81
Benefit Package 250	$48.53	$27.99	$0.00	$0.00	$57.81	$134.33
Benefit Package 251	$60.74	$5.19	$0.00	$0.00	$64.72	$130.65
Benefit Package 254	$47.72	$7.92	$0.00	$0.00	$80.21	$135.85
Benefit Package 257	$39.35	$20.37	$0.00	$0.00	$64.65	$124.37
Benefit Package 259	$38.79	$20.21	$0.00	$0.00	$59.40	$118.40
Benefit Package 266	$23.98	$10.36	$0.00	$0.00	$62.33	$96.67
Benefit Package 267	$21.10	$23.70	$0.00	$0.00	$58.25	$103.05

[1]Taxes, WSHP assessments, & other govt. taxes & assessments.

[2]Payments to brokers, producers, agents, & actuaries.

[3]Payments to assocs., trusts, & other 3d parties, including benefit admins & marketing comp.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12a
Annual Carrier Administrative Cost Breakdown by Benefit Package — Per Employee Per Month
Plan Year Ending in 2015

	Admin PEPM					
Benefit Package	Taxes[1]	Agent Payments[2]	TPA Payments[3]	PPO Access Fees	Carrier Admin	Total
Benefit Package 269	$20.94	$15.70	$0.00	$1.95	$45.26	$83.85
Benefit Package 270	$18.23	$13.67	$0.00	$1.95	$94.84	$128.70
Benefit Package 271	$29.30	$21.98	$0.00	$1.95	$61.94	$115.16
Benefit Package 272	$23.50	$17.58	$0.00	$1.95	$71.75	$114.78
Benefit Package 274	$16.00	$12.00	$0.00	$1.95	$81.65	$111.60
Benefit Package 275	$16.26	$12.19	$0.00	$1.95	$100.00	$130.41
Benefit Package 276	$19.94	$0.00	$0.00	$1.95	$56.19	$78.07
Benefit Package 277	$19.17	$4.12	$0.00	$1.95	$68.63	$93.87
Benefit Package 278	$20.10	$0.00	$0.00	$1.95	$69.32	$91.37
Benefit Package 279	$17.44	$3.75	$0.00	$1.95	$71.01	$94.15
Benefit Package 280	$18.32	$0.00	$0.00	$1.95	$76.42	$96.69
Benefit Package 281	$19.32	$0.00	$0.00	$1.95	$75.98	$97.24
Benefit Package 282	$15.08	$3.24	$0.00	$1.95	$93.93	$114.20
Benefit Package 284	$15.52	$3.34	$0.00	$1.95	$127.85	$148.66
Benefit Package 286	$17.57	$5.17	$0.00	$1.95	$60.78	$85.48
Benefit Package 288	$17.78	$5.23	$0.00	$1.95	$61.49	$86.46
Benefit Package 318	$43.71	$1.31	$0.00	$0.20	$45.91	$91.13
Benefit Package 319	$46.27	$1.31	$0.00	$0.25	$48.75	$96.58
Benefit Package 320	$44.22	$1.31	$0.00	$0.20	$47.41	$93.14
Benefit Package 321	$54.05	$1.31	$0.00	$0.37	$35.23	$90.96
Benefit Package 322	$51.18	$1.31	$0.00	$0.28	$37.59	$90.36
Benefit Package 323	$62.24	$1.31	$0.00	$0.49	$35.77	$99.81
Benefit Package 324	$20.23	$5.97	$0.00	$0.00	$1.79	$27.99
Benefit Package 325	$16.74	$0.00	$0.00	$0.00	$1.48	$18.23
Benefit Package 326	$65.61	$16.61	$0.00	$0.00	$0.00	$82.21
Benefit Package 327	$50.95	$12.90	$0.00	$0.00	$0.00	$63.85
Benefit Package 328	$47.97	$12.15	$0.00	$0.00	$0.00	$60.12
Benefit Package 329	$38.62	$9.78	$0.00	$0.00	$0.00	$48.40
Benefit Package 330	$33.30	$8.43	$0.00	$0.00	$0.00	$41.73
Benefit Package 331	$52.48	$13.29	$0.00	$0.00	$0.00	$65.77

[1]Taxes, WSHP assessments, & other govt. taxes & assessments.

[2]Payments to brokers, producers, agents, & actuaries.

[3]Payments to assocs., trusts, & other 3d parties, including benefit admins & marketing comp.

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K–12 School District Data Collection Project
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Plan Year Ending in 2015

	Admin PEPM					
Benefit Package	Taxes[1]	Agent Payments[2]	TPA Payments[3]	PPO Access Fees	Carrier Admin	Total
Benefit Package 332	$41.99	$18.35	$0.00	$0.00	$0.00	$60.34
Benefit Package 333	$36.39	$15.90	$0.00	$0.00	$0.00	$52.29
Benefit Package 334	$36.52	$15.96	$0.00	$0.00	$0.00	$52.48
Benefit Package 335	$56.47	$24.68	$0.00	$0.00	$0.00	$81.15
Benefit Package 336	$30.15	$13.18	$0.00	$0.00	$0.00	$43.32
Benefit Package 337	$29.95	$13.09	$0.00	$0.00	$0.00	$43.03
Benefit Package 339	$55.81	$17.81	$0.00	$0.00	$0.00	$73.62
Benefit Package 340	$34.29	$10.94	$0.00	$0.00	$0.00	$45.22
Benefit Package 341	$44.85	$14.31	$0.00	$0.00	$0.00	$59.16
Benefit Package 342	$45.78	$14.61	$0.00	$0.00	$0.00	$60.39
Benefit Package 343	$50.03	$15.96	$0.00	$0.00	$0.00	$65.99
Benefit Package 344	$35.65	$11.37	$0.00	$0.00	$0.00	$47.03
Benefit Package 345	$69.68	$17.64	$0.00	$0.00	$0.00	$87.32
Benefit Package 346	$64.95	$16.44	$0.00	$0.00	$0.00	$81.39
Benefit Package 347	$53.41	$13.52	$0.00	$0.00	$0.00	$66.93
Benefit Package 348	$39.24	$9.93	$0.00	$0.00	$0.00	$49.18
Benefit Package 349	$31.96	$8.09	$0.00	$0.00	$0.00	$40.05
Benefit Package 350	$51.24	$12.97	$0.00	$0.00	$0.00	$64.22
Benefit Package 351	$52.71	$13.34	$0.00	$0.00	$0.00	$66.05
Benefit Package 352	$47.01	$7.51	$0.00	$0.00	$0.00	$54.52
Benefit Package 353	$47.28	$7.55	$0.00	$0.00	$0.00	$54.83
Benefit Package 354	$45.10	$7.21	$0.00	$0.00	$0.00	$52.31
Benefit Package 355	$38.14	$6.10	$0.00	$0.00	$0.00	$44.24
Benefit Package 356	$52.49	$8.39	$0.00	$0.00	$0.00	$60.87
Benefit Package 357	$56.99	$9.11	$0.00	$0.00	$0.00	$66.10
Benefit Package 358	$47.69	$0.00	$0.00	$0.00	$0.00	$47.69
Benefit Package 359	$55.45	$0.00	$0.00	$0.00	$0.00	$55.45
Benefit Package 360	$47.05	$0.00	$0.00	$0.00	$0.00	$47.05
Benefit Package 361	$42.51	$0.00	$0.00	$0.00	$0.00	$42.51
Benefit Package 362	$41.72	$0.00	$0.00	$0.00	$0.00	$41.72

[1]Taxes, WSHP assessments, & other govt. taxes & assessments.

[2]Payments to brokers, producers, agents, & actuaries.

[3]Payments to assocs., trusts, & other 3d parties, including benefit admins & marketing comp.

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K–12 School District Data Collection Project
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	Admin PEPM					
Benefit Package	Taxes[1]	Agent Payments[2]	TPA Payments[3]	PPO Access Fees	Carrier Admin	Total
Benefit Package 363	$54.44	$5.47	$0.00	$0.00	$0.00	$59.92
Benefit Package 364	$62.54	$6.29	$0.00	$0.00	$0.00	$68.83
Benefit Package 365	$49.24	$4.95	$0.00	$0.00	$0.00	$54.19
Benefit Package 366	$45.11	$4.53	$0.00	$0.00	$0.00	$49.65
Benefit Package 367	$38.98	$3.92	$0.00	$0.00	$0.00	$42.90
Benefit Package 368	$52.96	$5.32	$0.00	$0.00	$0.00	$58.29
Benefit Package 424	$56.88	$10.05	$0.00	$0.00	$67.41	$134.34
Benefit Package 425	$50.15	$6.55	$0.00	$0.00	$76.20	$132.90
Benefit Package 426	$41.95	$3.02	$0.00	$0.00	$60.44	$105.42
Benefit Package 428	$59.98	$2.86	$0.00	$0.00	$70.08	$132.92
Benefit Package 429	$40.69	$22.22	$0.00	$0.00	$73.54	$136.44
Benefit Package 431	$41.49	$12.40	$0.00	$0.00	$65.41	$119.29
Benefit Package 432	$39.77	$19.10	$0.00	$0.00	$58.35	$117.22
Benefit Package 433	$41.66	$14.93	$0.00	$0.00	$57.35	$113.95
Benefit Package 434	$43.00	$10.35	$0.00	$0.00	$59.74	$113.09
Benefit Package 435	$49.29	$9.00	$0.00	$0.00	$56.50	$114.79
Benefit Package 437	$51.32	$5.45	$0.00	$0.00	$62.55	$119.32
Benefit Package 440	$37.31	$15.63	$0.00	$0.00	$59.27	$112.20
Benefit Package 441	$58.25	$6.12	$0.00	$0.00	$63.53	$127.91
Benefit Package 451	$20.42	$23.22	$0.00	$0.00	$63.70	$107.34
Benefit Package 452	$19.62	$18.27	$0.00	$0.00	$51.26	$89.16
Benefit Package 460	$21.33	$21.33	$0.00	$1.95	$160.58	$205.20
Benefit Package 469	$18.40	$18.40	$0.00	$1.95	$54.92	$93.66
Benefit Package 472	$20.45	$20.45	$0.00	$1.95	$79.29	$122.13
Benefit Package 474	$17.31	$17.31	$0.00	$1.95	$76.99	$113.56
Benefit Package 477	$16.38	$16.38	$0.00	$1.95	$76.66	$111.37
Benefit Package 482	$36.66	$19.17	$1.70	$4.42	$39.34	$101.29
Benefit Package 483	$48.34	$18.84	$1.91	$4.96	$58.11	$132.16
Benefit Package 485	$51.72	$0.00	$1.93	$4.99	$40.88	$99.52
Benefit Package 488	$42.86	$22.41	$1.76	$4.56	$46.83	$118.42

[1]Taxes, WSHP assessments, & other govt. taxes & assessments.

[2]Payments to brokers, producers, agents, & actuaries.

[3]Payments to assocs., trusts, & other 3d parties, including benefit admins & marketing comp.

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K–12 School District Data Collection Project
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	Admin PEPM					
Benefit Package	Taxes[1]	Agent Payments[2]	TPA Payments[3]	PPO Access Fees	Carrier Admin	Total
Benefit Package 489	$47.35	$18.12	$1.91	$4.96	$56.05	$128.41
Benefit Package 491	$47.88	$0.00	$1.92	$4.98	$35.99	$90.77
Benefit Package 493	$56.46	$14.82	$1.91	$4.95	$91.34	$169.47
Benefit Package 494	$101.37	$51.72	$2.24	$5.69	$190.81	$351.81
Benefit Package 495	$47.94	$25.07	$1.76	$4.55	$53.14	$132.46
Benefit Package 496	$57.95	$19.13	$1.91	$4.96	$77.31	$161.26
Benefit Package 498	$56.78	$0.00	$1.92	$4.98	$47.49	$111.18
Benefit Package 501	$48.00	$25.10	$1.75	$4.54	$53.23	$132.62
Benefit Package 502	$52.73	$19.62	$1.91	$4.95	$68.56	$147.76
Benefit Package 504	$52.82	$0.00	$1.91	$4.94	$42.59	$102.25
Benefit Package 507	$42.35	$22.15	$1.75	$4.54	$46.23	$117.02
Benefit Package 508	$42.62	$16.89	$1.90	$4.92	$48.56	$114.90
Benefit Package 510	$44.91	$0.00	$1.92	$4.97	$32.18	$83.97
Benefit Package 512	$27.28	$14.27	$1.75	$4.54	$27.54	$75.38
Benefit Package 513	$46.90	$23.03	$1.89	$4.91	$51.57	$128.31
Benefit Package 534	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Benefit Package 603	$0.00	$0.42	$0.00	$0.00	$0.00	$0.42
Benefit Package 604	$0.00	$0.42	$0.00	$0.00	$0.00	$0.42
Benefit Package 605	$0.00	$0.41	$0.00	$0.00	$0.00	$0.41
Benefit Package 606	$0.00	$0.42	$0.00	$0.00	$0.00	$0.42
Benefit Package 709	$5.03	$9.00	$0.00	$0.00	$21.67	$35.69
Benefit Package 711	$6.22	$11.13	$0.00	$0.00	$26.79	$44.14
Benefit Package 712	$5.29	$9.47	$0.00	$0.00	$22.79	$37.55
Benefit Package 713	$5.17	$9.26	$0.00	$0.00	$22.29	$36.72
Benefit Package 714	$4.70	$8.41	$0.00	$0.00	$20.26	$33.37
Benefit Package 715	$5.89	$10.53	$0.00	$0.00	$25.36	$41.78
Benefit Package 716	$5.29	$9.47	$0.00	$0.00	$22.79	$37.55
Benefit Package 717	$5.69	$10.18	$0.00	$0.00	$24.51	$40.38
Benefit Package 718	$5.29	$9.47	$0.00	$0.00	$22.79	$37.55
Benefit Package 719	$5.50	$9.84	$0.00	$0.00	$23.70	$39.04

[1]Taxes, WSHP assessments, & other govt. taxes & assessments.

[2]Payments to brokers, producers, agents, & actuaries.

[3]Payments to assocs., trusts, & other 3d parties, including benefit admins & marketing comp.

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K–12 School District Data Collection Project
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Annual Carrier Administrative Cost Breakdown by Benefit Package — Per Employee Per Month
Plan Year Ending in 2015

	Admin PEPM					
Benefit Package	Taxes[1]	Agent Payments[2]	TPA Payments[3]	PPO Access Fees	Carrier Admin	Total
Benefit Package 720	$5.04	$9.02	$0.00	$0.00	$21.71	$35.76
Benefit Package 723	$7.33	$13.13	$0.00	$0.00	$31.60	$52.06
Benefit Package 724	$6.19	$11.09	$0.00	$0.00	$26.69	$43.97
Benefit Package 725	$4.98	$8.91	$0.00	$0.00	$21.46	$35.35
Benefit Package 726	$5.00	$8.95	$0.00	$0.00	$21.55	$35.50
Benefit Package 730	$5.04	$9.02	$0.00	$0.00	$21.72	$35.78
Benefit Package 731	$5.11	$9.14	$0.00	$0.00	$22.01	$36.26
Low	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Average	**$46.24**	**$5.39**	**$0.03**	**$0.29**	**$46.06**	**$98.00**
High	**$101.37**	**$51.72**	**$2.24**	**$5.69**	**$190.81**	**$351.81**
Total Enrollment (Employees)						**101,623**
Total Dollars	**$56,385,469**	**$6,572,945**	**$32,613**	**$348,868**	**$56,165,740**	**$119,505,635**

[1]Taxes, WSHP assessments, & other govt. taxes & assessments.

[2]Payments to brokers, producers, agents, & actuaries.

[3]Payments to assocs., trusts, & other 3d parties, including benefit admins & marketing comp.

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K–12 School District Data Collection Project
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Annual Carrier Administrative Cost Breakdown by Benefit Package — Per Member Per Month
Plan Year Ending in 2015

	Admin PMPM					
Benefit Package	Taxes[1]	Agent Payments[2]	TPA Payments[3]	PPO Access Fees	Carrier Admin	Total
Benefit Package 009	$10.44	$0.00	$0.00	$0.00	$1.25	$11.69
Benefit Package 010	$12.12	$0.00	$0.00	$0.00	$1.45	$13.57
Benefit Package 011	$7.15	$0.00	$0.00	$0.00	$0.85	$8.01
Benefit Package 012	$9.03	$5.34	$0.00	$0.00	$29.32	$43.69
Benefit Package 013	$11.56	$5.32	$0.00	$0.00	$31.29	$48.17
Benefit Package 016	$10.71	$17.58	$0.00	$0.00	$29.63	$57.92
Benefit Package 025	$17.21	$0.52	$0.00	$0.07	$21.53	$39.31
Benefit Package 030	$12.31	$6.22	$0.00	$0.00	$31.85	$50.37
Benefit Package 031	$11.15	$0.12	$0.00	$0.00	$31.94	$43.21
Benefit Package 044	$39.58	$23.90	$0.00	$1.08	$47.97	$112.52
Benefit Package 065	$5.28	$0.00	$0.00	$0.00	$23.87	$29.14
Benefit Package 172	$12.84	$5.35	$0.00	$0.00	$0.00	$18.19
Benefit Package 176	$11.90	$12.12	$0.00	$0.00	$29.96	$53.99
Benefit Package 177	$13.15	$10.57	$0.00	$0.00	$29.94	$53.66
Benefit Package 185	$6.25	$0.00	$0.00	$0.00	$0.74	$6.99
Benefit Package 230	$0.19	$0.33	$0.00	$0.00	$0.80	$1.32
Benefit Package 236	$0.23	$0.41	$0.00	$0.00	$0.99	$1.62
Benefit Package 237	$0.22	$0.40	$0.00	$0.00	$0.97	$1.60
Benefit Package 238	$0.20	$0.37	$0.00	$0.00	$0.88	$1.45
Benefit Package 245	$18.12	$6.50	$0.00	$0.00	$32.78	$57.41
Benefit Package 246	$15.92	$6.50	$0.00	$0.00	$32.78	$55.20
Benefit Package 247	$22.49	$12.89	$0.00	$0.00	$35.51	$70.89
Benefit Package 249	$21.76	$3.49	$0.00	$0.00	$32.78	$58.02
Benefit Package 250	$22.57	$13.02	$0.00	$0.00	$26.89	$62.48
Benefit Package 251	$31.29	$2.67	$0.00	$0.00	$33.34	$67.30
Benefit Package 254	$21.55	$3.58	$0.00	$0.00	$36.22	$61.35
Benefit Package 257	$22.32	$11.55	$0.00	$0.00	$36.67	$70.55
Benefit Package 259	$22.76	$11.86	$0.00	$0.00	$34.86	$69.48
Benefit Package 266	$12.34	$5.33	$0.00	$0.00	$32.06	$49.73
Benefit Package 267	$11.93	$13.40	$0.00	$0.00	$32.94	$58.27

[1]Taxes, WSHP assessments, & other govt. taxes & assessments.

[2]Payments to brokers, producers, agents, & actuaries.

[3]Payments to assocs., trusts, & other 3d parties, including benefit admins & marketing comp.

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	Admin PMPM					
Benefit Package	Taxes[1]	Agent Payments[2]	TPA Payments[3]	PPO Access Fees	Carrier Admin	Total
Benefit Package 269	$19.10	$14.33	$0.00	$1.78	$41.30	$76.51
Benefit Package 270	$7.90	$5.92	$0.00	$0.84	$41.07	$55.73
Benefit Package 271	$19.39	$14.55	$0.00	$1.29	$41.00	$76.23
Benefit Package 272	$14.10	$10.55	$0.00	$1.17	$43.05	$68.87
Benefit Package 274	$8.03	$6.02	$0.00	$0.98	$40.96	$55.99
Benefit Package 275	$6.66	$4.99	$0.00	$0.80	$40.95	$53.40
Benefit Package 276	$14.57	$0.00	$0.00	$1.43	$41.06	$57.05
Benefit Package 277	$11.46	$2.46	$0.00	$1.17	$41.01	$56.09
Benefit Package 278	$11.89	$0.00	$0.00	$1.15	$41.00	$54.04
Benefit Package 279	$10.07	$2.17	$0.00	$1.13	$41.00	$54.36
Benefit Package 280	$9.83	$0.00	$0.00	$1.05	$41.00	$51.87
Benefit Package 281	$10.42	$0.00	$0.00	$1.05	$41.00	$52.48
Benefit Package 282	$6.60	$1.42	$0.00	$0.85	$41.10	$49.97
Benefit Package 284	$4.99	$1.07	$0.00	$0.63	$41.08	$47.76
Benefit Package 286	$11.31	$3.33	$0.00	$1.26	$39.12	$55.02
Benefit Package 288	$9.78	$2.88	$0.00	$1.07	$33.84	$47.58
Benefit Package 318	$20.51	$0.61	$0.00	$0.09	$21.54	$42.76
Benefit Package 319	$20.44	$0.58	$0.00	$0.11	$21.53	$42.66
Benefit Package 320	$20.09	$0.60	$0.00	$0.09	$21.54	$42.31
Benefit Package 321	$33.09	$0.80	$0.00	$0.23	$21.57	$55.68
Benefit Package 322	$29.35	$0.75	$0.00	$0.16	$21.56	$51.82
Benefit Package 323	$37.52	$0.79	$0.00	$0.30	$21.56	$60.17
Benefit Package 324	$10.33	$3.05	$0.00	$0.00	$0.92	$14.29
Benefit Package 325	$9.67	$0.00	$0.00	$0.00	$0.86	$10.52
Benefit Package 326	$34.46	$8.72	$0.00	$0.00	$0.00	$43.18
Benefit Package 327	$50.95	$12.90	$0.00	$0.00	$0.00	$63.85
Benefit Package 328	$47.97	$12.15	$0.00	$0.00	$0.00	$60.12
Benefit Package 329	$16.57	$4.19	$0.00	$0.00	$0.00	$20.76
Benefit Package 330	$13.38	$3.39	$0.00	$0.00	$0.00	$16.76
Benefit Package 331	$25.69	$6.50	$0.00	$0.00	$0.00	$32.20

[1]Taxes, WSHP assessments, & other govt. taxes & assessments.

[2]Payments to brokers, producers, agents, & actuaries.

[3]Payments to assocs., trusts, & other 3d parties, including benefit admins & marketing comp.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12b
Annual Carrier Administrative Cost Breakdown by Benefit Package — Per Member Per Month
Plan Year Ending in 2015

	Admin PMPM					
Benefit Package	Taxes[1]	Agent Payments[2]	TPA Payments[3]	PPO Access Fees	Carrier Admin	Total
Benefit Package 332	$34.19	$14.94	$0.00	$0.00	$0.00	$49.13
Benefit Package 333	$19.43	$8.49	$0.00	$0.00	$0.00	$27.92
Benefit Package 334	$20.27	$8.86	$0.00	$0.00	$0.00	$29.13
Benefit Package 335	$27.13	$11.86	$0.00	$0.00	$0.00	$38.99
Benefit Package 336	$12.72	$5.56	$0.00	$0.00	$0.00	$18.28
Benefit Package 337	$16.73	$7.31	$0.00	$0.00	$0.00	$24.04
Benefit Package 339	$44.38	$14.16	$0.00	$0.00	$0.00	$58.54
Benefit Package 340	$13.09	$4.18	$0.00	$0.00	$0.00	$17.27
Benefit Package 341	$34.07	$10.87	$0.00	$0.00	$0.00	$44.94
Benefit Package 342	$28.41	$9.06	$0.00	$0.00	$0.00	$37.48
Benefit Package 343	$42.11	$13.43	$0.00	$0.00	$0.00	$55.54
Benefit Package 344	$17.57	$5.60	$0.00	$0.00	$0.00	$23.17
Benefit Package 345	$42.95	$10.87	$0.00	$0.00	$0.00	$53.83
Benefit Package 346	$39.28	$9.94	$0.00	$0.00	$0.00	$49.23
Benefit Package 347	$48.05	$12.16	$0.00	$0.00	$0.00	$60.21
Benefit Package 348	$17.89	$4.53	$0.00	$0.00	$0.00	$22.42
Benefit Package 349	$13.16	$3.33	$0.00	$0.00	$0.00	$16.50
Benefit Package 350	$35.26	$8.93	$0.00	$0.00	$0.00	$44.18
Benefit Package 351	$34.59	$8.76	$0.00	$0.00	$0.00	$43.35
Benefit Package 352	$17.49	$2.80	$0.00	$0.00	$0.00	$20.29
Benefit Package 353	$18.03	$2.88	$0.00	$0.00	$0.00	$20.92
Benefit Package 354	$23.74	$3.79	$0.00	$0.00	$0.00	$27.53
Benefit Package 355	$26.48	$4.23	$0.00	$0.00	$0.00	$30.71
Benefit Package 356	$52.39	$8.37	$0.00	$0.00	$0.00	$60.76
Benefit Package 357	$47.91	$7.66	$0.00	$0.00	$0.00	$55.56
Benefit Package 358	$20.24	$0.00	$0.00	$0.00	$0.00	$20.24
Benefit Package 359	$32.63	$0.00	$0.00	$0.00	$0.00	$32.63
Benefit Package 360	$28.59	$0.00	$0.00	$0.00	$0.00	$28.59
Benefit Package 361	$14.63	$0.00	$0.00	$0.00	$0.00	$14.63
Benefit Package 362	$12.86	$0.00	$0.00	$0.00	$0.00	$12.86

[1]Taxes, WSHP assessments, & other govt. taxes & assessments.

[2]Payments to brokers, producers, agents, & actuaries.

[3]Payments to assocs., trusts, & other 3d parties, including benefit admins & marketing comp.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12b
Annual Carrier Administrative Cost Breakdown by Benefit Package — Per Member Per Month
Plan Year Ending in 2015

	Admin PMPM					
Benefit Package	Taxes[1]	Agent Payments[2]	TPA Payments[3]	PPO Access Fees	Carrier Admin	Total
Benefit Package 363	$40.71	$4.09	$0.00	$0.00	$0.00	$44.81
Benefit Package 364	$42.97	$4.32	$0.00	$0.00	$0.00	$47.29
Benefit Package 365	$27.59	$2.77	$0.00	$0.00	$0.00	$30.36
Benefit Package 366	$17.90	$1.80	$0.00	$0.00	$0.00	$19.70
Benefit Package 367	$16.93	$1.70	$0.00	$0.00	$0.00	$18.63
Benefit Package 368	$23.59	$2.37	$0.00	$0.00	$0.00	$25.97
Benefit Package 424	$30.55	$5.40	$0.00	$0.00	$36.21	$72.16
Benefit Package 425	$22.92	$2.99	$0.00	$0.00	$34.82	$60.73
Benefit Package 426	$22.75	$1.64	$0.00	$0.00	$32.78	$57.17
Benefit Package 428	$27.71	$1.32	$0.00	$0.00	$32.37	$61.40
Benefit Package 429	$18.29	$9.98	$0.00	$0.00	$33.05	$61.32
Benefit Package 431	$21.94	$6.56	$0.00	$0.00	$34.59	$63.08
Benefit Package 432	$23.05	$11.07	$0.00	$0.00	$33.81	$67.93
Benefit Package 433	$25.05	$8.98	$0.00	$0.00	$34.48	$68.50
Benefit Package 434	$23.98	$5.77	$0.00	$0.00	$33.31	$63.06
Benefit Package 435	$29.11	$5.32	$0.00	$0.00	$33.36	$67.79
Benefit Package 437	$29.59	$3.14	$0.00	$0.00	$36.07	$68.80
Benefit Package 440	$21.57	$9.03	$0.00	$0.00	$34.26	$64.87
Benefit Package 441	$32.99	$3.47	$0.00	$0.00	$35.98	$72.43
Benefit Package 451	$10.07	$11.45	$0.00	$0.00	$31.40	$52.92
Benefit Package 452	$11.85	$11.04	$0.00	$0.00	$30.97	$53.86
Benefit Package 460	$5.45	$5.45	$0.00	$0.50	$41.00	$52.39
Benefit Package 469	$13.74	$13.74	$0.00	$1.46	$41.00	$69.93
Benefit Package 472	$10.57	$10.57	$0.00	$1.01	$41.00	$63.16
Benefit Package 474	$9.08	$9.08	$0.00	$1.02	$40.38	$59.55
Benefit Package 477	$8.76	$8.76	$0.00	$1.04	$41.00	$59.56
Benefit Package 482	$18.17	$9.50	$0.84	$2.19	$19.50	$50.21
Benefit Package 483	$22.01	$8.58	$0.87	$2.26	$26.46	$60.18
Benefit Package 485	$25.96	$0.00	$0.97	$2.51	$20.52	$49.95
Benefit Package 488	$16.32	$8.54	$0.67	$1.74	$17.84	$45.10

[1]Taxes, WSHP assessments, & other govt. taxes & assessments.

[2]Payments to brokers, producers, agents, & actuaries.

[3]Payments to assocs., trusts, & other 3d parties, including benefit admins & marketing comp.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12b
Annual Carrier Administrative Cost Breakdown by Benefit Package — Per Member Per Month
Plan Year Ending in 2015

	Admin PMPM					
Benefit Package	Taxes[1]	Agent Payments[2]	TPA Payments[3]	PPO Access Fees	Carrier Admin	Total
Benefit Package 489	$20.31	$7.77	$0.82	$2.13	$24.04	$55.07
Benefit Package 491	$26.76	$0.00	$1.07	$2.78	$20.12	$50.73
Benefit Package 493	$50.81	$13.33	$1.72	$4.46	$82.21	$152.53
Benefit Package 494	$32.76	$16.72	$0.72	$1.84	$61.67	$113.71
Benefit Package 495	$28.26	$14.78	$1.04	$2.68	$31.32	$78.08
Benefit Package 496	$38.61	$12.74	$1.27	$3.30	$51.51	$107.44
Benefit Package 498	$34.18	$0.00	$1.16	$3.00	$28.59	$66.93
Benefit Package 501	$23.47	$12.28	$0.86	$2.22	$26.03	$64.86
Benefit Package 502	$33.05	$12.30	$1.20	$3.10	$42.98	$92.63
Benefit Package 504	$32.09	$0.00	$1.16	$3.00	$25.87	$62.12
Benefit Package 507	$14.49	$7.58	$0.60	$1.55	$15.82	$40.03
Benefit Package 508	$19.36	$7.67	$0.86	$2.24	$22.06	$52.20
Benefit Package 510	$18.80	$0.00	$0.80	$2.08	$13.47	$35.14
Benefit Package 512	$10.45	$5.46	$0.67	$1.74	$10.55	$28.87
Benefit Package 513	$13.95	$6.85	$0.56	$1.46	$15.34	$38.16
Benefit Package 534	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Benefit Package 603	$0.00	$0.32	$0.00	$0.00	$0.00	$0.32
Benefit Package 604	$0.00	$0.21	$0.00	$0.00	$0.00	$0.21
Benefit Package 605	$0.00	$0.16	$0.00	$0.00	$0.00	$0.16
Benefit Package 606	$0.00	$0.15	$0.00	$0.00	$0.00	$0.15
Benefit Package 709	$2.44	$4.36	$0.00	$0.00	$10.50	$17.30
Benefit Package 711	$2.37	$4.24	$0.00	$0.00	$10.21	$16.82
Benefit Package 712	$1.63	$2.91	$0.00	$0.00	$7.01	$11.55
Benefit Package 713	$2.36	$4.22	$0.00	$0.00	$10.17	$16.75
Benefit Package 714	$1.43	$2.55	$0.00	$0.00	$6.15	$10.12
Benefit Package 715	$2.72	$4.86	$0.00	$0.00	$11.71	$19.29
Benefit Package 716	$1.44	$2.58	$0.00	$0.00	$6.22	$10.24
Benefit Package 717	$2.62	$4.69	$0.00	$0.00	$11.28	$18.59
Benefit Package 718	$1.62	$2.90	$0.00	$0.00	$6.98	$11.49
Benefit Package 719	$2.44	$4.37	$0.00	$0.00	$10.52	$17.33

[1]Taxes, WSHP assessments, & other govt. taxes & assessments.

[2]Payments to brokers, producers, agents, & actuaries.

[3]Payments to assocs., trusts, & other 3d parties, including benefit admins & marketing comp.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12b
Annual Carrier Administrative Cost Breakdown by Benefit Package — Per Member Per Month
Plan Year Ending in 2015

	Admin PMPM					
Benefit Package	Taxes[1]	Agent Payments[2]	TPA Payments[3]	PPO Access Fees	Carrier Admin	Total
Benefit Package 720	$2.54	$4.55	$0.00	$0.00	$10.95	$18.04
Benefit Package 723	$6.47	$11.58	$0.00	$0.00	$27.88	$45.94
Benefit Package 724	$3.32	$5.95	$0.00	$0.00	$14.31	$23.58
Benefit Package 725	$3.14	$5.61	$0.00	$0.00	$13.52	$22.27
Benefit Package 726	$3.70	$6.63	$0.00	$0.00	$15.96	$26.29
Benefit Package 730	$3.17	$5.68	$0.00	$0.00	$13.67	$22.52
Benefit Package 731	$3.52	$6.29	$0.00	$0.00	$15.15	$24.95
Low	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Average	**$24.54**	**$2.86**	**$0.01**	**$0.15**	**$24.45**	**$52.02**
High	**$52.39**	**$23.90**	**$1.72**	**$4.46**	**$82.21**	**$152.53**
Total Enrollment (Members)						**191,445**
Total Dollars	**$56,385,469**	**$6,572,945**	**$32,613**	**$348,868**	**$56,165,740**	**$119,505,635**

[1]Taxes, WSHP assessments, & other govt. taxes & assessments.

[2]Payments to brokers, producers, agents, & actuaries.

[3]Payments to assocs., trusts, & other 3d parties, including benefit admins & marketing comp.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12c
Supplemental Services Financial Summary by District

School Fiscal Year Ending in 2015 — Reporting Districts Only

District	Description of Services[1]	Enrollment		Payments		
		Employees	Members	Total	PEPM	PMPM
Aberdeen School District	Details not provided	391	664	$28,665	$6.11	$3.60
Adna School District	Details not provided	34	84	$0	$0.00	$0.00
Almira School District	Details not provided	17	46	$0	$0.00	$0.00
Anacortes School District	Details not provided	240	240	$63,805	$22.15	$22.15
Arlington School District	Details not provided	513	513	$48,290	$7.84	$7.84
Asotin-Anatone School District	Details not provided	62	69	$0	$0.00	$0.00
Auburn School District	Details not provided	1,446	2,736	$0	$0.00	$0.00
Bainbridge Island School District	Details not provided	378	378	$0	$0.00	$0.00
Battle Ground School District	Details not provided	1,123	2,258	$0	$0.00	$0.00
Bellevue School District	Details not provided	2,032	3,895	$0	$0.00	$0.00
Bellingham School District	Details not provided	1,204	1,204	$11,981	$0.83	$0.83
Benge School District	Details not provided	4	10	$0	$0.00	$0.00
Bethel School District	Details not provided	1,583	2,200	$150,528	$7.92	$5.70
Bickleton School District	Details not provided	11	11	$0	$0.00	$0.00
Blaine School District	Details not provided	230	230	$40,537	$14.69	$14.69
Boistfort School District	Details not provided	14	19	$675	$4.02	$2.96
Bremerton School District	Details not provided	494	494	$0	$0.00	$0.00
Brewster School District	Details not provided	125	214	$27,446	$18.30	$10.69
Bridgeport School District	Details not provided	88	165	$25,337	$23.99	$12.80
Brinnon School District	Details not provided	11	11	$0	$0.00	$0.00
Burlington-Edison School District	Details not provided	416	416	$38,802	$7.77	$7.77
Camas School District	Details not provided	635	1,360	$0	$0.00	$0.00
Cape Flattery School District	Details not provided	86	120	$0	$0.00	$0.00
Carbonado School District	Details not provided	20	30	$9,313	$38.80	$25.87
Cascade School District	Details not provided	130	130	$58,452	$37.47	$37.47
Cashmere School District	Details not provided	180	180	$33,340	$15.43	$15.43
Castle Rock School District	Details not provided	135	381	$0	$0.00	$0.00
Centerville School District	Details not provided	10	18	$0	$0.00	$0.00
Central Kitsap School District	Details not provided	1,021	1,021	$0	$0.00	$0.00
Central Valley School District	Details not provided	1,409	1,409	$90,069	$5.33	$5.33
Centralia School District	Details not provided	377	1,070	$53,586	$11.84	$4.17
Chehalis School District	Details not provided	308	591	$64,280	$17.39	$9.06

[1]Supplemental services offered that are not built into premiums. These programs are offered as independent, non-coordinated benefits billed separately from the medical plan.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12c
Supplemental Services Financial Summary by District
School Fiscal Year Ending in 2015 — Reporting Districts Only

District	Description of Services[1]	Enrollment		Payments		
		Employees	Members	Total	PEPM	PMPM
Cheney School District	Details not provided	478	478	$0	$0.00	$0.00
Chewelah School District	Details not provided	91	165	$12,379	$11.34	$6.25
Chimacum School District	Details not provided	119	204	$0	$0.00	$0.00
Clarkston School District	Details not provided	275	275	$0	$0.00	$0.00
Cle Elum-Roslyn School District	Details not provided	115	227	$0	$0.00	$0.00
Clover Park School District	Details not provided	1,221	2,068	$0	$0.00	$0.00
Colfax School District	Details not provided	64	135	$0	$0.00	$0.00
College Place School District	Details not provided	131	236	$0	$0.00	$0.00
Colton School District	Details not provided	19	39	$0	$0.00	$0.00
Columbia (Stevens) School District	Details not provided	23	37	$0	$0.00	$0.00
Columbia (Walla Walla) School District	Details not provided	87	161	$0	$0.00	$0.00
Colville School District	Details not provided	167	167	$0	$0.00	$0.00
Concrete School District	Details not provided	63	97	$18,344	$24.26	$15.76
Conway School District	Details not provided	43	43	$19,452	$37.70	$37.70
Cosmopolis School District	Details not provided	20	34	$0	$0.00	$0.00
Coulee-Hartline School District	Details not provided	33	52	$606	$1.53	$0.97
Coupeville School District	Details not provided	92	127	$6,779	$6.14	$4.45
Crescent School District	Details not provided	36	69	$0	$0.00	$0.00
Creston School District	Details not provided	26	26	$0	$0.00	$0.00
Curlew School District	Details not provided	29	47	$0	$0.00	$0.00
Cusick School District	Details not provided	38	78	$12,786	$28.04	$13.66
Damman School District	Details not provided	5	6	$0	$0.00	$0.00
Darrington School District	Details not provided	57	67	$0	$0.00	$0.00
Davenport School District	Details not provided	76	76	$0	$0.00	$0.00
Dayton School District	Details not provided	38	57	$0	$0.00	$0.00
Deer Park School District	Details not provided	234	464	$0	$0.00	$0.00
Dieringer School District	Details not provided	150	318	$33,603	$18.67	$8.81
Dixie School District	Details not provided	6	8	$0	$0.00	$0.00
East Valley School District (Spokane)	Details not provided	474	474	$0	$0.00	$0.00
East Valley School District (Yakima)	Details not provided	302	302	$0	$0.00	$0.00
Eastmont School District	Details not provided	577	1,118	$144,392	$20.85	$10.76
Easton School District	Details not provided	21	21	$0	$0.00	$0.00

[1]Supplemental services offered that are not built into premiums. These programs are offered as independent, non-coordinated benefits billed separately from the medical plan.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12c
Supplemental Services Financial Summary by District

School Fiscal Year Ending in 2015 — Reporting Districts Only

District	Description of Services[1]	Enrollment		Payments		
		Employees	Members	Total	PEPM	PMPM
Eatonville School District	Details not provided	184	388	$0	$0.00	$0.00
Edmonds School District	Details not provided	1,928	1,928	$68,391	$2.96	$2.96
Ellensburg School District	Details not provided	320	538	$0	$0.00	$0.00
Elma School District	Details not provided	158	271	$0	$0.00	$0.00
Endicott School District	Details not provided	23	23	$0	$0.00	$0.00
Entiat School District	Details not provided	48	112	$7,058	$12.25	$5.25
Enumclaw School District	Details not provided	387	387	$0	$0.00	$0.00
Ephrata School District	Details not provided	244	546	$87,156	$29.77	$13.30
Evaline School District	Details not provided	8	15	$0	$0.00	$0.00
Everett School District	Details not provided	1,604	4,077	$0	$0.00	$0.00
Evergreen School District (Clark)	Details not provided	2,318	3,707	$0	$0.00	$0.00
Evergreen School District (Stevens)	Details not provided	4	4	$0	$0.00	$0.00
Federal Way School District	Details not provided	2,253	2,253	$0	$0.00	$0.00
Ferndale School District	Details not provided	479	949	$0	$0.00	$0.00
Fife School District	Details not provided	336	336	$8,113	$2.01	$2.01
Finley School District	Details not provided	98	190	$0	$0.00	$0.00
Franklin Pierce School District	Details not provided	865	1,434	$0	$0.00	$0.00
Freeman School District	Details not provided	86	86	$0	$0.00	$0.00
Garfield School District	Details not provided	20	20	$0	$0.00	$0.00
Glenwood School District	Details not provided	20	24	$0	$0.00	$0.00
Goldendale School District	Details not provided	95	95	$0	$0.00	$0.00
Grand Coulee Dam School District	Details not provided	100	186	$0	$0.00	$0.00
Grandview School District	Details not provided	362	728	$0	$0.00	$0.00
Granger School District	Details not provided	173	353	$0	$0.00	$0.00
Granite Falls School District	Details not provided	184	372	$0	$0.00	$0.00
Grapeview School District	Details not provided	19	31	$0	$0.00	$0.00
Great Northern School District	Details not provided	3	3	$0	$0.00	$0.00
Green Mountain School District	Details not provided	14	26	$0	$0.00	$0.00
Griffin School District	Details not provided	73	139	$22,124	$25.26	$13.26
Harrington School District	Details not provided	27	27	$0	$0.00	$0.00
Highland School District	Details not provided	130	130	$0	$0.00	$0.00
Highline School District	Details not provided	2,204	2,204	$0	$0.00	$0.00

[1]Supplemental services offered that are not built into premiums. These programs are offered as independent, non-coordinated benefits billed separately from the medical plan.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12c
Supplemental Services Financial Summary by District

School Fiscal Year Ending in 2015 — Reporting Districts Only

District	Description of Services[1]	Enrollment		Payments		
		Employees	Members	Total	PEPM	PMPM
Hockinson School District	Details not provided	168	366	$34,401	$17.06	$7.83
Hood Canal School District	Details not provided	41	49	$0	$0.00	$0.00
Hoquiam School District	Details not provided	137	234	$242,825	$147.70	$86.48
Inchelium School District	Details not provided	35	37	$0	$0.00	$0.00
Index School District	Details not provided	5	7	$2,088	$34.81	$24.86
Issaquah School District	Details not provided	1,768	1,768	$0	$0.00	$0.00
Kahlotus School District	Details not provided	17	17	$0	$0.00	$0.00
Kalama School District	Details not provided	66	99	$0	$0.00	$0.00
Keller School District	Details not provided	10	10	$9,274	$77.29	$77.29
Kelso School District	Details not provided	472	874	$0	$0.00	$0.00
Kennewick School District	Details not provided	1,683	1,683	$0	$0.00	$0.00
Kent School District	Details not provided	2,686	4,716	$0	$0.00	$0.00
Kettle Falls School District	Details not provided	86	174	$0	$0.00	$0.00
Kiona-Benton City School District	Details not provided	174	337	$0	$0.00	$0.00
Kittitas School District	Details not provided	74	175	$0	$0.00	$0.00
Klickitat School District	Details not provided	17	21	$0	$0.00	$0.00
La Center School District	Details not provided	109	237	$0	$0.00	$0.00
La Conner School District	Details not provided	84	191	$33,229	$32.97	$14.50
LaCrosse School District	Details not provided	25	26	$0	$0.00	$0.00
Lake Chelan School District	Details not provided	176	176	$136,578	$64.67	$64.67
Lake Quinault School District	Details not provided	32	56	$9,517	$24.78	$14.16
Lake Stevens School District	Details not provided	720	720	$89,005	$10.30	$10.30
Lake Washington School District	Details not provided	2,279	3,994	$0	$0.00	$0.00
Lakewood School District	Details not provided	198	401	$28,322	$11.92	$5.89
Lamont School District	Details not provided	9	16	$0	$0.00	$0.00
Liberty School District	Details not provided	57	57	$0	$0.00	$0.00
Lind School District	Details not provided	32	67	$0	$0.00	$0.00
Longview School District	Details not provided	705	1,175	$0	$0.00	$0.00
Loon Lake School District	Details not provided	26	38	$0	$0.00	$0.00
Lopez School District	Details not provided	44	44	$2,889	$5.47	$5.47
Lyle School District	Details not provided	22	26	$0	$0.00	$0.00
Lynden School District	Details not provided	310	310	$61,735	$16.60	$16.60

[1]Supplemental services offered that are not built into premiums. These programs are offered as independent, non-coordinated benefits billed separately from the medical plan.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12c
Supplemental Services Financial Summary by District
School Fiscal Year Ending in 2015 — Reporting Districts Only

District	Description of Services[1]	Enrollment		Payments		
		Employees	Members	Total	PEPM	PMPM
Mabton School District	Details not provided	107	215	$0	$0.00	$0.00
Mansfield School District	Details not provided	23	69	$9,357	$33.90	$11.30
Manson School District	Details not provided	93	194	$80,178	$71.84	$34.44
Mary M Knight School District	Details not provided	21	46	$0	$0.00	$0.00
Mary Walker School District	Details not provided	29	38	$0	$0.00	$0.00
Marysville School District	Details not provided	1,026	1,026	$209,467	$17.01	$17.01
McCleary School District	Details not provided	29	50	$0	$0.00	$0.00
Mead School District	Details not provided	980	3,097	$0	$0.00	$0.00
Medical Lake School District	Details not provided	179	212	$0	$0.00	$0.00
Mercer Island School District	Details not provided	353	566	$275,446	$65.03	$40.55
Meridian School District	Details not provided	179	179	$31,949	$14.87	$14.87
Methow Valley School District	Details not provided	84	84	$8,133	$8.07	$8.07
Mill A School District	Details not provided	5	14	$0	$0.00	$0.00
Monroe School District	Details not provided	561	992	$66,209	$9.83	$5.56
Montesano School District	Details not provided	129	274	$0	$0.00	$0.00
Morton School District	Details not provided	35	59	$17,903	$42.63	$25.29
Moses Lake School District	Details not provided	818	1,604	$103,261	$10.52	$5.36
Mossyrock School District	Details not provided	61	108	$0	$0.00	$0.00
Mount Adams School District	Details not provided	137	137	$0	$0.00	$0.00
Mount Baker School District	Details not provided	236	236	$266,102	$93.96	$93.96
Mount Pleasant School District	Details not provided	7	7	$0	$0.00	$0.00
Mount Vernon School District	Details not provided	753	1,403	$35,392	$3.92	$2.10
Mukilteo School District	Details not provided	1,360	2,350	$0	$0.00	$0.00
Naches Valley School District	Details not provided	129	129	$0	$0.00	$0.00
Napavine School District	Details not provided	81	167	$14,749	$15.17	$7.36
Naselle-Grays River Valley School District	Details not provided	43	116	$0	$0.00	$0.00
Nespelem School District	Details not provided	23	23	$10,407	$37.71	$37.71
Newport School District	Details not provided	118	219	$0	$0.00	$0.00
Nine Mile Falls School District	Details not provided	133	362	$25,944	$16.26	$5.97
Nooksack Valley School District	Details not provided	201	201	$50,991	$21.14	$21.14
North Beach School District	Details not provided	90	132	$0	$0.00	$0.00
North Franklin School District	Details not provided	238	517	$0	$0.00	$0.00

[1]Supplemental services offered that are not built into premiums. These programs are offered as independent, non-coordinated benefits billed separately from the medical plan.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12c
Supplemental Services Financial Summary by District
School Fiscal Year Ending in 2015 — Reporting Districts Only

District	Description of Services[1]	Enrollment		Payments		
		Employees	Members	Total	PEPM	PMPM
North Kitsap School District	Details not provided	581	581	$0	$0.00	$0.00
North Mason School District	Details not provided	195	321	$0	$0.00	$0.00
North River School District	Details not provided	18	18	$0	$0.00	$0.00
North Thurston Public Schools	Details not provided	1,350	1,993	$355,078	$21.92	$14.85
Northport School District	Details not provided	37	37	$0	$0.00	$0.00
Northshore School District	Details not provided	2,005	3,630	$0	$0.00	$0.00
Oak Harbor School District	Details not provided	490	490	$595,676	$101.31	$101.31
Oakesdale School District	Details not provided	21	21	$0	$0.00	$0.00
Oakville School District	Details not provided	38	97	$0	$0.00	$0.00
Ocean Beach School District	Details not provided	119	209	$0	$0.00	$0.00
Ocosta School District	Details not provided	79	141	$0	$0.00	$0.00
Odessa School District	Details not provided	39	83	$0	$0.00	$0.00
Okanogan School District	Details not provided	125	172	$32,092	$21.39	$15.55
Olympia School District	Details not provided	821	1,344	$0	$0.00	$0.00
Omak School District	Details not provided	327	327	$60,193	$15.34	$15.34
Onalaska School District	Details not provided	89	168	$23,434	$21.94	$11.62
Onion Creek School District	Details not provided	9	9	$0	$0.00	$0.00
Orcas Island School District	Details not provided	83	183	$11,245	$11.29	$5.12
Orchard Prairie School District	Details not provided	8	8	$1,621	$16.89	$16.89
Orient School District	Details not provided	12	14	$0	$0.00	$0.00
Orondo School District	Details not provided	29	50	$8,860	$25.46	$14.77
Oroville School District	Details not provided	69	137	$20,930	$25.28	$12.73
Orting School District	Details not provided	192	192	$0	$0.00	$0.00
Othello School District	Details not provided	412	852	$0	$0.00	$0.00
Palisades School District	Details not provided	7	7	$0	$0.00	$0.00
Palouse School District	Details not provided	23	50	$0	$0.00	$0.00
Pasco School District	Details not provided	1,880	1,880	$0	$0.00	$0.00
Pateros School District	Details not provided	40	68	$0	$0.00	$0.00
Paterson School District	Details not provided	21	21	$0	$0.00	$0.00
Pe Ell School District	Details not provided	43	75	$13,314	$25.80	$14.79
Peninsula School District	Details not provided	772	772	$0	$0.00	$0.00
Pioneer School District	Details not provided	91	91	$0	$0.00	$0.00

[1]Supplemental services offered that are not built into premiums. These programs are offered as independent, non-coordinated benefits billed separately from the medical plan.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12c
Supplemental Services Financial Summary by District
School Fiscal Year Ending in 2015 — Reporting Districts Only

District	Description of Services[1]	Enrollment		Payments		
		Employees	Members	Total	PEPM	PMPM
Pomeroy School District	Details not provided	38	101	$0	$0.00	$0.00
Port Angeles School District	Details not provided	410	410	$0	$0.00	$0.00
Port Townsend School District	Details not provided	135	249	$0	$0.00	$0.00
Prescott School District	Details not provided	42	63	$0	$0.00	$0.00
Prosser School District	Details not provided	308	706	$0	$0.00	$0.00
Pullman School District	Details not provided	236	431	$0	$0.00	$0.00
Puyallup School District	Details not provided	1,683	1,683	$0	$0.00	$0.00
Queets-Clearwater School District	Details not provided	9	9	$0	$0.00	$0.00
Quilcene School District	Details not provided	18	18	$0	$0.00	$0.00
Quillayute Valley School District	Details not provided	166	269	$0	$0.00	$0.00
Quincy School District	Details not provided	277	559	$180,977	$54.45	$26.98
Rainier School District	Details not provided	83	152	$0	$0.00	$0.00
Raymond School District	Details not provided	76	119	$0	$0.00	$0.00
Reardan-Edwall School District	Details not provided	62	117	$6,831	$9.18	$4.87
Renton School District	Details not provided	1,493	1,493	$0	$0.00	$0.00
Republic School District	Details not provided	39	122	$0	$0.00	$0.00
Richland School District	Details not provided	1,086	2,003	$0	$0.00	$0.00
Ridgefield School District	Details not provided	150	280	$0	$0.00	$0.00
Ritzville School District	Details not provided	53	53	$0	$0.00	$0.00
Riverside School District	Details not provided	125	125	$73,664	$49.11	$49.11
Riverview School District	Details not provided	285	285	$53,652	$15.69	$15.69
Rochester School District	Details not provided	213	413	$67,240	$26.31	$13.57
Roosevelt School District	Details not provided	5	5	$0	$0.00	$0.00
Rosalia School District	Details not provided	34	39	$0	$0.00	$0.00
Royal School District	Details not provided	190	190	$0	$0.00	$0.00
San Juan Island School District	Details not provided	68	68	$0	$0.00	$0.00
Satsop School District	Details not provided	7	9	$0	$0.00	$0.00
Seattle Public Schools	Details not provided	5,710	11,610	$0	$0.00	$0.00
Sedro-Woolley School District	Details not provided	457	817	$104,496	$19.05	$10.66
Selah School District	Details not provided	376	376	$0	$0.00	$0.00
Selkirk School District	Details not provided	30	30	$0	$0.00	$0.00
Sequim School District	Details not provided	227	227	$0	$0.00	$0.00

[1]Supplemental services offered that are not built into premiums. These programs are offered as independent, non-coordinated benefits billed separately from the medical plan.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12c
Supplemental Services Financial Summary by District
School Fiscal Year Ending in 2015 — Reporting Districts Only

District	Description of Services[1]	Enrollment		Payments		
		Employees	Members	Total	PEPM	PMPM
Shaw Island School District	Details not provided	3	6	$0	$0.00	$0.00
Shelton School District	Details not provided	512	844	$0	$0.00	$0.00
Shoreline School District	Details not provided	886	886	$0	$0.00	$0.00
Skamania School District	Details not provided	10	17	$0	$0.00	$0.00
Skykomish School District	Details not provided	4	4	$18,080	$376.67	$376.67
Snohomish School District	Details not provided	852	852	$0	$0.00	$0.00
Snoqualmie Valley School District	Details not provided	528	979	$0	$0.00	$0.00
Soap Lake School District	Details not provided	19	19	$19,249	$84.43	$84.43
South Bend School District	Details not provided	84	180	$40,558	$40.24	$18.78
South Kitsap School District	Details not provided	823	1,159	$0	$0.00	$0.00
South Whidbey School District	Details not provided	160	160	$8,650	$4.51	$4.51
Southside School District	Details not provided	15	35	$0	$0.00	$0.00
Spokane School District	Details not provided	3,108	6,415	$0	$0.00	$0.00
Sprague School District	Details not provided	18	18	$0	$0.00	$0.00
St. John School District	Details not provided	26	26	$0	$0.00	$0.00
Stanwood-Camano School District	Details not provided	416	786	$41,086	$8.23	$4.36
Star School District	Details not provided	6	6	$0	$0.00	$0.00
Starbuck School District	Details not provided	4	4	$0	$0.00	$0.00
Stehekin School District	Details not provided	1	1	$0	$0.00	$0.00
Steilacoom Hist. School District	Details not provided	236	433	$11,795	$4.16	$2.27
Steptoe School District	Details not provided	8	22	$0	$0.00	$0.00
Stevenson-Carson School District	Details not provided	96	179	$0	$0.00	$0.00
Sultan School District	Details not provided	178	320	$12,675	$5.93	$3.30
Summit Valley School District	Details not provided	10	10	$0	$0.00	$0.00
Sumner School District	Details not provided	876	1,691	$20,665	$1.97	$1.02
Sunnyside School District	Details not provided	732	1,365	$0	$0.00	$0.00
Tacoma School District	Details not provided	2,757	5,807	$236,036	$7.13	$3.39
Taholah School District	Details not provided	24	24	$0	$0.00	$0.00
Tahoma School District	Details not provided	683	1,366	$49,221	$6.01	$3.00
Tekoa School District	Details not provided	27	27	$0	$0.00	$0.00
Tenino School District	Details not provided	128	128	$0	$0.00	$0.00
Thorp School District	Details not provided	20	33	$0	$0.00	$0.00

[1]Supplemental services offered that are not built into premiums. These programs are offered as independent, non-coordinated benefits billed separately from the medical plan.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12c
Supplemental Services Financial Summary by District
School Fiscal Year Ending in 2015 — Reporting Districts Only

District	Description of Services[1]	Enrollment		Payments		
		Employees	Members	Total	PEPM	PMPM
Toledo School District	Details not provided	62	91	$0	$0.00	$0.00
Tonasket School District	Details not provided	125	254	$0	$0.00	$0.00
Toppenish School District	Details not provided	435	435	$0	$0.00	$0.00
Touchet School District	Details not provided	30	30	$0	$0.00	$0.00
Toutle Lake School District	Details not provided	69	168	$0	$0.00	$0.00
Trout Lake School District	Details not provided	20	30	$0	$0.00	$0.00
Tukwila School District	Details not provided	301	301	$2,670	$0.74	$0.74
Tumwater School District	Details not provided	640	1,164	$0	$0.00	$0.00
Union Gap School District	Details not provided	74	74	$0	$0.00	$0.00
University Place School District	Details not provided	471	471	$0	$0.00	$0.00
Valley School District	Details not provided	89	160	$57,891	$54.20	$30.15
Vancouver School District	Details not provided	2,315	5,684	$266,804	$9.60	$3.91
Vashon Island School District	Details not provided	151	304	$27,968	$15.43	$7.67
Wahkiakum School District	Details not provided	39	108	$0	$0.00	$0.00
Wahluke School District	Details not provided	250	250	$0	$0.00	$0.00
Waitsburg School District	Details not provided	36	62	$0	$0.00	$0.00
Walla Walla Public Schools	Details not provided	729	729	$0	$0.00	$0.00
Wapato School District	Details not provided	381	381	$0	$0.00	$0.00
Warden School District	Details not provided	124	273	$36,152	$24.30	$11.04
Washougal School District	Details not provided	293	467	$0	$0.00	$0.00
Washtucna School District	Details not provided	17	29	$0	$0.00	$0.00
Waterville School District	Details not provided	36	56	$14,305	$33.11	$21.29
Wellpinit School District	Details not provided	71	71	$0	$0.00	$0.00
Wenatchee School District	Details not provided	850	850	$149,873	$14.69	$14.69
West Valley School District (Spokane)	Details not provided	408	775	$0	$0.00	$0.00
West Valley School District (Yakima)	Details not provided	473	473	$0	$0.00	$0.00
White Pass School District	Details not provided	53	98	$0	$0.00	$0.00
White River School District	Details not provided	342	629	$23,472	$5.72	$3.11
White Salmon Valley School District	Details not provided	116	204	$0	$0.00	$0.00
Wilbur School District	Details not provided	45	45	$0	$0.00	$0.00
Willapa Valley School District	Details not provided	43	43	$0	$0.00	$0.00
Wilson Creek School District	Details not provided	30	30	$0	$0.00	$0.00

[1]Supplemental services offered that are not built into premiums. These programs are offered as independent, non-coordinated benefits billed separately from the medical plan.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12c
Supplemental Services Financial Summary by District

School Fiscal Year Ending in 2015 — Reporting Districts Only

District	Description of Services[1]	Enrollment		Payments		
		Employees	Members	Total	PEPM	PMPM
Winlock School District	Details not provided	76	148	$22,964	$25.18	$12.93
Wishkah Valley School District	Details not provided	21	33	$0	$0.00	$0.00
Wishram School District	Details not provided	19	42	$0	$0.00	$0.00
Woodland School District	Details not provided	277	502	$0	$0.00	$0.00
Yakima School District	Details not provided	1,793	1,793	$0	$0.00	$0.00
Yelm School District	Details not provided	518	807	$13,910	$2.24	$1.44
Zillah School District	Details not provided	136	136	$0	$0.00	$0.00
Low		**1**	**1**	**$0**	**$0.00**	**$0.00**
Average		**354**	**554**	**$55**	**$4.57**	**$3.33**
High		**5,710**	**11,610**	**$595,676**	**$376.67**	**$376.67**
Grand Total		**104,456**	**163,426**	**$5,724,961**		

[1]Supplemental services offered that are not built into premiums. These programs are offered as independent, non-coordinated benefits billed separately from the medical plan.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12d
Supplemental Services Financial Summary by Carrier
Plan Year Ending in 2015

Carrier	Description of Services[1]	Enrollment		Fees Received[2]	Fees Received PEPM	Fees Recevied PMPM
		Employees	Members			
Carrier 01	None Reported	56,739	108,021	$0	$0.00	$0.00
Carrier 02	None Reported	27,238	49,763	$0	$0.00	$0.00
Carrier 03	None Reported	8,584	15,939	$0	$0.00	$0.00
Carrier 04	None Reported	3,432	6,219	$0	$0.00	$0.00
Carrier 05	None Reported	3,218	6,138	$0	$0.00	$0.00
Carrier 06	None Reported	979	1,768	$0	$0.00	$0.00
Carrier 07	None Reported	2,724	4,707	$0	$0.00	$0.00
Carrier 08	None Reported	1,933	4,624	$0	$0.00	$0.00
Carrier 09	None Reported	348	630	$0	$0.00	$0.00
Carrier 10	None Reported	1,437	2,902	$0	$0.00	$0.00
Grand Total		**106,632**	**200,711**	**$0**	**$0.00**	**$0.00**

[1]Supplemental services offered that are not built into premiums. These programs are offered as independent, non-coordinated benefits billed separately from the medical plan.

[2]Fees carriers received for supplemental services.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12e
District Administrative Costs by District Not Paid Through Carrier Insurance Premiums
School District Fiscal Year Ending in 2015 — Reporting Districts Only

District	Enrollment		Premiums	External Admin Only	Internal Admin Only[1]	Additional Compensation to Brokers[2]
	Employees	Members				
Aberdeen School District	391	664	$4,371,433	$0	$0	$0
Adna School District	34	84	$391,920	$0	$0	$0
Almira School District	17	46	$231,695	$0	$0	$0
Anacortes School District	240	240	$2,985,390	$0	$0	$0
Arlington School District	513	513	$5,208,418	$0	$0	$0
Asotin-Anatone School District	62	69	$648,529	$0	$0	$0
Auburn School District	1,446	2,736	$16,451,364	$0	$93,000	$0
Bainbridge Island School District	378	378	$4,504,716	$0	$35,700	$0
Battle Ground School District	1,123	2,258	$14,137,008	$0	$0	$0
Bellevue School District	2,032	3,895	$22,539,471	$48,763	$0	$40,363
Bellingham School District	1,204	1,204	$12,306,439	$0	$0	$0
Benge School District	4	10	$40,095	$0	$0	$0
Bethel School District	1,583	2,200	$16,558,889	$0	$0	$0
Bickleton School District	11	11	$313,524	$0	$0	$0
Blaine School District	230	230	$2,584,625	$0	$0	$0
Boistfort School District	14	19	$146,498	$0	$0	$0
Bremerton School District	494	494	$5,751,815	$0	$0	$28,525
Brewster School District	125	214	$1,155,916	$0	$0	$0
Bridgeport School District	88	165	$891,425	$0	$0	$0
Brinnon School District	11	11	$113,752	$0	$0	$0
Burlington-Edison School District	416	416	$4,628,313	$0	$0	$0
Camas School District	635	1,360	$6,988,642	$0	$0	$0
Cape Flattery School District	86	120	$797,893	$0	$0	$0
Carbonado School District	20	30	$198,404	$0	$0	$0
Cascade School District	130	130	$1,388,087	$0	$0	$0
Cashmere School District	180	180	$1,673,893	$0	$0	$0
Castle Rock School District	135	381	$1,483,150	$0	$0	$0
Centerville School District	10	18	$133,766	$0	$0	$1,770
Central Kitsap School District	1,021	1,021	$11,129,592	$0	$0	$0
Central Valley School District	1,409	1,409	$14,749,027	$0	$63,079	$0
Centralia School District	377	1,070	$3,886,624	$0	$0	$0
Chehalis School District	308	591	$3,099,189	$0	$0	$0

[1]Includes Staff Costs Allocated to Employee Benefits
[2]Confidential

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12e
District Administrative Costs by District Not Paid Through Carrier Insurance Premiums
School District Fiscal Year Ending in 2015 — Reporting Districts Only

District	Enrollment		Premiums	External Admin Only	Internal Admin Only[1]	Additional Compensation to Brokers[2]
	Employees	Members				
Cheney School District	478	478	$5,524,057	$0	$35,500	$0
Chewelah School District	91	165	$839,190	$0	$3,125	$0
Chimacum School District	119	204	$1,354,820	$0	$0	$0
Clarkston School District	275	275	$3,195,891	$0	$0	$0
Cle Elum-Roslyn School District	115	227	$1,131,965	$0	$0	$0
Clover Park School District	1,221	2,068	$14,567,323	$0	$0	$0
Colfax School District	64	135	$717,520	$0	$0	$0
College Place School District	131	236	$1,176,992	$0	$0	$0
Colton School District	19	39	$267,034	$0	$0	$0
Columbia (Stevens) School District	23	37	$321,437	$0	$0	$0
Columbia (Walla Walla) School District	87	161	$1,006,270	$0	$0	$0
Colville School District	167	167	$1,808,528	$0	$0	$0
Concrete School District	63	97	$580,285	$0	$0	$0
Conway School District	43	43	$529,272	$0	$0	$0
Cosmopolis School District	20	34	$178,257	$0	$0	$0
Coulee-Hartline School District	33	52	$332,534	$0	$0	$0
Coupeville School District	92	127	$863,890	$3,020	$0	$17,464
Crescent School District	36	69	$375,962	$0	$0	$0
Creston School District	26	26	$280,751	$0	$0	$0
Curlew School District	29	47	$304,384	$0	$0	$0
Cusick School District	38	78	$448,823	$0	$0	$0
Damman School District	5	6	$35,010	$0	$0	$0
Darrington School District	57	67	$652,245	$0	$0	$0
Davenport School District	76	76	$813,933	$0	$7,327	$0
Dayton School District	38	57	$582,296	$0	$0	$0
Deer Park School District	234	464	$2,290,075	$0	$0	$0
Dieringer School District	150	318	$1,444,792	$0	$6,244	$0
Dixie School District	6	8	$76,622	$0	$0	$0
East Valley School District (Spokane)	474	474	$4,710,833	$0	$0	$0
East Valley School District (Yakima)	302	302	$3,336,058	$0	$24,265	$0
Eastmont School District	577	1,118	$5,969,126	$0	$13,785	$0
Easton School District	21	21	$210,829	$0	$0	$0

[1]Includes Staff Costs Allocated to Employee Benefits
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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12e
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School District Fiscal Year Ending in 2015 — Reporting Districts Only

District	Enrollment		Premiums	External Admin Only	Internal Admin Only[1]	Additional Compensation to Brokers[2]
	Employees	Members				
Eatonville School District	184	388	$1,829,643	$0	$0	$31,215
Edmonds School District	1,928	1,928	$24,223,544	$0	$0	$0
Ellensburg School District	320	538	$3,299,406	$0	$0	$0
Elma School District	158	271	$1,775,692	$0	$0	$0
Endicott School District	23	23	$226,660	$0	$0	$0
Entiat School District	48	112	$492,699	$0	$0	$0
Enumclaw School District	387	387	$4,023,116	$0	$0	$0
Ephrata School District	244	546	$2,534,606	$0	$0	$0
Evaline School District	8	15	$45,234	$0	$0	$0
Everett School District	1,604	4,077	$19,461,996	$20,666	$169,987	$105,446
Evergreen School District (Clark)	2,318	3,707	$27,573,546	$0	$66,072	$0
Evergreen School District (Stevens)	4	4	$45,638	$1,803	$0	$0
Federal Way School District	2,253	2,253	$22,492,966	$0	$0	$0
Ferndale School District	479	949	$5,071,134	$0	$0	$0
Fife School District	336	336	$3,712,358	$0	$0	$44,804
Finley School District	98	190	$1,070,721	$0	$0	$0
Franklin Pierce School District	865	1,434	$10,131,154	$0	$0	$0
Freeman School District	86	86	$874,982	$0	$0	$0
Garfield School District	20	20	$268,838	$0	$0	$0
Glenwood School District	20	24	$182,326	$625	$0	$3,945
Goldendale School District	95	95	$1,101,063	$8,618	$0	$8,618
Grand Coulee Dam School District	100	186	$1,066,382	$0	$0	$0
Grandview School District	362	728	$3,813,456	$0	$0	$0
Granger School District	173	353	$2,247,718	$0	$0	$0
Granite Falls School District	184	372	$1,887,706	$0	$15,000	$0
Grapeview School District	19	31	$181,012	$0	$0	$0
Great Northern School District	3	3	$36,629	$2,465	$1	$0
Green Mountain School District	14	26	$160,985	$0	$0	$0
Griffin School District	73	139	$805,259	$0	$0	$0
Harrington School District	27	27	$289,439	$0	$0	$0
Highland School District	130	130	$1,448,025	$0	$0	$0
Highline School District	2,204	2,204	$23,969,507	$0	$62,545	$0

[1]Includes Staff Costs Allocated to Employee Benefits
[2]Confidential

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12e
District Administrative Costs by District Not Paid Through Carrier Insurance Premiums
School District Fiscal Year Ending in 2015 — Reporting Districts Only

District	Enrollment		Premiums	External Admin Only	Internal Admin Only[1]	Additional Compensation to Brokers[2]
	Employees	Members				
Hockinson School District	168	366	$1,829,719	$0	$23,968	$0
Hood Canal School District	41	49	$407,540	$0	$0	$0
Hoquiam School District	137	234	$2,088,541	$0	$0	$0
Inchelium School District	35	37	$377,557	$5,169	$2	$0
Index School District	5	7	$46,519	$0	$0	$0
Issaquah School District	1,768	1,768	$18,457,374	$0	$125,000	$0
Kahlotus School District	17	17	$213,826	$0	$0	$0
Kalama School District	66	99	$851,994	$0	$0	$0
Keller School District	10	10	$102,741	$0	$0	$0
Kelso School District	472	874	$4,999,191	$0	$0	$0
Kennewick School District	1,683	1,683	$17,979,669	$0	$0	$0
Kent School District	2,686	4,716	$28,340,187	$0	$0	$0
Kettle Falls School District	86	174	$893,074	$0	$0	$0
Kiona-Benton City School District	174	337	$1,700,769	$0	$0	$0
Kittitas School District	74	175	$783,276	$0	$0	$0
Klickitat School District	17	21	$200,340	$545	$0	$3,570
La Center School District	109	237	$1,248,982	$0	$31,000	$0
La Conner School District	84	191	$997,695	$0	$0	$0
LaCrosse School District	25	26	$301,483	$0	$6,000	$0
Lake Chelan School District	176	176	$1,697,810	$0	$0	$0
Lake Quinault School District	32	56	$371,900	$0	$0	$0
Lake Stevens School District	720	720	$7,216,854	$0	$0	$0
Lake Washington School District	2,279	3,994	$25,111,547	$0	$129,777	$0
Lakewood School District	198	401	$2,361,567	$0	$0	$0
Lamont School District	9	16	$95,767	$0	$0	$0
Liberty School District	57	57	$650,633	$0	$0	$0
Lind School District	32	67	$353,721	$0	$0	$0
Longview School District	705	1,175	$7,716,591	$0	$46,134	$0
Loon Lake School District	26	38	$168,480	$0	$0	$0
Lopez School District	44	44	$492,769	$0	$0	$0
Lyle School District	22	26	$287,415	$804	$0	$5,265
Lynden School District	310	310	$2,930,861	$0	$0	$0

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12e
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School District Fiscal Year Ending in 2015 — Reporting Districts Only

District	Enrollment		Premiums	External Admin Only	Internal Admin Only[1]	Additional Compensation to Brokers[2]
	Employees	Members				
Mabton School District	107	215	$1,128,411	$0	$0	$0
Mansfield School District	23	69	$246,465	$0	$0	$0
Manson School District	93	194	$1,002,401	$0	$0	$0
Mary M Knight School District	21	46	$300,058	$0	$0	$0
Mary Walker School District	29	38	$667,410	$0	$0	$0
Marysville School District	1,026	1,026	$12,220,338	$0	$43,256	$0
McCleary School District	29	50	$383,243	$0	$0	$0
Mead School District	980	3,097	$10,587,626	$0	$60,585	$0
Medical Lake School District	179	212	$1,912,203	$0	$0	$0
Mercer Island School District	353	566	$4,197,935	$0	$0	$0
Meridian School District	179	179	$1,680,837	$0	$18,486	$0
Methow Valley School District	84	84	$728,274	$0	$0	$0
Mill A School District	5	14	$68,524	$615	$0	$615
Monroe School District	561	992	$6,085,778	$0	$19,636	$0
Montesano School District	129	274	$1,368,142	$0	$0	$0
Morton School District	35	59	$388,150	$0	$0	$0
Moses Lake School District	818	1,604	$9,321,134	$0	$79,568	$0
Mossyrock School District	61	108	$661,253	$0	$0	$0
Mount Adams School District	137	137	$1,491,824	$0	$0	$0
Mount Baker School District	236	236	$2,388,399	$0	$0	$0
Mount Pleasant School District	7	7	$45,959	$0	$0	$0
Mount Vernon School District	753	1,403	$7,858,720	$0	$25,000	$0
Mukilteo School District	1,360	2,350	$15,357,456	$0	$0	$0
Naches Valley School District	129	129	$1,381,628	$0	$0	$0
Napavine School District	81	167	$732,345	$0	$0	$0
Naselle-Grays River Valley School District	43	116	$578,911	$0	$0	$0
Nespelem School District	23	23	$229,330	$0	$0	$0
Newport School District	118	219	$1,119,687	$0	$0	$0
Nine Mile Falls School District	133	362	$1,557,808	$0	$0	$0
Nooksack Valley School District	201	201	$2,026,693	$0	$0	$0
North Beach School District	90	132	$896,208	$0	$0	$0
North Franklin School District	238	517	$2,182,443	$0	$0	$0

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12e
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School District Fiscal Year Ending in 2015 — Reporting Districts Only

District	Enrollment		Premiums	External Admin Only	Internal Admin Only[1]	Additional Compensation to Brokers[2]
	Employees	Members				
North Kitsap School District	581	581	$6,223,964	$0	$0	$0
North Mason School District	195	321	$2,135,025	$0	$0	$0
North River School District	18	18	$170,401	$0	$0	$4,845
North Thurston Public Schools	1,350	1,993	$14,288,622	$0	$0	$0
Northport School District	37	37	$380,146	$0	$0	$0
Northshore School District	2,005	3,630	$20,012,788	$0	$0	$0
Oak Harbor School District	490	490	$5,172,946	$0	$58,469	$0
Oakesdale School District	21	21	$261,589	$0	$0	$0
Oakville School District	38	97	$343,911	$0	$0	$0
Ocean Beach School District	119	209	$1,179,578	$0	$0	$0
Ocosta School District	79	141	$911,632	$0	$0	$0
Odessa School District	39	83	$388,529	$0	$0	$0
Okanogan School District	125	172	$1,220,743	$0	$0	$0
Olympia School District	821	1,344	$9,983,166	$0	$180,000	$0
Omak School District	327	327	$3,073,233	$0	$15,380	$0
Onalaska School District	89	168	$785,962	$0	$0	$0
Onion Creek School District	9	9	$103,009	$0	$0	$0
Orcas Island School District	83	183	$975,855	$0	$0	$0
Orchard Prairie School District	8	8	$87,741	$0	$0	$0
Orient School District	12	14	$142,744	$0	$1	$0
Orondo School District	29	50	$279,075	$0	$0	$0
Oroville School District	69	137	$831,041	$0	$0	$0
Orting School District	192	192	$2,196,098	$0	$0	$0
Othello School District	412	852	$4,209,306	$0	$9,500	$0
Palisades School District	7	7	$81,699	$0	$0	$0
Palouse School District	23	50	$351,647	$0	$0	$0
Pasco School District	1,880	1,880	$17,616,468	$0	$60,500	$0
Pateros School District	40	68	$286,145	$0	$0	$0
Paterson School District	21	21	$196,980	$0	$0	$0
Pe Ell School District	43	75	$442,789	$0	$0	$0
Peninsula School District	772	772	$8,485,556	$0	$0	$0
Pioneer School District	91	91	$923,581	$0	$0	$0

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12e
District Administrative Costs by District Not Paid Through Carrier Insurance Premiums

School District Fiscal Year Ending in 2015 — Reporting Districts Only

District	Enrollment		Premiums	External Admin Only	Internal Admin Only[1]	Additional Compensation to Brokers[2]
	Employees	Members				
Pomeroy School District	38	101	$482,092	$0	$0	$0
Port Angeles School District	410	410	$4,532,773	$0	$0	$0
Port Townsend School District	135	249	$1,554,511	$0	$0	$0
Prescott School District	42	63	$402,376	$0	$0	$0
Prosser School District	308	706	$3,571,788	$0	$0	$0
Pullman School District	236	431	$2,188,091	$0	$0	$0
Puyallup School District	1,683	1,683	$18,297,790	$0	$180,352	$0
Queets-Clearwater School District	9	9	$118,539	$0	$0	$0
Quilcene School District	18	18	$394,363	$0	$0	$0
Quillayute Valley School District	166	269	$1,666,720	$0	$0	$0
Quincy School District	277	559	$3,494,117	$0	$0	$0
Rainier School District	83	152	$860,280	$0	$0	$0
Raymond School District	76	119	$804,010	$0	$0	$0
Reardan-Edwall School District	62	117	$692,483	$0	$0	$12,000
Renton School District	1,493	1,493	$16,632,732	$0	$98,371	$0
Republic School District	39	122	$376,398	$0	$0	$0
Richland School District	1,086	2,003	$11,382,586	$0	$49,317	$0
Ridgefield School District	150	280	$1,671,035	$0	$0	$0
Ritzville School District	53	53	$840	$0	$0	$0
Riverside School District	125	125	$1,792,713	$0	$0	$0
Riverview School District	285	285	$3,056,673	$0	$52,753	$0
Rochester School District	213	413	$2,225,877	$0	$0	$0
Roosevelt School District	5	5	$39,967	$0	$0	$0
Rosalia School District	34	39	$456,249	$0	$0	$0
Royal School District	190	190	$1,795,022	$0	$0	$0
San Juan Island School District	68	68	$894,710	$0	$0	$0
Satsop School District	7	9	$77,995	$0	$0	$0
Seattle Public Schools	5,710	11,610	$60,214,598	$926,307	$0	$0
Sedro-Woolley School District	457	817	$4,544,972	$0	$0	$0
Selah School District	376	376	$3,956,742	$0	$0	$0
Selkirk School District	30	30	$370,842	$0	$0	$0
Sequim School District	227	227	$2,655,939	$31,130	$0	$0

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[2]Confidential

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12e
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School District Fiscal Year Ending in 2015 — Reporting Districts Only

District	Enrollment		Premiums	External Admin Only	Internal Admin Only[1]	Additional Compensation to Brokers[2]
	Employees	Members				
Shaw Island School District	3	6	$30,074	$0	$0	$0
Shelton School District	512	844	$5,157,646	$0	$0	$0
Shoreline School District	886	886	$10,075,502	$0	$0	$0
Skamania School District	10	17	$109,569	$45,673	$0	$1,020
Skykomish School District	4	4	$181,256	$0	$0	$0
Snohomish School District	852	852	$10,262,716	$0	$0	$0
Snoqualmie Valley School District	528	979	$5,951,101	$0	$0	$0
Soap Lake School District	19	19	$572,455	$0	$0	$0
South Bend School District	84	180	$922,521	$0	$0	$0
South Kitsap School District	823	1,159	$7,300,230	$0	$28,000	$0
South Whidbey School District	160	160	$1,768,519	$0	$0	$0
Southside School District	15	35	$139,170	$0	$0	$0
Spokane School District	3,108	6,415	$36,931,037	$0	$0	$0
Sprague School District	18	18	$219,191	$0	$0	$0
St. John School District	26	26	$275,639	$0	$0	$0
Stanwood-Camano School District	416	786	$4,633,079	$0	$33,600	$0
Star School District	6	6	$48,176	$0	$0	$0
Starbuck School District	4	4	$65,623	$0	$0	$0
Stehekin School District	1	1	$22,452	$0	$0	$0
Steilacoom Hist. School District	236	433	$2,562,822	$19,291	$0	$33,421
Steptoe School District	8	22	$87,786	$0	$98,892	$0
Stevenson-Carson School District	96	179	$1,161,870	$0	$0	$14,400
Sultan School District	178	320	$2,100,354	$0	$0	$0
Summit Valley School District	10	10	$125,012	$0	$0	$0
Sumner School District	876	1,691	$8,485,751	$1,624	$77,990	$0
Sunnyside School District	732	1,365	$7,194,123	$0	$0	$0
Tacoma School District	2,757	5,807	$34,192,164	$0	$313,019	$135,834
Taholah School District	24	24	$451,130	$0	$0	$0
Tahoma School District	683	1,366	$7,449,761	$0	$0	$0
Tekoa School District	27	27	$320,516	$0	$0	$0
Tenino School District	128	128	$1,256,662	$18,000	$0	$0
Thorp School District	20	33	$244,050	$0	$0	$0

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District	Enrollment		Premiums	External Admin Only	Internal Admin Only[1]	Additional Compensation to Brokers[2]
	Employees	Members				
Toledo School District	62	91	$683,772	$0	$0	$0
Tonasket School District	125	254	$1,368,745	$50,109	$9,142	$0
Toppenish School District	435	435	$4,859,021	$0	$13,164	$0
Touchet School District	30	30	$479,185	$0	$0	$0
Toutle Lake School District	69	168	$756,767	$0	$0	$0
Trout Lake School District	20	30	$270,752	$108,546	$0	$3,990
Tukwila School District	301	301	$3,432,202	$0	$0	$0
Tumwater School District	640	1,164	$6,731,589	$0	$51,349	$17,500
Union Gap School District	74	74	$731,865	$0	$0	$0
University Place School District	471	471	$4,752,134	$0	$0	$0
Valley School District	89	160	$904,881	$0	$0	$0
Vancouver School District	2,315	5,684	$23,156,072	$0	$0	$94,608
Vashon Island School District	151	304	$1,835,074	$0	$10,041	$0
Wahkiakum School District	39	108	$487,183	$0	$0	$0
Wahluke School District	250	250	$2,589,061	$0	$0	$0
Waitsburg School District	36	62	$377,944	$0	$0	$0
Walla Walla Public Schools	729	729	$7,409,048	$0	$0	$0
Wapato School District	381	381	$3,974,548	$0	$0	$0
Warden School District	124	273	$1,203,135	$0	$0	$0
Washougal School District	293	467	$3,163,665	$0	$0	$0
Washtucna School District	17	29	$208,148	$0	$0	$0
Waterville School District	36	56	$353,167	$0	$0	$0
Wellpinit School District	71	71	$626,882	$0	$0	$0
Wenatchee School District	850	850	$8,938,148	$0	$0	$0
West Valley School District (Spokane)	408	775	$4,828,473	$0	$0	$0
West Valley School District (Yakima)	473	473	$5,940,258	$0	$0	$0
White Pass School District	53	98	$560,853	$0	$0	$0
White River School District	342	629	$3,805,339	$0	$0	$0
White Salmon Valley School District	116	204	$1,259,568	$3,334	$0	$21,840
Wilbur School District	45	45	$449,841	$0	$0	$0
Willapa Valley School District	43	43	$488,402	$0	$0	$0
Wilson Creek School District	30	30	$324,222	$0	$0	$0

[1]Includes Staff Costs Allocated to Employee Benefits
[2]Confidential

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12e
District Administrative Costs by District Not Paid Through Carrier Insurance Premiums

School District Fiscal Year Ending in 2015 — Reporting Districts Only

District	Enrollment		Premiums	External Admin Only	Internal Admin Only[1]	Additional Compensation to Brokers[2]
	Employees	Members				
Winlock School District	76	148	$809,627	$0	$0	$0
Wishkah Valley School District	21	33	$231,657	$0	$3,177	$0
Wishram School District	19	42	$175,454	$0	$0	$0
Woodland School District	277	502	$3,124,607	$0	$0	$0
Yakima School District	1,793	1,793	$21,318,622	$0	$64,500	$0
Yelm School District	518	807	$5,537,028	$0	$0	$0
Zillah School District	136	136	$1,330,079	$0	$0	$0
Low	**1**	**1**	**$840**	**$0**	**$0**	**$0**
Average	**354**	**554**	**$16,095,244**	**$52,150**	**$33,893**	**$8,675**
High	**5,710**	**11,610**	**$60,214,598**	**$926,307**	**$313,019**	**$135,834**
Grand Total	**104,456**	**163,426**	**$1,140,554,691**	**$1,297,105**	**$2,611,556**	**$631,056**

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12f
District Administrative Costs by District Not Paid by Insurance Carrier Premiums — Per Employee Per Month
School District Fiscal Year Ending in 2015 — Reporting Districts Only

District	Enrolled Employees	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Aberdeen School District	391	$931.68	$0.00	$0.00	$0.00
Adna School District	34	$960.59	$0.00	$0.00	$0.00
Almira School District	17	$1,135.76	$0.00	$0.00	$0.00
Anacortes School District	240	$1,036.59	$0.00	$0.00	$0.00
Arlington School District	513	$846.07	$0.00	$0.00	$0.00
Asotin-Anatone School District	62	$871.68	$0.00	$0.00	$0.00
Auburn School District	1,446	$948.10	$0.00	$5.36	$0.00
Bainbridge Island School District	378	$993.10	$0.00	$7.87	$0.00
Battle Ground School District	1,123	$1,049.05	$0.00	$0.00	$0.00
Bellevue School District	2,032	$924.35	$2.00	$0.00	$1.66
Bellingham School District	1,204	$851.77	$0.00	$0.00	$0.00
Benge School District	4	$835.31	$0.00	$0.00	$0.00
Bethel School District	1,583	$871.70	$0.00	$0.00	$0.00
Bickleton School District	11	$2,375.18	$0.00	$0.00	$0.00
Blaine School District	230	$936.46	$0.00	$0.00	$0.00
Boistfort School District	14	$872.01	$0.00	$0.00	$0.00
Bremerton School District	494	$970.28	$0.00	$0.00	$4.81
Brewster School District	125	$770.61	$0.00	$0.00	$0.00
Bridgeport School District	88	$844.15	$0.00	$0.00	$0.00
Brinnon School District	11	$861.75	$0.00	$0.00	$0.00
Burlington-Edison School District	416	$927.15	$0.00	$0.00	$0.00
Camas School District	635	$917.14	$0.00	$0.00	$0.00
Cape Flattery School District	86	$773.15	$0.00	$0.00	$0.00
Carbonado School District	20	$826.68	$0.00	$0.00	$0.00
Cascade School District	130	$889.80	$0.00	$0.00	$0.00
Cashmere School District	180	$774.95	$0.00	$0.00	$0.00
Castle Rock School District	135	$915.52	$0.00	$0.00	$0.00
Centerville School District	10	$1,114.72	$0.00	$0.00	$14.75
Central Kitsap School District	1,021	$908.39	$0.00	$0.00	$0.00
Central Valley School District	1,409	$872.31	$0.00	$3.73	$0.00
Centralia School District	377	$859.11	$0.00	$0.00	$0.00
Chehalis School District	308	$838.53	$0.00	$0.00	$0.00

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12f

District Administrative Costs by District Not Paid by Insurance Carrier Premiums — Per Employee Per Month

School District Fiscal Year Ending in 2015 — Reporting Districts Only

District	Enrolled Employees	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Cheney School District	478	$963.05	$0.00	$6.19	$0.00
Chewelah School District	91	$768.49	$0.00	$2.86	$0.00
Chimacum School District	119	$948.75	$0.00	$0.00	$0.00
Clarkston School District	275	$968.45	$0.00	$0.00	$0.00
Cle Elum-Roslyn School District	115	$820.26	$0.00	$0.00	$0.00
Clover Park School District	1,221	$994.22	$0.00	$0.00	$0.00
Colfax School District	64	$934.27	$0.00	$0.00	$0.00
College Place School District	131	$748.72	$0.00	$0.00	$0.00
Colton School District	19	$1,171.20	$0.00	$0.00	$0.00
Columbia (Stevens) School District	23	$1,164.63	$0.00	$0.00	$0.00
Columbia (Walla Walla) School District	87	$963.86	$0.00	$0.00	$0.00
Colville School District	167	$902.46	$0.00	$0.00	$0.00
Concrete School District	63	$767.57	$0.00	$0.00	$0.00
Conway School District	43	$1,025.72	$0.00	$0.00	$0.00
Cosmopolis School District	20	$742.74	$0.00	$0.00	$0.00
Coulee-Hartline School District	33	$839.73	$0.00	$0.00	$0.00
Coupeville School District	92	$782.51	$2.74	$0.00	$15.82
Crescent School District	36	$870.28	$0.00	$0.00	$0.00
Creston School District	26	$899.84	$0.00	$0.00	$0.00
Curlew School District	29	$874.67	$0.00	$0.00	$0.00
Cusick School District	38	$984.26	$0.00	$0.00	$0.00
Damman School District	5	$583.51	$0.00	$0.00	$0.00
Darrington School District	57	$953.57	$0.00	$0.00	$0.00
Davenport School District	76	$892.47	$0.00	$8.03	$0.00
Dayton School District	38	$1,276.96	$0.00	$0.00	$0.00
Deer Park School District	234	$815.55	$0.00	$0.00	$0.00
Dieringer School District	150	$802.66	$0.00	$3.47	$0.00
Dixie School District	6	$1,064.20	$0.00	$0.00	$0.00
East Valley School District (Spokane)	474	$828.21	$0.00	$0.00	$0.00
East Valley School District (Yakima)	302	$920.55	$0.00	$6.70	$0.00
Eastmont School District	577	$862.09	$0.00	$1.99	$0.00
Easton School District	21	$836.62	$0.00	$0.00	$0.00

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12f
District Administrative Costs by District Not Paid by Insurance Carrier Premiums — Per Employee Per Month
School District Fiscal Year Ending in 2015 — Reporting Districts Only

District	Enrolled Employees	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Eatonville School District	184	$828.64	$0.00	$0.00	$14.14
Edmonds School District	1,928	$1,047.01	$0.00	$0.00	$0.00
Ellensburg School District	320	$859.22	$0.00	$0.00	$0.00
Elma School District	158	$936.55	$0.00	$0.00	$0.00
Endicott School District	23	$821.23	$0.00	$0.00	$0.00
Entiat School District	48	$855.38	$0.00	$0.00	$0.00
Enumclaw School District	387	$866.30	$0.00	$0.00	$0.00
Ephrata School District	244	$865.64	$0.00	$0.00	$0.00
Evaline School District	8	$471.19	$0.00	$0.00	$0.00
Everett School District	1,604	$1,011.12	$1.07	$8.83	$5.48
Evergreen School District (Clark)	2,318	$991.28	$0.00	$2.38	$0.00
Evergreen School District (Stevens)	4	$950.78	$37.55	$0.00	$0.00
Federal Way School District	2,253	$831.96	$0.00	$0.00	$0.00
Ferndale School District	479	$882.24	$0.00	$0.00	$0.00
Fife School District	336	$920.72	$0.00	$0.00	$11.11
Finley School District	98	$910.48	$0.00	$0.00	$0.00
Franklin Pierce School District	865	$976.03	$0.00	$0.00	$0.00
Freeman School District	86	$847.85	$0.00	$0.00	$0.00
Garfield School District	20	$1,120.16	$0.00	$0.00	$0.00
Glenwood School District	20	$759.69	$2.60	$0.00	$16.44
Goldendale School District	95	$965.84	$7.56	$0.00	$7.56
Grand Coulee Dam School District	100	$888.65	$0.00	$0.00	$0.00
Grandview School District	362	$877.87	$0.00	$0.00	$0.00
Granger School District	173	$1,082.72	$0.00	$0.00	$0.00
Granite Falls School District	184	$854.94	$0.00	$6.79	$0.00
Grapeview School District	19	$793.91	$0.00	$0.00	$0.00
Great Northern School District	3	$1,017.48	$68.48	$0.01	$0.00
Green Mountain School District	14	$958.24	$0.00	$0.00	$0.00
Griffin School District	73	$919.25	$0.00	$0.00	$0.00
Harrington School District	27	$893.33	$0.00	$0.00	$0.00
Highland School District	130	$928.22	$0.00	$0.00	$0.00
Highline School District	2,204	$906.29	$0.00	$2.36	$0.00

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12f
District Administrative Costs by District Not Paid by Insurance Carrier Premiums — Per Employee Per Month
School District Fiscal Year Ending in 2015 — Reporting Districts Only

District	Enrolled Employees	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Hockinson School District	168	$907.60	$0.00	$11.89	$0.00
Hood Canal School District	41	$828.33	$0.00	$0.00	$0.00
Hoquiam School District	137	$1,270.40	$0.00	$0.00	$0.00
Inchelium School District	35	$898.94	$12.31	$0.00	$0.00
Index School District	5	$775.32	$0.00	$0.00	$0.00
Issaquah School District	1,768	$869.97	$0.00	$5.89	$0.00
Kahlotus School District	17	$1,048.16	$0.00	$0.00	$0.00
Kalama School District	66	$1,075.75	$0.00	$0.00	$0.00
Keller School District	10	$856.17	$0.00	$0.00	$0.00
Kelso School District	472	$882.63	$0.00	$0.00	$0.00
Kennewick School District	1,683	$890.26	$0.00	$0.00	$0.00
Kent School District	2,686	$879.26	$0.00	$0.00	$0.00
Kettle Falls School District	86	$865.38	$0.00	$0.00	$0.00
Kiona-Benton City School District	174	$814.54	$0.00	$0.00	$0.00
Kittitas School District	74	$882.07	$0.00	$0.00	$0.00
Klickitat School District	17	$982.06	$2.67	$0.00	$17.50
La Center School District	109	$954.88	$0.00	$23.70	$0.00
La Conner School District	84	$989.78	$0.00	$0.00	$0.00
LaCrosse School District	25	$1,004.94	$0.00	$20.00	$0.00
Lake Chelan School District	176	$803.89	$0.00	$0.00	$0.00
Lake Quinault School District	32	$968.49	$0.00	$0.00	$0.00
Lake Stevens School District	720	$835.28	$0.00	$0.00	$0.00
Lake Washington School District	2,279	$918.22	$0.00	$4.75	$0.00
Lakewood School District	198	$993.93	$0.00	$0.00	$0.00
Lamont School District	9	$886.73	$0.00	$0.00	$0.00
Liberty School District	57	$951.22	$0.00	$0.00	$0.00
Lind School District	32	$921.15	$0.00	$0.00	$0.00
Longview School District	705	$912.13	$0.00	$5.45	$0.00
Loon Lake School District	26	$540.00	$0.00	$0.00	$0.00
Lopez School District	44	$933.27	$0.00	$0.00	$0.00
Lyle School District	22	$1,088.69	$3.04	$0.00	$19.94
Lynden School District	310	$787.87	$0.00	$0.00	$0.00

[1]Includes Staff Costs Allocated to Employee Benefits
[2]Confidential

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12f
District Administrative Costs by District Not Paid by Insurance Carrier Premiums — Per Employee Per Month
School District Fiscal Year Ending in 2015 — Reporting Districts Only

District	Enrolled Employees	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Mabton School District	107	$878.83	$0.00	$0.00	$0.00
Mansfield School District	23	$892.99	$0.00	$0.00	$0.00
Manson School District	93	$898.21	$0.00	$0.00	$0.00
Mary M Knight School District	21	$1,190.71	$0.00	$0.00	$0.00
Mary Walker School District	29	$1,917.84	$0.00	$0.00	$0.00
Marysville School District	1,026	$992.56	$0.00	$3.51	$0.00
McCleary School District	29	$1,101.27	$0.00	$0.00	$0.00
Mead School District	980	$900.31	$0.00	$5.15	$0.00
Medical Lake School District	179	$890.22	$0.00	$0.00	$0.00
Mercer Island School District	353	$991.01	$0.00	$0.00	$0.00
Meridian School District	179	$782.51	$0.00	$8.61	$0.00
Methow Valley School District	84	$722.49	$0.00	$0.00	$0.00
Mill A School District	5	$1,142.07	$10.25	$0.00	$10.25
Monroe School District	561	$904.01	$0.00	$2.92	$0.00
Montesano School District	129	$883.81	$0.00	$0.00	$0.00
Morton School District	35	$924.17	$0.00	$0.00	$0.00
Moses Lake School District	818	$949.59	$0.00	$8.11	$0.00
Mossyrock School District	61	$903.35	$0.00	$0.00	$0.00
Mount Adams School District	137	$907.44	$0.00	$0.00	$0.00
Mount Baker School District	236	$843.36	$0.00	$0.00	$0.00
Mount Pleasant School District	7	$547.13	$0.00	$0.00	$0.00
Mount Vernon School District	753	$869.71	$0.00	$2.77	$0.00
Mukilteo School District	1,360	$941.02	$0.00	$0.00	$0.00
Naches Valley School District	129	$892.52	$0.00	$0.00	$0.00
Napavine School District	81	$753.44	$0.00	$0.00	$0.00
Naselle-Grays River Valley School District	43	$1,121.92	$0.00	$0.00	$0.00
Nespelem School District	23	$830.90	$0.00	$0.00	$0.00
Newport School District	118	$790.74	$0.00	$0.00	$0.00
Nine Mile Falls School District	133	$976.07	$0.00	$0.00	$0.00
Nooksack Valley School District	201	$840.25	$0.00	$0.00	$0.00
North Beach School District	90	$829.82	$0.00	$0.00	$0.00
North Franklin School District	238	$764.16	$0.00	$0.00	$0.00

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12f
District Administrative Costs by District Not Paid by Insurance Carrier Premiums — Per Employee Per Month
School District Fiscal Year Ending in 2015 — Reporting Districts Only

District	Enrolled Employees	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
North Kitsap School District	581	$892.71	$0.00	$0.00	$0.00
North Mason School District	195	$912.40	$0.00	$0.00	$0.00
North River School District	18	$788.89	$0.00	$0.00	$22.43
North Thurston Public Schools	1,350	$882.01	$0.00	$0.00	$0.00
Northport School District	37	$856.19	$0.00	$0.00	$0.00
Northshore School District	2,005	$831.79	$0.00	$0.00	$0.00
Oak Harbor School District	490	$879.75	$0.00	$9.94	$0.00
Oakesdale School District	21	$1,038.05	$0.00	$0.00	$0.00
Oakville School District	38	$754.19	$0.00	$0.00	$0.00
Ocean Beach School District	119	$826.03	$0.00	$0.00	$0.00
Ocosta School District	79	$961.64	$0.00	$0.00	$0.00
Odessa School District	39	$830.19	$0.00	$0.00	$0.00
Okanogan School District	125	$813.83	$0.00	$0.00	$0.00
Olympia School District	821	$1,013.31	$0.00	$18.27	$0.00
Omak School District	327	$783.19	$0.00	$3.92	$0.00
Onalaska School District	89	$735.92	$0.00	$0.00	$0.00
Onion Creek School District	9	$953.78	$0.00	$0.00	$0.00
Orcas Island School District	83	$979.77	$0.00	$0.00	$0.00
Orchard Prairie School District	8	$913.96	$0.00	$0.00	$0.00
Orient School District	12	$991.28	$0.00	$0.01	$0.00
Orondo School District	29	$801.94	$0.00	$0.00	$0.00
Oroville School District	69	$1,003.67	$0.00	$0.00	$0.00
Orting School District	192	$953.17	$0.00	$0.00	$0.00
Othello School District	412	$851.40	$0.00	$1.92	$0.00
Palisades School District	7	$972.61	$0.00	$0.00	$0.00
Palouse School District	23	$1,274.08	$0.00	$0.00	$0.00
Pasco School District	1,880	$780.87	$0.00	$2.68	$0.00
Pateros School District	40	$596.14	$0.00	$0.00	$0.00
Paterson School District	21	$781.67	$0.00	$0.00	$0.00
Pe Ell School District	43	$858.12	$0.00	$0.00	$0.00
Peninsula School District	772	$915.97	$0.00	$0.00	$0.00
Pioneer School District	91	$845.77	$0.00	$0.00	$0.00

[1]Includes Staff Costs Allocated to Employee Benefits
[2]Confidential

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12f
District Administrative Costs by District Not Paid by Insurance Carrier Premiums — Per Employee Per Month
School District Fiscal Year Ending in 2015 — Reporting Districts Only

District	Enrolled Employees	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Pomeroy School District	38	$1,057.22	$0.00	$0.00	$0.00
Port Angeles School District	410	$921.30	$0.00	$0.00	$0.00
Port Townsend School District	135	$959.57	$0.00	$0.00	$0.00
Prescott School District	42	$798.37	$0.00	$0.00	$0.00
Prosser School District	308	$966.39	$0.00	$0.00	$0.00
Pullman School District	236	$772.63	$0.00	$0.00	$0.00
Puyallup School District	1,683	$906.01	$0.00	$8.93	$0.00
Queets-Clearwater School District	9	$1,097.58	$0.00	$0.00	$0.00
Quilcene School District	18	$1,825.75	$0.00	$0.00	$0.00
Quillayute Valley School District	166	$836.71	$0.00	$0.00	$0.00
Quincy School District	277	$1,051.18	$0.00	$0.00	$0.00
Rainier School District	83	$863.73	$0.00	$0.00	$0.00
Raymond School District	76	$881.59	$0.00	$0.00	$0.00
Reardan-Edwall School District	62	$930.76	$0.00	$0.00	$16.13
Renton School District	1,493	$928.37	$0.00	$5.49	$0.00
Republic School District	39	$804.27	$0.00	$0.00	$0.00
Richland School District	1,086	$873.43	$0.00	$3.78	$0.00
Ridgefield School District	150	$928.35	$0.00	$0.00	$0.00
Ritzville School District	53	$1.32	$0.00	$0.00	$0.00
Riverside School District	125	$1,195.14	$0.00	$0.00	$0.00
Riverview School District	285	$893.76	$0.00	$15.42	$0.00
Rochester School District	213	$870.84	$0.00	$0.00	$0.00
Roosevelt School District	5	$666.11	$0.00	$0.00	$0.00
Rosalia School District	34	$1,118.26	$0.00	$0.00	$0.00
Royal School District	190	$787.29	$0.00	$0.00	$0.00
San Juan Island School District	68	$1,096.46	$0.00	$0.00	$0.00
Satsop School District	7	$928.52	$0.00	$0.00	$0.00
Seattle Public Schools	5,710	$878.79	$13.52	$0.00	$0.00
Sedro-Woolley School District	457	$828.77	$0.00	$0.00	$0.00
Selah School District	376	$876.94	$0.00	$0.00	$0.00
Selkirk School District	30	$1,030.12	$0.00	$0.00	$0.00
Sequim School District	227	$975.01	$11.43	$0.00	$0.00

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12f

District Administrative Costs by District Not Paid by Insurance Carrier Premiums — Per Employee Per Month

School District Fiscal Year Ending in 2015 — Reporting Districts Only

District	Enrolled Employees	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Shaw Island School District	3	$835.40	$0.00	$0.00	$0.00
Shelton School District	512	$839.46	$0.00	$0.00	$0.00
Shoreline School District	886	$947.66	$0.00	$0.00	$0.00
Skamania School District	10	$913.07	$380.60	$0.00	$8.50
Skykomish School District	4	$3,776.17	$0.00	$0.00	$0.00
Snohomish School District	852	$1,003.79	$0.00	$0.00	$0.00
Snoqualmie Valley School District	528	$939.25	$0.00	$0.00	$0.00
Soap Lake School District	19	$2,510.77	$0.00	$0.00	$0.00
South Bend School District	84	$915.20	$0.00	$0.00	$0.00
South Kitsap School District	823	$739.19	$0.00	$2.84	$0.00
South Whidbey School District	160	$921.10	$0.00	$0.00	$0.00
Southside School District	15	$773.17	$0.00	$0.00	$0.00
Spokane School District	3,108	$990.21	$0.00	$0.00	$0.00
Sprague School District	18	$1,014.77	$0.00	$0.00	$0.00
St. John School District	26	$883.46	$0.00	$0.00	$0.00
Stanwood-Camano School District	416	$928.10	$0.00	$6.73	$0.00
Star School District	6	$669.11	$0.00	$0.00	$0.00
Starbuck School District	4	$1,367.14	$0.00	$0.00	$0.00
Stehekin School District	1	$1,871.01	$0.00	$0.00	$0.00
Steilacoom Hist. School District	236	$904.95	$6.81	$0.00	$11.80
Steptoe School District	8	$914.44	$0.00	$1,030.13	$0.00
Stevenson-Carson School District	96	$1,008.57	$0.00	$0.00	$12.50
Sultan School District	178	$983.31	$0.00	$0.00	$0.00
Summit Valley School District	10	$1,041.77	$0.00	$0.00	$0.00
Sumner School District	876	$807.24	$0.15	$7.42	$0.00
Sunnyside School District	732	$819.00	$0.00	$0.00	$0.00
Tacoma School District	2,757	$1,033.50	$0.00	$9.46	$4.11
Taholah School District	24	$1,566.42	$0.00	$0.00	$0.00
Tahoma School District	683	$908.95	$0.00	$0.00	$0.00
Tekoa School District	27	$989.25	$0.00	$0.00	$0.00
Tenino School District	128	$818.14	$11.72	$0.00	$0.00
Thorp School District	20	$1,016.87	$0.00	$0.00	$0.00

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12f
District Administrative Costs by District Not Paid by Insurance Carrier Premiums — Per Employee Per Month
School District Fiscal Year Ending in 2015 — Reporting Districts Only

District	Enrolled Employees	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Toledo School District	62	$919.05	$0.00	$0.00	$0.00
Tonasket School District	125	$912.50	$33.41	$6.09	$0.00
Toppenish School District	435	$930.85	$0.00	$2.52	$0.00
Touchet School District	30	$1,331.07	$0.00	$0.00	$0.00
Toutle Lake School District	69	$913.97	$0.00	$0.00	$0.00
Trout Lake School District	20	$1,128.13	$452.27	$0.00	$16.63
Tukwila School District	301	$950.22	$0.00	$0.00	$0.00
Tumwater School District	640	$876.51	$0.00	$6.69	$2.28
Union Gap School District	74	$824.17	$0.00	$0.00	$0.00
University Place School District	471	$840.79	$0.00	$0.00	$0.00
Valley School District	89	$847.27	$0.00	$0.00	$0.00
Vancouver School District	2,315	$833.55	$0.00	$0.00	$3.41
Vashon Island School District	151	$1,012.73	$0.00	$5.54	$0.00
Wahkiakum School District	39	$1,040.99	$0.00	$0.00	$0.00
Wahluke School District	250	$863.02	$0.00	$0.00	$0.00
Waitsburg School District	36	$874.87	$0.00	$0.00	$0.00
Walla Walla Public Schools	729	$846.94	$0.00	$0.00	$0.00
Wapato School District	381	$869.32	$0.00	$0.00	$0.00
Warden School District	124	$808.56	$0.00	$0.00	$0.00
Washougal School District	293	$899.79	$0.00	$0.00	$0.00
Washtucna School District	17	$1,020.33	$0.00	$0.00	$0.00
Waterville School District	36	$817.52	$0.00	$0.00	$0.00
Wellpinit School District	71	$735.78	$0.00	$0.00	$0.00
Wenatchee School District	850	$876.29	$0.00	$0.00	$0.00
West Valley School District (Spokane)	408	$986.21	$0.00	$0.00	$0.00
West Valley School District (Yakima)	473	$1,046.56	$0.00	$0.00	$0.00
White Pass School District	53	$881.84	$0.00	$0.00	$0.00
White River School District	342	$927.23	$0.00	$0.00	$0.00
White Salmon Valley School District	116	$904.86	$2.40	$0.00	$15.69
Wilbur School District	45	$833.04	$0.00	$0.00	$0.00
Willapa Valley School District	43	$946.52	$0.00	$0.00	$0.00
Wilson Creek School District	30	$900.62	$0.00	$0.00	$0.00

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12f

District Administrative Costs by District Not Paid by Insurance Carrier Premiums — Per Employee Per Month

School District Fiscal Year Ending in 2015 — Reporting Districts Only

District	Enrolled Employees	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Winlock School District	76	$887.75	$0.00	$0.00	$0.00
Wishkah Valley School District	21	$919.27	$0.00	$12.61	$0.00
Wishram School District	19	$769.54	$0.00	$0.00	$0.00
Woodland School District	277	$940.01	$0.00	$0.00	$0.00
Yakima School District	1,793	$990.83	$0.00	$3.00	$0.00
Yelm School District	518	$890.77	$0.00	$0.00	$0.00
Zillah School District	136	$815.00	$0.00	$0.00	$0.00
Low	**1**	**$1.32**	**$0.00**	**$0.00**	**$0.00**
Average	**354**	**$909.92**	**$1.03**	**$2.08**	**$0.50**
High	**5,710**	**$3,776.17**	**$452.27**	**$1,030.13**	**$22.43**
Grand Total	**104,456**				

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12g
District Administrative Costs by District Not Paid by Insurance Carrier Premiums Per Member Per Month
School District Fiscal Year Ending in 2015 — Reporting Districts Only

District	Enrolled Members	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Aberdeen School District	664	$548.62	$0.00	$0.00	$0.00
Adna School District	84	$388.81	$0.00	$0.00	$0.00
Almira School District	46	$419.74	$0.00	$0.00	$0.00
Anacortes School District	240	$1,036.59	$0.00	$0.00	$0.00
Arlington School District	513	$846.07	$0.00	$0.00	$0.00
Asotin-Anatone School District	69	$783.25	$0.00	$0.00	$0.00
Auburn School District	2,736	$501.08	$0.00	$2.83	$0.00
Bainbridge Island School District	378	$993.10	$0.00	$7.87	$0.00
Battle Ground School District	2,258	$521.74	$0.00	$0.00	$0.00
Bellevue School District	3,895	$482.23	$1.04	$0.00	$0.86
Bellingham School District	1,204	$851.77	$0.00	$0.00	$0.00
Benge School District	10	$334.13	$0.00	$0.00	$0.00
Bethel School District	2,200	$627.23	$0.00	$0.00	$0.00
Bickleton School District	11	$2,375.18	$0.00	$0.00	$0.00
Blaine School District	230	$936.46	$0.00	$0.00	$0.00
Boistfort School District	19	$642.53	$0.00	$0.00	$0.00
Bremerton School District	494	$970.28	$0.00	$0.00	$4.81
Brewster School District	214	$450.12	$0.00	$0.00	$0.00
Bridgeport School District	165	$450.21	$0.00	$0.00	$0.00
Brinnon School District	11	$861.75	$0.00	$0.00	$0.00
Burlington-Edison School District	416	$927.15	$0.00	$0.00	$0.00
Camas School District	1,360	$428.23	$0.00	$0.00	$0.00
Cape Flattery School District	120	$554.09	$0.00	$0.00	$0.00
Carbonado School District	30	$551.12	$0.00	$0.00	$0.00
Cascade School District	130	$889.80	$0.00	$0.00	$0.00
Cashmere School District	180	$774.95	$0.00	$0.00	$0.00
Castle Rock School District	381	$324.40	$0.00	$0.00	$0.00
Centerville School District	18	$619.29	$0.00	$0.00	$8.19
Central Kitsap School District	1,021	$908.39	$0.00	$0.00	$0.00
Central Valley School District	1,409	$872.31	$0.00	$3.73	$0.00
Centralia School District	1,070	$302.70	$0.00	$0.00	$0.00
Chehalis School District	591	$437.00	$0.00	$0.00	$0.00

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12g
District Administrative Costs by District Not Paid by Insurance Carrier Premiums Per Member Per Month
School District Fiscal Year Ending in 2015 — Reporting Districts Only

District	Enrolled Members	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Cheney School District	478	$963.05	$0.00	$6.19	$0.00
Chewelah School District	165	$423.83	$0.00	$1.58	$0.00
Chimacum School District	204	$553.44	$0.00	$0.00	$0.00
Clarkston School District	275	$968.45	$0.00	$0.00	$0.00
Cle Elum-Roslyn School District	227	$415.55	$0.00	$0.00	$0.00
Clover Park School District	2,068	$587.01	$0.00	$0.00	$0.00
Colfax School District	135	$442.91	$0.00	$0.00	$0.00
College Place School District	236	$415.60	$0.00	$0.00	$0.00
Colton School District	39	$570.59	$0.00	$0.00	$0.00
Columbia (Stevens) School District	37	$723.96	$0.00	$0.00	$0.00
Columbia (Walla Walla) School District	161	$520.84	$0.00	$0.00	$0.00
Colville School District	167	$902.46	$0.00	$0.00	$0.00
Concrete School District	97	$498.53	$0.00	$0.00	$0.00
Conway School District	43	$1,025.72	$0.00	$0.00	$0.00
Cosmopolis School District	34	$436.90	$0.00	$0.00	$0.00
Coulee-Hartline School District	52	$532.91	$0.00	$0.00	$0.00
Coupeville School District	127	$566.86	$1.98	$0.00	$11.46
Crescent School District	69	$454.06	$0.00	$0.00	$0.00
Creston School District	26	$899.84	$0.00	$0.00	$0.00
Curlew School District	47	$539.69	$0.00	$0.00	$0.00
Cusick School District	78	$479.51	$0.00	$0.00	$0.00
Damman School District	6	$486.26	$0.00	$0.00	$0.00
Darrington School District	67	$811.25	$0.00	$0.00	$0.00
Davenport School District	76	$892.47	$0.00	$8.03	$0.00
Dayton School District	57	$851.31	$0.00	$0.00	$0.00
Deer Park School District	464	$411.29	$0.00	$0.00	$0.00
Dieringer School District	318	$378.61	$0.00	$1.64	$0.00
Dixie School District	8	$798.15	$0.00	$0.00	$0.00
East Valley School District (Spokane)	474	$828.21	$0.00	$0.00	$0.00
East Valley School District (Yakima)	302	$920.55	$0.00	$6.70	$0.00
Eastmont School District	1,118	$444.93	$0.00	$1.03	$0.00
Easton School District	21	$836.62	$0.00	$0.00	$0.00

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12g
District Administrative Costs by District Not Paid by Insurance Carrier Premiums Per Member Per Month
School District Fiscal Year Ending in 2015 — Reporting Districts Only

District	Enrolled Members	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Eatonville School District	388	$392.96	$0.00	$0.00	$6.70
Edmonds School District	1,928	$1,047.01	$0.00	$0.00	$0.00
Ellensburg School District	538	$511.06	$0.00	$0.00	$0.00
Elma School District	271	$546.03	$0.00	$0.00	$0.00
Endicott School District	23	$821.23	$0.00	$0.00	$0.00
Entiat School District	112	$366.59	$0.00	$0.00	$0.00
Enumclaw School District	387	$866.30	$0.00	$0.00	$0.00
Ephrata School District	546	$386.84	$0.00	$0.00	$0.00
Evaline School District	15	$251.30	$0.00	$0.00	$0.00
Everett School District	4,077	$397.80	$0.42	$3.47	$2.16
Evergreen School District (Clark)	3,707	$619.85	$0.00	$1.49	$0.00
Evergreen School District (Stevens)	4	$950.78	$37.55	$0.00	$0.00
Federal Way School District	2,253	$831.96	$0.00	$0.00	$0.00
Ferndale School District	949	$445.31	$0.00	$0.00	$0.00
Fife School District	336	$920.72	$0.00	$0.00	$11.11
Finley School District	190	$469.61	$0.00	$0.00	$0.00
Franklin Pierce School District	1,434	$588.75	$0.00	$0.00	$0.00
Freeman School District	86	$847.85	$0.00	$0.00	$0.00
Garfield School District	20	$1,120.16	$0.00	$0.00	$0.00
Glenwood School District	24	$633.08	$2.17	$0.00	$13.70
Goldendale School District	95	$965.84	$7.56	$0.00	$7.56
Grand Coulee Dam School District	186	$477.77	$0.00	$0.00	$0.00
Grandview School District	728	$436.52	$0.00	$0.00	$0.00
Granger School District	353	$530.62	$0.00	$0.00	$0.00
Granite Falls School District	372	$422.87	$0.00	$3.36	$0.00
Grapeview School District	31	$486.59	$0.00	$0.00	$0.00
Great Northern School District	3	$1,017.48	$68.48	$0.01	$0.00
Green Mountain School District	26	$515.98	$0.00	$0.00	$0.00
Griffin School District	139	$482.77	$0.00	$0.00	$0.00
Harrington School District	27	$893.33	$0.00	$0.00	$0.00
Highland School District	130	$928.22	$0.00	$0.00	$0.00
Highline School District	2,204	$906.29	$0.00	$2.36	$0.00

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12g
District Administrative Costs by District Not Paid by Insurance Carrier Premiums Per Member Per Month
School District Fiscal Year Ending in 2015 — Reporting Districts Only

District	Enrolled Members	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Hockinson School District	366	$416.60	$0.00	$5.46	$0.00
Hood Canal School District	49	$693.09	$0.00	$0.00	$0.00
Hoquiam School District	234	$743.78	$0.00	$0.00	$0.00
Inchelium School District	37	$850.35	$11.64	$0.00	$0.00
Index School District	7	$553.80	$0.00	$0.00	$0.00
Issaquah School District	1,768	$869.97	$0.00	$5.89	$0.00
Kahlotus School District	17	$1,048.16	$0.00	$0.00	$0.00
Kalama School District	99	$717.17	$0.00	$0.00	$0.00
Keller School District	10	$856.17	$0.00	$0.00	$0.00
Kelso School District	874	$476.66	$0.00	$0.00	$0.00
Kennewick School District	1,683	$890.26	$0.00	$0.00	$0.00
Kent School District	4,716	$500.78	$0.00	$0.00	$0.00
Kettle Falls School District	174	$427.72	$0.00	$0.00	$0.00
Kiona-Benton City School District	337	$420.57	$0.00	$0.00	$0.00
Kittitas School District	175	$372.99	$0.00	$0.00	$0.00
Klickitat School District	21	$795.00	$2.16	$0.00	$14.17
La Center School District	237	$439.16	$0.00	$10.90	$0.00
La Conner School District	191	$435.29	$0.00	$0.00	$0.00
LaCrosse School District	26	$966.29	$0.00	$19.23	$0.00
Lake Chelan School District	176	$803.89	$0.00	$0.00	$0.00
Lake Quinault School District	56	$553.42	$0.00	$0.00	$0.00
Lake Stevens School District	720	$835.28	$0.00	$0.00	$0.00
Lake Washington School District	3,994	$523.94	$0.00	$2.71	$0.00
Lakewood School District	401	$490.77	$0.00	$0.00	$0.00
Lamont School District	16	$498.79	$0.00	$0.00	$0.00
Liberty School District	57	$951.22	$0.00	$0.00	$0.00
Lind School District	67	$439.95	$0.00	$0.00	$0.00
Longview School District	1,175	$547.28	$0.00	$3.27	$0.00
Loon Lake School District	38	$369.47	$0.00	$0.00	$0.00
Lopez School District	44	$933.27	$0.00	$0.00	$0.00
Lyle School District	26	$921.20	$2.58	$0.00	$16.88
Lynden School District	310	$787.87	$0.00	$0.00	$0.00

[1]Includes Staff Costs Allocated to Employee Benefits
[2]Confidential

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
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District Administrative Costs by District Not Paid by Insurance Carrier Premiums Per Member Per Month
School District Fiscal Year Ending in 2015 — Reporting Districts Only

District	Enrolled Members	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Mabton School District	215	$437.37	$0.00	$0.00	$0.00
Mansfield School District	69	$297.66	$0.00	$0.00	$0.00
Manson School District	194	$430.58	$0.00	$0.00	$0.00
Mary M Knight School District	46	$543.58	$0.00	$0.00	$0.00
Mary Walker School District	38	$1,463.62	$0.00	$0.00	$0.00
Marysville School District	1,026	$992.56	$0.00	$3.51	$0.00
McCleary School District	50	$638.74	$0.00	$0.00	$0.00
Mead School District	3,097	$284.89	$0.00	$1.63	$0.00
Medical Lake School District	212	$751.65	$0.00	$0.00	$0.00
Mercer Island School District	566	$618.07	$0.00	$0.00	$0.00
Meridian School District	179	$782.51	$0.00	$8.61	$0.00
Methow Valley School District	84	$722.49	$0.00	$0.00	$0.00
Mill A School District	14	$407.88	$3.66	$0.00	$3.66
Monroe School District	992	$511.24	$0.00	$1.65	$0.00
Montesano School District	274	$416.10	$0.00	$0.00	$0.00
Morton School District	59	$548.23	$0.00	$0.00	$0.00
Moses Lake School District	1,604	$484.27	$0.00	$4.13	$0.00
Mossyrock School District	108	$510.23	$0.00	$0.00	$0.00
Mount Adams School District	137	$907.44	$0.00	$0.00	$0.00
Mount Baker School District	236	$843.36	$0.00	$0.00	$0.00
Mount Pleasant School District	7	$547.13	$0.00	$0.00	$0.00
Mount Vernon School District	1,403	$466.78	$0.00	$1.48	$0.00
Mukilteo School District	2,350	$544.59	$0.00	$0.00	$0.00
Naches Valley School District	129	$892.52	$0.00	$0.00	$0.00
Napavine School District	167	$365.44	$0.00	$0.00	$0.00
Naselle-Grays River Valley School District	116	$415.88	$0.00	$0.00	$0.00
Nespelem School District	23	$830.90	$0.00	$0.00	$0.00
Newport School District	219	$426.06	$0.00	$0.00	$0.00
Nine Mile Falls School District	362	$358.61	$0.00	$0.00	$0.00
Nooksack Valley School District	201	$840.25	$0.00	$0.00	$0.00
North Beach School District	132	$565.79	$0.00	$0.00	$0.00
North Franklin School District	517	$351.78	$0.00	$0.00	$0.00

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

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K–12 School District Data Collection Project
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School District Fiscal Year Ending in 2015 — Reporting Districts Only

District	Enrolled Members	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
North Kitsap School District	581	$892.71	$0.00	$0.00	$0.00
North Mason School District	321	$554.26	$0.00	$0.00	$0.00
North River School District	18	$788.89	$0.00	$0.00	$22.43
North Thurston Public Schools	1,993	$597.45	$0.00	$0.00	$0.00
Northport School District	37	$856.19	$0.00	$0.00	$0.00
Northshore School District	3,630	$459.43	$0.00	$0.00	$0.00
Oak Harbor School District	490	$879.75	$0.00	$9.94	$0.00
Oakesdale School District	21	$1,038.05	$0.00	$0.00	$0.00
Oakville School District	97	$295.46	$0.00	$0.00	$0.00
Ocean Beach School District	209	$470.33	$0.00	$0.00	$0.00
Ocosta School District	141	$538.79	$0.00	$0.00	$0.00
Odessa School District	83	$390.09	$0.00	$0.00	$0.00
Okanogan School District	172	$591.45	$0.00	$0.00	$0.00
Olympia School District	1,344	$619.00	$0.00	$11.16	$0.00
Omak School District	327	$783.19	$0.00	$3.92	$0.00
Onalaska School District	168	$389.86	$0.00	$0.00	$0.00
Onion Creek School District	9	$953.78	$0.00	$0.00	$0.00
Orcas Island School District	183	$444.38	$0.00	$0.00	$0.00
Orchard Prairie School District	8	$913.96	$0.00	$0.00	$0.00
Orient School District	14	$849.66	$0.00	$0.01	$0.00
Orondo School District	50	$465.12	$0.00	$0.00	$0.00
Oroville School District	137	$505.50	$0.00	$0.00	$0.00
Orting School District	192	$953.17	$0.00	$0.00	$0.00
Othello School District	852	$411.71	$0.00	$0.93	$0.00
Palisades School District	7	$972.61	$0.00	$0.00	$0.00
Palouse School District	50	$586.08	$0.00	$0.00	$0.00
Pasco School District	1,880	$780.87	$0.00	$2.68	$0.00
Pateros School District	68	$350.67	$0.00	$0.00	$0.00
Paterson School District	21	$781.67	$0.00	$0.00	$0.00
Pe Ell School District	75	$491.99	$0.00	$0.00	$0.00
Peninsula School District	772	$915.97	$0.00	$0.00	$0.00
Pioneer School District	91	$845.77	$0.00	$0.00	$0.00

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12g
District Administrative Costs by District Not Paid by Insurance Carrier Premiums Per Member Per Month
School District Fiscal Year Ending in 2015 — Reporting Districts Only

District	Enrolled Members	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Pomeroy School District	101	$397.77	$0.00	$0.00	$0.00
Port Angeles School District	410	$921.30	$0.00	$0.00	$0.00
Port Townsend School District	249	$520.25	$0.00	$0.00	$0.00
Prescott School District	63	$532.24	$0.00	$0.00	$0.00
Prosser School District	706	$421.60	$0.00	$0.00	$0.00
Pullman School District	431	$423.06	$0.00	$0.00	$0.00
Puyallup School District	1,683	$906.01	$0.00	$8.93	$0.00
Queets-Clearwater School District	9	$1,097.58	$0.00	$0.00	$0.00
Quilcene School District	18	$1,825.75	$0.00	$0.00	$0.00
Quillayute Valley School District	269	$516.33	$0.00	$0.00	$0.00
Quincy School District	559	$520.89	$0.00	$0.00	$0.00
Rainier School District	152	$471.64	$0.00	$0.00	$0.00
Raymond School District	119	$563.03	$0.00	$0.00	$0.00
Reardan-Edwall School District	117	$493.22	$0.00	$0.00	$8.55
Renton School District	1,493	$928.37	$0.00	$5.49	$0.00
Republic School District	122	$257.10	$0.00	$0.00	$0.00
Richland School District	2,003	$473.56	$0.00	$2.05	$0.00
Ridgefield School District	280	$497.33	$0.00	$0.00	$0.00
Ritzville School District	53	$1.32	$0.00	$0.00	$0.00
Riverside School District	125	$1,195.14	$0.00	$0.00	$0.00
Riverview School District	285	$893.76	$0.00	$15.42	$0.00
Rochester School District	413	$449.13	$0.00	$0.00	$0.00
Roosevelt School District	5	$666.11	$0.00	$0.00	$0.00
Rosalia School District	39	$974.89	$0.00	$0.00	$0.00
Royal School District	190	$787.29	$0.00	$0.00	$0.00
San Juan Island School District	68	$1,096.46	$0.00	$0.00	$0.00
Satsop School District	9	$722.18	$0.00	$0.00	$0.00
Seattle Public Schools	11,610	$432.20	$6.65	$0.00	$0.00
Sedro-Woolley School District	817	$463.58	$0.00	$0.00	$0.00
Selah School District	376	$876.94	$0.00	$0.00	$0.00
Selkirk School District	30	$1,030.12	$0.00	$0.00	$0.00
Sequim School District	227	$975.01	$11.43	$0.00	$0.00

[1]Includes Staff Costs Allocated to Employee Benefits

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District	Enrolled Members	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Shaw Island School District	6	$417.70	$0.00	$0.00	$0.00
Shelton School District	844	$509.25	$0.00	$0.00	$0.00
Shoreline School District	886	$947.66	$0.00	$0.00	$0.00
Skamania School District	17	$537.10	$223.88	$0.00	$5.00
Skykomish School District	4	$3,776.17	$0.00	$0.00	$0.00
Snohomish School District	852	$1,003.79	$0.00	$0.00	$0.00
Snoqualmie Valley School District	979	$506.56	$0.00	$0.00	$0.00
Soap Lake School District	19	$2,510.77	$0.00	$0.00	$0.00
South Bend School District	180	$427.09	$0.00	$0.00	$0.00
South Kitsap School District	1,159	$524.89	$0.00	$2.01	$0.00
South Whidbey School District	160	$921.10	$0.00	$0.00	$0.00
Southside School District	35	$331.36	$0.00	$0.00	$0.00
Spokane School District	6,415	$479.75	$0.00	$0.00	$0.00
Sprague School District	18	$1,014.77	$0.00	$0.00	$0.00
St. John School District	26	$883.46	$0.00	$0.00	$0.00
Stanwood-Camano School District	786	$491.21	$0.00	$3.56	$0.00
Star School District	6	$669.11	$0.00	$0.00	$0.00
Starbuck School District	4	$1,367.14	$0.00	$0.00	$0.00
Stehekin School District	1	$1,871.01	$0.00	$0.00	$0.00
Steilacoom Hist. School District	433	$493.23	$3.71	$0.00	$6.43
Steptoe School District	22	$332.52	$0.00	$374.59	$0.00
Stevenson-Carson School District	179	$540.91	$0.00	$0.00	$6.70
Sultan School District	320	$546.97	$0.00	$0.00	$0.00
Summit Valley School District	10	$1,041.77	$0.00	$0.00	$0.00
Sumner School District	1,691	$418.18	$0.08	$3.84	$0.00
Sunnyside School District	1,365	$439.20	$0.00	$0.00	$0.00
Tacoma School District	5,807	$490.67	$0.00	$4.49	$1.95
Taholah School District	24	$1,566.42	$0.00	$0.00	$0.00
Tahoma School District	1,366	$454.48	$0.00	$0.00	$0.00
Tekoa School District	27	$989.25	$0.00	$0.00	$0.00
Tenino School District	128	$818.14	$11.72	$0.00	$0.00
Thorp School District	33	$616.29	$0.00	$0.00	$0.00

[1]Includes Staff Costs Allocated to Employee Benefits

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District	Enrolled Members	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Toledo School District	91	$626.16	$0.00	$0.00	$0.00
Tonasket School District	254	$449.06	$16.44	$3.00	$0.00
Toppenish School District	435	$930.85	$0.00	$2.52	$0.00
Touchet School District	30	$1,331.07	$0.00	$0.00	$0.00
Toutle Lake School District	168	$375.38	$0.00	$0.00	$0.00
Trout Lake School District	30	$752.09	$301.52	$0.00	$11.08
Tukwila School District	301	$950.22	$0.00	$0.00	$0.00
Tumwater School District	1,164	$481.93	$0.00	$3.68	$1.25
Union Gap School District	74	$824.17	$0.00	$0.00	$0.00
University Place School District	471	$840.79	$0.00	$0.00	$0.00
Valley School District	160	$471.29	$0.00	$0.00	$0.00
Vancouver School District	5,684	$339.49	$0.00	$0.00	$1.39
Vashon Island School District	304	$503.04	$0.00	$2.75	$0.00
Wahkiakum School District	108	$375.91	$0.00	$0.00	$0.00
Wahluke School District	250	$863.02	$0.00	$0.00	$0.00
Waitsburg School District	62	$507.99	$0.00	$0.00	$0.00
Walla Walla Public Schools	729	$846.94	$0.00	$0.00	$0.00
Wapato School District	381	$869.32	$0.00	$0.00	$0.00
Warden School District	273	$367.26	$0.00	$0.00	$0.00
Washougal School District	467	$564.54	$0.00	$0.00	$0.00
Washtucna School District	29	$598.13	$0.00	$0.00	$0.00
Waterville School District	56	$525.55	$0.00	$0.00	$0.00
Wellpinit School District	71	$735.78	$0.00	$0.00	$0.00
Wenatchee School District	850	$876.29	$0.00	$0.00	$0.00
West Valley School District (Spokane)	775	$519.19	$0.00	$0.00	$0.00
West Valley School District (Yakima)	473	$1,046.56	$0.00	$0.00	$0.00
White Pass School District	98	$476.92	$0.00	$0.00	$0.00
White River School District	629	$504.15	$0.00	$0.00	$0.00
White Salmon Valley School District	204	$514.53	$1.36	$0.00	$8.92
Wilbur School District	45	$833.04	$0.00	$0.00	$0.00
Willapa Valley School District	43	$946.52	$0.00	$0.00	$0.00
Wilson Creek School District	30	$900.62	$0.00	$0.00	$0.00

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12g

District Administrative Costs by District Not Paid by Insurance Carrier Premiums Per Member Per Month

School District Fiscal Year Ending in 2015 — Reporting Districts Only

District	Enrolled Members	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Winlock School District	148	$455.87	$0.00	$0.00	$0.00
Wishkah Valley School District	33	$584.99	$0.00	$8.02	$0.00
Wishram School District	42	$348.12	$0.00	$0.00	$0.00
Woodland School District	502	$518.69	$0.00	$0.00	$0.00
Yakima School District	1,793	$990.83	$0.00	$3.00	$0.00
Yelm School District	807	$571.77	$0.00	$0.00	$0.00
Zillah School District	136	$815.00	$0.00	$0.00	$0.00
Low	**1**	**$1.32**	**$0.00**	**$0.00**	**$0.00**
Average	**554**	**$581.59**	**$0.66**	**$1.33**	**$0.32**
High	**11,610**	**$3,776.17**	**$301.52**	**$374.59**	**$22.43**
Grand Total	**163,426**				

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12h
District Staff Costs by District
School District Fiscal Year Ending in 2015 — Reporting Districts Only

District	Description of District Allocation of Internal Administrative Expenses	Enrollment		Staff Cost Allocated to Employee Benefits		
		Employees	Members	Total	PEPM	PMPM
Aberdeen School District	n/a	391	664	$0	$0.00	$0.00
Adna School District	n/a	34	84	$0	$0.00	$0.00
Almira School District	n/a	17	46	$0	$0.00	$0.00
Anacortes School District	n/a	240	240	$0	$0.00	$0.00
Arlington School District	n/a	513	513	$0	$0.00	$0.00
Asotin-Anatone School District	n/a	62	69	$0	$0.00	$0.00
Auburn School District	Salary and Benefits for the employees working on benefits.	1,446	2,736	$93,000	$5.36	$2.83
Bainbridge Island School District	The following duties are performed by the benefits specialist: orientation for new employees on health plan options; enrollment of employees into medical plan through insurance provider database; upload of benefit data to payroll records; all adjustments of benefits and deductions for any health plan changes; management of COBRA plan enrollees and potential participants; monthly invoice reconciliation for all plans; knowledge of Affordable Care Act provisions and implementation of requirements for compliance. This work is approximately 50% of a full-time person's annual hours.	378	378	$35,700	$7.87	$7.87
Battle Ground School District	n/a	1,123	2,258	$0	$0.00	$0.00
Bellevue School District	n/a	2,032	3,895	$0	$0.00	$0.00
Bellingham School District	n/a	1,204	1,204	$0	$0.00	$0.00
Benge School District	We do not allocate any pay to administration of benefits.	4	10	$0	$0.00	$0.00
Bethel School District	n/a	1,583	2,200	$0	$0.00	$0.00
Bickleton School District	n/a	11	11	$0	$0.00	$0.00

Washington State Office of the Insurance Commissioner
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		Employees	Members	Total	PEPM	PMPM
Blaine School District	n/a	230	230	$0	$0.00	$0.00
Boistfort School District	n/a	14	19	$0	$0.00	$0.00
Bremerton School District	n/a	494	494	$0	$0.00	$0.00
Brewster School District	n/a	125	214	$0	$0.00	$0.00
Bridgeport School District	n/a	88	165	$0	$0.00	$0.00
Brinnon School District	n/a	11	11	$0	$0.00	$0.00
Burlington-Edison School District	n/a	416	416	$0	$0.00	$0.00
Camas School District	n/a	635	1,360	$0	$0.00	$0.00
Cape Flattery School District	None	86	120	$0	$0.00	$0.00
Carbonado School District	n/a	20	30	$0	$0.00	$0.00
Cascade School District	n/a	130	130	$0	$0.00	$0.00
Cashmere School District	We cannot isolate the amount of time and money it takes our Payrolll/HR person to manage the health benefit administration.	180	180	$0	$0.00	$0.00
Castle Rock School District	Health Benefit administration makes up only a portion of the duties and responsibilities of the person responsible for this task. Other duties and responsibilities include payroll, administration of all employee benefits, reporting and other tasks. It would be difficult to determine the cost associated specifically with health benefits	135	381	$0	$0.00	$0.00
Centerville School District	n/a	10	18	$0	$0.00	$0.00
Central Kitsap School District	n/a	1,021	1,021	$0	$0.00	$0.00
Central Valley School District	This represents 95% of the total cost of our Assistant Payroll Officer that handles benefits.	1,409	1,409	$63,079	$3.73	$3.73
Centralia School District	n/a	377	1,070	$0	$0.00	$0.00
Chehalis School District	none	308	591	$0	$0.00	$0.00

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		Employees	Members	Total	PEPM	PMPM
Cheney School District	Half of salary plus benefits of Human Resources Specialist	478	478	$35,500	$6.19	$6.19
Chewelah School District	5% of the pay and benefits for the Payroll/Benefits administration employee	91	165	$3,125	$2.86	$1.58
Chimacum School District	Duties included in Payroll Officer's duties and not a separate function/position.	119	204	$0	$0.00	$0.00
Clarkston School District	n/a	275	275	$0	$0.00	$0.00
Cle Elum-Roslyn School District	n/a	115	227	$0	$0.00	$0.00
Clover Park School District	None	1,221	2,068	$0	$0.00	$0.00
Colfax School District	n/a	64	135	$0	$0.00	$0.00
College Place School District	n/a	131	236	$0	$0.00	$0.00
Colton School District	n/a	19	39	$0	$0.00	$0.00
Columbia (Stevens) School District	Administered by existing staff, so no additional costs.	23	37	$0	$0.00	$0.00
Columbia (Walla Walla) School District	n/a	87	161	$0	$0.00	$0.00
Colville School District	n/a	167	167	$0	$0.00	$0.00
Concrete School District	n/a	63	97	$0	$0.00	$0.00
Conway School District	n/a	43	43	$0	$0.00	$0.00
Cosmopolis School District	n/a	20	34	$0	$0.00	$0.00
Coulee-Hartline School District	n/a	33	52	$0	$0.00	$0.00
Coupeville School District	n/a	92	127	$0	$0.00	$0.00
Crescent School District	n/a	36	69	$0	$0.00	$0.00
Creston School District	n/a	26	26	$0	$0.00	$0.00
Curlew School District	n/a	29	47	$0	$0.00	$0.00
Cusick School District	n/a	38	78	$0	$0.00	$0.00
Damman School District	n/a	5	6	$0	$0.00	$0.00
Darrington School District	n/a	57	67	$0	$0.00	$0.00
Davenport School District	n/a	76	76	$7,327	$8.03	$8.03
Dayton School District	n/a	38	57	$0	$0.00	$0.00
Deer Park School District	n/a	234	464	$0	$0.00	$0.00

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		Employees	Members	Total	PEPM	PMPM
Dieringer School District	Costs include plan setup/review, reconciling payments, answering employee questions, pooling, evaluating plan options etc.	150	318	$6,244	$3.47	$1.64
Dixie School District	n/a	6	8	$0	$0.00	$0.00
East Valley School District (Spokane)	n/a	474	474	$0	$0.00	$0.00
East Valley School District (Yakima)	Payroll Officer at 40%, Human Resources Officer at 1% and Fiscal Assistant at 5%	302	302	$24,265	$6.70	$6.70
Eastmont School District	TO CONDUCT EMPLOYEE OPEN ENROLLMENT, MANAGE MONTHLY BILL RECONCILIATIONS, ASSIST STAFF WITH HEALTH BENEFIT QUESTIONS/ISSUES	577	1,118	$13,785	$1.99	$1.03
Easton School District	n/a	21	21	$0	$0.00	$0.00
Eatonville School District	n/a	184	388	$0	$0.00	$0.00
Edmonds School District	n/a	1,928	1,928	$0	$0.00	$0.00
Ellensburg School District	n/a	320	538	$0	$0.00	$0.00
Elma School District	n/a	158	271	$0	$0.00	$0.00
Endicott School District	No administrative costs.	23	23	$0	$0.00	$0.00
Entiat School District	n/a	48	112	$0	$0.00	$0.00
Enumclaw School District	Employees do health benefit administration along with many other duties	387	387	$0	$0.00	$0.00
Ephrata School District	n/a	244	546	$0	$0.00	$0.00
Evaline School District	n/a	8	15	$0	$0.00	$0.00
Everett School District	Dollars were calculated in ranges from 5% to 70% of 9 different salaries. These tasks range from paying the invoices to overseeing the employees, paying the premiums to discussing benefits with employees and carriers.	1,604	4,077	$169,987	$8.83	$3.47

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		Employees	Members	Total	PEPM	PMPM
Evergreen School District (Clark)	District currently has 2.0 FTE for our Benefits/Retirement Specialist. The positions both cover benefits and retirement for a portion of the alphabet and the costs listed above is 50% of each	2,318	3,707	$66,072	$2.38	$1.49
Evergreen School District (Stevens)	n/a	4	4	$0	$0.00	$0.00
Federal Way School District	n/a	2,253	2,253	$0	$0.00	$0.00
Ferndale School District	n/a	479	949	$0	$0.00	$0.00
Fife School District	n/a	336	336	$0	$0.00	$0.00
Finley School District	n/a	98	190	$0	$0.00	$0.00
Franklin Pierce School District	n/a	865	1,434	$0	$0.00	$0.00
Freeman School District	n/a	86	86	$0	$0.00	$0.00
Garfield School District	n/a	20	20	$0	$0.00	$0.00
Glenwood School District	n/a	20	24	$0	$0.00	$0.00
Goldendale School District	n/a	95	95	$0	$0.00	$0.00
Grand Coulee Dam School District	n/a	100	186	$0	$0.00	$0.00
Grandview School District	n/a	362	728	$0	$0.00	$0.00
Granger School District	n/a	173	353	$0	$0.00	$0.00
Granite Falls School District	With all the added responsibilites for the benefit person, she is spending more time on administrating the ACA, completing additional reports for tracking and keeping track of all employees status of benefits. We are getting to the point we may have to hire another part time staff person to assist with employee benefits.	184	372	$15,000	$6.79	$3.36
Grapeview School District	n/a	19	31	$0	$0.00	$0.00
Great Northern School District	Part time Superintendent and Secretary	3	3	$1	$0.01	$0.01
Green Mountain School District	n/a	14	26	$0	$0.00	$0.00
Griffin School District	n/a	73	139	$0	$0.00	$0.00

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Harrington School District	n/a	27	27	$0	$0.00	$0.00
Highland School District	n/a	130	130	$0	$0.00	$0.00
Highline School District	Salary of Benefits Specialist position.	2,204	2,204	$62,545	$2.36	$2.36
Hockinson School District	1/3 OF DIRECTOR OF PERSONNEL SALARY	168	366	$23,968	$11.89	$5.46
Hood Canal School District	n/a	41	49	$0	$0.00	$0.00
Hoquiam School District	n/a	137	234	$0	$0.00	$0.00
Inchelium School District	SUPERINTENDENT, 2 SECRETARIES	35	37	$2	$0.00	$0.00
Index School District	n/a	5	7	$0	$0.00	$0.00
Issaquah School District	Benefits Coordinator	1,768	1,768	$125,000	$5.89	$5.89
Kahlotus School District	n/a	17	17	$0	$0.00	$0.00
Kalama School District	n/a	66	99	$0	$0.00	$0.00
Keller School District	n/a	10	10	$0	$0.00	$0.00
Kelso School District	n/a	472	874	$0	$0.00	$0.00
Kennewick School District	n/a	1,683	1,683	$0	$0.00	$0.00
Kent School District	n/a	2,686	4,716	$0	$0.00	$0.00
Kettle Falls School District	n/a	86	174	$0	$0.00	$0.00
Kiona-Benton City School District	n/a	174	337	$0	$0.00	$0.00
Kittitas School District	n/a	74	175	$0	$0.00	$0.00
Klickitat School District	n/a	17	21	$0	$0.00	$0.00
La Center School District	We have only one employee who processes payroll and benefits. Half of that person's time is spent on administion of helath benefits. Meeting with employees to go over with them what is offered, enrolling them in health care, and processing it in payroll each month. Also with all of the required health care reports this person is spending half of their work day on the administration of health care benefits.	109	237	$31,000	$23.70	$10.90
La Conner School District	n/a	84	191	$0	$0.00	$0.00

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LaCrosse School District	Assume 8% of Business Manager Position	25	26	$6,000	$20.00	$19.23
Lake Chelan School District	n/a	176	176	$0	$0.00	$0.00
Lake Quinault School District	n/a	32	56	$0	$0.00	$0.00
Lake Stevens School District	n/a	720	720	$0	$0.00	$0.00
Lake Washington School District	Includes 1.61 FTE personnel cost for a total of $129,325.77 and $451.54 for supplies	2,279	3,994	$129,777	$4.75	$2.71
Lakewood School District	n/a	198	401	$0	$0.00	$0.00
Lamont School District	n/a	9	16	$0	$0.00	$0.00
Liberty School District	n/a	57	57	$0	$0.00	$0.00
Lind School District	Employee in charge does a host of other things, so it would be difficult to isolate the human resource costs associated with health benefit administration.	32	67	$0	$0.00	$0.00
Longview School District	Payroll Staff who administer plans, help with enrollment, assist employees with plan	705	1,175	$46,134	$5.45	$3.27
Loon Lake School District	There are no administrative expenses	26	38	$0	$0.00	$0.00
Lopez School District	n/a	44	44	$0	$0.00	$0.00
Lyle School District	n/a	22	26	$0	$0.00	$0.00
Lynden School District	n/a	310	310	$0	$0.00	$0.00
Mabton School District	n/a	107	215	$0	$0.00	$0.00
Mansfield School District	n/a	23	69	$0	$0.00	$0.00
Manson School District	n/a	93	194	$0	$0.00	$0.00
Mary M Knight School District	n/a	21	46	$0	$0.00	$0.00
Mary Walker School District	n/a	29	38	$0	$0.00	$0.00
Marysville School District	.5 FTE plus benefits for Payroll Analyst	1,026	1,026	$43,256	$3.51	$3.51
McCleary School District	n/a	29	50	$0	$0.00	$0.00
Mead School District	Benefits Coordinator to manage employee	980	3,097	$60,585	$5.15	$1.63
Medical Lake School District	n/a	179	212	$0	$0.00	$0.00

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Mercer Island School District	The employee does health benefit administration in addition to other duties. Too difficult to calculate cost.	353	566	$0	$0.00	$0.00
Meridian School District	25% of my job is making sure staff understands their medical and what is available to them each year. I go to several meetings each year to advocate for better policy rates. Each year I have a district wide benefits fair so that staff can come and ask questions to the medical companies and the supplemental companies to make a wise decision on what their families need for medical coverage.	179	179	$18,486	$8.61	$8.61
Methow Valley School District	n/a	84	84	$0	$0.00	$0.00
Mill A School District	n/a	5	14	$0	$0.00	$0.00
Monroe School District	Cost based on estimated Benefit Coordinator hours spent managing medical benefits. Amount includes salary taxes and	561	992	$19,636	$2.92	$1.65
Montesano School District	n/a	129	274	$0	$0.00	$0.00
Morton School District	Person does payroll, fiscal, and many other duties. Too hard to calculate actual.	35	59	$0	$0.00	$0.00
Moses Lake School District	Moses Lake School District has one person managig the benefits of 1,456 employees f he district. This includes open enrollment, making changes to payroll and answering all question concerning an individual insurance, both mandatory and voluntary.	818	1,604	$79,568	$8.11	$4.13
Mossyrock School District	n/a	61	108	$0	$0.00	$0.00
Mount Adams School District	n/a	137	137	$0	$0.00	$0.00

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Mount Baker School District	n/a	236	236	$0	$0.00	$0.00
Mount Pleasant School District	n/a	7	7	$0	$0.00	$0.00
Mount Vernon School District	Benefits Coordinators/Payroll Specialists utilize numberous hours assisting employees with health benefits.	753	1,403	$25,000	$2.77	$1.48
Mukilteo School District	We have 4 employees that administor benefits as a part of their job, no one is solely responsible for benefits.	1,360	2,350	$0	$0.00	$0.00
Naches Valley School District	n/a	129	129	$0	$0.00	$0.00
Napavine School District	n/a	81	167	$0	$0.00	$0.00
Naselle-Grays River Valley School District	n/a	43	116	$0	$0.00	$0.00
Nespelem School District	n/a	23	23	$0	$0.00	$0.00
Newport School District	n/a	118	219	$0	$0.00	$0.00
Nine Mile Falls School District	n/a	133	362	$0	$0.00	$0.00
Nooksack Valley School District	n/a	201	201	$0	$0.00	$0.00
North Beach School District	n/a	90	132	$0	$0.00	$0.00
North Franklin School District	n/a	238	517	$0	$0.00	$0.00
North Kitsap School District	n/a	581	581	$0	$0.00	$0.00
North Mason School District	n/a	195	321	$0	$0.00	$0.00
North River School District	NONE	18	18	$0	$0.00	$0.00
North Thurston Public Schools	n/a	1,350	1,993	$0	$0.00	$0.00
Northport School District	n/a	37	37	$0	$0.00	$0.00
Northshore School District	n/a	2,005	3,630	$0	$0.00	$0.00
Oak Harbor School District	Staff member assigned the duties for	490	490	$58,469	$9.94	$9.94
Oakesdale School District	n/a	21	21	$0	$0.00	$0.00
Oakville School District	Part of HR duties. Very few hours involved.	38	97	$0	$0.00	$0.00
Ocean Beach School District	n/a	119	209	$0	$0.00	$0.00
Ocosta School District	n/a	79	141	$0	$0.00	$0.00
Odessa School District	n/a	39	83	$0	$0.00	$0.00
Okanogan School District	n/a	125	172	$0	$0.00	$0.00

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Olympia School District	1.5 FTE Benefit Tech & HR Specialist	821	1,344	$180,000	$18.27	$11.16
Omak School District	Calculated based on contribution of hours from benefit team members with a contribution of 644 hours internal administration at respective hourly rates. This is a conservative estimate due to the shared duties and responsibilities of office members.	327	327	$15,380	$3.92	$3.92
Onalaska School District	The district employee that does health benefit administration as well as a bunch of other things, it is very difficult for us to isolate the human resources cost associated with health benefit administration and therefore we reported 0.	89	168	$0	$0.00	$0.00
Onion Creek School District	n/a	9	9	$0	$0.00	$0.00
Orcas Island School District	n/a	83	183	$0	$0.00	$0.00
Orchard Prairie School District	n/a	8	8	$0	$0.00	$0.00
Orient School District	SUPT, PRINC, SECRETARY	12	14	$1	$0.01	$0.01
Orondo School District	n/a	29	50	$0	$0.00	$0.00
Oroville School District	n/a	69	137	$0	$0.00	$0.00
Orting School District	n/a	192	192	$0	$0.00	$0.00
Othello School District	District Admin: Data entry new enrollees; change in eligibility annual employee benefit meetings; Employee benefit committee meetings: Employee orientation; monthly billing reconciliations; provide responses to employee questions and/or assist with resolution of health care related issues; answer medical and cost questions with employees during open enrollment	412	852	$9,500	$1.92	$0.93

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Palisades School District	n/a	7	7	$0	$0.00	$0.00
Palouse School District	n/a	23	50	$0	$0.00	$0.00
Pasco School District	Salary and benefits for one employee who does retirement in addition to health benefits administration. Portion not related to benefits administration is more than made up by other admin functions performed by several other employees.	1,880	1,880	$60,500	$2.68	$2.68
Pateros School District	n/a	40	68	$0	$0.00	$0.00
Paterson School District	n/a	21	21	$0	$0.00	$0.00
Pe Ell School District	n/a	43	75	$0	$0.00	$0.00
Peninsula School District	n/a	772	772	$0	$0.00	$0.00
Pioneer School District	n/a	91	91	$0	$0.00	$0.00
Pomeroy School District	n/a	38	101	$0	$0.00	$0.00
Port Angeles School District	n/a	410	410	$0	$0.00	$0.00
Port Townsend School District	Employee does health benefit administration as well as a host of other duties, it is impossible to isolate the HR costs associated with health benefit	135	249	$0	$0.00	$0.00
Prescott School District	n/a	42	63	$0	$0.00	$0.00
Prosser School District	Our Internal Administration includes all building Principals our Special Service Director, Business Manager and Superintendent	308	706	$0	$0.00	$0.00
Pullman School District	n/a	236	431	$0	$0.00	$0.00
Puyallup School District	Benefits Coordinator 100%; Benefits Assistant 100%; Director of HR 20%; Director of HR Systems 10%; HR Information Specialist/Tech support 10%	1,683	1,683	$180,352	$8.93	$8.93
Queets-Clearwater School District	n/a	9	9	$0	$0.00	$0.00

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Quilcene School District	n/a	18	18	$0	$0.00	$0.00
Quillayute Valley School District	n/a	166	269	$0	$0.00	$0.00
Quincy School District	n/a	277	559	$0	$0.00	$0.00
Rainier School District	n/a	83	152	$0	$0.00	$0.00
Raymond School District	n/a	76	119	$0	$0.00	$0.00
Reardan-Edwall School District	n/a	62	117	$0	$0.00	$0.00
Renton School District	Salary and benefits for the Retirement & Benefits Coordinator and a Payroll	1,493	1,493	$98,371	$5.49	$5.49
Republic School District	n/a	39	122	$0	$0.00	$0.00
Richland School District	Benefits Specialist position performs all benefits related functions	1,086	2,003	$49,317	$3.78	$2.05
Ridgefield School District	n/a	150	280	$0	$0.00	$0.00
Ritzville School District	n/a	53	53	$0	$0.00	$0.00
Riverside School District	n/a	125	125	$0	$0.00	$0.00

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Riverview School District	In calculating the district's internal administrative costs, we have included varying percentages of base salary plus benefits for the district Payroll & Benefits Coordinator, HR Coordinator and Director of Business and Operations. Costs for the Payroll & Benefits Coordinator are calculated at 33% , based on responsibilities including enrollment and ongoing staff education and assistance regarding benefits and providers, annual benefits fair, bill reconciliation and payment processing, pooling management, participation in the district benefits committee and budgeting process. Costs for the HR Coordinator are calculated at 15%, based on budgeting responsibilities, calculation of benefits while staff is on leave and communication of benefits to new and prospective employees. Cost for the Director of Business & Operations are calculated at 7% based on involvement in managing the procurement process, district benefits committee and broker management, bargaining association negotiations and other association issues relating to benefits, district budgeting processes and tracking and analyzing	285	285	$52,753	$15.42	$15.42

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Rochester School District	Payroll Specialist does health benefit administration as well as a host of other things. It is difficult to isolate the cost associated with just benefit administration.	213	413	$0	$0.00	$0.00
Roosevelt School District	n/a	5	5	$0	$0.00	$0.00
Rosalia School District	n/a	34	39	$0	$0.00	$0.00
Royal School District	n/a	190	190	$0	$0.00	$0.00
San Juan Island School District	n/a	68	68	$0	$0.00	$0.00
Satsop School District	n/a	7	9	$0	$0.00	$0.00
Seattle Public Schools	All benefits administration is outsourced to Sprague Israel Giles, Inc.	5,710	11,610	$0	$0.00	$0.00
Sedro-Woolley School District	n/a	457	817	$0	$0.00	$0.00
Selah School District	n/a	376	376	$0	$0.00	$0.00
Selkirk School District	n/a	30	30	$0	$0.00	$0.00
Sequim School District	n/a	227	227	$0	$0.00	$0.00
Shaw Island School District	We are a very small district with only one admin, so it is difficult to isolate the HR costs associated with health benefit	3	6	$0	$0.00	$0.00
Shelton School District	n/a	512	844	$0	$0.00	$0.00
Shoreline School District	n/a	886	886	$0	$0.00	$0.00
Skamania School District	n/a	10	17	$0	$0.00	$0.00
Skykomish School District	n/a	4	4	$0	$0.00	$0.00
Snohomish School District	n/a	852	852	$0	$0.00	$0.00
Snoqualmie Valley School District	n/a	528	979	$0	$0.00	$0.00
Soap Lake School District	n/a	19	19	$0	$0.00	$0.00
South Bend School District	n/a	84	180	$0	$0.00	$0.00
South Kitsap School District	Broker Fees	823	1,159	$28,000	$2.84	$2.01
South Whidbey School District	n/a	160	160	$0	$0.00	$0.00
Southside School District	n/a	15	35	$0	$0.00	$0.00
Spokane School District	n/a	3,108	6,415	$0	$0.00	$0.00

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Sprague School District	n/a	18	18	$0	$0.00	$0.00
St. John School District	n/a	26	26	$0	$0.00	$0.00
Stanwood-Camano School District	Organize benefit fair, organize/attend benefit committee meetings, work with insurance broker to publish benefit booklet, pay bills for benefits, explain benefits to new employees, assist employees with benefit enrollment/changes, COBRA	416	786	$33,600	$6.73	$3.56
Star School District	n/a	6	6	$0	$0.00	$0.00
Starbuck School District	n/a	4	4	$0	$0.00	$0.00
Stehekin School District	No internal costs associated with administering health benefits during Fiscal year 2013-14.	1	1	$0	$0.00	$0.00
Steilacoom Hist. School District	n/a	236	433	$0	$0.00	$0.00
Steptoe School District	n/a	8	22	$98,892	$1,030.13	$374.59
Stevenson-Carson School District	n/a	96	179	$0	$0.00	$0.00
Sultan School District	n/a	178	320	$0	$0.00	$0.00
Summit Valley School District	n/a	10	10	$0	$0.00	$0.00
Sumner School District	Salary and benefits for Benefit Specialist postion.	876	1,691	$77,990	$7.42	$3.84
Sunnyside School District	n/a	732	1,365	$0	$0.00	$0.00
Tacoma School District	The Sound Partnership is a health & welfare Trust.	2,757	5,807	$313,019	$9.46	$4.49
Taholah School District	n/a	24	24	$0	$0.00	$0.00
Tahoma School District	n/a	683	1,366	$0	$0.00	$0.00
Tekoa School District	n/a	27	27	$0	$0.00	$0.00
Tenino School District	Difficult to isolate the HR costs associated with health benefit administration.	128	128	$0	$0.00	$0.00
Thorp School District	n/a	20	33	$0	$0.00	$0.00

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Toledo School District	n/a	62	91	$0	$0.00	$0.00
Tonasket School District	Time for paperwork, reporting, talking to personnel, monitering and balancing	125	254	$9,142	$6.09	$3.00
Toppenish School District	$13,164.00	435	435	$13,164	$2.52	$2.52
Touchet School District	n/a	30	30	$0	$0.00	$0.00
Toutle Lake School District	n/a	69	168	$0	$0.00	$0.00
Trout Lake School District	n/a	20	30	$0	$0.00	$0.00
Tukwila School District	n/a	301	301	$0	$0.00	$0.00
Tumwater School District	Benefit Specialist's Salary	640	1,164	$51,349	$6.69	$3.68
Union Gap School District	n/a	74	74	$0	$0.00	$0.00
University Place School District	Benefits is only one of the duties handled in the Payroll Office	471	471	$0	$0.00	$0.00
Valley School District	n/a	89	160	$0	$0.00	$0.00
Vancouver School District	n/a	2,315	5,684	$0	$0.00	$0.00
Vashon Island School District	Percentage of Payroll Officer's salary.	151	304	$10,041	$5.54	$2.75
Wahkiakum School District	n/a	39	108	$0	$0.00	$0.00
Wahluke School District	n/a	250	250	$0	$0.00	$0.00
Waitsburg School District	n/a	36	62	$0	$0.00	$0.00
Walla Walla Public Schools	n/a	729	729	$0	$0.00	$0.00
Wapato School District	n/a	381	381	$0	$0.00	$0.00
Warden School District	Employee does health benefit administration as well as a host of other things, and it would be very difficult to isolate the human resource costs associated with health benefit administration.	124	273	$0	$0.00	$0.00
Washougal School District	n/a	293	467	$0	$0.00	$0.00
Washtucna School District	n/a	17	29	$0	$0.00	$0.00
Waterville School District	n/a	36	56	$0	$0.00	$0.00
Wellpinit School District	n/a	71	71	$0	$0.00	$0.00
Wenatchee School District	n/a	850	850	$0	$0.00	$0.00

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West Valley School District (Spokane)	n/a	408	775	$0	$0.00	$0.00
West Valley School District (Yakima)	n/a	473	473	$0	$0.00	$0.00
White Pass School District	n/a	53	98	$0	$0.00	$0.00
White River School District	n/a	342	629	$0	$0.00	$0.00
White Salmon Valley School District	n/a	116	204	$0	$0.00	$0.00
Wilbur School District	n/a	45	45	$0	$0.00	$0.00
Willapa Valley School District	n/a	43	43	$0	$0.00	$0.00
Wilson Creek School District	n/a	30	30	$0	$0.00	$0.00
Winlock School District	n/a	76	148	$0	$0.00	$0.00
Wishkah Valley School District	We have an administrative secretary for one hour a day.	21	33	$3,177	$12.61	$8.02
Wishram School District	n/a	19	42	$0	$0.00	$0.00
Woodland School District	n/a	277	502	$0	$0.00	$0.00
Yakima School District	Cost for Managing our health plans, working with all group to insure coverage. Monthly managing and accoutning of bills.	1,793	1,793	$64,500	$3.00	$3.00
Yelm School District	n/a	518	807	$0	$0.00	$0.00
Zillah School District	n/a	136	136	$0	$0.00	$0.00
Low		**1**	**1**	**$0**	**$0.00**	**$0.00**
Average		**354**	**554**	**$33,893**	**$2.08**	**$1.43**
High		**5,710**	**11,610**	**$313,019**	**$1,030.13**	**$374.59**
Grand Total		**104,456**	**163,426**	**$2,611,556**		

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A13
Paid Claims and Rate Reserves

For the Plan Year Ending in 2015

Rating Pool	Enrollment		Paid Claims	Reserves		Paid Claims PEPM	Reserves PEPM	
	Employees	Members		IBNR[1]	CSR/RSR[2]		IBNR[1]	CSR/RSR[2]
Rating Pool 001	2,724	4,707	$24,739,700	$2,389,855	$0	$756.84	$73.11	$0.00
Rating Pool 002	1,437	3,380	$14,188,686	$1,021,766	$0	$822.82	$59.25	$0.00
Rating Pool 003	81	214	$199,583	$13,914	$0	$205.33	$14.31	$0.00
Rating Pool 004	406	1,002	$5,364,439	$422,603	$0	$1,101.08	$86.74	$0.00
Rating Pool 005	9	28	$54,802	$3,879	$0	$507.43	$35.92	$0.00
Rating Pool 007	554	1,018	$6,927,663	$52,564	$0	$1,042.07	$7.91	$0.00
Rating Pool 008	425	750	$5,502,423	$561,652	$0	$1,078.91	$110.13	$0.00
Rating Pool 010	76	126	$1,363,947	$110,343	$0	$1,495.56	$120.99	$0.00
Rating Pool 011	56,663	107,895	$546,908,250	$44,244,877	$0	$804.33	$65.07	$0.00
Rating Pool 012	959	1,790	$9,451,791	$476,214	$0	$821.32	$41.38	$0.00
Rating Pool 013	2,456	4,652	$21,404,208	$1,041,632	$234,087	$726.26	$35.34	$7.94
Rating Pool 014	1,752	3,270	$19,133,179	$1,110,146	$0	$910.06	$52.80	$0.00
Rating Pool 015	1,042	1,812	$10,604,676	$391,293	$1,107,790	$848.10	$31.29	$88.59
Rating Pool 020	3,218	6,138	$24,096,371	$2,269,540	$0	$624.00	$58.77	$0.00
Rating Pool 132	50	93	$415,523	$5,291	$0	$692.54	$8.82	$0.00
Rating Pool 133	934	1,570	$7,059,696	$106,298	$0	$629.88	$9.48	$0.00
Rating Pool 135	587	1,024	$4,593,023	$58,598	$0	$652.05	$8.32	$0.00
Rating Pool 136	504	950	$4,962,814	$28,914	$127,112	$820.57	$4.78	$21.02
Rating Pool 138	2,409	4,684	$17,438,790	$205,721	$0	$603.25	$7.12	$0.00
Rating Pool 139	499	907	$3,471,918	$19,842	$811,943	$579.81	$3.31	$135.60
Rating Pool 141	348	630	$10,963,785	$288,092	$0	$2,625.43	$68.99	$0.00
Rating Pool 143	2,391	4,397	$28,346,464	$376,066	$1,183,874	$987.96	$13.11	$41.26
Rating Pool 145	256	390	$2,215,713	$18,588	$0	$721.26	$6.05	$0.00
Rating Pool 146	514	928	$4,103,427	$27,382	$0	$665.28	$4.44	$0.00
Rating Pool 147	49	97	$493,578	$4,522	$0	$839.42	$7.69	$0.00
Rating Pool 148	287	524	$2,897,041	$23,490	$0	$841.18	$6.82	$0.00
Rating Pool 149	34	92	$164,071	$1,625	$0	$402.14	$3.98	$0.00
Rating Pool 150	227	411	$2,275,366	$17,403	$0	$835.30	$6.39	$0.00
Rating Pool 152	15	22	$189,365	$1,350	$0	$1,052.03	$7.50	$0.00
Rating Pool 153	49	102	$471,276	$1,370	$0	$801.49	$2.33	$0.00
Rating Pool 154	515	1,165	$5,595,065	$44,725	$0	$905.35	$7.24	$0.00
Rating Pool 155	8	19	$112,496	$1,069	$0	$1,171.84	$11.13	$0.00

[1]IBNR = Incurred But Not Reported Liability

[2]CSR/RSR = Claims Stabilization Reserve; RSR = Rate Stabilization Reserve

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A13
Paid Claims and Rate Reserves
For the Plan Year Ending in 2015

Rating Pool	Enrollment		Paid Claims	Reserves		Paid Claims	Reserves PEPM	
	Employees	Members		IBNR[1]	CSR/RSR[2]	PEPM	IBNR[1]	CSR/RSR[2]
Rating Pool 157	306	498	$1,956,657	$19,961	$0	$532.86	$5.44	$0.00
Rating Pool 158	569	964	$3,603,138	$22,337	$0	$527.70	$3.27	$0.00
Rating Pool 159	45	76	$277,820	$2,726	$0	$514.48	$5.05	$0.00
Rating Pool 161	73	118	$623,889	$4,343	$0	$712.20	$4.96	$0.00
Rating Pool 162	73	134	$546,325	$2,619	$0	$623.66	$2.99	$0.00
Rating Pool 163	247	373	$1,821,239	$7,513	$0	$614.45	$2.53	$0.00
Rating Pool 164	152	247	$1,467,477	$11,721	$0	$804.54	$6.43	$0.00
Rating Pool 165	383	605	$3,702,717	$13,252	$0	$805.64	$2.88	$0.00
Rating Pool 166	24	43	$261,586	$3,476	$0	$908.28	$12.07	$0.00
Rating Pool 167	154	286	$1,050,778	$6,359	$0	$568.60	$3.44	$0.00
Rating Pool 168	15	20	$143,905	$0	$0	$799.47	$0.00	$0.00
Rating Pool 169	436	696	$3,659,984	$18,737	$0	$699.54	$3.58	$0.00
Rating Pool 170	28	61	$350,215	$3,360	$0	$1,042.31	$10.00	$0.00
Rating Pool 171	51	84	$681,080	$5,018	$0	$1,112.88	$8.20	$0.00
Rating Pool 172	689	1,137	$4,976,035	$37,745	$0	$601.84	$4.57	$0.00
Rating Pool 173	47	82	$364,453	$3,297	$0	$646.19	$5.85	$0.00
Rating Pool 174	10	14	$163,834	$892	$0	$1,365.28	$7.43	$0.00
Rating Pool 176	168	296	$1,360,653	$8,552	$0	$674.93	$4.24	$0.00
Rating Pool 177	23	40	$145,409	$1,134	$0	$526.84	$4.11	$0.00
Rating Pool 178	32	52	$153,150	$934	$0	$398.83	$2.43	$0.00
Rating Pool 179	106	142	$1,450,838	$13,997	$0	$1,140.60	$11.00	$0.00
Rating Pool 180	55	98	$914,397	$5,997	$0	$1,385.45	$9.09	$0.00
Rating Pool 181	327	622	$3,444,294	$21,048	$0	$877.75	$5.36	$0.00
Rating Pool 182	3	4	$10,166	$0	$0	$282.40	$0.00	$0.00
Rating Pool 183	140	233	$1,466,266	$10,076	$0	$872.78	$6.00	$0.00
Rating Pool 184	143	191	$2,592,700	$24,713	$0	$1,510.90	$14.40	$0.00
Rating Pool 185	187	286	$1,593,242	$14,298	$0	$710.00	$6.37	$0.00
Rating Pool 186	105	180	$602,513	$4,937	$0	$478.18	$3.92	$0.00
Rating Pool 187	29	52	$169,125	$1,077	$0	$485.99	$3.09	$0.00
Rating Pool 188	54	93	$551,401	$5,346	$0	$850.93	$8.25	$0.00
Rating Pool 191	4	8	$7,198	$106	$0	$149.95	$2.21	$0.00
Rating Pool 192	13	25	$63,375	$228	$0	$406.25	$1.46	$0.00

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A13
Paid Claims and Rate Reserves

For the Plan Year Ending in 2015

Rating Pool	Enrollment		Paid Claims	Reserves		Paid Claims	Reserves PEPM	
	Employees	Members		IBNR[1]	CSR/RSR[2]	PEPM	IBNR[1]	CSR/RSR[2]
Rating Pool 196	119	155	$1,340,885	$17,607	$0	$938.99	$12.33	$0.00
Rating Pool 197	100	204	$1,609,023	$18,664	$0	$1,340.85	$15.55	$0.00
Rating Pool 200	20	28	$119,399	$1,680	$0	$497.50	$7.00	$0.00
Rating Pool 201	0	0	$12,177	$0	$0	n/a	n/a	n/a
Rating Pool 202	35	63	$231,421	$3,294	$0	$551.00	$7.84	$0.00
Rating Pool 203	37	71	$175,060	$4,792	$0	$394.28	$10.79	$0.00
Rating Pool 205	31	53	$307,596	$1,718	$0	$826.87	$4.62	$0.00
Rating Pool 207	29	49	$130,792	$551	$0	$375.84	$1.58	$0.00
Rating Pool 208	51	83	$382,460	$4,794	$0	$624.93	$7.83	$0.00
Rating Pool 209	44	84	$70,402	$177	$0	$133.34	$0.33	$0.00
Rating Pool 217	2	3	$1,571	$24	$0	$65.44	$1.01	$0.00
Rating Pool 218	143	210	$941,156	$6,537	$0	$548.46	$3.81	$0.00
Rating Pool 219	29	45	$172,541	$2,759	$0	$495.81	$7.93	$0.00
Rating Pool 220	43	90	$443,700	$5,530	$0	$859.88	$10.72	$0.00
Rating Pool 221	201	308	$2,073,206	$15,054	$0	$859.54	$6.24	$0.00
Rating Pool 223	65	121	$413,879	$4,651	$0	$530.61	$5.96	$0.00
Rating Pool 224	62	111	$440,086	$4,079	$0	$591.51	$5.48	$0.00
Rating Pool 225	27	35	$613,234	$6,375	$0	$1,892.70	$19.68	$0.00
Rating Pool 226	54	85	$243,470	$1,301	$0	$375.73	$2.01	$0.00
Rating Pool 230	124	205	$1,132,054	$15,011	$0	$760.79	$10.09	$0.00
Rating Pool 232	107	180	$776,663	$8,295	$0	$604.88	$6.46	$0.00
Rating Pool 233	5	8	$15,664	$0	$0	$261.06	$0.00	$0.00
Rating Pool 234	97	202	$527,916	$3,300	$0	$453.54	$2.84	$0.00
Rating Pool 235	2	4	$30,953	$7	$0	$1,289.71	$0.28	$0.00
Rating Pool 236	174	321	$986,569	$14,784	$0	$472.49	$7.08	$0.00
Rating Pool 237	0	0	$0	$0	$0	n/a	n/a	n/a
Rating Pool 238	0	0	$0	$0	$0	n/a	n/a	n/a
Rating Pool 250	759	1,593	$6,364,621	$59,849	$0	$698.79	$6.57	$0.00
Rating Pool 252	1,826	2,685	$13,843,256	$92,871	$0	$631.77	$4.24	$0.00
Rating Pool 254	254	456	$2,201,462	$22,661	$0	$722.26	$7.43	$0.00
Rating Pool 255	110	110	$266,456	$2,194	$0	$201.86	$1.66	$0.00
Rating Pool 256	225	633	$1,152,852	$14,129	$0	$426.98	$5.23	$0.00

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A13
Paid Claims and Rate Reserves

For the Plan Year Ending in 2015

Rating Pool	Enrollment		Paid Claims	Reserves		Paid Claims	Reserves PEPM	
	Employees	Members		IBNR[1]	CSR/RSR[2]	PEPM	IBNR[1]	CSR/RSR[2]
Rating Pool 257	1,381	2,762	$11,815,105	$462,725	$0	$712.96	$27.92	$0.00
Rating Pool 258	4	5	$10,339	$157	$0	$215.39	$3.27	$0.00
Rating Pool 259	448	1,235	$2,687,999	$15,112	$0	$500.00	$2.81	$0.00
Rating Pool 260	175	258	$1,495,509	$8,715	$0	$712.15	$4.15	$0.00
Rating Pool 268	905	1,593	$11,265,057	$144,224	$0	$1,037.30	$13.28	$0.00
Rating Pool 269	36	69	$611,305	$6,352	$0	$1,415.06	$14.70	$0.00
Rating Pool 270	361	622	$2,363,859	$33,611	$0	$545.67	$7.76	$0.00
Rating Pool 271	64	64	$224,602	$2,301	$0	$292.45	$3.00	$0.00
Rating Pool 272	87	279	$457,320	$5,744	$0	$438.05	$5.50	$0.00
Rating Pool 273	68	133	$1,087,682	$19,237	$0	$1,332.94	$23.58	$0.00
Rating Pool 274	27	54	$211,923	$2,431	$0	$654.08	$7.50	$0.00
Rating Pool 275	28	76	$213,100	$3,612	$0	$634.23	$10.75	$0.00
Rating Pool 276	7	7	$13,472	$211	$0	$160.38	$2.51	$0.00
Rating Pool 277	8	25	$202,811	$1,256	$0	$2,112.61	$13.08	$0.00
Rating Pool 278	16	32	$104,740	$820	$0	$545.52	$4.27	$0.00
Rating Pool 279	15	15	$8,572	$93	$0	$47.62	$0.51	$0.00
Rating Pool 280	19	61	$84,755	$1,452	$0	$371.73	$6.37	$0.00
Rating Pool 281	20	42	$47,950	$473	$0	$199.79	$1.97	$0.00
Rating Pool 282	25	38	$176,653	$1,993	$0	$588.84	$6.64	$0.00
Rating Pool 283	70	115	$1,311,899	$16,433	$0	$1,561.78	$19.56	$0.00
Rating Pool 287	3,432	6,219	$33,267,538	$0	$0	$807.78	$0.00	$0.00
Rating Pool 288	1,437	2,902	$13,357,854	$2,365,623	$0	$774.64	$137.19	$0.00
Rating Pool 289	648	953	$5,545,868	$297,602	$0	$713.20	$38.27	$0.00
Rating Pool 290	747	1,348	$5,587,305	$333,848	$0	$623.30	$37.24	$0.00
Rating Pool 368	135	256	$972,164	$6,537	$0	$600.10	$4.03	$0.00
Rating Pool 369	106	183	$1,013,301	$6,594	$0	$796.62	$5.18	$0.00
Rating Pool 370	12	16	$188,390	$1,758	$0	$1,308.27	$12.21	$0.00
Rating Pool 371	33	47	$71,576	$245	$0	$180.75	$0.62	$0.00
Rating Pool 372	47	115	$151,528	$1,889	$0	$268.67	$3.35	$0.00
Rating Pool 373	77	151	$297,123	$2,577	$0	$321.56	$2.79	$0.00
Rating Pool 374	315	631	$2,695,909	$25,217	$0	$713.20	$6.67	$0.00
Rating Pool 375	196	334	$1,753,185	$21,394	$0	$745.40	$9.10	$0.00

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A13
Paid Claims and Rate Reserves
For the Plan Year Ending in 2015

Rating Pool	Enrollment		Paid Claims	Reserves		Paid Claims	Reserves PEPM	
	Employees	Members		IBNR[1]	CSR/RSR[2]	PEPM	IBNR[1]	CSR/RSR[2]
Rating Pool 376	331	649	$1,927,161	$10,845	$0	$485.19	$2.73	$0.00
Rating Pool 377	75	133	$442,999	$6,530	$0	$492.22	$7.26	$0.00
Rating Pool 378	145	236	$1,486,072	$12,205	$0	$854.06	$7.01	$0.00
Rating Pool 379	56	89	$383,919	$1,683	$0	$571.31	$2.50	$0.00
Rating Pool 380	47	92	$343,891	$2,510	$0	$609.74	$4.45	$0.00
Rating Pool 381	26	33	$420,051	$6,294	$0	$1,346.32	$20.17	$0.00
Rating Pool 382	19	37	$380,976	$5,315	$0	$1,670.95	$23.31	$0.00
Rating Pool 383	30	48	$255,878	$1,259	$0	$710.77	$3.50	$0.00
Rating Pool 385	6	12	$100,570	$520	$0	$1,396.81	$7.22	$0.00
Rating Pool 408	408	848	$1,662,456	$23,365	$0	$339.55	$4.77	$0.00
Rating Pool 409	271	406	$1,457,061	$21,149	$0	$448.05	$6.50	$0.00
Rating Pool 410	523	820	$4,580,679	$64,231	$0	$729.87	$10.23	$0.00
Rating Pool 411	50	111	$734,942	$10,191	$0	$1,224.90	$16.99	$0.00
Rating Pool 412	30	32	$100,982	$1,396	$0	$280.50	$3.88	$0.00
Rating Pool 413	51	166	$234,144	$3,567	$0	$382.59	$5.83	$0.00
Rating Pool 414	12	12	$3,884	$27	$0	$26.98	$0.18	$0.00
Rating Pool 415	11	34	$21,607	$109	$0	$163.69	$0.83	$0.00
Rating Pool 416	290	687	$1,511,647	$17,577	$0	$434.38	$5.05	$0.00
Rating Pool 417	882	1,828	$13,938,240	$211,188	$0	$1,316.92	$19.95	$0.00
Rating Pool 418	1,260	2,664	$10,669,166	$151,187	$0	$705.63	$10.00	$0.00
Rating Pool 419	1	1	$0	$0	$0	$0.00	$0.00	$0.00
Rating Pool 420	11	18	$32,568	$460	$0	$246.73	$3.48	$0.00
Rating Pool 421	0	0	$0	$0	$0	n/a	n/a	n/a
Rating Pool 422	2	2	$3,617	$57	$0	$150.72	$2.38	$0.00
Rating Pool 423	10	15	$80,986	$1,472	$0	$674.88	$12.27	$0.00
Rating Pool 424	0	0	$0	$0	$0	n/a	n/a	n/a
Rating Pool 426	37	78	$175,213	$2,479	$0	$394.62	$5.58	$0.00
Rating Pool 428	155	278	$1,436,014	$19,686	$0	$772.05	$10.58	$0.00
Grand Total	**106,632**	**200,711**	**$1,004,586,628**	**$60,314,642**	**$3,464,806**	**$785.09**	**$47.14**	**$2.71**

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A14
Summary of Monthly Premium Rates with Composite Cost
For Plan Years Ending in 2015 and 2016

		Enrolled Employees		Premium Rates for the Plan Year-Ending in 2015					Premiums Rates for the Plan Year-Ending in 2016				
Plan Type	Health Plan	2015	2016	EE	ES	EC	EF	Composite[1]	EE	ES	EC	EF	Composite[1]
Closed Network	Plan 283	380		$801.44	$1,322.35	$1,162.12	$1,963.56	$1,071.41					
	Plan 285	174		$703.41	$1,160.61	$1,019.97	$1,723.38	$877.04					
Deductible	Plan 273	349	429	$584.22	$958.12	$1,437.18	$864.64	$804.18	$628.10	$1,030.09	$1,545.14	$929.59	$843.03
	Plan 275	58	59	$691.02	$1,340.58	$1,616.99	$967.43	$997.45	$670.51	$1,300.79	$1,569.00	$938.72	$898.94
	Plan 276	251		$748.74	$1,227.94	$1,841.91	$1,108.14	$1,056.95					
	Plan 824	6	9	$570.14	$969.23	$1,356.93	$883.71	$1,134.57	$557.02	$946.94	$1,325.72	$863.39	$925.90
	Plan 828	23	29	$771.76	$1,497.21	$1,798.19	$1,080.46	$964.03	$784.89	$1,522.69	$1,828.80	$1,098.85	$939.97
	Plan 830	8		$716.90	$1,397.96	$1,813.76	$1,290.42	$1,095.96					
	Plan 831	7		$640.63	$1,281.27	$1,537.52	$896.89	$1,061.62					
	Plan 1261		256						$762.68	$1,479.60	$1,784.67	$945.72	$1,178.34
	Plan 1263		229						$791.53	$1,298.11	$1,947.17	$1,171.47	$1,098.33
	Plan 1265	4	22	$615.01	$1,045.51	$1,508.35	$953.26	$1,376.47	$700.25	$1,358.48	$1,717.77	$1,026.47	$1,082.75
	Plan 1268		10						$728.25	$1,420.10	$1,842.48	$1,310.86	$1,147.73
HMO	Plan 286	7		$456.31	$912.62	$798.54	$1,254.85	$668.17					
	Plan 287	259		$594.55	$1,189.10	$1,040.46	$1,635.01	$1,022.10					
	Plan 288	140		$563.13	$1,126.26	$985.48	$1,548.61	$1,126.26					
	Plan 301	374	363	$841.66	$1,632.82	$1,961.06	$1,178.32	$1,209.38	$856.05	$1,660.73	$1,994.59	$1,198.47	$1,231.67
	Plan 302	819		$743.64	$1,450.09	$1,747.54	$1,041.09	$1,079.95					
	Plan 308	107	117	$777.83	$1,555.67	$1,866.80	$1,088.97	$968.29	$738.95	$1,477.91	$1,773.49	$1,034.53	$889.27
	Plan 419	256		$674.24	$1,309.05	$943.02	$1,577.83	$803.61					
	Plan 420	514		$630.01	$1,215.66	$878.03	$1,463.61	$800.96					
	Plan 421	49		$573.13	$1,111.20	$800.87	$1,338.97	$775.90					
	Plan 422	287		$728.95	$1,338.33	$976.58	$1,604.22	$924.37					
	Plan 423	34		$729.54	$1,339.41	$977.38	$1,605.52	$1,089.23					
	Plan 424	227		$669.93	$1,298.97	$936.19	$1,565.17	$881.10					
	Plan 426	15		$862.87	$1,672.97	$1,205.78	$2,015.90	$985.46					
	Plan 427	49		$744.01	$1,365.98	$996.76	$1,637.37	$978.03					
	Plan 428	504		$735.49	$1,426.86	$1,029.66	$1,721.03	$979.45					
	Plan 429	515		$766.77	$1,449.20	$1,058.15	$1,732.91	$1,181.66					
	Plan 430	8		$792.77	$1,656.89	$1,426.99	$2,243.54	$1,132.67					
	Plan 432	306		$598.58	$1,114.45	$834.79	$1,299.43	$732.23					
	Plan 433	498		$707.02	$1,262.19	$1,049.57	$1,607.14	$926.55					
	Plan 434	569		$666.07	$1,218.94	$889.21	$1,461.39	$820.74					
	Plan 435	45		$673.62	$1,297.64	$938.21	$1,562.28	$858.89					
	Plan 437	73		$767.24	$1,489.92	$1,073.08	$1,795.69	$979.72					
	Plan 438	73		$743.89	$1,444.44	$1,039.48	$1,740.01	$973.92					
	Plan 439	247		$642.06	$1,310.08	$1,179.06	$1,847.07	$864.99					
	Plan 440	152		$731.64	$1,485.24	$1,038.93	$1,792.54	$884.85					
	Plan 441	383		$687.38	$1,257.90	$914.22	$1,505.36	$813.51					
	Plan 442	24		$670.16	$1,288.48	$931.05	$1,549.33	$922.57					
	Plan 443	154		$726.75	$1,411.20	$1,015.50	$1,699.88	$959.45					
	Plan 444	15		$856.53	$1,637.08	$1,185.81	$1,966.50	$952.47					
	Plan 445	436		$698.24	$1,353.80	$975.72	$1,631.27	$830.76					
	Plan 446	28		$880.86	$1,710.48	$1,230.94	$2,060.52	$1,250.80					
	Plan 447	51		$754.67	$1,453.63	$1,050.97	$1,747.70	$929.64					
	Plan 448	689		$610.46	$1,160.36	$845.86	$1,396.26	$752.14					
	Plan 449	47		$724.55	$1,407.00	$1,012.46	$1,694.93	$970.04					
	Plan 450	10		$839.87	$1,628.45	$1,173.64	$1,962.20	$985.48					
	Plan 452	168		$696.11	$1,352.46	$974.44	$1,630.75	$885.49					
	Plan 453	23		$735.86	$1,471.63	$1,077.63	$1,813.49	$952.98					
	Plan 454	32		$757.10	$1,470.95	$1,059.81	$1,773.61	$979.47					

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		Enrolled Employees		Premium Rates for the Plan Year-Ending in 2015					Premiums Rates for the Plan Year-Ending in 2016				
Plan Type	Health Plan	2015	2016	EE	ES	EC	EF	Composite[1]	EE	ES	EC	EF	Composite[1]
	Plan 455	106		$858.29	$1,716.47	$1,720.23	$2,578.45	$1,077.52					
	Plan 456	55		$808.73	$1,568.87	$1,132.21	$1,892.36	$1,031.04					
	Plan 457	327		$639.59	$1,170.49	$853.86	$1,403.29	$888.22					
	Plan 458	3		$989.04	$1,910.31	$1,379.36	$2,300.64	$1,296.13					
	Plan 459	140		$828.43	$1,520.97	$1,109.86	$1,823.15	$985.63					
	Plan 460	143		$729.30	$1,524.26	$1,152.30	$1,947.26	$849.61					
	Plan 461	187		$643.00	$1,273.00	$1,087.00	$1,711.00	$833.84					
	Plan 462	105		$613.05	$1,189.29	$858.26	$1,434.50	$788.90					
	Plan 463	29		$712.18	$1,383.69	$996.94	$1,668.44	$916.33					
	Plan 464	54		$788.78	$1,448.16	$1,056.73	$1,735.88	$961.99					
	Plan 466	7		$826.97	$1,583.59	$1,259.20	$2,014.46	$826.97					
	Plan 467	4		$918.59	$1,773.62	$1,280.65	$2,135.69	$1,099.62					
	Plan 468	13		$673.48	$1,307.99	$942.15	$1,576.73	$776.81					
	Plan 470	15		$826.97	$1,583.59	$1,259.20	$2,014.46	$934.95					
	Plan 471	6		$826.97	$1,583.59	$1,259.20	$2,014.46	$826.97					
	Plan 472	119		$791.96	$1,602.19	$1,127.32	$1,937.53	$850.67					
	Plan 473	100		$832.58	$1,599.41	$1,181.64	$1,948.31	$1,090.02					
	Plan 475	8		$826.97	$1,583.59	$1,259.20	$2,014.46	$1,124.18					
	Plan 476	20		$898.71	$1,745.33	$1,256.97	$2,103.52	$952.45					
	Plan 478	35		$566.12	$1,132.25	$990.71	$1,556.84	$849.18					
	Plan 479	37		$573.98	$1,112.58	$815.85	$1,354.45	$877.31					
	Plan 481	31		$772.52	$1,500.92	$1,081.38	$1,809.74	$946.21					
	Plan 482	8		$826.97	$1,583.59	$1,259.20	$2,014.46	$989.06					
	Plan 483	29		$593.62	$1,153.30	$830.94	$1,390.62	$736.28					
	Plan 484	51		$762.00	$1,463.61	$1,081.32	$1,782.97	$968.45					
	Plan 485	44		$561.60	$1,090.53	$784.72	$1,313.56	$809.13					
	Plan 486	41		$628.87	$1,202.59	$956.64	$1,529.39	$742.80					
	Plan 487	26		$628.87	$1,202.59	$956.64	$1,529.39	$805.27					
	Plan 488	33		$628.87	$1,202.59	$956.64	$1,529.39	$839.84					
	Plan 489	13		$628.87	$1,202.59	$956.64	$1,529.39	$748.57					
	Plan 490	28		$628.87	$1,202.59	$956.64	$1,529.39	$783.95					
	Plan 491	27		$628.87	$1,202.59	$956.64	$1,529.39	$762.42					
	Plan 492	23		$628.87	$1,202.59	$956.64	$1,529.39	$920.92					
	Plan 493	91		$609.03	$1,232.12	$866.93	$1,490.02	$739.85					
	Plan 494	143		$716.14	$1,388.52	$1,000.74	$1,673.13	$824.86					
	Plan 495	29		$605.88	$1,197.40	$854.36	$1,445.88	$832.30					
	Plan 496	43		$593.26	$1,149.95	$843.24	$1,399.94	$802.79					
	Plan 497	201		$866.31	$1,645.63	$1,366.18	$2,145.50	$1,066.01					
	Plan 499	65		$696.81	$1,338.60	$988.96	$1,630.62	$899.80					
	Plan 500	62		$557.58	$1,075.88	$777.07	$1,295.32	$741.87					
	Plan 501	27		$846.87	$1,647.87	$1,186.03	$1,986.95	$884.55					
	Plan 502	54		$846.87	$1,647.87	$1,186.03	$1,986.95	$979.30					
	Plan 503	27		$826.97	$1,583.59	$1,259.20	$2,014.46	$1,039.11					
	Plan 504	51		$628.87	$1,202.59	$956.64	$1,529.39	$844.04					
	Plan 506	124		$689.28	$1,399.24	$985.68	$1,688.74	$874.94					
	Plan 508	107		$576.00	$1,137.00	$971.00	$1,528.00	$812.79					
	Plan 509	5		$1,084.81	$2,076.49	$1,651.37	$2,641.38	$1,396.12					
	Plan 510	97		$632.78	$1,229.36	$885.76	$1,482.38	$831.97					
	Plan 511	2		$1,061.75	$2,103.53	$1,492.82	$2,534.60	$1,277.29					
	Plan 512	174		$665.53	$1,346.41	$947.36	$1,628.23	$838.68					
	Plan 513	99		$553.00	$1,072.82	$774.20	$1,294.02	$653.55					

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		Enrolled Employees		Premium Rates for the Plan Year-Ending in 2015					Premiums Rates for the Plan Year-Ending in 2016				
Plan Type	Health Plan	2015	2016	EE	ES	EC	EF	Composite[1]	EE	ES	EC	EF	Composite[1]
	Plan 514	200		$553.00	$1,072.82	$774.20	$1,294.02	$713.54					
	Plan 515	10		$553.00	$1,072.82	$774.20	$1,294.02	$627.10					
	Plan 516	54		$553.00	$1,072.82	$774.20	$1,294.02	$772.36					
	Plan 517	79		$553.00	$1,072.82	$774.20	$1,294.02	$813.40					
	Plan 518	23		$405.60	$786.86	$567.83	$949.10	$571.01					
	Plan 520	5		$405.60	$786.86	$567.83	$949.10	$405.60					
	Plan 521	11		$405.60	$786.86	$567.83	$949.10	$840.69					
	Plan 524	14		$408.76	$793.00	$572.27	$956.51	$408.76					
	Plan 525	8		$408.76	$793.00	$572.27	$956.51	$847.16					
	Plan 527	2		$405.60	$786.86	$567.83	$949.10	$677.35					
	Plan 528	2		$682.62	$1,324.29	$955.67	$1,597.34	$955.67					
	Plan 529	7		$405.60	$786.86	$567.83	$949.10	$801.92					
	Plan 531	4		$405.60	$786.86	$567.83	$949.10	$717.91					
	Plan 532	9		$405.60	$786.86	$567.83	$949.10	$405.60					
	Plan 534	2		$405.60	$786.86	$567.83	$949.10	$405.60					
	Plan 535	4		$405.60	$786.86	$567.83	$949.10	$867.98					
	Plan 537	1		$474.21	$919.97	$663.90	$1,109.66	$474.21					
	Plan 538	1		$474.21	$919.97	$663.90	$1,109.66	$663.90					
	Plan 541	6		$474.21	$919.97	$663.90	$1,109.66	$474.21					
	Plan 543	4		$474.21	$919.97	$663.90	$1,109.66	$474.21					
	Plan 545	15		$474.21	$919.97	$663.90	$1,109.66	$474.21					
	Plan 547	7		$474.21	$919.97	$663.90	$1,109.66	$474.21					
	Plan 549	15		$474.21	$919.97	$663.90	$1,109.66	$474.21					
	Plan 551	5		$474.21	$919.97	$663.90	$1,109.66	$474.21					
	Plan 552	3		$474.21	$919.97	$663.90	$1,109.66	$834.61					
	Plan 554	13		$716.76	$1,390.50	$1,003.46	$1,677.21	$960.46					
	Plan 555	241		$820.72	$1,592.20	$1,149.01	$1,920.49	$1,008.36					
	Plan 556	13		$1,566.34	$1,566.34	$1,566.34	$1,566.34	$1,566.34					
	Plan 557	361		$661.92	$1,284.13	$926.69	$1,548.90	$834.90					
	Plan 558	14		$1,315.02	$1,315.02	$1,315.02	$1,315.02	$1,315.02					
	Plan 559	252		$834.20	$1,618.36	$1,167.89	$1,952.04	$1,012.56					
	Plan 560	119		$674.40	$1,308.34	$944.16	$1,578.10	$819.25					
	Plan 561	122		$849.77	$1,648.55	$1,189.68	$1,988.46	$1,111.11					
	Plan 562	150		$670.34	$1,300.47	$938.48	$1,568.61	$805.48					
	Plan 563	4		$840.24	$1,630.07	$1,176.34	$1,966.17	$924.27					
	Plan 565	41		$770.90	$1,495.54	$1,079.25	$1,803.90	$926.96					
	Plan 566	28		$775.56	$1,504.59	$1,085.78	$1,814.81	$934.55					
	Plan 569	5		$760.24	$1,474.86	$1,064.33	$1,778.95	$821.06					
	Plan 572	3		$1,591.88	$1,591.88	$1,591.88	$1,591.88	$1,591.88					
	Plan 573	12		$834.20	$1,618.36	$1,167.89	$1,952.04	$945.43					
	Plan 574	5		$849.77	$1,648.55	$1,189.68	$1,988.46	$849.77					
	Plan 575	59		$849.77	$1,648.55	$1,189.68	$1,988.46	$1,171.82					
	Plan 576	4		$682.62	$1,324.29	$955.67	$1,597.34	$911.30					
	Plan 579	6		$708.12	$1,373.75	$991.37	$1,657.00	$849.75					
	Plan 580	24		$712.42	$1,382.09	$997.39	$1,667.06	$914.87					
	Plan 581	76		$788.83	$1,530.33	$1,104.36	$1,845.87	$1,022.16					
	Plan 582	11		$784.21	$1,521.36	$1,097.89	$1,835.04	$1,003.79					
	Plan 583	140		$784.21	$1,521.36	$1,097.89	$1,835.04	$928.05					
	Plan 584	62		$712.42	$1,382.09	$997.39	$1,667.06	$881.33					
	Plan 585	141		$712.42	$1,382.09	$997.39	$1,667.06	$852.98					
	Plan 587	25		$770.90	$1,495.54	$1,079.25	$1,803.90	$985.52					

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		Enrolled Employees		Premium Rates for the Plan Year-Ending in 2015					Premiums Rates for the Plan Year-Ending in 2016				
Plan Type	Health Plan	2015	2016	EE	ES	EC	EF	Composite[1]	EE	ES	EC	EF	Composite[1]
	Plan 588	8		$863.96	$1,676.08	$1,209.54	$2,021.66	$1,051.87					
	Plan 589	33		$780.27	$1,513.72	$1,092.37	$1,825.83	$1,017.66					
	Plan 591	12		$785.02	$1,522.93	$1,099.02	$1,836.94	$863.52					
	Plan 593	91		$708.12	$1,373.75	$991.37	$1,657.00	$843.36					
	Plan 596	5		$885.89	$1,718.64	$1,240.25	$2,072.99	$956.76					
	Plan 597	3		$785.02	$1,522.93	$1,099.02	$1,836.94	$889.69					
	Plan 598	3		$760.24	$1,474.86	$1,064.33	$1,778.95	$861.60					
	Plan 599	24		$678.80	$1,316.86	$950.31	$1,588.38	$860.38					
	Plan 600	20		$686.83	$1,332.45	$961.56	$1,607.18	$866.09					
	Plan 601	81		$687.03	$1,332.84	$961.84	$1,607.65	$910.61					
	Plan 602	31		$678.80	$1,316.86	$950.31	$1,588.38	$825.07					
	Plan 603	18		$687.03	$1,332.84	$961.84	$1,607.65	$1,029.78					
	Plan 604	11		$1,339.82	$1,339.82	$1,339.82	$1,339.82	$1,339.82					
	Plan 605	10		$674.40	$1,308.34	$944.16	$1,578.10	$918.53					
	Plan 606	14		$716.76	$1,390.50	$1,003.46	$1,677.21	$1,011.65					
	Plan 607	5		$838.94	$1,627.53	$1,174.51	$1,963.11	$1,221.49					
	Plan 608	15		$834.20	$1,618.36	$1,167.89	$1,952.04	$878.69					
	Plan 609	2		$793.50	$1,539.39	$1,110.90	$1,856.79	$952.20					
	Plan 611	3		$755.71	$1,466.08	$1,058.00	$1,768.37	$1,093.26					
	Plan 612	13		$755.71	$1,466.08	$1,058.00	$1,768.37	$856.86					
	Plan 613	13		$475.34	$922.15	$665.47	$1,112.29	$749.57					
	Plan 614	21		$1,000.18	$1,000.18	$1,000.18	$1,000.18	$1,000.18					
	Plan 615	87		$477.71	$926.75	$668.79	$1,117.83	$684.27					
	Plan 616	32		$477.71	$926.75	$668.79	$1,117.83	$727.61					
	Plan 617	6		$682.62	$1,324.29	$955.67	$1,597.34	$1,139.98					
	Plan 618	10		$682.62	$1,324.29	$955.67	$1,597.34	$1,112.68					
	Plan 619	40		$477.71	$926.75	$668.79	$668.79	$659.71					
	Plan 624	10		$716.76	$1,390.50	$1,003.46	$1,677.21	$831.44					
	Plan 625	33		$484.07	$939.09	$677.69	$1,132.71	$806.48					
	Plan 626	4		$678.49	$1,316.28	$949.89	$1,587.68	$973.64					
	Plan 627	10		$869.45	$1,686.74	$1,217.24	$2,034.52	$869.45					
	Plan 628	3		$478.50	$928.30	$669.91	$1,119.70	$842.17					
	Plan 629	2		$755.71	$1,466.08	$1,058.00	$1,768.37	$755.71					
	Plan 630	117		$475.34	$922.15	$665.47	$1,112.29	$681.48					
	Plan 631	29		$674.73	$1,308.98	$944.63	$1,578.88	$774.31					
	Plan 632	92		$674.40	$1,308.34	$944.16	$1,578.10	$748.73					
	Plan 633	30		$678.80	$1,316.86	$950.31	$1,588.38	$802.79					
	Plan 634	15		$869.45	$1,686.74	$1,217.24	$2,034.52	$947.12					
	Plan 635	8		$869.45	$1,686.74	$1,217.24	$2,034.52	$869.45					
	Plan 636	33		$785.33	$1,523.54	$1,099.46	$1,837.67	$912.41					
	Plan 637	3		$869.45	$1,686.74	$1,217.24	$2,034.52	$1,101.31					
	Plan 638	11		$785.33	$1,523.54	$1,099.46	$1,837.67	$919.55					
	Plan 639	50		$785.33	$1,523.54	$1,099.46	$1,837.67	$827.42					
	Plan 640	26		$869.45	$1,686.74	$1,217.24	$2,034.52	$985.82					
	Plan 641	108		$785.33	$1,523.54	$1,099.46	$1,837.67	$870.84					
	Plan 643	2		$785.33	$1,523.54	$1,099.46	$1,837.67	$785.33					
	Plan 644	18		$869.45	$1,686.74	$1,217.24	$2,034.52	$908.09					
	Plan 645	56		$785.33	$1,523.54	$1,099.46	$1,837.67	$828.52					
	Plan 646	5		$869.45	$1,686.74	$1,217.24	$2,034.52	$1,032.91					
	Plan 647	30		$785.33	$1,523.54	$1,099.46	$1,837.67	$837.69					
	Plan 648	29		$785.33	$1,523.54	$1,099.46	$1,837.67	$854.11					

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A14
Summary of Monthly Premium Rates with Composite Cost
For Plan Years Ending in 2015 and 2016

		Enrolled Employees		Premium Rates for the Plan Year-Ending in 2015					Premiums Rates for the Plan Year-Ending in 2016				
Plan Type	Health Plan	2015	2016	EE	ES	EC	EF	Composite[1]	EE	ES	EC	EF	Composite[1]
	Plan 650	72		$475.34	$922.15	$665.47	$1,112.29	$726.34					
	Plan 651	61		$682.89	$1,324.81	$956.05	$1,597.97	$810.07					
	Plan 652	77		$480.87	$932.89	$673.22	$1,125.24	$692.33					
	Plan 653	6		$716.76	$1,390.50	$1,003.46	$1,677.21	$812.33					
	Plan 654	5		$780.27	$1,513.72	$1,092.37	$1,825.83	$780.27					
	Plan 656	9		$793.50	$1,539.39	$1,110.90	$1,856.79	$1,029.79					
	Plan 704	9		$613.40	$1,226.80	$1,073.45	$1,686.85	$1,414.23					
	Plan 781	448		$535.69	$1,016.69	$734.27	$1,087.49	$850.20					
	Plan 782	175		$715.50	$1,347.87	$1,349.55	$1,981.89	$939.92					
	Plan 783	3		$405.60	$786.86	$567.83	$949.10	$405.60					
	Plan 784	3		$411.96	$799.20	$576.74	$963.99	$411.96					
	Plan 786	2		$415.21	$805.51	$581.30	$971.60	$888.56					
	Plan 787	13		$484.95	$940.81	$678.94	$1,134.79	$864.71					
	Plan 788	2		$484.07	$939.09	$677.69	$1,132.71	$1,132.71					
	Plan 832	383		$822.56	$1,349.00	$2,023.50	$1,217.39	$1,228.64					
	Plan 536	3		$411.96	$799.20	$576.74	$963.99	$909.06					
	Plan 546	5		$474.21	$919.97	$663.90	$1,109.66	$804.27					
	Plan 548	2		$474.21	$919.97	$663.90	$1,109.66	$791.94					
	Plan 594	1		$682.62	$1,324.29	$955.67	$1,597.34	$955.67					
	Plan 1032	135		$708.51	$1,364.85	$986.81	$1,643.20	$899.84					
	Plan 1033	106		$818.98	$1,584.60	$1,143.39	$1,909.06	$1,041.67					
	Plan 1034	12		$745.90	$1,369.43	$999.28	$1,641.51	$840.09					
	Plan 1035	33		$751.75	$1,503.41	$1,506.70	$2,258.39	$1,025.78					
	Plan 1036	47		$540.01	$1,026.02	$783.00	$1,269.04	$876.08					
	Plan 1037	77		$540.01	$1,026.02	$783.00	$1,269.04	$745.14					
	Plan 1038	315		$663.21	$1,260.11	$961.64	$1,558.57	$905.75					
	Plan 1039	196		$663.21	$1,260.11	$961.64	$1,558.57	$818.52					
	Plan 1040	331		$588.87	$1,156.35	$828.30	$1,395.82	$791.75					
	Plan 1041	75		$694.04	$1,274.23	$929.81	$1,527.39	$837.88					
	Plan 1042	145		$764.57	$1,182.36	$1,018.43	$1,440.28	$913.56					
	Plan 1043	56		$702.10	$1,375.85	$1,014.04	$1,693.73	$875.87					
	Plan 1044	47		$883.87	$1,716.28	$1,235.02	$2,067.44	$1,170.28					
	Plan 1045	26		$883.87	$1,716.28	$1,235.02	$2,067.44	$969.91					
	Plan 1046	19		$813.75	$1,627.46	$1,174.31	$1,987.91	$1,136.85					
	Plan 1047	30		$854.74	$1,709.43	$1,233.44	$2,088.04	$1,085.55					
	Plan 1095	19		$708.12	$1,373.75	$991.37	$1,657.00	$817.69					
	Plan 1096	6		$474.57	$920.66	$664.40	$1,110.49	$749.82					
	Plan 1098	1		$402.46	$780.77	$563.44	$941.75	$402.46					
	Plan 1099	3		$402.46	$780.77	$563.44	$941.75	$708.33					
	Plan 1100	5		$505.79	$981.22	$708.10	$1,183.54	$831.51					
	Plan 1269	64		$882.71	$1,412.33	$1,701.81	$1,324.06	$1,334.37					
	Plan 1270	124		$777.59	$1,508.52	$1,819.56	$1,088.63	$1,085.99					
	Plan 1271	15		$827.68	$1,613.97	$2,094.02	$1,489.82	$953.49					
	Plan 1272		12						$868.68	$1,693.93	$2,197.76	$1,563.63	$1,106.12
	Plan 1273		376						$851.24	$1,396.04	$2,094.06	$1,259.84	$1,269.89
	Plan 1274		67						$836.76	$1,338.81	$1,657.48	$1,255.14	$1,240.84
	Plan 1275		134						$736.56	$1,428.92	$1,723.54	$1,031.18	$1,043.71
	Plan 1279	274		$723.84	$1,404.25	$1,693.79	$897.56	$1,138.65					
	Plan 1280	75		$926.53	$1,389.80	$1,716.55	$1,158.16	$1,283.08					
	Plan 1281	265		$755.49	$1,465.65	$1,767.85	$1,057.69	$1,054.49					
	Plan 1283		71						$926.53	$1,389.80	$1,947.97	$1,164.03	$1,329.02

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
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For Plan Years Ending in 2015 and 2016

		Enrolled Employees		Premium Rates for the Plan Year-Ending in 2015					Premiums Rates for the Plan Year-Ending in 2016				
Plan Type	Health Plan	2015	2016	EE	ES	EC	EF	Composite[1]	EE	ES	EC	EF	Composite[1]
	Plan 1284		792						$831.53	$1,621.49	$1,954.10	$1,164.14	$1,196.64
	Plan 1285		284						$715.56	$1,388.19	$1,674.42	$1,001.79	$1,006.32
	Plan 1286	102		$693.00	$1,413.71	$1,891.89	$1,219.68	$861.70					
	Plan 1287		99						$693.82	$1,415.39	$1,894.12	$1,221.12	$865.10
PPO	Plan 289	1,314		$733.80	$839.60	$733.80	$993.35	$850.17					
	Plan 317	80		$1,758.18	$1,780.52	$1,758.18	$2,128.46	$1,774.30					
	Plan 324	10		$1,001.38	$2,005.98	$2,479.29	$1,574.69	$1,101.84					
	Plan 325	35		$658.26	$1,382.34	$1,579.77	$855.69	$1,134.05					
	Plan 326	3		$1,308.09	$2,623.36	$3,237.87	$1,922.60	$1,951.35					
	Plan 327	1		$928.28	$1,799.02	$2,167.62	$1,296.88	$928.28					
	Plan 334	46		$677.91	$1,523.59	$1,626.97	$881.29	$1,133.98					
	Plan 335	52		$545.38	$1,155.27	$1,308.92	$709.03	$1,016.60					
	Plan 336	41		$890.48	$1,780.96	$2,137.42	$1,246.94	$1,177.22					
	Plan 337	52		$826.80	$1,521.26	$1,818.72	$1,124.26	$971.77					
	Plan 338	36		$815.38	$1,628.77	$1,953.18	$1,138.79	$1,253.42					
	Plan 339	43		$774.10	$1,524.06	$1,702.78	$1,052.82	$1,187.27					
	Plan 340	39		$706.24	$1,515.16	$1,696.85	$987.93	$1,120.34					
	Plan 341	18		$649.96	$1,195.69	$1,529.91	$884.18	$932.17					
	Plan 342	18		$679.54	$1,359.08	$1,630.10	$950.56	$1,004.03					
	Plan 343	28		$573.84	$1,056.33	$1,262.45	$779.96	$785.31					
	Plan 346	81		$462.03	$924.06	$808.55	$1,270.58	$891.26					
	Plan 347	1,437		$572.26	$1,144.52	$1,001.46	$1,573.72	$1,004.24					
	Plan 409	10		$564.47	$1,100.73	$790.27	$1,320.88	$867.60					
	Plan 410	81		$588.66	$1,142.01	$824.13	$1,377.47	$770.64					
	Plan 411	63		$955.05	$1,862.36	$1,337.08	$2,234.83	$1,134.24					
	Plan 412	97		$796.27	$1,552.71	$1,114.78	$1,863.26	$996.07					
	Plan 413	97		$712.87	$1,390.11	$998.04	$1,668.13	$992.88					
	Plan 668	759		$625.30	$1,213.38	$874.10	$1,461.79	$831.96					
	Plan 670	1,826		$643.25	$1,196.80	$1,150.40	$1,623.55	$852.38					
	Plan 672	254		$679.43	$1,277.34	$1,284.14	$1,882.02	$1,013.53					
	Plan 673	110		$431.75	$837.58	$603.55	$1,009.35	$431.75					
	Plan 674	225		$431.75	$837.58	$603.55	$1,009.35	$852.12					
	Plan 675	1,021		$721.41	$1,370.69	$973.91	$1,623.18	$894.98					
	Plan 676	65		$1,376.83	$1,376.83	$1,376.83	$1,376.83	$1,376.83					
	Plan 685	15		$748.64	$1,422.41	$1,010.66	$1,684.44	$1,140.43					
	Plan 686	5		$871.17	$1,655.22	$1,176.07	$1,960.12	$1,184.79					
	Plan 688	93		$748.64	$1,422.41	$1,010.66	$1,684.44	$844.03					
	Plan 689	68		$871.17	$1,655.22	$1,176.07	$1,960.12	$1,155.58					
	Plan 690	669		$840.61	$1,597.17	$1,134.82	$1,891.37	$1,039.89					
	Plan 691	52		$1,604.31	$1,604.31	$1,604.31	$1,604.31	$1,604.31					
	Plan 703	1		$484.84	$892.38	$1,066.87	$659.33	$484.84					
	Plan 708	15,584		$920.40	$1,693.10	$1,232.10	$2,031.55	$1,099.33					
	Plan 709	9,903		$1,192.85	$1,514.70	$1,192.85	$1,817.55	$1,264.15					
	Plan 710	3,335		$1,799.55	$2,084.60	$1,799.55	$2,512.35	$1,851.14					
	Plan 768	22	37	$401.78	$723.20	$522.32	$883.92	$673.90	$446.39	$803.51	$580.32	$982.08	$709.41
	Plan 769	8	18	$545.16	$1,059.67	$762.33	$1,276.83	$663.77	$578.03	$1,123.56	$808.29	$1,353.82	$677.02
	Plan 770	30	43	$494.70	$960.95	$691.53	$1,157.77	$609.35	$524.51	$1,018.85	$733.20	$1,227.54	$700.78
	Plan 772	62		$967.78	$1,914.38	$1,367.34	$2,313.93	$1,177.77					
	Plan 773	44		$876.83	$1,733.95	$1,239.26	$2,096.00	$956.97					
	Plan 774	243	185	$811.89	$1,461.40	$1,055.47	$1,786.16	$948.55	$902.45	$1,624.41	$1,173.20	$1,985.39	$1,029.28
	Plan 775	215	255	$647.54	$1,165.57	$841.81	$1,424.59	$813.19	$721.06	$1,297.90	$937.38	$1,586.33	$902.60

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For Plan Years Ending in 2015 and 2016

Plan Type	Health Plan	Enrolled Employees		Premium Rates for the Plan Year-Ending in 2015					Premiums Rates for the Plan Year-Ending in 2016				
		2015	2016	EE	ES	EC	EF	Composite[1]	EE	ES	EC	EF	Composite[1]
	Plan 776	140	151	$510.07	$918.12	$663.09	$1,122.16	$693.33	$566.73	$1,020.10	$736.74	$1,246.81	$738.25
	Plan 779	162	190	$836.55	$1,621.48	$1,167.85	$1,952.79	$1,002.77	$886.98	$1,719.24	$1,238.25	$2,070.51	$1,047.86
	Plan 780	150	162	$758.86	$1,470.82	$1,059.82	$1,771.11	$920.70	$804.60	$1,559.48	$1,123.70	$1,877.87	$922.28
	Plan 794	905		$730.12	$1,340.46	$978.14	$1,606.78	$913.91					
	Plan 795	36		$879.95	$1,615.56	$1,178.88	$1,936.53	$1,095.15					
	Plan 796	361		$625.96	$1,149.24	$838.61	$1,377.57	$778.98					
	Plan 797	64		$421.02	$772.97	$564.04	$926.54	$421.02					
	Plan 798	87		$421.02	$772.97	$564.04	$926.54	$764.47					
	Plan 799	68		$723.38	$1,328.09	$969.12	$1,591.96	$887.87					
	Plan 800	27		$612.04	$1,123.67	$819.95	$1,346.92	$808.60					
	Plan 801	28		$551.83	$1,013.14	$739.29	$1,214.42	$811.18					
	Plan 802	7		$406.98	$747.19	$545.23	$895.64	$406.98					
	Plan 803	8		$406.98	$747.19	$545.23	$895.64	$770.93					
	Plan 804	16		$798.44	$1,465.91	$1,069.68	$1,757.15	$1,154.21					
	Plan 805	15		$446.03	$818.90	$597.55	$981.60	$446.03					
	Plan 806	19		$446.03	$818.90	$597.55	$981.60	$817.51					
	Plan 807	20		$519.65	$954.06	$696.18	$1,143.61	$733.48					
	Plan 808	25		$746.78	$1,371.05	$1,000.46	$1,643.45	$873.18					
	Plan 809	70		$782.11	$1,435.92	$1,047.80	$1,721.21	$912.58					
	Plan 810	22		$732.73	$1,407.21	$1,007.92	$1,682.40	$924.77					
	Plan 812	21		$664.77	$1,263.08	$897.45	$1,495.75	$709.09					
	Plan 813	55		$748.64	$1,422.41	$1,010.66	$1,684.44	$901.09					
	Plan 814	37		$871.17	$1,655.22	$1,176.07	$1,960.12	$1,203.15					
	Plan 815	21		$664.77	$1,263.08	$897.45	$1,495.75	$788.23					
	Plan 816	36		$748.64	$1,422.41	$1,010.66	$1,684.44	$884.85					
	Plan 817	22		$871.17	$1,655.22	$1,176.07	$1,960.12	$1,067.18					
	Plan 818	22		$664.77	$1,263.08	$897.45	$1,495.75	$809.82					
	Plan 819	61		$748.64	$1,422.41	$1,010.66	$1,684.44	$901.43					
	Plan 820	29		$871.17	$1,655.22	$1,176.07	$1,960.12	$1,009.35					
	Plan 821	15		$664.77	$1,263.08	$897.45	$1,495.75	$926.25					
	Plan 822	38		$748.64	$1,422.41	$1,010.66	$1,684.44	$927.92					
	Plan 823	24		$871.17	$1,655.22	$1,176.07	$1,960.12	$1,052.66					
	Plan 868	12,713		$935.95	$1,070.95	$935.95	$1,284.50	$1,000.09					
	Plan 869	5,439		$935.95	$1,070.95	$935.95	$1,284.50	$1,020.30					
	Plan 870	2,093		$935.95	$1,070.95	$935.95	$1,284.50	$998.95					
	Plan 874	17		$1,009.74	$1,902.67	$1,009.74	$1,902.67	$1,121.66					
	Plan 875	3		$921.38	$2,612.96	$2,155.74	$4,640.64	$921.38					
	Plan 878	3		$406.29	$745.52	$406.29	$745.52	$767.87					
	Plan 879	25		$824.78	$2,326.03	$1,919.02	$4,131.06	$3,389.87					
	Plan 880	131		$674.84	$1,913.78	$1,578.91	$3,398.89	$864.86					
	Plan 881	230		$535.25	$1,506.90	$1,245.05	$2,670.95	$885.32					
	Plan 882	160		$535.25	$1,506.90	$1,245.05	$2,670.95	$867.34					
	Plan 883	183		$758.07	$2,149.84	$1,773.66	$3,818.15	$1,513.62					
	Plan 884	19		$334.44	$948.45	$782.50	$1,684.47	$922.04					
	Plan 887	241		$965.85	$1,834.95	$1,315.10	$2,184.20	$1,039.59					
	Plan 888	19		$383.25	$696.75	$519.45	$832.95	$645.77					
	Plan 889	121		$758.05	$1,440.15	$1,032.15	$1,714.25	$836.02					
	Plan 890	160		$704.95	$1,339.30	$959.85	$1,594.20	$853.56					
	Plan 893	4		$1,069.71	$2,011.89	$1,469.18	$2,411.36	$1,405.12					
	Plan 894	89		$953.98	$1,841.52	$1,267.77	$2,136.64	$1,210.16					
	Plan 897	23		$386.07	$726.12	$515.54	$852.42	$730.00					

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		Enrolled Employees		Premium Rates for the Plan Year-Ending in 2015					Premiums Rates for the Plan Year-Ending in 2016				
Plan Type	Health Plan	2015	2016	EE	ES	EC	EF	Composite[1]	EE	ES	EC	EF	Composite[1]
	Plan 898	85		$860.67	$1,621.85	$1,164.96	$1,926.14	$991.37					
	Plan 899	17		$810.22	$1,526.73	$1,075.99	$1,766.00	$1,445.26					
	Plan 900	243	255	$424.96	$800.37	$801.37	$1,176.78	$845.78	$520.58	$980.46	$981.68	$1,441.56	$1,002.78
	Plan 901	12	14	$441.86	$834.17	$839.86	$1,232.17	$836.54	$541.28	$1,021.86	$1,028.83	$1,509.41	$886.05
	Plan 904	45		$900.30	$1,700.44	$1,707.15	$2,507.29	$918.08					
	Plan 905	441		$883.40	$1,666.64	$1,668.66	$2,451.90	$997.24					
	Plan 907	307		$845.07	$1,577.55	$1,154.62	$1,887.10	$1,034.28					
	Plan 908	516		$754.46	$1,353.48	$1,043.69	$1,642.71	$876.49					
	Plan 910	28		$411.28	$744.73	$546.39	$879.84	$776.87					
	Plan 913	1,258		$634.52	$1,218.02	$988.96	$1,572.46	$853.96					
	Plan 915	99		$430.65	$826.70	$671.22	$1,067.27	$673.59					
	Plan 916	47		$564.72	$1,084.02	$880.17	$1,399.47	$913.63					
	Plan 1221	290		$659.57	$1,207.05	$880.54	$1,447.14	$1,002.43					
	Plan 1396		154						$580.40	$1,634.45	$1,350.25	$2,897.30	$951.06
	Plan 1398		17						$377.92	$1,071.75	$884.23	$1,903.45	$869.95
	Plan 1215	523		$724.70	$1,326.23	$967.47	$1,590.01	$850.94					
	Plan 1217	30		$419.90	$768.44	$560.57	$921.28	$436.21					
	Plan 1219	12		$488.87	$894.66	$652.65	$1,072.61	$488.87					
	Plan 1252	1		$590.69	$1,122.33	$797.44	$1,329.07	$590.69					
	Plan 1253	11		$590.69	$1,122.33	$797.44	$1,329.07	$695.41					
	Plan 1255	2		$664.77	$1,263.08	$897.45	$1,495.75	$664.77					
	Plan 1256	10		$748.64	$1,422.41	$1,010.66	$1,684.44	$976.97					
	Plan 1311		40						$616.34	$1,146.10	$822.16	$1,363.26	$955.01
	Plan 1313		31						$654.98	$1,211.70	$884.21	$1,447.51	$859.71
	Plan 833	173		$756.36	$1,391.72	$1,664.00	$1,013.53	$1,011.34					
	Plan 834	240		$703.97	$1,295.30	$1,548.73	$943.32	$956.17					
	Plan 835	272		$524.97	$965.94	$1,154.92	$703.45	$777.84					
	Plan 836	31		$420.87	$774.39	$925.91	$563.97	$701.90					
	Plan 837	1,328		$702.49	$1,361.78	$1,640.92	$981.62	$922.76					
	Plan 838	257		$735.78	$1,426.35	$1,718.70	$1,028.13	$1,090.64					
	Plan 1310	48		$550.88	$1,046.67	$749.20	$1,244.99	$817.37					
	Plan 1312	29		$564.64	$1,044.57	$762.25	$1,247.85	$796.92					
	Plan 921		84						$419.51	$765.14	$570.48	$916.11	$642.13
	Plan 922		42						$791.62	$1,443.83	$1,076.81	$1,728.71	$818.78
	Plan 923		134						$678.87	$1,287.91	$923.62	$1,532.66	$735.36
	Plan 924		153						$631.43	$1,197.82	$859.04	$1,425.43	$746.50
	Plan 925		225						$864.39	$1,640.39	$1,176.25	$1,952.24	$933.50
	Plan 926		20						$344.23	$624.14	$465.87	$745.78	$608.90
	Plan 927		139						$833.37	$1,524.77	$1,112.78	$1,828.52	$989.37
	Plan 928		184						$745.81	$1,364.71	$995.80	$1,636.18	$937.18
	Plan 929		61						$974.69	$1,872.55	$1,329.85	$2,256.09	$1,160.30
	Plan 930		251						$532.54	$966.76	$706.58	$1,158.56	$700.62
	Plan 931		98						$532.54	$966.76	$706.58	$1,158.56	$713.70
	Plan 932		56						$532.54	$966.76	$706.58	$1,158.56	$754.58
	Plan 933		52						$418.59	$758.85	$554.68	$896.49	$655.90
	Plan 934		154						$712.06	$1,395.65	$1,025.37	$1,723.20	$837.55
	Plan 935		71						$666.31	$1,305.96	$959.48	$1,612.46	$814.21
	Plan 936		8						$656.60	$1,286.94	$945.50	$1,588.97	$728.83
	Plan 937		31						$626.63	$1,228.19	$902.35	$1,516.44	$802.90
	Plan 938		22						$472.26	$925.62	$680.05	$1,142.86	$692.50
	Plan 1213	408		$520.93	$953.32	$695.44	$1,142.93	$709.89					

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A14
Summary of Monthly Premium Rates with Composite Cost
For Plan Years Ending in 2015 and 2016

		Enrolled Employees		Premium Rates for the Plan Year-Ending in 2015					Premiums Rates for the Plan Year-Ending in 2016				
Plan Type	Health Plan	2015	2016	EE	ES	EC	EF	Composite[1]	EE	ES	EC	EF	Composite[1]
	Plan 1214	271		$705.30	$1,290.76	$941.58	$1,547.45	$818.85					
	Plan 1216	50		$908.28	$1,662.20	$1,212.56	$1,992.80	$1,345.02					
	Plan 1218	51		$419.90	$768.44	$560.57	$921.28	$822.74					
	Plan 1220	11		$488.87	$894.66	$652.65	$1,072.61	$695.99					
	Plan 1222	882		$750.60	$1,373.64	$1,002.06	$1,646.85	$1,085.68					
	Plan 1223	1,260		$699.79	$1,280.65	$934.22	$1,535.36	$1,001.04					
	Plan 1226	1		$909.24	$1,746.20	$1,250.72	$2,087.69	$909.24					
	Plan 1227	2		$909.24	$1,746.20	$1,250.72	$2,087.69	$1,327.72					
	Plan 1229	1		$909.24	$1,746.20	$1,250.72	$2,087.69	$909.24					
	Plan 1315	139		$550.88	$1,046.67	$749.20	$1,244.99	$792.00					
	Plan 1316		76						$603.21	$1,146.10	$820.37	$1,363.26	$1,015.62
	Plan 1317	34		$564.64	$1,044.57	$762.25	$1,247.85	$719.75					
	Plan 1318		40						$654.98	$1,211.70	$884.21	$1,447.51	$896.01
	Plan 1319	16		$887.72	$1,686.66	$1,207.29	$2,006.24	$957.63					
	Plan 1320	43		$824.69	$1,508.84	$1,100.69	$1,808.94	$1,556.30					
	Plan 1321	80		$818.70	$1,479.57	$1,079.34	$1,773.85	$958.57					
	Plan 1322		51						$841.85	$1,599.52	$1,144.92	$1,902.58	$1,099.69
	Plan 1323	122		$773.26	$1,430.53	$1,043.91	$1,708.90	$912.64					
	Plan 1324		87						$896.98	$1,659.41	$1,210.94	$1,982.32	$1,275.98
	Plan 1326	73		$727.49	$1,331.01	$970.96	$1,595.74	$938.27					
	Plan 1327		76						$755.08	$1,434.65	$1,026.90	$1,706.48	$976.64
	Plan 1328	129		$693.56	$1,283.08	$936.31	$1,532.77	$838.99					
	Plan 1329		105						$804.53	$1,488.37	$1,086.12	$1,778.01	$971.72
	Plan 1331	76		$480.49	$879.09	$641.29	$1,053.93	$664.09					
	Plan 1332		71						$573.03	$1,048.40	$764.80	$1,256.92	$762.34
	Plan 1333	73		$443.64	$820.72	$598.90	$980.43	$655.42					
	Plan 1334		92						$514.62	$952.04	$694.72	$1,137.30	$735.68
	Plan 1335	42		$371.90	$680.42	$496.36	$815.75	$705.81					
	Plan 1336		42						$388.82	$711.38	$518.94	$852.87	$753.56
	Plan 1337		11						$371.77	$717.52	$509.33	$862.51	$562.73
	Plan 1344		587						$581.50	$1,060.75	$773.20	$1,272.05	$821.05
	Plan 1346		16,608						$1,015.80	$1,162.30	$1,015.80	$1,394.05	$1,077.30
	Plan 1348		7,552						$1,015.80	$1,162.30	$1,015.80	$1,394.05	$1,094.57
	Plan 1352		1,598						$796.40	$911.20	$796.40	$1,078.10	$911.37
	Plan 1355		12,717						$989.35	$1,819.90	$1,324.40	$2,183.70	$1,176.22
	Plan 1357		9,486						$1,264.40	$1,605.60	$1,264.40	$1,926.60	$1,331.95
	Plan 1359		2,532						$1,934.35	$2,240.75	$1,934.35	$2,700.55	$1,987.30
	Plan 1379		14						$1,108.59	$3,197.53	$2,634.20	$5,678.37	$1,950.08
	Plan 1380		5						$1,011.58	$2,868.77	$2,366.78	$5,094.96	$2,301.61
	Plan 1381		24						$905.53	$2,611.80	$2,131.16	$4,638.17	$3,960.15
	Plan 1383		16						$782.10	$2,213.03	$1,826.06	$3,928.46	$1,836.08
	Plan 1384		6						$589.90	$1,669.46	$1,377.44	$2,963.71	$1,641.82
	Plan 1385		2						$589.90	$1,669.46	$1,377.44	$2,963.71	$1,377.44
	Plan 1386		75						$887.18	$2,510.37	$2,071.41	$4,456.28	$2,340.91
	Plan 1387		6						$813.05	$2,298.97	$1,897.67	$4,079.93	$1,174.59
	Plan 1388		16						$716.99	$2,027.14	$1,673.38	$3,597.39	$1,240.11
	Plan 1390		33						$592.57	$1,675.09	$1,382.89	$2,972.45	$1,033.32
	Plan 1391		9						$592.57	$1,675.09	$1,382.89	$2,972.45	$1,296.07
	Plan 1392		4						$474.46	$1,340.88	$1,107.11	$2,379.17	$1,224.00
	Plan 1393		9						$422.25	$1,193.15	$985.21	$2,116.92	$1,283.55
	Plan 1394		110						$762.57	$2,162.57	$1,784.17	$3,840.74	$1,003.15

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A14
Summary of Monthly Premium Rates with Composite Cost
For Plan Years Ending in 2015 and 2016

		Enrolled Employees		Premium Rates for the Plan Year-Ending in 2015					Premiums Rates for the Plan Year-Ending in 2016				
Plan Type	Health Plan	2015	2016	EE	ES	EC	EF	Composite[1]	EE	ES	EC	EF	Composite[1]
	Plan 1395		285						$580.40	$1,634.45	$1,350.25	$2,897.30	$961.14
	Plan 1397		177						$856.62	$2,429.32	$2,004.24	$4,314.51	$1,721.56
	Plan 1430	608		$56.18	$56.18	$56.18	$56.18	$56.18					
	Plan 1431	886		$56.18	$56.18	$56.18	$56.18	$56.18					
	Plan 1432	14		$56.18	$56.18	$56.18	$56.18	$56.18					
	Plan 1433	254		$56.18	$56.18	$56.18	$56.18	$56.18					
	Plan 1434		24						$1,041.92	$3,057.21	$2,519.41	$5,476.76	$1,937.77
	Plan 1435		110						$921.31	$2,657.42	$2,168.34	$4,670.38	$1,460.43
	Plan 1436		53						$835.78	$2,407.70	$1,983.67	$4,291.74	$1,046.71
	Plan 1437		47						$573.56	$1,654.39	$1,349.91	$2,938.00	$1,416.41
	Plan 1439		205						$778.54	$2,245.60	$1,832.32	$3,987.90	$1,384.93
	Plan 1440		102						$778.54	$2,245.60	$1,832.32	$3,987.90	$1,464.71
	Plan 1441		30						$614.10	$1,771.32	$1,445.32	$3,145.65	$1,695.21
	Plan 1442		1,084						$707.49	$1,358.09	$1,102.69	$1,753.29	$888.79
	Plan 1444		97						$480.17	$921.77	$748.41	$1,190.01	$728.17
	Plan 1445		62						$629.66	$1,208.68	$981.39	$1,560.41	$890.89
	Plan 1446		120						$512.09	$914.85	$756.74	$1,159.50	$857.38
	Plan 1447		22						$1,102.87	$2,083.04	$2,091.26	$3,071.43	$1,102.87
	Plan 1448		289						$1,082.17	$2,041.64	$2,044.11	$3,003.58	$1,165.31
	Plan 1451		496						$794.74	$1,425.95	$1,099.51	$1,730.72	$911.74
	Plan 1453		34						$433.90	$785.69	$576.44	$928.23	$832.34
TRAD	Plan 876	2		$939.80	$1,770.93	$1,272.06	$2,103.19	$939.80					
	Plan 877	33		$541.99	$1,537.04	$1,268.09	$2,729.79	$2,197.93					
	Plan 885	24		$445.93	$1,264.62	$1,043.34	$2,245.97	$720.72					
	Plan 891	42		$884.35	$1,679.35	$1,203.75	$1,998.75	$952.63					
	Plan 892	66		$467.60	$854.70	$636.70	$1,023.80	$659.61					
	Plan 895	29		$1,000.46	$1,929.84	$1,338.94	$2,238.17	$1,165.08					
	Plan 896	154		$514.77	$971.53	$687.40	$1,136.55	$717.65					
	Plan 902	274	251	$518.21	$976.02	$977.24	$1,435.05	$816.04	$634.81	$1,195.63	$1,197.12	$1,757.94	$914.49
	Plan 903	30	33	$535.11	$1,009.82	$1,015.73	$1,490.44	$694.73	$655.51	$1,237.03	$1,244.27	$1,825.79	$762.12
	Plan 906	436		$619.55	$1,121.19	$888.55	$1,390.19	$888.18					
	Plan 909	97		$512.81	$930.83	$681.93	$1,099.95	$787.33					
	Plan 911	121		$855.07	$1,637.15	$1,199.54	$1,981.62	$947.94					
	Plan 912	72		$945.87	$1,813.60	$1,329.60	$2,197.33	$1,087.47					
	Plan 914	467		$482.23	$861.51	$712.62	$1,091.90	$780.55					
	Plan 1399		32						$503.90	$1,429.02	$1,178.97	$2,537.95	$828.98
	Plan 1382		35						$595.05	$1,687.52	$1,392.24	$2,997.04	$2,315.62
	Plan 1389		2						$498.08	$1,407.72	$1,162.26	$2,497.82	$1,162.26
	Plan 1438		197						$570.16	$1,672.64	$1,315.27	$2,950.08	$1,274.38
	Plan 1443		364						$537.69	$960.59	$794.57	$1,217.47	$860.02
	Plan 1449		482						$638.62	$1,155.23	$915.57	$1,432.18	$909.55
	Plan 1450		272						$868.08	$1,619.79	$1,185.87	$1,937.58	$1,019.70
	Plan 1452		103						$539.80	$980.06	$717.85	$1,158.11	$848.97
Open Network	Plan 270	65		$646.00	$1,227.39	$1,100.82	$1,557.17	$838.55					
	Plan 271	263		$729.76	$1,386.55	$1,275.11	$1,804.64	$931.18					
	Plan 272	94		$487.12	$970.15	$895.48	$1,267.76	$951.25					
	Plan 711	2		$488.33	$972.58	$897.72	$1,270.92	$1,084.32					
	Plan 1361	1						$0.00					
POS	Plan 1536	220		$788.06	$1,442.19	$1,052.07	$1,729.03	$1,129.42					
	Plan 1538	24		$500.58	$916.09	$668.28	$1,098.29	$752.07					
	Plan 1539	4		$500.58	$916.09	$668.28	$1,098.29	$584.43					

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A14
Summary of Monthly Premium Rates with Composite Cost
For Plan Years Ending in 2015 and 2016

		Enrolled Employees		Premium Rates for the Plan Year-Ending in 2015					Premiums Rates for the Plan Year-Ending in 2016				
Plan Type	**Health Plan**	**2015**	**2016**	**EE**	**ES**	**EC**	**EF**	**Composite[1]**	**EE**	**ES**	**EC**	**EF**	**Composite[1]**
	Plan 1540	447		$705.26	$1,290.66	$941.53	$1,547.37	$1,056.19					
	Plan 1541	6		$705.26	$1,290.66	$941.53	$1,547.37	$1,064.72					
	Plan 1542	37		$500.58	$916.09	$668.28	$1,098.29	$715.53					
	Plan 1543	3		$500.58	$916.09	$668.28	$1,098.29	$1,098.29					
	Plan 1544	226		$500.58	$916.09	$668.28	$1,098.29	$737.26					
	Plan 1545	15		$500.58	$916.09	$668.28	$1,098.29	$750.84					
	Plan 1546	24		$391.46	$716.39	$522.60	$858.88	$557.25					
	Plan 1547	95		$947.13	$1,733.29	$1,264.43	$2,078.04	$1,336.52					
Low		**1**	**2**	**$56.18**	**$56.18**	**$56.18**	**$56.18**	**$56.18**	**$344.23**	**$624.14**	**$465.87**	**$745.78**	**$562.73**
High		**15,584**	**16,608**	**$1,799.55**	**$2,623.36**	**$3,237.87**	**$4,640.64**	**$3,389.87**	**$1,934.35**	**$3,197.53**	**$2,634.20**	**$5,678.37**	**$3,960.15**
Grand Total/Average		**98,183**	**63,763**	**$870.05**	**$1,247.43**	**$1,076.29**	**$1,443.23**	**$1,017.52**	**$1,033.82**	**$1,353.49**	**$1,183.02**	**$1,575.56**	**$1,155.30**

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A15a
Summary of Total Monthly Premium Rates by District with Composite Cost By District — All Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM						Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE	
Aberdeen School District	391	248	28	95	20	$759.81	$1,151.99	$941.18	$1,302.43	$859.72	1.714	$336,149
Adna School District	34	15	5	8	6	$683.04	$1,213.93	$961.11	$1,695.83	$1,005.27	2.483	$34,179
Almira School District	17	2	7	3	5	$924.00	$1,022.57	$1,018.33	$969.80	$994.71	1.050	$16,910
Anacortes School District	240	115	30	49	46	$738.69	$1,171.45	$925.20	$1,395.73	$956.80	1.889	$229,631
Arlington School District	513	239	55	137	82	$730.75	$1,081.60	$908.09	$1,115.61	$877.24	1.527	$450,025
Asotin-Anatone School District	62	5	11	2	44	$850.60	$913.86	$850.60	$897.66	$895.22	1.055	$55,504
Auburn School District	1,446	828	132	329	157	$709.28	$1,219.53	$908.40	$1,421.14	$878.46	2.004	$1,270,249
Bainbridge Island School District	378	203	31	95	49	$762.57	$1,382.74	$967.25	$1,481.67	$958.09	1.943	$362,157
Battle Ground School District	1,123	576	123	263	161	$755.99	$1,241.93	$971.79	$1,508.47	$967.63	1.995	$1,086,650
Bellevue School District	2,032	1,097	179	483	273	$732.27	$1,126.67	$913.96	$1,369.67	$895.84	1.870	$1,820,338
Bellingham School District	1,204	652	127	292	133	$671.92	$1,104.58	$921.71	$1,351.81	$853.25	2.012	$1,027,309
Benge School District	4	1	1	0	2	$1,018.00	$1,196.00	n/a	$1,259.00	$1,183.00	1.237	$4,732
Bethel School District	1,583	966	144	319	154	$732.90	$1,293.98	$981.78	$1,464.89	$905.30	1.999	$1,433,095
Bickleton School District	11	0	5	0	6	n/a	$2,067.13	n/a	$2,113.75	$2,092.56	n/a	$23,018
Blaine School District	230	111	32	50	37	$712.98	$1,247.19	$974.54	$1,364.13	$948.92	1.913	$218,251
Boistfort School District	14	11	2	0	1	$599.35	$1,532.75	n/a	$1,164.05	$773.03	1.942	$10,822
Bremerton School District	494	322	45	99	28	$785.67	$1,434.54	$1,152.85	$1,495.70	$958.61	1.904	$473,554
Brewster School District	125	78	14	26	7	$670.72	$1,127.18	$826.45	$1,356.46	$792.64	2.022	$99,079
Bridgeport School District	88	55	0	24	9	$634.47	n/a	$872.59	$1,263.09	$763.71	1.991	$67,206
Brinnon School District	11	6	2	2	1	$606.73	$1,171.73	$914.03	$1,164.05	$816.00	1.919	$8,976
Burlington-Edison School District	416	213	40	123	40	$726.90	$1,207.84	$959.99	$1,435.04	$910.16	1.974	$378,625
Camas School District	635	277	72	192	94	$703.01	$1,275.04	$865.83	$1,350.92	$913.01	1.922	$579,762
Cape Flattery School District	86	62	2	19	3	$711.43	$1,427.05	$852.61	$1,164.05	$775.05	1.636	$66,654
Carbonado School District	20	15	1	2	2	$820.80	$1,647.15	$985.73	$1,120.35	$908.56	1.365	$18,171
Cascade School District	130	65	17	31	17	$632.57	$1,024.39	$835.27	$1,307.06	$820.35	2.066	$106,645
Cashmere School District	180	73	26	28	53	$868.82	$1,005.82	$957.05	$985.06	$936.56	1.134	$168,581
Castle Rock School District	135	77	12	36	10	$735.83	$1,158.51	$917.80	$1,157.81	$853.18	1.573	$115,180
Centerville School District	10	2	3	4	1	$646.74	$1,381.33	$996.61	$593.12	$1,001.70	0.917	$10,017
Central Kitsap School District	1,021	552	117	229	123	$688.62	$1,201.55	$878.35	$1,366.92	$871.67	1.985	$889,975
Central Valley School District	1,409	786	100	414	109	$738.01	$1,204.97	$915.58	$1,358.70	$871.34	1.841	$1,227,717
Centralia School District	377	211	34	103	29	$720.94	$1,166.50	$848.95	$1,240.55	$836.07	1.721	$315,197
Chehalis School District	308	169	26	83	30	$690.96	$1,134.41	$873.42	$1,188.73	$826.05	1.720	$254,423
Cheney School District	478	286	32	118	42	$677.65	$1,215.32	$927.18	$1,332.70	$832.80	1.967	$398,078
Chewelah School District	91	52	11	21	7	$584.65	$1,003.70	$834.15	$1,253.87	$744.36	2.145	$67,737
Chimacum School District	119	64	14	27	14	$715.96	$1,063.93	$913.77	$1,468.24	$890.28	2.051	$105,943
Clarkston School District	275	143	21	70	41	$749.27	$1,117.50	$820.64	$1,078.32	$844.61	1.439	$232,268
Cle Elum-Roslyn School District	115	66	10	18	21	$827.50	$1,010.78	$986.83	$1,205.34	$937.37	1.457	$107,798
Clover Park School District	1,221	782	78	268	93	$819.21	$1,262.70	$1,041.32	$1,431.59	$942.93	1.748	$1,151,322
Colfax School District	64	34	9	15	6	$743.74	$1,077.17	$1,020.14	$1,383.26	$915.37	1.860	$58,583
College Place School District	131	80	8	28	15	$683.93	$916.88	$841.08	$1,278.89	$799.87	1.870	$104,783
Colton School District	19	11	0	5	3	$773.05	n/a	$1,198.99	$1,684.52	$1,029.05	2.179	$19,552
Columbia (Stevens) School District	23	6	10	4	3	$668.03	$1,276.71	$722.49	$1,145.53	$1,004.43	1.715	$23,102

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A15a
Summary of Total Monthly Premium Rates by District with Composite Cost By District — All Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM						Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE	
Columbia (Walla Walla) School District	87	51	7	18	11	$756.06	$1,326.59	$1,021.60	$1,489.97	$949.70	1.971	$82,624
Colville School District	167	97	16	41	13	$684.85	$1,046.39	$890.60	$1,234.49	$812.79	1.803	$135,736
Concrete School District	63	41	6	11	5	$605.81	$1,149.89	$873.95	$1,386.37	$766.39	2.288	$48,283
Conway School District	43	22	9	8	4	$747.16	$1,104.89	$815.48	$1,159.04	$873.06	1.551	$37,542
Cosmopolis School District	20	13	1	4	2	$669.68	$971.65	$709.80	$1,164.05	$742.24	1.738	$14,845
Coulee-Hartline School District	33	13	6	4	10	$902.46	$1,018.00	$993.25	$1,081.00	$988.58	1.198	$32,623
Coupeville School District	92	57	16	7	12	$630.36	$999.28	$658.83	$915.25	$733.85	1.452	$67,514
Crescent School District	36	17	6	10	3	$670.42	$936.88	$801.60	$1,076.52	$785.11	1.606	$28,264
Creston School District	26	14	0	5	7	$916.50	n/a	$1,024.60	$1,195.49	$1,012.40	1.304	$26,322
Curlew School District	29	18	5	2	4	$696.18	$1,083.87	$709.80	$1,715.85	$904.61	2.465	$26,234
Cusick School District	38	17	8	8	5	$876.11	$1,184.44	$815.48	$1,045.08	$950.49	1.193	$36,119
Damman School District	5	4	1	0	0	$685.66	$1,054.05	n/a	n/a	$759.34	n/a	$3,797
Darrington School District	57	15	14	14	14	$937.33	$1,036.14	$1,011.30	$1,109.08	$1,021.95	1.183	$58,251
Davenport School District	76	34	7	25	10	$753.35	$1,225.35	$940.20	$1,501.23	$956.69	1.993	$72,709
Dayton School District	38	19	2	7	10	$649.89	$1,181.08	$910.40	$1,268.22	$888.55	1.951	$33,765
Deer Park School District	234	128	16	68	22	$639.29	$984.12	$854.33	$1,249.78	$782.76	1.955	$183,165
Dieringer School District	150	72	16	38	24	$682.95	$1,100.80	$816.86	$1,260.21	$853.81	1.845	$128,071
Dixie School District	6	4	0	2	0	$664.02	n/a	$1,003.46	n/a	$777.17	n/a	$4,663
East Valley School District (Spokane)	474	285	41	106	42	$833.19	$1,127.26	$1,044.27	$1,399.21	$955.99	1.679	$453,138
East Valley School District (Yakima)	302	150	28	85	39	$730.71	$1,241.32	$861.32	$1,584.79	$925.11	2.169	$279,383
Eastmont School District	577	313	47	170	47	$687.42	$1,129.45	$880.02	$1,249.60	$825.96	1.818	$476,581
Easton School District	21	6	4	8	3	$931.67	$1,018.00	$958.00	$1,102.00	$982.48	1.183	$20,632
Eatonville School District	184	90	14	58	22	$666.24	$1,206.94	$919.57	$1,317.33	$865.08	1.977	$159,175
Edmonds School District	1,928	1,043	179	477	229	$760.52	$1,230.89	$980.87	$1,419.30	$936.95	1.866	$1,806,448
Ellensburg School District	320	175	36	81	28	$714.67	$1,083.66	$893.21	$1,295.36	$852.19	1.813	$272,699
Elma School District	158	95	15	29	19	$776.42	$1,177.72	$997.98	$1,150.76	$900.20	1.482	$142,232
Endicott School District	23	8	2	7	6	$943.00	$1,009.00	$1,114.00	$1,415.00	$1,123.91	1.501	$25,850
Entiat School District	48	15	9	16	8	$792.54	$951.04	$882.62	$1,112.14	$905.55	1.403	$43,466
Enumclaw School District	387	228	28	81	50	$698.66	$1,136.58	$930.58	$1,343.85	$862.24	1.923	$333,688
Ephrata School District	244	116	23	65	40	$679.80	$1,163.95	$856.85	$1,215.08	$860.35	1.787	$209,927
Evaline School District	8	5	0	1	2	$389.86	n/a	$1,155.65	$800.43	$588.23	2.053	$4,706
Everett School District	1,604	645	265	315	379	$1,700.35	$2,476.28	$1,998.35	$2,734.19	$2,131.34	1.608	$3,418,676
Evergreen School District (Clark)	2,318	1,277	238	559	244	$695.51	$1,157.21	$984.48	$1,573.23	$904.99	2.262	$2,097,772
Evergreen School District (Stevens)	4	4	0	0	0	$588.86	n/a	n/a	n/a	$588.86	n/a	$2,355
Federal Way School District	2,253	1,523	125	451	154	$753.09	$1,243.66	$1,011.48	$1,469.58	$881.01	1.951	$1,984,908
Ferndale School District	479	250	52	108	69	$663.47	$1,086.89	$870.41	$1,373.04	$858.31	2.069	$411,130
Fife School District	336	178	34	99	25	$752.21	$1,240.12	$989.31	$1,576.10	$932.74	2.095	$313,402
Finley School District	98	55	11	21	11	$710.45	$1,140.02	$896.30	$1,187.21	$852.01	1.671	$83,497
Franklin Pierce School District	865	554	72	161	78	$723.50	$1,170.40	$913.12	$1,340.60	$851.64	1.853	$736,668
Freeman School District	86	39	10	27	10	$630.67	$920.19	$813.02	$1,284.78	$797.65	2.037	$68,598
Garfield School District	20	11	2	4	3	$649.59	$1,299.59	$884.68	$1,388.53	$872.45	2.138	$17,449
Glenwood School District	20	16	3	1	0	$611.36	$631.56	$587.47	n/a	$613.19	n/a	$12,264

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A15a
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Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM						Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE	
Goldendale School District	95	55	17	7	16	$670.98	$1,213.98	$1,171.08	$1,474.33	$940.30	2.197	$89,328
Grand Coulee Dam School District	100	60	4	27	9	$704.68	$1,392.48	$905.94	$1,162.00	$827.69	1.649	$82,769
Grandview School District	362	193	32	100	37	$675.68	$1,258.26	$847.24	$1,459.53	$854.69	2.160	$309,398
Granger School District	173	90	16	48	19	$771.30	$1,520.28	$1,021.54	$2,029.00	$1,048.13	2.631	$181,326
Granite Falls School District	184	98	15	44	27	$737.89	$1,396.09	$925.67	$1,513.44	$950.25	2.051	$174,847
Grapeview School District	19	10	3	5	1	$633.76	$1,181.52	$827.99	$977.85	$789.47	1.543	$15,000
Great Northern School District	3	3	0	0	0	$9,991.65	n/a	n/a	n/a	$9,991.65	n/a	$29,975
Green Mountain School District	14	6	2	2	4	$801.34	$1,350.60	$769.85	$1,191.60	$986.81	1.487	$13,815
Griffin School District	73	36	11	17	9	$732.41	$1,233.34	$862.15	$1,292.27	$907.13	1.764	$66,221
Harrington School District	27	9	5	3	10	$709.88	$1,016.80	$894.60	$1,095.61	$930.10	1.543	$25,113
Highland School District	130	77	15	26	12	$709.13	$1,250.94	$954.98	$1,279.85	$873.50	1.805	$113,555
Highline School District	2,204	1,546	129	395	134	$742.92	$1,205.47	$949.87	$1,370.72	$845.25	1.845	$1,862,932
Hockinson School District	168	79	18	46	25	$727.38	$1,149.01	$1,025.60	$1,368.77	$949.65	1.882	$159,542
Hood Canal School District	41	26	6	9	0	$711.41	$1,230.62	$1,090.40	n/a	$870.59	n/a	$35,694
Hoquiam School District	137	86	10	34	7	$819.13	$1,540.97	$1,046.63	$1,630.66	$969.75	1.991	$132,855
Inchelium School District	35	22	5	6	2	$9,216.72	$8,543.92	$9,766.90	$5,831.88	$9,021.50	0.633	$315,753
Index School District	5	4	0	1	0	$797.65	n/a	$709.80	n/a	$780.08	n/a	$3,900
Issaquah School District	1,768	1,096	124	392	156	$695.88	$1,160.63	$894.58	$1,325.14	$828.06	1.904	$1,464,005
Kahlotus School District	17	9	1	1	6	$901.49	$1,977.95	$1,304.50	$1,301.24	$1,129.61	1.443	$19,203
Kalama School District	66	30	8	14	14	$751.81	$1,232.99	$1,033.91	$1,407.61	$1,009.08	1.872	$66,600
Keller School District	10	8	0	1	1	$768.88	n/a	$1,000.85	$1,837.50	$898.94	2.390	$8,989
Kelso School District	472	285	42	99	46	$687.34	$1,179.97	$902.60	$1,247.32	$830.90	1.815	$392,184
Kennewick School District	1,683	880	165	413	225	$736.92	$1,244.25	$916.34	$1,360.51	$914.06	1.846	$1,538,360
Kent School District	2,686	1,664	198	598	226	$721.39	$1,214.04	$955.79	$1,369.06	$864.39	1.898	$2,321,746
Kettle Falls School District	86	42	15	15	14	$665.64	$1,048.50	$737.03	$1,275.82	$844.20	1.917	$72,601
Kiona-Benton City School District	174	95	13	56	10	$738.66	$1,328.11	$978.41	$1,472.73	$902.05	1.994	$156,956
Kittitas School District	74	25	15	12	22	$916.00	$1,014.07	$921.00	$1,060.32	$979.59	1.158	$72,490
Klickitat School District	17	12	3	2	0	$670.28	$1,199.74	$931.64	n/a	$794.46	n/a	$13,506
La Center School District	109	51	18	18	22	$797.86	$1,261.48	$1,130.39	$1,463.48	$1,063.68	1.834	$115,941
La Conner School District	84	39	10	17	18	$791.23	$1,247.98	$985.80	$1,323.94	$999.13	1.673	$83,927
LaCrosse School District	25	12	5	5	3	$633.04	$1,249.22	$889.84	$1,452.91	$906.02	2.295	$22,651
Lake Chelan School District	176	89	17	48	22	$669.31	$1,238.50	$837.78	$1,333.10	$853.21	1.992	$150,165
Lake Quinault School District	32	17	6	8	1	$774.80	$1,417.22	$1,019.07	$1,974.70	$993.82	2.549	$31,802
Lake Stevens School District	720	426	51	164	79	$698.39	$1,095.69	$872.00	$1,421.11	$845.37	2.035	$608,669
Lake Washington School District	2,279	1,406	158	477	238	$707.94	$1,237.29	$909.82	$1,444.92	$863.86	2.041	$1,968,730
Lakewood School District	198	103	19	48	28	$724.71	$1,228.72	$889.90	$1,456.63	$916.63	2.010	$181,492
Lamont School District	9	6	1	1	1	$781.67	$971.65	$1,118.25	$1,164.05	$882.66	1.489	$7,944
Liberty School District	57	28	7	14	8	$719.84	$1,015.36	$873.84	$1,464.29	$898.44	2.034	$51,211
Lind School District	32	16	2	7	7	$743.66	$867.35	$1,026.36	$1,236.73	$921.09	1.663	$29,475
Longview School District	705	399	73	175	58	$745.95	$1,245.56	$945.20	$1,329.62	$895.16	1.782	$631,086
Loon Lake School District	26	20	0	6	0	$773.39	n/a	$565.00	n/a	$725.30	n/a	$18,858
Lopez School District	44	24	9	5	6	$566.16	$1,132.25	$990.71	$1,276.29	$827.03	2.254	$36,389

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		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE	
Lyle School District	22	18	2	1	1	$673.28	$1,360.61	$895.48	$1,804.64	$797.29	2.680	$17,540
Lynden School District	310	170	32	66	42	$610.33	$975.69	$854.40	$1,205.29	$780.61	1.975	$241,990
Mabton School District	107	58	9	32	8	$760.45	$1,332.63	$966.33	$1,351.83	$914.36	1.778	$97,837
Mansfield School District	23	5	2	4	12	$913.40	$1,018.00	$987.00	$1,091.42	$1,028.17	1.195	$23,648
Manson School District	93	46	11	25	11	$662.56	$1,091.08	$894.02	$1,335.15	$855.02	2.015	$79,517
Mary M Knight School District	21	9	4	5	3	$656.22	$933.88	$1,034.53	$1,759.28	$956.76	2.681	$20,092
Mary Walker School District	29	20	6	3	0	$692.25	$971.65	$845.95	n/a	$765.96	n/a	$22,213
Marysville School District	1,026	563	97	269	97	$793.12	$1,158.93	$972.59	$1,429.68	$934.94	1.803	$959,249
McCleary School District	29	17	1	8	3	$711.19	$1,882.45	$811.91	$1,388.53	$849.43	1.952	$24,634
Mead School District	980	499	95	235	151	$737.73	$1,250.01	$913.22	$1,375.83	$927.79	1.865	$909,234
Medical Lake School District	179	99	12	47	21	$751.62	$1,181.88	$891.28	$1,238.19	$874.22	1.647	$156,485
Mercer Island School District	353	201	40	83	29	$706.35	$1,370.65	$952.29	$1,433.56	$899.20	2.030	$317,416
Meridian School District	179	102	21	37	19	$654.94	$1,083.38	$932.97	$1,318.15	$833.07	2.013	$149,120
Methow Valley School District	84	38	16	7	23	$901.18	$990.17	$957.05	$1,069.58	$968.89	1.187	$81,387
Mill A School District	5	2	0	0	3	$694.24	n/a	n/a	$1,168.56	$978.83	1.683	$4,894
Monroe School District	561	323	57	125	56	$733.29	$1,154.07	$912.31	$1,355.21	$878.01	1.848	$492,565
Montesano School District	129	65	10	37	17	$692.76	$1,290.20	$884.10	$1,466.93	$895.97	2.118	$115,581
Morton School District	35	23	3	7	2	$707.64	$1,251.75	$1,009.77	$1,476.28	$858.62	2.086	$30,052
Moses Lake School District	818	432	75	246	65	$752.80	$1,265.01	$984.90	$1,400.24	$921.01	1.860	$753,387
Mossyrock School District	61	24	2	6	29	$768.77	$1,560.46	$1,165.24	$721.35	$811.18	0.938	$49,482
Mount Adams School District	137	90	11	29	7	$742.09	$1,210.88	$1,024.12	$1,223.39	$864.02	1.649	$118,371
Mount Baker School District	236	129	40	37	30	$630.36	$1,017.30	$877.99	$1,287.76	$818.34	2.043	$193,127
Mount Pleasant School District	7	5	1	1	0	$594.60	$1,448.93	$1,385.60	n/a	$829.64	n/a	$5,808
Mount Vernon School District	753	455	69	154	75	$709.96	$1,153.13	$918.48	$1,251.25	$847.13	1.762	$637,888
Mukilteo School District	1,360	832	104	299	125	$752.64	$1,264.65	$1,007.54	$1,531.12	$919.39	2.034	$1,250,367
Naches Valley School District	129	74	15	28	12	$684.49	$1,281.44	$902.84	$1,346.95	$862.92	1.968	$111,317
Napavine School District	81	44	5	23	9	$664.57	$912.02	$840.85	$1,159.07	$784.84	1.744	$63,572
Naselle-Grays River Valley School District	43	15	8	10	10	$827.36	$1,439.07	$1,015.66	$1,422.96	$1,123.47	1.720	$48,309
Nespelem School District	23	12	4	7	0	$622.72	$1,111.93	$882.52	n/a	$786.87	n/a	$18,098
Newport School District	118	68	10	30	10	$620.86	$929.97	$868.92	$1,248.46	$763.31	2.011	$90,070
Nine Mile Falls School District	133	43	21	11	58	$697.56	$1,001.81	$959.87	$1,037.63	$915.60	1.488	$121,774
Nooksack Valley School District	201	105	23	42	31	$632.22	$1,061.00	$917.78	$1,367.70	$854.38	2.163	$171,731
North Beach School District	90	55	15	10	10	$756.92	$1,252.61	$1,052.39	$1,438.91	$948.14	1.901	$85,333
North Franklin School District	238	114	35	47	42	$594.38	$825.78	$694.38	$1,010.68	$721.62	1.700	$171,746
North Kitsap School District	581	331	63	126	61	$725.31	$1,188.89	$883.69	$1,196.07	$859.35	1.649	$499,283
North Mason School District	195	120	15	43	17	$762.56	$1,303.58	$1,026.13	$1,497.34	$926.35	1.964	$180,639
North River School District	18	15	1	0	2	$713.45	$971.65	n/a	$1,164.05	$777.86	1.632	$14,001
North Thurston Public Schools	1,350	703	116	415	116	$689.25	$1,186.29	$891.29	$1,381.97	$853.59	2.005	$1,152,342
Northport School District	37	18	8	3	8	$1,049.73	$1,189.80	$1,165.00	$1,270.63	$1,137.12	1.210	$42,074
Northshore School District	2,005	1,087	229	436	253	$672.89	$1,099.70	$912.88	$1,445.48	$871.31	2.148	$1,746,978
Oak Harbor School District	490	258	62	105	65	$775.23	$1,248.77	$955.09	$1,267.74	$939.02	1.635	$460,121
Oakesdale School District	21	4	4	6	7	$929.75	$1,036.50	$985.67	$1,097.29	$1,021.90	1.180	$21,460

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A15a
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Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM						Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE	
Oakville School District	38	22	1	13	2	$668.95	$971.65	$838.90	$1,032.75	$754.20	1.544	$28,660
Ocean Beach School District	119	69	15	25	10	$707.78	$1,190.45	$889.32	$1,178.88	$846.35	1.666	$100,716
Ocosta School District	79	47	6	20	6	$721.89	$1,444.48	$1,021.16	$1,268.84	$894.08	1.758	$70,632
Odessa School District	39	16	7	13	3	$713.19	$1,051.81	$848.77	$1,136.37	$851.71	1.593	$33,217
Okanogan School District	125	77	9	30	9	$690.12	$1,140.27	$927.47	$1,208.97	$816.85	1.752	$102,106
Olympia School District	821	476	69	198	78	$683.14	$1,184.79	$884.16	$1,334.18	$835.64	1.953	$686,056
Omak School District	327	181	24	92	30	$680.95	$1,135.04	$817.71	$1,190.85	$799.54	1.749	$261,449
Onalaska School District	89	48	10	21	10	$635.67	$1,266.64	$836.00	$1,302.47	$828.75	2.049	$73,759
Onion Creek School District	9	2	4	1	2	$924.00	$1,018.00	$987.00	$1,081.00	$1,007.67	1.170	$9,069
Orcas Island School District	83	34	16	20	13	$686.06	$1,160.90	$889.38	$1,256.98	$916.01	1.832	$76,029
Orchard Prairie School District	8	6	0	1	1	$736.74	n/a	$1,131.38	$1,694.51	$905.79	2.300	$7,246
Orient School District	12	7	2	0	3	$7,402.51	$12,370.80	n/a	$10,312.00	$8,957.93	1.393	$107,495
Orondo School District	29	17	4	5	3	$639.18	$1,071.69	$709.80	$1,236.68	$772.82	1.935	$22,412
Oroville School District	69	38	8	14	9	$673.09	$1,182.66	$1,031.39	$1,782.76	$949.61	2.649	$65,523
Orting School District	192	92	31	38	31	$800.11	$1,070.28	$861.69	$1,067.87	$899.15	1.335	$172,637
Othello School District	412	224	35	111	42	$659.33	$1,115.28	$796.37	$1,281.32	$798.39	1.943	$328,937
Palisades School District	7	2	2	1	2	$924.00	$1,018.00	$987.00	$1,081.00	$1,004.71	1.170	$7,033
Palouse School District	23	7	8	6	2	$683.12	$1,141.76	$855.33	$1,741.03	$979.56	2.549	$22,530
Pasco School District	1,880	1,117	106	478	179	$719.80	$1,226.87	$921.29	$1,421.50	$866.43	1.975	$1,628,890
Pateros School District	40	25	4	8	3	$698.86	$1,452.73	$888.03	$1,223.00	$851.39	1.750	$34,056
Paterson School District	21	5	2	3	11	$845.98	$1,686.70	$1,000.65	$563.13	$799.98	0.666	$16,800
Pe Ell School District	43	28	2	8	5	$641.00	$1,067.43	$833.62	$1,477.01	$793.88	2.304	$34,137
Peninsula School District	772	457	72	183	60	$701.23	$1,219.01	$977.03	$1,494.49	$876.55	2.131	$676,696
Pioneer School District	91	60	8	15	8	$662.10	$1,209.16	$1,014.11	$1,245.23	$819.48	1.881	$74,573
Pomeroy School District	38	12	5	9	12	$689.70	$1,500.56	$829.28	$1,521.51	$1,092.13	2.206	$41,501
Port Angeles School District	410	221	45	100	44	$717.84	$1,118.02	$906.21	$1,290.42	$869.15	1.798	$356,352
Port Townsend School District	135	69	24	24	18	$688.41	$1,171.56	$861.32	$1,325.47	$889.98	1.925	$120,148
Prescott School District	42	23	6	13	0	$715.26	$1,227.59	$905.72	n/a	$847.40	n/a	$35,591
Prosser School District	308	151	20	97	40	$719.39	$1,296.15	$969.42	$1,535.25	$941.54	2.134	$289,994
Pullman School District	236	144	12	60	20	$679.36	$942.62	$882.65	$1,097.69	$779.88	1.616	$184,052
Puyallup School District	1,683	1,061	120	285	217	$728.01	$1,124.15	$958.60	$1,365.24	$877.47	1.875	$1,476,781
Queets-Clearwater School District	9	6	0	3	0	$692.89	n/a	$918.78	n/a	$768.19	n/a	$6,914
Quilcene School District	18	13	1	4	0	$821.59	$1,371.80	$1,118.25	n/a	$918.08	n/a	$16,525
Quillayute Valley School District	166	109	16	33	8	$679.66	$1,241.57	$858.33	$1,488.85	$808.33	2.191	$134,183
Quincy School District	277	153	19	62	43	$775.89	$1,202.31	$934.12	$1,421.08	$940.71	1.832	$260,577
Rainier School District	83	48	12	16	7	$712.61	$1,349.43	$960.54	$1,521.50	$920.69	2.135	$76,417
Raymond School District	76	43	6	25	2	$754.87	$1,265.23	$942.84	$901.45	$860.85	1.194	$65,424
Reardan-Edwall School District	62	36	7	14	5	$705.85	$1,262.48	$921.90	$1,477.01	$879.67	2.093	$54,540
Renton School District	1,493	931	115	327	120	$705.06	$1,183.57	$919.12	$1,389.91	$843.85	1.971	$1,259,866
Republic School District	39	18	8	7	6	$667.81	$945.18	$666.36	$1,211.66	$808.11	1.814	$31,516
Richland School District	1,086	648	53	271	114	$737.02	$1,205.99	$928.46	$1,322.99	$869.19	1.795	$943,942
Ridgefield School District	150	57	26	45	22	$711.86	$1,091.15	$981.56	$1,488.63	$972.44	2.091	$145,866

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A15a
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Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM						Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE	
Ritzville School District	53	11	9	11	22	$924.27	$1,001.11	$989.27	$1,055.50	$1,005.28	1.142	$53,280
Riverside School District	125	73	17	25	10	$749.39	$1,114.07	$997.66	$1,235.51	$887.53	1.649	$110,941
Riverview School District	285	162	26	61	36	$717.64	$1,193.48	$867.27	$1,324.82	$869.77	1.846	$247,885
Rochester School District	213	93	24	69	27	$727.58	$1,249.24	$888.07	$1,440.41	$928.71	1.980	$197,814
Roosevelt School District	5	5	0	0	0	$837.75	n/a	n/a	n/a	$837.75	n/a	$4,189
Rosalia School District	34	16	10	3	5	$631.70	$1,211.69	$795.64	$1,074.91	$881.93	1.702	$29,986
Royal School District	190	120	15	38	17	$667.41	$1,183.85	$816.86	$1,331.23	$797.46	1.995	$151,518
San Juan Island School District	68	32	11	14	11	$583.81	$995.27	$813.18	$1,156.92	$790.30	1.982	$53,741
Satsop School District	7	5	0	1	1	$716.75	n/a	$1,118.25	$1,837.50	$934.21	2.564	$6,540
Seattle Public Schools	5,710	3,413	502	1,257	538	$709.43	$1,175.32	$927.82	$1,389.51	$862.54	1.959	$4,925,104
Sedro-Woolley School District	457	269	42	104	42	$713.19	$1,060.22	$877.80	$1,204.71	$827.72	1.689	$378,267
Selah School District	376	215	35	102	24	$677.42	$1,200.52	$880.04	$1,505.40	$833.93	2.222	$313,558
Selkirk School District	30	15	7	2	6	$900.72	$1,411.36	$914.03	$1,192.73	$1,079.16	1.324	$32,375
Sequim School District	227	106	23	58	40	$601.13	$1,005.56	$699.19	$1,169.46	$767.31	1.945	$174,179
Shaw Island School District	3	2	0	0	1	$580.40	n/a	n/a	$1,262.85	$807.88	2.176	$2,424
Shelton School District	512	333	51	99	29	$708.74	$1,131.57	$911.28	$1,304.00	$823.74	1.840	$421,754
Shoreline School District	886	497	79	192	118	$718.88	$1,278.84	$931.66	$1,382.75	$903.34	1.923	$800,357
Skamania School District	10	5	1	3	1	$665.34	$970.15	$1,225.24	$1,267.76	$924.03	1.905	$9,240
Skykomish School District	4	4	0	0	0	$837.75	n/a	n/a	n/a	$837.75	n/a	$3,351
Snohomish School District	852	403	80	244	125	$766.30	$1,244.51	$1,006.50	$1,445.20	$979.60	1.886	$834,617
Snoqualmie Valley School District	528	312	40	113	63	$750.86	$1,384.33	$1,009.44	$1,521.74	$946.17	2.027	$499,579
Soap Lake School District	19	12	1	5	1	$812.54	$971.65	$1,048.57	$603.13	$872.01	0.742	$16,568
South Bend School District	84	45	4	24	11	$713.06	$1,145.73	$1,045.54	$1,384.10	$916.53	1.941	$76,989
South Kitsap School District	823	487	78	190	68	$686.24	$1,053.04	$814.74	$1,223.16	$795.03	1.782	$654,314
South Whidbey School District	160	87	16	35	22	$722.43	$1,234.75	$881.11	$1,285.87	$885.84	1.780	$141,735
Southside School District	15	6	2	6	1	$669.33	$1,054.05	$769.85	$1,262.85	$800.40	1.887	$12,006
Spokane School District	3,108	1,568	293	721	526	$758.66	$1,351.48	$1,025.46	$1,457.96	$994.79	1.922	$3,091,812
Sprague School District	18	12	2	2	2	$699.91	$1,550.45	$769.85	$1,618.78	$904.28	2.313	$16,277
St. John School District	26	8	4	8	6	$7,771.84	$8,123.00	$8,649.99	$9,028.65	$8,386.10	1.162	$218,039
Stanwood-Camano School District	416	226	42	89	59	$735.62	$1,244.92	$907.40	$1,403.82	$918.56	1.908	$382,120
Star School District	6	2	0	1	3	$6,680.00	n/a	$9,611.00	$8,401.67	$8,029.33	1.258	$48,176
Starbuck School District	4	4	0	0	0	$749.70	n/a	n/a	n/a	$749.70	n/a	$2,999
Stehekin School District	1	0	1	0	0	n/a	$1,882.45	n/a	n/a	$1,882.45	n/a	$1,882
Steilacoom Hist. School District	236	138	15	59	24	$756.24	$1,312.43	$974.13	$1,434.80	$915.07	1.897	$215,956
Steptoe School District	8	2	3	1	2	$931.00	$1,021.33	$1,027.00	$1,144.00	$1,030.13	1.229	$8,241
Stevenson-Carson School District	96	55	18	5	18	$690.31	$1,259.04	$1,088.40	$1,552.78	$979.39	2.249	$94,022
Sultan School District	178	95	12	40	31	$739.01	$1,149.57	$929.99	$1,216.28	$892.72	1.646	$158,905
Summit Valley School District	10	6	1	3	0	$674.30	$702.00	$902.45	n/a	$745.51	n/a	$7,455
Sumner School District	876	440	72	245	119	$640.29	$1,027.38	$821.19	$1,241.27	$804.34	1.939	$704,604
Sunnyside School District	732	439	46	215	32	$683.63	$1,107.03	$854.63	$1,307.58	$787.74	1.913	$576,626
Tacoma School District	2,757	1,176	506	565	510	$849.01	$1,577.41	$1,182.09	$1,980.34	$1,260.23	2.333	$3,474,460
Taholah School District	24	14	2	5	3	$708.88	$1,219.25	$825.92	$1,270.90	$846.05	1.793	$20,305

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District	Enrolled Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM						Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE	
Tahoma School District	683	357	39	204	83	$757.14	$1,287.66	$931.76	$1,160.88	$888.65	1.533	$606,950
Tekoa School District	27	10	2	8	7	$725.21	$1,043.67	$806.15	$1,287.85	$918.65	1.776	$24,804
Tenino School District	128	69	18	30	11	$728.11	$1,141.60	$804.63	$1,209.05	$845.52	1.661	$108,227
Thorp School District	20	12	3	5	0	$726.20	$1,449.45	$815.13	n/a	$856.92	n/a	$17,138
Toledo School District	62	33	5	16	8	$667.65	$1,163.90	$830.10	$1,107.18	$806.31	1.658	$49,991
Tonasket School District	125	63	17	22	23	$657.17	$981.89	$848.21	$1,396.70	$871.03	2.125	$108,878
Toppenish School District	435	247	55	96	37	$740.10	$1,224.90	$895.96	$1,564.33	$905.90	2.114	$394,066
Touchet School District	30	18	4	6	2	$648.50	$963.06	$972.14	$1,123.10	$786.81	1.732	$23,604
Toutle Lake School District	69	36	7	16	10	$726.38	$1,294.54	$995.30	$1,171.65	$910.91	1.613	$62,853
Trout Lake School District	20	10	6	2	2	$683.44	$1,155.87	$1,085.30	$1,680.91	$965.10	2.459	$19,302
Tukwila School District	301	202	16	59	24	$746.51	$1,240.42	$970.79	$1,465.85	$874.09	1.964	$263,100
Tumwater School District	640	379	41	172	48	$719.79	$1,213.89	$915.36	$1,286.67	$846.52	1.788	$541,771
Union Gap School District	74	42	11	17	4	$819.79	$1,098.92	$930.19	$1,096.75	$901.62	1.338	$66,720
University Place School District	471	278	32	115	46	$710.43	$1,232.98	$961.61	$1,369.92	$871.67	1.928	$410,557
Valley School District	89	48	14	14	13	$622.27	$988.73	$726.40	$1,106.89	$767.08	1.779	$68,271
Vancouver School District	2,315	1,323	182	612	198	$717.45	$1,221.59	$939.66	$1,382.17	$872.68	1.927	$2,020,258
Vashon Island School District	151	75	15	32	29	$726.39	$1,397.43	$941.64	$1,539.04	$994.74	2.119	$150,206
Wahkiakum School District	39	9	10	5	15	$908.78	$1,050.80	$1,001.40	$1,111.13	$1,034.90	1.223	$40,361
Wahluke School District	250	155	21	47	27	$709.49	$1,148.59	$954.90	$1,277.31	$853.83	1.800	$213,459
Waitsburg School District	36	21	4	10	1	$662.68	$1,418.43	$855.01	$1,302.90	$817.86	1.966	$29,443
Walla Walla Public Schools	729	403	61	202	63	$701.81	$1,105.89	$913.26	$1,317.74	$847.44	1.878	$617,783
Wapato School District	381	218	23	115	25	$693.97	$1,362.53	$835.46	$1,767.77	$847.49	2.547	$322,895
Warden School District	124	60	20	16	28	$889.52	$1,012.70	$981.19	$1,075.79	$963.27	1.209	$119,446
Washougal School District	293	207	32	33	21	$769.18	$1,211.14	$1,057.54	$1,402.67	$895.33	1.824	$262,331
Washtucna School District	17	10	3	2	2	$812.91	$1,276.18	$709.80	$1,164.05	$923.84	1.432	$15,705
Waterville School District	36	16	3	13	4	$622.15	$884.37	$741.22	$1,439.95	$777.87	2.314	$28,003
Wellpinit School District	71	24	18	18	11	$633.87	$809.76	$652.91	$902.70	$724.94	1.424	$51,471
Wenatchee School District	850	487	64	223	76	$704.35	$1,165.34	$915.26	$1,382.84	$855.06	1.963	$726,801
West Valley School District (Spokane)	408	226	44	94	44	$750.09	$1,429.00	$1,021.23	$1,496.00	$966.22	1.994	$394,216
West Valley School District (Yakima)	473	223	42	148	60	$732.38	$1,077.11	$886.94	$1,338.21	$888.20	1.827	$420,118
White Pass School District	53	35	4	10	4	$665.23	$1,384.81	$890.55	$1,266.76	$807.45	1.904	$42,795
White River School District	342	205	27	72	38	$738.05	$1,152.41	$962.40	$1,276.12	$877.78	1.729	$300,200
White Salmon Valley School District	116	76	18	5	17	$649.42	$1,144.25	$1,055.72	$1,505.85	$869.23	2.319	$100,830
Wilbur School District	45	15	15	9	6	$924.00	$975.33	$987.00	$1,091.50	$976.04	1.181	$43,922
Willapa Valley School District	43	32	2	3	6	$706.52	$1,707.60	$982.17	$1,868.64	$934.47	2.645	$40,182
Wilson Creek School District	30	18	1	7	4	$812.91	$1,147.36	$1,044.69	$1,331.58	$947.30	1.638	$28,419
Winlock School District	76	39	13	11	13	$629.42	$1,103.27	$889.90	$1,363.95	$873.82	2.167	$66,410
Wishkah Valley School District	21	14	1	6	0	$689.24	$1,532.75	$1,030.61	n/a	$826.94	n/a	$17,366
Wishram School District	19	10	4	0	5	$488.73	$971.65	n/a	$1,163.85	$768.06	2.381	$14,593
Woodland School District	277	177	15	64	21	$986.98	$1,402.51	$1,025.00	$1,524.17	$1,058.99	1.544	$293,342
Yakima School District	1,793	955	140	569	129	$815.44	$1,250.55	$1,017.93	$1,493.58	$962.46	1.832	$1,725,697
Yelm School District	518	300	47	121	50	$727.94	$1,186.22	$950.11	$1,434.78	$889.64	1.971	$460,835

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A15a

Summary of Total Monthly Premium Rates by District with Composite Cost By District — All Employees

Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM						Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE	
Zillah School District	136	73	10	41	12	$673.16	$1,042.25	$889.53	$1,375.16	$827.47	2.043	$112,535
Low	**1**	**0**	**0**	**0**	**0**	**$389.86**	**$631.56**	**$565.00**	**$563.13**	**$588.23**	**1.444**	**$1,882**
High	**5,710**	**3,413**	**506**	**1,257**	**538**	**$9,991.65**	**$12,370.80**	**$9,766.90**	**$10,312.00**	**$9,991.65**	**1.032**	**$4,925,104**
Grand Total/Average	**104,456**	**58,669**	**9,731**	**24,371**	**11,685**	**$742.40**	**$1,253.68**	**$957.15**	**$1,447.11**	**$918.97**	**1.949**	**$95,991,742**

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A15b
Summary of Total Monthly Premium Rates by District with Composite Cost By District — Full-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM						Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE	
Aberdeen School District	391	248	28	95	20	$759.81	$1,151.99	$941.18	$1,302.43	$859.72	1.714	$336,149
Adna School District	30	13	5	7	5	$698.83	$1,213.93	$988.44	$1,782.43	$1,032.86	2.551	$30,986
Almira School District	14	1	7	3	3	$924.00	$1,022.57	$1,018.33	$1,032.33	$1,016.71	1.117	$14,234
Anacortes School District	233	115	27	48	43	$738.69	$1,178.83	$929.69	$1,400.72	$951.22	1.896	$221,634
Arlington School District	513	239	55	137	82	$730.75	$1,081.60	$908.09	$1,115.61	$877.24	1.527	$450,025
Asotin-Anatone School District	62	5	11	2	44	$850.60	$913.86	$850.60	$897.66	$895.22	1.055	$55,504
Auburn School District	1,168	636	113	272	147	$731.52	$1,227.01	$922.57	$1,429.90	$911.84	1.955	$1,065,034
Bainbridge Island School District	378	203	31	95	49	$762.57	$1,382.74	$967.25	$1,481.67	$958.09	1.943	$362,157
Battle Ground School District	950	457	109	230	154	$769.37	$1,246.19	$984.40	$1,513.47	$996.76	1.967	$946,922
Bellevue School District	1,682	902	157	396	227	$751.47	$1,130.13	$933.54	$1,382.63	$914.86	1.840	$1,538,794
Bellingham School District	900	454	97	232	117	$694.06	$1,110.58	$933.14	$1,352.85	$886.22	1.949	$797,599
Benge School District	4	1	1	0	2	$1,018.00	$1,196.00	n/a	$1,259.00	$1,183.00	1.237	$4,732
Bethel School District	1,540	939	142	313	146	$735.77	$1,296.22	$983.86	$1,471.85	$907.65	2.000	$1,397,787
Bickleton School District	11	0	5	0	6	n/a	$2,067.13	n/a	$2,113.75	$2,092.56	n/a	$23,018
Blaine School District	178	75	28	41	34	$748.59	$1,251.36	$1,014.00	$1,388.87	$1,011.11	1.855	$179,978
Boistfort School District	14	11	2	0	1	$599.35	$1,532.75	n/a	$1,164.05	$773.03	1.942	$10,822
Bremerton School District	494	322	45	99	28	$785.67	$1,434.54	$1,152.85	$1,495.70	$958.61	1.904	$473,554
Brewster School District	125	78	14	26	7	$670.72	$1,127.18	$826.45	$1,356.46	$792.64	2.022	$99,079
Bridgeport School District	88	55	0	24	9	$634.47	n/a	$872.59	$1,263.09	$763.71	1.991	$67,206
Brinnon School District	11	6	2	2	1	$606.73	$1,171.73	$914.03	$1,164.05	$816.00	1.919	$8,976
Burlington-Edison School District	277	130	28	88	31	$756.41	$1,159.13	$970.26	$1,391.58	$936.14	1.840	$259,310
Camas School District	133	60	19	34	20	$712.05	$1,367.28	$877.83	$1,293.48	$935.47	1.817	$124,417
Cape Flattery School District	79	57	2	18	2	$714.05	$1,427.05	$868.99	$1,164.05	$778.80	1.630	$61,525
Carbonado School District	20	15	1	2	2	$820.80	$1,647.15	$985.73	$1,120.35	$908.56	1.365	$18,171
Cascade School District	130	65	17	31	17	$632.57	$1,024.39	$835.27	$1,307.06	$820.35	2.066	$106,645
Cashmere School District	129	43	22	25	39	$881.75	$1,003.61	$953.45	$986.71	$948.16	1.119	$122,313
Castle Rock School District	98	51	9	30	8	$726.95	$1,179.97	$937.48	$1,215.41	$872.87	1.672	$85,541
Centerville School District	8	2	1	4	1	$646.74	$1,381.33	$996.61	$593.12	$906.80	0.917	$7,254
Central Kitsap School District	933	490	108	215	120	$696.84	$1,209.97	$878.77	$1,368.48	$884.54	1.964	$825,280
Central Valley School District	1,106	572	84	352	98	$762.93	$1,227.53	$928.99	$1,381.12	$905.84	1.810	$1,001,862
Centralia School District	377	211	34	103	29	$720.94	$1,166.50	$848.95	$1,240.55	$836.07	1.721	$315,197
Chehalis School District	234	122	19	68	25	$707.18	$1,194.38	$891.17	$1,174.44	$850.13	1.661	$198,930
Cheney School District	478	286	32	118	42	$677.65	$1,215.32	$927.18	$1,332.70	$832.80	1.967	$398,078
Chewelah School District	91	52	11	21	7	$584.65	$1,003.70	$834.15	$1,253.87	$744.36	2.145	$67,737
Chimacum School District	85	38	13	23	11	$753.02	$1,071.02	$906.17	$1,513.85	$941.56	2.010	$80,032
Clarkston School District	274	142	21	70	41	$750.50	$1,117.50	$820.64	$1,078.32	$845.60	1.437	$231,694
Cle Elum-Roslyn School District	115	66	10	18	21	$827.50	$1,010.78	$986.83	$1,205.34	$937.37	1.457	$107,798
Clover Park School District	1,192	764	75	262	91	$822.32	$1,268.14	$1,046.25	$1,420.06	$945.22	1.727	$1,126,704
Colfax School District	52	27	9	11	5	$758.09	$1,077.17	$1,018.85	$1,427.10	$932.81	1.882	$48,506
College Place School District	97	51	7	25	14	$698.50	$909.06	$856.83	$1,238.99	$832.51	1.774	$80,754
Colton School District	19	11	0	5	3	$773.05	n/a	$1,198.99	$1,684.52	$1,029.05	2.179	$19,552
Columbia (Stevens) School District	17	4	8	3	2	$578.45	$1,348.09	$706.70	$1,086.88	$1,023.08	1.879	$17,392

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A15b
Summary of Total Monthly Premium Rates by District with Composite Cost By District — Full-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM						Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE	
Columbia (Walla Walla) School District	87	51	7	18	11	$756.06	$1,326.59	$1,021.60	$1,489.97	$949.70	1.971	$82,624
Colville School District	167	97	16	41	13	$684.85	$1,046.39	$890.60	$1,234.49	$812.79	1.803	$135,736
Concrete School District	56	37	4	10	5	$613.61	$1,283.19	$855.52	$1,386.37	$773.63	2.259	$43,323
Conway School District	43	22	9	8	4	$747.16	$1,104.89	$815.48	$1,159.04	$873.06	1.551	$37,542
Cosmopolis School District	20	13	1	4	2	$669.68	$971.65	$709.80	$1,164.05	$742.24	1.738	$14,845
Coulee-Hartline School District	33	13	6	4	10	$902.46	$1,018.00	$993.25	$1,081.00	$988.58	1.198	$32,623
Coupeville School District	91	56	16	7	12	$633.17	$999.28	$658.83	$915.25	$736.71	1.446	$67,041
Crescent School District	29	12	4	10	3	$708.88	$919.50	$801.60	$1,076.52	$807.93	1.519	$23,430
Creston School District	26	14	0	5	7	$916.50	n/a	$1,024.60	$1,195.49	$1,012.40	1.304	$26,322
Curlew School District	29	18	5	2	4	$696.18	$1,083.87	$709.80	$1,715.85	$904.61	2.465	$26,234
Cusick School District	27	14	6	3	4	$895.79	$1,103.57	$899.22	$1,015.33	$960.05	1.133	$25,921
Damman School District	3	2	1	0	0	$816.60	$1,054.05	n/a	n/a	$895.75	n/a	$2,687
Darrington School District	57	15	14	14	14	$937.33	$1,036.14	$1,011.30	$1,109.08	$1,021.95	1.183	$58,251
Davenport School District	76	34	7	25	10	$753.35	$1,225.35	$940.20	$1,501.23	$956.69	1.993	$72,709
Dayton School District	36	17	2	7	10	$663.37	$1,181.08	$910.40	$1,268.22	$908.18	1.912	$32,695
Deer Park School District	175	84	13	58	20	$691.22	$1,008.13	$868.45	$1,239.45	$836.16	1.793	$146,328
Dieringer School District	150	72	16	38	24	$682.95	$1,100.80	$816.86	$1,260.21	$853.81	1.845	$128,071
Dixie School District	6	4	0	2	0	$664.02	n/a	$1,003.46	n/a	$777.17	n/a	$4,663
East Valley School District (Spokane)	474	285	41	106	42	$833.19	$1,127.26	$1,044.27	$1,399.21	$955.99	1.679	$453,138
East Valley School District (Yakima)	302	150	28	85	39	$730.71	$1,241.32	$861.32	$1,584.79	$925.11	2.169	$279,383
Eastmont School District	516	275	42	152	47	$695.06	$1,121.52	$879.93	$1,249.60	$834.74	1.798	$430,725
Easton School District	21	6	4	8	3	$931.67	$1,018.00	$958.00	$1,102.00	$982.48	1.183	$20,632
Eatonville School District	151	69	13	50	19	$676.50	$1,213.34	$932.35	$1,297.37	$885.56	1.918	$133,719
Edmonds School District	1,928	1,043	179	477	229	$760.52	$1,230.89	$980.87	$1,419.30	$936.95	1.866	$1,806,448
Ellensburg School District	244	126	25	72	21	$737.98	$1,088.01	$890.44	$1,299.70	$867.17	1.761	$211,591
Elma School District	109	61	10	22	16	$800.49	$1,240.74	$1,033.98	$1,169.87	$942.23	1.461	$102,703
Endicott School District	23	8	2	7	6	$943.00	$1,009.00	$1,114.00	$1,415.00	$1,123.91	1.501	$25,850
Entiat School District	34	10	5	11	8	$848.04	$1,018.00	$974.99	$1,112.14	$976.25	1.311	$33,192
Enumclaw School District	387	228	28	81	50	$698.66	$1,136.58	$930.58	$1,343.85	$862.24	1.923	$333,688
Ephrata School District	236	109	23	64	40	$686.20	$1,163.95	$854.60	$1,215.08	$868.07	1.771	$204,864
Evaline School District	5	3	0	1	1	$546.57	n/a	$1,155.65	$580.40	$675.15	1.062	$3,376
Everett School District	1,388	564	229	272	323	$1,716.93	$2,517.23	$2,040.69	$2,770.59	$2,157.61	1.614	$2,994,761
Evergreen School District (Clark)	486	211	81	104	90	$701.05	$1,164.60	$953.37	$1,645.04	$1,007.12	2.347	$489,459
Evergreen School District (Stevens)	4	4	0	0	0	$588.86	n/a	n/a	n/a	$588.86	n/a	$2,355
Federal Way School District	1,873	1,242	109	383	139	$759.25	$1,239.38	$1,020.55	$1,481.69	$894.24	1.952	$1,674,908
Ferndale School District	478	249	52	108	69	$664.45	$1,086.89	$870.41	$1,373.04	$859.22	2.066	$410,709
Fife School District	253	133	20	81	19	$778.74	$1,250.35	$991.78	$1,622.85	$947.62	2.084	$239,748
Finley School District	77	38	10	19	10	$733.50	$1,156.86	$879.12	$1,189.53	$883.64	1.622	$68,040
Franklin Pierce School District	865	554	72	161	78	$723.50	$1,170.40	$913.12	$1,340.60	$851.64	1.853	$736,668
Freeman School District	86	39	10	27	10	$630.67	$920.19	$813.02	$1,284.78	$797.65	2.037	$68,598
Garfield School District	20	11	2	4	3	$649.59	$1,299.59	$884.68	$1,388.53	$872.45	2.138	$17,449
Glenwood School District	14	12	1	1	0	$656.30	$629.53	$587.47	n/a	$649.47	n/a	$9,093

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A15b
Summary of Total Monthly Premium Rates by District with Composite Cost By District — Full-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM						Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE	
Goldendale School District	95	55	17	7	16	$670.98	$1,213.98	$1,171.08	$1,474.33	$940.30	2.197	$89,328
Grand Coulee Dam School District	100	60	4	27	9	$704.68	$1,392.48	$905.94	$1,162.00	$827.69	1.649	$82,769
Grandview School District	362	193	32	100	37	$675.68	$1,258.26	$847.24	$1,459.53	$854.69	2.160	$309,398
Granger School District	136	62	14	41	19	$777.86	$1,540.35	$1,031.85	$2,029.00	$1,107.72	2.608	$150,649
Granite Falls School District	153	76	14	37	26	$751.39	$1,416.26	$933.56	$1,520.16	$986.92	2.023	$150,999
Grapeview School District	19	10	3	5	1	$633.76	$1,181.52	$827.99	$977.85	$789.47	1.543	$15,000
Great Northern School District	3	3	0	0	0	$9,991.65	n/a	n/a	n/a	$9,991.65	n/a	$29,975
Green Mountain School District	12	6	1	2	3	$801.34	$1,054.05	$769.85	$1,167.85	$908.78	1.457	$10,905
Griffin School District	73	36	11	17	9	$732.41	$1,233.34	$862.15	$1,292.27	$907.13	1.764	$66,221
Harrington School District	27	9	5	3	10	$709.88	$1,016.80	$894.60	$1,095.61	$930.10	1.543	$25,113
Highland School District	91	47	13	19	12	$762.56	$1,207.58	$967.56	$1,279.85	$937.15	1.678	$85,280
Highline School District	1,801	1,229	112	346	114	$757.93	$1,233.68	$957.40	$1,382.70	$865.38	1.824	$1,558,555
Hockinson School District	141	65	17	39	20	$737.87	$1,155.10	$1,046.07	$1,357.10	$961.26	1.839	$135,537
Hood Canal School District	41	26	6	9	0	$711.41	$1,230.62	$1,090.40	n/a	$870.59	n/a	$35,694
Hoquiam School District	137	86	10	34	7	$819.13	$1,540.97	$1,046.63	$1,630.66	$969.75	1.991	$132,855
Inchelium School District	35	22	5	6	2	$9,216.72	$8,543.92	$9,766.90	$5,831.88	$9,021.50	0.633	$315,753
Index School District	5	4	0	1	0	$797.65	n/a	$709.80	n/a	$780.08	n/a	$3,900
Issaquah School District	1,768	1,096	124	392	156	$695.88	$1,160.63	$894.58	$1,325.14	$828.06	1.904	$1,464,005
Kahlotus School District	17	9	1	1	6	$901.49	$1,977.95	$1,304.50	$1,301.24	$1,129.61	1.443	$19,203
Kalama School District	58	24	8	12	14	$755.50	$1,232.99	$1,013.20	$1,407.61	$1,032.09	1.863	$59,861
Keller School District	10	8	0	1	1	$768.88	n/a	$1,000.85	$1,837.50	$898.94	2.390	$8,989
Kelso School District	347	189	33	87	38	$717.32	$1,202.96	$903.26	$1,270.12	$870.66	1.771	$302,119
Kennewick School District	1,256	595	131	336	194	$761.62	$1,267.56	$934.40	$1,365.88	$953.94	1.793	$1,198,155
Kent School District	2,685	1,663	198	598	226	$721.32	$1,214.04	$955.79	$1,369.06	$864.40	1.898	$2,320,909
Kettle Falls School District	64	29	10	12	13	$716.69	$1,107.79	$743.84	$1,284.42	$898.21	1.792	$57,486
Kiona-Benton City School District	138	67	11	52	8	$745.83	$1,377.94	$986.15	$1,376.21	$923.31	1.845	$127,417
Kittitas School District	74	25	15	12	22	$916.00	$1,014.07	$921.00	$1,060.32	$979.59	1.158	$72,490
Klickitat School District	13	9	3	1	0	$669.07	$1,199.74	$1,167.61	n/a	$829.88	n/a	$10,788
La Center School District	98	46	17	15	20	$822.61	$1,250.17	$1,211.59	$1,473.80	$1,089.21	1.792	$106,743
La Conner School District	84	39	10	17	18	$791.23	$1,247.98	$985.80	$1,323.94	$999.13	1.673	$83,927
LaCrosse School District	25	12	5	5	3	$633.04	$1,249.22	$889.84	$1,452.91	$906.02	2.295	$22,651
Lake Chelan School District	176	89	17	48	22	$669.31	$1,238.50	$837.78	$1,333.10	$853.21	1.992	$150,165
Lake Quinault School District	32	17	6	8	1	$774.80	$1,417.22	$1,019.07	$1,974.70	$993.82	2.549	$31,802
Lake Stevens School District	719	425	51	164	79	$697.94	$1,095.69	$872.00	$1,421.11	$845.31	2.036	$607,781
Lake Washington School District	2,279	1,406	158	477	238	$707.94	$1,237.29	$909.82	$1,444.92	$863.86	2.041	$1,968,730
Lakewood School District	149	73	18	36	22	$736.42	$1,243.00	$887.96	$1,490.03	$945.50	2.023	$140,880
Lamont School District	9	6	1	1	1	$781.67	$971.65	$1,118.25	$1,164.05	$882.66	1.489	$7,944
Liberty School District	57	28	7	14	8	$719.84	$1,015.36	$873.84	$1,464.29	$898.44	2.034	$51,211
Lind School District	32	16	2	7	7	$743.66	$867.35	$1,026.36	$1,236.73	$921.09	1.663	$29,475
Longview School District	547	284	65	146	52	$753.90	$1,271.67	$967.15	$1,339.48	$928.01	1.777	$507,623
Loon Lake School District	26	20	0	6	0	$773.39	n/a	$565.00	n/a	$725.30	n/a	$18,858
Lopez School District	44	24	9	5	6	$566.16	$1,132.25	$990.71	$1,276.29	$827.03	2.254	$36,389

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A15b
Summary of Total Monthly Premium Rates by District with Composite Cost By District — Full-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM						Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE	
Lyle School District	22	18	2	1	1	$673.28	$1,360.61	$895.48	$1,804.64	$797.29	2.680	$17,540
Lynden School District	310	170	32	66	42	$610.33	$975.69	$854.40	$1,205.29	$780.61	1.975	$241,990
Mabton School District	87	41	8	30	8	$762.06	$1,293.32	$960.54	$1,351.83	$933.58	1.774	$81,222
Mansfield School District	19	4	1	4	10	$910.75	$1,018.00	$987.00	$1,088.50	$1,026.00	1.195	$19,494
Manson School District	93	46	11	25	11	$662.56	$1,091.08	$894.02	$1,335.15	$855.02	2.015	$79,517
Mary M Knight School District	21	9	4	5	3	$656.22	$933.88	$1,034.53	$1,759.28	$956.76	2.681	$20,092
Mary Walker School District	29	20	6	3	0	$692.25	$971.65	$845.95	n/a	$765.96	n/a	$22,213
Marysville School District	1,025	562	97	269	97	$793.58	$1,158.93	$972.59	$1,429.68	$935.33	1.802	$958,714
McCleary School District	29	17	1	8	3	$711.19	$1,882.45	$811.91	$1,388.53	$849.43	1.952	$24,634
Mead School District	722	332	76	187	127	$767.07	$1,265.26	$935.78	$1,386.31	$972.13	1.807	$701,880
Medical Lake School District	138	70	8	41	19	$755.45	$1,121.88	$874.73	$1,226.09	$876.93	1.623	$121,016
Mercer Island School District	309	168	38	76	27	$701.57	$1,376.88	$955.86	$1,435.73	$911.31	2.046	$281,595
Meridian School District	179	102	21	37	19	$654.94	$1,083.38	$932.97	$1,318.15	$833.07	2.013	$149,120
Methow Valley School District	61	25	12	6	18	$907.20	$999.44	$952.06	$1,066.41	$976.74	1.175	$59,581
Mill A School District	5	2	0	0	3	$694.24	n/a	n/a	$1,168.56	$978.83	1.683	$4,894
Monroe School District	432	249	42	98	43	$749.67	$1,143.30	$919.05	$1,401.65	$891.26	1.870	$385,024
Montesano School District	129	65	10	37	17	$692.76	$1,290.20	$884.10	$1,466.93	$895.97	2.118	$115,581
Morton School District	24	13	3	6	2	$674.24	$1,251.75	$1,001.31	$1,476.28	$895.03	2.190	$21,481
Moses Lake School District	816	432	75	245	64	$752.80	$1,265.01	$984.35	$1,403.94	$920.47	1.865	$751,105
Mossyrock School District	61	24	2	6	29	$768.77	$1,560.46	$1,165.24	$721.35	$811.18	0.938	$49,482
Mount Adams School District	137	90	11	29	7	$742.09	$1,210.88	$1,024.12	$1,223.39	$864.02	1.649	$118,371
Mount Baker School District	236	129	40	37	30	$630.36	$1,017.30	$877.99	$1,287.76	$818.34	2.043	$193,127
Mount Pleasant School District	2	0	1	1	0	n/a	$1,448.93	$1,385.60	n/a	$1,417.27	n/a	$2,835
Mount Vernon School District	753	455	69	154	75	$709.96	$1,153.13	$918.48	$1,251.25	$847.13	1.762	$637,888
Mukilteo School District	1,035	608	81	233	113	$775.69	$1,291.01	$1,022.98	$1,545.26	$955.71	1.992	$989,157
Naches Valley School District	129	74	15	28	12	$684.49	$1,281.44	$902.84	$1,346.95	$862.92	1.968	$111,317
Napavine School District	81	44	5	23	9	$664.57	$912.02	$840.85	$1,159.07	$784.84	1.744	$63,572
Naselle-Grays River Valley School District	12	3	3	4	2	$809.18	$2,023.00	$1,058.40	$1,849.95	$1,369.17	2.286	$16,430
Nespelem School District	20	10	4	6	0	$640.21	$1,111.93	$862.80	n/a	$801.33	n/a	$16,027
Newport School District	118	68	10	30	10	$620.86	$929.97	$868.92	$1,248.46	$763.31	2.011	$90,070
Nine Mile Falls School District	110	30	18	7	55	$732.25	$989.64	$986.54	$1,042.15	$945.50	1.423	$104,005
Nooksack Valley School District	194	100	21	42	31	$635.15	$1,046.05	$917.78	$1,367.70	$857.87	2.153	$166,427
North Beach School District	59	32	8	10	9	$815.16	$1,426.35	$1,052.39	$1,490.14	$1,041.20	1.828	$61,431
North Franklin School District	238	114	35	47	42	$594.38	$825.78	$694.38	$1,010.68	$721.62	1.700	$171,746
North Kitsap School District	581	331	63	126	61	$725.31	$1,188.89	$883.69	$1,196.07	$859.35	1.649	$499,283
North Mason School District	195	120	15	43	17	$762.56	$1,303.58	$1,026.13	$1,497.34	$926.35	1.964	$180,639
North River School District	18	15	1	0	2	$713.45	$971.65	n/a	$1,164.05	$777.86	1.632	$14,001
North Thurston Public Schools	1,350	703	116	415	116	$689.25	$1,186.29	$891.29	$1,381.97	$853.59	2.005	$1,152,342
Northport School District	37	18	8	3	8	$1,049.73	$1,189.80	$1,165.00	$1,270.63	$1,137.12	1.210	$42,074
Northshore School District	2,005	1,087	229	436	253	$672.89	$1,099.70	$912.88	$1,445.48	$871.31	2.148	$1,746,978
Oak Harbor School District	490	258	62	105	65	$775.23	$1,248.77	$955.09	$1,267.74	$939.02	1.635	$460,121
Oakesdale School District	21	4	4	6	7	$929.75	$1,036.50	$985.67	$1,097.29	$1,021.90	1.180	$21,460

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A15b
Summary of Total Monthly Premium Rates by District with Composite Cost By District — Full-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM						Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE	
Oakville School District	28	17	0	9	2	$669.50	n/a	$865.27	$1,032.75	$758.37	1.543	$21,234
Ocean Beach School District	83	46	10	19	8	$742.52	$1,285.47	$887.70	$1,215.41	$886.75	1.637	$73,600
Ocosta School District	79	47	6	20	6	$721.89	$1,444.48	$1,021.16	$1,268.84	$894.08	1.758	$70,632
Odessa School District	27	11	4	11	1	$766.58	$1,111.93	$847.57	$1,164.05	$865.46	1.519	$23,367
Okanogan School District	125	77	9	30	9	$690.12	$1,140.27	$927.47	$1,208.97	$816.85	1.752	$102,106
Olympia School District	821	476	69	198	78	$683.14	$1,184.79	$884.16	$1,334.18	$835.64	1.953	$686,056
Omak School District	271	137	22	84	28	$692.62	$1,149.90	$818.87	$1,192.77	$820.55	1.722	$222,369
Onalaska School District	62	30	8	16	8	$650.90	$1,319.79	$856.67	$1,312.38	$875.66	2.016	$54,291
Onion Creek School District	9	2	4	1	2	$924.00	$1,018.00	$987.00	$1,081.00	$1,007.67	1.170	$9,069
Orcas Island School District	52	22	11	13	6	$713.10	$1,257.34	$881.78	$1,286.80	$936.59	1.805	$48,703
Orchard Prairie School District	8	6	0	1	1	$736.74	n/a	$1,131.38	$1,694.51	$905.79	2.300	$7,246
Orient School District	12	7	2	0	3	$7,402.51	$12,370.80	n/a	$10,312.00	$8,957.93	1.393	$107,495
Orondo School District	21	10	4	4	3	$671.67	$1,071.69	$709.80	$1,236.68	$835.84	1.841	$17,553
Oroville School District	69	38	8	14	9	$673.09	$1,182.66	$1,031.39	$1,782.76	$949.61	2.649	$65,523
Orting School District	192	92	31	38	31	$800.11	$1,070.28	$861.69	$1,067.87	$899.15	1.335	$172,637
Othello School District	412	224	35	111	42	$659.33	$1,115.28	$796.37	$1,281.32	$798.39	1.943	$328,937
Palisades School District	5	2	0	1	2	$924.00	n/a	$987.00	$1,081.00	$999.40	1.170	$4,997
Palouse School District	23	7	8	6	2	$683.12	$1,141.76	$855.33	$1,741.03	$979.56	2.549	$22,530
Pasco School District	1,534	852	92	425	165	$747.71	$1,225.81	$936.86	$1,442.05	$903.47	1.929	$1,385,923
Pateros School District	30	15	4	8	3	$754.65	$1,452.73	$888.03	$1,223.00	$930.13	1.621	$27,904
Paterson School District	10	3	2	3	2	$988.12	$1,686.70	$1,000.65	$1,237.15	$1,181.40	1.252	$11,814
Pe Ell School District	43	28	2	8	5	$641.00	$1,067.43	$833.62	$1,477.01	$793.88	2.304	$34,137
Peninsula School District	772	457	72	183	60	$701.23	$1,219.01	$977.03	$1,494.49	$876.55	2.131	$676,696
Pioneer School District	91	60	8	15	8	$662.10	$1,209.16	$1,014.11	$1,245.23	$819.48	1.881	$74,573
Pomeroy School District	31	9	4	9	9	$707.57	$1,532.75	$829.28	$1,554.77	$1,095.34	2.197	$33,956
Port Angeles School District	410	221	45	100	44	$717.84	$1,118.02	$906.21	$1,290.42	$869.15	1.798	$356,352
Port Townsend School District	135	69	24	24	18	$688.41	$1,171.56	$861.32	$1,325.47	$889.98	1.925	$120,148
Prescott School District	42	23	6	13	0	$715.26	$1,227.59	$905.72	n/a	$847.40	n/a	$35,591
Prosser School District	308	151	20	97	40	$719.39	$1,296.15	$969.42	$1,535.25	$941.54	2.134	$289,994
Pullman School District	183	101	11	51	20	$712.89	$944.48	$898.57	$1,097.69	$820.61	1.540	$150,172
Puyallup School District	1,353	806	94	251	202	$733.11	$1,140.53	$964.35	$1,365.43	$898.72	1.863	$1,215,967
Queets-Clearwater School District	9	6	0	3	0	$692.89	n/a	$918.78	n/a	$768.19	n/a	$6,914
Quilcene School District	18	13	1	4	0	$821.59	$1,371.80	$1,118.25	n/a	$918.08	n/a	$16,525
Quillayute Valley School District	161	104	16	33	8	$684.81	$1,241.57	$858.33	$1,488.85	$815.66	2.174	$131,321
Quincy School District	277	153	19	62	43	$775.89	$1,202.31	$934.12	$1,421.08	$940.71	1.832	$260,577
Rainier School District	83	48	12	16	7	$712.61	$1,349.43	$960.54	$1,521.50	$920.69	2.135	$76,417
Raymond School District	76	43	6	25	2	$754.87	$1,265.23	$942.84	$901.45	$860.85	1.194	$65,424
Reardan-Edwall School District	52	29	6	12	5	$733.14	$1,310.95	$957.25	$1,477.01	$923.06	2.015	$47,999
Renton School District	1,174	712	88	275	99	$722.71	$1,208.96	$931.35	$1,426.41	$867.37	1.974	$1,018,295
Republic School District	39	18	8	7	6	$667.81	$945.18	$666.36	$1,211.66	$808.11	1.814	$31,516
Richland School District	844	485	41	221	97	$762.57	$1,232.76	$944.24	$1,352.10	$900.74	1.773	$760,224
Ridgefield School District	132	49	23	40	20	$719.79	$1,068.29	$978.34	$1,521.62	$980.35	2.114	$129,406

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A15b
Summary of Total Monthly Premium Rates by District with Composite Cost By District — Full-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM						Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE	
Ritzville School District	42	10	6	9	17	$932.70	$1,008.33	$989.78	$1,071.76	$1,012.02	1.149	$42,505
Riverside School District	125	73	17	25	10	$749.39	$1,114.07	$997.66	$1,235.51	$887.53	1.649	$110,941
Riverview School District	230	133	18	50	29	$734.22	$1,238.66	$894.36	$1,332.03	$883.88	1.814	$203,294
Rochester School District	213	93	24	69	27	$727.58	$1,249.24	$888.07	$1,440.41	$928.71	1.980	$197,814
Roosevelt School District	1	1	0	0	0	$837.75	n/a	n/a	n/a	$837.75	n/a	$838
Rosalia School District	34	16	10	3	5	$631.70	$1,211.69	$795.64	$1,074.91	$881.93	1.702	$29,986
Royal School District	190	120	15	38	17	$667.41	$1,183.85	$816.86	$1,331.23	$797.46	1.995	$151,518
San Juan Island School District	68	32	11	14	11	$583.81	$995.27	$813.18	$1,156.92	$790.30	1.982	$53,741
Satsop School District	7	5	0	1	1	$716.75	n/a	$1,118.25	$1,837.50	$934.21	2.564	$6,540
Seattle Public Schools	5,361	3,207	480	1,175	499	$712.86	$1,177.41	$928.81	$1,389.44	$864.76	1.949	$4,635,981
Sedro-Woolley School District	455	267	42	104	42	$714.52	$1,060.22	$877.80	$1,204.71	$829.00	1.686	$377,196
Selah School District	376	215	35	102	24	$677.42	$1,200.52	$880.04	$1,505.40	$833.93	2.222	$313,558
Selkirk School District	30	15	7	2	6	$900.72	$1,411.36	$914.03	$1,192.73	$1,079.16	1.324	$32,375
Sequim School District	227	106	23	58	40	$601.13	$1,005.56	$699.19	$1,169.46	$767.31	1.945	$174,179
Shaw Island School District	2	2	0	0	0	$580.40	n/a	n/a	n/a	$580.40	n/a	$1,161
Shelton School District	387	231	44	87	25	$743.37	$1,157.01	$934.37	$1,326.39	$871.00	1.784	$337,077
Shoreline School District	885	497	79	191	118	$718.88	$1,278.84	$930.55	$1,382.75	$903.07	1.923	$799,214
Skamania School District	10	5	1	3	1	$665.34	$970.15	$1,225.24	$1,267.76	$924.03	1.905	$9,240
Skykomish School District	4	4	0	0	0	$837.75	n/a	n/a	n/a	$837.75	n/a	$3,351
Snohomish School District	852	403	80	244	125	$766.30	$1,244.51	$1,006.50	$1,445.20	$979.60	1.886	$834,617
Snoqualmie Valley School District	528	312	40	113	63	$750.86	$1,384.33	$1,009.44	$1,521.74	$946.17	2.027	$499,579
Soap Lake School District	15	9	1	5	0	$837.75	$971.65	$1,048.57	n/a	$916.95	n/a	$13,754
South Bend School District	84	45	4	24	11	$713.06	$1,145.73	$1,045.54	$1,384.10	$916.53	1.941	$76,989
South Kitsap School District	681	385	61	173	62	$700.53	$1,075.96	$822.69	$1,232.90	$813.66	1.760	$554,102
South Whidbey School District	114	52	14	28	20	$741.15	$1,258.65	$923.93	$1,288.41	$945.61	1.738	$107,799
Southside School District	15	6	2	6	1	$669.33	$1,054.05	$769.85	$1,262.85	$800.40	1.887	$12,006
Spokane School District	2,582	1,232	249	625	476	$765.01	$1,349.15	$1,028.43	$1,455.82	$1,012.46	1.903	$2,614,168
Sprague School District	9	6	2	0	1	$748.10	$1,550.45	n/a	$1,974.70	$1,062.69	2.640	$9,564
St. John School District	26	8	4	8	6	$7,771.84	$8,123.00	$8,649.99	$9,028.65	$8,386.10	1.162	$218,039
Stanwood-Camano School District	311	166	30	64	51	$754.31	$1,202.41	$935.35	$1,444.12	$947.91	1.915	$294,800
Star School District	6	2	0	1	3	$6,680.00	n/a	$9,611.00	$8,401.67	$8,029.33	1.258	$48,176
Starbuck School District	4	4	0	0	0	$749.70	n/a	n/a	n/a	$749.70	n/a	$2,999
Stehekin School District	1	0	1	0	0	n/a	$1,882.45	n/a	n/a	$1,882.45	n/a	$1,882
Steilacoom Hist. School District	201	118	11	51	21	$768.99	$1,294.67	$995.90	$1,485.98	$930.24	1.932	$186,979
Steptoe School District	8	2	3	1	2	$931.00	$1,021.33	$1,027.00	$1,144.00	$1,030.13	1.229	$8,241
Stevenson-Carson School District	73	37	15	4	17	$719.33	$1,233.48	$1,136.63	$1,569.55	$1,045.84	2.182	$76,346
Sultan School District	178	95	12	40	31	$739.01	$1,149.57	$929.99	$1,216.28	$892.72	1.646	$158,905
Summit Valley School District	10	6	1	3	0	$674.30	$702.00	$902.45	n/a	$745.51	n/a	$7,455
Sumner School District	723	358	49	224	92	$656.97	$1,031.95	$829.03	$1,251.27	$811.32	1.905	$586,582
Sunnyside School District	732	439	46	215	32	$683.63	$1,107.03	$854.63	$1,307.58	$787.74	1.913	$576,626
Tacoma School District	2,380	1,019	428	492	441	$845.02	$1,573.37	$1,178.60	$1,973.69	$1,254.10	2.336	$2,984,747
Taholah School District	23	13	2	5	3	$712.25	$1,219.25	$825.92	$1,270.90	$853.91	1.784	$19,640

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A15b
Summary of Total Monthly Premium Rates by District with Composite Cost By District — Full-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM						Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE	
Tahoma School District	683	357	39	204	83	$757.14	$1,287.66	$931.76	$1,160.88	$888.65	1.533	$606,950
Tekoa School District	27	10	2	8	7	$725.21	$1,043.67	$806.15	$1,287.85	$918.65	1.776	$24,804
Tenino School District	128	69	18	30	11	$728.11	$1,141.60	$804.63	$1,209.05	$845.52	1.661	$108,227
Thorp School District	20	12	3	5	0	$726.20	$1,449.45	$815.13	n/a	$856.92	n/a	$17,138
Toledo School District	62	33	5	16	8	$667.65	$1,163.90	$830.10	$1,107.18	$806.31	1.658	$49,991
Tonasket School District	95	42	15	18	20	$687.85	$997.59	$871.85	$1,418.19	$925.38	2.062	$87,911
Toppenish School District	435	247	55	96	37	$740.10	$1,224.90	$895.96	$1,564.33	$905.90	2.114	$394,066
Touchet School District	30	18	4	6	2	$648.50	$963.06	$972.14	$1,123.10	$786.81	1.732	$23,604
Toutle Lake School District	16	11	2	3	0	$742.31	$1,532.75	$881.55	n/a	$867.22	n/a	$13,876
Trout Lake School District	20	10	6	2	2	$683.44	$1,155.87	$1,085.30	$1,680.91	$965.10	2.459	$19,302
Tukwila School District	301	202	16	59	24	$746.51	$1,240.42	$970.79	$1,465.85	$874.09	1.964	$263,100
Tumwater School District	493	271	35	147	40	$732.60	$1,220.16	$934.06	$1,276.18	$871.39	1.742	$429,595
Union Gap School District	52	27	11	13	1	$775.45	$1,098.92	$902.71	$1,081.00	$881.56	1.394	$45,841
University Place School District	454	267	29	113	45	$706.45	$1,210.97	$962.87	$1,375.09	$868.78	1.946	$394,425
Valley School District	89	48	14	14	13	$622.27	$988.73	$726.40	$1,106.89	$767.08	1.779	$68,271
Vancouver School District	1,845	998	160	518	169	$723.66	$1,223.11	$953.19	$1,410.60	$894.34	1.949	$1,650,052
Vashon Island School District	117	54	12	28	23	$753.34	$1,344.93	$939.38	$1,607.58	$1,026.47	2.134	$120,096
Wahkiakum School District	36	8	8	5	15	$906.88	$1,059.00	$1,001.40	$1,111.13	$1,038.92	1.225	$37,401
Wahluke School District	204	115	18	44	27	$707.24	$1,125.51	$942.60	$1,277.31	$870.36	1.806	$177,553
Waitsburg School District	32	18	4	9	1	$687.00	$1,418.43	$881.31	$1,302.90	$852.32	1.897	$27,274
Walla Walla Public Schools	729	403	61	202	63	$701.81	$1,105.89	$913.26	$1,317.74	$847.44	1.878	$617,783
Wapato School District	381	218	23	115	25	$693.97	$1,362.53	$835.46	$1,767.77	$847.49	2.547	$322,895
Warden School District	96	44	15	12	25	$899.89	$1,010.93	$979.25	$1,075.16	$972.80	1.195	$93,389
Washougal School District	231	160	21	30	20	$788.30	$1,187.33	$1,087.45	$1,410.67	$917.31	1.789	$211,899
Washtucna School District	14	10	3	0	1	$812.91	$1,276.18	n/a	$1,164.05	$937.26	1.432	$13,122
Waterville School District	32	14	3	11	4	$581.20	$884.37	$746.93	$1,439.95	$773.94	2.478	$24,766
Wellpinit School District	71	24	18	18	11	$633.87	$809.76	$652.91	$902.70	$724.94	1.424	$51,471
Wenatchee School District	656	346	50	191	69	$743.03	$1,197.47	$937.43	$1,382.08	$901.48	1.860	$591,374
West Valley School District (Spokane)	408	226	44	94	44	$750.09	$1,429.00	$1,021.23	$1,496.00	$966.22	1.994	$394,216
West Valley School District (Yakima)	472	223	41	148	60	$732.38	$1,079.69	$886.94	$1,338.21	$888.02	1.827	$419,146
White Pass School District	52	35	4	10	3	$665.23	$1,384.81	$890.55	$1,076.52	$787.64	1.618	$40,957
White River School District	309	181	26	66	36	$751.14	$1,159.36	$967.05	$1,282.34	$893.49	1.707	$276,090
White Salmon Valley School District	98	60	16	5	17	$664.76	$1,166.01	$1,055.72	$1,505.85	$912.45	2.265	$89,420
Wilbur School District	45	15	15	9	6	$924.00	$975.33	$987.00	$1,091.50	$976.04	1.181	$43,922
Willapa Valley School District	43	32	2	3	6	$706.52	$1,707.60	$982.17	$1,868.64	$934.47	2.645	$40,182
Wilson Creek School District	30	18	1	7	4	$812.91	$1,147.36	$1,044.69	$1,331.58	$947.30	1.638	$28,419
Winlock School District	76	39	13	11	13	$629.42	$1,103.27	$889.90	$1,363.95	$873.82	2.167	$66,410
Wishkah Valley School District	18	11	1	6	0	$676.24	$1,532.75	$1,030.61	n/a	$841.94	n/a	$15,155
Wishram School District	15	8	3	0	4	$477.10	$971.65	n/a	$1,164.05	$759.20	2.440	$11,388
Woodland School District	177	106	11	41	19	$1,006.62	$1,519.84	$1,111.90	$1,540.89	$1,120.25	1.531	$198,284
Yakima School District	1,793	955	140	569	129	$815.44	$1,250.55	$1,017.93	$1,493.58	$962.46	1.832	$1,725,697
Yelm School District	471	269	42	112	48	$732.37	$1,203.37	$955.96	$1,436.05	$899.25	1.961	$423,548

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Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A15b

Summary of Total Monthly Premium Rates by District with Composite Cost By District — Full-Time Employees

Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM						Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE	
Zillah School District	136	73	10	41	12	$673.16	$1,042.25	$889.53	$1,375.16	$827.47	2.043	$112,535
Low	**1**	**0**	**0**	**0**	**0**	**$477.10**	**$629.53**	**$565.00**	**$580.40**	**$580.40**	**1.217**	**$838**
High	**5,361**	**3,207**	**480**	**1,175**	**499**	**$9,991.65**	**$12,370.80**	**$9,766.90**	**$10,312.00**	**$9,991.65**	**1.032**	**$4,635,981**
Grand Total/Average	**91,886**	**50,616**	**8,675**	**21,938**	**10,657**	**$750.33**	**$1,258.04**	**$961.27**	**$1,448.01**	**$929.55**	**1.930**	**$85,412,277**

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A15c
Summary of Total Monthly Premium Rates by District with Composite Cost By District — Part-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM						Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE	
Aberdeen School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Adna School District	4	2	0	1	1	$580.40	n/a	$769.85	$1,262.85	$798.38	2.176	$3,194
Almira School District	3	1	0	0	2	$924.00	n/a	n/a	$876.00	$892.00	0.948	$2,676
Anacortes School District	7	0	3	1	3	n/a	$1,105.03	$709.80	$1,324.22	$1,142.51	n/a	$7,998
Arlington School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Asotin-Anatone School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Auburn School District	278	192	19	57	10	$635.63	$1,175.02	$840.79	$1,292.32	$738.18	2.033	$205,215
Bainbridge Island School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Battle Ground School District	173	119	14	33	7	$704.60	$1,208.76	$883.90	$1,398.50	$807.67	1.985	$139,728
Bellevue School District	350	195	22	87	46	$643.48	$1,101.95	$824.83	$1,305.69	$804.41	2.029	$281,543
Bellingham School District	304	198	30	60	16	$621.18	$1,085.19	$877.54	$1,344.22	$755.62	2.164	$229,709
Benge School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Bethel School District	43	27	2	6	8	$633.24	$1,134.66	$873.17	$1,337.84	$821.13	2.113	$35,308
Bickleton School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Blaine School District	52	36	4	9	3	$638.79	$1,218.02	$794.80	$1,083.69	$736.02	1.696	$38,273
Boistfort School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Bremerton School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Brewster School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Bridgeport School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Brinnon School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Burlington-Edison School District	139	83	12	35	9	$680.70	$1,321.50	$934.19	$1,584.73	$858.38	2.328	$119,315
Camas School District	502	217	53	158	74	$700.51	$1,241.97	$863.25	$1,366.45	$907.06	1.951	$455,345
Cape Flattery School District	7	5	0	1	1	$681.53	n/a	$557.75	$1,164.05	$732.78	1.708	$5,129
Carbonado School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Cascade School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Cashmere School District	51	30	4	3	14	$850.29	$1,018.00	$987.00	$980.48	$907.22	1.153	$46,268
Castle Rock School District	37	26	3	6	2	$753.24	$1,094.13	$819.45	$927.41	$801.03	1.231	$29,638
Centerville School District	2	0	2	0	0	n/a	$1,381.33	n/a	n/a	$1,381.33	n/a	$2,763
Central Kitsap School District	88	62	9	14	3	$623.70	$1,100.60	$871.91	$1,304.69	$735.18	2.092	$64,696
Central Valley School District	303	214	16	62	11	$671.39	$1,086.56	$839.41	$1,158.94	$745.40	1.726	$225,855
Centralia School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Chehalis School District	74	47	7	15	5	$648.85	$971.65	$792.93	$1,260.15	$749.90	1.942	$55,492
Cheney School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Chewelah School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Chimacum School District	34	26	1	4	3	$661.78	$971.65	$957.44	$1,301.00	$762.08	1.966	$25,911
Clarkston School District	1	1	0	0	0	$574.09	n/a	n/a	n/a	$574.09	n/a	$574
Cle Elum-Roslyn School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Clover Park School District	29	18	3	6	2	$687.16	$1,126.78	$826.04	$1,956.10	$848.89	2.847	$24,618
Colfax School District	12	7	0	4	1	$688.39	n/a	$1,023.68	$1,164.05	$839.79	1.691	$10,077
College Place School District	34	29	1	3	1	$658.29	$971.65	$709.80	$1,837.50	$706.73	2.791	$24,029
Colton School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Columbia (Stevens) School District	6	2	2	1	1	$847.20	$991.18	$769.85	$1,262.85	$951.58	1.491	$5,709

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A15c
Summary of Total Monthly Premium Rates by District with Composite Cost By District — Part-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM						Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE	
Columbia (Walla Walla) School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Colville School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Concrete School District	7	4	2	1	0	$533.66	$883.29	$1,058.33	n/a	$708.51	n/a	$4,960
Conway School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Cosmopolis School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Coulee-Hartline School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Coupeville School District	1	1	0	0	0	$473.17	n/a	n/a	n/a	$473.17	n/a	$473
Crescent School District	7	5	2	0	0	$578.14	$971.65	n/a	n/a	$690.57	n/a	$4,834
Creston School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Curlew School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Cusick School District	11	3	2	5	1	$784.28	$1,427.05	$765.24	$1,164.05	$927.02	1.484	$10,197
Damman School District	2	2	0	0	0	$554.73	n/a	n/a	n/a	$554.73	n/a	$1,109
Darrington School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Davenport School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Dayton School District	2	2	0	0	0	$535.25	n/a	n/a	n/a	$535.25	n/a	$1,071
Deer Park School District	59	44	3	10	2	$540.15	$880.12	$772.41	$1,353.11	$624.36	2.505	$36,837
Dieringer School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Dixie School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
East Valley School District (Spokane)	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
East Valley School District (Yakima)	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Eastmont School District	61	38	5	18	0	$632.14	$1,196.09	$880.78	n/a	$751.74	n/a	$45,856
Easton School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Eatonville School District	33	21	1	8	3	$632.53	$1,123.67	$839.68	$1,443.74	$771.38	2.282	$25,455
Edmonds School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ellensburg School District	76	49	11	9	7	$654.74	$1,073.76	$915.42	$1,282.34	$804.06	1.959	$61,109
Elma School District	49	34	5	7	3	$733.24	$1,051.68	$884.85	$1,048.83	$806.72	1.430	$39,529
Endicott School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Entiat School District	14	5	4	5	0	$681.53	$867.35	$679.39	n/a	$733.86	n/a	$10,274
Enumclaw School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ephrata School District	8	7	0	1	0	$580.19	n/a	$1,000.85	n/a	$632.77	n/a	$5,062
Evaline School District	3	2	0	0	1	$154.80	n/a	n/a	$1,020.45	$443.35	6.592	$1,330
Everett School District	216	81	36	43	56	$1,584.90	$2,215.74	$1,730.52	$2,524.26	$1,962.57	1.593	$423,914
Evergreen School District (Clark)	1,832	1,066	157	455	154	$694.41	$1,153.40	$991.59	$1,531.27	$877.90	2.205	$1,608,312
Evergreen School District (Stevens)	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Federal Way School District	380	281	16	68	15	$725.88	$1,272.88	$960.35	$1,357.29	$815.79	1.870	$310,000
Ferndale School District	1	1	0	0	0	$420.90	n/a	n/a	n/a	$420.90	n/a	$421
Fife School District	83	45	14	18	6	$673.78	$1,225.52	$978.24	$1,428.07	$887.40	2.119	$73,654
Finley School District	21	17	1	2	1	$658.92	$971.65	$1,059.55	$1,164.05	$736.02	1.767	$15,456
Franklin Pierce School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Freeman School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Garfield School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Glenwood School District	6	4	2	0	0	$476.54	$632.58	n/a	n/a	$528.55	n/a	$3,171

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A15c
Summary of Total Monthly Premium Rates by District with Composite Cost By District — Part-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM						Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE	
Goldendale School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Grand Coulee Dam School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Grandview School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Granger School District	37	28	2	7	0	$756.77	$1,379.78	$961.13	n/a	$829.11	n/a	$30,677
Granite Falls School District	31	22	1	7	1	$691.24	$1,113.77	$883.94	$1,338.82	$769.27	1.937	$23,848
Grapeview School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Great Northern School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Green Mountain School District	2	0	1	0	1	n/a	$1,647.15	n/a	$1,262.85	$1,455.00	n/a	$2,910
Griffin School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Harrington School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Highland School District	39	30	2	7	0	$625.44	$1,532.75	$920.86	n/a	$724.99	n/a	$28,275
Highline School District	403	317	17	49	20	$684.72	$1,019.60	$896.71	$1,302.47	$755.28	1.902	$304,377
Hockinson School District	27	14	1	7	5	$678.65	$1,045.51	$911.52	$1,415.47	$889.06	2.086	$24,005
Hood Canal School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Hoquiam School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Inchelium School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Index School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Issaquah School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Kahlotus School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Kalama School District	8	6	0	2	0	$737.04	n/a	$1,158.16	n/a	$842.32	n/a	$6,739
Keller School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Kelso School District	125	96	9	12	8	$628.31	$1,095.67	$897.80	$1,139.03	$720.52	1.813	$90,065
Kennewick School District	427	285	34	77	31	$685.36	$1,154.46	$837.55	$1,326.92	$796.73	1.936	$340,205
Kent School District	1	1	0	0	0	$837.75	n/a	n/a	n/a	$837.75	n/a	$838
Kettle Falls School District	22	13	5	3	1	$551.75	$929.93	$709.80	$1,164.05	$687.08	2.110	$15,116
Kiona-Benton City School District	36	28	2	4	2	$721.50	$1,054.05	$877.79	$1,858.80	$820.52	2.576	$29,539
Kittitas School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Klickitat School District	4	3	0	1	0	$673.92	n/a	$695.67	n/a	$679.36	n/a	$2,717
La Center School District	11	5	1	3	2	$570.13	$1,453.75	$724.35	$1,360.38	$836.20	2.386	$9,198
La Conner School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
LaCrosse School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Lake Chelan School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Lake Quinault School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Lake Stevens School District	1	1	0	0	0	$887.72	n/a	n/a	n/a	$887.72	n/a	$888
Lake Washington School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Lakewood School District	49	30	1	12	6	$696.22	$971.65	$895.73	$1,334.17	$828.82	1.916	$40,612
Lamont School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Liberty School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Lind School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Longview School District	158	115	8	29	6	$726.31	$1,033.40	$834.68	$1,244.13	$781.41	1.713	$123,463
Loon Lake School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Lopez School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A15c
Summary of Total Monthly Premium Rates by District with Composite Cost By District — Part-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM						Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE	
Lyle School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Lynden School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mabton School District	20	17	1	2	0	$756.57	$1,647.15	$1,053.30	n/a	$830.77	n/a	$16,615
Mansfield School District	4	1	1	0	2	$924.00	$1,018.00	n/a	$1,106.00	$1,038.50	1.197	$4,154
Manson School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mary M Knight School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mary Walker School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Marysville School District	1	1	0	0	0	$535.25	n/a	n/a	n/a	$535.25	n/a	$535
McCleary School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mead School District	258	167	19	48	24	$679.40	$1,189.00	$825.31	$1,320.36	$803.70	1.943	$207,354
Medical Lake School District	41	29	4	6	2	$742.38	$1,301.88	$1,004.37	$1,353.11	$865.10	1.823	$35,469
Mercer Island School District	44	33	2	7	2	$730.72	$1,252.20	$913.52	$1,404.30	$814.12	1.922	$35,821
Meridian School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Methow Valley School District	23	13	4	1	5	$889.59	$962.33	$987.00	$1,081.00	$948.09	1.215	$21,806
Mill A School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Monroe School District	129	74	15	27	13	$678.19	$1,184.21	$887.85	$1,201.58	$833.66	1.772	$107,542
Montesano School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Morton School District	11	10	0	1	0	$751.05	n/a	$1,060.55	n/a	$779.19	n/a	$8,571
Moses Lake School District	2	0	0	1	1	n/a	n/a	$1,118.25	$1,164.05	$1,141.15	n/a	$2,282
Mossyrock School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mount Adams School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mount Baker School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mount Pleasant School District	5	5	0	0	0	$594.60	n/a	n/a	n/a	$594.60	n/a	$2,973
Mount Vernon School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mukilteo School District	325	224	23	66	12	$690.09	$1,171.79	$953.07	$1,398.03	$803.72	2.026	$261,210
Naches Valley School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Napavine School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Naselle-Grays River Valley School District	31	12	5	6	8	$831.90	$1,088.71	$987.16	$1,316.21	$1,028.35	1.582	$31,879
Nespelem School District	3	2	0	1	0	$535.25	n/a	$1,000.85	n/a	$690.45	n/a	$2,071
Newport School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Nine Mile Falls School District	23	13	3	4	3	$617.51	$1,074.83	$913.19	$954.82	$772.58	1.546	$17,769
Nooksack Valley School District	7	5	2	0	0	$573.60	$1,218.02	n/a	n/a	$757.72	n/a	$5,304
North Beach School District	31	23	7	0	1	$675.89	$1,054.05	n/a	$977.85	$771.02	1.447	$23,902
North Franklin School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
North Kitsap School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
North Mason School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
North River School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
North Thurston Public Schools	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Northport School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Northshore School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Oak Harbor School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Oakesdale School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A15c
Summary of Total Monthly Premium Rates by District with Composite Cost By District — Part-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM						Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE	
Oakville School District	10	5	1	4	0	$667.06	$971.65	$779.58	n/a	$742.53	n/a	$7,425
Ocean Beach School District	36	23	5	6	2	$638.31	$1,000.43	$894.46	$1,032.75	$753.21	1.618	$27,115
Ocosta School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Odessa School District	12	5	3	2	2	$595.75	$971.65	$855.33	$1,122.53	$820.78	1.884	$9,849
Okanogan School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Olympia School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Omak School District	56	44	2	8	2	$644.64	$971.65	$805.54	$1,164.05	$697.86	1.806	$39,080
Onalaska School District	27	18	2	5	2	$610.28	$1,054.05	$769.85	$1,262.85	$721.04	2.069	$19,468
Onion Creek School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Orcas Island School District	31	12	5	7	7	$636.47	$948.74	$903.50	$1,231.43	$881.48	1.935	$27,326
Orchard Prairie School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Orient School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Orondo School District	8	7	0	1	0	$592.76	n/a	$709.80	n/a	$607.39	n/a	$4,859
Oroville School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Orting School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Othello School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Palisades School District	2	0	2	0	0	n/a	$1,018.00	n/a	n/a	$1,018.00	n/a	$2,036
Palouse School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Pasco School District	346	265	14	53	14	$630.08	$1,233.84	$796.47	$1,179.27	$702.22	1.872	$242,967
Pateros School District	10	10	0	0	0	$615.19	n/a	n/a	n/a	$615.19	n/a	$6,152
Paterson School District	11	2	0	0	9	$632.78	n/a	n/a	$413.34	$453.24	0.653	$4,986
Pe Ell School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Peninsula School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Pioneer School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Pomeroy School District	7	3	1	0	3	$636.08	$1,371.80	n/a	$1,421.74	$1,077.90	2.235	$7,545
Port Angeles School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Port Townsend School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Prescott School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Prosser School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Pullman School District	53	43	1	9	0	$600.61	$922.15	$792.44	n/a	$639.26	n/a	$33,881
Puyallup School District	330	255	26	34	15	$711.89	$1,064.92	$916.21	$1,362.78	$790.34	1.914	$260,814
Queets-Clearwater School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Quilcene School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Quillayute Valley School District	5	5	0	0	0	$572.36	n/a	n/a	n/a	$572.36	n/a	$2,862
Quincy School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Rainier School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Raymond School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Reardan-Edwall School District	10	7	1	2	0	$592.76	$971.65	$709.80	n/a	$654.06	n/a	$6,541
Renton School District	319	219	27	52	21	$647.69	$1,100.80	$854.44	$1,217.86	$757.28	1.880	$241,571
Republic School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Richland School District	242	163	12	50	17	$661.00	$1,114.52	$858.67	$1,156.87	$759.16	1.750	$183,718
Ridgefield School District	18	8	3	5	2	$663.34	$1,266.38	$1,007.37	$1,158.70	$914.45	1.747	$16,460

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K–12 School District Data Collection Project
Exhibit A15c
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Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM						Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE	
Ritzville School District	11	1	3	2	5	$840.00	$986.67	$987.00	$1,000.20	$979.55	1.191	$10,775
Riverside School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Riverview School District	55	29	8	11	7	$641.60	$1,091.81	$744.16	$1,294.95	$810.75	2.018	$44,591
Rochester School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Roosevelt School District	4	4	0	0	0	$837.75	n/a	n/a	n/a	$837.75	n/a	$3,351
Rosalia School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Royal School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
San Juan Island School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Satsop School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Seattle Public Schools	349	206	22	82	39	$655.97	$1,129.76	$913.60	$1,390.34	$828.43	2.120	$289,122
Sedro-Woolley School District	2	2	0	0	0	$535.31	n/a	n/a	n/a	$535.31	n/a	$1,071
Selah School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Selkirk School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Sequim School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Shaw Island School District	1	0	0	0	1	n/a	n/a	n/a	$1,262.85	$1,262.85	n/a	$1,263
Shelton School District	125	102	7	12	4	$630.32	$971.65	$743.84	$1,164.05	$677.41	1.847	$84,677
Shoreline School District	1	0	0	1	0	n/a	n/a	$1,143.39	n/a	$1,143.39	n/a	$1,143
Skamania School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Skykomish School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Snohomish School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Snoqualmie Valley School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Soap Lake School District	4	3	0	0	1	$736.92	n/a	n/a	$603.13	$703.47	0.818	$2,814
South Bend School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
South Kitsap School District	142	102	17	17	6	$632.33	$970.77	$733.83	$1,122.56	$705.71	1.775	$100,212
South Whidbey School District	46	35	2	7	2	$694.61	$1,067.43	$709.84	$1,260.49	$737.74	1.815	$33,936
Southside School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Spokane School District	526	336	44	96	50	$735.40	$1,364.69	$1,006.09	$1,478.36	$908.07	2.010	$477,643
Sprague School District	9	6	0	2	1	$651.72	n/a	$769.85	$1,262.85	$745.87	1.938	$6,713
St. John School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Stanwood-Camano School District	105	60	12	25	8	$683.91	$1,351.22	$835.84	$1,146.86	$831.62	1.677	$87,320
Star School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Starbuck School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Stehekin School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Steilacoom Hist. School District	35	20	4	8	3	$680.99	$1,361.27	$835.36	$1,076.52	$827.92	1.581	$28,977
Steptoe School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Stevenson-Carson School District	23	18	3	1	1	$630.64	$1,386.87	$895.48	$1,267.76	$768.50	2.010	$17,675
Sultan School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Summit Valley School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Sumner School District	153	82	23	21	27	$567.48	$1,017.65	$737.52	$1,207.20	$771.38	2.127	$118,021
Sunnyside School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Tacoma School District	377	157	78	73	69	$874.92	$1,599.58	$1,205.59	$2,022.84	$1,298.97	2.312	$489,714
Taholah School District	1	1	0	0	0	$665.10	n/a	n/a	n/a	$665.10	n/a	$665

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A15c
Summary of Total Monthly Premium Rates by District with Composite Cost By District — Part-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM						Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE	
Tahoma School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Tekoa School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Tenino School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Thorp School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Toledo School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Tonasket School District	30	21	2	4	3	$595.80	$864.10	$741.83	$1,253.42	$698.92	2.104	$20,968
Toppenish School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Touchet School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Toutle Lake School District	53	25	5	13	10	$719.38	$1,199.25	$1,021.55	$1,171.65	$924.10	1.629	$48,977
Trout Lake School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Tukwila School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Tumwater School District	147	108	6	25	8	$687.64	$1,177.30	$805.37	$1,339.10	$763.10	1.947	$112,176
Union Gap School District	22	15	0	4	3	$899.62	n/a	$1,019.50	$1,102.00	$949.01	1.225	$20,878
University Place School District	17	11	3	2	1	$806.98	$1,445.77	$890.42	$1,137.30	$948.96	1.409	$16,132
Valley School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Vancouver School District	470	325	22	94	29	$698.40	$1,210.49	$865.06	$1,216.52	$787.67	1.742	$370,206
Vashon Island School District	34	21	3	4	6	$657.12	$1,607.40	$957.44	$1,276.29	$885.56	1.942	$30,109
Wahkiakum School District	3	1	2	0	0	$924.00	$1,018.00	n/a	n/a	$986.67	n/a	$2,960
Wahluke School District	46	40	3	3	0	$715.96	$1,287.09	$1,135.20	n/a	$780.55	n/a	$35,905
Waitsburg School District	4	3	0	1	0	$516.78	n/a	$618.34	n/a	$542.17	n/a	$2,169
Walla Walla Public Schools	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Wapato School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Warden School District	28	16	5	4	3	$861.00	$1,018.00	$987.00	$1,081.00	$930.61	1.256	$26,057
Washougal School District	62	47	11	3	1	$704.07	$1,256.60	$758.50	$1,242.65	$813.42	1.765	$50,432
Washtucna School District	3	0	0	2	1	n/a	n/a	$709.80	$1,164.05	$861.22	n/a	$2,584
Waterville School District	4	2	0	2	0	$908.80	n/a	$709.80	n/a	$809.30	n/a	$3,237
Wellpinit School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Wenatchee School District	194	141	14	32	7	$609.44	$1,050.59	$782.98	$1,390.35	$698.08	2.281	$135,427
West Valley School District (Spokane)	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
West Valley School District (Yakima)	1	0	1	0	0	n/a	$971.65	n/a	n/a	$971.65	n/a	$972
White Pass School District	1	0	0	0	1	n/a	n/a	n/a	$1,837.50	$1,837.50	n/a	$1,838
White River School District	33	24	1	6	2	$639.28	$971.65	$911.31	$1,164.05	$730.62	1.821	$24,110
White Salmon Valley School District	18	16	2	0	0	$591.87	$970.15	n/a	n/a	$633.90	n/a	$11,410
Wilbur School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Willapa Valley School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Wilson Creek School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Winlock School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Wishkah Valley School District	3	3	0	0	0	$736.92	n/a	n/a	n/a	$736.92	n/a	$2,211
Wishram School District	4	2	1	0	1	$535.25	$971.65	n/a	$1,163.05	$801.30	2.173	$3,205
Woodland School District	100	71	4	23	2	$957.67	$1,079.83	$870.11	$1,365.30	$950.57	1.426	$95,057
Yakima School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Yelm School District	47	31	5	9	2	$689.43	$1,042.15	$877.26	$1,404.30	$793.34	2.037	$37,287

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Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A15c

Summary of Total Monthly Premium Rates by District with Composite Cost By District — Part-Time Employees

Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM						Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE	
Zillah School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Low	**0**	**0**	**0**	**0**	**0**	**$154.80**	**$632.58**	**$557.75**	**$413.34**	**$420.90**	**2.670**	**$421**
High	**1,832**	**1,066**	**157**	**455**	**154**	**$1,584.90**	**$2,215.74**	**$1,730.52**	**$2,524.26**	**$1,962.57**	**1.593**	**$1,608,312**
Grand Total/Average	**12,570**	**8,053**	**1,056**	**2,433**	**1,028**	**$692.54**	**$1,217.85**	**$920.00**	**$1,437.74**	**$841.64**	**2.076**	**$10,579,464**

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A15d
Summary of Total Monthly Premium Rates by District with Composite Cost By District — Certificated Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM						Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE	
Aberdeen School District	180	103	13	51	13	$813.06	$1,182.12	$983.03	$1,303.02	$923.26	1.603	$166,187
Adna School District	25	10	3	7	5	$712.97	$1,320.52	$988.44	$1,782.43	$1,076.90	2.500	$26,922
Almira School District	8	1	4	1	2	$924.00	$1,033.75	$1,081.00	$1,081.00	$1,037.75	1.170	$8,302
Anacortes School District	137	56	14	33	34	$752.34	$1,157.14	$950.61	$1,403.94	$1,003.18	1.866	$137,435
Arlington School District	303	123	25	91	64	$759.94	$1,147.73	$909.21	$1,162.20	$921.73	1.529	$279,285
Asotin-Anatone School District	40	0	3	0	37	n/a	$966.58	n/a	$911.50	$915.63	n/a	$36,625
Auburn School District	712	371	53	191	97	$733.46	$1,119.60	$943.00	$1,455.80	$916.82	1.985	$652,777
Bainbridge Island School District	206	100	18	59	29	$775.40	$1,477.71	$990.69	$1,474.08	$996.78	1.901	$205,337
Battle Ground School District	758	358	78	187	135	$757.33	$1,208.77	$997.31	$1,499.27	$995.13	1.980	$754,307
Bellevue School District	1,174	655	92	267	160	$742.93	$1,121.07	$939.83	$1,406.73	$907.81	1.893	$1,065,770
Bellingham School District	748	375	60	212	101	$683.55	$1,117.68	$927.86	$1,371.40	$880.49	2.006	$658,610
Benge School District	2	0	1	0	1	n/a	$1,196.00	n/a	$1,259.00	$1,227.50	n/a	$2,455
Bethel School District	1,021	565	84	252	120	$743.23	$1,330.16	$994.60	$1,499.70	$942.47	2.018	$962,265
Bickleton School District	8	0	3	0	5	n/a	$2,036.05	n/a	$2,113.75	$2,084.61	n/a	$16,677
Blaine School District	116	49	16	26	25	$719.85	$1,391.37	$976.02	$1,395.62	$1,015.53	1.939	$117,802
Boistfort School District	7	6	1	0	0	$617.03	$1,532.75	n/a	n/a	$747.84	n/a	$5,235
Bremerton School District	299	179	27	73	20	$787.21	$1,528.08	$1,165.87	$1,493.16	$993.78	1.897	$297,140
Brewster School District	66	31	10	18	7	$732.44	$1,123.89	$862.12	$1,356.46	$893.30	1.852	$58,958
Bridgeport School District	48	25	0	15	8	$632.53	n/a	$904.23	$1,215.41	$814.58	1.921	$39,100
Brinnon School District	5	2	0	2	1	$535.25	n/a	$914.03	$1,164.05	$812.52	2.175	$4,063
Burlington-Edison School District	235	113	20	74	28	$754.04	$1,248.21	$973.20	$1,405.34	$942.71	1.864	$221,537
Camas School District	389	158	34	131	66	$704.41	$1,232.33	$874.83	$1,356.15	$918.52	1.925	$357,305
Cape Flattery School District	45	28	2	13	2	$723.39	$1,427.05	$953.61	$1,164.05	$840.76	1.609	$37,834
Carbonado School District	9	8	0	1	0	$871.86	n/a	$1,201.60	n/a	$908.49	n/a	$8,176
Cascade School District	74	35	2	24	13	$656.72	$867.35	$835.49	$1,351.07	$842.37	2.057	$62,335
Cashmere School District	70	26	7	11	26	$882.08	$972.76	$967.94	$979.97	$941.00	1.111	$65,870
Castle Rock School District	72	35	5	24	8	$738.02	$1,154.37	$914.82	$1,215.41	$878.91	1.647	$63,282
Centerville School District	5	2	0	2	1	$646.74	n/a	$718.12	$593.12	$664.56	0.917	$3,323
Central Kitsap School District	576	261	64	153	98	$716.35	$1,223.65	$902.23	$1,391.86	$937.02	1.943	$539,725
Central Valley School District	849	416	49	305	79	$754.83	$1,327.78	$939.73	$1,391.57	$913.57	1.844	$775,624
Centralia School District	205	103	14	68	20	$763.88	$1,285.77	$889.80	$1,230.41	$886.80	1.611	$181,794
Chehalis School District	157	78	12	49	18	$727.22	$1,197.44	$866.60	$1,193.07	$860.07	1.641	$135,031
Cheney School District	297	159	18	85	35	$685.02	$1,283.94	$950.57	$1,331.49	$873.50	1.944	$259,430
Chewelah School District	53	26	6	14	7	$612.21	$1,030.40	$897.25	$1,253.87	$819.59	2.048	$43,439
Chimacum School District	58	24	7	16	11	$716.50	$1,079.17	$921.06	$1,489.97	$963.39	2.080	$55,877
Clarkston School District	132	66	9	37	20	$793.95	$1,200.12	$828.46	$1,165.43	$887.60	1.468	$117,164
Cle Elum-Roslyn School District	53	34	3	12	4	$752.33	$978.58	$978.91	$1,738.79	$890.89	2.311	$47,217
Clover Park School District	751	458	43	181	69	$805.07	$1,286.05	$1,044.48	$1,475.47	$951.90	1.833	$714,880
Colfax School District	37	17	6	9	5	$748.88	$1,019.29	$979.94	$1,303.73	$923.92	1.741	$34,185
College Place School District	86	44	7	21	14	$684.68	$909.06	$857.12	$1,238.99	$835.29	1.810	$71,835
Colton School District	14	8	0	4	2	$764.49	n/a	$1,233.15	$1,745.62	$1,038.56	2.283	$14,540
Columbia (Stevens) School District	12	3	5	2	2	$577.80	$1,364.63	$675.13	$1,086.88	$1,006.71	1.881	$12,081

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A15d
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Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM						Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE	
Columbia (Walla Walla) School District	51	28	2	11	10	$784.94	$1,532.75	$973.11	$1,474.52	$990.06	1.879	$50,493
Colville School District	74	37	5	25	7	$723.76	$1,122.18	$941.60	$1,253.71	$874.41	1.732	$64,706
Concrete School District	36	22	1	8	5	$624.80	$1,724.52	$888.96	$1,386.37	$819.82	2.219	$29,514
Conway School District	19	11	4	2	2	$766.74	$1,223.55	$855.33	$1,154.03	$913.00	1.505	$17,347
Cosmopolis School District	11	7	0	3	1	$692.03	n/a	$709.80	$1,164.05	$739.79	1.682	$8,138
Coulee-Hartline School District	18	5	3	3	7	$907.20	$1,018.00	$995.33	$1,081.00	$1,007.94	1.192	$18,143
Coupeville School District	57	33	8	6	10	$606.71	$972.03	$661.12	$915.60	$717.90	1.509	$40,921
Crescent School District	19	6	3	7	3	$710.18	$902.12	$840.94	$1,076.52	$846.51	1.516	$16,084
Creston School District	9	3	0	2	4	$924.00	n/a	$1,034.00	$1,081.00	$1,018.22	1.170	$9,164
Curlew School District	11	6	1	1	3	$700.13	$971.65	$709.80	$1,531.92	$952.55	2.188	$10,478
Cusick School District	20	10	4	2	4	$941.80	$1,029.25	$987.00	$1,015.33	$978.52	1.078	$19,570
Damman School District	3	2	1	0	0	$816.60	$1,054.05	n/a	n/a	$895.75	n/a	$2,687
Darrington School District	26	7	6	8	5	$947.57	$1,043.83	$1,021.53	$1,102.62	$1,022.36	1.164	$26,581
Davenport School District	41	17	4	13	7	$741.80	$1,353.83	$935.97	$1,603.39	$1,010.18	2.161	$41,417
Dayton School District	18	9	1	3	5	$642.81	$971.65	$943.84	$1,083.98	$833.80	1.686	$15,008
Deer Park School District	100	47	7	34	12	$696.60	$1,056.46	$879.00	$1,165.27	$840.05	1.673	$84,005
Dieringer School District	86	43	6	27	10	$671.95	$1,158.68	$845.35	$1,279.45	$830.99	1.904	$71,465
Dixie School District	1	1	0	0	0	$505.79	n/a	n/a	n/a	$505.79	n/a	$506
East Valley School District (Spokane)	222	114	21	60	27	$842.43	$1,061.70	$1,060.67	$1,462.19	$997.53	1.736	$221,452
East Valley School District (Yakima)	181	81	11	59	30	$753.60	$1,328.01	$901.02	$1,562.83	$970.69	2.074	$175,695
Eastmont School District	366	177	21	133	35	$687.10	$1,142.54	$883.32	$1,259.69	$839.29	1.833	$307,180
Easton School District	13	2	3	6	2	$924.00	$1,018.00	$972.33	$1,112.50	$997.00	1.204	$12,961
Eatonville School District	102	46	3	36	17	$650.33	$1,147.09	$938.99	$1,317.91	$878.08	2.027	$89,564
Edmonds School District	1,157	599	90	317	151	$779.50	$1,302.83	$1,017.54	$1,484.55	$977.44	1.904	$1,130,903
Ellensburg School District	190	92	14	65	19	$725.04	$1,056.13	$911.63	$1,367.95	$877.56	1.887	$166,737
Elma School District	88	48	5	19	16	$800.41	$1,308.31	$1,055.99	$1,169.87	$951.63	1.462	$83,743
Endicott School District	12	2	1	5	4	$893.50	$1,000.00	$1,164.80	$1,320.00	$1,157.58	1.477	$13,891
Entiat School District	26	8	5	8	5	$902.72	$1,018.00	$987.00	$1,081.00	$985.11	1.197	$25,613
Enumclaw School District	218	100	9	68	41	$734.86	$1,167.23	$930.32	$1,381.10	$935.22	1.879	$203,878
Ephrata School District	145	53	9	49	34	$652.69	$1,131.20	$871.99	$1,249.25	$896.38	1.914	$129,976
Evaline School District	1	0	0	1	0	n/a	n/a	$1,155.65	n/a	$1,155.65	n/a	$1,156
Everett School District	1,056	414	148	230	264	$1,714.83	$2,519.10	$2,038.70	$2,750.13	$2,156.91	1.604	$2,277,701
Evergreen School District (Clark)	1,570	773	153	438	206	$734.80	$1,235.30	$1,026.63	$1,614.05	$980.36	2.197	$1,539,163
Evergreen School District (Stevens)	2	2	0	0	0	$642.48	n/a	n/a	n/a	$642.48	n/a	$1,285
Federal Way School District	1,463	966	67	320	110	$757.83	$1,240.66	$1,026.64	$1,500.50	$894.58	1.980	$1,308,767
Ferndale School District	247	108	24	72	43	$681.06	$1,061.87	$858.13	$1,399.84	$894.81	2.055	$221,018
Fife School District	213	110	11	73	19	$761.26	$1,207.37	$994.92	$1,587.41	$938.07	2.085	$199,809
Finley School District	51	24	7	12	8	$726.74	$1,157.70	$820.88	$1,228.73	$886.78	1.691	$45,226
Franklin Pierce School District	504	307	33	109	55	$737.26	$1,181.80	$939.66	$1,362.47	$878.37	1.848	$442,696
Freeman School District	53	23	3	18	9	$648.66	$926.75	$838.22	$1,303.33	$839.95	2.009	$44,517
Garfield School District	9	4	1	2	2	$654.51	$1,627.53	$914.03	$1,500.78	$1,008.35	2.293	$9,075
Glenwood School District	10	9	1	0	0	$620.43	$629.53	n/a	n/a	$621.34	n/a	$6,213

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A15d
Summary of Total Monthly Premium Rates by District with Composite Cost By District — Certificated Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM						Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE	
Goldendale School District	53	27	9	5	12	$683.79	$1,223.27	$1,164.33	$1,519.07	$1,009.86	2.222	$53,522
Grand Coulee Dam School District	45	24	2	15	4	$727.51	$1,532.75	$956.44	$919.19	$856.65	1.263	$38,549
Grandview School District	206	107	20	57	22	$697.92	$1,269.94	$912.04	$1,414.38	$889.22	2.027	$183,179
Granger School District	93	42	8	30	13	$792.37	$1,372.36	$1,059.23	$2,068.65	$1,106.75	2.611	$102,928
Granite Falls School District	89	43	10	21	15	$719.13	$1,431.63	$906.67	$1,684.88	$1,006.20	2.343	$89,552
Grapeview School District	11	4	3	3	1	$633.89	$1,181.52	$866.75	$977.85	$878.02	1.543	$9,658
Great Northern School District	2	2	0	0	0	$9,991.65	n/a	n/a	n/a	$9,991.65	n/a	$19,983
Green Mountain School District	9	4	1	0	4	$740.23	$1,054.05	n/a	$1,191.60	$975.71	1.610	$8,781
Griffin School District	35	16	4	9	6	$778.43	$1,135.85	$876.38	$1,356.38	$943.54	1.742	$33,024
Harrington School District	13	4	2	1	6	$808.40	$1,015.00	$987.00	$1,091.50	$984.58	1.350	$12,800
Highland School District	75	34	12	18	11	$764.85	$1,219.54	$964.25	$1,290.37	$962.54	1.687	$72,190
Highline School District	1,335	891	77	271	96	$770.95	$1,298.27	$971.04	$1,447.07	$890.60	1.877	$1,188,956
Hockinson School District	106	54	11	28	13	$724.09	$1,164.31	$1,050.39	$1,375.32	$935.83	1.899	$99,198
Hood Canal School District	22	17	1	4	0	$717.70	$1,371.80	$1,161.78	n/a	$828.18	n/a	$18,220
Hoquiam School District	70	41	3	19	7	$864.19	$1,647.15	$1,140.72	$1,630.66	$1,049.45	1.887	$73,462
Inchelium School District	17	9	4	3	1	$9,215.79	$7,702.39	$9,793.68	$10,038.95	$9,010.10	1.089	$153,172
Index School District	3	3	0	0	0	$736.92	n/a	n/a	n/a	$736.92	n/a	$2,211
Issaquah School District	1,030	605	64	263	98	$712.72	$1,161.73	$924.24	$1,362.33	$856.43	1.911	$882,126
Kahlotus School District	10	4	0	1	5	$751.33	n/a	$1,304.50	$1,309.75	$1,085.86	1.743	$10,859
Kalama School District	46	17	5	11	13	$723.72	$1,306.17	$1,040.78	$1,387.60	$1,050.47	1.917	$48,322
Keller School District	4	2	0	1	1	$908.80	n/a	$1,000.85	$1,837.50	$1,163.99	2.022	$4,656
Kelso School District	294	154	23	83	34	$696.66	$1,170.07	$902.36	$1,286.89	$860.03	1.847	$252,848
Kennewick School District	922	439	77	271	135	$723.05	$1,321.34	$926.23	$1,436.68	$937.23	1.987	$864,123
Kent School District	1,576	939	105	394	138	$733.61	$1,216.07	$974.30	$1,398.39	$884.14	1.906	$1,393,402
Kettle Falls School District	44	15	6	10	13	$711.17	$1,198.55	$750.65	$1,284.42	$955.97	1.806	$42,063
Kiona-Benton City School District	103	47	8	41	7	$764.46	$1,301.17	$984.66	$1,392.41	$936.48	1.821	$96,457
Kittitas School District	39	13	3	11	12	$929.31	$1,012.00	$916.45	$1,063.08	$973.21	1.144	$37,955
Klickitat School District	9	6	2	1	0	$652.68	$1,106.33	$1,167.61	n/a	$810.70	n/a	$7,296
La Center School District	83	32	16	14	21	$843.06	$1,244.63	$1,212.31	$1,486.61	$1,145.58	1.763	$95,083
La Conner School District	40	15	7	10	8	$809.56	$1,377.32	$1,024.74	$1,287.20	$1,058.24	1.590	$42,330
LaCrosse School District	16	7	4	3	2	$651.21	$1,318.61	$791.76	$1,380.70	$935.60	2.120	$14,970
Lake Chelan School District	98	37	11	34	16	$683.21	$1,360.24	$870.99	$1,359.82	$934.82	1.990	$91,612
Lake Quinault School District	14	8	1	4	1	$766.97	$1,054.05	$836.54	$1,974.70	$893.62	2.575	$12,511
Lake Stevens School District	383	217	19	96	51	$713.17	$1,112.18	$880.76	$1,476.47	$876.61	2.070	$335,743
Lake Washington School District	1,468	943	81	301	143	$715.71	$1,216.10	$927.73	$1,400.04	$853.45	1.956	$1,252,867
Lakewood School District	119	58	12	30	19	$729.55	$1,213.02	$906.56	$1,454.02	$938.60	1.993	$111,693
Lamont School District	5	4	0	1	0	$775.64	n/a	$1,118.25	n/a	$844.16	n/a	$4,221
Liberty School District	22	8	0	8	6	$735.64	n/a	$870.19	$1,392.57	$963.73	1.893	$21,202
Lind School District	15	7	0	4	4	$703.25	n/a	$1,088.90	$1,201.11	$938.85	1.708	$14,083
Longview School District	394	193	40	116	45	$754.58	$1,250.23	$980.15	$1,394.96	$944.45	1.849	$372,114
Loon Lake School District	12	8	0	4	0	$812.49	n/a	$565.00	n/a	$730.00	n/a	$8,760
Lopez School District	21	8	3	4	6	$562.26	$1,132.25	$990.71	$1,276.29	$929.31	2.270	$19,515

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A15d
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Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM						Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE	
Lyle School District	8	6	0	1	1	$775.38	n/a	$895.48	$1,804.64	$919.05	2.327	$7,352
Lynden School District	138	71	13	36	18	$633.22	$1,032.87	$860.47	$1,276.39	$814.04	2.016	$112,338
Mabton School District	60	28	5	23	4	$747.43	$1,412.99	$1,018.57	$1,440.81	$953.05	1.928	$57,183
Mansfield School District	14	2	1	3	8	$897.50	$1,018.00	$987.00	$1,090.38	$1,035.50	1.215	$14,497
Manson School District	49	19	4	17	9	$669.50	$1,111.93	$939.56	$1,298.34	$914.81	1.939	$44,826
Mary M Knight School District	11	7	2	1	1	$576.95	$982.23	$1,340.90	$1,761.70	$827.79	3.053	$9,106
Mary Walker School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Marysville School District	624	294	60	201	69	$817.29	$1,173.68	$998.93	$1,498.72	$985.42	1.834	$614,900
McCleary School District	12	6	1	2	3	$796.34	$1,882.45	$914.03	$1,388.53	$1,054.51	1.744	$12,654
Mead School District	574	233	51	166	124	$757.73	$1,242.93	$925.74	$1,377.40	$983.30	1.818	$564,412
Medical Lake School District	113	61	3	36	13	$743.88	$1,088.83	$881.58	$1,210.79	$850.62	1.628	$96,120
Mercer Island School District	134	68	15	43	8	$690.83	$1,393.36	$954.63	$1,550.39	$905.44	2.244	$121,329
Meridian School District	103	54	14	24	11	$640.08	$1,147.94	$942.91	$1,447.97	$865.95	2.262	$89,193
Methow Valley School District	41	15	5	3	18	$912.80	$973.47	$987.00	$1,066.41	$993.06	1.168	$40,716
Mill A School District	2	1	0	0	1	$694.24	n/a	n/a	$970.15	$832.20	1.397	$1,664
Monroe School District	296	175	25	61	35	$733.48	$1,093.88	$948.57	$1,434.60	$891.15	1.956	$263,780
Montesano School District	74	33	5	24	12	$724.07	$1,327.78	$945.98	$1,457.07	$955.70	2.012	$70,722
Morton School District	17	9	3	4	1	$680.43	$1,251.75	$936.50	$1,974.70	$917.64	2.902	$15,600
Moses Lake School District	435	191	41	155	48	$762.14	$1,304.11	$978.76	$1,421.79	$963.20	1.866	$418,991
Mossyrock School District	20	8	0	1	11	$844.74	n/a	$1,309.78	$955.97	$929.17	1.132	$18,583
Mount Adams School District	75	46	7	18	4	$742.08	$1,266.45	$1,034.11	$1,170.43	$883.95	1.577	$66,297
Mount Baker School District	113	55	12	27	19	$641.11	$1,062.39	$879.03	$1,299.99	$853.48	2.028	$96,443
Mount Pleasant School District	4	4	0	0	0	$712.56	n/a	n/a	n/a	$712.56	n/a	$2,850
Mount Vernon School District	416	210	43	107	56	$697.04	$1,135.76	$895.28	$1,272.64	$870.86	1.826	$362,278
Mukilteo School District	873	506	64	203	100	$790.21	$1,264.89	$1,034.34	$1,536.64	$967.28	1.945	$844,433
Naches Valley School District	81	41	9	21	10	$725.53	$1,356.26	$909.66	$1,357.54	$921.37	1.871	$74,631
Napavine School District	39	19	1	12	7	$716.52	$673.48	$888.21	$1,157.65	$847.42	1.616	$33,049
Naselle-Grays River Valley School District	18	7	5	3	3	$791.60	$1,521.57	$1,010.67	$1,559.25	$1,158.82	1.970	$20,859
Nespelem School District	10	4	2	4	0	$610.88	$1,252.20	$866.54	n/a	$841.41	n/a	$8,414
Newport School District	71	36	7	21	7	$630.80	$941.91	$881.18	$1,284.64	$799.99	2.037	$56,800
Nine Mile Falls School District	86	19	15	1	51	$728.81	$913.48	$1,127.00	$1,051.87	$957.23	1.443	$82,322
Nooksack Valley School District	102	50	14	21	17	$620.36	$1,036.46	$943.33	$1,370.38	$868.97	2.209	$88,635
North Beach School District	44	20	5	10	9	$775.84	$1,409.91	$1,052.39	$1,490.14	$1,056.85	1.921	$46,502
North Franklin School District	116	49	19	25	23	$621.14	$811.79	$731.77	$1,041.70	$759.60	1.677	$88,114
North Kitsap School District	348	184	36	82	46	$743.27	$1,200.86	$894.55	$1,251.09	$893.38	1.683	$310,896
North Mason School District	127	73	10	31	13	$774.74	$1,275.30	$1,019.49	$1,501.49	$948.29	1.938	$120,432
North River School District	10	8	1	0	1	$713.31	$971.65	n/a	$1,164.05	$784.22	1.632	$7,842
North Thurston Public Schools	817	401	69	264	83	$707.33	$1,186.60	$909.34	$1,318.82	$875.21	1.865	$715,043
Northport School District	17	8	3	0	6	$1,079.75	$1,204.33	n/a	$1,275.73	$1,170.91	1.182	$19,905
Northshore School District	1,283	694	116	300	173	$683.70	$1,123.44	$930.14	$1,466.68	$886.66	2.145	$1,137,581
Oak Harbor School District	299	148	31	69	51	$777.97	$1,214.36	$939.29	$1,225.04	$936.69	1.575	$280,072
Oakesdale School District	12	2	2	3	5	$924.00	$1,041.00	$995.00	$1,108.80	$1,038.25	1.200	$12,459

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K–12 School District Data Collection Project
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District	Enrolled Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM						Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE	
Oakville School District	18	12	0	4	2	$682.36	n/a	$914.03	$1,032.75	$772.77	1.514	$13,910
Ocean Beach School District	60	34	4	14	8	$720.34	$1,147.20	$872.10	$1,215.41	$850.22	1.687	$51,013
Ocosta School District	41	18	4	16	3	$802.25	$1,400.34	$1,055.28	$1,548.70	$1,013.96	1.930	$41,572
Odessa School District	21	8	1	10	2	$777.70	$1,532.75	$907.91	$1,122.53	$908.50	1.443	$19,079
Okanogan School District	57	23	4	23	7	$712.60	$1,094.86	$918.85	$1,192.38	$881.57	1.673	$50,249
Olympia School District	500	277	30	138	55	$681.50	$1,162.57	$887.08	$1,370.56	$842.90	2.011	$421,449
Omak School District	224	102	16	80	26	$694.43	$1,109.62	$819.22	$1,205.08	$827.93	1.735	$185,455
Onalaska School District	48	24	5	14	5	$633.99	$1,162.05	$869.07	$1,342.09	$831.32	2.117	$39,904
Onion Creek School District	3	1	1	0	1	$924.00	$1,018.00	n/a	$1,081.00	$1,007.67	1.170	$3,023
Orcas Island School District	48	20	9	12	7	$729.40	$1,249.12	$871.26	$1,287.28	$943.67	1.765	$45,296
Orchard Prairie School District	6	4	0	1	1	$734.88	n/a	$1,131.38	$1,694.51	$960.90	2.306	$5,765
Orient School District	5	1	1	0	3	$8,892.00	$9,960.00	n/a	$10,312.00	$9,957.60	1.160	$49,788
Orondo School District	12	4	2	4	2	$700.01	$1,171.73	$709.80	$1,032.75	$837.35	1.475	$10,048
Oroville School District	36	16	5	7	8	$763.85	$1,217.15	$951.24	$1,722.14	$1,076.20	2.255	$38,743
Orting School District	112	51	19	24	18	$898.64	$992.58	$950.84	$1,077.06	$954.44	1.199	$106,897
Othello School District	230	112	14	70	34	$709.65	$1,166.05	$829.44	$1,284.18	$858.82	1.810	$197,529
Palisades School District	3	2	0	0	1	$924.00	n/a	n/a	$1,081.00	$976.33	1.170	$2,929
Palouse School District	14	4	4	4	2	$664.49	$867.35	$825.98	$1,741.03	$922.38	2.620	$12,913
Pasco School District	1,123	581	65	332	145	$767.90	$1,274.63	$955.94	$1,447.91	$940.63	1.886	$1,056,322
Pateros School District	24	12	4	6	2	$776.64	$1,452.73	$954.93	$1,375.97	$983.84	1.772	$23,612
Paterson School District	10	3	1	3	3	$878.52	$1,686.70	$1,000.65	$1,264.25	$1,111.70	1.439	$11,117
Pe Ell School District	14	8	0	3	3	$699.01	n/a	$942.97	$1,301.00	$880.29	1.861	$12,324
Peninsula School District	479	264	37	131	47	$722.56	$1,301.63	$1,032.90	$1,514.93	$929.91	2.097	$445,427
Pioneer School District	46	27	7	7	5	$711.85	$1,243.09	$967.37	$1,293.94	$894.85	1.818	$41,163
Pomeroy School District	23	6	4	7	6	$657.15	$1,532.75	$857.71	$1,653.16	$1,130.30	2.516	$25,997
Port Angeles School District	222	111	19	66	26	$741.28	$1,201.04	$947.53	$1,335.25	$911.51	1.801	$202,356
Port Townsend School District	78	35	9	18	16	$684.63	$1,163.35	$872.97	$1,345.65	$918.93	1.966	$71,676
Prescott School District	21	7	3	11	0	$726.10	$1,105.03	$914.88	n/a	$879.12	n/a	$18,462
Prosser School District	172	76	13	51	32	$768.75	$1,366.15	$1,006.47	$1,576.27	$1,034.63	2.050	$177,956
Pullman School District	141	74	6	44	17	$710.87	$884.28	$910.31	$1,095.11	$826.81	1.541	$116,580
Puyallup School District	1,030	578	63	211	178	$718.24	$1,109.16	$976.66	$1,366.60	$907.14	1.903	$934,352
Queets-Clearwater School District	3	2	0	1	0	$749.70	n/a	$1,336.75	n/a	$945.38	n/a	$2,836
Quilcene School District	6	2	1	3	0	$793.73	$1,371.80	$1,118.25	n/a	$1,052.33	n/a	$6,314
Quillayute Valley School District	74	45	7	17	5	$667.76	$1,256.59	$879.32	$1,367.10	$819.32	2.047	$60,629
Quincy School District	158	68	13	40	37	$852.92	$1,240.08	$958.70	$1,436.77	$1,048.28	1.685	$165,628
Rainier School District	51	27	6	13	5	$742.73	$1,549.83	$933.14	$1,664.48	$976.59	2.241	$49,806
Raymond School District	41	17	2	20	2	$731.03	$1,452.28	$986.54	$901.45	$899.16	1.233	$36,866
Reardan-Edwall School District	35	19	2	11	3	$751.04	$1,532.75	$953.29	$1,461.17	$920.14	1.946	$32,205
Renton School District	887	544	53	205	85	$715.79	$1,209.39	$946.71	$1,439.52	$868.01	2.011	$769,923
Republic School District	15	6	4	4	1	$772.66	$1,036.33	$709.80	$1,164.05	$852.30	1.507	$12,785
Richland School District	658	362	29	185	82	$765.31	$1,288.24	$970.13	$1,352.14	$919.08	1.767	$604,752
Ridgefield School District	114	43	17	38	16	$720.01	$1,053.97	$979.46	$1,531.49	$970.19	2.127	$110,602

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		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE	
Ritzville School District	26	7	1	7	11	$932.86	$1,018.00	$987.00	$1,066.73	$1,007.35	1.144	$26,191
Riverside School District	80	44	9	20	7	$784.12	$1,162.20	$1,019.44	$1,279.56	$928.84	1.632	$74,307
Riverview School District	171	94	9	42	26	$737.26	$1,229.72	$907.17	$1,353.13	$898.55	1.835	$153,652
Rochester School District	133	55	15	42	21	$725.28	$1,229.67	$912.90	$1,481.76	$960.86	2.043	$127,794
Roosevelt School District	1	1	0	0	0	$837.75	n/a	n/a	n/a	$837.75	n/a	$838
Rosalia School District	19	8	6	2	3	$592.91	$1,117.99	$838.56	$1,190.55	$878.95	2.008	$16,700
Royal School District	99	53	10	23	13	$709.25	$1,153.81	$851.16	$1,351.07	$871.40	1.905	$86,269
San Juan Island School District	31	9	7	6	9	$604.66	$960.41	$796.48	$1,208.05	$897.30	1.998	$27,816
Satsop School District	3	1	0	1	1	$837.75	n/a	$1,118.25	$1,837.50	$1,264.50	2.193	$3,794
Seattle Public Schools	3,535	2,069	292	805	369	$709.97	$1,181.81	$938.76	$1,403.95	$873.49	1.977	$3,087,777
Sedro-Woolley School District	237	124	25	63	25	$747.73	$1,105.91	$900.21	$1,251.40	$879.17	1.674	$208,364
Selah School District	220	105	19	78	18	$715.89	$1,239.75	$906.95	$1,619.18	$902.78	2.262	$198,611
Selkirk School District	19	10	5	2	2	$1,007.00	$1,385.19	$914.03	$1,032.75	$1,099.45	1.026	$20,890
Sequim School District	124	48	14	33	29	$567.37	$1,007.17	$693.05	$1,193.20	$796.84	2.103	$98,808
Shaw Island School District	2	2	0	0	0	$580.40	n/a	n/a	n/a	$580.40	n/a	$1,161
Shelton School District	244	143	25	62	14	$757.43	$1,229.33	$931.82	$1,278.41	$879.98	1.688	$214,716
Shoreline School District	499	268	28	120	83	$730.86	$1,268.18	$965.15	$1,388.07	$926.67	1.899	$462,407
Skamania School District	5	2	0	3	0	$658.84	n/a	$1,225.24	n/a	$998.68	n/a	$4,993
Skykomish School District	2	2	0	0	0	$837.75	n/a	n/a	n/a	$837.75	n/a	$1,676
Snohomish School District	476	193	35	162	86	$806.53	$1,236.74	$1,053.05	$1,514.94	$1,050.05	1.878	$499,825
Snoqualmie Valley School District	285	177	14	63	31	$735.96	$1,388.96	$1,025.34	$1,526.35	$917.98	2.074	$261,624
Soap Lake School District	13	7	1	5	0	$837.75	$971.65	$1,048.57	n/a	$929.13	n/a	$12,079
South Bend School District	27	8	3	10	6	$671.54	$1,176.28	$1,081.46	$1,414.00	$1,044.44	2.106	$28,200
South Kitsap School District	472	271	37	122	42	$677.11	$1,071.20	$821.46	$1,244.30	$795.79	1.838	$375,611
South Whidbey School District	89	40	8	26	15	$739.23	$1,271.69	$926.14	$1,285.88	$933.83	1.739	$83,111
Southside School District	10	4	0	5	1	$713.80	n/a	$769.85	$1,262.85	$796.73	1.769	$7,967
Spokane School District	2,071	1,043	162	594	272	$758.88	$1,336.59	$1,032.47	$1,537.15	$984.75	2.026	$2,039,425
Sprague School District	9	5	1	1	2	$781.64	$1,647.15	$769.85	$1,618.78	$1,062.53	2.071	$9,563
St. John School District	17	3	4	5	5	$8,193.91	$8,123.00	$8,353.40	$8,972.98	$8,453.27	1.095	$143,706
Stanwood-Camano School District	248	124	20	61	43	$733.16	$1,157.22	$920.29	$1,431.30	$934.44	1.952	$231,740
Star School District	3	1	0	1	1	$3,696.00	n/a	$9,611.00	$7,146.00	$6,817.67	1.933	$20,453
Starbuck School District	1	1	0	0	0	$749.70	n/a	n/a	n/a	$749.70	n/a	$750
Stehekin School District	1	0	1	0	0	n/a	$1,882.45	n/a	n/a	$1,882.45	n/a	$1,882
Steilacoom Hist. School District	158	92	9	41	16	$765.53	$1,255.63	$978.67	$1,494.62	$922.59	1.952	$145,769
Steptoe School District	3	0	1	0	2	n/a	$1,064.00	n/a	$1,144.00	$1,117.33	n/a	$3,352
Stevenson-Carson School District	48	28	6	4	10	$728.41	$1,244.27	$1,136.63	$1,512.36	$990.23	2.076	$47,531
Sultan School District	74	32	7	23	12	$765.01	$1,160.63	$890.89	$1,342.86	$935.26	1.755	$69,209
Summit Valley School District	7	3	1	3	0	$630.43	$702.00	$902.45	n/a	$757.24	n/a	$5,301
Sumner School District	542	273	23	192	54	$672.52	$1,035.85	$840.08	$1,264.70	$806.30	1.881	$437,012
Sunnyside School District	409	208	29	148	24	$697.18	$1,139.45	$885.00	$1,280.23	$830.72	1.836	$339,763
Tacoma School District	1,816	749	298	410	359	$849.40	$1,580.20	$1,186.83	$1,980.89	$1,269.19	2.332	$2,304,844
Taholah School District	8	3	2	1	2	$849.15	$1,219.25	$796.40	$1,175.60	$1,016.69	1.384	$8,134

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A15d
Summary of Total Monthly Premium Rates by District with Composite Cost By District — Certificated Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM						Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE	
Tahoma School District	357	176	18	115	48	$773.91	$1,358.16	$948.97	$1,192.33	$916.02	1.541	$327,019
Tekoa School District	13	3	0	3	7	$804.06	n/a	$806.82	$1,287.85	$1,065.20	1.602	$13,848
Tenino School District	75	43	9	15	8	$725.95	$1,258.05	$842.78	$1,282.71	$872.55	1.767	$65,441
Thorp School District	16	10	1	5	0	$755.37	$1,054.05	$815.13	n/a	$792.71	n/a	$12,683
Toledo School District	35	9	4	15	7	$717.35	$1,111.93	$838.12	$1,126.54	$896.04	1.570	$31,361
Tonasket School District	59	22	8	11	18	$698.23	$931.46	$825.71	$1,469.41	$988.90	2.104	$58,345
Toppenish School District	247	119	36	65	27	$807.14	$1,183.24	$935.51	$1,492.81	$970.69	1.850	$239,759
Touchet School District	19	10	2	5	2	$696.24	$944.89	$965.88	$1,123.10	$838.30	1.613	$15,928
Toutle Lake School District	37	13	5	11	8	$754.41	$1,237.69	$1,004.93	$1,173.55	$984.82	1.556	$36,438
Trout Lake School District	10	5	2	2	1	$675.44	$1,081.26	$1,085.30	$1,804.64	$951.49	2.672	$9,515
Tukwila School District	178	110	11	38	19	$764.83	$1,262.00	$1,024.69	$1,451.75	$924.35	1.898	$164,534
Tumwater School District	384	208	26	117	33	$725.71	$1,181.82	$930.78	$1,293.37	$867.86	1.782	$333,257
Union Gap School District	38	21	6	11	0	$714.49	$1,158.68	$887.38	n/a	$834.67	n/a	$31,718
University Place School District	313	176	16	88	33	$705.08	$1,121.60	$966.85	$1,379.71	$871.10	1.957	$272,653
Valley School District	41	18	8	6	9	$614.65	$963.66	$719.53	$1,120.29	$809.09	1.823	$33,173
Vancouver School District	1,386	725	82	438	141	$715.50	$1,172.65	$952.12	$1,409.81	$887.96	1.970	$1,230,708
Vashon Island School District	93	46	8	20	19	$729.12	$1,223.03	$926.45	$1,544.04	$980.53	2.118	$91,189
Wahkiakum School District	14	2	3	4	5	$924.00	$1,045.33	$1,005.00	$1,081.00	$1,029.21	1.170	$14,409
Wahluke School District	143	74	11	34	24	$699.34	$1,086.38	$927.60	$1,283.23	$881.38	1.835	$126,037
Waitsburg School District	21	14	3	3	1	$700.38	$1,466.40	$901.40	$1,302.90	$867.22	1.860	$18,212
Walla Walla Public Schools	395	181	25	141	48	$727.44	$1,183.08	$931.45	$1,338.60	$903.37	1.840	$356,830
Wapato School District	210	105	17	70	18	$723.12	$1,315.43	$856.14	$1,651.35	$894.97	2.284	$187,944
Warden School District	73	35	11	9	18	$905.69	$1,008.36	$987.00	$1,081.00	$974.41	1.194	$71,132
Washougal School District	182	122	15	25	20	$779.21	$1,158.47	$1,090.36	$1,410.67	$922.60	1.810	$167,913
Washtucna School District	12	9	2	0	1	$810.14	$1,147.90	n/a	$1,164.05	$895.93	1.437	$10,751
Waterville School District	18	8	0	8	2	$535.25	n/a	$760.86	$1,715.85	$766.70	3.206	$13,801
Wellpinit School District	28	8	10	5	5	$762.13	$977.68	$784.28	$1,029.35	$890.78	1.351	$24,942
Wenatchee School District	492	241	37	154	60	$738.80	$1,164.27	$968.36	$1,404.63	$923.85	1.901	$454,534
West Valley School District (Spokane)	241	124	21	64	32	$765.46	$1,521.56	$1,034.67	$1,535.13	$1,005.03	2.005	$242,213
West Valley School District (Yakima)	281	120	15	110	36	$740.68	$1,096.64	$888.44	$1,443.90	$907.62	1.949	$255,040
White Pass School District	26	11	3	9	3	$671.45	$1,345.72	$910.63	$1,301.00	$904.68	1.938	$23,522
White River School District	196	106	11	51	28	$759.07	$1,121.38	$980.38	$1,277.42	$911.04	1.683	$178,564
White Salmon Valley School District	71	41	11	5	14	$672.67	$1,122.69	$1,055.72	$1,518.52	$936.16	2.257	$66,467
Wilbur School District	19	4	9	3	3	$924.00	$986.44	$987.00	$1,102.00	$991.63	1.193	$18,841
Willapa Valley School District	25	16	2	3	4	$736.57	$1,707.60	$982.17	$1,669.14	$992.93	2.266	$24,823
Wilson Creek School District	13	7	0	4	2	$919.85	n/a	$1,024.38	$1,262.85	$1,004.78	1.373	$13,062
Winlock School District	25	13	5	2	5	$598.28	$1,153.81	$1,059.55	$1,380.91	$902.82	2.308	$22,570
Wishkah Valley School District	13	9	1	3	0	$673.96	$1,532.75	$1,118.25	n/a	$842.55	n/a	$10,953
Wishram School District	10	5	2	0	3	$549.06	$971.65	n/a	$1,164.05	$818.08	2.120	$8,181
Woodland School District	131	74	9	34	14	$895.32	$1,409.95	$1,064.00	$1,697.65	$1,060.20	1.896	$138,886
Yakima School District	1,006	460	81	356	109	$852.70	$1,320.15	$1,088.75	$1,538.09	$1,048.13	1.804	$1,054,421
Yelm School District	301	157	26	77	41	$726.07	$1,194.85	$966.30	$1,463.38	$928.45	2.015	$279,463

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Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A15d

Summary of Total Monthly Premium Rates by District with Composite Cost By District — Certificated Employees

Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM						Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE	
Zillah School District	71	30	6	26	9	$699.82	$1,021.87	$926.12	$1,294.02	$885.23	1.849	$62,851
Low	**0**	**0**	**0**	**0**	**0**	**$505.79**	**$629.53**	**$565.00**	**$593.12**	**$505.79**	**1.173**	**$506**
High	**3,535**	**2,069**	**298**	**805**	**369**	**$9,991.65**	**$9,960.00**	**$9,793.68**	**$10,312.00**	**$9,991.65**	**1.032**	**$3,087,777**
Grand Total/Average	**61,596**	**32,070**	**5,076**	**16,398**	**8,052**	**$756.60**	**$1,281.29**	**$980.14**	**$1,477.98**	**$953.65**	**1.953**	**$58,740,992**

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A15e
Summary of Total Monthly Premium Rates by District with Composite Cost By District — Classified Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM						Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE	
Aberdeen School District	211	145	15	44	7	$721.98	$1,125.88	$892.68	$1,301.34	$805.51	1.802	$169,963
Adna School District	9	5	2	1	1	$623.19	$1,054.05	$769.85	$1,262.85	$806.31	2.026	$7,257
Almira School District	9	1	3	2	3	$924.00	$1,007.67	$987.00	$895.67	$956.44	0.969	$8,608
Anacortes School District	103	59	16	16	12	$725.73	$1,183.98	$872.80	$1,372.45	$895.10	1.891	$92,196
Arlington School District	210	116	30	46	18	$699.79	$1,026.49	$905.87	$949.94	$813.04	1.357	$170,739
Asotin-Anatone School District	22	5	8	2	7	$850.60	$894.09	$850.60	$824.54	$858.12	0.969	$18,879
Auburn School District	734	457	79	138	60	$689.66	$1,286.57	$860.52	$1,365.11	$841.24	1.979	$617,472
Bainbridge Island School District	172	103	13	36	20	$750.12	$1,251.24	$928.84	$1,492.67	$911.75	1.990	$156,820
Battle Ground School District	365	218	45	76	26	$753.79	$1,299.41	$908.97	$1,556.20	$910.53	2.065	$332,343
Bellevue School District	858	442	87	216	113	$716.48	$1,132.59	$881.97	$1,317.19	$879.45	1.838	$754,568
Bellingham School District	456	277	67	80	32	$656.19	$1,092.86	$905.43	$1,289.97	$808.55	1.966	$368,698
Benge School District	2	1	0	0	1	$1,018.00	n/a	n/a	$1,259.00	$1,138.50	1.237	$2,277
Bethel School District	562	401	60	67	34	$718.34	$1,243.32	$933.55	$1,342.03	$837.78	1.868	$470,831
Bickleton School District	3	0	2	0	1	n/a	$2,113.75	n/a	$2,113.75	$2,113.75	n/a	$6,341
Blaine School District	114	62	16	24	12	$707.55	$1,103.01	$972.94	$1,298.52	$881.13	1.835	$100,449
Boistfort School District	7	5	1	0	1	$578.14	$1,532.75	n/a	$1,164.05	$798.21	2.013	$5,588
Bremerton School District	195	143	18	26	8	$783.76	$1,294.24	$1,116.30	$1,502.06	$904.69	1.916	$176,414
Brewster School District	59	47	4	8	0	$630.01	$1,135.43	$746.18	n/a	$680.03	n/a	$40,122
Bridgeport School District	40	30	0	9	1	$636.09	n/a	$819.86	$1,644.55	$702.65	2.585	$28,106
Brinnon School District	6	4	2	0	0	$642.48	$1,171.73	n/a	n/a	$818.89	n/a	$4,913
Burlington-Edison School District	181	100	20	49	12	$696.24	$1,167.48	$940.05	$1,504.34	$867.89	2.161	$157,088
Camas School District	246	119	38	61	28	$701.15	$1,313.24	$846.52	$1,338.59	$904.30	1.909	$222,458
Cape Flattery School District	41	34	0	6	1	$701.57	n/a	$633.78	$1,164.05	$702.93	1.659	$28,820
Carbonado School District	11	7	1	1	2	$762.44	$1,647.15	$769.85	$1,120.35	$908.62	1.469	$9,995
Cascade School District	56	30	15	7	4	$604.40	$1,045.33	$834.54	$1,164.05	$791.25	1.926	$44,310
Cashmere School District	110	47	19	17	27	$861.49	$1,018.00	$950.00	$989.96	$933.74	1.149	$102,711
Castle Rock School District	63	42	7	12	2	$734.00	$1,161.46	$923.77	$927.41	$823.78	1.264	$51,898
Centerville School District	5	0	3	2	0	n/a	$1,381.33	$1,275.11	n/a	$1,338.84	n/a	$6,694
Central Kitsap School District	445	291	53	76	25	$663.75	$1,174.87	$830.28	$1,269.17	$787.08	1.912	$350,250
Central Valley School District	560	370	51	109	30	$719.09	$1,086.98	$847.99	$1,272.13	$807.31	1.769	$452,094
Centralia School District	172	108	20	35	9	$680.00	$1,083.02	$769.58	$1,263.09	$775.60	1.857	$133,403
Chehalis School District	151	91	14	34	12	$659.88	$1,080.39	$883.25	$1,182.21	$790.67	1.792	$119,392
Cheney School District	181	127	14	33	7	$668.41	$1,127.10	$866.92	$1,338.77	$766.01	2.003	$138,648
Chewelah School District	38	26	5	7	0	$557.09	$971.65	$707.94	n/a	$639.42	n/a	$24,298
Chimacum School District	61	40	7	11	3	$715.63	$1,048.68	$903.17	$1,388.53	$820.76	1.940	$50,066
Clarkston School District	143	77	12	33	21	$710.97	$1,055.54	$811.86	$995.35	$804.93	1.400	$115,105
Cle Elum-Roslyn School District	62	32	7	6	17	$907.38	$1,024.57	$1,002.67	$1,079.82	$977.11	1.190	$60,581
Clover Park School District	470	324	35	87	24	$839.20	$1,234.02	$1,034.74	$1,305.42	$928.60	1.556	$436,442
Colfax School District	27	17	3	6	1	$738.60	$1,192.94	$1,080.44	$1,780.91	$903.65	2.411	$24,399
College Place School District	45	36	1	7	1	$683.00	$971.65	$792.96	$1,837.50	$732.17	2.690	$32,948
Colton School District	5	3	0	1	1	$795.86	n/a	$1,062.33	$1,562.32	$1,002.45	1.963	$5,012
Columbia (Stevens) School District	11	3	5	2	1	$758.27	$1,188.78	$769.85	$1,262.85	$1,001.93	1.665	$11,021

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A15e
Summary of Total Monthly Premium Rates by District with Composite Cost By District — Classified Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM						Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE	
Columbia (Walla Walla) School District	36	23	5	7	1	$720.91	$1,244.13	$1,097.80	$1,644.55	$892.52	2.281	$32,131
Colville School District	93	60	11	16	6	$660.86	$1,011.94	$810.89	$1,212.07	$763.76	1.834	$71,030
Concrete School District	27	19	5	3	0	$583.81	$1,034.96	$833.94	n/a	$695.15	n/a	$18,769
Conway School District	24	11	5	6	2	$727.59	$1,009.96	$802.20	$1,164.05	$841.44	1.600	$20,195
Cosmopolis School District	9	6	1	1	1	$643.61	$971.65	$709.80	$1,164.05	$745.24	1.809	$6,707
Coulee-Hartline School District	15	8	3	1	3	$899.50	$1,018.00	$987.00	$1,081.00	$965.33	1.202	$14,480
Coupeville School District	35	24	8	1	2	$662.87	$1,026.53	$645.13	$913.52	$759.81	1.378	$26,593
Crescent School District	17	11	3	3	0	$648.74	$971.65	$709.80	n/a	$716.50	n/a	$12,180
Creston School District	17	11	0	3	3	$914.45	n/a	$1,018.33	$1,348.15	$1,009.32	1.474	$17,158
Curlew School District	18	12	4	1	1	$694.20	$1,111.93	$709.80	$2,267.65	$875.31	3.267	$15,756
Cusick School District	18	7	4	6	1	$782.26	$1,339.63	$758.31	$1,164.05	$919.35	1.488	$16,548
Damman School District	2	2	0	0	0	$554.73	n/a	n/a	n/a	$554.73	n/a	$1,109
Darrington School District	31	8	8	6	9	$928.38	$1,030.38	$997.67	$1,112.67	$1,021.61	1.199	$31,670
Davenport School District	35	17	3	12	3	$764.90	$1,054.05	$944.78	$1,262.85	$894.04	1.651	$31,291
Dayton School District	20	10	1	4	5	$656.26	$1,390.50	$885.33	$1,452.46	$937.83	2.213	$18,757
Deer Park School District	134	81	9	34	10	$606.04	$927.86	$829.66	$1,351.20	$740.00	2.230	$99,160
Dieringer School District	64	29	10	11	14	$699.26	$1,066.07	$746.93	$1,246.48	$884.47	1.783	$56,606
Dixie School District	5	3	0	2	0	$716.76	n/a	$1,003.46	n/a	$831.44	n/a	$4,157
East Valley School District (Spokane)	252	171	20	46	15	$827.04	$1,196.10	$1,022.88	$1,285.86	$919.39	1.555	$231,686
East Valley School District (Yakima)	121	69	17	26	9	$703.85	$1,185.23	$771.23	$1,657.99	$856.93	2.356	$103,688
Eastmont School District	211	136	26	37	12	$687.84	$1,118.88	$868.16	$1,220.17	$802.85	1.774	$169,401
Easton School District	8	4	1	2	1	$935.50	$1,018.00	$915.00	$1,081.00	$958.88	1.156	$7,671
Eatonville School District	82	44	11	22	5	$682.87	$1,223.26	$887.80	$1,315.35	$848.91	1.926	$69,610
Edmonds School District	771	444	89	160	78	$734.93	$1,158.15	$908.19	$1,292.97	$876.19	1.759	$675,545
Ellensburg School District	130	83	22	16	9	$703.18	$1,101.17	$818.40	$1,142.11	$815.10	1.624	$105,963
Elma School District	70	47	10	10	3	$751.93	$1,112.43	$887.78	$1,048.83	$835.56	1.395	$58,489
Endicott School District	11	6	1	2	2	$959.50	$1,018.00	$987.00	$1,605.00	$1,087.18	1.673	$11,959
Entiat School District	22	7	4	8	3	$666.61	$867.35	$778.23	$1,164.05	$811.53	1.746	$17,854
Enumclaw School District	169	128	19	13	9	$670.38	$1,122.05	$931.93	$1,174.12	$768.11	1.751	$129,810
Ephrata School District	99	63	14	16	6	$702.61	$1,185.01	$810.48	$1,021.42	$807.58	1.454	$79,951
Evaline School District	7	5	0	0	2	$389.86	n/a	n/a	$800.43	$507.16	2.053	$3,550
Everett School District	548	231	117	85	115	$1,674.38	$2,422.11	$1,889.19	$2,697.61	$2,082.07	1.611	$1,140,975
Evergreen School District (Clark)	748	504	85	121	38	$635.24	$1,016.66	$831.88	$1,351.97	$746.80	2.128	$558,609
Evergreen School District (Stevens)	2	2	0	0	0	$535.25	n/a	n/a	n/a	$535.25	n/a	$1,071
Federal Way School District	790	557	58	131	44	$744.88	$1,247.13	$974.43	$1,392.26	$855.87	1.869	$676,141
Ferndale School District	232	142	28	36	26	$650.10	$1,108.33	$894.97	$1,328.71	$819.45	2.044	$190,112
Fife School District	123	68	23	26	6	$737.57	$1,255.79	$973.56	$1,540.31	$923.51	2.088	$113,592
Finley School District	47	31	4	9	3	$697.84	$1,109.08	$996.87	$1,076.52	$814.27	1.543	$38,271
Franklin Pierce School District	361	247	39	52	23	$706.41	$1,160.75	$857.49	$1,288.29	$814.33	1.824	$293,972
Freeman School District	33	16	7	9	1	$604.81	$917.38	$762.63	$1,117.83	$729.70	1.848	$24,080
Garfield School District	11	7	1	2	1	$646.78	$971.65	$855.33	$1,164.05	$761.26	1.800	$8,374
Glenwood School District	10	7	2	1	0	$599.69	$632.58	$587.47	n/a	$605.05	n/a	$6,050

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A15e
Summary of Total Monthly Premium Rates by District with Composite Cost By District — Classified Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM						Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE	
Goldendale School District	42	28	8	2	4	$658.62	$1,203.52	$1,187.97	$1,340.11	$852.52	2.035	$35,806
Grand Coulee Dam School District	55	36	2	12	5	$689.46	$1,252.20	$842.82	$1,356.25	$804.00	1.967	$44,220
Grandview School District	156	86	12	43	15	$648.02	$1,238.79	$761.33	$1,525.77	$809.10	2.354	$126,219
Granger School District	80	48	8	18	6	$752.86	$1,668.21	$958.72	$1,943.11	$979.98	2.581	$78,399
Granite Falls School District	95	55	5	23	12	$752.55	$1,325.02	$943.02	$1,299.16	$897.84	1.726	$85,295
Grapeview School District	8	6	0	2	0	$633.68	n/a	$769.85	n/a	$667.72	n/a	$5,342
Great Northern School District	1	1	0	0	0	$9,991.65	n/a	n/a	n/a	$9,991.65	n/a	$9,992
Green Mountain School District	5	2	1	2	0	$923.58	$1,647.15	$769.85	n/a	$1,006.80	n/a	$5,034
Griffin School District	38	20	7	8	3	$695.60	$1,289.04	$846.15	$1,164.05	$873.60	1.673	$33,197
Harrington School District	14	5	3	2	4	$631.06	$1,018.00	$848.40	$1,101.76	$879.51	1.746	$12,313
Highland School District	55	43	3	8	1	$665.08	$1,376.50	$934.13	$1,164.05	$752.09	1.750	$41,365
Highline School District	869	655	52	124	38	$704.78	$1,068.04	$903.60	$1,177.85	$775.58	1.671	$673,976
Hockinson School District	62	25	7	18	12	$734.48	$1,124.96	$987.02	$1,361.68	$973.28	1.854	$60,343
Hood Canal School District	19	9	5	5	0	$699.53	$1,202.38	$1,033.30	n/a	$919.69	n/a	$17,474
Hoquiam School District	67	45	7	15	0	$778.08	$1,495.46	$927.44	n/a	$886.47	n/a	$59,393
Inchelium School District	18	13	1	3	1	$9,217.37	$11,910.01	$9,740.12	$1,624.81	$9,032.28	0.176	$162,581
Index School District	2	1	0	1	0	$979.85	n/a	$709.80	n/a	$844.83	n/a	$1,690
Issaquah School District	738	491	60	129	58	$675.14	$1,159.46	$834.13	$1,262.31	$788.45	1.870	$581,879
Kahlotus School District	7	5	1	0	1	$1,021.63	$1,977.95	n/a	$1,258.70	$1,192.11	1.232	$8,345
Kalama School District	20	13	3	3	1	$788.54	$1,111.03	$1,008.71	$1,667.75	$913.90	2.115	$18,278
Keller School District	6	6	0	0	0	$722.24	n/a	n/a	n/a	$722.24	n/a	$4,333
Kelso School District	178	131	19	16	12	$676.37	$1,191.94	$903.84	$1,135.23	$782.79	1.678	$139,336
Kennewick School District	761	441	88	142	90	$750.73	$1,176.80	$897.47	$1,246.26	$885.99	1.660	$674,237
Kent School District	1,110	725	93	204	88	$705.56	$1,211.74	$920.05	$1,323.08	$836.35	1.875	$928,344
Kettle Falls School District	42	27	9	5	1	$640.34	$948.47	$709.80	$1,164.05	$727.11	1.818	$30,539
Kiona-Benton City School District	71	48	5	15	3	$713.39	$1,371.23	$961.32	$1,660.15	$852.10	2.327	$60,499
Kittitas School District	35	12	12	1	10	$901.58	$1,014.58	$971.00	$1,057.00	$986.71	1.172	$34,535
Klickitat School District	8	6	1	1	0	$687.88	$1,386.55	$695.67	n/a	$776.19	n/a	$6,210
La Center School District	26	19	2	4	1	$721.73	$1,396.28	$843.66	$977.85	$802.23	1.355	$20,858
La Conner School District	44	24	3	7	10	$779.77	$946.17	$930.17	$1,353.34	$945.40	1.736	$41,598
LaCrosse School District	9	5	1	2	1	$607.61	$971.65	$1,036.96	$1,597.34	$853.44	2.629	$7,681
Lake Chelan School District	78	52	6	14	6	$659.43	$1,015.32	$757.14	$1,261.85	$750.68	1.914	$58,553
Lake Quinault School District	18	9	5	4	0	$781.76	$1,489.85	$1,201.60	n/a	$1,071.75	n/a	$19,291
Lake Stevens School District	337	209	32	68	28	$683.04	$1,085.90	$859.63	$1,320.27	$809.87	1.933	$272,926
Lake Washington School District	811	463	77	176	95	$692.13	$1,259.58	$879.18	$1,512.48	$882.69	2.185	$715,864
Lakewood School District	79	45	7	18	9	$718.47	$1,255.65	$862.13	$1,462.14	$883.53	2.035	$69,799
Lamont School District	4	2	1	0	1	$793.73	$971.65	n/a	$1,164.05	$930.79	1.467	$3,723
Liberty School District	35	20	7	6	2	$713.53	$1,015.36	$878.72	$1,679.44	$857.41	2.354	$30,009
Lind School District	17	9	2	3	3	$775.09	$867.35	$942.97	$1,284.22	$905.41	1.657	$15,392
Longview School District	311	206	33	59	13	$737.86	$1,239.89	$876.48	$1,103.45	$832.71	1.495	$258,972
Loon Lake School District	14	12	0	2	0	$747.31	n/a	$565.00	n/a	$721.27	n/a	$10,098
Lopez School District	23	16	6	1	0	$568.11	$1,132.25	$990.71	n/a	$733.65	n/a	$16,874

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A15e
Summary of Total Monthly Premium Rates by District with Composite Cost By District — Classified Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM						Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE	
Lyle School District	14	12	2	0	0	$622.22	$1,360.61	n/a	n/a	$727.71	n/a	$10,188
Lynden School District	172	99	19	30	24	$593.91	$936.56	$847.11	$1,151.97	$753.79	1.940	$129,652
Mabton School District	47	30	4	9	4	$772.60	$1,232.19	$832.84	$1,262.85	$864.97	1.635	$40,654
Mansfield School District	9	3	1	1	4	$924.00	$1,018.00	$987.00	$1,093.50	$1,016.78	1.183	$9,151
Manson School District	44	27	7	8	2	$657.68	$1,079.17	$797.24	$1,500.78	$788.43	2.282	$34,691
Mary M Knight School District	10	2	2	4	2	$933.65	$885.53	$957.94	$1,758.08	$1,098.63	1.883	$10,986
Mary Walker School District	29	20	6	3	0	$692.25	$971.65	$845.95	n/a	$765.96	n/a	$22,213
Marysville School District	402	269	37	68	28	$766.71	$1,135.01	$894.73	$1,259.55	$856.59	1.643	$344,349
McCleary School District	17	11	0	6	0	$664.75	n/a	$777.88	n/a	$704.67	n/a	$11,979
Mead School District	406	266	44	69	27	$720.21	$1,258.21	$883.09	$1,368.60	$849.32	1.900	$344,822
Medical Lake School District	66	38	9	11	8	$764.06	$1,212.90	$923.00	$1,282.71	$914.62	1.679	$60,365
Mercer Island School District	219	133	25	40	21	$714.29	$1,357.02	$949.77	$1,389.06	$895.37	1.945	$196,087
Meridian School District	76	48	7	13	8	$671.66	$954.25	$914.63	$1,139.64	$788.51	1.697	$59,927
Methow Valley School District	43	23	11	4	5	$893.59	$997.76	$934.58	$1,081.00	$945.84	1.210	$40,671
Mill A School District	3	1	0	0	2	$694.24	n/a	n/a	$1,267.76	$1,076.59	1.826	$3,230
Monroe School District	265	148	32	64	21	$733.06	$1,201.09	$877.76	$1,222.89	$863.34	1.668	$228,786
Montesano School District	55	32	5	13	5	$660.47	$1,252.61	$769.85	$1,490.59	$815.62	2.257	$44,859
Morton School District	18	14	0	3	1	$725.13	n/a	$1,107.47	$977.85	$802.89	1.349	$14,452
Moses Lake School District	383	241	34	91	17	$745.40	$1,217.86	$995.35	$1,339.42	$873.10	1.797	$334,396
Mossyrock School District	41	16	2	5	18	$730.78	$1,560.46	$1,136.34	$577.97	$753.62	0.791	$30,899
Mount Adams School District	62	44	4	11	3	$742.09	$1,113.63	$1,007.78	$1,294.02	$839.91	1.744	$52,074
Mount Baker School District	123	74	28	10	11	$622.37	$997.98	$875.19	$1,266.65	$786.05	2.035	$96,684
Mount Pleasant School District	3	1	1	1	0	$122.75	$1,448.93	$1,385.60	n/a	$985.76	n/a	$2,957
Mount Vernon School District	337	245	26	47	19	$721.04	$1,181.86	$971.31	$1,188.21	$817.83	1.648	$275,610
Mukilteo School District	487	326	40	96	25	$694.33	$1,264.25	$950.89	$1,509.05	$833.54	2.173	$405,935
Naches Valley School District	48	33	6	7	2	$633.51	$1,169.21	$882.38	$1,294.02	$764.28	2.043	$36,686
Napavine School District	42	25	4	11	2	$625.08	$971.65	$789.18	$1,164.05	$726.73	1.862	$30,523
Naselle-Grays River Valley School District	25	8	3	7	7	$858.64	$1,301.57	$1,017.79	$1,364.54	$1,098.01	1.589	$27,450
Nespelem School District	13	8	2	3	0	$628.64	$971.66	$903.83	n/a	$744.92	n/a	$9,684
Newport School District	47	32	3	9	3	$609.67	$902.12	$840.29	$1,164.05	$707.89	1.909	$33,271
Nine Mile Falls School District	47	24	6	10	7	$672.83	$1,222.62	$943.15	$933.86	$839.41	1.388	$39,452
Nooksack Valley School District	99	55	9	21	14	$643.00	$1,099.18	$892.23	$1,364.45	$839.36	2.122	$83,096
North Beach School District	46	35	10	0	1	$746.11	$1,173.96	n/a	$977.85	$844.16	1.311	$38,831
North Franklin School District	122	65	16	22	19	$574.21	$842.40	$651.88	$973.13	$685.52	1.695	$83,633
North Kitsap School District	233	147	27	44	15	$702.82	$1,172.94	$863.46	$1,027.35	$808.53	1.462	$188,387
North Mason School District	68	47	5	12	4	$743.64	$1,360.15	$1,043.29	$1,483.86	$885.39	1.995	$60,207
North River School District	8	7	0	0	1	$713.61	n/a	n/a	$1,164.05	$769.91	1.631	$6,159
North Thurston Public Schools	533	302	47	151	33	$665.24	$1,185.82	$859.72	$1,540.78	$820.45	2.316	$437,299
Northport School District	20	10	5	3	2	$1,025.72	$1,181.08	$1,165.00	$1,255.30	$1,108.41	1.224	$22,168
Northshore School District	722	393	113	136	80	$653.80	$1,075.33	$874.80	$1,399.62	$844.04	2.141	$609,397
Oak Harbor School District	191	110	31	36	14	$771.56	$1,283.18	$985.39	$1,423.29	$942.67	1.845	$180,050
Oakesdale School District	9	2	2	3	2	$935.50	$1,032.00	$976.33	$1,068.50	$1,000.11	1.142	$9,001

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A15e
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Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM						Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE	
Oakville School District	20	10	1	9	0	$652.85	$971.65	$805.51	n/a	$737.49	n/a	$14,750
Ocean Beach School District	59	35	11	11	2	$695.58	$1,206.18	$911.25	$1,032.75	$842.41	1.485	$49,702
Ocosta School District	38	29	2	4	3	$672.02	$1,532.75	$884.68	$988.98	$764.73	1.472	$29,060
Odessa School District	18	8	6	3	1	$648.69	$971.65	$651.62	$1,164.05	$785.46	1.794	$14,138
Okanogan School District	68	54	5	7	2	$680.54	$1,176.60	$955.79	$1,267.06	$762.60	1.862	$51,857
Olympia School District	321	199	39	60	23	$685.43	$1,201.89	$877.47	$1,247.20	$824.32	1.820	$264,608
Omak School District	103	79	8	12	4	$663.56	$1,185.89	$807.67	$1,098.40	$737.80	1.655	$75,994
Onalaska School District	41	24	5	7	5	$637.34	$1,371.23	$769.85	$1,262.85	$825.75	1.981	$33,856
Onion Creek School District	6	1	3	1	1	$924.00	$1,018.00	$987.00	$1,081.00	$1,007.67	1.170	$6,046
Orcas Island School District	35	14	7	8	6	$624.13	$1,047.48	$916.55	$1,221.63	$878.07	1.957	$30,732
Orchard Prairie School District	2	2	0	0	0	$740.45	n/a	n/a	n/a	$740.45	n/a	$1,481
Orient School District	7	6	1	0	0	$7,154.26	$14,781.60	n/a	n/a	$8,243.88	n/a	$57,707
Orondo School District	17	13	2	1	1	$620.46	$971.65	$709.80	$1,644.55	$727.27	2.651	$12,364
Oroville School District	33	22	3	7	1	$607.09	$1,125.18	$1,111.54	$2,267.65	$811.51	3.735	$26,780
Orting School District	80	41	12	14	13	$677.53	$1,193.32	$708.86	$1,055.16	$821.75	1.557	$65,740
Othello School District	182	112	21	41	8	$609.01	$1,081.44	$739.90	$1,269.18	$722.02	2.084	$131,408
Palisades School District	4	0	2	1	1	n/a	$1,018.00	$987.00	$1,081.00	$1,026.00	n/a	$4,104
Palouse School District	9	3	4	2	0	$707.96	$1,416.17	$914.03	n/a	$1,068.51	n/a	$9,617
Pasco School District	757	536	41	146	34	$667.66	$1,151.15	$842.49	$1,308.87	$756.36	1.960	$572,568
Pateros School District	16	13	0	2	1	$627.07	n/a	$687.35	$917.06	$652.73	1.462	$10,444
Paterson School District	11	2	1	0	8	$797.18	$1,686.70	n/a	$300.21	$516.61	0.377	$5,683
Pe Ell School District	29	20	2	5	2	$617.80	$1,067.43	$768.01	$1,741.03	$752.17	2.818	$21,813
Peninsula School District	293	193	35	52	13	$672.06	$1,131.66	$836.30	$1,420.58	$789.32	2.114	$231,270
Pioneer School District	45	33	1	8	3	$621.39	$971.65	$1,055.00	$1,164.05	$742.44	1.873	$33,410
Pomeroy School District	15	6	1	2	6	$722.24	$1,371.80	$729.75	$1,389.87	$1,033.60	1.924	$15,504
Port Angeles School District	188	110	26	34	18	$694.18	$1,057.35	$826.00	$1,225.68	$819.13	1.766	$153,997
Port Townsend School District	57	34	15	6	2	$692.29	$1,176.48	$826.38	$1,164.05	$850.38	1.681	$48,472
Prescott School District	21	16	3	2	0	$710.51	$1,350.14	$855.33	n/a	$815.68	n/a	$17,129
Prosser School District	136	75	7	46	8	$669.37	$1,166.14	$928.35	$1,371.17	$823.81	2.048	$112,039
Pullman School District	95	70	6	16	3	$646.06	$1,000.96	$806.57	$1,112.29	$710.23	1.722	$67,472
Puyallup School District	653	483	57	74	39	$739.70	$1,140.72	$907.12	$1,359.06	$830.67	1.837	$542,429
Queets-Clearwater School District	6	4	0	2	0	$664.49	n/a	$709.80	n/a	$679.59	n/a	$4,078
Quilcene School District	12	11	0	1	0	$826.65	n/a	$1,118.25	n/a	$850.95	n/a	$10,211
Quillayute Valley School District	92	64	9	16	3	$688.02	$1,229.89	$836.03	$1,691.77	$799.50	2.459	$73,554
Quincy School District	119	85	6	22	6	$714.27	$1,120.48	$889.42	$1,324.31	$797.89	1.854	$94,949
Rainier School District	32	21	6	3	2	$673.87	$1,149.03	$1,079.29	$1,164.05	$831.61	1.727	$26,611
Raymond School District	35	26	4	5	0	$770.46	$1,171.70	$768.01	n/a	$815.96	n/a	$28,559
Reardan-Edwall School District	27	17	5	3	2	$655.34	$1,154.37	$806.82	$1,500.78	$827.21	2.290	$22,335
Renton School District	606	387	62	122	35	$689.98	$1,161.50	$872.77	$1,269.43	$808.49	1.840	$489,943
Republic School District	24	12	4	3	5	$615.38	$854.04	$608.43	$1,221.18	$780.50	1.984	$18,732
Richland School District	428	286	24	86	32	$701.22	$1,106.61	$838.81	$1,248.30	$792.50	1.780	$339,189
Ridgefield School District	36	14	9	7	6	$686.83	$1,161.38	$992.98	$1,374.32	$979.58	2.001	$35,265

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A15e
Summary of Total Monthly Premium Rates by District with Composite Cost By District — Classified Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM						Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE	
Ritzville School District	27	4	8	4	11	$909.25	$999.00	$993.25	$1,044.27	$1,003.30	1.148	$27,089
Riverside School District	45	29	8	5	3	$696.69	$1,059.92	$910.55	$1,132.71	$814.09	1.626	$36,634
Riverview School District	114	68	17	19	10	$690.51	$1,174.29	$779.09	$1,251.21	$826.60	1.812	$94,232
Rochester School District	80	38	9	27	6	$730.92	$1,281.86	$849.44	$1,295.69	$875.26	1.773	$70,021
Roosevelt School District	4	4	0	0	0	$837.75	n/a	n/a	n/a	$837.75	n/a	$3,351
Rosalia School District	15	8	4	1	2	$670.49	$1,352.24	$709.80	$901.45	$885.71	1.344	$13,286
Royal School District	91	67	5	15	4	$634.30	$1,243.93	$764.26	$1,266.76	$717.02	1.997	$65,249
San Juan Island School District	37	23	4	8	2	$575.65	$1,056.28	$825.71	$926.86	$700.66	1.610	$25,924
Satsop School District	4	4	0	0	0	$686.50	n/a	n/a	n/a	$686.50	n/a	$2,746
Seattle Public Schools	2,175	1,344	210	452	169	$708.59	$1,166.30	$908.33	$1,357.97	$844.75	1.916	$1,837,326
Sedro-Woolley School District	220	145	17	41	17	$683.66	$993.03	$843.37	$1,136.04	$772.28	1.662	$169,903
Selah School District	156	110	16	24	6	$640.70	$1,153.94	$792.59	$1,164.05	$736.84	1.817	$114,947
Selkirk School District	11	5	2	0	4	$688.15	$1,476.80	n/a	$1,272.73	$1,044.11	1.849	$11,485
Sequim School District	103	58	9	25	11	$629.07	$1,003.04	$707.30	$1,106.88	$731.76	1.760	$75,372
Shaw Island School District	1	0	0	0	1	n/a	n/a	n/a	$1,262.85	$1,262.85	n/a	$1,263
Shelton School District	268	190	26	37	15	$672.10	$1,037.57	$876.86	$1,327.87	$772.53	1.976	$207,038
Shoreline School District	387	229	51	72	35	$704.87	$1,284.70	$875.85	$1,370.14	$873.26	1.944	$337,950
Skamania School District	5	3	1	0	1	$669.68	$970.15	n/a	$1,267.76	$849.39	1.893	$4,247
Skykomish School District	2	2	0	0	0	$837.75	n/a	n/a	n/a	$837.75	n/a	$1,676
Snohomish School District	376	210	45	82	39	$729.33	$1,250.55	$914.54	$1,291.42	$890.41	1.771	$334,792
Snoqualmie Valley School District	243	135	26	50	32	$770.40	$1,381.84	$989.41	$1,517.27	$979.24	1.969	$237,955
Soap Lake School District	6	5	0	0	1	$777.25	n/a	n/a	$603.13	$748.23	0.776	$4,489
South Bend School District	57	37	1	14	5	$722.04	$1,054.05	$1,019.89	$1,348.22	$855.95	1.867	$48,789
South Kitsap School District	351	216	41	68	26	$697.70	$1,036.64	$802.68	$1,189.02	$794.02	1.704	$278,702
South Whidbey School District	71	47	8	9	7	$708.13	$1,197.81	$751.01	$1,285.84	$825.70	1.816	$58,624
Southside School District	5	2	2	1	0	$580.40	$1,054.05	$769.85	n/a	$807.75	n/a	$4,039
Spokane School District	1,037	525	131	127	254	$758.24	$1,369.90	$992.69	$1,373.16	$1,014.84	1.811	$1,052,386
Sprague School District	9	7	1	1	0	$641.53	$1,453.75	$769.85	n/a	$746.03	n/a	$6,714
St. John School District	9	5	0	3	1	$7,518.60	n/a	$9,144.30	$9,307.00	$8,259.21	1.238	$74,333
Stanwood-Camano School District	168	102	22	28	16	$738.60	$1,324.65	$879.30	$1,329.96	$895.12	1.801	$150,379
Star School District	3	1	0	0	2	$9,664.00	n/a	n/a	$9,029.50	$9,241.00	0.934	$27,723
Starbuck School District	3	3	0	0	0	$749.70	n/a	n/a	n/a	$749.70	n/a	$2,249
Stehekin School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Steilacoom Hist. School District	78	46	6	18	8	$737.65	$1,397.62	$963.79	$1,315.15	$899.83	1.783	$70,187
Steptoe School District	5	2	2	1	0	$931.00	$1,000.00	$1,027.00	n/a	$977.80	n/a	$4,889
Stevenson-Carson School District	48	27	12	1	8	$650.79	$1,266.43	$895.48	$1,603.31	$968.55	2.464	$46,490
Sultan School District	104	63	5	17	19	$725.80	$1,134.09	$982.89	$1,136.33	$862.45	1.566	$89,695
Summit Valley School District	3	3	0	0	0	$718.16	n/a	n/a	n/a	$718.16	n/a	$2,154
Sumner School District	334	167	49	53	65	$587.61	$1,023.41	$752.75	$1,221.81	$801.17	2.079	$267,591
Sunnyside School District	323	231	17	67	8	$671.44	$1,051.73	$787.52	$1,389.64	$733.32	2.070	$236,863
Tacoma School District	941	427	208	155	151	$848.32	$1,573.41	$1,169.54	$1,979.05	$1,242.95	2.333	$1,169,616
Taholah School District	16	11	0	4	1	$670.62	n/a	$833.30	$1,461.50	$760.72	2.179	$12,172

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A15e
Summary of Total Monthly Premium Rates by District with Composite Cost By District — Classified Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM						Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE	
Tahoma School District	326	181	21	89	35	$740.82	$1,227.24	$909.53	$1,117.76	$858.68	1.509	$279,931
Tekoa School District	14	7	2	5	0	$691.42	$1,043.67	$805.75	n/a	$782.58	n/a	$10,956
Tenino School District	53	26	9	15	3	$731.69	$1,025.15	$766.48	$1,012.63	$807.27	1.384	$42,785
Thorp School District	4	2	2	0	0	$580.40	$1,647.15	n/a	n/a	$1,113.78	n/a	$4,455
Toledo School District	27	24	1	1	1	$649.02	$1,371.80	$709.80	$971.65	$689.99	1.497	$18,630
Tonasket School District	66	41	9	11	5	$635.14	$1,026.71	$870.71	$1,134.93	$765.66	1.787	$50,533
Toppenish School District	188	128	19	31	10	$677.77	$1,303.85	$813.03	$1,757.45	$820.78	2.593	$154,307
Touchet School District	11	8	2	1	0	$588.82	$981.22	$1,003.46	n/a	$697.86	n/a	$7,676
Toutle Lake School District	32	23	2	5	2	$710.54	$1,436.67	$974.11	$1,164.05	$825.45	1.638	$26,415
Trout Lake School District	10	5	4	0	1	$691.43	$1,193.18	n/a	$1,557.17	$978.70	2.252	$9,787
Tukwila School District	123	92	5	21	5	$724.62	$1,192.93	$873.27	$1,519.46	$801.35	2.097	$98,566
Tumwater School District	256	171	15	55	15	$712.59	$1,269.47	$882.55	$1,271.94	$814.51	1.785	$208,514
Union Gap School District	36	21	5	6	4	$925.09	$1,027.20	$1,008.67	$1,096.75	$972.28	1.186	$35,002
University Place School District	158	102	16	27	13	$719.66	$1,344.36	$944.55	$1,345.07	$872.81	1.869	$137,904
Valley School District	48	30	6	8	4	$626.85	$1,022.16	$731.55	$1,076.75	$731.20	1.718	$35,098
Vancouver School District	929	598	100	174	57	$719.81	$1,261.72	$908.29	$1,313.80	$849.89	1.825	$789,550
Vashon Island School District	58	29	7	12	10	$722.07	$1,596.74	$966.96	$1,529.53	$1,017.52	2.118	$59,016
Wahkiakum School District	25	7	7	1	10	$904.43	$1,053.14	$987.00	$1,126.20	$1,038.08	1.245	$25,952
Wahluke School District	107	81	10	13	3	$718.76	$1,217.03	$1,026.28	$1,229.97	$817.02	1.711	$87,422
Waitsburg School District	15	7	1	7	0	$587.29	$1,274.50	$835.13	n/a	$748.76	n/a	$11,231
Walla Walla Public Schools	334	222	36	61	15	$680.91	$1,052.29	$871.21	$1,250.97	$781.30	1.837	$260,953
Wapato School District	171	113	6	45	7	$666.88	$1,496.01	$803.28	$2,067.13	$789.19	3.100	$134,951
Warden School District	51	25	9	7	10	$866.88	$1,018.00	$973.71	$1,066.40	$947.33	1.230	$48,314
Washougal School District	111	85	17	8	1	$754.79	$1,257.62	$954.97	$1,242.65	$850.62	1.646	$94,419
Washtucna School District	5	1	1	2	1	$837.75	$1,532.75	$709.80	$1,164.05	$990.83	1.389	$4,954
Waterville School District	18	8	3	5	2	$709.06	$884.37	$709.80	$1,164.05	$789.04	1.642	$14,203
Wellpinit School District	43	16	8	13	6	$569.74	$599.86	$602.39	$797.16	$616.95	1.399	$26,529
Wenatchee School District	358	246	27	69	16	$670.61	$1,166.81	$796.76	$1,301.15	$760.52	1.940	$272,267
West Valley School District (Spokane)	167	102	23	30	12	$731.40	$1,344.50	$992.55	$1,391.63	$910.20	1.903	$152,003
West Valley School District (Yakima)	192	103	27	38	24	$722.71	$1,066.27	$882.57	$1,179.66	$859.78	1.632	$165,078
White Pass School District	27	24	1	1	1	$662.38	$1,502.09	$709.80	$1,164.05	$713.81	1.757	$19,273
White River School District	146	99	16	21	10	$715.54	$1,173.74	$918.74	$1,272.48	$833.13	1.778	$121,636
White Salmon Valley School District	45	35	7	0	3	$622.18	$1,178.12	n/a	$1,446.72	$763.63	2.325	$34,363
Wilbur School District	26	11	6	6	3	$924.00	$958.67	$987.00	$1,081.00	$964.65	1.170	$25,081
Willapa Valley School District	18	16	0	0	2	$676.48	n/a	n/a	$2,267.65	$853.27	3.352	$15,359
Wilson Creek School District	17	11	1	3	2	$744.86	$1,147.36	$1,071.79	$1,400.31	$903.34	1.880	$15,357
Winlock School District	51	26	8	9	8	$644.99	$1,071.69	$852.20	$1,353.36	$859.61	2.098	$43,840
Wishkah Valley School District	8	5	0	3	0	$716.75	n/a	$942.97	n/a	$801.58	n/a	$6,413
Wishram School District	9	5	2	0	2	$428.40	$971.65	n/a	$1,163.55	$712.49	2.716	$6,412
Woodland School District	146	103	6	30	7	$1,052.84	$1,391.34	$980.81	$1,177.20	$1,057.91	1.118	$154,455
Yakima School District	787	495	59	213	20	$780.82	$1,155.01	$899.56	$1,251.00	$852.96	1.602	$671,276
Yelm School District	217	143	21	44	9	$729.98	$1,175.53	$921.78	$1,304.48	$835.82	1.787	$181,372

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A15e

Summary of Total Monthly Premium Rates by District with Composite Cost By District — Classified Employees

Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM						Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE	
Zillah School District	65	43	4	15	3	$654.55	$1,072.82	$826.10	$1,618.56	$764.37	2.473	$49,684
Low	**0**	**0**	**0**	**0**	**0**	**$122.75**	**$599.86**	**$565.00**	**$300.21**	**$507.16**	**2.446**	**$1,071**
High	**2,175**	**1,344**	**210**	**452**	**254**	**$9,991.65**	**$14,781.60**	**$9,740.12**	**$9,307.00**	**$9,991.65**	**0.931**	**$1,837,326**
Grand Total/Average	**42,860**	**26,599**	**4,655**	**7,973**	**3,633**	**$725.28**	**$1,223.57**	**$909.89**	**$1,378.68**	**$869.13**	**1.901**	**$37,250,750**

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A16a
Summary of Monthly Payroll Rates by District with Composite Cost By District — All Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Employee Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Aberdeen School District	391	248	28	95	20	$82.31	$428.90	$229.55	$598.13	$169.29	7.267
Adna School District	34	15	5	8	6	$95.64	$580.53	$343.89	$1,098.67	$402.37	11.487
Almira School District	17	2	7	3	5	$193.53	$242.57	$138.00	$188.96	$202.58	0.976
Anacortes School District	240	115	30	49	46	$69.95	$360.98	$196.61	$579.60	$229.87	8.285
Arlington School District	513	239	55	137	82	$59.98	$355.80	$179.18	$361.47	$171.72	6.026
Asotin-Anatone School District	62	5	11	2	44	$70.60	$137.55	$70.60	$76.33	$86.54	1.081
Auburn School District	1,446	828	132	329	157	$56.80	$438.17	$203.56	$556.04	$179.21	9.790
Bainbridge Island School District	378	203	31	95	49	$80.08	$631.42	$232.92	$718.46	$246.46	8.972
Battle Ground School District	1,123	576	123	263	161	$82.76	$455.16	$284.23	$712.86	$261.07	8.613
Bellevue School District	2,032	1,097	179	483	273	$99.10	$389.97	$215.54	$635.31	$224.44	6.411
Bellingham School District	1,204	652	127	292	133	$79.31	$453.42	$276.57	$676.08	$232.53	8.525
Benge School District	4	1	1	0	2	$84.00	$178.00	n/a	$241.00	$186.00	2.869
Bethel School District	1,583	966	144	319	154	$24.36	$374.39	$192.13	$490.10	$135.32	20.119
Bickleton School District	11	0	5	0	6	n/a	$890.85	n/a	$769.87	$824.86	n/a
Blaine School District	230	111	32	50	37	$50.33	$387.71	$159.43	$423.97	$181.09	8.425
Boistfort School District	14	11	2	0	1	$50.08	$403.46	n/a	$287.79	$117.54	5.746
Bremerton School District	494	322	45	99	28	$36.86	$593.10	$370.51	$691.40	$191.49	18.757
Brewster School District	125	78	14	26	7	$81.78	$436.63	$163.00	$480.28	$160.73	5.873
Bridgeport School District	88	55	0	24	9	$85.13	n/a	$256.14	$648.48	$189.38	7.617
Brinnon School District	11	6	2	2	1	$12.38	$288.02	$287.70	$507.09	$157.53	40.960
Burlington-Edison School District	416	213	40	123	40	$52.81	$422.92	$193.51	$669.03	$189.25	12.668
Camas School District	635	277	72	192	94	$79.32	$497.51	$190.67	$603.99	$238.07	7.615
Cape Flattery School District	86	62	2	19	3	$55.73	$96.07	$175.99	$519.25	$99.41	9.316
Carbonado School District	20	15	1	2	2	$66.82	$815.10	$184.78	$288.30	$138.18	4.315
Cascade School District	130	65	17	31	17	$55.89	$281.43	$175.56	$628.12	$188.75	11.239
Cashmere School District	180	73	26	28	53	$67.28	$248.80	$202.73	$278.05	$176.63	4.133
Castle Rock School District	135	77	12	36	10	$36.74	$297.11	$134.93	$371.10	$110.84	10.100
Centerville School District	10	2	3	4	1	$0.50	$101.62	$186.25	$0.00	$105.09	0.000
Central Kitsap School District	1,021	552	117	229	123	$50.68	$433.06	$205.74	$489.18	$182.10	9.653
Central Valley School District	1,409	786	100	414	109	$103.25	$501.03	$236.10	$634.14	$211.58	6.142
Centralia School District	377	211	34	103	29	$670.21	$887.76	$722.38	$882.51	$720.42	1.317
Chehalis School District	308	169	26	83	30	$85.01	$415.64	$173.25	$442.54	$171.52	5.206
Cheney School District	478	286	32	118	42	$94.61	$386.17	$241.70	$526.89	$188.42	5.569
Chewelah School District	91	52	11	21	7	$28.01	$220.27	$146.83	$468.68	$112.57	16.730
Chimacum School District	119	64	14	27	14	$79.04	$332.77	$216.90	$776.47	$222.22	9.824
Clarkston School District	275	143	21	70	41	$66.20	$350.58	$109.55	$325.67	$137.64	4.919

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A16a
Summary of Monthly Payroll Rates by District with Composite Cost By District — All Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Employee Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Cle Elum-Roslyn School District	115	66	10	18	21	$53.15	$152.68	$184.42	$286.96	$125.05	5.399
Clover Park School District	1,221	782	78	268	93	$37.55	$421.15	$237.82	$619.15	$150.31	16.487
Colfax School District	64	34	9	15	6	$22.83	$171.40	$217.96	$522.91	$136.34	22.902
College Place School District	131	80	8	28	15	$50.74	$212.43	$189.07	$547.68	$147.08	10.794
Colton School District	19	11	0	5	3	$74.17	n/a	$512.82	$1,098.53	$351.35	14.811
Columbia (Stevens) School District	23	6	10	4	3	$92.20	$445.60	$52.57	$268.58	$261.97	2.913
Columbia (Walla Walla) School District	87	51	7	18	11	$74.82	$233.40	$256.66	$308.88	$154.79	4.129
Colville School District	167	97	16	41	13	$74.93	$379.22	$217.40	$563.70	$177.11	7.523
Concrete School District	63	41	6	11	5	$32.56	$228.22	$141.98	$668.92	$120.80	20.544
Conway School District	43	22	9	8	4	$94.36	$394.28	$97.11	$449.64	$190.70	4.765
Cosmopolis School District	20	13	1	4	2	$43.64	$259.59	$67.75	$613.37	$116.23	14.054
Coulee-Hartline School District	33	13	6	4	10	$104.46	$178.00	$153.25	$255.49	$169.51	2.446
Coupeville School District	92	57	16	7	12	$16.88	$53.79	$5.13	$58.81	$27.87	3.484
Crescent School District	36	17	6	10	3	$33.01	$134.55	$79.06	$321.92	$86.80	9.752
Creston School District	26	14	0	5	7	$171.41	n/a	$268.33	$313.20	$228.22	1.827
Curlew School District	29	18	5	2	4	$80.69	$298.50	$116.81	$568.08	$187.96	7.040
Cusick School District	38	17	8	8	5	$81.42	$340.78	$76.20	$219.85	$153.14	2.700
Damman School District	5	4	1	0	0	$78.36	$1,054.05	n/a	n/a	$273.50	n/a
Darrington School District	57	15	14	14	14	$102.71	$232.80	$178.20	$257.91	$191.32	2.511
Davenport School District	76	34	7	25	10	$590.09	$651.11	$658.41	$655.83	$626.83	1.111
Dayton School District	38	19	2	7	10	$71.90	$579.54	$202.96	$619.08	$266.76	8.610
Deer Park School District	234	128	16	68	22	$39.50	$289.48	$153.89	$451.83	$128.60	11.440
Dieringer School District	150	72	16	38	24	$42.20	$312.50	$110.91	$333.55	$135.06	7.903
Dixie School District	6	4	0	2	0	$11.42	n/a	$32.20	n/a	$18.34	n/a
East Valley School District (Spokane)	474	285	41	106	42	$60.10	$274.02	$227.12	$587.93	$162.72	9.783
East Valley School District (Yakima)	302	150	28	85	39	$82.16	$455.79	$242.61	$578.01	$225.99	7.035
Eastmont School District	577	313	47	170	47	$12.84	$200.15	$98.14	$346.88	$80.44	27.015
Easton School District	21	6	4	8	3	$151.67	$238.00	$178.00	$322.00	$202.48	2.123
Eatonville School District	184	90	14	58	22	$56.90	$409.16	$83.05	$471.25	$141.49	8.282
Edmonds School District	1,928	1,043	179	477	229	$44.73	$399.36	$216.34	$606.26	$186.81	13.553
Ellensburg School District	320	175	36	81	28	$104.82	$438.48	$211.65	$613.43	$213.90	5.852
Elma School District	158	95	15	29	19	$18.62	$287.94	$191.73	$323.43	$112.62	17.369
Endicott School District	23	8	2	7	6	$252.17	$229.00	$225.44	$443.91	$292.04	1.760
Entiat School District	48	15	9	16	8	$89.79	$224.44	$135.86	$330.07	$170.44	3.676
Enumclaw School District	387	228	28	81	50	$41.20	$179.48	$186.99	$440.64	$133.33	10.694
Ephrata School District	244	116	23	65	40	$624.51	$757.37	$669.85	$725.30	$665.63	1.161

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A16a
Summary of Monthly Payroll Rates by District with Composite Cost By District — All Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Employee Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Evaline School District	8	5	0	1	2	$27.30	n/a	$387.65	$236.83	$124.73	8.675
Everett School District	1,604	645	265	315	379	$172.84	$348.83	$244.89	$406.83	$271.35	2.354
Evergreen School District (Clark)	2,318	1,277	238	559	244	$74.73	$417.56	$310.93	$722.59	$235.09	9.669
Evergreen School District (Stevens)	4	4	0	0	0	$10.00	n/a	n/a	n/a	$10.00	n/a
Federal Way School District	2,253	1,523	125	451	154	$84.62	$515.44	$295.93	$757.52	$196.82	8.952
Ferndale School District	479	250	52	108	69	$37.90	$238.66	$127.80	$492.88	$145.51	13.005
Fife School District	336	178	34	99	25	$111.49	$384.41	$279.85	$780.48	$238.49	7.000
Finley School District	98	55	11	21	11	$66.69	$363.97	$207.89	$455.92	$174.00	6.836
Franklin Pierce School District	865	554	72	161	78	$60.20	$443.62	$188.94	$540.15	$159.35	8.973
Freeman School District	86	39	10	27	10	$8.09	$137.49	$118.82	$517.60	$117.15	63.976
Garfield School District	20	11	2	4	3	$94.91	$664.00	$277.53	$778.85	$290.93	8.207
Glenwood School District	20	16	3	1	0	$49.59	$486.74	$308.01	n/a	$128.08	n/a
Goldendale School District	95	55	17	7	16	$34.03	$345.54	$332.70	$539.62	$196.93	15.859
Grand Coulee Dam School District	100	60	4	27	9	$86.56	$612.22	$227.58	$452.52	$178.60	5.228
Grandview School District	362	193	32	100	37	$49.24	$275.93	$93.82	$290.56	$106.26	5.902
Granger School District	173	90	16	48	19	$122.53	$526.32	$311.73	$500.53	$253.88	4.085
Granite Falls School District	184	98	15	44	27	$42.16	$422.23	$157.52	$341.67	$144.68	8.105
Grapeview School District	19	10	3	5	1	$3.22	$272.52	$19.91	$391.79	$70.58	121.674
Great Northern School District	3	3	0	0	0	$941.97	n/a	n/a	n/a	$941.97	n/a
Green Mountain School District	14	6	2	2	4	$64.63	$448.36	$7.70	$122.28	$127.79	1.892
Griffin School District	73	36	11	17	9	$92.65	$472.37	$160.72	$530.37	$219.69	5.724
Harrington School District	27	9	5	3	10	$84.60	$499.58	$115.17	$317.73	$251.19	3.756
Highland School District	130	77	15	26	12	$103.39	$533.14	$282.50	$622.19	$236.69	6.018
Highline School District	2,204	1,546	129	395	134	$58.09	$470.13	$216.63	$658.15	$147.11	11.329
Hockinson School District	168	79	18	46	25	$4.30	$150.88	$77.89	$355.48	$92.41	82.638
Hood Canal School District	41	26	6	9	0	$0.00	$125.75	$122.65	n/a	$45.33	n/a
Hoquiam School District	137	86	10	34	7	$28.74	$616.37	$181.79	$477.52	$132.54	16.616
Inchelium School District	35	22	5	6	2	$94.55	$361.43	$232.90	$252.48	$165.42	2.670
Index School District	5	4	0	1	0	$232.59	n/a	$134.14	n/a	$212.90	n/a
Issaquah School District	1,768	1,096	124	392	156	$61.10	$425.57	$189.92	$564.79	$159.67	9.244
Kahlotus School District	17	9	1	1	6	$126.19	$1,180.97	$507.52	$495.09	$340.86	3.923
Kalama School District	66	30	8	14	14	$40.12	$457.58	$231.38	$604.07	$250.91	15.058
Keller School District	10	8	0	1	1	$102.40	n/a	$240.15	$1,348.90	$240.83	13.173
Kelso School District	472	285	42	99	46	$44.03	$389.53	$206.97	$554.26	$158.67	12.588
Kennewick School District	1,683	880	165	413	225	$88.30	$396.14	$166.23	$452.87	$186.34	5.129
Kent School District	2,686	1,664	198	598	226	$27.48	$389.84	$177.83	$542.46	$130.99	19.742

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A16a
Summary of Monthly Payroll Rates by District with Composite Cost By District — All Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Employee Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Kettle Falls School District	86	42	15	15	14	$64.10	$333.55	$92.74	$261.73	$148.27	4.083
Kiona-Benton City School District	174	95	13	56	10	$80.68	$616.76	$253.62	$757.72	$215.30	9.391
Kittitas School District	74	25	15	12	22	$76.00	$174.07	$151.00	$220.32	$150.95	2.899
Klickitat School District	17	12	3	2	0	$46.81	$42.96	$333.06	n/a	$79.80	n/a
La Center School District	109	51	18	18	22	$117.41	$442.96	$409.65	$563.12	$309.39	4.796
La Conner School District	84	39	10	17	18	$29.56	$407.43	$146.91	$362.63	$169.66	12.269
LaCrosse School District	25	12	5	5	3	$61.52	$570.69	$308.75	$928.50	$316.83	15.094
Lake Chelan School District	176	89	17	48	22	$64.01	$519.41	$134.50	$616.81	$196.32	9.636
Lake Quinault School District	32	17	6	8	1	$95.39	$414.36	$361.93	$5.00	$219.01	0.052
Lake Stevens School District	720	426	51	164	79	$23.44	$143.04	$102.91	$338.20	$84.55	14.426
Lake Washington School District	2,279	1,406	158	477	238	$55.03	$495.15	$228.88	$641.29	$183.15	11.653
Lakewood School District	198	103	19	48	28	$57.76	$424.27	$188.64	$555.75	$195.08	9.622
Lamont School District	9	6	1	1	1	$105.90	$397.81	$814.52	$546.13	$265.99	5.157
Liberty School District	57	28	7	14	8	$54.25	$378.52	$161.85	$773.93	$221.51	14.267
Lind School District	32	16	2	7	7	$83.94	$162.02	$192.57	$300.29	$159.91	3.578
Longview School District	705	399	73	175	58	$47.04	$449.00	$217.90	$529.25	$170.74	11.252
Loon Lake School District	26	20	0	6	0	$42.79	n/a	$28.25	n/a	$39.43	n/a
Lopez School District	44	24	9	5	6	$70.28	$505.94	$340.84	$465.48	$244.03	6.623
Lyle School District	22	18	2	1	1	$41.90	$0.00	$0.00	$0.00	$34.28	0.000
Lynden School District	310	170	32	66	42	$29.68	$229.13	$168.74	$419.01	$132.62	14.116
Mabton School District	107	58	9	32	8	$142.78	$633.62	$254.37	$649.99	$255.36	4.552
Mansfield School District	23	5	2	4	12	$199.48	$309.92	$234.00	$362.99	$300.40	1.820
Manson School District	93	46	11	25	11	$30.85	$265.76	$160.63	$600.67	$160.92	19.467
Mary M Knight School District	21	9	4	5	3	$2.93	$269.47	$9.20	$308.78	$98.89	105.227
Mary Walker School District	29	20	6	3	0	$65.40	$177.80	$156.29	n/a	$98.06	n/a
Marysville School District	1,026	563	97	269	97	$45.90	$312.30	$189.89	$553.96	$156.87	12.068
McCleary School District	29	17	1	8	3	$36.46	$1,072.28	$124.79	$242.05	$117.82	6.638
Mead School District	980	499	95	235	151	$102.75	$440.60	$222.75	$621.00	$244.13	6.044
Medical Lake School District	179	99	12	47	21	$100.30	$221.64	$157.21	$321.28	$149.31	3.203
Mercer Island School District	353	201	40	83	29	$79.47	$525.47	$252.14	$619.22	$214.95	7.792
Meridian School District	179	102	21	37	19	$36.18	$343.53	$218.96	$468.75	$155.93	12.957
Methow Valley School District	84	38	16	7	23	$19.47	$66.25	$28.57	$49.54	$37.37	2.544
Mill A School District	5	2	0	0	3	$6.94	n/a	n/a	$276.73	$168.81	39.874
Monroe School District	561	323	57	125	56	$55.54	$296.10	$164.73	$524.76	$151.15	9.448
Montesano School District	129	65	10	37	17	$44.90	$218.56	$133.11	$315.25	$119.29	7.021
Morton School District	35	23	3	7	2	$29.34	$483.34	$213.82	$1,012.79	$161.35	34.519

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K–12 School District Data Collection Project
Exhibit A16a
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Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Employee Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Moses Lake School District	818	432	75	246	65	$47.77	$448.23	$242.33	$695.26	$194.45	14.554
Mossyrock School District	61	24	2	6	29	$121.17	$740.91	$348.71	$164.50	$184.47	1.358
Mount Adams School District	137	90	11	29	7	$101.11	$536.67	$390.37	$588.13	$222.20	5.817
Mount Baker School District	236	129	40	37	30	$12.26	$199.09	$93.18	$397.25	$105.55	32.399
Mount Pleasant School District	7	5	1	1	0	$0.00	$0.00	$12.63	n/a	$1.80	n/a
Mount Vernon School District	753	455	69	154	75	$48.26	$431.73	$208.81	$476.80	$158.92	9.879
Mukilteo School District	1,360	832	104	299	125	$53.33	$439.76	$221.41	$591.33	$169.28	11.088
Naches Valley School District	129	74	15	28	12	$71.38	$542.87	$248.28	$642.74	$217.75	9.005
Napavine School District	81	44	5	23	9	$68.41	$172.53	$173.92	$479.80	$150.50	7.014
Naselle-Grays River Valley School District	43	15	8	10	10	$103.87	$182.45	$131.34	$265.02	$162.36	2.551
Nespelem School District	23	12	4	7	0	$37.55	$315.60	$98.58	n/a	$104.48	n/a
Newport School District	118	68	10	30	10	$66.55	$373.20	$274.96	$632.57	$193.49	9.505
Nine Mile Falls School District	133	43	21	11	58	$68.87	$149.90	$187.31	$296.37	$190.67	4.303
Nooksack Valley School District	201	105	23	42	31	$14.52	$235.23	$145.51	$507.37	$143.16	34.952
North Beach School District	90	55	15	10	10	$90.32	$360.84	$357.08	$476.85	$207.99	5.280
North Franklin School District	238	114	35	47	42	$17.97	$19.17	$13.89	$51.47	$23.25	2.863
North Kitsap School District	581	331	63	126	61	$30.39	$410.23	$170.54	$506.35	$151.94	16.661
North Mason School District	195	120	15	43	17	$51.87	$466.62	$222.39	$705.59	$178.37	13.603
North River School District	18	15	1	0	2	$133.48	$309.85	n/a	$502.25	$184.26	3.763
North Thurston Public Schools	1,350	703	116	415	116	$96.04	$464.45	$231.77	$595.09	$212.30	6.196
Northport School District	37	18	8	3	8	$131.82	$246.90	$141.67	$221.15	$176.82	1.678
Northshore School District	2,005	1,087	229	436	253	$85.09	$348.72	$214.77	$592.34	$207.41	6.961
Oak Harbor School District	490	258	62	105	65	$10.74	$150.48	$76.20	$277.02	$77.77	25.785
Oakesdale School District	21	4	4	6	7	$174.13	$317.44	$205.67	$331.21	$262.80	1.902
Oakville School District	38	22	1	13	2	$25.37	$182.83	$67.76	$75.59	$46.66	2.980
Ocean Beach School District	119	69	15	25	10	$58.13	$404.06	$120.93	$456.72	$148.42	7.857
Ocosta School District	79	47	6	20	6	$65.57	$610.75	$325.21	$503.54	$205.97	7.679
Odessa School District	39	16	7	13	3	$80.09	$372.66	$194.34	$398.98	$195.22	4.982
Okanogan School District	125	77	9	30	9	$68.96	$344.94	$198.34	$368.07	$141.42	5.337
Olympia School District	821	476	69	198	78	$52.76	$432.53	$205.58	$631.91	$176.56	11.976
Omak School District	327	181	24	92	30	$45.80	$384.12	$105.14	$436.16	$123.14	9.523
Onalaska School District	89	48	10	21	10	$33.13	$452.79	$98.44	$532.13	$151.76	16.060
Onion Creek School District	9	2	4	1	2	$144.00	$238.00	$207.00	$301.00	$227.67	2.090
Orcas Island School District	83	34	16	20	13	$161.21	$557.60	$300.88	$634.61	$345.43	3.937
Orchard Prairie School District	8	6	0	1	1	$0.00	n/a	$283.36	$846.49	$141.23	n/a
Orient School District	12	7	2	0	3	$1,348.89	$4,273.98	n/a	$2,632.00	$2,157.18	1.951

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A16a
Summary of Monthly Payroll Rates by District with Composite Cost By District — All Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Employee Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Orondo School District	29	17	4	5	3	$42.90	$250.98	$28.24	$463.84	$112.62	10.811
Oroville School District	69	38	8	14	9	$42.07	$195.78	$74.07	$255.71	$94.25	6.078
Orting School District	192	92	31	38	31	$60.70	$213.24	$112.19	$268.49	$129.07	4.424
Othello School District	412	224	35	111	42	$69.07	$395.38	$150.86	$292.83	$141.64	4.239
Palisades School District	7	2	2	1	2	$84.00	$178.00	$147.00	$241.00	$164.71	2.869
Palouse School District	23	7	8	6	2	$91.21	$563.91	$210.23	$683.81	$338.21	7.497
Pasco School District	1,880	1,117	106	478	179	$57.27	$432.43	$156.78	$471.39	$143.15	8.231
Pateros School District	40	25	4	8	3	$79.12	$672.73	$131.20	$443.00	$176.19	5.599
Paterson School District	21	5	2	3	11	$201.67	$0.00	$242.21	$219.09	$197.38	1.086
Pe Ell School District	43	28	2	8	5	$66.76	$483.43	$124.97	$368.13	$132.01	5.514
Peninsula School District	772	457	72	183	60	$71.47	$463.36	$280.41	$679.99	$204.85	9.514
Pioneer School District	91	60	8	15	8	$61.04	$572.49	$348.98	$555.79	$196.96	9.105
Pomeroy School District	38	12	5	9	12	$75.14	$622.67	$185.23	$501.06	$307.76	6.668
Port Angeles School District	410	221	45	100	44	$90.83	$441.83	$227.68	$590.26	$216.33	6.498
Port Townsend School District	135	69	24	24	18	$25.00	$272.21	$94.60	$473.38	$141.11	18.932
Prescott School District	42	23	6	13	0	$97.90	$613.70	$245.85	n/a	$217.38	n/a
Prosser School District	308	151	20	97	40	$49.72	$487.07	$212.56	$551.92	$194.63	11.100
Pullman School District	236	144	12	60	20	$23.10	$80.17	$134.50	$252.82	$73.79	10.944
Puyallup School District	1,683	1,061	120	285	217	$85.17	$477.77	$349.09	$576.12	$221.16	6.765
Queets-Clearwater School District	9	6	0	3	0	$90.67	n/a	$239.15	n/a	$140.16	n/a
Quilcene School District	18	13	1	4	0	$95.29	$651.03	$442.42	n/a	$203.31	n/a
Quillayute Valley School District	166	109	16	33	8	$52.41	$507.46	$164.16	$793.72	$154.21	15.143
Quincy School District	277	153	19	62	43	$30.48	$326.47	$112.73	$380.20	$123.48	12.476
Rainier School District	83	48	12	16	7	$33.53	$432.96	$229.79	$832.41	$196.49	24.823
Raymond School District	76	43	6	25	2	$45.06	$533.17	$229.76	$164.71	$147.50	3.655
Reardan-Edwall School District	62	36	7	14	5	$96.68	$366.91	$251.97	$575.71	$200.89	5.955
Renton School District	1,493	931	115	327	120	$53.24	$414.70	$189.50	$635.51	$157.73	11.936
Republic School District	39	18	8	7	6	$139.90	$152.61	$117.61	$256.88	$156.50	1.836
Richland School District	1,086	648	53	271	114	$96.87	$526.91	$259.28	$656.80	$217.16	6.780
Ridgefield School District	150	57	26	45	22	$46.35	$331.95	$298.97	$650.42	$260.24	14.034
Ritzville School District	53	11	9	11	22	$84.27	$198.44	$164.55	$250.23	$189.21	2.969
Riverside School District	125	73	17	25	10	$96.91	$409.28	$309.86	$545.47	$217.86	5.629
Riverview School District	285	162	26	61	36	$134.12	$612.28	$275.53	$597.38	$266.53	4.454
Rochester School District	213	93	24	69	27	$107.95	$447.60	$148.30	$541.79	$214.29	5.019
Roosevelt School District	5	5	0	0	0	$0.00	n/a	n/a	n/a	$0.00	n/a
Rosalia School District	34	16	10	3	5	$52.72	$598.42	$146.29	$435.42	$277.75	8.260

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A16a
Summary of Monthly Payroll Rates by District with Composite Cost By District — All Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Employee Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Royal School District	190	120	15	38	17	$62.16	$405.89	$144.51	$642.45	$157.69	10.336
San Juan Island School District	68	32	11	14	11	$19.42	$240.61	$115.00	$518.24	$155.57	26.687
Satsop School District	7	5	0	1	1	$88.85	n/a	$232.48	$1,430.55	$301.04	16.100
Seattle Public Schools	5,710	3,413	502	1,257	538	$57.59	$478.99	$243.49	$711.49	$197.17	12.354
Sedro-Woolley School District	457	269	42	104	42	$61.09	$292.16	$144.40	$403.90	$132.79	6.611
Selah School District	376	215	35	102	24	$76.39	$547.77	$236.15	$754.19	$206.87	9.873
Selkirk School District	30	15	7	2	6	$85.30	$476.71	$200.23	$301.42	$227.52	3.533
Sequim School District	227	106	23	58	40	$41.98	$167.67	$36.87	$146.54	$71.84	3.491
Shaw Island School District	3	2	0	0	1	$0.00	n/a	n/a	$462.19	$154.06	n/a
Shelton School District	512	333	51	99	29	$69.65	$377.77	$206.52	$541.33	$153.52	7.772
Shoreline School District	886	497	79	192	118	$71.64	$489.02	$238.74	$607.28	$216.41	8.476
Skamania School District	10	5	1	3	1	$37.86	$485.51	$701.93	$509.05	$328.97	13.445
Skykomish School District	4	4	0	0	0	$96.26	n/a	n/a	n/a	$96.26	n/a
Snohomish School District	852	403	80	244	125	$88.69	$405.38	$200.41	$622.14	$228.68	7.015
Snoqualmie Valley School District	528	312	40	113	63	$84.23	$601.91	$270.35	$717.43	$238.83	8.517
Soap Lake School District	19	12	1	5	1	$95.04	$295.61	$340.79	$603.13	$197.01	6.346
South Bend School District	84	45	4	24	11	$84.30	$441.82	$298.25	$668.44	$238.95	7.929
South Kitsap School District	823	487	78	190	68	$5.25	$119.72	$55.76	$343.19	$55.69	65.308
South Whidbey School District	160	87	16	35	22	$81.60	$463.80	$165.52	$532.05	$200.12	6.520
Southside School District	15	6	2	6	1	$109.93	$462.03	$199.58	$703.45	$232.30	6.399
Spokane School District	3,108	1,568	293	721	526	$124.50	$510.97	$347.57	$527.41	$280.87	4.236
Sprague School District	18	12	2	2	2	$94.81	$180.41	$143.80	$979.54	$208.07	10.331
St. John School District	26	8	4	8	6	$1,564.59	$2,618.22	$1,762.38	$2,658.65	$2,040.02	1.699
Stanwood-Camano School District	416	226	42	89	59	$39.60	$388.59	$191.40	$458.44	$166.72	11.576
Star School District	6	2	0	1	3	$336.00	n/a	$588.00	$669.00	$544.50	1.991
Starbuck School District	4	4	0	0	0	$0.00	n/a	n/a	n/a	$0.00	n/a
Stehekin School District	1	0	1	0	0	n/a	$0.00	n/a	n/a	$0.00	n/a
Steilacoom Hist. School District	236	138	15	59	24	$36.89	$462.39	$174.49	$578.23	$153.39	15.674
Steptoe School District	8	2	3	1	2	$225.10	$421.33	$515.12	$364.00	$369.67	1.617
Stevenson-Carson School District	96	55	18	5	18	$7.74	$136.51	$216.43	$313.80	$100.14	40.567
Sultan School District	178	95	12	40	31	$29.93	$301.43	$136.62	$376.58	$132.58	12.584
Summit Valley School District	10	6	1	3	0	$15.23	$0.00	$122.45	n/a	$45.87	n/a
Sumner School District	876	440	72	245	119	$93.21	$248.52	$146.44	$375.25	$159.18	4.026
Sunnyside School District	732	439	46	215	32	$76.82	$394.70	$183.95	$607.66	$151.47	7.910
Tacoma School District	2,757	1,176	506	565	510	$148.12	$284.18	$241.46	$442.65	$246.70	2.989
Taholah School District	24	14	2	5	3	$69.16	$584.18	$85.73	$635.83	$186.36	9.194

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A16a
Summary of Monthly Payroll Rates by District with Composite Cost By District — All Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Employee Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Tahoma School District	683	357	39	204	83	$78.62	$559.68	$219.45	$433.91	$191.33	5.519
Tekoa School District	27	10	2	8	7	$137.86	$252.13	$215.30	$383.31	$232.90	2.780
Tenino School District	128	69	18	30	11	$307.94	$498.11	$296.54	$599.68	$357.08	1.947
Thorp School District	20	12	3	5	0	$104.97	$727.41	$201.19	n/a	$222.39	n/a
Toledo School District	62	33	5	16	8	$145.75	$484.28	$195.04	$429.34	$222.36	2.946
Tonasket School District	125	63	17	22	23	$46.63	$170.65	$139.13	$268.47	$120.59	5.758
Toppenish School District	435	247	55	96	37	$46.62	$264.52	$164.50	$298.91	$121.65	6.412
Touchet School District	30	18	4	6	2	$144.74	$352.65	$307.04	$620.86	$236.67	4.289
Toutle Lake School District	69	36	7	16	10	$133.57	$582.86	$352.47	$510.56	$284.54	3.822
Trout Lake School District	20	10	6	2	2	$1.01	$82.91	$363.83	$872.25	$148.98	867.905
Tukwila School District	301	202	16	59	24	$63.98	$525.22	$231.09	$736.55	$174.88	11.511
Tumwater School District	640	379	41	172	48	$62.78	$502.95	$213.17	$529.65	$166.41	8.437
Union Gap School District	74	42	11	17	4	$121.66	$311.66	$171.39	$254.70	$168.52	2.093
University Place School District	471	278	32	115	46	$48.35	$455.89	$214.76	$626.19	$173.10	12.951
Valley School District	89	48	14	14	13	$10.10	$188.21	$23.30	$278.54	$79.41	27.576
Vancouver School District	2,315	1,323	182	612	198	$46.48	$468.50	$225.41	$659.31	$179.37	14.186
Vashon Island School District	151	75	15	32	29	$66.65	$517.94	$251.17	$774.73	$286.57	11.624
Wahkiakum School District	39	9	10	5	15	$17.58	$95.71	$29.40	$163.63	$95.30	9.305
Wahluke School District	250	155	21	47	27	$77.22	$324.00	$210.38	$540.55	$173.02	7.000
Waitsburg School District	36	21	4	10	1	$78.41	$777.39	$241.23	$651.45	$217.22	8.309
Walla Walla Public Schools	729	403	61	202	63	$49.02	$358.15	$166.40	$561.43	$151.69	11.454
Wapato School District	381	218	23	115	25	$56.44	$351.50	$159.13	$493.20	$133.90	8.739
Warden School District	124	60	20	16	28	$85.50	$249.50	$233.80	$302.21	$180.02	3.535
Washougal School District	293	207	32	33	21	$82.48	$441.95	$337.47	$680.94	$193.35	8.256
Washtucna School District	17	10	3	2	2	$123.62	$494.53	$122.68	$530.40	$236.82	4.291
Waterville School District	36	16	3	13	4	$0.00	$162.95	$28.74	$627.56	$93.69	n/a
Wellpinit School District	71	24	18	18	11	$60.57	$148.37	$65.35	$212.66	$107.60	3.511
Wenatchee School District	850	487	64	223	76	$61.80	$429.76	$211.41	$672.55	$183.36	10.883
West Valley School District (Spokane)	408	226	44	94	44	$66.48	$365.65	$187.29	$409.70	$163.59	6.162
West Valley School District (Yakima)	473	223	42	148	60	$77.49	$341.76	$195.31	$563.67	$199.50	7.274
White Pass School District	53	35	4	10	4	$59.02	$498.90	$250.63	$411.21	$154.95	6.968
White River School District	342	205	27	72	38	$78.65	$304.48	$235.40	$474.84	$173.50	6.037
White Salmon Valley School District	116	76	18	5	17	$24.10	$307.50	$383.87	$517.61	$155.91	21.474
Wilbur School District	45	15	15	9	6	$192.53	$237.57	$282.11	$328.83	$243.63	1.708
Willapa Valley School District	43	32	2	3	6	$63.04	$1,084.95	$325.40	$480.22	$187.09	7.617
Wilson Creek School District	30	18	1	7	4	$161.89	$471.33	$284.13	$654.27	$266.38	4.041

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A16a
Summary of Monthly Payroll Rates by District with Composite Cost By District — All Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Employee Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Winlock School District	76	39	13	11	13	$28.71	$374.22	$181.96	$651.81	$216.57	22.706
Wishkah Valley School District	21	14	1	6	0	$43.80	$658.92	$210.05	n/a	$120.59	n/a
Wishram School District	19	10	4	0	5	$11.92	$71.45	n/a	$76.88	$41.54	6.452
Woodland School District	277	177	15	64	21	$24.45	$253.81	$85.26	$542.71	$90.21	22.198
Yakima School District	1,793	955	140	569	129	$33.89	$377.79	$161.78	$571.76	$140.02	16.873
Yelm School District	518	300	47	121	50	$32.83	$347.54	$139.27	$400.54	$121.74	12.201
Zillah School District	136	73	10	41	12	$57.08	$411.87	$198.85	$602.25	$174.01	10.551
Low	**1**	**0**	**0**	**0**	**0**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**n/a**
High	**5,710**	**3,413**	**506**	**1,257**	**538**	**$1,564.59**	**$4,273.98**	**$1,762.38**	**$2,658.65**	**$2,157.18**	**1.699**
Grand Total/Average	**104,456**	**58,669**	**9,731**	**24,371**	**11,685**	**$70.54**	**$398.28**	**$217.35**	**$539.76**	**$187.81**	**7.652**

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A16b
Summary of Monthly Payroll Rates by District with Composite Cost By District — Full-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Employee Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Aberdeen School District	391	248	28	95	20	$82.31	$428.90	$229.55	$598.13	$169.29	7.267
Adna School District	30	13	5	7	5	$98.66	$580.53	$355.04	$1,149.03	$413.86	11.646
Almira School District	14	1	7	3	3	$144.00	$242.57	$138.00	$252.33	$215.21	1.752
Anacortes School District	233	115	27	48	43	$69.95	$379.78	$198.54	$571.82	$224.97	8.174
Arlington School District	513	239	55	137	82	$59.98	$355.80	$179.18	$361.47	$171.72	6.026
Asotin-Anatone School District	62	5	11	2	44	$70.60	$137.55	$70.60	$76.33	$86.54	1.081
Auburn School District	1,168	636	113	272	147	$47.80	$412.12	$190.76	$544.73	$178.88	11.395
Bainbridge Island School District	378	203	31	95	49	$80.08	$631.42	$232.92	$718.46	$246.46	8.972
Battle Ground School District	950	457	109	230	154	$85.74	$448.55	$296.89	$707.87	$279.34	8.256
Bellevue School District	1,682	902	157	396	227	$93.20	$371.86	$207.92	$618.10	$217.06	6.632
Bellingham School District	900	454	97	232	117	$59.29	$419.52	$245.44	$660.05	$224.20	11.132
Benge School District	4	1	1	0	2	$84.00	$178.00	n/a	$241.00	$186.00	2.869
Bethel School District	1,540	939	142	313	146	$21.11	$372.43	$188.82	$472.42	$130.38	22.377
Bickleton School District	11	0	5	0	6	n/a	$890.85	n/a	$769.87	$824.86	n/a
Blaine School District	178	75	28	41	34	$41.32	$369.62	$152.72	$440.73	$194.92	10.666
Boistfort School District	14	11	2	0	1	$50.08	$403.46	n/a	$287.79	$117.54	5.746
Bremerton School District	494	322	45	99	28	$36.86	$593.10	$370.51	$691.40	$191.49	18.757
Brewster School District	125	78	14	26	7	$81.78	$436.63	$163.00	$480.28	$160.73	5.873
Bridgeport School District	88	55	0	24	9	$85.13	n/a	$256.14	$648.48	$189.38	7.617
Brinnon School District	11	6	2	2	1	$12.38	$288.02	$287.70	$507.09	$157.53	40.960
Burlington-Edison School District	277	130	28	88	31	$64.83	$382.72	$215.48	$617.08	$206.63	9.518
Camas School District	133	60	19	34	20	$63.17	$594.84	$196.29	$485.04	$236.59	7.678
Cape Flattery School District	79	57	2	18	2	$59.07	$96.07	$185.00	$567.40	$101.57	9.606
Carbonado School District	20	15	1	2	2	$66.82	$815.10	$184.78	$288.30	$138.18	4.315
Cascade School District	130	65	17	31	17	$55.89	$281.43	$175.56	$628.12	$188.75	11.239
Cashmere School District	129	43	22	25	39	$87.60	$218.09	$175.56	$215.26	$165.50	2.457
Castle Rock School District	98	51	9	30	8	$20.36	$345.82	$146.43	$405.99	$120.32	19.943
Centerville School District	8	2	1	4	1	$0.50	$1.00	$186.25	$0.00	$93.37	0.000
Central Kitsap School District	933	490	108	215	120	$47.14	$423.95	$203.85	$483.95	$183.05	10.267
Central Valley School District	1,106	572	84	352	98	$100.04	$505.27	$229.42	$643.04	$220.11	6.428
Centralia School District	377	211	34	103	29	$670.21	$887.76	$722.38	$882.51	$720.42	1.317
Chehalis School District	234	122	19	68	25	$83.59	$467.06	$179.14	$456.30	$182.31	5.459
Cheney School District	478	286	32	118	42	$94.61	$386.17	$241.70	$526.89	$188.42	5.569
Chewelah School District	91	52	11	21	7	$28.01	$220.27	$146.83	$468.68	$112.57	16.730
Chimacum School District	85	38	13	23	11	$71.11	$338.84	$209.91	$766.12	$239.56	10.773
Clarkston School District	274	142	21	70	41	$65.34	$350.58	$109.55	$325.67	$137.45	4.984

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A16b
Summary of Monthly Payroll Rates by District with Composite Cost By District — Full-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Employee Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Cle Elum-Roslyn School District	115	66	10	18	21	$53.15	$152.68	$184.42	$286.96	$125.05	5.399
Clover Park School District	1,192	764	75	262	91	$32.79	$413.01	$234.55	$600.02	$144.36	18.301
Colfax School District	52	27	9	11	5	$25.44	$171.40	$212.18	$525.38	$138.28	20.650
College Place School District	97	51	7	25	14	$74.03	$242.78	$211.76	$586.80	$195.71	7.927
Colton School District	19	11	0	5	3	$74.17	n/a	$512.82	$1,098.53	$351.35	14.811
Columbia (Stevens) School District	17	4	8	3	2	$59.80	$539.06	$49.47	$358.67	$318.67	5.998
Columbia (Walla Walla) School District	87	51	7	18	11	$74.82	$233.40	$256.66	$308.88	$154.79	4.129
Colville School District	167	97	16	41	13	$74.93	$379.22	$217.40	$563.70	$177.11	7.523
Concrete School District	56	37	4	10	5	$32.04	$311.41	$148.77	$668.92	$129.71	20.877
Conway School District	43	22	9	8	4	$94.36	$394.28	$97.11	$449.64	$190.70	4.765
Cosmopolis School District	20	13	1	4	2	$43.64	$259.59	$67.75	$613.37	$116.23	14.054
Coulee-Hartline School District	33	13	6	4	10	$104.46	$178.00	$153.25	$255.49	$169.51	2.446
Coupeville School District	91	56	16	7	12	$15.25	$53.79	$5.13	$58.81	$26.99	3.856
Crescent School District	29	12	4	10	3	$27.08	$120.19	$79.06	$321.92	$88.35	11.889
Creston School District	26	14	0	5	7	$171.41	n/a	$268.33	$313.20	$228.22	1.827
Curlew School District	29	18	5	2	4	$80.69	$298.50	$116.81	$568.08	$187.96	7.040
Cusick School District	27	14	6	3	4	$90.86	$221.02	$55.41	$200.75	$132.13	2.209
Damman School District	3	2	1	0	0	$136.40	$1,054.05	n/a	n/a	$442.28	n/a
Darrington School District	57	15	14	14	14	$102.71	$232.80	$178.20	$257.91	$191.32	2.511
Davenport School District	76	34	7	25	10	$590.09	$651.11	$658.41	$655.83	$626.83	1.111
Dayton School District	36	17	2	7	10	$65.02	$579.54	$202.96	$619.08	$274.33	9.522
Deer Park School District	175	84	13	58	20	$35.30	$241.56	$165.19	$466.00	$142.89	13.201
Dieringer School District	150	72	16	38	24	$42.20	$312.50	$110.91	$333.55	$135.06	7.903
Dixie School District	6	4	0	2	0	$11.42	n/a	$32.20	n/a	$18.34	n/a
East Valley School District (Spokane)	474	285	41	106	42	$60.10	$274.02	$227.12	$587.93	$162.72	9.783
East Valley School District (Yakima)	302	150	28	85	39	$82.16	$455.79	$242.61	$578.01	$225.99	7.035
Eastmont School District	516	275	42	152	47	$11.76	$213.42	$94.96	$346.88	$83.21	29.485
Easton School District	21	6	4	8	3	$151.67	$238.00	$178.00	$322.00	$202.48	2.123
Eatonville School District	151	69	13	50	19	$37.79	$412.04	$74.63	$412.29	$129.33	10.910
Edmonds School District	1,928	1,043	179	477	229	$44.73	$399.36	$216.34	$606.26	$186.81	13.553
Ellensburg School District	244	126	25	72	21	$85.99	$357.15	$197.03	$575.17	$188.64	6.689
Elma School District	109	61	10	22	16	$25.48	$333.30	$244.96	$355.81	$146.51	13.966
Endicott School District	23	8	2	7	6	$252.17	$229.00	$225.44	$443.91	$292.04	1.760
Entiat School District	34	10	5	11	8	$92.43	$238.00	$170.85	$330.07	$195.12	3.571
Enumclaw School District	387	228	28	81	50	$41.20	$179.48	$186.99	$440.64	$133.33	10.694
Ephrata School District	236	109	23	64	40	$632.69	$757.37	$672.34	$725.30	$671.29	1.146

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A16b
Summary of Monthly Payroll Rates by District with Composite Cost By District — Full-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Employee Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Evaline School District	5	3	0	1	1	$45.50	n/a	$387.65	$0.00	$104.83	0.000
Everett School District	1,388	564	229	272	323	$165.24	$341.07	$230.65	$388.35	$258.99	2.350
Evergreen School District (Clark)	486	211	81	104	90	$55.40	$283.18	$251.57	$496.09	$216.95	8.954
Evergreen School District (Stevens)	4	4	0	0	0	$10.00	n/a	n/a	n/a	$10.00	n/a
Federal Way School District	1,873	1,242	109	383	139	$85.73	$504.87	$304.97	$764.89	$205.36	8.922
Ferndale School District	478	249	52	108	69	$38.03	$238.66	$127.80	$492.88	$145.80	12.960
Fife School District	253	133	20	81	19	$115.80	$425.26	$281.29	$884.28	$250.96	7.636
Finley School District	77	38	10	19	10	$75.02	$337.25	$193.28	$481.10	$190.99	6.413
Franklin Pierce School District	865	554	72	161	78	$60.20	$443.62	$188.94	$540.15	$159.35	8.973
Freeman School District	86	39	10	27	10	$8.09	$137.49	$118.82	$517.60	$117.15	63.976
Garfield School District	20	11	2	4	3	$94.91	$664.00	$277.53	$778.85	$290.93	8.207
Glenwood School District	14	12	1	1	0	$26.48	$562.84	$308.01	n/a	$84.90	n/a
Goldendale School District	95	55	17	7	16	$34.03	$345.54	$332.70	$539.62	$196.93	15.859
Grand Coulee Dam School District	100	60	4	27	9	$86.56	$612.22	$227.58	$452.52	$178.60	5.228
Grandview School District	362	193	32	100	37	$49.24	$275.93	$93.82	$290.56	$106.26	5.902
Granger School District	136	62	14	41	19	$131.71	$498.02	$305.50	$500.53	$273.33	3.800
Granite Falls School District	153	76	14	37	26	$29.61	$417.53	$149.82	$331.58	$145.50	11.196
Grapeview School District	19	10	3	5	1	$3.22	$272.52	$19.91	$391.79	$70.58	121.674
Great Northern School District	3	3	0	0	0	$941.97	n/a	n/a	n/a	$941.97	n/a
Green Mountain School District	12	6	1	2	3	$64.63	$10.54	$7.70	$12.62	$37.63	0.195
Griffin School District	73	36	11	17	9	$92.65	$472.37	$160.72	$530.37	$219.69	5.724
Harrington School District	27	9	5	3	10	$84.60	$499.58	$115.17	$317.73	$251.19	3.756
Highland School District	91	47	13	19	12	$125.76	$492.90	$285.98	$622.19	$277.12	4.947
Highline School District	1,801	1,229	112	346	114	$57.72	$489.77	$212.79	$658.74	$152.42	11.414
Hockinson School District	141	65	17	39	20	$2.81	$155.14	$70.25	$329.71	$86.20	117.291
Hood Canal School District	41	26	6	9	0	$0.00	$125.75	$122.65	n/a	$45.33	n/a
Hoquiam School District	137	86	10	34	7	$28.74	$616.37	$181.79	$477.52	$132.54	16.616
Inchelium School District	35	22	5	6	2	$94.55	$361.43	$232.90	$252.48	$165.42	2.670
Index School District	5	4	0	1	0	$232.59	n/a	$134.14	n/a	$212.90	n/a
Issaquah School District	1,768	1,096	124	392	156	$61.10	$425.57	$189.92	$564.79	$159.67	9.244
Kahlotus School District	17	9	1	1	6	$126.19	$1,180.97	$507.52	$495.09	$340.86	3.923
Kalama School District	58	24	8	12	14	$39.10	$457.58	$249.36	$604.07	$276.70	15.448
Keller School District	10	8	0	1	1	$102.40	n/a	$240.15	$1,348.90	$240.83	13.173
Kelso School District	347	189	33	87	38	$40.18	$374.24	$189.75	$531.59	$163.26	13.231
Kennewick School District	1,256	595	131	336	194	$104.75	$405.60	$167.26	$422.36	$201.91	4.032
Kent School District	2,685	1,663	198	598	226	$27.19	$389.84	$177.83	$542.46	$130.85	19.953

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A16b
Summary of Monthly Payroll Rates by District with Composite Cost By District — Full-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Employee Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Kettle Falls School District	64	29	10	12	13	$71.19	$267.40	$81.37	$236.29	$137.29	3.319
Kiona-Benton City School District	138	67	11	52	8	$84.04	$643.92	$262.27	$675.10	$230.09	8.033
Kittitas School District	74	25	15	12	22	$76.00	$174.07	$151.00	$220.32	$150.95	2.899
Klickitat School District	13	9	3	1	0	$45.27	$42.96	$589.89	n/a	$86.63	n/a
La Center School District	98	46	17	15	20	$122.10	$415.14	$445.32	$525.81	$304.80	4.306
La Conner School District	84	39	10	17	18	$29.56	$407.43	$146.91	$362.63	$169.66	12.269
LaCrosse School District	25	12	5	5	3	$61.52	$570.69	$308.75	$928.50	$316.83	15.094
Lake Chelan School District	176	89	17	48	22	$64.01	$519.41	$134.50	$616.81	$196.32	9.636
Lake Quinault School District	32	17	6	8	1	$95.39	$414.36	$361.93	$5.00	$219.01	0.052
Lake Stevens School District	719	425	51	164	79	$23.46	$143.04	$102.91	$338.20	$84.64	14.417
Lake Washington School District	2,279	1,406	158	477	238	$55.03	$495.15	$228.88	$641.29	$183.15	11.653
Lakewood School District	149	73	18	36	22	$54.67	$409.15	$163.68	$517.62	$192.19	9.467
Lamont School District	9	6	1	1	1	$105.90	$397.81	$814.52	$546.13	$265.99	5.157
Liberty School District	57	28	7	14	8	$54.25	$378.52	$161.85	$773.93	$221.51	14.267
Lind School District	32	16	2	7	7	$83.94	$162.02	$192.57	$300.29	$159.91	3.578
Longview School District	547	284	65	146	52	$59.92	$484.66	$253.25	$543.46	$207.96	9.070
Loon Lake School District	26	20	0	6	0	$42.79	n/a	$28.25	n/a	$39.43	n/a
Lopez School District	44	24	9	5	6	$70.28	$505.94	$340.84	$465.48	$244.03	6.623
Lyle School District	22	18	2	1	1	$41.90	$0.00	$0.00	$0.00	$34.28	0.000
Lynden School District	310	170	32	66	42	$29.68	$229.13	$168.74	$419.01	$132.62	14.116
Mabton School District	87	41	8	30	8	$100.15	$585.26	$234.17	$649.99	$241.53	6.490
Mansfield School District	19	4	1	4	10	$152.75	$270.00	$234.00	$336.50	$272.74	2.203
Manson School District	93	46	11	25	11	$30.85	$265.76	$160.63	$600.67	$160.92	19.467
Mary M Knight School District	21	9	4	5	3	$2.93	$269.47	$9.20	$308.78	$98.89	105.227
Mary Walker School District	29	20	6	3	0	$65.40	$177.80	$156.29	n/a	$98.06	n/a
Marysville School District	1,025	562	97	269	97	$45.97	$312.30	$189.89	$553.96	$157.02	12.050
McCleary School District	29	17	1	8	3	$36.46	$1,072.28	$124.79	$242.05	$117.82	6.638
Mead School District	722	332	76	187	127	$98.27	$437.76	$222.18	$619.23	$257.74	6.301
Medical Lake School District	138	70	8	41	19	$97.56	$210.92	$150.43	$323.96	$151.01	3.321
Mercer Island School District	309	168	38	76	27	$74.05	$540.47	$253.92	$604.59	$222.00	8.165
Meridian School District	179	102	21	37	19	$36.18	$343.53	$218.96	$468.75	$155.93	12.957
Methow Valley School District	61	25	12	6	18	$20.48	$73.00	$29.33	$48.01	$39.81	2.344
Mill A School District	5	2	0	0	3	$6.94	n/a	n/a	$276.73	$168.81	39.874
Monroe School District	432	249	42	98	43	$49.77	$256.65	$163.23	$523.02	$142.73	10.509
Montesano School District	129	65	10	37	17	$44.90	$218.56	$133.11	$315.25	$119.29	7.021
Morton School District	24	13	3	6	2	$29.93	$483.34	$218.27	$1,012.79	$215.60	33.838

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A16b
Summary of Monthly Payroll Rates by District with Composite Cost By District — Full-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Employee Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Moses Lake School District	816	432	75	245	64	$47.77	$448.23	$241.81	$691.37	$193.31	14.473
Mossyrock School District	61	24	2	6	29	$121.17	$740.91	$348.71	$164.50	$184.47	1.358
Mount Adams School District	137	90	11	29	7	$101.11	$536.67	$390.37	$588.13	$222.20	5.817
Mount Baker School District	236	129	40	37	30	$12.26	$199.09	$93.18	$397.25	$105.55	32.399
Mount Pleasant School District	2	0	1	1	0	n/a	$0.00	$12.63	n/a	$6.32	n/a
Mount Vernon School District	753	455	69	154	75	$48.26	$431.73	$208.81	$476.80	$158.92	9.879
Mukilteo School District	1,035	608	81	233	113	$41.61	$433.32	$213.67	$573.70	$169.10	13.786
Naches Valley School District	129	74	15	28	12	$71.38	$542.87	$248.28	$642.74	$217.75	9.005
Napavine School District	81	44	5	23	9	$68.41	$172.53	$173.92	$479.80	$150.50	7.014
Naselle-Grays River Valley School District	12	3	3	4	2	$9.17	$0.00	$21.17	$12.63	$11.45	1.378
Nespelem School District	20	10	4	6	0	$43.99	$315.60	$113.34	n/a	$119.12	n/a
Newport School District	118	68	10	30	10	$66.55	$373.20	$274.96	$632.57	$193.49	9.505
Nine Mile Falls School District	110	30	18	7	55	$78.16	$160.61	$140.37	$292.89	$202.97	3.747
Nooksack Valley School District	194	100	21	42	31	$14.99	$217.32	$145.51	$507.37	$143.83	33.842
North Beach School District	59	32	8	10	9	$93.53	$273.40	$357.08	$481.81	$221.82	5.151
North Franklin School District	238	114	35	47	42	$17.97	$19.17	$13.89	$51.47	$23.25	2.863
North Kitsap School District	581	331	63	126	61	$30.39	$410.23	$170.54	$506.35	$151.94	16.661
North Mason School District	195	120	15	43	17	$51.87	$466.62	$222.39	$705.59	$178.37	13.603
North River School District	18	15	1	0	2	$133.48	$309.85	n/a	$502.25	$184.26	3.763
North Thurston Public Schools	1,350	703	116	415	116	$96.04	$464.45	$231.77	$595.09	$212.30	6.196
Northport School District	37	18	8	3	8	$131.82	$246.90	$141.67	$221.15	$176.82	1.678
Northshore School District	2,005	1,087	229	436	253	$85.09	$348.72	$214.77	$592.34	$207.41	6.961
Oak Harbor School District	490	258	62	105	65	$10.74	$150.48	$76.20	$277.02	$77.77	25.785
Oakesdale School District	21	4	4	6	7	$174.13	$317.44	$205.67	$331.21	$262.80	1.902
Oakville School District	28	17	0	9	2	$11.50	n/a	$67.36	$75.59	$34.03	6.575
Ocean Beach School District	83	46	10	19	8	$57.14	$437.04	$116.91	$491.80	$158.49	8.607
Ocosta School District	79	47	6	20	6	$65.57	$610.75	$325.21	$503.54	$205.97	7.679
Odessa School District	27	11	4	11	1	$73.65	$332.44	$172.05	$463.65	$166.53	6.295
Okanogan School District	125	77	9	30	9	$68.96	$344.94	$198.34	$368.07	$141.42	5.337
Olympia School District	821	476	69	198	78	$52.76	$432.53	$205.58	$631.91	$176.56	11.976
Omak School District	271	137	22	84	28	$32.56	$393.59	$99.84	$438.10	$124.63	13.454
Onalaska School District	62	30	8	16	8	$41.53	$526.63	$116.69	$560.04	$190.42	13.486
Onion Creek School District	9	2	4	1	2	$144.00	$238.00	$207.00	$301.00	$227.67	2.090
Orcas Island School District	52	22	11	13	6	$148.96	$635.94	$252.76	$495.09	$317.87	3.324
Orchard Prairie School District	8	6	0	1	1	$0.00	n/a	$283.36	$846.49	$141.23	n/a
Orient School District	12	7	2	0	3	$1,348.89	$4,273.98	n/a	$2,632.00	$2,157.18	1.951

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K–12 School District Data Collection Project
Exhibit A16b
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Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Employee Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Orondo School District	21	10	4	4	3	$34.41	$250.98	$5.00	$463.84	$131.41	13.480
Oroville School District	69	38	8	14	9	$42.07	$195.78	$74.07	$255.71	$94.25	6.078
Orting School District	192	92	31	38	31	$60.70	$213.24	$112.19	$268.49	$129.07	4.424
Othello School District	412	224	35	111	42	$69.07	$395.38	$150.86	$292.83	$141.64	4.239
Palisades School District	5	2	0	1	2	$84.00	n/a	$147.00	$241.00	$159.40	2.869
Palouse School District	23	7	8	6	2	$91.21	$563.91	$210.23	$683.81	$338.21	7.497
Pasco School District	1,534	852	92	425	165	$63.40	$424.57	$160.78	$479.36	$156.78	7.561
Pateros School District	30	15	4	8	3	$90.17	$672.73	$131.20	$443.00	$214.07	4.913
Paterson School District	10	3	2	3	2	$229.68	$0.00	$242.21	$478.71	$237.31	2.084
Pe Ell School District	43	28	2	8	5	$66.76	$483.43	$124.97	$368.13	$132.01	5.514
Peninsula School District	772	457	72	183	60	$71.47	$463.36	$280.41	$679.99	$204.85	9.514
Pioneer School District	91	60	8	15	8	$61.04	$572.49	$348.98	$555.79	$196.96	9.105
Pomeroy School District	31	9	4	9	9	$70.64	$623.95	$185.23	$395.51	$269.62	5.599
Port Angeles School District	410	221	45	100	44	$90.83	$441.83	$227.68	$590.26	$216.33	6.498
Port Townsend School District	135	69	24	24	18	$25.00	$272.21	$94.60	$473.38	$141.11	18.932
Prescott School District	42	23	6	13	0	$97.90	$613.70	$245.85	n/a	$217.38	n/a
Prosser School District	308	151	20	97	40	$49.72	$487.07	$212.56	$551.92	$194.63	11.100
Pullman School District	183	101	11	51	20	$25.24	$61.50	$123.47	$252.82	$79.66	10.018
Puyallup School District	1,353	806	94	251	202	$99.41	$500.29	$353.46	$571.86	$244.92	5.753
Queets-Clearwater School District	9	6	0	3	0	$90.67	n/a	$239.15	n/a	$140.16	n/a
Quilcene School District	18	13	1	4	0	$95.29	$651.03	$442.42	n/a	$203.31	n/a
Quillayute Valley School District	161	104	16	33	8	$51.29	$507.46	$164.16	$793.72	$156.65	15.476
Quincy School District	277	153	19	62	43	$30.48	$326.47	$112.73	$380.20	$123.48	12.476
Rainier School District	83	48	12	16	7	$33.53	$432.96	$229.79	$832.41	$196.49	24.823
Raymond School District	76	43	6	25	2	$45.06	$533.17	$229.76	$164.71	$147.50	3.655
Reardan-Edwall School District	52	29	6	12	5	$100.12	$393.40	$272.92	$575.71	$219.57	5.750
Renton School District	1,174	712	88	275	99	$60.43	$448.13	$205.11	$686.72	$176.20	11.363
Republic School District	39	18	8	7	6	$139.90	$152.61	$117.61	$256.88	$156.50	1.836
Richland School District	844	485	41	221	97	$100.96	$526.37	$265.82	$675.15	$230.78	6.688
Ridgefield School District	132	49	23	40	20	$43.45	$312.77	$289.52	$657.69	$258.01	15.136
Ritzville School District	42	10	6	9	17	$92.70	$168.33	$149.78	$231.76	$172.02	2.500
Riverside School District	125	73	17	25	10	$96.91	$409.28	$309.86	$545.47	$217.86	5.629
Riverview School District	230	133	18	50	29	$128.71	$585.34	$267.22	$547.09	$247.31	4.251
Rochester School District	213	93	24	69	27	$107.95	$447.60	$148.30	$541.79	$214.29	5.019
Roosevelt School District	1	1	0	0	0	$0.00	n/a	n/a	n/a	$0.00	n/a
Rosalia School District	34	16	10	3	5	$52.72	$598.42	$146.29	$435.42	$277.75	8.260

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A16b
Summary of Monthly Payroll Rates by District with Composite Cost By District — Full-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Employee Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Royal School District	190	120	15	38	17	$62.16	$405.89	$144.51	$642.45	$157.69	10.336
San Juan Island School District	68	32	11	14	11	$19.42	$240.61	$115.00	$518.24	$155.57	26.687
Satsop School District	7	5	0	1	1	$88.85	n/a	$232.48	$1,430.55	$301.04	16.100
Seattle Public Schools	5,361	3,207	480	1,175	499	$48.50	$471.86	$228.39	$691.10	$185.64	14.251
Sedro-Woolley School District	455	267	42	104	42	$61.51	$292.16	$144.40	$403.90	$133.35	6.566
Selah School District	376	215	35	102	24	$76.39	$547.77	$236.15	$754.19	$206.87	9.873
Selkirk School District	30	15	7	2	6	$85.30	$476.71	$200.23	$301.42	$227.52	3.533
Sequim School District	227	106	23	58	40	$41.98	$167.67	$36.87	$146.54	$71.84	3.491
Shaw Island School District	2	2	0	0	0	$0.00	n/a	n/a	n/a	$0.00	n/a
Shelton School District	387	231	44	87	25	$84.56	$404.93	$229.48	$575.76	$185.30	6.809
Shoreline School District	885	497	79	191	118	$71.64	$489.02	$237.87	$607.28	$216.19	8.476
Skamania School District	10	5	1	3	1	$37.86	$485.51	$701.93	$509.05	$328.97	13.445
Skykomish School District	4	4	0	0	0	$96.26	n/a	n/a	n/a	$96.26	n/a
Snohomish School District	852	403	80	244	125	$88.69	$405.38	$200.41	$622.14	$228.68	7.015
Snoqualmie Valley School District	528	312	40	113	63	$84.23	$601.91	$270.35	$717.43	$238.83	8.517
Soap Lake School District	15	9	1	5	0	$124.50	$295.61	$340.79	n/a	$208.00	n/a
South Bend School District	84	45	4	24	11	$84.30	$441.82	$298.25	$668.44	$238.95	7.929
South Kitsap School District	681	385	61	173	62	$3.83	$127.57	$57.91	$356.02	$60.72	92.944
South Whidbey School District	114	52	14	28	20	$68.32	$476.39	$189.45	$531.85	$229.51	7.784
Southside School District	15	6	2	6	1	$109.93	$462.03	$199.58	$703.45	$232.30	6.399
Spokane School District	2,582	1,232	249	625	476	$116.39	$508.21	$345.15	$522.77	$284.47	4.492
Sprague School District	9	6	2	0	1	$94.78	$180.41	n/a	$1,331.53	$251.22	14.049
St. John School District	26	8	4	8	6	$1,564.59	$2,618.22	$1,762.38	$2,658.65	$2,040.02	1.699
Stanwood-Camano School District	311	166	30	64	51	$39.34	$338.20	$201.22	$463.35	$171.01	11.779
Star School District	6	2	0	1	3	$336.00	n/a	$588.00	$669.00	$544.50	1.991
Starbuck School District	4	4	0	0	0	$0.00	n/a	n/a	n/a	$0.00	n/a
Stehekin School District	1	0	1	0	0	n/a	$0.00	n/a	n/a	$0.00	n/a
Steilacoom Hist. School District	201	118	11	51	21	$33.35	$440.29	$179.25	$614.11	$153.31	18.416
Steptoe School District	8	2	3	1	2	$225.10	$421.33	$515.12	$364.00	$369.67	1.617
Stevenson-Carson School District	73	37	15	4	17	$8.43	$161.04	$268.30	$286.65	$118.82	33.994
Sultan School District	178	95	12	40	31	$29.93	$301.43	$136.62	$376.58	$132.58	12.584
Summit Valley School District	10	6	1	3	0	$15.23	$0.00	$122.45	n/a	$45.87	n/a
Sumner School District	723	358	49	224	92	$76.75	$233.97	$140.93	$386.46	$146.70	5.035
Sunnyside School District	732	439	46	215	32	$76.82	$394.70	$183.95	$607.66	$151.47	7.910
Tacoma School District	2,380	1,019	428	492	441	$142.07	$278.45	$235.50	$434.63	$240.12	3.059
Taholah School District	23	13	2	5	3	$74.40	$584.18	$85.73	$635.83	$194.42	8.546

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A16b
Summary of Monthly Payroll Rates by District with Composite Cost By District — Full-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Employee Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Tahoma School District	683	357	39	204	83	$78.62	$559.68	$219.45	$433.91	$191.33	5.519
Tekoa School District	27	10	2	8	7	$137.86	$252.13	$215.30	$383.31	$232.90	2.780
Tenino School District	128	69	18	30	11	$307.94	$498.11	$296.54	$599.68	$357.08	1.947
Thorp School District	20	12	3	5	0	$104.97	$727.41	$201.19	n/a	$222.39	n/a
Toledo School District	62	33	5	16	8	$145.75	$484.28	$195.04	$429.34	$222.36	2.946
Tonasket School District	95	42	15	18	20	$54.30	$168.63	$158.28	$249.23	$133.09	4.590
Toppenish School District	435	247	55	96	37	$46.62	$264.52	$164.50	$298.91	$121.65	6.412
Touchet School District	30	18	4	6	2	$144.74	$352.65	$307.04	$620.86	$236.67	4.289
Toutle Lake School District	16	11	2	3	0	$95.71	$718.39	$251.70	n/a	$202.79	n/a
Trout Lake School District	20	10	6	2	2	$1.01	$82.91	$363.83	$872.25	$148.98	867.905
Tukwila School District	301	202	16	59	24	$63.98	$525.22	$231.09	$736.55	$174.88	11.511
Tumwater School District	493	271	35	147	40	$58.76	$492.59	$227.55	$540.74	$178.99	9.202
Union Gap School District	52	27	11	13	1	$91.69	$311.66	$155.57	$179.59	$155.88	1.959
University Place School District	454	267	29	113	45	$47.90	$432.11	$213.27	$628.27	$171.13	13.116
Valley School District	89	48	14	14	13	$10.10	$188.21	$23.30	$278.54	$79.41	27.576
Vancouver School District	1,845	998	160	518	169	$36.05	$455.98	$225.25	$674.36	$184.05	18.708
Vashon Island School District	117	54	12	28	23	$55.93	$511.23	$228.01	$863.37	$302.54	15.437
Wahkiakum School District	36	8	8	5	15	$19.78	$87.00	$29.40	$163.63	$95.99	8.271
Wahluke School District	204	115	18	44	27	$93.41	$307.44	$213.66	$540.55	$197.41	5.787
Waitsburg School District	32	18	4	9	1	$74.77	$777.39	$262.24	$651.45	$233.34	8.713
Walla Walla Public Schools	729	403	61	202	63	$49.02	$358.15	$166.40	$561.43	$151.69	11.454
Wapato School District	381	218	23	115	25	$56.44	$351.50	$159.13	$493.20	$133.90	8.739
Warden School District	96	44	15	12	25	$103.52	$230.93	$213.39	$295.16	$187.07	2.851
Washougal School District	231	160	21	30	20	$85.29	$406.66	$366.04	$704.51	$204.58	8.260
Washtucna School District	14	10	3	0	1	$123.62	$494.53	n/a	$527.49	$231.95	4.267
Waterville School District	32	14	3	11	4	$0.00	$162.95	$33.96	$627.56	$105.40	n/a
Wellpinit School District	71	24	18	18	11	$60.57	$148.37	$65.35	$212.66	$107.60	3.511
Wenatchee School District	656	346	50	191	69	$69.23	$447.90	$221.01	$663.82	$204.83	9.589
West Valley School District (Spokane)	408	226	44	94	44	$66.48	$365.65	$187.29	$409.70	$163.59	6.162
West Valley School District (Yakima)	472	223	41	148	60	$77.49	$335.09	$195.31	$563.67	$198.62	7.274
White Pass School District	52	35	4	10	3	$59.02	$498.90	$250.63	$340.12	$145.92	5.763
White River School District	309	181	26	66	36	$83.32	$314.33	$249.40	$497.99	$186.54	5.977
White Salmon Valley School District	98	60	16	5	17	$7.32	$277.45	$383.87	$517.61	$159.15	70.760
Wilbur School District	45	15	15	9	6	$192.53	$237.57	$282.11	$328.83	$243.63	1.708
Willapa Valley School District	43	32	2	3	6	$63.04	$1,084.95	$325.40	$480.22	$187.09	7.617
Wilson Creek School District	30	18	1	7	4	$161.89	$471.33	$284.13	$654.27	$266.38	4.041

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A16b
Summary of Monthly Payroll Rates by District with Composite Cost By District — Full-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Employee Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Winlock School District	76	39	13	11	13	$28.71	$374.22	$181.96	$651.81	$216.57	22.706
Wishkah Valley School District	18	11	1	6	0	$55.75	$658.92	$210.05	n/a	$140.69	n/a
Wishram School District	15	8	3	0	4	$14.64	$71.45	n/a	$95.85	$47.66	6.545
Woodland School District	177	106	11	41	19	$7.23	$334.09	$99.23	$569.31	$109.19	78.724
Yakima School District	1,793	955	140	569	129	$33.89	$377.79	$161.78	$571.76	$140.02	16.873
Yelm School District	471	269	42	112	48	$30.68	$339.37	$135.77	$386.72	$119.48	12.603
Zillah School District	136	73	10	41	12	$57.08	$411.87	$198.85	$602.25	$174.01	10.551
Low	**1**	**0**	**0**	**0**	**0**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**n/a**
High	**5,361**	**3,207**	**480**	**1,175**	**499**	**$1,564.59**	**$4,273.98**	**$1,762.38**	**$2,658.65**	**$2,157.18**	**1.699**
Grand Total/Average	**91,886**	**50,616**	**8,675**	**21,938**	**10,657**	**$68.42**	**$394.51**	**$213.91**	**$532.08**	**$187.72**	**7.776**

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A16c
Summary of Monthly Payroll Rates by District with Composite Cost By District — Part-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Employee Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Aberdeen School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Adna School District	4	2	0	1	1	$76.02	n/a	$265.85	$846.87	$316.19	11.140
Almira School District	3	1	0	0	2	$243.06	n/a	n/a	$93.89	$143.61	0.386
Anacortes School District	7	0	3	1	3	n/a	$191.78	$104.12	$690.97	$393.19	n/a
Arlington School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Asotin-Anatone School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Auburn School District	278	192	19	57	10	$86.58	$593.11	$264.66	$722.26	$180.58	8.342
Bainbridge Island School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Battle Ground School District	173	119	14	33	7	$71.33	$506.60	$196.01	$822.55	$160.73	11.531
Bellevue School District	350	195	22	87	46	$126.37	$519.25	$250.22	$720.23	$259.90	5.699
Bellingham School District	304	198	30	60	16	$125.19	$563.03	$396.94	$793.34	$257.20	6.337
Benge School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Bethel School District	43	27	2	6	8	$137.33	$513.68	$365.04	$812.83	$312.28	5.919
Bickleton School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Blaine School District	52	36	4	9	3	$69.08	$514.30	$190.00	$234.07	$133.78	3.388
Boistfort School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Bremerton School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Brewster School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Bridgeport School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Brinnon School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Burlington-Edison School District	139	83	12	35	9	$33.99	$516.72	$138.27	$847.95	$154.62	24.950
Camas School District	502	217	53	158	74	$83.78	$462.62	$189.46	$636.14	$238.46	7.593
Cape Flattery School District	7	5	0	1	1	$17.74	n/a	$13.94	$422.96	$75.08	23.845
Carbonado School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Cascade School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Cashmere School District	51	30	4	3	14	$38.15	$417.71	$429.14	$452.97	$204.79	11.873
Castle Rock School District	37	26	3	6	2	$68.88	$150.98	$77.42	$231.53	$85.71	3.361
Centerville School District	2	0	2	0	0	n/a	$151.94	n/a	n/a	$151.94	n/a
Central Kitsap School District	88	62	9	14	3	$78.63	$542.50	$234.72	$698.20	$172.02	8.880
Central Valley School District	303	214	16	62	11	$111.81	$478.79	$274.02	$554.88	$180.47	4.963
Centralia School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Chehalis School District	74	47	7	15	5	$88.70	$276.05	$146.59	$373.74	$137.41	4.214
Cheney School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Chewelah School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Chimacum School District	34	26	1	4	3	$90.62	$253.76	$257.06	$814.43	$178.87	8.987
Clarkston School District	1	1	0	0	0	$188.95	n/a	n/a	n/a	$188.95	n/a

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A16c
Summary of Monthly Payroll Rates by District with Composite Cost By District — Part-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Employee Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Cle Elum-Roslyn School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Clover Park School District	29	18	3	6	2	$239.94	$624.65	$380.59	$1,489.47	$395.01	6.208
Colfax School District	12	7	0	4	1	$12.77	n/a	$233.87	$510.57	$127.95	39.991
College Place School District	34	29	1	3	1	$9.78	$0.00	$0.00	$0.00	$8.34	0.000
Colton School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Columbia (Stevens) School District	6	2	2	1	1	$157.00	$71.76	$61.88	$88.40	$101.30	0.563
Columbia (Walla Walla) School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Colville School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Concrete School District	7	4	2	1	0	$37.36	$61.84	$74.08	n/a	$49.60	n/a
Conway School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Cosmopolis School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Coulee-Hartline School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Coupeville School District	1	1	0	0	0	$108.28	n/a	n/a	n/a	$108.28	n/a
Crescent School District	7	5	2	0	0	$47.25	$163.28	n/a	n/a	$80.40	n/a
Creston School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Curlew School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Cusick School District	11	3	2	5	1	$37.35	$700.06	$88.66	$296.25	$204.70	7.932
Damman School District	2	2	0	0	0	$20.32	n/a	n/a	n/a	$20.32	n/a
Darrington School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Davenport School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Dayton School District	2	2	0	0	0	$130.46	n/a	n/a	n/a	$130.46	n/a
Deer Park School District	59	44	3	10	2	$47.51	$497.11	$88.36	$310.16	$86.20	6.529
Dieringer School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Dixie School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
East Valley School District (Spokane)	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
East Valley School District (Yakima)	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Eastmont School District	61	38	5	18	0	$20.62	$88.70	$125.01	n/a	$57.01	n/a
Easton School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Eatonville School District	33	21	1	8	3	$119.69	$371.77	$135.63	$844.69	$197.10	7.057
Edmonds School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Ellensburg School District	76	49	11	9	7	$153.25	$623.31	$328.60	$728.21	$295.01	4.752
Elma School District	49	34	5	7	3	$6.32	$197.23	$24.41	$150.75	$37.23	23.846
Endicott School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Entiat School District	14	5	4	5	0	$84.52	$207.49	$58.88	n/a	$110.49	n/a
Enumclaw School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Ephrata School District	8	7	0	1	0	$497.10	n/a	$510.51	n/a	$498.77	n/a

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A16c
Summary of Monthly Payroll Rates by District with Composite Cost By District — Part-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Employee Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Evaline School District	3	2	0	0	1	$0.00	n/a	n/a	$473.65	$157.88	n/a
Everett School District	216	81	36	43	56	$225.76	$398.17	$334.98	$513.45	$350.83	2.274
Evergreen School District (Clark)	1,832	1,066	157	455	154	$78.56	$486.89	$324.50	$854.97	$239.90	10.883
Evergreen School District (Stevens)	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Federal Way School District	380	281	16	68	15	$79.73	$587.50	$244.98	$689.23	$154.74	8.645
Ferndale School District	1	1	0	0	0	$5.46	n/a	n/a	n/a	$5.46	n/a
Fife School District	83	45	14	18	6	$98.78	$326.06	$273.37	$451.77	$200.50	4.574
Finley School District	21	17	1	2	1	$48.06	$631.19	$346.72	$204.14	$111.71	4.247
Franklin Pierce School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Freeman School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Garfield School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Glenwood School District	6	4	2	0	0	$118.92	$448.69	n/a	n/a	$228.84	n/a
Goldendale School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Grand Coulee Dam School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Grandview School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Granger School District	37	28	2	7	0	$102.20	$724.43	$348.26	n/a	$182.39	n/a
Granite Falls School District	31	22	1	7	1	$85.49	$488.07	$198.19	$604.01	$140.65	7.066
Grapeview School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Great Northern School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Green Mountain School District	2	0	1	0	1	n/a	$886.17	n/a	$451.27	$668.72	n/a
Griffin School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Harrington School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Highland School District	39	30	2	7	0	$68.33	$794.76	$273.08	n/a	$142.33	n/a
Highline School District	403	317	17	49	20	$59.56	$340.77	$243.78	$654.77	$123.36	10.994
Hockinson School District	27	14	1	7	5	$11.22	$78.43	$120.48	$458.55	$124.88	40.861
Hood Canal School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Hoquiam School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Inchelium School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Index School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Issaquah School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Kahlotus School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Kalama School District	8	6	0	2	0	$44.17	n/a	$123.48	n/a	$64.00	n/a
Keller School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Kelso School District	125	96	9	12	8	$51.61	$445.58	$331.86	$661.90	$145.94	12.825
Kennewick School District	427	285	34	77	31	$53.94	$359.72	$161.75	$643.79	$140.55	11.936
Kent School District	1	1	0	0	0	$509.17	n/a	n/a	n/a	$509.17	n/a

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A16c
Summary of Monthly Payroll Rates by District with Composite Cost By District — Part-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Employee Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Kettle Falls School District	22	13	5	3	1	$48.28	$465.86	$138.25	$592.50	$180.19	12.272
Kiona-Benton City School District	36	28	2	4	2	$72.64	$467.38	$141.09	$1,088.21	$158.60	14.980
Kittitas School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Klickitat School District	4	3	0	1	0	$51.43	n/a	$76.23	n/a	$57.63	n/a
La Center School District	11	5	1	3	2	$74.17	$915.87	$231.28	$936.12	$350.25	12.622
La Conner School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
LaCrosse School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Lake Chelan School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Lake Quinault School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Lake Stevens School District	1	1	0	0	0	$17.75	n/a	n/a	n/a	$17.75	n/a
Lake Washington School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Lakewood School District	49	30	1	12	6	$65.27	$696.41	$263.52	$695.53	$203.87	10.656
Lamont School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Liberty School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Lind School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Longview School District	158	115	8	29	6	$15.22	$159.26	$39.94	$406.10	$41.90	26.677
Loon Lake School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Lopez School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Lyle School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Lynden School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Mabton School District	20	17	1	2	0	$245.59	$1,020.45	$557.40	n/a	$315.51	n/a
Mansfield School District	4	1	1	0	2	$386.40	$349.84	n/a	$495.44	$431.78	1.282
Manson School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Mary M Knight School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Mary Walker School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Marysville School District	1	1	0	0	0	$7.50	n/a	n/a	n/a	$7.50	n/a
McCleary School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Mead School District	258	167	19	48	24	$111.66	$451.97	$224.95	$630.36	$206.05	5.645
Medical Lake School District	41	29	4	6	2	$106.93	$243.09	$203.57	$295.86	$143.57	2.767
Mercer Island School District	44	33	2	7	2	$107.05	$240.62	$232.85	$816.68	$165.39	7.629
Meridian School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Methow Valley School District	23	13	4	1	5	$17.54	$46.00	$24.00	$55.04	$30.92	3.138
Mill A School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Monroe School District	129	74	15	27	13	$74.96	$406.54	$170.17	$530.52	$179.35	7.077
Montesano School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Morton School District	11	10	0	1	0	$28.57	n/a	$187.14	n/a	$42.99	n/a

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A16c
Summary of Monthly Payroll Rates by District with Composite Cost By District — Part-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Employee Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Moses Lake School District	2	0	0	1	1	n/a	n/a	$371.29	$944.14	$657.72	n/a
Mossyrock School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Mount Adams School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Mount Baker School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Mount Pleasant School District	5	5	0	0	0	$0.00	n/a	n/a	n/a	$0.00	n/a
Mount Vernon School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Mukilteo School District	325	224	23	66	12	$85.12	$462.41	$248.73	$757.30	$169.87	8.896
Naches Valley School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Napavine School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Naselle-Grays River Valley School District	31	12	5	6	8	$127.55	$291.93	$204.79	$328.12	$220.77	2.573
Nespelem School District	3	2	0	1	0	$5.35	n/a	$10.01	n/a	$6.90	n/a
Newport School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Nine Mile Falls School District	23	13	3	4	3	$47.43	$85.63	$269.46	$360.24	$131.83	7.595
Nooksack Valley School District	7	5	2	0	0	$5.00	$423.25	n/a	n/a	$124.50	n/a
North Beach School District	31	23	7	0	1	$85.85	$460.77	n/a	$432.14	$181.68	5.034
North Franklin School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
North Kitsap School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
North Mason School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
North River School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
North Thurston Public Schools	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Northport School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Northshore School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Oak Harbor School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Oakesdale School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Oakville School District	10	5	1	4	0	$72.53	$182.83	$68.67	n/a	$82.02	n/a
Ocean Beach School District	36	23	5	6	2	$60.10	$338.09	$133.67	$316.39	$125.21	5.264
Ocosta School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Odessa School District	12	5	3	2	2	$94.26	$426.28	$316.89	$366.65	$259.77	3.890
Okanogan School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Olympia School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Omak School District	56	44	2	8	2	$87.02	$280.02	$160.79	$408.96	$115.95	4.700
Onalaska School District	27	18	2	5	2	$19.15	$157.41	$40.05	$420.48	$62.99	21.962
Onion Creek School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Orcas Island School District	31	12	5	7	7	$183.66	$385.26	$390.23	$754.21	$391.66	4.106
Orchard Prairie School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Orient School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a

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K–12 School District Data Collection Project
Exhibit A16c
Summary of Monthly Payroll Rates by District with Composite Cost By District — Part-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Employee Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Orondo School District	8	7	0	1	0	$55.04	n/a	$121.19	n/a	$63.31	n/a
Oroville School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Orting School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Othello School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Palisades School District	2	0	2	0	0	n/a	$178.00	n/a	n/a	$178.00	n/a
Palouse School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Pasco School District	346	265	14	53	14	$37.55	$484.10	$124.74	$377.54	$82.73	10.055
Pateros School District	10	10	0	0	0	$62.54	n/a	n/a	n/a	$62.54	n/a
Paterson School District	11	2	0	0	9	$159.65	n/a	n/a	$161.39	$161.08	1.011
Pe Ell School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Peninsula School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Pioneer School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Pomeroy School District	7	3	1	0	3	$88.64	$617.55	n/a	$817.71	$476.66	9.225
Port Angeles School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Port Townsend School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Prescott School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Prosser School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Pullman School District	53	43	1	9	0	$18.09	$285.49	$197.01	n/a	$53.52	n/a
Puyallup School District	330	255	26	34	15	$40.16	$396.35	$316.90	$633.60	$123.71	15.775
Queets-Clearwater School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Quilcene School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Quillayute Valley School District	5	5	0	0	0	$75.85	n/a	n/a	n/a	$75.85	n/a
Quincy School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Rainier School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Raymond School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Reardan-Edwall School District	10	7	1	2	0	$82.41	$207.95	$126.29	n/a	$103.74	n/a
Renton School District	319	219	27	52	21	$29.86	$305.74	$106.90	$394.10	$89.75	13.199
Republic School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Richland School District	242	163	12	50	17	$84.72	$528.74	$230.36	$552.08	$169.66	6.516
Ridgefield School District	18	8	3	5	2	$64.06	$478.98	$374.60	$577.73	$276.55	9.018
Ritzville School District	11	1	3	2	5	$0.00	$258.67	$231.00	$313.00	$254.82	n/a
Riverside School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Riverview School District	55	29	8	11	7	$158.97	$672.90	$313.33	$805.73	$346.91	5.068
Rochester School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Roosevelt School District	4	4	0	0	0	$0.00	n/a	n/a	n/a	$0.00	n/a
Rosalia School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a

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District	Enrolled Employees	Enrollment by District				Average Plan Year-End Employee Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Royal School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
San Juan Island School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Satsop School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Seattle Public Schools	349	206	22	82	39	$199.18	$634.63	$459.84	$972.44	$374.28	4.882
Sedro-Woolley School District	2	2	0	0	0	$5.00	n/a	n/a	n/a	$5.00	n/a
Selah School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Selkirk School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Sequim School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Shaw Island School District	1	0	0	0	1	n/a	n/a	n/a	$462.19	$462.19	n/a
Shelton School District	125	102	7	12	4	$35.87	$207.00	$40.04	$326.15	$55.14	9.093
Shoreline School District	1	0	0	1	0	n/a	n/a	$405.74	n/a	$405.74	n/a
Skamania School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Skykomish School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Snohomish School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Snoqualmie Valley School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Soap Lake School District	4	3	0	0	1	$6.67	n/a	n/a	$603.13	$155.78	90.470
South Bend School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
South Kitsap School District	142	102	17	17	6	$10.63	$91.56	$33.93	$210.70	$31.56	19.817
South Whidbey School District	46	35	2	7	2	$101.33	$375.73	$69.78	$534.13	$127.28	5.271
Southside School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Spokane School District	526	336	44	96	50	$154.24	$526.62	$363.28	$571.51	$263.21	3.705
Sprague School District	9	6	0	2	1	$94.85	n/a	$143.80	$627.54	$164.91	6.616
St. John School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Stanwood-Camano School District	105	60	12	25	8	$40.34	$514.59	$166.27	$427.16	$154.00	10.589
Star School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Starbuck School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Stehekin School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Steilacoom Hist. School District	35	20	4	8	3	$57.79	$523.19	$144.13	$327.05	$153.79	5.659
Steptoe School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Stevenson-Carson School District	23	18	3	1	1	$6.30	$13.87	$8.95	$775.35	$40.84	123.017
Sultan School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Summit Valley School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Sumner School District	153	82	23	21	27	$165.06	$279.54	$205.19	$337.04	$218.13	2.042
Sunnyside School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Tacoma School District	377	157	78	73	69	$187.38	$315.60	$281.64	$493.92	$288.26	2.636
Taholah School District	1	1	0	0	0	$1.00	n/a	n/a	n/a	$1.00	n/a

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A16c
Summary of Monthly Payroll Rates by District with Composite Cost By District — Part-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Employee Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Tahoma School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Tekoa School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Tenino School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Thorp School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Toledo School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Tonasket School District	30	21	2	4	3	$31.28	$185.79	$52.97	$396.72	$81.01	12.684
Toppenish School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Touchet School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Toutle Lake School District	53	25	5	13	10	$150.22	$528.65	$375.73	$510.56	$309.22	3.399
Trout Lake School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Tukwila School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Tumwater School District	147	108	6	25	8	$72.86	$563.40	$128.64	$474.22	$124.21	6.509
Union Gap School District	22	15	0	4	3	$175.62	n/a	$222.81	$279.74	$198.40	1.593
University Place School District	17	11	3	2	1	$59.29	$685.75	$298.67	$532.45	$225.83	8.981
Valley School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Vancouver School District	470	325	22	94	29	$78.51	$559.53	$226.30	$571.60	$161.01	7.281
Vashon Island School District	34	21	3	4	6	$94.22	$544.76	$413.26	$434.97	$231.64	4.616
Wahkiakum School District	3	1	2	0	0	$0.00	$130.57	n/a	n/a	$87.04	n/a
Wahluke School District	46	40	3	3	0	$30.65	$423.41	$162.20	n/a	$64.84	n/a
Waitsburg School District	4	3	0	1	0	$100.26	n/a	$52.11	n/a	$88.22	n/a
Walla Walla Public Schools	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Wapato School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Warden School District	28	16	5	4	3	$35.92	$305.20	$295.03	$360.91	$155.84	10.047
Washougal School District	62	47	11	3	1	$72.91	$509.32	$51.79	$209.49	$151.52	2.873
Washtucna School District	3	0	0	2	1	n/a	n/a	$122.68	$533.31	$259.56	n/a
Waterville School District	4	2	0	2	0	$0.00	n/a	$0.00	n/a	$0.00	n/a
Wellpinit School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Wenatchee School District	194	141	14	32	7	$43.55	$364.96	$154.09	$758.56	$110.78	17.418
West Valley School District (Spokane)	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
West Valley School District (Yakima)	1	0	1	0	0	n/a	$615.22	n/a	n/a	$615.22	n/a
White Pass School District	1	0	0	0	1	n/a	n/a	n/a	$624.50	$624.50	n/a
White River School District	33	24	1	6	2	$43.41	$48.58	$81.33	$58.20	$51.36	1.341
White Salmon Valley School District	18	16	2	0	0	$87.06	$547.97	n/a	n/a	$138.27	n/a
Wilbur School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Willapa Valley School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Wilson Creek School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A16c
Summary of Monthly Payroll Rates by District with Composite Cost By District — Part-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Employee Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Winlock School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Wishkah Valley School District	3	3	0	0	0	$0.00	n/a	n/a	n/a	$0.00	n/a
Wishram School District	4	2	1	0	1	$1.00	$71.45	n/a	$1.00	$18.61	1.000
Woodland School District	100	71	4	23	2	$50.15	$33.06	$60.35	$289.98	$56.61	5.782
Yakima School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Yelm School District	47	31	5	9	2	$51.43	$416.16	$182.87	$732.25	$144.37	14.237
Zillah School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Low	**0**	**0**	**0**	**0**	**0**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**n/a**
High	**1,832**	**1,066**	**157**	**455**	**154**	**$509.17**	**$1,020.45**	**$557.40**	**$1,489.47**	**$668.72**	**2.925**
Grand Total/Average	**12,570**	**8,053**	**1,056**	**2,433**	**1,028**	**$83.83**	**$429.24**	**$248.38**	**$619.35**	**$188.49**	**7.388**

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A16d
Summary of Monthly Payroll Rates by District with Composite Cost By District — Certificated Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Employee Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Aberdeen School District	180	103	13	51	13	$103.57	$463.44	$273.83	$587.95	$212.78	5.677
Adna School District	25	10	3	7	5	$111.97	$687.12	$355.04	$1,149.03	$456.46	10.262
Almira School District	8	1	4	1	2	$144.00	$253.75	$0.00	$301.00	$220.13	2.090
Anacortes School District	137	56	14	33	34	$88.86	$351.44	$231.58	$586.16	$273.49	6.597
Arlington School District	303	123	25	91	64	$83.77	$454.30	$198.86	$408.51	$217.50	4.877
Asotin-Anatone School District	40	0	3	0	37	n/a	$165.79	n/a	$77.19	$83.83	n/a
Auburn School District	712	371	53	191	97	$45.26	$326.31	$205.39	$580.74	$182.09	12.832
Bainbridge Island School District	206	100	18	59	29	$94.60	$722.48	$245.91	$726.04	$281.69	7.675
Battle Ground School District	758	358	78	187	135	$113.34	$490.70	$327.95	$737.32	$316.25	6.505
Bellevue School District	1,174	655	92	267	160	$90.30	$372.41	$227.81	$666.07	$222.15	7.376
Bellingham School District	748	375	60	212	101	$85.93	$462.30	$281.95	$691.18	$253.40	8.043
Benge School District	2	0	1	0	1	n/a	$178.00	n/a	$241.00	$209.50	n/a
Bethel School District	1,021	565	84	252	120	$9.26	$392.99	$187.02	$493.03	$141.56	53.261
Bickleton School District	8	0	3	0	5	n/a	$971.50	n/a	$769.87	$845.48	n/a
Blaine School District	116	49	16	26	25	$77.34	$517.98	$177.32	$486.84	$248.78	6.295
Boistfort School District	7	6	1	0	0	$86.83	$15.33	n/a	n/a	$76.62	n/a
Bremerton School District	299	179	27	73	20	$48.55	$744.75	$419.65	$731.10	$247.67	15.060
Brewster School District	66	31	10	18	7	$128.18	$415.97	$206.36	$480.28	$230.45	3.747
Bridgeport School District	48	25	0	15	8	$82.46	n/a	$263.08	$599.96	$225.15	7.276
Brinnon School District	5	2	0	2	1	$8.89	n/a	$287.70	$507.09	$220.05	57.040
Burlington-Edison School District	235	113	20	74	28	$83.20	$529.66	$245.86	$684.33	$244.04	8.226
Camas School District	389	158	34	131	66	$61.69	$501.56	$189.28	$647.27	$242.46	10.492
Cape Flattery School District	45	28	2	13	2	$69.02	$96.07	$238.17	$567.40	$141.24	8.221
Carbonado School District	9	8	0	1	0	$80.69	n/a	$369.55	n/a	$112.78	n/a
Cascade School District	74	35	2	24	13	$80.51	$209.03	$185.15	$698.35	$226.46	8.674
Cashmere School District	70	26	7	11	26	$88.04	$175.43	$196.36	$219.58	$162.66	2.494
Castle Rock School District	72	35	5	24	8	$26.45	$367.88	$146.62	$462.74	$138.70	17.494
Centerville School District	5	2	0	2	1	$0.50	n/a	$371.50	$0.00	$148.80	0.000
Central Kitsap School District	576	261	64	153	98	$51.75	$447.42	$219.46	$478.93	$212.94	9.255
Central Valley School District	849	416	49	305	79	$116.13	$637.32	$257.85	$672.23	$248.87	5.789
Centralia School District	205	103	14	68	20	$700.41	$763.86	$720.81	$782.75	$719.54	1.118
Chehalis School District	157	78	12	49	18	$100.18	$510.27	$166.61	$488.14	$196.74	4.873
Cheney School District	297	159	18	85	35	$114.41	$514.67	$286.91	$569.27	$241.64	4.976
Chewelah School District	53	26	6	14	7	$37.19	$301.08	$185.33	$468.68	$163.18	12.604
Chimacum School District	58	24	7	16	11	$115.45	$370.52	$238.62	$826.48	$315.06	7.159
Clarkston School District	132	66	9	37	20	$85.17	$377.77	$126.19	$464.59	$174.11	5.455

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A16d
Summary of Monthly Payroll Rates by District with Composite Cost By District — Certificated Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Employee Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Cle Elum-Roslyn School District	53	34	3	12	4	$59.25	$267.03	$267.36	$892.34	$181.00	15.061
Clover Park School District	751	458	43	181	69	$49.57	$482.57	$264.49	$693.33	$185.31	13.987
Colfax School District	37	17	6	9	5	$33.81	$225.48	$266.58	$565.11	$193.31	16.713
College Place School District	86	44	7	21	14	$85.81	$242.78	$233.90	$586.80	$216.30	6.839
Colton School District	14	8	0	4	2	$101.99	n/a	$580.40	$1,276.54	$406.47	12.517
Columbia (Stevens) School District	12	3	5	2	2	$66.20	$613.69	$47.26	$358.67	$339.91	5.418
Columbia (Walla Walla) School District	51	28	2	11	10	$135.45	$425.20	$325.76	$329.91	$225.99	2.436
Colville School District	74	37	5	25	7	$70.17	$411.14	$257.89	$551.44	$202.15	7.859
Concrete School District	36	22	1	8	5	$30.35	$1,007.07	$163.63	$668.92	$175.79	22.037
Conway School District	19	11	4	2	2	$117.67	$522.77	$163.24	$426.84	$240.29	3.628
Cosmopolis School District	11	7	0	3	1	$73.60	n/a	$29.74	$483.99	$98.94	6.576
Coulee-Hartline School District	18	5	3	3	7	$151.20	$178.00	$155.33	$261.70	$199.33	1.731
Coupeville School District	57	33	8	6	10	$6.37	$5.54	$5.20	$69.61	$17.23	10.928
Crescent School District	19	6	3	7	3	$77.61	$118.74	$112.52	$321.92	$135.54	4.148
Creston School District	9	3	0	2	4	$156.00	n/a	$266.00	$313.00	$250.22	2.006
Curlew School District	11	6	1	1	3	$172.44	$0.00	$125.96	$196.17	$159.01	1.138
Cusick School District	20	10	4	2	4	$110.80	$199.25	$216.76	$200.75	$157.08	1.812
Damman School District	3	2	1	0	0	$136.40	$1,054.05	n/a	n/a	$442.28	n/a
Darrington School District	26	7	6	8	5	$52.57	$148.83	$99.88	$106.00	$99.62	2.016
Davenport School District	41	17	4	13	7	$604.91	$655.11	$642.11	$650.37	$629.37	1.075
Dayton School District	18	9	1	3	5	$76.69	$364.48	$172.67	$476.81	$219.82	6.217
Deer Park School District	100	47	7	34	12	$43.87	$349.77	$173.61	$425.43	$155.18	9.697
Dieringer School District	86	43	6	27	10	$50.32	$514.76	$135.13	$569.62	$169.73	11.320
Dixie School District	1	1	0	0	0	$0.00	n/a	n/a	n/a	$0.00	n/a
East Valley School District (Spokane)	222	114	21	60	27	$90.17	$275.95	$263.14	$655.26	$223.22	7.267
East Valley School District (Yakima)	181	81	11	59	30	$86.31	$404.72	$253.31	$570.93	$240.42	6.615
Eastmont School District	366	177	21	133	35	$12.46	$254.04	$107.41	$392.80	$97.20	31.514
Easton School District	13	2	3	6	2	$144.00	$238.00	$192.33	$332.50	$217.00	2.309
Eatonville School District	102	46	3	36	17	$49.23	$343.96	$53.43	$423.62	$121.78	8.604
Edmonds School District	1,157	599	90	317	151	$62.73	$518.28	$270.16	$723.49	$241.23	11.534
Ellensburg School District	190	92	14	65	19	$88.25	$356.84	$224.89	$674.84	$213.45	7.647
Elma School District	88	48	5	19	16	$30.63	$491.47	$268.17	$355.81	$167.22	11.618
Endicott School District	12	2	1	5	4	$283.66	$220.00	$231.20	$399.62	$295.15	1.409
Entiat School District	26	8	5	8	5	$108.00	$238.00	$207.00	$301.00	$200.58	2.787
Enumclaw School District	218	100	9	68	41	$79.48	$458.79	$222.74	$502.33	$219.35	6.320
Ephrata School District	145	53	9	49	34	$590.20	$704.19	$666.77	$728.72	$655.63	1.235

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A16d
Summary of Monthly Payroll Rates by District with Composite Cost By District — Certificated Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Employee Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Evaline School District	1	0	0	1	0	n/a	n/a	$387.65	n/a	$387.65	n/a
Everett School District	1,056	414	148	230	264	$174.15	$348.11	$250.33	$408.09	$273.60	2.343
Evergreen School District (Clark)	1,570	773	153	438	206	$87.96	$470.47	$341.45	$753.60	$283.29	8.568
Evergreen School District (Stevens)	2	2	0	0	0	$10.00	n/a	n/a	n/a	$10.00	n/a
Federal Way School District	1,463	966	67	320	110	$105.25	$551.38	$328.19	$809.12	$227.36	7.688
Ferndale School District	247	108	24	72	43	$73.04	$335.48	$175.85	$567.86	$214.65	7.774
Fife School District	213	110	11	73	19	$110.42	$494.70	$298.39	$876.47	$263.02	7.937
Finley School District	51	24	7	12	8	$120.35	$540.40	$159.87	$593.99	$261.60	4.936
Franklin Pierce School District	504	307	33	109	55	$66.20	$455.83	$221.76	$549.10	$178.05	8.295
Freeman School District	53	23	3	18	9	$13.72	$200.34	$178.23	$575.11	$175.48	41.921
Garfield School District	9	4	1	2	2	$58.47	$970.69	$306.88	$893.43	$400.57	15.281
Glenwood School District	10	9	1	0	0	$40.35	$562.84	n/a	n/a	$92.60	n/a
Goldendale School District	53	27	9	5	12	$3.77	$294.02	$386.51	$522.88	$206.70	138.613
Grand Coulee Dam School District	45	24	2	15	4	$115.40	$659.05	$305.17	$270.64	$216.62	2.345
Grandview School District	206	107	20	57	22	$44.51	$255.23	$113.29	$313.03	$112.68	7.032
Granger School District	93	42	8	30	13	$164.92	$718.67	$385.00	$606.96	$345.34	3.680
Granite Falls School District	89	43	10	21	15	$20.66	$352.22	$146.09	$320.50	$138.05	15.511
Grapeview School District	11	4	3	3	1	$0.00	$272.52	$30.62	$391.79	$118.29	n/a
Great Northern School District	2	2	0	0	0	$941.97	n/a	n/a	n/a	$941.97	n/a
Green Mountain School District	9	4	1	0	4	$23.62	$10.54	n/a	$122.28	$66.01	5.178
Griffin School District	35	16	4	9	6	$130.54	$412.25	$188.81	$642.28	$265.44	4.920
Harrington School District	13	4	2	1	6	$110.69	$336.57	$188.84	$334.01	$254.52	3.017
Highland School District	75	34	12	18	11	$143.66	$525.62	$298.35	$628.55	$313.02	4.375
Highline School District	1,335	891	77	271	96	$82.02	$583.50	$261.48	$749.78	$195.39	9.141
Hockinson School District	106	54	11	28	13	$4.60	$228.28	$118.99	$393.37	$105.71	85.492
Hood Canal School District	22	17	1	4	0	$0.00	$754.50	$236.91	n/a	$77.37	n/a
Hoquiam School District	70	41	3	19	7	$22.98	$501.20	$269.69	$477.52	$155.89	20.782
Inchelium School District	17	9	4	3	1	$136.79	$311.41	$259.68	$504.95	$221.22	3.691
Index School District	3	3	0	0	0	$175.39	n/a	n/a	n/a	$175.39	n/a
Issaquah School District	1,030	605	64	263	98	$44.53	$398.45	$194.85	$574.96	$155.37	12.912
Kahlotus School District	10	4	0	1	5	$45.31	n/a	$507.52	$512.77	$325.26	11.318
Kalama School District	46	17	5	11	13	$48.13	$536.83	$272.03	$605.52	$312.32	12.581
Keller School District	4	2	0	1	1	$206.15	n/a	$240.15	$1,348.90	$500.34	6.543
Kelso School District	294	154	23	83	34	$50.32	$479.68	$217.95	$603.91	$195.25	12.001
Kennewick School District	922	439	77	271	135	$125.95	$485.62	$187.49	$498.35	$228.60	3.957
Kent School District	1,576	939	105	394	138	$22.88	$415.56	$205.23	$598.16	$145.00	26.145

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A16d
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Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Employee Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Kettle Falls School District	44	15	6	10	13	$73.49	$354.51	$72.35	$236.29	$159.65	3.215
Kiona-Benton City School District	103	47	8	41	7	$117.28	$624.31	$289.51	$717.70	$266.02	6.119
Kittitas School District	39	13	3	11	12	$89.31	$172.00	$152.82	$223.08	$154.74	2.498
Klickitat School District	9	6	2	1	0	$37.24	$4.71	$589.89	n/a	$91.41	n/a
La Center School District	83	32	16	14	21	$112.97	$438.57	$460.20	$556.18	$346.44	4.923
La Conner School District	40	15	7	10	8	$48.68	$554.50	$214.87	$490.71	$267.15	10.080
LaCrosse School District	16	7	4	3	2	$55.26	$649.02	$229.81	$922.93	$344.88	16.702
Lake Chelan School District	98	37	11	34	16	$71.76	$625.38	$161.45	$634.76	$256.94	8.846
Lake Quinault School District	14	8	1	4	1	$93.86	$363.14	$168.39	$5.00	$128.04	0.053
Lake Stevens School District	383	217	19	96	51	$29.14	$213.23	$122.20	$446.93	$117.23	15.336
Lake Washington School District	1,468	943	81	301	143	$49.90	$484.19	$245.28	$687.68	$176.05	13.780
Lakewood School District	119	58	12	30	19	$84.15	$544.47	$232.88	$596.47	$249.86	7.088
Lamont School District	5	4	0	1	0	$70.95	n/a	$814.52	n/a	$219.66	n/a
Liberty School District	22	8	0	8	6	$43.46	n/a	$180.09	$691.18	$269.80	15.903
Lind School District	15	7	0	4	4	$63.20	n/a	$240.83	$275.26	$167.12	4.356
Longview School District	394	193	40	116	45	$89.77	$534.49	$289.64	$612.50	$253.47	6.823
Loon Lake School District	12	8	0	4	0	$62.92	n/a	$28.25	n/a	$51.36	n/a
Lopez School District	21	8	3	4	6	$82.88	$490.89	$340.22	$465.48	$299.50	5.616
Lyle School District	8	6	0	1	1	$101.36	n/a	$0.00	$0.00	$76.02	0.000
Lynden School District	138	71	13	36	18	$33.40	$366.06	$207.56	$590.67	$182.86	17.683
Mabton School District	60	28	5	23	4	$94.14	$663.43	$276.22	$708.16	$252.31	7.523
Mansfield School District	14	2	1	3	8	$149.50	$270.00	$239.00	$342.38	$287.50	2.290
Manson School District	49	19	4	17	9	$31.73	$353.38	$208.32	$561.13	$216.49	17.687
Mary M Knight School District	11	7	2	1	1	$2.64	$538.94	$46.00	$0.00	$103.85	0.000
Mary Walker School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Marysville School District	624	294	60	201	69	$55.29	$327.47	$216.47	$617.33	$195.53	11.165
McCleary School District	12	6	1	2	3	$44.21	$1,072.28	$157.59	$242.05	$198.24	5.475
Mead School District	574	233	51	166	124	$117.22	$488.38	$223.40	$639.86	$293.81	5.458
Medical Lake School District	113	61	3	36	13	$115.89	$278.20	$167.33	$365.22	$165.27	3.151
Mercer Island School District	134	68	15	43	8	$57.95	$598.68	$242.11	$757.43	$219.33	13.072
Meridian School District	103	54	14	24	11	$27.82	$459.08	$299.59	$615.12	$212.49	22.110
Methow Valley School District	41	15	5	3	18	$20.00	$58.00	$24.00	$46.63	$36.62	2.332
Mill A School District	2	1	0	0	1	$6.94	n/a	n/a	$9.70	$8.32	1.398
Monroe School District	296	175	25	61	35	$65.71	$292.80	$214.16	$594.23	$177.98	9.044
Montesano School District	74	33	5	24	12	$69.23	$167.29	$186.33	$390.06	$165.86	5.634
Morton School District	17	9	3	4	1	$37.36	$483.34	$171.58	$1,206.29	$216.41	32.285

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K–12 School District Data Collection Project
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Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Employee Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Moses Lake School District	435	191	41	155	48	$79.06	$572.96	$279.87	$767.54	$273.14	9.708
Mossyrock School District	20	8	0	1	11	$214.01	n/a	$529.78	$292.08	$272.74	1.365
Mount Adams School District	75	46	7	18	4	$111.42	$600.93	$387.31	$516.37	$244.92	4.635
Mount Baker School District	113	55	12	27	19	$9.80	$177.49	$81.02	$395.80	$109.53	40.395
Mount Pleasant School District	4	4	0	0	0	$0.00	n/a	n/a	n/a	$0.00	n/a
Mount Vernon School District	416	210	43	107	56	$57.64	$425.54	$208.40	$491.47	$192.84	8.527
Mukilteo School District	873	506	64	203	100	$64.58	$429.09	$243.12	$572.32	$190.98	8.862
Naches Valley School District	81	41	9	21	10	$98.02	$583.09	$259.66	$647.26	$261.63	6.603
Napavine School District	39	19	1	12	7	$109.99	$16.51	$227.43	$487.47	$211.48	4.432
Naselle-Grays River Valley School District	18	7	5	3	3	$193.71	$237.07	$228.30	$216.01	$215.24	1.115
Nespelem School District	10	4	2	4	0	$50.16	$621.48	$54.53	n/a	$166.17	n/a
Newport School District	71	36	7	21	7	$71.85	$405.43	$281.38	$660.23	$224.72	9.189
Nine Mile Falls School District	86	19	15	1	51	$139.90	$171.15	$369.49	$315.88	$252.38	2.258
Nooksack Valley School District	102	50	14	21	17	$24.74	$264.69	$232.61	$577.63	$192.62	23.351
North Beach School District	44	20	5	10	9	$120.07	$460.43	$357.08	$481.81	$286.60	4.013
North Franklin School District	116	49	19	25	23	$12.54	$19.29	$14.64	$74.20	$26.32	5.915
North Kitsap School District	348	184	36	82	46	$45.38	$471.43	$206.05	$576.87	$197.56	12.712
North Mason School District	127	73	10	31	13	$85.27	$593.39	$296.90	$828.35	$253.00	9.715
North River School District	10	8	1	0	1	$100.54	$309.85	n/a	$502.25	$161.64	4.996
North Thurston Public Schools	817	401	69	264	83	$128.34	$577.98	$302.43	$722.84	$282.97	5.632
Northport School District	17	8	3	0	6	$129.00	$337.27	n/a	$294.87	$224.29	2.286
Northshore School District	1,283	694	116	300	173	$88.90	$370.64	$228.67	$608.57	$217.13	6.846
Oak Harbor School District	299	148	31	69	51	$10.75	$290.70	$100.49	$321.65	$113.51	29.926
Oakesdale School District	12	2	2	3	5	$144.00	$261.00	$215.00	$328.80	$258.25	2.283
Oakville School District	18	12	0	4	2	$1.00	n/a	$52.69	$75.59	$20.77	75.585
Ocean Beach School District	60	34	4	14	8	$72.14	$444.97	$130.66	$491.80	$166.60	6.818
Ocosta School District	41	18	4	16	3	$144.63	$724.50	$378.86	$872.86	$345.89	6.035
Odessa School District	21	8	1	10	2	$123.77	$832.34	$244.99	$339.93	$235.82	2.746
Okanogan School District	57	23	4	23	7	$64.26	$225.84	$199.52	$266.22	$154.98	4.143
Olympia School District	500	277	30	138	55	$74.27	$507.79	$248.94	$744.90	$222.26	10.030
Omak School District	224	102	16	80	26	$44.50	$378.29	$101.29	$469.23	$137.92	10.546
Onalaska School District	48	24	5	14	5	$35.89	$426.90	$131.16	$603.08	$163.49	16.802
Onion Creek School District	3	1	1	0	1	$144.00	$238.00	n/a	$301.00	$227.67	2.090
Orcas Island School District	48	20	9	12	7	$174.96	$648.89	$264.95	$603.01	$348.74	3.447
Orchard Prairie School District	6	4	0	1	1	$0.00	n/a	$283.36	$846.49	$188.31	n/a
Orient School District	5	1	1	0	3	$0.00	$744.00	n/a	$2,632.00	$1,728.00	n/a

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K–12 School District Data Collection Project
Exhibit A16d
Summary of Monthly Payroll Rates by District with Composite Cost By District — Certificated Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Employee Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Orondo School District	12	4	2	4	2	$76.77	$370.57	$5.00	$316.52	$141.77	4.123
Oroville School District	36	16	5	7	8	$92.39	$309.25	$99.93	$285.17	$166.81	3.087
Orting School District	112	51	19	24	18	$76.70	$152.58	$141.31	$237.06	$129.19	3.091
Othello School District	230	112	14	70	34	$79.45	$335.94	$148.62	$265.83	$143.66	3.346
Palisades School District	3	2	0	0	1	$84.00	n/a	n/a	$241.00	$136.33	2.869
Palouse School District	14	4	4	4	2	$68.44	$411.18	$180.25	$683.81	$286.22	9.991
Pasco School District	1,123	581	65	332	145	$77.88	$464.36	$187.38	$489.23	$185.74	6.282
Pateros School District	24	12	4	6	2	$139.57	$672.73	$174.93	$595.97	$275.30	4.270
Paterson School District	10	3	1	3	3	$268.87	$0.00	$242.21	$514.06	$307.54	1.912
Pe Ell School District	14	8	0	3	3	$117.34	n/a	$150.35	$271.03	$157.35	2.310
Peninsula School District	479	264	37	131	47	$98.62	$570.18	$346.35	$703.64	$262.16	7.135
Pioneer School District	46	27	7	7	5	$59.75	$603.17	$299.02	$559.18	$233.14	9.358
Pomeroy School District	23	6	4	7	6	$76.27	$623.95	$237.86	$416.19	$309.37	5.457
Port Angeles School District	222	111	19	66	26	$130.31	$554.03	$280.53	$654.67	$272.64	5.024
Port Townsend School District	78	35	9	18	16	$48.27	$376.94	$125.85	$523.54	$201.59	10.846
Prescott School District	21	7	3	11	0	$100.73	$449.26	$248.84	n/a	$228.10	n/a
Prosser School District	172	76	13	51	32	$43.10	$580.15	$215.87	$523.64	$224.32	12.148
Pullman School District	141	74	6	44	17	$30.71	$35.99	$174.82	$249.11	$102.24	8.112
Puyallup School District	1,030	578	63	211	178	$107.57	$526.64	$391.19	$576.35	$272.31	5.358
Queets-Clearwater School District	3	2	0	1	0	$120.40	n/a	$707.45	n/a	$316.08	n/a
Quilcene School District	6	2	1	3	0	$210.41	$651.03	$431.33	n/a	$394.31	n/a
Quillayute Valley School District	74	45	7	17	5	$73.02	$596.85	$211.26	$713.02	$197.57	9.765
Quincy School District	158	68	13	40	37	$41.76	$342.68	$130.47	$359.44	$163.37	8.608
Rainier School District	51	27	6	13	5	$51.91	$665.62	$225.68	$949.07	$256.36	18.282
Raymond School District	41	17	2	20	2	$56.67	$741.10	$276.63	$164.71	$202.63	2.906
Reardan-Edwall School District	35	19	2	11	3	$121.84	$435.00	$293.13	$592.50	$233.91	4.863
Renton School District	887	544	53	205	85	$71.74	$528.84	$248.04	$740.59	$203.89	10.324
Republic School District	15	6	4	4	1	$197.16	$160.77	$146.19	$0.00	$160.72	0.000
Richland School District	658	362	29	185	82	$110.91	$607.65	$294.78	$673.14	$254.57	6.069
Ridgefield School District	114	43	17	38	16	$48.83	$347.94	$303.95	$657.03	$263.84	13.456
Ritzville School District	26	7	1	7	11	$92.86	$430.00	$147.00	$226.73	$177.04	2.442
Riverside School District	80	44	9	20	7	$127.28	$466.66	$328.98	$593.26	$256.66	4.661
Riverview School District	171	94	9	42	26	$133.69	$599.59	$290.36	$551.08	$260.15	4.122
Rochester School District	133	55	15	42	21	$143.54	$486.14	$187.78	$576.68	$264.54	4.017
Roosevelt School District	1	1	0	0	0	$0.00	n/a	n/a	n/a	$0.00	n/a
Rosalia School District	19	8	6	2	3	$60.65	$499.13	$219.44	$571.43	$296.48	9.422

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District	Enrolled Employees	Enrollment by District				Average Plan Year-End Employee Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Royal School District	99	53	10	23	13	$78.28	$348.71	$186.75	$674.48	$209.08	8.616
San Juan Island School District	31	9	7	6	9	$44.42	$342.49	$157.73	$569.30	$286.04	12.817
Satsop School District	3	1	0	1	1	$41.89	n/a	$232.48	$1,430.55	$568.31	34.150
Seattle Public Schools	3,535	2,069	292	805	369	$64.76	$496.24	$266.12	$736.06	$216.33	11.366
Sedro-Woolley School District	237	124	25	63	25	$102.27	$419.71	$204.38	$545.79	$209.68	5.337
Selah School District	220	105	19	78	18	$103.69	$601.95	$270.83	$831.42	$265.52	8.018
Selkirk School District	19	10	5	2	2	$103.37	$667.40	$200.23	$377.92	$290.89	3.656
Sequim School District	124	48	14	33	29	$10.69	$97.60	$17.02	$110.02	$45.42	10.288
Shaw Island School District	2	2	0	0	0	$0.00	n/a	n/a	n/a	$0.00	n/a
Shelton School District	244	143	25	62	14	$100.43	$526.84	$241.88	$559.26	$206.39	5.569
Shoreline School District	499	268	28	120	83	$80.52	$507.26	$273.39	$628.10	$241.93	7.801
Skamania School District	5	2	0	3	0	$6.86	n/a	$701.93	n/a	$423.90	n/a
Skykomish School District	2	2	0	0	0	$100.79	n/a	n/a	n/a	$100.79	n/a
Snohomish School District	476	193	35	162	86	$97.85	$372.99	$206.08	$663.40	$257.09	6.780
Snoqualmie Valley School District	285	177	14	63	31	$74.91	$585.88	$306.65	$729.63	$222.45	9.740
Soap Lake School District	13	7	1	5	0	$157.22	$295.61	$340.79	n/a	$238.47	n/a
South Bend School District	27	8	3	10	6	$58.06	$466.30	$357.25	$692.16	$355.14	11.921
South Kitsap School District	472	271	37	122	42	$8.79	$235.91	$76.63	$441.72	$82.65	50.276
South Whidbey School District	89	40	8	26	15	$95.66	$498.79	$199.26	$555.92	$239.73	5.811
Southside School District	10	4	0	5	1	$154.40	n/a	$197.40	$703.45	$230.81	4.556
Spokane School District	2,071	1,043	162	594	272	$134.29	$529.81	$368.20	$623.22	$296.53	4.641
Sprague School District	9	5	1	1	2	$113.73	$360.81	$252.53	$979.54	$349.01	8.613
St. John School District	17	3	4	5	5	$1,433.91	$2,618.22	$1,957.40	$2,576.98	$2,202.74	1.797
Stanwood-Camano School District	248	124	20	61	43	$64.79	$453.86	$229.95	$540.63	$219.30	8.344
Star School District	3	1	0	1	1	$336.00	n/a	$588.00	$474.00	$466.00	1.411
Starbuck School District	1	1	0	0	0	$0.00	n/a	n/a	n/a	$0.00	n/a
Stehekin School District	1	0	1	0	0	n/a	$0.00	n/a	n/a	$0.00	n/a
Steilacoom Hist. School District	158	92	9	41	16	$38.29	$431.78	$219.69	$703.48	$175.14	18.370
Steptoe School District	3	0	1	0	2	n/a	$284.00	n/a	$364.00	$337.33	n/a
Stevenson-Carson School District	48	28	6	4	10	$8.92	$384.20	$268.30	$552.02	$190.59	61.868
Sultan School District	74	32	7	23	12	$45.50	$343.63	$139.76	$471.80	$172.13	10.370
Summit Valley School District	7	3	1	3	0	$0.00	$0.00	$122.45	n/a	$52.48	n/a
Sumner School District	542	273	23	192	54	$61.41	$283.90	$140.68	$469.62	$139.61	7.647
Sunnyside School District	409	208	29	148	24	$88.34	$438.79	$219.79	$620.19	$191.96	7.020
Tacoma School District	1,816	749	298	410	359	$144.97	$285.20	$244.62	$442.86	$249.37	3.055
Taholah School District	8	3	2	1	2	$214.08	$584.18	$164.75	$540.53	$382.05	2.525

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A16d
Summary of Monthly Payroll Rates by District with Composite Cost By District — Certificated Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Employee Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Tahoma School District	357	176	18	115	48	$108.32	$680.51	$262.81	$488.20	$238.01	4.507
Tekoa School District	13	3	0	3	7	$140.53	n/a	$129.57	$383.31	$268.73	2.728
Tenino School District	75	43	9	15	8	$297.04	$676.03	$206.52	$711.01	$368.57	2.394
Thorp School District	16	10	1	5	0	$125.97	$1,000.43	$201.19	n/a	$204.13	n/a
Toledo School District	35	9	4	15	7	$106.79	$464.07	$176.50	$448.29	$245.80	4.198
Tonasket School District	59	22	8	11	18	$93.04	$156.58	$146.62	$248.42	$159.05	2.670
Toppenish School District	247	119	36	65	27	$70.03	$284.45	$208.47	$380.04	$171.60	5.427
Touchet School District	19	10	2	5	2	$179.40	$443.55	$325.45	$620.86	$292.11	3.461
Toutle Lake School District	37	13	5	11	8	$185.96	$601.56	$375.75	$457.71	$357.30	2.461
Trout Lake School District	10	5	2	2	1	$0.00	$217.25	$363.83	$995.98	$215.81	n/a
Tukwila School District	178	110	11	38	19	$88.87	$585.43	$311.03	$759.27	$238.55	8.543
Tumwater School District	384	208	26	117	33	$74.31	$480.95	$243.18	$582.22	$196.94	7.835
Union Gap School District	38	21	6	11	0	$90.78	$463.41	$163.69	n/a	$170.72	n/a
University Place School District	313	176	16	88	33	$41.47	$364.99	$235.06	$663.67	$178.03	16.005
Valley School District	41	18	8	6	9	$26.05	$298.84	$54.37	$402.34	$166.02	15.442
Vancouver School District	1,386	725	82	438	141	$53.47	$457.59	$245.56	$693.60	$203.20	12.971
Vashon Island School District	93	46	8	20	19	$88.87	$502.83	$248.75	$852.99	$314.97	9.599
Wahkiakum School District	14	2	3	4	5	$0.00	$73.33	$33.00	$109.00	$64.07	n/a
Wahluke School District	143	74	11	34	24	$113.12	$367.92	$250.14	$556.90	$239.78	4.923
Waitsburg School District	21	14	3	3	1	$76.80	$814.95	$263.83	$651.45	$236.33	8.482
Walla Walla Public Schools	395	181	25	141	48	$42.92	$417.77	$181.07	$581.35	$181.39	13.545
Wapato School District	210	105	17	70	18	$68.92	$427.95	$176.96	$573.51	$177.25	8.321
Warden School District	73	35	11	9	18	$113.69	$228.36	$239.60	$304.47	$193.53	2.678
Washougal School District	182	122	15	25	20	$107.09	$452.65	$375.34	$704.51	$238.07	6.579
Washtucna School District	12	9	2	0	1	$134.56	$447.42	n/a	$527.49	$219.45	3.920
Waterville School District	18	8	0	8	2	$0.00	n/a	$46.70	$903.46	$121.14	n/a
Wellpinit School District	28	8	10	5	5	$80.14	$227.15	$89.89	$348.61	$182.33	4.350
Wenatchee School District	492	241	37	154	60	$88.66	$487.09	$270.01	$709.52	$251.10	8.003
West Valley School District (Spokane)	241	124	21	64	32	$76.42	$530.65	$218.89	$449.90	$203.42	5.888
West Valley School District (Yakima)	281	120	15	110	36	$82.48	$425.74	$208.62	$659.51	$224.11	7.996
White Pass School District	26	11	3	9	3	$94.87	$395.95	$267.00	$463.90	$231.77	4.890
White River School District	196	106	11	51	28	$87.84	$383.32	$273.86	$534.09	$216.57	6.081
White Salmon Valley School District	71	41	11	5	14	$22.69	$395.55	$383.87	$503.74	$200.75	22.198
Wilbur School District	19	4	9	3	3	$144.00	$246.83	$207.00	$322.00	$230.76	2.236
Willapa Valley School District	25	16	2	3	4	$116.72	$1,084.95	$325.40	$708.99	$313.98	6.074
Wilson Creek School District	13	7	0	4	2	$258.66	n/a	$308.39	$588.20	$324.66	2.274

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A16d
Summary of Monthly Payroll Rates by District with Composite Cost By District — Certificated Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Employee Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Winlock School District	25	13	5	2	5	$22.76	$440.56	$317.32	$670.06	$259.34	29.436
Wishkah Valley School District	13	9	1	3	0	$68.13	$658.92	$388.13	n/a	$187.42	n/a
Wishram School District	10	5	2	0	3	$22.83	$71.45	n/a	$95.85	$54.46	4.198
Woodland School District	131	74	9	34	14	$3.43	$350.95	$131.72	$748.57	$140.23	218.475
Yakima School District	1,006	460	81	356	109	$35.08	$396.04	$182.78	$592.43	$176.80	16.887
Yelm School District	301	157	26	77	41	$35.19	$366.01	$142.22	$392.49	$139.82	11.152
Zillah School District	71	30	6	26	9	$94.66	$462.10	$241.03	$650.92	$249.82	6.877
Low	**0**	**0**	**0**	**0**	**0**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**n/a**
High	**3,535**	**2,069**	**298**	**805**	**369**	**$1,433.91**	**$2,618.22**	**$1,957.40**	**$2,632.00**	**$2,202.74**	**1.836**
Grand Total/Average	**61,596**	**32,070**	**5,076**	**16,398**	**8,052**	**$80.84**	**$438.92**	**$245.27**	**$580.59**	**$219.45**	**7.182**

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A16e
Summary of Monthly Payroll Rates by District with Composite Cost By District — Classified Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Employee Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Aberdeen School District	211	145	15	44	7	$67.21	$398.97	$178.22	$617.04	$132.18	9.181
Adna School District	9	5	2	1	1	$63.00	$420.65	$265.85	$846.87	$252.11	13.443
Almira School District	9	1	3	2	3	$243.06	$227.67	$207.00	$114.26	$186.98	0.470
Anacortes School District	103	59	16	16	12	$52.01	$369.33	$124.48	$561.01	$171.86	10.786
Arlington School District	210	116	30	46	18	$34.76	$273.70	$140.24	$194.25	$105.67	5.588
Asotin-Anatone School District	22	5	8	2	7	$70.60	$126.96	$70.60	$71.77	$91.47	1.017
Auburn School District	734	457	79	138	60	$66.16	$513.21	$201.04	$516.11	$176.42	7.800
Bainbridge Island School District	172	103	13	36	20	$65.98	$505.33	$211.64	$707.46	$204.26	10.723
Battle Ground School District	365	218	45	76	26	$32.54	$393.55	$176.66	$585.83	$146.47	18.002
Bellevue School District	858	442	87	216	113	$112.13	$408.55	$200.37	$591.75	$227.57	5.277
Bellingham School District	456	277	67	80	32	$70.34	$445.46	$262.32	$628.42	$198.30	8.935
Benge School District	2	1	0	0	1	$84.00	n/a	n/a	$241.00	$162.50	2.869
Bethel School District	562	401	60	67	34	$45.64	$348.35	$211.34	$479.74	$123.97	10.512
Bickleton School District	3	0	2	0	1	n/a	$769.87	n/a	$769.87	$769.87	n/a
Blaine School District	114	62	16	24	12	$28.98	$257.43	$140.06	$293.00	$112.22	10.111
Boistfort School District	7	5	1	0	1	$5.99	$791.58	n/a	$287.79	$158.47	48.077
Bremerton School District	195	143	18	26	8	$22.24	$365.63	$232.52	$592.17	$105.35	26.631
Brewster School District	59	47	4	8	0	$51.17	$488.27	$65.44	n/a	$82.74	n/a
Bridgeport School District	40	30	0	9	1	$87.36	n/a	$244.56	$1,036.69	$146.46	11.867
Brinnon School District	6	4	2	0	0	$14.13	$288.02	n/a	n/a	$105.42	n/a
Burlington-Edison School District	181	100	20	49	12	$18.48	$316.18	$114.45	$633.31	$118.12	34.272
Camas School District	246	119	38	61	28	$102.72	$493.89	$193.67	$501.99	$231.14	4.887
Cape Flattery School District	41	34	0	6	1	$44.80	n/a	$41.27	$422.96	$53.50	9.442
Carbonado School District	11	7	1	1	2	$50.96	$815.10	$0.00	$288.30	$158.95	5.657
Cascade School District	56	30	15	7	4	$27.16	$291.08	$142.68	$399.87	$138.92	14.722
Cashmere School District	110	47	19	17	27	$55.80	$275.83	$206.85	$334.36	$185.52	5.992
Castle Rock School District	63	42	7	12	2	$45.32	$246.56	$111.55	$4.51	$79.00	0.099
Centerville School District	5	0	3	2	0	n/a	$101.62	$1.00	n/a	$61.37	n/a
Central Kitsap School District	445	291	53	76	25	$49.71	$415.73	$178.12	$529.37	$142.18	10.648
Central Valley School District	560	370	51	109	30	$88.77	$370.08	$175.25	$533.83	$155.06	6.014
Centralia School District	172	108	20	35	9	$641.42	$974.50	$725.42	$1,104.20	$721.46	1.721
Chehalis School District	151	91	14	34	12	$72.00	$334.52	$182.82	$374.16	$145.31	5.196
Cheney School District	181	127	14	33	7	$69.82	$220.96	$125.23	$314.98	$101.10	4.511
Chewelah School District	38	26	5	7	0	$18.84	$123.30	$69.84	n/a	$41.98	n/a
Chimacum School District	61	40	7	11	3	$57.19	$295.01	$185.31	$593.13	$133.94	10.371
Clarkston School District	143	77	12	33	21	$49.95	$330.19	$90.89	$193.36	$103.97	3.871

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A16e
Summary of Monthly Payroll Rates by District with Composite Cost By District — Classified Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Employee Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Cle Elum-Roslyn School District	62	32	7	6	17	$46.68	$103.67	$18.53	$144.51	$77.22	3.096
Clover Park School District	470	324	35	87	24	$20.57	$345.68	$182.33	$405.87	$94.40	19.731
Colfax School District	27	17	3	6	1	$11.85	$63.23	$145.04	$311.92	$58.27	26.315
College Place School District	45	36	1	7	1	$7.88	$0.00	$54.57	$0.00	$14.79	0.000
Colton School District	5	3	0	1	1	$0.00	n/a	$242.51	$742.50	$197.00	n/a
Columbia (Stevens) School District	11	3	5	2	1	$118.20	$277.51	$57.89	$88.40	$176.94	0.748
Columbia (Walla Walla) School District	36	23	5	7	1	$1.00	$156.68	$148.07	$98.60	$53.93	98.600
Colville School District	93	60	11	16	6	$77.86	$364.71	$154.14	$577.99	$157.18	7.424
Concrete School District	27	19	5	3	0	$35.11	$72.45	$84.26	n/a	$47.49	n/a
Conway School District	24	11	5	6	2	$71.06	$291.49	$75.06	$472.43	$151.43	6.648
Cosmopolis School District	9	6	1	1	1	$8.70	$259.59	$181.76	$742.74	$137.36	85.389
Coulee-Hartline School District	15	8	3	1	3	$75.25	$178.00	$147.00	$241.00	$133.73	3.203
Coupeville School District	35	24	8	1	2	$31.33	$102.04	$4.73	$4.77	$45.22	0.152
Crescent School District	17	11	3	3	0	$8.69	$150.37	$1.00	n/a	$32.33	n/a
Creston School District	17	11	0	3	3	$175.62	n/a	$269.89	$313.47	$216.58	1.785
Curlew School District	18	12	4	1	1	$34.82	$373.13	$107.66	$1,683.81	$205.65	48.361
Cusick School District	18	7	4	6	1	$39.45	$482.31	$29.34	$296.25	$148.76	7.510
Damman School District	2	2	0	0	0	$20.32	n/a	n/a	n/a	$20.32	n/a
Darrington School District	31	8	8	6	9	$146.57	$295.78	$282.62	$342.30	$268.23	2.335
Davenport School District	35	17	3	12	3	$575.26	$645.78	$676.07	$668.58	$623.86	1.162
Dayton School District	20	10	1	4	5	$67.60	$794.59	$225.68	$761.35	$309.00	11.263
Deer Park School District	134	81	9	34	10	$36.96	$242.58	$134.17	$483.52	$108.76	13.082
Dieringer School District	64	29	10	11	14	$30.17	$191.15	$51.48	$164.92	$88.46	5.467
Dixie School District	5	3	0	2	0	$15.22	n/a	$32.20	n/a	$22.01	n/a
East Valley School District (Spokane)	252	171	20	46	15	$40.05	$271.99	$180.14	$466.73	$109.42	11.655
East Valley School District (Yakima)	121	69	17	26	9	$77.29	$488.84	$218.32	$601.61	$204.41	7.784
Eastmont School District	211	136	26	37	12	$13.33	$156.63	$64.83	$212.92	$51.37	15.975
Easton School District	8	4	1	2	1	$155.50	$238.00	$135.00	$301.00	$178.88	1.936
Eatonville School District	82	44	11	22	5	$64.92	$426.95	$131.50	$633.22	$166.00	9.754
Edmonds School District	771	444	89	160	78	$20.45	$279.10	$109.70	$379.31	$105.14	18.544
Ellensburg School District	130	83	22	16	9	$123.19	$490.43	$157.85	$483.78	$214.57	3.927
Elma School District	70	47	10	10	3	$6.36	$186.18	$46.49	$150.75	$43.97	23.701
Endicott School District	11	6	1	2	2	$241.67	$238.00	$211.06	$532.50	$288.65	2.203
Entiat School District	22	7	4	8	3	$68.98	$207.49	$64.72	$378.53	$134.83	5.488
Enumclaw School District	169	128	19	13	9	$11.30	$47.18	$0.00	$159.63	$22.36	14.126
Ephrata School District	99	63	14	16	6	$653.37	$791.56	$679.30	$705.95	$680.29	1.080

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A16e
Summary of Monthly Payroll Rates by District with Composite Cost By District — Classified Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Employee Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Evaline School District	7	5	0	0	2	$27.30	n/a	n/a	$236.83	$87.16	8.675
Everett School District	548	231	117	85	115	$170.51	$349.73	$230.19	$403.95	$267.02	2.369
Evergreen School District (Clark)	748	504	85	121	38	$54.45	$322.33	$200.48	$554.49	$133.91	10.184
Evergreen School District (Stevens)	2	2	0	0	0	$10.00	n/a	n/a	n/a	$10.00	n/a
Federal Way School District	790	557	58	131	44	$48.86	$473.93	$217.11	$628.50	$140.25	12.864
Ferndale School District	232	142	28	36	26	$11.17	$155.67	$31.71	$368.89	$71.89	33.019
Fife School District	123	68	23	26	6	$113.23	$331.67	$227.79	$476.51	$196.01	4.208
Finley School District	47	31	4	9	3	$25.15	$55.21	$271.92	$87.73	$78.96	3.489
Franklin Pierce School District	361	247	39	52	23	$52.74	$433.29	$120.13	$518.77	$133.25	9.836
Freeman School District	33	16	7	9	1	$0.00	$110.56	$0.00	$0.00	$23.45	n/a
Garfield School District	11	7	1	2	1	$115.73	$357.31	$248.18	$549.71	$201.22	4.750
Glenwood School District	10	7	2	1	0	$61.46	$448.69	$308.01	n/a	$163.56	n/a
Goldendale School District	42	28	8	2	4	$63.20	$403.50	$198.17	$589.86	$184.61	9.333
Grand Coulee Dam School District	55	36	2	12	5	$67.33	$565.40	$130.59	$598.03	$147.49	8.882
Grandview School District	156	86	12	43	15	$55.11	$310.44	$68.01	$257.62	$97.78	4.674
Granger School District	80	48	8	18	6	$85.43	$333.98	$189.63	$269.93	$147.57	3.160
Granite Falls School District	95	55	5	23	12	$58.96	$562.26	$167.95	$368.14	$150.89	6.244
Grapeview School District	8	6	0	2	0	$5.37	n/a	$3.85	n/a	$4.99	n/a
Great Northern School District	1	1	0	0	0	$941.97	n/a	n/a	n/a	$941.97	n/a
Green Mountain School District	5	2	1	2	0	$146.67	$886.17	$7.70	n/a	$238.98	n/a
Griffin School District	38	20	7	8	3	$62.35	$506.73	$129.13	$306.56	$177.55	4.917
Harrington School District	14	5	3	2	4	$63.72	$608.25	$78.33	$293.31	$248.09	4.603
Highland School District	55	43	3	8	1	$71.55	$563.24	$246.84	$552.25	$132.60	7.719
Highline School District	869	655	52	124	38	$25.54	$302.26	$118.62	$426.65	$72.92	16.702
Hockinson School District	62	25	7	18	12	$3.65	$29.26	$13.96	$314.43	$69.69	86.041
Hood Canal School District	19	9	5	5	0	$0.00	$0.00	$31.24	n/a	$8.22	n/a
Hoquiam School District	67	45	7	15	0	$33.99	$665.73	$70.46	n/a	$108.15	n/a
Inchelium School District	18	13	1	3	1	$65.31	$561.49	$206.12	$0.01	$112.72	0.000
Index School District	2	1	0	1	0	$404.19	n/a	$134.14	n/a	$269.17	n/a
Issaquah School District	738	491	60	129	58	$81.51	$454.51	$179.88	$547.60	$165.66	6.718
Kahlotus School District	7	5	1	0	1	$190.89	$1,180.97	n/a	$406.66	$363.16	2.130
Kalama School District	20	13	3	3	1	$29.63	$325.49	$82.32	$585.13	$109.69	19.746
Keller School District	6	6	0	0	0	$67.82	n/a	n/a	n/a	$67.82	n/a
Kelso School District	178	131	19	16	12	$36.63	$280.39	$150.05	$413.57	$98.26	11.290
Kennewick School District	761	441	88	142	90	$50.81	$317.85	$125.66	$384.64	$135.14	7.570
Kent School District	1,110	725	93	204	88	$33.43	$360.80	$124.90	$455.12	$111.10	13.613

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A16e
Summary of Monthly Payroll Rates by District with Composite Cost By District — Classified Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Employee Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Kettle Falls School District	42	27	9	5	1	$58.89	$319.58	$133.53	$592.50	$136.34	10.062
Kiona-Benton City School District	71	48	5	15	3	$44.84	$604.68	$155.51	$851.10	$141.71	18.980
Kittitas School District	35	12	12	1	10	$61.58	$174.58	$131.00	$217.00	$146.71	3.524
Klickitat School District	8	6	1	1	0	$56.38	$119.46	$76.23	n/a	$66.74	n/a
La Center School District	26	19	2	4	1	$124.88	$478.02	$232.73	$708.70	$191.09	5.675
La Conner School District	44	24	3	7	10	$17.60	$64.28	$49.83	$260.16	$81.04	14.781
LaCrosse School District	9	5	1	2	1	$70.27	$257.37	$427.17	$939.64	$266.97	13.371
Lake Chelan School District	78	52	6	14	6	$58.49	$325.13	$69.04	$568.96	$120.16	9.727
Lake Quinault School District	18	9	5	4	0	$96.76	$424.60	$555.46	n/a	$289.76	n/a
Lake Stevens School District	337	209	32	68	28	$17.53	$101.36	$75.67	$140.15	$47.41	7.996
Lake Washington School District	811	463	77	176	95	$65.48	$506.67	$200.82	$571.46	$196.01	8.728
Lakewood School District	79	45	7	18	9	$23.75	$218.22	$114.89	$469.78	$112.56	19.784
Lamont School District	4	2	1	0	1	$175.81	$397.81	n/a	$546.13	$323.89	3.106
Liberty School District	35	20	7	6	2	$58.56	$378.52	$137.52	$1,022.20	$191.15	17.455
Lind School District	17	9	2	3	3	$100.07	$162.02	$128.23	$333.67	$153.55	3.334
Longview School District	311	206	33	59	13	$6.99	$345.37	$76.86	$241.06	$65.94	34.468
Loon Lake School District	14	12	0	2	0	$29.36	n/a	$28.25	n/a	$29.20	n/a
Lopez School District	23	16	6	1	0	$63.98	$513.47	$343.33	n/a	$193.38	n/a
Lyle School District	14	12	2	0	0	$12.17	$0.00	n/a	n/a	$10.43	n/a
Lynden School District	172	99	19	30	24	$27.01	$135.44	$122.17	$290.26	$92.32	10.745
Mabton School District	47	30	4	9	4	$188.18	$596.35	$198.54	$591.83	$259.26	3.145
Mansfield School District	9	3	1	1	4	$232.80	$349.84	$219.00	$404.22	$320.46	1.736
Manson School District	44	27	7	8	2	$30.24	$215.70	$59.29	$778.56	$99.04	25.744
Mary M Knight School District	10	2	2	4	2	$3.97	$0.00	$0.00	$463.18	$93.43	116.669
Mary Walker School District	29	20	6	3	0	$65.40	$177.80	$156.29	n/a	$98.06	n/a
Marysville School District	402	269	37	68	28	$35.65	$287.69	$111.31	$397.78	$96.87	11.159
McCleary School District	17	11	0	6	0	$32.24	n/a	$113.86	n/a	$61.05	n/a
Mead School District	406	266	44	69	27	$90.08	$385.22	$221.17	$534.36	$173.89	5.932
Medical Lake School District	66	38	9	11	8	$75.28	$202.79	$124.09	$249.89	$121.97	3.319
Mercer Island School District	219	133	25	40	21	$90.47	$481.55	$262.92	$566.57	$212.26	6.263
Meridian School District	76	48	7	13	8	$45.58	$112.42	$70.10	$267.50	$79.29	5.869
Methow Valley School District	43	23	11	4	5	$19.13	$70.00	$32.00	$60.00	$38.09	3.136
Mill A School District	3	1	0	0	2	$6.94	n/a	n/a	$410.24	$275.81	59.112
Monroe School District	265	148	32	64	21	$43.52	$298.67	$117.61	$408.97	$121.18	9.398
Montesano School District	55	32	5	13	5	$19.81	$269.82	$34.85	$135.70	$56.63	6.850
Morton School District	18	14	0	3	1	$24.18	n/a	$270.14	$819.29	$109.35	33.880

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
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Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Employee Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Moses Lake School District	383	241	34	91	17	$22.97	$297.81	$178.40	$491.16	$105.08	21.384
Mossyrock School District	41	16	2	5	18	$74.75	$740.91	$312.50	$86.53	$141.41	1.158
Mount Adams School District	62	44	4	11	3	$90.34	$424.21	$395.40	$683.81	$194.72	7.569
Mount Baker School District	123	74	28	10	11	$14.09	$208.34	$126.02	$399.75	$101.90	28.368
Mount Pleasant School District	3	1	1	1	0	$0.00	$0.00	$12.63	n/a	$4.21	n/a
Mount Vernon School District	337	245	26	47	19	$40.23	$441.96	$209.73	$433.56	$117.04	10.778
Mukilteo School District	487	326	40	96	25	$35.86	$456.82	$175.50	$667.38	$130.38	18.610
Naches Valley School District	48	33	6	7	2	$38.27	$482.53	$214.12	$620.16	$143.69	16.205
Napavine School District	42	25	4	11	2	$36.80	$211.54	$115.54	$452.99	$93.88	12.308
Naselle-Grays River Valley School District	25	8	3	7	7	$25.26	$91.43	$89.79	$286.03	$124.28	11.325
Nespelem School District	13	8	2	3	0	$31.24	$9.72	$157.32	n/a	$57.03	n/a
Newport School District	47	32	3	9	3	$60.59	$298.00	$259.97	$568.04	$146.31	9.376
Nine Mile Falls School District	47	24	6	10	7	$12.63	$96.76	$169.09	$154.23	$77.75	12.213
Nooksack Valley School District	99	55	9	21	14	$5.23	$189.40	$58.42	$422.07	$92.20	80.774
North Beach School District	46	35	10	0	1	$73.32	$311.05	n/a	$432.14	$132.80	5.894
North Franklin School District	122	65	16	22	19	$22.07	$19.03	$13.04	$23.95	$20.33	1.085
North Kitsap School District	233	147	27	44	15	$11.63	$328.63	$104.36	$290.09	$83.80	24.937
North Mason School District	68	47	5	12	4	$0.00	$213.07	$29.92	$306.60	$38.98	n/a
North River School District	8	7	0	0	1	$171.14	n/a	n/a	$502.25	$212.53	2.935
North Thurston Public Schools	533	302	47	151	33	$53.16	$297.77	$108.22	$273.78	$103.99	5.151
Northport School District	20	10	5	3	2	$134.08	$192.68	$141.67	$0.00	$136.46	0.000
Northshore School District	722	393	113	136	80	$78.37	$326.22	$184.09	$557.25	$190.13	7.111
Oak Harbor School District	191	110	31	36	14	$10.74	$10.25	$29.64	$114.45	$21.82	10.659
Oakesdale School District	9	2	2	3	2	$204.25	$373.88	$196.33	$337.25	$268.86	1.651
Oakville School District	20	10	1	9	0	$54.61	$182.83	$74.46	n/a	$69.95	n/a
Ocean Beach School District	59	35	11	11	2	$44.52	$389.18	$108.55	$316.39	$129.93	7.107
Ocosta School District	38	29	2	4	3	$16.50	$383.26	$110.60	$134.21	$55.00	8.134
Odessa School District	18	8	6	3	1	$36.41	$296.05	$25.48	$517.10	$147.84	14.201
Okanogan School District	68	54	5	7	2	$70.97	$440.21	$194.44	$724.56	$130.05	10.210
Olympia School District	321	199	39	60	23	$22.83	$374.64	$105.85	$361.72	$105.37	15.843
Omak School District	103	79	8	12	4	$47.49	$395.79	$130.82	$221.17	$90.99	4.658
Onalaska School District	41	24	5	7	5	$30.37	$478.67	$33.01	$461.18	$138.03	15.183
Onion Creek School District	6	1	3	1	1	$144.00	$238.00	$207.00	$301.00	$227.67	2.090
Orcas Island School District	35	14	7	8	6	$141.57	$440.23	$354.77	$671.49	$340.88	4.743
Orchard Prairie School District	2	2	0	0	0	$0.00	n/a	n/a	n/a	$0.00	n/a
Orient School District	7	6	1	0	0	$1,573.70	$7,803.96	n/a	n/a	$2,463.74	n/a

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A16e
Summary of Monthly Payroll Rates by District with Composite Cost By District — Classified Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Employee Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Orondo School District	17	13	2	1	1	$32.48	$131.40	$121.19	$758.47	$92.04	23.351
Oroville School District	33	22	3	7	1	$5.48	$6.67	$48.20	$20.00	$15.09	3.651
Orting School District	80	41	12	14	13	$40.78	$309.30	$62.25	$312.02	$128.89	7.650
Othello School District	182	112	21	41	8	$58.70	$435.00	$154.69	$407.58	$139.08	6.944
Palisades School District	4	0	2	1	1	n/a	$178.00	$147.00	$241.00	$186.00	n/a
Palouse School District	9	3	4	2	0	$121.57	$716.64	$270.20	n/a	$419.07	n/a
Pasco School District	757	536	41	146	34	$34.92	$381.82	$87.21	$395.31	$79.98	11.320
Pateros School District	16	13	0	2	1	$23.32	n/a	$0.00	$137.06	$27.51	5.877
Paterson School District	11	2	1	0	8	$100.86	$0.00	n/a	$108.47	$97.23	1.075
Pe Ell School District	29	20	2	5	2	$46.53	$483.43	$109.74	$513.77	$119.78	11.043
Peninsula School District	293	193	35	52	13	$34.35	$350.43	$114.32	$594.49	$111.15	17.308
Pioneer School District	45	33	1	8	3	$62.10	$357.75	$392.70	$550.15	$159.98	8.859
Pomeroy School District	15	6	1	2	6	$74.02	$617.55	$1.00	$585.93	$305.28	7.916
Port Angeles School District	188	110	26	34	18	$50.99	$359.84	$125.10	$497.22	$149.83	9.751
Port Townsend School District	57	34	15	6	2	$1.05	$209.36	$0.83	$72.07	$58.34	68.446
Prescott School District	21	16	3	2	0	$96.67	$778.14	$229.38	n/a	$206.66	n/a
Prosser School District	136	75	7	46	8	$56.43	$314.21	$208.89	$665.06	$157.07	11.786
Pullman School District	95	70	6	16	3	$15.06	$124.35	$23.61	$273.82	$31.57	18.185
Puyallup School District	653	483	57	74	39	$58.37	$423.75	$229.08	$575.10	$140.47	9.853
Queets-Clearwater School District	6	4	0	2	0	$75.81	n/a	$5.00	n/a	$52.21	n/a
Quilcene School District	12	11	0	1	0	$74.36	n/a	$475.67	n/a	$107.81	n/a
Quillayute Valley School District	92	64	9	16	3	$37.93	$437.94	$114.11	$928.23	$119.34	24.474
Quincy School District	119	85	6	22	6	$21.45	$291.35	$80.49	$508.23	$70.52	23.694
Rainier School District	32	21	6	3	2	$9.91	$200.30	$247.60	$540.76	$101.07	54.593
Raymond School District	35	26	4	5	0	$37.47	$429.21	$42.26	n/a	$82.92	n/a
Reardan-Edwall School District	27	17	5	3	2	$68.55	$339.67	$101.06	$550.54	$158.08	8.031
Renton School District	606	387	62	122	35	$27.24	$317.12	$91.13	$380.31	$90.15	13.960
Republic School District	24	12	4	3	5	$111.27	$144.45	$79.50	$308.26	$153.87	2.770
Richland School District	428	286	24	86	32	$79.10	$429.35	$182.91	$614.93	$159.66	7.774
Ridgefield School District	36	14	9	7	6	$38.72	$301.73	$271.93	$632.82	$248.84	16.343
Ritzville School District	27	4	8	4	11	$69.25	$169.50	$195.25	$273.73	$200.93	3.953
Riverside School District	45	29	8	5	3	$50.82	$344.73	$233.38	$433.96	$148.90	8.540
Riverview School District	114	68	17	19	10	$134.73	$619.00	$242.75	$717.74	$276.09	5.327
Rochester School District	80	38	9	27	6	$56.44	$383.39	$86.88	$419.68	$130.74	7.436
Roosevelt School District	4	4	0	0	0	$0.00	n/a	n/a	n/a	$0.00	n/a
Rosalia School District	15	8	4	1	2	$44.78	$747.35	$0.00	$231.42	$254.03	5.168

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K–12 School District Data Collection Project
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Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Employee Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Royal School District	91	67	5	15	4	$49.40	$520.27	$79.75	$538.32	$101.77	10.896
San Juan Island School District	37	23	4	8	2	$9.64	$62.31	$82.96	$288.50	$46.26	29.937
Satsop School District	4	4	0	0	0	$100.60	n/a	n/a	n/a	$100.60	n/a
Seattle Public Schools	2,175	1,344	210	452	169	$46.56	$455.01	$203.19	$657.86	$166.04	14.130
Sedro-Woolley School District	220	145	17	41	17	$25.88	$104.58	$52.25	$195.23	$49.96	7.542
Selah School District	156	110	16	24	6	$50.33	$483.43	$123.45	$522.52	$124.16	10.383
Selkirk School District	11	5	2	0	4	$49.17	$0.00	n/a	$263.17	$118.05	5.352
Sequim School District	103	58	9	25	11	$67.87	$276.69	$63.07	$242.83	$103.64	3.578
Shaw Island School District	1	0	0	0	1	n/a	n/a	n/a	$462.19	$462.19	n/a
Shelton School District	268	190	26	37	15	$46.48	$234.43	$147.26	$524.60	$105.39	11.287
Shoreline School District	387	229	51	72	35	$61.26	$479.00	$181.00	$557.88	$183.50	9.107
Skamania School District	5	3	1	0	1	$58.53	$485.51	n/a	$509.05	$234.03	8.697
Skykomish School District	2	2	0	0	0	$91.73	n/a	n/a	n/a	$91.73	n/a
Snohomish School District	376	210	45	82	39	$80.27	$430.57	$189.21	$531.17	$192.72	6.618
Snoqualmie Valley School District	243	135	26	50	32	$96.45	$610.54	$224.60	$705.61	$258.04	7.316
Soap Lake School District	6	5	0	0	1	$8.00	n/a	n/a	$603.13	$107.19	75.391
South Bend School District	57	37	1	14	5	$89.98	$368.36	$256.11	$639.97	$183.91	7.113
South Kitsap School District	351	216	41	68	26	$0.82	$14.87	$18.32	$184.03	$19.43	223.104
South Whidbey School District	71	47	8	9	7	$69.64	$428.82	$68.04	$480.91	$150.45	6.906
Southside School District	5	2	2	1	0	$21.00	$462.03	$210.45	n/a	$235.30	n/a
Spokane School District	1,037	525	131	127	254	$105.05	$487.67	$251.04	$424.80	$249.59	4.044
Sprague School District	9	7	1	1	0	$81.30	$0.00	$35.07	n/a	$67.13	n/a
St. John School District	9	5	0	3	1	$1,643.00	n/a	$1,437.33	$3,067.00	$1,732.67	1.867
Stanwood-Camano School District	168	102	22	28	16	$8.98	$329.27	$107.43	$237.56	$89.10	26.453
Star School District	3	1	0	0	2	$336.00	n/a	n/a	$766.50	$623.00	2.281
Starbuck School District	3	3	0	0	0	$0.00	n/a	n/a	n/a	$0.00	n/a
Stehekin School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Steilacoom Hist. School District	78	46	6	18	8	$34.08	$508.32	$71.54	$327.72	$109.32	9.616
Steptoe School District	5	2	2	1	0	$225.10	$490.00	$515.12	n/a	$389.06	n/a
Stevenson-Carson School District	48	27	12	1	8	$6.50	$12.66	$8.95	$16.04	$9.68	2.465
Sultan School District	104	63	5	17	19	$22.02	$242.36	$132.37	$316.44	$104.44	14.372
Summit Valley School District	3	3	0	0	0	$30.46	n/a	n/a	n/a	$30.46	n/a
Sumner School District	334	167	49	53	65	$145.19	$231.92	$167.30	$296.85	$190.93	2.045
Sunnyside School District	323	231	17	67	8	$66.44	$319.49	$104.80	$570.05	$100.19	8.580
Tacoma School District	941	427	208	155	151	$153.64	$282.71	$233.08	$442.17	$241.56	2.878
Taholah School District	16	11	0	4	1	$29.63	n/a	$65.98	$826.43	$88.52	27.889

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		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Tahoma School District	326	181	21	89	35	$49.74	$456.12	$163.41	$359.46	$140.20	7.227
Tekoa School District	14	7	2	5	0	$136.71	$252.13	$266.73	n/a	$199.64	n/a
Tenino School District	53	26	9	15	3	$325.98	$320.20	$386.56	$302.80	$340.83	0.929
Thorp School District	4	2	2	0	0	$0.00	$590.90	n/a	n/a	$295.45	n/a
Toledo School District	27	24	1	1	1	$160.36	$565.13	$473.15	$296.67	$191.98	1.850
Tonasket School District	66	41	9	11	5	$21.72	$183.15	$131.63	$340.65	$86.22	15.681
Toppenish School District	188	128	19	31	10	$24.86	$226.76	$72.31	$79.84	$56.01	3.212
Touchet School District	11	8	2	1	0	$101.42	$261.75	$215.00	n/a	$140.90	n/a
Toutle Lake School District	32	23	2	5	2	$103.95	$536.13	$301.25	$721.98	$200.42	6.945
Trout Lake School District	10	5	4	0	1	$2.01	$15.74	n/a	$748.51	$82.15	372.393
Tukwila School District	123	92	5	21	5	$34.23	$392.76	$86.44	$650.18	$82.75	18.996
Tumwater School District	256	171	15	55	15	$48.75	$541.09	$149.32	$414.01	$120.61	8.492
Union Gap School District	36	21	5	6	4	$152.55	$129.57	$185.51	$254.70	$166.20	1.670
University Place School District	158	102	16	27	13	$60.23	$546.79	$148.60	$531.05	$163.34	8.817
Valley School District	48	30	6	8	4	$0.53	$40.72	$0.00	$0.00	$5.42	0.000
Vancouver School District	929	598	100	174	57	$38.00	$477.45	$174.70	$574.48	$143.82	15.120
Vashon Island School District	58	29	7	12	10	$31.41	$535.21	$255.20	$626.06	$241.04	19.931
Wahkiakum School District	25	7	7	1	10	$22.61	$105.30	$15.00	$190.94	$112.79	8.446
Wahluke School District	107	81	10	13	3	$44.41	$275.69	$106.37	$409.78	$83.80	9.227
Waitsburg School District	15	7	1	7	0	$81.62	$664.69	$231.54	n/a	$190.45	n/a
Walla Walla Public Schools	334	222	36	61	15	$53.99	$316.75	$132.49	$497.70	$116.57	9.219
Wapato School District	171	113	6	45	7	$44.83	$134.89	$131.39	$286.69	$80.67	6.394
Warden School District	51	25	9	7	10	$46.03	$275.33	$226.34	$298.13	$160.68	6.477
Washougal School District	111	85	17	8	1	$47.16	$432.51	$219.14	$209.49	$120.04	4.442
Washtucna School District	5	1	1	2	1	$25.13	$588.74	$122.68	$533.31	$278.51	21.222
Waterville School District	18	8	3	5	2	$0.00	$162.95	$0.00	$351.66	$66.23	n/a
Wellpinit School District	43	16	8	13	6	$50.78	$49.90	$55.91	$99.36	$58.95	1.957
Wenatchee School District	358	246	27	69	16	$35.48	$351.20	$80.61	$533.90	$90.27	15.048
West Valley School District (Spokane)	167	102	23	30	12	$54.41	$214.99	$119.87	$302.49	$106.11	5.560
West Valley School District (Yakima)	192	103	27	38	24	$71.68	$295.10	$156.81	$419.92	$163.48	5.858
White Pass School District	27	24	1	1	1	$42.59	$807.76	$103.30	$253.15	$80.97	5.944
White River School District	146	99	16	21	10	$68.82	$250.29	$141.98	$308.96	$115.68	4.489
White Salmon Valley School District	45	35	7	0	3	$25.76	$169.15	n/a	$582.34	$85.17	22.609
Wilbur School District	26	11	6	6	3	$210.18	$223.67	$319.67	$335.67	$253.04	1.597
Willapa Valley School District	18	16	0	0	2	$9.36	n/a	n/a	$22.68	$10.84	2.422
Wilson Creek School District	17	11	1	3	2	$100.31	$471.33	$251.79	$720.34	$221.81	7.181

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A16e
Summary of Monthly Payroll Rates by District with Composite Cost By District — Classified Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End Employee Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Winlock School District	51	26	8	9	8	$31.68	$332.76	$151.88	$640.41	$195.60	20.216
Wishkah Valley School District	8	5	0	3	0	$0.00	n/a	$31.97	n/a	$11.99	n/a
Wishram School District	9	5	2	0	2	$1.00	$71.45	n/a	$48.43	$27.19	48.425
Woodland School District	146	103	6	30	7	$39.55	$108.11	$32.59	$130.99	$45.32	3.312
Yakima School District	787	495	59	213	20	$32.77	$352.74	$126.67	$459.11	$93.01	14.008
Yelm School District	217	143	21	44	9	$30.23	$324.68	$134.11	$437.19	$96.67	14.462
Zillah School District	65	43	4	15	3	$30.86	$336.52	$125.73	$456.23	$91.20	14.782
Low	**0**	**0**	**0**	**0**	**0**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**n/a**
High	**2,175**	**1,344**	**210**	**452**	**254**	**$1,643.00**	**$7,803.96**	**$1,437.33**	**$3,067.00**	**$2,463.74**	**1.867**
Grand Total/Average	**42,860**	**26,599**	**4,655**	**7,973**	**3,633**	**$58.12**	**$353.96**	**$159.94**	**$449.26**	**$142.34**	**7.730**

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A17a
Summary of District Monthly Contributions by District with Composite Cost By District — All Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Aberdeen School District	391	248	28	95	20	$677.50	$723.09	$711.63	$704.29	$690.43	1.040
Adna School District	34	15	5	8	6	$587.40	$633.40	$617.23	$597.16	$602.90	1.017
Almira School District	17	2	7	3	5	$730.47	$780.00	$880.33	$780.84	$792.13	1.069
Anacortes School District	240	115	30	49	46	$668.73	$810.47	$728.60	$816.13	$726.92	1.220
Arlington School District	513	239	55	137	82	$670.77	$725.80	$728.91	$754.13	$705.52	1.124
Asotin-Anatone School District	62	5	11	2	44	$780.00	$776.31	$780.00	$821.34	$808.68	1.053
Auburn School District	1,446	828	132	329	157	$652.49	$781.36	$704.84	$865.10	$699.25	1.326
Bainbridge Island School District	378	203	31	95	49	$682.50	$751.32	$734.33	$763.21	$711.63	1.118
Battle Ground School District	1,123	576	123	263	161	$673.22	$786.78	$687.55	$795.61	$706.56	1.182
Bellevue School District	2,032	1,097	179	483	273	$633.17	$736.69	$698.42	$734.36	$671.40	1.160
Bellingham School District	1,204	652	127	292	133	$592.62	$651.17	$645.15	$675.73	$620.71	1.140
Benge School District	4	1	1	0	2	$934.00	$1,018.00	n/a	$1,018.00	$997.00	1.090
Bethel School District	1,583	966	144	319	154	$708.54	$919.59	$789.65	$974.79	$769.99	1.376
Bickleton School District	11	0	5	0	6	n/a	$1,176.28	n/a	$1,343.88	$1,267.70	n/a
Blaine School District	230	111	32	50	37	$662.66	$859.49	$815.11	$940.16	$767.82	1.419
Boistfort School District	14	11	2	0	1	$549.27	$1,129.30	n/a	$876.26	$655.48	1.595
Bremerton School District	494	322	45	99	28	$748.81	$841.44	$782.35	$804.30	$767.12	1.074
Brewster School District	125	78	14	26	7	$588.94	$690.56	$663.45	$876.19	$631.91	1.488
Bridgeport School District	88	55	0	24	9	$549.34	n/a	$616.45	$614.61	$574.32	1.119
Brinnon School District	11	6	2	2	1	$594.35	$883.71	$626.33	$656.96	$658.47	1.105
Burlington-Edison School District	416	213	40	123	40	$674.09	$784.93	$766.48	$766.01	$720.90	1.136
Camas School District	635	277	72	192	94	$623.69	$777.53	$675.16	$746.93	$674.94	1.198
Cape Flattery School District	86	62	2	19	3	$655.69	$1,330.99	$676.62	$644.80	$675.64	0.983
Carbonado School District	20	15	1	2	2	$753.98	$832.05	$800.95	$832.05	$770.39	1.104
Cascade School District	130	65	17	31	17	$576.69	$742.96	$659.71	$678.94	$631.60	1.177
Cashmere School District	180	73	26	28	53	$801.54	$757.02	$754.32	$707.01	$759.93	0.882
Castle Rock School District	135	77	12	36	10	$699.08	$861.40	$782.87	$786.71	$742.35	1.125
Centerville School District	10	2	3	4	1	$646.24	$1,279.71	$810.37	$593.12	$896.62	0.918
Central Kitsap School District	1,021	552	117	229	123	$637.95	$768.49	$672.61	$877.75	$689.57	1.376
Central Valley School District	1,409	786	100	414	109	$634.76	$703.94	$679.47	$724.56	$659.75	1.141
Centralia School District	377	211	34	103	29	$50.73	$278.74	$126.57	$358.04	$115.65	7.058
Chehalis School District	308	169	26	83	30	$606.01	$718.78	$700.16	$746.28	$654.57	1.231
Cheney School District	478	286	32	118	42	$583.04	$829.15	$685.48	$805.81	$644.38	1.382
Chewelah School District	91	52	11	21	7	$556.64	$783.43	$687.32	$785.19	$631.79	1.411
Chimacum School District	119	64	14	27	14	$636.92	$731.16	$696.87	$691.76	$668.06	1.086
Clarkston School District	275	143	21	70	41	$684.26	$766.92	$711.09	$754.15	$707.82	1.102

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A17a
Summary of District Monthly Contributions by District with Composite Cost By District — All Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Cle Elum-Roslyn School District	115	66	10	18	21	$774.35	$858.10	$797.19	$918.38	$811.51	1.186
Clover Park School District	1,221	782	78	268	93	$781.65	$841.56	$803.49	$812.44	$792.62	1.039
Colfax School District	64	34	9	15	6	$720.91	$905.77	$802.18	$860.35	$779.03	1.193
College Place School District	131	80	8	28	15	$633.19	$704.45	$652.01	$731.21	$652.79	1.155
Colton School District	19	11	0	5	3	$698.88	n/a	$686.17	$585.99	$677.71	0.838
Columbia (Stevens) School District	23	6	10	4	3	$575.84	$831.11	$669.92	$946.56	$751.54	1.644
Columbia (Walla Walla) School District	87	51	7	18	11	$681.25	$1,093.19	$764.94	$1,181.10	$794.91	1.734
Colville School District	167	97	16	41	13	$609.93	$667.17	$673.19	$670.80	$635.68	1.100
Concrete School District	63	41	6	11	5	$573.25	$921.67	$731.97	$717.45	$645.59	1.252
Conway School District	43	22	9	8	4	$652.80	$710.61	$718.38	$709.40	$682.36	1.087
Cosmopolis School District	20	13	1	4	2	$626.04	$712.06	$642.06	$550.69	$626.01	0.880
Coulee-Hartline School District	33	13	6	4	10	$798.00	$840.00	$840.00	$825.51	$819.06	1.034
Coupeville School District	92	57	16	7	12	$613.48	$945.49	$653.70	$856.45	$705.97	1.396
Crescent School District	36	17	6	10	3	$637.41	$802.33	$722.54	$754.59	$698.31	1.184
Creston School District	26	14	0	5	7	$745.09	n/a	$756.27	$882.29	$784.18	1.184
Curlew School District	29	18	5	2	4	$615.49	$785.97	$592.99	$1,147.77	$716.75	1.865
Cusick School District	38	17	8	8	5	$794.69	$843.66	$739.29	$825.23	$797.35	1.038
Damman School District	5	4	1	0	0	$607.30	$0.00	n/a	n/a	$485.84	n/a
Darrington School District	57	15	14	14	14	$834.63	$803.34	$833.11	$851.18	$830.63	1.020
Davenport School District	76	34	7	25	10	$163.26	$574.24	$281.79	$845.40	$329.86	5.178
Dayton School District	38	19	2	7	10	$577.98	$601.54	$707.44	$649.14	$621.80	1.123
Deer Park School District	234	128	16	68	22	$599.80	$694.65	$700.44	$797.95	$654.16	1.330
Dieringer School District	150	72	16	38	24	$640.75	$788.30	$705.95	$926.67	$718.75	1.446
Dixie School District	6	4	0	2	0	$652.60	n/a	$971.27	n/a	$758.82	n/a
East Valley School District (Spokane)	474	285	41	106	42	$773.10	$853.24	$817.15	$811.29	$793.27	1.049
East Valley School District (Yakima)	302	150	28	85	39	$648.56	$785.53	$618.71	$1,006.81	$699.12	1.552
Eastmont School District	577	313	47	170	47	$674.58	$929.30	$781.87	$902.73	$745.52	1.338
Easton School District	21	6	4	8	3	$780.00	$780.00	$780.00	$780.00	$780.00	1.000
Eatonville School District	184	90	14	58	22	$608.61	$797.77	$836.52	$846.07	$723.24	1.390
Edmonds School District	1,928	1,043	179	477	229	$715.79	$831.53	$764.53	$813.04	$750.15	1.136
Ellensburg School District	320	175	36	81	28	$610.75	$650.17	$681.65	$700.31	$640.97	1.147
Elma School District	158	95	15	29	19	$757.80	$889.78	$806.26	$827.27	$787.58	1.092
Endicott School District	23	8	2	7	6	$690.84	$780.00	$888.56	$971.09	$831.87	1.406
Entiat School District	48	15	9	16	8	$702.75	$726.61	$746.76	$782.07	$735.11	1.113
Enumclaw School District	387	228	28	81	50	$657.46	$957.09	$743.58	$903.20	$728.91	1.374
Ephrata School District	244	116	23	65	40	$55.30	$406.58	$187.00	$489.77	$194.72	8.857

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A17a
Summary of District Monthly Contributions by District with Composite Cost By District — All Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Evaline School District	8	5	0	1	2	$362.56	n/a	$768.00	$563.60	$463.50	1.555
Everett School District	1,604	645	265	315	379	$696.13	$1,299.55	$930.53	$1,503.56	$1,032.64	2.160
Evergreen School District (Clark)	2,318	1,277	238	559	244	$620.77	$739.65	$673.54	$850.64	$669.90	1.370
Evergreen School District (Stevens)	4	4	0	0	0	$578.86	n/a	n/a	n/a	$578.86	n/a
Federal Way School District	2,253	1,523	125	451	154	$668.47	$728.22	$715.55	$712.06	$684.19	1.065
Ferndale School District	479	250	52	108	69	$625.57	$848.23	$742.61	$880.16	$712.80	1.407
Fife School District	336	178	34	99	25	$640.71	$855.71	$709.47	$795.63	$694.25	1.242
Finley School District	98	55	11	21	11	$643.76	$776.05	$688.41	$731.25	$678.00	1.136
Franklin Pierce School District	865	554	72	161	78	$663.31	$726.78	$724.18	$800.45	$692.29	1.207
Freeman School District	86	39	10	27	10	$622.58	$782.70	$694.20	$767.18	$680.50	1.232
Garfield School District	20	11	2	4	3	$554.69	$635.59	$607.15	$609.68	$581.52	1.099
Glenwood School District	20	16	3	1	0	$561.77	$144.82	$279.46	n/a	$485.11	n/a
Goldendale School District	95	55	17	7	16	$636.95	$868.44	$838.38	$934.71	$743.37	1.467
Grand Coulee Dam School District	100	60	4	27	9	$618.12	$780.25	$678.36	$709.48	$649.09	1.148
Grandview School District	362	193	32	100	37	$626.45	$982.33	$753.42	$1,168.97	$748.43	1.866
Granger School District	173	90	16	48	19	$648.77	$993.96	$709.81	$1,528.48	$794.25	2.356
Granite Falls School District	184	98	15	44	27	$695.73	$963.83	$768.15	$1,153.26	$802.04	1.658
Grapeview School District	19	10	3	5	1	$630.54	$909.00	$808.08	$586.06	$718.89	0.929
Great Northern School District	3	3	0	0	0	$9,049.68	n/a	n/a	n/a	$9,049.68	n/a
Green Mountain School District	14	6	2	2	4	$736.71	$902.25	$762.15	$1,069.32	$859.02	1.451
Griffin School District	73	36	11	17	9	$639.76	$760.96	$701.43	$761.90	$687.44	1.191
Harrington School District	27	9	5	3	10	$625.28	$517.22	$779.43	$780.88	$680.03	1.249
Highland School District	130	77	15	26	12	$605.75	$717.79	$672.48	$657.65	$636.81	1.086
Highline School District	2,204	1,546	129	395	134	$684.83	$735.33	$733.24	$712.58	$698.15	1.041
Hockinson School District	168	79	18	46	25	$723.07	$998.13	$947.71	$1,013.29	$857.24	1.401
Hood Canal School District	41	26	6	9	0	$711.41	$1,104.87	$967.75	n/a	$825.26	n/a
Hoquiam School District	137	86	10	34	7	$790.40	$924.59	$864.84	$1,153.15	$837.20	1.459
Inchelium School District	35	22	5	6	2	$9,122.17	$8,182.49	$9,534.00	$5,579.40	$8,856.09	0.612
Index School District	5	4	0	1	0	$565.06	n/a	$575.66	n/a	$567.18	n/a
Issaquah School District	1,768	1,096	124	392	156	$634.79	$735.05	$704.66	$760.35	$668.39	1.198
Kahlotus School District	17	9	1	1	6	$775.31	$796.98	$796.98	$806.16	$788.75	1.040
Kalama School District	66	30	8	14	14	$711.70	$775.41	$802.53	$803.54	$758.17	1.129
Keller School District	10	8	0	1	1	$666.48	n/a	$760.70	$488.60	$658.12	0.733
Kelso School District	472	285	42	99	46	$643.31	$790.44	$695.63	$693.07	$672.22	1.077
Kennewick School District	1,683	880	165	413	225	$648.63	$848.11	$750.11	$907.64	$727.72	1.399
Kent School District	2,686	1,664	198	598	226	$693.91	$824.20	$777.97	$826.60	$733.39	1.191

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A17a
Summary of District Monthly Contributions by District with Composite Cost By District — All Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Kettle Falls School District	86	42	15	15	14	$601.54	$714.95	$644.29	$1,014.09	$695.93	1.686
Kiona-Benton City School District	174	95	13	56	10	$657.96	$711.35	$724.80	$715.01	$686.74	1.087
Kittitas School District	74	25	15	12	22	$840.00	$840.00	$770.00	$840.00	$828.65	1.000
Klickitat School District	17	12	3	2	0	$623.47	$1,156.78	$598.58	n/a	$714.66	n/a
La Center School District	109	51	18	18	22	$680.45	$818.52	$720.74	$900.37	$754.29	1.323
La Conner School District	84	39	10	17	18	$761.67	$840.54	$838.89	$961.32	$829.47	1.262
LaCrosse School District	25	12	5	5	3	$571.53	$678.53	$581.09	$524.41	$589.19	0.918
Lake Chelan School District	176	89	17	48	22	$605.31	$719.09	$703.29	$716.29	$656.89	1.183
Lake Quinault School District	32	17	6	8	1	$679.41	$1,002.86	$657.14	$1,969.70	$774.81	2.899
Lake Stevens School District	720	426	51	164	79	$674.94	$952.65	$769.09	$1,069.24	$759.32	1.584
Lake Washington School District	2,279	1,406	158	477	238	$652.91	$742.15	$680.94	$803.63	$680.70	1.231
Lakewood School District	198	103	19	48	28	$666.95	$804.45	$701.26	$900.17	$721.44	1.350
Lamont School District	9	6	1	1	1	$675.77	$573.84	$303.73	$617.92	$616.68	0.914
Liberty School District	57	28	7	14	8	$665.60	$636.84	$712.00	$690.36	$676.94	1.037
Lind School District	32	16	2	7	7	$644.02	$705.33	$833.78	$926.09	$751.07	1.438
Longview School District	705	399	73	175	58	$698.91	$796.56	$727.30	$800.37	$724.42	1.145
Loon Lake School District	26	20	0	6	0	$722.96	n/a	$536.75	n/a	$679.99	n/a
Lopez School District	44	24	9	5	6	$495.88	$626.31	$649.87	$810.81	$583.00	1.635
Lyle School District	22	18	2	1	1	$631.37	$1,360.61	$895.48	$1,804.64	$763.00	2.858
Lynden School District	310	170	32	66	42	$580.64	$746.56	$685.65	$786.29	$647.99	1.354
Mabton School District	107	58	9	32	8	$617.67	$699.02	$711.96	$701.84	$659.00	1.136
Mansfield School District	23	5	2	4	12	$713.92	$708.08	$753.00	$728.43	$727.78	1.020
Manson School District	93	46	11	25	11	$631.71	$825.32	$733.39	$734.48	$694.10	1.163
Mary M Knight School District	21	9	4	5	3	$653.28	$664.41	$1,025.33	$1,450.50	$857.87	2.220
Mary Walker School District	29	20	6	3	0	$626.85	$793.86	$689.66	n/a	$667.90	n/a
Marysville School District	1,026	563	97	269	97	$747.22	$846.63	$782.70	$875.72	$778.07	1.172
McCleary School District	29	17	1	8	3	$674.73	$810.17	$687.12	$1,146.49	$731.62	1.699
Mead School District	980	499	95	235	151	$634.98	$809.41	$690.47	$754.83	$683.66	1.189
Medical Lake School District	179	99	12	47	21	$651.32	$960.24	$734.06	$916.91	$724.91	1.408
Mercer Island School District	353	201	40	83	29	$626.89	$845.17	$700.15	$814.34	$684.25	1.299
Meridian School District	179	102	21	37	19	$618.83	$739.85	$714.01	$849.39	$677.17	1.373
Methow Valley School District	84	38	16	7	23	$881.70	$923.92	$928.48	$1,020.04	$931.52	1.157
Mill A School District	5	2	0	0	3	$687.30	n/a	n/a	$891.83	$810.02	1.298
Monroe School District	561	323	57	125	56	$677.75	$857.97	$747.59	$830.45	$726.86	1.225
Montesano School District	129	65	10	37	17	$647.86	$1,071.64	$750.99	$1,151.68	$776.68	1.778
Morton School District	35	23	3	7	2	$678.30	$768.41	$795.95	$463.49	$697.28	0.683

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A17a
Summary of District Monthly Contributions by District with Composite Cost By District — All Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Moses Lake School District	818	432	75	246	65	$705.03	$816.78	$742.57	$704.99	$726.56	1.000
Mossyrock School District	61	24	2	6	29	$647.60	$819.55	$816.53	$556.85	$626.71	0.860
Mount Adams School District	137	90	11	29	7	$640.97	$674.21	$633.75	$635.26	$641.82	0.991
Mount Baker School District	236	129	40	37	30	$618.10	$818.22	$784.81	$890.51	$712.78	1.441
Mount Pleasant School District	7	5	1	1	0	$594.60	$1,448.93	$1,372.97	n/a	$827.84	n/a
Mount Vernon School District	753	455	69	154	75	$661.70	$721.40	$709.68	$786.45	$689.41	1.189
Mukilteo School District	1,360	832	104	299	125	$699.31	$824.89	$786.14	$939.79	$750.11	1.344
Naches Valley School District	129	74	15	28	12	$613.11	$738.57	$654.56	$704.21	$645.17	1.149
Napavine School District	81	44	5	23	9	$596.16	$739.48	$666.93	$679.27	$634.34	1.139
Naselle-Grays River Valley School District	43	15	8	10	10	$723.49	$1,256.62	$884.32	$1,157.93	$961.11	1.600
Nespelem School District	23	12	4	7	0	$585.17	$796.33	$783.94	n/a	$682.39	n/a
Newport School District	118	68	10	30	10	$554.31	$596.75	$595.27	$615.89	$573.53	1.111
Nine Mile Falls School District	133	43	21	11	58	$628.69	$851.91	$772.56	$741.26	$724.93	1.179
Nooksack Valley School District	201	105	23	42	31	$617.70	$825.78	$772.27	$860.33	$711.23	1.393
North Beach School District	90	55	15	10	10	$666.60	$891.77	$695.30	$962.07	$740.15	1.443
North Franklin School District	238	114	35	47	42	$579.04	$856.53	$680.49	$959.21	$706.97	1.657
North Kitsap School District	581	331	63	126	61	$694.92	$778.67	$713.15	$689.72	$707.41	0.993
North Mason School District	195	120	15	43	17	$710.69	$836.96	$803.74	$791.76	$747.99	1.114
North River School District	18	15	1	0	2	$589.69	$661.80	n/a	$661.80	$601.71	1.122
North Thurston Public Schools	1,350	703	116	415	116	$593.21	$721.84	$659.52	$786.88	$641.29	1.326
Northport School District	37	18	8	3	8	$917.91	$942.90	$1,023.33	$1,049.48	$960.31	1.143
Northshore School District	2,005	1,087	229	436	253	$587.79	$750.98	$698.11	$853.13	$663.90	1.451
Oak Harbor School District	490	258	62	105	65	$764.49	$1,098.29	$878.89	$990.72	$861.25	1.296
Oakesdale School District	21	4	4	6	7	$755.63	$719.06	$780.00	$766.07	$759.11	1.014
Oakville School District	38	22	1	13	2	$643.58	$788.82	$771.14	$957.17	$707.54	1.487
Ocean Beach School District	119	69	15	25	10	$649.65	$786.40	$768.39	$722.16	$697.93	1.112
Ocosta School District	79	47	6	20	6	$656.32	$833.73	$695.95	$765.31	$688.11	1.166
Odessa School District	39	16	7	13	3	$633.10	$679.15	$654.43	$737.38	$656.50	1.165
Okanogan School District	125	77	9	30	9	$621.15	$795.33	$729.13	$840.90	$675.43	1.354
Olympia School District	821	476	69	198	78	$630.38	$752.26	$678.59	$702.27	$659.08	1.114
Omak School District	327	181	24	92	30	$635.15	$750.92	$712.57	$754.70	$676.40	1.188
Onalaska School District	89	48	10	21	10	$602.53	$813.85	$737.55	$770.34	$676.99	1.279
Onion Creek School District	9	2	4	1	2	$780.00	$780.00	$780.00	$780.00	$780.00	1.000
Orcas Island School District	83	34	16	20	13	$524.84	$603.30	$588.50	$622.37	$570.58	1.186
Orchard Prairie School District	8	6	0	1	1	$736.74	n/a	$848.02	$848.02	$764.56	1.151
Orient School District	12	7	2	0	3	$6,053.62	$8,096.82	n/a	$7,680.00	$6,800.75	1.269

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A17a
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Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Orondo School District	29	17	4	5	3	$596.27	$820.71	$681.56	$772.85	$660.20	1.296
Oroville School District	69	38	8	14	9	$631.02	$986.88	$957.32	$1,527.05	$855.36	2.420
Orting School District	192	92	31	38	31	$739.55	$857.04	$752.48	$799.38	$770.74	1.081
Othello School District	412	224	35	111	42	$590.26	$719.91	$645.50	$988.50	$656.75	1.675
Palisades School District	7	2	2	1	2	$840.00	$840.00	$840.00	$840.00	$840.00	1.000
Palouse School District	23	7	8	6	2	$591.91	$577.85	$645.10	$1,057.22	$641.35	1.786
Pasco School District	1,880	1,117	106	478	179	$662.53	$794.44	$764.51	$950.10	$723.28	1.434
Pateros School District	40	25	4	8	3	$619.74	$780.00	$756.84	$780.00	$675.21	1.259
Paterson School District	21	5	2	3	11	$644.31	$1,686.70	$758.44	$344.04	$602.61	0.534
Pe Ell School District	43	28	2	8	5	$574.24	$584.00	$708.65	$1,108.88	$661.87	1.931
Peninsula School District	772	457	72	183	60	$629.75	$755.65	$696.62	$814.50	$671.70	1.293
Pioneer School District	91	60	8	15	8	$601.06	$636.67	$665.13	$689.44	$622.52	1.147
Pomeroy School District	38	12	5	9	12	$614.56	$877.89	$644.05	$1,020.45	$784.37	1.660
Port Angeles School District	410	221	45	100	44	$627.01	$676.19	$678.52	$700.16	$652.82	1.117
Port Townsend School District	135	69	24	24	18	$663.40	$899.35	$766.73	$852.09	$748.88	1.284
Prescott School District	42	23	6	13	0	$617.35	$613.89	$659.87	n/a	$630.02	n/a
Prosser School District	308	151	20	97	40	$669.66	$809.08	$756.86	$983.33	$746.91	1.468
Pullman School District	236	144	12	60	20	$656.26	$862.45	$748.15	$844.87	$706.09	1.287
Puyallup School District	1,683	1,061	120	285	217	$642.85	$646.38	$609.51	$789.12	$656.31	1.228
Queets-Clearwater School District	9	6	0	3	0	$602.22	n/a	$679.63	n/a	$628.02	n/a
Quilcene School District	18	13	1	4	0	$726.29	$720.77	$675.84	n/a	$714.77	n/a
Quillayute Valley School District	166	109	16	33	8	$627.24	$734.11	$694.17	$695.13	$654.12	1.108
Quincy School District	277	153	19	62	43	$745.42	$875.84	$821.39	$1,040.88	$817.23	1.396
Rainier School District	83	48	12	16	7	$679.07	$916.47	$730.75	$689.08	$724.20	1.015
Raymond School District	76	43	6	25	2	$709.81	$732.06	$713.08	$736.74	$713.35	1.038
Reardan-Edwall School District	62	36	7	14	5	$609.17	$895.57	$669.93	$901.30	$678.78	1.480
Renton School District	1,493	931	115	327	120	$651.82	$768.87	$729.63	$754.40	$686.12	1.157
Republic School District	39	18	8	7	6	$527.91	$771.82	$548.75	$954.78	$647.35	1.809
Richland School District	1,086	648	53	271	114	$639.06	$679.09	$669.18	$666.19	$651.37	1.042
Ridgefield School District	150	57	26	45	22	$665.52	$759.20	$682.59	$838.20	$712.21	1.259
Ritzville School District	53	11	9	11	22	$840.00	$802.67	$824.73	$805.27	$816.08	0.959
Riverside School District	125	73	17	25	10	$652.48	$704.79	$687.80	$690.04	$669.66	1.058
Riverview School District	285	162	26	61	36	$583.55	$581.19	$591.74	$698.36	$599.59	1.197
Rochester School District	213	93	24	69	27	$619.63	$801.64	$739.77	$898.61	$714.42	1.450
Roosevelt School District	5	5	0	0	0	$837.75	n/a	n/a	n/a	$837.75	n/a
Rosalia School District	34	16	10	3	5	$578.99	$613.27	$649.35	$639.49	$604.18	1.104

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K–12 School District Data Collection Project
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		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Royal School District	190	120	15	38	17	$605.25	$777.96	$672.35	$688.78	$639.78	1.138
San Juan Island School District	68	32	11	14	11	$564.39	$754.66	$698.18	$638.68	$634.73	1.132
Satsop School District	7	5	0	1	1	$627.90	n/a	$885.77	$406.95	$633.17	0.648
Seattle Public Schools	5,710	3,413	502	1,257	538	$693.43	$696.33	$687.78	$679.50	$691.13	0.980
Sedro-Woolley School District	457	269	42	104	42	$652.10	$768.07	$733.40	$800.81	$694.92	1.228
Selah School District	376	215	35	102	24	$601.04	$652.75	$643.89	$751.21	$627.06	1.250
Selkirk School District	30	15	7	2	6	$815.41	$934.65	$713.80	$891.32	$851.64	1.093
Sequim School District	227	106	23	58	40	$559.15	$837.88	$662.32	$1,022.92	$695.47	1.829
Shaw Island School District	3	2	0	0	1	$580.40	n/a	n/a	$800.66	$653.82	1.379
Shelton School District	512	333	51	99	29	$639.09	$753.80	$704.76	$762.66	$670.21	1.193
Shoreline School District	886	497	79	192	118	$647.24	$789.83	$692.92	$775.47	$686.93	1.198
Skamania School District	10	5	1	3	1	$627.48	$484.64	$523.31	$758.71	$595.07	1.209
Skykomish School District	4	4	0	0	0	$741.49	n/a	n/a	n/a	$741.49	n/a
Snohomish School District	852	403	80	244	125	$677.62	$839.13	$806.09	$823.05	$750.91	1.215
Snoqualmie Valley School District	528	312	40	113	63	$666.63	$782.42	$739.10	$804.31	$707.34	1.207
Soap Lake School District	19	12	1	5	1	$717.50	$676.04	$707.78	$0.00	$675.00	0.000
South Bend School District	84	45	4	24	11	$628.76	$703.91	$747.29	$715.66	$677.58	1.138
South Kitsap School District	823	487	78	190	68	$680.99	$933.31	$758.98	$879.97	$739.35	1.292
South Whidbey School District	160	87	16	35	22	$640.83	$770.94	$715.59	$753.81	$685.73	1.176
Southside School District	15	6	2	6	1	$559.40	$592.03	$570.28	$559.40	$568.10	1.000
Spokane School District	3,108	1,568	293	721	526	$634.16	$840.51	$677.90	$930.55	$713.92	1.467
Sprague School District	18	12	2	2	2	$605.10	$1,370.05	$626.05	$639.24	$696.21	1.056
St. John School District	26	8	4	8	6	$6,207.25	$5,504.78	$6,887.61	$6,370.00	$6,346.08	1.026
Stanwood-Camano School District	416	226	42	89	59	$696.01	$856.33	$715.99	$945.38	$751.84	1.358
Star School District	6	2	0	1	3	$6,344.00	n/a	$9,023.00	$7,732.67	$7,484.83	1.219
Starbuck School District	4	4	0	0	0	$749.70	n/a	n/a	n/a	$749.70	n/a
Stehekin School District	1	0	1	0	0	n/a	$1,882.45	n/a	n/a	$1,882.45	n/a
Steilacoom Hist. School District	236	138	15	59	24	$719.35	$850.03	$799.64	$856.57	$761.68	1.191
Steptoe School District	8	2	3	1	2	$705.90	$600.00	$511.88	$780.00	$660.46	1.105
Stevenson-Carson School District	96	55	18	5	18	$682.57	$1,122.53	$871.97	$1,238.98	$879.25	1.815
Sultan School District	178	95	12	40	31	$709.08	$848.14	$793.37	$839.70	$760.14	1.184
Summit Valley School District	10	6	1	3	0	$659.07	$702.00	$780.00	n/a	$699.64	n/a
Sumner School District	876	440	72	245	119	$547.09	$778.86	$674.75	$866.02	$645.17	1.583
Sunnyside School District	732	439	46	215	32	$606.82	$712.34	$670.67	$699.93	$636.27	1.153
Tacoma School District	2,757	1,176	506	565	510	$700.89	$1,293.23	$940.63	$1,537.69	$1,013.53	2.194
Taholah School District	24	14	2	5	3	$639.72	$635.07	$740.19	$635.07	$659.68	0.993

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K–12 School District Data Collection Project
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		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Tahoma School District	683	357	39	204	83	$678.52	$727.98	$712.32	$726.97	$697.33	1.071
Tekoa School District	27	10	2	8	7	$587.36	$791.55	$590.86	$904.54	$685.75	1.540
Tenino School District	128	69	18	30	11	$420.17	$643.48	$514.41	$609.37	$489.92	1.450
Thorp School District	20	12	3	5	0	$621.23	$722.04	$613.94	n/a	$634.53	n/a
Toledo School District	62	33	5	16	8	$521.91	$679.62	$635.07	$677.84	$583.95	1.299
Tonasket School District	125	63	17	22	23	$610.54	$811.24	$709.08	$1,128.23	$750.43	1.848
Toppenish School District	435	247	55	96	37	$693.48	$960.38	$731.45	$1,265.42	$784.25	1.825
Touchet School District	30	18	4	6	2	$503.75	$610.41	$665.10	$502.24	$550.14	0.997
Toutle Lake School District	69	36	7	16	10	$592.82	$711.67	$642.83	$661.09	$626.37	1.115
Trout Lake School District	20	10	6	2	2	$682.43	$1,072.96	$721.47	$808.66	$816.12	1.185
Tukwila School District	301	202	16	59	24	$682.53	$715.20	$739.70	$729.31	$699.20	1.069
Tumwater School District	640	379	41	172	48	$657.01	$710.94	$702.19	$757.02	$680.11	1.152
Union Gap School District	74	42	11	17	4	$698.13	$787.25	$758.80	$842.05	$733.09	1.206
University Place School District	471	278	32	115	46	$662.08	$777.10	$746.86	$743.73	$698.57	1.123
Valley School District	89	48	14	14	13	$612.17	$800.51	$703.10	$828.35	$687.68	1.353
Vancouver School District	2,315	1,323	182	612	198	$670.98	$753.08	$714.25	$722.86	$693.31	1.077
Vashon Island School District	151	75	15	32	29	$659.74	$879.49	$690.47	$764.30	$708.17	1.158
Wahkiakum School District	39	9	10	5	15	$891.19	$955.09	$972.00	$947.51	$939.59	1.063
Wahluke School District	250	155	21	47	27	$632.27	$824.58	$744.51	$736.75	$680.81	1.165
Waitsburg School District	36	21	4	10	1	$584.27	$641.04	$613.78	$651.45	$600.64	1.115
Walla Walla Public Schools	729	403	61	202	63	$652.79	$747.74	$746.86	$756.30	$695.75	1.159
Wapato School District	381	218	23	115	25	$637.53	$1,011.85	$676.33	$1,274.57	$713.64	1.999
Warden School District	124	60	20	16	28	$800.43	$760.27	$747.40	$773.58	$781.05	0.966
Washougal School District	293	207	32	33	21	$686.70	$769.19	$720.07	$721.73	$701.97	1.051
Washtucna School District	17	10	3	2	2	$689.29	$781.66	$587.12	$633.65	$687.02	0.919
Waterville School District	36	16	3	13	4	$622.15	$721.41	$712.48	$812.39	$684.18	1.306
Wellpinit School District	71	24	18	18	11	$573.30	$661.39	$587.57	$690.05	$617.34	1.204
Wenatchee School District	850	487	64	223	76	$642.56	$735.58	$703.86	$710.30	$671.70	1.105
West Valley School District (Spokane)	408	226	44	94	44	$683.61	$1,063.36	$833.94	$1,086.30	$802.62	1.589
West Valley School District (Yakima)	473	223	42	148	60	$654.89	$735.35	$691.62	$774.53	$688.70	1.183
White Pass School District	53	35	4	10	4	$606.21	$885.91	$639.92	$855.55	$652.50	1.411
White River School District	342	205	27	72	38	$659.39	$847.93	$727.01	$801.28	$704.28	1.215
White Salmon Valley School District	116	76	18	5	17	$625.31	$836.74	$671.85	$988.24	$713.32	1.580
Wilbur School District	45	15	15	9	6	$731.47	$737.77	$704.89	$762.67	$732.41	1.043
Willapa Valley School District	43	32	2	3	6	$643.48	$622.65	$656.76	$1,388.42	$747.38	2.158
Wilson Creek School District	30	18	1	7	4	$651.02	$676.03	$760.56	$677.31	$680.92	1.040

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A17a
Summary of District Monthly Contributions by District with Composite Cost By District — All Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Winlock School District	76	39	13	11	13	$600.72	$729.06	$707.94	$712.14	$657.25	1.185
Wishkah Valley School District	21	14	1	6	0	$645.44	$873.83	$820.56	n/a	$706.35	n/a
Wishram School District	19	10	4	0	5	$476.82	$900.20	n/a	$1,086.97	$726.52	2.280
Woodland School District	277	177	15	64	21	$962.54	$1,148.69	$939.75	$981.46	$968.79	1.020
Yakima School District	1,793	955	140	569	129	$781.56	$872.76	$856.15	$921.82	$822.44	1.179
Yelm School District	518	300	47	121	50	$695.11	$838.68	$810.83	$1,034.24	$767.90	1.488
Zillah School District	136	73	10	41	12	$616.08	$630.38	$690.68	$772.91	$653.46	1.255
Low	**1**	**0**	**0**	**0**	**0**	**$50.73**	**$0.00**	**$126.57**	**$0.00**	**$115.65**	**0.000**
High	**5,710**	**3,413**	**506**	**1,257**	**538**	**$9,122.17**	**$8,182.49**	**$9,534.00**	**$7,732.67**	**$9,049.68**	**0.848**
Grand Total/Average	**104,456**	**58,669**	**9,731**	**24,371**	**11,685**	**$665.14**	**$833.06**	**$729.35**	**$880.61**	**$719.87**	**1.324**

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A17b
Summary of District Monthly Contributions by District with Composite Cost By District — Full-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Aberdeen School District	391	248	28	95	20	$677.50	$723.09	$711.63	$704.29	$690.43	1.040
Adna School District	30	13	5	7	5	$600.17	$633.40	$633.40	$633.40	$619.00	1.055
Almira School District	14	1	7	3	3	$780.00	$780.00	$880.33	$780.00	$801.50	1.000
Anacortes School District	233	115	27	48	43	$668.73	$799.05	$731.16	$828.89	$726.25	1.239
Arlington School District	513	239	55	137	82	$670.77	$725.80	$728.91	$754.13	$705.52	1.124
Asotin-Anatone School District	62	5	11	2	44	$780.00	$776.31	$780.00	$821.34	$808.68	1.053
Auburn School District	1,168	636	113	272	147	$683.71	$814.89	$731.81	$885.17	$732.96	1.295
Bainbridge Island School District	378	203	31	95	49	$682.50	$751.32	$734.33	$763.21	$711.63	1.118
Battle Ground School District	950	457	109	230	154	$683.63	$797.65	$687.50	$805.59	$717.42	1.178
Bellevue School District	1,682	902	157	396	227	$658.27	$758.27	$725.62	$764.53	$697.80	1.161
Bellingham School District	900	454	97	232	117	$634.76	$691.06	$687.70	$692.80	$662.02	1.091
Benge School District	4	1	1	0	2	$934.00	$1,018.00	n/a	$1,018.00	$997.00	1.090
Bethel School District	1,540	939	142	313	146	$714.65	$923.79	$795.05	$999.44	$777.28	1.398
Bickleton School District	11	0	5	0	6	n/a	$1,176.28	n/a	$1,343.88	$1,267.70	n/a
Blaine School District	178	75	28	41	34	$707.27	$881.74	$861.27	$948.14	$816.20	1.341
Boistfort School District	14	11	2	0	1	$549.27	$1,129.30	n/a	$876.26	$655.48	1.595
Bremerton School District	494	322	45	99	28	$748.81	$841.44	$782.35	$804.30	$767.12	1.074
Brewster School District	125	78	14	26	7	$588.94	$690.56	$663.45	$876.19	$631.91	1.488
Bridgeport School District	88	55	0	24	9	$549.34	n/a	$616.45	$614.61	$574.32	1.119
Brinnon School District	11	6	2	2	1	$594.35	$883.71	$626.33	$656.96	$658.47	1.105
Burlington-Edison School District	277	130	28	88	31	$691.57	$776.42	$754.78	$774.50	$729.51	1.120
Camas School District	133	60	19	34	20	$648.87	$772.44	$681.54	$808.44	$698.87	1.246
Cape Flattery School District	79	57	2	18	2	$654.98	$1,330.99	$684.00	$596.66	$677.23	0.911
Carbonado School District	20	15	1	2	2	$753.98	$832.05	$800.95	$832.05	$770.39	1.104
Cascade School District	130	65	17	31	17	$576.69	$742.96	$659.71	$678.94	$631.60	1.177
Cashmere School District	129	43	22	25	39	$794.15	$785.52	$777.89	$771.44	$782.66	0.971
Castle Rock School District	98	51	9	30	8	$706.59	$834.15	$791.04	$809.42	$752.55	1.146
Centerville School District	8	2	1	4	1	$646.24	$1,380.33	$810.37	$593.12	$813.42	0.918
Central Kitsap School District	933	490	108	215	120	$649.70	$786.02	$674.92	$884.53	$701.49	1.361
Central Valley School District	1,106	572	84	352	98	$662.89	$722.26	$699.57	$738.09	$685.73	1.113
Centralia School District	377	211	34	103	29	$50.73	$278.74	$126.57	$358.04	$115.65	7.058
Chehalis School District	234	122	19	68	25	$623.68	$727.31	$712.04	$718.26	$667.87	1.152
Cheney School District	478	286	32	118	42	$583.04	$829.15	$685.48	$805.81	$644.38	1.382
Chewelah School District	91	52	11	21	7	$556.64	$783.43	$687.32	$785.19	$631.79	1.411
Chimacum School District	85	38	13	23	11	$681.91	$732.18	$696.26	$747.72	$702.00	1.097
Clarkston School District	274	142	21	70	41	$686.37	$766.92	$711.09	$754.15	$709.00	1.099

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A17b
Summary of District Monthly Contributions by District with Composite Cost By District — Full-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Cle Elum-Roslyn School District	115	66	10	18	21	$774.35	$858.10	$797.19	$918.38	$811.51	1.186
Clover Park School District	1,192	764	75	262	91	$789.53	$855.13	$811.69	$820.04	$800.86	1.039
Colfax School District	52	27	9	11	5	$732.65	$905.77	$806.67	$901.72	$794.53	1.231
College Place School District	97	51	7	25	14	$624.47	$666.28	$645.07	$652.19	$636.80	1.044
Colton School District	19	11	0	5	3	$698.88	n/a	$686.17	$585.99	$677.71	0.838
Columbia (Stevens) School District	17	4	8	3	2	$518.65	$809.03	$657.23	$832.61	$716.69	1.605
Columbia (Walla Walla) School District	87	51	7	18	11	$681.25	$1,093.19	$764.94	$1,181.10	$794.91	1.734
Colville School District	167	97	16	41	13	$609.93	$667.17	$673.19	$670.80	$635.68	1.100
Concrete School District	56	37	4	10	5	$581.56	$971.77	$706.75	$717.45	$643.92	1.234
Conway School District	43	22	9	8	4	$652.80	$710.61	$718.38	$709.40	$682.36	1.087
Cosmopolis School District	20	13	1	4	2	$626.04	$712.06	$642.06	$550.69	$626.01	0.880
Coulee-Hartline School District	33	13	6	4	10	$798.00	$840.00	$840.00	$825.51	$819.06	1.034
Coupeville School District	91	56	16	7	12	$617.92	$945.49	$653.70	$856.45	$709.72	1.386
Crescent School District	29	12	4	10	3	$681.80	$799.31	$722.54	$754.59	$719.58	1.107
Creston School District	26	14	0	5	7	$745.09	n/a	$756.27	$882.29	$784.18	1.184
Curlew School District	29	18	5	2	4	$615.49	$785.97	$592.99	$1,147.77	$716.75	1.865
Cusick School District	27	14	6	3	4	$804.92	$882.54	$843.80	$814.58	$827.92	1.012
Damman School District	3	2	1	0	0	$680.20	$0.00	n/a	n/a	$453.47	n/a
Darrington School District	57	15	14	14	14	$834.63	$803.34	$833.11	$851.18	$830.63	1.020
Davenport School District	76	34	7	25	10	$163.26	$574.24	$281.79	$845.40	$329.86	5.178
Dayton School District	36	17	2	7	10	$598.36	$601.54	$707.44	$649.14	$633.85	1.085
Deer Park School District	175	84	13	58	20	$655.92	$766.57	$703.26	$773.45	$693.26	1.179
Dieringer School District	150	72	16	38	24	$640.75	$788.30	$705.95	$926.67	$718.75	1.446
Dixie School District	6	4	0	2	0	$652.60	n/a	$971.27	n/a	$758.82	n/a
East Valley School District (Spokane)	474	285	41	106	42	$773.10	$853.24	$817.15	$811.29	$793.27	1.049
East Valley School District (Yakima)	302	150	28	85	39	$648.56	$785.53	$618.71	$1,006.81	$699.12	1.552
Eastmont School District	516	275	42	152	47	$683.29	$908.10	$784.97	$902.73	$751.53	1.321
Easton School District	21	6	4	8	3	$780.00	$780.00	$780.00	$780.00	$780.00	1.000
Eatonville School District	151	69	13	50	19	$638.71	$801.30	$857.72	$885.08	$756.23	1.386
Edmonds School District	1,928	1,043	179	477	229	$715.79	$831.53	$764.53	$813.04	$750.15	1.136
Ellensburg School District	244	126	25	72	21	$653.00	$730.85	$693.50	$724.53	$679.09	1.110
Elma School District	109	61	10	22	16	$775.02	$907.44	$789.02	$814.00	$795.71	1.050
Endicott School District	23	8	2	7	6	$690.84	$780.00	$888.56	$971.09	$831.87	1.406
Entiat School District	34	10	5	11	8	$755.61	$780.00	$804.14	$782.07	$781.12	1.035
Enumclaw School District	387	228	28	81	50	$657.46	$957.09	$743.58	$903.20	$728.91	1.374
Ephrata School District	236	109	23	64	40	$53.51	$406.58	$182.26	$489.77	$196.78	9.153

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A17b
Summary of District Monthly Contributions by District with Composite Cost By District — Full-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Evaline School District	5	3	0	1	1	$501.07	n/a	$768.00	$580.40	$570.32	1.158
Everett School District	1,388	564	229	272	323	$706.43	$1,330.91	$964.79	$1,536.99	$1,053.37	2.176
Evergreen School District (Clark)	486	211	81	104	90	$645.65	$881.42	$701.80	$1,148.96	$790.17	1.780
Evergreen School District (Stevens)	4	4	0	0	0	$578.86	n/a	n/a	n/a	$578.86	n/a
Federal Way School District	1,873	1,242	109	383	139	$673.52	$734.51	$715.58	$716.81	$688.88	1.064
Ferndale School District	478	249	52	108	69	$626.42	$848.23	$742.61	$880.16	$713.43	1.405
Fife School District	253	133	20	81	19	$662.94	$825.08	$710.49	$738.57	$696.66	1.114
Finley School District	77	38	10	19	10	$658.48	$819.61	$685.84	$708.38	$692.64	1.076
Franklin Pierce School District	865	554	72	161	78	$663.31	$726.78	$724.18	$800.45	$692.29	1.207
Freeman School District	86	39	10	27	10	$622.58	$782.70	$694.20	$767.18	$680.50	1.232
Garfield School District	20	11	2	4	3	$554.69	$635.59	$607.15	$609.68	$581.52	1.099
Glenwood School District	14	12	1	1	0	$629.81	$66.69	$279.46	n/a	$564.57	n/a
Goldendale School District	95	55	17	7	16	$636.95	$868.44	$838.38	$934.71	$743.37	1.467
Grand Coulee Dam School District	100	60	4	27	9	$618.12	$780.25	$678.36	$709.48	$649.09	1.148
Grandview School District	362	193	32	100	37	$626.45	$982.33	$753.42	$1,168.97	$748.43	1.866
Granger School District	136	62	14	41	19	$646.16	$1,042.33	$726.36	$1,528.48	$834.38	2.365
Granite Falls School District	153	76	14	37	26	$721.78	$987.99	$783.74	$1,169.35	$837.18	1.620
Grapeview School District	19	10	3	5	1	$630.54	$909.00	$808.08	$586.06	$718.89	0.929
Great Northern School District	3	3	0	0	0	$9,049.68	n/a	n/a	n/a	$9,049.68	n/a
Green Mountain School District	12	6	1	2	3	$736.71	$1,043.51	$762.15	$1,155.23	$871.15	1.568
Griffin School District	73	36	11	17	9	$639.76	$760.96	$701.43	$761.90	$687.44	1.191
Harrington School District	27	9	5	3	10	$625.28	$517.22	$779.43	$780.88	$680.03	1.249
Highland School District	91	47	13	19	12	$636.80	$714.68	$681.58	$657.65	$660.02	1.033
Highline School District	1,801	1,229	112	346	114	$700.21	$743.91	$744.61	$723.96	$712.96	1.034
Hockinson School District	141	65	17	39	20	$735.06	$999.95	$975.82	$1,027.39	$875.06	1.398
Hood Canal School District	41	26	6	9	0	$711.41	$1,104.87	$967.75	n/a	$825.26	n/a
Hoquiam School District	137	86	10	34	7	$790.40	$924.59	$864.84	$1,153.15	$837.20	1.459
Inchelium School District	35	22	5	6	2	$9,122.17	$8,182.49	$9,534.00	$5,579.40	$8,856.09	0.612
Index School District	5	4	0	1	0	$565.06	n/a	$575.66	n/a	$567.18	n/a
Issaquah School District	1,768	1,096	124	392	156	$634.79	$735.05	$704.66	$760.35	$668.39	1.198
Kahlotus School District	17	9	1	1	6	$775.31	$796.98	$796.98	$806.16	$788.75	1.040
Kalama School District	58	24	8	12	14	$716.40	$775.41	$763.84	$803.54	$755.39	1.122
Keller School District	10	8	0	1	1	$666.48	n/a	$760.70	$488.60	$658.12	0.733
Kelso School District	347	189	33	87	38	$677.14	$828.72	$713.52	$738.53	$707.40	1.091
Kennewick School District	1,256	595	131	336	194	$656.87	$861.96	$767.14	$943.52	$752.04	1.436
Kent School District	2,685	1,663	198	598	226	$694.13	$824.20	$777.97	$826.60	$733.55	1.191

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A17b
Summary of District Monthly Contributions by District with Composite Cost By District — Full-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Kettle Falls School District	64	29	10	12	13	$645.50	$840.39	$662.47	$1,048.13	$760.92	1.624
Kiona-Benton City School District	138	67	11	52	8	$661.77	$734.02	$723.88	$701.12	$693.22	1.059
Kittitas School District	74	25	15	12	22	$840.00	$840.00	$770.00	$840.00	$828.65	1.000
Klickitat School District	13	9	3	1	0	$623.80	$1,156.78	$577.72	n/a	$743.25	n/a
La Center School District	98	46	17	15	20	$700.51	$835.03	$766.27	$947.98	$784.41	1.353
La Conner School District	84	39	10	17	18	$761.67	$840.54	$838.89	$961.32	$829.47	1.262
LaCrosse School District	25	12	5	5	3	$571.53	$678.53	$581.09	$524.41	$589.19	0.918
Lake Chelan School District	176	89	17	48	22	$605.31	$719.09	$703.29	$716.29	$656.89	1.183
Lake Quinault School District	32	17	6	8	1	$679.41	$1,002.86	$657.14	$1,969.70	$774.81	2.899
Lake Stevens School District	719	425	51	164	79	$674.48	$952.65	$769.09	$1,069.24	$759.17	1.585
Lake Washington School District	2,279	1,406	158	477	238	$652.91	$742.15	$680.94	$803.63	$680.70	1.231
Lakewood School District	149	73	18	36	22	$681.75	$833.85	$724.28	$971.50	$753.18	1.425
Lamont School District	9	6	1	1	1	$675.77	$573.84	$303.73	$617.92	$616.68	0.914
Liberty School District	57	28	7	14	8	$665.60	$636.84	$712.00	$690.36	$676.94	1.037
Lind School District	32	16	2	7	7	$644.02	$705.33	$833.78	$926.09	$751.07	1.438
Longview School District	547	284	65	146	52	$693.98	$787.01	$713.91	$796.02	$720.05	1.147
Loon Lake School District	26	20	0	6	0	$722.96	n/a	$536.75	n/a	$679.99	n/a
Lopez School District	44	24	9	5	6	$495.88	$626.31	$649.87	$810.81	$583.00	1.635
Lyle School District	22	18	2	1	1	$631.37	$1,360.61	$895.48	$1,804.64	$763.00	2.858
Lynden School District	310	170	32	66	42	$580.64	$746.56	$685.65	$786.29	$647.99	1.354
Mabton School District	87	41	8	30	8	$661.90	$708.06	$726.36	$701.84	$692.05	1.060
Mansfield School District	19	4	1	4	10	$758.00	$748.00	$753.00	$752.00	$753.26	0.992
Manson School District	93	46	11	25	11	$631.71	$825.32	$733.39	$734.48	$694.10	1.163
Mary M Knight School District	21	9	4	5	3	$653.28	$664.41	$1,025.33	$1,450.50	$857.87	2.220
Mary Walker School District	29	20	6	3	0	$626.85	$793.86	$689.66	n/a	$667.90	n/a
Marysville School District	1,025	562	97	269	97	$747.61	$846.63	$782.70	$875.72	$778.31	1.171
McCleary School District	29	17	1	8	3	$674.73	$810.17	$687.12	$1,146.49	$731.62	1.699
Mead School District	722	332	76	187	127	$668.80	$827.50	$713.60	$767.08	$714.40	1.147
Medical Lake School District	138	70	8	41	19	$657.89	$910.96	$724.30	$902.13	$725.92	1.371
Mercer Island School District	309	168	38	76	27	$627.52	$836.41	$701.94	$831.13	$689.31	1.324
Meridian School District	179	102	21	37	19	$618.83	$739.85	$714.01	$849.39	$677.17	1.373
Methow Valley School District	61	25	12	6	18	$886.72	$926.44	$922.72	$1,018.40	$936.93	1.148
Mill A School District	5	2	0	0	3	$687.30	n/a	n/a	$891.83	$810.02	1.298
Monroe School District	432	249	42	98	43	$699.90	$886.65	$755.82	$878.63	$748.53	1.255
Montesano School District	129	65	10	37	17	$647.86	$1,071.64	$750.99	$1,151.68	$776.68	1.778
Morton School District	24	13	3	6	2	$644.31	$768.41	$783.04	$463.49	$679.44	0.719

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A17b
Summary of District Monthly Contributions by District with Composite Cost By District — Full-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Moses Lake School District	816	432	75	245	64	$705.03	$816.78	$742.55	$712.57	$727.16	1.011
Mossyrock School District	61	24	2	6	29	$647.60	$819.55	$816.53	$556.85	$626.71	0.860
Mount Adams School District	137	90	11	29	7	$640.97	$674.21	$633.75	$635.26	$641.82	0.991
Mount Baker School District	236	129	40	37	30	$618.10	$818.22	$784.81	$890.51	$712.78	1.441
Mount Pleasant School District	2	0	1	1	0	n/a	$1,448.93	$1,372.97	n/a	$1,410.95	n/a
Mount Vernon School District	753	455	69	154	75	$661.70	$721.40	$709.68	$786.45	$689.41	1.189
Mukilteo School District	1,035	608	81	233	113	$734.07	$857.69	$809.31	$971.55	$786.61	1.324
Naches Valley School District	129	74	15	28	12	$613.11	$738.57	$654.56	$704.21	$645.17	1.149
Napavine School District	81	44	5	23	9	$596.16	$739.48	$666.93	$679.27	$634.34	1.139
Naselle-Grays River Valley School District	12	3	3	4	2	$800.02	$2,023.00	$1,037.23	$1,837.32	$1,357.72	2.297
Nespelem School District	20	10	4	6	0	$596.22	$796.33	$749.46	n/a	$682.21	n/a
Newport School District	118	68	10	30	10	$554.31	$596.75	$595.27	$615.89	$573.53	1.111
Nine Mile Falls School District	110	30	18	7	55	$654.09	$829.03	$846.17	$749.26	$742.53	1.145
Nooksack Valley School District	194	100	21	42	31	$620.15	$828.73	$772.27	$860.33	$714.04	1.387
North Beach School District	59	32	8	10	9	$721.63	$1,152.95	$695.30	$1,008.33	$819.38	1.397
North Franklin School District	238	114	35	47	42	$579.04	$856.53	$680.49	$959.21	$706.97	1.657
North Kitsap School District	581	331	63	126	61	$694.92	$778.67	$713.15	$689.72	$707.41	0.993
North Mason School District	195	120	15	43	17	$710.69	$836.96	$803.74	$791.76	$747.99	1.114
North River School District	18	15	1	0	2	$589.69	$661.80	n/a	$661.80	$601.71	1.122
North Thurston Public Schools	1,350	703	116	415	116	$593.21	$721.84	$659.52	$786.88	$641.29	1.326
Northport School District	37	18	8	3	8	$917.91	$942.90	$1,023.33	$1,049.48	$960.31	1.143
Northshore School District	2,005	1,087	229	436	253	$587.79	$750.98	$698.11	$853.13	$663.90	1.451
Oak Harbor School District	490	258	62	105	65	$764.49	$1,098.29	$878.89	$990.72	$861.25	1.296
Oakesdale School District	21	4	4	6	7	$755.63	$719.06	$780.00	$766.07	$759.11	1.014
Oakville School District	28	17	0	9	2	$658.00	n/a	$797.91	$957.17	$724.34	1.455
Ocean Beach School District	83	46	10	19	8	$685.38	$848.42	$770.79	$723.60	$728.26	1.056
Ocosta School District	79	47	6	20	6	$656.32	$833.73	$695.95	$765.31	$688.11	1.166
Odessa School District	27	11	4	11	1	$692.93	$779.48	$675.52	$700.40	$698.93	1.011
Okanogan School District	125	77	9	30	9	$621.15	$795.33	$729.13	$840.90	$675.43	1.354
Olympia School District	821	476	69	198	78	$630.38	$752.26	$678.59	$702.27	$659.08	1.114
Omak School District	271	137	22	84	28	$660.05	$756.31	$719.03	$754.67	$695.92	1.143
Onalaska School District	62	30	8	16	8	$609.37	$793.16	$739.98	$752.33	$685.24	1.235
Onion Creek School District	9	2	4	1	2	$780.00	$780.00	$780.00	$780.00	$780.00	1.000
Orcas Island School District	52	22	11	13	6	$564.14	$621.40	$629.01	$791.70	$618.73	1.403
Orchard Prairie School District	8	6	0	1	1	$736.74	n/a	$848.02	$848.02	$764.56	1.151
Orient School District	12	7	2	0	3	$6,053.62	$8,096.82	n/a	$7,680.00	$6,800.75	1.269

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A17b
Summary of District Monthly Contributions by District with Composite Cost By District — Full-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Orondo School District	21	10	4	4	3	$637.26	$820.71	$704.80	$772.85	$704.43	1.213
Oroville School District	69	38	8	14	9	$631.02	$986.88	$957.32	$1,527.05	$855.36	2.420
Orting School District	192	92	31	38	31	$739.55	$857.04	$752.48	$799.38	$770.74	1.081
Othello School District	412	224	35	111	42	$590.26	$719.91	$645.50	$988.50	$656.75	1.675
Palisades School District	5	2	0	1	2	$840.00	n/a	$840.00	$840.00	$840.00	1.000
Palouse School District	23	7	8	6	2	$591.91	$577.85	$645.10	$1,057.22	$641.35	1.786
Pasco School District	1,534	852	92	425	165	$684.31	$801.24	$776.07	$962.69	$746.69	1.407
Pateros School District	30	15	4	8	3	$664.47	$780.00	$756.84	$780.00	$716.06	1.174
Paterson School District	10	3	2	3	2	$758.44	$1,686.70	$758.44	$758.44	$944.09	1.000
Pe Ell School District	43	28	2	8	5	$574.24	$584.00	$708.65	$1,108.88	$661.87	1.931
Peninsula School District	772	457	72	183	60	$629.75	$755.65	$696.62	$814.50	$671.70	1.293
Pioneer School District	91	60	8	15	8	$601.06	$636.67	$665.13	$689.44	$622.52	1.147
Pomeroy School District	31	9	4	9	9	$636.93	$908.81	$644.05	$1,159.26	$825.72	1.820
Port Angeles School District	410	221	45	100	44	$627.01	$676.19	$678.52	$700.16	$652.82	1.117
Port Townsend School District	135	69	24	24	18	$663.40	$899.35	$766.73	$852.09	$748.88	1.284
Prescott School District	42	23	6	13	0	$617.35	$613.89	$659.87	n/a	$630.02	n/a
Prosser School District	308	151	20	97	40	$669.66	$809.08	$756.86	$983.33	$746.91	1.468
Pullman School District	183	101	11	51	20	$687.66	$882.97	$775.10	$844.87	$740.95	1.229
Puyallup School District	1,353	806	94	251	202	$633.71	$640.25	$610.89	$793.57	$653.80	1.252
Queets-Clearwater School District	9	6	0	3	0	$602.22	n/a	$679.63	n/a	$628.02	n/a
Quilcene School District	18	13	1	4	0	$726.29	$720.77	$675.84	n/a	$714.77	n/a
Quillayute Valley School District	161	104	16	33	8	$633.53	$734.11	$694.17	$695.13	$659.01	1.097
Quincy School District	277	153	19	62	43	$745.42	$875.84	$821.39	$1,040.88	$817.23	1.396
Rainier School District	83	48	12	16	7	$679.07	$916.47	$730.75	$689.08	$724.20	1.015
Raymond School District	76	43	6	25	2	$709.81	$732.06	$713.08	$736.74	$713.35	1.038
Reardan-Edwall School District	52	29	6	12	5	$633.02	$917.55	$684.33	$901.30	$703.49	1.424
Renton School District	1,174	712	88	275	99	$662.28	$760.84	$726.24	$739.69	$691.17	1.117
Republic School District	39	18	8	7	6	$527.91	$771.82	$548.75	$954.78	$647.35	1.809
Richland School District	844	485	41	221	97	$660.16	$706.39	$678.42	$676.95	$669.11	1.025
Ridgefield School District	132	49	23	40	20	$676.33	$755.53	$688.82	$863.93	$722.34	1.277
Ritzville School District	42	10	6	9	17	$840.00	$840.00	$840.00	$840.00	$840.00	1.000
Riverside School District	125	73	17	25	10	$652.48	$704.79	$687.80	$690.04	$669.66	1.058
Riverview School District	230	133	18	50	29	$605.56	$653.32	$627.14	$748.84	$632.05	1.237
Rochester School District	213	93	24	69	27	$619.63	$801.64	$739.77	$898.61	$714.42	1.450
Roosevelt School District	1	1	0	0	0	$837.75	n/a	n/a	n/a	$837.75	n/a
Rosalia School District	34	16	10	3	5	$578.99	$613.27	$649.35	$639.49	$604.18	1.104

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A17b
Summary of District Monthly Contributions by District with Composite Cost By District — Full-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Royal School District	190	120	15	38	17	$605.25	$777.96	$672.35	$688.78	$639.78	1.138
San Juan Island School District	68	32	11	14	11	$564.39	$754.66	$698.18	$638.68	$634.73	1.132
Satsop School District	7	5	0	1	1	$627.90	n/a	$885.77	$406.95	$633.17	0.648
Seattle Public Schools	5,361	3,207	480	1,175	499	$708.07	$705.55	$704.08	$699.95	$706.22	0.989
Sedro-Woolley School District	455	267	42	104	42	$653.01	$768.07	$733.40	$800.81	$695.65	1.226
Selah School District	376	215	35	102	24	$601.04	$652.75	$643.89	$751.21	$627.06	1.250
Selkirk School District	30	15	7	2	6	$815.41	$934.65	$713.80	$891.32	$851.64	1.093
Sequim School District	227	106	23	58	40	$559.15	$837.88	$662.32	$1,022.92	$695.47	1.829
Shaw Island School District	2	2	0	0	0	$580.40	n/a	n/a	n/a	$580.40	n/a
Shelton School District	387	231	44	87	25	$658.81	$752.07	$704.89	$750.62	$685.70	1.139
Shoreline School District	885	497	79	191	118	$647.24	$789.83	$692.69	$775.47	$686.87	1.198
Skamania School District	10	5	1	3	1	$627.48	$484.64	$523.31	$758.71	$595.07	1.209
Skykomish School District	4	4	0	0	0	$741.49	n/a	n/a	n/a	$741.49	n/a
Snohomish School District	852	403	80	244	125	$677.62	$839.13	$806.09	$823.05	$750.91	1.215
Snoqualmie Valley School District	528	312	40	113	63	$666.63	$782.42	$739.10	$804.31	$707.34	1.207
Soap Lake School District	15	9	1	5	0	$713.25	$676.04	$707.78	n/a	$708.95	n/a
South Bend School District	84	45	4	24	11	$628.76	$703.91	$747.29	$715.66	$677.58	1.138
South Kitsap School District	681	385	61	173	62	$696.70	$948.39	$764.78	$876.89	$752.94	1.259
South Whidbey School District	114	52	14	28	20	$672.83	$782.26	$734.48	$756.56	$716.10	1.124
Southside School District	15	6	2	6	1	$559.40	$592.03	$570.28	$559.40	$568.10	1.000
Spokane School District	2,582	1,232	249	625	476	$648.62	$840.95	$683.28	$933.04	$727.99	1.439
Sprague School District	9	6	2	0	1	$653.32	$1,370.05	n/a	$643.17	$811.47	0.984
St. John School District	26	8	4	8	6	$6,207.25	$5,504.78	$6,887.61	$6,370.00	$6,346.08	1.026
Stanwood-Camano School District	311	166	30	64	51	$714.97	$864.21	$734.13	$980.77	$776.90	1.372
Star School District	6	2	0	1	3	$6,344.00	n/a	$9,023.00	$7,732.67	$7,484.83	1.219
Starbuck School District	4	4	0	0	0	$749.70	n/a	n/a	n/a	$749.70	n/a
Stehekin School District	1	0	1	0	0	n/a	$1,882.45	n/a	n/a	$1,882.45	n/a
Steilacoom Hist. School District	201	118	11	51	21	$735.65	$854.38	$816.65	$871.87	$776.93	1.185
Steptoe School District	8	2	3	1	2	$705.90	$600.00	$511.88	$780.00	$660.46	1.105
Stevenson-Carson School District	73	37	15	4	17	$710.90	$1,072.44	$868.33	$1,282.89	$927.02	1.805
Sultan School District	178	95	12	40	31	$709.08	$848.14	$793.37	$839.70	$760.14	1.184
Summit Valley School District	10	6	1	3	0	$659.07	$702.00	$780.00	n/a	$699.64	n/a
Sumner School District	723	358	49	224	92	$580.22	$797.99	$688.10	$864.81	$664.62	1.490
Sunnyside School District	732	439	46	215	32	$606.82	$712.34	$670.67	$699.93	$636.27	1.153
Tacoma School District	2,380	1,019	428	492	441	$702.95	$1,294.91	$943.11	$1,539.06	$1,013.98	2.189
Taholah School District	23	13	2	5	3	$637.85	$635.07	$740.19	$635.07	$659.49	0.996

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A17b
Summary of District Monthly Contributions by District with Composite Cost By District — Full-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Tahoma School District	683	357	39	204	83	$678.52	$727.98	$712.32	$726.97	$697.33	1.071
Tekoa School District	27	10	2	8	7	$587.36	$791.55	$590.86	$904.54	$685.75	1.540
Tenino School District	128	69	18	30	11	$420.17	$643.48	$514.41	$609.37	$489.92	1.450
Thorp School District	20	12	3	5	0	$621.23	$722.04	$613.94	n/a	$634.53	n/a
Toledo School District	62	33	5	16	8	$521.91	$679.62	$635.07	$677.84	$583.95	1.299
Tonasket School District	95	42	15	18	20	$633.55	$828.96	$713.58	$1,168.96	$792.28	1.845
Toppenish School District	435	247	55	96	37	$693.48	$960.38	$731.45	$1,265.42	$784.25	1.825
Touchet School District	30	18	4	6	2	$503.75	$610.41	$665.10	$502.24	$550.14	0.997
Toutle Lake School District	16	11	2	3	0	$646.60	$814.36	$629.86	n/a	$664.43	n/a
Trout Lake School District	20	10	6	2	2	$682.43	$1,072.96	$721.47	$808.66	$816.12	1.185
Tukwila School District	301	202	16	59	24	$682.53	$715.20	$739.70	$729.31	$699.20	1.069
Tumwater School District	493	271	35	147	40	$673.84	$727.57	$706.51	$735.44	$692.40	1.091
Union Gap School District	52	27	11	13	1	$683.76	$787.25	$747.14	$901.41	$725.68	1.318
University Place School District	454	267	29	113	45	$658.55	$778.86	$749.60	$746.82	$697.65	1.134
Valley School District	89	48	14	14	13	$612.17	$800.51	$703.10	$828.35	$687.68	1.353
Vancouver School District	1,845	998	160	518	169	$687.61	$767.13	$727.95	$736.23	$710.28	1.071
Vashon Island School District	117	54	12	28	23	$697.41	$833.70	$711.37	$744.21	$723.93	1.067
Wahkiakum School District	36	8	8	5	15	$887.09	$972.00	$972.00	$947.51	$942.93	1.068
Wahluke School District	204	115	18	44	27	$613.82	$818.07	$728.93	$736.75	$672.94	1.200
Waitsburg School District	32	18	4	9	1	$612.23	$641.04	$619.06	$651.45	$618.98	1.064
Walla Walla Public Schools	729	403	61	202	63	$652.79	$747.74	$746.86	$756.30	$695.75	1.159
Wapato School District	381	218	23	115	25	$637.53	$1,011.85	$676.33	$1,274.57	$713.64	1.999
Warden School District	96	44	15	12	25	$796.36	$780.00	$765.87	$780.00	$785.73	0.979
Washougal School District	231	160	21	30	20	$703.01	$780.67	$721.41	$706.16	$712.73	1.004
Washtucna School District	14	10	3	0	1	$689.29	$781.66	n/a	$636.56	$705.31	0.924
Waterville School District	32	14	3	11	4	$581.20	$721.41	$712.97	$812.39	$668.54	1.398
Wellpinit School District	71	24	18	18	11	$573.30	$661.39	$587.57	$690.05	$617.34	1.204
Wenatchee School District	656	346	50	191	69	$673.80	$749.57	$716.41	$718.26	$696.66	1.066
West Valley School District (Spokane)	408	226	44	94	44	$683.61	$1,063.36	$833.94	$1,086.30	$802.62	1.589
West Valley School District (Yakima)	472	223	41	148	60	$654.89	$744.60	$691.62	$774.53	$689.41	1.183
White Pass School District	52	35	4	10	3	$606.21	$885.91	$639.92	$736.40	$641.72	1.215
White River School District	309	181	26	66	36	$667.82	$845.04	$717.65	$784.36	$706.95	1.175
White Salmon Valley School District	98	60	16	5	17	$657.45	$888.56	$671.85	$988.24	$753.30	1.503
Wilbur School District	45	15	15	9	6	$731.47	$737.77	$704.89	$762.67	$732.41	1.043
Willapa Valley School District	43	32	2	3	6	$643.48	$622.65	$656.76	$1,388.42	$747.38	2.158
Wilson Creek School District	30	18	1	7	4	$651.02	$676.03	$760.56	$677.31	$680.92	1.040

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A17b
Summary of District Monthly Contributions by District with Composite Cost By District — Full-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Winlock School District	76	39	13	11	13	$600.72	$729.06	$707.94	$712.14	$657.25	1.185
Wishkah Valley School District	18	11	1	6	0	$620.49	$873.83	$820.56	n/a	$701.26	n/a
Wishram School District	15	8	3	0	4	$462.46	$900.20	n/a	$1,068.20	$711.54	2.310
Woodland School District	177	106	11	41	19	$999.39	$1,185.75	$1,012.67	$971.58	$1,011.06	0.972
Yakima School District	1,793	955	140	569	129	$781.56	$872.76	$856.15	$921.82	$822.44	1.179
Yelm School District	471	269	42	112	48	$701.69	$864.00	$820.19	$1,049.33	$779.77	1.495
Zillah School District	136	73	10	41	12	$616.08	$630.38	$690.68	$772.91	$653.46	1.255
Low	**1**	**0**	**0**	**0**	**0**	**$50.73**	**$0.00**	**$126.57**	**$358.04**	**$115.65**	**7.058**
High	**5,361**	**3,207**	**480**	**1,175**	**499**	**$9,122.17**	**$8,182.49**	**$9,534.00**	**$7,732.67**	**$9,049.68**	**0.848**
Grand Total/Average	**91,886**	**50,616**	**8,675**	**21,938**	**10,657**	**$675.26**	**$841.43**	**$737.09**	**$890.24**	**$730.64**	**1.318**

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A17c
Summary of District Monthly Contributions by District with Composite Cost By District — Part-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Aberdeen School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Adna School District	4	2	0	1	1	$504.38	n/a	$504.00	$415.98	$482.19	0.825
Almira School District	3	1	0	0	2	$680.94	n/a	n/a	$782.11	$748.39	1.149
Anacortes School District	7	0	3	1	3	n/a	$913.26	$605.68	$633.25	$749.31	n/a
Arlington School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Asotin-Anatone School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Auburn School District	278	192	19	57	10	$549.05	$581.91	$576.12	$570.06	$557.60	1.038
Bainbridge Island School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Battle Ground School District	173	119	14	33	7	$633.26	$702.17	$687.89	$575.95	$646.94	0.909
Bellevue School District	350	195	22	87	46	$517.11	$582.70	$574.61	$585.46	$544.51	1.132
Bellingham School District	304	198	30	60	16	$495.99	$522.17	$480.60	$550.87	$498.42	1.111
Benge School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Bethel School District	43	27	2	6	8	$495.91	$620.98	$508.14	$525.01	$508.85	1.059
Bickleton School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Blaine School District	52	36	4	9	3	$569.71	$703.72	$604.80	$849.62	$602.24	1.491
Boistfort School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Bremerton School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Brewster School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Bridgeport School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Brinnon School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Burlington-Edison School District	139	83	12	35	9	$646.71	$804.78	$795.92	$736.78	$703.76	1.139
Camas School District	502	217	53	158	74	$616.73	$779.35	$673.79	$730.30	$668.60	1.184
Cape Flattery School District	7	5	0	1	1	$663.79	n/a	$543.81	$741.09	$657.69	1.116
Carbonado School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Cascade School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Cashmere School District	51	30	4	3	14	$812.14	$600.29	$557.86	$527.51	$702.43	0.650
Castle Rock School District	37	26	3	6	2	$684.36	$943.15	$742.04	$695.88	$715.32	1.017
Centerville School District	2	0	2	0	0	n/a	$1,229.40	n/a	n/a	$1,229.40	n/a
Central Kitsap School District	88	62	9	14	3	$545.07	$558.10	$637.19	$606.48	$563.15	1.113
Central Valley School District	303	214	16	62	11	$559.58	$607.77	$565.39	$604.06	$564.93	1.079
Centralia School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Chehalis School District	74	47	7	15	5	$560.16	$695.60	$646.34	$886.41	$612.48	1.582
Cheney School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Chewelah School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Chimacum School District	34	26	1	4	3	$571.16	$717.89	$700.38	$486.57	$583.21	0.852
Clarkston School District	1	1	0	0	0	$385.14	n/a	n/a	n/a	$385.14	n/a

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A17c
Summary of District Monthly Contributions by District with Composite Cost By District — Part-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Cle Elum-Roslyn School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Clover Park School District	29	18	3	6	2	$447.22	$502.13	$445.45	$466.64	$453.87	1.043
Colfax School District	12	7	0	4	1	$675.62	n/a	$789.82	$653.48	$711.84	0.967
College Place School District	34	29	1	3	1	$648.51	$971.65	$709.80	$1,837.50	$698.39	2.833
Colton School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Columbia (Stevens) School District	6	2	2	1	1	$690.20	$919.42	$707.97	$1,174.45	$850.28	1.702
Columbia (Walla Walla) School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Colville School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Concrete School District	7	4	2	1	0	$496.30	$821.46	$984.25	n/a	$658.91	n/a
Conway School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Cosmopolis School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Coulee-Hartline School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Coupeville School District	1	1	0	0	0	$364.89	n/a	n/a	n/a	$364.89	n/a
Crescent School District	7	5	2	0	0	$530.89	$808.38	n/a	n/a	$610.17	n/a
Creston School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Curlew School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Cusick School District	11	3	2	5	1	$746.93	$727.00	$676.58	$867.80	$722.32	1.162
Damman School District	2	2	0	0	0	$534.41	n/a	n/a	n/a	$534.41	n/a
Darrington School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Davenport School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Dayton School District	2	2	0	0	0	$404.80	n/a	n/a	n/a	$404.80	n/a
Deer Park School District	59	44	3	10	2	$492.65	$383.01	$684.05	$1,042.95	$538.17	2.117
Dieringer School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Dixie School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
East Valley School District (Spokane)	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
East Valley School District (Yakima)	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Eastmont School District	61	38	5	18	0	$611.52	$1,107.39	$755.77	n/a	$694.73	n/a
Easton School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Eatonville School District	33	21	1	8	3	$509.73	$751.90	$704.05	$599.05	$572.29	1.175
Edmonds School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Ellensburg School District	76	49	11	9	7	$502.09	$466.82	$586.82	$627.64	$518.58	1.250
Elma School District	49	34	5	7	3	$726.92	$854.45	$860.44	$898.08	$769.49	1.235
Endicott School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Entiat School District	14	5	4	5	0	$597.01	$659.87	$620.51	n/a	$623.36	n/a
Enumclaw School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Ephrata School District	8	7	0	1	0	$83.09	n/a	$490.34	n/a	$134.00	n/a

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A17c
Summary of District Monthly Contributions by District with Composite Cost By District — Part-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Evaline School District	3	2	0	0	1	$154.80	n/a	n/a	$546.80	$285.47	3.532
Everett School District	216	81	36	43	56	$624.36	$1,100.04	$713.84	$1,310.73	$899.40	2.099
Evergreen School District (Clark)	1,832	1,066	157	455	154	$615.85	$666.51	$667.09	$676.30	$638.00	1.098
Evergreen School District (Stevens)	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Federal Way School District	380	281	16	68	15	$646.15	$685.39	$715.36	$668.06	$661.05	1.034
Ferndale School District	1	1	0	0	0	$415.44	n/a	n/a	n/a	$415.44	n/a
Fife School District	83	45	14	18	6	$575.00	$899.46	$704.87	$976.29	$686.90	1.698
Finley School District	21	17	1	2	1	$610.85	$340.46	$712.83	$959.91	$624.31	1.571
Franklin Pierce School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Freeman School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Garfield School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Glenwood School District	6	4	2	0	0	$357.63	$183.89	n/a	n/a	$299.71	n/a
Goldendale School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Grand Coulee Dam School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Grandview School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Granger School District	37	28	2	7	0	$654.56	$655.36	$612.87	n/a	$646.72	n/a
Granite Falls School District	31	22	1	7	1	$605.76	$625.70	$685.76	$734.81	$628.63	1.213
Grapeview School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Great Northern School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Green Mountain School District	2	0	1	0	1	n/a	$760.98	n/a	$811.58	$786.28	n/a
Griffin School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Harrington School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Highland School District	39	30	2	7	0	$557.10	$737.99	$647.78	n/a	$582.65	n/a
Highline School District	403	317	17	49	20	$625.16	$678.83	$652.94	$647.70	$631.92	1.036
Hockinson School District	27	14	1	7	5	$667.42	$967.08	$791.04	$956.92	$764.18	1.434
Hood Canal School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Hoquiam School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Inchelium School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Index School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Issaquah School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Kahlotus School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Kalama School District	8	6	0	2	0	$692.87	n/a	$1,034.68	n/a	$778.32	n/a
Keller School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Kelso School District	125	96	9	12	8	$576.70	$650.09	$565.95	$477.13	$574.58	0.827
Kennewick School District	427	285	34	77	31	$631.42	$794.75	$675.80	$683.13	$656.18	1.082
Kent School District	1	1	0	0	0	$328.58	n/a	n/a	n/a	$328.58	n/a

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A17c
Summary of District Monthly Contributions by District with Composite Cost By District — Part-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Kettle Falls School District	22	13	5	3	1	$503.47	$464.07	$571.55	$571.55	$506.89	1.135
Kiona-Benton City School District	36	28	2	4	2	$648.85	$586.67	$736.70	$770.60	$661.92	1.188
Kittitas School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Klickitat School District	4	3	0	1	0	$622.49	n/a	$619.44	n/a	$621.73	n/a
La Center School District	11	5	1	3	2	$495.96	$537.88	$493.07	$424.26	$485.95	0.855
La Conner School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
LaCrosse School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Lake Chelan School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Lake Quinault School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Lake Stevens School District	1	1	0	0	0	$869.97	n/a	n/a	n/a	$869.97	n/a
Lake Washington School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Lakewood School District	49	30	1	12	6	$630.95	$275.24	$632.22	$638.64	$624.94	1.012
Lamont School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Liberty School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Lind School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Longview School District	158	115	8	29	6	$711.09	$874.14	$794.75	$838.03	$739.52	1.179
Loon Lake School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Lopez School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Lyle School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Lynden School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Mabton School District	20	17	1	2	0	$510.98	$626.70	$495.90	n/a	$515.26	n/a
Mansfield School District	4	1	1	0	2	$537.60	$668.16	n/a	$610.56	$606.72	1.136
Manson School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Mary M Knight School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Mary Walker School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Marysville School District	1	1	0	0	0	$527.75	n/a	n/a	n/a	$527.75	n/a
McCleary School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Mead School District	258	167	19	48	24	$567.74	$737.02	$600.36	$690.00	$597.65	1.215
Medical Lake School District	41	29	4	6	2	$635.46	$1,058.79	$800.80	$1,057.25	$721.53	1.664
Mercer Island School District	44	33	2	7	2	$623.66	$1,011.58	$680.67	$587.63	$648.73	0.942
Meridian School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Methow Valley School District	23	13	4	1	5	$872.05	$916.33	$963.00	$1,025.96	$917.16	1.176
Mill A School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Monroe School District	129	74	15	27	13	$603.22	$777.67	$717.68	$671.06	$654.30	1.112
Montesano School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Morton School District	11	10	0	1	0	$722.48	n/a	$873.41	n/a	$736.20	n/a

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A17c
Summary of District Monthly Contributions by District with Composite Cost By District — Part-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Moses Lake School District	2	0	0	1	1	n/a	n/a	$746.96	$219.91	$483.44	n/a
Mossyrock School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Mount Adams School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Mount Baker School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Mount Pleasant School District	5	5	0	0	0	$594.60	n/a	n/a	n/a	$594.60	n/a
Mount Vernon School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Mukilteo School District	325	224	23	66	12	$604.96	$709.38	$704.34	$640.73	$633.85	1.059
Naches Valley School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Napavine School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Naselle-Grays River Valley School District	31	12	5	6	8	$704.35	$796.78	$782.37	$988.09	$807.58	1.403
Nespelem School District	3	2	0	1	0	$529.90	n/a	$990.84	n/a	$683.55	n/a
Newport School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Nine Mile Falls School District	23	13	3	4	3	$570.08	$989.21	$643.73	$594.58	$640.75	1.043
Nooksack Valley School District	7	5	2	0	0	$568.60	$794.78	n/a	n/a	$633.22	n/a
North Beach School District	31	23	7	0	1	$590.05	$593.28	n/a	$545.71	$589.35	0.925
North Franklin School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
North Kitsap School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
North Mason School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
North River School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
North Thurston Public Schools	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Northport School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Northshore School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Oak Harbor School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Oakesdale School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Oakville School District	10	5	1	4	0	$594.53	$788.82	$710.91	n/a	$660.51	n/a
Ocean Beach School District	36	23	5	6	2	$578.20	$662.34	$760.79	$716.37	$627.99	1.239
Ocosta School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Odessa School District	12	5	3	2	2	$501.49	$545.37	$538.44	$755.88	$561.02	1.507
Okanogan School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Olympia School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Omak School District	56	44	2	8	2	$557.62	$691.64	$644.76	$755.09	$581.91	1.354
Onalaska School District	27	18	2	5	2	$591.13	$896.65	$729.80	$842.37	$658.05	1.425
Onion Creek School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Orcas Island School District	31	12	5	7	7	$452.81	$563.48	$513.26	$477.22	$489.82	1.054
Orchard Prairie School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Orient School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A17c
Summary of District Monthly Contributions by District with Composite Cost By District — Part-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Orondo School District	8	7	0	1	0	$537.73	n/a	$588.61	n/a	$544.09	n/a
Oroville School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Orting School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Othello School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Palisades School District	2	0	2	0	0	n/a	$840.00	n/a	n/a	$840.00	n/a
Palouse School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Pasco School District	346	265	14	53	14	$592.53	$749.74	$671.74	$801.73	$619.49	1.353
Pateros School District	10	10	0	0	0	$552.65	n/a	n/a	n/a	$552.65	n/a
Paterson School District	11	2	0	0	9	$473.13	n/a	n/a	$251.95	$292.17	0.533
Pe Ell School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Peninsula School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Pioneer School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Pomeroy School District	7	3	1	0	3	$547.44	$754.25	n/a	$604.03	$601.24	1.103
Port Angeles School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Port Townsend School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Prescott School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Prosser School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Pullman School District	53	43	1	9	0	$582.53	$636.66	$595.43	n/a	$585.74	n/a
Puyallup School District	330	255	26	34	15	$671.73	$668.57	$599.31	$729.18	$666.63	1.086
Queets-Clearwater School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Quilcene School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Quillayute Valley School District	5	5	0	0	0	$496.51	n/a	n/a	n/a	$496.51	n/a
Quincy School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Rainier School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Raymond School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Reardan-Edwall School District	10	7	1	2	0	$510.35	$763.70	$583.51	n/a	$550.32	n/a
Renton School District	319	219	27	52	21	$617.83	$795.06	$747.54	$823.76	$667.53	1.333
Republic School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Richland School District	242	163	12	50	17	$576.28	$585.78	$628.31	$604.79	$589.51	1.049
Ridgefield School District	18	8	3	5	2	$599.28	$787.40	$632.77	$580.98	$637.91	0.969
Ritzville School District	11	1	3	2	5	$840.00	$728.00	$756.00	$687.20	$724.73	0.818
Riverside School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Riverview School District	55	29	8	11	7	$482.63	$418.90	$430.83	$489.22	$463.84	1.014
Rochester School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Roosevelt School District	4	4	0	0	0	$837.75	n/a	n/a	n/a	$837.75	n/a
Rosalia School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A17c
Summary of District Monthly Contributions by District with Composite Cost By District — Part-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Royal School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
San Juan Island School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Satsop School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Seattle Public Schools	349	206	22	82	39	$465.53	$495.14	$454.23	$417.90	$459.42	0.898
Sedro-Woolley School District	2	2	0	0	0	$530.31	n/a	n/a	n/a	$530.31	n/a
Selah School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Selkirk School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Sequim School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Shaw Island School District	1	0	0	0	1	n/a	n/a	n/a	$800.66	$800.66	n/a
Shelton School District	125	102	7	12	4	$594.43	$764.65	$703.80	$837.90	$622.25	1.410
Shoreline School District	1	0	0	1	0	n/a	n/a	$737.65	n/a	$737.65	n/a
Skamania School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Skykomish School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Snohomish School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Snoqualmie Valley School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Soap Lake School District	4	3	0	0	1	$730.25	n/a	n/a	$0.00	$547.69	0.000
South Bend School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
South Kitsap School District	142	102	17	17	6	$621.70	$879.21	$699.90	$911.86	$674.15	1.467
South Whidbey School District	46	35	2	7	2	$593.28	$691.70	$640.05	$726.36	$610.47	1.224
Southside School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Spokane School District	526	336	44	96	50	$581.16	$838.07	$642.81	$906.86	$644.86	1.560
Sprague School District	9	6	0	2	1	$556.87	n/a	$626.05	$635.31	$580.96	1.141
St. John School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Stanwood-Camano School District	105	60	12	25	8	$643.56	$836.62	$669.57	$719.71	$677.62	1.118
Star School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Starbuck School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Stehekin School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Steilacoom Hist. School District	35	20	4	8	3	$623.19	$838.08	$691.23	$749.47	$674.13	1.203
Steptoe School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Stevenson-Carson School District	23	18	3	1	1	$624.34	$1,373.01	$886.53	$492.41	$727.66	0.789
Sultan School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Summit Valley School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Sumner School District	153	82	23	21	27	$402.42	$738.11	$532.33	$870.16	$553.26	2.162
Sunnyside School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Tacoma School District	377	157	78	73	69	$687.54	$1,283.99	$923.95	$1,528.93	$1,010.71	2.224
Taholah School District	1	1	0	0	0	$664.10	n/a	n/a	n/a	$664.10	n/a

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A17c
Summary of District Monthly Contributions by District with Composite Cost By District — Part-Time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Tahoma School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Tekoa School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Tenino School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Thorp School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Toledo School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Tonasket School District	30	21	2	4	3	$564.53	$678.31	$688.86	$856.70	$617.91	1.518
Toppenish School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Touchet School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Toutle Lake School District	53	25	5	13	10	$569.15	$670.60	$645.82	$661.09	$614.88	1.162
Trout Lake School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Tukwila School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Tumwater School District	147	108	6	25	8	$614.78	$613.90	$676.73	$864.89	$638.89	1.407
Union Gap School District	22	15	0	4	3	$724.00	n/a	$796.69	$822.26	$750.61	1.136
University Place School District	17	11	3	2	1	$747.70	$760.03	$591.75	$604.85	$723.12	0.809
Valley School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Vancouver School District	470	325	22	94	29	$619.89	$650.96	$638.75	$644.93	$626.66	1.040
Vashon Island School District	34	21	3	4	6	$562.89	$1,062.64	$544.18	$841.33	$653.92	1.495
Wahkiakum School District	3	1	2	0	0	$924.00	$887.44	n/a	n/a	$899.62	n/a
Wahluke School District	46	40	3	3	0	$685.31	$863.69	$973.00	n/a	$715.71	n/a
Waitsburg School District	4	3	0	1	0	$416.52	n/a	$566.23	n/a	$453.95	n/a
Walla Walla Public Schools	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Wapato School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Warden School District	28	16	5	4	3	$811.61	$701.07	$691.97	$720.09	$764.97	0.887
Washougal School District	62	47	11	3	1	$631.15	$747.28	$706.71	$1,033.16	$661.90	1.637
Washtucna School District	3	0	0	2	1	n/a	n/a	$587.12	$630.74	$601.66	n/a
Waterville School District	4	2	0	2	0	$908.80	n/a	$709.80	n/a	$809.30	n/a
Wellpinit School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Wenatchee School District	194	141	14	32	7	$565.89	$685.63	$628.90	$631.79	$587.30	1.116
West Valley School District (Spokane)	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
West Valley School District (Yakima)	1	0	1	0	0	n/a	$356.43	n/a	n/a	$356.43	n/a
White Pass School District	1	0	0	0	1	n/a	n/a	n/a	$1,213.00	$1,213.00	n/a
White River School District	33	24	1	6	2	$595.87	$923.07	$829.98	$1,105.85	$679.26	1.856
White Salmon Valley School District	18	16	2	0	0	$504.81	$422.18	n/a	n/a	$495.63	n/a
Wilbur School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Willapa Valley School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Wilson Creek School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a

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Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A17c

Summary of District Monthly Contributions by District with Composite Cost By District — Part-Time Employees

Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Winlock School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Wishkah Valley School District	3	3	0	0	0	$736.92	n/a	n/a	n/a	$736.92	n/a
Wishram School District	4	2	1	0	1	$534.25	$900.20	n/a	$1,162.05	$782.69	2.175
Woodland School District	100	71	4	23	2	$907.52	$1,046.77	$809.76	$1,075.32	$893.96	1.185
Yakima School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Yelm School District	47	31	5	9	2	$638.00	$625.99	$694.38	$672.05	$648.97	1.053
Zillah School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Low	**0**	**0**	**0**	**0**	**0**	**$83.09**	**$183.89**	**$430.83**	**$0.00**	**$134.00**	**0.000**
High	**1,832**	**1,066**	**157**	**455**	**154**	**$924.00**	**$1,373.01**	**$1,034.68**	**$1,837.50**	**$1,229.40**	**1.989**
Grand Total/Average	**12,570**	**8,053**	**1,056**	**2,433**	**1,028**	**$601.52**	**$764.27**	**$659.59**	**$780.75**	**$641.09**	**1.298**

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Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A17d

Summary of District Monthly Contributions by District with Composite Cost By District — Certificated Employees

Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Aberdeen School District	180	103	13	51	13	$709.49	$718.67	$709.20	$715.06	$710.47	1.008
Adna School District	25	10	3	7	5	$601.00	$633.40	$633.40	$633.40	$620.44	1.054
Almira School District	8	1	4	1	2	$780.00	$780.00	$1,081.00	$780.00	$817.63	1.000
Anacortes School District	137	56	14	33	34	$663.49	$805.71	$719.03	$817.78	$729.69	1.233
Arlington School District	303	123	25	91	64	$676.18	$693.42	$710.35	$753.70	$704.24	1.115
Asotin-Anatone School District	40	0	3	0	37	n/a	$800.80	n/a	$834.31	$831.80	n/a
Auburn School District	712	371	53	191	97	$688.20	$793.29	$737.61	$875.06	$734.74	1.272
Bainbridge Island School District	206	100	18	59	29	$680.80	$755.23	$744.78	$748.04	$715.09	1.099
Battle Ground School District	758	358	78	187	135	$643.98	$718.07	$669.36	$761.95	$678.88	1.183
Bellevue School District	1,174	655	92	267	160	$652.63	$748.66	$712.03	$740.66	$685.66	1.135
Bellingham School District	748	375	60	212	101	$597.62	$655.38	$645.91	$680.22	$627.09	1.138
Benge School District	2	0	1	0	1	n/a	$1,018.00	n/a	$1,018.00	$1,018.00	n/a
Bethel School District	1,021	565	84	252	120	$733.98	$937.18	$807.58	$1,006.67	$800.91	1.372
Bickleton School District	8	0	3	0	5	n/a	$1,064.55	n/a	$1,343.88	$1,239.13	n/a
Blaine School District	116	49	16	26	25	$642.52	$873.39	$798.70	$908.78	$766.75	1.414
Boistfort School District	7	6	1	0	0	$530.19	$1,517.42	n/a	n/a	$671.23	n/a
Bremerton School District	299	179	27	73	20	$738.66	$783.33	$746.22	$762.07	$746.10	1.032
Brewster School District	66	31	10	18	7	$604.25	$707.92	$655.76	$876.19	$662.85	1.450
Bridgeport School District	48	25	0	15	8	$550.07	n/a	$641.14	$615.45	$589.43	1.119
Brinnon School District	5	2	0	2	1	$526.36	n/a	$626.33	$656.96	$592.47	1.248
Burlington-Edison School District	235	113	20	74	28	$670.84	$718.55	$727.34	$721.00	$698.67	1.075
Camas School District	389	158	34	131	66	$642.72	$730.77	$685.55	$708.88	$676.07	1.103
Cape Flattery School District	45	28	2	13	2	$654.38	$1,330.99	$715.44	$596.66	$699.52	0.912
Carbonado School District	9	8	0	1	0	$791.17	n/a	$832.05	n/a	$795.71	n/a
Cascade School District	74	35	2	24	13	$576.21	$658.32	$650.34	$652.71	$615.91	1.133
Cashmere School District	70	26	7	11	26	$794.04	$797.33	$771.58	$760.40	$778.34	0.958
Castle Rock School District	72	35	5	24	8	$711.57	$786.49	$768.20	$752.66	$740.22	1.058
Centerville School District	5	2	0	2	1	$646.24	n/a	$346.62	$593.12	$515.77	0.918
Central Kitsap School District	576	261	64	153	98	$664.60	$776.22	$682.77	$912.94	$724.08	1.374
Central Valley School District	849	416	49	305	79	$638.71	$690.46	$681.88	$719.34	$664.71	1.126
Centralia School District	205	103	14	68	20	$63.47	$521.91	$168.99	$447.66	$167.26	7.053
Chehalis School District	157	78	12	49	18	$627.17	$687.16	$699.98	$704.94	$663.40	1.124
Cheney School District	297	159	18	85	35	$570.62	$769.27	$663.66	$762.22	$631.86	1.336
Chewelah School District	53	26	6	14	7	$575.02	$729.32	$711.92	$785.19	$656.41	1.365
Chimacum School District	58	24	7	16	11	$601.05	$708.65	$682.44	$663.49	$648.33	1.104
Clarkston School District	132	66	9	37	20	$708.78	$822.34	$702.27	$700.84	$713.50	0.989

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A17d
Summary of District Monthly Contributions by District with Composite Cost By District — Certificated Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Cle Elum-Roslyn School District	53	34	3	12	4	$693.08	$711.55	$711.55	$846.45	$709.88	1.221
Clover Park School District	751	458	43	181	69	$755.50	$803.48	$779.99	$782.14	$766.59	1.035
Colfax School District	37	17	6	9	5	$715.07	$793.81	$713.36	$738.62	$730.61	1.033
College Place School District	86	44	7	21	14	$598.88	$666.28	$623.22	$652.19	$618.98	1.089
Colton School District	14	8	0	4	2	$662.51	n/a	$652.75	$469.08	$632.09	0.708
Columbia (Stevens) School District	12	3	5	2	2	$511.60	$750.94	$627.87	$832.61	$684.21	1.627
Columbia (Walla Walla) School District	51	28	2	11	10	$649.49	$1,107.55	$647.35	$1,144.61	$764.07	1.762
Colville School District	74	37	5	25	7	$653.59	$711.04	$683.71	$702.27	$672.25	1.074
Concrete School District	36	22	1	8	5	$594.45	$717.45	$725.33	$717.45	$644.03	1.207
Conway School District	19	11	4	2	2	$649.08	$700.78	$692.09	$727.19	$672.71	1.120
Cosmopolis School District	11	7	0	3	1	$618.43	n/a	$680.06	$680.06	$640.84	1.100
Coulee-Hartline School District	18	5	3	3	7	$756.00	$840.00	$840.00	$819.30	$808.62	1.084
Coupeville School District	57	33	8	6	10	$600.34	$966.49	$655.92	$845.99	$700.68	1.409
Crescent School District	19	6	3	7	3	$632.58	$783.38	$728.43	$754.59	$710.97	1.193
Creston School District	9	3	0	2	4	$768.00	n/a	$768.00	$768.00	$768.00	1.000
Curlew School District	11	6	1	1	3	$527.70	$971.65	$583.84	$1,335.75	$793.54	2.531
Cusick School District	20	10	4	2	4	$831.00	$830.00	$770.24	$814.58	$821.44	0.980
Damman School District	3	2	1	0	0	$680.20	$0.00	n/a	n/a	$453.47	n/a
Darrington School District	26	7	6	8	5	$895.00	$895.00	$921.66	$996.62	$922.74	1.114
Davenport School District	41	17	4	13	7	$136.88	$698.72	$293.86	$953.03	$380.81	6.962
Dayton School District	18	9	1	3	5	$566.12	$607.17	$771.17	$607.17	$613.98	1.073
Deer Park School District	100	47	7	34	12	$652.73	$706.69	$705.38	$739.84	$684.87	1.133
Dieringer School District	86	43	6	27	10	$621.63	$643.93	$710.22	$709.83	$661.26	1.142
Dixie School District	1	1	0	0	0	$505.79	n/a	n/a	n/a	$505.79	n/a
East Valley School District (Spokane)	222	114	21	60	27	$752.26	$785.75	$797.52	$806.93	$774.31	1.073
East Valley School District (Yakima)	181	81	11	59	30	$667.30	$923.29	$647.71	$991.94	$730.28	1.487
Eastmont School District	366	177	21	133	35	$674.63	$888.50	$775.91	$866.89	$742.09	1.285
Easton School District	13	2	3	6	2	$780.00	$780.00	$780.00	$780.00	$780.00	1.000
Eatonville School District	102	46	3	36	17	$601.10	$803.13	$885.56	$894.29	$756.30	1.488
Edmonds School District	1,157	599	90	317	151	$716.77	$784.55	$747.38	$761.06	$736.21	1.062
Ellensburg School District	190	92	14	65	19	$636.79	$699.28	$686.74	$693.11	$664.11	1.088
Elma School District	88	48	5	19	16	$769.79	$816.84	$787.82	$814.00	$784.39	1.057
Endicott School District	12	2	1	5	4	$609.84	$780.00	$933.60	$920.38	$862.43	1.509
Entiat School District	26	8	5	8	5	$794.72	$780.00	$780.00	$780.00	$784.53	0.981
Enumclaw School District	218	100	9	68	41	$655.38	$708.44	$707.58	$878.78	$715.87	1.341
Ephrata School District	145	53	9	49	34	$62.49	$427.01	$205.22	$520.53	$240.75	8.329

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K–12 School District Data Collection Project
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District	Enrolled Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Evaline School District	1	0	0	1	0	n/a	n/a	$768.00	n/a	$768.00	n/a
Everett School District	1,056	414	148	230	264	$702.58	$1,331.45	$960.27	$1,512.16	$1,049.24	2.152
Evergreen School District (Clark)	1,570	773	153	438	206	$646.84	$764.83	$685.19	$860.45	$697.07	1.330
Evergreen School District (Stevens)	2	2	0	0	0	$632.48	n/a	n/a	n/a	$632.48	n/a
Federal Way School District	1,463	966	67	320	110	$652.58	$689.29	$698.45	$691.38	$667.21	1.059
Ferndale School District	247	108	24	72	43	$608.02	$726.38	$682.28	$831.99	$680.16	1.368
Fife School District	213	110	11	73	19	$650.83	$712.67	$696.53	$710.94	$675.05	1.092
Finley School District	51	24	7	12	8	$606.39	$617.30	$661.01	$634.68	$625.18	1.047
Franklin Pierce School District	504	307	33	109	55	$671.06	$725.98	$717.90	$813.38	$700.32	1.212
Freeman School District	53	23	3	18	9	$634.94	$726.41	$659.99	$728.22	$664.47	1.147
Garfield School District	9	4	1	2	2	$596.05	$656.84	$607.15	$607.35	$607.78	1.019
Glenwood School District	10	9	1	0	0	$580.07	$66.69	n/a	n/a	$528.73	n/a
Goldendale School District	53	27	9	5	12	$680.02	$929.26	$777.82	$996.20	$803.16	1.465
Grand Coulee Dam School District	45	24	2	15	4	$612.11	$873.71	$651.27	$648.55	$640.03	1.060
Grandview School District	206	107	20	57	22	$653.41	$1,014.71	$798.76	$1,101.35	$776.54	1.686
Granger School District	93	42	8	30	13	$627.46	$653.69	$674.23	$1,461.69	$761.41	2.330
Granite Falls School District	89	43	10	21	15	$698.47	$1,064.37	$760.58	$1,364.38	$866.47	1.953
Grapeview School District	11	4	3	3	1	$633.89	$909.00	$836.13	$586.06	$759.73	0.925
Great Northern School District	2	2	0	0	0	$9,049.68	n/a	n/a	n/a	$9,049.68	n/a
Green Mountain School District	9	4	1	0	4	$716.61	$1,043.51	n/a	$1,069.32	$909.69	1.492
Griffin School District	35	16	4	9	6	$647.89	$723.60	$687.57	$714.10	$678.10	1.102
Harrington School District	13	4	2	1	6	$697.71	$678.44	$798.16	$762.50	$732.37	1.093
Highland School District	75	34	12	18	11	$621.20	$693.92	$665.90	$661.82	$649.52	1.065
Highline School District	1,335	891	77	271	96	$688.93	$714.78	$709.56	$697.29	$695.21	1.012
Hockinson School District	106	54	11	28	13	$719.48	$936.03	$931.40	$981.95	$830.12	1.365
Hood Canal School District	22	17	1	4	0	$717.70	$617.30	$924.86	n/a	$750.80	n/a
Hoquiam School District	70	41	3	19	7	$841.22	$1,145.95	$871.03	$1,153.15	$893.56	1.371
Inchelium School District	17	9	4	3	1	$9,079.00	$7,390.98	$9,534.00	$9,534.00	$8,788.88	1.050
Index School District	3	3	0	0	0	$561.52	n/a	n/a	n/a	$561.52	n/a
Issaquah School District	1,030	605	64	263	98	$668.19	$763.28	$729.39	$787.37	$701.06	1.178
Kahlotus School District	10	4	0	1	5	$706.02	n/a	$796.98	$796.98	$760.60	1.129
Kalama School District	46	17	5	11	13	$675.59	$769.34	$768.75	$782.08	$738.15	1.158
Keller School District	4	2	0	1	1	$702.65	n/a	$760.70	$488.60	$663.65	0.695
Kelso School District	294	154	23	83	34	$646.34	$690.39	$684.42	$682.98	$664.78	1.057
Kennewick School District	922	439	77	271	135	$597.10	$835.72	$738.74	$938.33	$708.62	1.571
Kent School District	1,576	939	105	394	138	$710.73	$800.51	$769.07	$800.23	$739.14	1.126

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District	Enrolled Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Kettle Falls School District	44	15	6	10	13	$637.68	$844.04	$678.30	$1,048.13	$796.32	1.644
Kiona-Benton City School District	103	47	8	41	7	$647.18	$676.86	$695.16	$674.71	$670.45	1.043
Kittitas School District	39	13	3	11	12	$840.00	$840.00	$763.64	$840.00	$818.46	1.000
Klickitat School District	9	6	2	1	0	$615.44	$1,101.63	$577.72	n/a	$719.29	n/a
La Center School District	83	32	16	14	21	$730.09	$806.05	$752.11	$930.43	$799.14	1.274
La Conner School District	40	15	7	10	8	$760.87	$822.82	$809.87	$796.49	$791.09	1.047
LaCrosse School District	16	7	4	3	2	$595.95	$669.59	$561.95	$457.77	$590.71	0.768
Lake Chelan School District	98	37	11	34	16	$611.45	$734.86	$709.54	$725.06	$677.88	1.186
Lake Quinault School District	14	8	1	4	1	$673.11	$690.91	$668.15	$1,969.70	$765.58	2.926
Lake Stevens School District	383	217	19	96	51	$684.03	$898.94	$758.56	$1,008.37	$756.56	1.474
Lake Washington School District	1,468	943	81	301	143	$665.80	$731.91	$682.45	$712.35	$677.40	1.070
Lakewood School District	119	58	12	30	19	$645.40	$668.55	$673.68	$856.50	$688.57	1.327
Lamont School District	5	4	0	1	0	$704.69	n/a	$303.73	n/a	$624.50	n/a
Liberty School District	22	8	0	8	6	$692.18	n/a	$690.09	$701.39	$693.93	1.013
Lind School District	15	7	0	4	4	$640.05	n/a	$848.07	$877.76	$758.91	1.371
Longview School District	394	193	40	116	45	$664.80	$715.74	$690.52	$782.45	$690.98	1.177
Loon Lake School District	12	8	0	4	0	$741.93	n/a	$536.75	n/a	$673.54	n/a
Lopez School District	21	8	3	4	6	$479.38	$641.36	$650.49	$810.81	$629.81	1.691
Lyle School District	8	6	0	1	1	$674.02	n/a	$895.48	$1,804.64	$843.03	2.677
Lynden School District	138	71	13	36	18	$599.81	$666.80	$652.91	$685.73	$631.18	1.143
Mabton School District	60	28	5	23	4	$653.29	$749.56	$742.35	$732.66	$700.74	1.121
Mansfield School District	14	2	1	3	8	$748.00	$748.00	$748.00	$748.00	$748.00	1.000
Manson School District	49	19	4	17	9	$637.77	$758.55	$731.24	$737.21	$698.33	1.156
Mary M Knight School District	11	7	2	1	1	$574.31	$443.29	$1,294.90	$1,761.70	$723.94	3.067
Mary Walker School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Marysville School District	624	294	60	201	69	$762.00	$846.20	$782.46	$881.39	$789.89	1.157
McCleary School District	12	6	1	2	3	$752.13	$810.17	$756.44	$1,146.49	$856.27	1.524
Mead School District	574	233	51	166	124	$640.51	$754.55	$702.34	$737.54	$689.48	1.151
Medical Lake School District	113	61	3	36	13	$627.99	$810.63	$714.25	$845.57	$685.35	1.346
Mercer Island School District	134	68	15	43	8	$632.88	$794.68	$712.52	$792.95	$686.11	1.253
Meridian School District	103	54	14	24	11	$612.38	$688.86	$643.32	$832.85	$653.53	1.360
Methow Valley School District	41	15	5	3	18	$892.80	$915.47	$963.00	$1,019.77	$956.45	1.142
Mill A School District	2	1	0	0	1	$687.30	n/a	n/a	$960.45	$823.88	1.397
Monroe School District	296	175	25	61	35	$667.78	$801.08	$734.40	$840.36	$713.17	1.258
Montesano School District	74	33	5	24	12	$654.84	$1,160.49	$759.65	$1,067.00	$789.83	1.629
Morton School District	17	9	3	4	1	$643.07	$768.41	$764.92	$768.41	$701.23	1.195

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K–12 School District Data Collection Project
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District	Enrolled Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Moses Lake School District	435	191	41	155	48	$683.08	$731.14	$698.90	$654.25	$690.06	0.958
Mossyrock School District	20	8	0	1	11	$630.73	n/a	$780.00	$663.89	$656.43	1.053
Mount Adams School District	75	46	7	18	4	$630.66	$665.52	$646.81	$654.05	$639.04	1.037
Mount Baker School District	113	55	12	27	19	$631.31	$884.90	$798.01	$904.19	$743.95	1.432
Mount Pleasant School District	4	4	0	0	0	$712.56	n/a	n/a	n/a	$712.56	n/a
Mount Vernon School District	416	210	43	107	56	$639.40	$710.22	$686.88	$797.24	$680.18	1.247
Mukilteo School District	873	506	64	203	100	$725.62	$835.80	$791.22	$964.32	$776.30	1.329
Naches Valley School District	81	41	9	21	10	$627.50	$773.17	$650.00	$710.28	$659.74	1.132
Napavine School District	39	19	1	12	7	$606.53	$656.97	$660.78	$670.18	$635.94	1.105
Naselle-Grays River Valley School District	18	7	5	3	3	$597.89	$1,284.50	$782.37	$1,343.24	$943.58	2.247
Nespelem School District	10	4	2	4	0	$560.71	$630.73	$812.01	n/a	$675.24	n/a
Newport School District	71	36	7	21	7	$558.95	$593.59	$604.05	$624.41	$582.16	1.117
Nine Mile Falls School District	86	19	15	1	51	$588.90	$742.33	$757.51	$735.99	$704.85	1.250
Nooksack Valley School District	102	50	14	21	17	$595.62	$771.77	$710.72	$792.76	$676.35	1.331
North Beach School District	44	20	5	10	9	$655.78	$949.48	$695.30	$1,008.33	$770.25	1.538
North Franklin School District	116	49	19	25	23	$614.72	$792.51	$717.13	$967.50	$735.86	1.574
North Kitsap School District	348	184	36	82	46	$697.90	$729.43	$688.50	$674.22	$695.82	0.966
North Mason School District	127	73	10	31	13	$689.47	$681.91	$722.59	$673.14	$695.29	0.976
North River School District	10	8	1	0	1	$612.77	$661.80	n/a	$661.80	$622.58	1.080
North Thurston Public Schools	817	401	69	264	83	$578.99	$608.62	$606.91	$595.99	$592.24	1.029
Northport School District	17	8	3	0	6	$950.75	$867.07	n/a	$980.87	$946.61	1.032
Northshore School District	1,283	694	116	300	173	$594.80	$752.80	$701.47	$858.11	$669.53	1.443
Oak Harbor School District	299	148	31	69	51	$767.22	$923.66	$838.80	$903.39	$823.18	1.177
Oakesdale School District	12	2	2	3	5	$780.00	$780.00	$780.00	$780.00	$780.00	1.000
Oakville School District	18	12	0	4	2	$681.36	n/a	$861.34	$957.17	$752.00	1.405
Ocean Beach School District	60	34	4	14	8	$648.21	$702.23	$741.43	$723.60	$683.61	1.116
Ocosta School District	41	18	4	16	3	$657.62	$675.84	$676.42	$675.84	$668.07	1.028
Odessa School District	21	8	1	10	2	$653.93	$700.41	$662.92	$782.60	$672.68	1.197
Okanogan School District	57	23	4	23	7	$648.34	$869.02	$719.33	$926.16	$726.59	1.429
Olympia School District	500	277	30	138	55	$607.23	$654.78	$638.14	$625.66	$620.64	1.030
Omak School District	224	102	16	80	26	$649.93	$731.33	$717.93	$735.84	$690.00	1.132
Onalaska School District	48	24	5	14	5	$598.10	$735.15	$737.91	$739.01	$667.83	1.236
Onion Creek School District	3	1	1	0	1	$780.00	$780.00	n/a	$780.00	$780.00	1.000
Orcas Island School District	48	20	9	12	7	$554.44	$600.23	$606.31	$684.27	$594.93	1.234
Orchard Prairie School District	6	4	0	1	1	$734.88	n/a	$848.02	$848.02	$772.59	1.154
Orient School District	5	1	1	0	3	$8,892.00	$9,216.00	n/a	$7,680.00	$8,229.60	0.864

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A17d
Summary of District Monthly Contributions by District with Composite Cost By District — Certificated Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Orondo School District	12	4	2	4	2	$623.24	$801.16	$704.80	$716.23	$695.58	1.149
Oroville School District	36	16	5	7	8	$671.46	$907.90	$851.30	$1,436.98	$909.38	2.140
Orting School District	112	51	19	24	18	$821.94	$840.00	$813.75	$840.00	$826.15	1.022
Othello School District	230	112	14	70	34	$630.21	$830.11	$680.82	$1,018.36	$715.16	1.616
Palisades School District	3	2	0	0	1	$840.00	n/a	n/a	$840.00	$840.00	1.000
Palouse School District	14	4	4	4	2	$596.05	$456.17	$645.73	$1,057.22	$636.16	1.774
Pasco School District	1,123	581	65	332	145	$690.02	$810.28	$768.56	$958.67	$754.89	1.389
Pateros School District	24	12	4	6	2	$637.07	$780.00	$780.00	$780.00	$708.53	1.224
Paterson School District	10	3	1	3	3	$609.65	$1,686.70	$758.44	$750.19	$804.15	1.231
Pe Ell School District	14	8	0	3	3	$581.67	n/a	$792.61	$1,029.97	$722.94	1.771
Peninsula School District	479	264	37	131	47	$623.94	$731.46	$686.55	$811.29	$667.75	1.300
Pioneer School District	46	27	7	7	5	$652.10	$639.92	$668.35	$734.76	$661.71	1.127
Pomeroy School District	23	6	4	7	6	$580.89	$908.81	$619.85	$1,236.96	$820.92	2.129
Port Angeles School District	222	111	19	66	26	$610.98	$647.02	$667.00	$680.58	$638.87	1.114
Port Townsend School District	78	35	9	18	16	$636.36	$786.41	$747.12	$822.11	$717.34	1.292
Prescott School District	21	7	3	11	0	$625.37	$655.78	$666.04	n/a	$651.02	n/a
Prosser School District	172	76	13	51	32	$725.64	$786.00	$790.60	$1,052.64	$810.30	1.451
Pullman School District	141	74	6	44	17	$680.16	$848.29	$735.49	$846.00	$724.58	1.244
Puyallup School District	1,030	578	63	211	178	$610.68	$582.52	$585.47	$790.25	$634.83	1.294
Queets-Clearwater School District	3	2	0	1	0	$629.30	n/a	$629.30	n/a	$629.30	n/a
Quilcene School District	6	2	1	3	0	$583.32	$720.77	$686.92	n/a	$658.03	n/a
Quillayute Valley School District	74	45	7	17	5	$594.74	$659.74	$668.06	$654.08	$621.74	1.100
Quincy School District	158	68	13	40	37	$811.16	$897.40	$828.24	$1,077.34	$884.91	1.328
Rainier School District	51	27	6	13	5	$690.82	$884.22	$707.46	$715.40	$720.22	1.036
Raymond School District	41	17	2	20	2	$674.35	$711.18	$709.91	$736.74	$696.54	1.093
Reardan-Edwall School District	35	19	2	11	3	$629.20	$1,097.75	$660.16	$868.67	$686.23	1.381
Renton School District	887	544	53	205	85	$644.05	$680.55	$698.67	$698.93	$664.12	1.085
Republic School District	15	6	4	4	1	$575.50	$834.06	$563.61	$1,164.05	$680.51	2.023
Richland School District	658	362	29	185	82	$654.40	$680.60	$675.35	$678.99	$664.51	1.038
Ridgefield School District	114	43	17	38	16	$671.19	$706.03	$675.51	$874.47	$706.35	1.303
Ritzville School District	26	7	1	7	11	$840.00	$588.00	$840.00	$840.00	$830.31	1.000
Riverside School District	80	44	9	20	7	$656.84	$695.54	$690.46	$686.30	$672.18	1.045
Riverview School District	171	94	9	42	26	$603.64	$630.13	$616.80	$761.78	$632.31	1.262
Rochester School District	133	55	15	42	21	$581.73	$743.53	$725.12	$905.07	$696.31	1.556
Roosevelt School District	1	1	0	0	0	$837.75	n/a	n/a	n/a	$837.75	n/a
Rosalia School District	19	8	6	2	3	$532.27	$618.87	$619.12	$619.12	$582.47	1.163

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A17d
Summary of District Monthly Contributions by District with Composite Cost By District — Certificated Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Royal School District	99	53	10	23	13	$630.97	$805.10	$664.41	$676.58	$662.32	1.072
San Juan Island School District	31	9	7	6	9	$560.24	$617.92	$638.75	$638.75	$611.26	1.140
Satsop School District	3	1	0	1	1	$795.86	n/a	$885.77	$406.95	$696.19	0.511
Seattle Public Schools	3,535	2,069	292	805	369	$683.86	$685.56	$676.07	$670.07	$680.79	0.980
Sedro-Woolley School District	237	124	25	63	25	$645.46	$686.20	$695.83	$705.61	$669.49	1.093
Selah School District	220	105	19	78	18	$612.20	$637.80	$636.12	$787.77	$637.26	1.287
Selkirk School District	19	10	5	2	2	$903.63	$717.79	$713.80	$654.84	$808.55	0.725
Sequim School District	124	48	14	33	29	$556.68	$909.58	$676.03	$1,083.19	$751.42	1.946
Shaw Island School District	2	2	0	0	0	$580.40	n/a	n/a	n/a	$580.40	n/a
Shelton School District	244	143	25	62	14	$657.00	$702.49	$689.94	$719.16	$673.59	1.095
Shoreline School District	499	268	28	120	83	$650.34	$760.92	$691.76	$759.96	$684.74	1.169
Skamania School District	5	2	0	3	0	$651.98	n/a	$523.31	n/a	$574.78	n/a
Skykomish School District	2	2	0	0	0	$736.96	n/a	n/a	n/a	$736.96	n/a
Snohomish School District	476	193	35	162	86	$708.69	$863.75	$846.97	$851.54	$792.96	1.202
Snoqualmie Valley School District	285	177	14	63	31	$661.05	$803.08	$718.69	$796.72	$695.53	1.205
Soap Lake School District	13	7	1	5	0	$680.53	$676.04	$707.78	n/a	$690.67	n/a
South Bend School District	27	8	3	10	6	$613.48	$709.98	$724.21	$721.84	$689.29	1.177
South Kitsap School District	472	271	37	122	42	$668.33	$835.29	$744.83	$802.58	$713.14	1.201
South Whidbey School District	89	40	8	26	15	$643.57	$772.90	$726.89	$729.96	$694.09	1.134
Southside School District	10	4	0	5	1	$559.40	n/a	$572.45	$559.40	$565.93	1.000
Spokane School District	2,071	1,043	162	594	272	$624.59	$806.78	$664.26	$913.93	$688.22	1.463
Sprague School District	9	5	1	1	2	$667.91	$1,286.34	$517.32	$639.24	$713.52	0.957
St. John School District	17	3	4	5	5	$6,760.00	$5,504.78	$6,396.00	$6,396.00	$6,250.54	0.946
Stanwood-Camano School District	248	124	20	61	43	$668.37	$703.37	$690.34	$890.67	$715.14	1.333
Star School District	3	1	0	1	1	$3,360.00	n/a	$9,023.00	$6,672.00	$6,351.67	1.986
Starbuck School District	1	1	0	0	0	$749.70	n/a	n/a	n/a	$749.70	n/a
Stehekin School District	1	0	1	0	0	n/a	$1,882.45	n/a	n/a	$1,882.45	n/a
Steilacoom Hist. School District	158	92	9	41	16	$727.24	$823.85	$758.98	$791.14	$747.45	1.088
Steptoe School District	3	0	1	0	2	n/a	$780.00	n/a	$780.00	$780.00	n/a
Stevenson-Carson School District	48	28	6	4	10	$719.49	$860.07	$868.33	$960.34	$799.64	1.335
Sultan School District	74	32	7	23	12	$719.51	$817.00	$751.13	$871.06	$763.14	1.211
Summit Valley School District	7	3	1	3	0	$630.43	$702.00	$780.00	n/a	$704.76	n/a
Sumner School District	542	273	23	192	54	$611.11	$751.95	$699.40	$795.08	$666.69	1.301
Sunnyside School District	409	208	29	148	24	$608.83	$700.67	$665.22	$660.04	$638.75	1.084
Tacoma School District	1,816	749	298	410	359	$704.44	$1,295.00	$942.21	$1,538.03	$1,019.82	2.183
Taholah School District	8	3	2	1	2	$635.07	$635.07	$631.65	$635.07	$634.64	1.000

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A17d
Summary of District Monthly Contributions by District with Composite Cost By District — Certificated Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Tahoma School District	357	176	18	115	48	$665.60	$677.66	$686.15	$704.12	$678.01	1.058
Tekoa School District	13	3	0	3	7	$663.52	n/a	$677.25	$904.54	$796.47	1.363
Tenino School District	75	43	9	15	8	$428.91	$582.02	$636.26	$571.70	$503.98	1.333
Thorp School District	16	10	1	5	0	$629.40	$53.62	$613.94	n/a	$588.58	n/a
Toledo School District	35	9	4	15	7	$610.56	$647.86	$661.63	$678.25	$650.25	1.111
Tonasket School District	59	22	8	11	18	$605.19	$774.87	$679.09	$1,220.99	$829.85	2.018
Toppenish School District	247	119	36	65	27	$737.11	$898.79	$727.03	$1,112.77	$799.08	1.510
Touchet School District	19	10	2	5	2	$516.84	$501.34	$640.42	$502.24	$546.19	0.972
Toutle Lake School District	37	13	5	11	8	$568.45	$636.13	$629.18	$715.84	$627.52	1.259
Trout Lake School District	10	5	2	2	1	$675.44	$864.01	$721.47	$808.66	$735.68	1.197
Tukwila School District	178	110	11	38	19	$675.96	$676.57	$713.66	$692.47	$685.81	1.024
Tumwater School District	384	208	26	117	33	$651.40	$700.87	$687.60	$711.15	$670.91	1.092
Union Gap School District	38	21	6	11	0	$623.71	$695.27	$723.70	n/a	$663.96	n/a
University Place School District	313	176	16	88	33	$663.61	$756.62	$731.79	$716.04	$693.06	1.079
Valley School District	41	18	8	6	9	$588.60	$664.82	$665.16	$717.95	$643.07	1.220
Vancouver School District	1,386	725	82	438	141	$662.03	$715.06	$706.56	$716.21	$684.75	1.082
Vashon Island School District	93	46	8	20	19	$640.25	$720.20	$677.70	$691.05	$665.56	1.079
Wahkiakum School District	14	2	3	4	5	$924.00	$972.00	$972.00	$972.00	$965.14	1.052
Wahluke School District	143	74	11	34	24	$586.21	$718.45	$677.46	$726.33	$641.59	1.239
Waitsburg School District	21	14	3	3	1	$623.58	$651.45	$637.57	$651.45	$630.88	1.045
Walla Walla Public Schools	395	181	25	141	48	$684.52	$765.31	$750.37	$757.25	$721.98	1.106
Wapato School District	210	105	17	70	18	$654.19	$887.47	$679.18	$1,077.84	$717.72	1.648
Warden School District	73	35	11	9	18	$792.00	$780.00	$747.40	$776.53	$780.88	0.980
Washougal School District	182	122	15	25	20	$672.11	$705.82	$715.03	$706.16	$684.53	1.051
Washtucna School District	12	9	2	0	1	$675.58	$700.48	n/a	$636.56	$676.48	0.942
Waterville School District	18	8	0	8	2	$535.25	n/a	$714.16	$812.39	$645.56	1.518
Wellpinit School District	28	8	10	5	5	$681.98	$750.53	$694.39	$680.74	$708.46	0.998
Wenatchee School District	492	241	37	154	60	$650.14	$677.18	$698.35	$695.11	$672.75	1.069
West Valley School District (Spokane)	241	124	21	64	32	$689.05	$990.90	$815.78	$1,085.23	$801.61	1.575
West Valley School District (Yakima)	281	120	15	110	36	$658.19	$670.90	$679.83	$784.39	$683.51	1.192
White Pass School District	26	11	3	9	3	$576.59	$949.77	$643.63	$837.10	$672.91	1.452
White River School District	196	106	11	51	28	$671.23	$738.06	$706.52	$743.33	$694.47	1.107
White Salmon Valley School District	71	41	11	5	14	$649.98	$727.14	$671.85	$1,014.78	$735.41	1.561
Wilbur School District	19	4	9	3	3	$780.00	$739.61	$780.00	$780.00	$760.87	1.000
Willapa Valley School District	25	16	2	3	4	$619.85	$622.65	$656.76	$960.15	$678.95	1.549
Wilson Creek School District	13	7	0	4	2	$661.19	n/a	$715.99	$674.65	$680.12	1.020

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A17d
Summary of District Monthly Contributions by District with Composite Cost By District — Certificated Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Winlock School District	25	13	5	2	5	$575.52	$713.25	$742.23	$710.85	$643.47	1.235
Wishkah Valley School District	13	9	1	3	0	$605.82	$873.83	$730.12	n/a	$655.12	n/a
Wishram School District	10	5	2	0	3	$526.23	$900.20	n/a	$1,068.20	$763.62	2.030
Woodland School District	131	74	9	34	14	$891.89	$1,059.00	$932.28	$949.08	$919.97	1.064
Yakima School District	1,006	460	81	356	109	$817.62	$924.11	$905.97	$945.67	$871.33	1.157
Yelm School District	301	157	26	77	41	$690.88	$828.85	$824.07	$1,070.88	$788.63	1.550
Zillah School District	71	30	6	26	9	$605.17	$559.77	$685.09	$643.10	$635.41	1.063
Low	**0**	**0**	**0**	**0**	**0**	**$62.49**	**$0.00**	**$168.99**	**$406.95**	**$167.26**	**6.512**
High	**3,535**	**2,069**	**298**	**805**	**369**	**$9,079.00**	**$9,216.00**	**$9,534.00**	**$9,534.00**	**$9,049.68**	**1.050**
Grand Total/Average	**61,596**	**32,070**	**5,076**	**16,398**	**8,052**	**$667.45**	**$817.90**	**$723.43**	**$870.13**	**$721.25**	**1.304**

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A17e
Summary of District Monthly Contributions by District with Composite Cost By District — Classified Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Aberdeen School District	211	145	15	44	7	$654.77	$726.91	$714.46	$684.29	$673.33	1.045
Adna School District	9	5	2	1	1	$560.19	$633.40	$504.00	$415.98	$554.19	0.743
Almira School District	9	1	3	2	3	$680.94	$780.00	$780.00	$781.41	$769.46	1.148
Anacortes School District	103	59	16	16	12	$673.72	$814.64	$748.33	$811.45	$723.24	1.204
Arlington School District	210	116	30	46	18	$665.03	$752.78	$765.63	$755.69	$707.37	1.136
Asotin-Anatone School District	22	5	8	2	7	$780.00	$767.13	$780.00	$752.77	$766.66	0.965
Auburn School District	734	457	79	138	60	$623.50	$773.36	$659.48	$849.00	$664.82	1.362
Bainbridge Island School District	172	103	13	36	20	$684.14	$745.91	$717.20	$785.22	$707.48	1.148
Battle Ground School District	365	218	45	76	26	$721.25	$905.87	$732.31	$970.38	$764.06	1.345
Bellevue School District	858	442	87	216	113	$604.35	$724.04	$681.60	$725.44	$651.88	1.200
Bellingham School District	456	277	67	80	32	$585.85	$647.39	$643.12	$661.55	$610.25	1.129
Benge School District	2	1	0	0	1	$934.00	n/a	n/a	$1,018.00	$976.00	1.090
Bethel School District	562	401	60	67	34	$672.70	$894.96	$722.21	$862.29	$713.80	1.282
Bickleton School District	3	0	2	0	1	n/a	$1,343.88	n/a	$1,343.88	$1,343.88	n/a
Blaine School District	114	62	16	24	12	$678.57	$845.58	$832.88	$1,005.52	$768.91	1.482
Boistfort School District	7	5	1	0	1	$572.15	$741.17	n/a	$876.26	$639.74	1.532
Bremerton School District	195	143	18	26	8	$761.52	$928.61	$883.78	$909.90	$799.33	1.195
Brewster School District	59	47	4	8	0	$578.84	$647.16	$680.74	n/a	$597.29	n/a
Bridgeport School District	40	30	0	9	1	$548.73	n/a	$575.30	$607.86	$556.19	1.108
Brinnon School District	6	4	2	0	0	$628.35	$883.71	n/a	n/a	$713.47	n/a
Burlington-Edison School District	181	100	20	49	12	$677.77	$851.30	$825.60	$871.03	$749.78	1.285
Camas School District	246	119	38	61	28	$598.43	$819.36	$652.85	$836.60	$673.16	1.398
Cape Flattery School District	41	34	0	6	1	$656.78	n/a	$592.51	$741.09	$649.43	1.128
Carbonado School District	11	7	1	1	2	$711.48	$832.05	$769.85	$832.05	$749.67	1.169
Cascade School District	56	30	15	7	4	$577.24	$754.25	$691.85	$764.18	$652.33	1.324
Cashmere School District	110	47	19	17	27	$805.69	$742.17	$743.15	$655.60	$748.21	0.814
Castle Rock School District	63	42	7	12	2	$688.68	$914.90	$812.22	$922.90	$744.78	1.340
Centerville School District	5	0	3	2	0	n/a	$1,279.71	$1,274.11	n/a	$1,277.47	n/a
Central Kitsap School District	445	291	53	76	25	$614.04	$759.15	$652.16	$739.80	$644.90	1.205
Central Valley School District	560	370	51	109	30	$630.32	$716.90	$672.74	$738.30	$652.25	1.171
Centralia School District	172	108	20	35	9	$38.58	$108.52	$44.17	$158.89	$54.14	4.119
Chehalis School District	151	91	14	34	12	$587.88	$745.87	$700.43	$808.31	$645.38	1.375
Cheney School District	181	127	14	33	7	$598.59	$906.14	$741.69	$1,023.79	$664.91	1.710
Chewelah School District	38	26	5	7	0	$538.25	$848.35	$638.10	n/a	$597.44	n/a
Chimacum School District	61	40	7	11	3	$658.44	$753.67	$717.86	$795.41	$686.82	1.208
Clarkston School District	143	77	12	33	21	$663.25	$725.35	$720.98	$804.93	$702.59	1.214

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A17e
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Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Cle Elum-Roslyn School District	62	32	7	6	17	$860.69	$920.90	$968.47	$935.31	$898.38	1.087
Clover Park School District	470	324	35	87	24	$818.63	$888.34	$852.41	$899.55	$834.20	1.099
Colfax School District	27	17	3	6	1	$726.75	$1,129.71	$935.40	$1,468.99	$845.38	2.021
College Place School District	45	36	1	7	1	$675.12	$971.65	$738.39	$1,837.50	$717.38	2.722
Colton School District	5	3	0	1	1	$795.86	n/a	$819.82	$819.82	$805.44	1.030
Columbia (Stevens) School District	11	3	5	2	1	$640.07	$911.27	$711.97	$1,174.45	$824.99	1.835
Columbia (Walla Walla) School District	36	23	5	7	1	$719.91	$1,087.45	$949.73	$1,545.95	$838.59	2.147
Colville School District	93	60	11	16	6	$583.00	$647.23	$656.76	$634.07	$606.58	1.088
Concrete School District	27	19	5	3	0	$548.69	$962.51	$749.68	n/a	$647.66	n/a
Conway School District	24	11	5	6	2	$656.52	$718.47	$727.14	$691.62	$690.01	1.053
Cosmopolis School District	9	6	1	1	1	$634.91	$712.06	$528.04	$421.31	$607.87	0.664
Coulee-Hartline School District	15	8	3	1	3	$824.25	$840.00	$840.00	$840.00	$831.60	1.019
Coupeville School District	35	24	8	1	2	$631.54	$924.49	$640.40	$908.75	$714.59	1.439
Crescent School District	17	11	3	3	0	$640.05	$821.28	$708.80	n/a	$684.16	n/a
Creston School District	17	11	0	3	3	$738.84	n/a	$748.44	$1,034.68	$792.74	1.400
Curlew School District	18	12	4	1	1	$659.38	$739.55	$602.14	$583.84	$669.82	0.885
Cusick School District	18	7	4	6	1	$742.81	$857.31	$728.97	$867.80	$770.59	1.168
Damman School District	2	2	0	0	0	$534.41	n/a	n/a	n/a	$534.41	n/a
Darrington School District	31	8	8	6	9	$781.80	$734.60	$715.04	$770.38	$753.38	0.985
Davenport School District	35	17	3	12	3	$189.64	$408.27	$268.71	$594.27	$270.17	3.134
Dayton School District	20	10	1	4	5	$588.66	$595.91	$659.65	$691.11	$628.83	1.174
Deer Park School District	134	81	9	34	10	$569.08	$685.28	$695.49	$867.68	$631.24	1.525
Dieringer School District	64	29	10	11	14	$669.09	$874.92	$695.45	$1,081.55	$796.01	1.616
Dixie School District	5	3	0	2	0	$701.54	n/a	$971.27	n/a	$809.43	n/a
East Valley School District (Spokane)	252	171	20	46	15	$786.99	$924.11	$842.75	$819.14	$809.96	1.041
East Valley School District (Yakima)	121	69	17	26	9	$626.56	$696.39	$552.90	$1,056.38	$652.51	1.686
Eastmont School District	211	136	26	37	12	$674.51	$962.25	$803.33	$1,007.25	$751.48	1.493
Easton School District	8	4	1	2	1	$780.00	$780.00	$780.00	$780.00	$780.00	1.000
Eatonville School District	82	44	11	22	5	$616.47	$796.31	$756.29	$682.13	$682.11	1.107
Edmonds School District	771	444	89	160	78	$714.47	$879.05	$798.49	$913.67	$771.06	1.279
Ellensburg School District	130	83	22	16	9	$581.88	$618.92	$660.97	$715.50	$607.13	1.230
Elma School District	70	47	10	10	3	$745.57	$926.25	$841.29	$898.08	$791.59	1.205
Endicott School District	11	6	1	2	2	$717.83	$780.00	$775.95	$1,072.50	$798.54	1.494
Entiat School District	22	7	4	8	3	$597.64	$659.87	$713.51	$785.52	$676.71	1.314
Enumclaw School District	169	128	19	13	9	$659.08	$1,074.88	$931.93	$1,014.49	$745.74	1.539
Ephrata School District	99	63	14	16	6	$49.24	$393.45	$131.19	$315.47	$127.30	6.406

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Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A17e

Summary of District Monthly Contributions by District with Composite Cost By District — Classified Employees

Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Evaline School District	7	5	0	0	2	$362.56	n/a	n/a	$563.60	$420.00	1.555
Everett School District	548	231	117	85	115	$684.55	$1,259.20	$850.07	$1,483.83	$1,000.65	2.168
Evergreen School District (Clark)	748	504	85	121	38	$580.79	$694.33	$631.41	$797.49	$612.89	1.373
Evergreen School District (Stevens)	2	2	0	0	0	$525.25	n/a	n/a	n/a	$525.25	n/a
Federal Way School District	790	557	58	131	44	$696.02	$773.20	$757.31	$763.76	$715.63	1.097
Ferndale School District	232	142	28	36	26	$638.92	$952.66	$863.26	$959.82	$747.56	1.502
Fife School District	123	68	23	26	6	$624.34	$924.12	$745.77	$1,063.80	$727.50	1.704
Finley School District	47	31	4	9	3	$672.69	$1,053.87	$724.95	$988.78	$735.31	1.470
Franklin Pierce School District	361	247	39	52	23	$653.67	$727.46	$737.35	$769.52	$681.07	1.177
Freeman School District	33	16	7	9	1	$604.81	$806.82	$762.63	$1,117.83	$706.25	1.848
Garfield School District	11	7	1	2	1	$531.06	$614.34	$607.15	$614.34	$560.03	1.157
Glenwood School District	10	7	2	1	0	$538.23	$183.89	$279.46	n/a	$441.49	n/a
Goldendale School District	42	28	8	2	4	$595.42	$800.02	$989.80	$750.25	$667.91	1.260
Grand Coulee Dam School District	55	36	2	12	5	$622.13	$686.80	$712.23	$758.22	$656.51	1.219
Grandview School District	156	86	12	43	15	$592.91	$928.35	$693.33	$1,268.15	$711.32	2.139
Granger School District	80	48	8	18	6	$667.43	$1,334.23	$769.10	$1,673.17	$832.41	2.507
Granite Falls School District	95	55	5	23	12	$693.59	$762.76	$775.07	$889.36	$741.69	1.282
Grapeview School District	8	6	0	2	0	$628.31	n/a	$766.00	n/a	$662.73	n/a
Great Northern School District	1	1	0	0	0	$9,049.68	n/a	n/a	n/a	$9,049.68	n/a
Green Mountain School District	5	2	1	2	0	$776.91	$760.98	$762.15	n/a	$767.82	n/a
Griffin School District	38	20	7	8	3	$633.26	$782.31	$717.02	$857.49	$696.05	1.354
Harrington School District	14	5	3	2	4	$567.34	$409.75	$770.07	$808.46	$631.42	1.425
Highland School District	55	43	3	8	1	$593.53	$813.26	$687.29	$611.80	$619.49	1.031
Highline School District	869	655	52	124	38	$679.24	$765.78	$784.98	$751.20	$702.65	1.106
Hockinson School District	62	25	7	18	12	$730.83	$1,095.70	$973.07	$1,047.25	$903.59	1.433
Hood Canal School District	19	9	5	5	0	$699.53	$1,202.38	$1,002.06	n/a	$911.47	n/a
Hoquiam School District	67	45	7	15	0	$744.09	$829.73	$856.98	n/a	$778.31	n/a
Inchelium School District	18	13	1	3	1	$9,152.06	$11,348.52	$9,534.00	$1,624.80	$8,919.56	0.178
Index School District	2	1	0	1	0	$575.66	n/a	$575.66	n/a	$575.66	n/a
Issaquah School District	738	491	60	129	58	$593.63	$704.95	$654.25	$714.70	$622.79	1.204
Kahlotus School District	7	5	1	0	1	$830.74	$796.98	n/a	$852.04	$828.96	1.026
Kalama School District	20	13	3	3	1	$758.91	$785.54	$926.39	$1,082.62	$804.21	1.427
Keller School District	6	6	0	0	0	$654.43	n/a	n/a	n/a	$654.43	n/a
Kelso School District	178	131	19	16	12	$639.74	$911.55	$753.78	$721.66	$684.53	1.128
Kennewick School District	761	441	88	142	90	$699.92	$858.95	$771.81	$861.62	$750.85	1.231
Kent School District	1,110	725	93	204	88	$672.13	$850.93	$795.15	$867.96	$725.24	1.291

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A17e
Summary of District Monthly Contributions by District with Composite Cost By District — Classified Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Kettle Falls School District	42	27	9	5	1	$581.46	$628.89	$576.27	$571.55	$590.77	0.983
Kiona-Benton City School District	71	48	5	15	3	$668.53	$766.55	$805.81	$809.05	$710.37	1.210
Kittitas School District	35	12	12	1	10	$840.00	$840.00	$840.00	$840.00	$840.00	1.000
Klickitat School District	8	6	1	1	0	$631.51	$1,267.09	$619.44	n/a	$709.45	n/a
La Center School District	26	19	2	4	1	$596.85	$918.27	$610.93	$269.15	$611.14	0.451
La Conner School District	44	24	3	7	10	$762.17	$881.89	$880.35	$1,093.18	$864.36	1.434
LaCrosse School District	9	5	1	2	1	$537.34	$714.28	$609.79	$657.70	$586.47	1.224
Lake Chelan School District	78	52	6	14	6	$600.93	$690.19	$688.10	$692.90	$630.52	1.153
Lake Quinault School District	18	9	5	4	0	$685.00	$1,065.25	$646.14	n/a	$781.99	n/a
Lake Stevens School District	337	209	32	68	28	$665.51	$984.54	$783.97	$1,180.12	$762.46	1.773
Lake Washington School District	811	463	77	176	95	$626.65	$752.92	$678.35	$941.02	$686.68	1.502
Lakewood School District	79	45	7	18	9	$694.73	$1,037.43	$747.24	$992.36	$770.97	1.428
Lamont School District	4	2	1	0	1	$617.92	$573.84	n/a	$617.92	$606.90	1.000
Liberty School District	35	20	7	6	2	$654.96	$636.84	$741.20	$657.25	$666.25	1.003
Lind School District	17	9	2	3	3	$647.11	$705.33	$814.74	$990.55	$744.15	1.531
Longview School District	311	206	33	59	13	$730.86	$894.52	$799.62	$862.39	$766.77	1.180
Loon Lake School District	14	12	0	2	0	$710.31	n/a	$536.75	n/a	$685.51	n/a
Lopez School District	23	16	6	1	0	$504.13	$618.78	$647.38	n/a	$540.27	n/a
Lyle School District	14	12	2	0	0	$610.05	$1,360.61	n/a	n/a	$717.27	n/a
Lynden School District	172	99	19	30	24	$566.90	$801.13	$724.94	$861.71	$661.47	1.520
Mabton School District	47	30	4	9	4	$584.42	$635.84	$634.30	$671.03	$605.72	1.148
Mansfield School District	9	3	1	1	4	$691.20	$668.16	$768.00	$689.28	$696.32	0.997
Manson School District	44	27	7	8	2	$627.44	$863.47	$737.95	$722.22	$689.39	1.151
Mary M Knight School District	10	2	2	4	2	$929.68	$885.53	$957.94	$1,294.90	$1,005.20	1.393
Mary Walker School District	29	20	6	3	0	$626.85	$793.86	$689.66	n/a	$667.90	n/a
Marysville School District	402	269	37	68	28	$731.06	$847.32	$783.42	$861.77	$759.72	1.179
McCleary School District	17	11	0	6	0	$632.51	n/a	$664.02	n/a	$643.63	n/a
Mead School District	406	266	44	69	27	$630.13	$872.99	$661.92	$834.24	$675.43	1.324
Medical Lake School District	66	38	9	11	8	$688.78	$1,010.11	$798.91	$1,032.82	$792.65	1.500
Mercer Island School District	219	133	25	40	21	$623.82	$875.47	$686.85	$822.49	$683.11	1.318
Meridian School District	76	48	7	13	8	$626.09	$841.83	$844.53	$872.14	$709.22	1.393
Methow Valley School District	43	23	11	4	5	$874.46	$927.76	$902.58	$1,021.00	$907.75	1.168
Mill A School District	3	1	0	0	2	$687.30	n/a	n/a	$857.52	$800.78	1.248
Monroe School District	265	148	32	64	21	$689.54	$902.42	$760.15	$813.92	$742.16	1.180
Montesano School District	55	32	5	13	5	$640.66	$982.79	$735.00	$1,354.89	$758.99	2.115
Morton School District	18	14	0	3	1	$700.94	n/a	$837.33	$158.56	$693.54	0.226

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		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Moses Lake School District	383	241	34	91	17	$722.43	$920.05	$816.95	$848.26	$768.02	1.174
Mossyrock School District	41	16	2	5	18	$656.03	$819.55	$823.84	$491.44	$612.21	0.749
Mount Adams School District	62	44	4	11	3	$651.75	$689.42	$612.38	$610.21	$645.18	0.936
Mount Baker School District	123	74	28	10	11	$608.28	$789.64	$749.18	$866.90	$684.15	1.425
Mount Pleasant School District	3	1	1	1	0	$122.75	$1,448.93	$1,372.97	n/a	$981.55	n/a
Mount Vernon School District	337	245	26	47	19	$680.81	$739.90	$761.58	$754.65	$700.80	1.108
Mukilteo School District	487	326	40	96	25	$658.47	$807.43	$775.39	$841.68	$703.16	1.278
Naches Valley School District	48	33	6	7	2	$595.24	$686.67	$668.26	$673.86	$620.59	1.132
Napavine School District	42	25	4	11	2	$588.28	$760.11	$673.64	$711.06	$632.85	1.209
Naselle-Grays River Valley School District	25	8	3	7	7	$833.39	$1,210.14	$928.01	$1,078.52	$973.73	1.294
Nespelem School District	13	8	2	3	0	$597.39	$961.93	$746.51	n/a	$687.89	n/a
Newport School District	47	32	3	9	3	$549.08	$604.11	$574.77	$596.01	$560.51	1.085
Nine Mile Falls School District	47	24	6	10	7	$660.20	$1,125.85	$774.06	$779.63	$761.66	1.181
Nooksack Valley School District	99	55	9	21	14	$637.77	$909.78	$833.81	$942.38	$747.16	1.478
North Beach School District	46	35	10	0	1	$672.79	$862.91	n/a	$545.71	$711.36	0.811
North Franklin School District	122	65	16	22	19	$552.14	$932.56	$638.84	$949.18	$679.50	1.719
North Kitsap School District	233	147	27	44	15	$691.19	$844.32	$759.09	$737.26	$724.72	1.067
North Mason School District	68	47	5	12	4	$743.64	$1,147.08	$1,013.38	$1,177.26	$846.41	1.583
North River School District	8	7	0	0	1	$563.32	n/a	n/a	$661.80	$575.63	1.175
North Thurston Public Schools	533	302	47	151	33	$612.09	$888.05	$751.50	$1,266.99	$716.46	2.070
Northport School District	20	10	5	3	2	$891.64	$988.40	$1,023.33	$1,255.30	$971.95	1.408
Northshore School District	722	393	113	136	80	$575.43	$749.11	$690.71	$842.37	$653.91	1.464
Oak Harbor School District	191	110	31	36	14	$760.82	$1,272.93	$955.75	$1,308.84	$920.85	1.720
Oakesdale School District	9	2	2	3	2	$731.25	$658.13	$780.00	$731.25	$731.25	1.000
Oakville School District	20	10	1	9	0	$598.24	$788.82	$731.05	n/a	$667.54	n/a
Ocean Beach School District	59	35	11	11	2	$651.06	$817.00	$802.70	$716.37	$712.48	1.100
Ocosta School District	38	29	2	4	3	$655.52	$1,149.50	$774.07	$854.77	$709.73	1.304
Odessa School District	18	8	6	3	1	$612.28	$675.60	$626.13	$646.95	$637.62	1.057
Okanogan School District	68	54	5	7	2	$609.57	$736.39	$761.35	$542.50	$632.55	0.890
Olympia School District	321	199	39	60	23	$662.60	$827.25	$771.62	$885.48	$718.95	1.336
Omak School District	103	79	8	12	4	$616.07	$790.10	$676.84	$877.23	$646.81	1.424
Onalaska School District	41	24	5	7	5	$606.97	$892.56	$736.84	$801.67	$687.71	1.321
Onion Creek School District	6	1	3	1	1	$780.00	$780.00	$780.00	$780.00	$780.00	1.000
Orcas Island School District	35	14	7	8	6	$482.56	$607.24	$561.78	$550.15	$537.19	1.140
Orchard Prairie School District	2	2	0	0	0	$740.45	n/a	n/a	n/a	$740.45	n/a
Orient School District	7	6	1	0	0	$5,580.56	$6,977.64	n/a	n/a	$5,780.14	n/a

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A17e
Summary of District Monthly Contributions by District with Composite Cost By District — Classified Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Orondo School District	17	13	2	1	1	$587.98	$840.26	$588.61	$886.08	$635.23	1.507
Oroville School District	33	22	3	7	1	$601.61	$1,118.52	$1,063.33	$2,247.65	$796.42	3.736
Orting School District	80	41	12	14	13	$637.07	$884.02	$647.44	$743.14	$693.16	1.166
Othello School District	182	112	21	41	8	$550.31	$646.44	$585.20	$861.60	$582.94	1.566
Palisades School District	4	0	2	1	1	n/a	$840.00	$840.00	$840.00	$840.00	n/a
Palouse School District	9	3	4	2	0	$586.39	$699.53	$643.83	n/a	$649.44	n/a
Pasco School District	757	536	41	146	34	$632.74	$769.34	$755.28	$913.56	$676.38	1.444
Pateros School District	16	13	0	2	1	$603.75	n/a	$687.35	$780.00	$625.22	1.292
Paterson School District	11	2	1	0	8	$696.32	$1,686.70	n/a	$191.73	$419.38	0.275
Pe Ell School District	29	20	2	5	2	$571.27	$584.00	$658.27	$1,227.26	$632.39	2.148
Peninsula School District	293	193	35	52	13	$637.71	$781.23	$721.98	$826.08	$678.16	1.295
Pioneer School District	45	33	1	8	3	$559.29	$613.90	$662.31	$613.90	$582.46	1.098
Pomeroy School District	15	6	1	2	6	$648.23	$754.25	$728.75	$803.95	$728.32	1.240
Port Angeles School District	188	110	26	34	18	$643.18	$697.50	$700.90	$728.45	$669.30	1.133
Port Townsend School District	57	34	15	6	2	$691.24	$967.12	$825.55	$1,091.98	$792.04	1.580
Prescott School District	21	16	3	2	0	$613.85	$572.01	$625.95	n/a	$609.02	n/a
Prosser School District	136	75	7	46	8	$612.94	$851.93	$719.46	$706.11	$666.75	1.152
Pullman School District	95	70	6	16	3	$631.00	$876.61	$782.95	$838.47	$678.66	1.329
Puyallup School District	653	483	57	74	39	$681.34	$716.97	$678.05	$783.96	$690.20	1.151
Queets-Clearwater School District	6	4	0	2	0	$588.68	n/a	$704.80	n/a	$627.39	n/a
Quilcene School District	12	11	0	1	0	$752.29	n/a	$642.58	n/a	$743.15	n/a
Quillayute Valley School District	92	64	9	16	3	$650.09	$791.95	$721.91	$763.54	$680.16	1.175
Quincy School District	119	85	6	22	6	$692.82	$829.13	$808.93	$816.08	$727.37	1.178
Rainier School District	32	21	6	3	2	$663.97	$948.73	$831.69	$623.29	$730.54	0.939
Raymond School District	35	26	4	5	0	$732.99	$742.49	$725.76	n/a	$733.04	n/a
Reardan-Edwall School District	27	17	5	3	2	$586.79	$814.70	$705.75	$950.24	$669.13	1.619
Renton School District	606	387	62	122	35	$662.74	$844.38	$781.64	$889.13	$718.33	1.342
Republic School District	24	12	4	3	5	$504.11	$709.59	$528.93	$912.92	$626.63	1.811
Richland School District	428	286	24	86	32	$619.63	$677.26	$655.90	$633.37	$631.18	1.022
Ridgefield School District	36	14	9	7	6	$648.11	$859.64	$721.04	$741.50	$730.74	1.144
Ritzville School District	27	4	8	4	11	$840.00	$829.50	$798.00	$770.55	$802.37	0.917
Riverside School District	45	29	8	5	3	$645.87	$715.19	$677.17	$698.75	$665.20	1.082
Riverview School District	114	68	17	19	10	$555.78	$555.29	$536.34	$533.47	$550.51	0.960
Rochester School District	80	38	9	27	6	$674.47	$898.48	$762.56	$876.01	$744.52	1.299
Roosevelt School District	4	4	0	0	0	$837.75	n/a	n/a	n/a	$837.75	n/a
Rosalia School District	15	8	4	1	2	$625.71	$604.89	$709.80	$670.04	$631.67	1.071

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A17e
Summary of District Monthly Contributions by District with Composite Cost By District — Classified Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Royal School District	91	67	5	15	4	$584.90	$723.66	$684.51	$728.44	$615.25	1.245
San Juan Island School District	37	23	4	8	2	$566.01	$993.97	$742.74	$638.36	$654.40	1.128
Satsop School District	4	4	0	0	0	$585.91	n/a	n/a	n/a	$585.91	n/a
Seattle Public Schools	2,175	1,344	210	452	169	$708.17	$711.29	$708.64	$700.11	$707.94	0.989
Sedro-Woolley School District	220	145	17	41	17	$657.77	$888.45	$791.12	$940.82	$722.32	1.430
Selah School District	156	110	16	24	6	$590.38	$670.51	$669.14	$641.53	$612.68	1.087
Selkirk School District	11	5	2	0	4	$638.98	$1,476.80	n/a	$1,009.56	$926.06	1.580
Sequim School District	103	58	9	25	11	$561.20	$726.36	$644.23	$864.05	$628.13	1.540
Shaw Island School District	1	0	0	0	1	n/a	n/a	n/a	$800.66	$800.66	n/a
Shelton School District	268	190	26	37	15	$625.61	$803.14	$729.60	$803.27	$667.13	1.284
Shoreline School District	387	229	51	72	35	$643.61	$805.70	$694.86	$812.26	$689.75	1.262
Skamania School District	5	3	1	0	1	$611.15	$484.64	n/a	$758.71	$615.36	1.241
Skykomish School District	2	2	0	0	0	$746.03	n/a	n/a	n/a	$746.03	n/a
Snohomish School District	376	210	45	82	39	$649.07	$819.98	$725.34	$760.25	$697.69	1.171
Snoqualmie Valley School District	243	135	26	50	32	$673.95	$771.30	$764.81	$811.66	$721.19	1.204
Soap Lake School District	6	5	0	0	1	$769.25	n/a	n/a	$0.00	$641.04	0.000
South Bend School District	57	37	1	14	5	$632.06	$685.69	$763.78	$708.25	$672.04	1.121
South Kitsap School District	351	216	41	68	26	$696.87	$1,021.77	$784.36	$1,004.99	$774.60	1.442
South Whidbey School District	71	47	8	9	7	$638.49	$768.99	$682.97	$804.93	$675.24	1.261
Southside School District	5	2	2	1	0	$559.40	$592.03	$559.40	n/a	$572.45	n/a
Spokane School District	1,037	525	131	127	254	$653.18	$882.22	$741.65	$948.36	$765.25	1.452
Sprague School District	9	7	1	1	0	$560.23	$1,453.75	$734.78	n/a	$678.90	n/a
St. John School District	9	5	0	3	1	$5,875.60	n/a	$7,706.97	$6,240.00	$6,526.54	1.062
Stanwood-Camano School District	168	102	22	28	16	$729.62	$995.39	$771.88	$1,092.40	$806.02	1.497
Star School District	3	1	0	0	2	$9,328.00	n/a	n/a	$8,263.00	$8,618.00	0.886
Starbuck School District	3	3	0	0	0	$749.70	n/a	n/a	n/a	$749.70	n/a
Stehekin School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Steilacoom Hist. School District	78	46	6	18	8	$703.57	$889.31	$892.25	$987.43	$790.51	1.403
Steptoe School District	5	2	2	1	0	$705.90	$510.00	$511.88	n/a	$588.74	n/a
Stevenson-Carson School District	48	27	12	1	8	$644.29	$1,253.77	$886.53	$1,587.27	$958.87	2.464
Sultan School District	104	63	5	17	19	$703.78	$891.73	$850.51	$819.89	$758.02	1.165
Summit Valley School District	3	3	0	0	0	$687.70	n/a	n/a	n/a	$687.70	n/a
Sumner School District	334	167	49	53	65	$442.42	$791.49	$585.45	$924.96	$610.24	2.091
Sunnyside School District	323	231	17	67	8	$605.00	$732.24	$682.73	$819.59	$633.13	1.355
Tacoma School District	941	427	208	155	151	$694.68	$1,290.70	$936.46	$1,536.88	$1,001.39	2.212
Taholah School District	16	11	0	4	1	$640.99	n/a	$767.33	$635.07	$672.20	0.991

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A17e
Summary of District Monthly Contributions by District with Composite Cost By District — Classified Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Tahoma School District	326	181	21	89	35	$691.09	$771.12	$746.13	$758.30	$718.48	1.097
Tekoa School District	14	7	2	5	0	$554.71	$791.55	$539.02	n/a	$582.94	n/a
Tenino School District	53	26	9	15	3	$405.71	$704.95	$392.55	$709.83	$470.01	1.750
Thorp School District	4	2	2	0	0	$580.40	$1,056.25	n/a	n/a	$818.33	n/a
Toledo School District	27	24	1	1	1	$488.66	$806.67	$236.65	$674.98	$498.00	1.381
Tonasket School District	66	41	9	11	5	$613.41	$843.56	$739.08	$794.28	$679.44	1.295
Toppenish School District	188	128	19	31	10	$652.92	$1,077.09	$740.71	$1,677.61	$764.77	2.569
Touchet School District	11	8	2	1	0	$487.40	$719.48	$788.46	n/a	$556.97	n/a
Toutle Lake School District	32	23	2	5	2	$606.59	$900.54	$672.87	$442.08	$625.04	0.729
Trout Lake School District	10	5	4	0	1	$689.42	$1,177.44	n/a	$808.66	$896.55	1.173
Tukwila School District	123	92	5	21	5	$690.39	$800.17	$786.83	$869.28	$718.59	1.259
Tumwater School District	256	171	15	55	15	$663.84	$728.38	$733.22	$857.93	$693.90	1.292
Union Gap School District	36	21	5	6	4	$772.54	$897.63	$823.16	$842.05	$806.07	1.090
University Place School District	158	102	16	27	13	$659.43	$797.57	$795.94	$814.03	$709.47	1.234
Valley School District	48	30	6	8	4	$626.32	$981.44	$731.55	$1,076.75	$725.78	1.719
Vancouver School District	929	598	100	174	57	$681.82	$784.27	$733.60	$739.31	$706.07	1.084
Vashon Island School District	58	29	7	12	10	$690.66	$1,061.53	$711.77	$903.48	$776.48	1.308
Wahkiakum School District	25	7	7	1	10	$881.82	$947.84	$972.00	$935.26	$925.29	1.061
Wahluke School District	107	81	10	13	3	$674.34	$941.32	$919.89	$820.14	$733.22	1.216
Waitsburg School District	15	7	1	7	0	$505.67	$609.81	$603.58	n/a	$558.31	n/a
Walla Walla Public Schools	334	222	36	61	15	$626.92	$735.54	$738.72	$753.27	$664.72	1.202
Wapato School District	171	113	6	45	7	$622.04	$1,364.25	$671.89	$1,780.44	$708.62	2.862
Warden School District	51	25	9	7	10	$812.23	$736.15	$747.39	$768.27	$781.28	0.946
Washougal School District	111	85	17	8	1	$707.62	$825.10	$735.83	$1,033.16	$730.58	1.460
Washtucna School District	5	1	1	2	1	$812.62	$944.01	$587.12	$630.74	$712.32	0.776
Waterville School District	18	8	3	5	2	$709.06	$721.41	$709.80	$812.39	$722.80	1.146
Wellpinit School District	43	16	8	13	6	$518.96	$549.96	$546.48	$697.80	$558.00	1.345
Wenatchee School District	358	246	27	69	16	$635.12	$815.61	$716.14	$767.25	$670.26	1.208
West Valley School District (Spokane)	167	102	23	30	12	$676.99	$1,129.52	$872.69	$1,089.14	$804.09	1.609
West Valley School District (Yakima)	192	103	27	38	24	$651.03	$771.17	$725.76	$759.74	$696.31	1.167
White Pass School District	27	24	1	1	1	$619.79	$694.33	$606.50	$910.90	$632.84	1.470
White River School District	146	99	16	21	10	$646.72	$923.46	$776.76	$963.52	$717.45	1.490
White Salmon Valley School District	45	35	7	0	3	$596.42	$1,008.97	n/a	$864.38	$678.46	1.449
Wilbur School District	26	11	6	6	3	$713.82	$735.00	$667.33	$745.33	$711.62	1.044
Willapa Valley School District	18	16	0	0	2	$667.11	n/a	n/a	$2,244.97	$842.43	3.365
Wilson Creek School District	17	11	1	3	2	$644.55	$676.03	$820.00	$679.98	$681.53	1.055

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A17e
Summary of District Monthly Contributions by District with Composite Cost By District — Classified Employees

Snapshot as of October 1, 2015 — Reporting Districts Only

District	Enrolled Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM					
		EE	ES	EC	EF	EE	ES	EC	EF	Composite[1]	Ratio EF/EE
Winlock School District	51	26	8	9	8	$613.31	$738.93	$700.32	$712.95	$664.00	1.162
Wishkah Valley School District	8	5	0	3	0	$716.75	n/a	$911.00	n/a	$789.59	n/a
Wishram School District	9	5	2	0	2	$427.40	$900.20	n/a	$1,115.13	$685.29	2.609
Woodland School District	146	103	6	30	7	$1,013.29	$1,283.23	$948.21	$1,046.21	$1,012.59	1.032
Yakima School District	787	495	59	213	20	$748.04	$802.27	$772.88	$791.88	$759.95	1.059
Yelm School District	217	143	21	44	9	$699.75	$850.85	$787.67	$867.29	$739.15	1.239
Zillah School District	65	43	4	15	3	$623.69	$736.30	$700.37	$1,162.34	$673.17	1.864
Low	**0**	**0**	**0**	**0**	**0**	**$38.58**	**$108.52**	**$44.17**	**$0.00**	**$54.14**	**0.000**
High	**2,175**	**1,344**	**210**	**452**	**254**	**$9,328.00**	**$11,348.52**	**$9,534.00**	**$8,263.00**	**$9,049.68**	**0.886**
Grand Total/Average	**42,860**	**26,599**	**4,655**	**7,973**	**3,633**	**$662.35**	**$849.58**	**$741.53**	**$903.85**	**$717.88**	**1.365**

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A18a
Summary of Innovative Plans Features For All Plans Combined by Carrier — Table 1
For Calendar Year 2015

Innovation	Carrier								
	1	2	3	4	5	6	7	8	9
Assessment of chronic diseases in a given population	✓	✓	✓	✓	✓	✓			✓
Assessment of health risks within the district population	✓	✓	✓	✓	✓	✓			✓
Assessment of targeted chronic conditions, such as diabetes and depression, in the district population	✓	✓	✓	✓		✓			✓
Case management; utilization management program	✓	✓	✓	✓	✓	✓	✓	✓	✓
Centers of excellence for high-cost cases	✓	✓	✓	✓		✓		✓	✓
Communication programs to support healthy behaviors	✓	✓	✓	✓	✓	✓		✓	✓
Coverage for smoking cessation	✓	✓	✓	✓		✓	✓	✓	✓
Coverage for treatment of obesity	✓	✓	✓	✓		✓		✓	
District-specific claims data		✓		✓	✓	✓			✓
Focused disease management program	✓	✓	✓	✓	✓	✓			✓
Four-tier prescription drug program (generic, preferred brand, non-preferred brand, and specialty)	✓			✓		✓			✓
Health-risk assessments	✓	✓	✓	✓	✓	✓		✓	✓
High-risk maternity program; maternity education program	✓	✓	✓	✓	✓	✓	✓		✓
Information on medical trends and factors contributing to increasing claim trends within district	✓	✓	✓	✓	✓	✓			✓
Membership-specific feedback to plan participants/members on necessary medical services	✓	✓	✓	✓		✓			✓
Nurse line services	✓	✓	✓	✓	✓	✓	✓		✓
PPO network	✓	✓	✓		✓	✓	✓	✓	✓
Reports to district on health-plan performance		✓	✓	✓	✓	✓			✓
Three-tier prescription drug program (generic, preferred brand, and non-preferred brand)	✓	✓	✓	✓	✓		✓		✓
Value-based plan designs	✓	✓	✓	✓	✓	✓			
We provide district clients with healthcare cost trends		✓	✓	✓		✓			✓
Website health tools and resources	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wellness newsletters and/or wellness messages on carrier website	✓	✓	✓	✓	✓	✓		✓	✓
Wellness program design and resources	✓	✓	✓	✓	✓	✓	✓	✓	✓

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A18b

Summary of Innovative Plans Features For All Plans Combined by District — Table 2

Calendar Year 2015 — Reporting Districts Only

Innovation	Number of Districts Using
Communicate to employees that healthy behaviors can reduce health benefit costs.	271
Encourage our employees to know their *numbers* (cholesterol, body mass index, blood pressure, blood glucose levels)	265
Include case management and utilization management programs.	257
Know the health risks of our population of employees.	170
Offer a communication plan to target chronic conditions (e.g. diabetes and depression).	269
Offer a focused disease management program.	229
Offer a high-risk maternity program or maternity education program.	256
Offer a Nurse Line service.	270
Offer a website to employees which includes health tools and resources.	290
Offer a wellness program.	269
Offer centers of excellence for high-cost services such as transplants.	253
Offer financial incentives for employees to lose weight.	26
Offer financial incentives for employees to stop smoking.	32
Offer incentives to encourage our population to improve their health.	80
Offer our employees an opportunity to complete biometric screenings.	90
Offer our employees an opportunity to complete health risk assessments.	273
Provide wellness coaching to our employees.	122
Send out wellness newsletters and/or post wellness messages on site.	278
Our district has a benefits strategy that includes improving the health of our employees.	149
Our district has specific health plan goals for our employees.	70
Our health plan administrator/insurer or other third party works with us to find ways to reduce our health plan costs	283
Our health plan administrator/insurer provides us information on health care cost and trends	284
To reduce unnecessary health services at least one of our health plans includes a copay for emergency room services	294
To reduce unnecessary health services at least one of our health plans includes a copay for inpatient hospital admissions	292
To reduce unnecessary health services our pharmacy program requires higher copays for brand-name drugs where a generic drug is available	293
We contract with an independent third party to provide wellness services to our employees	49
We contract with our health plan to provide wellness services to our employees.	252
We have a benefits budget that includes a wellness promotion component.	44
We offer a *consumer driven* health plan with a Health Savings Account.	204
We offer a plan design with a network of providers (hospitals and professionals) and higher benefits for use of in-network providers	293
We participate in a health plan coalition.	219
We provide incentives for employees to use our wellness programs.	74
We receive health plan performance data from our health plan administrator/insurer.	243

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Carrier 01	**Administrative Cost Reduction**	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans are approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Carrier 01	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost savings measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98%+ of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.

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		B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the QHDHP or the EasyChoice Plan.

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		The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Carrier 01	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Conduct independent surveys to measure enrollee satisfaction and then put a focus on making changes to improve satisfaction. C. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. E. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.

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		G. Work with enrollees or their provider to address escalated or complex issues. H. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Carrier 01	**District Management of Health Plans**	A. Premera passed on lower increases to dependents than to employee only tiers four out of the past five years for all school district business. B. Premera added lower cost options, such as the QHDHP, that have lowered premiums for all school district plans. C. Premera provides a website with access to information about the employee's benefits – this includes a cost estimator which helps enrollees determine which providers require less out of pocket costs. The website provides educational information about wellness programs and their plan benefits. D. Premera does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. E. Premera has "Ulysses Learning™" which leads to first call resolution and a higher level of overall satisfaction from enrollees. F. Premera's "Lean" workshops include Customer Service, Claims, Billing, and Sales and Marketing processes which we continue to focus on in order to improve the enrollee experience. In addition, Premera has: A. Patient-centered medical home program that has enabled enrollees to select a clinic at which they received their non-emergent health care without having a copayment. B. BlueCard national network of providers and international network via BlueCard Worldwide

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		C. Integrated Utilization Management that works with members and providers across the care continuum, focused disease management program for lung and breast cancer as well as high-risk pregnancy.
		WEA Select Plans: A. Provide year-round service for enrollees and districts is available for those who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits, the plan choices, network status, special enrollment rights, etc. Premera works to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. B. Offers a lower cost option (EasyChoice) that has a lower premium. C. WEA has their own claim review process, separately, that allows enrollees to go before a board of their peers and have the claim upheld, denied, or have an administrative allowance made. The input from the enrollees has assisted the WEA in developing benefit revisions to their plans. D. Approved Leave of Absence coverage for up to 18-months E. Coverage during a Labor Dispute F. Coverage for those affected by a Reduction in Force G. Semi-annual newsletters are sent to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. H. Meetings to assist payroll and HR with plan information, updates, education, etc.

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Carrier 01	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, a QHDHP is available.
Carrier 02	**Administrative Cost Reduction**	In 2015, Group Health continued to focus our efforts on existing technology, making needed improvements to Premier and other legacy systems in order to meet federal, state, and industry guidelines and continue to provide the best service to our customers. On December 4, 2015, Group Health Cooperative announced that it signed an agreement to be acquired by Kaiser Foundation Health Plan of Washington. The approval process for the acquisition may take up to a year or more to complete. The acquisition was approved by Group Health's voting membership and is pending regulatory approval. Group Health's operations will not change right away. Upon the completion of the acquisition process, Kaiser Foundation Health Plan of Washington will become the parent company of Group Health Cooperative, Group Health Options, Inc., and certain other current Group Health subsidiaries. Group Health Cooperative and Group Health Options, Inc. will continue to hold their existing health plan contracts with employer group purchasers and other purchasers at the close of the acquisition. By joining with the larger Kaiser Permanente organization, Group Health will have access to greater resources and capital that will expand our capacity to care for and attract more people in Washington state.
Carrier 02	**Cost Savings**	1. We work closely with the client to find the right benefit designs and network options and integrate them with our own delivery system to ensure that the group can maximize cost controls.

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		2. We offer patient-centered care that promotes collaboration between physicians, specialists, and other members of the health care team. We empower employees to improve health through cost effective care management, wellness solutions, and occupational health services. All of these can result in a more productive workforce and lower overall costs.
		3. In order to ensure claims timeliness and accuracy, we have online systems that catch inappropriate billing, review coding, identify duplicate billings and COB/subrogation opportunities. We perform pre-payment review of high dollar claims and post-payment audits.
		4. Group Health recently selected OptumRx to handle our pharmacy benefits management (claims and related network administration). As part of our continuing focus on cost savings across the enterprise, we identified our PBM relationship as a potential opportunity. By switching from our current vendor, MedImpact, to OptumRx, we will achieve significant savings and industry-leading capabilities to better manage the fastest growing component of health care costs into the future.
		5. Optimizing and actively managing transitions of care is a core competency and differentiator for Group Health. With onsite hospitalists and CMLNs to assist with transitions of care from one site to another and referrals to specialty programs or services, for both PPO and HMO members, Group Health is able to achieve better outcomes and lower costs. Coordinating these "hand-offs" results in lower costs and fewer days in the hospital. The most apparent objective measure of this performance is fewer readmissions and lower total cost of care.

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		6. With our Optum Impact Intelligence tool, Group Health is able to analyze and dissect clinical and financial data to track utilization trends, patient outcomes, and provider performance and better manage the total cost of care and identify improvement opportunities.
		7. Group Health Care Management uses a number of approaches to identify individuals with high utilization of specific services and overall high utilization. Specifically, we use a predictive modeling tool - the Johns Hopkins Adjusted Clinical Groups (ACG) system - to identify members with specific conditions and high risk of hospitalization or high cost. We also receive routine reports of members with high utilization of Emergency Department Services. Additionally, we work with one of our purchasers around ED utilization for their enrollees. Care Management clinical staff (including registered nurses and licensed independent clinical social workers) reach out to individuals identified through these processes. The key concepts in working with these members are to support identification of and bonding with a primary care provider, to offer education regarding ways to access same day care through their provider, urgent care centers, and the use of our Consulting Nurse Service (CNS.) The work with members identified by the ACG focuses on supporting the medical treatment plan for any chronic conditions, assisting the member in improving their self-management skills and offering various organizational and community resources. This work may include focus on improved compliance with medications, routine care, and preventive care; management of sick days, education tailored to each individual and resolving any barriers to success that are identified by the patient or caregiver. We have also implemented a collaborative process between the Consulting Nurse Service, Behavioral Health Access (BHA) and Care Management (CM) areas. This process identifies individuals with high utilization of CNS and includes a review by CNS managers to determine if the calls were appropriate for the CNS program to manage. When it appears that members are accessing CNS for support with behavioral health concerns or because a behavioral health concern is driving frequent calls, e.g. depression,

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		anxiety; BHA reviews and reaches out to the individuals or forwards the referrals to the CM case managers, who then reach out to the patients directly. If appropriate, the behavioral health and CM clinicians will collaborate on the care offered to members with co-occurring behavioral health and medical concerns.
		In addition to the utilization management activities discussed above, Group Health Care Management has recently implemented a strategy to further ensure that short hospital stays are appropriately coded as observation stays, which is anticipated to yield significant savings. The CM staff working with hospitalized patients and following recently discharged patients are also focused on effective transition management to provide patients with a plan for a safe transition that includes post-discharge telephone calls, follow up appointments, confirmation that home health, etc. is in place, and medication reconciliation. These efforts are planned to mitigate the risk of readmission, thereby improving outcomes for patients and avoiding additional costs. Care Management staff track financial savings associated with working with patients in all areas.
		The outpatient CM staff work on improving outcomes for members by working with them on improving their health and their self-management skills; navigating the health care system; evaluating and working through barriers to meeting goals; and accessing routine care. All this work is done with the understanding of the patient's benefits and specific needs. Our efforts in identifying patients for case management are focused on those individuals with chronic conditions, including diabetes and congestive heart failure, recent hospitalizations, and new diagnoses of serious conditions. By working with these higher risk, higher need patients to improve their outcomes, and assisting them in accessing care more effectively, we are also avoiding additional costs.
		We have one Care Management RN who is dedicated to pediatric and perinatal care. She provides support to families of premature infants and seriously ill infants and children in inpatient and outpatient settings to optimize their outcomes and manage costs. Her responsibilities include utilization management activities associated with facility-based care.

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		The efforts of the EPRO physicians and staff also save costs by avoiding unnecessary hospital admissions and providing alternatives, including home health and same or next day appointments with medical and behavioral health providers. We are also supporting the avoidance of unnecessary testing when we can provide results of recent labs, ECG's, and imaging procedures. The social work clinicians in EPRO are trained to complete assessments of patients with chemical dependency concerns to determine if admission or outpatient care is most appropriate, often avoiding an unnecessary admission and coordinating prompt access to outpatient care.
		The CNS program also contributes to the improved outcomes and saving costs for patients and the health plan by offering 24/7 access to advice from registered nurses. In addition to the RN staff, CNS is also staffed with a Physician's Assistant and physician. This allows for RN consultation with the provider and direct treatment of patients by the providers. The CNS MD/PA is also able to assist patients with abnormal lab results after hours to prevent Emergency Department and Urgent Care visits. The CNS program also includes standing physician orders for the RN's to use in the treatment of some common diagnoses. This allows members to begin treatment earlier, avoid additional appointments and costs, and avoid costs for the health plan.
		We have recently started a pilot project to improve the pre-operative planning of patients undergoing elective joint replacement procedures. This project is focused on patients from a contracted orthopedic practice and includes a phone call to patients several days prior to their admission to review the expectations and plans for post-discharge care. We have consistently identified the perception of many members and providers that not having caregiver support following discharge is reason to admit to a skilled nursing facility, which is not a legitimate reason for SNF care according to CMS. By working with the patients prior to admission to help them problem-solve any anticipated issues, plan for help at home, and expect discharge to home, we believe we can improve patient outcomes by avoiding more exposure to infections in facility-based care and also avoid the associated costs.

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Carrier 02	**Customer Service**	Group Health's Customer Service Centers in Seattle and Spokane serve as a vital source of quick, accurate information for members, staff, providers, and brokers. They support inquiries for all lines of business and provide support for our health plans and clinics, as well as the self-service tools on our website and mobile app. In addition to taking over 4,000 calls each day, representatives also handle e-mails, written correspondence, and walk-in inquiries. Customer Service Representatives are prepared to answer all manners of health care inquiries, including questions about health plan benefits, enrollment, billing, and accessing care. While striving to resolve questions or concerns on the first contact, they also work with partner departments, care teams, and individuals throughout Group Health to ensure every issue is handled thoroughly and professionally. Whether welcoming a new member, answering a question, or solving a problem for someone in need of help, Customer Service makes it a priority to embody Group Health's mission and values on every contact. Customer Serive Centers hours of operation: Monday through Friday 8:00 a.m. till 5:00 p.m. Closed weekends. Members can conviently access customer service 24/7 via our member website, MyGroupHealth, at www.ghc.org, or our mobile app, which is available for download on the iPhone and Android Smartphones. It includes many features available on our MyGroupHealth for Members Website, and has added features, such as Symptom Checker and clinic locations and wait times. From the website, members can use online forms to order a new ID card, file a claim, update their personal information, and provide feedback about Group Health.

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		Using MyGroupHealth, members receiving care in Group Health medical centers have online access to a shared electronic health record (EHR) consisting of their entire medical record (except chart notes). Patients are able to communicate directly with their primary care team – at their convenience – which improves service and builds a stronger provider-patient relationship. Members can view their online records any time. Features available to them include: • Access to lab/test/radiology results, after-visit summaries, allergy and immunization records, medication histories, blood pressure, weight, and current health conditions for health care services provided at owned and operated medical centers • Secure messaging with their primary care team if at an owned and operated medical center • View Coverage Agreements and Summary of Benefits • Access Explanation of Benefits statements with payment information on claims • Check benefits usage and remaining coverage • Order prescriptions and have them delivered to their homes
Carrier 02	**District Management of Health Plans**	Group Health's online employer portal, MyGroupHealth for Employers, offers secure, convenient access to the transactional tools employers need to effectively manage their health care benefit programs. You can login to enroll new subscribers and their dependents online, and make changes for your existing employees — adding or terminating dependents, or terminating the entire subscriber record. You can order ID cards with a few simple clicks. The site also features content that helps employers understand

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		the value of Group Health's business solutions for health care.
Carrier 02	**Part-Time Employee Coverage Protection**	We allow access for part-time employees working a minimum of 17.5 hours per week.
Carrier 03	**Administrative Cost Reduction**	Regence has continued to increase efficiency and reduce administrative cost and complexity for providers. Provider offices can access member information through enhancements in our online tools including eligibility, claims status and benefits. Our Provider Web portal includes all administrative, reimbursement and medical policies in a searchable format with documentation. The Web portal also includes all pre-authorization information, formularies, manuals, forms, and critical, timely information. Through our relationship with Availity, we have supplied providers a no cost way to submit claims electronically to Regence, as well as a number of other payers. These tools have reduced administrative complexity and administrative cost for providers.
Carrier 03	**Cost Savings**	Regence Healthcare Informatics evaluates the financial impact of our full suite of medical management programs on an annual basis and produces a per member per month savings metric to estimate their group's savings from medical management interventions. There are four cost savings "levers" evaluated: 1.) Healthcare Management - savings are heavily weighted toward utilization management activities; 2.) Claims Review - includes all the behind-the-scenes activities such as post-service review, fraud and abuse activities, and other-party liability activities; 3.) Pharmacy - includes utilization management and specialty programs like the Site of Care Program for specialty drug infusion; 4.) Provider - includes all cost savings related to Accountable Care contracting. The evaluation is performed by Regence's Actuarial team and is balanced back to claims.
Carrier 03	**Customer Service**	Our 2015 Customer Experience initiatives were focused on enhancing how we interact and engage with our customers. We are establishing a partnership to deliver a highly engaged member experience. Through the Partners in Care program, Regence looks to provide a comprehensive experience that can address members' clinical and administrative needs. Regence Customer Service focuses on First Contact Resolution to measure the quality of the experience we provide. Throughout 2015, we have utilized Voice of the Customer data to determine opportunities for improvement and coaching. Member/consumer experience improvements

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		will focus on delivering new digital experience along with advancing our data enabled personalization through an omni-channel, customer-360 approach.
Carrier 03	**District Management of Health Plans**	Regence offers an array of servives and tools to help Districts manage benefits. We start by assigning each District a Senior Account Executive. This person is the strategic liasion between the District, it's broker, and Regence. This individual is responsible to work with the District to help manage benefits, look at plan design options, discuss cost containment services, and to focus on member engagement while directing the appropriate resources from a service perspective. In addition, we offer Real-time access to consumer decision-support resources (ie: myregence.com- as described below) to help enrollees understand and direct their health care needs.
Carrier 03	**Part-Time Employee Coverage Protection**	When a full time employee's hours are decreased, we will work with the member to review other plan options that allow the individual to remain covered on a medical program. We also offer lower cost plan options to help part time employees.
Carrier 04	**Administrative Cost Reduction**	The principles of the Patient Centered Medical Home (PCMH) are fundamental to the way we've been practicing medicine and delivering care for over 65 years. The Patient Centered Medical Home (PCMH) at Kaiser Permanente Northwest (KPNW) is our model for proactively delivering patient-centered care and achieving dramatic improvements in quality, member satisfaction, clinician and staff morale, and affordability. Our PCMH is a primary care team-based practice centered on the patient as an active and informed participant in his or her own care. With a proactive approach to prevention and by eliminating delays in needed care, we believe we can make a big difference in the health of individuals and the entire population. Kaiser Permanente has developed advanced technology and processes to support the PCMH model: • Personal physician – each patient has an ongoing relationship with a personal physician trained to provide first contact,

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		continuous, and comprehensive care. Because they are uniformly recruited, paid, and trained to practice medicine in ways consistent with the PCMH model, Northwest Permanente, PC, physicians have extensive personal experience and the support of their colleagues in providing a patient-centered approach to care. • Physician-directed medical practice – the personal physician leads a team of care providers at the practice level who collectively take responsibility for the ongoing care of patients. Kaiser Permanente has the advantage of having one medical record that follows employees wherever they receive care within our system. This helps their care teams stay informed about their medical history, evaluations, tests, and overall treatment plan. • Whole-person orientation – the personal physician is responsible for coordinating care for all of the patient's health needs at all stages of life – preventive services, acute care, chronic care, and end-of-life care. Kaiser Permanente's electronic medical record tracks biometric data and other risk factors (such as lifetime exposure to radiation from medical scans) so that his or her care team can monitor and respond to incremental changes in health status. • Care is coordinated and integrated across all elements of the complex health care system and the patient's community. Thanks to electronic evidence-based treatment guidelines, Northwest Permanente physicians can order many of the tests a patient will need prior to his or her first visit with a specialist, consulting physician, or other caregiver. • Quality and safety are hallmarks of the medical home. In a comparison of all health plans in the markets we serve, Aon Hewitt Associates reported that we consistently outperform other plans in clinical quality. We report regularly to the Quality Corporation. Independent organizations like NCQA and Quality Corporation provide the most objective assessment of a care delivery system and health plan performance; and are often more reliable than self-reporting system improvements. • Enhanced access to care is available through systems such as open scheduling, expanded hours, and new options for communication. At Kaiser Permanente, patients not only communicate with their care team through secure email, but they can also see openings in their doctor's schedules and make appointments online, review lab results, refill prescriptions and review prior visit information and visit summaries. We have implemented a process in our member services call center to ensure that patients who ask for a same-day appointment can reliably get such appointments scheduled with one phone call.

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		• Payment appropriately recognizes the added value provided to patients who have patient-centered medical home. Northwest Permanente physicians have a pay-for-performance payment model that is heavily weighted towards quality and service measures as compared to personal financial results that currently take place in other medical groups. The PCMH serves to either directly provide, or coordinate, all care needs (preventive, acute, chronic) for patients who are part of that medical home. The patient's primary care needs are provided directly by his or her PCMH team. Almost all care is provided within the KPNW Medical Neighborhood (including specialty care, hospital, and continuing care). The PCMH also coordinates and supervises all care provided to patients outside of KPNW. Patient Centered Medical Home Recognition The National Committee for Quality Assurance (NCQA) awarded all 17 of our primary care medical offices with Level III Patient Centered Medical Home (PCMH) Recognition - the highest level of recognition possible. Each medical office was reviewed and scored independently against 168 specific items across a set of 9 standard categories. All medical offices received 100% of points sought. Level III PCMH recognition is granted through July of 2016 . As a nonprofit organization, we reinvest our revenues to support programs that benefit individuals and communities across our service areas. We: • increased access to healthy food and safe walkways

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		• promoted healthy lifestyles in underserved communities • supported community clinics • conducted research • trained health care workers • expanded access to health care • subsidized members and patients who needed help covering medically necessary care. Supporting Affordability through Investments at KPNW • Westside Medical Center — Opening new medical centers allows Kaiser Permanente to provide expanded services, meet regulatory requirements, and build with an eye to saving energy and resources. The Northwest Region's Westside Medical Center opened in August 2013, in Portland, Oregon. The facility became Kaiser Permanente's first hospital to earn Leadership in Energy and Environmental Design (LEED) gold certification. LEED's calls for such things as pedestrian friendliness, sustainable site development, efficient water and energy use, indoor environmental quality, and chemical avoidance make it one of the most influential forces in building design in the world. Kaiser Permanente used the occasion of Westside's opening to announce our commitment to pursuing the same environmentally rigorous standards on construction of all new hospitals and medical offices going forward.

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		People didn't have to wait long to see that commitment in action. In December, the Northwest's Gateway Medical Offices opened in Portland in what was formerly a vacant Circuit City building. The foreclosed big-box store was completely redesigned to become a light-filled LEED gold certified medical office with a bright, colorful interior and outdoor patio. The conversion of the building is sparking additional neighborhood improvements in the urban East Portland community.
		• Northwest Region Improves Quality, Saves Money — Medical and dental integration allows caregivers to prevent and address significant dental conditions before they become serious and costly medical conditions. Being an integrated care system is at the core of Kaiser Permanente's ability to deliver high-quality, affordable health care. In the Northwest Region, one team recognized how they could take the integrated approach to a whole new level.
		The Medical/Dental Integration Project is a collaborative effort between four entities: Northwest Permanente, Permanente Dental Associates, Kaiser Foundation Health Plan medical plan, and Kaiser Foundation Health Plan dental plan. The Medical/Dental Integration Project involved three phases: The first phase first internalized about 250 dental surgery cases for patients who have Kaiser Permanente medical benefits but not Kaiser Permanente dental benefits, and improved coordination of care for another 175 patients who have both Kaiser Permanente medical and dental benefits.
		In addition to improving quality and the care experience, the cost savings are significant: The Northwest Region no longer spends up to $10,000 per case in operating suite and anesthesia charges for patients who were previously treated in external settings.
		Phase Two provided physicians and patients with seamless access to dental services for acute conditions and dental clearances of

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		all medically necessary dental work prior to certain medical treatments. This work will integrate care so that patients' oral health is satisfactory before they undergo major procedures provided by Kaiser Permanente physicians. Phase Three occurred when Permanente Dental Associates and Northwest Permanente partnered for the first time to recruit and hire an oral and maxillofacial surgeon for complex oral surgery, ensuring that patients with severe medical head and neck conditions receive the right care at the right time. With this integrated program in place, the Northwest Region will now have the ability to address significant dental conditions before they become acute systemic medical conditions
Carrier 04	**Cost Savings**	The primary ways Kaiser Permanente controls costs are by engaging members to participate in their own health, and by reducing waste—helping healthy members stay healthy and motivating those with unhealthy habits to make positive lifestyle changes, eliminating unnecessary procedures, decreasing unwarranted variation in care and reducing paper costs. Unlike traditional health care providers, we offer a fundamentally different approach to care. Our health plan, doctors, hospitals, medical offices, pharmacies, labs, and more are all part of one organization. Because our doctors are salaried and measured according to how well they raise the bar for member health, our model frees doctors to focus on patients—not the itemization of services or the collection of claims. Their personalized, dedicated approach to member health is supercharged with the incredible tools and information within Kaiser Permanente HealthConnect®. This award-winning system is at the fingertips of every caregiver in every one of our facilities. Our investment in our industry-leading electronic health record (EHR) system is not only our most effective member engagement tool; it also helps reduce overutilization and maximizes information sharing. All Kaiser Permanente providers can securely access this system and view a member's previous test results and other physician notations, which help reduce duplication of lab tests, unnecessary medical visits, redundant utilization of services, and pharmacy errors.

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		Because we are set up differently, we are aligned to better deliver what matters to you: improved health, better clinical outcomes, more value, and consistent service. We are caregivers, hospitals, and health plans working in concert to set the benchmark for quality, affordability, and service. It allows us to deliver some powerful benefits: • consistent service and consistent value across the country • more stability and better cost management • better health for employees so your clients' businesses can thrive • the right care at the right time for healthier, more productive employees Strategies we use to contain costs include: Cost effective disease management Members with chronic conditions drive 85 percent of health care costs, so it's essential that these individuals learn ways to manage their conditions. We have disease management programs, which can help members with chronic conditions. Some key features of the program are: • We intervene with members early, even before they have symptoms or have been diagnosed with a disease, using member health status, risk factors, and family history to assess their risk status for a chronic condition. This means conditions are well controlled or prevented before they reach an advanced stage that requires usage of more services.

Carrier	Category	Efforts and Achievements
		• We don't use dollar triggers to initiate case management. We use the more direct and effective method of automatically enrolling members in disease management registries based on health status and member information, rather than anecdotal information. • Our program is seamlessly integrated into our member-centered, "whole person" continuum of care — it's not a separate carve-out program through a vendor that costs employer groups extra money. Online health care management tools My Health Manager, available at kp.org, provides member-facing online tools that uniquely empower members to manage their family's health care through secure online access. It's easy and convenient for members to email their doctor's office, make routine appointments, order prescription refills, view lab results, and much more. Often times saving a phone call or an unnecessary trip to the doctor's office: • Members who used the free secure email service were 7 to 10 percent less likely to schedule an office visit. • Members using Kaiser Permanente HealthConnect®, our industry-leading electronic health record system, called their physician 14 percent less than those not using Kaiser Permanente HealthConnect®. These online services aren't available through other health plans. Broad consumer engagement and preventive care

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		To encourage members to take a more proactive role in their own health care, we provide a full range of health and wellness resources that include: • Health education classes and online self-care programs to help members learn how to make healthier lifestyle choices. • Online decision-support tools that empower consumers to make better health care decisions, resulting in better health outcomes and appropriate service utilization. • Preventive services and screenings at either reduced copayment or no cost to encourage members to stay healthy.
		Elimination of redundancies and improved member safety Our investment in Kaiser Permanente HealthConnect® is greatly enhancing efficiency by maximizing information sharing. All of our providers can securely access this system and view a member's previous test results and other physician notations among the many features, which helps reduce, duplication of lab tests, unnecessary medical visits, redundant utilization of services, and pharmacy errors.
		Wider selection of affordable price points We've added several competitive plan designs to our core HMO offerings so that employer groups and members can select lower premium products with higher deductibles and more copayment options. This added flexibility allows groups the opportunity to select the plan that best fits their specific needs.

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Carrier	Category	Efforts and Achievements
		Recognized for cost efficiency In the six regions where we operate, the Kaiser Permanente plan is ranked #1 for financial efficiency across all product and funding offerings, according to the Hewitt Health Value Initiative™ report. Further, the report shows that in all six regions we offer the most cost-efficient plans for: • HMO • PPO • Self-funding Also, Aon Hewitt and Associates rated Kaiser Permanente with the highest clinical quality in every region. Employer groups can receive the full Hewitt Health Value Initiative report by contacting their sales representative or account manager.
Carrier 04	**Customer Service**	Member, patient, and customer perceptions, experiences, feedback (comments and complaints) and requests drive Service Quality improvement initiatives for our Member Services. One of the pillars of our Operating Plan is "People and Culture" with a vision to create a culture of high performance that epitomizes partnership and mutual support with a focus on care and service to members. With this vision come four goals and the aspiration of having a flexible, agile, empowered work force. Performance is measured by the People Pulse work unit index defined by specific measures.
Carrier 04	**District Management of Health**	We engage with each district to provide personalized service and consultation that fits the district's preference. We provide extensive reporting that analyzes plan utilization and demonstrates the value and cost savings achieved through our integrated care. We provide consultation on industry trends, product innovations, workplace wellness strategies, and benefit plan design

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	Plans	options. We are available for member education events regarding health plan benefits, as well as wellness events. Our goal is to make it easy for the district's employees to engage in their health at home, online and at our facilities. This is our all-inclusive approach that saves the district money, which supports the school's budget, as well as the health and well-being of their employees. Kaiser Permanente's Thriving Schools program is a comprehensive, multi-year effort to support the health of students, staff and teachers in the communities that KP serves. Priority areas for Thriving Schools include promoting healthy eating, encouraging physical activity, supporting social and emotional health and creating a healthy school environment. In order to meet our goals, KP partners with several non-profit community organizations: The Alliance for a Healthier Generation supports districts and schools through their Healthy Schools Program designed to create a healthy school environment by engaging wellness champions, and providing evidence-based practices and technical support. Kaiser Permanente augments the work by direct grant funding to schools. Longview and Evergreen School Districts participate. Playworks provides professional coaches and training for adults to lead active play in several schools in the Evergreen and Longview School Districts. Schools in Clark and Cowlitz County have signed up to participate in Fire Up Your Feet, in partnership with Safe Routes to School. Fire Up Your Feet encourages staff, students and their families to be physically active before, during and after school. Kaiser Permanente provides cash awards to those schools that engage the highest percentage of students, staff and families.

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		Kaiser Permanente's Educational Theatre Productions including the Adventures of the Tartar Patrol and The Pressure Point!, was hosted in schools in Clark and Cowlitz County engaging kids and adults in good oral health and making healthy life decisions.
		Ecotrust is supporting nutrition services staff in Longview and Evergreen School Districts to expand availability of local, healthy foods to students and staff during the school day. Ecotrust creates a bridge between local farmers and schools as purchasers.
		The School Based Health Alliance's Hallways to Health program expands the role of school based health centers in advancing obesity prevention and social and emotional health. Washington Middle School Based Health Center in Seattle is part of the learning collaborative supported by Kaiser Permanente.
Carrier 04	**Part-Time Employee Coverage Protection**	Benefit eligibility is determined by the group. We accommodate covering part-time employees at the group request.
Carrier 05	**Administrative Cost Reduction**	Operating cost management and productivity disciplines are embedded throughout UnitedHealth Group's businesses. Productivity is also generated by leveraging the increasing scale of our business. Strong growth in Medicaid enrollment and the insourcing of commercial pharmacy benefits management have contributed to productivity gains in those areas. Over the past several years, we have generated significant productivity gains through actions in five principal categories: ? Quality: Eliminating waste and improving core operating process performance;

Carrier	Category	Efforts and Achievements
		? Automation: Reducing manual processing by leveraging technology; ? Integration and Modernization: Advancing a more integrated, simple and modern processing environment, including significant cost savings from decommissioning legacy acquired and redundant platforms; ? Procurement and Sourcing: Cost reductions related to optimizing procurement and sourcing; and ? Payment Integrity: Medical cost reductions from improving payment accuracy and from various program integrity offerings and other initiatives to reduce improper billing and payment. Overall we expect productivity efforts to improve our operating cost ratio on an equivalent business mix by an average of 20 to 40 basis points per year over the next several years. Our consolidated ratio, however, may not decrease by this amount in any given year as we expect an increasing mix of services business and business from Amil. Both our services businesses and Amil carry higher operating cost ratios. The operating cost ratio is also significantly impacted by the insurer tax that took effect in 2014 and has scheduled increases through 2018.
Carrier 05	**Cost Savings**	We have provided overviews of our efforts and achievements toward controlling the cost of health care. CONTROLLING COST AND IMPROVING AFFORDABILITY Informed by over 30 years of experience with innovative contracting strategies, the foundation of our network offerings is our Accountable Care Platform. This platform was developed with the recognition that all providers are not the same in terms of their readiness to move towards a risk-based contract, yet we want each of them to take more accountability for the care they deliver. Therefore, we developed a modular suite of value-based incentive models that we can leverage with providers based on their risk readiness and other criteria. We recognize that a “one-size-fits-all” approach will not be effective and thus we have not prioritized one single model. Our modular suite of value-based programs enables us to customize our approach with providers across all stages of the risk continuum and support them as they become more accountable for cost, quality and experience outcomes. We currently have value-based contracts in place with more than 850 hospitals and 100,000 unique physicians participating in our

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Carrier	Category	Efforts and Achievements
		Accountable Care Platform. More than $39 billion of our network health care spend is tied to value-based contracts across our commercial, Medicare and Medicaid businesses. We expect this figure to increase to $65 billion by 2018 year-end. We segment our value-based models into the following categories: PERFORMANCE-BASED PROGRAMS Encompassing such payment models as primary care incentives and performance-based programs for physicians, facilities, and other service providers (e.g. laboratory and dialysis services), our performance-based programs reward care providers for performance against specific metrics, such as readmissions, hospital-acquired conditions and some HEDIS measures. Spanning over 55,000 physicians and 1,000 hospitals, these programs have driven the following results: ? $75 million in estimated savings for 2014 ? 3.6 percent reduction in readmissions ? 9 percent reduction in inpatient length of stay ? Reduction in the use of non-participating laboratory services ? Reduction in the use of non-tier 1 prescriptions CONDITION OR SERVICE LINE PROGRAMS Our condition / service line programs encompass centers of excellence, ancillary capitation, and bundled/episodic payments and include over 2,300 physicians, 25 ancillary providers, and 160 facilities. Specific results attributed to these programs include: ? 25 percent decrease in the average length of hospital stays for transplants

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Carrier	Category	Efforts and Achievements
		? 34 percent reduction in medical cost savings for cancer therapy program ? Improved transplant survival rates at centers of excellence ? 3 percent reduction in one-year mortality for liver transplants ? 5 percent reduction in one-year mortality for heart transplants ? 16 percent reduction in the incidence of transplants through application of evidence-based appropriateness criteria ACCOUNTABLE CARE PROGRAMS At the most advanced end of the value-based spectrum are our programs focusing on population health, encompassing shared savings/shared risk models like accountable care organizations (ACOs) and patient-centered medical homes (PCMHs), as well as capitation and capitation-plus-PBC. We are currently involved in more than 30 ACOs across the country, including Southern Arizona, California, Colorado, New York, North Carolina, Texas, Ohio and Rhode Island. These organizations are focused on driving innovation in payment and delivery system reform with the Triple Aim of improving population health and patient experience, delivering the best possible quality outcomes, and reducing medical cost and medical trend. Select results that these ACOs have demonstrated include: ? 7 percent reduction in readmissions ? 11 percent reduction in inpatient hospital admissions ? 8 percent reduction in emergency room visits per 1,000 ? NCQA recognition

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Carrier	Category	Efforts and Achievements
		? Improvement in HEDIS measures ? Significant number of metrics at or above 90th percentile of Quality Compass ? 3 percent reduction in total medical cost ? Improvement in generic prescription prescribing rate Our PCMH programs with at least 3 years of completed evaluation demonstrate: ? 1.5 to 3.5 percent lower than expected annual medical cost ? 4.5 to 11 percent lower than expected cumulative medical cost trend ? 4:1 return on investment (ROI) ? 1 to 11 percent lower than expected annual inpatient length of stay ? 1 to 6 percent lower than expected annual emergency visit utilization ? Clinical quality results trending above program targets on 95 percent of all measures We align the development of our network strategies, clinical programs and innovative benefit plan designs. We believe our strategy uniquely maximizes value by aligning incentives across customers, consumers and care providers to achieve the triple aim of better health, better care and lower costs. CONTROLLING CLAIM DOLLAR PAYOUT We designed our claim system specifically to control costs, prevent payment of non-covered services and protect from fraud and

Carrier	Category	Efforts and Achievements
		abuse. CONTROLLING COSTS ? Secure, tested load of the benefit plan for online benefit calculation ? Online eligibility determination ? Online coordination of benefits detection and calculation ? Online duplicate detection ? Online deductible and out-of-pocket calculations ? Online application of negotiated rates ? Online utilization review and calculation PREVENTING PAYMENT OF NON-COVERED SERVICES ? Secure tested load of the benefit plan to include non-covered services ? Online medical guidelines that can specifically indicate non-covered procedures ? Complete quality review to focus on non-covered services ? Complete training of specialists about coverage specifics PROTECTING FROM FRAUD AND ABUSE

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Carrier	Category	Efforts and Achievements
		? Online security module prevents unauthorized access to the claim system or payment beyond authorized limits ? National physician and other health care professionals file unit prevents loading a physician or other health care professional into the claim system until a detailed investigation is completed ? Anti-Fraud and Recovery Solutions (AFRS), a comprehensive program designed to limit the impact of abuse and fraud for customers and for us ? A comprehensive training and fraud awareness program used to train transaction teams, underwriting and advocates to identify potential fraud issues ? Designated transaction center and health plan staff throughout the country who work with AFRS to detect and prevent inappropriate medical benefit payments resulting from abuse or fraud ? A clinical prospective review program uses internal flags to review suspect claims prior to payment ? A recovery team investigates possible overpayments related to abuse and fraud and recovers funds lost through those practices ? A compliance program ensures adherence to local, state and federal laws related to potential fraud matters and how they are handled HOSPITAL BILL AUDITS Our hospital audit vendor receives a monthly claim payment extract for inpatient and outpatient claims that exceed $10,000 in billed charges. The vendor runs those claims against its database and selects those that are candidates for audit. Selection is based on diagnosis, type of services rendered and previous billing history with a facility. In an up-front review of the claim information against a copy of the hospital bill, the audit vendor may detect a hospital billing error.

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		Other claims may be subjected to an in-depth review of all charges against the hospital's medical records. This is referred to as a line-by-line review of billed charges. Our vendor will schedule and complete the audit. The vendor collects the refund, deducts its fee for services and sends the net refund amount to us. The fee is contingent upon recovery. HIGH-DOLLAR CLAIM NOTIFICATION PROCESS The high-dollar claim notification process notifies various business areas of claims in excess of $250,000. It includes an additional operational review of claim payments of $250,000 or more before the payment is released. Designated claims representatives ensure that benefits are paid according to existing policies and procedures, and audit the claim using established audit criteria. After this review, an Operations High-dollar Claim Review Committee reviews the proposed claim payment to confirm that it is reasonable and accurate according to benefit plan guidelines, contracts with physicians and other health care professionals, industry guidelines and our reimbursement policy. OVERPAYMENT RECOVERY We have a comprehensive internal recovery program. In addition to our team of employees dedicated exclusively to recovering overpayments, we can recover overpayments from physicians and other health care professionals by offsetting future payments. To supplement our internal recovery efforts, we use a number of vendors to maximize recovery. CREDIT BALANCE RECOVERY Credit balance recovery is a component of our overpayment recovery and is provided internally. Our service provides on-site and remote location resources to help hospitals and health systems research and resolve their inventory of credit balance accounts on behalf of our health plan clients. We retain 10 percent of the recovered amount as reimbursement for the cost of this service. NETWORK SAVINGS

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		We offer our customers and members three levels of reimbursement programs. While our traditional discounts save expenses on network services, we also have two non-network strategies that lower the costs of non-network and out-of-area claims. FIRST TIER - TRADITIONAL DISCOUNTS Our traditional networks are broad with easy access and benefit designs that encourage members to use our network services whenever possible, resulting in the highest possible claim savings. Our contracting process capitalizes on both our national strengths and our local market knowledge and expertise to achieve our national network goals. Our contracting efforts are designed to: ? Increase access by maintaining a large number of physician and other health care professionals in a variety of specialties ? Establish positive and supportive physician relationships that promote delivery of quality health care to all of our members ? Reimburse physicians only for those services actually rendered and only for services that are medically appropriate ? Achieve the most favorable price through fixed, negotiated rates SECOND TIER - PHYSICIAN SHARED SAVINGS PROGRAM The Physician Shared Savings Program (SSP) makes up the second-tier level of discounts in our discount program by enhancing our traditional participating network. It includes both wrap network discounts and claim-specific negotiations. We have contracted with MultiPlan, First Health Group, and other non-logo networks, which have thousands physicians contracted nationally for vendor wrap. SSP discounts can apply regardless of the member's benefit level. This means that SSP may apply to non-participating claims, including radiology, anesthesiology, pathology and laboratory services (RAPL), regardless of benefit level. Through these programs, a discount may be applied when a member accesses a wrap network physician. ADVANTAGES TO EMPLOYERS

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		? The programs are easy to administer. Discounts are automatically applied when a claim is processed and are noted on the member's explanation of benefits (EOB), eliminating any need for employer intervention. ? Plan changes are not required. ADVANTAGES TO MEMBERS ? Members who receive services from these programs benefit from reduced coinsurance dollars for their discounted fees. ? Physicians and other health care professionals participating in the SSP vendor's network are prohibited from balance billing members when their contractual discount is taken (*). ? Members will not receive a separate SSP provider directory, but electronic access to the SSP vendor directory is available to the member through myuhc.com. Savings are applied post-service when an SSP physician or other health care professional has been used. ? Easy-to-read billing identifies when an SSP physician and other health care professional was accessed that resulted in cost savings. ? Special claim forms are not required when a member accesses the SSP physician or other health care professional. (*) There may be situations in which the SSP providers are not paid per the SSP, but are instead paid like other non-network providers. In such cases, the member's out-of-pocket cost will be the same as if discounts were not available through the SSP. THIRD TIER – MAXIMUM NON-NETWORK REIMBURSEMENT PROGRAM In addition to our SSP program, our Maximum Non-Network Reimbursement Program (MNRP) offers yet another alternative to help reduce the impact of rapidly rising, uncontrolled non-network expenses. Instead of basing non-network reimbursement on

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		uncontrolled, charge-based prevailing fees, we reimburse plan expenses according to standards established by the federal government (such as Medicare). Members retain the freedom of choice to access either network or non-network health care services but, realize they may carry a more significant financial responsibility when using non-emergency, non-network services, thereby creating a member incentive to use our broad, discounted network. Under this approach: ? Reimbursement for non-emergency, non-network physicians and other health care professionals including non-network facilities is based on a percentage of the published rates allowed by Medicare for the same or similar services. These standards are cost-based payment methodologies established by the Centers for Medicare and Medicaid Services (CMS). Medicare's payment methodologies are widely understood and accepted by physicians and other health care professionals. ? The program applies only to non-emergency services that are provided by non-network physicians and other health care professionals including non-network facilities. However, it does not apply when non-network services are coordinated and approved by UnitedHealthcare as covered network services, or to any other non-network services that are considered payable as a network benefit. ? If no Medicare rate exists for a particular service, then the eligible charges will default to 50 percent of billed charges. ? This program can be administered alongside our Shared Savings Program (SSP), with the Medicare-based reimbursement levels applying only where savings are not obtained under that program. We make information available in a variety of ways to assist employees in understanding how the program works. This includes written consumer materials, conversations with customer service representatives, consumer activation messaging on health statements and information on myuhc.com. RESULTS SHOW MNRP WORKS For employers with MNRP, the rate of total cost trend on average slowed 1 percent to 2 percent within the first year. We expect

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		additional savings beyond the first year. These savings can be attributed to a combination of change in employee behavior from non-network physicians to network physicians, and to lower reimbursement to non-network physicians. For employers who experience high non-network utilization, savings can be significantly higher. This program is not only reducing the impact of escalating non-network cost trend, but is also encouraging physicians to join our network. It is just one more component of our commitment to providing practical, affordable products and services, along with extensive network access to quality care.
Carrier 05	**Customer Service**	At UnitedHealthcare, we like to keep things simple. So we offer members an array of easy ways to learn more when they have questions, whether that's through mobile apps, educational websites, communications, digital newsletters or our Advocate4Me member services. The combination of mobile devices, our portal or member services help us meet our members where they are, in location and in functionality. Turns out we're meeting a lot of them. In 2015, our mobile app Health4Me was visited over 3.4 million times, providing members with personalized information and support – claim status, network locations, personal and general health information – wherever and wherever they needed it. Our member tools and mobile applications are integrated and access our core systems – the same systems accessed by member services and clinical staff. Advocate4Me reaches across all operations through the desktop dashboard. Advocate4Me lifts our integrated customer care, claim and clinical services to a new level, addresses what each consumer needs, and provides support through a relationship-based approach that focuses on promoting their health and wellness. Advocates engage plan participants for as long as it takes to resolve issues, whether it involves a complicated claim, the services available for a complex new diagnosis or obtaining needed care. We strive to deliver valuable experiences by having knowledgeable advocates address a member's needs in the first phone call without transferring them, provide accurate health care cost information and benefit and health management guidance, and – perhaps most importantly – be sensitive and compassionate in our interaction with each member. We want each member to feel supported, and to know that we respect their preferences by meeting them where they are, aligning with our corporate values of integrity, compassion, relationships, innovation and performance. Our advocates have a strong sense of compassion, understand the importance of building relationships, and can be a trusted advisor for our members. Our ongoing objectives: keep it simple, instill trust, accommodate channel of choice – phone, apps, email or online – and make it all easy. Oh, and help improve your

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		employees' health and the health of your bottom line.
Carrier 05	**District Management of Health Plans**	UnitedHealthcare uses two proprietary tools, the Motivating Health Ownership (MHO) and the Consumer Activation Index (CAI) to evaluate employee populations. These tools identify where changes in the health plan would yield the greatest clinical and financial gain, while also providing solutions in meeting the needs of individual employees. POPULATION SEGMENTATION AND THE CONSUMER ACTIVATION INDEX By breaking down a customer's aggregate population into smaller groups of employees with similar demographic, socioeconomic, and health care engagement levels, we can more fully understand how health benefits are used. We can then identify areas of a customer's health care plan that may not be optimally leveraged and develop strategies that encourage positive behavior change. As an example, we might determine that a disproportionate share of low-income women ages 40 to 55 in a company's Chicago factory are not using preventive benefits and are diabetic. Once that information has been isolated, we can work collaboratively with the customer to design a solution that targets these women through communications programs or by implementing incentive or health programs that promote positive behavior (e.g., taking their diabetes medications). HOW THE CONSUMER ACTIVATION INDEX OPERATES The CAI uses a scorecard to evaluate the quality of members' health care-related decisions based on a question: "When faced with a health care decision, did the member make the optimal choice from a clinical, financial, and service perspective?" For example, from an economic perspective, did the employee fund her health savings account (HSA) when she had the opportunity? Clinically, did she obtain her yearly mammogram? From a service standpoint, did she log onto myuhc.com and choose a UnitedHealth Premium-designated provider for her surgery? The model traces 24 months of decisions to assess behavior. It also determines the best case and worst case for that individual had she made the right decisions versus the wrong decisions.

Carrier	Category	Efforts and Achievements
		By grouping members into five life stages characterized by demographics and circumstances relating to health status, and by augmenting the scorecard analysis with workplace information and consumer marketing data (income levels, ethnicity, location, etc.), we can identify clusters of employees that display patterns, or areas that need more attention to improve the overall performance of the employer's health plan. The results enable the customer to prioritize areas where behavioral change would yield the greatest value. Once that's determined, a comprehensive program with appropriate health plan modifications buttressed by customized communications plans targeted to those specific employees can have a dramatic impact on health care costs and member compliance. For example, early results of a program to improve the number of mammograms are showing a significant increase in compliance rates in the three months following a targeted communications program. MOTIVATING HEALTH OWNERSHIP FRAMEWORK Building on the principle of consumer accountability and empowerment advocated by account-based plans, the Motivating Health Ownership Framework moves this agenda further through broader reinforcement of all aspects of the employer-sponsored health plan, ultimately driving toward individual health ownership. This is done by combining plan components, such as clinical programs, rewards and technology, in a way that meets your specific population health needs and overall goals. Moving toward a plan design that inspires Individual Health Ownership takes time. Our goal is to collaborate with you to develop a multiyear set of moves that fits your goals, your culture and the current and future health needs of your population. By incorporating the following plan components at different intensities, we can customize a plan that works for your population today, and remains adaptable as your needs change and the market evolves in the future: ? Health plan Design – Choose the best plan for me ? Network Design and Transparency – Make smart healthcare choices

Carrier	Category	Efforts and Achievements
		? Population Health and Productivity – Help me manage my health ? Personal Experience – Make the experience fit my life Customers who adopt this strategy can generate medical net paid savings up to 24 percent lower when compared to customers who do not. These substantial savings remain unmatched by any other single, integrated carrier in the health care industry. TO SUMMARIZE Differences abound with respect to members' abilities to make optimal health care decisions and the levels at which they're engaged in managing their own health. By grouping those with similar profiles within a customer's aggregate population, and by crafting customized, targeted health programs, UnitedHealthcare is better able to modify consumer behavior and improve decision-making. As employees make better decisions, clinical outcomes improve, lowering health care expenses, raising consumer satisfaction levels and improving the overall performance of the health care plan.
Carrier 05	**Part-Time Employee Coverage Protection**	Employee eligibility is determined by the employer. Individuals working 20 or more hours per week are considered eligible according to the terms of the Policy.
Carrier 06	**Administrative Cost Reduction**	Providence Health Plan has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative cost with medical cost inflation. This has resulted in reduced percentage of premium administrative cost. As such, as much as 90%-91% of premium dollars go towards claims expense costs. PHP is also not required to refund any premiums due to not meeting the MLR (medical loss ratio) requirements of PPACA.
Carrier 06	**Cost Savings**	Providence Health Plan has invested in preventive care and chronic Case and Disease Management Programs to improve on health care outcomes, implementation of inteventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safety reporting, inititatives in place to reduce complaints and potential medical errors, the Health Plan includes a comprehensive array of health and wellness promotion and preventive services through our Fit Together program and a best-in-class pharmacy

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		management program.
Carrier 06	**Customer Service**	Providence Health Plan Customer Service and Claims are located in Beaverton, Oregon, hours of operation 8:00 am to 5:00 pm PST, toll free 800 number for members. Customer Service Representatives are trained to answer all calls with 92% of calls answered at the point of service. Translation services available, automated voice response systement and call tracking software for real time an historical activty. The Health Plan has invested heavily in web based tools for members for outside of standard business hours which includes a variety of self service options and tools.
Carrier 06	**District Management of Health Plans**	Providence Health Plan has best-in-class medical and care management services designed to achieve the Triple Aim (better care, better patient satisfaction at a lower cost). Through our care management programs and provider contracting efforts, we have the best regional PPO medical trends per recent surveys conducted by various consulting firms. In addition, our pharmacy management program has been recognized nationally as having the highest generic adoption rate and realizing reduced pharmacy costs and trend through our pharmacy benefit management efforts. Our pharmacy trend has been, and continues to be, the lowest in our regional market for several years. PHP will work with the districts and their producers or consultants to identify benefit design strategies to help meet budget goals and mitigate future cost increases.
Carrier 06	**Part-Time Employee Coverage Protection**	Providence Health Plan will allow districts to offer exend medical benefits to their part-time eligible employees should the district choose to do so.
Carrier 07	**Administrative Cost Reduction**	Continued integration of operational and administrative function into the GHC parent organization eliminates redundancy and controls admistrative costs.
Carrier 07	**Cost Savings**	Pre-authorization requirements and large-case management services
Carrier 07	**Customer Service**	KPS continues to maintain levels of customer service for all customers that consistently earn high ratings from OPM for the KPS FEHB program.

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Carrier 07	**District Management of Health Plans**	Select negotiated accounts receive their rate-development projection and basic experience data
Carrier 07	**Part-Time Employee Coverage Protection**	Yes, on a negotiated case-specific basis
Carrier 08	**Administrative Cost Reduction**	Uniform Medical Plan: 1. Renegotiated our pharmacy network discounts to achieve significant savings for 2014-15 drug claims 2. We expanded the types of services requiring preauthorization to ensure quality, cost-effective care is provided by the UMP.
Carrier 08	**Cost Savings**	Uniform Medical Plan: 1. Renegotiated our pharmacy network discounts to achieve significant savings for 2014-15 drug claims 2. Expanded the types of services requiring preauthorization to ensure quality, cost-effective care is provided by the UMP.
Carrier 08	**Customer Service**	Uniform Medical Plan: The Health Care Authority has industry standard customer service requirements in place with our contracted Third Party Adminsitrator (TPA). The standards are measured and subject to financial penalties and a corrective action plan if the goals are not met.
Carrier 08	**District Management**	Uniform Medical Plan:

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	of Health Plans	All PEBB programs in effect are directed to the entire PEBB population within a community rated risk pool. There are no programs specifically targeted to K-12 district populations.
Carrier 08	**Part-Time Employee Coverage Protection**	Uniform Medical Plan: Eligibility for PEBB benefits, as determined by the PEBB Program, includes eligibility for part-time employees who work an average of at least 80 hours per month with at least eight hours in each month for more than six consecutive months. Eligibility for benefits also includes eligibility for employees who work a recurring season of three or more months.
Carrier 09	**Administrative Cost Reduction**	We are continually exploring innovative ways to help control costs while seeing that our members receive quality care. We have initiated several efforts to better manage our health care costs, as well as our selling, general and administrative (SG&A) expenses. For example, the Executive Management Information System (EMIS) is an automated single source of certain financial, medical cost management, operational reporting, sales and human resources data which fosters a “one-company” view and culture, allowing for greater profit and loss (P&L) accountability. Another key process in managing operating costs is a monthly review of our SG&A expenses by type of spend and business area with a goal of improving discipline, consistency and accountability. Additionally, we have developed a robust forecasting and planning tool to foster accountability, enhance predictability and ultimately reduce SG&A costs.
Carrier 09	**Cost Savings**	Aetna uses a rigorous, dual approach to evaluate medical costs and identify opportunities to manage medical cost and trend. This process allows for proactive development and timely implementation of action plans and initiatives that control medical costs and improve utilization patterns. Examples of initiatives that were implemented to address medical cost opportunities are: (1) Emergency room frequent utilizers, (2) Home health care steerage to efficient and effective providers, (3) Multiple strategies to promote the use of participating providers, (4) High-tech radiology steerage, and others.
Carrier 09	**Customer Service**	At Aetna, we make very deliberate decisions and investments to connect our customers and members with solutions that meet their changing needs. A smarter health plan helps members take charge of their health and health care and to think and act like informed consumers. We offer members a variety of ways to get customer service information through our use of : (1) friendly, knowledgeable and proactive customer service representatives (CSRs), (2) Secure member website, (3) Interactive voice response technology, and (4) Smartphone applications When members call, our CSRs not only answer their questions, they proactively educate callers about their plan of benefits, tell

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Carrier	Category	Efforts and Achievements
		them about programs available to them and encourage them to use – and assist them with – our online resources to help them become more informed health care consumers. Our online services are continually monitored and improved to make self-service a pleasant, productive and hassle-free experience.
Carrier 09	**District Management of Health Plans**	With the right tools and technology, school districts can streamline their interactions with us, manage employee benefits, and understand where health care dollars are being spent. We have the technology, tools and expertise to help achieve exactly that. Our Employer Secure Website adds a “single sign-on” site for districts to access Aetna online tools. Districts will see additional eligibility, enrollment, online billing and report capabilities, as well as forms and content as we continue to roll out and develop the Employer Secure Website. Internet-based eligibility transfer solutions enable districts to quickly and efficiently transmit information to us. Through systems such as SecureTransport?, EZLinkTM and EZenroll, districts receive the advantages of e-commerce; eliminating the need to submit paper forms, tapes, cartridges or diskettes
Carrier 09	**Part-Time Employee Coverage Protection**	We typically follow the plan sponsor’s definition of eligible employee as long as the customer’s definition is otherwise consistent with applicable laws. Customers are responsible for confirming eligibility to enroll in coverage. We do not determine eligibility for individuals. We advise customers to seek their own legal counsel concerning the effect of applicable laws on their plans.
Carrier 10	**Administrative Cost Reduction**	We continuously look for ways to reduce administrative costs. We have a team which meets regularly to identify, prioritize and implement efficiencies. We maintain a "green" mentality to protect natural resources and reduce our carbon footprint. Primarily we focus on: ? -streamlining processes -leveraging electronic capabilities -eliminating duplicate work with our providers, groups and members

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		Some of the initiatives that already have been implemented to address administrative costs are the following: ? -electronic Explanation of Benefits (EOBs) -electronic claims submissions (837) and payments to providers (835) -electronic eligibility verification (270/271) -IVR for member payments ? In addition, we currently are in the process of implementing the following initiatives: ? -automating group set up -auto authorization (this is preparing to go live) -streamlining provider data management

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Carrier	Category	Efforts and Achievements
		-increasing claims auto adjudication rates
Carrier 10	**Cost Savings**	Moda Health (Moda) strives to manage costs while providing the highest quality service and care for our members. Our programs help members meet their health care needs through prevention, wellness and condition specific programs. We are continually looking for opportunities to help members maximize the effectiveness of their health care dollars. ?
		We prioritize member service as our number one strategic initiative because helping members be better is at the essence of our existence. Our priority is to assist members in getting the right care, at the right time, at the right place, at the right cost. To accomplish this, we examine every way and medium, (current and emerging) that members will access information from us. We work on new approaches to improve the member's experience, as well as new ways to be accountable to members. We strongly believe it is our duty to manage benefits within a global budget. Accomplishing this allows for healthcare costs to be more predictable and therefore compete less with member's wages and other benefits. We also work diligently to design benefit plans that promote quality, improve health outcomes and reward members, their families and providers for reaching sustaining health goals. ?
		The world of health insurance is changing and changing rapidly. To accommodate this change and continue to provide plans and benefits that reach the Triple Aim in a comprehensive manner, we've focused much of our time on building new kinds of partnerships. These new partnerships focus on engaging providers and patients in new ways. Instead of focusing on the traditional provider/insurer/payor contracts and employer/payor relationship, we've chosen to focus our time, energy and talents on developing partnerships that are transformational to patient care and provider payments. ?

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		We have a history of innovation in benefit design, predictive modeling, medical management, population health management and coordination of care. We were one of the early pioneers in the Patient Centered Medical Home Pilot program. In addition, we partnered with the Oregon Educators Benefits Board to define, design and implement evidence-based,value-based benefit designs and value tiers which reduce patient barriers to care. Our work also includes the development of unique approaches to address sleep studies and advanced imaging management. Our comprehensive data warehouse, which combines all medical, pharmacy, dental, vision and other data into a single data source, allows us to approach predictive modeling in innovative ways. To aide this initiative, we combined the data warehouse with an analytics department. The primary purpose of this department is to analyze the date, and from the analysis, make suggestions and recommendations regarding benefit designs to achieve the Triple Aim. We also have built a coordinated care organization from the ground up and in a geographical location that has previously not had managed care. On a continual basis, we work to grow and strengthen our innovative regional partnerships. ? Here are a few examples of ongoing cost containment and quality improvement efforts at Moda. ? - Medical Quality Improvement Committee (MQIC) - Comprised of representatives from multiple departments that oversees Moda quality improvement programs. This committee monitors and evaluates the health care services provided to Moda members to ensure that they meet current medical practice and service standards. The MQIC meets at least six times per year and facilitates communication among Moda departments, providers, employer groups and members to ensure the delivery of healthcare services in an efficient management of resources. ? - Pharmacy and Therapeutics Committee - Chaired by a Moda medical director, this multidepartment committee oversees drug formulary decisions to ensure the availability of safe and effective drug choices by: promoting evidence-based standards in the

Carrier	Category	Efforts and Achievements
		formulary decision-making process to ensure clinical efficacy, patient safety, and cost-effective medication options; establishing policies and procedures to educate and inform health care providers, members and clients about drug products and appropriate use; as well as developing protocols and procedures for the ease of and access to non-formulary drugs. ?
		- Case Management and Care Coordination - Our programs use evidence-based medicine and best practice clinical care guidelines. The guidelines are used when prior authorizing inpatient and surgical admissions, durable medical equipment, outpatient therapies and chiropractic care, acupuncture and massage therapy. In addition, evidence based-guidelines are used to assign initial length of stay, continued stay, and to confirm the appropriate level of care for inpatient, acute rehabilitation and skilled nursing facility admissions. ?
		Care coordination nurses follow members through preauthorization of an inpatient admission, inaptient concurrent review, discharge planning, and the recovery phase of an acute condition, when coordination of additional services is needed. The care management programs use nationally recognized clinical care guidelines developed through evidence-based medicine and best practice. This approach supports our readmission prevention program. ?
		Moda has ongoing quality improvement projects for congestive heart failure (CHF), inpatient readmissions, depression screening, and hospice utilization. These efforts also include communication among case managers, health coaches, and behavioral healthcare coordinators to ensure the members receive the appropriate level of care with the appropriate provider. To ensure quality centers of excellence are available for transplant care, specialized cancer care that is nto available locally, kidney dialysis, and complex neonatal case management.
Carrier 10	**Customer**	Moda has consistently recognized that exceptional customer service is a core value. We have taken a "voice of the customer" approach (e.g., survey tools, focus groups) to better understand what is valued by our customers. Our goal is to deliver a consistent

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Carrier	Category	Efforts and Achievements
	Service	and satisfying customer experience across the consumer lifecycle through all our channels of communication. ? We have used multiple approaches to improve the experience for our members. ? -Increased customer staff throughout 2014 and 2015 -Opened a call center in Bend, OR and Anchorage, AK. -Made changes to the customer services representatives schedules to better meet customer's need. -Enhanced our training for our group plans -Moda continues to evaluate root causes for phone calls for process improvement opportunities. -Moda continues to evaluate staffing needs and adjust accordingly. ? In 2016 we are working on the following intiatives: ? -24/7 interactive voice response (IVR) for our members and providers to get benefit and claims information. -Enhance myModa password change process.

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		-After call member surveys. -Implement ePrescribing by 7/15/16.
Carrier 10	**District Management of Health Plans**	Moda works with clients to administer their benefits and assist with benefit design recommendations. We evaluate performance metrics, anticipate utilization trends and recommend changes to support evidence and value-based plan designs. ? Moda applies a consultative approach to client services. We use clinical experts and data analytics to evaluate opportunities for plan enhancements and modifications. ? We have an open forum with our clients, their consultants and ofter other health plans services the same population, to discuss opportunities for improvement in care and the management of health benefits. Collectively, we review utilization trends and evaluate modifications to the plan that will ensure appropriate and cost effective care. Moda shares claims and utilization experience for school districts with 100 or more employees. It is through this active collaboration that we are able to identify opportunities that meet the specific needs of the client.
Carrier 10	**Part-Time Employee Coverage Protection**	Employee eligibility is determined by the employer. Eligibility must be compliant with the Patient Protection and Affordability Care Act regulations.

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Aberdeen School District	**Administrative Cost Reduction**	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Aberdeen School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.

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		a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled.

District	Category	Efforts and Achievements
		K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Aberdeen School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan

District	Category	Efforts and Achievements
		choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Aberdeen School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Aberdeen School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.

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		D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Adna School District	**Administrative Cost Reduction**	The ASD works with AON Hewitt to provide the most efficient administering of employee health benefits. There is no specific cost to the district.
Adna School District	**Cost Savings**	Annually the ASD seeks premium quotes from various insurance companies or agencies in order to ensure our employees are receiving the most affordable premiums and coverage. In addition the Adna School District is working with the WEA to seek out the most affordable health care coverage for family coverage. The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.

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		E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Adna School	**Customer**	The ASD works with AON Hewitt to provide the most efficient methods of administering health benefits to employees.

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District	**Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Adna School District	**Part-Time Employee Coverage**	The ASD includes part-time employees with a minimum amount of hours to be included in the pooling arrangment based on the same eligiblity criteria and proration of employer contributions used for allocations for basic benefits as defined by the bargaining unit. The WEA Select Medical Plans through Premera:

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	Protection	A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Adna School District	**Premium Differential Reduction**	The Adna School District is working with the WEA to seek out the most affordable health care coverage for family coverage, as well as working with the insurance companies to bridge the premium cost gap between family coverage and employee-only coverage. The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Almira School District	**Administrative Cost Reduction**	We don't have internal or external administrative expenses
Almira School District	**Cost Savings**	The District contracts with PEBB program for cost saving measures
Almira School District	**Customer Service**	The district follows the PEBB guidelines for determining eligibility

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Almira School District	**Part-Time Employee Coverage Protection**	HCA requires opportunity to cover employees working 32 hrs/week or more
Almira School District	**Premium Differential Reduction**	HCA complies with progress towards full family and employee only coverage
Anacortes School District	**Administrative Cost Reduction**	Premera has impelmented Lean Thinking since 2005. Goal is to improve quality, improve enrollee experience and improve efficiency. Through "Lean" Premera has reduced admin cost from 8.8% in 2005 tp 5.9% in 2015. BlueCard provides significant savings to enrollees traveling or residing outside Premera service.
Anacortes School District	**Cost Savings**	High number of Premera members, Provider contracting, BlueCard, Evidence-based medical initiatives, consumer decision-support resources, provider advisory groups, member 360 dashboard (proprietary tool), copayments,controlled medication substances programs, open 4-tiered drug formulary, Child COBRA rate, premium rate for dependent children, prior authorization, 7 plans to choose, waiver of insurance, (money put back to insurance pool).
Anacortes School District	**Customer Service**	Provide a website with access to information about the employee's benfits, including a cost estimator. Use Ulysses Learning, Internally conduct "Lean" workshops, provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance. Premera works to resolve claim issues for enrollees, creats newsletters for WEA enrollees, works with enrollees or their provider with escalated or complex issues, Accept input from enrollees or school districts.
Anacortes School District	**Part-Time Employee Coverage Protection**	Offer lower cost options, such as the EasyChoice plan, Basic plan, and/or the QHDHP.
Anacortes	**Premium**	Offer lower cost options, such as the EasyChoice plan, Basic plan, and/or the QHDHP. Plans include a composite rate for

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School District	**Differential Reduction**	child(ren) meaning rate is the same whether one child or more. Offer dependent children child rate for COBRA rather than subscriber rate.
Arlington School District	**Administrative Cost Reduction**	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs. GROUP HEALTH: In 2015, Group Health continued to focus our efforts on existing technology, making needed improvements to Premier and other legacy systems in order to meet federal, state, and industry guidelines and continue to provide the best service to our customers.

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		On December 4, 2015, Group Health Cooperative announced that it signed an agreement to be acquired by Kaiser Foundation Health Plan of Washington. The approval process for the acquisition may take up to a year or more to complete. The acquisition was approved by Group Health's voting membership and is pending regulatory approval. Group Health's operations will not change right away. Upon the completion of the acquisition process, Kaiser Foundation Health Plan of Washington will become the parent company of Group Health Cooperative, Group Health Options, Inc., and certain other current Group Health subsidiaries. Group Health Cooperative and Group Health Options, Inc. will continue to hold their existing health plan contracts with employer group purchasers and other purchasers at the close of the acquisition. By joining with the larger Kaiser Permanente organization, Group Health will have access to greater resources and capital that will expand our capacity to care for and attract more people in Washington state.
Arlington School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.

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		C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.

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		M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
		GROUP HEALTH:
		We work closely with the client to find the right benefit designs and network options and integrate them with our own delivery system to ensure that the group can maximize cost controls.
		We offer patient-centered care that promotes collaboration between physicians, specialists, and other members of the health care team. We empower employees to improve health through cost effective care management, wellness solutions, and occupational health services. All of these can result in a more productive workforce and lower overall costs.
		In order to ensure claims timeliness and accuracy, we have online systems that catch inappropriate billing, review coding, identify duplicate billings and COB/subrogation opportunities. We perform pre-payment review of high dollar claims and post-payment audits.
		Group Health recently selected OptumRx to handle our pharmacy benefits management (claims and related network administration). As part of our continuing focus on cost savings across the enterprise, we identified our PBM relationship as a potential opportunity. By switching from our current vendor, MedImpact, to OptumRx, we will achieve significant savings and industry-leading capabilities to better manage the fastest growing component of health care costs into the future.

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		Optimizing and actively managing transitions of care is a core competency and differentiator for Group Health. With onsite hospitalists and CMLNs to assist with transitions of care from one site to another and referrals to specialty programs or services, for both PPO and HMO members, Group Health is able to achieve better outcomes and lower costs. Coordinating these "hand-offs" results in lower costs and fewer days in the hospital. The most apparent objective measure of this performance is fewer readmissions and lower total cost of care.
		With our Optum Impact Intelligence tool, Group Health is able to analyze and dissect clinical and financial data to track utilization trends, patient outcomes, and provider performance and better manage the total cost of care and identify improvement opportunities.
		Group Health Care Management uses a number of approaches to identify individuals with high utilization of specific services and overall high utilization. Specifically, we use a predictive modeling tool - the Johns Hopkins Adjusted Clinical Groups (ACG) system - to identify members with specific conditions and high risk of hospitalization or high cost. We also receive routine reports of members with high utilization of Emergency Department Services. Care Management clinical staff (including registered nurses and licensed independent clinical social workers) reach out to individuals identified through these processes. The key concepts in working with these members are to support identification of and bonding with a primary care provider, to offer education regarding ways to access same day care through their provider, urgent care centers, and the use of our Consulting Nurse Service (CNS.)
		The work with members identified by the ACG focuses on supporting the medical treatment plan for any chronic conditions,

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		assisting the member in improving their self-management skills and offering various organizational and community resources. This work may include focus on improved compliance with medications, routine care, and preventive care; management of sick days, education tailored to each individual and resolving any barriers to success that are identified by the patient or caregiver.
		We have also implemented a collaborative process between the Consulting Nurse Service, Behavioral Health Access (BHA) and Care Management (CM) areas. This process identifies individuals with high utilization of CNS and includes a review by CNS managers to determine if the calls were appropriate for the CNS program to manage. When it appears that members are accessing CNS for support with behavioral health concerns or because a behavioral health concern is driving frequent calls, e.g. depression, anxiety; BHA reviews and reaches out to the individuals or forwards the referrals to the CM case managers, who then reach out to the patients directly. If appropriate, the behavioral health and CM clinicians will collaborate on the care offered to members with co-occurring behavioral health and medical concerns.
		In addition to the utilization management activities discussed above, Group Health Care Management has recently implemented a strategy to further ensure that short hospital stays are appropriately coded as observation stays, which is anticipated to yield significant savings. The CM staff working with hospitalized patients and following recently discharged patients are also focused on effective transition management to provide patients with a plan for a safe transition that includes post-discharge telephone calls, follow up appointments, confirmation that home health, etc. is in place, and medication reconciliation. These efforts are planned to mitigate the risk of readmission, thereby improving outcomes for patients and avoiding additional costs. Care Management staff track financial savings associated with working with patients in all areas.
		The outpatient CM staff work on improving outcomes for members by working with them on improving their health and their self-management skills; navigating the health care system; evaluating and working through barriers to meeting goals; and accessing routine care. All this work is done with the understanding of the patient's benefits and specific needs. Our efforts in

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		identifying patients for case management are focused on those individuals with chronic conditions, including diabetes and congestive heart failure, recent hospitalizations, and new diagnoses of serious conditions. By working with these higher risk, higher need patients to improve their outcomes, and assisting them in accessing care more effectively, we are also avoiding additional costs.
		We have one Care Management RN who is dedicated to pediatric and perinatal care. She provides support to families of premature infants and seriously ill infants and children in inpatient and outpatient settings to optimize their outcomes and manage costs. Her responsibilities include utilization management activities associated with facility-based care.
		The efforts of the Emergency Patient Resources and Options (EPRO) physicians and staff also save costs by avoiding unnecessary hospital admissions and providing alternatives, including home health and same or next day appointments with medical and behavioral health providers. We are also supporting the avoidance of unnecessary testing when we can provide results of recent labs, ECG's, and imaging procedures. The social work clinicians in EPRO are trained to complete assessments of patients with chemical dependency concerns to determine if admission or outpatient care is most appropriate, often avoiding an unnecessary admission and coordinating prompt access to outpatient care.
		The CNS program also contributes to the improved outcomes and saving costs for patients and the health plan by offering 24/7 access to advice from registered nurses. In addition to the RN staff, CNS is also staffed with a Physician's Assistant and physician. This allows for RN consultation with the provider and direct treatment of patients by the providers. The CNS MD/PA is also able to assist patients with abnormal lab results after hours to prevent Emergency Department and Urgent Care visits. The CNS program also includes standing physician orders for the RN's to use in the treatment of some common diagnoses. This allows members to begin treatment earlier, avoid additional appointments and costs, and avoid costs for the health plan.

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		We have recently started a pilot project to improve the pre-operative planning of patients undergoing elective joint replacement procedures. This project is focused on patients from a contracted orthopedic practice and includes a phone call to patients several days prior to their admission to review the expectations and plans for post-discharge care. We have consistently identified the perception of many members and providers that not having caregiver support following discharge is reason to admit to a skilled nursing facility, which is not a legitimate reason for SNF care according to CMS. By working with the patients prior to admission to help them problem-solve any anticipated issues, plan for help at home, and expect discharge to home, we believe we can improve patient outcomes by avoiding more exposure to infections in facility-based care and also avoid the associated costs.
Arlington School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics

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		including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans. GROUP HEALTH: Group Health's Customer Service Centers in Seattle and Spokane serve as a vital source of quick, accurate information for members, staff, providers, and brokers. Available Monday through Friday, from 8:00 AM to 5:00 PM, they support inquiries for all lines of business and provide support for our health plans and clinics, as well as the self-service tools on our website and mobile app. In addition to taking over 4,000 calls each day, representatives also handle e-mails, written correspondence, and walk-in inquiries. Customer Service Representatives are prepared to answer all manners of health care inquiries, including questions about health plan benefits, enrollment, billing, and accessing care. While striving to resolve questions or concerns on the first contact, they also work with partner departments, care teams, and individuals throughout Group Health to ensure every issue is handled thoroughly and professionally. Whether welcoming a new member, answering a question, or solving a problem for someone in need of help, Customer Service makes it a priority to embody Group Health's mission and values on every contact. Additionally, members can conveniently access customer service 24/7 via our member website, MyGroupHealth, at www.ghc.org, or our mobile app, which is available for download on the iPhone and Android Smartphones. It includes many

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		features available on our MyGroupHealth for Members Website and has added features, such as Symptom Checker and clinic locations and wait times. From the website, members can use online forms to order a new ID card, file a claim, view plan information, update their personal information, order prescriptions and have them delivered to their homes, and provide feedback about Group Health. Patients are able to communicate directly with their primary care team – at their convenience – which improves service and builds a stronger provider-patient relationship. Using MyGroupHealth, members receiving care in Group Health medical centers have online access to a shared electronic health record (EHR) consisting of their entire medical record (except chart notes). Features available to them include: • Access to lab/test/radiology results • After-visit summaries • Allergy and immunization records • Medication histories, blood pressure, weight, and current health conditions • Secure messaging with their primary care team
Arlington	**Part-Time Employee**	The WEA Select Medical Plans through Premera:

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School District	**Coverage Protection**	A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available. DISTRICT: There has been no change in eligibility for part-time employees. Employees have access to coverage when working 17.5 hours per week. These eligibility terms are dictated by collective bargaining agreements. For employees who are eligible for benefits, there are low cost medical plan options for employees to choose from including a QHDHP, a PPO $750 deductible plan and a PPO $1,500 deductible plan.
Arlington School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.

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		DISTRICT: Excess pooling funds are allocated to those employees covering dependents instead of to employees who are enrolled in self-only coverage. In order to offer more affordable plans to families, Arlington Public Schools raised the deductible on their $350 deductible plan to a $750 deductible plan. Additionally, they opted to provide up-front benefits on this plan including the first four office visits covered at a $25 copay then covered at 100% (deductible is waived) and the plan covers the first $500 of outpatient lab and X-ray at 100% (deductible is waived). Arlington Public Schools offers two additional lower cost plan options that include a $1,500 deductible PPO plan and a QHDHP with an HSA account option. A self-funded vision plan is offered to employees at a composite rate in order to provide affordable vision coverage to families.
Asotin-Anatone School District	**Administrative Cost Reduction**	We work with the WEA/AON Hewitt to met these guidelines.
Asotin-Anatone School District	**Cost Savings**	We work with the WEA/AON Hewitt to met these guidelines.
Asotin-Anatone School District	**Customer Service**	We work with the WEA/AON Hewitt to met these guidelines.

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Asotin-Anatone School District	**Part-Time Employee Coverage Protection**	We met the ACA guidelines, in which all employees working 6 hours or more per day are entitled to benefits.
Asotin-Anatone School District	**Premium Differential Reduction**	We only offer Composite rate for employee and ALL Dependants.
Auburn School District	**Administrative Cost Reduction**	ASD purchases medical plans through the WEA benefits program, in addition to one HMO plan purchased through Group Health Cooperative. The WEA program is an efficiently run program with low administrative costs built into the premiums for the management and maintenance of these plans, and the administrative costs on the Group Health plan are below average. In order to reduce ongoing administration expenses, the WEA launched an online enrollment system in January 2013. The annual Open Enrollment was conducted in October, and was completed online, eliminating the need to so many paper enrollment forms. However, ASD was specifically allowed to implement their own internal online enrollment system, and did not move forward with WEA's platform. This allowance has proved to be very successful. ASD can set the open enrollment timeframe in a manner that makes sense administratively, and the system itself has proven to be successful in reducing paper and administrative work for the District. The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced

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		overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Auburn School District	**Cost Savings**	Both Premera Blue Cross and Group Health continue to evaluate their patient populations for early identification of costly chronic conditions. Group Health is nationally recognized for its' innovative approach to member care through their lifetimes. ASD has made progress by aggressively negotiating lower premiums on the Group Health medical plan, making strategic benefit plan alterations, and by offering an HSA-Qualified High Deductible Health Plan so that employees may cover family members at significantly lower premiums. The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national

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		accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.

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		J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. Waiver – employees can waive medical coverage under WEA or Group Health. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums, usually being employees with families.
Auburn School District	**Customer Service**	1. District employees enjoy both a Benefits Website and a Benefits Helpline. The Benefits Website contains information for all the District's benefits plans in one convenient place and is widely accessed by both employees and their family members. It contains summaries, comparisons, calculators, forms, and links to information and resources provided by the insurance carriers. The very popular Benefits Helpline is available for employees and their families when they have questions about their District benefits. During the most recent Open Enrollment period, in a period of 30 workdays, the Benefits Helpline took a large number of phone calls on a wide variety of topics, from the new HSA-qualified HDHP, to LTD claims, vision provider searches, retirement and Medicare. Satisfaction with the Benefits Helpline and website is extremely high.

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		In addition, the District's Health Benefits Committee works with Brokers for ASD and the Administrators, to evaluate communication needs, provide surveys, newsletters, meetings, and one on one assistance when necessary.
		Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.
		B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees.
		C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.
		D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional

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		support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans. Group Health has an award-winning website that allows employees to order prescriptions online, email their doctors, access test results, engage in virtual visits, and see their medical records.
Auburn School District	**Part-Time Employee Coverage Protection**	ASD has not changed part-time employees' access to coverage in recent years. Part-time employees remain eligible for the same benefits as full-time employees when they meet the definition of eligibility under their bargaining agreement. Medical insurance is optional and the district contribution for part-time employees is prorated based on the number of hours worked. Part-time employees can choose to enroll in medical as long as they have sufficient salary each month from which the employee's share of the costs (if applicable) may be deducted from their paycheck.

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		ASD and bargaining groups are aware that for part-time employees working 30 hours per week or more, full implementation of the 3:1 premium sharing as required by ESSB 5940 may subject the district to penalties under the Shared Responsibility Provision of the Affordable Care Act.
		The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.
		B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Auburn School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.
		B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.

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		C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.
		D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
		ASD has continued to discuss in detail, various proposals to make progress towards a 3:1 premium sharing ratio for employees. Through meetings and discussions with administrators, it has been noted that any drastic changes in premium shares would cause significant changes in employee enrollment and could cause the district to overspend available funding. We continue to consider all options carefully in an effort to make progress.
Bainbridge Island School District	**Administrative Cost Reduction**	The WEA program is an efficiently run program with low administrative costs built into the premiums for the management and maintenance of these plans. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Premera partners with outside organizations to collaborate on the use of Lean methodology, including several Washington State agencies, local non-profits and varied employer groups. In order to reduce ongoing administrative expenses, the WEA continues to use an secure web-based online enrollment system, eliminating the need for many paper enrollment forms.
Bainbridge Island School District	**Cost Savings**	Both Premera Blue Cross and Group Health continue to evaluate their patient populations for early identification of costly chronic conditions. Group Health is nationally recognized for its innovative approach to member care through their lifetimes. BISD offers an HSA-Qualified High Deductible Health Plan so that employees may cover family members at significantly lower premiums. 1. BlueCard – Premera's national "Blue"network – has negotiated discounts that are the highest within the state and provides

District	Category	Efforts and Achievements
		significant savings to Premera enrollees who travel or reside outside the Premera service area. Group Health is consistently recongnized for its ability to provide care very low medical trend inflation. 2. Evidence-based medical initiatives allow Premera and Group Health to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the member's needs. 3. Consumers have real-time access to resources to help them understand and direct their health care needs. 4. Provider advisory groups for medical and pharmacy continually monitor Premera's policies and procedures and make changes to formularies to ensure they are appropriate and cost and care-efficient. 5. Plans include copayments for emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. 6. Programs monitor controlled medical substances to provide protection for members.
Bainbridge Island School District	**Customer Service**	1. District employees enjoy both a Benefits Website and a Benefits Helpline managed by our benefits broker. The Benefits Website contains information for all the District's benefits plans in one convenient place and is widely accessed by both employees and their family members. It contains summaries, comparisons, calculators, forms, and links to information and resources provided by the insurance carriers. The very popular Benefits Helpline is available for employees and their families when they have questions about their District benefits. During the most recent Open Enrollment period the Benefits Helpline took a large number of phone calls on a wide variety of topics, from the HSA-qualified HDHP, to LTD claims, vision provider searches, retirement and Medicare. Satisfaction with the Benefits Helpline and website is extremely high. 2. Premera provides a website with access to information about the employee benefits – this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits.

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		3. Group Health has an award-winning website that allows employees to order prescriptons online, email their doctors, access test results, and see their medical records. 4. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction.
Bainbridge Island School District	**Part-Time Employee Coverage Protection**	BISD has not changed part-time employees' access to coverage in recent years. Part-time employees remain eligible for the same benefits as full-time employees when they meet the definition of eligibility under their bargaining agreement. Medical insurance is optional and the district contribution for part-time employees is prorated based on the number of hours worked. Part-time employees can choose to enroll in medical as long as they have sufficient salary each month from which the employee's share of the costs (if applicable) may be deducted from their paycheck.
Bainbridge Island School District	**Premium Differential Reduction**	WEA Premera plan applied greater premium increases to the employee-only premiums in order to help offset premium increases for families. Single employees pay a minimum of 1% of the premium cost out-of-pocket in order to increase availability for employees covering their families. Due to a concerted education effort on costs, district enrollment on the inexpensive EasyChoice plans increased significantly in 2015. The district continues to offer the HSA-Qualified High Deductible Health Plan. These changes in enrollment helped make more funding availalbe for employees covering families. Dependents on the Premera/WEA plans continue to be audited to ensure that ineligible dependents are not enrolled on school district plans.
Battle Ground School District	**Administrative Cost Reduction**	Regence uses a process to evaluate and improve internal and external processes to eliminate wasted time and work effort to lower costs. Kaiser uses their own doctors and a referral system to help reduce unnecessary specialty visits. Regence offers the Blue Card which allows members to receive services when out of the area at the in-network costs. Regence has a process in place that allows for auto adjudication, reducing the need for manual intervention, lowering administrative costs. We us online enrollment for employees reducing the amount of time we need to put in for new hires.

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District	Category	Efforts and Achievements
Battle Ground School District	**Cost Savings**	Because of the number of covered lives Regence has, they are able to negotiate greater discounts. Regence has the highest number of in-network providers with susbtantial provider discounts and allowing for employees to have the lower co-pay at the time of service. Regence offers the BlueCard which allows members to receive services at the in-network cost even when traveling out of the service area. Both Kaiser and Regence have Evidence-based medical initatives allowing them to provide effeiceint and cost-effective care as well as to idenitify appropriate alternative care. Both plans offer decision making support to help enrollees understand and select the health care they need. Both Kaiser andRegence have advisory groups that continually monitor medical and pharmacy policies and procedures and make formulary changes to ensure appropriate level/tiers and cost efficient care. Both plans monitor claims and identify healthcare needs to ensure enrollees are receiving the appropriate services. Both plans require a co-pay for emergencey room visits (waived if admitted). Regence offers a lower child rate for COBRA coverage for over age dependents. Premium rates for dependent children under all plans is the same whether there is one child or more enrolled in the plan. Pre-authorization is required or a referral from PCP before planned medical services or procedures. The district offers 7 Premerra plans and 2 Kaiser plans to allow employees to select the plan that works best for their situation and offers several lower cost options for them. Both Kaiser and Premera as well as union contracts allow for waiver of medical coverage when an employee is covered under another plan, this allows more dollars to be returned to the pool to help employees with out of pocket medical premiums costs.
Battle Ground School District	**Customer Service**	Kaiser and Regence both have websites for members to access plan information, costs and educational information. As well as wellnes information, available discounts for health clubs and programs. Customer satisfaction surveys are conducted. Regence offers on-site staff to come help employees understand benefits and answer questions on claims, giving employees one-on-one face time. Newsletters are sent out and available online.
Battle Ground School District	**Part-Time Employee Coverage Protection**	The district offers benefits to employees working 17.5 for certificated and 20 hours per week for classified staff. We offer several different plan options allow employees to select a plan that works best for them. And we offer the High Deductible plan.
Battle Ground School District	**Premium Differential Reduction**	Kaiser and Regence both have given lower rate increases for dependents than the employee only rates. Added lower cost premuim options such as the Choice plans. Regence offers a child only rate, lower than then employe only rate for COBRA coverage for dependents.

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District	Category	Efforts and Achievements
Bellevue School District	**Administrative Cost Reduction**	Reviewed Annually
Bellevue School District	**Cost Savings**	Reviewed Annually
Bellevue School District	**Customer Service**	Employee Access to Benefit Advocates
Bellevue School District	**Part-Time Employee Coverage Protection**	Assign Hours Sufficient for Benefit Eligibility
Bellevue School District	**Premium Differential Reduction**	Review Plan Options and Premiums Each Year
Bellingham School District	**Administrative Cost Reduction**	By working with our employee benefits consultant, we have negotiated both fully-insured and self-insured plans to reduce administrative expenses wherever possible. We also worked with our benefits consultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative expenses or simply reduce total premiums.
Bellingham School District	**Cost Savings**	We have implemented the following steps: 1. Offered Consumer Driven High Deductible Health Plan with an optional Health Savings Account as of 10/1/2012. 2. Established an HSA employer contribution of $125 per employee per month, resulting in an increase to pooling dollars. 3. Used purchasing consortium/Interlocal to purchase some benefits at a lower cost across several districts. 4. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums. 5. Reviewed plan usage on a regular basis and met with insurance representatives and community benefits providers to discuss and collaborate on ideas for cost savings.
Bellingham	**Customer**	We have worked to provide improved customer service by: 1. Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contracts. 2. Hosting an employee benefits fair with hours allowing for

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District	Category	Efforts and Achievements
School District	**Service**	all employees to learn the most efficient way to access their benefits. 3. Ensuring that all health plans offered provide comprehensive nurse line and telephonic cosutomer service and support for all members. 4. Having regular Benefits Advisory Committe meetings with representation from all bargaining groups.
Bellingham School District	**Part-Time Employee Coverage Protection**	We have continued to work with all purchasing/bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefits needs. We also provided all existing and new employees with required notifications regarding availability of health coverage through Washington Health Plan Finder as of January 1st, 2014.
Bellingham School District	**Premium Differential Reduction**	We have done the following: 1. Implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents due to pooling from employee only minimum contributions. 2. Encouraged employees that do not need health plan coverage to waive off of the district offered plan, resulting in an increase to pooling dollars. 3. Established HSA employer contribution of $125 per employee per month, resulting in increase to pooling dollars. 4. Worked with employee benefits consultant to evaluate and offer alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars available to those covering dependents. 5. The JLARC K-12 Report, released in January of this year, ranked all Washington State School Districts based on the dependent equity ratio, (differential between full family coverage costs and employee only costs, expressed as a multiple of the employee only cost). Based on that metric, the Bellingham School District ranked 42nd out of 116 districts with more than 100 employees for the 2013-14 school year. Bellingham's equity ratio, multiple was 8.2 compared to an average multiple of 11.3 for the rest of the 116 districts.
Benge School District	**Administrative Cost Reduction**	Administrative cost are low due to the small number of employees.
Benge School District	**Cost Savings**	Provider has high numbers of "in network" providers and an open drug formulary that reduces the cost for the perscribers.
Benge School District	**Customer Service**	All plans have a website that employees can utilize for a variety of

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District	Category	Efforts and Achievements
		medical and educational resources.
Benge School District	**Part-Time Employee Coverage Protection**	If an employee works 4 hours or half time they qualify for benefits
Benge School District	**Premium Differential Reduction**	Initated a percentage of out-of-pocket for all contributing members
Bethel School District	**Administrative Cost Reduction**	Broker offers additional services without increasing the district cost
Bethel School District	**Cost Savings**	We continue to work with our brokers to make sure we are providing good coverage at competitive rates while maintaining compliance with ACA regulations.
Bethel School District	**Customer Service**	We offer two benefit fairs each fall and meet with all new employees to insure understanding of all benefits offered.
Bethel School District	**Part-Time Employee Coverage Protection**	We offer health insurance coverage to all our contracted employees regardless of FTE status.
Bethel School District	**Premium Differential Reduction**	Our brokers continue to neogiate competitive rates that help reduce the differential between employee only and full family coverage.
Bickleton	**Administrative**	Goal met

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District	Category	Efforts and Achievements
School District	**Cost Reduction**	
Bickleton School District	**Cost Savings**	Goal met
Bickleton School District	**Customer Service**	Goal met
Bickleton School District	**Part-Time Employee Coverage Protection**	They have full access
Bickleton School District	**Premium Differential Reduction**	No differential to address
Blaine School District	**Administrative Cost Reduction**	By working with our employee benefits consultant, we've negotiated with both fully-insured and self-insured plans to reduce administrative expenses wherever possible. Worked with our employee benefits consultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative expenses or simply reduce total premiums.
Blaine School District	**Cost Savings**	We have implemented the following steps: Consumer Driven High Deductible Health Plan with an optional Health Savings Account offered as of 10/01/2012, Established an HSA employer contribution of $125 per employee per month, resulting in an increase to pooling dollars, Use of purchasing consortium / Interlocal to purchase some benefits at a lower cost across several districts, Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums
Blaine School District	**Customer Service**	We have worked to provide improved customer service by: Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information; Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits; Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members; Having regular Benefits Advisory

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District	Category	Efforts and Achievements
		Committee meetings with representation from all bargaining groups.
Blaine School District	**Part-Time Employee Coverage Protection**	We have continued to work with all purchasing / bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefits needs.
Blaine School District	**Premium Differential Reduction**	We have done the following: Implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents; Encouraged employees that do not need health plan coverage to waive off of the district offered plan, resulting in an increase to pooling dollars; Established HSA employer contribution of $125 per employee per month, resulting in increase to pooling dollars; Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars available to those covering dependents.
Boistfort School District	**Administrative Cost Reduction**	N/A
Boistfort School District	**Cost Savings**	Employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Boistfort School District	**Customer Service**	Work with enrollees or their provider to address escalated or complex issues.
Boistfort School District	**Part-Time Employee Coverage Protection**	Offer lower cost options, such as the EasyChoice plan and Basic plan that have lower premiums. Additionally, a Qualified High Deductible Health Plan is available.
Boistfort School District	**Premium Differential**	Offer lower cost options, such as the EasyChoice plan and Basic plan that have lower premiums. Additionally, a Qualified High Deductible Health Plan is available.

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District	Category	Efforts and Achievements
	Reduction	
Bremerton School District	**Administrative Cost Reduction**	BSD purchases medical plans through the WEA benefits program, in addition to one HMO plan purchased through Group Health Cooperative. The WEA program is an efficiently run program with low administrative costs built into the premiums for the management and maintenance of these plans, and the administrative costs on the Group Health plan are below average. The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs. Group Health has reduced admin costs through the following: In 2015, Group Health continued to focus our efforts on existing technology, making needed improvements to Premier and

District	Category	Efforts and Achievements
		other legacy systems in order to meet federal, state, and industry guidelines and continue to provide the best service to our customers.
		On December 4, 2015, Group Health Cooperative announced that it signed an agreement to be acquired by Kaiser Foundation Health Plan of Washington. The approval process for the acquisition may take up to a year or more to complete. The acquisition was approved by Group Health's voting membership and is pending regulatory approval. Group Health's operations will not change right away. Upon the completion of the acquisition process, Kaiser Foundation Health Plan of Washington will become the parent company of Group Health Cooperative, Group Health Options, Inc., and certain other current Group Health subsidiaries. Group Health Cooperative and Group Health Options, Inc. will continue to hold their existing health plan contracts with employer group purchasers and other purchasers at the close of the acquisition.
		By joining with the larger Kaiser Permanente organization, Group Health will have access to greater resources and capital that will expand our capacity to care for and attract more people in Washington State.
Bremerton School District	**Cost Savings**	In 2014-2015, Premera Blue Cross, KPS and Group Health continued to evaluate their patient populations for early identification of costly chronic conditions. Group Health is nationally recognized for its' innovative approach to member care through their lifetimes.
		In the fall of 2015 BSD moved to a suite of plans through Group Health Access PPO, HMO and one Premera plan. This was after an RFP process in which other medical carriers plans and rates were evaluated. With assistance from our brokers, SIG negotiated with Group Health, and BSD was able to move to a suite of plans that were competitively priced, while still offering comprehensive coverage. Through effective communication outlined in open enrollment documents, meetings and the Benefits Fair, employees were educated on what plans made the most sense for them based on premium and out-of-pocket

District	Category	Efforts and Achievements
		costs. The District saw a shift in enrollment, with more employees choosing lower cost plans, freeing up more money to be pooled and shifted to employees with dependents.
		The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.

District	Category	Efforts and Achievements
		F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums. Group Health provides the following:

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		Group Health works closely with the client to find the right benefit designs and network options and integrate them with our own delivery system to ensure that the group can maximize cost controls.
		Group Health offers patient-centered care that promotes collaboration between physicians, specialists, and other members of the health care team. Group Health empowers employees to improve health through cost effective care management, wellness solutions, and occupational health services. All of these can result in a more productive workforce and lower overall costs.
		In order to ensure claims timeliness and accuracy, we have online systems that catch inappropriate billing, review coding, identify duplicate billings and COB/subrogation opportunities. Group Health performs pre-payment review of high dollar claims and post-payment audits.
		Group Health recently selected OptumRx to handle our pharmacy benefits management (claims and related network administration). As part of our continuing focus on cost savings across the enterprise, we identified our PBM relationship as a potential opportunity. By switching from our current vendor, MedImpact, to OptumRx, we will achieve significant savings and industry-leading capabilities to better manage the fastest growing component of health care costs into the future.
		With our Optum Impact Intelligence tool, Group Health is able to analyze and dissect clinical and financial data to track utilization trends, patient outcomes, and provider performance and better manage the total cost of care and identify improvement opportunities.

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District	Category	Efforts and Achievements
		Group Health Care Management uses a number of approaches to identify individuals with high utilization of specific services and overall high utilization. Specifically, we use a predictive modeling tool - the Johns Hopkins Adjusted Clinical Groups (ACG) system - to identify members with specific conditions and high risk of hospitalization or high cost. Group Health also receives routine reports of members with high utilization of Emergency Department Services. Care Management clinical staff (including registered nurses and licensed independent clinical social workers) reach out to individuals identified through these processes. The key concepts in working with these members are to support identification of and bonding with a primary care provider, to offer education regarding ways to access same day care through their provider, urgent care centers, and the use of our Consulting Nurse Service (CNS.) The work with members identified by the ACG focuses on supporting the medical treatment plan for any chronic conditions, assisting the member in improving their self-management skills and offering various organizational and community resources. This work may include focus on improved compliance with medications, routine care, and preventive care; management of sick days, education tailored to each individual and resolving any barriers to success that are identified by the patient or caregiver. We have also implemented a collaborative process between the Consulting Nurse Service, Behavioral Health Access (BHA) and Care Management (CM) areas. This process identifies individuals with high utilization of CNS and includes a review by CNS managers to determine if the calls were appropriate for the CNS program to manage. When it appears that members are accessing CNS for support with behavioral health concerns or because a behavioral health concern is driving frequent calls, e.g. depression, anxiety; BHA reviews and reaches out to the individuals or forwards the referrals to the CM case managers, who then reach out to the patients directly. If appropriate, the behavioral health and CM clinicians will collaborate on the care offered to members with co-occurring behavioral health and medical concerns.

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District	Category	Efforts and Achievements
		In addition to the utilization management activities discussed above, Group Health Care Management has recently implemented a strategy to further ensure that short hospital stays are appropriately coded as observation stays, which is anticipated to yield significant savings. The CM staff working with hospitalized patients and following recently discharged patients are also focused on effective transition management to provide patients with a plan for a safe transition that includes post-discharge telephone calls, follow up appointments, confirmation that home health, etc. is in place, and medication reconciliation. These efforts are planned to mitigate the risk of readmission, thereby improving outcomes for patients and avoiding additional costs. Care Management staff track financial savings associated with working with patients in all areas.
Bremerton School District	**Customer Service**	BSD employees enjoy both a Benefits Website and a Benefits Helpline. The Benefits Website contains information for all the District's benefits plans in one convenient place and is widely accessed by both employees and their family members. It contains summaries, comparisons, calculators, forms, and links to information and resources provided by the insurance carriers. The very popular Benefits Helpline is available for employees and their families when they have questions about their District benefits. The phone calls received range on a wide variety of topics, from the new HSA-qualified HDHP, to LTD claims, vision provider searches, retirement and Medicare. In addition, BSD works with our broker SIG to evaluate communication needs, provide surveys, newsletters, meetings, and one on one assistance when necessary.
		Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them

District	Category	Efforts and Achievements
		determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans. Group Health places a strong emphasis on Customer Service through these services: Group Health's Customer Service Centers in Seattle and Spokane serve as a vital source of quick, accurate information for members, staff, providers, and brokers. Available Monday through Friday, from 8:00 AM to 5:00 PM, they support inquiries for all lines of business and provide support for our health plans and clinics, as well as the self-service tools on our website and mobile app. In addition to taking over 4,000 calls each day, representatives also handle e-mails, written correspondence, and

District	Category	Efforts and Achievements
		walk-in inquiries.
		Customer Service Representatives are prepared to answer all manners of health care inquiries, including questions about health plan benefits, enrollment, billing, and accessing care. While striving to resolve questions or concerns on the first contact, they also work with partner departments, care teams, and individuals throughout Group Health to ensure every issue is handled thoroughly and professionally. Whether welcoming a new member, answering a question, or solving a problem for someone in need of help, Customer Service makes it a priority to embody Group Health's mission and values on every contact.
		Additionally, members can conveniently access customer service 24/7 via our member website, MyGroupHealth, at www.ghc.org, or our mobile app, which is available for download on the iPhone and Android Smartphones. It includes many features available on our MyGroupHealth for Members Website and has added features, such as Symptom Checker and clinic locations and wait times.
		From the website, members can use online forms to order a new ID card, file a claim, view plan information, update their personal information, order prescriptions and have them delivered to their homes, and provide feedback about Group Health. Patients are able to communicate directly with their primary care team – at their convenience – which improves service and builds a stronger provider-patient relationship.
		Using MyGroupHealth, members receiving care in Group Health medical centers have online access to a shared electronic health record (EHR) consisting of their entire medical record (except chart notes). Features available to them include:

District	Category	Efforts and Achievements
		• Access to lab/test/radiology results • After-visit summaries • Allergy and immunization records • Medication histories, blood pressure, weight, and current health conditions • Secure messaging with their primary care team
Bremerton School District	**Part-Time Employee Coverage Protection**	Part-time employees' access to coverage has not changed in recent years. Part-time employees remain eligible for the same benefits as full-time employees when they meet the definition of eligibility under their bargaining agreement. Medical insurance is optional and the district contribution for part-time employees is prorated based on the number of hours worked. BSD and bargaining groups are aware that for part-time employees working 30 hours per week or more, full implementation of the 3:1 premium sharing as required by ESSB 5940 could potentially subject the district to penalties under the Shared Responsibility Provision of the Affordable Care Act. A. This district currently allows part-time employees who have a contract or agreement to work access to health benefits. B. New Group Health plans offered lower cost options in November 2015.

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District	Category	Efforts and Achievements
		The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Bremerton School District	**Premium Differential Reduction**	District: Please indicate if your district has done something specific in this area. BSD will continue to examine in detail, various proposals to make progress towards a 3:1 premium sharing ratio for employees. Through insurance committee meetings and discussions with administrators and bargaining groups, it has been noted that any drastic changes in premium shares would cause significant changes in employee enrollment and could cause the district to overspend available funding. The District continues to consider all options carefully. The insurance committee has continued to engage in active discussions about making progress, and intends to review additional methods moving forward. BSD will continue to work with the insurance carriers to offer benefits that meet the criteria outlined in the law. Historically - WEA Select Plans – Passed on lower increases to dependents than to employee only tiers

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District	Category	Efforts and Achievements
		New medical plans offered by Group Health offered lower premiums on most plans than the proposed renewal from Premera – freeing up additional money for employees with dependents. The new plans offered through Group Health Access PPO beginning in the fall of 2015, in the aggregate offered lower premiums than the alternative carriers, based on the district's enrollment.
		The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Brewster School District	**Administrative Cost Reduction**	The administrative costs specific to the WEA Plans are approximately 5% of premium and have been under 6% for over 12 years.
Brewster School District	**Cost Savings**	The high number of Premera Members, helps Premera negotiate greater discounts.
Brewster School District	**Customer Service**	Employees are encourage to contact WEA/Aon Hewitte customer service for all their questions.

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District	Category	Efforts and Achievements
Brewster School District	**Part-Time Employee Coverage Protection**	Added lower cost options, such as the EasyChoice plans.
Brewster School District	**Premium Differential Reduction**	Added lower cost options, such as the EasyChoice plans.
Bridgeport School District	**Administrative Cost Reduction**	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business - including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Bridgeport School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provide coverage to enrollees on the state Exchange, individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-pocket costs for enrollees on a WEA Plan. b. BlueCard - (Premera's national "Blue" network) has negotiated significant discounts which are passed on to Wee Premera enrollees who travel or reside outside the

District	Category	Efforts and Achievements
		Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-efficient. I. Child COBRA Rate - Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization - Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice - 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver - employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Bridgeport School District	**Customer Service**	Premera's WEA Claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning" - leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also

District	Category	Efforts and Achievements
		works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their providers to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Bridgeport School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Bridgeport School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Brinnon School District	**Administrative Cost Reduction**	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces

District	Category	Efforts and Achievements
		the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Brinnon School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital

District	Category	Efforts and Achievements
		admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Brinnon School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.

District	Category	Efforts and Achievements
		B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Brinnon School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Brinnon	**Premium**	The WEA Select Medical Plans through Premera:

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School District	Differential Reduction	A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Burlington-Edison School District	Administrative Cost Reduction	There has been no reduction in administration expenses. The additional reporting requirements and increase in number of insurance plans offered has increased the number of hours spent processing these changes both for Human Resources and Payroll staff. ACA has increased questions regarding health care choices for both new and existing employees. We added additional hours to our payroll assistant to handle the increase in workload.
Burlington-Edison School District	Cost Savings	We offer a variety of plans to employees including QHDHPs that meet the minimum essential requirements. Our insurance brokers negotiate with our vendors for the lowest rates possible. We use Premera, Group Health, Regence and PEBB. The broker has set up an insurance consortium with nearby districts for more negotiating/buying power that our classified bargaining group has joined. These rates have also helped our certificated staff although they have not yet chosen to join the consortium.
Burlington-Edison School District	Customer Service	We have been providing ongoing emails, benefits fairs, employee guide to benefits booklets, additional seminars by benefits broker, prompt responses to employee questions, increased awareness in both HR and payroll of employee needs so more time is spent with new hires and existing employees to improve their experience and alleviate frustrations with the process of selecting benefits.
Burlington-Edison School District	Part-Time Employee Coverage	Employees who work .5 FTE and above qualify for benefits. This equates to 18.75 hours/week qualifies for benefits as opposed to the Federal mandate of 30 hours per week.

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	Protection	
Burlington-Edison School District	Premium Differential Reduction	In the past, our certificated staff bargained for the district to pay additional funds toward the pool for employees who covered full family. This was bargained out of the contract last year. Now additional funds add to the total insurance pool -not specifically targeting a small group of employees who cover full family. The insurance companies have worked toward structuring the premiums so full family premium does not increase at as high a rate as the individual plan.
Camas School District	Administrative Cost Reduction	It's been impossible to reduce administrative expenses with all the new reporting requirements.
Camas School District	Cost Savings	Offer lower cost options, such as Premera EasyChoice Plan, Premera Basic Plan and the Premera High Deductible Health Plan These plans offer a range of benefits and rate levels to meet the needs of our employees and their families.The EasyChoice Plan provides two different options at the same rate. Employee have the choice to choose the option that best fits their needs. This plan has copays for office visits and generic drugs are covered in full. With the WEA plans overage dependents pay the lower child rate rather than a subscriber rate when enrolling in COBRA. Employees can waive medical coverage and any left-over state allocation is put back into the insurance pool to help reduce employees paying out-of-pocket each month for medical coverage.
Camas School District	Customer Service	Provide a website with access to information about the employee's benefits, including a cost estimator. Email communications, Employee Benefit Handbook, Benefits Fair
Camas School District	Part-Time Employee Coverage Protection	We have provided access to coverage for certificated part-time employees working 17.5 hours a week and classified staff working 20 hours a week for many years. Currently we are offering two affordable options, the EasyChoice plan that has lower premiums which have many first dollar benefits and a QHDHP Plan.
Camas School District	Premium Differential Reduction	Implemented a mimiumn deduction for all employees enrolled in medical. All employees enrolled in medical coverage are now paying a portion of their premium.
Cape Flattery	Administrative	The WEA Select Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and

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District	Category	Efforts and Achievements
School District	**Cost Reduction**	improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this mithod, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business - including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Cape Flattery School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage for many large, national accounts, including Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting-Premera has the highest number of providers "in network" in the state (resulting in 98%+ of all paid claims are "in network") Substantial provider discounts result in lower claims cost for the plan and lower out-of-pocket costs for enrollees on a WEA plan. b. Bluecard -(Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plan that include co-payments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate - Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization -Some services require an approval for coverage from Premera before a planned medical

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District	Category	Efforts and Achievements
		service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice - 7 freestanding medical plans available statewide with a broad rands of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver - employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Cape Flattery School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrolees. B. Use "Ulysses Learning" - leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing the enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrolleess or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wleeness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school district which has let to making modifcations to processes or benefit changes to the plans.
Cape Flattery School District	**Part-Time Employee Coverage Protection**	The district offers equal sharing of pooled dollars regardless of hours regularly assigned. The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hour a week for over 30 years. Individual district can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice pland and the Basic plan that have lower premiums. Additionally, QHDHP is available.

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District	Category	Efforts and Achievements
Cape Flattery School District	**Premium Differential Reduction**	The distict has met with the bargaining units and have agreed to work together to address this issue. Plans are in the making for bringing these goals to fruition. The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Carbonado School District	**Administrative Cost Reduction**	A. Premera has been a leader in implementing "Lean" thinking since 20005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in "Lean" workshops so they can incorporate them into their own business. - including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8 o/o in 2005 to 6o/o for over 10 years. C. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area.
Carbonado School District	**Cost Savings**	A. Premera has the following included in all the WEA medical programs. A. Provider contracting-has the highest number of providers "in network" in the state (98 o/o + of all claims are paid "in network". B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhauser, Alaska Air, etc. c. BlueCard-Premera's national "Blue" network-has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the member's needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. G. Member 360 dashboard -proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. H. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. I. Programs that monitor controlled medical substances to provide protection for members. J. An open drug formulary that provides choice for members and their

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District	Category	Efforts and Achievements
		physicians while being prudent and ensuring the drugs are cost and care effective.
Carbonado School District	**Customer Service**	A. Premera provides a website with access to information about the employee benefits-this included a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. C. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. D. Premera has "Ulyssess Learning" which leads to first call resolution and a higher level of overall satisfaction from enrollees. E. Premera's "Lean" workshop includes Customer Service, Claim and Billing processes which we continue to focus on in order to improve the member experience. F. WEA Select Plans-The dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. G. WEA Select Plans - Semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. H. WEA - has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits or modifications to their plans.
Carbonado School District	**Part-Time Employee Coverage Protection**	A. WEA Select Plans - when a full time employee's hours are deceased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. B. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HSHP Plan.
Carbonado School District	**Premium Differential Reduction**	A. WEA Select Plans passed on lower increases to dependents than to employee only tiers for the past two years. B. WEA Select Plans- added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. C. WEA Select Plans- used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for family coverage
Cascade School District	**Administrative Cost Reduction**	There has been nothing done to reduce admin costs for insurance.

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Cascade School District	**Cost Savings**	We are in the process of comparing other companies and rates.
Cascade School District	**Customer Service**	Flyers, Health groups come in for questions, vendor fair.
Cascade School District	**Part-Time Employee Coverage Protection**	Bargaining units
Cascade School District	**Premium Differential Reduction**	Premera sets the rates we have no say
Cashmere School District	**Administrative Cost Reduction**	We have reduced administrative expenses by contracting with PEBB.
Cashmere School District	**Cost Savings**	The District contracts with the PEBB program, whose cost saving measures include: managing the medical plans' prescription-drug costs by promoting generic drug use through a lower-cost benefit design; purchasing coverage for medical tools and procedures that are evidence based; adopting PEBB's dependent verification eligibility processes, to ensure family members receive benefits.
Cashmere School District	**Customer Service**	The district follows the PEBB Program's guidelines for determining employee eligibility and enrollment procedures to ensure consistency. As required by the PEBB Program, the district is also required to verify eligibility for each employee's dependents through valid documentation before the employer enrolls the dependents in PEBB coverage.
Cashmere School District	**Part-Time Employee Coverage**	We offer insurance benefits to our part-time employees.

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	Protection	
Cashmere School District	Premium Differential Reduction	As a member of PEBB, this differential is being addressed at the State level.
Castle Rock School District	Administrative Cost Reduction	We do not have administrative expenses as described in this survey. Although new reporting requirements and ESSB 5940 have contributed to increased costs.
Castle Rock School District	Cost Savings	We meet annually with Kaiser to review costs and look at other health provider company rates. The disctrict committee reviews and chooses the best plans with the lowest premiums for the year.
Castle Rock School District	Customer Service	A benefit fair is held annually, and health newsletters are provided periodically to all employees.
Castle Rock School District	Part-Time Employee Coverage Protection	Board policy and bargaining agreements provide for offers of coverage to all employees who work 17.5 hours or more per week. All plan options, including lower cost plans, are available to all employees.
Castle Rock School District	Premium Differential Reduction	We offer Easy Choice, Basic, and High Deductible plans that provide lower cost options. Also, the plans offered include composite rates for dependents.
Centerville School District	Administrative Cost Reduction	Providence Health Plan has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative cost with medical cost inflation. This has resulted in reduced percentage of premium administrative cost. As such, as much as 90%-91% of premium dollars go towards claims expense costs. PHP is also not required to refund any premiums due to not meeting the MLR (medical loss ratio) requirements of PPACA.
Centerville	Cost Savings	Providence Health Plan (PHP) continues to employ a robust care management program that aims to improve care outcomes for our members, ensuring that the right care is being received in the right place, at the right time. Care managers work in

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District	Category	Efforts and Achievements
School District		collaboration with providers, health professionals, and health plan medical directors to provide a coordinated approach for members with complex care needs. This approach aims to educate and assist members in utilizing health care resources appropriately.
		PHP has implemented interventions to prevent inpatient hospital readmissions and initiatives to reduce complaints and potential medical errors. PHP provides a comprehensive array of health and wellness promotion and preventive services through our Fit Together program and a best-in-class pharmacy management program. Providence Health Plan has invested in preventive care and chronic Case and Disease Management Programs to improve on heath care outcomes, implementation of inteventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safety reporting, inititatives in place to reduce complaints and potential medical errors, the Health Plan includes a comprehensive array of health and wellness promotion and preventive services through our Fit Together program and a best-in-class pharmacy management program.
Centerville School District	**Customer Service**	Providence Health Plan Customer Service and Claims are located in Beaverton, Oregon, hours of operation 8:00 am to 5:00 pm PST, toll free 800 number for members. Customer Service Representatives are trained to answer all calls with 92% of calls answered at the point of service. Translation services available, automated voice response systement and call tracking software for real time an historical activty. The Health Plan has invested heavily in web based tools for members for outside of standard business hours which includes a variety of self service options and tools.
Centerville School District	**Part-Time Employee Coverage Protection**	We allow coverage for part time employees.
Centerville School District	**Premium Differential Reduction**	We analyze our pooling to make it fair for all.
Central Kitsap	**Administrative**	In order to reduce ongoing administration expenses, the WEA launched an online enrollment system in January 2013. The

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School District	**Cost Reduction**	annual Open Enrollment was conducted in August and September, and was completed online for all WEA plans. For the KPS, Group Health a
Central Kitsap School District	**Cost Savings**	CKSD has made progress by working with their brokers to aggressively negotiate lower premiums on their Group Health and KPS medical plans, making strategic benefit plan alterations, and by offering an HSA-Qualified High Deductible Health Plan so that empl
Central Kitsap School District	**Customer Service**	District employees enjoy both a Benefits Website and a Benefits Helpline. The Benefits Website contains information for all the District's benefits plans in one convenient place and is widely accessed by both employees and their family members. It conta
Central Kitsap School District	**Part-Time Employee Coverage Protection**	Part-time employees' access to coverage has not changed in recent years. Part-time employees remain eligible for the same benefits as full-time employees when they meet the definition of eligibility under their bargaining agreement. Medical insurance i
Central Kitsap School District	**Premium Differential Reduction**	CKSD continues to examine in detail, various proposals to make progress towards a 3:1 premium sharing ratio for employees. Through the IAC meetings and discussions with administrators and bargaining groups, it has been noted that any drastic changes in p
Central Valley School District	**Administrative Cost Reduction**	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain

District	Category	Efforts and Achievements
		approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Central Valley School District	**Cost Savings**	Most medical plans offered many "in network" providers and extensive wellness programs, newsletters/magazines, customer service departments, on-line tools a variety of health resources. The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.

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		D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance

District	Category	Efforts and Achievements
		pool to reduce the cost for those with monthly co-premiums.
Central Valley School District	**Customer Service**	Benefits are discussed with employees when they are hired, at New Teacher Orientation and in a Classified staff development class. A Benefits Fair is held each year at alternating locations where employees can obtain information and discuss their medical needs with providers. Worksheets for comparing/evaluating medical plans are available. We have a Benefits Page on our Intranet with customer service phone numbers, medical plan information and a worksheet for calculating out-of-pocket costs. Employees also have access to an Employee Assistance Program. Most medical plans offered perform customer surveys, have customer service departments, on-line tools and a variety of health resources. Insurance Committees were formed within each bargaining group to discuss and review benefits. Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues.

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		G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans. Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.

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Central Valley School District	**Part-Time Employee Coverage Protection**	Access to coverage and funding is provided to most part-time employees working at least 17.50 hours per week. Low cost medical plans, HDHPs and HSAs were offered. All employee groups pay a $10 minimum for medical coverage. These funds are pooled and redistributed to employees with more costs. We pool available benefit dollars each month to account for any plan changes. We contribute to VEBA for all benefit eligible employees and offer several Section 125 Plans. In October 2014, the MSC medical plans were discontinued and we started offering Asuris Northwest Health medical plans with lower premiums. The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Central Valley School District	**Premium Differential Reduction**	Most medical plans offered gave lower increases to the dependent tiers than to the employee only tiers. Low cost medical plans, HDHPs and HSAs were offered. All employee groups pay a $10 minimum for medical coverage. These funds are pooled and redistributed to employees with more costs. We pool available benefit dollars each month to account for any plan changes. The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Centralia	**Administrative**	Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the

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School District	**Cost Reduction**	enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Centralia School District	**Cost Savings**	The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. The premium rate for dependent children is the same whether there is one or more

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		enrolled. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Centralia School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.
Centralia School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera: Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Centralia School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Chehalis School District	**Administrative Cost Reduction**	We do not have a broker just the Premera plans and the overall administrative costs were reduced from 8.8% in 2005 to 5.9% in 2015.
Chehalis School District	**Cost Savings**	The premium rate for deendent children is the same whether there is on or more enrolled. Lots of medical choices available through the Blue Cross Pans that allow lower premiums. An open 4-tiered drug formulary that provided choice for enrollees.

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Chehalis School District	**Customer Service**	Provide several enrollment sessions for help in enrolling. Provide corresondence for all health care information available. One on one assistance available.
Chehalis School District	**Part-Time Employee Coverage Protection**	Low cost options are available to all employees. Pooling is available in each bargaining group with some individuals gaining a huge avantage based on the selections in the group. District contributes extra dollars to some of the bargaining groups to increase the pooling dollars.
Chehalis School District	**Premium Differential Reduction**	We offer lower cost options, EasyChoice, Basic Plan and QHDHP. All employees pay a minimum to help increase the pooling dollars available.
Cheney School District	**Administrative Cost Reduction**	We worked with our insurance consultant to switch from a % of premium commission to a flat per member per month fee that will limit future increases in commission costs, and not provide an automatic increase in commission every time the premium increases.
Cheney School District	**Cost Savings**	Cheney School District works with a consultant to monitor the health insurance market and available plan options for school districts. Our consultant shops the market for our medical, dental, vision, life, and disability plans on a periodic basis to ensure that we provide the best possible plans, rates, and service for our employees.
Cheney School District	**Customer Service**	Our benefits committee features representatives from each employee group at the district, along with administration and the district's benefit consultant. This group acts as a sounding board for employee needs, and allows for educational communication to be planned. We provide the opportunity for each of our employees to receive one-on-one counselling about the benefit options available to them and offer presentations to groups of employees on changes to plans, rates, and general education on insurance plans. We provide a benefits handbook with contact information for each service provider, along with summaries of each of the plans available to them. Our benefits fair provides employees with an opportunity to interact with benefit carriers and consultants to become more familiar with their plan offerings. We also provide periodic communications on helpful benefit topics, along with wellness topics.
Cheney School	**Part-Time**	We continue to provide coverage to part time employees, with eligibility requirements of .5 FTE for Certificated, Admin, or Non-

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District	**Employee Coverage Protection**	represented employees, and 20 hours per week for classified staff. This eligibility requirement is lower than the federal requirement. Part time employees receive benefit allocations from the state, and are also eligible to participate in the pooling process in their respective bargaining groups.
Cheney School District	**Premium Differential Reduction**	See above under Affordability. We removed some of the more expensive plans that had been offered at the district historically for lower cost plans. Carriers are working to shift costs from families to employee only enrollees as well. We also provide group and individual consultations for each of our employees to ensure that each employee is choosing the best plan to meet their needs instead of the richest plan option available.
Chewelah School District	**Administrative Cost Reduction**	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Chewelah School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state

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		Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.

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		I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Chewelah School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional

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		assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Chewelah School District	**Part-Time Employee Coverage Protection**	We continue to provide coverage to part time employees, with eligibility requirements of .20 FTE for regular Certificated, or Admin employees, and 17.5 hours per week for regular Classified and Non Represented staff. This eligibility requirement is lower than the federal requirement. Part time employees receive benefit allocations from the state, and are also eligible to participate in the pooling process in their respective bargaining groups. The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Chewelah School District	**Premium Differential Reduction**	We utilize our maditory minimum out of pocket expense along with insurance benefit pooling to decrease the cost of full family coverage for our employees. The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.

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		B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Chimacum School District	**Administrative Cost Reduction**	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Chimacum School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.

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District	Category	Efforts and Achievements
		a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.

District	Category	Efforts and Achievements
		J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Chimacum School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional

District	Category	Efforts and Achievements
		support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Chimacum School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Chimacum School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.

District	Category	Efforts and Achievements
		D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Clarkston School District	**Administrative Cost Reduction**	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Clarkston School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to

District	Category	Efforts and Achievements
		provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and

District	Category	Efforts and Achievements
		generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Clarkston School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the

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District	Category	Efforts and Achievements
		plans.
Clarkston School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Clarkston School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Cle Elum-Roslyn School District	**Administrative Cost Reduction**	Premera implemented "Lean" thinking
Cle Elum-Roslyn School District	**Cost Savings**	Choice-7 freestanding medical plans available, broad range of benefits
Cle Elum-Roslyn School	**Customer Service**	Provide year-round servicing to work directly with enrollees or families

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District		
Cle Elum-Roslyn School District	Part-Time Employee Coverage Protection	Offer lower cost options, such as EasyChoice and Basic plan
Cle Elum-Roslyn School District	Premium Differential Reduction	Composite rate for child/ren, rate is same whether 1 child or many
Clover Park School District	Administrative Cost Reduction	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Clover Park School District	Cost Savings	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally

District	Category	Efforts and Achievements
		and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.

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District	Category	Efforts and Achievements
		I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Clover Park School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.

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District	Category	Efforts and Achievements
		D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Clover Park School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Clover Park School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more

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		enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Colfax School District	**Administrative Cost Reduction**	The District does not contract with a third party broker to provide their insurance. The business manager works with staff on their benefit options with information provided by the insurance companies. The business manager does receive insurance provider quotes and provides that information to union leadership.
Colfax School District	**Cost Savings**	Employees have access to a lot of resources to review to ensure they select the right plan for them. They have access to multiple plans that include lower premium options. The District also performs pooling for each employee group to decrease the amount of out of pocket for staff.
Colfax School District	**Customer Service**	Employees have access to health information on websites that include cost estimators, educational information, plan benefits, and wellness programs. Employees also receive newsletters from insurance companies providing information on a variety of topics. Employees also have access to call and work with insurance representatives.
Colfax School District	**Part-Time Employee Coverage Protection**	The district offers health insurance offers to all employees who work work half-time or 20 hours a week. The district offers a variety of plans to part staff that include lower cost options.
Colfax School District	**Premium Differential Reduction**	The insurance companies have gave lower premium increases to dependents than to employee only tiers. The District also offers lower cost options that include a high deductible plan. The District also requires each employee to pay at least $10 out of pocket for medical insurance regardless if their allocation covers their premium. These addtional funds are pooled together with other allocated funds to help decrease the cost of employees who are covering their dependents.
College Place School District	**Administrative Cost Reduction**	Work with carriers who keep their administrative costs low. Don't charge employees for any school district administrative costs. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in

District	Category	Efforts and Achievements
		Premera's "Lean" workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.6% in 2014. The administrative costs specific to the WEA Plans are approximately 5% of premium and have been under 6% for over 12 years. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. The percentage of WEA claims paid through auto adjudication remain some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
College Place School District	**Cost Savings**	Compare carriers costs and employee choices. Choose the carriers who best fit our employees requests and work with carriers who have a high number of in network providers. WEA Select Medical Plans through Premera: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes

District	Category	Efforts and Achievements
		to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 3-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the HDHP or the EasyChoice Plan. The EasyChoice Plan provides three options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered in full. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.

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College Place School District	**Customer Service**	Always providing hands on assistance, keeping employees updated on new information and updated services provide by carriers and website information availability and changes. Premera provides a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. Conduct independent surveys to measure enrollee satisfaction and then put a focus on making changes to improve satisfaction. Use "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. Conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. Through Field Service staff, provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. Work with enrollees or their provider to address escalated or complex issues. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the Plans.
College Place School District	**Part-Time Employee Coverage Protection**	Offer lower cost options, such as the EasyChoice plan that has lower premiums and many first dollar benefits (such as generic drugs paid in full). Additionally, a High Deductible Health Plan (HDHP) is available. Have provided access to coverage for part-time employees working 20 hours a week or more.
College Place School District	**Premium Differential Reduction**	Lower increases were applied to dependents than to employee only tiers. Added lower cost options, such as the EasyChoice plans (which have many first dollar benefits) and a HDHP. Dependent children electing COBRA coverage pay a child rate and not a subscriber rate. Each child does not pay a separate premium, as the child premium is a composite rate.
Colton School District	**Administrative Cost Reduction**	WEA Select Medical Plans through Premera:A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external

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		processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.6% in 2014. The administrative costs specific to the WEA Plans are approximately 5% of premium and have been under 6% for over 12 years.B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.
Colton School District	**Cost Savings**	A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.H. An open 3-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.J. The premium rate for dependent children is the same whether there is one or more enrolled.K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the HDHP or the EasyChoice Plan. The EasyChoice Plan provides three options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This

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		plan has copays for office visits and generic drugs are covered in full.M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Colton School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.B. Conduct independent surveys to measure enrollee satisfaction and then put a focus on making changes to improve satisfaction.C. Use "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees.Through Field Service staff, provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.F. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. G. Work with enrollees or their provider to address escalated or complex issues.H. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the Plans.
Colton School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans through Premera:A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.B. Offer lower cost options, such as the EasyChoice plan that has lower premiums and many first dollar benefits (such as generic drugs paid in full). Additionally, a High Deductible Health Plan (HDHP) is available.
Colton School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera:Lower increases were applied to dependents than to employee only tiers for the past four years.B. Added lower cost options, such as the EasyChoice plans (which have many first dollar benefits) and a HDHP.C. Dependent children electing COBRA coverage pay a child rate and not a subscriber rate.D. Each child does not pay a separate premium, as the child premium is a composite rate.

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District	Category	Efforts and Achievements
Columbia (Stevens) School District	**Administrative Cost Reduction**	More administrative tasks can now be conducted on-line reducing expenses and providing convenience to our employees.
Columbia (Stevens) School District	**Cost Savings**	In addition to all the cost savings measures taken by Premera our district has reached out to Group Health to provide our employees a managed care alternative to provide cost savings.
Columbia (Stevens) School District	**Customer Service**	Employees have more information about their health benefits and choices because of on-line access to their health benefits.
Columbia (Stevens) School District	**Part-Time Employee Coverage Protection**	District pooled benefits to help part-time employees obtain affordable health coverage.
Columbia (Stevens) School District	**Premium Differential Reduction**	Premiums for full family coverage were not increased as much as other coverages.
Columbia (Walla Walla) School District	**Administrative Cost Reduction**	WEA Select Medical Plans through Premera: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the State Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-Network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-pocket costs for enrollees on a WEA Plan. b. BlueCard - (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care

District	Category	Efforts and Achievements
		based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 3-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate - Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same where there is one or more enrolled. K. Pre-Authorization - Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice - 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their familites. Lower cost plans are available such as the HDHP or the EasyChoice Plan. The EasyChoice Plan provides three options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered in full. M. Waiver - employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Columbia (Walla Walla) School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.

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District	Category	Efforts and Achievements
		b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.

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District	Category	Efforts and Achievements
		L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Columbia (Walla Walla) School District	**Customer Service**	A. Desc Cust Service Row 8 District: Please indicate if your district has done something specific in this area. Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: Provide a website with access to information about the The WEA Select Medical Plans through Premera have reduced admin costs through the following: B. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain

District	Category	Efforts and Achievements
		approximately 5% of premium and have been under 6% for over 13 years. C. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera se
Columbia (Walla Walla) School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Columbia (Walla Walla) School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Colville School District	**Administrative Cost Reduction**	We utilize the services that WEA/AON Hewitt offer instead of hiring a Brokerage Firm which has eliminated this cost.
Colville School District	**Cost Savings**	We cut costs left, right and center in all these wonderful ways:

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		We offer a high deductible medical plan that is affordable.
Colville School District	**Customer Service**	We made all these service improvements: (i) We provide most information on our company website to allow them access wherever they are to much needed information such as contact information, benefit information, as well as contact information. (ii) 24 hour hotline
Colville School District	**Part-Time Employee Coverage Protection**	We offered full benefits to all part time employees working 20 hours or more per week
Colville School District	**Premium Differential Reduction**	We did all these great things to reduce the cost of full family coverage as compared to to the cost of employee-only coverage: We offer a high deductible plan, as well as a Basic Plan that are very affordable in comparison between the two.
Concrete School District	**Administrative Cost Reduction**	State Allocation
Concrete School District	**Cost Savings**	Continued HDHP Plan & Plans with lower premiums & first dollar benefits
Concrete School District	**Customer Service**	Yearly Benefit Fair

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District	Category	Efforts and Achievements
Concrete School District	**Part-Time Employee Coverage Protection**	Continued HDHP Plan & Plans with lower premiums & first dollar benefits
Concrete School District	**Premium Differential Reduction**	Continued HDHP Plan & Plans with lower premiums & first dollar benefits
Conway School District	**Administrative Cost Reduction**	No admin costs charged even though they are incurred
Conway School District	**Cost Savings**	A. Premera has the following included in all the WEA medical programs
Conway School District	**Customer Service**	A. Premera provides a website with access to information about the employee benefits – this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits.
Conway School District	**Part-Time Employee Coverage Protection**	Covered by bargaining agreements
Conway School District	**Premium Differential Reduction**	A. WEA Select Plans – Passed on lower increases to dependents than to employee only tiers for the past two years.
Cosmopolis School District	**Administrative Cost Reduction**	Premera has reduced admin cost

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District	Category	Efforts and Achievements
Cosmopolis School District	**Cost Savings**	The WEA Seclect Medical Plans through Premera provide cost saving measures.
Cosmopolis School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA accont and are based in Washington.
Cosmopolis School District	**Part-Time Employee Coverage Protection**	The Disttrict offers all the WEA Plan through Premera.
Cosmopolis School District	**Premium Differential Reduction**	The District offers Pooling employees. The WEA Plains throght Premera, A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for Child(ren), meaning the rate for dependent children is the same whether there is one or more inrolled. D. Offer dependent children election COBRA coverage the child rate and not a subscriber rate.
Coulee-Hartline School District	**Administrative Cost Reduction**	Cost is minimal, district size is very small
Coulee-Hartline School District	**Cost Savings**	The district contracts with the PEBB Program, whose cost-saving measures include: • Managing the medical plans' prescription-drug costs by promoting generic drug use through a lower-cost benefit design. • Purchasing coverage for medical tools and procedures that are evidence based. • Adopting PEBB's dependent verification eligibility processes, to ensure only eligible family members receive benefits.
Coulee-Hartline	**Customer**	PEBB offers disease management, wellness programs, health assessments, etc.

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District	Category	Efforts and Achievements
School District	Service	
Coulee-Hartline School District	Part-Time Employee Coverage Protection	District policy is that all half-time employees are eligible for insurance.
Coulee-Hartline School District	Premium Differential Reduction	The District chose the composite rate structure through PEBB which is in line with ESSB 5940. Increase in state dollar allocation for full family coverage would reduce the differential between employee only and a full family coverage.
Coupeville School District	Administrative Cost Reduction	We have worked with our employee benefits consultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative expenses or simply reduce total premiums.
Coupeville School District	Cost Savings	We have offered a Consumer Driven High Deductible Health Plan with an optional Health Savings Account since 10/1/12. We have established an Health Savings Account employer contribution of $125 per employee per month, resulting in an increase in pooling dollars. We have worked with an employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums.
Coupeville School District	Customer Service	We have worked to provide improved customer service by providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates and vendor contact information. We host an emplyee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits. We ensure that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members. We also have regular Benefits Advisory Committee meetings with representation from all bargaining groups.
Coupeville School District	Part-Time Employee Coverage Protection	We have continued to work with all purchasing/bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefits needs. We have also provided all existing and new employees with required notifications regarding availability of health coverage through Washington Health Plan Finder as of January 1, 2014

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District	Category	Efforts and Achievements
Coupeville School District	**Premium Differential Reduction**	We have done the following: Impletemented minimum contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents. We have enccouraged employees that do not need health plan coverage to waive off of the district offered plan, resulting in an increase in pooling dollars. We have established an HSA employer contribution of $125 per employee per month, resulting in increase to pooling dollars. Lastly, we have worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars available to those covering dependents.
Crescent School District	**Administrative Cost Reduction**	The WEA Select Medical Plans through Premera have reduced admin costs through the following:A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Crescent School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to

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District	Category	Efforts and Achievements
		consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.J. The premium rate for dependent children is the same whether there is one or more enrolled.K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put

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District	Category	Efforts and Achievements
		back into the insurance pool to reduce the cost for those with monthly co-premiums.
Crescent School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees.C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Crescent School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera:A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Crescent School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera:A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Creston School District	**Administrative Cost Reduction**	District does not assess administrative expenses.

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District	Category	Efforts and Achievements
Creston School District	**Cost Savings**	Insurance carrier provides wellness incentives, health newsletters, and websites for participants and their plans.
Creston School District	**Customer Service**	Information that is given to Business Manager is forwarded to staff when instructed to. Employees reference PEBB website and customer service
Creston School District	**Part-Time Employee Coverage Protection**	Part-Time employees are offered coverage with no restrictions on minimum full-time equivalency.
Creston School District	**Premium Differential Reduction**	N/A
Curlew School District	**Administrative Cost Reduction**	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on

District	Category	Efforts and Achievements
		payments for services and lower administrative costs.
Curlew School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.

District	Category	Efforts and Achievements
		G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums
Curlew School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.

District	Category	Efforts and Achievements
		B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Curlew School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Curlew School	**Premium Differential**	The WEA Select Medical Plans through Premera:

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District	Category	Efforts and Achievements
District	**Reduction**	A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Cusick School District	**Administrative Cost Reduction**	The district does not incur administrative expenses that are passed along to employee premium costs. Premera's administrative costs are approximately 5% of the premium cost and is currently looking at making additional changes as it relates to the ACA "Cadillac" tax that is coming. PEBB's administrative fee is insignificant and does not materially affect the overall cost of coverages. The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.

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District	Category	Efforts and Achievements
Cusick School District	**Cost Savings**	The district insurer is offering a new Basic Plan in the Premera Blue Cross offerings to ensure the lowest cost available plan still meets the Affordable Care Act minimum values. Premera has the highest number of In-Network providers which allows for nearly 98% of all claims paid are in-network. Evidence based medical initiatives, provider advisory groups, an open three-tiered drug offering, and a Member 360 Dashboard that allows Case Managers to identify enrollees with specific healthcare needs. PEBB in-network providers is extensive and gives participants many choices for care providers. PEBB also has healthcare management as well as other health related tools to assist participants in better health. The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare

District	Category	Efforts and Achievements
		needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Cusick School District	**Customer Service**	Premera provides website access for employees to estimate costs and also offers wellness programs, plan benefits, and necessary forms for processing. Field staff offer direct one-on-one service to employees who may need additional assistance. PEBB also offers wellness programs including Health Options and incentives for participants to achieve a high level of improved

District	Category	Efforts and Achievements
		health. Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Cusick School District	**Part-Time Employee Coverage**	Part-time employees have access to health insurance coverage through the district. We also alert employees to the Washington State Marketplace site where health insurance coverages are available if they choose not select district offered coverage. The WEA Select Medical Plans through Premera:

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	Protection	A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Cusick School District	**Premium Differential Reduction**	The district has increased its contribution to medical by $ 50.00 per month above the state allocation of $ 768.00. for certificated staff. Classified have a minimun deduction of $ 5.00 per month for those taking medical coverage. The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Damman School District	**Administrative Cost Reduction**	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within

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		Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Damman School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a) Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b) BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put

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		back into the insurance pool to reduce the cost for those with monthly co-premiums.
Damman School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Damman School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Damman School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Darrington School District	**Administrative Cost Reduction**	Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout

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		the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Darrington School District	**Cost Savings**	A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.

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		E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Darrington	**Customer**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:A. Provide a website with access to information about the employee's benefits, including a cost

District	Category	Efforts and Achievements
School District	**Service**	estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Darrington School District	**Part-Time Employee Coverage Protection**	A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Darrington School District	**Premium Differential**	A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.C. Includes a composite rate for

District	Category	Efforts and Achievements
	Reduction	child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Davenport School District	**Administrative Cost Reduction**	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Davenport School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket

District	Category	Efforts and Achievements
		costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or

District	Category	Efforts and Achievements
		procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Davenport School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics

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		including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Davenport School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Davenport School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate. The WEA Select Medical Plans through Premera:

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		A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Dayton School District	**Administrative Cost Reduction**	District: Please indicate if your district has done something specific in this area. The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.

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Dayton School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.

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District	Category	Efforts and Achievements
		I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Dayton School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.

District	Category	Efforts and Achievements
		D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Dayton School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Dayton School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more

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		enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Deer Park School District	**Administrative Cost Reduction**	We worked with our insurance consultant to switch from a % of premium comission to a flat per member per month fee that will limit future increases in comission costs, and not provide an automatic increase in comission every time the premium increases.
Deer Park School District	**Cost Savings**	We offer an array of benefit plan options that intends to meet all employees needs related to both cost and benefits. We offer opportunities for our employees to meet one-on-one with benefits specialists prior to enrollment to ensure that employees are ma
Deer Park School District	**Customer Service**	Our benefits committee features representatives from each employee group at the district, along with administration and the district's benefit consultant. This group acts as a sounding board for employee needs, and allows for educational communication to
Deer Park School District	**Part-Time Employee Coverage Protection**	We continue to provide coverage to part time employees, with eligibility requirements of .5 FTE for Certificated, Admin, or Non-represented employees, and 20 hours per week for classified staff. This eligibility requirement is lower than the federal requi
Deer Park School District	**Premium Differential Reduction**	See above under Affordability. We removed some of the more expensive plans that had been offered at the district historically for lower cost plans. Carriers are working to shift costs from families to employee only enrollees as well.
Dieringer School District	**Administrative Cost Reduction**	Distrtict has not increased costs, however, state requirements have created more staff time demands.

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Dieringer School District	**Cost Savings**	District benefits committee will meet this summer to look at other insurance coverage to reduce minimum monthly charge for employees & families.
Dieringer School District	**Customer Service**	District has held various meetings w/bargaining units & all staff. Information is available on district website and sent to all staff members with paychecks and through e-mail.
Dieringer School District	**Part-Time Employee Coverage Protection**	Offered health plan in which employee premuim share does not exceed state employee share
Dieringer School District	**Premium Differential Reduction**	Achieved 1% progress toward 3:1 ratio on minimum monthly health insurance out of pocket deduction. Waiting on more direction from the state.
Dixie School District	**Administrative Cost Reduction**	Efforts are underway to improve administrative capabilities and care management solutions to respond to external forces, such as the evolving market of healthcare reform. They will continue to engage in comprehensive effors to implement the affordable Care Act, which includes them investing in new capabilities and infrastructures that advance their abilities to meet the dmands of an increasingly complex industry. The changes in the healthcare environment will continue to impact employer groups, health plans and care organizations are alike in a multitude of ways. At Group Health they have been on the forefront of understanding and implementing health care reform changes to ensure of customres have no distruption in receiving high quality, affordable service and care.
Dixie School District	**Cost Savings**	Group Health have teams of experts that stategize to minimize medical expense/claims cost trends through an optimized and collaborative model of patient care and tightly manage provider contracts. They also promote healthy living through easily accessible wellness solutions, such as health profiles, lifestyle coaching, tobacco cessation. They provide complex case management to help members with cchronic or acute conditions receive the best medical treatment available.
Dixie School District	**Customer Service**	Thorough research on all possiblities and presentations from all.

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Dixie School District	**Part-Time Employee Coverage Protection**	All part time employees at our district have the option of Health coverage.
Dixie School District	**Premium Differential Reduction**	Everyone pay a portion the same to even out the insurance pool
East Valley School District (Spokane)	**Administrative Cost Reduction**	Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.6% in 2014. The administrative costs specific to the WEA Plans are approximately 5% of premium and have been under 6% for over 12 years. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. The percentage of WEA claims paid through auto adjudication remain some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
East Valley School District (Spokane)	**Cost Savings**	The high number of Premera members, currently over 2 million, helps Premera negotiate greater discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. Real-time access to

District	Category	Efforts and Achievements
		consumer decision-support resources to help enrollees understand and direct their health care needs. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. An open 3-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. The premium rate for dependent children is the same whether there is one or more enrolled. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the HDHP or the EasyChoice Plan. The EasyChoice Plan provides three options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered in full. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
East Valley School District (Spokane)	**Customer Service**	Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. Conduct independent surveys to measure enrollee satisfaction and then put a focus on making changes to improve satisfaction. Use "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. Conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. Through Field Service staff, provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics

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		including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. Work with enrollees or their provider to address escalated or complex issues. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the Plans.
East Valley School District (Spokane)	**Part-Time Employee Coverage Protection**	Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. Offer lower cost options, such as the EasyChoice plan that has lower premiums and many first dollar benefits (such as generic drugs paid in full). Additionally, a High Deductible Health Plan (HDHP) is available.
East Valley School District (Spokane)	**Premium Differential Reduction**	Lower increases were applied to dependents than to employee only tiers for the past four years. Added lower cost options, such as the EasyChoice plans (which have many first dollar benefits) and a HDHP. Dependent children electing COBRA coverage pay a child rate and not a subscriber rate. Each child does not pay a separate premium, as the child premium is a composite rate.
East Valley School District (Yakima)	**Administrative Cost Reduction**	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera' s Lean workshops so they can incorporate them in their own businesses - including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs. D. The district is utilizing AON Hewitt's online open enrollment process to reduce the amount of time spent processing hard copy forms.
East Valley School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally

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(Yakima)		and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrolles on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, inlcuding: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting- Premera has the highest number of providers "in network" in the state (resulting in 98% + if all paid claims are "in network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-pocket costs for enrollees on a WEA plan. b. BlueCard - (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care need. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard-Proprietary tool used by Premera Case managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate- Over age dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization - Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice - 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visists and generic drugs are covered with low copay.

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		M. Waiver - employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
East Valley School District (Yakima)	**Customer Service**	Premera' s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and house forms commonly used by employers and enrollees. B. Use "Ulysses Learning" - leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their providers to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to plans.
East Valley School District (Yakima)	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours (certificated) and 20.0 hours (classified) a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
East Valley School District	**Premium Differential**	The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent tiers than to employee only tiers.

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(Yakima)	Reduction	B. Offer lower cost options, such as the EasyChoice Plan and the Basic Plan and a QHDHP. C. Includes composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Eastmont School District	Administrative Cost Reduction	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Eastmont School District	Cost Savings	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid

District	Category	Efforts and Achievements
		claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled.

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		K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Eastmont School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.

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		E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Eastmont School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Eastmont School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.

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Easton School District	**Administrative Cost Reduction**	PARTICIPATE IN HCA PEBB PLAN
Easton School District	**Cost Savings**	PARTICIPATE IN HCA PEBB PLAN
Easton School District	**Customer Service**	PARTICIPATE IN HCA PEBB PLAN
Easton School District	**Part-Time Employee Coverage Protection**	ALL ELIGIBLE EMPLOYEES ARE COVERED THROUGH HCA PEBB, ALL AT THE SAME RATE
Easton School District	**Premium Differential Reduction**	HCA PEBB RATES FULFILL THIS REQUIREMENT
Eatonville School District	**Administrative Cost Reduction**	Eatonville has reduced the cost of paper and additional internal administrative costs by offering an electronic platform that houses communication materials, forms, educational tools for employees and their families to access 24/7. We also negotitated with our Insurance Broker to Maintain their yearly fee for 3 years.
Eatonville School District	**Cost Savings**	Eatonville offers an interactive excel spreadsheet comparison that illustrates a high level side-by-side plan review of the estimated out-of-pocket. expenses that an employee and family will experience based on their estimated utilization of benefits and (pre-pooling) employee premium share. This gives employees and their families a better understanding of which plan could potentially be the best fit for them. In October 2013 we also changed our Medical Insurance from the WEA Premera Plans to Group health First Choice Options/Hmo Plans which saved well over the 17% increase in premiums WEA plans experienced.
Eatonville School District	**Customer Service**	Eatonville School District employees and their families have access to an Employee Service Advocate Programs available through our Employee Benefit Broker/Advisor. We have a benefits Committee that meets regualrly and brings comments/concerns from employees to the table for discussion. We hold educational sessions as necessary to keep our

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		employees and their families informed. We hold annual benefits fair and send out monthly newsletters.
Eatonville School District	**Part-Time Employee Coverage Protection**	Our practice is to offer benefits to employees that work 17.5 hours and 20 hours per week depending on employee classification.
Eatonville School District	**Premium Differential Reduction**	Contribution strategy based on core Group Health First Choice Plan 4 plan as discribed on line #5.
Edmonds School District	**Administrative Cost Reduction**	Premera has been aleader in "Lean" thinking since 2005. The goal is to improve quality, enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Through "Lean" Premera had reduced administrative cost from 8.8% in 2005 to 5.9% in 2015. The administratove costs specific to the WEA pland is approximately 5% of the premium and had been under 6% for the last 13 year. The percentage of claims paid through auto adjudication remains some of the highest with Premera and Group Health, which reduces the need for manual intervention.
Edmonds School District	**Cost Savings**	The large number of Premera members helps Premera to negotiate greater discounts locally and nationally. Premera's large provider network results in 98% of claim being paid "in network", which results in lower claims costs. Blue Card (Premera's national network) has negotiated significant discounts which are passed on to Premera enrollees who travel or live outside the Premera service area. Evidenced-based medical initiatives allow Premera to provide cost-effective care as well as identify alternate care based on enrollees' needs. Provider advisory groups continue to monitor Premera's medical pharmacy & policy procedures and make changes to formularies to ensure they are at the appropriate level and tier. Member 360 Dashboard is a tool used to identify enrollees with specific healthcare needs and ensure they are receiving appropriate services. Our plans have instituted co-payment for ER visits & inpatient hospital admissions and higher co-payments for brand, non-preferred, and specialty drugs. Our programs monitor controlled medication substances to insure appropriate use for enrollees. Premera provides a open 4-tier drug formulary that provides choice for enrollees and their physicians while ensuring the drugs are care and cost-effective. Overage dependents pay the lower child rate for their COBRA premiums vs. the subscriber rate. The premium rate for children is the same reagrdless of the number of children covered on the plan. Prior authorization is required on some services before a planned medical service or procedure occurs - this provides financial protection and prevents

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		unnecessary services. Employees have the choice of 8 different medical plans within the district, which include lower cost plans such as the Basic Plan, Easy Choice, and and QHDHP. This allows employees to choose a lower cost plan that fits their needs.
Edmonds School District	**Customer Service**	All our carriers provide a website with access to information about employees' benefits. Each website includes tools about wellness, plan benefits, and health risk assessments.
Edmonds School District	**Part-Time Employee Coverage Protection**	The district has a long-time practice of offering and subsidizing coverage for part-time employees who work 17.5 hours per week or more (certificated @ .4 FTE or more per week). Also, the addition of lower cost plans through Premera (Easy Choice, Basic Plan & QHDHP) allows part-time employees a lower cost enrollment option.
Edmonds School District	**Premium Differential Reduction**	In some years we have applied lower increases to dependent tiers, we had added more low cost enrollment options to our menu of plans, we have a compisite rate for child coverage (the cost of coverage is the same if you have 1 child or multiple children) and we offer the dependent COBRA rate to children electing COBRA vs. the requiring the subscriber rate, which is higher.
Ellensburg School District	**Administrative Cost Reduction**	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficency while eliminating non- value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evlauate and improve external/ internal processes throughout the orginzation. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business - including the State of Washington, various provifer groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative cost specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard providers siginficant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on

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		payments for services and lower administration costs.
		GROUP HEALTH: In 2015, Group Health continued to focus our efforts on existing technology, making needed improvements to Premier and other legacy systems in order to meet federal, state, and industry guidelines and continue to provide the best services to our customers. On December 4, 2015, Group Health Cooperative announced that it signed an agreement to be acquired by Kaiser Foundation Health Plan of Washington. The approval process for the acquisition may take up to a year or more to complete . The acquisition was approved by Group Health's voting membership and is pending regulatory approval. Group Health's operations will not change right away. Upon the completion of the acquistion process, Kaiser Foundation Health Plan of Washington will become the parent company of Group Health Cooperative, Group Health Options, Inc., and certain other Group Health subsidiaries. Group Health Cooperative and Group Health Options, Inc. will continue to hold their exsiting health plan contracts with employer group purchasers and other purchasers at the close of the acquisition. By joining with the larger Kaiser Permanente organization, Group Health will have access to greater resources and captial that will expand our capcaity to care for and attract more people in Washington State.
Ellensburg School District	**Cost Savings**	The WEA Select Medicial Plans throug Premera provide the following cost saving measures: A. The high number of Pemera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110, 000 enrolleed, Premera also provides coverage to enrollees on the state exchange, individual, small and large group accounts. Futhermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Weyerhaeuser, Alaska Air Group, etc. a. Provider Contracting- Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are " in network"). Substantial provider discounts result in lowet claims cost for enrolleed on a WEA plan. b. BlueCard- (Premera's national "BLUE" network) has negotiated siginificant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.

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		B. Evidence - based medical initiatives that allow Premera to provide efficient and cost - effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real - time access to consumer decision - support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensire they are receiving the appropriate services. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees specific healthcare needs and ensure they are recieving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospotal admissions, and higher copayments for brand, non - preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4 - tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care - effective. I. Child COBRA Rate - Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more cancelled. K. Prior Authorization - Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice - 7 freestanding medical plans avaliable statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are avaliable such as the Basic, QHDHP,and the Easychoice Plan. The Easychoice Plan provides several options all at the same rate. It was developed so employees could pick

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		the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs covered with low copay. M. Waiver - employees can waive medical coverage under WEA, any left - over state allocation is put back into the insurance pool to reduce the cost fot those with monthly co- premiums. GROUP HEALTH: We work closely with the client to find the right benefit designs and network options and integrate them with our own delivery system to ensure that the group can maximize cost controls. We Offer patient - centered care that promotes collaboration between physicians, specialist, and other members of the health care team. We empower employees to improve health through cost effective care management, wellness solutions, and occupational health services. All of these can result ina a more productivr workforce and lower overall costs. In order to ensure claims timeliness and accuracy, we have online sustems that catch inappropriate billing, review coding, and identify duplicate billings and COB/ subrogration opportunities. We perform pre-payment review of high dollar claims and post -payment audits. Group Health recently selected OptumRX to handle our pharmacy benefits management (cliams and related network administration). As part of our continuing focus on cost savings across the enterprise, we identified our PBM relationship as a potential opportunity. By switching from our current vendor, MedImpact, to OptumRx, we will achieve significant savings and industry - leading capabilities to better manage the fastest growing component of health care costs into the future. Optimizing and actively managing transitions of care is a core competency and differentiator for Group Health. With onsite hospitalists and CMLNs to assist with transitions of care from one site to another and referrals to specialty programs or services, for both PPO and HMO members, Group Health is able tp achieve better outcomes and lower costs. Coordinating these "hand-offs" results in lower costs and fewer days in the hospital. The most apparent objective measure of this preformance is fewer readmissions and lower total cost of care. With our Optum Impact Intelligence tool, Group Health is able to analyze and dissect clinical and finicial data to track utilization trends, patient outcomes, and provider performance and better manange the total cost of care and identify improvement opportunites. Group Health Care Management uses a number of approaches to identify individuals with utilization of speific services and overall high utilization. Specifically, we use predictive modeling tool - the Johns Hopkins Adjusted Clinical Groups (ACG) system - to identify members with specific conditions and high risk of hospitalization or high cost. We also recive routine reports of members with high ultilization of Emergency Department Services. Additionally, we work with one of our purchasers around ED utilization for

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		their enrollees.
Ellensburg School District	**Customer Service**	Premeras WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. Ther Teams: A. Provide a website with access to informatin about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out - of - pocket costs. The website provides educational information about the wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use " Ulysses Learning" - leading the first call resolution and higher level of satisfaction from enrollees. C. Internally, condut "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year - round servicing and are avaliable to work directly with enrollees or family ,e,ners who mau need additional assistance wwith their plans. Premera provides an array of services from providing education about the benefits and plans choices to when a plab chane can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletter for WEA enrollees, which are published twice a year and provide information on a variety of topics incliding how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues, G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.

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		GROUP HEALTH : In addition to the specific innovations listed in the next Section, Group Health offers the following innovative services: a. Health Coaching - Group Health provides Health Coaching to all of our adult members. Coaches are health care professionals who are skilled in movtiational interviewing. These health coaches provide telephonic coaching to our enrolless to improve their readiness to engage in healthier behaviours. Primary areas of focus include nutrition, physical activity, early depression, and tobacco cessation. Depending on their answers to the Health Profile, members may be contacted buy a coach who can help them meet their personal health goals. Patients can also reach out directly to coaches for assistance or be referred to a coach by a member of their care team. b. Share Decision - Making Tools: To help members make decisions related to elective surgical procedures. Group Health is using shared decision making aids for 12 preference - sensitive health conditions. With topics such as knee and hip arthritis, back problems, and heart disease, the videos give members a detailed rundown on their medical condition, the treatment options, and how differing treatments will affect their lives. Through the shared decision making process, members and their physicians can engage in an active, informed discussion about the benefits - and possible downsides - of a surgical procedure. The goal: health care that reflects a member's values amd priorities, rather than only what a medical diagnosis reccommends. Group Health is not only aiming to change our own standards for assuring our patients make well informed decisions, we are also leading public poilcy and clinical collaborative efforts at both the state and national levels to take aim at unwarranted variation, in part through promoting wide scale adoption of shared decision making.
Ellensburg School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera: A. Have provided access to coverage fot part -time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contibuting towards ths cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premuims. Additionally, QHDHP is avaliable.

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		GROUP HEALTH: We continue to provide coverage to part time employees, down to 10 hours per week. This eligibility requirement is lowe than the federal requirement. Part time employees receive benefit allocations from the state, and are also eligible to participate in the pooling process in their respective bargaining groups. Group Health allows access for part-time employees working a minimum of 10 hours per week.
Ellensburg School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate teirs than to employee only teirs. B. Offer lower cost options, such as EasyChoice plan and the Basic Plan and QHDHP. C. Includes composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coberage the child rate and not a subscriber rate.
		GROUP HEALTH: According to the Year 3 K - 12 Health Benefits Data Collection Report from OIC to the Washington State Legislature, Ellensburg School District had a 4.536:1 ratio for Year 3, the 2014-2015 plan year, compared to 5.06:1 for Year 2.
Elma School District	**Administrative Cost Reduction**	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in

District	Category	Efforts and Achievements
		2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Elma School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.

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		E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Elma School	**Customer**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in

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District	**Service**	Washington. These teams: A. A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.

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		D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans
Elma School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Elma School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.

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		D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Endicott School District	**Administrative Cost Reduction**	As a school district we don't track or charge for our administrative expenses. HCA-PEBB helps complete information and assists as needed.
Endicott School District	**Cost Savings**	HCA-PEBB offers a webite of information easily accessible to all employees to seek out all aspects of their desired coverage. The premium rates for children are the same whether there is one or more enrolled.
Endicott School District	**Customer Service**	Employees have access to the HCA-PEBB website, the Smart Health program.
Endicott School District	**Part-Time Employee Coverage Protection**	We offer a QHDHP plan.
Endicott School District	**Premium Differential Reduction**	We offer a QHDHP and also our plans include raates for dependent children that are the same whether there is one or more child enrolled.
Entiat School District	**Administrative Cost Reduction**	WEA SELECT MEDICAL PLANS through PREMERA: Premera implements "Lean" thinking and has reduced their overall administrative costs 2.9% in 10 years.
Entiat School District	**Cost Savings**	WEA SELECT MEDICAL PLANS through PREMERA: A. Provider contracting - Premera has the highest number of providers “in network” in the state (98% + of all claims paid are “in-network”). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally.

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		C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. E. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. F. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. G. Prior Authorization - prevents unnecessary services H. Premium rate for dependent children is the same regardless of the number of children. I. Employees can waive medical coverage, allowing unused state allocation to be put into the insurance pool to reduce cost for those with monthly co-premiums.
Entiat School District	**Customer Service**	WEA SELECT PLANS through PREMERA: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. D. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for

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		enrollees. This provides additional support to the district as well as direct support to their employees. E. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. F. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
Entiat School District	**Part-Time Employee Coverage Protection**	Business Manager counsels part-time employees individually on how to maximize coverage. District offers coverage eligibility to all, regardless of hours a week.
Entiat School District	**Premium Differential Reduction**	For CLASSIFIED staff covered through PREMERA, the district implemented a $1 minimum mandatory contribution for all employees to help increase the pool amount to reduce the differential between employee only and full family coverage.
Enumclaw School District	**Administrative Cost Reduction**	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.

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Enumclaw School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse

District	Category	Efforts and Achievements
		needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Enumclaw School District	**Customer Service**	Our District offers a Benefits Website with all provider links and information. Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Enumclaw School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.

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District	Category	Efforts and Achievements
Enumclaw School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Ephrata School District	**Administrative Cost Reduction**	There were no administrative expenses.
Ephrata School District	**Cost Savings**	The district has been analyzing PEBB and other alternatives.
Ephrata School District	**Customer Service**	The district has the documents for medical plans online as well as in the district office.
Ephrata School District	**Part-Time Employee Coverage Protection**	The district offers all part-time employees the option of taking medical insurance.
Ephrata School District	**Premium Differential Reduction**	The district uses pooling,
Evaline School	**Administrative**	Negotiated

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District	Category	Efforts and Achievements
District	**Cost Reduction**	
Evaline School District	**Cost Savings**	Negotiated
Evaline School District	**Customer Service**	Negotiated
Evaline School District	**Part-Time Employee Coverage Protection**	Negotiated
Evaline School District	**Premium Differential Reduction**	Negotiated
Everett School District	**Administrative Cost Reduction**	We already have low administrative expenses. We try to continue to provide the best information at the lowest costs to our employees in this rapidly changing environment to make the most informed decision for their individual family coverage needs.
Everett School District	**Cost Savings**	1-Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. 2-Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. 3-Awareness in health and weight loss with our Wellness Program offerings.
Everett School District	**Customer Service**	1-We are continually improving our activities in our Wellness Program offerings. 2-Open enrollment benefit fairs to have representatives on hand to explain benefits to the employees and their families. We include flu shots for those that want them. 3-Offer the supplemental programs that the employees are looking for at affordable costs.
Everett School	**Part-Time Employee**	We offer our plans to benefit FTE .333 which is a lower FTE than the state provides to their employees. We continue to try and

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District	Coverage Protection	offer options for all employees needs.
Everett School District	Premium Differential Reduction	1-We continue to meet this requirement with all of our plan offerings for the percentages that the legislature has required of school districts.
Evergreen School District (Clark)	Administrative Cost Reduction	Consolidating our insurance plans under a broker has permitted the District to realize a cost savings related to the management of our insurances offered to our employees, resulting in rates that are lower.
Evergreen School District (Clark)	Cost Savings	District's Insurance Committee has reviewed rate increases and have in some cases made changes to coverages to permit a lower rate increase for our employees.
Evergreen School District (Clark)	Customer Service	All of our medical vendors have websites to assist those with coverage in their plans as well as our broker has specific websites for each of our different union groups that provide specific information related to the coverages offered to their specific union group. The broker also provides customer service via telephone.
Evergreen School District (Clark)	Part-Time Employee Coverage Protection	District provides insurance pooling for all union groups that permit part time employees to have access to additional funds for medical premiums they incur. District also provides some additional dollars for the part time hourly staff in the insurance pooling process.
Evergreen School District (Clark)	Premium Differential Reduction	District has in place a minimum 3% of their medical premium deduction that all employees pay, resulting in a higher amount of dollars available in the insurance pooling for those employees with higher out of pocket expense for their insurance coverage premiums.
Evergreen School District	Administrative Cost Reduction	Due to the small size of Evergreen, we do not have any direct administrative overhead related to providing our employees with benefits.

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District	Category	Efforts and Achievements
(Stevens)		
Evergreen School District (Stevens)	Cost Savings	Evergreen continues to use WEA as the primary benefits provider and we rely on them to make sure that we continue to get the best possible rates.
Evergreen School District (Stevens)	Customer Service	Through Aon Hewitt's new employee portal website, employee's now have the ability to see there benefit information as well as make changes during open enrollment.
Evergreen School District (Stevens)	Part-Time Employee Coverage Protection	Evergreen School District has continued to offer benefits to all part time employees that work on a regular basis based upon their FTE. The district plans to continue this practice in the foreseeable future.
Evergreen School District (Stevens)	Premium Differential Reduction	The mix of employee's at Evergreen School District has been such that we do not have any full family coverage, therefore, this has not been a point of focus for our district.
Federal Way School District	Administrative Cost Reduction	FWPS's administrative expenses for health care are nominal.
Federal Way School District	Cost Savings	We continue to review our medical insurance choices to see if there are any areas we can save on or reduce the cost to the employee.
Federal Way School District	Customer Service	A. We continue to struggle with information sharing for our WEA sponsored plans. While customer service has improved there is still an issue with timely reporting which leads to make up payments and / or premium adjustments every month. This not only affects the employer cost but also the employee's out of pocket premium. Between the 10 day hiring rule, the 30 day enrollment period and the weekly information reporting there is no way to prevent these situations but we do work closely with those employees to minimize the impact to their monthly payroll. B. We hold a benefit fair each year in an outreach effort to educate employee on the changes in coverage and what choices they can make to reduce

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		their costs. C. Benefit Booklets are prepared and posted on the District web site. We send a few hard copies to each site. D. In addition to a standing Benefits Committee, District staff are often invited to various union meetings to discuss various benefit offerings.
Federal Way School District	**Part-Time Employee Coverage Protection**	Classified employees working a minimum of 20 hours per week during the school year are eligible for medical coverage. Certificated employees working 1/2 time or more are eligible for medical coverage. While state funding formulas translate the difference between certificated and classified "FTE" (1440 hours vs 2080 hours) as a 1.152 adjustment, classified staff in FWPS for benefit purposes are treated the same way as certificated staff. We added another lower cost plan this year. We are moving to the 3:1 ratio so that those employees with employee only coverage subsidize those covering dependents.
Federal Way School District	**Premium Differential Reduction**	We have a high deductible medical plan along with a medical spending account. We continue to pool the employer benefit dollars allocated to each group. We have worked to educate employees on the impact of their choice of coverage so people do not cover more than they need to. We have included the possible 3:1 ratio in our contract negotiations with our various bargaining units. We are working out a process to implement the 3:1 in our pooling.
Ferndale School District	**Administrative Cost Reduction**	By working with our employee benefits consultant, we've negotiated with both fully-insured and self-insured plans to reduce administrative expenses wherever possible.
Ferndale School District	**Cost Savings**	We have implemented the following steps: 1. Consumer Driven High Deductible Health Plan with an optional Health Savings Account offered as of 10/01/12. 2. Use of purchasing consortium/interlocal to purchase some benefits at a lower cost across several districts.
Ferndale School District	**Customer Service**	We have worked to provide improved customer service by: 1. Providing a comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information. 2. Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits. 3. Ensuring that all health plans offered provide a comprehensive nurse line and telephonic customer service and support for all members. 4. Continuing to work with AON Hewitt's online tool for those eligible employees.
Ferndale School District	**Part-Time Employee**	We have continued to work with all bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefit needs.

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District	Category	Efforts and Achievements
	Coverage Protection	
Ferndale School District	Premium Differential Reduction	We have done the following: 1.Implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents. 2. We offer pooling in all bargaining groups. 3.Encouraged employees that do not need health plan coverage to waive off of the district offered plan, resulting in an increase to pooling dollars. 4. Established HSA employer contribution of $125 per employee per month, resulting in increase to pooling dollars.
Fife School District	Administrative Cost Reduction	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on

District	Category	Efforts and Achievements
		payments for services and lower administrative costs.
Fife School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the

District	Category	Efforts and Achievements
		plan and lower out-of- of pocket costs for enrollees on a WEA Plan. WEA Premera enrollees who travel or reside outside the Premera service area. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.

District	Category	Efforts and Achievements
		D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and

District	Category	Efforts and Achievements
		ensuring the drugs are cost and care-effective.
		I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.
		J. The premium rate for dependent children is the same whether there is one or more enrolled.
		K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.
		L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic,

District	Category	Efforts and Achievements
		QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Fife School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool

District	Category	Efforts and Achievements
		helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the

District	Category	Efforts and Achievements
		benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Fife School District	**Part-Time Employee Coverage**	The WEA Select Medical Plans through Premera:

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District	Category	Efforts and Achievements
	Protection	A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Fife School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.

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		C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Finley School District	**Administrative Cost Reduction**	3
Finley School District	**Cost Savings**	2
Finley School District	**Customer Service**	3
Finley School District	**Part-Time Employee Coverage Protection**	4
Finley School District	**Premium Differential Reduction**	4
Franklin	**Administrative**	1. The district doesn't currently have admin expenses that we charge to the employees. 2. WEA Select Medical Plans through

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District	Category	Efforts and Achievements
Pierce School District	**Cost Reduction**	Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non value added time work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.6% in 2014. The administrative costs specific to the WEA Plans are approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remain some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Franklin Pierce School District	**Cost Savings**	1. Evaluate on a yearly basis which plans may cost less for our empoyees and evaluate if they are worth changing to. 2. WEA A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.

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District	Category	Efforts and Achievements
		D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, HDHP or the EasyChoice Plan. The EasyChoice Plan provides three options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance

District	Category	Efforts and Achievements
		pool to reduce the cost for those with monthly co-premiums.
Franklin Pierce School District	**Customer Service**	1. As a district we have various ways for the employees to find out about their medical choices. We have a yearly benefits fair, we have a link on our web page, and we provide to each employee each year a Benefit Guide of all of the options for medical available to them as well as individual new hire orientations. 2. WEA Select Medical Plans through Premera: Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use 'Ulysses Learning' - leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally Conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the Plans.
Franklin Pierce School	**Part-Time Employee**	1. The district offers Group Health as a medical option, Group Health offers medical to employees who work a minimum of 3.5 hours per day. 2. WEA Select Medical Plans through Premera:

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District	Coverage Protection	A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that has lower premiums. Additionally, QHDHP is available.
Franklin Pierce School District	Premium Differential Reduction	1. By each Bargaining group, the groups are agreeing to a cost out of pocket for employees to make progress towards the 3:1 ratio, all of the bargaining groups are doing this. 2. WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependents than to employee only tiers. B. Added lower cost options, such as the EasyChoice plans, Basic plan and a QHDHP. C. Dependent children electing COBRA coverage pay a child rate and not a subscriber rate. D. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.
Freeman School District	Administrative Cost Reduction	The District policy is to always look for ways to reduce expenses. We continually look at our offereings and review alterative options that we have available.
Freeman School District	Cost Savings	In order to save employee's money on insurance, the Freeman School District has went to self insured dental and vision plans so that we are able to better control the costs.
Freeman School District	Customer Service	In an effort to keep empoyee's informed of the options they have avaible when it comes to their health benefits, the Freeman School District keeps all benefit information avaible on our intranet, we have yearly benefits open house, an insurance packet is put tgether and handed out each year and our broker is avaible to meet with employees any time.

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District	Category	Efforts and Achievements
Freeman School District	**Part-Time Employee Coverage Protection**	We offer benefits to all part time employees. In order to make options more affrodable, we have added the HDHP so that even part time employee's have an afforbale option.
Freeman School District	**Premium Differential Reduction**	Conversations continue with the unions on this issue.
Garfield School District	**Administrative Cost Reduction**	Describe progress on reducing administrative expenses: The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Garfield School District	**Cost Savings**	Describe progress on health care cost savings: The WEA Select Medical Plans through Premera provide the following cost saving measures:

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District	Category	Efforts and Achievements
		A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the

District	Category	Efforts and Achievements
		drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Garfield School District	**Customer Service**	Describe efforts to improve service to employees for health benefits: Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.

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		D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Garfield School District	**Part-Time Employee Coverage Protection**	Describe efforts to protect part time employee access to health insurance coverage: The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Garfield School District	**Premium Differential Reduction**	Describe efforts to reduce the differential between employee only and full family coverage: The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.

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		B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Glenwood School District	**Administrative Cost Reduction**	Providence Health Plan has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative cost with medical cost inflation. This has resulted in reduced percentag
Glenwood School District	**Cost Savings**	Providence Health Plan has invested in preventive care and chronic Case and Disease Management Programs to improve on heath care outcomes, implementation of inteventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safet
Glenwood School District	**Customer Service**	Providence Health Plan Customer Service and Claims are located in Beaverton, Oregon, hours of operation 8:00 am to 5:00 pm PST, toll free 800 number for members. Customer Service Representatives are trained to answer all calls with 92% of calls answered
Glenwood School District	**Part-Time Employee Coverage Protection**	We have kept our part time employees benefit eligibility unchanged, so they have access to our benefit package.
Glenwood School District	**Premium Differential Reduction**	We complete market surveys of other carriers and options and use that data to negotiate with our current health plan carrier, which results in lower rates for our members.
Goldendale School District	**Administrative Cost Reduction**	Providence Health Plan has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative cost with medical cost inflation. This has resulted in reduced percentage of premium administrative cost. As such, as much as 90%-91% of premium dollars go towards claims expense costs. PHP is also

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		not required to refund any premiums due to not meeting the MLR (medical loss ratio) requirements of PPACA.
Goldendale School District	**Cost Savings**	Providence Health Plan (PHP) continues to employ a robust care management program that aims to improve care outcomes for our members, ensuring that the right care is being received in the right place, at the right time. Care managers work in collaboration with providers, health professionals, and health plan medical directors to provide a coordinated approach for members with complex care needs. This approach aims to educate and assist members in utilizing health care resources appropriately.
		PHP has implemented interventions to prevent inpatient hospital readmissions and initiatives to reduce complaints and potential medical errors. PHP provides a comprehensive array of health and wellness promotion and preventive services through our Fit Together program and a best-in-class pharmacy management program. Providence Health Plan has invested in preventive care and chronic Case and Disease Management Programs to improve on heath care outcomes, implementation of inteventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safety reporting, inititatives in place to reduce complaints and potential medical errors, the Health Plan includes a comprehensive array of health and wellness promotion and preventive services through our Fit Together program and a best-in-class pharmacy management program.
Goldendale School District	**Customer Service**	Providence Health Plan Customer Service and Claims are located in Beaverton, Oregon, hours of operation 8:00 am to 5:00 pm PST, toll free 800 number for members. Customer Service Representatives are trained to answer all calls with 92% of calls answered at the point of service. Translation services available, automated voice response systement and call tracking software for real time an historical activty. The Health Plan has invested heavily in web based tools for members for outside of standard business hours which includes a variety of self service options and tools.
Goldendale School District	**Part-Time Employee Coverage Protection**	We allow coverage for part time employees.

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Goldendale School District	**Premium Differential Reduction**	We analyze our pooling to make it fair for all.
Grand Coulee Dam School District	**Administrative Cost Reduction**	WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.6% in 2014. The administrative costs specific to the WEA Plans are approximately 5% of premium and have been under 6% for over 12 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remain some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Grand Coulee Dam School District	**Cost Savings**	WEA Select Medical Plans through Premera: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid

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		claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 3-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled

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		K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the HDHP or the EasyChoice Plan. The EasyChoice Plan provides three options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered in full. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Grand Coulee Dam School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Conduct independent surveys to measure enrollee satisfaction and then put a focus on making changes to improve satisfaction. C. Use "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.

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		E. Through Field Service staff, provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. G. Work with enrollees or their provider to address escalated or complex issues. H. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the Plans. E. Premera's "Lean" workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. F. WEA Select Plans –The dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. G. WEA Select Plans - semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. H. WEA – has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits or modifications to their plans.

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Grand Coulee Dam School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan that has lower premiums and many first dollar benefits (such as generic drugs paid in full). Additionally, a High Deductible Health Plan (HDHP) is available.
Grand Coulee Dam School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera: A. Lower increases were applied to dependents than to employee only tiers for the past four years. B. Added lower cost options, such as the EasyChoice plans (which have many first dollar benefits) and a HDHP. C. Dependent children electing COBRA coverage pay a child rate and not a subscriber rate. D. Each child does not pay a separate premium, as the child premium is a composite rate.
Grandview School District	**Administrative Cost Reduction**	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve

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		the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Grandview School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.

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		C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.

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		M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Grandview School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.

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		Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:
Grandview School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera:The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Grandview School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.The WEA Select Medical Plans through Premera:
Granger School District	**Administrative Cost Reduction**	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State

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		of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Granger School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.

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		F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Granger School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.

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		B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Granger School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Granger School District	**Premium Differential**	The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.

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	Reduction	B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Granite Falls School District	**Administrative Cost Reduction**	Our medical carrier has a nation wide provider list, online health insurance programs, tier drugs with the lowest co-pay being $2.00 for generic drugs, We offer 7 different medical plans from a traditional PPO , HMO and Health Savings Plans, employees waiving coverage have their funds going back into the insurance pool for others to use.
Granite Falls School District	**Cost Savings**	Combining groups kept costs level with no increases and gave a group much better benefits than before
Granite Falls School District	**Customer Service**	On line portal for your insurance plan, nationwide provider directory
Granite Falls School District	**Part-Time Employee Coverage Protection**	We offer medical coverage to any employee working 20 hours per week
Granite Falls School District	**Premium Differential Reduction**	We were able to not have a rate increase because we combined groups into one plan. Made family coverage a bit more affordable with actually better coverage than the one group had with WEA.
Grapeview School District	**Administrative Cost Reduction**	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering

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		expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Grapeview School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.

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District	Category	Efforts and Achievements
		C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.

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District	Category	Efforts and Achievements
		M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Grapeview School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees.Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. Work with enrollees or their provider to address escalated or complex issues. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans
Grapeview School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera:Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Grapeview School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera:In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Great Northern	**Administrative**	Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera

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School District	**Cost Reduction**	uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.6% in 2014. The administrative costs specific to the WEA Plans are approximately 5% of premium and have been under 6% for over 12 years. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. The percentage of WEA claims paid through auto adjudication remain some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Great Northern School District	**Cost Savings**	The high number of Premera members, currently over 2 million, helps Premera negotiate greater discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. An open 3-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. The premium rate for dependent children is the same whether there is one or more enrolled Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. Choice – 7 freestanding medical

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		plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the HDHP or the EasyChoice Plan. The EasyChoice Plan provides three options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered in full. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Great Northern School District	**Customer Service**	Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. Conduct independent surveys to measure enrollee satisfaction and then put a focus on making changes to improve satisfaction. Use "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. Conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. Through Field Service staff, provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. Work with enrollees or their provider to address escalated or complex issues. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the Plans.
Great Northern School District	**Part-Time Employee Coverage Protection**	Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. Offer lower cost options, such as the EasyChoice plan that has lower premiums and many first dollar benefits (such as generic drugs paid in full). Additionally, a High Deductible Health Plan (HDHP) is available.
Great Northern	**Premium Differential**	Lower increases were applied to dependents than to employee only tiers for the past four years. Added lower cost options, such as the EasyChoice plans (which have many first dollar benefits) and a HDHP. Dependent children electing COBRA coverage

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District	Category	Efforts and Achievements
School District	**Reduction**	pay a child rate and not a subscriber rate. Each child does not pay a separate premium, as the child premium is a composite rate.
Green Mountain School District	**Administrative Cost Reduction**	WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.6% in 2014. The administrative costs specific to the WEA Plans are approximately 5% of premium and have been under 6% for over 12 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remain some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Green Mountain School District	**Cost Savings**	WEA Select Medical Plans through Premera: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.

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		b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 3-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.

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		L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the HDHP or the EasyChoice Plan. The EasyChoice Plan provides three options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered in full. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Green Mountain School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Conduct independent surveys to measure enrollee satisfaction and then put a focus on making changes to improve satisfaction. C. Use "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. E. Through Field Service staff, provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.

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		F. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. G. Work with enrollees or their provider to address escalated or complex issues. H. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the Plans.
Green Mountain School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan that has lower premiums and many first dollar benefits (such as generic drugs paid in full). Additionally, a High Deductible Health Plan (HDHP) is available.
Green Mountain School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera: A. Lower increases were applied to dependents than to employee only tiers for the past four years. B. Added lower cost options, such as the EasyChoice plans (which have many first dollar benefits) and a HDHP. C. Dependent children electing COBRA coverage pay a child rate and not a subscriber rate. D. Each child does not pay a separate premium, as the child premium is a composite rate.
Griffin School	**Administrative**	The WEA Select Medical Plans through Premera have reduced admin costs through the following:

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District	Category	Efforts and Achievements
District	**Cost Reduction**	A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Griffin School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify

District	Category	Efforts and Achievements
		appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and

District	Category	Efforts and Achievements
		generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Griffin School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the

District	Category	Efforts and Achievements
		plans.
Griffin School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Griffin School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Harrington School District	**Administrative Cost Reduction**	Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in “Lean” workshops so they can incorporate them into their own business. – including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEA’s administrative costs have been under 6% for over 10 years.

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Harrington School District	**Cost Savings**	a. Provider contracting – has the highest number of providers "in network" in the state (98%+ of all claims are paid "in network"). j. An open drug formulary that provides choice for members and their physicians while being prudent and ensuring the drugs are cost and care effective. b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard – Premera's national "Blue"network – has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the member's needs. e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. g. Member 360 dashboard – proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. i. Programs that monitor controlled medical substances to provide protection for members. j. An open drug formulary that provides choice for members and their physicians while being prudent and ensuring the drugs

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		are cost and care effective.
Harrington School District	**Customer Service**	Premera provides a website with access to information about the employee benefits – this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits.
Harrington School District	**Part-Time Employee Coverage Protection**	The District offers employees that work 20 hours a week benefits
Harrington School District	**Premium Differential Reduction**	There is a percentage of out-of pocket for all contributing memebers
Highland School District	**Administrative Cost Reduction**	Sent out open enrollment info electronically
Highland School District	**Cost Savings**	Added lower cost Basic plan
Highland School District	**Customer Service**	Keep employees informed of website with access to info about benefits, including cost estimator which helps them determine which providers require less out of pocket costs. Also provides info about wellness programs, etc.
Highland School District	**Part-Time Employee Coverage Protection**	We offer all medical plans to all employees.
Highland	**Premium Differential**	Offer lower cost options and have composite rate for children- same rate if 1 or more than 1 child enrolled.

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School District	**Reduction**	
Highline School District	**Administrative Cost Reduction**	1. By working with our employee benefits consultant, we've negotiated with both fully-insured and self-insured plans to reduce administrative expenses wherever possible. 2. Worked with our employee benefits consultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative expenses or simply reduce total premiums. The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Highline School District	**Cost Savings**	… We have implemented the following steps: 1. Consumer Driven High Deductible Health Plan with an optional Health Savings Account offered as of 10/01/2012. 2. Established an HSA employer contribution of $125 per employee per month, resulting in an increase to pooling dollars.

District	Category	Efforts and Achievements
		3. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums. The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital

District	Category	Efforts and Achievements
		admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Highline School District	**Customer Service**	… We have worked to provide improved customer service by: 1. Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information. 2. Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their

District	Category	Efforts and Achievements
		benefits. 3. Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members. 4. Having regular Benefits Advisory Committee meetings with representation from all bargaining groups. Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues.

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		G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Highline School District	**Part-Time Employee Coverage Protection**	1. We have continued to work with all purchasing / bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefits needs. 2. Provided all existing and new employees with required notifications regarding availability of health coverage through Washington Health Plan Finder as of January 1st, 2014. The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Highline School District	**Premium Differential Reduction**	… We have done the following: 1. Implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents. 2. Encouraged employees that do not need health plan coverage to waive off of the district offered plan, resulting in an increase to pooling dollars. 3. Established HSA employer contribution of $125 per employee per month, resulting in increase to pooling dollars. 4. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums,

District	Category	Efforts and Achievements
		which would increase pooling dollars available to those covering dependents. 5. The JLARC K-12 Report, released in January of this year, ranked all Washington State School Districts based on the dependent equity ratio, (differential between full family coverage costs and employee only costs, expressed as a multiple of the employee only cost). Based on that metric, the Highline School District ranked 45th out of 116 districts with more than 100 employees for the 2013-14 school year. Highline's equity ratio, multiple was 8.4 compared to an average multiple of 11.3 for the rest of the 116 districts. The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Hockinson School District	**Administrative Cost Reduction**	District: 1) We educated our staff on their options. We educated on how to compare plans as a whole not just based on the premium cost. In many instances folks chose plans with higher deductibles which in turn lowered premium costs. What they saved in premium cost would cover worst case scenario of having to meet the maximum out of pocket cost. 2) We created spreadsheets with various plan bundles at each tier level so they could see how much their state dollars would buy them. We paired this with Summary of Benefits so they could compare plan values. We also educate them on using flexible spending and voluntary plans such as accident insurance, critical illness, cancer all of which have hospital indemnity components. We continue to educate on the use of QHDHP paired with an HSA.

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		3) We had an instruction sheet on what paperwork needed to be completed for each plan. 4) We have a website for benefits so all plans, summary of benefits and enrollment forms are in one spot. 5) We held a very well attended Benefits Fair where our carriers attended and provided education to staff. It seemed to streamline the process. REGENCE BCBS: 1) Regence has in place multiple review and audit processes and prcedures in place, including the use of external vendor partners, to limit billing discrepancies saving in the overall administative costs. The negotiated discounts continue to allow Regence to have strong provider pricing that affects our overall administrative costs as well.

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		KAISER: Kaiser Permanente Northwest (KPNW) has adopted a Lean Six Sigma management system and has been building the capability since 2006. This innovative approach includes National Labor Management Partnership at the frontline level. This system is based on the attributes of high-performing organizations and incorporates features of quality management systems—including Lean, Six Sigma, and the Institute for Healthcare Improvement's Model for Improvement. KPNW currently has a Greenbelt and Blackbelt program for our leaders and entire organization with 15 certified Blackbelts and 45 certified Greenbelts. In addition our National Improvement Institute program has trained over 400 frontline teams. Annual advanced skill training in process improvement is provided to our frontline teams for continuous development of these skill sets. Our Lean Six Sigma Journey continues in 2013 and includes the following: • Green Belt Certification Program • Rapid Improvement Event Program • Sponsor/Champion Program • Consultant Development Program • Experiential learning in Lean/Six Sigma tools and approaches for Leaders

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		A number of managers have become Lean certified through creating systems improvements in scheduling, back office process design, and interdepartmental communication.
		Our Major focus in 2012, 2013, 2014 and 2015 has been to improve the service experience by enabling more care inside our own system and by improving access. We were able to achieve breakthrough performance changes in both areas.
		Specific examples of internalizations that have also improved service are Ventricular Assist Device, Retinal Surgery, Oncology in the Salem area, and Dialysis Access.
Hockinson School District	**Cost Savings**	District:
		The district continues to educate employees on SB5940, Affordable Care Act and Cadillac Tax as well as making thoughtful choices when selecting their insurance plans.
		The district negotiated out Long Term Disability from state allotment to a district expense to help the pool on all certificated and classified employees. This roughly equates to a 1% benefit to the pool.
		The district shares information via email on a regular basis to our employees on ways to stay healthy. Our carriers provide us with information on a monthly basis as does our Director of Food Services. These topics include information on eating health, exercise, healthy habits, flu shot clinics. We view this a preventative measures - keeping the focus on health instead of

District	Category	Efforts and Achievements
		healthcare! The district continually tries to educate staff when making health care elections. We talk about using insurance appropriately i.e. making an appointment vs. urgent care, using urgent care instead of emergency room. We explain how preventative measures can help keep costs down and in turn keep premiums down. EMPLOYEE: Each employee contributes between 9.5% - 13.7% to the pool by keeping dental out of state allotment and agreeing to pay a minimum premium charge (certs). CARRIERS: REGENCE BC/BS Strong proivider discounts result in lower claims cost for the plan and lower out-of-pocket costs for enrollees on the Hockinson School District Regence plan. Regence BCBS of Oregon plan has the largest national and local network of any carrier. The BlueCard program and network has negotiated significant discounts when seeing services outside of our 4 state territory (OR,WA, UT, ID).

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		KAISER PERMANENTE: • In 2015, we are building on success and momentum from 2013 -2014 performance to execute over $100m in initiatives through internalization, elimination of waste and care transformation. • Expanded Onsite Wellness Partnerships • The Drug Utilization Action Team is continuing improvement in pharmaceutical costs by effective and timely conversions to generic products, working with providers to ensure appropriate usage and prescribing patterns, and leveraging lower cost formulary products whenever clinically appropriate. Current work also includes providing unblinded data on physician prescribing patterns by provider name, location, and specialty for specific targeted drugs. Individual physicians have access on a protected website with click-through graphics and comparisons. This initiative saved over $30M in 2012. Since the inception of this initiative in 2006, it has saved KPNW over $150M. We have several advantages inherent to our model which facilitate appropriate clinical and financial incentives to optimally manage specialty care, hospital care, ancillary care, and home health care. Our physician payment model is a combination of salary and variable compensation. The variable compensation is based on achieving key service, access, quality, resource stewardship, and productivity targets. Outcomes are tracked, reported and managed regularly using transparent data. We are able to deliver all of the elements listed within the current Kaiser Permanente delivery system. Our “glue” is our electronic medical record that is built around the patient with all elements of the delivery system using this singular tool. Our strength is the integration of our delivery system. We are one entity, so we have solved the financial issue around incentives for coordination and cooperation. Northwest Permanente P.C. (NWP) is an integrated medical group that includes Primary Care and Specialty Care together under

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		one organizational umbrella. All providers are salaried with pay for performance incentives which are balanced between Quality/Evidence-Based Medicine, Service, Productivity and Resource Stewardship. This reimbursement model creates appropriate alignment to deliver high-quality affordable care. We do not have an incentive payment model that results in perverse incentives to over-treat and compromise our commitment to evidence based medicine. We not only embed evidence-based guidelines into our electronic medical record, we design our referral process around the proper scope of practice between primary and specialty care. The electronic referral process is mutually worked by both primary and specialty care and uses evidence based medicine, and expert consensus opinion. This process discourages unnecessary variation in care for common conditions.
		We use shared decision making to determine when a specialist or test is needed, but remain focused on the voice of the customer through the process. We ensure through our electronic systems that we do not duplicate tests. We have significantly reduced our re-admission rates through our transitions in care process which connects patients to primary care and pharmacy upon discharge.
		Evidence-based guidelines are embedded into our electronic medical record. We have established agreements on evidence, and indications to allow primary care referrals to specialty care and specialist referrals to outside consultants for unusual circumstances. We track referrals regularly to monitor appropriate utilization and staffing needs. We track imaging utilization down to the individual provider level for critical imaging services in order to support evidence-based ordering.
		The Kaiser Permanente Dental Care Program (KPDCP) has demonstrated with multi?disciplinary clinical teams, care coordination and integration with our medical services, that we are totally committed to fully integrate our dental capability within this total health model. Our Dental Care Program envisions a future where our dental and medical providers work side-by?side at a heightened level to coordinate our members' care. When both medical and dental plans are with Kaiser

District	Category	Efforts and Achievements
		Permanente, members have access to: • Services in one convenient location, or nearby: doctors, dentists, optometrists, pharmacy and lab. • The ability to fill prescriptions at a Kaiser Permanente pharmacy located near, and sometimes, at the same location as the dental office. • An integrated care model with our dental offices having access to pertinent member electronic medical information to help identify preventive screening gaps and provide member reminders for medical tests that are due. • Electronic medical records dentists can access with the most updated list of medications and allergies. This ensures the unparalleled safety for patients that are receiving care in our integrated model • Screenings at dental appointments to check for signs of diabetes, high blood pressure, and oral cancers with direct referrals made to a Kaiser Permanente medical physician when risks are identified. • Use of Kaiser Permanente medical Tumor Registry TRAK electronic system for all oral tissue biopsies performed in the dental care program. This registry records biopsy results and tracks cases to ensure follow?up is appropriate and timely. • Tobacco use screening for patients over the age of 13 at every exam appointment, and offered referral assistance to health coaches for those members who want assistance in quitting smoking. We partner with community providers, including OHSU, Salem Hospital, Providence St. Vincent, and Legacy Salmon Creek Medical Center, along with others to provide care to our members. Our relationships with strategic hospital partners and providers are designed to closely mirror our Kaiser Permanente integrated care model. For example, Northwest Permanente

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		hospitalists and specialists are part of the hospitals' medical staff, and retain the responsibility of managing Kaiser Permanente members onsite at the contracted hospitals. Maximum integration of the hospitals' and IT systems to ensure timely exchange of clinical data in support of patient care is an essential component of our relationships with our hospital partners. Northwest Permanente physicians actively collaborate with other physicians and hospital administration on joint quality improvement projects, and routinely share best practices to improve, not just the health of KP members, but the health of the community of patients served by the hospital. Performance-based payment models are included in the contracts with our strategic hospital partners as well as our medical group partner, The Portland Clinic. We collaborate closely to select measures that will positively impact quality, patient satisfaction, and safety, and that have the greatest potential for positively impacting the care of the entire patient population served by the hospital or clinic. Selected hospital metrics include readmission rates, patient falls, surgical site infection rates, and patient satisfaction with care received at that hospital. We set yearly inpatient utilization targets using PDR (patient day rate) and track them regionally and by medical office. We have a focused approach to optimizing inpatient care and utilization which we call IQM (inpatient quality management). The key elements of IQM are: • Ensure patients receive the right care in the right place, at the right time, with the right person. o Hospitalists make all medical admission decisions and determine appropriateness. If the patient needs a specialty admission,

District	Category	Efforts and Achievements
		the specialist makes the decision (this approach contrasts with many systems in which admission decisions are made primarily by ED clinicians). • Systems to ensure an appropriate "pause" to be sure all providers agree on the planned admission. • Systems to ensure exceptional communication between hospitalists, Emergency Department (ED) clinicians, and specialists. • Care coordinators are paired with ED, hospitalist teams and specialty teams. • The admission teams are expected to plan the length of stay. • Formal IQM rounds 3 days/week at Kaiser Sunnyside Medical Center (KSMC) to identify any system issues that are delaying necessary care. • Our Skilled Nursing team is linked in with KSMC care coordinators to optimize timely placement of patients to Skilled Nursing Facilities. • Our IQM rounds focus on the most common issues that delay care and result in lack of optimal care (uncontrolled pain, unidentified palliative care issues, long lengths of stay, family and social issues). We also track short length of stays to determine if there were potential alternatives to admission. The core elements we track and monitor to ensure we deliver excellent inpatient care include: • Patient Day Rate across the region and by medical office building.

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		• Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores. The HCAHPS survey is a national, standardized, publicly reported survey of patients' perspectives of hospital care. We believe that as we improve communication and patient engagement, our HCAHPS scores improve and IQM improves. HCAHPS scores are individually measured by hospitalists and part of their performance evaluations. We have a dedicated team of physicians who are dedicated to ongoing improvements in physician communication with hospital staff, patients and families. • Readmission rate is tracked overall for all hospitals and down to the individual clinician level when appropriate. We have a Transitions team that reviews all readmissions to identify potentially avoidable readmissions. • Length of Stay is tracked to individual hospitalists and by specialty department and in selected circumstances to the individual specialist. o Hospital acuity adjusted mortality o TJC measures • Our pathology department leads efforts to ensure appropriate laboratory testing utilization. • Productivity targets set against national and local hospital benchmarks and departmental level tracking of performance utilizing Action OI national hospital database (Action OI (operational improvement) from Truven Health Analytics, formerly Thomson Reuters, is a database that contains operational benchmarks for the hospital industry). We have systems in place to ensure that the patients get the appropriate timely follow up in both primary and specialty care. Also, similar to the after-visit summary given to patients after every visit, the patient receives a personalized hospital discharge summary that is part of their global electronic medical record. This includes information about his or her hospital course, instructions, medications, follow-up plans, as well as whom to call.

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		Our dedicated preventive approach provides a remarkable combination of lower-cost, higher-quality care. Because we're set up differently, we're aligned to better deliver what matters to you: improved health, better clinical outcomes, more value, and consistent service.
Hockinson School District	**Customer Service**	DISTRICT: We held a fantastic benefits fair with representatives from our carriers where they could learn more about specific plans. We also have a website where employees can go to get information on plans, summary of benefit coverage and enrollment forms. REGENCE BCBS: Regence BCBS of Oregon has the largest national and local network of any carrier. The Regence network has 9,300 of Oregon and SW Washington doctors and 59 Oregon and SW Washington hospitals guaranteeing strong provider discounts. Our pharmacy team, OmedaRx, was recently recognized by ICER for our excellence in health technology assessment. With pharmacy trend costs on the rise, you can be assured that OmedaRx and Regence will be ahead of the curve in our tools, services and pricing. The on-line Treatment Cost Estimator tool on regence.com allows members to research the cost of a specific treatment and shop for the most appropriate provider (via reviews, overall cost and location). There are multiple self-help tools and resources on the regence.com website that all members can access and review. Our Customer Service receives top marks for their commitment to helping provide employees with the most appropriate information. KAISER: Kaiser Foundation Health Plan of the Northwest received the highest numerical score among commercial health plans in the

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		Northwest region in the proprietary J.D.Power and Associates 2012 U.S. Member Health Plan Studysm (jdpower.com). Proprietary study results are based on experience and perceptions for members surveyed December 2012 – January 2012. One way we provide better service to Washington School District employees is by providing a variety of clinical access alternatives that make it easy for school employees to access their physicans in a variety of ways. For example, employees can email their physicians, view lab results online, have telephone consultations with their physicians and access a 24 hour nurse advice line all at no additional cost or time away from work. Quality Improvement Practices we are currently undertaking • Reduction of Surgical Site Infections Kaiser Sunnyside Medical Center (KSMC) o In 2010, reduced surgical site infections by 36% overall. o Used a Lean approach to standardize certain surgical tasks, surgical apparel, and body temperature regulation. o As a result, the patients are not exposed to an unnecessary risk of infection and their inpatient stays are not extended due to infection. • Culture of Safety Work including Patient Safety University in the ED o Implemented staff surveys to assess culture at the work-team level. o Added a patient advocate to the hospital's Quality Council, with a commitment to initiate a Patient Advisory Council in 2012.

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		o Trained a pilot group of surgeons on specific behaviors designed to improve communication in the operating room. o Implemented surgical checklists and pre- and post-operative briefings. o This work produces higher quality and safer care for each patient that is hospitalized. • Contracted with Pascal to improve safety culture and teamwork in the ED. • Glycemic Control project (across ED and Patient Floors KSMC) o Reduced 30-day readmission rates from 20% to 15% or lower (surpassed target of 18.34%) for diabetic patients in 2011. Since 2008 the organization has achieved a 15% improvement in the percentage of blood sugar tests that result within the targeted range 100% of the time. o Successful pilot demonstrated that a diabetic patient's duration in the hospital is decreased if he or she receives coordinated follow-up following discharge from the hospital. o Integration with Transition and Ambulatory Care and engagement with member, family and care givers contributes to decreased readmission rates • Sepsis and Early Goal Directed Therapy on patient floors at KSMC o Reduced mortality rates from sepsis from 11.6% (2009) to 6.7% (2011). o Oral Health Classification System (OHCS) – the OHCS will be outcome-based and allow us to measure the dental wellness of an employer group. It will:

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		o Establish parameters to define the oral health of a member population/subpopulation. o Consist of four Oral Health indicator levels (OHI-1, OHI-2, OHI-3, OHI- • Use the OHI as a monitor to target at-risk groups (requiring emergent periodontal needs, caries control, root canals, extractions etc) and more expeditiously introduce preventive measures by vectoring resources to these populations. o Result in improved and sustained oral and consequently total health for our members and cost savings for employer groups. • Proactive Panel Support o Pharmacist and support staff provide consistent population and evidenced-based proactive care (patient engagement, healthy lifestyles, treat to target, adherence, medication reconciliation, etc.) to all members of eligible populations. Current focus includes Diabetes, Hypertension, and Cardiovascular Risk. • Unit-Based Team Process Improvement to streamline processes and decrease wait time of New Insulin Start Program o RN Case Managers worked on process maps and applied lean principles to streamline work. Wait time decreased from 8 weeks to < 1 week •Piloting Webinar Nutrition and Health Education classes. o Member feedback indicates webinar forums would be favored. Preliminary results indicate good participation. Expanding to other topics and experimenting with delivery formats and times. • RN Complex Case Management which meets NCQA standards o Re-defined populations

District	Category	Efforts and Achievements
		o Re-defined processes, developed HC tools and trained staff to provide consistent, documented complex case management o Enhanced patient engagement, patient-centered goal setting, extensive assessment, assessment of readiness, and consistent documentation of action plans • Diabetes One Stop – Successful pilot, rolled out to all members in all clinics. Provides Navigation support for diabetes members. Includes targeted outreach, in-reach, and provides a robust triage function. oFurther coordinated in-reach and outreach with a focus on healthcare disparities to further improve colorectal cancer screening rates • Preventing Heart Attacks and Strokes Everyday (PHASE) – helping High-risk cardiovascular patients improve blood pressure control rates, lipids, glucose, and advocate tobacco cessation
Hockinson School District	**Part-Time Employee Coverage Protection**	District: The district offers 7 different medical plans to offer a wide variety in plans to meet the needs of different employee groups. We offer benefits to employees working as little as 17.5 hours per week so it was important to have plans such as the QHDHP and the $1,000 deductible plans by both Regence and Kaiser to havea affordable premiums for those working less hours and have a reduced income. Carriers: Worked diligently to ensure we had affordable plan offerings for our lower income earners.
Hockinson	**Premium**	District:

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School District	Differential Reduction	District is paying for LTD instead of state allotment dollars so that more can go towards medical and this helps the pool. Employees: All employees of the district have eliminated dental insurance from the state allotment funds which equates to a 9-10% contribution to the pool. Certificated staff contribute a minimum premium charge of $10 per month to help the pool. Regence BCBS: Regence looked at all plans as a whole and changed benefit levels based on participation in plans to keep premium costs down. This enabled them to reduce renewal rates form their initial proposal. Kaiser Permanente: Rather than lowering cost differentials to favor family coverage, Kaiser used cost saving efforts to keep total rate package affordable. On average we had a 2.5% REDUCTION in premiums for the 15/16 school year.

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Hood Canal School District	**Administrative Cost Reduction**	WEA's administrative costs have been under 6% for over 11 years.
Hood Canal School District	**Cost Savings**	Provider contracting - Premera has the hightest number of providers "in network" in the state.
Hood Canal School District	**Customer Service**	Provides a website with access to information about the employee's benefits which inclues a cost estimator to help the employee determine which plan has less out-of-pocket expenses.
Hood Canal School District	**Part-Time Employee Coverage Protection**	Added lower cost options, such as the EasyChoice and Basic plan that have lower premiums and many first dollar benefits, and also added the HDHP Plan.
Hood Canal School District	**Premium Differential Reduction**	Added lower cost options, such as the EasyChoice and Basic plan that have lower premiums and many first dollar benefits, and also added the HDHP Plan.
Hoquiam School District	**Administrative Cost Reduction**	The WEA Select Medical Plans through Premera have reduces admin costs through the following: A. Premera has been the leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve the enrollee experience, and improve effeciency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them into their own business- including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative

District	Category	Efforts and Achievements
		costs.
Hoquiam School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The night number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,00 enrolees, Premera also provides coverage to enrollees on state Exchange, individual, small and large group accounts. Furthermore, Premera also provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a- Provider contracting- Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in network"). Substantial provider discounts result in lower out-of-pocket costs for enrollees on a WEA plan. b- BlueCard- (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical incentives that allow Premera to provide effecient and cost-effecient care as well as to identify appropriate alternative care based on the enrollee needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard- Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for impatient hospital admissions, and high copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered grug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drug are cost and care-effective. I. Child COBRA Rate- Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization- Some services require an approval for coverage from Premera before a planned medical serviceor procedure occurs, which provides financial protection and prevens unnecessary services. L. Choice- 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver- employees can waive medical coverage under WEA. Any leftover state allocation is put back into the insurance pool to

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District	Category	Efforts and Achievements
		reduce the cost for those with monthly co=premiums.
Hoquiam School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and house forms commonly used by employers and enrollees. B. Use "Ulysses Learning" - leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefits and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to make modifications to processes or benefit changes to the plans.
Hoquiam School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as EashChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Hoquiam School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meansing the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Inchelium School District	**Administrative Cost Reduction**	can't do anything about this

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District	Category	Efforts and Achievements
Inchelium School District	**Cost Savings**	WEA is doing this
Inchelium School District	**Customer Service**	WEA is doing this
Inchelium School District	**Part-Time Employee Coverage Protection**	Obama has taken care of this
Inchelium School District	**Premium Differential Reduction**	WEA is doing this
Index School District	**Administrative Cost Reduction**	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plansremain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on

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District	Category	Efforts and Achievements
		payments for services and lower administrative costs.
Index School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage toenrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrolleeson a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEAPremera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiativesthat allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.

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District	Category	Efforts and Achievements
		G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premerabefore a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan.The EasyChoice Planprovides severaloptions all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Index School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.

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		B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct"Lean" workshops whichimprove policies and processes for all areas within the company that support WEA enrollees.Premera places a high value on continuing to enhancethe enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees,which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which hasled to making modifications to processes or benefit changes to the plans.
Index School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that havelower premiums. Additionally,QHDHP is available.
Index School	**Premium Differential**	The WEA Select Medical Plans through Premera:

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District	Category	Efforts and Achievements
District	**Reduction**	A. In some years have appliedlower increasesto dependent ratetiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and aQHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Issaquah School District	**Administrative Cost Reduction**	Plan consolidation and online enrollment
Issaquah School District	**Cost Savings**	Plan consolidation and online enrollment
Issaquah School District	**Customer Service**	Online enrollment, benefits fairs, online benefits resource website
Issaquah School District	**Part-Time Employee Coverage Protection**	As a school system, a vast majority of our part-time employees have coverage due to negiotated collective bargaining agreements.
Issaquah School District	**Premium Differential Reduction**	Employee Only groups have minimum out-of-pocket requirements. These funds are redistributed in the benefits pooling process, making progression toward the 3:1 goal.
Kahlotus School District	**Administrative Cost Reduction**	Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout

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District	Category	Efforts and Achievements
		the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.
Kahlotus School District	**Cost Savings**	Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.
Kahlotus School District	**Customer Service**	Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.
Kahlotus School District	**Part-Time Employee Coverage Protection**	Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Kahlotus School District	**Premium Differential Reduction**	Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.
Kalama School District	**Administrative Cost Reduction**	Insurance Companies offer web sites for employees to access
Kalama School District	**Cost Savings**	Insurance Companies are offering new, lower cost plans
Kalama School District	**Customer Service**	Insurance Companies are offering web sites for employees

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District	Category	Efforts and Achievements
Kalama School District	**Part-Time Employee Coverage Protection**	Lower insurance premiums offered by the insurance companies
Kalama School District	**Premium Differential Reduction**	Insurance Companies are reducing the differential
Keller School District	**Administrative Cost Reduction**	Due to the small size of Keller School District we are fortunate to no have any direct administrative costs relating to benefits. All time spent on managing benefits is absorbed into the Business Management Contract that Keller has with the local ESD.
Keller School District	**Cost Savings**	We always encourage our staff to make healthy life choices and strive to support healthy lifesyles that will in turn keep health care costs down. We currently have a walking group at lunch (as weather permits) and many employee's that are participating in a friendlyweightloss compitetion between co-workers.
Keller School District	**Customer Service**	We have ensured the employee's have access to assistance for logging into the Aon Hewitt site. From this site they can review their beenfits and make changesg during open enrollment.
Keller School District	**Part-Time Employee Coverage Protection**	Keller School District Continues to offer benefits to all part time employees based upon their FTE.
Keller School District	**Premium Differential Reduction**	We have been reliant in the area on the premiums that are set by Premera. As a small District with a couple of employee's that waive medical we have been able to help subsidize full family coverage with our pooling efforts.
Kelso School District	**Administrative Cost Reduction**	The district has a broker to assist with benefits instead of having an employee dedicated to benefits. The cost is much less and the responsibilities in the district are spread among staff. The WEA Select Medical Plans through Premera have reduced admin costs through the following:

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District	Category	Efforts and Achievements
		A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Kelso School District	**Cost Savings**	The District bids and compares rates every year by our brokers. The district has representatives from each bargaining group that is part of the benefits committee. Together they decide which options the district will choose. The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera

District	Category	Efforts and Achievements
		enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse

District	Category	Efforts and Achievements
		needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Kelso School District	**Customer Service**	The District sends out constant communication about changes and open enrollment via email, flyers, post cards, newsletters, and the benefits fair. Benefit information is discussed during new employee orientation. Our website has a benefits page for where employees can go and get information about each of the available benefits. All of the HR/Payroll staff are trained on benefits and able to assist employees with questions or direct them appropriately. Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics

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District	Category	Efforts and Achievements
		including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Kelso School District	**Part-Time Employee Coverage Protection**	The District's bargaining units have medical benefits bargained into their bargaining agreements. We also have a benefits committee made up fo members from each bargaining unit. The committee makes the decisions on options for the plans. The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Kelso School District	**Premium Differential Reduction**	The District offeres multiple plans with a variety of choices. Bargained with each of our bargaining groups for a 3.5% minimum premium payment for each employee. Employees that normally wouldn't pay out of pocket now pay 3.5% of the premium. This helps the pooling amount that is spread to fully family coverage employees. The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.

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District	Category	Efforts and Achievements
		D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Kennewick School District	**Administrative Cost Reduction**	NA
Kennewick School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare

District	Category	Efforts and Achievements
		needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Kennewick School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:

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District	Category	Efforts and Achievements
		A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Kennewick School District	**Part-Time Employee Coverage Protection**	A) Part time emploee working in a contracted position are protected for benefits per their Negociated Bargaining Agreement. Here is also what Premera is doing to assist part with part employees: B) WEA Select Plans - when a full time employee's hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. C) WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar

District	Category	Efforts and Achievements
		benefits and the HDHP Plan.
Kennewick School District	**Premium Differential Reduction**	The KSD District started charging a minimum fee of 1% to all employees with zero out of pocket towards medical plans. Amount collected is used to lower premiums for Full Family Coverage. The KEA bargaining unit already distributes it's pooled dollars proportionally by type of coverage to help the family in their unit. Example: Employee only coverage is only eligible for $16.00 from pool and full family coverage is eligible for up to 184.17 from pool. Here is what WEA Premera has been doing. Here is also what Premera is doing: The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Kent School District	**Administrative Cost Reduction**	Kent School District has taken the following steps: 1. By working with our employee benefits consultant, we've negotiated with both fully-insured and self-insured plans to reduce administrative expenses wherever possible. 2. Worked with our employee benefits consultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative expenses or simply reduce total premiums. Please note, that there are some carriers such as Premera Blue Cross that don't provide the district with a summary of administrative costs so it is not possible to have an impact on those plans. The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes

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		throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Kent School District	**Cost Savings**	Kent School District has implemented the following steps: 1. Consumer Driven High Deductible Health Plan with an optional Health Savings Account offered as of 10/01/2012. 2. Established an HSA employer contribution of $125 per employee per month, resulting in an increase to pooling dollars. (If Applicable) 3. Use of purchasing consortium / Interlocal to purchase some benefits at a lower cost across several districts (applicable for districts purchasing some benefits through an interlocal) 4. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums. The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.

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		b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.

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		L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Kent School District	**Customer Service**	Kent School District has worked to provide improved customer service by: 1. Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information. 2. Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits. 3. Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members. 4. Having regular Benefits Advisory Committee meetings with representation from all bargaining groups. Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.

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		D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Kent School District	**Part-Time Employee Coverage Protection**	Kent School District has taken the following steps: 1. We have continued to work with all purchasing / bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefits needs. 2. Provided all existing and new employees with required notifications regarding availability of health coverage through Washington Health Plan Finder as of January 1st, 2014. The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Kent School District	**Premium Differential**	Kent School District has done following: 1. Implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents. 2. Encouraged employees that do not

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	Reduction	need health plan coverage to waive off of the district offered plan, resulting in an increase to pooling dollars. 3. Established HSA employer contribution of $125 per employee per month, resulting in increase to pooling dollars. (If Applicable) 4. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars available to those covering dependents. 5. The JLARC K-12 Report, released in January of this year, ranked all Washington State School Districts based on the dependent equity ratio, (differential between full family coverage costs and employee only costs, expressed as a multiple of the employee only cost). Based on that metric, the Kent School District ranked 114th out of 116 districts with more than 100 employees for the 2013-14 school year. Kent's equity ratio, multiple was 42.9 compared to an average multiple of 11.3 for the rest of the 116 districts. *We strongly believe a more accurate reflection of true cost reduction would have been achieved by measuring the average monthly costs for an employee to purchase full family medical coverage expressed in raw dollars. Based on that metric, the Kent School District ranked 44th out those same 116 districts for the 2013-14 school year. Kent's average monthly cost to for an employee purchasing full family health insurance was $477 compared to an average of $518 for the rest of the group. The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child (ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Kettle Falls School District	**Administrative Cost Reduction**	The district currently does not charge employees for any district expenses associated with their health care premiums.A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout

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		the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years
Kettle Falls School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.

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		F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Kettle Falls School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them

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		determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Kettle Falls School District	**Part-Time Employee Coverage Protection**	The DIstrict continues to offer all parttime employees coverage. The pooling of unused premiums makes it very affordable for part time employees to cover themselves. Also; The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is

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		available.
Kettle Falls School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Kiona-Benton City School District	**Administrative Cost Reduction**	N/A no administrative expences
Kiona-Benton City School District	**Cost Savings**	We compared prices and plans with other plans available
Kiona-Benton City School District	**Customer Service**	We offer a large range of medical plans to employees. And compare other medial providers plans. Employees can go online and compare benefits with Premera or Group Health
Kiona-Benton City School District	**Part-Time Employee Coverage Protection**	Offering coverage at 3 hrs per day with district contribution toward medical

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Kiona-Benton City School District	**Premium Differential Reduction**	Pooling and start a mandatory contribution
Kittitas School District	**Administrative Cost Reduction**	District contracts solely with HCA PEBB for all employee coverage.
Kittitas School District	**Cost Savings**	District contracts with HCA PEBB to provide affordable health coverage for all eligible staff.
Kittitas School District	**Customer Service**	District contracts with HCA PEBB to deliver services.
Kittitas School District	**Part-Time Employee Coverage Protection**	District contracts with HCA PEBB to deliver services.
Kittitas School District	**Premium Differential Reduction**	District contracts with HCA PEBB to deliver services.
Klickitat School District	**Administrative Cost Reduction**	Providence has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative costs with medical cost inflation. This has resulted in reduced percentage of premium administrative cost. As such, as much as 90%-91% of premium dollars go towards claims expense costs. PHP is also not required to refund any premiums due to not meeting the medical loss ration requirements of PPACA.
Klickitat School District	**Cost Savings**	Providence Health Plan (PHP) continues to employ a robust care management program that aims to improve care outcomes for our members, ensuring that the right care is being received in the right place, at the right time. Care managers work in collarboration with providers, health professionals, and health plan medical directors to provide a coordinated approach for members with complex care needs. This approach aims to educate and assist members in utilizing health care resources

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		appropriately. PHP has implemented interventions to prevent inpatient hospital readmissions and initiatives to reduce complaints and potential medical errors. PHP provides a comprehensive array of health and wellness promotion and preventive services through our Fit Together program and a best-in-class pharmacy management program. PHP has invested in preventive care and chronic Case and Disease Management Programs to improve health care outcomes, implementation of interventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safety reporting, initiatives in place to reduce complains and potential medical errors, the Health Plan includes a comprehensive array of health and wellness promotion and preventive services through our Fit Together program and a best-in-class pharmacy management program. Providence Health Plan has invested in preventative care and chronic care management to improve on health care outcomes, implementation of interventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safety reporting, initiatives in place to reduce complaints and potential medical errors. The Health Plan includes comprehensive array of health and wellness promotion and preventative services through our Fit Together program and a best-in-class pharmacy management program. Providence has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative costs with medical cost inflation. This has resulted in reduced percentage of premium administrative cost. As such, as much as 90%-91% of premium dollars go towards claims expense costs. Providence is also not required to refund any premiums due to not meeting the medical loss ration requirements of PPACA. Providence through our Quality Medical Managment program includes prior authorization for selected services, including high tech imaging and provider Pay-for-Performance quality care and evidence based medicine initiatives. Through our care management programs and provider contracting efforts, we have the best regional PPO medical trends per recent surveys conducted by various consulting firms. In addition, our pharmacy management program has been recognized nationally as having the highest generic adoption rate and realizing reduced pharmacy costs and trend through our pharmacy management efforts. Our pharmacy trend has been, and continues to be, the lowest in our regional market for several years. Providence will work with the districts and their producers or consultants to identify benefit strategies to help meet budget goals and mitigate future cost increases. Providence has best-in-class medical care management services designed to achieve the Triple Aim (better care, better patient satisfaction at a lower cost). Providence customer service and claims are locally located in Beaverton, Oregon, hours of operation 8:00 a.m. to 5:00 p.m. PST, toll free 800 number for members. Customer service representatives are trained to

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		answer all calls, with 92% of calls answered at the point of service. Translation services are available, automated voice response system and call tracking software for real time and historical activity. Providence has invested heavily in web based tools for members outside of standard hours which includes a variety of self service options and tools, such as health trackers, health assessments, cost estimates, etc. BCI, our benefit consultant holds employee educational meetings for groups and has available one on one meetings for individuals. All employees can view our benefit website for up to date plan and wellness information. We are working with our benefit consultants . We negotiate with our health carrier and periodically complete a bid process to maintain competitive prices. We allow coverage for part-time employees. We are also complaint with PPACA regulations pertaining to coverage for part-time employees. Providence has invested in preventative care and chronic care management to improve on health care outcomes, implementation of interventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safety reporting, initiatives in place to reduce complaints and potential medical errors, the Health Plan includes a comprehensive array of health and wellness promotion and preventative services through our Fit Together program and a bst-in-class pharmacy managment program. Providence Health Plan has invested in preventative care and chronic care management to improve on health care outcomes, implementation of interventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safety reporting, initiatives in place to reduce complaints and potential medical errors. The Health Plan includes comprehensive array of health and wellness promotion and preventative services through our Fit Together program and a best-in-class pharmacy management program. Providence has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative costs with medical cost inflation. This has resulted in reduced percentage of premium

District	Category	Efforts and Achievements
		administrative cost. As such, as much as 90%-91% of premium dollars go towards claims expense costs. Providence is also not required to refund any premiums due to not meeting the medical loss ration requirements of PPACA. Providence through our Quality Medical Managment program includes prior authorization for selected services, including high tech imaging and provider Pay-for-Performance quality care and evidence based medicine initiatives. Through our care management programs and provider contracting efforts, we have the best regional PPO medical trends per recent surveys conducted by various consulting firms. In addition, our pharmacy management program has been recognized nationally as having the highest generic adoption rate and realizing reduced pharmacy costs and trend through our pharmacy management efforts. Our pharmacy trend has been, and continues to be, the lowest in our regional market for several years. Providence will work with the districts and their producers or consultants to identify benefit strategies to help meet budget goals and mitigate future cost increases. Providence has best-in-class medical care management services designed to achieve the Triple Aim (better care, better patient satisfaction at a lower cost). Providence customer service and claims are locally located in Beaverton, Oregon, hours of operation 8:00 a.m. to 5:00 p.m. PST, toll free 800 number for members. Customer service representatives are trained to answer all calls, with 92% of calls answered at the point of service. Translation services are available, automated voice response system and call tracking software for real time and historical activity. Providence has invested heavily in web based tools for members outside of standard hours which includes a variety of self service options and tools, such as health trackers, health assessments, cost estimates, etc. BCI, our benefit consultant holds employee educational meetings for groups and has available one on one meetings for individuals. All employees can view our benefit website for up to date plan and wellness information. We are working with our benefit consultants . We negotiate with our health carrier and periodically complete a bid process to maintain competitive prices. We allow coverage for part-time employees. We are also complaint with PPACA regulations pertaining to coverage for part-time employees. Providence has invested in preventative care and chronic care management to improve on health care outcomes, implementation of interventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safety reporting, initiatives in place to reduce complaints and potential medical errors, the Health Plan includes a comprehensive array

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		of health and wellness promotion and preventative services through our Fit Together program and a bst-in-class pharmacy managment program. We are working with our benefit consultants . We negotiate with our health carrier and periodically complete a bid process to maintain competitive prices. Providence Health Plan has invested in preventative care and chronic care management to improve on health care outcomes, implementation of interventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safety reporting, initiatives in place to reduce complaints and potential medical errors. The Health Plan includes comprehensive array of health and wellness promotion and preventative services through our Fit Together program and a best-in-class pharmacy management program. Providence has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative costs with medical cost inflation. This has resulted in reduced percentage of premium administrative cost. As such, as much as 90%-91% of premium dollars go towards claims expense costs. Providence is also not required to refund any premiums due to not meeting the medical loss ration requirements of PPACA. Providence through our Quality Medical Managment program includes prior authorization for selected services, including high tech imaging and provider Pay-for-Performance quality care and evidence based medicine initiatives. Through our care management programs and provider contracting efforts, we have the best regional PPO medical trends per recent surveys conducted by various consulting firms. In addition, our pharmacy management program has been recognized nationally as having the highest generic adoption rate and realizing reduced pharmacy costs and trend through our pharmacy management efforts. Our pharmacy trend has been, and continues to be, the lowest in our regional market for several years. Providence will work with the districts and their producers or consultants to identify benefit strategies to help meet budget goals and mitigate future cost increases. Providence has best-in-class medical care management services designed to achieve the Triple Aim (better care, better patient satisfaction at a lower cost). Providence customer service and claims are locally located in Beaverton, Oregon, hours of operation 8:00 a.m. to 5:00 p.m. PST, toll free 800 number for members. Customer service representatives are trained to answer all calls, with 92% of calls answered at the point of service. Translation services are available, automated voice response system and call tracking software for real time and historical activity. Providence has invested heavily in web based

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		tools for members outside of standard hours which includes a variety of self service options and tools, such as health trackers, health assessments, cost estimates, etc. BCI, our benefit consultant holds employee educational meetings for groups and has available one on one meetings for individuals. All employees can view our benefit website for up to date plan and wellness information. We are working with our benefit consultants . We negotiate with our health carrier and periodically complete a bid process to maintain competitive prices. We allow coverage for part-time employees. We are also complaint with PPACA regulations pertaining to coverage for part-time employees. Providence has invested in preventative care and chronic care management to improve on health care outcomes, implementation of interventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safety reporting, initiatives in place to reduce complaints and potential medical errors, the Health Plan includes a comprehensive array of health and wellness promotion and preventative services through our Fit Together program and a bst-in-class pharmacy managment program. We are working with our benefit consultants . We negotiate with our health carrier and periodically complete a bid process to maintain competitive prices. Providence Health Plan has invested in preventative care and chronic care management to improve on health care outcomes, implementation of interventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safety reporting, initiatives in place to reduce complaints and potential medical errors. The Health Plan includes comprehensive array of health and wellness promotion and preventative services through our Fit Together program and a best-in-class pharmacy management program. Providence has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative costs with medical cost inflation. This has resulted in reduced percentage of premium administrative cost. As such, as much as 90%-91% of premium dollars go towards claims expense costs. Providence is also not

District	Category	Efforts and Achievements
		required to refund any premiums due to not meeting the medical loss ration requirements of PPACA. Providence through our Quality Medical Managment program includes prior authorization for selected services, including high tech imaging and provider Pay-for-Performance quality care and evidence based medicine initiatives. Through our care management programs and provider contracting efforts, we have the best regional PPO medical trends per recent surveys conducted by various consulting firms. In addition, our pharmacy management program has been recognized nationally as having the highest generic adoption rate and realizing reduced pharmacy costs and trend through our pharmacy management efforts. Our pharmacy trend has been, and continues to be, the lowest in our regional market for several years. Providence will work with the districts and their producers or consultants to identify benefit strategies to help meet budget goals and mitigate future cost increases. Providence has best-in-class medical care management services designed to achieve the Triple Aim (better care, better patient satisfaction at a lower cost). Providence customer service and claims are locally located in Beaverton, Oregon, hours of operation 8:00 a.m. to 5:00 p.m. PST, toll free 800 number for members. Customer service representatives are trained to answer all calls, with 92% of calls answered at the point of service. Translation services are available, automated voice response system and call tracking software for real time and historical activity. Providence has invested heavily in web based tools for members outside of standard hours which includes a variety of self service options and tools, such as health trackers, health assessments, cost estimates, etc. BCI, our benefit consultant holds employee educational meetings for groups and has available one on one meetings for individuals. All employees can view our benefit website for up to date plan and wellness information. We are working with our benefit consultants . We negotiate with our health carrier and periodically complete a bid process to maintain competitive prices. We allow coverage for part-time employees. We are also complaint with PPACA regulations pertaining to coverage for part-time employees. Providence has invested in preventative care and chronic care management to improve on health care outcomes, implementation of interventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safety reporting, initiatives in place to reduce complaints and potential medical errors, the Health Plan includes a comprehensive array of health and wellness promotion and preventative services through our Fit Together program and a bst-in-class pharmacy

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		managment program. We are working with our benefit consultants . We negotiate with our health carrier and periodically complete a bid process to maintain competitive prices. Providence Health Plan has invested in preventative care and chronic care management to improve on health care outcomes, implementation of interventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safety reporting, initiatives in place to reduce complaints and potential medical errors. The Health Plan includes comprehensive array of health and wellness promotion and preventative services through our Fit Together program and a best-in-class pharmacy management program. Providence has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative costs with medical cost inflation. This has resulted in reduced percentage of premium administrative cost. As such, as much as 90%-91% of premium dollars go towards claims expense costs. Providence is also not required to refund any premiums due to not meeting the medical loss ration requirements of PPACA. Providence through our Quality Medical Managment program includes prior authorization for selected services, including high tech imaging and provider Pay-for-Performance quality care and evidence based medicine initiatives. Through our care management programs and provider contracting efforts, we have the best regional PPO medical trends per recent surveys conducted by various consulting firms. In addition, our pharmacy management program has been recognized nationally as having the highest generic adoption rate and realizing reduced pharmacy costs and trend through our pharmacy management efforts. Our pharmacy trend has been, and continues to be, the lowest in our regional market for several years. Providence will work with the districts and their producers or consultants to identify benefit strategies to help meet budget goals and mitigate future cost increases. Providence has best-in-class medical care management services designed to achieve the Triple Aim (better care, better patient satisfaction at a lower cost). Providence customer service and claims are locally located in Beaverton, Oregon, hours of operation 8:00 a.m. to 5:00 p.m. PST, toll free 800 number for members. Customer service representatives are trained to answer all calls, with 92% of calls answered at the point of service. Translation services are available, automated voice response system and call tracking software for real time and historical activity. Providence has invested heavily in web based tools for members outside of standard hours which includes a variety of self service options and tools, such as health trackers,

District	Category	Efforts and Achievements
		health assessments, cost estimates, etc. BCI, our benefit consultant holds employee educational meetings for groups and has available one on one meetings for individuals. All employees can view our benefit website for up to date plan and wellness information. We are working with our benefit consultants . We negotiate with our health carrier and periodically complete a bid process to maintain competitive prices. We allow coverage for part-time employees. We are also complaint with PPACA regulations pertaining to coverage for part-time employees. Providence has invested in preventative care and chronic care management to improve on health care outcomes, implementation of interventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safety reporting, initiatives in place to reduce complaints and potential medical errors, the Health Plan includes a comprehensive array of health and wellness promotion and preventative services through our Fit Together program and a bst-in-class pharmacy managment program. We are working with our benefit consultants . We negotiate with our health carrier and periodically complete a bid process to maintain competitive prices. Providence Health Plan has invested in preventative care and chronic care management to improve on health care outcomes, implementation of interventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safety reporting, initiatives in place to reduce complaints and potential medical errors. The Health Plan includes comprehensive array of health and wellness promotion and preventative services through our Fit Together program and a best-in-class pharmacy management program. Providence has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative costs with medical cost inflation. This has resulted in reduced percentage of premium administrative cost. As such, as much as 90%-91% of premium dollars go towards claims expense costs. Providence is also not required to refund any premiums due to not meeting the medical loss ration requirements of PPACA. Providence through our

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		Quality Medical Managment program includes prior authorization for selected services, including high tech imaging and provider Pay-for-Performance quality care and evidence based medicine initiatives. Through our care management programs and provider contracting efforts, we have the best regional PPO medical trends per recent surveys conducted by various consulting firms. In addition, our pharmacy management program has been recognized nationally as having the highest generic adoption rate and realizing reduced pharmacy costs and trend through our pharmacy management efforts. Our pharmacy trend has been, and continues to be, the lowest in our regional market for several years. Providence will work with the districts and their producers or consultants to identify benefit strategies to help meet budget goals and mitigate future cost increases. Providence has best-in-class medical care management services designed to achieve the Triple Aim (better care, better patient satisfaction at a lower cost). Providence customer service and claims are locally located in Beaverton, Oregon, hours of operation 8:00 a.m. to 5:00 p.m. PST, toll free 800 number for members. Customer service representatives are trained to answer all calls, with 92% of calls answered at the point of service. Translation services are available, automated voice response system and call tracking software for real time and historical activity. Providence has invested heavily in web based tools for members outside of standard hours which includes a variety of self service options and tools, such as health trackers, health assessments, cost estimates, etc. BCI, our benefit consultant holds employee educational meetings for groups and has available one on one meetings for individuals. All employees can view our benefit website for up to date plan and wellness information. We are working with our benefit consultants . We negotiate with our health carrier and periodically complete a bid process to maintain competitive prices. We allow coverage for part-time employees. We are also complaint with PPACA regulations pertaining to coverage for part-time employees. Providence has invested in preventative care and chronic care management to improve on health care outcomes, implementation of interventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safety reporting, initiatives in place to reduce complaints and potential medical errors, the Health Plan includes a comprehensive array of health and wellness promotion and preventative services through our Fit Together program and a bst-in-class pharmacy

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District	Category	Efforts and Achievements
		managment program.
Klickitat School District	**Customer Service**	Providence Health Plan Customer and Claims are located in Beaverton, Oregon with hours of operation 8:00 a.m. to 5:00 p.m. PST. A toll free 800 number is available for members. Customer service representatives are trained to answer all calls, with 92% of calls answered at the point of service. Translation services are available, as is automated voice response systems and call tracking software for real time and historical activity. The health plan has invested heavily in web based tools fro members for outside of standard business hours which includes a variety of self service options and tools.
Klickitat School District	**Part-Time Employee Coverage Protection**	We allow coverage for part-time employees.
Klickitat School District	**Premium Differential Reduction**	We are working with our benefit consultants . We negotiate with our health carrier and periodically complete a bid process to maintain competitive prices.
La Center School District	**Administrative Cost Reduction**	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business - including the Sate of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs. Kaiser Permanente - As a non-profit health plan, our focus is on reinvesting premiums to care for our members - not generating shareholder returns. Our margin is used exclusively to reinvest in the employees and resources that make it possible for us to maintain our leadership in health care

District	Category	Efforts and Achievements
		research and connectivity. We play a role in improving environmental health and to deliver the best possible care to our members.
La Center School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts. a. Provider contracting - Premera has the highest number of provider "in network" in the state (resulting in 98% + of all paid claims are 'in network"). Substantial provider discounts result in lower claims cost for the plan and lower out of pocket costs for enrollees on a WEA Plan. b. BlueCard - (Premera's national "Blue network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost efficient and cost effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real time access to consumer decision support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care efficient. E. Member 360 dashboard - proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. Kaiser Permanente - Kaiser focuses on affordability by integrating all medical services within our system rather than delivering disconnected or fragmented care. Our focus is on delivering high quality care to employees so they're healthier and costs are lower. Because we're all part of one organization, we carefully coordinate care, sharing information among primary care and specialty physicians, pharmacies, and laboratories through to our hospitals and specialty care centers. It enables us to improve quality, reduce costs and drive innovation. Our integrated electronic medical records system promotes care , access and convenience for members.
La Center School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning" - leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "lean" workshops which improve policies and processes for all area within the company that support WEA enrollees. Premera places a

District	Category	Efforts and Achievements
		high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. Kaiser Permanente - Access to care is enhanced through open scheduling, expanded hours and new options for communication with the health plan or providers. Patients not only communicate with the care team through secure email, but they can also see openings in the doctor's schedules and make appointments online, review lab results refill prescriptions, identify and take steps to close care gaps through their personal action plan. One of the innovations is IT tool call OpQ. Through this system, we know in real-time how many patients are in the waiting room, how long they've been awaiting, and how many referrals we have sent to each specialty that day. We also monitor the success of our office staff in closing care gaps as well as other performance indicators. This enable us to monitor and remediate potential service, quality or cost challengers in real time to ensure customer satisfaction.
La Center School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part time smployees working 17.5 hours a week for over 30 years. Kaiser Permanente - We allow coverage for part time employees
La Center School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QGDHP. C. Includes a composite rate for child(ren) , meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children elcting COBRA coverage the child rate and not the subscriber rate. Kaiser Permanente - We analyze our pooling to make it fair for all.
La Conner School District	**Administrative Cost Reduction**	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business-including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8%

District	Category	Efforts and Achievements
		in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service are. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
La Conner School District	**Cost Savings**	The WEA Select Medical Plans through Premeral provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting-Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost of the plan and lower out-of-pocket costs for enrollees on a WEA Plan. b. BlueCard-(Premera's national"Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard-Propriertary tool used by Premera Case Managers to identify enrollees with specific healthcare needs ad ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate-Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K Prior Authorization-Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice-7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan.

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		The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are coverd with low copay. M. Waiver-employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
La Conner School District	**Customer Service**	Premera's WEA claims, customer services and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employer's benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning"-leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources provider updates, and benefits and rate changes. F. Work with enrollees or their providers to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modiications to processes or benefit changes to the plans.
La Conner School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that ave lower premiums. Additionally, QHDHP is available.
La Conner School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.

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LaCrosse School District	**Administrative Cost Reduction**	A Select Medical Plans through Premera: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
LaCrosse School District	**Cost Savings**	WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims paid are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area.

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		D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
LaCrosse School District	**Customer Service**	WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction.

District	Category	Efforts and Achievements
		C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
LaCrosse School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also

District	Category	Efforts and Achievements
		added the HDHP Plan.
LaCrosse School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Lake Chelan School District	**Administrative Cost Reduction**	The WEA Select Medical Plans through Premera have reduced admin costs through the following: Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business - including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Lake Chelan School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower

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		claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. BlueCard - (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. Child COBRA Rate - Overage dependents pay the lower child rate rather than a subscriber rate. The premium rate for dependent children is the same whether there is one or more enrolled. Prior Authorization - Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. Freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. Waiver - employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Lake Chelan School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. Use "Ulysses Learning™" - leading to first call resolution and a higher level of satisfaction from enrollees. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. Provide year-round servicing and are available to work directly

District	Category	Efforts and Achievements
		with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. Work with enrollees or their provider to address escalated or complex issues. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Lake Chelan School District	**Part-Time Employee Coverage Protection**	Part time employees are offered the same plans as a full time employee
Lake Chelan School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Lake Quinault School District	**Administrative Cost Reduction**	Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, the enrollee experience, and efficiency while eliminating non-value added time and work effort and lowering expenses. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention.
Lake Quinault School District	**Cost Savings**	High Number of Premera members allows them to negotiate greater provider discounts. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost ad care-efficient.

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District	Category	Efforts and Achievements
Lake Quinault School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams provide a website with access to information about the employee's benefits, including a cost estimator. Use "Ulysses Learning" - leading to first call resolution and a higher level of satisfaction from enrollees. Internally conduct "Lean" workshops which improve policies and processes for all aread within the company that support WEA enrollees.
Lake Quinault School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Offer lower cost options, such as EasyChoice and Basic Plan that have lower premiums. Plus QHDHP is available.
Lake Quinault School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera have in some years applied lower increases to dependent rate tiers than to employee only rate tiers. Offer lower cost options, such as EasyChoice plan and Basic Plan and a QHDHP. Includes composite rate for children, meaning the rate for dependent children is the same whether there is one or more enrolled. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Lake Stevens School District	**Administrative Cost Reduction**	More information available electronically. Some plans have online only enrollments.
Lake Stevens School District	**Cost Savings**	All employees pay 2% of the Employee only cost for the plan of their choice. Lower cost options availiable for employees to choose.
Lake Stevens School District	**Customer Service**	All carriers have websites employees can log onto to view their specific plan information. Premera's enrollment site has a plan cost comparison calculator to assist with plan choice.
Lake Stevens School District	**Part-Time Employee Coverage Protection**	All employees covered by a bargaining agreement are eligible for benefits at 20.00+ hours per week. Monies are available to help reduce the monthly premium costs.
Lake Stevens	**Premium Differential**	Charge employees a percentage of the premiums leaving more dollars available for those covering families. Lower cost

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District	Category	Efforts and Achievements
School District	Reduction	premium options.
Lake Washington School District	Administrative Cost Reduction	Premera has institutied an online enrollment system to enhance efficiency and reduce paperwork. We have reduced administrative expenses: 1) By Working with our employee benefits consultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative expenses or simply reduce total premiums.
Lake Washington School District	Cost Savings	We have implemented the following steps: 1) per requirements of SB 5940 we are offering a HDHP/HSA as of 10/01/2012; 2) annually we evaluate alternative carrier and plan designs for all health plans; and 3) worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums and changed four Premera Blue Cross plans to five new Group Health Access PPO plans for cost savings.
Lake Washington School District	Customer Service	We have worked to provide improved customer services by: 1) Providing a comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information and links on the District portal for more information and forms; 2) hosting an employee benefits and wellness fair which allows all employees to learn the most efficient way to access their benefits and learn how to stay healthy; 3) ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members; 4) providing articles in employee newsletter notifying employees of changes in plans, enrollment processes, and links to information on-line on the staff portal; and 5) having regular Benefits Advisory Committee meetings with representation from all bargaining groups.
Lake Washington School District	Part-Time Employee Coverage Protection	Our current bargaining contracts provide coverage to all employees who are at least .5 FTE (20 hours per week for classified and 17.5 hours for certificated). Certificated substitutes are offered benefit coverage after working at least 6 months consistently for a minimum of 70 hours a month. We have provided all existing and new employees with the required notifications regarding availability of health coverage through Washington Health Plan Finder as of January 1, 2014.
Lake Washington School District	Premium Differential Reduction	We have done the following: 1) implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents; 2) evaluated alternative carrier and plan designs for all health plans that could reduce premiums, which may increase pooling dollars available to those covering dependents.
Lakewood School District	Administrative Cost Reduction	By working with our employee benefits consultant, we've negotiated with both fully-insured and self-insured plans to reduce administrative expenses wherever possible. We worked with our employee benefits consultant to evaluate alternative carriers

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District	Category	Efforts and Achievements
		for all benefit plans that could result in either lower administrative expenses or simply reduce total premiums. Please note, that there are some carriers such as Premera Blue Cross that don't provide the district with a summary of administrative costs so it is not possible to have an impact on those plans.
Lakewood School District	**Cost Savings**	We have implemented the following steps: Consumer Driven High Deductible Health Plan with an optional Health Savings Account offered as of 10/01/2012; established an HSA employer contribution of $125 per employee per month, resulting in an increase to pooling dollars; use of purchasing consortium / Interlocal to purchase some benefits at a lower cost across several districts (applicable for districts purchasing some benefits through an interlocal); worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums.
Lakewood School District	**Customer Service**	We have worked to provide improved customer service by: Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information; hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits; ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members; having regular Benefits Advisory Committee meetings with representation from all bargaining groups.
Lakewood School District	**Part-Time Employee Coverage Protection**	We have continued to work with all purchasing / bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefits needs. Provided all existing and new employees with required notifications regarding availability of health coverage through Washington Health Plan Finder as of January 1st, 2014.
Lakewood School District	**Premium Differential Reduction**	We have done the following: Implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents; encouraged employees that do not need health plan coverage to waive off of the district offered plan, resulting in an increase to pooling dollars; worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars available to those covering dependents.
Lamont School District	**Administrative Cost Reduction**	Administrative costs specific to WEA Plans have been under 6% for over 13 years

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District	Category	Efforts and Achievements
Lamont School District	**Cost Savings**	Premera has the highest number of providers "in network" in the state
Lamont School District	**Customer Service**	Conduct independent surveys to measure enrollee satisfaction and make changes to improve satisfaction
Lamont School District	**Part-Time Employee Coverage Protection**	Offer lower cost options, such as Easy Choice Plan and High Deductible Health Plan
Lamont School District	**Premium Differential Reduction**	Lower increases were applied to dependents than to employee only tiers for the past 5 years
Liberty School District	**Administrative Cost Reduction**	Removing one insurance offering with only 2 participants since other equitable plans are available
Liberty School District	**Cost Savings**	Look for lower cost options with annual review of insurance plans
Liberty School District	**Customer Service**	Booklets with insurance info are given to all employees annually & broker is available compare and contrast the choice of insurances
Liberty School District	**Part-Time Employee Coverage Protection**	Part-time employees continue to be eligible for benefit dollars at 3 hrs per day. All new hires are given info on the State health plans
Liberty School	**Premium Differential**	District continues to require minimum out of pocket for all freeing up more benefit dollars for family coverage

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District	Category	Efforts and Achievements
District	**Reduction**	
Lind School District	**Administrative Cost Reduction**	WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.6% in 2014. The administrative costs specific to the WEA Plans are approximately 5% of premium and have been under 6% for over 12 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remain some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Lind School District	**Cost Savings**	WEA Select Medical Plans through Premera: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera

District	Category	Efforts and Achievements
		enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 3-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse

District	Category	Efforts and Achievements
		needs of school district employees and their families. Lower cost plans are available such as the HDHP or the EasyChoice Plan. The EasyChoice Plan provides three options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered in full. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Lind School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Conduct independent surveys to measure enrollee satisfaction and then put a focus on making changes to improve satisfaction. C. Use "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. E. Through Field Service staff, provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics

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		including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. G. Work with enrollees or their provider to address escalated or complex issues. H. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the Plans.
Lind School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice and Basic plans that have lower premiums and many first dollar benefits (such as generic drugs paid in full). Additionally, a High Deductible Health Plan (HDHP) is available.
Lind School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera: A. Added lower cost options, such as the EasyChoice and Basic plans (which have many first dollar benefits) and a HDHP. B. Dependent children electing COBRA coverage pay a child rate and not a subscriber rate. C. Each child does not pay a separate premium, as the child premium is a composite rate.
Longview School District	**Administrative Cost Reduction**	Premera has reduced administrative costs specific to WEA Plans to approximately 5% of premium and have been under 6% for over 13 years.
Longview School District	**Cost Savings**	Employees can waive medical coverage. Any lef-over state allocation is put back into the insurance pool to reduce cost for those with monthly co-premiums

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District	Category	Efforts and Achievements
Longview School District	**Customer Service**	Employee benefits information day offered to employees four times a year.
Longview School District	**Part-Time Employee Coverage Protection**	Benefits are available to employees who work 17.50 hours per week or greater.
Longview School District	**Premium Differential Reduction**	Minimimum deduction for employees in three bargaining groups.
Loon Lake School District	**Administrative Cost Reduction**	There are no administrative expenses
Loon Lake School District	**Cost Savings**	The district continues to offer High Deductible to all employees
Loon Lake School District	**Customer Service**	Each year the district meets with the staff regarding all of the options that are available to them for health coverage.
Loon Lake School District	**Part-Time Employee Coverage Protection**	All employees regardless of hours worked are offered the opportunity to receive medical coverage
Loon Lake School District	**Premium Differential Reduction**	Each year the district brings the out of pocket expenses for full family coverage closer to the out of pocket for other coverages
Lopez School	**Administrative**	The WEA Select Medical Plans through Premera have reduced admin costs through the following: Premera has been a leader in

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District	Category	Efforts and Achievements
District	**Cost Reduction**	implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Lopez School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. Child COBRA Rate – Overage dependents pay the lower child rate rather than a

District	Category	Efforts and Achievements
		subscriber rate. The premium rate for dependent children is the same whether there is one or more enrolled. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Lopez School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. Work with enrollees or their provider to address escalated or complex issues. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Lopez School District	**Part-Time Employee Coverage**	The WEA Select Medical Plans through Premera: Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. Offer lower cost options, such as the EasyChoice plan

District	Category	Efforts and Achievements
	Protection	and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Lopez School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Lyle School District	**Administrative Cost Reduction**	Providence Health Plan has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative cost with medical cost inflation. This has resulted in reduced percentage of premium administrative cost. As such, as much as 90%-91% of premium dollars go towards claims expense costs. PHP is also not required to refund any premiums due to not meeting the MLR (medical loss ratio) requirements of PPACA.
Lyle School District	**Cost Savings**	Providence Health Plan (PHP) continues to employ a robust care management program that aims to improve care outcomes for our members, ensuring that the right care is being received in the right place, at the right time. Care managers work in collaboration with providers, health professionals, and health plan medical directors to provide a coordinated approach for members with complex care needs. This approach aims to educate and assist members in utilizing health care resources appropriately.
		PHP has implemented interventions to prevent inpatient hospital readmissions and initiatives to reduce complaints and potential medical errors. PHP provides a comprehensive array of health and wellness promotion and preventive services through our Fit Together program and a best-in-class pharmacy management program. Providence Health Plan has invested in preventive care and chronic Case and Disease Management Programs to improve on heath care outcomes, implementation of inteventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safety reporting, inititatives in place to reduce complaints and potential medical errors, the Health Plan includes a comprehensive array of health and wellness promotion and preventive services through our Fit Together program and a best-in-class pharmacy management program.
Lyle School	**Customer**	Providence Health Plan Customer Service and Claims are located in Beaverton, Oregon, hours of operation 8:00 am to 5:00 pm PST, toll free 800 number for members. Customer Service Representatives are trained to answer all calls with 92% of calls

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District	**Service**	answered at the point of service. Translation services available, automated voice response systement and call tracking software for real time an historical activty. The Health Plan has invested heavily in web based tools for members for outside of standard business hours which includes a variety of self service options and tools.
Lyle School District	**Part-Time Employee Coverage Protection**	We allow coverage for part time employees.
Lyle School District	**Premium Differential Reduction**	We analyze our pooling to make it fair for all.
Lynden School District	**Administrative Cost Reduction**	1. By working with our employee benefits consultant, we've negotiated with fully-insured and self-insured plans to reduce administrative expenses wherever possible. 2. Worked with our employees benefits consultant to evaluate alternative carrriers for all benefit plans that could result in either lower administrative expenses or simply reduce total premiums.
Lynden School District	**Cost Savings**	We have implemented the following steps: 1. Consumer Driven High Deductible Health Plan with an optional HSA offered as of 10/1/2012; 2. Established an HSA employer contribution of $125 per employee per month, resulting in an increase to pooling dollars.; 3. Use of purchasing consortium/interlocal to purchase some benefits at a lower cost across several districts.; 4. Worked with employee benefits consultant to evaluate alternative carries for all benefit plans that could reduce premuims.
Lynden School District	**Customer Service**	We have worked to provide improved customer service by: 1. Providing comprehensive benefits handbook that encompasses all benefit summaries, rates, and vendor contact information; 2. Hosting an employee benefits fair with hours allowing for a all employees to learn the most efficient wy to access their benefits.; 3. Ensuring that all health plans offered provide comrehensive nurse line and telephonic customer service and support for all members.; 4. Having regular Benefits Advisory Committee meetings with representtion from all bargaining groups.
Lynden School District	**Part-Time Employee**	We have continued to work with all purchasing / bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefit needs. 2. Provided all existing and new employees with required notifications regarding

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District	Category	Efforts and Achievements
	Coverage Protection	availability of health coverage through Washington Health Plan Finder as of January 1st, 2014.
Lynden School District	**Premium Differential Reduction**	We have done the following: 1. Implemented minimum premuim contribution for most employees, effectively increasing the employee only cost and reducing the cost for covering dependents; 2. Encouraged employees that do not need health coverage to waive off of the district offered plan, resulting in an increase to pooling dollars.; 3. Established HSA employer contribution of $125 employee per month, resulting in increase to pooling dollars.; 4. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars available to those covering dependents.; 5. The JLARC K-12 Report, released in January of this year, ranked all Washington State School Districts based on the dependent equity ratio, (differential between full family coverage costs and employee only costs, expressed as a multiple of the employee only cost). Based on that metric the Lynden Schhol District ranked 69th out of 116 districts with more than 100 employees for the 2013-14 school year. Lynden's equity ration, multiple was 10.8 compared to an average multiple of 11.3 for the rest of the 116 districts. *Despite being better than the average , we strongly believe a more accurate reflection of true cost reduction would have been achieved by measuring the average monthly costs for an employee to purchase full family medical coverage expressed in raw dollars. Based on that metric, the Lynden School District ranked 21st out of those same 116 districts for the 2013-14 school year. Lynden's average monthly cost for an employee purchasing full family health insurance was $394 compared to an average of $518 for the rest of the group.
Mabton School District	**Administrative Cost Reduction**	A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.

District	Category	Efforts and Achievements
		C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Mabton School District	**Cost Savings**	A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.

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		E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.

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District	Category	Efforts and Achievements
Mabton School District	**Customer Service**	A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Mabton School District	**Part-Time Employee Coverage Protection**	A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is

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District	Category	Efforts and Achievements
		available.
Mabton School District	**Premium Differential Reduction**	A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Mansfield School District	**Administrative Cost Reduction**	District cost is minimal
Mansfield School District	**Cost Savings**	None
Mansfield School District	**Customer Service**	Service is provided by PEBB
Mansfield School District	**Part-Time Employee Coverage Protection**	All half-time employees are eligible for insurance.
Mansfield	**Premium**	If state allocation benefit dollars are not fully used by the employees eligible for benefits, then that funding is used to benefit

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District	Category	Efforts and Achievements
School District	Differential Reduction	employees with full family rates
Manson School District	Administrative Cost Reduction	see explanation below
Manson School District	Cost Savings	see explanation below
Manson School District	Customer Service	see explanation below
Manson School District	Part-Time Employee Coverage Protection	Part time employees are offered the same plans as a full time employee
Manson School District	Premium Differential Reduction	see explanation below
Mary M Knight School District	Administrative Cost Reduction	Using auto adjudication reduces manual intervention
Mary M Knight School District	Cost Savings	Offer several plans with various costs and a waiver option
Mary M Knight School	Customer	Accept modifications to process benefit changes to the plans

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District	Category	Efforts and Achievements
District	**Service**	
Mary M Knight School District	**Part-Time Employee Coverage Protection**	Offer lower cost options
Mary M Knight School District	**Premium Differential Reduction**	Offer lower cost options and a composite rate for children
Mary Walker School District	**Administrative Cost Reduction**	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for Premera has been a leader in implementing "lean" thinking since 2005.The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Per Premera, WEA's administrative costs have been under 6% for over 10 years.over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.

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District	Category	Efforts and Achievements
Mary Walker School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.

District	Category	Efforts and Achievements
		H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Mary Walker School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees.

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District	Category	Efforts and Achievements
		C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Mary Walker School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Mary Walker School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.

District	Category	Efforts and Achievements
		B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Marysville School District	**Administrative Cost Reduction**	The WEA Select Medical Plans through Premera have reduced admin costs through the following: Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Marysville School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. Real-time access to consumer decision-support

District	Category	Efforts and Achievements
		resources to help enrollees understand and direct their health care needs. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. The premium rate for dependent children is the same whether there is one or more enrolled. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Marysville School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics

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		including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. Work with enrollees or their provider to address escalated or complex issues. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Marysville School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera: Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Marysville School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
McCleary School District	**Administrative Cost Reduction**	Implemented the Lean processes
McCleary School District	**Cost Savings**	Premium rate for dependent children is the same whether there is one or more enrolled
McCleary School District	**Customer Service**	Web site for employee information
McCleary School District	**Part-Time Employee Coverage Protection**	Offer lower cost options, such as EasyChoice pland and Basic plan
McCleary School District	**Premium Differential**	Offer lower cost options, such as EasyChoice pland and Basic plan

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District	Category	Efforts and Achievements
	Reduction	
Mead School District	Administrative Cost Reduction	Progress is limited in this area. While the carriers may claim they are making progress, from the district aspect we are continuing to deal with increasing cost and increasing requirements which drives up administrative expenses at the district level.
Mead School District	Cost Savings	Continue to offer a variety of plans with mutiple tier options to provide savings opportunities to our employees.
Mead School District	Customer Service	Continue to offer a variety of plans with different service levels so employees can select the plans that provide the service that best fit their needs.
Mead School District	Part-Time Employee Coverage Protection	Offer coverage to employees who work a .5 FTE or more with multiple plan options as defined in 5 above.
Mead School District	Premium Differential Reduction	Instituted Mandatory Minimums in most groups and utilize pooling to offset the cost to families when available.
Medical Lake School District	Administrative Cost Reduction	Utilizing software to process enrollments and to provide information to staff.
Medical Lake School District	Cost Savings	We offer an array of benefit plan options that intends to meet all employees needs related to both cost and benefits. We offer opportunities for our employees to meet one-on-one with benefits specialists prior to enrollment to ensure that employees are making the most cost effective decision to meet their needs.
Medical Lake School District	Customer Service	Have downloaded all materials to the district's website.

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District	Category	Efforts and Achievements
Medical Lake School District	**Part-Time Employee Coverage Protection**	We continue to provide coverage to part time employees, with eligibility prorated according to their FTE. Part time employees receive benefit allocations from the state, and are also eligible to participate in the pooling process in their respective bargaining groups.
Medical Lake School District	**Premium Differential Reduction**	We have initiated a mandatory cost share.
Mercer Island School District	**Administrative Cost Reduction**	The District currently has no administrative expenses so no progress is required. The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Mercer Island School District	**Cost Savings**	District - See response on affordability. The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.

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District	Category	Efforts and Achievements
		a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.

District	Category	Efforts and Achievements
		J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
		A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify

District	Category	Efforts and Achievements
		appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and

District	Category	Efforts and Achievements
		generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Mercer Island School District	**Customer Service**	The district has implemented a web interface for employees to sign up for medical plans. We hold an annual benefits fair. Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.

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District	Category	Efforts and Achievements
Mercer Island School District	**Part-Time Employee Coverage Protection**	All employees who work over a .500 FTE are offered by medical insurance plans. The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Mercer Island School District	**Premium Differential Reduction**	The District has fully implemented all non-union employees groups and all collective bargaining agreements will be fully implemented at the time of their next opening. The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Meridian School District	**Administrative Cost Reduction**	1.) By working with our employee benefits consultant, we've negotiated with both fully-insured and self-insured plans to reduce administrative expenses wherever possible. 2.) Worked with our employee benefits consultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative expenses or simply reduce total premiums.
Meridian School District	**Cost Savings**	We have taken the following Steps: 1.) Consumer Driven High Deductible Health Plan with an optional Health Savings Account offered as of 10/01/2012 2.) Established an HSA employer contribution of

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District	Category	Efforts and Achievements
		$125 per employee per month. 3.) Use of purchasing consortium/Interlocal to purchase some benefits at a lower cost across several districts. 4.) Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums.
Meridian School District	**Customer Service**	We have worked to provide improved customer service by: 1.) Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information. 2.) Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits. 3.) Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members. 4.) Having regular Benefits Advisory Committee meetings with representation from all bargaining groups.
Meridian School District	**Part-Time Employee Coverage Protection**	1.) We have continued to work with all purchasing/bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefits needs. 2.) Provided all existing and new emplyees with required notifications regarding availability of health coverage through Washington Health Plan Finder as of January 1st, 2014
Meridian School District	**Premium Differential Reduction**	We have done the following: 1.) Implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents. 2.) Established HAS employer contribution of $125 per employee per month. 3.) Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars available to those covering dependents. 4.) The JLARC K-12 Report, released in January of this year, ranked all Washington State School Districts based on the dependent equity ratio, (differential between full family coverage costs and employee only costs, expressed as a multiple of the employee only cost). Based on the metric, the Meridian School District ranked 107th out of 116 districts with more than 100 employees for the 2013-14 school year. Meridian's equity ratio, mulitiple was 20.1 compared to an average multiple of 11.3 for the rest of the 116 districts.
Methow Valley School	**Administrative Cost Reduction**	We have reduced administrative expenses by contracting with PEBB.

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Methow Valley School District	**Cost Savings**	The District contracts with the PEBB program, whose cost saving measures include: managing the medical plans' prescription-drug costs by promoting generic drug use through a lower-cost benefit design; purchasing coverage for medical tools and procedures that are evidence based; adopting PEBB's dependent verification eligibility processes, to ensure family members receive benefits.
Methow Valley School District	**Customer Service**	The district follows the PEBB Program's guidelines for determining employee eligibility and enrollment procedures to ensure consistency. As required by the PEBB Program, the district is also required to verify eligibility for each employee's dependents through valid documentation before the employer enrolls the dependents in PEBB coverage.
Methow Valley School District	**Part-Time Employee Coverage Protection**	We offer insurance benefits to our part-time employees.
Methow Valley School District	**Premium Differential Reduction**	As a member of PEBB, this differential is being addressed at the State level.
Mill A School District	**Administrative Cost Reduction**	Providence Health Plan has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative cost with medical cost inflation. This has resulted in reduced percentag
Mill A School District	**Cost Savings**	Providence Health Plan has invested in preventive care and chronic Case and Disease Management Programs to improve on heath care outcomes, implementation of inteventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safet
Mill A School District	**Customer Service**	Providence Health Plan Customer Service and Claims are located in Beaverton, Oregon, hours of operation 8:00 am to 5:00 pm PST, toll free 800 number for members. Customer Service Representatives are trained to answer all calls with 92% of calls answered

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Mill A School District	**Part-Time Employee Coverage Protection**	We have kept our part time employees benefit eligibility unchanged, so they have access to our benefit package.
Mill A School District	**Premium Differential Reduction**	We complete market surveys of other carriers and options and use that data to negotiate with our current health plan carrier, which results in lower rates for our members.
Monroe School District	**Administrative Cost Reduction**	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs. The Group Health Medical Plan have reduced admin costs through the following: In 2015, Group Health continued to focus our efforts on existing technology, making needed improvements to Premier and other legacy systems in order to meet federal, state, and industry guidelines and continue to provide the best service to our customers.

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		On December 4, 2015, Group Health Cooperative announced that it signed an agreement to be acquired by Kaiser Foundation Health Plan of Washington. The approval process for the acquisition may take up to a year or more to complete. The acquisition was approved by Group Health's voting membership and is pending regulatory approval. Group Health's operations will not change right away. Upon the completion of the acquisition process, Kaiser Foundation Health Plan of Washington will become the parent company of Group Health Cooperative, Group Health Options, Inc., and certain other current Group Health subsidiaries. Group Health Cooperative and Group Health Options, Inc. will continue to hold their existing health plan contracts with employer group purchasers and other purchasers at the close of the acquisition. By joining with the larger Kaiser Permanente organization, Group Health will have access to greater resources and capital that will expand our capacity to care for and attract more people in Washington state.
Monroe School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes

District	Category	Efforts and Achievements
		to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.

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		The Group Health Medical Plan provides the following cost saving measures: We work closely with the client to find the right benefit designs and network options and integrate them with our own delivery system to ensure that the group can maximize cost controls.
		We offer patient-centered care that promotes collaboration between physicians, specialists, and other members of the health care team. We empower employees to improve health through cost effective care management, wellness solutions, and occupational health services. All of these can result in a more productive workforce and lower overall costs.
		In order to ensure claims timeliness and accuracy, we have online systems that catch inappropriate billing, review coding, identify duplicate billings and COB/subrogation opportunities. We perform pre-payment review of high dollar claims and post-payment audits.
		Group Health recently selected OptumRx to handle our pharmacy benefits management (claims and related network administration). As part of our continuing focus on cost savings across the enterprise, we identified our PBM relationship as a potential opportunity. By switching from our current vendor, MedImpact, to OptumRx, we will achieve significant savings and industry-leading capabilities to better manage the fastest growing component of health care costs into the future.
		Optimizing and actively managing transitions of care is a core competency and differentiator for Group Health. With onsite hospitalists and CMLNs to assist with transitions of care from one site to another and referrals to specialty programs or services, for both PPO and HMO members, Group Health is able to achieve better outcomes and lower costs. Coordinating these "hand-offs" results in lower costs and fewer days in the hospital. The most apparent objective measure of this performance is fewer

District	Category	Efforts and Achievements
		readmissions and lower total cost of care. With our Optum Impact Intelligence tool, Group Health is able to analyze and dissect clinical and financial data to track utilization trends, patient outcomes, and provider performance and better manage the total cost of care and identify improvement opportunities. Group Health Care Management uses a number of approaches to identify individuals with high utilization of specific services and overall high utilization. Specifically, we use a predictive modeling tool - the Johns Hopkins Adjusted Clinical Groups (ACG) system - to identify members with specific conditions and high risk of hospitalization or high cost. We also receive routine reports of members with high utilization of Emergency Department Services. Care Management clinical staff (including registered nurses and licensed independent clinical social workers) reach out to individuals identified through these processes. The key concepts in working with these members are to support identification of and bonding with a primary care provider, to offer education regarding ways to access same day care through their provider, urgent care centers, and the use of our Consulting Nurse Service (CNS.) The work with members identified by the ACG focuses on supporting the medical treatment plan for any chronic conditions, assisting the member in improving their self-management skills and offering various organizational and community resources. This work may include focus on improved compliance with medications, routine care, and preventive care; management of sick days, education tailored to each individual and resolving any barriers to success that are identified by the patient or caregiver. We have also implemented a collaborative process between the Consulting Nurse Service, Behavioral Health Access (BHA) and

District	Category	Efforts and Achievements
		Care Management (CM) areas. This process identifies individuals with high utilization of CNS and includes a review by CNS managers to determine if the calls were appropriate for the CNS program to manage. When it appears that members are accessing CNS for support with behavioral health concerns or because a behavioral health concern is driving frequent calls, e.g. depression, anxiety; BHA reviews and reaches out to the individuals or forwards the referrals to the CM case managers, who then reach out to the patients directly. If appropriate, the behavioral health and CM clinicians will collaborate on the care offered to members with co-occurring behavioral health and medical concerns.
		In addition to the utilization management activities discussed above, Group Health Care Management has recently implemented a strategy to further ensure that short hospital stays are appropriately coded as observation stays, which is anticipated to yield significant savings. The CM staff working with hospitalized patients and following recently discharged patients are also focused on effective transition management to provide patients with a plan for a safe transition that includes post-discharge telephone calls, follow up appointments, confirmation that home health, etc. is in place, and medication reconciliation. These efforts are planned to mitigate the risk of readmission, thereby improving outcomes for patients and avoiding additional costs. Care Management staff track financial savings associated with working with patients in all areas.
		The outpatient CM staff work on improving outcomes for members by working with them on improving their health and their self-management skills; navigating the health care system; evaluating and working through barriers to meeting goals; and accessing routine care. All this work is done with the understanding of the patient's benefits and specific needs. Our efforts in identifying patients for case management are focused on those individuals with chronic conditions, including diabetes and congestive heart failure, recent hospitalizations, and new diagnoses of serious conditions. By working with these higher risk, higher need patients to improve their outcomes, and assisting them in accessing care more effectively, we are also avoiding additional costs.

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		We have one Care Management RN who is dedicated to pediatric and perinatal care. She provides support to families of premature infants and seriously ill infants and children in inpatient and outpatient settings to optimize their outcomes and manage costs. Her responsibilities include utilization management activities associated with facility-based care.
		The efforts of the Emergency Patient Resources and Options (EPRO) physicians and staff also save costs by avoiding unnecessary hospital admissions and providing alternatives, including home health and same or next day appointments with medical and behavioral health providers. We are also supporting the avoidance of unnecessary testing when we can provide results of recent labs, ECG's, and imaging procedures. The social work clinicians in EPRO are trained to complete assessments of patients with chemical dependency concerns to determine if admission or outpatient care is most appropriate, often avoiding an unnecessary admission and coordinating prompt access to outpatient care.
		The CNS program also contributes to the improved outcomes and saving costs for patients and the health plan by offering 24/7 access to advice from registered nurses. In addition to the RN staff, CNS is also staffed with a Physician's Assistant and physician. This allows for RN consultation with the provider and direct treatment of patients by the providers. The CNS MD/PA is also able to assist patients with abnormal lab results after hours to prevent Emergency Department and Urgent Care visits. The CNS program also includes standing physician orders for the RN's to use in the treatment of some common diagnoses. This allows members to begin treatment earlier, avoid additional appointments and costs, and avoid costs for the health plan.
		We have recently started a pilot project to improve the pre-operative planning of patients undergoing elective joint replacement procedures. This project is focused on patients from a contracted orthopedic practice and includes a phone call to patients several days prior to their admission to review the expectations and plans for post-discharge care. We have consistently identified the perception of many members and providers that not having caregiver support following discharge is reason to admit to a skilled nursing facility, which is not a legitimate reason for SNF care according to CMS. By working with the

District	Category	Efforts and Achievements
		patients prior to admission to help them problem-solve any anticipated issues, plan for help at home, and expect discharge to home, we believe we can improve patient outcomes by avoiding more exposure to infections in facility-based care and also avoid the associated costs.
Monroe School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans. Group Health's Customer Service Centers in Seattle and Spokane serve as a vital source of quick, accurate information for

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		members, staff, providers, and brokers. Available Monday through Friday, from 8:00 AM to 5:00 PM, they support inquiries for all lines of business and provide support for our health plans and clinics, as well as the self-service tools on our website and mobile app. In addition to taking over 4,000 calls each day, representatives also handle e-mails, written correspondence, and walk-in inquiries. Customer Service Representatives are prepared to answer all manners of health care inquiries, including questions about health plan benefits, enrollment, billing, and accessing care. While striving to resolve questions or concerns on the first contact, they also work with partner departments, care teams, and individuals throughout Group Health to ensure every issue is handled thoroughly and professionally. Whether welcoming a new member, answering a question, or solving a problem for someone in need of help, Customer Service makes it a priority to embody Group Health's mission and values on every contact. Additionally, members can conveniently access customer service 24/7 via our member website, MyGroupHealth, at www.ghc.org, or our mobile app, which is available for download on the iPhone and Android Smartphones. It includes many features available on our MyGroupHealth for Members Website and has added features, such as Symptom Checker and clinic locations and wait times. From the website, members can use online forms to order a new ID card, file a claim, view plan information, update their personal information, order prescriptions and have them delivered to their homes, and provide feedback about Group Health. Patients are able to communicate directly with their primary care team – at their convenience – which improves service and builds a stronger provider-patient relationship.

District	Category	Efforts and Achievements
		Using MyGroupHealth, members receiving care in Group Health medical centers have online access to a shared electronic health record (EHR) consisting of their entire medical record (except chart notes). Features available to them include: • Access to lab/test/radiology results • After-visit summaries • Allergy and immunization records • Medication histories, blood pressure, weight, and current health conditions • Secure messaging with their primary care team
Monroe School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Monroe School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more

District	Category	Efforts and Achievements
		enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Montesano School District	**Administrative Cost Reduction**	Describe progress on reducing administrative expenses. 1. By working with our employee benefits consultant, we've negotiated with fully-insured plans to reduce administrative expenses wherever possible. 2. Worked with our employee benefits consultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative expenses or simply reduce total premiums.
Montesano School District	**Cost Savings**	We have implemented the following steps:

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		1. Consumer Driven High Deductible Health Plan with an optional Health Savings Account offered as of 10/01/2012 2. Established an HSA employer contribution of $125 per employee per month, resulting in an increase to pooling dollars.
Montesano School District	**Customer Service**	We have worked to provide improved customer service by: 1. Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information. 2. Hosting an employee benefits fair with hours allowing for all employees to learn the

District	Category	Efforts and Achievements
		most efficient way to access their benefits. 3. Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members. 4. Having regular Benefits Advisory Committee meetings with representation from all bargaining groups.
Montesano School District	**Part-Time Employee Coverage Protection**	1. We have continued to work with all purchasing / bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefits needs. 2. Provided all existing and new employees with required notifications regarding

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		availability of health coverage through Washington Health Plan Finder as of January 1st, 2014.
Montesano School District	**Premium Differential Reduction**	We have done the following: 1. Implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents. 2. Encouraged employees that do not need health plan coverage to waive off of the district offered plan, resulting in an increase to pooling dollars.

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District	Category	Efforts and Achievements
		3. Established HSA employer contribution of $125 per employee per month, resulting in increase to pooling dollars. 4. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars available to those covering dependents.
Morton School District	**Administrative Cost Reduction**	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve qulaity, improve the enrollee experience, and improve efficiency while eliminating on-value added time and work effort an dlowering expneses. Premera uses this method , on an ongoing basis, to continue to evaluate and improve internal/external processes thorughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business - including the state of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been udner 6% for over 13 years. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest wihtin Premera, which reduces the need for manaul intervention. This provides peace of mind for providers as well as for enrollees

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District	Category	Efforts and Achievements
		with quick turnaround on payments for services and lower administrative costs.
Morton School District	**Cost Savings**	A. The High number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA;s over 110,000 enrollees, Premera also proivdes coverage to enrollees on the state Exhange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. B. Evidenc-based medical initiatives that allow Premera to provide efficient and cost effective carea as well as to identify appropritate alternatie care based on the enrollees needs. C. Real-time access to consuemr decision support resources to help enrollees understand and direct their health care needs. D Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Mermber 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healtchare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room serive (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tired drug formulary that provides choice for enrollees and their physicians while being purudent and ensuring the durgs are cost and care effective. I. Child COBRA RAte -Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent childres is the same whethere there is one or more enrolled. K. Prior Authorization- Some services requre an approval for coverage from Premera before a planned medical service or procedure occurs, which provides finanacial protection and prevents unnecessary services. L. Choice - 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are avialable such as the Basic, QHDHP and the EASYChoice plan. The EasyChoice Plan provides several ooptions all at the same rate. it was developed so employees could pick the plan most appropriate for their needs and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver-employees can waive medical coverage under WEA. Any left-over state allocation is put back intothe insurance pool to reduce the cost for those with monthly co-premiums.
Morton School District	**Customer Service**	Premera's WEA cl;aims, customer service and field service teams are all dedicated to the WEA account and are based in Washington.

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Morton School District	**Part-Time Employee Coverage Protection**	We offer medical to all part time employees that work on a daily schedule.
Morton School District	**Premium Differential Reduction**	A. In some years have applied loer increases to dependent rate tiers than to employee only rate tiers, lower cost plans.
Moses Lake School District	**Administrative Cost Reduction**	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Moses Lake School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the

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District	Category	Efforts and Achievements
		Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Moses Lake School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Conduct independent surveys to measure enrollee satisfaction and then put a focus on makding changes to improve satisfaction. C. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. E. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera

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		provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. G. Work with enrollees or their provider to address escalated or complex issues. H. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Moses Lake School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Moses Lake School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Mossyrock School District	**Administrative Cost Reduction**	The WEA Select Medical Plans through Premera have reduced admin costs through the following:A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.

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District	Category	Efforts and Achievements
Mossyrock School District	**Cost Savings**	WEA is our third party broker and is implementing high number of premera members, provider contracting, BlueCard, Evidence-based medical initiatives, consumer decision-support resources, provider advisory groups, member 360 dashboard, copayments for ER services, controlled medication substances, open 4-tiered drug formulary, child COBRA rate, premium rate for dependent children, prior authorization, choice, and waiver.
Mossyrock School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Mossyrock School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Mossyrock School District	**Premium Differential**	The WEA Select Medical Plans through Premera: A. Have in some years applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and Basic plan that have lower premiums. C.

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	Reduction	Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Mount Adams School District	**Administrative Cost Reduction**	Disrict charges no admin fees for insurance.
Mount Adams School District	**Cost Savings**	Each provider has a range of available plans with savings.
Mount Adams School District	**Customer Service**	N/A, Insurance company
Mount Adams School District	**Part-Time Employee Coverage Protection**	All part time employees with minimum of 20 hours/week get full medical benefits.
Mount Adams School District	**Premium Differential Reduction**	PSE membership has voted to require minimum of 5% premium to be paid by all and be given to the memberrs w/families for premium.
Mount Baker School District	**Administrative Cost Reduction**	District manages plans along with TPG and administrative costs at this time appear reasonable for services received by TPG and for the plans offered
Mount Baker School District	**Cost Savings**	District is working with TPA (TPG) to ensure compliance with ACA & State insurance allotment & allocation
Mount Baker	**Customer**	District is and has worked heavily with TPG to ensure employees are provided detailed information on coverages available, cost,

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School District	Service	and options (e.g. - American Fidelity) for care services medical (and otherwise).
Mount Baker School District	Part-Time Employee Coverage Protection	The District has actively maintained a low threshhold for coverage eligibility (e.g. - 10 hrs/week provides eligibility)
Mount Baker School District	Premium Differential Reduction	The District has worked with its TPA (TPG) to negotiate with medical providers for reasonable premiums at all levels.
Mount Pleasant School District	Administrative Cost Reduction	A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.6% in 2014. The administrative costs specific to the WEA Plans are approximately 5% of premium and have been under 6% for over 12 years.B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remain some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Mount Pleasant School District	Cost Savings	A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket

District	Category	Efforts and Achievements
		costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 3-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or

District	Category	Efforts and Achievements
		procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the HDHP or the EasyChoice Plan. The EasyChoice Plan provides three options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered in full. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Mount Pleasant School District	**Customer Service**	A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Conduct independent surveys to measure enrollee satisfaction and then put a focus on making changes to improve satisfaction. C. Use "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. E. Through Field Service staff, provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics

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		including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. G. Work with enrollees or their provider to address escalated or complex issues. H. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the Plans.
Mount Pleasant School District	**Part-Time Employee Coverage Protection**	A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan that has lower premiums and many first dollar benefits (such as generic drugs paid in full). Additionally, a High Deductible Health Plan (HDHP) is available.
Mount Pleasant School District	**Premium Differential Reduction**	A. Lower increases were applied to dependents than to employee only tiers for the past four years. B. Added lower cost options, such as the EasyChoice plans (which have many first dollar benefits) and a HDHP. C. Dependent children electing COBRA coverage pay a child rate and not a subscriber rate. D. Each child does not pay a separate premium, as the child premium is a composite rate.
Mount Vernon School District	**Administrative Cost Reduction**	We have had multiple changes over the last few years with all of our plans so we have not been about to decrease admin costs at this point
Mount Vernon School District	**Cost Savings**	Created Skagit Consortium
Mount Vernon	**Customer**	Communication about Benefit Fair, flu shot clinics

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School District	**Service**	
Mount Vernon School District	**Part-Time Employee Coverage Protection**	We have very minimum hours to participate, most employee's are eligible
Mount Vernon School District	**Premium Differential Reduction**	Employee only pays a minimum of $5
Mukilteo School District	**Administrative Cost Reduction**	Monitoring compliance with 5940 and ACA requirements have resulted in additional hours by payroll staff, so we have been unable to reduce administrative costs
Mukilteo School District	**Cost Savings**	Offering High Deductible plan.
Mukilteo School District	**Customer Service**	Meet with all new hires and retirees to go over benefit options. Have website with links to all carriers
Mukilteo School District	**Part-Time Employee Coverage Protection**	All employees who work at least 20 hours a day, or .40 fte for certificated staff are offered health care coverage, offer wide range of plan options, with varying premium costs
Mukilteo School District	**Premium Differential Reduction**	All employees pay a percentage of their total premium. The amount paid by individuals is added to a pool to be disbursed among anyone with more than the percentage out of pocket, most would go to those with families.
Naches Valley	**Administrative**	WEA Select Medical Plans through Premera:

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District	Category	Efforts and Achievements
School District	**Cost Reduction**	A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.6% in 2014. The administrative costs specific to the WEA Plans are approximately 5% of premium and have been under 6% for over 12 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remain some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Naches Valley School District	**Cost Savings**	WEA Select Medical Plans through Premera: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.

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		C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 3-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the HDHP or the EasyChoice Plan. The EasyChoice Plan provides three options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered in full.

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		M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Naches Valley School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Conduct independent surveys to measure enrollee satisfaction and then put a focus on making changes to improve satisfaction. C. Use "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. E. Through Field Service staff, provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. G. Work with enrollees or their provider to address escalated or complex issues.

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		H. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the Plans.
Naches Valley School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan that has lower premiums and many first dollar benefits (such as generic drugs paid in full). Additionally, a High Deductible Health Plan (HDHP) is available.
Naches Valley School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera: A. Lower increases were applied to dependents than to employee only tiers for the past four years. B. Added lower cost options, such as the EasyChoice plans (which have many first dollar benefits) and a HDHP. C. Dependent children electing COBRA coverage pay a child rate and not a subscriber rate. D. Each child does not pay a separate premium, as the child premium is a composite rate.
Napavine School District	**Administrative Cost Reduction**	Reducing adminstratives costs has not been an option for NSD. We are a small district and cannot incorporate 'Lean" thinking. Because of the State and Federal requirements, our administration time needed has increased significantly.
Napavine School District	**Cost Savings**	NSD contributes $30 through pooling to employees to help with medical insurance costs. WEA and Group Health both offer discounted rates because of volume.
Napavine	**Customer**	NSD holds a benefit fair annually. School website provides links for easy access to insurance carriers, nursing line, etc.

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School District	**Service**	
Napavine School District	**Part-Time Employee Coverage Protection**	Provide access to coverage for part-time employees working more than 15 hours a week. NSD offers WEA Select Plans with lower cost options/Easy choice options, Basic and a QHDP.
Napavine School District	**Premium Differential Reduction**	NSD contributes $30 to employees in the pooling process to help with medical insurance costs. Lower cost option plans available; including EasyChoice plans, QHDHP and now Basic.
Naselle-Grays River Valley School District	**Administrative Cost Reduction**	WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work e
Naselle-Grays River Valley School District	**Cost Savings**	WEA Select Medical Plans through Premera: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to en
Naselle-Grays River Valley School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This
Naselle-Grays River Valley School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that th

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Naselle-Grays River Valley School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera: A. Lower increases were applied to dependents than to employee only tiers for the past four years. B. Added lower cost options, such as the EasyChoice plans (which have many first dollar benefits) and a HDHP. C.
Nespelem School District	**Administrative Cost Reduction**	The WEA Select Medical Plans through Premera have reduced admin costs through the following: Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Nespelem School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well

District	Category	Efforts and Achievements
		as to identify appropriate alternative care based on the enrollees needs. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. The premium rate for dependent children is the same whether there is one or more enrolled. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Nespelem School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.

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District	Category	Efforts and Achievements
		Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. Work with enrollees or their provider to address escalated or complex issues. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Nespelem School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera: Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Nespelem School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Newport School District	**Administrative Cost Reduction**	Checking with various companies for help with ACA and other mandates
Newport School District	**Cost Savings**	We offer 8 different medical plans with a broad range of rates. Any left-over state allocation is put back into the insurance pool to reduce the out of pocket cost of premiums to our employees
Newport School District	**Customer Service**	Looking at rates and services from other carriers than those we are currently using.
Newport School District	**Part-Time Employee Coverage Protection**	We offer 8 plans to employees who work 20 hours per week or more and they are eligible for pooling
Newport	**Premium Differential**	Offer lower cost options such as HDHQ, Easy Choice and Basic plan

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District	Category	Efforts and Achievements
School District	Reduction	
Nine Mile Falls School District	Administrative Cost Reduction	We've reduced administrative costs by continuint to self insure our dental and vision insurance plans.
Nine Mile Falls School District	Cost Savings	We bid insurance plans and our insurance committee which is comprised of equal representation of certificated and classified staff make the decisions which best suit our employees.
Nine Mile Falls School District	Customer Service	We have a broker that does advocate on behalf of each individual employee. We do annual review and selection of providers.
Nine Mile Falls School District	Part-Time Employee Coverage Protection	All employees who work 17.5 hours per week and have enough state allocation to cover their mandatory benefits are eligible for medical coverage. Almost all classified employees who select insurance have their premiums heavily subsidized with pooling dollars.
Nine Mile Falls School District	Premium Differential Reduction	We have composite rates available for all of our certificated staff.
Nooksack Valley School District	Administrative Cost Reduction	1. By working with our employee benefits consultant, we've negotiated with both fully-insured and selfinsured plans to reduce administrative expenses wherever possible. 2. Worked with our employee benefits consultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative expenses or simply reduce total premiums.
Nooksack Valley School District	Cost Savings	we have implemented the following steps: 1. Consumer Driven High Deductible Health Plan with an optional Health Savings Account offered as of 10/1/2012 2. Established an HSA employer contribution of $125 per employee per month, resulting in an increase to pooling dollars. (If Applicable) 3. Use of purchasing consortium / Interlocal to purchase some benefits at a lower cost across several districts (applicable for districts purchasing some benefits through an interlocal) 4. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums.
Nooksack	Customer	we have worked to provide improved customer services by: 1. Providing comprehensive employee benefits handbook that

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Valley School District	**Service**	encompasses all benefit summaries, rates, and vendor contact information. 2. Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits. 3. Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members. 4. Having regular Benefits Advisory Committee meetings with representation from all bargaining groups.
Nooksack Valley School District	**Part-Time Employee Coverage Protection**	1. We have continued to work with all purchasing / bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefits needs.2. Provided all existing and new employees with required notifications regarding availability of health coverage through Washington Health Plan Finder as of January 1st, 2014
Nooksack Valley School District	**Premium Differential Reduction**	We have done the following: Implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents. Encouraged employees that do not need health plan coverage to waive off of the district offered plan, resulting in an increase to pooling dollars. Established HSA employer contribution of $125 per employee per month, resulting in increase to pooling dollars. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars available to those covering dependents. The JLARC K-12 Report, released in January of this year, ranked all Washington State School Districts based on the dependent equity ratio, (differential between full family coverage costs and employee only costs, expressed as a multiple of the employee only cost). Based on that metric, the Nooksack Valley School District ranked 113th out of 116 districts with more than 100 employees for the 2013-14 school year. Nooksack Valley's equity ratio, multiple was 35.7 compared to an average multiple of 11.3 for the rest of the 116 districts.*We strongly believe a more accurate reflection of true cost reduction would have been achieved by measuring the average monthly costs for an employee to purchase full family medical coverage expressed in raw dollars. Based on that metric, the Nooksack Valley School District ranked 27th out those same 116 districts for the 2013-14 school year. Nooksack Valley's average monthly cost to for an employee purchasing full family health insurance was $427 compared to an average of $518 for the rest of the group.
North Beach School District	**Administrative Cost Reduction**	We offer many levels of medical plans and we have mandatory 1% of cost of chosen plan for all employess.
North Beach	**Cost Savings**	The offering of 5 levels of plans available and a mandatory 1% of plan cost paid by all employees.

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School District		
North Beach School District	Customer Service	We have a benefit fair at the beginning of the year to offer the opportunity for employees to question the plans offered and provide paperwork for them to peruse.
North Beach School District	Part-Time Employee Coverage Protection	We maintained hours for part time employees so they are able to enroll in medical coverage.
North Beach School District	Premium Differential Reduction	The benefit pool is a great advantage to all employees.
North Franklin School District	Administrative Cost Reduction	We are making good progress
North Franklin School District	Cost Savings	We are making good progress
North Franklin School District	Customer Service	We are making good progress
North Franklin School District	Part-Time Employee Coverage Protection	We offer any employee over 17.5 hours a week coverage
North Franklin School District	Premium Differential	We are making good progress

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	Reduction	
North Kitsap School District	**Administrative Cost Reduction**	NKSD purchases medical plans through the WEA benefits program, in addition to one HMO plan purchased through Group Health Cooperative. The WEA program is an efficiently run program with low administrative costs built into the premiums for the management and maintenance of these plans, and the administrative costs on the Group Health plan are below average. The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs. Group Health has reduced admin costs through the following: In 2015, Group Health continued to focus our efforts on existing technology, making needed improvements to Premier and

District	Category	Efforts and Achievements
		other legacy systems in order to meet federal, state, and industry guidelines and continue to provide the best service to our customers.
		On December 4, 2015, Group Health Cooperative announced that it signed an agreement to be acquired by Kaiser Foundation Health Plan of Washington. The approval process for the acquisition may take up to a year or more to complete. The acquisition was approved by Group Health's voting membership and is pending regulatory approval. Group Health's operations will not change right away. Upon the completion of the acquisition process, Kaiser Foundation Health Plan of Washington will become the parent company of Group Health Cooperative, Group Health Options, Inc., and certain other current Group Health subsidiaries. Group Health Cooperative and Group Health Options, Inc. will continue to hold their existing health plan contracts with employer group purchasers and other purchasers at the close of the acquisition.
		By joining with the larger Kaiser Permanente organization, Group Health will have access to greater resources and capital that will expand our capacity to care for and attract more people in Washington State.
North Kitsap School District	**Cost Savings**	Both Premera Blue Cross and Group Health continue to evaluate their patient populations for early identification of costly chronic conditions. Group Health is nationally recognized for its' innovative approach to member care through their lifetimes.
		NKSD has made progress by negotiating lower premiums on the Group Health medical plan, making strategic benefit plan alterations, and by offering an HSA-Qualified High Deductible Health Plan so that employees may cover family members at significantly lower premiums.

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		The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.

District	Category	Efforts and Achievements
		H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums. Group Health provides the following: Group Health works closely with the client to find the right benefit designs and network options and integrate them with our own delivery system to ensure that the group can maximize cost controls.

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		Group Health offers patient-centered care that promotes collaboration between physicians, specialists, and other members of the health care team. Group Health empowers employees to improve health through cost effective care management, wellness solutions, and occupational health services. All of these can result in a more productive workforce and lower overall costs.
		In order to ensure claims timeliness and accuracy, GH has online systems that catch inappropriate billing, review coding, identify duplicate billings and COB/subrogation opportunities. Group Health performs pre-payment review of high dollar claims and post-payment audits.
		Group Health recently selected OptumRx to handle our pharmacy benefits management (claims and related network administration). As part of our continuing focus on cost savings across the enterprise, we identified our PBM relationship as a potential opportunity. By switching from the current vendor, MedImpact, to OptumRx, GH will achieve significant savings and industry-leading capabilities to better manage the fastest growing component of health care costs into the future.
		With Group Health's Optum Impact Intelligence tool, Group Health is able to analyze and dissect clinical and financial data to track utilization trends, patient outcomes, and provider performance and better manage the total cost of care and identify improvement opportunities.
		Group Health Care Management uses a number of approaches to identify individuals with high utilization of specific services and overall high utilization. Specifically, we use a predictive modeling tool - the Johns Hopkins Adjusted Clinical Groups (ACG) system - to identify members with specific conditions and high risk of hospitalization or high cost. Group Health also receives routine reports of members with high utilization of Emergency Department Services. Care Management clinical staff (including

District	Category	Efforts and Achievements
		registered nurses and licensed independent clinical social workers) reach out to individuals identified through these processes. The key concepts in working with these members are to support identification of and bonding with a primary care provider, to offer education regarding ways to access same day care through their provider, urgent care centers, and the use of our Consulting Nurse Service (CNS.) The work with members identified by the ACG focuses on supporting the medical treatment plan for any chronic conditions, assisting the member in improving their self-management skills and offering various organizational and community resources. This work may include focus on improved compliance with medications, routine care, and preventive care; management of sick days, education tailored to each individual and resolving any barriers to success that are identified by the patient or caregiver. GH has also implemented a collaborative process between the Consulting Nurse Service, Behavioral Health Access (BHA) and Care Management (CM) areas. This process identifies individuals with high utilization of CNS and includes a review by CNS managers to determine if the calls were appropriate for the CNS program to manage. When it appears that members are accessing CNS for support with behavioral health concerns or because a behavioral health concern is driving frequent calls, e.g. depression, anxiety; BHA reviews and reaches out to the individuals or forwards the referrals to the CM case managers, who then reach out to the patients directly. If appropriate, the behavioral health and CM clinicians will collaborate on the care offered to members with co-occurring behavioral health and medical concerns. In addition to the utilization management activities discussed above, Group Health Care Management has recently implemented a strategy to further ensure that short hospital stays are appropriately coded as observation stays, which is anticipated to yield significant savings. The CM staff working with hospitalized patients and following recently discharged patients are also focused on effective transition management to provide patients with a plan for a safe transition that includes post-discharge telephone calls, follow up appointments, confirmation that home health, etc. is in place, and medication

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		reconciliation. These efforts are planned to mitigate the risk of readmission, thereby improving outcomes for patients and avoiding additional costs. Care Management staff track financial savings associated with working with patients in all areas. Both Premera Blue Cross and Group Health continue to evaluate their patient populations for early identification of costly chronic conditions. Group Health is nationally recognized for its' innovative approach to member care through their lifetimes. NKSD has made progress by negotiating lower premiums on the Group Health medical plan, making strategic benefit plan alterations, and by offering an HSA-Qualified High Deductible Health Plan so that employees may cover family members at significantly lower premiums. The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify

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		appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and

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		generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums. Group Health provides the following: Group Health works closely with the client to find the right benefit designs and network options and integrate them with our own delivery system to ensure that the group can maximize cost controls. Group Health offers patient-centered care that promotes collaboration between physicians, specialists, and other members of the health care team. Group Health empowers employees to improve health through cost effective care management, wellness solutions, and occupational health services. All of these can result in a more productive workforce and lower overall costs. In order to ensure claims timeliness and accuracy, GH has online systems that catch inappropriate billing, review coding, identify duplicate billings and COB/subrogation opportunities. Group Health performs pre-payment review of high dollar claims and post-payment audits. Group Health recently selected OptumRx to handle our pharmacy benefits management (claims and related network administration). As part of our continuing focus on cost savings across the enterprise, we identified our PBM relationship as a potential opportunity. By switching from the current vendor, MedImpact, to OptumRx, GH will achieve significant savings and

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		industry-leading capabilities to better manage the fastest growing component of health care costs into the future. With Group Health's Optum Impact Intelligence tool, Group Health is able to analyze and dissect clinical and financial data to track utilization trends, patient outcomes, and provider performance and better manage the total cost of care and identify improvement opportunities. Group Health Care Management uses a number of approaches to identify individuals with high utilization of specific services and overall high utilization. Specifically, we use a predictive modeling tool - the Johns Hopkins Adjusted Clinical Groups (ACG) system - to identify members with specific conditions and high risk of hospitalization or high cost. Group Health also receives routine reports of members with high utilization of Emergency Department Services. Care Management clinical staff (including registered nurses and licensed independent clinical social workers) reach out to individuals identified through these processes. The key concepts in working with these members are to support identification of and bonding with a primary care provider, to offer education regarding ways to access same day care through their provider, urgent care centers, and the use of our Consulting Nurse Service (CNS.) The work with members identified by the ACG focuses on supporting the medical treatment plan for any chronic conditions, assisting the member in improving their self-management skills and offering various organizational and community resources. This work may include focus on improved compliance with medications, routine care, and preventive care; management of sick days, education tailored to each individual and resolving any barriers to success that are identified by the patient or caregiver. GH has also implemented a collaborative process between the Consulting Nurse Service, Behavioral Health Access (BHA) and

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		Care Management (CM) areas. This process identifies individuals with high utilization of CNS and includes a review by CNS managers to determine if the calls were appropriate for the CNS program to manage. When it appears that members are accessing CNS for support with behavioral health concerns or because a behavioral health concern is driving frequent calls, e.g. depression, anxiety; BHA reviews and reaches out to the individuals or forwards the referrals to the CM case managers, who then reach out to the patients directly. If appropriate, the behavioral health and CM clinicians will collaborate on the care offered to members with co-occurring behavioral health and medical concerns.
		In addition to the utilization management activities discussed above, Group Health Care Management has recently implemented a strategy to further ensure that short hospital stays are appropriately coded as observation stays, which is anticipated to yield significant savings. The CM staff working with hospitalized patients and following recently discharged patients are also focused on effective transition management to provide patients with a plan for a safe transition that includes post-discharge telephone calls, follow up appointments, confirmation that home health, etc. is in place, and medication reconciliation. These efforts are planned to mitigate the risk of readmission, thereby improving outcomes for patients and avoiding additional costs. Care Management staff track financial savings associated with working with patients in all areas.
North Kitsap School District	**Customer Service**	NKSD employees enjoy both a Benefits Website and a Benefits Helpline. The Benefits Website contains information for all the District's benefits plans in one convenient place and is widely accessed by both employees and their family members. It contains summaries, comparisons, calculators, forms, and links to information and resources provided by the insurance carriers.
		The very popular Benefits Helpline is available for employees and their families when they have questions about their District benefits. The phone calls received range on a wide variety of topics, from the new HSA-qualified HDHP, to LTD claims, vision provider searches, retirement and Medicare.

District	Category	Efforts and Achievements
		In addition, NKSD works with insurance brokers to evaluate communication needs, provide surveys, newsletters, meetings, and one on one assistance when necessary.
		Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.

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		Group Health places a strong emphasis on Customer Service through these services: Group Health's Customer Service Centers in Seattle and Spokane serve as a vital source of quick, accurate information for members, staff, providers, and brokers. Available Monday through Friday, from 8:00 AM to 5:00 PM, they support inquiries for all lines of business and provide support for our health plans and clinics, as well as the self-service tools on our website and mobile app. In addition to taking over 4,000 calls each day, representatives also handle e-mails, written correspondence, and walk-in inquiries. Customer Service Representatives are prepared to answer all manners of health care inquiries, including questions about health plan benefits, enrollment, billing, and accessing care. While striving to resolve questions or concerns on the first contact, they also work with partner departments, care teams, and individuals throughout Group Health to ensure every issue is handled thoroughly and professionally. Whether welcoming a new member, answering a question, or solving a problem for someone in need of help, Customer Service makes it a priority to embody Group Health's mission and values on every contact. Additionally, members can conveniently access customer service 24/7 via our member website, MyGroupHealth, at www.ghc.org, or our mobile app, which is available for download on the iPhone and Android Smartphones. It includes many features available on our MyGroupHealth for Members Website and has added features, such as Symptom Checker and clinic locations and wait times. From the website, members can use online forms to order a new ID card, file a claim, view plan information, update their

District	Category	Efforts and Achievements
		personal information, order prescriptions and have them delivered to their homes, and provide feedback about Group Health. Patients are able to communicate directly with their primary care team – at their convenience – which improves service and builds a stronger provider-patient relationship. Using MyGroupHealth, members receiving care in Group Health medical centers have online access to a shared electronic health record (EHR) consisting of their entire medical record (except chart notes). Features available to them include: • Access to lab/test/radiology results • After-visit summaries • Allergy and immunization records • Medication histories, blood pressure, weight, and current health conditions • Secure messaging with their primary care team
North Kitsap School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.

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		D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
		NKSD has continued to discuss various proposals to make progress towards a 3:1 premium sharing ratio for employees. Through meetings and discussions with administrators, it has been noted that any drastic changes in premium shares would cause significant changes in employee enrollment and could cause the district to overspend available funding. We continue to consider all options carefully in an effort to make progress.
North Kitsap School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate. NKSD has continued to discuss various proposals to make progress towards a 3:1 premium sharing ratio for employees. Through meetings and discussions with administrators, it has been noted that any drastic changes in premium shares would cause significant changes in employee enrollment and could cause the district to overspend available funding. We continue to consider all options carefully in an effort to make progress.
North Mason	**Administrative**	Commission is paid on a PEPM Basis rather than a percentage of overall premium. This reduces costs over time as medical

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District	Category	Efforts and Achievements
School District	Cost Reduction	inflation increases.
North Mason School District	Cost Savings	District has maintained a 10% discount in premium by having only one carrier
North Mason School District	Customer Service	The district Payroll departments is able to directly assist employees with their enrollment and helps to intervene if there are any questions.
North Mason School District	Part-Time Employee Coverage Protection	All employees working more than 15 hours per week have access to all medical plans
North Mason School District	Premium Differential Reduction	Since 2012 our medical renewals have averaged 4.1% increase annually, this compares much better than the WEA Premera program over that same time period.
North River School District	Administrative Cost Reduction	Premera has been a leader in implementing "Lean" thinking since 2005.WEA's administrative costs have been under 6% for 11 yrs.
North River School District	Cost Savings	Premera has the highest number of providers "in network" in the state.
North River School District	Customer Service	Semi-annual newsletters to enrolles to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions.
North River School District	Part-Time Employee Coverage Protection	Added lower cost options, such as EasyChoice plan that have lowered premiums and also have added HDHP.

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District	Category	Efforts and Achievements
North River School District	**Premium Differential Reduction**	Added lower cost options, such as EasyChoice plan that have lowered premiums and also have added HDHP.
North Thurston Public Schools	**Administrative Cost Reduction**	The District utilizes Propel Insurance Brokerage services to leverage both health care value and reduce administrative costs which are less than the overhead necessary to manage these programs within the district.
North Thurston Public Schools	**Cost Savings**	The District has made progress by aggressively negotiating lower premiums on their Group Health and made a decision to drop WEA Premera plans, and offered Aetna medical as a total replacement, and by offering Qualified High Deductible plan with Health Savings Account. Aetna's premium rate for 2015-16 sy came in lower than WEA's rate for 2014-15 sy.
North Thurston Public Schools	**Customer Service**	We have available the Benefits website which contains information on all the District's benefit plans and is widely accessed by both employee and family members. The website provides a cost estimator (which helps them determine cost), educational information, wellness programs and benefit plan summaries.
North Thurston Public Schools	**Part-Time Employee Coverage Protection**	The District maintains an eligibility threshold of 20 hours/week (minimum) which exceeds the new federal standard for access to health care.
North Thurston Public Schools	**Premium Differential Reduction**	The District and Propel will continue to review various plans and proposals to make progress toward a 3:1 premium ratio for employees. For the 2015-16 school year, the District made a decision to drop WEA Premera medical and offer Aetna medical as a total replacement for Premera and KPS plans.
Northport School District	**Administrative Cost Reduction**	The District Administrators & teachers switched to PEBB starting in November 2014.
Northport School District	**Cost Savings**	The District actively promotes wellness, fitness and exercise throughout the school. We have walking or running charts to post the mileage.

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District	Category	Efforts and Achievements
Northport School District	**Customer Service**	We have had meetings displaying spreadsheets to inform the employee's of the costs.
Northport School District	**Part-Time Employee Coverage Protection**	Part-time employee's are offered insurance.
Northport School District	**Premium Differential Reduction**	Premiums changes have increased. Most people have had to drop down a plan. We are working towards the 3 to 1 ratio to help with family coverage.
Northshore School District	**Administrative Cost Reduction**	As part of our annual review process, our broker benchmarks and negotiates plan cost to ensure maximum value. Dental and vision administration rates were renewed without an increase for calendar year 2015. Medical administration through Regence had a minimal increase of 2%.
Northshore School District	**Cost Savings**	Benefits on Value plan were enhanced to cover first $1,000 of outpatient lab & X-ray with the deductible waived, plan formerly covered first $500 in calendar year 2014. Continual education of plan offerings were provided through an annual benefits fair, individual consultations at the district, and through our broker employees have access to a HIPAA compliant Benefit Resource Center. Education focused on finding affordable plans for employees with benefits that provide comprehensive coverage for individual situations that are not necessarily the highest cost plan option. Transparency tool available through Regence enhances consumer engagement and allows for employees to identify where quality and affordable health care can be received. The Northshore wellness program provides employees with an opportunity to earn a $15 monthly premium discount if they receive an annual preventive care exam.
Northshore	**Customer**	Through Regence.com, members have access to a dashboard that allows them to view claims, benefits, live chat with customer

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School District	**Service**	service, take a general Health Assessment, access a monthly Wellness Wire newsletter, use the Treatment Cost Estimator tool, and find am in-network doctor or facility. Additionally, online wellness workshops allow employees to obtain support through articles and videos regarding tobacco cessation, stress management, depression and many other common health issues. During open enrollment, promotion of Benefit Resource Center and individual consultations assist employees in selecting coverage that is affordable and comprehensive for themselves and their families. Northshore benefits web site contains applicable forms, plan summaries, resources and is continually updated with carrier alerts.
Northshore School District	**Part-Time Employee Coverage Protection**	No change. Dictated by Collective Bargaining Agreements. There is no pro-ration of state allocation for employees with a 0.50 FTE – 0.99 FTE.
Northshore School District	**Premium Differential Reduction**	Increased the cost for individual subscribers at a greater percentage than for families as well as increased the funds available for pooling. Both of these factors reduced the family cost share. Offer low cost plan options such as the Value plan and Qualified High Deductible Health Plan (QHDHP) that gives families a place to transition to if they are looking for a more affordable plan.
Oak Harbor School District	**Administrative Cost Reduction**	1. By working with our employee benefits consultant, we've negotiated with both fully-insured and self-insured plans to reduce administrative expenses wherever possible. 2. Worked with our employee benefits consultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative expenses or simply reduce total premiums. Please note, that there are some carriers such as Premera Blue Cross that don't provide the district with a summary of administrative costs so it is not possible to have an impact on those plans.
Oak Harbor School District	**Cost Savings**	We have implemented the following steps: 1. Consumer Driven High Deductible Health Plan with an optional Health Savings Account offered as of 10/01/2012 2. Established an HSA employer contribution of $125 per employee per month, resulting in an increase to pooling dollars. (If

District	Category	Efforts and Achievements
		Applicable) 3. Use of purchasing consortium / Interlocal to purchase some benefits at a lower cost across several districts (applicable for districts purchasing some benefits through an interlocal) 4. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums.
Oak Harbor School District	**Customer Service**	We have worked to provide improved customer service by: 1. Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information. 2. Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits. 3. Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members. 4. Having regular Benefits Advisory Committee meetings with representation from all bargaining groups.
Oak Harbor School District	**Part-Time Employee Coverage Protection**	1. We have continued to work with all purchasing / bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefits needs. 2. Provided all existing and new employees with required notifications regarding availability of health coverage through Washington Health Plan Finder as of January 1st, 2014.
Oak Harbor School District	**Premium Differential**	We have done the following: 1. Implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing

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District	Category	Efforts and Achievements
	Reduction	the cost for covering dependents. 2. Encouraged employees that do not need health plan coverage to waive off of the district offered plan, resulting in an increase to pooling dollars. 3. Established HSA employer contribution of $125 per employee per month, resulting in increase to pooling dollars. (If Applicable) 4. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars available to those covering dependents. 5. The JLARC K-12 Report, released in January of this year, ranked all Washington State School Districts based on the dependent equity ratio, (differential between full family coverage costs and employee only costs, expressed as a multiple of the employee only cost). Based on that metric, the Oak Harbor School District ranked 102nd out of 116 districts with more than 100 employees for the 2013-14 school year. Oak Harbor's equity ratio, multiple was 16.1 compared to an average multiple of 11.3 for the rest of the 116 districts. *We strongly believe a more accurate reflection of true cost reduction would have been achieved by measuring the average monthly costs for an employee to purchase full family medical coverage expressed in raw dollars. Based on that metric, the Oak Harbor School District ranked 25th out those same 116 districts for the 2013-14 school year. Oak Harbor's average monthly cost to for an employee purchasing full family health insurance was just $415 compared to an average of $518 for the rest of the group.
Oakesdale School District	**Administrative Cost Reduction**	district is on PEBB
Oakesdale School District	**Cost Savings**	district is on PEBB

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Oakesdale School District	**Customer Service**	district is on PEBB
Oakesdale School District	**Part-Time Employee Coverage Protection**	district is on PEBB
Oakesdale School District	**Premium Differential Reduction**	district is on PEBB
Oakville School District	**Administrative Cost Reduction**	Very small district with less than 50 employees. Admin costs few
Oakville School District	**Cost Savings**	Insurance carrier offers new health saving programs regularly
Oakville School District	**Customer Service**	Human Resource office available to employees daily
Oakville School District	**Part-Time Employee Coverage Protection**	All benefits are offered to all employees regardless of part/full time. Pooling is used to help employees who have out-of-poket expenses.
Oakville School District	**Premium Differential Reduction**	Use of pooling of unused state allocation dollars
Ocean Beach	**Administrative**	Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the

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District	Category	Efforts and Achievements
School District	**Cost Reduction**	enrollee experience, and improve efficiency whle eliminating non-value added time and work effort and lowering expenses. BlueCard provides significant savings to WEAPremera enrollees traveling or residing outside the Premera service area. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for provides as well as for enrollees with quick Turnaround on payments for services and lower administrative costs.
Ocean Beach School District	**Cost Savings**	The high number of Premera member helps Premera to negotiate greater provider discounts. Evidence basid medical initative that allow Premera to provide efficent and cost effectibe care as well ast to identiy approprate alternative care based on the enrollees needs. REal time access to consumer decision support resources. Provider advisory groups. Plans that include copayments for Emergency Room Service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. Programs aht monitor controlled meducation substances to ensure approtpreate use for enrollees. Open 4 tiered drug formulary. Child COBRA rate. Prior authorization - some services require an approval for coverage from Premera before a plannned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the needs of school district employees an families. Lower cost plans available.
Ocean Beach School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. Thease teams provide a website with access to infoation about the employee's benefits, including a cost estimator. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and entollees. Work with enrollees or their provider to address escalated or complex issues.
Ocean Beach School District	**Part-Time Employee Coverage Protection**	Premera has provided access to coverage for part-time emploee working 17.5 hours a week for over 30 years. Individual district can choose to allow participation for emloyees working fewer hours, providing that the employer is contributin to wards the cost of the medical plan. Premera offers lower cost options, such as the EasyChoice plan dn the Pasic planatht have lowr promiums. Additionally, QHDHP is available.
Ocean Beach School District	**Premium Differential Reduction**	In some years Premera has applied lower increases to dependent rate tiers than to employee only rate tires. Offer lower const optins, such as the EasyChoice Plan and the Basic plan and a QHDHP. Includes a composite rate for child(ren), meaning the rate for dependednt children is the same whether there is one or more enrolled. Offer dependent children electing COBRA coverage

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District	Category	Efforts and Achievements
		at the child rate and not a subscriber rate.
Ocosta School District	**Administrative Cost Reduction**	District manages own insurance reconcilliation and plan enrollment
Ocosta School District	**Cost Savings**	Searching for providers that can save the District and employees money by offering lower premiums.
Ocosta School District	**Customer Service**	Employees have access to WEA/Aon Hewitt for questions via internet or phone
Ocosta School District	**Part-Time Employee Coverage Protection**	Offerred EasyChoice , Basic and QHDHP Plans
Ocosta School District	**Premium Differential Reduction**	Offerred EasyChoice , Basic and QHDHP Plans
Odessa School District	**Administrative Cost Reduction**	Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, in an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs to the WEA plans remain approximately 5% of premium and have been under 6% for over 13 years.
Odessa School District	**Cost Savings**	The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverge to enrollees on the state exchange, individual, small and large group accounts. Other measures include evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. There are provider advisory groups that continually monitor Premera's medical and pharmacy policies and procedures, and make

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District	Category	Efforts and Achievements
		changes to formularies to ensure they are appropriate lever/tier, and cost and care-efficient. Premera has an open 4-tiered formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. The over-age dependents pay the lower child rate rather than a subscriber rate while on COBRA. The premium for dependent children is the same whether there is one or more enrolled. Employees can waive medical coverage under WEA -- any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Odessa School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are dedicated to the WEA account and are based in Washington. These teams provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. The Premera team provides year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees, and additional support to the district as well as direct support to their employees. WEA enrollees receive a newsletter twice a year which provides information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.
Odessa School District	**Part-Time Employee Coverage Protection**	Part-time employees have access to coverage if they work 17.5 hours per week through the Premera plans; however, our district required 20 hours. Premera has had this option for over 30 years. By offering the EasyChoice and Basic plans since they have lower premiums, this allows part-time employees affordable coverage.
Odessa School District	**Premium Differential Reduction**	The WEA plans through Premera offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums as well as the QHDHP. In some years lower increases have been applied to dependent rate tiers than to employee only rate tiers. The composite rate for children is the same whether there is one or more enrolled. Dependent children electing COBRA coverage are enrolled at the child rate and not a subscriber rate.
Okanogan School District	**Administrative Cost Reduction**	N/A

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District	Category	Efforts and Achievements
Okanogan School District	**Cost Savings**	The district contracts with the PEBB and Premera Programs, whose cost-saving measures include: Managing the medical plans' prescription-drug costs by promoting generic drug use through a lower-cost benefit design. Purchasing coverage for medical tools and procedures that are evidence based. Adopting PEBB's dependent verification eligibility processes, to ensure only eligible family members receive benefits. Premera does the same for the district.
Okanogan School District	**Customer Service**	The district follows the PEBB/Premera Program's guidelines for determining employee eligibility and enrollment procedures to ensure consistency. As required by the Programs, the district is also required to verify eligibility for each employee's dependents through valid documentation before the employer enrolls the dependents in coverage.
Okanogan School District	**Part-Time Employee Coverage Protection**	Emails announcing open enrollment annually.
Okanogan School District	**Premium Differential Reduction**	Plans offered have worked towards more equitable rates.
Olympia School District	**Administrative Cost Reduction**	None
Olympia School District	**Cost Savings**	None
Olympia School District	**Customer Service**	None
Olympia School District	**Part-Time Employee Coverage**	Collective bargaining agreement dictates eligibility

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District	Category	Efforts and Achievements
	Protection	
Olympia School District	Premium Differential Reduction	increase mandatory out of pocket for employee only coverage.
Omak School District	Administrative Cost Reduction	WEA Select Medical Plans through Premera, Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business--including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. WEA Specific-- the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Omak School District	Cost Savings	WEA Select Medical Plans through Premera have provider contracting with the highest number of providers "in network" in the state (98% + of all claims pair are "in-network"). The volume of enrollment in Premera assists in negotiating higher discounts locally and national. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.). BlueCard, Premera's national blue network, has negotiated discounts that are at the highest level withing the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures and make changes to formularies to ensure they are appropriate, and cost and care-efficient. Member 360 dashboard--proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions and higher copayments for bran, non-preferred and specialty drugs. Programs that monitor controlled medication substances t provide

District	Category	Efforts and Achievements
		protection for enrollees. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Omak School District	**Customer Service**	WEA Select Medical Plans through Premera provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs and their plan benefits. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. "Ulyssess Learning" leading to first call resolution and a higher level of satisfaction from enrollees. Premera's "Lean" workshops include customer service, claims and billing processes--which we continue to focus on improving the enrollee experience. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
Omak School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans through Premera have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. Added lower cost options such as EasyChoice plan, that have lower premiums and many first dollar benefits and also added HDHP.
Omak School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera gave lower increases to dependents than to employee only tiers for the past three years and added lower cost options such as the EasyChoice plan that have lower premiums and many first dollar benefits and also add
Onalaska School District	**Administrative Cost Reduction**	The WEA Select Medical Plans through Premera have reduced admin costs through the following: Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to improve quality, improve the enrollee experience, and to improve efficiency while eliminating non-value added time and work. Through Lean, Premera has reduced overall administrative costs

District	Category	Efforts and Achievements
		from 8.8-percent in 2005 to 5.9-percent in 2015. The administrative costs specific to the WEA Plans remains approximately 5-percent of the premium and have been under 6-percent for over 13-years.
Onalaska School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. With the high number of Premera members they are able to negotiate greater provider discounts locally and nationally. Substantial provider discounts result in lower claims cost for the plan and lower out-of-pocket costs for enrollees on a WEA Plan. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. There are seven freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP, and the EasyChoice plan. The EasyChoice plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. D. Employees can also waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Onalaska School District	**Customer Service**	Our district offers an annual benefits fair; a health care benefits specialist is available to educate employees on saving money by choosing the best plan to fit their individual needs. Aon Hewitt's online benefits website provides a cost estimator for comparing insurance plans based on an employee's projected health care needs. For employees without computer access, we have many computers available to them to utilize the access to the online benefits site. Employees may also contact Aon Hewitt and Premera via their telephone customer support line. Aon Hewitt is also launching a new site layout that will make it easier for employees to research and compare their options.
Onalaska School District	**Part-Time Employee Coverage Protection**	All part-time employees working 20 or more hours per week are eligible for benefits and allotted on a pro-rated share of the insurance benefit allocation from the state. They are also eligible to participate in insurance pooling as defined by the individual bargaining units. We offer the same plans to part-time employees as full-time employees. They have access to the lower cost options as well. We are also closely following guidelines with the new Affordable Care Act for variable hours employees with the "Look Back Measurement Method" and plan on offering coverage to those eligible variable hours employees.
Onalaska School District	**Premium Differential**	The WEA Select Medical Plans through Premera have in some years applied lower increases to dependent rate tiers than to employee only rate tiers. They have lower cost options, such as the EasyChoice plan, the Basic plan, and the QHDHP. They also offer dependent children electing COBRA coverage the child rate and not a subscriber rate. As a district we have bargained with

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	Reduction	our union groups to have a minimum percentage out-of-pocket medical premium contribution required of all employees who elect coverage. The minimum medical premium paid by the employee is added to the insurance pool for their respective union group and then is distributed to its members. This benefits the employees who choose coverage levels above employee only.
Onion Creek School District	**Administrative Cost Reduction**	The district has cut from a part time administrator to one day a week administrator. However, this model is not sufficient.
Onion Creek School District	**Cost Savings**	The district contracts with the PEBB program, whose cost-saving measures include: Managing the medical plans' prescription-drug costs by promoting generic drug use through a lower-cost benefit design, Purchasing coverage for medical tools and procedures that are evidence based, Adopting PEBB's dependent verification eligibility processes, to ensure only eligible family members receive benefits.
Onion Creek School District	**Customer Service**	The district follows the PEBB Program's guidelines for determining employee eligibility and enrollment procedures to ensure consistency. As required by the PEBB Program, the district is also required to verify eligibility for each employee's dependents through valid documentation before the employer enrolls the dependents in PEBB coverage.
Onion Creek School District	**Part-Time Employee Coverage Protection**	The district has been paying for all eligible employees. The employee only pays for the employee contribution and any amount above the state reimbursement rate.
Onion Creek School District	**Premium Differential Reduction**	The district pays a composite rate for all eligible employees.
Orcas Island School District	**Administrative Cost Reduction**	By working with our employee benefits consultant, we've negotiated with both fully-insured and self-insured plans to reduce administrative expenses wherever possible. Worked with our employee benefits consultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative expenses or simply reduce total premiums.
Orcas Island	**Cost Savings**	We have implemented the following steps: 1. Consumer Driven High Deductible Health Plan with an optional Health Savings Account has been offered as of 10/01/2012. 2. Use of purchasing consortium/Interlocal to purchase some benefits at a lower

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District	Category	Efforts and Achievements
School District		cost across several districts. 3. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums. 4. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Orcas Island School District	**Customer Service**	We have worked to provide improved customer service by: 1. Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information. 2. Hosting our employee benefits consultant onsite during open enrollment allowing all employees to learn the most efficient way to access and manage their benefits. 3. Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members. 4. Employees have access to provider websites with information about the employee's benefits. Websites typically provide education information about wellness programs and benefits. 5. All providers will work with enrollees to address escalated or complex issues.
Orcas Island School District	**Part-Time Employee Coverage Protection**	We have continued to work with all purchasing/bargaining groups to determine the appropriate eligibility requirement to meet their specific group's benefits needs. We have provided all existing and new employees with required notifications regarding availability of health coverage through Washington Health Plan Finder as of January 1, 2014. We have provided access to medical coverage for part-time employees working a minimum of ten (10) hours/week (Group Health Medical) and to employees working a minimum of 17.5 hours/week (Regence and Premera Medical).
Orcas Island School District	**Premium Differential Reduction**	We have done the following: 1. Implemented minimum premium contribution for all employees, effectively increasing the employye only cost and reducing the cost for covering dependents. 2. Encouraged employees that do not need health plan coverage to waive off of the district offered plan, resulting in an increase to pooling dollars. 3. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars available to those covering dependents. 4. Each dependent child does not pay a separate premium – the child premiums rate for all medical providers is a composite rate. 5. Premera Blue Cross dependent children electing COBRA coverage pay a child rate and not a subscriber rate.
Orchard Prairie School District	**Administrative Cost Reduction**	PEBB HCA Provides this

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District	Category	Efforts and Achievements
Orchard Prairie School District	Cost Savings	PEBB HCA Provides this
Orchard Prairie School District	Customer Service	PEBB HCA Provides this
Orchard Prairie School District	Part-Time Employee Coverage Protection	PEBB HCA Provides this
Orchard Prairie School District	Premium Differential Reduction	PEBB HCA Provides this
Orient School District	Administrative Cost Reduction	PEBB
Orient School District	Cost Savings	PEBB
Orient School District	Customer Service	PEBB
Orient School District	Part-Time Employee Coverage Protection	PEBB

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District	Category	Efforts and Achievements
Orient School District	**Premium Differential Reduction**	PEBB
Orondo School District	**Administrative Cost Reduction**	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Orondo School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket

District	Category	Efforts and Achievements
		costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or

District	Category	Efforts and Achievements
		procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Orondo School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics

District	Category	Efforts and Achievements
		including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Orondo School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Orondo School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Oroville School District	**Administrative Cost Reduction**	WE DO NOT CHARDE ADMINISTRATIVE FEES

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District	Category	Efforts and Achievements
Oroville School District	**Cost Savings**	WORKING WITH UNION AND WEA
Oroville School District	**Customer Service**	WORKING WITH UNION AND WEA
Oroville School District	**Part-Time Employee Coverage Protection**	WORKING WITH UNION AND WEA
Oroville School District	**Premium Differential Reduction**	WORKING WITH UNION AND WEA
Orting School District	**Administrative Cost Reduction**	PEBB plans reduce administrative work, which in turn reduces our cost for time spent to reconcile accounts and the monthly administration of health care. WEA has increased the administrative work, thereby taking much longer balance and administer (for classified staff).
Orting School District	**Cost Savings**	Implementing the new high deductible plans, along with increased enrollment in PEBB has made progress on health care cost saving for our employees.
Orting School District	**Customer Service**	All employees who have elected PEBB have seen improved service and communication regarding health benefits.
Orting School District	**Part-Time Employee Coverage Protection**	When we moved to PEBB, all employees with a .5 FTE or more were offered benefits. Classified employees have access at 15 hours per week or more.

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District	Category	Efforts and Achievements
Orting School District	**Premium Differential Reduction**	Moving to PEBB plans has effectively reduced the differential between EE and ESC.
Othello School District	**Administrative Cost Reduction**	2015-16 district expanded plan options to include Health Care HRA plans; lower rates
Othello School District	**Cost Savings**	2015-16 district expanded plan options to include Health Care HRA plans; lower rates
Othello School District	**Customer Service**	Addition of HRA Health Plans; Provided several insurance information forums; annual employee beneftis fair; employee benefits committee
Othello School District	**Part-Time Employee Coverage Protection**	OSD communicates access to coverage through new employee orientation, as well as the annual employee benefits fair and open enrollment
Othello School District	**Premium Differential Reduction**	Mandatory employee contribution; Expand plan options to include HRA plan; more plans with a smaller gap between employee only and family premiums
Palisades School District	**Administrative Cost Reduction**	as required
Palisades School District	**Cost Savings**	as required
Palisades School District	**Customer Service**	we provide full coverage for all employees

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District	Category	Efforts and Achievements
Palisades School District	**Part-Time Employee Coverage Protection**	we provide full coverage for all employees
Palisades School District	**Premium Differential Reduction**	we provide full coverage for all employees
Palouse School District	**Administrative Cost Reduction**	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Palouse School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state

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District	Category	Efforts and Achievements
		Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.

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District	Category	Efforts and Achievements
		I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Palouse School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional

District	Category	Efforts and Achievements
		assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Palouse School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Palouse School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.

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District	Category	Efforts and Achievements
		D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Pasco School District	**Administrative Cost Reduction**	Although it is difficult to quantify direct administrative costs, the District is actively involved with its health care providers and broker to reduce administrative costs in both our fully insured and self-insured plans.
Pasco School District	**Cost Savings**	As a result of competitive process all but one employee group has moved to Asuris for medical coverage, resulting in an overall redution in health care costs for the District.
Pasco School District	**Customer Service**	Expanded Benefits Information Night, expanded Employee Online giving all employees electronic access to basic provider information, reduced size of orientation sessions for new employees.
Pasco School District	**Part-Time Employee Coverage Protection**	Coverage at differentiated cost level provided to all employee groups, benefits are negotiated with access in mind, sustained effort in communication of available benefits.
Pasco School District	**Premium Differential Reduction**	Lower cost plans are available. Minimum premium is charged to all employees allowing pooling dollars to be spread further, which generally benefits employees covering dependents.
Pateros School District	**Administrative Cost Reduction**	Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method. on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in in their own business-including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans reamin approximately 5% of premium and have been under 6% for over 13 years.
Pateros	**Cost Savings**	Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.

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District	Category	Efforts and Achievements
School District		
Pateros School District	**Customer Service**	Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.
Pateros School District	**Part-Time Employee Coverage Protection**	Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Pateros School District	**Premium Differential Reduction**	Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.
Paterson School District	**Administrative Cost Reduction**	WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera’s “Lean” workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.6% in 2014. The administrative costs specific to the WEA Plans are approximately 5% of premium and have been under 6% for over 12 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remain some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.

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District	Category	Efforts and Achievements
Paterson School District	**Cost Savings**	WEA Select Medical Plans through Premera: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.

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District	Category	Efforts and Achievements
		H. An open 3-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the HDHP or the EasyChoice Plan. The EasyChoice Plan provides three options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered in full. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Paterson School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Conduct independent surveys to measure enrollee satisfaction and then put a focus on making changes to improve satisfaction.

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District	Category	Efforts and Achievements
		C. Use "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. E. Through Field Service staff, provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. G. Work with enrollees or their provider to address escalated or complex issues. H. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the Plans.
Paterson School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan that has lower premiums and many first dollar benefits (such as generic drugs paid in full). Additionally, a High Deductible Health Plan (HDHP) is available.
Paterson	**Premium**	WEA Select Medical Plans through Premera:

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School District	Differential Reduction	A. Lower increases were applied to dependents than to employee only tiers for the past four years. B. Added lower cost options, such as the EasyChoice plans (which have many first dollar benefits) and a HDHP. C. Dependent children electing COBRA coverage pay a child rate and not a subscriber rate. D. Each child does not pay a separate premium, as the child premium is a composite rate.
Pe Ell School District	Administrative Cost Reduction	Premera has been a leader in implementing "Lean" thinking since 2005.
Pe Ell School District	Cost Savings	Waiver-employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Pe Ell School District	Customer Service	Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.
Pe Ell School District	Part-Time Employee Coverage Protection	Offer lower cost options, such as the EasyChoice plan and Basic plan that have lower premiums. Additionally, a Qualified High Deductible Health Plan (QHDHP) is available.
Pe Ell School District	Premium Differential Reduction	Offer lower cost options, such as the EasyChoice plan and Basic plan that have lower premiums.
Peninsula	Administrative	Benefit Committee evaluated the option of moving to one carrier for the premium cost savings. The District pays broker on a

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District	Category	Efforts and Achievements
School District	Cost Reduction	fee basis rather than a PEPM or commission basis which reduces admin costs.
Peninsula School District	Cost Savings	Benefit Committee evaluated the option of moving to one carrier for the premium cost savings.
Peninsula School District	Customer Service	Benefit Committee evaluated the option of moving to one carrier for the premium cost savings. The District conducts a benefit fair at open enrollment giving employees opportunity to get questions answered prior to enrollment.
Peninsula School District	Part-Time Employee Coverage Protection	All employees working more than 20hrs/week currently have access to all plans
Peninsula School District	Premium Differential Reduction	Rates have increased by a greater margin for employee only coverage than for family coverage consistently for the past three years.
Pioneer School District	Administrative Cost Reduction	The WEA Medical plans through Premera: have reduced Admn costs by: improving quality, providing member services outside of area and processes claims quicker through auto adjudication.
Pioneer School District	Cost Savings	The WEA Medical plans through Premera: have over 2 million members which helps negotiate provider discounts, greater member choice of plan coverage and option to waive medical.
Pioneer School District	Customer Service	The WEA Medical plans through Premera: has a website for employee's to access benefit information, cost estimator and sends out bi-annual newsletters to members.
Pioneer School District	Part-Time Employee Coverage Protection	The WEA Medical plans through Premera: provide coverage to employees working part-time at 17.5 hours + per week for over 30 years. Individual districts can provide coverage to staff with less hours per week providing employer contributes towards the cost of the plan(s).

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Pioneer School District	**Premium Differential Reduction**	The WEA Medical plans through Premera: have applied lower increases to dependent rate tiers than to employee only rate tiers and offered lower cost plans (QHDHP and BASIC).
Pomeroy School District	**Administrative Cost Reduction**	We don't have much administrative expense.
Pomeroy School District	**Cost Savings**	None, the AFA makes our costs go up faster than if it weren't in place.
Pomeroy School District	**Customer Service**	I have been trying to work with different insurance brokers to get a bigger variety of plans, put it is extremely difficult in our small county.
Pomeroy School District	**Part-Time Employee Coverage Protection**	With the AFA and 5940 this is basically impossible.
Pomeroy School District	**Premium Differential Reduction**	We have been charging more for employee only plans. It doesn't make sense why we would do that just to be "fair" to people with full family plans, they are covering more people, so they should have to pay more.
Port Angeles School District	**Administrative Cost Reduction**	Our Premera Plan has been a leader in implementing "Leam" thinking since 2005. The goal is to improve quality, improve the enrollee experience' and imrpove efficiency of non value added time and work effort and lowering expenses. The costs have remained at 5% of premium and has been under 6% for over 13 years.
Port Angeles School District	**Cost Savings**	Have a consumer driven High Deductible Health Plan with an optional Health Savings Account; Use of purchasing consortium with Aon Hewitt that lowers cost across several districts
Port Angeles	**Customer**	Provide a website with access to information about employee's benefits, including a cost estimator. The website provides educational inforamtion about wellness programs, plan benefits, and houses forms commonly used employers and enrollees.

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District	Category	Efforts and Achievements
School District	Service	Newsletter for WEA enrollees, which are pblished twice a year and provide information on a variety of topics including how to maximize their benefits and wellness resources
Port Angeles School District	Part-Time Employee Coverage Protection	We have been working with the bargaining groups to determine the appropriate eligibilty requirements to meet their specific group's benefit needs. Provided all new employees with the required notifications regarding the availability of health coverage through Health Finder.
Port Angeles School District	Premium Differential Reduction	Implementing a minimum cost per employee for the start of the 2016.2017 school year. Encourage employees who do not need medical coverage to opt out. Have a high deductible plan with an HAS
Port Townsend School District	Administrative Cost Reduction	The District pays broker on a fee basis rather than a PEPM or commission basis which reduces admin costs.
Port Townsend School District	Cost Savings	The District quoted other medical carriers to see if there was a better value available. The District continued to maintain the Premera 10% rate discount for all employees. Overage dependents paythe lower child COBRA rate rather than a subscriber rate.
Port Townsend School District	Customer Service	The District conducts a benefit fair at open enrollment giving employees opportunity to get questions answered prior to enrollment. Our broker is available to help employees with any questions that they may have regarding their health benefits.
Port Townsend School District	Part-Time Employee Coverage Protection	All employees working more than 20hrs/week currently have access to all plans
Port Townsend	Premium Differential	District implemented a minimum premium amount for all employees, regardless of the level of coverage. This increased the

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District	Category	Efforts and Achievements
School District	**Reduction**	amount available in collectively bargained pools that is distributed to those who cover dependents.
Prescott School District	**Administrative Cost Reduction**	WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Prescott School District	**Cost Savings**	WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims paid are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area.

District	Category	Efforts and Achievements
		D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Prescott School District	**Customer Service**	WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees.

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District	Category	Efforts and Achievements
		D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
Prescott School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Prescott	**Premium Differential**	WEA Select Medical Plans through Premera:

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School District	**Reduction**	A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Prosser School District	**Administrative Cost Reduction**	In addition to the specific innovations listed in the next Section, Group Health offers the following innovative services: ~Health Coaching ~ Group Health provides a Health Coaching to all of our adult members. Coaches are health care professionals who are skilled in motivational interviewing. These health coaches provide telephonic coaching to our enrollees to improve their readiness to engage in healthier behaviors. ~ Primary areas of focus include nutrition, physical activity, early depression, and tabacco cessation. Depending on thier answers to the Health Profile, members may be contacted by a coach who can help them meet their personal health goals. Patients can also reach out directly to coaches for assistance or be referred to a coach by a member of their care team. ~ Shared Decision-Making Tools ~ To help members make decisions related to elective surgical procedures. Group Health is using shared decision making aids for 12 preference-sensitive health conditions. With topics such as knee and hip arthritis, back problems, and heart disease, the videos give members a detailed rundown on their medical condition, the treatmetn options, and how differing treatments will affect their lives. ~ Through the shared decision making process, members and their physicians can engage in an active, informed discussion about the benefits - and possible downsides- of a surgical procedure. The goal: health care that reflects a member's values and priorities, rather than only what a medical diagnosis recommends. Group Health is not only aiming to change our own standards for assuring our patients make well informed decisions, we are also leading public policy and clinical collaborative efforts at both the state and national levels to take aim at unwarranted variation, in part through promoting wide scale adoption of shared decision making.
Prosser School District	**Cost Savings**	In 2015, Group Health continued to focus our efforts on existing technology, making needed improvements to Premier and other legacy systems in order to meet federa, state, and other industry guidelines and continue to provide the best service to our customers. On December 4, 2015, Group Health Cooperative announced that it signed an agreemetn to be acquired by Kaiser Foundation Health Plan of Washington. The approval process for the acquistion may take up to a year or more to complete. The acquistion was approved by Group Health's voting membership and is pending regulatory approval. Group Health's operations will not change right away. upon the completion of the acquistition process, Kaiser Foundation Health Plan of Washington will become the parent company of Group Health Cooperative, Group Health Options, Inc., and certain other current Group Health subsidiaries. Group Health Cooperative and Group Health Options, Inc. will continue to hold their existing

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		health plan contracts with employer group purchasers and other purchasers at the close of the the qcquistions. By joining with the lager Kaiser Permanente organization, Group Health will have access to greater resources and capital that will expand our capacity to care for and attract more people in Washington State.
Prosser School District	**Customer Service**	We work closely with the employees to find the right benefit designs and network optiona dn integrate them with our own delivery system to ensure that the group can maximiz cost controls. We offer patient-centered care that promotes collaboration between physicians, specialists, and other members of the health care team. We empower employees to improvehealth through cost effective care management, wellness solutions, and occupational health services. All of these can result in a more productive workforce and lower overall costs. In order to ensure claims timeliness and accuracy, we have online systems that catch inappropriate billing, review coding, and identify duplicate billings and COB/subrogation opportunities. We perform pre-payment review of high dollar claims and post-payment audits. Group Health recently selected OptumPx to handle our pharmacy benefits management (claims and related network administration.) As part of our continuing focus on cost savings across the enterprise, we identified our PBM relationship as a potential opportunity. By switching from our current vendor, MedImpact, to OptumRx, we will achieve significat savings and industry-leading capabilities to better manage the fastest growing component of health care costs into the future. Optimizing and actively managing transittions of care is a core competency and differentiator for Group Health. With onsite hospitalists and CMLNs to assist with transitions of care from one site to another and referrals to specialty programs or services, for both PPO an dHMO members, Group Health is able to achieve better outcomes and lower costs. Coordinating these "hand-offs" results in lower cost and fewer days in the hospital. The most apparent objective measure of this performance is fewer readmissions and lower total cost of care. With our Optum Impact Intelligence tool, Group Health is able to analyze and dissect clinical and financial data to track utilization trends, patient outcomes, and provider performance and better manage the total cost of care and identify improvement opportunities. Group Health Care Management uses a number of approaches to identify individuals with high utilization of specific services and overall high utilization. Specifically, we use a predictive modeling tool- the Johns Hopkins Adjusted Clinical Groups (ACG) system - to identify members with specific conditions and hig ristk of hospitalization or high cost. We also received routine reports of members with hish utilization of Emergency Department Services. Additionally, we work with one of our purchasers around ED utilization for their enrollees.
Prosser School	**Part-Time Employee**	We continue to provide coverage to part time employees, down to 20 hours per week. This eligibility requirement is lower than the federal requirement. Part time employees receive benefit allocations from the state, and are also eligible to participate in

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District	Category	Efforts and Achievements
District	Coverage Protection	the pooling process in their respective bargaining groups.
Prosser School District	Premium Differential Reduction	We offer many different plan choices with different amounts of premiums
Pullman School District	Administrative Cost Reduction	We reduced admin costs by up to 10-15% by moving to self-insured plans
Pullman School District	Cost Savings	Implemented self-insured dental and vision program to help offset future premiums or increase benefits
Pullman School District	Customer Service	All SOB's posted online and always researching the market for best plans and premiums
Pullman School District	Part-Time Employee Coverage Protection	All employees over 17.5 hours have the option of medical coverage
Pullman School District	Premium Differential Reduction	Gradually implementation of 5940. Would be nice to get direction and guidelines from legislature.
Puyallup School District	Administrative Cost Reduction	We are exploring options and efficiencies for reducing the costs associated with administering our benefit options for employees. However, this remains problematic with added data collection requirements and increased time necessary to fully implement ESSB 5940. Newly added implementation and reporting requirements for the ACA has currently increased the work load on the district's staff. We are making progress towards automating much of the information requested. As a result, we expect the time spent on full implementation of ACA will be lessened in the future.

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Puyallup School District	**Cost Savings**	Our school district continues to offer a low cost medical plan option that passes the Minimum Value and Affordable test as required by ESSB 5940. Our Benefits Committee is currently exploring and reviewing various lower cost alternatives to potentially replace some of the high cost plans currently offered.
Puyallup School District	**Customer Service**	We are moving more fully to electronic media by continually revising and updating the delivery of information available to employees through our district website. As a district practice, we are driving employees to more fully use the district's electronic resources. Additionally, we've added weekly meetings to review benefits options with new hires or newly eligible employees. During open enrollment, we hold numerous benefit depots allowing employees the opportunity to meet one on one with representatives from the benefits office and insurance brokers for the sole purpose of counseling employees about their benefit options and costs. Further, through a benefits fair format during open enrollment, vendor representatives provide formal presentations to every interested employee regarding their plan options. Wellness newsletters, broker information, and other general information regarding benefit options are routinely and regularly uploaded to our district website.
Puyallup School District	**Part-Time Employee Coverage Protection**	It has been our district's policy to provide medical benefit eligibility for anyone who works 20+ hours/week for many years. This is more proactive towards availability for part time employees than the state's requirement.
Puyallup School District	**Premium Differential Reduction**	Our progress toward full implementation has stalled. In spite of communication with leaders of our various bargaining groups and member representatives through the benefits advisory committee, two groups have made progress, all others have moved in the opposite direction of the legislation. In some cases, because of bargaining agreements, the cost for full family coverage is now higher than before the legislation was passed. Current breakdown is as follows: 3:1=1 bargaining group; 6:1=4 bargaining groups; 9:1=2 bargaining groups; 15:1=5 bargaining groups
Queets-Clearwater School District	**Administrative Cost Reduction**	Online enrollment reduces staff hours for data entry and therefore provides a cost savings
Queets-Clearwater	**Cost Savings**	Provide Premera only plans to receive 10% premium discount.

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School District		
Queets-Clearwater School District	Customer Service	Provide on-line access to healthcare information including service providers
Queets-Clearwater School District	Part-Time Employee Coverage Protection	All employess are offered access to health insurance.
Queets-Clearwater School District	Premium Differential Reduction	Implemented a minimum deduction for all employees
Quilcene School District	Administrative Cost Reduction	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Quilcene School District	Cost Savings	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large

District	Category	Efforts and Achievements
		group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Quilcene School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use

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		"Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Quilcene School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Quilcene School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Quillayute Valley School District	**Administrative Cost Reduction**	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the

District	Category	Efforts and Achievements
		Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Quillayute Valley School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are

District	Category	Efforts and Achievements
		covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Quillayute Valley School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Quillayute Valley School	**Part-Time Employee Coverage**	The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts

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District	**Protection**	can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Quillayute Valley School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Quincy School District	**Administrative Cost Reduction**	Describe progress on reducing administrative expenses
Quincy School District	**Cost Savings**	Choice - 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options at the same rate. It was developed so employees could pick the plan most appropriate for their needs and take the cost decision off the table. This plan has copays for office visists and generic drugs are covered with a low coppay.
Quincy School District	**Customer Service**	Describe efforts to improve service to employees for health benefits

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Quincy School District	**Part-Time Employee Coverage Protection**	Describe efforts to protect part time employees access to health insurance coverage
Quincy School District	**Premium Differential Reduction**	Describe efforts to reduce the differential between employee-only and full family coverage
Rainier School District	**Administrative Cost Reduction**	A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Rainier School District	**Cost Savings**	A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid

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		claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled.

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		K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Rainier School District	**Customer Service**	A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.

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		F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Rainier School District	**Part-Time Employee Coverage Protection**	A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Rainier School District	**Premium Differential Reduction**	A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Raymond School District	**Administrative Cost Reduction**	District: Please indicate if your district has done something specific in this area. WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera’s “Lean” workshops so they can incorporate them in their own business – including the state of Washington, various

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		provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Raymond School District	**Cost Savings**	District: Please indicate if your district has done something specific in this area. WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims paid are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make

District	Category	Efforts and Achievements
		changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Raymond School District	**Customer Service**	District: Please indicate if your district has done something specific in this area. WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family

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		members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
Raymond School District	**Part-Time Employee Coverage Protection**	District: Please indicate if your district has done something specific in this area. WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Raymond School District	**Premium Differential Reduction**	District: Please indicate if your district has done something specific in this area. WEA Select Medical Plans through Premera:

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		A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Reardan-Edwall School District	**Administrative Cost Reduction**	The district does not incur administrative expenses that are passed along to employee premium costs. Premera's administrative costs are approximately 5% of the premium cost and is currently looking at making additional changes as it relates to the ACA "Cadillac" tax that is coming. The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Reardan-Edwall School District	**Cost Savings**	The district insurer is offering a new Basic Plan in the Premera Blue Cross offerings to ensure the lowest cost available plan still meets the Affordable Care Act minimum values. Premera has the highest number of In-Network providers which allows for nearly 98% of all claims paid are in-network. Evidence based medical initiatives, provider advisory groups, an open three-tiered drug offering, and a Member 360 Dashboard that allows Case Managers to identify enrollees with specific healthcare needs. The WEA Select Medical Plans through Premera provide the following cost saving measures:

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		A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.

District	Category	Efforts and Achievements
		H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Reardan-Edwall School District	**Customer Service**	Premera provides website access for employees to estimate costs and also offers wellness programs, plan benefits, and necessary forms for processing. Field staff offer direct one-on-one service to employees who may need additional assistance. Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees.

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		C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Reardan-Edwall School District	**Part-Time Employee Coverage Protection**	Part-time employees are eligible for insurance coverage. Notice also given concerning the Washington State Marketplace offerings if they choose to waive coverage. The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available
Reardan-Edwall School	**Premium Differential**	Certificated staff agreed to a minimum out-of-pocket of 3% of the lowest cost employee only medical premium offered by the district. Classified have not bargained for any minimum out-of-pocket. The current certificated bargaining contract is up for

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District	**Reduction**	renewal this year and discussions will take into consideration any changes to the minimum deduction. The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Renton School District	**Administrative Cost Reduction**	RSD purchases medical plans through the WEA benefits program, in addition to one HMO plan purchased through Group Health Cooperative. The WEA program is an efficiently run program with low administrative costs built into the premiums for the management and maintenance of these plans, and the administrative costs on the Group Health plan are below average. The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.

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		C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
		Group Health has reduced admin costs through the following:
		In 2015, Group Health continued to focus our efforts on existing technology, making needed improvements to Premier and other legacy systems in order to meet federal, state, and industry guidelines and continue to provide the best service to our customers.
		On December 4, 2015, Group Health Cooperative announced that it signed an agreement to be acquired by Kaiser Foundation Health Plan of Washington. The approval process for the acquisition may take up to a year or more to complete. The acquisition was approved by Group Health's voting membership and is pending regulatory approval. Group Health's operations will not change right away. Upon the completion of the acquisition process, Kaiser Foundation Health Plan of Washington will become the parent company of Group Health Cooperative, Group Health Options, Inc., and certain other current Group Health subsidiaries. Group Health Cooperative and Group Health Options, Inc. will continue to hold their existing health plan contracts with employer group purchasers and other purchasers at the close of the acquisition.
		By joining with the larger Kaiser Permanente organization, Group Health will have access to greater resources and capital that will expand our capacity to care for and attract more people in Washington State.

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Renton School District	**Cost Savings**	Both Premera Blue Cross and Group Health continue to evaluate their patient populations for early identification of costly chronic conditions. Group Health is nationally recognized for its' innovative approach to member care through their lifetimes. RSD has made progress by negotiating lower premiums on the Group Health medical plan, making strategic benefit plan alterations, and by offering an HSA-Qualified High Deductible Health Plan so that employees may cover family members at significantly lower premiums. The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.

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		D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance

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		pool to reduce the cost for those with monthly co-premiums.
		Group Health provides the following:
		Group Health works closely with the client to find the right benefit designs and network options and integrate them with our own delivery system to ensure that the group can maximize cost controls.
		Group Health offers patient-centered care that promotes collaboration between physicians, specialists, and other members of the health care team. Group Health empowers employees to improve health through cost effective care management, wellness solutions, and occupational health services. All of these can result in a more productive workforce and lower overall costs.
		In order to ensure claims timeliness and accuracy, GH has online systems that catch inappropriate billing, review coding, identify duplicate billings and COB/subrogation opportunities. Group Health performs pre-payment review of high dollar claims and post-payment audits.
		Group Health recently selected OptumRx to handle our pharmacy benefits management (claims and related network administration). As part of our continuing focus on cost savings across the enterprise, we identified our PBM relationship as a potential opportunity. By switching from the current vendor, MedImpact, to OptumRx, GH will achieve significant savings and industry-leading capabilities to better manage the fastest growing component of health care costs into the future.

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		With Group Health's Optum Impact Intelligence tool, Group Health is able to analyze and dissect clinical and financial data to track utilization trends, patient outcomes, and provider performance and better manage the total cost of care and identify improvement opportunities.
		Group Health Care Management uses a number of approaches to identify individuals with high utilization of specific services and overall high utilization. Specifically, we use a predictive modeling tool - the Johns Hopkins Adjusted Clinical Groups (ACG) system - to identify members with specific conditions and high risk of hospitalization or high cost. Group Health also receives routine reports of members with high utilization of Emergency Department Services. Care Management clinical staff (including registered nurses and licensed independent clinical social workers) reach out to individuals identified through these processes. The key concepts in working with these members are to support identification of and bonding with a primary care provider, to offer education regarding ways to access same day care through their provider, urgent care centers, and the use of our Consulting Nurse Service (CNS.)
		The work with members identified by the ACG focuses on supporting the medical treatment plan for any chronic conditions, assisting the member in improving their self-management skills and offering various organizational and community resources. This work may include focus on improved compliance with medications, routine care, and preventive care; management of sick days, education tailored to each individual and resolving any barriers to success that are identified by the patient or caregiver.
		GH has also implemented a collaborative process between the Consulting Nurse Service, Behavioral Health Access (BHA) and Care Management (CM) areas. This process identifies individuals with high utilization of CNS and includes a review by CNS managers to determine if the calls were appropriate for the CNS program to manage. When it appears that members are accessing CNS for support with behavioral health concerns or because a behavioral health concern is driving frequent calls, e.g.

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		depression, anxiety; BHA reviews and reaches out to the individuals or forwards the referrals to the CM case managers, who then reach out to the patients directly. If appropriate, the behavioral health and CM clinicians will collaborate on the care offered to members with co-occurring behavioral health and medical concerns. In addition to the utilization management activities discussed above, Group Health Care Management has recently implemented a strategy to further ensure that short hospital stays are appropriately coded as observation stays, which is anticipated to yield significant savings. The CM staff working with hospitalized patients and following recently discharged patients are also focused on effective transition management to provide patients with a plan for a safe transition that includes post-discharge telephone calls, follow up appointments, confirmation that home health, etc. is in place, and medication reconciliation. These efforts are planned to mitigate the risk of readmission, thereby improving outcomes for patients and avoiding additional costs. Care Management staff track financial savings associated with working with patients in all areas.
Renton School District	**Customer Service**	RSD employees enjoy both a Benefits Website and a Benefits Helpline. The Benefits Website contains information for all the District's benefits plans in one convenient place and is widely accessed by both employees and their family members. It contains summaries, comparisons, calculators, forms, and links to information and resources provided by the insurance carriers. The very popular Benefits Helpline is available for employees and their families when they have questions about their District benefits. The phone calls received range on a wide variety of topics, from the new HSA-qualified HDHP, to LTD claims, vision provider searches, retirement and Medicare. In addition, RSD works with insurance brokers to evaluate communication needs, provide surveys, newsletters, meetings, and one on one assistance when necessary.

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		Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.

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		Group Health places a strong emphasis on Customer Service through these services: Group Health's Customer Service Centers in Seattle and Spokane serve as a vital source of quick, accurate information for members, staff, providers, and brokers. Available Monday through Friday, from 8:00 AM to 5:00 PM, they support inquiries for all lines of business and provide support for our health plans and clinics, as well as the self-service tools on our website and mobile app. In addition to taking over 4,000 calls each day, representatives also handle e-mails, written correspondence, and walk-in inquiries. Customer Service Representatives are prepared to answer all manners of health care inquiries, including questions about health plan benefits, enrollment, billing, and accessing care. While striving to resolve questions or concerns on the first contact, they also work with partner departments, care teams, and individuals throughout Group Health to ensure every issue is handled thoroughly and professionally. Whether welcoming a new member, answering a question, or solving a problem for someone in need of help, Customer Service makes it a priority to embody Group Health's mission and values on every contact. Additionally, members can conveniently access customer service 24/7 via our member website, MyGroupHealth, at www.ghc.org, or our mobile app, which is available for download on the iPhone and Android Smartphones. It includes many features available on our MyGroupHealth for Members Website and has added features, such as Symptom Checker and clinic locations and wait times. From the website, members can use online forms to order a new ID card, file a claim, view plan information, update their personal information, order prescriptions and have them delivered to their homes, and provide feedback about Group Health. Patients are able to communicate directly with their primary care team – at their convenience – which improves service and builds a stronger provider-patient relationship.

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		Using MyGroupHealth, members receiving care in Group Health medical centers have online access to a shared electronic health record (EHR) consisting of their entire medical record (except chart notes). Features available to them include: • Access to lab/test/radiology results • After-visit summaries • Allergy and immunization records • Medication histories, blood pressure, weight, and current health conditions • Secure messaging with their primary care team
Renton School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.

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		RSD has not changed part-time employees' access to coverage in recent years. Part-time employees remain eligible for the same benefits as full-time employees when they meet the definition of eligibility under their bargaining agreement. Medical insurance is optional and the district contribution for part-time employees is prorated based on the number of hours worked.
		RSD and bargaining groups are aware that for part-time employees working 30 hours per week or more, full implementation of the 3:1 premium sharing as required by ESSB 5940 may subject the district to penalties under the Shared Responsibility Provision of the Affordable Care Act.
Renton School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
		RSD has continued to discuss various proposals to make progress towards a 3:1 premium sharing ratio for employees. Through meetings and discussions with administrators, it has been noted that any drastic changes in premium shares would cause significant changes in employee enrollment and could cause the district to overspend available funding. We continue to consider all options carefully in an effort to make progress.
Republic	**Administrative**	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A: Premera has been a

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District	Category	Efforts and Achievements
School District	**Cost Reduction**	leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Pemera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business- including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B: BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C: The percentate of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides pease of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Republic School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: A: The high number of Premera members, currently over 2 million, helps Premera negotiate greater provder discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. Provider Contracing: Premera has the highest number of providers "in network" in the state (resuliting in 98%+ of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-pocket costs for the enrollees on a WEA Plan. Blue Card - (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B: Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C: Real-timne access to consumer decision-support resources to help enrollees understand and direct their health care needs. D: Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E: Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F: Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G: Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H: An open 4-tiered drug formulary that provides choice for enrollees and their physcians while being prudent and ensuring the drugs are cost and care-effective. I: Child COBRA Rate - overage dependents

District	Category	Efforts and Achievements
		pay the lower child rate rather than a subscriber rate. J: The premium rate for dependent children is the same whether there is one or more enrolled. K: Prior Authorzation - Some servies require an approval for acoverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L: Choice - 7 freestanding medical plans available statewide witha broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are coverd with low copay. M: Waiver - emploiyees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Republic School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington., These teams: A: Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-ot-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. C: Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that supprot WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D: Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services fromproviding education about the benefits and the plan choices to when a plan change can be made. Premeral also works to resolve claim issues for enrollees. This provides additional suppor to the district as wellas direct support to their employees. E: Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F: Work with enrollees or their provider to address escalated or complex issues. G: Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Republic School District	**Part-Time Employee Coverage Protection**	The school district offers insurance to part time employees working 17.5 hours a week. The WEA Slect Medical Plans through Premera: A: Have provided access to coverage for part-time emplyees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B: Offer lower cost options, such as the EasyChoice plan and the Basic plan that have

District	Category	Efforts and Achievements
		lower premiums. Additionally, QHDHP is available.
Republic School District	**Premium Differential Reduction**	The school district has developed a spreadsheet ensuring families out of pocket cost for medical coverage meets the 3:1 ratio. The WEA Select Medical Plans through Premera: A: In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B: Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C: Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D: Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Richland School District	**Administrative Cost Reduction**	:Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Richland School District	**Cost Savings**	A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C.

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		Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Richland School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide

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		information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Richland School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Richland School District	**Premium Differential Reduction**	A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Ridgefield School District	**Administrative Cost Reduction**	As a non-profit health plan, our focus is on reinvesting premiums to care for our members--not generating shareholder returns. Our margin is used exclusively to reinvest in the employees and resources that make it possible for us to maintain our leadersh
Ridgefield School District	**Cost Savings**	Kaiser focuses on affordability by intergrating all medical services within our system rather than delivering disconnected or fragmented care. Our focus in on delivering high-quality care to employees so they're healthier and costs are lower. Because we
Ridgefield School District	**Customer Service**	Access to care is enhanced through open scheduling, expanded hours and new options for communication with the health plan or providers. Patients not only commnicate with the care team through secure email, but they can also see openings in their doctor's
Ridgefield School District	**Part-Time Employee Coverage Protection**	We allow coverage for part time employees.

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Ridgefield School District	**Premium Differential Reduction**	We analyze our pooling to make it fair for all.
Ritzville School District	**Administrative Cost Reduction**	PEBB
Ritzville School District	**Cost Savings**	PEBB
Ritzville School District	**Customer Service**	PEBB
Ritzville School District	**Part-Time Employee Coverage Protection**	PEBB
Ritzville School District	**Premium Differential Reduction**	PEBB
Riverside School District	**Administrative Cost Reduction**	In 2015, Group Health continued to focus our efforts on existing technology, making needed improvements to Premier and other legacy systems in order to meet federal, state, and industry guidelines and continue to provide the best service to our customers. On December 4, 2015, Group Health Cooperative announced that it signed an agreement to be acquired by Kaiser Foundation Health Plan of Washington. The approval process for the acquisition may take up to a year or more to complete. The acquisition was approved by Group Health's voting membership and is pending regulatory approval. Group Health's operations will not change right away. Upon the completion of the acquisition process, Kaiser Foundation Health Plan of Washington will become the parent company of Group Health Cooperative, Group Health Options, Inc., and certain other current Group Health subsidiaries. Group Health Cooperative and Group Health Options, Inc. will continue to hold their existing

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		health plan contracts with employer group purchasers and other purchasers at the close of the acquisition. By joining with the larger Kaiser Permanente organization, Group Health will have access to greater resources and capital that will expand our capacity to care for and attract more people in Washington State.
Riverside School District	**Cost Savings**	We work closely with the client to find the right benefit designs and network options and integrate them with our own delivery system to ensure that the group can maximize cost controls. We offer patient-centered care that promotes collaboration between physicians, specialists, and other members of the health care team. We empower employees to improve health through cost effective care management, wellness solutions, and occupational health services. All of these can result in a more productive workforce and lower overall costs. In order to ensure claims timeliness and accuracy, we have online systems that catch inappropriate billing, review coding, and identify duplicate billings and COB/subrogation opportunities. We perform pre-payment review of high dollar claims and post-payment audits. Group Health recently selected OptumRx to handle our pharmacy benefits management (claims and related network administration). As part of our continuing focus on cost savings across the enterprise, we identified our PBM relationship as a potential opportunity. By switching from our current vendor, MedImpact, to OptumRx, we will achieve significant savings and industry-leading capabilities to better manage the fastest growing component of health care costs into the future. Optimizing and actively managing transitions of care is a core competency and differentiator for Group Health. With onsite hospitalists and CMLNs to assist with transitions of care from one site to another and referrals to specialty programs or services, for both PPO and HMO members, Group Health is able to achieve better outcomes and lower costs. Coordinating these "hand-offs" results in lower costs and fewer days in the hospital. The most apparent objective measure of this performance is fewer readmissions and lower total cost of care. With our Optum Impact Intelligence tool, Group Health is able to analyze and dissect clinical and financial data to track utilization trends, patient outcomes, and provider performance and better manage the total cost of care and identify improvement opportunities. Group Health Care Management uses a number of approaches to identify individuals with high utilization of specific services and overall high utilization. Specifically, we use a predictive modeling tool - the Johns Hopkins Adjusted Clinical Groups (ACG) system - to identify members with specific conditions and high risk of hospitalization or high cost. We also receive routine reports of members with high utilization of Emergency Department Services. Additionally, we work with one of our purchasers around ED utilization for their enrollees.
Riverside	**Customer**	In addition to the specific innovations listed in the next Section, Group Health offers the following innovative services: Health Coaching - Group Health provides Health Coaching to all of our adult members. Coaches are health care professionals who are

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School District	**Service**	skilled in motivational interviewing. These health coaches provide telephonic coaching to our enrollees to improve their readiness to engage in healthier behaviors. Primary areas of focus include nutrition, physical activity, early depression, and tobacco cessation. Depending on their answers to the Health Profile, members may be contacted by a coach who can help them meet their personal health goals. Patients can also reach out directly to coaches for assistance or be referred to a coach by a member of their care team. Shared Decision-Making Tools - To help members make decisions related to elective surgical procedures. Group Health is using shared decision making aids for 12 preference-sensitive health conditions. With topics such as knee and hip arthritis, back problems, and heart disease, the videos give members a detailed rundown on their medical condition, the treatment options, and how differing treatments will affect their lives. Through the shared decision making process, members and their physicians can engage in an active, informed discussion about the benefits—and possible downsides—of a surgical procedure. The goal: health care that reflects a member's values and priorities, rather than only what a medical diagnosis recommends. Group Health is not only aiming to change our own standards for assuring our patients make well informed decisions, we are also leading public policy and clinical collaborative efforts at both the state and national levels to take aim at unwarranted variation, in part through promoting wide scale adoption of shared decision making.
Riverside School District	**Part-Time Employee Coverage Protection**	We continue to provide coverage to part time employees, down to 10 hours per week. This eligibility requirement is lower than the federal requirement. Part time employees receive benefit allocations from the state, and are also eligible to participate in the pooling process in their respective bargaining groups. Group Health allows access for part-time employees working a minimum of 10 hours per week.
Riverside School District	**Premium Differential Reduction**	See #1 above.
Riverview School District	**Administrative Cost Reduction**	The Riverview School District has addressed the cost of administrative expenses by working with our employee benefits consultant in negotiating with both fully insured and self insured plans to reduce administrative expense wherever possible and to evaluate alternative carriers for all benefits plans that acould result in either lower administrative expenses or simply reduce total premiums.
Riverview	**Cost Savings**	The Riverview School District has taken the following steps: offered a consumer driven High deductible helath plan with an optional health savings account, offered as of 10/01/2012 and worked with our employee benefits consultant to evaluate

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School District		altenative carriers for all benefit plans that could reduce premiums.
Riverview School District	Customer Service	The Riverview School District has worked to provide improved customer service by providing comprehensive employee benefits handbooks that encompass all benefit summaries, rates and vensor contact information, hostinan employee benefits fair with hours that allow for all employees to learn the most efficient way to access their benefits, ensuring thata all health plans offered provide comprehensive nurse lines and telephonic customer service and support for all members and finally by holding Benefits Advisory Committee meetings.
Riverview School District	Part-Time Employee Coverage Protection	The Riverview School District has continued to work with purchsing and bargaining groups to determin the appropriate eleigibility requirements to meet specific bargaining group needs and has provided all existing and new employees with required notifications regarding availability of health coverage through the Washington Health Plan FInder as of January 1, 2014.
Riverview School District	Premium Differential Reduction	The Riverview School District has made the efforts to reduce the differentail between employee only and full family coverage: implemented minimum premium contribution for all employees, effectively increasing employee only cost and reducing the cost for covering dependents, worked with the district's employee benefits consultant to evaluate alternative carriers for all benefit pland that coulcd reduce premiums, which would increase pooling dollars availablae to those covering dependents and finally, the JLARC K-12 Report, released in January of htis year, ranked all Washington State School District based on the dependent equity ratio, (differential between full family coverage costs and employee only costs, expressed as a multiple of the employee only cost). Based on that metric, the Riverview School District ranked 12th out of 116 district with more than 100 employees for hte 2013-2014 school year. Riverview's equity ratio multiple was 5.3 compared to an average multipl of 11.3 for the rests of 116 districts.
Rochester School District	Administrative Cost Reduction	Due to the fact that we are not a large district, our administrative costs are minimal. We have one employee who works in this area; however, if she were not working in this area she would still have a full time job so no costs savings would be realized.
Rochester School District	Cost Savings	All insurance plans are bargained through local bargaining agreements
Rochester	Customer	At the start of each school year, a benefits fair is held in which insurance providors are present and all employees have the

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School District	**Service**	ability to ask specific questions. In addition, we work with Propel Insurance to provide a benefits website that summarizes all our benefit information as well as provides newsletters and other health information. Since we are a smaller size district, we have one person managing benefits. She is in constant contact with providers to stay up-to-date with any changes and quickly communicates updates to employees through email or newsletters.
Rochester School District	**Part-Time Employee Coverage Protection**	Employees working 20 hours per week or more in permanent positions are eligible for benefits.
Rochester School District	**Premium Differential Reduction**	Bargaining language in place for certificated staff allowing pooling dollars to be received only if covering a dependent
Roosevelt School District	**Administrative Cost Reduction**	Premera has been a leader in implementing "Lean" thinking. The goal is to be able to imrprove quality, employee experience, and efficiency while eliminating non-value added time and work effort lowering expenses. The percentage of WEA claims paid through auto adjunction remains some of the highest within Premera, which reduces the need for intervention.
Roosevelt School District	**Cost Savings**	Premera has the hightest number of providers "in network" in the state (resulting in 98%+ claims are paid "in-network"). Significant discounts which are passed on to WEA Premera enrolles who travel or reside outside the Premera service area. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrolees needs. Member 360 dashboard is a tool used by Premera Case Managers to identify enrolles with specific healthcare needs and ensure they're receiving the appropriate services. Plans that include co-payments for ER services (waived it admitted), copyments for inpatient hospital admissions, and higher copayments for brand, non-preferred and speciality drugs. Programs that monitor controlled medication substances to ensure appropriate user for enrollees. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. Child COBRA Rate- Overage dependents pay the lower child care rate rather than the subscriber rate. The premium rate for dedpendent children is the same whether there is one or more enrolled. Prior Authorization- Some services require an approval fro coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. There are 7 freestanding medical plans available

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		statewide with a broad range of benefits and rate levles to meet the diverse needs of school district employees and their families. Employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Roosevelt School District	**Customer Service**	Provide website with access to information about the employee's benefits, including cost estimator. Provides educational infomration about wellness programs, plan benefits, and houses forms commonly used for employers and enrollees. Sue Ulysses Learning- leading to first call resolution and a higher level of satisfaction from enrolless. Conduct "Lean" workshops which improve policies and processess for all areas within the company that support WEA enrollees. Provide year round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Create newsletters on topics that maiximize enrollees benefits, wellness resources, provider updates, and benefit/rate changes.
Roosevelt School District	**Part-Time Employee Coverage Protection**	Have provided access to coverage for part-time employeess working 17.5 hours a week for over 30 years. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums.
Roosevelt School District	**Premium Differential Reduction**	Applied lower increases to dependent rate tiers than to employee only rate tiers. Offer lower cost options, such as the Easy Choice plan and the Basic plan and QHDHP. Composite rate for children, meaning the rate for dependent children is the same whether there is on or more enrolled. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Rosalia School District	**Administrative Cost Reduction**	The Premeral Plans offer Lean workshops to provider groups to improve efficiency and lowering expenses.
Rosalia School District	**Cost Savings**	Lower cost savings through the Basic, QHDHP and EasyChoice Plans. The Easy Choice Plan provides several options all at the same rate.
Rosalia School District	**Customer Service**	Provide a website with access to information about the employee's benefits including a cost estimator. The website provides education information about wellness programs and benefits.

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Rosalia School District	**Part-Time Employee Coverage Protection**	All employees offered Health Care
Rosalia School District	**Premium Differential Reduction**	Offer lower cost options such as the EasyChoice, Basic, and QHDHP Plans.
Royal School District	**Administrative Cost Reduction**	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Royal School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the

District	Category	Efforts and Achievements
		Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Royal School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera

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		provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Royal School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Royal School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate
San Juan Island School District	**Administrative Cost Reduction**	1) By working with our employee benefits consultant, we've negotiated with both fully-insured and self-insured plans to reduce administrative expenses wherever possible 2) Worked with our employee benefits consultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative expenses or simply reduce total premiums
San Juan Island School District	**Cost Savings**	We have implemented the following steps: 1) Consumer Driven High Deductible Health Plan with an optional Health Savings Account offered as of 10/01/2012 2) Established an HSA employer contribution of $125 per employee per month, resulting in an increase to pooling dollars 3) Use of purchasing consortium / Interlocal to purchase some benefits at a lower cost across several districts (applicable for districts purchasing some benefits through an interlocal) 4) Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums.

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District	Category	Efforts and Achievements
San Juan Island School District	**Customer Service**	We have worked to provide improved customer service by: 1) Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information 2) Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits 3) Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members 4) Having regular Benefits Advisory Committee meetings with representation from all bargaining groups.
San Juan Island School District	**Part-Time Employee Coverage Protection**	We have continued to work with all purchasing / bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefits needs 2)Provided all existing and new employees with required notifications regarding availability of health coverage through Washington Health Plan Finder as of January 1st, 2014.
San Juan Island School District	**Premium Differential Reduction**	We have worked to provide improved customer service by: 1) Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information 2) Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits 3) Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members 4) Having regular Benefits Advisory Committee meetings with representation from all bargaining groups.
Satsop School District	**Administrative Cost Reduction**	The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Satsop School District	**Cost Savings**	Offer lower cost insurance options.
Satsop School District	**Customer Service**	Premera's WEA provides a website with access to information about the employee's benefits, including a cost estimatior. This tool helps them determine which providers require less out of pocket costs.
Satsop School District	**Part-Time Employee Coverage**	WEA Select Medical Plans through Premera provide access to coverage for part-time employees working 17.5 hours a week.

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District	Category	Efforts and Achievements
	Protection	
Satsop School District	Premium Differential Reduction	Offer lower cost options such as EasyChoice Plan that has lower premiums and many first dollar benefits (such as generic drugs paid in full). A High Deductable Health Plan (HDHP) is available.
Seattle Public Schools	Administrative Cost Reduction	In 2014, SPS vetted current brokerage and benefits administration services with a thorough competitive bidding process. As a result of this competitive bidding process, the District enjoyed significantly reduced administrative expenses in 2015. For the November 2015 plan year, SPS piloted online enrollment for a sample group of District employees through the District's Human Resources Information System. This pilot group's successful enrollment resulted in faster and more efficient data transfer to the insurance carriers, and a reduction in administrative and mailing costs. SPS plans to expand this online Open Enrollment to additional groups of employees in 2016.
Seattle Public Schools	Cost Savings	SPS has made progress by aggressively negotiating lower premiums, making strategic benefit plan alterations, and by offering an HSA-Qualified High Deductible Health Plan so that employees may cover family members at significantly lower premiums. For the plan year beginning November 1, 2015, the District reviewed competitive bids from multiple insurers and replaced the

District	Category	Efforts and Achievements
		two plans offered by KPS Health Plans with competitive PPO plans offered by Group Health Options, Inc.
		Once again this year, the Joint Insurance Committee met with a Group Health Medical Director and the Senior Wellness Consultant to review claims experience and utilization for the medical plans offered to SPS employees. Having access to experience and utilization has enabled SPS to make decisions regarding targeted benefit designs and changes to copays or coinsurance in order to increase the number of employees affiliated with primary care physicians so as to improve network utilization, to incentivize usage of generic drugs for chronic conditions, and to take advantage of the wellness opportunities available to enrollees.
		The District's primary insurer, Group Health Options Inc., has developed highly effective Care Management systems in order to identify and categorize individuals with high plan utilization. Group Health uses predictive modeling tools to identify members with specific conditions and high risk of hospitalization or other high cost health care services, and monitors reports of members with high utilization of Emergency Department Services. Care Management clinical staff (including registered nurses and licensed independent clinical social workers) reach out to individuals identified through these processes.
		Group Health recently selected OptumRx to handle their pharmacy benefits management (claims and related network administration). By switching from MedImpact to OptumRx, they expect to achieve significant savings and industry-leading capabilities to better manage this fastest growing component of health care costs into the future.
		Group Health Care Management has recently implemented a strategy to further ensure that short hospital stays are appropriately coded as observation stays, which is anticipated to yield significant savings. Through their transition management

District	Category	Efforts and Achievements
		program, the Care Management staff works with hospitalized patients and follows recently discharged patients to provide safe transition, which includes, for example, post-discharge telephone calls, follow-up appointments, confirmation that home health services are in place, and medication management. These efforts are planned to reduce the risk of readmission, thereby improving outcomes for patients and avoiding additional costs.
		All of these strategies are expected to result in cost savings that will benefit SPS employees and their families.
Seattle Public Schools	**Customer Service**	In 2014, SPS vetted current brokerage and benefits administration services with a thorough competitive bidding process. Evaluation of competitive proposals included experience with school district employees, performance metrics, educational tools, and regular communication.
		The current benefits broker/benefits administrator was maintained. District employees enjoy a Benefits Website and a Benefits Helpline - two very popular and well-received services that enable District employees to become knowledgeable health care consumers. Compared to the previous year, the number of benefits website hits increased by 20% from 2014 to 2015, and the number of Helpline calls taken during the annual Open Enrollment period increased by 8%.
		In addition, SPS employees enjoy access to enhanced information about their benefits by logging into Delta Dental, Group Health and the Premera websites to access, among other things, cost comparisons, wellness tools, and prescription drug information.
		Using MyGroupHealth, members have online access to their electronic health records. Features available include:

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District	Category	Efforts and Achievements
		• Access to lab/test/radiology results • After-visit summaries • Allergy and immunization records • Medication histories, blood pressure, weight, and current health conditions • Secure messaging with their primary care team
Seattle Public Schools	**Part-Time Employee Coverage Protection**	Part-time employees' access to coverage has not changed in recent years. Part-time employees remain eligible for the same benefits as full-time employees when they work at least 0.50 FTE for their position. At 0.50 FTE, most employees receive a pro-rated district contribution for their benefits based on their FTE. SPS has also evaluated eligibility rules for substitutes and other variable-hour employees who average 30 hours per week, but who are currently not offered coverage. In order to avoid penalties under the Employer Shared Responsibility Provision of the Affordable Care Act, the District may choose to change eligibility rules to allow coverage to be offered to these employees.
Seattle Public Schools	**Premium Differential Reduction**	Recognizing that premiums for the mandatory benefits (dental, vision, life, LTD) are deducted from the District Contribution before the medical insurance premiums, in 2013 SPS introduced a new lower-cost dental insurance plan. The lower premium for this new plan provides employees with families additional funds for medical coverage, and it adds funds to the insurance pools.

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District	Category	Efforts and Achievements
		For the 2015-2016 plan year, SPS underweighted dependent premiums for the two most popular PPO plans to make them more affordable.
		SPS continues to evaluate various proposals to make progress towards a 3:1 premium sharing ratio for employees. The District and bargaining groups have added language to their agreements that acknowledges that states that they will work together toward this goal. SPS and bargaining groups recognize that an incremental approach is best, because any large changes in premium shares would cause significant and unpredictable enrollment shifts and likely cause the district significant financial loss.
Sedro-Woolley School District	**Administrative Cost Reduction**	N/A
Sedro-Woolley School District	**Cost Savings**	Variety of plans available to employees.
Sedro-Woolley School District	**Customer Service**	Ongoing emails, publications, and training for access to web services.
Sedro-Woolley School District	**Part-Time Employee Coverage Protection**	The bargaining agreements dictate when employees are eligible.
Sedro-	**Premium**	Bargaining groups dictate which plans are offered to the employees. Some of our groups have searched out Consortiums to

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District	Category	Efforts and Achievements
Woolley School District	**Differential Reduction**	seek out lower cost.
Selah School District	**Administrative Cost Reduction**	A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on

District	Category	Efforts and Achievements
		payments for services and lower administrative costs
Selah School District	**Cost Savings**	A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.

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		H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums. A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.

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District	Category	Efforts and Achievements
		b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.

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District	Category	Efforts and Achievements
		L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums. A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.

District	Category	Efforts and Achievements
		E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Selah School	**Customer**	A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness

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District	Category	Efforts and Achievements
District	**Service**	programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Selah School District	**Part-Time Employee Coverage Protection**	A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Selah School	**Premium Differential**	A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.

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District	Category	Efforts and Achievements
District	**Reduction**	B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Selkirk School District	**Administrative Cost Reduction**	A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in "Lean" workshops so they can incorporate them into their own business. – including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEA's administrative costs have been under 6% for over 10 years. B. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area.
Selkirk School District	**Cost Savings**	A. Premera has the following included in all the WEA medical programs a. Provider contracting – has the highest number of providers "in network" in the state (98%+ of all claims are paid "in network"). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard – Premera's national "Blue"network – has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying

District	Category	Efforts and Achievements
		appropriate alternative care based on the member's needs. e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. g. Member 360 dashboard – proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. i. Programs that monitor controlled medical substances to provide protection for members. j. An open drug formulary that provides choice for members and their physicians while being prudent and ensuring the drugs are cost and care effective. A. Premera has the following included in all the WEA medical programs a. Provider contracting – has the highest number of providers "in network" in the state (98%+ of all claims are paid "in network"). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard – Premera's national "Blue"network – has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area.

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		d. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the member's needs. e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. g. Member 360 dashboard – proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. i. Programs that monitor controlled medical substances to provide protection for members. j. An open drug formulary that provides choice for members and their physicians while being prudent and ensuring the drugs are cost and care effective.
Selkirk School District	**Customer Service**	A. Premera provides a website with access to information about the employee benefits – this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. B. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. C. Premera has "Ulyssess Learning" which leads to first call resolution and a higher level of overall satisfaction from enrollees.

District	Category	Efforts and Achievements
		D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. E. WEA Select Plans –The dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. F. WEA Select Plans - semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. G. WEA – has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits or modifications to their plans.
Selkirk School District	**Part-Time Employee Coverage Protection**	A. Some of the innovative programs Premera has made available have consisted of: a. Patient-centered medical home program enabled members to select a clinic at which they received their non-emergent health care without having a copayment. b. Palliative care program was specifically designed to coordinate all care for patients identified to be terminally ill. B. Global Outcomes Contracting – Premera's efforts have been acknowledged by the Robert Woods Johnson Foundation and by Forbes Magazine. This has also drawn interest from the National Institute of Health Care Management (NIHCM) and Premera has been asked to present information on this to the NIHCM May Board meeting. (Forbes article can be found at: http://www.forbes.com/sites/davechase/2013/03/17/div-health-reform-proof-of-how-easy-it-is-to-slay-the-healthcare-cost-beast/) C. WEA Select Plans - offers surviving dependents medical coverage for up to 12 months following the employees death, at no

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		cost.
Selkirk School District	**Premium Differential Reduction**	A. WEA Select Plans – Passed on lower increases to dependents than to employee only tiers for the past two years. B. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. C. WEA Select Plans – used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for family coverage.
Sequim School District	**Administrative Cost Reduction**	1. By working with our employee benefits consultant, we've negotiated with both fully insured and self insured plans to reduce administrative expenses wherever possible. 2. Worked with our employee benefits consultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative expenses or simply reduce total premiums.
Sequim School District	**Cost Savings**	We have implemented the following steps: 1. Consumer Driven High Deductible Health Plan with an optional Health Savigns Account offered as of 10/01/2012. 2. Established an HSA employer contribution of $125 per employee per month, resulting in an increase to pooling dollars. 3. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums.
Sequim School District	**Customer Service**	Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information. Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits. Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members. Having regular Benefits Advisory Committee meetings with representation from all bargaining groups.
Sequim School District	**Part-Time Employee Coverage Protection**	We have continued to work with all purchasing / bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefits needs. Provided all existing and new employees with required notifications regarding availability of health coverage through Washington Health Plan Finder as of January 1st, 2014.
Sequim School	**Premium**	We have done the following: Implemented minimum premium contribution for all employees, effectively increasing the

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District	**Differential Reduction**	employee only cost and reducing the cost for covering dependents. Encouraged employees that do not need health plan coverage to waive off of the district offered plan, resulting in an increase to pooling dollars. Established HSA employer contribution of $125 per employee per month, resulting in increase to pooling dollars. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars available to those covering dependents. The JLARC K-12 Report, released in January of this year, ranked all Washington State School Districts based on the dependent equity ratio, (differential between full family coverage costs and employee only costs, expressed as a multiple of the employee only cost). Based on that metric, the Sequim School District ranked 1st out of 116 districts with more than 100 employees for the 2013-14 school year. Sequim's equity ratio, multiple was just 2.1 compared to an average multiple of 11.3 for the rest of the 116 districts. *Despite being ranked 1st in the state, we believe a more accurate reflection of true cost reduction would have been achieved by measuring the average monthly costs for an employee to purchase full family medical coverage expressed in raw dollars. Based on that metric, the Sequim School District ranked 4th out those same 116 districts for the 2013-14 school year. Sequim's average monthly cost to for an employee purchasing full family health insurance was just $185 compared to an average of $518 for the rest of the group.
Shaw Island School District	**Administrative Cost Reduction**	We are a very small district with only one admin person who does a variety of jobs
Shaw Island School District	**Cost Savings**	The following steps taken by WEA have benefitted our district: Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums
Shaw Island School District	**Customer Service**	We are a very small district with only 3 employees with health benefits. We were able to meet and review plans
Shaw Island School District	**Part-Time Employee Coverage Protection**	Part-time, year-round employess over .4 receive health benefits
Shaw Island	**Premium Differential**	The following steps taken by WEA have benefited our district: Implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents; worked with employee benefits

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School District	Reduction	consutlatn to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars available to those covering dependents. As a district, the three covered employees carefully reviewed plans. The two employees without dependents were able to choose lower premium plans that met their needs leaving more pooling dollars for the one employee with dependents.
Shelton School District	Administrative Cost Reduction	Currently no direct costs are associated to benefit administration with the district.
Shelton School District	Cost Savings	We are continuing to review our premiums and look for other carriers that may have more affordable prices. At this point will receive a 10% discount from Premera because we only offer only Premera plans and one HMO choice. We do offer the full range of Premera plans including the basic and high deductible plans that have lower premiums.
Shelton School District	Customer Service	We are continuing to work to provide employees with insurance information and options on the district web site. Links are provided for our carriers who offer additional resources on their websites. The providers are offering a wide range of information and plan comparisons on-line.
Shelton School District	Part-Time Employee Coverage Protection	Regular employees working at least half time qualify to receive medical insurance benefits and are included in the pooling process. We offer a range of options with lower premium rates so part time employees have an affordable choice.
Shelton School District	Premium Differential Reduction	By having a minimum payment for individuals, more of the districts insurance dollars have been able to be pooled to help cover the cost of family coverage. By offering the high deductible plan and the lower premium plans, family insurance is more affordable. Premera has applied lower increases to dependent tiers of their premiums that last few years.
Shoreline School District	Administrative Cost Reduction	Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera’s “Lean” workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The

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		administrative costs specific to the WEA Plans are approximately 5% of premium and have been under 6% for over 12 years. Group Health has reduced administrative costs through a continued effort on existing technology and making needed improvements in order to meet federal, state and iindustry guidelines and continue to provide the best service to our customers.
Shoreline School District	**Cost Savings**	Our health plan renewalls continue to include changes to deductibles and other cost sharing.
Shoreline School District	**Customer Service**	HR Staffing continues to provide support staff available to provide information and support to staff seeking benefits questions during and after the school work day. The District hosts an annual Benefits Fair to provide information and materials to staff regarding benefits options and choices. Our employees have access to The Benefits Website and The Benefits Helpline. These websites contain information for all the District's benefit plans in one convenient place and is widely accessed by both employees and their families. The helpline is available for employees and their families when they have questions about their available benefits. There is also access to a cost estimator, which helps employees determine which plans require less out-of-pocket costs.
Shoreline School District	**Part-Time Employee Coverage Protection**	Shoreline School District continues to offer benefit packages to part time employees (Classified staff working as little as 3.5 hrs per day; Certificated staff working a minimum .4 FTE). They include; medical, dental, vision, long term disability, and life insurance.
Shoreline School District	**Premium Differential Reduction**	Shoreline SD continues to provide better education to increase enrollment on the lower-premium plans in order to reduce the premiums paid by employees with families.
Skamania School District	**Administrative Cost Reduction**	As we have regularly completed a competitive bid process, and have reviewed and negotiated lower administrative costs. Our selected health carrier, Providence Health Plan, has significantly reduced administrative costs over the last few years. We have t
Skamania	**Cost Savings**	We have annually negotiated with our health carrier on benefits and rates. This negotiation has successfully reduced the rates.

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School District		In addition, we have regularly completed a competitive bid process and have been able to use this information in our negotiat
Skamania School District	**Customer Service**	We provide an annual open enrollment group meeting, one on one counseling, a customized website and have a dedicated claims advocate for our employees via BCI Group, our benefit consultant. In addition, Providence Health Plan Customer Service and Claims
Skamania School District	**Part-Time Employee Coverage Protection**	We offer benefits to part time employees who work 20 hours or more per week. We will also be compliant with PPACA regulations pertaining to coverage for part-time employees.
Skamania School District	**Premium Differential Reduction**	We are scheduling meetings with BCI Group, our benefits consultant.
Skykomish School District	**Administrative Cost Reduction**	A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.
Skykomish School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures:
Skykomish School District	**Customer Service**	A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.

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Skykomish School District	**Part-Time Employee Coverage Protection**	A. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Skykomish School District	**Premium Differential Reduction**	Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.
Snohomish School District	**Administrative Cost Reduction**	A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.6% in 2014. The administrative costs specific to the WEA Plans are approximately 5% of premium and have been under 6% for over 12 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remain some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Snohomish School District	**Cost Savings**	A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. B. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. C. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E.

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		Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.
Snohomish School District	**Customer Service**	A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Conduct independent surveys to measure enrollee satisfaction and then put a focus on making changes to improve satisfaction. C. Use "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. E. Through Field Service staff, provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.
Snohomish School District	**Part-Time Employee Coverage Protection**	A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan that has lower premiums and many first dollar benefits (such as generic drugs paid in full). Additionally, a High Deductible Health Plan (HDHP) is available.
Snohomish School District	**Premium Differential Reduction**	A. Lower increases were applied to dependents than to employee only tiers for the past four years. B. Added lower cost options, such as the EasyChoice plans (which have many first dollar benefits) and a HDHP. C. Dependent children electing COBRA coverage pay a child rate and not a subscriber rate. D. Each child does not pay a separate premium, as the child premium is a composite rate.
Snoqualmie Valley School District	**Administrative Cost Reduction**	By working with our employee benefit consultant, we've negotiated with both fully-insured and self-insured plans to reduce administrative expenses wherever possible. We worked with our employee benefit consultant to evaluate alternative carriers for all benefit plans that could result in either lower adminstrative expenses or simply reduce total premiums.
Snoqualmie Valley School	**Cost Savings**	We have Implemented the following steps: 1.) Consumer Driven High Deductible Health Plan with an optional Health Savings Account offered as of 10/1/2012. 2.) Established an HSA employer contribution of $125 per employee per month, resulting in

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District		an increase to pooling dollars. 3.) Worked with employee benefit consultant to evaluate alternative carries for all benefit plans that could reduce premiums. 4.) Added a new lower cost Basic Plan.
Snoqualmie Valley School District	Customer Service	We have worked to improve customer service by providing comprehensive employee benefit handbook that encompasses all benefit summaries, rates and vendor contact information. We host an employee benefit fair with hours allowing for all employees to learn the most efficient way to access their benefits. We ensure that all health plans offered provide comprehensive nurse line and telephonic customer serivice and support for all members. We have regular Benefit Advisory Committee meetings with representation from all bargaining groups. We provide a benefit website page on our district website that has detailed information regarding all plans and carriers, including phone numbers and website links.
Snoqualmie Valley School District	Part-Time Employee Coverage Protection	We have continued to work with all purchasing/bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefit needs. We have provided all existing and new employees with required notification regarding availablity of health coverage through Washington Health Plan Finder as of January 1st, 2015.
Snoqualmie Valley School District	Premium Differential Reduction	We have implemented a minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents. We have encouraged employees that do not need health plan coverage to waive off of the district offered plan, resulting in and increase to pooling dollars. Worked with employee benefit consultant to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars available to those covering dependents. The JLARC K-12 Report, released in January this year, ranked all Washington State School Districts based on the dependent equity ratio, (differential between full family coverage costs and employee only costs, expressed as a multiple of the employee only costs). Based on that metric, the Snoqualmie Valley School District ranked 56th out of 116 districts with more than 100 employees for the 2013-2014 year. Snoqualmie Valley's equity ratio, multiple was 9.3 compared to an average multiple of 11.3 for the rest of the 116 districts.
Soap Lake School District	Administrative Cost Reduction	The WEA Select Medical Plans through Premera have reduced admin costs through the following: Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State

District	Category	Efforts and Achievements
		of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Soap Lake School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. The premium rate for dependent children is the same whether there is one or more enrolled. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their

District	Category	Efforts and Achievements
		families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Soap Lake School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. Work with enrollees or their provider to address escalated or complex issues. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Soap Lake School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera: Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Soap Lake School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.

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		Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
South Bend School District	**Administrative Cost Reduction**	The percentage of WEA claims paid through adjudication remains some of the highest in Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as enrollees with quick turnaround on payments for services and lower administative costs.
South Bend School District	**Cost Savings**	The premium rate for dependent children is the same whether there is one or more enrolled. Seven medical plans to choose from with wide range of benefits and rate levels. Employees can waive insurance and leftover state allocation is pooled to reduce the cost for those with monthly co-premiums
South Bend School District	**Customer Service**	Premera's WEA claims, customer service and field service teams provide website access to information about the employee's benefits, a cost estimator and educational information about wellness programs, plan benefits, commonly used enrolle and employer forms.
South Bend School District	**Part-Time Employee Coverage Protection**	District offers lower cost options: EasyChoice, Basic, QHDHP
South Bend School District	**Premium Differential Reduction**	Lower cost WEA Select Medical plan options are offered. Medical plans include a composite rate for children whether there is one or more enrolled. Dependent children are offered COBRA coverage at the child rate and not a subscriber rate.
South Kitsap School District	**Administrative Cost Reduction**	SKSD purchases medical plans through the WEA benefits program, in addition to one HMO plan purchased through Group Health Cooperative. The WEA program is an efficiently run program with low administrative costs built into the premiums for the management and maintenance of these plans, and the administrative costs on the Group Health plan are below average.
South Kitsap School District	**Cost Savings**	Both Premera Blude Cross and Group Health continue to evaluate their patient populations for early indentification of costly chronic conditions. Group Health is nationally recognized for its' innovative approach to member care through their lifetimes. SKSD has made progress by negotiating lower premiums on the Group health medical plan, making strategic benefit plan alterations, and by offering an HSA-Qualified High Deductible Health Plan so that employees may cover family members at

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District	Category	Efforts and Achievements
		significantly lower premiums.
South Kitsap School District	**Customer Service**	Some SKSD employees enjoy both a Benefits Website and a Benefits Helpline. The Benefits Website contains information for all the District's benefits plans in one convenient place and is widely accessed by both employees and their family members. It contains summaries, comparisons, calculators, forms, and links to information and resources provided by the insurance carriers. The very popular Benefits Helpline is available for employees and their families when they have questions about their District benefits. The phone calls received range on a wide variety of topics, from the new HSA-qualified HDHP, to LTD claims, vision provider searches, retirement and Medicare. In addition, Classified Employee Representatives and Administrators works with Brokers for SKSD to evaluate communication needs, provide surveys, newsletters, meetings, and one on one assistance when necessary.
South Kitsap School District	**Part-Time Employee Coverage Protection**	SKSD did not change part-time employees' access to coverage in the 2014-2015 plan year. Part-time employees remain eligible for the same benefits as full-time employees when they meet the definition of eligibility under their bargaining agreement. Medical insurance is optional and the district contribution for part-time employees is prorated based on the number of hours worked. SKSD and bargaining groups are aware that for part-time employees working 30 hours per week or more, full implementation of the 3:1 premium sharing as required by ESSB 5940 may subject the district to penalties under the Shared Responsibility Provision of the Affordable Care Act.
South Kitsap School District	**Premium Differential Reduction**	SKSD has continued to discuss various proposals to make progress towards a 3:1 premium sharing ratio for employees. Through meetings and discussions with administrators, it has been noted that any drastic changes in premium shares would cause significant changes in employee enrollment and could cause the district to overspend available funding. We continue to consider all options carefully in an effort to make progress.
South Whidbey School District	**Administrative Cost Reduction**	1. By working with our employee benefits consultant, we've negotiated with both fully-insured and self-insured plans to reduce administrative expenses whenever possible. 2. Worked with our employee benefits consultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative fees or simply reduce total premiums.
South Whidbey	**Cost Savings**	We have implemented the following steps: 1. Consumer driven High Deductible Health Plan with an optional Health Savings Account offered as of 10/01/2012. 2. Worked with employee benefits consultant to evaluate alternative carriers for all benefit

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District	Category	Efforts and Achievements
School District		plans that could reduce premiums.
South Whidbey School District	Customer Service	We have worked to proved improved customer service by: 1. Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information. 2. Hosting an employee beenfits fair with hours allowing for all employees to learn the most efficient way to access their benefits. 3. Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members.
South Whidbey School District	Part-Time Employee Coverage Protection	1. We have continued to work with all purchasing / bargaining groups to determine the appropriate eligibilty requirements to meet their specific group's benefit needs. 2. Providing all existing and new employees with required notifications regarding availibility of health coverage through Washington Health Plan Finder as of January 1st, 2014.
South Whidbey School District	Premium Differential Reduction	We have done the following: 1. Implemented miniumum premium contribution for all employees, effectively increase the employee only cost and reducing the cost for covering dependents. 2. Encouraged employees that do not need health plan coverage to waive off of the district offered plan, resulting in an increase in pooling dollars. 3. Worked with our employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars available to those covering dependents. 4. The JLARC K-12 Report, released in January of this year, ranked all Washington State School Districts based on the dependent equity ratio, (differential between full family coverage costs and employee only costs, expressed as a multiple of the employee only cost). Based on that metric, the South Whidbey Island School District ranked 82nd out of 116 districts with more than 100 employees for the 2013-14 school year. South Whidbey's equity ratio, multiple was 11.9 compared to an average multiple of 11.3 for the rest of the 116 districts.
Southside School District	Administrative Cost Reduction	NA
Southside School District	Cost Savings	NA
Southside School District	Customer Service	NA

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District	Category	Efforts and Achievements
Southside School District	**Part-Time Employee Coverage Protection**	Coverage is offered
Southside School District	**Premium Differential Reduction**	Negotiations with Unions
Spokane School District	**Administrative Cost Reduction**	We have no direct administrative expense.
Spokane School District	**Cost Savings**	We had a 25% increase in enrollment in our State comparable plan.
Spokane School District	**Customer Service**	Employee Benefits fair services, Benefits outreach sessions during open enrollment.
Spokane School District	**Part-Time Employee Coverage Protection**	The bulk of pooling dollars goes to those with the largest out of pocket amounts (ie part time employees).
Spokane School District	**Premium Differential Reduction**	Encourage use of State comparable plan using a 1:3 cost share
Sprague School District	**Administrative Cost Reduction**	Offered administrators more affordable plans.

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District	Category	Efforts and Achievements
Sprague School District	**Cost Savings**	We encourage employees to use in-network providers
Sprague School District	**Customer Service**	Premera provides a website with access to info about the employee benefits-this includes a cost estimator which helps them determine which plan offers out of pocket costs.
Sprague School District	**Part-Time Employee Coverage Protection**	By adding lower cost options, Easy Choice Plans & HDHP Plans
Sprague School District	**Premium Differential Reduction**	We offered employees lower cost options, such as the Easy Choice plan that have lower premiums & the HDHP Plan.
St. John School District	**Administrative Cost Reduction**	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.

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District	Category	Efforts and Achievements
St. John School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital

District	Category	Efforts and Achievements
		admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
St. John School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them

District	Category	Efforts and Achievements
		determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
St. John School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is

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District	Category	Efforts and Achievements
		available.
St. John School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Stanwood-Camano School District	**Administrative Cost Reduction**	1)By working with our employee benefits consultant, we've negotiated with both fully-insured and self-insured plans to reduce administrative expenses wherever possible. 2)Worked with our employee benefits consultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative expenses or simply reduce total premiums. Please note, there are some carriers such as Premera Blue Cross that don't provide the district with a summary of adminisrative costs so it is not possible to have an impact on those plans.
Stanwood-Camano School District	**Cost Savings**	We have implemented the following steps: 1) Consumer driven high deductible health plan with an optional Health Savings Account offered as of 10/01/2012 2)Established an H SA employer contribution of $125 per employee per month, resulting in an increase to pooling dollars 3)Use of purchasing consortium/Interlocal to purchase some benefits at a lower cost across several districts 4)Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums.
Stanwood-Camano School District	**Customer Service**	We have worked to provide improved customer service by: 1)Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information 2)Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits 3)Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members 4)Having regular Benefits

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District	Category	Efforts and Achievements
		Advisor Committee meetings with representation from all bargaining groups.
Stanwood-Camano School District	**Part-Time Employee Coverage Protection**	1)We have continued to work with all purchasing/bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefits needs. 2)Provided all existing and new employees with required notifications regarding availability of health coverage through Washington Health Plan Finder as of January 1, 2014. 3) Offer several lower cost medical plan options
Stanwood-Camano School District	**Premium Differential Reduction**	We have done the following: 1)Implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents. 2)Encouraged employees that do not need health plan coverage to waive off of the district offered plan, resulting in an increase to pooling dollars. 3)Established HSA employer conribution of $125 per employee per month, resulting in increase to pooling dollars. 4)Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars available to those covering dependents.
Star School District	**Administrative Cost Reduction**	Looking at other health care plans.
Star School District	**Cost Savings**	Offered Lower cost plans.
Star School District	**Customer Service**	District to small to get bids.
Star School District	**Part-Time Employee Coverage Protection**	District to small to get bids.
Star School District	**Premium Differential**	District to small to get bids.

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District	Category	Efforts and Achievements
	Reduction	
Starbuck School District	Administrative Cost Reduction	Implementing smart reports on line for confirmation and balancing. Point of contact one on one assures a live person answering questions.
Starbuck School District	Cost Savings	10% discounts are availkable to empoloyee groups/school districts when only the WEA Select Premera Blue Cross Medical Plans and one licensed HMO plan from one HMO carrier are offered.
Starbuck School District	Customer Service	Presentation of plans available at early Sept staff mtg. Considering an insurance fair with several other districts.
Starbuck School District	Part-Time Employee Coverage Protection	Part-time employees must be over 1/2 time or they are offered topay their percentage of time to premium %.
Starbuck School District	Premium Differential Reduction	Not mandating but pooling allows any difference from allocation to be used for spousal or family coverage.
Stehekin School District	Administrative Cost Reduction	District has no administrative expenses, District has only one employee eligible. Same expenses as last year.
Stehekin School District	Cost Savings	No measurement for health care cost.
Stehekin School District	Customer Service	No measurement to improve service.
Stehekin	Part-Time Employee	No measurement to protect access.

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District	Category	Efforts and Achievements
School District	Coverage Protection	
Stehekin School District	Premium Differential Reduction	District only has 1 employee eligible for coverage.
Steilacoom Hist. School District	Administrative Cost Reduction	We have reduced the cost of paper and additional internal administrative costs by offering an electronit platform that houses communication materials, forms, educational tools for employees and their families to access 24/7.
Steilacoom Hist. School District	Cost Savings	We offer an interactive Excel spreadsheet comparison that illustrates a high-level side-by-side plan review of the estimated out-of-pocket expenses that an employee and family would experience based on their estimated utilization of benefits and (pre-pooling) employee premium share. This gives employees and their families a better understanding of which plan could potentially be the most cost-effective for them.
Steilacoom Hist. School District	Customer Service	District employees and their families have access to an Employee Service Advocate Program available through our employee benefit broker/advisor. We hold educational sessions as necessary to keep our employees and their families informed, and we regularly hold an annual benefits fair.
Steilacoom Hist. School District	Part-Time Employee Coverage Protection	It is our practice to offer benefits to employees that work 15 hours or more per week.
Steilacoom Hist. School District	Premium Differential Reduction	Minimum contribution set at 1% of Employee Only premium for all employees enrolling in a medical plan
Steptoe	Administrative	Built in to the Business Manager's job

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District	Category	Efforts and Achievements
School District	**Cost Reduction**	
Steptoe School District	**Cost Savings**	The district contracts with the PEBB Program, whose cost-saving measures include: Managing the medical plans'prescripton-drug costs by promoting generic drug use through a lower-cost benefit design. Purchasing coverage for medical tools and procedures that are evidence based. Adopting PEBB's dependent verification eligibility processes, to ensure only eligible family members receive benefits.
Steptoe School District	**Customer Service**	The district follows the PEBB Program's guidelines for determining employee eligibility and enrollment procedures to ensure consistency. As required by the PEBB Program, the district is also required to verify eligibility for each employee's dependents through valid documentation before the employer enrolls the dependents in PEBB coverage.
Steptoe School District	**Part-Time Employee Coverage Protection**	District does its best to offer half time ee at prorated amount
Steptoe School District	**Premium Differential Reduction**	Defer to PEBB value for premium differential
Stevenson-Carson School District	**Administrative Cost Reduction**	Providence Health Plan has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative cost with medical cost inflation. This has resulted in reduced percentage of premium administrative cost. As such, as much as 90%-91% of premium dollars go towards claims expense costs. PHP is also not required to refund any premiums due to not meeting the MLR (medical loss ratio) requirements of PPACA.
		As a non-profit health plan, our focus is on reinvesting premiums to care for our members--not generating shareholder returns. Our margin is used exclusively to reinvest in the employees and resources that make it possible for us to maintain our leadersh

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District	Category	Efforts and Achievements
Stevenson-Carson School District	**Cost Savings**	Providence Health Plan (PHP) continues to employ a robust care management program that aims to improve care outcomes for our members, ensuring that the right care is being received in the right place, at the right time. Care managers work in collaboration
		Kaiser focuses on affordability by intergrating all medical services within our system rather than delivering disconnected or fragmented care. Our focus in on delivering high-quality care to employees so they're healthier and costs are lower. Because we're all part of one organization, we carefully coordinate care, sharing information among primary care and specialty physicians, pharmacies, and laboratories through to our hospitals and specialty care centers. It enables us to improve qualtity, reduce costs and drive innovation. Our integrated electronic medical records system promotes care, access and convenience for members.
Stevenson-Carson School District	**Customer Service**	Providence Health Plan Customer Service and Claims are located in Beaverton, Oregon, hours of operation 8:00 am to 5:00 pm PST, toll free 800 number for members. Customer Service Representatives are trained to answer all calls with 92% of calls answered
		Access to care is enhanced through open scheduling, expanded hours and new options for communication with the health plan or providers. Patients not only commnicate with the care team through secure email, but they can also see openings in their doctor's schedules and make appointments online, review lab results, refill prescriptions, identify and take steps to close care gaps through their personal action plan. One of the innovations is IT tool called OpQ. Through this system, we know in real-time how many patients are in the waiting room, how long they've been waiting, and how many referrals we have sent to each specialty that day. We also monitor the success of our office staff in closing care gaps as well as other performance indicators. This enables us to monitor and remediate potential service, quality or cost challengers in real time to ensure customer satisfaction.

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District	Category	Efforts and Achievements
Stevenson-Carson School District	**Part-Time Employee Coverage Protection**	We allow coverage for part time employees.
Stevenson-Carson School District	**Premium Differential Reduction**	We analyze our pooling to make it fair for all.
Sultan School District	**Administrative Cost Reduction**	By working with our employee benefit consultant we have negotiated both fully insured and self insured plans to reduce administrative costs wherever possible. Worked with employee benefit consultant to evaluate alternative carriers for all benefit plans that could result in lower administrative costs or total premiums.
Sultan School District	**Cost Savings**	Implemented consumer driven high deductible health plan with an optional HSA offered as of 10/01/2012. Established an HSA employer contribution of $125 per employee per month resulting in an increase to pooling. Worked with employee benefits consultant to evaluate carriers for all benefit plans that could reduce premiums.
Sultan School District	**Customer Service**	We are working to provide customer service by providing comprehensive employee benefits handbooks that encompasses all benefit summaries, rates, and vendor contact information. We host an annual benefits fair allowing employees the opportunity to ask questions and learn the most efficient way to access their benefits. Ensuring all helath plans offered provide a comprehensive nurse line and telephonic customer service and support for all memebers.
Sultan School District	**Part-Time Employee Coverage Protection**	We continue to work with all bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefit needs. We provide all existing and new employees with the required notifications regarding availability of health coverage through Washington State Health Finder as of January 1, 2014.
Sultan School District	**Premium Differential Reduction**	Implemented minimum premium contribution for all employees, effectively increasing employee only cost and reducing cost of dependent coverage. Encouraged employees that do not need health plan coverage to waive district offered plan resulting in an increase of pooling dollars. Established HSA contribution of $125 per employee per month, resulting in an increase to

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District	Category	Efforts and Achievements
		pooling dollars. Worked with employee benefit consultant to evaluate alternative carriers for all benefit plans that could reduce premiums. The JLARC K-12 Report, released in January 2016m ranked all Washington State School Districts based on the dependent equity ratio and Sultan School District ranked 73rd out of 116 districts with more than 100 employees for 2013-2014 school year. Sultan SD's equity ratio, multiple was 11.0 compared to an average multiple of 11.3 for the rest of the 116 districts.
Summit Valley School District	**Administrative Cost Reduction**	PEBB provides
Summit Valley School District	**Cost Savings**	PEBB provides
Summit Valley School District	**Customer Service**	PEBB provides
Summit Valley School District	**Part-Time Employee Coverage Protection**	PEBB provides
Summit Valley School District	**Premium Differential Reduction**	PEBB provides
Sumner School District	**Administrative Cost Reduction**	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced

District	Category	Efforts and Achievements
		overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Sumner School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes

District	Category	Efforts and Achievements
		to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.

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District	Category	Efforts and Achievements
Sumner School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Sumner School District	**Part-Time Employee Coverage**	The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the

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District	Category	Efforts and Achievements
	Protection	cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Sumner School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Sunnyside School District	**Administrative Cost Reduction**	A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.6% in 2014. The administrative costs specific to the WEA Plans are approximately 5% of premium and have been under 6% for over 12 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remain some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.

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		D. Group Health - In 2015, Group Health continued to focus our efforts on existing technology, making needed improvements to Premier and other legacy systems in order to meet federal, state, and industry guidelines and continue to provide the best service to our customers. On December 4, 2015, Group Health Cooperative announced that it signed an agreement to be acquired by Kaiser Foundation Health Plan of Washington. The approval process for the acquisition may take up to a year or more to complete. The acquisition was approved by Group Health's voting membership and is pending regulatory approval. Group Health's operations will not change right away. Upon the completion of the acquisition process, Kaiser Foundation Health Plan of Washington will become the parent company of Group Health Cooperative, Group Health Options, Inc., and certain other current Group Health subsidiaries. Group Health Cooperative and Group Health Options, Inc. will continue to hold their existing health plan contracts with employer group purchasers and other purchasers at the close of the acquisition. By joining with the larger Kaiser Permanente organization, Group Health will have access to greater resources and capital that will expand our capacity to care for and attract more people in Washington State.
Sunnyside School District	**Cost Savings**	A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.

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District	Category	Efforts and Achievements
		D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 3-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the HDHP or the EasyChoice Plan. The EasyChoice Plan provides three options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered in full. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.

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		N. Group Health - We work closely with the client to find the right benefit designs and network options and integrate them with our own delivery system to ensure that the group can maximize cost controls. We offer patient-centered care that promotes collaboration between physicians, specialists, and other members of the health care team. We empower employees to improve health through cost effective care management, wellness solutions, and occupational health services. All of these can result in a more productive workforce and lower overall costs. In order to ensure claims timeliness and accuracy, we have online systems that catch inappropriate billing, review coding, and identify duplicate billings and COB/subrogation opportunities. We perform pre-payment review of high dollar claims and post-payment audits. Group Health recently selected OptumRx to handle our pharmacy benefits management (claims and related network administration). As part of our continuing focus on cost savings across the enterprise, we identified our PBM relationship as a potential opportunity. By switching from our current vendor, MedImpact, to OptumRx, we will achieve significant savings and industry-leading capabilities to better manage the fastest growing component of health care costs into the future. Optimizing and actively managing transitions of care is a core competency and differentiator for Group Health. With onsite hospitalists and CMLNs to assist with transitions of care from one site to another and referrals to specialty programs or services, for both PPO and HMO members, Group Health is able to achieve better outcomes and lower costs. Coordinating these "hand-offs" results in lower costs and fewer days in the hospital. The most apparent objective measure of this performance is fewer readmissions and lower total cost of care. With our Optum Impact Intelligence tool, Group Health is able to analyze and dissect clinical and financial data to track utilization trends, patient outcomes, and provider performance and better manage the total cost of care and identify improvement opportunities. Group Health Care Management uses a number of approaches to identify individuals with high utilization of specific services and overall high utilization. Specifically, we use a predictive modeling tool - the Johns Hopkins Adjusted Clinical Groups (ACG) system - to identify members with specific conditions and high risk of hospitalization or high cost. We also receive routine reports of members with high utilization of Emergency Department Services. Additionally, we work with one of our purchasers around ED utilization for their enrollees.
Sunnyside School District	**Customer Service**	A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Conduct independent surveys to measure enrollee satisfaction and then put a focus on making changes to improve

District	Category	Efforts and Achievements
		satisfaction. C. Use "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. E. Through Field Service staff, provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. G. Work with enrollees or their provider to address escalated or complex issues. H. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the Plans. I. Group Health - In addition to the specific innovations listed in the next Section, Group Health offers the following innovative services: Health Coaching Group Health provides Health Coaching to all of our adult members. Coaches are health care professionals who are skilled in motivational interviewing. These health coaches provide telephonic coaching to our enrollees to improve their readiness to engage in healthier behaviors.

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		Primary areas of focus include nutrition, physical activity, early depression, and tobacco cessation. Depending on their answers to the Health Profile, members may be contacted by a coach who can help them meet their personal health goals. Patients can also reach out directly to coaches for assistance or be referred to a coach by a member of their care team. Shared Decision-Making Tools To help members make decisions related to elective surgical procedures. Group Health is using shared decision making aids for 12 preference-sensitive health conditions. With topics such as knee and hip arthritis, back problems, and heart disease, the videos give members a detailed rundown on their medical condition, the treatment options, and how differing treatments will affect their lives. Through the shared decision making process, members and their physicians can engage in an active, informed discussion about the benefits—and possible downsides—of a surgical procedure. The goal: health care that reflects a member's values and priorities, rather than only what a medical diagnosis recommends. Group Health is not only aiming to change our own standards for assuring our patients make well informed decisions, we are also leading public policy and clinical collaborative efforts at both the state and national levels to take aim at unwarranted variation, in part through promoting wide scale adoption of shared decision making.

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Sunnyside School District	**Part-Time Employee Coverage Protection**	A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan that has lower premiums and many first dollar benefits (such as generic drugs paid in full). Additionally, a High Deductible Health Plan (HDHP) is available. C. Part time employees receive benefit allocations from the state, and are also eligible to participate in the pooling process in their respective bargaining groups.
Sunnyside School District	**Premium Differential Reduction**	A. Lower increases were applied to dependents than to employee only tiers for the past four years. B. Added lower cost options, such as the EasyChoice plans (which have many first dollar benefits) and a HDHP. C. Dependent children electing COBRA coverage pay a child rate and not a subscriber rate. D. Each child does not pay a separate premium, as the child premium is a composite rate E. See #1 above.
Tacoma School District	**Administrative Cost Reduction**	The administrative costs of the benefits staff are paid by the trust and not the Tacoma School district. The trust works with Gallagher & Co., a benefits consultant company to negotiate administrative costs associated with our medical plans, dental, vision, long term disability, etc.
Tacoma School District	**Cost Savings**	The Group Health plans offer access to personal health and wellness tools that help employees stay on top of their health. Also, these plans have an integrated health and case management system in place that help to ensure employees receive appropriate and cost-effective medical care.

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District	Category	Efforts and Achievements
Tacoma School District	**Customer Service**	Employees of the Tacoma School District have direct access to The Sound Partnership staff for all enrollment, orientation, questions, and concerns relating to their benefits.
Tacoma School District	**Part-Time Employee Coverage Protection**	Tacoma School District through its collective bargaining agreements have continued to provide benefits to part time employees.
Tacoma School District	**Premium Differential Reduction**	We continue to work towards compliance. Four of the five plans offered are in alignment with this provision.
Taholah School District	**Administrative Cost Reduction**	Use of LEAN program. Use of auto adjudication
Taholah School District	**Cost Savings**	Premera negotiated rates. Multiple choices, waiver and pooling available
Taholah School District	**Customer Service**	Employee website
Taholah School District	**Part-Time Employee Coverage Protection**	No PT coverage
Taholah School District	**Premium Differential Reduction**	Offer of multiple options
Tahoma	**Administrative**	Worked with out employee benefits cosultant to evaluate alternative carriers for all benefit plans that could result in either

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District	Category	Efforts and Achievements
School District	Cost Reduction	lower administrative expenses or simply reduce total premiums.
Tahoma School District	Cost Savings	We have implemented the following steps: 1. Consumer Driven High Deductible Health Plan with an optional Health Savings Account offered as of 10/01/2012. 2. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums.
Tahoma School District	Customer Service	We have worked to provide improved customer service by 1. Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information. 2.Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits. 3. Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members. 4. Having regular Benefits Advisory Committee meetings with representation from all bargaining groups.
Tahoma School District	Part-Time Employee Coverage Protection	We have continued to work with all purchasing/bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefits needs.
Tahoma School District	Premium Differential Reduction	We have done the following: 1. Implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents. 2. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars available to those covering dependents.
Tekoa School District	Administrative Cost Reduction	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain

District	Category	Efforts and Achievements
		approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Tekoa School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.

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District	Category	Efforts and Achievements
		D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance

District	Category	Efforts and Achievements
		pool to reduce the cost for those with monthly co-premiums.
Tekoa School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Tekoa School	**Part-Time Employee**	The WEA Select Medical Plans through Premera:

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District	Category	Efforts and Achievements
District	**Coverage Protection**	A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Tekoa School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Tenino School District	**Administrative Cost Reduction**	N/A
Tenino School District	**Cost Savings**	Our District continues to be part of a large high volume plan which allows carries to negotiate lower costs and higher discounts. We have insurance pooling of surplus dollars that result from emplyees who have the option to waive medical coverage.
Tenino School District	**Customer Service**	Employee Resources link on District Home Page, Online enrollment and interactive website for plans.
Tenino School District	**Part-Time Employee Coverage**	Continue of offer health benefits to employees who work 12.5 hours per week (or a daily average of 2.5 hrs/day) or more. Continue to offer Easy Choice plans with lower premiums options and a High Deductible plan is also an option for our

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District	Category	Efforts and Achievements
	Protection	employees.
Tenino School District	**Premium Differential Reduction**	Continue to give lower increases to coverage tiers with dependents. Continue to offer Easy Choice plans with lower premiums options and a High Deductible plan is also an option for our employees. Premiums for children on both of the plans we offer are one set amount and are not a seperate premium for each child.
Thorp School District	**Administrative Cost Reduction**	District contracts with WEA for Healthcare Benefits
Thorp School District	**Cost Savings**	District contracts with WEA for Healthcare Benefits
Thorp School District	**Customer Service**	District contracts with WEA for Healthcare Benefits
Thorp School District	**Part-Time Employee Coverage Protection**	District contracts with WEA for Healthcare Benefits
Thorp School District	**Premium Differential Reduction**	District contracts with WEA for Healthcare Benefits
Toledo School District	**Administrative Cost Reduction**	District manages own insurance reconciliation and plan enrollment
Toledo School District	**Cost Savings**	We are searching for providers that can save both the district and employees money by offering lower premiums.

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District	Category	Efforts and Achievements
Toledo School District	**Customer Service**	Employees can contact WEA/Aon Hewitt for all questions via phone or internet
Toledo School District	**Part-Time Employee Coverage Protection**	Our district continues to offer health benefits to all employees who are contracted to work at least 3.5 hours a day
Toledo School District	**Premium Differential Reduction**	Less premium increase for family coverage as compared to individual coverage
Tonasket School District	**Administrative Cost Reduction**	Administrative expsenses have increased. Cost of implementation of new insurance mandates has been absorbed by district and not passed on to employee.
Tonasket School District	**Cost Savings**	Lower cost plans are available such as the HDHP or the Easy Choice Plan. Waiver - Employees can waive medical coverage. Any left over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Tonasket School District	**Customer Service**	Work with enrollees or their provider to address escalated or complex issues.
Tonasket School District	**Part-Time Employee Coverage Protection**	We offer health care coverage to all of our employees.
Tonasket School District	**Premium Differential Reduction**	Lower increases were applied to dependents than to employee only tiers for the past four years. Added lower cost options, such as the EasyChoice plans, New Basic Health plan and the HDHP. Dependent children electing COBRA coverage pay a child rate nad not a subscriber rate.

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District	Category	Efforts and Achievements
Toppenish School District	**Administrative Cost Reduction**	Bid out insurance coverage; more employee online enrollment versus paper;
Toppenish School District	**Cost Savings**	high number of members w/ insurance providers helps negotiate greater discounts; evidence based medical initiatives that allow carriers to provide efficent/cost-effective care and identify appropriate alternative care based on enrollee's needs; consumer driven-support services to help employees understand and direct their health care needs;
Toppenish School District	**Customer Service**	Distribute benefit summaries and as much information online for easy access to employees to make educated decisions regarding plan choice and health care
Toppenish School District	**Part-Time Employee Coverage Protection**	Access to coverage for part-time employees; offerings of lower cost options and a High Deductible Health Plan
Toppenish School District	**Premium Differential Reduction**	Lower increases applied to dependents than to employee tiers, added lower cost options, each child does not pay a separate premium-child premium is a composite rate.
Touchet School District	**Administrative Cost Reduction**	None
Touchet School District	**Cost Savings**	Attempting to replace higher premium options with more affordable ones.
Touchet School District	**Customer Service**	Work closely with benefit providers to provide employee benefit needs.
Touchet School District	**Part-Time Employee Coverage**	Part-time emloyees must work 4 or more hours per day to be eligible for benefits

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	Protection	
Touchet School District	Premium Differential Reduction	Attempting to replace higher premium options with more affordable ones.
Toutle Lake School District	Administrative Cost Reduction	No Administrative Cost
Toutle Lake School District	Cost Savings	We offer an HAS which is attached to the QHDP
Toutle Lake School District	Customer Service	Information given to employees regularly/and Aon YBA web-site access
Toutle Lake School District	Part-Time Employee Coverage Protection	We offer Kaiser and Premera with a 10% discount
Toutle Lake School District	Premium Differential Reduction	Minimum out of pocket for everyone
Trout Lake School District	Administrative Cost Reduction	Providence Health Plan has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative cost with medical cost inflation. This has resulted in reduced percentage of premium administrative cost. As such, as much as 90%-91% of premium dollars go towards claims expense costs. PHP is also not required to refund any premiums due to not meeting the MLR (medical loss ratio) requirements of PPACA.
Trout Lake	Cost Savings	Providence Health Plan (PHP) continues to employ a robust care management program that aims to improve care outcomes for our members, ensuring that the right care is being received in the right place, at the right time. Care managers work in

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District	Category	Efforts and Achievements
School District		collaboration with providers, health professionals, and health plan medical directors to provide a coordinated approach for members with complex care needs. This approach aims to educate and assist members in utilizing health care resources appropriately.
		PHP has implemented interventions to prevent inpatient hospital readmissions and initiatives to reduce complaints and potential medical errors. PHP provides a comprehensive array of health and wellness promotion and preventive services through our Fit Together program and a best-in-class pharmacy management program. Providence Health Plan has invested in preventive care and chronic Case and Disease Management Programs to improve on heath care outcomes, implementation of inteventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safety reporting, inititatives in place to reduce complaints and potential medical errors, the Health Plan includes a comprehensive array of health and wellness promotion and preventive services through our Fit Together program and a best-in-class pharmacy management program.
Trout Lake School District	**Customer Service**	Providence Health Plan Customer Service and Claims are located in Beaverton, Oregon, hours of operation 8:00 am to 5:00 pm PST, toll free 800 number for members. Customer Service Representatives are trained to answer all calls with 92% of calls answered at the point of service. Translation services available, automated voice response systement and call tracking software for real time an historical activty. The Health Plan has invested heavily in web based tools for members for outside of standard business hours which includes a variety of self service options and tools.
Trout Lake School District	**Part-Time Employee Coverage Protection**	We allow coverage for part time employees.
Trout Lake School District	**Premium Differential Reduction**	We analyze our pooling to make it fair for all.
Tukwila	**Administrative**	The WEA Select Medical Plans through Premera have reduced admin costs through the following:

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District	Category	Efforts and Achievements
School District	**Cost Reduction**	
		A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality,improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort andlowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improveinternal/external processes throughout the organization. Other organizations participate in Premera's Leanworkshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.
		B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera servicearea.
		C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, whichreduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees withquick turnaround on payments for services and lower administrative costs.
Tukwila School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures:
		A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts

District	Category	Efforts and Achievements
		locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of- of pocket costs for enrollees on a WEA Plan. WEA Premera enrollees who travel or reside outside the Premera service area. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to

District	Category	Efforts and Achievements
		B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific

District	Category	Efforts and Achievements
		healthcare needs and ensure they are receiving the appropriate services.
		F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital
		admissions, and higher copayments for brand, non-preferred and specialty drugs.
		G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.
		H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and
		ensuring the drugs are cost and care-effective.
		I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.

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		J. The premium rate for dependent children is the same whether there is one or more enrolled.
		K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.
		L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the

District	Category	Efforts and Achievements
		table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Tukwila School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.

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		D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.
		E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.
		F. Work with enrollees or their provider to address escalated or complex issues.
		G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Tukwila School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera:
		A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.

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		B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Tukwila School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera:
		A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.
		B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.
		C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.
		D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Tumwater School District	**Administrative Cost Reduction**	The WEA Select Medical Plans through Premera have reduced admin costs through the following: Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in

District	Category	Efforts and Achievements
		2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Tumwater School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. The premium rate for dependent children is the same whether there is one or more enrolled. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides

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		several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Tumwater School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. Work with enrollees or their provider to address escalated or complex issues. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Tumwater School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera: Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Tumwater School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.

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Union Gap School District	**Administrative Cost Reduction**	Premera provides a website with access to information about employee benefits, including a cost estimator. The website also provides educational information about wellness programs, plan benefits and houses forms commonly used by employers and enrollees. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera also works to resolve claim issues for enrollees. Offer a newsletter providing information a variety of topics including how to maximize their benefits, wellness resources, provider updates and benefit and rate changes.
Union Gap School District	**Cost Savings**	Premera provides the following cost savings measures: they negotiate greater provider discounts locally and nationally. They provide coverage to enrollees on the State Exchange, Individual, small and large group accounts. They use evidence-based medical initiatives that allow them to provide efficient and cost- effective care as well as to identify appropriate alternative care based on the enrollees needs. They have real-time access to consumer decision-support resources. Advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier and cost and care-efficient. Plans include copayments for emergency room service (waived if admitted), copayments for inpatient hospital admissions and higher copayments for brand, non-preferred and specialty drugs. Programs that momitor controlled medication substances to ensure appropriate use for enrollees. An open 4-tier drug formulary that provides choice for enrollees and their physicians. The premium rate for dependent children is the same whether there is one or more enrolled. Seven freestanding medical plans available statewide with a broad rage of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available. Employees can waive medical coverage. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Union Gap School District	**Customer Service**	Premera provides a website with access to information about employee benefits, including a cost estimator. The website also provides educational information about wellness programs, plan benefits and houses forms commonly used by employers and enrollees. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera also works to resolve claim issues for enrollees. Offer a newsletter providing information a variety of topics including how to maximize their benefits, wellness resources, provider updates and benefit and rate changes.
Union Gap	**Part-Time**	Premera has provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual

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School District	Employee Coverage Protection	disttict can choose to allow participation for employees working fewer hours, providing that the employer is contributing toward the cost of the medical plan. In our district, all employees, are allowed to participate in our group medical coverage. We offer lower cost options, such as the Premera EasyChoice pland and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Union Gap School District	Premium Differential Reduction	In some years, Premera has applied lower increases to dependent rate tiers than to employee only rate tiers. Offer lower cost options such as the EasyChoice plan and a QHDHP. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. Dependent children electing COBRA coverage is at the child rate, not the the subscriber rate.
University Place School District	Administrative Cost Reduction	Commission is paid on a PEPM Basis rather than a percentage of overall premium. This reduces costs overtime as medical inflation increases.
University Place School District	Cost Savings	District has maintained a discount in premium by having only one carrier. We locked in a rate cap for the current year which helped lower our costs
University Place School District	Customer Service	The district Payroll departments is able to directly assist employees with their enrollment and helps to intervene if there are any questions.
University Place School District	Part-Time Employee Coverage Protection	Certificated employees working more than 17.5 hours per week or all other employees working 20 hours per week have access to all medical plans.
University Place School District	Premium Differential Reduction	Rates have increased by a greater margin for employee only coverage than for family coverage consistently for the past three years.

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Valley School District	**Administrative Cost Reduction**	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Valley School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.

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		B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the

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		EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Valley School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues.

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		G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Valley School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Valley School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Vancouver School District	**Administrative Cost Reduction**	Administration expenses at the District level are a very small portion of total insurance costs. New state and federal regulations have required us to add staff.
Vancouver School District	**Cost Savings**	The WEA/Premera online enrollment system allows employees to compare the previous years expenses with estimated coverage under alternate WEA/Premera plans. Benefit staff also work closely with employees asking questions and highlighting benefits of lower cost plans to help employees discover their true health insurance needs. The two highest cost plans, Plans 5

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		and 2, had an enrollment decrease of 55% and 29% respectively.
Vancouver School District	**Customer Service**	We strive to offer our new employees the highest level of customer service by providing benefit orientations individually or in small groups. We devote multiple days in August to new educator benefit processing. Our comprehensive Benefit Guide is distributed each year at open enrollment and is available 24/7 via our staff portal. The staff portal also includes contacts, education pieces, monthly health topic newsletters, and forms. We host weekly benefit help sessions during open enrollment and a large benefit fair with all vendors in attendance. Employees may meet with a Premera representative at any of seven monthly Premera Assistance Days to gather information to assist them in making proactive decisions regarding their health care.
Vancouver School District	**Part-Time Employee Coverage Protection**	Employees that work 17.5 hours or more per week are eligible to participate in health benefits. Our district offers a wide range of plans and premiums to all employees.
Vancouver School District	**Premium Differential Reduction**	Signed Memorandum of Understanding with all bargaining groups that both parties agree to explore options for making progress toward a 3:1 ratio between family and employee only rates. Held multiple insurance oversight committee meetings to discuss necessary changes to premium rate structure. The district collaborated with unions to look at adding a minimum premium charge at the end of their collective bargaining agreement.
Vashon Island School District	**Administrative Cost Reduction**	Admimistrative costs continue on a downward trend and are under 6%. High claims paid through auto adjudication reduces need for manual intervention which lowers administration costs.
Vashon Island School District	**Cost Savings**	Provider contracting and volume of enrollment help negotiate higher discounts. We offer plans that include copayments for Emergency Room service (waived if admited). Copayments for inpatient hospital admissions and higher copayments for brand, non-preferred and speciality drugs. Some services require prior authorization which provides financial protection against unnecessary serives. Overage dependents pay the lower child rate rather than subscriber for COBRA. BlueCard program offers enrollees discounts if traveling outside Premera service area. If employee waives medical coverage, any leftover state allocation is put back into te insurance pool to reduce the cost for those with monthly co-premiums.

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Vashon Island School District	**Customer Service**	A website is available with access to information about employee benefits which includes a cost estimator. We send out a comprehensive packet annually via e-mail summarizing plans costs and coverages that include links to every insurance plan. As well as have providers available at our annual benefits fair for employees.
Vashon Island School District	**Part-Time Employee Coverage Protection**	We offer medical insurance to any employee who works at least 15 hours per week. The same plans are available as with full time employees.
Vashon Island School District	**Premium Differential Reduction**	All of our employee unions/groups pay 1% of the cost of their premium or any amount not covered in pooling whichever is greater. Each child does not pay a separate premium as the child premium is a composite rate.
Wahkiakum School District	**Administrative Cost Reduction**	The district contracts with the PEBB Program, whose cost-saving measures include: 1. Managing the medical plans' prescription-drug costs by promoting generic drug use through a lower-cost benefit design. 2. Purchasing coverage for medical tools and proc
Wahkiakum School District	**Cost Savings**	The district contracts with the PEBB Program, whose cost-saving measures include: 1. Managing the medical plans' prescription-drug costs by promoting generic drug use through a lower-cost benefit design. 2. Purchasing coverage for medical tools and proc
Wahkiakum School District	**Customer Service**	The district follows the PEBB Program's guidelines for determining employee eligibility and enrollment procedures to ensure consistency. As required by the PEBB Program, the district is also required to verify eligibility for each employee's dependents t
Wahkiakum School District	**Part-Time Employee Coverage Protection**	The district follows the PEBB Program's guidelines for determining employee eligibility and enrollment procedures to ensure consistency. As required by the PEBB Program, the district is also required to verify eligibility for each employee's dependents t
Wahkiakum	**Premium Differential**	The district follows the PEBB Program's guidelines for determining employee eligibility and enrollment procedures to ensure

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School District	**Reduction**	consistency. As required by the PEBB Program, the district is also required to verify eligibility for each employee's dependents t
Wahluke School District	**Administrative Cost Reduction**	Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization.
Wahluke School District	**Cost Savings**	The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts.
Wahluke School District	**Customer Service**	A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.
Wahluke School District	**Part-Time Employee Coverage Protection**	A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.
Wahluke School District	**Premium Differential Reduction**	A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.
Waitsburg School District	**Administrative Cost Reduction**	Premera has been a leader in implementing "lean" thinking sice 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's admin costs have been under 6% for over 11 years. The reduction have been passed on to our District. Premera's BlueCard provides significant saving to Premera enrollees traveling or residing outside the Premera service area.

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Waitsburg School District	**Cost Savings**	Districts provider Premera provided a plan that has the highest number of providers "in network" in the state. Providers' volume of enrollment assists in negotiating high discounts locally and nationally. Provider has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. Provider has evidence-based medical initiatives that allow them to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. Provider has advisory groups for medical and pharmacy that continually monitor its policy and procedures and make changes to formularies to ensure they are appropriate, and cost and care-efficient. Premera's member 360 dashboard, a proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. Premera provides plans that include copayments for Emergency Room service waived if admitted, copayments for inpaitient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. Premera's has programs that monitor controlled medication substances to provide protection for enrollees. Premera has an open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Waitsburg School District	**Customer Service**	Premera offers a website with access to information about the employee's benefiswich includes a cost estimator which helps them determine which providers require less-out-of-pocket costs. The website providdes educational information about wellness programs and their plan benefits. Premera does independent surveys to measure enrolee satisfaction and then puts a focus on making changes to improve enrollees satisfaction. Premera's Sales team provides year-round servicing and is availabletowork directly with enrolleees or family members who may need additional assistance with their plans. Premera provides an array of services from education about benefits and plan chocies to when a plan can be made. Working to help resolve claim issues. Carrier provides a semi-annual newsleters to enrollees to educate them on their plans and provide access to infomation to help support decision making and healthier lifestyle decisions.
Waitsburg School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans offered through Premera provided access to coverage for part-time employees working 17.5 hours a week. Added lower cost options, such as the EasyChoice Plan, that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Waitsburg School District	**Premium Differential**	District provider gave lower increases to dependents than to employee only tiers for the past three years. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added HDHP Plan.

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	Reduction	
Walla Walla Public Schools	Administrative Cost Reduction	With the ability to access our census/utilization data this allows our broker to better negotiate and minimize premium increases and administrative costs - these savings are passed onto employees
Walla Walla Public Schools	Cost Savings	Working directly with our broker we have local control over plan design and receive guidance on how plan design changes can have a positive impact on costs while also engaging employees for better decision making and utilization of their plan. In addition we eliminate WEA Vision coverage @ $31.2 in exchange for MetLife-same VSP network with better coverage @ $19.97. Premium savings of $11.28 back to pooling to help with medical premiums.
Walla Walla Public Schools	Customer Service	Increased communication to employees regarding health and wellness tools available via their health plan as well as on site health plan representative to answer questions
Walla Walla Public Schools	Part-Time Employee Coverage Protection	Since we direct negotiate our health plan we were able to establish lower minimum work hours for employee participation
Walla Walla Public Schools	Premium Differential Reduction	We eliminated our "Platinum" plan and restructured deductibles on lower premium plans to encourage enrollment on those plans which as a ration are more affordable
Wapato School District	Administrative Cost Reduction	For Premera: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera’s “Lean” workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.6% in 2014. The administrative costs specific to the WEA Plans are approximately 5% of premium and have been under 6% for over 12 years.

District	Category	Efforts and Achievements
		B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remain some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs. For Group Health: In 2015, Group Health continued to focus our efforts on existing technology, making needed improvements to Premier and other legacy systems in order to meet federal, state, and industry guidelines and continue to provide the best service to our customers. On December 4, 2015, Group Health Cooperative announced that it signed an agreement to be acquired by Kaiser Foundation Health Plan of Washington. The approval process for the acquisition may take up to a year or more to complete. The acquisition was approved by Group Health's voting membership and is pending regulatory approval. Group Health's operations will not change right away. Upon the completion of the acquisition process, Kaiser Foundation Health Plan of Washington will become the parent company of Group Health Cooperative, Group Health Options, Inc., and certain other current Group Health subsidiaries. Group Health Cooperative and Group Health Options, Inc. will continue to hold their existing health plan contracts with employer group purchasers and other purchasers at the close of the acquisition. By joining with the larger Kaiser Permanente organization, Group Health will have access to greater resources and capital that will expand our capacity to care for and attract more people in Washington State.
Wapato School District	**Cost Savings**	For Premera: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.

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		B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 3-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the HDHP or the EasyChoice Plan.

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		The EasyChoice Plan provides three options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered in full. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums. For Group Health: 2. We work closely with the client to find the right benefit designs and network options and integrate them with our own delivery system to ensure that the group can maximize cost controls. We offer patient-centered care that promotes collaboration between physicians, specialists, and other members of the health care team. We empower employees to improve health through cost effective care management, wellness solutions, and occupational health services. All of these can result in a more productive workforce and lower overall costs. In order to ensure claims timeliness and accuracy, we have online systems that catch inappropriate billing, review coding, and identify duplicate billings and COB/subrogation opportunities. We perform pre-payment review of high dollar claims and post-payment audits. Group Health recently selected OptumRx to handle our pharmacy benefits management (claims and related network administration). As part of our continuing focus on cost savings across the enterprise, we identified our PBM relationship as a potential opportunity. By switching from our current vendor, MedImpact, to OptumRx, we will achieve significant savings and industry-leading capabilities to better manage the fastest growing component of health care costs into the future. Optimizing and actively managing transitions of care is a core competency and differentiator for Group Health. With onsite hospitalists and CMLNs to assist with transitions of care from one site to another and referrals to specialty programs or services, for both PPO and HMO members, Group Health is able to achieve better outcomes and lower costs. Coordinating these "hand-offs" results in lower costs and fewer days in the hospital. The most apparent objective measure of this performance is fewer readmissions and lower total cost of care. With our Optum Impact Intelligence tool, Group Health is able to analyze and dissect clinical and financial data to track utilization trends, patient outcomes, and provider performance and better manage the total cost of care and identify improvement opportunities. Group Health Care Management uses a number of approaches to identify individuals with high utilization of specific services and overall high utilization. Specifically, we use a predictive modeling tool - the Johns Hopkins Adjusted Clinical Groups (ACG) system - to identify members with specific conditions and high risk of hospitalization or high cost. We also receive routine reports of members with high utilization of Emergency Department Services. Additionally, we work with one of our

District	Category	Efforts and Achievements
		purchasers around ED utilization for their enrollees.
Wapato School District	**Customer Service**	For Premera: Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Conduct independent surveys to measure enrollee satisfaction and then put a focus on making changes to improve satisfaction. C. Use "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. E. Through Field Service staff, provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. G. Work with enrollees or their provider to address escalated or complex issues. H. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the Plans.

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		For Group Health: In addition to the specific innovations listed in the next Section, Group Health offers the following innovative services: Health Coaching Group Health provides Health Coaching to all of our adult members. Coaches are health care professionals who are skilled in motivational interviewing. These health coaches provide telephonic coaching to our enrollees to improve their readiness to engage in healthier behaviors. Primary areas of focus include nutrition, physical activity, early depression, and tobacco cessation. Depending on their answers to the Health Profile, members may be contacted by a coach who can help them meet their personal health goals. Patients can also reach out directly to coaches for assistance or be referred to a coach by a member of their care team. Shared Decision-Making Tools To help members make decisions related to elective surgical procedures. Group Health is using shared decision making aids for 12 preference-sensitive health conditions. With topics such as knee and hip arthritis, back problems, and heart disease, the videos give members a detailed rundown on their medical condition, the treatment options, and how differing treatments will affect their lives. Through the shared decision making process, members and their physicians can engage in an active, informed discussion about the benefits—and possible downsides—of a surgical procedure. The goal: health care that reflects a member's values and priorities, rather than only what a medical diagnosis recommends. Group Health is not only aiming to change our own standards for assuring our patients make well informed decisions, we are also leading public policy and clinical collaborative efforts at both the state and national levels to take aim at unwarranted variation, in part through promoting wide scale adoption of shared decision making.
Wapato	**Part-Time**	For Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years.

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School District	**Employee Coverage Protection**	Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan that has lower premiums and many first dollar benefits (such as generic drugs paid in full). Additionally, a High Deductible Health Plan (HDHP) is available. For Group Health: We continue to provide coverage to part time employees, down to 10 hours per week. This eligibility requirement is lower than the federal requirement. Part time employees receive benefit allocations from the state, and are also eligible to participate in the pooling process in their respective bargaining groups. Group Health allows access for part-time employees working a minimum of 10 hours per week.
Wapato School District	**Premium Differential Reduction**	For: Premera: A. Lower increases were applied to dependents than to employee only tiers for the past four years. B. Added lower cost options, such as the EasyChoice plans (which have many first dollar benefits) and a HDHP. C. Dependent children electing COBRA coverage pay a child rate and not a subscriber rate. D. Each child does not pay a separate premium, as the child premium is a composite rate. For Group Health: See affordability response.
Warden School District	**Administrative Cost Reduction**	Using a FTE based system reduces some administrative costs as employees with a lower FTE would contribute to their offered benefits.
Warden School District	**Cost Savings**	PEBB offers a Health Savings Account which the employer as well as employees contribute to. The HSA has a high deductible and contributions can be banked for when they are needed. This account can build over time and is not lost at the end of the

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		year like a flex plan. PEBB offered lower rates than other insurance plans which allows for a lower cost to employees. Many in-network providers available to our employees with PEBB offer lower out of pocket costs.
Warden School District	**Customer Service**	We communicate questions or concerns between our employees and the insurance provider. Payroll/Personnel assists employees with issues that arise with their insurance, upload and submit documents such as enrollment changes, and communicates with insurance provider representatives to clarify questions as well as resolve issues.
Warden School District	**Part-Time Employee Coverage Protection**	Part time employees are offered insurance based on their FTE. Calculating premium costs using an employee's FTE allows for the employee to receive a percentage of the district/state contribution amount, this increases the amount the employee contributes towards the premium and decreases the amount the district/state contributes towards the premium.
Warden School District	**Premium Differential Reduction**	Our district uses Health Care Authority/PEBB as our insurance provider. For a full time employee the premium is only $301.00 for full family coverage as the district/state contributes up to a set amount to offset the cost for full coverage to employees.
Washougal School District	**Administrative Cost Reduction**	1. By working with our employee benefits consultant, we've negotiated with both fully-insured and self-insured plans to reduce administrative expenses wherever possible. 2. Worked with our employee benefits consultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative expenses or simply reduce total premiums.
Washougal School District	**Cost Savings**	We have implemented the following steps: 1. Consumer Driven High Deductible Health Plan with an optional Health Savings Account offered as of 10/01/2012 2. Established an HSA employer contribution of $125 per employee per month, resulting in an increase to pooling dollars. (If Applicable) 3. Use of purchasing consortium / Interlocal to purchase some benefits at a lower cost across several districts (applicable for districts purchasing some benefits through an interlocal) 4. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums.
Washougal	**Customer**	We have worked to provide improved customer service by:

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School District	**Service**	1. Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information. 2. Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits. 3. Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members. 4. Having regular Benefits Advisory Committee meetings with representation from all bargaining groups.
Washougal School District	**Part-Time Employee Coverage Protection**	1. We have continued to work with all purchasing / bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefits needs. 2. Provided all existing and new employees with required notifications regarding availability of health coverage through Washington Health Plan Finder as of January 1st, 2014.
Washougal School District	**Premium Differential Reduction**	1. Implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents. 2. Encouraged employees that do not need health plan coverage to waive off of the district offered plan, resulting in an increase to pooling dollars. 3. Established HSA employer contribution of $125 per employee per month, resulting in increase to pooling dollars. (If Applicable) 4. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars available to those covering dependents.

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		5. The JLARC K-12 Report, released in January of this year, ranked all Washington State School Districts based on the dependent equity ratio, (differential between full family coverage costs and employee only costs, expressed as a multiple of the employee only cost). Based on that metric, the Washougal School District ranked 48th out of 116 districts with more than 100 employees for the 2013-14 school year. Washougal's equity ratio, multiple was 8.6 compared to an average multiple of 11.3 for the rest of the 116 districts.
Washtucna School District	**Administrative Cost Reduction**	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Washtucna School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket

District	Category	Efforts and Achievements
		costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or

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		procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Washtucna School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics

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		including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Washtucna School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Washtucna School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Waterville School District	**Administrative Cost Reduction**	The WEA Select Medical Plans through Premera have reduced admin costs through the following: Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and

District	Category	Efforts and Achievements
		improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Waterville School District	**Cost Savings**	The WEA Select Medical Plans through Premera provide the following cost saving measures: The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. The premium rate for dependent children is the same whether there is one or more enrolled. Prior

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		Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Waterville School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. Work with enrollees or their provider to address escalated or complex issues. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Waterville School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera: Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.

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District	Category	Efforts and Achievements
Waterville School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Wellpinit School District	**Administrative Cost Reduction**	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Wellpinit School District	**Cost Savings**	The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.
Wellpinit School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational

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		information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.
Wellpinit School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera: A. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Wellpinit School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. A. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. B. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Wenatchee School District	**Administrative Cost Reduction**	Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for A. over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.

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		C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Wenatchee School District	**Cost Savings**	A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital

District	Category	Efforts and Achievements
		admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Wenatchee School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.

District	Category	Efforts and Achievements
		B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Wenatchee School District	**Part-Time Employee Coverage Protection**	A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Wenatchee School District	**Premium Differential**	The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.

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	Reduction	
		B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.
		C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.
		D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
West Valley School District (Spokane)	**Administrative Cost Reduction**	Again, looking at and seeing where health benefit dollars can be saved. Still want to make sure we receive service for the costs expended.
West Valley School District (Spokane)	**Cost Savings**	The District is working continually looking at plans that offer good coverage but are affordable for employees of all groups.
West Valley School District (Spokane)	**Customer Service**	The District works closely with all collective bargaining groups. We hold an annual benefit fair (attendance is not mandatory) with our medical vendors present to answer questions and explain coverages in detail. Our bargaining groups may also ask a vendor to come to a union meeting to answer questions from their group. We supply each employee with a folder containing information on all plans offered to their group. We are available for questions also.
West Valley School District (Spokane)	**Part-Time Employee Coverage Protection**	We offer medical to all of our employees. Whether they are 1.5 hours a day up to 8 hours. They understand that their position may not generate a lot of benefit dollars and that their out of pocket will be higher.
West Valley School District (Spokane)	**Premium Differential Reduction**	This is ongoing and we have employees who are only working for benefits for their family. Generally it is due to a spouse being self employed, etc. Some of our groups have pooling (left over $$ if another employee doesn't take medical benefits) and those $$ help those who have a higher out of pocket.

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West Valley School District (Yakima)	**Administrative Cost Reduction**	Going out for quotes to minimize costs.
West Valley School District (Yakima)	**Cost Savings**	Premera has the highest number of providers in network in the state. 98% of all paid claims are in network. Substantial provider discounts result in lower claims cost for the plan and lower out of pocket costs for enrollees on a WEA plan.
West Valley School District (Yakima)	**Customer Service**	Employees have access to view coverage and benefits online.
West Valley School District (Yakima)	**Part-Time Employee Coverage Protection**	Employees with .50 are eligible for benefits and have the same benefits offered.
West Valley School District (Yakima)	**Premium Differential Reduction**	Offer lower cost options, such as the EasyChoice plan and the Basic Plan and a QHDHP. Also, including a composite rate for children, meaning the rate for dependent children is the same whether there is one or more enrolled.
White Pass School District	**Administrative Cost Reduction**	Employees now enroll online themselves and reprt to us what they have opted to take
White Pass School District	**Cost Savings**	Have a HSA offered through Americaan Fidelity that goes along with our High Deductible Plan we also offer a cafeteria plan
White Pass School District	**Customer Service**	Offer a open door policy that they can come ask questions anytime and willing to get them any literature they may need. They also have access to the YBR website anytime.

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District	Category	Efforts and Achievements
White Pass School District	**Part-Time Employee Coverage Protection**	Added lower cost options such as the Basic Plan
White Pass School District	**Premium Differential Reduction**	Part of the WEA Select Medical Plan that is a tiered medical plan
White River School District	**Administrative Cost Reduction**	We have no additional administrative costs.
White River School District	**Cost Savings**	Each year we ask our broker to go out to bid on insurance packages to compare cost. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
White River School District	**Customer Service**	We have benefit orientations for all new hires. Existing employees receive email and online notifications of all benefits offered. Employees have access to online enrollment, as well as an intranet site with links to benefit plan information. Payroll staff is readily available to assist and answer quest
White River School District	**Part-Time Employee Coverage Protection**	The barganing units have written language in their agreements addressing the rights of their members to medical coverage. The district also runs reports to see if there are employees at year end that need to be offered medical insurance under the Federal guidelines.

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White River School District	**Premium Differential Reduction**	The district has imposed a 5% minimum employee paid cost for all medical plans. The 5% goes into a pool to reduce the out of pocket cost for employees on family plans.
White Salmon Valley School District	**Administrative Cost Reduction**	Providence Health Plan has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative cost with medical cost inflation. This has resulted in reduced percentage of premium administrative cost. As such, as much as 90%-91% of premium dollars go towards claims expense costs. PHP is also not required to refund any premiums due to not meeting the MLR (medical loss ratio) requirements of PPACA.
White Salmon Valley School District	**Cost Savings**	Providence Health Plan (PHP) continues to employ a robust care management program that aims to improve care outcomes for our members, ensuring that the right care is being received in the right place, at the right time. Care managers work in collaboration with providers, health professionals, and health plan medical directors to provide a coordinated approach for members with complex care needs. This approach aims to educate and assist members in utilizing health care resources appropriately. PHP has implemented interventions to prevent inpatient hospital readmissions and initiatives to reduce complaints and potential medical errors. PHP provides a comprehensive array of health and wellness promotion and preventive services through our Fit Together program and a best-in-class pharmacy management program. Providence Health Plan has invested in preventive care and chronic Case and Disease Management Programs to improve on heath care outcomes, implementation of inteventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safety reporting, inititatives in place to reduce complaints and potential medical errors, the Health Plan includes a comprehensive array of health and wellness promotion and preventive services through our Fit Together program and a best-in-class pharmacy management program.
White Salmon Valley School District	**Customer Service**	Providence Health Plan Customer Service and Claims are located in Beaverton, Oregon, hours of operation 8:00 am to 5:00 pm PST, toll free 800 number for members. Customer Service Representatives are trained to answer all calls with 92% of calls answered at the point of service. Translation services available, automated voice response systement and call tracking software for real time an historical activty. The Health Plan has invested heavily in web based tools for members for outside of standard

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		business hours which includes a variety of self service options and tools.
White Salmon Valley School District	**Part-Time Employee Coverage Protection**	We allow coverage for part time employees.
White Salmon Valley School District	**Premium Differential Reduction**	We analyze our pooling to make it fair for all.
Wilbur School District	**Administrative Cost Reduction**	District switched to HCA PEBB in 2014
Wilbur School District	**Cost Savings**	District switched to HCA PEBB in 2014
Wilbur School District	**Customer Service**	District switched to HCA PEBB in 2014
Wilbur School District	**Part-Time Employee Coverage Protection**	District switched to HCA PEBB in 2014
Wilbur School District	**Premium Differential Reduction**	District switched to HCA PEBB in 2014
Willapa Valley	**Administrative**	A

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School District	Cost Reduction	
Willapa Valley School District	Cost Savings	F
Willapa Valley School District	Customer Service	C
Willapa Valley School District	Part-Time Employee Coverage Protection	B
Willapa Valley School District	Premium Differential Reduction	B
Wilson Creek School District	Administrative Cost Reduction	2
Wilson Creek School District	Cost Savings	2
Wilson Creek School District	Customer Service	2
Wilson Creek School District	Part-Time Employee Coverage Protection	2

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District	Category	Efforts and Achievements
Wilson Creek School District	**Premium Differential Reduction**	2
Winlock School District	**Administrative Cost Reduction**	Premera has been a leader in implementing lean thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses.
Winlock School District	**Cost Savings**	7 freestanding medical plan available statewide with a broad range of benefits and rate levels to meet the diverse needs of school distr5ict employees and their families. Lower cost planst are available such a the Basic, QHDHP and the Easy Choice Plan. The EascyChoice Plan provides several options all at the same rate. It was developed so employees could pick the kplan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.
Winlock School District	**Customer Service**	Provide year round servicing and are available to work directly with enrollees or family members who may need additional asistance with their plans. Premera also works to resolve claim issue for enrollees.
Winlock School District	**Part-Time Employee Coverage Protection**	Offer lower cost options, such as EasyChoice & Basic plan that have lower premiums. Additionally, a QHDHP is offered.
Winlock School District	**Premium Differential Reduction**	The WEA Select Medical Plans through Premera offer lower cost options, such as the EasyChoice plan the Basic plan and a QHDHP.
Wishkah Valley School District	**Administrative Cost Reduction**	Our adminisrators receive the same amount of employer contributions as all other employees and have the same access to cost efficient plans.
Wishkah Valley School	**Cost Savings**	We are continuing to offer the most cost effective coverage to our employees with multiple plans ranging in cost

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District		
Wishkah Valley School District	Customer Service	They have more accessibility to their plan through the Aon Hewitt website which includes more service from their carrier and a designated employee available to help them
Wishkah Valley School District	Part-Time Employee Coverage Protection	Employees are offered several choices of low cost low premium coverage
Wishkah Valley School District	Premium Differential Reduction	Employees are offered the choice of several plans that include low cost and low premium for either employee only or family
Wishram School District	Administrative Cost Reduction	WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.6% in 2014. The administrative costs specific to the WEA Plans are approximately 5% of premium and have been under 6% for over 12 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remain some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs

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Wishram School District	**Cost Savings**	WEA Select Medical Plans through Premera: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.

District	Category	Efforts and Achievements
		H. An open 3-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the HDHP or the EasyChoice Plan. The EasyChoice Plan provides three options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered in full. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Wishram School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Conduct independent surveys to measure enrollee satisfaction and then put a focus on making changes to improve satisfaction.

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		C. Use "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. E. Through Field Service staff, provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. G. Work with enrollees or their provider to address escalated or complex issues. H. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the Plans.
Wishram School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan that has lower premiums and many first dollar benefits (such as generic drugs paid in full). Additionally, a High Deductible Health Plan (HDHP) is available.
Wishram	**Premium**	WEA Select Medical Plans through Premera:

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School District	**Differential Reduction**	A. Lower increases were applied to dependents than to employee only tiers for the past four years. B. Added lower cost options, such as the EasyChoice plans (which have many first dollar benefits) and a HDHP. C. Dependent children electing COBRA coverage pay a child rate and not a subscriber rate. D. Each child does not pay a separate premium, as the child premium is a composite rate.
Woodland School District	**Administrative Cost Reduction**	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and i
Woodland School District	**Cost Savings**	Bids were received and changes were made in 14-15, however the renewal rate was very high so we switched back to Premera. The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, curr
Woodland School District	**Customer Service**	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:A. Provide a website with access to information about the employee's benefits, including a cost estimator.
Woodland School District	**Part-Time Employee Coverage Protection**	The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing th
Woodland School District	**Premium Differential**	The WEA Select Medical Plans through Premera: A. A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. C. In

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	Reduction	
Yakima School District	Administrative Cost Reduction	Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Yakima School District	Cost Savings	The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. Programs that monitor controlled medication substances to

District	Category	Efforts and Achievements
		ensure appropriate use for enrollees. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. The premium rate for dependent children is the same whether there is one or more enrolled. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
Yakima School District	**Customer Service**	Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. Work with enrollees or their provider to address escalated or complex issues. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
Yakima School District	**Part-Time Employee Coverage**	Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums.

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Exhibit A19b
Efforts and Achievements by District
Calendar Year 2015

District	Category	Efforts and Achievements
	Protection	Additionally, QHDHP is available.
Yakima School District	**Premium Differential Reduction**	In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
Yelm School District	**Administrative Cost Reduction**	Unknown
Yelm School District	**Cost Savings**	Multiple medical plans are available with a broad range of benefits/rates to meet the diverse needs of school district employees
Yelm School District	**Customer Service**	Provide website with access to information about employee benefits
Yelm School District	**Part-Time Employee Coverage Protection**	Have provided coverage for employees working over 17.5 and 20 hours a week depending on bargaining group
Yelm School District	**Premium Differential Reduction**	Offer low cost plans including EasyChoice and QHDHP
Zillah School District	**Administrative Cost Reduction**	None
Zillah School District	**Cost Savings**	None

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Exhibit A19b
Efforts and Achievements by District
Calendar Year 2015

District	Category	Efforts and Achievements
Zillah School District	Customer Service	None
Zillah School District	Part-Time Employee Coverage Protection	None
Zillah School District	Premium Differential Reduction	None

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A20
Glossary of Acronyms

Acronym	Definition
Admits	Hospital Admissions
CSR	Claims Stabilization Reserve
IBNR	Incurred But Not Reported (applicable to plan reserves)
LOS	Length of Stay
PEPM	Per Employee Per Month
PMPM	Per Member Per Month
RSR	Rate Stabilization Reserve

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K–12 School District Data Collection Project
Exhibit A21a
Data Traceability Matrix for Carriers — Year 4

ESSB 5940 Section 4	HCA Exhibit D	CR 103	*Language from Legislation*	Data Source	Data Table	Data Type	Reporting Period	Feedback provided by HCA (SOW #1) and K-12 Carriers (SOW #2)	Additional Data Call Explanation and Instructions	Number of values	DC Section
A	B		C	D	E	F	G	H	J	K	L
Subsection (2)	1	n/a	School districts and their benefit providers shall annually submit, by a date determined by the office of the insurance commissioner, the following information and data for the prior calendar year					Carriers raised issues of calendar versus district plan year reporting. Data submission will adjust results to calendar year.	Carriers instructed to report financial data monthly based on plan year ending in 2012 and remaining months for non-calendar year plans. Some data reported as a snapshot in time.		
2.a	1	27	Progress by the district and its benefit providers toward greater affordability for full family coverage, health care cost savings, and significantly reduced administrative costs	Carriers	Carrier_Year	Narrative	Plan Year	The issue of the affordability for full family coverage is a district-specific issue, not a carrier-related one	Requested carrier description of efforts and achievement towards health care cost savings and significantly reduced administrative costs	1	1
2.b	2	2	Compliance with requirement to provide a high deductible health plan option with a health savings account	Carriers	Plan_Year	Text	Plan Year	All appear to comply currently	Instructions include the question: Does carrier offer IRS qualified HDHP to districts with health savings account? (Y/N)	1	4
2.c.i.A			An overall plan summary including the following: The financial plan structure and overall performance of each health plan, including:	Carriers							
2.c.i.A	3	16	Total premium expenses	Carriers	BP_Year, BP_Perform	Currency	Plan_Year, By Month	The definition of premium is monthly premium for experience reporting purposes and may be defined as the unit rate charge by the carrier for the coverage month		1, 12	5, 6
	From HCA Memo	5	Premium rate schedule for all tiers for each health benefit plan	Carriers	BP_SD	Currency	Plan Year		Added monthly premium rate schedule for all insurance tiers and districts/groups for plan years ending in 2012	5	8
	From HCA Memo	26	Description of "carve-out" supplemental services offered (e.g. for separate disease management, wellness, and similar programs)	Carriers	Plan_Year	Narrative	Plan Year	Added request for services; Carrier supplemental services not consistent/available	Describe supplemental services offered (such as disease management)	1	4
	From HCA Memo	25	Payments to carriers for "carve-out" supplemental services (e.g. for separate disease management, wellness, and similar programs)	Carriers	BP_Year	Currency	Plan Year	Added request for payments / fees; Carrier supplemental services not consistent/available	Report total annual payments to carriers received for separate disease management, wellness, and similar programs	1	5
2.c.i.B	4	8	Total claim expenses	Carriers	BP_Year, BP_Perform	Currency	Plan_Year, By Month	Health plan claims only	Report aggregate monthly paid claims	1, 12	5, 6
2.c.i.C	5	17, 18	Claims reserves	Carriers				Not available by district; to be combined by rating pool	Reserves are reported in two fields		
		18	Incurred But Not Reported (IBNR) reserves ending balance by rating pool	Carriers	Carrier_Pool	Currency	Plan Year	Added IBNR Reserves ending balance	Report IBNR reserves by rating pool ending balance only	1	3
		17	Premium or Rate Stabilization (PSR/RSR) reserves ending balance by rating pool	Carriers	Carrier_Pool	Currency	Plan Year	Added PSR/RSR fund balance at end	Report PSR or CSR by rating pool ending balance only	1	3
2.c.i.D	6	19	Plan administration expenses, including compensation paid to brokers	Carriers	BP_Year	Currency	Plan year	Report compensation breakdown	Total administrative expenses	1	5
		20	Taxes, WSHP assessments, and other government taxes and assessments	Carriers	BP_Year	Currency	Plan Year	Report PSR/RSR fund balance at end	Total administrative expenses for premium taxes, WSHIP assessments, and other government taxes or assessments	1	5

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A	B		C	D	E	F	G	H	J	K	L
Subsection (2)	1	n/a	School districts and their benefit providers shall annually submit, by a date determined by the office of the insurance commissioner, the following information and data for the prior calendar year					Carriers raised issues of calendar versus district plan year reporting. Data submission will adjust results to calendar year.	Carriers instructed to report financial data monthly based on plan year ending in 2012 and remaining months for non-calendar year plans. Some data reported as a snapshot in time.		
		21	Payments to brokers, producers, agents, and actuaries	Carriers	BP_Year	Currency	Plan Year	Requested data; Report broker aggregate amounts	Total administrative expenses for commissions, consulting fees including all direct or indirect producer compensation;	1	5
		23	Payments to associations, trusts and other third parties including benefit administration and marketing related compensation	Carriers	BP_Year	Currency	Plan Year	Report all payments to third parties	Payments to associations, trusts and other third parties including benefit administration and marketing related compensation	1	5
		22	PPO access fee	Carriers	BP_Year	Currency	Plan Year	No specific requirement	Total annual administrative expenses for PPO network access	1	5
		24	Carrier administrative expenses not covered above	Carriers	BP_Year	Currency	Plan Year		Total annual administrative expenses for all expenses not listed in other data fields	1	5
2.c.ii	7	28	A description of the plan's use of innovative health plan features designed to reduce health benefit premium growth and reduce utilization of unnecessary services including but not limited to the use of enrollee health assessments or health coach services, care management for high cost or high-risk enrollees, medical or health home payment mechanisms, and plan features designed to create incentives for improved personal health behaviors	Carriers	Carrier_Year, Carrier_Innov	Check list	Plan Year	Carrier features vary; suggest using list to standardize comparisons across carriers	Data call instructions included a list of standarized carrier features	list	1, 2
2.c.iii			Legislative language applicable to district-specific reporting, not carrier-reporting (see district matrix)								
	From HCA Memo	1	Carrier Name	Carriers	Carrier_Year	Text		Request the name of the carrier	Carrier Name	1	1
	From HCA Memo	3	Group policy number or plan identifier	Carriers	Plan	Text	Plan Year	Include group policy number, insurance carriers' names and group codes	Plan identifier	2	4
	From HCA Memo	6	Plan begin and end dates	Carriers	Plan	Text	Plan Year		Plan begin and end dates	2	4
2.c.iv	17	29	Data necessary for school districts to more effectively and competitively manage and procure health insurance plans for employees. The data must include, but not be limited to, the following:	Carriers	Carrier_Year	Text	Plan Year	Requested data	Describe what information is needed for districts to procure health insurance with your company?	1	1
2.c.iv.A	18	4	A summary of the benefit packages offered to each group of district employees, including:	Carriers	Plan_Year	Narrative	Plan Year	Plan summaries in standardized formats	Each carrier to provide summary of each unique benefit plan	1	4
2.c.iv.A	19	4	Covered benefits, employee deductibles, coinsurance, and co-payments	Carriers	Plan_CostShare	Mixed	Plan Year	Plan summaries provided by all the carriers; values entered from plan summaries	Unique cost-sharing provisions of plans include deductibles, coinsurance, copayments	1	4

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Data Traceability Matrix for Carriers — Year 4

ESSB 5940 Section 4	HCA Exhibit D	CR 103	*Language from Legislation*	Data Source	Data Table	Data Type	Reporting Period	Feedback provided by HCA (SOW #1) and K-12 Carriers (SOW #2)	Additional Data Call Explanation and Instructions	Number of values	DC Section
A	B		C	D	E	F	G	H	J	K	L
Subsection (2)	1	n/a	School districts and their benefit providers shall annually submit, by a date determined by the office of the insurance commissioner, the following information and data for the prior calendar year					Carriers raised issues of calendar versus district plan year reporting. Data submission will adjust results to calendar year.	Carriers instructed to report financial data monthly based on plan year ending in 2012 and remaining months for non-calendar year plans. Some data reported as a snapshot in time.		
2.c.iv.A	20	7	The number of employees and their dependents in each benefit package	Carriers	Carrier_Pool, BP_Perform	Numeric	Plan Year, By Month		Monthly employee and dependent enrollment headcounts		3, 6
2.c.iv.B	21, 22	7	Aggregated employee and dependent demographic information, including age band and gender, by insurance tier and by benefit package	Carriers	BP_Demo, BP_SD	Mixed	Snapshot	Carriers note aggregated demographics not tracked by coverage tier; snapshot requested	Reporting for plan year ending in 2012	list	7, 8
	21, 22	7	Employee counts by age tier	Carriers	BP_Demo	Numeric	Snapshot	Age banded requested	Employees by age band — plan year ending in 2012	11	7
	21, 22	7	Dependent counts by age tier	Carriers	BP_Demo	Numeric	Snapshot	Age banded requested	Dependents by age band for plan year ending in 2012	11	7
	21, 22	7	Employee counts by gender	Carriers	BP_Demo	Numeric	Snapshot	M/F	Employees by gender for plan year ending in 2012	2	7
	21, 22	7	Dependent counts by gender	Carriers	BP_Demo	Numeric	Snapshot		Dependents by gender for plan year ending in 2012	2	7
	21, 22	7	Employee counts by coverage tier	Carriers	BP_Demo, BP_SD	Numeric	Snapshot, Plan Year	Standardized coverage tiers — at end of plan year snapshot	Employee counts by coverage tier for plan year ending in 2012	5	7, 8
	21, 22	7	Dependent counts by employee coverage tier	Carriers	BP_Demo	Numeric	Snapshot	Standardized coverage tiers — at end of plan year snapshot. The dependents count in the employee only tier should be 0	Dependent counts by employee coverage tier for plan year ending in 2012	5	7
2.c.iv.C	23	8	Total claim payments by benefits package, including:	Carriers	Carrier_Pool, BP_Year, BP_Perform	Currency	Plan_Year, By Month	Total dollar claims paid	All data for plan year ending in 2012	1, 12	3, 5, 6
2.c.iv.C	24	16	Premiums paid	Carriers	BP_Year, BP_Perform	Currency	Plan_Year, By Month	Total premiums paid	Premium recorded for experience reporting purposes	1, 12	5, 6
2.c.iv.C	25	9	Inpatient facility claims paid	Carriers	BP_Year, BP_Perform	Currency	Plan_Year, By Month		Monthly inpatient facility paid claims	1, 12	5, 6
See CR 103	25	9	Inpatient facility claims utilization	Carriers	BP_Year	Numeric	Plan year	Utilization (count)	Number of inpatient admissions/1000, inpatient days/1000, average length of stay (LOS)	1	5
2.c.iv.C	26	10	Outpatient facility claims paid	Carriers	BP_Year, BP_Perform	Currency	Plan_Year, By Month	Total dollar claims paid	Monthly outpatient paid claims	1, 12	5, 6
	26	10	Outpatient facility claims utilization	Carriers	BP_Year	Numeric	Plan year	Utilization (count)	Outpatient facility visits per 1,000	1	5
2.c.iv.C	27	11	Physician (professional) claims paid	Carriers	BP_Year, BP_Perform	Currency	Plan_Year, By Month	Included professional services	Monthly professional paid claims	1, 12	5, 6
	27	11	Professional services claims utilization	Carriers	BP_Year	Numeric	Plan year	Utilization (count)	Professional visits per 1,000	1	5
2.c.iv.C	28	12	Pharmacy claims paid	Carriers	BP_Year, BP_Perform	Currency	Plan_Year, By Month	Total dollar claims paid	Monthly pharmacy paid claims	1, 12	5, 6
	28	12	Pharmacy claims utilization	Carriers	BP_Year	Numeric	Plan year	Utilization (count)	Number of scripts (30 day supply) per 1,000	1	5
2.c.iv.C	29	13	Capitation amounts paid	Carriers	BP_Year	Currency	Plan year	Total dollar claims paid	Monthly capitation payments	1	5
2.c.iv.C	30	14	Other claims paid	Carriers	BP_Year, BP_Perform	Currency	Plan_Year, By Month	Total dollar claims paid	Monthly all other paid claims	1, 12	5, 6

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ESSB 5940 Section 4	HCA Exhibit D	CR 103	*Language from Legislation*	Data Source	Data Table	Data Type	Reporting Period	Feedback provided by HCA (SOW #1) and K-12 Carriers (SOW #2)	Additional Data Call Explanation and Instructions	Number of values	DC Section
A	B		C	D	E	F	G	H	J	K	L
Subsection (2)	1	n/a	School districts and their benefit providers shall annually submit, by a date determined by the office of the insurance commissioner, the following information and data for the prior calendar year					Carriers raised issues of calendar versus district plan year reporting. Data submission will adjust results to calendar year.	Carriers instructed to report financial data monthly based on plan year ending in 2012 and remaining months for non-calendar year plans. Some data reported as a snapshot in time.		
	30a	14	Other claims paid utilization	Carriers	BP_Year	Numeric	Plan year	Utilization (count)	All other medical visits per 1,000	1	5
2.c.iv.D	31	16	Total premiums paid by benefits package	Carriers	BP_Year, BP_Perform, BP_SD	Currency	Plan_Year, By Month	Premiums included for medical and pharmacy; vision, dental, life, LTD not included. Carrier-specific grouping status (classified/ certificated) not available	Premium recorded for experience reporting purposes	1, 12, list	5, 6, 8
2.c.iv.E	32	15	A list of large claims defined as annual amounts paid in excess of $100,000 including	Carriers					Listing of large claims by carrier	By claimant	9
2.c.iv.E	33	15	Amount paid (per claimant)	Carriers	Carrier_Claims	Currency	Plan Year	Large claims in excess of 100,000 per claimant	Submission is based on amount per claimant	By claimant	9
2.c.iv.E	34	15	Member enrollment status	Carriers	Carrier_Claims	Text	Plan Year	Individually identifiable information as defined by HIPAA will not be included; eliminating member or plan participant identifier		By claimant	9
2.c.iv.E	35	15	Primary diagnosis	Carriers	Carrier_Claims	Text	Plan Year	Carriers agreed to report ICD-9 Major Diagnosis Codes (MDC) code groupings or numbers; consolidate reporting to avoid disclosing potentially protected health information (PHI) or individually identifiable information (IIHI) as defined by HIPAA	Reporting by ICD-9 principal diagnosis code categories by claimant for all health plans combined by carrier for the reporting period	By claimant	9
Subsection (3)	29, 36	17	Annually school districts and their benefit providers shall jointly report to the OIC on their health insurance related efforts and achievements to:	Carriers	Carrier_Year	Text	Plan Year	Suggest using uniform checklist for carriers to identify efforts and achievements	Instructions include a uniform checklist of efforts and achievements	1	1
3.a	36	27	Significantly reduce administrative costs for school districts	Carriers	Carrier_Year	Narrative	Plan Year	Carrier efforts to help districts manage their programs	Description of carrier efforts to help districts manage their programs	1	1
3.b	37		Improve Customer Service	Carriers	Carrier_Year	Narrative	Plan Year	Carriers offering service on their plans	Description of carrier efforts and achievements to improve customer service	1	1
3.c	38		Reduce differential plan premiums rates between employee only and family health benefit premiums	Carriers	Carrier_Year	Narrative	Plan Year	Employee and family cost differentials established by carriers with districts determining the contribution differentials between employee and family coverage		1	1
3.d	39		Protect access to coverage for part-time K-12 employees	Carriers	Carrier_Year	Narrative	Plan Year	Carriers offering plans eligible for part time district employees	Description of carrier efforts to provide plans for part-time k-12 employees	1	1

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K–12 School District Data Collection Project
Exhibit A21b
Data Traceability Matrix for Districts — Year 4

ESSB 5940 Section 4	HCA Exhibit D	CR 103	*Language from Legislation*	Data Source	Data Table	Data Type	Reporting Period	Feedback provided by HCA (SOW #1) and K-12 Carriers (SOW #2)	Additional Data Call Explanation and Instructions	Number of values	DC Section
A	B		C	D	E	F	G	H	K	L	M
Subsection (2)			School districts and their benefit providers shall annually submit, by a date determined by the office of the insurance commissioner, the following information and data for the prior calendar year								
2.a	1		Progress by the district and its benefit providers toward greater affordability for full family coverage, health care cost savings, and significantly reduced administrative costs	Districts	SD_Year	Narrative	Calendar	The narrative applies to progress over the year	Describe district progress towards greater affordability for full family coverage	1	1
2.b	2		Compliance with requirement to provide a high deductible health plan option with a health savings account	Districts	SD_Year	Text	Calendar	Confirm districts are offering these plans to employees		1	1
2.c.i			An overall plan summary including the following: The financial plan structure and overall performance of each health plan, including:								
2.c.i.A	3		Total premium expenses	Districts	SD_Year	Currency	SD Year		Total premiums are the total dollars the district pays to the respective insurance companies for all health plans	1	1
		26	Description of "carve-out" supplemental services purchased separately from carriers (cost not built into premiums)	Districts	SD_Year	Narrative	Calendar		Supplemental services a district pays to carriers outside the health plan	1	1
		25	Total payments (i.e. fees) for supplemental services (disease management, wellness program, etc.) paid to carriers or other third parties	Districts	SD_Year, SD_Entity	Currency	SD Year		Total district payments to carriers for "carve-out" services not included in the health plans	1	1, 3
2.c.i.D	6		Plan administration expenses including compensation paid to brokers	Districts	SD_Year, SD_Entity	Currency	SD Year		Costs for the district to administer their health benefit plans, not including fees paid to third parties outside the health plan	1	1, 3
	From HCA memo		Description of district allocation of internal administration expenses (staff cost allocated to employee benefits);	Districts	SD_Year	Narrative	SD Year	Description of how district has computed expense which may vary by district		1	1
2.c.ii	7		A description of the plan's use of innovative health plan features designed to reduce health benefit premium growth and reduce utilization of unnecessary services including but not limited to the use of enrollee health assessments or health coach services, care management for high cost or high-risk enrollees, medical or health home payment mechanisms, and plan features designed to create incentives for improved personal health behaviors	Districts	SD_Innov	Check list	Calendar		Report innovative features that districts utilize to impact health care costs; make selection from check-list provided with data call	list	1, 2
2.c.iii			Data to provide an understanding of the employee health benefit plan coverage and costs, including:								
2.c.iii	8		The total number of employees, and, for each employee:	Districts	SD_Emp	Numeric	Snapshot	Marital status — no specific requirement		per employee	7
2.c.iii	9		The employee's full-time equivalent status	Districts	SD_Emp	Numeric	Snapshot	FTE Between 0 and 1.00		per employee	7
2.c.iii	10		Types of coverage or benefits received	Districts	SD_Emp	Narrative	Snapshot	Dental/vision plans not included		per employee	7
2.c.iii	11		Numbers of covered dependents	Districts	SD_Emp, SD_EmpDep	Numeric	Snapshot			per dependent	7, 8

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Exhibit A21b
Data Traceability Matrix for Districts — Year 4

ESSB 5940 Section 4	HCA Exhibit D	CR 103	*Language from Legislation*	Data Source	Data Table	Data Type	Reporting Period	Feedback provided by HCA (SOW #1) and K-12 Carriers (SOW #2)	Additional Data Call Explanation and Instructions	Number of values	DC Section
A	B		*C*	D	E	F	G	H	K	L	M
Subsection (2)			School districts and their benefit providers shall annually submit, by a date determined by the office of the insurance commissioner, the following information and data for the prior calendar year								
2.c.iii	12		Number of eligible dependents	Districts	SD_Emp, SD_EmpDep	Numeric	Snapshot	Asking for eligible dependents but data cannot be verified		per dependent	7, 8
2.c.iii	13		The amount of the district's contribution to premium	Districts	SD_Emp	Currency	Snapshot	Retiree remittance and premiums but not included		per employee	7
2.c.iii	14		Additional premium costs paid by employee through payroll deductions	Districts	SD_Emp	Currency	Snapshot	Request annual aggregated amount of employee contributions expended for employee health benefits		per employee	7
2.c.iii	15		The age and sex of the employee	Districts	SD_Emp	Mixed	Snapshot	Requested data		per employee	7
2.c.iii	16		The age and sex of each dependent	Districts	SD_Emp, SD_EmpDep	Mixed	Snapshot	Information not readily available; districts must survey employees to collect the information		per dependent	7, 8
	From HCA memo		Total number of employees by certificated / classified status,	Districts	SD_Emp	Numeric	Snapshot			summarized	
	From HCA memo		Employee enrollment by coverage tier	Districts	SD_Emp	Numeric	Snapshot	Computed from district census		summarized	
2.c.iv.A	17		Summary of the benefit packages offered to each group of district employees, including covered benefits (etc)	Districts	SD_CarrierPlan, SD_Group, SD_GroupPlan	Narrative	Snapshot	Cost-sharing provisions and plan summaries requested with the carrier data call		by group / plan	3, 4, 5, 6
2.c.iv.A	20		Number of employees and dependents in each benefit package	Districts	SD_Emp, SD_EmpDep	Numeric	Snapshot			by plan	7, 8
2.c.iv.B	22		Aggregated dependent demographic information, including age band and gender, by insurance tier and benefit package	Districts	SD_Emp, SD_EmpDep	Mixed	Snapshot	District census is captured, but demographic reporting will use carrier files		by dependent	7, 8
Subsection (3)	36		Annually school districts and their benefit providers shall jointly report to the OIC on their health insurance related efforts and achievements to:					Instructions include a uniform checklist of efforts and achievements			
3(a)	36		Significantly reduce administrative costs for school districts	Districts	SD_Year	Narrative	Calendar	Requested data		1	1
3(b)	37		Improve customer service	Districts	SD_Year	Narrative	Calendar	Requested data		1	1
3(c)	38		Reduce differential plan premiums rates between employee only and family health benefit coverage	Districts	SD_Year	Narrative	Calendar	Districts responsibility to establish single and family contributions		1	1
3(d)	39		Protect access to coverage for part-time K-12 employees	Districts	SD_Year	Narrative	Calendar	Employer contribution for part-time employees based on pro-ratio schedule by district or local bargaining unit as applicable.		1	1

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A21c

Column Definitions for the Data Traceability Matrices — Year 4

Columns from Requirements document	
A	ESSB 5940 section of bill language; otherwise CR103P rule-making order requirement
B	Data Requirement identified in SOW#1 memo from the Health Care Authority (HCA) (reference number from HCA Exhibit D)
C	Rule-making order CR103P language (filed 2.7.13)
D	Language from legislation or data authorized to collect for HCA, or as specified in CR103P rule-making order
E	Data Source — Districts or Carriers
F	Data table identifier for storing data in parent table
G	Data type (for example: narrative, text, currency, mixed, lists, numeric)
H	Reporting Period (calendar year, plan year, annual reporting by month, or snapshot date selected within the reported year)
I	SOW#1 — Health Care Authority (HCA) analysis of HCA requested data elements; SOW#2 — K-12 Carrier feedback regarding data requirements
J	Explanation and Instructions requirements
K	The number of expected discrete values
L	Data Call (DC) reporting section of the data call to districts and carriers; see below for carrier reporting period instructions

Carrier Data Call (DC) Possible Groupings (Column L)	
1	Overall carrier information, annual information
2	Carrier innovation features, checklist, annual information
3	Plan reserves for plan year ending
4	Plan information and plan year summaries, by plan year
5	Benefit package annual plan-year reporting.
6	Benefit package performance by month within calendar year
7	Plan demographics, snapshot — by plan year ending
8	District-level reporting, snapshot — by plan year ending
9	Large claims by carrier across plans — by plan year ending

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A22
Report Contributors

Contributor	Role
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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B1
Number of Employees and Health Care Coverage
Census October 1, 2015

District	Total Employees by Duty Type			Enrolled Employees by Duty Type			Coverage Tier					Employee and Dependent Counts[1]		
	Certificated	Classified	Total	Certificated	Classified	Total	EE	ES	EC	EF	All	Employees	Dependents	Members
Aberdeen School District	201	316	517	180	211	391	248	28	95	20	391	391	273	664
Adna School District	39	39	78	25	9	34	15	5	8	6	34	34	50	84
Almira School District	9	13	22	8	9	17	2	7	3	5	17	17	29	46
Anacortes School District	180	137	317	137	103	240	115	30	49	46	240	240	0	240
Arlington School District	327	267	594	303	210	513	239	55	137	82	513	513	0	513
Asotin-Anatone School District	46	61	107	40	22	62	5	11	2	44	62	62	7	69
Auburn School District	853	1,044	1,897	712	734	1,446	828	132	329	157	1,446	1,446	1,290	2,736
Bainbridge Island School District	264	273	537	206	172	378	203	31	95	49	378	378	0	378
Battle Ground School District	906	477	1,383	758	365	1,123	576	123	263	161	1,123	1,123	1,135	2,258
Bellevue School District	1,414	1,315	2,729	1,174	858	2,032	1,097	179	483	273	2,032	2,032	1,863	3,895
Bellingham School District	829	671	1,500	748	456	1,204	652	127	292	133	1,204	1,204	0	1,204
Benge School District	2	2	4	2	2	4	1	1	0	2	4	4	6	10
Bethel School District	1,249	1,042	2,291	1,021	562	1,583	966	144	319	154	1,583	1,583	617	2,200
Bickleton School District	11	8	19	8	3	11	0	5	0	6	11	11	0	11
Blaine School District	135	171	306	116	114	230	111	32	50	37	230	230	0	230
Boistfort School District	7	9	16	7	7	14	11	2	0	1	14	14	5	19
Bremerton School District	380	326	706	299	195	494	322	45	99	28	494	494	0	494
Brewster School District	70	70	140	66	59	125	78	14	26	7	125	125	89	214
Bridgeport School District	57	62	119	48	40	88	55	0	24	9	88	88	77	165
Brinnon School District	6	8	14	5	6	11	6	2	2	1	11	11	0	11
Burlington-Edison School District	256	251	507	235	181	416	213	40	123	40	416	416	0	416
Camas School District	441	376	817	389	246	635	277	72	192	94	635	635	725	1,360
Cape Flattery School District	46	67	113	45	41	86	62	2	19	3	86	86	34	120
Carbonado School District	12	15	27	9	11	20	15	1	2	2	20	20	10	30
Cascade School District	92	108	200	74	56	130	65	17	31	17	130	130	0	130
Cashmere School District	71	128	199	70	110	180	73	26	28	53	180	180	0	180
Castle Rock School District	79	89	168	72	63	135	77	12	36	10	135	135	246	381
Centerville School District	5	12	17	5	5	10	2	3	4	1	10	10	8	18
Central Kitsap School District	720	724	1,444	576	445	1,021	552	117	229	123	1,021	1,021	0	1,021
Central Valley School District	849	560	1,409	849	560	1,409	786	100	414	109	1,409	1,409	0	1,409
Centralia School District	227	267	494	205	172	377	211	34	103	29	377	377	693	1,070
Chehalis School District	177	252	429	157	151	308	169	26	83	30	308	308	283	591
Cheney School District	341	337	678	297	181	478	286	32	118	42	478	478	0	478
Chewelah School District	59	72	131	53	38	91	52	11	21	7	91	91	74	165
Chimacum School District	68	82	150	58	61	119	64	14	27	14	119	119	85	204
Clarkston School District	158	222	380	132	143	275	143	21	70	41	275	275	0	275
Cle Elum-Roslyn School District	59	89	148	53	62	115	66	10	18	21	115	115	112	227
Clover Park School District	907	661	1,568	751	470	1,221	782	78	268	93	1,221	1,221	847	2,068
Colfax School District	38	58	96	37	27	64	34	9	15	6	64	64	71	135
College Place School District	91	69	160	86	45	131	80	8	28	15	131	131	105	236
Colton School District	17	9	26	14	5	19	11	0	5	3	19	19	20	39
Columbia (Stevens) School District	12	18	30	12	11	23	6	10	4	3	23	23	14	37
Columbia (Walla Walla) School District	58	69	127	51	36	87	51	7	18	11	87	87	74	161
Colville School District	90	170	260	74	93	167	97	16	41	13	167	167	0	167
Concrete School District	38	60	98	36	27	63	41	6	11	5	63	63	34	97
Conway School District	20	31	51	19	24	43	22	9	8	4	43	43	0	43
Cosmopolis School District	12	11	23	11	9	20	13	1	4	2	20	20	14	34
Coulee-Hartline School District	18	29	47	18	15	33	13	6	4	10	33	33	19	52
Coupeville School District	63	65	128	57	35	92	57	16	7	12	92	92	35	127
Crescent School District	21	23	44	19	17	36	17	6	10	3	36	36	33	69
Creston School District	9	17	26	9	17	26	14	0	5	7	26	26	0	26
Curlew School District	12	32	44	11	18	29	18	5	2	4	29	29	18	47
Cusick School District	21	26	47	20	18	38	17	8	8	5	38	38	40	78
Damman School District	4	5	9	3	2	5	4	1	0	0	5	5	1	6

[1]District-provided dependent counts are not reliable.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B1
Number of Employees and Health Care Coverage
Census October 1, 2015

District	Total Employees by Duty Type			Enrolled Employees by Duty Type			Coverage Tier					Employee and Dependent Counts[1]		
	Certificated	Classified	Total	Certificated	Classified	Total	EE	ES	EC	EF	All	Employees	Dependents	Members
Darrington School District	29	55	84	26	31	57	15	14	14	14	57	57	10	67
Davenport School District	44	39	83	41	35	76	34	7	25	10	76	76	0	76
Dayton School District	28	47	75	18	20	38	19	2	7	10	38	38	19	57
Deer Park School District	116	195	311	100	134	234	128	16	68	22	234	234	230	464
Dieringer School District	95	109	204	86	64	150	72	16	38	24	150	150	168	318
Dixie School District	3	8	11	1	5	6	4	0	2	0	6	6	2	8
East Valley School District (Spokane)	222	252	474	222	252	474	285	41	106	42	474	474	0	474
East Valley School District (Yakima)	202	179	381	181	121	302	150	28	85	39	302	302	0	302
Eastmont School District	390	340	730	366	211	577	313	47	170	47	577	577	541	1,118
Easton School District	14	14	28	13	8	21	6	4	8	3	21	21	0	21
Eatonville School District	120	120	240	102	82	184	90	14	58	22	184	184	204	388
Edmonds School District	1,417	1,188	2,605	1,157	771	1,928	1,043	179	477	229	1,928	1,928	0	1,928
Ellensburg School District	209	177	386	190	130	320	175	36	81	28	320	320	218	538
Elma School District	91	92	183	88	70	158	95	15	29	19	158	158	113	271
Endicott School District	14	20	34	12	11	23	8	2	7	6	23	23	0	23
Entiat School District	26	34	60	26	22	48	15	9	16	8	48	48	64	112
Enumclaw School District	263	271	534	218	169	387	228	28	81	50	387	387	0	387
Ephrata School District	155	143	298	145	99	244	116	23	65	40	244	244	302	546
Evaline School District	2	7	9	1	7	8	5	0	1	2	8	8	7	15
Everett School District	1,216	869	2,085	1,056	548	1,604	645	265	315	379	1,604	1,604	2,473	4,077
Evergreen School District (Clark)	1,856	1,308	3,164	1,570	748	2,318	1,277	238	559	244	2,318	2,318	1,389	3,707
Evergreen School District (Stevens)	3	5	8	2	2	4	4	0	0	0	4	4	0	4
Federal Way School District	1,611	1,203	2,814	1,463	790	2,253	1,523	125	451	154	2,253	2,253	0	2,253
Ferndale School District	291	380	671	247	232	479	250	52	108	69	479	479	470	949
Fife School District	213	123	336	213	123	336	178	34	99	25	336	336	0	336
Finley School District	56	74	130	51	47	98	55	11	21	11	98	98	92	190
Franklin Pierce School District	561	483	1,044	504	361	865	554	72	161	78	865	865	569	1,434
Freeman School District	59	95	154	53	33	86	39	10	27	10	86	86	0	86
Garfield School District	13	29	42	9	11	20	11	2	4	3	20	20	0	20
Glenwood School District	11	13	24	10	10	20	16	3	1	0	20	20	4	24
Goldendale School District	64	79	143	53	42	95	55	17	7	16	95	95	0	95
Grand Coulee Dam School District	50	89	139	45	55	100	60	4	27	9	100	100	86	186
Grandview School District	220	191	411	206	156	362	193	32	100	37	362	362	366	728
Granger School District	95	104	199	93	80	173	90	16	48	19	173	173	180	353
Granite Falls School District	104	157	261	89	95	184	98	15	44	27	184	184	188	372
Grapeview School District	13	15	28	11	8	19	10	3	5	1	19	19	12	31
Great Northern School District	5	2	7	2	1	3	3	0	0	0	3	3	0	3
Green Mountain School District	11	6	17	9	5	14	6	2	2	4	14	14	12	26
Griffin School District	36	56	92	35	38	73	36	11	17	9	73	73	66	139
Harrington School District	15	17	32	13	14	27	9	5	3	10	27	27	0	27
Highland School District	78	74	152	75	55	130	77	15	26	12	130	130	0	130
Highline School District	1,335	869	2,204	1,335	869	2,204	1,546	129	395	134	2,204	2,204	0	2,204
Hockinson School District	122	86	208	106	62	168	79	18	46	25	168	168	198	366
Hood Canal School District	25	36	61	22	19	41	26	6	9	0	41	41	8	49
Hoquiam School District	112	150	262	70	67	137	86	10	34	7	137	137	97	234
Inchelium School District	22	39	61	17	18	35	22	5	6	2	35	35	2	37
Index School District	6	8	14	3	2	5	4	0	1	0	5	5	2	7
Issaquah School District	1,222	916	2,138	1,030	738	1,768	1,096	124	392	156	1,768	1,768	0	1,768
Kahlotus School District	11	13	24	10	7	17	9	1	1	6	17	17	0	17
Kalama School District	54	27	81	46	20	66	30	8	14	14	66	66	33	99
Keller School District	4	9	13	4	6	10	8	0	1	1	10	10	0	10
Kelso School District	336	313	649	294	178	472	285	42	99	46	472	472	402	874
Kennewick School District	1,065	1,033	2,098	922	761	1,683	880	165	413	225	1,683	1,683	0	1,683
Kent School District	1,832	1,133	2,965	1,576	1,110	2,686	1,664	198	598	226	2,686	2,686	2,030	4,716

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B1
Number of Employees and Health Care Coverage
Census October 1, 2015

	Total Employees by Duty Type			Enrolled Employees by Duty Type			Coverage Tier					Employee and Dependent Counts[1]		
District	Certificated	Classified	Total	Certificated	Classified	Total	EE	ES	EC	EF	All	Employees	Dependents	Members
Kettle Falls School District	54	59	113	44	42	86	42	15	15	14	86	86	88	174
Kiona-Benton City School District	107	99	206	103	71	174	95	13	56	10	174	174	163	337
Kittitas School District	39	35	74	39	35	74	25	15	12	22	74	74	101	175
Klickitat School District	10	18	28	9	8	17	12	3	2	0	17	17	4	21
La Center School District	103	80	183	83	26	109	51	18	18	22	109	109	128	237
La Conner School District	42	46	88	40	44	84	39	10	17	18	84	84	107	191
LaCrosse School District	18	16	34	16	9	25	12	5	5	3	25	25	1	26
Lake Chelan School District	103	90	193	98	78	176	89	17	48	22	176	176	0	176
Lake Quinault School District	14	18	32	14	18	32	17	6	8	1	32	32	24	56
Lake Stevens School District	456	528	984	383	337	720	426	51	164	79	720	720	0	720
Lake Washington School District	1,861	1,182	3,043	1,468	811	2,279	1,406	158	477	238	2,279	2,279	1,715	3,994
Lakewood School District	137	134	271	119	79	198	103	19	48	28	198	198	203	401
Lamont School District	7	5	12	5	4	9	6	1	1	1	9	9	7	16
Liberty School District	26	63	89	22	35	57	28	7	14	8	57	57	0	57
Lind School District	19	22	41	15	17	32	16	2	7	7	32	32	35	67
Longview School District	450	407	857	394	311	705	399	73	175	58	705	705	470	1,175
Loon Lake School District	12	14	26	12	14	26	20	0	6	0	26	26	12	38
Lopez School District	25	30	55	21	23	44	24	9	5	6	44	44	0	44
Lyle School District	14	29	43	8	14	22	18	2	1	1	22	22	4	26
Lynden School District	161	257	418	138	172	310	170	32	66	42	310	310	0	310
Mabton School District	63	50	113	60	47	107	58	9	32	8	107	107	108	215
Mansfield School District	15	16	31	14	9	23	5	2	4	12	23	23	46	69
Manson School District	53	70	123	49	44	93	46	11	25	11	93	93	101	194
Mary M Knight School District	11	10	21	11	10	21	9	4	5	3	21	21	25	46
Mary Walker School District	27	69	96	0	29	29	20	6	3	0	29	29	9	38
Marysville School District	724	617	1,341	624	402	1,026	563	97	269	97	1,026	1,026	0	1,026
McCleary School District	21	23	44	12	17	29	17	1	8	3	29	29	21	50
Mead School District	649	573	1,222	574	406	980	499	95	235	151	980	980	2,117	3,097
Medical Lake School District	132	141	273	113	66	179	99	12	47	21	179	179	33	212
Mercer Island School District	172	372	544	134	219	353	201	40	83	29	353	353	213	566
Meridian School District	113	144	257	103	76	179	102	21	37	19	179	179	0	179
Methow Valley School District	45	46	91	41	43	84	38	16	7	23	84	84	0	84
Mill A School District	3	7	10	2	3	5	2	0	0	3	5	5	9	14
Monroe School District	347	375	722	296	265	561	323	57	125	56	561	561	431	992
Montesano School District	82	116	198	74	55	129	65	10	37	17	129	129	145	274
Morton School District	23	38	61	17	18	35	23	3	7	2	35	35	24	59
Moses Lake School District	472	611	1,083	435	383	818	432	75	246	65	818	818	786	1,604
Mossyrock School District	25	61	86	20	41	61	24	2	6	29	61	61	47	108
Mount Adams School District	78	69	147	75	62	137	90	11	29	7	137	137	0	137
Mount Baker School District	129	188	317	113	123	236	129	40	37	30	236	236	0	236
Mount Pleasant School District	6	4	10	4	3	7	5	1	1	0	7	7	0	7
Mount Vernon School District	468	429	897	416	337	753	455	69	154	75	753	753	650	1,403
Mukilteo School District	1,009	734	1,743	873	487	1,360	832	104	299	125	1,360	1,360	990	2,350
Naches Valley School District	89	84	173	81	48	129	74	15	28	12	129	129	0	129
Napavine School District	39	42	81	39	42	81	44	5	23	9	81	81	86	167
Naselle-Grays River Valley School District	22	44	66	18	25	43	15	8	10	10	43	43	73	116
Nespelem School District	11	18	29	10	13	23	12	4	7	0	23	23	0	23
Newport School District	77	78	155	71	47	118	68	10	30	10	118	118	101	219
Nine Mile Falls School District	106	82	188	86	47	133	43	21	11	58	133	133	229	362
Nooksack Valley School District	108	157	265	102	99	201	105	23	42	31	201	201	0	201
North Beach School District	47	70	117	44	46	90	55	15	10	10	90	90	42	132
North Franklin School District	140	177	317	116	122	238	114	35	47	42	238	238	279	517
North Kitsap School District	397	397	794	348	233	581	331	63	126	61	581	581	0	581
North Mason School District	144	109	253	127	68	195	120	15	43	17	195	195	126	321

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K–12 School District Data Collection Project
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Number of Employees and Health Care Coverage
Census October 1, 2015

	Total Employees by Duty Type			Enrolled Employees by Duty Type			Coverage Tier					Employee and Dependent Counts[1]		
District	Certificated	Classified	Total	Certificated	Classified	Total	EE	ES	EC	EF	All	Employees	Dependents	Members
North River School District	10	10	20	10	8	18	15	1	0	2	18	18	0	18
North Thurston Public Schools	1,014	930	1,944	817	533	1,350	703	116	415	116	1,350	1,350	643	1,993
Northport School District	19	34	53	17	20	37	18	8	3	8	37	37	0	37
Northshore School District	1,386	1,039	2,425	1,283	722	2,005	1,087	229	436	253	2,005	2,005	1,625	3,630
Oak Harbor School District	372	340	712	299	191	490	258	62	105	65	490	490	0	490
Oakesdale School District	13	23	36	12	9	21	4	4	6	7	21	21	0	21
Oakville School District	20	24	44	18	20	38	22	1	13	2	38	38	59	97
Ocean Beach School District	62	81	143	60	59	119	69	15	25	10	119	119	90	209
Ocosta School District	41	38	79	41	38	79	47	6	20	6	79	79	62	141
Odessa School District	23	29	52	21	18	39	16	7	13	3	39	39	44	83
Okanogan School District	66	100	166	57	68	125	77	9	30	9	125	125	47	172
Olympia School District	668	665	1,333	500	321	821	476	69	198	78	821	821	523	1,344
Omak School District	247	147	394	224	103	327	181	24	92	30	327	327	0	327
Onalaska School District	50	60	110	48	41	89	48	10	21	10	89	89	79	168
Onion Creek School District	5	14	19	3	6	9	2	4	1	2	9	9	0	9
Orcas Island School District	57	60	117	48	35	83	34	16	20	13	83	83	100	183
Orchard Prairie School District	7	3	10	6	2	8	6	0	1	1	8	8	0	8
Orient School District	5	10	15	5	7	12	7	2	0	3	12	12	2	14
Orondo School District	15	22	37	12	17	29	17	4	5	3	29	29	21	50
Oroville School District	43	36	79	36	33	69	38	8	14	9	69	69	68	137
Orting School District	138	148	286	112	80	192	92	31	38	31	192	192	0	192
Othello School District	266	241	507	230	182	412	224	35	111	42	412	412	440	852
Palisades School District	3	4	7	3	4	7	2	2	1	2	7	7	0	7
Palouse School District	16	27	43	14	9	23	7	8	6	2	23	23	27	50
Pasco School District	1,192	980	2,172	1,123	757	1,880	1,117	106	478	179	1,880	1,880	0	1,880
Pateros School District	24	16	40	24	16	40	25	4	8	3	40	40	28	68
Paterson School District	12	12	24	10	11	21	5	2	3	11	21	21	0	21
Pe Ell School District	14	30	44	14	29	43	28	2	8	5	43	43	32	75
Peninsula School District	577	442	1,019	479	293	772	457	72	183	60	772	772	0	772
Pioneer School District	50	58	108	46	45	91	60	8	15	8	91	91	0	91
Pomeroy School District	25	32	57	23	15	38	12	5	9	12	38	38	63	101
Port Angeles School District	242	243	485	222	188	410	221	45	100	44	410	410	0	410
Port Townsend School District	93	84	177	78	57	135	69	24	24	18	135	135	114	249
Prescott School District	22	22	44	21	21	42	23	6	13	0	42	42	21	63
Prosser School District	187	194	381	172	136	308	151	20	97	40	308	308	398	706
Pullman School District	161	152	313	141	95	236	144	12	60	20	236	236	195	431
Puyallup School District	1,316	1,091	2,407	1,030	653	1,683	1,061	120	285	217	1,683	1,683	0	1,683
Queets-Clearwater School District	4	7	11	3	6	9	6	0	3	0	9	9	0	9
Quilcene School District	31	29	60	6	12	18	13	1	4	0	18	18	0	18
Quillayute Valley School District	79	115	194	74	92	166	109	16	33	8	166	166	103	269
Quincy School District	195	182	377	158	119	277	153	19	62	43	277	277	282	559
Rainier School District	54	66	120	51	32	83	48	12	16	7	83	83	69	152
Raymond School District	45	50	95	41	35	76	43	6	25	2	76	76	43	119
Reardan-Edwall School District	40	48	88	35	27	62	36	7	14	5	62	62	55	117
Renton School District	1,080	912	1,992	887	606	1,493	931	115	327	120	1,493	1,493	0	1,493
Republic School District	17	46	63	15	24	39	18	8	7	6	39	39	83	122
Richland School District	762	807	1,569	658	428	1,086	648	53	271	114	1,086	1,086	917	2,003
Ridgefield School District	127	56	183	114	36	150	57	26	45	22	150	150	130	280
Ritzville School District	26	27	53	26	27	53	11	9	11	22	53	53	0	53
Riverside School District	106	112	218	80	45	125	73	17	25	10	125	125	0	125
Riverview School District	206	169	375	171	114	285	162	26	61	36	285	285	0	285
Rochester School District	144	137	281	133	80	213	93	24	69	27	213	213	200	413
Roosevelt School District	3	5	8	1	4	5	5	0	0	0	5	5	0	5
Rosalia School District	21	26	47	19	15	34	16	10	3	5	34	34	5	39

[1]District-provided dependent counts are not reliable.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B1
Number of Employees and Health Care Coverage
Census October 1, 2015

	Total Employees by Duty Type			Enrolled Employees by Duty Type			Coverage Tier					Employee and Dependent Counts[1]		
District	Certificated	Classified	Total	Certificated	Classified	Total	EE	ES	EC	EF	All	Employees	Dependents	Members
Royal School District	103	114	217	99	91	190	120	15	38	17	190	190	0	190
San Juan Island School District	51	75	126	31	37	68	32	11	14	11	68	68	0	68
Satsop School District	5	6	11	3	4	7	5	0	1	1	7	7	2	9
Seattle Public Schools	3,936	2,397	6,333	3,535	2,175	5,710	3,413	502	1,257	538	5,710	5,710	5,900	11,610
Sedro-Woolley School District	270	343	613	237	220	457	269	42	104	42	457	457	360	817
Selah School District	242	214	456	220	156	376	215	35	102	24	376	376	0	376
Selkirk School District	23	40	63	19	11	30	15	7	2	6	30	30	0	30
Sequim School District	164	202	366	124	103	227	106	23	58	40	227	227	0	227
Shaw Island School District	2	4	6	2	1	3	2	0	0	1	3	3	3	6
Shelton School District	261	331	592	244	268	512	333	51	99	29	512	512	332	844
Shoreline School District	618	643	1,261	499	387	886	497	79	192	118	886	886	0	886
Skamania School District	6	10	16	5	5	10	5	1	3	1	10	10	7	17
Skykomish School District	12	10	22	2	2	4	4	0	0	0	4	4	0	4
Snohomish School District	568	546	1,114	476	376	852	403	80	244	125	852	852	0	852
Snoqualmie Valley School District	352	392	744	285	243	528	312	40	113	63	528	528	451	979
Soap Lake School District	37	31	68	13	6	19	12	1	5	1	19	19	0	19
South Bend School District	30	67	97	27	57	84	45	4	24	11	84	84	96	180
South Kitsap School District	578	598	1,176	472	351	823	487	78	190	68	823	823	336	1,159
South Whidbey School District	101	115	216	89	71	160	87	16	35	22	160	160	0	160
Southside School District	12	10	22	10	5	15	6	2	6	1	15	15	20	35
Spokane School District	2,347	1,588	3,935	2,071	1,037	3,108	1,568	293	721	526	3,108	3,108	3,307	6,415
Sprague School District	12	14	26	9	9	18	12	2	2	2	18	18	0	18
St. John School District	19	23	42	17	9	26	8	4	8	6	26	26	0	26
Stanwood-Camano School District	292	273	565	248	168	416	226	42	89	59	416	416	370	786
Star School District	3	3	6	3	3	6	2	0	1	3	6	6	0	6
Starbuck School District	1	5	6	1	3	4	4	0	0	0	4	4	0	4
Stehekin School District	1	7	8	1	0	1	0	1	0	0	1	1	0	1
Steilacoom Hist. School District	200	118	318	158	78	236	138	15	59	24	236	236	197	433
Steptoe School District	4	6	10	3	5	8	2	3	1	2	8	8	14	22
Stevenson-Carson School District	61	73	134	48	48	96	55	18	5	18	96	96	83	179
Sultan School District	91	138	229	74	104	178	95	12	40	31	178	178	142	320
Summit Valley School District	7	8	15	7	3	10	6	1	3	0	10	10	0	10
Sumner School District	594	604	1,198	542	334	876	440	72	245	119	876	876	815	1,691
Sunnyside School District	425	367	792	409	323	732	439	46	215	32	732	732	633	1,365
Tacoma School District	2,148	1,415	3,563	1,816	941	2,757	1,176	506	565	510	2,757	2,757	3,050	5,807
Taholah School District	9	23	32	8	16	24	14	2	5	3	24	24	0	24
Tahoma School District	405	477	882	357	326	683	357	39	204	83	683	683	683	1,366
Tekoa School District	15	28	43	13	14	27	10	2	8	7	27	27	0	27
Tenino School District	80	90	170	75	53	128	69	18	30	11	128	128	0	128
Thorp School District	16	4	20	16	4	20	12	3	5	0	20	20	13	33
Toledo School District	40	42	82	35	27	62	33	5	16	8	62	62	29	91
Tonasket School District	66	103	169	59	66	125	63	17	22	23	125	125	129	254
Toppenish School District	252	220	472	247	188	435	247	55	96	37	435	435	0	435
Touchet School District	21	14	35	19	11	30	18	4	6	2	30	30	0	30
Toutle Lake School District	38	47	85	37	32	69	36	7	16	10	69	69	99	168
Trout Lake School District	13	20	33	10	10	20	10	6	2	2	20	20	10	30
Tukwila School District	222	175	397	178	123	301	202	16	59	24	301	301	0	301
Tumwater School District	440	377	817	384	256	640	379	41	172	48	640	640	524	1,164
Union Gap School District	40	40	80	38	36	74	42	11	17	4	74	74	0	74
University Place School District	371	279	650	313	158	471	278	32	115	46	471	471	0	471
Valley School District	41	58	99	41	48	89	48	14	14	13	89	89	71	160
Vancouver School District	1,634	1,289	2,923	1,386	929	2,315	1,323	182	612	198	2,315	2,315	3,369	5,684
Vashon Island School District	107	98	205	93	58	151	75	15	32	29	151	151	153	304
Wahkiakum School District	15	45	60	14	25	39	9	10	5	15	39	39	69	108

[1]District-provided dependent counts are not reliable.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B1
Number of Employees and Health Care Coverage
Census October 1, 2015

District	Total Employees by Duty Type			Enrolled Employees by Duty Type			Coverage Tier					Employee and Dependent Counts[1]		
	Certificated	Classified	Total	Certificated	Classified	Total	EE	ES	EC	EF	All	Employees	Dependents	Members
Wahluke School District	150	121	271	143	107	250	155	21	47	27	250	250	0	250
Waitsburg School District	22	18	40	21	15	36	21	4	10	1	36	36	26	62
Walla Walla Public Schools	412	413	825	395	334	729	403	61	202	63	729	729	0	729
Wapato School District	220	188	408	210	171	381	218	23	115	25	381	381	0	381
Warden School District	74	55	129	73	51	124	60	20	16	28	124	124	149	273
Washougal School District	203	191	394	182	111	293	207	32	33	21	293	293	174	467
Washtucna School District	14	10	24	12	5	17	10	3	2	2	17	17	12	29
Waterville School District	20	32	52	18	18	36	16	3	13	4	36	36	20	56
Wellpinit School District	31	57	88	28	43	71	24	18	18	11	71	71	0	71
Wenatchee School District	551	563	1,114	492	358	850	487	64	223	76	850	850	0	850
West Valley School District (Spokane)	264	282	546	241	167	408	226	44	94	44	408	408	367	775
West Valley School District (Yakima)	308	248	556	281	192	473	223	42	148	60	473	473	0	473
White Pass School District	32	54	86	26	27	53	35	4	10	4	53	53	45	98
White River School District	228	217	445	196	146	342	205	27	72	38	342	342	287	629
White Salmon Valley School District	81	75	156	71	45	116	76	18	5	17	116	116	88	204
Wilbur School District	22	37	59	19	26	45	15	15	9	6	45	45	0	45
Willapa Valley School District	28	37	65	25	18	43	32	2	3	6	43	43	0	43
Wilson Creek School District	13	20	33	13	17	30	18	1	7	4	30	30	0	30
Winlock School District	29	67	96	25	51	76	39	13	11	13	76	76	72	148
Wishkah Valley School District	14	14	28	13	8	21	14	1	6	0	21	21	12	33
Wishram School District	10	11	21	10	9	19	10	4	0	5	19	19	23	42
Woodland School District	149	235	384	131	146	277	177	15	64	21	277	277	225	502
Yakima School District	1,033	864	1,897	1,006	787	1,793	955	140	569	129	1,793	1,793	0	1,793
Yelm School District	301	217	518	301	217	518	300	47	121	50	518	518	289	807
Zillah School District	75	77	152	71	65	136	73	10	41	12	136	136	0	136
Grand Total	**70,834**	**62,319**	**133,153**	**61,596**	**42,860**	**104,456**	**58,669**	**9,731**	**24,371**	**11,685**	**104,456**	**104,456**	**58,970**	**163,426**

[1]District-provided dependent counts are not reliable.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B2a
Premiums, District, and Employee Contributions
Snapshot as of October 1, 2015 — Reporting Districts Only

	Premiums				District Monthly Dollar Contributions			Percent Paid by District			Employee Monthly Dollar Contributions			Percent Paid by Employee		
		Average														
District	Total Annual	EE	EF	Composite[1]	EE	EF	Composite[1]	EE	EF	Composite[1]	EE	EF	Composite[1]	EE	EF	Composite[1]
Aberdeen School District	$4,033,790	$759.81	$1,302.43	$859.72	$677.50	$704.29	$690.43	89.2%	54.1%	80.3%	$82.31	$598.13	$169.29	10.8%	45.9%	19.7%
Adna School District	$410,150	$683.04	$1,695.83	$1,005.27	$587.40	$597.16	$602.90	86.0%	35.2%	60.0%	$95.64	$1,098.67	$402.37	14.0%	64.8%	40.0%
Almira School District	$202,920	$924.00	$969.80	$994.71	$730.47	$780.84	$792.13	79.1%	80.5%	79.6%	$193.53	$188.96	$202.58	20.9%	19.5%	20.4%
Anacortes School District	$2,755,574	$738.69	$1,395.73	$956.80	$668.73	$816.13	$726.92	90.5%	58.5%	76.0%	$69.95	$579.60	$229.87	9.5%	41.5%	24.0%
Arlington School District	$5,400,296	$730.75	$1,115.61	$877.24	$670.77	$754.13	$705.52	91.8%	67.6%	80.4%	$59.98	$361.47	$171.72	8.2%	32.4%	19.6%
Asotin-Anatone School District	$666,046	$850.60	$897.66	$895.22	$780.00	$821.34	$808.68	91.7%	91.5%	90.3%	$70.60	$76.33	$86.54	8.3%	8.5%	9.7%
Auburn School District	$15,242,983	$709.28	$1,421.14	$878.46	$652.49	$865.10	$699.25	92.0%	60.9%	79.6%	$56.80	$556.04	$179.21	8.0%	39.1%	20.4%
Bainbridge Island School District	$4,345,889	$762.57	$1,481.67	$958.09	$682.50	$763.21	$711.63	89.5%	51.5%	74.3%	$80.08	$718.46	$246.46	10.5%	48.5%	25.7%
Battle Ground School District	$13,039,796	$755.99	$1,508.47	$967.63	$673.22	$795.61	$706.56	89.1%	52.7%	73.0%	$82.76	$712.86	$261.07	10.9%	47.3%	27.0%
Bellevue School District	$21,844,053	$732.27	$1,369.67	$895.84	$633.17	$734.36	$671.40	86.5%	53.6%	74.9%	$99.10	$635.31	$224.44	13.5%	46.4%	25.1%
Bellingham School District	$12,327,702	$671.92	$1,351.81	$853.25	$592.62	$675.73	$620.71	88.2%	50.0%	72.7%	$79.31	$676.08	$232.53	11.8%	50.0%	27.3%
Benge School District	$56,784	$1,018.00	$1,259.00	$1,183.00	$934.00	$1,018.00	$997.00	91.7%	80.9%	84.3%	$84.00	$241.00	$186.00	8.3%	19.1%	15.7%
Bethel School District	$17,197,144	$732.90	$1,464.89	$905.30	$708.54	$974.79	$769.99	96.7%	66.5%	85.1%	$24.36	$490.10	$135.32	3.3%	33.5%	14.9%
Bickleton School District	$276,218	n/a	$2,113.75	$2,092.56	n/a	$1,343.88	$1,267.70	n/a	63.6%	60.6%	n/a	$769.87	$824.86	n/a	36.4%	39.4%
Blaine School District	$2,619,009	$712.98	$1,364.13	$948.92	$662.66	$940.16	$767.82	92.9%	68.9%	80.9%	$50.33	$423.97	$181.09	7.1%	31.1%	19.1%
Boistfort School District	$129,869	$599.35	$1,164.05	$773.03	$549.27	$876.26	$655.48	91.6%	75.3%	84.8%	$50.08	$287.79	$117.54	8.4%	24.7%	15.2%
Bremerton School District	$5,682,643	$785.67	$1,495.70	$958.61	$748.81	$804.30	$767.12	95.3%	53.8%	80.0%	$36.86	$691.40	$191.49	4.7%	46.2%	20.0%
Brewster School District	$1,188,954	$670.72	$1,356.46	$792.64	$588.94	$876.19	$631.91	87.8%	64.6%	79.7%	$81.78	$480.28	$160.73	12.2%	35.4%	20.3%
Bridgeport School District	$806,473	$634.47	$1,263.09	$763.71	$549.34	$614.61	$574.32	86.6%	48.7%	75.2%	$85.13	$648.48	$189.38	13.4%	51.3%	24.8%
Brinnon School District	$107,711	$606.73	$1,164.05	$816.00	$594.35	$656.96	$658.47	98.0%	56.4%	80.7%	$12.38	$507.09	$157.53	2.0%	43.6%	19.3%
Burlington-Edison School District	$4,543,501	$726.90	$1,435.04	$910.16	$674.09	$766.01	$720.90	92.7%	53.4%	79.2%	$52.81	$669.03	$189.25	7.3%	46.6%	20.8%
Camas School District	$6,957,149	$703.01	$1,350.92	$913.01	$623.69	$746.93	$674.94	88.7%	55.3%	73.9%	$79.32	$603.99	$238.07	11.3%	44.7%	26.1%
Cape Flattery School District	$799,852	$711.43	$1,164.05	$775.05	$655.69	$644.80	$675.64	92.2%	55.4%	87.2%	$55.73	$519.25	$99.41	7.8%	44.6%	12.8%
Carbonado School District	$218,055	$820.80	$1,120.35	$908.56	$753.98	$832.05	$770.39	91.9%	74.3%	84.8%	$66.82	$288.30	$138.18	8.1%	25.7%	15.2%
Cascade School District	$1,279,744	$632.57	$1,307.06	$820.35	$576.69	$678.94	$631.60	91.2%	51.9%	77.0%	$55.89	$628.12	$188.75	8.8%	48.1%	23.0%
Cashmere School District	$2,022,971	$868.82	$985.06	$936.56	$801.54	$707.01	$759.93	92.3%	71.8%	81.1%	$67.28	$278.05	$176.63	7.7%	28.2%	18.9%
Castle Rock School District	$1,382,156	$735.83	$1,157.81	$853.18	$699.08	$786.71	$742.35	95.0%	67.9%	87.0%	$36.74	$371.10	$110.84	5.0%	32.1%	13.0%
Centerville School District	$120,204	$646.74	$593.12	$1,001.70	$646.24	$593.12	$896.62	99.9%	100.0%	89.5%	$0.50	$0.00	$105.09	0.1%	0.0%	10.5%
Central Kitsap School District	$10,679,701	$688.62	$1,366.92	$871.67	$637.95	$877.75	$689.57	92.6%	64.2%	79.1%	$50.68	$489.18	$182.10	7.4%	35.8%	20.9%
Central Valley School District	$14,732,608	$738.01	$1,358.70	$871.34	$634.76	$724.56	$659.75	86.0%	53.3%	75.7%	$103.25	$634.14	$211.58	14.0%	46.7%	24.3%
Centralia School District	$3,782,369	$720.94	$1,240.55	$836.07	$50.73	$358.04	$115.65	7.0%	28.9%	13.8%	$670.21	$882.51	$720.42	93.0%	71.1%	86.2%
Chehalis School District	$3,053,073	$690.96	$1,188.73	$826.05	$606.01	$746.28	$654.57	87.7%	62.8%	79.2%	$85.01	$442.54	$171.52	12.3%	37.2%	20.8%
Cheney School District	$4,776,939	$677.65	$1,332.70	$832.80	$583.04	$805.81	$644.38	86.0%	60.5%	77.4%	$94.61	$526.89	$188.42	14.0%	39.5%	22.6%
Chewelah School District	$812,839	$584.65	$1,253.87	$744.36	$556.64	$785.19	$631.79	95.2%	62.6%	84.9%	$28.01	$468.68	$112.57	4.8%	37.4%	15.1%
Chimacum School District	$1,271,318	$715.96	$1,468.24	$890.28	$636.92	$691.76	$668.06	89.0%	47.1%	75.0%	$79.04	$776.47	$222.22	11.0%	52.9%	25.0%
Clarkston School District	$2,787,221	$749.27	$1,078.32	$844.61	$684.26	$754.15	$707.82	91.3%	69.9%	83.8%	$66.20	$325.67	$137.64	8.8%	30.2%	16.3%
Cle Elum-Roslyn School District	$1,293,575	$827.50	$1,205.34	$937.37	$774.35	$918.38	$811.51	93.6%	76.2%	86.6%	$53.15	$286.96	$125.05	6.4%	23.8%	13.3%
Clover Park School District	$13,815,862	$819.21	$1,431.59	$942.93	$781.65	$812.44	$792.62	95.4%	56.8%	84.1%	$37.55	$619.15	$150.31	4.6%	43.2%	15.9%
Colfax School District	$703,002	$743.74	$1,383.26	$915.37	$720.91	$860.35	$779.03	96.9%	62.2%	85.1%	$22.83	$522.91	$136.34	3.1%	37.8%	14.9%
College Place School District	$1,257,391	$683.93	$1,278.89	$799.87	$633.19	$731.21	$652.79	92.6%	57.2%	81.6%	$50.74	$547.68	$147.08	7.4%	42.8%	18.4%
Colton School District	$234,624	$773.05	$1,684.52	$1,029.05	$698.88	$585.99	$677.71	90.4%	34.8%	65.9%	$74.17	$1,098.53	$351.35	9.6%	65.2%	34.1%
Columbia (Stevens) School District	$277,222	$668.03	$1,145.53	$1,004.43	$575.84	$946.56	$751.54	86.2%	82.6%	74.8%	$92.20	$268.58	$261.97	13.8%	23.4%	26.1%
Columbia (Walla Walla) School District	$991,486	$756.06	$1,489.97	$949.70	$681.25	$1,181.10	$794.91	90.1%	79.3%	83.7%	$74.82	$308.88	$154.79	9.9%	20.7%	16.3%
Colville School District	$1,628,828	$684.85	$1,234.49	$812.79	$609.93	$670.80	$635.68	89.1%	54.3%	78.2%	$74.93	$563.70	$177.11	10.9%	45.7%	21.8%
Concrete School District	$579,392	$605.81	$1,386.37	$766.39	$573.25	$717.45	$645.59	94.6%	51.8%	84.2%	$32.56	$668.92	$120.80	5.4%	48.2%	15.8%
Conway School District	$450,499	$747.16	$1,159.04	$873.06	$652.80	$709.40	$682.36	87.4%	61.2%	78.2%	$94.36	$449.64	$190.70	12.6%	38.8%	21.8%
Cosmopolis School District	$178,138	$669.68	$1,164.05	$742.24	$626.04	$550.69	$626.01	93.5%	47.3%	84.3%	$43.64	$613.37	$116.23	6.5%	52.7%	15.7%
Coulee-Hartline School District	$391,476	$902.46	$1,081.00	$988.58	$798.00	$825.51	$819.06	88.4%	76.4%	82.9%	$104.46	$255.49	$169.51	11.6%	23.6%	17.1%
Coupeville School District	$810,166	$630.36	$915.25	$733.85	$613.48	$856.45	$705.97	97.3%	93.6%	96.2%	$16.88	$58.81	$27.87	2.7%	6.4%	3.8%
Crescent School District	$339,169	$670.42	$1,076.52	$785.11	$637.41	$754.59	$698.31	95.1%	70.1%	88.9%	$33.01	$321.92	$86.80	4.9%	29.9%	11.1%
Creston School District	$315,869	$916.50	$1,195.49	$1,012.40	$745.09	$882.29	$784.18	81.3%	73.8%	77.5%	$171.41	$313.20	$228.22	18.7%	26.2%	22.5%
Curlew School District	$314,803	$696.18	$1,715.85	$904.61	$615.49	$1,147.77	$716.75	88.4%	66.9%	79.2%	$80.69	$568.08	$187.96	11.6%	33.1%	20.8%
Cusick School District	$433,423	$876.11	$1,045.08	$950.49	$794.69	$825.23	$797.35	90.7%	79.0%	83.9%	$81.42	$219.85	$153.14	9.3%	21.0%	16.1%
Damman School District	$45,560	$685.66	n/a	$759.34	$607.30	n/a	$485.84	88.6%	n/a	64.0%	$78.36	n/a	$273.50	11.4%	n/a	36.0%
Darrington School District	$699,017	$937.33	$1,109.08	$1,021.95	$834.63	$851.18	$830.63	89.0%	76.7%	81.3%	$102.71	$257.91	$191.32	11.0%	23.3%	18.7%
Davenport School District	$872,503	$753.35	$1,501.23	$956.69	$163.26	$845.40	$329.86	21.7%	56.3%	34.5%	$590.09	$655.83	$626.83	78.3%	43.7%	65.5%
Dayton School District	$405,180	$649.89	$1,268.22	$888.55	$577.98	$649.14	$621.80	88.9%	51.2%	70.0%	$71.90	$619.08	$266.76	11.1%	48.8%	30.0%
Deer Park School District	$2,197,980	$639.29	$1,249.78	$782.76	$599.80	$797.95	$654.16	93.8%	63.8%	83.6%	$39.50	$451.83	$128.60	6.2%	36.2%	16.4%
Dieringer School District	$1,536,853	$682.95	$1,260.21	$853.81	$640.75	$926.67	$718.75	93.8%	73.5%	84.2%	$42.20	$333.55	$135.06	6.2%	26.5%	15.8%
Dixie School District	$55,956	$664.02	n/a	$777.17	$652.60	n/a	$758.82	98.3%	n/a	97.6%	$11.42	n/a	$18.34	1.7%	n/a	2.4%
East Valley School District (Spokane)	$5,437,657	$833.19	$1,399.21	$955.99	$773.10	$811.29	$793.27	92.8%	58.0%	83.0%	$60.10	$587.93	$162.72	7.2%	42.0%	17.0%

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B2a
Premiums, District, and Employee Contributions
Snapshot as of October 1, 2015 — Reporting Districts Only

	Premiums				District Monthly Dollar Contributions			Percent Paid by District			Employee Monthly Dollar Contributions			Percent Paid by Employee		
		Average														
District	Total Annual	EE	EF	Composite[1]	EE	EF	Composite[1]	EE	EF	Composite[1]	EE	EF	Composite[1]	EE	EF	Composite[1]
East Valley School District (Yakima)	$3,352,597	$730.71	$1,584.79	$925.11	$648.56	$1,006.81	$699.12	88.8%	63.5%	75.6%	$82.16	$578.01	$225.99	11.2%	36.5%	24.4%
Eastmont School District	$5,718,969	$687.42	$1,249.60	$825.96	$674.58	$902.73	$745.52	98.1%	72.2%	90.3%	$12.84	$346.88	$80.44	1.9%	27.8%	9.7%
Easton School District	$247,584	$931.67	$1,102.00	$982.48	$780.00	$780.00	$780.00	83.7%	70.8%	79.4%	$151.67	$322.00	$202.48	16.3%	29.2%	20.6%
Eatonville School District	$1,910,098	$666.24	$1,317.33	$865.08	$608.61	$846.07	$723.24	91.4%	64.2%	83.6%	$56.90	$471.25	$141.49	8.5%	35.8%	16.4%
Edmonds School District	$21,677,379	$760.52	$1,419.30	$936.95	$715.79	$813.04	$750.15	94.1%	57.3%	80.1%	$44.73	$606.26	$186.81	5.9%	42.7%	19.9%
Ellensburg School District	$3,272,393	$714.67	$1,295.36	$852.19	$610.75	$700.31	$640.97	85.5%	54.1%	75.2%	$104.82	$613.43	$213.90	14.7%	47.4%	25.1%
Elma School District	$1,706,785	$776.42	$1,150.76	$900.20	$757.80	$827.27	$787.58	97.6%	71.9%	87.5%	$18.62	$323.43	$112.62	2.4%	28.1%	12.5%
Endicott School District	$310,200	$943.00	$1,415.00	$1,123.91	$690.84	$971.09	$831.87	73.3%	68.6%	74.0%	$252.17	$443.91	$292.04	26.7%	31.4%	26.0%
Entiat School District	$521,597	$792.54	$1,112.14	$905.55	$702.75	$782.07	$735.11	88.7%	70.3%	81.2%	$89.79	$330.07	$170.44	11.3%	29.7%	18.8%
Enumclaw School District	$4,004,252	$698.66	$1,343.85	$862.24	$657.46	$903.20	$728.91	94.1%	67.2%	84.5%	$41.20	$440.64	$133.33	5.9%	32.8%	15.5%
Ephrata School District	$2,519,118	$679.80	$1,215.08	$860.35	$55.30	$489.77	$194.72	8.1%	40.3%	22.6%	$624.51	$725.30	$665.63	91.9%	59.7%	77.4%
Evaline School District	$56,470	$389.86	$800.43	$588.23	$362.56	$563.60	$463.50	93.0%	70.4%	78.8%	$27.30	$236.83	$124.73	7.0%	29.6%	21.2%
Everett School District	$41,024,106	$1,700.35	$2,734.19	$2,131.34	$696.13	$1,503.56	$1,032.64	40.9%	55.0%	48.5%	$172.84	$406.83	$271.35	10.2%	14.9%	12.7%
Evergreen School District (Clark)	$25,173,258	$695.51	$1,573.23	$904.99	$620.77	$850.64	$669.90	89.3%	54.1%	74.0%	$74.73	$722.59	$235.09	10.7%	45.9%	26.0%
Evergreen School District (Stevens)	$28,265	$588.86	n/a	$588.86	$578.86	n/a	$578.86	98.3%	n/a	98.3%	$10.00	n/a	$10.00	1.7%	n/a	1.7%
Federal Way School District	$23,818,901	$753.09	$1,469.58	$881.01	$668.47	$712.06	$684.19	88.8%	48.5%	77.7%	$84.62	$757.52	$196.82	11.2%	51.5%	22.3%
Ferndale School District	$4,933,564	$663.47	$1,373.04	$858.31	$625.57	$880.16	$712.80	94.3%	64.1%	83.0%	$37.90	$492.88	$145.51	5.7%	35.9%	17.0%
Fife School District	$3,760,820	$752.21	$1,576.10	$932.74	$640.71	$795.63	$694.25	85.2%	50.5%	74.4%	$111.49	$780.48	$238.49	14.8%	49.5%	25.6%
Finley School District	$1,001,960	$710.45	$1,187.21	$852.01	$643.76	$731.25	$678.00	90.6%	61.6%	79.6%	$66.69	$455.92	$174.00	9.4%	38.4%	20.4%
Franklin Pierce School District	$8,840,015	$723.50	$1,340.60	$851.64	$663.31	$800.45	$692.29	91.7%	59.7%	81.3%	$60.20	$540.15	$159.35	8.3%	40.3%	18.7%
Freeman School District	$823,170	$630.67	$1,284.78	$797.65	$622.58	$767.18	$680.50	98.7%	59.7%	85.3%	$8.09	$517.60	$117.15	1.3%	40.3%	14.7%
Garfield School District	$209,388	$649.59	$1,388.53	$872.45	$554.69	$609.68	$581.52	85.4%	43.9%	66.7%	$94.91	$778.85	$290.93	14.6%	56.1%	33.3%
Glenwood School District	$147,166	$611.36	n/a	$613.19	$561.77	n/a	$485.11	91.9%	n/a	79.1%	$49.59	n/a	$128.08	8.1%	n/a	20.9%
Goldendale School District	$1,071,939	$670.98	$1,474.33	$940.30	$636.95	$934.71	$743.37	94.9%	63.4%	79.1%	$34.03	$539.62	$196.93	5.1%	36.6%	20.9%
Grand Coulee Dam School District	$993,229	$704.68	$1,162.00	$827.69	$618.12	$709.48	$649.09	87.7%	61.1%	78.4%	$86.56	$452.52	$178.60	12.3%	38.9%	21.6%
Grandview School District	$3,712,777	$675.68	$1,459.53	$854.69	$626.45	$1,168.97	$748.43	92.7%	80.1%	87.6%	$49.24	$290.56	$106.26	7.3%	19.9%	12.4%
Granger School District	$2,175,916	$771.30	$2,029.00	$1,048.13	$648.77	$1,528.48	$794.25	84.1%	75.3%	75.8%	$122.53	$500.53	$253.88	15.9%	24.7%	24.2%
Granite Falls School District	$2,098,162	$737.89	$1,513.44	$950.25	$695.73	$1,153.26	$802.04	94.3%	76.2%	84.4%	$42.16	$341.67	$144.68	5.7%	22.6%	15.2%
Grapeview School District	$179,999	$633.76	$977.85	$789.47	$630.54	$586.06	$718.89	99.5%	59.9%	91.1%	$3.22	$391.79	$70.58	0.5%	40.1%	8.9%
Great Northern School District	$359,699	$9,991.65	n/a	$9,991.65	$9,049.68	n/a	$9,049.68	90.6%	n/a	90.6%	$941.97	n/a	$941.97	9.4%	n/a	9.4%
Green Mountain School District	$165,784	$801.34	$1,191.60	$986.81	$736.71	$1,069.32	$859.02	91.9%	89.7%	87.1%	$64.63	$122.28	$127.79	8.1%	10.3%	12.9%
Griffin School District	$794,647	$732.41	$1,292.27	$907.13	$639.76	$761.90	$687.44	87.3%	59.0%	75.8%	$92.65	$530.37	$219.69	12.7%	41.0%	24.2%
Harrington School District	$301,353	$709.88	$1,095.61	$930.10	$625.28	$780.88	$680.03	88.1%	71.3%	73.1%	$84.60	$317.73	$251.19	11.9%	29.0%	27.0%
Highland School District	$1,362,660	$709.13	$1,279.85	$873.50	$605.75	$657.65	$636.81	85.4%	51.4%	72.9%	$103.39	$622.19	$236.69	14.6%	48.6%	27.1%
Highline School District	$22,355,181	$742.92	$1,370.72	$845.25	$684.83	$712.58	$698.15	92.2%	52.0%	82.6%	$58.09	$658.15	$147.11	7.8%	48.0%	17.4%
Hockinson School District	$1,914,499	$727.38	$1,368.77	$949.65	$723.07	$1,013.29	$857.24	99.4%	74.0%	90.3%	$4.30	$355.48	$92.41	0.6%	26.0%	9.7%
Hood Canal School District	$428,328	$711.41	n/a	$870.59	$711.41	n/a	$825.26	100.0%	n/a	94.8%	$0.00	n/a	$45.33	0.0%	n/a	5.2%
Hoquiam School District	$1,594,261	$819.13	$1,630.66	$969.75	$790.40	$1,153.15	$837.20	96.5%	70.7%	86.3%	$28.74	$477.52	$132.54	3.5%	29.3%	13.7%
Inchelium School District	$3,789,032	$9,216.72	$5,831.88	$9,021.50	$9,122.17	$5,579.40	$8,856.09	99.0%	95.7%	98.2%	$94.55	$252.48	$165.42	1.0%	4.3%	1.8%
Index School District	$46,805	$797.65	n/a	$780.08	$565.06	n/a	$567.18	70.8%	n/a	72.7%	$232.59	n/a	$212.90	29.2%	n/a	27.3%
Issaquah School District	$17,568,058	$695.88	$1,325.14	$828.06	$634.79	$760.35	$668.39	91.2%	57.4%	80.7%	$61.10	$564.79	$159.67	8.8%	42.6%	19.3%
Kahlotus School District	$230,440	$901.49	$1,301.24	$1,129.61	$775.31	$806.16	$788.75	86.0%	62.0%	69.8%	$126.19	$495.09	$340.86	14.0%	38.0%	30.2%
Kalama School District	$799,194	$751.81	$1,407.61	$1,009.08	$711.70	$803.54	$758.17	94.7%	57.1%	75.1%	$40.12	$604.07	$250.91	5.3%	42.9%	24.9%
Keller School District	$107,873	$768.88	$1,837.50	$898.94	$666.48	$488.60	$658.12	86.7%	26.6%	73.2%	$102.40	$1,348.90	$240.83	13.3%	73.4%	26.8%
Kelso School District	$4,706,210	$687.34	$1,247.32	$830.90	$643.31	$693.07	$672.22	93.6%	55.6%	80.9%	$44.03	$554.26	$158.67	6.4%	44.4%	19.1%
Kennewick School District	$18,460,320	$736.92	$1,360.51	$914.06	$648.63	$907.64	$727.72	88.0%	66.7%	79.6%	$88.30	$452.87	$186.34	12.0%	33.3%	20.4%
Kent School District	$27,860,958	$721.39	$1,369.06	$864.39	$693.91	$826.60	$733.39	96.2%	60.4%	84.8%	$27.48	$542.46	$130.99	3.8%	39.6%	15.2%
Kettle Falls School District	$871,216	$665.64	$1,275.82	$844.20	$601.54	$1,014.09	$695.93	90.4%	79.5%	82.4%	$64.10	$261.73	$148.27	9.6%	20.5%	17.6%
Kiona-Benton City School District	$1,883,473	$738.66	$1,472.73	$902.05	$657.96	$715.01	$686.74	89.1%	48.6%	76.1%	$80.68	$757.72	$215.30	10.9%	51.4%	23.9%
Kittitas School District	$869,880	$916.00	$1,060.32	$979.59	$840.00	$840.00	$828.65	91.7%	79.2%	84.6%	$76.00	$220.32	$150.95	8.3%	20.8%	15.4%
Klickitat School District	$162,070	$670.28	n/a	$794.46	$623.47	n/a	$714.66	93.0%	n/a	90.0%	$46.81	n/a	$79.80	7.0%	n/a	10.0%
La Center School District	$1,391,291	$797.86	$1,463.48	$1,063.68	$680.45	$900.37	$754.29	85.3%	61.5%	70.9%	$117.41	$563.12	$309.39	14.7%	38.5%	29.1%
La Conner School District	$1,007,126	$791.23	$1,323.94	$999.13	$761.67	$961.32	$829.47	96.3%	72.6%	83.0%	$29.56	$362.63	$169.66	3.7%	27.4%	17.0%
LaCrosse School District	$271,806	$633.04	$1,452.91	$906.02	$571.53	$524.41	$589.19	90.3%	36.1%	65.0%	$61.52	$928.50	$316.83	9.7%	63.9%	35.0%
Lake Chelan School District	$1,801,984	$669.31	$1,333.10	$853.21	$605.31	$716.29	$656.89	90.4%	53.7%	77.0%	$64.01	$616.81	$196.32	9.6%	46.3%	23.0%
Lake Quinault School District	$381,625	$774.80	$1,974.70	$993.82	$679.41	$1,969.70	$774.81	87.7%	99.7%	78.0%	$95.39	$5.00	$219.01	12.3%	0.3%	22.0%
Lake Stevens School District	$7,304,023	$698.39	$1,421.11	$845.37	$674.94	$1,069.24	$759.32	96.6%	75.2%	89.8%	$23.44	$338.20	$84.55	3.4%	23.8%	10.0%
Lake Washington School District	$23,624,760	$707.94	$1,444.92	$863.86	$652.91	$803.63	$680.70	92.2%	55.6%	78.8%	$55.03	$641.29	$183.15	7.8%	44.4%	21.2%
Lakewood School District	$2,177,904	$724.71	$1,456.63	$916.63	$666.95	$900.17	$721.44	92.0%	61.8%	78.7%	$57.76	$555.75	$195.08	8.0%	38.2%	21.3%
Lamont School District	$95,327	$781.67	$1,164.05	$882.66	$675.77	$617.92	$616.68	86.5%	53.1%	69.9%	$105.90	$546.13	$265.99	13.5%	46.9%	30.1%
Liberty School District	$614,536	$719.84	$1,464.29	$898.44	$665.60	$690.36	$676.94	92.5%	47.1%	75.3%	$54.25	$773.93	$221.51	7.5%	52.9%	24.7%

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B2a
Premiums, District, and Employee Contributions
Snapshot as of October 1, 2015 — Reporting Districts Only

	Premiums				District Monthly Dollar Contributions			Percent Paid by District			Employee Monthly Dollar Contributions			Percent Paid by Employee		
		Average														
District	Total Annual	EE	EF	Composite[1]	EE	EF	Composite[1]	EE	EF	Composite[1]	EE	EF	Composite[1]	EE	EF	Composite[1]
Lind School District	$353,698	$743.66	$1,236.73	$921.09	$644.02	$926.09	$751.07	86.6%	74.9%	81.5%	$83.94	$300.29	$159.91	11.3%	24.3%	17.4%
Longview School District	$7,573,037	$745.95	$1,329.62	$895.16	$698.91	$800.37	$724.42	93.7%	60.2%	80.9%	$47.04	$529.25	$170.74	6.3%	39.8%	19.1%
Loon Lake School District	$226,292	$773.39	n/a	$725.30	$722.96	n/a	$679.99	93.5%	n/a	93.8%	$42.79	n/a	$39.43	5.5%	n/a	5.4%
Lopez School District	$436,673	$566.16	$1,276.29	$827.03	$495.88	$810.81	$583.00	87.6%	63.5%	70.5%	$70.28	$465.48	$244.03	12.4%	36.5%	29.5%
Lyle School District	$210,484	$673.28	$1,804.64	$797.29	$631.37	$1,804.64	$763.00	93.8%	100.0%	95.7%	$41.90	$0.00	$34.28	6.2%	0.0%	4.3%
Lynden School District	$2,903,882	$610.33	$1,205.29	$780.61	$580.64	$786.29	$647.99	95.1%	65.2%	83.0%	$29.68	$419.01	$132.62	4.9%	34.8%	17.0%
Mabton School District	$1,174,043	$760.45	$1,351.83	$914.36	$617.67	$701.84	$659.00	81.2%	51.9%	72.1%	$142.78	$649.99	$255.36	18.8%	48.1%	27.9%
Mansfield School District	$283,776	$913.40	$1,091.42	$1,028.17	$713.92	$728.43	$727.78	78.2%	66.7%	70.8%	$199.48	$362.99	$300.40	21.8%	33.3%	29.2%
Manson School District	$954,202	$662.56	$1,335.15	$855.02	$631.71	$734.48	$694.10	95.3%	55.0%	81.2%	$30.85	$600.67	$160.92	4.7%	45.0%	18.8%
Mary M Knight School District	$241,103	$656.22	$1,759.28	$956.76	$653.28	$1,450.50	$857.87	99.6%	82.4%	89.7%	$2.93	$308.78	$98.89	0.4%	17.6%	10.3%
Mary Walker School District	$266,554	$692.25	n/a	$765.96	$626.85	n/a	$667.90	90.6%	n/a	87.2%	$65.40	n/a	$98.06	9.4%	n/a	12.8%
Marysville School District	$11,510,985	$793.12	$1,429.68	$934.94	$747.22	$875.72	$778.07	94.2%	61.3%	83.2%	$45.90	$553.96	$156.87	5.8%	38.7%	16.8%
McCleary School District	$295,603	$711.19	$1,388.53	$849.43	$674.73	$1,146.49	$731.62	94.9%	82.6%	86.1%	$36.46	$242.05	$117.82	5.1%	17.4%	13.9%
Mead School District	$10,910,813	$737.73	$1,375.83	$927.79	$634.98	$754.83	$683.66	86.1%	54.9%	73.7%	$102.75	$621.00	$244.13	13.9%	45.1%	26.3%
Medical Lake School District	$1,877,823	$751.62	$1,238.19	$874.22	$651.32	$916.91	$724.91	86.7%	74.1%	82.9%	$100.30	$321.28	$149.31	13.3%	25.9%	17.1%
Mercer Island School District	$3,808,991	$706.35	$1,433.56	$899.20	$626.89	$814.34	$684.25	88.7%	56.8%	76.1%	$79.47	$619.22	$214.95	11.3%	43.2%	23.9%
Meridian School District	$1,789,434	$654.94	$1,318.15	$833.07	$618.83	$849.39	$677.17	94.5%	64.4%	81.3%	$36.18	$468.75	$155.93	5.5%	35.6%	18.7%
Methow Valley School District	$976,644	$901.18	$1,069.58	$968.89	$881.70	$1,020.04	$931.52	97.8%	95.4%	96.1%	$19.47	$49.54	$37.37	2.2%	4.6%	3.9%
Mill A School District	$58,730	$694.24	$1,168.56	$978.83	$687.30	$891.83	$810.02	99.0%	76.3%	82.8%	$6.94	$276.73	$168.81	1.0%	23.7%	17.2%
Monroe School District	$5,910,784	$733.29	$1,355.21	$878.01	$677.75	$830.45	$726.86	92.4%	61.3%	82.8%	$55.54	$524.76	$151.15	7.6%	38.7%	17.2%
Montesano School District	$1,386,969	$692.76	$1,466.93	$895.97	$647.86	$1,151.68	$776.68	93.5%	78.5%	86.7%	$44.90	$315.25	$119.29	6.5%	21.5%	13.3%
Morton School District	$360,622	$707.64	$1,476.28	$858.62	$678.30	$463.49	$697.28	95.9%	31.4%	81.2%	$29.34	$1,012.79	$161.35	4.1%	68.6%	18.8%
Moses Lake School District	$9,040,643	$752.80	$1,400.24	$921.01	$705.03	$704.99	$726.56	93.7%	50.3%	78.9%	$47.77	$695.26	$194.45	6.3%	49.7%	21.1%
Mossyrock School District	$593,784	$768.77	$721.35	$811.18	$647.60	$556.85	$626.71	84.2%	77.2%	77.3%	$121.17	$164.50	$184.47	15.8%	22.8%	22.7%
Mount Adams School District	$1,420,448	$742.09	$1,223.39	$864.02	$640.97	$635.26	$641.82	86.4%	51.9%	74.3%	$101.11	$588.13	$222.20	13.6%	48.1%	25.7%
Mount Baker School District	$2,317,527	$630.36	$1,287.76	$818.34	$618.10	$890.51	$712.78	98.1%	69.2%	87.1%	$12.26	$397.25	$105.55	1.9%	30.8%	12.9%
Mount Pleasant School District	$69,690	$594.60	n/a	$829.64	$594.60	n/a	$827.84	100.0%	n/a	99.8%	$0.00	n/a	$1.80	0.0%	n/a	0.2%
Mount Vernon School District	$7,654,656	$709.96	$1,251.25	$847.13	$661.70	$786.45	$689.41	93.2%	62.9%	81.4%	$48.26	$476.80	$158.92	6.8%	38.1%	18.8%
Mukilteo School District	$15,004,407	$752.64	$1,531.12	$919.39	$699.31	$939.79	$750.11	92.9%	61.4%	81.6%	$53.33	$591.33	$169.28	7.1%	38.6%	18.4%
Naches Valley School District	$1,335,801	$684.49	$1,346.95	$862.92	$613.11	$704.21	$645.17	89.6%	52.3%	74.8%	$71.38	$642.74	$217.75	10.4%	47.7%	25.2%
Napavine School District	$762,865	$664.57	$1,159.07	$784.84	$596.16	$679.27	$634.34	89.7%	58.6%	80.8%	$68.41	$479.80	$150.50	10.3%	41.4%	19.2%
Naselle-Grays River Valley School District	$579,708	$827.36	$1,422.96	$1,123.47	$723.49	$1,157.93	$961.11	87.4%	81.4%	85.5%	$103.87	$265.02	$162.36	12.6%	18.6%	14.5%
Nespelem School District	$217,176	$622.72	n/a	$786.87	$585.17	n/a	$682.39	94.0%	n/a	86.7%	$37.55	n/a	$104.48	6.0%	n/a	13.3%
Newport School District	$1,080,843	$620.86	$1,248.46	$763.31	$554.31	$615.89	$573.53	89.3%	49.3%	75.1%	$66.55	$632.57	$193.49	10.7%	50.7%	25.3%
Nine Mile Falls School District	$1,461,291	$697.56	$1,037.63	$915.60	$628.69	$741.26	$724.93	90.1%	71.4%	79.2%	$68.87	$296.37	$190.67	9.9%	28.6%	20.8%
Nooksack Valley School District	$2,060,773	$632.22	$1,367.70	$854.38	$617.70	$860.33	$711.23	97.7%	62.9%	83.2%	$14.52	$507.37	$143.16	2.3%	37.1%	16.8%
North Beach School District	$1,023,994	$756.92	$1,438.91	$948.14	$666.60	$962.07	$740.15	88.1%	66.9%	78.1%	$90.32	$476.85	$207.99	11.9%	33.1%	21.9%
North Franklin School District	$2,060,958	$594.38	$1,010.68	$721.62	$579.04	$959.21	$706.97	97.4%	94.9%	98.0%	$17.97	$51.47	$23.25	3.0%	5.1%	3.2%
North Kitsap School District	$5,991,395	$725.31	$1,196.07	$859.35	$694.92	$689.72	$707.41	95.8%	57.7%	82.3%	$30.39	$506.35	$151.94	4.2%	42.3%	17.7%
North Mason School District	$2,167,668	$762.56	$1,497.34	$926.35	$710.69	$791.76	$747.99	93.2%	52.9%	80.7%	$51.87	$705.59	$178.37	6.8%	47.1%	19.3%
North River School District	$168,017	$713.45	$1,164.05	$777.86	$589.69	$661.80	$601.71	82.7%	56.9%	77.4%	$133.48	$502.25	$184.26	18.7%	43.1%	23.7%
North Thurston Public Schools	$13,828,106	$689.25	$1,381.97	$853.59	$593.21	$786.88	$641.29	86.1%	56.9%	75.1%	$96.04	$595.09	$212.30	13.9%	43.1%	24.9%
Northport School District	$504,883	$1,049.73	$1,270.63	$1,137.12	$917.91	$1,049.48	$960.31	87.4%	82.6%	84.5%	$131.82	$221.15	$176.82	12.6%	17.4%	15.5%
Northshore School District	$20,963,738	$672.89	$1,445.48	$871.31	$587.79	$853.13	$663.90	87.4%	59.0%	76.2%	$85.09	$592.34	$207.41	12.6%	41.0%	23.8%
Oak Harbor School District	$5,521,458	$775.23	$1,267.74	$939.02	$764.49	$990.72	$861.25	98.6%	78.1%	91.7%	$10.74	$277.02	$77.77	1.4%	21.9%	8.3%
Oakesdale School District	$257,520	$929.75	$1,097.29	$1,021.90	$755.63	$766.07	$759.11	81.3%	69.8%	74.3%	$174.13	$331.21	$262.80	18.7%	30.2%	25.7%
Oakville School District	$343,916	$668.95	$1,032.75	$754.20	$643.58	$957.17	$707.54	96.2%	92.7%	93.8%	$25.37	$75.59	$46.66	3.8%	7.3%	6.2%
Ocean Beach School District	$1,208,587	$707.78	$1,178.88	$846.35	$649.65	$722.16	$697.93	91.8%	61.3%	82.5%	$58.13	$456.72	$148.42	8.2%	38.7%	17.5%
Ocosta School District	$847,586	$721.89	$1,268.84	$894.08	$656.32	$765.31	$688.11	90.9%	60.3%	77.0%	$65.57	$503.54	$205.97	9.1%	39.7%	23.0%
Odessa School District	$398,602	$713.19	$1,136.37	$851.71	$633.10	$737.38	$656.50	88.8%	64.9%	77.1%	$80.09	$398.98	$195.22	11.2%	35.1%	22.9%
Okanogan School District	$1,225,274	$690.12	$1,208.97	$816.85	$621.15	$840.90	$675.43	90.0%	69.6%	82.7%	$68.96	$368.07	$141.42	10.0%	30.4%	17.3%
Olympia School District	$8,232,678	$683.14	$1,334.18	$835.64	$630.38	$702.27	$659.08	92.3%	52.6%	78.9%	$52.76	$631.91	$176.56	7.7%	47.4%	21.1%
Omak School District	$3,137,387	$680.95	$1,190.85	$799.54	$635.15	$754.70	$676.40	93.3%	63.4%	84.6%	$45.80	$436.16	$123.14	6.7%	36.6%	15.4%
Onalaska School District	$885,109	$635.67	$1,302.47	$828.75	$602.53	$770.34	$676.99	94.8%	59.1%	81.7%	$33.13	$532.13	$151.76	5.2%	40.9%	18.3%
Onion Creek School District	$108,828	$924.00	$1,081.00	$1,007.67	$780.00	$780.00	$780.00	84.4%	72.2%	77.4%	$144.00	$301.00	$227.67	15.6%	27.8%	22.6%
Orcas Island School District	$912,343	$686.06	$1,256.98	$916.01	$524.84	$622.37	$570.58	76.5%	49.5%	62.3%	$161.21	$634.61	$345.43	23.5%	50.5%	37.7%
Orchard Prairie School District	$86,956	$736.74	$1,694.51	$905.79	$736.74	$848.02	$764.56	100.0%	50.0%	84.4%	$0.00	$846.49	$141.23	0.0%	50.0%	15.6%
Orient School District	$1,289,942	$7,402.51	$10,312.00	$8,957.93	$6,053.62	$7,680.00	$6,800.75	81.8%	74.5%	75.9%	$1,348.89	$2,632.00	$2,157.18	18.2%	25.5%	24.1%
Orondo School District	$268,942	$639.18	$1,236.68	$772.82	$596.27	$772.85	$660.20	93.3%	62.5%	85.4%	$42.90	$463.84	$112.62	6.7%	37.5%	14.6%
Oroville School District	$786,276	$673.09	$1,782.76	$949.61	$631.02	$1,527.05	$855.36	93.7%	85.7%	90.1%	$42.07	$255.71	$94.25	6.3%	14.3%	9.9%
Orting School District	$2,071,641	$800.11	$1,067.87	$899.15	$739.55	$799.38	$770.74	92.4%	74.9%	85.7%	$60.70	$268.49	$129.07	7.6%	25.1%	14.4%

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B2a
Premiums, District, and Employee Contributions
Snapshot as of October 1, 2015 — Reporting Districts Only

	Premiums				District Monthly Dollar Contributions			Percent Paid by District			Employee Monthly Dollar Contributions			Percent Paid by Employee		
		Average														
District	Total Annual	EE	EF	Composite[1]	EE	EF	Composite[1]	EE	EF	Composite[1]	EE	EF	Composite[1]	EE	EF	Composite[1]
Othello School District	$3,947,245	$659.33	$1,281.32	$798.39	$590.26	$988.50	$656.75	89.5%	77.1%	82.3%	$69.07	$292.83	$141.64	10.5%	22.9%	17.7%
Palisades School District	$84,396	$924.00	$1,081.00	$1,004.71	$840.00	$840.00	$840.00	90.9%	77.7%	83.6%	$84.00	$241.00	$164.71	9.1%	22.3%	16.4%
Palouse School District	$270,359	$683.12	$1,741.03	$979.56	$591.91	$1,057.22	$641.35	86.6%	60.7%	65.5%	$91.21	$683.81	$338.21	13.4%	39.3%	34.5%
Pasco School District	$19,546,683	$719.80	$1,421.50	$866.43	$662.53	$950.10	$723.28	92.0%	66.8%	83.5%	$57.27	$471.39	$143.15	8.0%	33.2%	16.5%
Pateros School District	$408,669	$698.86	$1,223.00	$851.39	$619.74	$780.00	$675.21	88.7%	63.8%	79.3%	$79.12	$443.00	$176.19	11.3%	36.2%	20.7%
Paterson School District	$201,596	$845.98	$563.13	$799.98	$644.31	$344.04	$602.61	76.2%	61.1%	75.3%	$201.67	$219.09	$197.38	23.8%	38.9%	24.7%
Pe Ell School District	$409,643	$641.00	$1,477.01	$793.88	$574.24	$1,108.88	$661.87	89.6%	75.1%	83.4%	$66.76	$368.13	$132.01	10.4%	24.9%	16.6%
Peninsula School District	$8,120,357	$701.23	$1,494.49	$876.55	$629.75	$814.50	$671.70	89.8%	54.5%	76.6%	$71.47	$679.99	$204.85	10.2%	45.5%	23.4%
Pioneer School District	$894,871	$662.10	$1,245.23	$819.48	$601.06	$689.44	$622.52	90.8%	55.4%	76.0%	$61.04	$555.79	$196.96	9.2%	44.6%	24.0%
Pomeroy School District	$498,010	$689.70	$1,521.51	$1,092.13	$614.56	$1,020.45	$784.37	89.1%	67.1%	71.8%	$75.14	$501.06	$307.76	10.9%	32.9%	28.2%
Port Angeles School District	$4,276,226	$717.84	$1,290.42	$869.15	$627.01	$700.16	$652.82	87.3%	54.3%	75.1%	$90.83	$590.26	$216.33	12.7%	45.7%	24.9%
Port Townsend School District	$1,441,772	$688.41	$1,325.47	$889.98	$663.40	$852.09	$748.88	96.4%	64.3%	84.1%	$25.00	$473.38	$141.11	3.6%	35.7%	15.9%
Prescott School District	$427,089	$715.26	n/a	$847.40	$617.35	n/a	$630.02	86.3%	n/a	74.3%	$97.90	n/a	$217.38	13.7%	n/a	25.7%
Prosser School District	$3,479,933	$719.39	$1,535.25	$941.54	$669.66	$983.33	$746.91	93.1%	64.1%	79.3%	$49.72	$551.92	$194.63	6.9%	35.9%	20.7%
Pullman School District	$2,208,628	$679.36	$1,097.69	$779.88	$656.26	$844.87	$706.09	96.6%	77.0%	90.5%	$23.10	$252.82	$73.79	3.4%	23.0%	9.5%
Puyallup School District	$17,721,368	$728.01	$1,365.24	$877.47	$642.85	$789.12	$656.31	88.3%	57.8%	74.8%	$85.17	$576.12	$221.16	11.7%	42.2%	25.2%
Queets-Clearwater School District	$82,964	$692.89	n/a	$768.19	$602.22	n/a	$628.02	86.9%	n/a	81.8%	$90.67	n/a	$140.16	13.1%	n/a	18.2%
Quilcene School District	$198,305	$821.59	n/a	$918.08	$726.29	n/a	$714.77	88.4%	n/a	77.9%	$95.29	n/a	$203.31	11.6%	n/a	22.1%
Quillayute Valley School District	$1,610,199	$679.66	$1,488.85	$808.33	$627.24	$695.13	$654.12	92.3%	46.7%	80.9%	$52.41	$793.72	$154.21	7.7%	53.3%	19.1%
Quincy School District	$3,126,926	$775.89	$1,421.08	$940.71	$745.42	$1,040.88	$817.23	96.1%	73.2%	86.9%	$30.48	$380.20	$123.48	3.9%	26.8%	13.1%
Rainier School District	$917,008	$712.61	$1,521.50	$920.69	$679.07	$689.08	$724.20	95.3%	45.3%	78.7%	$33.53	$832.41	$196.49	4.7%	54.7%	21.3%
Raymond School District	$785,094	$754.87	$901.45	$860.85	$709.81	$736.74	$713.35	94.0%	81.7%	82.9%	$45.06	$164.71	$147.50	6.0%	18.3%	17.1%
Reardan-Edwall School District	$654,474	$705.85	$1,477.01	$879.67	$609.17	$901.30	$678.78	86.3%	61.0%	77.2%	$96.68	$575.71	$200.89	13.7%	39.0%	22.8%
Renton School District	$15,118,395	$705.06	$1,389.91	$843.85	$651.82	$754.40	$686.12	92.4%	54.3%	81.3%	$53.24	$635.51	$157.73	7.6%	45.7%	18.7%
Republic School District	$378,197	$667.81	$1,211.66	$808.11	$527.91	$954.78	$647.35	79.1%	78.8%	80.1%	$139.90	$256.88	$156.50	20.9%	21.2%	19.4%
Richland School District	$11,327,300	$737.02	$1,322.99	$869.19	$639.06	$666.19	$651.37	86.7%	50.4%	74.9%	$96.87	$656.80	$217.16	13.1%	49.6%	25.0%
Ridgefield School District	$1,750,395	$711.86	$1,488.63	$972.44	$665.52	$838.20	$712.21	93.5%	56.3%	73.2%	$46.35	$650.42	$260.24	6.5%	43.7%	26.8%
Ritzville School District	$639,360	$924.27	$1,055.50	$1,005.28	$840.00	$805.27	$816.08	90.9%	76.3%	81.2%	$84.27	$250.23	$189.21	9.1%	23.7%	18.8%
Riverside School District	$1,331,293	$749.39	$1,235.51	$887.53	$652.48	$690.04	$669.66	87.1%	55.9%	75.5%	$96.91	$545.47	$217.86	12.9%	44.1%	24.5%
Riverview School District	$2,974,616	$717.64	$1,324.82	$869.77	$583.55	$698.36	$599.59	81.3%	52.7%	68.9%	$134.12	$597.38	$266.53	18.7%	45.1%	30.6%
Rochester School District	$2,373,774	$727.58	$1,440.41	$928.71	$619.63	$898.61	$714.42	85.2%	62.4%	76.9%	$107.95	$541.79	$214.29	14.8%	37.6%	23.1%
Roosevelt School District	$50,265	$837.75	n/a	$837.75	$837.75	n/a	$837.75	100.0%	n/a	100.0%	$0.00	n/a	$0.00	0.0%	n/a	0.0%
Rosalia School District	$359,827	$631.70	$1,074.91	$881.93	$578.99	$639.49	$604.18	91.7%	59.5%	68.5%	$52.72	$435.42	$277.75	8.3%	40.5%	31.5%
Royal School District	$1,818,217	$667.41	$1,331.23	$797.46	$605.25	$688.78	$639.78	90.7%	51.7%	80.2%	$62.16	$642.45	$157.69	9.3%	48.3%	19.8%
San Juan Island School District	$644,887	$583.81	$1,156.92	$790.30	$564.39	$638.68	$634.73	96.7%	55.2%	80.3%	$19.42	$518.24	$155.57	3.3%	44.8%	19.7%
Satsop School District	$78,474	$716.75	$1,837.50	$934.21	$627.90	$406.95	$633.17	87.6%	22.1%	67.8%	$88.85	$1,430.55	$301.04	12.4%	77.9%	32.2%
Seattle Public Schools	$59,101,243	$709.43	$1,389.51	$862.54	$693.43	$679.50	$691.13	97.7%	48.9%	80.1%	$57.59	$711.49	$197.17	8.1%	51.2%	22.9%
Sedro-Woolley School District	$4,539,202	$713.19	$1,204.71	$827.72	$652.10	$800.81	$694.92	91.4%	66.5%	84.0%	$61.09	$403.90	$132.79	8.6%	33.5%	16.0%
Selah School District	$3,762,693	$677.42	$1,505.40	$833.93	$601.04	$751.21	$627.06	88.7%	49.9%	75.2%	$76.39	$754.19	$206.87	11.3%	50.1%	24.8%
Selkirk School District	$388,497	$900.72	$1,192.73	$1,079.16	$815.41	$891.32	$851.64	90.5%	74.7%	78.9%	$85.30	$301.42	$227.52	9.5%	25.3%	21.1%
Sequim School District	$2,090,152	$601.13	$1,169.46	$767.31	$559.15	$1,022.92	$695.47	93.0%	87.5%	90.6%	$41.98	$146.54	$71.84	7.0%	12.5%	9.4%
Shaw Island School District	$29,084	$580.40	$1,262.85	$807.88	$580.40	$800.66	$653.82	100.0%	63.4%	80.9%	$0.00	$462.19	$154.06	0.0%	36.6%	19.1%
Shelton School District	$5,061,048	$708.74	$1,304.00	$823.74	$639.09	$762.66	$670.21	90.2%	58.5%	81.4%	$69.65	$541.33	$153.52	9.8%	41.5%	18.6%
Shoreline School District	$9,604,283	$718.88	$1,382.75	$903.34	$647.24	$775.47	$686.93	90.0%	56.1%	76.0%	$71.64	$607.28	$216.41	10.0%	43.9%	24.0%
Skamania School District	$110,884	$665.34	$1,267.76	$924.03	$627.48	$758.71	$595.07	94.3%	59.8%	64.4%	$37.86	$509.05	$328.97	5.7%	40.2%	35.6%
Skykomish School District	$40,212	$837.75	n/a	$837.75	$741.49	n/a	$741.49	88.5%	n/a	88.5%	$96.26	n/a	$96.26	11.5%	n/a	11.5%
Snohomish School District	$10,015,405	$766.30	$1,445.20	$979.60	$677.62	$823.05	$750.91	88.4%	57.0%	76.7%	$88.69	$622.14	$228.68	11.6%	43.0%	23.3%
Snoqualmie Valley School District	$5,994,947	$750.86	$1,521.74	$946.17	$666.63	$804.31	$707.34	88.8%	52.9%	74.8%	$84.23	$717.43	$238.83	11.2%	47.1%	25.2%
Soap Lake School District	$198,818	$812.54	$603.13	$872.01	$717.50	$0.00	$675.00	88.3%	0.0%	77.4%	$95.04	$603.13	$197.01	11.7%	100.0%	22.6%
South Bend School District	$923,864	$713.06	$1,384.10	$916.53	$628.76	$715.66	$677.58	88.2%	51.7%	73.9%	$84.30	$668.44	$238.95	11.8%	48.3%	26.1%
South Kitsap School District	$7,851,764	$686.24	$1,223.16	$795.03	$680.99	$879.97	$739.35	99.2%	71.9%	93.0%	$5.25	$343.19	$55.69	0.8%	28.1%	7.0%
South Whidbey School District	$1,700,821	$722.43	$1,285.87	$885.84	$640.83	$753.81	$685.73	88.7%	58.6%	77.4%	$81.60	$532.05	$200.12	11.3%	41.4%	22.6%
Southside School District	$144,073	$669.33	$1,262.85	$800.40	$559.40	$559.40	$568.10	83.6%	44.3%	71.0%	$109.93	$703.45	$232.30	16.4%	55.7%	29.0%
Spokane School District	$37,101,740	$758.66	$1,457.96	$994.79	$634.16	$930.55	$713.92	83.6%	63.8%	71.8%	$124.50	$527.41	$280.87	16.4%	36.2%	28.2%
Sprague School District	$195,325	$699.91	$1,618.78	$904.28	$605.10	$639.24	$696.21	86.5%	39.5%	77.0%	$94.81	$979.54	$208.07	13.5%	60.5%	23.0%
St. John School District	$2,616,463	$7,771.84	$9,028.65	$8,386.10	$6,207.25	$6,370.00	$6,346.08	79.9%	70.6%	75.7%	$1,564.59	$2,658.65	$2,040.02	20.1%	29.4%	24.3%
Stanwood-Camano School District	$4,585,434	$735.62	$1,403.82	$918.56	$696.01	$945.38	$751.84	94.6%	67.3%	81.9%	$39.60	$458.44	$166.72	5.4%	32.7%	18.1%
Star School District	$578,112	$6,680.00	$8,401.67	$8,029.33	$6,344.00	$7,732.67	$7,484.83	95.0%	92.0%	93.2%	$336.00	$669.00	$544.50	5.0%	8.0%	6.8%
Starbuck School District	$35,986	$749.70	n/a	$749.70	$749.70	n/a	$749.70	100.0%	n/a	100.0%	$0.00	n/a	$0.00	0.0%	n/a	0.0%
Stehekin School District	$22,589	n/a	n/a	$1,882.45	n/a	n/a	$1,882.45	n/a	n/a	100.0%	n/a	n/a	$0.00	n/a	n/a	0.0%
Steilacoom Hist. School District	$2,591,474	$756.24	$1,434.80	$915.07	$719.35	$856.57	$761.68	95.1%	59.7%	83.2%	$36.89	$578.23	$153.39	4.9%	40.3%	16.8%

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B2a
Premiums, District, and Employee Contributions
Snapshot as of October 1, 2015 — Reporting Districts Only

	Premiums				District Monthly Dollar Contributions			Percent Paid by District			Employee Monthly Dollar Contributions			Percent Paid by Employee		
		Average														
District	Total Annual	EE	EF	Composite[1]	EE	EF	Composite[1]	EE	EF	Composite[1]	EE	EF	Composite[1]	EE	EF	Composite[1]
Steptoe School District	$98,892	$931.00	$1,144.00	$1,030.13	$705.90	$780.00	$660.46	75.8%	68.2%	64.1%	$225.10	$364.00	$369.67	24.2%	31.8%	35.9%
Stevenson-Carson School District	$1,128,260	$690.31	$1,552.78	$979.39	$682.57	$1,238.98	$879.25	98.9%	79.8%	89.8%	$7.74	$313.80	$100.14	1.1%	20.2%	10.2%
Sultan School District	$1,906,857	$739.01	$1,216.28	$892.72	$709.08	$839.70	$760.14	96.0%	69.0%	85.1%	$29.93	$376.58	$132.58	4.0%	31.0%	14.9%
Summit Valley School District	$89,462	$674.30	n/a	$745.51	$659.07	n/a	$699.64	97.7%	n/a	93.8%	$15.23	n/a	$45.87	2.3%	n/a	6.2%
Sumner School District	$8,455,245	$640.29	$1,241.27	$804.34	$547.09	$866.02	$645.17	85.4%	69.8%	80.2%	$93.21	$375.25	$159.18	14.6%	30.2%	19.8%
Sunnyside School District	$6,919,516	$683.63	$1,307.58	$787.74	$606.82	$699.93	$636.27	88.8%	53.5%	80.8%	$76.82	$607.66	$151.47	11.2%	46.5%	19.2%
Tacoma School District	$41,693,521	$849.01	$1,980.34	$1,260.23	$700.89	$1,537.69	$1,013.53	82.6%	77.6%	80.4%	$148.12	$442.65	$246.70	17.4%	22.4%	19.6%
Taholah School District	$243,661	$708.88	$1,270.90	$846.05	$639.72	$635.07	$659.68	90.2%	50.0%	78.0%	$69.16	$635.83	$186.36	9.8%	50.0%	22.0%
Tahoma School District	$7,283,399	$757.14	$1,160.88	$888.65	$678.52	$726.97	$697.33	89.6%	62.6%	78.5%	$78.62	$433.91	$191.33	10.4%	37.4%	21.5%
Tekoa School District	$297,644	$725.21	$1,287.85	$918.65	$587.36	$904.54	$685.75	81.0%	70.2%	74.6%	$137.86	$383.31	$232.90	19.0%	29.8%	25.4%
Tenino School District	$1,298,721	$728.11	$1,209.05	$845.52	$420.17	$609.37	$489.92	57.7%	50.4%	57.9%	$307.94	$599.68	$357.08	42.3%	49.6%	42.2%
Thorp School District	$205,662	$726.20	n/a	$856.92	$621.23	n/a	$634.53	85.5%	n/a	74.0%	$104.97	n/a	$222.39	14.5%	n/a	26.0%
Toledo School District	$599,893	$667.65	$1,107.18	$806.31	$521.91	$677.84	$583.95	78.2%	61.2%	72.4%	$145.75	$429.34	$222.36	21.8%	38.8%	27.6%
Tonasket School District	$1,306,540	$657.17	$1,396.70	$871.03	$610.54	$1,128.23	$750.43	92.9%	80.8%	86.2%	$46.63	$268.47	$120.59	7.1%	19.2%	13.8%
Toppenish School District	$4,728,793	$740.10	$1,564.33	$905.90	$693.48	$1,265.42	$784.25	93.7%	80.9%	86.6%	$46.62	$298.91	$121.65	6.3%	19.1%	13.4%
Touchet School District	$283,251	$648.50	$1,123.10	$786.81	$503.75	$502.24	$550.14	77.7%	44.7%	69.9%	$144.74	$620.86	$236.67	22.3%	55.3%	30.1%
Toutle Lake School District	$754,235	$726.38	$1,171.65	$910.91	$592.82	$661.09	$626.37	81.6%	56.4%	68.8%	$133.57	$510.56	$284.54	18.4%	43.6%	31.2%
Trout Lake School District	$231,624	$683.44	$1,680.91	$965.10	$682.43	$808.66	$816.12	99.9%	48.1%	84.6%	$1.01	$872.25	$148.98	0.1%	51.9%	15.4%
Tukwila School District	$3,157,200	$746.51	$1,465.85	$874.09	$682.53	$729.31	$699.20	91.4%	49.8%	80.0%	$63.98	$736.55	$174.88	8.6%	50.2%	20.0%
Tumwater School District	$6,501,258	$719.79	$1,286.67	$846.52	$657.01	$757.02	$680.11	91.3%	58.8%	80.3%	$62.78	$529.65	$166.41	8.7%	41.2%	19.7%
Union Gap School District	$800,635	$819.79	$1,096.75	$901.62	$698.13	$842.05	$733.09	85.2%	76.8%	81.3%	$121.66	$254.70	$168.52	14.8%	23.2%	18.7%
University Place School District	$4,926,684	$710.43	$1,369.92	$871.67	$662.08	$743.73	$698.57	93.2%	54.3%	80.1%	$48.35	$626.19	$173.10	6.8%	45.7%	19.9%
Valley School District	$819,246	$622.27	$1,106.89	$767.08	$612.17	$828.35	$687.68	98.4%	74.8%	89.6%	$10.10	$278.54	$79.41	1.6%	25.2%	10.4%
Vancouver School District	$24,243,101	$717.45	$1,382.17	$872.68	$670.98	$722.86	$693.31	93.5%	52.3%	79.4%	$46.48	$659.31	$179.37	6.5%	47.7%	20.6%
Vashon Island School District	$1,802,467	$726.39	$1,539.04	$994.74	$659.74	$764.30	$708.17	90.8%	49.7%	71.2%	$66.65	$774.73	$286.57	9.2%	50.3%	28.8%
Wahkiakum School District	$484,332	$908.78	$1,111.13	$1,034.90	$891.19	$947.51	$939.59	98.1%	85.3%	90.8%	$17.58	$163.63	$95.30	1.9%	14.7%	9.2%
Wahluke School District	$2,561,504	$709.49	$1,277.31	$853.83	$632.27	$736.75	$680.81	89.1%	57.7%	79.7%	$77.22	$540.55	$173.02	10.9%	42.3%	20.3%
Waitsburg School District	$353,316	$662.68	$1,302.90	$817.86	$584.27	$651.45	$600.64	88.2%	50.0%	73.4%	$78.41	$651.45	$217.22	11.8%	50.0%	26.6%
Walla Walla Public Schools	$7,413,396	$701.81	$1,317.74	$847.44	$652.79	$756.30	$695.75	93.0%	57.4%	82.1%	$49.02	$561.43	$151.69	7.0%	42.6%	17.9%
Wapato School District	$3,874,738	$693.97	$1,767.77	$847.49	$637.53	$1,274.57	$713.64	91.9%	72.1%	84.2%	$56.44	$493.20	$133.90	8.1%	27.9%	15.8%
Warden School District	$1,433,352	$889.52	$1,075.79	$963.27	$800.43	$773.58	$781.05	90.0%	71.9%	81.1%	$85.50	$302.21	$180.02	9.6%	28.1%	18.7%
Washougal School District	$3,147,976	$769.18	$1,402.67	$895.33	$686.70	$721.73	$701.97	89.3%	51.5%	78.4%	$82.48	$680.94	$193.35	10.7%	48.5%	21.6%
Washtucna School District	$188,464	$812.91	$1,164.05	$923.84	$689.29	$633.65	$687.02	84.8%	54.4%	74.4%	$123.62	$530.40	$236.82	15.2%	45.6%	25.6%
Waterville School District	$336,038	$622.15	$1,439.95	$777.87	$622.15	$812.39	$684.18	100.0%	56.4%	88.0%	$0.00	$627.56	$93.69	0.0%	43.6%	12.0%
Wellpinit School District	$617,648	$633.87	$902.70	$724.94	$573.30	$690.05	$617.34	90.4%	76.4%	85.2%	$60.57	$212.66	$107.60	9.6%	23.6%	14.8%
Wenatchee School District	$8,721,613	$704.35	$1,382.84	$855.06	$642.56	$710.30	$671.70	91.2%	51.4%	78.6%	$61.80	$672.55	$183.36	8.8%	48.6%	21.4%
West Valley School District (Spokane)	$4,730,593	$750.09	$1,496.00	$966.22	$683.61	$1,086.30	$802.62	91.1%	72.6%	83.1%	$66.48	$409.70	$163.59	8.9%	27.4%	16.9%
West Valley School District (Yakima)	$5,041,417	$732.38	$1,338.21	$888.20	$654.89	$774.53	$688.70	89.4%	57.9%	77.5%	$77.49	$563.67	$199.50	10.6%	42.1%	22.5%
White Pass School District	$513,538	$665.23	$1,266.76	$807.45	$606.21	$855.55	$652.50	91.1%	67.5%	80.8%	$59.02	$411.21	$154.95	8.9%	32.5%	19.2%
White River School District	$3,602,400	$738.05	$1,276.12	$877.78	$659.39	$801.28	$704.28	89.3%	62.8%	80.2%	$78.65	$474.84	$173.50	10.7%	37.2%	19.8%
White Salmon Valley School District	$1,209,964	$649.42	$1,505.85	$869.23	$625.31	$988.24	$713.32	96.3%	65.6%	82.1%	$24.10	$517.61	$155.91	3.7%	34.4%	17.9%
Wilbur School District	$527,064	$924.00	$1,091.50	$976.04	$731.47	$762.67	$732.41	79.2%	69.9%	75.0%	$192.53	$328.83	$243.63	20.8%	30.1%	25.0%
Willapa Valley School District	$482,187	$706.52	$1,868.64	$934.47	$643.48	$1,388.42	$747.38	91.1%	74.3%	80.0%	$63.04	$480.22	$187.09	8.9%	25.7%	20.0%
Wilson Creek School District	$341,027	$812.91	$1,331.58	$947.30	$651.02	$677.31	$680.92	80.1%	50.9%	71.9%	$161.89	$654.27	$266.38	19.9%	49.1%	28.1%
Winlock School District	$796,924	$629.42	$1,363.95	$873.82	$600.72	$712.14	$657.25	95.4%	52.2%	75.2%	$28.71	$651.81	$216.57	4.6%	47.8%	24.8%
Wishkah Valley School District	$208,389	$689.24	n/a	$826.94	$645.44	n/a	$706.35	93.6%	n/a	85.4%	$43.80	n/a	$120.59	6.4%	n/a	14.6%
Wishram School District	$175,118	$488.73	$1,163.85	$768.06	$476.82	$1,086.97	$726.52	97.6%	93.4%	94.6%	$11.92	$76.88	$41.54	2.4%	6.6%	5.4%
Woodland School District	$3,520,098	$986.98	$1,524.17	$1,058.99	$962.54	$981.46	$968.79	97.5%	64.4%	91.5%	$24.45	$542.71	$90.21	2.5%	35.6%	8.5%
Yakima School District	$20,708,369	$815.44	$1,493.58	$962.46	$781.56	$921.82	$822.44	95.8%	61.7%	85.5%	$33.89	$571.76	$140.02	4.2%	38.3%	14.5%
Yelm School District	$5,530,019	$727.94	$1,434.78	$889.64	$695.11	$1,034.24	$767.90	95.5%	72.1%	86.3%	$32.83	$400.54	$121.74	4.5%	27.9%	13.7%
Zillah School District	$1,350,426	$673.16	$1,375.16	$827.47	$616.08	$772.91	$653.46	91.5%	56.2%	79.0%	$57.08	$602.25	$174.01	8.5%	43.8%	21.0%
Grand Total/Average	**$1,151,900,899**	**$742.40**	**$1,447.11**	**$918.97**	**$665.14**	**$880.61**	**$719.87**	**89.6%**	**60.9%**	**78.3%**	**$70.54**	**$539.76**	**$187.81**	**9.5%**	**37.3%**	**20.4%**

[1]"Composite" is a weighted average of the premiums by tier (EE premium, ES premium, EC premium, and EF premium). The weight for the premium tiers is the enrollmet for each tier, not shown on this exhibit.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B2b
Premiums and Contributions for Full-time and Part-time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Full-time Average						Part-time Average					
	Total Premiums		Contribution		Percent Paid		Total Premiums		Contribution		Percent Paid	
	EE	EF	EE	EF	EE	EF	EE	EF	EE	EF	EE	EF
Aberdeen School District	$759.81	$1,302.43	$82.31	$598.13	10.8%	45.9%	n/a	n/a	n/a	n/a	n/a	n/a
Adna School District	$698.83	$1,782.43	$98.66	$1,149.03	14.1%	64.5%	$580.40	$1,262.85	$76.02	$846.87	13.1%	67.1%
Almira School District	$924.00	$1,032.33	$144.00	$252.33	15.6%	24.4%	$924.00	$876.00	$243.06	$93.89	26.3%	10.7%
Anacortes School District	$738.69	$1,400.72	$69.95	$571.82	9.5%	40.8%	n/a	$1,324.22	n/a	$690.97	n/a	52.2%
Arlington School District	$730.75	$1,115.61	$59.98	$361.47	8.2%	32.4%	n/a	n/a	n/a	n/a	n/a	n/a
Asotin-Anatone School District	$850.60	$897.66	$70.60	$76.33	8.3%	8.5%	n/a	n/a	n/a	n/a	n/a	n/a
Auburn School District	$731.52	$1,429.90	$47.80	$544.73	6.5%	38.1%	$635.63	$1,292.32	$86.58	$722.26	13.6%	55.9%
Bainbridge Island School District	$762.57	$1,481.67	$80.08	$718.46	10.5%	48.5%	n/a	n/a	n/a	n/a	n/a	n/a
Battle Ground School District	$769.37	$1,513.47	$85.74	$707.87	11.1%	46.8%	$704.60	$1,398.50	$71.33	$822.55	10.1%	58.8%
Bellevue School District	$751.47	$1,382.63	$93.20	$618.10	12.4%	44.7%	$643.48	$1,305.69	$126.37	$720.23	19.6%	55.2%
Bellingham School District	$694.06	$1,352.85	$59.29	$660.05	8.5%	48.8%	$621.18	$1,344.22	$125.19	$793.34	20.2%	59.0%
Benge School District	$1,018.00	$1,259.00	$84.00	$241.00	8.3%	19.1%	n/a	n/a	n/a	n/a	n/a	n/a
Bethel School District	$735.77	$1,471.85	$21.11	$472.42	2.9%	32.1%	$633.24	$1,337.84	$137.33	$812.83	21.7%	60.8%
Bickleton School District	n/a	$2,113.75	n/a	$769.87	n/a	36.4%	n/a	n/a	n/a	n/a	n/a	n/a
Blaine School District	$748.59	$1,388.87	$41.32	$440.73	5.5%	31.7%	$638.79	$1,083.69	$69.08	$234.07	10.8%	21.6%
Boistfort School District	$599.35	n/a	$50.08	n/a	8.4%	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Bremerton School District	$785.67	$1,495.70	$36.86	$691.40	4.7%	46.2%	n/a	n/a	n/a	n/a	n/a	n/a
Brewster School District	$670.72	$1,356.46	$81.78	$480.28	12.2%	35.4%	n/a	n/a	n/a	n/a	n/a	n/a
Bridgeport School District	$634.47	$1,263.09	$85.13	$648.48	13.4%	51.3%	n/a	n/a	n/a	n/a	n/a	n/a
Brinnon School District	$606.73	$1,164.05	$12.38	$507.09	2.0%	43.6%	n/a	n/a	n/a	n/a	n/a	n/a
Burlington-Edison School District	$756.41	$1,391.58	$64.83	$617.08	8.6%	44.3%	$680.70	$1,584.73	$33.99	$847.95	5.0%	53.5%
Camas School District	$712.05	$1,293.48	$63.17	$485.04	8.9%	37.5%	$700.51	$1,366.45	$83.78	$636.14	12.0%	46.6%
Cape Flattery School District	$714.05	$1,164.05	$59.07	$567.40	8.3%	48.7%	$681.53	$1,164.05	$17.74	$422.96	2.6%	36.3%
Carbonado School District	$820.80	$1,120.35	$66.82	$288.30	8.1%	25.7%	n/a	n/a	n/a	n/a	n/a	n/a
Cascade School District	$632.57	$1,307.06	$55.89	$628.12	8.8%	48.1%	n/a	n/a	n/a	n/a	n/a	n/a
Cashmere School District	$881.75	$986.71	$87.60	$215.26	9.9%	21.8%	$850.29	$980.48	$38.15	$452.97	4.5%	46.2%
Castle Rock School District	$726.95	$1,215.41	$20.36	$405.99	2.8%	33.4%	$753.24	$927.41	$68.88	$231.53	9.1%	25.0%
Centerville School District	$646.74	$593.12	$0.50	$0.00	0.1%	0.0%	n/a	n/a	n/a	n/a	n/a	n/a
Central Kitsap School District	$696.84	$1,368.48	$47.14	$483.95	6.8%	35.4%	$623.70	$1,304.69	$78.63	$698.20	12.6%	53.5%
Central Valley School District	$762.93	$1,381.12	$100.04	$643.04	13.1%	46.6%	$671.39	$1,158.94	$111.81	$554.88	16.7%	47.9%
Centralia School District	$720.94	$1,240.55	$670.21	$882.51	93.0%	71.1%	n/a	n/a	n/a	n/a	n/a	n/a
Chehalis School District	$707.18	$1,174.44	$83.59	$456.30	11.8%	38.9%	$648.85	$1,260.15	$88.70	$373.74	13.7%	29.7%
Cheney School District	$677.65	$1,332.70	$94.61	$526.89	14.0%	39.5%	n/a	n/a	n/a	n/a	n/a	n/a
Chewelah School District	$584.65	$1,253.87	$28.01	$468.68	4.8%	37.4%	n/a	n/a	n/a	n/a	n/a	n/a
Chimacum School District	$753.02	$1,513.85	$71.11	$766.12	9.4%	50.6%	$661.78	$1,301.00	$90.62	$814.43	13.7%	62.6%
Clarkston School District	$750.50	$1,078.32	$65.34	$325.67	8.7%	30.2%	$574.09	n/a	$188.95	n/a	32.9%	n/a
Cle Elum-Roslyn School District	$827.50	$1,205.34	$53.15	$286.96	6.4%	23.8%	n/a	n/a	n/a	n/a	n/a	n/a
Clover Park School District	$822.32	$1,377.88	$32.79	$556.95	4.0%	40.4%	$687.16	$1,956.10	$239.94	$1,489.47	34.9%	76.1%
Colfax School District	$758.09	$1,780.91	$25.44	$311.92	3.4%	17.5%	$688.39	n/a	$12.77	n/a	1.9%	n/a
College Place School District	$698.50	$1,238.99	$74.03	$586.80	10.6%	47.4%	$658.29	$1,837.50	$9.78	$0.00	1.5%	0.0%
Colton School District	$773.05	$1,684.52	$74.17	$1,098.53	9.6%	65.2%	n/a	n/a	n/a	n/a	n/a	n/a
Columbia (Stevens) School District	$578.45	$1,086.88	$59.80	$358.67	10.3%	33.0%	$847.20	$1,262.85	$157.00	$88.40	18.5%	7.0%

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B2b
Premiums and Contributions for Full-time and Part-time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Full-time Average						Part-time Average					
	Total Premiums		Contribution		Percent Paid		Total Premiums		Contribution		Percent Paid	
	EE	EF	EE	EF	EE	EF	EE	EF	EE	EF	EE	EF
Columbia (Walla Walla) School District	$756.06	$1,489.97	$74.82	$308.88	9.9%	20.7%	n/a	n/a	n/a	n/a	n/a	n/a
Colville School District	$684.85	$1,234.49	$74.93	$563.70	10.9%	45.7%	n/a	n/a	n/a	n/a	n/a	n/a
Concrete School District	$613.61	$1,386.37	$32.04	$668.92	5.2%	48.2%	$533.66	n/a	$37.36	n/a	7.0%	n/a
Conway School District	$747.16	$1,159.04	$94.36	$449.64	12.6%	38.8%	n/a	n/a	n/a	n/a	n/a	n/a
Cosmopolis School District	$669.68	$1,164.05	$43.64	$613.37	6.5%	52.7%	n/a	n/a	n/a	n/a	n/a	n/a
Coulee-Hartline School District	$902.46	$1,081.00	$104.46	$255.49	11.6%	23.6%	n/a	n/a	n/a	n/a	n/a	n/a
Coupeville School District	$633.17	$915.25	$15.25	$58.81	2.4%	6.4%	$473.17	n/a	$108.28	n/a	22.9%	n/a
Crescent School District	$708.88	$1,076.52	$27.08	$321.92	3.8%	29.9%	$578.14	n/a	$47.25	n/a	8.2%	n/a
Creston School District	$916.50	$1,195.49	$171.41	$313.20	18.7%	26.2%	n/a	n/a	n/a	n/a	n/a	n/a
Curlew School District	$696.18	$1,899.78	$80.69	$754.67	11.6%	39.7%	n/a	n/a	n/a	n/a	n/a	n/a
Cusick School District	$895.79	$1,015.33	$90.86	$200.75	10.1%	19.8%	$784.28	$1,164.05	$37.35	$296.25	4.8%	25.4%
Damman School District	$816.60	n/a	$136.40	n/a	16.7%	n/a	$554.73	n/a	$20.32	n/a	3.7%	n/a
Darrington School District	$937.33	$1,109.08	$102.71	$257.91	11.0%	23.3%	n/a	n/a	n/a	n/a	n/a	n/a
Davenport School District	$753.35	$1,501.23	$590.09	$655.83	78.3%	43.7%	n/a	n/a	n/a	n/a	n/a	n/a
Dayton School District	$663.37	$1,268.22	$65.02	$619.08	9.8%	48.8%	$535.25	n/a	$130.46	n/a	24.4%	n/a
Deer Park School District	$691.22	$1,239.45	$35.30	$466.00	5.1%	37.6%	$540.15	$1,353.11	$47.51	$310.16	8.8%	22.9%
Dieringer School District	$682.95	$1,260.21	$42.20	$333.55	6.2%	26.5%	n/a	n/a	n/a	n/a	n/a	n/a
Dixie School District	$664.02	n/a	$11.42	n/a	1.7%	n/a	n/a	n/a	n/a	n/a	n/a	n/a
East Valley School District (Spokane)	$833.19	$1,399.21	$60.10	$587.93	7.2%	42.0%	n/a	n/a	n/a	n/a	n/a	n/a
East Valley School District (Yakima)	$730.71	$1,584.79	$82.16	$578.01	11.2%	36.5%	n/a	n/a	n/a	n/a	n/a	n/a
Eastmont School District	$695.06	$1,249.60	$11.76	$346.88	1.7%	27.8%	$632.14	n/a	$20.62	n/a	3.3%	n/a
Easton School District	$931.67	$1,102.00	$151.67	$322.00	16.3%	29.2%	n/a	n/a	n/a	n/a	n/a	n/a
Eatonville School District	$676.50	n/a	$37.79	n/a	5.6%	n/a	$632.53	n/a	$119.69	n/a	18.9%	n/a
Edmonds School District	$760.52	$1,419.30	$44.73	$606.26	5.9%	42.7%	n/a	n/a	n/a	n/a	n/a	n/a
Ellensburg School District	$737.98	$1,299.70	$85.99	$575.17	11.7%	44.3%	$654.74	$1,282.34	$153.25	$728.21	23.4%	56.8%
Elma School District	$800.49	$1,169.87	$25.48	$355.81	3.2%	30.4%	$733.24	$1,048.83	$6.32	$150.75	0.9%	14.4%
Endicott School District	$943.00	$1,363.33	$252.17	$461.16	26.7%	33.8%	n/a	n/a	n/a	n/a	n/a	n/a
Entiat School District	$848.04	$1,136.37	$92.43	$365.31	10.9%	32.1%	$681.53	n/a	$84.52	n/a	12.4%	n/a
Enumclaw School District	$698.66	$1,343.85	$41.20	$440.64	5.9%	32.8%	n/a	n/a	n/a	n/a	n/a	n/a
Ephrata School District	$686.20	$1,215.08	$632.69	$725.30	92.2%	59.7%	$580.19	n/a	$497.10	n/a	85.7%	n/a
Evaline School District	$546.57	$580.40	$45.50	$0.00	8.3%	0.0%	$154.80	$1,020.45	$0.00	$473.65	0.0%	46.4%
Everett School District	$1,716.93	$2,770.59	$165.24	$388.35	9.6%	14.0%	$1,584.90	$2,524.26	$225.76	$513.45	14.2%	20.3%
Evergreen School District (Clark)	$701.05	$1,645.04	$55.40	$496.09	7.9%	30.2%	$694.41	$1,531.27	$78.56	$854.97	11.3%	55.8%
Evergreen School District (Stevens)	$588.86	n/a	$10.00	n/a	1.7%	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Federal Way School District	$759.25	$1,481.69	$85.73	$764.89	11.3%	51.6%	$725.88	$1,357.29	$79.73	$689.23	11.0%	50.8%
Ferndale School District	$664.45	$1,373.04	$38.03	$492.88	5.7%	35.9%	$420.90	n/a	$5.46	n/a	1.3%	n/a
Fife School District	$778.74	$1,622.85	$115.80	$884.28	14.9%	54.5%	$673.78	$1,428.07	$98.78	$451.77	14.7%	31.6%
Finley School District	$733.50	$1,348.40	$75.02	$684.96	10.2%	50.8%	$658.92	n/a	$48.06	n/a	7.3%	n/a
Franklin Pierce School District	$723.50	$1,340.60	$60.20	$540.15	8.3%	40.3%	n/a	n/a	n/a	n/a	n/a	n/a
Freeman School District	$630.67	$1,284.78	$8.09	$517.60	1.3%	40.3%	n/a	n/a	n/a	n/a	n/a	n/a
Garfield School District	$649.59	$1,388.53	$94.91	$778.85	14.6%	56.1%	n/a	n/a	n/a	n/a	n/a	n/a
Glenwood School District	$656.30	n/a	$26.48	n/a	4.0%	n/a	$476.54	n/a	$118.92	n/a	25.0%	n/a

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B2b
Premiums and Contributions for Full-time and Part-time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

	Full-time Average						Part-time Average					
	Total Premiums		Contribution		Percent Paid		Total Premiums		Contribution		Percent Paid	
District	EE	EF	EE	EF	EE	EF	EE	EF	EE	EF	EE	EF
Goldendale School District	$670.98	$1,474.33	$34.03	$539.62	5.1%	36.6%	n/a	n/a	n/a	n/a	n/a	n/a
Grand Coulee Dam School District	$704.68	$1,162.00	$86.56	$452.52	12.3%	38.9%	n/a	n/a	n/a	n/a	n/a	n/a
Grandview School District	$675.68	$1,459.53	$49.24	$290.56	7.3%	19.9%	n/a	n/a	n/a	n/a	n/a	n/a
Granger School District	$777.86	$2,029.00	$131.71	$500.53	16.9%	24.7%	$756.77	n/a	$102.20	n/a	13.5%	n/a
Granite Falls School District	$751.39	$1,520.16	$29.61	$331.58	3.9%	21.8%	$691.24	$1,338.82	$85.49	$604.01	12.4%	45.1%
Grapeview School District	$633.76	$977.85	$3.22	$391.79	0.5%	40.1%	n/a	n/a	n/a	n/a	n/a	n/a
Great Northern School District	$9,991.65	n/a	$941.97	n/a	9.4%	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Green Mountain School District	$801.34	n/a	$64.63	n/a	8.1%	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Griffin School District	$732.41	$1,292.27	$92.65	$530.37	12.7%	41.0%	n/a	n/a	n/a	n/a	n/a	n/a
Harrington School District	$709.88	$1,095.61	$84.60	$317.73	11.9%	29.0%	n/a	n/a	n/a	n/a	n/a	n/a
Highland School District	$762.56	$1,289.80	$125.76	$646.32	16.5%	50.1%	$625.44	n/a	$68.33	n/a	10.9%	n/a
Highline School District	$757.93	$1,382.70	$57.72	$658.74	7.6%	47.6%	$684.72	$1,302.47	$59.56	$654.77	8.7%	50.3%
Hockinson School District	$737.87	$1,357.10	$2.81	$329.71	0.4%	24.3%	$678.65	$1,415.47	$11.22	$458.55	1.7%	32.4%
Hood Canal School District	$711.41	n/a	$0.00	n/a	0.0%	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Hoquiam School District	$819.13	$1,630.66	$28.74	$477.52	3.5%	29.3%	n/a	n/a	n/a	n/a	n/a	n/a
Inchelium School District	$9,216.72	$5,831.88	$94.55	$252.48	1.0%	4.3%	n/a	n/a	n/a	n/a	n/a	n/a
Index School District	$797.65	n/a	$232.59	n/a	29.2%	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Issaquah School District	$695.88	$1,325.14	$61.10	$564.79	8.8%	42.6%	n/a	n/a	n/a	n/a	n/a	n/a
Kahlotus School District	$901.49	n/a	$126.19	n/a	14.0%	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Kalama School District	$755.50	$1,407.61	$39.10	$604.07	5.2%	42.9%	$737.04	n/a	$44.17	n/a	6.0%	n/a
Keller School District	$768.88	$1,837.50	$102.40	$1,348.90	13.3%	73.4%	n/a	n/a	n/a	n/a	n/a	n/a
Kelso School District	$717.32	$1,270.12	$40.18	$531.59	5.6%	41.9%	$628.31	$1,139.03	$51.61	$661.90	8.2%	58.1%
Kennewick School District	$761.62	$1,365.88	$104.75	$422.36	13.8%	30.9%	$685.36	$1,326.92	$53.94	$643.79	7.9%	48.5%
Kent School District	$721.32	$1,369.06	$27.19	$542.46	3.8%	39.6%	$837.75	n/a	$509.17	n/a	60.8%	n/a
Kettle Falls School District	$716.69	$1,284.42	$71.19	$236.29	9.9%	18.4%	$551.75	$1,164.05	$48.28	$592.50	8.8%	50.9%
Kiona-Benton City School District	$745.83	$1,327.87	$84.04	$582.09	11.3%	43.8%	$721.50	$1,858.80	$72.64	$1,088.21	10.1%	58.5%
Kittitas School District	$916.00	$1,055.70	$76.00	$215.70	8.3%	20.4%	n/a	n/a	n/a	n/a	n/a	n/a
Klickitat School District	$669.07	n/a	$45.27	n/a	6.8%	n/a	$673.92	n/a	$51.43	n/a	7.6%	n/a
La Center School District	$822.61	$1,436.85	$122.10	$454.08	14.8%	31.6%	$570.13	n/a	$74.17	n/a	13.0%	n/a
La Conner School District	$791.23	$1,323.94	$29.56	$362.63	3.7%	27.4%	n/a	n/a	n/a	n/a	n/a	n/a
LaCrosse School District	$633.04	$1,597.34	$61.52	$1,294.59	9.7%	81.0%	n/a	n/a	n/a	n/a	n/a	n/a
Lake Chelan School District	$669.31	$1,365.37	$64.01	$663.59	9.6%	48.6%	n/a	n/a	n/a	n/a	n/a	n/a
Lake Quinault School District	$774.80	$1,974.70	$95.39	$5.00	12.3%	0.3%	n/a	n/a	n/a	n/a	n/a	n/a
Lake Stevens School District	$697.94	$1,421.11	$23.46	$338.20	3.4%	23.8%	$887.72	n/a	$17.75	n/a	2.0%	n/a
Lake Washington School District	$707.94	$1,444.92	$55.03	$641.29	7.8%	44.4%	n/a	n/a	n/a	n/a	n/a	n/a
Lakewood School District	$736.42	$1,490.03	$54.67	$517.62	7.4%	34.7%	$696.22	$1,334.17	$65.27	$695.53	9.4%	52.1%
Lamont School District	$781.67	n/a	$105.90	n/a	13.5%	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Liberty School District	$719.84	$1,464.29	$54.25	$773.93	7.5%	52.9%	n/a	n/a	n/a	n/a	n/a	n/a
Lind School District	$743.66	$1,164.05	$83.94	$177.88	11.3%	15.3%	n/a	n/a	n/a	n/a	n/a	n/a
Longview School District	$753.90	$1,339.48	$59.92	$543.46	7.9%	40.6%	$726.31	$1,244.13	$15.22	$406.10	2.1%	32.6%
Loon Lake School District	$773.39	n/a	$42.79	n/a	5.5%	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Lopez School District	$566.16	$1,276.29	$70.28	$465.48	12.4%	36.5%	n/a	n/a	n/a	n/a	n/a	n/a

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B2b
Premiums and Contributions for Full-time and Part-time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Full-time Average						Part-time Average					
	Total Premiums		Contribution		Percent Paid		Total Premiums		Contribution		Percent Paid	
	EE	EF	EE	EF	EE	EF	EE	EF	EE	EF	EE	EF
Lyle School District	$673.28	$1,804.64	$41.90	$0.00	6.2%	0.0%	n/a	n/a	n/a	n/a	n/a	n/a
Lynden School District	$610.33	$1,205.29	$29.68	$419.01	4.9%	34.8%	n/a	n/a	n/a	n/a	n/a	n/a
Mabton School District	$762.06	$1,351.83	$100.15	$649.99	13.1%	48.1%	$756.57	n/a	$245.59	n/a	32.5%	n/a
Mansfield School District	$910.75	$1,088.50	$152.75	$336.50	16.8%	30.9%	$924.00	$1,106.00	$386.40	$495.44	41.8%	44.8%
Manson School District	$662.56	$1,335.15	$30.85	$600.67	4.7%	45.0%	n/a	n/a	n/a	n/a	n/a	n/a
Mary M Knight School District	$656.22	$1,761.70	$2.93	$0.00	0.4%	0.0%	n/a	n/a	n/a	n/a	n/a	n/a
Mary Walker School District	$692.25	n/a	$65.40	n/a	9.4%	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Marysville School District	$793.58	$1,429.68	$45.97	$553.96	5.8%	38.7%	$535.25	n/a	$7.50	n/a	1.4%	n/a
McCleary School District	$711.19	$1,388.53	$36.46	$242.05	5.1%	17.4%	n/a	n/a	n/a	n/a	n/a	n/a
Mead School District	$767.07	$1,386.31	$98.27	$619.23	12.8%	44.7%	$679.40	$1,320.36	$111.66	$630.36	16.4%	47.7%
Medical Lake School District	$755.45	$1,226.09	$97.56	$323.96	12.9%	26.4%	$742.38	$1,353.11	$106.93	$295.86	14.4%	21.9%
Mercer Island School District	$701.57	$1,435.73	$74.05	$604.59	10.6%	42.1%	$730.72	$1,404.30	$107.05	$816.68	14.7%	58.2%
Meridian School District	$654.94	$1,167.52	$36.18	$320.33	5.5%	27.4%	n/a	n/a	n/a	n/a	n/a	n/a
Methow Valley School District	$907.20	$1,066.41	$20.48	$48.01	2.3%	4.5%	$889.59	$1,081.00	$17.54	$55.04	2.0%	5.1%
Mill A School District	$694.24	$1,168.56	$6.94	$276.73	1.0%	23.7%	n/a	n/a	n/a	n/a	n/a	n/a
Monroe School District	$749.67	$1,401.65	$49.77	$523.02	6.6%	37.3%	$678.19	$1,201.58	$74.96	$530.52	11.1%	44.2%
Montesano School District	$692.76	$1,466.93	$44.90	$315.25	6.5%	21.5%	n/a	n/a	n/a	n/a	n/a	n/a
Morton School District	$674.24	$1,476.28	$29.93	$1,012.79	4.4%	68.6%	$751.05	n/a	$28.57	n/a	3.8%	n/a
Moses Lake School District	$752.80	$1,403.94	$47.77	$691.37	6.3%	49.2%	n/a	$1,164.05	n/a	$944.14	n/a	81.1%
Mossyrock School District	$768.77	$721.35	$121.17	$164.50	15.8%	22.8%	n/a	n/a	n/a	n/a	n/a	n/a
Mount Adams School District	$742.09	$1,223.39	$101.11	$588.13	13.6%	48.1%	n/a	n/a	n/a	n/a	n/a	n/a
Mount Baker School District	$630.36	$1,287.76	$12.26	$397.25	1.9%	30.8%	n/a	n/a	n/a	n/a	n/a	n/a
Mount Pleasant School District	n/a	n/a	n/a	n/a	n/a	n/a	$594.60	n/a	$0.00	n/a	0.0%	n/a
Mount Vernon School District	$709.96	$1,251.25	$48.26	$476.80	6.8%	38.1%	n/a	n/a	n/a	n/a	n/a	n/a
Mukilteo School District	$775.69	$1,545.26	$41.61	$573.70	5.4%	37.1%	$690.09	$1,398.03	$85.12	$757.30	12.3%	54.2%
Naches Valley School District	$684.49	$1,346.95	$71.38	$642.74	10.4%	47.7%	n/a	n/a	n/a	n/a	n/a	n/a
Napavine School District	$664.57	$1,324.18	$68.41	$655.07	10.3%	49.5%	n/a	n/a	n/a	n/a	n/a	n/a
Naselle-Grays River Valley School District	$809.18	n/a	$9.17	n/a	1.1%	n/a	$831.90	n/a	$127.55	n/a	15.3%	n/a
Nespelem School District	$640.21	n/a	$43.99	n/a	6.9%	n/a	$535.25	n/a	$5.35	n/a	1.0%	n/a
Newport School District	$620.86	$1,248.46	$66.55	$632.57	10.7%	50.7%	n/a	n/a	n/a	n/a	n/a	n/a
Nine Mile Falls School District	$732.25	$1,044.45	$78.16	$272.21	10.7%	26.1%	$617.51	$1,112.29	$47.43	$376.72	7.7%	33.9%
Nooksack Valley School District	$635.15	$1,367.70	$14.99	$507.37	2.4%	37.1%	$573.60	n/a	$5.00	n/a	0.9%	n/a
North Beach School District	$815.16	$1,490.14	$93.53	$481.81	11.5%	32.3%	$675.89	$977.85	$85.85	$432.14	12.7%	44.2%
North Franklin School District	$594.38	$1,075.07	$17.97	$47.66	3.0%	4.4%	n/a	n/a	n/a	n/a	n/a	n/a
North Kitsap School District	$725.31	$1,196.07	$30.39	$506.35	4.2%	42.3%	n/a	n/a	n/a	n/a	n/a	n/a
North Mason School District	$762.56	$1,497.34	$51.87	$705.59	6.8%	47.1%	n/a	n/a	n/a	n/a	n/a	n/a
North River School District	$713.45	$1,164.05	$133.48	$502.25	18.7%	43.1%	n/a	n/a	n/a	n/a	n/a	n/a
North Thurston Public Schools	$689.25	$1,381.97	$96.04	$595.09	13.9%	43.1%	n/a	n/a	n/a	n/a	n/a	n/a
Northport School District	$1,049.73	$1,270.63	$131.82	$221.15	12.6%	17.4%	n/a	n/a	n/a	n/a	n/a	n/a
Northshore School District	$672.89	$1,322.23	$85.09	$503.94	12.6%	38.1%	n/a	n/a	n/a	n/a	n/a	n/a
Oak Harbor School District	$775.23	$1,267.74	$10.74	$277.02	1.4%	21.9%	n/a	n/a	n/a	n/a	n/a	n/a
Oakesdale School District	$929.75	$1,097.29	$174.13	$331.21	18.7%	30.2%	n/a	n/a	n/a	n/a	n/a	n/a

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B2b
Premiums and Contributions for Full-time and Part-time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

	Full-time Average						Part-time Average					
	Total Premiums		Contribution		Percent Paid		Total Premiums		Contribution		Percent Paid	
District	EE	EF	EE	EF	EE	EF	EE	EF	EE	EF	EE	EF
Oakville School District	$669.50	$1,032.75	$11.50	$75.59	1.7%	7.3%	$667.06	n/a	$72.53	n/a	10.9%	n/a
Ocean Beach School District	$742.52	$1,215.41	$57.14	$491.80	7.7%	40.5%	$638.31	$1,032.75	$60.10	$316.39	9.4%	30.6%
Ocosta School District	$721.89	$1,236.68	$65.57	$457.11	9.1%	37.0%	n/a	n/a	n/a	n/a	n/a	n/a
Odessa School District	$766.58	n/a	$73.65	n/a	9.6%	n/a	$595.75	$1,081.00	$94.26	$216.20	15.8%	20.0%
Okanogan School District	$690.12	$1,208.97	$68.96	$368.07	10.0%	30.4%	n/a	n/a	n/a	n/a	n/a	n/a
Olympia School District	$683.14	$1,334.18	$52.76	$631.91	7.7%	47.4%	n/a	n/a	n/a	n/a	n/a	n/a
Omak School District	$692.62	$1,192.77	$32.56	$438.10	4.7%	36.7%	$644.64	$1,164.05	$87.02	$408.96	13.5%	35.1%
Onalaska School District	$650.90	$1,312.38	$41.53	$560.04	6.4%	42.7%	$610.28	$1,262.85	$19.15	$420.48	3.1%	33.3%
Onion Creek School District	$924.00	$1,081.00	$144.00	$301.00	15.6%	27.8%	n/a	n/a	n/a	n/a	n/a	n/a
Orcas Island School District	$713.10	$1,286.80	$148.96	$495.09	20.9%	38.5%	$636.47	$1,231.43	$183.66	$754.21	28.9%	61.2%
Orchard Prairie School District	$736.74	$1,694.51	$0.00	$846.49	0.0%	50.0%	n/a	n/a	n/a	n/a	n/a	n/a
Orient School District	$7,402.51	$10,312.00	$1,348.89	$2,632.00	18.2%	25.5%	n/a	n/a	n/a	n/a	n/a	n/a
Orondo School District	$671.67	$1,236.68	$34.41	$463.84	5.1%	37.5%	$592.76	n/a	$55.04	n/a	9.3%	n/a
Oroville School District	$673.09	$1,164.05	$42.07	$213.48	6.3%	18.3%	n/a	n/a	n/a	n/a	n/a	n/a
Orting School District	$800.11	$1,067.87	$60.70	$268.49	7.6%	25.1%	n/a	n/a	n/a	n/a	n/a	n/a
Othello School District	$659.33	$1,281.32	$69.07	$292.83	10.5%	22.9%	n/a	n/a	n/a	n/a	n/a	n/a
Palisades School District	$924.00	$1,081.00	$84.00	$241.00	9.1%	22.3%	n/a	n/a	n/a	n/a	n/a	n/a
Palouse School District	$683.12	$1,741.03	$91.21	$683.81	13.4%	39.3%	n/a	n/a	n/a	n/a	n/a	n/a
Pasco School District	$747.71	$1,442.05	$63.40	$479.36	8.5%	33.2%	$630.08	$1,179.27	$37.55	$377.54	6.0%	32.0%
Pateros School District	$754.65	$1,223.00	$90.17	$443.00	11.9%	36.2%	$615.19	n/a	$62.54	n/a	10.2%	n/a
Paterson School District	$988.12	$1,155.55	$229.68	$397.11	23.2%	34.4%	$632.78	$413.34	$159.65	$161.39	25.2%	39.0%
Pe Ell School District	$641.00	$1,477.01	$66.76	$368.13	10.4%	24.9%	n/a	n/a	n/a	n/a	n/a	n/a
Peninsula School District	$701.23	$1,494.49	$71.47	$679.99	10.2%	45.5%	n/a	n/a	n/a	n/a	n/a	n/a
Pioneer School District	$662.10	$1,245.23	$61.04	$555.79	9.2%	44.6%	n/a	n/a	n/a	n/a	n/a	n/a
Pomeroy School District	$707.57	$1,774.40	$70.64	$480.67	10.0%	27.1%	$636.08	$1,263.67	$88.64	$825.61	13.9%	65.3%
Port Angeles School District	$717.84	$1,290.42	$90.83	$590.26	12.7%	45.7%	n/a	n/a	n/a	n/a	n/a	n/a
Port Townsend School District	$688.41	$1,325.47	$25.00	$473.38	3.6%	35.7%	n/a	n/a	n/a	n/a	n/a	n/a
Prescott School District	$715.26	n/a	$97.90	n/a	13.7%	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Prosser School District	$719.39	$1,535.25	$49.72	$551.92	6.9%	35.9%	n/a	n/a	n/a	n/a	n/a	n/a
Pullman School District	$712.89	$1,097.69	$25.24	$252.82	3.5%	23.0%	$600.61	n/a	$18.09	n/a	3.0%	n/a
Puyallup School District	$733.11	$1,324.87	$99.41	$593.03	13.6%	44.8%	$711.89	$1,484.50	$40.16	$707.49	5.6%	47.7%
Queets-Clearwater School District	$692.89	n/a	$90.67	n/a	13.1%	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Quilcene School District	$821.59	n/a	$95.29	n/a	11.6%	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Quillayute Valley School District	$684.81	$1,488.85	$51.29	$793.72	7.5%	53.3%	$572.36	n/a	$75.85	n/a	13.3%	n/a
Quincy School District	$775.89	$1,455.96	$30.48	$402.58	3.9%	27.7%	n/a	n/a	n/a	n/a	n/a	n/a
Rainier School District	$712.61	$1,837.50	$33.53	$1,120.05	4.7%	61.0%	n/a	n/a	n/a	n/a	n/a	n/a
Raymond School District	$754.87	$901.45	$45.06	$164.71	6.0%	18.3%	n/a	n/a	n/a	n/a	n/a	n/a
Reardan-Edwall School District	$733.14	$1,477.01	$100.12	$575.71	13.7%	39.0%	$592.76	n/a	$82.41	n/a	13.9%	n/a
Renton School District	$722.71	$1,426.41	$60.43	$686.72	8.4%	48.1%	$647.69	$1,217.86	$29.86	$394.10	4.6%	32.4%
Republic School District	$667.81	$1,211.66	$139.90	$256.88	20.9%	21.2%	n/a	n/a	n/a	n/a	n/a	n/a
Richland School District	$762.57	$1,352.10	$100.96	$675.15	13.2%	49.9%	$661.00	$1,156.87	$84.72	$552.08	12.8%	47.7%
Ridgefield School District	$719.79	$1,521.62	$43.45	$657.69	6.0%	43.2%	$663.34	$1,158.70	$64.06	$577.73	9.7%	49.9%

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B2b
Premiums and Contributions for Full-time and Part-time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

	Full-time Average						Part-time Average					
	Total Premiums		Contribution		Percent Paid		Total Premiums		Contribution		Percent Paid	
District	EE	EF	EE	EF	EE	EF	EE	EF	EE	EF	EE	EF
Ritzville School District	$932.70	$1,049.60	$92.70	$209.60	9.9%	20.0%	$840.00	n/a	$0.00	n/a	0.0%	n/a
Riverside School District	$749.39	$1,235.51	$96.91	$545.47	12.9%	44.1%	n/a	n/a	n/a	n/a	n/a	n/a
Riverview School District	$734.22	$1,332.03	$128.71	$547.09	17.5%	41.1%	$641.60	$1,294.95	$158.97	$805.73	24.8%	62.2%
Rochester School District	$727.58	$1,440.41	$107.95	$541.79	14.8%	37.6%	n/a	n/a	n/a	n/a	n/a	n/a
Roosevelt School District	$837.75	n/a	$0.00	n/a	0.0%	n/a	$837.75	n/a	$0.00	n/a	0.0%	n/a
Rosalia School District	$631.70	$1,074.91	$52.72	$435.42	8.3%	40.5%	n/a	n/a	n/a	n/a	n/a	n/a
Royal School District	$667.41	$1,331.23	$62.16	$642.45	9.3%	48.3%	n/a	n/a	n/a	n/a	n/a	n/a
San Juan Island School District	$583.81	$1,156.92	$19.42	$518.24	3.3%	44.8%	n/a	n/a	n/a	n/a	n/a	n/a
Satsop School District	$716.75	$1,837.50	$88.85	$1,430.55	12.4%	77.9%	n/a	n/a	n/a	n/a	n/a	n/a
Seattle Public Schools	$712.86	$1,376.89	$48.50	$676.02	6.8%	49.1%	$655.97	$1,478.24	$199.18	$1,039.41	30.4%	70.3%
Sedro-Woolley School District	$714.52	$1,204.71	$61.51	$403.90	8.6%	33.5%	$535.31	n/a	$5.00	n/a	0.9%	n/a
Selah School District	$677.42	$1,505.40	$76.39	$754.19	11.3%	50.1%	n/a	n/a	n/a	n/a	n/a	n/a
Selkirk School District	$900.72	$1,192.73	$85.30	$301.42	9.5%	25.3%	n/a	n/a	n/a	n/a	n/a	n/a
Sequim School District	$601.13	$1,169.46	$41.98	$146.54	7.0%	12.5%	n/a	n/a	n/a	n/a	n/a	n/a
Shaw Island School District	$580.40	n/a	$0.00	n/a	0.0%	n/a	n/a	$1,262.85	n/a	$462.19	n/a	36.6%
Shelton School District	$743.37	$1,326.39	$84.56	$575.76	11.4%	43.4%	$630.32	$1,164.05	$35.87	$326.15	5.7%	28.0%
Shoreline School District	$718.88	$1,382.75	$71.64	$607.28	10.0%	43.9%	n/a	n/a	n/a	n/a	n/a	n/a
Skamania School District	$665.34	$1,267.76	$37.86	$509.05	5.7%	40.2%	n/a	n/a	n/a	n/a	n/a	n/a
Skykomish School District	$837.75	n/a	$96.26	n/a	11.5%	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Snohomish School District	$766.30	$1,445.20	$88.69	$622.14	11.6%	43.0%	n/a	n/a	n/a	n/a	n/a	n/a
Snoqualmie Valley School District	$750.86	$1,521.74	$84.23	$717.43	11.2%	47.1%	n/a	n/a	n/a	n/a	n/a	n/a
Soap Lake School District	$837.75	n/a	$124.50	n/a	14.9%	n/a	$736.92	$603.13	$6.67	$603.13	0.9%	100.0%
South Bend School District	$713.06	$1,384.10	$84.30	$668.44	11.8%	48.3%	n/a	n/a	n/a	n/a	n/a	n/a
South Kitsap School District	$700.53	$1,232.90	$3.83	$356.02	0.5%	28.9%	$632.33	$1,122.56	$10.63	$210.70	1.7%	18.8%
South Whidbey School District	$741.15	$1,288.41	$68.32	$531.85	9.2%	41.3%	$694.61	$1,260.49	$101.33	$534.13	14.6%	42.4%
Southside School District	$669.33	$1,262.85	$109.93	$703.45	16.4%	55.7%	n/a	n/a	n/a	n/a	n/a	n/a
Spokane School District	$765.01	$1,455.82	$116.39	$522.77	15.2%	35.9%	$735.40	$1,478.36	$154.24	$571.51	21.0%	38.7%
Sprague School District	$748.10	n/a	$94.78	n/a	12.7%	n/a	$651.72	$1,262.85	$94.85	$627.54	14.6%	49.7%
St. John School District	$7,771.84	$9,307.00	$1,564.59	$3,067.00	20.1%	33.0%	n/a	n/a	n/a	n/a	n/a	n/a
Stanwood-Camano School District	$754.31	$1,444.12	$39.34	$463.35	5.2%	32.1%	$683.91	$1,146.86	$40.34	$427.16	5.9%	37.2%
Star School District	$6,680.00	$8,401.67	$336.00	$669.00	5.0%	8.0%	n/a	n/a	n/a	n/a	n/a	n/a
Starbuck School District	$749.70	n/a	$0.00	n/a	0.0%	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Stehekin School District	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Steilacoom Hist. School District	$768.99	$1,485.98	$33.35	$614.11	4.3%	41.3%	$680.99	$1,076.52	$57.79	$327.05	8.5%	30.4%
Steptoe School District	$931.00	$1,144.00	$225.10	$364.00	24.2%	31.8%	n/a	n/a	n/a	n/a	n/a	n/a
Stevenson-Carson School District	$719.33	$1,569.55	$8.43	$286.65	1.2%	18.3%	$630.64	$1,267.76	$6.30	$775.35	1.0%	61.2%
Sultan School District	$739.01	$1,216.28	$29.93	$376.58	4.0%	31.0%	n/a	n/a	n/a	n/a	n/a	n/a
Summit Valley School District	$674.30	n/a	$15.23	n/a	2.3%	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Sumner School District	$656.97	$1,251.27	$76.75	$386.46	11.7%	30.9%	$567.48	$1,207.20	$165.06	$337.04	29.1%	27.9%
Sunnyside School District	$683.63	$1,307.58	$76.82	$607.66	11.2%	46.5%	n/a	n/a	n/a	n/a	n/a	n/a
Tacoma School District	$845.02	$1,973.69	$142.07	$434.63	16.8%	22.0%	$874.92	$2,022.84	$187.38	$493.92	21.4%	24.4%
Taholah School District	$712.25	$1,270.90	$74.40	$635.83	10.4%	50.0%	$665.10	n/a	$1.00	n/a	0.2%	n/a

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B2b
Premiums and Contributions for Full-time and Part-time Employees
Snapshot as of October 1, 2015 — Reporting Districts Only

District	Full-time Average						Part-time Average					
	Total Premiums		Contribution		Percent Paid		Total Premiums		Contribution		Percent Paid	
	EE	EF	EE	EF	EE	EF	EE	EF	EE	EF	EE	EF
Tahoma School District	$757.14	$1,160.88	$78.62	$433.91	10.4%	37.4%	n/a	n/a	n/a	n/a	n/a	n/a
Tekoa School District	$725.21	$1,287.85	$137.86	$383.31	19.0%	29.8%	n/a	n/a	n/a	n/a	n/a	n/a
Tenino School District	$728.11	$1,209.05	$307.94	$599.68	42.3%	49.6%	n/a	n/a	n/a	n/a	n/a	n/a
Thorp School District	$726.20	n/a	$104.97	n/a	14.5%	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Toledo School District	$667.65	$1,107.18	$145.75	$429.34	21.8%	38.8%	n/a	n/a	n/a	n/a	n/a	n/a
Tonasket School District	$687.85	$1,418.19	$54.30	$249.23	7.9%	17.6%	$595.80	$1,253.42	$31.28	$396.72	5.2%	31.7%
Toppenish School District	$740.10	$1,564.33	$46.62	$298.91	6.3%	19.1%	n/a	n/a	n/a	n/a	n/a	n/a
Touchet School District	$648.50	n/a	$144.74	n/a	22.3%	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Toutle Lake School District	$742.31	n/a	$95.71	n/a	12.9%	n/a	$719.38	$1,171.65	$150.22	$510.56	20.9%	43.6%
Trout Lake School District	$683.44	$1,680.91	$1.01	$872.25	0.1%	51.9%	n/a	n/a	n/a	n/a	n/a	n/a
Tukwila School District	$746.51	$1,465.85	$63.98	$736.55	8.6%	50.2%	n/a	n/a	n/a	n/a	n/a	n/a
Tumwater School District	$732.60	$1,276.18	$58.76	$540.74	8.0%	42.4%	$687.64	$1,339.10	$72.86	$474.22	10.6%	35.4%
Union Gap School District	$775.45	$1,081.00	$91.69	$179.59	11.8%	16.6%	$899.62	$1,102.00	$175.62	$279.74	19.5%	25.4%
University Place School District	$706.45	$1,375.09	$47.90	$628.27	6.8%	45.7%	$806.98	$1,137.30	$59.29	$532.45	7.3%	46.8%
Valley School District	$622.27	$1,106.89	$10.10	$278.54	1.6%	25.2%	n/a	n/a	n/a	n/a	n/a	n/a
Vancouver School District	$723.66	$1,410.60	$36.05	$674.36	5.0%	47.8%	$698.40	$1,216.52	$78.51	$571.60	11.2%	47.0%
Vashon Island School District	$753.34	$1,607.58	$55.93	$863.37	7.4%	53.7%	$657.12	$1,276.29	$94.22	$434.97	14.3%	34.1%
Wahkiakum School District	$906.88	$1,109.25	$19.78	$156.45	2.2%	14.1%	$924.00	n/a	$0.00	n/a	0.0%	n/a
Wahluke School District	$707.24	$1,277.31	$93.41	$540.55	13.2%	42.3%	$715.96	n/a	$30.65	n/a	4.3%	n/a
Waitsburg School District	$687.00	$1,302.90	$74.77	$651.45	10.9%	50.0%	$516.78	n/a	$100.26	n/a	19.4%	n/a
Walla Walla Public Schools	$701.81	$1,317.74	$49.02	$561.43	7.0%	42.6%	n/a	n/a	n/a	n/a	n/a	n/a
Wapato School District	$693.97	$1,767.77	$56.44	$493.20	8.1%	27.9%	n/a	n/a	n/a	n/a	n/a	n/a
Warden School District	$899.89	$1,081.00	$103.52	$301.00	11.5%	27.8%	$861.00	$1,081.00	$35.92	$359.67	4.2%	33.3%
Washougal School District	$788.30	$1,410.67	$85.29	$704.51	10.8%	49.9%	$704.07	$1,242.65	$72.91	$209.49	10.4%	16.9%
Washtucna School District	$812.91	$1,164.05	$123.62	$527.49	15.2%	45.3%	n/a	$1,164.05	n/a	$533.31	n/a	45.8%
Waterville School District	$581.20	$1,439.95	$0.00	$627.56	0.0%	43.6%	$908.80	n/a	$0.00	n/a	0.0%	n/a
Wellpinit School District	$633.87	$799.31	$60.57	$37.18	9.6%	4.7%	n/a	n/a	n/a	n/a	n/a	n/a
Wenatchee School District	$743.03	$1,382.08	$69.23	$663.82	9.3%	48.0%	$609.44	$1,390.35	$43.55	$758.56	7.1%	54.6%
West Valley School District (Spokane)	$750.09	$1,496.00	$66.48	$409.70	8.9%	27.4%	n/a	n/a	n/a	n/a	n/a	n/a
West Valley School District (Yakima)	$732.38	$1,338.21	$77.49	$563.67	10.6%	42.1%	n/a	n/a	n/a	n/a	n/a	n/a
White Pass School District	$665.23	$1,076.52	$59.02	$340.12	8.9%	31.6%	n/a	$1,837.50	n/a	$624.50	n/a	34.0%
White River School District	$751.14	$1,282.34	$83.32	$497.99	11.1%	38.8%	$639.28	$1,164.05	$43.41	$58.20	6.8%	5.0%
White Salmon Valley School District	$664.76	$1,505.85	$7.32	$517.61	1.1%	34.4%	$591.87	n/a	$87.06	n/a	14.7%	n/a
Wilbur School District	$924.00	$1,091.50	$192.53	$328.83	20.8%	30.1%	n/a	n/a	n/a	n/a	n/a	n/a
Willapa Valley School District	$706.52	$1,837.50	$63.04	$1,163.68	8.9%	63.3%	n/a	n/a	n/a	n/a	n/a	n/a
Wilson Creek School District	$812.91	$1,331.58	$161.89	$654.27	19.9%	49.1%	n/a	n/a	n/a	n/a	n/a	n/a
Winlock School District	$629.42	$1,476.61	$28.71	$777.59	4.6%	52.7%	n/a	n/a	n/a	n/a	n/a	n/a
Wishkah Valley School District	$676.24	n/a	$55.75	n/a	8.2%	n/a	$736.92	n/a	$0.00	n/a	0.0%	n/a
Wishram School District	$477.10	$1,164.05	$14.64	$95.85	3.1%	8.2%	$535.25	$1,163.05	$1.00	$1.00	0.2%	0.1%
Woodland School District	$1,006.62	$1,540.89	$7.23	$569.31	0.7%	36.9%	$957.67	$1,365.30	$50.15	$289.98	5.2%	21.2%
Yakima School District	$815.44	$1,493.58	$33.89	$571.76	4.2%	38.3%	n/a	n/a	n/a	n/a	n/a	n/a
Yelm School District	$732.37	$1,436.05	$30.68	$386.72	4.2%	26.9%	$689.43	$1,404.30	$51.43	$732.25	7.5%	52.1%

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit B2b

Premiums and Contributions for Full-time and Part-time Employees

Snapshot as of October 1, 2015 — Reporting Districts Only

	Full-time Average						Part-time Average					
	Total Premiums		Contribution		Percent Paid		Total Premiums		Contribution		Percent Paid	
District	EE	EF	EE	EF	EE	EF	EE	EF	EE	EF	EE	EF
Zillah School District	$673.16	$1,294.02	$57.08	$664.29	8.5%	51.3%	n/a	n/a	n/a	n/a	n/a	n/a
Grand Total/Average	**$750.33**	**$1,451.85**	**$68.42**	**$554.66**	**9.1%**	**38.2%**	**$692.54**	**$1,447.91**	**$83.83**	**$596.64**	**12.1%**	**41.2%**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B3a
Health Plans and Enrollment (PPO, HMO, and Others)
For the Plan Year Ending in 2015

District	Health Plans				PPO Participation			HMO Participation			Other Plans Participation		
	PPO	HMO	Other	Total	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Aberdeen School District	9	0	0	9	426	304	730	0	0	0	0	0	0
Adna School District	5	0	0	5	34	49	83	0	0	0	0	0	0
Almira School District	2	0	0	2	17	31	48	0	0	0	0	0	0
Anacortes School District	10	1	0	11	255	277	532	4	4	8	0	0	0
Arlington School District	15	2	0	17	391	443	834	109	116	225	0	0	0
Asotin-Anatone School District	10	0	0	10	59	121	180	0	0	0	0	0	0
Auburn School District	12	1	0	13	1245	1122	2367	227	184	411	0	0	0
Bainbridge Island School District	16	2	0	18	327	339	666	49	36	85	0	0	0
Battle Ground School District	0	1	1	2	0	0	0	374	396	770	23	12	35
Bellevue School District	12	3	0	15	1749	1594	3343	347	340	687	0	0	0
Bellingham School District	8	4	3	15	823	757	1580	134	78	212	242	226	468
Benge School District	1	0	0	1	4	6	10	0	0	0	0	0	0
Bethel School District	5	1	0	6	1453	1174	2627	140	93	233	0	0	0
Bickleton School District	1	0	0	1	13	28	41	0	0	0	0	0	0
Blaine School District	2	2	3	7	129	150	279	34	22	56	67	83	150
Boistfort School District	7	0	0	7	16	6	22	0	0	0	0	0	0
Bremerton School District	13	2	0	15	349	248	597	139	50	189	0	0	0
Brewster School District	8	0	0	8	122	87	209	0	0	0	0	0	0
Bridgeport School District	8	0	0	8	96	85	181	0	0	0	0	0	0
Brinnon School District	4	0	0	4	11	7	18	0	0	0	0	0	0
Burlington-Edison School District	13	4	2	19	215	195	410	181	196	377	21	13	34
Camas School District	8	1	0	9	344	428	772	274	272	546	0	0	0
Cape Flattery School District	11	0	0	11	81	54	135	0	0	0	0	0	0
Carbonado School District	6	0	0	6	19	13	32	0	0	0	0	0	0
Cascade School District	8	0	0	8	147	139	286	0	0	0	0	0	0
Cashmere School District	2	0	0	2	140	251	391	0	0	0	0	0	0
Castle Rock School District	7	0	1	8	79	76	155	0	0	0	58	32	90
Centerville School District	0	0	3	3	0	0	0	0	0	0	11	13	24
Central Kitsap School District	6	1	0	7	770	714	1484	287	237	524	0	0	0
Central Valley School District	18	5	1	24	896	897	1793	504	430	934	6	9	15
Centralia School District	10	1	0	11	367	333	700	15	7	22	0	0	0
Chehalis School District	11	0	0	11	312	276	588	0	0	0	0	0	0
Cheney School District	8	4	0	12	307	246	553	160	162	322	0	0	0
Chewelah School District	8	0	0	8	92	88	180	0	0	0	0	0	0
Chimacum School District	9	0	0	9	127	124	251	0	0	0	0	0	0
Clarkston School District	13	0	0	13	296	303	599	0	0	0	0	0	0
Cle Elum-Roslyn School District	10	3	0	13	101	104	205	8	12	20	0	0	0
Clover Park School District	13	1	0	14	1067	758	1825	201	107	308	0	0	0
Colfax School District	8	5	0	13	30	44	74	35	20	55	0	0	0
College Place School District	9	1	0	10	114	103	217	5	1	6	0	0	0
Colton School District	5	0	0	5	21	23	44	0	0	0	0	0	0
Columbia (Stevens) School District	6	1	0	7	27	27	54	3	4	7	0	0	0

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B3a
Health Plans and Enrollment (PPO, HMO, and Others)
For the Plan Year Ending in 2015

District	Health Plans				PPO Participation			HMO Participation			Other Plans Participation		
	PPO	HMO	Other	Total	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Columbia (Walla Walla) School District	7	1	0	8	83	72	155	6	6	12	0	0	0
Colville School District	9	0	0	9	188	191	379	0	0	0	0	0	0
Concrete School District	7	0	2	9	58	37	95	0	0	0	6	3	9
Conway School District	8	1	0	9	48	36	84	1	4	5	0	0	0
Cosmopolis School District	6	0	0	6	20	15	35	0	0	0	0	0	0
Coulee-Hartline School District	2	0	0	2	30	48	78	0	0	0	0	0	0
Coupeville School District	3	1	2	6	42	48	90	29	16	45	22	13	35
Crescent School District	8	0	0	8	38	36	74	0	0	0	0	0	0
Creston School District	3	0	0	3	24	32	56	0	0	0	0	0	0
Curlew School District	9	0	0	9	28	23	51	0	0	0	0	0	0
Cusick School District	7	1	0	8	40	45	85	1	1	2	0	0	0
Damman School District	2	0	0	2	4	1	5	0	0	0	0	0	0
Darrington School District	6	2	0	8	25	36	61	30	44	74	0	0	0
Davenport School District	5	0	0	5	69	103	172	0	0	0	0	0	0
Dayton School District	8	1	0	9	41	49	90	13	14	27	0	0	0
Deer Park School District	6	4	0	10	111	95	206	127	139	266	0	0	0
Dieringer School District	8	0	0	8	143	151	294	0	0	0	0	0	0
Dixie School District	0	4	0	4	0	0	0	6	3	9	0	0	0
East Valley School District (Spokane)	10	1	0	11	325	302	627	150	92	242	0	0	0
East Valley School District (Yakima)	11	1	0	12	265	273	538	33	30	63	0	0	0
Eastmont School District	12	0	0	12	600	567	1167	0	0	0	0	0	0
Easton School District	1	2	0	3	14	16	30	8	6	14	0	0	0
Eatonville School District	5	1	0	6	138	157	295	49	53	102	0	0	0
Edmonds School District	15	1	0	16	1634	1364	2998	504	446	950	0	0	0
Ellensburg School District	22	7	0	29	278	268	546	44	33	77	0	0	0
Elma School District	9	1	0	10	170	141	311	1	0	1	0	0	0
Endicott School District	1	3	0	4	9	11	20	13	25	38	0	0	0
Entiat School District	8	0	0	8	52	65	117	0	0	0	0	0	0
Enumclaw School District	11	2	0	13	389	346	735	9	11	20	0	0	0
Ephrata School District	9	0	0	9	247	306	553	0	0	0	0	0	0
Evaline School District	3	0	0	3	5	3	8	0	0	0	0	0	0
Everett School District	0	1	13	14	0	0	0	515	650	1165	1101	1311	2412
Evergreen School District (Clark)	8	1	4	13	802	737	1539	383	376	759	1154	961	2115
Evergreen School District (Stevens)	3	0	0	3	7	0	7	0	0	0	0	0	0
Federal Way School District	12	1	0	13	1756	1184	2940	436	260	696	0	0	0
Ferndale School District	14	3	3	20	391	386	777	44	27	71	62	54	116
Fife School District	12	2	0	14	299	305	604	31	22	53	0	0	0
Finley School District	9	1	0	10	90	90	180	11	6	17	0	0	0
Franklin Pierce School District	11	1	0	12	722	593	1315	143	48	191	0	0	0
Freeman School District	3	5	1	9	8	12	20	71	85	156	11	9	20
Garfield School District	5	0	0	5	18	23	41	0	0	0	0	0	0
Glenwood School District	0	0	4	4	0	0	0	0	0	0	19	12	31

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B3a
Health Plans and Enrollment (PPO, HMO, and Others)
For the Plan Year Ending in 2015

	Health Plans				PPO Participation			HMO Participation			Other Plans Participation		
District	PPO	HMO	Other	Total	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Goldendale School District	0	0	3	3	0	0	0	0	0	0	101	86	187
Grand Coulee Dam School District	10	0	0	10	108	92	200	0	0	0	0	0	0
Grandview School District	9	2	0	11	361	396	757	5	0	5	0	0	0
Granger School District	8	4	0	12	105	147	252	46	13	59	0	0	0
Granite Falls School District	8	1	0	9	170	195	365	12	4	16	0	0	0
Grapeview School District	5	0	0	5	22	20	42	0	0	0	0	0	0
Great Northern School District	3	0	0	3	4	0	4	0	0	0	0	0	0
Green Mountain School District	6	0	0	6	16	14	30	0	0	0	0	0	0
Griffin School District	6	1	0	7	63	68	131	10	4	14	0	0	0
Harrington School District	6	2	0	8	27	41	68	2	5	7	0	0	0
Highland School District	9	3	0	12	109	80	189	33	39	72	0	0	0
Highline School District	14	1	2	17	1408	749	2157	689	448	1137	108	74	182
Hockinson School District	0	1	2	3	0	0	0	64	62	126	10	20	30
Hood Canal School District	8	0	0	8	39	15	54	0	0	0	0	0	0
Hoquiam School District	11	0	0	11	199	153	352	0	0	0	0	0	0
Inchelium School District	7	0	0	7	38	21	59	0	0	0	0	0	0
Index School District	4	0	0	4	6	2	8	0	0	0	0	0	0
Issaquah School District	12	1	0	13	1526	1177	2703	306	192	498	0	0	0
Kahlotus School District	6	0	0	6	18	27	45	0	0	0	0	0	0
Kalama School District	7	1	0	8	36	45	81	26	31	57	0	0	0
Keller School District	5	0	0	5	10	1	11	0	0	0	0	0	0
Kelso School District	8	2	0	10	357	317	674	125	83	208	0	0	0
Kennewick School District	13	4	0	17	1506	1546	3052	147	176	323	0	0	0
Kent School District	11	1	0	12	2232	1655	3887	498	407	905	0	0	0
Kettle Falls School District	9	0	0	9	89	92	181	0	0	0	0	0	0
Kiona-Benton City School District	8	1	0	9	134	130	264	24	26	50	0	0	0
Kittitas School District	2	2	0	4	34	47	81	36	53	89	0	0	0
Klickitat School District	0	0	3	3	0	0	0	0	0	0	17	7	24
La Center School District	7	1	0	8	56	73	129	39	50	89	0	0	0
La Conner School District	8	0	0	8	89	111	200	0	0	0	0	0	0
LaCrosse School District	7	1	0	8	12	11	23	10	13	23	0	0	0
Lake Chelan School District	7	0	0	7	175	205	380	0	0	0	0	0	0
Lake Quinault School District	6	0	0	6	30	24	54	0	0	0	0	0	0
Lake Stevens School District	21	1	0	22	588	514	1102	135	121	256	0	0	0
Lake Washington School District	9	1	0	10	1929	1422	3351	569	395	964	0	0	0
Lakewood School District	15	1	2	18	137	149	286	45	31	76	29	36	65
Lamont School District	5	0	0	5	9	5	14	0	0	0	0	0	0
Liberty School District	2	5	0	7	20	24	44	40	48	88	0	0	0
Lind School District	8	0	0	8	33	36	69	0	0	0	0	0	0
Longview School District	10	1	0	11	451	427	878	265	180	445	0	0	0
Loon Lake School District	5	0	0	5	13	14	27	0	0	0	0	0	0
Lopez School District	5	1	0	6	10	19	29	35	28	63	0	0	0

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District	Health Plans				PPO Participation			HMO Participation			Other Plans Participation		
	PPO	HMO	Other	Total	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Lyle School District	0	0	3	3	0	0	0	0	0	0	33	18	51
Lynden School District	2	2	3	7	170	110	280	13	7	20	132	208	340
Mabton School District	8	0	0	8	105	91	196	0	0	0	0	0	0
Mansfield School District	2	0	0	2	23	46	69	0	0	0	0	0	0
Manson School District	8	0	0	8	96	104	200	0	0	0	0	0	0
Mary M Knight School District	6	0	0	6	25	36	61	0	0	0	0	0	0
Mary Walker School District	6	2	0	8	60	71	131	7	12	19	0	0	0
Marysville School District	12	2	0	14	995	916	1911	73	52	125	0	0	0
McCleary School District	8	0	0	8	38	26	64	0	0	0	0	0	0
Mead School District	20	3	0	23	845	887	1732	124	133	257	0	0	0
Medical Lake School District	8	4	0	12	61	45	106	66	92	158	0	0	0
Mercer Island School District	13	1	0	14	331	249	580	73	45	118	0	0	0
Meridian School District	4	4	2	10	96	77	173	46	45	91	31	27	58
Methow Valley School District	10	0	0	10	75	97	172	0	0	0	0	0	0
Mill A School District	0	0	3	3	0	0	0	0	0	0	6	11	17
Monroe School District	9	1	0	10	495	444	939	73	61	134	0	0	0
Montesano School District	8	0	0	8	138	157	295	0	0	0	0	0	0
Morton School District	6	0	0	6	37	31	68	0	0	0	0	0	0
Moses Lake School District	10	0	0	10	836	821	1657	0	0	0	0	0	0
Mossyrock School District	8	0	0	8	69	56	125	0	0	0	0	0	0
Mount Adams School District	8	5	0	13	85	59	144	44	29	73	0	0	0
Mount Baker School District	3	2	3	8	134	104	238	34	13	47	75	107	182
Mount Pleasant School District	2	0	0	2	4	1	5	0	0	0	0	0	0
Mount Vernon School District	17	5	2	24	343	331	674	407	280	687	34	14	48
Mukilteo School District	15	6	0	21	722	457	1179	641	601	1242	0	0	0
Naches Valley School District	9	5	0	14	85	86	171	20	6	26	0	0	0
Napavine School District	7	1	0	8	61	63	124	13	12	25	0	0	0
Naselle-Grays River Valley School District	7	0	0	7	44	67	111	0	0	0	0	0	0
Nespelem School District	9	0	0	9	23	20	43	0	0	0	0	0	0
Newport School District	9	1	0	10	121	92	213	4	2	6	0	0	0
Nine Mile Falls School District	2	8	1	11	28	57	85	79	108	187	33	72	105
Nooksack Valley School District	2	2	3	7	128	108	236	23	25	48	51	77	128
North Beach School District	9	0	0	9	82	65	147	0	0	0	0	0	0
North Franklin School District	5	1	0	6	225	271	496	14	11	25	0	0	0
North Kitsap School District	12	1	0	13	436	400	836	152	95	247	0	0	0
North Mason School District	5	1	0	6	142	98	240	54	39	93	0	0	0
North River School District	5	0	0	5	17	16	33	0	0	0	0	0	0
North Thurston Public Schools	18	2	0	20	830	777	1607	576	463	1039	0	0	0
Northport School District	1	0	0	1	37	38	75	0	0	0	0	0	0
Northshore School District	4	1	0	5	1762	1519	3281	247	126	373	0	0	0
Oak Harbor School District	9	1	0	10	437	397	834	51	32	83	0	0	0
Oakesdale School District	1	2	0	3	7	8	15	14	36	50	0	0	0

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	Health Plans				PPO Participation			HMO Participation			Other Plans Participation		
District	PPO	HMO	Other	Total	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Oakville School District	12	0	0	12	38	33	71	0	0	0	0	0	0
Ocean Beach School District	9	0	0	9	115	75	190	0	0	0	0	0	0
Ocosta School District	7	0	0	7	86	77	163	0	0	0	0	0	0
Odessa School District	5	0	0	5	38	46	84	0	0	0	0	0	0
Okanogan School District	12	0	0	12	127	103	230	0	0	0	0	0	0
Olympia School District	11	2	0	13	708	615	1323	256	134	390	0	0	0
Omak School District	8	1	0	9	313	318	631	2	2	4	0	0	0
Onalaska School District	8	0	0	8	80	86	166	0	0	0	0	0	0
Onion Creek School District	1	0	0	1	9	10	19	0	0	0	0	0	0
Orcas Island School District	8	1	2	11	44	34	78	37	34	71	6	8	14
Orchard Prairie School District	1	2	0	3	1	0	1	7	3	10	0	0	0
Orient School District	1	0	0	1	8	9	17	0	0	0	0	0	0
Orondo School District	8	0	0	8	30	22	52	0	0	0	0	0	0
Oroville School District	6	0	0	6	48	59	107	0	0	0	0	0	0
Orting School District	12	4	0	16	199	200	399	23	23	46	0	0	0
Othello School District	16	0	0	16	440	500	940	0	0	0	0	0	0
Palisades School District	1	0	0	1	9	16	25	0	0	0	0	0	0
Palouse School District	6	1	0	7	22	21	43	5	4	9	0	0	0
Pasco School District	20	2	1	23	1624	1613	3237	159	95	254	24	19	43
Pateros School District	8	0	0	8	38	30	68	0	0	0	0	0	0
Paterson School District	4	0	0	4	15	20	35	0	0	0	0	0	0
Pe Ell School District	6	0	0	6	45	37	82	0	0	0	0	0	0
Peninsula School District	8	2	2	12	341	248	589	294	172	466	164	194	358
Pioneer School District	9	1	0	10	68	44	112	23	17	40	0	0	0
Pomeroy School District	6	0	0	6	36	56	92	0	0	0	0	0	0
Port Angeles School District	8	0	0	8	433	388	821	0	0	0	0	0	0
Port Townsend School District	9	0	0	9	140	125	265	0	0	0	0	0	0
Prescott School District	8	1	0	9	27	20	47	9	4	13	0	0	0
Prosser School District	9	1	0	10	254	299	553	62	58	120	0	0	0
Pullman School District	2	5	2	9	32	15	47	185	177	362	25	8	33
Puyallup School District	10	1	2	13	1244	932	2176	175	83	258	304	259	563
Queets-Clearwater School District	5	0	0	5	11	4	15	0	0	0	0	0	0
Quilcene School District	6	0	0	6	43	19	62	0	0	0	0	0	0
Quillayute Valley School District	9	0	0	9	163	118	281	0	0	0	0	0	0
Quincy School District	12	0	0	12	316	322	638	0	0	0	0	0	0
Rainier School District	6	1	0	7	44	41	85	32	20	52	0	0	0
Raymond School District	7	0	0	7	75	57	132	0	0	0	0	0	0
Reardan-Edwall School District	8	0	0	8	65	58	123	0	0	0	0	0	0
Renton School District	13	1	0	14	1279	902	2181	383	222	605	0	0	0
Republic School District	9	0	0	9	40	45	85	0	0	0	0	0	0
Richland School District	10	1	0	11	950	902	1852	141	96	237	0	0	0
Ridgefield School District	12	1	2	15	66	89	155	75	83	158	2	5	7

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Health Plans and Enrollment (PPO, HMO, and Others)
For the Plan Year Ending in 2015

District	Health Plans				PPO Participation			HMO Participation			Other Plans Participation		
	PPO	HMO	Other	Total	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Ritzville School District	2	0	0	2	50	95	145	0	0	0	0	0	0
Riverside School District	3	5	0	8	113	75	188	62	76	138	0	0	0
Riverview School District	10	1	0	11	266	248	514	15	5	20	0	0	0
Rochester School District	8	1	0	9	159	200	359	49	48	97	0	0	0
Roosevelt School District	2	0	0	2	4	0	4	0	0	0	0	0	0
Rosalia School District	6	2	0	8	31	29	60	4	6	10	0	0	0
Royal School District	9	0	0	9	184	173	357	0	0	0	0	0	0
San Juan Island School District	5	1	1	7	26	13	39	43	47	90	18	28	46
Satsop School District	2	0	0	2	7	3	10	0	0	0	0	0	0
Seattle Public Schools	8	1	0	9	5383	3426	8809	448	787	1235	0	0	0
Sedro-Woolley School District	18	3	2	23	414	332	746	37	38	75	9	1	10
Selah School District	8	1	0	9	336	330	666	41	27	68	0	0	0
Selkirk School District	7	0	0	7	33	33	66	0	0	0	0	0	0
Sequim School District	14	0	0	14	275	294	569	0	0	0	0	0	0
Shaw Island School District	3	1	0	4	3	3	6	0	0	0	0	0	0
Shelton School District	13	2	0	15	430	294	724	81	39	120	0	0	0
Shoreline School District	15	1	0	16	813	690	1503	106	77	183	0	0	0
Skamania School District	0	1	4	5	0	0	0	2	1	3	9	9	18
Skykomish School District	5	0	0	5	19	6	25	0	0	0	0	0	0
Snohomish School District	12	1	0	13	846	887	1733	28	33	61	0	0	0
Snoqualmie Valley School District	5	2	0	7	348	282	630	198	172	370	0	0	0
Soap Lake School District	10	0	0	10	56	58	114	0	0	0	0	0	0
South Bend School District	9	0	0	9	86	102	188	0	0	0	0	0	0
South Kitsap School District	12	1	0	13	676	569	1245	145	91	236	0	0	0
South Whidbey School District	8	1	0	9	143	121	264	24	19	43	0	0	0
Southside School District	6	0	0	6	17	19	36	0	0	0	0	0	0
Spokane School District	19	4	0	23	2508	2650	5158	629	532	1161	0	0	0
Sprague School District	6	0	0	6	19	14	33	0	0	0	0	0	0
St. John School District	2	2	0	4	13	16	29	15	20	35	0	0	0
Stanwood-Camano School District	12	1	2	15	255	244	499	124	81	205	41	51	92
Star School District	1	0	0	1	6	8	14	0	0	0	0	0	0
Starbuck School District	2	0	0	2	6	3	9	0	0	0	0	0	0
Stehekin School District	1	0	0	1	1	1	2	0	0	0	0	0	0
Steilacoom Hist. School District	8	1	0	9	183	143	326	55	43	98	0	0	0
Steptoe School District	0	2	0	2	0	0	0	8	14	22	0	0	0
Stevenson-Carson School District	0	1	4	5	0	0	0	13	4	17	90	78	168
Sultan School District	8	1	0	9	162	163	325	29	23	52	0	0	0
Summit Valley School District	1	0	0	1	10	7	17	0	0	0	0	0	0
Sumner School District	11	1	0	12	770	802	1572	97	105	202	0	0	0
Sunnyside School District	10	1	0	11	729	683	1412	28	30	58	0	0	0
Tacoma School District	5	1	0	6	2455	2770	5225	327	295	622	0	0	0
Taholah School District	10	0	0	10	41	26	67	0	0	0	0	0	0

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Health Plans and Enrollment (PPO, HMO, and Others)
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	Health Plans				PPO Participation			HMO Participation			Other Plans Participation		
District	PPO	HMO	Other	Total	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Tahoma School District	11	1	0	12	634	653	1287	51	33	84	0	0	0
Tekoa School District	7	1	0	8	24	35	59	6	9	15	0	0	0
Tenino School District	10	1	0	11	90	81	171	29	20	49	0	0	0
Thorp School District	7	0	0	7	25	20	45	0	0	0	0	0	0
Toledo School District	11	0	0	11	74	75	149	0	0	0	0	0	0
Tonasket School District	9	0	0	9	122	148	270	0	0	0	0	0	0
Toppenish School District	14	6	0	20	276	321	597	171	88	259	0	0	0
Touchet School District	1	3	1	5	6	5	11	17	21	38	9	7	16
Toutle Lake School District	7	0	1	8	47	58	105	0	0	0	20	13	33
Trout Lake School District	0	0	4	4	0	0	0	0	0	0	25	16	41
Tukwila School District	13	1	0	14	261	180	441	56	33	89	0	0	0
Tumwater School District	10	1	0	11	513	473	986	143	67	210	0	0	0
Union Gap School District	8	1	0	9	73	43	116	4	6	10	0	0	0
University Place School District	5	1	0	6	387	318	705	105	75	180	0	0	0
Valley School District	8	1	0	9	87	92	179	4	5	9	0	0	0
Vancouver School District	10	1	0	11	1561	1352	2913	819	675	1494	0	0	0
Vashon Island School District	8	1	0	9	109	130	239	47	35	82	0	0	0
Wahkiakum School District	2	1	0	3	35	59	94	9	19	28	0	0	0
Wahluke School District	10	3	0	13	223	196	419	25	20	45	0	0	0
Waitsburg School District	6	1	0	7	35	27	62	0	0	0	0	0	0
Walla Walla Public Schools	4	1	0	5	620	592	1212	91	64	155	0	0	0
Wapato School District	6	5	0	11	33	57	90	354	303	657	0	0	0
Warden School District	2	1	0	3	100	144	244	1	0	1	0	0	0
Washougal School District	0	1	0	1	0	0	0	102	42	144	0	0	0
Washtucna School District	6	0	0	6	18	13	31	0	0	0	0	0	0
Waterville School District	8	0	0	8	35	44	79	0	0	0	0	0	0
Wellpinit School District	7	0	0	7	74	40	114	0	0	0	0	0	0
Wenatchee School District	10	0	0	10	869	792	1661	0	0	0	0	0	0
West Valley School District (Spokane)	17	2	0	19	270	220	490	140	142	282	0	0	0
West Valley School District (Yakima)	11	9	0	20	410	492	902	72	61	133	0	0	0
White Pass School District	9	0	0	9	59	42	101	0	0	0	0	0	0
White River School District	11	0	0	11	359	298	657	0	0	0	0	0	0
White Salmon Valley School District	0	0	4	4	0	0	0	0	0	0	122	82	204
Wilbur School District	8	1	0	9	42	55	97	1	2	3	0	0	0
Willapa Valley School District	7	0	0	7	43	33	76	0	0	0	0	0	0
Wilson Creek School District	7	0	0	7	32	29	61	0	0	0	0	0	0
Winlock School District	9	0	0	9	75	70	145	0	0	0	0	0	0
Wishkah Valley School District	6	0	0	6	23	13	36	0	0	0	0	0	0
Wishram School District	4	0	0	4	18	27	45	0	0	0	0	0	0
Woodland School District	5	1	1	7	168	170	338	107	45	152	7	9	16
Yakima School District	14	5	2	21	1170	806	1976	143	63	206	533	771	1304
Yelm School District	10	1	0	11	352	297	649	168	128	296	0	0	0

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Health Plans and Enrollment (PPO, HMO, and Others)
For the Plan Year Ending in 2015

	Health Plans				PPO Participation			HMO Participation			Other Plans Participation		
District	**PPO**	**HMO**	**Other**	**Total**	**Employees**	**Dependents**	**Members**	**Employees**	**Dependents**	**Members**	**Employees**	**Dependents**	**Members**
Zillah School District	4	5	0	9	13	15	28	122	124	246	0	0	0
Grand Total	**2,206**	**321**	**112**	**2,639**	**81,604**	**72,488**	**154,092**	**19,160**	**15,818**	**34,978**	**4,871**	**5,066**	**9,937**

Washington State Office of the Insurance Commissioner
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Exhibit B3b
Health Plans Actuarial Value Participation
For the Plan Year Ending in 2015

District	Plan Actuarial Value: 90%–100%			Plan Actuarial Value: 80%–89%			Plan Actuarial Value: 70%–79%			Plan Actuarial Value: <70%		
	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Aberdeen School District	10	8	18	414	293	707	2	3	5	0	0	0
Adna School District	3	5	8	31	44	75	0	0	0	0	0	0
Almira School District	0	0	0	17	31	48	0	0	0	0	0	0
Anacortes School District	16	9	25	234	258	492	9	14	23	0	0	0
Arlington School District	204	185	389	232	286	518	64	88	152	0	0	0
Asotin-Anatone School District	0	0	0	59	121	180	0	0	0	0	0	0
Auburn School District	298	237	535	1,144	1,018	2,162	30	51	81	0	0	0
Bainbridge Island School District	29	28	57	294	269	563	53	78	131	0	0	0
Battle Ground School District	374	396	770	23	12	35	0	0	0	0	0	0
Bellevue School District	89	30	119	1,955	1,818	3,773	52	86	138	0	0	0
Bellingham School District	647	446	1,093	516	566	1,082	36	49	85	0	0	0
Benge School District	0	0	0	4	6	10	0	0	0	0	0	0
Bethel School District	1,081	814	1,895	361	261	622	151	192	343	0	0	0
Bickleton School District	13	28	41	0	0	0	0	0	0	0	0	0
Blaine School District	151	149	300	62	74	136	17	32	49	0	0	0
Boistfort School District	0	0	0	15	6	21	1	0	1	0	0	0
Bremerton School District	8	7	15	411	226	637	69	65	134	0	0	0
Brewster School District	5	1	6	116	85	201	1	1	2	0	0	0
Bridgeport School District	0	0	0	93	80	173	3	5	8	0	0	0
Brinnon School District	0	0	0	11	7	18	0	0	0	0	0	0
Burlington-Edison School District	61	32	93	326	337	663	20	30	50	10	5	15
Camas School District	274	272	546	328	396	724	16	32	48	0	0	0
Cape Flattery School District	17	3	20	62	48	110	2	3	5	0	0	0
Carbonado School District	4	0	4	14	10	24	1	3	4	0	0	0
Cascade School District	2	1	3	138	130	268	7	8	15	0	0	0
Cashmere School District	0	0	0	140	251	391	0	0	0	0	0	0
Castle Rock School District	10	3	13	124	98	222	3	7	10	0	0	0
Centerville School District	0	0	0	10	11	21	1	2	3	0	0	0
Central Kitsap School District	16	16	32	738	542	1,280	272	337	609	31	56	87
Central Valley School District	299	211	510	1,069	1,057	2,126	38	68	106	0	0	0
Centralia School District	42	13	55	327	305	632	13	22	35	0	0	0
Chehalis School District	17	6	23	286	249	535	9	21	30	0	0	0
Cheney School District	161	124	285	284	262	546	22	22	44	0	0	0
Chewelah School District	0	0	0	75	69	144	17	19	36	0	0	0
Chimacum School District	0	0	0	124	120	244	3	4	7	0	0	0
Clarkston School District	0	0	0	288	286	574	8	17	25	0	0	0
Cle Elum-Roslyn School District	4	3	7	103	112	215	2	1	3	0	0	0
Clover Park School District	212	89	301	1,032	731	1,763	24	45	69	0	0	0
Colfax School District	17	9	26	48	55	103	0	0	0	0	0	0
College Place School District	8	1	9	108	102	210	3	1	4	0	0	0
Colton School District	0	0	0	21	23	44	0	0	0	0	0	0
Columbia (Stevens) School District	0	0	0	29	30	59	1	1	2	0	0	0
Columbia (Walla Walla) School District	5	2	7	83	72	155	1	4	5	0	0	0
Colville School District	4	0	4	176	186	362	8	5	13	0	0	0

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	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Concrete School District	7	5	12	53	33	86	1	1	2	3	1	4
Conway School District	0	0	0	48	39	87	1	1	2	0	0	0
Cosmopolis School District	2	0	2	18	15	33	0	0	0	0	0	0
Coulee-Hartline School District	0	0	0	30	48	78	0	0	0	0	0	0
Coupeville School District	12	1	13	58	31	89	0	0	0	23	45	68
Crescent School District	3	1	4	32	32	64	3	3	6	0	0	0
Creston School District	1	1	2	23	31	54	0	0	0	0	0	0
Curlew School District	5	7	12	22	16	38	1	0	1	0	0	0
Cusick School District	2	1	3	39	45	84	0	0	0	0	0	0
Damman School District	1	0	1	3	1	4	0	0	0	0	0	0
Darrington School District	0	0	0	55	80	135	0	0	0	0	0	0
Davenport School District	3	1	4	66	102	168	0	0	0	0	0	0
Dayton School District	0	0	0	52	58	110	2	5	7	0	0	0
Deer Park School District	58	48	106	180	186	366	0	0	0	0	0	0
Dieringer School District	2	0	2	139	149	288	2	2	4	0	0	0
Dixie School District	0	0	0	6	3	9	0	0	0	0	0	0
East Valley School District (Spokane)	20	12	32	438	354	792	17	28	45	0	0	0
East Valley School District (Yakima)	29	30	59	255	246	501	14	27	41	0	0	0
Eastmont School District	31	17	48	553	534	1,087	16	16	32	0	0	0
Easton School District	0	0	0	22	22	44	0	0	0	0	0	0
Eatonville School District	68	65	133	104	128	232	15	17	32	0	0	0
Edmonds School District	272	92	364	1,838	1,671	3,509	28	47	75	0	0	0
Ellensburg School District	29	17	46	280	269	549	13	15	28	0	0	0
Elma School District	0	0	0	170	138	308	1	3	4	0	0	0
Endicott School District	0	0	0	22	36	58	0	0	0	0	0	0
Entiat School District	0	0	0	48	61	109	4	4	8	0	0	0
Enumclaw School District	34	38	72	355	309	664	9	10	19	0	0	0
Ephrata School District	13	14	27	225	277	502	9	15	24	0	0	0
Evaline School District	0	0	0	5	3	8	0	0	0	0	0	0
Everett School District	610	745	1,355	220	239	459	453	551	1,004	333	426	759
Evergreen School District (Clark)	1,069	969	2,038	1,192	983	2,175	78	122	200	0	0	0
Evergreen School District (Stevens)	0	0	0	7	0	7	0	0	0	0	0	0
Federal Way School District	597	357	954	1,552	1,019	2,571	43	68	111	0	0	0
Ferndale School District	149	111	260	324	328	652	24	28	52	0	0	0
Fife School District	82	70	152	245	251	496	3	6	9	0	0	0
Finley School District	16	8	24	80	74	154	5	14	19	0	0	0
Franklin Pierce School District	143	48	191	710	576	1,286	12	17	29	0	0	0
Freeman School District	10	9	19	78	92	170	0	0	0	2	5	7
Garfield School District	0	0	0	17	23	40	1	0	1	0	0	0
Glenwood School District	0	0	0	13	4	17	6	8	14	0	0	0
Goldendale School District	0	0	0	81	43	124	20	43	63	0	0	0
Grand Coulee Dam School District	3	1	4	102	82	184	3	9	12	0	0	0
Grandview School District	20	22	42	344	370	714	2	4	6	0	0	0
Granger School District	55	83	138	94	75	169	2	2	4	0	0	0

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	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Granite Falls School District	21	27	48	151	156	307	10	16	26	0	0	0
Grapeview School District	0	0	0	21	18	39	1	2	3	0	0	0
Great Northern School District	0	0	0	4	0	4	0	0	0	0	0	0
Green Mountain School District	1	0	1	14	11	25	1	3	4	0	0	0
Griffin School District	11	5	16	62	67	129	0	0	0	0	0	0
Harrington School District	0	0	0	29	46	75	0	0	0	0	0	0
Highland School District	6	1	7	130	113	243	6	5	11	0	0	0
Highline School District	1,174	592	1,766	933	566	1,499	98	113	211	0	0	0
Hockinson School District	64	62	126	10	20	30	0	0	0	0	0	0
Hood Canal School District	1	1	2	38	14	52	0	0	0	0	0	0
Hoquiam School District	1	0	1	195	150	345	3	3	6	0	0	0
Inchelium School District	3	4	7	34	16	50	1	1	2	0	0	0
Index School District	1	0	1	5	2	7	0	0	0	0	0	0
Issaquah School District	306	192	498	1,502	1,126	2,628	24	51	75	0	0	0
Kahlotus School District	1	0	1	17	27	44	0	0	0	0	0	0
Kalama School District	27	31	58	34	43	77	1	2	3	0	0	0
Keller School District	1	0	1	9	1	10	0	0	0	0	0	0
Kelso School District	153	102	255	318	274	592	11	24	35	0	0	0
Kennewick School District	41	25	66	1,587	1,655	3,242	25	42	67	0	0	0
Kent School District	80	68	148	2,590	1,916	4,506	60	78	138	0	0	0
Kettle Falls School District	1	0	1	87	91	178	1	1	2	0	0	0
Kiona-Benton City School District	6	2	8	151	152	303	1	2	3	0	0	0
Kittitas School District	0	0	0	70	100	170	0	0	0	0	0	0
Klickitat School District	0	0	0	14	4	18	3	3	6	0	0	0
La Center School District	45	55	100	48	61	109	2	7	9	0	0	0
La Conner School District	7	9	16	72	88	160	10	14	24	0	0	0
LaCrosse School District	0	0	0	22	24	46	0	0	0	0	0	0
Lake Chelan School District	2	2	4	170	197	367	3	6	9	0	0	0
Lake Quinault School District	0	0	0	30	24	54	0	0	0	0	0	0
Lake Stevens School District	163	123	286	553	499	1,052	7	13	20	0	0	0
Lake Washington School District	573	358	931	1,844	1,342	3,186	81	117	198	0	0	0
Lakewood School District	54	36	90	151	170	321	4	7	11	2	3	5
Lamont School District	1	0	1	8	5	13	0	0	0	0	0	0
Liberty School District	25	27	52	33	39	72	2	6	8	0	0	0
Lind School District	2	0	2	28	29	57	3	7	10	0	0	0
Longview School District	302	205	507	395	364	759	19	38	57	0	0	0
Loon Lake School District	1	0	1	12	14	26	0	0	0	0	0	0
Lopez School District	0	0	0	44	47	91	1	0	1	0	0	0
Lyle School District	0	0	0	30	16	46	3	2	5	0	0	0
Lynden School District	176	113	289	135	210	345	4	2	6	0	0	0
Mabton School District	7	5	12	96	83	179	2	3	5	0	0	0
Mansfield School District	0	0	0	23	46	69	0	0	0	0	0	0
Manson School District	2	0	2	90	101	191	4	3	7	0	0	0
Mary M Knight School District	4	4	8	21	32	53	0	0	0	0	0	0

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Mary Walker School District	0	0	0	67	83	150	0	0	0	0	0	0
Marysville School District	207	124	331	854	829	1,683	7	15	22	0	0	0
McCleary School District	2	1	3	36	25	61	0	0	0	0	0	0
Mead School District	175	163	338	749	794	1,543	45	63	108	0	0	0
Medical Lake School District	0	0	0	102	118	220	25	19	44	0	0	0
Mercer Island School District	5	7	12	387	282	669	12	5	17	0	0	0
Meridian School District	86	57	143	78	79	157	9	13	22	0	0	0
Methow Valley School District	0	0	0	75	97	172	0	0	0	0	0	0
Mill A School District	0	0	0	2	0	2	4	11	15	0	0	0
Monroe School District	34	22	56	514	448	962	20	35	55	0	0	0
Montesano School District	1	0	1	136	153	289	1	4	5	0	0	0
Morton School District	4	5	9	32	22	54	1	4	5	0	0	0
Moses Lake School District	128	110	238	697	700	1,397	11	11	22	0	0	0
Mossyrock School District	1	0	1	65	54	119	3	2	5	0	0	0
Mount Adams School District	12	5	17	115	79	194	2	4	6	0	0	0
Mount Baker School District	122	80	202	107	128	235	14	16	30	0	0	0
Mount Pleasant School District	0	0	0	4	1	5	0	0	0	0	0	0
Mount Vernon School District	50	18	68	712	572	1,284	22	35	57	0	0	0
Mukilteo School District	124	142	266	851	678	1,529	350	215	565	38	23	61
Naches Valley School District	6	4	10	93	88	181	6	0	6	0	0	0
Napavine School District	2	0	2	71	72	143	1	3	4	0	0	0
Naselle-Grays River Valley School District	12	13	25	32	54	86	0	0	0	0	0	0
Nespelem School District	3	1	4	20	19	39	0	0	0	0	0	0
Newport School District	8	8	16	111	80	191	6	6	12	0	0	0
Nine Mile Falls School District	40	74	114	97	162	259	0	0	0	3	1	4
Nooksack Valley School District	128	107	235	66	100	166	8	3	11	0	0	0
North Beach School District	2	1	3	77	55	132	3	9	12	0	0	0
North Franklin School District	0	0	0	197	182	379	42	100	142	0	0	0
North Kitsap School District	177	104	281	393	359	752	18	32	50	0	0	0
North Mason School District	54	39	93	95	54	149	46	42	88	1	2	3
North River School District	0	0	0	17	16	33	0	0	0	0	0	0
North Thurston Public Schools	67	33	100	1,204	1,039	2,243	135	168	303	0	0	0
Northport School District	0	0	0	37	38	75	0	0	0	0	0	0
Northshore School District	0	0	0	1,741	1,159	2,900	268	486	754	0	0	0
Oak Harbor School District	107	51	158	375	369	744	6	9	15	0	0	0
Oakesdale School District	0	0	0	21	44	65	0	0	0	0	0	0
Oakville School District	1	0	1	35	29	64	2	4	6	0	0	0
Ocean Beach School District	11	1	12	102	71	173	2	3	5	0	0	0
Ocosta School District	4	3	7	80	67	147	2	7	9	0	0	0
Odessa School District	0	0	0	38	46	84	0	0	0	0	0	0
Okanogan School District	6	5	11	118	91	209	3	7	10	0	0	0
Olympia School District	66	43	109	876	676	1,552	22	30	52	0	0	0
Omak School District	20	11	31	280	287	567	15	22	37	0	0	0
Onalaska School District	3	5	8	70	75	145	7	6	13	0	0	0

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Onion Creek School District	0	0	0	9	10	19	0	0	0	0	0	0
Orcas Island School District	48	39	87	35	36	71	0	0	0	4	1	5
Orchard Prairie School District	0	0	0	8	3	11	0	0	0	0	0	0
Orient School District	0	0	0	8	9	17	0	0	0	0	0	0
Orondo School District	1	0	1	26	18	44	3	4	7	0	0	0
Oroville School District	9	22	31	39	37	76	0	0	0	0	0	0
Orting School District	0	0	0	221	220	441	1	3	4	0	0	0
Othello School District	9	17	26	421	456	877	10	27	37	0	0	0
Palisades School District	0	0	0	9	16	25	0	0	0	0	0	0
Palouse School District	5	4	9	20	19	39	2	2	4	0	0	0
Pasco School District	181	118	299	1,560	1,521	3,081	47	63	110	19	25	44
Pateros School District	1	1	2	33	20	53	4	9	13	0	0	0
Paterson School District	0	0	0	14	20	34	1	0	1	0	0	0
Pe Ell School District	0	0	0	42	33	75	3	4	7	0	0	0
Peninsula School District	478	282	760	291	302	593	30	30	60	0	0	0
Pioneer School District	3	2	5	87	59	146	1	0	1	0	0	0
Pomeroy School District	2	6	8	34	50	84	0	0	0	0	0	0
Port Angeles School District	25	19	44	397	356	753	11	13	24	0	0	0
Port Townsend School District	9	9	18	127	112	239	4	4	8	0	0	0
Prescott School District	12	9	21	24	15	39	0	0	0	0	0	0
Prosser School District	11	15	26	304	342	646	1	0	1	0	0	0
Pullman School District	49	22	71	193	178	371	0	0	0	0	0	0
Puyallup School District	661	167	828	503	421	924	559	686	1,245	0	0	0
Queets-Clearwater School District	2	1	3	9	3	12	0	0	0	0	0	0
Quilcene School District	1	0	1	42	19	61	0	0	0	0	0	0
Quillayute Valley School District	6	1	7	152	112	264	5	5	10	0	0	0
Quincy School District	23	8	31	286	309	595	7	5	12	0	0	0
Rainier School District	34	23	57	42	38	80	0	0	0	0	0	0
Raymond School District	0	0	0	72	50	122	3	7	10	0	0	0
Reardan-Edwall School District	2	2	4	61	51	112	2	5	7	0	0	0
Renton School District	453	269	722	1,185	828	2,013	24	27	51	0	0	0
Republic School District	1	0	1	36	41	77	3	4	7	0	0	0
Richland School District	69	67	136	1,002	897	1,899	20	34	54	0	0	0
Ridgefield School District	78	85	163	61	87	148	4	5	9	0	0	0
Ritzville School District	0	0	0	50	95	145	0	0	0	0	0	0
Riverside School District	97	66	163	78	85	163	0	0	0	0	0	0
Riverview School District	10	6	16	262	232	494	9	15	24	0	0	0
Rochester School District	62	55	117	139	179	318	7	14	21	0	0	0
Roosevelt School District	0	0	0	4	0	4	0	0	0	0	0	0
Rosalia School District	3	4	7	29	25	54	3	6	9	0	0	0
Royal School District	8	4	12	170	160	330	6	9	15	0	0	0
San Juan Island School District	9	4	13	75	81	156	0	0	0	3	3	6
Satsop School District	0	0	0	7	3	10	0	0	0	0	0	0
Seattle Public Schools	2,585	1,693	4,278	2,911	2,112	5,023	335	408	743	0	0	0

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Sedro-Woolley School District	27	9	36	408	333	741	20	20	40	5	9	14
Selah School District	15	11	26	358	340	698	4	6	10	0	0	0
Selkirk School District	0	0	0	31	30	61	2	3	5	0	0	0
Sequim School District	2	0	2	265	281	546	8	13	21	0	0	0
Shaw Island School District	0	0	0	3	3	6	0	0	0	0	0	0
Shelton School District	89	43	132	419	285	704	3	5	8	0	0	0
Shoreline School District	38	17	55	857	723	1,580	24	27	51	0	0	0
Skamania School District	2	1	3	5	1	6	4	8	12	0	0	0
Skykomish School District	1	0	1	18	6	24	0	0	0	0	0	0
Snohomish School District	71	42	113	792	851	1,643	11	27	38	0	0	0
Snoqualmie Valley School District	314	224	538	222	216	438	10	14	24	0	0	0
Soap Lake School District	4	1	5	50	57	107	2	0	2	0	0	0
South Bend School District	6	7	13	78	88	166	2	7	9	0	0	0
South Kitsap School District	170	97	267	638	546	1,184	13	17	30	0	0	0
South Whidbey School District	13	10	23	145	117	262	9	13	22	0	0	0
Southside School District	0	0	0	17	19	36	0	0	0	0	0	0
Spokane School District	2,137	1,883	4,020	816	1,133	1,949	184	166	350	0	0	0
Sprague School District	1	0	1	18	14	32	0	0	0	0	0	0
St. John School District	2	1	3	26	35	61	0	0	0	0	0	0
Stanwood-Camano School District	48	21	69	365	349	714	4	4	8	3	2	5
Star School District	0	0	0	6	8	14	0	0	0	0	0	0
Starbuck School District	0	0	0	6	3	9	0	0	0	0	0	0
Stehekin School District	1	1	2	0	0	0	0	0	0	0	0	0
Steilacoom Hist. School District	23	12	35	208	160	368	7	14	21	0	0	0
Steptoe School District	0	0	0	8	14	22	0	0	0	0	0	0
Stevenson-Carson School District	13	4	17	68	40	108	22	38	60	0	0	0
Sultan School District	45	38	83	141	134	275	5	14	19	0	0	0
Summit Valley School District	0	0	0	10	7	17	0	0	0	0	0	0
Sumner School District	35	15	50	809	860	1,669	23	32	55	0	0	0
Sunnyside School District	30	10	40	717	689	1,406	10	14	24	0	0	0
Tacoma School District	327	295	622	2,142	2,350	4,492	313	420	733	0	0	0
Taholah School District	3	4	7	35	20	55	3	2	5	0	0	0
Tahoma School District	47	37	84	623	620	1,243	15	29	44	0	0	0
Tekoa School District	1	0	1	28	43	71	1	1	2	0	0	0
Tenino School District	42	23	65	73	77	150	4	1	5	0	0	0
Thorp School District	0	0	0	23	19	42	2	1	3	0	0	0
Toledo School District	3	0	3	69	72	141	2	3	5	0	0	0
Tonasket School District	11	18	29	101	112	213	10	18	28	0	0	0
Toppenish School District	41	14	55	396	387	783	10	8	18	0	0	0
Touchet School District	8	8	16	24	25	49	0	0	0	0	0	0
Toutle Lake School District	9	4	13	54	53	107	4	14	18	0	0	0
Trout Lake School District	0	0	0	20	9	29	5	7	12	0	0	0
Tukwila School District	33	21	54	277	184	461	7	8	15	0	0	0
Tumwater School District	175	80	255	467	439	906	14	21	35	0	0	0

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B3b
Health Plans Actuarial Value Participation
For the Plan Year Ending in 2015

District	Plan Actuarial Value: 90%–100%			Plan Actuarial Value: 80%–89%			Plan Actuarial Value: 70%–79%			Plan Actuarial Value: <70%		
	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Union Gap School District	3	0	3	73	49	122	1	0	1	0	0	0
University Place School District	105	75	180	387	318	705	0	0	0	0	0	0
Valley School District	5	0	5	84	97	181	2	0	2	0	0	0
Vancouver School District	896	715	1,611	1,429	1,231	2,660	55	81	136	0	0	0
Vashon Island School District	57	44	101	95	119	214	4	2	6	0	0	0
Wahkiakum School District	0	0	0	44	78	122	0	0	0	0	0	0
Wahluke School District	3	0	3	235	198	433	10	18	28	0	0	0
Waitsburg School District	0	0	0	34	24	58	1	3	4	0	0	0
Walla Walla Public Schools	0	0	0	91	64	155	458	393	851	162	199	361
Wapato School District	46	58	104	321	291	612	20	11	31	0	0	0
Warden School District	0	0	0	101	144	245	0	0	0	0	0	0
Washougal School District	102	42	144	0	0	0	0	0	0	0	0	0
Washtucna School District	1	0	1	16	12	28	1	1	2	0	0	0
Waterville School District	2	5	7	33	39	72	0	0	0	0	0	0
Wellpinit School District	3	5	8	70	35	105	1	0	1	0	0	0
Wenatchee School District	37	26	63	801	738	1,539	31	28	59	0	0	0
West Valley School District (Spokane)	129	96	225	268	243	511	13	23	36	0	0	0
West Valley School District (Yakima)	13	24	37	451	505	956	18	24	42	0	0	0
White Pass School District	3	0	3	53	39	92	3	3	6	0	0	0
White River School District	38	25	63	319	269	588	2	4	6	0	0	0
White Salmon Valley School District	0	0	0	93	36	129	29	46	75	0	0	0
Wilbur School District	0	0	0	43	57	100	0	0	0	0	0	0
Willapa Valley School District	6	11	17	37	22	59	0	0	0	0	0	0
Wilson Creek School District	4	1	5	28	28	56	0	0	0	0	0	0
Winlock School District	2	3	5	71	62	133	2	5	7	0	0	0
Wishkah Valley School District	0	0	0	23	13	36	0	0	0	0	0	0
Wishram School District	0	0	0	18	27	45	0	0	0	0	0	0
Woodland School District	107	45	152	175	179	354	0	0	0	0	0	0
Yakima School District	32	14	46	1,670	1,374	3,044	144	252	396	0	0	0
Yelm School District	212	147	359	297	256	553	11	22	33	0	0	0
Zillah School District	8	7	15	119	128	247	8	4	12	0	0	0
Grand Total	**22,906**	**16,501**	**39,407**	**76,155**	**68,439**	**144,594**	**5,932**	**7,626**	**13,558**	**642**	**806**	**1,448**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B3c
Health Plans Individual Deductible Levels
For the Plan Year Ending in 2015

District	Individual Deductibles: $0–$250			Individual Deductibles: $251–$500			Individual Deductibles: $501–$1,000			Individual Deductibles: $1,000+		
	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Aberdeen School District	213	114	327	87	60	147	124	127	251	2	3	5
Adna School District	12	23	35	4	2	6	18	24	42	0	0	0
Almira School District	15	27	42	0	0	0	0	0	0	2	4	6
Anacortes School District	122	104	226	43	50	93	85	113	198	9	14	23
Arlington School District	289	259	548	54	37	91	93	175	268	64	88	152
Asotin-Anatone School District	16	42	58	12	20	32	31	59	90	0	0	0
Auburn School District	757	548	1,305	267	189	456	418	518	936	30	51	81
Bainbridge Island School District	149	109	258	69	81	150	138	154	292	20	31	51
Battle Ground School District	397	408	805	0	0	0	0	0	0	0	0	0
Bellevue School District	862	452	1,314	700	779	1,479	476	607	1,083	58	96	154
Bellingham School District	198	70	268	637	478	1,115	281	405	686	36	49	85
Benge School District	4	6	10	0	0	0	0	0	0	0	0	0
Bethel School District	1,081	814	1,895	0	0	0	361	261	622	151	192	343
Bickleton School District	13	28	41	0	0	0	0	0	0	0	0	0
Blaine School District	47	35	82	138	136	274	28	52	80	17	32	49
Boistfort School District	5	5	10	1	0	1	9	1	10	1	0	1
Bremerton School District	264	138	402	104	55	159	108	88	196	12	17	29
Brewster School District	42	25	67	21	5	26	58	56	114	1	1	2
Bridgeport School District	28	25	53	17	16	33	48	39	87	3	5	8
Brinnon School District	1	0	1	3	1	4	7	6	13	0	0	0
Burlington-Edison School District	159	156	315	121	94	215	101	104	205	36	50	86
Camas School District	437	428	865	8	10	18	157	230	387	16	32	48
Cape Flattery School District	43	20	63	12	11	23	24	20	44	2	3	5
Carbonado School District	10	3	13	3	0	3	5	7	12	1	3	4
Cascade School District	36	23	59	20	18	38	84	90	174	7	8	15
Cashmere School District	111	185	296	0	0	0	0	0	0	29	66	95
Castle Rock School District	99	56	155	10	9	19	25	36	61	3	7	10
Centerville School District	9	9	18	0	0	0	1	2	3	1	2	3
Central Kitsap School District	476	367	843	278	191	469	0	0	0	303	393	696
Central Valley School District	713	574	1,287	190	137	327	465	557	1,022	38	68	106
Centralia School District	162	93	255	52	36	88	155	189	344	13	22	35
Chehalis School District	109	84	193	46	32	78	148	139	287	9	21	30
Cheney School District	268	188	456	1	1	2	176	197	373	22	22	44
Chewelah School District	24	18	42	8	12	20	43	39	82	17	19	36
Chimacum School District	46	45	91	34	32	66	44	43	87	3	4	7
Clarkston School District	115	51	166	42	43	85	131	192	323	8	17	25
Cle Elum-Roslyn School District	69	79	148	20	23	43	16	10	26	4	4	8
Clover Park School District	815	413	1,228	236	188	424	193	219	412	24	45	69
Colfax School District	26	25	51	20	14	34	13	21	34	6	4	10
College Place School District	35	19	54	28	36	64	53	48	101	3	1	4
Colton School District	16	21	37	5	2	7	0	0	0	0	0	0
Columbia (Stevens) School District	8	7	15	2	1	3	19	22	41	1	1	2
Columbia (Walla Walla) School District	54	47	101	17	8	25	17	19	36	1	4	5
Colville School District	48	41	89	44	41	85	88	104	192	8	5	13

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B3c
Health Plans Individual Deductible Levels
For the Plan Year Ending in 2015

District	Individual Deductibles: $0–$250			Individual Deductibles: $251–$500			Individual Deductibles: $501–$1,000			Individual Deductibles: $1,000+		
	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Concrete School District	5	7	12	8	5	13	47	26	73	4	2	6
Conway School District	21	9	30	10	10	20	17	20	37	1	1	2
Cosmopolis School District	4	0	4	2	0	2	14	15	29	0	0	0
Coulee-Hartline School District	29	48	77	0	0	0	0	0	0	1	0	1
Coupeville School District	41	17	58	0	0	0	29	15	44	23	45	68
Crescent School District	11	4	15	5	3	8	19	26	45	3	3	6
Creston School District	23	32	55	0	0	0	0	0	0	1	0	1
Curlew School District	13	14	27	5	0	5	9	9	18	1	0	1
Cusick School District	27	21	48	2	3	5	10	19	29	2	3	5
Damman School District	1	0	1	0	0	0	3	1	4	0	0	0
Darrington School District	23	31	54	21	32	53	1	1	2	10	16	26
Davenport School District	24	34	58	17	22	39	28	47	75	0	0	0
Dayton School District	27	30	57	11	8	19	14	20	34	2	5	7
Deer Park School District	93	69	162	21	12	33	114	140	254	10	13	23
Dieringer School District	41	40	81	20	8	28	80	101	181	2	2	4
Dixie School District	6	3	9	0	0	0	0	0	0	0	0	0
East Valley School District (Spokane)	263	148	411	70	59	129	125	159	284	17	28	45
East Valley School District (Yakima)	140	119	259	62	59	121	82	98	180	14	27	41
Eastmont School District	227	174	401	110	68	178	247	309	556	16	16	32
Easton School District	14	16	30	3	3	6	0	0	0	5	3	8
Eatonville School District	117	118	235	27	27	54	28	48	76	15	17	32
Edmonds School District	1,281	863	2,144	390	296	686	439	604	1,043	28	47	75
Ellensburg School District	152	133	285	47	29	76	103	115	218	20	24	44
Elma School District	113	87	200	24	7	31	33	44	77	1	3	4
Endicott School District	10	13	23	7	8	15	0	0	0	5	15	20
Entiat School District	37	51	88	3	2	5	8	8	16	4	4	8
Enumclaw School District	160	167	327	78	40	118	150	137	287	10	13	23
Ephrata School District	107	136	243	30	26	56	101	129	230	9	15	24
Evaline School District	2	1	3	2	2	4	1	0	1	0	0	0
Everett School District	656	831	1,487	447	537	984	263	311	574	24	29	53
Evergreen School District (Clark)	1,485	1,321	2,806	215	149	364	387	374	761	252	230	482
Evergreen School District (Stevens)	1	0	1	1	0	1	5	0	5	0	0	0
Federal Way School District	1,137	656	1,793	469	292	761	543	428	971	43	68	111
Ferndale School District	100	60	160	210	184	394	163	195	358	24	28	52
Fife School District	174	157	331	49	44	93	104	120	224	3	6	9
Finley School District	46	29	75	14	4	18	36	49	85	5	14	19
Franklin Pierce School District	345	155	500	182	97	279	326	372	698	12	17	29
Freeman School District	37	39	76	4	0	4	43	53	96	6	14	20
Garfield School District	4	6	10	1	2	3	12	15	27	1	0	1
Glenwood School District	11	0	11	0	0	0	2	4	6	6	8	14
Goldendale School District	66	28	94	0	0	0	15	15	30	20	43	63
Grand Coulee Dam School District	55	45	100	20	15	35	30	23	53	3	9	12
Grandview School District	124	100	224	50	71	121	190	221	411	2	4	6
Granger School District	126	128	254	13	20	33	10	10	20	2	2	4

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B3c
Health Plans Individual Deductible Levels
For the Plan Year Ending in 2015

District	Individual Deductibles: $0–$250			Individual Deductibles: $251–$500			Individual Deductibles: $501–$1,000			Individual Deductibles: $1,000+		
	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Granite Falls School District	139	137	276	20	21	41	38	54	92	23	41	64
Grapeview School District	1	0	1	2	3	5	18	15	33	1	2	3
Great Northern School District	3	0	3	0	0	0	1	0	1	0	0	0
Green Mountain School District	3	1	4	2	0	2	10	10	20	1	3	4
Griffin School District	30	18	48	5	3	8	38	51	89	0	0	0
Harrington School District	21	35	56	2	4	6	4	6	10	2	1	3
Highland School District	70	51	121	28	25	53	36	32	68	8	11	19
Highline School District	1,464	740	2,204	311	135	446	398	349	747	32	47	79
Hockinson School District	74	82	156	0	0	0	4	9	13	0	0	0
Hood Canal School District	13	5	18	15	6	21	11	4	15	0	0	0
Hoquiam School District	107	73	180	45	35	80	44	42	86	3	3	6
Inchelium School District	12	5	17	5	2	7	20	13	33	1	1	2
Index School District	3	0	3	0	0	0	3	2	5	0	0	0
Issaquah School District	965	583	1,548	305	208	513	538	527	1,065	24	51	75
Kahlotus School District	9	11	20	4	5	9	5	11	16	0	0	0
Kalama School District	40	43	83	10	19	29	11	12	23	1	2	3
Keller School District	6	0	6	2	1	3	2	0	2	0	0	0
Kelso School District	248	159	407	55	36	91	168	181	349	11	24	35
Kennewick School District	677	613	1,290	389	333	722	557	719	1,276	30	57	87
Kent School District	902	558	1,460	1,088	704	1,792	680	722	1,402	60	78	138
Kettle Falls School District	13	11	24	17	6	23	58	74	132	1	1	2
Kiona-Benton City School District	108	104	212	13	16	29	36	34	70	1	2	3
Kittitas School District	30	44	74	13	16	29	0	0	0	27	40	67
Klickitat School District	9	4	13	0	0	0	5	0	5	3	3	6
La Center School District	66	77	143	11	11	22	16	28	44	2	7	9
La Conner School District	35	30	65	10	8	18	34	59	93	10	14	24
LaCrosse School District	16	19	35	1	0	1	5	5	10	0	0	0
Lake Chelan School District	33	22	55	22	13	35	117	164	281	3	6	9
Lake Quinault School District	20	19	39	3	1	4	7	4	11	0	0	0
Lake Stevens School District	367	274	641	178	136	314	223	263	486	37	42	79
Lake Washington School District	1,142	753	1,895	867	507	1,374	408	440	848	81	117	198
Lakewood School District	111	88	199	22	28	50	72	90	162	6	10	16
Lamont School District	4	1	5	2	0	2	3	4	7	0	0	0
Liberty School District	45	41	86	0	0	0	13	25	38	2	6	8
Lind School District	15	16	31	8	8	16	7	5	12	3	7	10
Longview School District	454	304	758	93	47	140	150	218	368	19	38	57
Loon Lake School District	3	2	5	0	0	0	10	12	22	0	0	0
Lopez School District	39	37	76	0	0	0	5	10	15	1	0	1
Lyle School District	28	16	44	0	0	0	2	0	2	3	2	5
Lynden School District	10	5	15	179	115	294	122	203	325	4	2	6
Mabton School District	59	45	104	11	11	22	33	32	65	2	3	5
Mansfield School District	22	46	68	0	0	0	0	0	0	1	0	1
Manson School District	27	32	59	23	30	53	42	39	81	4	3	7
Mary M Knight School District	14	19	33	2	3	5	9	14	23	0	0	0

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B3c
Health Plans Individual Deductible Levels
For the Plan Year Ending in 2015

District	Individual Deductibles: $0–$250			Individual Deductibles: $251–$500			Individual Deductibles: $501–$1,000			Individual Deductibles: $1,000+		
	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Mary Walker School District	35	58	93	17	11	28	12	8	20	3	6	9
Marysville School District	597	410	1,007	185	148	333	279	395	674	7	15	22
McCleary School District	18	14	32	3	0	3	17	12	29	0	0	0
Mead School District	441	408	849	132	100	232	362	456	818	34	56	90
Medical Lake School District	32	21	53	22	17	39	71	97	168	2	2	4
Mercer Island School District	220	149	369	44	38	82	128	102	230	12	5	17
Meridian School District	18	17	35	115	80	195	26	25	51	14	27	41
Methow Valley School District	70	91	161	0	0	0	0	0	0	5	6	11
Mill A School District	2	0	2	0	0	0	0	0	0	4	11	15
Monroe School District	281	198	479	90	79	169	177	193	370	20	35	55
Montesano School District	35	47	82	20	11	31	82	95	177	1	4	5
Morton School District	18	14	32	6	2	8	12	11	23	1	4	5
Moses Lake School District	463	402	865	143	133	276	219	275	494	11	11	22
Mossyrock School District	27	19	46	9	2	11	30	33	63	3	2	5
Mount Adams School District	80	54	134	31	19	50	16	11	27	2	4	6
Mount Baker School District	16	2	18	147	101	248	66	105	171	14	16	30
Mount Pleasant School District	0	0	0	4	1	5	0	0	0	0	0	0
Mount Vernon School District	416	273	689	184	113	297	146	171	317	38	68	106
Mukilteo School District	750	663	1,413	222	154	376	313	151	464	78	90	168
Naches Valley School District	56	44	100	17	15	32	26	33	59	6	0	6
Napavine School District	27	20	47	11	0	11	35	52	87	1	3	4
Naselle-Grays River Valley School District	21	23	44	9	12	21	14	32	46	0	0	0
Nespelem School District	7	2	9	3	5	8	13	13	26	0	0	0
Newport School District	41	49	90	20	3	23	58	36	94	6	6	12
Nine Mile Falls School District	36	46	82	25	56	81	67	134	201	12	1	13
Nooksack Valley School District	8	2	10	143	130	273	43	75	118	8	3	11
North Beach School District	34	26	60	17	8	25	28	22	50	3	9	12
North Franklin School District	92	116	208	73	23	96	78	105	183	74	143	217
North Kitsap School District	317	203	520	92	56	148	161	204	365	18	32	50
North Mason School District	106	55	161	61	54	115	28	26	54	1	2	3
North River School District	9	3	12	3	0	3	5	13	18	0	0	0
North Thurston Public Schools	821	612	1,433	251	224	475	297	356	653	37	48	85
Northport School District	37	38	75	0	0	0	0	0	0	0	0	0
Northshore School District	247	126	373	0	0	0	0	0	0	14	23	37
Oak Harbor School District	279	171	450	68	76	144	135	173	308	6	9	15
Oakesdale School District	7	8	15	8	23	31	0	0	0	6	13	19
Oakville School District	15	8	23	9	4	13	12	17	29	2	4	6
Ocean Beach School District	48	40	88	33	14	47	32	18	50	2	3	5
Ocosta School District	48	29	77	18	20	38	18	21	39	2	7	9
Odessa School District	12	9	21	7	10	17	19	27	46	0	0	0
Okanogan School District	78	53	131	18	14	32	28	29	57	3	7	10
Olympia School District	543	325	868	136	124	260	263	270	533	22	30	52
Omak School District	114	92	206	39	29	68	147	177	324	15	22	37
Onalaska School District	14	14	28	7	5	12	52	61	113	7	6	13

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B3c
Health Plans Individual Deductible Levels
For the Plan Year Ending in 2015

District	Individual Deductibles: $0–$250			Individual Deductibles: $251–$500			Individual Deductibles: $501–$1,000			Individual Deductibles: $1,000+		
	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Onion Creek School District	9	10	19	0	0	0	0	0	0	0	0	0
Orcas Island School District	50	40	90	4	4	8	29	31	60	4	1	5
Orchard Prairie School District	1	0	1	5	0	5	0	0	0	2	3	5
Orient School District	8	9	17	0	0	0	0	0	0	0	0	0
Orondo School District	6	0	6	5	3	8	16	15	31	3	4	7
Oroville School District	28	36	64	8	7	15	12	16	28	0	0	0
Orting School District	149	159	308	18	21	39	33	24	57	22	19	41
Othello School District	116	94	210	67	62	129	247	317	564	10	27	37
Palisades School District	9	16	25	0	0	0	0	0	0	0	0	0
Palouse School District	13	13	26	3	2	5	9	8	17	2	2	4
Pasco School District	727	637	1,364	281	152	433	776	894	1,670	23	44	67
Pateros School District	14	4	18	1	1	2	19	16	35	4	9	13
Paterson School District	3	3	6	4	4	8	7	13	20	1	0	1
Pe Ell School District	12	10	22	9	8	17	21	15	36	3	4	7
Peninsula School District	446	280	726	169	110	279	154	194	348	30	30	60
Pioneer School District	46	29	75	9	4	13	35	28	63	1	0	1
Pomeroy School District	20	32	52	5	4	9	11	20	31	0	0	0
Port Angeles School District	187	126	313	63	50	113	172	199	371	11	13	24
Port Townsend School District	46	28	74	40	34	74	50	59	109	4	4	8
Prescott School District	27	18	45	4	2	6	5	4	9	0	0	0
Prosser School District	200	216	416	49	67	116	66	74	140	1	0	1
Pullman School District	126	66	192	15	5	20	95	121	216	6	8	14
Puyallup School District	201	124	325	871	343	1,214	396	380	776	255	427	682
Queets-Clearwater School District	5	3	8	3	0	3	3	1	4	0	0	0
Quilcene School District	15	12	27	6	1	7	22	6	28	0	0	0
Quillayute Valley School District	63	46	109	37	27	64	58	40	98	5	5	10
Quincy School District	167	140	307	53	64	117	89	113	202	7	5	12
Rainier School District	55	39	94	7	5	12	14	17	31	0	0	0
Raymond School District	27	10	37	40	33	73	5	7	12	3	7	10
Reardan-Edwall School District	29	25	54	13	14	27	21	14	35	2	5	7
Renton School District	995	563	1,558	244	142	386	399	392	791	24	27	51
Republic School District	17	19	36	2	0	2	18	22	40	3	4	7
Richland School District	559	426	985	189	143	332	323	395	718	20	34	54
Ridgefield School District	108	119	227	10	12	22	22	43	65	4	5	9
Ritzville School District	49	95	144	0	0	0	0	0	0	1	0	1
Riverside School District	115	83	198	21	9	30	33	54	87	6	5	11
Riverview School District	100	53	153	81	66	147	91	119	210	9	15	24
Rochester School District	116	105	221	20	18	38	65	111	176	7	14	21
Roosevelt School District	4	0	4	0	0	0	0	0	0	0	0	0
Rosalia School District	10	10	20	9	7	16	13	12	25	3	6	9
Royal School District	64	60	124	30	11	41	84	93	177	6	9	15
San Juan Island School District	49	50	99	3	1	4	32	34	66	3	3	6
Satsop School District	7	3	10	0	0	0	0	0	0	0	0	0
Seattle Public Schools	4,791	2,805	7,596	705	1,000	1,705	0	0	0	335	408	743

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Exhibit B3c
Health Plans Individual Deductible Levels
For the Plan Year Ending in 2015

District	Individual Deductibles: $0–$250			Individual Deductibles: $251–$500			Individual Deductibles: $501–$1,000			Individual Deductibles: $1,000+		
	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Sedro-Woolley School District	153	109	262	89	43	132	182	170	352	36	49	85
Selah School District	157	139	296	49	30	79	167	182	349	4	6	10
Selkirk School District	13	15	28	6	3	9	12	12	24	2	3	5
Sequim School District	131	148	279	24	19	43	144	192	336	72	77	149
Shaw Island School District	0	0	0	2	0	2	1	3	4	0	0	0
Shelton School District	222	119	341	103	47	150	183	162	345	3	5	8
Shoreline School District	422	294	716	164	126	290	309	320	629	24	27	51
Skamania School District	6	2	8	0	0	0	3	1	4	4	8	12
Skykomish School District	6	1	7	5	3	8	8	2	10	0	0	0
Snohomish School District	486	449	935	149	158	307	228	286	514	11	27	38
Snoqualmie Valley School District	411	334	745	44	40	84	81	66	147	10	14	24
Soap Lake School District	21	18	39	9	12	21	24	28	52	2	0	2
South Bend School District	43	42	85	15	7	22	26	46	72	2	7	9
South Kitsap School District	331	210	541	113	49	162	364	384	748	13	17	30
South Whidbey School District	90	69	159	24	17	41	44	41	85	9	13	22
Southside School District	2	3	5	1	0	1	14	16	30	0	0	0
Spokane School District	2,558	2,299	4,857	87	55	142	395	717	1,112	97	111	208
Sprague School District	8	11	19	4	3	7	7	0	7	0	0	0
St. John School District	13	16	29	8	12	20	0	0	0	7	8	15
Stanwood-Camano School District	235	170	405	56	36	92	122	164	286	7	6	13
Star School District	6	8	14	0	0	0	0	0	0	0	0	0
Starbuck School District	0	0	0	5	1	6	1	2	3	0	0	0
Stehekin School District	1	1	2	0	0	0	0	0	0	0	0	0
Steilacoom Hist. School District	116	70	186	51	46	97	64	56	120	7	14	21
Steptoe School District	0	0	0	5	12	17	0	0	0	3	2	5
Stevenson-Carson School District	72	43	115	0	0	0	15	7	22	22	38	60
Sultan School District	94	68	162	35	36	71	57	68	125	5	14	19
Summit Valley School District	10	7	17	0	0	0	0	0	0	0	0	0
Sumner School District	180	155	335	190	167	357	474	553	1,027	23	32	55
Sunnyside School District	256	173	429	135	98	233	356	428	784	10	14	24
Tacoma School District	1,209	1,241	2,450	1,260	1,404	2,664	290	397	687	23	23	46
Taholah School District	30	22	52	6	2	8	2	0	2	3	2	5
Tahoma School District	346	231	577	118	106	224	206	320	526	15	29	44
Tekoa School District	13	17	30	5	3	8	11	23	34	1	1	2
Tenino School District	65	36	101	19	14	33	31	50	81	4	1	5
Thorp School District	5	2	7	4	2	6	14	15	29	2	1	3
Toledo School District	20	12	32	7	2	9	45	58	103	2	3	5
Tonasket School District	32	34	66	17	19	36	63	77	140	10	18	28
Toppenish School District	235	173	408	48	46	94	154	182	336	10	8	18
Touchet School District	12	16	28	6	5	11	14	12	26	0	0	0
Toutle Lake School District	41	27	68	6	8	14	16	22	38	4	14	18
Trout Lake School District	16	6	22	0	0	0	4	3	7	5	7	12
Tukwila School District	195	120	315	46	26	72	69	59	128	7	8	15
Tumwater School District	375	230	605	82	69	151	185	220	405	14	21	35

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Health Plans Individual Deductible Levels
For the Plan Year Ending in 2015

District	Individual Deductibles: $0–$250			Individual Deductibles: $251–$500			Individual Deductibles: $501–$1,000			Individual Deductibles: $1,000+		
	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Union Gap School District	52	30	82	10	11	21	14	8	22	1	0	1
University Place School District	290	209	499	129	84	213	63	54	117	73	100	173
Valley School District	30	19	49	8	2	10	51	76	127	2	0	2
Vancouver School District	1,457	1,099	2,556	275	195	470	593	652	1,245	55	81	136
Vashon Island School District	96	78	174	22	24	46	34	61	95	4	2	6
Wahkiakum School District	43	78	121	0	0	0	0	0	0	1	0	1
Wahluke School District	122	65	187	35	25	60	79	108	187	12	18	30
Waitsburg School District	16	8	24	13	13	26	5	3	8	1	3	4
Walla Walla Public Schools	334	260	594	215	197	412	140	156	296	22	43	65
Wapato School District	164	109	273	3	3	6	200	237	437	20	11	31
Warden School District	97	137	234	0	0	0	0	0	0	4	7	11
Washougal School District	102	42	144	0	0	0	0	0	0	0	0	0
Washtucna School District	11	5	16	2	0	2	4	7	11	1	1	2
Waterville School District	8	9	17	3	0	3	24	35	59	0	0	0
Wellpinit School District	31	8	39	7	6	13	35	26	61	1	0	1
Wenatchee School District	380	298	678	167	143	310	291	323	614	31	28	59
West Valley School District (Spokane)	269	226	495	54	32	86	74	81	155	13	23	36
West Valley School District (Yakima)	155	166	321	144	121	265	151	223	374	32	43	75
White Pass School District	23	19	42	7	3	10	26	17	43	3	3	6
White River School District	162	101	263	68	46	114	127	147	274	2	4	6
White Salmon Valley School District	67	29	96	0	0	0	26	7	33	29	46	75
Wilbur School District	40	49	89	1	2	3	0	0	0	2	6	8
Willapa Valley School District	26	22	48	3	3	6	14	8	22	0	0	0
Wilson Creek School District	27	18	45	0	0	0	5	11	16	0	0	0
Winlock School District	17	21	38	16	10	26	40	34	74	2	5	7
Wishkah Valley School District	13	12	25	4	1	5	6	0	6	0	0	0
Wishram School District	0	0	0	1	0	1	17	27	44	0	0	0
Woodland School District	243	178	421	27	25	52	91	105	196	12	21	33
Yakima School District	212	68	280	614	393	1,007	666	895	1,561	47	70	117
Yelm School District	330	239	569	60	31	91	119	133	252	11	22	33
Zillah School District	44	23	67	4	6	10	79	106	185	8	4	12
Grand Total	**53,062**	**39,582**	**92,644**	**20,201**	**15,940**	**36,141**	**26,354**	**30,555**	**56,909**	**4,151**	**5,831**	**9,982**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B3d
Health Plans Family Deductible Levels
For the Plan Year Ending in 2015

District	Family Deductibles: $0–$750			Family Deductibles: $751–$1,500			Family Deductibles: $1,500+		
	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Aberdeen School District	213	114	327	87	60	147	126	130	256
Adna School District	12	23	35	4	2	6	18	24	42
Almira School District	15	27	42	0	0	0	2	4	6
Anacortes School District	122	104	226	43	50	93	94	127	221
Arlington School District	323	301	624	54	37	91	123	221	344
Asotin-Anatone School District	16	42	58	12	20	32	31	59	90
Auburn School District	757	548	1,305	267	189	456	448	569	1,017
Bainbridge Island School District	149	109	258	69	81	150	158	185	343
Battle Ground School District	397	408	805	0	0	0	0	0	0
Bellevue School District	1,193	770	1,963	369	461	830	534	703	1,237
Bellingham School District	198	70	268	637	478	1,115	317	454	771
Benge School District	4	6	10	0	0	0	0	0	0
Bethel School District	1,232	1,006	2,238	0	0	0	361	261	622
Bickleton School District	13	28	41	0	0	0	0	0	0
Blaine School District	47	35	82	138	136	274	45	84	129
Boistfort School District	5	5	10	1	0	1	10	1	11
Bremerton School District	297	152	449	71	41	112	120	105	225
Brewster School District	42	25	67	21	5	26	59	57	116
Bridgeport School District	28	25	53	17	16	33	51	44	95
Brinnon School District	1	0	1	3	1	4	7	6	13
Burlington-Edison School District	159	156	315	121	94	215	137	154	291
Camas School District	437	428	865	8	10	18	173	262	435
Cape Flattery School District	43	20	63	12	11	23	26	23	49
Carbonado School District	10	3	13	3	0	3	6	10	16
Cascade School District	36	23	59	20	18	38	91	98	189
Cashmere School District	111	185	296	0	0	0	29	66	95
Castle Rock School District	99	56	155	10	9	19	28	43	71
Centerville School District	9	9	18	1	2	3	1	2	3
Central Kitsap School District	476	367	843	278	191	469	303	393	696
Central Valley School District	729	601	1,330	307	273	580	370	462	832
Centralia School District	162	93	255	52	36	88	168	211	379
Chehalis School District	109	84	193	46	32	78	157	160	317
Cheney School District	290	210	500	78	101	179	99	97	196

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Health Plans Family Deductible Levels
For the Plan Year Ending in 2015

District	Family Deductibles: $0–$750			Family Deductibles: $751–$1,500			Family Deductibles: $1,500+		
	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Chewelah School District	24	18	42	8	12	20	60	58	118
Chimacum School District	46	45	91	34	32	66	47	47	94
Clarkston School District	115	51	166	42	43	85	139	209	348
Cle Elum-Roslyn School District	69	79	148	20	23	43	20	14	34
Clover Park School District	815	413	1,228	236	188	424	217	264	481
Colfax School District	26	25	51	20	14	34	19	25	44
College Place School District	35	19	54	28	36	64	56	49	105
Colton School District	16	21	37	5	2	7	0	0	0
Columbia (Stevens) School District	8	7	15	5	5	10	17	19	36
Columbia (Walla Walla) School District	54	47	101	17	8	25	18	23	41
Colville School District	48	41	89	44	41	85	96	109	205
Concrete School District	5	7	12	8	5	13	51	28	79
Conway School District	21	9	30	10	10	20	18	21	39
Cosmopolis School District	4	0	4	2	0	2	14	15	29
Coulee-Hartline School District	29	48	77	0	0	0	1	0	1
Coupeville School District	41	17	58	0	0	0	52	60	112
Crescent School District	11	4	15	5	3	8	22	29	51
Creston School District	23	32	55	0	0	0	1	0	1
Curlew School District	13	14	27	5	0	5	10	9	19
Cusick School District	27	21	48	2	3	5	12	22	34
Damman School District	1	0	1	0	0	0	3	1	4
Darrington School District	23	31	54	21	32	53	11	17	28
Davenport School District	24	34	58	17	22	39	28	47	75
Dayton School District	27	30	57	11	8	19	16	25	41
Deer Park School District	103	82	185	108	118	226	27	34	61
Dieringer School District	41	40	81	20	8	28	82	103	185
Dixie School District	6	3	9	0	0	0	0	0	0
East Valley School District (Spokane)	263	148	411	70	59	129	142	187	329
East Valley School District (Yakima)	140	119	259	62	59	121	96	125	221
Eastmont School District	227	174	401	110	68	178	263	325	588
Easton School District	14	16	30	3	3	6	5	3	8
Eatonville School District	132	135	267	27	27	54	28	48	76
Edmonds School District	1,281	863	2,144	390	296	686	467	651	1,118

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	Family Deductibles: $0–$750			Family Deductibles: $751–$1,500			Family Deductibles: $1,500+		
District	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Ellensburg School District	156	137	293	53	37	90	113	127	240
Elma School District	113	87	200	24	7	31	34	47	81
Endicott School District	10	13	23	7	8	15	5	15	20
Entiat School District	37	51	88	3	2	5	12	12	24
Enumclaw School District	160	167	327	78	40	118	160	150	310
Ephrata School District	107	136	243	30	26	56	110	144	254
Evaline School District	2	1	3	2	2	4	1	0	1
Everett School District	656	831	1,487	447	537	984	287	340	627
Evergreen School District (Clark)	1,485	1,321	2,806	215	149	364	639	604	1,243
Evergreen School District (Stevens)	1	0	1	1	0	1	5	0	5
Federal Way School District	1,137	656	1,793	469	292	761	586	496	1,082
Ferndale School District	100	60	160	210	184	394	187	223	410
Fife School District	174	157	331	49	44	93	107	126	233
Finley School District	46	29	75	14	4	18	41	63	104
Franklin Pierce School District	345	155	500	182	97	279	338	389	727
Freeman School District	41	48	89	36	44	80	13	14	27
Garfield School District	4	6	10	1	2	3	13	15	28
Glenwood School District	11	0	11	2	4	6	6	8	14
Goldendale School District	66	28	94	15	15	30	20	43	63
Grand Coulee Dam School District	55	45	100	20	15	35	33	32	65
Grandview School District	124	100	224	50	71	121	192	225	417
Granger School District	128	130	258	13	20	33	10	10	20
Granite Falls School District	139	137	276	33	34	67	48	82	130
Grapeview School District	1	0	1	2	3	5	19	17	36
Great Northern School District	3	0	3	0	0	0	1	0	1
Green Mountain School District	3	1	4	2	0	2	11	13	24
Griffin School District	30	18	48	5	3	8	38	51	89
Harrington School District	21	35	56	2	4	6	6	7	13
Highland School District	70	51	121	28	25	53	44	43	87
Highline School District	1,464	740	2,204	311	135	446	430	396	826
Hockinson School District	74	82	156	4	9	13	0	0	0
Hood Canal School District	13	5	18	15	6	21	11	4	15
Hoquiam School District	107	73	180	45	35	80	47	45	92

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Health Plans Family Deductible Levels
For the Plan Year Ending in 2015

District	Family Deductibles: $0–$750			Family Deductibles: $751–$1,500			Family Deductibles: $1,500+		
	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Inchelium School District	12	5	17	5	2	7	21	14	35
Index School District	3	0	3	0	0	0	3	2	5
Issaquah School District	965	583	1,548	305	208	513	562	578	1,140
Kahlotus School District	9	11	20	4	5	9	5	11	16
Kalama School District	40	43	83	10	19	29	12	14	26
Keller School District	6	0	6	2	1	3	2	0	2
Kelso School District	248	159	407	55	36	91	179	205	384
Kennewick School District	677	613	1,290	389	333	722	587	776	1,363
Kent School District	902	558	1,460	1,088	704	1,792	740	800	1,540
Kettle Falls School District	13	11	24	17	6	23	59	75	134
Kiona-Benton City School District	108	104	212	13	16	29	37	36	73
Kittitas School District	30	44	74	13	16	29	27	40	67
Klickitat School District	9	4	13	5	0	5	3	3	6
La Center School District	66	77	143	11	11	22	18	35	53
La Conner School District	35	30	65	10	8	18	44	73	117
LaCrosse School District	16	19	35	1	0	1	5	5	10
Lake Chelan School District	33	22	55	22	13	35	120	170	290
Lake Quinault School District	20	19	39	3	1	4	7	4	11
Lake Stevens School District	367	274	641	201	163	364	237	278	515
Lake Washington School District	1,223	870	2,093	867	507	1,374	408	440	848
Lakewood School District	111	88	199	22	28	50	78	100	178
Lamont School District	4	1	5	2	0	2	3	4	7
Liberty School District	47	47	94	13	25	38	0	0	0
Lind School District	15	16	31	8	8	16	10	12	22
Longview School District	454	304	758	93	47	140	169	256	425
Loon Lake School District	3	2	5	0	0	0	10	12	22
Lopez School District	39	37	76	0	0	0	6	10	16
Lyle School District	28	16	44	2	0	2	3	2	5
Lynden School District	10	5	15	179	115	294	126	205	331
Mabton School District	59	45	104	11	11	22	35	35	70
Mansfield School District	22	46	68	0	0	0	1	0	1
Manson School District	27	32	59	23	30	53	46	42	88
Mary M Knight School District	14	19	33	2	3	5	9	14	23

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Health Plans Family Deductible Levels
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District	Family Deductibles: $0–$750			Family Deductibles: $751–$1,500			Family Deductibles: $1,500+		
	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Mary Walker School District	35	58	93	17	11	28	15	14	29
Marysville School District	597	410	1,007	185	148	333	286	410	696
McCleary School District	18	14	32	3	0	3	17	12	29
Mead School District	441	408	849	134	105	239	394	507	901
Medical Lake School District	34	23	57	62	90	152	31	24	55
Mercer Island School District	220	149	369	44	38	82	140	107	247
Meridian School District	18	17	35	115	80	195	40	52	92
Methow Valley School District	70	91	161	0	0	0	5	6	11
Mill A School District	2	0	2	0	0	0	4	11	15
Monroe School District	281	198	479	90	79	169	197	228	425
Montesano School District	35	47	82	20	11	31	83	99	182
Morton School District	18	14	32	6	2	8	13	15	28
Moses Lake School District	463	402	865	143	133	276	230	286	516
Mossyrock School District	27	19	46	9	2	11	33	35	68
Mount Adams School District	80	54	134	31	19	50	18	15	33
Mount Baker School District	16	2	18	147	101	248	80	121	201
Mount Pleasant School District	0	0	0	4	1	5	0	0	0
Mount Vernon School District	416	273	689	184	113	297	184	239	423
Mukilteo School District	750	663	1,413	222	154	376	391	241	632
Naches Valley School District	62	44	106	17	15	32	26	33	59
Napavine School District	27	20	47	11	0	11	36	55	91
Naselle-Grays River Valley School District	21	23	44	9	12	21	14	32	46
Nespelem School District	7	2	9	3	5	8	13	13	26
Newport School District	41	49	90	20	3	23	64	42	106
Nine Mile Falls School District	45	46	91	59	118	177	36	73	109
Nooksack Valley School District	8	2	10	143	130	273	51	78	129
North Beach School District	34	26	60	17	8	25	31	31	62
North Franklin School District	92	116	208	100	58	158	125	213	338
North Kitsap School District	317	203	520	92	56	148	179	236	415
North Mason School District	149	93	242	18	16	34	29	28	57
North River School District	9	3	12	3	0	3	5	13	18
North Thurston Public Schools	821	612	1,433	251	224	475	334	404	738
Northport School District	37	38	75	0	0	0	0	0	0

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B3d
Health Plans Family Deductible Levels
For the Plan Year Ending in 2015

District	Family Deductibles: $0–$750			Family Deductibles: $751–$1,500			Family Deductibles: $1,500+		
	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Northshore School District	247	126	373	0	0	0	14	23	37
Oak Harbor School District	279	171	450	68	76	144	141	182	323
Oakesdale School District	7	8	15	8	23	31	6	13	19
Oakville School District	15	8	23	9	4	13	14	21	35
Ocean Beach School District	48	40	88	33	14	47	34	21	55
Ocosta School District	48	29	77	18	20	38	20	28	48
Odessa School District	12	9	21	7	10	17	19	27	46
Okanogan School District	78	53	131	18	14	32	31	36	67
Olympia School District	543	325	868	136	124	260	285	300	585
Omak School District	114	92	206	39	29	68	162	199	361
Onalaska School District	14	14	28	7	5	12	59	67	126
Onion Creek School District	9	10	19	0	0	0	0	0	0
Orcas Island School District	50	40	90	4	4	8	33	32	65
Orchard Prairie School District	1	0	1	5	0	5	2	3	5
Orient School District	8	9	17	0	0	0	0	0	0
Orondo School District	6	0	6	5	3	8	19	19	38
Oroville School District	28	36	64	8	7	15	12	16	28
Orting School District	149	159	308	18	21	39	55	43	98
Othello School District	116	94	210	67	62	129	257	344	601
Palisades School District	9	16	25	0	0	0	0	0	0
Palouse School District	13	13	26	3	2	5	11	10	21
Pasco School District	727	637	1,364	281	152	433	799	938	1,737
Pateros School District	14	4	18	1	1	2	23	25	48
Paterson School District	3	3	6	4	4	8	8	13	21
Pe Ell School District	12	10	22	9	8	17	24	19	43
Peninsula School District	446	280	726	169	110	279	184	224	408
Pioneer School District	46	29	75	9	4	13	36	28	64
Pomeroy School District	20	32	52	5	4	9	11	20	31
Port Angeles School District	187	126	313	63	50	113	183	212	395
Port Townsend School District	46	28	74	40	34	74	54	63	117
Prescott School District	27	18	45	4	2	6	5	4	9
Prosser School District	200	216	416	49	67	116	67	74	141
Pullman School District	132	74	206	87	118	205	23	8	31

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B3d
Health Plans Family Deductible Levels
For the Plan Year Ending in 2015

District	Family Deductibles: $0–$750			Family Deductibles: $751–$1,500			Family Deductibles: $1,500+		
	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Puyallup School District	455	326	781	617	141	758	651	807	1,458
Queets-Clearwater School District	5	3	8	3	0	3	3	1	4
Quilcene School District	15	12	27	6	1	7	22	6	28
Quillayute Valley School District	63	46	109	37	27	64	63	45	108
Quincy School District	167	140	307	53	64	117	96	118	214
Rainier School District	55	39	94	7	5	12	14	17	31
Raymond School District	27	10	37	40	33	73	8	14	22
Reardan-Edwall School District	29	25	54	13	14	27	23	19	42
Renton School District	995	563	1,558	244	142	386	423	419	842
Republic School District	17	19	36	2	0	2	21	26	47
Richland School District	559	426	985	189	143	332	343	429	772
Ridgefield School District	108	119	227	11	14	25	25	46	71
Ritzville School District	49	95	144	0	0	0	1	0	1
Riverside School District	121	88	209	54	63	117	0	0	0
Riverview School District	100	53	153	81	66	147	100	134	234
Rochester School District	116	105	221	20	18	38	72	125	197
Roosevelt School District	4	0	4	0	0	0	0	0	0
Rosalia School District	10	10	20	9	7	16	16	18	34
Royal School District	64	60	124	30	11	41	90	102	192
San Juan Island School District	49	50	99	3	1	4	35	37	72
Satsop School District	7	3	10	0	0	0	0	0	0
Seattle Public Schools	5,126	3,213	8,339	705	1,000	1,705	0	0	0
Sedro-Woolley School District	153	109	262	89	43	132	218	219	437
Selah School District	157	139	296	49	30	79	171	188	359
Selkirk School District	13	15	28	6	3	9	14	15	29
Sequim School District	131	148	279	53	47	100	187	241	428
Shaw Island School District	0	0	0	2	0	2	1	3	4
Shelton School District	222	119	341	103	47	150	186	167	353
Shoreline School District	422	294	716	164	126	290	333	347	680
Skamania School District	6	2	8	1	0	1	6	9	15
Skykomish School District	6	1	7	5	3	8	8	2	10
Snohomish School District	486	449	935	149	158	307	239	313	552
Snoqualmie Valley School District	411	334	745	44	40	84	91	80	171

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B3d
Health Plans Family Deductible Levels
For the Plan Year Ending in 2015

District	Family Deductibles: $0–$750			Family Deductibles: $751–$1,500			Family Deductibles: $1,500+		
	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Soap Lake School District	21	18	39	9	12	21	26	28	54
South Bend School District	43	42	85	15	7	22	28	53	81
South Kitsap School District	331	210	541	113	49	162	377	401	778
South Whidbey School District	90	69	159	24	17	41	53	54	107
Southside School District	2	3	5	1	0	1	14	16	30
Spokane School District	2,558	2,299	4,857	87	55	142	492	828	1,320
Sprague School District	8	11	19	4	3	7	7	0	7
St. John School District	13	16	29	8	12	20	7	8	15
Stanwood-Camano School District	235	170	405	56	36	92	129	170	299
Star School District	6	8	14	0	0	0	0	0	0
Starbuck School District	0	0	0	5	1	6	1	2	3
Stehekin School District	1	1	2	0	0	0	0	0	0
Steilacoom Hist. School District	116	70	186	51	46	97	71	70	141
Steptoe School District	0	0	0	5	12	17	3	2	5
Stevenson-Carson School District	72	43	115	9	1	10	28	44	72
Sultan School District	94	68	162	35	36	71	62	82	144
Summit Valley School District	10	7	17	0	0	0	0	0	0
Sumner School District	277	260	537	93	62	155	497	585	1,082
Sunnyside School District	256	173	429	135	98	233	366	442	808
Tacoma School District	1,232	1,264	2,496	1,260	1,404	2,664	290	397	687
Taholah School District	30	22	52	6	2	8	5	2	7
Tahoma School District	346	231	577	118	106	224	221	349	570
Tekoa School District	13	17	30	5	3	8	12	24	36
Tenino School District	65	36	101	19	14	33	35	51	86
Thorp School District	5	2	7	4	2	6	16	16	32
Toledo School District	20	12	32	7	2	9	47	61	108
Tonasket School District	32	34	66	17	19	36	73	95	168
Toppenish School District	239	173	412	147	122	269	61	114	175
Touchet School District	12	16	28	11	10	21	9	7	16
Toutle Lake School District	41	27	68	6	8	14	20	36	56
Trout Lake School District	16	6	22	4	3	7	5	7	12
Tukwila School District	195	120	315	46	26	72	76	67	143
Tumwater School District	375	230	605	82	69	151	199	241	440

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B3d
Health Plans Family Deductible Levels
For the Plan Year Ending in 2015

District	Family Deductibles: $0–$750			Family Deductibles: $751–$1,500			Family Deductibles: $1,500+		
	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Union Gap School District	52	30	82	10	11	21	15	8	23
University Place School District	290	209	499	158	112	270	107	126	233
Valley School District	30	19	49	8	2	10	53	76	129
Vancouver School District	1,457	1,099	2,556	275	195	470	648	733	1,381
Vashon Island School District	96	78	174	22	24	46	38	63	101
Wahkiakum School District	43	78	121	0	0	0	1	0	1
Wahluke School District	122	65	187	58	45	103	68	106	174
Waitsburg School District	16	8	24	13	13	26	6	6	12
Walla Walla Public Schools	334	260	594	215	197	412	162	199	361
Wapato School District	184	120	304	203	240	443	0	0	0
Warden School District	97	137	234	0	0	0	4	7	11
Washougal School District	102	42	144	0	0	0	0	0	0
Washtucna School District	11	5	16	2	0	2	5	8	13
Waterville School District	8	9	17	3	0	3	24	35	59
Wellpinit School District	31	8	39	7	6	13	36	26	62
Wenatchee School District	380	298	678	167	143	310	322	351	673
West Valley School District (Spokane)	269	226	495	54	32	86	87	104	191
West Valley School District (Yakima)	164	168	332	154	124	278	164	261	425
White Pass School District	23	19	42	7	3	10	29	20	49
White River School District	162	101	263	68	46	114	129	151	280
White Salmon Valley School District	67	29	96	26	7	33	29	46	75
Wilbur School District	40	49	89	1	2	3	2	6	8
Willapa Valley School District	26	22	48	3	3	6	14	8	22
Wilson Creek School District	27	18	45	0	0	0	5	11	16
Winlock School District	17	21	38	16	10	26	42	39	81
Wishkah Valley School District	13	12	25	4	1	5	6	0	6
Wishram School District	0	0	0	1	0	1	17	27	44
Woodland School District	243	178	421	46	48	94	84	103	187
Yakima School District	227	68	295	668	446	1,114	644	912	1,556
Yelm School District	330	239	569	60	31	91	130	155	285
Zillah School District	52	27	79	83	112	195	0	0	0
Grand Total	**54,604**	**41,173**	**95,777**	**20,639**	**16,690**	**37,329**	**28,525**	**34,045**	**62,570**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B3e
Health Plans Coinsurance Levels
For the Plan Year Ending in 2015

	Coinsurance Level: 0%			Coinsurance Level: 1–10%			Coinsurance Level: 11–20%			Coinsurance Level: 20%+		
District	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Aberdeen School District	0	0	0	10	8	18	361	237	598	55	59	114
Adna School District	0	0	0	3	5	8	22	30	52	9	14	23
Almira School District	0	0	0	0	0	0	17	31	48	0	0	0
Anacortes School District	4	4	8	12	5	17	211	227	438	32	45	77
Arlington School District	258	238	496	25	24	49	189	232	421	28	65	93
Asotin-Anatone School District	0	0	0	0	0	0	29	55	84	30	66	96
Auburn School District	227	184	411	71	53	124	976	853	1,829	198	216	414
Bainbridge Island School District	49	36	85	10	10	20	267	270	537	50	59	109
Battle Ground School District	374	396	770	23	12	35	0	0	0	0	0	0
Bellevue School District	331	318	649	93	34	127	1,500	1,325	2,825	172	257	429
Bellingham School District	134	78	212	38	6	44	819	681	1,500	161	237	398
Benge School District	0	0	0	0	0	0	4	6	10	0	0	0
Bethel School District	1,593	1,267	2,860	0	0	0	0	0	0	0	0	0
Bickleton School District	0	0	0	13	28	41	0	0	0	0	0	0
Blaine School District	34	22	56	21	24	45	147	157	304	28	52	80
Boistfort School District	0	0	0	0	0	0	12	3	15	4	3	7
Bremerton School District	139	50	189	8	7	15	292	191	483	49	50	99
Brewster School District	0	0	0	5	1	6	80	60	140	37	26	63
Bridgeport School District	0	0	0	0	0	0	78	68	146	18	17	35
Brinnon School District	0	0	0	0	0	0	9	5	14	2	2	4
Burlington-Edison School District	165	160	325	9	15	24	201	181	382	42	48	90
Camas School District	0	0	0	0	0	0	555	605	1,160	63	95	158
Cape Flattery School District	0	0	0	17	3	20	46	33	79	18	18	36
Carbonado School District	0	0	0	4	0	4	14	8	22	1	5	6
Cascade School District	0	0	0	2	1	3	120	112	232	25	26	51
Cashmere School District	0	0	0	0	0	0	140	251	391	0	0	0
Castle Rock School District	0	0	0	10	3	13	117	87	204	10	18	28
Centerville School District	0	0	0	9	9	18	0	0	0	2	4	6
Central Kitsap School District	303	253	556	0	0	0	754	698	1,452	0	0	0
Central Valley School District	504	430	934	29	21	50	708	667	1,375	165	218	383
Centralia School District	15	7	22	42	13	55	274	258	532	51	62	113
Chehalis School District	0	0	0	17	6	23	243	216	459	52	54	106
Cheney School District	321	286	607	0	0	0	90	67	157	56	55	111
Chewelah School District	0	0	0	0	0	0	70	63	133	22	25	47
Chimacum School District	0	0	0	0	0	0	106	100	206	21	24	45
Clarkston School District	0	0	0	0	0	0	246	222	468	50	81	131
Cle Elum-Roslyn School District	3	3	6	2	0	2	99	107	206	5	6	11
Clover Park School District	201	107	308	212	89	301	774	568	1,342	81	101	182
Colfax School District	17	13	30	6	3	9	34	34	68	8	14	22
College Place School District	5	1	6	3	0	3	81	71	152	30	32	62
Colton School District	0	0	0	0	0	0	20	22	42	1	1	2
Columbia (Stevens) School District	3	4	7	0	0	0	22	20	42	5	7	12
Columbia (Walla Walla) School District	6	6	12	5	2	7	72	61	133	6	9	15
Colville School District	0	0	0	4	0	4	144	134	278	40	57	97

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Exhibit B3e
Health Plans Coinsurance Levels
For the Plan Year Ending in 2015

	Coinsurance Level: 0%			Coinsurance Level: 1–10%			Coinsurance Level: 11–20%			Coinsurance Level: 20%+		
District	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Concrete School District	0	0	0	0	0	0	49	24	73	15	16	31
Conway School District	0	0	0	0	0	0	46	36	82	3	4	7
Cosmopolis School District	0	0	0	2	0	2	14	11	25	4	4	8
Coulee-Hartline School District	0	0	0	0	0	0	30	48	78	0	0	0
Coupeville School District	29	16	45	0	0	0	52	48	100	12	13	25
Crescent School District	0	0	0	3	1	4	27	25	52	8	10	18
Creston School District	0	0	0	1	1	2	23	31	54	0	0	0
Curlew School District	0	0	0	5	7	12	14	9	23	9	7	16
Cusick School District	0	0	0	3	2	5	36	42	78	2	2	4
Damman School District	0	0	0	1	0	1	3	1	4	0	0	0
Darrington School District	0	0	0	9	12	21	46	68	114	0	0	0
Davenport School District	0	0	0	3	1	4	59	95	154	7	7	14
Dayton School District	13	14	27	0	0	0	27	35	62	14	14	28
Deer Park School District	206	199	405	0	0	0	20	27	47	12	8	20
Dieringer School District	0	0	0	2	0	2	111	96	207	30	55	85
Dixie School District	6	3	9	0	0	0	0	0	0	0	0	0
East Valley School District (Spokane)	150	92	242	20	12	32	231	196	427	74	94	168
East Valley School District (Yakima)	33	30	63	29	30	59	196	199	395	40	44	84
Eastmont School District	0	0	0	31	17	48	429	381	810	140	169	309
Easton School District	0	0	0	5	3	8	17	19	36	0	0	0
Eatonville School District	187	210	397	0	0	0	0	0	0	0	0	0
Edmonds School District	504	446	950	272	92	364	1,204	1,048	2,252	158	224	382
Ellensburg School District	51	35	86	21	13	34	193	195	388	57	58	115
Elma School District	0	0	0	0	0	0	153	124	277	18	17	35
Endicott School District	0	0	0	5	15	20	17	21	38	0	0	0
Entiat School District	0	0	0	0	0	0	43	50	93	9	15	24
Enumclaw School District	8	11	19	26	27	53	305	260	565	59	59	118
Ephrata School District	0	0	0	13	14	27	164	187	351	70	105	175
Evaline School District	0	0	0	0	0	0	3	2	5	2	1	3
Everett School District	537	701	1,238	95	95	190	697	831	1,528	61	81	142
Evergreen School District (Clark)	174	108	282	55	31	86	1,945	1,773	3,718	165	162	327
Evergreen School District (Stevens)	0	0	0	0	0	0	1	0	1	6	0	6
Federal Way School District	436	260	696	161	97	258	1,426	924	2,350	169	163	332
Ferndale School District	44	27	71	13	6	19	364	339	703	76	95	171
Fife School District	31	22	53	51	48	99	209	211	420	39	46	85
Finley School District	11	6	17	5	2	7	71	76	147	14	12	26
Franklin Pierce School District	143	48	191	0	0	0	600	452	1,052	122	141	263
Freeman School District	71	85	156	2	7	9	6	5	11	11	9	20
Garfield School District	0	0	0	0	0	0	15	15	30	3	8	11
Glenwood School District	0	0	0	11	0	11	1	0	1	7	12	19
Goldendale School District	0	0	0	66	28	94	0	0	0	35	58	93
Grand Coulee Dam School District	0	0	0	3	1	4	80	57	137	25	34	59
Grandview School District	5	0	5	20	22	42	316	343	659	25	31	56
Granger School District	46	13	59	40	80	120	53	56	109	12	11	23

Washington State Office of the Insurance Commissioner
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Exhibit B3e
Health Plans Coinsurance Levels
For the Plan Year Ending in 2015

	Coinsurance Level: 0%			Coinsurance Level: 1–10%			Coinsurance Level: 11–20%			Coinsurance Level: 20%+		
District	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Granite Falls School District	12	4	16	9	23	32	176	197	373	23	29	52
Grapeview School District	0	0	0	0	0	0	14	16	30	8	4	12
Great Northern School District	0	0	0	0	0	0	3	0	3	1	0	1
Green Mountain School District	0	0	0	1	0	1	14	12	26	1	2	3
Griffin School District	10	4	14	11	5	16	41	50	91	11	13	24
Harrington School District	0	0	0	1	1	2	27	45	72	1	0	1
Highland School District	25	23	48	8	7	15	87	62	149	22	27	49
Highline School District	689	448	1,137	322	97	419	1,048	586	1,634	146	140	286
Hockinson School District	0	0	0	0	0	0	74	82	156	4	9	13
Hood Canal School District	0	0	0	1	1	2	35	11	46	3	3	6
Hoquiam School District	0	0	0	1	0	1	167	117	284	31	36	67
Inchelium School District	0	0	0	3	4	7	32	14	46	3	3	6
Index School District	0	0	0	1	0	1	4	2	6	1	0	1
Issaquah School District	306	192	498	0	0	0	1,351	953	2,304	175	224	399
Kahlotus School District	0	0	0	1	0	1	13	15	28	4	12	16
Kalama School District	0	0	0	1	0	1	57	66	123	4	10	14
Keller School District	0	0	0	1	0	1	8	1	9	1	0	1
Kelso School District	0	0	0	28	19	47	375	290	665	79	91	170
Kennewick School District	76	72	148	45	37	82	1,299	1,289	2,588	233	324	557
Kent School District	498	407	905	80	68	148	1,901	1,350	3,251	251	237	488
Kettle Falls School District	0	0	0	1	0	1	80	86	166	8	6	14
Kiona-Benton City School District	24	26	50	6	2	8	92	92	184	36	36	72
Kittitas School District	0	0	0	23	37	60	47	63	110	0	0	0
Klickitat School District	0	0	0	9	4	13	0	0	0	8	3	11
La Center School District	0	0	0	6	5	11	79	102	181	10	16	26
La Conner School District	0	0	0	7	9	16	73	89	162	9	13	22
LaCrosse School District	10	13	23	0	0	0	6	7	13	6	4	10
Lake Chelan School District	0	0	0	2	2	4	159	189	348	14	14	28
Lake Quinault School District	0	0	0	0	0	0	30	24	54	0	0	0
Lake Stevens School District	135	121	256	28	2	30	576	507	1,083	66	85	151
Lake Washington School District	1,902	1,445	3,347	0	0	0	596	372	968	0	0	0
Lakewood School District	45	31	76	1	0	1	129	135	264	36	50	86
Lamont School District	0	0	0	1	0	1	6	4	10	2	1	3
Liberty School District	60	72	132	0	0	0	0	0	0	0	0	0
Lind School District	0	0	0	2	0	2	26	29	55	5	7	12
Longview School District	0	0	0	37	25	62	610	497	1,107	69	85	154
Loon Lake School District	0	0	0	1	0	1	4	5	9	8	9	17
Lopez School District	35	28	63	0	0	0	5	6	11	5	13	18
Lyle School District	0	0	0	28	16	44	0	0	0	5	2	7
Lynden School District	13	7	20	1	0	1	179	115	294	122	203	325
Mabton School District	0	0	0	7	5	12	92	78	170	6	8	14
Mansfield School District	0	0	0	0	0	0	23	46	69	0	0	0
Manson School District	0	0	0	2	0	2	73	80	153	21	24	45
Mary M Knight School District	0	0	0	4	4	8	18	29	47	3	3	6

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B3e
Health Plans Coinsurance Levels
For the Plan Year Ending in 2015

	Coinsurance Level: 0%			Coinsurance Level: 1–10%			Coinsurance Level: 11–20%			Coinsurance Level: 20%+		
District	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Mary Walker School District	0	0	0	3	6	9	57	74	131	7	3	10
Marysville School District	73	52	125	134	72	206	757	671	1,428	104	173	277
McCleary School District	0	0	0	2	1	3	27	14	41	9	11	20
Mead School District	247	208	455	24	19	43	545	579	1,124	153	214	367
Medical Lake School District	89	109	198	0	0	0	17	14	31	21	14	35
Mercer Island School District	73	45	118	5	7	12	275	197	472	51	45	96
Meridian School District	36	26	62	4	14	18	107	84	191	26	25	51
Methow Valley School District	0	0	0	0	0	0	75	97	172	0	0	0
Mill A School District	0	0	0	2	0	2	0	0	0	4	11	15
Monroe School District	73	61	134	34	22	56	375	320	695	86	102	188
Montesano School District	0	0	0	1	0	1	78	89	167	59	68	127
Morton School District	0	0	0	4	5	9	31	25	56	2	1	3
Moses Lake School District	0	0	0	128	110	238	593	557	1,150	115	154	269
Mossyrock School District	0	0	0	1	0	1	44	33	77	24	23	47
Mount Adams School District	44	29	73	4	5	9	74	49	123	7	5	12
Mount Baker School District	34	13	47	4	0	4	139	106	245	66	105	171
Mount Pleasant School District	0	0	0	0	0	0	4	1	5	0	0	0
Mount Vernon School District	384	237	621	22	40	62	315	280	595	63	68	131
Mukilteo School District	635	596	1,231	1	2	3	727	460	1,187	0	0	0
Naches Valley School District	20	6	26	3	0	3	66	69	135	16	17	33
Napavine School District	13	12	25	2	0	2	52	52	104	7	11	18
Naselle-Grays River Valley School District	0	0	0	12	13	25	21	30	51	11	24	35
Nespelem School District	0	0	0	3	1	4	16	18	34	4	1	5
Newport School District	4	2	6	8	8	16	80	46	126	33	38	71
Nine Mile Falls School District	79	108	187	0	0	0	28	57	85	33	72	105
Nooksack Valley School District	23	25	48	3	0	3	133	110	243	43	75	118
North Beach School District	0	0	0	2	1	3	71	55	126	9	9	18
North Franklin School District	14	11	25	0	0	0	234	241	475	69	135	204
North Kitsap School District	152	95	247	25	9	34	343	297	640	68	94	162
North Mason School District	55	41	96	0	0	0	52	16	68	89	80	169
North River School District	0	0	0	0	0	0	15	15	30	2	1	3
North Thurston Public Schools	576	463	1,039	67	33	100	664	626	1,290	99	118	217
Northport School District	0	0	0	0	0	0	37	38	75	0	0	0
Northshore School District	247	126	373	0	0	0	14	23	37	0	0	0
Oak Harbor School District	51	32	83	56	19	75	313	282	595	68	96	164
Oakesdale School District	0	0	0	6	13	19	15	31	46	0	0	0
Oakville School District	0	0	0	1	0	1	28	29	57	9	4	13
Ocean Beach School District	0	0	0	11	1	12	87	58	145	17	16	33
Ocosta School District	0	0	0	4	3	7	68	65	133	14	9	23
Odessa School District	0	0	0	0	0	0	34	43	77	4	3	7
Okanogan School District	0	0	0	6	5	11	102	77	179	19	21	40
Olympia School District	256	134	390	66	43	109	519	435	954	123	137	260
Omak School District	2	2	4	18	9	27	236	230	466	59	79	138
Onalaska School District	0	0	0	3	5	8	59	60	119	18	21	39

Washington State Office of the Insurance Commissioner
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Exhibit B3e
Health Plans Coinsurance Levels
For the Plan Year Ending in 2015

	Coinsurance Level: 0%			Coinsurance Level: 1–10%			Coinsurance Level: 11–20%			Coinsurance Level: 20%+		
District	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Onion Creek School District	0	0	0	0	0	0	9	10	19	0	0	0
Orcas Island School District	37	34	71	0	0	0	36	22	58	14	20	34
Orchard Prairie School District	0	0	0	2	3	5	6	0	6	0	0	0
Orient School District	0	0	0	0	0	0	8	9	17	0	0	0
Orondo School District	0	0	0	1	0	1	16	9	25	13	13	26
Oroville School District	0	0	0	9	22	31	32	34	66	7	3	10
Orting School District	3	1	4	7	6	13	198	203	401	14	13	27
Othello School District	0	0	0	9	17	26	353	354	707	78	129	207
Palisades School District	0	0	0	0	0	0	9	16	25	0	0	0
Palouse School District	5	4	9	0	0	0	19	18	37	3	3	6
Pasco School District	159	95	254	41	38	79	1,249	1,127	2,376	358	467	825
Pateros School District	0	0	0	1	1	2	29	20	49	8	9	17
Paterson School District	0	0	0	0	0	0	8	7	15	7	13	20
Pe Ell School District	0	0	0	0	0	0	41	35	76	4	2	6
Peninsula School District	294	172	466	0	0	0	351	248	599	154	194	348
Pioneer School District	23	17	40	3	2	5	52	26	78	13	16	29
Pomeroy School District	0	0	0	2	6	8	31	46	77	3	4	7
Port Angeles School District	0	0	0	25	19	44	346	281	627	62	88	150
Port Townsend School District	0	0	0	9	9	18	108	89	197	23	27	50
Prescott School District	9	4	13	3	5	8	17	8	25	7	7	14
Prosser School District	62	58	120	11	15	26	210	236	446	33	48	81
Pullman School District	185	177	362	17	10	27	17	5	22	23	8	31
Puyallup School District	429	285	714	486	84	570	448	551	999	360	354	714
Queets-Clearwater School District	0	0	0	2	1	3	7	1	8	2	2	4
Quilcene School District	0	0	0	1	0	1	36	15	51	6	4	10
Quillayute Valley School District	0	0	0	6	1	7	136	93	229	21	24	45
Quincy School District	0	0	0	23	8	31	245	264	509	48	50	98
Rainier School District	32	20	52	2	3	5	34	30	64	8	8	16
Raymond School District	0	0	0	0	0	0	71	55	126	4	2	6
Reardan-Edwall School District	0	0	0	2	2	4	53	47	100	10	9	19
Renton School District	383	222	605	70	47	117	1,067	708	1,775	142	147	289
Republic School District	0	0	0	1	0	1	21	20	41	18	25	43
Richland School District	141	96	237	69	67	136	714	607	1,321	167	228	395
Ridgefield School District	0	0	0	3	2	5	125	149	274	16	28	44
Ritzville School District	0	0	0	0	0	0	50	95	145	0	0	0
Riverside School District	175	151	326	0	0	0	0	0	0	0	0	0
Riverview School District	15	5	20	10	6	16	219	191	410	37	51	88
Rochester School District	49	48	97	13	7	20	124	148	272	22	45	67
Roosevelt School District	0	0	0	0	0	0	4	0	4	0	0	0
Rosalia School District	4	6	10	0	0	0	21	21	42	10	8	18
Royal School District	0	0	0	8	4	12	136	103	239	40	66	106
San Juan Island School District	43	47	90	4	2	6	22	11	33	18	28	46
Satsop School District	0	0	0	0	0	0	5	3	8	2	0	2
Seattle Public Schools	3,368	2,888	6,256	0	0	0	2,463	1,325	3,788	0	0	0

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B3e
Health Plans Coinsurance Levels
For the Plan Year Ending in 2015

	Coinsurance Level: 0%			Coinsurance Level: 1–10%			Coinsurance Level: 11–20%			Coinsurance Level: 20%+		
District	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Sedro-Woolley School District	20	8	28	24	28	52	337	264	601	79	71	150
Selah School District	41	27	68	15	11	26	258	243	501	63	76	139
Selkirk School District	0	0	0	0	0	0	29	27	56	4	6	10
Sequim School District	0	0	0	2	0	2	317	386	703	52	50	102
Shaw Island School District	0	0	0	0	0	0	3	3	6	0	0	0
Shelton School District	81	39	120	8	4	12	355	230	585	67	60	127
Shoreline School District	106	77	183	38	17	55	644	520	1,164	131	153	284
Skamania School District	0	0	0	2	0	2	6	3	9	5	8	13
Skykomish School District	0	0	0	1	0	1	15	6	21	3	0	3
Snohomish School District	28	33	61	71	42	113	675	712	1,387	100	133	233
Snoqualmie Valley School District	261	203	464	0	0	0	285	251	536	0	0	0
Soap Lake School District	0	0	0	4	1	5	45	49	94	7	8	15
South Bend School District	0	0	0	6	7	13	63	63	126	17	32	49
South Kitsap School District	145	91	236	25	6	31	487	376	863	164	187	351
South Whidbey School District	24	19	43	13	10	23	119	104	223	11	7	18
Southside School District	0	0	0	0	0	0	15	14	29	2	5	7
Spokane School District	2,436	2,127	4,563	76	76	152	480	725	1,205	145	254	399
Sprague School District	0	0	0	1	0	1	14	12	26	4	2	6
St. John School District	0	0	0	9	9	18	19	27	46	0	0	0
Stanwood-Camano School District	124	81	205	14	14	28	215	178	393	67	103	170
Star School District	0	0	0	0	0	0	6	8	14	0	0	0
Starbuck School District	0	0	0	0	0	0	6	3	9	0	0	0
Stehekin School District	0	0	0	1	1	2	0	0	0	0	0	0
Steilacoom Hist. School District	55	43	98	23	12	35	138	113	251	22	18	40
Steptoe School District	0	0	0	3	2	5	5	12	17	0	0	0
Stevenson-Carson School District	0	0	0	53	33	86	25	16	41	31	39	70
Sultan School District	29	23	52	16	15	31	125	124	249	21	24	45
Summit Valley School District	0	0	0	0	0	0	10	7	17	0	0	0
Sumner School District	97	105	202	35	15	50	574	597	1,171	161	190	351
Sunnyside School District	28	30	58	30	10	40	536	459	995	163	214	377
Tacoma School District	2,782	3,065	5,847	0	0	0	0	0	0	0	0	0
Taholah School District	0	0	0	3	4	7	37	22	59	1	0	1
Tahoma School District	51	33	84	47	37	84	512	511	1,023	75	105	180
Tekoa School District	6	9	15	1	0	1	15	27	42	8	8	16
Tenino School District	29	20	49	13	3	16	67	55	122	10	23	33
Thorp School District	0	0	0	0	0	0	17	15	32	8	5	13
Toledo School District	0	0	0	3	0	3	59	54	113	12	21	33
Tonasket School District	0	0	0	11	18	29	80	85	165	31	45	76
Toppenish School District	172	88	260	23	9	32	221	260	481	31	52	83
Touchet School District	17	21	38	0	0	0	6	5	11	9	7	16
Toutle Lake School District	0	0	0	9	4	13	54	62	116	4	5	9
Trout Lake School District	0	0	0	16	6	22	1	3	4	8	7	15
Tukwila School District	56	33	89	33	21	54	211	143	354	17	16	33
Tumwater School District	143	67	210	32	13	45	423	375	798	58	85	143

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B3e
Health Plans Coinsurance Levels
For the Plan Year Ending in 2015

District	Coinsurance Level: 0%			Coinsurance Level: 1–10%			Coinsurance Level: 11–20%			Coinsurance Level: 20%+		
	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Union Gap School District	0	0	0	3	0	3	67	45	112	7	4	11
University Place School District	105	75	180	0	0	0	421	344	765	29	28	57
Valley School District	4	5	9	5	0	5	72	77	149	10	15	25
Vancouver School District	819	675	1,494	77	40	117	1,233	1,005	2,238	251	307	558
Vashon Island School District	47	35	82	10	9	19	88	103	191	11	18	29
Wahkiakum School District	0	0	0	0	0	0	44	78	122	0	0	0
Wahluke School District	23	20	43	5	0	5	198	159	357	22	37	59
Waitsburg School District	0	0	0	0	0	0	31	24	55	4	3	7
Walla Walla Public Schools	91	64	155	0	0	0	620	592	1,212	0	0	0
Wapato School District	356	304	660	20	43	63	11	13	24	0	0	0
Warden School District	0	0	0	0	0	0	101	144	245	0	0	0
Washougal School District	0	0	0	0	0	0	102	42	144	0	0	0
Washtucna School District	0	0	0	1	0	1	16	11	27	1	2	3
Waterville School District	0	0	0	2	5	7	19	25	44	14	14	28
Wellpinit School District	0	0	0	3	5	8	52	28	80	19	7	26
Wenatchee School District	0	0	0	37	26	63	687	583	1,270	145	183	328
West Valley School District (Spokane)	217	185	402	8	9	17	159	144	303	26	24	50
West Valley School District (Yakima)	33	12	45	27	43	70	360	413	773	62	85	147
White Pass School District	0	0	0	3	0	3	47	36	83	9	6	15
White River School District	0	0	0	38	25	63	257	214	471	64	59	123
White Salmon Valley School District	0	0	0	67	29	96	1	2	3	54	51	105
Wilbur School District	0	0	0	0	0	0	43	57	100	0	0	0
Willapa Valley School District	0	0	0	6	11	17	31	19	50	6	3	9
Wilson Creek School District	0	0	0	4	1	5	26	23	49	2	5	7
Winlock School District	0	0	0	2	3	5	60	47	107	13	20	33
Wishkah Valley School District	0	0	0	0	0	0	20	13	33	3	0	3
Wishram School District	0	0	0	0	0	0	15	23	38	3	4	7
Woodland School District	0	0	0	0	0	0	354	306	660	19	23	42
Yakima School District	144	63	207	14	9	23	1,245	1,125	2,370	136	229	365
Yelm School District	168	128	296	44	19	63	258	227	485	50	51	101
Zillah School District	122	124	246	3	6	9	10	9	19	0	0	0
Grand Total	**28,667**	**23,777**	**52,444**	**4,905**	**2,983**	**7,888**	**59,698**	**52,062**	**111,760**	**10,498**	**13,086**	**23,584**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B3f
Health Plans Individual Out-of-Pocket Maximums
For the Plan Year Ending in 2015

District	Individual Out-of-Pocket-Maxima: $0–$1,000			Individual Out-of-Pocket-Maxima: $1,001–$2,000			Individual Out-of-Pocket-Maxima: $2,001–$3,000			Individual Out-of-Pocket-Maxima: $3,000+		
	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Aberdeen School District	10	8	18	194	102	296	87	60	147	135	134	269
Adna School District	3	5	8	9	18	27	4	2	6	18	24	42
Almira School District	0	0	0	15	27	42	0	0	0	2	4	6
Anacortes School District	12	5	17	103	90	193	43	50	93	101	136	237
Arlington School District	95	69	164	214	190	404	29	24	53	162	276	438
Asotin-Anatone School District	0	0	0	0	0	0	12	20	32	47	101	148
Auburn School District	71	53	124	614	443	1,057	267	189	456	520	621	1,141
Bainbridge Island School District	10	10	20	119	86	205	44	33	77	203	246	449
Battle Ground School District	397	408	805	0	0	0	0	0	0	0	0	0
Bellevue School District	89	30	119	733	378	1,111	688	761	1,449	586	765	1,351
Bellingham School District	38	6	44	248	116	364	545	421	966	321	459	780
Benge School District	0	0	0	4	6	10	0	0	0	0	0	0
Bethel School District	36	33	69	1,045	781	1,826	0	0	0	512	453	965
Bickleton School District	13	28	41	0	0	0	0	0	0	0	0	0
Blaine School District	21	24	45	52	29	81	112	118	230	45	84	129
Boistfort School District	0	0	0	4	2	6	1	0	1	11	4	15
Bremerton School District	8	7	15	159	67	226	106	40	146	215	184	399
Brewster School District	5	1	6	29	18	47	21	5	26	67	63	130
Bridgeport School District	0	0	0	23	15	38	17	16	33	56	54	110
Brinnon School District	0	0	0	1	0	1	3	1	4	7	6	13
Burlington-Edison School District	3	0	3	224	224	448	46	17	63	144	163	307
Camas School District	274	272	546	140	119	259	8	10	18	196	299	495
Cape Flattery School District	17	3	20	15	11	26	12	11	23	37	29	66
Carbonado School District	4	0	4	6	3	9	3	0	3	6	10	16
Cascade School District	2	1	3	29	22	51	20	18	38	96	98	194
Cashmere School District	0	0	0	111	185	296	0	0	0	29	66	95
Castle Rock School District	68	35	103	28	16	44	10	9	19	31	48	79
Centerville School District	0	0	0	0	0	0	0	0	0	11	13	24
Central Kitsap School District	16	16	32	287	237	524	211	134	345	543	564	1,107
Central Valley School District	281	211	492	390	312	702	190	137	327	545	676	1,221
Centralia School District	42	13	55	101	58	159	52	36	88	187	233	420
Chehalis School District	17	6	23	81	64	145	46	32	78	168	174	342
Cheney School District	68	77	145	186	105	291	1	1	2	212	225	437
Chewelah School District	0	0	0	19	14	33	8	12	20	65	62	127
Chimacum School District	0	0	0	44	43	87	34	32	66	49	49	98
Clarkston School District	0	0	0	104	37	141	42	43	85	150	223	373
Cle Elum-Roslyn School District	1	0	1	69	84	153	16	14	30	23	18	41
Clover Park School District	212	89	301	581	301	882	236	188	424	239	287	526
Colfax School District	2	2	4	36	24	60	6	8	14	21	30	51
College Place School District	8	1	9	23	13	36	28	36	64	60	54	114
Colton School District	0	0	0	15	20	35	5	2	7	1	1	2
Columbia (Stevens) School District	0	0	0	7	4	11	2	1	3	21	26	47
Columbia (Walla Walla) School District	5	2	7	47	40	87	17	8	25	20	28	48
Colville School District	4	0	4	33	26	59	44	41	85	107	124	231

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District	Individual Out-of-Pocket-Maxima: $0–$1,000			Individual Out-of-Pocket-Maxima: $1,001–$2,000			Individual Out-of-Pocket-Maxima: $2,001–$3,000			Individual Out-of-Pocket-Maxima: $3,000+		
	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Concrete School District	0	0	0	2	1	3	8	5	13	54	34	88
Conway School District	0	0	0	21	11	32	9	6	15	19	23	42
Cosmopolis School District	2	0	2	2	0	2	2	0	2	14	15	29
Coulee-Hartline School District	0	0	0	29	48	77	0	0	0	1	0	1
Coupeville School District	0	0	0	41	17	58	17	2	19	35	58	93
Crescent School District	3	1	4	6	0	6	5	3	8	24	32	56
Creston School District	1	1	2	22	31	53	0	0	0	1	0	1
Curlew School District	5	7	12	3	1	4	5	0	5	15	15	30
Cusick School District	2	1	3	25	20	45	2	3	5	12	22	34
Damman School District	1	0	1	0	0	0	0	0	0	3	1	4
Darrington School District	0	0	0	44	63	107	0	0	0	11	17	28
Davenport School District	3	1	4	21	33	54	17	22	39	28	47	75
Dayton School District	0	0	0	22	25	47	11	8	19	21	30	51
Deer Park School District	22	21	43	87	59	146	0	0	0	129	154	283
Dieringer School District	2	0	2	34	25	59	20	8	28	87	118	205
Dixie School District	0	0	0	6	3	9	0	0	0	0	0	0
East Valley School District (Spokane)	20	12	32	223	112	335	70	59	129	162	211	373
East Valley School District (Yakima)	29	30	59	97	77	174	62	59	121	110	137	247
Eastmont School District	31	17	48	156	124	280	110	68	178	303	358	661
Easton School District	0	0	0	17	19	36	0	0	0	5	3	8
Eatonville School District	0	0	0	117	118	235	0	0	0	70	92	162
Edmonds School District	272	92	364	969	731	1,700	390	296	686	507	691	1,198
Ellensburg School District	19	12	31	116	102	218	42	27	69	145	160	305
Elma School District	0	0	0	105	81	186	23	7	30	43	53	96
Endicott School District	0	0	0	17	21	38	0	0	0	5	15	20
Entiat School District	0	0	0	30	38	68	3	2	5	19	25	44
Enumclaw School District	26	27	53	120	122	242	77	40	117	175	168	343
Ephrata School District	13	14	27	74	90	164	30	26	56	130	176	306
Evaline School District	0	0	0	0	0	0	2	2	4	3	1	4
Everett School District	117	146	263	515	650	1,165	447	537	984	311	375	686
Evergreen School District (Clark)	1,038	905	1,943	380	355	735	215	149	364	706	665	1,371
Evergreen School District (Stevens)	0	0	0	0	0	0	1	0	1	6	0	6
Federal Way School District	597	357	954	502	265	767	469	292	761	624	530	1,154
Ferndale School District	13	6	19	118	76	194	172	157	329	194	228	422
Fife School District	51	48	99	118	107	225	49	44	93	112	128	240
Finley School District	5	2	7	36	25	61	14	4	18	46	65	111
Franklin Pierce School District	0	0	0	304	113	417	182	97	279	379	431	810
Freeman School District	6	9	15	31	30	61	4	0	4	49	67	116
Garfield School District	0	0	0	4	6	10	1	2	3	13	15	28
Glenwood School District	0	0	0	0	0	0	0	0	0	19	12	31
Goldendale School District	0	0	0	0	0	0	0	0	0	101	86	187
Grand Coulee Dam School District	3	1	4	39	22	61	20	15	35	46	54	100
Grandview School District	20	22	42	97	72	169	50	71	121	199	231	430
Granger School District	40	80	120	79	40	119	13	20	33	19	20	39

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	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Granite Falls School District	59	81	140	80	56	136	33	46	79	48	70	118
Grapeview School District	0	0	0	1	0	1	2	3	5	19	17	36
Great Northern School District	0	0	0	3	0	3	0	0	0	1	0	1
Green Mountain School District	1	0	1	2	1	3	2	0	2	11	13	24
Griffin School District	11	5	16	7	5	12	15	7	22	40	55	95
Harrington School District	0	0	0	22	39	61	1	0	1	6	7	13
Highland School District	6	1	7	62	52	114	22	15	37	52	51	103
Highline School District	322	97	419	1,119	625	1,744	471	234	705	293	315	608
Hockinson School District	74	82	156	0	0	0	0	0	0	4	9	13
Hood Canal School District	1	1	2	12	4	16	15	6	21	11	4	15
Hoquiam School District	1	0	1	86	51	137	45	35	80	67	67	134
Inchelium School District	3	4	7	8	0	8	5	2	7	22	15	37
Index School District	1	0	1	2	0	2	0	0	0	3	2	5
Issaquah School District	0	0	0	936	543	1,479	305	208	513	591	618	1,209
Kahlotus School District	1	0	1	7	4	11	4	5	9	6	18	24
Kalama School District	27	31	58	11	6	17	10	19	29	14	20	34
Keller School District	1	0	1	5	0	5	2	1	3	2	0	2
Kelso School District	153	102	255	77	39	116	55	36	91	197	223	420
Kennewick School District	41	25	66	618	559	1,177	323	241	564	671	897	1,568
Kent School District	80	68	148	768	440	1,208	1,088	704	1,792	794	850	1,644
Kettle Falls School District	1	0	1	12	11	23	17	6	23	59	75	134
Kiona-Benton City School District	6	2	8	90	85	175	13	16	29	49	53	102
Kittitas School District	0	0	0	43	60	103	0	0	0	27	40	67
Klickitat School District	0	0	0	0	0	0	0	0	0	17	7	24
La Center School District	45	55	100	17	20	37	11	11	22	22	37	59
La Conner School District	7	9	16	27	20	47	10	8	18	45	74	119
LaCrosse School District	0	0	0	13	17	30	1	0	1	8	7	15
Lake Chelan School District	2	2	4	31	20	51	22	13	35	120	170	290
Lake Quinault School District	0	0	0	20	19	39	3	1	4	7	4	11
Lake Stevens School District	110	82	192	247	179	426	208	165	373	240	289	529
Lake Washington School District	0	0	0	1,142	753	1,895	867	507	1,374	489	557	1,046
Lakewood School District	1	0	1	109	85	194	37	38	75	64	93	157
Lamont School District	1	0	1	3	1	4	2	0	2	3	4	7
Liberty School District	5	3	8	40	38	78	0	0	0	15	31	46
Lind School District	2	0	2	9	11	20	8	8	16	14	17	31
Longview School District	302	205	507	134	79	213	93	47	140	187	276	463
Loon Lake School District	1	0	1	0	0	0	0	0	0	12	14	26
Lopez School District	0	0	0	37	32	69	0	0	0	8	15	23
Lyle School District	0	0	0	0	0	0	0	0	0	33	18	51
Lynden School District	1	0	1	22	12	34	166	108	274	126	205	331
Mabton School District	7	5	12	50	38	88	11	11	22	37	37	74
Mansfield School District	0	0	0	22	46	68	0	0	0	1	0	1
Manson School District	2	0	2	22	27	49	23	30	53	49	47	96
Mary M Knight School District	4	4	8	8	13	21	2	3	5	11	16	27

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	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Mary Walker School District	0	0	0	36	63	99	13	5	18	18	15	33
Marysville School District	134	72	206	431	291	722	185	148	333	318	457	775
McCleary School District	2	1	3	14	7	21	3	0	3	19	18	37
Mead School District	175	163	338	233	180	413	110	87	197	451	590	1,041
Medical Lake School District	0	0	0	49	35	84	0	0	0	78	102	180
Mercer Island School District	5	7	12	205	132	337	44	38	82	150	117	267
Meridian School District	0	0	0	52	42	94	81	55	136	40	52	92
Methow Valley School District	0	0	0	70	91	161	0	0	0	5	6	11
Mill A School District	0	0	0	0	0	0	0	0	0	6	11	17
Monroe School District	34	22	56	218	138	356	90	79	169	226	266	492
Montesano School District	1	0	1	33	41	74	20	11	31	84	105	189
Morton School District	4	5	9	14	9	23	6	2	8	13	15	28
Moses Lake School District	128	110	238	291	237	528	143	133	276	274	341	615
Mossyrock School District	1	0	1	20	17	37	9	2	11	39	37	76
Mount Adams School District	4	5	9	74	49	123	31	19	50	20	15	35
Mount Baker School District	4	0	4	39	15	54	120	88	208	80	121	201
Mount Pleasant School District	0	0	0	0	0	0	4	1	5	0	0	0
Mount Vernon School District	7	9	16	490	313	803	85	47	132	202	256	458
Mukilteo School District	0	0	0	1,173	869	2,042	111	99	210	79	90	169
Naches Valley School District	3	0	3	47	35	82	17	15	32	38	42	80
Napavine School District	2	0	2	25	20	45	11	0	11	36	55	91
Naselle-Grays River Valley School District	12	13	25	7	8	15	9	12	21	16	34	50
Nespelem School District	3	1	4	3	1	4	3	5	8	14	13	27
Newport School District	8	8	16	18	15	33	20	3	23	79	68	147
Nine Mile Falls School District	15	18	33	21	28	49	25	56	81	79	135	214
Nooksack Valley School District	3	0	3	28	27	55	120	105	225	51	78	129
North Beach School District	2	1	3	32	25	57	17	8	25	31	31	62
North Franklin School District	78	105	183	14	11	25	105	66	171	120	205	325
North Kitsap School District	25	9	34	265	154	419	92	56	148	206	276	482
North Mason School District	54	39	93	52	16	68	43	38	81	47	44	91
North River School District	0	0	0	8	2	10	3	0	3	6	14	20
North Thurston Public Schools	67	33	100	790	596	1,386	143	129	272	406	482	888
Northport School District	0	0	0	37	38	75	0	0	0	0	0	0
Northshore School District	0	0	0	247	126	373	0	0	0	14	23	37
Oak Harbor School District	56	19	75	208	133	341	68	76	144	156	201	357
Oakesdale School District	0	0	0	15	31	46	0	0	0	6	13	19
Oakville School District	1	0	1	7	5	12	9	4	13	21	24	45
Ocean Beach School District	11	1	12	25	23	48	33	14	47	46	37	83
Ocosta School District	4	3	7	37	24	61	18	20	38	27	30	57
Odessa School District	0	0	0	12	9	21	7	10	17	19	27	46
Okanogan School District	6	5	11	62	39	101	18	14	32	41	45	86
Olympia School District	322	177	499	188	112	300	136	124	260	318	336	654
Omak School District	18	9	27	75	52	127	39	29	68	183	230	413
Onalaska School District	3	5	8	8	4	12	7	5	12	62	72	134

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	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Onion Creek School District	0	0	0	9	10	19	0	0	0	0	0	0
Orcas Island School District	0	0	0	49	39	88	14	11	25	24	26	50
Orchard Prairie School District	0	0	0	6	0	6	0	0	0	2	3	5
Orient School District	0	0	0	8	9	17	0	0	0	0	0	0
Orondo School District	1	0	1	3	0	3	5	3	8	21	19	40
Oroville School District	9	22	31	18	13	31	8	7	15	13	17	30
Orting School District	0	0	0	150	163	313	10	9	19	62	51	113
Othello School District	9	17	26	86	43	129	67	62	129	278	378	656
Palisades School District	0	0	0	9	16	25	0	0	0	0	0	0
Palouse School District	5	4	9	8	9	17	3	2	5	11	10	21
Pasco School District	41	38	79	439	283	722	483	375	858	844	1,031	1,875
Pateros School District	1	1	2	11	2	13	1	1	2	25	26	51
Paterson School District	0	0	0	3	3	6	4	4	8	8	13	21
Pe Ell School District	0	0	0	12	10	22	9	8	17	24	19	43
Peninsula School District	294	172	466	152	108	260	169	110	279	184	224	408
Pioneer School District	3	2	5	38	19	57	9	4	13	41	36	77
Pomeroy School District	2	6	8	17	24	41	5	4	9	12	22	34
Port Angeles School District	25	19	44	146	86	232	63	50	113	199	233	432
Port Townsend School District	9	9	18	33	12	45	40	34	74	58	70	128
Prescott School District	3	5	8	20	8	28	4	2	6	9	9	18
Prosser School District	11	15	26	171	171	342	49	67	116	85	104	189
Pullman School District	32	17	49	94	49	143	15	5	20	101	129	230
Puyallup School District	0	0	0	429	285	714	872	568	1,440	422	421	843
Queets-Clearwater School District	2	1	3	1	0	1	3	0	3	5	3	8
Quilcene School District	1	0	1	13	9	22	6	1	7	23	9	32
Quillayute Valley School District	6	1	7	50	34	84	37	27	64	70	56	126
Quincy School District	23	8	31	140	130	270	53	64	117	100	120	220
Rainier School District	2	3	5	47	29	76	7	5	12	20	24	44
Raymond School District	0	0	0	25	10	35	40	33	73	10	14	24
Reardan-Edwall School District	2	2	4	24	19	43	13	14	27	26	23	49
Renton School District	70	47	117	881	482	1,363	244	142	386	467	453	920
Republic School District	1	0	1	9	7	16	2	0	2	28	38	66
Richland School District	69	67	136	444	286	730	189	143	332	389	502	891
Ridgefield School District	80	90	170	22	20	42	10	12	22	32	57	89
Ritzville School District	0	0	0	49	95	144	0	0	0	1	0	1
Riverside School District	42	31	73	94	61	155	0	0	0	39	59	98
Riverview School District	10	6	16	68	36	104	96	71	167	107	140	247
Rochester School District	13	7	20	101	96	197	20	18	38	74	127	201
Roosevelt School District	0	0	0	4	0	4	0	0	0	0	0	0
Rosalia School District	0	0	0	9	9	18	9	7	16	17	19	36
Royal School District	8	4	12	42	40	82	30	11	41	104	118	222
San Juan Island School District	4	2	6	45	48	93	17	7	24	21	31	52
Satsop School District	0	0	0	5	3	8	0	0	0	2	0	2
Seattle Public Schools	0	0	0	2,704	1,241	3,945	2,535	2,351	4,886	592	621	1,213

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	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Sedro-Woolley School District	15	8	23	123	85	208	81	33	114	241	245	486
Selah School District	15	11	26	128	118	246	49	30	79	185	198	383
Selkirk School District	0	0	0	11	11	22	6	3	9	16	19	35
Sequim School District	98	142	240	27	4	31	88	83	171	158	207	365
Shaw Island School District	0	0	0	0	0	0	2	0	2	1	3	4
Shelton School District	8	4	12	191	99	290	103	47	150	209	183	392
Shoreline School District	38	17	55	355	248	603	164	126	290	362	376	738
Skamania School District	4	2	6	0	0	0	0	0	0	9	9	18
Skykomish School District	1	0	1	5	1	6	5	3	8	8	2	10
Snohomish School District	71	42	113	391	363	754	149	158	307	263	357	620
Snoqualmie Valley School District	63	31	94	251	193	444	141	150	291	91	80	171
Soap Lake School District	4	1	5	16	16	32	9	12	21	27	29	56
South Bend School District	6	7	13	33	28	61	15	7	22	32	60	92
South Kitsap School District	25	6	31	250	142	392	113	49	162	433	463	896
South Whidbey School District	13	10	23	73	58	131	24	17	41	57	55	112
Southside School District	0	0	0	1	0	1	1	0	1	15	19	34
Spokane School District	1,051	953	2,004	1,548	1,305	2,853	0	0	0	538	924	1,462
Sprague School District	1	0	1	5	9	14	4	3	7	9	2	11
St. John School District	2	1	3	19	27	46	0	0	0	7	8	15
Stanwood-Camano School District	14	14	28	215	146	361	70	45	115	121	171	292
Star School District	0	0	0	6	8	14	0	0	0	0	0	0
Starbuck School District	0	0	0	0	0	0	5	1	6	1	2	3
Stehekin School District	1	1	2	0	0	0	0	0	0	0	0	0
Steilacoom Hist. School District	23	12	35	89	54	143	51	46	97	75	74	149
Steptoe School District	0	0	0	5	12	17	0	0	0	3	2	5
Stevenson-Carson School District	19	10	29	0	0	0	0	0	0	90	78	168
Sultan School District	16	15	31	74	50	124	35	36	71	66	85	151
Summit Valley School District	0	0	0	10	7	17	0	0	0	0	0	0
Sumner School District	35	15	50	204	193	397	93	62	155	535	637	1,172
Sunnyside School District	30	10	40	194	124	318	135	98	233	398	481	879
Tacoma School District	327	295	622	882	946	1,828	0	0	0	1,573	1,824	3,397
Taholah School District	3	4	7	26	18	44	6	2	8	6	2	8
Tahoma School District	47	37	84	285	171	456	118	106	224	235	372	607
Tekoa School District	1	0	1	9	13	22	5	3	8	15	28	43
Tenino School District	13	3	16	48	27	75	19	14	33	39	57	96
Thorp School District	0	0	0	4	2	6	4	2	6	17	16	33
Toledo School District	3	0	3	15	9	24	7	2	9	49	64	113
Tonasket School District	11	18	29	18	14	32	17	19	36	76	97	173
Toppenish School District	23	9	32	204	155	359	48	46	94	172	199	371
Touchet School District	0	0	0	12	16	28	6	5	11	14	12	26
Toutle Lake School District	29	17	46	12	10	22	6	8	14	20	36	56
Trout Lake School District	0	0	0	0	0	0	0	0	0	25	16	41
Tukwila School District	33	21	54	159	99	258	46	26	72	79	67	146
Tumwater School District	32	13	45	321	184	505	82	69	151	221	274	495

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	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Union Gap School District	3	0	3	50	35	85	6	5	11	18	9	27
University Place School District	63	54	117	227	155	382	202	184	386	63	54	117
Valley School District	5	0	5	19	10	29	8	2	10	59	85	144
Vancouver School District	896	715	1,611	470	290	760	275	195	470	739	827	1,566
Vashon Island School District	57	44	101	36	32	68	22	24	46	41	65	106
Wahkiakum School District	0	0	0	43	78	121	0	0	0	1	0	1
Wahluke School District	3	0	3	115	63	178	35	25	60	95	128	223
Waitsburg School District	0	0	0	13	5	18	13	13	26	9	9	18
Walla Walla Public Schools	0	0	0	334	260	594	215	197	412	162	199	361
Wapato School District	20	43	63	144	66	210	3	3	6	220	248	468
Warden School District	0	0	0	97	137	234	0	0	0	4	7	11
Washougal School District	102	42	144	0	0	0	0	0	0	0	0	0
Washtucna School District	1	0	1	10	5	15	2	0	2	5	8	13
Waterville School District	2	5	7	3	3	6	3	0	3	27	36	63
Wellpinit School District	3	5	8	17	1	18	7	6	13	47	28	75
Wenatchee School District	37	26	63	307	229	536	167	143	310	358	394	752
West Valley School District (Spokane)	91	75	166	185	159	344	39	20	59	95	108	203
West Valley School District (Yakima)	13	24	37	157	154	311	121	94	215	191	281	472
White Pass School District	3	0	3	18	15	33	7	3	10	31	24	55
White River School District	38	25	63	116	67	183	68	46	114	137	160	297
White Salmon Valley School District	0	0	0	0	0	0	0	0	0	122	82	204
Wilbur School District	0	0	0	41	51	92	0	0	0	2	6	8
Willapa Valley School District	6	11	17	18	10	28	3	3	6	16	9	25
Wilson Creek School District	4	1	5	22	14	36	0	0	0	6	14	20
Winlock School District	2	3	5	11	11	22	16	10	26	46	46	92
Wishkah Valley School District	0	0	0	13	12	25	4	1	5	6	0	6
Wishram School District	0	0	0	0	0	0	1	0	1	17	27	44
Woodland School District	205	159	364	38	19	57	39	46	85	91	105	196
Yakima School District	14	9	23	180	32	212	1,050	982	2,032	295	403	698
Yelm School District	212	147	359	108	77	185	60	31	91	140	170	310
Zillah School District	3	6	9	41	17	58	4	6	10	87	110	197
Grand Total	**11,280**	**8,650**	**19,930**	**38,108**	**27,105**	**65,213**	**20,666**	**16,280**	**36,946**	**33,714**	**39,873**	**73,587**

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	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Aberdeen School District	0	0	0	10	8	18	0	0	0	416	296	712
Adna School District	0	0	0	3	5	8	0	0	0	31	44	75
Almira School District	0	0	0	0	0	0	0	0	0	17	31	48
Anacortes School District	0	0	0	12	5	17	0	0	0	247	276	523
Arlington School District	149	122	271	25	24	49	0	0	0	326	413	739
Asotin-Anatone School District	0	0	0	0	0	0	0	0	0	59	121	180
Auburn School District	0	0	0	71	53	124	0	0	0	1401	1253	2654
Bainbridge Island School District	1	0	1	10	10	20	0	0	0	365	365	730
Battle Ground School District	397	408	805	0	0	0	0	0	0	0	0	0
Bellevue School District	0	0	0	89	30	119	0	0	0	2007	1904	3911
Bellingham School District	0	0	0	0	0	0	38	6	44	1114	996	2110
Benge School District	0	0	0	0	0	0	0	0	0	4	6	10
Bethel School District	1453	1174	2627	0	0	0	0	0	0	140	93	233
Bickleton School District	0	0	0	13	28	41	0	0	0	0	0	0
Blaine School District	0	0	0	0	0	0	21	24	45	209	231	440
Boistfort School District	0	0	0	0	0	0	0	0	0	16	6	22
Bremerton School District	0	0	0	8	7	15	0	0	0	480	291	771
Brewster School District	0	0	0	5	1	6	0	0	0	117	86	203
Bridgeport School District	0	0	0	0	0	0	0	0	0	96	85	181
Brinnon School District	0	0	0	0	0	0	0	0	0	11	7	18
Burlington-Edison School District	0	0	0	3	0	3	0	0	0	414	404	818
Camas School District	274	272	546	0	0	0	0	0	0	344	428	772
Cape Flattery School District	0	0	0	17	3	20	0	0	0	64	51	115
Carbonado School District	0	0	0	4	0	4	0	0	0	15	13	28
Cascade School District	0	0	0	2	1	3	0	0	0	145	138	283
Cashmere School District	0	0	0	0	0	0	0	0	0	140	251	391
Castle Rock School District	58	32	90	10	3	13	0	0	0	69	73	142
Centerville School District	0	0	0	0	0	0	0	0	0	11	13	24
Central Kitsap School District	16	16	32	0	0	0	0	0	0	1041	935	1976
Central Valley School District	504	430	934	29	21	50	0	0	0	873	885	1758
Centralia School District	0	0	0	42	13	55	0	0	0	340	327	667
Chehalis School District	0	0	0	17	6	23	0	0	0	295	270	565
Cheney School District	321	286	607	0	0	0	0	0	0	146	122	268
Chewelah School District	0	0	0	0	0	0	0	0	0	92	88	180
Chimacum School District	0	0	0	0	0	0	0	0	0	127	124	251
Clarkston School District	0	0	0	0	0	0	0	0	0	296	303	599
Cle Elum-Roslyn School District	3	3	6	1	0	1	0	0	0	105	113	218
Clover Park School District	0	0	0	212	89	301	0	0	0	1056	776	1832
Colfax School District	17	13	30	2	2	4	0	0	0	46	49	95
College Place School District	5	1	6	3	0	3	0	0	0	111	103	214
Colton School District	0	0	0	0	0	0	0	0	0	21	23	44
Columbia (Stevens) School District	3	4	7	0	0	0	0	0	0	27	27	54
Columbia (Walla Walla) School District	6	6	12	5	2	7	0	0	0	78	70	148
Colville School District	0	0	0	4	0	4	0	0	0	184	191	375

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	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Concrete School District	0	0	0	0	0	0	0	0	0	64	40	104
Conway School District	0	0	0	0	0	0	0	0	0	49	40	89
Cosmopolis School District	0	0	0	2	0	2	0	0	0	18	15	33
Coulee-Hartline School District	0	0	0	0	0	0	0	0	0	30	48	78
Coupeville School District	0	0	0	0	0	0	0	0	0	93	77	170
Crescent School District	0	0	0	3	1	4	0	0	0	35	35	70
Creston School District	0	0	0	1	1	2	0	0	0	23	31	54
Curlew School District	0	0	0	5	7	12	0	0	0	23	16	39
Cusick School District	0	0	0	2	1	3	0	0	0	39	45	84
Damman School District	0	0	0	1	0	1	0	0	0	3	1	4
Darrington School District	0	0	0	0	0	0	0	0	0	55	80	135
Davenport School District	0	0	0	3	1	4	0	0	0	66	102	168
Dayton School District	13	14	27	0	0	0	0	0	0	41	49	90
Deer Park School District	206	199	405	0	0	0	0	0	0	32	35	67
Dieringer School District	0	0	0	2	0	2	0	0	0	141	151	292
Dixie School District	6	3	9	0	0	0	0	0	0	0	0	0
East Valley School District (Spokane)	150	92	242	20	12	32	0	0	0	305	290	595
East Valley School District (Yakima)	33	30	63	29	30	59	0	0	0	236	243	479
Eastmont School District	0	0	0	31	17	48	0	0	0	569	550	1119
Easton School District	0	0	0	0	0	0	0	0	0	22	22	44
Eatonville School District	138	157	295	0	0	0	0	0	0	49	53	102
Edmonds School District	0	0	0	272	92	364	0	0	0	1866	1718	3584
Ellensburg School District	51	35	86	19	12	31	0	0	0	252	254	506
Elma School District	0	0	0	0	0	0	0	0	0	171	141	312
Endicott School District	0	0	0	0	0	0	0	0	0	22	36	58
Entiat School District	0	0	0	0	0	0	0	0	0	52	65	117
Enumclaw School District	0	0	0	26	27	53	0	0	0	372	330	702
Ephrata School District	0	0	0	13	14	27	0	0	0	234	292	526
Evaline School District	0	0	0	0	0	0	0	0	0	5	3	8
Everett School District	22	51	73	95	95	190	0	0	0	1273	1562	2835
Evergreen School District (Clark)	983	874	1857	55	31	86	380	355	735	921	814	1735
Evergreen School District (Stevens)	0	0	0	0	0	0	0	0	0	7	0	7
Federal Way School District	0	0	0	597	357	954	0	0	0	1595	1087	2682
Ferndale School District	0	0	0	8	3	11	5	3	8	484	461	945
Fife School District	0	0	0	51	48	99	0	0	0	279	279	558
Finley School District	11	6	17	5	2	7	0	0	0	85	88	173
Franklin Pierce School District	0	0	0	0	0	0	0	0	0	865	641	1506
Freeman School District	71	85	156	0	0	0	2	7	9	17	14	31
Garfield School District	0	0	0	0	0	0	0	0	0	18	23	41
Glenwood School District	0	0	0	0	0	0	0	0	0	19	12	31
Goldendale School District	0	0	0	0	0	0	0	0	0	101	86	187
Grand Coulee Dam School District	0	0	0	3	1	4	0	0	0	105	91	196
Grandview School District	5	0	5	20	22	42	0	0	0	341	374	715
Granger School District	46	13	59	40	80	120	0	0	0	65	67	132

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	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Granite Falls School District	38	54	92	9	23	32	92	60	152	81	116	197
Grapeview School District	0	0	0	0	0	0	0	0	0	22	20	42
Great Northern School District	0	0	0	0	0	0	0	0	0	4	0	4
Green Mountain School District	0	0	0	1	0	1	0	0	0	15	14	29
Griffin School District	0	0	0	11	5	16	0	0	0	62	67	129
Harrington School District	0	0	0	0	0	0	0	0	0	29	46	75
Highland School District	25	23	48	6	1	7	0	0	0	111	95	206
Highline School District	0	0	0	81	35	116	241	62	303	1883	1174	3057
Hockinson School District	74	82	156	0	0	0	0	0	0	4	9	13
Hood Canal School District	0	0	0	1	1	2	0	0	0	38	14	52
Hoquiam School District	0	0	0	1	0	1	0	0	0	198	153	351
Inchelium School District	0	0	0	3	4	7	0	0	0	35	17	52
Index School District	0	0	0	1	0	1	0	0	0	5	2	7
Issaquah School District	0	0	0	0	0	0	0	0	0	1832	1369	3201
Kahlotus School District	0	0	0	1	0	1	0	0	0	17	27	44
Kalama School District	26	31	57	1	0	1	0	0	0	35	45	80
Keller School District	0	0	0	1	0	1	0	0	0	9	1	10
Kelso School District	125	83	208	28	19	47	0	0	0	329	298	627
Kennewick School District	76	72	148	41	25	66	0	0	0	1536	1625	3161
Kent School District	0	0	0	80	68	148	0	0	0	2650	1994	4644
Kettle Falls School District	0	0	0	1	0	1	0	0	0	88	92	180
Kiona-Benton City School District	24	26	50	6	2	8	0	0	0	128	128	256
Kittitas School District	0	0	0	0	0	0	0	0	0	70	100	170
Klickitat School District	0	0	0	0	0	0	0	0	0	17	7	24
La Center School District	39	50	89	6	5	11	0	0	0	50	68	118
La Conner School District	0	0	0	7	9	16	0	0	0	82	102	184
LaCrosse School District	10	13	23	0	0	0	0	0	0	12	11	23
Lake Chelan School District	0	0	0	2	2	4	0	0	0	173	203	376
Lake Quinault School District	0	0	0	0	0	0	0	0	0	30	24	54
Lake Stevens School District	82	80	162	28	2	30	56	28	84	639	605	1244
Lake Washington School District	1333	1050	2383	0	0	0	0	0	0	1165	767	1932
Lakewood School District	0	0	0	1	0	1	0	0	0	210	216	426
Lamont School District	0	0	0	1	0	1	0	0	0	8	5	13
Liberty School District	60	72	132	0	0	0	0	0	0	0	0	0
Lind School District	0	0	0	2	0	2	0	0	0	31	36	67
Longview School District	265	180	445	37	25	62	0	0	0	414	402	816
Loon Lake School District	0	0	0	1	0	1	0	0	0	12	14	26
Lopez School District	0	0	0	0	0	0	0	0	0	45	47	92
Lyle School District	0	0	0	0	0	0	0	0	0	33	18	51
Lynden School District	0	0	0	0	0	0	1	0	1	314	325	639
Mabton School District	0	0	0	7	5	12	0	0	0	98	86	184
Mansfield School District	0	0	0	0	0	0	0	0	0	23	46	69
Manson School District	0	0	0	2	0	2	0	0	0	94	104	198
Mary M Knight School District	0	0	0	4	4	8	0	0	0	21	32	53

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	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Mary Walker School District	0	0	0	0	0	0	0	0	0	67	83	150
Marysville School District	0	0	0	134	72	206	0	0	0	934	896	1830
McCleary School District	0	0	0	2	1	3	0	0	0	36	25	61
Mead School District	247	208	455	24	19	43	0	0	0	698	793	1491
Medical Lake School District	89	109	198	0	0	0	0	0	0	38	28	66
Mercer Island School District	0	0	0	5	7	12	0	0	0	399	287	686
Meridian School District	0	0	0	0	0	0	0	0	0	173	149	322
Methow Valley School District	0	0	0	0	0	0	0	0	0	75	97	172
Mill A School District	0	0	0	0	0	0	0	0	0	6	11	17
Monroe School District	0	0	0	34	22	56	0	0	0	534	483	1017
Montesano School District	0	0	0	1	0	1	0	0	0	137	157	294
Morton School District	0	0	0	4	5	9	0	0	0	33	26	59
Moses Lake School District	0	0	0	128	110	238	0	0	0	708	711	1419
Mossyrock School District	0	0	0	1	0	1	0	0	0	68	56	124
Mount Adams School District	44	29	73	4	5	9	0	0	0	81	54	135
Mount Baker School District	0	0	0	0	0	0	4	0	4	239	224	463
Mount Pleasant School District	0	0	0	0	0	0	0	0	0	4	1	5
Mount Vernon School District	0	0	0	7	9	16	0	0	0	777	616	1393
Mukilteo School District	0	0	0	0	0	0	0	0	0	1363	1058	2421
Naches Valley School District	20	6	26	3	0	3	0	0	0	82	86	168
Napavine School District	0	0	0	2	0	2	0	0	0	72	75	147
Naselle-Grays River Valley School District	0	0	0	12	13	25	0	0	0	32	54	86
Nespelem School District	0	0	0	3	1	4	0	0	0	20	19	39
Newport School District	4	2	6	8	8	16	0	0	0	113	84	197
Nine Mile Falls School District	79	108	187	0	0	0	0	0	0	61	129	190
Nooksack Valley School District	0	0	0	0	0	0	3	0	3	199	210	409
North Beach School District	0	0	0	2	1	3	0	0	0	80	64	144
North Franklin School District	92	116	208	0	0	0	0	0	0	225	271	496
North Kitsap School District	0	0	0	25	9	34	0	0	0	563	486	1049
North Mason School District	0	0	0	54	39	93	0	0	0	142	98	240
North River School District	0	0	0	0	0	0	0	0	0	17	16	33
North Thurston Public Schools	0	0	0	67	33	100	0	0	0	1339	1207	2546
Northport School District	0	0	0	0	0	0	0	0	0	37	38	75
Northshore School District	0	0	0	0	0	0	0	0	0	261	149	410
Oak Harbor School District	0	0	0	56	19	75	0	0	0	432	410	842
Oakesdale School District	0	0	0	0	0	0	0	0	0	21	44	65
Oakville School District	0	0	0	1	0	1	0	0	0	37	33	70
Ocean Beach School District	0	0	0	11	1	12	0	0	0	104	74	178
Ocosta School District	0	0	0	4	3	7	0	0	0	82	74	156
Odessa School District	0	0	0	0	0	0	0	0	0	38	46	84
Okanogan School District	0	0	0	6	5	11	0	0	0	121	98	219
Olympia School District	0	0	0	322	177	499	0	0	0	642	572	1214
Omak School District	0	0	0	18	9	27	0	0	0	297	311	608
Onalaska School District	0	0	0	3	5	8	0	0	0	77	81	158

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	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Onion Creek School District	0	0	0	0	0	0	0	0	0	9	10	19
Orcas Island School District	0	0	0	0	0	0	0	0	0	87	76	163
Orchard Prairie School District	0	0	0	0	0	0	0	0	0	8	3	11
Orient School District	0	0	0	0	0	0	0	0	0	8	9	17
Orondo School District	0	0	0	1	0	1	0	0	0	29	22	51
Oroville School District	0	0	0	9	22	31	0	0	0	39	37	76
Orting School District	0	0	0	0	0	0	0	0	0	222	223	445
Othello School District	0	0	0	9	17	26	0	0	0	431	483	914
Palisades School District	0	0	0	0	0	0	0	0	0	9	16	25
Palouse School District	5	4	9	0	0	0	0	0	0	22	21	43
Pasco School District	159	95	254	41	38	79	0	0	0	1607	1594	3201
Pateros School District	0	0	0	1	1	2	0	0	0	37	29	66
Paterson School District	0	0	0	0	0	0	0	0	0	15	20	35
Pe Ell School District	0	0	0	0	0	0	0	0	0	45	37	82
Peninsula School District	0	0	0	294	172	466	0	0	0	505	442	947
Pioneer School District	0	0	0	3	2	5	0	0	0	88	59	147
Pomeroy School District	0	0	0	2	6	8	0	0	0	34	50	84
Port Angeles School District	0	0	0	25	19	44	0	0	0	408	369	777
Port Townsend School District	0	0	0	9	9	18	0	0	0	131	116	247
Prescott School District	9	4	13	3	5	8	0	0	0	24	15	39
Prosser School District	62	58	120	11	15	26	0	0	0	243	284	527
Pullman School District	185	177	362	0	0	0	17	10	27	40	13	53
Puyallup School District	254	202	456	0	0	0	0	0	0	1469	1072	2541
Queets-Clearwater School District	0	0	0	2	1	3	0	0	0	9	3	12
Quilcene School District	0	0	0	1	0	1	0	0	0	42	19	61
Quillayute Valley School District	0	0	0	6	1	7	0	0	0	157	117	274
Quincy School District	0	0	0	23	8	31	0	0	0	293	314	607
Rainier School District	0	0	0	2	3	5	0	0	0	74	58	132
Raymond School District	0	0	0	0	0	0	0	0	0	75	57	132
Reardan-Edwall School District	0	0	0	2	2	4	0	0	0	63	56	119
Renton School District	0	0	0	70	47	117	0	0	0	1592	1077	2669
Republic School District	0	0	0	1	0	1	0	0	0	39	45	84
Richland School District	141	96	237	69	67	136	0	0	0	881	835	1716
Ridgefield School District	77	88	165	3	2	5	0	0	0	64	89	153
Ritzville School District	0	0	0	0	0	0	0	0	0	50	95	145
Riverside School District	175	151	326	0	0	0	0	0	0	0	0	0
Riverview School District	0	0	0	10	6	16	0	0	0	271	247	518
Rochester School District	0	0	0	13	7	20	0	0	0	195	241	436
Roosevelt School District	0	0	0	0	0	0	0	0	0	4	0	4
Rosalia School District	4	6	10	0	0	0	0	0	0	31	29	60
Royal School District	0	0	0	8	4	12	0	0	0	176	169	345
San Juan Island School District	0	0	0	0	0	0	4	2	6	83	86	169
Satsop School District	0	0	0	0	0	0	0	0	0	7	3	10
Seattle Public Schools	2920	2101	5021	257	213	470	0	0	0	2654	1899	4553

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B3g
Health Plans Family Out-of-Pocket Maximums
For the Plan Year Ending in 2015

District	Family Out-of-Pocket-Maxima: $0–$1,000			Family Out-of-Pocket-Maxima: $1,000–$2,000			Family Out-of-Pocket-Maxima: $2,000–$3,000			Family Out-of-Pocket-Maxima: $3,000+		
	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Sedro-Woolley School District	0	0	0	15	8	23	0	0	0	445	363	808
Selah School District	41	27	68	15	11	26	0	0	0	321	319	640
Selkirk School District	0	0	0	0	0	0	0	0	0	33	33	66
Sequim School District	96	142	238	2	0	2	15	4	19	258	290	548
Shaw Island School District	0	0	0	0	0	0	0	0	0	3	3	6
Shelton School District	0	0	0	8	4	12	0	0	0	503	329	832
Shoreline School District	0	0	0	38	17	55	0	0	0	881	750	1631
Skamania School District	4	2	6	0	0	0	0	0	0	9	9	18
Skykomish School District	0	0	0	1	0	1	0	0	0	18	6	24
Snohomish School District	0	0	0	71	42	113	0	0	0	803	878	1681
Snoqualmie Valley School District	0	0	0	63	31	94	0	0	0	483	423	906
Soap Lake School District	0	0	0	4	1	5	0	0	0	52	57	109
South Bend School District	0	0	0	6	7	13	0	0	0	80	95	175
South Kitsap School District	0	0	0	25	6	31	0	0	0	796	654	1450
South Whidbey School District	0	0	0	13	10	23	0	0	0	154	130	284
Southside School District	0	0	0	0	0	0	0	0	0	17	19	36
Spokane School District	2523	2182	4705	76	76	152	0	0	0	538	924	1462
Sprague School District	0	0	0	1	0	1	0	0	0	18	14	32
St. John School District	0	0	0	2	1	3	0	0	0	26	35	61
Stanwood-Camano School District	0	0	0	14	14	28	0	0	0	406	362	768
Star School District	0	0	0	0	0	0	0	0	0	6	8	14
Starbuck School District	0	0	0	0	0	0	0	0	0	6	3	9
Stehekin School District	0	0	0	1	1	2	0	0	0	0	0	0
Steilacoom Hist. School District	0	0	0	23	12	35	0	0	0	215	174	389
Steptoe School District	0	0	0	0	0	0	0	0	0	8	14	22
Stevenson-Carson School District	19	10	29	0	0	0	0	0	0	90	78	168
Sultan School District	0	0	0	16	15	31	0	0	0	175	171	346
Summit Valley School District	0	0	0	0	0	0	0	0	0	10	7	17
Sumner School District	0	0	0	35	15	50	0	0	0	832	892	1724
Sunnyside School District	28	30	58	30	10	40	0	0	0	699	673	1372
Tacoma School District	2455	2770	5225	0	0	0	327	295	622	0	0	0
Taholah School District	0	0	0	3	4	7	0	0	0	38	22	60
Tahoma School District	0	0	0	47	37	84	0	0	0	638	649	1287
Tekoa School District	6	9	15	1	0	1	0	0	0	23	35	58
Tenino School District	0	0	0	13	3	16	0	0	0	106	98	204
Thorp School District	0	0	0	0	0	0	0	0	0	25	20	45
Toledo School District	0	0	0	3	0	3	0	0	0	71	75	146
Tonasket School District	0	0	0	11	18	29	0	0	0	111	130	241
Toppenish School District	73	12	85	23	9	32	43	87	130	308	301	609
Touchet School District	17	21	38	0	0	0	0	0	0	15	12	27
Toutle Lake School District	20	13	33	9	4	13	0	0	0	38	54	92
Trout Lake School District	0	0	0	0	0	0	0	0	0	25	16	41
Tukwila School District	0	0	0	33	21	54	0	0	0	284	192	476
Tumwater School District	0	0	0	32	13	45	0	0	0	624	527	1151

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B3g
Health Plans Family Out-of-Pocket Maximums
For the Plan Year Ending in 2015

District	Family Out-of-Pocket-Maxima: $0–$1,000			Family Out-of-Pocket-Maxima: $1,000–$2,000			Family Out-of-Pocket-Maxima: $2,000–$3,000			Family Out-of-Pocket-Maxima: $3,000+		
	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members	Employees	Dependents	Members
Union Gap School District	0	0	0	3	0	3	0	0	0	74	49	123
University Place School District	63	54	117	0	0	0	122	80	202	370	313	683
Valley School District	4	5	9	5	0	5	0	0	0	82	92	174
Vancouver School District	819	675	1494	77	40	117	0	0	0	1484	1312	2796
Vashon Island School District	0	0	0	57	44	101	0	0	0	99	121	220
Wahkiakum School District	0	0	0	0	0	0	0	0	0	44	78	122
Wahluke School District	0	0	0	3	0	3	0	0	0	245	216	461
Waitsburg School District	0	0	0	0	0	0	0	0	0	35	27	62
Walla Walla Public Schools	91	64	155	0	0	0	0	0	0	620	592	1212
Wapato School District	156	67	223	20	43	63	0	0	0	211	250	461
Warden School District	0	0	0	0	0	0	0	0	0	101	144	245
Washougal School District	102	42	144	0	0	0	0	0	0	0	0	0
Washtucna School District	0	0	0	1	0	1	0	0	0	17	13	30
Waterville School District	0	0	0	2	5	7	0	0	0	33	39	72
Wellpinit School District	0	0	0	3	5	8	0	0	0	71	35	106
Wenatchee School District	0	0	0	37	26	63	0	0	0	832	766	1598
West Valley School District (Spokane)	217	185	402	8	9	17	0	0	0	185	168	353
West Valley School District (Yakima)	23	9	32	13	24	37	0	0	0	446	520	966
White Pass School District	0	0	0	3	0	3	0	0	0	56	42	98
White River School District	0	0	0	38	25	63	0	0	0	321	273	594
White Salmon Valley School District	0	0	0	0	0	0	0	0	0	122	82	204
Wilbur School District	0	0	0	0	0	0	0	0	0	43	57	100
Willapa Valley School District	0	0	0	6	11	17	0	0	0	37	22	59
Wilson Creek School District	0	0	0	4	1	5	0	0	0	28	28	56
Winlock School District	0	0	0	2	3	5	0	0	0	73	67	140
Wishkah Valley School District	0	0	0	0	0	0	0	0	0	23	13	36
Wishram School District	0	0	0	0	0	0	0	0	0	18	27	45
Woodland School District	205	159	364	0	0	0	38	19	57	130	151	281
Yakima School District	526	599	1125	14	9	23	0	0	0	999	818	1817
Yelm School District	0	0	0	212	147	359	0	0	0	308	278	586
Zillah School District	43	18	61	3	6	9	0	0	0	89	115	204
Grand Total	**19,216**	**16,797**	**36,013**	**5,232**	**3,428**	**8,660**	**1,409**	**1,042**	**2,451**	**77,911**	**70,641**	**148,552**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B3h
Claims Expenses (Average Claims Costs)
For the Plan Year Ending in 2015

District	Per Employee Per Month	Per Member Per Month
Aberdeen School District	$931.68	$548.62
Adna School District	$960.59	$388.81
Almira School District	$1,135.76	$419.74
Anacortes School District	$1,036.59	$1,036.59
Arlington School District	$846.07	$846.07
Asotin-Anatone School District	$871.68	$783.25
Auburn School District	$948.10	$501.08
Bainbridge Island School District	$993.10	$993.10
Battle Ground School District	$1,049.05	$521.74
Bellevue School District	$924.35	$482.23
Bellingham School District	$851.77	$851.77
Benge School District	$835.31	$334.13
Bethel School District	$871.70	$627.23
Bickleton School District	$2,375.18	$2,375.18
Blaine School District	$936.46	$936.46
Boistfort School District	$872.01	$642.53
Bremerton School District	$970.28	$970.28
Brewster School District	$770.61	$450.12
Bridgeport School District	$844.15	$450.21
Brinnon School District	$861.75	$861.75
Burlington-Edison School District	$927.15	$927.15
Camas School District	$917.14	$428.23
Cape Flattery School District	$773.15	$554.09
Carbonado School District	$826.68	$551.12
Cascade School District	$889.80	$889.80
Cashmere School District	$774.95	$774.95
Castle Rock School District	$915.52	$324.40
Centerville School District	$1,114.72	$619.29
Central Kitsap School District	$908.39	$908.39
Central Valley School District	$872.31	$872.31
Centralia School District	$859.11	$302.70
Chehalis School District	$838.53	$437.00

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B3h
Claims Expenses (Average Claims Costs)
For the Plan Year Ending in 2015

District	Per Employee Per Month	Per Member Per Month
Cheney School District	$963.05	$963.05
Chewelah School District	$768.49	$423.83
Chimacum School District	$948.75	$553.44
Clarkston School District	$968.45	$968.45
Cle Elum-Roslyn School District	$820.26	$415.55
Clover Park School District	$994.22	$587.01
Colfax School District	$934.27	$442.91
College Place School District	$748.72	$415.60
Colton School District	$1,171.20	$570.59
Columbia (Stevens) School District	$1,164.63	$723.96
Columbia (Walla Walla) School District	$963.86	$520.84
Colville School District	$902.46	$902.46
Concrete School District	$767.57	$498.53
Conway School District	$1,025.72	$1,025.72
Cosmopolis School District	$742.74	$436.90
Coulee-Hartline School District	$839.73	$532.91
Coupeville School District	$782.51	$566.86
Crescent School District	$870.28	$454.06
Creston School District	$899.84	$899.84
Curlew School District	$874.67	$539.69
Cusick School District	$984.26	$479.51
Damman School District	$583.51	$486.26
Darrington School District	$953.57	$811.25
Davenport School District	$892.47	$892.47
Dayton School District	$1,276.96	$851.31
Deer Park School District	$815.55	$411.29
Dieringer School District	$802.66	$378.61
Dixie School District	$1,064.20	$798.15
East Valley School District (Spokane)	$828.21	$828.21
East Valley School District (Yakima)	$920.55	$920.55
Eastmont School District	$862.09	$444.93
Easton School District	$836.62	$836.62

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B3h
Claims Expenses (Average Claims Costs)
For the Plan Year Ending in 2015

District	Per Employee Per Month	Per Member Per Month
Eatonville School District	$828.64	$392.96
Edmonds School District	$1,047.01	$1,047.01
Ellensburg School District	$859.22	$511.06
Elma School District	$936.55	$546.03
Endicott School District	$821.23	$821.23
Entiat School District	$855.38	$366.59
Enumclaw School District	$866.30	$866.30
Ephrata School District	$865.64	$386.84
Evaline School District	$471.19	$251.30
Everett School District	$1,011.12	$397.80
Evergreen School District (Clark)	$991.28	$619.85
Evergreen School District (Stevens)	$950.78	$950.78
Federal Way School District	$831.96	$831.96
Ferndale School District	$882.24	$445.31
Fife School District	$920.72	$920.72
Finley School District	$910.48	$469.61
Franklin Pierce School District	$976.03	$588.75
Freeman School District	$847.85	$847.85
Garfield School District	$1,120.16	$1,120.16
Glenwood School District	$759.69	$633.08
Goldendale School District	$965.84	$965.84
Grand Coulee Dam School District	$888.65	$477.77
Grandview School District	$877.87	$436.52
Granger School District	$1,082.72	$530.62
Granite Falls School District	$854.94	$422.87
Grapeview School District	$793.91	$486.59
Great Northern School District	$1,017.48	$1,017.48
Green Mountain School District	$958.24	$515.98
Griffin School District	$919.25	$482.77
Harrington School District	$893.33	$893.33
Highland School District	$928.22	$928.22
Highline School District	$906.29	$906.29

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B3h
Claims Expenses (Average Claims Costs)
For the Plan Year Ending in 2015

District	Per Employee Per Month	Per Member Per Month
Hockinson School District	$907.60	$416.60
Hood Canal School District	$828.33	$693.09
Hoquiam School District	$1,270.40	$743.78
Inchelium School District	$898.94	$850.35
Index School District	$775.32	$553.80
Issaquah School District	$869.97	$869.97
Kahlotus School District	$1,048.16	$1,048.16
Kalama School District	$1,075.75	$717.17
Keller School District	$856.17	$856.17
Kelso School District	$882.63	$476.66
Kennewick School District	$890.26	$890.26
Kent School District	$879.26	$500.78
Kettle Falls School District	$865.38	$427.72
Kiona-Benton City School District	$814.54	$420.57
Kittitas School District	$882.07	$372.99
Klickitat School District	$982.06	$795.00
La Center School District	$954.88	$439.16
La Conner School District	$989.78	$435.29
LaCrosse School District	$1,004.94	$966.29
Lake Chelan School District	$803.89	$803.89
Lake Quinault School District	$968.49	$553.42
Lake Stevens School District	$835.28	$835.28
Lake Washington School District	$918.22	$523.94
Lakewood School District	$993.93	$490.77
Lamont School District	$886.73	$498.79
Liberty School District	$951.22	$951.22
Lind School District	$921.15	$439.95
Longview School District	$912.13	$547.28
Loon Lake School District	$540.00	$369.47
Lopez School District	$933.27	$933.27
Lyle School District	$1,088.69	$921.20
Lynden School District	$787.87	$787.87

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B3h
Claims Expenses (Average Claims Costs)
For the Plan Year Ending in 2015

District	Per Employee Per Month	Per Member Per Month
Mabton School District	$878.83	$437.37
Mansfield School District	$892.99	$297.66
Manson School District	$898.21	$430.58
Mary M Knight School District	$1,190.71	$543.58
Mary Walker School District	$1,917.84	$1,463.62
Marysville School District	$992.56	$992.56
McCleary School District	$1,101.27	$638.74
Mead School District	$900.31	$284.89
Medical Lake School District	$890.22	$751.65
Mercer Island School District	$991.01	$618.07
Meridian School District	$782.51	$782.51
Methow Valley School District	$722.49	$722.49
Mill A School District	$1,142.07	$407.88
Monroe School District	$904.01	$511.24
Montesano School District	$883.81	$416.10
Morton School District	$924.17	$548.23
Moses Lake School District	$949.59	$484.27
Mossyrock School District	$903.35	$510.23
Mount Adams School District	$907.44	$907.44
Mount Baker School District	$843.36	$843.36
Mount Pleasant School District	$547.13	$547.13
Mount Vernon School District	$869.71	$466.78
Mukilteo School District	$941.02	$544.59
Naches Valley School District	$892.52	$892.52
Napavine School District	$753.44	$365.44
Naselle-Grays River Valley School District	$1,121.92	$415.88
Nespelem School District	$830.90	$830.90
Newport School District	$790.74	$426.06
Nine Mile Falls School District	$976.07	$358.61
Nooksack Valley School District	$840.25	$840.25
North Beach School District	$829.82	$565.79
North Franklin School District	$764.16	$351.78

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B3h
Claims Expenses (Average Claims Costs)
For the Plan Year Ending in 2015

District	Per Employee Per Month	Per Member Per Month
North Kitsap School District	$892.71	$892.71
North Mason School District	$912.40	$554.26
North River School District	$788.89	$788.89
North Thurston Public Schools	$882.01	$597.45
Northport School District	$856.19	$856.19
Northshore School District	$831.79	$459.43
Oak Harbor School District	$879.75	$879.75
Oakesdale School District	$1,038.05	$1,038.05
Oakville School District	$754.19	$295.46
Ocean Beach School District	$826.03	$470.33
Ocosta School District	$961.64	$538.79
Odessa School District	$830.19	$390.09
Okanogan School District	$813.83	$591.45
Olympia School District	$1,013.31	$619.00
Omak School District	$783.19	$783.19
Onalaska School District	$735.92	$389.86
Onion Creek School District	$953.78	$953.78
Orcas Island School District	$979.77	$444.38
Orchard Prairie School District	$913.96	$913.96
Orient School District	$991.28	$849.66
Orondo School District	$801.94	$465.12
Oroville School District	$1,003.67	$505.50
Orting School District	$953.17	$953.17
Othello School District	$851.40	$411.71
Palisades School District	$972.61	$972.61
Palouse School District	$1,274.08	$586.08
Pasco School District	$780.87	$780.87
Pateros School District	$596.14	$350.67
Paterson School District	$781.67	$781.67
Pe Ell School District	$858.12	$491.99
Peninsula School District	$915.97	$915.97
Pioneer School District	$845.77	$845.77

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B3h
Claims Expenses (Average Claims Costs)
For the Plan Year Ending in 2015

District	Per Employee Per Month	Per Member Per Month
Pomeroy School District	$1,057.22	$397.77
Port Angeles School District	$921.30	$921.30
Port Townsend School District	$959.57	$520.25
Prescott School District	$798.37	$532.24
Prosser School District	$966.39	$421.60
Pullman School District	$772.63	$423.06
Puyallup School District	$906.01	$906.01
Queets-Clearwater School District	$1,097.58	$1,097.58
Quilcene School District	$1,825.75	$1,825.75
Quillayute Valley School District	$836.71	$516.33
Quincy School District	$1,051.18	$520.89
Rainier School District	$863.73	$471.64
Raymond School District	$881.59	$563.03
Reardan-Edwall School District	$930.76	$493.22
Renton School District	$928.37	$928.37
Republic School District	$804.27	$257.10
Richland School District	$873.43	$473.56
Ridgefield School District	$928.35	$497.33
Ritzville School District	$1.32	$1.32
Riverside School District	$1,195.14	$1,195.14
Riverview School District	$893.76	$893.76
Rochester School District	$870.84	$449.13
Roosevelt School District	$666.11	$666.11
Rosalia School District	$1,118.26	$974.89
Royal School District	$787.29	$787.29
San Juan Island School District	$1,096.46	$1,096.46
Satsop School District	$928.52	$722.18
Seattle Public Schools	$878.79	$432.20
Sedro-Woolley School District	$828.77	$463.58
Selah School District	$876.94	$876.94
Selkirk School District	$1,030.12	$1,030.12
Sequim School District	$975.01	$975.01

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B3h
Claims Expenses (Average Claims Costs)
For the Plan Year Ending in 2015

District	Per Employee Per Month	Per Member Per Month
Shaw Island School District	$835.40	$417.70
Shelton School District	$839.46	$509.25
Shoreline School District	$947.66	$947.66
Skamania School District	$913.07	$537.10
Skykomish School District	$3,776.17	$3,776.17
Snohomish School District	$1,003.79	$1,003.79
Snoqualmie Valley School District	$939.25	$506.56
Soap Lake School District	$2,510.77	$2,510.77
South Bend School District	$915.20	$427.09
South Kitsap School District	$739.19	$524.89
South Whidbey School District	$921.10	$921.10
Southside School District	$773.17	$331.36
Spokane School District	$990.21	$479.75
Sprague School District	$1,014.77	$1,014.77
St. John School District	$883.46	$883.46
Stanwood-Camano School District	$928.10	$491.21
Star School District	$669.11	$669.11
Starbuck School District	$1,367.14	$1,367.14
Stehekin School District	$1,871.01	$1,871.01
Steilacoom Hist. School District	$904.95	$493.23
Steptoe School District	$914.44	$332.52
Stevenson-Carson School District	$1,008.57	$540.91
Sultan School District	$983.31	$546.97
Summit Valley School District	$1,041.77	$1,041.77
Sumner School District	$807.24	$418.18
Sunnyside School District	$819.00	$439.20
Tacoma School District	$1,033.50	$490.67
Taholah School District	$1,566.42	$1,566.42
Tahoma School District	$908.95	$454.48
Tekoa School District	$989.25	$989.25
Tenino School District	$818.14	$818.14
Thorp School District	$1,016.87	$616.29

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit B3h
Claims Expenses (Average Claims Costs)
For the Plan Year Ending in 2015

District	Per Employee Per Month	Per Member Per Month
Toledo School District	$919.05	$626.16
Tonasket School District	$912.50	$449.06
Toppenish School District	$930.85	$930.85
Touchet School District	$1,331.07	$1,331.07
Toutle Lake School District	$913.97	$375.38
Trout Lake School District	$1,128.13	$752.09
Tukwila School District	$950.22	$950.22
Tumwater School District	$876.51	$481.93
Union Gap School District	$824.17	$824.17
University Place School District	$840.79	$840.79
Valley School District	$847.27	$471.29
Vancouver School District	$833.55	$339.49
Vashon Island School District	$1,012.73	$503.04
Wahkiakum School District	$1,040.99	$375.91
Wahluke School District	$863.02	$863.02
Waitsburg School District	$874.87	$507.99
Walla Walla Public Schools	$846.94	$846.94
Wapato School District	$869.32	$869.32
Warden School District	$808.56	$367.26
Washougal School District	$899.79	$564.54
Washtucna School District	$1,020.33	$598.13
Waterville School District	$817.52	$525.55
Wellpinit School District	$735.78	$735.78
Wenatchee School District	$876.29	$876.29
West Valley School District (Spokane)	$986.21	$519.19
West Valley School District (Yakima)	$1,046.56	$1,046.56
White Pass School District	$881.84	$476.92
White River School District	$927.23	$504.15
White Salmon Valley School District	$904.86	$514.53
Wilbur School District	$833.04	$833.04
Willapa Valley School District	$946.52	$946.52
Wilson Creek School District	$900.62	$900.62

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K–12 School District Data Collection Project
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Claims Expenses (Average Claims Costs)
For the Plan Year Ending in 2015

District	Per Employee Per Month	Per Member Per Month
Winlock School District	$887.75	$455.87
Wishkah Valley School District	$919.27	$584.99
Wishram School District	$769.54	$348.12
Woodland School District	$940.01	$518.69
Yakima School District	$990.83	$990.83
Yelm School District	$890.77	$571.77
Zillah School District	$815.00	$815.00
Average	**$909.92**	**$581.59**