Exhibit	Exhibit Title	Source	Section
A1	ESSB 5940 Data Requirements	Non-Database	
A2a	Health Plan Options by District	Carrier Data Call	8
A2b	Health Plan Coverage Periods	Carrier Data Call	4
A3	Enrollment by Benefit Package and Health Plan	Carrier Data Call	8
A4a	Employee and Dependent Counts by District for All Plans Combined — As Reported by the Carriers	Carrier Data Call	8
A4b	Enrollment by District for All Plans Combined — Reporting Districts Only	District Data Call	7 and 8
A4c	Enrollment by District — Reporting Districts Only	District Data Call	4,5,7
A5a	Health Plan Design Comparison — One Page Summary	Carrier Data Call	4
A5b	Health Plans by Actuarial Value	Carrier Data Call	4
A5c	Health Plan Design Comparison — Deductibles (Paid by Plan Participant)	Carrier Data Call	4
A5d	Health Plan Design Comparison — Coinsurance (Paid by Plan Participant)	Carrier Data Call	4
A5e	Health Plan Design Comparison — Co-Payments (Paid by Plan Participant)	Carrier Data Call	4
A5f	Health Plan Design Comparison — Out of-Pocket Maximums (Paid by Plan Participant)	Carrier Data Call	4
A5g	Health Plan Design Comparison — Prescription Drugs (At Participating Pharmacies)	Carrier Data Call	4
A6a	Total Costs by District for District-Specific Health Plans Combined Sorted by District	Carrier Data Call	8
A6b	Total Costs by District for District-Specific Health Plans Combined Sorted by Total Cost PMPM In Descending Cost Order	Carrier Data Call	8
A7a	Average Costs and Contributions by District — Differential by Employee/Family Contributions — Full-Time Employees	District Data Call	**7**
A7b	Average Costs and Contributions by District — Differential by Employee/Family Contributions — Part-Time Employees	District Data Call	**7**
A8a	Financial Plan Structure and Overall Performance by Benefit Package — Monthly Employee Counts	Carrier Data Call	6
A8b	Financial Plan Structure and Overall Performance by Benefit Package — Monthly Dependent Counts	Carrier Data Call	6
A8c	Financial Plan Structure and Overall Performance by Benefit Package — Monthly Claims	Carrier Data Call	6
A8d	Financial Plan Structure and Overall Performance by Benefit Package — Monthly Premiums	Carrier Data Call	6
A8e	Financial Plan Structure and Overall Performance by Benefit Package — Loss Ratios	Carrier Data Call	6
A8f	Financial Plan Structure and Overall Performance by Benefit Package	Carrier Data Call	6
A9a	Experience Reports by Benefit Package — Premiums and Claims Paid	Carrier Data Call	5
A9b	Experience Reports by Benefit Package — Claims Paid Per Employee Per Month	Carrier Data Call	5
A9c	Experience Reports by Benefit Package — Claims Paid Per Member Per Month	Carrier Data Call	6
A9d	Experience Reports by Benefit Package — Utilization	Carrier Data Call	6
A9e	Experience Reports by Benefit Package — Utilization Per Unit Measure	Carrier Data Call	6
A9f	Experience Reports by Benefit Package — Monthly	Carrier Data Call	6
A9g	Experience Reports by Benefit Package — Per Employee Per Month	Carrier Data Call	6
A9h	Experience Reports by Benefit Package — Per Member Per Month	Carrier Data Call	6
A10	List of Large Claims by Claimant	Carrier Data Call	9
A11	Demographics by Benefit Package	Carrier Data Call	7
A12a	Annual Carrier Administrative Cost Breakdown by Benefit Package — Per Employee Per Month	Carrier Data Call	5
A12b	Annual Carrier Administrative Cost Breakdown by Benefit Package — Per Member Per Month	Carrier Data Call	5

Exhibit	Exhibit Title	Source	Section
A12c	Supplemental Services Financial Summary by District	District Data Call	1
A12d	Supplemental Services Financial Summary by Carrier	Carrier Data Call	1 and 7
A12e	District Administrative Costs by District Not Paid Through Carrier Insurance Premiums	District Data Call	1
A12f	District Administrative Costs by District Not Paid by Insurance Carrier Premiums Per Employee Per Month	District Data Call	1
A12g	District Administrative Costs by District Not Paid by Insurance Carrier Premiums Per Member Per Month	District Data Call	1
A12h	District Staff Costs by District	District Data Call	1
A13	Paid Claims and Rate Reserves	Carrier Data Call	3
A14	Summary of Monthly Premium Rates with Composite Cost	Carrier Data Call	4 and 7
A15	Summary of Total Monthly Premium Rates by District with Composite Cost By District	District Data Call	7
A16	Summary of Monthly Payroll Rates by District with Composite Cost By District	District Data Call	7
A17	Summary of District Monthly Contributions by District with Composite Cost By District	District Data Call	7
A18a	Summary of Innovative Plans Features For All Plans Combined by Carrier — Table 1	Carrier Data Call	1 and 2
A18b	Summary of Innovative Plans Features For All Plans Combined by District — Table 2	District Data Call	1
A19a	Efforts and Achievements by Carrier	Carrier Data Call	1
A19b	Efforts and Achievements by District	District Data Call	
A20	Glossary of Acronyms	Non-Database	
A21a	Traceability Matrix for Carriers	Non-Database	
A21b	Traceability Matrix for Districts	Non-Database	
A21c	Column Definitions for the Traceability Matrices	Non-Database	
A22	Report Contributors	Non-Database	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A1

ESSB 5940 Data Requirements

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

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A2a

Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
Aberdeen School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Adna School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Almira School District	Plan 286	PPO	Y	N
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 323	In-N	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
Anacortes School District	Plan 091	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 286	PPO	Y	N
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 323	In-N	Y	N

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K–12 School District Data Collection Project

Exhibit A2a

Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Arlington School District	Plan 241	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Asotin-Anatone School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
Auburn School District	Plan 031	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A2a

Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
Bainbridge Island School District	Plan 018	HMO	Y	N
	Plan 027	HMO	Y	N
	Plan 264	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 324	PPO	Y	N
	Plan 325	PPO	Y	N
	Plan 326	PPO	Y	N
	Plan 327	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Battle Ground School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 300	In-N	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Bellevue School District	Plan 220	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 286	PPO	Y	N

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A2a

Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 323	In-N	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Bellingham School District	Plan 004	HMO	Y	N
	Plan 023	HMO	Y	N
	Plan 024	HMO	Y	N
	Plan 201	HMO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 357	PPO	Y	N
	Plan 358	PPO	Y	N
	Plan 359	PPO	Y	N
	Plan 360	PPO	Y	N
Benge School District	Plan 349	PPO	Y	N
Bethel School District	Plan 037	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A2a

Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 351	PPO	Y	N
Bickleton School District	Plan 351	PPO	Y	N
Blaine School District	Plan 001	HMO	Y	N
	Plan 005	HMO	Y	N
	Plan 357	PPO	Y	N
	Plan 358	PPO	Y	N
	Plan 359	PPO	Y	N
	Plan 360	PPO	Y	N
	Plan 361	PPO	Y	N
Boistfort School District	Plan 278	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
Bremerton School District	Plan 032	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 336	PPO	Y	N
	Plan 338	PPO	Y	N
	Plan 340	PPO	Y	N
	Plan 342	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Brewster School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N

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Exhibit A2a

Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Bridgeport School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Brinnon School District	Plan 278	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 351	PPO	Y	N
Burlington-Edison School District	Plan 019	HMO	Y	N
	Plan 204	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 286	PPO	Y	N
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 323	In-N	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N

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Exhibit A2a

Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
	Plan 363	PPO	Y	N
	Plan 366	PPO	Y	N
Camas School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 290	In-N	Y	N
	Plan 349	PPO	Y	N
Cape Flattery School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Carbonado School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Cascade School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N

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K–12 School District Data Collection Project

Exhibit A2a

Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Cashmere School District	Plan 286	PPO	Y	N
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 323	In-N	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
Castle Rock School District	Plan 275	In-N	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Centerville School District	Plan 270	PPO	Y	N
	Plan 271	PPO	Y	N
	Plan 272	PPO	Y	N
Central Kitsap School District	Plan 230	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N

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Exhibit A2a

Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 351	PPO	Y	N
Central Valley School District	Plan 102	HMO	Y	N
	Plan 103	HMO	Y	N
	Plan 173	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 315	PPO	Y	N
	Plan 319	PPO	Y	N
	Plan 320	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Centralia School District	Plan 040	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Chehalis School District	Plan 036	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N

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Exhibit A2a

Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Cheney School District	Plan 068	HMO	Y	N
	Plan 069	HMO	Y	N
	Plan 113	HMO	Y	N
	Plan 194	HMO	Y	N
	Plan 195	HMO	Y	N
	Plan 258	PPO	Y	N
	Plan 259	PPO	Y	N
	Plan 260	PPO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Chewelah School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Chimacum School District	Plan 286	PPO	Y	N
	Plan 287	HMO	Y	N

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Exhibit A2a

Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 288	HMO	Y	N
	Plan 323	In-N	Y	N
	Plan 328	PPO	Y	N
	Plan 329	PPO	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
Clarkston School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Cle Elum-Roslyn School District	Plan 141	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 286	PPO	Y	N
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 323	In-N	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A2a

Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Clover Park School District	Plan 017	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Colfax School District	Plan 072	HMO	Y	N
	Plan 155	HMO	Y	N
	Plan 172	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 286	PPO	Y	N
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 323	In-N	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
College Place School District	Plan 139	HMO	Y	N
	Plan 278	PPO	Y	N

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K–12 School District Data Collection Project

Exhibit A2a

Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Colton School District	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
Columbia (Stevens) School District	Plan 171	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Columbia (Walla Walla) School District	Plan 122	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Colville School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A2a

Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Concrete School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
	Plan 363	PPO	Y	N
	Plan 366	PPO	Y	N
	Plan 367	PPO	Y	N
Conway School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Cosmopolis School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
Coulee-Hartline School District	Plan 286	PPO	Y	N
	Plan 287	HMO	Y	N

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Exhibit A2a

Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 288	HMO	Y	N
	Plan 323	In-N	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
Coupeville School District	Plan 013	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
	Plan 363	PPO	Y	N
	Plan 365	PPO	Y	N
	Plan 367	PPO	Y	N
	Plan 368	PPO	Y	N
Crescent School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Creston School District	Plan 278	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
Curlew School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Cusick School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 286	PPO	Y	N
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 323	In-N	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Damman School District	Plan 278	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 351	PPO	Y	N
Darrington School District	Plan 286	PPO	Y	N
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 323	In-N	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 349	PPO	Y	N
Davenport School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Dayton School District	Plan 097	HMO	Y	N
	Plan 164	HMO	Y	N
	Plan 165	HMO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Deer Park School District	Plan 078	HMO	Y	N
	Plan 111	HMO	Y	N
	Plan 158	HMO	Y	N
	Plan 176	HMO	Y	N
	Plan 318	PPO	Y	N
	Plan 321	PPO	Y	N
	Plan 322	PPO	Y	N
	Plan 348	PPO	Y	N

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Exhibit A2a

Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 350	PPO	Y	N
Dieringer School District	Plan 223	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Dixie School District	Plan 153	HMO	Y	N
	Plan 196	HMO	Y	N
East Valley School District (Spokane)	Plan 105	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 315	PPO	Y	N
	Plan 319	PPO	Y	N
	Plan 320	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
East Valley School District (Yakima)	Plan 132	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Eastmont School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Easton School District	Plan 286	PPO	Y	N
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 323	In-N	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
Eatonville School District	Plan 044	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Edmonds School District	Plan 045	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Ellensburg School District	Plan 174	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 286	PPO	Y	N
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 323	In-N	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Elma School District	Plan 048	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 286	PPO	Y	N
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 323	In-N	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Endicott School District	Plan 166	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 286	PPO	Y	N
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 323	In-N	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
Entiat School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 286	PPO	Y	N
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 323	In-N	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Enumclaw School District	Plan 047	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Ephrata School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 286	PPO	Y	N
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 323	In-N	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Evaline School District	Plan 278	PPO	Y	N
	Plan 280	PPO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
Everett School District	Plan 046	PPO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Evergreen School District (Clark)	Plan 276	In-N	Y	N
	Plan 277	In-N	Y	N
	Plan 278	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 281	Clos	Y	N
	Plan 283	Clos	Y	N
	Plan 291	In-N	Y	N
	Plan 301	In-N	Y	N
	Plan 310	In-N	Y	N
	Plan 312	In-N	Y	N
	Plan 313	In-N	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Evergreen School District (Stevens)	Plan 279	PPO	Y	N
	Plan 350	PPO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
Federal Way School District	Plan 234	HMO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Ferndale School District	Plan 006	HMO	Y	N
	Plan 202	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
	Plan 357	PPO	Y	N
	Plan 358	PPO	Y	N
	Plan 359	PPO	Y	N
	Plan 360	PPO	Y	N
Fife School District	Plan 163	HMO	Y	N
	Plan 266	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
Finley School District	Plan 125	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Franklin Pierce School District	Plan 038	HMO	Y	N
	Plan 330	PPO	Y	N
	Plan 333	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 350	PPO	Y	N
Freeman School District	Plan 079	HMO	Y	N
	Plan 080	HMO	Y	N
	Plan 106	HMO	Y	N
	Plan 145	HMO	Y	N
	Plan 159	HMO	Y	N
	Plan 279	PPO	Y	N
	Plan 315	PPO	Y	N
	Plan 319	PPO	Y	N
	Plan 320	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
	Plan 352	PPO	Y	N
	Plan 354	PPO	Y	N
Garfield School District	Plan 278	PPO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 279	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Glenwood School District	Plan 270	PPO	Y	N
	Plan 271	PPO	Y	N
	Plan 272	PPO	Y	N
Goldendale School District	Plan 270	PPO	Y	N
	Plan 271	PPO	Y	N
	Plan 272	PPO	Y	N
Grand Coulee Dam School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Grandview School District	Plan 129	HMO	Y	N
	Plan 197	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
Granger School District	Plan 120	HMO	Y	N
	Plan 177	HMO	Y	N
	Plan 191	HMO	Y	N
	Plan 248	PPO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Granite Falls School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
	Plan 362	PPO	Y	N
	Plan 364	PPO	Y	N
	Plan 365	PPO	Y	N
	Plan 366	PPO	Y	N
	Plan 367	PPO	Y	N
	Plan 368	PPO	Y	N
Grapeview School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Great Northern School District	Plan 349	PPO	Y	N
Green Mountain School District	Plan 278	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Griffin School District	Plan 263	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Harrington School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 286	PPO	Y	N
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 323	In-N	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 348	PPO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 349	PPO	Y	N
	Plan 351	PPO	Y	N
Highland School District	Plan 130	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 286	PPO	Y	N
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 323	In-N	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Highline School District	Plan 243	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
	Plan 362	PPO	Y	N
	Plan 365	PPO	Y	N
	Plan 366	PPO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 367	PPO	Y	N
	Plan 369	PPO	Y	N
Hockinson School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 295	In-N	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Hood Canal School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Hoquiam School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Inchelium School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Index School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 351	PPO	Y	N
Issaquah School District	Plan 051	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Kahlotus School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Kalama School District	Plan 307	In-N	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
Keller School District	Plan 279	PPO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 348	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Kelso School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 297	In-N	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Kennewick School District	Plan 124	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Kent School District	Plan 052	HMO	Y	N
	Plan 089	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 351	PPO	Y	N
	Plan 378	PPO	Y	N
	Plan 379	PPO	Y	N
	Plan 380	PPO	Y	N
	Plan 381	PPO	Y	N
	Plan 382	PPO	Y	N
	Plan 402	PPO	Y	N
	Plan 404	PPO	Y	N
Kettle Falls School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Kiona-Benton City School District	Plan 123	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Kittitas School District	Plan 286	PPO	Y	N
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 323	In-N	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
Klickitat School District	Plan 270	PPO	Y	N
	Plan 271	PPO	Y	N
	Plan 272	PPO	Y	N
La Center School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 296	In-N	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
La Conner School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
LaCrosse School District	Plan 161	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 286	PPO	Y	N
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 323	In-N	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Lake Chelan School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Lake Quinault School District	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 351	PPO	Y	N
Lake Stevens School District	Plan 056	HMO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
	Plan 362	PPO	Y	N
	Plan 363	PPO	Y	N
	Plan 365	PPO	Y	N
	Plan 367	PPO	Y	N
	Plan 368	PPO	Y	N
Lake Washington School District	Plan 054	HMO	Y	N

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Exhibit A2a

Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Lakewood School District	Plan 055	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
	Plan 363	PPO	Y	N
	Plan 365	PPO	Y	N
	Plan 367	PPO	Y	N
	Plan 368	PPO	Y	N
Lamont School District	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 351	PPO	Y	N
Liberty School District	Plan 112	HMO	Y	N
	Plan 143	HMO	Y	N
	Plan 256	PPO	Y	N
	Plan 257	PPO	Y	N

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Exhibit A2a

Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 315	PPO	Y	N
	Plan 319	PPO	Y	N
	Plan 320	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 350	PPO	Y	N
Lind School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Longview School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 309	In-N	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Loon Lake School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Lopez School District	Plan 212	HMO	Y	N
	Plan 279	PPO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
Lyle School District	Plan 270	PPO	Y	N
	Plan 271	PPO	Y	N
	Plan 272	PPO	Y	N
Lynden School District	Plan 007	HMO	Y	N
	Plan 200	HMO	Y	N
	Plan 357	PPO	Y	N
	Plan 358	PPO	Y	N
	Plan 359	PPO	Y	N
	Plan 360	PPO	Y	N
	Plan 361	PPO	Y	N
Mabton School District	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Mansfield School District	Plan 286	PPO	Y	N
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 323	In-N	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
Manson School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N

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Exhibit A2a

Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Mary M Knight School District	Plan 278	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Mary Walker School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 286	PPO	Y	N
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 323	In-N	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Marysville School District	Plan 206	HMO	Y	N
	Plan 217	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
McCleary School District	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Mead School District	Plan 104	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Medical Lake School District	Plan 071	HMO	Y	N
	Plan 114	HMO	Y	N
	Plan 142	HMO	Y	N
	Plan 162	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 315	PPO	Y	N
	Plan 319	PPO	Y	N
	Plan 320	PPO	Y	N
	Plan 348	PPO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 349	PPO	Y	N
	Plan 351	PPO	Y	N
Mercer Island School District	Plan 092	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Meridian School District	Plan 008	HMO	Y	N
	Plan 208	HMO	Y	N
	Plan 286	PPO	Y	N
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 323	In-N	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 357	PPO	Y	N
	Plan 358	PPO	Y	N
	Plan 359	PPO	Y	N
	Plan 360	PPO	Y	N
	Plan 361	PPO	Y	N
Methow Valley School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Mill A School District	Plan 270	PPO	Y	N
	Plan 271	PPO	Y	N
	Plan 272	PPO	Y	N
Monroe School District	Plan 093	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Montesano School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Morton School District	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
Moses Lake School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Mossyrock School District	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Mount Adams School District	Plan 121	HMO	Y	N
	Plan 140	HMO	Y	N
	Plan 178	HMO	Y	N
	Plan 179	HMO	Y	N
	Plan 249	PPO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Mount Baker School District	Plan 009	HMO	Y	N
	Plan 090	HMO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 348	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 357	PPO	Y	N
	Plan 358	PPO	Y	N
	Plan 359	PPO	Y	N
	Plan 360	PPO	Y	N
Mount Pleasant School District	Plan 348	PPO	Y	N
	Plan 351	PPO	Y	N
Mount Vernon School District	Plan 011	HMO	Y	N
	Plan 203	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 286	PPO	Y	N
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 323	In-N	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
	Plan 366	PPO	Y	N
	Plan 367	PPO	Y	N
Mukilteo School District	Plan 210	HMO	Y	N
	Plan 214	HMO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 215	HMO	Y	N
	Plan 218	HMO	Y	N
	Plan 348	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 389	PPO	Y	N
	Plan 390	PPO	Y	N
Naches Valley School District	Plan 110	HMO	Y	N
	Plan 133	HMO	Y	N
	Plan 180	HMO	Y	N
	Plan 181	HMO	Y	N
	Plan 250	PPO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 286	PPO	Y	N
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 323	In-N	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Napavine School District	Plan 096	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Naselle-Grays River Valley School District	Plan 279	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Nespelem School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Newport School District	Plan 119	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
	Plan 352	PPO	Y	N
	Plan 354	PPO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
Nine Mile Falls School District	Plan 087	HMO	Y	N
	Plan 115	HMO	Y	N
	Plan 116	HMO	Y	N
	Plan 147	HMO	Y	N
	Plan 148	HMO	Y	N
	Plan 156	HMO	Y	N
	Plan 157	HMO	Y	N
	Plan 354	PPO	Y	N
	Plan 356	PPO	Y	N
Nooksack Valley School District	Plan 010	HMO	Y	N
	Plan 205	HMO	Y	N
	Plan 357	PPO	Y	N
	Plan 358	PPO	Y	N
	Plan 359	PPO	Y	N
	Plan 360	PPO	Y	N
	Plan 361	PPO	Y	N
North Beach School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
North Franklin School District	Plan 149	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
North Kitsap School District	Plan 095	HMO	Y	N
	Plan 349	PPO	Y	N
	Plan 362	PPO	Y	N
	Plan 363	PPO	Y	N
	Plan 364	PPO	Y	N
	Plan 365	PPO	Y	N
	Plan 366	PPO	Y	N
	Plan 367	PPO	Y	N
	Plan 368	PPO	Y	N
North Mason School District	Plan 043	HMO	Y	N
	Plan 337	PPO	Y	N
	Plan 339	PPO	Y	N
	Plan 341	PPO	Y	N
	Plan 343	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 351	PPO	Y	N
North River School District	Plan 280	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
North Thurston Public Schools	Plan 020	HMO	Y	N
	Plan 050	HMO	Y	N
	Plan 278	PPO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 331	PPO	Y	N
	Plan 332	PPO	Y	N
	Plan 334	PPO	Y	N
	Plan 335	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Northport School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Northshore School District	Plan 094	HMO	Y	N
	Plan 371	PPO	Y	N
	Plan 372	PPO	Y	N
	Plan 373	PPO	Y	N
Oak Harbor School District	Plan 003	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Oakesdale School District	Plan 278	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 286	PPO	Y	N
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 323	In-N	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
Oakville School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Ocean Beach School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
Ocosta School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Odessa School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 286	PPO	Y	N
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 323	In-N	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Okanogan School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 286	PPO	Y	N
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 323	In-N	Y	N
	Plan 346	PPO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 347	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Olympia School District	Plan 049	HMO	Y	N
	Plan 063	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Omak School District	Plan 030	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Onalaska School District	Plan 025	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Onion Creek School District	Plan 286	PPO	Y	N
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 323	In-N	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
Orcas Island School District	Plan 213	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 363	PPO	Y	N
	Plan 365	PPO	Y	N
	Plan 366	PPO	Y	N
	Plan 367	PPO	Y	N
Orchard Prairie School District	Plan 286	PPO	Y	N
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 323	In-N	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
Orient School District	Plan 286	PPO	Y	N
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 323	In-N	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
Orondo School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Oroville School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Orting School District	Plan 035	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Othello School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Palisades School District	Plan 286	PPO	Y	N
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 323	In-N	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
Palouse School District	Plan 150	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Pasco School District	Plan 126	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Pateros School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N

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Exhibit A2a

Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Paterson School District	Plan 279	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
Pe Ell School District	Plan 278	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Peninsula School District	Plan 028	HMO	Y	N
	Plan 039	HMO	Y	N
	Plan 348	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 363	PPO	Y	N
	Plan 366	PPO	Y	N
	Plan 367	PPO	Y	N
Pioneer School District	Plan 015	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N

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Exhibit A2a

Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
Pomeroy School District	Plan 278	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
Port Angeles School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Port Townsend School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Prescott School District	Plan 107	HMO	Y	N
	Plan 199	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
Prosser School District	Plan 127	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Pullman School District	Plan 151	HMO	Y	N
	Plan 175	HMO	Y	N
	Plan 193	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
	Plan 352	PPO	Y	N
	Plan 354	PPO	Y	N
	Plan 355	PPO	Y	N
	Plan 356	PPO	Y	N
Puyallup School District	Plan 226	HMO	Y	N
	Plan 227	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 383	PPO	Y	N
	Plan 384	PPO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 385	PPO	Y	N
	Plan 386	PPO	Y	N
	Plan 387	PPO	Y	N
	Plan 388	PPO	Y	N
Queets-Clearwater School District	Plan 278	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Quilcene School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Quillayute Valley School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Quincy School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 286	PPO	Y	N
	Plan 287	HMO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 288	HMO	Y	N
	Plan 323	In-N	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Rainier School District	Plan 016	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Raymond School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
Reardan-Edwall School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Renton School District	Plan 222	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Republic School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 286	PPO	Y	N
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 323	In-N	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Richland School District	Plan 128	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Ridgefield School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 308	In-N	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Ritzville School District	Plan 286	PPO	Y	N
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 323	In-N	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
Riverside School District	Plan 117	HMO	Y	N
	Plan 146	HMO	Y	N
	Plan 168	HMO	Y	N
	Plan 315	PPO	Y	N
	Plan 319	PPO	Y	N
	Plan 320	PPO	Y	N
	Plan 352	PPO	Y	N
	Plan 354	PPO	Y	N
	Plan 355	PPO	Y	N
	Plan 356	PPO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
Riverview School District	Plan 233	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Rochester School District	Plan 053	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Roosevelt School District	Plan 349	PPO	Y	N
Rosalia School District	Plan 137	HMO	Y	N
	Plan 154	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Royal School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
San Juan Island School District	Plan 014	HMO	Y	N
	Plan 362	PPO	Y	N
	Plan 363	PPO	Y	N
	Plan 365	PPO	Y	N
	Plan 366	PPO	Y	N
	Plan 367	PPO	Y	N
	Plan 368	PPO	Y	N
Satsop School District	Plan 348	PPO	Y	N
Seattle Public Schools	Plan 221	PPO	Y	N
	Plan 224	HMO	Y	N
	Plan 225	PPO	Y	N
	Plan 344	PPO	Y	N
	Plan 345	PPO	Y	N
	Plan 349	PPO	Y	N
Sedro-Woolley School District	Plan 209	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 286	PPO	Y	N
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 323	In-N	Y	N
	Plan 346	PPO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 347	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Selah School District	Plan 108	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Selkirk School District	Plan 278	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Sequim School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Shaw Island School District	Plan 211	HMO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
Shelton School District	Plan 021	HMO	Y	N
	Plan 022	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
	Plan 363	PPO	Y	N
	Plan 365	PPO	Y	N
	Plan 366	PPO	Y	N
	Plan 368	PPO	Y	N
Shoreline School District	Plan 216	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Skamania School District	Plan 270	PPO	Y	N
	Plan 271	PPO	Y	N
	Plan 272	PPO	Y	N
	Plan 299	In-N	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
Skykomish School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Snohomish School District	Plan 235	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Snoqualmie Valley School District	Plan 232	HMO	Y	N
	Plan 236	PPO	Y	N
	Plan 237	PPO	Y	N
	Plan 238	PPO	Y	N
	Plan 268	PPO	Y	N
Soap Lake School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
South Bend School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
South Kitsap School District	Plan 265	PPO	Y	N
	Plan 362	PPO	Y	N
	Plan 363	PPO	Y	N
	Plan 364	PPO	Y	N
	Plan 365	PPO	Y	N
	Plan 366	PPO	Y	N
	Plan 367	PPO	Y	N
	Plan 368	PPO	Y	N
South Whidbey School District	Plan 231	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Southside School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Spokane School District	Plan 098	HMO	Y	N
	Plan 099	HMO	Y	N
	Plan 100	HMO	Y	N
	Plan 101	HMO	Y	N
	Plan 246	PPO	Y	N
	Plan 247	PPO	Y	N
	Plan 261	PPO	Y	N
	Plan 262	PPO	Y	N
	Plan 314	PPO	Y	N
	Plan 317	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 351	PPO	Y	N
Sprague School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
St. John School District	Plan 286	PPO	Y	N
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 323	In-N	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 351	PPO	Y	N
Stanwood-Camano School District	Plan 026	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
	Plan 363	PPO	Y	N
	Plan 365	PPO	Y	N
	Plan 366	PPO	Y	N
	Plan 367	PPO	Y	N
	Plan 368	PPO	Y	N
Star School District	Plan 315	PPO	Y	N
	Plan 319	PPO	Y	N
	Plan 320	PPO	Y	N
Starbuck School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 349	PPO	Y	N
Stehekin School District	Plan 351	PPO	Y	N
Steilacoom Hist. School District	Plan 033	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 350	PPO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 351	PPO	Y	N
Steptoe School District	Plan 286	PPO	Y	N
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 323	In-N	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
Stevenson-Carson School District	Plan 270	PPO	Y	N
	Plan 271	PPO	Y	N
	Plan 272	PPO	Y	N
	Plan 299	In-N	Y	N
Sultan School District	Plan 042	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Summit Valley School District	Plan 286	PPO	Y	N
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 323	In-N	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
Sumner School District	Plan 029	HMO	Y	N
	Plan 278	PPO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Sunnyside School District	Plan 109	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Tacoma School District	Plan 034	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Taholah School District	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Tahoma School District	Plan 242	HMO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Tekoa School District	Plan 160	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Tenino School District	Plan 002	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Thorp School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Toledo School District	Plan 278	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Tonasket School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Toppenish School District	Plan 057	HMO	Y	N
	Plan 131	HMO	Y	N
	Plan 170	HMO	Y	N
	Plan 182	HMO	Y	N
	Plan 251	PPO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
Touchet School District	Plan 152	HMO	Y	N
	Plan 167	HMO	Y	N
	Plan 363	PPO	Y	N
	Plan 366	PPO	Y	N
	Plan 367	PPO	Y	N
	Plan 368	PPO	Y	N
Toutle Lake School District	Plan 275	In-N	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Trout Lake School District	Plan 270	PPO	Y	N
	Plan 271	PPO	Y	N
	Plan 272	PPO	Y	N
Tukwila School District	Plan 219	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Tumwater School District	Plan 012	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N

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Exhibit A2a

Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Union Gap School District	Plan 138	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
University Place School District	Plan 041	HMO	Y	N
	Plan 198	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
Valley School District	Plan 169	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N

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Exhibit A2a

Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 351	PPO	Y	N
Vancouver School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 302	In-N	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Vashon Island School District	Plan 244	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Wahkiakum School District	Plan 286	PPO	Y	N
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 323	In-N	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
Wahluke School District	Plan 062	HMO	Y	N
	Plan 192	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 286	PPO	Y	N

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Exhibit A2a

Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 323	In-N	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Waitsburg School District	Plan 135	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Walla Walla Public Schools	Plan 136	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Wapato School District	Plan 058	HMO	Y	N
	Plan 183	HMO	Y	N
	Plan 184	HMO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 252	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 351	PPO	Y	N
Warden School District	Plan 286	PPO	Y	N
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 323	In-N	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
Washougal School District	Plan 308	In-N	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Washtucna School District	Plan 279	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 351	PPO	Y	N
Waterville School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Wellpinit School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Wenatchee School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
West Valley School District (Spokane)	Plan 059	HMO	Y	N
	Plan 118	HMO	Y	N
	Plan 134	HMO	Y	N
	Plan 144	HMO	Y	N
	Plan 185	HMO	Y	N
	Plan 186	HMO	Y	N
	Plan 253	PPO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 315	PPO	Y	N
	Plan 319	PPO	Y	N
	Plan 320	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N

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Exhibit A2a

Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 351	PPO	Y	N
West Valley School District (Yakima)	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 286	PPO	Y	N
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 323	In-N	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
White Pass School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
White River School District	Plan 207	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N

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Exhibit A2a

Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 351	PPO	Y	N
White Salmon Valley School District	Plan 270	PPO	Y	N
	Plan 271	PPO	Y	N
	Plan 272	PPO	Y	N
Wilbur School District	Plan 278	PPO	Y	N
	Plan 286	PPO	Y	N
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 323	In-N	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Willapa Valley School District	Plan 278	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Wilson Creek School District	Plan 280	PPO	Y	N
	Plan 286	PPO	Y	N
	Plan 287	HMO	Y	N
	Plan 288	HMO	Y	N
	Plan 323	In-N	Y	N
	Plan 346	PPO	Y	N
	Plan 347	PPO	Y	N

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Exhibit A2a

Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Winlock School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Wishkah Valley School District	Plan 278	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Wishram School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 349	PPO	Y	N
Woodland School District	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 308	In-N	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Yakima School District	Plan 060	HMO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 187	HMO	Y	N
	Plan 188	HMO	Y	N
	Plan 254	PPO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
	Plan 375	PPO	Y	N
	Plan 376	PPO	Y	N
	Plan 377	PPO	Y	N
Yelm School District	Plan 267	HMO	Y	N
	Plan 278	PPO	Y	N
	Plan 279	PPO	Y	N
	Plan 280	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N
Zillah School District	Plan 061	HMO	Y	N
	Plan 189	HMO	Y	N
	Plan 190	HMO	Y	N
	Plan 255	PPO	Y	N
	Plan 348	PPO	Y	N
	Plan 349	PPO	Y	N

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Health Plan Options by District

All Plans Offered in Calendar Year 2012

District	Health Plan	Plan Type	Plan Year Ending	
			2012	2013
	Plan 350	PPO	Y	N
	Plan 351	PPO	Y	N

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Exhibit A2b

Health Plan Coverage Periods

All Plans Offered in Calendar Year 2012

Health Plan	Plan Year Ending in 2012		Plan Year Beginning in 2012	
	Begin Date	End Date	Begin Date	End Date
Plan 001	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 002	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 003	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 004	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 005	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 006	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 007	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 008	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 009	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 010	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 011	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 012	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 013	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 014	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 015	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 016	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 017	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 018	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 019	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 020	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 021	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 022	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 023	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 024	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 025	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 026	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 027	10/1/2011	9/30/2012	10/1/2012	9/30/2013

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Health Plan Coverage Periods

All Plans Offered in Calendar Year 2012

Health Plan	Plan Year Ending in 2012		Plan Year Beginning in 2012	
	Begin Date	End Date	Begin Date	End Date
Plan 028	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 029	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 030	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 031	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 032	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 033	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 034	1/1/2012	12/31/2012		
Plan 035	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 036	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 037	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 038	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 039	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 040	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 041	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 042	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 043	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 044	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 045	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 046	1/1/2012	12/31/2012		
Plan 047	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 048	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 049	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 050	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 051	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 052	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 053	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 054	10/1/2011	9/30/2012	10/1/2012	9/30/2013

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Health Plan Coverage Periods

All Plans Offered in Calendar Year 2012

Health Plan	Plan Year Ending in 2012		Plan Year Beginning in 2012	
	Begin Date	End Date	Begin Date	End Date
Plan 055	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 056	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 057	1/1/2012	12/31/2012		
Plan 058	1/1/2012	12/31/2012		
Plan 059	1/1/2012	12/31/2012		
Plan 060	1/1/2012	12/31/2012		
Plan 061	1/1/2012	12/31/2012		
Plan 062	1/1/2012	12/31/2012		
Plan 063	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 064			10/1/2012	9/30/2013
Plan 065			10/1/2012	9/30/2013
Plan 066			10/1/2012	9/30/2013
Plan 067			10/1/2012	9/30/2013
Plan 068	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 069	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 070			10/1/2012	9/30/2013
Plan 071	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 072	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 073			10/1/2012	9/30/2013
Plan 074			10/1/2012	9/30/2013
Plan 075			10/1/2012	9/30/2013
Plan 076			10/1/2012	9/30/2013
Plan 077			10/1/2012	9/30/2013
Plan 078	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 079	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 080	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 081			10/1/2012	9/30/2013

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Health Plan Coverage Periods

All Plans Offered in Calendar Year 2012

Health Plan	Plan Year Ending in 2012		Plan Year Beginning in 2012	
	Begin Date	End Date	Begin Date	End Date
Plan 082			10/1/2012	9/30/2013
Plan 083			10/1/2012	9/30/2013
Plan 084			10/1/2012	9/30/2013
Plan 085			10/1/2012	9/30/2013
Plan 086			10/1/2012	9/30/2013
Plan 087	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 088			10/1/2012	9/30/2013
Plan 089	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 090	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 091	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 092	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 093	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 094	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 095	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 096	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 097	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 098	1/1/2012	12/31/2012		
Plan 099	1/1/2012	12/31/2012		
Plan 100	1/1/2012	12/31/2012		
Plan 101	1/1/2012	12/31/2012		
Plan 102	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 103	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 104	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 105	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 106	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 107	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 108	10/1/2011	9/30/2012	10/1/2012	9/30/2013

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Health Plan Coverage Periods

All Plans Offered in Calendar Year 2012

Health Plan	Plan Year Ending in 2012		Plan Year Beginning in 2012	
	Begin Date	End Date	Begin Date	End Date
Plan 109	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 110	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 111	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 112	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 113	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 114	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 115	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 116	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 117	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 118	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 119	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 120	1/1/2012	12/31/2012		
Plan 121	1/1/2012	12/31/2012		
Plan 122	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 123	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 124	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 125	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 126	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 127	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 128	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 129	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 130	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 131	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 132	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 133	1/1/2012	12/31/2012		
Plan 134	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 135	10/1/2011	9/30/2012	10/1/2012	9/30/2013

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Health Plan Coverage Periods

All Plans Offered in Calendar Year 2012

Health Plan	Plan Year Ending in 2012		Plan Year Beginning in 2012	
	Begin Date	End Date	Begin Date	End Date
Plan 136	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 137	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 138	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 139	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 140	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 141	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 142	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 143	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 144	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 145	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 146	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 147	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 148	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 149	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 150	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 151	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 152	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 153	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 154	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 155	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 156	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 157	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 158	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 159	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 160	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 161	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 162	10/1/2011	9/30/2012	10/1/2012	9/30/2013

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Exhibit A2b

Health Plan Coverage Periods

All Plans Offered in Calendar Year 2012

Health Plan	Plan Year Ending in 2012		Plan Year Beginning in 2012	
	Begin Date	End Date	Begin Date	End Date
Plan 163	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 164	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 165	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 166	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 167	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 168	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 169	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 170	1/1/2012	12/31/2012		
Plan 171	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 172	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 173	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 174	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 175	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 176	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 177	1/1/2012	12/31/2012		
Plan 178	1/1/2012	12/31/2012		
Plan 179	1/1/2012	12/31/2012		
Plan 180	1/1/2012	12/31/2012		
Plan 181	1/1/2012	12/31/2012		
Plan 182	1/1/2012	12/31/2012		
Plan 183	1/1/2012	12/31/2012		
Plan 184	1/1/2012	12/31/2012		
Plan 185	1/1/2012	12/31/2012		
Plan 186	1/1/2012	12/31/2012		
Plan 187	1/1/2012	12/31/2012		
Plan 188	1/1/2012	12/31/2012		
Plan 189	1/1/2012	12/31/2012		

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Health Plan Coverage Periods

All Plans Offered in Calendar Year 2012

Health Plan	Plan Year Ending in 2012		Plan Year Beginning in 2012	
	Begin Date	End Date	Begin Date	End Date
Plan 190	1/1/2012	12/31/2012		
Plan 191	1/1/2012	12/31/2012		
Plan 192	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 193	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 194	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 195	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 196	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 197	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 198	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 199	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 200	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 201	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 202	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 203	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 204	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 205	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 206	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 207	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 208	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 209	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 210	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 211	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 212	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 213	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 214	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 215	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 216	10/1/2011	9/30/2012	10/1/2012	9/30/2013

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Health Plan Coverage Periods

All Plans Offered in Calendar Year 2012

Health Plan	Plan Year Ending in 2012		Plan Year Beginning in 2012	
	Begin Date	End Date	Begin Date	End Date
Plan 217	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 218	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 219	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 220	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 221	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 222	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 223	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 224	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 225	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 226	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 227	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 228			10/1/2012	9/30/2013
Plan 229			10/1/2012	9/30/2013
Plan 230	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 231	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 232	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 233	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 234	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 235	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 236	10/1/2011	9/30/2012		
Plan 237	10/1/2011	9/30/2012		
Plan 238	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 239			10/1/2012	9/30/2013
Plan 240			10/1/2012	9/30/2013
Plan 241	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 242	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 243	10/1/2011	9/30/2012	10/1/2012	9/30/2013

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Health Plan Coverage Periods

All Plans Offered in Calendar Year 2012

Health Plan	Plan Year Ending in 2012		Plan Year Beginning in 2012	
	Begin Date	End Date	Begin Date	End Date
Plan 244	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 245			10/1/2012	9/30/2013
Plan 246	1/1/2012	12/31/2012		
Plan 247	1/1/2012	12/31/2012		
Plan 248	1/1/2012	12/31/2012		
Plan 249	1/1/2012	12/31/2012		
Plan 250	1/1/2012	12/31/2012		
Plan 251	1/1/2012	12/31/2012		
Plan 252	1/1/2012	12/31/2012		
Plan 253	1/1/2012	12/31/2012		
Plan 254	1/1/2012	12/31/2012		
Plan 255	1/1/2012	12/31/2012		
Plan 256	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 257	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 258	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 259	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 260	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 261	1/1/2012	12/31/2012		
Plan 262	1/1/2012	12/31/2012		
Plan 263	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 264	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 265	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 266	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 267	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 268	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 269			11/1/2012	10/31/2013
Plan 270	11/1/2011	10/31/2012	11/1/2012	10/31/2013

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Health Plan Coverage Periods

All Plans Offered in Calendar Year 2012

Health Plan	Plan Year Ending in 2012		Plan Year Beginning in 2012	
	Begin Date	End Date	Begin Date	End Date
Plan 271	11/1/2011	10/31/2012	11/1/2012	10/31/2013
Plan 272	11/1/2011	10/31/2012	11/1/2012	10/31/2013
Plan 273			10/1/2012	10/31/2013
Plan 274			10/1/2012	10/31/2013
Plan 275	10/1/2011	9/30/2012	10/1/2012	10/31/2013
Plan 276	10/1/2011	9/30/2012	10/1/2012	10/31/2013
Plan 277	10/1/2011	9/30/2012	10/1/2012	10/31/2013
Plan 278	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 279	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 280	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 281	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 282			10/1/2012	9/30/2013
Plan 283	10/1/2011	9/30/2012		
Plan 284			10/1/2012	9/30/2013
Plan 285			10/1/2012	9/30/2013
Plan 286	1/1/2012	12/31/2012		
Plan 287	1/1/2012	12/31/2012		
Plan 288	1/1/2012	12/31/2012		
Plan 289			10/1/2012	9/30/2013
Plan 290	10/1/2011	9/30/2012		
Plan 291	10/1/2011	9/30/2012		
Plan 292			10/1/2012	10/31/2013
Plan 293			10/1/2012	10/31/2013
Plan 294			10/1/2012	10/31/2013
Plan 295	10/1/2011	9/30/2012		
Plan 296	10/1/2011	9/30/2012		
Plan 297	10/1/2011	9/30/2012		

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Health Plan Coverage Periods

All Plans Offered in Calendar Year 2012

Health Plan	Plan Year Ending in 2012		Plan Year Beginning in 2012	
	Begin Date	End Date	Begin Date	End Date
Plan 298			11/1/2012	10/31/2013
Plan 299	11/1/2011	10/31/2012		
Plan 300	10/1/2011	9/30/2012	10/1/2012	10/31/2013
Plan 301	10/1/2011	9/30/2012	10/1/2012	10/31/2013
Plan 302	10/1/2011	9/30/2012	10/1/2012	10/31/2013
Plan 303			10/1/2012	10/31/2013
Plan 304			10/1/2012	10/31/2013
Plan 305			10/1/2012	10/31/2013
Plan 306			10/1/2012	10/31/2013
Plan 307	10/1/2011	9/30/2012		
Plan 308	10/1/2011	9/30/2012	10/1/2012	10/31/2013
Plan 309	10/1/2011	9/30/2012		
Plan 310	10/1/2011	9/30/2012	10/1/2012	10/31/2013
Plan 311			10/1/2012	10/31/2013
Plan 312	10/1/2011	9/30/2012		
Plan 313	10/1/2011	9/30/2012		
Plan 314	1/1/2012	12/31/2012		
Plan 315	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 316			10/1/2012	9/30/2013
Plan 317	1/1/2012	12/31/2012		
Plan 318	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 319	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 320	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 321	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 322	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 323	1/1/2012	12/31/2012		
Plan 324	10/1/2011	9/30/2012	10/1/2012	9/30/2013

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Health Plan Coverage Periods

All Plans Offered in Calendar Year 2012

Health Plan	Plan Year Ending in 2012		Plan Year Beginning in 2012	
	Begin Date	End Date	Begin Date	End Date
Plan 325	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 326	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 327	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 328	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 329	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 330	10/1/2011	9/30/2012		
Plan 331	10/1/2011	9/30/2012		
Plan 332	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 333	10/1/2011	9/30/2012		
Plan 334	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 335	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 336	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 337	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 338	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 339	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 340	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 341	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 342	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 343	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 344	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 345	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 346	1/1/2012	12/31/2012		
Plan 347	1/1/2012	12/31/2012		
Plan 348	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 349	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 350	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 351	10/1/2011	9/30/2012	10/1/2012	9/30/2013

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Health Plan Coverage Periods

All Plans Offered in Calendar Year 2012

Health Plan	Plan Year Ending in 2012		Plan Year Beginning in 2012	
	Begin Date	End Date	Begin Date	End Date
Plan 352	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 353			10/1/2012	9/30/2013
Plan 354	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 355	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 356	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 357	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 358	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 359	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 360	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 361	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 362	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 363	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 364	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 365	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 366	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 367	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 368	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 369	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 370			10/1/2012	9/30/2013
Plan 371	10/1/2011	9/30/2012		
Plan 372	10/1/2011	9/30/2012		
Plan 373	10/1/2011	9/30/2012		
Plan 374			10/1/2012	9/30/2013
Plan 375	11/1/2011	10/31/2012		
Plan 376	11/1/2011	10/31/2012		
Plan 377	11/1/2011	10/31/2012		
Plan 378	10/1/2011	9/30/2012	10/1/2012	9/30/2013

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Exhibit A2b

Health Plan Coverage Periods

All Plans Offered in Calendar Year 2012

Health Plan	Plan Year Ending in 2012		Plan Year Beginning in 2012	
	Begin Date	End Date	Begin Date	End Date
Plan 379	10/1/2011	9/30/2012		
Plan 380	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 381	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 382	10/1/2011	9/30/2012		
Plan 383	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 384	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 385	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 386	10/1/2011	9/30/2012	10/1/2012	9/30/2013
Plan 387	10/1/2011	9/30/2012		
Plan 388	10/1/2011	9/30/2012		
Plan 389	10/1/2011	9/30/2012		
Plan 390	10/1/2011	9/30/2012		
Plan 391			10/1/2012	9/30/2013
Plan 392			10/1/2012	9/30/2013
Plan 393			10/1/2012	9/30/2013
Plan 394	10/1/2012	12/31/2012		
Plan 395	10/1/2012	12/31/2012		
Plan 396	10/1/2012	12/31/2012		
Plan 397			11/1/2012	10/31/2013
Plan 398			11/1/2012	10/31/2013
Plan 399			11/1/2012	10/31/2013
Plan 400			11/1/2012	10/31/2013
Plan 401			11/1/2012	10/31/2013
Plan 402	10/1/2012	12/31/2012		
Plan 403			10/1/2012	9/30/2013
Plan 404	10/1/2011	12/31/2012		
Plan 405			10/1/2012	9/30/2013

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Exhibit A2b

Health Plan Coverage Periods

All Plans Offered in Calendar Year 2012

Health Plan	Plan Year Ending in 2012		Plan Year Beginning in 2012	
	Begin Date	End Date	Begin Date	End Date
Plan 406			10/1/2012	9/30/2013
Plan 407			10/1/2012	9/30/2013
Plan 408			10/1/2012	9/30/2013

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Exhibit A3

Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
Benefit Package 001	Plan 236	Snoqualmie Valley School District	86	82	168
	Plan 236 Total		**86**	**82**	**168**
Benefit Package 001 Total			**86**	**82**	**168**
Benefit Package 002	Plan 237	Snoqualmie Valley School District	69	58	127
	Plan 237 Total		**69**	**58**	**127**
Benefit Package 002 Total			**69**	**58**	**127**
Benefit Package 003	Plan 238	Snoqualmie Valley School District	192	143	335
	Plan 238 Total		**192**	**143**	**335**
Benefit Package 003 Total			**192**	**143**	**335**
Benefit Package 007	Plan 268	Snoqualmie Valley School District	7	12	19
	Plan 268 Total		**7**	**12**	**19**
Benefit Package 007 Total			**7**	**12**	**19**
Benefit Package 009	Plan 270	Centerville School District	3	4	7
		Glenwood School District	6	0	6
		Goldendale School District	15	10	25
		Klickitat School District	4	6	10
		Lyle School District	4	2	6
		Mill A School District	0	0	0
		Skamania School District	1	1	2
		Stevenson-Carson School District	5	8	13
		Trout Lake School District	4	5	9
		White Salmon Valley School District	15	13	28
	Plan 270 Total		**57**	**49**	**106**
Benefit Package 009 Total			**57**	**49**	**106**
Benefit Package 010	Plan 271	Centerville School District	7	13	20
		Glenwood School District	11	1	12
		Goldendale School District	64	59	123

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Exhibit A3

Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Klickitat School District	11	1	12
		Lyle School District	24	9	33
		Mill A School District	1	1	2
		Skamania School District	1	0	1
		Stevenson-Carson School District	45	25	70
		Trout Lake School District	16	12	28
		White Salmon Valley School District	75	51	126
	Plan 271 Total		**255**	**172**	**427**
Benefit Package 010 Total			**255**	**172**	**427**
Benefit Package 011	Plan 272	Centerville School District	0	0	0
		Glenwood School District	4	5	9
		Goldendale School District	22	53	75
		Klickitat School District	2	4	6
		Lyle School District	0	0	0
		Mill A School District	2	7	9
		Skamania School District	1	1	2
		Stevenson-Carson School District	19	27	46
		Trout Lake School District	3	5	8
		White Salmon Valley School District	29	47	76
	Plan 272 Total		**82**	**149**	**231**
Benefit Package 011 Total			**82**	**149**	**231**
Benefit Package 013	Plan 276	Evergreen School District (Clark)	143	254	397
	Plan 276 Total		**143**	**254**	**397**
Benefit Package 013 Total			**143**	**254**	**397**
Benefit Package 015	Plan 275	Castle Rock School District	72	57	129
		Toutle Lake School District	25	15	40
	Plan 275 Total		**97**	**72**	**169**

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Exhibit A3

Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
	Plan 277	Evergreen School District (Clark)	101	81	182
	Plan 277 Total		**101**	**81**	**182**
Benefit Package 015 Total			**198**	**153**	**351**
Benefit Package 017	Plan 278	Anacortes School District	14	19	33
		Bainbridge Island School District	27	41	68
		Bellevue School District	183	215	398
		Bremerton School District	13	10	23
		Burlington-Edison School District	8	6	14
		Central Valley School District	34	60	94
		Cle Elum-Roslyn School District	6	12	18
		Colfax School District	3	10	13
		Columbia (Stevens) School District	1	1	2
		Concrete School District	4	2	6
		Coupeville School District	8	21	29
		Cusick School District	3	11	14
		Ellensburg School District	23	27	50
		Elma School District	5	6	11
		Endicott School District	2	2	4
		Ephrata School District	17	27	44
		Ferndale School District	52	69	121
		Granite Falls School District	4	6	10
		Harrington School District	2	4	6
		Highland School District	3	3	6
		Highline School District	36	46	82
		Kent School District	71	99	170
		LaCrosse School District	2	3	5
		Lakewood School District	8	15	23

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Exhibit A3

Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Mary Walker School District	8	1	9
		Mount Vernon School District	9	5	14
		Naches Valley School District	7	12	19
		Newport School District	21	13	34
		North Thurston Public Schools	60	88	148
		Oakesdale School District	1	1	2
		Odessa School District	2	2	4
		Okanogan School District	5	4	9
		Orcas Island School District	3	5	8
		Pullman School District	2	3	5
		Quincy School District	16	33	49
		Republic School District	2	1	3
		Sedro-Woolley School District	29	43	72
		Shelton School District	30	26	56
		Stanwood-Camano School District	19	35	54
		Wahluke School District	2	3	5
		West Valley School District (Yakima)	6	11	17
		Wilbur School District	2	1	3
		Evergreen School District (Clark)	1	2	3
		Castle Rock School District	2	8	10
		Toutle Lake School District	9	20	29
		Battle Ground School District	31	58	89
		Camas School District	48	79	127
		Entiat School District	5	5	10
		Hockinson School District	2	2	4
		Kelso School District	34	39	73
		La Center School District	5	3	8

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Longview School District	51	92	143
		Ridgefield School District	4	6	10
		Vancouver School District	99	149	248
		Woodland School District	21	19	40
		Granger School District	1	2	3
		Mount Adams School District	4	11	15
		Toppenish School District	5	14	19
		West Valley School District (Spokane)	9	8	17
		Yakima School District	8	12	20
		Cheney School District	17	8	25
		Griffin School District	16	28	44
		Medical Lake School District	2	3	5
		Orting School District	17	30	47
		Riverview School District	17	26	43
		Shoreline School District	108	121	229
		Steilacoom Hist. School District	19	27	46
		Arlington School District	47	74	121
		Central Kitsap School District	110	154	264
		East Valley School District (Spokane)	34	76	110
		Eatonville School District	11	20	31
		Edmonds School District	142	204	346
		Fife School District	13	21	34
		Finley School District	7	14	21
		Issaquah School District	126	151	277
		Kennewick School District	90	144	234
		Kiona-Benton City School District	6	9	15
		Marysville School District	61	86	147

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Napavine School District	14	28	42
		North Franklin School District	12	15	27
		Oak Harbor School District	35	51	86
		Onalaska School District	13	20	33
		Prescott School District	1	0	1
		Prosser School District	20	24	44
		Richland School District	69	93	162
		Rosalia School District	3	5	8
		Selah School District	32	49	81
		Snohomish School District	39	54	93
		Sunnyside School District	46	74	120
		Tekoa School District	1	3	4
		University Place School District	33	51	84
		Walla Walla Public Schools	32	45	77
		Auburn School District	71	95	166
		Clover Park School District	35	54	89
		Dieringer School District	18	26	44
		Enumclaw School District	19	31	50
		Lake Washington School District	92	133	225
		Mercer Island School District	30	32	62
		Monroe School District	40	64	104
		Rainier School District	6	11	17
		Renton School District	123	119	242
		Rochester School District	16	31	47
		South Whidbey School District	23	26	49
		Sumner School District	159	228	387
		Tahoma School District	39	62	101

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Tenino School District	7	7	14
		Chehalis School District	26	47	73
		Grandview School District	14	12	26
		Sultan School District	7	13	20
		Valley School District	29	44	73
		College Place School District	12	18	30
		Garfield School District	5	8	13
		Mead School District	99	139	238
		Olympia School District	77	83	160
		Pasco School District	100	147	247
		Tacoma School District	134	190	324
		Union Gap School District	8	6	14
		Vashon Island School District	9	16	25
		Waitsburg School District	2	2	4
		White River School District	34	38	72
		Yelm School District	32	35	67
		Bethel School District	82	92	174
		Curlew School District	2	3	5
		Inchelium School District	5	9	14
		Kahlotus School District	1	4	5
		Pomeroy School District	1	2	3
		Soap Lake School District	6	4	10
		Royal School District	23	21	44
		Moses Lake School District	39	46	85
		Grand Coulee Dam School District	6	7	13
		Tukwila School District	17	17	34
		Othello School District	42	56	98

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Lind School District	1	0	1
		Clarkston School District	32	43	75
		Manson School District	5	4	9
		Lake Chelan School District	19	43	62
		Cascade School District	17	27	44
		Wenatchee School District	65	76	141
		Port Angeles School District	36	70	106
		Crescent School District	5	8	13
		Sequim School District	34	46	80
		Cape Flattery School District	2	0	2
		Quillayute Valley School District	7	12	19
		Bridgeport School District	5	8	13
		Eastmont School District	29	46	75
		Waterville School District	7	18	25
		Aberdeen School District	23	27	50
		Hoquiam School District	5	6	11
		North Beach School District	11	8	19
		Montesano School District	4	7	11
		Cosmopolis School District	2	2	4
		Wishkah Valley School District	1	5	6
		Ocosta School District	4	7	11
		Oakville School District	4	3	7
		Queets-Clearwater School District	3	3	6
		Brinnon School District	4	4	8
		Quilcene School District	8	8	16
		Port Townsend School District	13	17	30
		Skykomish School District	1	1	2

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Thorp School District	3	4	7
		Adna School District	8	13	21
		Winlock School District	5	7	12
		Boistfort School District	1	2	3
		Toledo School District	10	8	18
		Pe Ell School District	3	1	4
		White Pass School District	5	5	10
		Centralia School District	42	60	102
		Sprague School District	2	5	7
		Reardan-Edwall School District	4	2	6
		Creston School District	1	0	1
		Davenport School District	4	9	13
		Southside School District	3	1	4
		Grapeview School District	5	6	11
		Mary M Knight School District	6	7	13
		Pioneer School District	7	8	15
		Hood Canal School District	8	8	16
		Nespelem School District	3	2	5
		Omak School District	18	31	49
		Brewster School District	8	11	19
		Pateros School District	1	0	1
		Methow Valley School District	10	12	22
		Tonasket School District	14	19	33
		Oroville School District	3	3	6
		Ocean Beach School District	6	7	13
		Raymond School District	1	1	2
		South Bend School District	4	2	6

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Willapa Valley School District	3	4	7
		Selkirk School District	1	0	1
		Carbonado School District	1	1	2
		La Conner School District	11	20	31
		Conway School District	5	8	13
		Everett School District	98	121	219
		Chewelah School District	12	11	23
		Wellpinit School District	11	5	16
		Colville School District	21	35	56
		Loon Lake School District	3	7	10
		Northport School District	5	8	13
		Kettle Falls School District	15	25	40
		Columbia (Walla Walla) School District	3	1	4
		Palouse School District	1	0	1
		East Valley School District (Yakima)	11	13	24
		Tumwater School District	49	81	130
		Asotin-Anatone School District	6	14	20
		Green Mountain School District	8	14	22
		Starbuck School District	1	1	2
		Orondo School District	2	0	2
		Damman School District	1	1	2
		Wishram School District	5	13	18
		Evaline School District	1	1	2
		Index School District	2	2	4
	Plan 278 Total		**4,583**	**6,336**	**10,919**
Benefit Package 017 Total			**4,583**	**6,336**	**10,919**
Benefit Package 018	Plan 279	Anacortes School District	20	31	51

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Bainbridge Island School District	11	18	29
		Bellevue School District	64	80	144
		Bremerton School District	3	2	5
		Burlington-Edison School District	5	11	16
		Central Valley School District	40	72	112
		Cle Elum-Roslyn School District	2	6	8
		Columbia (Stevens) School District	2	1	3
		Concrete School District	1	3	4
		Coupeville School District	3	5	8
		Cusick School District	1	1	2
		Ellensburg School District	17	21	38
		Elma School District	8	9	17
		Endicott School District	1	2	3
		Ephrata School District	15	17	32
		Ferndale School District	23	37	60
		Granite Falls School District	5	5	10
		Harrington School District	1	2	3
		Highland School District	5	7	12
		Highline School District	21	28	49
		Kent School District	53	59	112
		Lakewood School District	6	10	16
		Mary Walker School District	3	0	3
		Mount Vernon School District	10	12	22
		Naches Valley School District	1	2	3
		Newport School District	11	19	30
		North Thurston Public Schools	38	60	98
		Odessa School District	10	8	18

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Okanogan School District	5	5	10
		Orcas Island School District	1	1	2
		Pullman School District	2	1	3
		Quincy School District	21	38	59
		Republic School District	3	5	8
		Sedro-Woolley School District	29	39	68
		Shelton School District	17	25	42
		Stanwood-Camano School District	11	22	33
		West Valley School District (Yakima)	24	45	69
		Freeman School District	2	3	5
		Castle Rock School District	1	3	4
		Toutle Lake School District	1	0	1
		Battle Ground School District	27	38	65
		Camas School District	11	20	31
		Entiat School District	1	1	2
		Hockinson School District	1	0	1
		Kelso School District	21	30	51
		La Center School District	4	12	16
		Longview School District	16	26	42
		Ridgefield School District	3	7	10
		Vancouver School District	44	75	119
		Woodland School District	7	15	22
		Granger School District	2	3	5
		Mount Adams School District	4	10	14
		Toppenish School District	8	20	28
		West Valley School District (Spokane)	4	8	12
		Yakima School District	5	4	9

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Cheney School District	12	32	44
		Griffin School District	4	4	8
		Medical Lake School District	4	3	7
		Orting School District	7	10	17
		Riverview School District	16	22	38
		Shoreline School District	48	71	119
		Steilacoom Hist. School District	8	14	22
		Arlington School District	21	47	68
		Central Kitsap School District	50	73	123
		Dayton School District	2	3	5
		East Valley School District (Spokane)	18	28	46
		Eatonville School District	4	6	10
		Edmonds School District	58	89	147
		Fife School District	12	29	41
		Finley School District	4	4	8
		Issaquah School District	56	88	144
		Kennewick School District	64	102	166
		Kiona-Benton City School District	3	2	5
		Marysville School District	37	80	117
		Napavine School District	4	3	7
		North Franklin School District	16	29	45
		Oak Harbor School District	21	31	52
		Onalaska School District	14	20	34
		Prescott School District	1	0	1
		Prosser School District	5	4	9
		Richland School District	30	45	75
		Rosalia School District	2	3	5

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Selah School District	13	13	26
		Snohomish School District	30	29	59
		Sunnyside School District	26	35	61
		Tekoa School District	2	4	6
		University Place School District	26	55	81
		Walla Walla Public Schools	37	42	79
		Auburn School District	54	92	146
		Clover Park School District	24	28	52
		Dieringer School District	7	15	22
		Enumclaw School District	5	13	18
		Lake Washington School District	67	83	150
		Lopez School District	2	5	7
		Mercer Island School District	14	13	27
		Monroe School District	22	44	66
		Rainier School District	3	2	5
		Renton School District	52	65	117
		Rochester School District	9	29	38
		South Whidbey School District	7	7	14
		Sumner School District	64	78	142
		Tahoma School District	19	39	58
		Tenino School District	7	13	20
		Chehalis School District	14	20	34
		Grandview School District	3	5	8
		Sultan School District	12	13	25
		Valley School District	4	9	13
		College Place School District	8	11	19
		Garfield School District	2	5	7

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Mead School District	38	63	101
		Olympia School District	56	75	131
		Pasco School District	68	114	182
		Tacoma School District	41	80	121
		Union Gap School District	4	6	10
		Vashon Island School District	4	7	11
		Waitsburg School District	2	1	3
		White River School District	18	28	46
		Yelm School District	11	22	33
		Bethel School District	17	24	41
		Keller School District	2	0	2
		Curlew School District	3	2	5
		Inchelium School District	1	1	2
		Kahlotus School District	1	3	4
		Soap Lake School District	1	0	1
		Royal School District	14	34	48
		Moses Lake School District	26	25	51
		Grand Coulee Dam School District	7	9	16
		Tukwila School District	4	3	7
		Othello School District	24	35	59
		Lind School District	2	4	6
		Clarkston School District	13	14	27
		Manson School District	9	13	22
		Lake Chelan School District	9	8	17
		Cascade School District	13	16	29
		Wenatchee School District	55	55	110
		Port Angeles School District	21	45	66

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Crescent School District	3	5	8
		Sequim School District	20	32	52
		Cape Flattery School District	4	5	9
		Quillayute Valley School District	7	12	19
		Bridgeport School District	5	10	15
		Eastmont School District	22	40	62
		Waterville School District	3	4	7
		Aberdeen School District	15	24	39
		Hoquiam School District	1	1	2
		North Beach School District	2	5	7
		Montesano School District	14	19	33
		Cosmopolis School District	3	5	8
		Ocosta School District	1	3	4
		Oakville School District	2	1	3
		Quilcene School District	3	2	5
		Port Townsend School District	3	6	9
		Skykomish School District	1	0	1
		Thorp School District	3	2	5
		Mossyrock School District	14	16	30
		Morton School District	1	2	3
		Adna School District	2	2	4
		Winlock School District	5	1	6
		White Pass School District	5	5	10
		Centralia School District	21	35	56
		Sprague School District	3	2	5
		Reardan-Edwall School District	3	2	5
		Davenport School District	3	4	7

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Southside School District	1	3	4
		Grapeview School District	2	3	5
		Pioneer School District	3	0	3
		Hood Canal School District	3	4	7
		Nespelem School District	1	0	1
		Omak School District	10	17	27
		Brewster School District	10	19	29
		Pateros School District	3	2	5
		Methow Valley School District	5	4	9
		Tonasket School District	12	20	32
		Oroville School District	1	4	5
		Ocean Beach School District	3	2	5
		Raymond School District	2	9	11
		South Bend School District	5	12	17
		Naselle-Grays River Valley School District	4	7	11
		Carbonado School District	1	4	5
		La Conner School District	6	11	17
		Conway School District	2	2	4
		Everett School District	26	38	64
		Chewelah School District	10	21	31
		Wellpinit School District	4	5	9
		Colville School District	11	15	26
		Loon Lake School District	5	6	11
		Northport School District	1	6	7
		Kettle Falls School District	5	1	6
		Columbia (Walla Walla) School District	5	9	14
		Palouse School District	1	0	1

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		East Valley School District (Yakima)	8	9	17
		Tumwater School District	11	21	32
		Washtucna School District	3	4	7
		Asotin-Anatone School District	10	18	28
		Paterson School District	6	7	13
		Starbuck School District	1	5	6
		Orondo School District	6	6	12
		Wishram School District	3	9	12
		Index School District	1	0	1
		Lamont School District	1	0	1
		Evergreen School District (Stevens)	3	1	4
	Plan 279 Total		**2,537**	**3,829**	**6,366**
Benefit Package 018 Total			**2,537**	**3,829**	**6,366**
Benefit Package 019	Plan 280	Anacortes School District	2	5	7
		Bainbridge Island School District	9	14	23
		Bellevue School District	18	21	39
		Burlington-Edison School District	1	0	1
		Central Valley School District	16	25	41
		Colfax School District	1	2	3
		Concrete School District	3	4	7
		Coupeville School District	1	0	1
		Cusick School District	2	1	3
		Ellensburg School District	12	23	35
		Elma School District	4	7	11
		Endicott School District	1	1	2
		Ephrata School District	11	28	39
		Ferndale School District	4	7	11

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Granite Falls School District	0	1	1
		Highland School District	5	6	11
		Highline School District	10	13	23
		Kent School District	9	17	26
		LaCrosse School District	6	7	13
		Lakewood School District	2	2	4
		Mary Walker School District	1	1	2
		Mount Vernon School District	4	4	8
		Naches Valley School District	4	7	11
		Newport School District	8	20	28
		North Thurston Public Schools	22	37	59
		Oakesdale School District	1	2	3
		Odessa School District	1	3	4
		Okanogan School District	4	5	9
		Quincy School District	8	4	12
		Republic School District	3	3	6
		Sedro-Woolley School District	14	21	35
		Shelton School District	10	16	26
		Stanwood-Camano School District	3	6	9
		West Valley School District (Yakima)	2	0	2
		Wilson Creek School District	1	3	4
		Evergreen School District (Clark)	1	3	4
		Castle Rock School District	1	2	3
		Battle Ground School District	6	9	15
		Camas School District	13	20	33
		Entiat School District	5	12	17
		Hockinson School District	1	0	1

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Exhibit A3

Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Kelso School District	19	17	36
		La Center School District	3	3	6
		Longview School District	11	11	22
		Vancouver School District	22	35	57
		Woodland School District	6	6	12
		Granger School District	2	2	4
		Mount Adams School District	1	3	4
		Toppenish School District	2	4	6
		West Valley School District (Spokane)	4	2	6
		Yakima School District	5	6	11
		Cheney School District	5	5	10
		Griffin School District	2	6	8
		Medical Lake School District	3	4	7
		Orting School District	3	10	13
		Riverview School District	5	9	14
		Shoreline School District	19	20	39
		Steilacoom Hist. School District	4	5	9
		Arlington School District	12	20	32
		Central Kitsap School District	34	43	77
		Dayton School District	2	2	4
		East Valley School District (Spokane)	9	9	18
		Eatonville School District	3	4	7
		Edmonds School District	11	12	23
		Fife School District	2	4	6
		Finley School District	1	1	2
		Issaquah School District	25	30	55
		Kennewick School District	41	61	102

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Exhibit A3

Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Kiona-Benton City School District	9	16	25
		Marysville School District	13	22	35
		Napavine School District	1	0	1
		North Franklin School District	10	12	22
		Oak Harbor School District	10	10	20
		Onalaska School District	6	3	9
		Prescott School District	2	2	4
		Prosser School District	7	5	12
		Richland School District	31	46	77
		Selah School District	7	1	8
		Snohomish School District	12	22	34
		Sunnyside School District	16	40	56
		University Place School District	6	6	12
		Walla Walla Public Schools	7	5	12
		Auburn School District	23	36	59
		Clover Park School District	15	20	35
		Dieringer School District	3	8	11
		Enumclaw School District	3	2	5
		Lake Washington School District	20	28	48
		Mercer Island School District	4	4	8
		Monroe School District	27	30	57
		Rainier School District	3	4	7
		Renton School District	24	24	48
		Rochester School District	1	1	2
		Shaw Island School District	1	0	1
		South Whidbey School District	2	1	3
		Sumner School District	29	40	69

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Exhibit A3

Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Tahoma School District	3	6	9
		Tenino School District	3	5	8
		Chehalis School District	4	2	6
		Grandview School District	6	2	8
		Sultan School District	1	1	2
		Valley School District	2	3	5
		College Place School District	2	2	4
		Mead School District	24	45	69
		Olympia School District	11	13	24
		Pasco School District	78	77	155
		Tacoma School District	37	72	109
		Union Gap School District	5	3	8
		Vashon Island School District	1	2	3
		Waitsburg School District	2	7	9
		White River School District	7	11	18
		Yelm School District	7	9	16
		Bethel School District	21	20	41
		Curlew School District	5	6	11
		Inchelium School District	2	4	6
		Soap Lake School District	5	11	16
		Royal School District	6	9	15
		Moses Lake School District	24	38	62
		Grand Coulee Dam School District	6	14	20
		Tukwila School District	1	0	1
		Othello School District	11	22	33
		Clarkston School District	5	9	14
		Manson School District	2	2	4

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Exhibit A3

Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Lake Chelan School District	4	4	8
		Cascade School District	2	1	3
		Wenatchee School District	15	26	41
		Port Angeles School District	10	13	23
		Crescent School District	1	0	1
		Sequim School District	13	17	30
		Cape Flattery School District	4	3	7
		Bridgeport School District	3	2	5
		Eastmont School District	22	35	57
		Waterville School District	2	1	3
		Aberdeen School District	9	8	17
		Hoquiam School District	11	9	20
		Montesano School District	1	0	1
		Cosmopolis School District	1	5	6
		Oakville School District	1	0	1
		Queets-Clearwater School District	3	3	6
		Port Townsend School District	4	6	10
		Skykomish School District	1	1	2
		Thorp School District	2	1	3
		Mossyrock School District	2	2	4
		Morton School District	2	4	6
		Winlock School District	5	9	14
		Boistfort School District	1	0	1
		Toledo School District	1	4	5
		Centralia School District	7	8	15
		Sprague School District	3	0	3
		Reardan-Edwall School District	2	1	3

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Exhibit A3

Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Davenport School District	1	1	2
		Grapeview School District	1	5	6
		Mary M Knight School District	1	0	1
		Hood Canal School District	1	1	2
		Nespelem School District	1	0	1
		Omak School District	5	9	14
		Brewster School District	1	3	4
		Pateros School District	6	4	10
		Methow Valley School District	4	3	7
		Tonasket School District	6	5	11
		Oroville School District	2	0	2
		Ocean Beach School District	4	1	5
		Raymond School District	1	0	1
		South Bend School District	1	0	1
		Selkirk School District	1	2	3
		La Conner School District	1	0	1
		Conway School District	2	3	5
		Everett School District	11	17	28
		Chewelah School District	3	3	6
		Wellpinit School District	7	3	10
		Colville School District	4	8	12
		Loon Lake School District	2	2	4
		Northport School District	1	1	2
		Kettle Falls School District	1	0	1
		Columbia (Walla Walla) School District	2	1	3
		East Valley School District (Yakima)	7	6	13
		Tumwater School District	12	30	42

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Exhibit A3

Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Asotin-Anatone School District	10	31	41
		Green Mountain School District	1	2	3
		Orondo School District	4	2	6
		Evaline School District	1	0	1
		North River School District	1	1	2
		Lamont School District	1	1	2
	Plan 280 Total		**1,298**	**1,787**	**3,085**
Benefit Package 019 Total			**1,298**	**1,787**	**3,085**
Benefit Package 020	Plan 281	Evergreen School District (Clark)	160	75	235
	Plan 281 Total		**160**	**75**	**235**
Benefit Package 020 Total			**160**	**75**	**235**
Benefit Package 022	Plan 283	Evergreen School District (Clark)	549	684	1,233
	Plan 283 Total		**549**	**684**	**1,233**
Benefit Package 022 Total			**549**	**684**	**1,233**
Benefit Package 026	Plan 290	Camas School District	296	405	701
	Plan 290 Total		**296**	**405**	**701**
Benefit Package 026 Total			**296**	**405**	**701**
Benefit Package 028	Plan 297	Kelso School District	155	132	287
	Plan 297 Total		**155**	**132**	**287**
Benefit Package 028 Total			**155**	**132**	**287**
Benefit Package 029	Plan 300	Battle Ground School District	505	666	1,171
	Plan 300 Total		**505**	**666**	**1,171**
Benefit Package 029 Total			**505**	**666**	**1,171**
Benefit Package 030	Plan 301	Evergreen School District (Clark)	530	552	1,082
	Plan 301 Total		**530**	**552**	**1,082**
Benefit Package 030 Total			**530**	**552**	**1,082**
Benefit Package 031	Plan 302	Vancouver School District	886	922	1,808

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Exhibit A3

Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
	Plan 302 Total		**886**	**922**	**1,808**
Benefit Package 031 Total			**886**	**922**	**1,808**
Benefit Package 034	Plan 308	Ridgefield School District	76	103	179
		Woodland School District	104	104	208
		Washougal School District	109	56	165
	Plan 308 Total		**289**	**263**	**552**
Benefit Package 034 Total			**289**	**263**	**552**
Benefit Package 035	Plan 309	Longview School District	252	188	440
	Plan 309 Total		**252**	**188**	**440**
Benefit Package 035 Total			**252**	**188**	**440**
Benefit Package 036	Plan 291	Evergreen School District (Clark)	75	57	132
	Plan 291 Total		**75**	**57**	**132**
	Plan 295	Hockinson School District	54	86	140
	Plan 295 Total		**54**	**86**	**140**
	Plan 296	La Center School District	37	54	91
	Plan 296 Total		**37**	**54**	**91**
	Plan 307	Kalama School District	34	50	84
	Plan 307 Total		**34**	**50**	**84**
	Plan 310	Evergreen School District (Clark)	9	13	22
	Plan 310 Total		**9**	**13**	**22**
	Plan 312	Evergreen School District (Clark)	66	26	92
	Plan 312 Total		**66**	**26**	**92**
	Plan 313	Evergreen School District (Clark)	101	47	148
	Plan 313 Total		**101**	**47**	**148**
Benefit Package 036 Total			**376**	**333**	**709**
Benefit Package 037	Plan 299	Skamania School District	6	7	13
		Stevenson-Carson School District	32	35	67

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Exhibit A3

Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
	Plan 299 Total		**38**	**42**	**80**
Benefit Package 037 Total			**38**	**42**	**80**
Benefit Package 040	Plan 315	Central Valley School District	49	5	54
		Freeman School District	2	0	2
		Riverside School District	20	12	32
		West Valley School District (Spokane)	48	18	66
		Medical Lake School District	6	3	9
		East Valley School District (Spokane)	3	1	4
		Liberty School District	2	1	3
		Star School District	3	1	4
	Plan 315 Total		**133**	**41**	**174**
Benefit Package 040 Total			**133**	**41**	**174**
Benefit Package 041	Plan 314	Spokane School District	668	488	1,156
	Plan 314 Total		**668**	**488**	**1,156**
Benefit Package 041 Total			**668**	**488**	**1,156**
Benefit Package 043	Plan 318	Deer Park School District	22	0	22
	Plan 318 Total		**22**	**0**	**22**
Benefit Package 043 Total			**22**	**0**	**22**
Benefit Package 044	Plan 317	Spokane School District	155	127	282
	Plan 317 Total		**155**	**127**	**282**
Benefit Package 044 Total			**155**	**127**	**282**
Benefit Package 045	Plan 319	Central Valley School District	50	24	74
		Freeman School District	2	0	2
		Riverside School District	15	7	22
		West Valley School District (Spokane)	27	30	57
		Medical Lake School District	16	9	25
		East Valley School District (Spokane)	3	0	3

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Exhibit A3

Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Liberty School District	3	1	4
		Star School District	1	0	1
	Plan 319 Total		**117**	**71**	**188**
Benefit Package 045 Total			**117**	**71**	**188**
Benefit Package 046	Plan 320	Central Valley School District	24	17	41
		Freeman School District	6	8	14
		Riverside School District	9	0	9
		West Valley School District (Spokane)	23	24	47
		Medical Lake School District	18	18	36
		East Valley School District (Spokane)	1	2	3
		Liberty School District	4	3	7
		Star School District	1	3	4
	Plan 320 Total		**86**	**75**	**161**
Benefit Package 046 Total			**86**	**75**	**161**
Benefit Package 047	Plan 321	Deer Park School District	23	19	42
	Plan 321 Total		**23**	**19**	**42**
Benefit Package 047 Total			**23**	**19**	**42**
Benefit Package 048	Plan 322	Deer Park School District	19	15	34
	Plan 322 Total		**19**	**15**	**34**
Benefit Package 048 Total			**19**	**15**	**34**
Benefit Package 049	Plan 324	Bainbridge Island School District	48	22	70
	Plan 324 Total		**48**	**22**	**70**
Benefit Package 049 Total			**48**	**22**	**70**
Benefit Package 050	Plan 325	Bainbridge Island School District	63	105	168
	Plan 325 Total		**63**	**105**	**168**
Benefit Package 050 Total			**63**	**105**	**168**
Benefit Package 051	Plan 326	Bainbridge Island School District	12	4	16

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Exhibit A3

Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
	Plan 326 Total		**12**	**4**	**16**
Benefit Package 051 Total			**12**	**4**	**16**
Benefit Package 052	Plan 327	Bainbridge Island School District	2	1	3
	Plan 327 Total		**2**	**1**	**3**
Benefit Package 052 Total			**2**	**1**	**3**
Benefit Package 053	Plan 328	Chimacum School District	29	14	43
	Plan 328 Total		**29**	**14**	**43**
Benefit Package 053 Total			**29**	**14**	**43**
Benefit Package 054	Plan 329	Chimacum School District	4	0	4
	Plan 329 Total		**4**	**0**	**4**
Benefit Package 054 Total			**4**	**0**	**4**
Benefit Package 055	Plan 330	Franklin Pierce School District	54	11	65
	Plan 330 Total		**54**	**11**	**65**
	Plan 331	North Thurston Public Schools	103	162	265
	Plan 331 Total		**103**	**162**	**265**
Benefit Package 055 Total			**157**	**173**	**330**
Benefit Package 056	Plan 332	North Thurston Public Schools	25	32	57
	Plan 332 Total		**25**	**32**	**57**
Benefit Package 056 Total			**25**	**32**	**57**
Benefit Package 057	Plan 333	Franklin Pierce School District	191	287	478
	Plan 333 Total		**191**	**287**	**478**
	Plan 334	North Thurston Public Schools	12	15	27
	Plan 334 Total		**12**	**15**	**27**
Benefit Package 057 Total			**203**	**302**	**505**
Benefit Package 058	Plan 335	North Thurston Public Schools	39	52	91
	Plan 335 Total		**39**	**52**	**91**
Benefit Package 058 Total			**39**	**52**	**91**

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Exhibit A3

Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
Benefit Package 059	Plan 336	Bremerton School District	94	49	143
	Plan 336 Total		**94**	**49**	**143**
	Plan 337	North Mason School District	32	7	39
	Plan 337 Total		**32**	**7**	**39**
Benefit Package 059 Total			**126**	**56**	**182**
Benefit Package 060	Plan 338	Bremerton School District	28	30	58
	Plan 338 Total		**28**	**30**	**58**
	Plan 339	North Mason School District	39	37	76
	Plan 339 Total		**39**	**37**	**76**
Benefit Package 060 Total			**67**	**67**	**134**
Benefit Package 061	Plan 340	Bremerton School District	44	56	100
	Plan 340 Total		**44**	**56**	**100**
	Plan 341	North Mason School District	3	3	6
	Plan 341 Total		**3**	**3**	**6**
Benefit Package 061 Total			**47**	**59**	**106**
Benefit Package 062	Plan 342	Bremerton School District	14	20	34
	Plan 342 Total		**14**	**20**	**34**
	Plan 343	North Mason School District	3	5	8
	Plan 343 Total		**3**	**5**	**8**
Benefit Package 062 Total			**17**	**25**	**42**
Benefit Package 063	Plan 344	Seattle Public Schools	675	771	1,446
	Plan 344 Total		**675**	**771**	**1,446**
Benefit Package 063 Total			**675**	**771**	**1,446**
Benefit Package 064	Plan 345	Seattle Public Schools	182	213	395
	Plan 345 Total		**182**	**213**	**395**
Benefit Package 064 Total			**182**	**213**	**395**
Benefit Package 065	Plan 286	Anacortes School District	0	0	0

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Bellevue School District	0	0	0
		Burlington-Edison School District	0	0	0
		Cle Elum-Roslyn School District	0	0	0
		Colfax School District	0	0	0
		Cusick School District	0	0	0
		Ellensburg School District	0	0	0
		Elma School District	0	0	0
		Endicott School District	0	0	0
		Ephrata School District	0	0	0
		Harrington School District	0	0	0
		Highland School District	0	0	0
		LaCrosse School District	0	0	0
		Mary Walker School District	0	0	0
		Mount Vernon School District	0	0	0
		Naches Valley School District	0	0	0
		Oakesdale School District	0	0	0
		Odessa School District	0	0	0
		Okanogan School District	0	0	0
		Quincy School District	0	0	0
		Republic School District	0	0	0
		Sedro-Woolley School District	0	0	0
		Wahluke School District	0	0	0
		West Valley School District (Yakima)	0	0	0
		Wilbur School District	0	0	0
		Wilson Creek School District	0	0	0
		Meridian School District	1	3	4
		Chimacum School District	0	0	0

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Exhibit A3

Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Darrington School District	0	0	0
		St. John School District	1	4	5
		Entiat School District	0	0	0
		Kittitas School District	1	1	2
		Easton School District	0	0	0
		Orchard Prairie School District	0	0	0
		Steptoe School District	0	0	0
		Wahkiakum School District	0	0	0
		Orient School District	0	0	0
		Warden School District	0	0	0
		Coulee-Hartline School District	0	0	0
		Ritzville School District	0	0	0
		Cashmere School District	0	0	0
		Palisades School District	0	0	0
		Mansfield School District	0	0	0
		Almira School District	0	0	0
		Onion Creek School District	0	0	0
		Summit Valley School District	0	0	0
	Plan 286 Total		**3**	**8**	**11**
	Plan 287	Anacortes School District	0	0	0
		Bellevue School District	12	18	30
		Burlington-Edison School District	8	25	33
		Cle Elum-Roslyn School District	0	0	0
		Colfax School District	13	5	18
		Cusick School District	0	0	0
		Ellensburg School District	4	2	6
		Elma School District	0	0	0

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Endicott School District	2	2	4
		Ephrata School District	0	0	0
		Harrington School District	0	0	0
		Highland School District	6	11	17
		LaCrosse School District	0	0	0
		Mary Walker School District	2	2	4
		Mount Vernon School District	4	3	7
		Naches Valley School District	0	0	0
		Oakesdale School District	5	10	15
		Odessa School District	0	0	0
		Okanogan School District	0	0	0
		Quincy School District	0	0	0
		Republic School District	0	0	0
		Sedro-Woolley School District	6	2	8
		Wahluke School District	2	1	3
		West Valley School District (Yakima)	18	13	31
		Wilbur School District	0	0	0
		Wilson Creek School District	0	0	0
		Meridian School District	10	11	21
		Chimacum School District	0	0	0
		Darrington School District	24	32	56
		St. John School District	4	7	11
		Entiat School District	0	0	0
		Kittitas School District	10	20	30
		Easton School District	2	3	5
		Orchard Prairie School District	4	0	4
		Steptoe School District	5	15	20

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Exhibit A3

Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Wahkiakum School District	0	0	0
		Orient School District	0	0	0
		Warden School District	0	0	0
		Coulee-Hartline School District	0	0	0
		Ritzville School District	0	0	0
		Cashmere School District	0	0	0
		Palisades School District	0	0	0
		Mansfield School District	0	0	0
		Almira School District	0	0	0
		Onion Creek School District	0	0	0
		Summit Valley School District	0	0	0
	Plan 287 Total		**141**	**182**	**323**
	Plan 288	Anacortes School District	0	0	0
		Bellevue School District	4	3	7
		Burlington-Edison School District	4	17	21
		Cle Elum-Roslyn School District	1	1	2
		Colfax School District	3	6	9
		Cusick School District	2	2	4
		Ellensburg School District	0	0	0
		Elma School District	0	0	0
		Endicott School District	5	13	18
		Ephrata School District	0	0	0
		Harrington School District	0	0	0
		Highland School District	1	3	4
		LaCrosse School District	0	0	0
		Mary Walker School District	2	2	4
		Mount Vernon School District	10	19	29

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Naches Valley School District	0	0	0
		Oakesdale School District	4	12	16
		Odessa School District	0	0	0
		Okanogan School District	0	0	0
		Quincy School District	0	0	0
		Republic School District	0	0	0
		Sedro-Woolley School District	5	16	21
		Wahluke School District	4	3	7
		West Valley School District (Yakima)	14	19	33
		Wilbur School District	0	0	0
		Wilson Creek School District	0	0	0
		Meridian School District	2	6	8
		Chimacum School District	0	0	0
		Darrington School District	7	15	22
		St. John School District	8	10	18
		Entiat School District	0	0	0
		Kittitas School District	28	51	79
		Easton School District	4	1	5
		Orchard Prairie School District	4	5	9
		Steptoe School District	3	2	5
		Wahkiakum School District	0	0	0
		Orient School District	0	0	0
		Warden School District	0	0	0
		Coulee-Hartline School District	0	0	0
		Ritzville School District	0	0	0
		Cashmere School District	0	0	0
		Palisades School District	0	0	0

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Exhibit A3

Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Mansfield School District	0	0	0
		Almira School District	0	0	0
		Onion Creek School District	0	0	0
		Summit Valley School District	0	0	0
	Plan 288 Total		**115**	**206**	**321**
	Plan 323	Anacortes School District	0	0	0
		Bellevue School District	0	0	0
		Burlington-Edison School District	0	0	0
		Cle Elum-Roslyn School District	0	0	0
		Colfax School District	0	0	0
		Cusick School District	0	0	0
		Ellensburg School District	0	0	0
		Elma School District	0	0	0
		Endicott School District	0	0	0
		Ephrata School District	0	0	0
		Harrington School District	0	0	0
		Highland School District	0	0	0
		LaCrosse School District	0	0	0
		Mary Walker School District	0	0	0
		Mount Vernon School District	0	0	0
		Naches Valley School District	0	0	0
		Oakesdale School District	0	0	0
		Odessa School District	0	0	0
		Okanogan School District	0	0	0
		Quincy School District	0	0	0
		Republic School District	0	0	0
		Sedro-Woolley School District	0	0	0

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Exhibit A3

Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Wahluke School District	0	0	0
		West Valley School District (Yakima)	0	0	0
		Wilbur School District	0	0	0
		Wilson Creek School District	0	0	0
		Meridian School District	0	0	0
		Chimacum School District	0	0	0
		Darrington School District	0	0	0
		St. John School District	0	0	0
		Entiat School District	0	0	0
		Kittitas School District	0	0	0
		Easton School District	0	0	0
		Orchard Prairie School District	0	0	0
		Steptoe School District	0	0	0
		Wahkiakum School District	9	13	22
		Orient School District	0	0	0
		Warden School District	0	0	0
		Coulee-Hartline School District	0	0	0
		Ritzville School District	0	0	0
		Cashmere School District	0	0	0
		Palisades School District	0	0	0
		Mansfield School District	0	0	0
		Almira School District	0	0	0
		Onion Creek School District	0	0	0
		Summit Valley School District	0	0	0
	Plan 323 Total		**9**	**13**	**22**
	Plan 346	Anacortes School District	0	0	0
		Bellevue School District	0	0	0

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Burlington-Edison School District	0	0	0
		Cle Elum-Roslyn School District	0	0	0
		Colfax School District	0	0	0
		Cusick School District	1	3	4
		Ellensburg School District	1	2	3
		Elma School District	0	0	0
		Endicott School District	0	0	0
		Ephrata School District	0	0	0
		Harrington School District	0	0	0
		Highland School District	0	0	0
		LaCrosse School District	1	3	4
		Mary Walker School District	0	0	0
		Mount Vernon School District	0	0	0
		Naches Valley School District	0	0	0
		Oakesdale School District	0	0	0
		Odessa School District	0	0	0
		Okanogan School District	0	0	0
		Quincy School District	0	0	0
		Republic School District	0	0	0
		Sedro-Woolley School District	1	2	3
		Wahluke School District	0	0	0
		West Valley School District (Yakima)	0	0	0
		Wilbur School District	0	0	0
		Wilson Creek School District	0	0	0
		Meridian School District	1	0	1
		Chimacum School District	0	0	0
		Darrington School District	3	6	9

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Exhibit A3

Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		St. John School District	0	0	0
		Entiat School District	0	0	0
		Kittitas School District	1	4	5
		Easton School District	0	0	0
		Orchard Prairie School District	0	0	0
		Steptoe School District	0	0	0
		Wahkiakum School District	0	0	0
		Orient School District	0	0	0
		Warden School District	4	6	10
		Coulee-Hartline School District	1	0	1
		Ritzville School District	0	0	0
		Cashmere School District	19	33	52
		Palisades School District	0	0	0
		Mansfield School District	0	0	0
		Almira School District	2	5	7
		Onion Creek School District	0	0	0
		Summit Valley School District	0	0	0
	Plan 346 Total		**35**	**64**	**99**
	Plan 347	Anacortes School District	9	15	24
		Bellevue School District	18	21	39
		Burlington-Edison School District	4	3	7
		Cle Elum-Roslyn School District	1	1	2
		Colfax School District	2	6	8
		Cusick School District	18	31	49
		Ellensburg School District	11	10	21
		Elma School District	16	31	47
		Endicott School District	5	7	12

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Ephrata School District	17	31	48
		Harrington School District	21	36	57
		Highland School District	0	0	0
		LaCrosse School District	1	2	3
		Mary Walker School District	27	58	85
		Mount Vernon School District	10	12	22
		Naches Valley School District	1	1	2
		Oakesdale School District	1	3	4
		Odessa School District	2	4	6
		Okanogan School District	31	19	50
		Quincy School District	22	35	57
		Republic School District	3	8	11
		Sedro-Woolley School District	18	26	44
		Wahluke School District	82	35	117
		West Valley School District (Yakima)	22	36	58
		Wilbur School District	20	22	42
		Wilson Creek School District	18	19	37
		Meridian School District	2	2	4
		Chimacum School District	9	7	16
		Darrington School District	13	16	29
		St. John School District	11	14	25
		Entiat School District	20	32	52
		Kittitas School District	34	61	95
		Easton School District	13	15	28
		Orchard Prairie School District	1	0	1
		Steptoe School District	0	0	0
		Wahkiakum School District	36	70	106

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Exhibit A3

Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Orient School District	11	12	23
		Warden School District	98	164	262
		Coulee-Hartline School District	30	47	77
		Ritzville School District	46	76	122
		Cashmere School District	107	192	299
		Palisades School District	7	14	21
		Mansfield School District	23	36	59
		Almira School District	17	30	47
		Onion Creek School District	12	14	26
		Summit Valley School District	11	7	18
	Plan 347 Total		**881**	**1,281**	**2,162**
Benefit Package 065 Total			**1,184**	**1,754**	**2,938**
Benefit Package 066	Plan 057	Toppenish School District	23	21	44
	Plan 057 Total		**23**	**21**	**44**
	Plan 058	Wapato School District	59	108	167
	Plan 058 Total		**59**	**108**	**167**
	Plan 059	West Valley School District (Spokane)	7	10	17
	Plan 059 Total		**7**	**10**	**17**
	Plan 060	Yakima School District	19	26	45
	Plan 060 Total		**19**	**26**	**45**
	Plan 061	Zillah School District	38	79	117
	Plan 061 Total		**38**	**79**	**117**
	Plan 062	Wahluke School District	37	40	77
	Plan 062 Total		**37**	**40**	**77**
	Plan 120	Granger School District	4	11	15
	Plan 120 Total		**4**	**11**	**15**
	Plan 121	Mount Adams School District	7	8	15

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
	Plan 121 Total		**7**	**8**	**15**
	Plan 133	Naches Valley School District	6	2	8
	Plan 133 Total		**6**	**2**	**8**
	Plan 246	Spokane School District	305	345	650
	Plan 246 Total		**305**	**345**	**650**
	Plan 247	Spokane School District	103	168	271
	Plan 247 Total		**103**	**168**	**271**
Benefit Package 066 Total			**608**	**818**	**1,426**
Benefit Package 067	Plan 052	Kent School District	510	445	955
	Plan 052 Total		**510**	**445**	**955**
	Plan 089	Kent School District	0	0	0
	Plan 089 Total		**0**	**0**	**0**
	Plan 119	Newport School District	2	2	4
	Plan 119 Total		**2**	**2**	**4**
	Plan 156	Nine Mile Falls School District	7	11	18
	Plan 156 Total		**7**	**11**	**18**
	Plan 157	Nine Mile Falls School District	25	55	80
	Plan 157 Total		**25**	**55**	**80**
	Plan 158	Deer Park School District	52	95	147
	Plan 158 Total		**52**	**95**	**147**
	Plan 159	Freeman School District	20	28	48
	Plan 159 Total		**20**	**28**	**48**
	Plan 162	Medical Lake School District	19	35	54
	Plan 162 Total		**19**	**35**	**54**
	Plan 168	Riverside School District	13	25	38
	Plan 168 Total		**13**	**25**	**38**
	Plan 173	Central Valley School District	62	77	139

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
	Plan 173 Total		**62**	**77**	**139**
	Plan 193	Pullman School District	20	40	60
	Plan 193 Total		**20**	**40**	**60**
	Plan 195	Cheney School District	39	69	108
	Plan 195 Total		**39**	**69**	**108**
	Plan 220	Bellevue School District	320	379	699
	Plan 220 Total		**320**	**379**	**699**
	Plan 263	Griffin School District	14	9	23
	Plan 263 Total		**14**	**9**	**23**
Benefit Package 067 Total			**1,103**	**1,270**	**2,373**
Benefit Package 068	Plan 046	Everett School District	495	652	1,147
	Plan 046 Total		**495**	**652**	**1,147**
	Plan 248	Granger School District	4	0	4
	Plan 248 Total		**4**	**0**	**4**
	Plan 249	Mount Adams School District	0	0	0
	Plan 249 Total		**0**	**0**	**0**
	Plan 250	Naches Valley School District	0	0	0
	Plan 250 Total		**0**	**0**	**0**
	Plan 251	Toppenish School District	12	0	12
	Plan 251 Total		**12**	**0**	**12**
	Plan 252	Wapato School District	12	11	23
	Plan 252 Total		**12**	**11**	**23**
	Plan 253	West Valley School District (Spokane)	0	0	0
	Plan 253 Total		**0**	**0**	**0**
	Plan 254	Yakima School District	8	8	16
	Plan 254 Total		**8**	**8**	**16**
	Plan 255	Zillah School District	1	0	1

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Exhibit A3

Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
	Plan 255 Total		**1**	**0**	**1**
Benefit Package 068 Total			**532**	**671**	**1,203**
Benefit Package 069	Plan 012	Tumwater School District	149	90	239
	Plan 012 Total		**149**	**90**	**239**
	Plan 015	Pioneer School District	30	24	54
	Plan 015 Total		**30**	**24**	**54**
	Plan 033	Steilacoom Hist. School District	71	76	147
	Plan 033 Total		**71**	**76**	**147**
	Plan 035	Orting School District	30	38	68
	Plan 035 Total		**30**	**38**	**68**
	Plan 040	Centralia School District	25	18	43
	Plan 040 Total		**25**	**18**	**43**
	Plan 048	Elma School District	6	0	6
	Plan 048 Total		**6**	**0**	**6**
	Plan 094	Northshore School District	203	115	318
	Plan 094 Total		**203**	**115**	**318**
	Plan 216	Shoreline School District	137	103	240
	Plan 216 Total		**137**	**103**	**240**
	Plan 227	Puyallup School District	172	184	356
	Plan 227 Total		**172**	**184**	**356**
	Plan 232	Snoqualmie Valley School District	132	134	266
	Plan 232 Total		**132**	**134**	**266**
	Plan 233	Riverview School District	21	9	30
	Plan 233 Total		**21**	**9**	**30**
Benefit Package 069 Total			**976**	**791**	**1,767**
Benefit Package 070	Plan 170	Toppenish School District	86	49	135
	Plan 170 Total		**86**	**49**	**135**

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
	Plan 177	Granger School District	51	34	85
	Plan 177 Total		**51**	**34**	**85**
	Plan 178	Mount Adams School District	37	26	63
	Plan 178 Total		**37**	**26**	**63**
	Plan 180	Naches Valley School District	25	14	39
	Plan 180 Total		**25**	**14**	**39**
	Plan 183	Wapato School District	194	113	307
	Plan 183 Total		**194**	**113**	**307**
	Plan 185	West Valley School District (Spokane)	11	0	11
	Plan 185 Total		**11**	**0**	**11**
	Plan 187	Yakima School District	87	38	125
	Plan 187 Total		**87**	**38**	**125**
	Plan 189	Zillah School District	61	21	82
	Plan 189 Total		**61**	**21**	**82**
Benefit Package 070 Total			**552**	**295**	**847**
Benefit Package 071	Plan 003	Oak Harbor School District	48	46	94
	Plan 003 Total		**48**	**46**	**94**
	Plan 004	Bellingham School District	36	36	72
	Plan 004 Total		**36**	**36**	**72**
	Plan 005	Blaine School District	19	24	43
	Plan 005 Total		**19**	**24**	**43**
	Plan 006	Ferndale School District	37	32	69
	Plan 006 Total		**37**	**32**	**69**
	Plan 007	Lynden School District	10	8	18
	Plan 007 Total		**10**	**8**	**18**
	Plan 008	Meridian School District	33	28	61
	Plan 008 Total		**33**	**28**	**61**

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Exhibit A3

Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
	Plan 009	Mount Baker School District	29	27	56
	Plan 009 Total		**29**	**27**	**56**
	Plan 010	Nooksack Valley School District	26	35	61
	Plan 010 Total		**26**	**35**	**61**
	Plan 011	Mount Vernon School District	79	107	186
	Plan 011 Total		**79**	**107**	**186**
	Plan 019	Burlington-Edison School District	43	60	103
	Plan 019 Total		**43**	**60**	**103**
	Plan 021	Shelton School District	34	23	57
	Plan 021 Total		**34**	**23**	**57**
	Plan 022	Shelton School District	61	54	115
	Plan 022 Total		**61**	**54**	**115**
	Plan 024	Bellingham School District	36	48	84
	Plan 024 Total		**36**	**48**	**84**
	Plan 025	Onalaska School District	7	3	10
	Plan 025 Total		**7**	**3**	**10**
	Plan 026	Stanwood-Camano School District	127	116	243
	Plan 026 Total		**127**	**116**	**243**
	Plan 027	Bainbridge Island School District	13	20	33
	Plan 027 Total		**13**	**20**	**33**
	Plan 044	Eatonville School District	74	74	148
	Plan 044 Total		**74**	**74**	**148**
	Plan 045	Edmonds School District	577	664	1,241
	Plan 045 Total		**577**	**664**	**1,241**
	Plan 051	Issaquah School District	206	148	354
	Plan 051 Total		**206**	**148**	**354**
	Plan 056	Lake Stevens School District	111	124	235

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
	Plan 056 Total		**111**	**124**	**235**
	Plan 091	Anacortes School District	9	10	19
	Plan 091 Total		**9**	**10**	**19**
	Plan 096	Napavine School District	16	19	35
	Plan 096 Total		**16**	**19**	**35**
	Plan 108	Selah School District	70	48	118
	Plan 108 Total		**70**	**48**	**118**
	Plan 109	Sunnyside School District	64	83	147
	Plan 109 Total		**64**	**83**	**147**
	Plan 110	Naches Valley School District	5	3	8
	Plan 110 Total		**5**	**3**	**8**
	Plan 112	Liberty School District	26	33	59
	Plan 112 Total		**26**	**33**	**59**
	Plan 122	Columbia (Walla Walla) School District	8	11	19
	Plan 122 Total		**8**	**11**	**19**
	Plan 123	Kiona-Benton City School District	24	21	45
	Plan 123 Total		**24**	**21**	**45**
	Plan 124	Kennewick School District	151	151	302
	Plan 124 Total		**151**	**151**	**302**
	Plan 125	Finley School District	17	23	40
	Plan 125 Total		**17**	**23**	**40**
	Plan 127	Prosser School District	81	109	190
	Plan 127 Total		**81**	**109**	**190**
	Plan 128	Richland School District	153	137	290
	Plan 128 Total		**153**	**137**	**290**
	Plan 130	Highland School District	36	39	75
	Plan 130 Total		**36**	**39**	**75**

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
	Plan 131	Toppenish School District	26	29	55
	Plan 131 Total		**26**	**29**	**55**
	Plan 132	East Valley School District (Yakima)	68	65	133
	Plan 132 Total		**68**	**65**	**133**
	Plan 134	West Valley School District (Spokane)	40	38	78
	Plan 134 Total		**40**	**38**	**78**
	Plan 136	Walla Walla Public Schools	129	131	260
	Plan 136 Total		**129**	**131**	**260**
	Plan 141	Cle Elum-Roslyn School District	9	14	23
	Plan 141 Total		**9**	**14**	**23**
	Plan 149	North Franklin School District	17	29	46
	Plan 149 Total		**17**	**29**	**46**
	Plan 152	Touchet School District	11	14	25
	Plan 152 Total		**11**	**14**	**25**
	Plan 153	Dixie School District	5	3	8
	Plan 153 Total		**5**	**3**	**8**
	Plan 154	Rosalia School District	6	9	15
	Plan 154 Total		**6**	**9**	**15**
	Plan 155	Colfax School District	10	13	23
	Plan 155 Total		**10**	**13**	**23**
	Plan 160	Tekoa School District	7	14	21
	Plan 160 Total		**7**	**14**	**21**
	Plan 163	Fife School District	0	0	0
	Plan 163 Total		**0**	**0**	**0**
	Plan 164	Dayton School District	1	0	1
	Plan 164 Total		**1**	**0**	**1**
	Plan 165	Dayton School District	7	16	23

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
	Plan 165 Total		**7**	**16**	**23**
	Plan 172	Colfax School District	4	4	8
	Plan 172 Total		**4**	**4**	**8**
	Plan 198	University Place School District	5	5	10
	Plan 198 Total		**5**	**5**	**10**
	Plan 199	Prescott School District	7	4	11
	Plan 199 Total		**7**	**4**	**11**
	Plan 203	Mount Vernon School District	268	245	513
	Plan 203 Total		**268**	**245**	**513**
	Plan 204	Burlington-Edison School District	199	244	443
	Plan 204 Total		**199**	**244**	**443**
	Plan 206	Marysville School District	85	112	197
	Plan 206 Total		**85**	**112**	**197**
	Plan 209	Sedro-Woolley School District	21	15	36
	Plan 209 Total		**21**	**15**	**36**
	Plan 214	Mukilteo School District	141	141	282
	Plan 214 Total		**141**	**141**	**282**
	Plan 217	Marysville School District	80	71	151
	Plan 217 Total		**80**	**71**	**151**
	Plan 218	Mukilteo School District	233	308	541
	Plan 218 Total		**233**	**308**	**541**
	Plan 219	Tukwila School District	59	57	116
	Plan 219 Total		**59**	**57**	**116**
	Plan 230	Central Kitsap School District	305	275	580
	Plan 230 Total		**305**	**275**	**580**
	Plan 235	Snohomish School District	37	42	79
	Plan 235 Total		**37**	**42**	**79**

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Exhibit A3

Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
	Plan 241	Arlington School District	59	82	141
	Plan 241 Total		**59**	**82**	**141**
	Plan 243	Highline School District	510	411	921
	Plan 243 Total		**510**	**411**	**921**
	Plan 258	Cheney School District	10	7	17
	Plan 258 Total		**10**	**7**	**17**
	Plan 264	Bainbridge Island School District	54	48	102
	Plan 264 Total		**54**	**48**	**102**
	Plan 266	Fife School District	28	18	46
	Plan 266 Total		**28**	**18**	**46**
Benefit Package 071 Total			**4,707**	**4,828**	**9,535**
Benefit Package 072	Plan 001	Blaine School District	11	4	15
	Plan 001 Total		**11**	**4**	**15**
	Plan 002	Tenino School District	27	31	58
	Plan 002 Total		**27**	**31**	**58**
	Plan 013	Coupeville School District	22	34	56
	Plan 013 Total		**22**	**34**	**56**
	Plan 014	San Juan Island School District	30	50	80
	Plan 014 Total		**30**	**50**	**80**
	Plan 016	Rainier School District	33	31	64
	Plan 016 Total		**33**	**31**	**64**
	Plan 017	Clover Park School District	258	221	479
	Plan 017 Total		**258**	**221**	**479**
	Plan 023	Bellingham School District	47	34	81
	Plan 023 Total		**47**	**34**	**81**
	Plan 029	Sumner School District	120	110	230
	Plan 029 Total		**120**	**110**	**230**

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Exhibit A3

Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
	Plan 031	Auburn School District	208	194	402
	Plan 031 Total		**208**	**194**	**402**
	Plan 032	Bremerton School District	179	109	288
	Plan 032 Total		**179**	**109**	**288**
	Plan 038	Franklin Pierce School District	181	105	286
	Plan 038 Total		**181**	**105**	**286**
	Plan 047	Enumclaw School District	8	18	26
	Plan 047 Total		**8**	**18**	**26**
	Plan 050	North Thurston Public Schools	418	370	788
	Plan 050 Total		**418**	**370**	**788**
	Plan 053	Rochester School District	35	39	74
	Plan 053 Total		**35**	**39**	**74**
	Plan 054	Lake Washington School District	450	429	879
	Plan 054 Total		**450**	**429**	**879**
	Plan 090	Mount Baker School District	18	4	22
	Plan 090 Total		**18**	**4**	**22**
	Plan 092	Mercer Island School District	94	76	170
	Plan 092 Total		**94**	**76**	**170**
	Plan 093	Monroe School District	93	84	177
	Plan 093 Total		**93**	**84**	**177**
	Plan 095	North Kitsap School District	165	112	277
	Plan 095 Total		**165**	**112**	**277**
	Plan 200	Lynden School District	2	0	2
	Plan 200 Total		**2**	**0**	**2**
	Plan 201	Bellingham School District	32	6	38
	Plan 201 Total		**32**	**6**	**38**
	Plan 202	Ferndale School District	25	1	26

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
	Plan 202 Total		**25**	**1**	**26**
	Plan 205	Nooksack Valley School District	3	1	4
	Plan 205 Total		**3**	**1**	**4**
	Plan 208	Meridian School District	16	12	28
	Plan 208 Total		**16**	**12**	**28**
	Plan 211	Shaw Island School District	2	3	5
	Plan 211 Total		**2**	**3**	**5**
	Plan 212	Lopez School District	33	23	56
	Plan 212 Total		**33**	**23**	**56**
	Plan 222	Renton School District	270	179	449
	Plan 222 Total		**270**	**179**	**449**
	Plan 223	Dieringer School District	3	0	3
	Plan 223 Total		**3**	**0**	**3**
	Plan 224	Seattle Public Schools	400	639	1,039
	Plan 224 Total		**400**	**639**	**1,039**
	Plan 226	Puyallup School District	165	117	282
	Plan 226 Total		**165**	**117**	**282**
	Plan 231	South Whidbey School District	27	43	70
	Plan 231 Total		**27**	**43**	**70**
	Plan 242	Tahoma School District	68	60	128
	Plan 242 Total		**68**	**60**	**128**
	Plan 265	South Kitsap School District	135	111	246
	Plan 265 Total		**135**	**111**	**246**
Benefit Package 072 Total			**3,578**	**3,250**	**6,828**
Benefit Package 073	Plan 100	Spokane School District	324	479	803
	Plan 100 Total		**324**	**479**	**803**
	Plan 101	Spokane School District	126	219	345

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
	Plan 101 Total		**126**	**219**	**345**
	Plan 179	Mount Adams School District	7	17	24
	Plan 179 Total		**7**	**17**	**24**
	Plan 181	Naches Valley School District	13	8	21
	Plan 181 Total		**13**	**8**	**21**
	Plan 182	Toppenish School District	42	62	104
	Plan 182 Total		**42**	**62**	**104**
	Plan 184	Wapato School District	96	159	255
	Plan 184 Total		**96**	**159**	**255**
	Plan 186	West Valley School District (Spokane)	13	13	26
	Plan 186 Total		**13**	**13**	**26**
	Plan 188	Yakima School District	27	32	59
	Plan 188 Total		**27**	**32**	**59**
	Plan 190	Zillah School District	28	30	58
	Plan 190 Total		**28**	**30**	**58**
	Plan 191	Granger School District	17	28	45
	Plan 191 Total		**17**	**28**	**45**
Benefit Package 073 Total			**693**	**1,047**	**1,740**
Benefit Package 074	Plan 018	Bainbridge Island School District	2	1	3
	Plan 018 Total		**2**	**1**	**3**
	Plan 030	Omak School District	5	6	11
	Plan 030 Total		**5**	**6**	**11**
	Plan 036	Chehalis School District	6	2	8
	Plan 036 Total		**6**	**2**	**8**
	Plan 041	University Place School District	104	102	206
	Plan 041 Total		**104**	**102**	**206**
	Plan 042	Sultan School District	42	47	89

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For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
	Plan 042 Total		**42**	**47**	**89**
	Plan 055	Lakewood School District	49	37	86
	Plan 055 Total		**49**	**37**	**86**
	Plan 072	Colfax School District	0	0	0
	Plan 072 Total		**0**	**0**	**0**
	Plan 097	Dayton School District	9	8	17
	Plan 097 Total		**9**	**8**	**17**
	Plan 103	Central Valley School District	103	143	246
	Plan 103 Total		**103**	**143**	**246**
	Plan 129	Grandview School District	3	2	5
	Plan 129 Total		**3**	**2**	**5**
	Plan 137	Rosalia School District	1	3	4
	Plan 137 Total		**1**	**3**	**4**
	Plan 142	Medical Lake School District	21	34	55
	Plan 142 Total		**21**	**34**	**55**
	Plan 143	Liberty School District	21	30	51
	Plan 143 Total		**21**	**30**	**51**
	Plan 144	West Valley School District (Spokane)	73	110	183
	Plan 144 Total		**73**	**110**	**183**
	Plan 145	Freeman School District	25	34	59
	Plan 145 Total		**25**	**34**	**59**
	Plan 146	Riverside School District	27	37	64
	Plan 146 Total		**27**	**37**	**64**
	Plan 147	Nine Mile Falls School District	23	45	68
	Plan 147 Total		**23**	**45**	**68**
	Plan 148	Nine Mile Falls School District	12	10	22
	Plan 148 Total		**12**	**10**	**22**

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For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
	Plan 161	LaCrosse School District	7	14	21
	Plan 161 Total		**7**	**14**	**21**
	Plan 167	Touchet School District	5	7	12
	Plan 167 Total		**5**	**7**	**12**
	Plan 169	Valley School District	5	12	17
	Plan 169 Total		**5**	**12**	**17**
	Plan 171	Columbia (Stevens) School District	6	9	15
	Plan 171 Total		**6**	**9**	**15**
	Plan 174	Ellensburg School District	27	45	72
	Plan 174 Total		**27**	**45**	**72**
	Plan 175	Pullman School District	60	72	132
	Plan 175 Total		**60**	**72**	**132**
	Plan 176	Deer Park School District	28	42	70
	Plan 176 Total		**28**	**42**	**70**
	Plan 192	Wahluke School District	5	9	14
	Plan 192 Total		**5**	**9**	**14**
	Plan 194	Cheney School District	29	40	69
	Plan 194 Total		**29**	**40**	**69**
	Plan 196	Dixie School District	4	4	8
	Plan 196 Total		**4**	**4**	**8**
	Plan 197	Grandview School District	9	7	16
	Plan 197 Total		**9**	**7**	**16**
	Plan 213	Orcas Island School District	28	32	60
	Plan 213 Total		**28**	**32**	**60**
	Plan 225	Seattle Public Schools	1,513	1,143	2,656
	Plan 225 Total		**1,513**	**1,143**	**2,656**
	Plan 234	Federal Way School District	473	350	823

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
	Plan 234 Total		**473**	**350**	**823**
Benefit Package 074 Total			**2,725**	**2,437**	**5,162**
Benefit Package 075	Plan 034	Tacoma School District	247	270	517
	Plan 034 Total		**247**	**270**	**517**
	Plan 098	Spokane School District	615	604	1,219
	Plan 098 Total		**615**	**604**	**1,219**
	Plan 099	Spokane School District	88	179	267
	Plan 099 Total		**88**	**179**	**267**
	Plan 261	Spokane School District	238	195	433
	Plan 261 Total		**238**	**195**	**433**
	Plan 262	Spokane School District	47	91	138
	Plan 262 Total		**47**	**91**	**138**
Benefit Package 075 Total			**1,235**	**1,339**	**2,574**
Benefit Package 076	Plan 020	North Thurston Public Schools	55	65	120
	Plan 020 Total		**55**	**65**	**120**
	Plan 028	Peninsula School District	63	83	146
	Plan 028 Total		**63**	**83**	**146**
	Plan 039	Peninsula School District	218	158	376
	Plan 039 Total		**218**	**158**	**376**
	Plan 043	North Mason School District	55	47	102
	Plan 043 Total		**55**	**47**	**102**
	Plan 049	Olympia School District	189	90	279
	Plan 049 Total		**189**	**90**	**279**
	Plan 063	Olympia School District	0	0	0
	Plan 063 Total		**0**	**0**	**0**
	Plan 102	Central Valley School District	345	336	681
	Plan 102 Total		**345**	**336**	**681**

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
	Plan 104	Mead School District	239	297	536
	Plan 104 Total		**239**	**297**	**536**
	Plan 105	East Valley School District (Spokane)	177	142	319
	Plan 105 Total		**177**	**142**	**319**
	Plan 106	Freeman School District	33	29	62
	Plan 106 Total		**33**	**29**	**62**
	Plan 107	Prescott School District	1	0	1
	Plan 107 Total		**1**	**0**	**1**
	Plan 111	Deer Park School District	82	64	146
	Plan 111 Total		**82**	**64**	**146**
	Plan 113	Cheney School District	132	122	254
	Plan 113 Total		**132**	**122**	**254**
	Plan 114	Medical Lake School District	85	79	164
	Plan 114 Total		**85**	**79**	**164**
	Plan 115	Nine Mile Falls School District	8	26	34
	Plan 115 Total		**8**	**26**	**34**
	Plan 116	Nine Mile Falls School District	21	16	37
	Plan 116 Total		**21**	**16**	**37**
	Plan 117	Riverside School District	56	46	102
	Plan 117 Total		**56**	**46**	**102**
	Plan 118	West Valley School District (Spokane)	124	140	264
	Plan 118 Total		**124**	**140**	**264**
	Plan 126	Pasco School District	266	260	526
	Plan 126 Total		**266**	**260**	**526**
	Plan 135	Waitsburg School District	4	4	8
	Plan 135 Total		**4**	**4**	**8**
	Plan 138	Union Gap School District	2	4	6

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
	Plan 138 Total		**2**	**4**	**6**
	Plan 139	College Place School District	4	1	5
	Plan 139 Total		**4**	**1**	**5**
	Plan 140	Mount Adams School District	5	5	10
	Plan 140 Total		**5**	**5**	**10**
	Plan 150	Palouse School District	13	10	23
	Plan 150 Total		**13**	**10**	**23**
	Plan 151	Pullman School District	32	14	46
	Plan 151 Total		**32**	**14**	**46**
	Plan 166	Endicott School District	1	0	1
	Plan 166 Total		**1**	**0**	**1**
	Plan 207	White River School District	10	4	14
	Plan 207 Total		**10**	**4**	**14**
	Plan 210	Mukilteo School District	36	54	90
	Plan 210 Total		**36**	**54**	**90**
	Plan 215	Mukilteo School District	57	68	125
	Plan 215 Total		**57**	**68**	**125**
	Plan 221	Seattle Public Schools	446	532	978
	Plan 221 Total		**446**	**532**	**978**
	Plan 244	Vashon Island School District	43	25	68
	Plan 244 Total		**43**	**25**	**68**
	Plan 256	Liberty School District	1	1	2
	Plan 256 Total		**1**	**1**	**2**
	Plan 257	Liberty School District	2	0	2
	Plan 257 Total		**2**	**0**	**2**
	Plan 259	Cheney School District	43	17	60
	Plan 259 Total		**43**	**17**	**60**

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
	Plan 260	Cheney School District	32	17	49
	Plan 260 Total		**32**	**17**	**49**
	Plan 267	Yelm School District	156	143	299
	Plan 267 Total		**156**	**143**	**299**
Benefit Package 076 Total			**3,036**	**2,899**	**5,935**
Benefit Package 077	Plan 037	Bethel School District	276	255	531
	Plan 037 Total		**276**	**255**	**531**
	Plan 068	Cheney School District	0	0	0
	Plan 068 Total		**0**	**0**	**0**
	Plan 069	Cheney School District	0	0	0
	Plan 069 Total		**0**	**0**	**0**
	Plan 071	Medical Lake School District	0	0	0
	Plan 071 Total		**0**	**0**	**0**
	Plan 078	Deer Park School District	0	0	0
	Plan 078 Total		**0**	**0**	**0**
	Plan 079	Freeman School District	0	0	0
	Plan 079 Total		**0**	**0**	**0**
	Plan 080	Freeman School District	0	0	0
	Plan 080 Total		**0**	**0**	**0**
	Plan 087	Nine Mile Falls School District	0	0	0
	Plan 087 Total		**0**	**0**	**0**
Benefit Package 077 Total			**276**	**255**	**531**
Benefit Package 078	Plan 348	Anacortes School District	41	19	60
		Bainbridge Island School District	29	21	50
		Bellevue School District	268	132	400
		Bremerton School District	60	27	87
		Burlington-Edison School District	10	5	15

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Central Valley School District	145	101	246
		Cle Elum-Roslyn School District	7	10	17
		Colfax School District	4	2	6
		Columbia (Stevens) School District	1	0	1
		Coupeville School District	3	0	3
		Cusick School District	2	0	2
		Ellensburg School District	29	12	41
		Elma School District	57	19	76
		Ephrata School District	25	22	47
		Ferndale School District	9	2	11
		Granite Falls School District	8	4	12
		Harrington School District	2	1	3
		Highland School District	17	12	29
		Highline School District	283	102	385
		Kent School District	390	205	595
		LaCrosse School District	1	1	2
		Lakewood School District	32	19	51
		Mary Walker School District	1	3	4
		Mount Vernon School District	29	11	40
		Naches Valley School District	10	1	11
		Newport School District	7	2	9
		North Thurston Public Schools	112	72	184
		Oakesdale School District	3	10	13
		Odessa School District	1	0	1
		Okanogan School District	18	6	24
		Pullman School District	4	1	5
		Quincy School District	95	29	124

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Republic School District	4	5	9
		Sedro-Woolley School District	62	28	90
		Shelton School District	38	14	52
		Stanwood-Camano School District	36	27	63
		West Valley School District (Yakima)	50	36	86
		Wilbur School District	4	1	5
		Puyallup School District	150	118	268
		Bellingham School District	46	11	57
		Lake Stevens School District	26	8	34
		Mount Baker School District	15	18	33
		Mukilteo School District	67	43	110
		Franklin Pierce School District	142	55	197
		North Mason School District	12	6	18
		Peninsula School District	54	24	78
		Chimacum School District	9	6	15
		Evergreen School District (Clark)	121	52	173
		Castle Rock School District	26	14	40
		Toutle Lake School District	9	5	14
		Battle Ground School District	94	42	136
		Entiat School District	1	0	1
		Hockinson School District	14	10	24
		Kelso School District	33	18	51
		La Center School District	14	9	23
		Longview School District	103	46	149
		Ridgefield School District	19	12	31
		Vancouver School District	372	161	533
		Woodland School District	25	15	40

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Washougal School District	32	9	41
		Kalama School District	8	1	9
		Granger School District	21	19	40
		Mount Adams School District	24	16	40
		Spokane School District	47	52	99
		Toppenish School District	77	77	154
		Wapato School District	10	12	22
		West Valley School District (Spokane)	22	27	49
		Yakima School District	50	3	53
		Zillah School District	1	0	1
		Cheney School District	19	6	25
		Deer Park School District	7	2	9
		Griffin School District	2	1	3
		Medical Lake School District	4	0	4
		Orting School District	29	11	40
		Riverview School District	38	18	56
		Shoreline School District	111	35	146
		Steilacoom Hist. School District	38	8	46
		Arlington School District	29	14	43
		Central Kitsap School District	94	31	125
		Dayton School District	1	0	1
		East Valley School District (Spokane)	39	15	54
		Eatonville School District	22	12	34
		Edmonds School District	326	211	537
		Fife School District	63	51	114
		Finley School District	10	10	20
		Issaquah School District	308	164	472

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For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Kennewick School District	268	165	433
		Kiona-Benton City School District	48	21	69
		Liberty School District	1	0	1
		Marysville School District	242	133	375
		Napavine School District	14	4	18
		North Franklin School District	35	15	50
		Oak Harbor School District	62	35	97
		Onalaska School District	9	10	19
		Prescott School District	3	1	4
		Prosser School District	75	63	138
		Richland School District	186	82	268
		Selah School District	36	28	64
		Snohomish School District	71	29	100
		Sunnyside School District	62	26	88
		Tekoa School District	1	0	1
		Walla Walla Public Schools	138	91	229
		Auburn School District	244	145	389
		Clover Park School District	289	107	396
		Dieringer School District	25	7	32
		Enumclaw School District	13	19	32
		Lake Washington School District	418	260	678
		Lopez School District	4	5	9
		Mercer Island School District	90	44	134
		Monroe School District	122	59	181
		Rainier School District	10	12	22
		Renton School District	388	185	573
		Rochester School District	47	31	78

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Shaw Island School District	1	0	1
		South Whidbey School District	24	9	33
		Sumner School District	11	6	17
		Tahoma School District	146	60	206
		Tenino School District	17	8	25
		Chehalis School District	48	24	72
		Grandview School District	32	12	44
		Sultan School District	37	15	52
		Valley School District	7	0	7
		College Place School District	15	11	26
		Garfield School District	3	3	6
		Mead School District	55	32	87
		Olympia School District	118	41	159
		Pasco School District	335	270	605
		Tacoma School District	127	104	231
		Union Gap School District	16	3	19
		Vashon Island School District	33	17	50
		Waitsburg School District	12	3	15
		White River School District	87	47	134
		Yelm School District	82	48	130
		Bethel School District	253	146	399
		Keller School District	1	0	1
		Curlew School District	5	2	7
		Inchelium School District	2	0	2
		Kahlotus School District	8	5	13
		Pomeroy School District	13	18	31
		Soap Lake School District	5	2	7

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Royal School District	25	21	46
		Moses Lake School District	98	51	149
		Grand Coulee Dam School District	20	13	33
		Tukwila School District	55	14	69
		Othello School District	56	47	103
		Lind School District	6	5	11
		Clarkston School District	47	15	62
		Manson School District	12	6	18
		Lake Chelan School District	26	14	40
		Cascade School District	14	14	28
		Wenatchee School District	162	109	271
		Port Angeles School District	127	62	189
		Crescent School District	15	2	17
		Sequim School District	14	8	22
		Cape Flattery School District	13	7	20
		Quillayute Valley School District	22	17	39
		Bridgeport School District	22	2	24
		Eastmont School District	86	49	135
		Waterville School District	2	0	2
		Aberdeen School District	106	34	140
		Hoquiam School District	36	8	44
		North Beach School District	31	15	46
		McCleary School District	7	0	7
		Montesano School District	31	26	57
		Taholah School District	30	14	44
		Lake Quinault School District	28	26	54
		Cosmopolis School District	4	0	4

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For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Satsop School District	5	3	8
		Wishkah Valley School District	7	3	10
		Ocosta School District	29	25	54
		Oakville School District	3	7	10
		Queets-Clearwater School District	1	0	1
		Brinnon School District	1	0	1
		Quilcene School District	1	0	1
		Port Townsend School District	22	7	29
		Federal Way School District	367	152	519
		Skykomish School District	1	2	3
		Thorp School District	1	0	1
		Mossyrock School District	12	10	22
		Morton School District	3	1	4
		Adna School District	7	14	21
		Winlock School District	15	5	20
		Boistfort School District	3	1	4
		Toledo School District	12	4	16
		Pe Ell School District	8	11	19
		White Pass School District	11	2	13
		Centralia School District	34	11	45
		Sprague School District	6	8	14
		Reardan-Edwall School District	20	11	31
		Creston School District	6	2	8
		Davenport School District	3	6	9
		Southside School District	1	0	1
		Grapeview School District	2	4	6
		Mary M Knight School District	1	3	4

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Exhibit A3

Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Pioneer School District	6	0	6
		Hood Canal School District	5	0	5
		Nespelem School District	2	0	2
		Omak School District	35	30	65
		Brewster School District	8	11	19
		Pateros School District	5	3	8
		Methow Valley School District	12	8	20
		Tonasket School District	12	8	20
		Oroville School District	17	14	31
		Ocean Beach School District	14	8	22
		Raymond School District	15	7	22
		South Bend School District	25	20	45
		Naselle-Grays River Valley School District	16	7	23
		Willapa Valley School District	21	18	39
		Selkirk School District	3	5	8
		Carbonado School District	4	4	8
		La Conner School District	13	6	19
		Conway School District	8	1	9
		Mount Pleasant School District	3	0	3
		Everett School District	32	32	64
		Chewelah School District	9	11	20
		Wellpinit School District	5	4	9
		Colville School District	22	5	27
		Loon Lake School District	1	0	1
		Northport School District	8	3	11
		Kettle Falls School District	5	9	14
		Columbia (Walla Walla) School District	32	22	54

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Exhibit A3

Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Palouse School District	2	2	4
		Colton School District	4	9	13
		East Valley School District (Yakima)	37	24	61
		Mabton School District	31	22	53
		Tumwater School District	130	75	205
	Plan 348 Total		**11,294**	**6,142**	**17,436**
Benefit Package 078 Total			**11,294**	**6,142**	**17,436**
Benefit Package 079	Plan 349	Anacortes School District	99	92	191
		Bainbridge Island School District	52	39	91
		Bellevue School District	493	417	910
		Bremerton School District	63	34	97
		Burlington-Edison School District	7	4	11
		Central Valley School District	227	197	424
		Cle Elum-Roslyn School District	49	42	91
		Colfax School District	2	4	6
		Columbia (Stevens) School District	19	15	34
		Concrete School District	6	2	8
		Coupeville School District	13	2	15
		Cusick School District	8	1	9
		Ellensburg School District	77	56	133
		Elma School District	36	39	75
		Endicott School District	1	0	1
		Ephrata School District	78	86	164
		Ferndale School District	94	70	164
		Granite Falls School District	15	33	48
		Harrington School District	2	4	6
		Highland School District	32	16	48

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Exhibit A3

Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Highline School District	259	130	389
		Kent School District	325	201	526
		LaCrosse School District	1	0	1
		Lakewood School District	47	42	89
		Mary Walker School District	15	4	19
		Mount Vernon School District	57	39	96
		Naches Valley School District	50	40	90
		Newport School District	20	9	29
		North Thurston Public Schools	144	103	247
		Oakesdale School District	4	1	5
		Odessa School District	10	7	17
		Okanogan School District	37	21	58
		Orcas Island School District	4	3	7
		Pullman School District	1	0	1
		Quincy School District	79	86	165
		Republic School District	16	9	25
		Sedro-Woolley School District	102	69	171
		Shelton School District	136	62	198
		Stanwood-Camano School District	68	53	121
		Wahluke School District	3	4	7
		West Valley School District (Yakima)	149	153	302
		Wilbur School District	1	1	2
		Wilson Creek School District	2	2	4
		Bellingham School District	50	24	74
		Lake Stevens School District	90	66	156
		North Kitsap School District	0	2	2
		Seattle Public Schools	2,235	828	3,063

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		North Mason School District	28	22	50
		Chimacum School District	34	28	62
		Darrington School District	3	7	10
		Evergreen School District (Clark)	307	213	520
		Castle Rock School District	21	17	38
		Toutle Lake School District	10	10	20
		Battle Ground School District	315	270	585
		Camas School District	201	223	424
		Entiat School District	7	6	13
		Hockinson School District	10	17	27
		Kelso School District	67	55	122
		La Center School District	17	21	38
		Longview School District	100	103	203
		Ridgefield School District	15	17	32
		Vancouver School District	389	317	706
		Woodland School District	29	33	62
		Washougal School District	39	20	59
		Kalama School District	18	10	28
		Granger School District	19	20	39
		Mount Adams School District	26	27	53
		Toppenish School District	50	56	106
		West Valley School District (Spokane)	26	19	45
		Yakima School District	103	76	179
		Zillah School District	1	0	1
		Cheney School District	28	15	43
		Griffin School District	6	7	13
		Medical Lake School District	11	10	21

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Orting School District	34	23	57
		Riverview School District	120	57	177
		Shoreline School District	267	200	467
		Arlington School District	96	109	205
		Central Kitsap School District	292	166	458
		Dayton School District	21	22	43
		East Valley School District (Spokane)	71	45	116
		Eatonville School District	14	16	30
		Edmonds School District	1	0	1
		Fife School District	81	73	154
		Finley School District	29	13	42
		Issaquah School District	346	241	587
		Kennewick School District	493	403	896
		Kiona-Benton City School District	38	51	89
		Marysville School District	155	178	333
		Napavine School District	14	8	22
		North Franklin School District	52	45	97
		Oak Harbor School District	135	108	243
		Onalaska School District	16	15	31
		Prescott School District	5	4	9
		Prosser School District	67	76	143
		Richland School District	270	222	492
		Rosalia School District	11	8	19
		Selah School District	125	110	235
		Snohomish School District	417	470	887
		Sunnyside School District	244	153	397
		Tekoa School District	5	10	15

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Exhibit A3

Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		University Place School District	260	130	390
		Walla Walla Public Schools	226	231	457
		Auburn School District	385	269	654
		Clover Park School District	168	135	303
		Dieringer School District	29	28	57
		Enumclaw School District	92	76	168
		Lake Washington School District	675	401	1,076
		Lopez School District	1	0	1
		Mercer Island School District	107	95	202
		Monroe School District	119	74	193
		Rainier School District	12	6	18
		Renton School District	313	225	538
		Rochester School District	33	27	60
		South Whidbey School District	27	19	46
		Sumner School District	173	94	267
		Tahoma School District	172	114	286
		Tenino School District	17	10	27
		Chehalis School District	96	67	163
		Grandview School District	140	173	313
		Sultan School District	36	26	62
		Valley School District	24	13	37
		College Place School District	36	26	62
		Garfield School District	1	0	1
		Mead School District	262	224	486
		Olympia School District	147	103	250
		Pasco School District	355	258	613
		Tacoma School District	353	506	859

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Union Gap School District	13	7	20
		Vashon Island School District	26	20	46
		Waitsburg School District	12	8	20
		White River School District	54	36	90
		Yelm School District	40	36	76
		Bethel School District	184	125	309
		Curlew School District	10	7	17
		Inchelium School District	22	0	22
		Kahlotus School District	4	12	16
		Pomeroy School District	17	24	41
		Soap Lake School District	18	11	29
		Royal School District	49	33	82
		Moses Lake School District	175	194	369
		Grand Coulee Dam School District	31	8	39
		Tukwila School District	69	36	105
		Othello School District	128	92	220
		Lind School District	10	12	22
		Clarkston School District	84	77	161
		Manson School District	36	42	78
		Lake Chelan School District	43	54	97
		Cascade School District	32	26	58
		Wenatchee School District	258	213	471
		Port Angeles School District	97	67	164
		Crescent School District	8	4	12
		Sequim School District	60	45	105
		Cape Flattery School District	11	3	14
		Quillayute Valley School District	59	48	107

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Bridgeport School District	31	34	65
		Eastmont School District	149	151	300
		Waterville School District	9	4	13
		Aberdeen School District	174	100	274
		Hoquiam School District	102	80	182
		North Beach School District	14	16	30
		McCleary School District	21	12	33
		Montesano School District	58	58	116
		Taholah School District	3	6	9
		Lake Quinault School District	5	1	6
		Cosmopolis School District	12	2	14
		Wishkah Valley School District	10	11	21
		Ocosta School District	33	23	56
		Oakville School District	18	19	37
		Queets-Clearwater School District	2	0	2
		Brinnon School District	1	1	2
		Quilcene School District	13	4	17
		Port Townsend School District	40	25	65
		Federal Way School District	384	193	577
		Skykomish School District	7	2	9
		Thorp School District	11	5	16
		Mossyrock School District	18	12	30
		Morton School District	21	11	32
		Adna School District	9	12	21
		Winlock School District	22	21	43
		Boistfort School District	7	6	13
		Toledo School District	24	29	53

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Pe Ell School District	27	18	45
		White Pass School District	12	8	20
		Centralia School District	63	46	109
		Sprague School District	2	3	5
		Reardan-Edwall School District	18	18	36
		Creston School District	15	10	25
		Davenport School District	25	50	75
		Southside School District	10	12	22
		Grapeview School District	8	6	14
		Mary M Knight School District	4	5	9
		Pioneer School District	14	1	15
		Hood Canal School District	15	6	21
		Nespelem School District	4	1	5
		Omak School District	68	48	116
		Brewster School District	50	30	80
		Pateros School District	10	5	15
		Methow Valley School District	14	3	17
		Tonasket School District	41	21	62
		Oroville School District	26	27	53
		Ocean Beach School District	29	26	55
		Raymond School District	45	24	69
		South Bend School District	18	13	31
		Naselle-Grays River Valley School District	9	16	25
		Willapa Valley School District	9	8	17
		Selkirk School District	14	23	37
		La Conner School District	15	19	34
		Conway School District	22	7	29

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Everett School District	292	348	640
		Chewelah School District	35	34	69
		Wellpinit School District	29	20	49
		Colville School District	76	50	126
		Northport School District	19	22	41
		Kettle Falls School District	17	20	37
		Columbia (Walla Walla) School District	31	22	53
		Palouse School District	8	10	18
		Colton School District	18	17	35
		East Valley School District (Yakima)	62	65	127
		Mabton School District	22	26	48
		Tumwater School District	122	93	215
		Washtucna School District	12	8	20
		Benge School District	4	4	8
		Asotin-Anatone School District	2	2	4
		Paterson School District	4	5	9
		Green Mountain School District	4	1	5
		Starbuck School District	3	1	4
		Orondo School District	10	8	18
		Damman School District	2	0	2
		Wishram School District	11	5	16
		Roosevelt School District	6	0	6
		Evaline School District	2	0	2
		North River School District	16	12	28
		Index School District	2	0	2
		Great Northern School District	5	0	5
		Lamont School District	1	0	1

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
	Plan 349 Total		**18,986**	**14,192**	**33,178**
Benefit Package 079 Total			**18,986**	**14,192**	**33,178**
Benefit Package 080	Plan 350	Anacortes School District	34	68	102
		Bainbridge Island School District	45	39	84
		Bellevue School District	343	475	818
		Bremerton School District	18	11	29
		Burlington-Edison School District	6	4	10
		Central Valley School District	90	129	219
		Cle Elum-Roslyn School District	20	25	45
		Colfax School District	3	10	13
		Columbia (Stevens) School District	3	8	11
		Concrete School District	1	0	1
		Coupeville School District	5	3	8
		Cusick School District	3	5	8
		Ellensburg School District	39	48	87
		Elma School District	19	17	36
		Endicott School District	3	0	3
		Ephrata School District	43	54	97
		Ferndale School District	56	71	127
		Granite Falls School District	10	18	28
		Highland School District	15	20	35
		Highline School District	91	139	230
		Kent School District	131	188	319
		LaCrosse School District	1	0	1
		Lakewood School District	15	28	43
		Mary Walker School District	13	6	19
		Mount Vernon School District	42	43	85

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Naches Valley School District	10	21	31
		Newport School District	33	16	49
		North Thurston Public Schools	116	156	272
		Oakesdale School District	4	6	10
		Odessa School District	12	18	30
		Okanogan School District	12	15	27
		Orcas Island School District	9	8	17
		Pullman School District	4	2	6
		Quincy School District	50	82	132
		Republic School District	6	9	15
		Sedro-Woolley School District	63	83	146
		Shelton School District	53	63	116
		Stanwood-Camano School District	28	49	77
		Wahluke School District	16	17	33
		West Valley School District (Yakima)	62	137	199
		Wilbur School District	8	11	19
		Freeman School District	1	0	1
		Wilson Creek School District	3	8	11
		Puyallup School District	203	357	560
		Lake Stevens School District	42	53	95
		Mount Baker School District	8	4	12
		Mukilteo School District	71	95	166
		Franklin Pierce School District	224	121	345
		Peninsula School District	103	80	183
		Chimacum School District	31	42	73
		Evergreen School District (Clark)	71	69	140
		Castle Rock School District	10	16	26

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Toutle Lake School District	4	10	14
		Battle Ground School District	81	110	191
		Entiat School District	1	2	3
		Hockinson School District	17	39	56
		Kelso School District	54	76	130
		La Center School District	4	1	5
		Longview School District	48	58	106
		Ridgefield School District	9	21	30
		Vancouver School District	129	169	298
		Woodland School District	19	28	47
		Washougal School District	41	51	92
		Kalama School District	9	16	25
		Granger School District	9	12	21
		Mount Adams School District	10	20	30
		Toppenish School District	16	29	45
		West Valley School District (Spokane)	23	17	40
		Yakima School District	34	65	99
		Zillah School District	1	1	2
		Cheney School District	49	36	85
		Deer Park School District	9	14	23
		Griffin School District	3	11	14
		Orting School District	21	32	53
		Riverview School District	54	72	126
		Shoreline School District	133	161	294
		Steilacoom Hist. School District	57	57	114
		Arlington School District	32	55	87
		Central Kitsap School District	164	202	366

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Dayton School District	6	7	13
		East Valley School District (Spokane)	49	45	94
		Eatonville School District	25	20	45
		Edmonds School District	347	371	718
		Fife School District	36	43	79
		Finley School District	6	8	14
		Issaquah School District	245	257	502
		Kennewick School District	214	253	467
		Kiona-Benton City School District	8	13	21
		Liberty School District	3	2	5
		Marysville School District	79	120	199
		Napavine School District	2	2	4
		North Franklin School District	29	42	71
		Oak Harbor School District	49	72	121
		Onalaska School District	13	18	31
		Prescott School District	3	6	9
		Prosser School District	30	57	87
		Richland School District	91	140	231
		Rosalia School District	10	9	19
		Selah School District	29	35	64
		Snohomish School District	137	206	343
		Sunnyside School District	88	126	214
		Tekoa School District	4	8	12
		University Place School District	65	66	131
		Walla Walla Public Schools	74	98	172
		Auburn School District	190	224	414
		Clover Park School District	102	123	225

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Dieringer School District	14	18	32
		Enumclaw School District	36	56	92
		Lake Washington School District	327	399	726
		Lopez School District	3	2	5
		Mercer Island School District	32	43	75
		Monroe School District	84	107	191
		Rainier School District	2	0	2
		Renton School District	177	190	367
		Rochester School District	21	26	47
		South Whidbey School District	24	29	53
		Sumner School District	80	90	170
		Tahoma School District	102	159	261
		Tenino School District	15	18	33
		Chehalis School District	33	47	80
		Grandview School District	53	79	132
		Sultan School District	28	48	76
		Valley School District	12	15	27
		College Place School District	17	29	46
		Garfield School District	2	5	7
		Mead School District	90	130	220
		Olympia School District	151	167	318
		Pasco School District	166	190	356
		Tacoma School District	1,340	1,485	2,825
		Union Gap School District	13	13	26
		Vashon Island School District	16	23	39
		Waitsburg School District	3	4	7
		White River School District	30	43	73

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Yelm School District	34	39	73
		Bethel School District	198	179	377
		Keller School District	3	2	5
		Curlew School District	5	5	10
		Inchelium School District	2	2	4
		Kahlotus School District	1	1	2
		Pomeroy School District	7	7	14
		Soap Lake School District	8	17	25
		Royal School District	24	43	67
		Moses Lake School District	101	140	241
		Grand Coulee Dam School District	16	25	41
		Tukwila School District	12	11	23
		Othello School District	79	105	184
		Lind School District	6	10	16
		Clarkston School District	65	106	171
		Manson School District	18	28	46
		Lake Chelan School District	16	33	49
		Cascade School District	34	39	73
		Wenatchee School District	146	192	338
		Port Angeles School District	54	72	126
		Crescent School District	1	1	2
		Sequim School District	77	79	156
		Cape Flattery School District	5	5	10
		Quillayute Valley School District	36	34	70
		Bridgeport School District	15	27	42
		Eastmont School District	91	137	228
		Waterville School District	9	13	22

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Exhibit A3

Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Aberdeen School District	74	93	167
		Hoquiam School District	35	62	97
		North Beach School District	8	10	18
		McCleary School District	12	7	19
		Montesano School District	10	22	32
		Taholah School District	4	7	11
		Wishkah Valley School District	2	0	2
		Ocosta School District	12	15	27
		Oakville School District	9	12	21
		Queets-Clearwater School District	1	0	1
		Quilcene School District	7	5	12
		Port Townsend School District	38	38	76
		Federal Way School District	374	417	791
		Skykomish School District	2	2	4
		Thorp School District	5	5	10
		Mossyrock School District	9	10	19
		Morton School District	6	11	17
		Adna School District	2	7	9
		Winlock School District	17	24	41
		Boistfort School District	2	0	2
		Toledo School District	8	18	26
		Pe Ell School District	1	0	1
		White Pass School District	8	4	12
		Centralia School District	47	61	108
		Sprague School District	3	4	7
		Reardan-Edwall School District	13	28	41
		Creston School District	4	9	13

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Exhibit A3

Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Davenport School District	9	10	19
		Southside School District	4	6	10
		Grapeview School District	5	2	7
		Mary M Knight School District	3	5	8
		Pioneer School District	10	11	21
		Hood Canal School District	8	3	11
		Nespelem School District	3	1	4
		Omak School District	25	36	61
		Brewster School District	16	10	26
		Pateros School District	3	7	10
		Methow Valley School District	15	24	39
		Tonasket School District	13	16	29
		Oroville School District	16	12	28
		Ocean Beach School District	14	13	27
		Raymond School District	16	12	28
		South Bend School District	11	22	33
		Naselle-Grays River Valley School District	6	13	19
		Willapa Valley School District	1	0	1
		Selkirk School District	5	4	9
		Carbonado School District	1	4	5
		La Conner School District	4	2	6
		Conway School District	4	3	7
		Everett School District	474	625	1,099
		Chewelah School District	17	16	33
		Wellpinit School District	11	4	15
		Colville School District	45	74	119
		Loon Lake School District	2	7	9

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Exhibit A3

Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Northport School District	1	2	3
		Kettle Falls School District	20	24	44
		Columbia (Walla Walla) School District	6	12	18
		Palouse School District	6	8	14
		Colton School District	2	0	2
		East Valley School District (Yakima)	37	66	103
		Mabton School District	2	7	9
		Tumwater School District	61	86	147
		Asotin-Anatone School District	31	59	90
		Paterson School District	4	3	7
		Green Mountain School District	3	3	6
		Orondo School District	5	5	10
		Evaline School District	1	2	3
		North River School District	1	1	2
		Evergreen School District (Stevens)	1	0	1
	Plan 350 Total		**10,836**	**13,541**	**24,377**
Benefit Package 080 Total			**10,836**	**13,541**	**24,377**
Benefit Package 081	Plan 351	Anacortes School District	35	7	42
		Bainbridge Island School District	40	22	62
		Bellevue School District	252	183	435
		Bremerton School District	8	1	9
		Burlington-Edison School District	16	4	20
		Central Valley School District	102	90	192
		Cle Elum-Roslyn School District	3	5	8
		Colfax School District	16	10	26
		Columbia (Stevens) School District	2	0	2
		Concrete School District	5	1	6

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Exhibit A3

Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Coupeville School District	7	0	7
		Cusick School District	3	1	4
		Ellensburg School District	88	58	146
		Elma School District	39	14	53
		Ephrata School District	33	10	43
		Ferndale School District	15	14	29
		Granite Falls School District	68	58	126
		Harrington School District	1	0	1
		Highland School District	15	5	20
		Highline School District	185	82	267
		Kent School District	252	192	444
		LaCrosse School District	4	1	5
		Lakewood School District	6	6	12
		Mary Walker School District	1	0	1
		Mount Vernon School District	35	20	55
		Naches Valley School District	6	4	10
		Newport School District	13	22	35
		North Thurston Public Schools	236	116	352
		Odessa School District	3	0	3
		Okanogan School District	21	17	38
		Pullman School District	3	3	6
		Quincy School District	34	22	56
		Republic School District	6	0	6
		Sedro-Woolley School District	87	46	133
		Shelton School District	46	27	73
		Stanwood-Camano School District	50	38	88
		Wahluke School District	4	9	13

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		West Valley School District (Yakima)	58	45	103
		Wilbur School District	5	4	9
		Freeman School District	1	0	1
		Wilson Creek School District	8	4	12
		Lake Stevens School District	88	30	118
		North Mason School District	9	2	11
		St. John School District	2	1	3
		Evergreen School District (Clark)	136	82	218
		Castle Rock School District	18	8	26
		Toutle Lake School District	11	5	16
		Battle Ground School District	107	63	170
		Entiat School District	2	1	3
		Hockinson School District	39	25	64
		Kelso School District	88	50	138
		La Center School District	7	3	10
		Longview School District	121	80	201
		Ridgefield School District	13	8	21
		Vancouver School District	333	201	534
		Woodland School District	24	22	46
		Washougal School District	69	29	98
		Granger School District	56	71	127
		Mount Adams School District	13	3	16
		Spokane School District	334	404	738
		Toppenish School District	67	55	122
		Wapato School District	21	47	68
		West Valley School District (Spokane)	22	9	31
		Yakima School District	79	24	103

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Zillah School District	10	12	22
		Cheney School District	33	21	54
		Griffin School District	27	11	38
		Medical Lake School District	7	1	8
		Orting School District	61	30	91
		Riverview School District	35	24	59
		Shoreline School District	122	83	205
		Steilacoom Hist. School District	68	34	102
		Arlington School District	166	115	281
		Central Kitsap School District	104	74	178
		Dayton School District	5	9	14
		East Valley School District (Spokane)	90	44	134
		Eatonville School District	57	33	90
		Edmonds School District	526	254	780
		Fife School District	99	69	168
		Finley School District	24	10	34
		Issaquah School District	399	196	595
		Kennewick School District	211	157	368
		Kiona-Benton City School District	19	19	38
		Marysville School District	360	240	600
		Napavine School District	8	2	10
		North Franklin School District	73	69	142
		Oak Harbor School District	122	73	195
		Onalaska School District	12	6	18
		Prescott School District	16	5	21
		Prosser School District	45	42	87
		Richland School District	200	146	346

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Rosalia School District	1	0	1
		Selah School District	46	34	80
		Snohomish School District	166	117	283
		Sunnyside School District	175	116	291
		Tekoa School District	7	6	13
		Walla Walla Public Schools	67	48	115
		Auburn School District	265	186	451
		Clover Park School District	424	250	674
		Dieringer School District	35	22	57
		Enumclaw School District	58	56	114
		Lake Washington School District	322	224	546
		Mercer Island School District	29	14	43
		Monroe School District	88	54	142
		Rainier School District	11	6	17
		Renton School District	157	95	252
		Rochester School District	36	16	52
		South Whidbey School District	41	24	65
		Sumner School District	171	96	267
		Tahoma School District	149	120	269
		Tenino School District	33	12	45
		Chehalis School District	68	76	144
		Grandview School District	113	74	187
		Sultan School District	38	40	78
		Valley School District	29	16	45
		College Place School District	2	0	2
		Garfield School District	4	5	9
		Mead School District	116	69	185

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Olympia School District	183	97	280
		Pasco School District	270	178	448
		Tacoma School District	548	506	1,054
		Union Gap School District	9	3	12
		Vashon Island School District	17	12	29
		Waitsburg School District	6	3	9
		White River School District	140	143	283
		Yelm School District	167	104	271
		Bethel School District	487	339	826
		Keller School District	4	1	5
		Curlew School District	1	5	6
		Inchelium School District	5	0	5
		Kahlotus School District	1	2	3
		Soap Lake School District	20	26	46
		Royal School District	51	24	75
		Moses Lake School District	362	292	654
		Grand Coulee Dam School District	13	16	29
		Tukwila School District	74	53	127
		Othello School District	77	48	125
		Lind School District	9	4	13
		Clarkston School District	45	24	69
		Manson School District	5	10	15
		Lake Chelan School District	36	37	73
		Cascade School District	19	13	32
		Wenatchee School District	117	101	218
		Port Angeles School District	71	48	119
		Crescent School District	3	8	11

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Sequim School District	47	30	77
		Cape Flattery School District	55	22	77
		Quillayute Valley School District	32	6	38
		Bridgeport School District	16	8	24
		Eastmont School District	149	113	262
		Waterville School District	12	11	23
		Aberdeen School District	21	13	34
		Hoquiam School District	4	3	7
		North Beach School District	9	8	17
		McCleary School District	2	1	3
		Montesano School District	8	2	10
		Taholah School District	1	1	2
		Lake Quinault School District	8	3	11
		Wishkah Valley School District	1	0	1
		Ocosta School District	9	6	15
		Oakville School District	5	6	11
		Queets-Clearwater School District	1	0	1
		Brinnon School District	5	4	9
		Quilcene School District	6	1	7
		Port Townsend School District	27	14	41
		Federal Way School District	582	393	975
		Skykomish School District	6	0	6
		Thorp School District	2	6	8
		Mossyrock School District	10	9	19
		Morton School District	11	15	26
		Adna School District	3	4	7
		Winlock School District	10	4	14

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Toledo School District	10	9	19
		Pe Ell School District	1	0	1
		White Pass School District	18	21	39
		Centralia School District	130	75	205
		Sprague School District	4	5	9
		Reardan-Edwall School District	3	1	4
		Davenport School District	21	15	36
		Southside School District	3	7	10
		Grapeview School District	1	1	2
		Mary M Knight School District	11	7	18
		Pioneer School District	19	22	41
		Hood Canal School District	4	0	4
		Nespelem School District	14	10	24
		Omak School District	64	40	104
		Brewster School District	17	13	30
		Pateros School District	11	4	15
		Methow Valley School District	9	9	18
		Tonasket School District	30	35	65
		Oroville School District	17	12	29
		Ocean Beach School District	44	25	69
		South Bend School District	23	12	35
		Naselle-Grays River Valley School District	19	23	42
		Willapa Valley School District	11	8	19
		Selkirk School District	8	9	17
		Carbonado School District	15	3	18
		La Conner School District	35	34	69
		Conway School District	3	0	3

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Mount Pleasant School District	1	1	2
		Everett School District	205	183	388
		Chewelah School District	16	11	27
		Wellpinit School District	6	0	6
		Colville School District	42	22	64
		Loon Lake School District	7	0	7
		Northport School District	1	2	3
		Kettle Falls School District	25	13	38
		Columbia (Walla Walla) School District	1	0	1
		Palouse School District	2	1	3
		East Valley School District (Yakima)	51	33	84
		Mabton School District	41	26	67
		Tumwater School District	122	83	205
		Washtucna School District	6	5	11
		Green Mountain School District	3	0	3
		Orondo School District	8	1	9
		Damman School District	1	0	1
		North River School District	1	0	1
		Index School District	1	0	1
		Lamont School District	5	3	8
		Stehekin School District	1	1	2
		Bickleton School District	16	31	47
	Plan 351 Total		**13,910**	**9,515**	**23,425**
Benefit Package 081 Total			**13,910**	**9,515**	**23,425**
Benefit Package 082	Plan 352	Newport School District	3	5	8
		Pullman School District	71	113	184
		Freeman School District	4	8	12

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Riverside School District	7	10	17
	Plan 352 Total		**85**	**136**	**221**
Benefit Package 082 Total			**85**	**136**	**221**
Benefit Package 084	Plan 354	Newport School District	4	5	9
		Pullman School District	24	46	70
		Freeman School District	5	10	15
		Nine Mile Falls School District	45	130	175
		Riverside School District	5	12	17
	Plan 354 Total		**83**	**203**	**286**
Benefit Package 084 Total			**83**	**203**	**286**
Benefit Package 085	Plan 355	Pullman School District	12	31	43
		Riverside School District	3	5	8
	Plan 355 Total		**15**	**36**	**51**
Benefit Package 085 Total			**15**	**36**	**51**
Benefit Package 086	Plan 356	Pullman School District	3	8	11
		Nine Mile Falls School District	8	27	35
		Riverside School District	2	5	7
	Plan 356 Total		**13**	**40**	**53**
Benefit Package 086 Total			**13**	**40**	**53**
Benefit Package 087	Plan 357	Ferndale School District	16	25	41
		Bellingham School District	94	154	248
		Blaine School District	32	41	73
		Lynden School District	47	84	131
		Meridian School District	14	15	29
		Mount Baker School District	10	18	28
		Nooksack Valley School District	10	19	29
	Plan 357 Total		**223**	**356**	**579**

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
Benefit Package 087 Total			**223**	**356**	**579**
Benefit Package 088	Plan 358	Ferndale School District	8	13	21
		Bellingham School District	36	42	78
		Blaine School District	25	38	63
		Lynden School District	3	7	10
		Meridian School District	3	5	8
		Mount Baker School District	18	32	50
		Nooksack Valley School District	7	12	19
	Plan 358 Total		**100**	**149**	**249**
Benefit Package 088 Total			**100**	**149**	**249**
Benefit Package 089	Plan 359	Ferndale School District	140	294	434
		Bellingham School District	655	1,478	2,133
		Blaine School District	110	282	392
		Lynden School District	218	481	699
		Meridian School District	78	150	228
		Mount Baker School District	132	301	433
		Nooksack Valley School District	135	316	451
	Plan 359 Total		**1,468**	**3,302**	**4,770**
Benefit Package 089 Total			**1,468**	**3,302**	**4,770**
Benefit Package 090	Plan 360	Ferndale School District	17	21	38
		Bellingham School District	112	141	253
		Blaine School District	18	35	53
		Lynden School District	12	14	26
		Meridian School District	4	6	10
		Mount Baker School District	14	17	31
		Nooksack Valley School District	11	14	25
	Plan 360 Total		**188**	**248**	**436**

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
Benefit Package 090 Total			**188**	**248**	**436**
Benefit Package 091	Plan 361	Blaine School District	11	31	42
		Lynden School District	4	9	13
		Meridian School District	3	8	11
		Nooksack Valley School District	5	12	17
	Plan 361 Total		**23**	**60**	**83**
Benefit Package 091 Total			**23**	**60**	**83**
Benefit Package 092	Plan 362	Granite Falls School District	46	84	130
		Highline School District	415	559	974
		Lake Stevens School District	56	76	132
		North Kitsap School District	201	313	514
		San Juan Island School District	22	28	50
		South Kitsap School District	280	438	718
	Plan 362 Total		**1,020**	**1,498**	**2,518**
Benefit Package 092 Total			**1,020**	**1,498**	**2,518**
Benefit Package 093	Plan 363	Burlington-Edison School District	87	152	239
		Concrete School District	30	36	66
		Coupeville School District	4	5	9
		Lakewood School District	16	23	39
		Orcas Island School District	20	38	58
		Shelton School District	20	23	43
		Stanwood-Camano School District	32	53	85
		Lake Stevens School District	89	170	259
		Touchet School District	9	12	21
		North Kitsap School District	78	151	229
		San Juan Island School District	14	22	36
		South Kitsap School District	160	272	432

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Peninsula School District	278	473	751
	Plan 363 Total		**837**	**1,430**	**2,267**
Benefit Package 093 Total			**837**	**1,430**	**2,267**
Benefit Package 094	Plan 364	Granite Falls School District	1	3	4
		North Kitsap School District	31	91	122
		South Kitsap School District	66	169	235
	Plan 364 Total		**98**	**263**	**361**
Benefit Package 094 Total			**98**	**263**	**361**
Benefit Package 095	Plan 365	Coupeville School District	3	6	9
		Granite Falls School District	2	3	5
		Highline School District	99	198	297
		Lakewood School District	18	44	62
		Orcas Island School District	8	15	23
		Shelton School District	18	34	52
		Stanwood-Camano School District	18	41	59
		Lake Stevens School District	143	322	465
		North Kitsap School District	40	103	143
		San Juan Island School District	13	34	47
		South Kitsap School District	80	194	274
	Plan 365 Total		**442**	**994**	**1,436**
Benefit Package 095 Total			**442**	**994**	**1,436**
Benefit Package 096	Plan 366	Burlington-Edison School District	26	41	67
		Concrete School District	10	24	34
		Granite Falls School District	15	30	45
		Highline School District	106	160	266
		Mount Vernon School District	53	110	163
		Orcas Island School District	7	9	16

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Shelton School District	36	56	92
		Stanwood-Camano School District	20	46	66
		Touchet School District	3	10	13
		North Kitsap School District	48	85	133
		San Juan Island School District	8	15	23
		South Kitsap School District	57	121	178
		Peninsula School District	67	127	194
	Plan 366 Total		**456**	**834**	**1,290**
Benefit Package 096 Total			**456**	**834**	**1,290**
Benefit Package 097	Plan 367	Concrete School District	11	14	25
		Coupeville School District	17	24	41
		Granite Falls School District	3	3	6
		Highline School District	41	60	101
		Lakewood School District	1	4	5
		Mount Vernon School District	127	198	325
		Orcas Island School District	2	2	4
		Stanwood-Camano School District	11	18	29
		Lake Stevens School District	28	47	75
		Touchet School District	2	2	4
		North Kitsap School District	12	16	28
		San Juan Island School District	1	1	2
		South Kitsap School District	38	57	95
		Peninsula School District	24	30	54
	Plan 367 Total		**318**	**476**	**794**
Benefit Package 097 Total			**318**	**476**	**794**
Benefit Package 098	Plan 368	Coupeville School District	1	3	4
		Granite Falls School District	2	3	5

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Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
		Lakewood School District	16	35	51
		Shelton School District	18	41	59
		Stanwood-Camano School District	24	64	88
		Lake Stevens School District	33	83	116
		Touchet School District	3	5	8
		North Kitsap School District	65	166	231
		San Juan Island School District	5	12	17
		South Kitsap School District	104	274	378
	Plan 368 Total		**271**	**686**	**957**
Benefit Package 098 Total			**271**	**686**	**957**
Benefit Package 099	Plan 369	Highline School District	11	30	41
	Plan 369 Total		**11**	**30**	**41**
Benefit Package 099 Total			**11**	**30**	**41**
Benefit Package 101	Plan 371	Northshore School District	913	1,156	2,069
	Plan 371 Total		**913**	**1,156**	**2,069**
Benefit Package 101 Total			**913**	**1,156**	**2,069**
Benefit Package 102	Plan 372	Northshore School District	662	1,617	2,279
	Plan 372 Total		**662**	**1,617**	**2,279**
Benefit Package 102 Total			**662**	**1,617**	**2,279**
Benefit Package 103	Plan 373	Northshore School District	119	372	491
	Plan 373 Total		**119**	**372**	**491**
Benefit Package 103 Total			**119**	**372**	**491**
Benefit Package 105	Plan 375	Yakima School District	151	474	625
	Plan 375 Total		**151**	**474**	**625**
Benefit Package 105 Total			**151**	**474**	**625**
Benefit Package 106	Plan 376	Yakima School District	741	1,286	2,027
	Plan 376 Total		**741**	**1,286**	**2,027**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A3

Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
Benefit Package 106 Total			**741**	**1,286**	**2,027**
Benefit Package 107	Plan 377	Yakima School District	392	1,018	1,410
	Plan 377 Total		**392**	**1,018**	**1,410**
Benefit Package 107 Total			**392**	**1,018**	**1,410**
Benefit Package 108	Plan 378	Kent School District	285	427	712
	Plan 378 Total		**285**	**427**	**712**
Benefit Package 108 Total			**285**	**427**	**712**
Benefit Package 109	Plan 379	Kent School District	35	72	107
	Plan 379 Total		**35**	**72**	**107**
Benefit Package 109 Total			**35**	**72**	**107**
Benefit Package 110	Plan 380	Kent School District	172	255	427
	Plan 380 Total		**172**	**255**	**427**
Benefit Package 110 Total			**172**	**255**	**427**
Benefit Package 111	Plan 381	Kent School District	282	445	727
	Plan 381 Total		**282**	**445**	**727**
Benefit Package 111 Total			**282**	**445**	**727**
Benefit Package 112	Plan 382	Kent School District	121	220	341
	Plan 382 Total		**121**	**220**	**341**
Benefit Package 112 Total			**121**	**220**	**341**
Benefit Package 113	Plan 383	Puyallup School District	53	61	114
	Plan 383 Total		**53**	**61**	**114**
Benefit Package 113 Total			**53**	**61**	**114**
Benefit Package 114	Plan 384	Puyallup School District	576	861	1,437
	Plan 384 Total		**576**	**861**	**1,437**
Benefit Package 114 Total			**576**	**861**	**1,437**
Benefit Package 115	Plan 385	Puyallup School District	34	38	72
	Plan 385 Total		**34**	**38**	**72**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A3

Enrollment by Benefit Package and Health Plan

For the Plan Year Ending in 2012

Benefit Package	Health Plan	District	Employees	Dependents	Members
Benefit Package 115 Total			**34**	**38**	**72**
Benefit Package 116	Plan 386	Puyallup School District	446	648	1,094
	Plan 386 Total		**446**	**648**	**1,094**
Benefit Package 116 Total			**446**	**648**	**1,094**
Benefit Package 117	Plan 387	Puyallup School District	8	10	18
	Plan 387 Total		**8**	**10**	**18**
Benefit Package 117 Total			**8**	**10**	**18**
Benefit Package 118	Plan 388	Puyallup School District	116	197	313
	Plan 388 Total		**116**	**197**	**313**
Benefit Package 118 Total			**116**	**197**	**313**
Benefit Package 119	Plan 389	Mukilteo School District	601	965	1,566
	Plan 389 Total		**601**	**965**	**1,566**
Benefit Package 119 Total			**601**	**965**	**1,566**
Benefit Package 120	Plan 390	Mukilteo School District	169	317	486
	Plan 390 Total		**169**	**317**	**486**
Benefit Package 120 Total			**169**	**317**	**486**
Benefit Package 134	Plan 404	Kent School District	56	126	182
	Plan 404 Total		**56**	**126**	**182**
Benefit Package 134 Total			**56**	**126**	**182**
Grand Total			**104,276**	**106,368**	**210,644**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A4a

Employee and Dependent Counts by District for All Plans Combined — As Reported by the Carriers

For the Plan Year Ending in 2012

District	Employees	Dependents	Members	Avg. Family Size
Aberdeen School District	422	299	721	1.709
Adna School District	31	52	83	2.677
Almira School District	19	35	54	2.842
Anacortes School District	263	266	529	2.011
Arlington School District	462	516	978	2.117
Asotin-Anatone School District	59	124	183	3.102
Auburn School District	1,440	1,241	2,681	1.862
Bainbridge Island School District	407	395	802	1.971
Battle Ground School District	1,166	1,256	2,422	2.077
Bellevue School District	1,975	1,944	3,919	1.984
Bellingham School District	1,144	1,974	3,118	2.726
Benge School District	4	4	8	2.000
Bethel School District	1,518	1,180	2,698	1.777
Bickleton School District	16	31	47	2.938
Blaine School District	226	455	681	3.013
Boistfort School District	14	9	23	1.643
Bremerton School District	524	349	873	1.666
Brewster School District	110	97	207	1.882
Bridgeport School District	97	91	188	1.938
Brinnon School District	11	9	20	1.818
Burlington-Edison School District	424	576	1,000	2.358
Camas School District	569	747	1,316	2.313
Cape Flattery School District	94	45	139	1.479
Carbonado School District	22	16	38	1.727
Cascade School District	131	136	267	2.038
Cashmere School District	126	225	351	2.786
Castle Rock School District	151	125	276	1.828

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A4a

Employee and Dependent Counts by District for All Plans Combined — As Reported by the Carriers

For the Plan Year Ending in 2012

District	Employees	Dependents	Members	Avg. Family Size
Centerville School District	10	17	27	2.700
Central Kitsap School District	1,153	1,018	2,171	1.883
Central Valley School District	1,287	1,276	2,563	1.991
Centralia School District	369	314	683	1.851
Chehalis School District	295	285	580	1.966
Cheney School District	448	395	843	1.882
Chewelah School District	102	107	209	2.049
Chimacum School District	116	97	213	1.836
Clarkston School District	291	288	579	1.990
Cle Elum-Roslyn School District	98	116	214	2.184
Clover Park School District	1,315	938	2,253	1.713
Colfax School District	61	72	133	2.180
College Place School District	96	98	194	2.021
Colton School District	24	26	50	2.083
Columbia (Stevens) School District	34	34	68	2.000
Columbia (Walla Walla) School District	88	78	166	1.886
Colville School District	221	209	430	1.946
Concrete School District	71	86	157	2.211
Conway School District	46	24	70	1.522
Cosmopolis School District	22	14	36	1.636
Coulee-Hartline School District	31	47	78	2.516
Coupeville School District	87	103	190	2.184
Crescent School District	36	28	64	1.778
Creston School District	26	21	47	1.808
Curlew School District	31	30	61	1.968
Cusick School District	43	56	99	2.302
Damman School District	4	1	5	1.250

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A4a

Employee and Dependent Counts by District for All Plans Combined — As Reported by the Carriers

For the Plan Year Ending in 2012

District	Employees	Dependents	Members	Avg. Family Size
Darrington School District	50	76	126	2.520
Davenport School District	66	95	161	2.439
Dayton School District	54	67	121	2.241
Deer Park School District	242	251	493	2.037
Dieringer School District	134	124	258	1.925
Dixie School District	9	7	16	1.778
East Valley School District (Spokane)	494	407	901	1.824
East Valley School District (Yakima)	281	281	562	2.000
Eastmont School District	548	571	1,119	2.042
Easton School District	19	19	38	2.000
Eatonville School District	210	185	395	1.881
Edmonds School District	1,988	1,805	3,793	1.908
Ellensburg School District	328	304	632	1.927
Elma School District	190	142	332	1.747
Endicott School District	21	27	48	2.286
Entiat School District	42	59	101	2.405
Enumclaw School District	234	271	505	2.158
Ephrata School District	239	275	514	2.151
Evaline School District	5	3	8	1.600
Everett School District	1,633	2,016	3,649	2.235
Evergreen School District (Clark)	2,371	2,210	4,581	1.932
Evergreen School District (Stevens)	4	1	5	1.250
Federal Way School District	2,180	1,505	3,685	1.690
Ferndale School District	496	656	1,152	2.323
Fife School District	334	308	642	1.922
Finley School District	98	83	181	1.847
Franklin Pierce School District	792	579	1,371	1.731

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A4a

Employee and Dependent Counts by District for All Plans Combined — As Reported by the Carriers

For the Plan Year Ending in 2012

District	Employees	Dependents	Members	Avg. Family Size
Freeman School District	101	120	221	2.188
Garfield School District	17	26	43	2.529
Glenwood School District	21	6	27	1.286
Goldendale School District	101	122	223	2.208
Grand Coulee Dam School District	99	92	191	1.929
Grandview School District	373	366	739	1.981
Granger School District	186	202	388	2.086
Granite Falls School District	179	251	430	2.402
Grapeview School District	24	27	51	2.125
Great Northern School District	5	0	5	1.000
Green Mountain School District	19	20	39	2.053
Griffin School District	74	77	151	2.041
Harrington School District	29	47	76	2.621
Highland School District	135	122	257	1.904
Highline School District	2,067	1,958	4,025	1.947
Hockinson School District	138	179	317	2.297
Hood Canal School District	44	22	66	1.500
Hoquiam School District	194	169	363	1.871
Inchelium School District	39	16	55	1.410
Index School District	6	2	8	1.333
Issaquah School District	1,711	1,275	2,986	1.745
Kahlotus School District	16	27	43	2.688
Kalama School District	69	77	146	2.116
Keller School District	10	3	13	1.300
Kelso School District	471	417	888	1.885
Kennewick School District	1,532	1,436	2,968	1.937
Kent School District	2,692	2,951	5,643	2.096

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A4a

Employee and Dependent Counts by District for All Plans Combined — As Reported by the Carriers

For the Plan Year Ending in 2012

District	Employees	Dependents	Members	Avg. Family Size
Kettle Falls School District	88	92	180	2.045
Kiona-Benton City School District	155	152	307	1.981
Kittitas School District	74	137	211	2.851
Klickitat School District	17	11	28	1.647
La Center School District	91	106	197	2.165
La Conner School District	85	92	177	2.082
LaCrosse School District	24	31	55	2.292
Lake Chelan School District	153	193	346	2.261
Lake Quinault School District	41	30	71	1.732
Lake Stevens School District	706	979	1,685	2.387
Lake Washington School District	2,371	1,957	4,328	1.825
Lakewood School District	216	265	481	2.227
Lamont School District	8	4	12	1.500
Liberty School District	63	71	134	2.127
Lind School District	34	35	69	2.029
Longview School District	702	604	1,306	1.860
Loon Lake School District	20	22	42	2.100
Lopez School District	43	35	78	1.814
Lyle School District	28	11	39	1.393
Lynden School District	296	603	899	3.037
Mabton School District	96	81	177	1.844
Mansfield School District	23	36	59	2.565
Manson School District	87	105	192	2.207
Mary M Knight School District	26	27	53	2.038
Mary Walker School District	73	77	150	2.055
Marysville School District	1,112	1,042	2,154	1.937
McCleary School District	42	20	62	1.476

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A4a

Employee and Dependent Counts by District for All Plans Combined — As Reported by the Carriers

For the Plan Year Ending in 2012

District	Employees	Dependents	Members	Avg. Family Size
Mead School District	923	999	1,922	2.082
Medical Lake School District	196	199	395	2.015
Mercer Island School District	400	321	721	1.803
Meridian School District	167	246	413	2.473
Methow Valley School District	69	63	132	1.913
Mill A School District	3	8	11	3.667
Monroe School District	595	516	1,111	1.867
Montesano School District	126	134	260	2.063
Morton School District	44	44	88	2.000
Moses Lake School District	825	786	1,611	1.953
Mossyrock School District	65	59	124	1.908
Mount Adams School District	138	146	284	2.058
Mount Baker School District	244	421	665	2.725
Mount Pleasant School District	4	1	5	1.250
Mount Vernon School District	737	828	1,565	2.123
Mukilteo School District	1,375	1,991	3,366	2.448
Naches Valley School District	138	115	253	1.833
Napavine School District	73	66	139	1.904
Naselle-Grays River Valley School District	54	66	120	2.222
Nespelem School District	28	14	42	1.500
Newport School District	122	113	235	1.926
Nine Mile Falls School District	149	320	469	3.148
Nooksack Valley School District	197	409	606	3.076
North Beach School District	75	62	137	1.827
North Franklin School District	244	256	500	2.049
North Kitsap School District	640	1,039	1,679	2.623
North Mason School District	181	129	310	1.713

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A4a

Employee and Dependent Counts by District for All Plans Combined — As Reported by the Carriers

For the Plan Year Ending in 2012

District	Employees	Dependents	Members	Avg. Family Size
North River School District	19	14	33	1.737
North Thurston Public Schools	1,380	1,328	2,708	1.962
Northport School District	36	44	80	2.222
Northshore School District	1,897	3,260	5,157	2.719
Oak Harbor School District	482	426	908	1.884
Oakesdale School District	23	45	68	2.957
Oakville School District	42	48	90	2.143
Ocean Beach School District	114	82	196	1.719
Ocosta School District	88	79	167	1.898
Odessa School District	41	42	83	2.024
Okanogan School District	133	92	225	1.692
Olympia School District	932	669	1,601	1.718
Omak School District	230	217	447	1.943
Onalaska School District	90	95	185	2.056
Onion Creek School District	12	14	26	2.167
Orcas Island School District	82	113	195	2.378
Orchard Prairie School District	9	5	14	1.556
Orient School District	11	12	23	2.091
Orondo School District	35	22	57	1.629
Oroville School District	82	72	154	1.878
Orting School District	202	184	386	1.911
Othello School District	417	405	822	1.971
Palisades School District	7	14	21	3.000
Palouse School District	33	31	64	1.939
Pasco School District	1,638	1,494	3,132	1.912
Pateros School District	39	25	64	1.641
Paterson School District	14	15	29	2.071

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A4a

Employee and Dependent Counts by District for All Plans Combined — As Reported by the Carriers

For the Plan Year Ending in 2012

District	Employees	Dependents	Members	Avg. Family Size
Pe Ell School District	40	30	70	1.750
Peninsula School District	807	975	1,782	2.208
Pioneer School District	89	66	155	1.742
Pomeroy School District	38	51	89	2.342
Port Angeles School District	416	377	793	1.906
Port Townsend School District	147	113	260	1.769
Prescott School District	39	22	61	1.564
Prosser School District	330	380	710	2.152
Pullman School District	238	334	572	2.403
Puyallup School District	1,923	2,591	4,514	2.347
Queets-Clearwater School District	11	6	17	1.545
Quilcene School District	38	20	58	1.526
Quillayute Valley School District	163	129	292	1.791
Quincy School District	325	329	654	2.012
Rainier School District	80	72	152	1.900
Raymond School District	80	53	133	1.663
Reardan-Edwall School District	63	63	126	2.000
Renton School District	1,504	1,082	2,586	1.719
Republic School District	43	40	83	1.930
Richland School District	1,030	911	1,941	1.884
Ridgefield School District	139	174	313	2.252
Ritzville School District	46	76	122	2.652
Riverside School District	157	159	316	2.013
Riverview School District	306	237	543	1.775
Rochester School District	198	200	398	2.010
Roosevelt School District	6	0	6	1.000
Rosalia School District	34	37	71	2.088

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A4a

Employee and Dependent Counts by District for All Plans Combined — As Reported by the Carriers

For the Plan Year Ending in 2012

District	Employees	Dependents	Members	Avg. Family Size
Royal School District	192	185	377	1.964
San Juan Island School District	93	162	255	2.742
Satsop School District	5	3	8	1.600
Seattle Public Schools	5,451	4,126	9,577	1.757
Sedro-Woolley School District	437	390	827	1.892
Selah School District	358	318	676	1.888
Selkirk School District	32	43	75	2.344
Sequim School District	265	257	522	1.970
Shaw Island School District	4	3	7	1.750
Shelton School District	517	464	981	1.897
Shoreline School District	945	794	1,739	1.840
Skamania School District	9	9	18	2.000
Skykomish School District	19	8	27	1.421
Snohomish School District	909	969	1,878	2.066
Snoqualmie Valley School District	486	429	915	1.883
Soap Lake School District	63	71	134	2.127
South Bend School District	87	81	168	1.931
South Kitsap School District	920	1,636	2,556	2.778
South Whidbey School District	175	158	333	1.903
Southside School District	22	29	51	2.318
Spokane School District	3,050	3,351	6,401	2.099
Sprague School District	23	27	50	2.174
St. John School District	26	36	62	2.385
Stanwood-Camano School District	447	568	1,015	2.271
Star School District	5	4	9	1.800
Starbuck School District	5	7	12	2.400
Stehekin School District	1	1	2	2.000

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A4a

Employee and Dependent Counts by District for All Plans Combined — As Reported by the Carriers

For the Plan Year Ending in 2012

District	Employees	Dependents	Members	Avg. Family Size
Steilacoom Hist. School District	265	221	486	1.834
Steptoe School District	8	17	25	3.125
Stevenson-Carson School District	101	95	196	1.941
Sultan School District	201	203	404	2.010
Summit Valley School District	11	7	18	1.636
Sumner School District	807	742	1,549	1.919
Sunnyside School District	721	653	1,374	1.906
Tacoma School District	2,827	3,213	6,040	2.137
Taholah School District	38	28	66	1.737
Tahoma School District	698	620	1,318	1.888
Tekoa School District	27	45	72	2.667
Tenino School District	126	104	230	1.825
Thorp School District	27	23	50	1.852
Toledo School District	65	72	137	2.108
Tonasket School District	128	124	252	1.969
Toppenish School District	414	416	830	2.005
Touchet School District	33	50	83	2.515
Toutle Lake School District	69	65	134	1.942
Trout Lake School District	23	22	45	1.957
Tukwila School District	291	191	482	1.656
Tumwater School District	656	559	1,215	1.852
Union Gap School District	70	45	115	1.643
University Place School District	499	415	914	1.832
Valley School District	112	112	224	2.000
Vancouver School District	2,274	2,029	4,303	1.892
Vashon Island School District	149	122	271	1.819
Wahkiakum School District	45	83	128	2.844

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A4a

Employee and Dependent Counts by District for All Plans Combined — As Reported by the Carriers

For the Plan Year Ending in 2012

District	Employees	Dependents	Members	Avg. Family Size
Wahluke School District	155	121	276	1.781
Waitsburg School District	43	32	75	1.744
Walla Walla Public Schools	710	691	1,401	1.973
Wapato School District	392	450	842	2.148
Warden School District	102	170	272	2.667
Washougal School District	290	165	455	1.569
Washtucna School District	21	17	38	1.810
Waterville School District	44	51	95	2.159
Wellpinit School District	73	41	114	1.562
Wenatchee School District	818	772	1,590	1.944
West Valley School District (Spokane)	476	473	949	1.994
West Valley School District (Yakima)	405	495	900	2.222
White Pass School District	59	45	104	1.763
White River School District	380	350	730	1.921
White Salmon Valley School District	119	111	230	1.933
Wilbur School District	40	40	80	2.000
Willapa Valley School District	45	38	83	1.844
Wilson Creek School District	32	36	68	2.125
Winlock School District	79	71	150	1.899
Wishkah Valley School District	21	19	40	1.905
Wishram School District	19	27	46	2.421
Woodland School District	235	242	477	2.030
Yakima School District	1,709	3,072	4,781	2.798
Yelm School District	529	436	965	1.824
Zillah School District	141	143	284	2.014
Grand Total	**104,276**	**106,368**	**210,644**	**2.020**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A4b

Enrollment by District for All Plans Combined — Reporting Districts Only

Census October 1, 2012

District	Employees by Status			Enrolled Employees by Coverage Tier					
	Certificated	Classified	Total	EE	ES	EC	EF	Not Enr.	Total
Aberdeen School District	209	190	399	244	30	95	30	0	399
Adna School District	26	6	32	10	2	9	11	0	32
Almira School District	8	9	17	3	6	3	5	0	17
Anacortes School District	136	114	250	124	76	47	3	0	250
Arlington School District	259	216	475	208	65	121	81	0	475
Asotin-Anatone School District	32	27	59	59	0	0	0	0	59
Auburn School District	873	564	1,437	801	134	345	157	0	1,437
Bainbridge Island School District	226	154	380	189	30	102	59	0	380
Battle Ground School District	747	409	1,156	541	314	301	0	0	1,156
Bellevue School District	1,127	861	1,988	976	215	508	289	0	1,988
Bellingham School District	679	426	1,105	553	139	277	136	0	1,105
Benge School District	2	2	4	1	3	0	0	0	4
Bethel School District	939	583	1,522	882	149	351	140	0	1,522
Bickleton School District	7	6	13	0	6	0	7	0	13
Blaine School District	119	106	225	104	30	55	36	0	225
Boistfort School District	6	8	14	9	4	1	0	0	14
Bremerton School District	288	233	521	307	62	113	39	0	521
Brewster School District	61	50	111	70	9	24	8	0	111
Bridgeport School District	48	47	95	54	8	22	11	0	95
Brinnon School District	5	6	11	7	3	0	1	0	11
Burlington-Edison School District	239	171	410	191	42	114	63	0	410
Camas School District	353	232	585	224	76	167	118	0	585
Cape Flattery School District	44	44	88	61	8	19	0	0	88
Carbonado School District	11	10	21	13	1	6	1	0	21
Cascade School District	73	60	133	65	17	36	15	0	133
Cashmere School District	65	61	126	30	27	20	49	0	126
Castle Rock School District	75	73	148	80	13	46	9	0	148

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Enrollment by District for All Plans Combined — Reporting Districts Only

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District	Employees by Status			Enrolled Employees by Coverage Tier					
	Certificated	Classified	Total	EE	ES	EC	EF	Not Enr.	Total
Centerville School District	4	6	10	1	6	3	0	0	10
Central Kitsap School District	635	463	1,098	576	269	253	0	0	1,098
Central Valley School District	805	500	1,305	679	112	391	123	0	1,305
Centralia School District	204	170	374	209	30	90	45	0	374
Chehalis School District	176	118	294	153	29	85	27	0	294
Cheney School District	276	164	440	251	29	112	48	0	440
Chewelah School District	54	42	96	49	12	25	10	0	96
Chimacum School District	61	50	111	55	25	31	0	0	111
Clarkston School District	154	153	307	149	25	90	43	0	307
Cle Elum-Roslyn School District	59	36	95	38	13	26	18	0	95
Clover Park School District	757	512	1,269	763	101	315	90	0	1,269
Colfax School District	41	23	64	32	18	14	0	0	64
College Place School District	55	44	99	47	27	25	0	0	99
Colton School District	16	9	25	15	5	5	0	0	25
Columbia (Stevens) School District	16	14	30	7	15	2	6	0	30
Columbia (Walla Walla) School District	54	42	96	48	10	22	16	0	96
Colville School District	119	71	190	110	10	49	21	0	190
Concrete School District	34	31	65	41	7	11	6	0	65
Conway School District	21	24	45	27	10	7	1	0	45
Cosmopolis School District	9	8	17	10	1	4	2	0	17
Coulee-Hartline School District	15	18	33	10	10	2	11	0	33
Coupeville School District	57	30	87	46	15	14	12	0	87
Crescent School District	23	16	39	24	4	9	2	0	39
Creston School District	13	14	27	17	1	7	2	0	27
Curlew School District	15	14	29	14	7	3	5	0	29
Cusick School District	24	21	45	20	17	8	0	0	45
Damman School District	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

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District	Employees by Status			Enrolled Employees by Coverage Tier					
	Certificated	Classified	Total	EE	ES	EC	EF	Not Enr.	Total
Darrington School District	28	22	50	11	15	12	12	0	50
Davenport School District	35	28	63	17	9	25	12	0	63
Dayton School District	33	25	58	24	18	16	0	0	58
Deer Park School District	131	103	234	124	17	68	25	0	234
Dieringer School District	78	61	139	70	20	36	13	0	139
Dixie School District	2	6	8	5	0	3	0	0	8
East Valley School District (Spokane)	273	213	486	276	57	106	47	0	486
East Valley School District (Yakima)	169	116	285	138	34	82	31	0	285
Eastmont School District	342	222	564	469	32	44	19	0	564
Easton School District	10	9	19	8	5	2	4	0	19
Eatonville School District	102	93	195	104	22	47	22	0	195
Edmonds School District	1,140	802	1,942	1,124	165	434	219	0	1,942
Ellensburg School District	189	136	325	163	36	90	36	0	325
Elma School District	96	88	184	109	17	39	19	0	184
Endicott School District	12	9	21	10	2	4	5	0	21
Entiat School District	20	23	43	12	17	14	0	0	43
Enumclaw School District	207	193	400	237	32	83	48	0	400
Ephrata School District	134	101	235	119	23	63	30	0	235
Evaline School District	2	4	6	3	1	2	0	0	6
Everett School District	1,029	568	1,597	608	293	279	417	0	1,597
Evergreen School District (Clark)	1,581	877	2,458	1,323	272	602	261	0	2,458
Evergreen School District (Stevens)	2	3	5	3	2	0	0	0	5
Federal Way School District	1,399	778	2,177	1,411	138	497	131	0	2,177
Ferndale School District	262	241	503	276	56	106	65	0	503
Fife School District	199	129	328	193	30	78	27	0	328
Finley School District	64	34	98	55	17	26	0	0	98
Franklin Pierce School District	464	346	810	499	73	162	76	0	810

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	Certificated	Classified	Total	EE	ES	EC	EF	Not Enr.	Total
Freeman School District	54	41	95	44	9	32	10	0	95
Garfield School District	12	13	25	12	3	6	4	0	25
Glenwood School District	10	11	21	17	1	3	0	0	21
Goldendale School District	56	47	103	50	23	8	22	0	103
Grand Coulee Dam School District	42	56	98	52	9	27	10	0	98
Grandview School District	193	165	358	176	41	101	40	0	358
Granger School District	94	87	181	87	41	53	0	0	181
Granite Falls School District	115	63	178	85	25	43	25	0	178
Grapeview School District	14	8	22	11	3	4	4	0	22
Great Northern School District	3	1	4	4	0	0	0	0	4
Green Mountain School District	10	9	19	9	4	2	4	0	19
Griffin School District	38	32	70	33	8	17	12	0	70
Harrington School District	14	14	28	7	20	1	0	0	28
Highland School District	81	54	135	77	13	35	10	0	135
Highline School District	1,228	828	2,056	1,331	168	436	121	0	2,056
Hockinson School District	89	46	135	68	22	32	13	0	135
Hood Canal School District	23	16	39	25	8	6	0	0	39
Hoquiam School District	97	99	196	109	21	40	26	0	196
Inchelium School District	3	1	4	4	0	0	0	0	4
Index School District	3	2	5	4	0	1	0	0	5
Issaquah School District	981	735	1,716	1,055	135	364	162	0	1,716
Kahlotus School District	11	6	17	7	1	4	5	0	17
Kalama School District	46	21	67	29	23	15	0	0	67
Keller School District	3	8	11	9	1	1	0	0	11
Kelso School District	285	187	472	267	47	107	51	0	472
Kennewick School District	901	627	1,528	797	157	380	194	0	1,528
Kent School District	1,568	1,017	2,585	1,582	430	573	0	0	2,585

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District	Employees by Status			Enrolled Employees by Coverage Tier					
	Certificated	Classified	Total	EE	ES	EC	EF	Not Enr.	Total
Kettle Falls School District	38	42	80	42	20	18	0	0	80
Kiona-Benton City School District	90	56	146	79	13	39	15	0	146
Kittitas School District	39	36	75	15	17	11	32	0	75
Klickitat School District	10	11	21	12	2	3	4	0	21
La Center School District	76	26	102	42	16	19	25	0	102
La Conner School District	56	36	92	44	7	25	16	0	92
LaCrosse School District	11	7	18	7	5	4	2	0	18
Lake Chelan School District	86	64	150	58	15	47	30	0	150
Lake Quinault School District	17	17	34	7	7	12	8	0	34
Lake Stevens School District	395	310	705	399	136	170	0	0	705
Lake Washington School District	1,510	843	2,353	1,355	212	512	274	0	2,353
Lakewood School District	133	88	221	138	20	43	20	0	221
Lamont School District	4	4	8	4	2	1	1	0	8
Liberty School District	34	31	65	33	6	18	8	0	65
Lind School District	18	18	36	17	4	11	4	0	36
Longview School District	374	308	682	385	61	184	52	0	682
Loon Lake School District	11	8	19	9	0	9	1	0	19
Lopez School District	21	19	40	18	8	12	2	0	40
Lyle School District	13	15	28	18	8	1	1	0	28
Lynden School District	151	148	299	154	31	78	36	0	299
Mabton School District	58	42	100	25	17	48	10	0	100
Mansfield School District	12	10	22	6	5	2	9	0	22
Manson School District	45	45	90	43	12	24	11	0	90
Mary M Knight School District	14	12	26	12	3	6	5	0	26
Mary Walker School District	35	42	77	35	13	17	12	0	77
Marysville School District	622	421	1,043	558	93	301	91	0	1,043
McCleary School District	19	19	38	26	3	9	0	0	38

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	Certificated	Classified	Total	EE	ES	EC	EF	Not Enr.	Total
Mead School District	529	395	924	458	99	249	118	0	924
Medical Lake School District	111	72	183	94	22	48	19	0	183
Mercer Island School District	253	143	396	216	39	84	57	0	396
Meridian School District	99	69	168	91	24	31	22	0	168
Methow Valley School District	37	31	68	26	15	14	13	0	68
Mill A School District	3	5	8	0	2	2	4	0	8
Monroe School District	339	218	557	310	54	124	69	0	557
Montesano School District	64	67	131	63	11	40	17	0	131
Morton School District	20	20	40	20	4	13	3	0	40
Moses Lake School District	432	386	818	431	86	240	61	0	818
Mossyrock School District	36	29	65	34	16	15	0	0	65
Mount Adams School District	73	60	133	70	16	36	11	0	133
Mount Baker School District	110	116	226	68	30	18	110	0	226
Mount Pleasant School District	2	1	3	2	1	0	0	0	3
Mount Vernon School District	373	358	731	393	75	185	78	0	731
Mukilteo School District	880	502	1,382	804	127	328	123	0	1,382
Naches Valley School District	88	47	135	76	14	35	10	0	135
Napavine School District	43	34	77	43	8	21	5	0	77
Naselle-Grays River Valley School District	28	18	46	27	8	4	7	0	46
Nespelem School District	10	16	26	14	5	7	0	0	26
Newport School District	67	53	120	66	15	32	7	0	120
Nine Mile Falls School District	95	49	144	25	5	12	102	0	144
Nooksack Valley School District	102	97	199	93	20	48	38	0	199
North Beach School District	38	36	74	40	15	8	11	0	74
North Franklin School District	131	106	237	114	61	62	0	0	237
North Kitsap School District	340	289	629	354	59	154	62	0	629
North Mason School District	120	92	212	108	53	51	0	0	212

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	Certificated	Classified	Total	EE	ES	EC	EF	Not Enr.	Total
North River School District	11	8	19	16	2	1	0	0	19
North Thurston Public Schools	809	535	1,344	662	126	426	130	0	1,344
Northport School District	17	19	36	20	4	5	7	0	36
Northshore School District	1,206	684	1,890	1,020	238	371	261	0	1,890
Oak Harbor School District	281	196	477	252	58	100	67	0	477
Oakesdale School District	11	12	23	4	6	12	1	0	23
Oakville School District	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ocean Beach School District	55	59	114	73	9	25	7	0	114
Ocosta School District	51	36	87	48	6	26	7	0	87
Odessa School District	19	21	40	15	10	13	2	0	40
Okanogan School District	56	73	129	78	11	34	6	0	129
Olympia School District	512	364	876	514	80	197	85	0	876
Omak School District	67	38	105	105	0	0	0	0	105
Onalaska School District	48	46	94	39	16	24	15	0	94
Onion Creek School District	4	7	11	3	5	1	2	0	11
Orcas Island School District	49	32	81	32	16	17	16	0	81
Orchard Prairie School District	6	3	9	6	0	3	0	0	9
Orient School District	7	5	12	6	1	1	4	0	12
Orondo School District	15	19	34	19	6	8	1	0	34
Oroville School District	35	43	78	48	6	17	7	0	78
Orting School District	122	79	201	112	12	54	23	0	201
Othello School District	235	188	423	239	36	118	30	0	423
Palisades School District	2	5	7	0	3	1	3	0	7
Palouse School District	14	10	24	7	10	4	3	0	24
Pasco School District	984	674	1,658	947	109	448	154	0	1,658
Pateros School District	22	16	38	25	4	6	3	0	38
Paterson School District	11	4	15	10	0	3	2	0	15

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	Certificated	Classified	Total	EE	ES	EC	EF	Not Enr.	Total
Pe Ell School District	21	21	42	28	4	5	5	0	42
Peninsula School District	497	310	807	488	72	157	90	0	807
Pioneer School District	49	38	87	56	8	14	9	0	87
Pomeroy School District	22	18	40	23	3	11	3	0	40
Port Angeles School District	227	162	389	200	48	92	49	0	389
Port Townsend School District	75	69	144	67	29	33	15	0	144
Prescott School District	19	14	33	30	3	0	0	0	33
Prosser School District	188	140	328	159	25	104	40	0	328
Pullman School District	143	105	248	145	17	65	21	0	248
Puyallup School District	1,025	676	1,701	995	162	294	250	0	1,701
Queets-Clearwater School District	6	6	12	6	1	4	1	0	12
Quilcene School District	21	18	39	25	4	7	3	0	39
Quillayute Valley School District	85	75	160	100	16	28	16	0	160
Quincy School District	182	145	327	178	25	77	47	0	327
Rainier School District	46	33	79	40	14	19	6	0	79
Raymond School District	42	35	77	49	7	18	3	0	77
Reardan-Edwall School District	34	29	63	24	15	24	0	0	63
Renton School District	931	613	1,544	947	128	339	130	0	1,544
Republic School District	24	19	43	22	15	6	0	0	43
Richland School District	611	419	1,030	592	69	264	105	0	1,030
Ridgefield School District	104	34	138	49	26	42	21	0	138
Ritzville School District	25	24	49	0	18	11	20	0	49
Riverside School District	96	62	158	83	29	27	19	0	158
Riverview School District	141	152	293	165	36	63	29	0	293
Rochester School District	123	75	198	98	20	59	21	0	198
Roosevelt School District	2	4	6	6	0	0	0	0	6
Rosalia School District	20	16	36	18	8	7	3	0	36

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	Certificated	Classified	Total	EE	ES	EC	EF	Not Enr.	Total
Royal School District	92	96	188	32	36	104	16	0	188
San Juan Island School District	56	43	99	48	14	14	23	0	99
Satsop School District	3	3	6	4	0	1	1	0	6
Seattle Public Schools	3,409	1,941	5,350	3,006	543	1,234	567	0	5,350
Sedro-Woolley School District	211	212	423	236	45	101	41	0	423
Selah School District	210	153	363	195	48	93	27	0	363
Selkirk School District	22	11	33	14	7	6	6	0	33
Sequim School District	175	114	289	142	36	78	33	0	289
Shaw Island School District	3	2	5	2	2	0	1	0	5
Shelton School District	225	280	505	311	59	97	38	0	505
Shoreline School District	500	399	899	488	90	200	121	0	899
Skamania School District	3	5	8	2	4	1	1	0	8
Skykomish School District	12	7	19	10	1	7	1	0	19
Snohomish School District	531	366	897	427	95	244	131	0	897
Snoqualmie Valley School District	227	270	497	287	37	110	63	0	497
Soap Lake School District	35	26	61	32	10	18	1	0	61
South Bend School District	36	53	89	48	13	20	8	0	89
South Kitsap School District	552	345	897	482	89	246	80	0	897
South Whidbey School District	77	80	157	79	22	34	22	0	157
Southside School District	12	8	20	9	1	7	3	0	20
Spokane School District	1,920	1,053	2,973	1,282	220	1,240	231	0	2,973
Sprague School District	10	11	21	8	5	4	4	0	21
St. John School District	11	14	25	8	6	4	7	0	25
Stanwood-Camano School District	259	186	445	214	115	116	0	0	445
Star School District	2	3	5	4	0	0	1	0	5
Starbuck School District	3	2	5	3	1	1	0	0	5
Stehekin School District	1	0	1	0	1	0	0	0	1

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Steilacoom Hist. School District	163	78	241	138	26	57	20	0	241
Steptoe School District	4	4	8	2	2	0	4	0	8
Stevenson-Carson School District	27	35	62	26	14	3	19	0	62
Sultan School District	117	85	202	103	17	58	24	0	202
Summit Valley School District	7	4	11	6	1	4	0	0	11
Sumner School District	496	340	836	455	66	233	82	0	836
Sunnyside School District	409	327	736	424	58	219	35	0	736
Tacoma School District	1,844	1,016	2,860	1,185	511	481	683	0	2,860
Taholah School District	18	20	38	21	5	9	3	0	38
Tahoma School District	380	321	701	390	47	199	65	0	701
Tekoa School District	20	6	26	9	6	5	6	0	26
Tenino School District	70	48	118	62	20	24	12	0	118
Thorp School District	16	6	22	9	5	8	0	0	22
Toledo School District	41	30	71	35	6	20	10	0	71
Tonasket School District	72	61	133	57	24	30	22	0	133
Toppenish School District	231	177	408	193	45	125	45	0	408
Touchet School District	19	12	31	18	1	8	4	0	31
Toutle Lake School District	30	40	70	37	8	14	11	0	70
Trout Lake School District	13	3	16	8	3	0	5	0	16
Tukwila School District	174	112	286	182	15	67	22	0	286
Tumwater School District	382	267	649	376	109	164	0	0	649
Union Gap School District	40	32	72	41	11	17	3	0	72
University Place School District	327	167	494	278	38	117	61	0	494
Valley School District	31	50	81	43	10	12	16	0	81
Vancouver School District	1,300	939	2,239	1,214	199	612	214	0	2,239
Vashon Island School District	96	50	146	89	14	28	15	0	146
Wahkiakum School District	23	24	47	11	17	16	3	0	47

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Wahluke School District	142	108	250	135	36	45	34	0	250
Waitsburg School District	20	18	38	22	6	5	5	0	38
Walla Walla Public Schools	387	323	710	377	52	216	65	0	710
Wapato School District	213	160	373	174	42	127	30	0	373
Warden School District	67	64	131	28	37	34	32	0	131
Washougal School District	170	118	288	201	26	35	26	0	288
Washtucna School District	13	9	22	11	3	5	3	0	22
Waterville School District	24	17	41	14	9	14	4	0	41
Wellpinit School District	34	31	65	41	1	19	4	0	65
Wenatchee School District	467	376	843	439	78	238	88	0	843
West Valley School District (Spokane)	235	174	409	86	63	164	96	0	409
West Valley School District (Yakima)	268	198	466	214	45	154	53	0	466
White Pass School District	27	29	56	37	5	10	4	0	56
White River School District	200	163	363	207	24	89	43	0	363
White Salmon Valley School District	65	52	117	64	22	10	21	0	117
Wilbur School District	20	20	40	20	7	8	5	0	40
Willapa Valley School District	24	18	42	28	1	8	5	0	42
Wilson Creek School District	14	18	32	19	6	6	1	0	32
Winlock School District	43	35	78	42	11	17	8	0	78
Wishkah Valley School District	14	9	23	15	2	4	2	0	23
Wishram School District	11	9	20	9	3	0	8	0	20
Woodland School District	120	123	243	134	21	67	21	0	243
Yakima School District	960	751	1,711	842	170	537	162	0	1,711
Yelm School District	302	216	518	283	60	127	48	0	518
Zillah School District	83	56	139	73	8	45	13	0	139
Grand Total	**59,579**	**41,169**	**100,748**	**54,115**	**11,367**	**24,551**	**10,715**	**0**	**100,748**

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
Aberdeen School District	ADMINISTRATOR	No	Yes	SD Plan 0068	1	2	3
				SD Plan 0069	1	1	2
				SD Plan 0070	4	0	4
		Yes	No	SD Plan 0069	1	1	2
				SD Plan 0070	3	2	5
	CUSTODIAN	No	Yes	SD Plan 0071	1	0	1
				SD Plan 0068	3	5	8
				SD Plan 0069	2	2	4
				SD Plan 0070	17	3	20
	PRINCIPAL	Yes	No	SD Plan 0071	1	1	2
				SD Plan 0068	1	2	3
				SD Plan 0069	2	5	7
				SD Plan 0070	7	6	13
	TEACHERS	No	Yes	SD Plan 0062	5	4	9
				SD Plan 0064	1	1	2
				SD Plan 0063	1	4	5
				SD Plan 0065	1	0	1
		Yes	No	SD Plan 0062	143	79	222
				SD Plan 0064	19	38	57
				SD Plan 0063	24	48	72
				SD Plan 0065	8	11	19
	TRANSPORTATION/FOOD	No	Yes	SD Plan 0068	9	8	17
				SD Plan 0069	4	3	7
				SD Plan 0070	13	2	15
	UNAFFILIATED	No	Yes	SD Plan 0068	2	4	6
				SD Plan 0069	1	3	4
				SD Plan 0070	7	1	8
	PUBLIC SERVICE EMPLOYEE	No	Yes	SD Plan 0071	1	0	1
				SD Plan 0068	31	23	54
				SD Plan 0069	26	24	50
				SD Plan 0070	59	20	79
Aberdeen School District Total					**399**	**303**	**702**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A4c

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
Adna School District	ADMINISTRATIVE	No	Yes	SD Plan 0075	1	2	3
		Yes	No	SD Plan 0075	1	2	3
				SD Plan 0078	2	2	4
	CLASSIFIED	No	Yes	SD Plan 0077	5	4	9
	TEACHERS	Yes	No	SD Plan 0075	12	17	29
				SD Plan 0076	1	1	2
				SD Plan 0077	7	10	17
				SD Plan 0078	3	3	6
Adna School District Total					**32**	**41**	**73**
Almira School District	Certificated	Yes	No	SD Plan 0072	8	14	22
	CLASSIFIED	No	Yes	SD Plan 0073	2	5	7
				SD Plan 0072	7	10	17
Almira School District Total					**17**	**29**	**46**
Anacortes School District	AEA 1MC	No	Yes	SD Plan 0085	2	0	2
				SD Plan 0086	6	0	6
				SD Plan 0088	1	0	1
				SD Plan 0089	1	0	1
				SD Plan 0087	2	0	2
				SD Plan 0081	1	0	1
				SD Plan 0090	3	0	3
		Yes	No	SD Plan 0082	11	0	11
				SD Plan 0085	12	0	12
				SD Plan 0086	55	0	55
				SD Plan 0088	14	0	14
				SD Plan 0089	5	0	5
				SD Plan 0091	2	0	2
				SD Plan 0084	2	0	2
				SD Plan 0087	4	0	4
				SD Plan 0081	3	0	3
				SD Plan 0090	16	0	16
	PARAEDS 2MA	No	Yes	SD Plan 0082	2	0	2
				SD Plan 0085	3	0	3

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0086	16	0	16
				SD Plan 0088	4	0	4
				SD Plan 0089	2	0	2
				SD Plan 0091	1	0	1
				SD Plan 0087	1	0	1
				SD Plan 0090	1	0	1
	PRINCIPALS 1MA	Yes	No	SD Plan 0092	1	0	1
				SD Plan 0093	2	0	2
				SD Plan 0097	4	0	4
				SD Plan 0099	1	0	1
				SD Plan 0095	1	0	1
	SEC 2MS	No	Yes	SD Plan 0085	1	0	1
				SD Plan 0086	9	0	9
				SD Plan 0088	2	0	2
				SD Plan 0091	1	0	1
				SD Plan 0087	1	0	1
	SEIU 2MBUS 2MU	No	Yes	SD Plan 0085	4	0	4
				SD Plan 0086	15	0	15
				SD Plan 0088	2	0	2
				SD Plan 0089	3	0	3
				SD Plan 0091	1	0	1
				SD Plan 0080	1	0	1
				SD Plan 0090	3	0	3
	UNREP 2MX 2MC	No	Yes	SD Plan 0082	3	0	3
				SD Plan 0086	11	0	11
				SD Plan 0088	1	0	1
				SD Plan 0089	2	0	2
				SD Plan 0091	1	0	1
				SD Plan 0090	7	0	7
	UNREP 1MS	Yes	No	SD Plan 0086	2	0	2
				SD Plan 0088	1	0	1
Anacortes School District Total					**250**	**0**	**250**

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
Arlington School District	Cabinet Pool	No	Yes	SD Plan 0295	1	0	1
		Yes	No	SD Plan 0294	1	0	1
				SD Plan 0296	1	0	1
				SD Plan 0292	1	0	1
				SD Plan 0295	1	0	1
	Certificated Pool	No	Yes	SD Plan 0294	6	0	6
				SD Plan 0297	6	0	6
				SD Plan 0296	5	0	5
				SD Plan 0292	4	0	4
				SD Plan 0295	1	0	1
		Yes	No	SD Plan 0293	3	0	3
				SD Plan 0294	84	0	84
				SD Plan 0297	44	0	44
				SD Plan 0296	67	0	67
				SD Plan 0292	20	0	20
				SD Plan 0295	19	0	19
	Classified Pool	No	Yes	SD Plan 0294	41	0	41
				SD Plan 0297	52	0	52
				SD Plan 0296	55	0	55
				SD Plan 0292	13	0	13
				SD Plan 0295	19	0	19
		Yes	No	SD Plan 0296	1	0	1
	EXE POOL	No	Yes	SD Plan 0294	5	0	5
				SD Plan 0297	1	0	1
				SD Plan 0296	6	0	6
				SD Plan 0292	1	0	1
	PRINC PO	Yes	No	SD Plan 0293	2	0	2
				SD Plan 0294	7	0	7
				SD Plan 0296	8	0	8
Arlington School District Total					**475**	**0**	**475**
Asotin-Anatone School District	Certificated	No	Yes	SD Plan 1586	2	4	6
		Yes	No	SD Plan 1586	16	31	47

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1588	5	15	20
				SD Plan 1589	4	8	12
				SD Plan 1585	1	1	2
				SD Plan 1590	3	7	10
	CERTIFICATED ADMIN	Yes	No	SD Plan 1586	2	7	9
				SD Plan 1589	1	0	1
	CLASSIFIED	No	Yes	SD Plan 1586	2	2	4
				SD Plan 1588	3	5	8
				SD Plan 1589	6	5	11
				SD Plan 1590	10	27	37
	CLASSIFIED SUPERVISOR	No	Yes	SD Plan 1586	3	3	6
				SD Plan 1590	1	4	5
Asotin-Anatone School District Total					**59**	**119**	**178**
Auburn School District	Administators	Yes	No	SD Plan 0183	13	0	13
				SD Plan 0184	7	0	7
				SD Plan 0186	2	0	2
				SD Plan 0188	4	0	4
				SD Plan 0190	4	0	4
				SD Plan 0187	1	0	1
	AEA	Yes	No	SD Plan 0183	347	0	347
				SD Plan 0184	104	0	104
				SD Plan 0185	46	0	46
				SD Plan 0186	26	0	26
				SD Plan 0188	156	0	156
				SD Plan 0190	114	0	114
				SD Plan 0187	11	0	11
				SD Plan 0189	4	0	4
	HEAD ST	No	Yes	SD Plan 0183	4	0	4
				SD Plan 0184	2	0	2
				SD Plan 0185	3	0	3
				SD Plan 0186	1	0	1
				SD Plan 0188	2	0	2

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0190	1	0	1
	NON REP	No	Yes	SD Plan 0183	8	0	8
				SD Plan 0184	4	0	4
				SD Plan 0190	4	0	4
				SD Plan 0189	1	0	1
	PRINCIPALS	Yes	No	SD Plan 0183	13	0	13
				SD Plan 0184	3	0	3
				SD Plan 0185	2	0	2
				SD Plan 0186	3	0	3
				SD Plan 0188	5	0	5
				SD Plan 0190	5	0	5
				SD Plan 0187	1	0	1
				SD Plan 0189	2	0	2
	PROF-SUP	No	Yes	SD Plan 0183	19	0	19
				SD Plan 0184	7	0	7
				SD Plan 0185	1	0	1
				SD Plan 0186	1	0	1
				SD Plan 0188	5	0	5
				SD Plan 0190	9	0	9
	PSE	No	Yes	SD Plan 0183	114	0	114
				SD Plan 0184	78	0	78
				SD Plan 0185	35	0	35
				SD Plan 0186	22	0	22
				SD Plan 0188	46	0	46
				SD Plan 0190	48	0	48
				SD Plan 0187	8	0	8
				SD Plan 0189	1	0	1
	SECRETARIES	No	Yes	SD Plan 0183	37	0	37
				SD Plan 0184	11	0	11
				SD Plan 0185	1	0	1
				SD Plan 0186	2	0	2
				SD Plan 0188	14	0	14

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0190	7	0	7
				SD Plan 0187	4	0	4
	TRANSPORTATION	No	Yes	SD Plan 0183	18	0	18
				SD Plan 0184	10	0	10
				SD Plan 0185	8	0	8
				SD Plan 0186	2	0	2
				SD Plan 0188	14	0	14
				SD Plan 0190	12	0	12
Auburn School District Total					**1,437**	**0**	**1,437**
Bainbridge Island School District	ADMIN-CERT	Yes	No	SD Plan 0200	7	0	7
				SD Plan 0202	2	0	2
				SD Plan 0205	1	0	1
				SD Plan 0214	1	0	1
				SD Plan 0217	1	0	1
	ADMIN-CLASS	No	Yes	SD Plan 0200	2	0	2
				SD Plan 0202	2	0	2
				SD Plan 0206	1	0	1
				SD Plan 0217	1	0	1
		Yes	No	SD Plan 0203	1	0	1
	ANNUAL	No	Yes	SD Plan 0202	1	0	1
				SD Plan 0206	1	0	1
	BIEA	No	Yes	SD Plan 0202	2	0	2
				SD Plan 0204	1	0	1
				SD Plan 0209	1	0	1
		Yes	No	SD Plan 0195	3	0	3
				SD Plan 0196	13	0	13
				SD Plan 0198	3	0	3
				SD Plan 0199	2	0	2
				SD Plan 0200	48	0	48
				SD Plan 0202	28	0	28
				SD Plan 0203	2	0	2
				SD Plan 0204	32	0	32

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0205	4	0	4
				SD Plan 0206	24	0	24
				SD Plan 0207	1	0	1
				SD Plan 0210	7	0	7
				SD Plan 0212	4	0	4
				SD Plan 0213	1	0	1
				SD Plan 0214	16	0	16
				SD Plan 0215	3	0	3
				SD Plan 0217	22	0	22
	BIESPA	No	Yes	SD Plan 0195	1	0	1
				SD Plan 0196	7	0	7
				SD Plan 0198	2	0	2
				SD Plan 0199	1	0	1
				SD Plan 0200	13	0	13
				SD Plan 0202	12	0	12
				SD Plan 0203	2	0	2
				SD Plan 0204	15	0	15
				SD Plan 0205	1	0	1
				SD Plan 0206	19	0	19
				SD Plan 0210	5	0	5
				SD Plan 0211	1	0	1
				SD Plan 0212	4	0	4
				SD Plan 0213	4	0	4
				SD Plan 0214	11	0	11
				SD Plan 0215	3	0	3
				SD Plan 0217	23	0	23
				SD Plan 0216	5	0	5
	NONREP	No	Yes	SD Plan 0196	1	0	1
				SD Plan 0200	2	0	2
				SD Plan 0202	2	0	2
				SD Plan 0204	3	0	3
				SD Plan 0206	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0210	1	0	1
				SD Plan 0214	1	0	1
				SD Plan 0217	1	0	1
				SD Plan 0216	1	0	1
Bainbridge Island School District Total					**380**	**0**	**380**
Battle Ground School District	ADMIN SUPPORT (UNREP)	No	Yes	SD Plan 0230	4	0	4
				SD Plan 0231	11	0	11
				SD Plan 0233	12	0	12
				SD Plan 0228	1	0	1
				SD Plan 0237	7	0	7
	ADMINISTRATORS	No	Yes	SD Plan 0231	3	0	3
				SD Plan 0233	1	0	1
				SD Plan 0237	1	0	1
		Yes	No	SD Plan 0230	1	0	1
				SD Plan 0231	5	0	5
				SD Plan 0233	6	0	6
				SD Plan 0227	1	0	1
				SD Plan 0237	1	0	1
	BGEA (REP)	Yes	No	SD Plan 0230	61	0	61
				SD Plan 0231	222	0	222
				SD Plan 0233	275	0	275
				SD Plan 0228	42	0	42
				SD Plan 0229	1	0	1
				SD Plan 0236	9	0	9
				SD Plan 0237	69	0	69
	NEW HIRES AFTER OCT 1	No	Yes	SD Plan 0233	1	0	1
				SD Plan 0228	1	0	1
		Yes	No	SD Plan 0231	12	0	12
				SD Plan 0233	3	0	3
	PRINCIPALS	Yes	No	SD Plan 0230	6	0	6
				SD Plan 0231	12	0	12
				SD Plan 0233	15	0	15

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0237	5	0	5
	PSE (REPRESENTED)	No	Yes	SD Plan 0230	23	0	23
				SD Plan 0231	117	0	117
				SD Plan 0233	170	0	170
				SD Plan 0228	27	0	27
				SD Plan 0236	3	0	3
				SD Plan 0237	27	0	27
		Yes	No	SD Plan 0233	1	0	1
Battle Ground School District Total					**1,156**	**0**	**1,156**
Bellevue School District	AISP FULL TIME	No	Yes	SD Plan 1594	54	87	141
				SD Plan 1595	20	40	60
				SD Plan 1596	27	32	59
				SD Plan 1597	7	18	25
				SD Plan 1599	1	0	1
				SD Plan 1598	1	0	1
				SD Plan 1593	101	97	198
				SD Plan 1600	42	47	89
		Yes	No	SD Plan 1595	1	0	1
	AISP PART TIME Level 1	No	Yes	SD Plan 1594	15	7	22
				SD Plan 1595	21	0	21
				SD Plan 1597	9	2	11
				SD Plan 1598	1	0	1
				SD Plan 1593	8	0	8
				SD Plan 1600	16	1	17
	AISP PART TIME Level 2	No	Yes	SD Plan 1594	31	40	71
				SD Plan 1595	18	29	47
				SD Plan 1596	5	8	13
				SD Plan 1597	12	10	22
				SD Plan 1599	1	4	5
				SD Plan 1593	20	15	35
				SD Plan 1600	31	36	67
	CABINET	No	Yes	SD Plan 1595	1	2	3

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1596	1	0	1
				SD Plan 1593	7	16	23
				SD Plan 1600	2	6	8
	CENTRAL ADMIN	No	Yes	SD Plan 1594	3	10	13
				SD Plan 1593	5	6	11
				SD Plan 1600	2	6	8
	CTSA	No	Yes	SD Plan 1594	14	14	28
				SD Plan 1595	2	5	7
				SD Plan 1596	29	12	41
				SD Plan 1597	2	3	5
				SD Plan 1593	46	66	112
				SD Plan 1600	10	17	27
	CUSTODIANS Full Time	No	Yes	SD Plan 1594	22	36	58
				SD Plan 1595	5	10	15
				SD Plan 1596	10	4	14
				SD Plan 1597	1	4	5
				SD Plan 1598	3	4	7
				SD Plan 1593	33	19	52
				SD Plan 1600	13	26	39
	CUSTODIANS Part Time	No	Yes	SD Plan 1600	1	0	1
	MECHANICS	No	Yes	SD Plan 1594	1	1	2
				SD Plan 1593	5	6	11
				SD Plan 1600	2	4	6
	NUTRITION SVCS FULL TIME	No	Yes	SD Plan 1594	3	7	10
				SD Plan 1595	1	2	3
				SD Plan 1597	2	5	7
				SD Plan 1593	4	2	6
				SD Plan 1600	7	14	21
	NUTRITION SVCS PART TIME	No	Yes	SD Plan 1594	11	8	19
				SD Plan 1595	3	5	8
				SD Plan 1596	1	0	1
				SD Plan 1597	2	0	2

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1598	1	3	4
				SD Plan 1593	5	0	5
				SD Plan 1600	11	14	25
	PEBB	No	Yes	SD Plan 1601	36	48	84
	PRINCIPALS	No	Yes	SD Plan 1594	11	33	44
				SD Plan 1595	2	6	8
				SD Plan 1596	4	6	10
				SD Plan 1593	17	17	34
				SD Plan 1600	5	6	11
	SUPERINTENDENT	No	Yes	SD Plan 1594	1	3	4
	TEACHERS FULL TIME	No	Yes	SD Plan 1595	1	1	2
		Yes	No	SD Plan 1594	155	272	427
				SD Plan 1595	70	117	187
				SD Plan 1596	171	78	249
				SD Plan 1597	23	48	71
				SD Plan 1598	7	17	24
				SD Plan 1593	425	340	765
				SD Plan 1600	134	189	323
	TEACHERS PART TIME Level 1	Yes	No	SD Plan 1594	17	23	40
				SD Plan 1595	22	27	49
				SD Plan 1596	7	9	16
				SD Plan 1597	8	11	19
				SD Plan 1599	3	7	10
				SD Plan 1598	2	4	6
				SD Plan 1593	26	25	51
				SD Plan 1600	12	13	25
	TEACHERS PART TIME Level 2	Yes	No	SD Plan 1594	8	4	12
				SD Plan 1595	3	4	7
				SD Plan 1596	2	3	5
				SD Plan 1597	4	5	9
				SD Plan 1599	1	3	4
				SD Plan 1598	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1593	19	19	38
				SD Plan 1600	6	8	14
	TRANSPORTATION (BUS DRIVERS)	No	Yes	SD Plan 1594	8	17	25
				SD Plan 1595	4	7	11
				SD Plan 1596	7	3	10
				SD Plan 1599	2	3	5
				SD Plan 1593	33	5	38
				SD Plan 1600	13	20	33
	TRUCK DRIVERS FULL TIME	No	Yes	SD Plan 1594	1	2	3
				SD Plan 1596	1	0	1
				SD Plan 1593	3	4	7
Bellevue School District Total					**1,988**	**2,217**	**4,205**
Bellingham School District	BAO	Yes	No	SD Plan 0100	5	0	5
				SD Plan 0101	9	0	9
				SD Plan 0102	2	0	2
				SD Plan 0104	1	0	1
				SD Plan 0105	4	0	4
				SD Plan 0106	1	0	1
				SD Plan 0107	1	0	1
				SD Plan 0109	1	0	1
				SD Plan 0110	2	0	2
				SD Plan 0111	2	0	2
				SD Plan 0114	2	0	2
				SD Plan 0115	3	0	3
				SD Plan 0117	1	0	1
				SD Plan 0103	3	0	3
				SD Plan 0108	1	0	1
	BASE	No	Yes	SD Plan 0100	70	0	70
				SD Plan 0101	49	0	49
				SD Plan 0102	7	0	7
				SD Plan 0104	7	0	7
				SD Plan 0105	11	0	11

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0106	5	0	5
				SD Plan 0107	3	0	3
				SD Plan 0109	1	0	1
				SD Plan 0110	11	0	11
				SD Plan 0111	7	0	7
				SD Plan 0114	9	0	9
				SD Plan 0115	7	0	7
				SD Plan 0119	1	0	1
				SD Plan 0116	11	0	11
				SD Plan 0117	9	0	9
				SD Plan 0103	9	0	9
				SD Plan 0108	4	0	4
	BEA	Yes	No	SD Plan 0100	123	0	123
				SD Plan 0101	194	0	194
				SD Plan 0102	22	0	22
				SD Plan 0104	23	0	23
				SD Plan 0105	39	0	39
				SD Plan 0106	10	0	10
				SD Plan 0107	10	0	10
				SD Plan 0109	17	0	17
				SD Plan 0110	13	0	13
				SD Plan 0111	20	0	20
				SD Plan 0114	21	0	21
				SD Plan 0115	32	0	32
				SD Plan 0118	3	0	3
				SD Plan 0119	12	0	12
				SD Plan 0116	29	0	29
				SD Plan 0117	32	0	32
				SD Plan 0103	17	0	17
				SD Plan 0108	17	0	17
	NONREP	No	Yes	SD Plan 0100	11	0	11
				SD Plan 0101	14	0	14

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0102	1	0	1
				SD Plan 0104	2	0	2
				SD Plan 0105	2	0	2
				SD Plan 0109	1	0	1
				SD Plan 0110	1	0	1
				SD Plan 0111	1	0	1
				SD Plan 0114	1	0	1
				SD Plan 0115	1	0	1
				SD Plan 0119	1	0	1
				SD Plan 0116	3	0	3
				SD Plan 0117	6	0	6
				SD Plan 0103	1	0	1
				SD Plan 0108	1	0	1
	NRADMIN	Yes	No	SD Plan 0100	2	0	2
				SD Plan 0101	1	0	1
				SD Plan 0114	1	0	1
				SD Plan 0117	2	0	2
				SD Plan 0103	1	0	1
	SEIU	No	Yes	SD Plan 0100	38	0	38
				SD Plan 0101	30	0	30
				SD Plan 0102	7	0	7
				SD Plan 0104	1	0	1
				SD Plan 0105	3	0	3
				SD Plan 0106	3	0	3
				SD Plan 0109	1	0	1
				SD Plan 0110	5	0	5
				SD Plan 0114	3	0	3
				SD Plan 0115	1	0	1
				SD Plan 0116	7	0	7
				SD Plan 0117	7	0	7
				SD Plan 0103	5	0	5
				SD Plan 0108	5	0	5

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
	TEAM	No	Yes	SD Plan 0100	17	0	17
				SD Plan 0101	8	0	8
				SD Plan 0102	1	0	1
				SD Plan 0110	4	0	4
				SD Plan 0111	1	0	1
				SD Plan 0114	3	0	3
				SD Plan 0115	2	0	2
				SD Plan 0117	1	0	1
				SD Plan 0103	2	0	2
				SD Plan 0108	3	0	3
Bellingham School District Total					**1,105**	**0**	**1,105**
Benge School District	Certificated	Yes	No	SD Plan 0120	2	3	5
	CLASSIFIED	No	Yes	SD Plan 0120	2	1	3
Benge School District Total					**4**	**4**	**8**
Bethel School District	ADMIN NON REP	No	Yes	SD Plan 0129	13	0	13
				SD Plan 0131	7	0	7
				SD Plan 0134	3	0	3
				SD Plan 0139	10	0	10
				SD Plan 0140	3	0	3
				SD Plan 0126	8	0	8
				SD Plan 0127	1	0	1
		Yes	No	SD Plan 0129	14	0	14
				SD Plan 0131	2	0	2
				SD Plan 0133	2	0	2
				SD Plan 0139	6	0	6
				SD Plan 0140	1	0	1
				SD Plan 0126	4	0	4
	Certificated	Yes	No	SD Plan 0129	1	0	1
	CERTIFICATED STAFF	Yes	No	SD Plan 0129	295	0	295
				SD Plan 0130	7	0	7
				SD Plan 0131	110	0	110
				SD Plan 0132	6	0	6

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0133	44	0	44
				SD Plan 0134	8	0	8
				SD Plan 0135	9	0	9
				SD Plan 0139	209	0	209
				SD Plan 0140	23	0	23
				SD Plan 0126	123	0	123
				SD Plan 0138	1	0	1
				SD Plan 0125	26	0	26
				SD Plan 0127	7	0	7
	CLASSIFIED	No	Yes	SD Plan 0133	1	0	1
	PIERCE COUNTY SKILLS CENTER	Yes	No	SD Plan 0129	1	0	1
				SD Plan 0131	1	0	1
				SD Plan 0126	3	0	3
				SD Plan 0127	1	0	1
	PRINCIPALS	Yes	No	SD Plan 0129	16	0	16
				SD Plan 0131	3	0	3
				SD Plan 0133	2	0	2
				SD Plan 0139	6	0	6
				SD Plan 0126	7	0	7
				SD Plan 0125	1	0	1
	PSE EMPLOYEES	No	Yes	SD Plan 0129	97	0	97
				SD Plan 0130	5	0	5
				SD Plan 0131	92	0	92
				SD Plan 0132	6	0	6
				SD Plan 0133	90	0	90
				SD Plan 0134	11	0	11
				SD Plan 0135	18	0	18
				SD Plan 0137	1	0	1
				SD Plan 0139	119	0	119
				SD Plan 0140	14	0	14
				SD Plan 0126	55	0	55
				SD Plan 0125	21	0	21

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0127	8	0	8
Bethel School District Total					**1,522**	**0**	**1,522**
Bickleton School District	CLASSIFIED	No	Yes	SD Plan 0144	6	9	15
	TEACHERS	Yes	No	SD Plan 0144	7	19	26
Bickleton School District Total					**13**	**28**	**41**
Blaine School District	ADMN	Yes	No	SD Plan 0577	1	0	1
				SD Plan 0580	1	0	1
				SD Plan 0582	2	0	2
				SD Plan 0574	1	0	1
				SD Plan 0583	3	0	3
	BEA	No	Yes	SD Plan 0578	1	0	1
				SD Plan 0581	1	0	1
				SD Plan 0579	1	0	1
				SD Plan 0574	1	0	1
				SD Plan 0583	2	0	2
				SD Plan 0585	1	0	1
		Yes	No	SD Plan 0577	3	0	3
				SD Plan 0578	6	0	6
				SD Plan 0580	6	0	6
				SD Plan 0581	12	0	12
				SD Plan 0582	5	0	5
				SD Plan 0579	10	0	10
				SD Plan 0574	2	0	2
				SD Plan 0583	51	0	51
				SD Plan 0584	13	0	13
				SD Plan 0585	2	0	2
	NREP	No	Yes	SD Plan 0580	2	0	2
				SD Plan 0581	1	0	1
				SD Plan 0582	1	0	1
				SD Plan 0576	1	0	1
				SD Plan 0583	6	0	6
		Yes	No	SD Plan 0582	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
	SEIU	No	Yes	SD Plan 0572	2	0	2
				SD Plan 0577	2	0	2
				SD Plan 0578	3	0	3
				SD Plan 0580	5	0	5
				SD Plan 0581	12	0	12
				SD Plan 0582	6	0	6
				SD Plan 0579	4	0	4
				SD Plan 0574	2	0	2
				SD Plan 0575	1	0	1
				SD Plan 0576	2	0	2
				SD Plan 0583	44	0	44
				SD Plan 0584	1	0	1
				SD Plan 0585	4	0	4
Blaine School District Total					**225**	**0**	**225**
Boistfort School District	Certificated	Yes	No	SD Plan 0161	2	0	2
				SD Plan 0158	2	0	2
				SD Plan 0159	2	0	2
	CLASSIFIED	No	Yes	SD Plan 0160	4	0	4
				SD Plan 0159	4	0	4
Boistfort School District Total					**14**	**0**	**14**
Bremerton School District	ABA	Yes	No	SD Plan 0631	1	0	1
				SD Plan 0637	4	0	4
				SD Plan 0634	1	0	1
				SD Plan 0639	1	0	1
				SD Plan 0640	1	0	1
				SD Plan 0641	1	0	1
				SD Plan 0642	4	0	4
	BEA	No	Yes	SD Plan 0631	1	0	1
				SD Plan 0637	2	0	2
				SD Plan 0639	1	0	1
				SD Plan 0640	2	0	2
				SD Plan 0641	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
		Yes	No	SD Plan 0631	11	0	11
				SD Plan 0632	21	0	21
				SD Plan 0633	5	0	5
				SD Plan 0635	8	0	8
				SD Plan 0637	69	0	69
				SD Plan 0639	38	0	38
				SD Plan 0640	17	0	17
				SD Plan 0641	14	0	14
				SD Plan 0642	77	0	77
				SD Plan 0643	1	0	1
	BPEA	No	Yes	SD Plan 0631	4	0	4
				SD Plan 0632	6	0	6
				SD Plan 0633	4	0	4
				SD Plan 0635	6	0	6
				SD Plan 0637	11	0	11
				SD Plan 0634	1	0	1
				SD Plan 0639	21	0	21
				SD Plan 0640	10	0	10
				SD Plan 0641	12	0	12
				SD Plan 0642	43	0	43
	EXADMIN & SUPERVISOR	No	Yes	SD Plan 0633	1	0	1
				SD Plan 0637	4	0	4
				SD Plan 0640	1	0	1
				SD Plan 0642	2	0	2
		Yes	No	SD Plan 0637	2	0	2
				SD Plan 0639	1	0	1
				SD Plan 0642	2	0	2
	NON-UNION	No	Yes	SD Plan 0631	1	0	1
				SD Plan 0632	4	0	4
				SD Plan 0635	1	0	1
				SD Plan 0639	2	0	2
				SD Plan 0640	2	0	2

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0641	2	0	2
				SD Plan 0642	2	0	2
	SEIU	No	Yes	SD Plan 0631	2	0	2
				SD Plan 0632	1	0	1
				SD Plan 0633	4	0	4
				SD Plan 0635	1	0	1
				SD Plan 0637	12	0	12
				SD Plan 0634	1	0	1
				SD Plan 0639	11	0	11
				SD Plan 0640	6	0	6
				SD Plan 0641	9	0	9
				SD Plan 0642	39	0	39
	WSTSCEA	Yes	No	SD Plan 0631	1	0	1
				SD Plan 0637	1	0	1
				SD Plan 0639	1	0	1
				SD Plan 0641	1	0	1
				SD Plan 0642	5	0	5
Bremerton School District Total					**521**	**0**	**521**
Brewster School District	ADMIN	Yes	No	SD Plan 0164	3	3	6
	CLASSIFI	No	Yes	SD Plan 0164	13	7	20
				SD Plan 0166	6	8	14
				SD Plan 0167	10	3	13
				SD Plan 0168	3	0	3
				SD Plan 0165	10	2	12
	EXEMPT	No	Yes	SD Plan 0164	4	1	5
				SD Plan 0165	1	0	1
	SUPT	Yes	No	SD Plan 0164	1	4	5
	TEACHER	No	Yes	SD Plan 0164	2	0	2
				SD Plan 0165	1	0	1
		Yes	No	SD Plan 0164	25	19	44
				SD Plan 0166	8	4	12
				SD Plan 0167	3	7	10

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0168	5	13	18
				SD Plan 0169	2	4	6
				SD Plan 0165	14	9	23
Brewster School District Total					**111**	**84**	**195**
Bridgeport School District	ADMINISTRATION	Yes	No	SD Plan 0219	2	5	7
				SD Plan 0222	1	0	1
				SD Plan 0223	1	4	5
				SD Plan 0224	1	0	1
	Certificated	No	Yes	SD Plan 0222	1	3	4
		Yes	No	SD Plan 0219	2	2	4
				SD Plan 0220	1	4	5
				SD Plan 0218	7	14	21
				SD Plan 0222	18	13	31
				SD Plan 0223	11	15	26
				SD Plan 0224	4	1	5
	CLASSIFIED	No	Yes	SD Plan 0220	2	1	3
				SD Plan 0218	4	2	6
				SD Plan 0222	17	3	20
				SD Plan 0223	21	14	35
				SD Plan 0226	1	1	2
				SD Plan 0224	1	0	1
Bridgeport School District Total					**95**	**82**	**177**
Brinnon School District	CERTS	Yes	No	SD Plan 0651	1	0	1
				SD Plan 0646	1	0	1
				SD Plan 0648	3	4	7
	CLASS	No	Yes	SD Plan 0651	2	2	4
				SD Plan 0653	2	1	3
				SD Plan 0648	1	0	1
	CLASS Pool - Non-Union	No	Yes	SD Plan 0649	1	0	1
Brinnon School District Total					**11**	**7**	**18**
Burlington-Edison School District	ADMINISTRATORS	No	Yes	SD Plan 0396	1	0	1
				SD Plan 0395	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
		Yes	No	SD Plan 0399	4	0	4
				SD Plan 0394	2	0	2
				SD Plan 0397	3	0	3
				SD Plan 0395	5	0	5
	Certificated	Yes	No	SD Plan 0380	6	0	6
				SD Plan 0382	2	0	2
				SD Plan 0383	6	0	6
				SD Plan 0386	5	0	5
				SD Plan 0391	68	0	68
				SD Plan 0387	5	0	5
				SD Plan 0392	5	0	5
				SD Plan 0381	10	0	10
				SD Plan 0401	12	0	12
				SD Plan 0402	12	0	12
				SD Plan 0403	24	0	24
				SD Plan 0400	5	0	5
				SD Plan 0385	7	0	7
				SD Plan 0384	4	0	4
				SD Plan 0388	2	0	2
				SD Plan 0389	4	0	4
				SD Plan 0390	32	0	32
				SD Plan 0393	16	0	16
	CLASSIFIED	No	Yes	SD Plan 0382	1	0	1
				SD Plan 0383	1	0	1
				SD Plan 0386	2	0	2
				SD Plan 0391	58	0	58
				SD Plan 0387	2	0	2
				SD Plan 0392	5	0	5
				SD Plan 0381	1	0	1
				SD Plan 0401	7	0	7
				SD Plan 0402	8	0	8
				SD Plan 0403	18	0	18

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0400	5	0	5
				SD Plan 0385	2	0	2
				SD Plan 0384	2	0	2
				SD Plan 0388	2	0	2
				SD Plan 0389	1	0	1
				SD Plan 0390	32	0	32
				SD Plan 0393	13	0	13
	UNAFFILIATED/ROTC	No	Yes	SD Plan 0391	4	0	4
				SD Plan 0381	1	0	1
				SD Plan 0402	1	0	1
				SD Plan 0403	3	0	3
Burlington-Edison School District Total					**410**	**0**	**410**
Camas School District	001 CERTS	Yes	No	SD Plan 0404	40	0	40
				SD Plan 0405	17	0	17
				SD Plan 0406	4	0	4
				SD Plan 0407	3	0	3
				SD Plan 0409	85	0	85
				SD Plan 0410	27	0	27
				SD Plan 0412	3	0	3
				SD Plan 0411	4	0	4
				SD Plan 0413	3	0	3
				SD Plan 0414	35	0	35
				SD Plan 0415	110	0	110
	002 PSE	No	Yes	SD Plan 0404	11	0	11
				SD Plan 0405	9	0	9
				SD Plan 0407	5	0	5
				SD Plan 0408	1	0	1
				SD Plan 0409	25	0	25
				SD Plan 0410	10	0	10
				SD Plan 0412	2	0	2
				SD Plan 0418	81	0	81
				SD Plan 0411	3	0	3

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0416	34	0	34
				SD Plan 0413	1	0	1
	003 SEC	No	Yes	SD Plan 0405	3	0	3
				SD Plan 0409	8	0	8
				SD Plan 0414	3	0	3
				SD Plan 0415	10	0	10
	004 PRINC	Yes	No	SD Plan 0404	1	0	1
				SD Plan 0409	8	0	8
				SD Plan 0414	1	0	1
				SD Plan 0415	5	0	5
	005 SUPT/ADMIN	Yes	No	SD Plan 0404	3	0	3
				SD Plan 0409	3	0	3
				SD Plan 0415	1	0	1
	006 UNREP	No	Yes	SD Plan 0404	3	0	3
				SD Plan 0406	1	0	1
				SD Plan 0407	1	0	1
				SD Plan 0409	3	0	3
				SD Plan 0410	2	0	2
				SD Plan 0414	3	0	3
				SD Plan 0415	13	0	13
Camas School District Total					**585**	**0**	**585**
Cape Flattery School District	Certified	Yes	No	SD Plan 0173	5	0	5
				SD Plan 0175	2	0	2
				SD Plan 0176	3	0	3
				SD Plan 0177	21	0	21
				SD Plan 0178	4	0	4
				SD Plan 0181	1	0	1
				SD Plan 0174	8	0	8
	Non-Dues	No	Yes	SD Plan 0173	12	0	12
				SD Plan 0175	2	0	2
				SD Plan 0177	14	0	14
				SD Plan 0178	3	0	3

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0179	4	0	4
				SD Plan 0181	2	0	2
				SD Plan 0182	1	0	1
				SD Plan 0180	4	0	4
				SD Plan 0174	2	0	2
Cape Flattery School District Total					**88**	**0**	**88**
Carbonado School District	POOL	No	Yes	SD Plan 1606	2	5	7
				SD Plan 1603	4	2	6
				SD Plan 1604	1	3	4
				SD Plan 1605	3	1	4
		Yes	No	SD Plan 1603	6	3	9
				SD Plan 1604	1	0	1
				SD Plan 1605	4	0	4
Carbonado School District Total					**21**	**14**	**35**
Cascade School District	ADMINISTRATORS	No	Yes	SD Plan 1490	1	0	1
		Yes	No	SD Plan 1490	2	0	2
				SD Plan 1492	2	0	2
	Certified	Yes	No	SD Plan 1490	20	0	20
				SD Plan 1491	21	0	21
				SD Plan 1492	7	0	7
				SD Plan 1494	5	0	5
				SD Plan 1495	1	0	1
				SD Plan 1496	1	0	1
				SD Plan 1493	14	0	14
	CLASSIFIED	No	Yes	SD Plan 1490	19	0	19
				SD Plan 1491	11	0	11
				SD Plan 1492	4	0	4
				SD Plan 1494	8	0	8
				SD Plan 1495	1	0	1
				SD Plan 1493	12	0	12
	DISTRICT OFFICE	No	Yes	SD Plan 1490	3	0	3
				SD Plan 1496	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
Cascade School District Total					**133**	**0**	**133**
Cashmere School District	ADMIN	Yes	No	SD Plan 0300	7	0	7
	BENFTE	No	Yes	SD Plan 0299	7	0	7
				SD Plan 0300	54	0	54
		Yes	No	SD Plan 0299	12	0	12
				SD Plan 0300	46	0	46
Cashmere School District Total					**126**	**0**	**126**
Castle Rock School District	1 Certificated	Yes	No	SD Plan 0247	9	19	28
				SD Plan 0248	7	4	11
				SD Plan 0249	3	9	12
				SD Plan 0244	22	31	53
				SD Plan 0246	29	16	45
	2 PSE	No	Yes	SD Plan 0247	4	1	5
				SD Plan 0248	11	8	19
				SD Plan 0249	4	11	15
				SD Plan 0244	35	14	49
				SD Plan 0246	12	4	16
	3 Administrators	Yes	No	SD Plan 0248	1	1	2
				SD Plan 0250	1	3	4
				SD Plan 0244	1	2	3
				SD Plan 0246	1	0	1
	4 District Office	No	Yes	SD Plan 0247	1	0	1
				SD Plan 0248	1	0	1
				SD Plan 0244	4	4	8
				SD Plan 0246	1	0	1
	5 Superintendent	Yes	No	SD Plan 0246	1	0	1
Castle Rock School District Total					**148**	**127**	**275**
Centerville School District	Certificated	Yes	No	SD Plan 1181	4	0	4
	CLASSIFIED	No	Yes	SD Plan 1181	6	0	6
Centerville School District Total					**10**	**0**	**10**
Central Kitsap School District	CKEA CERTIFICATED	No	Yes	SD Plan 0253	1	0	1
		Yes	No	SD Plan 0255	46	0	46

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0257	18	0	18
				SD Plan 0259	4	0	4
				SD Plan 0253	210	0	210
				SD Plan 0256	55	0	55
				SD Plan 0258	21	0	21
				SD Plan 0254	101	0	101
				SD Plan 0251	142	0	142
	CKESP CLASSIFIED	No	Yes	SD Plan 0255	22	0	22
				SD Plan 0257	33	0	33
				SD Plan 0253	90	0	90
				SD Plan 0256	64	0	64
				SD Plan 0258	13	0	13
				SD Plan 0254	76	0	76
				SD Plan 0251	149	0	149
		Yes	No	SD Plan 0255	1	0	1
	ADMIN/CERT	Yes	No	SD Plan 0255	1	0	1
				SD Plan 0257	3	0	3
				SD Plan 0253	18	0	18
				SD Plan 0254	13	0	13
				SD Plan 0251	2	0	2
	ADMIN/CLASS	No	Yes	SD Plan 0255	1	0	1
				SD Plan 0253	8	0	8
				SD Plan 0258	1	0	1
				SD Plan 0254	3	0	3
				SD Plan 0251	2	0	2
Central Kitsap School District Total					**1,098**	**0**	**1,098**
Central Valley School District	Certificated Administrators	Yes	No	SD Plan 0551	10	0	10
				SD Plan 0562	2	0	2
				SD Plan 0567	3	0	3
				SD Plan 0569	8	0	8
				SD Plan 0570	4	0	4
				SD Plan 0550	9	0	9

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0568	2	0	2
				SD Plan 0552	3	0	3
				SD Plan 0554	1	0	1
				SD Plan 0561	13	0	13
	Classified Administrators	No	Yes	SD Plan 0551	4	0	4
				SD Plan 0562	3	0	3
				SD Plan 0567	1	0	1
				SD Plan 0569	1	0	1
				SD Plan 0570	2	0	2
				SD Plan 0550	1	0	1
				SD Plan 0552	3	0	3
				SD Plan 0561	4	0	4
	CVEA Certificated	Yes	No	SD Plan 0562	1	0	1
				SD Plan 0550	192	0	192
				SD Plan 0554	317	0	317
				SD Plan 0555	77	0	77
				SD Plan 0556	31	0	31
				SD Plan 0557	33	0	33
				SD Plan 0558	15	0	15
				SD Plan 0560	2	0	2
				SD Plan 0559	82	0	82
	PSE Classified	No	Yes	SD Plan 0551	80	0	80
				SD Plan 0553	1	0	1
				SD Plan 0562	21	0	21
				SD Plan 0567	9	0	9
				SD Plan 0569	41	0	41
				SD Plan 0570	20	0	20
				SD Plan 0550	131	0	131
				SD Plan 0564	7	0	7
				SD Plan 0568	41	0	41
				SD Plan 0552	58	0	58
				SD Plan 0561	41	0	41

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0563	9	0	9
				SD Plan 0565	4	0	4
	PSEECP Classified	No	Yes	SD Plan 0551	4	0	4
				SD Plan 0570	1	0	1
				SD Plan 0550	4	0	4
				SD Plan 0564	1	0	1
				SD Plan 0568	1	0	1
				SD Plan 0552	6	0	6
				SD Plan 0561	1	0	1
Central Valley School District Total					**1,305**	**0**	**1,305**
Centralia School District	CLASSIFIED	No	Yes	SD Plan 2445	1	1	2
				SD Plan 2449	1	2	3
				SD Plan 2451	1	0	1
	EXEMPT	No	Yes	SD Plan 2445	1	0	1
				SD Plan 2449	4	13	17
				SD Plan 2443	3	0	3
				SD Plan 2447	1	0	1
	PRINCIPALS	Yes	No	SD Plan 2445	1	3	4
				SD Plan 2449	2	2	4
				SD Plan 2443	3	5	8
				SD Plan 2447	1	0	1
				SD Plan 2441	1	2	3
				SD Plan 2446	2	0	2
	PSE	No	Yes	SD Plan 2445	4	0	4
				SD Plan 2449	6	8	14
				SD Plan 2443	5	0	5
				SD Plan 2444	3	1	4
				SD Plan 2447	11	2	13
				SD Plan 2442	3	2	5
				SD Plan 2446	5	0	5
				SD Plan 2448	6	8	14
	TEACHERS	Yes	No	SD Plan 2445	15	12	27

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2449	39	73	112
				SD Plan 2451	2	1	3
				SD Plan 2443	68	41	109
				SD Plan 2444	2	4	6
				SD Plan 2447	45	27	72
				SD Plan 2440	2	2	4
				SD Plan 2441	7	6	13
				SD Plan 2442	8	5	13
				SD Plan 2446	1	0	1
				SD Plan 2448	2	3	5
	DO ADMINISTRATORS - Cert	Yes	No	SD Plan 2445	1	1	2
				SD Plan 2449	1	1	2
				SD Plan 2443	1	2	3
	DO ADMINISTRATORS - Classif	No	Yes	SD Plan 2443	1	2	3
	ELEM SECRETARIES	No	Yes	SD Plan 2445	2	1	3
				SD Plan 2449	2	4	6
				SD Plan 2444	1	2	3
	FULL TIME TEAMSTERS	No	Yes	SD Plan 2445	5	1	6
				SD Plan 2449	5	6	11
				SD Plan 2451	1	3	4
				SD Plan 2443	10	6	16
				SD Plan 2444	3	2	5
				SD Plan 2447	7	3	10
				SD Plan 2440	1	1	2
				SD Plan 2441	2	1	3
				SD Plan 2442	1	0	1
				SD Plan 2446	2	0	2
	PART TIME TEAMSTERS	No	Yes	SD Plan 2445	5	2	7
				SD Plan 2449	14	6	20
				SD Plan 2443	17	9	26
				SD Plan 2444	2	2	4
				SD Plan 2447	10	7	17

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2440	1	0	1
				SD Plan 2441	3	1	4
				SD Plan 2442	2	0	2
				SD Plan 2446	12	8	20
				SD Plan 2448	3	3	6
				SD Plan 2450	1	1	2
	SUPERVISORS	No	Yes	SD Plan 2445	2	2	4
Centralia School District Total					**374**	**300**	**674**
Chehalis School District	ADMINISTRATORS	No	Yes	SD Plan 1047	2	0	2
		Yes	No	SD Plan 1046	5	0	5
				SD Plan 1047	4	0	4
				SD Plan 1049	1	0	1
				SD Plan 1051	1	0	1
	BUS DRIVERS	No	Yes	SD Plan 1046	1	0	1
				SD Plan 1047	2	0	2
				SD Plan 1049	2	0	2
				SD Plan 1050	1	0	1
				SD Plan 1052	1	0	1
	BUS MONITORS	No	Yes	SD Plan 1047	1	0	1
				SD Plan 1049	1	0	1
				SD Plan 1051	1	0	1
	CUSTODIANS	No	Yes	SD Plan 1046	3	0	3
				SD Plan 1047	9	0	9
				SD Plan 1048	1	0	1
				SD Plan 1049	2	0	2
				SD Plan 1051	1	0	1
	FOOD SERVICE	No	Yes	SD Plan 1046	6	0	6
	TEACHERS	No	Yes	SD Plan 1046	1	0	1
				SD Plan 1047	3	0	3
				SD Plan 1049	1	0	1
		Yes	No	SD Plan 1046	18	0	18
				SD Plan 1047	88	0	88

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1048	1	0	1
				SD Plan 1049	25	0	25
				SD Plan 1050	2	0	2
				SD Plan 1051	28	0	28
				SD Plan 1052	1	0	1
				SD Plan 1053	2	0	2
	TEMP/CASUAL TEAMSTERS	No	Yes	SD Plan 1047	2	0	2
				SD Plan 1049	2	0	2
				SD Plan 1051	3	0	3
	ADMIN. BUILDING	No	Yes	SD Plan 1046	2	0	2
				SD Plan 1047	5	0	5
				SD Plan 1051	1	0	1
	PROGRAM ASSISTANTS/ED PARA/SECRET	No	Yes	SD Plan 1046	10	0	10
				SD Plan 1047	26	0	26
				SD Plan 1048	3	0	3
				SD Plan 1049	14	0	14
				SD Plan 1051	9	0	9
				SD Plan 1052	1	0	1
				SD Plan 1053	1	0	1
Chehalis School District Total					**294**	**0**	**294**
Cheney School District	Certificated	Yes	No	SD Plan 0260	41	0	41
				SD Plan 0261	2	0	2
				SD Plan 0262	2	0	2
				SD Plan 0263	22	0	22
				SD Plan 0264	17	0	17
				SD Plan 0266	40	0	40
				SD Plan 0267	26	0	26
				SD Plan 0268	2	0	2
				SD Plan 0269	3	0	3
				SD Plan 0272	8	0	8
				SD Plan 0273	1	0	1
				SD Plan 0274	17	0	17

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0275	22	0	22
				SD Plan 0276	7	0	7
				SD Plan 0277	5	0	5
				SD Plan 0283	30	0	30
				SD Plan 0271	2	0	2
				SD Plan 0270	1	0	1
				SD Plan 0279	4	0	4
				SD Plan 0280	2	0	2
				SD Plan 0282	1	0	1
				SD Plan 0278	11	0	11
				SD Plan 0265	10	0	10
	CLASSIFIED	No	Yes	SD Plan 0260	13	0	13
				SD Plan 0261	6	0	6
				SD Plan 0262	2	0	2
				SD Plan 0263	4	0	4
				SD Plan 0264	15	0	15
				SD Plan 0266	36	0	36
				SD Plan 0267	17	0	17
				SD Plan 0269	4	0	4
				SD Plan 0273	3	0	3
				SD Plan 0274	10	0	10
				SD Plan 0275	5	0	5
				SD Plan 0276	4	0	4
				SD Plan 0283	3	0	3
				SD Plan 0284	1	0	1
				SD Plan 0285	1	0	1
				SD Plan 0271	7	0	7
				SD Plan 0270	3	0	3
				SD Plan 0279	3	0	3
				SD Plan 0281	2	0	2
				SD Plan 0282	4	0	4
				SD Plan 0278	6	0	6

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0265	15	0	15
Cheney School District Total					**440**	**0**	**440**
Chewelah School District	ADMIN	Yes	No	SD Plan 0287	3	9	12
				SD Plan 0288	1	0	1
	CEA	Yes	No	SD Plan 0287	24	24	48
				SD Plan 0288	4	6	10
				SD Plan 0290	5	4	9
				SD Plan 0289	13	26	39
				SD Plan 0291	4	7	11
	CPEA	No	Yes	SD Plan 0287	11	5	16
				SD Plan 0288	6	4	10
				SD Plan 0290	4	0	4
				SD Plan 0289	14	10	24
	UNREP	No	Yes	SD Plan 0287	3	6	9
				SD Plan 0290	1	0	1
				SD Plan 0289	1	1	2
				SD Plan 0291	2	2	4
Chewelah School District Total					**96**	**104**	**200**
Chimacum School District	CLASSIFIED	No	Yes	SD Plan 0301	9	0	9
				SD Plan 0314	4	0	4
				SD Plan 0310	2	0	2
				SD Plan 0302	10	0	10
				SD Plan 0309	1	0	1
	CUSTODIANS	No	Yes	SD Plan 0315	9	0	9
	EXEMPT	No	Yes	SD Plan 0301	8	0	8
		Yes	No	SD Plan 0301	3	0	3
				SD Plan 0310	1	0	1
				SD Plan 0302	1	0	1
	TEACHERS	Yes	No	SD Plan 0303	27	0	27
				SD Plan 0304	24	0	24
				SD Plan 0305	3	0	3
				SD Plan 0306	2	0	2

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	TEAMSTERS	No	Yes	SD Plan 0301	1	0	1
				SD Plan 0310	2	0	2
				SD Plan 0302	3	0	3
				SD Plan 0309	1	0	1
Chimacum School District Total					**111**	**0**	**111**
Clarkston School District	CEA	No	Yes	SD Plan 2060	2	0	2
				SD Plan 2064	4	0	4
				SD Plan 2067	1	0	1
		Yes	No	SD Plan 2052	21	0	21
				SD Plan 2060	76	0	76
				SD Plan 2064	29	0	29
				SD Plan 2067	14	0	14
				SD Plan 2069	1	0	1
	CLASSIFIED	No	Yes	SD Plan 2062	2	0	2
	IUOE	No	Yes	SD Plan 2056	13	0	13
				SD Plan 2065	6	0	6
				SD Plan 2068	4	0	4
				SD Plan 2053	6	0	6
				SD Plan 2062	11	0	11
	NON REP	No	Yes	SD Plan 2052	8	0	8
				SD Plan 2060	19	0	19
				SD Plan 2064	5	0	5
				SD Plan 2067	3	0	3
		Yes	No	SD Plan 2052	7	0	7
				SD Plan 2060	3	0	3
				SD Plan 2064	1	0	1
				SD Plan 2067	1	0	1
				SD Plan 2069	1	0	1
	CCA	No	Yes	SD Plan 2052	23	0	23
				SD Plan 2060	15	0	15
				SD Plan 2064	19	0	19
				SD Plan 2066	3	0	3

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2067	9	0	9
Clarkston School District Total					**307**	**0**	**307**
Cle Elum-Roslyn School District	PRINCIPALS	Yes	No	SD Plan 2134	4	0	4
	SUPERINTENDENT	Yes	No	SD Plan 2133	1	0	1
	Central Office Business Manager	No	Yes	SD Plan 2134	2	0	2
	Cle Elum Roslyn Education Assocation	Yes	No	SD Plan 2133	48	0	48
				SD Plan 2132	6	0	6
	Cle Elum Roslyn Public School Employees	No	Yes	SD Plan 2133	27	0	27
				SD Plan 2132	1	0	1
	Supervisory Staff	No	Yes	SD Plan 2133	6	0	6
Cle Elum-Roslyn School District Total					**95**	**0**	**95**
Clover Park School District	Classified Directors	No	Yes	SD Plan 0506	1	2	3
				SD Plan 0507	1	1	2
				SD Plan 0505	5	6	11
				SD Plan 0509	1	1	2
	CPEA	Yes	No	SD Plan 0506	79	98	177
				SD Plan 0507	184	95	279
				SD Plan 0508	23	47	70
				SD Plan 0511	2	8	10
				SD Plan 0512	131	98	229
				SD Plan 0510	4	12	16
				SD Plan 0505	272	178	450
				SD Plan 0509	11	21	32
	ESPCP	No	Yes	SD Plan 0506	27	23	50
				SD Plan 0507	147	48	195
				SD Plan 0508	17	18	35
				SD Plan 0511	1	0	1
				SD Plan 0512	73	43	116
				SD Plan 0510	6	2	8
				SD Plan 0505	98	48	146
				SD Plan 0509	9	7	16
	IUOE	No	Yes	SD Plan 0506	8	12	20

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				SD Plan 0507	33	14	47
				SD Plan 0508	8	18	26
				SD Plan 0512	18	12	30
				SD Plan 0510	1	3	4
				SD Plan 0505	19	10	29
				SD Plan 0509	2	4	6
	Nonbarg Cert	No	Yes	SD Plan 0505	1	0	1
		Yes	No	SD Plan 0506	1	1	2
				SD Plan 0507	2	1	3
				SD Plan 0512	3	3	6
				SD Plan 0505	9	9	18
				SD Plan 0509	1	1	2
	Nonbarg Classified	No	Yes	SD Plan 0506	3	4	7
				SD Plan 0507	12	12	24
				SD Plan 0512	5	5	10
				SD Plan 0505	14	10	24
				SD Plan 0509	2	3	5
	PRINCIPALS	Yes	No	SD Plan 0506	5	11	16
				SD Plan 0507	10	9	19
				SD Plan 0508	3	10	13
				SD Plan 0512	4	6	10
				SD Plan 0505	12	11	23
				SD Plan 0509	1	5	6
Clover Park School District Total					**1,269**	**930**	**2,199**
Colfax School District	BUILDING ADMIN	Yes	No	SD Plan 0424	1	5	6
				SD Plan 0425	1	0	1
	Certificated	Yes	No	SD Plan 0423	3	10	13
				SD Plan 0424	3	7	10
				SD Plan 0427	11	11	22
				SD Plan 0425	16	10	26
				SD Plan 0422	5	6	11
	CLASSIFIED	No	Yes	SD Plan 0433	1	3	4

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0429	2	5	7
				SD Plan 0432	3	3	6
				SD Plan 0431	14	5	19
	DISTRICT ADMIN-C	No	Yes	SD Plan 0427	2	0	2
				SD Plan 0428	1	4	5
	DISTRICT ADMIN-T	Yes	No	SD Plan 0428	1	2	3
Colfax School District Total					**64**	**71**	**135**
College Place School District	CERTIFICATED STAFF	Yes	No	SD Plan 0370	3	6	9
				SD Plan 0371	1	2	3
				SD Plan 0373	29	74	103
				SD Plan 0372	9	27	36
				SD Plan 0374	8	22	30
				SD Plan 0375	3	8	11
				SD Plan 0376	2	5	7
	Classified Staff	No	Yes	SD Plan 0370	3	6	9
				SD Plan 0373	20	43	63
				SD Plan 0372	9	20	29
				SD Plan 0374	6	12	18
				SD Plan 0375	5	13	18
				SD Plan 0376	1	2	3
College Place School District Total					**99**	**240**	**339**
Colton School District	ADMINISTRATION	Yes	No	SD Plan 0366	1	0	1
	Certificated	Yes	No	SD Plan 0369	1	0	1
				SD Plan 0366	12	0	12
				SD Plan 0367	2	0	2
	CLASSIFIED	No	Yes	SD Plan 0366	8	0	8
				SD Plan 0368	1	0	1
Colton School District Total					**25**	**0**	**25**
Columbia (Stevens) School District	Certificated	Yes	No	SD Plan 0513	4	7	11
				SD Plan 0516	5	1	6
				SD Plan 0517	2	3	5
				SD Plan 0519	1	0	1

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				SD Plan 0518	2	3	5
				SD Plan 0514	2	0	2
	CLASSIFIED	No	Yes	SD Plan 0516	7	0	7
				SD Plan 0517	5	6	11
				SD Plan 0519	1	2	3
				SD Plan 0518	1	0	1
Columbia (Stevens) School District Total					**30**	**22**	**52**
Columbia (Walla Walla) School District	Certificated	No	Yes	SD Plan 0339	1	0	1
		Yes	No	SD Plan 0330	1	0	1
				SD Plan 0331	1	0	1
				SD Plan 0338	21	0	21
				SD Plan 0339	2	0	2
				SD Plan 0340	8	0	8
				SD Plan 0341	8	0	8
				SD Plan 0344	1	0	1
				SD Plan 0345	2	0	2
				SD Plan 0356	3	0	3
				SD Plan 0333	2	0	2
				SD Plan 0358	5	0	5
	CLASSIFIED	No	Yes	SD Plan 0330	1	0	1
				SD Plan 0331	1	0	1
				SD Plan 0338	17	0	17
				SD Plan 0339	3	0	3
				SD Plan 0341	6	0	6
				SD Plan 0342	1	0	1
				SD Plan 0344	1	0	1
				SD Plan 0354	2	0	2
				SD Plan 0357	2	0	2
				SD Plan 0356	2	0	2
				SD Plan 0333	1	0	1
				SD Plan 0355	3	0	3
				SD Plan 0361	1	0	1

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Columbia (Walla Walla) School District Total					**96**	**0**	**96**
Colville School District	Certificated	Yes	No	SD Plan 1225	4	6	10
				SD Plan 1226	1	1	2
				SD Plan 1227	11	8	19
				SD Plan 1229	2	4	6
				SD Plan 1222	56	48	104
				SD Plan 1224	8	17	25
				SD Plan 1223	29	59	88
				SD Plan 1215	8	0	8
	CLASSIFIED	No	Yes	SD Plan 1225	3	3	6
				SD Plan 1226	3	7	10
				SD Plan 1227	17	0	17
				SD Plan 1222	18	2	20
				SD Plan 1224	10	8	18
				SD Plan 1223	15	11	26
				SD Plan 1220	2	0	2
				SD Plan 1215	3	0	3
Colville School District Total					**190**	**174**	**364**
Concrete School District	Certified	Yes	No	SD Plan 0322	2	1	3
				SD Plan 0323	3	2	5
				SD Plan 0324	1	3	4
				SD Plan 0325	4	8	12
				SD Plan 0327	12	3	15
				SD Plan 0328	3	2	5
				SD Plan 0329	6	6	12
	CERTIFIED ADMIN	Yes	No	SD Plan 0322	1	0	1
				SD Plan 0325	1	0	1
				SD Plan 0329	1	3	4
	CLASSIFIED	No	Yes	SD Plan 0322	1	0	1
				SD Plan 0323	3	0	3
				SD Plan 0324	2	0	2
				SD Plan 0325	7	6	13

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0326	1	1	2
				SD Plan 0327	9	3	12
				SD Plan 0328	4	0	4
				SD Plan 0329	1	3	4
	CLASSIFIED ADMIN	No	Yes	SD Plan 0327	3	0	3
Concrete School District Total					**65**	**41**	**106**
Conway School District	Certificated	Yes	No	SD Plan 1186	21	0	21
	CLASSIFIED	No	Yes	SD Plan 1186	24	0	24
Conway School District Total					**45**	**0**	**45**
Cosmopolis School District	Certificated	Yes	No	SD Plan 0319	5	0	5
				SD Plan 0320	1	0	1
				SD Plan 0321	3	0	3
	CLASSIFIED	No	Yes	SD Plan 0319	6	0	6
				SD Plan 0321	2	0	2
Cosmopolis School District Total					**17**	**0**	**17**
Coulee-Hartline School District	Certificated	Yes	No	SD Plan 0420	15	21	36
	CLASSIFIED	No	Yes	SD Plan 0420	17	26	43
				SD Plan 0421	1	0	1
Coulee-Hartline School District Total					**33**	**47**	**80**
Coupeville School District	ADMINISTRATOR	Yes	No	SD Plan 0522	1	0	1
				SD Plan 0525	1	0	1
				SD Plan 0532	1	0	1
				SD Plan 0524	1	0	1
	CEA-TEACHERS	No	Yes	SD Plan 0522	1	0	1
				SD Plan 0524	1	0	1
		Yes	No	SD Plan 0522	13	0	13
				SD Plan 0523	5	0	5
				SD Plan 0525	7	0	7
				SD Plan 0526	3	0	3
				SD Plan 0534	2	0	2
				SD Plan 0532	4	0	4
				SD Plan 0529	2	0	2

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0530	1	0	1
				SD Plan 0531	10	0	10
				SD Plan 0524	6	0	6
	CESA-CLASSIFIED	No	Yes	SD Plan 0522	7	0	7
				SD Plan 0523	1	0	1
				SD Plan 0525	3	0	3
				SD Plan 0526	2	0	2
				SD Plan 0532	3	0	3
				SD Plan 0529	1	0	1
				SD Plan 0530	1	0	1
				SD Plan 0531	2	0	2
				SD Plan 0524	1	0	1
	NONREPS	No	Yes	SD Plan 0522	2	0	2
				SD Plan 0523	1	0	1
				SD Plan 0531	1	0	1
	TEAMSTERS-BUS DRIVERS	No	Yes	SD Plan 0522	1	0	1
				SD Plan 0532	1	0	1
				SD Plan 0531	1	0	1
Coupeville School District Total					**87**	**0**	**87**
Crescent School District	Certificated	Yes	No	SD Plan 0599	1	0	1
				SD Plan 0600	4	0	4
				SD Plan 0601	1	0	1
				SD Plan 0602	11	0	11
				SD Plan 0605	3	0	3
				SD Plan 0604	2	0	2
				SD Plan 0603	1	0	1
	INSURANCE POOL	No	Yes	SD Plan 0600	9	0	9
				SD Plan 0601	1	0	1
				SD Plan 0602	4	0	4
				SD Plan 0605	2	0	2
Crescent School District Total					**39**	**0**	**39**
Creston School District	Certificated	Yes	No	SD Plan 0536	10	11	21

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0535	3	1	4
	CLASSIFIED	No	Yes	SD Plan 0536	12	6	18
				SD Plan 0535	2	0	2
Creston School District Total					**27**	**18**	**45**
Curlew School District	Certificated	Yes	No	SD Plan 1244	3	0	3
				SD Plan 1248	3	0	3
				SD Plan 1246	4	0	4
				SD Plan 1245	1	0	1
				SD Plan 1247	3	0	3
				SD Plan 1249	1	0	1
	CLASSIFIED	No	Yes	SD Plan 1244	5	0	5
				SD Plan 1248	2	0	2
				SD Plan 1246	1	0	1
				SD Plan 1245	3	0	3
				SD Plan 1247	3	0	3
Curlew School District Total					**29**	**0**	**29**
Cusick School District	CERTIFICATED STAFF	Yes	No	SD Plan 0950	21	32	53
				SD Plan 0951	1	5	6
				SD Plan 0945	2	2	4
	CLASSIFIED NON-REPRESENTED	No	Yes	SD Plan 0937	2	0	2
	Classified Staff	No	Yes	SD Plan 0937	4	1	5
				SD Plan 0938	1	4	5
				SD Plan 0939	3	1	4
				SD Plan 0940	4	11	15
				SD Plan 0941	2	2	4
	TEAMSTERS BUS DRIVERS	No	Yes	SD Plan 0937	2	0	2
				SD Plan 0942	1	2	3
				SD Plan 0940	2	0	2
Cusick School District Total					**45**	**60**	**105**
Darrington School District	Certificated	Yes	No	SD Plan 0499	3	0	3
				SD Plan 0500	8	0	8
				SD Plan 0501	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0502	1	0	1
				SD Plan 0503	2	0	2
				SD Plan 0498	13	0	13
	CLASSIFIED	No	Yes	SD Plan 0499	4	0	4
				SD Plan 0500	5	0	5
				SD Plan 0503	1	0	1
				SD Plan 0498	12	0	12
Darrington School District Total					**50**	**0**	**50**
Davenport School District	Certificated Pool	Yes	No	SD Plan 2039	13	29	42
				SD Plan 2040	9	12	21
				SD Plan 2041	7	8	15
				SD Plan 2042	3	10	13
	Classified Pool	No	Yes	SD Plan 2039	10	19	29
				SD Plan 2040	1	2	3
				SD Plan 2041	7	4	11
				SD Plan 2042	6	6	12
	ADMIN POOL	No	Yes	SD Plan 2039	1	0	1
				SD Plan 2040	2	6	8
				SD Plan 2042	1	3	4
		Yes	No	SD Plan 2039	1	0	1
				SD Plan 2041	2	3	5
Davenport School District Total					**63**	**102**	**165**
Dayton School District	CUSTODIAN POOLING	No	Yes	SD Plan 0434	1	0	1
				SD Plan 0440	1	0	1
				SD Plan 0459	1	0	1
	NON-REPRESENTED POOL	No	Yes	SD Plan 0434	3	0	3
				SD Plan 0437	1	2	3
				SD Plan 0453	3	0	3
				SD Plan 0454	1	0	1
				SD Plan 0455	3	3	6
				SD Plan 0471	1	2	3
				SD Plan 0468	3	0	3

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0447	1	2	3
				SD Plan 0436	1	2	3
				SD Plan 0438	2	0	2
				SD Plan 0458	1	0	1
				SD Plan 0457	1	0	1
				SD Plan 0444	1	0	1
		Yes	No	SD Plan 0434	1	0	1
				SD Plan 0436	1	1	2
	SUPERINTENDENT	Yes	No	SD Plan 0437	1	4	5
	TEACHERS POOL	Yes	No	SD Plan 0434	8	0	8
				SD Plan 0437	2	6	8
				SD Plan 0440	1	0	1
				SD Plan 0446	2	5	7
				SD Plan 0451	2	2	4
				SD Plan 0472	1	0	1
				SD Plan 0474	1	2	3
				SD Plan 0450	3	6	9
				SD Plan 0452	2	3	5
				SD Plan 0436	1	2	3
				SD Plan 0438	2	0	2
				SD Plan 0442	4	2	6
				SD Plan 0443	1	2	3
Dayton School District Total					**58**	**46**	**104**
Deer Park School District	Certificated	Yes	No	SD Plan 0485	12	9	21
				SD Plan 0487	24	22	46
				SD Plan 0489	40	42	82
				SD Plan 0493	1	1	2
				SD Plan 0483	13	4	17
				SD Plan 0491	17	51	68
				SD Plan 0492	15	24	39
	DISTRICT OFFICE ADMIN	No	Yes	SD Plan 0489	1	2	3
		Yes	No	SD Plan 0487	1	2	3

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0492	1	4	5
	NON-REP CLASSIFIED	No	Yes	SD Plan 0485	2	0	2
				SD Plan 0488	1	3	4
				SD Plan 0489	8	3	11
				SD Plan 0483	1	0	1
				SD Plan 0491	6	13	19
				SD Plan 0492	11	12	23
	PRINCIPALS/DIRECTORS	Yes	No	SD Plan 0485	2	2	4
				SD Plan 0489	2	3	5
				SD Plan 0483	1	0	1
				SD Plan 0491	1	6	7
				SD Plan 0492	1	2	3
	PSE 1	No	Yes	SD Plan 0487	2	0	2
				SD Plan 0488	3	0	3
				SD Plan 0489	2	0	2
				SD Plan 0483	6	0	6
				SD Plan 0490	1	1	2
				SD Plan 0491	21	14	35
				SD Plan 0492	7	7	14
	PSE 2 PARAS	No	Yes	SD Plan 0485	3	0	3
				SD Plan 0487	1	0	1
				SD Plan 0488	2	0	2
				SD Plan 0489	13	7	20
				SD Plan 0483	3	0	3
				SD Plan 0491	6	8	14
				SD Plan 0492	3	4	7
Deer Park School District Total					**234**	**246**	**480**
Dieringer School District	CLASS ADMIN	No	Yes	SD Plan 1843	1	0	1
				SD Plan 1845	2	0	2
				SD Plan 1841	5	0	5
				SD Plan 1850	1	0	1
		Yes	No	SD Plan 1845	3	0	3

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1847	1	0	1
	Classified Union DCPEA	No	Yes	SD Plan 1839	1	0	1
				SD Plan 1843	4	0	4
				SD Plan 1845	8	0	8
				SD Plan 1847	5	0	5
				SD Plan 1841	9	0	9
				SD Plan 1849	2	0	2
				SD Plan 1851	3	0	3
	IOE-FULL TIME	No	Yes	SD Plan 1853	1	0	1
				SD Plan 1843	5	0	5
				SD Plan 1844	1	0	1
				SD Plan 1846	2	0	2
				SD Plan 1845	1	0	1
				SD Plan 1847	1	0	1
				SD Plan 1842	1	0	1
				SD Plan 1841	3	0	3
				SD Plan 1851	3	0	3
	TEACHERS	No	Yes	SD Plan 1842	1	0	1
				SD Plan 1841	1	0	1
		Yes	No	SD Plan 1839	1	0	1
				SD Plan 1853	1	0	1
				SD Plan 1843	14	0	14
				SD Plan 1845	10	0	10
				SD Plan 1847	4	0	4
				SD Plan 1842	7	0	7
				SD Plan 1841	32	0	32
				SD Plan 1849	1	0	1
				SD Plan 1851	3	0	3
				SD Plan 1852	1	0	1
Dieringer School District Total					**139**	**0**	**139**
Dixie School District	Certificated	Yes	No	SD Plan 1178	2	0	2
	CLASSIFIED	No	Yes	SD Plan 1177	3	0	3

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				SD Plan 1178	3	0	3
Dixie School District Total					**8**	**0**	**8**
East Valley School District (Spokane)	Central Office Support Staff	No	Yes	SD Plan 1205	3	0	3
				SD Plan 1208	1	2	3
				SD Plan 1200	1	0	1
				SD Plan 1202	2	2	4
				SD Plan 1204	2	0	2
				SD Plan 1194	1	2	3
				SD Plan 1195	1	0	1
	District Administrators	Yes	No	SD Plan 1200	2	0	2
				SD Plan 1198	1	0	1
				SD Plan 1194	2	2	4
	District Administrators-Classified	No	Yes	SD Plan 1209	1	2	3
				SD Plan 1200	3	0	3
				SD Plan 1202	1	3	4
				SD Plan 1196	1	0	1
				SD Plan 1194	2	0	2
	EVAA	Yes	No	SD Plan 1209	1	2	3
				SD Plan 1200	3	2	5
				SD Plan 1202	6	2	8
				SD Plan 1198	2	6	8
				SD Plan 1194	4	1	5
	EVEA	No	Yes	SD Plan 1200	1	0	1
				SD Plan 1202	5	5	10
				SD Plan 1198	1	1	2
				SD Plan 1194	2	0	2
		Yes	No	SD Plan 1209	2	2	4
				SD Plan 1200	46	38	84
				SD Plan 1202	78	69	147
				SD Plan 1196	28	38	66
				SD Plan 1198	31	55	86
				SD Plan 1194	67	36	103

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	PSE	No	Yes	SD Plan 1200	20	1	21
				SD Plan 1201	1	0	1
				SD Plan 1202	58	17	75
				SD Plan 1196	32	4	36
				SD Plan 1198	33	39	72
				SD Plan 1194	41	13	54
East Valley School District (Spokane) Total					**486**	**344**	**830**
East Valley School District (Yakima)	ADMINISTRATOR GROUP	No	Yes	SD Plan 1251	1	1	2
				SD Plan 1258	1	3	4
		Yes	No	SD Plan 1251	3	6	9
				SD Plan 1256	1	1	2
				SD Plan 1258	6	10	16
	CERTIFICATED GROUP	Yes	No	SD Plan 1251	30	26	56
				SD Plan 1252	3	6	9
				SD Plan 1253	5	9	14
				SD Plan 1256	59	46	105
				SD Plan 1258	24	11	35
				SD Plan 1257	35	50	85
				SD Plan 1259	1	2	3
				SD Plan 1254	2	3	5
	CLASSIFIED GROUP	No	Yes	SD Plan 1251	32	18	50
				SD Plan 1252	9	13	22
				SD Plan 1253	4	3	7
				SD Plan 1256	22	28	50
				SD Plan 1258	19	8	27
				SD Plan 1257	15	18	33
				SD Plan 1259	1	0	1
				SD Plan 1254	4	3	7
	DISTRICT OFFICE/SUPERVISORS	No	Yes	SD Plan 1251	5	4	9
				SD Plan 1256	1	0	1
				SD Plan 1258	1	2	3
				SD Plan 1254	1	2	3

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
East Valley School District (Yakima) Total					**285**	**273**	**558**
Eastmont School District	ADMINIST	No	Yes	SD Plan 1574	5	0	5
		Yes	No	SD Plan 1567	1	0	1
				SD Plan 1574	18	0	18
	BEA	Yes	No	SD Plan 1574	323	0	323
	DO	No	Yes	SD Plan 1570	5	0	5
				SD Plan 1567	7	0	7
				SD Plan 1568	4	0	4
				SD Plan 1569	2	0	2
				SD Plan 1571	5	0	5
	PARA	No	Yes	SD Plan 1570	15	0	15
				SD Plan 1567	40	0	40
				SD Plan 1568	24	0	24
				SD Plan 1569	21	0	21
				SD Plan 1571	13	0	13
				SD Plan 1572	4	0	4
	PSE	No	Yes	SD Plan 1570	4	0	4
				SD Plan 1567	17	0	17
				SD Plan 1568	10	0	10
				SD Plan 1569	11	0	11
				SD Plan 1573	2	0	2
				SD Plan 1571	1	0	1
				SD Plan 1572	6	0	6
	SEC	No	Yes	SD Plan 1570	2	0	2
				SD Plan 1567	5	0	5
				SD Plan 1568	6	0	6
				SD Plan 1569	12	0	12
				SD Plan 1572	1	0	1
Eastmont School District Total					**564**	**0**	**564**
Easton School District	Certificated	Yes	No	SD Plan 1276	1	0	1
				SD Plan 1273	2	0	2
				SD Plan 1277	2	0	2

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1280	2	0	2
				SD Plan 1278	1	0	1
				SD Plan 1279	2	0	2
	CLASSIFIED	No	Yes	SD Plan 1275	1	0	1
				SD Plan 1269	1	0	1
				SD Plan 1273	1	0	1
				SD Plan 1280	2	0	2
				SD Plan 1278	3	0	3
				SD Plan 1279	1	0	1
Easton School District Total					**19**	**0**	**19**
Eatonville School District	Classified Staff	No	Yes	SD Plan 1484	4	2	6
				SD Plan 1486	16	1	17
				SD Plan 1488	4	0	4
				SD Plan 1485	16	1	17
				SD Plan 1487	9	8	17
				SD Plan 1489	41	20	61
	TEACHERS	Yes	No	SD Plan 1484	9	11	20
				SD Plan 1486	30	13	43
				SD Plan 1488	12	5	17
				SD Plan 1485	7	4	11
				SD Plan 1487	8	10	18
				SD Plan 1489	28	14	42
	CERTIFICATED ADMINISTOR	Yes	No	SD Plan 1484	1	0	1
				SD Plan 1486	3	2	5
				SD Plan 1488	2	0	2
				SD Plan 1487	1	0	1
				SD Plan 1489	1	1	2
	CLASSIFIED ADMINISTRATOR	No	Yes	SD Plan 1486	1	0	1
				SD Plan 1488	1	0	1
				SD Plan 1487	1	3	4
Eatonville School District Total					**195**	**95**	**290**
Edmonds School District	BUS DRIVERS	No	Yes	SD Plan 2454	7	0	7

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2455	10	0	10
				SD Plan 2452	22	0	22
				SD Plan 2453	8	0	8
				SD Plan 2456	12	0	12
				SD Plan 2458	6	0	6
				SD Plan 2459	16	0	16
				SD Plan 2460	2	0	2
				SD Plan 2461	6	0	6
				SD Plan 2462	6	0	6
				SD Plan 2465	2	0	2
	Certificated	Yes	No	SD Plan 2463	1	0	1
	CUSTODIANS	No	Yes	SD Plan 2454	3	0	3
				SD Plan 2455	8	0	8
				SD Plan 2452	35	0	35
				SD Plan 2453	6	0	6
				SD Plan 2456	5	0	5
				SD Plan 2458	8	0	8
				SD Plan 2459	13	0	13
				SD Plan 2460	2	0	2
				SD Plan 2461	1	0	1
				SD Plan 2462	2	0	2
				SD Plan 2465	1	0	1
				SD Plan 2463	11	0	11
	Paraeducators	No	Yes	SD Plan 2454	34	0	34
				SD Plan 2455	19	0	19
				SD Plan 2452	55	0	55
				SD Plan 2453	37	0	37
				SD Plan 2456	22	0	22
				SD Plan 2458	44	0	44
				SD Plan 2459	19	0	19
				SD Plan 2460	16	0	16
				SD Plan 2461	21	0	21

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2462	5	0	5
				SD Plan 2465	11	0	11
				SD Plan 2463	15	0	15
	PRINCIPALS	Yes	No	SD Plan 2454	4	0	4
				SD Plan 2455	14	0	14
				SD Plan 2452	8	0	8
				SD Plan 2456	7	0	7
				SD Plan 2458	5	0	5
				SD Plan 2459	2	0	2
				SD Plan 2461	1	0	1
				SD Plan 2462	1	0	1
				SD Plan 2465	1	0	1
				SD Plan 2463	1	0	1
	SUPERINTENDENT	Yes	No	SD Plan 2456	1	0	1
	TEACHERS	Yes	No	SD Plan 2454	130	0	130
				SD Plan 2455	194	0	194
				SD Plan 2452	183	0	183
				SD Plan 2456	191	0	191
				SD Plan 2458	76	0	76
				SD Plan 2459	81	0	81
				SD Plan 2461	41	0	41
				SD Plan 2462	64	0	64
				SD Plan 2465	32	0	32
				SD Plan 2463	83	0	83
				SD Plan 2464	1	0	1
				SD Plan 2457	4	0	4
	Administrative Assistants	No	Yes	SD Plan 2454	2	0	2
				SD Plan 2455	1	0	1
	Managers	No	Yes	SD Plan 2454	3	0	3
				SD Plan 2452	5	0	5
				SD Plan 2453	1	0	1
				SD Plan 2456	5	0	5

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2459	1	0	1
		Yes	No	SD Plan 2455	1	0	1
				SD Plan 2452	3	0	3
				SD Plan 2453	3	0	3
				SD Plan 2456	1	0	1
				SD Plan 2458	1	0	1
				SD Plan 2459	1	0	1
	Food Service - Hourly	No	Yes	SD Plan 2454	4	0	4
				SD Plan 2452	8	0	8
				SD Plan 2453	1	0	1
				SD Plan 2458	13	0	13
				SD Plan 2459	6	0	6
				SD Plan 2465	4	0	4
				SD Plan 2463	1	0	1
	Food Service - Salaried	No	Yes	SD Plan 2454	1	0	1
				SD Plan 2452	1	0	1
				SD Plan 2453	1	0	1
				SD Plan 2460	2	0	2
				SD Plan 2463	1	0	1
	Maintenance	No	Yes	SD Plan 2454	1	0	1
				SD Plan 2455	1	0	1
				SD Plan 2452	21	0	21
				SD Plan 2453	4	0	4
				SD Plan 2456	5	0	5
				SD Plan 2458	2	0	2
				SD Plan 2459	6	0	6
				SD Plan 2460	2	0	2
				SD Plan 2461	1	0	1
	Office Personnel	No	Yes	SD Plan 2454	23	0	23
				SD Plan 2455	7	0	7
				SD Plan 2452	17	0	17
				SD Plan 2453	20	0	20

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2456	8	0	8
				SD Plan 2458	12	0	12
				SD Plan 2459	8	0	8
				SD Plan 2460	4	0	4
				SD Plan 2461	3	0	3
				SD Plan 2462	4	0	4
				SD Plan 2465	4	0	4
				SD Plan 2463	6	0	6
				SD Plan 2464	1	0	1
	Professional-Technical	No	Yes	SD Plan 2454	8	0	8
				SD Plan 2455	5	0	5
				SD Plan 2452	20	0	20
				SD Plan 2453	14	0	14
				SD Plan 2456	16	0	16
				SD Plan 2458	11	0	11
				SD Plan 2459	2	0	2
				SD Plan 2460	4	0	4
				SD Plan 2461	3	0	3
				SD Plan 2462	1	0	1
				SD Plan 2465	3	0	3
				SD Plan 2463	3	0	3
	Superintendent Staff	No	Yes	SD Plan 2456	1	0	1
		Yes	No	SD Plan 2452	2	0	2
				SD Plan 2456	1	0	1
				SD Plan 2458	1	0	1
Edmonds School District Total					**1,942**	**0**	**1,942**
Ellensburg School District	ELLENSBURG ADMINISTRATORS ASSOCIATION	Yes	No	SD Plan 1289	2	0	2
				SD Plan 1292	1	0	1
				SD Plan 1294	1	0	1
				SD Plan 1296	6	0	6
	ELLENSBURG EDUCATION ASSOCIATION	No	Yes	SD Plan 1289	1	0	1
		Yes	No	SD Plan 1289	52	0	52

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1290	20	0	20
				SD Plan 1291	4	0	4
				SD Plan 1292	23	0	23
				SD Plan 1294	4	0	4
				SD Plan 1296	38	0	38
				SD Plan 1297	2	0	2
				SD Plan 1298	10	0	10
				SD Plan 1299	2	0	2
				SD Plan 1300	2	0	2
				SD Plan 1302	2	0	2
				SD Plan 1293	1	0	1
				SD Plan 1282	17	0	17
	PUBLIC SCHOOL EMPLOYEES	No	Yes	SD Plan 1289	20	0	20
				SD Plan 1290	11	0	11
				SD Plan 1291	1	0	1
				SD Plan 1292	16	0	16
				SD Plan 1294	14	0	14
				SD Plan 1295	7	0	7
				SD Plan 1296	16	0	16
				SD Plan 1297	4	0	4
				SD Plan 1298	10	0	10
				SD Plan 1299	7	0	7
				SD Plan 1300	3	0	3
				SD Plan 1302	2	0	2
				SD Plan 1304	1	0	1
				SD Plan 1293	1	0	1
				SD Plan 1281	1	0	1
				SD Plan 1282	7	0	7
				SD Plan 1284	1	0	1
		Yes	No	SD Plan 1284	1	0	1
	Non-Represented Certificated	Yes	No	SD Plan 1284	1	0	1
	Non-Represented Classified	No	Yes	SD Plan 1283	3	0	3

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1284	10	0	10
Ellensburg School District Total					**325**	**0**	**325**
Elma School District	Certificated	Yes	No	SD Plan 1318	9	0	9
	CLASSIFIED	No	Yes	SD Plan 1306	28	0	28
				SD Plan 1307	9	0	9
				SD Plan 1308	6	0	6
				SD Plan 1309	5	0	5
				SD Plan 1310	1	0	1
				SD Plan 1313	3	0	3
				SD Plan 1314	1	0	1
				SD Plan 1318	6	0	6
				SD Plan 1319	1	0	1
				SD Plan 1312	10	0	10
				SD Plan 1317	1	0	1
				SD Plan 1305	4	0	4
				SD Plan 1311	4	0	4
	SECRETARIES	No	Yes	SD Plan 1306	3	0	3
				SD Plan 1307	1	0	1
				SD Plan 1312	2	0	2
				SD Plan 1305	2	0	2
				SD Plan 1311	1	0	1
	TEACHERS	Yes	No	SD Plan 1306	61	0	61
				SD Plan 1307	6	0	6
				SD Plan 1308	3	0	3
				SD Plan 1309	5	0	5
				SD Plan 1313	1	0	1
				SD Plan 1314	1	0	1
				SD Plan 1312	6	0	6
				SD Plan 1317	1	0	1
				SD Plan 1316	1	0	1
				SD Plan 1311	2	0	2
Elma School District Total					**184**	**0**	**184**

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
Endicott School District	Certificated	Yes	No	SD Plan 1321	12	22	34
	CLASSIFIED	No	Yes	SD Plan 1320	1	0	1
				SD Plan 1322	3	0	3
				SD Plan 1323	5	5	10
Endicott School District Total					**21**	**27**	**48**
Entiat School District	Certificated	Yes	No	SD Plan 1464	19	31	50
	CERTIFICATED ADMIN	Yes	No	SD Plan 1468	1	1	2
	CLASSIFIED	No	Yes	SD Plan 1471	6	4	10
				SD Plan 1472	1	1	2
				SD Plan 1473	5	12	17
				SD Plan 1474	1	2	3
				SD Plan 1468	8	6	14
				SD Plan 1469	1	2	3
				SD Plan 1464	1	1	2
Entiat School District Total					**43**	**60**	**103**
Enumclaw School District	CERT	No	Yes	SD Plan 2078	2	0	2
				SD Plan 2075	4	0	4
				SD Plan 2076	1	0	1
		Yes	No	SD Plan 2081	1	0	1
				SD Plan 2078	25	0	25
				SD Plan 2079	8	0	8
				SD Plan 2080	2	0	2
				SD Plan 2070	4	0	4
				SD Plan 2075	75	0	75
				SD Plan 2076	41	0	41
				SD Plan 2077	36	0	36
	CLASS	No	Yes	SD Plan 2070	1	0	1
				SD Plan 2071	135	0	135
				SD Plan 2072	10	0	10
				SD Plan 2073	29	0	29
	PRIN	Yes	No	SD Plan 2078	1	0	1
				SD Plan 2075	5	0	5

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2076	1	0	1
				SD Plan 2077	4	0	4
	ADM/UNRE	No	Yes	SD Plan 2071	10	0	10
				SD Plan 2072	1	0	1
		Yes	No	SD Plan 2071	3	0	3
				SD Plan 2072	1	0	1
Enumclaw School District Total					**400**	**0**	**400**
Ephrata School District	Certificated	Yes	No	SD Plan 1455	9	0	9
	CLASSIFIED	No	Yes	SD Plan 1455	7	0	7
	EPHRATA EDUCATION	No	Yes	SD Plan 1459	3	6	9
				SD Plan 1460	3	6	9
		Yes	No	SD Plan 1456	11	24	35
				SD Plan 1457	14	15	29
				SD Plan 1458	7	15	22
				SD Plan 1459	56	58	114
				SD Plan 1460	22	18	40
				SD Plan 1461	12	15	27
				SD Plan 1463	1	0	1
	PUBLIC SCHOOLS EMPLOY	No	Yes	SD Plan 1456	12	2	14
				SD Plan 1457	7	4	11
				SD Plan 1458	4	5	9
				SD Plan 1459	35	10	45
				SD Plan 1460	16	13	29
				SD Plan 1461	14	6	20
		Yes	No	SD Plan 1461	1	2	3
	SUPERINTENDENT	Yes	No	SD Plan 1455	1	0	1
Ephrata School District Total					**235**	**199**	**434**
Evaline School District	Certificated	Yes	No	SD Plan 0544	1	0	1
				SD Plan 0543	1	0	1
	CLASSIFIED	No	Yes	SD Plan 0546	2	0	2
				SD Plan 0543	1	0	1
				SD Plan 0548	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
Evaline School District Total					**6**	**0**	**6**
Everett School District	Cert Employee/Coach	Yes	No	SD Plan 0881	1	0	1
				SD Plan 0888	2	1	3
				SD Plan 0889	3	6	9
	Cert Full Time	No	Yes	SD Plan 0890	1	4	5
		Yes	No	SD Plan 0891	63	53	116
				SD Plan 0892	19	19	38
				SD Plan 0893	6	8	14
				SD Plan 0881	265	315	580
				SD Plan 0887	5	4	9
				SD Plan 0888	190	207	397
				SD Plan 0889	285	332	617
				SD Plan 0890	146	144	290
	Cert Long Term Leave	Yes	No	SD Plan 0890	1	0	1
	Cert Part Time	Yes	No	SD Plan 0891	3	3	6
				SD Plan 0892	3	3	6
				SD Plan 0881	8	14	22
				SD Plan 0888	5	9	14
				SD Plan 0889	14	25	39
				SD Plan 0890	7	8	15
	Class Employee/Sub	No	Yes	SD Plan 0892	1	3	4
				SD Plan 0881	2	0	2
				SD Plan 0888	1	1	2
	Class Full Time	No	Yes	SD Plan 0891	10	14	24
				SD Plan 0892	1	0	1
				SD Plan 0893	4	1	5
				SD Plan 0881	82	66	148
				SD Plan 0888	27	28	55
				SD Plan 0889	46	43	89
				SD Plan 0890	19	19	38
	Class Part Time	No	Yes	SD Plan 0891	2	0	2
				SD Plan 0881	10	11	21

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0888	2	1	3
				SD Plan 0889	2	0	2
				SD Plan 0890	2	0	2
	Class Reg/Coach	No	Yes	SD Plan 0891	1	3	4
				SD Plan 0881	4	1	5
				SD Plan 0888	1	2	3
				SD Plan 0890	3	1	4
	Class Retire/Rehire	No	Yes	SD Plan 0881	1	0	1
	Class School Term	No	Yes	SD Plan 0891	24	15	39
				SD Plan 0892	1	2	3
				SD Plan 0893	2	3	5
				SD Plan 0881	118	87	205
				SD Plan 0888	55	41	96
				SD Plan 0889	119	122	241
				SD Plan 0890	27	11	38
	Coach Cert	Yes	No	SD Plan 0891	1	1	2
				SD Plan 0881	1	0	1
				SD Plan 0889	1	4	5
Everett School District Total					**1,597**	**1,635**	**3,232**
Evergreen School District (Clark)	Certificated	Yes	No	SD Plan 2322	2	0	2
				SD Plan 2325	2	0	2
				SD Plan 2326	8	0	8
				SD Plan 2330	25	0	25
				SD Plan 2335	14	0	14
				SD Plan 2342	9	0	9
				SD Plan 2344	1	0	1
				SD Plan 2345	24	0	24
				SD Plan 2347	3	0	3
				SD Plan 2357	1	0	1
				SD Plan 2359	2	0	2
				SD Plan 2363	1	0	1
				SD Plan 2371	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2373	3	0	3
				SD Plan 2376	11	0	11
				SD Plan 2380	1	0	1
	CLASSIFIED	No	Yes	SD Plan 2330	1	0	1
				SD Plan 2335	3	0	3
				SD Plan 2345	1	0	1
				SD Plan 2357	1	0	1
				SD Plan 2359	1	0	1
				SD Plan 2373	2	0	2
				SD Plan 2376	1	0	1
				SD Plan 2324	2	0	2
				SD Plan 2332	3	0	3
				SD Plan 2333	1	0	1
				SD Plan 2337	1	0	1
				SD Plan 2338	4	0	4
				SD Plan 2350	3	0	3
				SD Plan 2353	3	0	3
				SD Plan 2354	2	0	2
	PRINCIPALS	Yes	No	SD Plan 2322	6	0	6
				SD Plan 2326	20	0	20
				SD Plan 2342	13	0	13
				SD Plan 2347	1	0	1
				SD Plan 2357	15	0	15
				SD Plan 2359	4	0	4
				SD Plan 2348	1	0	1
				SD Plan 2339	1	0	1
	NON UNION EMPLOYEES	No	Yes	SD Plan 2320	8	0	8
				SD Plan 2363	5	0	5
				SD Plan 2380	2	0	2
				SD Plan 2361	12	0	12
		Yes	No	SD Plan 2320	1	0	1
				SD Plan 2363	4	0	4

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2380	1	0	1
				SD Plan 2361	16	0	16
				SD Plan 2348	1	0	1
				SD Plan 2360	1	0	1
				SD Plan 2365	1	0	1
	PSE 12 MONTH	No	Yes	SD Plan 2357	4	0	4
				SD Plan 2359	1	0	1
				SD Plan 2324	21	0	21
				SD Plan 2338	11	0	11
				SD Plan 2350	13	0	13
				SD Plan 2354	9	0	9
				SD Plan 2349	1	0	1
	PSE HRLY	No	Yes	SD Plan 2357	41	0	41
				SD Plan 2359	8	0	8
				SD Plan 2324	192	0	192
				SD Plan 2338	97	0	97
				SD Plan 2350	81	0	81
				SD Plan 2354	99	0	99
				SD Plan 2349	1	0	1
				SD Plan 2351	2	0	2
				SD Plan 2382	3	0	3
	PSE OFFICE/CLERICAL	No	Yes	SD Plan 2363	36	0	36
				SD Plan 2337	69	0	69
				SD Plan 2361	71	0	71
				SD Plan 2381	6	0	6
	WASH EDUC ASSOC	No	Yes	SD Plan 2322	4	0	4
				SD Plan 2325	2	0	2
				SD Plan 2326	19	0	19
				SD Plan 2342	21	0	21
				SD Plan 2357	5	0	5
				SD Plan 2359	3	0	3
				SD Plan 2340	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
		Yes	No	SD Plan 2321	1	0	1
				SD Plan 2322	104	0	104
				SD Plan 2325	7	0	7
				SD Plan 2326	431	0	431
				SD Plan 2342	459	0	459
				SD Plan 2347	45	0	45
				SD Plan 2357	234	0	234
				SD Plan 2359	74	0	74
				SD Plan 2348	19	0	19
				SD Plan 2339	3	0	3
				SD Plan 2382	3	0	3
				SD Plan 2340	2	0	2
				SD Plan 2341	1	0	1
				SD Plan 2343	1	0	1
				SD Plan 2356	2	0	2
				SD Plan 2358	1	0	1
Evergreen School District (Clark) Total					**2,458**	**0**	**2,458**
Evergreen School District (Stevens)	Certificated	Yes	No	SD Plan 0537	2	1	3
	CLASSIFIED	No	Yes	SD Plan 0537	3	1	4
Evergreen School District (Stevens) Total					**5**	**2**	**7**
Federal Way School District	Central Kitchen, Paraeducators, Transportation	No	Yes	SD Plan 1324	99	0	99
				SD Plan 1327	81	0	81
				SD Plan 1328	6	0	6
				SD Plan 1329	71	0	71
				SD Plan 1326	96	0	96
	ECEAP	No	Yes	SD Plan 1324	4	0	4
				SD Plan 1327	3	0	3
				SD Plan 1329	1	0	1
				SD Plan 1326	7	0	7
	Federal Way Education Association	Yes	No	SD Plan 1324	257	0	257
				SD Plan 1327	247	0	247
				SD Plan 1328	20	0	20

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1329	300	0	300
				SD Plan 1326	508	0	508
	Head Start	No	Yes	SD Plan 1324	3	0	3
				SD Plan 1327	2	0	2
				SD Plan 1329	3	0	3
				SD Plan 1326	6	0	6
	Office Professionals	No	Yes	SD Plan 1324	23	0	23
				SD Plan 1327	39	0	39
				SD Plan 1329	37	0	37
				SD Plan 1326	49	0	49
	Operating Engineers	No	Yes	SD Plan 1324	36	0	36
				SD Plan 1327	33	0	33
				SD Plan 1329	11	0	11
				SD Plan 1326	33	0	33
	PRINCIPALS	Yes	No	SD Plan 1324	5	0	5
				SD Plan 1327	12	0	12
				SD Plan 1328	1	0	1
				SD Plan 1329	12	0	12
				SD Plan 1326	23	0	23
	Professional/Technical	No	Yes	SD Plan 1324	20	0	20
				SD Plan 1327	22	0	22
				SD Plan 1328	1	0	1
				SD Plan 1329	13	0	13
				SD Plan 1326	26	0	26
	Unrepresented Certificated	Yes	No	SD Plan 1324	2	0	2
				SD Plan 1329	6	0	6
				SD Plan 1326	6	0	6
	Unrepresented Classified	No	Yes	SD Plan 1324	10	0	10
				SD Plan 1327	15	0	15
				SD Plan 1328	4	0	4
				SD Plan 1329	8	0	8
				SD Plan 1326	16	0	16

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
Federal Way School District Total					**2,177**	**0**	**2,177**
Ferndale School District	ADMIN	Yes	No	SD Plan 1332	1	0	1
				SD Plan 1333	7	11	18
				SD Plan 1346	2	2	4
				SD Plan 1354	3	4	7
				SD Plan 1352	1	0	1
	DO ADMIN	No	Yes	SD Plan 1354	1	1	2
		Yes	No	SD Plan 1350	1	3	4
				SD Plan 1346	1	0	1
	FAAA	No	Yes	SD Plan 1332	2	0	2
				SD Plan 1349	1	2	3
				SD Plan 1330	4	0	4
				SD Plan 1333	2	1	3
				SD Plan 1346	2	0	2
				SD Plan 1347	2	1	3
				SD Plan 1354	16	22	38
				SD Plan 1352	3	4	7
	FEA	No	Yes	SD Plan 1334	2	1	3
				SD Plan 1340	3	2	5
				SD Plan 1338	5	9	14
		Yes	No	SD Plan 1334	88	70	158
				SD Plan 1340	15	10	25
				SD Plan 1349	1	2	3
				SD Plan 1333	10	11	21
				SD Plan 1336	54	69	123
				SD Plan 1338	77	110	187
				SD Plan 1339	1	1	2
	PROFTECH	No	Yes	SD Plan 1332	1	0	1
				SD Plan 1333	4	3	7
				SD Plan 1350	1	0	1
				SD Plan 1354	11	7	18
	PSE	No	Yes	SD Plan 1332	7	1	8

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1330	6	4	10
				SD Plan 1333	11	2	13
				SD Plan 1350	5	0	5
				SD Plan 1346	1	0	1
				SD Plan 1347	6	9	15
				SD Plan 1354	65	45	110
				SD Plan 1352	10	3	13
	SEIU	No	Yes	SD Plan 1332	4	0	4
				SD Plan 1330	2	0	2
				SD Plan 1333	7	3	10
				SD Plan 1350	3	0	3
				SD Plan 1346	1	0	1
				SD Plan 1354	16	33	49
	SUPT	No	Yes	SD Plan 1330	1	2	3
	TEAMSTER	No	Yes	SD Plan 1349	2	2	4
				SD Plan 1333	2	2	4
				SD Plan 1350	2	0	2
				SD Plan 1347	2	4	6
				SD Plan 1354	26	19	45
				SD Plan 1351	1	0	1
				SD Plan 1353	1	0	1
Ferndale School District Total					**503**	**475**	**978**
Fife School District	Certificated	Yes	No	SD Plan 2864	38	0	38
				SD Plan 2866	47	0	47
				SD Plan 2870	13	0	13
				SD Plan 2872	50	0	50
				SD Plan 2874	15	0	15
				SD Plan 2868	17	0	17
				SD Plan 2871	1	0	1
				SD Plan 2873	1	0	1
	CLASSIFIED	No	Yes	SD Plan 2864	13	0	13
				SD Plan 2866	23	0	23

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2870	10	0	10
				SD Plan 2872	34	0	34
				SD Plan 2874	11	0	11
				SD Plan 2868	17	0	17
	CLASSIFIED-NON REP	No	Yes	SD Plan 2864	4	0	4
				SD Plan 2866	4	0	4
				SD Plan 2870	2	0	2
				SD Plan 2872	10	0	10
				SD Plan 2868	1	0	1
	ADMINISTRATOR - CERT	Yes	No	SD Plan 2864	6	0	6
				SD Plan 2866	6	0	6
				SD Plan 2870	1	0	1
				SD Plan 2872	2	0	2
				SD Plan 2874	2	0	2
Fife School District Total					**328**	**0**	**328**
Finley School District	Certificated	Yes	No	SD Plan 1369	24	0	24
				SD Plan 1370	15	0	15
				SD Plan 1371	9	0	9
				SD Plan 1373	4	0	4
				SD Plan 1368	10	0	10
				SD Plan 1372	2	0	2
	CLASSIFIED	No	Yes	SD Plan 1369	9	0	9
				SD Plan 1370	11	0	11
				SD Plan 1371	8	0	8
				SD Plan 1373	2	0	2
				SD Plan 1368	4	0	4
Finley School District Total					**98**	**0**	**98**
Franklin Pierce School District	05 FPEA	No	Yes	SD Plan 1374	2	0	2
				SD Plan 1377	2	0	2
				SD Plan 1378	4	0	4
				SD Plan 1381	7	0	7
				SD Plan 1376	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
		Yes	No	SD Plan 1380	2	0	2
				SD Plan 1374	72	0	72
				SD Plan 1377	54	0	54
				SD Plan 1378	29	0	29
				SD Plan 1379	7	0	7
				SD Plan 1381	141	0	141
				SD Plan 1376	130	0	130
	06 FPESP	No	Yes	SD Plan 1374	8	0	8
				SD Plan 1377	12	0	12
				SD Plan 1378	2	0	2
				SD Plan 1379	1	0	1
				SD Plan 1381	11	0	11
				SD Plan 1375	1	0	1
				SD Plan 1376	12	0	12
	08 TEAMS	No	Yes	SD Plan 1374	18	0	18
				SD Plan 1377	7	0	7
				SD Plan 1378	2	0	2
				SD Plan 1379	2	0	2
				SD Plan 1381	7	0	7
				SD Plan 1376	5	0	5
	09 OP. E	No	Yes	SD Plan 1374	9	0	9
				SD Plan 1377	5	0	5
				SD Plan 1381	9	0	9
				SD Plan 1376	7	0	7
	10 PSE	No	Yes	SD Plan 1380	1	0	1
				SD Plan 1374	37	0	37
				SD Plan 1377	47	0	47
				SD Plan 1378	14	0	14
				SD Plan 1379	12	0	12
				SD Plan 1381	38	0	38
				SD Plan 1376	32	0	32
	PRINCIPA	Yes	No	SD Plan 1374	6	0	6

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1377	4	0	4
				SD Plan 1378	2	0	2
				SD Plan 1379	1	0	1
				SD Plan 1381	3	0	3
				SD Plan 1376	5	0	5
	01EXMPT/ Cert	Yes	No	SD Plan 1374	1	0	1
				SD Plan 1381	1	0	1
				SD Plan 1376	6	0	6
	01EXMPT/ Class	No	Yes	SD Plan 1374	4	0	4
				SD Plan 1377	5	0	5
				SD Plan 1378	3	0	3
				SD Plan 1381	5	0	5
				SD Plan 1376	14	0	14
Franklin Pierce School District Total					**810**	**0**	**810**
Freeman School District	Certificated	Yes	No	SD Plan 0053	9	12	21
				SD Plan 0054	12	11	23
				SD Plan 0055	13	24	37
				SD Plan 0057	1	0	1
				SD Plan 0060	8	8	16
				SD Plan 0058	3	6	9
				SD Plan 0059	1	3	4
				SD Plan 0056	7	0	7
	CLASSIFIED	No	Yes	SD Plan 0053	2	1	3
				SD Plan 0054	10	0	10
				SD Plan 0055	12	11	23
				SD Plan 0057	2	0	2
				SD Plan 0060	2	0	2
				SD Plan 0058	10	7	17
				SD Plan 0056	3	0	3
Freeman School District Total					**95**	**83**	**178**
Garfield School District	Certificated	Yes	No	SD Plan 1385	3	6	9
				SD Plan 1386	9	11	20

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	CLASSIFIED	No	Yes	SD Plan 1385	5	1	6
				SD Plan 1386	8	13	21
Garfield School District Total					**25**	**31**	**56**
Glenwood School District	Certificated	Yes	No	SD Plan 1387	10	2	12
	CLASSIFIED	No	Yes	SD Plan 1387	11	4	15
Glenwood School District Total					**21**	**6**	**27**
Goldendale School District	Certificated	Yes	No	SD Plan 1977	7	0	7
				SD Plan 1978	14	0	14
				SD Plan 1976	35	0	35
	CLASSIFIED	No	Yes	SD Plan 1977	11	0	11
				SD Plan 1978	10	0	10
				SD Plan 1976	26	0	26
Goldendale School District Total					**103**	**0**	**103**
Grand Coulee Dam School District	Certificated	Yes	No	SD Plan 2084	4	0	4
				SD Plan 2082	23	0	23
				SD Plan 2083	6	0	6
				SD Plan 2085	9	0	9
	CLASSIFIED	No	Yes	SD Plan 2084	7	0	7
				SD Plan 2082	17	0	17
				SD Plan 2083	18	0	18
				SD Plan 2085	14	0	14
Grand Coulee Dam School District Total					**98**	**0**	**98**
Grandview School District	Certificated	No	Yes	SD Plan 2140	1	0	1
		Yes	No	SD Plan 2137	3	0	3
				SD Plan 2138	19	0	19
				SD Plan 2140	112	0	112
				SD Plan 2139	22	0	22
				SD Plan 2141	34	0	34
				SD Plan 2136	3	0	3
	CLASSIFIED	No	Yes	SD Plan 2138	23	0	23
				SD Plan 2140	68	0	68
				SD Plan 2139	30	0	30

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2141	36	0	36
				SD Plan 2136	7	0	7
Grandview School District Total					**358**	**0**	**358**
Granger School District	Certificated	Yes	No	SD Plan 1398	8	0	8
				SD Plan 1400	49	0	49
				SD Plan 1397	2	0	2
				SD Plan 1399	18	0	18
				SD Plan 1394	9	0	9
				SD Plan 1395	5	0	5
				SD Plan 1396	3	0	3
	CLASSIFIED	No	Yes	SD Plan 1393	12	0	12
				SD Plan 1400	1	0	1
				SD Plan 1394	1	0	1
				SD Plan 1388	16	0	16
				SD Plan 1389	4	0	4
				SD Plan 1390	49	0	49
				SD Plan 1391	4	0	4
Granger School District Total					**181**	**0**	**181**
Granite Falls School District	ADMINISTRATION	Yes	No	SD Plan 1407	8	17	25
	CLASSIFIED	No	Yes	SD Plan 1408	1	3	4
	CLASSIFIED NON-REP	No	Yes	SD Plan 1405	4	10	14
				SD Plan 1407	1	1	2
	GRANITE FALLS ED ASSO	Yes	No	SD Plan 1401	4	6	10
				SD Plan 1402	6	7	13
				SD Plan 1404	3	13	16
				SD Plan 1405	22	32	54
				SD Plan 1407	63	52	115
				SD Plan 1406	8	13	21
				SD Plan 1408	1	0	1
	PUBLIC SCHOOL EMPLOYE	No	Yes	SD Plan 1401	2	0	2
				SD Plan 1402	5	3	8
				SD Plan 1403	1	3	4

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				SD Plan 1405	22	17	39
				SD Plan 1407	20	8	28
				SD Plan 1406	7	3	10
Granite Falls School District Total					**178**	**188**	**366**
Grapeview School District	Certificated	Yes	No	SD Plan 2402	5	5	10
				SD Plan 2403	3	5	8
				SD Plan 2404	4	6	10
	CLASSIFIED	No	Yes	SD Plan 2402	2	4	6
				SD Plan 2403	1	0	1
				SD Plan 2404	5	4	9
		Yes	No	SD Plan 2403	1	0	1
				SD Plan 2404	1	1	2
Grapeview School District Total					**22**	**25**	**47**
Great Northern School District	Certificated	Yes	No	SD Plan 1980	3	0	3
	CLASSIFIED	No	Yes	SD Plan 1980	1	0	1
Great Northern School District Total					**4**	**0**	**4**
Green Mountain School District	Certificated	Yes	No	SD Plan 2433	1	1	2
				SD Plan 2434	3	3	6
				SD Plan 2435	1	2	3
				SD Plan 2436	1	2	3
				SD Plan 2437	1	4	5
				SD Plan 2438	1	2	3
				SD Plan 2439	2	6	8
	CLASSIFIED	No	Yes	SD Plan 2433	1	0	1
				SD Plan 2434	1	2	3
				SD Plan 2435	2	4	6
				SD Plan 2436	2	3	5
				SD Plan 2438	1	2	3
				SD Plan 2439	2	8	10
Green Mountain School District Total					**19**	**39**	**58**
Griffin School District	ADMINISTRATOR	No	Yes	SD Plan 2088	1	0	1
		Yes	No	SD Plan 2088	1	2	3

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2092	2	7	9
	Griffin Education Association	Yes	No	SD Plan 2093	11	1	12
				SD Plan 2087	9	10	19
				SD Plan 2088	3	8	11
				SD Plan 2089	2	2	4
				SD Plan 2091	9	8	17
				SD Plan 2090	1	4	5
	Leadership	No	Yes	SD Plan 2093	1	1	2
				SD Plan 2091	2	1	3
	Teamsters Local 252	No	Yes	SD Plan 2093	11	3	14
				SD Plan 2087	3	0	3
				SD Plan 2088	9	11	20
				SD Plan 2089	1	0	1
				SD Plan 2092	2	4	6
				SD Plan 2091	2	0	2
Griffin School District Total					**70**	**62**	**132**
Harrington School District	Certificated	Yes	No	SD Plan 1423	13	0	13
				SD Plan 1424	1	4	5
	CLASSIFIED	No	Yes	SD Plan 1423	8	0	8
				SD Plan 1424	5	10	15
				SD Plan 1415	1	1	2
Harrington School District Total					**28**	**15**	**43**
Highland School District	Certificated	Yes	No	SD Plan 1425	19	20	39
				SD Plan 1426	3	1	4
				SD Plan 1427	7	12	19
				SD Plan 1430	9	2	11
				SD Plan 1429	13	16	29
				SD Plan 1431	8	21	29
				SD Plan 1432	7	3	10
				SD Plan 1428	14	11	25
				SD Plan 1433	1	4	5
	CLASSIFIED	No	Yes	SD Plan 1425	10	8	18

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				SD Plan 1426	3	0	3
				SD Plan 1430	2	0	2
				SD Plan 1429	10	4	14
				SD Plan 1431	10	9	19
				SD Plan 1432	6	0	6
				SD Plan 1428	13	7	20
Highland School District Total					**135**	**118**	**253**
Highline School District	Certificated	No	Yes	SD Plan 2107	1	0	1
				SD Plan 2116	1	0	1
		Yes	No	SD Plan 2104	28	0	28
				SD Plan 2106	2	0	2
				SD Plan 2108	99	0	99
				SD Plan 2110	3	0	3
				SD Plan 2102	2	0	2
				SD Plan 2105	8	0	8
				SD Plan 2107	518	0	518
				SD Plan 2109	1	0	1
				SD Plan 2116	1	0	1
				SD Plan 2119	4	0	4
				SD Plan 2103	46	0	46
				SD Plan 2111	162	0	162
				SD Plan 2117	1	0	1
				SD Plan 2120	280	0	280
	Certificated Administrators	Yes	No	SD Plan 2112	1	0	1
				SD Plan 2114	3	0	3
				SD Plan 2116	6	0	6
				SD Plan 2115	2	0	2
				SD Plan 2111	1	0	1
				SD Plan 2117	8	0	8
				SD Plan 2118	33	0	33
				SD Plan 2120	14	0	14
	CLASSIFIED	No	Yes	SD Plan 2113	22	0	22

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2114	39	0	39
				SD Plan 2116	98	0	98
				SD Plan 2115	10	0	10
				SD Plan 2117	103	0	103
				SD Plan 2118	295	0	295
				SD Plan 2120	235	0	235
	Classified Administrators	No	Yes	SD Plan 2113	1	0	1
				SD Plan 2116	4	0	4
				SD Plan 2115	1	0	1
				SD Plan 2117	5	0	5
				SD Plan 2118	6	0	6
				SD Plan 2120	4	0	4
	Certificated Substitutes	No	Yes	SD Plan 2120	1	0	1
		Yes	No	SD Plan 2107	4	0	4
				SD Plan 2120	1	0	1
	Classified Substitutes	No	Yes	SD Plan 2114	1	0	1
				SD Plan 2118	1	0	1
Highline School District Total					**2,056**	**0**	**2,056**
Hockinson School District	Certificated	Yes	No	SD Plan 2390	21	0	21
				SD Plan 2391	5	0	5
				SD Plan 2394	14	0	14
				SD Plan 2395	7	0	7
				SD Plan 2396	2	0	2
				SD Plan 2397	4	0	4
				SD Plan 2398	31	0	31
				SD Plan 2399	5	0	5
	CLASSIFIED	No	Yes	SD Plan 2390	12	0	12
				SD Plan 2391	3	0	3
				SD Plan 2394	6	0	6
				SD Plan 2395	4	0	4
				SD Plan 2396	2	0	2
				SD Plan 2397	3	0	3

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2398	14	0	14
				SD Plan 2399	2	0	2
Hockinson School District Total					**135**	**0**	**135**
Hood Canal School District	Certificated	Yes	No	SD Plan 1436	12	0	12
				SD Plan 1435	11	0	11
	CLASSIFIED	No	Yes	SD Plan 1436	4	0	4
				SD Plan 1435	12	0	12
Hood Canal School District Total					**39**	**0**	**39**
Hoquiam School District	ADMIN	No	Yes	SD Plan 1441	4	0	4
				SD Plan 1444	1	0	1
				SD Plan 1440	9	0	9
				SD Plan 1446	1	0	1
	Certificated	Yes	No	SD Plan 1442	6	0	6
				SD Plan 1441	12	0	12
				SD Plan 1443	5	0	5
				SD Plan 1440	70	0	70
				SD Plan 1446	4	0	4
	CLASSIFIED	No	Yes	SD Plan 1441	17	0	17
				SD Plan 1443	18	0	18
				SD Plan 1440	46	0	46
				SD Plan 1446	3	0	3
Hoquiam School District Total					**196**	**0**	**196**
Inchelium School District	Certificated	Yes	No	SD Plan 0757	3	0	3
	CLASSIFIED	No	Yes	SD Plan 0757	1	0	1
Inchelium School District Total					**4**	**0**	**4**
Index School District	Certificated	Yes	No	SD Plan 1498	2	0	2
				SD Plan 1502	1	0	1
	CLASSIFIED	No	Yes	SD Plan 1500	1	0	1
				SD Plan 1501	1	1	2
Index School District Total					**5**	**1**	**6**
Issaquah School District	Admin/Unreps	No	Yes	SD Plan 1515	26	0	26
				SD Plan 1518	12	0	12

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1521	7	0	7
				SD Plan 1508	15	0	15
				SD Plan 1524	4	0	4
				SD Plan 1511	80	0	80
		Yes	No	SD Plan 1518	1	0	1
				SD Plan 1511	1	0	1
	Bus	No	Yes	SD Plan 1515	13	0	13
				SD Plan 1518	15	0	15
				SD Plan 1521	9	0	9
				SD Plan 1508	12	0	12
				SD Plan 1524	3	0	3
				SD Plan 1511	44	0	44
	Cust/Maint	No	Yes	SD Plan 1515	20	0	20
				SD Plan 1518	8	0	8
				SD Plan 1521	2	0	2
				SD Plan 1508	11	0	11
				SD Plan 1526	1	0	1
				SD Plan 1511	64	0	64
	EA	No	Yes	SD Plan 1515	62	0	62
				SD Plan 1518	38	0	38
				SD Plan 1521	10	0	10
				SD Plan 1508	22	0	22
				SD Plan 1524	4	0	4
				SD Plan 1511	84	0	84
	Food	No	Yes	SD Plan 1515	15	0	15
				SD Plan 1518	9	0	9
				SD Plan 1508	8	0	8
				SD Plan 1511	22	0	22
	MECHANICS	No	Yes	SD Plan 1515	1	0	1
				SD Plan 1508	2	0	2
				SD Plan 1511	6	0	6
	PRINCIPALS	Yes	No	SD Plan 1515	4	0	4

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1518	5	0	5
				SD Plan 1508	5	0	5
				SD Plan 1524	1	0	1
				SD Plan 1511	21	0	21
	Secretary	No	Yes	SD Plan 1515	11	0	11
				SD Plan 1518	10	0	10
				SD Plan 1521	4	0	4
				SD Plan 1508	7	0	7
				SD Plan 1524	2	0	2
				SD Plan 1511	72	0	72
	TEACHERS	Yes	No	SD Plan 1515	102	0	102
				SD Plan 1518	56	0	56
				SD Plan 1521	23	0	23
				SD Plan 1508	126	0	126
				SD Plan 1524	7	0	7
				SD Plan 1526	6	0	6
				SD Plan 1511	623	0	623
Issaquah School District Total					**1,716**	**0**	**1,716**
Kahlotus School District	CERTIFICATED STAFF	Yes	No	SD Plan 1238	7	9	16
				SD Plan 1240	4	15	19
	Classified Staff	No	Yes	SD Plan 1238	4	4	8
				SD Plan 1240	1	0	1
				SD Plan 1241	1	0	1
Kahlotus School District Total					**17**	**28**	**45**
Kalama School District	01 Cert Staff	Yes	No	SD Plan 0043	1	2	3
				SD Plan 0044	16	33	49
				SD Plan 0046	3	0	3
				SD Plan 0047	3	7	10
				SD Plan 0042	3	4	7
				SD Plan 0035	2	0	2
				SD Plan 0038	1	0	1
				SD Plan 0039	1	1	2

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0032	8	6	14
				SD Plan 0033	4	7	11
	02 Cert Administrators	Yes	No	SD Plan 0044	1	3	4
				SD Plan 0042	1	1	2
				SD Plan 0033	1	3	4
	03 Class Administrators	No	Yes	SD Plan 0044	3	3	6
	04 Secretaries	No	Yes	SD Plan 0047	1	1	2
				SD Plan 0032	1	0	1
				SD Plan 0033	1	0	1
	05 Classified	No	Yes	SD Plan 0044	2	6	8
				SD Plan 0046	1	0	1
				SD Plan 0047	1	1	2
				SD Plan 0042	7	3	10
				SD Plan 0035	1	4	5
				SD Plan 0032	2	2	4
				SD Plan 0033	1	0	1
	06 Superintendent	Yes	No	SD Plan 0047	1	2	3
Kalama School District Total					**67**	**89**	**156**
Keller School District	ALL STAFF	No	Yes	SD Plan 0655	3	4	7
				SD Plan 0656	1	0	1
				SD Plan 0657	1	5	6
				SD Plan 0658	3	5	8
		Yes	No	SD Plan 0657	1	2	3
				SD Plan 0658	2	2	4
Keller School District Total					**11**	**18**	**29**
Kelso School District	001 Administrators	Yes	No	SD Plan 1529	1	0	1
				SD Plan 1536	1	3	4
				SD Plan 1530	5	2	7
	002 Principals	Yes	No	SD Plan 1529	3	5	8
				SD Plan 1536	1	3	4
				SD Plan 1532	1	4	5
				SD Plan 1530	6	9	15

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1531	2	0	2
	003 Certificated	Yes	No	SD Plan 1529	79	83	162
				SD Plan 1535	6	11	17
				SD Plan 1536	1	3	4
				SD Plan 1532	47	31	78
				SD Plan 1533	22	35	57
				SD Plan 1530	59	53	112
				SD Plan 1531	41	58	99
				SD Plan 1534	9	19	28
	004 PSE 1	No	Yes	SD Plan 1529	40	22	62
				SD Plan 1535	12	6	18
				SD Plan 1532	28	12	40
				SD Plan 1533	24	18	42
				SD Plan 1530	22	14	36
				SD Plan 1531	18	10	28
				SD Plan 1534	11	5	16
		Yes	No	SD Plan 1529	1	0	1
	005 PSE 2	No	Yes	SD Plan 1529	5	0	5
				SD Plan 1535	1	0	1
				SD Plan 1532	4	2	6
				SD Plan 1533	1	1	2
				SD Plan 1530	1	0	1
				SD Plan 1531	4	2	6
	006 Non-rep	No	Yes	SD Plan 1529	5	2	7
				SD Plan 1536	1	3	4
				SD Plan 1532	4	0	4
				SD Plan 1530	2	2	4
				SD Plan 1531	3	5	8
				SD Plan 1534	1	10	11
Kelso School District Total					**472**	**433**	**905**
Kennewick School District	ADMINSTRATORS KAA	Yes	No	SD Plan 0675	2	0	2
				SD Plan 0681	4	0	4

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				SD Plan 0683	3	0	3
				SD Plan 0728	1	0	1
				SD Plan 0680	2	0	2
				SD Plan 0673	8	0	8
				SD Plan 0705	1	0	1
				SD Plan 0688	1	0	1
				SD Plan 0690	2	0	2
				SD Plan 0691	1	0	1
				SD Plan 0699	2	0	2
				SD Plan 0698	1	0	1
				SD Plan 0697	2	0	2
				SD Plan 0672	7	0	7
				SD Plan 0674	10	0	10
	CABINET	Yes	No	SD Plan 0675	1	0	1
				SD Plan 0673	2	0	2
				SD Plan 0730	2	0	2
				SD Plan 0672	1	0	1
				SD Plan 0674	1	0	1
	MAINTENANCE OPS	No	Yes	SD Plan 0675	2	0	2
				SD Plan 0678	2	0	2
				SD Plan 0681	2	0	2
				SD Plan 0682	8	0	8
				SD Plan 0683	1	0	1
				SD Plan 0704	3	0	3
				SD Plan 0707	1	0	1
				SD Plan 0712	6	0	6
				SD Plan 0714	1	0	1
				SD Plan 0715	1	0	1
				SD Plan 0726	1	0	1
				SD Plan 0728	9	0	9
				SD Plan 0729	1	0	1
				SD Plan 0731	1	0	1

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				SD Plan 0680	5	0	5
				SD Plan 0686	1	0	1
				SD Plan 0673	1	0	1
				SD Plan 0670	3	0	3
				SD Plan 0730	11	0	11
				SD Plan 0688	4	0	4
				SD Plan 0690	6	0	6
				SD Plan 0699	1	0	1
				SD Plan 0696	2	0	2
				SD Plan 0697	1	0	1
				SD Plan 0672	11	0	11
				SD Plan 0674	34	0	34
	NUTRITION SERV	No	Yes	SD Plan 0676	1	0	1
				SD Plan 0678	2	0	2
				SD Plan 0682	5	0	5
				SD Plan 0683	2	0	2
				SD Plan 0702	1	0	1
				SD Plan 0704	1	0	1
				SD Plan 0707	1	0	1
				SD Plan 0714	1	0	1
				SD Plan 0715	1	0	1
				SD Plan 0726	1	0	1
				SD Plan 0680	2	0	2
				SD Plan 0686	1	0	1
				SD Plan 0670	1	0	1
				SD Plan 0730	1	0	1
				SD Plan 0688	3	0	3
				SD Plan 0690	3	0	3
				SD Plan 0694	1	0	1
				SD Plan 0698	2	0	2
				SD Plan 0674	9	0	9
	OFF SCHEDULE	No	Yes	SD Plan 0682	3	0	3

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0707	1	0	1
				SD Plan 0712	1	0	1
				SD Plan 0728	1	0	1
				SD Plan 0729	1	0	1
				SD Plan 0731	1	0	1
				SD Plan 0680	6	0	6
				SD Plan 0686	1	0	1
				SD Plan 0673	1	0	1
				SD Plan 0730	1	0	1
				SD Plan 0690	2	0	2
				SD Plan 0691	2	0	2
				SD Plan 0699	2	0	2
				SD Plan 0696	3	0	3
				SD Plan 0697	4	0	4
				SD Plan 0672	3	0	3
				SD Plan 0674	19	0	19
	PARAEDUCATOR/CASHIER	No	Yes	SD Plan 0675	8	0	8
				SD Plan 0676	2	0	2
				SD Plan 0678	2	0	2
				SD Plan 0681	7	0	7
				SD Plan 0682	24	0	24
				SD Plan 0683	3	0	3
				SD Plan 0702	1	0	1
				SD Plan 0704	1	0	1
				SD Plan 0706	4	0	4
				SD Plan 0707	1	0	1
				SD Plan 0710	1	0	1
				SD Plan 0712	3	0	3
				SD Plan 0713	1	0	1
				SD Plan 0714	2	0	2
				SD Plan 0715	2	0	2
				SD Plan 0724	2	0	2

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0726	4	0	4
				SD Plan 0727	1	0	1
				SD Plan 0728	4	0	4
				SD Plan 0729	2	0	2
				SD Plan 0731	2	0	2
				SD Plan 0680	10	0	10
				SD Plan 0673	4	0	4
				SD Plan 0670	2	0	2
				SD Plan 0671	1	0	1
				SD Plan 0705	5	0	5
				SD Plan 0730	13	0	13
				SD Plan 0688	4	0	4
				SD Plan 0689	1	0	1
				SD Plan 0690	24	0	24
				SD Plan 0691	3	0	3
				SD Plan 0699	1	0	1
				SD Plan 0694	1	0	1
				SD Plan 0696	4	0	4
				SD Plan 0698	11	0	11
				SD Plan 0697	5	0	5
				SD Plan 0672	13	0	13
				SD Plan 0674	69	0	69
	SECRETARIES	No	Yes	SD Plan 0675	5	0	5
				SD Plan 0682	19	0	19
				SD Plan 0683	3	0	3
				SD Plan 0703	1	0	1
				SD Plan 0704	3	0	3
				SD Plan 0706	1	0	1
				SD Plan 0707	1	0	1
				SD Plan 0712	3	0	3
				SD Plan 0714	2	0	2
				SD Plan 0728	2	0	2

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0731	2	0	2
				SD Plan 0680	1	0	1
				SD Plan 0686	1	0	1
				SD Plan 0673	3	0	3
				SD Plan 0670	3	0	3
				SD Plan 0705	1	0	1
				SD Plan 0730	1	0	1
				SD Plan 0688	1	0	1
				SD Plan 0690	10	0	10
				SD Plan 0696	1	0	1
				SD Plan 0698	4	0	4
				SD Plan 0672	4	0	4
				SD Plan 0674	17	0	17
	TEACHERS	Yes	No	SD Plan 0668	2	0	2
				SD Plan 0669	1	0	1
				SD Plan 0675	42	0	42
				SD Plan 0676	1	0	1
				SD Plan 0678	2	0	2
				SD Plan 0681	27	0	27
				SD Plan 0682	59	0	59
				SD Plan 0683	14	0	14
				SD Plan 0684	1	0	1
				SD Plan 0704	16	0	16
				SD Plan 0706	7	0	7
				SD Plan 0707	5	0	5
				SD Plan 0712	9	0	9
				SD Plan 0713	7	0	7
				SD Plan 0714	5	0	5
				SD Plan 0715	1	0	1
				SD Plan 0723	1	0	1
				SD Plan 0726	1	0	1
				SD Plan 0728	23	0	23

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0729	10	0	10
				SD Plan 0731	5	0	5
				SD Plan 0680	35	0	35
				SD Plan 0686	2	0	2
				SD Plan 0673	48	0	48
				SD Plan 0670	10	0	10
				SD Plan 0705	8	0	8
				SD Plan 0730	29	0	29
				SD Plan 0692	1	0	1
				SD Plan 0688	17	0	17
				SD Plan 0689	8	0	8
				SD Plan 0690	40	0	40
				SD Plan 0691	5	0	5
				SD Plan 0699	8	0	8
				SD Plan 0696	23	0	23
				SD Plan 0698	13	0	13
				SD Plan 0697	23	0	23
				SD Plan 0672	113	0	113
				SD Plan 0674	222	0	222
				SD Plan 0721	2	0	2
				SD Plan 0711	1	0	1
	TRANSPORTATION	No	Yes	SD Plan 0675	3	0	3
				SD Plan 0681	1	0	1
				SD Plan 0682	5	0	5
				SD Plan 0683	3	0	3
				SD Plan 0703	1	0	1
				SD Plan 0706	1	0	1
				SD Plan 0707	2	0	2
				SD Plan 0710	1	0	1
				SD Plan 0712	1	0	1
				SD Plan 0713	1	0	1
				SD Plan 0715	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0731	1	0	1
				SD Plan 0680	1	0	1
				SD Plan 0673	1	0	1
				SD Plan 0670	1	0	1
				SD Plan 0730	10	0	10
				SD Plan 0716	1	0	1
				SD Plan 0690	11	0	11
				SD Plan 0691	3	0	3
				SD Plan 0699	1	0	1
				SD Plan 0696	2	0	2
				SD Plan 0698	6	0	6
				SD Plan 0672	3	0	3
				SD Plan 0674	19	0	19
Kennewick School District Total					**1,528**	**0**	**1,528**
Kent School District	ADMINISTRATOR	No	Yes	SD Plan 3198	33	0	33
				SD Plan 3200	14	0	14
				SD Plan 3202	43	0	43
				SD Plan 3203	33	0	33
				SD Plan 3204	19	0	19
				SD Plan 3205	5	0	5
		Yes	No	SD Plan 3198	5	0	5
				SD Plan 3200	2	0	2
				SD Plan 3202	5	0	5
				SD Plan 3203	5	0	5
				SD Plan 3204	4	0	4
				SD Plan 3205	2	0	2
	Bus Driver	No	Yes	SD Plan 3198	32	0	32
				SD Plan 3200	10	0	10
				SD Plan 3202	19	0	19
				SD Plan 3203	11	0	11
				SD Plan 3204	8	0	8
				SD Plan 3205	4	0	4

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 3201	1	0	1
	FOOD SERVICE	No	Yes	SD Plan 3198	18	0	18
				SD Plan 3200	12	0	12
				SD Plan 3202	8	0	8
				SD Plan 3203	13	0	13
				SD Plan 3204	9	0	9
				SD Plan 3205	6	0	6
				SD Plan 3201	1	0	1
	Office Professional	No	Yes	SD Plan 3198	22	0	22
				SD Plan 3200	23	0	23
				SD Plan 3202	45	0	45
				SD Plan 3203	57	0	57
				SD Plan 3204	39	0	39
				SD Plan 3205	13	0	13
				SD Plan 3201	2	0	2
	PRINCIPAL	Yes	No	SD Plan 3198	14	0	14
				SD Plan 3200	8	0	8
				SD Plan 3202	26	0	26
				SD Plan 3203	7	0	7
				SD Plan 3204	6	0	6
				SD Plan 3205	1	0	1
	SUPERINTENDENT	Yes	No	SD Plan 3202	1	0	1
	TEACHER	No	Yes	SD Plan 3192	1	0	1
		Yes	No	SD Plan 3198	265	0	265
				SD Plan 3192	702	0	702
				SD Plan 3193	155	0	155
				SD Plan 3194	211	0	211
				SD Plan 3195	4	0	4
				SD Plan 3196	87	0	87
				SD Plan 3197	42	0	42
				SD Plan 3199	12	0	12
	Maintenace	No	Yes	SD Plan 3198	54	0	54

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				SD Plan 3200	25	0	25
				SD Plan 3202	31	0	31
				SD Plan 3203	33	0	33
				SD Plan 3204	13	0	13
				SD Plan 3205	4	0	4
	Paraeducator	No	Yes	SD Plan 3198	52	0	52
				SD Plan 3200	45	0	45
				SD Plan 3202	64	0	64
				SD Plan 3203	100	0	100
				SD Plan 3204	70	0	70
				SD Plan 3205	20	0	20
				SD Plan 3201	5	0	5
		Yes	No	SD Plan 3198	1	0	1
				SD Plan 3200	2	0	2
				SD Plan 3203	1	0	1
Kent School District Total					**2,585**	**0**	**2,585**
Kettle Falls School District	Certificated	Yes	No	SD Plan 1176	5	5	10
				SD Plan 1175	33	59	92
	CLASSIFIED	No	Yes	SD Plan 1176	5	3	8
				SD Plan 1175	37	11	48
Kettle Falls School District Total					**80**	**78**	**158**
Kiona-Benton City School District	ADMIN	Yes	No	SD Plan 1541	1	0	1
				SD Plan 1543	9	13	22
	Certified	Yes	No	SD Plan 1541	7	11	18
				SD Plan 1543	73	83	156
	CLASSIFIED-NON REP	No	Yes	SD Plan 1541	2	6	8
				SD Plan 1543	1	0	1
	CLASSIFIED-PSE	No	Yes	SD Plan 1541	13	4	17
				SD Plan 1543	29	26	55
				SD Plan 1542	1	0	1
	SECRETARY/OFFICE MANAGER	No	Yes	SD Plan 1543	6	3	9
	SUPERVISOR	No	Yes	SD Plan 1543	4	7	11

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Kiona-Benton City School District Total					**146**	**153**	**299**
Kittitas School District	Certificated	Yes	No	SD Plan 2466	39	0	39
	CLASSIFIED	No	Yes	SD Plan 2466	36	0	36
Kittitas School District Total					**75**	**0**	**75**
Klickitat School District	Certificated	Yes	No	SD Plan 1538	5	3	8
				SD Plan 1539	1	2	3
				SD Plan 1537	4	0	4
	CLASSIFIED	No	Yes	SD Plan 1538	1	0	1
				SD Plan 1539	1	2	3
				SD Plan 1537	9	0	9
Klickitat School District Total					**21**	**7**	**28**
La Center School District	Certificated	Yes	No	SD Plan 1981	1	0	1
				SD Plan 1987	1	0	1
				SD Plan 1990	2	0	2
				SD Plan 1982	1	0	1
				SD Plan 1985	2	0	2
				SD Plan 1988	2	0	2
	CLASSIFIED	No	Yes	SD Plan 1981	1	0	1
				SD Plan 1983	2	0	2
				SD Plan 1986	1	0	1
				SD Plan 1987	1	0	1
				SD Plan 1990	18	0	18
				SD Plan 1982	2	0	2
				SD Plan 1985	1	0	1
		1 Yes	No	SD Plan 1981	3	0	3
				SD Plan 1983	1	0	1
				SD Plan 1986	2	0	2
				SD Plan 1987	8	0	8
				SD Plan 1982	1	0	1
				SD Plan 1985	19	0	19
				SD Plan 1988	33	0	33
La Center School District Total					**102**	**0**	**102**

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
La Conner School District	Certificated	Yes	No	SD Plan 2317	56	0	56
	CLASSIFIED	No	Yes	SD Plan 2317	36	0	36
La Conner School District Total					**92**	**0**	**92**
LaCrosse School District	Certificated	Yes	No	SD Plan 2489	3	4	7
				SD Plan 2490	1	1	2
				SD Plan 2491	5	1	6
				SD Plan 2492	2	0	2
	CLASSIFIED	No	Yes	SD Plan 2489	3	7	10
				SD Plan 2491	1	2	3
				SD Plan 2492	3	5	8
LaCrosse School District Total					**18**	**20**	**38**
Lake Chelan School District	Certificated	Yes	No	SD Plan 1992	14	20	34
				SD Plan 1993	14	18	32
				SD Plan 1991	18	41	59
				SD Plan 1996	1	1	2
				SD Plan 1998	1	0	1
				SD Plan 1994	36	33	69
				SD Plan 1995	2	2	4
	CLASSIFIED	No	Yes	SD Plan 1992	5	2	7
				SD Plan 1993	4	3	7
				SD Plan 1991	17	21	38
				SD Plan 1996	4	1	5
				SD Plan 1994	27	12	39
				SD Plan 1995	7	4	11
Lake Chelan School District Total					**150**	**158**	**308**
Lake Quinault School District	Certificated	Yes	No	SD Plan 2386	16	0	16
				SD Plan 2388	1	0	1
	CLASSIFIED	No	Yes	SD Plan 2386	12	0	12
				SD Plan 2387	5	0	5
Lake Quinault School District Total					**34**	**0**	**34**
Lake Stevens School District	ADMINISTRATORS	No	Yes	SD Plan 1142	1	0	1
				SD Plan 1143	2	0	2

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
		Yes	No	SD Plan 1142	8	0	8
				SD Plan 1143	8	0	8
				SD Plan 1144	2	0	2
				SD Plan 1151	2	0	2
				SD Plan 1137	5	0	5
	LSEA Union	Yes	No	SD Plan 1141	12	0	12
				SD Plan 1139	46	0	46
				SD Plan 1134	87	0	87
				SD Plan 1145	19	0	19
				SD Plan 1153	1	0	1
				SD Plan 1155	2	0	2
				SD Plan 1136	36	0	36
				SD Plan 1137	71	0	71
				SD Plan 1138	39	0	39
				SD Plan 1140	10	0	10
				SD Plan 1135	47	0	47
	Non-Represented	No	Yes	SD Plan 1142	19	0	19
				SD Plan 1143	4	0	4
				SD Plan 1144	5	0	5
				SD Plan 1151	2	0	2
				SD Plan 1137	1	0	1
	PSE of Lake Stevens	No	Yes	SD Plan 1148	16	0	16
				SD Plan 1149	57	0	57
				SD Plan 1150	18	0	18
				SD Plan 1153	7	0	7
				SD Plan 1154	1	0	1
				SD Plan 1147	25	0	25
				SD Plan 1137	13	0	13
	PSE Office Professionals	No	Yes	SD Plan 1148	4	0	4
				SD Plan 1149	17	0	17
				SD Plan 1150	7	0	7
				SD Plan 1153	3	0	3

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1147	3	0	3
				SD Plan 1137	2	0	2
	Teamsters-Custodians	No	Yes	SD Plan 1148	2	0	2
				SD Plan 1149	17	0	17
				SD Plan 1150	7	0	7
				SD Plan 1147	10	0	10
				SD Plan 1137	8	0	8
	Teamsters-Drivers & Mechanics	No	Yes	SD Plan 1141	3	0	3
				SD Plan 1139	11	0	11
				SD Plan 1134	4	0	4
				SD Plan 1145	9	0	9
				SD Plan 1151	1	0	1
				SD Plan 1136	7	0	7
				SD Plan 1137	15	0	15
				SD Plan 1138	2	0	2
				SD Plan 1140	2	0	2
				SD Plan 1135	5	0	5
Lake Stevens School District Total					**705**	**0**	**705**
Lake Washington School District	ADMIN	No	Yes	SD Plan 2483	5	0	5
		Yes	No	SD Plan 2483	39	0	39
				SD Plan 2481	12	0	12
				SD Plan 2484	10	0	10
				SD Plan 2485	2	0	2
				SD Plan 2486	9	0	9
				SD Plan 2487	2	0	2
	SUPERINTENDENT	Yes	No	SD Plan 2486	1	0	1
	TEACHER	Yes	No	SD Plan 2483	649	0	649
				SD Plan 2481	248	0	248
				SD Plan 2484	173	0	173
				SD Plan 2485	82	0	82
				SD Plan 2486	142	0	142
				SD Plan 2487	6	0	6

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
	PROF TECH	No	Yes	SD Plan 2483	53	0	53
				SD Plan 2481	11	0	11
				SD Plan 2484	5	0	5
				SD Plan 2485	6	0	6
				SD Plan 2486	11	0	11
		Yes	No	SD Plan 2484	1	0	1
	PROF TECH PART TIME	No	Yes	SD Plan 2483	3	0	3
				SD Plan 2481	2	0	2
				SD Plan 2484	2	0	2
				SD Plan 2485	2	0	2
	SCHOOL AIDES	No	Yes	SD Plan 2483	95	0	95
				SD Plan 2481	31	0	31
				SD Plan 2484	26	0	26
				SD Plan 2485	21	0	21
				SD Plan 2486	23	0	23
				SD Plan 2487	2	0	2
	SEC ASSOC	No	Yes	SD Plan 2483	66	0	66
				SD Plan 2481	23	0	23
				SD Plan 2484	16	0	16
				SD Plan 2485	13	0	13
				SD Plan 2486	22	0	22
	SECRETARY PART TIME	No	Yes	SD Plan 2483	3	0	3
				SD Plan 2481	3	0	3
				SD Plan 2484	8	0	8
				SD Plan 2485	5	0	5
	TEACHER PART TIME	Yes	No	SD Plan 2483	25	0	25
				SD Plan 2481	14	0	14
				SD Plan 2484	45	0	45
				SD Plan 2485	41	0	41
				SD Plan 2486	3	0	3
				SD Plan 2487	6	0	6
	TRADES BARG	No	Yes	SD Plan 2483	69	0	69

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				SD Plan 2481	50	0	50
				SD Plan 2484	49	0	49
				SD Plan 2485	38	0	38
				SD Plan 2486	38	0	38
				SD Plan 2487	1	0	1
	TRADES FULL TIME	No	Yes	SD Plan 2483	45	0	45
				SD Plan 2481	44	0	44
				SD Plan 2484	22	0	22
				SD Plan 2485	12	0	12
				SD Plan 2486	17	0	17
				SD Plan 2487	1	0	1
Lake Washington School District Total					**2,353**	**0**	**2,353**
Lakewood School District	ADMIN/NON-REP	No	Yes	SD Plan 2009	2	0	2
				SD Plan 2003	3	0	3
				SD Plan 2001	4	0	4
		Yes	No	SD Plan 2007	1	0	1
				SD Plan 2009	3	0	3
				SD Plan 2010	1	0	1
				SD Plan 2003	4	0	4
				SD Plan 2001	1	0	1
	Certificated	Yes	No	SD Plan 2009	1	0	1
	CLASSIFIED	No	Yes	SD Plan 2001	1	0	1
	LEA	Yes	No	SD Plan 2009	50	0	50
				SD Plan 2010	19	0	19
				SD Plan 2011	21	0	21
				SD Plan 2004	1	0	1
				SD Plan 2001	23	0	23
				SD Plan 2012	8	0	8
	PSE	No	Yes	SD Plan 2007	1	0	1
				SD Plan 2009	11	0	11
				SD Plan 2003	28	0	28
				SD Plan 2001	20	0	20

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				SD Plan 2005	2	0	2
	PSE-OP	No	Yes	SD Plan 2009	5	0	5
				SD Plan 2003	10	0	10
	EMPLOYEES NOT INCLUDED IN POOLING	No	Yes	SD Plan 2003	1	0	1
Lakewood School District Total					**221**	**0**	**221**
Lamont School District	Certificated	Yes	No	SD Plan 1974	3	3	6
				SD Plan 1975	1	0	1
	CLASSIFIED	No	Yes	SD Plan 1974	4	4	8
Lamont School District Total					**8**	**7**	**15**
Liberty School District	CERTIFICATED STAFF	Yes	No	SD Plan 0732	5	7	12
				SD Plan 0733	18	34	52
				SD Plan 0735	1	0	1
				SD Plan 0736	1	1	2
				SD Plan 0738	3	0	3
				SD Plan 0734	3	2	5
				SD Plan 0737	3	0	3
	Classified Staff	No	Yes	SD Plan 0732	14	20	34
				SD Plan 0733	8	0	8
				SD Plan 0735	2	1	3
				SD Plan 0736	1	0	1
				SD Plan 0738	4	3	7
				SD Plan 0734	2	0	2
Liberty School District Total					**65**	**68**	**133**
Lind School District	Certificated	Yes	No	SD Plan 2493	5	4	9
				SD Plan 2494	10	12	22
				SD Plan 2495	1	0	1
				SD Plan 2496	1	2	3
				SD Plan 2497	1	2	3
	CLASSIFIED	No	Yes	SD Plan 2493	8	8	16
				SD Plan 2494	2	0	2
				SD Plan 2495	6	15	21
				SD Plan 2497	2	2	4

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
Lind School District Total					**36**	**45**	**81**
Longview School District	SEIU	No	Yes	SD Plan 2530	15	0	15
				SD Plan 2531	44	0	44
				SD Plan 2532	19	0	19
				SD Plan 2541	36	0	36
				SD Plan 2545	111	0	111
				SD Plan 2533	5	0	5
				SD Plan 2534	6	0	6
	ADMIN & EXEMPT	No	Yes	SD Plan 2530	1	0	1
				SD Plan 2531	2	0	2
				SD Plan 2532	1	0	1
				SD Plan 2541	4	0	4
				SD Plan 2545	2	0	2
		Yes	No	SD Plan 2530	3	0	3
				SD Plan 2531	3	0	3
				SD Plan 2532	2	0	2
				SD Plan 2541	13	0	13
				SD Plan 2545	4	0	4
				SD Plan 2533	1	0	1
	LCPEA	No	Yes	SD Plan 2530	5	0	5
				SD Plan 2531	7	0	7
				SD Plan 2532	8	0	8
				SD Plan 2541	10	0	10
				SD Plan 2545	23	0	23
				SD Plan 2534	1	0	1
	LONGVIEW EA	No	Yes	SD Plan 2530	1	0	1
				SD Plan 2541	2	0	2
				SD Plan 2545	3	0	3
				SD Plan 2533	2	0	2
		Yes	No	SD Plan 2530	35	0	35
				SD Plan 2531	41	0	41
				SD Plan 2532	28	1	29

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2541	123	0	123
				SD Plan 2545	103	0	103
				SD Plan 2533	9	0	9
				SD Plan 2534	5	0	5
				SD Plan 2543	4	0	4
Longview School District Total					**682**	**1**	**683**
Loon Lake School District	Certificated	Yes	No	SD Plan 0742	11	19	30
	CLASSIFIED	No	Yes	SD Plan 0742	8	6	14
Loon Lake School District Total					**19**	**25**	**44**
Lopez School District	Certificated	Yes	No	SD Plan 2547	13	0	13
				SD Plan 2549	8	0	8
	CLASSIFIED	No	Yes	SD Plan 2547	17	0	17
				SD Plan 2549	2	0	2
Lopez School District Total					**40**	**0**	**40**
Lyle School District	Certificated	Yes	No	SD Plan 1544	11	0	11
				SD Plan 1545	2	0	2
	CLASSIFIED	No	Yes	SD Plan 1544	13	0	13
				SD Plan 1545	2	0	2
Lyle School District Total					**28**	**0**	**28**
Lynden School District	DISTRICT OFFICE	No	Yes	SD Plan 2552	6	0	6
				SD Plan 2556	2	0	2
	Non Represented	No	Yes	SD Plan 2552	3	0	3
				SD Plan 2556	1	0	1
	PRINCIPALS	Yes	No	SD Plan 2552	9	0	9
				SD Plan 2556	2	0	2
				SD Plan 2550	1	0	1
	LCEA Para/Noon	No	Yes	SD Plan 2552	33	0	33
				SD Plan 2556	21	0	21
				SD Plan 2555	1	0	1
	LEA Certificated	No	Yes	SD Plan 2552	10	0	10
				SD Plan 2556	2	0	2
				SD Plan 2550	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
		Yes	No	SD Plan 2552	95	0	95
				SD Plan 2556	21	0	21
				SD Plan 2550	17	0	17
				SD Plan 2551	3	0	3
				SD Plan 2554	3	0	3
	PSE Transportaton	No	Yes	SD Plan 2552	11	0	11
				SD Plan 2556	2	0	2
				SD Plan 2550	2	0	2
				SD Plan 2554	2	0	2
	SEIU Cust/Grounds	No	Yes	SD Plan 2552	12	0	12
				SD Plan 2556	3	0	3
				SD Plan 2550	1	0	1
	SEIU Food Service	No	Yes	SD Plan 2552	4	0	4
				SD Plan 2556	6	0	6
				SD Plan 2555	1	0	1
	SEIU Sec/Library	No	Yes	SD Plan 2552	11	0	11
				SD Plan 2556	8	0	8
				SD Plan 2550	3	0	3
				SD Plan 2554	2	0	2
Lynden School District Total					**299**	**0**	**299**
Mabton School District	ADMINISTRATION	No	Yes	SD Plan 2121	1	0	1
		Yes	No	SD Plan 2121	3	0	3
	Certificated	Yes	No	SD Plan 2121	55	0	55
	CLASSIFIED	No	Yes	SD Plan 2121	40	0	40
				SD Plan 2122	1	0	1
Mabton School District Total					**100**	**0**	**100**
Mansfield School District	Certificated	Yes	No	SD Plan 3180	12	21	33
	CLASSIFIED	No	Yes	SD Plan 3180	10	17	27
Mansfield School District Total					**22**	**38**	**60**
Manson School District	Certificated	Yes	No	SD Plan 0628	44	66	110
				SD Plan 0629	1	3	4
	CLASSIFIED	No	Yes	SD Plan 0628	45	31	76

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
Manson School District Total					**90**	**100**	**190**
Mary M Knight School District	ADMINISTRATION	No	Yes	SD Plan 2016	3	0	3
				SD Plan 2018	1	0	1
	Certificated	Yes	No	SD Plan 2014	1	0	1
				SD Plan 2016	6	0	6
				SD Plan 2018	3	0	3
				SD Plan 2017	4	0	4
	CLASSIFIED	No	Yes	SD Plan 2014	4	0	4
				SD Plan 2016	1	0	1
				SD Plan 2018	3	0	3
Mary M Knight School District Total					**26**	**0**	**26**
Mary Walker School District	CERTIFICATED STAFF (PEBB)	Yes	No	SD Plan 2020	35	0	35
	CLASSIFIED POOL (WEA)	No	Yes	SD Plan 2022	19	0	19
				SD Plan 2021	10	0	10
				SD Plan 2023	13	0	13
Mary Walker School District Total					**77**	**0**	**77**
Marysville School District	PUBLIC SCHOOL EMPLOYE	No	Yes	SD Plan 2145	30	0	30
				SD Plan 2147	1	0	1
				SD Plan 2148	5	0	5
				SD Plan 2149	1	0	1
				SD Plan 2152	11	0	11
				SD Plan 2150	25	0	25
				SD Plan 2146	8	0	8
	EXMPT/NON-REPRESENTED	No	Yes	SD Plan 2145	18	0	18
				SD Plan 2147	1	0	1
				SD Plan 2148	8	0	8
				SD Plan 2152	9	0	9
				SD Plan 2150	13	0	13
				SD Plan 2146	6	0	6
	MSVL EDUCATION ASSOC	No	Yes	SD Plan 2152	1	0	1
				SD Plan 2150	1	0	1
				SD Plan 2146	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
		Yes	No	SD Plan 2145	229	0	229
				SD Plan 2147	21	0	21
				SD Plan 2148	33	0	33
				SD Plan 2149	11	0	11
				SD Plan 2152	72	0	72
				SD Plan 2150	171	0	171
				SD Plan 2146	45	0	45
	PRINCIPALS/VP/COORD	Yes	No	SD Plan 2145	13	0	13
				SD Plan 2147	1	0	1
				SD Plan 2148	1	0	1
				SD Plan 2152	2	0	2
				SD Plan 2150	6	0	6
				SD Plan 2146	3	0	3
	SEIU 10 MONTH EMPLOYE	No	Yes	SD Plan 2145	46	0	46
				SD Plan 2147	6	0	6
				SD Plan 2148	37	0	37
				SD Plan 2149	2	0	2
				SD Plan 2152	41	0	41
				SD Plan 2150	63	0	63
				SD Plan 2146	17	0	17
	SEIU 12 MONTH EMPLOYE	No	Yes	SD Plan 2145	20	0	20
				SD Plan 2148	4	0	4
				SD Plan 2152	11	0	11
				SD Plan 2150	26	0	26
				SD Plan 2146	6	0	6
	SUPT/ASTSUP/EXDIR/DIR	No	Yes	SD Plan 2145	2	0	2
				SD Plan 2152	1	0	1
		Yes	No	SD Plan 2145	7	0	7
				SD Plan 2152	3	0	3
				SD Plan 2150	4	0	4
Marysville School District Total					**1,043**	**0**	**1,043**
McCleary School District	ADMINISTRATORS	Yes	No	SD Plan 0900	2	0	2

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
	CERT STAFF	Yes	No	SD Plan 0902	1	0	1
				SD Plan 0900	10	0	10
				SD Plan 0901	2	0	2
				SD Plan 0903	3	0	3
	CLASS MNTHLY	No	Yes	SD Plan 0902	4	0	4
				SD Plan 0900	10	0	10
				SD Plan 0901	5	0	5
		Yes	No	SD Plan 0900	1	0	1
McCleary School District Total					**38**	**0**	**38**
Mead School District	ADMIN ASST	No	Yes	SD Plan 0772	1	0	1
				SD Plan 0773	1	1	2
				SD Plan 0777	1	1	2
				SD Plan 0790	2	5	7
				SD Plan 0798	4	17	21
				SD Plan 0808	8	0	8
				SD Plan 0792	16	0	16
				SD Plan 0799	1	2	3
				SD Plan 0769	1	1	2
				SD Plan 0793	2	2	4
				SD Plan 0762	1	2	3
				SD Plan 0763	2	5	7
				SD Plan 0764	6	12	18
				SD Plan 0765	1	1	2
				SD Plan 0766	1	3	4
				SD Plan 0767	1	5	6
				SD Plan 0768	2	0	2
		Yes	No	SD Plan 0808	1	0	1
	CHILD NUTR SERV	No	Yes	SD Plan 0771	1	0	1
				SD Plan 0798	1	3	4
				SD Plan 0800	4	0	4
				SD Plan 0792	2	0	2
				SD Plan 0799	1	4	5

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0769	3	3	6
				SD Plan 0793	2	2	4
				SD Plan 0801	1	1	2
				SD Plan 0762	1	2	3
				SD Plan 0764	3	4	7
				SD Plan 0765	2	2	4
				SD Plan 0766	3	10	13
				SD Plan 0768	9	5	14
	Cust/Maint	No	Yes	SD Plan 0771	1	2	3
				SD Plan 0773	2	2	4
				SD Plan 0777	3	6	9
				SD Plan 0790	1	3	4
				SD Plan 0800	3	0	3
				SD Plan 0808	4	0	4
				SD Plan 0792	14	0	14
				SD Plan 0793	4	6	10
				SD Plan 0801	1	1	2
				SD Plan 0809	1	1	2
				SD Plan 0762	3	8	11
				SD Plan 0764	1	0	1
				SD Plan 0765	3	3	6
				SD Plan 0768	1	0	1
	DIST LEV ADMIN	No	Yes	SD Plan 0792	1	0	1
				SD Plan 0799	1	3	4
		Yes	No	SD Plan 0790	2	6	8
				SD Plan 0798	1	3	4
				SD Plan 0792	1	0	1
				SD Plan 0793	1	3	4
				SD Plan 0801	1	1	2
				SD Plan 0763	2	7	9
				SD Plan 0765	2	2	4
	DIST OFF EXEMPT	No	Yes	SD Plan 0773	1	1	2

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0790	1	4	5
	DIST OFFICE EMP	No	Yes	SD Plan 0790	1	2	3
				SD Plan 0798	2	6	8
				SD Plan 0800	1	0	1
				SD Plan 0792	4	0	4
				SD Plan 0768	1	0	1
	MEAD COMB TRADE	No	Yes	SD Plan 0798	1	2	3
				SD Plan 0808	2	0	2
				SD Plan 0791	1	3	4
				SD Plan 0792	9	0	9
				SD Plan 0793	2	3	5
				SD Plan 0762	1	4	5
				SD Plan 0763	1	4	5
				SD Plan 0764	4	7	11
				SD Plan 0765	1	2	3
	MEAD ED ASSOC	Yes	No	SD Plan 0770	8	25	33
				SD Plan 0771	6	25	31
				SD Plan 0772	3	0	3
				SD Plan 0773	4	4	8
				SD Plan 0774	4	20	24
				SD Plan 0775	2	5	7
				SD Plan 0776	1	0	1
				SD Plan 0790	50	143	193
				SD Plan 0798	39	125	164
				SD Plan 0800	7	0	7
				SD Plan 0806	12	37	49
				SD Plan 0807	6	18	24
				SD Plan 0811	3	10	13
				SD Plan 0808	39	0	39
				SD Plan 0791	21	58	79
				SD Plan 0792	87	2	89
				SD Plan 0799	6	31	37

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0769	8	12	20
				SD Plan 0793	10	16	26
				SD Plan 0801	6	7	13
				SD Plan 0809	3	9	12
				SD Plan 0762	54	180	234
				SD Plan 0763	19	53	72
				SD Plan 0764	44	55	99
				SD Plan 0765	8	19	27
				SD Plan 0766	16	48	64
				SD Plan 0767	20	73	93
				SD Plan 0768	12	0	12
	PARAEDS/ESS	No	Yes	SD Plan 0770	5	19	24
				SD Plan 0771	3	9	12
				SD Plan 0772	6	0	6
				SD Plan 0773	1	2	3
				SD Plan 0774	4	16	20
				SD Plan 0775	1	4	5
				SD Plan 0776	3	0	3
				SD Plan 0777	1	2	3
				SD Plan 0790	4	8	12
				SD Plan 0798	1	2	3
				SD Plan 0800	17	0	17
				SD Plan 0811	1	3	4
				SD Plan 0808	13	0	13
				SD Plan 0792	34	0	34
				SD Plan 0769	3	5	8
				SD Plan 0793	3	4	7
				SD Plan 0812	2	0	2
				SD Plan 0801	2	2	4
				SD Plan 0762	8	21	29
				SD Plan 0764	33	47	80
				SD Plan 0765	1	1	2

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0766	9	24	33
				SD Plan 0767	5	17	22
				SD Plan 0768	12	0	12
	PRINCIPALS	Yes	No	SD Plan 0790	1	4	5
				SD Plan 0798	1	3	4
				SD Plan 0791	2	7	9
				SD Plan 0792	7	0	7
				SD Plan 0764	1	3	4
				SD Plan 0766	1	4	5
				SD Plan 0767	6	23	29
	SUPER/COORD	No	Yes	SD Plan 0790	1	1	2
				SD Plan 0800	5	0	5
				SD Plan 0808	2	0	2
				SD Plan 0791	1	6	7
				SD Plan 0792	3	0	3
				SD Plan 0762	1	2	3
	SUPERINTENDENT	Yes	No	SD Plan 0791	1	2	3
	TRANSPORTATION	No	Yes	SD Plan 0772	2	0	2
				SD Plan 0773	1	1	2
				SD Plan 0775	1	4	5
				SD Plan 0776	1	0	1
				SD Plan 0777	1	1	2
				SD Plan 0800	3	0	3
				SD Plan 0806	1	3	4
				SD Plan 0808	3	0	3
				SD Plan 0791	1	2	3
				SD Plan 0792	10	0	10
				SD Plan 0769	4	6	10
				SD Plan 0793	6	6	12
				SD Plan 0801	1	1	2
				SD Plan 0762	2	4	6
				SD Plan 0764	4	3	7

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0766	1	2	3
				SD Plan 0767	1	4	5
				SD Plan 0768	6	0	6
Mead School District Total					**924**	**1,441**	**2,365**
Medical Lake School District	Certificated	Yes	No	SD Plan 2558	47	0	47
				SD Plan 2559	13	0	13
				SD Plan 2560	9	0	9
				SD Plan 2562	3	0	3
				SD Plan 2563	7	0	7
				SD Plan 2564	9	0	9
				SD Plan 2566	13	0	13
				SD Plan 2567	2	0	2
				SD Plan 2568	3	0	3
				SD Plan 2569	5	0	5
	CLASSIFIED	No	Yes	SD Plan 2558	31	0	31
				SD Plan 2559	9	0	9
				SD Plan 2560	9	0	9
				SD Plan 2562	2	0	2
				SD Plan 2563	6	0	6
				SD Plan 2564	9	0	9
				SD Plan 2566	1	0	1
				SD Plan 2568	1	0	1
				SD Plan 2569	3	0	3
				SD Plan 2561	1	0	1
Medical Lake School District Total					**183**	**0**	**183**
Mercer Island School District	ADMIN	No	Yes	SD Plan 1969	1	0	1
				SD Plan 1963	11	0	11
				SD Plan 1961	2	0	2
				SD Plan 1962	1	0	1
		Yes	No	SD Plan 1969	1	0	1
				SD Plan 1963	10	0	10
				SD Plan 1960	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1961	1	0	1
				SD Plan 1962	2	0	2
	CERT	Yes	No	SD Plan 1969	17	0	17
				SD Plan 1968	14	0	14
				SD Plan 1970	1	0	1
				SD Plan 1963	73	0	73
				SD Plan 1964	9	0	9
				SD Plan 1960	30	0	30
				SD Plan 1966	7	0	7
				SD Plan 1961	23	0	23
				SD Plan 1962	38	0	38
				SD Plan 1965	18	0	18
				SD Plan 1971	2	0	2
				SD Plan 1967	6	0	6
	CLASS	No	Yes	SD Plan 1969	13	0	13
				SD Plan 1968	10	0	10
				SD Plan 1963	30	0	30
				SD Plan 1964	6	0	6
				SD Plan 1960	8	0	8
				SD Plan 1966	2	0	2
				SD Plan 1961	19	0	19
				SD Plan 1962	5	0	5
				SD Plan 1965	5	0	5
				SD Plan 1971	1	0	1
				SD Plan 1967	5	0	5
	MT/CUST	No	Yes	SD Plan 1968	1	0	1
				SD Plan 1963	5	0	5
				SD Plan 1960	2	0	2
				SD Plan 1961	2	0	2
				SD Plan 1962	13	0	13
				SD Plan 1965	1	0	1
Mercer Island School District Total					**396**	**0**	**396**

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
Meridian School District	PSE EMPLOYEES	No	Yes	SD Plan 2577	2	0	2
				SD Plan 2578	3	0	3
				SD Plan 2579	1	0	1
				SD Plan 2580	1	0	1
				SD Plan 2583	14	0	14
				SD Plan 2584	2	0	2
	TEACHERS	Yes	No	SD Plan 2577	6	0	6
				SD Plan 2578	17	0	17
				SD Plan 2580	8	0	8
				SD Plan 2583	48	0	48
				SD Plan 2584	3	0	3
				SD Plan 2581	5	0	5
				SD Plan 2582	3	0	3
	Certificated UNREPRESENTED	Yes	No	SD Plan 2574	1	0	1
				SD Plan 2575	2	0	2
				SD Plan 2576	4	0	4
				SD Plan 2585	1	0	1
				SD Plan 2586	1	0	1
	Classified UNREPRESENTED	No	Yes	SD Plan 2574	1	0	1
				SD Plan 2576	5	0	5
	SEC/AIDES POOL	No	Yes	SD Plan 2577	5	0	5
				SD Plan 2578	9	0	9
				SD Plan 2579	1	0	1
				SD Plan 2580	1	0	1
				SD Plan 2583	19	0	19
				SD Plan 2584	2	0	2
				SD Plan 2581	3	0	3
Meridian School District Total					**168**	**0**	**168**
Methow Valley School District	ADMINISTRATION	Yes	No	SD Plan 2592	3	0	3
	TEACHERS	No	Yes	SD Plan 2587	1	0	1
		Yes	No	SD Plan 2592	6	0	6
				SD Plan 2587	8	0	8

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2588	1	0	1
				SD Plan 2590	10	0	10
				SD Plan 2591	7	0	7
				SD Plan 2589	1	0	1
	CLASS CONTRACT - PSE	No	Yes	SD Plan 2592	2	0	2
				SD Plan 2587	3	0	3
				SD Plan 2588	4	0	4
				SD Plan 2590	9	0	9
				SD Plan 2591	8	0	8
		Yes	No	SD Plan 2587	1	0	1
	CLASS EXEMPT	No	Yes	SD Plan 2588	1	0	1
				SD Plan 2590	3	0	3
Methow Valley School District Total					**68**	**0**	**68**
Mill A School District	Certificated	Yes	No	SD Plan 0630	3	0	3
	CLASSIFIED	No	Yes	SD Plan 0630	5	0	5
Mill A School District Total					**8**	**0**	**8**
Monroe School District	NREP	No	Yes	SD Plan 2644	1	0	1
				SD Plan 2639	5	0	5
				SD Plan 2640	2	0	2
				SD Plan 2641	1	0	1
				SD Plan 2646	2	0	2
		Yes	No	SD Plan 2639	6	0	6
				SD Plan 2642	1	0	1
	PSE	No	Yes	SD Plan 2644	12	0	12
				SD Plan 2639	51	0	51
				SD Plan 2640	40	0	40
				SD Plan 2641	22	0	22
				SD Plan 2642	15	0	15
				SD Plan 2643	9	0	9
				SD Plan 2646	15	0	15
	MEA	No	Yes	SD Plan 2644	1	0	1
		Yes	No	SD Plan 2644	7	0	7

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2639	128	0	128
				SD Plan 2640	34	0	34
				SD Plan 2641	25	0	25
				SD Plan 2642	50	0	50
				SD Plan 2643	11	0	11
				SD Plan 2645	4	0	4
				SD Plan 2646	58	0	58
	PRINC	Yes	No	SD Plan 2644	1	0	1
				SD Plan 2639	6	0	6
				SD Plan 2641	1	0	1
				SD Plan 2642	4	0	4
				SD Plan 2646	2	0	2
	PSEOP	No	Yes	SD Plan 2639	21	0	21
				SD Plan 2640	8	0	8
				SD Plan 2641	4	0	4
				SD Plan 2642	2	0	2
				SD Plan 2643	2	0	2
				SD Plan 2646	5	0	5
	STANDARD	Yes	No	SD Plan 2640	1	0	1
Monroe School District Total					**557**	**0**	**557**
Montesano School District	Certificated	Yes	No	SD Plan 2095	50	0	50
				SD Plan 2098	3	0	3
				SD Plan 2096	6	0	6
				SD Plan 2097	5	0	5
	CLASSIFIED	No	Yes	SD Plan 2095	34	0	34
				SD Plan 2098	1	0	1
				SD Plan 2099	1	0	1
				SD Plan 2096	4	0	4
				SD Plan 2097	27	0	27
Montesano School District Total					**131**	**0**	**131**
Morton School District	Certificated	Yes	No	SD Plan 3118	1	0	1
				SD Plan 3121	9	0	9

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 3122	2	0	2
				SD Plan 3123	1	0	1
				SD Plan 3129	3	0	3
				SD Plan 3130	3	0	3
				SD Plan 3131	1	0	1
	CLASSIFIED	No	Yes	SD Plan 3121	5	0	5
				SD Plan 3122	1	0	1
				SD Plan 3123	1	0	1
				SD Plan 3129	2	0	2
				SD Plan 3130	4	0	4
				SD Plan 3119	2	0	2
				SD Plan 3124	1	0	1
				SD Plan 3125	1	0	1
				SD Plan 3126	2	0	2
				SD Plan 3127	1	0	1
Morton School District Total					**40**	**0**	**40**
Moses Lake School District	ADMINISTRATORS	No	Yes	SD Plan 2850	6	7	13
				SD Plan 2851	1	0	1
				SD Plan 2852	8	18	26
				SD Plan 2854	6	9	15
				SD Plan 2858	2	6	8
				SD Plan 2860	1	4	5
	Managers	No	Yes	SD Plan 2850	7	7	14
				SD Plan 2854	7	0	7
				SD Plan 2856	1	5	6
	CLASSIFIED ALL	No	Yes	SD Plan 2850	77	54	131
				SD Plan 2851	9	3	12
				SD Plan 2852	28	22	50
				SD Plan 2854	116	73	189
				SD Plan 2858	14	11	25
				SD Plan 2860	14	11	25
				SD Plan 2849	18	8	26

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2853	21	8	29
				SD Plan 2855	19	11	30
				SD Plan 2856	17	27	44
				SD Plan 2857	4	4	8
				SD Plan 2859	5	10	15
				SD Plan 2863	1	1	2
	SUPERINTENDENTS	No	Yes	SD Plan 2850	1	0	1
				SD Plan 2852	1	2	3
				SD Plan 2858	2	3	5
	TEACHERS ALL TYPES	Yes	No	SD Plan 2850	166	209	375
				SD Plan 2851	7	7	14
				SD Plan 2852	48	92	140
				SD Plan 2854	131	128	259
				SD Plan 2858	8	8	16
				SD Plan 2860	4	10	14
				SD Plan 2849	18	14	32
				SD Plan 2853	20	8	28
				SD Plan 2855	6	9	15
				SD Plan 2856	19	35	54
				SD Plan 2857	2	4	6
				SD Plan 2859	3	4	7
Moses Lake School District Total					**818**	**832**	**1,650**
Mossyrock School District	Certificated	Yes	No	SD Plan 3190	33	0	33
				SD Plan 3191	3	0	3
	CLASSIFIED	No	Yes	SD Plan 3190	27	0	27
				SD Plan 3191	2	0	2
Mossyrock School District Total					**65**	**0**	**65**
Mount Adams School District	Certificated	Yes	No	SD Plan 1171	4	3	7
				SD Plan 1173	69	50	119
	CLASSIFIED	No	Yes	SD Plan 1168	38	18	56
				SD Plan 1170	7	5	12
				SD Plan 1169	7	10	17

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1173	8	1	9
Mount Adams School District Total					**133**	**87**	**220**
Mount Baker School District	Certificated	Yes	No	SD Plan 3135	1	0	1
				SD Plan 3136	1	0	1
				SD Plan 3139	3	0	3
				SD Plan 3142	2	0	2
	CLASSIFIED	No	Yes	SD Plan 3139	3	0	3
				SD Plan 3142	3	0	3
				SD Plan 3138	1	0	1
				SD Plan 3140	1	0	1
	TEACHERS	No	Yes	SD Plan 3139	3	0	3
				SD Plan 3134	1	0	1
		Yes	No	SD Plan 3135	10	0	10
				SD Plan 3136	2	0	2
				SD Plan 3139	45	0	45
				SD Plan 3142	11	0	11
				SD Plan 3134	8	0	8
				SD Plan 3137	5	0	5
				SD Plan 3138	5	0	5
				SD Plan 3140	15	0	15
				SD Plan 3141	2	0	2
	CLASSFD UNION	No	Yes	SD Plan 3135	8	0	8
				SD Plan 3136	5	0	5
				SD Plan 3139	61	0	61
				SD Plan 3142	4	0	4
				SD Plan 3134	1	0	1
				SD Plan 3137	5	0	5
				SD Plan 3138	3	0	3
				SD Plan 3140	13	0	13
				SD Plan 3141	4	0	4
Mount Baker School District Total					**226**	**0**	**226**
Mount Pleasant School District	Certificated	Yes	No	SD Plan 0627	2	0	2

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
	CLASSIFIED	No	Yes	SD Plan 0627	1	1	2
Mount Pleasant School District Total					**3**	**1**	**4**
Mount Vernon School District	ADMN	Yes	No	SD Plan 2649	7	0	7
				SD Plan 2650	2	0	2
				SD Plan 2661	1	0	1
				SD Plan 2666	4	0	4
				SD Plan 2667	2	0	2
				SD Plan 2668	1	0	1
	PEBB	No	Yes	SD Plan 2657	1	0	1
				SD Plan 2654	9	0	9
				SD Plan 2655	10	0	10
				SD Plan 2656	3	0	3
		Yes	No	SD Plan 2654	1	0	1
				SD Plan 2656	1	0	1
	TEAM	No	Yes	SD Plan 2649	15	0	15
				SD Plan 2650	3	0	3
				SD Plan 2661	1	0	1
				SD Plan 2666	1	0	1
				SD Plan 2667	1	0	1
				SD Plan 2668	1	0	1
				SD Plan 2647	1	0	1
				SD Plan 2660	1	0	1
				SD Plan 2658	2	0	2
	MESA	No	Yes	SD Plan 2649	13	0	13
				SD Plan 2650	6	0	6
				SD Plan 2666	4	0	4
				SD Plan 2667	2	0	2
				SD Plan 2668	1	0	1
				SD Plan 2647	4	0	4
				SD Plan 2659	2	0	2
				SD Plan 2660	9	0	9
				SD Plan 2665	2	0	2

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2669	3	0	3
				SD Plan 2670	1	0	1
	MVEA	No	Yes	SD Plan 2652	2	0	2
				SD Plan 2673	3	0	3
		Yes	No	SD Plan 2652	131	0	131
				SD Plan 2673	42	0	42
				SD Plan 2651	6	0	6
				SD Plan 2657	1	0	1
				SD Plan 2663	2	0	2
				SD Plan 2671	97	0	97
				SD Plan 2672	43	0	43
				SD Plan 2674	21	0	21
				SD Plan 2675	8	0	8
	PSE1	No	Yes	SD Plan 2649	79	0	79
				SD Plan 2650	19	0	19
				SD Plan 2661	8	0	8
				SD Plan 2666	10	0	10
				SD Plan 2667	5	0	5
				SD Plan 2668	3	0	3
				SD Plan 2647	10	0	10
				SD Plan 2659	3	0	3
				SD Plan 2660	17	0	17
				SD Plan 2665	2	0	2
				SD Plan 2669	8	0	8
				SD Plan 2648	1	0	1
				SD Plan 2653	1	0	1
				SD Plan 2658	9	0	9
		Yes	No	SD Plan 2649	2	0	2
				SD Plan 2664	1	0	1
	PSE2	No	Yes	SD Plan 2649	27	0	27
				SD Plan 2650	11	0	11
				SD Plan 2661	3	0	3

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				SD Plan 2666	3	0	3
				SD Plan 2667	1	0	1
				SD Plan 2668	5	0	5
				SD Plan 2647	6	0	6
				SD Plan 2660	17	0	17
				SD Plan 2665	1	0	1
				SD Plan 2669	1	0	1
				SD Plan 2648	1	0	1
				SD Plan 2658	6	0	6
Mount Vernon School District Total					**731**	**0**	**731**
Mukilteo School District	Certificated	Yes	No	SD Plan 2677	282	0	282
				SD Plan 2678	37	0	37
				SD Plan 2681	242	0	242
				SD Plan 2682	156	0	156
				SD Plan 2683	5	0	5
				SD Plan 2687	79	0	79
				SD Plan 2688	17	0	17
				SD Plan 2689	61	0	61
	CLASSIFIED	No	Yes	SD Plan 2679	165	0	165
				SD Plan 2680	53	0	53
				SD Plan 2684	140	0	140
				SD Plan 2685	138	0	138
				SD Plan 2686	6	0	6
		Yes	No	SD Plan 2682	1	0	1
Mukilteo School District Total					**1,382**	**0**	**1,382**
Naches Valley School District	Certificated	Yes	No	SD Plan 2607	4	0	4
				SD Plan 2608	2	0	2
				SD Plan 2609	1	0	1
				SD Plan 2611	19	0	19
				SD Plan 2612	62	0	62
	CLASSIFIED	No	Yes	SD Plan 2611	1	0	1
				SD Plan 2612	5	0	5

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2603	17	0	17
				SD Plan 2604	3	0	3
				SD Plan 2605	14	0	14
				SD Plan 2606	7	0	7
Naches Valley School District Total					**135**	**0**	**135**
Napavine School District	Certificated	Yes	No	SD Plan 2614	10	0	10
				SD Plan 2615	16	0	16
				SD Plan 2616	3	0	3
				SD Plan 2617	6	0	6
				SD Plan 2618	6	0	6
				SD Plan 2619	1	0	1
				SD Plan 2622	1	0	1
	CLASSIFIED	No	Yes	SD Plan 2614	4	0	4
				SD Plan 2615	4	0	4
				SD Plan 2616	3	0	3
				SD Plan 2617	13	0	13
				SD Plan 2621	1	0	1
	Non-rep	No	Yes	SD Plan 2614	1	0	1
				SD Plan 2615	3	0	3
				SD Plan 2616	1	0	1
				SD Plan 2617	4	0	4
Napavine School District Total					**77**	**0**	**77**
Naselle-Grays River Valley School District	Certificated	Yes	No	SD Plan 2690	1	4	5
				SD Plan 2692	11	4	15
				SD Plan 2694	4	8	12
				SD Plan 2696	10	3	13
				SD Plan 2699	1	0	1
				SD Plan 2700	1	0	1
	CLASSIFIED	No	Yes	SD Plan 2692	5	0	5
				SD Plan 2694	2	0	2
				SD Plan 2696	7	0	7
				SD Plan 2699	4	1	5

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Naselle-Grays River Valley School District Total					**46**	**20**	**66**
Nespelem School District	Certificated	Yes	No	SD Plan 2596	1	0	1
				SD Plan 2597	1	0	1
				SD Plan 2600	1	0	1
				SD Plan 2602	7	0	7
	CLASSIFIED	No	Yes	SD Plan 2596	2	0	2
				SD Plan 2597	1	0	1
				SD Plan 2600	3	0	3
				SD Plan 2602	7	0	7
				SD Plan 2598	1	0	1
				SD Plan 2601	2	0	2
Nespelem School District Total					**26**	**0**	**26**
Newport School District	Certificated	Yes	No	SD Plan 1951	14	6	20
				SD Plan 1953	15	15	30
				SD Plan 1947	2	2	4
				SD Plan 1952	11	9	20
				SD Plan 1955	10	14	24
				SD Plan 1956	10	13	23
				SD Plan 1954	5	9	14
	CLASSIFIED	No	Yes	SD Plan 1949	2	1	3
				SD Plan 1951	5	2	7
				SD Plan 1953	11	5	16
				SD Plan 1946	1	0	1
				SD Plan 1948	2	0	2
				SD Plan 1950	1	0	1
				SD Plan 1952	16	3	19
				SD Plan 1955	6	4	10
				SD Plan 1956	3	3	6
				SD Plan 1958	1	0	1
				SD Plan 1954	5	14	19
Newport School District Total					**120**	**100**	**220**
Nine Mile Falls School District	ADMINISTRATORS	Yes	No	SD Plan 2701	2	5	7

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2703	4	11	15
	Certificated	Yes	No	SD Plan 2701	43	95	138
				SD Plan 2703	46	91	137
	CLASSIFIED	No	Yes	SD Plan 2701	1	1	2
				SD Plan 2703	34	27	61
				SD Plan 2702	9	4	13
	Non-Represented	No	Yes	SD Plan 2701	1	1	2
				SD Plan 2703	3	3	6
				SD Plan 2702	1	2	3
Nine Mile Falls School District Total					**144**	**240**	**384**
Nooksack Valley School District	ADMN	Yes	No	SD Plan 2704	1	0	1
				SD Plan 2708	1	0	1
				SD Plan 2709	7	0	7
	NREP	No	Yes	SD Plan 2708	1	0	1
				SD Plan 2709	11	0	11
				SD Plan 2705	1	0	1
				SD Plan 2711	1	0	1
	SEIU	No	Yes	SD Plan 2708	3	0	3
				SD Plan 2709	63	0	63
				SD Plan 2705	8	0	8
				SD Plan 2711	2	0	2
				SD Plan 2706	1	0	1
				SD Plan 2707	3	0	3
				SD Plan 2710	3	0	3
	NVEA	Yes	No	SD Plan 2704	1	0	1
				SD Plan 2708	3	0	3
				SD Plan 2709	55	0	55
				SD Plan 2705	12	0	12
				SD Plan 2711	10	0	10
				SD Plan 2706	4	0	4
				SD Plan 2707	5	0	5
				SD Plan 2710	3	0	3

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Nooksack Valley School District Total					**199**	**0**	**199**
North Beach School District	Certificated	Yes	No	SD Plan 2714	1	1	2
				SD Plan 2715	1	0	1
				SD Plan 2727	13	14	27
				SD Plan 2728	2	6	8
				SD Plan 2729	3	5	8
				SD Plan 2730	3	0	3
				SD Plan 2732	8	6	14
				SD Plan 2733	1	2	3
				SD Plan 2734	1	0	1
				SD Plan 2735	5	3	8
	CLASSIFIED	No	Yes	SD Plan 2715	1	0	1
				SD Plan 2727	12	1	13
				SD Plan 2728	2	0	2
				SD Plan 2729	6	0	6
				SD Plan 2732	11	1	12
				SD Plan 2734	3	3	6
				SD Plan 2716	1	0	1
North Beach School District Total					**74**	**42**	**116**
North Franklin School District	CERTIFIED UNION	No	Yes	SD Plan 0979	1	0	1
				SD Plan 0987	1	0	1
		Yes	No	SD Plan 0982	2	0	2
				SD Plan 0983	7	0	7
				SD Plan 0980	15	0	15
				SD Plan 0979	22	0	22
				SD Plan 0981	4	0	4
				SD Plan 0978	54	0	54
				SD Plan 0984	10	0	10
				SD Plan 0987	5	0	5
	CLASSIFIED UNION	No	Yes	SD Plan 0982	12	0	12
				SD Plan 0983	3	0	3
				SD Plan 0980	19	0	19

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				SD Plan 0979	17	0	17
				SD Plan 0981	6	0	6
				SD Plan 0978	31	0	31
				SD Plan 0984	4	0	4
				SD Plan 0987	2	0	2
	NON REPRESENTED STAFF	No	Yes	SD Plan 0982	1	0	1
				SD Plan 0979	1	0	1
				SD Plan 0981	1	0	1
				SD Plan 0978	2	0	2
				SD Plan 0987	5	0	5
		Yes	No	SD Plan 0982	1	0	1
				SD Plan 0980	1	0	1
				SD Plan 0981	1	0	1
				SD Plan 0978	1	0	1
				SD Plan 0987	8	0	8
North Franklin School District Total					**237**	**0**	**237**
North Kitsap School District	SEIU	No	Yes	SD Plan 2737	21	0	21
				SD Plan 2739	4	0	4
				SD Plan 2740	21	0	21
				SD Plan 2741	6	0	6
				SD Plan 2742	9	0	9
	TRANSPORTATION	No	Yes	SD Plan 2737	17	0	17
				SD Plan 2739	5	0	5
				SD Plan 2740	8	0	8
				SD Plan 2741	2	0	2
				SD Plan 2742	8	0	8
	ADMIN BARGAINED	No	Yes	SD Plan 2737	2	0	2
				SD Plan 2739	2	0	2
				SD Plan 2740	5	0	5
				SD Plan 2741	1	0	1
				SD Plan 2742	3	0	3
				SD Plan 2743	1	0	1

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		Yes	No	SD Plan 2737	3	0	3
				SD Plan 2739	1	0	1
	NKACEE/PSE	No	Yes	SD Plan 2737	43	0	43
				SD Plan 2739	11	0	11
				SD Plan 2740	29	0	29
				SD Plan 2741	24	0	24
				SD Plan 2742	47	0	47
	NKEA	Yes	No	SD Plan 2737	89	0	89
				SD Plan 2739	31	0	31
				SD Plan 2740	104	0	104
				SD Plan 2741	41	0	41
				SD Plan 2742	69	0	69
	NKSACAS-CLASS ADM	No	Yes	SD Plan 2737	3	0	3
				SD Plan 2740	4	0	4
				SD Plan 2741	2	0	2
	NON-BARGAINED CLASS	No	Yes	SD Plan 2737	2	0	2
				SD Plan 2740	7	0	7
				SD Plan 2742	2	0	2
		Yes	No	SD Plan 2740	1	0	1
	Tim Garrison .50 NKSAA/ .5 Non Barg	Yes	No	SD Plan 2737	1	0	1
North Kitsap School District Total					**629**	**0**	**629**
North Mason School District	ADMINISTRATORS	No	Yes	SD Plan 0989	2	0	2
				SD Plan 0996	1	0	1
				SD Plan 0997	2	0	2
				SD Plan 0998	1	0	1
		Yes	No	SD Plan 0989	2	0	2
				SD Plan 0995	1	0	1
				SD Plan 0996	4	0	4
				SD Plan 0998	1	0	1
	BUS DRIVERS	No	Yes	SD Plan 1001	27	0	27
	PUBLIC SCH EMPLOYEES	No	Yes	SD Plan 0989	4	0	4
				SD Plan 0990	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0992	3	0	3
				SD Plan 0994	1	0	1
				SD Plan 0995	1	0	1
				SD Plan 0996	19	0	19
				SD Plan 0997	12	0	12
				SD Plan 0998	15	0	15
				SD Plan 1000	1	0	1
	TEACHERS	No	Yes	SD Plan 0989	1	0	1
				SD Plan 0997	1	0	1
		Yes	No	SD Plan 0989	27	0	27
				SD Plan 0990	7	0	7
				SD Plan 0991	5	0	5
				SD Plan 0992	5	0	5
				SD Plan 0993	2	0	2
				SD Plan 0994	2	0	2
				SD Plan 0995	3	0	3
				SD Plan 0996	25	0	25
				SD Plan 0997	17	0	17
				SD Plan 0998	15	0	15
				SD Plan 0999	2	0	2
				SD Plan 1000	2	0	2
North Mason School District Total					**212**	**0**	**212**
North River School District	Certificated	Yes	No	SD Plan 1003	8	0	8
				SD Plan 1005	1	0	1
				SD Plan 1006	1	0	1
				SD Plan 1007	1	0	1
	CLASSIFIED	No	Yes	SD Plan 1003	8	0	8
North River School District Total					**19**	**0**	**19**
North Thurston Public Schools	CLASSIFIED	No	Yes	SD Plan 2806	1	0	1
				SD Plan 2757	1	0	1
				SD Plan 2758	27	0	27
				SD Plan 2759	1	0	1

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				SD Plan 2760	2	0	2
				SD Plan 2761	27	0	27
				SD Plan 2762	3	0	3
				SD Plan 2763	1	0	1
				SD Plan 2764	2	0	2
				SD Plan 2765	1	0	1
				SD Plan 2766	15	0	15
				SD Plan 2767	1	0	1
				SD Plan 2768	11	0	11
				SD Plan 2777	1	0	1
				SD Plan 2778	36	0	36
				SD Plan 2779	18	0	18
				SD Plan 2780	3	0	3
				SD Plan 2781	1	0	1
				SD Plan 2782	1	0	1
				SD Plan 2783	1	0	1
				SD Plan 2784	5	0	5
				SD Plan 2785	7	0	7
				SD Plan 2786	4	0	4
				SD Plan 2787	9	0	9
				SD Plan 2788	1	0	1
				SD Plan 2789	1	0	1
				SD Plan 2790	1	0	1
				SD Plan 2791	5	0	5
				SD Plan 2792	1	0	1
				SD Plan 2793	7	0	7
				SD Plan 2794	16	0	16
				SD Plan 2795	2	0	2
				SD Plan 2796	2	0	2
				SD Plan 2797	1	0	1
				SD Plan 2798	11	0	11
				SD Plan 2799	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2800	2	0	2
				SD Plan 2801	1	0	1
				SD Plan 2802	2	0	2
				SD Plan 2803	1	0	1
				SD Plan 2804	1	0	1
				SD Plan 2805	3	0	3
				SD Plan 2807	1	0	1
				SD Plan 2808	5	0	5
				SD Plan 2809	1	0	1
				SD Plan 2810	2	0	2
				SD Plan 2811	2	0	2
				SD Plan 2812	1	0	1
				SD Plan 2813	1	0	1
				SD Plan 2814	5	0	5
	CUSTODIANS	No	Yes	SD Plan 2754	1	0	1
				SD Plan 2756	30	0	30
				SD Plan 2772	1	0	1
				SD Plan 2774	2	0	2
				SD Plan 2776	2	0	2
				SD Plan 2806	2	0	2
				SD Plan 2818	6	0	6
				SD Plan 2820	4	0	4
				SD Plan 2822	1	0	1
				SD Plan 2823	2	0	2
				SD Plan 2752	1	0	1
	Office Professional	No	Yes	SD Plan 2754	5	0	5
				SD Plan 2756	24	0	24
				SD Plan 2772	10	0	10
				SD Plan 2774	2	0	2
				SD Plan 2776	4	0	4
				SD Plan 2806	2	0	2
				SD Plan 2818	16	0	16

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2820	11	0	11
				SD Plan 2822	5	0	5
				SD Plan 2823	5	0	5
				SD Plan 2808	4	0	4
				SD Plan 2753	1	0	1
				SD Plan 2752	3	0	3
	PRINCIPALS	Yes	No	SD Plan 2756	7	0	7
				SD Plan 2774	1	0	1
				SD Plan 2776	1	0	1
				SD Plan 2818	6	0	6
				SD Plan 2820	6	0	6
				SD Plan 2823	1	0	1
				SD Plan 2808	3	0	3
				SD Plan 2752	2	0	2
	TEACHERS	Yes	No	SD Plan 2756	249	0	249
				SD Plan 2806	15	0	15
				SD Plan 2818	193	0	193
				SD Plan 2820	83	0	83
				SD Plan 2822	125	0	125
				SD Plan 2823	61	0	61
				SD Plan 2805	29	0	29
				SD Plan 2814	12	0	12
				SD Plan 2755	2	0	2
				SD Plan 2817	2	0	2
	Bus Drivers Mechanics Trans Dispatchers	No	Yes	SD Plan 2754	1	0	1
				SD Plan 2756	23	0	23
				SD Plan 2772	2	0	2
				SD Plan 2774	5	0	5
				SD Plan 2776	4	0	4
				SD Plan 2806	2	0	2
				SD Plan 2818	10	0	10
				SD Plan 2820	2	0	2

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2822	8	0	8
				SD Plan 2823	2	0	2
	Classified Admin District Admin	No	Yes	SD Plan 2756	1	0	1
				SD Plan 2772	1	0	1
				SD Plan 2806	1	0	1
				SD Plan 2818	2	0	2
				SD Plan 2808	2	0	2
		Yes	No	SD Plan 2756	1	0	1
				SD Plan 2776	1	0	1
				SD Plan 2818	7	0	7
	Computer Techs	No	Yes	SD Plan 2754	1	0	1
				SD Plan 2756	3	0	3
				SD Plan 2823	3	0	3
				SD Plan 2808	1	0	1
	Cooks Warehouse	No	Yes	SD Plan 2756	15	0	15
				SD Plan 2772	2	0	2
				SD Plan 2774	1	0	1
				SD Plan 2776	3	0	3
				SD Plan 2818	5	0	5
				SD Plan 2820	1	0	1
				SD Plan 2822	5	0	5
				SD Plan 2823	4	0	4
				SD Plan 2753	1	0	1
	Grounds Maintenance	No	Yes	SD Plan 2756	5	0	5
				SD Plan 2772	3	0	3
				SD Plan 2774	2	0	2
				SD Plan 2776	1	0	1
				SD Plan 2806	1	0	1
				SD Plan 2818	2	0	2
				SD Plan 2820	1	0	1
				SD Plan 2822	2	0	2
				SD Plan 2823	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
	NEW HIRE CERTIFICATED AFTER INITIAL YR POOLING	Yes	No	SD Plan 2756	2	0	2
	NEW HIRE CUSTODIANS AFTER INITIAL YR POOLING	No	Yes	SD Plan 2756	3	0	3
				SD Plan 2772	1	0	1
	NEW HIRE PSE	No	Yes	SD Plan 2776	1	0	1
	NEW HIRE CT AFTER INITIAL POOLING	No	Yes	SD Plan 2806	1	0	1
North Thurston Public Schools Total					**1,344**	**0**	**1,344**
Northport School District	Certificated	Yes	No	SD Plan 2826	3	0	3
				SD Plan 2827	6	12	18
				SD Plan 2828	1	2	3
				SD Plan 2829	1	2	3
				SD Plan 2830	6	13	19
	CLASSIFIED	No	Yes	SD Plan 2826	5	3	8
				SD Plan 2827	13	12	25
				SD Plan 2830	1	0	1
Northport School District Total					**36**	**44**	**80**
Northshore School District	Certificated	Yes	No	SD Plan 1945	133	79	212
				SD Plan 1941	573	161	734
				SD Plan 1942	413	588	1,001
				SD Plan 1943	72	146	218
	Certificated Job Share	Yes	No	SD Plan 1945	2	2	4
				SD Plan 1941	2	3	5
				SD Plan 1942	5	8	13
				SD Plan 1943	6	6	12
	CLASSIFIED	No	Yes	SD Plan 1945	57	25	82
				SD Plan 1941	338	70	408
				SD Plan 1942	241	324	565
				SD Plan 1943	48	103	151
Northshore School District Total					**1,890**	**1,515**	**3,405**
Oak Harbor School District	NON REP	No	Yes	SD Plan 0960	7	0	7
				SD Plan 0961	3	0	3
				SD Plan 0963	3	0	3
		Yes	No	SD Plan 0960	3	0	3

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0962	1	0	1
	OHBAA	Yes	No	SD Plan 0958	3	0	3
				SD Plan 0960	9	0	9
				SD Plan 0961	2	0	2
				SD Plan 0962	1	0	1
	OHEA	No	Yes	SD Plan 0960	2	0	2
				SD Plan 0962	1	0	1
				SD Plan 0963	2	0	2
		Yes	No	SD Plan 0958	24	0	24
				SD Plan 0960	132	0	132
				SD Plan 0961	41	0	41
				SD Plan 0962	31	0	31
				SD Plan 0963	32	0	32
				SD Plan 0964	2	0	2
	PSE	No	Yes	SD Plan 0958	17	0	17
				SD Plan 0960	52	0	52
				SD Plan 0961	18	0	18
				SD Plan 0962	38	0	38
				SD Plan 0963	52	0	52
	PSE NON-POOL	No	Yes	SD Plan 0961	1	0	1
Oak Harbor School District Total					**477**	**0**	**477**
Oakesdale School District	Certificated	Yes	No	SD Plan 2833	4	0	4
				SD Plan 2838	1	0	1
	CLASSIFIED	No	Yes	SD Plan 2833	7	0	7
	Oakesdale Represented	No	Yes	SD Plan 2834	3	0	3
				SD Plan 2835	1	0	1
				SD Plan 2837	1	0	1
		Yes	No	SD Plan 2834	3	0	3
				SD Plan 2835	2	0	2
				SD Plan 2837	1	0	1
Oakesdale School District Total					**23**	**0**	**23**
Ocean Beach School District	ADMIN NON REP	Yes	No	SD Plan 2632	3	6	9

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2634	2	0	2
	CPEA	No	Yes	SD Plan 2632	13	9	22
				SD Plan 2634	8	6	14
				SD Plan 2633	5	3	8
				SD Plan 2635	6	7	13
				SD Plan 2636	4	2	6
				SD Plan 2637	3	0	3
	PSE	No	Yes	SD Plan 2632	2	0	2
				SD Plan 2634	7	0	7
				SD Plan 2633	2	0	2
				SD Plan 2635	3	0	3
	Classif Non Rep	No	Yes	SD Plan 2632	2	2	4
				SD Plan 2634	3	1	4
				SD Plan 2633	1	0	1
	OBEA	Yes	No	SD Plan 2632	19	11	30
				SD Plan 2634	21	13	34
				SD Plan 2633	10	19	29
Ocean Beach School District Total					**114**	**79**	**193**
Ocosta School District	Certificated	Yes	No	SD Plan 0957	51	0	51
	CLASSIFIED	No	Yes	SD Plan 0957	36	0	36
Ocosta School District Total					**87**	**0**	**87**
Odessa School District	Certificated Employees	Yes	No	SD Plan 2947	2	4	6
				SD Plan 2948	9	8	17
				SD Plan 2949	7	11	18
				SD Plan 2950	1	1	2
	Classified Employees	No	Yes	SD Plan 2948	2	0	2
				SD Plan 2949	4	4	8
				SD Plan 2950	4	0	4
				SD Plan 2951	11	11	22
Odessa School District Total					**40**	**39**	**79**
Okanogan School District	ADMIN	No	Yes	SD Plan 0966	5	0	5
		Yes	No	SD Plan 0966	2	0	2

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
	CLASS - NON PSE	No	Yes	SD Plan 0967	22	0	22
	OEA	No	Yes	SD Plan 0971	2	0	2
				SD Plan 0974	3	0	3
				SD Plan 0976	1	0	1
		Yes	No	SD Plan 0971	3	0	3
				SD Plan 0972	2	0	2
				SD Plan 0973	2	0	2
				SD Plan 0974	22	0	22
				SD Plan 0975	12	0	12
				SD Plan 0976	13	0	13
	PSE	No	Yes	SD Plan 0971	1	0	1
				SD Plan 0972	1	0	1
				SD Plan 0973	1	0	1
				SD Plan 0974	28	0	28
				SD Plan 0975	4	0	4
				SD Plan 0976	5	0	5
Okanogan School District Total					**129**	**0**	**129**
Olympia School District	Certificated	No	Yes	SD Plan 1033	1	0	1
				SD Plan 1035	1	0	1
		Yes	No	SD Plan 1033	107	0	107
				SD Plan 1034	171	0	171
				SD Plan 1035	94	0	94
				SD Plan 1036	75	0	75
				SD Plan 1037	54	0	54
				SD Plan 1039	8	0	8
	CLASSIFIED	No	Yes	SD Plan 1033	51	0	51
				SD Plan 1034	54	0	54
				SD Plan 1035	32	0	32
				SD Plan 1036	53	0	53
				SD Plan 1037	40	0	40
		Yes	No	SD Plan 1033	1	0	1
				SD Plan 1034	1	0	1

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				SD Plan 1036	1	0	1
	FOOD SERVICE	No	Yes	SD Plan 1033	11	0	11
				SD Plan 1034	3	0	3
				SD Plan 1035	2	0	2
				SD Plan 1036	2	0	2
				SD Plan 1037	6	0	6
	MAINT CUSTODIAL BUS TECH	No	Yes	SD Plan 1033	36	0	36
				SD Plan 1034	25	0	25
				SD Plan 1035	13	0	13
				SD Plan 1036	14	0	14
				SD Plan 1037	20	0	20
Olympia School District Total					**876**	**0**	**876**
Omak School District	CLASSIFIED ADM SUPPRT	No	Yes	SD Plan 1866	1	2	3
				SD Plan 1867	1	0	1
				SD Plan 1870	3	0	3
	OMAK EDUCATION ASSOC	Yes	No	SD Plan 1856	2	0	2
				SD Plan 1858	1	0	1
				SD Plan 1860	1	0	1
				SD Plan 1861	1	0	1
				SD Plan 1865	16	0	16
				SD Plan 1866	5	0	5
				SD Plan 1867	7	0	7
				SD Plan 1868	19	3	22
				SD Plan 1869	5	0	5
				SD Plan 1870	9	0	9
	PUBLIC SCHOOL EMPLOYE	No	Yes	SD Plan 1860	5	0	5
				SD Plan 1865	1	0	1
				SD Plan 1867	1	0	1
				SD Plan 1868	9	0	9
				SD Plan 1869	2	0	2
				SD Plan 1870	5	0	5
				SD Plan 1859	2	0	2

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1863	1	0	1
		Yes	No	SD Plan 1868	1	0	1
	SECRETARIES ED ASSOC	No	Yes	SD Plan 1865	2	0	2
				SD Plan 1868	4	0	4
				SD Plan 1870	1	0	1
Omak School District Total					**105**	**5**	**110**
Onalaska School District	Certificated	Yes	No	SD Plan 2840	16	14	30
				SD Plan 2841	9	7	16
				SD Plan 2842	5	8	13
				SD Plan 2843	6	5	11
				SD Plan 2844	1	0	1
				SD Plan 2845	6	3	9
				SD Plan 2846	4	4	8
				SD Plan 2847	1	1	2
	CLASSIFIED	No	Yes	SD Plan 2840	9	5	14
				SD Plan 2841	7	11	18
				SD Plan 2842	12	11	23
				SD Plan 2843	12	9	21
				SD Plan 2844	4	2	6
				SD Plan 2845	1	0	1
				SD Plan 2847	1	0	1
Onalaska School District Total					**94**	**80**	**174**
Onion Creek School District	Certificated	Yes	No	SD Plan 2848	4	6	10
	CLASSIFIED	No	Yes	SD Plan 2848	7	6	13
Onion Creek School District Total					**11**	**12**	**23**
Orcas Island School District	Non Represented	No	Yes	SD Plan 2875	2	2	4
				SD Plan 2876	2	0	2
				SD Plan 2881	1	1	2
				SD Plan 2884	2	4	6
		Yes	No	SD Plan 2879	1	0	1
				SD Plan 2882	1	3	4
	ORCAS EDUCATION ASSOC	Yes	No	SD Plan 2875	12	11	23

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2876	10	7	17
				SD Plan 2884	9	12	21
				SD Plan 2879	9	8	17
				SD Plan 2882	2	0	2
				SD Plan 2878	1	0	1
				SD Plan 2883	4	3	7
	PUBLIC SCHOOL EMPLS	No	Yes	SD Plan 2875	13	17	30
				SD Plan 2876	5	7	12
				SD Plan 2884	1	3	4
				SD Plan 2879	1	1	2
				SD Plan 2883	2	1	3
				SD Plan 2877	2	0	2
				SD Plan 2880	1	1	2
Orcas Island School District Total					**81**	**81**	**162**
Orchard Prairie School District	Non-Represented	No	Yes	SD Plan 2885	2	0	2
				SD Plan 2886	1	0	1
	REPRESENTED	Yes	No	SD Plan 2885	2	0	2
				SD Plan 2886	3	0	3
				SD Plan 2888	1	0	1
Orchard Prairie School District Total					**9**	**0**	**9**
Orient School District	Certificated	Yes	No	SD Plan 2997	7	0	7
	CLASSIFIED	No	Yes	SD Plan 2998	5	0	5
Orient School District Total					**12**	**0**	**12**
Orondo School District	ORONDO CLASSROOM SUPPORT- POW	No	Yes	SD Plan 1881	1	0	1
				SD Plan 1884	2	0	2
				SD Plan 1885	1	1	2
				SD Plan 1891	1	0	1
				SD Plan 1893	2	0	2
				SD Plan 1882	2	2	4
	ORONDO ED ASSOC	Yes	No	SD Plan 1885	1	3	4
				SD Plan 1886	1	0	1
				SD Plan 1891	4	6	10

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				SD Plan 1892	4	6	10
				SD Plan 1893	3	0	3
	UNREPRESENTED	No	Yes	SD Plan 1885	1	0	1
				SD Plan 1889	2	0	2
				SD Plan 1891	4	1	5
				SD Plan 1893	3	1	4
		Yes	No	SD Plan 1891	2	2	4
Orondo School District Total					**34**	**22**	**56**
Oroville School District	Certificated	Yes	No	SD Plan 1902	17	9	26
				SD Plan 1906	1	4	5
				SD Plan 1903	5	2	7
				SD Plan 1907	2	10	12
				SD Plan 1904	7	12	19
				SD Plan 1905	3	5	8
	CLASSIFIED	No	Yes	SD Plan 1902	19	11	30
				SD Plan 1906	1	0	1
				SD Plan 1903	7	6	13
				SD Plan 1904	13	10	23
				SD Plan 1905	3	3	6
Oroville School District Total					**78**	**72**	**150**
Orting School District	CLASSIFIED	No	Yes	SD Plan 2890	12	0	12
				SD Plan 2892	23	0	23
				SD Plan 2893	10	0	10
				SD Plan 2894	21	0	21
				SD Plan 2895	10	0	10
				SD Plan 2899	1	0	1
	TEACHERS	No	Yes	SD Plan 2892	1	0	1
				SD Plan 2894	1	0	1
		Yes	No	SD Plan 2890	13	0	13
				SD Plan 2892	53	0	53
				SD Plan 2893	18	0	18
				SD Plan 2894	13	0	13

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				SD Plan 2895	21	0	21
				SD Plan 2899	3	0	3
				SD Plan 2891	1	0	1
Orting School District Total					**201**	**0**	**201**
Othello School District	CERTIFICATED POOLING	Yes	No	SD Plan 2933	110	259	369
				SD Plan 2934	49	125	174
				SD Plan 2935	26	68	94
				SD Plan 2936	9	25	34
				SD Plan 2937	2	9	11
				SD Plan 2938	39	93	132
	CLASSIFIED POOLING	No	Yes	SD Plan 2933	63	131	194
				SD Plan 2934	46	106	152
				SD Plan 2935	46	114	160
				SD Plan 2936	13	29	42
				SD Plan 2937	8	22	30
				SD Plan 2938	11	26	37
				SD Plan 2939	1	4	5
Othello School District Total					**423**	**1,011**	**1,434**
Palisades School District	Certificated Employees	Yes	No	SD Plan 2477	2	3	5
	Classified Employess	No	Yes	SD Plan 2477	5	5	10
Palisades School District Total					**7**	**8**	**15**
Palouse School District	Certificated	Yes	No	SD Plan 1910	14	18	32
	CLASSIFIED	No	Yes	SD Plan 1909	2	2	4
				SD Plan 1910	8	6	14
Palouse School District Total					**24**	**26**	**50**
Pasco School District	District Administrators	No	Yes	SD Plan 1090	1	0	1
				SD Plan 1091	3	0	3
				SD Plan 1092	1	0	1
				SD Plan 1067	1	0	1
				SD Plan 1074	1	0	1
				SD Plan 1075	1	0	1
				SD Plan 1076	2	0	2

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
		Yes	No	SD Plan 1091	1	0	1
				SD Plan 1092	1	0	1
				SD Plan 1093	1	0	1
				SD Plan 1074	3	0	3
				SD Plan 1075	6	0	6
				SD Plan 1076	1	0	1
				SD Plan 1066	1	0	1
				SD Plan 1077	4	0	4
	EXEMPT PROFESSIONAL	No	Yes	SD Plan 1082	3	0	3
				SD Plan 1091	5	0	5
				SD Plan 1098	1	0	1
				SD Plan 1108	1	0	1
				SD Plan 1115	1	0	1
				SD Plan 1101	1	0	1
				SD Plan 1083	1	0	1
				SD Plan 1067	1	0	1
				SD Plan 1074	1	0	1
				SD Plan 1075	5	0	5
				SD Plan 1077	1	0	1
				SD Plan 1070	1	0	1
	IUOE MAINT AND CUST	No	Yes	SD Plan 1062	1	0	1
				SD Plan 1063	1	0	1
				SD Plan 1082	5	0	5
				SD Plan 1084	1	0	1
				SD Plan 1090	2	0	2
				SD Plan 1091	10	0	10
				SD Plan 1100	1	0	1
				SD Plan 1117	1	0	1
				SD Plan 1106	3	0	3
				SD Plan 1101	1	0	1
				SD Plan 1083	12	0	12
				SD Plan 1067	13	0	13

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1074	4	0	4
				SD Plan 1075	29	0	29
				SD Plan 1076	1	0	1
				SD Plan 1066	6	0	6
				SD Plan 1077	2	0	2
				SD Plan 1068	1	0	1
				SD Plan 1069	2	0	2
				SD Plan 1071	1	0	1
				SD Plan 1078	1	0	1
	IUOE TRANSPORTATION	No	Yes	SD Plan 1062	3	0	3
				SD Plan 1063	13	0	13
				SD Plan 1065	1	0	1
				SD Plan 1087	11	0	11
				SD Plan 1091	1	0	1
				SD Plan 1095	6	0	6
				SD Plan 1097	1	0	1
				SD Plan 1111	1	0	1
				SD Plan 1112	1	0	1
				SD Plan 1110	3	0	3
				SD Plan 1113	1	0	1
				SD Plan 1103	4	0	4
				SD Plan 1102	2	0	2
				SD Plan 1094	2	0	2
				SD Plan 1105	1	0	1
				SD Plan 1070	2	0	2
				SD Plan 1071	14	0	14
				SD Plan 1078	1	0	1
				SD Plan 1073	1	0	1
				SD Plan 1079	5	0	5
	NON-SCHEDULED/NON-EXEMPT	No	Yes	SD Plan 1085	2	0	2
				SD Plan 1087	1	0	1
				SD Plan 1075	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1068	1	0	1
	PAE TEACHERS	No	Yes	SD Plan 1075	1	0	1
		Yes	No	SD Plan 1082	45	0	45
				SD Plan 1084	14	0	14
				SD Plan 1085	9	0	9
				SD Plan 1087	1	0	1
				SD Plan 1090	32	0	32
				SD Plan 1091	76	0	76
				SD Plan 1098	18	0	18
				SD Plan 1099	8	0	8
				SD Plan 1100	30	0	30
				SD Plan 1107	1	0	1
				SD Plan 1108	15	0	15
				SD Plan 1109	8	0	8
				SD Plan 1115	1	0	1
				SD Plan 1117	2	0	2
				SD Plan 1124	5	0	5
				SD Plan 1106	16	0	16
				SD Plan 1114	11	0	11
				SD Plan 1116	6	0	6
				SD Plan 1101	9	0	9
				SD Plan 1083	52	0	52
				SD Plan 1092	7	0	7
				SD Plan 1093	8	0	8
				SD Plan 1067	60	0	60
				SD Plan 1074	112	0	112
				SD Plan 1075	278	0	278
				SD Plan 1076	25	0	25
				SD Plan 1066	39	0	39
				SD Plan 1077	17	0	17
				SD Plan 1068	11	0	11
				SD Plan 1069	8	0	8

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
	PRINCIPAL & ASST PRINCIPALS	Yes	No	SD Plan 1090	6	0	6
				SD Plan 1091	3	0	3
				SD Plan 1108	1	0	1
				SD Plan 1092	4	0	4
				SD Plan 1093	1	0	1
				SD Plan 1067	1	0	1
				SD Plan 1074	13	0	13
				SD Plan 1075	3	0	3
				SD Plan 1076	9	0	9
				SD Plan 1077	1	0	1
	PSE NUTRITION SERVICES	No	Yes	SD Plan 1062	1	0	1
				SD Plan 1063	3	0	3
				SD Plan 1081	1	0	1
				SD Plan 1087	4	0	4
				SD Plan 1095	5	0	5
				SD Plan 1111	5	0	5
				SD Plan 1103	3	0	3
				SD Plan 1094	2	0	2
				SD Plan 1104	1	0	1
				SD Plan 1074	1	0	1
				SD Plan 1070	3	0	3
				SD Plan 1071	12	0	12
				SD Plan 1078	2	0	2
				SD Plan 1073	5	0	5
				SD Plan 1079	4	0	4
	PSE PARAEDUCATORS	No	Yes	SD Plan 1062	1	0	1
				SD Plan 1063	20	0	20
				SD Plan 1081	1	0	1
				SD Plan 1086	3	0	3
				SD Plan 1087	8	0	8
				SD Plan 1095	23	0	23
				SD Plan 1096	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1111	14	0	14
				SD Plan 1112	1	0	1
				SD Plan 1115	1	0	1
				SD Plan 1110	4	0	4
				SD Plan 1113	1	0	1
				SD Plan 1103	12	0	12
				SD Plan 1101	1	0	1
				SD Plan 1102	7	0	7
				SD Plan 1083	2	0	2
				SD Plan 1094	11	0	11
				SD Plan 1104	2	0	2
				SD Plan 1105	1	0	1
				SD Plan 1070	3	0	3
				SD Plan 1071	27	0	27
				SD Plan 1078	3	0	3
				SD Plan 1073	3	0	3
				SD Plan 1079	39	0	39
				SD Plan 1072	1	0	1
	PSE SECRETARIES & CLERKS	No	Yes	SD Plan 1062	6	0	6
				SD Plan 1063	13	0	13
				SD Plan 1065	1	0	1
				SD Plan 1086	2	0	2
				SD Plan 1087	12	0	12
				SD Plan 1097	2	0	2
				SD Plan 1098	1	0	1
				SD Plan 1111	2	0	2
				SD Plan 1112	2	0	2
				SD Plan 1064	1	0	1
				SD Plan 1110	3	0	3
				SD Plan 1113	1	0	1
				SD Plan 1103	2	0	2
				SD Plan 1102	5	0	5

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1089	1	0	1
				SD Plan 1094	3	0	3
				SD Plan 1105	2	0	2
				SD Plan 1070	6	0	6
				SD Plan 1071	32	0	32
				SD Plan 1078	9	0	9
				SD Plan 1073	2	0	2
				SD Plan 1079	13	0	13
	PSE SPECIALISTS	No	Yes	SD Plan 1062	6	0	6
				SD Plan 1063	8	0	8
				SD Plan 1086	1	0	1
				SD Plan 1087	6	0	6
				SD Plan 1095	5	0	5
				SD Plan 1096	2	0	2
				SD Plan 1097	1	0	1
				SD Plan 1111	1	0	1
				SD Plan 1112	1	0	1
				SD Plan 1064	1	0	1
				SD Plan 1110	5	0	5
				SD Plan 1103	2	0	2
				SD Plan 1101	1	0	1
				SD Plan 1102	3	0	3
				SD Plan 1083	1	0	1
				SD Plan 1094	5	0	5
				SD Plan 1070	5	0	5
				SD Plan 1071	24	0	24
				SD Plan 1078	4	0	4
				SD Plan 1079	7	0	7
	TECHNOLOGY	No	Yes	SD Plan 1082	1	0	1
				SD Plan 1098	1	0	1
				SD Plan 1107	1	0	1
				SD Plan 1109	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1117	1	0	1
				SD Plan 1116	1	0	1
				SD Plan 1067	1	0	1
				SD Plan 1074	1	0	1
				SD Plan 1075	2	0	2
				SD Plan 1076	1	0	1
				SD Plan 1066	1	0	1
Pasco School District Total					**1,658**	**0**	**1,658**
Pateros School District	Certificated	Yes	No	SD Plan 2900	22	0	22
	CLASSIFIED	No	Yes	SD Plan 2900	16	0	16
Pateros School District Total					**38**	**0**	**38**
Paterson School District	CERTIFICATED STAFF	Yes	No	SD Plan 2478	3	6	9
				SD Plan 2479	4	8	12
				SD Plan 2480	4	10	14
	Classified Staff	No	Yes	SD Plan 2479	2	1	3
				SD Plan 2480	2	2	4
Paterson School District Total					**15**	**27**	**42**
Pe Ell School District	Certificated	Yes	No	SD Plan 1896	19	13	32
				SD Plan 1897	1	1	2
				SD Plan 1899	1	2	3
	CLASSIFIED	No	Yes	SD Plan 1896	8	0	8
				SD Plan 1897	4	0	4
				SD Plan 1899	9	3	12
Pe Ell School District Total					**42**	**19**	**61**
Peninsula School District	ADMIN/NON-REP	No	Yes	SD Plan 2901	2	0	2
				SD Plan 2903	1	0	1
				SD Plan 2905	6	0	6
				SD Plan 2908	5	0	5
				SD Plan 2909	1	0	1
				SD Plan 2913	1	0	1
		Yes	No	SD Plan 2901	3	0	3
				SD Plan 2905	2	0	2

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2908	1	0	1
				SD Plan 2912	1	0	1
	TEACHERS	No	Yes	SD Plan 2901	1	0	1
				SD Plan 2903	1	0	1
				SD Plan 2905	2	0	2
				SD Plan 2908	2	0	2
		Yes	No	SD Plan 2901	98	0	98
				SD Plan 2903	42	0	42
				SD Plan 2905	121	0	121
				SD Plan 2908	44	0	44
				SD Plan 2909	33	0	33
				SD Plan 2913	37	0	37
				SD Plan 2912	70	0	70
				SD Plan 2907	14	0	14
				SD Plan 2915	7	0	7
				SD Plan 2904	2	0	2
	PRINCIPALS/COORD	Yes	No	SD Plan 2901	5	0	5
				SD Plan 2903	2	0	2
				SD Plan 2905	2	0	2
				SD Plan 2908	2	0	2
				SD Plan 2913	3	0	3
				SD Plan 2912	8	0	8
	PSE-CLERICAL	No	Yes	SD Plan 2901	45	0	45
				SD Plan 2903	13	0	13
				SD Plan 2905	49	0	49
				SD Plan 2908	23	0	23
				SD Plan 2909	18	0	18
				SD Plan 2913	7	0	7
				SD Plan 2912	10	0	10
				SD Plan 2906	2	0	2
				SD Plan 2907	3	0	3
				SD Plan 2915	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
	PSE-CUSTODIANS	No	Yes	SD Plan 2901	22	0	22
				SD Plan 2903	3	0	3
				SD Plan 2905	7	0	7
				SD Plan 2908	2	0	2
				SD Plan 2909	2	0	2
				SD Plan 2913	2	0	2
				SD Plan 2912	5	0	5
				SD Plan 2914	1	0	1
	PSE-DRIVERS	No	Yes	SD Plan 2901	15	0	15
				SD Plan 2903	1	0	1
				SD Plan 2905	14	0	14
				SD Plan 2908	3	0	3
				SD Plan 2909	5	0	5
				SD Plan 2913	2	0	2
				SD Plan 2912	1	0	1
				SD Plan 2907	3	0	3
				SD Plan 2915	1	0	1
	PSE-MAINTENANCE	No	Yes	SD Plan 2901	6	0	6
				SD Plan 2903	3	0	3
				SD Plan 2909	3	0	3
				SD Plan 2913	1	0	1
				SD Plan 2912	3	0	3
				SD Plan 2902	1	0	1
	PSE-MECHANICS	No	Yes	SD Plan 2901	3	0	3
				SD Plan 2908	1	0	1
	WATECH-TECH SUPPORT	No	Yes	SD Plan 2901	2	0	2
				SD Plan 2903	1	0	1
				SD Plan 2905	2	0	2
				SD Plan 2913	1	0	1
				SD Plan 2912	1	0	1
Peninsula School District Total					**807**	**0**	**807**
Pioneer School District	Certificated	Yes	No	SD Plan 2917	16	0	16

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2919	14	0	14
				SD Plan 2920	4	0	4
				SD Plan 2921	8	0	8
				SD Plan 2922	1	0	1
				SD Plan 2923	2	0	2
				SD Plan 2924	2	0	2
				SD Plan 2925	2	0	2
	CLASSIFIED	No	Yes	SD Plan 2917	10	0	10
				SD Plan 2919	7	0	7
				SD Plan 2920	5	0	5
				SD Plan 2921	6	0	6
				SD Plan 2922	7	0	7
				SD Plan 2923	2	0	2
				SD Plan 2924	1	0	1
Pioneer School District Total					**87**	**0**	**87**
Pomeroy School District	Certificated	Yes	No	SD Plan 2927	3	0	3
				SD Plan 2928	16	0	16
				SD Plan 2930	2	0	2
				SD Plan 2931	1	0	1
	CLASSIFIED	No	Yes	SD Plan 2927	5	0	5
				SD Plan 2928	7	0	7
				SD Plan 2930	2	0	2
				SD Plan 2929	3	0	3
				SD Plan 2932	1	0	1
Pomeroy School District Total					**40**	**0**	**40**
Port Angeles School District	Certificated	Yes	No	SD Plan 2476	1	0	1
	CLASSIFIED	No	Yes	SD Plan 2476	1	0	1
	NON-UNION	No	Yes	SD Plan 2467	8	0	8
				SD Plan 2468	3	0	3
				SD Plan 2469	6	0	6
				SD Plan 2470	3	0	3
		Yes	No	SD Plan 2467	2	0	2

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
	Paraeducators	No	Yes	SD Plan 2467	27	0	27
				SD Plan 2468	16	0	16
				SD Plan 2469	14	0	14
				SD Plan 2470	8	0	8
				SD Plan 2472	2	0	2
				SD Plan 2475	1	0	1
	PRINCIPALS	Yes	No	SD Plan 2467	5	0	5
				SD Plan 2468	2	0	2
				SD Plan 2469	3	0	3
				SD Plan 2470	1	0	1
	PSE	No	Yes	SD Plan 2467	12	0	12
				SD Plan 2468	2	0	2
				SD Plan 2469	4	0	4
				SD Plan 2470	1	0	1
				SD Plan 2474	1	0	1
	SUPERINTENDENT	Yes	No	SD Plan 2469	1	0	1
	TEAMSTERS	No	Yes	SD Plan 2467	6	0	6
				SD Plan 2469	2	0	2
				SD Plan 2470	2	0	2
				SD Plan 2474	1	0	1
	PAEA MEMBERS	No	Yes	SD Plan 2467	3	0	3
				SD Plan 2468	1	0	1
				SD Plan 2469	2	0	2
				SD Plan 2470	2	0	2
		Yes	No	SD Plan 2467	119	0	119
				SD Plan 2468	26	0	26
				SD Plan 2469	31	0	31
				SD Plan 2470	31	0	31
				SD Plan 2472	5	0	5
	PAEOP	No	Yes	SD Plan 2467	19	0	19
				SD Plan 2468	3	0	3
				SD Plan 2469	8	0	8

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2470	4	0	4
Port Angeles School District Total					**389**	**0**	**389**
Port Townsend School District	PTEA	No	Yes	SD Plan 1617	1	0	1
		Yes	No	SD Plan 1616	26	0	26
				SD Plan 1617	20	0	20
				SD Plan 1618	8	0	8
				SD Plan 1619	15	0	15
	SEIU	No	Yes	SD Plan 1616	28	0	28
				SD Plan 1617	13	0	13
				SD Plan 1618	9	0	9
				SD Plan 1619	11	0	11
		Yes	No	SD Plan 1616	1	0	1
				SD Plan 1619	1	0	1
	NON-REPRESENTED-C	No	Yes	SD Plan 1616	2	0	2
				SD Plan 1617	3	0	3
				SD Plan 1618	1	0	1
				SD Plan 1619	1	0	1
	NON-REPRESENTED-T	Yes	No	SD Plan 1616	2	0	2
				SD Plan 1617	1	0	1
				SD Plan 1618	1	0	1
Port Townsend School District Total					**144**	**0**	**144**
Prescott School District	Certificated	Yes	No	SD Plan 0907	16	0	16
				SD Plan 0906	3	0	3
	CLASSIFIED	No	Yes	SD Plan 0907	9	0	9
				SD Plan 0906	5	0	5
Prescott School District Total					**33**	**0**	**33**
Prosser School District	Certificated	Yes	No	SD Plan 2416	10	4	14
				SD Plan 2417	23	47	70
				SD Plan 2418	1	0	1
				SD Plan 2419	49	32	81
				SD Plan 2420	2	2	4
				SD Plan 2421	1	1	2

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				SD Plan 2423	1	0	1
				SD Plan 2424	15	3	18
				SD Plan 2426	51	93	144
				SD Plan 2427	17	40	57
				SD Plan 2428	5	7	12
				SD Plan 2429	5	6	11
				SD Plan 2431	8	21	29
	CLASSIFIED	No	Yes	SD Plan 2416	27	21	48
				SD Plan 2417	20	33	53
				SD Plan 2419	20	6	26
				SD Plan 2420	3	0	3
				SD Plan 2421	11	11	22
				SD Plan 2423	5	4	9
				SD Plan 2424	2	0	2
				SD Plan 2426	30	39	69
				SD Plan 2427	9	13	22
				SD Plan 2428	6	6	12
				SD Plan 2431	2	6	8
				SD Plan 2422	3	4	7
				SD Plan 2430	2	1	3
Prosser School District Total					**328**	**400**	**728**
Pullman School District	Certificated	Yes	No	SD Plan 0913	1	0	1
				SD Plan 0918	8	12	20
				SD Plan 0919	2	0	2
				SD Plan 0920	2	4	6
				SD Plan 0921	1	0	1
				SD Plan 0924	5	1	6
				SD Plan 0925	10	2	12
				SD Plan 0926	10	3	13
				SD Plan 0927	25	29	54
				SD Plan 0928	5	9	14
				SD Plan 0910	29	21	50

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				SD Plan 0912	3	4	7
				SD Plan 0929	19	31	50
				SD Plan 0911	11	2	13
				SD Plan 0932	1	1	2
	CLASS CUSTODIAL	No	Yes	SD Plan 0918	1	0	1
				SD Plan 0919	1	0	1
				SD Plan 0924	3	1	4
				SD Plan 0925	1	6	7
				SD Plan 0926	2	0	2
				SD Plan 0910	1	0	1
				SD Plan 0912	1	0	1
				SD Plan 0929	3	1	4
				SD Plan 0911	1	0	1
	CLASS SECRETARY	No	Yes	SD Plan 0918	1	0	1
				SD Plan 0925	2	3	5
				SD Plan 0926	1	1	2
				SD Plan 0927	1	2	3
				SD Plan 0910	2	1	3
				SD Plan 0929	1	0	1
	CLASS/ADMIN/HRLY	No	Yes	SD Plan 0918	5	1	6
				SD Plan 0919	3	0	3
				SD Plan 0921	3	3	6
				SD Plan 0924	3	2	5
				SD Plan 0925	2	1	3
				SD Plan 0926	20	14	34
				SD Plan 0927	9	8	17
				SD Plan 0928	13	8	21
				SD Plan 0910	6	4	10
				SD Plan 0912	2	0	2
				SD Plan 0929	9	12	21
				SD Plan 0911	7	7	14
				SD Plan 0932	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
		Yes	No	SD Plan 0913	1	0	1
				SD Plan 0920	1	0	1
				SD Plan 0924	1	0	1
				SD Plan 0926	1	0	1
				SD Plan 0927	3	4	7
				SD Plan 0910	3	1	4
				SD Plan 0929	1	3	4
Pullman School District Total					**248**	**202**	**450**
Puyallup School District	ADMINISTRATORS-CERTIFIATED	Yes	No	SD Plan 0146	6	0	6
				SD Plan 0147	5	0	5
				SD Plan 0148	3	0	3
				SD Plan 0155	3	0	3
				SD Plan 0156	2	0	2
				SD Plan 0157	2	0	2
	ADMINISTRATORS-CLASSIFIED	No	Yes	SD Plan 0146	4	0	4
				SD Plan 0147	5	0	5
				SD Plan 0148	2	0	2
				SD Plan 0149	1	0	1
				SD Plan 0154	3	0	3
				SD Plan 0156	1	0	1
	BUS DRIVERS	No	Yes	SD Plan 0146	11	0	11
				SD Plan 0147	23	0	23
				SD Plan 0148	32	0	32
				SD Plan 0149	2	0	2
				SD Plan 0154	13	0	13
				SD Plan 0155	10	0	10
				SD Plan 0156	1	0	1
	CONFIDENTIAL	No	Yes	SD Plan 0146	5	0	5
				SD Plan 0147	1	0	1
				SD Plan 0154	1	0	1
				SD Plan 0155	1	0	1
	CUSTODIAL	No	Yes	SD Plan 0146	30	0	30

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				SD Plan 0147	25	0	25
				SD Plan 0148	8	0	8
				SD Plan 0149	4	0	4
				SD Plan 0154	5	0	5
				SD Plan 0155	19	0	19
				SD Plan 0156	3	0	3
				SD Plan 0157	2	0	2
	FOOD SERVICE	No	Yes	SD Plan 0146	5	0	5
				SD Plan 0147	11	0	11
				SD Plan 0148	7	0	7
				SD Plan 0154	1	0	1
				SD Plan 0155	5	0	5
				SD Plan 0157	2	0	2
	INTERPRETERS	No	Yes	SD Plan 0146	3	0	3
				SD Plan 0147	5	0	5
				SD Plan 0148	2	0	2
				SD Plan 0149	3	0	3
				SD Plan 0154	3	0	3
				SD Plan 0155	3	0	3
				SD Plan 0157	1	0	1
	MECHANICS	No	Yes	SD Plan 0146	1	0	1
				SD Plan 0147	3	0	3
				SD Plan 0149	1	0	1
				SD Plan 0155	1	0	1
	OFFICE PR0FESSIONALS	No	Yes	SD Plan 0148	1	0	1
				SD Plan 0154	14	0	14
				SD Plan 0155	7	0	7
				SD Plan 0156	4	0	4
				SD Plan 0150	22	0	22
				SD Plan 0151	37	0	37
				SD Plan 0152	27	0	27
				SD Plan 0153	6	0	6

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
	Operating Engineers	No	Yes	SD Plan 0146	16	0	16
				SD Plan 0147	9	0	9
				SD Plan 0148	7	0	7
				SD Plan 0149	6	0	6
				SD Plan 0155	7	0	7
	Paraeducators	No	Yes	SD Plan 0146	37	0	37
				SD Plan 0147	55	0	55
				SD Plan 0148	35	0	35
				SD Plan 0149	6	0	6
				SD Plan 0154	14	0	14
				SD Plan 0155	15	0	15
				SD Plan 0156	5	0	5
				SD Plan 0157	3	0	3
	PRINCIPALS	Yes	No	SD Plan 0146	15	0	15
				SD Plan 0147	14	0	14
				SD Plan 0149	8	0	8
				SD Plan 0154	1	0	1
				SD Plan 0155	2	0	2
				SD Plan 0156	2	0	2
				SD Plan 0157	9	0	9
	SECURITY	No	Yes	SD Plan 0146	4	0	4
				SD Plan 0147	4	0	4
				SD Plan 0148	3	0	3
				SD Plan 0154	1	0	1
				SD Plan 0155	1	0	1
				SD Plan 0157	1	0	1
	TEACHERS	Yes	No	SD Plan 0146	207	0	207
				SD Plan 0147	228	0	228
				SD Plan 0148	116	0	116
				SD Plan 0149	82	0	82
				SD Plan 0154	93	0	93
				SD Plan 0155	81	0	81

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0156	63	0	63
				SD Plan 0157	83	0	83
	UNREPRESENTED	No	Yes	SD Plan 0146	10	0	10
				SD Plan 0147	14	0	14
				SD Plan 0148	11	0	11
				SD Plan 0149	2	0	2
				SD Plan 0154	6	0	6
				SD Plan 0155	10	0	10
				SD Plan 0156	2	0	2
				SD Plan 0150	1	0	1
				SD Plan 0157	4	0	4
Puyallup School District Total					**1,701**	**0**	**1,701**
Queets-Clearwater School District	Certificated	Yes	No	SD Plan 2940	1	1	2
				SD Plan 2942	2	0	2
				SD Plan 2943	2	0	2
				SD Plan 2944	1	1	2
	CLASSIFIED	No	Yes	SD Plan 2940	6	6	12
Queets-Clearwater School District Total					**12**	**8**	**20**
Quilcene School District	Certificated	Yes	No	SD Plan 2953	1	0	1
	CLASSIFIED UNION	No	Yes	SD Plan 2953	6	0	6
				SD Plan 2954	1	0	1
				SD Plan 2959	2	0	2
				SD Plan 2964	1	0	1
				SD Plan 2965	1	0	1
				SD Plan 2966	1	0	1
	TEACHERS UNION	No	Yes	SD Plan 2959	1	0	1
				SD Plan 2961	1	0	1
		Yes	No	SD Plan 2953	3	0	3
				SD Plan 2959	1	0	1
				SD Plan 2964	2	0	2
				SD Plan 2965	2	0	2
				SD Plan 2952	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2955	4	0	4
				SD Plan 2958	1	0	1
				SD Plan 2962	2	0	2
				SD Plan 2969	4	0	4
	UNREPRESENTED STAFF	No	Yes	SD Plan 2953	2	0	2
				SD Plan 2952	2	0	2
Quilcene School District Total					**39**	**0**	**39**
Quillayute Valley School District	ADMINISTRATORS	Yes	No	SD Plan 2977	4	0	4
	CLASS/NO UNION	No	Yes	SD Plan 2977	4	0	4
				SD Plan 2978	2	0	2
				SD Plan 2979	1	0	1
				SD Plan 2980	1	0	1
	FORKS ED ASSN	Yes	No	SD Plan 2977	35	0	35
				SD Plan 2978	16	0	16
				SD Plan 2979	7	0	7
				SD Plan 2980	8	0	8
				SD Plan 2981	8	0	8
				SD Plan 2982	4	0	4
				SD Plan 2983	2	0	2
				SD Plan 2984	1	0	1
	PSE/FORKS (CLASS)	No	Yes	SD Plan 2977	22	0	22
				SD Plan 2978	13	0	13
				SD Plan 2979	4	0	4
				SD Plan 2980	9	0	9
				SD Plan 2981	3	0	3
				SD Plan 2982	4	0	4
				SD Plan 2984	4	0	4
	PSE/Q.V. (BUS DRS)	No	Yes	SD Plan 2977	2	0	2
				SD Plan 2978	4	0	4
				SD Plan 2979	1	0	1
				SD Plan 2982	1	0	1
Quillayute Valley School District Total					**160**	**0**	**160**

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
Quincy School District	Certificated	Yes	No	SD Plan 2987	12	0	12
	CLASSIFIED	No	Yes	SD Plan 2987	9	0	9
	Administrative Assistants	No	Yes	SD Plan 2990	1	0	1
				SD Plan 2992	5	0	5
				SD Plan 2993	5	0	5
				SD Plan 2994	3	0	3
	CERT EMPLOYEES	No	Yes	SD Plan 2993	1	0	1
		Yes	No	SD Plan 2990	9	0	9
				SD Plan 2992	87	0	87
				SD Plan 2993	21	0	21
				SD Plan 2994	37	0	37
				SD Plan 2989	12	0	12
				SD Plan 2991	3	0	3
				SD Plan 2995	1	0	1
	CLASS EMPLOYEES	No	Yes	SD Plan 2990	10	0	10
				SD Plan 2992	66	0	66
				SD Plan 2993	19	0	19
				SD Plan 2994	10	0	10
				SD Plan 2989	13	0	13
				SD Plan 2991	3	0	3
Quincy School District Total					**327**	**0**	**327**
Rainier School District	Certificated	Yes	No	SD Plan 1559	1	0	1
				SD Plan 1560	1	0	1
				SD Plan 1551	15	0	15
				SD Plan 1548	15	0	15
				SD Plan 1549	3	0	3
				SD Plan 1552	2	0	2
				SD Plan 1553	1	0	1
				SD Plan 1555	8	0	8
	CLASSIFIED	No	Yes	SD Plan 1558	2	0	2
				SD Plan 1551	5	0	5
				SD Plan 1548	10	0	10

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1549	1	0	1
				SD Plan 1552	2	0	2
				SD Plan 1553	9	0	9
				SD Plan 1554	3	0	3
				SD Plan 1555	1	0	1
Rainier School District Total					**79**	**0**	**79**
Raymond School District	Non Represented	No	Yes	SD Plan 0936	3	2	5
		Yes	No	SD Plan 0936	4	8	12
	PUBLIC SCHOOL EMPLOYEES	No	Yes	SD Plan 0936	32	10	42
	Raymond Education Association	Yes	No	SD Plan 0936	38	33	71
Raymond School District Total					**77**	**53**	**130**
Reardan-Edwall School District	Certificated	Yes	No	SD Plan 0020	3	5	8
	CERTIFICATED STAFF	No	Yes	SD Plan 0021	1	3	4
		Yes	No	SD Plan 0024	1	0	1
				SD Plan 0020	22	13	35
				SD Plan 0021	8	20	28
	Classified Staff	No	Yes	SD Plan 0024	3	1	4
				SD Plan 0025	1	2	3
				SD Plan 0022	2	1	3
				SD Plan 0020	14	6	20
				SD Plan 0021	5	8	13
				SD Plan 0023	3	0	3
Reardan-Edwall School District Total					**63**	**59**	**122**
Renton School District	AFT	No	Yes	SD Plan 1561	46	0	46
				SD Plan 1562	16	0	16
				SD Plan 1563	27	0	27
				SD Plan 1564	7	0	7
				SD Plan 1565	1	0	1
				SD Plan 1566	17	0	17
	ASST SUP	No	Yes	SD Plan 1561	1	0	1
				SD Plan 1564	1	0	1
		Yes	No	SD Plan 1564	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
	CLASS MA	No	Yes	SD Plan 1561	8	0	8
				SD Plan 1563	1	0	1
				SD Plan 1564	1	0	1
				SD Plan 1566	3	0	3
	CONFIDTL	No	Yes	SD Plan 1561	7	0	7
				SD Plan 1562	1	0	1
				SD Plan 1563	2	0	2
				SD Plan 1566	2	0	2
	DIRECTOR	Yes	No	SD Plan 1561	8	0	8
				SD Plan 1562	1	0	1
				SD Plan 1563	1	0	1
				SD Plan 1566	1	0	1
	ECEAP	No	Yes	SD Plan 1566	4	0	4
	EXEC DIR	No	Yes	SD Plan 1562	2	0	2
		Yes	No	SD Plan 1561	2	0	2
				SD Plan 1564	1	0	1
				SD Plan 1566	1	0	1
	HEADSTAR	No	Yes	SD Plan 1561	3	0	3
				SD Plan 1562	5	0	5
				SD Plan 1563	2	0	2
				SD Plan 1566	5	0	5
	PRINCIPA	Yes	No	SD Plan 1561	21	0	21
				SD Plan 1562	4	0	4
				SD Plan 1563	4	0	4
				SD Plan 1564	3	0	3
				SD Plan 1566	5	0	5
	PROF TEC	No	Yes	SD Plan 1561	22	0	22
				SD Plan 1562	19	0	19
				SD Plan 1563	8	0	8
				SD Plan 1564	5	0	5
				SD Plan 1566	4	0	4
	REA	Yes	No	SD Plan 1561	434	0	434

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1562	87	0	87
				SD Plan 1563	78	0	78
				SD Plan 1564	112	0	112
				SD Plan 1565	5	0	5
				SD Plan 1566	162	0	162
	RESP	No	Yes	SD Plan 1561	110	0	110
				SD Plan 1562	66	0	66
				SD Plan 1563	70	0	70
				SD Plan 1564	21	0	21
				SD Plan 1565	2	0	2
				SD Plan 1566	52	0	52
	SEIU	No	Yes	SD Plan 1561	28	0	28
				SD Plan 1562	6	0	6
				SD Plan 1563	9	0	9
				SD Plan 1564	6	0	6
				SD Plan 1566	23	0	23
Renton School District Total					**1,544**	**0**	**1,544**
Republic School District	Certificated	Yes	No	SD Plan 1581	1	5	6
				SD Plan 1582	2	3	5
				SD Plan 1583	21	17	38
	CLASSIFIED	No	Yes	SD Plan 1584	9	6	15
				SD Plan 1583	10	3	13
Republic School District Total					**43**	**34**	**77**
Richland School District	CLASSIFIED	No	Yes	SD Plan 3182	67	22	89
				SD Plan 3183	159	67	226
				SD Plan 3184	45	56	101
				SD Plan 3185	48	14	62
				SD Plan 3186	48	50	98
				SD Plan 3187	31	44	75
				SD Plan 3188	21	18	39
	TEACHERS	Yes	No	SD Plan 3182	79	77	156
				SD Plan 3183	292	244	536

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 3184	70	97	167
				SD Plan 3185	110	100	210
				SD Plan 3186	32	71	103
				SD Plan 3187	14	30	44
				SD Plan 3188	13	31	44
				SD Plan 3189	1	4	5
Richland School District Total					**1,030**	**925**	**1,955**
Ridgefield School District	ADM	Yes	No	SD Plan 0018	2	0	2
				SD Plan 0019	1	0	1
				SD Plan 0014	1	0	1
				SD Plan 0015	2	0	2
				SD Plan 0016	1	0	1
				SD Plan 0017	1	0	1
	Certified	No	Yes	SD Plan 0015	1	0	1
		Yes	No	SD Plan 0018	6	0	6
				SD Plan 0019	2	0	2
				SD Plan 0014	55	0	55
				SD Plan 0015	21	0	21
				SD Plan 0016	5	0	5
				SD Plan 0017	7	0	7
	CLASSIFIED	No	Yes	SD Plan 0018	6	0	6
				SD Plan 0014	15	0	15
				SD Plan 0015	4	0	4
				SD Plan 0016	1	0	1
				SD Plan 0017	2	0	2
	EXEMPT	No	Yes	SD Plan 0014	3	0	3
				SD Plan 0017	2	0	2
Ridgefield School District Total					**138**	**0**	**138**
Ritzville School District	Certificated	Yes	No	SD Plan 2383	25	0	25
	CLASSIFIED	No	Yes	SD Plan 2383	24	0	24
Ritzville School District Total					**49**	**0**	**49**
Riverside School District	Certificated	No	Yes	SD Plan 2234	2	3	5

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
		Yes	No	SD Plan 2234	27	18	45
				SD Plan 2235	21	21	42
				SD Plan 2236	1	2	3
				SD Plan 2233	8	2	10
				SD Plan 2237	4	2	6
				SD Plan 2238	4	3	7
				SD Plan 2239	7	0	7
				SD Plan 2228	3	1	4
				SD Plan 2229	4	1	5
				SD Plan 2231	1	2	3
				SD Plan 2230	7	3	10
	CLASSIFIED	No	Yes	SD Plan 2234	13	0	13
				SD Plan 2235	10	3	13
				SD Plan 2233	11	9	20
				SD Plan 2237	5	2	7
				SD Plan 2238	4	0	4
				SD Plan 2239	6	0	6
				SD Plan 2231	2	0	2
				SD Plan 2230	2	3	5
	CERTIFICATED EXEMPT	Yes	No	SD Plan 2234	4	6	10
				SD Plan 2237	5	0	5
	CLASSIFIED EXEMPT	No	Yes	SD Plan 2234	2	2	4
				SD Plan 2233	1	0	1
				SD Plan 2237	3	0	3
				SD Plan 2238	1	0	1
Riverside School District Total					**158**	**83**	**241**
Riverview School District	Certificated	No	Yes	SD Plan 0747	2	0	2
				SD Plan 0744	3	0	3
				SD Plan 0752	1	0	1
				SD Plan 0754	1	0	1
				SD Plan 0750	15	0	15
				SD Plan 0748	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0751	8	0	8
				SD Plan 0745	1	0	1
		Yes	No	SD Plan 0747	6	0	6
				SD Plan 0743	4	0	4
				SD Plan 0744	5	0	5
				SD Plan 0749	1	0	1
				SD Plan 0752	12	0	12
				SD Plan 0754	1	0	1
				SD Plan 0750	67	0	67
				SD Plan 0756	2	0	2
				SD Plan 0748	4	0	4
				SD Plan 0751	22	0	22
				SD Plan 0745	8	0	8
				SD Plan 0746	9	0	9
	CLASSIFIED	No	Yes	SD Plan 0747	7	0	7
				SD Plan 0743	4	0	4
				SD Plan 0744	3	0	3
				SD Plan 0749	6	0	6
				SD Plan 0752	12	0	12
				SD Plan 0754	1	0	1
				SD Plan 0750	47	0	47
				SD Plan 0756	4	0	4
				SD Plan 0748	5	0	5
				SD Plan 0751	17	0	17
				SD Plan 0755	5	0	5
				SD Plan 0745	5	0	5
				SD Plan 0746	4	0	4
Riverview School District Total					**293**	**0**	**293**
Rochester School District	ADMINISTRATORS	Yes	No	SD Plan 1933	3	0	3
				SD Plan 1934	4	0	4
				SD Plan 1935	1	0	1
				SD Plan 1936	1	0	1

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	Certificated	Yes	No	SD Plan 1933	22	0	22
				SD Plan 1934	46	0	46
				SD Plan 1935	8	0	8
				SD Plan 1936	17	0	17
				SD Plan 1937	11	0	11
				SD Plan 1938	7	0	7
				SD Plan 1939	1	0	1
				SD Plan 1940	2	0	2
	CLASSIFIED UNION	No	Yes	SD Plan 1933	12	0	12
				SD Plan 1934	21	0	21
				SD Plan 1935	6	0	6
				SD Plan 1936	5	0	5
				SD Plan 1937	8	0	8
				SD Plan 1938	4	0	4
	DISTRICT OFFICE	No	Yes	SD Plan 1934	3	0	3
				SD Plan 1935	2	0	2
				SD Plan 1936	1	0	1
				SD Plan 1937	1	0	1
	TEAMSTERS	No	Yes	SD Plan 1933	1	0	1
				SD Plan 1934	1	0	1
				SD Plan 1936	8	0	8
				SD Plan 1938	1	0	1
				SD Plan 1940	1	0	1
Rochester School District Total					**198**	**0**	**198**
Roosevelt School District	Certificated	Yes	No	SD Plan 1916	2	0	2
	CLASSIFIED	No	Yes	SD Plan 1915	3	0	3
				SD Plan 1916	1	0	1
Roosevelt School District Total					**6**	**0**	**6**
Rosalia School District	ADMINISTRATIVE	No	Yes	SD Plan 2224	1	0	1
				SD Plan 2225	1	1	2
				SD Plan 2226	1	0	1
		Yes	No	SD Plan 2221	2	2	4

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	Certificated	Yes	No	SD Plan 2224	3	1	4
				SD Plan 2225	8	9	17
				SD Plan 2226	4	8	12
				SD Plan 2221	3	5	8
	CLASSIFIED	No	Yes	SD Plan 2224	5	4	9
				SD Plan 2225	5	3	8
				SD Plan 2226	2	2	4
				SD Plan 2222	1	3	4
Rosalia School District Total					**36**	**38**	**74**
Royal School District	Certificated	Yes	No	SD Plan 2220	92	117	209
	CLASSIFIED	No	Yes	SD Plan 2220	96	61	157
Royal School District Total					**188**	**178**	**366**
San Juan Island School District	ADM	No	Yes	SD Plan 1836	1	0	1
				SD Plan 1835	3	0	3
				SD Plan 1832	2	0	2
		Yes	No	SD Plan 1830	1	0	1
				SD Plan 1835	2	0	2
				SD Plan 1832	1	0	1
	PSE	No	Yes	SD Plan 1830	1	0	1
				SD Plan 1836	11	0	11
				SD Plan 1837	2	0	2
				SD Plan 1831	3	0	3
				SD Plan 1833	1	0	1
				SD Plan 1835	14	0	14
				SD Plan 1832	4	0	4
	SJEA	No	Yes	SD Plan 1833	1	0	1
		Yes	No	SD Plan 1830	6	0	6
				SD Plan 1836	11	0	11
				SD Plan 1837	4	0	4
				SD Plan 1831	4	0	4
				SD Plan 1833	1	0	1
				SD Plan 1835	16	0	16

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1832	9	0	9
				SD Plan 1834	1	0	1
San Juan Island School District Total					**99**	**0**	**99**
Satsop School District	Certificated	Yes	No	SD Plan 2996	3	4	7
	CLASSIFIED	No	Yes	SD Plan 2996	3	3	6
Satsop School District Total					**6**	**7**	**13**
Seattle Public Schools	Certificated	Yes	No	SD Plan 1475	233	357	590
				SD Plan 1476	910	640	1,550
				SD Plan 1477	335	388	723
				SD Plan 1478	71	93	164
				SD Plan 1480	109	132	241
				SD Plan 1481	1,218	486	1,704
				SD Plan 1479	533	431	964
	CLASSIFIED	No	Yes	SD Plan 1475	129	192	321
				SD Plan 1476	548	355	903
				SD Plan 1477	182	165	347
				SD Plan 1478	32	38	70
				SD Plan 1480	75	80	155
				SD Plan 1481	682	208	890
				SD Plan 1479	293	244	537
Seattle Public Schools Total					**5,350**	**3,809**	**9,159**
Sedro-Woolley School District	CLASSIFIED EXEMPT	No	Yes	SD Plan 3042	1	0	1
				SD Plan 3059	1	0	1
				SD Plan 3055	1	0	1
	ADMIN POOL - CERTS	Yes	No	SD Plan 3094	2	0	2
				SD Plan 3097	1	0	1
				SD Plan 3102	2	0	2
				SD Plan 3104	2	0	2
				SD Plan 3105	1	0	1
				SD Plan 3106	3	0	3
				SD Plan 3107	4	0	4
	ADMIN POOL - CLASS	No	Yes	SD Plan 3097	3	0	3

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 3104	1	0	1
				SD Plan 3106	1	0	1
				SD Plan 3107	3	0	3
				SD Plan 3083	1	0	1
				SD Plan 3103	1	0	1
				SD Plan 3108	2	0	2
	CERT EXEMPT	Yes	No	SD Plan 3053	2	0	2
	CERTPOOL	No	Yes	SD Plan 3053	9	0	9
				SD Plan 3030	2	0	2
				SD Plan 3034	2	0	2
				SD Plan 3037	1	0	1
				SD Plan 3042	3	0	3
				SD Plan 3054	1	0	1
				SD Plan 3056	3	0	3
				SD Plan 3058	1	0	1
				SD Plan 3059	1	0	1
				SD Plan 3060	3	0	3
				SD Plan 3063	1	0	1
				SD Plan 3078	1	0	1
				SD Plan 3080	1	0	1
		Yes	No	SD Plan 3053	46	0	46
				SD Plan 3030	12	0	12
				SD Plan 3034	2	0	2
				SD Plan 3037	1	0	1
				SD Plan 3042	1	0	1
				SD Plan 3054	8	0	8
				SD Plan 3056	18	0	18
				SD Plan 3058	7	0	7
				SD Plan 3059	5	0	5
				SD Plan 3060	8	0	8
				SD Plan 3063	8	0	8
				SD Plan 3078	6	0	6

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 3080	3	0	3
				SD Plan 3031	2	0	2
				SD Plan 3033	2	0	2
				SD Plan 3039	1	0	1
				SD Plan 3041	1	0	1
				SD Plan 3044	1	0	1
				SD Plan 3055	5	0	5
				SD Plan 3057	5	0	5
				SD Plan 3061	4	0	4
				SD Plan 3062	6	0	6
				SD Plan 3064	14	0	14
				SD Plan 3065	11	0	11
				SD Plan 3067	2	0	2
				SD Plan 3068	5	0	5
				SD Plan 3070	1	0	1
				SD Plan 3073	2	0	2
				SD Plan 3074	6	0	6
	PSEPOOL	No	Yes	SD Plan 3053	27	0	27
				SD Plan 3030	5	0	5
				SD Plan 3034	3	0	3
				SD Plan 3037	1	0	1
				SD Plan 3042	9	0	9
				SD Plan 3054	4	0	4
				SD Plan 3056	6	0	6
				SD Plan 3058	3	0	3
				SD Plan 3060	6	0	6
				SD Plan 3063	5	0	5
				SD Plan 3078	1	0	1
				SD Plan 3041	1	0	1
				SD Plan 3055	1	0	1
				SD Plan 3057	9	0	9
				SD Plan 3061	11	0	11

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 3062	8	0	8
				SD Plan 3064	9	0	9
				SD Plan 3065	21	0	21
				SD Plan 3068	1	0	1
				SD Plan 3070	2	0	2
				SD Plan 3038	3	0	3
				SD Plan 3043	1	0	1
				SD Plan 3069	1	0	1
				SD Plan 3071	1	0	1
		Yes	No	SD Plan 3061	1	0	1
	SECPOOL	No	Yes	SD Plan 3053	6	0	6
				SD Plan 3042	2	0	2
				SD Plan 3056	3	0	3
				SD Plan 3033	1	0	1
				SD Plan 3055	1	0	1
				SD Plan 3057	2	0	2
				SD Plan 3061	2	0	2
				SD Plan 3064	3	0	3
				SD Plan 3065	4	0	4
				SD Plan 3068	4	0	4
				SD Plan 3038	1	0	1
Sedro-Woolley School District Total					**423**	**0**	**423**
Selah School District	Certificated	Yes	No	SD Plan 1633	4	0	4
				SD Plan 1635	6	6	12
				SD Plan 1647	1	4	5
				SD Plan 1649	4	0	4
				SD Plan 1650	9	0	9
				SD Plan 1652	11	23	34
				SD Plan 1654	2	5	7
				SD Plan 1660	13	0	13
				SD Plan 1662	42	0	42
				SD Plan 1664	32	76	108

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1665	2	4	6
				SD Plan 1666	9	9	18
				SD Plan 1667	8	30	38
				SD Plan 1668	4	0	4
				SD Plan 1669	2	0	2
				SD Plan 1670	8	19	27
				SD Plan 1671	1	1	2
				SD Plan 1672	1	1	2
				SD Plan 1679	3	3	6
				SD Plan 1680	3	8	11
				SD Plan 1675	6	0	6
				SD Plan 1678	3	6	9
				SD Plan 1676	4	0	4
				SD Plan 1663	1	1	2
				SD Plan 1646	1	1	2
				SD Plan 1651	1	2	3
				SD Plan 1648	2	1	3
				SD Plan 1637	1	0	1
				SD Plan 1634	5	13	18
				SD Plan 1673	1	1	2
				SD Plan 1674	3	8	11
				SD Plan 1636	3	10	13
				SD Plan 1639	1	2	3
				SD Plan 1640	2	4	6
				SD Plan 1641	3	3	6
				SD Plan 1645	1	2	3
				SD Plan 1644	1	0	1
				SD Plan 1653	6	6	12
	CLASSIFIED	No	Yes	SD Plan 1632	1	0	1
				SD Plan 1633	13	0	13
				SD Plan 1635	1	1	2
				SD Plan 1649	10	0	10

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1650	20	0	20
				SD Plan 1652	5	9	14
				SD Plan 1654	1	8	9
				SD Plan 1660	7	0	7
				SD Plan 1662	19	0	19
				SD Plan 1664	4	9	13
				SD Plan 1666	5	5	10
				SD Plan 1667	1	2	3
				SD Plan 1668	8	0	8
				SD Plan 1670	1	2	3
				SD Plan 1679	2	2	4
				SD Plan 1677	4	0	4
				SD Plan 1678	5	7	12
				SD Plan 1676	8	0	8
				SD Plan 1651	1	2	3
				SD Plan 1637	5	0	5
				SD Plan 1634	9	21	30
				SD Plan 1638	4	0	4
				SD Plan 1636	3	9	12
				SD Plan 1640	1	1	2
				SD Plan 1641	2	2	4
				SD Plan 1643	1	0	1
				SD Plan 1645	2	4	6
				SD Plan 1642	2	5	7
				SD Plan 1644	3	0	3
				SD Plan 1653	5	5	10
Selah School District Total					**363**	**343**	**706**
Selkirk School District	DIST OFFICE	No	Yes	SD Plan 1711	1	0	1
				SD Plan 1709	1	0	1
		Yes	No	SD Plan 1713	1	3	4
				SD Plan 1709	1	2	3
	PSE Group	No	Yes	SD Plan 1707	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1704	4	14	18
				SD Plan 1706	1	1	2
				SD Plan 1711	1	2	3
				SD Plan 1708	1	0	1
				SD Plan 1709	1	0	1
	SEA Group	Yes	No	SD Plan 1710	4	4	8
				SD Plan 1704	3	2	5
				SD Plan 1705	2	0	2
				SD Plan 1712	1	5	6
				SD Plan 1709	10	15	25
Selkirk School District Total					**33**	**48**	**81**
Sequim School District	1M	Yes	No	SD Plan 1792	3	0	3
				SD Plan 1793	47	0	47
				SD Plan 1794	56	0	56
				SD Plan 1796	16	0	16
				SD Plan 1797	1	0	1
				SD Plan 1795	41	0	41
	1MA	Yes	No	SD Plan 1793	8	0	8
				SD Plan 1794	1	0	1
				SD Plan 1796	1	0	1
	1MAS	Yes	No	SD Plan 1793	1	0	1
	2M	No	Yes	SD Plan 1793	2	0	2
				SD Plan 1794	1	0	1
				SD Plan 1795	1	0	1
	2MA	No	Yes	SD Plan 1792	1	0	1
				SD Plan 1794	3	0	3
				SD Plan 1796	3	0	3
				SD Plan 1797	1	0	1
				SD Plan 1795	4	0	4
	2MEA	No	Yes	SD Plan 1792	2	0	2
				SD Plan 1793	10	0	10
				SD Plan 1794	5	0	5

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				SD Plan 1796	10	0	10
				SD Plan 1799	1	0	1
				SD Plan 1795	18	0	18
				SD Plan 1800	1	0	1
	2MS	No	Yes	SD Plan 1793	6	0	6
				SD Plan 1794	3	0	3
				SD Plan 1795	5	0	5
	2MT	No	Yes	SD Plan 1793	1	0	1
				SD Plan 1794	3	0	3
				SD Plan 1796	5	0	5
				SD Plan 1795	7	0	7
	2MC	No	Yes	SD Plan 1801	2	0	2
				SD Plan 1802	19	0	19
Sequim School District Total					**289**	**0**	**289**
Shaw Island School District	Certificated	Yes	No	SD Plan 1782	1	2	3
				SD Plan 1783	2	2	4
	CLASSIFIED	No	Yes	SD Plan 1778	2	0	2
Shaw Island School District Total					**5**	**4**	**9**
Shelton School District	Bus Driver	No	Yes	SD Plan 2999	5	0	5
				SD Plan 3000	2	0	2
				SD Plan 3001	1	0	1
				SD Plan 3002	2	0	2
				SD Plan 3003	1	0	1
				SD Plan 3005	1	0	1
				SD Plan 3006	6	0	6
				SD Plan 3008	5	0	5
	NON REP	No	Yes	SD Plan 2999	1	0	1
				SD Plan 3000	10	0	10
				SD Plan 3001	9	0	9
				SD Plan 3002	4	0	4
		Yes	No	SD Plan 3000	2	0	2
				SD Plan 3002	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
	Secretary	No	Yes	SD Plan 2999	8	0	8
				SD Plan 3000	6	0	6
				SD Plan 3001	8	0	8
				SD Plan 3002	4	0	4
				SD Plan 3005	1	0	1
				SD Plan 3006	3	0	3
				SD Plan 3007	2	0	2
	BUS MECHANIC	No	Yes	SD Plan 3000	1	0	1
				SD Plan 3002	1	0	1
				SD Plan 3006	1	0	1
	CERT ADMIN	Yes	No	SD Plan 2999	5	0	5
				SD Plan 3000	8	0	8
				SD Plan 3003	2	0	2
	ESP GROUP	No	Yes	SD Plan 2999	16	0	16
				SD Plan 3000	16	0	16
				SD Plan 3001	9	0	9
				SD Plan 3002	43	0	43
				SD Plan 3003	4	0	4
				SD Plan 3005	9	0	9
				SD Plan 3006	21	0	21
				SD Plan 3008	12	0	12
				SD Plan 3007	18	0	18
		Yes	No	SD Plan 2999	1	0	1
	FULL-TIME TEACH	No	Yes	SD Plan 2999	13	0	13
				SD Plan 3000	22	0	22
				SD Plan 3001	7	0	7
				SD Plan 3002	4	0	4
				SD Plan 3003	4	0	4
		Yes	No	SD Plan 2999	40	0	40
				SD Plan 3000	96	0	96
				SD Plan 3001	29	0	29
				SD Plan 3002	27	0	27

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 3003	14	0	14
Shelton School District Total					**505**	**0**	**505**
Shoreline School District	NON REP	No	Yes	SD Plan 2034	3	0	3
				SD Plan 2028	1	0	1
				SD Plan 2029	2	0	2
				SD Plan 2030	2	0	2
				SD Plan 2031	4	0	4
				SD Plan 2032	2	0	2
	SEA	No	Yes	SD Plan 2028	3	0	3
		Yes	No	SD Plan 2033	10	0	10
				SD Plan 2034	68	0	68
				SD Plan 2028	206	0	206
				SD Plan 2029	67	0	67
				SD Plan 2030	45	0	45
				SD Plan 2031	42	0	42
				SD Plan 2032	26	0	26
				SD Plan 2035	5	0	5
	CC	No	Yes	SD Plan 2037	1	0	1
				SD Plan 2038	1	0	1
				SD Plan 2033	1	0	1
				SD Plan 2034	7	0	7
				SD Plan 2028	7	0	7
				SD Plan 2029	6	0	6
				SD Plan 2031	4	0	4
				SD Plan 2032	1	0	1
	CON	No	Yes	SD Plan 2034	2	0	2
				SD Plan 2028	1	0	1
				SD Plan 2029	1	0	1
	CUS	No	Yes	SD Plan 2034	5	0	5
				SD Plan 2028	22	0	22
				SD Plan 2029	5	0	5
				SD Plan 2030	4	0	4

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2032	3	0	3
	FS	No	Yes	SD Plan 2034	1	0	1
				SD Plan 2028	7	0	7
				SD Plan 2030	3	0	3
				SD Plan 2031	4	0	4
				SD Plan 2032	3	0	3
	IAM	No	Yes	SD Plan 2028	1	0	1
				SD Plan 2029	2	0	2
	KCT	No	Yes	SD Plan 2034	1	0	1
				SD Plan 2028	10	0	10
				SD Plan 2029	4	0	4
				SD Plan 2030	2	0	2
				SD Plan 2031	1	0	1
	PFT	No	Yes	SD Plan 2034	3	0	3
				SD Plan 2028	4	0	4
				SD Plan 2029	3	0	3
				SD Plan 2030	1	0	1
	SCA/PA	No	Yes	SD Plan 2034	3	0	3
				SD Plan 2030	1	0	1
				SD Plan 2031	1	0	1
		Yes	No	SD Plan 2034	6	0	6
				SD Plan 2028	9	0	9
				SD Plan 2029	4	0	4
				SD Plan 2030	5	0	5
				SD Plan 2031	4	0	4
				SD Plan 2032	2	0	2
	SES	No	Yes	SD Plan 2033	8	0	8
				SD Plan 2034	23	0	23
				SD Plan 2028	76	0	76
				SD Plan 2029	42	0	42
				SD Plan 2030	18	0	18
				SD Plan 2031	37	0	37

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2032	20	0	20
				SD Plan 2035	1	0	1
	TRN	No	Yes	SD Plan 2034	9	0	9
				SD Plan 2028	8	0	8
				SD Plan 2029	5	0	5
				SD Plan 2030	4	0	4
				SD Plan 2031	3	0	3
				SD Plan 2032	2	0	2
	SUP	Yes	No	SD Plan 2028	1	0	1
Shoreline School District Total					**899**	**0**	**899**
Skamania School District	Certificated	Yes	No	SD Plan 1622	1	0	1
				SD Plan 1623	1	1	2
				SD Plan 1625	1	1	2
	CLASSIFIED	No	Yes	SD Plan 1623	1	0	1
				SD Plan 1624	1	0	1
				SD Plan 1625	3	2	5
Skamania School District Total					**8**	**4**	**12**
Skykomish School District	Certificated	Yes	No	SD Plan 1681	12	12	24
	CLASSIFIED	No	Yes	SD Plan 1681	7	6	13
Skykomish School District Total					**19**	**18**	**37**
Snohomish School District	CAB/DIR Cert	Yes	No	SD Plan 1922	1	0	1
				SD Plan 1919	1	0	1
				SD Plan 1917	1	0	1
				SD Plan 1918	2	0	2
				SD Plan 1920	3	0	3
	CAB/DIR Class	No	Yes	SD Plan 1918	3	0	3
	NONREP	No	Yes	SD Plan 1919	2	0	2
				SD Plan 1917	3	0	3
				SD Plan 1918	2	0	2
	PSE	No	Yes	SD Plan 1921	2	0	2
				SD Plan 1922	9	0	9
				SD Plan 1919	57	0	57

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				SD Plan 1917	125	0	125
				SD Plan 1918	85	0	85
				SD Plan 1920	72	0	72
	SEA	Yes	No	SD Plan 1921	1	0	1
				SD Plan 1922	21	0	21
				SD Plan 1919	36	0	36
				SD Plan 1917	326	0	326
				SD Plan 1918	45	0	45
				SD Plan 1920	72	0	72
	SPA	Yes	No	SD Plan 1919	2	0	2
				SD Plan 1917	11	0	11
				SD Plan 1918	6	0	6
				SD Plan 1920	3	0	3
	SUPER	No	Yes	SD Plan 1919	1	0	1
				SD Plan 1917	3	0	3
				SD Plan 1920	1	0	1
	NONUNION	No	Yes	SD Plan 1917	1	0	1
Snohomish School District Total					**897**	**0**	**897**
Snoqualmie Valley School District	NON REP	No	Yes	SD Plan 1733	1	0	1
				SD Plan 1735	1	0	1
				SD Plan 1739	1	0	1
				SD Plan 1741	4	0	4
				SD Plan 1721	1	0	1
				SD Plan 1744	1	0	1
				SD Plan 1738	1	0	1
				SD Plan 1742	1	0	1
				SD Plan 1726	3	0	3
		Yes	No	SD Plan 1734	2	0	2
				SD Plan 1738	1	0	1
				SD Plan 1742	1	0	1
	PRINCIPALS	Yes	No	SD Plan 1729	1	0	1
				SD Plan 1733	2	0	2

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				SD Plan 1735	1	0	1
				SD Plan 1740	1	0	1
				SD Plan 1744	1	0	1
				SD Plan 1745	1	0	1
				SD Plan 1737	1	0	1
				SD Plan 1738	2	0	2
				SD Plan 1726	1	0	1
	PSE	No	Yes	SD Plan 1720	4	0	4
				SD Plan 1725	3	0	3
				SD Plan 1729	3	0	3
				SD Plan 1730	3	0	3
				SD Plan 1731	9	0	9
				SD Plan 1733	32	0	32
				SD Plan 1734	3	0	3
				SD Plan 1735	4	0	4
				SD Plan 1739	1	0	1
				SD Plan 1740	2	0	2
				SD Plan 1741	15	0	15
				SD Plan 1748	1	0	1
				SD Plan 1750	1	0	1
				SD Plan 1751	1	0	1
				SD Plan 1744	5	0	5
				SD Plan 1745	1	0	1
				SD Plan 1736	1	0	1
				SD Plan 1737	14	0	14
				SD Plan 1738	4	0	4
				SD Plan 1743	2	0	2
				SD Plan 1742	3	0	3
				SD Plan 1722	1	0	1
				SD Plan 1726	19	0	19
				SD Plan 1727	8	0	8
	SEA	No	Yes	SD Plan 1725	2	0	2

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1728	4	0	4
				SD Plan 1729	3	0	3
				SD Plan 1730	3	0	3
				SD Plan 1731	1	0	1
				SD Plan 1733	19	0	19
				SD Plan 1734	9	0	9
				SD Plan 1739	2	0	2
				SD Plan 1740	2	0	2
				SD Plan 1741	7	0	7
				SD Plan 1721	1	0	1
				SD Plan 1744	2	0	2
				SD Plan 1736	3	0	3
				SD Plan 1737	10	0	10
				SD Plan 1738	3	0	3
				SD Plan 1742	1	0	1
				SD Plan 1722	1	0	1
				SD Plan 1726	17	0	17
				SD Plan 1727	1	0	1
		Yes	No	SD Plan 1720	2	0	2
				SD Plan 1725	2	0	2
				SD Plan 1728	3	0	3
				SD Plan 1729	6	0	6
				SD Plan 1730	5	0	5
				SD Plan 1731	6	0	6
				SD Plan 1733	45	0	45
				SD Plan 1734	14	0	14
				SD Plan 1735	2	0	2
				SD Plan 1739	2	0	2
				SD Plan 1740	3	0	3
				SD Plan 1741	18	0	18
				SD Plan 1746	1	0	1
				SD Plan 1749	3	0	3

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				SD Plan 1750	3	0	3
				SD Plan 1752	1	0	1
				SD Plan 1721	1	0	1
				SD Plan 1744	3	0	3
				SD Plan 1745	1	0	1
				SD Plan 1736	8	0	8
				SD Plan 1737	15	0	15
				SD Plan 1738	12	0	12
				SD Plan 1742	8	0	8
				SD Plan 1726	40	0	40
				SD Plan 1727	8	0	8
	SECRETARIES	No	Yes	SD Plan 1729	1	0	1
				SD Plan 1731	2	0	2
				SD Plan 1733	4	0	4
				SD Plan 1734	4	0	4
				SD Plan 1748	1	0	1
				SD Plan 1744	2	0	2
				SD Plan 1736	2	0	2
				SD Plan 1737	1	0	1
				SD Plan 1738	1	0	1
				SD Plan 1743	1	0	1
				SD Plan 1742	2	0	2
				SD Plan 1724	1	0	1
				SD Plan 1726	3	0	3
Snoqualmie Valley School District Total					**497**	**0**	**497**
Soap Lake School District	Certificated	Yes	No	SD Plan 0935	35	52	87
	CLASSIFIED	No	Yes	SD Plan 0935	26	17	43
Soap Lake School District Total					**61**	**69**	**130**
South Bend School District	Certificated	Yes	No	SD Plan 3009	12	14	26
				SD Plan 3010	1	0	1
				SD Plan 3011	7	4	11
				SD Plan 3012	2	2	4

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				SD Plan 3013	1	2	3
				SD Plan 3014	7	12	19
				SD Plan 3015	4	10	14
				SD Plan 3017	2	7	9
	CLASSIFIED	No	Yes	SD Plan 3009	18	12	30
				SD Plan 3010	5	8	13
				SD Plan 3011	11	6	17
				SD Plan 3012	7	6	13
				SD Plan 3014	4	4	8
				SD Plan 3015	3	2	5
				SD Plan 3017	3	7	10
				SD Plan 3016	2	5	7
South Bend School District Total					**89**	**101**	**190**
South Kitsap School District	CERT	No	Yes	SD Plan 1701	2	0	2
				SD Plan 1699	1	0	1
				SD Plan 1700	1	0	1
				SD Plan 1696	1	0	1
				SD Plan 1702	1	0	1
				SD Plan 1698	2	0	2
		Yes	No	SD Plan 1695	79	0	79
				SD Plan 1697	44	0	44
				SD Plan 1701	69	0	69
				SD Plan 1699	124	0	124
				SD Plan 1700	84	0	84
				SD Plan 1696	64	0	64
				SD Plan 1702	22	0	22
				SD Plan 1703	1	0	1
				SD Plan 1698	64	0	64
	CLASS	No	Yes	SD Plan 1695	47	0	47
				SD Plan 1697	24	0	24
				SD Plan 1701	49	0	49
				SD Plan 1699	76	0	76

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				SD Plan 1700	58	0	58
				SD Plan 1696	35	0	35
				SD Plan 1702	10	0	10
				SD Plan 1703	2	0	2
				SD Plan 1698	36	0	36
		Yes	No	SD Plan 1700	1	0	1
South Kitsap School District Total					**897**	**0**	**897**
South Whidbey School District	NRNE	No	Yes	SD Plan 1823	3	0	3
				SD Plan 1826	2	0	2
				SD Plan 1824	2	0	2
				SD Plan 1829	1	0	1
		Yes	No	SD Plan 1826	1	0	1
	PRIN	Yes	No	SD Plan 1823	1	0	1
	PSE	No	Yes	SD Plan 1823	6	0	6
				SD Plan 1825	4	0	4
				SD Plan 1826	8	0	8
				SD Plan 1827	2	0	2
				SD Plan 1824	6	0	6
				SD Plan 1828	1	0	1
				SD Plan 1829	4	0	4
	SEIU	No	Yes	SD Plan 1823	6	0	6
				SD Plan 1825	11	0	11
				SD Plan 1826	6	0	6
				SD Plan 1824	1	0	1
				SD Plan 1829	4	0	4
	SWEA	No	Yes	SD Plan 1823	4	0	4
				SD Plan 1825	4	0	4
				SD Plan 1826	1	0	1
				SD Plan 1827	1	0	1
				SD Plan 1824	1	0	1
				SD Plan 1829	2	0	2
		Yes	No	SD Plan 1823	20	0	20

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1825	15	0	15
				SD Plan 1826	8	0	8
				SD Plan 1827	3	0	3
				SD Plan 1824	9	0	9
				SD Plan 1828	1	0	1
				SD Plan 1829	18	0	18
	CERTIFICATED - NO BENEFITS OFFERED	Yes	No	SD Plan 1826	1	0	1
South Whidbey School District Total					**157**	**0**	**157**
Southside School District	Certificated	Yes	No	SD Plan 1788	2	0	2
				SD Plan 1789	3	0	3
				SD Plan 1790	4	0	4
				SD Plan 1791	3	0	3
	CLASSIFIED	No	Yes	SD Plan 1788	1	0	1
				SD Plan 1789	2	0	2
				SD Plan 1790	3	0	3
				SD Plan 1791	2	0	2
Southside School District Total					**20**	**0**	**20**
Spokane School District	Certificated Composite	Yes	No	SD Plan 1022	3	0	3
				SD Plan 1023	1	0	1
				SD Plan 1024	4	0	4
				SD Plan 1029	1	0	1
				SD Plan 1032	3	0	3
				SD Plan 1030	3	0	3
				SD Plan 1031	7	0	7
				SD Plan 1021	14	0	14
	Certificated Tiered	Yes	No	SD Plan 1022	95	0	95
				SD Plan 1023	33	0	33
				SD Plan 1024	170	0	170
				SD Plan 1029	173	0	173
				SD Plan 1032	231	0	231
				SD Plan 1030	257	0	257
				SD Plan 1031	452	0	452

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1021	473	0	473
	Classified Composite	No	Yes	SD Plan 1022	26	0	26
				SD Plan 1023	6	0	6
				SD Plan 1024	112	0	112
				SD Plan 1029	45	0	45
				SD Plan 1032	122	0	122
				SD Plan 1030	99	0	99
				SD Plan 1031	79	0	79
				SD Plan 1021	75	0	75
	Classified Tiered	No	Yes	SD Plan 1022	22	0	22
				SD Plan 1023	4	0	4
				SD Plan 1024	26	0	26
				SD Plan 1029	59	0	59
				SD Plan 1032	76	0	76
				SD Plan 1030	41	0	41
				SD Plan 1031	158	0	158
				SD Plan 1021	103	0	103
Spokane School District Total					**2,973**	**0**	**2,973**
Sprague School District	Certificated	Yes	No	SD Plan 1715	1	2	3
				SD Plan 1716	5	8	13
				SD Plan 1718	4	7	11
	CLASSIFIED	No	Yes	SD Plan 1717	2	1	3
				SD Plan 1715	2	3	5
				SD Plan 1716	2	4	6
				SD Plan 1718	5	2	7
Sprague School District Total					**21**	**27**	**48**
St. John School District	Certificated	Yes	No	SD Plan 1759	10	9	19
				SD Plan 1760	1	0	1
	CLASSIFIED	No	Yes	SD Plan 1759	12	12	24
				SD Plan 1761	2	0	2
St. John School District Total					**25**	**21**	**46**
Stanwood-Camano School District	ADMIN	No	Yes	SD Plan 1685	2	3	5

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1687	1	2	3
				SD Plan 1688	1	2	3
		Yes	No	SD Plan 1682	4	3	7
				SD Plan 1685	10	8	18
				SD Plan 1686	1	1	2
				SD Plan 1688	1	0	1
	NONREP	No	Yes	SD Plan 1682	3	0	3
				SD Plan 1685	8	9	17
				SD Plan 1686	1	0	1
				SD Plan 1687	1	3	4
				SD Plan 1688	1	0	1
	PSE	No	Yes	SD Plan 1689	32	18	50
				SD Plan 1690	16	18	34
				SD Plan 1691	16	18	34
				SD Plan 1693	27	41	68
				SD Plan 1694	2	1	3
				SD Plan 1692	9	1	10
				SD Plan 1682	64	35	99
				SD Plan 1687	2	0	2
	SCEA	Yes	No	SD Plan 1682	49	44	93
				SD Plan 1685	84	39	123
				SD Plan 1686	39	44	83
				SD Plan 1687	35	62	97
				SD Plan 1688	36	29	65
Stanwood-Camano School District Total					**445**	**381**	**826**
Star School District	Bus Driver	No	Yes	SD Plan 1626	3	2	5
	TEACHER	Yes	No	SD Plan 1626	2	0	2
Star School District Total					**5**	**2**	**7**
Starbuck School District	Certificated	Yes	No	SD Plan 2570	3	0	3
	CLASSIFIED	No	Yes	SD Plan 2570	2	0	2
Starbuck School District Total					**5**	**0**	**5**
Stehekin School District	Certificated	Yes	No	SD Plan 1777	1	2	3

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
Stehekin School District Total					**1**	**2**	**3**
Steilacoom Hist. School District	ADMIN	No	Yes	SD Plan 1762	2	0	2
				SD Plan 1763	1	0	1
				SD Plan 1765	1	0	1
				SD Plan 1767	4	0	4
		Yes	No	SD Plan 1762	2	0	2
				SD Plan 1763	1	0	1
				SD Plan 1765	3	0	3
				SD Plan 1766	1	0	1
				SD Plan 1767	4	0	4
	Certificated	Yes	No	SD Plan 1762	43	0	43
				SD Plan 1763	20	0	20
				SD Plan 1765	33	0	33
				SD Plan 1766	35	0	35
				SD Plan 1768	3	0	3
				SD Plan 1767	18	0	18
	CLASSIFIED	No	Yes	SD Plan 1762	23	0	23
				SD Plan 1763	5	0	5
				SD Plan 1765	16	0	16
				SD Plan 1766	8	0	8
				SD Plan 1767	18	0	18
Steilacoom Hist. School District Total					**241**	**0**	**241**
Steptoe School District	Certificated	Yes	No	SD Plan 2100	4	10	14
	CLASSIFIED	No	Yes	SD Plan 2100	1	5	6
				SD Plan 2101	3	2	5
Steptoe School District Total					**8**	**17**	**25**
Stevenson-Carson School District	ADMINISTRATORS	Yes	No	SD Plan 2623	1	0	1
	CLASSIFIED-PSE	No	Yes	SD Plan 2629	16	0	16
				SD Plan 2626	4	0	4
				SD Plan 2627	13	0	13
	TEACHERS	No	Yes	SD Plan 2629	1	0	1
		Yes	No	SD Plan 2629	14	0	14

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2626	4	0	4
				SD Plan 2627	8	0	8
	central office staff	No	Yes	SD Plan 2629	1	0	1
Stevenson-Carson School District Total					**62**	**0**	**62**
Sultan School District	Certificated Administrators	No	Yes	SD Plan 1771	1	0	1
		Yes	No	SD Plan 1772	3	0	3
				SD Plan 1774	1	0	1
				SD Plan 1771	3	0	3
				SD Plan 1770	1	0	1
	Classified Administrators	No	Yes	SD Plan 1772	2	0	2
				SD Plan 1774	1	0	1
				SD Plan 1771	1	0	1
	PUBLIC SCHOOL EMPLOYEES	No	Yes	SD Plan 1772	9	0	9
				SD Plan 1773	8	0	8
				SD Plan 1774	11	0	11
				SD Plan 1771	25	0	25
				SD Plan 1770	9	0	9
	SULTAN EDUCATION ASSOCIATION	No	Yes	SD Plan 1771	1	0	1
				SD Plan 1770	1	0	1
		Yes	No	SD Plan 1772	11	0	11
				SD Plan 1773	14	0	14
				SD Plan 1774	20	0	20
				SD Plan 1771	42	0	42
				SD Plan 1770	21	0	21
	SUPERINTENDENT	Yes	No	SD Plan 1774	1	0	1
	TEAMSTERS	No	Yes	SD Plan 1772	7	0	7
				SD Plan 1773	2	0	2
				SD Plan 1774	1	0	1
				SD Plan 1771	1	0	1
				SD Plan 1770	5	0	5
Sultan School District Total					**202**	**0**	**202**
Summit Valley School District	Certificated	Yes	No	SD Plan 1621	7	14	21

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	CLASSIFIED	No	Yes	SD Plan 1621	4	8	12
Summit Valley School District Total					**11**	**22**	**33**
Sumner School District	ASG	No	Yes	SD Plan 1926	21	0	21
				SD Plan 1928	36	0	36
				SD Plan 1929	8	0	8
				SD Plan 1930	5	0	5
				SD Plan 1932	12	0	12
				SD Plan 1925	17	0	17
				SD Plan 1927	9	0	9
	CERT ADMINISTRATORS	No	Yes	SD Plan 1926	1	0	1
				SD Plan 1928	1	0	1
				SD Plan 1925	5	0	5
				SD Plan 1927	2	0	2
		Yes	No	SD Plan 1926	1	0	1
				SD Plan 1928	9	0	9
				SD Plan 1929	2	0	2
				SD Plan 1930	1	0	1
				SD Plan 1932	3	0	3
				SD Plan 1925	8	0	8
				SD Plan 1927	7	0	7
	IUOE	No	Yes	SD Plan 1926	8	0	8
				SD Plan 1928	35	0	35
				SD Plan 1929	15	0	15
				SD Plan 1930	4	0	4
				SD Plan 1932	20	0	20
				SD Plan 1925	16	0	16
				SD Plan 1927	11	0	11
	SEA	Yes	No	SD Plan 1926	66	0	66
				SD Plan 1928	57	0	57
				SD Plan 1929	29	0	29
				SD Plan 1930	15	0	15
				SD Plan 1931	1	0	1

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				SD Plan 1932	66	0	66
				SD Plan 1925	136	0	136
				SD Plan 1927	93	0	93
	SPA	No	Yes	SD Plan 1926	10	0	10
				SD Plan 1928	30	0	30
				SD Plan 1929	26	0	26
				SD Plan 1930	8	0	8
				SD Plan 1932	10	0	10
				SD Plan 1925	3	0	3
				SD Plan 1927	4	0	4
		Yes	No	SD Plan 1928	1	0	1
	UNREP	No	Yes	SD Plan 1926	4	0	4
				SD Plan 1928	7	0	7
				SD Plan 1929	1	0	1
				SD Plan 1930	1	0	1
				SD Plan 1931	1	0	1
				SD Plan 1932	5	0	5
				SD Plan 1925	3	0	3
				SD Plan 1927	1	0	1
		Yes	No	SD Plan 1926	1	0	1
Sumner School District Total					**836**	**0**	**836**
Sunnyside School District	Certificated	Yes	No	SD Plan 1806	34	0	34
				SD Plan 1809	36	0	36
				SD Plan 1810	158	0	158
				SD Plan 1815	3	0	3
				SD Plan 1816	47	0	47
				SD Plan 1817	5	0	5
				SD Plan 1821	1	0	1
				SD Plan 1805	11	0	11
				SD Plan 1813	15	0	15
				SD Plan 1814	3	0	3
				SD Plan 1818	20	0	20

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1819	9	0	9
				SD Plan 1820	40	0	40
				SD Plan 1811	19	0	19
				SD Plan 1812	8	0	8
	CLASSIFIED	No	Yes	SD Plan 1806	17	0	17
				SD Plan 1809	41	0	41
				SD Plan 1810	65	0	65
				SD Plan 1815	6	0	6
				SD Plan 1816	42	0	42
				SD Plan 1817	16	0	16
				SD Plan 1805	9	0	9
				SD Plan 1813	19	0	19
				SD Plan 1814	2	0	2
				SD Plan 1818	27	0	27
				SD Plan 1819	13	0	13
				SD Plan 1820	43	0	43
				SD Plan 1811	19	0	19
				SD Plan 1812	8	0	8
Sunnyside School District Total					**736**	**0**	**736**
Tacoma School District	Certificated Employees	Yes	No	SD Plan 1126	94	176	270
				SD Plan 1127	37	70	107
				SD Plan 1128	26	59	85
				SD Plan 1131	800	958	1,758
				SD Plan 1132	333	330	663
				SD Plan 1133	167	199	366
				SD Plan 1130	387	492	879
	Classified Employees	No	Yes	SD Plan 1126	75	94	169
				SD Plan 1127	13	26	39
				SD Plan 1128	18	26	44
				SD Plan 1131	549	594	1,143
				SD Plan 1132	142	95	237
				SD Plan 1133	77	68	145

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				SD Plan 1130	142	177	319
Tacoma School District Total					**2,860**	**3,364**	**6,224**
Taholah School District	Certificated	Yes	No	SD Plan 2242	4	0	4
				SD Plan 2241	12	0	12
				SD Plan 2243	1	0	1
				SD Plan 2245	1	0	1
	CLASSIFIED	No	Yes	SD Plan 2242	1	0	1
				SD Plan 2240	1	0	1
				SD Plan 2241	18	0	18
Taholah School District Total					**38**	**0**	**38**
Tahoma School District	Certificated	Yes	No	SD Plan 2255	1	0	1
	CLASS & ADMIN	No	Yes	SD Plan 2253	52	0	52
				SD Plan 2254	9	0	9
				SD Plan 2255	61	0	61
				SD Plan 2257	17	0	17
				SD Plan 2248	10	0	10
				SD Plan 2249	88	0	88
				SD Plan 2250	8	0	8
				SD Plan 2251	42	0	42
				SD Plan 2252	11	0	11
				SD Plan 2256	3	0	3
		Yes	No	SD Plan 2253	1	0	1
				SD Plan 2255	9	0	9
				SD Plan 2249	6	0	6
				SD Plan 2250	1	0	1
				SD Plan 2251	1	0	1
	TEA	No	Yes	SD Plan 2253	2	0	2
				SD Plan 2254	1	0	1
				SD Plan 2255	4	0	4
				SD Plan 2257	3	0	3
				SD Plan 2249	3	0	3
				SD Plan 2251	7	0	7

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		Yes	No	SD Plan 2253	24	0	24
				SD Plan 2254	4	0	4
				SD Plan 2255	64	0	64
				SD Plan 2257	31	0	31
				SD Plan 2247	2	0	2
				SD Plan 2248	20	0	20
				SD Plan 2249	162	0	162
				SD Plan 2250	6	0	6
				SD Plan 2251	35	0	35
				SD Plan 2252	6	0	6
				SD Plan 2256	7	0	7
Tahoma School District Total					**701**	**0**	**701**
Tekoa School District	Certificated	Yes	No	SD Plan 2026	4	6	10
				SD Plan 2027	16	29	45
	CLASSIFIED	No	Yes	SD Plan 2026	2	2	4
				SD Plan 2027	4	5	9
Tekoa School District Total					**26**	**42**	**68**
Tenino School District	ADMIN	Yes	No	SD Plan 2263	1	0	1
				SD Plan 2265	1	4	5
				SD Plan 2267	3	7	10
				SD Plan 2261	3	1	4
	CLASSIFIED	No	Yes	SD Plan 2262	11	5	16
				SD Plan 2263	12	2	14
				SD Plan 2264	3	3	6
				SD Plan 2265	5	12	17
				SD Plan 2267	8	0	8
				SD Plan 2261	5	3	8
	EXEMPT	No	Yes	SD Plan 2262	1	3	4
				SD Plan 2263	1	0	1
				SD Plan 2267	1	1	2
	TEACHERS	No	Yes	SD Plan 2262	1	0	1
		Yes	No	SD Plan 2262	9	8	17

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				SD Plan 2263	12	3	15
				SD Plan 2264	2	3	5
				SD Plan 2265	2	4	6
				SD Plan 2267	12	11	23
				SD Plan 2269	3	1	4
				SD Plan 2261	22	17	39
Tenino School District Total					**118**	**88**	**206**
Thorp School District	Certificated	Yes	No	SD Plan 0002	2	0	2
				SD Plan 0003	1	1	2
				SD Plan 0004	1	1	2
				SD Plan 0005	1	1	2
				SD Plan 0007	4	0	4
				SD Plan 0010	2	2	4
				SD Plan 0012	2	2	4
				SD Plan 0001	1	1	2
				SD Plan 0009	1	1	2
				SD Plan 0013	1	1	2
	CLASSIFIED	No	Yes	SD Plan 0002	3	0	3
				SD Plan 0008	1	1	2
				SD Plan 0010	1	0	1
				SD Plan 0001	1	1	2
Thorp School District Total					**22**	**12**	**34**
Toledo School District	Certificated	Yes	No	SD Plan 1015	23	29	52
				SD Plan 1016	7	12	19
				SD Plan 1017	4	2	6
				SD Plan 1018	7	11	18
	CLASSIFIED	No	Yes	SD Plan 1015	12	0	12
				SD Plan 1016	5	5	10
				SD Plan 1017	1	0	1
				SD Plan 1018	12	9	21
Toledo School District Total					**71**	**68**	**139**
Tonasket School District	Certificated	Yes	No	SD Plan 0867	27	0	27

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				SD Plan 0868	6	0	6
				SD Plan 0869	16	0	16
				SD Plan 0870	23	0	23
	CLASSIFIED	No	Yes	SD Plan 0867	22	0	22
				SD Plan 0868	12	0	12
				SD Plan 0869	9	0	9
				SD Plan 0870	18	0	18
Tonasket School District Total					**133**	**0**	**133**
Toppenish School District	TEA	Yes	No	SD Plan 3145	7	0	7
				SD Plan 3153	49	0	49
				SD Plan 3154	31	0	31
				SD Plan 3155	5	0	5
				SD Plan 3156	6	0	6
				SD Plan 3167	43	0	43
				SD Plan 3168	10	0	10
				SD Plan 3169	6	0	6
				SD Plan 3170	12	0	12
				SD Plan 3146	1	0	1
				SD Plan 3150	11	0	11
				SD Plan 3151	1	0	1
				SD Plan 3152	2	0	2
				SD Plan 3157	1	0	1
				SD Plan 3158	2	0	2
				SD Plan 3159	12	0	12
				SD Plan 3160	2	0	2
				SD Plan 3161	3	0	3
				SD Plan 3162	4	0	4
				SD Plan 3163	5	0	5
				SD Plan 3164	8	0	8
				SD Plan 3165	8	0	8
				SD Plan 3166	2	0	2
	PSE + Admin + Non Union	No	Yes	SD Plan 3144	12	0	12

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				SD Plan 3145	2	0	2
				SD Plan 3147	84	0	84
				SD Plan 3148	42	0	42
				SD Plan 3149	18	0	18
				SD Plan 3153	2	0	2
				SD Plan 3154	1	0	1
				SD Plan 3155	4	0	4
				SD Plan 3156	2	0	2
				SD Plan 3167	1	0	1
				SD Plan 3168	1	0	1
				SD Plan 3169	3	0	3
				SD Plan 3170	5	0	5
Toppenish School District Total					**408**	**0**	**408**
Touchet School District	Certificated	Yes	No	SD Plan 1164	8	0	8
				SD Plan 1165	11	0	11
	CLASSIFIED	No	Yes	SD Plan 1164	8	0	8
				SD Plan 1165	4	0	4
Touchet School District Total					**31**	**0**	**31**
Toutle Lake School District	001 CERTIFIED STAFF	No	Yes	SD Plan 0874	1	0	1
				SD Plan 0876	2	3	5
				SD Plan 0877	1	2	3
		Yes	No	SD Plan 0873	2	7	9
				SD Plan 0874	6	12	18
				SD Plan 0876	5	8	13
				SD Plan 0877	7	3	10
				SD Plan 0878	7	7	14
				SD Plan 0875	2	5	7
	002 CLASSIFIED STAFF	No	Yes	SD Plan 0874	8	0	8
				SD Plan 0876	4	8	12
				SD Plan 0877	2	0	2
				SD Plan 0878	14	5	19
				SD Plan 0875	1	4	5

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
	003 ADMINISTRATION	No	Yes	SD Plan 0874	2	1	3
				SD Plan 0876	1	4	5
				SD Plan 0877	2	0	2
				SD Plan 0878	2	0	2
		Yes	No	SD Plan 0873	1	1	2
Toutle Lake School District Total					**70**	**70**	**140**
Trout Lake School District	Certificated	Yes	No	SD Plan 1210	12	0	12
				SD Plan 1211	1	0	1
	CLASSIFIED	No	Yes	SD Plan 1211	1	0	1
				SD Plan 1212	2	0	2
Trout Lake School District Total					**16**	**0**	**16**
Tukwila School District	CLASSIFIED	No	Yes	SD Plan 2270	1	0	1
	PRINCIPALS	Yes	No	SD Plan 2270	1	0	1
				SD Plan 2271	3	0	3
				SD Plan 2272	1	0	1
				SD Plan 2273	2	0	2
				SD Plan 2274	1	0	1
	SEIU	No	Yes	SD Plan 2270	6	0	6
				SD Plan 2271	10	0	10
				SD Plan 2272	1	0	1
				SD Plan 2273	5	0	5
				SD Plan 2274	2	0	2
	TEA	No	Yes	SD Plan 2270	2	0	2
				SD Plan 2271	3	0	3
				SD Plan 2272	1	0	1
				SD Plan 2273	4	0	4
				SD Plan 2274	1	0	1
		Yes	No	SD Plan 2270	30	0	30
				SD Plan 2271	77	0	77
				SD Plan 2272	9	0	9
				SD Plan 2273	34	0	34
				SD Plan 2275	2	0	2

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2274	10	0	10
	Admin Unrep	No	Yes	SD Plan 2270	2	0	2
				SD Plan 2271	4	0	4
				SD Plan 2273	3	0	3
		Yes	No	SD Plan 2271	3	0	3
				SD Plan 2274	1	0	1
	TCEA	No	Yes	SD Plan 2270	16	0	16
				SD Plan 2271	28	0	28
				SD Plan 2272	4	0	4
				SD Plan 2273	12	0	12
				SD Plan 2275	1	0	1
				SD Plan 2274	6	0	6
Tukwila School District Total					**286**	**0**	**286**
Tumwater School District	Non-rep	No	Yes	SD Plan 1190	1	0	1
				SD Plan 1187	7	2	9
				SD Plan 1188	3	6	9
				SD Plan 1189	1	2	3
				SD Plan 1192	2	4	6
	PRINCIPALS	Yes	No	SD Plan 1190	8	12	20
				SD Plan 1187	6	6	12
				SD Plan 1188	1	2	3
				SD Plan 1192	2	0	2
	PSE	No	Yes	SD Plan 1190	18	3	21
				SD Plan 1187	29	16	45
				SD Plan 1188	8	3	11
				SD Plan 1189	13	22	35
				SD Plan 1191	1	0	1
				SD Plan 1192	29	8	37
	TEACHERS	No	Yes	SD Plan 1187	2	1	3
				SD Plan 1188	1	1	2
				SD Plan 1189	1	4	5
				SD Plan 1192	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
		Yes	No	SD Plan 1190	51	32	83
				SD Plan 1187	146	102	248
				SD Plan 1188	36	60	96
				SD Plan 1189	40	82	122
				SD Plan 1191	2	1	3
				SD Plan 1192	69	35	104
	DO ADMIN/SUPERVISORS	No	Yes	SD Plan 1190	1	0	1
				SD Plan 1187	5	5	10
				SD Plan 1188	2	0	2
				SD Plan 1192	1	0	1
		Yes	No	SD Plan 1190	2	0	2
				SD Plan 1187	3	3	6
				SD Plan 1188	1	2	3
				SD Plan 1189	1	2	3
				SD Plan 1192	1	3	4
	NMSC TEACHERS	No	Yes	SD Plan 1187	2	0	2
				SD Plan 1189	1	3	4
				SD Plan 1191	1	3	4
				SD Plan 1192	1	1	2
		Yes	No	SD Plan 1190	3	3	6
				SD Plan 1187	4	6	10
				SD Plan 1188	1	0	1
				SD Plan 1192	5	0	5
	TAP	No	Yes	SD Plan 1190	15	5	20
				SD Plan 1187	23	8	31
				SD Plan 1188	9	10	19
				SD Plan 1189	21	28	49
				SD Plan 1191	1	0	1
				SD Plan 1192	24	7	31
	TOPA	No	Yes	SD Plan 1190	7	11	18
				SD Plan 1187	17	8	25
				SD Plan 1188	4	2	6

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1189	5	4	9
				SD Plan 1192	10	5	15
Tumwater School District Total					**649**	**523**	**1,172**
Union Gap School District	Certificated	Yes	No	SD Plan 3171	3	0	3
				SD Plan 3173	22	0	22
				SD Plan 3174	4	0	4
				SD Plan 3175	3	0	3
				SD Plan 3177	3	0	3
				SD Plan 3178	2	0	2
	CLASSIFIED	No	Yes	SD Plan 3171	3	0	3
				SD Plan 3173	6	0	6
				SD Plan 3174	4	0	4
				SD Plan 3175	1	0	1
				SD Plan 3177	1	0	1
				SD Plan 3178	2	0	2
				SD Plan 3172	2	0	2
				SD Plan 3176	8	0	8
	Unrepresented Certificated	Yes	No	SD Plan 3173	1	0	1
				SD Plan 3174	1	0	1
				SD Plan 3176	1	0	1
	Unrepresented Classified	No	Yes	SD Plan 3171	1	0	1
				SD Plan 3174	1	0	1
				SD Plan 3175	1	0	1
				SD Plan 3178	1	0	1
				SD Plan 3176	1	0	1
Union Gap School District Total					**72**	**0**	**72**
University Place School District	ADMINISTRATOR	No	Yes	SD Plan 1611	1	0	1
				SD Plan 1609	3	0	3
				SD Plan 1610	2	0	2
				SD Plan 1608	6	0	6
				SD Plan 1607	1	0	1
		Yes	No	SD Plan 1611	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1609	3	0	3
				SD Plan 1610	3	0	3
				SD Plan 1608	18	0	18
	UPCA-CLASSIFIED	No	Yes	SD Plan 1611	1	0	1
				SD Plan 1609	25	0	25
				SD Plan 1610	17	0	17
				SD Plan 1608	46	0	46
				SD Plan 1607	30	0	30
	UPEA-TEACHERS	No	Yes	SD Plan 1608	3	0	3
		Yes	No	SD Plan 1611	8	0	8
				SD Plan 1609	47	0	47
				SD Plan 1610	39	0	39
				SD Plan 1608	161	0	161
				SD Plan 1607	47	0	47
	UPOP-OFFICE PROF.	No	Yes	SD Plan 1611	1	0	1
				SD Plan 1609	5	0	5
				SD Plan 1610	8	0	8
				SD Plan 1608	12	0	12
				SD Plan 1607	6	0	6
University Place School District Total					**494**	**0**	**494**
Valley School District	Certificated Pool	Yes	No	SD Plan 0814	6	8	14
				SD Plan 0815	4	5	9
				SD Plan 0816	5	8	13
				SD Plan 0817	15	39	54
				SD Plan 0818	1	1	2
	Classified Pool	No	Yes	SD Plan 0814	13	9	22
				SD Plan 0815	6	6	12
				SD Plan 0816	11	3	14
				SD Plan 0817	19	27	46
				SD Plan 0819	1	0	1
Valley School District Total					**81**	**106**	**187**
Vancouver School District	Certificated	Yes	No	SD Plan 0607	88	0	88

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0623	393	0	393
				SD Plan 0624	1	0	1
				SD Plan 0622	4	0	4
				SD Plan 0613	125	0	125
				SD Plan 0615	174	0	174
				SD Plan 0616	4	0	4
				SD Plan 0617	448	0	448
				SD Plan 0618	3	0	3
				SD Plan 0619	4	0	4
				SD Plan 0612	3	0	3
				SD Plan 0609	37	0	37
				SD Plan 0611	16	0	16
	CLASSIFIED	No	Yes	SD Plan 0606	1	0	1
				SD Plan 0607	56	0	56
				SD Plan 0623	424	0	424
				SD Plan 0622	7	0	7
				SD Plan 0613	70	0	70
				SD Plan 0614	2	0	2
				SD Plan 0615	85	0	85
				SD Plan 0616	2	0	2
				SD Plan 0617	250	0	250
				SD Plan 0619	1	0	1
				SD Plan 0609	28	0	28
				SD Plan 0611	13	0	13
Vancouver School District Total					**2,239**	**0**	**2,239**
Vashon Island School District	ADMINISTRATORS	No	Yes	SD Plan 0825	1	0	1
				SD Plan 0828	1	0	1
				SD Plan 0823	1	0	1
				SD Plan 0820	1	0	1
		Yes	No	SD Plan 0825	2	0	2
				SD Plan 0823	1	0	1
				SD Plan 0820	2	0	2

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
	Certificated	Yes	No	SD Plan 0820	1	0	1
	CPEA-AIDES & SEC	No	Yes	SD Plan 0825	5	0	5
				SD Plan 0827	1	0	1
				SD Plan 0829	1	0	1
				SD Plan 0822	2	0	2
				SD Plan 0823	5	0	5
				SD Plan 0820	6	0	6
	NO UNION AFFILIATION	No	Yes	SD Plan 0825	2	0	2
				SD Plan 0822	2	0	2
				SD Plan 0823	1	0	1
				SD Plan 0820	5	0	5
	SEIU-6	No	Yes	SD Plan 0825	5	0	5
				SD Plan 0827	2	0	2
				SD Plan 0828	1	0	1
				SD Plan 0822	2	0	2
				SD Plan 0826	4	0	4
				SD Plan 0823	1	0	1
				SD Plan 0820	1	0	1
	VASHON EDUCTN ASSOC.	Yes	No	SD Plan 0824	1	0	1
				SD Plan 0825	20	0	20
				SD Plan 0827	12	0	12
				SD Plan 0828	3	0	3
				SD Plan 0829	1	0	1
				SD Plan 0822	8	0	8
				SD Plan 0826	1	0	1
				SD Plan 0823	6	0	6
				SD Plan 0820	37	0	37
				SD Plan 0821	1	0	1
Vashon Island School District Total					**146**	**0**	**146**
Wahkiakum School District	Certificated	Yes	No	SD Plan 2153	23	49	72
	CLASSIFIED	No	Yes	SD Plan 2153	24	37	61
Wahkiakum School District Total					**47**	**86**	**133**

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
Wahluke School District	Certificated	Yes	No	SD Plan 2154	96	0	96
				SD Plan 2155	37	0	37
				SD Plan 2157	9	0	9
	CLASSIFIED	No	Yes	SD Plan 2156	86	0	86
				SD Plan 2157	22	0	22
Wahluke School District Total					**250**	**0**	**250**
Waitsburg School District	ADMINISTRATION	No	Yes	SD Plan 2159	4	4	8
	Certificated	Yes	No	SD Plan 2159	19	11	30
				SD Plan 2158	1	0	1
	CLASSIFIED	No	Yes	SD Plan 2159	14	9	23
Waitsburg School District Total					**38**	**24**	**62**
Walla Walla Public Schools	CERT EE	Yes	No	SD Plan 0857	190	0	190
				SD Plan 0863	63	0	63
				SD Plan 0858	44	0	44
				SD Plan 0859	18	0	18
				SD Plan 0860	22	0	22
				SD Plan 0861	2	0	2
				SD Plan 0862	25	0	25
	CLASS EE	No	Yes	SD Plan 0855	1	0	1
				SD Plan 0857	111	0	111
				SD Plan 0863	61	0	61
				SD Plan 0858	37	0	37
				SD Plan 0859	36	0	36
				SD Plan 0860	20	0	20
				SD Plan 0861	5	0	5
				SD Plan 0862	28	0	28
	DIRECTORS	No	Yes	SD Plan 0857	6	0	6
				SD Plan 0863	1	0	1
				SD Plan 0861	1	0	1
		Yes	No	SD Plan 0857	4	0	4
				SD Plan 0863	1	0	1
	OFF SCHEDULE CLSS	No	Yes	SD Plan 0857	12	0	12

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0863	2	0	2
				SD Plan 0858	1	0	1
				SD Plan 0862	1	0	1
	PRINCIPALS	Yes	No	SD Plan 0857	12	0	12
				SD Plan 0863	1	0	1
				SD Plan 0858	3	0	3
				SD Plan 0862	2	0	2
Walla Walla Public Schools Total					**710**	**0**	**710**
Wapato School District	Certificated	Yes	No	SD Plan 2167	144	0	144
				SD Plan 2168	51	0	51
				SD Plan 2170	18	0	18
	CLASSIFIED	No	Yes	SD Plan 2167	111	0	111
				SD Plan 2168	38	0	38
				SD Plan 2170	11	0	11
Wapato School District Total					**373**	**0**	**373**
Warden School District	Certificated	Yes	No	SD Plan 2160	64	0	64
				SD Plan 2161	3	0	3
	CLASSIFIED	No	Yes	SD Plan 2160	63	0	63
				SD Plan 2161	1	0	1
Warden School District Total					**131**	**0**	**131**
Washougal School District	Certificated Employees	Yes	No	SD Plan 3018	45	0	45
				SD Plan 3020	3	0	3
				SD Plan 3021	12	0	12
				SD Plan 3022	33	0	33
				SD Plan 3023	22	0	22
				SD Plan 3024	42	0	42
				SD Plan 3025	13	0	13
	Classified Employees	No	Yes	SD Plan 3018	56	0	56
				SD Plan 3020	1	0	1
				SD Plan 3021	2	0	2
				SD Plan 3022	9	0	9
				SD Plan 3023	12	0	12

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 3024	31	0	31
				SD Plan 3025	7	0	7
Washougal School District Total					**288**	**0**	**288**
Washtucna School District	Certificated	Yes	No	SD Plan 2162	3	1	4
				SD Plan 2163	8	7	15
				SD Plan 2164	2	0	2
	CLASSIFIED	No	Yes	SD Plan 2165	2	2	4
				SD Plan 2162	3	2	5
				SD Plan 2163	3	6	9
				SD Plan 2164	1	4	5
Washtucna School District Total					**22**	**22**	**44**
Waterville School District	TEACHERS UNION	Yes	No	SD Plan 3109	5	0	5
				SD Plan 3110	3	0	3
				SD Plan 3112	7	0	7
				SD Plan 3113	3	0	3
				SD Plan 3114	4	0	4
	EDUCATIONAL SUPPORT PERSONNEL	No	Yes	SD Plan 3109	5	0	5
				SD Plan 3110	2	0	2
				SD Plan 3112	3	0	3
				SD Plan 3113	2	0	2
	NON REPRESENTED EMPLOYEES	No	Yes	SD Plan 3110	1	0	1
		Yes	No	SD Plan 3110	1	0	1
				SD Plan 3112	1	0	1
	SCHOOL MAINTENANCE EMPLOYEES	No	Yes	SD Plan 3109	1	0	1
				SD Plan 3112	1	0	1
				SD Plan 3113	1	0	1
				SD Plan 3111	1	0	1
Waterville School District Total					**41**	**0**	**41**
Wellpinit School District	Certificated	Yes	No	SD Plan 2173	23	26	49
				SD Plan 2172	3	1	4
				SD Plan 2174	3	6	9
				SD Plan 2171	5	11	16

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
	CLASSIFIED	No	Yes	SD Plan 2173	6	9	15
				SD Plan 2172	1	0	1
				SD Plan 2174	7	1	8
				SD Plan 2171	17	18	35
Wellpinit School District Total					**65**	**72**	**137**
Wenatchee School District	2CLDIR = 260 DAYS	No	Yes	SD Plan 1874	5	3	8
				SD Plan 1875	2	7	9
	2CLDIR<260 DAYS	No	Yes	SD Plan 1874	2	1	3
				SD Plan 1877	1	6	7
	ADMINISTRATION	No	Yes	SD Plan 1874	2	5	7
		Yes	No	SD Plan 1874	30	63	93
				SD Plan 1876	1	2	3
	BUS DRIVERS	No	Yes	SD Plan 1874	5	1	6
				SD Plan 1875	3	0	3
				SD Plan 1878	1	0	1
				SD Plan 1876	3	0	3
				SD Plan 1877	5	5	10
	Certficated	No	Yes	SD Plan 1874	16	22	38
				SD Plan 1875	6	4	10
				SD Plan 1876	3	4	7
				SD Plan 1877	6	9	15
		Yes	No	SD Plan 1874	252	195	447
				SD Plan 1875	71	131	202
				SD Plan 1878	3	8	11
				SD Plan 1876	52	56	108
				SD Plan 1877	58	107	165
	DO ACCOUNTING	No	Yes	SD Plan 1874	3	0	3
	DO Secretaries	No	Yes	SD Plan 1874	2	0	2
				SD Plan 1875	2	5	7
	Food Service Managers	No	Yes	SD Plan 1874	1	0	1
				SD Plan 1875	1	0	1
				SD Plan 1876	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
	Food Service Workers	No	Yes	SD Plan 1874	2	1	3
				SD Plan 1875	3	0	3
				SD Plan 1876	5	0	5
				SD Plan 1877	12	8	20
	HR/Pay	No	Yes	SD Plan 1874	2	2	4
				SD Plan 1875	3	3	6
	M&O/Custodians	No	Yes	SD Plan 1874	32	19	51
				SD Plan 1875	10	9	19
				SD Plan 1876	11	4	15
				SD Plan 1877	5	10	15
	Managers/Asst. Directors/Coord	No	Yes	SD Plan 1874	4	4	8
				SD Plan 1876	1	0	1
	NON REP	No	Yes	SD Plan 1874	3	0	3
				SD Plan 1875	4	4	8
				SD Plan 1876	2	0	2
				SD Plan 1877	8	8	16
	Para/Sec/Tech	No	Yes	SD Plan 1874	52	19	71
				SD Plan 1875	45	34	79
				SD Plan 1878	2	5	7
				SD Plan 1876	23	10	33
				SD Plan 1877	77	77	154
Wenatchee School District Total					**843**	**851**	**1,694**
West Valley School District (Spokane)	Certificated	Yes	No	SD Plan 2129	69	0	69
				SD Plan 2124	103	131	234
				SD Plan 2131	8	0	8
				SD Plan 2126	55	0	55
	CLASSIFIED	No	Yes	SD Plan 2129	42	0	42
				SD Plan 2124	91	97	188
				SD Plan 2126	39	0	39
				SD Plan 2127	2	0	2
West Valley School District (Spokane) Total					**409**	**228**	**637**
West Valley School District (Yakima)	Certificated	Yes	No	SD Plan 0832	155	141	296

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0833	38	76	114
				SD Plan 0834	8	16	24
				SD Plan 0835	10	20	30
				SD Plan 0836	2	7	9
				SD Plan 0837	28	41	69
				SD Plan 0852	2	3	5
				SD Plan 0842	23	28	51
				SD Plan 0854	2	6	8
	CLASSIFIED	No	Yes	SD Plan 0832	43	16	59
				SD Plan 0833	25	48	73
				SD Plan 0845	16	11	27
				SD Plan 0846	16	21	37
				SD Plan 0849	7	10	17
				SD Plan 0853	5	0	5
				SD Plan 0834	4	5	9
				SD Plan 0835	6	4	10
				SD Plan 0836	4	5	9
				SD Plan 0837	14	6	20
				SD Plan 0851	13	13	26
				SD Plan 0852	20	34	54
				SD Plan 0850	11	1	12
				SD Plan 0842	13	12	25
				SD Plan 0854	1	5	6
West Valley School District (Yakima) Total					**466**	**529**	**995**
White Pass School District	Certificated	Yes	No	SD Plan 2183	10	15	25
				SD Plan 2184	8	6	14
				SD Plan 2185	5	9	14
				SD Plan 2191	1	2	3
				SD Plan 2179	2	4	6
				SD Plan 2189	1	0	1
	CLASSIFIED	No	Yes	SD Plan 2181	1	0	1
				SD Plan 2180	3	4	7

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Exhibit A4c
Enrollment by District — Reporting Districts Only
Census October 1, 2012

District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2183	16	2	18
				SD Plan 2184	5	0	5
				SD Plan 2185	1	0	1
				SD Plan 2179	3	0	3
White Pass School District Total					**56**	**42**	**98**
White River School District	Certificated	Yes	No	SD Plan 2407	2	0	2
				SD Plan 2409	3	0	3
				SD Plan 2410	32	0	32
				SD Plan 2411	18	0	18
				SD Plan 2412	94	0	94
				SD Plan 2413	49	0	49
				SD Plan 2415	2	0	2
	CLASSIFIED	No	Yes	SD Plan 2410	39	0	39
				SD Plan 2411	14	0	14
				SD Plan 2412	50	0	50
				SD Plan 2413	60	0	60
White River School District Total					**363**	**0**	**363**
White Salmon Valley School District	Certificated	Yes	No	SD Plan 2194	42	0	42
				SD Plan 2195	5	0	5
				SD Plan 2196	18	0	18
	CLASSIFIED	No	Yes	SD Plan 2194	33	0	33
				SD Plan 2195	9	0	9
				SD Plan 2196	10	0	10
White Salmon Valley School District Total					**117**	**0**	**117**
Wilbur School District	CLASSIFIED	No	Yes	SD Plan 2198	8	0	8
				SD Plan 2199	4	0	4
				SD Plan 2200	2	0	2
				SD Plan 2197	4	0	4
	TEACHERS	Yes	No	SD Plan 2202	20	0	20
	ADMIN/NON-REPRESENTED	No	Yes	SD Plan 2199	2	0	2
Wilbur School District Total					**40**	**0**	**40**
Willapa Valley School District	Certificated	Yes	No	SD Plan 1163	1	0	1

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Enrollment by District — Reporting Districts Only
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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1160	23	0	23
	CLASSIFIED	No	Yes	SD Plan 1162	1	0	1
				SD Plan 1163	1	0	1
				SD Plan 1159	8	0	8
				SD Plan 1161	8	0	8
Willapa Valley School District Total					**42**	**0**	**42**
Wilson Creek School District	Certificated	Yes	No	SD Plan 2206	1	0	1
				SD Plan 2207	13	0	13
	CLASSIFIED	No	Yes	SD Plan 2204	14	0	14
				SD Plan 2206	3	0	3
				SD Plan 2207	1	0	1
Wilson Creek School District Total					**32**	**0**	**32**
Winlock School District	Certificated	Yes	No	SD Plan 2215	17	0	17
				SD Plan 2216	7	0	7
				SD Plan 2218	5	0	5
				SD Plan 2212	1	0	1
				SD Plan 2209	5	0	5
				SD Plan 2217	6	0	6
	CLASSIFIED	No	Yes	SD Plan 2215	6	0	6
				SD Plan 2216	5	0	5
				SD Plan 2218	8	0	8
				SD Plan 2211	1	0	1
				SD Plan 2212	7	0	7
				SD Plan 2209	4	0	4
				SD Plan 2210	4	0	4
		Yes	No	SD Plan 2215	1	0	1
				SD Plan 2209	1	0	1
Winlock School District Total					**78**	**0**	**78**
Wishkah Valley School District	Certificated	Yes	No	SD Plan 2276	14	0	14
	CLASSIFIED	No	Yes	SD Plan 2276	9	0	9
Wishkah Valley School District Total					**23**	**0**	**23**
Wishram School District	Certificated Employees	Yes	No	SD Plan 1911	7	2	9

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Enrollment by District — Reporting Districts Only
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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1913	4	7	11
	Classified Employees	No	Yes	SD Plan 1911	6	1	7
				SD Plan 1913	3	5	8
Wishram School District Total					**20**	**15**	**35**
Woodland School District	001 CERTS	Yes	No	SD Plan 2305	23	17	40
				SD Plan 2306	5	8	13
				SD Plan 2308	13	12	25
				SD Plan 2309	3	4	7
				SD Plan 2310	7	2	9
				SD Plan 2311	5	11	16
				SD Plan 2314	1	1	2
				SD Plan 2307	9	10	19
				SD Plan 2312	7	12	19
				SD Plan 2303	18	23	41
				SD Plan 2302	21	28	49
	Certificated	Yes	No	SD Plan 2310	1	3	4
	CLASSIFIED	No	Yes	SD Plan 2311	1	3	4
	002 ADMIN	Yes	No	SD Plan 2305	2	2	4
				SD Plan 2308	2	5	7
				SD Plan 2309	1	0	1
				SD Plan 2307	1	0	1
				SD Plan 2303	1	2	3
	003 CLASSIFIED	No	Yes	SD Plan 2305	5	5	10
				SD Plan 2306	4	3	7
				SD Plan 2308	6	6	12
				SD Plan 2309	3	3	6
				SD Plan 2310	1	0	1
				SD Plan 2311	7	6	13
				SD Plan 2314	1	1	2
				SD Plan 2312	5	7	12
				SD Plan 2303	14	6	20
				SD Plan 2302	11	2	13

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Enrollment by District — Reporting Districts Only
Census October 1, 2012

District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
	004 BUS DRIVERS	No	Yes	SD Plan 2305	1	0	1
				SD Plan 2306	2	1	3
				SD Plan 2308	1	0	1
				SD Plan 2310	1	0	1
				SD Plan 2311	2	4	6
				SD Plan 2312	6	6	12
				SD Plan 2303	15	10	25
				SD Plan 2302	14	6	20
	005 - CLASS NON-REP	No	Yes	SD Plan 2305	3	1	4
				SD Plan 2306	1	3	4
				SD Plan 2309	1	5	6
				SD Plan 2307	1	0	1
				SD Plan 2303	2	0	2
				SD Plan 2302	3	7	10
	006 SECRETARY	No	Yes	SD Plan 2306	2	3	5
				SD Plan 2310	1	0	1
				SD Plan 2311	3	0	3
				SD Plan 2312	1	0	1
				SD Plan 2303	2	3	5
				SD Plan 2302	3	2	5
Woodland School District Total					**243**	**233**	**476**
Yakima School District	YAKIMA ASSOC. PARAPROFESSIONALS	No	Yes	SD Plan 2526	233	0	233
				SD Plan 2527	21	0	21
	YAKIMA CERTIFICATED -YEA	Yes	No	SD Plan 2500	89	0	89
				SD Plan 2501	50	0	50
				SD Plan 2502	8	0	8
				SD Plan 2503	3	0	3
				SD Plan 2504	3	0	3
				SD Plan 2505	4	0	4
				SD Plan 2506	211	0	211
				SD Plan 2507	88	0	88
				SD Plan 2508	343	0	343

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Enrollment by District — Reporting Districts Only
Census October 1, 2012

District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2509	101	0	101
	YAKIMA COOKS	No	Yes	SD Plan 2500	12	0	12
				SD Plan 2504	1	0	1
				SD Plan 2506	23	0	23
				SD Plan 2507	1	0	1
				SD Plan 2508	33	0	33
				SD Plan 2509	2	0	2
	YAKIMA CUSTODIAL	No	Yes	SD Plan 2515	21	0	21
				SD Plan 2516	55	0	55
	YAKIMA EXEMPT	No	Yes	SD Plan 2501	2	0	2
				SD Plan 2508	2	0	2
	YAKIMA MAINTENANCE	No	Yes	SD Plan 2528	20	0	20
				SD Plan 2529	6	0	6
	YAKIMA MANAGEMENT CERTIFICATED	Yes	No	SD Plan 2500	4	0	4
				SD Plan 2501	4	0	4
				SD Plan 2506	7	0	7
				SD Plan 2507	6	0	6
				SD Plan 2508	27	0	27
				SD Plan 2509	9	0	9
	YAKIMA MANAGEMENT CLASSIFIED	No	Yes	SD Plan 2500	1	0	1
				SD Plan 2501	2	0	2
				SD Plan 2502	1	0	1
				SD Plan 2507	1	0	1
				SD Plan 2508	4	0	4
				SD Plan 2509	5	0	5
	YAKIMA OFFICE PROFESSIONALS-YEOP	No	Yes	SD Plan 2500	8	0	8
				SD Plan 2501	7	0	7
				SD Plan 2502	1	0	1
				SD Plan 2503	1	0	1
				SD Plan 2506	37	0	37
				SD Plan 2507	12	0	12
				SD Plan 2508	48	0	48

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K–12 School District Data Collection Project
Exhibit A4c
Enrollment by District — Reporting Districts Only
Census October 1, 2012

District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2509	15	0	15
	YAKIMA OPERATIONAL SUPPORT GROUP	No	Yes	SD Plan 2500	1	0	1
				SD Plan 2501	1	0	1
				SD Plan 2506	2	0	2
				SD Plan 2507	2	0	2
				SD Plan 2508	5	0	5
				SD Plan 2509	1	0	1
	YAKIMA PRO TECHS	No	Yes	SD Plan 2500	16	0	16
				SD Plan 2501	9	0	9
				SD Plan 2502	1	0	1
				SD Plan 2503	1	0	1
				SD Plan 2506	32	0	32
				SD Plan 2507	3	0	3
				SD Plan 2508	33	0	33
				SD Plan 2509	1	0	1
	YAKIMA SUPERINTENDENT CERTIFICATED	Yes	No	SD Plan 2508	3	0	3
	YAKIMA SUPERINTENDENT CLASSIFIED	No	Yes	SD Plan 2508	1	0	1
	YAKIMA TECHNOLOGY	No	Yes	SD Plan 2515	1	0	1
				SD Plan 2516	9	0	9
	YAKIMA TRANSPORTATION	No	Yes	SD Plan 2515	13	0	13
				SD Plan 2516	44	0	44
Yakima School District Total					**1,711**	**0**	**1,711**
Yelm School District	ADMINISTRATOR/SUPPORT BC PLAN 1	No	Yes	SD Plan 2047	3	0	3
		Yes	No	SD Plan 2047	4	0	4
	ADMINISTRATORS/SUPPORT +300	No	Yes	SD Plan 2047	6	0	6
				SD Plan 2044	3	0	3
				SD Plan 2045	1	0	1
		Yes	No	SD Plan 2047	4	0	4
				SD Plan 2044	4	0	4
				SD Plan 2045	7	0	7
	CLASSIFIED	No	Yes	SD Plan 2044	1	0	1
	PUB SCH EMPL WASH	No	Yes	SD Plan 2047	49	0	49

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K–12 School District Data Collection Project
Exhibit A4c
Enrollment by District — Reporting Districts Only
Census October 1, 2012

District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2048	17	0	17
				SD Plan 2049	5	0	5
				SD Plan 2050	4	0	4
				SD Plan 2044	58	0	58
				SD Plan 2045	21	0	21
				SD Plan 2046	21	0	21
	SECRETARIES ASSN	No	Yes	SD Plan 2047	10	0	10
				SD Plan 2048	2	0	2
				SD Plan 2050	1	0	1
				SD Plan 2044	9	0	9
				SD Plan 2045	5	0	5
	YELM EDUC ASSN	Yes	No	SD Plan 2047	56	0	56
				SD Plan 2048	21	0	21
				SD Plan 2049	5	0	5
				SD Plan 2050	2	0	2
				SD Plan 2051	4	0	4
				SD Plan 2044	74	0	74
				SD Plan 2045	94	0	94
				SD Plan 2046	27	0	27
Yelm School District Total					**518**	**0**	**518**
Zillah School District	Certificated	Yes	No	SD Plan 0625	76	97	173
				SD Plan 0626	7	13	20
	CLASSIFIED	No	Yes	SD Plan 0625	49	26	75
				SD Plan 0626	7	1	8
Zillah School District Total					**139**	**137**	**276**
Grand Total					**103,116**	**29,572**	**132,688**

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 001	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.871	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$250	Not covered
Family	$750	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$30	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$30	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 002	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.865	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$100/admit	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$90/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 003	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$100/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 004	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.852	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Not covered
Family	$1,500	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 005	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.852	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Not covered
Family	$1,500	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 006	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.852	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Not covered
Family	$1,500	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 007	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.852	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Not covered
Family	$1,500	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 008	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.852	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Not covered
Family	$1,500	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 009	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.852	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Not covered
Family	$1,500	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 010	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.852	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Not covered
Family	$1,500	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 011	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.852	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Not covered
Family	$1,500	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 012	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2012
Actuarial Value:	0.829	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$10/$10	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$5/$5	
Mail-Order Days Supply	30	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 013	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.873	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$200	Not covered
Family	$600	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 014	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.873	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$200	Not covered
Family	$600	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 015	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2012
Actuarial Value:	0.829	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$10/$10	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$5/$5	
Mail-Order Days Supply	30	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 016	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.868	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$10	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$10	Not covered
Emergency Room Co-Payment	$75	$125
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 017	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.868	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 018	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.885	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$200	Not covered
Family	$600	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 019	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.852	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Not covered
Family	$1,500	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 020	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.902	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$200	Not covered
Family	$600	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$10	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 021	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$100/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 022	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$100/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 023	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.871	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$250	Not covered
Family	$750	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$30	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$30	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 024	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.852	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Not covered
Family	$1,500	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 025	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$25	Not covered
Inpatient Co-Payment	$100/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$100	Not covered
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$90/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 026	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.852	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$200	Not covered
Family	$400	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 5 copa	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$60/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 027	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.815	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$100/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$50	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$90/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 028	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.904	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$30	Not covered
Inpatient Co-Payment	$100/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$100	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	Not covered
Family	$2,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 029	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.865	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$25	Not covered
Inpatient Co-Payment	$100/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$50	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 030	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.886	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	Not covered
Family	$300	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 031	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.865	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$25	Not covered
Inpatient Co-Payment	$100/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$100	Not covered
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 032	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.872	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$10	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$10	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$10/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$30/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 033	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.845	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	Not covered
Family	$200	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$60/$120/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 034	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2012
Actuarial Value:	0.908	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$200	Not covered
Family	$600	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$300/admit	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	Not covered
Family	$3,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 035	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.840	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 036	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.881	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$200	Not covered
Family	$600	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 037	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.945	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$10	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	Not covered
Family	$2,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 038	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.865	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$25	Not covered
Inpatient Co-Payment	$100/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$50	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 039	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.914	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$10	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$10	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	Not covered
Family	$2,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$10/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$30/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 040	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2012
Actuarial Value:	0.844	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$250	Not covered
Family	$500	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$25	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$25	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$25/not covered	
Mail-Order Days Supply	30	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 041	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.877	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$200	Not covered
Family	$400	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$10	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$10	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$20/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$60/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 042	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.897	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$200	Not covered
Family	$400	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$10	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$90/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 043	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.914	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$10	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$10	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	Not covered
Family	$2,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$10/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$30/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 044	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 045	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.850	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$200	Not covered
Family	$400	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$25	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$100	Not covered
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/not covered	
Retail Days Supply	0	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 046	**Plan Type:**	PPO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2012
Actuarial Value:	0.829	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Combined with IN
Family	$1,500	Combined with IN
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$30	$30
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$30
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	Combined with IN
Family	$9,000	Combined with IN
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 047	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.866	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$25	Not covered
Inpatient Co-Payment	$100/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$100	Not covered
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$15/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$30/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 048	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.838	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$350	Not covered
Family	$1,050	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$30	Not covered
Inpatient Co-Payment	$200/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$200	Not covered
Emergency Room Co-Payment	$200	$200
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	Not covered
Family	$9,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 049	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.913	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	Not covered
Family	$2,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 050	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.865	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/admit	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$90/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 051	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/admit	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$90/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 052	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.822	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Not covered
Family	$1,000	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$25	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$25	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 053	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.868	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$100/admit	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 054	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.865	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$25	Not covered
Inpatient Co-Payment	$100/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$25	Not covered
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 055	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.893	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$200	Not covered
Family	$400	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$10	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 056	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 057	**Plan Type:**	HMO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2012
Actuarial Value:	0.801	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Not covered
Family	$1,500	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 5 copa	Not covered
Outpatient Surgery Co-Payment	$100	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	Not covered
Family	$15,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/$120	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 058	**Plan Type:**	HMO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2012
Actuarial Value:	0.801	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Not covered
Family	$1,500	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 5 copa	Not covered
Outpatient Surgery Co-Payment	$100	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	Not covered
Family	$15,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/$120	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 059	**Plan Type:**	HMO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2012
Actuarial Value:	0.801	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Not covered
Family	$1,500	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 5 copa	Not covered
Outpatient Surgery Co-Payment	$100	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	Not covered
Family	$15,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/$120	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 060	**Plan Type:**	HMO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2012
Actuarial Value:	0.801	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Not covered
Family	$1,500	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 5 copa	Not covered
Outpatient Surgery Co-Payment	$100	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	Not covered
Family	$15,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/$120	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 061	**Plan Type:**	HMO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2012
Actuarial Value:	0.801	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Not covered
Family	$1,500	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 5 copa	Not covered
Outpatient Surgery Co-Payment	$100	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	Not covered
Family	$15,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/$120	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 062	**Plan Type:**	HMO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2012
Actuarial Value:	0.801	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Not covered
Family	$1,500	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 5 copa	Not covered
Outpatient Surgery Co-Payment	$100	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	Not covered
Family	$15,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/$120	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 063	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.913	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	Not covered
Family	$2,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 064	**Plan Type:**	HMO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.945	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,500	Not covered
Family	$3,000	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$10	Not covered
Co-payments:		
Office Visit Co-Payment	$0	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$0	Not covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	Not covered
Family	$10,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$90/$150	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 065	**Plan Type:**	HMO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.945	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,500	Not covered
Family	$3,000	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$10	Not covered
Co-payments:		
Office Visit Co-Payment	$0	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$0	Not covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	Not covered
Family	$10,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$90/$150	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 066	**Plan Type:**	HMO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.945	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,500	Not covered
Family	$3,000	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$10	Not covered
Co-payments:		
Office Visit Co-Payment	$0	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$0	Not covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	Not covered
Family	$10,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$90/$150	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 067	**Plan Type:**	HMO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.945	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,500	Not covered
Family	$3,000	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$10	Not covered
Co-payments:		
Office Visit Co-Payment	$0	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$0	Not covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	Not covered
Family	$10,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$90/$150	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 068	**Plan Type:**	HMO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.945	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,500	Not covered
Family	$3,000	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$10	Not covered
Co-payments:		
Office Visit Co-Payment	$0	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$0	Not covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	Not covered
Family	$10,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$90/$150	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 069	**Plan Type:**	HMO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.945	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,500	Not covered
Family	$3,000	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$10	Not covered
Co-payments:		
Office Visit Co-Payment	$0	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$0	Not covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	Not covered
Family	$10,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$90/$150	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 070	**Plan Type:**	HMO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.945	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,500	Not covered
Family	$3,000	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$10	Not covered
Co-payments:		
Office Visit Co-Payment	$0	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$0	Not covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	Not covered
Family	$10,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$90/$150	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 071	**Plan Type:**	HMO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.945	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,500	Not covered
Family	$3,000	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$10	Not covered
Co-payments:		
Office Visit Co-Payment	$0	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$0	Not covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	Not covered
Family	$10,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$90/$150	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 072	**Plan Type:**	HMO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.886	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	Not covered
Family	$300	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 073	**Plan Type:**	HMO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.945	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,500	Not covered
Family	$3,000	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$10	Not covered
Co-payments:		
Office Visit Co-Payment	$0	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$0	Not covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	Not covered
Family	$10,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$90/$150	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 074	**Plan Type:**	HMO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.945	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,500	Not covered
Family	$3,000	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$10	Not covered
Co-payments:		
Office Visit Co-Payment	$0	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$0	Not covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	Not covered
Family	$10,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$90/$150	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 075	**Plan Type:**	HMO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.945	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,500	Not covered
Family	$3,000	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$10	Not covered
Co-payments:		
Office Visit Co-Payment	$0	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$0	Not covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	Not covered
Family	$10,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$90/$150	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 076	**Plan Type:**	HMO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.945	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,500	Not covered
Family	$3,000	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$10	Not covered
Co-payments:		
Office Visit Co-Payment	$0	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$0	Not covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	Not covered
Family	$10,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$90/$150	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 077	**Plan Type:**	HMO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.945	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,500	Not covered
Family	$3,000	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$10	Not covered
Co-payments:		
Office Visit Co-Payment	$0	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$0	Not covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	Not covered
Family	$10,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$90/$150	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 078	**Plan Type:**	HMO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.945	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,500	Not covered
Family	$3,000	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$10	Not covered
Co-payments:		
Office Visit Co-Payment	$0	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$0	Not covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	Not covered
Family	$10,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$90/$150	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 079	**Plan Type:**	HMO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.945	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,500	Not covered
Family	$3,000	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$10	Not covered
Co-payments:		
Office Visit Co-Payment	$0	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$0	Not covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	Not covered
Family	$10,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$90/$150	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 080	**Plan Type:**	HMO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.945	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,500	Not covered
Family	$3,000	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$10	Not covered
Co-payments:		
Office Visit Co-Payment	$0	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$0	Not covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	Not covered
Family	$10,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$90/$150	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 081	**Plan Type:**	HMO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.945	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,500	Not covered
Family	$3,000	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$10	Not covered
Co-payments:		
Office Visit Co-Payment	$0	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$0	Not covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	Not covered
Family	$10,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$90/$150	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 082	**Plan Type:**	HMO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.945	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,500	Not covered
Family	$3,000	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$10	Not covered
Co-payments:		
Office Visit Co-Payment	$0	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$0	Not covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	Not covered
Family	$10,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$90/$150	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 083	**Plan Type:**	HMO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.945	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,500	Not covered
Family	$3,000	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$10	Not covered
Co-payments:		
Office Visit Co-Payment	$0	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$0	Not covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	Not covered
Family	$10,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$90/$150	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 084	**Plan Type:**	HMO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.945	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,500	Not covered
Family	$3,000	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$10	Not covered
Co-payments:		
Office Visit Co-Payment	$0	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$0	Not covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	Not covered
Family	$10,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$90/$150	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 085	**Plan Type:**	HMO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.945	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,500	Not covered
Family	$3,000	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$10	Not covered
Co-payments:		
Office Visit Co-Payment	$0	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$0	Not covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	Not covered
Family	$10,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$90/$150	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 086	**Plan Type:**	HMO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.945	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,500	Not covered
Family	$3,000	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$10	Not covered
Co-payments:		
Office Visit Co-Payment	$0	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$0	Not covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	Not covered
Family	$10,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$90/$150	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 087	**Plan Type:**	HMO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.945	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,500	Not covered
Family	$3,000	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$10	Not covered
Co-payments:		
Office Visit Co-Payment	$0	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$0	Not covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	Not covered
Family	$10,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$90/$150	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 088	**Plan Type:**	HMO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.945	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,500	Not covered
Family	$3,000	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$10	Not covered
Co-payments:		
Office Visit Co-Payment	$0	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$0	Not covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	Not covered
Family	$10,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$90/$150	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 089	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.822	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Not covered
Family	$1,000	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$25	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$25	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 090	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.871	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$250	Not covered
Family	$750	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$30	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$30	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 091	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$30	Not covered
Inpatient Co-Payment	$100/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$50	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 092	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.868	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$100/admit	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$15/not covered	
Mail-Order Days Supply	30	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 093	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.863	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$200	Not covered
Family	$400	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 094	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.847	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$250	Not covered
Family	$750	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$30	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$30	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$60/$120/$180	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 095	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.868	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$10	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$10	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$10/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$30/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 096	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$25	Not covered
Inpatient Co-Payment	$100/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$100	Not covered
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$90/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 097	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.886	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	Not covered
Family	$300	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 098	**Plan Type:**	HMO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2012
Actuarial Value:	0.912	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$100/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	Not covered
Family	$2,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 099	**Plan Type:**	HMO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2012
Actuarial Value:	0.912	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$100/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	Not covered
Family	$2,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 100	**Plan Type:**	HMO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2012
Actuarial Value:	0.886	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	Not covered
Family	$300	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 101	**Plan Type:**	HMO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2012
Actuarial Value:	0.886	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	Not covered
Family	$300	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 102	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.912	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$100/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	Not covered
Family	$2,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 103	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.886	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	Not covered
Family	$300	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 104	**Plan Type:**	HMO
Coverage Begins:	11/1/2011	**Coverage Ends:**	10/31/2012
Actuarial Value:	0.912	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$100/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	Not covered
Family	$2,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 105	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.912	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$100/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	Not covered
Family	$2,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 106	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.912	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$100/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	Not covered
Family	$2,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 107	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.912	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$100/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	Not covered
Family	$2,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 108	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 109	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 110	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 111	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.912	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$100/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	Not covered
Family	$2,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 112	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 113	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.912	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$100/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	Not covered
Family	$2,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 114	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.912	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$100/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	Not covered
Family	$2,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 115	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.912	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$100/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	Not covered
Family	$2,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 116	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.912	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$100/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	Not covered
Family	$2,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 117	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.912	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$100/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	Not covered
Family	$2,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 118	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.912	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$100/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	Not covered
Family	$2,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 119	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.801	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Not covered
Family	$1,500	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 5 copa	Not covered
Outpatient Surgery Co-Payment	$100	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	Not covered
Family	$15,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/$120	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 120	**Plan Type:**	HMO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2012
Actuarial Value:	0.801	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Not covered
Family	$1,500	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 5 copa	Not covered
Outpatient Surgery Co-Payment	$100	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	Not covered
Family	$15,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/$120	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 121	**Plan Type:**	HMO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2012
Actuarial Value:	0.801	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Not covered
Family	$1,500	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 5 copa	Not covered
Outpatient Surgery Co-Payment	$100	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	Not covered
Family	$15,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/$120	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 122	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 123	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 124	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 125	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 126	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.912	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$100/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	Not covered
Family	$2,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 127	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 128	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 129	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.886	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	Not covered
Family	$300	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 130	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 131	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 132	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 133	**Plan Type:**	HMO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2012
Actuarial Value:	0.801	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Not covered
Family	$1,500	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 5 copa	Not covered
Outpatient Surgery Co-Payment	$100	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	Not covered
Family	$15,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/$120	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 134	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 135	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.912	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$100/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	Not covered
Family	$2,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 136	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 137	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.886	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	Not covered
Family	$300	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 138	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.912	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$100/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	Not covered
Family	$2,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 139	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.912	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$100/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	Not covered
Family	$2,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 140	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.912	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$100/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	Not covered
Family	$2,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 141	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 142	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.886	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	Not covered
Family	$300	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 143	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.886	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	Not covered
Family	$300	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 144	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.886	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	Not covered
Family	$300	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 145	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.886	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	Not covered
Family	$300	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 146	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.886	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	Not covered
Family	$300	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 147	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.886	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	Not covered
Family	$300	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 148	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.886	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	Not covered
Family	$300	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 149	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 150	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.912	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$100/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	Not covered
Family	$2,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 151	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.912	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$100/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	Not covered
Family	$2,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 152	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 153	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 154	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 155	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 156	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.801	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Not covered
Family	$1,500	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 5 copa	Not covered
Outpatient Surgery Co-Payment	$100	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	Not covered
Family	$15,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/$120	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 157	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.801	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Not covered
Family	$1,500	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 5 copa	Not covered
Outpatient Surgery Co-Payment	$100	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	Not covered
Family	$15,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/$120	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 158	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.801	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Not covered
Family	$1,500	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 5 copa	Not covered
Outpatient Surgery Co-Payment	$100	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	Not covered
Family	$15,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/$120	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 159	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.801	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Not covered
Family	$1,500	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 5 copa	Not covered
Outpatient Surgery Co-Payment	$100	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	Not covered
Family	$15,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/$120	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 160	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 161	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.886	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	Not covered
Family	$300	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 162	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.801	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Not covered
Family	$1,500	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 5 copa	Not covered
Outpatient Surgery Co-Payment	$100	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	Not covered
Family	$15,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/$120	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 163	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$100/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 164	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 165	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 166	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.912	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$100/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	Not covered
Family	$2,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 167	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.886	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	Not covered
Family	$300	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 168	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.801	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Not covered
Family	$1,500	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 5 copa	Not covered
Outpatient Surgery Co-Payment	$100	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	Not covered
Family	$15,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/$120	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 169	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.886	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	Not covered
Family	$300	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 170	**Plan Type:**	HMO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2013
Actuarial Value:	0.861	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 171	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.886	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	Not covered
Family	$300	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 172	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 173	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.801	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Not covered
Family	$1,500	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 5 copa	Not covered
Outpatient Surgery Co-Payment	$100	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	Not covered
Family	$15,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/$120	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 174	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.886	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	Not covered
Family	$300	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 175	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.886	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	Not covered
Family	$300	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 176	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.886	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	Not covered
Family	$300	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 177	**Plan Type:**	HMO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2013
Actuarial Value:	0.861	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 178	**Plan Type:**	HMO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2013
Actuarial Value:	0.861	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 179	**Plan Type:**	HMO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2012
Actuarial Value:	0.886	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	Not covered
Family	$300	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 180	**Plan Type:**	HMO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2013
Actuarial Value:	0.861	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 181	**Plan Type:**	HMO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2012
Actuarial Value:	0.886	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	Not covered
Family	$300	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 182	**Plan Type:**	HMO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2012
Actuarial Value:	0.886	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	Not covered
Family	$300	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 183	**Plan Type:**	HMO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2013
Actuarial Value:	0.861	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 184	**Plan Type:**	HMO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2012
Actuarial Value:	0.886	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	Not covered
Family	$300	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 185	**Plan Type:**	HMO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2013
Actuarial Value:	0.861	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 186	**Plan Type:**	HMO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2012
Actuarial Value:	0.886	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	Not covered
Family	$300	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 187	**Plan Type:**	HMO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2013
Actuarial Value:	0.861	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 188	**Plan Type:**	HMO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2012
Actuarial Value:	0.886	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	Not covered
Family	$300	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 189	**Plan Type:**	HMO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2013
Actuarial Value:	0.861	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 190	**Plan Type:**	HMO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2012
Actuarial Value:	0.886	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	Not covered
Family	$300	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 191	**Plan Type:**	HMO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2012
Actuarial Value:	0.886	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	Not covered
Family	$300	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 192	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.886	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	Not covered
Family	$300	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 193	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.801	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Not covered
Family	$1,500	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 5 copa	Not covered
Outpatient Surgery Co-Payment	$100	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	Not covered
Family	$15,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/$120	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 194	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.886	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	Not covered
Family	$300	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 195	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.801	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Not covered
Family	$1,500	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 5 copa	Not covered
Outpatient Surgery Co-Payment	$100	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	Not covered
Family	$15,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/$120	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 196	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.886	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	Not covered
Family	$300	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 197	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.886	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	Not covered
Family	$300	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 198	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 199	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 200	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.871	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$250	Not covered
Family	$750	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$30	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$30	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 201	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.871	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$250	Not covered
Family	$750	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$30	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$30	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 202	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.871	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$250	Not covered
Family	$750	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$30	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$30	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 203	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 204	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$10	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$10	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 205	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.871	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$250	Not covered
Family	$750	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$30	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$30	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 206	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$100/admit	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$90/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 207	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.901	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$200	Not covered
Family	$600	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$10	Not covered
Co-payments:		
Office Visit Co-Payment	$30	Not covered
Inpatient Co-Payment	$100/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$50	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 208	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.871	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$250	Not covered
Family	$750	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$30	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$30	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 209	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$100/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$50	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 210	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.908	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$200	Not covered
Family	$600	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 211	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.873	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$200	Not covered
Family	$600	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$15/not covered	
Mail-Order Days Supply	30	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 212	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.873	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$200	Not covered
Family	$600	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$15/not covered	
Mail-Order Days Supply	30	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 213	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.876	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$200	Not covered
Family	$600	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 214	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 215	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.908	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$200	Not covered
Family	$600	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 216	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.843	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$250	Not covered
Family	$500	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$25	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$25	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$25/not covered	
Mail-Order Days Supply	30	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 217	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$100/admit	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$90/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 218	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 219	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 220	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.804	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	Not covered
Family	$200	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$30	Not covered
Inpatient Co-Payment	$200/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$100	Not covered
Emergency Room Co-Payment	$200	$200
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$25/$50/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$50/$100/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 221	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.912	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	Combined with IN
Family	$300	Combined with IN
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	20
All Other Services	$10	2000%
Co-payments:		
Office Visit Co-Payment	$25	$25
Inpatient Co-Payment	$200/day, max 3 copa	$200/day, max 3 copa
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	Combined with IN
Family	$4,500	Combined with IN
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$75/$135	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 222	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.868	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 223	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.868	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$25	Not covered
Inpatient Co-Payment	$100/admit	Not covered
Outpatient Surgery Co-Payment	$50	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 224	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.869	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Not covered
Family	$1,500	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$25/not coveredValue $4	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$3/$20/not covered	
Mail-Order Days Supply	30	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 225	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.875	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	$100
Family	$0	$300
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$0	2000%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$200/day, max 3 copa	$200/day, max 3 copa
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$2,000
Family	$6,000	$6,000
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$8/$25/$50Value $4	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$3/$20/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 226	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.868	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$100/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 227	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.828	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$350	Combined with IN
Family	$700	Combined with IN
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$0	2000%
Co-payments:		
Office Visit Co-Payment	$25	$25
Inpatient Co-Payment	$100/day, max 3 copa	$100/day, max 3 copa
Outpatient Surgery Co-Payment	$25	$25
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Combined with IN
Family	$4,000	Combined with IN
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$60/$120/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 228	**Plan Type:**	PPO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.873	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,500	Combined with IN
Family	$3,000	Combined with IN
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$0	2000%
Co-payments:		
Office Visit Co-Payment	$20	$20
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$20
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	Combined with IN
Family	$10,200	Combined with IN
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$90/$150	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 229	**Plan Type:**	PPO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.873	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,500	Combined with IN
Family	$3,000	Combined with IN
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$0	2000%
Co-payments:		
Office Visit Co-Payment	$20	$20
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$20
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	Combined with IN
Family	$10,200	Combined with IN
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$90/$150	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 230	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.854	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$25	Not covered
Inpatient Co-Payment	$100/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$25	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 231	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.863	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$200	Not covered
Family	$600	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 232	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2012
Actuarial Value:	0.829	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$10/$10	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$5/$5	
Mail-Order Days Supply	30	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 233	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.828	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$10/$10	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$5/$5	
Mail-Order Days Supply	30	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 234	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.896	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$200	Not covered
Family	$400	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$10	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$90/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 235	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$25	Not covered
Inpatient Co-Payment	$100/day, max 5 copa	Not covered
Outpatient Surgery Co-Payment	$25	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$90/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 236	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.826	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$250	$500
Family	$500	$1,000
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$2,000
Family	$2,000	$4,000
Plan Limits:		
Annual Maximum	Unlimited	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 237	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.757	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	$1,000
Family	$1,000	$2,000
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$4,000
Family	$4,000	$8,000
Plan Limits:		
Annual Maximum	Unlimited	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 238	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.915	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$200	$400
Family	$400	$800
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	3000%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$2,000
Family	$2,000	$4,000
Plan Limits:		
Annual Maximum	Unlimited	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 239	**Plan Type:**	PPO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.883	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	$100
Family	$300	$300
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$25	$30
Inpatient Co-Payment	150/day, max 3 copay	150/day, max 3 copay
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	$1,500
Family	$4,500	$4,500
Plan Limits:		
Annual Maximum	Unlimited	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 240	**Plan Type:**	PPO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.883	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$200	$200
Family	$600	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	300/day, max 3 copay	$300/day, max 3 copa
Outpatient Surgery Co-Payment	$150	$150
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,750	$2,750
Family	$8,250	$8,250
Plan Limits:		
Annual Maximum	Unlimited	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 241	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$90/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 242	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.868	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 243	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$100/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 244	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.908	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$25	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$25	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	Not covered
Family	$2,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 245	**Plan Type:**	PPO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.725	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$750	$1,500
Family	$2,250	$4,500
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$25	5000%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	Unlimited
Family	$12,000	Unlimited
Plan Limits:		
Annual Maximum	Unlimited	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$0/$30/$45	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$0/$60/$90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 246	**Plan Type:**	PPO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2012
Actuarial Value:	0.802	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$200	$400
Family	$600	$1,200
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$10	3000%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	No limit
Family	$4,500	No limit
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 247	**Plan Type:**	PPO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2012
Actuarial Value:	0.802	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$200	$400
Family	$600	$1,200
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$10	3000%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	No limit
Family	$4,500	No limit
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 248	**Plan Type:**	PPO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2012
Actuarial Value:	0.825	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Combined with IN
Family	$1,500	Combined with IN
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$30	$30
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$30
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	Combined with IN
Family	$9,000	Combined with IN
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 249	**Plan Type:**	PPO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2012
Actuarial Value:	0.825	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Combined with IN
Family	$1,500	Combined with IN
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$30	$30
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$30
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	Combined with IN
Family	$9,000	Combined with IN
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 250	**Plan Type:**	PPO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2012
Actuarial Value:	0.825	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Combined with IN
Family	$1,500	Combined with IN
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$30	$30
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$30
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	Combined with IN
Family	$9,000	Combined with IN
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 251	**Plan Type:**	PPO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2012
Actuarial Value:	0.825	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Combined with IN
Family	$1,500	Combined with IN
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$30	$30
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$30
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	Combined with IN
Family	$9,000	Combined with IN
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 252	**Plan Type:**	PPO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2012
Actuarial Value:	0.825	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Combined with IN
Family	$1,500	Combined with IN
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$30	$30
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$30
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	Combined with IN
Family	$9,000	Combined with IN
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 253	**Plan Type:**	PPO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2012
Actuarial Value:	0.825	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Combined with IN
Family	$1,500	Combined with IN
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$30	$30
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$30
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	Combined with IN
Family	$9,000	Combined with IN
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 254	**Plan Type:**	PPO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2012
Actuarial Value:	0.825	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Combined with IN
Family	$1,500	Combined with IN
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$30	$30
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$30
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	Combined with IN
Family	$9,000	Combined with IN
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 255	**Plan Type:**	PPO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2012
Actuarial Value:	0.825	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Combined with IN
Family	$1,500	Combined with IN
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$30	$30
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$30
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	Combined with IN
Family	$9,000	Combined with IN
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 256	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.908	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$200	$400
Family	$600	$1,200
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$10	3000%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	Unlimited
Family	$4,500	Unlimited
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 257	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.910	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	$200
Family	$0	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$0	3000%
Co-payments:		
Office Visit Co-Payment	$25	$25
Inpatient Co-Payment	$200/admit	$200/admit
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	Unlimited
Family	$3,000	Unlimited
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 258	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.851	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	$1,000
Family	$1,500	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$30	$30
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Unlimited
Family	$6,000	Unlimited
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 259	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.908	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$200	$400
Family	$600	$1,200
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$10	3000%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	Unlimited
Family	$4,500	Unlimited
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 260	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.910	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	$200
Family	$0	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$0	3000%
Co-payments:		
Office Visit Co-Payment	$25	$25
Inpatient Co-Payment	$200/admit	$200/admit
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	Unlimited
Family	$3,000	Unlimited
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 261	**Plan Type:**	PPO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2012
Actuarial Value:	0.891	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	$200
Family	$0	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$0	3000%
Co-payments:		
Office Visit Co-Payment	$25	$25
Inpatient Co-Payment	$200/admit	$200/admit
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	Unlimited
Family	$3,000	Unlimited
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 262	**Plan Type:**	PPO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2012
Actuarial Value:	0.891	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	$200
Family	$0	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$0	3000%
Co-payments:		
Office Visit Co-Payment	$25	$25
Inpatient Co-Payment	$200/admit	$200/admit
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	Unlimited
Family	$3,000	Unlimited
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 263	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.813	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	Not covered
Family	$200	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$30	Not covered
Inpatient Co-Payment	$500/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$30	Not covered
Emergency Room Co-Payment	$200	$200
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 264	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$90/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 265	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.867	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	$200
Family	$0	$400
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	20
All Other Services	$0	2000%
Co-payments:		
Office Visit Co-Payment	$15	$15
Inpatient Co-Payment	$100/day, max 3 copa	$100/day, max 3 copa
Outpatient Surgery Co-Payment	$15	$15
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$2,000
Family	$4,000	$4,000
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 266	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$100/day, max 3 copa	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 267	**Plan Type:**	HMO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.913	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	Not covered
Family	$2,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 268	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.675	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,500	$3,000
Family	$3,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$6,000
Family	$6,000	$12,000
Plan Limits:		
Annual Maximum	Unlimited	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30/$50	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$30/$50	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 269	**Plan Type:**	PPO
Coverage Begins:	11/1/2012	**Coverage Ends:**	10/31/2013
Actuarial Value:	0.727	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,500	Combined with In-Net
Family	$3,000	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	40
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,500	Combined with In-Net
Family	$11,000	Combined with In-Net
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	0%/20%; Compound: 50%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	0%/20%; Compound: 50%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 270	**Plan Type:**	PPO
Coverage Begins:	11/1/2011	**Coverage Ends:**	10/31/2012
Actuarial Value:	0.775	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$750	Combined with In-Net
Family	$2,250	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	50
All Other Services	$25	5000%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	Combined with In-Net
Family	$12,000	Combined with In-Net
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	)/50%; Value: $5, Compou	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	45/$120/50%; Value: $15	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	$15/$40/50%	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 271	**Plan Type:**	PPO
Coverage Begins:	11/1/2011	**Coverage Ends:**	10/31/2012
Actuarial Value:	0.833	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$250	Combined with In-Net
Family	$750	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	20
All Other Services	$10	2000%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$250	$250
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	Combined with In-Net
Family	$9,000	Combined with In-Net
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	)/50%; Value: $5, Compou	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	45/$120/50%; Value: $15	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	$15/$40/50%	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 272	**Plan Type:**	PPO
Coverage Begins:	11/1/2011	**Coverage Ends:**	10/31/2012
Actuarial Value:	0.747	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,500	Combined with In-Net
Family	$4,500	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	50
All Other Services	$30	5000%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$250	$250
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	Combined with In-Net
Family	$15,000	Combined with In-Net
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	)/50%; Value: $5, Compou	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	45/$120/50%; Value: $15	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	$15/$40/50%	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 273	**Plan Type:**	In-N
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.827	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,500	Not covered
Family	$4,500	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$30	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 274	**Plan Type:**	In-N
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.903	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$250	Not covered
Family	$750	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$10	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$40	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 275	**Plan Type:**	In-N
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2012
Actuarial Value:	0.884	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$250	Not covered
Family	$750	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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For All Plans in Calendar Year 2012

Health Plan:	Plan 276	**Plan Type:**	In-N
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2012
Actuarial Value:	0.896	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$250	Not covered
Family	$750	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$0	Not covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not covered
Family	$1,800	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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For All Plans in Calendar Year 2012

Health Plan:	Plan 277	**Plan Type:**	In-N
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2012
Actuarial Value:	0.862	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Not covered
Family	$1,500	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	Not covered
Family	$7,500	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 278	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.803	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,000	$2,000
Family	$3,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Varies
All Other Services	$20	5000%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	Unlimited
Family	$15,000	Unlimited
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	500 per enrollee	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$0/30%/30%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$0/25%/25%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	$0	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 279	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.818	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$750	$1,500
Family	$2,250	$4,500
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Varies
All Other Services	$25	5000%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	Unlimited
Family	$12,000	Unlimited
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	250 per enrollee	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$0/$30$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$0/$75/$112	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	$0	

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For All Plans in Calendar Year 2012

Health Plan:	Plan 280	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.800	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	$250
Family	$0	$750
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Varies
All Other Services	$35	5000%
Co-payments:		
Office Visit Co-Payment	$35	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$200	$200
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$7,500	Unlimited
Family	$22,500	Unlimited
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	500 per enrollee	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$0/$30$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$0/$75/$112	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	$0	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 281	**Plan Type:**	Clos
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.919	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$10	Not covered
Co-payments:		
Office Visit Co-Payment	$10	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$0	Not covered
Emergency Room Co-Payment	$125	$125
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,200	Not covered
Family	$3,600	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	Dual option for EEs	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	l option for EEsRx 1 - $10	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	l option for EEsRx 1 - $30	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	option for EEsRx 1 - $10/$20/$20Rx 2 - $10/$50/50%	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 282	**Plan Type:**	Clos
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.797	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,500	Not covered
Family	$4,500	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$30	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$0	Not covered
Emergency Room Co-Payment	$250	$250
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$6,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	Dual option for EEs	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	l option for EEsRx 1 - $10	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	l option for EEsRx 1 - $30	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	ption for EEsRx 1 - $10/$20/$20Rx 2 - $10/$50/50%	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 283	**Plan Type:**	Clos
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2012
Actuarial Value:	0.888	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$250	Not covered
Family	$750	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$10	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$0	Not covered
Emergency Room Co-Payment	$125	$125
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not covered
Family	$1,800	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	n/a	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$120/$120	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 284	**Plan Type:**	Clos
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.873	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$250	Not covered
Family	$750	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$0	Not covered
Emergency Room Co-Payment	$125	$125
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,200	Not covered
Family	$3,600	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	Dual option for EEs	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	l option for EEsRx 1 - $15	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	l option for EEsRx 1 - $45	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	Dual option for EEsRx 1 - $15/$45/$45Rx 2 - $10/$40$40	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 285	**Plan Type:**	Clos
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.776	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,500	Not covered
Family	$4,500	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$30	Not covered
Co-payments:		
Office Visit Co-Payment	$30	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$0	Not covered
Emergency Room Co-Payment	$250	$250
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	Not covered
Family	$9,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	Dual option for EEs	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	l option for EEsRx 1 - $15	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	l option for EEsRx 1 - $45	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	Dual option for EEsRx 1 - $15/$45/$45Rx 2 - $10/$40$40	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 286	**Plan Type:**	PPO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2012
Actuarial Value:	0.857	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,400	Combined with IN
Family	$2,800	Combined with IN
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	30
All Other Services	$10	3000%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	Combined with IN
Family	$10,200	Combined with IN
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	!0/$50% (to $250)	Value -
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	0/50% (to $750)	Value $1
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 287	**Plan Type:**	HMO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2012
Actuarial Value:	0.835	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$250	Not covered
Family	$750	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$150/day, max 5 copa	Not covered
Outpatient Surgery Co-Payment	$150	Not covered
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	0/$50% (to $250)Value -	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	0/50% (to $750)Value $1	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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For All Plans in Calendar Year 2012

Health Plan:	Plan 288	**Plan Type:**	HMO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2012
Actuarial Value:	0.822	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$350	Not covered
Family	$1,050	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$200/day, max 5 copa	Not covered
Outpatient Surgery Co-Payment	$200	Not covered
Emergency Room Co-Payment	$200	$200
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	0/$50% (to $250)Value -	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	0/50% (to $750)Value $1	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 289	**Plan Type:**	PPO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.764	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,500	$3,000
Family	$3,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Varies
All Other Services	$20	5000%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	Unlimited
Family	$8,000	Unlimited
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%/20%/20%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%/20%/20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	$0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 290	**Plan Type:**	In-N
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.960	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$10	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$10	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not covered
Family	$1,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$10/$10	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$20/$20	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 291	**Plan Type:**	In-N
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2012
Actuarial Value:	0.954	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$10	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$10	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not covered
Family	$1,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$40	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 292	**Plan Type:**	In-N
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.957	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$10	Not covered
Inpatient Co-Payment	50/day, max 5 copays	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not covered
Family	$1,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$10/$10	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$20/$20	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 293	**Plan Type:**	In-N
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.951	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$10	Not covered
Inpatient Co-Payment	50/day, max 5 copays	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not covered
Family	$1,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$40	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 294	**Plan Type:**	In-N
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.939	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$10	Not covered
Inpatient Co-Payment	50/day, max 5 copays	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not covered
Family	$1,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 295	**Plan Type:**	In-N
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2012
Actuarial Value:	0.958	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$10	Not covered
Inpatient Co-Payment	50/day, max 5 copays	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not covered
Family	$1,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$10/$10	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$20/$20	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 296	**Plan Type:**	In-N
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2012
Actuarial Value:	0.952	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$10	Not covered
Inpatient Co-Payment	50/day, max 5 copays	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not covered
Family	$1,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$40	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 297	**Plan Type:**	In-N
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2012
Actuarial Value:	0.940	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$10	Not covered
Inpatient Co-Payment	50/day, max 5 copays	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not covered
Family	$1,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 298	**Plan Type:**	In-N
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.928	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$10	Not covered
Inpatient Co-Payment	50/day, max 5 copays	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not covered
Family	$1,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 299	**Plan Type:**	In-N
Coverage Begins:	11/1/2011	**Coverage Ends:**	10/31/2012
Actuarial Value:	0.928	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$10	Not covered
Inpatient Co-Payment	50/day, max 5 copays	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not covered
Family	$1,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 300	**Plan Type:**	In-N
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2012
Actuarial Value:	0.946	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not Covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not covered
Family	$1,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$15/$15	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$30/$30	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 301	**Plan Type:**	In-N
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.936	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not covered
Family	$1,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 302	**Plan Type:**	In-N
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2012
Actuarial Value:	0.933	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not Covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$15	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not covered
Family	$1,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 303	**Plan Type:**	In-N
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.945	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	50/day, max 5 copays	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not covered
Family	$1,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$40	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 304	**Plan Type:**	In-N
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.942	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	50/day, max 5 copays	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not covered
Family	$1,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$15/$15	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$30/$30	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 305	**Plan Type:**	In-N
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.933	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	50/day, max 5 copays	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not covered
Family	$1,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 306	**Plan Type:**	In-N
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.922	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	50/day, max 5 copays	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not covered
Family	$1,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 307	**Plan Type:**	In-N
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2012
Actuarial Value:	0.943	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	50/day, max 5 copays	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not covered
Family	$1,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$15/$15	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$30/$30	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 308	**Plan Type:**	In-N
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2012
Actuarial Value:	0.933	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not Covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	50/day, max 5 copays	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not covered
Family	$1,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 309	**Plan Type:**	In-N
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2012
Actuarial Value:	0.922	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$15	Not covered
Inpatient Co-Payment	50/day, max 5 copays	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not covered
Family	$1,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 310	**Plan Type:**	In-N
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2012
Actuarial Value:	0.932	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$20	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not covered
Family	$1,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 311	**Plan Type:**	In-N
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.927	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	100/day, max 5 copay	Not covered
Outpatient Surgery Co-Payment	$50	Not covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	Not covered
Family	$2,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 312	**Plan Type:**	In-N
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2012
Actuarial Value:	0.940	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$25	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$25	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not covered
Family	$1,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$10/$10	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$20/$20	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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For All Plans in Calendar Year 2012

Health Plan:	Plan 313	**Plan Type:**	In-N
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2012
Actuarial Value:	0.975	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Not covered
Family	$0	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	Not covered
Co-payments:		
Office Visit Co-Payment	$5	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$5	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not covered
Family	$1,200	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$5/$5	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$10/$10	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 314	**Plan Type:**	PPO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2012
Actuarial Value:	0.937	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$0	3000%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	Unlimited	Unlimited
Family	Unlimited	Unlimited
Plan Limits:		
Annual Maximum	5000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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For All Plans in Calendar Year 2012

Health Plan:	Plan 315	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2012
Actuarial Value:	0.915	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	$300
Family	$300	$900
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	5000%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,100	Unlimited
Family	1100 per enrollee	Unlimited
Plan Limits:		
Annual Maximum	Unlimited	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$60/$60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 315	**Plan Type:**	PPO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.750	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	$300
Family	$300	$900
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	5000%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,100	Unlimited
Family	1100 per enrollee	Unlimited
Plan Limits:		
Annual Maximum	Unlimited	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$60/$60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 316	**Plan Type:**	PPO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.750	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,700	Combined with In-Net
Family	$3,400	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Varies
All Other Services	$20	5000%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,200	Unlimited
Family	$8,400	Unlimited
Plan Limits:		
Annual Maximum	2,000,000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	: 20%/20%/20%Option 2	
Retail Days Supply	90	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	: 20%/20%/20%Option 2	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 317	**Plan Type:**	PPO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2012
Actuarial Value:	0.878	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$300	Combined with In-Net
Family	$900	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,800	Unlimited
Family	1800 per enrollee	Unlimited
Plan Limits:		
Annual Maximum	5000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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For All Plans in Calendar Year 2012

Health Plan:	Plan 318	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2012
Actuarial Value:	0.915	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	$300
Family	$300	$900
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	5000%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,100	Unlimited
Family	1100 per enrollee	Unlimited
Plan Limits:		
Annual Maximum	Unlimited	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$60/$60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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For All Plans in Calendar Year 2012

Health Plan:	Plan 318	**Plan Type:**	PPO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	91.500	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	$300
Family	$300	$900
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	5000%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,100	Unlimited
Family	1100 per enrollee	Unlimited
Plan Limits:		
Annual Maximum	Unlimited	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$60/$60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 319	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.883	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$300	$1,000
Family	$900	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	5000%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,300	Unlimited
Family	2300 per enrollee	Unlimited
Plan Limits:		
Annual Maximum	Unlimited	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$60/$60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 320	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.852	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	$1,500
Family	$1,500	$4,500
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	5000%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	Unlimited
Family	3000 per enrollee	Unlimited
Plan Limits:		
Annual Maximum	Unlimited	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 321	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.883	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$300	$1,000
Family	$900	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	5000%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,300	Unlimited
Family	2300 per enrollee	Unlimited
Plan Limits:		
Annual Maximum	Unlimited	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$60/$60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 322	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.852	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	$1,500
Family	$1,500	$4,500
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$20	5000%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	Unlimited
Family	3000 per enrollee	Unlimited
Plan Limits:		
Annual Maximum	Unlimited	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 323	**Plan Type:**	In-N
Coverage Begins:	1/1/2013	**Coverage Ends:**	12/31/2013
Actuarial Value:	0.877	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$250	Not covered
Family	$750	Not covered
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$15	Not covered
Co-payments:		
Office Visit Co-Payment	$20	Not covered
Inpatient Co-Payment	$0	Not covered
Outpatient Surgery Co-Payment	$0	Not covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not covered
Family	$4,000	Not covered
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$60	
Mail-Order Days Supply	31-90	
Specialty Drug Cost Share	$30	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 324	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.836	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$200	Combined with In-Net
Family	$600	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Balance billing
All Other Services	$20	Balance billing
Co-payments:		
Office Visit Co-Payment	$20	Balance billing
Inpatient Co-Payment	150/day, max 3 copay	Balance billing
Outpatient Surgery Co-Payment	$0	Balance billing
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	Combined with In-Net
Family	$7,500	Combined with In-Net
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/50% (min $35)	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/50% (min $35)	
Mail-Order Days Supply	30	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 325	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.781	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Combined with In-Net
Family	$1,500	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	40
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$30	$30
Inpatient Co-Payment	350/day, max 5 copay	350/day, max 5 copay
Outpatient Surgery Co-Payment	$150	$150
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$10,000
Family	$15,000	$30,000
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	150 per enrollee	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$7/$30/50% (min $50)	
Retail Days Supply	90	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$7/$30/50% (min$50)	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 326	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.889	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Combined with In-Net
Family	$0	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Balance billing
All Other Services	$20	Balance billing
Co-payments:		
Office Visit Co-Payment	$15	Balance billing
Inpatient Co-Payment	100/day, max 3 copay	Balance billing
Outpatient Surgery Co-Payment	$0	Balance billing
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,200	Combined with In-Net
Family	$3,600	Combined with In-Net
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$15/$50% (min $35)	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$15/$50% (min $35)	
Mail-Order Days Supply	30	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 327	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.777	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$750	Combined with In-Net
Family	$2,250	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	50
All Other Services	$20	5000%
Co-payments:		
Office Visit Co-Payment	$25	$35
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	Unlimited
Family	5000 per enrollee	Unlimited
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	250 per enrollee	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 328	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.833	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$200	Combined with In-Net
Family	$600	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Balance billing
All Other Services	$20	Balance billing
Co-payments:		
Office Visit Co-Payment	$20	Balance billing
Inpatient Co-Payment	200/day, max 5 copay	Balance billing
Outpatient Surgery Co-Payment	$0	Balance billing
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	Combined with In-Net
Family	$7,500	Combined with In-Net
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/50% (min $35)	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/50% (min $35)	
Mail-Order Days Supply	30	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 329	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.886	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	Combined with In-Net
Family	$0	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Balance billing
All Other Services	$20	Balance billing
Co-payments:		
Office Visit Co-Payment	$15	Balance billing
Inpatient Co-Payment	$150/day, max 5 copa	Balance billing
Outpatient Surgery Co-Payment	$0	Balance billing
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,200	Combined with In-Net
Family	$3,600	Combined with In-Net
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$15/50% (min $35)	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$15/50% (min $35)	
Mail-Order Days Supply	30	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 330	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2012
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	Combined with In-Net
Family	$300	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	40
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$20	$20
Inpatient Co-Payment	$200	$200
Outpatient Surgery Co-Payment	$200	$200
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	$3,000
Family	$4,500	$9,000
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/50% (min $40)	
Retail Days Supply	90	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/50% (min $40)	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 331	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2012
Actuarial Value:	0.861	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	Combined with In-Net
Family	$300	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	40
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$20	$20
Inpatient Co-Payment	$200	$200
Outpatient Surgery Co-Payment	$200	$200
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	$3,000
Family	$4,500	$9,000
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/50% (min $40)	
Retail Days Supply	90	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/50% (min $40)	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 332	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.825	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$200	Combined with In-Net
Family	$600	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	40
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$25	$25
Inpatient Co-Payment	300/day, max 5 copay	300/day, max 5 copay
Outpatient Surgery Co-Payment	$300	$300
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$6,000
Family	$9,000	$18,000
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$7/$30/50% (min $50)	
Retail Days Supply	90	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$7/$30/50% (min$50)	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 333	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2012
Actuarial Value:	0.781	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Combined with In-Net
Family	$1,500	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	40
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$30	$30
Inpatient Co-Payment	350/day, max 5 copay	350/day, max 5 copay
Outpatient Surgery Co-Payment	$350	$350
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$10,000
Family	$15,000	$30,000
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$150 per enrollee	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$7/$30/50% (min $50)	
Retail Days Supply	90	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$7/$30/50% (min$50)	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 334	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.781	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Combined with In-Net
Family	$1,500	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	40
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$30	$30
Inpatient Co-Payment	350/day, max 5 copay	350/day, max 5 copay
Outpatient Surgery Co-Payment	$350	$350
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$10,000
Family	$15,000	$30,000
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$150 per enrollee	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$7/$30/50% (min $50)	
Retail Days Supply	90	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$7/$30/50% (min$50)	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 335	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.764	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$750	Combined with In-Net
Family	$2,250	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	40
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$35	$35
Inpatient Co-Payment	400/day, max 5 copay	400/day, max 5 copay
Outpatient Surgery Co-Payment	$400	$400
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$10,000
Family	$15,000	$30,000
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	250 per enrollee	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$7/$30/50% (min $50)	
Retail Days Supply	90	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$7/$30/50% (min$50)	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 336	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.863	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	Combined with In-Net
Family	$300	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	40
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$20	$20
Inpatient Co-Payment	200/admit	200/admit
Outpatient Surgery Co-Payment	$200	$200
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$10,000
Family	$6,000	$30,000
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Retail Days Supply	90	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 337	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.863	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	Combined with In-Net
Family	$300	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	40
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$20	$20
Inpatient Co-Payment	200/admit	200/admit
Outpatient Surgery Co-Payment	$200	$200
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$10,000
Family	$6,000	$30,000
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Retail Days Supply	90	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 338	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.836	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$200	Combined with In-Net
Family	$600	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	40
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$25	$25
Inpatient Co-Payment	300/admit	300/admit
Outpatient Surgery Co-Payment	$300	$300
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$10,000
Family	$9,000	$30,000
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Retail Days Supply	90	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 339	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.836	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$200	Combined with In-Net
Family	$600	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	40
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$25	$25
Inpatient Co-Payment	300/admit	300/admit
Outpatient Surgery Co-Payment	$300	$300
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$10,000
Family	$9,000	$30,000
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Retail Days Supply	90	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 340	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.791	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Combined with In-Net
Family	$1,500	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	40
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$30	$30
Inpatient Co-Payment	350/admit	350/admit
Outpatient Surgery Co-Payment	$350	$350
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$10,000
Family	$15,000	$30,000
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	100 per enrollee	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Retail Days Supply	90	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 341	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.791	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Combined with In-Net
Family	$1,500	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	40
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$30	$30
Inpatient Co-Payment	350/admit	350/admit
Outpatient Surgery Co-Payment	$350	$350
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$10,000
Family	$15,000	$30,000
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	100 per enrollee	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Retail Days Supply	90	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 342	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.767	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,000	Combined with In-Net
Family	$3,000	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	40
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$30	$30
Inpatient Co-Payment	400/admit	400/admit
Outpatient Surgery Co-Payment	$400	$400
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$10,000
Family	$15,000	$30,000
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	200 per enrollee	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Retail Days Supply	90	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 343	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.767	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,000	Combined with In-Net
Family	$3,000	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	40
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$30	$30
Inpatient Co-Payment	400/admit	400/admit
Outpatient Surgery Co-Payment	$400	$400
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$10,000
Family	$15,000	$30,000
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	200 per enrollee	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Retail Days Supply	90	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 344	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.856	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	Combined with In-Net
Family	$300	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	40
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$25	$25
Inpatient Co-Payment	200/day, max 5 copay	200/day, max 5 copay
Outpatient Surgery Co-Payment	$200	$200
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	$3,000
Family	$4,500	$9,000
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30/50% (max $100)	
Retail Days Supply	90	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$30/50% (max $100)	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 345	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.819	**Deductible Reset:**	N (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$200	$1,000
Family	$600	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	50
All Other Services	$20	5000%
Co-payments:		
Office Visit Co-Payment	$25	$25
Inpatient Co-Payment	300/day, max 3 copay	300/day, max 3 copay
Outpatient Surgery Co-Payment	$150	$150
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$10,000
Family	$7,500	$30,000
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 346	**Plan Type:**	PPO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2012
Actuarial Value:	0.849	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,400	Combined with In-Net
Family	$2,800	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	40
All Other Services	$15	4000%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,200	Combined with In-Net
Family	$8,400	Combined with In-Net
Plan Limits:		
Annual Maximum	Unlimited	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	15%/15%/15%	
Retail Days Supply	90	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	15%/15%/15%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 347	**Plan Type:**	PPO
Coverage Begins:	1/1/2012	**Coverage Ends:**	12/31/2012
Actuarial Value:	0.855	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$250	Combined with In-Net
Family	$750	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	40
All Other Services	$15	4000%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	200/day, max 3 copay	200/day, max 3 copay
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Combined with In-Net
Family	$4,000	Combined with In-Net
Plan Limits:		
Annual Maximum	Unlimited	
Prescription Drugs (At Participating Pharmacies)		
Deductible	Tier 2 & 3: $100/per	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	'50% (maximums apply)V	
Retail Days Supply	90	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	'50% (maximums apply)V	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 348	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2012
Actuarial Value:	0.937	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$50	Combined with In-Net
Family	$150	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	20
All Other Services	$10	3000%
Co-payments:		
Office Visit Co-Payment	$20	$25
Inpatient Co-Payment	100/day, max 3 copay	Combined with In-Net
Outpatient Surgery Co-Payment	$50	$50
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$500	Combined with In-Net
Family	$1,500	Combined with In-Net
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$15/$30	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$15/$30	
Mail-Order Days Supply	100	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 349	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.901	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	Combined with In-Net
Family	$300	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	20
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$25	$30
Inpatient Co-Payment	150/day, max 3 copay	Combined with In-Net
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	Combined with In-Net
Family	$4,500	Combined with In-Net
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$35	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$35	
Mail-Order Days Supply	100	
Specialty Drug Cost Share	$10/$20/$35	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 350	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.866	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$200	Combined with In-Net
Family	$600	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	20
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	300/day, max 3 copay	Combined with In-Net
Outpatient Surgery Co-Payment	$150	$150
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,750	Combined with In-Net
Family	$8,250	Combined with In-Net
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$40	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$40	
Mail-Order Days Supply	100	
Specialty Drug Cost Share	$15/$25/$40	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 351	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2012
Actuarial Value:	0.942	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	$250
Family	$300	250 per enrollee
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$10	3000%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	200/admit, max 3 cop	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$50	$50
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$500	Unlimited
Family	$1,500	Unlimited
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$30/$60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	$10/$15/$30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 351	**Plan Type:**	PPO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.937	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	$250
Family	$300	250 per enrollee
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	Not covered
All Other Services	$10	3000%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	200/admit, max 3 cop	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$50	$50
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$500	Unlimited
Family	$1,500	Unlimited
Plan Limits:		
Annual Maximum	None	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$30/$60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	$10/$15/$30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 352	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.949	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	Combined with In-Net
Family	$300	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	30
All Other Services	$10	3000%
Co-payments:		
Office Visit Co-Payment	Preferred: 20; Parti	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	Combined with In-Net
Family	$3,000	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 353	**Plan Type:**	PPO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.909	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$200	Combined with In-Net
Family	$600	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	Preferred: 20; Parti	$0
Inpatient Co-Payment	$200	$200
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,800	Combined with In-Net
Family	$5,400	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 354	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.907	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Combined with In-Net
Family	$1,500	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	40
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	Preferred: 20; Parti	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	Combined with In-Net
Family	$7,500	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 355	**Plan Type:**	PPO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.907	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	20
All Other Services	$20	2000%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Combined with In-Net
Family	$6,000	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 356	**Plan Type:**	PPO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.801	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$750	Combined with In-Net
Family	$2,250	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	30
All Other Services	$30	3000%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	Combined with In-Net
Family	$15,000	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 357	**Plan Type:**	PPO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.907	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,500	Combined with In-Net
Family	$3,000	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	40
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	Combined with In-Net
Family	$10,000	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%/20%/20%	
Retail Days Supply	90	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%/20%/20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 358	**Plan Type:**	PPO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.910	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$200	Combined with In-Net
Family	$600	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	30
All Other Services	$10	3000%
Co-payments:		
Office Visit Co-Payment	Preferred: 20; Parti	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	Combined with In-Net
Family	$7,500	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 359	**Plan Type:**	PPO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.908	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Combined with In-Net
Family	$1,500	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	40
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	Preferred: 15; Parti	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	Combined with In-Net
Family	$7,500	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 360	**Plan Type:**	PPO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.938	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$200	Combined with In-Net
Family	$600	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	30
All Other Services	$10	3000%
Co-payments:		
Office Visit Co-Payment	Preferred: 20; Parti	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	Combined with In-Net
Family	$3,000	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 361	**Plan Type:**	PPO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.752	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,500	Combined with In-Net
Family	$3,000	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	40
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	Combined with In-Net
Family	$10,000	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%/20%/20%	
Retail Days Supply	90	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%/20%/20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 362	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.949	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	Combined with In-Net
Family	$300	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	30
All Other Services	$10	3000%
Co-payments:		
Office Visit Co-Payment	Preferred: 20; Parti	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	Combined with In-Net
Family	$3,000	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 363	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.909	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$200	Combined with In-Net
Family	$600	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	40
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	Preferred: 20; Parti	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Combined with In-Net
Family	$6,000	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 364	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.867	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,000	Combined with In-Net
Family	$3,000	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	40
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	Preferred: 20; Parti	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	Combined with In-Net
Family	$15,000	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 365	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.890	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$750	Combined with In-Net
Family	$2,250	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	40
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	Preferred: 20; Parti	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	Combined with In-Net
Family	$7,500	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 366	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.907	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Combined with In-Net
Family	$1,500	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	40
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	Preferred: 20; Parti	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	Combined with In-Net
Family	$7,500	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 367	**Plan Type:**	PPO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.907	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	20
All Other Services	$20	2000%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Combined with In-Net
Family	$6,000	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 368	**Plan Type:**	PPO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.801	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$750	Combined with In-Net
Family	$2,250	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	30
All Other Services	$30	3000%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	Combined with In-Net
Family	$15,000	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 369	**Plan Type:**	PPO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.752	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$3,000	Combined with In-Net
Family	$6,000	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	40
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	Combined with In-Net
Family	$10,000	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%/20%/20%	
Retail Days Supply	90	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%/20%/20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 369	**Plan Type:**	PPO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.752	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,500	Combined with In-Net
Family	$3,000	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	40
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	Combined with In-Net
Family	$5,000	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%/20%/20%	
Retail Days Supply	90	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%/20%/20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 370	**Plan Type:**	PPO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.686	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$3,000	Combined with In-Net
Family	$6,000	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	40
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	Combined with In-Net
Family	$10,000	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%/20%/20%	
Retail Days Supply	90	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%/20%/20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 371	**Plan Type:**	PPO
Coverage Begins:	1/1/2013	**Coverage Ends:**	12/31/2013
Actuarial Value:	0.911	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$250	Combined with In-Net
Family	$750	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$20	5000%
Co-payments:		
Office Visit Co-Payment	$40	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	Combined with In-Net
Family	$7,500	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$70/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 372	**Plan Type:**	PPO
Coverage Begins:	1/1/2013	**Coverage Ends:**	12/31/2013
Actuarial Value:	0.875	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Combined with In-Net
Family	$1,500	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$20	5000%
Co-payments:		
Office Visit Co-Payment	$40	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,500	Combined with In-Net
Family	$10,500	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$70/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 373	**Plan Type:**	PPO
Coverage Begins:	1/1/2013	**Coverage Ends:**	12/31/2013
Actuarial Value:	0.853	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,000	Combined with In-Net
Family	$3,000	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$20	5000%
Co-payments:		
Office Visit Co-Payment	$40	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	Combined with In-Net
Family	$15,000	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/100%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$80/100%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 374	**Plan Type:**	PPO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.801	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$750	Combined with In-Net
Family	$2,250	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	30
All Other Services	$30	3000%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	Combined with In-Net
Family	$15,000	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 375	**Plan Type:**	PPO
Coverage Begins:	11/1/2012	**Coverage Ends:**	10/31/2013
Actuarial Value:	0.857	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$750	Combined with In-Net
Family	$2,250	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$20	2000%
Co-payments:		
Office Visit Co-Payment	$20	$20
Inpatient Co-Payment	$200	$200
Outpatient Surgery Co-Payment	$200	$200
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Combined with In-Net
Family	2000 per enrollee	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$35/$55	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$70/$110	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 376	**Plan Type:**	PPO
Coverage Begins:	11/1/2012	**Coverage Ends:**	10/31/2013
Actuarial Value:	0.884	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$250	Combined with In-Net
Family	$750	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$20	2000%
Co-payments:		
Office Visit Co-Payment	$20	$20
Inpatient Co-Payment	200/admit	200/admit
Outpatient Surgery Co-Payment	200/admit	200/admit
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,250	Combined with In-Net
Family	1250 per enrollee	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$35/$55	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$70/$110	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 377	**Plan Type:**	PPO
Coverage Begins:	11/1/2012	**Coverage Ends:**	10/31/2013
Actuarial Value:	0.898	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	$200
Family	$300	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$10	4000%
Co-payments:		
Office Visit Co-Payment	$20	$20
Inpatient Co-Payment	200/admit	200/admit
Outpatient Surgery Co-Payment	200/admit	200/admit
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$10,000
Family	$7,500	$30,000
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$35/$55	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$70/$110	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 378	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.925	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$200	Combined with In-Net
Family	$600	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$10	3000%
Co-payments:		
Office Visit Co-Payment	Preferred: 20; Parti	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$125	$125
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,500	Combined with In-Net
Family	$10,500	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 379	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2012
Actuarial Value:	0.735	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$3,000	Combined with In-Net
Family	$5,000	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	Combined with In-Net
Family	$10,000	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%/20%/20%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%/20%/20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 380	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.886	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$20	2000%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$125	$125
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,500	Combined with In-Net
Family	$10,500	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 381	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.887	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Combined with In-Net
Family	$1,500	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	Preferred: 20; Parti	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$125	$125
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,500	Combined with In-Net
Family	$10,500	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 382	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2012
Actuarial Value:	0.869	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,000	Combined with In-Net
Family	$3,000	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	40
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	Preferred: 20; Parti	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$125	$125
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,500	Combined with In-Net
Family	$10,500	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 383	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.917	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$10	4000%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100	$100
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Combined with In-Net
Family	$6,000	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 384	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.917	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$300	Combined with In-Net
Family	$900	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$10	3000%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100	$100
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	Combined with In-Net
Family	$7,500	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 385	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.947	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$10	4000%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100	$100
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Combined with In-Net
Family	$6,000	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 386	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.947	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$10	4000%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100	$100
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Combined with In-Net
Family	$6,000	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 387	**Plan Type:**	PPO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.888	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$750	Combined with In-Net
Family	$2,250	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	Preferred: 20; Parti	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,750	Combined with In-Net
Family	$5,250	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 388	**Plan Type:**	PPO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.888	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$750	Combined with In-Net
Family	$2,250	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$30	3000%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	Combined with In-Net
Family	$15,000	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 389	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2012
Actuarial Value:	0.919	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$200	Combined with In-Net
Family	$600	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	Preferred: 20; Parti	$0
Inpatient Co-Payment	$200	$200
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Combined with In-Net
Family	$6,000	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 390	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2012
Actuarial Value:	0.920	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Combined with In-Net
Family	$1,500	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$20	5000%
Co-payments:		
Office Visit Co-Payment	Preferred: 15; Parti	$0
Inpatient Co-Payment	$300	$300
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	Combined with In-Net
Family	$7,500	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 391	**Plan Type:**	PPO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.923	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$200	Combined with In-Net
Family	$600	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	Preferred: 20; Parti	$0
Inpatient Co-Payment	$200	$200
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,800	Combined with In-Net
Family	$5,400	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 392	**Plan Type:**	PPO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.898	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$750	Combined with In-Net
Family	$2,250	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	Preferred: 20; Parti	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,750	Combined with In-Net
Family	$5,250	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 393	**Plan Type:**	PPO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.752	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$3,000	Combined with In-Net
Family	$6,000	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	40
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	Combined with In-Net
Family	$10,000	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%/20%/20%	
Retail Days Supply	90	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%/20%/20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 394	**Plan Type:**	PPO
Coverage Begins:	1/1/2013	**Coverage Ends:**	12/31/2013
Actuarial Value:	0.911	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$250	Combined with In-Net
Family	$750	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$20	5000%
Co-payments:		
Office Visit Co-Payment	$40	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	Combined with In-Net
Family	$7,500	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$70/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 395	**Plan Type:**	PPO
Coverage Begins:	1/1/2013	**Coverage Ends:**	12/31/2013
Actuarial Value:	0.875	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$500	Combined with In-Net
Family	$1,500	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$20	5000%
Co-payments:		
Office Visit Co-Payment	$40	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,500	Combined with In-Net
Family	$10,500	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$70/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 396	**Plan Type:**	PPO
Coverage Begins:	1/1/2013	**Coverage Ends:**	12/31/2013
Actuarial Value:	0.853	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,000	Combined with In-Net
Family	$3,000	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$20	5000%
Co-payments:		
Office Visit Co-Payment	$40	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	Combined with In-Net
Family	$15,000	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/100%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$80/100%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 397	**Plan Type:**	PPO
Coverage Begins:	11/1/2012	**Coverage Ends:**	10/31/2013
Actuarial Value:	0.781	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$750	Combined with In-Net
Family	$2,250	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	30
All Other Services	$30	3000%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	Combined with In-Net
Family	$15,000	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$35/$55	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$70/$110	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 398	**Plan Type:**	PPO
Coverage Begins:	11/1/2012	**Coverage Ends:**	10/31/2013
Actuarial Value:	0.857	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$750	Combined with In-Net
Family	$2,250	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$20	2000%
Co-payments:		
Office Visit Co-Payment	$20	$20
Inpatient Co-Payment	$200	$200
Outpatient Surgery Co-Payment	$200	$200
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Combined with In-Net
Family	2000 per enrollee	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$35/$55	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$70/$110	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 399	**Plan Type:**	PPO
Coverage Begins:	11/1/2012	**Coverage Ends:**	10/31/2013
Actuarial Value:	0.884	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$250	Combined with In-Net
Family	$750	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$20	2000%
Co-payments:		
Office Visit Co-Payment	$20	$20
Inpatient Co-Payment	200/admit	200/admit
Outpatient Surgery Co-Payment	200/admit	200/admit
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,250	Combined with In-Net
Family	1250 per enrollee	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$35/$55	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$70/$110	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 400	**Plan Type:**	PPO
Coverage Begins:	11/1/2012	**Coverage Ends:**	10/31/2013
Actuarial Value:	0.898	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$100	$200
Family	$300	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$10	4000%
Co-payments:		
Office Visit Co-Payment	$20	$20
Inpatient Co-Payment	200/admit	200/admit
Outpatient Surgery Co-Payment	200/admit	200/admit
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$10,000
Family	$7,500	$30,000
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$35/$55	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$70/$110	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 401	**Plan Type:**	PPO
Coverage Begins:	11/1/2012	**Coverage Ends:**	10/31/2013
Actuarial Value:	0.752	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,500	Combined with In-Net
Family	$3,000	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	40
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	Combined with In-Net
Family	$10,000	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%/20%/20%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%/20%/20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 402	**Plan Type:**	PPO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.686	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$3,000	Combined with In-Net
Family	$6,000	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	40
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	Combined with In-Net
Family	$10,000	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%/20%/20%	
Retail Days Supply	90	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%/20%/20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 403	**Plan Type:**	PPO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.869	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,000	Combined with In-Net
Family	$3,000	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	40
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	Preferred: 20; Parti	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$125	$125
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,500	Combined with In-Net
Family	$10,500	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 404	**Plan Type:**	PPO
Coverage Begins:	10/1/2011	**Coverage Ends:**	9/30/2012
Actuarial Value:	0.686	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$3,000	Combined with In-Net
Family	$5,000	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	Combined with In-Net
Family	$10,000	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%/20%/20%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%/20%/20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 405	**Plan Type:**	PPO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.797	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$750	Combined with In-Net
Family	$2,250	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$30	3000%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	Combined with In-Net
Family	$15,000	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 406	**Plan Type:**	PPO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.797	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$750	Combined with In-Net
Family	$2,250	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	0
All Other Services	$30	3000%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	Combined with In-Net
Family	$15,000	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 407	**Plan Type:**	PPO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.794	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,500	Combined with In-Net
Family	$3,000	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	40
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	Combined with In-Net
Family	$5,000	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%/20%/20%	
Retail Days Supply	90	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%/20%/20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2012

Health Plan:	Plan 408	**Plan Type:**	PPO
Coverage Begins:	10/1/2012	**Coverage Ends:**	9/30/2013
Actuarial Value:	0.794	**Deductible Reset:**	Y (calendar year)

Cost Share Provisions (Paid by Employee)	**In-Network**	**Out-of-Network**
Deductible (Per Plan Year):		
Individual	$1,500	Combined with In-Net
Family	$3,000	Combined with In-Net
Coinsurance:		
Preventive Services (Exams and Screenings)	$0	40
All Other Services	$20	4000%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	Combined with In-Net
Family	$5,000	Combined with In-Net
Plan Limits:		
Annual Maximum	2000000 per year	
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	n/a
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%/20%/20%	
Retail Days Supply	90	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%/20%/20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share	n/a	

Washington State Office of the Insurance Commissioner

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Exhibit A5b

Health Plans by Actuarial Value

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Actuarial Value
Plan 001	2013	HMO	0.871
Plan 002	2013	HMO	0.865
Plan 003	2013	HMO	0.861
Plan 004	2013	HMO	0.852
Plan 005	2013	HMO	0.852
Plan 006	2013	HMO	0.852
Plan 007	2013	HMO	0.852
Plan 008	2013	HMO	0.852
Plan 009	2013	HMO	0.852
Plan 010	2013	HMO	0.852
Plan 011	2013	HMO	0.852
Plan 012	2012	HMO	0.829
Plan 013	2013	HMO	0.873
Plan 014	2013	HMO	0.873
Plan 015	2012	HMO	0.829
Plan 016	2013	HMO	0.868
Plan 017	2013	HMO	0.868
Plan 018	2013	HMO	0.885
Plan 019	2013	HMO	0.852
Plan 020	2013	HMO	0.902
Plan 021	2013	HMO	0.861
Plan 022	2013	HMO	0.861
Plan 023	2013	HMO	0.871
Plan 024	2013	HMO	0.852
Plan 025	2013	HMO	0.861
Plan 026	2013	HMO	0.852
Plan 027	2013	HMO	0.815

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Exhibit A5b

Health Plans by Actuarial Value

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Actuarial Value
Plan 028	2013	HMO	0.904
Plan 029	2013	HMO	0.865
Plan 030	2013	HMO	0.886
Plan 031	2013	HMO	0.865
Plan 032	2013	HMO	0.872
Plan 033	2013	HMO	0.845
Plan 034	2012	HMO	0.908
Plan 035	2013	HMO	0.84
Plan 036	2013	HMO	0.881
Plan 037	2013	HMO	0.945
Plan 038	2013	HMO	0.865
Plan 039	2013	HMO	0.914
Plan 040	2012	HMO	0.844
Plan 041	2013	HMO	0.877
Plan 042	2013	HMO	0.897
Plan 043	2013	HMO	0.914
Plan 044	2013	HMO	0.861
Plan 045	2013	HMO	0.85
Plan 046	2012	PPO	0.829
Plan 047	2013	HMO	0.866
Plan 048	2013	HMO	0.838
Plan 049	2013	HMO	0.913
Plan 050	2013	HMO	0.865
Plan 051	2013	HMO	0.861
Plan 052	2013	HMO	0.822
Plan 053	2013	HMO	0.868
Plan 054	2013	HMO	0.865

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Exhibit A5b

Health Plans by Actuarial Value

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Actuarial Value
Plan 055	2013	HMO	0.893
Plan 056	2013	HMO	0.861
Plan 057	2012	HMO	0.801
Plan 058	2012	HMO	0.801
Plan 059	2012	HMO	0.801
Plan 060	2012	HMO	0.801
Plan 061	2012	HMO	0.801
Plan 062	2012	HMO	0.801
Plan 063	2013	HMO	0.913
Plan 064	2013	HMO	0.945
Plan 065	2013	HMO	0.945
Plan 066	2013	HMO	0.945
Plan 067	2013	HMO	0.945
Plan 068	2013	HMO	0.945
Plan 069	2013	HMO	0.945
Plan 070	2013	HMO	0.945
Plan 071	2013	HMO	0.945
Plan 072	2013	HMO	0.886
Plan 073	2013	HMO	0.945
Plan 074	2013	HMO	0.945
Plan 075	2013	HMO	0.945
Plan 076	2013	HMO	0.945
Plan 077	2013	HMO	0.945
Plan 078	2013	HMO	0.945
Plan 079	2013	HMO	0.945
Plan 080	2013	HMO	0.945
Plan 081	2013	HMO	0.945

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Exhibit A5b

Health Plans by Actuarial Value

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Actuarial Value
Plan 082	2013	HMO	0.945
Plan 083	2013	HMO	0.945
Plan 084	2013	HMO	0.945
Plan 085	2013	HMO	0.945
Plan 086	2013	HMO	0.945
Plan 087	2013	HMO	0.945
Plan 088	2013	HMO	0.945
Plan 089	2013	HMO	0.822
Plan 090	2013	HMO	0.871
Plan 091	2013	HMO	0.861
Plan 092	2013	HMO	0.868
Plan 093	2013	HMO	0.863
Plan 094	2013	HMO	0.847
Plan 095	2013	HMO	0.868
Plan 096	2013	HMO	0.861
Plan 097	2013	HMO	0.886
Plan 098	2012	HMO	0.912
Plan 099	2012	HMO	0.912
Plan 100	2012	HMO	0.886
Plan 101	2012	HMO	0.886
Plan 102	2013	HMO	0.912
Plan 103	2013	HMO	0.886
Plan 104	2012	HMO	0.912
Plan 105	2013	HMO	0.912
Plan 106	2013	HMO	0.912
Plan 107	2013	HMO	0.912
Plan 108	2013	HMO	0.861

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Exhibit A5b

Health Plans by Actuarial Value

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Actuarial Value
Plan 109	2013	HMO	0.861
Plan 110	2013	HMO	0.861
Plan 111	2013	HMO	0.912
Plan 112	2013	HMO	0.861
Plan 113	2013	HMO	0.912
Plan 114	2013	HMO	0.912
Plan 115	2013	HMO	0.912
Plan 116	2013	HMO	0.912
Plan 117	2013	HMO	0.912
Plan 118	2013	HMO	0.912
Plan 119	2013	HMO	0.801
Plan 120	2012	HMO	0.801
Plan 121	2012	HMO	0.801
Plan 122	2013	HMO	0.861
Plan 123	2013	HMO	0.861
Plan 124	2013	HMO	0.861
Plan 125	2013	HMO	0.861
Plan 126	2013	HMO	0.912
Plan 127	2013	HMO	0.861
Plan 128	2013	HMO	0.861
Plan 129	2013	HMO	0.886
Plan 130	2013	HMO	0.861
Plan 131	2013	HMO	0.861
Plan 132	2013	HMO	0.861
Plan 133	2012	HMO	0.801
Plan 134	2013	HMO	0.861
Plan 135	2013	HMO	0.912

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Exhibit A5b

Health Plans by Actuarial Value

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Actuarial Value
Plan 136	2013	HMO	0.861
Plan 137	2013	HMO	0.886
Plan 138	2013	HMO	0.912
Plan 139	2013	HMO	0.912
Plan 140	2013	HMO	0.912
Plan 141	2013	HMO	0.861
Plan 142	2013	HMO	0.886
Plan 143	2013	HMO	0.886
Plan 144	2013	HMO	0.886
Plan 145	2013	HMO	0.886
Plan 146	2013	HMO	0.886
Plan 147	2013	HMO	0.886
Plan 148	2013	HMO	0.886
Plan 149	2013	HMO	0.861
Plan 150	2013	HMO	0.912
Plan 151	2013	HMO	0.912
Plan 152	2013	HMO	0.861
Plan 153	2013	HMO	0.861
Plan 154	2013	HMO	0.861
Plan 155	2013	HMO	0.861
Plan 156	2013	HMO	0.801
Plan 157	2013	HMO	0.801
Plan 158	2013	HMO	0.801
Plan 159	2013	HMO	0.801
Plan 160	2013	HMO	0.861
Plan 161	2013	HMO	0.886
Plan 162	2013	HMO	0.801

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Exhibit A5b

Health Plans by Actuarial Value

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Actuarial Value
Plan 163	2013	HMO	0.861
Plan 164	2013	HMO	0.861
Plan 165	2013	HMO	0.861
Plan 166	2013	HMO	0.912
Plan 167	2013	HMO	0.886
Plan 168	2013	HMO	0.801
Plan 169	2013	HMO	0.886
Plan 170	2013	HMO	0.861
Plan 171	2013	HMO	0.886
Plan 172	2013	HMO	0.861
Plan 173	2013	HMO	0.801
Plan 174	2013	HMO	0.886
Plan 175	2013	HMO	0.886
Plan 176	2013	HMO	0.886
Plan 177	2013	HMO	0.861
Plan 178	2013	HMO	0.861
Plan 179	2012	HMO	0.886
Plan 180	2013	HMO	0.861
Plan 181	2012	HMO	0.886
Plan 182	2012	HMO	0.886
Plan 183	2013	HMO	0.861
Plan 184	2012	HMO	0.886
Plan 185	2013	HMO	0.861
Plan 186	2012	HMO	0.886
Plan 187	2013	HMO	0.861
Plan 188	2012	HMO	0.886
Plan 189	2013	HMO	0.861

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Exhibit A5b

Health Plans by Actuarial Value

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Actuarial Value
Plan 190	2012	HMO	0.886
Plan 191	2012	HMO	0.886
Plan 192	2013	HMO	0.886
Plan 193	2013	HMO	0.801
Plan 194	2013	HMO	0.886
Plan 195	2013	HMO	0.801
Plan 196	2013	HMO	0.886
Plan 197	2013	HMO	0.886
Plan 198	2013	HMO	0.861
Plan 199	2013	HMO	0.861
Plan 200	2013	HMO	0.871
Plan 201	2013	HMO	0.871
Plan 202	2013	HMO	0.871
Plan 203	2013	HMO	0.861
Plan 204	2013	HMO	0.861
Plan 205	2013	HMO	0.871
Plan 206	2013	HMO	0.861
Plan 207	2013	HMO	0.901
Plan 208	2013	HMO	0.871
Plan 209	2013	HMO	0.861
Plan 210	2013	HMO	0.908
Plan 211	2013	HMO	0.873
Plan 212	2013	HMO	0.873
Plan 213	2013	HMO	0.876
Plan 214	2013	HMO	0.861
Plan 215	2013	HMO	0.908
Plan 216	2013	HMO	0.843

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Exhibit A5b

Health Plans by Actuarial Value

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Actuarial Value
Plan 217	2013	HMO	0.861
Plan 218	2013	HMO	0.861
Plan 219	2013	HMO	0.861
Plan 220	2013	HMO	0.804
Plan 221	2013	PPO	0.912
Plan 222	2013	HMO	0.868
Plan 223	2013	HMO	0.868
Plan 224	2013	HMO	0.869
Plan 225	2013	PPO	0.875
Plan 226	2013	HMO	0.868
Plan 227	2013	PPO	0.828
Plan 228	2013	PPO	0.873
Plan 229	2013	PPO	0.873
Plan 230	2013	HMO	0.854
Plan 231	2013	HMO	0.863
Plan 232	2012	HMO	0.829
Plan 233	2013	HMO	0.828
Plan 234	2013	HMO	0.896
Plan 235	2013	HMO	0.861
Plan 236	2013	PPO	0.8261
Plan 237	2013	PPO	0.7571
Plan 238	2013	PPO	0.9154
Plan 239	2013	PPO	0.883
Plan 240	2013	PPO	0.883
Plan 241	2013	HMO	0.861
Plan 242	2013	HMO	0.868
Plan 243	2013	HMO	0.861

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Exhibit A5b

Health Plans by Actuarial Value

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Actuarial Value
Plan 244	2013	HMO	0.908
Plan 245	2013	PPO	0.7249
Plan 246	2012	PPO	0.802
Plan 247	2012	PPO	0.802
Plan 248	2012	PPO	0.825
Plan 249	2012	PPO	0.825
Plan 250	2012	PPO	0.825
Plan 251	2012	PPO	0.825
Plan 252	2012	PPO	0.825
Plan 253	2012	PPO	0.825
Plan 254	2012	PPO	0.825
Plan 255	2012	PPO	0.825
Plan 256	2013	PPO	0.908
Plan 257	2013	PPO	0.91
Plan 258	2013	PPO	0.851
Plan 259	2013	PPO	0.908
Plan 260	2013	PPO	0.91
Plan 261	2012	PPO	0.891
Plan 262	2012	PPO	0.891
Plan 263	2013	HMO	0.813
Plan 264	2013	HMO	0.861
Plan 265	2013	PPO	0.867
Plan 266	2013	HMO	0.861
Plan 267	2013	HMO	0.913
Plan 268	2013	PPO	0.6745
Plan 269	2013	PPO	0.727
Plan 270	2012	PPO	0.775

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Exhibit A5b

Health Plans by Actuarial Value

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Actuarial Value
Plan 271	2012	PPO	0.833
Plan 272	2012	PPO	0.747
Plan 273	2013	In-N	0.8265
Plan 274	2013	In-N	0.9026
Plan 275	2012	In-N	0.8838
Plan 276	2012	In-N	0.8957
Plan 277	2012	In-N	0.8618
Plan 278	2013	PPO	0.803
Plan 279	2013	PPO	0.818
Plan 280	2013	PPO	0.8
Plan 281	2013	Clos	0.919
Plan 282	2013	Clos	0.797
Plan 283	2012	Clos	0.888
Plan 284	2013	Clos	0.873
Plan 285	2013	Clos	0.776
Plan 286	2012	PPO	0.857
Plan 287	2012	HMO	0.835
Plan 288	2012	HMO	0.822
Plan 289	2013	PPO	0.764
Plan 290	2013	In-N	0.9596
Plan 291	2012	In-N	0.9539
Plan 292	2013	In-N	0.9571
Plan 293	2013	In-N	0.951
Plan 294	2013	In-N	0.9393
Plan 295	2012	In-N	0.9576
Plan 296	2012	In-N	0.9515
Plan 297	2012	In-N	0.9398

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Exhibit A5b

Health Plans by Actuarial Value

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Actuarial Value
Plan 298	2013	In-N	0.9279
Plan 299	2012	In-N	0.9283
Plan 300	2012	In-N	0.9458
Plan 301	2013	In-N	0.9356
Plan 302	2012	In-N	0.9326
Plan 303	2013	In-N	0.9446
Plan 304	2013	In-N	0.9421
Plan 305	2013	In-N	0.933
Plan 306	2013	In-N	0.9215
Plan 307	2012	In-N	0.9425
Plan 308	2012	In-N	0.9334
Plan 309	2012	In-N	0.9219
Plan 310	2012	In-N	0.9315
Plan 311	2013	In-N	0.9268
Plan 312	2012	In-N	0.9395
Plan 313	2012	In-N	0.9746
Plan 314	2012	PPO	0.937
Plan 315	2012	PPO	0.915
Plan 315	2013	PPO	0.75
Plan 316	2013	PPO	0.75
Plan 317	2012	PPO	0.878
Plan 318	2012	PPO	0.915
Plan 318	2013	PPO	91.5
Plan 319	2013	PPO	0.883
Plan 320	2013	PPO	0.852
Plan 321	2013	PPO	0.883
Plan 322	2013	PPO	0.852

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Exhibit A5b

Health Plans by Actuarial Value

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Actuarial Value
Plan 323	2013	In-N	0.877
Plan 324	2013	PPO	0.836
Plan 325	2013	PPO	0.781
Plan 326	2013	PPO	0.889
Plan 327	2013	PPO	0.777
Plan 328	2013	PPO	0.833
Plan 329	2013	PPO	0.886
Plan 330	2012	PPO	0.861
Plan 331	2012	PPO	0.861
Plan 332	2013	PPO	0.825
Plan 333	2012	PPO	0.781
Plan 334	2013	PPO	0.781
Plan 335	2013	PPO	0.764
Plan 336	2013	PPO	0.863
Plan 337	2013	PPO	0.863
Plan 338	2013	PPO	0.836
Plan 339	2013	PPO	0.836
Plan 340	2013	PPO	0.791
Plan 341	2013	PPO	0.791
Plan 342	2013	PPO	0.767
Plan 343	2013	PPO	0.767
Plan 344	2013	PPO	0.856
Plan 345	2013	PPO	0.819
Plan 346	2012	PPO	0.849
Plan 347	2012	PPO	0.855
Plan 348	2012	PPO	0.937
Plan 349	2013	PPO	0.901

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Exhibit A5b

Health Plans by Actuarial Value

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Actuarial Value
Plan 350	2013	PPO	0.866
Plan 351	2012	PPO	0.942
Plan 351	2013	PPO	0.937
Plan 352	2013	PPO	0.949
Plan 353	2013	PPO	0.909
Plan 354	2013	PPO	0.907
Plan 355	2013	PPO	0.907
Plan 356	2013	PPO	0.801
Plan 357	2013	PPO	0.907
Plan 358	2013	PPO	0.91
Plan 359	2013	PPO	0.908
Plan 360	2013	PPO	0.938
Plan 361	2013	PPO	0.752
Plan 362	2013	PPO	0.949
Plan 363	2013	PPO	0.909
Plan 364	2013	PPO	0.867
Plan 365	2013	PPO	0.89
Plan 366	2013	PPO	0.907
Plan 367	2013	PPO	0.907
Plan 368	2013	PPO	0.801
Plan 369	2013	PPO	0.752
Plan 369	2013	PPO	0.752
Plan 370	2013	PPO	0.686
Plan 371	2013	PPO	0.911
Plan 372	2013	PPO	0.875
Plan 373	2013	PPO	0.853
Plan 374	2013	PPO	0.801

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Exhibit A5b

Health Plans by Actuarial Value

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Actuarial Value
Plan 375	2013	PPO	0.857
Plan 376	2013	PPO	0.884
Plan 377	2013	PPO	0.898
Plan 378	2013	PPO	0.925
Plan 379	2012	PPO	0.735
Plan 380	2013	PPO	0.886
Plan 381	2013	PPO	0.887
Plan 382	2012	PPO	0.869
Plan 383	2013	PPO	0.917
Plan 384	2013	PPO	0.917
Plan 385	2013	PPO	0.947
Plan 386	2013	PPO	0.947
Plan 387	2013	PPO	0.888
Plan 388	2013	PPO	0.888
Plan 389	2012	PPO	0.919
Plan 390	2012	PPO	0.92
Plan 391	2013	PPO	0.923
Plan 392	2013	PPO	0.898
Plan 393	2013	PPO	0.752
Plan 394	2013	PPO	0.911
Plan 395	2013	PPO	0.875
Plan 396	2013	PPO	0.853
Plan 397	2013	PPO	0.781
Plan 398	2013	PPO	0.857
Plan 399	2013	PPO	0.884
Plan 400	2013	PPO	0.898
Plan 401	2013	PPO	0.752

Washington State Office of the Insurance Commissioner

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Exhibit A5b

Health Plans by Actuarial Value

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Actuarial Value
Plan 402	2013	PPO	0.686
Plan 403	2013	PPO	0.869
Plan 404	2012	PPO	0.686
Plan 405	2013	PPO	0.797
Plan 406	2013	PPO	0.797
Plan 407	2013	PPO	0.794
Plan 408	2013	PPO	0.794

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5c

Health Plan Design Comparison — Deductibles (Paid by Plan Participant)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 001	2013	HMO	$250	$750	Not covered	Not covered
Plan 002	2013	HMO	$0	$0	Not covered	Not covered
Plan 003	2013	HMO	$0	$0	Not covered	Not covered
Plan 004	2013	HMO	$500	$1,500	Not covered	Not covered
Plan 005	2013	HMO	$500	$1,500	Not covered	Not covered
Plan 006	2013	HMO	$500	$1,500	Not covered	Not covered
Plan 007	2013	HMO	$500	$1,500	Not covered	Not covered
Plan 008	2013	HMO	$500	$1,500	Not covered	Not covered
Plan 009	2013	HMO	$500	$1,500	Not covered	Not covered
Plan 010	2013	HMO	$500	$1,500	Not covered	Not covered
Plan 011	2013	HMO	$500	$1,500	Not covered	Not covered
Plan 012	2012	HMO	$0	$0	Not covered	Not covered
Plan 013	2013	HMO	$200	$600	Not covered	Not covered
Plan 014	2013	HMO	$200	$600	Not covered	Not covered
Plan 015	2012	HMO	$0	$0	Not covered	Not covered
Plan 016	2013	HMO	$0	$0	Not covered	Not covered
Plan 017	2013	HMO	$0	$0	Not covered	Not covered
Plan 018	2013	HMO	$200	$600	Not covered	Not covered
Plan 019	2013	HMO	$500	$1,500	Not covered	Not covered
Plan 020	2013	HMO	$200	$600	Not covered	Not covered
Plan 021	2013	HMO	$0	$0	Not covered	Not covered
Plan 022	2013	HMO	$0	$0	Not covered	Not covered
Plan 023	2013	HMO	$250	$750	Not covered	Not covered
Plan 024	2013	HMO	$500	$1,500	Not covered	Not covered
Plan 025	2013	HMO	$0	$0	Not covered	Not covered
Plan 026	2013	HMO	$200	$400	Not covered	Not covered
Plan 027	2013	HMO	$0	$0	Not covered	Not covered

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5c

Health Plan Design Comparison — Deductibles (Paid by Plan Participant)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 028	2013	HMO	$0	$0	Not covered	Not covered
Plan 029	2013	HMO	$0	$0	Not covered	Not covered
Plan 030	2013	HMO	$100	$300	Not covered	Not covered
Plan 031	2013	HMO	$0	$0	Not covered	Not covered
Plan 032	2013	HMO	$0	$0	Not covered	Not covered
Plan 033	2013	HMO	$100	$200	Not covered	Not covered
Plan 034	2012	HMO	$200	$600	Not covered	Not covered
Plan 035	2013	HMO	$0	$0	Not covered	Not covered
Plan 036	2013	HMO	$200	$600	Not covered	Not covered
Plan 037	2013	HMO	$0	$0	Not covered	Not covered
Plan 038	2013	HMO	$0	$0	Not covered	Not covered
Plan 039	2013	HMO	$0	$0	Not covered	Not covered
Plan 040	2012	HMO	$250	$500	Not covered	Not covered
Plan 041	2013	HMO	$200	$400	Not covered	Not covered
Plan 042	2013	HMO	$200	$400	Not covered	Not covered
Plan 043	2013	HMO	$0	$0	Not covered	Not covered
Plan 044	2013	HMO	$0	$0	Not covered	Not covered
Plan 045	2013	HMO	$200	$400	Not covered	Not covered
Plan 046	2012	PPO	$500	$1,500	Combined with IN	Combined with IN
Plan 047	2013	HMO	$0	$0	Not covered	Not covered
Plan 048	2013	HMO	$350	$1,050	Not covered	Not covered
Plan 049	2013	HMO	$0	$0	Not covered	Not covered
Plan 050	2013	HMO	$0	$0	Not covered	Not covered
Plan 051	2013	HMO	$0	$0	Not covered	Not covered
Plan 052	2013	HMO	$500	$1,000	Not covered	Not covered
Plan 053	2013	HMO	$0	$0	Not covered	Not covered
Plan 054	2013	HMO	$0	$0	Not covered	Not covered

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5c

Health Plan Design Comparison — Deductibles (Paid by Plan Participant)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 055	2013	HMO	$200	$400	Not covered	Not covered
Plan 056	2013	HMO	$0	$0	Not covered	Not covered
Plan 057	2012	HMO	$500	$1,500	Not covered	Not covered
Plan 058	2012	HMO	$500	$1,500	Not covered	Not covered
Plan 059	2012	HMO	$500	$1,500	Not covered	Not covered
Plan 060	2012	HMO	$500	$1,500	Not covered	Not covered
Plan 061	2012	HMO	$500	$1,500	Not covered	Not covered
Plan 062	2012	HMO	$500	$1,500	Not covered	Not covered
Plan 063	2013	HMO	$0	$0	Not covered	Not covered
Plan 064	2013	HMO	$1,500	$3,000	Not covered	Not covered
Plan 065	2013	HMO	$1,500	$3,000	Not covered	Not covered
Plan 066	2013	HMO	$1,500	$3,000	Not covered	Not covered
Plan 067	2013	HMO	$1,500	$3,000	Not covered	Not covered
Plan 068	2013	HMO	$1,500	$3,000	Not covered	Not covered
Plan 069	2013	HMO	$1,500	$3,000	Not covered	Not covered
Plan 070	2013	HMO	$1,500	$3,000	Not covered	Not covered
Plan 071	2013	HMO	$1,500	$3,000	Not covered	Not covered
Plan 072	2013	HMO	$100	$300	Not covered	Not covered
Plan 073	2013	HMO	$1,500	$3,000	Not covered	Not covered
Plan 074	2013	HMO	$1,500	$3,000	Not covered	Not covered
Plan 075	2013	HMO	$1,500	$3,000	Not covered	Not covered
Plan 076	2013	HMO	$1,500	$3,000	Not covered	Not covered
Plan 077	2013	HMO	$1,500	$3,000	Not covered	Not covered
Plan 078	2013	HMO	$1,500	$3,000	Not covered	Not covered
Plan 079	2013	HMO	$1,500	$3,000	Not covered	Not covered
Plan 080	2013	HMO	$1,500	$3,000	Not covered	Not covered
Plan 081	2013	HMO	$1,500	$3,000	Not covered	Not covered

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Exhibit A5c

Health Plan Design Comparison — Deductibles (Paid by Plan Participant)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 082	2013	HMO	$1,500	$3,000	Not covered	Not covered
Plan 083	2013	HMO	$1,500	$3,000	Not covered	Not covered
Plan 084	2013	HMO	$1,500	$3,000	Not covered	Not covered
Plan 085	2013	HMO	$1,500	$3,000	Not covered	Not covered
Plan 086	2013	HMO	$1,500	$3,000	Not covered	Not covered
Plan 087	2013	HMO	$1,500	$3,000	Not covered	Not covered
Plan 088	2013	HMO	$1,500	$3,000	Not covered	Not covered
Plan 089	2013	HMO	$500	$1,000	Not covered	Not covered
Plan 090	2013	HMO	$250	$750	Not covered	Not covered
Plan 091	2013	HMO	$0	$0	Not covered	Not covered
Plan 092	2013	HMO	$0	$0	Not covered	Not covered
Plan 093	2013	HMO	$200	$400	Not covered	Not covered
Plan 094	2013	HMO	$250	$750	Not covered	Not covered
Plan 095	2013	HMO	$0	$0	Not covered	Not covered
Plan 096	2013	HMO	$0	$0	Not covered	Not covered
Plan 097	2013	HMO	$100	$300	Not covered	Not covered
Plan 098	2012	HMO	$0	$0	Not covered	Not covered
Plan 099	2012	HMO	$0	$0	Not covered	Not covered
Plan 100	2012	HMO	$100	$300	Not covered	Not covered
Plan 101	2012	HMO	$100	$300	Not covered	Not covered
Plan 102	2013	HMO	$0	$0	Not covered	Not covered
Plan 103	2013	HMO	$100	$300	Not covered	Not covered
Plan 104	2012	HMO	$0	$0	Not covered	Not covered
Plan 105	2013	HMO	$0	$0	Not covered	Not covered
Plan 106	2013	HMO	$0	$0	Not covered	Not covered
Plan 107	2013	HMO	$0	$0	Not covered	Not covered
Plan 108	2013	HMO	$0	$0	Not covered	Not covered

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Exhibit A5c

Health Plan Design Comparison — Deductibles (Paid by Plan Participant)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 109	2013	HMO	$0	$0	Not covered	Not covered
Plan 110	2013	HMO	$0	$0	Not covered	Not covered
Plan 111	2013	HMO	$0	$0	Not covered	Not covered
Plan 112	2013	HMO	$0	$0	Not covered	Not covered
Plan 113	2013	HMO	$0	$0	Not covered	Not covered
Plan 114	2013	HMO	$0	$0	Not covered	Not covered
Plan 115	2013	HMO	$0	$0	Not covered	Not covered
Plan 116	2013	HMO	$0	$0	Not covered	Not covered
Plan 117	2013	HMO	$0	$0	Not covered	Not covered
Plan 118	2013	HMO	$0	$0	Not covered	Not covered
Plan 119	2013	HMO	$500	$1,500	Not covered	Not covered
Plan 120	2012	HMO	$500	$1,500	Not covered	Not covered
Plan 121	2012	HMO	$500	$1,500	Not covered	Not covered
Plan 122	2013	HMO	$0	$0	Not covered	Not covered
Plan 123	2013	HMO	$0	$0	Not covered	Not covered
Plan 124	2013	HMO	$0	$0	Not covered	Not covered
Plan 125	2013	HMO	$0	$0	Not covered	Not covered
Plan 126	2013	HMO	$0	$0	Not covered	Not covered
Plan 127	2013	HMO	$0	$0	Not covered	Not covered
Plan 128	2013	HMO	$0	$0	Not covered	Not covered
Plan 129	2013	HMO	$100	$300	Not covered	Not covered
Plan 130	2013	HMO	$0	$0	Not covered	Not covered
Plan 131	2013	HMO	$0	$0	Not covered	Not covered
Plan 132	2013	HMO	$0	$0	Not covered	Not covered
Plan 133	2012	HMO	$500	$1,500	Not covered	Not covered
Plan 134	2013	HMO	$0	$0	Not covered	Not covered
Plan 135	2013	HMO	$0	$0	Not covered	Not covered

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5c

Health Plan Design Comparison — Deductibles (Paid by Plan Participant)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 136	2013	HMO	$0	$0	Not covered	Not covered
Plan 137	2013	HMO	$100	$300	Not covered	Not covered
Plan 138	2013	HMO	$0	$0	Not covered	Not covered
Plan 139	2013	HMO	$0	$0	Not covered	Not covered
Plan 140	2013	HMO	$0	$0	Not covered	Not covered
Plan 141	2013	HMO	$0	$0	Not covered	Not covered
Plan 142	2013	HMO	$100	$300	Not covered	Not covered
Plan 143	2013	HMO	$100	$300	Not covered	Not covered
Plan 144	2013	HMO	$100	$300	Not covered	Not covered
Plan 145	2013	HMO	$100	$300	Not covered	Not covered
Plan 146	2013	HMO	$100	$300	Not covered	Not covered
Plan 147	2013	HMO	$100	$300	Not covered	Not covered
Plan 148	2013	HMO	$100	$300	Not covered	Not covered
Plan 149	2013	HMO	$0	$0	Not covered	Not covered
Plan 150	2013	HMO	$0	$0	Not covered	Not covered
Plan 151	2013	HMO	$0	$0	Not covered	Not covered
Plan 152	2013	HMO	$0	$0	Not covered	Not covered
Plan 153	2013	HMO	$0	$0	Not covered	Not covered
Plan 154	2013	HMO	$0	$0	Not covered	Not covered
Plan 155	2013	HMO	$0	$0	Not covered	Not covered
Plan 156	2013	HMO	$500	$1,500	Not covered	Not covered
Plan 157	2013	HMO	$500	$1,500	Not covered	Not covered
Plan 158	2013	HMO	$500	$1,500	Not covered	Not covered
Plan 159	2013	HMO	$500	$1,500	Not covered	Not covered
Plan 160	2013	HMO	$0	$0	Not covered	Not covered
Plan 161	2013	HMO	$100	$300	Not covered	Not covered
Plan 162	2013	HMO	$500	$1,500	Not covered	Not covered

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Exhibit A5c

Health Plan Design Comparison — Deductibles (Paid by Plan Participant)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 163	2013	HMO	$0	$0	Not covered	Not covered
Plan 164	2013	HMO	$0	$0	Not covered	Not covered
Plan 165	2013	HMO	$0	$0	Not covered	Not covered
Plan 166	2013	HMO	$0	$0	Not covered	Not covered
Plan 167	2013	HMO	$100	$300	Not covered	Not covered
Plan 168	2013	HMO	$500	$1,500	Not covered	Not covered
Plan 169	2013	HMO	$100	$300	Not covered	Not covered
Plan 170	2013	HMO	$0	$0	Not covered	Not covered
Plan 171	2013	HMO	$100	$300	Not covered	Not covered
Plan 172	2013	HMO	$0	$0	Not covered	Not covered
Plan 173	2013	HMO	$500	$1,500	Not covered	Not covered
Plan 174	2013	HMO	$100	$300	Not covered	Not covered
Plan 175	2013	HMO	$100	$300	Not covered	Not covered
Plan 176	2013	HMO	$100	$300	Not covered	Not covered
Plan 177	2013	HMO	$0	$0	Not covered	Not covered
Plan 178	2013	HMO	$0	$0	Not covered	Not covered
Plan 179	2012	HMO	$100	$300	Not covered	Not covered
Plan 180	2013	HMO	$0	$0	Not covered	Not covered
Plan 181	2012	HMO	$100	$300	Not covered	Not covered
Plan 182	2012	HMO	$100	$300	Not covered	Not covered
Plan 183	2013	HMO	$0	$0	Not covered	Not covered
Plan 184	2012	HMO	$100	$300	Not covered	Not covered
Plan 185	2013	HMO	$0	$0	Not covered	Not covered
Plan 186	2012	HMO	$100	$300	Not covered	Not covered
Plan 187	2013	HMO	$0	$0	Not covered	Not covered
Plan 188	2012	HMO	$100	$300	Not covered	Not covered
Plan 189	2013	HMO	$0	$0	Not covered	Not covered

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Exhibit A5c

Health Plan Design Comparison — Deductibles (Paid by Plan Participant)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 190	2012	HMO	$100	$300	Not covered	Not covered
Plan 191	2012	HMO	$100	$300	Not covered	Not covered
Plan 192	2013	HMO	$100	$300	Not covered	Not covered
Plan 193	2013	HMO	$500	$1,500	Not covered	Not covered
Plan 194	2013	HMO	$100	$300	Not covered	Not covered
Plan 195	2013	HMO	$500	$1,500	Not covered	Not covered
Plan 196	2013	HMO	$100	$300	Not covered	Not covered
Plan 197	2013	HMO	$100	$300	Not covered	Not covered
Plan 198	2013	HMO	$0	$0	Not covered	Not covered
Plan 199	2013	HMO	$0	$0	Not covered	Not covered
Plan 200	2013	HMO	$250	$750	Not covered	Not covered
Plan 201	2013	HMO	$250	$750	Not covered	Not covered
Plan 202	2013	HMO	$250	$750	Not covered	Not covered
Plan 203	2013	HMO	$0	$0	Not covered	Not covered
Plan 204	2013	HMO	$0	$0	Not covered	Not covered
Plan 205	2013	HMO	$250	$750	Not covered	Not covered
Plan 206	2013	HMO	$0	$0	Not covered	Not covered
Plan 207	2013	HMO	$200	$600	Not covered	Not covered
Plan 208	2013	HMO	$250	$750	Not covered	Not covered
Plan 209	2013	HMO	$0	$0	Not covered	Not covered
Plan 210	2013	HMO	$200	$600	Not covered	Not covered
Plan 211	2013	HMO	$200	$600	Not covered	Not covered
Plan 212	2013	HMO	$200	$600	Not covered	Not covered
Plan 213	2013	HMO	$200	$600	Not covered	Not covered
Plan 214	2013	HMO	$0	$0	Not covered	Not covered
Plan 215	2013	HMO	$200	$600	Not covered	Not covered
Plan 216	2013	HMO	$250	$500	Not covered	Not covered

Washington State Office of the Insurance Commissioner

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Exhibit A5c

Health Plan Design Comparison — Deductibles (Paid by Plan Participant)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 217	2013	HMO	$0	$0	Not covered	Not covered
Plan 218	2013	HMO	$0	$0	Not covered	Not covered
Plan 219	2013	HMO	$0	$0	Not covered	Not covered
Plan 220	2013	HMO	$100	$200	Not covered	Not covered
Plan 221	2013	PPO	$100	$300	Combined with IN	Combined with IN
Plan 222	2013	HMO	$0	$0	Not covered	Not covered
Plan 223	2013	HMO	$0	$0	Not covered	Not covered
Plan 224	2013	HMO	$500	$1,500	Not covered	Not covered
Plan 225	2013	PPO	$0	$0	$100	$300
Plan 226	2013	HMO	$0	$0	Not covered	Not covered
Plan 227	2013	PPO	$350	$700	Combined with IN	Combined with IN
Plan 228	2013	PPO	$1,500	$3,000	Combined with IN	Combined with IN
Plan 229	2013	PPO	$1,500	$3,000	Combined with IN	Combined with IN
Plan 230	2013	HMO	$0	$0	Not covered	Not covered
Plan 231	2013	HMO	$200	$600	Not covered	Not covered
Plan 232	2012	HMO	$0	$0	Not covered	Not covered
Plan 233	2013	HMO	$0	$0	Not covered	Not covered
Plan 234	2013	HMO	$200	$400	Not covered	Not covered
Plan 235	2013	HMO	$0	$0	Not covered	Not covered
Plan 236	2013	PPO	$250	$500	$500	$1,000
Plan 237	2013	PPO	$500	$1,000	$1,000	$2,000
Plan 238	2013	PPO	$200	$400	$400	$800
Plan 239	2013	PPO	$100	$300	$100	$300
Plan 240	2013	PPO	$200	$600	$200	$600
Plan 241	2013	HMO	$0	$0	Not covered	Not covered
Plan 242	2013	HMO	$0	$0	Not covered	Not covered
Plan 243	2013	HMO	$0	$0	Not covered	Not covered

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Exhibit A5c

Health Plan Design Comparison — Deductibles (Paid by Plan Participant)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 244	2013	HMO	$0	$0	Not covered	Not covered
Plan 245	2013	PPO	$750	$2,250	$1,500	$4,500
Plan 246	2012	PPO	$200	$600	$400	$1,200
Plan 247	2012	PPO	$200	$600	$400	$1,200
Plan 248	2012	PPO	$500	$1,500	Combined with IN	Combined with IN
Plan 249	2012	PPO	$500	$1,500	Combined with IN	Combined with IN
Plan 250	2012	PPO	$500	$1,500	Combined with IN	Combined with IN
Plan 251	2012	PPO	$500	$1,500	Combined with IN	Combined with IN
Plan 252	2012	PPO	$500	$1,500	Combined with IN	Combined with IN
Plan 253	2012	PPO	$500	$1,500	Combined with IN	Combined with IN
Plan 254	2012	PPO	$500	$1,500	Combined with IN	Combined with IN
Plan 255	2012	PPO	$500	$1,500	Combined with IN	Combined with IN
Plan 256	2013	PPO	$200	$600	$400	$1,200
Plan 257	2013	PPO	$0	$0	$200	$600
Plan 258	2013	PPO	$500	$1,500	$1,000	$3,000
Plan 259	2013	PPO	$200	$600	$400	$1,200
Plan 260	2013	PPO	$0	$0	$200	$600
Plan 261	2012	PPO	$0	$0	$200	$600
Plan 262	2012	PPO	$0	$0	$200	$600
Plan 263	2013	HMO	$100	$200	Not covered	Not covered
Plan 264	2013	HMO	$0	$0	Not covered	Not covered
Plan 265	2013	PPO	$0	$0	$200	$400
Plan 266	2013	HMO	$0	$0	Not covered	Not covered
Plan 267	2013	HMO	$0	$0	Not covered	Not covered
Plan 268	2013	PPO	$1,500	$3,000	$3,000	$6,000
Plan 269	2013	PPO	$1,500	$3,000	Combined with In-Net	Combined with In-Net
Plan 270	2012	PPO	$750	$2,250	Combined with In-Net	Combined with In-Net

Washington State Office of the Insurance Commissioner

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Exhibit A5c

Health Plan Design Comparison — Deductibles (Paid by Plan Participant)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 271	2012	PPO	$250	$750	Combined with In-Net	Combined with In-Net
Plan 272	2012	PPO	$1,500	$4,500	Combined with In-Net	Combined with In-Net
Plan 273	2013	In-N	$1,500	$4,500	Not covered	Not covered
Plan 274	2013	In-N	$250	$750	Not covered	Not covered
Plan 275	2012	In-N	$250	$750	Not covered	Not covered
Plan 276	2012	In-N	$250	$750	Not covered	Not covered
Plan 277	2012	In-N	$500	$1,500	Not covered	Not covered
Plan 278	2013	PPO	$1,000	$3,000	$2,000	$6,000
Plan 279	2013	PPO	$750	$2,250	$1,500	$4,500
Plan 280	2013	PPO	$0	$0	$250	$750
Plan 281	2013	Clos	$0	$0	Not covered	Not covered
Plan 282	2013	Clos	$1,500	$4,500	Not covered	Not covered
Plan 283	2012	Clos	$250	$750	Not covered	Not covered
Plan 284	2013	Clos	$250	$750	Not covered	Not covered
Plan 285	2013	Clos	$1,500	$4,500	Not covered	Not covered
Plan 286	2012	PPO	$1,400	$2,800	Combined with IN	Combined with IN
Plan 287	2012	HMO	$250	$750	Not covered	Not covered
Plan 288	2012	HMO	$350	$1,050	Not covered	Not covered
Plan 289	2013	PPO	$1,500	$3,000	$3,000	$6,000
Plan 290	2013	In-N	$0	$0	Not covered	Not covered
Plan 291	2012	In-N	$0	$0	Not covered	Not covered
Plan 292	2013	In-N	$0	$0	Not covered	Not covered
Plan 293	2013	In-N	$0	$0	Not covered	Not covered
Plan 294	2013	In-N	$0	$0	Not covered	Not covered
Plan 295	2012	In-N	$0	$0	Not covered	Not covered
Plan 296	2012	In-N	$0	$0	Not covered	Not covered
Plan 297	2012	In-N	$0	$0	Not covered	Not covered

Washington State Office of the Insurance Commissioner

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Exhibit A5c

Health Plan Design Comparison — Deductibles (Paid by Plan Participant)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 298	2013	In-N	$0	$0	Not covered	Not covered
Plan 299	2012	In-N	$0	$0	Not covered	Not covered
Plan 300	2012	In-N	$0	$0	Not covered	Not covered
Plan 301	2013	In-N	$0	$0	Not covered	Not covered
Plan 302	2012	In-N	$0	$0	Not covered	Not covered
Plan 303	2013	In-N	$0	$0	Not covered	Not covered
Plan 304	2013	In-N	$0	$0	Not covered	Not covered
Plan 305	2013	In-N	$0	$0	Not covered	Not covered
Plan 306	2013	In-N	$0	$0	Not covered	Not covered
Plan 307	2012	In-N	$0	$0	Not covered	Not covered
Plan 308	2012	In-N	$0	$0	Not covered	Not covered
Plan 309	2012	In-N	$0	$0	Not covered	Not covered
Plan 310	2012	In-N	$0	$0	Not covered	Not covered
Plan 311	2013	In-N	$0	$0	Not covered	Not covered
Plan 312	2012	In-N	$0	$0	Not covered	Not covered
Plan 313	2012	In-N	$0	$0	Not covered	Not covered
Plan 314	2012	PPO	$0	$0	$0	$0
Plan 315	2012	PPO	$100	$300	$300	$900
Plan 315	2013	PPO	$100	$300	$300	$900
Plan 316	2013	PPO	$1,700	$3,400	Combined with In-Net	Combined with In-Net
Plan 317	2012	PPO	$300	$900	Combined with In-Net	Combined with In-Net
Plan 318	2012	PPO	$100	$300	$300	$900
Plan 318	2013	PPO	$100	$300	$300	$900
Plan 319	2013	PPO	$300	$900	$1,000	$3,000
Plan 320	2013	PPO	$500	$1,500	$1,500	$4,500
Plan 321	2013	PPO	$300	$900	$1,000	$3,000
Plan 322	2013	PPO	$500	$1,500	$1,500	$4,500

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5c

Health Plan Design Comparison — Deductibles (Paid by Plan Participant)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 323	2013	In-N	$250	$750	Not covered	Not covered
Plan 324	2013	PPO	$200	$600	Combined with In-Net	Combined with In-Net
Plan 325	2013	PPO	$500	$1,500	Combined with In-Net	Combined with In-Net
Plan 326	2013	PPO	$0	$0	Combined with In-Net	Combined with In-Net
Plan 327	2013	PPO	$750	$2,250	Combined with In-Net	Combined with In-Net
Plan 328	2013	PPO	$200	$600	Combined with In-Net	Combined with In-Net
Plan 329	2013	PPO	$0	$0	Combined with In-Net	Combined with In-Net
Plan 330	2012	PPO	$100	$300	Combined with In-Net	Combined with In-Net
Plan 331	2012	PPO	$100	$300	Combined with In-Net	Combined with In-Net
Plan 332	2013	PPO	$200	$600	Combined with In-Net	Combined with In-Net
Plan 333	2012	PPO	$500	$1,500	Combined with In-Net	Combined with In-Net
Plan 334	2013	PPO	$500	$1,500	Combined with In-Net	Combined with In-Net
Plan 335	2013	PPO	$750	$2,250	Combined with In-Net	Combined with In-Net
Plan 336	2013	PPO	$100	$300	Combined with In-Net	Combined with In-Net
Plan 337	2013	PPO	$100	$300	Combined with In-Net	Combined with In-Net
Plan 338	2013	PPO	$200	$600	Combined with In-Net	Combined with In-Net
Plan 339	2013	PPO	$200	$600	Combined with In-Net	Combined with In-Net
Plan 340	2013	PPO	$500	$1,500	Combined with In-Net	Combined with In-Net
Plan 341	2013	PPO	$500	$1,500	Combined with In-Net	Combined with In-Net
Plan 342	2013	PPO	$1,000	$3,000	Combined with In-Net	Combined with In-Net
Plan 343	2013	PPO	$1,000	$3,000	Combined with In-Net	Combined with In-Net
Plan 344	2013	PPO	$100	$300	Combined with In-Net	Combined with In-Net
Plan 345	2013	PPO	$200	$600	$1,000	$3,000
Plan 346	2012	PPO	$1,400	$2,800	Combined with In-Net	Combined with In-Net
Plan 347	2012	PPO	$250	$750	Combined with In-Net	Combined with In-Net
Plan 348	2012	PPO	$50	$150	Combined with In-Net	Combined with In-Net
Plan 349	2013	PPO	$100	$300	Combined with In-Net	Combined with In-Net

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5c

Health Plan Design Comparison — Deductibles (Paid by Plan Participant)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 350	2013	PPO	$200	$600	Combined with In-Net	Combined with In-Net
Plan 351	2012	PPO	$100	$300	$250	250 per enrollee
Plan 351	2013	PPO	$100	$300	$250	250 per enrollee
Plan 352	2013	PPO	$100	$300	Combined with In-Net	Combined with In-Net
Plan 353	2013	PPO	$200	$600	Combined with In-Net	Combined with In-Net
Plan 354	2013	PPO	$500	$1,500	Combined with In-Net	Combined with In-Net
Plan 355	2013	PPO	$0	$0	$0	$0
Plan 356	2013	PPO	$750	$2,250	Combined with In-Net	Combined with In-Net
Plan 357	2013	PPO	$1,500	$3,000	Combined with In-Net	Combined with In-Net
Plan 358	2013	PPO	$200	$600	Combined with In-Net	Combined with In-Net
Plan 359	2013	PPO	$500	$1,500	Combined with In-Net	Combined with In-Net
Plan 360	2013	PPO	$200	$600	Combined with In-Net	Combined with In-Net
Plan 361	2013	PPO	$1,500	$3,000	Combined with In-Net	Combined with In-Net
Plan 362	2013	PPO	$100	$300	Combined with In-Net	Combined with In-Net
Plan 363	2013	PPO	$200	$600	Combined with In-Net	Combined with In-Net
Plan 364	2013	PPO	$1,000	$3,000	Combined with In-Net	Combined with In-Net
Plan 365	2013	PPO	$750	$2,250	Combined with In-Net	Combined with In-Net
Plan 366	2013	PPO	$500	$1,500	Combined with In-Net	Combined with In-Net
Plan 367	2013	PPO	$0	$0	$0	$0
Plan 368	2013	PPO	$750	$2,250	Combined with In-Net	Combined with In-Net
Plan 369	2013	PPO	$3,000	$6,000	Combined with In-Net	Combined with In-Net
Plan 369	2013	PPO	$1,500	$3,000	Combined with In-Net	Combined with In-Net
Plan 370	2013	PPO	$3,000	$6,000	Combined with In-Net	Combined with In-Net
Plan 371	2013	PPO	$250	$750	Combined with In-Net	Combined with In-Net
Plan 372	2013	PPO	$500	$1,500	Combined with In-Net	Combined with In-Net
Plan 373	2013	PPO	$1,000	$3,000	Combined with In-Net	Combined with In-Net
Plan 374	2013	PPO	$750	$2,250	Combined with In-Net	Combined with In-Net

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Exhibit A5c

Health Plan Design Comparison — Deductibles (Paid by Plan Participant)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 375	2013	PPO	$750	$2,250	Combined with In-Net	Combined with In-Net
Plan 376	2013	PPO	$250	$750	Combined with In-Net	Combined with In-Net
Plan 377	2013	PPO	$100	$300	$200	$600
Plan 378	2013	PPO	$200	$600	Combined with In-Net	Combined with In-Net
Plan 379	2012	PPO	$3,000	$5,000	Combined with In-Net	Combined with In-Net
Plan 380	2013	PPO	$0	$0	$0	$0
Plan 381	2013	PPO	$500	$1,500	Combined with In-Net	Combined with In-Net
Plan 382	2012	PPO	$1,000	$3,000	Combined with In-Net	Combined with In-Net
Plan 383	2013	PPO	$0	$0	$0	$0
Plan 384	2013	PPO	$300	$900	Combined with In-Net	Combined with In-Net
Plan 385	2013	PPO	$0	$0	$0	$0
Plan 386	2013	PPO	$0	$0	$0	$0
Plan 387	2013	PPO	$750	$2,250	Combined with In-Net	Combined with In-Net
Plan 388	2013	PPO	$750	$2,250	Combined with In-Net	Combined with In-Net
Plan 389	2012	PPO	$200	$600	Combined with In-Net	Combined with In-Net
Plan 390	2012	PPO	$500	$1,500	Combined with In-Net	Combined with In-Net
Plan 391	2013	PPO	$200	$600	Combined with In-Net	Combined with In-Net
Plan 392	2013	PPO	$750	$2,250	Combined with In-Net	Combined with In-Net
Plan 393	2013	PPO	$3,000	$6,000	Combined with In-Net	Combined with In-Net
Plan 394	2013	PPO	$250	$750	Combined with In-Net	Combined with In-Net
Plan 395	2013	PPO	$500	$1,500	Combined with In-Net	Combined with In-Net
Plan 396	2013	PPO	$1,000	$3,000	Combined with In-Net	Combined with In-Net
Plan 397	2013	PPO	$750	$2,250	Combined with In-Net	Combined with In-Net
Plan 398	2013	PPO	$750	$2,250	Combined with In-Net	Combined with In-Net
Plan 399	2013	PPO	$250	$750	Combined with In-Net	Combined with In-Net
Plan 400	2013	PPO	$100	$300	$200	$600
Plan 401	2013	PPO	$1,500	$3,000	Combined with In-Net	Combined with In-Net

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Exhibit A5c

Health Plan Design Comparison — Deductibles (Paid by Plan Participant)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 402	2013	PPO	$3,000	$6,000	Combined with In-Net	Combined with In-Net
Plan 403	2013	PPO	$1,000	$3,000	Combined with In-Net	Combined with In-Net
Plan 404	2012	PPO	$3,000	$5,000	Combined with In-Net	Combined with In-Net
Plan 405	2013	PPO	$750	$2,250	Combined with In-Net	Combined with In-Net
Plan 406	2013	PPO	$750	$2,250	Combined with In-Net	Combined with In-Net
Plan 407	2013	PPO	$1,500	$3,000	Combined with In-Net	Combined with In-Net
Plan 408	2013	PPO	$1,500	$3,000	Combined with In-Net	Combined with In-Net

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Exhibit A5d

Health Plan Design Comparison — Coinsurance (Paid by Plan Participant)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Coinsurance			
			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 001	2013	HMO	0%	20%	Not covered	Not covered
Plan 002	2013	HMO	0%	0%	Not covered	Not covered
Plan 003	2013	HMO	0%	0%	Not covered	Not covered
Plan 004	2013	HMO	0%	20%	Not covered	Not covered
Plan 005	2013	HMO	0%	20%	Not covered	Not covered
Plan 006	2013	HMO	0%	20%	Not covered	Not covered
Plan 007	2013	HMO	0%	20%	Not covered	Not covered
Plan 008	2013	HMO	0%	20%	Not covered	Not covered
Plan 009	2013	HMO	0%	20%	Not covered	Not covered
Plan 010	2013	HMO	0%	20%	Not covered	Not covered
Plan 011	2013	HMO	0%	20%	Not covered	Not covered
Plan 012	2012	HMO	0%	0%	Not covered	Not covered
Plan 013	2013	HMO	0%	0%	Not covered	Not covered
Plan 014	2013	HMO	0%	0%	Not covered	Not covered
Plan 015	2012	HMO	0%	0%	Not covered	Not covered
Plan 016	2013	HMO	0%	0%	Not covered	Not covered
Plan 017	2013	HMO	0%	0%	Not covered	Not covered
Plan 018	2013	HMO	0%	20%	Not covered	Not covered
Plan 019	2013	HMO	0%	20%	Not covered	Not covered
Plan 020	2013	HMO	0%	10%	Not covered	Not covered
Plan 021	2013	HMO	0%	0%	Not covered	Not covered
Plan 022	2013	HMO	0%	0%	Not covered	Not covered
Plan 023	2013	HMO	0%	20%	Not covered	Not covered
Plan 024	2013	HMO	0%	20%	Not covered	Not covered
Plan 025	2013	HMO	0%	0%	Not covered	Not covered
Plan 026	2013	HMO	0%	0%	Not covered	Not covered
Plan 027	2013	HMO	0%	0%	Not covered	Not covered

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Health Plan Design Comparison — Coinsurance (Paid by Plan Participant)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Coinsurance			
			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 028	2013	HMO	0%	0%	Not covered	Not covered
Plan 029	2013	HMO	0%	0%	Not covered	Not covered
Plan 030	2013	HMO	0%	20%	Not covered	Not covered
Plan 031	2013	HMO	0%	0%	Not covered	Not covered
Plan 032	2013	HMO	0%	0%	Not covered	Not covered
Plan 033	2013	HMO	0%	0%	Not covered	Not covered
Plan 034	2012	HMO	0%	20%	Not covered	Not covered
Plan 035	2013	HMO	0%	0%	Not covered	Not covered
Plan 036	2013	HMO	0%	20%	Not covered	Not covered
Plan 037	2013	HMO	0%	10%	Not covered	Not covered
Plan 038	2013	HMO	0%	0%	Not covered	Not covered
Plan 039	2013	HMO	0%	0%	Not covered	Not covered
Plan 040	2012	HMO	0%	0%	Not covered	Not covered
Plan 041	2013	HMO	0%	20%	Not covered	Not covered
Plan 042	2013	HMO	0%	10%	Not covered	Not covered
Plan 043	2013	HMO	0%	0%	Not covered	Not covered
Plan 044	2013	HMO	0%	0%	Not covered	Not covered
Plan 045	2013	HMO	0%	0%	Not covered	Not covered
Plan 046	2012	PPO	0%	20%	0%	40%
Plan 047	2013	HMO	0%	0%	Not covered	Not covered
Plan 048	2013	HMO	0%	20%	Not covered	Not covered
Plan 049	2013	HMO	0%	0%	Not covered	Not covered
Plan 050	2013	HMO	0%	0%	Not covered	Not covered
Plan 051	2013	HMO	0%	0%	Not covered	Not covered
Plan 052	2013	HMO	0%	0%	Not covered	Not covered
Plan 053	2013	HMO	0%	0%	Not covered	Not covered
Plan 054	2013	HMO	0%	0%	Not covered	Not covered

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For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Coinsurance			
			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 055	2013	HMO	0%	10%	Not covered	Not covered
Plan 056	2013	HMO	0%	0%	Not covered	Not covered
Plan 057	2012	HMO	0%	20%	Not covered	Not covered
Plan 058	2012	HMO	0%	20%	Not covered	Not covered
Plan 059	2012	HMO	0%	20%	Not covered	Not covered
Plan 060	2012	HMO	0%	20%	Not covered	Not covered
Plan 061	2012	HMO	0%	20%	Not covered	Not covered
Plan 062	2012	HMO	0%	20%	Not covered	Not covered
Plan 063	2013	HMO	0%	0%	Not covered	Not covered
Plan 064	2013	HMO	0%	10%	Not covered	Not covered
Plan 065	2013	HMO	0%	10%	Not covered	Not covered
Plan 066	2013	HMO	0%	10%	Not covered	Not covered
Plan 067	2013	HMO	0%	10%	Not covered	Not covered
Plan 068	2013	HMO	0%	10%	Not covered	Not covered
Plan 069	2013	HMO	0%	10%	Not covered	Not covered
Plan 070	2013	HMO	0%	10%	Not covered	Not covered
Plan 071	2013	HMO	0%	10%	Not covered	Not covered
Plan 072	2013	HMO	0%	20%	Not covered	Not covered
Plan 073	2013	HMO	0%	10%	Not covered	Not covered
Plan 074	2013	HMO	0%	10%	Not covered	Not covered
Plan 075	2013	HMO	0%	10%	Not covered	Not covered
Plan 076	2013	HMO	0%	10%	Not covered	Not covered
Plan 077	2013	HMO	0%	10%	Not covered	Not covered
Plan 078	2013	HMO	0%	10%	Not covered	Not covered
Plan 079	2013	HMO	0%	10%	Not covered	Not covered
Plan 080	2013	HMO	0%	10%	Not covered	Not covered
Plan 081	2013	HMO	0%	10%	Not covered	Not covered

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For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Coinsurance			
			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 082	2013	HMO	0%	10%	Not covered	Not covered
Plan 083	2013	HMO	0%	10%	Not covered	Not covered
Plan 084	2013	HMO	0%	10%	Not covered	Not covered
Plan 085	2013	HMO	0%	10%	Not covered	Not covered
Plan 086	2013	HMO	0%	10%	Not covered	Not covered
Plan 087	2013	HMO	0%	10%	Not covered	Not covered
Plan 088	2013	HMO	0%	10%	Not covered	Not covered
Plan 089	2013	HMO	0%	0%	Not covered	Not covered
Plan 090	2013	HMO	0%	20%	Not covered	Not covered
Plan 091	2013	HMO	0%	0%	Not covered	Not covered
Plan 092	2013	HMO	0%	0%	Not covered	Not covered
Plan 093	2013	HMO	0%	0%	Not covered	Not covered
Plan 094	2013	HMO	0%	0%	Not covered	Not covered
Plan 095	2013	HMO	0%	0%	Not covered	Not covered
Plan 096	2013	HMO	0%	0%	Not covered	Not covered
Plan 097	2013	HMO	0%	20%	Not covered	Not covered
Plan 098	2012	HMO	0%	0%	Not covered	Not covered
Plan 099	2012	HMO	0%	0%	Not covered	Not covered
Plan 100	2012	HMO	0%	20%	Not covered	Not covered
Plan 101	2012	HMO	0%	20%	Not covered	Not covered
Plan 102	2013	HMO	0%	0%	Not covered	Not covered
Plan 103	2013	HMO	0%	20%	Not covered	Not covered
Plan 104	2012	HMO	0%	0%	Not covered	Not covered
Plan 105	2013	HMO	0%	0%	Not covered	Not covered
Plan 106	2013	HMO	0%	0%	Not covered	Not covered
Plan 107	2013	HMO	0%	0%	Not covered	Not covered
Plan 108	2013	HMO	0%	0%	Not covered	Not covered

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Health Plan Design Comparison — Coinsurance (Paid by Plan Participant)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Coinsurance			
			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 109	2013	HMO	0%	0%	Not covered	Not covered
Plan 110	2013	HMO	0%	0%	Not covered	Not covered
Plan 111	2013	HMO	0%	0%	Not covered	Not covered
Plan 112	2013	HMO	0%	0%	Not covered	Not covered
Plan 113	2013	HMO	0%	0%	Not covered	Not covered
Plan 114	2013	HMO	0%	0%	Not covered	Not covered
Plan 115	2013	HMO	0%	0%	Not covered	Not covered
Plan 116	2013	HMO	0%	0%	Not covered	Not covered
Plan 117	2013	HMO	0%	0%	Not covered	Not covered
Plan 118	2013	HMO	0%	0%	Not covered	Not covered
Plan 119	2013	HMO	0%	20%	Not covered	Not covered
Plan 120	2012	HMO	0%	20%	Not covered	Not covered
Plan 121	2012	HMO	0%	20%	Not covered	Not covered
Plan 122	2013	HMO	0%	0%	Not covered	Not covered
Plan 123	2013	HMO	0%	0%	Not covered	Not covered
Plan 124	2013	HMO	0%	0%	Not covered	Not covered
Plan 125	2013	HMO	0%	0%	Not covered	Not covered
Plan 126	2013	HMO	0%	0%	Not covered	Not covered
Plan 127	2013	HMO	0%	0%	Not covered	Not covered
Plan 128	2013	HMO	0%	0%	Not covered	Not covered
Plan 129	2013	HMO	0%	20%	Not covered	Not covered
Plan 130	2013	HMO	0%	0%	Not covered	Not covered
Plan 131	2013	HMO	0%	0%	Not covered	Not covered
Plan 132	2013	HMO	0%	0%	Not covered	Not covered
Plan 133	2012	HMO	0%	20%	Not covered	Not covered
Plan 134	2013	HMO	0%	0%	Not covered	Not covered
Plan 135	2013	HMO	0%	0%	Not covered	Not covered

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Health Plan Design Comparison — Coinsurance (Paid by Plan Participant)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Coinsurance			
			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 136	2013	HMO	0%	0%	Not covered	Not covered
Plan 137	2013	HMO	0%	20%	Not covered	Not covered
Plan 138	2013	HMO	0%	0%	Not covered	Not covered
Plan 139	2013	HMO	0%	0%	Not covered	Not covered
Plan 140	2013	HMO	0%	0%	Not covered	Not covered
Plan 141	2013	HMO	0%	0%	Not covered	Not covered
Plan 142	2013	HMO	0%	20%	Not covered	Not covered
Plan 143	2013	HMO	0%	20%	Not covered	Not covered
Plan 144	2013	HMO	0%	20%	Not covered	Not covered
Plan 145	2013	HMO	0%	20%	Not covered	Not covered
Plan 146	2013	HMO	0%	20%	Not covered	Not covered
Plan 147	2013	HMO	0%	20%	Not covered	Not covered
Plan 148	2013	HMO	0%	20%	Not covered	Not covered
Plan 149	2013	HMO	0%	0%	Not covered	Not covered
Plan 150	2013	HMO	0%	0%	Not covered	Not covered
Plan 151	2013	HMO	0%	0%	Not covered	Not covered
Plan 152	2013	HMO	0%	0%	Not covered	Not covered
Plan 153	2013	HMO	0%	0%	Not covered	Not covered
Plan 154	2013	HMO	0%	0%	Not covered	Not covered
Plan 155	2013	HMO	0%	0%	Not covered	Not covered
Plan 156	2013	HMO	0%	20%	Not covered	Not covered
Plan 157	2013	HMO	0%	20%	Not covered	Not covered
Plan 158	2013	HMO	0%	20%	Not covered	Not covered
Plan 159	2013	HMO	0%	20%	Not covered	Not covered
Plan 160	2013	HMO	0%	0%	Not covered	Not covered
Plan 161	2013	HMO	0%	20%	Not covered	Not covered
Plan 162	2013	HMO	0%	20%	Not covered	Not covered

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Health Plan Design Comparison — Coinsurance (Paid by Plan Participant)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Coinsurance			
			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 163	2013	HMO	0%	0%	Not covered	Not covered
Plan 164	2013	HMO	0%	0%	Not covered	Not covered
Plan 165	2013	HMO	0%	0%	Not covered	Not covered
Plan 166	2013	HMO	0%	0%	Not covered	Not covered
Plan 167	2013	HMO	0%	20%	Not covered	Not covered
Plan 168	2013	HMO	0%	20%	Not covered	Not covered
Plan 169	2013	HMO	0%	20%	Not covered	Not covered
Plan 170	2013	HMO	0%	0%	Not covered	Not covered
Plan 171	2013	HMO	0%	20%	Not covered	Not covered
Plan 172	2013	HMO	0%	0%	Not covered	Not covered
Plan 173	2013	HMO	0%	20%	Not covered	Not covered
Plan 174	2013	HMO	0%	20%	Not covered	Not covered
Plan 175	2013	HMO	0%	20%	Not covered	Not covered
Plan 176	2013	HMO	0%	20%	Not covered	Not covered
Plan 177	2013	HMO	0%	0%	Not covered	Not covered
Plan 178	2013	HMO	0%	0%	Not covered	Not covered
Plan 179	2012	HMO	0%	20%	Not covered	Not covered
Plan 180	2013	HMO	0%	0%	Not covered	Not covered
Plan 181	2012	HMO	0%	20%	Not covered	Not covered
Plan 182	2012	HMO	0%	20%	Not covered	Not covered
Plan 183	2013	HMO	0%	0%	Not covered	Not covered
Plan 184	2012	HMO	0%	20%	Not covered	Not covered
Plan 185	2013	HMO	0%	0%	Not covered	Not covered
Plan 186	2012	HMO	0%	20%	Not covered	Not covered
Plan 187	2013	HMO	0%	0%	Not covered	Not covered
Plan 188	2012	HMO	0%	20%	Not covered	Not covered
Plan 189	2013	HMO	0%	0%	Not covered	Not covered

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For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Coinsurance			
			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 190	2012	HMO	0%	20%	Not covered	Not covered
Plan 191	2012	HMO	0%	20%	Not covered	Not covered
Plan 192	2013	HMO	0%	20%	Not covered	Not covered
Plan 193	2013	HMO	0%	20%	Not covered	Not covered
Plan 194	2013	HMO	0%	20%	Not covered	Not covered
Plan 195	2013	HMO	0%	20%	Not covered	Not covered
Plan 196	2013	HMO	0%	20%	Not covered	Not covered
Plan 197	2013	HMO	0%	20%	Not covered	Not covered
Plan 198	2013	HMO	0%	0%	Not covered	Not covered
Plan 199	2013	HMO	0%	0%	Not covered	Not covered
Plan 200	2013	HMO	0%	20%	Not covered	Not covered
Plan 201	2013	HMO	0%	20%	Not covered	Not covered
Plan 202	2013	HMO	0%	20%	Not covered	Not covered
Plan 203	2013	HMO	0%	0%	Not covered	Not covered
Plan 204	2013	HMO	0%	0%	Not covered	Not covered
Plan 205	2013	HMO	0%	20%	Not covered	Not covered
Plan 206	2013	HMO	0%	0%	Not covered	Not covered
Plan 207	2013	HMO	0%	10%	Not covered	Not covered
Plan 208	2013	HMO	0%	20%	Not covered	Not covered
Plan 209	2013	HMO	0%	0%	Not covered	Not covered
Plan 210	2013	HMO	0%	20%	Not covered	Not covered
Plan 211	2013	HMO	0%	0%	Not covered	Not covered
Plan 212	2013	HMO	0%	0%	Not covered	Not covered
Plan 213	2013	HMO	0%	20%	Not covered	Not covered
Plan 214	2013	HMO	0%	0%	Not covered	Not covered
Plan 215	2013	HMO	0%	20%	Not covered	Not covered
Plan 216	2013	HMO	0%	0%	Not covered	Not covered

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Health Plan Design Comparison — Coinsurance (Paid by Plan Participant)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Coinsurance			
			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 217	2013	HMO	0%	0%	Not covered	Not covered
Plan 218	2013	HMO	0%	0%	Not covered	Not covered
Plan 219	2013	HMO	0%	0%	Not covered	Not covered
Plan 220	2013	HMO	0%	0%	Not covered	Not covered
Plan 221	2013	PPO	0%	10%	20%	20%
Plan 222	2013	HMO	0%	0%	Not covered	Not covered
Plan 223	2013	HMO	0%	0%	Not covered	Not covered
Plan 224	2013	HMO	0%	20%	Not covered	Not covered
Plan 225	2013	PPO	0%	0%	0%	20%
Plan 226	2013	HMO	0%	0%	Not covered	Not covered
Plan 227	2013	PPO	0%	0%	0%	20%
Plan 228	2013	PPO	0%	0%	0%	20%
Plan 229	2013	PPO	0%	0%	0%	20%
Plan 230	2013	HMO	0%	0%	Not covered	Not covered
Plan 231	2013	HMO	0%	0%	Not covered	Not covered
Plan 232	2012	HMO	0%	0%	Not covered	Not covered
Plan 233	2013	HMO	0%	0%	Not covered	Not covered
Plan 234	2013	HMO	0%	10%	Not covered	Not covered
Plan 235	2013	HMO	0%	0%	Not covered	Not covered
Plan 236	2013	PPO	0%	20%	Not covered	40%
Plan 237	2013	PPO	0%	20%	Not covered	40%
Plan 238	2013	PPO	0%	0%	Not covered	30%
Plan 239	2013	PPO	0%	20%	Not covered	40%
Plan 240	2013	PPO	0%	20%	Not covered	40%
Plan 241	2013	HMO	0%	0%	Not covered	Not covered
Plan 242	2013	HMO	0%	0%	Not covered	Not covered
Plan 243	2013	HMO	0%	0%	Not covered	Not covered

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For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Coinsurance			
			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 244	2013	HMO	0%	0%	Not covered	Not covered
Plan 245	2013	PPO	0%	25%	Not covered	50%
Plan 246	2012	PPO	0%	10%	0%	30%
Plan 247	2012	PPO	0%	10%	0%	30%
Plan 248	2012	PPO	0%	20%	0%	40%
Plan 249	2012	PPO	0%	20%	0%	40%
Plan 250	2012	PPO	0%	20%	0%	40%
Plan 251	2012	PPO	0%	20%	0%	40%
Plan 252	2012	PPO	0%	20%	0%	40%
Plan 253	2012	PPO	0%	20%	0%	40%
Plan 254	2012	PPO	0%	20%	0%	40%
Plan 255	2012	PPO	0%	20%	0%	40%
Plan 256	2013	PPO	0%	10%	0%	30%
Plan 257	2013	PPO	0%	0%	0%	30%
Plan 258	2013	PPO	0%	20%	0%	40%
Plan 259	2013	PPO	0%	10%	0%	30%
Plan 260	2013	PPO	0%	0%	0%	30%
Plan 261	2012	PPO	0%	0%	0%	30%
Plan 262	2012	PPO	0%	0%	0%	30%
Plan 263	2013	HMO	0%	0%	Not covered	Not covered
Plan 264	2013	HMO	0%	0%	Not covered	Not covered
Plan 265	2013	PPO	0%	0%	20%	20%
Plan 266	2013	HMO	0%	0%	Not covered	Not covered
Plan 267	2013	HMO	0%	0%	Not covered	Not covered
Plan 268	2013	PPO	0%	20%	Not covered	40%
Plan 269	2013	PPO	0%	20%	40%	40%
Plan 270	2012	PPO	0%	25%	50%	50%

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For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Coinsurance			
			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 271	2012	PPO	0%	10%	20%	20%
Plan 272	2012	PPO	0%	30%	50%	50%
Plan 273	2013	In-N	0%	30%	Not covered	Not covered
Plan 274	2013	In-N	0%	10%	Not covered	Not covered
Plan 275	2012	In-N	0%	20%	Not covered	Not covered
Plan 276	2012	In-N	0%	20%	Not covered	Not covered
Plan 277	2012	In-N	0%	20%	Not covered	Not covered
Plan 278	2013	PPO	0%	20%	Varies	50%
Plan 279	2013	PPO	0%	25%	Varies	50%
Plan 280	2013	PPO	0%	35%	Varies	50%
Plan 281	2013	Clos	0%	10%	Not covered	Not covered
Plan 282	2013	Clos	0%	30%	Not covered	Not covered
Plan 283	2012	Clos	0%	20%	Not covered	Not covered
Plan 284	2013	Clos	0%	20%	Not covered	Not covered
Plan 285	2013	Clos	0%	30%	Not covered	Not covered
Plan 286	2012	PPO	0%	10%	30%	30%
Plan 287	2012	HMO	0%	0%	Not covered	Not covered
Plan 288	2012	HMO	0%	0%	Not covered	Not covered
Plan 289	2013	PPO	0%	20%	Varies	50%
Plan 290	2013	In-N	0%	0%	Not covered	Not covered
Plan 291	2012	In-N	0%	0%	Not covered	Not covered
Plan 292	2013	In-N	0%	0%	Not covered	Not covered
Plan 293	2013	In-N	0%	0%	Not covered	Not covered
Plan 294	2013	In-N	0%	0%	Not covered	Not covered
Plan 295	2012	In-N	0%	0%	Not covered	Not covered
Plan 296	2012	In-N	0%	0%	Not covered	Not covered
Plan 297	2012	In-N	0%	0%	Not covered	Not covered

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For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Coinsurance			
			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 298	2013	In-N	0%	0%	Not covered	Not covered
Plan 299	2012	In-N	0%	0%	Not covered	Not covered
Plan 300	2012	In-N	0%	0%	Not Covered	Not covered
Plan 301	2013	In-N	0%	0%	Not covered	Not covered
Plan 302	2012	In-N	0%	0%	Not Covered	Not covered
Plan 303	2013	In-N	0%	0%	Not covered	Not covered
Plan 304	2013	In-N	0%	0%	Not covered	Not covered
Plan 305	2013	In-N	0%	0%	Not covered	Not covered
Plan 306	2013	In-N	0%	0%	Not covered	Not covered
Plan 307	2012	In-N	0%	0%	Not covered	Not covered
Plan 308	2012	In-N	0%	0%	Not Covered	Not covered
Plan 309	2012	In-N	0%	0%	Not covered	Not covered
Plan 310	2012	In-N	0%	0%	Not covered	Not covered
Plan 311	2013	In-N	0%	0%	Not covered	Not covered
Plan 312	2012	In-N	0%	0%	Not covered	Not covered
Plan 313	2012	In-N	0%	0%	Not covered	Not covered
Plan 314	2012	PPO	0%	0%	Not covered	30%
Plan 315	2012	PPO	0%	20%	Not covered	50%
Plan 315	2013	PPO	0%	20%	Not covered	50%
Plan 316	2013	PPO	0%	20%	Varies	50%
Plan 317	2012	PPO	0%	20%	Not covered	40%
Plan 318	2012	PPO	0%	20%	Not covered	50%
Plan 318	2013	PPO	0%	20%	Not covered	50%
Plan 319	2013	PPO	0%	20%	Not covered	50%
Plan 320	2013	PPO	0%	20%	Not covered	50%
Plan 321	2013	PPO	0%	20%	Not covered	50%
Plan 322	2013	PPO	0%	20%	Not covered	50%

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5d

Health Plan Design Comparison — Coinsurance (Paid by Plan Participant)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Coinsurance			
			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 323	2013	In-N	0%	15%	Not covered	Not covered
Plan 324	2013	PPO	0%	20%	Balance billing	Balance billing
Plan 325	2013	PPO	0%	20%	40%	40%
Plan 326	2013	PPO	0%	20%	Balance billing	Balance billing
Plan 327	2013	PPO	0%	20%	50%	50%
Plan 328	2013	PPO	0%	20%	Balance billing	Balance billing
Plan 329	2013	PPO	0%	20%	Balance billing	Balance billing
Plan 330	2012	PPO	0%	20%	40%	40%
Plan 331	2012	PPO	0%	20%	40%	40%
Plan 332	2013	PPO	0%	20%	40%	40%
Plan 333	2012	PPO	0%	20%	40%	40%
Plan 334	2013	PPO	0%	20%	40%	40%
Plan 335	2013	PPO	0%	20%	40%	40%
Plan 336	2013	PPO	0%	20%	40%	40%
Plan 337	2013	PPO	0%	20%	40%	40%
Plan 338	2013	PPO	0%	20%	40%	40%
Plan 339	2013	PPO	0%	20%	40%	40%
Plan 340	2013	PPO	0%	20%	40%	40%
Plan 341	2013	PPO	0%	20%	40%	40%
Plan 342	2013	PPO	0%	20%	40%	40%
Plan 343	2013	PPO	0%	20%	40%	40%
Plan 344	2013	PPO	0%	20%	40%	40%
Plan 345	2013	PPO	0%	20%	50%	50%
Plan 346	2012	PPO	0%	15%	40%	40%
Plan 347	2012	PPO	0%	15%	40%	40%
Plan 348	2012	PPO	0%	10%	20%	30%
Plan 349	2013	PPO	0%	20%	20%	40%

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5d

Health Plan Design Comparison — Coinsurance (Paid by Plan Participant)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Coinsurance			
			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 350	2013	PPO	0%	20%	20%	40%
Plan 351	2012	PPO	0%	10%	Not covered	30%
Plan 351	2013	PPO	0%	10%	Not covered	30%
Plan 352	2013	PPO	0%	10%	30%	30%
Plan 353	2013	PPO	0%	20%	0%	40%
Plan 354	2013	PPO	0%	20%	40%	40%
Plan 355	2013	PPO	0%	20%	20%	20%
Plan 356	2013	PPO	0%	30%	30%	30%
Plan 357	2013	PPO	0%	20%	40%	40%
Plan 358	2013	PPO	0%	10%	30%	30%
Plan 359	2013	PPO	0%	20%	40%	40%
Plan 360	2013	PPO	0%	10%	30%	30%
Plan 361	2013	PPO	0%	20%	40%	40%
Plan 362	2013	PPO	0%	10%	30%	30%
Plan 363	2013	PPO	0%	20%	40%	40%
Plan 364	2013	PPO	0%	20%	40%	40%
Plan 365	2013	PPO	0%	20%	40%	40%
Plan 366	2013	PPO	0%	20%	40%	40%
Plan 367	2013	PPO	0%	20%	20%	20%
Plan 368	2013	PPO	0%	30%	30%	30%
Plan 369	2013	PPO	0%	20%	40%	40%
Plan 369	2013	PPO	0%	20%	40%	40%
Plan 370	2013	PPO	0%	20%	40%	40%
Plan 371	2013	PPO	0%	20%	0%	50%
Plan 372	2013	PPO	0%	20%	0%	50%
Plan 373	2013	PPO	0%	20%	0%	50%
Plan 374	2013	PPO	0%	30%	30%	30%

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5d

Health Plan Design Comparison — Coinsurance (Paid by Plan Participant)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Coinsurance			
			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 375	2013	PPO	0%	20%	0%	20%
Plan 376	2013	PPO	0%	20%	0%	20%
Plan 377	2013	PPO	0%	10%	0%	40%
Plan 378	2013	PPO	0%	10%	0%	30%
Plan 379	2012	PPO	0%	20%	0%	40%
Plan 380	2013	PPO	0%	20%	0%	20%
Plan 381	2013	PPO	0%	20%	0%	40%
Plan 382	2012	PPO	0%	20%	40%	40%
Plan 383	2013	PPO	0%	10%	0%	40%
Plan 384	2013	PPO	0%	10%	0%	30%
Plan 385	2013	PPO	0%	10%	0%	40%
Plan 386	2013	PPO	0%	10%	0%	40%
Plan 387	2013	PPO	0%	20%	0%	40%
Plan 388	2013	PPO	0%	30%	0%	30%
Plan 389	2012	PPO	0%	20%	0%	40%
Plan 390	2012	PPO	0%	20%	0%	50%
Plan 391	2013	PPO	0%	20%	0%	40%
Plan 392	2013	PPO	0%	20%	0%	40%
Plan 393	2013	PPO	0%	20%	40%	40%
Plan 394	2013	PPO	0%	20%	0%	50%
Plan 395	2013	PPO	0%	20%	0%	50%
Plan 396	2013	PPO	0%	20%	0%	50%
Plan 397	2013	PPO	0%	30%	30%	30%
Plan 398	2013	PPO	0%	20%	0%	20%
Plan 399	2013	PPO	0%	20%	0%	20%
Plan 400	2013	PPO	0%	10%	0%	40%
Plan 401	2013	PPO	0%	20%	40%	40%

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5d

Health Plan Design Comparison — Coinsurance (Paid by Plan Participant)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Coinsurance			
			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 402	2013	PPO	0%	20%	40%	40%
Plan 403	2013	PPO	0%	20%	40%	40%
Plan 404	2012	PPO	0%	20%	0%	40%
Plan 405	2013	PPO	0%	30%	0%	30%
Plan 406	2013	PPO	0%	30%	0%	30%
Plan 407	2013	PPO	0%	20%	40%	40%
Plan 408	2013	PPO	0%	20%	40%	40%

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5e

Health Plan Design Comparison — Co-Payments (Paid by Plan Participant)

For All Plans in Calendar Year 2012

	Plan Year	Plan	Co-Payments							
			In-Network				Out-of-Network			
Health Plan	Ending	Type	Office Visit	Inpatient	Outpatient Surgery	Emergency Room	Office Visit	Inpatient	Outpatient Surgery	Emergency Room
Plan 001	2013	HMO	$30	$0	$30	$100	Not covered	Not covered	Not covered	$100
Plan 002	2013	HMO	$20	$100/admit	$20	$100	Not covered	Not covered	Not covered	$100
Plan 003	2013	HMO	$20	$100/day, max 3 copa	$20	$75	Not covered	Not covered	Not covered	$75
Plan 004	2013	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 005	2013	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 006	2013	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 007	2013	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 008	2013	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 009	2013	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 010	2013	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 011	2013	HMO	$20	$0	$20	$75	Not covered	Not covered	Not covered	$75
Plan 012	2012	HMO	$20	$0	$20	$75	Not covered	Not covered	Not covered	$75
Plan 013	2013	HMO	$20	$0	$20	$75	Not covered	Not covered	Not covered	$75
Plan 014	2013	HMO	$20	$0	$20	$75	Not covered	Not covered	Not covered	$75
Plan 015	2012	HMO	$20	$0	$20	$75	Not covered	Not covered	Not covered	$75
Plan 016	2013	HMO	$10	$0	$10	$75	Not covered	Not covered	Not covered	$125
Plan 017	2013	HMO	$15	$0	$15	$75	Not covered	Not covered	Not covered	$75
Plan 018	2013	HMO	$15	$0	$15	$75	Not covered	Not covered	Not covered	$75
Plan 019	2013	HMO	$20	$0	$20	$75	Not covered	Not covered	Not covered	$75
Plan 020	2013	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 021	2013	HMO	$20	$100/day, max 3 copa	$20	$100	Not covered	Not covered	Not covered	$100
Plan 022	2013	HMO	$20	$100/day, max 3 copa	$20	$100	Not covered	Not covered	Not covered	$100
Plan 023	2013	HMO	$30	$0	$30	$100	Not covered	Not covered	Not covered	$100
Plan 024	2013	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 025	2013	HMO	$25	$100/day, max 3 copa	$100	$150	Not covered	Not covered	Not covered	$150
Plan 026	2013	HMO	$20	$200/day, max 5 copa	$20	$150	Not covered	Not covered	Not covered	$150
Plan 027	2013	HMO	$20	$100/day, max 3 copa	$50	$75	Not covered	Not covered	Not covered	$75
Plan 028	2013	HMO	$30	$100/day, max 3 copa	$100	$75	Not covered	Not covered	Not covered	$75
Plan 029	2013	HMO	$25	$100/day, max 3 copa	$50	$100	Not covered	Not covered	Not covered	$100
Plan 030	2013	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 031	2013	HMO	$25	$100/day, max 3 copa	$100	$150	Not covered	Not covered	Not covered	$150
Plan 032	2013	HMO	$10	$0	$10	$75	Not covered	Not covered	Not covered	$75
Plan 033	2013	HMO	$20	$200/day, max 3 copa	$20	$100	Not covered	Not covered	Not covered	$100
Plan 034	2012	HMO	$20	$300/admit	$20	$100	Not covered	Not covered	Not covered	$100
Plan 035	2013	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 036	2013	HMO	$15	$0	$15	$75	Not covered	Not covered	Not covered	$75
Plan 037	2013	HMO	$15	$0	$15	$100	Not covered	Not covered	Not covered	$100
Plan 038	2013	HMO	$25	$100/day, max 3 copa	$50	$100	Not covered	Not covered	Not covered	$100
Plan 039	2013	HMO	$10	$0	$10	$75	Not covered	Not covered	Not covered	$75
Plan 040	2012	HMO	$25	$0	$25	$75	Not covered	Not covered	Not covered	$75
Plan 041	2013	HMO	$10	$0	$10	$75	Not covered	Not covered	Not covered	$75
Plan 042	2013	HMO	$15	$0	$15	$100	Not covered	Not covered	Not covered	$100

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5e

Health Plan Design Comparison — Co-Payments (Paid by Plan Participant)

For All Plans in Calendar Year 2012

	Plan		Co-Payments							
	Year	Plan	In-Network				Out-of-Network			
Health Plan	Ending	Type	Office Visit	Inpatient	Outpatient Surgery	Emergency Room	Office Visit	Inpatient	Outpatient Surgery	Emergency Room
Plan 043	2013	HMO	$10	$0	$10	$75	Not covered	Not covered	Not covered	$75
Plan 044	2013	HMO	$15	$0	$15	$75	Not covered	Not covered	Not covered	$75
Plan 045	2013	HMO	$25	$0	$100	$150	Not covered	Not covered	Not covered	$150
Plan 046	2012	PPO	$30	$0	$30	$150	0%	$0	$30	$150
Plan 047	2013	HMO	$25	$100/day, max 3 copa	$100	$150	Not covered	Not covered	Not covered	$150
Plan 048	2013	HMO	$30	$200/day, max 3 copa	$200	$200	Not covered	Not covered	Not covered	$200
Plan 049	2013	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 050	2013	HMO	$20	$200/admit	$20	$100	Not covered	Not covered	Not covered	$100
Plan 051	2013	HMO	$20	$200/admit	$20	$100	Not covered	Not covered	Not covered	$100
Plan 052	2013	HMO	$25	$0	$25	$100	Not covered	Not covered	Not covered	$100
Plan 053	2013	HMO	$20	$100/admit	$20	$100	Not covered	Not covered	Not covered	$100
Plan 054	2013	HMO	$25	$100/day, max 3 copa	$25	$150	Not covered	Not covered	Not covered	$150
Plan 055	2013	HMO	$20	$200/day, max 3 copa	$20	$150	Not covered	Not covered	Not covered	$150
Plan 056	2013	HMO	$20	$200/day, max 3 copa	$20	$75	Not covered	Not covered	Not covered	$75
Plan 057	2012	HMO	$20	$200/day, max 5 copa	$100	$100	Not covered	Not covered	Not covered	$100
Plan 058	2012	HMO	$20	$200/day, max 5 copa	$100	$100	Not covered	Not covered	Not covered	$100
Plan 059	2012	HMO	$20	$200/day, max 5 copa	$100	$100	Not covered	Not covered	Not covered	$100
Plan 060	2012	HMO	$20	$200/day, max 5 copa	$100	$100	Not covered	Not covered	Not covered	$100
Plan 061	2012	HMO	$20	$200/day, max 5 copa	$100	$100	Not covered	Not covered	Not covered	$100
Plan 062	2012	HMO	$20	$200/day, max 5 copa	$100	$100	Not covered	Not covered	Not covered	$100
Plan 063	2013	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 064	2013	HMO	$0	$0	$0	$0	Not covered	Not covered	Not covered	$0
Plan 065	2013	HMO	$0	$0	$0	$0	Not covered	Not covered	Not covered	$0
Plan 066	2013	HMO	$0	$0	$0	$0	Not covered	Not covered	Not covered	$0
Plan 067	2013	HMO	$0	$0	$0	$0	Not covered	Not covered	Not covered	$0
Plan 068	2013	HMO	$0	$0	$0	$0	Not covered	Not covered	Not covered	$0
Plan 069	2013	HMO	$0	$0	$0	$0	Not covered	Not covered	Not covered	$0
Plan 070	2013	HMO	$0	$0	$0	$0	Not covered	Not covered	Not covered	$0
Plan 071	2013	HMO	$0	$0	$0	$0	Not covered	Not covered	Not covered	$0
Plan 072	2013	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 073	2013	HMO	$0	$0	$0	$0	Not covered	Not covered	Not covered	$0
Plan 074	2013	HMO	$0	$0	$0	$0	Not covered	Not covered	Not covered	$0
Plan 075	2013	HMO	$0	$0	$0	$0	Not covered	Not covered	Not covered	$0
Plan 076	2013	HMO	$0	$0	$0	$0	Not covered	Not covered	Not covered	$0
Plan 077	2013	HMO	$0	$0	$0	$0	Not covered	Not covered	Not covered	$0
Plan 078	2013	HMO	$0	$0	$0	$0	Not covered	Not covered	Not covered	$0
Plan 079	2013	HMO	$0	$0	$0	$0	Not covered	Not covered	Not covered	$0
Plan 080	2013	HMO	$0	$0	$0	$0	Not covered	Not covered	Not covered	$0
Plan 081	2013	HMO	$0	$0	$0	$0	Not covered	Not covered	Not covered	$0
Plan 082	2013	HMO	$0	$0	$0	$0	Not covered	Not covered	Not covered	$0
Plan 083	2013	HMO	$0	$0	$0	$0	Not covered	Not covered	Not covered	$0
Plan 084	2013	HMO	$0	$0	$0	$0	Not covered	Not covered	Not covered	$0

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5e

Health Plan Design Comparison — Co-Payments (Paid by Plan Participant)

For All Plans in Calendar Year 2012

	Plan Year	Plan	Co-Payments							
			In-Network				Out-of-Network			
Health Plan	Ending	Type	Office Visit	Inpatient	Outpatient Surgery	Emergency Room	Office Visit	Inpatient	Outpatient Surgery	Emergency Room
Plan 085	2013	HMO	$0	$0	$0	$0	Not covered	Not covered	Not covered	$0
Plan 086	2013	HMO	$0	$0	$0	$0	Not covered	Not covered	Not covered	$0
Plan 087	2013	HMO	$0	$0	$0	$0	Not covered	Not covered	Not covered	$0
Plan 088	2013	HMO	$0	$0	$0	$0	Not covered	Not covered	Not covered	$0
Plan 089	2013	HMO	$25	$0	$25	$100	Not covered	Not covered	Not covered	$100
Plan 090	2013	HMO	$30	$0	$30	$100	Not covered	Not covered	Not covered	$100
Plan 091	2013	HMO	$30	$100/day, max 3 copa	$50	$100	Not covered	Not covered	Not covered	$100
Plan 092	2013	HMO	$15	$100/admit	$15	$100	Not covered	Not covered	Not covered	$100
Plan 093	2013	HMO	$15	$0	$15	$75	Not covered	Not covered	Not covered	$75
Plan 094	2013	HMO	$30	$0	$30	$75	Not covered	Not covered	Not covered	$75
Plan 095	2013	HMO	$10	$0	$10	$100	Not covered	Not covered	Not covered	$100
Plan 096	2013	HMO	$25	$100/day, max 3 copa	$100	$150	Not covered	Not covered	Not covered	$150
Plan 097	2013	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 098	2012	HMO	$15	$100/day, max 3 copa	$15	$100	Not covered	Not covered	Not covered	$100
Plan 099	2012	HMO	$15	$100/day, max 3 copa	$15	$100	Not covered	Not covered	Not covered	$100
Plan 100	2012	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 101	2012	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 102	2013	HMO	$15	$100/day, max 3 copa	$15	$100	Not covered	Not covered	Not covered	$100
Plan 103	2013	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 104	2012	HMO	$15	$100/day, max 3 copa	$15	$100	Not covered	Not covered	Not covered	$100
Plan 105	2013	HMO	$15	$100/day, max 3 copa	$15	$100	Not covered	Not covered	Not covered	$100
Plan 106	2013	HMO	$15	$100/day, max 3 copa	$15	$100	Not covered	Not covered	Not covered	$100
Plan 107	2013	HMO	$15	$100/day, max 3 copa	$15	$100	Not covered	Not covered	Not covered	$100
Plan 108	2013	HMO	$20	$200/day, max 3 copa	$20	$100	Not covered	Not covered	Not covered	$100
Plan 109	2013	HMO	$20	$200/day, max 3 copa	$20	$100	Not covered	Not covered	Not covered	$100
Plan 110	2013	HMO	$20	$200/day, max 3 copa	$20	$100	Not covered	Not covered	Not covered	$100
Plan 111	2013	HMO	$15	$100/day, max 3 copa	$15	$100	Not covered	Not covered	Not covered	$100
Plan 112	2013	HMO	$20	$200/day, max 3 copa	$20	$100	Not covered	Not covered	Not covered	$100
Plan 113	2013	HMO	$15	$100/day, max 3 copa	$15	$100	Not covered	Not covered	Not covered	$100
Plan 114	2013	HMO	$15	$100/day, max 3 copa	$15	$100	Not covered	Not covered	Not covered	$100
Plan 115	2013	HMO	$15	$100/day, max 3 copa	$15	$100	Not covered	Not covered	Not covered	$100
Plan 116	2013	HMO	$15	$100/day, max 3 copa	$15	$100	Not covered	Not covered	Not covered	$100
Plan 117	2013	HMO	$15	$100/day, max 3 copa	$15	$100	Not covered	Not covered	Not covered	$100
Plan 118	2013	HMO	$15	$100/day, max 3 copa	$15	$100	Not covered	Not covered	Not covered	$100
Plan 119	2013	HMO	$20	$200/day, max 5 copa	$100	$100	Not covered	Not covered	Not covered	$100
Plan 120	2012	HMO	$20	$200/day, max 5 copa	$100	$100	Not covered	Not covered	Not covered	$100
Plan 121	2012	HMO	$20	$200/day, max 5 copa	$100	$100	Not covered	Not covered	Not covered	$100
Plan 122	2013	HMO	$20	$200/day, max 3 copa	$20	$100	Not covered	Not covered	Not covered	$100
Plan 123	2013	HMO	$20	$200/day, max 3 copa	$20	$100	Not covered	Not covered	Not covered	$100
Plan 124	2013	HMO	$20	$200/day, max 3 copa	$20	$100	Not covered	Not covered	Not covered	$100
Plan 125	2013	HMO	$20	$200/day, max 3 copa	$20	$100	Not covered	Not covered	Not covered	$100
Plan 126	2013	HMO	$15	$100/day, max 3 copa	$15	$100	Not covered	Not covered	Not covered	$100

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5e

Health Plan Design Comparison — Co-Payments (Paid by Plan Participant)

For All Plans in Calendar Year 2012

	Plan Year	Plan	Co-Payments							
			In-Network				Out-of-Network			
Health Plan	Ending	Type	Office Visit	Inpatient	Outpatient Surgery	Emergency Room	Office Visit	Inpatient	Outpatient Surgery	Emergency Room
Plan 127	2013	HMO	$20	$200/day, max 3 copa	$20	$100	Not covered	Not covered	Not covered	$100
Plan 128	2013	HMO	$20	$200/day, max 3 copa	$20	$100	Not covered	Not covered	Not covered	$100
Plan 129	2013	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 130	2013	HMO	$20	$200/day, max 3 copa	$20	$100	Not covered	Not covered	Not covered	$100
Plan 131	2013	HMO	$20	$200/day, max 3 copa	$20	$100	Not covered	Not covered	Not covered	$100
Plan 132	2013	HMO	$20	$200/day, max 3 copa	$20	$100	Not covered	Not covered	Not covered	$100
Plan 133	2012	HMO	$20	$200/day, max 5 copa	$100	$100	Not covered	Not covered	Not covered	$100
Plan 134	2013	HMO	$20	$200/day, max 3 copa	$20	$100	Not covered	Not covered	Not covered	$100
Plan 135	2013	HMO	$15	$100/day, max 3 copa	$15	$100	Not covered	Not covered	Not covered	$100
Plan 136	2013	HMO	$20	$200/day, max 3 copa	$20	$100	Not covered	Not covered	Not covered	$100
Plan 137	2013	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 138	2013	HMO	$15	$100/day, max 3 copa	$15	$100	Not covered	Not covered	Not covered	$100
Plan 139	2013	HMO	$15	$100/day, max 3 copa	$15	$100	Not covered	Not covered	Not covered	$100
Plan 140	2013	HMO	$15	$100/day, max 3 copa	$15	$100	Not covered	Not covered	Not covered	$100
Plan 141	2013	HMO	$20	$200/day, max 3 copa	$20	$100	Not covered	Not covered	Not covered	$100
Plan 142	2013	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 143	2013	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 144	2013	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 145	2013	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 146	2013	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 147	2013	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 148	2013	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 149	2013	HMO	$20	$200/day, max 3 copa	$20	$100	Not covered	Not covered	Not covered	$100
Plan 150	2013	HMO	$15	$100/day, max 3 copa	$15	$100	Not covered	Not covered	Not covered	$100
Plan 151	2013	HMO	$15	$100/day, max 3 copa	$15	$100	Not covered	Not covered	Not covered	$100
Plan 152	2013	HMO	$20	$200/day, max 3 copa	$20	$100	Not covered	Not covered	Not covered	$100
Plan 153	2013	HMO	$20	$200/day, max 3 copa	$20	$100	Not covered	Not covered	Not covered	$100
Plan 154	2013	HMO	$20	$200/day, max 3 copa	$20	$100	Not covered	Not covered	Not covered	$100
Plan 155	2013	HMO	$20	$200/day, max 3 copa	$20	$100	Not covered	Not covered	Not covered	$100
Plan 156	2013	HMO	$20	$200/day, max 5 copa	$100	$100	Not covered	Not covered	Not covered	$100
Plan 157	2013	HMO	$20	$200/day, max 5 copa	$100	$100	Not covered	Not covered	Not covered	$100
Plan 158	2013	HMO	$20	$200/day, max 5 copa	$100	$100	Not covered	Not covered	Not covered	$100
Plan 159	2013	HMO	$20	$200/day, max 5 copa	$100	$100	Not covered	Not covered	Not covered	$100
Plan 160	2013	HMO	$20	$200/day, max 3 copa	$20	$100	Not covered	Not covered	Not covered	$100
Plan 161	2013	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 162	2013	HMO	$20	$200/day, max 5 copa	$100	$100	Not covered	Not covered	Not covered	$100
Plan 163	2013	HMO	$15	$100/day, max 3 copa	$15	$100	Not covered	Not covered	Not covered	$100
Plan 164	2013	HMO	$20	$200/day, max 3 copa	$20	$100	Not covered	Not covered	Not covered	$100
Plan 165	2013	HMO	$20	$200/day, max 3 copa	$20	$100	Not covered	Not covered	Not covered	$100
Plan 166	2013	HMO	$15	$100/day, max 3 copa	$15	$100	Not covered	Not covered	Not covered	$100
Plan 167	2013	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 168	2013	HMO	$20	$200/day, max 5 copa	$100	$100	Not covered	Not covered	Not covered	$100

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5e

Health Plan Design Comparison — Co-Payments (Paid by Plan Participant)

For All Plans in Calendar Year 2012

	Plan Year	Plan	Co-Payments							
			In-Network				Out-of-Network			
Health Plan	Ending	Type	Office Visit	Inpatient	Outpatient Surgery	Emergency Room	Office Visit	Inpatient	Outpatient Surgery	Emergency Room
Plan 169	2013	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 170	2013	HMO	$20	$200/day, max 3 copa	$20	$100	Not covered	Not covered	Not covered	$100
Plan 171	2013	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 172	2013	HMO	$20	$200/day, max 3 copa	$20	$100	Not covered	Not covered	Not covered	$100
Plan 173	2013	HMO	$20	$200/day, max 5 copa	$100	$100	Not covered	Not covered	Not covered	$100
Plan 174	2013	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 175	2013	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 176	2013	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 177	2013	HMO	$20	$200/day, max 3 copa	$20	$100	Not covered	Not covered	Not covered	$100
Plan 178	2013	HMO	$20	$200/day, max 3 copa	$20	$100	Not covered	Not covered	Not covered	$100
Plan 179	2012	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 180	2013	HMO	$20	$200/day, max 3 copa	$20	$100	Not covered	Not covered	Not covered	$100
Plan 181	2012	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 182	2012	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 183	2013	HMO	$20	$200/day, max 3 copa	$20	$100	Not covered	Not covered	Not covered	$100
Plan 184	2012	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 185	2013	HMO	$20	$200/day, max 3 copa	$20	$100	Not covered	Not covered	Not covered	$100
Plan 186	2012	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 187	2013	HMO	$20	$200/day, max 3 copa	$20	$100	Not covered	Not covered	Not covered	$100
Plan 188	2012	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 189	2013	HMO	$20	$200/day, max 3 copa	$20	$100	Not covered	Not covered	Not covered	$100
Plan 190	2012	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 191	2012	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 192	2013	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 193	2013	HMO	$20	$200/day, max 5 copa	$100	$100	Not covered	Not covered	Not covered	$100
Plan 194	2013	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 195	2013	HMO	$20	$200/day, max 5 copa	$100	$100	Not covered	Not covered	Not covered	$100
Plan 196	2013	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 197	2013	HMO	$20	$0	$20	$100	Not covered	Not covered	Not covered	$100
Plan 198	2013	HMO	$20	$200/day, max 3 copa	$20	$100	Not covered	Not covered	Not covered	$100
Plan 199	2013	HMO	$20	$200/day, max 3 copa	$20	$100	Not covered	Not covered	Not covered	$100
Plan 200	2013	HMO	$30	$0	$30	$100	Not covered	Not covered	Not covered	$100
Plan 201	2013	HMO	$30	$0	$30	$100	Not covered	Not covered	Not covered	$100
Plan 202	2013	HMO	$30	$0	$30	$100	Not covered	Not covered	Not covered	$100
Plan 203	2013	HMO	$15	$0	$15	$75	Not covered	Not covered	Not covered	$75
Plan 204	2013	HMO	$10	$0	$10	$75	Not covered	Not covered	Not covered	$75
Plan 205	2013	HMO	$30	$0	$30	$100	Not covered	Not covered	Not covered	$100
Plan 206	2013	HMO	$20	$100/admit	$20	$100	Not covered	Not covered	Not covered	$100
Plan 207	2013	HMO	$30	$100/day, max 3 copa	$50	$100	Not covered	Not covered	Not covered	$100
Plan 208	2013	HMO	$30	$0	$30	$100	Not covered	Not covered	Not covered	$100
Plan 209	2013	HMO	$20	$100/day, max 3 copa	$50	$75	Not covered	Not covered	Not covered	$75
Plan 210	2013	HMO	$20	$0	$20	$75	Not covered	Not covered	Not covered	$75

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5e

Health Plan Design Comparison — Co-Payments (Paid by Plan Participant)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Co-Payments							
			In-Network				Out-of-Network			
			Office Visit	Inpatient	Outpatient Surgery	Emergency Room	Office Visit	Inpatient	Outpatient Surgery	Emergency Room
Plan 211	2013	HMO	$15	$0	$15	$75	Not covered	Not covered	Not covered	$75
Plan 212	2013	HMO	$15	$0	$15	$75	Not covered	Not covered	Not covered	$75
Plan 213	2013	HMO	$15	$0	$15	$75	Not covered	Not covered	Not covered	$75
Plan 214	2013	HMO	$20	$0	$20	$75	Not covered	Not covered	Not covered	$75
Plan 215	2013	HMO	$20	$0	$20	$75	Not covered	Not covered	Not covered	$75
Plan 216	2013	HMO	$25	$0	$25	$75	Not covered	Not covered	Not covered	$75
Plan 217	2013	HMO	$20	$100/admit	$20	$100	Not covered	Not covered	Not covered	$100
Plan 218	2013	HMO	$20	$0	$20	$75	Not covered	Not covered	Not covered	$75
Plan 219	2013	HMO	$20	$0	$20	$75	Not covered	Not covered	Not covered	$75
Plan 220	2013	HMO	$30	$200/day, max 3 copa	$100	$200	Not covered	Not covered	Not covered	$200
Plan 221	2013	PPO	$25	$200/day, max 3 copa	$100	$100	$200/day, max 3 copa	$200/day, max 3 copa	$100	$100
Plan 222	2013	HMO	$15	$0	$15	$75	Not covered	Not covered	Not covered	$75
Plan 223	2013	HMO	$25	$100/admit	$50	$75	Not covered	Not covered	Not covered	$75
Plan 224	2013	HMO	$20	$0	$20	$75	Not covered	Not covered	Not covered	$75
Plan 225	2013	PPO	$25	$200/day, max 3 copa	$100	$100	$200/day, max 3 copa	$200/day, max 3 copa	$100	$100
Plan 226	2013	HMO	$20	$100/day, max 3 copa	$20	$75	Not covered	Not covered	Not covered	$75
Plan 227	2013	PPO	$25	$100/day, max 3 copa	$25	$100	$100/day, max 3 copa	$100/day, max 3 copa	$25	$100
Plan 228	2013	PPO	$20	$0	$20	$0	0%	$0	$20	$0
Plan 229	2013	PPO	$20	$0	$20	$0	0%	$0	$20	$0
Plan 230	2013	HMO	$25	$100/day, max 3 copa	$25	$75	Not covered	Not covered	Not covered	$75
Plan 231	2013	HMO	$15	$0	$15	$75	Not covered	Not covered	Not covered	$75
Plan 232	2012	HMO	$20	$0	$20	$75	Not covered	Not covered	Not covered	$75
Plan 233	2013	HMO	$20	$0	$20	$75	Not covered	Not covered	Not covered	$75
Plan 234	2013	HMO	$15	$0	$15	$100	Not covered	Not covered	Not covered	$100
Plan 235	2013	HMO	$25	$100/day, max 5 copa	$25	$100	Not covered	Not covered	Not covered	$100
Plan 236	2013	PPO	$25	$0	$0	$75	0%	$0	$0	$75
Plan 237	2013	PPO	$30	$0	$0	$100	0%	$0	$0	$100
Plan 238	2013	PPO	$15	$0	$0	$75	0%	$0	$0	$75
Plan 239	2013	PPO	$25	150/day, max 3 copay	$0	$75	150/day, max 3 copay	150/day, max 3 copay	$0	$75
Plan 240	2013	PPO	$30	300/day, max 3 copay	$150	$75	$300/day, max 3 copa	$300/day, max 3 copa	$150	$75
Plan 241	2013	HMO	$15	$0	$15	$75	Not covered	Not covered	Not covered	$75
Plan 242	2013	HMO	$15	$0	$15	$75	Not covered	Not covered	Not covered	$75
Plan 243	2013	HMO	$20	$100/day, max 3 copa	$20	$100	Not covered	Not covered	Not covered	$100
Plan 244	2013	HMO	$25	$0	$25	$100	Not covered	Not covered	Not covered	$100
Plan 245	2013	PPO	$30	$0	$0	$150	0%	$0	$0	$150
Plan 246	2012	PPO	$0	$0	$75	$100	0%	$0	$75	$100
Plan 247	2012	PPO	$0	$0	$75	$100	0%	$0	$75	$100
Plan 248	2012	PPO	$30	$0	$30	$150	0%	$0	$30	$150
Plan 249	2012	PPO	$30	$0	$30	$150	0%	$0	$30	$150
Plan 250	2012	PPO	$30	$0	$30	$150	0%	$0	$30	$150
Plan 251	2012	PPO	$30	$0	$30	$150	0%	$0	$30	$150
Plan 252	2012	PPO	$30	$0	$30	$150	0%	$0	$30	$150

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5e

Health Plan Design Comparison — Co-Payments (Paid by Plan Participant)

For All Plans in Calendar Year 2012

	Plan		Co-Payments							
	Year	Plan	In-Network				Out-of-Network			
Health Plan	Ending	Type	Office Visit	Inpatient	Outpatient Surgery	Emergency Room	Office Visit	Inpatient	Outpatient Surgery	Emergency Room
Plan 253	2012	PPO	$30	$0	$30	$150	0%	$0	$30	$150
Plan 254	2012	PPO	$30	$0	$30	$150	0%	$0	$30	$150
Plan 255	2012	PPO	$30	$0	$30	$150	0%	$0	$30	$150
Plan 256	2013	PPO	$0	$0	$75	$100	0%	$0	$75	$100
Plan 257	2013	PPO	$25	$200/admit	$75	$75	$200/admit	$200/admit	$75	$75
Plan 258	2013	PPO	$30	$0	$100	$100	0%	$0	$100	$100
Plan 259	2013	PPO	$0	$0	$75	$100	0%	$0	$75	$100
Plan 260	2013	PPO	$25	$200/admit	$75	$75	$200/admit	$200/admit	$75	$75
Plan 261	2012	PPO	$25	$200/admit	$75	$75	$200/admit	$200/admit	$75	$75
Plan 262	2012	PPO	$25	$200/admit	$75	$75	$200/admit	$200/admit	$75	$75
Plan 263	2013	HMO	$30	$500/day, max 3 copa	$30	$200	Not covered	Not covered	Not covered	$200
Plan 264	2013	HMO	$15	$0	$15	$75	Not covered	Not covered	Not covered	$75
Plan 265	2013	PPO	$15	$100/day, max 3 copa	$15	$75	$100/day, max 3 copa	$100/day, max 3 copa	$15	$75
Plan 266	2013	HMO	$15	$100/day, max 3 copa	$15	$100	Not covered	Not covered	Not covered	$100
Plan 267	2013	HMO	$15	$0	$15	$75	Not covered	Not covered	Not covered	$75
Plan 268	2013	PPO	$0	$0	$0	$0	0%	$0	$0	$0
Plan 269	2013	PPO	$0	$0	$0	$0	0%	$0	$0	$0
Plan 270	2012	PPO	$30	$0	$0	$0	0%	$0	$0	$0
Plan 271	2012	PPO	$20	$0	$0	$250	0%	$0	$0	$250
Plan 272	2012	PPO	$25	$0	$0	$250	0%	$0	$0	$250
Plan 273	2013	In-N	$15	$0	$0	$0	0%	$0	$0	$0
Plan 274	2013	In-N	$15	$0	$0	$0	0%	$0	$0	$0
Plan 275	2012	In-N	$15	$0	$0	$0	0%	$0	$0	$0
Plan 276	2012	In-N	$15	$0	$0	$0	Not covered	Not covered	Not covered	$0
Plan 277	2012	In-N	$20	$0	$0	$0	0%	$0	$0	$0
Plan 278	2013	PPO	$15	$0	$0	$100	0%	$0	$0	$100
Plan 279	2013	PPO	$30	$0	$0	$150	0%	$0	$0	$150
Plan 280	2013	PPO	$35	$0	$0	$200	0%	$0	$0	$200
Plan 281	2013	Clos	$10	$0	$0	$125	Not covered	Not covered	Not covered	$125
Plan 282	2013	Clos	$15	$0	$0	$250	Not covered	Not covered	Not covered	$250
Plan 283	2012	Clos	$10	$0	$0	$125	Not covered	Not covered	Not covered	$125
Plan 284	2013	Clos	$15	$0	$0	$125	Not covered	Not covered	Not covered	$125
Plan 285	2013	Clos	$30	$0	$0	$250	Not covered	Not covered	Not covered	$250
Plan 286	2012	PPO	$0	$0	$0	$0	0%	$0	$0	$0
Plan 287	2012	HMO	$15	$150/day, max 5 copa	$150	$150	Not covered	Not covered	Not covered	$150
Plan 288	2012	HMO	$20	$200/day, max 5 copa	$200	$200	Not covered	Not covered	Not covered	$200
Plan 289	2013	PPO	$0	$0	$0	$0	0%	$0	$0	$0
Plan 290	2013	In-N	$10	$0	$10	$100	Not covered	Not covered	Not covered	$100
Plan 291	2012	In-N	$10	$0	$10	$75	Not covered	Not covered	Not covered	$75
Plan 292	2013	In-N	$10	50/day, max 5 copays	$20	$100	Not covered	Not covered	Not covered	$100
Plan 293	2013	In-N	$10	50/day, max 5 copays	$20	$100	Not covered	Not covered	Not covered	$100
Plan 294	2013	In-N	$10	50/day, max 5 copays	$20	$100	Not covered	Not covered	Not covered	$100

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5e

Health Plan Design Comparison — Co-Payments (Paid by Plan Participant)

For All Plans in Calendar Year 2012

	Plan Year	Plan	Co-Payments							
			In-Network				Out-of-Network			
Health Plan	Ending	Type	Office Visit	Inpatient	Outpatient Surgery	Emergency Room	Office Visit	Inpatient	Outpatient Surgery	Emergency Room
Plan 295	2012	In-N	$10	50/day, max 5 copays	$20	$100	Not covered	Not covered	Not covered	$100
Plan 296	2012	In-N	$10	50/day, max 5 copays	$20	$75	Not covered	Not covered	Not covered	$75
Plan 297	2012	In-N	$10	50/day, max 5 copays	$20	$75	Not covered	Not covered	Not covered	$75
Plan 298	2013	In-N	$10	50/day, max 5 copays	$20	$100	Not covered	Not covered	Not covered	$100
Plan 299	2012	In-N	$10	50/day, max 5 copays	$20	$75	Not covered	Not covered	Not covered	$75
Plan 300	2012	In-N	$15	$0	$15	$75	Not covered	Not covered	Not covered	$75
Plan 301	2013	In-N	$15	$0	$15	$75	Not covered	Not covered	Not covered	$75
Plan 302	2012	In-N	$15	$0	$15	$75	Not covered	Not covered	Not covered	$75
Plan 303	2013	In-N	$15	50/day, max 5 copays	$20	$100	Not covered	Not covered	Not covered	$100
Plan 304	2013	In-N	$15	50/day, max 5 copays	$20	$100	Not covered	Not covered	Not covered	$100
Plan 305	2013	In-N	$15	50/day, max 5 copays	$20	$100	Not covered	Not covered	Not covered	$100
Plan 306	2013	In-N	$15	50/day, max 5 copays	$20	$100	Not covered	Not covered	Not covered	$100
Plan 307	2012	In-N	$15	50/day, max 5 copays	$20	$75	Not covered	Not covered	Not covered	$75
Plan 308	2012	In-N	$15	50/day, max 5 copays	$20	$75	Not covered	Not covered	Not covered	$75
Plan 309	2012	In-N	$15	50/day, max 5 copays	$20	$75	Not covered	Not covered	Not covered	$75
Plan 310	2012	In-N	$20	$0	$20	$75	Not covered	Not covered	Not covered	$75
Plan 311	2013	In-N	$20	100/day, max 5 copay	$50	$100	Not covered	Not covered	Not covered	$100
Plan 312	2012	In-N	$25	$0	$25	$75	Not covered	Not covered	Not covered	$75
Plan 313	2012	In-N	$5	$0	$5	$75	Not covered	Not covered	Not covered	$75
Plan 314	2012	PPO	$25	$100	$100	$75	0%	$0	$0	$75
Plan 315	2012	PPO	$15	$0	$0	$0	0%	$0	$0	$0
Plan 315	2013	PPO	$15	$0	$0	$0	0%	$0	$0	$0
Plan 316	2013	PPO	$0	$0	$0	$0	0%	$0	$0	$0
Plan 317	2012	PPO	$0	$0	$0	$0	0%	$0	$0	$0
Plan 318	2012	PPO	$15	$0	$0	$0	0%	$0	$0	$0
Plan 318	2013	PPO	$15	$0	$0	$0	0%	$0	$0	$0
Plan 319	2013	PPO	$20	$0	$0	$0	0%	$0	$0	$0
Plan 320	2013	PPO	$30	$0	$0	$0	0%	$0	$0	$0
Plan 321	2013	PPO	$20	$0	$0	$0	0%	$0	$0	$0
Plan 322	2013	PPO	$30	$0	$0	$0	0%	$0	$0	$0
Plan 323	2013	In-N	$20	$0	$0	$75	Not covered	Not covered	Not covered	$75
Plan 324	2013	PPO	$20	150/day, max 3 copay	$0	$75	Balance billing	Balance billing	Balance billing	$75
Plan 325	2013	PPO	$30	350/day, max 5 copay	$150	$150	350/day, max 5 copay	350/day, max 5 copay	$150	$150
Plan 326	2013	PPO	$15	100/day, max 3 copay	$0	$75	Balance billing	Balance billing	Balance billing	$75
Plan 327	2013	PPO	$25	$0	$0	$150	0%	$0	$0	$150
Plan 328	2013	PPO	$20	200/day, max 5 copay	$0	$75	Balance billing	Balance billing	Balance billing	$75
Plan 329	2013	PPO	$15	$150/day, max 5 copa	$0	$75	Balance billing	Balance billing	Balance billing	$75
Plan 330	2012	PPO	$20	$200	$200	$0	20000%	$200	$200	$0
Plan 331	2012	PPO	$20	$200	$200	$0	20000%	$200	$200	$0
Plan 332	2013	PPO	$25	300/day, max 5 copay	$300	$150	300/day, max 5 copay	300/day, max 5 copay	$300	$150
Plan 333	2012	PPO	$30	350/day, max 5 copay	$350	$150	350/day, max 5 copay	350/day, max 5 copay	$350	$150
Plan 334	2013	PPO	$30	350/day, max 5 copay	$350	$150	350/day, max 5 copay	350/day, max 5 copay	$350	$150

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5e

Health Plan Design Comparison — Co-Payments (Paid by Plan Participant)

For All Plans in Calendar Year 2012

	Plan Year	Plan	Co-Payments							
			In-Network				Out-of-Network			
Health Plan	Ending	Type	Office Visit	Inpatient	Outpatient Surgery	Emergency Room	Office Visit	Inpatient	Outpatient Surgery	Emergency Room
Plan 335	2013	PPO	$35	400/day, max 5 copay	$400	$150	400/day, max 5 copay	400/day, max 5 copay	$400	$150
Plan 336	2013	PPO	$20	200/admit	$200	$150	200/admit	200/admit	$200	$150
Plan 337	2013	PPO	$20	200/admit	$200	$150	200/admit	200/admit	$200	$150
Plan 338	2013	PPO	$25	300/admit	$300	$150	300/admit	300/admit	$300	$150
Plan 339	2013	PPO	$25	300/admit	$300	$150	300/admit	300/admit	$300	$150
Plan 340	2013	PPO	$30	350/admit	$350	$150	350/admit	350/admit	$350	$150
Plan 341	2013	PPO	$30	350/admit	$350	$150	350/admit	350/admit	$350	$150
Plan 342	2013	PPO	$30	400/admit	$400	$150	400/admit	400/admit	$400	$150
Plan 343	2013	PPO	$30	400/admit	$400	$150	400/admit	400/admit	$400	$150
Plan 344	2013	PPO	$25	200/day, max 5 copay	$200	$100	200/day, max 5 copay	200/day, max 5 copay	$200	$100
Plan 345	2013	PPO	$25	300/day, max 3 copay	$150	$100	300/day, max 3 copay	300/day, max 3 copay	$150	$100
Plan 346	2012	PPO	$0	$0	$0	$0	0%	$0	$0	$0
Plan 347	2012	PPO	$0	200/day, max 3 copay	$0	$75	200/day, max 3 copay	200/day, max 3 copay	$0	$75
Plan 348	2012	PPO	$20	100/day, max 3 copay	$50	$75	Combined with In-Net	Combined with In-Net	$50	$75
Plan 349	2013	PPO	$25	150/day, max 3 copay	$100	$75	Combined with In-Net	Combined with In-Net	$100	$75
Plan 350	2013	PPO	$30	300/day, max 3 copay	$150	$100	Combined with In-Net	Combined with In-Net	$150	$100
Plan 351	2012	PPO	$15	200/admit, max 3 cop	$0	$50	0%	$0	$0	$50
Plan 351	2013	PPO	$15	200/admit, max 3 cop	$0	$50	0%	$0	$0	$50
Plan 352	2013	PPO	Preferred: 20; Parti	$0	$0	$75	0%	$0	$0	$75
Plan 353	2013	PPO	Preferred: 20; Parti	$200	$0	$100	20000%	$200	$0	$100
Plan 354	2013	PPO	Preferred: 20; Parti	$0	$0	$75	0%	$0	$0	$75
Plan 355	2013	PPO	$0	$0	$0	$75	0%	$0	$0	$75
Plan 356	2013	PPO	$0	$0	$0	$75	0%	$0	$0	$75
Plan 357	2013	PPO	$0	$0	$0	$0	0%	$0	$0	$0
Plan 358	2013	PPO	Preferred: 20; Parti	$0	$0	$75	0%	$0	$0	$75
Plan 359	2013	PPO	Preferred: 15; Parti	$0	$0	$75	0%	$0	$0	$75
Plan 360	2013	PPO	Preferred: 20; Parti	$0	$0	$75	0%	$0	$0	$75
Plan 361	2013	PPO	$0	$0	$0	$0	0%	$0	$0	$0
Plan 362	2013	PPO	Preferred: 20; Parti	$0	$0	$75	0%	$0	$0	$75
Plan 363	2013	PPO	Preferred: 20; Parti	$0	$0	$75	0%	$0	$0	$75
Plan 364	2013	PPO	Preferred: 20; Parti	$0	$0	$75	0%	$0	$0	$75
Plan 365	2013	PPO	Preferred: 20; Parti	$0	$0	$75	0%	$0	$0	$75
Plan 366	2013	PPO	Preferred: 20; Parti	$0	$0	$75	0%	$0	$0	$75
Plan 367	2013	PPO	$0	$0	$0	$75	0%	$0	$0	$75
Plan 368	2013	PPO	$0	$0	$0	$75	0%	$0	$0	$75
Plan 369	2013	PPO	$0	$0	$0	$0	0%	$0	$0	$0
Plan 369	2013	PPO	$0	$0	$0	$0	0%	$0	$0	$0
Plan 370	2013	PPO	$0	$0	$0	$0	0%	$0	$0	$0
Plan 371	2013	PPO	$40	$0	$0	$150	0%	$0	$0	$150
Plan 372	2013	PPO	$40	$0	$0	$150	0%	$0	$0	$150
Plan 373	2013	PPO	$40	$0	$0	$150	0%	$0	$0	$150
Plan 374	2013	PPO	$0	$0	$0	$75	0%	$0	$0	$75

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5e

Health Plan Design Comparison — Co-Payments (Paid by Plan Participant)

For All Plans in Calendar Year 2012

	Plan Year	Plan	Co-Payments							
			In-Network				Out-of-Network			
Health Plan	Ending	Type	Office Visit	Inpatient	Outpatient Surgery	Emergency Room	Office Visit	Inpatient	Outpatient Surgery	Emergency Room
Plan 375	2013	PPO	$20	$200	$200	$100	20000%	$200	$200	$100
Plan 376	2013	PPO	$20	200/admit	200/admit	$100	200/admit	200/admit	200/admit	$100
Plan 377	2013	PPO	$20	200/admit	200/admit	$100	200/admit	200/admit	200/admit	$100
Plan 378	2013	PPO	Preferred: 20; Parti	$0	$0	$125	0%	$0	$0	$125
Plan 379	2012	PPO	$0	$0	$0	$100	0%	$0	$0	$100
Plan 380	2013	PPO	$0	$0	$0	$125	0%	$0	$0	$125
Plan 381	2013	PPO	Preferred: 20; Parti	$0	$0	$125	0%	$0	$0	$125
Plan 382	2012	PPO	Preferred: 20; Parti	$0	$0	$125	0%	$0	$0	$125
Plan 383	2013	PPO	$25	$100	$100	$75	10000%	$100	$100	$75
Plan 384	2013	PPO	$25	$100	$100	$75	10000%	$100	$100	$75
Plan 385	2013	PPO	$25	$100	$100	$75	10000%	$100	$100	$75
Plan 386	2013	PPO	$25	$100	$100	$75	10000%	$100	$100	$75
Plan 387	2013	PPO	Preferred: 20; Parti	$0	$0	$100	0%	$0	$0	$100
Plan 388	2013	PPO	$0	$0	$0	$75	0%	$0	$0	$75
Plan 389	2012	PPO	Preferred: 20; Parti	$200	$0	$100	20000%	$200	$0	$100
Plan 390	2012	PPO	Preferred: 15; Parti	$300	$0	$75	30000%	$300	$0	$75
Plan 391	2013	PPO	Preferred: 20; Parti	$200	$0	$100	20000%	$200	$0	$100
Plan 392	2013	PPO	Preferred: 20; Parti	$0	$0	$100	0%	$0	$0	$100
Plan 393	2013	PPO	$0	$0	$0	$0	0%	$0	$0	$0
Plan 394	2013	PPO	$40	$0	$0	$150	0%	$0	$0	$150
Plan 395	2013	PPO	$40	$0	$0	$150	0%	$0	$0	$150
Plan 396	2013	PPO	$40	$0	$0	$150	0%	$0	$0	$150
Plan 397	2013	PPO	$0	$0	$0	$75	0%	$0	$0	$75
Plan 398	2013	PPO	$20	$200	$200	$100	20000%	$200	$200	$100
Plan 399	2013	PPO	$20	200/admit	200/admit	$100	200/admit	200/admit	200/admit	$100
Plan 400	2013	PPO	$20	200/admit	200/admit	$100	200/admit	200/admit	200/admit	$100
Plan 401	2013	PPO	$0	$0	$0	$0	0%	$0	$0	$0
Plan 402	2013	PPO	$0	$0	$0	$0	0%	$0	$0	$0
Plan 403	2013	PPO	Preferred: 20; Parti	$0	$0	$125	0%	$0	$0	$125
Plan 404	2012	PPO	$0	$0	$0	$100	0%	$0	$0	$100
Plan 405	2013	PPO	$0	$0	$0	$75	0%	$0	$0	$75
Plan 406	2013	PPO	$0	$0	$0	$75	0%	$0	$0	$75
Plan 407	2013	PPO	$0	$0	$0	$0	0%	$0	$0	$0
Plan 408	2013	PPO	$0	$0	$0	$0	0%	$0	$0	$0

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5f

Health Plan Design Comparison — Out of-Pocket Maximums (Paid by Plan Participant)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 001	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 002	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 003	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 004	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 005	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 006	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 007	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 008	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 009	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 010	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 011	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 012	2012	HMO	$2,000	$4,000	Not covered	Not covered
Plan 013	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 014	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 015	2012	HMO	$2,000	$4,000	Not covered	Not covered
Plan 016	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 017	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 018	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 019	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 020	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 021	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 022	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 023	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 024	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 025	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 026	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 027	2013	HMO	$2,000	$6,000	Not covered	Not covered

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5f

Health Plan Design Comparison — Out of-Pocket Maximums (Paid by Plan Participant)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 028	2013	HMO	$1,000	$2,000	Not covered	Not covered
Plan 029	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 030	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 031	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 032	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 033	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 034	2012	HMO	$1,000	$3,000	Not covered	Not covered
Plan 035	2013	HMO	$3,000	$6,000	Not covered	Not covered
Plan 036	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 037	2013	HMO	$1,000	$2,000	Not covered	Not covered
Plan 038	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 039	2013	HMO	$1,000	$2,000	Not covered	Not covered
Plan 040	2012	HMO	$2,000	$4,000	Not covered	Not covered
Plan 041	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 042	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 043	2013	HMO	$1,000	$2,000	Not covered	Not covered
Plan 044	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 045	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 046	2012	PPO	$3,000	$9,000	Combined with IN	Combined with IN
Plan 047	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 048	2013	HMO	$3,000	$9,000	Not covered	Not covered
Plan 049	2013	HMO	$1,000	$2,000	Not covered	Not covered
Plan 050	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 051	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 052	2013	HMO	$3,000	$6,000	Not covered	Not covered
Plan 053	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 054	2013	HMO	$2,000	$4,000	Not covered	Not covered

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5f

Health Plan Design Comparison — Out of-Pocket Maximums (Paid by Plan Participant)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 055	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 056	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 057	2012	HMO	$5,000	$15,000	Not covered	Not covered
Plan 058	2012	HMO	$5,000	$15,000	Not covered	Not covered
Plan 059	2012	HMO	$5,000	$15,000	Not covered	Not covered
Plan 060	2012	HMO	$5,000	$15,000	Not covered	Not covered
Plan 061	2012	HMO	$5,000	$15,000	Not covered	Not covered
Plan 062	2012	HMO	$5,000	$15,000	Not covered	Not covered
Plan 063	2013	HMO	$1,000	$2,000	Not covered	Not covered
Plan 064	2013	HMO	$5,100	$10,200	Not covered	Not covered
Plan 065	2013	HMO	$5,100	$10,200	Not covered	Not covered
Plan 066	2013	HMO	$5,100	$10,200	Not covered	Not covered
Plan 067	2013	HMO	$5,100	$10,200	Not covered	Not covered
Plan 068	2013	HMO	$5,100	$10,200	Not covered	Not covered
Plan 069	2013	HMO	$5,100	$10,200	Not covered	Not covered
Plan 070	2013	HMO	$5,100	$10,200	Not covered	Not covered
Plan 071	2013	HMO	$5,100	$10,200	Not covered	Not covered
Plan 072	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 073	2013	HMO	$5,100	$10,200	Not covered	Not covered
Plan 074	2013	HMO	$5,100	$10,200	Not covered	Not covered
Plan 075	2013	HMO	$5,100	$10,200	Not covered	Not covered
Plan 076	2013	HMO	$5,100	$10,200	Not covered	Not covered
Plan 077	2013	HMO	$5,100	$10,200	Not covered	Not covered
Plan 078	2013	HMO	$5,100	$10,200	Not covered	Not covered
Plan 079	2013	HMO	$5,100	$10,200	Not covered	Not covered
Plan 080	2013	HMO	$5,100	$10,200	Not covered	Not covered
Plan 081	2013	HMO	$5,100	$10,200	Not covered	Not covered

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5f

Health Plan Design Comparison — Out of-Pocket Maximums (Paid by Plan Participant)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 082	2013	HMO	$5,100	$10,200	Not covered	Not covered
Plan 083	2013	HMO	$5,100	$10,200	Not covered	Not covered
Plan 084	2013	HMO	$5,100	$10,200	Not covered	Not covered
Plan 085	2013	HMO	$5,100	$10,200	Not covered	Not covered
Plan 086	2013	HMO	$5,100	$10,200	Not covered	Not covered
Plan 087	2013	HMO	$5,100	$10,200	Not covered	Not covered
Plan 088	2013	HMO	$5,100	$10,200	Not covered	Not covered
Plan 089	2013	HMO	$3,000	$6,000	Not covered	Not covered
Plan 090	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 091	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 092	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 093	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 094	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 095	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 096	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 097	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 098	2012	HMO	$1,000	$2,000	Not covered	Not covered
Plan 099	2012	HMO	$1,000	$2,000	Not covered	Not covered
Plan 100	2012	HMO	$2,000	$6,000	Not covered	Not covered
Plan 101	2012	HMO	$2,000	$6,000	Not covered	Not covered
Plan 102	2013	HMO	$1,000	$2,000	Not covered	Not covered
Plan 103	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 104	2012	HMO	$1,000	$2,000	Not covered	Not covered
Plan 105	2013	HMO	$1,000	$2,000	Not covered	Not covered
Plan 106	2013	HMO	$1,000	$2,000	Not covered	Not covered
Plan 107	2013	HMO	$1,000	$2,000	Not covered	Not covered
Plan 108	2013	HMO	$2,000	$4,000	Not covered	Not covered

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5f

Health Plan Design Comparison — Out of-Pocket Maximums (Paid by Plan Participant)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 109	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 110	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 111	2013	HMO	$1,000	$2,000	Not covered	Not covered
Plan 112	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 113	2013	HMO	$1,000	$2,000	Not covered	Not covered
Plan 114	2013	HMO	$1,000	$2,000	Not covered	Not covered
Plan 115	2013	HMO	$1,000	$2,000	Not covered	Not covered
Plan 116	2013	HMO	$1,000	$2,000	Not covered	Not covered
Plan 117	2013	HMO	$1,000	$2,000	Not covered	Not covered
Plan 118	2013	HMO	$1,000	$2,000	Not covered	Not covered
Plan 119	2013	HMO	$5,000	$15,000	Not covered	Not covered
Plan 120	2012	HMO	$5,000	$15,000	Not covered	Not covered
Plan 121	2012	HMO	$5,000	$15,000	Not covered	Not covered
Plan 122	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 123	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 124	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 125	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 126	2013	HMO	$1,000	$2,000	Not covered	Not covered
Plan 127	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 128	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 129	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 130	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 131	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 132	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 133	2012	HMO	$5,000	$15,000	Not covered	Not covered
Plan 134	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 135	2013	HMO	$1,000	$2,000	Not covered	Not covered

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5f

Health Plan Design Comparison — Out of-Pocket Maximums (Paid by Plan Participant)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 136	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 137	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 138	2013	HMO	$1,000	$2,000	Not covered	Not covered
Plan 139	2013	HMO	$1,000	$2,000	Not covered	Not covered
Plan 140	2013	HMO	$1,000	$2,000	Not covered	Not covered
Plan 141	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 142	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 143	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 144	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 145	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 146	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 147	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 148	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 149	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 150	2013	HMO	$1,000	$2,000	Not covered	Not covered
Plan 151	2013	HMO	$1,000	$2,000	Not covered	Not covered
Plan 152	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 153	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 154	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 155	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 156	2013	HMO	$5,000	$15,000	Not covered	Not covered
Plan 157	2013	HMO	$5,000	$15,000	Not covered	Not covered
Plan 158	2013	HMO	$5,000	$15,000	Not covered	Not covered
Plan 159	2013	HMO	$5,000	$15,000	Not covered	Not covered
Plan 160	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 161	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 162	2013	HMO	$5,000	$15,000	Not covered	Not covered

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5f

Health Plan Design Comparison — Out of-Pocket Maximums (Paid by Plan Participant)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 163	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 164	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 165	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 166	2013	HMO	$1,000	$2,000	Not covered	Not covered
Plan 167	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 168	2013	HMO	$5,000	$15,000	Not covered	Not covered
Plan 169	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 170	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 171	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 172	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 173	2013	HMO	$5,000	$15,000	Not covered	Not covered
Plan 174	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 175	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 176	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 177	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 178	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 179	2012	HMO	$2,000	$6,000	Not covered	Not covered
Plan 180	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 181	2012	HMO	$2,000	$6,000	Not covered	Not covered
Plan 182	2012	HMO	$2,000	$6,000	Not covered	Not covered
Plan 183	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 184	2012	HMO	$2,000	$6,000	Not covered	Not covered
Plan 185	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 186	2012	HMO	$2,000	$6,000	Not covered	Not covered
Plan 187	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 188	2012	HMO	$2,000	$6,000	Not covered	Not covered
Plan 189	2013	HMO	$2,000	$4,000	Not covered	Not covered

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Exhibit A5f

Health Plan Design Comparison — Out of-Pocket Maximums (Paid by Plan Participant)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 190	2012	HMO	$2,000	$6,000	Not covered	Not covered
Plan 191	2012	HMO	$2,000	$6,000	Not covered	Not covered
Plan 192	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 193	2013	HMO	$5,000	$15,000	Not covered	Not covered
Plan 194	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 195	2013	HMO	$5,000	$15,000	Not covered	Not covered
Plan 196	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 197	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 198	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 199	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 200	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 201	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 202	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 203	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 204	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 205	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 206	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 207	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 208	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 209	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 210	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 211	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 212	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 213	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 214	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 215	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 216	2013	HMO	$2,000	$4,000	Not covered	Not covered

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Exhibit A5f

Health Plan Design Comparison — Out of-Pocket Maximums (Paid by Plan Participant)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 217	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 218	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 219	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 220	2013	HMO	$3,000	$6,000	Not covered	Not covered
Plan 221	2013	PPO	$1,500	$4,500	Combined with IN	Combined with IN
Plan 222	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 223	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 224	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 225	2013	PPO	$2,000	$6,000	$2,000	$6,000
Plan 226	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 227	2013	PPO	$2,000	$4,000	Combined with IN	Combined with IN
Plan 228	2013	PPO	$5,100	$10,200	Combined with IN	Combined with IN
Plan 229	2013	PPO	$5,100	$10,200	Combined with IN	Combined with IN
Plan 230	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 231	2013	HMO	$2,000	$6,000	Not covered	Not covered
Plan 232	2012	HMO	$2,000	$4,000	Not covered	Not covered
Plan 233	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 234	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 235	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 236	2013	PPO	$1,000	$2,000	$2,000	$4,000
Plan 237	2013	PPO	$2,000	$4,000	$4,000	$8,000
Plan 238	2013	PPO	$1,000	$2,000	$2,000	$4,000
Plan 239	2013	PPO	$1,500	$4,500	$1,500	$4,500
Plan 240	2013	PPO	$2,750	$8,250	$2,750	$8,250
Plan 241	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 242	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 243	2013	HMO	$2,000	$4,000	Not covered	Not covered

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Exhibit A5f

Health Plan Design Comparison — Out of-Pocket Maximums (Paid by Plan Participant)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 244	2013	HMO	$1,000	$2,000	Not covered	Not covered
Plan 245	2013	PPO	$4,000	$12,000	Unlimited	Unlimited
Plan 246	2012	PPO	$1,500	$4,500	No limit	No limit
Plan 247	2012	PPO	$1,500	$4,500	No limit	No limit
Plan 248	2012	PPO	$3,000	$9,000	Combined with IN	Combined with IN
Plan 249	2012	PPO	$3,000	$9,000	Combined with IN	Combined with IN
Plan 250	2012	PPO	$3,000	$9,000	Combined with IN	Combined with IN
Plan 251	2012	PPO	$3,000	$9,000	Combined with IN	Combined with IN
Plan 252	2012	PPO	$3,000	$9,000	Combined with IN	Combined with IN
Plan 253	2012	PPO	$3,000	$9,000	Combined with IN	Combined with IN
Plan 254	2012	PPO	$3,000	$9,000	Combined with IN	Combined with IN
Plan 255	2012	PPO	$3,000	$9,000	Combined with IN	Combined with IN
Plan 256	2013	PPO	$1,500	$4,500	Unlimited	Unlimited
Plan 257	2013	PPO	$1,000	$3,000	Unlimited	Unlimited
Plan 258	2013	PPO	$2,000	$6,000	Unlimited	Unlimited
Plan 259	2013	PPO	$1,500	$4,500	Unlimited	Unlimited
Plan 260	2013	PPO	$1,000	$3,000	Unlimited	Unlimited
Plan 261	2012	PPO	$1,000	$3,000	Unlimited	Unlimited
Plan 262	2012	PPO	$1,000	$3,000	Unlimited	Unlimited
Plan 263	2013	HMO	$3,000	$6,000	Not covered	Not covered
Plan 264	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 265	2013	PPO	$2,000	$4,000	$2,000	$4,000
Plan 266	2013	HMO	$2,000	$4,000	Not covered	Not covered
Plan 267	2013	HMO	$1,000	$2,000	Not covered	Not covered
Plan 268	2013	PPO	$3,000	$6,000	$6,000	$12,000
Plan 269	2013	PPO	$5,500	$11,000	Combined with In-Net	Combined with In-Net
Plan 270	2012	PPO	$4,000	$12,000	Combined with In-Net	Combined with In-Net

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Exhibit A5f

Health Plan Design Comparison — Out of-Pocket Maximums (Paid by Plan Participant)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 271	2012	PPO	$3,000	$9,000	Combined with In-Net	Combined with In-Net
Plan 272	2012	PPO	$5,000	$15,000	Combined with In-Net	Combined with In-Net
Plan 273	2013	In-N	$2,000	$6,000	Not covered	Not covered
Plan 274	2013	In-N	$2,000	$6,000	Not covered	Not covered
Plan 275	2012	In-N	$2,000	$6,000	Not covered	Not covered
Plan 276	2012	In-N	$600	$1,800	Not covered	Not covered
Plan 277	2012	In-N	$2,500	$7,500	Not covered	Not covered
Plan 278	2013	PPO	$5,000	$15,000	Unlimited	Unlimited
Plan 279	2013	PPO	$4,000	$12,000	Unlimited	Unlimited
Plan 280	2013	PPO	$7,500	$22,500	Unlimited	Unlimited
Plan 281	2013	Clos	$1,200	$3,600	Not covered	Not covered
Plan 282	2013	Clos	$2,000	$6,000	Not covered	Not covered
Plan 283	2012	Clos	$600	$1,800	Not covered	Not covered
Plan 284	2013	Clos	$1,200	$3,600	Not covered	Not covered
Plan 285	2013	Clos	$3,000	$9,000	Not covered	Not covered
Plan 286	2012	PPO	$5,100	$10,200	Combined with IN	Combined with IN
Plan 287	2012	HMO	$2,000	$4,000	Not covered	Not covered
Plan 288	2012	HMO	$2,000	$4,000	Not covered	Not covered
Plan 289	2013	PPO	$4,000	$8,000	Unlimited	Unlimited
Plan 290	2013	In-N	$600	$1,200	Not covered	Not covered
Plan 291	2012	In-N	$600	$1,200	Not covered	Not covered
Plan 292	2013	In-N	$600	$1,200	Not covered	Not covered
Plan 293	2013	In-N	$600	$1,200	Not covered	Not covered
Plan 294	2013	In-N	$600	$1,200	Not covered	Not covered
Plan 295	2012	In-N	$600	$1,200	Not covered	Not covered
Plan 296	2012	In-N	$600	$1,200	Not covered	Not covered
Plan 297	2012	In-N	$600	$1,200	Not covered	Not covered

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Exhibit A5f

Health Plan Design Comparison — Out of-Pocket Maximums (Paid by Plan Participant)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 298	2013	In-N	$600	$1,200	Not covered	Not covered
Plan 299	2012	In-N	$600	$1,200	Not covered	Not covered
Plan 300	2012	In-N	$600	$1,200	Not covered	Not covered
Plan 301	2013	In-N	$600	$1,200	Not covered	Not covered
Plan 302	2012	In-N	$600	$1,200	Not covered	Not covered
Plan 303	2013	In-N	$600	$1,200	Not covered	Not covered
Plan 304	2013	In-N	$600	$1,200	Not covered	Not covered
Plan 305	2013	In-N	$600	$1,200	Not covered	Not covered
Plan 306	2013	In-N	$600	$1,200	Not covered	Not covered
Plan 307	2012	In-N	$600	$1,200	Not covered	Not covered
Plan 308	2012	In-N	$600	$1,200	Not covered	Not covered
Plan 309	2012	In-N	$600	$1,200	Not covered	Not covered
Plan 310	2012	In-N	$600	$1,200	Not covered	Not covered
Plan 311	2013	In-N	$1,000	$2,000	Not covered	Not covered
Plan 312	2012	In-N	$600	$1,200	Not covered	Not covered
Plan 313	2012	In-N	$600	$1,200	Not covered	Not covered
Plan 314	2012	PPO	Unlimited	Unlimited	Unlimited	Unlimited
Plan 315	2012	PPO	$1,100	1100 per enrollee	Unlimited	Unlimited
Plan 315	2013	PPO	$1,100	1100 per enrollee	Unlimited	Unlimited
Plan 316	2013	PPO	$4,200	$8,400	Unlimited	Unlimited
Plan 317	2012	PPO	$1,800	1800 per enrollee	Unlimited	Unlimited
Plan 318	2012	PPO	$1,100	1100 per enrollee	Unlimited	Unlimited
Plan 318	2013	PPO	$1,100	1100 per enrollee	Unlimited	Unlimited
Plan 319	2013	PPO	$2,300	2300 per enrollee	Unlimited	Unlimited
Plan 320	2013	PPO	$3,000	3000 per enrollee	Unlimited	Unlimited
Plan 321	2013	PPO	$2,300	2300 per enrollee	Unlimited	Unlimited
Plan 322	2013	PPO	$3,000	3000 per enrollee	Unlimited	Unlimited

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5f

Health Plan Design Comparison — Out of-Pocket Maximums (Paid by Plan Participant)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 323	2013	In-N	$2,000	$4,000	Not covered	Not covered
Plan 324	2013	PPO	$2,500	$7,500	Combined with In-Net	Combined with In-Net
Plan 325	2013	PPO	$5,000	$15,000	$10,000	$30,000
Plan 326	2013	PPO	$1,200	$3,600	Combined with In-Net	Combined with In-Net
Plan 327	2013	PPO	$5,000	5000 per enrollee	Unlimited	Unlimited
Plan 328	2013	PPO	$2,500	$7,500	Combined with In-Net	Combined with In-Net
Plan 329	2013	PPO	$1,200	$3,600	Combined with In-Net	Combined with In-Net
Plan 330	2012	PPO	$1,500	$4,500	$3,000	$9,000
Plan 331	2012	PPO	$1,500	$4,500	$3,000	$9,000
Plan 332	2013	PPO	$3,000	$9,000	$6,000	$18,000
Plan 333	2012	PPO	$5,000	$15,000	$10,000	$30,000
Plan 334	2013	PPO	$5,000	$15,000	$10,000	$30,000
Plan 335	2013	PPO	$5,000	$15,000	$10,000	$30,000
Plan 336	2013	PPO	$2,000	$6,000	$10,000	$30,000
Plan 337	2013	PPO	$2,000	$6,000	$10,000	$30,000
Plan 338	2013	PPO	$3,000	$9,000	$10,000	$30,000
Plan 339	2013	PPO	$3,000	$9,000	$10,000	$30,000
Plan 340	2013	PPO	$5,000	$15,000	$10,000	$30,000
Plan 341	2013	PPO	$5,000	$15,000	$10,000	$30,000
Plan 342	2013	PPO	$5,000	$15,000	$10,000	$30,000
Plan 343	2013	PPO	$5,000	$15,000	$10,000	$30,000
Plan 344	2013	PPO	$1,500	$4,500	$3,000	$9,000
Plan 345	2013	PPO	$2,500	$7,500	$10,000	$30,000
Plan 346	2012	PPO	$4,200	$8,400	Combined with In-Net	Combined with In-Net
Plan 347	2012	PPO	$2,000	$4,000	Combined with In-Net	Combined with In-Net
Plan 348	2012	PPO	$500	$1,500	Combined with In-Net	Combined with In-Net
Plan 349	2013	PPO	$1,500	$4,500	Combined with In-Net	Combined with In-Net

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5f

Health Plan Design Comparison — Out of-Pocket Maximums (Paid by Plan Participant)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 350	2013	PPO	$2,750	$8,250	Combined with In-Net	Combined with In-Net
Plan 351	2012	PPO	$500	$1,500	Unlimited	Unlimited
Plan 351	2013	PPO	$500	$1,500	Unlimited	Unlimited
Plan 352	2013	PPO	$1,000	$3,000	Combined with In-Net	Combined with In-Net
Plan 353	2013	PPO	$1,800	$5,400	Combined with In-Net	Combined with In-Net
Plan 354	2013	PPO	$2,500	$7,500	Combined with In-Net	Combined with In-Net
Plan 355	2013	PPO	$2,000	$6,000	Combined with In-Net	Combined with In-Net
Plan 356	2013	PPO	$5,000	$15,000	Combined with In-Net	Combined with In-Net
Plan 357	2013	PPO	$5,000	$10,000	Combined with In-Net	Combined with In-Net
Plan 358	2013	PPO	$2,500	$7,500	Combined with In-Net	Combined with In-Net
Plan 359	2013	PPO	$2,500	$7,500	Combined with In-Net	Combined with In-Net
Plan 360	2013	PPO	$1,000	$3,000	Combined with In-Net	Combined with In-Net
Plan 361	2013	PPO	$5,000	$10,000	Combined with In-Net	Combined with In-Net
Plan 362	2013	PPO	$1,000	$3,000	Combined with In-Net	Combined with In-Net
Plan 363	2013	PPO	$2,000	$6,000	Combined with In-Net	Combined with In-Net
Plan 364	2013	PPO	$5,000	$15,000	Combined with In-Net	Combined with In-Net
Plan 365	2013	PPO	$2,500	$7,500	Combined with In-Net	Combined with In-Net
Plan 366	2013	PPO	$2,500	$7,500	Combined with In-Net	Combined with In-Net
Plan 367	2013	PPO	$2,000	$6,000	Combined with In-Net	Combined with In-Net
Plan 368	2013	PPO	$5,000	$15,000	Combined with In-Net	Combined with In-Net
Plan 369	2013	PPO	$5,000	$10,000	Combined with In-Net	Combined with In-Net
Plan 369	2013	PPO	$2,500	$5,000	Combined with In-Net	Combined with In-Net
Plan 370	2013	PPO	$5,000	$10,000	Combined with In-Net	Combined with In-Net
Plan 371	2013	PPO	$2,500	$7,500	Combined with In-Net	Combined with In-Net
Plan 372	2013	PPO	$3,500	$10,500	Combined with In-Net	Combined with In-Net
Plan 373	2013	PPO	$5,000	$15,000	Combined with In-Net	Combined with In-Net
Plan 374	2013	PPO	$5,000	$15,000	Combined with In-Net	Combined with In-Net

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5f

Health Plan Design Comparison — Out of-Pocket Maximums (Paid by Plan Participant)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 375	2013	PPO	$2,000	2000 per enrollee	Combined with In-Net	Combined with In-Net
Plan 376	2013	PPO	$1,250	1250 per enrollee	Combined with In-Net	Combined with In-Net
Plan 377	2013	PPO	$2,500	$7,500	$10,000	$30,000
Plan 378	2013	PPO	$3,500	$10,500	Combined with In-Net	Combined with In-Net
Plan 379	2012	PPO	$5,000	$10,000	Combined with In-Net	Combined with In-Net
Plan 380	2013	PPO	$3,500	$10,500	Combined with In-Net	Combined with In-Net
Plan 381	2013	PPO	$3,500	$10,500	Combined with In-Net	Combined with In-Net
Plan 382	2012	PPO	$3,500	$10,500	Combined with In-Net	Combined with In-Net
Plan 383	2013	PPO	$2,000	$6,000	Combined with In-Net	Combined with In-Net
Plan 384	2013	PPO	$2,500	$7,500	Combined with In-Net	Combined with In-Net
Plan 385	2013	PPO	$2,000	$6,000	Combined with In-Net	Combined with In-Net
Plan 386	2013	PPO	$2,000	$6,000	Combined with In-Net	Combined with In-Net
Plan 387	2013	PPO	$1,750	$5,250	Combined with In-Net	Combined with In-Net
Plan 388	2013	PPO	$5,000	$15,000	Combined with In-Net	Combined with In-Net
Plan 389	2012	PPO	$2,000	$6,000	Combined with In-Net	Combined with In-Net
Plan 390	2012	PPO	$2,500	$7,500	Combined with In-Net	Combined with In-Net
Plan 391	2013	PPO	$1,800	$5,400	Combined with In-Net	Combined with In-Net
Plan 392	2013	PPO	$1,750	$5,250	Combined with In-Net	Combined with In-Net
Plan 393	2013	PPO	$5,000	$10,000	Combined with In-Net	Combined with In-Net
Plan 394	2013	PPO	$2,500	$7,500	Combined with In-Net	Combined with In-Net
Plan 395	2013	PPO	$3,500	$10,500	Combined with In-Net	Combined with In-Net
Plan 396	2013	PPO	$5,000	$15,000	Combined with In-Net	Combined with In-Net
Plan 397	2013	PPO	$5,000	$15,000	Combined with In-Net	Combined with In-Net
Plan 398	2013	PPO	$2,000	2000 per enrollee	Combined with In-Net	Combined with In-Net
Plan 399	2013	PPO	$1,250	1250 per enrollee	Combined with In-Net	Combined with In-Net
Plan 400	2013	PPO	$2,500	$7,500	$10,000	$30,000
Plan 401	2013	PPO	$5,000	$10,000	Combined with In-Net	Combined with In-Net

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Exhibit A5f

Health Plan Design Comparison — Out of-Pocket Maximums (Paid by Plan Participant)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 402	2013	PPO	$5,000	$10,000	Combined with In-Net	Combined with In-Net
Plan 403	2013	PPO	$3,500	$10,500	Combined with In-Net	Combined with In-Net
Plan 404	2012	PPO	$5,000	$10,000	Combined with In-Net	Combined with In-Net
Plan 405	2013	PPO	$5,000	$15,000	Combined with In-Net	Combined with In-Net
Plan 406	2013	PPO	$5,000	$15,000	Combined with In-Net	Combined with In-Net
Plan 407	2013	PPO	$2,500	$5,000	Combined with In-Net	Combined with In-Net
Plan 408	2013	PPO	$2,500	$5,000	Combined with In-Net	Combined with In-Net

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Exhibit A5g

Health Plan Design Comparison — Prescription Drugs (At Participating Pharmacies)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)		Retail		Mail-Order		Speciality Drugs
			In-Network	Out-of-Network	Cost Share	Days Supply	Cost Share	Days Supply	Cost Share
Plan 001	2013	HMO	$0	n/a	$15/$30/not covered	30	$30/$60/not covered	90	n/a
Plan 002	2013	HMO	$0	n/a	$10/$30/not covered	30	$30/$90/not covered	90	n/a
Plan 003	2013	HMO	$0	n/a	$15/$30/not covered	30	$30/$60/not covered	90	n/a
Plan 004	2013	HMO	$0	n/a	$15/$30/not covered	30	$30/$60/not covered	90	n/a
Plan 005	2013	HMO	$0	n/a	$15/$30/not covered	30	$30/$60/not covered	90	n/a
Plan 006	2013	HMO	$0	n/a	$15/$30/not covered	30	$30/$60/not covered	90	n/a
Plan 007	2013	HMO	$0	n/a	$15/$30/not covered	30	$30/$60/not covered	90	n/a
Plan 008	2013	HMO	$0	n/a	$15/$30/not covered	30	$30/$60/not covered	90	n/a
Plan 009	2013	HMO	$0	n/a	$15/$30/not covered	30	$30/$60/not covered	90	n/a
Plan 010	2013	HMO	$0	n/a	$15/$30/not covered	30	$30/$60/not covered	90	n/a
Plan 011	2013	HMO	$0	n/a	$15/$30/not covered	30	$30/$60/not covered	90	n/a
Plan 012	2012	HMO	$0	n/a	$10/$10/$10	30	$5/$5/$5	30	n/a
Plan 013	2013	HMO	$0	n/a	$10/$20/not covered	30	$20/$40/not covered	90	n/a
Plan 014	2013	HMO	$0	n/a	$10/$20/not covered	30	$20/$40/not covered	90	n/a
Plan 015	2012	HMO	$0	n/a	$10/$10/$10	30	$5/$5/$5	30	n/a
Plan 016	2013	HMO	$0	n/a	$10/$20/not covered	30	$20/$40/not covered	90	n/a
Plan 017	2013	HMO	$0	n/a	$10/$20/not covered	30	$30/$60/not covered	90	n/a
Plan 018	2013	HMO	$0	n/a	$10/$20/not covered	30	$20/$40/not covered	90	n/a
Plan 019	2013	HMO	$0	n/a	$15/$30/not covered	30	$30/$60/not covered	90	n/a
Plan 020	2013	HMO	$0	n/a	$10/$30/not covered	30	$20/$60/not covered	90	n/a
Plan 021	2013	HMO	$0	n/a	$15/$30/not covered	30	$30/$60/not covered	90	n/a
Plan 022	2013	HMO	$0	n/a	$15/$30/not covered	30	$30/$60/not covered	90	n/a
Plan 023	2013	HMO	$0	n/a	$15/$30/not covered	30	$30/$60/not covered	90	n/a
Plan 024	2013	HMO	$0	n/a	$15/$30/not covered	30	$30/$60/not covered	90	n/a
Plan 025	2013	HMO	$0	n/a	$15/$30/not covered	30	$45/$90/not covered	90	n/a
Plan 026	2013	HMO	$0	n/a	$10/$30/$50	30	$20/$60/$100	90	n/a
Plan 027	2013	HMO	$0	n/a	$15/$30/not covered	30	$45/$90/not covered	90	n/a
Plan 028	2013	HMO	$0	n/a	$20/$40/not covered	30	$40/$80/not covered	90	n/a
Plan 029	2013	HMO	$0	n/a	$10/$30/not covered	30	$20/$60/not covered	90	n/a
Plan 030	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 031	2013	HMO	$0	n/a	$10/$30/not covered	30	$20/$60/not covered	90	n/a
Plan 032	2013	HMO	$0	n/a	$10/$10/not covered	30	$30/$30/not covered	90	n/a
Plan 033	2013	HMO	$0	n/a	$20/$40/not covered	30	$60/$120/not covered	90	n/a
Plan 034	2012	HMO	$0	n/a	$10/$20/not covered	30	$20/$40/not covered	90	n/a
Plan 035	2013	HMO	$0	n/a	$10/$20/not covered	30	$20/$40/not covered	90	n/a
Plan 036	2013	HMO	$0	n/a	$10/$20/not covered	30	$20/$40/not covered	90	n/a
Plan 037	2013	HMO	$0	n/a	$10/$20/not covered	30	$20/$40/not covered	90	n/a
Plan 038	2013	HMO	$0	n/a	$10/$30/not covered	30	$20/$60/not covered	90	n/a
Plan 039	2013	HMO	$0	n/a	$10/$10/not covered	30	$30/$30/not covered	90	n/a
Plan 040	2012	HMO	$0	n/a	$10/$30/not covered	30	$5/$25/not covered	30	n/a
Plan 041	2013	HMO	$0	n/a	$20/$20/not covered	30	$60/$60/not covered	90	n/a
Plan 042	2013	HMO	$0	n/a	$15/$30/not covered	30	$45/$90/not covered	90	n/a
Plan 043	2013	HMO	$0	n/a	$10/$10/not covered	30	$30/$30/not covered	90	n/a
Plan 044	2013	HMO	$0	n/a	$15/$30/not covered	30	$30/$60/not covered	90	n/a
Plan 045	2013	HMO	$0	n/a	$10/$20/not covered	0	$20/$40/not covered	90	n/a
Plan 046	2012	PPO	$0	n/a	$20/$40/not covered	30	$40/$80/not covered	90	n/a

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5g

Health Plan Design Comparison — Prescription Drugs (At Participating Pharmacies)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)		Retail		Mail-Order		Speciality Drugs
			In-Network	Out-of-Network	Cost Share	Days Supply	Cost Share	Days Supply	Cost Share
Plan 047	2013	HMO	$0	n/a	$15/$15/not covered	30	$30/$30/not covered	90	n/a
Plan 048	2013	HMO	$0	n/a	$20/$40/not covered	30	$40/$80/not covered	90	n/a
Plan 049	2013	HMO	$0	n/a	$10/$20/not covered	30	$30/$60/not covered	90	n/a
Plan 050	2013	HMO	$0	n/a	$10/$30/not covered	30	$30/$90/not covered	90	n/a
Plan 051	2013	HMO	$0	n/a	$15/$30/not covered	30	$45/$90/not covered	90	n/a
Plan 052	2013	HMO	$0	n/a	$15/$30/not covered	30	$30/$60/not covered	90	n/a
Plan 053	2013	HMO	$0	n/a	$10/$20/not covered	30	$30/$60/not covered	90	n/a
Plan 054	2013	HMO	$0	n/a	$10/$30/not covered	30	$20/$60/not covered	90	n/a
Plan 055	2013	HMO	$0	n/a	$15/$30/$50	30	$30/$60/$100	90	n/a
Plan 056	2013	HMO	$0	n/a	$15/$30/not covered	30	$30/$60/not covered	90	n/a
Plan 057	2012	HMO	$0	n/a	$20/$40/$60	30	$40/$80/$120	90	n/a
Plan 058	2012	HMO	$0	n/a	$20/$40/$60	30	$40/$80/$120	90	n/a
Plan 059	2012	HMO	$0	n/a	$20/$40/$60	30	$40/$80/$120	90	n/a
Plan 060	2012	HMO	$0	n/a	$20/$40/$60	30	$40/$80/$120	90	n/a
Plan 061	2012	HMO	$0	n/a	$20/$40/$60	30	$40/$80/$120	90	n/a
Plan 062	2012	HMO	$0	n/a	$20/$40/$60	30	$40/$80/$120	90	n/a
Plan 063	2013	HMO	$0	n/a	$10/$20/not covered	30	$30/$60/not covered	90	n/a
Plan 064	2013	HMO	$0	n/a	$15/$30/$50	30	$45/$90/$150	90	n/a
Plan 065	2013	HMO	$0	n/a	$15/$30/$50	30	$45/$90/$150	90	n/a
Plan 066	2013	HMO	$0	n/a	$15/$30/$50	30	$45/$90/$150	90	n/a
Plan 067	2013	HMO	$0	n/a	$15/$30/$50	30	$45/$90/$150	90	n/a
Plan 068	2013	HMO	$0	n/a	$15/$30/$50	30	$45/$90/$150	90	n/a
Plan 069	2013	HMO	$0	n/a	$15/$30/$50	30	$45/$90/$150	90	n/a
Plan 070	2013	HMO	$0	n/a	$15/$30/$50	30	$45/$90/$150	90	n/a
Plan 071	2013	HMO	$0	n/a	$15/$30/$50	30	$45/$90/$150	90	n/a
Plan 072	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 073	2013	HMO	$0	n/a	$15/$30/$50	30	$45/$90/$150	90	n/a
Plan 074	2013	HMO	$0	n/a	$15/$30/$50	30	$45/$90/$150	90	n/a
Plan 075	2013	HMO	$0	n/a	$15/$30/$50	30	$45/$90/$150	90	n/a
Plan 076	2013	HMO	$0	n/a	$15/$30/$50	30	$45/$90/$150	90	n/a
Plan 077	2013	HMO	$0	n/a	$15/$30/$50	30	$45/$90/$150	90	n/a
Plan 078	2013	HMO	$0	n/a	$15/$30/$50	30	$45/$90/$150	90	n/a
Plan 079	2013	HMO	$0	n/a	$15/$30/$50	30	$45/$90/$150	90	n/a
Plan 080	2013	HMO	$0	n/a	$15/$30/$50	30	$45/$90/$150	90	n/a
Plan 081	2013	HMO	$0	n/a	$15/$30/$50	30	$45/$90/$150	90	n/a
Plan 082	2013	HMO	$0	n/a	$15/$30/$50	30	$45/$90/$150	90	n/a
Plan 083	2013	HMO	$0	n/a	$15/$30/$50	30	$45/$90/$150	90	n/a
Plan 084	2013	HMO	$0	n/a	$15/$30/$50	30	$45/$90/$150	90	n/a
Plan 085	2013	HMO	$0	n/a	$15/$30/$50	30	$45/$90/$150	90	n/a
Plan 086	2013	HMO	$0	n/a	$15/$30/$50	30	$45/$90/$150	90	n/a
Plan 087	2013	HMO	$0	n/a	$15/$30/$50	30	$45/$90/$150	90	n/a
Plan 088	2013	HMO	$0	n/a	$15/$30/$50	30	$45/$90/$150	90	n/a
Plan 089	2013	HMO	$0	n/a	$15/$30/not covered	30	$30/$60/not covered	90	n/a
Plan 090	2013	HMO	$0	n/a	$15/$30/not covered	30	$30/$60/not covered	90	n/a
Plan 091	2013	HMO	$0	n/a	$15/$30/not covered	30	$30/$60/not covered	90	n/a
Plan 092	2013	HMO	$0	n/a	$10/$20/not covered	30	$5/$15/not covered	30	n/a

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5g

Health Plan Design Comparison — Prescription Drugs (At Participating Pharmacies)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)		Retail		Mail-Order		Speciality Drugs
			In-Network	Out-of-Network	Cost Share	Days Supply	Cost Share	Days Supply	Cost Share
Plan 093	2013	HMO	$0	n/a	$15/$30/not covered	30	$30/$60/not covered	90	n/a
Plan 094	2013	HMO	$0	n/a	$20/$40/$60	30	$60/$120/$180	90	n/a
Plan 095	2013	HMO	$0	n/a	$10/$10/not covered	30	$30/$30/not covered	90	n/a
Plan 096	2013	HMO	$0	n/a	$15/$30/not covered	30	$45/$90/not covered	90	n/a
Plan 097	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 098	2012	HMO	$0	n/a	$10/$20/$40	30	$20/$40/$80	90	n/a
Plan 099	2012	HMO	$0	n/a	$10/$20/$40	30	$20/$40/$80	90	n/a
Plan 100	2012	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 101	2012	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 102	2013	HMO	$0	n/a	$10/$20/$40	30	$20/$40/$80	90	n/a
Plan 103	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 104	2012	HMO	$0	n/a	$10/$20/$40	30	$20/$40/$80	90	n/a
Plan 105	2013	HMO	$0	n/a	$10/$20/$40	30	$20/$40/$80	90	n/a
Plan 106	2013	HMO	$0	n/a	$10/$20/$40	30	$20/$40/$80	90	n/a
Plan 107	2013	HMO	$0	n/a	$10/$20/$40	30	$20/$40/$80	90	n/a
Plan 108	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 109	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 110	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 111	2013	HMO	$0	n/a	$10/$20/$40	30	$20/$40/$80	90	n/a
Plan 112	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 113	2013	HMO	$0	n/a	$10/$20/$40	30	$20/$40/$80	90	n/a
Plan 114	2013	HMO	$0	n/a	$10/$20/$40	30	$20/$40/$80	90	n/a
Plan 115	2013	HMO	$0	n/a	$10/$20/$40	30	$20/$40/$80	90	n/a
Plan 116	2013	HMO	$0	n/a	$10/$20/$40	30	$20/$40/$80	90	n/a
Plan 117	2013	HMO	$0	n/a	$10/$20/$40	30	$20/$40/$80	90	n/a
Plan 118	2013	HMO	$0	n/a	$10/$20/$40	30	$20/$40/$80	90	n/a
Plan 119	2013	HMO	$0	n/a	$20/$40/$60	30	$40/$80/$120	90	n/a
Plan 120	2012	HMO	$0	n/a	$20/$40/$60	30	$40/$80/$120	90	n/a
Plan 121	2012	HMO	$0	n/a	$20/$40/$60	30	$40/$80/$120	90	n/a
Plan 122	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 123	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 124	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 125	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 126	2013	HMO	$0	n/a	$10/$20/$40	30	$20/$40/$80	90	n/a
Plan 127	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 128	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 129	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 130	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 131	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 132	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 133	2012	HMO	$0	n/a	$20/$40/$60	30	$40/$80/$120	90	n/a
Plan 134	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 135	2013	HMO	$0	n/a	$10/$20/$40	30	$20/$40/$80	90	n/a
Plan 136	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 137	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 138	2013	HMO	$0	n/a	$10/$20/$40	30	$20/$40/$80	90	n/a

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5g

Health Plan Design Comparison — Prescription Drugs (At Participating Pharmacies)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)		Retail		Mail-Order		Speciality Drugs
			In-Network	Out-of-Network	Cost Share	Days Supply	Cost Share	Days Supply	Cost Share
Plan 139	2013	HMO	$0	n/a	$10/$20/$40	30	$20/$40/$80	90	n/a
Plan 140	2013	HMO	$0	n/a	$10/$20/$40	30	$20/$40/$80	90	n/a
Plan 141	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 142	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 143	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 144	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 145	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 146	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 147	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 148	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 149	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 150	2013	HMO	$0	n/a	$10/$20/$40	30	$20/$40/$80	90	n/a
Plan 151	2013	HMO	$0	n/a	$10/$20/$40	30	$20/$40/$80	90	n/a
Plan 152	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 153	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 154	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 155	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 156	2013	HMO	$0	n/a	$20/$40/$60	30	$40/$80/$120	90	n/a
Plan 157	2013	HMO	$0	n/a	$20/$40/$60	30	$40/$80/$120	90	n/a
Plan 158	2013	HMO	$0	n/a	$20/$40/$60	30	$40/$80/$120	90	n/a
Plan 159	2013	HMO	$0	n/a	$20/$40/$60	30	$40/$80/$120	90	n/a
Plan 160	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 161	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 162	2013	HMO	$0	n/a	$20/$40/$60	30	$40/$80/$120	90	n/a
Plan 163	2013	HMO	$0	n/a	$15/$30/not covered	30	$30/$60/not covered	90	n/a
Plan 164	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 165	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 166	2013	HMO	$0	n/a	$10/$20/$40	30	$20/$40/$80	90	n/a
Plan 167	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 168	2013	HMO	$0	n/a	$20/$40/$60	30	$40/$80/$120	90	n/a
Plan 169	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 170	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 171	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 172	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 173	2013	HMO	$0	n/a	$20/$40/$60	30	$40/$80/$120	90	n/a
Plan 174	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 175	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 176	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 177	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 178	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 179	2012	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 180	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 181	2012	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 182	2012	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 183	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 184	2012	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5g

Health Plan Design Comparison — Prescription Drugs (At Participating Pharmacies)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)		Retail		Mail-Order		Speciality Drugs
			In-Network	Out-of-Network	Cost Share	Days Supply	Cost Share	Days Supply	Cost Share
Plan 185	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 186	2012	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 187	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 188	2012	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 189	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 190	2012	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 191	2012	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 192	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 193	2013	HMO	$0	n/a	$20/$40/$60	30	$40/$80/$120	90	n/a
Plan 194	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 195	2013	HMO	$0	n/a	$20/$40/$60	30	$40/$80/$120	90	n/a
Plan 196	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 197	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 198	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 199	2013	HMO	$0	n/a	$15/$25/$45	30	$30/$50/$90	90	n/a
Plan 200	2013	HMO	$0	n/a	$15/$30/not covered	30	$30/$60/not covered	90	n/a
Plan 201	2013	HMO	$0	n/a	$15/$30/not covered	30	$30/$60/not covered	90	n/a
Plan 202	2013	HMO	$0	n/a	$15/$30/not covered	30	$30/$60/not covered	90	n/a
Plan 203	2013	HMO	$0	n/a	$15/$30/not covered	30	$30/$60/not covered	90	n/a
Plan 204	2013	HMO	$0	n/a	$15/$30/not covered	30	$30/$60/not covered	90	n/a
Plan 205	2013	HMO	$0	n/a	$15/$30/not covered	30	$30/$60/not covered	90	n/a
Plan 206	2013	HMO	$0	n/a	$15/$30/not covered	30	$45/$90/not covered	90	n/a
Plan 207	2013	HMO	$0	n/a	$10/$30/not covered	30	$20/$60/not covered	90	n/a
Plan 208	2013	HMO	$0	n/a	$15/$30/not covered	30	$30/$60/not covered	90	n/a
Plan 209	2013	HMO	$0	n/a	$15/$30/not covered	30	$30/$60/not covered	90	n/a
Plan 210	2013	HMO	$0	n/a	$15/$30/not covered	30	$30/$60/not covered	90	n/a
Plan 211	2013	HMO	$0	n/a	$10/$20/not covered	30	$5/$15/not covered	30	n/a
Plan 212	2013	HMO	$0	n/a	$10/$20/not covered	30	$5/$15/not covered	30	n/a
Plan 213	2013	HMO	$0	n/a	$10/$20/not covered	30	$20/$40/not covered	90	n/a
Plan 214	2013	HMO	$0	n/a	$15/$30/not covered	30	$30/$60/not covered	90	n/a
Plan 215	2013	HMO	$0	n/a	$15/$30/not covered	30	$30/$60/not covered	90	n/a
Plan 216	2013	HMO	$0	n/a	$10/$30/not covered	30	$5/$25/not covered	30	n/a
Plan 217	2013	HMO	$0	n/a	$15/$30/not covered	30	$45/$90/not covered	90	n/a
Plan 218	2013	HMO	$0	n/a	$15/$30/not covered	30	$30/$60/not covered	90	n/a
Plan 219	2013	HMO	$0	n/a	$15/$30/not covered	30	$30/$60/not covered	90	n/a
Plan 220	2013	HMO	$0	n/a	$25/$50/not covered	30	$50/$100/not covered	90	n/a
Plan 221	2013	PPO	$0	n/a	$15/$25/$45	30	$45/$75/$135	90	n/a
Plan 222	2013	HMO	$0	n/a	$10/$20/not covered	30	$20/$40/not covered	90	n/a
Plan 223	2013	HMO	$0	n/a	$10/$20/not covered	30	$20/$40/not covered	90	n/a
Plan 224	2013	HMO	$0	n/a	$8/$25/not coveredValue $4	30	$3/$20/not covered	30	n/a
Plan 225	2013	PPO	$0	n/a	$8/$25/$50Value $4	30	$3/$20/$45	30	n/a
Plan 226	2013	HMO	$0	n/a	$10/$20/not covered	30	$30/$60/not covered	90	n/a
Plan 227	2013	PPO	$0	n/a	$20/$40/not covered	30	$60/$120/not covered	90	n/a
Plan 228	2013	PPO	$0	n/a	$15/$30/$50	30	$45/$90/$150	90	n/a
Plan 229	2013	PPO	$0	n/a	$15/$30/$50	30	$45/$90/$150	90	n/a
Plan 230	2013	HMO	$0	n/a	$20/$40/not covered	30	$40/$80/not covered	90	n/a

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5g

Health Plan Design Comparison — Prescription Drugs (At Participating Pharmacies)

For All Plans in Calendar Year 2012

	Plan Year	Plan	Deductible (Plan Year)		Retail		Mail-Order		Speciality Drugs
Health Plan	Ending	Type	In-Network	Out-of-Network	Cost Share	Days Supply	Cost Share	Days Supply	Cost Share
Plan 231	2013	HMO	$0	n/a	$15/$30/not covered	30	$30/$60/not covered	90	n/a
Plan 232	2012	HMO	$0	n/a	$10/$10/$10	30	$5/$5/$5	30	n/a
Plan 233	2013	HMO	$0	n/a	$10/$10/$10	30	$5/$5/$5	30	n/a
Plan 234	2013	HMO	$0	n/a	$15/$30/not covered	30	$45/$90/not covered	90	n/a
Plan 235	2013	HMO	$0	n/a	$15/$30/not covered	30	$45/$90/not covered	90	n/a
Plan 236	2013	PPO	$0	n/a	$10/$20/$40	31	$10/$20/$40	90	n/a
Plan 237	2013	PPO	$0	n/a	$10/$20/$40	31	$10/$20/$40	90	n/a
Plan 238	2013	PPO	$0	n/a	$10/$20/$40	31	$10/$20/$40	90	n/a
Plan 239	2013	PPO	$0	n/a	$10/$20/$40	31	$10/$20/$40	90	n/a
Plan 240	2013	PPO	$0	n/a	$10/$20/$40	31	$10/$20/$40	90	n/a
Plan 241	2013	HMO	$0	n/a	$15/$30/not covered	30	$45/$90/not covered	90	n/a
Plan 242	2013	HMO	$0	n/a	$10/$20/not covered	30	$20/$40/not covered	90	n/a
Plan 243	2013	HMO	$0	n/a	$15/$30/not covered	30	$30/$60/not covered	90	n/a
Plan 244	2013	HMO	$0	n/a	$15/$30/not covered	30	$30/$60/not covered	90	n/a
Plan 245	2013	PPO	$0	n/a	$0/$30/$45	31	$0/$60/$90	90	n/a
Plan 246	2012	PPO	$0	n/a	$10/$25/$50	30	$20/$50/$100	90	n/a
Plan 247	2012	PPO	$0	n/a	$10/$25/$50	30	$20/$50/$100	90	n/a
Plan 248	2012	PPO	$0	n/a	$20/$40/not covered	30	$40/$80/not covered	90	n/a
Plan 249	2012	PPO	$0	n/a	$20/$40/not covered	30	$40/$80/not covered	90	n/a
Plan 250	2012	PPO	$0	n/a	$20/$40/not covered	30	$40/$80/not covered	90	n/a
Plan 251	2012	PPO	$0	n/a	$20/$40/not covered	30	$40/$80/not covered	90	n/a
Plan 252	2012	PPO	$0	n/a	$20/$40/not covered	30	$40/$80/not covered	90	n/a
Plan 253	2012	PPO	$0	n/a	$20/$40/not covered	30	$40/$80/not covered	90	n/a
Plan 254	2012	PPO	$0	n/a	$20/$40/not covered	30	$40/$80/not covered	90	n/a
Plan 255	2012	PPO	$0	n/a	$20/$40/not covered	30	$40/$80/not covered	90	n/a
Plan 256	2013	PPO	$0	n/a	$10/$25/$50	30	$20/$50/$100	90	n/a
Plan 257	2013	PPO	$0	n/a	$10/$25/$50	30	$20/$50/$100	90	n/a
Plan 258	2013	PPO	$0	n/a	$10/$25/$50	30	$20/$50/$100	90	n/a
Plan 259	2013	PPO	$0	n/a	$10/$25/$50	30	$20/$50/$100	90	n/a
Plan 260	2013	PPO	$0	n/a	$10/$25/$50	30	$20/$50/$100	90	n/a
Plan 261	2012	PPO	$0	n/a	$10/$25/$50	30	$20/$50/$100	90	n/a
Plan 262	2012	PPO	$0	n/a	$10/$25/$50	30	$20/$50/$100	90	n/a
Plan 263	2013	HMO	$0	n/a	$20/$40/not covered	30	$40/$80/not covered	90	n/a
Plan 264	2013	HMO	$0	n/a	$15/$30/not covered	30	$45/$90/not covered	90	n/a
Plan 265	2013	PPO	$0	n/a	$10/$20/$40	30	$20/$40/$80	90	n/a
Plan 266	2013	HMO	$0	n/a	$15/$30/not covered	30	$30/$60/not covered	90	n/a
Plan 267	2013	HMO	$0	n/a	$10/$20/not covered	30	$20/$40/not covered	90	n/a
Plan 268	2013	PPO	$0	n/a	$10/$30/$50	31	$10/$30/$50	90	n/a
Plan 269	2013	PPO	$0	n/a	20%/20%/20%; Compound: 50%	30	20%/20%/20%; Compound: 50%	90	n/a
Plan 270	2012	PPO	$0	n/a	$15/$40/50%; Value: $5, Compou	30	$45/$120/50%; Value: $15	90	$15/$40/50%
Plan 271	2012	PPO	$0	n/a	$15/$40/50%; Value: $5, Compou	30	$45/$120/50%; Value: $15	90	$15/$40/50%
Plan 272	2012	PPO	$0	n/a	$15/$40/50%; Value: $5, Compou	30	$45/$120/50%; Value: $15	90	$15/$40/50%
Plan 273	2013	In-N	$0	n/a	$20/$40/$40	30	$40/$80/$80	90	n/a
Plan 274	2013	In-N	$0	n/a	$10/$20/$20	30	$20/$40/$40	90	n/a
Plan 275	2012	In-N	$0	n/a	$15/$30/$30	30	$30/$60/$60	90	n/a
Plan 276	2012	In-N	$0	n/a	$20/$40/$40	30	$40/$80/$80	90	n/a

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5g

Health Plan Design Comparison — Prescription Drugs (At Participating Pharmacies)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)		Retail		Mail-Order		Speciality Drugs
			In-Network	Out-of-Network	Cost Share	Days Supply	Cost Share	Days Supply	Cost Share
Plan 277	2012	In-N	$0	n/a	$15/$30/$30	30	$30/$60/$60	90	n/a
Plan 278	2013	PPO	500 per enrollee	n/a	$0/30%/30%	30	$0/25%/25%	90	$0
Plan 279	2013	PPO	250 per enrollee	n/a	$0/$30$45	30	$0/$75/$112	90	$0
Plan 280	2013	PPO	500 per enrollee	n/a	$0/$30$45	30	$0/$75/$112	90	$0
Plan 281	2013	Clos	Dual option for EEs	n/a	Dual option for EEsRx 1 - $10	30	Dual option for EEsRx 1 - $30	90	Dual option for EEsRx 1 - $10/$20/$20Rx 2 - $10/$50/50%
Plan 282	2013	Clos	Dual option for EEs	n/a	Dual option for EEsRx 1 - $10	30	Dual option for EEsRx 1 - $30	90	Dual option for EEsRx 1 - $10/$20/$20Rx 2 - $10/$50/50%
Plan 283	2012	Clos	n/a	n/a	$10/$40/$40	30	$30/$120/$120	90	n/a
Plan 284	2013	Clos	Dual option for EEs	n/a	Dual option for EEsRx 1 - $15	30	Dual option for EEsRx 1 - $45	90	Dual option for EEsRx 1 - $15/$45/$45Rx 2 - $10/$40$40
Plan 285	2013	Clos	Dual option for EEs	n/a	Dual option for EEsRx 1 - $15	30	Dual option for EEsRx 1 - $45	90	Dual option for EEsRx 1 - $15/$45/$45Rx 2 - $10/$40$40
Plan 286	2012	PPO	$0	n/a	$20/$40/$50% (to $250)Value -	30	$40/$80/50% (to $750)Value $1	90	n/a
Plan 287	2012	HMO	$0	n/a	$20/$40/$50% (to $250)Value -	30	$40/$80/50% (to $750)Value $1	90	n/a
Plan 288	2012	HMO	$0	n/a	$20/$40/$50% (to $250)Value -	30	$40/$80/50% (to $750)Value $1	90	n/a
Plan 289	2013	PPO	$0	n/a	20%/20%/20%	30	20%/20%/20%	90	$0
Plan 290	2013	In-N	$0	n/a	$10/$10/$10	30	$20/$20/$20	90	n/a
Plan 291	2012	In-N	$0	n/a	$10/$20/$20	30	$20/$40/$40	90	n/a
Plan 292	2013	In-N	$0	n/a	$10/$10/$10	30	$20/$20/$20	90	n/a
Plan 293	2013	In-N	$0	n/a	$10/$20/$20	30	$20/$40/$40	90	n/a
Plan 294	2013	In-N	$0	n/a	$15/$30/$30	30	$30/$60/$60	90	n/a
Plan 295	2012	In-N	$0	n/a	$10/$10/$10	30	$20/$20/$20	90	n/a
Plan 296	2012	In-N	$0	n/a	$10/$20/$20	30	$20/$40/$40	90	n/a
Plan 297	2012	In-N	$0	n/a	$15/$30/$30	30	$30/$60/$60	90	n/a
Plan 298	2013	In-N	$0	n/a	$20/$40/$40	30	$40/$80/$80	90	n/a
Plan 299	2012	In-N	$0	n/a	$20/$40/$40	30	$40/$80/$80	90	n/a
Plan 300	2012	In-N	$0	n/a	$15/$15/$15	30	$30/$30/$30	90	n/a
Plan 301	2013	In-N	$0	n/a	$15/$30/$30	30	$30/$60/$60	90	n/a
Plan 302	2012	In-N	$0	n/a	$15/$30/$50	30	$30/$60/$100	90	n/a
Plan 303	2013	In-N	$0	n/a	$10/$20/$20	30	$20/$40/$40	90	n/a
Plan 304	2013	In-N	$0	n/a	$15/$15/$15	30	$30/$30/$30	90	n/a
Plan 305	2013	In-N	$0	n/a	$15/$30/$30	30	$30/$60/$60	90	n/a
Plan 306	2013	In-N	$0	n/a	$20/$40/$40	30	$40/$80/$80	90	n/a
Plan 307	2012	In-N	$0	n/a	$15/$15/$15	30	$30/$30/$30	90	n/a
Plan 308	2012	In-N	$0	n/a	$15/$30/$30	30	$30/$60/$60	90	n/a
Plan 309	2012	In-N	$0	n/a	$20/$40/$40	30	$40/$80/$80	90	n/a
Plan 310	2012	In-N	$0	n/a	$15/$30/$30	30	$30/$60/$60	90	n/a
Plan 311	2013	In-N	$0	n/a	$15/$30/$30	30	$30/$60/$60	90	n/a
Plan 312	2012	In-N	$0	n/a	$10/$10/$10	30	$20/$20/$20	90	n/a
Plan 313	2012	In-N	$0	n/a	$5/$5/$5	30	$10/$10/$10	90	n/a
Plan 314	2012	PPO	$0	n/a	$10/$20/$40	30	$10/$20/$40	90	n/a
Plan 315	2012	PPO	$0	n/a	$10/$30/$30	30	$20/$60/$60	90	n/a
Plan 315	2013	PPO	$0	n/a	$10/$30/$30	30	$20/$60/$60	90	n/a
Plan 316	2013	PPO	$0	n/a	Option 1: 20%/20%/20%Option 2	90	Option 1: 20%/20%/20%Option 2	90	n/a
Plan 317	2012	PPO	$0	n/a	$10/$20/$40	30	$10/$20/$40	90	n/a
Plan 318	2012	PPO	$0	n/a	$10/$30/$30	30	$20/$60/$60	90	n/a
Plan 318	2013	PPO	$0	n/a	$10/$30/$30	30	$20/$60/$60	90	n/a
Plan 319	2013	PPO	$0	n/a	$10/$30/$30	30	$20/$60/$60	90	n/a
Plan 320	2013	PPO	$0	n/a	$15/$30/$30	30	$30/$60/$60	90	n/a

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5g

Health Plan Design Comparison — Prescription Drugs (At Participating Pharmacies)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)		Retail		Mail-Order		Speciality Drugs
			In-Network	Out-of-Network	Cost Share	Days Supply	Cost Share	Days Supply	Cost Share
Plan 321	2013	PPO	$0	n/a	$10/$30/$30	30	$20/$60/$60	90	n/a
Plan 322	2013	PPO	$0	n/a	$15/$30/$30	30	$30/$60/$60	90	n/a
Plan 323	2013	In-N	$0	n/a	$15/$30/$30	30	$30/$60/$60	31-90	$30
Plan 324	2013	PPO	$0	n/a	$10/$25/50% (min $35)	30	$10/$25/50% (min $35)	30	n/a
Plan 325	2013	PPO	150 per enrollee	n/a	$7/$30/50% (min $50)	90	$7/$30/50% (min$50)	90	n/a
Plan 326	2013	PPO	$0	n/a	$5/$15/$50% (min $35)	30	$5/$15/$50% (min $35)	30	n/a
Plan 327	2013	PPO	250 per enrollee	n/a	$10/$25/$45	30	$10/$25/$45	30	n/a
Plan 328	2013	PPO	$0	n/a	$10/$25/50% (min $35)	30	$10/$25/50% (min $35)	30	n/a
Plan 329	2013	PPO	$0	n/a	$5/$15/50% (min $35)	30	$5/$15/50% (min $35)	30	n/a
Plan 330	2012	PPO	$0	n/a	$5/$30/50% (min $40)	90	$5/$30/50% (min $40)	90	n/a
Plan 331	2012	PPO	$0	n/a	$5/$30/50% (min $40)	90	$5/$30/50% (min $40)	90	n/a
Plan 332	2013	PPO	$0	n/a	$7/$30/50% (min $50)	90	$7/$30/50% (min$50)	90	n/a
Plan 333	2012	PPO	$150 per enrollee	n/a	$7/$30/50% (min $50)	90	$7/$30/50% (min$50)	90	n/a
Plan 334	2013	PPO	$150 per enrollee	n/a	$7/$30/50% (min $50)	90	$7/$30/50% (min$50)	90	n/a
Plan 335	2013	PPO	250 per enrollee	n/a	$7/$30/50% (min $50)	90	$7/$30/50% (min$50)	90	n/a
Plan 336	2013	PPO	$0	n/a	$5/$30/$50	90	$5/$30/$50	90	n/a
Plan 337	2013	PPO	$0	n/a	$5/$30/$50	90	$5/$30/$50	90	n/a
Plan 338	2013	PPO	$0	n/a	$5/$30/$50	90	$5/$30/$50	90	n/a
Plan 339	2013	PPO	$0	n/a	$5/$30/$50	90	$5/$30/$50	90	n/a
Plan 340	2013	PPO	100 per enrollee	n/a	$5/$30/$50	90	$5/$30/$50	90	n/a
Plan 341	2013	PPO	100 per enrollee	n/a	$5/$30/$50	90	$5/$30/$50	90	n/a
Plan 342	2013	PPO	200 per enrollee	n/a	$5/$30/$50	90	$5/$30/$50	90	n/a
Plan 343	2013	PPO	200 per enrollee	n/a	$5/$30/$50	90	$5/$30/$50	90	n/a
Plan 344	2013	PPO	$0	n/a	$10/$30/50% (max $100)	90	$10/$30/50% (max $100)	90	n/a
Plan 345	2013	PPO	$0	n/a	$15/$25/$50	30	$15/$25/$50	30	n/a
Plan 346	2012	PPO	$0	n/a	15%/15%/15%	90	15%/15%/15%	90	n/a
Plan 347	2012	PPO	Tier 2 & 3: $100/per	n/a	10%/30%/50% (maximums apply)V	90	10%/30%/50% (maximums apply)V	90	n/a
Plan 348	2012	PPO	$0	n/a	$10/$15/$30	34	$10/$15/$30	100	n/a
Plan 349	2013	PPO	$0	n/a	$10/$20/$35	34	$10/$20/$35	100	$10/$20/$35
Plan 350	2013	PPO	$0	n/a	$15/$25/$40	34	$15/$25/$40	100	$15/$25/$40
Plan 351	2012	PPO	$0	n/a	$10/$15/$30	30	$10/$30/$60	90	$10/$15/$30
Plan 351	2013	PPO	$0	n/a	$10/$15/$30	30	$10/$30/$60	90	$10/$15/$30
Plan 352	2013	PPO	$0	n/a	$5/$20/$40	30	$10/$40/$80	90	n/a
Plan 353	2013	PPO	$0	n/a	$5/$20/$40	34	$10/$40/$80	90	n/a
Plan 354	2013	PPO	$0	n/a	$5/$20/$40	30	$10/$40/$80	90	n/a
Plan 355	2013	PPO	$0	n/a	$5/$20/$40	30	$10/$40/$80	90	n/a
Plan 356	2013	PPO	$0	n/a	$5/$20/$40	30	$10/$40/$80	90	n/a
Plan 357	2013	PPO	$0	n/a	20%/20%/20%	90	20%/20%/20%	90	n/a
Plan 358	2013	PPO	$0	n/a	$5/$20/$40	30	$10/$40/$80	90	n/a
Plan 359	2013	PPO	$0	n/a	$5/$20/$40	30	$10/$40/$80	90	n/a
Plan 360	2013	PPO	$0	n/a	$5/$20/$40	30	$10/$40/$80	90	n/a
Plan 361	2013	PPO	$0	n/a	20%/20%/20%	90	20%/20%/20%	90	n/a
Plan 362	2013	PPO	$0	n/a	$5/$20/$40	30	$10/$40/$80	90	n/a
Plan 363	2013	PPO	$0	n/a	$5/$20/$40	30	$10/$40/$80	90	n/a
Plan 364	2013	PPO	$0	n/a	$5/$20/$40	30	$10/$40/$80	90	n/a
Plan 365	2013	PPO	$0	n/a	$5/$20/$40	30	$10/$40/$80	90	n/a

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5g

Health Plan Design Comparison — Prescription Drugs (At Participating Pharmacies)

For All Plans in Calendar Year 2012

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)		Retail		Mail-Order		Speciality Drugs
			In-Network	Out-of-Network	Cost Share	Days Supply	Cost Share	Days Supply	Cost Share
Plan 366	2013	PPO	$0	n/a	$5/$20/$40	30	$10/$40/$80	90	n/a
Plan 367	2013	PPO	$0	n/a	$5/$20/$40	30	$10/$40/$80	90	n/a
Plan 368	2013	PPO	$0	n/a	$5/$20/$40	30	$10/$40/$80	90	n/a
Plan 369	2013	PPO	$0	n/a	20%/20%/20%	90	20%/20%/20%	90	n/a
Plan 369	2013	PPO	$0	n/a	20%/20%/20%	90	20%/20%/20%	90	n/a
Plan 370	2013	PPO	$0	n/a	20%/20%/20%	90	20%/20%/20%	90	n/a
Plan 371	2013	PPO	$0	n/a	$10/$35/$50	30	$20/$70/$100	90	n/a
Plan 372	2013	PPO	$0	n/a	$10/$35/$50	30	$20/$70/$100	90	n/a
Plan 373	2013	PPO	$0	n/a	$10/$40/100%	30	$20/$80/100%	90	n/a
Plan 374	2013	PPO	$0	n/a	$5/$20/$40	30	$10/$40/$80	90	n/a
Plan 375	2013	PPO	$0	n/a	$15/$35/$55	34	$30/$70/$110	90	n/a
Plan 376	2013	PPO	$0	n/a	$15/$35/$55	34	$30/$70/$110	90	n/a
Plan 377	2013	PPO	$0	n/a	$15/$35/$55	34	$30/$70/$110	90	n/a
Plan 378	2013	PPO	$0	n/a	$10/$20/$40	30	$20/$40/$80	90	n/a
Plan 379	2012	PPO	$0	n/a	20%/20%/20%	30	20%/20%/20%	90	n/a
Plan 380	2013	PPO	$0	n/a	$10/$20/$40	30	$20/$40/$80	90	n/a
Plan 381	2013	PPO	$0	n/a	$10/$20/$40	30	$20/$40/$80	90	n/a
Plan 382	2012	PPO	$0	n/a	$10/$20/$40	30	$20/$40/$80	90	n/a
Plan 383	2013	PPO	$0	n/a	$5/$25/$50	30	$10/$50/$100	90	n/a
Plan 384	2013	PPO	$0	n/a	$5/$25/$50	30	$10/$50/$100	90	n/a
Plan 385	2013	PPO	$0	n/a	$5/$25/$50	30	$10/$50/$100	90	n/a
Plan 386	2013	PPO	$0	n/a	$5/$25/$50	30	$10/$50/$100	90	n/a
Plan 387	2013	PPO	$0	n/a	$5/$20/$40	34	$10/$40/$80	90	n/a
Plan 388	2013	PPO	$0	n/a	$5/$25/$50	30	$10/$50/$100	90	n/a
Plan 389	2012	PPO	$0	n/a	$5/$20/$40	34	$10/$40/$80	90	n/a
Plan 390	2012	PPO	$0	n/a	$5/$20/$40	34	$10/$40/$80	90	n/a
Plan 391	2013	PPO	$0	n/a	$5/$20/$40	34	$10/$40/$80	90	n/a
Plan 392	2013	PPO	$0	n/a	$5/$20/$40	34	$10/$40/$80	90	n/a
Plan 393	2013	PPO	$0	n/a	20%/20%/20%	90	20%/20%/20%	90	n/a
Plan 394	2013	PPO	$0	n/a	$10/$35/$50	30	$20/$70/$100	90	n/a
Plan 395	2013	PPO	$0	n/a	$10/$35/$50	30	$20/$70/$100	90	n/a
Plan 396	2013	PPO	$0	n/a	$10/$40/100%	30	$20/$80/100%	90	n/a
Plan 397	2013	PPO	$0	n/a	$15/$35/$55	30	$30/$70/$110	90	n/a
Plan 398	2013	PPO	$0	n/a	$15/$35/$55	34	$30/$70/$110	90	n/a
Plan 399	2013	PPO	$0	n/a	$15/$35/$55	34	$30/$70/$110	90	n/a
Plan 400	2013	PPO	$0	n/a	$15/$35/$55	34	$30/$70/$110	90	n/a
Plan 401	2013	PPO	$0	n/a	20%/20%/20%	30	20%/20%/20%	90	n/a
Plan 402	2013	PPO	$0	n/a	20%/20%/20%	90	20%/20%/20%	90	n/a
Plan 403	2013	PPO	$0	n/a	$10/$20/$40	30	$20/$40/$80	90	n/a
Plan 404	2012	PPO	$0	n/a	20%/20%/20%	30	20%/20%/20%	90	n/a
Plan 405	2013	PPO	$0	n/a	$5/$25/$50	30	$10/$50/$100	90	n/a
Plan 406	2013	PPO	$0	n/a	$5/$25/$50	30	$10/$50/$100	90	n/a
Plan 407	2013	PPO	$0	n/a	20%/20%/20%	90	20%/20%/20%	90	n/a
Plan 408	2013	PPO	$0	n/a	20%/20%/20%	90	20%/20%/20%	90	n/a

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K–12 School District Data Collection Project

Exhibit A6a

Total Costs by District for District-Specific Health Plans Combined Sorted by District

Plan Year Ending in 2012

District	Plan Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Aberdeen School District	422	721	$3,284,601	$648.62	$379.63
Adna School District	31	83	$296,117	$796.01	$297.31
Almira School District	19	54	$262,508	$1,151.35	$405.10
Anacortes School District	263	529	$2,329,029	$737.97	$366.89
Arlington School District	462	978	$4,227,542	$762.54	$360.22
Asotin-Anatone School District	59	183	$520,718	$735.48	$237.12
Auburn School District	1,440	2,681	$12,458,256	$720.96	$387.24
Bainbridge Island School District	407	802	$4,015,068	$822.09	$417.19
Battle Ground School District	1,166	2,422	$11,223,207	$802.12	$386.15
Bellevue School District	1,975	3,919	$16,643,329	$702.25	$353.90
Bellingham School District	1,144	3,118	$10,024,622	$730.23	$267.92
Benge School District	4	8	$43,358	$903.30	$451.65
Bethel School District	1,518	2,698	$13,547,814	$743.73	$418.45
Bickleton School District	16	47	$236,211	$1,230.27	$418.81
Blaine School District	226	681	$2,036,796	$751.03	$249.24
Boistfort School District	14	23	$115,993	$690.43	$420.26
Bremerton School District	524	873	$4,873,103	$774.98	$465.17
Brewster School District	110	207	$845,500	$640.53	$340.38
Bridgeport School District	97	188	$802,145	$689.13	$355.56
Brinnon School District	11	20	$98,452	$745.85	$410.22
Burlington-Edison School District	424	1,000	$3,943,247	$775.01	$328.60
Camas School District	569	1,316	$5,532,109	$810.21	$350.31
Cape Flattery School District	94	139	$742,708	$658.43	$445.27
Carbonado School District	22	38	$188,102	$712.51	$412.51
Cascade School District	131	267	$1,061,204	$675.07	$331.21
Cashmere School District	126	351	$1,553,068	$1,027.16	$368.72
Castle Rock School District	151	276	$1,270,802	$701.33	$383.70

[1]Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A6a

Total Costs by District for District-Specific Health Plans Combined Sorted by District

Plan Year Ending in 2012

District	Plan Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Centerville School District	10	27	$151,037	$1,258.64	$466.16
Central Kitsap School District	1,153	2,171	$9,706,999	$701.58	$372.60
Central Valley School District	1,287	2,563	$11,810,348	$764.72	$384.00
Centralia School District	369	683	$3,091,658	$698.21	$377.22
Chehalis School District	295	580	$2,523,778	$712.93	$362.61
Cheney School District	448	843	$4,028,160	$749.29	$398.20
Chewelah School District	102	209	$821,658	$671.29	$327.61
Chimacum School District	116	213	$1,066,808	$766.39	$417.37
Clarkston School District	291	579	$2,329,722	$667.16	$335.31
Cle Elum-Roslyn School District	98	214	$883,712	$751.46	$344.12
Clover Park School District	1,315	2,253	$11,964,935	$758.23	$442.56
Colfax School District	61	133	$612,352	$836.55	$383.68
College Place School District	96	194	$774,267	$672.11	$332.59
Colton School District	24	50	$203,965	$708.21	$339.94
Columbia (Stevens) School District	34	68	$343,036	$840.77	$420.39
Columbia (Walla Walla) School District	88	166	$794,790	$752.64	$398.99
Colville School District	221	430	$1,751,686	$660.52	$339.47
Concrete School District	71	157	$561,340	$658.85	$297.95
Conway School District	46	70	$360,968	$653.93	$429.72
Cosmopolis School District	22	36	$160,381	$607.50	$371.25
Coulee-Hartline School District	31	78	$373,794	$1,004.82	$399.35
Coupeville School District	87	190	$811,442	$777.24	$355.90
Crescent School District	36	64	$284,791	$659.24	$370.82
Creston School District	26	47	$204,723	$656.16	$362.98
Curlew School District	31	61	$271,268	$729.22	$370.58
Cusick School District	43	99	$429,216	$831.81	$361.29
Damman School District	4	5	$32,793	$683.18	$546.54

[1]Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner

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Exhibit A6a

Total Costs by District for District-Specific Health Plans Combined Sorted by District

Plan Year Ending in 2012

District	Plan Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Darrington School District	50	126	$600,902	$1,001.50	$397.42
Davenport School District	66	161	$625,112	$789.28	$323.56
Dayton School District	54	121	$494,520	$763.15	$340.58
Deer Park School District	242	493	$2,120,444	$730.18	$358.43
Dieringer School District	134	258	$1,128,917	$702.06	$364.64
Dixie School District	9	16	$68,231	$631.77	$355.37
East Valley School District (Spokane)	494	901	$4,488,195	$757.12	$415.11
East Valley School District (Yakima)	281	562	$2,591,329	$768.48	$384.24
Eastmont School District	548	1,119	$4,604,794	$700.24	$342.92
Easton School District	19	38	$226,652	$994.09	$497.04
Eatonville School District	210	395	$1,865,248	$740.18	$393.51
Edmonds School District	1,988	3,793	$17,156,908	$719.19	$376.94
Ellensburg School District	328	632	$2,654,925	$674.52	$350.07
Elma School District	190	332	$1,643,551	$720.86	$412.54
Endicott School District	21	48	$200,034	$793.78	$347.28
Entiat School District	42	101	$409,623	$812.74	$337.97
Enumclaw School District	234	505	$2,061,584	$734.18	$340.20
Ephrata School District	239	514	$1,979,404	$690.17	$320.92
Evaline School District	5	8	$29,611	$493.51	$308.45
Everett School District	1,633	3,649	$13,352,814	$681.41	$304.94
Evergreen School District (Clark)	2,371	4,581	$25,716,082	$903.84	$467.80
Evergreen School District (Stevens)	4	5	$21,717	$452.44	$361.95
Federal Way School District	2,180	3,685	$19,058,665	$728.54	$431.00
Ferndale School District	496	1,152	$3,950,328	$663.70	$285.76
Fife School District	334	642	$2,977,034	$742.77	$386.43
Finley School District	98	181	$853,332	$725.62	$392.88
Franklin Pierce School District	792	1,371	$7,088,886	$745.88	$430.88

[1]Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A6a

Total Costs by District for District-Specific Health Plans Combined Sorted by District

Plan Year Ending in 2012

District	Plan Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Freeman School District	101	221	$895,034	$738.48	$337.49
Garfield School District	17	43	$146,044	$715.90	$283.03
Glenwood School District	21	27	$184,596	$732.52	$569.74
Goldendale School District	101	223	$1,209,081	$997.59	$451.82
Grand Coulee Dam School District	99	191	$804,008	$676.77	$350.79
Grandview School District	373	739	$3,202,687	$715.52	$361.15
Granger School District	186	388	$1,780,368	$797.66	$382.38
Granite Falls School District	179	430	$1,742,125	$811.05	$337.62
Grapeview School District	24	51	$180,329	$626.14	$294.65
Great Northern School District	5	5	$30,770	$512.83	$512.83
Green Mountain School District	19	39	$145,348	$637.49	$310.57
Griffin School District	74	151	$649,381	$731.29	$358.38
Harrington School District	29	76	$341,824	$982.25	$374.81
Highland School District	135	257	$1,188,887	$733.88	$385.50
Highline School District	2,067	4,025	$17,808,261	$717.96	$368.70
Hockinson School District	138	317	$1,384,090	$835.80	$363.85
Hood Canal School District	44	66	$318,055	$602.38	$401.58
Hoquiam School District	194	363	$1,589,471	$682.76	$364.89
Inchelium School District	39	55	$281,951	$602.46	$427.20
Index School District	6	8	$37,609	$522.35	$391.76
Issaquah School District	1,711	2,986	$14,287,980	$695.89	$398.75
Kahlotus School District	16	43	$156,831	$816.83	$303.94
Kalama School District	69	146	$710,147	$857.67	$405.33
Keller School District	10	13	$80,645	$672.04	$516.96
Kelso School District	471	888	$4,140,472	$732.57	$388.56
Kennewick School District	1,532	2,968	$13,362,546	$726.86	$375.18
Kent School District	2,692	5,643	$22,935,097	$709.98	$338.70

[1]Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner

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Exhibit A6a

Total Costs by District for District-Specific Health Plans Combined Sorted by District

Plan Year Ending in 2012

District	Plan Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Kettle Falls School District	88	180	$720,584	$682.37	$333.60
Kiona-Benton City School District	155	307	$1,364,646	$733.68	$370.43
Kittitas School District	74	211	$949,193	$1,068.91	$374.88
Klickitat School District	17	28	$189,824	$930.51	$564.95
La Center School District	91	197	$950,091	$870.05	$401.90
La Conner School District	85	177	$754,222	$739.43	$355.09
LaCrosse School District	24	55	$236,577	$821.45	$358.45
Lake Chelan School District	153	346	$1,381,473	$752.44	$332.72
Lake Quinault School District	41	71	$412,678	$838.78	$484.36
Lake Stevens School District	706	1,685	$6,044,240	$713.44	$298.92
Lake Washington School District	2,371	4,328	$20,194,935	$709.79	$388.84
Lakewood School District	216	481	$1,868,872	$721.02	$323.78
Lamont School District	8	12	$69,137	$720.18	$480.12
Liberty School District	63	134	$638,284	$844.29	$396.94
Lind School District	34	69	$294,780	$722.50	$356.01
Longview School District	702	1,306	$6,272,028	$744.54	$400.21
Loon Lake School District	20	42	$122,714	$511.31	$243.48
Lopez School District	43	78	$354,870	$687.73	$379.13
Lyle School District	28	39	$363,903	$1,083.05	$777.57
Lynden School District	296	899	$2,339,832	$658.74	$216.89
Mabton School District	96	177	$908,619	$788.73	$427.79
Mansfield School District	23	59	$283,813	$1,028.31	$400.87
Manson School District	87	192	$728,077	$697.39	$316.01
Mary M Knight School District	26	53	$227,843	$730.27	$358.24
Mary Walker School District	73	150	$650,186	$742.22	$361.21
Marysville School District	1,112	2,154	$9,970,470	$747.19	$385.73
McCleary School District	42	62	$307,944	$611.00	$413.90

[1]Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A6a

Total Costs by District for District-Specific Health Plans Combined Sorted by District

Plan Year Ending in 2012

District	Plan Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Mead School District	923	1,922	$8,259,889	$745.75	$358.13
Medical Lake School District	196	395	$1,910,069	$812.10	$402.97
Mercer Island School District	400	721	$3,480,835	$725.17	$402.32
Meridian School District	167	413	$1,500,245	$748.63	$302.71
Methow Valley School District	69	132	$582,530	$703.54	$367.76
Mill A School District	3	11	$108,578	$3,016.05	$822.56
Monroe School District	595	1,111	$5,119,428	$717.01	$384.00
Montesano School District	126	260	$1,082,113	$715.68	$346.83
Morton School District	44	88	$372,028	$704.60	$352.30
Moses Lake School District	825	1,611	$7,002,201	$707.29	$362.21
Mossyrock School District	65	124	$507,486	$650.62	$341.05
Mount Adams School District	138	284	$1,297,187	$783.33	$380.63
Mount Baker School District	244	665	$2,246,449	$767.23	$281.51
Mount Pleasant School District	4	5	$36,774	$766.12	$612.90
Mount Vernon School District	737	1,565	$6,624,648	$749.06	$352.75
Mukilteo School District	1,375	3,366	$12,746,261	$772.50	$315.56
Naches Valley School District	138	253	$1,121,114	$677.00	$369.27
Napavine School District	73	139	$596,562	$681.01	$357.65
Naselle-Grays River Valley School District	54	120	$536,769	$828.35	$372.76
Nespelem School District	28	42	$229,803	$683.94	$455.96
Newport School District	122	235	$980,537	$669.77	$347.71
Nine Mile Falls School District	149	469	$1,431,923	$800.85	$254.43
Nooksack Valley School District	197	606	$1,698,681	$718.56	$233.59
North Beach School District	75	137	$683,914	$759.90	$416.01
North Franklin School District	244	500	$2,084,602	$711.95	$347.43
North Kitsap School District	640	1,679	$5,763,576	$750.47	$286.06
North Mason School District	181	310	$1,877,747	$864.52	$504.77

[1]Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A6a

Total Costs by District for District-Specific Health Plans Combined Sorted by District

Plan Year Ending in 2012

District	Plan Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
North River School District	19	33	$143,703	$630.28	$362.89
North Thurston Public Schools	1,380	2,708	$12,447,762	$751.68	$383.06
Northport School District	36	80	$313,315	$725.27	$326.37
Northshore School District	1,897	5,157	$13,472,617	$591.84	$217.71
Oak Harbor School District	482	908	$4,248,816	$734.58	$389.94
Oakesdale School District	23	68	$256,767	$930.32	$314.67
Oakville School District	42	90	$331,220	$657.18	$306.69
Ocean Beach School District	114	196	$918,134	$671.15	$390.36
Ocosta School District	88	167	$750,371	$710.58	$374.44
Odessa School District	41	83	$321,215	$652.88	$322.51
Okanogan School District	133	225	$1,049,677	$657.69	$388.77
Olympia School District	932	1,601	$7,672,733	$686.05	$399.37
Omak School District	230	447	$1,907,493	$691.12	$355.61
Onalaska School District	90	185	$759,839	$703.55	$342.27
Onion Creek School District	12	26	$145,060	$1,007.36	$464.94
Orcas Island School District	82	195	$714,735	$726.36	$305.44
Orchard Prairie School District	9	14	$69,668	$645.08	$414.69
Orient School District	11	23	$144,191	$1,092.35	$522.43
Orondo School District	35	57	$256,898	$611.66	$375.58
Oroville School District	82	154	$685,239	$696.38	$370.80
Orting School District	202	386	$1,666,431	$687.47	$359.76
Othello School District	417	822	$3,203,477	$640.18	$324.76
Palisades School District	7	21	$126,928	$1,511.04	$503.68
Palouse School District	33	64	$344,367	$869.61	$448.39
Pasco School District	1,638	3,132	$14,030,354	$713.79	$373.31
Pateros School District	39	64	$312,187	$667.07	$406.49
Paterson School District	14	29	$99,972	$595.07	$287.28

[1]Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A6a

Total Costs by District for District-Specific Health Plans Combined Sorted by District

Plan Year Ending in 2012

District	Plan Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Pe Ell School District	40	70	$315,034	$656.32	$375.04
Peninsula School District	807	1,782	$7,327,025	$756.61	$342.64
Pioneer School District	89	155	$780,989	$731.26	$419.89
Pomeroy School District	38	89	$378,969	$831.07	$354.84
Port Angeles School District	416	793	$3,503,873	$701.90	$368.21
Port Townsend School District	147	260	$1,230,764	$697.71	$394.48
Prescott School District	39	61	$336,806	$719.67	$460.12
Prosser School District	330	710	$3,096,986	$782.07	$363.50
Pullman School District	238	572	$2,002,827	$701.27	$291.79
Puyallup School District	1,923	4,514	$16,254,177	$704.38	$300.07
Queets-Clearwater School District	11	17	$72,917	$552.40	$357.43
Quilcene School District	38	58	$265,024	$581.19	$380.78
Quillayute Valley School District	163	292	$1,309,133	$669.29	$373.61
Quincy School District	325	654	$2,799,418	$717.80	$356.70
Rainier School District	80	152	$727,197	$757.50	$398.68
Raymond School District	80	133	$613,956	$639.54	$384.68
Reardan-Edwall School District	63	126	$566,800	$749.74	$374.87
Renton School District	1,504	2,586	$12,519,265	$693.66	$403.43
Republic School District	43	83	$364,661	$706.71	$366.13
Richland School District	1,030	1,941	$8,665,710	$701.11	$372.05
Ridgefield School District	139	313	$1,371,414	$822.19	$365.13
Ritzville School District	46	122	$544,107	$985.70	$371.66
Riverside School District	157	316	$1,551,975	$823.77	$409.28
Riverview School District	306	543	$2,452,451	$667.88	$376.37
Rochester School District	198	398	$1,713,187	$721.04	$358.71
Roosevelt School District	6	6	$32,821	$455.85	$455.85
Rosalia School District	34	71	$291,067	$713.40	$341.63

[1]Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A6a

Total Costs by District for District-Specific Health Plans Combined Sorted by District

Plan Year Ending in 2012

District	Plan Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Royal School District	192	377	$1,505,404	$653.39	$332.76
San Juan Island School District	93	255	$816,986	$732.07	$266.99
Satsop School District	5	8	$55,070	$917.83	$573.64
Seattle Public Schools	5,451	9,577	$46,981,352	$718.24	$408.80
Sedro-Woolley School District	437	827	$3,709,925	$707.46	$373.83
Selah School District	358	676	$3,100,597	$721.74	$382.22
Selkirk School District	32	75	$313,393	$816.13	$348.21
Sequim School District	265	522	$2,066,387	$649.81	$329.88
Shaw Island School District	4	7	$31,976	$666.17	$380.67
Shelton School District	517	981	$4,168,713	$671.94	$354.12
Shoreline School District	945	1,739	$7,942,409	$700.39	$380.60
Skamania School District	9	18	$122,274	$1,132.17	$566.09
Skykomish School District	19	27	$134,654	$590.59	$415.60
Snohomish School District	909	1,878	$7,850,552	$719.71	$348.36
Snoqualmie Valley School District	486	915	$4,403,480	$755.05	$401.05
Soap Lake School District	63	134	$513,265	$678.92	$319.19
South Bend School District	87	168	$755,898	$724.04	$374.95
South Kitsap School District	920	2,556	$8,483,107	$768.40	$276.57
South Whidbey School District	175	333	$1,561,083	$743.37	$390.66
Southside School District	22	51	$179,192	$678.76	$292.80
Spokane School District	3,050	6,401	$34,257,746	$936.00	$445.99
Sprague School District	23	50	$214,062	$775.59	$356.77
St. John School District	26	62	$308,533	$988.89	$414.69
Stanwood-Camano School District	447	1,015	$3,931,266	$732.90	$322.76
Star School District	5	9	$49,292	$821.54	$456.41
Starbuck School District	5	12	$33,529	$558.82	$232.84
Stehekin School District	1	2	$14,623	$1,218.55	$609.28

[1]Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A6a

Total Costs by District for District-Specific Health Plans Combined Sorted by District

Plan Year Ending in 2012

District	Plan Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Steilacoom Hist. School District	265	486	$2,278,319	$716.45	$390.66
Steptoe School District	8	25	$108,236	$1,127.46	$360.79
Stevenson-Carson School District	101	196	$1,264,440	$1,043.27	$537.60
Sultan School District	201	404	$1,807,822	$749.51	$372.90
Summit Valley School District	11	18	$108,795	$824.21	$503.68
Sumner School District	807	1,549	$6,133,867	$633.40	$329.99
Sunnyside School District	721	1,374	$5,700,978	$658.92	$345.77
Tacoma School District	2,827	6,040	$27,314,570	$805.17	$376.86
Taholah School District	38	66	$378,447	$829.93	$477.84
Tahoma School District	698	1,318	$5,987,115	$714.79	$378.55
Tekoa School District	27	72	$286,560	$884.44	$331.67
Tenino School District	126	230	$1,081,323	$715.16	$391.78
Thorp School District	27	50	$211,125	$651.62	$351.87
Toledo School District	65	137	$540,738	$693.25	$328.92
Tonasket School District	128	252	$1,061,020	$690.77	$350.87
Toppenish School District	414	830	$3,755,241	$755.89	$377.03
Touchet School District	33	83	$275,167	$694.87	$276.27
Toutle Lake School District	69	134	$598,374	$722.67	$372.12
Trout Lake School District	23	45	$282,506	$1,023.57	$523.16
Tukwila School District	291	482	$2,450,983	$701.89	$423.75
Tumwater School District	656	1,215	$6,002,764	$762.55	$411.71
Union Gap School District	70	115	$550,755	$655.66	$399.10
University Place School District	499	914	$3,697,024	$617.41	$337.07
Valley School District	112	224	$902,366	$671.40	$335.70
Vancouver School District	2,274	4,303	$20,250,848	$742.12	$392.18
Vashon Island School District	149	271	$1,397,159	$781.41	$429.63
Wahkiakum School District	45	128	$621,733	$1,151.36	$404.77

[1]Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A6a

Total Costs by District for District-Specific Health Plans Combined Sorted by District

Plan Year Ending in 2012

District	Plan Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Wahluke School District	155	276	$1,117,572	$600.85	$337.43
Waitsburg School District	43	75	$376,739	$730.11	$418.60
Walla Walla Public Schools	710	1,401	$5,982,756	$702.20	$355.86
Wapato School District	392	842	$3,612,533	$767.97	$357.53
Warden School District	102	272	$1,214,935	$992.59	$372.22
Washougal School District	290	455	$2,541,118	$730.21	$465.41
Washtucna School District	21	38	$174,824	$693.75	$383.39
Waterville School District	44	95	$335,587	$635.58	$294.37
Wellpinit School District	73	114	$502,034	$573.10	$366.98
Wenatchee School District	818	1,590	$6,630,240	$675.45	$347.50
West Valley School District (Spokane)	476	949	$4,747,418	$831.13	$416.88
West Valley School District (Yakima)	405	900	$3,597,417	$740.21	$333.09
White Pass School District	59	104	$469,099	$662.57	$375.88
White River School District	380	730	$3,315,146	$727.01	$378.44
White Salmon Valley School District	119	230	$1,346,482	$942.91	$487.86
Wilbur School District	40	80	$380,665	$793.05	$396.53
Willapa Valley School District	45	83	$410,180	$759.59	$411.83
Wilson Creek School District	32	68	$308,468	$803.30	$378.02
Winlock School District	79	150	$660,916	$697.17	$367.18
Wishkah Valley School District	21	40	$185,877	$737.61	$387.24
Wishram School District	19	46	$155,923	$683.87	$282.47
Woodland School District	235	477	$2,187,932	$775.86	$382.24
Yakima School District	1,709	4,781	$14,911,276	$727.10	$259.91
Yelm School District	529	965	$4,841,604	$762.70	$418.10
Zillah School District	141	284	$1,125,592	$665.24	$330.28
Low	**1**	**2**	**$14,623**	**$452.44**	**$216.89**

[1]Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A6a

Total Costs by District for District-Specific Health Plans Combined Sorted by District

Plan Year Ending in 2012

District	Plan Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Average	**353**	**714**	**$3,124,531**	**$736.62**	**$364.65**
High	**5,451**	**9,577**	**$46,981,352**	**$3,016.05**	**$822.56**
Grand Total	**104,276**	**210,644**	**$921,736,603**		

[1]Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A6b

Total Costs by District for District-Specific Health Plans Combined Sorted by Total Cost PMPM In Descending Cost Order

Plan Year Ending in 2012

District	Plan Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Mill A School District	3	11	$108,578	$3,016.05	$822.56
Lyle School District	28	39	$363,903	$1,083.05	$777.57
Mount Pleasant School District	4	5	$36,774	$766.12	$612.90
Stehekin School District	1	2	$14,623	$1,218.55	$609.28
Satsop School District	5	8	$55,070	$917.83	$573.64
Glenwood School District	21	27	$184,596	$732.52	$569.74
Skamania School District	9	18	$122,274	$1,132.17	$566.09
Klickitat School District	17	28	$189,824	$930.51	$564.95
Damman School District	4	5	$32,793	$683.18	$546.54
Stevenson-Carson School District	101	196	$1,264,440	$1,043.27	$537.60
Trout Lake School District	23	45	$282,506	$1,023.57	$523.16
Orient School District	11	23	$144,191	$1,092.35	$522.43
Keller School District	10	13	$80,645	$672.04	$516.96
Great Northern School District	5	5	$30,770	$512.83	$512.83
North Mason School District	181	310	$1,877,747	$864.52	$504.77
Palisades School District	7	21	$126,928	$1,511.04	$503.68
Summit Valley School District	11	18	$108,795	$824.21	$503.68
Easton School District	19	38	$226,652	$994.09	$497.04
White Salmon Valley School District	119	230	$1,346,482	$942.91	$487.86
Lake Quinault School District	41	71	$412,678	$838.78	$484.36
Lamont School District	8	12	$69,137	$720.18	$480.12
Taholah School District	38	66	$378,447	$829.93	$477.84
Evergreen School District (Clark)	2,371	4,581	$25,716,082	$903.84	$467.80
Centerville School District	10	27	$151,037	$1,258.64	$466.16
Washougal School District	290	455	$2,541,118	$730.21	$465.41
Bremerton School District	524	873	$4,873,103	$774.98	$465.17
Onion Creek School District	12	26	$145,060	$1,007.36	$464.94

[1]Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A6b

Total Costs by District for District-Specific Health Plans Combined Sorted by Total Cost PMPM In Descending Cost Order

Plan Year Ending in 2012

District	Plan Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Prescott School District	39	61	$336,806	$719.67	$460.12
Star School District	5	9	$49,292	$821.54	$456.41
Nespelem School District	28	42	$229,803	$683.94	$455.96
Roosevelt School District	6	6	$32,821	$455.85	$455.85
Goldendale School District	101	223	$1,209,081	$997.59	$451.82
Benge School District	4	8	$43,358	$903.30	$451.65
Palouse School District	33	64	$344,367	$869.61	$448.39
Spokane School District	3,050	6,401	$34,257,746	$936.00	$445.99
Cape Flattery School District	94	139	$742,708	$658.43	$445.27
Clover Park School District	1,315	2,253	$11,964,935	$758.23	$442.56
Federal Way School District	2,180	3,685	$19,058,665	$728.54	$431.00
Franklin Pierce School District	792	1,371	$7,088,886	$745.88	$430.88
Conway School District	46	70	$360,968	$653.93	$429.72
Vashon Island School District	149	271	$1,397,159	$781.41	$429.63
Mabton School District	96	177	$908,619	$788.73	$427.79
Inchelium School District	39	55	$281,951	$602.46	$427.20
Tukwila School District	291	482	$2,450,983	$701.89	$423.75
Columbia (Stevens) School District	34	68	$343,036	$840.77	$420.39
Boistfort School District	14	23	$115,993	$690.43	$420.26
Pioneer School District	89	155	$780,989	$731.26	$419.89
Bickleton School District	16	47	$236,211	$1,230.27	$418.81
Waitsburg School District	43	75	$376,739	$730.11	$418.60
Bethel School District	1,518	2,698	$13,547,814	$743.73	$418.45
Yelm School District	529	965	$4,841,604	$762.70	$418.10
Chimacum School District	116	213	$1,066,808	$766.39	$417.37
Bainbridge Island School District	407	802	$4,015,068	$822.09	$417.19
West Valley School District (Spokane)	476	949	$4,747,418	$831.13	$416.88

[1]Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A6b

Total Costs by District for District-Specific Health Plans Combined Sorted by Total Cost PMPM In Descending Cost Order

Plan Year Ending in 2012

District	Plan Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
North Beach School District	75	137	$683,914	$759.90	$416.01
Skykomish School District	19	27	$134,654	$590.59	$415.60
East Valley School District (Spokane)	494	901	$4,488,195	$757.12	$415.11
St. John School District	26	62	$308,533	$988.89	$414.69
Orchard Prairie School District	9	14	$69,668	$645.08	$414.69
McCleary School District	42	62	$307,944	$611.00	$413.90
Elma School District	190	332	$1,643,551	$720.86	$412.54
Carbonado School District	22	38	$188,102	$712.51	$412.51
Willapa Valley School District	45	83	$410,180	$759.59	$411.83
Tumwater School District	656	1,215	$6,002,764	$762.55	$411.71
Brinnon School District	11	20	$98,452	$745.85	$410.22
Riverside School District	157	316	$1,551,975	$823.77	$409.28
Seattle Public Schools	5,451	9,577	$46,981,352	$718.24	$408.80
Pateros School District	39	64	$312,187	$667.07	$406.49
Kalama School District	69	146	$710,147	$857.67	$405.33
Almira School District	19	54	$262,508	$1,151.35	$405.10
Wahkiakum School District	45	128	$621,733	$1,151.36	$404.77
Renton School District	1,504	2,586	$12,519,265	$693.66	$403.43
Medical Lake School District	196	395	$1,910,069	$812.10	$402.97
Mercer Island School District	400	721	$3,480,835	$725.17	$402.32
La Center School District	91	197	$950,091	$870.05	$401.90
Hood Canal School District	44	66	$318,055	$602.38	$401.58
Snoqualmie Valley School District	486	915	$4,403,480	$755.05	$401.05
Mansfield School District	23	59	$283,813	$1,028.31	$400.87
Longview School District	702	1,306	$6,272,028	$744.54	$400.21
Olympia School District	932	1,601	$7,672,733	$686.05	$399.37
Coulee-Hartline School District	31	78	$373,794	$1,004.82	$399.35

[1]Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A6b

Total Costs by District for District-Specific Health Plans Combined Sorted by Total Cost PMPM In Descending Cost Order

Plan Year Ending in 2012

District	Plan Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Union Gap School District	70	115	$550,755	$655.66	$399.10
Columbia (Walla Walla) School District	88	166	$794,790	$752.64	$398.99
Issaquah School District	1,711	2,986	$14,287,980	$695.89	$398.75
Rainier School District	80	152	$727,197	$757.50	$398.68
Cheney School District	448	843	$4,028,160	$749.29	$398.20
Darrington School District	50	126	$600,902	$1,001.50	$397.42
Liberty School District	63	134	$638,284	$844.29	$396.94
Wilbur School District	40	80	$380,665	$793.05	$396.53
Port Townsend School District	147	260	$1,230,764	$697.71	$394.48
Eatonville School District	210	395	$1,865,248	$740.18	$393.51
Finley School District	98	181	$853,332	$725.62	$392.88
Vancouver School District	2,274	4,303	$20,250,848	$742.12	$392.18
Tenino School District	126	230	$1,081,323	$715.16	$391.78
Index School District	6	8	$37,609	$522.35	$391.76
South Whidbey School District	175	333	$1,561,083	$743.37	$390.66
Steilacoom Hist. School District	265	486	$2,278,319	$716.45	$390.66
Ocean Beach School District	114	196	$918,134	$671.15	$390.36
Oak Harbor School District	482	908	$4,248,816	$734.58	$389.94
Lake Washington School District	2,371	4,328	$20,194,935	$709.79	$388.84
Okanogan School District	133	225	$1,049,677	$657.69	$388.77
Kelso School District	471	888	$4,140,472	$732.57	$388.56
Wishkah Valley School District	21	40	$185,877	$737.61	$387.24
Auburn School District	1,440	2,681	$12,458,256	$720.96	$387.24
Fife School District	334	642	$2,977,034	$742.77	$386.43
Battle Ground School District	1,166	2,422	$11,223,207	$802.12	$386.15
Marysville School District	1,112	2,154	$9,970,470	$747.19	$385.73
Highland School District	135	257	$1,188,887	$733.88	$385.50

[1]Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A6b

Total Costs by District for District-Specific Health Plans Combined Sorted by Total Cost PMPM In Descending Cost Order

Plan Year Ending in 2012

District	Plan Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Raymond School District	80	133	$613,956	$639.54	$384.68
East Valley School District (Yakima)	281	562	$2,591,329	$768.48	$384.24
Central Valley School District	1,287	2,563	$11,810,348	$764.72	$384.00
Monroe School District	595	1,111	$5,119,428	$717.01	$384.00
Castle Rock School District	151	276	$1,270,802	$701.33	$383.70
Colfax School District	61	133	$612,352	$836.55	$383.68
Washtucna School District	21	38	$174,824	$693.75	$383.39
North Thurston Public Schools	1,380	2,708	$12,447,762	$751.68	$383.06
Granger School District	186	388	$1,780,368	$797.66	$382.38
Woodland School District	235	477	$2,187,932	$775.86	$382.24
Selah School District	358	676	$3,100,597	$721.74	$382.22
Quilcene School District	38	58	$265,024	$581.19	$380.78
Shaw Island School District	4	7	$31,976	$666.17	$380.67
Mount Adams School District	138	284	$1,297,187	$783.33	$380.63
Shoreline School District	945	1,739	$7,942,409	$700.39	$380.60
Aberdeen School District	422	721	$3,284,601	$648.62	$379.63
Lopez School District	43	78	$354,870	$687.73	$379.13
Tahoma School District	698	1,318	$5,987,115	$714.79	$378.55
White River School District	380	730	$3,315,146	$727.01	$378.44
Wilson Creek School District	32	68	$308,468	$803.30	$378.02
Centralia School District	369	683	$3,091,658	$698.21	$377.22
Toppenish School District	414	830	$3,755,241	$755.89	$377.03
Edmonds School District	1,988	3,793	$17,156,908	$719.19	$376.94
Tacoma School District	2,827	6,040	$27,314,570	$805.17	$376.86
Riverview School District	306	543	$2,452,451	$667.88	$376.37
White Pass School District	59	104	$469,099	$662.57	$375.88
Orondo School District	35	57	$256,898	$611.66	$375.58

[1]Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A6b

Total Costs by District for District-Specific Health Plans Combined Sorted by Total Cost PMPM In Descending Cost Order

Plan Year Ending in 2012

District	Plan Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Kennewick School District	1,532	2,968	$13,362,546	$726.86	$375.18
Pe Ell School District	40	70	$315,034	$656.32	$375.04
South Bend School District	87	168	$755,898	$724.04	$374.95
Kittitas School District	74	211	$949,193	$1,068.91	$374.88
Reardan-Edwall School District	63	126	$566,800	$749.74	$374.87
Harrington School District	29	76	$341,824	$982.25	$374.81
Ocosta School District	88	167	$750,371	$710.58	$374.44
Sedro-Woolley School District	437	827	$3,709,925	$707.46	$373.83
Quillayute Valley School District	163	292	$1,309,133	$669.29	$373.61
Pasco School District	1,638	3,132	$14,030,354	$713.79	$373.31
Sultan School District	201	404	$1,807,822	$749.51	$372.90
Naselle-Grays River Valley School District	54	120	$536,769	$828.35	$372.76
Central Kitsap School District	1,153	2,171	$9,706,999	$701.58	$372.60
Warden School District	102	272	$1,214,935	$992.59	$372.22
Toutle Lake School District	69	134	$598,374	$722.67	$372.12
Richland School District	1,030	1,941	$8,665,710	$701.11	$372.05
Ritzville School District	46	122	$544,107	$985.70	$371.66
Cosmopolis School District	22	36	$160,381	$607.50	$371.25
Crescent School District	36	64	$284,791	$659.24	$370.82
Oroville School District	82	154	$685,239	$696.38	$370.80
Curlew School District	31	61	$271,268	$729.22	$370.58
Kiona-Benton City School District	155	307	$1,364,646	$733.68	$370.43
Naches Valley School District	138	253	$1,121,114	$677.00	$369.27
Cashmere School District	126	351	$1,553,068	$1,027.16	$368.72
Highline School District	2,067	4,025	$17,808,261	$717.96	$368.70
Port Angeles School District	416	793	$3,503,873	$701.90	$368.21
Methow Valley School District	69	132	$582,530	$703.54	$367.76

[1]Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A6b

Total Costs by District for District-Specific Health Plans Combined Sorted by Total Cost PMPM In Descending Cost Order

Plan Year Ending in 2012

District	Plan Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Winlock School District	79	150	$660,916	$697.17	$367.18
Wellpinit School District	73	114	$502,034	$573.10	$366.98
Anacortes School District	263	529	$2,329,029	$737.97	$366.89
Republic School District	43	83	$364,661	$706.71	$366.13
Ridgefield School District	139	313	$1,371,414	$822.19	$365.13
Hoquiam School District	194	363	$1,589,471	$682.76	$364.89
Dieringer School District	134	258	$1,128,917	$702.06	$364.64
Hockinson School District	138	317	$1,384,090	$835.80	$363.85
Prosser School District	330	710	$3,096,986	$782.07	$363.50
Creston School District	26	47	$204,723	$656.16	$362.98
North River School District	19	33	$143,703	$630.28	$362.89
Chehalis School District	295	580	$2,523,778	$712.93	$362.61
Moses Lake School District	825	1,611	$7,002,201	$707.29	$362.21
Evergreen School District (Stevens)	4	5	$21,717	$452.44	$361.95
Cusick School District	43	99	$429,216	$831.81	$361.29
Mary Walker School District	73	150	$650,186	$742.22	$361.21
Grandview School District	373	739	$3,202,687	$715.52	$361.15
Steptoe School District	8	25	$108,236	$1,127.46	$360.79
Arlington School District	462	978	$4,227,542	$762.54	$360.22
Orting School District	202	386	$1,666,431	$687.47	$359.76
Rochester School District	198	398	$1,713,187	$721.04	$358.71
LaCrosse School District	24	55	$236,577	$821.45	$358.45
Deer Park School District	242	493	$2,120,444	$730.18	$358.43
Griffin School District	74	151	$649,381	$731.29	$358.38
Mary M Knight School District	26	53	$227,843	$730.27	$358.24
Mead School District	923	1,922	$8,259,889	$745.75	$358.13
Napavine School District	73	139	$596,562	$681.01	$357.65

[1]Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A6b

Total Costs by District for District-Specific Health Plans Combined Sorted by Total Cost PMPM In Descending Cost Order

Plan Year Ending in 2012

District	Plan Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Wapato School District	392	842	$3,612,533	$767.97	$357.53
Queets-Clearwater School District	11	17	$72,917	$552.40	$357.43
Sprague School District	23	50	$214,062	$775.59	$356.77
Quincy School District	325	654	$2,799,418	$717.80	$356.70
Lind School District	34	69	$294,780	$722.50	$356.01
Coupeville School District	87	190	$811,442	$777.24	$355.90
Walla Walla Public Schools	710	1,401	$5,982,756	$702.20	$355.86
Omak School District	230	447	$1,907,493	$691.12	$355.61
Bridgeport School District	97	188	$802,145	$689.13	$355.56
Dixie School District	9	16	$68,231	$631.77	$355.37
La Conner School District	85	177	$754,222	$739.43	$355.09
Pomeroy School District	38	89	$378,969	$831.07	$354.84
Shelton School District	517	981	$4,168,713	$671.94	$354.12
Bellevue School District	1,975	3,919	$16,643,329	$702.25	$353.90
Mount Vernon School District	737	1,565	$6,624,648	$749.06	$352.75
Morton School District	44	88	$372,028	$704.60	$352.30
Thorp School District	27	50	$211,125	$651.62	$351.87
Tonasket School District	128	252	$1,061,020	$690.77	$350.87
Grand Coulee Dam School District	99	191	$804,008	$676.77	$350.79
Camas School District	569	1,316	$5,532,109	$810.21	$350.31
Ellensburg School District	328	632	$2,654,925	$674.52	$350.07
Snohomish School District	909	1,878	$7,850,552	$719.71	$348.36
Selkirk School District	32	75	$313,393	$816.13	$348.21
Newport School District	122	235	$980,537	$669.77	$347.71
Wenatchee School District	818	1,590	$6,630,240	$675.45	$347.50
North Franklin School District	244	500	$2,084,602	$711.95	$347.43
Endicott School District	21	48	$200,034	$793.78	$347.28

[1]Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A6b

Total Costs by District for District-Specific Health Plans Combined Sorted by Total Cost PMPM In Descending Cost Order

Plan Year Ending in 2012

District	Plan Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Montesano School District	126	260	$1,082,113	$715.68	$346.83
Sunnyside School District	721	1,374	$5,700,978	$658.92	$345.77
Cle Elum-Roslyn School District	98	214	$883,712	$751.46	$344.12
Eastmont School District	548	1,119	$4,604,794	$700.24	$342.92
Peninsula School District	807	1,782	$7,327,025	$756.61	$342.64
Onalaska School District	90	185	$759,839	$703.55	$342.27
Rosalia School District	34	71	$291,067	$713.40	$341.63
Mossyrock School District	65	124	$507,486	$650.62	$341.05
Dayton School District	54	121	$494,520	$763.15	$340.58
Brewster School District	110	207	$845,500	$640.53	$340.38
Enumclaw School District	234	505	$2,061,584	$734.18	$340.20
Colton School District	24	50	$203,965	$708.21	$339.94
Colville School District	221	430	$1,751,686	$660.52	$339.47
Kent School District	2,692	5,643	$22,935,097	$709.98	$338.70
Entiat School District	42	101	$409,623	$812.74	$337.97
Granite Falls School District	179	430	$1,742,125	$811.05	$337.62
Freeman School District	101	221	$895,034	$738.48	$337.49
Wahluke School District	155	276	$1,117,572	$600.85	$337.43
University Place School District	499	914	$3,697,024	$617.41	$337.07
Valley School District	112	224	$902,366	$671.40	$335.70
Clarkston School District	291	579	$2,329,722	$667.16	$335.31
Kettle Falls School District	88	180	$720,584	$682.37	$333.60
West Valley School District (Yakima)	405	900	$3,597,417	$740.21	$333.09
Royal School District	192	377	$1,505,404	$653.39	$332.76
Lake Chelan School District	153	346	$1,381,473	$752.44	$332.72
College Place School District	96	194	$774,267	$672.11	$332.59
Tekoa School District	27	72	$286,560	$884.44	$331.67

[1]Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A6b

Total Costs by District for District-Specific Health Plans Combined Sorted by Total Cost PMPM In Descending Cost Order

Plan Year Ending in 2012

District	Plan Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Cascade School District	131	267	$1,061,204	$675.07	$331.21
Zillah School District	141	284	$1,125,592	$665.24	$330.28
Sumner School District	807	1,549	$6,133,867	$633.40	$329.99
Sequim School District	265	522	$2,066,387	$649.81	$329.88
Toledo School District	65	137	$540,738	$693.25	$328.92
Burlington-Edison School District	424	1,000	$3,943,247	$775.01	$328.60
Chewelah School District	102	209	$821,658	$671.29	$327.61
Northport School District	36	80	$313,315	$725.27	$326.37
Othello School District	417	822	$3,203,477	$640.18	$324.76
Lakewood School District	216	481	$1,868,872	$721.02	$323.78
Davenport School District	66	161	$625,112	$789.28	$323.56
Stanwood-Camano School District	447	1,015	$3,931,266	$732.90	$322.76
Odessa School District	41	83	$321,215	$652.88	$322.51
Ephrata School District	239	514	$1,979,404	$690.17	$320.92
Soap Lake School District	63	134	$513,265	$678.92	$319.19
Manson School District	87	192	$728,077	$697.39	$316.01
Mukilteo School District	1,375	3,366	$12,746,261	$772.50	$315.56
Oakesdale School District	23	68	$256,767	$930.32	$314.67
Green Mountain School District	19	39	$145,348	$637.49	$310.57
Evaline School District	5	8	$29,611	$493.51	$308.45
Oakville School District	42	90	$331,220	$657.18	$306.69
Orcas Island School District	82	195	$714,735	$726.36	$305.44
Everett School District	1,633	3,649	$13,352,814	$681.41	$304.94
Kahlotus School District	16	43	$156,831	$816.83	$303.94
Meridian School District	167	413	$1,500,245	$748.63	$302.71
Puyallup School District	1,923	4,514	$16,254,177	$704.38	$300.07
Lake Stevens School District	706	1,685	$6,044,240	$713.44	$298.92

[1]Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A6b

Total Costs by District for District-Specific Health Plans Combined Sorted by Total Cost PMPM In Descending Cost Order

Plan Year Ending in 2012

District	Plan Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Concrete School District	71	157	$561,340	$658.85	$297.95
Adna School District	31	83	$296,117	$796.01	$297.31
Grapeview School District	24	51	$180,329	$626.14	$294.65
Waterville School District	44	95	$335,587	$635.58	$294.37
Southside School District	22	51	$179,192	$678.76	$292.80
Pullman School District	238	572	$2,002,827	$701.27	$291.79
Paterson School District	14	29	$99,972	$595.07	$287.28
North Kitsap School District	640	1,679	$5,763,576	$750.47	$286.06
Ferndale School District	496	1,152	$3,950,328	$663.70	$285.76
Garfield School District	17	43	$146,044	$715.90	$283.03
Wishram School District	19	46	$155,923	$683.87	$282.47
Mount Baker School District	244	665	$2,246,449	$767.23	$281.51
South Kitsap School District	920	2,556	$8,483,107	$768.40	$276.57
Touchet School District	33	83	$275,167	$694.87	$276.27
Bellingham School District	1,144	3,118	$10,024,622	$730.23	$267.92
San Juan Island School District	93	255	$816,986	$732.07	$266.99
Yakima School District	1,709	4,781	$14,911,276	$727.10	$259.91
Nine Mile Falls School District	149	469	$1,431,923	$800.85	$254.43
Blaine School District	226	681	$2,036,796	$751.03	$249.24
Loon Lake School District	20	42	$122,714	$511.31	$243.48
Asotin-Anatone School District	59	183	$520,718	$735.48	$237.12
Nooksack Valley School District	197	606	$1,698,681	$718.56	$233.59
Starbuck School District	5	12	$33,529	$558.82	$232.84
Northshore School District	1,897	5,157	$13,472,617	$591.84	$217.71
Lynden School District	296	899	$2,339,832	$658.74	$216.89
Grand Total/Average	**104,276**	**210,644**	**$921,736,603**	**$736.62**	**$364.65**

[1]Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A7a

Average Costs and Contributions by District — Differential by Employee/Family Contributions — Full-Time Employees

Census October 1, 2012 — Reporting Districts Only

District	Full-Time Enrollment[1]		Average Premiums			Average Contributions			Contribution % of Premium	
	EE	EF	EE	EF	Ratio EF/EE	EE	EF	Ratio EF/EE	EE	EF
Aberdeen School District	182	133	$655.92	$930.95	1.419	$8.38	$183.77	21.942	1.3%	19.7%
Adna School District	8	21	$662.30	$1,076.73	1.626	$64.34	$319.17	4.961	9.7%	29.6%
Almira School District	2	12	$882.00	$969.33	1.099	$114.00	$186.67	1.637	12.9%	19.3%
Anacortes School District	94	112	$670.28	$1,038.62	1.550	$28.71	$343.65	11.968	4.3%	33.1%
Arlington School District	163	228	$719.93	$978.31	1.359	$40.63	$257.02	6.326	5.6%	26.3%
Asotin-Anatone School District	46	0	$822.24	n/a	n/a	$46.87	n/a	n/a	5.7%	n/a
Auburn School District	594	540	$676.37	$1,048.10	1.550	$62.98	$429.89	6.826	9.3%	41.0%
Bainbridge Island School District	122	137	$750.56	$1,113.46	1.483	$59.40	$420.92	7.087	7.9%	37.8%
Battle Ground School District	410	515	$668.65	$1,098.04	1.642	$20.17	$373.75	18.531	3.0%	34.0%
Bellevue School District	794	818	$658.53	$1,000.85	1.520	$37.17	$247.68	6.664	5.6%	24.7%
Bellingham School District	475	519	$676.62	$1,016.41	1.502	$34.96	$299.41	8.565	5.2%	29.5%
Benge School District	1	3	$664.10	$1,300.00	1.958	$17.30	$653.20	37.757	2.6%	50.2%
Bethel School District	798	597	$673.82	$1,060.40	1.574	$54.18	$312.28	5.764	8.0%	29.4%
Bickleton School District	0	12	n/a	$1,630.38	n/a	n/a	$347.66	n/a	n/a	21.3%
Blaine School District	79	104	$721.61	$1,093.20	1.515	$36.90	$252.09	6.832	5.1%	23.1%
Boistfort School District	6	5	$596.05	$1,153.34	1.935	$32.05	$555.21	17.321	5.4%	48.1%
Bremerton School District	237	185	$655.92	$1,118.31	1.705	$7.76	$365.71	47.111	1.2%	32.7%
Brewster School District	68	41	$617.43	$963.79	1.561	$20.51	$275.70	13.440	3.3%	28.6%
Bridgeport School District	42	32	$655.84	$947.37	1.445	$61.35	$347.22	5.660	9.4%	36.7%
Brinnon School District	3	2	$621.78	$849.63	1.366	$32.15	$143.01	4.448	5.2%	16.8%
Burlington-Edison School District	133	170	$675.02	$995.80	1.475	$32.48	$275.36	8.477	4.8%	27.7%
Camas School District	154	263	$657.24	$1,066.78	1.623	$2.56	$248.07	97.085	0.4%	23.3%
Cape Flattery School District	43	25	$733.15	$985.30	1.344	$18.41	$228.46	12.413	2.5%	23.2%
Carbonado School District	13	8	$710.68	$923.74	1.300	$34.03	$255.31	7.502	4.8%	27.6%
Cascade School District	62	66	$585.65	$904.18	1.544	$31.99	$230.82	7.216	5.5%	25.5%
Cashmere School District	23	73	$857.36	$956.05	1.115	$102.04	$188.60	1.848	11.9%	19.7%
Castle Rock School District	46	55	$669.74	$1,009.38	1.507	$17.73	$273.91	15.447	2.6%	27.1%
Centerville School District	1	8	$673.88	$1,340.32	1.989	$0.00	$255.90	n/a	0.0%	19.1%

[1]As of the end of the Plan Year ending in 2012

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A7a

Average Costs and Contributions by District — Differential by Employee/Family Contributions — Full-Time Employees

Census October 1, 2012 — Reporting Districts Only

District	Full-Time Enrollment[1]		Average Premiums			Average Contributions			Contribution % of Premium	
	EE	EF	EE	EF	Ratio EF/EE	EE	EF	Ratio EF/EE	EE	EF
Central Kitsap School District	461	471	$629.59	$999.68	1.588	$41.33	$315.52	7.634	6.6%	31.6%
Central Valley School District	494	513	$699.11	$1,034.60	1.480	$39.08	$374.72	9.588	5.6%	36.2%
Centralia School District	134	133	$695.79	$943.45	1.356	$45.04	$278.57	6.184	6.5%	29.5%
Chehalis School District	113	113	$665.49	$960.06	1.443	$14.47	$263.03	18.175	2.2%	27.4%
Cheney School District	189	146	$693.33	$1,038.65	1.498	$89.76	$318.98	3.554	12.9%	30.7%
Chewelah School District	28	44	$622.21	$921.96	1.482	$33.25	$188.53	5.670	5.3%	20.4%
Chimacum School District	29	46	$704.56	$993.15	1.410	$31.17	$300.36	9.637	4.4%	30.2%
Clarkston School District	131	140	$667.53	$895.05	1.341	$14.95	$159.80	10.689	2.2%	17.9%
Cle Elum-Roslyn School District	38	57	$638.42	$1,084.64	1.699	$82.83	$437.14	5.278	13.0%	40.3%
Clover Park School District	712	486	$721.58	$1,071.28	1.485	$20.15	$349.45	17.338	2.8%	32.6%
Colfax School District	22	27	$727.04	$1,143.09	1.572	$44.71	$375.28	8.393	6.1%	32.8%
College Place School District	28	39	$667.77	$952.22	1.426	$12.14	$275.94	22.726	1.8%	29.0%
Colton School District	13	7	$658.74	$1,134.76	1.723	$49.47	$393.74	7.959	7.5%	34.7%
Columbia (Stevens) School District	3	18	$739.13	$1,099.18	1.487	$93.78	$360.50	3.844	12.7%	32.8%
Columbia (Walla Walla) School District	37	32	$679.43	$976.97	1.438	$13.14	$188.28	14.334	1.9%	19.3%
Colville School District	75	70	$681.30	$928.79	1.363	$14.19	$253.25	17.850	2.1%	27.3%
Concrete School District	31	20	$707.15	$1,072.85	1.517	$49.05	$373.72	7.620	6.9%	34.8%
Conway School District	19	12	$670.02	$1,015.18	1.515	$11.42	$341.93	29.939	1.7%	33.7%
Cosmopolis School District	7	6	$629.89	$887.09	1.408	$11.07	$251.99	22.763	1.8%	28.4%
Coulee-Hartline School District	10	23	$854.27	$997.04	1.167	$94.92	$256.09	2.698	11.1%	25.7%
Coupeville School District	37	34	$704.86	$1,047.71	1.486	$14.96	$279.38	18.675	2.1%	26.7%
Crescent School District	19	12	$691.61	$840.15	1.215	$0.00	$25.69	n/a	0.0%	3.1%
Creston School District	12	8	$692.11	$982.24	1.419	$85.05	$225.63	2.653	12.3%	23.0%
Curlew School District	8	5	$625.33	$972.83	1.556	$51.53	$53.60	1.040	8.2%	5.5%
Cusick School District	14	15	$813.58	$960.80	1.181	$39.08	$130.44	3.338	4.8%	13.6%
Damman School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Darrington School District	11	36	$893.09	$992.14	1.111	$81.05	$160.98	1.986	9.1%	16.2%
Davenport School District	14	45	$715.40	$1,007.52	1.408	$37.40	$340.65	9.109	5.2%	33.8%

[1]As of the end of the Plan Year ending in 2012

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A7a

Average Costs and Contributions by District — Differential by Employee/Family Contributions — Full-Time Employees

Census October 1, 2012 — Reporting Districts Only

District	Full-Time Enrollment[1]		Average Premiums			Average Contributions			Contribution % of Premium	
	EE	EF	EE	EF	Ratio EF/EE	EE	EF	Ratio EF/EE	EE	EF
Dayton School District	18	27	$631.49	$947.59	1.501	$32.84	$307.22	9.355	5.2%	32.4%
Deer Park School District	81	92	$701.79	$977.16	1.392	$35.47	$298.36	8.413	5.1%	30.5%
Dieringer School District	54	54	$667.89	$879.28	1.317	$13.15	$127.20	9.670	2.0%	14.5%
Dixie School District	2	1	$683.86	$1,021.33	1.493	$10.55	$78.70	7.460	1.5%	7.7%
East Valley School District (Spokane)	224	186	$684.17	$991.27	1.449	$47.43	$341.68	7.204	6.9%	34.5%
East Valley School District (Yakima)	115	129	$682.05	$1,071.49	1.571	$38.71	$318.66	8.232	5.7%	29.7%
Eastmont School District	393	57	$797.45	$949.86	1.191	$136.46	$189.72	1.390	17.1%	20.0%
Easton School District	8	10	$877.63	$986.00	1.123	$77.63	$186.00	2.396	8.8%	18.9%
Eatonville School District	81	79	$649.95	$1,021.05	1.571	$25.10	$275.84	10.991	3.9%	27.0%
Edmonds School District	1,017	727	$704.56	$1,012.40	1.437	$34.57	$220.69	6.383	4.9%	21.8%
Ellensburg School District	114	124	$681.28	$981.73	1.441	$43.48	$336.50	7.739	6.4%	34.3%
Elma School District	67	61	$664.20	$974.18	1.467	$3.67	$118.16	32.182	0.6%	12.1%
Endicott School District	8	8	$763.48	$945.39	1.238	$84.26	$199.59	2.369	11.0%	21.1%
Entiat School District	6	24	$809.37	$939.52	1.161	$76.00	$151.40	1.992	9.4%	16.1%
Enumclaw School District	141	141	$660.10	$1,079.61	1.636	$34.96	$364.25	10.419	5.3%	33.7%
Ephrata School District	116	116	$674.28	$912.90	1.354	$41.59	$270.40	6.501	6.2%	29.6%
Evaline School District	3	1	$561.03	$796.40	1.420	$73.82	$179.20	2.428	13.2%	22.5%
Everett School District	527	819	$687.88	$1,368.62	1.990	$92.07	$194.61	2.114	13.4%	14.2%
Evergreen School District (Clark)	1,118	1,053	$663.41	$1,098.49	1.656	$59.82	$411.33	6.876	9.0%	37.4%
Evergreen School District (Stevens)	3	2	$481.20	$598.88	1.245	$0.00	$0.00	n/a	0.0%	0.0%
Federal Way School District	1,104	637	$681.13	$1,044.58	1.534	$38.37	$386.58	10.075	5.6%	37.0%
Ferndale School District	162	165	$672.99	$993.64	1.476	$32.48	$214.04	6.589	4.8%	21.5%
Fife School District	154	111	$767.82	$1,030.40	1.342	$129.70	$357.93	2.760	16.9%	34.7%
Finley School District	39	37	$696.82	$989.66	1.420	$45.01	$290.74	6.460	6.5%	29.4%
Franklin Pierce School District	397	262	$622.79	$891.38	1.431	$7.56	$195.72	25.893	1.2%	22.0%
Freeman School District	29	34	$668.47	$911.92	1.364	$72.87	$279.63	3.837	10.9%	30.7%
Garfield School District	6	8	$648.27	$1,209.28	1.865	$121.80	$475.86	3.907	18.8%	39.4%
Glenwood School District	11	4	$646.99	$1,031.19	1.594	$15.45	$402.40	26.053	2.4%	39.0%

[1]As of the end of the Plan Year ending in 2012

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A7a

Average Costs and Contributions by District — Differential by Employee/Family Contributions — Full-Time Employees

Census October 1, 2012 — Reporting Districts Only

District	Full-Time Enrollment[1]		Average Premiums			Average Contributions			Contribution % of Premium	
	EE	EF	EE	EF	Ratio EF/EE	EE	EF	Ratio EF/EE	EE	EF
Goldendale School District	50	53	$641.78	$1,282.47	1.998	$13.65	$441.01	32.298	2.1%	34.4%
Grand Coulee Dam School District	51	45	$631.08	$922.83	1.462	$25.66	$281.57	10.974	4.1%	30.5%
Grandview School District	116	148	$684.31	$1,025.22	1.498	$40.17	$219.97	5.476	5.9%	21.5%
Granger School District	82	93	$851.45	$1,251.93	1.470	$49.48	$317.06	6.408	5.8%	25.3%
Granite Falls School District	59	84	$758.05	$1,156.95	1.526	$39.46	$241.84	6.129	5.2%	20.9%
Grapeview School District	11	11	$588.90	$939.42	1.595	$11.19	$319.67	28.570	1.9%	34.0%
Great Northern School District	4	0	$664.10	n/a	n/a	$18.75	n/a	n/a	2.8%	n/a
Green Mountain School District	8	8	$667.71	$814.98	1.221	$38.84	$205.61	5.294	5.8%	25.2%
Griffin School District	22	28	$747.04	$1,079.44	1.445	$86.43	$399.89	4.627	11.6%	37.0%
Harrington School District	4	12	$855.66	$1,004.77	1.174	$61.15	$176.09	2.880	7.1%	17.5%
Highland School District	47	48	$680.54	$959.33	1.410	$41.44	$306.60	7.398	6.1%	32.0%
Highline School District	954	568	$688.98	$989.45	1.436	$43.65	$324.84	7.442	6.3%	32.8%
Hockinson School District	64	63	$712.10	$1,096.77	1.540	$6.73	$211.18	31.359	0.9%	19.3%
Hood Canal School District	20	11	$639.61	$837.00	1.309	$49.45	$101.22	2.047	7.7%	12.1%
Hoquiam School District	76	69	$665.60	$958.32	1.440	$8.93	$206.10	23.084	1.3%	21.5%
Inchelium School District	4	0	$664.10	n/a	n/a	$18.75	n/a	n/a	2.8%	n/a
Index School District	4	1	$632.36	$565.00	0.893	$91.58	$2.00	0.022	14.5%	0.4%
Issaquah School District	864	557	$633.65	$959.80	1.515	$16.42	$320.02	19.489	2.6%	33.3%
Kahlotus School District	6	10	$699.03	$1,003.33	1.435	$75.89	$323.35	4.261	10.9%	32.2%
Kalama School District	23	36	$687.00	$1,120.52	1.631	$50.26	$370.31	7.368	7.3%	33.0%
Keller School District	4	2	$781.61	$1,237.48	1.583	$0.00	$381.37	n/a	0.0%	30.8%
Kelso School District	162	169	$702.25	$1,046.92	1.491	$51.60	$362.40	7.024	7.3%	34.6%
Kennewick School District	543	595	$663.44	$1,015.07	1.530	$38.79	$235.19	6.064	5.8%	23.2%
Kent School District	1,165	811	$679.93	$1,041.07	1.531	$26.10	$317.13	12.151	3.8%	30.5%
Kettle Falls School District	25	33	$688.39	$1,029.71	1.496	$41.78	$230.47	5.516	6.1%	22.4%
Kiona-Benton City School District	54	57	$729.42	$1,067.04	1.463	$90.33	$394.57	4.368	12.4%	37.0%
Kittitas School District	11	40	$800.00	$800.00	1.000	$57.91	$169.23	2.922	7.2%	21.2%
Klickitat School District	9	7	$596.67	$609.93	1.022	$67.81	$233.80	3.448	11.4%	38.3%

[1]As of the end of the Plan Year ending in 2012

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A7a

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Census October 1, 2012 — Reporting Districts Only

District	Full-Time Enrollment[1]		Average Premiums			Average Contributions			Contribution % of Premium	
	EE	EF	EE	EF	Ratio EF/EE	EE	EF	Ratio EF/EE	EE	EF
La Center School District	40	58	$654.45	$1,079.83	1.650	$38.13	$351.93	9.231	5.8%	32.6%
La Conner School District	33	40	$666.34	$980.42	1.471	$17.37	$269.19	15.498	2.6%	27.5%
LaCrosse School District	5	8	$596.38	$976.36	1.637	$0.00	$206.55	n/a	0.0%	21.2%
Lake Chelan School District	37	81	$680.86	$971.25	1.427	$12.03	$269.38	22.384	1.8%	27.7%
Lake Quinault School District	5	20	$612.75	$1,035.52	1.690	$0.00	$202.66	n/a	0.0%	19.6%
Lake Stevens School District	270	242	$734.34	$1,033.51	1.407	$57.47	$300.86	5.235	7.8%	29.1%
Lake Washington School District	1,177	851	$645.62	$1,010.61	1.565	$27.54	$336.62	12.224	4.3%	33.3%
Lakewood School District	92	78	$675.19	$1,003.74	1.487	$18.98	$292.35	15.405	2.8%	29.1%
Lamont School District	3	3	$715.90	$1,111.27	1.552	$111.59	$306.50	2.747	15.6%	27.6%
Liberty School District	24	26	$646.52	$1,044.36	1.615	$48.83	$372.24	7.623	7.6%	35.6%
Lind School District	13	14	$719.34	$1,008.11	1.401	$76.39	$328.88	4.305	10.6%	32.6%
Longview School District	267	253	$688.04	$995.74	1.447	$33.87	$339.78	10.032	4.9%	34.1%
Loon Lake School District	7	8	$724.79	$743.29	1.026	$35.98	$121.22	3.369	5.0%	16.3%
Lopez School District	14	14	$487.04	$1,158.17	2.378	$23.04	$218.61	9.490	4.7%	18.9%
Lyle School District	13	8	$645.06	$1,270.85	1.970	$14.29	$505.88	35.403	2.2%	39.8%
Lynden School District	77	102	$599.91	$939.27	1.566	$14.03	$238.67	17.012	2.3%	25.4%
Mabton School District	24	60	$772.38	$1,101.23	1.426	$0.25	$297.04	1,208.301	0.0%	27.0%
Mansfield School District	5	15	$882.00	$1,009.20	1.144	$91.60	$227.65	2.485	10.4%	22.6%
Manson School District	22	36	$653.74	$984.97	1.507	$4.59	$308.48	67.281	0.7%	31.3%
Mary M Knight School District	12	14	$646.60	$1,128.31	1.745	$14.27	$379.56	26.597	2.2%	33.6%
Mary Walker School District	15	35	$716.48	$955.49	1.334	$57.54	$200.39	3.482	8.0%	21.0%
Marysville School District	414	419	$694.78	$1,026.83	1.478	$26.51	$276.88	10.444	3.8%	27.0%
McCleary School District	13	10	$681.93	$928.18	1.361	$6.81	$153.88	22.584	1.0%	16.6%
Mead School District	279	362	$694.74	$1,042.19	1.500	$23.45	$315.72	13.463	3.4%	30.3%
Medical Lake School District	67	71	$721.78	$1,058.13	1.466	$73.28	$287.67	3.925	10.2%	27.2%
Mercer Island School District	190	152	$640.32	$1,048.95	1.638	$43.31	$376.06	8.682	6.8%	35.9%
Meridian School District	69	68	$619.62	$1,076.15	1.737	$36.06	$346.63	9.611	5.8%	32.2%
Methow Valley School District	18	33	$654.35	$801.48	1.225	$0.00	$0.00	n/a	0.0%	0.0%

[1]As of the end of the Plan Year ending in 2012

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

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Census October 1, 2012 — Reporting Districts Only

District	Full-Time Enrollment[1]		Average Premiums			Average Contributions			Contribution % of Premium	
	EE	EF	EE	EF	Ratio EF/EE	EE	EF	Ratio EF/EE	EE	EF
Mill A School District	0	5	n/a	$1,267.65	n/a	n/a	$322.85	n/a	n/a	25.5%
Monroe School District	226	182	$708.10	$951.26	1.343	$50.37	$243.27	4.829	7.1%	25.6%
Montesano School District	42	50	$649.33	$1,020.13	1.571	$12.37	$204.81	16.563	1.9%	20.1%
Morton School District	11	14	$679.15	$985.48	1.451	$31.51	$355.91	11.296	4.6%	36.1%
Moses Lake School District	282	319	$712.87	$1,018.12	1.428	$11.57	$286.61	24.782	1.6%	28.2%
Mossyrock School District	24	25	$655.70	$936.73	1.429	$60.15	$273.43	4.546	9.2%	29.2%
Mount Adams School District	70	63	$650.12	$986.57	1.518	$38.05	$330.69	8.690	5.9%	33.5%
Mount Baker School District	41	135	$566.11	$831.42	1.469	$2.48	$41.31	16.627	0.4%	5.0%
Mount Pleasant School District	2	1	$806.15	$1,482.28	1.839	$0.00	$645.35	n/a	0.0%	43.5%
Mount Vernon School District	253	248	$644.60	$977.04	1.516	$17.03	$234.61	13.778	2.6%	24.0%
Mukilteo School District	570	460	$697.30	$1,091.70	1.566	$5.65	$291.15	51.567	0.8%	26.7%
Naches Valley School District	59	54	$760.86	$1,027.53	1.350	$21.09	$256.40	12.158	2.8%	25.0%
Napavine School District	31	27	$662.07	$820.85	1.240	$12.03	$150.19	12.487	1.8%	18.3%
Naselle-Grays River Valley School District	19	16	$739.34	$1,124.61	1.521	$23.08	$148.83	6.450	3.1%	13.2%
Nespelem School District	9	11	$764.14	$897.98	1.175	$141.09	$352.77	2.500	18.5%	39.3%
Newport School District	42	44	$652.48	$916.18	1.404	$70.41	$303.74	4.314	10.8%	33.2%
Nine Mile Falls School District	12	107	$582.15	$914.39	1.571	$0.00	$233.14	n/a	0.0%	25.5%
Nooksack Valley School District	56	78	$611.23	$1,071.43	1.753	$33.70	$315.40	9.359	5.5%	29.4%
North Beach School District	26	31	$644.57	$1,139.17	1.767	$26.02	$215.92	8.298	4.0%	19.0%
North Franklin School District	82	102	$656.01	$921.01	1.404	$43.34	$288.42	6.654	6.6%	31.3%
North Kitsap School District	270	217	$656.38	$955.10	1.455	$13.52	$291.51	21.565	2.1%	30.5%
North Mason School District	85	78	$745.28	$1,098.13	1.473	$27.12	$272.32	10.042	3.6%	24.8%
North River School District	15	3	$694.21	$831.88	1.198	$72.58	$210.28	2.897	10.5%	25.3%
North Thurston Public Schools	563	583	$654.32	$953.61	1.457	$47.60	$256.79	5.394	7.3%	26.9%
Northport School District	20	16	$675.18	$1,102.44	1.633	$17.53	$154.41	8.811	2.6%	14.0%
Northshore School District	1,020	870	$646.39	$971.40	1.503	$47.58	$276.69	5.815	7.4%	28.5%
Oak Harbor School District	227	213	$665.57	$1,008.05	1.515	$21.56	$273.50	12.685	3.2%	27.1%
Oakesdale School District	4	14	$646.68	$947.01	1.464	$0.00	$144.56	n/a	0.0%	15.3%

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Oakville School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ocean Beach School District	57	31	$700.67	$1,075.68	1.535	$74.94	$400.86	5.349	10.7%	37.3%
Ocosta School District	42	38	$677.50	$1,013.35	1.496	$12.42	$324.63	26.136	1.8%	32.0%
Odessa School District	10	16	$709.12	$884.51	1.247	$23.03	$117.83	5.115	3.2%	13.3%
Okanogan School District	45	38	$641.80	$838.94	1.307	$26.10	$183.39	7.026	4.1%	21.9%
Olympia School District	353	282	$656.11	$941.87	1.436	$26.52	$260.02	9.803	4.0%	27.6%
Omak School District	88	0	$660.74	n/a	n/a	$51.67	n/a	n/a	7.8%	n/a
Onalaska School District	25	42	$655.42	$908.52	1.386	$39.99	$253.31	6.335	6.1%	27.9%
Onion Creek School District	3	8	$882.00	$985.75	1.118	$114.00	$217.75	1.910	12.9%	22.1%
Orcas Island School District	22	29	$651.79	$1,028.46	1.578	$24.06	$330.14	13.720	3.7%	32.1%
Orchard Prairie School District	5	3	$669.33	$1,005.52	1.502	$0.00	$130.15	n/a	0.0%	12.9%
Orient School District	3	3	$812.04	$993.00	1.223	$51.33	$193.00	3.760	6.3%	19.4%
Orondo School District	19	14	$631.53	$969.41	1.535	$84.64	$361.57	4.272	13.4%	37.3%
Oroville School District	48	30	$665.65	$1,054.40	1.584	$24.13	$122.22	5.065	3.6%	11.6%
Orting School District	90	72	$676.55	$957.81	1.416	$23.52	$269.30	11.452	3.5%	28.1%
Othello School District	165	150	$655.23	$915.22	1.397	$9.56	$161.58	16.908	1.5%	17.7%
Palisades School District	0	7	n/a	$1,046.29	n/a	n/a	$196.29	n/a	n/a	18.8%
Palouse School District	5	14	$622.28	$1,126.90	1.811	$15.49	$390.31	25.198	2.5%	34.6%
Pasco School District	715	619	$677.27	$992.66	1.466	$56.36	$313.87	5.569	8.3%	31.6%
Pateros School District	15	12	$669.11	$965.18	1.442	$39.41	$310.58	7.881	5.9%	32.2%
Paterson School District	4	4	$611.83	$852.15	1.393	$0.00	$95.28	n/a	0.0%	11.2%
Pe Ell School District	21	12	$642.74	$1,028.72	1.601	$11.68	$196.22	16.803	1.8%	19.1%
Peninsula School District	372	263	$652.59	$1,089.81	1.670	$69.15	$462.00	6.681	10.6%	42.4%
Pioneer School District	41	21	$660.88	$1,087.56	1.646	$30.41	$349.94	11.508	4.6%	32.2%
Pomeroy School District	15	16	$791.40	$1,237.11	1.563	$16.86	$310.95	18.446	2.1%	25.1%
Port Angeles School District	199	187	$666.06	$968.86	1.455	$41.55	$314.74	7.574	6.2%	32.5%
Port Townsend School District	37	54	$684.67	$994.54	1.453	$17.14	$287.19	16.754	2.5%	28.9%
Prescott School District	30	3	$691.09	$813.09	1.177	$0.00	$0.00	n/a	0.0%	0.0%

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Prosser School District	102	136	$682.37	$1,062.67	1.557	$6.01	$245.56	40.844	0.9%	23.1%
Pullman School District	95	87	$710.05	$892.76	1.257	$41.69	$177.55	4.259	5.9%	19.9%
Puyallup School District	723	606	$674.86	$1,186.58	1.758	$112.57	$436.09	3.874	16.7%	36.8%
Queets-Clearwater School District	5	5	$649.50	$606.63	0.934	$7.26	$0.00	0.000	1.1%	0.0%
Quilcene School District	24	11	$664.44	$821.29	1.236	$75.60	$239.68	3.171	11.4%	29.2%
Quillayute Valley School District	93	59	$667.26	$1,016.93	1.524	$54.79	$392.08	7.156	8.2%	38.6%
Quincy School District	110	129	$701.79	$988.62	1.409	$16.22	$168.43	10.383	2.3%	17.0%
Rainier School District	32	34	$669.09	$1,131.55	1.691	$41.45	$395.87	9.551	6.2%	35.0%
Raymond School District	45	28	$653.53	$985.17	1.507	$3.80	$182.01	47.906	0.6%	18.5%
Reardan-Edwall School District	14	35	$665.06	$941.64	1.416	$14.13	$212.92	15.066	2.1%	22.6%
Renton School District	637	474	$661.87	$996.92	1.506	$15.65	$310.96	19.867	2.4%	31.2%
Republic School District	15	16	$672.69	$910.48	1.354	$72.82	$258.45	3.549	10.8%	28.4%
Richland School District	433	357	$676.79	$1,011.74	1.495	$37.60	$354.96	9.441	5.6%	35.1%
Ridgefield School District	47	87	$648.57	$975.94	1.505	$32.10	$212.42	6.618	4.9%	21.8%
Ritzville School District	0	49	n/a	$947.84	n/a	n/a	$194.32	n/a	n/a	20.5%
Riverside School District	67	63	$731.56	$1,090.31	1.490	$73.96	$240.82	3.256	10.1%	22.1%
Riverview School District	141	102	$669.91	$1,019.87	1.522	$36.26	$327.51	9.032	5.4%	32.1%
Rochester School District	77	76	$662.03	$954.08	1.441	$45.02	$281.53	6.253	6.8%	29.5%
Roosevelt School District	5	0	$664.10	n/a	n/a	$0.00	n/a	n/a	0.0%	n/a
Rosalia School District	15	12	$622.18	$920.29	1.479	$55.23	$347.00	6.283	8.9%	37.7%
Royal School District	32	156	$464.09	$825.15	1.778	$10.65	$161.47	15.161	2.3%	19.6%
San Juan Island School District	27	39	$716.23	$909.08	1.269	$106.68	$302.91	2.839	14.9%	33.3%
Satsop School District	2	2	$664.10	$1,175.60	1.770	$0.00	$354.52	n/a	0.0%	30.2%
Seattle Public Schools	2,741	2,182	$656.57	$982.70	1.497	$26.71	$295.84	11.074	4.1%	30.1%
Sedro-Woolley School District	168	156	$695.61	$960.86	1.381	$41.82	$285.38	6.824	6.0%	29.7%
Selah School District	119	137	$666.16	$1,007.33	1.512	$29.43	$357.77	12.157	4.4%	35.5%
Selkirk School District	10	18	$654.45	$1,134.53	1.734	$30.61	$293.65	9.593	4.7%	25.9%
Sequim School District	103	128	$637.78	$898.04	1.408	$55.38	$135.74	2.451	8.7%	15.1%

[1]As of the end of the Plan Year ending in 2012

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A7a

Average Costs and Contributions by District — Differential by Employee/Family Contributions — Full-Time Employees

Census October 1, 2012 — Reporting Districts Only

District	Full-Time Enrollment[1]		Average Premiums			Average Contributions			Contribution % of Premium	
	EE	EF	EE	EF	Ratio EF/EE	EE	EF	Ratio EF/EE	EE	EF
Shaw Island School District	1	1	$776.65	$926.12	1.192	$8.65	$158.12	18.280	1.1%	17.1%
Shelton School District	212	161	$681.45	$999.27	1.466	$44.38	$336.56	7.584	6.5%	33.7%
Shoreline School District	303	281	$681.39	$1,030.34	1.512	$23.71	$274.00	11.557	3.5%	26.6%
Skamania School District	1	6	$613.00	$1,214.43	1.981	$0.00	$571.54	n/a	0.0%	47.1%
Skykomish School District	10	8	$650.16	$832.14	1.280	$13.13	$109.41	8.336	2.0%	13.1%
Snohomish School District	297	357	$678.69	$1,093.47	1.611	$47.31	$227.82	4.816	7.0%	20.8%
Snoqualmie Valley School District	216	151	$656.57	$1,107.11	1.686	$21.81	$346.57	15.890	3.3%	31.3%
Soap Lake School District	31	28	$665.01	$907.50	1.365	$22.22	$203.03	9.138	3.3%	22.4%
South Bend School District	31	34	$703.60	$963.94	1.370	$57.84	$301.99	5.221	8.2%	31.3%
South Kitsap School District	434	406	$764.73	$1,009.52	1.320	$46.03	$276.41	6.005	6.0%	27.4%
South Whidbey School District	65	69	$643.20	$1,063.46	1.653	$33.23	$362.89	10.921	5.2%	34.1%
Southside School District	9	11	$581.28	$957.90	1.648	$37.31	$279.01	7.478	6.4%	29.1%
Spokane School District	928	1,447	$758.73	$1,229.17	1.620	$119.93	$486.67	4.058	15.8%	39.6%
Sprague School District	3	9	$504.43	$1,035.09	2.052	$14.78	$302.32	20.459	2.9%	29.2%
St. John School District	4	13	$874.50	$964.23	1.103	$106.50	$196.23	1.843	12.2%	20.4%
Stanwood-Camano School District	162	186	$690.13	$949.73	1.376	$40.31	$244.68	6.070	5.8%	25.8%
Star School District	2	0	$913.53	n/a	n/a	$0.00	n/a	n/a	0.0%	n/a
Starbuck School District	3	1	$664.10	$926.10	1.395	$18.75	$280.75	14.973	2.8%	30.3%
Stehekin School District	0	1	n/a	$1,497.25	n/a	n/a	$0.00	n/a	n/a	0.0%
Steilacoom Hist. School District	135	101	$641.35	$944.84	1.473	$2.63	$145.41	55.313	0.4%	15.4%
Steptoe School District	1	3	$915.00	$1,135.29	1.241	$147.00	$367.29	2.499	16.1%	32.4%
Stevenson-Carson School District	6	30	$623.16	$1,227.53	1.970	$6.22	$295.13	47.423	1.0%	24.0%
Sultan School District	71	86	$675.48	$1,023.96	1.516	$31.96	$361.54	11.311	4.7%	35.3%
Summit Valley School District	2	4	$663.01	$1,057.20	1.595	$0.00	$289.20	n/a	0.0%	27.4%
Sumner School District	367	331	$651.25	$888.75	1.365	$50.41	$264.22	5.241	7.7%	29.7%
Sunnyside School District	424	312	$655.30	$896.01	1.367	$33.95	$258.59	7.617	5.2%	28.9%
Tacoma School District	1,064	1,531	$648.38	$1,153.13	1.778	$89.18	$202.65	2.272	13.8%	17.6%
Taholah School District	20	17	$682.75	$1,015.63	1.488	$41.64	$368.20	8.842	6.1%	36.3%

[1]As of the end of the Plan Year ending in 2012

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A7a

Average Costs and Contributions by District — Differential by Employee/Family Contributions — Full-Time Employees

Census October 1, 2012 — Reporting Districts Only

District	Full-Time Enrollment[1]		Average Premiums			Average Contributions			Contribution % of Premium	
	EE	EF	EE	EF	Ratio EF/EE	EE	EF	Ratio EF/EE	EE	EF
Tahoma School District	299	269	$666.64	$952.62	1.429	$36.98	$286.93	7.759	5.5%	30.1%
Tekoa School District	8	14	$611.69	$994.11	1.625	$6.75	$257.37	38.135	1.1%	25.9%
Tenino School District	48	45	$658.50	$991.90	1.506	$5.05	$195.76	38.766	0.8%	19.7%
Thorp School District	5	10	$616.20	$952.50	1.546	$25.74	$271.81	10.560	4.2%	28.5%
Toledo School District	21	31	$650.73	$959.04	1.474	$31.09	$288.14	9.269	4.8%	30.0%
Tonasket School District	34	56	$701.77	$1,011.74	1.442	$27.66	$230.02	8.314	3.9%	22.7%
Toppenish School District	193	213	$663.05	$996.29	1.503	$15.10	$173.49	11.489	2.3%	17.4%
Touchet School District	18	13	$538.54	$314.16	0.583	($55.43)	($242.57)	4.376	-10.3%	-77.2%
Toutle Lake School District	22	27	$680.65	$938.43	1.379	$50.81	$334.84	6.590	7.5%	35.7%
Trout Lake School District	8	7	$673.88	$1,486.10	2.205	$0.00	$589.01	n/a	0.0%	39.6%
Tukwila School District	181	104	$659.13	$1,012.48	1.536	$13.55	$285.61	21.082	2.1%	28.2%
Tumwater School District	256	223	$706.62	$1,040.43	1.472	$34.91	$366.47	10.497	4.9%	35.2%
Union Gap School District	27	28	$661.95	$945.29	1.428	$54.79	$278.98	5.092	8.3%	29.5%
University Place School District	200	176	$637.14	$922.98	1.449	$9.72	$263.86	27.159	1.5%	28.6%
Valley School District	27	33	$664.37	$877.40	1.321	$53.72	$152.17	2.832	8.1%	17.3%
Vancouver School District	855	844	$677.71	$1,038.25	1.532	$29.73	$382.95	12.882	4.4%	36.9%
Vashon Island School District	80	50	$704.36	$1,026.18	1.457	$89.71	$355.24	3.960	12.7%	34.6%
Wahkiakum School District	8	27	$910.49	$1,055.73	1.160	$68.45	$211.61	3.092	7.5%	20.0%
Wahluke School District	135	114	$585.02	$1,085.32	1.855	$50.21	$202.76	4.039	8.6%	18.7%
Waitsburg School District	20	15	$642.22	$999.02	1.556	$23.32	$334.80	14.356	3.6%	33.5%
Walla Walla Public Schools	242	275	$673.78	$982.37	1.458	$33.69	$132.40	3.930	5.0%	13.5%
Wapato School District	174	199	$629.07	$880.79	1.400	$14.28	$104.26	7.300	2.3%	11.8%
Warden School District	28	103	$802.18	$948.01	1.182	$4.46	$194.26	43.514	0.6%	20.5%
Washougal School District	150	79	$660.88	$1,085.93	1.643	$30.95	$406.88	13.145	4.7%	37.5%
Washtucna School District	8	6	$674.81	$1,196.11	1.773	$40.51	$525.08	12.963	6.0%	43.9%
Waterville School District	11	23	$613.01	$659.16	1.075	$4.06	$36.73	9.040	0.7%	5.6%
Wellpinit School District	41	24	$584.80	$819.76	1.402	$18.26	$79.10	4.332	3.1%	9.6%
Wenatchee School District	312	327	$664.24	$982.34	1.479	$19.19	$301.83	15.732	2.9%	30.7%

[1]As of the end of the Plan Year ending in 2012

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A7a

Average Costs and Contributions by District — Differential by Employee/Family Contributions — Full-Time Employees

Census October 1, 2012 — Reporting Districts Only

	Full-Time Enrollment[1]		Average Premiums			Average Contributions			Contribution % of Premium	
District	EE	EF	EE	EF	Ratio EF/EE	EE	EF	Ratio EF/EE	EE	EF
West Valley School District (Spokane)	46	243	$633.98	$1,029.48	1.624	$21.85	$211.77	9.693	3.4%	20.6%
West Valley School District (Yakima)	172	214	$692.44	$959.71	1.386	$30.75	$275.58	8.961	4.4%	28.7%
White Pass School District	23	16	$622.60	$970.85	1.559	$20.07	$265.37	13.224	3.2%	27.3%
White River School District	144	131	$697.90	$1,030.90	1.477	$38.93	$340.74	8.752	5.6%	33.1%
White Salmon Valley School District	49	48	$660.94	$1,284.16	1.943	$22.32	$508.98	22.808	3.4%	39.6%
Wilbur School District	11	15	$862.85	$1,038.97	1.204	$110.48	$278.57	2.521	12.8%	26.8%
Willapa Valley School District	23	11	$666.38	$865.74	1.299	$66.15	$0.00	0.000	9.9%	0.0%
Wilson Creek School District	19	13	$534.65	$740.09	1.384	$0.00	$0.00	n/a	0.0%	0.0%
Winlock School District	26	27	$665.19	$1,005.61	1.512	$12.14	$281.18	23.158	1.8%	28.0%
Wishkah Valley School District	10	8	$586.67	$795.94	1.357	$0.00	$0.00	n/a	0.0%	0.0%
Wishram School District	9	11	$617.95	$896.50	1.451	$0.00	$117.53	n/a	0.0%	13.1%
Woodland School District	84	82	$671.48	$1,037.30	1.545	$8.54	$292.60	34.247	1.3%	28.2%
Yakima School District	815	856	$754.45	$1,115.27	1.478	$34.22	$369.31	10.793	4.5%	33.1%
Yelm School District	194	184	$693.03	$1,072.38	1.547	$14.43	$247.72	17.173	2.1%	23.1%
Zillah School District	48	57	$630.62	$779.28	1.236	$9.65	$122.20	12.667	1.5%	15.7%
Low	**0**	**0**	**$464.09**	**$314.16**	**0.583**	**($55.43)**	**($242.57)**	**0.000**	**-10.3%**	**-77.2%**
Average	**146**	**138**	**$677.10**	**$1,032.57**	**1.525**	**$40.60**	**$298.15**	**7.344**	**6.0%**	**28.9%**
High	**2,741**	**2,182**	**$915.00**	**$1,630.38**	**2.378**	**$147.00**	**$653.20**	**1,208.301**	**18.8%**	**50.2%**
Grand Total	**43,191**	**40,805**								

[1]As of the end of the Plan Year ending in 2012

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A7b

Average Costs and Contributions by District — Differential by Employee/Family Contributions — Part-Time Employees

Census October 1, 2012 — Reporting Districts Only

District	Part-Time Enrollment[1]		Average Premiums			Average Contributions			Contribution % of Premium	
	EE	EF	EE	EF	Ratio EF/EE	EE	EF	Ratio EF/EE	EE	EF
Aberdeen School District	62	22	$608.18	$918.53	1.510	$42.47	$301.43	7.098	7.0%	32.8%
Adna School District	2	1	$424.60	$926.10	2.181	$0.00	$517.47	n/a	0.0%	55.9%
Almira School District	1	2	$882.00	$960.00	1.088	$239.18	$289.16	1.209	27.1%	30.1%
Anacortes School District	30	14	$594.58	$1,000.30	1.682	$23.34	$287.28	12.309	3.9%	28.7%
Arlington School District	45	39	$649.87	$880.46	1.355	$101.61	$316.03	3.110	15.6%	35.9%
Asotin-Anatone School District	13	0	$725.63	n/a	n/a	$109.02	n/a	n/a	15.0%	n/a
Auburn School District	207	96	$614.68	$896.76	1.459	$115.67	$392.47	3.393	18.8%	43.8%
Bainbridge Island School District	67	54	$627.96	$1,027.04	1.636	$169.98	$532.85	3.135	27.1%	51.9%
Battle Ground School District	131	100	$641.99	$1,001.81	1.560	$53.67	$313.01	5.832	8.4%	31.2%
Bellevue School District	182	194	$568.15	$892.33	1.571	$81.11	$348.37	4.295	14.3%	39.0%
Bellingham School District	78	33	$565.80	$1,031.22	1.823	$88.27	$509.95	5.777	15.6%	49.5%
Benge School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Bethel School District	84	43	$600.21	$898.07	1.496	$120.43	$343.50	2.852	20.1%	38.2%
Bickleton School District	0	1	n/a	$1,432.70	n/a	n/a	$910.67	n/a	n/a	63.6%
Blaine School District	25	17	$597.36	$1,016.84	1.702	$70.64	$380.33	5.384	11.8%	37.4%
Boistfort School District	3	0	$424.60	n/a	n/a	$0.00	n/a	n/a	0.0%	n/a
Bremerton School District	70	29	$620.28	$1,038.77	1.675	$36.50	$397.81	10.900	5.9%	38.3%
Brewster School District	2	0	$629.25	n/a	n/a	$141.40	n/a	n/a	22.5%	n/a
Bridgeport School District	12	9	$578.75	$661.69	1.143	$96.56	$224.68	2.327	16.7%	34.0%
Brinnon School District	4	2	$484.48	$1,219.25	2.517	$90.73	$563.21	6.207	18.7%	46.2%
Burlington-Edison School District	58	49	$566.42	$996.73	1.760	$73.93	$418.70	5.663	13.1%	42.0%
Camas School District	70	98	$596.67	$1,025.67	1.719	$106.75	$372.19	3.486	17.9%	36.3%
Cape Flattery School District	18	2	$599.90	$849.63	1.416	$76.57	$275.85	3.602	12.8%	32.5%
Carbonado School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Cascade School District	3	2	$362.90	$550.64	1.517	$38.57	$0.00	0.000	10.6%	0.0%
Cashmere School District	7	23	$882.00	$777.62	0.882	$287.06	$299.46	1.043	32.5%	38.5%
Castle Rock School District	34	13	$660.07	$912.67	1.383	$95.58	$312.13	3.266	14.5%	34.2%
Centerville School District	0	1	n/a	$1,341.04	n/a	n/a	$312.86	n/a	n/a	23.3%

[1]As of the end of the Plan Year ending in 2012

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A7b

Average Costs and Contributions by District — Differential by Employee/Family Contributions — Part-Time Employees

Census October 1, 2012 — Reporting Districts Only

District	Part-Time Enrollment[1]		Average Premiums			Average Contributions			Contribution % of Premium	
	EE	EF	EE	EF	Ratio EF/EE	EE	EF	Ratio EF/EE	EE	EF
Central Kitsap School District	115	51	$587.65	$851.63	1.449	$80.20	$326.20	4.067	13.6%	38.3%
Central Valley School District	185	113	$640.01	$903.54	1.412	$111.39	$369.65	3.318	17.4%	40.9%
Centralia School District	75	32	$620.65	$925.83	1.492	$51.27	$262.40	5.118	8.3%	28.3%
Chehalis School District	40	28	$588.03	$873.98	1.486	$54.69	$266.40	4.871	9.3%	30.5%
Cheney School District	62	43	$643.78	$884.11	1.373	$111.53	$212.51	1.905	17.3%	24.0%
Chewelah School District	21	3	$556.86	$634.38	1.139	$76.18	$87.23	1.145	13.7%	13.8%
Chimacum School District	26	10	$647.14	$963.95	1.490	$56.64	$366.39	6.469	8.8%	38.0%
Clarkston School District	18	18	$659.05	$862.64	1.309	$114.61	$179.79	1.569	17.4%	20.8%
Cle Elum-Roslyn School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Clover Park School District	51	20	$596.61	$961.64	1.612	$206.65	$602.42	2.915	34.6%	62.6%
Colfax School District	10	5	$615.94	$1,046.32	1.699	$53.96	$329.70	6.110	8.8%	31.5%
College Place School District	19	13	$577.46	$802.64	1.390	$3.29	$214.18	65.132	0.6%	26.7%
Colton School District	2	3	$332.05	$308.70	0.930	$45.76	$138.67	3.031	13.8%	44.9%
Columbia (Stevens) School District	4	5	$650.71	$1,054.98	1.621	$64.11	$291.60	4.549	9.9%	27.6%
Columbia (Walla Walla) School District	11	16	$614.22	$848.45	1.381	$44.65	$238.33	5.337	7.3%	28.1%
Colville School District	35	10	$627.16	$854.01	1.362	$34.67	$287.24	8.285	5.5%	33.6%
Concrete School District	10	4	$689.63	$996.88	1.446	$132.02	$392.94	2.976	19.1%	39.4%
Conway School District	8	6	$625.45	$729.26	1.166	$54.44	$158.43	2.910	8.7%	21.7%
Cosmopolis School District	3	1	$664.10	$926.10	1.395	$0.00	$256.25	n/a	0.0%	27.7%
Coulee-Hartline School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Coupeville School District	9	7	$682.67	$941.24	1.379	$89.88	$244.19	2.717	13.2%	25.9%
Crescent School District	5	3	$472.50	$824.12	1.744	$12.61	$44.94	3.565	2.7%	5.5%
Creston School District	5	2	$638.71	$843.05	1.320	$112.15	$292.90	2.612	17.6%	34.7%
Curlew School District	6	10	$634.62	$1,095.33	1.726	$13.16	$438.12	33.296	2.1%	40.0%
Cusick School District	6	10	$603.03	$838.05	1.390	$71.04	$217.69	3.065	11.8%	26.0%
Damman School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Darrington School District	0	3	n/a	$633.90	n/a	n/a	$125.87	n/a	n/a	19.9%
Davenport School District	3	1	$701.62	$1,219.25	1.738	$196.16	$729.60	3.719	28.0%	59.8%

[1]As of the end of the Plan Year ending in 2012

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A7b

Average Costs and Contributions by District — Differential by Employee/Family Contributions — Part-Time Employees

Census October 1, 2012 — Reporting Districts Only

District	Part-Time Enrollment[1]		Average Premiums			Average Contributions			Contribution % of Premium	
	EE	EF	EE	EF	Ratio EF/EE	EE	EF	Ratio EF/EE	EE	EF
Dayton School District	6	7	$274.03	$1,046.64	3.819	$4.55	$423.88	93.228	1.7%	40.5%
Deer Park School District	43	18	$558.73	$628.62	1.125	$68.85	$207.26	3.010	12.3%	33.0%
Dieringer School District	16	15	$628.07	$709.70	1.130	$7.12	$47.32	6.647	1.1%	6.7%
Dixie School District	3	2	$691.81	$860.15	1.243	$86.97	$97.90	1.126	12.6%	11.4%
East Valley School District (Spokane)	52	24	$625.93	$895.93	1.431	$42.06	$317.27	7.542	6.7%	35.4%
East Valley School District (Yakima)	23	18	$572.84	$750.53	1.310	$136.13	$292.29	2.147	23.8%	38.9%
Eastmont School District	76	38	$541.62	$817.05	1.509	$20.98	$105.55	5.031	3.9%	12.9%
Easton School District	0	1	n/a	$942.00	n/a	n/a	$142.00	n/a	n/a	15.1%
Eatonville School District	23	12	$562.95	$885.72	1.573	$55.31	$318.85	5.765	9.8%	36.0%
Edmonds School District	107	91	$630.07	$909.02	1.443	$60.19	$302.77	5.031	9.6%	33.3%
Ellensburg School District	49	38	$565.36	$892.71	1.579	$118.86	$408.34	3.435	21.0%	45.7%
Elma School District	42	14	$639.02	$918.97	1.438	$0.00	$82.62	n/a	0.0%	9.0%
Endicott School District	2	3	$509.50	$694.33	1.363	$23.07	$168.54	7.306	4.5%	24.3%
Entiat School District	6	7	$504.43	$722.36	1.432	$61.38	$29.45	0.480	12.2%	4.1%
Enumclaw School District	96	22	$636.58	$1,139.29	1.790	$42.05	$577.69	13.738	6.6%	50.7%
Ephrata School District	3	0	$561.03	n/a	n/a	$0.00	n/a	n/a	0.0%	n/a
Evaline School District	0	2	n/a	$669.08	n/a	n/a	$397.09	n/a	n/a	59.3%
Everett School District	81	170	$663.42	$1,255.94	1.893	$168.67	$283.82	1.683	25.4%	22.6%
Evergreen School District (Clark)	205	82	$533.33	$819.00	1.536	$43.49	$309.92	7.126	8.2%	37.8%
Evergreen School District (Stevens)	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Federal Way School District	307	129	$664.97	$1,053.76	1.585	$75.58	$416.32	5.508	11.4%	39.5%
Ferndale School District	114	62	$513.86	$885.79	1.724	$11.23	$265.09	23.603	2.2%	29.9%
Fife School District	39	24	$666.23	$966.76	1.451	$105.13	$305.43	2.905	15.8%	31.6%
Finley School District	16	6	$645.03	$846.52	1.312	$57.22	$62.28	1.088	8.9%	7.4%
Franklin Pierce School District	102	49	$597.42	$868.73	1.454	$16.50	$169.97	10.300	2.8%	19.6%
Freeman School District	15	17	$599.72	$897.12	1.496	$119.37	$284.43	2.383	19.9%	31.7%
Garfield School District	6	5	$547.99	$810.13	1.478	$128.23	$310.99	2.425	23.4%	38.4%
Glenwood School District	6	0	$645.67	n/a	n/a	$85.80	n/a	n/a	13.3%	n/a

[1]As of the end of the Plan Year ending in 2012

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A7b

Average Costs and Contributions by District — Differential by Employee/Family Contributions — Part-Time Employees

Census October 1, 2012 — Reporting Districts Only

District	Part-Time Enrollment[1]		Average Premiums			Average Contributions			Contribution % of Premium	
	EE	EF	EE	EF	Ratio EF/EE	EE	EF	Ratio EF/EE	EE	EF
Goldendale School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Grand Coulee Dam School District	1	1	$424.60	$1,497.25	3.526	$59.77	$1,210.31	20.249	14.1%	80.8%
Grandview School District	60	34	$652.10	$1,000.14	1.534	$97.23	$332.12	3.416	14.9%	33.2%
Granger School District	5	1	$630.99	$925.83	1.467	$10.14	$287.36	28.328	1.6%	31.0%
Granite Falls School District	26	9	$621.40	$931.44	1.499	$25.13	$267.35	10.638	4.0%	28.7%
Grapeview School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Great Northern School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Green Mountain School District	1	2	$424.60	$773.15	1.821	$0.00	$297.78	n/a	0.0%	38.5%
Griffin School District	11	9	$713.90	$856.85	1.200	$105.91	$286.20	2.702	14.8%	33.4%
Harrington School District	3	9	$815.37	$966.28	1.185	$207.16	$391.38	1.889	25.4%	40.5%
Highland School District	30	10	$604.79	$994.07	1.644	$64.77	$394.95	6.098	10.7%	39.7%
Highline School District	377	157	$665.29	$1,011.32	1.520	$29.52	$346.55	11.739	4.4%	34.3%
Hockinson School District	4	4	$693.58	$1,013.95	1.462	$0.00	$192.51	n/a	0.0%	19.0%
Hood Canal School District	5	3	$588.32	$891.32	1.515	$0.00	$0.00	n/a	0.0%	0.0%
Hoquiam School District	33	18	$600.62	$957.63	1.594	$65.58	$407.36	6.212	10.9%	42.5%
Inchelium School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Index School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Issaquah School District	191	104	$608.83	$913.18	1.500	$66.34	$349.57	5.269	10.9%	38.3%
Kahlotus School District	1	0	$424.60	n/a	n/a	$0.00	n/a	n/a	0.0%	n/a
Kalama School District	6	2	$703.72	$1,010.81	1.436	$91.73	$330.33	3.601	13.0%	32.7%
Keller School District	5	0	$553.61	n/a	n/a	$32.31	n/a	n/a	5.8%	n/a
Kelso School District	105	36	$615.52	$1,008.39	1.638	$114.14	$500.68	4.387	18.5%	49.7%
Kennewick School District	254	136	$615.20	$976.54	1.587	$37.77	$280.78	7.434	6.1%	28.8%
Kent School District	417	192	$639.27	$1,038.72	1.625	$50.34	$368.32	7.317	7.9%	35.5%
Kettle Falls School District	17	5	$603.74	$699.19	1.158	$58.16	$177.67	3.055	9.6%	25.4%
Kiona-Benton City School District	25	10	$689.32	$935.91	1.358	$116.89	$398.99	3.413	17.0%	42.6%
Kittitas School District	4	20	$800.00	$800.00	1.000	$74.50	$171.65	2.304	9.3%	21.5%
Klickitat School District	3	2	$627.95	$490.75	0.782	$45.93	$150.62	3.279	7.3%	30.7%

[1]As of the end of the Plan Year ending in 2012

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A7b

Average Costs and Contributions by District — Differential by Employee/Family Contributions — Part-Time Employees

Census October 1, 2012 — Reporting Districts Only

District	Part-Time Enrollment[1]		Average Premiums			Average Contributions			Contribution % of Premium	
	EE	EF	EE	EF	Ratio EF/EE	EE	EF	Ratio EF/EE	EE	EF
La Center School District	2	2	$453.13	$599.12	1.322	$0.00	$0.00	n/a	0.0%	0.0%
La Conner School District	11	8	$665.06	$974.08	1.465	$46.11	$367.68	7.973	6.9%	37.7%
LaCrosse School District	2	3	$490.04	$1,054.88	2.153	$90.97	$496.36	5.457	18.6%	47.1%
Lake Chelan School District	21	11	$537.37	$781.44	1.454	$86.87	$261.72	3.013	16.2%	33.5%
Lake Quinault School District	2	7	$653.21	$897.86	1.375	$14.89	$245.84	16.516	2.3%	27.4%
Lake Stevens School District	129	64	$643.73	$971.77	1.510	$50.84	$301.57	5.932	7.9%	31.0%
Lake Washington School District	178	147	$630.70	$1,060.12	1.681	$77.21	$397.83	5.153	12.2%	37.5%
Lakewood School District	46	5	$660.89	$1,116.79	1.690	$131.50	$596.56	4.536	19.9%	53.4%
Lamont School District	1	1	$776.65	$926.10	1.192	$281.92	$480.85	1.706	36.3%	51.9%
Liberty School District	9	6	$604.71	$869.60	1.438	$136.69	$333.16	2.437	22.6%	38.3%
Lind School District	4	5	$643.08	$1,116.55	1.736	$111.95	$341.29	3.049	17.4%	30.6%
Longview School District	118	44	$654.28	$863.82	1.320	$34.57	$202.69	5.863	5.3%	23.5%
Loon Lake School District	2	2	$600.63	$565.00	0.941	$87.90	$127.67	1.452	14.6%	22.6%
Lopez School District	4	8	$471.42	$1,016.49	2.156	$85.61	$417.96	4.882	18.2%	41.1%
Lyle School District	5	2	$611.82	$1,256.85	2.054	$8.48	$169.11	19.952	1.4%	13.5%
Lynden School District	77	43	$538.78	$804.50	1.493	$48.45	$158.45	3.270	9.0%	19.7%
Mabton School District	1	15	$740.80	$952.69	1.286	$5.90	$305.97	51.860	0.8%	32.1%
Mansfield School District	1	1	$882.00	$944.00	1.070	$267.60	$483.20	1.806	30.3%	51.2%
Manson School District	21	11	$549.23	$894.50	1.629	$11.83	$318.34	26.916	2.2%	35.6%
Mary M Knight School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mary Walker School District	20	7	$556.81	$812.47	1.459	$75.04	$315.56	4.205	13.5%	38.8%
Marysville School District	144	66	$655.76	$892.92	1.362	$81.49	$325.74	3.997	12.4%	36.5%
McCleary School District	13	2	$600.45	$282.50	0.470	$43.41	$29.20	0.673	7.2%	10.3%
Mead School District	179	104	$615.22	$919.60	1.495	$64.99	$290.74	4.473	10.6%	31.6%
Medical Lake School District	27	18	$640.77	$1,051.59	1.641	$107.40	$203.79	1.897	16.8%	19.4%
Mercer Island School District	26	28	$612.68	$922.22	1.505	$113.93	$427.00	3.748	18.6%	46.3%
Meridian School District	22	9	$592.25	$939.44	1.586	$22.08	$333.78	15.114	3.7%	35.5%
Methow Valley School District	8	9	$508.04	$624.24	1.229	$0.00	$9.97	n/a	0.0%	1.6%

[1]As of the end of the Plan Year ending in 2012

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A7b

Average Costs and Contributions by District — Differential by Employee/Family Contributions — Part-Time Employees

Census October 1, 2012 — Reporting Districts Only

District	Part-Time Enrollment[1]		Average Premiums			Average Contributions			Contribution % of Premium	
	EE	EF	EE	EF	Ratio EF/EE	EE	EF	Ratio EF/EE	EE	EF
Mill A School District	0	3	n/a	$1,250.59	n/a	n/a	$359.14	n/a	n/a	28.7%
Monroe School District	84	65	$595.40	$800.83	1.345	$69.53	$229.79	3.305	11.7%	28.7%
Montesano School District	21	18	$594.39	$723.28	1.217	$45.33	$183.43	4.046	7.6%	25.4%
Morton School District	9	6	$693.87	$1,003.75	1.447	$61.61	$190.37	3.090	8.9%	19.0%
Moses Lake School District	149	68	$642.49	$918.24	1.429	$50.08	$256.27	5.118	7.8%	27.9%
Mossyrock School District	10	6	$541.67	$618.73	1.142	$84.33	$132.57	1.572	15.6%	21.4%
Mount Adams School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mount Baker School District	27	23	$575.00	$1,023.17	1.779	$13.04	$175.50	13.460	2.3%	17.2%
Mount Pleasant School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mount Vernon School District	140	90	$584.09	$934.18	1.599	$34.64	$292.19	8.436	5.9%	31.3%
Mukilteo School District	234	118	$638.52	$1,031.85	1.616	$52.15	$386.78	7.417	8.2%	37.5%
Naches Valley School District	17	5	$549.26	$862.40	1.570	$7.70	$272.71	35.401	1.4%	31.6%
Napavine School District	12	7	$569.68	$699.70	1.228	$20.52	$96.89	4.722	3.6%	13.8%
Naselle-Grays River Valley School District	8	3	$700.38	$1,485.33	2.121	$26.76	$161.22	6.025	3.8%	10.9%
Nespelem School District	5	1	$542.91	$796.40	1.467	$13.95	$172.34	12.354	2.6%	21.6%
Newport School District	24	10	$584.47	$840.47	1.438	$50.08	$310.59	6.202	8.6%	37.0%
Nine Mile Falls School District	13	12	$637.68	$924.81	1.450	$38.45	$389.09	10.120	6.0%	42.1%
Nooksack Valley School District	37	28	$571.07	$1,004.73	1.759	$60.34	$429.70	7.121	10.6%	42.8%
North Beach School District	14	3	$568.68	$921.85	1.621	$27.81	$387.72	13.941	4.9%	42.1%
North Franklin School District	32	21	$641.10	$878.70	1.371	$45.08	$230.62	5.115	7.0%	26.2%
North Kitsap School District	84	58	$577.61	$841.31	1.457	$33.00	$295.53	8.954	5.7%	35.1%
North Mason School District	23	26	$635.17	$795.69	1.253	$12.72	$203.91	16.036	2.0%	25.6%
North River School District	1	0	$664.10	n/a	n/a	$329.73	n/a	n/a	49.7%	n/a
North Thurston Public Schools	99	99	$646.77	$929.74	1.438	$40.28	$105.47	2.619	6.2%	11.3%
Northport School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Northshore School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Oak Harbor School District	25	12	$645.92	$805.31	1.247	$64.62	$129.78	2.008	10.0%	16.1%
Oakesdale School District	0	5	n/a	$951.45	n/a	n/a	$271.04	n/a	n/a	28.5%

[1]As of the end of the Plan Year ending in 2012

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A7b

Average Costs and Contributions by District — Differential by Employee/Family Contributions — Part-Time Employees

Census October 1, 2012 — Reporting Districts Only

District	Part-Time Enrollment[1]		Average Premiums			Average Contributions			Contribution % of Premium	
	EE	EF	EE	EF	Ratio EF/EE	EE	EF	Ratio EF/EE	EE	EF
Oakville School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ocean Beach School District	16	10	$585.00	$771.33	1.319	$72.72	$236.97	3.259	12.4%	30.7%
Ocosta School District	6	1	$631.33	$889.70	1.409	$199.23	$647.02	3.248	31.6%	72.7%
Odessa School District	5	9	$554.36	$751.79	1.356	$16.90	$261.51	15.474	3.0%	34.8%
Okanogan School District	33	13	$615.40	$826.55	1.343	$13.37	$199.89	14.956	2.2%	24.2%
Olympia School District	161	80	$611.33	$948.83	1.552	$27.82	$237.70	8.543	4.6%	25.1%
Omak School District	17	0	$628.08	n/a	n/a	$143.34	n/a	n/a	22.8%	n/a
Onalaska School District	14	13	$488.05	$787.49	1.614	$26.08	$188.24	7.219	5.3%	23.9%
Onion Creek School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Orcas Island School District	10	20	$613.02	$963.49	1.572	$150.93	$363.88	2.411	24.6%	37.8%
Orchard Prairie School District	1	0	$633.48	n/a	n/a	$108.35	n/a	n/a	17.1%	n/a
Orient School District	3	3	$747.08	$1,135.85	1.520	$144.10	$435.42	3.022	19.3%	38.3%
Orondo School District	0	1	n/a	$796.40	n/a	n/a	$319.77	n/a	n/a	40.2%
Oroville School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Orting School District	22	17	$593.80	$918.99	1.548	$34.24	$288.64	8.429	5.8%	31.4%
Othello School District	74	34	$549.09	$788.76	1.436	$45.50	$261.69	5.751	8.3%	33.2%
Palisades School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Palouse School District	2	3	$594.40	$1,330.39	2.238	$286.44	$841.38	2.937	48.2%	63.2%
Pasco School District	232	92	$581.26	$779.70	1.341	$96.87	$285.44	2.947	16.7%	36.6%
Pateros School District	10	1	$568.30	$773.15	1.360	$21.14	$141.50	6.695	3.7%	18.3%
Paterson School District	6	1	$492.82	$926.10	1.879	$43.82	$342.62	7.819	8.9%	37.0%
Pe Ell School District	7	2	$517.29	$773.15	1.495	$12.32	$164.28	13.331	2.4%	21.2%
Peninsula School District	116	56	$643.89	$1,028.63	1.598	$67.88	$436.15	6.425	10.5%	42.4%
Pioneer School District	15	10	$583.19	$1,053.34	1.806	$44.50	$509.11	11.441	7.6%	48.3%
Pomeroy School District	8	1	$679.59	$913.35	1.344	$13.84	$369.40	26.686	2.0%	40.4%
Port Angeles School District	1	2	$332.44	$773.15	2.326	$0.00	$41.76	n/a	0.0%	5.4%
Port Townsend School District	30	23	$541.47	$960.67	1.774	$50.04	$340.09	6.796	9.2%	35.4%
Prescott School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

[1]As of the end of the Plan Year ending in 2012

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A7b

Average Costs and Contributions by District — Differential by Employee/Family Contributions — Part-Time Employees

Census October 1, 2012 — Reporting Districts Only

District	Part-Time Enrollment[1]		Average Premiums			Average Contributions			Contribution % of Premium	
	EE	EF	EE	EF	Ratio EF/EE	EE	EF	Ratio EF/EE	EE	EF
Prosser School District	57	33	$608.23	$869.68	1.430	$48.33	$287.80	5.955	7.9%	33.1%
Pullman School District	50	16	$561.63	$715.54	1.274	$35.03	$181.56	5.184	6.2%	25.4%
Puyallup School District	272	100	$610.77	$1,049.65	1.719	$128.92	$537.47	4.169	21.1%	51.2%
Queets-Clearwater School District	1	1	$664.10	$926.10	1.395	$219.83	$160.70	0.731	33.1%	17.4%
Quilcene School District	1	3	$424.60	$523.18	1.232	$2.00	$193.30	96.650	0.5%	36.9%
Quillayute Valley School District	7	1	$580.10	$1,308.15	2.255	$107.64	$625.34	5.810	18.6%	47.8%
Quincy School District	68	20	$615.76	$897.08	1.457	$63.28	$301.44	4.763	10.3%	33.6%
Rainier School District	8	5	$530.46	$953.92	1.798	$43.40	$376.42	8.673	8.2%	39.5%
Raymond School District	4	0	$629.25	n/a	n/a	$6.29	n/a	n/a	1.0%	n/a
Reardan-Edwall School District	10	4	$436.53	$440.69	1.010	$56.64	$112.96	1.995	13.0%	25.6%
Renton School District	310	123	$604.09	$911.91	1.510	$53.75	$322.14	5.994	8.9%	35.3%
Republic School District	7	5	$448.86	$644.14	1.435	$82.76	$219.25	2.649	18.4%	34.0%
Richland School District	159	81	$615.30	$874.66	1.422	$65.46	$250.80	3.831	10.6%	28.7%
Ridgefield School District	2	2	$623.79	$1,327.31	2.128	$115.44	$1,075.47	9.317	18.5%	81.0%
Ritzville School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Riverside School District	16	12	$666.41	$964.43	1.447	$82.36	$181.23	2.201	12.4%	18.8%
Riverview School District	24	26	$569.39	$815.39	1.432	$120.02	$376.69	3.139	21.1%	46.2%
Rochester School District	21	24	$645.43	$789.98	1.224	($4.89)	$103.68	(21.187)	-0.8%	13.1%
Roosevelt School District	1	0	$664.10	n/a	n/a	$0.00	n/a	n/a	0.0%	n/a
Rosalia School District	3	6	$537.80	$1,183.17	2.200	$107.30	$705.02	6.570	20.0%	59.6%
Royal School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
San Juan Island School District	21	12	$595.96	$784.76	1.317	$122.48	$370.07	3.021	20.6%	47.2%
Satsop School District	2	0	$544.35	n/a	n/a	$0.00	n/a	n/a	0.0%	n/a
Seattle Public Schools	265	162	$577.98	$999.13	1.729	$120.51	$512.39	4.252	20.8%	51.3%
Sedro-Woolley School District	68	31	$612.76	$807.01	1.317	$36.56	$174.96	4.785	6.0%	21.7%
Selah School District	76	31	$571.33	$919.02	1.609	$51.67	$360.26	6.972	9.0%	39.2%
Selkirk School District	4	1	$521.70	$1,219.25	2.337	$155.62	$0.00	0.000	29.8%	0.0%
Sequim School District	39	19	$593.94	$773.17	1.302	$78.18	$151.51	1.938	13.2%	19.6%

[1]As of the end of the Plan Year ending in 2012

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A7b

Average Costs and Contributions by District — Differential by Employee/Family Contributions — Part-Time Employees

Census October 1, 2012 — Reporting Districts Only

District	Part-Time Enrollment[1]		Average Premiums			Average Contributions			Contribution % of Premium	
	EE	EF	EE	EF	Ratio EF/EE	EE	EF	Ratio EF/EE	EE	EF
Shaw Island School District	1	2	$424.60	$942.83	2.221	$40.60	$555.37	13.679	9.6%	58.9%
Shelton School District	99	33	$596.71	$916.30	1.536	$51.23	$323.98	6.324	8.6%	35.4%
Shoreline School District	185	130	$545.85	$819.68	1.502	$56.10	$274.78	4.898	10.3%	33.5%
Skamania School District	1	0	$673.88	n/a	n/a	$128.96	n/a	n/a	19.1%	n/a
Skykomish School District	0	1	n/a	$773.15	n/a	n/a	$381.94	n/a	n/a	49.4%
Snohomish School District	130	113	$632.27	$976.59	1.545	$70.69	$355.05	5.023	11.2%	36.4%
Snoqualmie Valley School District	71	59	$617.75	$1,057.89	1.712	$98.14	$484.94	4.941	15.9%	45.8%
Soap Lake School District	1	1	$776.65	$565.00	0.727	$55.35	$80.30	1.451	7.1%	14.2%
South Bend School District	17	7	$621.05	$957.26	1.541	$94.47	$362.16	3.834	15.2%	37.8%
South Kitsap School District	48	9	$603.38	$773.04	1.281	$56.35	$127.05	2.255	9.3%	16.4%
South Whidbey School District	14	9	$609.33	$837.08	1.374	$79.14	$266.96	3.373	13.0%	31.9%
Southside School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Spokane School District	354	244	$699.38	$1,193.80	1.707	$158.48	$510.48	3.221	22.7%	42.8%
Sprague School District	5	4	$506.46	$1,097.33	2.167	$97.50	$642.70	6.592	19.3%	58.6%
St. John School District	4	4	$1,008.49	$984.25	0.976	$98.07	$472.38	4.817	9.7%	48.0%
Stanwood-Camano School District	52	45	$641.04	$960.12	1.498	$48.41	$302.20	6.242	7.6%	31.5%
Star School District	2	1	$406.41	$1,645.59	4.049	$4.11	$1,532.18	373.247	1.0%	93.1%
Starbuck School District	0	1	n/a	$1,219.25	n/a	n/a	$573.90	n/a	n/a	47.1%
Stehekin School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Steilacoom Hist. School District	3	2	$481.20	$641.18	1.332	$0.00	$352.72	n/a	0.0%	55.0%
Steptoe School District	1	3	$866.00	$1,003.33	1.159	$267.00	$484.93	1.816	30.8%	48.3%
Stevenson-Carson School District	20	6	$548.91	$1,056.03	1.924	$8.91	$280.42	31.483	1.6%	26.6%
Sultan School District	32	13	$656.93	$909.45	1.384	$100.28	$357.79	3.568	15.3%	39.3%
Summit Valley School District	4	1	$663.01	$1,188.59	1.793	$169.13	$804.59	4.757	25.5%	67.7%
Sumner School District	88	50	$506.78	$745.34	1.471	$51.82	$264.18	5.098	10.2%	35.4%
Sunnyside School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Tacoma School District	121	144	$587.22	$1,105.77	1.883	$171.24	$283.29	1.654	29.2%	25.6%
Taholah School District	1	0	$665.10	n/a	n/a	$1.00	n/a	n/a	0.2%	n/a

[1]As of the end of the Plan Year ending in 2012

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A7b

Average Costs and Contributions by District — Differential by Employee/Family Contributions — Part-Time Employees

Census October 1, 2012 — Reporting Districts Only

District	Part-Time Enrollment[1]		Average Premiums			Average Contributions			Contribution % of Premium	
	EE	EF	EE	EF	Ratio EF/EE	EE	EF	Ratio EF/EE	EE	EF
Tahoma School District	91	42	$535.08	$746.95	1.396	$51.16	$256.26	5.009	9.6%	34.3%
Tekoa School District	1	3	$673.31	$1,323.22	1.965	$119.86	$568.67	4.744	17.8%	43.0%
Tenino School District	14	11	$626.98	$1,051.07	1.676	$4.40	$267.07	60.707	0.7%	25.4%
Thorp School District	4	3	$424.60	$800.52	1.885	$2.31	$402.85	174.772	0.5%	50.3%
Toledo School District	14	5	$554.56	$940.55	1.696	$67.27	$211.99	3.151	12.1%	22.5%
Tonasket School District	23	20	$600.61	$852.45	1.419	$71.33	$254.37	3.566	11.9%	29.8%
Toppenish School District	0	2	n/a	$1,339.22	n/a	n/a	$82.77	n/a	n/a	6.2%
Touchet School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Toutle Lake School District	15	6	$608.01	$817.81	1.345	$88.86	$303.85	3.419	14.6%	37.2%
Trout Lake School District	0	1	n/a	$921.50	n/a	n/a	$124.84	n/a	n/a	13.5%
Tukwila School District	1	0	$612.70	n/a	n/a	$0.00	n/a	n/a	0.0%	n/a
Tumwater School District	120	50	$657.58	$906.44	1.378	$105.68	$334.79	3.168	16.1%	36.9%
Union Gap School District	14	3	$615.89	$642.13	1.043	$82.24	$99.09	1.205	13.4%	15.4%
University Place School District	78	40	$591.82	$942.33	1.592	$41.32	$366.46	8.870	7.0%	38.9%
Valley School District	16	5	$615.72	$899.14	1.460	$30.79	$44.96	1.460	5.0%	5.0%
Vancouver School District	359	181	$641.11	$975.29	1.521	$93.63	$416.68	4.451	14.6%	42.7%
Vashon Island School District	9	7	$679.78	$1,046.64	1.540	$70.69	$315.53	4.464	10.4%	30.1%
Wahkiakum School District	3	9	$955.00	$1,070.61	1.121	$220.43	$281.31	1.276	23.1%	26.3%
Wahluke School District	0	1	n/a	$1,085.08	n/a	n/a	$222.99	n/a	n/a	20.6%
Waitsburg School District	2	1	$494.80	$776.65	1.570	$80.63	$136.32	1.691	16.3%	17.6%
Walla Walla Public Schools	135	58	$585.56	$918.14	1.568	$40.44	$217.42	5.376	6.9%	23.7%
Wapato School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Warden School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Washougal School District	51	8	$623.06	$1,299.88	2.086	$13.87	$396.19	28.568	2.2%	30.5%
Washtucna School District	3	5	$739.13	$862.80	1.167	$292.11	$520.94	1.783	39.5%	60.4%
Waterville School District	3	4	$439.82	$657.48	1.495	$0.00	$178.41	n/a	0.0%	27.1%
Wellpinit School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Wenatchee School District	127	77	$566.98	$840.34	1.482	$85.28	$296.79	3.480	15.0%	35.3%

[1]As of the end of the Plan Year ending in 2012

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A7b

Average Costs and Contributions by District — Differential by Employee/Family Contributions — Part-Time Employees

Census October 1, 2012 — Reporting Districts Only

District	Part-Time Enrollment[1]		Average Premiums			Average Contributions			Contribution % of Premium	
	EE	EF	EE	EF	Ratio EF/EE	EE	EF	Ratio EF/EE	EE	EF
West Valley School District (Spokane)	40	80	$560.95	$1,046.00	1.865	$72.56	$292.06	4.025	12.9%	27.9%
West Valley School District (Yakima)	42	38	$623.23	$891.79	1.431	$48.38	$270.34	5.588	7.8%	30.3%
White Pass School District	14	3	$608.94	$1,041.45	1.710	$31.33	$446.99	14.267	5.1%	42.9%
White River School District	63	25	$616.24	$811.58	1.317	$35.42	$205.61	5.805	5.7%	25.3%
White Salmon Valley School District	15	5	$569.85	$1,202.26	2.110	$129.87	$581.24	4.475	22.8%	48.3%
Wilbur School District	9	5	$663.48	$693.19	1.045	$138.73	$204.24	1.472	20.9%	29.5%
Willapa Valley School District	5	3	$432.22	$587.22	1.359	$7.73	$1.88	0.244	1.8%	0.3%
Wilson Creek School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Winlock School District	16	9	$511.96	$917.22	1.792	$14.12	$278.17	19.706	2.8%	30.3%
Wishkah Valley School District	5	0	$583.82	n/a	n/a	$0.00	n/a	n/a	0.0%	n/a
Wishram School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Woodland School District	50	27	$642.29	$912.59	1.421	$72.69	$305.95	4.209	11.3%	33.5%
Yakima School District	27	13	$789.23	$1,078.94	1.367	$140.85	$409.79	2.909	17.8%	38.0%
Yelm School District	89	51	$646.77	$1,004.53	1.553	$56.76	$369.76	6.514	8.8%	36.8%
Zillah School District	25	9	$538.61	$686.41	1.274	$9.26	$52.87	5.707	1.7%	7.7%
Low	**0**	**0**	**$274.03**	**$282.50**	**0.470**	**($4.89)**	**$0.00**	**(21.187)**	**-0.8%**	**0.0%**
Average	**41**	**24**	**$613.03**	**$949.23**	**1.548**	**$71.35**	**$328.96**	**4.610**	**11.6%**	**34.7%**
High	**417**	**244**	**$1,008.49**	**$1,645.59**	**4.049**	**$329.73**	**$1,532.18**	**373.247**	**49.7%**	**93.1%**
Grand Total	**12,122**	**6,998**								

[1]As of the end of the Plan Year ending in 2012

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A8a
Financial Plan Structure and Overall Performance by Benefit Package — Monthly Employee Counts
Calendar Year 2012

	Employees												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 001	86	86	86	86	86	86	87	88	87				**778**
Benefit Package 002	71	71	71	70	69	69	65	70	70				**626**
Benefit Package 003	198	197	196	196	194	192	200	204	204	161	160	161	**2,263**
Benefit Package 004										80	80	80	**240**
Benefit Package 005										77	77	76	**230**
Benefit Package 006										8	9	9	**26**
Benefit Package 007	7	7	7	7	7	7	7	7	7	7	7	7	**84**
Benefit Package 009	62	63	63	64	64	63	61	59	60	57	56	56	**728**
Benefit Package 010	283	282	282	282	282	284	282	279	278	255	260	262	**3,311**
Benefit Package 011	85	86	86	84	84	84	85	85	84	82	90	90	**1,025**
Benefit Package 012										107	126	128	**361**
Benefit Package 013	142	142	142	143	143	143	144	144	143	134	136	136	**1,692**
Benefit Package 014										215	219	228	**662**
Benefit Package 015	220	223	226	227	224	221	222	209	198				**1,970**
Benefit Package 016										163	163	160	**486**
Benefit Package 017	4,483	4,513	4,544	4,555	4,577	4,588	4,592	4,583	4,583	6,214	6,368	6,467	**60,067**
Benefit Package 018	2,514	2,529	2,547	2,546	2,542	2,544	2,541	2,538	2,538	3,146	3,228	3,266	**32,479**
Benefit Package 019	1,268	1,279	1,282	1,290	1,298	1,310	1,307	1,297	1,298	1,451	1,478	1,488	**16,046**
Benefit Package 020	197	195	197	196	197	196	191	185	160	109	103	104	**2,030**
Benefit Package 022	552	553	554	553	551	548	545	546	549				**4,951**
Benefit Package 023										535	523	521	**1,579**
Benefit Package 025										541	575	579	**1,695**
Benefit Package 026	305	304	303	300	298	298	297	296	296				**2,697**
Benefit Package 027										136	136	136	**408**
Benefit Package 028	158	157	154	155	155	156	157	156	155				**1,403**
Benefit Package 029	510	512	508	507	504	505	506	505	505	490	494	496	**6,042**
Benefit Package 030	531	532	532	533	533	533	532	532	530	526	523	525	**6,362**
Benefit Package 031	897	900	897	898	894	897	889	886	886	846	846	853	**10,589**
Benefit Package 032										299	300	300	**899**
Benefit Package 033										249	246	246	**741**
Benefit Package 034	301	299	298	299	299	297	295	295	289	112	110	109	**3,003**
Benefit Package 035	256	255	256	254	255	254	254	254	252				**2,290**
Benefit Package 036	456	453	450	447	444	443	438	421	376				**3,928**
Benefit Package 037	39	39	39	38	38	38	38	38	37	38			**382**
Benefit Package 038										89	126	127	**342**
Benefit Package 039										225	225	225	**675**
Benefit Package 040	134	134	134	134	133	133	133	134	133	121	119	117	**1,559**
Benefit Package 041	729	726	723	721	719	712	710	706	706	671	669	668	**8,460**
Benefit Package 043	22	22	22	22	22	22	22	22	22	26	25	25	**274**
Benefit Package 044	152	151	151	150	150	150	150	149	149	146	149	155	**1,802**
Benefit Package 045	120	120	120	120	120	120	119	118	117	110	110	111	**1,405**
Benefit Package 046	90	89	89	89	89	88	88	87	86	94	96	94	**1,079**
Benefit Package 047	24	24	24	24	23	23	23	23	23	21	21	21	**274**
Benefit Package 048	20	20	20	20	19	19	19	19	19	29	29	30	**263**
Benefit Package 049	47	47	47	47	47	48	48	48	48	31	31	33	**522**
Benefit Package 050	62	62	63	64	63	63	63	63	63	58	56	56	**736**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A8a
Financial Plan Structure and Overall Performance by Benefit Package — Monthly Employee Counts
Calendar Year 2012

	Employees												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 051	12	12	12	12	12	12	12	12	12	9	9	9	**135**
Benefit Package 052	3	3	3	3	3	3	3	2	2	4	4	4	**37**
Benefit Package 053	29	29	29	29	29	29	29	29	29	4	4	4	**273**
Benefit Package 054	4	4	4	4	4	4	4	4	4				**36**
Benefit Package 055	156	158	159	158	158	157	157	157	157				**1,417**
Benefit Package 056	24	24	24	24	24	24	24	25	25	77	78	80	**453**
Benefit Package 057	206	207	205	205	203	205	205	205	203	16	15	15	**1,890**
Benefit Package 058	37	38	38	37	39	39	39	39	39	35	35	35	**450**
Benefit Package 059	128	128	128	128	126	126	126	127	126	108	108	108	**1,467**
Benefit Package 060	68	68	69	68	67	67	67	67	67	74	73	72	**827**
Benefit Package 061	47	47	47	47	47	47	47	47	47	43	44	43	**553**
Benefit Package 062	17	17	17	17	17	17	17	17	16	19	19	20	**210**
Benefit Package 063	668	670	671	673	677	679	678	675	675	845	857	866	**8,634**
Benefit Package 064	179	178	179	178	177	177	180	180	182	187	189	195	**2,181**
Benefit Package 065	1,192	1,192	1,189	1,187	1,186	1,187	1,183	1,183	1,183	1,184	1,186	1,191	**14,243**
Benefit Package 066	541	544	545	549	549	550	551	552	551	561	566	571	**6,630**
Benefit Package 067	1,125	1,128	1,136	1,136	1,135	1,134	1,135	1,134	1,140	1,176	1,190	1,202	**13,771**
Benefit Package 068	534	532	531	528	526	532	534	531	532	531	531	532	**6,374**
Benefit Package 069	988	987	989	987	986	985	984	977	976	942	951	951	**11,703**
Benefit Package 070	580	581	580	579	578	576	572	570	569	549	556	552	**6,842**
Benefit Package 071	4,723	4,723	4,722	4,725	4,731	4,724	4,720	4,704	4,707	4,483	4,518	4,537	**56,017**
Benefit Package 072	3,606	3,615	3,609	3,607	3,607	3,594	3,589	3,579	3,578	3,550	3,577	3,592	**43,103**
Benefit Package 073	647	653	660	658	660	662	663	666	669	673	683	693	**7,987**
Benefit Package 074	2,740	2,745	2,747	2,740	2,735	2,730	2,734	2,733	2,725	2,703	2,713	2,723	**32,768**
Benefit Package 075	1,257	1,258	1,263	1,264	1,269	1,265	1,261	1,258	1,247	1,233	1,232	1,235	**15,042**
Benefit Package 076	3,046	3,049	3,049	3,048	3,049	3,047	3,047	3,040	3,036	2,986	2,981	2,978	**36,356**
Benefit Package 077	277	277	275	276	277	277	277	276	276	262	268	268	**3,286**
Benefit Package 078	11,621	11,582	11,544	11,501	11,472	11,455	11,413	11,343	11,303	49	49	49	**103,381**
Benefit Package 079	19,043	19,048	19,065	19,055	19,047	19,050	19,037	19,006	18,984	30,020	30,063	30,065	**261,483**
Benefit Package 080	10,896	10,904	10,908	10,904	10,907	10,915	10,902	10,876	10,837	11,996	12,124	12,158	**134,327**
Benefit Package 081	14,209	14,157	14,142	14,112	14,081	14,060	14,014	13,951	13,910	11,504	11,403	11,391	**160,934**
Benefit Package 082	88	85	85	85	85	85	85	84	84	68	68	67	**969**
Benefit Package 083										3	3	3	**9**
Benefit Package 084	83	83	83	83	83	83	83	81	82	85	83	82	**994**
Benefit Package 085	14	15	15	15	15	15	15	15	15	11	11	11	**167**
Benefit Package 086	13	13	13	13	13	13	13	13	13	21	27	28	**193**
Benefit Package 087	222	222	221	222	223	223	222	222	222	190	191	188	**2,568**
Benefit Package 088	101	100	99	99	98	98	98	97	97	80	72	76	**1,115**
Benefit Package 089	1,468	1,468	1,474	1,473	1,474	1,470	1,473	1,475	1,471	1,380	1,357	1,371	**17,354**
Benefit Package 090	187	185	187	188	187	188	188	189	187	134	130	132	**2,082**
Benefit Package 091	23	23	23	24	24	24	24	24	24	54	55	59	**381**
Benefit Package 092	1,017	1,017	1,013	1,011	1,006	1,009	1,004	997	1,000	620	580	598	**10,872**
Benefit Package 093	838	835	836	835	828	826	825	824	824	634	587	603	**9,295**
Benefit Package 094	99	99	97	98	97	97	97	96	95	105	103	101	**1,184**
Benefit Package 095	442	446	453	448	449	448	448	447	447	439	435	436	**5,338**
Benefit Package 096	463	463	459	459	462	463	462	462	460	410	417	417	**5,397**

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Financial Plan Structure and Overall Performance by Benefit Package — Monthly Employee Counts
Calendar Year 2012

	Employees												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 097	322	320	320	322	320	321	321	322	319	226	206	217	**3,536**
Benefit Package 098	278	276	276	276	274	277	275	275	275	307	324	334	**3,447**
Benefit Package 099	11	11	15	13	12	13	11	11	11	12	13	12	**145**
Benefit Package 100										15	15	17	**47**
Benefit Package 101	909	913	916	919	916	914	912	913	911				**8,223**
Benefit Package 102	660	660	663	662	665	664	663	664	663				**5,964**
Benefit Package 103	121	121	121	119	117	120	119	119	119				**1,076**
Benefit Package 104										243	255	262	**760**
Benefit Package 105	151	152	150	150	150	150	150	150	150	159			**1,512**
Benefit Package 106	748	750	749	744	741	739	735	731	731	727			**7,395**
Benefit Package 107	391	390	392	391	394	395	391	389	388	400			**3,921**
Benefit Package 108	290	286	286	285	282	280	277	275	277	249	248	249	**3,284**
Benefit Package 109	34	34	34	33	34	37	37	37	37				**317**
Benefit Package 110	173	170	172	172	173	170	170	168	169	149	149	143	**1,978**
Benefit Package 111	281	284	282	283	277	280	284	279	280	262	264	263	**3,319**
Benefit Package 112	120	122	123	123	132	124	124	125	125				**1,118**
Benefit Package 113	52	53	53	53	53	53	53	53	53	40	32	35	**583**
Benefit Package 114	581	572	574	575	571	572	571	568	568	490	326	393	**6,361**
Benefit Package 115	33	33	33	33	33	34	34	33	33	24	19	23	**365**
Benefit Package 116	448	443	449	452	448	449	448	443	446	447	276	354	**5,103**
Benefit Package 117	8	8	8	8	8	9	9	9	9				**76**
Benefit Package 118	119	113	115	115	114	113	121	113	113				**1,036**
Benefit Package 119	603	601	600	600	596	596	595	589	587				**5,367**
Benefit Package 120	167	166	170	170	172	173	173	174	174				**1,539**
Benefit Package 121										381	377	378	**1,136**
Benefit Package 122										290	294	293	**877**
Benefit Package 123										10	11	12	**33**
Benefit Package 127											17	17	**34**
Benefit Package 128											211	210	**421**
Benefit Package 129											636	640	**1,276**
Benefit Package 130											430	434	**864**
Benefit Package 131											8	8	**16**
Benefit Package 132										9	9	9	**27**
Benefit Package 133										164	169	170	**503**
Benefit Package 134										53	55	60	**168**
Benefit Package 135										239	220	243	**702**
Benefit Package 136										28	26	27	**81**
Benefit Package 137										116	120	119	**355**
Benefit Package 138										6	6	6	**18**
Grand Total	**105,182**	**105,162**	**105,211**	**105,111**	**105,027**	**104,988**	**104,824**	**104,477**	**104,217**	**102,762**	**102,830**	**103,384**	**1,253,175**

Washington State Office of the Insurance Commissioner
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Financial Plan Structure and Overall Performance by Benefit Package — Monthly Dependent Counts
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	Dependents												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 001	86	86	86	86	82	82	89	88	88				**773**
Benefit Package 002	65	65	65	62	58	58	60	63	65				**561**
Benefit Package 003	150	148	144	144	143	143	154	155	153	112	110	111	**1,667**
Benefit Package 004										76	76	76	**228**
Benefit Package 005										76	76	77	**229**
Benefit Package 006										10	15	14	**39**
Benefit Package 007	12	12	12	12	12	12	12	12	12	12	12	12	**144**
Benefit Package 009	61	63	61	62	62	59	56	49	48	49	53	53	**676**
Benefit Package 010	178	181	180	180	179	181	181	176	174	172	163	163	**2,108**
Benefit Package 011	153	153	153	152	149	148	148	148	153	149	147	147	**1,800**
Benefit Package 012										98	120	120	**338**
Benefit Package 013	245	246	249	248	247	249	250	252	254	221	223	223	**2,907**
Benefit Package 014										104	101	103	**308**
Benefit Package 015	165	165	166	170	169	168	163	157	153				**1,476**
Benefit Package 016										112	111	110	**333**
Benefit Package 017	6,319	6,325	6,356	6,221	6,285	6,283	6,301	6,323	6,316	8,963	9,172	9,260	**84,124**
Benefit Package 018	3,898	3,902	3,914	3,803	3,806	3,820	3,814	3,820	3,822	4,796	4,898	4,944	**49,237**
Benefit Package 019	1,813	1,818	1,817	1,772	1,770	1,798	1,794	1,773	1,783	2,108	2,131	2,135	**22,512**
Benefit Package 020	88	86	90	91	91	88	87	83	75	47	40	38	**904**
Benefit Package 022	698	701	698	698	688	684	680	683	684				**6,214**
Benefit Package 023										634	617	614	**1,865**
Benefit Package 025										1,028	1,082	1,094	**3,204**
Benefit Package 026	429	424	417	411	408	408	406	405	405				**3,713**
Benefit Package 027										118	118	118	**354**
Benefit Package 028	142	140	138	138	137	136	137	134	132				**1,234**
Benefit Package 029	688	690	682	681	677	678	676	671	666	612	614	612	**7,947**
Benefit Package 030	549	547	541	545	548	551	556	556	552	568	553	551	**6,617**
Benefit Package 031	951	949	941	939	941	946	928	922	922	824	826	819	**10,908**
Benefit Package 032										383	376	374	**1,133**
Benefit Package 033										180	175	175	**530**
Benefit Package 034	284	278	278	279	277	278	275	271	263	102	97	95	**2,777**
Benefit Package 035	203	203	205	202	204	199	199	191	188				**1,794**
Benefit Package 036	408	410	402	402	397	390	383	362	333				**3,487**
Benefit Package 037	45	45	45	45	43	43	43	43	43	42			**437**
Benefit Package 038										127	164	165	**456**
Benefit Package 039										220	221	220	**661**
Benefit Package 040	45	45	45	45	44	44	44	41	41	40	39	39	**512**
Benefit Package 041	543	538	530	527	531	522	520	517	514	495	490	488	**6,215**
Benefit Package 043	0	0	0	0	0	0	0	0	0	4	4	4	**12**
Benefit Package 044	123	120	120	118	117	117	118	118	117	117	126	127	**1,438**
Benefit Package 045	74	73	72	72	71	70	71	72	71	62	59	58	**825**
Benefit Package 046	76	76	76	76	75	75	75	75	75	77	82	80	**918**
Benefit Package 047	18	18	18	19	18	19	19	19	19	15	13	13	**208**
Benefit Package 048	15	15	15	15	15	15	15	15	15	25	25	25	**210**
Benefit Package 049	27	27	27	28	28	28	28	28	22	20	20	23	**306**
Benefit Package 050	108	108	111	113	113	113	112	112	105	111	103	103	**1,312**

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Financial Plan Structure and Overall Performance by Benefit Package — Monthly Dependent Counts
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	Dependents												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 051	4	4	4	4	4	4	4	4	4	3	3	3	**45**
Benefit Package 052	5	5	5	5	4	4	4	2	1	3	3	3	**44**
Benefit Package 053	16	15	15	15	15	15	14	14	14	2	2	2	**139**
Benefit Package 054	0	0	0	0	0	0	0	0	0				**0**
Benefit Package 055	179	179	180	180	180	174	174	174	173				**1,593**
Benefit Package 056	35	35	35	35	35	35	35	38	32	110	113	117	**655**
Benefit Package 057	316	313	307	307	306	310	310	310	302	26	25	25	**2,857**
Benefit Package 058	68	68	68	65	66	66	66	66	52	68	64	63	**780**
Benefit Package 059	61	61	61	59	58	57	57	59	56	45	45	44	**663**
Benefit Package 060	77	77	77	73	73	75	74	74	67	77	75	74	**893**
Benefit Package 061	71	71	72	73	70	70	70	70	59	62	63	61	**812**
Benefit Package 062	29	29	29	28	28	28	28	28	26	30	29	28	**340**
Benefit Package 063	799	805	804	813	812	809	804	798	771	757	762	761	**9,495**
Benefit Package 064	220	219	221	221	220	220	224	222	213	240	242	245	**2,707**
Benefit Package 065	1,787	1,788	1,782	1,784	1,787	1,789	1,791	1,786	1,780	1,754	1,762	1,759	**21,349**
Benefit Package 066	754	756	763	768	769	769	770	769	768	778	781	778	**9,223**
Benefit Package 067	1,284	1,282	1,294	1,292	1,295	1,304	1,307	1,299	1,310	1,363	1,374	1,397	**15,801**
Benefit Package 068	664	666	660	658	664	671	670	670	669	680	667	671	**8,010**
Benefit Package 069	811	811	806	805	800	794	791	791	791	761	757	754	**9,472**
Benefit Package 070	308	312	310	311	311	309	306	305	305	296	294	295	**3,662**
Benefit Package 071	4,880	4,870	4,844	4,819	4,808	4,808	4,810	4,813	4,828	4,385	4,343	4,336	**56,544**
Benefit Package 072	3,302	3,292	3,289	3,278	3,276	3,272	3,270	3,265	3,250	3,190	3,204	3,216	**39,104**
Benefit Package 073	998	1,001	1,016	1,018	1,018	1,012	1,014	1,020	1,024	1,035	1,040	1,047	**12,243**
Benefit Package 074	2,504	2,502	2,493	2,490	2,473	2,469	2,464	2,459	2,437	2,345	2,346	2,326	**29,308**
Benefit Package 075	1,360	1,362	1,371	1,377	1,375	1,370	1,365	1,361	1,352	1,341	1,339	1,339	**16,312**
Benefit Package 076	2,950	2,958	2,947	2,937	2,940	2,934	2,929	2,911	2,899	2,822	2,771	2,739	**34,737**
Benefit Package 077	259	258	258	256	255	257	256	259	255	243	245	238	**3,039**
Benefit Package 078	6,633	6,592	6,563	6,264	6,245	6,226	6,184	6,143	6,129	44	45	44	**57,112**
Benefit Package 079	14,766	14,716	14,687	14,277	14,235	14,210	14,177	14,202	14,174	20,765	20,722	20,668	**191,599**
Benefit Package 080	14,034	14,026	14,009	13,620	13,617	13,597	13,572	13,546	13,523	13,806	13,883	13,892	**165,125**
Benefit Package 081	9,953	9,917	9,922	9,622	9,605	9,583	9,529	9,520	9,505	7,573	7,481	7,463	**109,673**
Benefit Package 082	139	137	137	138	137	137	137	132	132	95	94	93	**1,508**
Benefit Package 083										5	5	5	**15**
Benefit Package 084	203	203	205	204	206	203	203	199	199	196	185	183	**2,389**
Benefit Package 085	35	36	36	36	36	36	36	36	36	15	15	15	**368**
Benefit Package 086	40	40	40	40	40	40	40	40	40	62	82	85	**589**
Benefit Package 087	357	357	353	356	356	356	352	352	354	276	276	273	**4,018**
Benefit Package 088	151	150	149	149	148	147	147	145	145	106	94	100	**1,631**
Benefit Package 089	3,310	3,312	3,307	3,306	3,303	3,289	3,296	3,294	3,284	2,904	2,879	2,896	**38,380**
Benefit Package 090	250	243	248	250	248	247	248	249	242	173	173	176	**2,747**
Benefit Package 091	60	59	59	60	59	59	59	59	59	132	131	139	**935**
Benefit Package 092	1,491	1,487	1,478	1,484	1,474	1,476	1,464	1,453	1,458	864	814	835	**15,778**
Benefit Package 093	1,431	1,432	1,426	1,424	1,413	1,404	1,399	1,392	1,389	1,062	958	994	**15,724**
Benefit Package 094	266	265	261	261	260	260	260	256	252	265	260	254	**3,120**
Benefit Package 095	998	999	1,009	1,000	999	997	999	991	985	862	839	841	**11,519**
Benefit Package 096	856	846	834	835	839	840	833	829	813	664	650	649	**9,488**

Washington State Office of the Insurance Commissioner
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Financial Plan Structure and Overall Performance by Benefit Package — Monthly Dependent Counts
Calendar Year 2012

	Dependents												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 097	484	477	475	478	474	475	470	472	468	320	293	305	**5,191**
Benefit Package 098	706	699	700	695	693	701	697	685	690	748	797	800	**8,611**
Benefit Package 099	29	29	42	34	33	34	29	29	29	32	35	32	**387**
Benefit Package 100										41	41	44	**126**
Benefit Package 101	1,145	1,157	1,161	1,159	1,158	1,158	1,155	1,161	1,166				**10,420**
Benefit Package 102	1,619	1,615	1,617	1,615	1,620	1,624	1,621	1,619	1,606				**14,556**
Benefit Package 103	380	376	378	370	366	375	373	372	372				**3,362**
Benefit Package 104										634	656	666	**1,956**
Benefit Package 105	476	479	472	471	470	470	470	469	470	486			**4,733**
Benefit Package 106	1,302	1,301	1,299	1,294	1,291	1,287	1,280	1,266	1,258	1,245			**12,823**
Benefit Package 107	1,025	1,016	1,015	1,013	1,015	1,019	1,016	1,010	1,002	1,021			**10,152**
Benefit Package 108	436	432	433	430	422	411	406	403	405	370	369	368	**4,885**
Benefit Package 109	72	69	71	70	69	75	75	75	75				**651**
Benefit Package 110	259	252	257	252	254	250	249	246	245	211	213	204	**2,892**
Benefit Package 111	443	453	450	445	438	444	444	438	439	380	379	382	**5,135**
Benefit Package 112	223	226	232	221	231	222	222	223	221				**2,021**
Benefit Package 113	58	59	62	62	62	62	62	62	62	47	39	42	**679**
Benefit Package 114	875	852	854	853	853	855	854	849	849	760	531	651	**9,636**
Benefit Package 115	36	36	36	36	36	39	39	37	37	29	24	28	**413**
Benefit Package 116	648	638	648	653	648	645	645	646	649	649	449	541	**7,459**
Benefit Package 117	10	10	10	10	10	11	11	11	11				**94**
Benefit Package 118	200	192	195	195	193	191	199	191	191				**1,747**
Benefit Package 119	966	965	965	969	961	961	951	937	937				**8,612**
Benefit Package 120	314	310	316	317	319	319	323	324	324				**2,866**
Benefit Package 121										585	580	580	**1,745**
Benefit Package 122										483	488	489	**1,460**
Benefit Package 123										28	29	30	**87**
Benefit Package 127											50	50	**100**
Benefit Package 128											614	614	**1,228**
Benefit Package 129											1,079	1,081	**2,160**
Benefit Package 130											981	983	**1,964**
Benefit Package 131											37	37	**74**
Benefit Package 132										20	20	20	**60**
Benefit Package 133										302	311	312	**925**
Benefit Package 134										121	126	131	**378**
Benefit Package 135										476	458	520	**1,454**
Benefit Package 136										43	41	42	**126**
Benefit Package 137										339	358	351	**1,048**
Benefit Package 138										17	17	17	**51**
Grand Total	**109,079**	**108,856**	**108,776**	**106,995**	**106,863**	**106,765**	**106,527**	**106,264**	**105,926**	**104,581**	**104,202**	**104,629**	**1,279,463**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A8c

Financial Plan Structure and Overall Performance by Benefit Package — Monthly Claims

Calendar Year 2012

	Claims												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 001	$46,954	$51,741	$83,166	$53,348	$96,129	$69,366	$48,425	$31,104	$77,123				**$557,356**
Benefit Package 002	$43,299	$24,353	$43,131	$66,447	$30,546	$38,797	$27,754	$27,669	$24,048				**$326,044**
Benefit Package 003	$135,648	$124,221	$411,068	$259,663	$264,964	$449,073	$256,826	$216,797	$413,586	$254,202	$155,023	$175,205	**$3,116,274**
Benefit Package 004										$60,304	$66,915	$65,793	**$193,012**
Benefit Package 005										$51,968	$26,337	$29,398	**$107,703**
Benefit Package 006										$513	$876	$7,417	**$8,806**
Benefit Package 007	$503	$760	$371	$817	$1,030	$519	$0	$3,718	$843	$1,848	$618	$637	**$11,664**
Benefit Package 009	$47,042	$57,245	$62,440	$45,087	$26,699	$28,694	$75,487	$40,435	$37,254	$27,243	$22,500	$21,620	**$491,747**
Benefit Package 010	$125,241	$204,723	$224,574	$130,475	$198,017	$209,126	$227,421	$284,748	$222,501	$202,594	$136,478	$194,537	**$2,360,434**
Benefit Package 011	$19,384	$25,751	$40,150	$33,583	$41,296	$41,132	$23,718	$66,381	$26,732	$56,940	$14,051	$52,150	**$441,268**
Benefit Package 012										$56,550	$77,586	$58,555	**$192,692**
Benefit Package 013	$167,024	$78,172	$103,148	$84,660	$78,534	$126,857	$144,096	$135,119	$62,662	$157,378	$123,002	$96,355	**$1,357,009**
Benefit Package 014										$140,091	$71,649	$110,334	**$322,074**
Benefit Package 015	$94,668	$108,172	$158,389	$87,577	$61,609	$68,501	$95,126	$108,951	$59,215				**$842,208**
Benefit Package 016										$68,808	$99,242	$95,171	**$263,221**
Benefit Package 017	$1,646,734	$1,778,466	$2,038,824	$2,194,484	$2,685,873	$2,590,269	$4,318,829	$2,866,816	$2,313,326	$3,038,384	$3,009,693	$3,079,773	**$31,561,471**
Benefit Package 018	$1,249,899	$1,169,091	$1,442,766	$1,214,174	$1,840,714	$1,423,980	$1,604,450	$1,434,895	$1,216,781	$1,621,527	$1,683,566	$1,806,610	**$17,708,452**
Benefit Package 019	$470,952	$457,948	$530,431	$534,373	$633,998	$587,453	$784,985	$692,835	$607,150	$699,763	$713,825	$689,045	**$7,402,759**
Benefit Package 020	$74,071	$179,584	$122,530	$100,693	$159,355	$227,982	$74,712	$181,034	$109,601	$75,150	$69,846	$69,995	**$1,444,554**
Benefit Package 022	$339,330	$473,592	$419,694	$294,478	$480,362	$445,913	$502,703	$641,505	$372,099				**$3,969,676**
Benefit Package 023										$352,226	$352,544	$530,200	**$1,234,970**
Benefit Package 025										$92,152	$59,554	$101,486	**$253,192**
Benefit Package 026	$258,193	$212,672	$217,709	$252,864	$235,830	$240,972	$325,976	$269,841	$176,506				**$2,190,563**
Benefit Package 027										$63,521	$96,738	$136,500	**$296,760**
Benefit Package 028	$120,244	$128,467	$174,021	$130,675	$102,390	$330,229	$69,411	$91,186	$136,838				**$1,283,461**
Benefit Package 029	$978,433	$417,800	$534,061	$505,192	$687,043	$458,284	$453,844	$337,064	$470,753	$539,955	$347,097	$555,176	**$6,284,702**
Benefit Package 030	$365,347	$320,559	$501,417	$391,296	$489,608	$400,266	$434,478	$476,180	$313,950	$462,624	$486,472	$357,916	**$5,000,112**
Benefit Package 031	$602,500	$791,509	$866,008	$538,809	$670,538	$807,997	$756,492	$738,918	$489,616	$660,645	$483,231	$634,776	**$8,041,040**
Benefit Package 032										$251,646	$169,316	$188,485	**$609,446**
Benefit Package 033										$540,370	$205,237	$155,337	**$900,943**
Benefit Package 034	$308,302	$119,872	$373,822	$225,884	$210,678	$223,656	$346,968	$233,839	$148,339	$47,624	$124,306	$72,912	**$2,436,202**
Benefit Package 035	$232,613	$312,636	$209,888	$236,043	$241,823	$191,062	$159,797	$239,784	$152,310				**$1,975,957**
Benefit Package 036	$329,812	$604,565	$321,055	$365,053	$381,457	$618,118	$419,930	$987,280	$561,833				**$4,589,102**
Benefit Package 037	$28,582	$85,250	$44,727	$69,000	$16,214	$37,091	$14,036	$52,772	$37,238	$19,459			**$404,367**
Benefit Package 038										$73,362	$150,525	$163,175	**$387,061**
Benefit Package 039										$234,848	$226,673	$171,283	**$632,804**
Benefit Package 040	$59,847	$50,834	$66,695	$66,200	$83,544	$112,172	$109,758	$103,718	$72,137	$205,025	$112,127	$97,203	**$1,139,259**
Benefit Package 041	$921,716	$805,928	$747,027	$707,735	$881,723	$695,455	$830,785	$741,752	$680,218	$602,968	$727,910	$725,796	**$9,069,013**
Benefit Package 043	$8,728	$7,034	$84,047	$9,949	$8,325	$4,669	$15,271	$9,413	$11,107	$14,530	$56,806	$9,807	**$239,683**
Benefit Package 044	$57,815	$101,747	$77,450	$74,061	$121,928	$82,932	$63,576	$122,974	$55,449	$62,089	$65,194	$74,681	**$959,895**
Benefit Package 045	$70,156	$115,870	$126,087	$59,546	$103,763	$103,149	$46,161	$105,009	$101,157	$155,089	$112,711	$59,628	**$1,158,324**
Benefit Package 046	$37,520	$28,499	$36,155	$33,031	$31,646	$393,673	$58,220	$36,186	$45,221	$33,241	$32,582	$40,356	**$806,330**
Benefit Package 047	$7,893	$7,016	$50,106	$69,120	$11,335	$6,672	$10,913	$6,899	$12,279	$11,957	$12,383	$13,061	**$219,637**
Benefit Package 048	$14,132	$3,886	$3,718	$5,223	$3,563	$2,272	$2,923	$3,406	$2,277	$9,941	$6,144	$32,306	**$89,791**
Benefit Package 049	$11,269	$34,880	$18,865	$22,031	$15,370	$13,576	$13,557	$48,293	$21,126	$17,505	$11,965	$38,150	**$266,587**
Benefit Package 050	$21,127	$26,161	$32,979	$96,778	$45,943	$107,284	$92,706	$98,644	$68,253	$33,090	$34,853	$47,736	**$705,554**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A8c

Financial Plan Structure and Overall Performance by Benefit Package — Monthly Claims

Calendar Year 2012

	Claims												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 051	$1,289	$1,433	$6,414	$5,540	$4,746	$3,118	$1,536	$1,571	$4,361	$704	$3,484	$3,289	**$37,485**
Benefit Package 052	$966	$1,964	$523	$3,133	$420	$3,975	$11,292	$4,211	$205	$2,583	$297	$2,864	**$32,433**
Benefit Package 053	$7,208	$27,266	$18,901	$8,246	$24,738	$84,488	$16,433	$59,088	$8,992	$23,765	$2,704	$4,290	**$286,119**
Benefit Package 054	$2,716	$693	$2,363	$656	$1,046	$571	$1,047	$2,050	$11,985				**$23,127**
Benefit Package 055	$58,207	$92,207	$243,102	$157,496	$167,147	$79,444	$172,877	$130,458	$74,115				**$1,175,053**
Benefit Package 056	$4,735	$19,172	$9,310	$10,010	$6,167	$15,101	$21,521	$18,049	$8,063	$11,416	$32,043	$34,671	**$190,258**
Benefit Package 057	$39,235	$85,030	$128,762	$84,474	$108,623	$69,448	$125,633	$91,857	$231,962	$37,921	$28,561	$37,203	**$1,068,709**
Benefit Package 058	$1,284	$7,146	$8,072	$15,175	$3,772	$10,814	$5,866	$6,937	$17,510	$3,667	$14,471	$8,779	**$103,493**
Benefit Package 059	$104,078	$102,265	$250,106	$306,968	$136,449	$285,545	$128,641	$107,406	$63,243	$23,383	$91,768	$60,307	**$1,660,159**
Benefit Package 060	$44,750	$30,022	$126,091	$69,595	$78,763	$88,156	$58,618	$79,481	$21,750	$18,312	$80,513	$70,386	**$766,437**
Benefit Package 061	$9,824	$14,429	$15,764	$29,533	$13,751	$42,436	$13,359	$19,280	$14,771	$6,227	$8,146	$14,503	**$202,023**
Benefit Package 062	$3,960	$22,127	$9,569	$7,053	$18,392	$35,046	$13,835	$65,661	$8,646	$2,272	$4,145	$2,626	**$193,332**
Benefit Package 063	$363,764	$357,478	$523,724	$426,894	$422,229	$438,097	$446,369	$646,777	$513,647	$229,564	$282,672	$368,223	**$5,019,438**
Benefit Package 064	$76,883	$58,933	$81,295	$125,466	$77,173	$247,496	$125,929	$132,900	$75,771	$58,580	$47,783	$55,630	**$1,163,839**
Benefit Package 065	$733,820	$532,690	$784,678	$647,181	$712,330	$911,119	$813,779	$810,592	$718,741	$750,352	$946,797	$876,695	**$9,238,774**
Benefit Package 066	$213,523	$228,861	$252,047	$263,477	$279,573	$321,042	$345,323	$580,148	$399,360	$427,369	$429,996	$267,539	**$4,008,259**
Benefit Package 067	$574,777	$428,400	$596,439	$692,764	$609,356	$1,026,286	$772,424	$932,420	$482,125	$789,555	$609,928	$673,579	**$8,188,053**
Benefit Package 068	$358,355	$556,544	$377,775	$459,115	$254,414	$293,593	$524,475	$594,983	$571,758	$361,993	$318,716	$349,418	**$5,021,139**
Benefit Package 069	$556,572	$683,160	$981,410	$582,403	$672,172	$1,178,287	$792,585	$873,002	$777,213	$1,138,376	$621,611	$573,462	**$9,430,251**
Benefit Package 070	$225,608	$342,695	$614,651	$403,838	$393,216	$461,405	$558,283	$891,988	$918,787	$432,053	$456,024	$394,336	**$6,092,884**
Benefit Package 071	$2,620,551	$3,066,816	$3,968,431	$3,689,662	$3,099,130	$3,237,923	$3,110,172	$3,929,159	$2,908,392	$3,876,773	$2,701,598	$2,755,431	**$38,964,038**
Benefit Package 072	$1,727,662	$2,261,206	$2,147,721	$2,268,506	$1,935,121	$2,196,429	$2,293,965	$2,694,553	$1,972,503	$2,636,687	$2,122,621	$2,974,188	**$27,231,163**
Benefit Package 073	$242,781	$292,653	$744,973	$292,601	$329,394	$341,276	$425,254	$361,884	$440,646	$294,059	$266,713	$378,726	**$4,410,960**
Benefit Package 074	$1,477,898	$1,417,574	$1,718,486	$1,841,910	$1,865,362	$1,528,950	$1,640,115	$1,951,272	$1,458,697	$1,519,392	$1,331,626	$1,316,120	**$19,067,402**
Benefit Package 075	$730,409	$1,156,413	$987,990	$847,367	$903,819	$1,301,970	$960,463	$1,007,501	$1,046,737	$975,628	$945,659	$1,141,658	**$12,005,613**
Benefit Package 076	$1,954,459	$1,694,301	$2,116,839	$2,054,444	$1,782,117	$2,089,986	$2,401,295	$2,422,808	$2,120,314	$2,266,645	$2,274,919	$2,147,341	**$25,325,468**
Benefit Package 077	$177,895	$205,924	$194,662	$182,928	$213,680	$152,783	$221,770	$177,357	$307,534	$371,394	$187,463	$235,317	**$2,628,708**
Benefit Package 078	$11,329,885	$11,293,211	$12,838,556	$12,057,475	$11,367,639	$13,009,361	$14,070,124	$12,663,084	$10,774,625	$131,429	$96,616	$92,871	**$109,724,878**
Benefit Package 079	$12,365,898	$12,575,996	$13,097,908	$13,475,284	$15,103,130	$15,095,136	$16,239,529	$15,045,582	$10,720,136	$25,699,499	$25,015,833	$23,521,725	**$197,955,656**
Benefit Package 080	$6,756,417	$6,431,499	$6,684,496	$6,718,199	$7,462,678	$7,481,073	$8,290,185	$8,352,642	$6,692,905	$7,184,755	$6,947,461	$7,914,483	**$86,916,794**
Benefit Package 081	$11,989,195	$11,861,612	$13,485,690	$13,906,082	$13,548,116	$14,208,010	$15,736,619	$14,879,816	$12,169,026	$11,148,385	$11,501,731	$11,005,098	**$155,439,382**
Benefit Package 082	$58,789	$72,339	$54,267	$68,708	$54,276	$53,231	$43,988	$66,485	$193,028	$33,903	$31,754	$133,967	**$864,735**
Benefit Package 083										$1,611	$1,827	$8,684	**$12,122**
Benefit Package 084	$68,437	$67,233	$85,268	$104,399	$92,643	$100,581	$62,609	$91,055	$72,535	$50,090	$43,104	$53,160	**$891,114**
Benefit Package 085	$4,297	$23,390	$10,166	$7,133	$5,842	$14,838	$5,204	$8,913	$8,534	$7,648	$5,109	$4,940	**$106,012**
Benefit Package 086	$995	$3,905	$7,455	$847	$1,335	$1,078	$5,291	$2,441	$10,570	$1,739	$3,273	$3,850	**$42,779**
Benefit Package 087	$93,961	$123,562	$218,608	$277,831	$155,709	$162,649	$129,695	$237,378	$268,802	$150,146	$202,294	$162,405	**$2,183,039**
Benefit Package 088	$64,667	$144,246	$141,492	$206,346	$160,292	$406,093	$46,770	$83,365	$72,406	$42,739	$89,023	$70,303	**$1,527,743**
Benefit Package 089	$564,796	$818,134	$890,300	$649,357	$640,271	$1,053,360	$741,714	$915,885	$1,130,516	$1,222,839	$786,820	$746,745	**$10,160,737**
Benefit Package 090	$113,191	$104,455	$326,714	$348,908	$128,765	$236,181	$112,122	$214,499	$81,585	$80,129	$93,637	$109,378	**$1,949,565**
Benefit Package 091	$10,238	$22,681	$706	$1,240	$362	$2,791	$1,269	$15,718	$66,700	$2,013	$19,404	$1,808	**$144,931**
Benefit Package 092	$713,361	$834,096	$1,176,120	$917,088	$798,435	$1,113,509	$831,613	$1,057,866	$1,060,399	$737,224	$648,638	$512,568	**$10,400,917**
Benefit Package 093	$541,520	$560,516	$824,922	$659,566	$651,309	$508,531	$519,558	$784,011	$823,266	$441,004	$733,546	$381,329	**$7,429,080**
Benefit Package 094	$35,647	$37,357	$58,035	$37,900	$28,577	$31,488	$32,883	$91,517	$91,066	$30,578	$41,112	$47,679	**$563,837**
Benefit Package 095	$232,510	$241,677	$301,007	$236,964	$240,024	$222,253	$221,254	$360,489	$210,674	$212,681	$305,439	$285,292	**$3,070,264**
Benefit Package 096	$680,285	$214,348	$223,191	$825,875	$177,664	$185,147	$256,101	$423,877	$363,101	$264,520	$202,993	$127,921	**$3,945,023**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A8c

Financial Plan Structure and Overall Performance by Benefit Package — Monthly Claims

Calendar Year 2012

	Claims												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 097	$99,973	$122,477	$165,704	$143,406	$256,667	$212,936	$252,397	$320,506	$257,333	$171,796	$152,290	$183,614	**$2,339,099**
Benefit Package 098	$102,939	$124,815	$149,223	$141,507	$136,936	$99,368	$102,467	$110,546	$171,357	$83,952	$170,195	$138,186	**$1,531,491**
Benefit Package 099	$599	$2,200	$428	$149	$218	$234	$195	$1,284	$1,429	$356	$727	$275	**$8,096**
Benefit Package 100										$2,325	$1,084	$518	**$3,927**
Benefit Package 101	$471,603	$434,972	$715,148	$529,311	$688,935	$654,986	$582,344	$869,350	$466,486				**$5,413,135**
Benefit Package 102	$657,195	$352,140	$477,304	$910,401	$388,196	$555,822	$398,099	$772,369	$291,392				**$4,802,919**
Benefit Package 103	$124,728	$69,023	$84,938	$52,116	$53,517	$55,886	$40,393	$65,754	$59,022				**$605,377**
Benefit Package 104										$27,673	$92,329	$44,393	**$164,395**
Benefit Package 105	$103,290	$73,419	$90,230	$149,540	$94,641	$94,536	$133,481	$148,289	$100,658	$110,236			**$1,098,320**
Benefit Package 106	$422,777	$409,577	$767,859	$469,976	$518,282	$485,168	$538,653	$652,649	$569,267	$508,692			**$5,342,900**
Benefit Package 107	$144,297	$228,242	$250,986	$249,236	$425,542	$305,541	$283,168	$322,200	$215,223	$213,892			**$2,638,326**
Benefit Package 108	$205,846	$175,823	$179,890	$170,777	$258,426	$309,686	$243,829	$399,039	$291,729	$146,687	$182,919	$214,111	**$2,778,761**
Benefit Package 109	$1,160	$950	$5,947	$15,084	$3,262	$11,569	$3,354	$12,026	$1,936				**$55,288**
Benefit Package 110	$117,748	$83,116	$109,006	$95,614	$83,617	$148,147	$130,290	$203,351	$157,959	$220,132	$129,933	$131,698	**$1,610,613**
Benefit Package 111	$116,219	$120,568	$153,473	$217,040	$128,180	$159,913	$124,440	$229,486	$196,029	$122,856	$307,975	$162,728	**$2,038,906**
Benefit Package 112	$26,320	$29,723	$77,275	$29,180	$37,180	$66,223	$86,378	$74,399	$107,941				**$534,618**
Benefit Package 113	$39,733	$70,856	$58,029	$36,227	$40,375	$25,838	$35,612	$26,066	$44,242	$25,301	$37,258	$30,649	**$470,185**
Benefit Package 114	$342,790	$246,921	$395,661	$350,836	$317,920	$561,242	$318,210	$506,506	$465,068	$352,017	$336,310	$285,238	**$4,478,718**
Benefit Package 115	$32,649	$38,103	$57,958	$35,562	$75,005	$54,076	$45,565	$80,069	$35,214	$59,398	$52,599	$56,124	**$622,322**
Benefit Package 116	$248,003	$286,822	$387,162	$420,834	$337,795	$568,486	$277,382	$365,584	$420,081	$441,102	$459,377	$251,290	**$4,463,917**
Benefit Package 117	$1,179	$677	$2,367	$328	$596	$1,817	$4,846	$1,923	$789				**$14,524**
Benefit Package 118	$75,979	$62,071	$67,005	$83,415	$82,718	$41,898	$60,564	$72,069	$85,028				**$630,747**
Benefit Package 119	$367,735	$358,078	$938,262	$467,240	$912,745	$484,713	$344,294	$693,115	$626,230				**$5,192,412**
Benefit Package 120	$96,355	$56,343	$115,437	$74,534	$80,489	$107,416	$86,963	$87,482	$89,889				**$794,907**
Benefit Package 121										$149,179	$243,011	$349,307	**$741,497**
Benefit Package 122										$56,771	$125,678	$165,512	**$347,961**
Benefit Package 123										$270	$152	$295	**$717**
Benefit Package 127											$4,210	$4,362	**$8,572**
Benefit Package 128											$71,442	$147,032	**$218,474**
Benefit Package 129											$174,345	$319,174	**$493,519**
Benefit Package 130											$112,698	$248,216	**$360,914**
Benefit Package 131											$126	$1,092	**$1,218**
Benefit Package 132										$70	$820	$276	**$1,167**
Benefit Package 133										$37,088	$73,655	$96,506	**$207,249**
Benefit Package 134										$5,730	$8,542	$5,729	**$20,001**
Benefit Package 135										$24,319	$134,372	$68,377	**$227,068**
Benefit Package 136										$1,878	$4,666	$3,840	**$10,384**
Benefit Package 137										$3,358	$3,462	$3,724	**$10,545**
Benefit Package 138										$25	$109	$641	**$775**
Grand Total	**$70,631,393**	**$71,373,580**	**$82,750,808**	**$79,576,300**	**$80,593,255**	**$86,472,785**	**$89,851,647**	**$91,337,241**	**$73,741,535**	**$77,463,833**	**$73,605,733**	**$73,602,261**	**$951,000,370**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A8d

Financial Plan Structure and Overall Performance by Benefit Package — Monthly Premiums

Calendar Year 2012

	Premiums												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 001	$79,578	$79,578	$79,578	$79,578	$77,728	$77,728	$81,429	$81,429	$80,966				**$717,594**
Benefit Package 002	$58,253	$58,253	$58,253	$56,540	$54,398	$54,398	$53,541	$56,968	$57,825				**$508,428**
Benefit Package 003	$183,141	$181,562	$178,931	$178,931	$177,352	$176,300	$186,299	$188,930	$187,878	$143,671	$142,092	$143,145	**$2,068,232**
Benefit Package 004										$78,014	$78,014	$78,014	**$234,042**
Benefit Package 005										$76,514	$76,514	$76,514	**$229,542**
Benefit Package 006										$7,611	$10,147	$9,725	**$27,483**
Benefit Package 007	$6,480	$6,480	$6,480	$6,480	$6,480	$6,480	$6,480	$6,480	$6,480	$6,480	$6,480	$6,480	**$77,764**
Benefit Package 009	$61,891	$61,891	$62,257	$62,846	$63,205	$61,673	$59,508	$55,861	$55,867	$54,592	$52,746	$52,746	**$705,083**
Benefit Package 010	$263,842	$262,757	$262,346	$262,346	$261,782	$262,456	$262,910	$256,263	$256,571	$240,105	$242,859	$244,874	**$3,079,113**
Benefit Package 011	$77,061	$77,524	$77,524	$76,140	$75,752	$76,176	$76,640	$76,640	$76,067	$75,179	$78,424	$78,424	**$921,553**
Benefit Package 012										$67,994	$85,078	$85,505	**$238,577**
Benefit Package 013	$135,723	$135,616	$136,784	$137,028	$137,924	$136,876	$137,324	$139,072	$138,472	$145,350	$120,218	$130,808	**$1,631,196**
Benefit Package 014										$180,421	$100,544	$130,076	**$411,041**
Benefit Package 015	$151,005	$155,238	$155,542	$157,147	$155,544	$155,224	$149,207	$151,490	$151,386				**$1,381,783**
Benefit Package 016										$137,648	$119,354	$116,616	**$373,618**
Benefit Package 017	$2,874,593	$2,889,499	$2,907,388	$2,891,308	$2,910,160	$2,911,823	$2,914,419	$2,911,548	$2,911,739	$3,944,978	$4,036,276	$4,087,863	**$38,191,596**
Benefit Package 018	$1,700,801	$1,706,552	$1,715,037	$1,702,024	$1,697,637	$1,699,965	$1,697,088	$1,696,989	$1,697,103	$2,090,079	$2,138,584	$2,160,950	**$21,702,810**
Benefit Package 019	$800,710	$805,062	$805,782	$801,437	$803,945	$812,629	$811,150	$803,829	$805,466	$911,788	$925,539	$930,428	**$10,017,763**
Benefit Package 020	$142,534	$140,513	$143,039	$141,807	$143,433	$142,226	$138,752	$134,365	$117,573	$88,428	$81,211	$81,563	**$1,495,444**
Benefit Package 022	$481,230	$480,789	$480,261	$477,089	$474,974	$473,535	$473,417	$472,830	$474,974				**$4,289,097**
Benefit Package 023										$488,882	$477,024	$474,734	**$1,440,640**
Benefit Package 025										$318,767	$337,114	$339,283	**$995,163**
Benefit Package 026	$271,453	$273,854	$274,935	$270,931	$269,373	$268,736	$267,300	$266,690	$266,733				**$2,430,004**
Benefit Package 027										$124,980	$122,615	$122,262	**$369,857**
Benefit Package 028	$130,710	$127,002	$127,322	$125,523	$128,742	$127,552	$127,290	$128,390	$126,238				**$1,148,769**
Benefit Package 029	$465,869	$469,717	$469,240	$464,726	$473,765	$466,776	$465,131	$463,712	$463,234	$450,812	$452,140	$453,739	**$5,558,862**
Benefit Package 030	$481,507	$484,086	$481,774	$482,621	$487,770	$486,299	$487,441	$488,603	$485,586	$529,393	$456,050	$486,738	**$5,837,869**
Benefit Package 031	$718,514	$707,313	$710,129	$713,659	$714,997	$709,969	$704,730	$692,019	$696,354	$756,207	$747,933	$744,534	**$8,616,360**
Benefit Package 032										$292,672	$270,853	$271,676	**$835,201**
Benefit Package 033										$218,765	$178,580	$195,905	**$593,249**
Benefit Package 034	$244,893	$250,661	$237,760	$244,605	$244,404	$242,502	$239,607	$235,506	$239,846	$92,527	$88,860	$92,750	**$2,453,919**
Benefit Package 035	$201,285	$205,748	$202,780	$206,021	$198,637	$204,046	$205,480	$201,438	$197,531				**$1,822,966**
Benefit Package 036	$411,111	$412,258	$397,115	$407,129	$392,693	$398,800	$394,342	$379,372	$393,570				**$3,586,390**
Benefit Package 037	$39,102	$38,947	$39,313	$38,735	$38,044	$37,731	$37,731	$37,683	$36,608	$37,482			**$381,376**
Benefit Package 038										$98,119	$116,430	$125,169	**$339,719**
Benefit Package 039										$195,370	$191,317	$193,850	**$580,537**
Benefit Package 040	$121,095	$121,095	$121,095	$121,095	$120,361	$120,361	$120,361	$120,431	$119,697	$117,200	$114,876	$113,308	**$1,430,974**
Benefit Package 041	$875,859	$870,575	$866,336	$864,565	$863,529	$851,767	$849,261	$843,092	$843,092	$799,707	$796,572	$794,849	**$10,119,204**
Benefit Package 043	$16,137	$16,137	$16,137	$16,137	$16,137	$16,137	$16,137	$16,137	$16,137	$22,239	$21,455	$21,455	**$210,386**
Benefit Package 044	$155,494	$154,333	$154,333	$153,606	$153,606	$153,606	$154,038	$153,311	$153,311	$150,872	$155,730	$160,702	**$1,852,941**
Benefit Package 045	$96,601	$96,307	$96,307	$96,654	$96,359	$96,359	$95,998	$95,343	$94,687	$93,555	$94,230	$94,622	**$1,147,023**
Benefit Package 046	$72,535	$71,940	$71,940	$71,940	$71,673	$71,078	$71,078	$70,436	$69,841	$79,808	$81,354	$79,475	**$883,098**
Benefit Package 047	$19,431	$19,431	$19,431	$19,431	$18,134	$18,428	$18,428	$18,428	$18,428	$18,259	$17,942	$17,942	**$223,715**
Benefit Package 048	$14,613	$14,613	$14,613	$14,613	$14,019	$14,019	$14,019	$14,019	$14,019	$22,667	$22,667	$23,300	**$197,181**
Benefit Package 049	$38,340	$38,340	$38,340	$39,006	$39,006	$39,669	$39,669	$39,669	$39,669	$31,886	$31,886	$31,883	**$447,363**
Benefit Package 050	$43,709	$43,709	$44,756	$45,323	$44,887	$44,887	$44,407	$44,407	$44,407	$48,027	$45,152	$45,152	**$538,823**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A8d

Financial Plan Structure and Overall Performance by Benefit Package — Monthly Premiums

Calendar Year 2012

	Premiums												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 051	$12,088	$12,088	$12,088	$12,088	$12,088	$12,088	$12,088	$12,088	$12,088	$9,790	$9,790	$9,790	**$138,162**
Benefit Package 052	$3,155	$3,155	$3,155	$3,155	$3,155	$3,155	$3,155	$1,719	$4,591	$421	$2,374	$2,374	**$33,564**
Benefit Package 053	$24,101	$23,419	$23,419	$23,419	$23,419	$23,419	$23,095	$23,095	$23,095	$3,474	$3,474	$3,474	**$220,903**
Benefit Package 054	$3,654	$3,654	$3,654	$3,654	$3,654	$3,654	$3,654	$3,654	$3,654				**$32,886**
Benefit Package 055	$137,541	$137,337	$140,739	$140,059	$140,059	$138,017	$137,201	$138,290	$138,290				**$1,247,533**
Benefit Package 056	$19,482	$19,482	$19,482	$19,482	$19,482	$19,482	$19,482	$19,482	$22,257	$63,845	$64,699	$66,210	**$372,867**
Benefit Package 057	$150,798	$150,799	$149,620	$149,812	$147,737	$149,620	$149,620	$149,620	$148,566	$11,974	$10,861	$10,861	**$1,379,888**
Benefit Package 058	$28,885	$28,398	$29,148	$28,773	$28,773	$27,798	$28,735	$28,735	$31,199	$28,856	$28,259	$27,790	**$345,349**
Benefit Package 059	$92,532	$93,119	$91,752	$91,097	$91,036	$89,014	$90,362	$91,184	$91,184	$84,866	$85,738	$85,738	**$1,077,622**
Benefit Package 060	$60,198	$58,468	$59,870	$58,045	$58,045	$56,809	$57,427	$57,921	$57,674	$67,653	$66,705	$65,756	**$724,571**
Benefit Package 061	$35,979	$35,979	$35,979	$35,979	$35,512	$35,512	$35,512	$35,512	$35,512	$35,668	$36,201	$34,548	**$427,893**
Benefit Package 062	$14,270	$14,270	$14,270	$14,091	$14,091	$14,091	$14,091	$14,091	$14,091	$17,618	$17,415	$17,415	**$179,804**
Benefit Package 063	$559,962	$562,356	$562,706	$565,957	$566,560	$568,347	$567,767	$563,126	$573,104	$692,066	$702,175	$705,769	**$7,189,895**
Benefit Package 064	$144,339	$143,564	$144,118	$143,564	$143,043	$142,488	$145,114	$145,669	$146,003	$164,330	$163,966	$165,474	**$1,791,672**
Benefit Package 065	$1,175,122	$1,174,372	$1,171,607	$1,171,079	$1,170,423	$1,170,450	$1,168,270	$1,166,097	$1,163,150	$1,155,560	$1,159,841	$1,160,679	**$14,006,650**
Benefit Package 066	$460,549	$466,685	$468,738	$470,677	$470,447	$470,262	$470,125	$471,834	$472,208	$472,480	$477,508	$482,263	**$5,653,779**
Benefit Package 067	$847,808	$847,915	$851,110	$852,275	$853,891	$849,287	$853,437	$851,849	$856,403	$901,855	$910,419	$916,972	**$10,393,222**
Benefit Package 068	$506,836	$488,979	$491,266	$488,836	$491,267	$494,672	$494,899	$494,412	$494,212	$494,438	$493,465	$492,786	**$5,926,068**
Benefit Package 069	$815,825	$812,934	$815,996	$811,535	$812,207	$807,108	$808,376	$799,219	$801,829	$813,312	$807,228	$813,796	**$9,719,365**
Benefit Package 070	$408,718	$413,842	$409,592	$406,093	$409,342	$404,130	$403,005	$400,006	$402,630	$441,531	$383,245	$434,994	**$4,917,129**
Benefit Package 071	$3,832,025	$3,830,390	$3,821,244	$3,804,905	$3,815,147	$3,808,410	$3,801,673	$3,798,076	$3,795,567	$3,825,853	$3,798,945	$3,813,198	**$45,745,432**
Benefit Package 072	$2,919,642	$2,908,372	$2,916,776	$2,915,502	$2,902,744	$2,897,499	$2,888,192	$2,886,205	$2,878,056	$2,978,694	$2,945,285	$2,985,477	**$35,022,442**
Benefit Package 073	$521,393	$523,016	$529,527	$531,242	$529,294	$531,683	$529,538	$535,688	$536,963	$539,138	$546,488	$552,340	**$6,406,309**
Benefit Package 074	$2,109,243	$2,115,622	$2,117,087	$2,109,395	$2,101,144	$2,083,971	$2,097,519	$2,094,559	$2,094,082	$2,116,485	$2,105,576	$2,125,209	**$25,269,893**
Benefit Package 075	$1,195,948	$1,198,076	$1,199,835	$1,204,954	$1,208,497	$1,204,272	$1,201,047	$1,195,490	$1,183,134	$1,172,516	$1,173,207	$1,177,199	**$14,314,174**
Benefit Package 076	$2,600,968	$2,605,850	$2,602,507	$2,597,429	$2,596,655	$2,591,025	$2,592,813	$2,584,183	$2,575,274	$2,620,951	$2,570,508	$2,591,224	**$31,129,386**
Benefit Package 077	$224,242	$225,451	$223,395	$224,846	$224,604	$225,657	$225,741	$225,705	$223,080	$239,655	$229,610	$233,355	**$2,725,342**
Benefit Package 078	$11,388,004	$11,341,328	$11,299,676	$11,201,425	$11,173,381	$11,153,467	$11,105,237	$11,034,214	$11,001,440	$62,472	$62,795	$62,472	**$100,885,910**
Benefit Package 079	$15,076,782	$15,069,396	$15,069,457	$14,995,966	$14,984,761	$14,977,431	$14,960,424	$14,940,799	$14,920,106	$24,515,640	$24,530,493	$24,510,383	**$208,551,637**
Benefit Package 080	$8,787,116	$8,787,379	$8,782,177	$8,717,857	$8,717,789	$8,716,047	$8,703,872	$8,683,517	$8,656,108	$9,825,695	$9,909,903	$9,928,110	**$108,215,568**
Benefit Package 081	$12,739,358	$12,695,297	$12,681,121	$12,609,853	$12,577,635	$12,552,954	$12,512,229	$12,465,155	$12,429,663	$10,889,936	$10,783,770	$10,767,393	**$145,704,363**
Benefit Package 082	$72,038	$75,833	$72,797	$72,797	$72,797	$72,797	$72,797	$71,139	$71,139	$54,790	$54,243	$53,304	**$816,469**
Benefit Package 083										$2,870	$2,870	$2,870	**$8,609**
Benefit Package 084	$63,817	$63,817	$63,817	$63,817	$63,817	$62,717	$62,717	$61,333	$61,887	$69,205	$65,452	$64,626	**$767,020**
Benefit Package 085	$11,870	$12,505	$12,505	$12,505	$12,505	$12,505	$12,505	$12,505	$12,505	$9,122	$9,052	$9,102	**$139,187**
Benefit Package 086	$7,877	$7,877	$7,877	$7,877	$7,877	$7,877	$7,877	$7,877	$7,877	$15,679	$21,057	$21,872	**$129,504**
Benefit Package 087	$180,361	$180,361	$179,426	$179,788	$181,152	$181,295	$180,361	$180,361	$180,361	$164,321	$162,992	$161,816	**$2,112,595**
Benefit Package 088	$97,759	$97,587	$96,404	$96,413	$95,578	$95,578	$95,578	$95,446	$92,512	$75,487	$67,343	$66,530	**$1,072,214**
Benefit Package 089	$1,148,385	$1,145,161	$1,146,383	$1,146,196	$1,143,130	$1,139,520	$1,140,402	$1,142,700	$1,137,577	$1,066,500	$1,036,678	$1,053,759	**$13,446,392**
Benefit Package 090	$152,584	$150,691	$152,325	$153,840	$152,369	$152,807	$153,685	$154,528	$152,456	$118,880	$112,158	$116,160	**$1,722,482**
Benefit Package 091	$13,743	$13,743	$13,743	$14,455	$14,455	$14,455	$14,455	$14,455	$14,455	$33,284	$32,954	$34,100	**$228,297**
Benefit Package 092	$918,468	$919,756	$915,508	$914,430	$910,106	$913,248	$907,002	$902,902	$906,203	$530,011	$497,573	$511,376	**$9,746,582**
Benefit Package 093	$712,920	$710,589	$710,159	$708,447	$702,178	$699,574	$698,138	$694,473	$696,805	$539,921	$494,247	$508,795	**$7,876,246**
Benefit Package 094	$79,525	$80,232	$77,368	$78,405	$77,847	$77,856	$77,856	$77,125	$75,883	$97,508	$94,648	$93,358	**$987,612**
Benefit Package 095	$366,608	$367,670	$373,580	$369,546	$369,349	$368,234	$368,692	$366,581	$366,489	$373,707	$369,405	$368,213	**$4,428,075**
Benefit Package 096	$379,579	$372,874	$368,221	$369,134	$369,750	$370,463	$369,611	$368,564	$365,861	$350,373	$352,046	$350,505	**$4,386,981**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A8d
Financial Plan Structure and Overall Performance by Benefit Package — Monthly Premiums
Calendar Year 2012

	Premiums												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 097	$267,443	$265,532	$264,646	$265,619	$263,963	$264,628	$263,730	$264,447	$263,088	$193,150	$177,609	$184,235	**$2,938,090**
Benefit Package 098	$189,459	$187,467	$185,477	$185,484	$184,236	$184,917	$184,077	$182,649	$182,289	$239,075	$244,621	$253,398	**$2,403,148**
Benefit Package 099	$6,440	$6,440	$8,261	$7,283	$6,929	$7,283	$6,440	$6,440	$6,440	$6,159	$6,606	$6,159	**$80,881**
Benefit Package 100										$7,906	$7,906	$8,772	**$24,584**
Benefit Package 101	$798,013	$511,367	$454,733	$791,833	$554,303	$706,773	$719,207	$604,859	$920,883				**$6,061,971**
Benefit Package 102	$475,476	$684,992	$391,325	$541,435	$948,060	$433,743	$629,818	$434,787	$821,478				**$5,361,116**
Benefit Package 103	$84,342	$128,824	$74,870	$94,267	$58,208	$59,460	$65,225	$46,284	$73,298				**$684,778**
Benefit Package 104										$244,537	$248,945	$254,029	**$747,511**
Benefit Package 105	$144,749	$145,698	$143,869	$143,831	$143,854	$143,854	$143,638	$143,854	$143,559	$150,365			**$1,447,271**
Benefit Package 106	$627,051	$627,042	$625,467	$621,908	$619,459	$617,459	$613,699	$611,464	$607,942	$604,546			**$6,176,037**
Benefit Package 107	$353,801	$351,547	$352,545	$351,614	$353,662	$355,265	$352,639	$349,861	$348,674	$357,094			**$3,526,702**
Benefit Package 108	$287,153	$287,107	$278,242	$282,807	$278,628	$274,007	$271,934	$270,230	$272,078	$233,185	$231,201	$232,723	**$3,199,295**
Benefit Package 109	$17,860	$17,860	$30,333	$19,568	$19,568	$20,955	$21,259	$21,259	$21,259				**$189,924**
Benefit Package 110	$126,895	$126,391	$116,845	$125,027	$126,717	$123,988	$122,739	$123,332	$121,291	$116,707	$113,966	$113,727	**$1,457,626**
Benefit Package 111	$201,595	$206,427	$209,363	$207,313	$203,311	$204,901	$206,120	$203,971	$204,108	$195,370	$191,513	$195,528	**$2,429,519**
Benefit Package 112	$97,836	$98,763	$98,497	$97,717	$99,956	$97,875	$97,241	$98,561	$97,134				**$883,581**
Benefit Package 113	$35,695	$36,369	$37,768	$37,779	$37,760	$37,777	$37,801	$37,778	$37,844	$29,125	$23,683	$25,482	**$414,861**
Benefit Package 114	$462,156	$463,536	$457,469	$456,771	$455,180	$458,193	$456,596	$459,039	$457,999	$410,497	$292,120	$362,986	**$5,192,542**
Benefit Package 115	$23,710	$23,654	$23,691	$23,699	$23,687	$25,175	$25,192	$24,883	$24,718	$16,998	$14,932	$17,578	**$267,916**
Benefit Package 116	$377,265	$372,244	$376,671	$377,374	$380,907	$377,003	$377,093	$373,609	$376,336	$382,800	$260,477	$324,714	**$4,356,491**
Benefit Package 117	$6,244	$6,212	$6,233	$6,238	$6,231	$6,905	$6,915	$6,906	$6,932				**$58,816**
Benefit Package 118	$105,279	$99,416	$102,356	$102,426	$101,372	$100,248	$100,186	$104,200	$100,641				**$916,126**
Benefit Package 119	$539,669	$537,431	$538,257	$538,295	$535,322	$535,001	$532,625	$527,095	$522,765				**$4,806,459**
Benefit Package 120	$145,846	$144,459	$147,907	$147,897	$149,367	$148,962	$150,145	$150,740	$150,639				**$1,335,963**
Benefit Package 121										$364,442	$360,345	$361,669	**$1,086,456**
Benefit Package 122										$242,535	$243,278	$243,638	**$729,451**
Benefit Package 123										$8,287	$8,736	$9,146	**$26,169**
Benefit Package 127											$12,907	$12,903	**$25,810**
Benefit Package 128											$197,175	$197,479	**$394,654**
Benefit Package 129											$557,893	$560,425	**$1,118,318**
Benefit Package 130											$380,423	$382,402	**$762,825**
Benefit Package 131											$5,610	$5,610	**$11,219**
Benefit Package 132										$5,002	$5,002	$5,002	**$15,007**
Benefit Package 133										$168,120	$174,365	$173,676	**$516,161**
Benefit Package 134										$34,110	$41,122	$39,922	**$115,154**
Benefit Package 135										$194,657	$160,904	$185,603	**$541,164**
Benefit Package 136										$20,020	$18,846	$18,877	**$57,744**
Benefit Package 137										$79,947	$82,361	$81,731	**$244,038**
Benefit Package 138										$4,260	$4,260	$4,260	**$12,781**
Grand Total	**$87,911,172**	**$87,775,852**	**$87,308,914**	**$87,443,904**	**$87,475,924**	**$86,991,329**	**$87,050,312**	**$86,448,809**	**$87,025,971**	**$85,294,373**	**$84,634,325**	**$85,218,163**	**$1,040,579,047**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A8e
Financial Plan Structure and Overall Performance by Benefit Package — Loss Ratios
Calendar Year 2012

	Loss Ratios												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 001	59.0%	65.0%	104.5%	67.0%	123.7%	89.2%	59.5%	38.2%	95.3%				**77.7%**
Benefit Package 002	74.3%	41.8%	74.0%	117.5%	56.2%	71.3%	51.8%	48.6%	41.6%				**64.1%**
Benefit Package 003	74.1%	68.4%	229.7%	145.1%	149.4%	254.7%	137.9%	114.7%	220.1%	176.9%	109.1%	122.4%	**150.7%**
Benefit Package 004										77.3%	85.8%	84.3%	**82.5%**
Benefit Package 005										67.9%	34.4%	38.4%	**46.9%**
Benefit Package 006										6.7%	8.6%	76.3%	**32.0%**
Benefit Package 007	7.8%	11.7%	5.7%	12.6%	15.9%	8.0%	0.0%	57.4%	13.0%	28.5%	9.5%	9.8%	**15.0%**
Benefit Package 009	76.0%	92.5%	100.3%	71.7%	42.2%	46.5%	126.9%	72.4%	66.7%	49.9%	42.7%	41.0%	**69.7%**
Benefit Package 010	47.5%	77.9%	85.6%	49.7%	75.6%	79.7%	86.5%	111.1%	86.7%	84.4%	56.2%	79.4%	**76.7%**
Benefit Package 011	25.2%	33.2%	51.8%	44.1%	54.5%	54.0%	30.9%	86.6%	35.1%	75.7%	17.9%	66.5%	**47.9%**
Benefit Package 012										83.2%	91.2%	68.5%	**80.8%**
Benefit Package 013	123.1%	57.6%	75.4%	61.8%	56.9%	92.7%	104.9%	97.2%	45.3%	108.3%	102.3%	73.7%	**83.2%**
Benefit Package 014										77.6%	71.3%	84.8%	**78.4%**
Benefit Package 015	62.7%	69.7%	101.8%	55.7%	39.6%	44.1%	63.8%	71.9%	39.1%				**61.0%**
Benefit Package 016										50.0%	83.1%	81.6%	**70.5%**
Benefit Package 017	57.3%	61.5%	70.1%	75.9%	92.3%	89.0%	148.2%	98.5%	79.4%	77.0%	74.6%	75.3%	**82.6%**
Benefit Package 018	73.5%	68.5%	84.1%	71.3%	108.4%	83.8%	94.5%	84.6%	71.7%	77.6%	78.7%	83.6%	**81.6%**
Benefit Package 019	58.8%	56.9%	65.8%	66.7%	78.9%	72.3%	96.8%	86.2%	75.4%	76.7%	77.1%	74.1%	**73.9%**
Benefit Package 020	52.0%	127.8%	85.7%	71.0%	111.1%	160.3%	53.8%	134.7%	93.2%	85.0%	86.0%	85.8%	**96.6%**
Benefit Package 022	70.5%	98.5%	87.4%	61.7%	101.1%	94.2%	106.2%	135.7%	78.3%				**92.6%**
Benefit Package 023										72.0%	73.9%	111.7%	**85.7%**
Benefit Package 025										28.9%	17.7%	29.9%	**25.4%**
Benefit Package 026	95.1%	77.7%	79.2%	93.3%	87.5%	89.7%	122.0%	101.2%	66.2%				**90.1%**
Benefit Package 027										50.8%	78.9%	111.6%	**80.2%**
Benefit Package 028	92.0%	101.2%	136.7%	104.1%	79.5%	258.9%	54.5%	71.0%	108.4%				**111.7%**
Benefit Package 029	210.0%	88.9%	113.8%	108.7%	145.0%	98.2%	97.6%	72.7%	101.6%	119.8%	76.8%	122.4%	**113.1%**
Benefit Package 030	75.9%	66.2%	104.1%	81.1%	100.4%	82.3%	89.1%	97.5%	64.7%	87.4%	106.7%	73.5%	**85.6%**
Benefit Package 031	83.9%	111.9%	122.0%	75.5%	93.8%	113.8%	107.3%	106.8%	70.3%	87.4%	64.6%	85.3%	**93.3%**
Benefit Package 032										86.0%	62.5%	69.4%	**73.0%**
Benefit Package 033										247.0%	114.9%	79.3%	**151.9%**
Benefit Package 034	125.9%	47.8%	157.2%	92.3%	86.2%	92.2%	144.8%	99.3%	61.8%	51.5%	139.9%	78.6%	**99.3%**
Benefit Package 035	115.6%	152.0%	103.5%	114.6%	121.7%	93.6%	77.8%	119.0%	77.1%				**108.4%**
Benefit Package 036	80.2%	146.6%	80.8%	89.7%	97.1%	155.0%	106.5%	260.2%	142.8%				**128.0%**
Benefit Package 037	73.1%	218.9%	113.8%	178.1%	42.6%	98.3%	37.2%	140.0%	101.7%	51.9%			**106.0%**
Benefit Package 038										74.8%	129.3%	130.4%	**113.9%**
Benefit Package 039										120.2%	118.5%	88.4%	**109.0%**
Benefit Package 040	49.4%	42.0%	55.1%	54.7%	69.4%	93.2%	91.2%	86.1%	60.3%	174.9%	97.6%	85.8%	**79.6%**
Benefit Package 041	105.2%	92.6%	86.2%	81.9%	102.1%	81.6%	97.8%	88.0%	80.7%	75.4%	91.4%	91.3%	**89.6%**
Benefit Package 043	54.1%	43.6%	520.8%	61.7%	51.6%	28.9%	94.6%	58.3%	68.8%	65.3%	264.8%	45.7%	**113.9%**
Benefit Package 044	37.2%	65.9%	50.2%	48.2%	79.4%	54.0%	41.3%	80.2%	36.2%	41.2%	41.9%	46.5%	**51.8%**
Benefit Package 045	72.6%	120.3%	130.9%	61.6%	107.7%	107.0%	48.1%	110.1%	106.8%	165.8%	119.6%	63.0%	**101.0%**
Benefit Package 046	51.7%	39.6%	50.3%	45.9%	44.2%	553.9%	81.9%	51.4%	64.7%	41.7%	40.1%	50.8%	**91.3%**
Benefit Package 047	40.6%	36.1%	257.9%	355.7%	62.5%	36.2%	59.2%	37.4%	66.6%	65.5%	69.0%	72.8%	**98.2%**
Benefit Package 048	96.7%	26.6%	25.4%	35.7%	25.4%	16.2%	20.9%	24.3%	16.2%	43.9%	27.1%	138.6%	**45.5%**
Benefit Package 049	29.4%	91.0%	49.2%	56.5%	39.4%	34.2%	34.2%	121.7%	53.3%	54.9%	37.5%	119.7%	**59.6%**
Benefit Package 050	48.3%	59.9%	73.7%	213.5%	102.4%	239.0%	208.8%	222.1%	153.7%	68.9%	77.2%	105.7%	**130.9%**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A8e
Financial Plan Structure and Overall Performance by Benefit Package — Loss Ratios
Calendar Year 2012

	Loss Ratios												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 051	10.7%	11.9%	53.1%	45.8%	39.3%	25.8%	12.7%	13.0%	36.1%	7.2%	35.6%	33.6%	**27.1%**
Benefit Package 052	30.6%	62.3%	16.6%	99.3%	13.3%	126.0%	357.9%	245.0%	4.5%	613.5%	12.5%	120.6%	**96.6%**
Benefit Package 053	29.9%	116.4%	80.7%	35.2%	105.6%	360.8%	71.2%	255.8%	38.9%	684.1%	77.8%	123.5%	**129.5%**
Benefit Package 054	74.3%	19.0%	64.7%	18.0%	28.6%	15.6%	28.7%	56.1%	328.0%				**70.3%**
Benefit Package 055	42.3%	67.1%	172.7%	112.4%	119.3%	57.6%	126.0%	94.3%	53.6%				**94.2%**
Benefit Package 056	24.3%	98.4%	47.8%	51.4%	31.7%	77.5%	110.5%	92.6%	36.2%	17.9%	49.5%	52.4%	**51.0%**
Benefit Package 057	26.0%	56.4%	86.1%	56.4%	73.5%	46.4%	84.0%	61.4%	156.1%	316.7%	263.0%	342.5%	**77.4%**
Benefit Package 058	4.4%	25.2%	27.7%	52.7%	13.1%	38.9%	20.4%	24.1%	56.1%	12.7%	51.2%	31.6%	**30.0%**
Benefit Package 059	112.5%	109.8%	272.6%	337.0%	149.9%	320.8%	142.4%	117.8%	69.4%	27.6%	107.0%	70.3%	**154.1%**
Benefit Package 060	74.3%	51.3%	210.6%	119.9%	135.7%	155.2%	102.1%	137.2%	37.7%	27.1%	120.7%	107.0%	**105.8%**
Benefit Package 061	27.3%	40.1%	43.8%	82.1%	38.7%	119.5%	37.6%	54.3%	41.6%	17.5%	22.5%	42.0%	**47.2%**
Benefit Package 062	27.8%	155.1%	67.1%	50.1%	130.5%	248.7%	98.2%	466.0%	61.4%	12.9%	23.8%	15.1%	**107.5%**
Benefit Package 063	65.0%	63.6%	93.1%	75.4%	74.5%	77.1%	78.6%	114.9%	89.6%	33.2%	40.3%	52.2%	**69.8%**
Benefit Package 064	53.3%	41.0%	56.4%	87.4%	54.0%	173.7%	86.8%	91.2%	51.9%	35.6%	29.1%	33.6%	**65.0%**
Benefit Package 065	62.4%	45.4%	67.0%	55.3%	60.9%	77.8%	69.7%	69.5%	61.8%	64.9%	81.6%	75.5%	**66.0%**
Benefit Package 066	46.4%	49.0%	53.8%	56.0%	59.4%	68.3%	73.5%	123.0%	84.6%	90.5%	90.1%	55.5%	**70.9%**
Benefit Package 067	67.8%	50.5%	70.1%	81.3%	71.4%	120.8%	90.5%	109.5%	56.3%	87.5%	67.0%	73.5%	**78.8%**
Benefit Package 068	70.7%	113.8%	76.9%	93.9%	51.8%	59.4%	106.0%	120.3%	115.7%	73.2%	64.6%	70.9%	**84.7%**
Benefit Package 069	68.2%	84.0%	120.3%	71.8%	82.8%	146.0%	98.0%	109.2%	96.9%	140.0%	77.0%	70.5%	**97.0%**
Benefit Package 070	55.2%	82.8%	150.1%	99.4%	96.1%	114.2%	138.5%	223.0%	228.2%	97.9%	119.0%	90.7%	**123.9%**
Benefit Package 071	68.4%	80.1%	103.9%	97.0%	81.2%	85.0%	81.8%	103.5%	76.6%	101.3%	71.1%	72.3%	**85.2%**
Benefit Package 072	59.2%	77.7%	73.6%	77.8%	66.7%	75.8%	79.4%	93.4%	68.5%	88.5%	72.1%	99.6%	**77.8%**
Benefit Package 073	46.6%	56.0%	140.7%	55.1%	62.2%	64.2%	80.3%	67.6%	82.1%	54.5%	48.8%	68.6%	**68.9%**
Benefit Package 074	70.1%	67.0%	81.2%	87.3%	88.8%	73.4%	78.2%	93.2%	69.7%	71.8%	63.2%	61.9%	**75.5%**
Benefit Package 075	61.1%	96.5%	82.3%	70.3%	74.8%	108.1%	80.0%	84.3%	88.5%	83.2%	80.6%	97.0%	**83.9%**
Benefit Package 076	75.1%	65.0%	81.3%	79.1%	68.6%	80.7%	92.6%	93.8%	82.3%	86.5%	88.5%	82.9%	**81.4%**
Benefit Package 077	79.3%	91.3%	87.1%	81.4%	95.1%	67.7%	98.2%	78.6%	137.9%	155.0%	81.6%	100.8%	**96.5%**
Benefit Package 078	99.5%	99.6%	113.6%	107.6%	101.7%	116.6%	126.7%	114.8%	97.9%	210.4%	153.9%	148.7%	**108.8%**
Benefit Package 079	82.0%	83.5%	86.9%	89.9%	100.8%	100.8%	108.5%	100.7%	71.9%	104.8%	102.0%	96.0%	**94.9%**
Benefit Package 080	76.9%	73.2%	76.1%	77.1%	85.6%	85.8%	95.2%	96.2%	77.3%	73.1%	70.1%	79.7%	**80.3%**
Benefit Package 081	94.1%	93.4%	106.3%	110.3%	107.7%	113.2%	125.8%	119.4%	97.9%	102.4%	106.7%	102.2%	**106.7%**
Benefit Package 082	81.6%	95.4%	74.5%	94.4%	74.6%	73.1%	60.4%	93.5%	271.3%	61.9%	58.5%	251.3%	**105.9%**
Benefit Package 083										56.1%	63.7%	302.6%	**140.8%**
Benefit Package 084	107.2%	105.4%	133.6%	163.6%	145.2%	160.4%	99.8%	148.5%	117.2%	72.4%	65.9%	82.3%	**116.2%**
Benefit Package 085	36.2%	187.0%	81.3%	57.0%	46.7%	118.7%	41.6%	71.3%	68.2%	83.8%	56.4%	54.3%	**76.2%**
Benefit Package 086	12.6%	49.6%	94.6%	10.8%	16.9%	13.7%	67.2%	31.0%	134.2%	11.1%	15.5%	17.6%	**33.0%**
Benefit Package 087	52.1%	68.5%	121.8%	154.5%	86.0%	89.7%	71.9%	131.6%	149.0%	91.4%	124.1%	100.4%	**103.3%**
Benefit Package 088	66.1%	147.8%	146.8%	214.0%	167.7%	424.9%	48.9%	87.3%	78.3%	56.6%	132.2%	105.7%	**142.5%**
Benefit Package 089	49.2%	71.4%	77.7%	56.7%	56.0%	92.4%	65.0%	80.2%	99.4%	114.7%	75.9%	70.9%	**75.6%**
Benefit Package 090	74.2%	69.3%	214.5%	226.8%	84.5%	154.6%	73.0%	138.8%	53.5%	67.4%	83.5%	94.2%	**113.2%**
Benefit Package 091	74.5%	165.0%	5.1%	8.6%	2.5%	19.3%	8.8%	108.7%	461.4%	6.0%	58.9%	5.3%	**63.5%**
Benefit Package 092	77.7%	90.7%	128.5%	100.3%	87.7%	121.9%	91.7%	117.2%	117.0%	139.1%	130.4%	100.2%	**106.7%**
Benefit Package 093	76.0%	78.9%	116.2%	93.1%	92.8%	72.7%	74.4%	112.9%	118.1%	81.7%	148.4%	74.9%	**94.3%**
Benefit Package 094	44.8%	46.6%	75.0%	48.3%	36.7%	40.4%	42.2%	118.7%	120.0%	31.4%	43.4%	51.1%	**57.1%**
Benefit Package 095	63.4%	65.7%	80.6%	64.1%	65.0%	60.4%	60.0%	98.3%	57.5%	56.9%	82.7%	77.5%	**69.3%**
Benefit Package 096	179.2%	57.5%	60.6%	223.7%	48.0%	50.0%	69.3%	115.0%	99.2%	75.5%	57.7%	36.5%	**89.9%**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
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Financial Plan Structure and Overall Performance by Benefit Package — Loss Ratios
Calendar Year 2012

	Loss Ratios												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 097	37.4%	46.1%	62.6%	54.0%	97.2%	80.5%	95.7%	121.2%	97.8%	88.9%	85.7%	99.7%	**79.6%**
Benefit Package 098	54.3%	66.6%	80.5%	76.3%	74.3%	53.7%	55.7%	60.5%	94.0%	35.1%	69.6%	54.5%	**63.7%**
Benefit Package 099	9.3%	34.2%	5.2%	2.1%	3.2%	3.2%	3.0%	19.9%	22.2%	5.8%	11.0%	4.5%	**10.0%**
Benefit Package 100										29.4%	13.7%	5.9%	**16.0%**
Benefit Package 101	59.1%	85.1%	157.3%	66.8%	124.3%	92.7%	81.0%	143.7%	50.7%				**89.3%**
Benefit Package 102	138.2%	51.4%	122.0%	168.1%	40.9%	128.1%	63.2%	177.6%	35.5%				**89.6%**
Benefit Package 103	147.9%	53.6%	113.4%	55.3%	91.9%	94.0%	61.9%	142.1%	80.5%				**88.4%**
Benefit Package 104										11.3%	37.1%	17.5%	**22.0%**
Benefit Package 105	71.4%	50.4%	62.7%	104.0%	65.8%	65.7%	92.9%	103.1%	70.1%	73.3%			**75.9%**
Benefit Package 106	67.4%	65.3%	122.8%	75.6%	83.7%	78.6%	87.8%	106.7%	93.6%	84.1%			**86.5%**
Benefit Package 107	40.8%	64.9%	71.2%	70.9%	120.3%	86.0%	80.3%	92.1%	61.7%	59.9%			**74.8%**
Benefit Package 108	71.7%	61.2%	64.7%	60.4%	92.7%	113.0%	89.7%	147.7%	107.2%	62.9%	79.1%	92.0%	**86.9%**
Benefit Package 109	6.5%	5.3%	19.6%	77.1%	16.7%	55.2%	15.8%	56.6%	9.1%				**29.1%**
Benefit Package 110	92.8%	65.8%	93.3%	76.5%	66.0%	119.5%	106.2%	164.9%	130.2%	188.6%	114.0%	115.8%	**110.5%**
Benefit Package 111	57.6%	58.4%	73.3%	104.7%	63.0%	78.0%	60.4%	112.5%	96.0%	62.9%	160.8%	83.2%	**83.9%**
Benefit Package 112	26.9%	30.1%	78.5%	29.9%	37.2%	67.7%	88.8%	75.5%	111.1%				**60.5%**
Benefit Package 113	111.3%	194.8%	153.6%	95.9%	106.9%	68.4%	94.2%	69.0%	116.9%	86.9%	157.3%	120.3%	**113.3%**
Benefit Package 114	74.2%	53.3%	86.5%	76.8%	69.8%	122.5%	69.7%	110.3%	101.5%	85.8%	115.1%	78.6%	**86.3%**
Benefit Package 115	137.7%	161.1%	244.6%	150.1%	316.7%	214.8%	180.9%	321.8%	142.5%	349.4%	352.3%	319.3%	**232.3%**
Benefit Package 116	65.7%	77.1%	102.8%	111.5%	88.7%	150.8%	73.6%	97.9%	111.6%	115.2%	176.4%	77.4%	**102.5%**
Benefit Package 117	18.9%	10.9%	38.0%	5.3%	9.6%	26.3%	70.1%	27.9%	11.4%				**24.7%**
Benefit Package 118	72.2%	62.4%	65.5%	81.4%	81.6%	41.8%	60.5%	69.2%	84.5%				**68.8%**
Benefit Package 119	68.1%	66.6%	174.3%	86.8%	170.5%	90.6%	64.6%	131.5%	119.8%				**108.0%**
Benefit Package 120	66.1%	39.0%	78.0%	50.4%	53.9%	72.1%	57.9%	58.0%	59.7%				**59.5%**
Benefit Package 121										40.9%	67.4%	96.6%	**68.2%**
Benefit Package 122										23.4%	51.7%	67.9%	**47.7%**
Benefit Package 123										3.3%	1.7%	3.2%	**2.7%**
Benefit Package 127											32.6%	33.8%	**33.2%**
Benefit Package 128											36.2%	74.5%	**55.4%**
Benefit Package 129											31.3%	57.0%	**44.1%**
Benefit Package 130											29.6%	64.9%	**47.3%**
Benefit Package 131											2.2%	19.5%	**10.9%**
Benefit Package 132										1.4%	16.4%	5.5%	**7.8%**
Benefit Package 133										22.1%	42.2%	55.6%	**40.2%**
Benefit Package 134										16.8%	20.8%	14.4%	**17.4%**
Benefit Package 135										12.5%	83.5%	36.8%	**42.0%**
Benefit Package 136										9.4%	24.8%	20.3%	**18.0%**
Benefit Package 137										4.2%	4.2%	4.6%	**4.3%**
Benefit Package 138										0.6%	2.6%	15.1%	**6.1%**
Grand Total	**80.3%**	**81.3%**	**94.8%**	**91.0%**	**92.1%**	**99.4%**	**103.2%**	**105.7%**	**84.7%**	**90.8%**	**87.0%**	**86.4%**	**91.4%**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A8f

Financial Plan Structure and Overall Performance by Benefit Package

Calendar Year 2012

		Financial Measures												
Benefit Package	**Category**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 001	Enrollment	86	86	86	86	86	86	87	88	87				**86**
	Claims	$46,954	$51,741	$83,166	$53,348	$96,129	$69,366	$48,425	$31,104	$77,123				**$557,356**
	Premiums	$79,578	$79,578	$79,578	$79,578	$77,728	$77,728	$81,429	$81,429	$80,966				**$717,594**
	Loss Ratio	59.0%	65.0%	104.5%	67.0%	123.7%	89.2%	59.5%	38.2%	95.3%				**77.7%**
Benefit Package 002	Enrollment	71	71	71	70	69	69	65	70	70				**626**
	Claims	$43,299	$24,353	$43,131	$66,447	$30,546	$38,797	$27,754	$27,669	$24,048				**$326,044**
	Premiums	$58,253	$58,253	$58,253	$56,540	$54,398	$54,398	$53,541	$56,968	$57,825				**$508,428**
	Loss Ratio	74.3%	41.8%	74.0%	117.5%	56.2%	71.3%	51.8%	48.6%	41.6%				**64.1%**
Benefit Package 003	Enrollment	198	197	196	196	194	192	200	204	204	161	160	161	**2,263**
	Claims	$135,648	$124,221	$411,068	$259,663	$264,964	$449,073	$256,826	$216,797	$413,586	$254,202	$155,023	$175,205	**$3,116,274**
	Premiums	$183,141	$181,562	$178,931	$178,931	$177,352	$176,300	$186,299	$188,930	$187,878	$143,671	$142,092	$143,145	**$2,068,232**
	Loss Ratio	74.1%	68.4%	229.7%	145.1%	149.4%	254.7%	137.9%	114.7%	220.1%	176.9%	109.1%	122.4%	**150.7%**
Benefit Package 004	Enrollment										80	80	80	**240**
	Claims										$60,304	$66,915	$65,793	**$193,012**
	Premiums										$78,014	$78,014	$78,014	**$234,042**
	Loss Ratio										77.3%	85.8%	84.3%	**82.5%**
Benefit Package 005	Enrollment										77	77	76	**230**
	Claims										$51,968	$26,337	$29,398	**$107,703**
	Premiums										$76,514	$76,514	$76,514	**$229,542**
	Loss Ratio										67.9%	34.4%	38.4%	**46.9%**
Benefit Package 006	Enrollment										8	9	9	**26**
	Claims										$513	$876	$7,417	**$8,806**
	Premiums										$7,611	$10,147	$9,725	**$27,483**
	Loss Ratio										6.7%	8.6%	76.3%	**32.0%**
Benefit Package 007	Enrollment	7	7	7	7	7	7	7	7	7	7	7	7	**84**
	Claims	$503	$760	$371	$817	$1,030	$519	$0	$3,718	$843	$1,848	$618	$637	**$11,664**
	Premiums	$6,480	$6,480	$6,480	$6,480	$6,480	$6,480	$6,480	$6,480	$6,480	$6,480	$6,480	$6,480	**$77,764**
	Loss Ratio	7.8%	11.7%	5.7%	12.6%	15.9%	8.0%	0.0%	57.4%	13.0%	28.5%	9.5%	9.8%	**15.0%**
Benefit Package 009	Enrollment	62	63	63	64	64	63	61	59	60	57	56	56	**728**
	Claims	$47,042	$57,245	$62,440	$45,087	$26,699	$28,694	$75,487	$40,435	$37,254	$27,243	$22,500	$21,620	**$491,747**
	Premiums	$61,891	$61,891	$62,257	$62,846	$63,205	$61,673	$59,508	$55,861	$55,867	$54,592	$52,746	$52,746	**$705,083**
	Loss Ratio	76.0%	92.5%	100.3%	71.7%	42.2%	46.5%	126.9%	72.4%	66.7%	49.9%	42.7%	41.0%	**69.7%**
Benefit Package 010	Enrollment	283	282	282	282	282	284	282	279	278	255	260	262	**3,311**
	Claims	$125,241	$204,723	$224,574	$130,475	$198,017	$209,126	$227,421	$284,748	$222,501	$202,594	$136,478	$194,537	**$2,360,434**
	Premiums	$263,842	$262,757	$262,346	$262,346	$261,782	$262,456	$262,910	$256,263	$256,571	$240,105	$242,859	$244,874	**$3,079,113**
	Loss Ratio	47.5%	77.9%	85.6%	49.7%	75.6%	79.7%	86.5%	111.1%	86.7%	84.4%	56.2%	79.4%	**76.7%**
Benefit Package 011	Enrollment	85	86	86	84	84	84	85	85	84	82	90	90	**1,025**
	Claims	$19,384	$25,751	$40,150	$33,583	$41,296	$41,132	$23,718	$66,381	$26,732	$56,940	$14,051	$52,150	**$441,268**
	Premiums	$77,061	$77,524	$77,524	$76,140	$75,752	$76,176	$76,640	$76,640	$76,067	$75,179	$78,424	$78,424	**$921,553**
	Loss Ratio	25.2%	33.2%	51.8%	44.1%	54.5%	54.0%	30.9%	86.6%	35.1%	75.7%	17.9%	66.5%	**47.9%**
Benefit Package 012	Enrollment										107	126	128	**361**
	Claims										$56,550	$77,586	$58,555	**$192,692**
	Premiums										$67,994	$85,078	$85,505	**$238,577**
	Loss Ratio										83.2%	91.2%	68.5%	**80.8%**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A8f

Financial Plan Structure and Overall Performance by Benefit Package

Calendar Year 2012

		Financial Measures												
Benefit Package	**Category**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 013	Enrollment	142	142	142	143	143	143	144	144	143	134	136	136	**1,692**
	Claims	$167,024	$78,172	$103,148	$84,660	$78,534	$126,857	$144,096	$135,119	$62,662	$157,378	$123,002	$96,355	**$1,357,009**
	Premiums	$135,723	$135,616	$136,784	$137,028	$137,924	$136,876	$137,324	$139,072	$138,472	$145,350	$120,218	$130,808	**$1,631,196**
	Loss Ratio	123.1%	57.6%	75.4%	61.8%	56.9%	92.7%	104.9%	97.2%	45.3%	108.3%	102.3%	73.7%	**83.2%**
Benefit Package 014	Enrollment										215	219	228	**662**
	Claims										$140,091	$71,649	$110,334	**$322,074**
	Premiums										$180,421	$100,544	$130,076	**$411,041**
	Loss Ratio										77.6%	71.3%	84.8%	**78.4%**
Benefit Package 015	Enrollment	220	223	226	227	224	221	222	209	198				**1,970**
	Claims	$94,668	$108,172	$158,389	$87,577	$61,609	$68,501	$95,126	$108,951	$59,215				**$842,208**
	Premiums	$151,005	$155,238	$155,542	$157,147	$155,544	$155,224	$149,207	$151,490	$151,386				**$1,381,783**
	Loss Ratio	62.7%	69.7%	101.8%	55.7%	39.6%	44.1%	63.8%	71.9%	39.1%				**61.0%**
Benefit Package 016	Enrollment										163	163	160	**486**
	Claims										$68,808	$99,242	$95,171	**$263,221**
	Premiums										$137,648	$119,354	$116,616	**$373,618**
	Loss Ratio										50.0%	83.1%	81.6%	**70.5%**
Benefit Package 017	Enrollment	4,483	4,513	4,544	4,555	4,577	4,588	4,592	4,583	4,583	6,214	6,368	6,467	**60,067**
	Claims	$1,646,734	$1,778,466	$2,038,824	$2,194,484	$2,685,873	$2,590,269	$4,318,829	$2,866,816	$2,313,326	$3,038,384	$3,009,693	$3,079,773	**$31,561,471**
	Premiums	$2,874,593	$2,889,499	$2,907,388	$2,891,308	$2,910,160	$2,911,823	$2,914,419	$2,911,548	$2,911,739	$3,944,978	$4,036,276	$4,087,863	**$38,191,596**
	Loss Ratio	57.3%	61.5%	70.1%	75.9%	92.3%	89.0%	148.2%	98.5%	79.4%	77.0%	74.6%	75.3%	**82.6%**
Benefit Package 018	Enrollment	2,514	2,529	2,547	2,546	2,542	2,544	2,541	2,538	2,538	3,146	3,228	3,266	**32,479**
	Claims	$1,249,899	$1,169,091	$1,442,766	$1,214,174	$1,840,714	$1,423,980	$1,604,450	$1,434,895	$1,216,781	$1,621,527	$1,683,566	$1,806,610	**$17,708,452**
	Premiums	$1,700,801	$1,706,552	$1,715,037	$1,702,024	$1,697,637	$1,699,965	$1,697,088	$1,696,989	$1,697,103	$2,090,079	$2,138,584	$2,160,950	**$21,702,810**
	Loss Ratio	73.5%	68.5%	84.1%	71.3%	108.4%	83.8%	94.5%	84.6%	71.7%	77.6%	78.7%	83.6%	**81.6%**
Benefit Package 019	Enrollment	1,268	1,279	1,282	1,290	1,298	1,310	1,307	1,297	1,298	1,451	1,478	1,488	**16,046**
	Claims	$470,952	$457,948	$530,431	$534,373	$633,998	$587,453	$784,985	$692,835	$607,150	$699,763	$713,825	$689,045	**$7,402,759**
	Premiums	$800,710	$805,062	$805,782	$801,437	$803,945	$812,629	$811,150	$803,829	$805,466	$911,788	$925,539	$930,428	**$10,017,763**
	Loss Ratio	58.8%	56.9%	65.8%	66.7%	78.9%	72.3%	96.8%	86.2%	75.4%	76.7%	77.1%	74.1%	**73.9%**
Benefit Package 020	Enrollment	197	195	197	196	197	196	191	185	160	109	103	104	**2,030**
	Claims	$74,071	$179,584	$122,530	$100,693	$159,355	$227,982	$74,712	$181,034	$109,601	$75,150	$69,846	$69,995	**$1,444,554**
	Premiums	$142,534	$140,513	$143,039	$141,807	$143,433	$142,226	$138,752	$134,365	$117,573	$88,428	$81,211	$81,563	**$1,495,444**
	Loss Ratio	52.0%	127.8%	85.7%	71.0%	111.1%	160.3%	53.8%	134.7%	93.2%	85.0%	86.0%	85.8%	**96.6%**
Benefit Package 022	Enrollment	552	553	554	553	551	548	545	546	549				**4,951**
	Claims	$339,330	$473,592	$419,694	$294,478	$480,362	$445,913	$502,703	$641,505	$372,099				**$3,969,676**
	Premiums	$481,230	$480,789	$480,261	$477,089	$474,974	$473,535	$473,417	$472,830	$474,974				**$4,289,097**
	Loss Ratio	70.5%	98.5%	87.4%	61.7%	101.1%	94.2%	106.2%	135.7%	78.3%				**92.6%**
Benefit Package 023	Enrollment										535	523	521	**1,579**
	Claims										$352,226	$352,544	$530,200	**$1,234,970**
	Premiums										$488,882	$477,024	$474,734	**$1,440,640**
	Loss Ratio										72.0%	73.9%	111.7%	**85.7%**
Benefit Package 025	Enrollment										541	575	579	**1,695**
	Claims										$92,152	$59,554	$101,486	**$253,192**
	Premiums										$318,767	$337,114	$339,283	**$995,163**
	Loss Ratio										28.9%	17.7%	29.9%	**25.4%**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A8f

Financial Plan Structure and Overall Performance by Benefit Package

Calendar Year 2012

		Financial Measures												
Benefit Package	**Category**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 026	Enrollment	305	304	303	300	298	298	297	296	296				**2,697**
	Claims	$258,193	$212,672	$217,709	$252,864	$235,830	$240,972	$325,976	$269,841	$176,506				**$2,190,563**
	Premiums	$271,453	$273,854	$274,935	$270,931	$269,373	$268,736	$267,300	$266,690	$266,733				**$2,430,004**
	Loss Ratio	95.1%	77.7%	79.2%	93.3%	87.5%	89.7%	122.0%	101.2%	66.2%				**90.1%**
Benefit Package 027	Enrollment										136	136	136	**408**
	Claims										$63,521	$96,738	$136,500	**$296,760**
	Premiums										$124,980	$122,615	$122,262	**$369,857**
	Loss Ratio										50.8%	78.9%	111.6%	**80.2%**
Benefit Package 028	Enrollment	158	157	154	155	155	156	157	156	155				**1,403**
	Claims	$120,244	$128,467	$174,021	$130,675	$102,390	$330,229	$69,411	$91,186	$136,838				**$1,283,461**
	Premiums	$130,710	$127,002	$127,322	$125,523	$128,742	$127,552	$127,290	$128,390	$126,238				**$1,148,769**
	Loss Ratio	92.0%	101.2%	136.7%	104.1%	79.5%	258.9%	54.5%	71.0%	108.4%				**111.7%**
Benefit Package 029	Enrollment	510	512	508	507	504	505	506	505	505	490	494	496	**6,042**
	Claims	$978,433	$417,800	$534,061	$505,192	$687,043	$458,284	$453,844	$337,064	$470,753	$539,955	$347,097	$555,176	**$6,284,702**
	Premiums	$465,869	$469,717	$469,240	$464,726	$473,765	$466,776	$465,131	$463,712	$463,234	$450,812	$452,140	$453,739	**$5,558,862**
	Loss Ratio	210.0%	88.9%	113.8%	108.7%	145.0%	98.2%	97.6%	72.7%	101.6%	119.8%	76.8%	122.4%	**113.1%**
Benefit Package 030	Enrollment	531	532	532	533	533	533	532	532	530	526	523	525	**6,362**
	Claims	$365,347	$320,559	$501,417	$391,296	$489,608	$400,266	$434,478	$476,180	$313,950	$462,624	$486,472	$357,916	**$5,000,112**
	Premiums	$481,507	$484,086	$481,774	$482,621	$487,770	$486,299	$487,441	$488,603	$485,586	$529,393	$456,050	$486,738	**$5,837,869**
	Loss Ratio	75.9%	66.2%	104.1%	81.1%	100.4%	82.3%	89.1%	97.5%	64.7%	87.4%	106.7%	73.5%	**85.6%**
Benefit Package 031	Enrollment	897	900	897	898	894	897	889	886	886	846	846	853	**10,589**
	Claims	$602,500	$791,509	$866,008	$538,809	$670,538	$807,997	$756,492	$738,918	$489,616	$660,645	$483,231	$634,776	**$8,041,040**
	Premiums	$718,514	$707,313	$710,129	$713,659	$714,997	$709,969	$704,730	$692,019	$696,354	$756,207	$747,933	$744,534	**$8,616,360**
	Loss Ratio	83.9%	111.9%	122.0%	75.5%	93.8%	113.8%	107.3%	106.8%	70.3%	87.4%	64.6%	85.3%	**93.3%**
Benefit Package 032	Enrollment										299	300	300	**899**
	Claims										$251,646	$169,316	$188,485	**$609,446**
	Premiums										$292,672	$270,853	$271,676	**$835,201**
	Loss Ratio										86.0%	62.5%	69.4%	**73.0%**
Benefit Package 033	Enrollment										249	246	246	**741**
	Claims										$540,370	$205,237	$155,337	**$900,943**
	Premiums										$218,765	$178,580	$195,905	**$593,249**
	Loss Ratio										247.0%	114.9%	79.3%	**151.9%**
Benefit Package 034	Enrollment	301	299	298	299	299	297	295	295	289	112	110	109	**3,003**
	Claims	$308,302	$119,872	$373,822	$225,884	$210,678	$223,656	$346,968	$233,839	$148,339	$47,624	$124,306	$72,912	**$2,436,202**
	Premiums	$244,893	$250,661	$237,760	$244,605	$244,404	$242,502	$239,607	$235,506	$239,846	$92,527	$88,860	$92,750	**$2,453,919**
	Loss Ratio	125.9%	47.8%	157.2%	92.3%	86.2%	92.2%	144.8%	99.3%	61.8%	51.5%	139.9%	78.6%	**99.3%**
Benefit Package 035	Enrollment	256	255	256	254	255	254	254	254	252				**2,290**
	Claims	$232,613	$312,636	$209,888	$236,043	$241,823	$191,062	$159,797	$239,784	$152,310				**$1,975,957**
	Premiums	$201,285	$205,748	$202,780	$206,021	$198,637	$204,046	$205,480	$201,438	$197,531				**$1,822,966**
	Loss Ratio	115.6%	152.0%	103.5%	114.6%	121.7%	93.6%	77.8%	119.0%	77.1%				**108.4%**
Benefit Package 036	Enrollment	456	453	450	447	444	443	438	421	376				**3,928**
	Claims	$329,812	$604,565	$321,055	$365,053	$381,457	$618,118	$419,930	$987,280	$561,833				**$4,589,102**
	Premiums	$411,111	$412,258	$397,115	$407,129	$392,693	$398,800	$394,342	$379,372	$393,570				**$3,586,390**
	Loss Ratio	80.2%	146.6%	80.8%	89.7%	97.1%	155.0%	106.5%	260.2%	142.8%				**128.0%**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A8f

Financial Plan Structure and Overall Performance by Benefit Package

Calendar Year 2012

		Financial Measures												
Benefit Package	**Category**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 037	Enrollment	39	39	39	38	38	38	38	38	37	38			**382**
	Claims	$28,582	$85,250	$44,727	$69,000	$16,214	$37,091	$14,036	$52,772	$37,238	$19,459			**$404,367**
	Premiums	$39,102	$38,947	$39,313	$38,735	$38,044	$37,731	$37,731	$37,683	$36,608	$37,482			**$381,376**
	Loss Ratio	73.1%	218.9%	113.8%	178.1%	42.6%	98.3%	37.2%	140.0%	101.7%	51.9%			**106.0%**
Benefit Package 038	Enrollment										89	126	127	**342**
	Claims										$73,362	$150,525	$163,175	**$387,061**
	Premiums										$98,119	$116,430	$125,169	**$339,719**
	Loss Ratio										74.8%	129.3%	130.4%	**113.9%**
Benefit Package 039	Enrollment										225	225	225	**675**
	Claims										$234,848	$226,673	$171,283	**$632,804**
	Premiums										$195,370	$191,317	$193,850	**$580,537**
	Loss Ratio										120.2%	118.5%	88.4%	**109.0%**
Benefit Package 040	Enrollment	134	134	134	134	133	133	133	134	133	121	119	117	**1,559**
	Claims	$59,847	$50,834	$66,695	$66,200	$83,544	$112,172	$109,758	$103,718	$72,137	$205,025	$112,127	$97,203	**$1,139,259**
	Premiums	$121,095	$121,095	$121,095	$121,095	$120,361	$120,361	$120,361	$120,431	$119,697	$117,200	$114,876	$113,308	**$1,430,974**
	Loss Ratio	49.4%	42.0%	55.1%	54.7%	69.4%	93.2%	91.2%	86.1%	60.3%	174.9%	97.6%	85.8%	**79.6%**
Benefit Package 041	Enrollment	729	726	723	721	719	712	710	706	706	671	669	668	**8,460**
	Claims	$921,716	$805,928	$747,027	$707,735	$881,723	$695,455	$830,785	$741,752	$680,218	$602,968	$727,910	$725,796	**$9,069,013**
	Premiums	$875,859	$870,575	$866,336	$864,565	$863,529	$851,767	$849,261	$843,092	$843,092	$799,707	$796,572	$794,849	**$10,119,204**
	Loss Ratio	105.2%	92.6%	86.2%	81.9%	102.1%	81.6%	97.8%	88.0%	80.7%	75.4%	91.4%	91.3%	**89.6%**
Benefit Package 043	Enrollment	22	22	22	22	22	22	22	22	22	26	25	25	**274**
	Claims	$8,728	$7,034	$84,047	$9,949	$8,325	$4,669	$15,271	$9,413	$11,107	$14,530	$56,806	$9,807	**$239,683**
	Premiums	$16,137	$16,137	$16,137	$16,137	$16,137	$16,137	$16,137	$16,137	$16,137	$22,239	$21,455	$21,455	**$210,386**
	Loss Ratio	54.1%	43.6%	520.8%	61.7%	51.6%	28.9%	94.6%	58.3%	68.8%	65.3%	264.8%	45.7%	**113.9%**
Benefit Package 044	Enrollment	152	151	151	150	150	150	150	149	149	146	149	155	**1,802**
	Claims	$57,815	$101,747	$77,450	$74,061	$121,928	$82,932	$63,576	$122,974	$55,449	$62,089	$65,194	$74,681	**$959,895**
	Premiums	$155,494	$154,333	$154,333	$153,606	$153,606	$153,606	$154,038	$153,311	$153,311	$150,872	$155,730	$160,702	**$1,852,941**
	Loss Ratio	37.2%	65.9%	50.2%	48.2%	79.4%	54.0%	41.3%	80.2%	36.2%	41.2%	41.9%	46.5%	**51.8%**
Benefit Package 045	Enrollment	120	120	120	120	120	120	119	118	117	110	110	111	**1,405**
	Claims	$70,156	$115,870	$126,087	$59,546	$103,763	$103,149	$46,161	$105,009	$101,157	$155,089	$112,711	$59,628	**$1,158,324**
	Premiums	$96,601	$96,307	$96,307	$96,654	$96,359	$96,359	$95,998	$95,343	$94,687	$93,555	$94,230	$94,622	**$1,147,023**
	Loss Ratio	72.6%	120.3%	130.9%	61.6%	107.7%	107.0%	48.1%	110.1%	106.8%	165.8%	119.6%	63.0%	**101.0%**
Benefit Package 046	Enrollment	90	89	89	89	89	88	88	87	86	94	96	94	**1,079**
	Claims	$37,520	$28,499	$36,155	$33,031	$31,646	$393,673	$58,220	$36,186	$45,221	$33,241	$32,582	$40,356	**$806,330**
	Premiums	$72,535	$71,940	$71,940	$71,940	$71,673	$71,078	$71,078	$70,436	$69,841	$79,808	$81,354	$79,475	**$883,098**
	Loss Ratio	51.7%	39.6%	50.3%	45.9%	44.2%	553.9%	81.9%	51.4%	64.7%	41.7%	40.1%	50.8%	**91.3%**
Benefit Package 047	Enrollment	24	24	24	24	23	23	23	23	23	21	21	21	**274**
	Claims	$7,893	$7,016	$50,106	$69,120	$11,335	$6,672	$10,913	$6,899	$12,279	$11,957	$12,383	$13,061	**$219,637**
	Premiums	$19,431	$19,431	$19,431	$19,431	$18,134	$18,428	$18,428	$18,428	$18,428	$18,259	$17,942	$17,942	**$223,715**
	Loss Ratio	40.6%	36.1%	257.9%	355.7%	62.5%	36.2%	59.2%	37.4%	66.6%	65.5%	69.0%	72.8%	**98.2%**
Benefit Package 048	Enrollment	20	20	20	20	19	19	19	19	19	29	29	30	**263**
	Claims	$14,132	$3,886	$3,718	$5,223	$3,563	$2,272	$2,923	$3,406	$2,277	$9,941	$6,144	$32,306	**$89,791**
	Premiums	$14,613	$14,613	$14,613	$14,613	$14,019	$14,019	$14,019	$14,019	$14,019	$22,667	$22,667	$23,300	**$197,181**
	Loss Ratio	96.7%	26.6%	25.4%	35.7%	25.4%	16.2%	20.9%	24.3%	16.2%	43.9%	27.1%	138.6%	**45.5%**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A8f

Financial Plan Structure and Overall Performance by Benefit Package

Calendar Year 2012

		Financial Measures												
Benefit Package	**Category**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 049	Enrollment	47	47	47	47	47	48	48	48	48	31	31	33	**522**
	Claims	$11,269	$34,880	$18,865	$22,031	$15,370	$13,576	$13,557	$48,293	$21,126	$17,505	$11,965	$38,150	**$266,587**
	Premiums	$38,340	$38,340	$38,340	$39,006	$39,006	$39,669	$39,669	$39,669	$39,669	$31,886	$31,886	$31,883	**$447,363**
	Loss Ratio	29.4%	91.0%	49.2%	56.5%	39.4%	34.2%	34.2%	121.7%	53.3%	54.9%	37.5%	119.7%	**59.6%**
Benefit Package 050	Enrollment	62	62	63	64	63	63	63	63	63	58	56	56	**736**
	Claims	$21,127	$26,161	$32,979	$96,778	$45,943	$107,284	$92,706	$98,644	$68,253	$33,090	$34,853	$47,736	**$705,554**
	Premiums	$43,709	$43,709	$44,756	$45,323	$44,887	$44,887	$44,407	$44,407	$44,407	$48,027	$45,152	$45,152	**$538,823**
	Loss Ratio	48.3%	59.9%	73.7%	213.5%	102.4%	239.0%	208.8%	222.1%	153.7%	68.9%	77.2%	105.7%	**130.9%**
Benefit Package 051	Enrollment	12	12	12	12	12	12	12	12	12	9	9	9	**135**
	Claims	$1,289	$1,433	$6,414	$5,540	$4,746	$3,118	$1,536	$1,571	$4,361	$704	$3,484	$3,289	**$37,485**
	Premiums	$12,088	$12,088	$12,088	$12,088	$12,088	$12,088	$12,088	$12,088	$12,088	$9,790	$9,790	$9,790	**$138,162**
	Loss Ratio	10.7%	11.9%	53.1%	45.8%	39.3%	25.8%	12.7%	13.0%	36.1%	7.2%	35.6%	33.6%	**27.1%**
Benefit Package 052	Enrollment	3	3	3	3	3	3	3	2	2	4	4	4	**37**
	Claims	$966	$1,964	$523	$3,133	$420	$3,975	$11,292	$4,211	$205	$2,583	$297	$2,864	**$32,433**
	Premiums	$3,155	$3,155	$3,155	$3,155	$3,155	$3,155	$3,155	$1,719	$4,591	$421	$2,374	$2,374	**$33,564**
	Loss Ratio	30.6%	62.3%	16.6%	99.3%	13.3%	126.0%	357.9%	245.0%	4.5%	613.5%	12.5%	120.6%	**96.6%**
Benefit Package 053	Enrollment	29	29	29	29	29	29	29	29	29	4	4	4	**273**
	Claims	$7,208	$27,266	$18,901	$8,246	$24,738	$84,488	$16,433	$59,088	$8,992	$23,765	$2,704	$4,290	**$286,119**
	Premiums	$24,101	$23,419	$23,419	$23,419	$23,419	$23,419	$23,095	$23,095	$23,095	$3,474	$3,474	$3,474	**$220,903**
	Loss Ratio	29.9%	116.4%	80.7%	35.2%	105.6%	360.8%	71.2%	255.8%	38.9%	684.1%	77.8%	123.5%	**129.5%**
Benefit Package 054	Enrollment	4	4	4	4	4	4	4	4	4				**36**
	Claims	$2,716	$693	$2,363	$656	$1,046	$571	$1,047	$2,050	$11,985				**$23,127**
	Premiums	$3,654	$3,654	$3,654	$3,654	$3,654	$3,654	$3,654	$3,654	$3,654				**$32,886**
	Loss Ratio	74.3%	19.0%	64.7%	18.0%	28.6%	15.6%	28.7%	56.1%	328.0%				**70.3%**
Benefit Package 055	Enrollment	156	158	159	158	158	157	157	157	157				**1,417**
	Claims	$58,207	$92,207	$243,102	$157,496	$167,147	$79,444	$172,877	$130,458	$74,115				**$1,175,053**
	Premiums	$137,541	$137,337	$140,739	$140,059	$140,059	$138,017	$137,201	$138,290	$138,290				**$1,247,533**
	Loss Ratio	42.3%	67.1%	172.7%	112.4%	119.3%	57.6%	126.0%	94.3%	53.6%				**94.2%**
Benefit Package 056	Enrollment	24	24	24	24	24	24	24	25	25	77	78	80	**453**
	Claims	$4,735	$19,172	$9,310	$10,010	$6,167	$15,101	$21,521	$18,049	$8,063	$11,416	$32,043	$34,671	**$190,258**
	Premiums	$19,482	$19,482	$19,482	$19,482	$19,482	$19,482	$19,482	$19,482	$22,257	$63,845	$64,699	$66,210	**$372,867**
	Loss Ratio	24.3%	98.4%	47.8%	51.4%	31.7%	77.5%	110.5%	92.6%	36.2%	17.9%	49.5%	52.4%	**51.0%**
Benefit Package 057	Enrollment	206	207	205	205	203	205	205	205	203	16	15	15	**1,890**
	Claims	$39,235	$85,030	$128,762	$84,474	$108,623	$69,448	$125,633	$91,857	$231,962	$37,921	$28,561	$37,203	**$1,068,709**
	Premiums	$150,798	$150,799	$149,620	$149,812	$147,737	$149,620	$149,620	$149,620	$148,566	$11,974	$10,861	$10,861	**$1,379,888**
	Loss Ratio	26.0%	56.4%	86.1%	56.4%	73.5%	46.4%	84.0%	61.4%	156.1%	316.7%	263.0%	342.5%	**77.4%**
Benefit Package 058	Enrollment	37	38	38	37	39	39	39	39	39	35	35	35	**450**
	Claims	$1,284	$7,146	$8,072	$15,175	$3,772	$10,814	$5,866	$6,937	$17,510	$3,667	$14,471	$8,779	**$103,493**
	Premiums	$28,885	$28,398	$29,148	$28,773	$28,773	$27,798	$28,735	$28,735	$31,199	$28,856	$28,259	$27,790	**$345,349**
	Loss Ratio	4.4%	25.2%	27.7%	52.7%	13.1%	38.9%	20.4%	24.1%	56.1%	12.7%	51.2%	31.6%	**30.0%**
Benefit Package 059	Enrollment	128	128	128	128	126	126	126	127	126	108	108	108	**1,467**
	Claims	$104,078	$102,265	$250,106	$306,968	$136,449	$285,545	$128,641	$107,406	$63,243	$23,383	$91,768	$60,307	**$1,660,159**
	Premiums	$92,532	$93,119	$91,752	$91,097	$91,036	$89,014	$90,362	$91,184	$91,184	$84,866	$85,738	$85,738	**$1,077,622**
	Loss Ratio	112.5%	109.8%	272.6%	337.0%	149.9%	320.8%	142.4%	117.8%	69.4%	27.6%	107.0%	70.3%	**154.1%**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A8f

Financial Plan Structure and Overall Performance by Benefit Package

Calendar Year 2012

		Financial Measures												
Benefit Package	**Category**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 060	Enrollment	68	68	69	68	67	67	67	67	67	74	73	72	**827**
	Claims	$44,750	$30,022	$126,091	$69,595	$78,763	$88,156	$58,618	$79,481	$21,750	$18,312	$80,513	$70,386	**$766,437**
	Premiums	$60,198	$58,468	$59,870	$58,045	$58,045	$56,809	$57,427	$57,921	$57,674	$67,653	$66,705	$65,756	**$724,571**
	Loss Ratio	74.3%	51.3%	210.6%	119.9%	135.7%	155.2%	102.1%	137.2%	37.7%	27.1%	120.7%	107.0%	**105.8%**
Benefit Package 061	Enrollment	47	47	47	47	47	47	47	47	47	43	44	43	**553**
	Claims	$9,824	$14,429	$15,764	$29,533	$13,751	$42,436	$13,359	$19,280	$14,771	$6,227	$8,146	$14,503	**$202,023**
	Premiums	$35,979	$35,979	$35,979	$35,979	$35,512	$35,512	$35,512	$35,512	$35,512	$35,668	$36,201	$34,548	**$427,893**
	Loss Ratio	27.3%	40.1%	43.8%	82.1%	38.7%	119.5%	37.6%	54.3%	41.6%	17.5%	22.5%	42.0%	**47.2%**
Benefit Package 062	Enrollment	17	17	17	17	17	17	17	17	16	19	19	20	**210**
	Claims	$3,960	$22,127	$9,569	$7,053	$18,392	$35,046	$13,835	$65,661	$8,646	$2,272	$4,145	$2,626	**$193,332**
	Premiums	$14,270	$14,270	$14,270	$14,091	$14,091	$14,091	$14,091	$14,091	$14,091	$17,618	$17,415	$17,415	**$179,804**
	Loss Ratio	27.8%	155.1%	67.1%	50.1%	130.5%	248.7%	98.2%	466.0%	61.4%	12.9%	23.8%	15.1%	**107.5%**
Benefit Package 063	Enrollment	668	670	671	673	677	679	678	675	675	845	857	866	**8,634**
	Claims	$363,764	$357,478	$523,724	$426,894	$422,229	$438,097	$446,369	$646,777	$513,647	$229,564	$282,672	$368,223	**$5,019,438**
	Premiums	$559,962	$562,356	$562,706	$565,957	$566,560	$568,347	$567,767	$563,126	$573,104	$692,066	$702,175	$705,769	**$7,189,895**
	Loss Ratio	65.0%	63.6%	93.1%	75.4%	74.5%	77.1%	78.6%	114.9%	89.6%	33.2%	40.3%	52.2%	**69.8%**
Benefit Package 064	Enrollment	179	178	179	178	177	177	180	180	182	187	189	195	**2,181**
	Claims	$76,883	$58,933	$81,295	$125,466	$77,173	$247,496	$125,929	$132,900	$75,771	$58,580	$47,783	$55,630	**$1,163,839**
	Premiums	$144,339	$143,564	$144,118	$143,564	$143,043	$142,488	$145,114	$145,669	$146,003	$164,330	$163,966	$165,474	**$1,791,672**
	Loss Ratio	53.3%	41.0%	56.4%	87.4%	54.0%	173.7%	86.8%	91.2%	51.9%	35.6%	29.1%	33.6%	**65.0%**
Benefit Package 065	Enrollment	1,192	1,192	1,189	1,187	1,186	1,187	1,183	1,183	1,183	1,184	1,186	1,191	**14,243**
	Claims	$733,820	$532,690	$784,678	$647,181	$712,330	$911,119	$813,779	$810,592	$718,741	$750,352	$946,797	$876,695	**$9,238,774**
	Premiums	$1,175,122	$1,174,372	$1,171,607	$1,171,079	$1,170,423	$1,170,450	$1,168,270	$1,166,097	$1,163,150	$1,155,560	$1,159,841	$1,160,679	**$14,006,650**
	Loss Ratio	62.4%	45.4%	67.0%	55.3%	60.9%	77.8%	69.7%	69.5%	61.8%	64.9%	81.6%	75.5%	**66.0%**
Benefit Package 066	Enrollment	541	544	545	549	549	550	551	552	551	561	566	571	**6,630**
	Claims	$213,523	$228,861	$252,047	$263,477	$279,573	$321,042	$345,323	$580,148	$399,360	$427,369	$429,996	$267,539	**$4,008,259**
	Premiums	$460,549	$466,685	$468,738	$470,677	$470,447	$470,262	$470,125	$471,834	$472,208	$472,480	$477,508	$482,263	**$5,653,779**
	Loss Ratio	46.4%	49.0%	53.8%	56.0%	59.4%	68.3%	73.5%	123.0%	84.6%	90.5%	90.1%	55.5%	**70.9%**
Benefit Package 067	Enrollment	1,125	1,128	1,136	1,136	1,135	1,134	1,135	1,134	1,140	1,176	1,190	1,202	**13,771**
	Claims	$574,777	$428,400	$596,439	$692,764	$609,356	$1,026,286	$772,424	$932,420	$482,125	$789,555	$609,928	$673,579	**$8,188,053**
	Premiums	$847,808	$847,915	$851,110	$852,275	$853,891	$849,287	$853,437	$851,849	$856,403	$901,855	$910,419	$916,972	**$10,393,222**
	Loss Ratio	67.8%	50.5%	70.1%	81.3%	71.4%	120.8%	90.5%	109.5%	56.3%	87.5%	67.0%	73.5%	**78.8%**
Benefit Package 068	Enrollment	534	532	531	528	526	532	534	531	532	531	531	532	**6,374**
	Claims	$358,355	$556,544	$377,775	$459,115	$254,414	$293,593	$524,475	$594,983	$571,758	$361,993	$318,716	$349,418	**$5,021,139**
	Premiums	$506,836	$488,979	$491,266	$488,836	$491,267	$494,672	$494,899	$494,412	$494,212	$494,438	$493,465	$492,786	**$5,926,068**
	Loss Ratio	70.7%	113.8%	76.9%	93.9%	51.8%	59.4%	106.0%	120.3%	115.7%	73.2%	64.6%	70.9%	**84.7%**
Benefit Package 069	Enrollment	988	987	989	987	986	985	984	977	976	942	951	951	**11,703**
	Claims	$556,572	$683,160	$981,410	$582,403	$672,172	$1,178,287	$792,585	$873,002	$777,213	$1,138,376	$621,611	$573,462	**$9,430,251**
	Premiums	$815,825	$812,934	$815,996	$811,535	$812,207	$807,108	$808,376	$799,219	$801,829	$813,312	$807,228	$813,796	**$9,719,365**
	Loss Ratio	68.2%	84.0%	120.3%	71.8%	82.8%	146.0%	98.0%	109.2%	96.9%	140.0%	77.0%	70.5%	**97.0%**
Benefit Package 070	Enrollment	580	581	580	579	578	576	572	570	569	549	556	552	**6,842**
	Claims	$225,608	$342,695	$614,651	$403,838	$393,216	$461,405	$558,283	$891,988	$918,787	$432,053	$456,024	$394,336	**$6,092,884**
	Premiums	$408,718	$413,842	$409,592	$406,093	$409,342	$404,130	$403,005	$400,006	$402,630	$441,531	$383,245	$434,994	**$4,917,129**
	Loss Ratio	55.2%	82.8%	150.1%	99.4%	96.1%	114.2%	138.5%	223.0%	228.2%	97.9%	119.0%	90.7%	**123.9%**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A8f

Financial Plan Structure and Overall Performance by Benefit Package

Calendar Year 2012

		Financial Measures												
Benefit Package	**Category**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 071	Enrollment	4,723	4,723	4,722	4,725	4,731	4,724	4,720	4,704	4,707	4,483	4,518	4,537	**56,017**
	Claims	$2,620,551	$3,066,816	$3,968,431	$3,689,662	$3,099,130	$3,237,923	$3,110,172	$3,929,159	$2,908,392	$3,876,773	$2,701,598	$2,755,431	**$38,964,038**
	Premiums	$3,832,025	$3,830,390	$3,821,244	$3,804,905	$3,815,147	$3,808,410	$3,801,673	$3,798,076	$3,795,567	$3,825,853	$3,798,945	$3,813,198	**$45,745,432**
	Loss Ratio	68.4%	80.1%	103.9%	97.0%	81.2%	85.0%	81.8%	103.5%	76.6%	101.3%	71.1%	72.3%	**85.2%**
Benefit Package 072	Enrollment	3,606	3,615	3,609	3,607	3,607	3,594	3,589	3,579	3,578	3,550	3,577	3,592	**43,103**
	Claims	$1,727,662	$2,261,206	$2,147,721	$2,268,506	$1,935,121	$2,196,429	$2,293,965	$2,694,553	$1,972,503	$2,636,687	$2,122,621	$2,974,188	**$27,231,163**
	Premiums	$2,919,642	$2,908,372	$2,916,776	$2,915,502	$2,902,744	$2,897,499	$2,888,192	$2,886,205	$2,878,056	$2,978,694	$2,945,285	$2,985,477	**$35,022,442**
	Loss Ratio	59.2%	77.7%	73.6%	77.8%	66.7%	75.8%	79.4%	93.4%	68.5%	88.5%	72.1%	99.6%	**77.8%**
Benefit Package 073	Enrollment	647	653	660	658	660	662	663	666	669	673	683	693	**7,987**
	Claims	$242,781	$292,653	$744,973	$292,601	$329,394	$341,276	$425,254	$361,884	$440,646	$294,059	$266,713	$378,726	**$4,410,960**
	Premiums	$521,393	$523,016	$529,527	$531,242	$529,294	$531,683	$529,538	$535,688	$536,963	$539,138	$546,488	$552,340	**$6,406,309**
	Loss Ratio	46.6%	56.0%	140.7%	55.1%	62.2%	64.2%	80.3%	67.6%	82.1%	54.5%	48.8%	68.6%	**68.9%**
Benefit Package 074	Enrollment	2,740	2,745	2,747	2,740	2,735	2,730	2,734	2,733	2,725	2,703	2,713	2,723	**32,768**
	Claims	$1,477,898	$1,417,574	$1,718,486	$1,841,910	$1,865,362	$1,528,950	$1,640,115	$1,951,272	$1,458,697	$1,519,392	$1,331,626	$1,316,120	**$19,067,402**
	Premiums	$2,109,243	$2,115,622	$2,117,087	$2,109,395	$2,101,144	$2,083,971	$2,097,519	$2,094,559	$2,094,082	$2,116,485	$2,105,576	$2,125,209	**$25,269,893**
	Loss Ratio	70.1%	67.0%	81.2%	87.3%	88.8%	73.4%	78.2%	93.2%	69.7%	71.8%	63.2%	61.9%	**75.5%**
Benefit Package 075	Enrollment	1,257	1,258	1,263	1,264	1,269	1,265	1,261	1,258	1,247	1,233	1,232	1,235	**15,042**
	Claims	$730,409	$1,156,413	$987,990	$847,367	$903,819	$1,301,970	$960,463	$1,007,501	$1,046,737	$975,628	$945,659	$1,141,658	**$12,005,613**
	Premiums	$1,195,948	$1,198,076	$1,199,835	$1,204,954	$1,208,497	$1,204,272	$1,201,047	$1,195,490	$1,183,134	$1,172,516	$1,173,207	$1,177,199	**$14,314,174**
	Loss Ratio	61.1%	96.5%	82.3%	70.3%	74.8%	108.1%	80.0%	84.3%	88.5%	83.2%	80.6%	97.0%	**83.9%**
Benefit Package 076	Enrollment	3,046	3,049	3,049	3,048	3,049	3,047	3,047	3,040	3,036	2,986	2,981	2,978	**36,356**
	Claims	$1,954,459	$1,694,301	$2,116,839	$2,054,444	$1,782,117	$2,089,986	$2,401,295	$2,422,808	$2,120,314	$2,266,645	$2,274,919	$2,147,341	**$25,325,468**
	Premiums	$2,600,968	$2,605,850	$2,602,507	$2,597,429	$2,596,655	$2,591,025	$2,592,813	$2,584,183	$2,575,274	$2,620,951	$2,570,508	$2,591,224	**$31,129,386**
	Loss Ratio	75.1%	65.0%	81.3%	79.1%	68.6%	80.7%	92.6%	93.8%	82.3%	86.5%	88.5%	82.9%	**81.4%**
Benefit Package 077	Enrollment	277	277	275	276	277	277	277	276	276	262	268	268	**3,286**
	Claims	$177,895	$205,924	$194,662	$182,928	$213,680	$152,783	$221,770	$177,357	$307,534	$371,394	$187,463	$235,317	**$2,628,708**
	Premiums	$224,242	$225,451	$223,395	$224,846	$224,604	$225,657	$225,741	$225,705	$223,080	$239,655	$229,610	$233,355	**$2,725,342**
	Loss Ratio	79.3%	91.3%	87.1%	81.4%	95.1%	67.7%	98.2%	78.6%	137.9%	155.0%	81.6%	100.8%	**96.5%**
Benefit Package 078	Enrollment	11,621	11,582	11,544	11,501	11,472	11,455	11,413	11,343	11,303	49	49	49	**103,381**
	Claims	$11,329,885	$11,293,211	$12,838,556	$12,057,475	$11,367,639	$13,009,361	$14,070,124	$12,663,084	$10,774,625	$131,429	$96,616	$92,871	**$109,724,878**
	Premiums	$11,388,004	$11,341,328	$11,299,676	$11,201,425	$11,173,381	$11,153,467	$11,105,237	$11,034,214	$11,001,440	$62,472	$62,795	$62,472	**$100,885,910**
	Loss Ratio	99.5%	99.6%	113.6%	107.6%	101.7%	116.6%	126.7%	114.8%	97.9%	210.4%	153.9%	148.7%	**108.8%**
Benefit Package 079	Enrollment	19,043	19,048	19,065	19,055	19,047	19,050	19,037	19,006	18,984	30,020	30,063	30,065	**261,483**
	Claims	$12,365,898	$12,575,996	$13,097,908	$13,475,284	$15,103,130	$15,095,136	$16,239,529	$15,045,582	$10,720,136	$25,699,499	$25,015,833	$23,521,725	**$197,955,656**
	Premiums	$15,076,782	$15,069,396	$15,069,457	$14,995,966	$14,984,761	$14,977,431	$14,960,424	$14,940,799	$14,920,106	$24,515,640	$24,530,493	$24,510,383	**$208,551,637**
	Loss Ratio	82.0%	83.5%	86.9%	89.9%	100.8%	100.8%	108.5%	100.7%	71.9%	104.8%	102.0%	96.0%	**94.9%**
Benefit Package 080	Enrollment	10,896	10,904	10,908	10,904	10,907	10,915	10,902	10,876	10,837	11,996	12,124	12,158	**134,327**
	Claims	$6,756,417	$6,431,499	$6,684,496	$6,718,199	$7,462,678	$7,481,073	$8,290,185	$8,352,642	$6,692,905	$7,184,755	$6,947,461	$7,914,483	**$86,916,794**
	Premiums	$8,787,116	$8,787,379	$8,782,177	$8,717,857	$8,717,789	$8,716,047	$8,703,872	$8,683,517	$8,656,108	$9,825,695	$9,909,903	$9,928,110	**$108,215,568**
	Loss Ratio	76.9%	73.2%	76.1%	77.1%	85.6%	85.8%	95.2%	96.2%	77.3%	73.1%	70.1%	79.7%	**80.3%**
Benefit Package 081	Enrollment	14,209	14,157	14,142	14,112	14,081	14,060	14,014	13,951	13,910	11,504	11,403	11,391	**160,934**
	Claims	$11,989,195	$11,861,612	$13,485,690	$13,906,082	$13,548,116	$14,208,010	$15,736,619	$14,879,816	$12,169,026	$11,148,385	$11,501,731	$11,005,098	**$155,439,382**
	Premiums	$12,739,358	$12,695,297	$12,681,121	$12,609,853	$12,577,635	$12,552,954	$12,512,229	$12,465,155	$12,429,663	$10,889,936	$10,783,770	$10,767,393	**$145,704,363**
	Loss Ratio	94.1%	93.4%	106.3%	110.3%	107.7%	113.2%	125.8%	119.4%	97.9%	102.4%	106.7%	102.2%	**106.7%**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A8f

Financial Plan Structure and Overall Performance by Benefit Package

Calendar Year 2012

		Financial Measures												
Benefit Package	**Category**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 082	Enrollment	88	85	85	85	85	85	85	84	84	68	68	67	**969**
	Claims	$58,789	$72,339	$54,267	$68,708	$54,276	$53,231	$43,988	$66,485	$193,028	$33,903	$31,754	$133,967	**$864,735**
	Premiums	$72,038	$75,833	$72,797	$72,797	$72,797	$72,797	$72,797	$71,139	$71,139	$54,790	$54,243	$53,304	**$816,469**
	Loss Ratio	81.6%	95.4%	74.5%	94.4%	74.6%	73.1%	60.4%	93.5%	271.3%	61.9%	58.5%	251.3%	**105.9%**
Benefit Package 083	Enrollment										3	3	3	**9**
	Claims										$1,611	$1,827	$8,684	**$12,122**
	Premiums										$2,870	$2,870	$2,870	**$8,609**
	Loss Ratio										56.1%	63.7%	302.6%	**140.8%**
Benefit Package 084	Enrollment	83	83	83	83	83	83	83	81	82	85	83	82	**994**
	Claims	$68,437	$67,233	$85,268	$104,399	$92,643	$100,581	$62,609	$91,055	$72,535	$50,090	$43,104	$53,160	**$891,114**
	Premiums	$63,817	$63,817	$63,817	$63,817	$63,817	$62,717	$62,717	$61,333	$61,887	$69,205	$65,452	$64,626	**$767,020**
	Loss Ratio	107.2%	105.4%	133.6%	163.6%	145.2%	160.4%	99.8%	148.5%	117.2%	72.4%	65.9%	82.3%	**116.2%**
Benefit Package 085	Enrollment	14	15	15	15	15	15	15	15	15	11	11	11	**167**
	Claims	$4,297	$23,390	$10,166	$7,133	$5,842	$14,838	$5,204	$8,913	$8,534	$7,648	$5,109	$4,940	**$106,012**
	Premiums	$11,870	$12,505	$12,505	$12,505	$12,505	$12,505	$12,505	$12,505	$12,505	$9,122	$9,052	$9,102	**$139,187**
	Loss Ratio	36.2%	187.0%	81.3%	57.0%	46.7%	118.7%	41.6%	71.3%	68.2%	83.8%	56.4%	54.3%	**76.2%**
Benefit Package 086	Enrollment	13	13	13	13	13	13	13	13	13	21	27	28	**193**
	Claims	$995	$3,905	$7,455	$847	$1,335	$1,078	$5,291	$2,441	$10,570	$1,739	$3,273	$3,850	**$42,779**
	Premiums	$7,877	$7,877	$7,877	$7,877	$7,877	$7,877	$7,877	$7,877	$7,877	$15,679	$21,057	$21,872	**$129,504**
	Loss Ratio	12.6%	49.6%	94.6%	10.8%	16.9%	13.7%	67.2%	31.0%	134.2%	11.1%	15.5%	17.6%	**33.0%**
Benefit Package 087	Enrollment	222	222	221	222	223	223	222	222	222	190	191	188	**2,568**
	Claims	$93,961	$123,562	$218,608	$277,831	$155,709	$162,649	$129,695	$237,378	$268,802	$150,146	$202,294	$162,405	**$2,183,039**
	Premiums	$180,361	$180,361	$179,426	$179,788	$181,152	$181,295	$180,361	$180,361	$180,361	$164,321	$162,992	$161,816	**$2,112,595**
	Loss Ratio	52.1%	68.5%	121.8%	154.5%	86.0%	89.7%	71.9%	131.6%	149.0%	91.4%	124.1%	100.4%	**103.3%**
Benefit Package 088	Enrollment	101	100	99	99	98	98	98	97	97	80	72	76	**1,115**
	Claims	$64,667	$144,246	$141,492	$206,346	$160,292	$406,093	$46,770	$83,365	$72,406	$42,739	$89,023	$70,303	**$1,527,743**
	Premiums	$97,759	$97,587	$96,404	$96,413	$95,578	$95,578	$95,578	$95,446	$92,512	$75,487	$67,343	$66,530	**$1,072,214**
	Loss Ratio	66.1%	147.8%	146.8%	214.0%	167.7%	424.9%	48.9%	87.3%	78.3%	56.6%	132.2%	105.7%	**142.5%**
Benefit Package 089	Enrollment	1,468	1,468	1,474	1,473	1,474	1,470	1,473	1,475	1,471	1,380	1,357	1,371	**17,354**
	Claims	$564,796	$818,134	$890,300	$649,357	$640,271	$1,053,360	$741,714	$915,885	$1,130,516	$1,222,839	$786,820	$746,745	**$10,160,737**
	Premiums	$1,148,385	$1,145,161	$1,146,383	$1,146,196	$1,143,130	$1,139,520	$1,140,402	$1,142,700	$1,137,577	$1,066,500	$1,036,678	$1,053,759	**$13,446,392**
	Loss Ratio	49.2%	71.4%	77.7%	56.7%	56.0%	92.4%	65.0%	80.2%	99.4%	114.7%	75.9%	70.9%	**75.6%**
Benefit Package 090	Enrollment	187	185	187	188	187	188	188	189	187	134	130	132	**2,082**
	Claims	$113,191	$104,455	$326,714	$348,908	$128,765	$236,181	$112,122	$214,499	$81,585	$80,129	$93,637	$109,378	**$1,949,565**
	Premiums	$152,584	$150,691	$152,325	$153,840	$152,369	$152,807	$153,685	$154,528	$152,456	$118,880	$112,158	$116,160	**$1,722,482**
	Loss Ratio	74.2%	69.3%	214.5%	226.8%	84.5%	154.6%	73.0%	138.8%	53.5%	67.4%	83.5%	94.2%	**113.2%**
Benefit Package 091	Enrollment	23	23	23	24	24	24	24	24	24	54	55	59	**381**
	Claims	$10,238	$22,681	$706	$1,240	$362	$2,791	$1,269	$15,718	$66,700	$2,013	$19,404	$1,808	**$144,931**
	Premiums	$13,743	$13,743	$13,743	$14,455	$14,455	$14,455	$14,455	$14,455	$14,455	$33,284	$32,954	$34,100	**$228,297**
	Loss Ratio	74.5%	165.0%	5.1%	8.6%	2.5%	19.3%	8.8%	108.7%	461.4%	6.0%	58.9%	5.3%	**63.5%**
Benefit Package 092	Enrollment	1,017	1,017	1,013	1,011	1,006	1,009	1,004	997	1,000	620	580	598	**10,872**
	Claims	$713,361	$834,096	$1,176,120	$917,088	$798,435	$1,113,509	$831,613	$1,057,866	$1,060,399	$737,224	$648,638	$512,568	**$10,400,917**
	Premiums	$918,468	$919,756	$915,508	$914,430	$910,106	$913,248	$907,002	$902,902	$906,203	$530,011	$497,573	$511,376	**$9,746,582**
	Loss Ratio	77.7%	90.7%	128.5%	100.3%	87.7%	121.9%	91.7%	117.2%	117.0%	139.1%	130.4%	100.2%	**106.7%**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A8f

Financial Plan Structure and Overall Performance by Benefit Package

Calendar Year 2012

		Financial Measures												
Benefit Package	**Category**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 093	Enrollment	838	835	836	835	828	826	825	824	824	634	587	603	**9,295**
	Claims	$541,520	$560,516	$824,922	$659,566	$651,309	$508,531	$519,558	$784,011	$823,266	$441,004	$733,546	$381,329	**$7,429,080**
	Premiums	$712,920	$710,589	$710,159	$708,447	$702,178	$699,574	$698,138	$694,473	$696,805	$539,921	$494,247	$508,795	**$7,876,246**
	Loss Ratio	76.0%	78.9%	116.2%	93.1%	92.8%	72.7%	74.4%	112.9%	118.1%	81.7%	148.4%	74.9%	**94.3%**
Benefit Package 094	Enrollment	99	99	97	98	97	97	97	96	95	105	103	101	**1,184**
	Claims	$35,647	$37,357	$58,035	$37,900	$28,577	$31,488	$32,883	$91,517	$91,066	$30,578	$41,112	$47,679	**$563,837**
	Premiums	$79,525	$80,232	$77,368	$78,405	$77,847	$77,856	$77,856	$77,125	$75,883	$97,508	$94,648	$93,358	**$987,612**
	Loss Ratio	44.8%	46.6%	75.0%	48.3%	36.7%	40.4%	42.2%	118.7%	120.0%	31.4%	43.4%	51.1%	**57.1%**
Benefit Package 095	Enrollment	442	446	453	448	449	448	448	447	447	439	435	436	**5,338**
	Claims	$232,510	$241,677	$301,007	$236,964	$240,024	$222,253	$221,254	$360,489	$210,674	$212,681	$305,439	$285,292	**$3,070,264**
	Premiums	$366,608	$367,670	$373,580	$369,546	$369,349	$368,234	$368,692	$366,581	$366,489	$373,707	$369,405	$368,213	**$4,428,075**
	Loss Ratio	63.4%	65.7%	80.6%	64.1%	65.0%	60.4%	60.0%	98.3%	57.5%	56.9%	82.7%	77.5%	**69.3%**
Benefit Package 096	Enrollment	463	463	459	459	462	463	462	462	460	410	417	417	**5,397**
	Claims	$680,285	$214,348	$223,191	$825,875	$177,664	$185,147	$256,101	$423,877	$363,101	$264,520	$202,993	$127,921	**$3,945,023**
	Premiums	$379,579	$372,874	$368,221	$369,134	$369,750	$370,463	$369,611	$368,564	$365,861	$350,373	$352,046	$350,505	**$4,386,981**
	Loss Ratio	179.2%	57.5%	60.6%	223.7%	48.0%	50.0%	69.3%	115.0%	99.2%	75.5%	57.7%	36.5%	**89.9%**
Benefit Package 097	Enrollment	322	320	320	322	320	321	321	322	319	226	206	217	**3,536**
	Claims	$99,973	$122,477	$165,704	$143,406	$256,667	$212,936	$252,397	$320,506	$257,333	$171,796	$152,290	$183,614	**$2,339,099**
	Premiums	$267,443	$265,532	$264,646	$265,619	$263,963	$264,628	$263,730	$264,447	$263,088	$193,150	$177,609	$184,235	**$2,938,090**
	Loss Ratio	37.4%	46.1%	62.6%	54.0%	97.2%	80.5%	95.7%	121.2%	97.8%	88.9%	85.7%	99.7%	**79.6%**
Benefit Package 098	Enrollment	278	276	276	276	274	277	275	275	275	307	324	334	**3,447**
	Claims	$102,939	$124,815	$149,223	$141,507	$136,936	$99,368	$102,467	$110,546	$171,357	$83,952	$170,195	$138,186	**$1,531,491**
	Premiums	$189,459	$187,467	$185,477	$185,484	$184,236	$184,917	$184,077	$182,649	$182,289	$239,075	$244,621	$253,398	**$2,403,148**
	Loss Ratio	54.3%	66.6%	80.5%	76.3%	74.3%	53.7%	55.7%	60.5%	94.0%	35.1%	69.6%	54.5%	**63.7%**
Benefit Package 099	Enrollment	11	11	15	13	12	13	11	11	11	12	13	12	**145**
	Claims	$599	$2,200	$428	$149	$218	$234	$195	$1,284	$1,429	$356	$727	$275	**$8,096**
	Premiums	$6,440	$6,440	$8,261	$7,283	$6,929	$7,283	$6,440	$6,440	$6,440	$6,159	$6,606	$6,159	**$80,881**
	Loss Ratio	9.3%	34.2%	5.2%	2.1%	3.2%	3.2%	3.0%	19.9%	22.2%	5.8%	11.0%	4.5%	**10.0%**
Benefit Package 100	Enrollment										15	15	17	**47**
	Claims										$2,325	$1,084	$518	**$3,927**
	Premiums										$7,906	$7,906	$8,772	**$24,584**
	Loss Ratio										29.4%	13.7%	5.9%	**16.0%**
Benefit Package 101	Enrollment	909	913	916	919	916	914	912	913	911				**8,223**
	Claims	$471,603	$434,972	$715,148	$529,311	$688,935	$654,986	$582,344	$869,350	$466,486				**$5,413,135**
	Premiums	$798,013	$511,367	$454,733	$791,833	$554,303	$706,773	$719,207	$604,859	$920,883				**$6,061,971**
	Loss Ratio	59.1%	85.1%	157.3%	66.8%	124.3%	92.7%	81.0%	143.7%	50.7%				**89.3%**
Benefit Package 102	Enrollment	660	660	663	662	665	664	663	664	663				**5,964**
	Claims	$657,195	$352,140	$477,304	$910,401	$388,196	$555,822	$398,099	$772,369	$291,392				**$4,802,919**
	Premiums	$475,476	$684,992	$391,325	$541,435	$948,060	$433,743	$629,818	$434,787	$821,478				**$5,361,116**
	Loss Ratio	138.2%	51.4%	122.0%	168.1%	40.9%	128.1%	63.2%	177.6%	35.5%				**89.6%**
Benefit Package 103	Enrollment	121	121	121	119	117	120	119	119	119				**1,076**
	Claims	$124,728	$69,023	$84,938	$52,116	$53,517	$55,886	$40,393	$65,754	$59,022				**$605,377**
	Premiums	$84,342	$128,824	$74,870	$94,267	$58,208	$59,460	$65,225	$46,284	$73,298				**$684,778**
	Loss Ratio	147.9%	53.6%	113.4%	55.3%	91.9%	94.0%	61.9%	142.1%	80.5%				**88.4%**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A8f

Financial Plan Structure and Overall Performance by Benefit Package

Calendar Year 2012

		Financial Measures												
Benefit Package	**Category**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 104	Enrollment										243	255	262	**760**
	Claims										$27,673	$92,329	$44,393	**$164,395**
	Premiums										$244,537	$248,945	$254,029	**$747,511**
	Loss Ratio										11.3%	37.1%	17.5%	**22.0%**
Benefit Package 105	Enrollment	151	152	150	150	150	150	150	150	150	159			**1,512**
	Claims	$103,290	$73,419	$90,230	$149,540	$94,641	$94,536	$133,481	$148,289	$100,658	$110,236			**$1,098,320**
	Premiums	$144,749	$145,698	$143,869	$143,831	$143,854	$143,854	$143,638	$143,854	$143,559	$150,365			**$1,447,271**
	Loss Ratio	71.4%	50.4%	62.7%	104.0%	65.8%	65.7%	92.9%	103.1%	70.1%	73.3%			**75.9%**
Benefit Package 106	Enrollment	748	750	749	744	741	739	735	731	731	727			**7,395**
	Claims	$422,777	$409,577	$767,859	$469,976	$518,282	$485,168	$538,653	$652,649	$569,267	$508,692			**$5,342,900**
	Premiums	$627,051	$627,042	$625,467	$621,908	$619,459	$617,459	$613,699	$611,464	$607,942	$604,546			**$6,176,037**
	Loss Ratio	67.4%	65.3%	122.8%	75.6%	83.7%	78.6%	87.8%	106.7%	93.6%	84.1%			**86.5%**
Benefit Package 107	Enrollment	391	390	392	391	394	395	391	389	388	400			**3,921**
	Claims	$144,297	$228,242	$250,986	$249,236	$425,542	$305,541	$283,168	$322,200	$215,223	$213,892			**$2,638,326**
	Premiums	$353,801	$351,547	$352,545	$351,614	$353,662	$355,265	$352,639	$349,861	$348,674	$357,094			**$3,526,702**
	Loss Ratio	40.8%	64.9%	71.2%	70.9%	120.3%	86.0%	80.3%	92.1%	61.7%	59.9%			**74.8%**
Benefit Package 108	Enrollment	290	286	286	285	282	280	277	275	277	249	248	249	**3,284**
	Claims	$205,846	$175,823	$179,890	$170,777	$258,426	$309,686	$243,829	$399,039	$291,729	$146,687	$182,919	$214,111	**$2,778,761**
	Premiums	$287,153	$287,107	$278,242	$282,807	$278,628	$274,007	$271,934	$270,230	$272,078	$233,185	$231,201	$232,723	**$3,199,295**
	Loss Ratio	71.7%	61.2%	64.7%	60.4%	92.7%	113.0%	89.7%	147.7%	107.2%	62.9%	79.1%	92.0%	**86.9%**
Benefit Package 109	Enrollment	34	34	34	33	34	37	37	37	37				**317**
	Claims	$1,160	$950	$5,947	$15,084	$3,262	$11,569	$3,354	$12,026	$1,936				**$55,288**
	Premiums	$17,860	$17,860	$30,333	$19,568	$19,568	$20,955	$21,259	$21,259	$21,259				**$189,924**
	Loss Ratio	6.5%	5.3%	19.6%	77.1%	16.7%	55.2%	15.8%	56.6%	9.1%				**29.1%**
Benefit Package 110	Enrollment	173	170	172	172	173	170	170	168	169	149	149	143	**1,978**
	Claims	$117,748	$83,116	$109,006	$95,614	$83,617	$148,147	$130,290	$203,351	$157,959	$220,132	$129,933	$131,698	**$1,610,613**
	Premiums	$126,895	$126,391	$116,845	$125,027	$126,717	$123,988	$122,739	$123,332	$121,291	$116,707	$113,966	$113,727	**$1,457,626**
	Loss Ratio	92.8%	65.8%	93.3%	76.5%	66.0%	119.5%	106.2%	164.9%	130.2%	188.6%	114.0%	115.8%	**110.5%**
Benefit Package 111	Enrollment	281	284	282	283	277	280	284	279	280	262	264	263	**3,319**
	Claims	$116,219	$120,568	$153,473	$217,040	$128,180	$159,913	$124,440	$229,486	$196,029	$122,856	$307,975	$162,728	**$2,038,906**
	Premiums	$201,595	$206,427	$209,363	$207,313	$203,311	$204,901	$206,120	$203,971	$204,108	$195,370	$191,513	$195,528	**$2,429,519**
	Loss Ratio	57.6%	58.4%	73.3%	104.7%	63.0%	78.0%	60.4%	112.5%	96.0%	62.9%	160.8%	83.2%	**83.9%**
Benefit Package 112	Enrollment	120	122	123	123	132	124	124	125	125				**1,118**
	Claims	$26,320	$29,723	$77,275	$29,180	$37,180	$66,223	$86,378	$74,399	$107,941				**$534,618**
	Premiums	$97,836	$98,763	$98,497	$97,717	$99,956	$97,875	$97,241	$98,561	$97,134				**$883,581**
	Loss Ratio	26.9%	30.1%	78.5%	29.9%	37.2%	67.7%	88.8%	75.5%	111.1%				**60.5%**
Benefit Package 113	Enrollment	52	53	53	53	53	53	53	53	53	40	32	35	**583**
	Claims	$39,733	$70,856	$58,029	$36,227	$40,375	$25,838	$35,612	$26,066	$44,242	$25,301	$37,258	$30,649	**$470,185**
	Premiums	$35,695	$36,369	$37,768	$37,779	$37,760	$37,777	$37,801	$37,778	$37,844	$29,125	$23,683	$25,482	**$414,861**
	Loss Ratio	111.3%	194.8%	153.6%	95.9%	106.9%	68.4%	94.2%	69.0%	116.9%	86.9%	157.3%	120.3%	**113.3%**
Benefit Package 114	Enrollment	581	572	574	575	571	572	571	568	568	490	326	393	**6,361**
	Claims	$342,790	$246,921	$395,661	$350,836	$317,920	$561,242	$318,210	$506,506	$465,068	$352,017	$336,310	$285,238	**$4,478,718**
	Premiums	$462,156	$463,536	$457,469	$456,771	$455,180	$458,193	$456,596	$459,039	$457,999	$410,497	$292,120	$362,986	**$5,192,542**
	Loss Ratio	74.2%	53.3%	86.5%	76.8%	69.8%	122.5%	69.7%	110.3%	101.5%	85.8%	115.1%	78.6%	**86.3%**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A8f

Financial Plan Structure and Overall Performance by Benefit Package

Calendar Year 2012

		Financial Measures												
Benefit Package	**Category**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 115	Enrollment	33	33	33	33	33	34	34	33	33	24	19	23	**365**
	Claims	$32,649	$38,103	$57,958	$35,562	$75,005	$54,076	$45,565	$80,069	$35,214	$59,398	$52,599	$56,124	**$622,322**
	Premiums	$23,710	$23,654	$23,691	$23,699	$23,687	$25,175	$25,192	$24,883	$24,718	$16,998	$14,932	$17,578	**$267,916**
	Loss Ratio	137.7%	161.1%	244.6%	150.1%	316.7%	214.8%	180.9%	321.8%	142.5%	349.4%	352.3%	319.3%	**232.3%**
Benefit Package 116	Enrollment	448	443	449	452	448	449	448	443	446	447	276	354	**5,103**
	Claims	$248,003	$286,822	$387,162	$420,834	$337,795	$568,486	$277,382	$365,584	$420,081	$441,102	$459,377	$251,290	**$4,463,917**
	Premiums	$377,265	$372,244	$376,671	$377,374	$380,907	$377,003	$377,093	$373,609	$376,336	$382,800	$260,477	$324,714	**$4,356,491**
	Loss Ratio	65.7%	77.1%	102.8%	111.5%	88.7%	150.8%	73.6%	97.9%	111.6%	115.2%	176.4%	77.4%	**102.5%**
Benefit Package 117	Enrollment	8	8	8	8	8	9	9	9	9				**76**
	Claims	$1,179	$677	$2,367	$328	$596	$1,817	$4,846	$1,923	$789				**$14,524**
	Premiums	$6,244	$6,212	$6,233	$6,238	$6,231	$6,905	$6,915	$6,906	$6,932				**$58,816**
	Loss Ratio	18.9%	10.9%	38.0%	5.3%	9.6%	26.3%	70.1%	27.9%	11.4%				**24.7%**
Benefit Package 118	Enrollment	119	113	115	115	114	113	121	113	113				**1,036**
	Claims	$75,979	$62,071	$67,005	$83,415	$82,718	$41,898	$60,564	$72,069	$85,028				**$630,747**
	Premiums	$105,279	$99,416	$102,356	$102,426	$101,372	$100,248	$100,186	$104,200	$100,641				**$916,126**
	Loss Ratio	72.2%	62.4%	65.5%	81.4%	81.6%	41.8%	60.5%	69.2%	84.5%				**68.8%**
Benefit Package 119	Enrollment	603	601	600	600	596	596	595	589	587				**5,367**
	Claims	$367,735	$358,078	$938,262	$467,240	$912,745	$484,713	$344,294	$693,115	$626,230				**$5,192,412**
	Premiums	$539,669	$537,431	$538,257	$538,295	$535,322	$535,001	$532,625	$527,095	$522,765				**$4,806,459**
	Loss Ratio	68.1%	66.6%	174.3%	86.8%	170.5%	90.6%	64.6%	131.5%	119.8%				**108.0%**
Benefit Package 120	Enrollment	167	166	170	170	172	173	173	174	174				**1,539**
	Claims	$96,355	$56,343	$115,437	$74,534	$80,489	$107,416	$86,963	$87,482	$89,889				**$794,907**
	Premiums	$145,846	$144,459	$147,907	$147,897	$149,367	$148,962	$150,145	$150,740	$150,639				**$1,335,963**
	Loss Ratio	66.1%	39.0%	78.0%	50.4%	53.9%	72.1%	57.9%	58.0%	59.7%				**59.5%**
Benefit Package 121	Enrollment										381	377	378	**1,136**
	Claims										$149,179	$243,011	$349,307	**$741,497**
	Premiums										$364,442	$360,345	$361,669	**$1,086,456**
	Loss Ratio										40.9%	67.4%	96.6%	**68.2%**
Benefit Package 122	Enrollment										290	294	293	**877**
	Claims										$56,771	$125,678	$165,512	**$347,961**
	Premiums										$242,535	$243,278	$243,638	**$729,451**
	Loss Ratio										23.4%	51.7%	67.9%	**47.7%**
Benefit Package 123	Enrollment										10	11	12	**33**
	Claims										$270	$152	$295	**$717**
	Premiums										$8,287	$8,736	$9,146	**$26,169**
	Loss Ratio										3.3%	1.7%	3.2%	**2.7%**
Benefit Package 127	Enrollment											17	17	**34**
	Claims											$4,210	$4,362	**$8,572**
	Premiums											$12,907	$12,903	**$25,810**
	Loss Ratio											32.6%	33.8%	**33.2%**
Benefit Package 128	Enrollment											211	210	**421**
	Claims											$71,442	$147,032	**$218,474**
	Premiums											$197,175	$197,479	**$394,654**
	Loss Ratio											36.2%	74.5%	**55.4%**

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Financial Plan Structure and Overall Performance by Benefit Package

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		Financial Measures												
Benefit Package	**Category**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 129	Enrollment											636	640	**1,276**
	Claims											$174,345	$319,174	**$493,519**
	Premiums											$557,893	$560,425	**$1,118,318**
	Loss Ratio											31.3%	57.0%	**44.1%**
Benefit Package 130	Enrollment											430	434	**864**
	Claims											$112,698	$248,216	**$360,914**
	Premiums											$380,423	$382,402	**$762,825**
	Loss Ratio											29.6%	64.9%	**47.3%**
Benefit Package 131	Enrollment											8	8	**16**
	Claims											$126	$1,092	**$1,218**
	Premiums											$5,610	$5,610	**$11,219**
	Loss Ratio											2.2%	19.5%	**10.9%**
Benefit Package 132	Enrollment										9	9	9	**27**
	Claims										$70	$820	$276	**$1,167**
	Premiums										$5,002	$5,002	$5,002	**$15,007**
	Loss Ratio										1.4%	16.4%	5.5%	**7.8%**
Benefit Package 133	Enrollment										164	169	170	**503**
	Claims										$37,088	$73,655	$96,506	**$207,249**
	Premiums										$168,120	$174,365	$173,676	**$516,161**
	Loss Ratio										22.1%	42.2%	55.6%	**40.2%**
Benefit Package 134	Enrollment										53	55	60	**168**
	Claims										$5,730	$8,542	$5,729	**$20,001**
	Premiums										$34,110	$41,122	$39,922	**$115,154**
	Loss Ratio										16.8%	20.8%	14.4%	**17.4%**
Benefit Package 135	Enrollment										239	220	243	**702**
	Claims										$24,319	$134,372	$68,377	**$227,068**
	Premiums										$194,657	$160,904	$185,603	**$541,164**
	Loss Ratio										12.5%	83.5%	36.8%	**42.0%**
Benefit Package 136	Enrollment										28	26	27	**81**
	Claims										$1,878	$4,666	$3,840	**$10,384**
	Premiums										$20,020	$18,846	$18,877	**$57,744**
	Loss Ratio										9.4%	24.8%	20.3%	**18.0%**
Benefit Package 137	Enrollment										116	120	119	**355**
	Claims										$3,358	$3,462	$3,724	**$10,545**
	Premiums										$79,947	$82,361	$81,731	**$244,038**
	Loss Ratio										4.2%	4.2%	4.6%	**4.3%**
Benefit Package 138	Enrollment										6	6	6	**18**
	Claims										$25	$109	$641	**$775**
	Premiums										$4,260	$4,260	$4,260	**$12,781**
	Loss Ratio										0.6%	2.6%	15.1%	**6.1%**
Grand Total	Enrollment	**105,182**	**105,162**	**105,211**	**105,111**	**105,027**	**104,988**	**104,824**	**104,477**	**104,217**	**102,762**	**102,830**	**103,384**	**1,253,175**
	Claims	**$70,631,393**	**$71,373,580**	**$82,750,808**	**$79,576,300**	**$80,593,255**	**$86,472,785**	**$89,851,647**	**$91,337,241**	**$73,741,535**	**$77,463,833**	**$73,605,733**	**$73,602,261**	**$951,000,370**
	Premiums	**$87,911,172**	**$87,775,852**	**$87,308,914**	**$87,443,904**	**$87,475,924**	**$86,991,329**	**$87,050,312**	**$86,448,809**	**$87,025,971**	**$85,294,373**	**$84,634,325**	**$85,218,163**	**$1,040,579,047**
	Loss Ratio	**80.3%**	**81.3%**	**94.8%**	**91.0%**	**92.1%**	**99.4%**	**103.2%**	**105.7%**	**84.7%**	**90.8%**	**87.0%**	**86.4%**	**91.4%**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9a

Experience Reports by Benefit Package — Premiums and Claims Paid

Calendar Year 2012

Benefit Package	Avg. Monthly Employees	Avg. Monthly Members	Total Premiums	Total Claims Paid							
				Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 001	86	172	$717,594	$59,892	$273,074	$29,324	$93,546	$30,755	$70,764	$0	$557,356
Benefit Package 002	70	132	$508,428	$77,454	$78,449	$12,831	$72,148	$17,328	$67,834	$0	$326,044
Benefit Package 003	189	328	$2,068,232	$961,599	$1,007,401	$70,613	$532,218	$138,106	$406,337	$0	$3,116,274
Benefit Package 004	80	156	$234,042	$0	$119,929	$4,359	$29,105	$10,445	$29,174	$0	$193,012
Benefit Package 005	77	153	$229,542	$16,503	$16,602	$10,854	$29,231	$5,359	$29,154	$0	$107,703
Benefit Package 006	9	22	$27,483	$0	$1,241	$5,464	$1,667	$58	$376	$0	$8,806
Benefit Package 007	7	19	$77,764	$0	$4,005	$0	$3,862	$3,148	$650	$0	$11,664
Benefit Package 009	61	117	$705,083	$72,898	$145,946	$19,004	$103,011	$108,304	$42,584	$0	$491,747
Benefit Package 010	276	452	$3,079,113	$391,385	$402,296	$112,716	$638,811	$649,897	$165,329	$0	$2,360,434
Benefit Package 011	85	235	$921,553	$61,644	$99,143	$18,365	$108,261	$129,674	$24,182	$0	$441,268
Benefit Package 012	120	233	$238,577	$5,532	$16,881	$13,318	$6,300	$136,005	$14,655	$0	$192,692
Benefit Package 013	141	383	$1,631,196	$252,056	$81,610	$31,975	$78,914	$701,767	$210,687	$0	$1,357,009
Benefit Package 014	221	323	$411,041	$47,438	$14,221	$8,962	$25,295	$178,710	$47,448	$0	$322,074
Benefit Package 015	219	383	$1,381,783	$98,100	$39,875	$31,130	$29,085	$561,436	$82,580	$0	$842,208
Benefit Package 016	162	273	$373,618	$14,263	$16,589	$23,870	$11,072	$146,106	$51,321	$0	$263,221
Benefit Package 017	5,006	12,016	$38,191,596	$7,835,912	$5,387,031	$1,207,785	$13,907,132	$0	$3,223,612	$0	$31,561,471
Benefit Package 018	2,707	6,810	$21,702,810	$4,145,381	$3,726,937	$634,581	$6,445,729	$0	$2,755,825	$0	$17,708,452
Benefit Package 019	1,337	3,213	$10,017,763	$1,572,543	$1,483,825	$294,170	$2,964,686	$0	$1,087,534	$0	$7,402,759
Benefit Package 020	169	245	$1,495,444	$218,679	$254,308	$77,915	$418,169	$342,255	$133,229	$0	$1,444,554
Benefit Package 022	550	1,241	$4,289,097	$1,075,604	$457,838	$122,191	$1,069,351	$791,194	$453,498	$0	$3,969,676
Benefit Package 023	526	1,148	$1,440,640	$260,367	$138,637	$37,529	$349,831	$284,992	$163,613	$0	$1,234,970
Benefit Package 025	565	1,633	$995,163	$66,662	$43,962	$4,169	$107,217	$0	$31,182	$0	$253,192
Benefit Package 026	300	712	$2,430,004	$481,781	$137,505	$63,153	$208,156	$1,077,254	$222,715	$0	$2,190,563
Benefit Package 027	136	254	$369,857	$98,668	$27,332	$5,747	$13,063	$134,459	$17,490	$0	$296,760
Benefit Package 028	156	293	$1,148,769	$384,248	$93,515	$59,809	$155,099	$481,816	$108,975	$0	$1,283,461
Benefit Package 029	504	1,166	$5,558,862	$2,093,257	$440,942	$276,756	$544,696	$2,447,619	$481,431	$0	$6,284,702
Benefit Package 030	530	1,082	$5,837,869	$1,300,260	$228,026	$128,421	$426,430	$2,348,746	$568,230	$0	$5,000,112
Benefit Package 031	882	1,791	$8,616,360	$2,083,150	$484,550	$334,812	$659,446	$3,673,242	$805,840	$0	$8,041,040
Benefit Package 032	300	677	$835,201	$98,660	$38,017	$21,475	$64,646	$312,488	$74,162	$0	$609,446
Benefit Package 033	247	424	$593,249	$386,728	$27,252	$97,311	$46,681	$309,431	$33,540	$0	$900,943
Benefit Package 034	250	482	$2,453,919	$633,663	$162,685	$86,166	$191,065	$1,045,028	$317,595	$0	$2,436,202
Benefit Package 035	254	454	$1,822,966	$420,386	$243,569	$115,667	$170,457	$879,463	$146,415	$0	$1,975,957
Benefit Package 036	436	824	$3,586,390	$1,806,847	$257,449	$108,026	$316,692	$1,629,535	$470,553	$0	$4,589,102
Benefit Package 037	38	82	$381,376	$167,304	$23,561	$7,019	$38,134	$157,912	$10,438	$0	$404,367
Benefit Package 038	114	266	$339,719	$125,520	$29,804	$12,353	$51,855	$148,108	$19,422	$0	$387,061
Benefit Package 039	225	445	$580,537	$167,079	$36,306	$13,226	$52,543	$276,980	$86,671	$0	$632,804
Benefit Package 040	130	173	$1,430,974	$194,835	$101,801	$43,284	$577,676	$0	$221,662	$0	$1,139,259
Benefit Package 041	705	1,223	$10,119,204	$1,506,402	$1,633,871	$283,992	$3,700,800	$0	$1,943,949	$0	$9,069,013
Benefit Package 043	23	24	$210,386	$86,759	$13,213	$6,134	$79,546	$0	$54,031	$0	$239,683
Benefit Package 044	150	270	$1,852,941	$69,938	$77,545	$18,500	$466,195	$0	$327,717	$0	$959,895
Benefit Package 045	117	186	$1,147,023	$309,643	$223,410	$43,245	$389,882	$0	$192,144	$0	$1,158,324
Benefit Package 046	90	166	$883,098	$338,037	$58,004	$16,770	$258,580	$0	$134,939	$0	$806,330

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9a

Experience Reports by Benefit Package — Premiums and Claims Paid

Calendar Year 2012

	Avg. Monthly	Avg. Monthly		Total Claims Paid							
Benefit Package	Employees	Members	Total Premiums	Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 047	23	40	$223,715	$87,752	$15,350	$4,307	$89,022	$0	$23,206	$0	$219,637
Benefit Package 048	22	39	$197,181	$14,515	$13,944	$178	$36,354	$0	$24,800	$0	$89,791
Benefit Package 049	44	69	$447,363	$40,775	$21,836	$4,125	$137,891	$26,355	$35,605	$0	$266,587
Benefit Package 050	61	171	$538,823	$55,386	$233,751	$1,667	$251,552	$117,588	$45,615	$0	$705,554
Benefit Package 051	11	15	$138,162	$0	$629	$0	$23,540	$5,675	$7,644	$0	$37,485
Benefit Package 052	3	7	$33,564	$0	$9,274	$0	$9,228	$9,909	$4,024	$0	$32,433
Benefit Package 053	23	34	$220,903	$31,752	$129,052	$6,134	$92,406	$17,462	$9,319	$0	$286,119
Benefit Package 054	4	4	$32,886	$6,902	$557	$0	$9,044	$5,206	$1,416	$0	$23,127
Benefit Package 055	157	334	$1,247,533	$326,838	$262,905	$18,743	$376,407	$52,280	$137,877	$0	$1,175,053
Benefit Package 056	38	92	$372,867	$17,630	$19,694	$4,613	$98,225	$12,940	$37,157	$0	$190,258
Benefit Package 057	158	396	$1,379,888	$173,546	$225,443	$33,699	$492,469	$51,199	$92,352	$0	$1,068,709
Benefit Package 058	38	103	$345,349	$0	$10,922	$8,256	$62,690	$9,228	$12,399	$0	$103,493
Benefit Package 059	122	178	$1,077,622	$430,328	$488,843	$12,089	$395,233	$185,757	$147,912	$0	$1,660,159
Benefit Package 060	69	143	$724,571	$70,884	$204,419	$6,446	$322,054	$89,540	$73,091	$0	$766,437
Benefit Package 061	46	114	$427,893	$34,659	$5,558	$2,175	$107,338	$14,055	$38,237	$0	$202,023
Benefit Package 062	18	46	$179,804	$92,015	$12,067	$491	$55,758	$16,420	$16,582	$0	$193,332
Benefit Package 063	720	1,511	$7,189,895	$550,625	$761,474	$109,010	$2,379,147	$542,690	$676,492	$0	$5,019,438
Benefit Package 064	182	407	$1,791,672	$198,087	$133,017	$29,053	$575,224	$75,371	$153,090	$0	$1,163,839
Benefit Package 065	1,187	2,966	$14,006,650	$2,132,897	$2,019,090	$329,839	$2,092,630	$1,265,236	$1,399,083	$0	$9,238,774
Benefit Package 066	553	1,321	$5,653,779	$717,992	$676,964	$156,745	$1,029,813	$776,805	$649,941	$0	$4,008,259
Benefit Package 067	1,148	2,464	$10,393,222	$1,906,011	$979,113	$197,348	$2,609,176	$1,700,637	$795,768	$0	$8,188,053
Benefit Package 068	531	1,199	$5,926,068	$1,452,891	$511,100	$155,605	$1,509,482	$931,742	$460,319	$0	$5,021,139
Benefit Package 069	975	1,765	$9,719,365	$2,617,362	$1,018,124	$269,073	$2,669,611	$1,857,877	$998,204	$0	$9,430,251
Benefit Package 070	570	875	$4,917,129	$1,841,910	$1,515,951	$231,160	$1,482,788	$440,654	$580,421	$0	$6,092,884
Benefit Package 071	4,668	9,380	$45,745,432	$8,758,050	$6,734,578	$1,693,279	$11,432,333	$6,342,443	$4,003,354	$0	$38,964,038
Benefit Package 072	3,592	6,851	$35,022,442	$6,134,273	$3,589,386	$880,143	$8,806,479	$5,021,994	$2,798,888	$0	$27,231,163
Benefit Package 073	666	1,686	$6,406,309	$1,165,762	$825,761	$138,738	$1,038,425	$551,749	$690,525	$0	$4,410,960
Benefit Package 074	2,731	5,173	$25,269,893	$3,318,191	$3,858,668	$611,776	$6,067,205	$3,032,674	$2,178,888	$0	$19,067,402
Benefit Package 075	1,254	2,613	$14,314,174	$2,799,124	$1,546,789	$386,202	$3,549,920	$2,100,681	$1,622,896	$0	$12,005,613
Benefit Package 076	3,030	5,924	$31,129,386	$5,410,977	$3,462,829	$864,097	$7,915,804	$4,944,505	$2,727,256	$0	$25,325,468
Benefit Package 077	274	527	$2,725,342	$567,633	$264,001	$145,192	$885,922	$549,551	$216,409	$0	$2,628,708
Benefit Package 078	8,615	13,374	$100,885,910	$21,768,372	$23,406,189	$3,275,642	$37,571,952	$0	$23,702,722	$0	$109,724,878
Benefit Package 079	21,790	37,757	$208,551,637	$43,338,428	$40,463,751	$6,390,731	$68,683,481	$0	$39,079,266	$0	$197,955,656
Benefit Package 080	11,194	24,954	$108,215,568	$17,212,271	$17,891,426	$3,501,794	$31,298,260	$0	$17,013,042	$0	$86,916,794
Benefit Package 081	13,411	22,551	$145,704,363	$32,466,038	$31,911,075	$5,524,996	$58,276,907	$0	$27,260,367	$0	$155,439,382
Benefit Package 082	81	206	$816,469	$284,177	$136,334	$11,152	$323,853	$0	$109,220	$0	$864,735
Benefit Package 083	3	8	$8,609	$0	$0	$1,791	$7,792	$0	$2,539	$0	$12,122
Benefit Package 084	83	282	$767,020	$141,070	$89,182	$15,867	$443,230	$0	$201,765	$0	$891,114
Benefit Package 085	14	45	$139,187	$0	$27,807	$3,869	$36,684	$0	$37,652	$0	$106,012
Benefit Package 086	16	65	$129,504	$0	$8,877	$11,601	$14,925	$0	$7,376	$0	$42,779
Benefit Package 087	214	549	$2,112,595	$772,907	$196,117	$75,478	$832,217	$0	$306,320	$0	$2,183,039
Benefit Package 088	93	229	$1,072,214	$673,088	$154,707	$48,870	$459,303	$0	$191,775	$0	$1,527,743

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9a

Experience Reports by Benefit Package — Premiums and Claims Paid

Calendar Year 2012

Benefit Package	Avg. Monthly Employees	Avg. Monthly Members	Total Premiums	Total Claims Paid							
				Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 089	1,446	4,645	$13,446,392	$2,530,991	$1,192,388	$425,978	$4,413,594	$0	$1,597,787	$0	$10,160,737
Benefit Package 090	174	402	$1,722,482	$807,459	$64,678	$48,538	$680,246	$0	$348,643	$0	$1,949,565
Benefit Package 091	32	110	$228,297	$79,558	$16,192	$6,512	$41,890	$0	$781	$0	$144,931
Benefit Package 092	906	2,221	$9,746,582	$2,691,456	$1,213,493	$344,800	$4,625,621	$0	$1,525,548	$0	$10,400,917
Benefit Package 093	775	2,085	$7,876,246	$1,087,756	$2,270,012	$169,784	$2,644,911	$0	$1,256,617	$0	$7,429,080
Benefit Package 094	99	359	$987,612	$120,719	$73,207	$11,088	$228,212	$0	$130,612	$0	$563,837
Benefit Package 095	445	1,405	$4,428,075	$479,692	$458,418	$126,593	$1,354,273	$0	$651,288	$0	$3,070,264
Benefit Package 096	450	1,240	$4,386,981	$1,835,873	$371,398	$89,524	$1,047,346	$0	$600,882	$0	$3,945,023
Benefit Package 097	295	727	$2,938,090	$631,954	$281,896	$76,602	$1,007,737	$0	$340,910	$0	$2,339,099
Benefit Package 098	287	1,005	$2,403,148	$374,160	$175,331	$58,335	$649,930	$0	$273,735	$0	$1,531,491
Benefit Package 099	12	44	$80,881	$0	$0	$0	$7,384	$0	$712	$0	$8,096
Benefit Package 100	16	58	$24,584	$0	$2,743	$0	$1,153	$0	$31	$0	$3,927
Benefit Package 101	914	2,071	$6,061,971	$831,795	$690,802	$105,378	$2,541,537	$0	$1,243,623	$0	$5,413,135
Benefit Package 102	663	2,280	$5,361,116	$1,888,559	$322,971	$106,154	$1,823,231	$0	$662,004	$0	$4,802,919
Benefit Package 103	120	493	$684,778	$97,920	$161,512	$22,521	$261,989	$0	$61,434	$0	$605,377
Benefit Package 104	253	905	$747,511	$21,291	$21,455	$6,897	$66,069	$0	$48,683	$0	$164,395
Benefit Package 105	151	625	$1,447,271	$175,749	$171,718	$23,966	$452,747	$0	$274,141	$0	$1,098,320
Benefit Package 106	740	2,022	$6,176,037	$1,277,473	$948,922	$149,386	$1,988,264	$0	$978,857	$0	$5,342,900
Benefit Package 107	392	1,407	$3,526,702	$643,858	$315,914	$101,826	$1,217,274	$0	$359,454	$0	$2,638,326
Benefit Package 108	274	681	$3,199,295	$517,785	$295,323	$75,572	$1,326,398	$0	$563,682	$0	$2,778,761
Benefit Package 109	35	108	$189,924	$0	$17,253	$1,874	$32,181	$0	$3,981	$0	$55,288
Benefit Package 110	165	406	$1,457,626	$522,489	$175,830	$38,484	$630,300	$0	$243,509	$0	$1,610,613
Benefit Package 111	277	705	$2,429,519	$302,197	$364,975	$86,781	$1,000,053	$0	$284,901	$0	$2,038,906
Benefit Package 112	124	349	$883,581	$116,330	$59,092	$29,654	$235,034	$0	$94,508	$0	$534,618
Benefit Package 113	49	105	$414,861	$41,129	$175,870	$23,687	$167,640	$0	$61,859	$0	$470,185
Benefit Package 114	530	1,333	$5,192,542	$1,210,698	$502,271	$195,078	$1,936,688	$0	$633,983	$0	$4,478,718
Benefit Package 115	30	65	$267,916	$6,447	$390,259	$2,582	$106,127	$0	$116,905	$0	$622,322
Benefit Package 116	425	1,047	$4,356,491	$1,280,843	$351,202	$181,573	$2,071,236	$0	$579,062	$0	$4,463,917
Benefit Package 117	8	19	$58,816	$0	$0	$1	$11,514	$0	$3,009	$0	$14,524
Benefit Package 118	115	309	$916,126	$289,093	$31,296	$31,045	$219,838	$0	$59,476	$0	$630,747
Benefit Package 119	596	1,553	$4,806,459	$1,958,043	$378,942	$129,759	$2,053,601	$0	$672,067	$0	$5,192,412
Benefit Package 120	171	489	$1,335,963	$178,515	$73,151	$12,882	$392,209	$0	$138,149	$0	$794,907
Benefit Package 121	379	960	$1,086,456	$150,404	$70,025	$8,881	$347,040	$0	$165,146	$0	$741,497
Benefit Package 122	292	779	$729,451	$17,998	$65,656	$7,228	$182,359	$0	$74,720	$0	$347,961
Benefit Package 123	11	40	$26,169	$0	$0	$0	$614	$0	$102	$0	$717
Benefit Package 127	17	67	$25,810	$0	$0	$25	$2,622	$0	$5,925	$0	$8,572
Benefit Package 128	211	825	$394,654	$37,355	$14,051	$2,289	$111,397	$0	$53,382	$0	$218,474
Benefit Package 129	638	1,718	$1,118,318	$18,128	$95,995	$14,139	$236,982	$0	$128,275	$0	$493,519
Benefit Package 130	432	1,414	$762,825	$69,055	$37,838	$8,950	$179,119	$0	$65,952	$0	$360,914
Benefit Package 131	8	45	$11,219	$0	$0	$0	$1,050	$0	$168	$0	$1,218
Benefit Package 132	9	29	$15,007	$0	$227	$0	$911	$0	$30	$0	$1,167
Benefit Package 133	168	476	$516,161	$8,158	$32,034	$11,876	$97,139	$0	$58,042	$0	$207,249

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9a

Experience Reports by Benefit Package — Premiums and Claims Paid

Calendar Year 2012

Benefit Package	Avg. Monthly Employees	Avg. Monthly Members	Total Premiums	Total Claims Paid							
				Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 134	56	182	$115,154	$0	$2,874	$2,963	$11,811	$0	$2,353	$0	$20,001
Benefit Package 135	234	719	$541,164	$94,642	$2,247	$4,447	$70,310	$0	$55,423	$0	$227,068
Benefit Package 136	27	69	$57,744	$0	$0	$0	$6,224	$0	$4,160	$0	$10,384
Benefit Package 137	118	468	$244,038	$0	$0	$0	$6,766	$0	$3,778	$0	$10,545
Benefit Package 138	6	23	$12,781	$0	$0	$0	$750	$0	$25	$0	$775
Grand Total/Average	**104,431**	**211,053**	**$1,040,579,047**	**$209,993,763**	**$173,874,169**	**$32,418,619**	**$326,479,379**	**$49,905,841**	**$158,328,615**	**$0**	**$951,000,370**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9b

Experience Reports by Benefit Package — Claims Paid Per Employee Per Month

Calendar Year 2012

Benefit Package	Monthly Avg. Employees	Premiums PEPM	Claims Paid PEPM							
			Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 001	86	$922.36	$76.98	$351.00	$37.69	$120.24	$39.53	$90.96	$0.00	$716.40
Benefit Package 002	70	$812.18	$123.73	$125.32	$20.50	$115.25	$27.68	$108.36	$0.00	$520.84
Benefit Package 003	189	$913.93	$424.92	$445.16	$31.20	$235.18	$61.03	$179.56	$0.00	$1,377.05
Benefit Package 004	80	$975.18	$0.00	$499.71	$18.16	$121.27	$43.52	$121.56	$0.00	$804.22
Benefit Package 005	77	$998.01	$71.75	$72.18	$47.19	$127.09	$23.30	$126.76	$0.00	$468.28
Benefit Package 006	9	$1,057.02	$0.00	$47.72	$210.17	$64.11	$2.24	$14.46	$0.00	$338.70
Benefit Package 007	7	$925.76	$0.00	$47.68	$0.00	$45.97	$37.47	$7.74	$0.00	$138.86
Benefit Package 009	61	$968.52	$100.13	$200.48	$26.10	$141.50	$148.77	$58.49	$0.00	$675.48
Benefit Package 010	276	$929.96	$118.21	$121.50	$34.04	$192.94	$196.28	$49.93	$0.00	$712.91
Benefit Package 011	85	$899.08	$60.14	$96.72	$17.92	$105.62	$126.51	$23.59	$0.00	$430.51
Benefit Package 012	120	$660.88	$15.33	$46.76	$36.89	$17.45	$376.74	$40.59	$0.00	$533.77
Benefit Package 013	141	$964.06	$148.97	$48.23	$18.90	$46.64	$414.76	$124.52	$0.00	$802.01
Benefit Package 014	221	$620.91	$71.66	$21.48	$13.54	$38.21	$269.95	$71.67	$0.00	$486.52
Benefit Package 015	219	$701.41	$49.80	$20.24	$15.80	$14.76	$284.99	$41.92	$0.00	$427.52
Benefit Package 016	162	$768.76	$29.35	$34.13	$49.12	$22.78	$300.63	$105.60	$0.00	$541.61
Benefit Package 017	5,006	$635.82	$130.45	$89.68	$20.11	$231.53	$0.00	$53.67	$0.00	$525.44
Benefit Package 018	2,707	$668.21	$127.63	$114.75	$19.54	$198.46	$0.00	$84.85	$0.00	$545.23
Benefit Package 019	1,337	$624.32	$98.00	$92.47	$18.33	$184.76	$0.00	$67.78	$0.00	$461.35
Benefit Package 020	169	$736.67	$107.72	$125.27	$38.38	$205.99	$168.60	$65.63	$0.00	$711.60
Benefit Package 022	550	$866.31	$217.25	$92.47	$24.68	$215.99	$159.80	$91.60	$0.00	$801.79
Benefit Package 023	526	$912.37	$164.89	$87.80	$23.77	$221.55	$180.49	$103.62	$0.00	$782.12
Benefit Package 025	565	$587.12	$39.33	$25.94	$2.46	$63.26	$0.00	$18.40	$0.00	$149.38
Benefit Package 026	300	$901.00	$178.64	$50.98	$23.42	$77.18	$399.43	$82.58	$0.00	$812.22
Benefit Package 027	136	$906.51	$241.83	$66.99	$14.09	$32.02	$329.56	$42.87	$0.00	$727.35
Benefit Package 028	156	$818.79	$273.88	$66.65	$42.63	$110.55	$343.42	$77.67	$0.00	$914.80
Benefit Package 029	504	$920.04	$346.45	$72.98	$45.81	$90.15	$405.10	$79.68	$0.00	$1,040.17
Benefit Package 030	530	$917.62	$204.38	$35.84	$20.19	$67.03	$369.18	$89.32	$0.00	$785.93

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9b

Experience Reports by Benefit Package — Claims Paid Per Employee Per Month

Calendar Year 2012

Benefit Package	Monthly Avg. Employees	Premiums PEPM	Claims Paid PEPM							
			Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 031	882	$813.71	$196.73	$45.76	$31.62	$62.28	$346.89	$76.10	$0.00	$759.38
Benefit Package 032	300	$929.03	$109.74	$42.29	$23.89	$71.91	$347.59	$82.49	$0.00	$677.92
Benefit Package 033	247	$800.61	$521.90	$36.78	$131.32	$63.00	$417.59	$45.26	$0.00	$1,215.85
Benefit Package 034	250	$817.16	$211.01	$54.17	$28.69	$63.62	$347.99	$105.76	$0.00	$811.26
Benefit Package 035	254	$796.05	$183.57	$106.36	$50.51	$74.44	$384.05	$63.94	$0.00	$862.86
Benefit Package 036	436	$913.03	$459.99	$65.54	$27.50	$80.62	$414.85	$119.79	$0.00	$1,168.30
Benefit Package 037	38	$998.37	$437.97	$61.68	$18.37	$99.83	$413.38	$27.32	$0.00	$1,058.55
Benefit Package 038	114	$993.33	$367.02	$87.15	$36.12	$151.62	$433.06	$56.79	$0.00	$1,131.76
Benefit Package 039	225	$860.05	$247.52	$53.79	$19.59	$77.84	$410.34	$128.40	$0.00	$937.49
Benefit Package 040	130	$917.88	$124.97	$65.30	$27.76	$370.54	$0.00	$142.18	$0.00	$730.76
Benefit Package 041	705	$1,196.12	$178.06	$193.13	$33.57	$437.45	$0.00	$229.78	$0.00	$1,071.99
Benefit Package 043	23	$767.83	$316.64	$48.22	$22.39	$290.31	$0.00	$197.19	$0.00	$874.76
Benefit Package 044	150	$1,028.27	$38.81	$43.03	$10.27	$258.71	$0.00	$181.86	$0.00	$532.68
Benefit Package 045	117	$816.39	$220.39	$159.01	$30.78	$277.50	$0.00	$136.76	$0.00	$824.43
Benefit Package 046	90	$818.44	$313.29	$53.76	$15.54	$239.65	$0.00	$125.06	$0.00	$747.29
Benefit Package 047	23	$816.48	$320.26	$56.02	$15.72	$324.90	$0.00	$84.69	$0.00	$801.60
Benefit Package 048	22	$749.74	$55.19	$53.02	$0.68	$138.23	$0.00	$94.30	$0.00	$341.41
Benefit Package 049	44	$857.02	$78.11	$41.83	$7.90	$264.16	$50.49	$68.21	$0.00	$510.70
Benefit Package 050	61	$732.10	$75.25	$317.60	$2.26	$341.78	$159.77	$61.98	$0.00	$958.63
Benefit Package 051	11	$1,023.42	$0.00	$4.66	$0.00	$174.37	$42.04	$56.62	$0.00	$277.67
Benefit Package 052	3	$907.14	$0.00	$250.65	$0.00	$249.41	$267.81	$108.76	$0.00	$876.57
Benefit Package 053	23	$809.17	$116.31	$472.72	$22.47	$338.48	$63.96	$34.14	$0.00	$1,048.05
Benefit Package 054	4	$913.50	$191.72	$15.47	$0.00	$251.22	$144.61	$39.33	$0.00	$642.42
Benefit Package 055	157	$880.40	$230.65	$185.54	$13.23	$265.64	$36.89	$97.30	$0.00	$829.25
Benefit Package 056	38	$823.11	$38.92	$43.47	$10.18	$216.83	$28.57	$82.02	$0.00	$420.00
Benefit Package 057	158	$730.10	$91.82	$119.28	$17.83	$260.57	$27.09	$48.86	$0.00	$565.45
Benefit Package 058	38	$767.44	$0.00	$24.27	$18.35	$139.31	$20.51	$27.55	$0.00	$229.98

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9b

Experience Reports by Benefit Package — Claims Paid Per Employee Per Month

Calendar Year 2012

Benefit Package	Monthly Avg. Employees	Premiums PEPM	Claims Paid PEPM							
			Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 059	122	$734.58	$293.34	$333.23	$8.24	$269.42	$126.62	$100.83	$0.00	$1,131.67
Benefit Package 060	69	$876.14	$85.71	$247.18	$7.79	$389.42	$108.27	$88.38	$0.00	$926.77
Benefit Package 061	46	$773.77	$62.67	$10.05	$3.93	$194.10	$25.42	$69.14	$0.00	$365.32
Benefit Package 062	18	$856.21	$438.17	$57.46	$2.34	$265.51	$78.19	$78.96	$0.00	$920.63
Benefit Package 063	720	$832.74	$63.77	$88.19	$12.63	$275.56	$62.85	$78.35	$0.00	$581.36
Benefit Package 064	182	$821.49	$90.82	$60.99	$13.32	$263.74	$34.56	$70.19	$0.00	$533.63
Benefit Package 065	1,187	$983.41	$149.75	$141.76	$23.16	$146.92	$88.83	$98.23	$0.00	$648.65
Benefit Package 066	553	$852.76	$108.29	$102.11	$23.64	$155.33	$117.17	$98.03	$0.00	$604.56
Benefit Package 067	1,148	$754.72	$138.41	$71.10	$14.33	$189.47	$123.49	$57.79	$0.00	$594.59
Benefit Package 068	531	$929.73	$227.94	$80.19	$24.41	$236.82	$146.18	$72.22	$0.00	$787.75
Benefit Package 069	975	$830.50	$223.65	$87.00	$22.99	$228.11	$158.75	$85.29	$0.00	$805.80
Benefit Package 070	570	$718.67	$269.21	$221.57	$33.79	$216.72	$64.40	$84.83	$0.00	$890.51
Benefit Package 071	4,668	$816.63	$156.35	$120.22	$30.23	$204.09	$113.22	$71.47	$0.00	$695.58
Benefit Package 072	3,592	$812.53	$142.32	$83.27	$20.42	$204.31	$116.51	$64.93	$0.00	$631.77
Benefit Package 073	666	$802.09	$145.96	$103.39	$17.37	$130.01	$69.08	$86.46	$0.00	$552.27
Benefit Package 074	2,731	$771.18	$101.26	$117.76	$18.67	$185.16	$92.55	$66.49	$0.00	$581.89
Benefit Package 075	1,254	$951.61	$186.09	$102.83	$25.67	$236.00	$139.65	$107.89	$0.00	$798.14
Benefit Package 076	3,030	$856.24	$148.83	$95.25	$23.77	$217.73	$136.00	$75.02	$0.00	$696.60
Benefit Package 077	274	$829.38	$172.74	$80.34	$44.19	$269.61	$167.24	$65.86	$0.00	$799.97
Benefit Package 078	8,615	$975.87	$210.56	$226.41	$31.69	$363.43	$0.00	$229.28	$0.00	$1,061.36
Benefit Package 079	21,790	$797.57	$165.74	$154.75	$24.44	$262.67	$0.00	$149.45	$0.00	$757.05
Benefit Package 080	11,194	$805.61	$128.14	$133.19	$26.07	$233.00	$0.00	$126.65	$0.00	$647.05
Benefit Package 081	13,411	$905.37	$201.74	$198.29	$34.33	$362.12	$0.00	$169.39	$0.00	$965.86
Benefit Package 082	81	$842.59	$293.27	$140.70	$11.51	$334.21	$0.00	$112.71	$0.00	$892.40
Benefit Package 083	3	$956.57	$0.00	$0.00	$199.02	$865.82	$0.00	$282.08	$0.00	$1,346.92
Benefit Package 084	83	$771.65	$141.92	$89.72	$15.96	$445.91	$0.00	$202.98	$0.00	$896.49
Benefit Package 085	14	$833.45	$0.00	$166.51	$23.17	$219.66	$0.00	$225.46	$0.00	$634.80

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9b

Experience Reports by Benefit Package — Claims Paid Per Employee Per Month

Calendar Year 2012

Benefit Package	Monthly Avg. Employees	Premiums PEPM	Claims Paid PEPM							
			Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 086	16	$671.00	$0.00	$45.99	$60.11	$77.33	$0.00	$38.22	$0.00	$221.65
Benefit Package 087	214	$822.66	$300.98	$76.37	$29.39	$324.07	$0.00	$119.28	$0.00	$850.09
Benefit Package 088	93	$961.63	$603.67	$138.75	$43.83	$411.93	$0.00	$172.00	$0.00	$1,370.17
Benefit Package 089	1,446	$774.83	$145.84	$68.71	$24.55	$254.33	$0.00	$92.07	$0.00	$585.50
Benefit Package 090	174	$827.32	$387.83	$31.07	$23.31	$326.73	$0.00	$167.46	$0.00	$936.39
Benefit Package 091	32	$599.21	$208.81	$42.50	$17.09	$109.95	$0.00	$2.05	$0.00	$380.40
Benefit Package 092	906	$896.48	$247.56	$111.62	$31.71	$425.46	$0.00	$140.32	$0.00	$956.67
Benefit Package 093	775	$847.36	$117.03	$244.22	$18.27	$284.55	$0.00	$135.19	$0.00	$799.26
Benefit Package 094	99	$834.13	$101.96	$61.83	$9.36	$192.75	$0.00	$110.31	$0.00	$476.21
Benefit Package 095	445	$829.54	$89.86	$85.88	$23.72	$253.70	$0.00	$122.01	$0.00	$575.17
Benefit Package 096	450	$812.86	$340.17	$68.82	$16.59	$194.06	$0.00	$111.34	$0.00	$730.97
Benefit Package 097	295	$830.91	$178.72	$79.72	$21.66	$284.99	$0.00	$96.41	$0.00	$661.51
Benefit Package 098	287	$697.17	$108.55	$50.86	$16.92	$188.55	$0.00	$79.41	$0.00	$444.30
Benefit Package 099	12	$557.80	$0.00	$0.00	$0.00	$50.93	$0.00	$4.91	$0.00	$55.84
Benefit Package 100	16	$523.07	$0.00	$58.36	$0.00	$24.54	$0.00	$0.65	$0.00	$83.55
Benefit Package 101	914	$737.20	$101.15	$84.01	$12.82	$309.08	$0.00	$151.24	$0.00	$658.29
Benefit Package 102	663	$898.91	$316.66	$54.15	$17.80	$305.71	$0.00	$111.00	$0.00	$805.32
Benefit Package 103	120	$636.41	$91.00	$150.10	$20.93	$243.48	$0.00	$57.10	$0.00	$562.62
Benefit Package 104	253	$983.57	$28.01	$28.23	$9.07	$86.93	$0.00	$64.06	$0.00	$216.31
Benefit Package 105	151	$957.19	$116.24	$113.57	$15.85	$299.44	$0.00	$181.31	$0.00	$726.40
Benefit Package 106	740	$835.16	$172.75	$128.32	$20.20	$268.87	$0.00	$132.37	$0.00	$722.50
Benefit Package 107	392	$899.44	$164.21	$80.57	$25.97	$310.45	$0.00	$91.67	$0.00	$672.87
Benefit Package 108	274	$974.21	$157.67	$89.93	$23.01	$403.90	$0.00	$171.64	$0.00	$846.15
Benefit Package 109	35	$599.13	$0.00	$54.43	$5.91	$101.52	$0.00	$12.56	$0.00	$174.41
Benefit Package 110	165	$736.92	$264.15	$88.89	$19.46	$318.66	$0.00	$123.11	$0.00	$814.26
Benefit Package 111	277	$732.00	$91.05	$109.97	$26.15	$301.31	$0.00	$85.84	$0.00	$614.31
Benefit Package 112	124	$790.32	$104.05	$52.85	$26.52	$210.23	$0.00	$84.53	$0.00	$478.19

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9b

Experience Reports by Benefit Package — Claims Paid Per Employee Per Month

Calendar Year 2012

Benefit Package	Monthly Avg. Employees	Premiums PEPM	Claims Paid PEPM							
			Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 113	49	$711.60	$70.55	$301.66	$40.63	$287.55	$0.00	$106.11	$0.00	$806.49
Benefit Package 114	530	$816.31	$190.33	$78.96	$30.67	$304.46	$0.00	$99.67	$0.00	$704.09
Benefit Package 115	30	$734.02	$17.66	$1,069.20	$7.08	$290.76	$0.00	$320.29	$0.00	$1,704.99
Benefit Package 116	425	$853.71	$251.00	$68.82	$35.58	$405.89	$0.00	$113.47	$0.00	$874.76
Benefit Package 117	8	$773.89	$0.00	$0.00	$0.01	$151.50	$0.00	$39.59	$0.00	$191.10
Benefit Package 118	115	$884.29	$279.05	$30.21	$29.97	$212.20	$0.00	$57.41	$0.00	$608.83
Benefit Package 119	596	$895.56	$364.83	$70.61	$24.18	$382.63	$0.00	$125.22	$0.00	$967.47
Benefit Package 120	171	$868.07	$115.99	$47.53	$8.37	$254.85	$0.00	$89.77	$0.00	$516.51
Benefit Package 121	379	$956.39	$132.40	$61.64	$7.82	$305.49	$0.00	$145.38	$0.00	$652.73
Benefit Package 122	292	$831.76	$20.52	$74.86	$8.24	$207.94	$0.00	$85.20	$0.00	$396.76
Benefit Package 123	11	$793.01	$0.00	$0.00	$0.00	$18.62	$0.00	$3.10	$0.00	$21.72
Benefit Package 127	17	$759.12	$0.00	$0.00	$0.74	$77.12	$0.00	$174.27	$0.00	$252.13
Benefit Package 128	211	$937.42	$88.73	$33.38	$5.44	$264.60	$0.00	$126.80	$0.00	$518.94
Benefit Package 129	638	$876.42	$14.21	$75.23	$11.08	$185.72	$0.00	$100.53	$0.00	$386.77
Benefit Package 130	432	$882.90	$79.92	$43.79	$10.36	$207.31	$0.00	$76.33	$0.00	$417.72
Benefit Package 131	8	$701.21	$0.00	$0.00	$0.00	$65.60	$0.00	$10.50	$0.00	$76.10
Benefit Package 132	9	$555.80	$0.00	$8.39	$0.00	$33.73	$0.00	$1.11	$0.00	$43.23
Benefit Package 133	168	$1,026.16	$16.22	$63.69	$23.61	$193.12	$0.00	$115.39	$0.00	$412.03
Benefit Package 134	56	$685.44	$0.00	$17.11	$17.64	$70.30	$0.00	$14.01	$0.00	$119.06
Benefit Package 135	234	$770.89	$134.82	$3.20	$6.33	$100.16	$0.00	$78.95	$0.00	$323.46
Benefit Package 136	27	$712.89	$0.00	$0.00	$0.00	$76.84	$0.00	$51.36	$0.00	$128.20
Benefit Package 137	118	$687.43	$0.00	$0.00	$0.00	$19.06	$0.00	$10.64	$0.00	$29.70
Benefit Package 138	6	$710.03	$0.00	$0.00	$0.00	$41.68	$0.00	$1.41	$0.00	$43.08
Low	**3**	**$523.07**	**$0.00**	**$0.00**	**$0.00**	**$14.76**	**$0.00**	**$0.65**	**$0.00**	**$21.72**
Average	**842**	**$830.35**	**$167.57**	**$138.75**	**$25.87**	**$260.52**	**$39.82**	**$126.34**	**$0.00**	**$758.87**
High	**21,790**	**$1,196.12**	**$603.67**	**$1,069.20**	**$210.17**	**$865.82**	**$433.06**	**$320.29**	**$0.00**	**$1,704.99**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9b

Experience Reports by Benefit Package — Claims Paid Per Employee Per Month

Calendar Year 2012

Benefit Package	Monthly Avg. Employees	Premiums PEPM	Claims Paid PEPM							
			Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Grand Total	**104,431**									

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9c

Experience Reports by Benefit Package — Claims Paid Per Member Per Month

Calendar Year 2012

Benefit Package	Monthly Avg. Members	Premiums PMPM	Claims Paid PMPM							
			Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 001	172	$462.67	$38.62	$176.06	$18.91	$60.31	$19.83	$45.62	$0.00	$359.35
Benefit Package 002	132	$428.33	$65.25	$66.09	$10.81	$60.78	$14.60	$57.15	$0.00	$274.68
Benefit Package 003	328	$526.27	$244.68	$256.34	$17.97	$135.42	$35.14	$103.39	$0.00	$792.94
Benefit Package 004	156	$500.09	$0.00	$256.26	$9.31	$62.19	$22.32	$62.34	$0.00	$412.42
Benefit Package 005	153	$500.09	$35.95	$36.17	$23.65	$63.68	$11.68	$63.52	$0.00	$234.65
Benefit Package 006	22	$422.81	$0.00	$19.09	$84.07	$25.64	$0.90	$5.78	$0.00	$135.48
Benefit Package 007	19	$341.07	$0.00	$17.56	$0.00	$16.94	$13.81	$2.85	$0.00	$51.16
Benefit Package 009	117	$502.20	$51.92	$103.95	$13.54	$73.37	$77.14	$30.33	$0.00	$350.25
Benefit Package 010	452	$568.21	$72.22	$74.24	$20.80	$117.88	$119.93	$30.51	$0.00	$435.58
Benefit Package 011	235	$326.21	$21.82	$35.09	$6.50	$38.32	$45.90	$8.56	$0.00	$156.20
Benefit Package 012	233	$341.31	$7.91	$24.15	$19.05	$9.01	$194.57	$20.97	$0.00	$275.67
Benefit Package 013	383	$354.68	$54.81	$17.75	$6.95	$17.16	$152.59	$45.81	$0.00	$295.07
Benefit Package 014	323	$423.75	$48.91	$14.66	$9.24	$26.08	$184.24	$48.92	$0.00	$332.03
Benefit Package 015	383	$400.98	$28.47	$11.57	$9.03	$8.44	$162.92	$23.96	$0.00	$244.40
Benefit Package 016	273	$456.19	$17.41	$20.25	$29.15	$13.52	$178.40	$62.66	$0.00	$321.39
Benefit Package 017	12,016	$264.87	$54.34	$37.36	$8.38	$96.45	$0.00	$22.36	$0.00	$218.89
Benefit Package 018	6,810	$265.59	$50.73	$45.61	$7.77	$78.88	$0.00	$33.72	$0.00	$216.71
Benefit Package 019	3,213	$259.81	$40.78	$38.48	$7.63	$76.89	$0.00	$28.21	$0.00	$191.99
Benefit Package 020	245	$509.69	$74.53	$86.68	$26.56	$142.53	$116.65	$45.41	$0.00	$492.35
Benefit Package 022	1,241	$384.16	$96.34	$41.01	$10.94	$95.78	$70.86	$40.62	$0.00	$355.55
Benefit Package 023	1,148	$418.30	$75.60	$40.25	$10.90	$101.58	$82.75	$47.51	$0.00	$358.59
Benefit Package 025	1,633	$203.14	$13.61	$8.97	$0.85	$21.89	$0.00	$6.36	$0.00	$51.68
Benefit Package 026	712	$379.10	$75.16	$21.45	$9.85	$32.47	$168.06	$34.74	$0.00	$341.74
Benefit Package 027	254	$485.38	$129.49	$35.87	$7.54	$17.14	$176.46	$22.95	$0.00	$389.45
Benefit Package 028	293	$435.63	$145.71	$35.46	$22.68	$58.82	$182.71	$41.33	$0.00	$486.71
Benefit Package 029	1,166	$397.37	$149.64	$31.52	$19.78	$38.94	$174.97	$34.41	$0.00	$449.26
Benefit Package 030	1,082	$449.79	$100.18	$17.57	$9.89	$32.86	$180.97	$43.78	$0.00	$385.25

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9c

Experience Reports by Benefit Package — Claims Paid Per Member Per Month

Calendar Year 2012

Benefit Package	Monthly Avg. Members	Premiums PMPM	Claims Paid PMPM							
			Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 031	1,791	$400.82	$96.90	$22.54	$15.57	$30.68	$170.87	$37.49	$0.00	$374.05
Benefit Package 032	677	$411.02	$48.55	$18.71	$10.57	$31.81	$153.78	$36.50	$0.00	$299.92
Benefit Package 033	424	$466.76	$304.27	$21.44	$76.56	$36.73	$243.45	$26.39	$0.00	$708.85
Benefit Package 034	482	$424.55	$109.63	$28.15	$14.91	$33.06	$180.80	$54.95	$0.00	$421.49
Benefit Package 035	454	$446.37	$102.93	$59.64	$28.32	$41.74	$215.34	$35.85	$0.00	$483.83
Benefit Package 036	824	$483.67	$243.67	$34.72	$14.57	$42.71	$219.76	$63.46	$0.00	$618.89
Benefit Package 037	82	$465.66	$204.28	$28.77	$8.57	$46.56	$192.81	$12.74	$0.00	$493.73
Benefit Package 038	266	$425.71	$157.29	$37.35	$15.48	$64.98	$185.60	$24.34	$0.00	$485.04
Benefit Package 039	445	$434.53	$125.06	$27.18	$9.90	$39.33	$207.32	$64.87	$0.00	$473.66
Benefit Package 040	173	$690.96	$94.08	$49.16	$20.90	$278.94	$0.00	$107.03	$0.00	$550.10
Benefit Package 041	1,223	$689.55	$102.65	$111.34	$19.35	$252.18	$0.00	$132.47	$0.00	$617.99
Benefit Package 043	24	$735.61	$303.35	$46.20	$21.45	$278.13	$0.00	$188.92	$0.00	$838.05
Benefit Package 044	270	$571.90	$21.59	$23.93	$5.71	$143.89	$0.00	$101.15	$0.00	$296.26
Benefit Package 045	186	$514.36	$138.85	$100.18	$19.39	$174.83	$0.00	$86.16	$0.00	$519.43
Benefit Package 046	166	$442.21	$169.27	$29.05	$8.40	$129.48	$0.00	$67.57	$0.00	$403.77
Benefit Package 047	40	$464.14	$182.06	$31.85	$8.94	$184.69	$0.00	$48.14	$0.00	$455.68
Benefit Package 048	39	$416.87	$30.69	$29.48	$0.38	$76.86	$0.00	$52.43	$0.00	$189.83
Benefit Package 049	69	$540.29	$49.25	$26.37	$4.98	$166.54	$31.83	$43.00	$0.00	$321.96
Benefit Package 050	171	$263.10	$27.04	$114.14	$0.81	$122.83	$57.42	$22.27	$0.00	$344.51
Benefit Package 051	15	$767.57	$0.00	$3.49	$0.00	$130.78	$31.53	$42.47	$0.00	$208.25
Benefit Package 052	7	$414.37	$0.00	$114.49	$0.00	$113.93	$122.33	$49.68	$0.00	$400.41
Benefit Package 053	34	$536.17	$77.07	$313.23	$14.89	$224.29	$42.38	$22.62	$0.00	$694.46
Benefit Package 054	4	$913.50	$191.72	$15.47	$0.00	$251.22	$144.61	$39.33	$0.00	$642.42
Benefit Package 055	334	$414.46	$108.58	$87.34	$6.23	$125.05	$17.37	$45.81	$0.00	$390.38
Benefit Package 056	92	$336.52	$15.91	$17.77	$4.16	$88.65	$11.68	$33.54	$0.00	$171.71
Benefit Package 057	396	$290.69	$36.56	$47.49	$7.10	$103.74	$10.79	$19.45	$0.00	$225.13
Benefit Package 058	103	$280.77	$0.00	$8.88	$6.71	$50.97	$7.50	$10.08	$0.00	$84.14

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9c

Experience Reports by Benefit Package — Claims Paid Per Member Per Month

Calendar Year 2012

Benefit Package	Monthly Avg. Members	Premiums PMPM	Claims Paid PMPM							
			Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 059	178	$505.93	$202.03	$229.50	$5.68	$185.56	$87.21	$69.44	$0.00	$779.42
Benefit Package 060	143	$421.26	$41.21	$118.85	$3.75	$187.24	$52.06	$42.49	$0.00	$445.60
Benefit Package 061	114	$313.47	$25.39	$4.07	$1.59	$78.64	$10.30	$28.01	$0.00	$148.00
Benefit Package 062	46	$326.92	$167.30	$21.94	$0.89	$101.38	$29.85	$30.15	$0.00	$351.51
Benefit Package 063	1,511	$396.60	$30.37	$42.00	$6.01	$131.23	$29.93	$37.32	$0.00	$276.87
Benefit Package 064	407	$366.55	$40.53	$27.21	$5.94	$117.68	$15.42	$31.32	$0.00	$238.10
Benefit Package 065	2,966	$393.53	$59.93	$56.73	$9.27	$58.79	$35.55	$39.31	$0.00	$259.57
Benefit Package 066	1,321	$356.64	$45.29	$42.70	$9.89	$64.96	$49.00	$41.00	$0.00	$252.84
Benefit Package 067	2,464	$351.45	$64.45	$33.11	$6.67	$88.23	$57.51	$26.91	$0.00	$276.89
Benefit Package 068	1,199	$411.99	$101.01	$35.53	$10.82	$104.94	$64.78	$32.00	$0.00	$349.08
Benefit Package 069	1,765	$459.00	$123.61	$48.08	$12.71	$126.07	$87.74	$47.14	$0.00	$445.35
Benefit Package 070	875	$468.12	$175.35	$144.32	$22.01	$141.16	$41.95	$55.26	$0.00	$580.05
Benefit Package 071	9,380	$406.41	$77.81	$59.83	$15.04	$101.57	$56.35	$35.57	$0.00	$346.16
Benefit Package 072	6,851	$426.03	$74.62	$43.66	$10.71	$107.13	$61.09	$34.05	$0.00	$331.25
Benefit Package 073	1,686	$316.67	$57.63	$40.82	$6.86	$51.33	$27.27	$34.13	$0.00	$218.04
Benefit Package 074	5,173	$407.08	$53.45	$62.16	$9.86	$97.74	$48.85	$35.10	$0.00	$307.16
Benefit Package 075	2,613	$456.53	$89.27	$49.33	$12.32	$113.22	$67.00	$51.76	$0.00	$382.91
Benefit Package 076	5,924	$437.87	$76.11	$48.71	$12.15	$111.34	$69.55	$38.36	$0.00	$356.23
Benefit Package 077	527	$430.88	$89.74	$41.74	$22.96	$140.07	$86.89	$34.21	$0.00	$415.61
Benefit Package 078	13,374	$628.60	$135.63	$145.84	$20.41	$234.10	$0.00	$147.69	$0.00	$683.67
Benefit Package 079	37,757	$460.30	$95.65	$89.31	$14.11	$151.59	$0.00	$86.25	$0.00	$436.91
Benefit Package 080	24,954	$361.38	$57.48	$59.75	$11.69	$104.52	$0.00	$56.81	$0.00	$290.25
Benefit Package 081	22,551	$538.44	$119.97	$117.92	$20.42	$215.36	$0.00	$100.74	$0.00	$574.41
Benefit Package 082	206	$329.62	$114.73	$55.04	$4.50	$130.74	$0.00	$44.09	$0.00	$349.11
Benefit Package 083	8	$358.71	$0.00	$0.00	$74.63	$324.68	$0.00	$105.78	$0.00	$505.10
Benefit Package 084	282	$226.73	$41.70	$26.36	$4.69	$131.02	$0.00	$59.64	$0.00	$263.41
Benefit Package 085	45	$260.16	$0.00	$51.98	$7.23	$68.57	$0.00	$70.38	$0.00	$198.15

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9c

Experience Reports by Benefit Package — Claims Paid Per Member Per Month

Calendar Year 2012

Benefit Package	Monthly Avg. Members	Premiums PMPM	Claims Paid PMPM							
			Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 086	65	$165.61	$0.00	$11.35	$14.83	$19.09	$0.00	$9.43	$0.00	$54.70
Benefit Package 087	549	$320.77	$117.36	$29.78	$11.46	$126.36	$0.00	$46.51	$0.00	$331.47
Benefit Package 088	229	$390.46	$245.12	$56.34	$17.80	$167.26	$0.00	$69.84	$0.00	$556.35
Benefit Package 089	4,645	$241.26	$45.41	$21.39	$7.64	$79.19	$0.00	$28.67	$0.00	$182.31
Benefit Package 090	402	$356.70	$167.21	$13.39	$10.05	$140.87	$0.00	$72.20	$0.00	$403.72
Benefit Package 091	110	$173.48	$60.45	$12.30	$4.95	$31.83	$0.00	$0.59	$0.00	$110.13
Benefit Package 092	2,221	$365.73	$100.99	$45.53	$12.94	$173.57	$0.00	$57.24	$0.00	$390.28
Benefit Package 093	2,085	$314.81	$43.48	$90.73	$6.79	$105.72	$0.00	$50.23	$0.00	$296.94
Benefit Package 094	359	$229.46	$28.05	$17.01	$2.58	$53.02	$0.00	$30.35	$0.00	$131.00
Benefit Package 095	1,405	$262.68	$28.46	$27.19	$7.51	$80.34	$0.00	$38.64	$0.00	$182.14
Benefit Package 096	1,240	$294.72	$123.34	$24.95	$6.01	$70.36	$0.00	$40.37	$0.00	$265.03
Benefit Package 097	727	$336.67	$72.41	$32.30	$8.78	$115.47	$0.00	$39.06	$0.00	$268.03
Benefit Package 098	1,005	$199.30	$31.03	$14.54	$4.84	$53.90	$0.00	$22.70	$0.00	$127.01
Benefit Package 099	44	$152.03	$0.00	$0.00	$0.00	$13.88	$0.00	$1.34	$0.00	$15.22
Benefit Package 100	58	$142.11	$0.00	$15.86	$0.00	$6.67	$0.00	$0.18	$0.00	$22.70
Benefit Package 101	2,071	$325.16	$44.62	$37.05	$5.65	$136.33	$0.00	$66.71	$0.00	$290.36
Benefit Package 102	2,280	$261.26	$92.04	$15.74	$5.17	$88.85	$0.00	$32.26	$0.00	$234.06
Benefit Package 103	493	$154.30	$22.06	$36.39	$5.07	$59.03	$0.00	$13.84	$0.00	$136.41
Benefit Package 104	905	$275.23	$7.84	$7.90	$2.54	$24.33	$0.00	$17.92	$0.00	$60.53
Benefit Package 105	625	$231.75	$28.14	$27.50	$3.84	$72.50	$0.00	$43.90	$0.00	$175.87
Benefit Package 106	2,022	$305.47	$63.18	$46.93	$7.39	$98.34	$0.00	$48.42	$0.00	$264.26
Benefit Package 107	1,407	$250.60	$45.75	$22.45	$7.24	$86.50	$0.00	$25.54	$0.00	$187.47
Benefit Package 108	681	$391.64	$63.38	$36.15	$9.25	$162.37	$0.00	$69.00	$0.00	$340.16
Benefit Package 109	108	$196.20	$0.00	$17.82	$1.94	$33.24	$0.00	$4.11	$0.00	$57.12
Benefit Package 110	406	$299.31	$107.29	$36.10	$7.90	$129.43	$0.00	$50.00	$0.00	$330.72
Benefit Package 111	705	$287.38	$35.75	$43.17	$10.27	$118.29	$0.00	$33.70	$0.00	$241.18
Benefit Package 112	349	$281.48	$37.06	$18.83	$9.45	$74.88	$0.00	$30.11	$0.00	$170.31

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9c

Experience Reports by Benefit Package — Claims Paid Per Member Per Month

Calendar Year 2012

Benefit Package	Monthly Avg. Members	Premiums PMPM	Claims Paid PMPM							
			Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 113	105	$328.73	$32.59	$139.36	$18.77	$132.84	$0.00	$49.02	$0.00	$372.57
Benefit Package 114	1,333	$324.59	$75.68	$31.40	$12.19	$121.07	$0.00	$39.63	$0.00	$279.97
Benefit Package 115	65	$344.37	$8.29	$501.62	$3.32	$136.41	$0.00	$150.26	$0.00	$799.90
Benefit Package 116	1,047	$346.80	$101.96	$27.96	$14.45	$164.88	$0.00	$46.10	$0.00	$355.35
Benefit Package 117	19	$345.98	$0.00	$0.00	$0.00	$67.73	$0.00	$17.70	$0.00	$85.43
Benefit Package 118	309	$329.19	$103.88	$11.25	$11.16	$78.99	$0.00	$21.37	$0.00	$226.64
Benefit Package 119	1,553	$343.83	$140.07	$27.11	$9.28	$146.91	$0.00	$48.08	$0.00	$371.44
Benefit Package 120	489	$303.28	$40.53	$16.61	$2.92	$89.04	$0.00	$31.36	$0.00	$180.46
Benefit Package 121	960	$377.11	$52.21	$24.31	$3.08	$120.46	$0.00	$57.32	$0.00	$257.37
Benefit Package 122	779	$312.13	$7.70	$28.09	$3.09	$78.03	$0.00	$31.97	$0.00	$148.89
Benefit Package 123	40	$218.08	$0.00	$0.00	$0.00	$5.12	$0.00	$0.85	$0.00	$5.97
Benefit Package 127	67	$192.61	$0.00	$0.00	$0.19	$19.57	$0.00	$44.22	$0.00	$63.97
Benefit Package 128	825	$239.33	$22.65	$8.52	$1.39	$67.55	$0.00	$32.37	$0.00	$132.49
Benefit Package 129	1,718	$325.47	$5.28	$27.94	$4.11	$68.97	$0.00	$37.33	$0.00	$143.63
Benefit Package 130	1,414	$269.74	$24.42	$13.38	$3.16	$63.34	$0.00	$23.32	$0.00	$127.62
Benefit Package 131	45	$124.66	$0.00	$0.00	$0.00	$11.66	$0.00	$1.87	$0.00	$13.53
Benefit Package 132	29	$172.49	$0.00	$2.60	$0.00	$10.47	$0.00	$0.34	$0.00	$13.42
Benefit Package 133	476	$361.46	$5.71	$22.43	$8.32	$68.02	$0.00	$40.65	$0.00	$145.13
Benefit Package 134	182	$210.90	$0.00	$5.26	$5.43	$21.63	$0.00	$4.31	$0.00	$36.63
Benefit Package 135	719	$251.00	$43.90	$1.04	$2.06	$32.61	$0.00	$25.71	$0.00	$105.32
Benefit Package 136	69	$278.96	$0.00	$0.00	$0.00	$30.07	$0.00	$20.10	$0.00	$50.16
Benefit Package 137	468	$173.94	$0.00	$0.00	$0.00	$4.82	$0.00	$2.69	$0.00	$7.52
Benefit Package 138	23	$185.23	$0.00	$0.00	$0.00	$10.87	$0.00	$0.37	$0.00	$11.24
Low	**4**	**$124.66**	**$0.00**	**$0.00**	**$0.00**	**$4.82**	**$0.00**	**$0.18**	**$0.00**	**$5.97**
Average	**1,727**	**$410.87**	**$82.92**	**$68.65**	**$12.80**	**$128.91**	**$19.71**	**$62.52**	**$0.00**	**$375.50**
High	**37,757**	**$913.50**	**$304.27**	**$501.62**	**$84.07**	**$324.68**	**$243.45**	**$188.92**	**$0.00**	**$838.05**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9c

Experience Reports by Benefit Package — Claims Paid Per Member Per Month

Calendar Year 2012

Benefit Package	Monthly Avg. Members	Premiums PMPM	Claims Paid PMPM							
			Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Grand Total	**211,053**									

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9d

Experience Reports by Benefit Package — Utilization

Plan Year Ending in 2012

			Utilization									
			Inpatient			Outpatient		Professional	Pharmacy Scripts		Other	
Benefit Package	Employees	Members	Avg. LOS	Admits	Days	Visits	ER Visits	Services Visits	Generic	Brand	Visits	Procedures
Benefit Package 001	86	168	n/a	7	2	425	39	746	1,404	370	560	0
Benefit Package 002	69	127	n/a	8	3	333	25	549	1,248	446	399	0
Benefit Package 003	192	335	n/a	74	12	1,436	53	2,397	4,254	1,536	1,704	0
Benefit Package 007	7	19	n/a	0	0	35	5	56	112	10	51	0
Benefit Package 009	57	106	n/a	7	13	78	12	609	1,062	206	240	0
Benefit Package 010	255	427	n/a	22	88	281	72	2,877	5,701	778	1,886	0
Benefit Package 011	82	231	n/a	6	11	63	23	771	1,043	133	387	0
Benefit Package 013	143	397	n/a	12	32	39	23	1,506	1,520	265	1,076	0
Benefit Package 015	198	351	n/a	13	28	30	27	1,404	2,327	209	1,166	0
Benefit Package 017	4,583	10,899	n/a	385	1,608	7,380	1,249	182,711	72,029	6,842	0	0
Benefit Package 018	2,538	6,360	n/a	263	1,214	4,314	693	90,684	44,993	7,041	0	0
Benefit Package 019	1,298	3,081	n/a	122	584	2,217	422	44,115	21,127	2,213	0	0
Benefit Package 020	160	235	n/a	15	37	150	73	1,774	2,802	570	1,433	0
Benefit Package 022	549	1,233	n/a	82	284	573	251	7,746	10,442	2,497	4,190	0
Benefit Package 026	296	701	n/a	37	88	87	69	3,492	4,027	562	2,600	0
Benefit Package 028	155	287	n/a	19	79	51	26	1,579	2,197	352	1,269	0
Benefit Package 029	505	1,171	n/a	67	312	290	157	5,342	7,332	1,030	4,497	0
Benefit Package 030	530	1,082	n/a	89	326	194	113	5,976	7,531	1,214	4,455	0
Benefit Package 031	886	1,808	n/a	136	433	349	236	8,177	11,934	1,602	6,956	0
Benefit Package 034	289	552	n/a	44	124	92	73	2,952	4,323	740	2,470	0
Benefit Package 035	252	440	n/a	21	80	88	44	2,271	3,272	377	1,706	0
Benefit Package 036	376	709	n/a	50	327	183	79	4,014	6,772	970	3,402	0
Benefit Package 037	38	80	n/a	10	34	10	6	400	528	49	352	0
Benefit Package 040	133	174	n/a	5	14	110	29	6,334	3,288	1,022	0	0
Benefit Package 041	668	1,156	n/a	91	333	782	163	36,684	15,618	4,731	0	0
Benefit Package 043	22	22	n/a	2	8	13	3	849	420	130	0	0
Benefit Package 044	155	282	n/a	5	10	105	16	7,111	2,939	851	0	0
Benefit Package 045	117	188	n/a	18	104	91	23	4,838	2,083	607	0	0
Benefit Package 046	86	161	n/a	7	51	48	18	3,126	1,348	416	0	0
Benefit Package 047	23	42	n/a	4	27	8	2	1,404	387	104	0	0
Benefit Package 048	19	34	n/a	1	7	6	4	614	219	59	0	0
Benefit Package 049	48	70	n/a	2	6	0	9	0	643	191	0	0
Benefit Package 050	63	168	n/a	7	126	0	12	0	1,011	156	0	0
Benefit Package 051	12	16	n/a	1	1	0	0	0	131	37	0	0
Benefit Package 052	2	4	n/a	0	0	0	0	0	37	4	0	0
Benefit Package 053	29	43	n/a	3	13	0	10	0	415	53	0	0
Benefit Package 054	4	4	n/a	1	1	0	0	0	19	15	0	0
Benefit Package 055	157	330	n/a	10	25	0	41	0	2,254	513	0	0
Benefit Package 056	25	57	n/a	2	3	0	4	0	433	51	0	0
Benefit Package 057	203	505	n/a	22	101	0	48	0	2,630	487	0	0
Benefit Package 058	39	91	n/a	1	23	0	11	0	501	73	0	0
Benefit Package 059	126	182	n/a	13	64	0	63	0	1,996	554	0	0
Benefit Package 060	67	134	n/a	2	11	0	36	0	1,027	248	0	0
Benefit Package 061	47	106	n/a	5	19	0	14	0	667	160	0	0
Benefit Package 062	16	42	n/a	3	13	0	5	0	208	64	0	0
Benefit Package 063	675	1,446	n/a	46	130	0	175	0	8,526	1,729	0	0
Benefit Package 064	181	394	n/a	8	35	0	63	0	1,947	442	0	0
Benefit Package 065	1,184	2,938	n/a	99	467	4,374	391	17,563	20,656	3,899	18,505	0
Benefit Package 066	571	1,349	n/a	88	267	518	162	8,833	11,006	2,952	2,079	0

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9d

Experience Reports by Benefit Package — Utilization

Plan Year Ending in 2012

			Utilization									
			Inpatient			Outpatient		Professional	Pharmacy Scripts		Other	
Benefit Package	Employees	Members	Avg. LOS	Admits	Days	Visits	ER Visits	Services Visits	Generic	Brand	Visits	Procedures
Benefit Package 067	1,140	2,450	n/a	100	458	1,242	147	13,419	18,150	4,035	1,666	0
Benefit Package 068	532	1,203	n/a	83	390	687	106	7,955	11,058	2,151	1,154	0
Benefit Package 069	976	1,767	n/a	133	687	1,186	145	12,694	17,433	3,970	1,654	0
Benefit Package 070	552	847	n/a	109	328	1,253	274	7,724	10,637	2,480	1,082	0
Benefit Package 071	4,707	9,535	n/a	582	2,088	7,943	1,077	65,753	87,465	19,747	8,191	0
Benefit Package 072	3,578	6,828	n/a	341	1,359	4,336	533	44,478	63,377	14,052	5,749	0
Benefit Package 073	693	1,740	n/a	90	242	767	226	8,042	9,956	2,714	1,192	0
Benefit Package 074	2,725	5,162	n/a	299	1,249	5,993	367	33,259	47,041	11,274	5,343	0
Benefit Package 075	1,235	2,574	n/a	178	752	734	257	19,712	29,364	7,511	2,633	0
Benefit Package 076	3,036	5,935	n/a	380	1,484	2,926	653	44,886	54,222	12,944	5,324	0
Benefit Package 077	276	531	n/a	25	80	220	59	3,820	5,014	971	330	0
Benefit Package 078	11,303	17,432	n/a	1,485	6,926	28,473	3,019	534,122	232,645	77,248	0	0
Benefit Package 079	18,984	33,158	n/a	1,773	8,347	36,031	4,599	750,322	304,192	87,000	0	0
Benefit Package 080	10,837	24,360	n/a	1,023	4,303	20,857	3,000	429,475	165,656	44,100	0	0
Benefit Package 081	13,910	23,415	n/a	1,787	7,310	30,072	3,983	683,512	252,857	73,531	0	0
Benefit Package 082	85	221	n/a	50	16	50	3	4,119	2,450	608	0	0
Benefit Package 084	83	286	n/a	76	18	48	4	3,965	2,203	454	0	0
Benefit Package 085	15	51	n/a	6	3	10	0	571	407	106	0	0
Benefit Package 086	13	53	n/a	0	0	4	3	319	163	28	0	0
Benefit Package 087	222	578	n/a	151	47	58	12	10,103	6,764	1,740	0	0
Benefit Package 088	99	248	n/a	138	30	128	7	4,344	3,587	1,073	0	0
Benefit Package 089	1,467	4,768	n/a	1,039	148	434	76	55,619	41,515	9,083	0	0
Benefit Package 090	187	435	n/a	219	44	75	7	9,495	6,719	1,520	0	0
Benefit Package 091	24	84	n/a	20	7	4	1	599	217	27	0	0
Benefit Package 092	1,020	2,519	n/a	781	176	715	63	61,645	38,110	9,557	0	0
Benefit Package 093	836	2,264	n/a	421	109	595	45	38,963	26,278	6,799	0	0
Benefit Package 094	97	359	n/a	38	8	33	12	3,408	2,204	649	0	0
Benefit Package 095	443	1,437	n/a	190	36	220	26	15,226	12,130	2,546	0	0
Benefit Package 096	457	1,291	n/a	436	45	229	28	15,680	12,094	2,911	0	0
Benefit Package 097	319	794	n/a	182	52	159	23	14,906	10,749	2,088	0	0
Benefit Package 098	272	956	n/a	79	35	130	25	10,546	7,051	1,322	0	0
Benefit Package 099	11	41	n/a	0	0	0	0	191	67	22	0	0
Benefit Package 101	913	2,069	n/a	503	141	470	46	44,583	30,458	8,655	0	0
Benefit Package 102	662	2,279	n/a	454	100	360	52	32,938	19,558	4,836	0	0
Benefit Package 103	119	491	n/a	78	16	69	16	4,921	3,119	416	0	0
Benefit Package 105	151	625	n/a	68	23	103	32	6,830	3,644	1,109	0	0
Benefit Package 106	741	2,027	n/a	568	126	584	67	32,154	17,720	4,701	0	0
Benefit Package 107	392	1,410	n/a	244	72	299	49	16,142	8,323	1,915	0	0
Benefit Package 108	285	712	n/a	128	52	180	10	18,240	9,685	2,989	0	0
Benefit Package 109	35	107	n/a	0	0	16	0	991	542	49	0	0
Benefit Package 110	172	427	n/a	266	40	104	5	8,577	5,307	1,362	0	0
Benefit Package 111	282	727	n/a	92	36	121	21	9,564	7,321	1,781	0	0
Benefit Package 112	121	341	n/a	46	17	56	8	4,823	3,029	802	0	0
Benefit Package 113	53	114	n/a	21	6	54	0	3,315	2,143	660	0	0
Benefit Package 114	576	1,437	n/a	608	126	302	23	31,755	16,024	4,354	0	0
Benefit Package 115	34	72	n/a	2	2	87	2	1,889	991	230	0	0
Benefit Package 116	446	1,094	n/a	336	113	196	15	23,167	13,502	3,292	0	0
Benefit Package 117	8	18	n/a	0	0	2	0	331	197	25	0	0
Benefit Package 118	116	313	n/a	322	43	32	2	4,166	2,312	561	0	0

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9d

Experience Reports by Benefit Package — Utilization

Plan Year Ending in 2012

			Utilization									
			Inpatient			Outpatient		Professional	Pharmacy Scripts		Other	
Benefit Package	Employees	Members	Avg. LOS	Admits	Days	Visits	ER Visits	Services Visits	Generic	Brand	Visits	Procedures
Benefit Package 119	601	1,566	n/a	806	122	252	42	34,361	17,166	3,929	0	0
Benefit Package 120	169	486	n/a	49	20	61	14	6,887	3,454	986	0	0
Benefit Package 134	56	182	n/a	0	0	11	0	263	269	23	0	0
Grand Total	**104,282**	**210,556**	**n/a**	**18,737**	**45,405**	**173,725**	**24,259**	**3,654,276**	**1,944,931**	**496,496**	**95,700**	**0**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9e

Experience Reports by Benefit Package — Utilization Per Unit Measure

Plan Year Ending in 2012

			Utilization per 1,000 Members									
			Inpatient			Outpatient		Professional	Pharmacy Scripts		Other	
Benefit Package	Employees	Members	Avg. LOS	Admits	Days	Visits	ER Visits	Services Visits	Generic	Brand	Visits	Procedures
Benefit Package 001	86	168	6.9	41.667	11.905	2,529.762	232.143	4,440.476	8,357.143	2,202.381	3,333.330	0.000
Benefit Package 002	69	127	1.3	62.992	23.622	2,622.048	196.850	4,322.835	9,826.772	3,511.811	3,141.732	0.000
Benefit Package 003	192	335	4.1	220.896	35.821	4,286.567	158.209	7,155.224	12,698.507	4,585.075	5,086.567	0.000
Benefit Package 007	7	19	0.0	0.000	0.000	1,842.105	263.158	2,947.368	5,894.737	526.316	2,684.211	0.000
Benefit Package 009	57	106	1.9	66.968	125.565	736.651	117.194	5,742.528	10,020.126	1,942.079	2,260.179	0.000
Benefit Package 010	255	427	3.9	52.439	205.386	657.671	168.241	6,738.394	13,352.246	1,822.251	4,417.974	0.000
Benefit Package 011	82	231	1.8	25.499	46.749	271.993	97.748	3,336.167	4,513.387	573.736	1,674.458	0.000
Benefit Package 013	143	397	2.7	30.570	81.530	99.360	58.600	3,793.630	3,829.300	667.520	2,710.830	0.000
Benefit Package 015	198	351	2.1	36.720	78.690	86.560	76.070	4,000.000	6,630.820	595.410	3,323.280	0.000
Benefit Package 017	4,583	10,899	4.2	35.307	147.521	677.132	114.561	16,764.050	6,608.800	627.804	0.000	0.000
Benefit Package 018	2,538	6,360	4.6	41.391	190.842	678.375	109.008	14,258.510	7,074.350	1,107.070	0.000	0.000
Benefit Package 019	1,298	3,081	4.8	39.713	189.705	719.435	136.863	14,318.470	6,857.240	718.171	0.000	0.000
Benefit Package 020	160	235	2.5	62.365	157.747	638.326	311.826	7,549.856	11,922.756	2,424.905	6,097.114	0.000
Benefit Package 022	549	1,233	3.5	66.767	230.427	464.626	203.527	6,282.587	8,468.816	2,024.992	3,398.338	0.000
Benefit Package 026	296	701	2.4	52.910	125.300	123.910	98.850	4,981.550	5,744.520	801.950	3,709.010	0.000
Benefit Package 028	155	287	4.3	64.570	275.280	176.720	91.760	5,502.120	7,653.360	1,226.850	4,421.410	0.000
Benefit Package 029	505	1,171	4.7	57.160	266.460	247.970	134.490	4,561.780	6,261.420	879.240	3,840.570	0.000
Benefit Package 030	530	1,082	3.7	82.500	301.270	178.910	104.750	5,523.060	6,959.910	1,121.670	4,117.730	0.000
Benefit Package 031	886	1,808	3.2	75.270	239.430	193.070	130.350	4,522.500	6,600.490	886.280	3,847.290	0.000
Benefit Package 034	289	552	2.8	79.390	224.360	167.410	132.890	5,348.480	7,832.010	1,341.000	4,475.190	0.000
Benefit Package 035	252	440	3.8	47.880	182.810	200.220	100.110	5,162.130	7,436.340	857.450	3,878.130	0.000
Benefit Package 036	376	709	6.6	70.220	460.620	258.280	111.880	5,661.970	9,551.680	1,368.780	4,797.860	0.000
Benefit Package 037	38	80	3.5	121.210	424.240	121.210	72.730	5,006.060	6,606.060	618.180	4,400.000	0.000
Benefit Package 040	133	174	2.8	27.930	78.210	631.280	167.600	36,402.230	18,895.280	5,875.670	0.000	0.000
Benefit Package 041	668	1,156	3.7	78.500	287.840	676.250	140.650	31,733.970	13,510.300	4,092.700	0.000	0.000
Benefit Package 043	22	22	4.0	89.890	359.550	584.270	134.830	38,606.740	19,101.410	5,887.350	0.000	0.000
Benefit Package 044	155	282	2.0	18.520	37.040	374.070	55.560	25,214.810	10,423.230	3,017.450	0.000	0.000
Benefit Package 045	117	188	5.9	93.590	551.130	483.540	124.780	25,736.570	11,081.930	3,226.570	0.000	0.000
Benefit Package 046	86	161	7.4	42.230	313.730	295.630	114.630	19,414.780	8,373.870	2,582.390	0.000	0.000
Benefit Package 047	23	42	6.8	95.240	642.860	190.481	47.620	33,428.570	9,214.430	2,476.040	0.000	0.000
Benefit Package 048	19	34	7.0	28.990	202.900	173.918	115.940	18,057.970	6,434.500	1,739.410	0.000	0.000
Benefit Package 049	48	70	3.0	26.786	80.357	0.000	133.929	0.000	9,187.500	2,732.143	0.000	0.000
Benefit Package 050	63	168	18.6	40.501	752.170	0.000	69.431	0.000	6,017.358	931.533	0.000	0.000
Benefit Package 051	12	16	1.0	61.856	61.856	0.000	0.000	0.000	8,164.948	2,288.660	0.000	0.000
Benefit Package 052	2	4	0.0	0.000	0.000	0.000	0.000	0.000	9,185.185	888.889	0.000	0.000
Benefit Package 053	29	43	4.3	67.542	292.683	0.000	225.141	0.000	9,658.537	1,238.274	0.000	0.000
Benefit Package 054	4	4	1.0	250.000	250.000	0.000	0.000	0.000	4,750.000	3,750.000	0.000	0.000
Benefit Package 055	157	330	2.5	29.791	74.479	0.000	125.124	0.000	6,831.182	1,555.114	0.000	0.000
Benefit Package 056	25	57	1.5	33.994	50.992	0.000	67.989	0.000	7,597.734	900.850	0.000	0.000
Benefit Package 057	203	505	4.7	42.822	200.487	0.000	95.377	0.000	5,208.759	963.504	0.000	0.000
Benefit Package 058	39	91	26.0	9.631	250.401	0.000	115.570	0.000	5,508.828	799.358	0.000	0.000
Benefit Package 059	126	182	5.1	69.767	354.204	0.000	343.470	0.000	10,969.589	3,042.934	0.000	0.000
Benefit Package 060	67	134	6.0	13.857	83.141	0.000	270.208	0.000	7,662.818	1,849.885	0.000	0.000
Benefit Package 061	47	106	4.2	42.735	179.487	0.000	136.752	0.000	6,290.598	1,512.821	0.000	0.000
Benefit Package 062	16	42	4.7	66.543	310.536	0.000	110.906	0.000	4,946.396	1,530.499	0.000	0.000
Benefit Package 063	675	1,446	2.8	31.816	90.032	0.000	121.171	0.000	5,896.091	1,195.465	0.000	0.000
Benefit Package 064	181	394	4.4	20.134	88.087	0.000	161.074	0.000	4,940.436	1,122.483	0.000	0.000
Benefit Package 065	1,184	2,938	4.7	33.799	158.848	1,488.813	132.932	5,977.722	7,030.782	1,327.058	6,298.356	0.000
Benefit Package 066	571	1,349	3.0	65.000	198.000	384.000	120.000	6,548.000	8,159.000	2,188.000	1,541.000	0.000

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9e

Experience Reports by Benefit Package — Utilization Per Unit Measure

Plan Year Ending in 2012

			Utilization per 1,000 Members									
			Inpatient			Outpatient		Professional	Pharmacy Scripts		Other	
Benefit Package	Employees	Members	Avg. LOS	Admits	Days	Visits	ER Visits	Services Visits	Generic	Brand	Visits	Procedures
Benefit Package 067	1,140	2,450	4.6	41.000	187.000	507.000	60.000	5,477.000	7,408.000	1,647.000	680.000	0.000
Benefit Package 068	532	1,203	4.7	69.000	324.000	571.000	88.000	6,613.000	9,192.000	1,788.000	959.000	0.000
Benefit Package 069	976	1,767	5.2	75.000	389.000	671.000	82.000	7,184.000	9,866.000	2,247.000	936.000	0.000
Benefit Package 070	552	847	3.0	129.000	387.000	1,479.000	324.000	9,119.000	12,558.000	2,928.000	1,277.000	0.000
Benefit Package 071	4,707	9,535	3.6	61.000	219.000	833.000	113.000	6,896.000	9,173.000	2,071.000	859.000	0.000
Benefit Package 072	3,578	6,828	3.9	50.000	199.000	635.000	78.000	6,514.000	9,282.000	2,058.000	842.000	0.000
Benefit Package 073	693	1,740	2.7	52.000	139.000	441.000	130.000	4,622.000	5,722.000	1,560.000	685.000	0.000
Benefit Package 074	2,725	5,162	4.2	58.000	242.000	1,161.000	71.000	6,443.000	9,113.000	2,184.000	1,035.000	0.000
Benefit Package 075	1,235	2,574	4.3	69.000	292.000	285.000	100.000	7,658.000	11,408.000	2,918.000	1,023.000	0.000
Benefit Package 076	3,036	5,935	3.9	64.000	250.000	493.000	110.000	7,563.000	9,136.000	2,181.000	897.000	0.000
Benefit Package 077	276	531	3.2	47.000	150.000	415.000	112.000	7,194.000	9,442.000	1,828.000	621.000	0.000
Benefit Package 078	11,303	17,432	4.7	85.172	397.320	1,633.380	173.202	30,640.300	13,345.850	4,431.410	0.000	0.000
Benefit Package 079	18,984	33,158	4.7	53.479	251.739	1,086.660	138.694	22,628.680	9,174.010	2,623.800	0.000	0.000
Benefit Package 080	10,837	24,360	4.2	42.001	176.634	856.209	123.167	17,630.340	6,800.340	1,810.330	0.000	0.000
Benefit Package 081	13,910	23,415	4.1	76.309	312.176	1,284.320	170.115	29,191.190	10,798.930	3,140.340	0.000	0.000
Benefit Package 082	85	221	3.1	228.000	74.000	228.000	15.000	18,640.000	11,088.000	2,750.000	0.000	0.000
Benefit Package 084	83	286	4.2	266.000	64.000	167.000	15.000	13,862.000	7,703.000	1,587.000	0.000	0.000
Benefit Package 085	15	51	2.0	111.000	56.000	194.000	0.000	11,194.000	7,972.000	2,081.000	0.000	0.000
Benefit Package 086	13	53	0.0	0.000	0.000	75.000	50.000	6,025.000	3,080.000	525.000	0.000	0.000
Benefit Package 087	222	578	3.2	261.000	81.000	101.000	20.000	17,480.000	11,702.000	3,011.000	0.000	0.000
Benefit Package 088	99	248	4.6	557.000	121.000	517.000	27.000	17,517.000	14,462.000	4,325.000	0.000	0.000
Benefit Package 089	1,467	4,768	7.1	218.000	31.000	91.000	16.000	11,665.000	8,707.000	1,905.000	0.000	0.000
Benefit Package 090	187	435	5.0	504.000	101.000	173.000	16.000	21,827.000	15,446.000	3,495.000	0.000	0.000
Benefit Package 091	24	84	2.8	233.000	83.000	50.000	17.000	7,133.000	2,583.000	317.000	0.000	0.000
Benefit Package 092	1,020	2,519	4.4	310.000	70.000	284.000	25.000	24,472.000	15,129.000	3,794.000	0.000	0.000
Benefit Package 093	836	2,264	3.9	186.000	48.000	263.000	20.000	17,210.000	11,607.000	3,003.000	0.000	0.000
Benefit Package 094	97	359	4.7	107.000	23.000	92.000	34.000	9,492.000	6,140.000	1,808.000	0.000	0.000
Benefit Package 095	443	1,437	5.2	132.000	25.000	153.000	18.000	10,596.000	8,441.000	1,772.000	0.000	0.000
Benefit Package 096	457	1,291	9.7	338.000	35.000	177.000	22.000	12,146.000	9,368.000	2,255.000	0.000	0.000
Benefit Package 097	319	794	3.5	229.000	65.000	200.000	29.000	18,773.000	13,538.000	2,630.000	0.000	0.000
Benefit Package 098	272	956	2.3	83.000	37.000	136.000	26.000	11,031.000	7,375.000	1,383.000	0.000	0.000
Benefit Package 099	11	41	0.0	0.000	0.000	0.000	0.000	4,667.000	1,633.000	533.000	0.000	0.000
Benefit Package 101	913	2,069	3.6	243.000	68.000	227.000	22.000	21,548.000	14,721.000	4,183.000	0.000	0.000
Benefit Package 102	662	2,279	4.5	199.000	44.000	158.000	23.000	14,453.000	8,582.000	2,122.000	0.000	0.000
Benefit Package 103	119	491	4.9	159.000	32.000	140.000	32.000	10,022.000	6,352.000	847.000	0.000	0.000
Benefit Package 105	151	625	3.0	108.000	36.000	165.000	51.000	10,928.000	5,830.000	1,774.000	0.000	0.000
Benefit Package 106	741	2,027	4.5	280.000	62.000	288.000	33.000	15,863.000	8,742.000	2,319.000	0.000	0.000
Benefit Package 107	392	1,410	3.4	173.000	51.000	212.000	35.000	11,448.000	5,903.000	1,358.000	0.000	0.000
Benefit Package 108	285	712	2.5	180.000	73.000	253.000	14.000	25,618.000	13,603.000	4,198.000	0.000	0.000
Benefit Package 109	35	107	0.0	0.000	0.000	153.000	0.000	9,264.000	5,069.000	458.000	0.000	0.000
Benefit Package 110	172	427	6.6	624.000	94.000	243.000	12.000	20,086.000	12,429.000	3,190.000	0.000	0.000
Benefit Package 111	282	727	2.6	126.000	49.000	166.000	29.000	13,155.000	10,070.000	2,450.000	0.000	0.000
Benefit Package 112	121	341	2.7	136.000	50.000	164.000	23.000	14,145.000	8,882.000	2,353.000	0.000	0.000
Benefit Package 113	53	114	3.7	180.000	49.000	475.000	0.000	29,082.000	18,800.000	5,787.000	0.000	0.000
Benefit Package 114	576	1,437	4.8	423.000	88.000	210.000	16.000	22,098.000	11,151.000	3,030.000	0.000	0.000
Benefit Package 115	34	72	1.0	26.000	26.000	1,211.000	26.000	26,237.000	13,766.000	3,198.000	0.000	0.000
Benefit Package 116	446	1,094	3.0	307.000	103.000	179.000	14.000	21,176.000	12,342.000	3,009.000	0.000	0.000
Benefit Package 117	8	18	0.0	0.000	0.000	100.000	0.000	18,400.000	10,930.000	1,405.000	0.000	0.000
Benefit Package 118	116	313	7.5	1,030.000	137.000	102.000	5.000	13,310.000	7,387.000	1,792.000	0.000	0.000

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9e

Experience Reports by Benefit Package — Utilization Per Unit Measure

Plan Year Ending in 2012

			Utilization per 1,000 Members									
			Inpatient			Outpatient		Professional	Pharmacy Scripts		Other	
Benefit Package	Employees	Members	Avg. LOS	Admits	Days	Visits	ER Visits	Services Visits	Generic	Brand	Visits	Procedures
Benefit Package 119	601	1,566	6.6	515.000	78.000	161.000	27.000	21,942.000	10,962.000	2,509.000	0.000	0.000
Benefit Package 120	169	486	2.5	101.000	41.000	126.000	28.000	14,170.000	7,108.000	2,029.000	0.000	0.000
Benefit Package 134	56	182	0.0	0.000	0.000	63.000	0.000	1,444.000	1,476.000	127.000	0.000	0.000
Grand Total	**104,282**	**210,556**	**4.3**	**88.990**	**215.643**	**825.077**	**115.212**	**17,355.364**	**9,237.121**	**2,358.026**	**454.511**	**0.000**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9f

Experience Reports by Benefit Package — Monthly

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 001	**Employees**		**86**	**86**	**86**	**86**	**86**	**86**	**87**	**88**	**87**				**86**
	Members		**172**	**172**	**172**	**172**	**168**	**168**	**176**	**176**	**175**				**172**
	Claims	Inpatient	$0	$0	$19,079	$0	$0	$13,248	$6,960	$0	$20,605				**$59,892**
		Outpatient	$23,583	$32,671	$42,086	$28,936	$58,588	$19,183	$24,341	$11,587	$32,098				**$273,074**
		ER	$2,657	$3,990	$0	$3,223	$5,805	$7,626	$793	$606	$4,625				**$29,324**
		Prof Svcs	$10,722	$5,413	$10,745	$9,959	$14,407	$12,030	$8,811	$8,865	$12,594				**$93,546**
		Other	$2,893	$3,654	$2,599	$3,566	$4,864	$3,742	$3,053	$3,252	$3,132				**$30,755**
		Pharmacy	$7,099	$6,013	$8,657	$7,664	$12,464	$13,537	$4,467	$6,794	$4,069				**$70,764**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
	Total Claims		**$46,954**	**$51,741**	**$83,166**	**$53,348**	**$96,129**	**$69,366**	**$48,425**	**$31,104**	**$77,123**				**$557,356**
	Total Premiums		**$79,578**	**$79,578**	**$79,578**	**$79,578**	**$77,728**	**$77,728**	**$81,429**	**$81,429**	**$80,966**				**$717,594**
Benefit Package 002	**Employees**		**71**	**71**	**71**	**70**	**69**	**69**	**65**	**70**	**70**				**70**
	Members		**136**	**136**	**136**	**132**	**127**	**127**	**125**	**133**	**135**				**132**
	Claims	Inpatient	$23,252	$0	$0	$34,985	$0	$9,569	$9,649	$0	$0				**$77,454**
		Outpatient	$3,489	$2,127	$23,641	$3,615	$12,444	$4,312	$7,895	$10,445	$10,481				**$78,449**
		ER	$0	$3,475	$245	$2,359	$206	$4,185	$0	$0	$2,361				**$12,831**
		Prof Svcs	$5,992	$8,530	$8,920	$13,842	$10,116	$8,658	$3,425	$8,532	$4,133				**$72,148**
		Other	$2,262	$1,593	$2,726	$3,408	$2,732	$1,652	$592	$815	$1,550				**$17,328**
		Pharmacy	$8,304	$8,628	$7,600	$8,239	$5,048	$10,422	$6,193	$7,877	$5,523				**$67,834**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
	Total Claims		**$43,299**	**$24,353**	**$43,131**	**$66,447**	**$30,546**	**$38,797**	**$27,754**	**$27,669**	**$24,048**				**$326,044**
	Total Premiums		**$58,253**	**$58,253**	**$58,253**	**$56,540**	**$54,398**	**$54,398**	**$53,541**	**$56,968**	**$57,825**				**$508,428**
Benefit Package 003	**Employees**		**198**	**197**	**196**	**196**	**194**	**192**	**200**	**204**	**204**	**161**	**160**	**161**	**189**
	Members		**348**	**345**	**340**	**340**	**337**	**335**	**354**	**359**	**357**	**273**	**270**	**272**	**328**
	Claims	Inpatient	$12,378	$0	$267,897	$72,101	$63	$168,708	$83,974	$50,845	$196,216	$84,647	$24,770	$0	**$961,599**
		Outpatient	$34,800	$44,730	$39,385	$79,830	$153,863	$150,150	$68,585	$79,762	$113,522	$82,427	$58,978	$101,371	**$1,007,401**
		ER	$9,944	$1,883	$1,745	$5,856	$2,601	$17,523	$8,975	$3,718	$4,793	$5,475	$8,099	$0	**$70,613**
		Prof Svcs	$38,762	$30,177	$47,255	$54,028	$56,917	$62,682	$49,223	$34,329	$56,775	$42,591	$33,885	$25,594	**$532,218**
		Other	$11,115	$13,765	$10,534	$10,883	$13,274	$9,216	$13,938	$15,021	$13,768	$9,904	$7,742	$8,945	**$138,106**
		Pharmacy	$28,650	$33,665	$44,251	$36,965	$38,245	$40,794	$32,131	$33,122	$28,512	$29,157	$21,550	$39,295	**$406,337**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$135,648**	**$124,220**	**$411,068**	**$259,662**	**$264,964**	**$449,073**	**$256,826**	**$216,797**	**$413,586**	**$254,202**	**$155,023**	**$175,205**	**$3,116,274**
	Total Premiums		**$183,141**	**$181,562**	**$178,931**	**$178,931**	**$177,352**	**$176,300**	**$186,299**	**$188,930**	**$187,878**	**$143,671**	**$142,092**	**$143,145**	**$2,068,232**
Benefit Package 004	**Employees**											**80**	**80**	**80**	**80**
	Members											**156**	**156**	**156**	**156**
	Claims	Inpatient										$0	$0	$0	**$0**
		Outpatient										$41,845	$40,505	$37,579	**$119,929**
		ER										$0	$0	$4,359	**$4,359**
		Prof Svcs										$9,695	$10,340	$9,070	**$29,105**
		Other										$3,880	$1,705	$4,860	**$10,445**
		Pharmacy										$4,884	$14,364	$9,926	**$29,174**
		Capitation										$0	$0	$0	**$0**
	Total Claims											**$60,304**	**$66,915**	**$65,793**	**$193,012**
	Total Premiums											**$78,014**	**$78,014**	**$78,014**	**$234,042**
Benefit Package 005	**Employees**											**77**	**77**	**76**	**77**
	Members											**153**	**153**	**153**	**153**
	Claims	Inpatient										$15,511	$992	$0	**$16,503**
		Outpatient										$6,337	$3,738	$6,528	**$16,602**
		ER										$3,854	$2,774	$4,226	**$10,854**
		Prof Svcs										$14,294	$5,930	$9,006	**$29,231**
		Other										$1,982	$1,622	$1,756	**$5,359**
		Pharmacy										$9,989	$11,282	$7,883	**$29,154**
		Capitation										$0	$0	$0	**$0**
	Total Claims											**$51,968**	**$26,337**	**$29,398**	**$107,703**
	Total Premiums											**$76,514**	**$76,514**	**$76,514**	**$229,542**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9f

Experience Reports by Benefit Package — Monthly

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 006	**Employees**											**8**	**9**	**9**	**9**
	Members											**18**	**24**	**23**	**22**
	Claims	Inpatient										$0	$0	$0	**$0**
		Outpatient										$369	$631	$241	**$1,241**
		ER										$0	$0	$5,464	**$5,464**
		Prof Svcs										$0	$127	$1,540	**$1,667**
		Other										$0	$29	$29	**$58**
		Pharmacy										$144	$89	$143	**$376**
		Capitation										$0	$0	$0	**$0**
	Total Claims											**$513**	**$876**	**$7,417**	**$8,806**
	Total Premiums											**$7,611**	**$10,147**	**$9,725**	**$27,483**
Benefit Package 007	**Employees**		**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**
	Members		**19**	**19**	**19**	**19**	**19**	**19**	**19**	**19**	**19**	**19**	**19**	**19**	**19**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Outpatient	$0	$0	$0	$265	$55	$38	$0	$1,862	$489	$755	$95	$444	**$4,005**
		ER	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Prof Svcs	$0	$334	$90	$235	$188	$200	$0	$1,855	$354	$604	$0	$0	**$3,862**
		Other	$503	$160	$280	$316	$581	$276	$0	$0	$0	$391	$484	$157	**$3,148**
		Pharmacy	$0	$266	$0	$0	$206	$5	$0	$0	$0	$98	$39	$36	**$650**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$503**	**$760**	**$371**	**$817**	**$1,030**	**$519**	**$0**	**$3,718**	**$843**	**$1,848**	**$618**	**$637**	**$11,664**
	Total Premiums		**$6,480**	**$6,480**	**$6,480**	**$6,480**	**$6,480**	**$6,480**	**$6,480**	**$6,480**	**$6,480**	**$6,480**	**$6,480**	**$6,480**	**$77,764**
Benefit Package 009	**Employees**		**62**	**63**	**63**	**64**	**64**	**63**	**61**	**59**	**60**	**57**	**56**	**56**	**61**
	Members		**123**	**126**	**124**	**126**	**126**	**122**	**117**	**108**	**108**	**106**	**109**	**109**	**117**
	Claims	Inpatient	$24,837	$25,676	$2,501	$0	$561	$5,664	$7,114	$0	$3,860	$2,685	$0	$0	**$72,898**
		Outpatient	$2,085	$7,258	$30,827	$21,868	$6,622	$2,380	$33,559	$13,040	$9,226	$4,477	$5,124	$9,482	**$145,946**
		ER	$0	$2,200	$0	$0	$1,304	$5,526	$7,375	$0	$1,397	$0	$1,202	$0	**$19,004**
		Prof Svcs	$9,382	$11,620	$11,736	$10,160	$7,508	$4,278	$9,405	$12,607	$11,129	$6,795	$3,647	$4,745	**$103,011**
		Other	$6,166	$7,713	$12,442	$8,219	$7,168	$4,822	$14,732	$11,652	$9,364	$10,113	$10,821	$5,093	**$108,304**
		Pharmacy	$4,573	$2,778	$4,934	$4,841	$3,536	$6,024	$3,302	$3,136	$2,278	$3,174	$1,708	$2,299	**$42,584**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$47,042**	**$57,245**	**$62,440**	**$45,087**	**$26,699**	**$28,694**	**$75,487**	**$40,435**	**$37,254**	**$27,243**	**$22,500**	**$21,620**	**$491,747**
	Total Premiums		**$61,891**	**$61,891**	**$62,257**	**$62,846**	**$63,205**	**$61,673**	**$59,508**	**$55,861**	**$55,867**	**$54,592**	**$52,746**	**$52,746**	**$705,083**
Benefit Package 010	**Employees**		**283**	**282**	**282**	**282**	**282**	**284**	**282**	**279**	**278**	**255**	**260**	**262**	**276**
	Members		**461**	**463**	**462**	**462**	**461**	**465**	**463**	**455**	**452**	**427**	**423**	**425**	**452**
	Claims	Inpatient	$15,857	$37,598	$18,185	$0	$303	$39,701	$58,364	$85,476	$76,918	$32,597	$0	$26,385	**$391,385**
		Outpatient	$19,656	$31,211	$44,799	$26,161	$78,216	$16,850	$29,379	$42,106	$18,134	$33,512	$27,553	$34,719	**$402,296**
		ER	$2,314	($7,599)	$21,263	$13,810	$5,994	$13,888	$16,168	$3,662	$13,984	$12,538	$2,580	$14,114	**$112,716**
		Prof Svcs	$42,517	$56,821	$57,356	$42,455	$52,044	$63,324	$62,857	$61,449	$51,298	$43,727	$42,551	$62,411	**$638,811**
		Other	$35,130	$71,174	$68,055	$39,190	$46,892	$56,671	$48,690	$75,902	$53,226	$67,525	$46,709	$40,735	**$649,897**
		Pharmacy	$9,767	$15,517	$14,916	$8,860	$14,567	$18,692	$11,963	$16,153	$8,941	$12,696	$17,085	$16,173	**$165,329**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$125,241**	**$204,723**	**$224,574**	**$130,475**	**$198,017**	**$209,126**	**$227,421**	**$284,748**	**$222,501**	**$202,594**	**$136,478**	**$194,537**	**$2,360,434**
	Total Premiums		**$263,842**	**$262,757**	**$262,346**	**$262,346**	**$261,782**	**$262,456**	**$262,910**	**$256,263**	**$256,571**	**$240,105**	**$242,859**	**$244,874**	**$3,079,113**
Benefit Package 011	**Employees**		**85**	**86**	**86**	**84**	**84**	**84**	**85**	**85**	**84**	**82**	**90**	**90**	**85**
	Members		**238**	**239**	**239**	**236**	**233**	**232**	**233**	**233**	**237**	**231**	**237**	**237**	**235**
	Claims	Inpatient	$0	$0	$0	$2,298	$1,257	$0	$0	$33,097	$1,767	$9,763	($1,382)	$14,843	**$61,644**
		Outpatient	$10,397	$6,277	$13,283	$4,563	$1,475	$3,733	$8,059	$4,283	$8,376	$28,770	$237	$9,692	**$99,143**
		ER	$0	$4,409	$728	$0	$0	$7,668	$0	$0	$0	$1,738	$3,069	$753	**$18,365**
		Prof Svcs	$4,014	$7,807	$11,911	$5,462	$7,040	$9,367	$7,354	$13,585	$8,527	$9,470	$6,406	$17,318	**$108,261**
		Other	$3,506	$5,395	$11,679	$19,294	$30,103	$18,073	$6,767	$12,279	$6,703	$5,348	$4,284	$6,243	**$129,674**
		Pharmacy	$1,467	$1,864	$2,549	$1,966	$1,421	$2,292	$1,537	$3,137	$1,359	$1,850	$1,437	$3,302	**$24,182**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$19,384**	**$25,751**	**$40,150**	**$33,583**	**$41,296**	**$41,132**	**$23,718**	**$66,381**	**$26,732**	**$56,940**	**$14,051**	**$52,150**	**$441,268**
	Total Premiums		**$77,061**	**$77,524**	**$77,524**	**$76,140**	**$75,752**	**$76,176**	**$76,640**	**$76,640**	**$76,067**	**$75,179**	**$78,424**	**$78,424**	**$921,553**

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Benefit Package	Cat.	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 012	**Employees**											**107**	**126**	**128**	**120**
	Members											**205**	**246**	**248**	**233**
	Claims	Inpatient										$5,532	$0	$0	**$5,532**
		Outpatient										$897	$9,600	$6,385	**$16,881**
		ER										$150	$11,707	$1,461	**$13,318**
		Prof Svcs										$1,256	$2,329	$2,715	**$6,300**
		Other										$46,394	$48,409	$41,201	**$136,005**
		Pharmacy										$2,320	$5,541	$6,793	**$14,655**
		Capitation										$0	$0	$0	**$0**
	Total Claims											**$56,550**	**$77,586**	**$58,555**	**$192,692**
	Total Premiums											**$67,994**	**$85,078**	**$85,505**	**$238,577**
Benefit Package 013	**Employees**		**142**	**142**	**142**	**143**	**143**	**143**	**144**	**144**	**143**	**134**	**136**	**136**	**141**
	Members		**387**	**388**	**391**	**391**	**390**	**392**	**394**	**396**	**397**	**355**	**359**	**359**	**383**
	Claims	Inpatient	$64,969	$0	$14,306	$0	$0	$35,823	$40,024	$15,518	$0	$42,961	$20,183	$18,272	**$252,056**
		Outpatient	$14,861	$7,509	$8,323	$407	$6,317	$897	$0	$6,644	$7,227	$14,454	$10,501	$4,469	**$81,610**
		ER	$954	$2,884	$2,232	$2,098	$1,041	$501	$3,943	$2,755	$0	$5,867	$7,808	$1,891	**$31,975**
		Prof Svcs	$11,069	$1,621	$4,913	$0	$2,629	$13,799	$6,965	$8,830	$1,171	$13,001	$6,381	$8,535	**$78,914**
		Other	$55,234	$48,170	$53,183	$53,416	$50,159	$54,222	$77,770	$86,928	$39,601	$67,901	$60,701	$54,481	**$701,767**
		Pharmacy	$19,938	$17,988	$20,191	$28,738	$18,388	$21,614	$15,393	$14,444	$14,662	$13,194	$17,427	$8,707	**$210,687**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$167,024**	**$78,172**	**$103,148**	**$84,660**	**$78,534**	**$126,857**	**$144,096**	**$135,119**	**$62,662**	**$157,378**	**$123,002**	**$96,355**	**$1,357,009**
	Total Premiums		**$135,723**	**$135,616**	**$136,784**	**$137,028**	**$137,924**	**$136,876**	**$137,324**	**$139,072**	**$138,472**	**$145,350**	**$120,218**	**$130,808**	**$1,631,196**
Benefit Package 014	**Employees**											**215**	**219**	**228**	**221**
	Members											**319**	**320**	**331**	**323**
	Claims	Inpatient										$20,642	$0	$26,796	**$47,438**
		Outpatient										$4,481	$5,918	$3,822	**$14,221**
		ER										$7,973	$124	$865	**$8,962**
		Prof Svcs										$12,152	$4,539	$8,604	**$25,295**
		Other										$75,356	$47,917	$55,437	**$178,710**
		Pharmacy										$19,488	$13,150	$14,809	**$47,448**
		Capitation										$0	$0	$0	**$0**
	Total Claims											**$140,091**	**$71,649**	**$110,334**	**$322,074**
	Total Premiums											**$180,421**	**$100,544**	**$130,076**	**$411,041**
Benefit Package 015	**Employees**		**220**	**223**	**226**	**227**	**224**	**221**	**222**	**209**	**198**				**219**
	Members		**385**	**388**	**392**	**397**	**393**	**389**	**385**	**366**	**351**				**383**
	Claims	Inpatient	$0	$14,203	$40,547	$0	$0	$0	$20,264	$23,087	$0				**$98,100**
		Outpatient	$16,382	$1,063	$9,741	$1,358	$1,269	$4,049	$1,706	$3,516	$791				**$39,875**
		ER	$637	$2,507	$2,373	$10,818	$548	$4,597	$3,932	$2,815	$2,904				**$31,130**
		Prof Svcs	$3,169	$4,300	$6,764	$507	$1,346	$3,527	$5,033	$4,337	$101				**$29,085**
		Other	$66,115	$74,480	$84,811	$64,572	$48,847	$49,638	$56,934	$66,752	$49,287				**$561,436**
		Pharmacy	$8,365	$11,617	$14,153	$10,324	$9,599	$6,689	$7,257	$8,443	$6,133				**$82,580**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
	Total Claims		**$94,668**	**$108,172**	**$158,389**	**$87,577**	**$61,609**	**$68,501**	**$95,126**	**$108,951**	**$59,215**				**$842,208**
	Total Premiums		**$151,005**	**$155,238**	**$155,542**	**$157,147**	**$155,544**	**$155,224**	**$149,207**	**$151,490**	**$151,386**				**$1,381,783**
Benefit Package 016	**Employees**											**163**	**163**	**160**	**162**
	Members											**275**	**274**	**270**	**273**
	Claims	Inpatient										$0	$14,263	$0	**$14,263**
		Outpatient										$1,485	$2,604	$12,500	**$16,589**
		ER										$2,160	$15,361	$6,348	**$23,870**
		Prof Svcs										$639	$3,973	$6,460	**$11,072**
		Other										$42,858	$49,591	$53,658	**$146,106**
		Pharmacy										$21,665	$13,451	$16,205	**$51,321**
		Capitation										$0	$0	$0	**$0**
	Total Claims											**$68,808**	**$99,242**	**$95,171**	**$263,221**
	Total Premiums											**$137,648**	**$119,354**	**$116,616**	**$373,618**

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Benefit Package	Cat.	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 017	**Employees**		**4,483**	**4,513**	**4,544**	**4,555**	**4,577**	**4,588**	**4,592**	**4,583**	**4,583**	**6,214**	**6,368**	**6,467**	**5,006**
	Members		**10,802**	**10,838**	**10,900**	**10,776**	**10,862**	**10,871**	**10,893**	**10,906**	**10,899**	**15,177**	**15,540**	**15,727**	**12,016**
	Claims	Inpatient	$189,463	$254,594	$310,111	$432,470	$783,388	$711,844	$2,285,066	$600,112	$613,202	$458,978	$585,864	$610,820	**$7,835,912**
		Outpatient	$248,745	$317,404	$336,550	$424,636	$372,630	$365,790	$495,588	$536,517	$426,534	$590,232	$650,383	$622,021	**$5,387,031**
		ER	$64,208	$80,400	$122,240	$109,705	$107,991	$116,498	$104,017	$94,560	$70,972	$123,455	$85,023	$128,718	**$1,207,785**
		Prof Svcs	$928,121	$926,527	$1,026,430	$999,997	$1,160,703	$1,141,124	$1,200,086	$1,315,792	$962,312	$1,530,937	$1,358,324	$1,356,779	**$13,907,132**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$216,197	$199,541	$243,493	$227,675	$261,162	$255,013	$234,072	$319,836	$240,306	$334,782	$330,098	$361,436	**$3,223,612**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$1,646,734**	**$1,778,466**	**$2,038,824**	**$2,194,484**	**$2,685,873**	**$2,590,269**	**$4,318,829**	**$2,866,816**	**$2,313,326**	**$3,038,384**	**$3,009,693**	**$3,079,773**	**$31,561,471**
	Total Premiums		**$2,874,593**	**$2,889,499**	**$2,907,388**	**$2,891,308**	**$2,910,160**	**$2,911,823**	**$2,914,419**	**$2,911,548**	**$2,911,739**	**$3,944,978**	**$4,036,276**	**$4,087,863**	**$38,191,596**
Benefit Package 018	**Employees**		**2,514**	**2,529**	**2,547**	**2,546**	**2,542**	**2,544**	**2,541**	**2,538**	**2,538**	**3,146**	**3,228**	**3,266**	**2,707**
	Members		**6,412**	**6,431**	**6,461**	**6,349**	**6,348**	**6,364**	**6,355**	**6,358**	**6,360**	**7,942**	**8,126**	**8,210**	**6,810**
	Claims	Inpatient	$358,708	$211,173	$309,268	$281,034	$674,511	$353,469	$486,734	$228,950	$169,400	$303,090	$378,258	$390,785	**$4,145,381**
		Outpatient	$212,769	$273,435	$269,134	$239,959	$302,361	$323,814	$289,756	$323,847	$323,045	$327,942	$407,149	$433,725	**$3,726,937**
		ER	$54,152	$43,264	$55,110	$41,302	$65,647	$27,840	$72,959	$42,998	$55,638	$55,315	$51,726	$68,629	**$634,581**
		Prof Svcs	$452,638	$456,936	$583,625	$451,887	$582,455	$506,943	$540,388	$574,021	$457,083	$662,863	$569,778	$607,113	**$6,445,729**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$171,631	$184,283	$225,629	$199,992	$215,740	$211,915	$214,613	$265,078	$211,615	$272,317	$276,655	$306,357	**$2,755,825**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$1,249,899**	**$1,169,091**	**$1,442,766**	**$1,214,174**	**$1,840,714**	**$1,423,980**	**$1,604,450**	**$1,434,895**	**$1,216,781**	**$1,621,527**	**$1,683,566**	**$1,806,610**	**$17,708,452**
	Total Premiums		**$1,700,801**	**$1,706,552**	**$1,715,037**	**$1,702,024**	**$1,697,637**	**$1,699,965**	**$1,697,088**	**$1,696,989**	**$1,697,103**	**$2,090,079**	**$2,138,584**	**$2,160,950**	**$21,702,810**
Benefit Package 019	**Employees**		**1,268**	**1,279**	**1,282**	**1,290**	**1,298**	**1,310**	**1,307**	**1,297**	**1,298**	**1,451**	**1,478**	**1,488**	**1,337**
	Members		**3,081**	**3,097**	**3,099**	**3,062**	**3,068**	**3,108**	**3,101**	**3,070**	**3,081**	**3,559**	**3,609**	**3,623**	**3,213**
	Claims	Inpatient	$36,453	$13,111	$48,416	$85,963	$89,783	$155,343	$273,476	$110,320	$173,705	$203,064	$230,349	$152,559	**$1,572,543**
		Outpatient	$109,061	$108,937	$133,521	$135,107	$184,311	$103,627	$108,420	$164,871	$106,109	$77,186	$102,457	$150,218	**$1,483,825**
		ER	$26,057	$34,209	$19,738	$14,706	$14,576	$24,739	$41,021	$11,779	$41,837	$21,047	$27,047	$17,415	**$294,170**
		Prof Svcs	$223,606	$217,374	$238,993	$215,064	$253,533	$217,323	$274,747	$308,652	$193,023	$293,889	$257,533	$270,948	**$2,964,686**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$75,775	$84,317	$89,762	$83,533	$91,794	$86,420	$87,321	$97,213	$92,476	$104,577	$96,439	$97,906	**$1,087,534**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$470,952**	**$457,948**	**$530,431**	**$534,373**	**$633,998**	**$587,453**	**$784,985**	**$692,835**	**$607,150**	**$699,763**	**$713,825**	**$689,045**	**$7,402,759**
	Total Premiums		**$800,710**	**$805,062**	**$805,782**	**$801,437**	**$803,945**	**$812,629**	**$811,150**	**$803,829**	**$805,466**	**$911,788**	**$925,539**	**$930,428**	**$10,017,763**
Benefit Package 020	**Employees**		**197**	**195**	**197**	**196**	**197**	**196**	**191**	**185**	**160**	**109**	**103**	**104**	**169**
	Members		**285**	**281**	**287**	**287**	**288**	**284**	**278**	**268**	**235**	**156**	**143**	**142**	**245**
	Claims	Inpatient	$19,365	$29,141	$0	$21,225	$33,069	$17,631	$0	$60,720	$27,517	$0	$10,011	$0	**$218,679**
		Outpatient	$4,787	$31,306	$17,850	$8,242	$26,166	$89,889	$6,834	$34,291	$12,062	$16,021	$6,501	$360	**$254,308**
		ER	$5,073	$13,804	$7,430	$2,749	$11,706	$13,691	$0	$3,678	$2,192	$2,538	$6,903	$8,151	**$77,915**
		Prof Svcs	$17,997	$43,825	$45,932	$33,640	$44,001	$55,340	$30,740	$43,027	$32,356	$18,877	$20,272	$32,161	**$418,169**
		Other	$17,016	$49,445	$39,508	$26,566	$35,050	$37,362	$27,075	$25,483	$17,842	$31,545	$18,745	$16,616	**$342,255**
		Pharmacy	$9,834	$12,063	$11,811	$8,271	$9,363	$14,068	$10,063	$13,835	$17,632	$6,168	$7,413	$12,707	**$133,229**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$74,071**	**$179,584**	**$122,530**	**$100,693**	**$159,355**	**$227,982**	**$74,712**	**$181,034**	**$109,601**	**$75,150**	**$69,846**	**$69,995**	**$1,444,554**
	Total Premiums		**$142,534**	**$140,513**	**$143,039**	**$141,807**	**$143,433**	**$142,226**	**$138,752**	**$134,365**	**$117,573**	**$88,428**	**$81,211**	**$81,563**	**$1,495,444**
Benefit Package 022	**Employees**		**552**	**553**	**554**	**553**	**551**	**548**	**545**	**546**	**549**				**550**
	Members		**1,250**	**1,254**	**1,252**	**1,251**	**1,239**	**1,232**	**1,225**	**1,229**	**1,233**				**1,241**
	Claims	Inpatient	$109,986	$117,963	$24,339	$36,554	$157,040	$61,444	$183,034	$297,193	$88,051				**$1,075,604**
		Outpatient	$63,086	$53,414	$87,339	$50,194	$30,104	$56,768	$51,755	$20,678	$44,499				**$457,838**
		ER	$15,047	$13,249	$17,083	$8,107	$22,235	$29,701	$9,272	$3,958	$3,538				**$122,191**
		Prof Svcs	$63,567	$142,709	$119,278	$94,430	$132,090	$148,811	$124,820	$151,700	$91,946				**$1,069,351**
		Other	$40,971	$92,764	$110,790	$61,697	$91,119	$95,605	$85,104	$109,677	$103,467				**$791,194**
		Pharmacy	$46,672	$53,493	$60,864	$43,496	$47,775	$53,584	$48,718	$58,298	$40,598				**$453,498**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
	Total Claims		**$339,330**	**$473,592**	**$419,694**	**$294,478**	**$480,362**	**$445,913**	**$502,703**	**$641,505**	**$372,099**				**$3,969,676**
	Total Premiums		**$481,230**	**$480,789**	**$480,261**	**$477,089**	**$474,974**	**$473,535**	**$473,417**	**$472,830**	**$474,974**				**$4,289,097**

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Benefit Package	Cat.	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 023	**Employees**											**535**	**523**	**521**	**526**
	Members											**1,169**	**1,140**	**1,135**	**1,148**
	Claims	Inpatient										$41,381	$34,763	$184,223	**$260,367**
		Outpatient										$47,205	$35,898	$55,535	**$138,637**
		ER										$11,247	$15,972	$10,310	**$37,529**
		Prof Svcs										$111,909	$95,847	$142,076	**$349,831**
		Other										$96,550	$111,576	$76,867	**$284,992**
		Pharmacy										$43,935	$58,489	$61,190	**$163,613**
		Capitation										$0	$0	$0	**$0**
	Total Claims											**$352,226**	**$352,544**	**$530,200**	**$1,234,970**
	Total Premiums											**$488,882**	**$477,024**	**$474,734**	**$1,440,640**
Benefit Package 025	**Employees**											**541**	**575**	**579**	**565**
	Members											**1,569**	**1,657**	**1,673**	**1,633**
	Claims	Inpatient										$34,585	$0	$32,077	**$66,662**
		Outpatient										$12,956	$17,179	$13,827	**$43,962**
		ER										$1,701	$2,145	$323	**$4,169**
		Prof Svcs										$33,106	$34,817	$39,294	**$107,217**
		Other										$0	$0	$0	**$0**
		Pharmacy										$9,805	$5,412	$15,965	**$31,182**
		Capitation										$0	$0	$0	**$0**
	Total Claims											**$92,152**	**$59,554**	**$101,486**	**$253,192**
	Total Premiums											**$318,767**	**$337,114**	**$339,283**	**$995,163**
Benefit Package 026	**Employees**		**305**	**304**	**303**	**300**	**298**	**298**	**297**	**296**	**296**				**300**
	Members		**734**	**728**	**720**	**711**	**706**	**706**	**703**	**701**	**701**				**712**
	Claims	Inpatient	$80,134	$32,799	$44,163	$15,542	$61,423	$53,668	$108,449	$47,519	$38,085				**$481,781**
		Outpatient	$6,119	$8,080	$12,018	$49,237	$13,428	$9,688	$22,055	$9,807	$7,073				**$137,505**
		ER	$7,161	$4,485	$6,578	$5,735	$6,575	$6,858	$3,739	$10,605	$11,417				**$63,153**
		Prof Svcs	$24,253	$15,417	$21,185	$25,976	$16,954	$34,331	$28,584	$38,064	$3,390				**$208,156**
		Other	$114,793	$125,539	$111,904	$128,997	$114,560	$109,024	$133,544	$141,513	$97,380				**$1,077,254**
		Pharmacy	$25,732	$26,353	$21,862	$27,377	$22,889	$27,403	$29,606	$22,333	$19,160				**$222,715**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
	Total Claims		**$258,193**	**$212,672**	**$217,709**	**$252,864**	**$235,830**	**$240,972**	**$325,976**	**$269,841**	**$176,506**				**$2,190,563**
	Total Premiums		**$271,453**	**$273,854**	**$274,935**	**$270,931**	**$269,373**	**$268,736**	**$267,300**	**$266,690**	**$266,733**				**$2,430,004**
Benefit Package 027	**Employees**											**136**	**136**	**136**	**136**
	Members											**254**	**254**	**254**	**254**
	Claims	Inpatient										$9,427	$30,508	$58,733	**$98,668**
		Outpatient										$2,062	$9,370	$15,900	**$27,332**
		ER										$4,348	$1,399	$0	**$5,747**
		Prof Svcs										$1,991	$4,338	$6,735	**$13,063**
		Other										$41,853	$45,968	$46,639	**$134,459**
		Pharmacy										$3,841	$5,156	$8,494	**$17,490**
		Capitation										$0	$0	$0	**$0**
	Total Claims											**$63,521**	**$96,738**	**$136,500**	**$296,760**
	Total Premiums											**$124,980**	**$122,615**	**$122,262**	**$369,857**
Benefit Package 028	**Employees**		**158**	**157**	**154**	**155**	**155**	**156**	**157**	**156**	**155**				**156**
	Members		**300**	**297**	**292**	**293**	**292**	**292**	**294**	**290**	**287**				**293**
	Claims	Inpatient	$0	$17,477	$80,074	$36,094	$17,387	$165,446	$0	$10,200	$57,570				**$384,248**
		Outpatient	$12,808	$4,221	$0	$450	$9,043	$41,946	$12,319	$7,692	$5,036				**$93,515**
		ER	$1,876	$5,742	$3,138	$12,810	$6,578	$13,073	$0	$8,680	$7,911				**$59,809**
		Prof Svcs	$40,756	$31,904	$23,369	$12,775	$9,899	$24,218	$2,163	$693	$9,323				**$155,099**
		Other	$48,152	$52,212	$49,503	$53,767	$50,177	$78,715	$44,846	$57,623	$46,820				**$481,816**
		Pharmacy	$16,652	$16,911	$17,938	$14,779	$9,305	$6,830	$10,083	$6,298	$10,178				**$108,975**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
	Total Claims		**$120,244**	**$128,467**	**$174,021**	**$130,675**	**$102,390**	**$330,229**	**$69,411**	**$91,186**	**$136,838**				**$1,283,461**
	Total Premiums		**$130,710**	**$127,002**	**$127,322**	**$125,523**	**$128,742**	**$127,552**	**$127,290**	**$128,390**	**$126,238**				**$1,148,769**

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Benefit Package	Cat.	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 029	**Employees**		**510**	**512**	**508**	**507**	**504**	**505**	**506**	**505**	**505**	**490**	**494**	**496**	**504**
	Members		**1,198**	**1,202**	**1,190**	**1,188**	**1,181**	**1,183**	**1,182**	**1,176**	**1,171**	**1,102**	**1,108**	**1,108**	**1,166**
	Claims	Inpatient	$610,725	$94,251	$115,606	$136,662	$292,826	$133,058	$130,690	$19,791	$150,327	$161,716	$39,099	$208,508	**$2,093,257**
		Outpatient	$27,390	$33,905	$64,630	$45,096	$26,382	$29,449	$27,367	$36,357	$45,867	$29,113	$33,224	$42,163	**$440,942**
		ER	$13,108	$27,392	$30,850	$21,245	$58,480	$22,037	$10,409	$17,661	$6,607	$22,666	$27,926	$18,374	**$276,756**
		Prof Svcs	$36,906	$29,613	$55,990	$41,997	$48,113	$46,080	$43,919	$36,454	$43,429	$70,208	$35,722	$56,266	**$544,696**
		Other	$245,958	$188,253	$211,498	$219,635	$213,349	$193,786	$199,770	$198,916	$191,493	$208,583	$175,226	$201,153	**$2,447,619**
		Pharmacy	$44,346	$44,386	$55,488	$40,556	$47,893	$33,874	$41,690	$27,884	$33,031	$47,669	$35,901	$28,712	**$481,431**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$978,433**	**$417,800**	**$534,061**	**$505,192**	**$687,043**	**$458,284**	**$453,844**	**$337,064**	**$470,753**	**$539,955**	**$347,097**	**$555,176**	**$6,284,702**
	Total Premiums		**$465,869**	**$469,717**	**$469,240**	**$464,726**	**$473,765**	**$466,776**	**$465,131**	**$463,712**	**$463,234**	**$450,812**	**$452,140**	**$453,739**	**$5,558,862**
Benefit Package 030	**Employees**		**531**	**532**	**532**	**533**	**533**	**533**	**532**	**532**	**530**	**526**	**523**	**525**	**530**
	Members		**1,080**	**1,079**	**1,073**	**1,078**	**1,081**	**1,084**	**1,088**	**1,088**	**1,082**	**1,094**	**1,076**	**1,076**	**1,082**
	Claims	Inpatient	$84,722	$47,510	$186,501	$101,597	$168,500	$88,556	$64,236	$105,120	$58,740	$150,079	$179,108	$65,590	**$1,300,260**
		Outpatient	$23,048	$6,353	$21,396	$11,813	$9,681	$28,213	$15,976	$36,865	$9,841	$16,990	$21,876	$25,973	**$228,026**
		ER	$10,221	$8,323	$13,106	$14,606	$10,599	$15,148	$14,671	$15,144	$4,868	$7,853	$7,490	$6,393	**$128,421**
		Prof Svcs	$26,128	$20,705	$35,590	$34,202	$40,265	$35,287	$42,670	$37,736	$28,944	$45,547	$46,871	$32,485	**$426,430**
		Other	$167,889	$185,996	$198,304	$187,647	$201,477	$185,149	$260,332	$226,519	$173,711	$199,211	$182,810	$179,702	**$2,348,746**
		Pharmacy	$53,339	$51,672	$46,521	$41,432	$59,085	$47,913	$36,593	$54,795	$37,847	$42,943	$48,318	$47,773	**$568,230**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$365,347**	**$320,559**	**$501,417**	**$391,296**	**$489,608**	**$400,266**	**$434,478**	**$476,180**	**$313,950**	**$462,624**	**$486,472**	**$357,916**	**$5,000,112**
	Total Premiums		**$481,507**	**$484,086**	**$481,774**	**$482,621**	**$487,770**	**$486,299**	**$487,441**	**$488,603**	**$485,586**	**$529,393**	**$456,050**	**$486,738**	**$5,837,869**
Benefit Package 031	**Employees**		**897**	**900**	**897**	**898**	**894**	**897**	**889**	**886**	**886**	**846**	**846**	**853**	**882**
	Members		**1,848**	**1,849**	**1,838**	**1,837**	**1,835**	**1,843**	**1,817**	**1,808**	**1,808**	**1,670**	**1,672**	**1,672**	**1,791**
	Claims	Inpatient	$133,787	$274,020	$299,903	$99,849	$175,736	$224,964	$156,718	$158,244	$95,316	$170,476	$106,660	$187,476	**$2,083,150**
		Outpatient	$45,069	$30,112	$52,073	$26,827	$28,448	$75,205	$90,435	$59,366	$14,788	$29,663	$17,295	$15,270	**$484,550**
		ER	$33,164	$32,197	$31,129	$24,194	$21,611	$32,741	$23,820	$44,165	$17,384	$21,314	$10,277	$42,816	**$334,812**
		Prof Svcs	$44,777	$71,084	$77,871	$53,432	$70,613	$72,465	$79,274	$66,525	$23,596	$43,477	$26,182	$30,149	**$659,446**
		Other	$298,038	$302,365	$333,765	$273,895	$305,914	$340,267	$329,839	$346,474	$264,406	$324,091	$264,181	$290,007	**$3,673,242**
		Pharmacy	$47,664	$81,730	$71,267	$60,612	$68,215	$62,355	$76,407	$64,144	$74,127	$71,624	$58,636	$69,058	**$805,840**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$602,500**	**$791,509**	**$866,008**	**$538,809**	**$670,538**	**$807,997**	**$756,492**	**$738,918**	**$489,616**	**$660,645**	**$483,231**	**$634,776**	**$8,041,040**
	Total Premiums		**$718,514**	**$707,313**	**$710,129**	**$713,659**	**$714,997**	**$709,969**	**$704,730**	**$692,019**	**$696,354**	**$756,207**	**$747,933**	**$744,534**	**$8,616,360**
Benefit Package 032	**Employees**											**299**	**300**	**300**	**300**
	Members											**682**	**676**	**674**	**677**
	Claims	Inpatient										$73,101	$2,590	$22,969	**$98,660**
		Outpatient										$11,656	$12,962	$13,399	**$38,017**
		ER										$10,446	$4,914	$6,114	**$21,475**
		Prof Svcs										$18,453	$33,245	$12,948	**$64,646**
		Other										$109,843	$95,690	$106,954	**$312,488**
		Pharmacy										$28,147	$19,914	$26,101	**$74,162**
		Capitation										$0	$0	$0	**$0**
	Total Claims											**$251,646**	**$169,316**	**$188,485**	**$609,446**
	Total Premiums											**$292,672**	**$270,853**	**$271,676**	**$835,201**
Benefit Package 033	**Employees**											**249**	**246**	**246**	**247**
	Members											**429**	**421**	**421**	**424**
	Claims	Inpatient										$317,135	$55,440	$14,153	**$386,728**
		Outpatient										$1,884	$7,237	$18,130	**$27,252**
		ER										$64,486	$16,157	$16,668	**$97,311**
		Prof Svcs										$17,339	$20,206	$9,137	**$46,681**
		Other										$127,176	$94,669	$87,586	**$309,431**
		Pharmacy										$12,351	$11,527	$9,663	**$33,540**
		Capitation										$0	$0	$0	**$0**
	Total Claims											**$540,370**	**$205,237**	**$155,337**	**$900,943**
	Total Premiums											**$218,765**	**$178,580**	**$195,905**	**$593,249**

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Benefit Package	Cat.	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 034	**Employees**		**301**	**299**	**298**	**299**	**299**	**297**	**295**	**295**	**289**	**112**	**110**	**109**	**250**
	Members		**585**	**577**	**576**	**578**	**576**	**575**	**570**	**566**	**552**	**214**	**207**	**204**	**482**
	Claims	Inpatient	$96,414	$0	$170,835	$54,291	$45,157	$27,121	$131,453	$48,799	$0	$0	$59,595	$0	**$633,663**
		Outpatient	$28,242	$3,006	$9,215	$16,453	$16,103	$29,161	$15,997	$5,279	$17,075	$1,623	$1,450	$19,082	**$162,685**
		ER	$15,289	$3,065	$13,305	$15,498	$4,674	$11,269	$4,309	$11,422	$2,644	$413	$1,588	$2,691	**$86,166**
		Prof Svcs	$20,025	$2,992	$32,799	$13,952	$20,275	$22,865	$33,465	$11,862	$15,316	$882	$5,264	$11,368	**$191,065**
		Other	$115,294	$85,927	$114,178	$97,450	$98,562	$100,513	$120,472	$120,363	$79,548	$37,167	$45,866	$29,687	**$1,045,028**
		Pharmacy	$33,039	$24,882	$33,491	$28,240	$25,908	$32,727	$41,272	$36,115	$33,756	$7,539	$10,543	$10,084	**$317,595**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$308,302**	**$119,872**	**$373,822**	**$225,884**	**$210,678**	**$223,656**	**$346,968**	**$233,839**	**$148,339**	**$47,624**	**$124,306**	**$72,912**	**$2,436,202**
	Total Premiums		**$244,893**	**$250,661**	**$237,760**	**$244,605**	**$244,404**	**$242,502**	**$239,607**	**$235,506**	**$239,846**	**$92,527**	**$88,860**	**$92,750**	**$2,453,919**
Benefit Package 035	**Employees**		**256**	**255**	**256**	**254**	**255**	**254**	**254**	**254**	**252**				**254**
	Members		**459**	**458**	**461**	**456**	**459**	**453**	**453**	**445**	**440**				**454**
	Claims	Inpatient	$43,858	$122,173	$26,144	$47,472	$73,900	$20,542	$7,568	$58,883	$19,845				**$420,386**
		Outpatient	$36,060	$32,611	$30,847	$28,847	$17,498	$23,809	$28,986	$26,544	$18,368				**$243,569**
		ER	$7,241	$2,299	$18,150	$41,975	$4,109	$19,983	$2,743	$10,510	$8,659				**$115,667**
		Prof Svcs	$30,715	$31,411	$19,700	$16,720	$18,368	$6,904	$21,104	$18,955	$6,581				**$170,457**
		Other	$98,431	$108,448	$99,899	$89,098	$105,016	$100,568	$86,364	$106,904	$84,735				**$879,463**
		Pharmacy	$16,310	$15,694	$15,148	$11,932	$22,932	$19,256	$13,032	$17,989	$14,122				**$146,415**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
	Total Claims		**$232,613**	**$312,636**	**$209,888**	**$236,043**	**$241,823**	**$191,062**	**$159,797**	**$239,784**	**$152,310**				**$1,975,957**
	Total Premiums		**$201,285**	**$205,748**	**$202,780**	**$206,021**	**$198,637**	**$204,046**	**$205,480**	**$201,438**	**$197,531**				**$1,822,966**
Benefit Package 036	**Employees**		**456**	**453**	**450**	**447**	**444**	**443**	**438**	**421**	**376**				**436**
	Members		**864**	**863**	**852**	**849**	**841**	**833**	**821**	**783**	**709**				**824**
	Claims	Inpatient	$68,117	$287,598	$14,945	$110,595	$125,312	$231,197	$104,673	$609,950	$254,460				**$1,806,847**
		Outpatient	$19,154	$45,547	$21,857	$14,349	$11,599	$52,048	$39,771	$26,059	$27,065				**$257,449**
		ER	$14,769	$14,637	$16,353	$4,653	$4,853	$8,691	$6,526	$17,890	$19,654				**$108,026**
		Prof Svcs	$14,846	$40,683	$23,790	$20,262	$22,794	$56,264	$29,967	$71,736	$36,350				**$316,692**
		Other	$170,345	$173,636	$174,547	$165,420	$175,199	$193,789	$190,419	$220,463	$165,717				**$1,629,535**
		Pharmacy	$42,581	$42,464	$69,562	$49,774	$41,700	$76,129	$48,574	$41,182	$58,586				**$470,553**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
	Total Claims		**$329,812**	**$604,565**	**$321,055**	**$365,053**	**$381,457**	**$618,118**	**$419,930**	**$987,280**	**$561,833**				**$4,589,102**
	Total Premiums		**$411,111**	**$412,258**	**$397,115**	**$407,129**	**$392,693**	**$398,800**	**$394,342**	**$379,372**	**$393,570**				**$3,586,390**
Benefit Package 037	**Employees**		**39**	**39**	**39**	**38**	**38**	**38**	**38**	**38**	**37**	**38**			**38**
	Members		**84**	**84**	**84**	**83**	**81**	**81**	**81**	**81**	**80**	**80**			**82**
	Claims	Inpatient	$0	$52,987	$23,773	$43,964	$0	$12,222	$0	$25,677	$8,679	$0			**$167,304**
		Outpatient	$12,568	$4,275	$1,136	$2,675	$0	$1,995	$245	$0	$194	$472			**$23,561**
		ER	$0	$494	$2,841	$277	$0	$1,279	$0	$277	$124	$1,727			**$7,019**
		Prof Svcs	$2,386	$4,923	$3,309	$4,248	$0	$5,696	$0	$4,353	$13,219	$0			**$38,134**
		Other	$12,552	$21,634	$12,707	$16,680	$15,177	$14,488	$13,136	$21,479	$13,696	$16,361			**$157,912**
		Pharmacy	$1,075	$936	$961	$1,156	$1,037	$1,410	$654	$985	$1,326	$898			**$10,438**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$28,582**	**$85,250**	**$44,727**	**$69,000**	**$16,214**	**$37,091**	**$14,036**	**$52,772**	**$37,238**	**$19,459**			**$404,367**
	Total Premiums		**$39,102**	**$38,947**	**$39,313**	**$38,735**	**$38,044**	**$37,731**	**$37,731**	**$37,683**	**$36,608**	**$37,482**			**$381,376**
Benefit Package 038	**Employees**											**89**	**126**	**127**	**114**
	Members											**216**	**290**	**292**	**266**
	Claims	Inpatient										$6,877	$47,282	$71,361	**$125,520**
		Outpatient										$15,373	$8,978	$5,453	**$29,804**
		ER										$2,942	$5,611	$3,800	**$12,353**
		Prof Svcs										$5,283	$28,571	$18,001	**$51,855**
		Other										$36,456	$54,562	$57,090	**$148,108**
		Pharmacy										$6,429	$5,521	$7,471	**$19,422**
		Capitation										$0	$0	$0	**$0**
	Total Claims											**$73,362**	**$150,525**	**$163,175**	**$387,061**
	Total Premiums											**$98,119**	**$116,430**	**$125,169**	**$339,719**

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Benefit Package	Cat.	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 039	**Employees**											**225**	**225**	**225**	**225**
	Members											**445**	**446**	**445**	**445**
	Claims	Inpatient										$59,372	$66,565	$41,142	**$167,079**
		Outpatient										$14,195	$13,815	$8,295	**$36,306**
		ER										$2,494	$9,171	$1,561	**$13,226**
		Prof Svcs										$20,271	$22,647	$9,625	**$52,543**
		Other										$110,683	$83,639	$82,658	**$276,980**
		Pharmacy										$27,833	$30,837	$28,002	**$86,671**
		Capitation										$0	$0	$0	**$0**
	Total Claims											**$234,848**	**$226,673**	**$171,283**	**$632,804**
	Total Premiums											**$195,370**	**$191,317**	**$193,850**	**$580,537**
Benefit Package 040	**Employees**		**134**	**134**	**134**	**134**	**133**	**133**	**133**	**134**	**133**	**121**	**119**	**117**	**130**
	Members		**179**	**179**	**179**	**179**	**177**	**177**	**177**	**175**	**174**	**161**	**158**	**156**	**173**
	Claims	Inpatient	$0	$0	$0	$1,156	$6,224	$27,358	$0	$0	$0	$105,763	$27,964	$26,369	**$194,835**
		Outpatient	$5,959	$914	$8,449	$1,850	$23	$3,337	$17,888	$22,162	$9,153	$13,502	$14,941	$3,621	**$101,801**
		ER	$0	$551	$3,250	$5,704	$7,087	$3,400	$4,237	$2,930	$430	$2,659	$3,919	$9,117	**$43,284**
		Prof Svcs	$34,648	$34,198	$36,377	$38,216	$48,462	$60,254	$67,857	$62,162	$41,514	$66,911	$49,874	$37,203	**$577,676**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$19,240	$15,170	$18,619	$19,273	$21,748	$17,823	$19,776	$16,464	$21,040	$16,189	$15,428	$20,892	**$221,662**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$59,847**	**$50,834**	**$66,695**	**$66,200**	**$83,544**	**$112,172**	**$109,758**	**$103,718**	**$72,137**	**$205,025**	**$112,127**	**$97,203**	**$1,139,259**
	Total Premiums		**$121,095**	**$121,095**	**$121,095**	**$121,095**	**$120,361**	**$120,361**	**$120,361**	**$120,431**	**$119,697**	**$117,200**	**$114,876**	**$113,308**	**$1,430,974**
Benefit Package 041	**Employees**		**729**	**726**	**723**	**721**	**719**	**712**	**710**	**706**	**706**	**671**	**669**	**668**	**705**
	Members		**1,272**	**1,264**	**1,253**	**1,248**	**1,250**	**1,234**	**1,230**	**1,223**	**1,220**	**1,166**	**1,159**	**1,156**	**1,223**
	Claims	Inpatient	$209,917	$108,411	$88,590	$74,091	$205,243	$145,405	$191,949	$53,314	$141,780	$39,943	$101,013	$146,745	**$1,506,402**
		Outpatient	$168,840	$175,681	$131,717	$131,233	$150,518	$113,593	$147,503	$128,287	$133,700	$111,325	$140,658	$100,816	**$1,633,871**
		ER	$12,615	$21,515	$18,207	$39,446	$35,802	$23,502	$16,155	$39,603	$23,997	$25,840	$17,644	$9,664	**$283,992**
		Prof Svcs	$380,152	$341,655	$329,288	$320,045	$309,619	$254,795	$317,314	$338,784	$238,680	$267,803	$299,042	$303,623	**$3,700,800**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$150,192	$158,666	$179,224	$142,920	$180,540	$158,161	$157,864	$181,764	$142,060	$158,056	$169,552	$164,948	**$1,943,949**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$921,716**	**$805,928**	**$747,027**	**$707,735**	**$881,723**	**$695,455**	**$830,785**	**$741,752**	**$680,218**	**$602,968**	**$727,910**	**$725,796**	**$9,069,013**
	Total Premiums		**$875,859**	**$870,575**	**$866,336**	**$864,565**	**$863,529**	**$851,767**	**$849,261**	**$843,092**	**$843,092**	**$799,707**	**$796,572**	**$794,849**	**$10,119,204**
Benefit Package 043	**Employees**		**22**	**22**	**22**	**22**	**22**	**22**	**22**	**22**	**22**	**26**	**25**	**25**	**23**
	Members		**22**	**22**	**22**	**22**	**22**	**22**	**22**	**22**	**22**	**30**	**29**	**29**	**24**
	Claims	Inpatient	$0	$0	$56,299	$0	$0	$0	$0	$0	$0	$0	$30,460	$0	**$86,759**
		Outpatient	$0	$0	$5,146	$0	$0	$589	$3,767	$0	$1,324	$0	$2,386	$0	**$13,213**
		ER	$0	$0	$0	$1,204	$0	$0	$452	$144	$0	$316	$4,018	$0	**$6,134**
		Prof Svcs	$3,874	$3,219	$19,160	$5,917	$2,162	$2,937	$5,066	$7,199	$5,991	$7,765	$10,077	$6,178	**$79,546**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$4,854	$3,815	$3,442	$2,828	$6,162	$1,142	$5,985	$2,070	$3,791	$6,448	$9,864	$3,629	**$54,031**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$8,728**	**$7,034**	**$84,047**	**$9,949**	**$8,325**	**$4,669**	**$15,271**	**$9,413**	**$11,107**	**$14,530**	**$56,806**	**$9,807**	**$239,683**
	Total Premiums		**$16,137**	**$16,137**	**$16,137**	**$16,137**	**$16,137**	**$16,137**	**$16,137**	**$16,137**	**$16,137**	**$22,239**	**$21,455**	**$21,455**	**$210,386**
Benefit Package 044	**Employees**		**152**	**151**	**151**	**150**	**150**	**150**	**150**	**149**	**149**	**146**	**149**	**155**	**150**
	Members		**275**	**271**	**271**	**268**	**267**	**267**	**268**	**267**	**266**	**263**	**275**	**282**	**270**
	Claims	Inpatient	$0	$21,036	$0	$6,466	$33,506	$0	$0	$0	$0	$0	$0	$8,930	**$69,938**
		Outpatient	$9,271	$18,168	$8,431	$1,670	$6,510	$1,285	$264	$19,450	$1,023	$5,743	$2,009	$3,721	**$77,545**
		ER	$0	$2,135	$2,604	$1,340	$421	$0	$930	$4,936	$1,397	$0	$3,000	$1,740	**$18,500**
		Prof Svcs	$24,627	$33,228	$39,184	$42,939	$51,630	$48,811	$45,942	$53,901	$31,228	$39,297	$25,095	$30,312	**$466,195**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$23,917	$27,181	$27,232	$21,646	$29,861	$32,835	$16,441	$44,687	$21,801	$17,048	$35,091	$29,978	**$327,717**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$57,815**	**$101,747**	**$77,450**	**$74,061**	**$121,928**	**$82,932**	**$63,576**	**$122,974**	**$55,449**	**$62,089**	**$65,194**	**$74,681**	**$959,895**
	Total Premiums		**$155,494**	**$154,333**	**$154,333**	**$153,606**	**$153,606**	**$153,606**	**$154,038**	**$153,311**	**$153,311**	**$150,872**	**$155,730**	**$160,702**	**$1,852,941**

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Benefit Package	Cat.	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 045	**Employees**		**120**	**120**	**120**	**120**	**120**	**120**	**119**	**118**	**117**	**110**	**110**	**111**	**117**
	Members		**194**	**193**	**192**	**192**	**191**	**190**	**190**	**190**	**188**	**172**	**169**	**169**	**186**
	Claims	Inpatient	$25,201	$58,297	$52,683	$8,810	$55,083	$44,578	$7,408	$8,218	$12,695	$0	$36,669	$0	**$309,643**
		Outpatient	$677	$6,134	$10,135	$1,362	$5,152	$2,432	$4,641	$41,221	$41,420	$89,675	$12,590	$7,971	**$223,410**
		ER	$1,607	$4,292	$6,775	$2,250	$2,415	$2,789	$0	$1,598	$5,123	$10,955	$4,384	$1,057	**$43,245**
		Prof Svcs	$26,336	$29,151	$39,684	$27,738	$26,603	$36,596	$21,680	$40,034	$27,179	$37,676	$40,982	$36,221	**$389,882**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$16,335	$17,995	$16,810	$19,386	$14,509	$16,753	$12,431	$13,938	$14,740	$16,783	$18,085	$14,378	**$192,144**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$70,156**	**$115,870**	**$126,087**	**$59,546**	**$103,763**	**$103,149**	**$46,161**	**$105,009**	**$101,157**	**$155,089**	**$112,711**	**$59,628**	**$1,158,324**
	Total Premiums		**$96,601**	**$96,307**	**$96,307**	**$96,654**	**$96,359**	**$96,359**	**$95,998**	**$95,343**	**$94,687**	**$93,555**	**$94,230**	**$94,622**	**$1,147,023**
Benefit Package 046	**Employees**		**90**	**89**	**89**	**89**	**89**	**88**	**88**	**87**	**86**	**94**	**96**	**94**	**90**
	Members		**166**	**165**	**165**	**165**	**164**	**163**	**163**	**162**	**161**	**171**	**178**	**174**	**166**
	Claims	Inpatient	$3,125	$0	$0	$0	$8,506	$314,838	$11,568	$0	$0	$0	$0	$0	**$338,037**
		Outpatient	$9,139	$3,528	$9,493	$6,751	$730	$310	$2,158	$4,465	$4,761	$4,468	$134	$12,067	**$58,004**
		ER	$326	$626	$0	$141	$279	$3,849	$961	$0	$0	$7,051	$3,538	$0	**$16,770**
		Prof Svcs	$15,566	$16,192	$13,517	$14,091	$13,278	$63,042	$28,097	$20,195	$20,402	$15,174	$20,622	$18,406	**$258,580**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$9,363	$8,153	$13,146	$12,048	$8,853	$11,635	$15,438	$11,526	$13,007	$10,061	$11,827	$9,883	**$134,939**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$37,520**	**$28,499**	**$36,155**	**$33,031**	**$31,646**	**$393,673**	**$58,220**	**$36,186**	**$45,221**	**$33,241**	**$32,582**	**$40,356**	**$806,330**
	Total Premiums		**$72,535**	**$71,940**	**$71,940**	**$71,940**	**$71,673**	**$71,078**	**$71,078**	**$70,436**	**$69,841**	**$79,808**	**$81,354**	**$79,475**	**$883,098**
Benefit Package 047	**Employees**		**24**	**24**	**24**	**24**	**23**	**23**	**23**	**23**	**23**	**21**	**21**	**21**	**23**
	Members		**42**	**42**	**42**	**43**	**41**	**42**	**42**	**42**	**42**	**36**	**34**	**34**	**40**
	Claims	Inpatient	$0	$0	$35,134	$52,418	$200	$0	$0	$0	$0	$0	$0	$0	**$87,752**
		Outpatient	$0	$0	$6	$212	$2,660	$0	$73	$0	$2,542	$5,285	$0	$4,572	**$15,350**
		ER	$0	$0	$0	$0	$0	$50	$66	$0	$4,191	$0	$0	$0	**$4,307**
		Prof Svcs	$5,465	$5,052	$12,911	$14,248	$6,070	$5,176	$8,147	$5,919	$4,355	$5,098	$10,587	$5,995	**$89,022**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$2,428	$1,965	$2,055	$2,242	$2,405	$1,446	$2,627	$981	$1,192	$1,574	$1,796	$2,494	**$23,206**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$7,893**	**$7,016**	**$50,106**	**$69,120**	**$11,335**	**$6,672**	**$10,913**	**$6,899**	**$12,279**	**$11,957**	**$12,383**	**$13,061**	**$219,637**
	Total Premiums		**$19,431**	**$19,431**	**$19,431**	**$19,431**	**$18,134**	**$18,428**	**$18,428**	**$18,428**	**$18,428**	**$18,259**	**$17,942**	**$17,942**	**$223,715**
Benefit Package 048	**Employees**		**20**	**20**	**20**	**20**	**19**	**19**	**19**	**19**	**19**	**29**	**29**	**30**	**22**
	Members		**35**	**35**	**35**	**35**	**34**	**34**	**34**	**34**	**34**	**54**	**54**	**55**	**39**
	Claims	Inpatient	$7,946	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$6,569	**$14,515**
		Outpatient	$262	$73	$0	$140	$0	$0	$0	$253	$0	$0	$237	$12,979	**$13,944**
		ER	$0	$0	$0	$0	$0	$0	$0	$0	$0	$178	$0	$0	**$178**
		Prof Svcs	$4,321	$3,111	$2,530	$3,997	$2,466	$1,749	$1,953	$2,293	$1,398	$2,800	$3,628	$6,108	**$36,354**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$1,603	$702	$1,188	$1,086	$1,097	$524	$970	$861	$879	$6,962	$2,279	$6,650	**$24,800**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$14,132**	**$3,886**	**$3,718**	**$5,223**	**$3,563**	**$2,272**	**$2,923**	**$3,406**	**$2,277**	**$9,941**	**$6,144**	**$32,306**	**$89,791**
	Total Premiums		**$14,613**	**$14,613**	**$14,613**	**$14,613**	**$14,019**	**$14,019**	**$14,019**	**$14,019**	**$14,019**	**$22,667**	**$22,667**	**$23,300**	**$197,181**
Benefit Package 049	**Employees**		**47**	**47**	**47**	**47**	**47**	**48**	**48**	**48**	**48**	**31**	**31**	**33**	**44**
	Members		**74**	**74**	**74**	**75**	**75**	**76**	**76**	**76**	**70**	**51**	**51**	**56**	**69**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$11,042	$0	$0	$1,576	$28,157	**$40,775**
		Outpatient	$86	$16,889	$42	$0	$2,312	$96	$0	$1,945	$0	$466	$0	$0	**$21,836**
		ER	$0	$251	$0	$0	$1,216	$36	$0	$2,375	$229	$0	$0	$18	**$4,125**
		Prof Svcs	$6,938	$11,584	$12,280	$15,656	$7,978	$9,193	$8,453	$26,810	$15,890	$10,682	$5,421	$7,006	**$137,891**
		Other	$1,297	$3,040	$3,739	$1,624	$1,905	$1,976	$2,094	$3,373	$2,038	$2,013	$2,609	$647	**$26,355**
		Pharmacy	$2,948	$3,116	$2,804	$4,750	$1,959	$2,275	$3,010	$2,749	$2,969	$4,344	$2,359	$2,322	**$35,605**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$11,269**	**$34,880**	**$18,865**	**$22,030**	**$15,370**	**$13,576**	**$13,557**	**$48,294**	**$21,126**	**$17,505**	**$11,965**	**$38,150**	**$266,587**
	Total Premiums		**$38,340**	**$38,340**	**$38,340**	**$39,006**	**$39,006**	**$39,669**	**$39,669**	**$39,669**	**$39,669**	**$31,886**	**$31,886**	**$31,883**	**$447,363**

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Experience Reports by Benefit Package — Monthly
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Benefit Package	Cat.	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 050	**Employees**		**62**	**62**	**63**	**64**	**63**	**63**	**63**	**63**	**63**	**58**	**56**	**56**	**61**
	Members		**170**	**170**	**174**	**177**	**176**	**176**	**175**	**175**	**168**	**169**	**159**	**159**	**171**
	Claims	Inpatient	$420	$0	$1,113	$11,684	$0	$0	$9,300	$15,627	$17,242	$0	$0	$0	**$55,386**
		Outpatient	$7,741	$3,393	$873	$46,086	$17,238	$37,333	$48,397	$43,661	$27,897	$914	$0	$218	**$233,751**
		ER	$0	$63	$0	$0	$166	$446	$0	$0	$823	$0	$0	$169	**$1,667**
		Prof Svcs	$10,074	$18,592	$27,170	$26,294	$15,663	$46,125	$22,406	$27,140	$15,480	$5,276	$19,962	$17,370	**$251,552**
		Other	$895	$2,353	$1,486	$9,167	$9,405	$19,088	$7,227	$7,780	$1,198	$22,193	$10,782	$26,014	**$117,588**
		Pharmacy	$1,997	$1,761	$2,337	$3,547	$3,472	$4,291	$5,377	$4,437	$5,613	$4,709	$4,109	$3,965	**$45,615**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$21,127**	**$26,162**	**$32,979**	**$96,778**	**$45,944**	**$107,283**	**$92,707**	**$98,645**	**$68,253**	**$33,092**	**$34,853**	**$47,736**	**$705,559**
	Total Premiums		**$43,709**	**$43,709**	**$44,756**	**$45,323**	**$44,887**	**$44,887**	**$44,407**	**$44,407**	**$44,407**	**$48,027**	**$45,152**	**$45,152**	**$538,823**
Benefit Package 051	**Employees**		**12**	**12**	**12**	**12**	**12**	**12**	**12**	**12**	**12**	**9**	**9**	**9**	**11**
	Members		**16**	**16**	**16**	**16**	**16**	**16**	**16**	**16**	**16**	**12**	**12**	**12**	**15**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Outpatient	$45	$0	$83	$83	$0	$83	$60	$0	$192	$0	$0	$83	**$629**
		ER	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Prof Svcs	$231	$1,018	$5,482	$4,518	$3,614	$1,619	$1,066	$868	$620	$137	$2,741	$1,626	**$23,540**
		Other	$388	$37	$200	$452	$351	$742	$344	$0	$3,093	$0	$68	$0	**$5,675**
		Pharmacy	$625	$378	$650	$487	$781	$674	$66	$703	$457	$567	$675	$1,581	**$7,644**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$1,289**	**$1,433**	**$6,415**	**$5,540**	**$4,746**	**$3,118**	**$1,536**	**$1,571**	**$4,362**	**$704**	**$3,484**	**$3,290**	**$37,488**
	Total Premiums		**$12,088**	**$12,088**	**$12,088**	**$12,088**	**$12,088**	**$12,088**	**$12,088**	**$12,088**	**$12,088**	**$9,790**	**$9,790**	**$9,790**	**$138,162**
Benefit Package 052	**Employees**		**3**	**3**	**3**	**3**	**3**	**3**	**3**	**2**	**2**	**4**	**4**	**4**	**3**
	Members		**8**	**8**	**8**	**8**	**7**	**7**	**7**	**4**	**3**	**7**	**7**	**7**	**7**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Outpatient	$0	$0	$0	$0	$0	$0	$9,274	$0	$0	$0	$0	$0	**$9,274**
		ER	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Prof Svcs	$378	$1,000	$342	$762	$469	$1,155	$1,361	$827	$175	$16	$236	$2,507	**$9,228**
		Other	$0	$844	$1	$2,183	$0	$2,766	$634	$3,197	$0	$0	$0	$284	**$9,909**
		Pharmacy	$588	$120	$181	$189	($49)	$54	$22	$187	$30	$2,567	$61	$74	**$4,024**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$966**	**$1,964**	**$524**	**$3,134**	**$420**	**$3,975**	**$11,291**	**$4,211**	**$205**	**$2,583**	**$297**	**$2,865**	**$32,435**
	Total Premiums		**$3,155**	**$3,155**	**$3,155**	**$3,155**	**$3,155**	**$3,155**	**$3,155**	**$1,719**	**$4,591**	**$421**	**$2,374**	**$2,374**	**$33,564**
Benefit Package 053	**Employees**		**29**	**29**	**29**	**29**	**29**	**29**	**29**	**29**	**29**	**4**	**4**	**4**	**23**
	Members		**45**	**44**	**44**	**44**	**44**	**44**	**43**	**43**	**43**	**6**	**6**	**6**	**34**
	Claims	Inpatient	$0	$0	$0	$0	$0	$31,752	$0	$0	$0	$0	$0	$0	**$31,752**
		Outpatient	$0	$10,203	$293	$25	$6,025	$40,014	$3,638	$49,110	$19	$19,608	$0	$117	**$129,052**
		ER	$0	$1,574	$393	$0	$1,972	$0	$1,014	$0	$1,181	$0	$0	$0	**$6,134**
		Prof Svcs	$6,153	$12,707	$15,600	$5,831	$12,683	$9,808	$7,692	$8,130	$6,211	$1,938	$1,922	$3,731	**$92,406**
		Other	$466	$1,767	$1,969	$660	$3,512	$2,456	$2,186	$1,369	$1,075	$1,196	$402	$404	**$17,462**
		Pharmacy	$590	$1,015	$647	$1,730	$548	$458	$1,903	$479	$507	$1,024	$380	$38	**$9,319**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$7,209**	**$27,266**	**$18,902**	**$8,246**	**$24,740**	**$84,488**	**$16,433**	**$59,088**	**$8,993**	**$23,766**	**$2,704**	**$4,290**	**$286,125**
	Total Premiums		**$24,101**	**$23,419**	**$23,419**	**$23,419**	**$23,419**	**$23,419**	**$23,095**	**$23,095**	**$23,095**	**$3,474**	**$3,474**	**$3,474**	**$220,903**
Benefit Package 054	**Employees**		**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**				**4**
	Members		**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**				**4**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$6,902				**$6,902**
		Outpatient	$0	$100	$51	$102	$0	$102	$51	$151	$0				**$557**
		ER	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
		Prof Svcs	$2,567	$487	$2,014	$364	$897	$145	$266	$1,037	$1,267				**$9,044**
		Other	$0	$0	$0	$0	$0	$70	$671	$689	$3,776				**$5,206**
		Pharmacy	$149	$105	$298	$190	$149	$254	$59	$172	$40				**$1,416**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
	Total Claims		**$2,716**	**$692**	**$2,363**	**$656**	**$1,046**	**$571**	**$1,047**	**$2,049**	**$11,985**				**$23,125**
	Total Premiums		**$3,654**	**$3,654**	**$3,654**	**$3,654**	**$3,654**	**$3,654**	**$3,654**	**$3,654**	**$3,654**				**$32,886**

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Benefit Package	Cat.	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 055	**Employees**		**156**	**158**	**159**	**158**	**158**	**157**	**157**	**157**	**157**				**157**
	Members		**335**	**337**	**339**	**338**	**338**	**331**	**331**	**331**	**330**				**334**
	Claims	Inpatient	$0	$31,167	$131,467	$0	$84,321	$0	$56,421	$23,388	$74				**$326,838**
		Outpatient	$9,041	$7,360	$33,328	$85,715	$4,498	$23,859	$35,900	$42,266	$20,938				**$262,905**
		ER	$1,150	$629	$2,340	$1,757	$2,887	$2,895	$2,410	$3,224	$1,451				**$18,743**
		Prof Svcs	$32,062	$35,888	$54,073	$38,024	$46,254	$38,831	$57,888	$42,988	$30,399				**$376,407**
		Other	$3,520	$5,486	$7,277	$8,225	$10,529	$3,292	$3,151	$5,318	$5,482				**$52,280**
		Pharmacy	$12,434	$11,678	$14,616	$23,774	$18,658	$10,566	$17,107	$13,273	$15,771				**$137,877**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
	Total Claims		**$58,207**	**$92,208**	**$243,101**	**$157,495**	**$167,147**	**$79,443**	**$172,877**	**$130,457**	**$74,115**				**$1,175,050**
	Total Premiums		**$137,541**	**$137,337**	**$140,739**	**$140,059**	**$140,059**	**$138,017**	**$137,201**	**$138,290**	**$138,290**				**$1,247,533**
Benefit Package 056	**Employees**		**24**	**24**	**24**	**24**	**24**	**24**	**24**	**25**	**25**	**77**	**78**	**80**	**38**
	Members		**59**	**59**	**59**	**59**	**59**	**59**	**59**	**63**	**57**	**187**	**191**	**197**	**92**
	Claims	Inpatient	$0	$9,599	$0	$0	$0	$0	$8,031	$0	$0	$0	$0	$0	**$17,630**
		Outpatient	$169	$0	$0	$327	$0	$10,626	$1,597	$1,245	$947	$0	$697	$4,086	**$19,694**
		ER	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$3,422	$1,191	**$4,613**
		Prof Svcs	$2,951	$6,336	$8,256	$7,641	$4,706	$3,232	$4,965	$14,731	$4,379	$3,597	$17,710	$19,721	**$98,225**
		Other	$187	$1,968	$41	$357	$462	$256	$5,321	$323	$1,143	$274	$1,929	$679	**$12,940**
		Pharmacy	$1,428	$1,269	$1,013	$1,686	$999	$987	$1,608	$1,749	$1,594	$7,545	$8,285	$8,994	**$37,157**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$4,735**	**$19,172**	**$9,310**	**$10,011**	**$6,167**	**$15,101**	**$21,522**	**$18,048**	**$8,063**	**$11,416**	**$32,043**	**$34,671**	**$190,259**
	Total Premiums		**$19,482**	**$19,482**	**$19,482**	**$19,482**	**$19,482**	**$19,482**	**$19,482**	**$19,482**	**$22,257**	**$63,845**	**$64,699**	**$66,210**	**$372,867**
Benefit Package 057	**Employees**		**206**	**207**	**205**	**205**	**203**	**205**	**205**	**205**	**203**	**16**	**15**	**15**	**158**
	Members		**522**	**520**	**512**	**512**	**509**	**515**	**515**	**515**	**505**	**42**	**40**	**40**	**396**
	Claims	Inpatient	$0	$1,297	$6,040	$0	$12,215	$2,130	$0	$6,758	$144,241	$865	$0	$0	**$173,546**
		Outpatient	$4,446	$23,453	$33,435	$18,118	$40,711	$2,179	$29,004	$5,070	$27,342	$6,570	$10,626	$24,489	**$225,443**
		ER	$3,667	$5,915	$5,685	$2,534	$2,668	$1,318	$3,293	$2,697	$5,922	$0	$0	$0	**$33,699**
		Prof Svcs	$24,160	$43,537	$72,275	$48,116	$42,082	$50,086	$75,258	$62,984	$32,285	$17,828	$15,052	$8,806	**$492,469**
		Other	$2,598	$4,502	$3,814	$3,031	$5,264	$4,530	$3,640	$5,759	$9,987	$2,083	$2,859	$3,132	**$51,199**
		Pharmacy	$4,364	$6,326	$7,512	$12,676	$5,682	$9,206	$14,438	$8,590	$12,184	$10,575	$24	$775	**$92,352**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$39,235**	**$85,030**	**$128,761**	**$84,475**	**$108,622**	**$69,449**	**$125,633**	**$91,858**	**$231,961**	**$37,921**	**$28,561**	**$37,202**	**$1,068,708**
	Total Premiums		**$150,798**	**$150,799**	**$149,620**	**$149,812**	**$147,737**	**$149,620**	**$149,620**	**$149,620**	**$148,566**	**$11,974**	**$10,861**	**$10,861**	**$1,379,888**
Benefit Package 058	**Employees**		**37**	**38**	**38**	**37**	**39**	**39**	**39**	**39**	**39**	**35**	**35**	**35**	**38**
	Members		**105**	**106**	**106**	**102**	**105**	**105**	**105**	**105**	**91**	**103**	**99**	**98**	**103**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Outpatient	$0	$0	$96	$8,707	$0	$58	$140	$22	$1,899	$0	$0	$0	**$10,922**
		ER	$0	$0	$2,044	$0	$0	$1,987	$1,191	$469	$2,565	$0	$0	$0	**$8,256**
		Prof Svcs	$698	$3,257	$4,318	$5,224	$3,094	$6,487	$3,408	$5,415	$8,125	$2,349	$12,271	$8,044	**$62,690**
		Other	$77	$118	$810	$315	$264	$1,029	$606	$282	$3,396	$525	$1,797	$9	**$9,228**
		Pharmacy	$509	$3,770	$804	$930	$414	$1,254	$521	$750	$1,525	$793	$403	$726	**$12,399**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$1,284**	**$7,145**	**$8,072**	**$15,176**	**$3,772**	**$10,815**	**$5,866**	**$6,938**	**$17,510**	**$3,667**	**$14,471**	**$8,779**	**$103,495**
	Total Premiums		**$28,885**	**$28,398**	**$29,148**	**$28,773**	**$28,773**	**$27,798**	**$28,735**	**$28,735**	**$31,199**	**$28,856**	**$28,259**	**$27,790**	**$345,349**
Benefit Package 059	**Employees**		**128**	**128**	**128**	**128**	**126**	**126**	**126**	**127**	**126**	**108**	**108**	**108**	**122**
	Members		**189**	**189**	**189**	**187**	**184**	**183**	**183**	**186**	**182**	**153**	**153**	**152**	**178**
	Claims	Inpatient	$0	$0	$173,669	$68,027	$7,622	$165,136	$0	$15,874	$0	$0	$0	$0	**$430,328**
		Outpatient	$57,512	$40,411	$1,569	$154,765	$53,884	$49,153	$65,473	$17,144	$2,914	$1,370	$38,581	$6,067	**$488,843**
		ER	$1,615	$152	$1,104	$1,716	$1,057	$365	$1,957	$403	$921	$114	$1,703	$982	**$12,089**
		Prof Svcs	$22,331	$35,965	$41,327	$36,680	$32,960	$37,917	$33,195	$45,555	$26,548	$6,524	$41,404	$34,827	**$395,233**
		Other	$10,741	$9,823	$20,653	$27,035	$26,630	$21,203	$15,513	$20,329	$17,881	$1,085	$5,363	$9,501	**$185,757**
		Pharmacy	$11,880	$15,914	$11,784	$18,745	$14,296	$11,771	$12,503	$8,100	$14,980	$14,290	$4,718	$8,931	**$147,912**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$104,079**	**$102,265**	**$250,106**	**$306,968**	**$136,449**	**$285,545**	**$128,641**	**$107,405**	**$63,244**	**$23,383**	**$91,769**	**$60,308**	**$1,660,162**
	Total Premiums		**$92,532**	**$93,119**	**$91,752**	**$91,097**	**$91,036**	**$89,014**	**$90,362**	**$91,184**	**$91,184**	**$84,866**	**$85,738**	**$85,738**	**$1,077,622**

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Experience Reports by Benefit Package — Monthly
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Benefit Package	Cat.	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 060	**Employees**		**68**	**68**	**69**	**68**	**67**	**67**	**67**	**67**	**67**	**74**	**73**	**72**	**69**
	Members		**145**	**145**	**146**	**141**	**140**	**142**	**141**	**141**	**134**	**151**	**148**	**146**	**143**
	Claims	Inpatient	$0	$0	$17,498	$0	$7,747	$33,044	$0	$0	$560	$0	$540	$11,495	**$70,884**
		Outpatient	$23,805	$9,953	$33,328	$12,516	$9,641	$10,296	$19,310	$38,308	$6,260	$1,246	$39,264	$492	**$204,419**
		ER	$86	$86	$1,391	$10	$0	$632	$1,280	$145	$2	$802	$293	$1,719	**$6,446**
		Prof Svcs	$13,178	$13,171	$64,871	$41,502	$46,449	$27,062	$23,734	$30,115	$7,011	$7,410	$18,244	$29,307	**$322,054**
		Other	$3,985	$2,140	$4,022	$7,895	$8,943	$14,058	$9,303	$7,777	$2,655	$868	$16,192	$11,702	**$89,540**
		Pharmacy	$3,695	$4,671	$4,981	$7,672	$5,983	$3,063	$4,991	$3,136	$5,262	$7,986	$5,980	$15,671	**$73,091**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$44,749**	**$30,021**	**$126,091**	**$69,595**	**$78,763**	**$88,155**	**$58,618**	**$79,481**	**$21,750**	**$18,312**	**$80,513**	**$70,386**	**$766,434**
	Total Premiums		**$60,198**	**$58,468**	**$59,870**	**$58,045**	**$58,045**	**$56,809**	**$57,427**	**$57,921**	**$57,674**	**$67,653**	**$66,705**	**$65,756**	**$724,571**
Benefit Package 061	**Employees**		**47**	**47**	**47**	**47**	**47**	**47**	**47**	**47**	**47**	**43**	**44**	**43**	**46**
	Members		**118**	**118**	**119**	**120**	**117**	**117**	**117**	**117**	**106**	**105**	**107**	**104**	**114**
	Claims	Inpatient	$689	$0	$0	$6,287	$241	$27,442	$0	$0	$0	$0	$0	$0	**$34,659**
		Outpatient	$2,180	$0	$79	$142	$8	$0	$0	$4	$3,145	$0	$0	$0	**$5,558**
		ER	$72	$0	$281	$360	$0	$332	$0	$479	$637	$14	$0	$0	**$2,175**
		Prof Svcs	$4,435	$11,622	$12,514	$17,067	$7,591	$11,368	$6,650	$12,579	$6,650	$3,271	$3,888	$9,703	**$107,338**
		Other	$863	$335	$1,034	$817	$2,185	$759	$3,259	$2,604	$440	$44	$1,434	$281	**$14,055**
		Pharmacy	$1,584	$2,473	$1,856	$4,859	$3,726	$2,535	$3,450	$3,614	$3,899	$2,898	$2,824	$4,519	**$38,237**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$9,823**	**$14,430**	**$15,764**	**$29,532**	**$13,751**	**$42,436**	**$13,359**	**$19,280**	**$14,771**	**$6,227**	**$8,146**	**$14,503**	**$202,022**
	Total Premiums		**$35,979**	**$35,979**	**$35,979**	**$35,979**	**$35,512**	**$35,512**	**$35,512**	**$35,512**	**$35,512**	**$35,668**	**$36,201**	**$34,548**	**$427,893**
Benefit Package 062	**Employees**		**17**	**17**	**17**	**17**	**17**	**17**	**17**	**17**	**16**	**19**	**19**	**20**	**18**
	Members		**46**	**46**	**46**	**45**	**45**	**45**	**45**	**45**	**42**	**49**	**48**	**48**	**46**
	Claims	Inpatient	$0	$0	$0	$0	$10,091	$23,514	$0	$58,410	$0	$0	$0	$0	**$92,015**
		Outpatient	$112	$11,061	$0	$0	$235	$94	$0	$565	$0	$0	$0	$0	**$12,067**
		ER	$458	$0	$0	$0	$0	$22	$0	$11	$0	$0	$0	$0	**$491**
		Prof Svcs	$2,205	$10,123	$4,214	$4,052	$3,593	$9,293	$10,177	$4,076	$2,811	$1,189	$1,935	$2,090	**$55,758**
		Other	$697	$254	$3,056	$358	$2,348	$1,323	$2,134	$944	$4,796	$17	$227	$266	**$16,420**
		Pharmacy	$488	$689	$2,299	$2,644	$2,124	$800	$1,525	$1,655	$1,039	$1,066	$1,984	$269	**$16,582**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$3,960**	**$22,127**	**$9,569**	**$7,054**	**$18,391**	**$35,046**	**$13,836**	**$65,661**	**$8,646**	**$2,272**	**$4,146**	**$2,625**	**$193,333**
	Total Premiums		**$14,270**	**$14,270**	**$14,270**	**$14,091**	**$14,091**	**$14,091**	**$14,091**	**$14,091**	**$14,091**	**$17,618**	**$17,415**	**$17,415**	**$179,804**
Benefit Package 063	**Employees**		**668**	**670**	**671**	**673**	**677**	**679**	**678**	**675**	**675**	**845**	**857**	**866**	**720**
	Members		**1,467**	**1,475**	**1,475**	**1,486**	**1,489**	**1,488**	**1,482**	**1,473**	**1,446**	**1,602**	**1,619**	**1,627**	**1,511**
	Claims	Inpatient	$20,089	$51,200	$31,555	$55,211	$4,198	$65,827	$38,292	$92,088	$114,246	$1,424	$2,097	$74,398	**$550,625**
		Outpatient	$70,263	$21,241	$110,888	$47,879	$102,798	$48,712	$64,078	$149,444	$85,145	$10,184	$18,637	$32,205	**$761,474**
		ER	$6,933	$7,860	$13,169	$15,907	$5,863	$6,963	$7,576	$14,346	$9,525	$4,800	$4,884	$11,184	**$109,010**
		Prof Svcs	$188,805	$188,030	$269,973	$191,036	$229,821	$220,320	$226,731	$280,535	$184,452	$90,528	$158,201	$150,715	**$2,379,147**
		Other	$37,539	$50,687	$45,690	$35,661	$38,013	$39,280	$52,225	$59,828	$54,816	$37,586	$38,323	$53,042	**$542,690**
		Pharmacy	$40,136	$38,460	$52,448	$81,201	$41,536	$56,993	$57,468	$50,536	$65,463	$85,042	$60,529	$46,680	**$676,492**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$363,765**	**$357,478**	**$523,723**	**$426,895**	**$422,229**	**$438,095**	**$446,370**	**$646,777**	**$513,647**	**$229,564**	**$282,671**	**$368,224**	**$5,019,438**
	Total Premiums		**$559,962**	**$562,356**	**$562,706**	**$565,957**	**$566,560**	**$568,347**	**$567,767**	**$563,126**	**$573,104**	**$692,066**	**$702,175**	**$705,769**	**$7,189,895**
Benefit Package 064	**Employees**		**179**	**178**	**179**	**178**	**177**	**177**	**180**	**180**	**182**	**187**	**189**	**195**	**182**
	Members		**399**	**397**	**400**	**399**	**397**	**397**	**404**	**402**	**395**	**427**	**431**	**440**	**407**
	Claims	Inpatient	$0	$0	$0	$60,283	$0	$92,767	$28,968	$16,069	$0	$0	$0	$0	**$198,087**
		Outpatient	$20,160	$2,149	$13,722	$5,001	$1,531	$10,954	$28,367	$23,989	$3,551	$18,103	$1,147	$4,343	**$133,017**
		ER	$208	$1,620	$4,022	$581	$2,771	$5,762	$1,495	$3,296	$4,499	$141	$2,205	$2,453	**$29,053**
		Prof Svcs	$44,477	$44,058	$42,306	$36,728	$50,249	$111,395	$46,060	$71,637	$45,295	$16,613	$29,482	$36,924	**$575,224**
		Other	$2,839	$3,689	$7,819	$5,550	$10,848	$15,595	$7,271	$6,335	$8,317	$2,391	$1,916	$2,801	**$75,371**
		Pharmacy	$9,199	$7,417	$13,427	$17,323	$11,774	$11,022	$13,769	$11,574	$14,110	$21,332	$13,033	$9,110	**$153,090**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$76,883**	**$58,933**	**$81,296**	**$125,466**	**$77,173**	**$247,495**	**$125,930**	**$132,900**	**$75,772**	**$58,580**	**$47,783**	**$55,631**	**$1,163,842**
	Total Premiums		**$144,339**	**$143,564**	**$144,118**	**$143,564**	**$143,043**	**$142,488**	**$145,114**	**$145,669**	**$146,003**	**$164,330**	**$163,966**	**$165,474**	**$1,791,672**

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Benefit Package	Cat.	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 065	**Employees**		**1,192**	**1,192**	**1,189**	**1,187**	**1,186**	**1,187**	**1,183**	**1,183**	**1,183**	**1,184**	**1,186**	**1,191**	**1,187**
	Members		**2,979**	**2,980**	**2,971**	**2,971**	**2,973**	**2,976**	**2,974**	**2,969**	**2,963**	**2,938**	**2,948**	**2,950**	**2,966**
	Claims	Inpatient	$186,826	$51,014	$48,552	$146,018	$167,155	$321,853	$218,437	$97,595	$193,875	$197,154	$295,379	$209,040	**$2,132,897**
		Outpatient	$161,974	$171,301	$273,672	$132,876	$156,877	$161,399	$170,894	$173,393	$137,580	$123,061	$161,181	$194,884	**$2,019,090**
		ER	$15,190	$14,154	$50,181	$18,480	$31,353	$37,219	$24,444	$30,913	$21,830	$32,548	$29,957	$23,569	**$329,839**
		Prof Svcs	$154,056	$99,045	$166,198	$143,181	$154,858	$191,647	$182,541	$227,359	$149,356	$176,343	$218,449	$229,596	**$2,092,630**
		Other	$99,155	$83,071	$95,449	$82,751	$90,179	$99,223	$109,963	$140,782	$113,923	$108,356	$138,856	$103,527	**$1,265,236**
		Pharmacy	$116,617	$114,105	$150,628	$123,874	$111,908	$99,778	$107,500	$140,550	$102,177	$112,891	$102,976	$116,079	**$1,399,083**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$733,820**	**$532,690**	**$784,678**	**$647,181**	**$712,330**	**$911,119**	**$813,779**	**$810,592**	**$718,741**	**$750,352**	**$946,797**	**$876,695**	**$9,238,774**
	Total Premiums		**$1,175,122**	**$1,174,372**	**$1,171,607**	**$1,171,079**	**$1,170,423**	**$1,170,450**	**$1,168,270**	**$1,166,097**	**$1,163,150**	**$1,155,560**	**$1,159,841**	**$1,160,679**	**$14,006,650**
Benefit Package 066	**Employees**		**541**	**544**	**545**	**549**	**549**	**550**	**551**	**552**	**551**	**561**	**566**	**571**	**553**
	Members		**1,295**	**1,300**	**1,308**	**1,317**	**1,318**	**1,319**	**1,321**	**1,321**	**1,319**	**1,339**	**1,347**	**1,349**	**1,321**
	Claims	Inpatient	$62,367	$7,579	$21,175	$25,386	$38,720	$58,734	$73,589	$142,057	$65,744	$102,847	$75,451	$44,344	**$717,992**
		Outpatient	$12,387	$43,623	$37,305	$40,115	$14,384	$39,384	$37,129	$167,579	$78,219	$79,569	$108,889	$18,383	**$676,964**
		ER	$1,413	$9,842	$10,778	$7,544	$9,271	$15,725	$15,198	$26,434	$26,160	$6,486	$20,499	$7,396	**$156,745**
		Prof Svcs	$48,648	$65,239	$72,275	$64,935	$86,339	$97,388	$92,609	$111,419	$102,531	$108,388	$94,749	$85,291	**$1,029,813**
		Other	$43,787	$51,271	$63,550	$60,695	$66,210	$62,714	$60,426	$83,986	$70,562	$78,433	$72,082	$63,089	**$776,805**
		Pharmacy	$44,921	$51,306	$46,964	$64,802	$64,649	$47,097	$66,371	$48,673	$56,145	$51,647	$58,327	$49,037	**$649,941**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$213,523**	**$228,861**	**$252,047**	**$263,477**	**$279,573**	**$321,042**	**$345,323**	**$580,148**	**$399,360**	**$427,369**	**$429,996**	**$267,539**	**$4,008,259**
	Total Premiums		**$460,549**	**$466,685**	**$468,738**	**$470,677**	**$470,447**	**$470,262**	**$470,125**	**$471,834**	**$472,208**	**$472,480**	**$477,508**	**$482,263**	**$5,653,779**
Benefit Package 067	**Employees**		**1,125**	**1,128**	**1,136**	**1,136**	**1,135**	**1,134**	**1,135**	**1,134**	**1,140**	**1,176**	**1,190**	**1,202**	**1,148**
	Members		**2,409**	**2,410**	**2,430**	**2,428**	**2,430**	**2,438**	**2,442**	**2,433**	**2,450**	**2,539**	**2,564**	**2,599**	**2,464**
	Claims	Inpatient	$95,683	$26,170	$100,769	$90,324	$23,193	$528,547	$245,702	$268,936	$45,735	$229,754	$97,829	$153,369	**$1,906,011**
		Outpatient	$132,254	$47,882	$99,029	$115,005	$75,557	$52,001	$54,543	$122,998	$78,356	$56,552	$68,832	$76,105	**$979,113**
		ER	$12,724	$31,087	$6,497	$9,070	$44,965	$18,038	$15,509	$22,719	$7,299	$18,143	$9,321	$1,975	**$197,348**
		Prof Svcs	$177,255	$162,436	$195,500	$250,409	$242,402	$245,560	$240,369	$279,560	$163,055	$243,797	$187,684	$221,151	**$2,609,176**
		Other	$97,001	$104,518	$134,221	$153,393	$150,583	$128,645	$139,067	$162,396	$132,108	$163,070	$172,646	$162,989	**$1,700,637**
		Pharmacy	$59,860	$56,307	$60,423	$74,564	$72,656	$53,496	$77,234	$75,810	$55,573	$78,239	$73,616	$57,991	**$795,768**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$574,777**	**$428,400**	**$596,439**	**$692,764**	**$609,356**	**$1,026,286**	**$772,424**	**$932,420**	**$482,125**	**$789,555**	**$609,928**	**$673,579**	**$8,188,053**
	Total Premiums		**$847,808**	**$847,915**	**$851,110**	**$852,275**	**$853,891**	**$849,287**	**$853,437**	**$851,849**	**$856,403**	**$901,855**	**$910,419**	**$916,972**	**$10,393,222**
Benefit Package 068	**Employees**		**534**	**532**	**531**	**528**	**526**	**532**	**534**	**531**	**532**	**531**	**531**	**532**	**531**
	Members		**1,198**	**1,198**	**1,191**	**1,186**	**1,190**	**1,203**	**1,204**	**1,201**	**1,201**	**1,211**	**1,198**	**1,203**	**1,199**
	Claims	Inpatient	$80,006	$230,745	$52,872	$151,552	$4,680	$26,032	$252,172	$206,659	$284,911	$61,773	$26,131	$75,357	**$1,452,891**
		Outpatient	$60,057	$57,072	$38,354	$37,625	$25,477	$40,399	$26,210	$52,018	$33,661	$35,378	$66,602	$38,245	**$511,100**
		ER	$20,334	$27,915	$17,382	$15,360	$5,864	$7,491	$5,106	$26,133	$8,877	$9,237	$4,794	$7,112	**$155,605**
		Prof Svcs	$106,613	$130,237	$140,445	$143,171	$104,761	$104,412	$130,320	$171,035	$130,592	$120,516	$99,766	$127,615	**$1,509,482**
		Other	$56,264	$76,676	$90,000	$69,446	$76,728	$81,032	$79,609	$101,366	$73,874	$90,687	$70,629	$65,430	**$931,742**
		Pharmacy	$35,081	$33,899	$38,722	$41,960	$36,904	$34,226	$31,057	$37,773	$39,843	$44,401	$50,794	$35,659	**$460,319**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$358,355**	**$556,544**	**$377,775**	**$459,115**	**$254,414**	**$293,593**	**$524,475**	**$594,983**	**$571,758**	**$361,993**	**$318,716**	**$349,418**	**$5,021,139**
	Total Premiums		**$506,836**	**$488,979**	**$491,266**	**$488,836**	**$491,267**	**$494,672**	**$494,899**	**$494,412**	**$494,212**	**$494,438**	**$493,465**	**$492,786**	**$5,926,068**
Benefit Package 069	**Employees**		**988**	**987**	**989**	**987**	**986**	**985**	**984**	**977**	**976**	**942**	**951**	**951**	**975**
	Members		**1,799**	**1,798**	**1,795**	**1,792**	**1,786**	**1,779**	**1,775**	**1,768**	**1,767**	**1,703**	**1,708**	**1,705**	**1,765**
	Claims	Inpatient	$38,010	$129,938	$271,126	$88,114	$171,123	$619,464	$175,224	$271,445	$151,174	$448,145	$173,079	$80,520	**$2,617,362**
		Outpatient	$127,117	$22,586	$106,080	$74,702	$49,338	$72,951	$143,395	$57,002	$131,309	$130,033	$34,017	$69,595	**$1,018,124**
		ER	$2,855	$27,867	$20,222	$22,497	$9,622	$24,376	$31,138	$33,992	$34,820	$36,905	$16,450	$8,328	**$269,073**
		Prof Svcs	$208,049	$235,430	$199,652	$198,170	$234,375	$245,890	$225,765	$285,429	$225,420	$250,617	$182,811	$178,005	**$2,669,611**
		Other	$106,210	$183,830	$304,226	$119,572	$132,618	$146,553	$137,756	$163,416	$130,271	$154,855	$117,212	$161,357	**$1,857,877**
		Pharmacy	$74,330	$83,510	$80,106	$79,348	$75,095	$69,054	$79,306	$61,717	$104,219	$117,821	$98,042	$75,657	**$998,204**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$556,572**	**$683,160**	**$981,410**	**$582,403**	**$672,172**	**$1,178,287**	**$792,585**	**$873,002**	**$777,213**	**$1,138,376**	**$621,611**	**$573,462**	**$9,430,251**
	Total Premiums		**$815,825**	**$812,934**	**$815,996**	**$811,535**	**$812,207**	**$807,108**	**$808,376**	**$799,219**	**$801,829**	**$813,312**	**$807,228**	**$813,796**	**$9,719,365**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9f
Experience Reports by Benefit Package — Monthly
Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 070	**Employees**		**580**	**581**	**580**	**579**	**578**	**576**	**572**	**570**	**569**	**549**	**556**	**552**	**570**
	Members		**888**	**893**	**890**	**890**	**889**	**885**	**878**	**875**	**874**	**845**	**850**	**847**	**875**
	Claims	Inpatient	$66,523	$53,897	$249,243	$101,503	$102,474	$155,219	$160,250	$323,223	$368,081	$53,454	$92,405	$115,638	**$1,841,910**
		Outpatient	$29,093	$84,398	$129,249	$125,064	$69,987	$72,561	$207,953	$291,921	$206,156	$113,706	$111,933	$73,930	**$1,515,951**
		ER	$639	$21,234	$34,870	$19,278	$19,752	$18,693	$15,102	$40,939	$18,238	$18,063	$10,401	$13,951	**$231,160**
		Prof Svcs	$71,739	$96,278	$105,804	$78,008	$113,477	$120,435	$90,652	$145,752	$239,197	$151,457	$157,053	$112,936	**$1,482,788**
		Other	$21,034	$39,727	$37,011	$29,492	$34,549	$44,378	$37,529	$45,223	$38,578	$43,413	$38,867	$30,853	**$440,654**
		Pharmacy	$36,580	$47,161	$58,473	$50,492	$52,978	$50,119	$46,797	$44,930	$48,537	$51,961	$45,365	$47,027	**$580,421**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$225,608**	**$342,695**	**$614,651**	**$403,838**	**$393,216**	**$461,405**	**$558,283**	**$891,988**	**$918,787**	**$432,053**	**$456,024**	**$394,336**	**$6,092,884**
	Total Premiums		**$408,718**	**$413,842**	**$409,592**	**$406,093**	**$409,342**	**$404,130**	**$403,005**	**$400,006**	**$402,630**	**$441,531**	**$383,245**	**$434,994**	**$4,917,129**
Benefit Package 071	**Employees**		**4,723**	**4,723**	**4,722**	**4,725**	**4,731**	**4,724**	**4,720**	**4,704**	**4,707**	**4,483**	**4,518**	**4,537**	**4,668**
	Members		**9,603**	**9,593**	**9,566**	**9,544**	**9,539**	**9,532**	**9,530**	**9,517**	**9,535**	**8,868**	**8,861**	**8,873**	**9,380**
	Claims	Inpatient	$462,778	$543,500	$1,059,608	$1,158,658	$327,159	$670,355	$644,218	$823,059	$570,367	$1,417,110	$387,962	$693,275	**$8,758,050**
		Outpatient	$399,246	$498,731	$676,853	$703,972	$612,291	$535,317	$463,272	$733,319	$626,989	$460,404	$540,388	$483,798	**$6,734,578**
		ER	$115,277	$222,874	$194,523	$120,447	$109,707	$114,395	$84,657	$177,315	$144,891	$189,281	$137,742	$82,171	**$1,693,279**
		Prof Svcs	$842,816	$946,119	$1,117,531	$955,089	$1,073,166	$1,041,784	$1,006,062	$1,184,586	$787,750	$975,253	$798,259	$703,918	**$11,432,333**
		Other	$470,109	$534,722	$592,077	$464,034	$559,941	$504,667	$551,213	$681,800	$459,314	$581,227	$469,253	$474,084	**$6,342,443**
		Pharmacy	$330,325	$320,870	$327,838	$287,462	$416,865	$371,406	$360,749	$329,080	$319,080	$253,499	$367,993	$318,186	**$4,003,354**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$2,620,551**	**$3,066,816**	**$3,968,431**	**$3,689,662**	**$3,099,130**	**$3,237,923**	**$3,110,172**	**$3,929,159**	**$2,908,392**	**$3,876,773**	**$2,701,598**	**$2,755,431**	**$38,964,038**
	Total Premiums		**$3,832,025**	**$3,830,390**	**$3,821,244**	**$3,804,905**	**$3,815,147**	**$3,808,410**	**$3,801,673**	**$3,798,076**	**$3,795,567**	**$3,825,853**	**$3,798,945**	**$3,813,198**	**$45,745,432**
Benefit Package 072	**Employees**		**3,606**	**3,615**	**3,609**	**3,607**	**3,607**	**3,594**	**3,589**	**3,579**	**3,578**	**3,550**	**3,577**	**3,592**	**3,592**
	Members		**6,908**	**6,907**	**6,898**	**6,885**	**6,883**	**6,866**	**6,859**	**6,844**	**6,828**	**6,740**	**6,781**	**6,808**	**6,851**
	Claims	Inpatient	$199,725	$496,877	$252,152	$427,843	$204,196	$416,353	$528,778	$546,357	$413,410	$789,382	$482,407	$1,376,793	**$6,134,273**
		Outpatient	$300,523	$289,562	$341,553	$428,272	$248,107	$330,322	$283,081	$358,346	$233,024	$251,938	$262,204	$262,453	**$3,589,386**
		ER	$42,173	$119,118	$71,903	$58,840	$71,679	$60,798	$62,262	$90,842	$93,701	$80,224	$60,604	$68,000	**$880,143**
		Prof Svcs	$576,800	$712,912	$753,473	$717,488	$757,715	$766,518	$765,503	$966,933	$632,193	$802,826	$698,430	$655,688	**$8,806,479**
		Other	$362,211	$436,075	$451,941	$430,115	$418,309	$368,873	$415,122	$502,763	$378,948	$467,038	$409,649	$380,951	**$5,021,994**
		Pharmacy	$246,230	$206,662	$276,700	$205,948	$235,114	$253,565	$239,220	$229,312	$221,227	$245,280	$209,328	$230,303	**$2,798,888**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$1,727,662**	**$2,261,206**	**$2,147,721**	**$2,268,506**	**$1,935,121**	**$2,196,429**	**$2,293,965**	**$2,694,553**	**$1,972,503**	**$2,636,687**	**$2,122,621**	**$2,974,188**	**$27,231,163**
	Total Premiums		**$2,919,642**	**$2,908,372**	**$2,916,776**	**$2,915,502**	**$2,902,744**	**$2,897,499**	**$2,888,192**	**$2,886,205**	**$2,878,056**	**$2,978,694**	**$2,945,285**	**$2,985,477**	**$35,022,442**
Benefit Package 073	**Employees**		**647**	**653**	**660**	**658**	**660**	**662**	**663**	**666**	**669**	**673**	**683**	**693**	**666**
	Members		**1,645**	**1,654**	**1,676**	**1,676**	**1,678**	**1,674**	**1,677**	**1,686**	**1,693**	**1,708**	**1,723**	**1,740**	**1,686**
	Claims	Inpatient	$48,884	$46,959	$410,632	$30,749	$81,148	$74,019	$147,806	$12,923	$173,948	$22,152	$7,831	$108,711	**$1,165,762**
		Outpatient	$59,406	$37,122	$109,685	$75,128	$42,340	$62,406	$74,380	$115,392	$67,303	$56,487	$63,502	$62,611	**$825,761**
		ER	$628	$11,083	$17,162	$21,587	$10,619	$10,282	$5,530	$11,923	$16,245	$10,765	$10,989	$11,925	**$138,738**
		Prof Svcs	$54,557	$119,020	$101,565	$74,615	$81,518	$93,985	$87,559	$105,003	$79,866	$82,543	$82,011	$76,183	**$1,038,425**
		Other	$37,972	$42,423	$47,902	$39,488	$50,952	$42,991	$42,835	$56,184	$40,520	$51,178	$48,995	$50,309	**$551,749**
		Pharmacy	$41,334	$36,047	$58,026	$51,034	$62,817	$57,593	$67,145	$60,459	$62,765	$70,933	$53,384	$68,988	**$690,525**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$242,781**	**$292,653**	**$744,973**	**$292,601**	**$329,394**	**$341,276**	**$425,254**	**$361,884**	**$440,646**	**$294,059**	**$266,713**	**$378,726**	**$4,410,960**
	Total Premiums		**$521,393**	**$523,016**	**$529,527**	**$531,242**	**$529,294**	**$531,683**	**$529,538**	**$535,688**	**$536,963**	**$539,138**	**$546,488**	**$552,340**	**$6,406,309**
Benefit Package 074	**Employees**		**2,740**	**2,745**	**2,747**	**2,740**	**2,735**	**2,730**	**2,734**	**2,733**	**2,725**	**2,703**	**2,713**	**2,723**	**2,731**
	Members		**5,244**	**5,247**	**5,240**	**5,230**	**5,208**	**5,199**	**5,198**	**5,192**	**5,162**	**5,048**	**5,059**	**5,049**	**5,173**
	Claims	Inpatient	$344,630	$115,518	$266,767	$525,554	$473,248	$248,430	$246,300	$204,153	$243,360	$236,888	$111,001	$302,342	**$3,318,191**
		Outpatient	$336,998	$323,754	$376,282	$341,995	$328,188	$266,022	$257,295	$550,283	$308,625	$246,125	$338,822	$184,280	**$3,858,668**
		ER	$26,910	$74,421	$57,326	$58,488	$60,356	$57,003	$54,505	$42,890	$57,447	$32,188	$42,256	$47,987	**$611,776**
		Prof Svcs	$369,490	$471,772	$571,181	$484,039	$556,819	$499,482	$597,088	$638,158	$454,789	$570,654	$426,234	$427,498	**$6,067,205**
		Other	$219,126	$256,341	$278,387	$247,630	$247,871	$257,080	$303,482	$313,433	$232,688	$257,502	$226,423	$192,712	**$3,032,674**
		Pharmacy	$180,744	$175,768	$168,542	$184,204	$198,881	$200,933	$181,447	$202,354	$161,789	$176,036	$186,890	$161,301	**$2,178,888**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$1,477,898**	**$1,417,574**	**$1,718,486**	**$1,841,910**	**$1,865,362**	**$1,528,950**	**$1,640,115**	**$1,951,272**	**$1,458,697**	**$1,519,392**	**$1,331,626**	**$1,316,120**	**$19,067,402**
	Total Premiums		**$2,109,243**	**$2,115,622**	**$2,117,087**	**$2,109,395**	**$2,101,144**	**$2,083,971**	**$2,097,519**	**$2,094,559**	**$2,094,082**	**$2,116,485**	**$2,105,576**	**$2,125,209**	**$25,269,893**

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Benefit Package	Cat.	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 075	**Employees**		**1,257**	**1,258**	**1,263**	**1,264**	**1,269**	**1,265**	**1,261**	**1,258**	**1,247**	**1,233**	**1,232**	**1,235**	**1,254**
	Members		**2,617**	**2,620**	**2,634**	**2,641**	**2,644**	**2,635**	**2,626**	**2,619**	**2,599**	**2,574**	**2,571**	**2,574**	**2,613**
	Claims	Inpatient	$96,332	$414,353	$114,840	$133,270	$193,800	$441,064	$170,041	$150,451	$284,908	$224,837	$168,587	$406,642	**$2,799,124**
		Outpatient	$132,635	$96,052	$151,189	$80,231	$95,176	$121,011	$134,051	$166,236	$167,164	$96,657	$150,950	$155,437	**$1,546,789**
		ER	$22,438	$46,029	$50,134	$28,914	$23,097	$17,866	$40,264	$20,012	$56,047	$37,263	$31,074	$13,064	**$386,202**
		Prof Svcs	$231,187	$300,391	$330,580	$301,347	$261,181	$334,309	$304,401	$376,157	$256,899	$288,529	$305,585	$259,354	**$3,549,920**
		Other	$120,927	$166,245	$183,333	$193,559	$193,417	$218,582	$191,324	$173,585	$141,061	$184,340	$156,015	$178,290	**$2,100,681**
		Pharmacy	$126,890	$133,343	$157,913	$110,045	$137,146	$169,137	$120,381	$121,059	$140,658	$144,003	$133,449	$128,870	**$1,622,896**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$730,409**	**$1,156,413**	**$987,990**	**$847,367**	**$903,819**	**$1,301,970**	**$960,463**	**$1,007,501**	**$1,046,737**	**$975,628**	**$945,659**	**$1,141,658**	**$12,005,613**
	Total Premiums		**$1,195,948**	**$1,198,076**	**$1,199,835**	**$1,204,954**	**$1,208,497**	**$1,204,272**	**$1,201,047**	**$1,195,490**	**$1,183,134**	**$1,172,516**	**$1,173,207**	**$1,177,199**	**$14,314,174**
Benefit Package 076	**Employees**		**3,046**	**3,049**	**3,049**	**3,048**	**3,049**	**3,047**	**3,047**	**3,040**	**3,036**	**2,986**	**2,981**	**2,978**	**3,030**
	Members		**5,996**	**6,007**	**5,996**	**5,985**	**5,989**	**5,981**	**5,976**	**5,951**	**5,935**	**5,808**	**5,752**	**5,717**	**5,924**
	Claims	Inpatient	$498,168	$198,585	$389,131	$473,678	$147,968	$504,690	$560,045	$448,823	$666,486	$445,760	$476,723	$600,921	**$5,410,977**
		Outpatient	$245,034	$196,241	$308,949	$274,633	$380,639	$239,007	$333,283	$377,770	$224,791	$299,842	$336,214	$246,427	**$3,462,829**
		ER	$34,038	$81,032	$74,415	$57,625	$73,934	$72,212	$99,797	$83,968	$82,200	$59,258	$75,456	$70,164	**$864,097**
		Prof Svcs	$558,686	$592,959	$671,308	$667,184	$573,669	$647,329	$755,181	$800,148	$570,635	$679,897	$772,060	$626,748	**$7,915,804**
		Other	$368,641	$425,490	$459,225	$388,110	$358,967	$416,362	$432,865	$477,066	$381,818	$492,886	$388,282	$354,793	**$4,944,505**
		Pharmacy	$249,893	$199,994	$213,810	$193,215	$246,941	$210,387	$220,124	$235,033	$194,385	$289,003	$226,184	$248,288	**$2,727,256**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$1,954,459**	**$1,694,301**	**$2,116,839**	**$2,054,444**	**$1,782,117**	**$2,089,986**	**$2,401,295**	**$2,422,808**	**$2,120,314**	**$2,266,645**	**$2,274,919**	**$2,147,341**	**$25,325,468**
	Total Premiums		**$2,600,968**	**$2,605,850**	**$2,602,507**	**$2,597,429**	**$2,596,655**	**$2,591,025**	**$2,592,813**	**$2,584,183**	**$2,575,274**	**$2,620,951**	**$2,570,508**	**$2,591,224**	**$31,129,386**
Benefit Package 077	**Employees**		**277**	**277**	**275**	**276**	**277**	**277**	**277**	**276**	**276**	**262**	**268**	**268**	**274**
	Members		**536**	**535**	**533**	**532**	**532**	**534**	**533**	**535**	**531**	**505**	**513**	**506**	**527**
	Claims	Inpatient	$27,035	$18,681	$50,029	$56,691	$0	$6,031	$46,866	$5,721	$126,478	$173,703	$33,630	$22,768	**$567,633**
		Outpatient	$9,139	$16,925	$6,857	$23,544	$108,931	$15,922	$5,237	$4,949	$22,995	$7,871	$4,540	$37,093	**$264,001**
		ER	$8,417	$27,337	$9,517	$2,674	$6,792	$9,442	$26,396	$8,536	$3,685	$32,378	$10,019	$0	**$145,192**
		Prof Svcs	$63,362	$82,916	$68,096	$53,885	$52,044	$64,966	$89,372	$82,859	$86,141	$70,679	$62,432	$109,171	**$885,922**
		Other	$49,659	$44,739	$40,737	$29,701	$31,402	$33,790	$37,706	$58,931	$51,236	$66,524	$61,318	$43,808	**$549,551**
		Pharmacy	$20,285	$15,326	$19,427	$16,433	$14,511	$22,631	$16,193	$16,360	$17,000	$20,239	$15,525	$22,478	**$216,409**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$177,895**	**$205,924**	**$194,662**	**$182,928**	**$213,680**	**$152,783**	**$221,770**	**$177,357**	**$307,534**	**$371,394**	**$187,463**	**$235,317**	**$2,628,708**
	Total Premiums		**$224,242**	**$225,451**	**$223,395**	**$224,846**	**$224,604**	**$225,657**	**$225,741**	**$225,705**	**$223,080**	**$239,655**	**$229,610**	**$233,355**	**$2,725,342**
Benefit Package 078	**Employees**		**11,621**	**11,582**	**11,544**	**11,501**	**11,472**	**11,455**	**11,413**	**11,343**	**11,303**	**49**	**49**	**49**	**8,615**
	Members		**18,254**	**18,174**	**18,107**	**17,765**	**17,717**	**17,681**	**17,597**	**17,486**	**17,432**	**93**	**94**	**93**	**13,374**
	Claims	Inpatient	$2,328,089	$1,865,806	$3,164,180	$2,464,337	$1,756,101	$3,071,380	$3,121,608	$1,939,730	$2,002,867	$44,426	$9,848	$0	**$21,768,372**
		Outpatient	$2,425,308	$2,494,570	$2,533,754	$2,600,664	$2,522,862	$2,721,342	$2,938,955	$2,800,298	$2,306,013	$9,631	$28,703	$24,088	**$23,406,189**
		ER	$341,668	$382,265	$387,343	$359,896	$390,990	$369,842	$409,912	$305,775	$324,791	$956	$0	$2,203	**$3,275,642**
		Prof Svcs	$3,595,203	$3,912,076	$4,050,187	$4,051,310	$4,072,513	$4,250,131	$4,935,270	$4,917,337	$3,686,931	$26,866	$32,760	$41,369	**$37,571,952**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$2,639,617	$2,638,492	$2,703,092	$2,581,269	$2,625,174	$2,596,666	$2,664,380	$2,699,944	$2,454,024	$49,551	$25,305	$25,211	**$23,702,722**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$11,329,885**	**$11,293,211**	**$12,838,556**	**$12,057,475**	**$11,367,639**	**$13,009,361**	**$14,070,124**	**$12,663,084**	**$10,774,625**	**$131,429**	**$96,616**	**$92,871**	**$109,724,878**
	Total Premiums		**$11,388,004**	**$11,341,328**	**$11,299,676**	**$11,201,425**	**$11,173,381**	**$11,153,467**	**$11,105,237**	**$11,034,214**	**$11,001,440**	**$62,472**	**$62,795**	**$62,472**	**$100,885,910**
Benefit Package 079	**Employees**		**19,043**	**19,048**	**19,065**	**19,055**	**19,047**	**19,050**	**19,037**	**19,006**	**18,984**	**30,020**	**30,063**	**30,065**	**21,790**
	Members		**33,809**	**33,764**	**33,752**	**33,332**	**33,282**	**33,260**	**33,214**	**33,208**	**33,158**	**50,785**	**50,785**	**50,733**	**37,757**
	Claims	Inpatient	$2,315,684	$2,602,579	$2,759,076	$2,838,271	$4,288,739	$3,948,630	$4,276,313	$2,602,197	$1,725,293	$6,063,079	$5,287,444	$4,631,124	**$43,338,428**
		Outpatient	$2,635,972	$2,543,542	$2,337,215	$2,767,512	$2,793,784	$2,867,967	$2,961,818	$3,153,578	$2,014,786	$5,265,730	$5,812,302	$5,309,546	**$40,463,751**
		ER	$469,320	$425,010	$455,569	$472,284	$398,358	$435,196	$550,575	$499,826	$402,474	$710,964	$748,944	$822,211	**$6,390,731**
		Prof Svcs	$4,234,699	$4,407,657	$4,715,858	$4,787,876	$4,948,599	$5,224,657	$5,661,009	$5,963,038	$4,010,141	$8,590,058	$8,230,003	$7,909,886	**$68,683,481**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$2,710,224	$2,597,209	$2,830,189	$2,609,342	$2,673,650	$2,618,686	$2,789,814	$2,826,943	$2,567,443	$5,069,668	$4,937,140	$4,848,959	**$39,079,266**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$12,365,898**	**$12,575,996**	**$13,097,908**	**$13,475,284**	**$15,103,130**	**$15,095,136**	**$16,239,529**	**$15,045,582**	**$10,720,136**	**$25,699,499**	**$25,015,833**	**$23,521,725**	**$197,955,656**
	Total Premiums		**$15,076,782**	**$15,069,396**	**$15,069,457**	**$14,995,966**	**$14,984,761**	**$14,977,431**	**$14,960,424**	**$14,940,799**	**$14,920,106**	**$24,515,640**	**$24,530,493**	**$24,510,383**	**$208,551,637**

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Benefit Package	Cat.	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 080	**Employees**		**10,896**	**10,904**	**10,908**	**10,904**	**10,907**	**10,915**	**10,902**	**10,876**	**10,837**	**11,996**	**12,124**	**12,158**	**11,194**
	Members		**24,930**	**24,930**	**24,917**	**24,524**	**24,524**	**24,512**	**24,474**	**24,422**	**24,360**	**25,802**	**26,007**	**26,050**	**24,954**
	Claims	Inpatient	$1,786,864	$1,244,158	$1,263,052	$1,284,593	$1,844,053	$1,812,586	$1,718,127	$1,265,927	$1,108,119	$1,121,790	$963,595	$1,799,407	**$17,212,271**
		Outpatient	$1,137,188	$1,241,598	$1,311,250	$1,190,304	$1,258,265	$1,404,320	$1,856,792	$1,937,509	$1,637,639	$1,530,069	$1,660,842	$1,725,649	**$17,891,426**
		ER	$264,009	$297,984	$279,521	$311,197	$204,345	$275,085	$356,129	$322,575	$308,514	$300,385	$307,361	$274,689	**$3,501,794**
		Prof Svcs	$2,207,707	$2,347,401	$2,443,408	$2,586,265	$2,728,658	$2,582,441	$2,909,046	$3,266,011	$2,276,002	$2,708,204	$2,576,443	$2,666,675	**$31,298,260**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$1,360,650	$1,300,359	$1,387,265	$1,345,839	$1,427,356	$1,406,640	$1,450,091	$1,560,621	$1,362,631	$1,524,307	$1,439,221	$1,448,063	**$17,013,042**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$6,756,417**	**$6,431,499**	**$6,684,496**	**$6,718,199**	**$7,462,678**	**$7,481,073**	**$8,290,185**	**$8,352,642**	**$6,692,905**	**$7,184,755**	**$6,947,461**	**$7,914,483**	**$86,916,794**
	Total Premiums		**$8,787,116**	**$8,787,379**	**$8,782,177**	**$8,717,857**	**$8,717,789**	**$8,716,047**	**$8,703,872**	**$8,683,517**	**$8,656,108**	**$9,825,695**	**$9,909,903**	**$9,928,110**	**$108,215,568**
Benefit Package 081	**Employees**		**14,209**	**14,157**	**14,142**	**14,112**	**14,081**	**14,060**	**14,014**	**13,951**	**13,910**	**11,504**	**11,403**	**11,391**	**13,411**
	Members		**24,162**	**24,074**	**24,064**	**23,734**	**23,686**	**23,643**	**23,543**	**23,471**	**23,415**	**19,077**	**18,884**	**18,854**	**22,551**
	Claims	Inpatient	$2,275,283	$1,984,811	$2,728,669	$3,293,364	$2,798,514	$3,585,751	$3,871,626	$2,720,631	$2,236,258	$1,975,827	$2,904,368	$2,090,936	**$32,466,038**
		Outpatient	$2,555,428	$2,374,412	$2,751,388	$2,725,158	$2,757,787	$2,761,306	$3,176,181	$3,205,583	$2,756,949	$2,304,533	$2,094,015	$2,448,336	**$31,911,075**
		ER	$457,533	$507,266	$470,788	$443,877	$510,091	$476,956	$546,341	$534,342	$488,085	$335,122	$345,126	$409,469	**$5,524,996**
		Prof Svcs	$4,471,805	$4,724,300	$5,138,323	$5,209,163	$5,168,606	$5,051,289	$5,801,649	$6,031,157	$4,478,956	$4,290,981	$3,977,172	$3,933,504	**$58,276,907**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$2,229,146	$2,270,822	$2,396,522	$2,234,520	$2,313,119	$2,332,708	$2,340,822	$2,388,103	$2,208,779	$2,241,923	$2,181,050	$2,122,853	**$27,260,367**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$11,989,195**	**$11,861,612**	**$13,485,690**	**$13,906,082**	**$13,548,116**	**$14,208,010**	**$15,736,619**	**$14,879,816**	**$12,169,026**	**$11,148,385**	**$11,501,731**	**$11,005,098**	**$155,439,382**
	Total Premiums		**$12,739,358**	**$12,695,297**	**$12,681,121**	**$12,609,853**	**$12,577,635**	**$12,552,954**	**$12,512,229**	**$12,465,155**	**$12,429,663**	**$10,889,936**	**$10,783,770**	**$10,767,393**	**$145,704,363**
Benefit Package 082	**Employees**		**88**	**85**	**85**	**85**	**85**	**85**	**85**	**84**	**84**	**68**	**68**	**67**	**81**
	Members		**227**	**222**	**222**	**223**	**222**	**222**	**222**	**216**	**216**	**163**	**162**	**160**	**206**
	Claims	Inpatient	$8,129	$41,504	$1,085	($1,936)	$0	$0	$16,140	$0	$128,574	$0	$0	$90,681	**$284,177**
		Outpatient	$16,287	$1,358	$1,306	$22,958	$22,298	$11,282	$270	$14,287	$27,719	$968	$7,818	$9,783	**$136,334**
		ER	$0	$1,059	$295	$0	$1,127	$0	$1,099	$2,156	$403	$4,786	$0	$227	**$11,152**
		Prof Svcs	$27,259	$19,343	$42,367	$35,678	$22,021	$31,337	$20,162	$39,856	$27,640	$13,639	$17,375	$27,177	**$323,853**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$7,114	$9,075	$9,215	$12,007	$8,831	$10,611	$6,316	$10,186	$8,692	$14,511	$6,562	$6,100	**$109,220**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$58,789**	**$72,339**	**$54,267**	**$68,708**	**$54,276**	**$53,231**	**$43,988**	**$66,485**	**$193,028**	**$33,903**	**$31,754**	**$133,967**	**$864,735**
	Total Premiums		**$72,038**	**$75,833**	**$72,797**	**$72,797**	**$72,797**	**$72,797**	**$72,797**	**$71,139**	**$71,139**	**$54,790**	**$54,243**	**$53,304**	**$816,469**
Benefit Package 083	**Employees**											**3**	**3**	**3**	**3**
	Members											**8**	**8**	**8**	**8**
	Claims	Inpatient										$0	$0	$0	**$0**
		Outpatient										$0	$0	$0	**$0**
		ER										$0	$0	$1,791	**$1,791**
		Prof Svcs										$610	$949	$6,233	**$7,792**
		Other										$0	$0	$0	**$0**
		Pharmacy										$1,001	$878	$660	**$2,539**
		Capitation										$0	$0	$0	**$0**
	Total Claims											**$1,611**	**$1,827**	**$8,684**	**$12,122**
	Total Premiums											**$2,870**	**$2,870**	**$2,870**	**$8,609**
Benefit Package 084	**Employees**		**83**	**83**	**83**	**83**	**83**	**83**	**83**	**81**	**82**	**85**	**83**	**82**	**83**
	Members		**286**	**286**	**288**	**287**	**289**	**286**	**286**	**280**	**281**	**281**	**268**	**265**	**282**
	Claims	Inpatient	$24,559	$29,884	$5,343	$39,145	$23,279	$18,859	$0	$0	$0	$0	$0	$0	**$141,070**
		Outpatient	$5,022	$3,836	$9,155	$5,431	$16,702	$14,464	$10,223	$7,161	$7,028	$0	$6,754	$3,408	**$89,182**
		ER	$332	$0	$780	$0	$1,649	$382	($732)	$8,017	$2,638	$0	$874	$1,928	**$15,867**
		Prof Svcs	$29,010	$16,688	$55,468	$47,203	$31,363	$45,105	$36,852	$45,812	$44,514	$33,701	$24,292	$33,222	**$443,230**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$9,515	$16,825	$14,522	$12,620	$19,651	$21,772	$16,266	$30,065	$18,355	$16,389	$11,184	$14,601	**$201,765**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$68,437**	**$67,233**	**$85,268**	**$104,399**	**$92,643**	**$100,581**	**$62,609**	**$91,055**	**$72,535**	**$50,090**	**$43,104**	**$53,160**	**$891,114**
	Total Premiums		**$63,817**	**$63,817**	**$63,817**	**$63,817**	**$63,817**	**$62,717**	**$62,717**	**$61,333**	**$61,887**	**$69,205**	**$65,452**	**$64,626**	**$767,020**

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Benefit Package	Cat.	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 085	**Employees**		**14**	**15**	**15**	**15**	**15**	**15**	**15**	**15**	**15**	**11**	**11**	**11**	**14**
	Members		**49**	**51**	**51**	**51**	**51**	**51**	**51**	**51**	**51**	**26**	**26**	**26**	**45**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Outpatient	$0	$19,309	$0	$1,137	$0	$5,642	$0	$0	$1,719	$0	$0	$0	**$27,807**
		ER	$0	$1,210	$2,659	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$3,869**
		Prof Svcs	$2,171	$1,468	$4,427	$3,445	$2,192	$6,654	$1,565	$3,536	$3,444	$3,983	$1,767	$2,031	**$36,684**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$2,126	$1,402	$3,079	$2,552	$3,649	$2,542	$3,640	$5,377	$3,370	$3,665	$3,341	$2,909	**$37,652**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$4,297**	**$23,390**	**$10,166**	**$7,133**	**$5,842**	**$14,838**	**$5,204**	**$8,913**	**$8,534**	**$7,648**	**$5,109**	**$4,940**	**$106,012**
	Total Premiums		**$11,870**	**$12,505**	**$12,505**	**$12,505**	**$12,505**	**$12,505**	**$12,505**	**$12,505**	**$12,505**	**$9,122**	**$9,052**	**$9,102**	**$139,187**
Benefit Package 086	**Employees**		**13**	**13**	**13**	**13**	**13**	**13**	**13**	**13**	**13**	**21**	**27**	**28**	**16**
	Members		**53**	**53**	**53**	**53**	**53**	**53**	**53**	**53**	**53**	**83**	**109**	**113**	**65**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Outpatient	$0	$0	$5,340	$0	$0	$0	$3,537	$0	$0	$0	$0	$0	**$8,877**
		ER	$0	$1,880	$1,360	$0	$0	$0	$0	$0	$8,361	$0	$0	$0	**$11,601**
		Prof Svcs	$621	$1,823	$470	$683	$971	$929	$1,641	$1,978	$2,006	$1,390	$1,365	$1,047	**$14,925**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$374	$202	$285	$164	$364	$149	$114	$463	$203	$349	$1,908	$2,803	**$7,376**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$995**	**$3,905**	**$7,455**	**$847**	**$1,335**	**$1,078**	**$5,291**	**$2,441**	**$10,570**	**$1,739**	**$3,273**	**$3,850**	**$42,779**
	Total Premiums		**$7,877**	**$7,877**	**$7,877**	**$7,877**	**$7,877**	**$7,877**	**$7,877**	**$7,877**	**$7,877**	**$15,679**	**$21,057**	**$21,872**	**$129,504**
Benefit Package 087	**Employees**		**222**	**222**	**221**	**222**	**223**	**223**	**222**	**222**	**222**	**190**	**191**	**188**	**214**
	Members		**579**	**579**	**574**	**578**	**579**	**579**	**574**	**574**	**576**	**466**	**467**	**461**	**549**
	Claims	Inpatient	$0	$18,186	$115,719	$143,590	$54,320	$50,083	$20,185	$88,093	$181,500	$33,676	$67,556	$0	**$772,907**
		Outpatient	$5,646	$17,280	$1,430	$40,942	$7,256	$5,268	$14,512	$25,231	$609	$25,766	$20,691	$31,485	**$196,117**
		ER	$23,619	$3,571	$0	$13,379	$4,923	$7,185	$1,231	$7,608	$528	$5,092	$8,270	$72	**$75,478**
		Prof Svcs	$43,965	$47,951	$78,389	$58,525	$58,612	$78,121	$68,380	$88,242	$67,417	$59,081	$84,466	$99,067	**$832,217**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$20,732	$36,574	$23,069	$21,395	$30,598	$21,991	$25,387	$28,203	$18,750	$26,530	$21,311	$31,781	**$306,320**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$93,961**	**$123,562**	**$218,608**	**$277,831**	**$155,709**	**$162,649**	**$129,695**	**$237,378**	**$268,802**	**$150,146**	**$202,294**	**$162,405**	**$2,183,039**
	Total Premiums		**$180,361**	**$180,361**	**$179,426**	**$179,788**	**$181,152**	**$181,295**	**$180,361**	**$180,361**	**$180,361**	**$164,321**	**$162,992**	**$161,816**	**$2,112,595**
Benefit Package 088	**Employees**		**101**	**100**	**99**	**99**	**98**	**98**	**98**	**97**	**97**	**80**	**72**	**76**	**93**
	Members		**252**	**250**	**248**	**248**	**246**	**245**	**245**	**242**	**242**	**186**	**166**	**176**	**229**
	Claims	Inpatient	$1,775	$81,299	$0	$111,840	$72,214	$336,525	$0	$12,276	$17,463	$0	$0	$39,696	**$673,088**
		Outpatient	$3,003	$8,258	$47,995	$25,997	$5,380	$16,845	$11,261	$2,348	$12,306	$8,054	$13,063	$197	**$154,707**
		ER	$1,026	$1,309	$1,638	$454	$2,710	$7,339	$0	$13,344	$6,218	$437	$12,726	$1,670	**$48,870**
		Prof Svcs	$41,308	$35,278	$75,386	$50,497	$60,520	$30,987	$21,059	$34,985	$17,815	$21,408	$51,218	$18,842	**$459,303**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$17,554	$18,102	$16,473	$17,558	$19,469	$14,397	$14,450	$20,411	$18,605	$12,840	$12,016	$9,899	**$191,775**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$64,667**	**$144,246**	**$141,492**	**$206,346**	**$160,292**	**$406,093**	**$46,770**	**$83,365**	**$72,406**	**$42,739**	**$89,023**	**$70,303**	**$1,527,743**
	Total Premiums		**$97,759**	**$97,587**	**$96,404**	**$96,413**	**$95,578**	**$95,578**	**$95,578**	**$95,446**	**$92,512**	**$75,487**	**$67,343**	**$66,530**	**$1,072,214**
Benefit Package 089	**Employees**		**1,468**	**1,468**	**1,474**	**1,473**	**1,474**	**1,470**	**1,473**	**1,475**	**1,471**	**1,380**	**1,357**	**1,371**	**1,446**
	Members		**4,778**	**4,780**	**4,781**	**4,779**	**4,777**	**4,759**	**4,769**	**4,769**	**4,755**	**4,284**	**4,236**	**4,267**	**4,645**
	Claims	Inpatient	$37,680	$238,649	$171,640	$172,443	$78,160	$223,882	$96,246	$87,145	$502,292	$610,638	$188,714	$123,502	**$2,530,991**
		Outpatient	$49,414	$116,326	$150,740	$39,974	$57,004	$229,430	$75,131	$84,941	$156,923	$76,370	$58,606	$97,530	**$1,192,388**
		ER	$31,564	$32,610	$53,684	$17,281	$60,192	$13,369	$42,062	$32,310	$37,594	$34,547	$44,934	$25,831	**$425,978**
		Prof Svcs	$317,101	$273,195	$385,079	$297,671	$303,657	$443,692	$416,069	$553,800	$311,151	$366,112	$379,286	$366,780	**$4,413,594**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$129,036	$157,356	$129,157	$121,988	$141,258	$142,987	$112,206	$157,688	$122,556	$135,171	$115,280	$133,103	**$1,597,787**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$564,796**	**$818,134**	**$890,300**	**$649,357**	**$640,271**	**$1,053,360**	**$741,714**	**$915,885**	**$1,130,516**	**$1,222,839**	**$786,820**	**$746,745**	**$10,160,737**
	Total Premiums		**$1,148,385**	**$1,145,161**	**$1,146,383**	**$1,146,196**	**$1,143,130**	**$1,139,520**	**$1,140,402**	**$1,142,700**	**$1,137,577**	**$1,066,500**	**$1,036,678**	**$1,053,759**	**$13,446,392**

Washington State Office of the Insurance Commissioner
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Benefit Package	Cat.	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 090	**Employees**		**187**	**185**	**187**	**188**	**187**	**188**	**188**	**189**	**187**	**134**	**130**	**132**	**174**
	Members		**437**	**428**	**435**	**438**	**435**	**435**	**436**	**438**	**429**	**307**	**303**	**308**	**402**
	Claims	Inpatient	$36,894	$0	$216,228	$228,047	$23,715	$108,740	$42,407	$89,078	$0	$9,886	$39,487	$12,976	**$807,459**
		Outpatient	$3,433	$12,730	$7,886	$9,443	$6,048	$2,849	$2,139	$7,516	$2,269	$2,260	$2,153	$5,951	**$64,678**
		ER	$685	$4,857	$5,152	$2,004	$11,238	$8,898	$1,496	$5,990	$1,643	$5,330	$453	$792	**$48,538**
		Prof Svcs	$45,290	$56,554	$76,800	$77,044	$58,498	$84,514	$40,576	$74,133	$41,978	$31,384	$33,918	$59,558	**$680,246**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$26,890	$30,314	$20,648	$32,369	$29,267	$31,180	$25,504	$37,783	$35,695	$31,269	$17,626	$30,100	**$348,643**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$113,191**	**$104,455**	**$326,714**	**$348,908**	**$128,765**	**$236,181**	**$112,122**	**$214,499**	**$81,585**	**$80,129**	**$93,637**	**$109,378**	**$1,949,565**
	Total Premiums		**$152,584**	**$150,691**	**$152,325**	**$153,840**	**$152,369**	**$152,807**	**$153,685**	**$154,528**	**$152,456**	**$118,880**	**$112,158**	**$116,160**	**$1,722,482**
Benefit Package 091	**Employees**		**23**	**23**	**23**	**24**	**24**	**24**	**24**	**24**	**24**	**54**	**55**	**59**	**32**
	Members		**83**	**82**	**82**	**84**	**83**	**83**	**83**	**83**	**83**	**186**	**186**	**198**	**110**
	Claims	Inpatient	$9,381	$1,036	$0	$0	$0	$0	$0	$0	$56,411	$0	$12,730	$0	**$79,558**
		Outpatient	$0	$16,192	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$16,192**
		ER	$597	$0	$0	$0	$0	$0	$366	$5,545	$0	$0	$3	$0	**$6,512**
		Prof Svcs	$215	$5,463	$631	$1,223	$352	$2,791	$903	$10,141	$10,282	$1,901	$6,504	$1,483	**$41,890**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$45	($9)	$76	$17	$10	$0	$0	$31	$7	$112	$167	$325	**$781**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$10,238**	**$22,681**	**$706**	**$1,240**	**$362**	**$2,791**	**$1,269**	**$15,718**	**$66,700**	**$2,013**	**$19,404**	**$1,808**	**$144,931**
	Total Premiums		**$13,743**	**$13,743**	**$13,743**	**$14,455**	**$14,455**	**$14,455**	**$14,455**	**$14,455**	**$14,455**	**$33,284**	**$32,954**	**$34,100**	**$228,297**
Benefit Package 092	**Employees**		**1,017**	**1,017**	**1,013**	**1,011**	**1,006**	**1,009**	**1,004**	**997**	**1,000**	**620**	**580**	**598**	**906**
	Members		**2,508**	**2,504**	**2,491**	**2,495**	**2,480**	**2,485**	**2,468**	**2,450**	**2,458**	**1,484**	**1,394**	**1,433**	**2,221**
	Claims	Inpatient	$163,566	$206,007	$417,734	$237,549	$155,597	$289,260	$208,466	$157,949	$325,500	$261,651	$210,085	$58,092	**$2,691,456**
		Outpatient	$50,843	$57,206	$115,720	$83,100	$62,053	$144,597	$81,735	$182,343	$187,788	$110,528	$42,788	$94,792	**$1,213,493**
		ER	$17,121	$40,140	$44,109	$41,167	$28,430	$27,376	$28,511	$13,463	$28,251	$17,975	$39,371	$18,884	**$344,800**
		Prof Svcs	$337,574	$381,360	$457,254	$420,925	$389,596	$524,226	$384,103	$547,920	$389,521	$262,736	$272,156	$258,251	**$4,625,621**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$144,256	$149,382	$141,304	$134,347	$162,759	$128,050	$128,797	$156,191	$129,338	$84,335	$84,237	$82,550	**$1,525,548**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$713,361**	**$834,096**	**$1,176,120**	**$917,088**	**$798,435**	**$1,113,509**	**$831,613**	**$1,057,866**	**$1,060,399**	**$737,224**	**$648,638**	**$512,568**	**$10,400,917**
	Total Premiums		**$918,468**	**$919,756**	**$915,508**	**$914,430**	**$910,106**	**$913,248**	**$907,002**	**$902,902**	**$906,203**	**$530,011**	**$497,573**	**$511,376**	**$9,746,582**
Benefit Package 093	**Employees**		**838**	**835**	**836**	**835**	**828**	**826**	**825**	**824**	**824**	**634**	**587**	**603**	**775**
	Members		**2,269**	**2,267**	**2,262**	**2,259**	**2,241**	**2,230**	**2,224**	**2,216**	**2,213**	**1,696**	**1,545**	**1,597**	**2,085**
	Claims	Inpatient	$91,126	$50,176	$155,635	$119,137	$133,952	$39,145	$66,390	$140,497	$166,962	$20,002	$78,103	$26,632	**$1,087,756**
		Outpatient	$148,808	$188,399	$260,393	$172,163	$176,475	$121,926	$118,946	$168,517	$329,178	$144,583	$327,543	$113,081	**$2,270,012**
		ER	$13,739	$4,979	$8,834	$17,180	$23,058	$10,042	$4,775	$13,129	$21,173	$10,354	$25,771	$16,750	**$169,784**
		Prof Svcs	$188,401	$171,931	$286,909	$238,264	$195,309	$250,238	$233,057	$325,232	$206,975	$184,765	$218,356	$145,473	**$2,644,911**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$99,447	$145,031	$113,151	$112,822	$122,514	$87,179	$96,389	$136,636	$98,979	$81,302	$83,773	$79,394	**$1,256,617**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$541,520**	**$560,516**	**$824,922**	**$659,566**	**$651,309**	**$508,531**	**$519,558**	**$784,011**	**$823,266**	**$441,004**	**$733,546**	**$381,329**	**$7,429,080**
	Total Premiums		**$712,920**	**$710,589**	**$710,159**	**$708,447**	**$702,178**	**$699,574**	**$698,138**	**$694,473**	**$696,805**	**$539,921**	**$494,247**	**$508,795**	**$7,876,246**
Benefit Package 094	**Employees**		**99**	**99**	**97**	**98**	**97**	**97**	**97**	**96**	**95**	**105**	**103**	**101**	**99**
	Members		**365**	**364**	**358**	**359**	**357**	**357**	**357**	**352**	**347**	**370**	**363**	**355**	**359**
	Claims	Inpatient	$0	$6,224	$9,493	$664	$0	$0	$0	$57,417	$32,290	$0	$7,806	$6,824	**$120,719**
		Outpatient	$0	$976	$8,059	$6,233	$3,383	$1,390	$4,661	$3,046	$25,597	$6,476	$1,280	$12,104	**$73,207**
		ER	$161	$1,941	$410	$1,524	$841	$0	$264	$1,066	$0	$0	$2,904	$1,976	**$11,088**
		Prof Svcs	$21,549	$13,769	$24,886	$15,731	$16,128	$20,166	$20,098	$19,925	$25,016	$13,529	$19,330	$18,087	**$228,212**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$13,937	$14,447	$15,186	$13,747	$8,224	$9,931	$7,861	$10,063	$8,163	$10,573	$9,792	$8,687	**$130,612**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$35,647**	**$37,357**	**$58,035**	**$37,900**	**$28,577**	**$31,488**	**$32,883**	**$91,517**	**$91,066**	**$30,578**	**$41,112**	**$47,679**	**$563,837**
	Total Premiums		**$79,525**	**$80,232**	**$77,368**	**$78,405**	**$77,847**	**$77,856**	**$77,856**	**$77,125**	**$75,883**	**$97,508**	**$94,648**	**$93,358**	**$987,612**

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Benefit Package	Cat.	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 095	**Employees**		**442**	**446**	**453**	**448**	**449**	**448**	**448**	**447**	**447**	**439**	**435**	**436**	**445**
	Members		**1,440**	**1,445**	**1,462**	**1,448**	**1,448**	**1,445**	**1,447**	**1,438**	**1,432**	**1,301**	**1,274**	**1,277**	**1,405**
	Claims	Inpatient	$67,591	$35,436	$83,389	$28,893	$29,672	$29,809	$8,005	$40,900	$5,003	$3,352	$69,019	$78,621	**$479,692**
		Outpatient	$9,987	$42,236	$19,882	$31,903	$18,723	$37,749	$16,651	$57,543	$46,065	$57,120	$69,351	$51,208	**$458,418**
		ER	$14,386	$11,724	$12,749	$6,453	$3,892	$6,804	$17,503	$25,337	$9,274	$8,440	$2,069	$7,961	**$126,593**
		Prof Svcs	$96,513	$91,171	$121,701	$104,118	$112,026	$100,506	$119,616	$176,886	$97,822	$97,555	$130,113	$106,248	**$1,354,273**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$44,033	$61,109	$63,286	$65,597	$75,711	$47,385	$59,479	$59,823	$52,509	$46,214	$34,887	$41,255	**$651,288**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$232,510**	**$241,677**	**$301,007**	**$236,964**	**$240,024**	**$222,253**	**$221,254**	**$360,489**	**$210,674**	**$212,681**	**$305,439**	**$285,292**	**$3,070,264**
	Total Premiums		**$366,608**	**$367,670**	**$373,580**	**$369,546**	**$369,349**	**$368,234**	**$368,692**	**$366,581**	**$366,489**	**$373,707**	**$369,405**	**$368,213**	**$4,428,075**
Benefit Package 096	**Employees**		**463**	**463**	**459**	**459**	**462**	**463**	**462**	**462**	**460**	**410**	**417**	**417**	**450**
	Members		**1,319**	**1,309**	**1,293**	**1,294**	**1,301**	**1,303**	**1,295**	**1,291**	**1,273**	**1,074**	**1,067**	**1,066**	**1,240**
	Claims	Inpatient	$440,202	$23,098	$59,637	$687,279	$0	$7,006	$65,465	$200,358	$165,374	$127,044	$57,183	$3,225	**$1,835,873**
		Outpatient	$72,917	$33,966	$23,914	$41,977	$20,923	$33,620	$46,085	$21,109	$23,683	$16,459	$17,123	$19,622	**$371,398**
		ER	$10,039	$8,206	$4,608	$4,090	$8,299	$2,670	$6,495	$15,670	$9,941	$9,585	$4,743	$5,178	**$89,524**
		Prof Svcs	$101,205	$81,599	$93,089	$41,100	$85,235	$96,947	$93,318	$127,527	$116,045	$78,688	$74,557	$58,035	**$1,047,346**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$55,921	$67,479	$41,943	$51,428	$63,207	$44,903	$44,737	$59,213	$48,058	$32,744	$49,388	$41,861	**$600,882**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$680,285**	**$214,348**	**$223,191**	**$825,875**	**$177,664**	**$185,147**	**$256,101**	**$423,877**	**$363,101**	**$264,520**	**$202,993**	**$127,921**	**$3,945,023**
	Total Premiums		**$379,579**	**$372,874**	**$368,221**	**$369,134**	**$369,750**	**$370,463**	**$369,611**	**$368,564**	**$365,861**	**$350,373**	**$352,046**	**$350,505**	**$4,386,981**
Benefit Package 097	**Employees**		**322**	**320**	**320**	**322**	**320**	**321**	**321**	**322**	**319**	**226**	**206**	**217**	**295**
	Members		**806**	**797**	**795**	**800**	**794**	**796**	**791**	**794**	**787**	**546**	**499**	**522**	**727**
	Claims	Inpatient	$0	$16,609	$36,203	$25,871	$79,869	$53,530	$60,270	$114,817	$118,940	$86,700	$12,923	$26,221	**$631,954**
		Outpatient	$11,817	$7,431	$3,057	$1,276	$41,913	$32,998	$57,525	$17,566	$30,889	$1,907	$42,437	$33,079	**$281,896**
		ER	$5,269	$4,213	$12,802	$1,818	$2,747	$10,151	$13,736	$4,589	$7,424	$3,723	$2,050	$8,080	**$76,602**
		Prof Svcs	$55,662	$51,330	$80,883	$80,650	$93,719	$90,564	$91,179	$149,780	$72,703	$62,127	$82,806	$96,334	**$1,007,737**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$27,224	$42,894	$32,759	$33,791	$38,420	$25,692	$29,687	$33,755	$27,377	$17,338	$12,074	$19,900	**$340,910**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$99,973**	**$122,477**	**$165,704**	**$143,406**	**$256,667**	**$212,936**	**$252,397**	**$320,506**	**$257,333**	**$171,796**	**$152,290**	**$183,614**	**$2,339,099**
	Total Premiums		**$267,443**	**$265,532**	**$264,646**	**$265,619**	**$263,963**	**$264,628**	**$263,730**	**$264,447**	**$263,088**	**$193,150**	**$177,609**	**$184,235**	**$2,938,090**
Benefit Package 098	**Employees**		**278**	**276**	**276**	**276**	**274**	**277**	**275**	**275**	**275**	**307**	**324**	**334**	**287**
	Members		**984**	**975**	**976**	**971**	**967**	**978**	**972**	**960**	**965**	**1,055**	**1,121**	**1,134**	**1,005**
	Claims	Inpatient	$20,090	$21,791	$61,964	$41,980	$15,835	$16,338	$0	$0	$98,564	$2,455	$68,688	$26,455	**$374,160**
		Outpatient	$21,611	$11,509	$15,459	$11,327	$26,472	$9,856	$6,935	$10,020	$7,438	$21,660	$10,807	$22,237	**$175,331**
		ER	$3,616	$8,945	$5,056	$3,341	$4,545	$1,887	$3,949	$4,611	$4,144	$2,810	$12,132	$3,299	**$58,335**
		Prof Svcs	$38,406	$55,703	$43,633	$61,764	$62,173	$52,331	$69,601	$71,001	$43,854	$30,973	$58,723	$61,768	**$649,930**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$19,216	$26,867	$23,111	$23,094	$27,911	$18,956	$21,981	$24,913	$17,357	$26,054	$19,845	$24,428	**$273,735**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$102,939**	**$124,815**	**$149,223**	**$141,507**	**$136,936**	**$99,368**	**$102,467**	**$110,546**	**$171,357**	**$83,952**	**$170,195**	**$138,186**	**$1,531,491**
	Total Premiums		**$189,459**	**$187,467**	**$185,477**	**$185,484**	**$184,236**	**$184,917**	**$184,077**	**$182,649**	**$182,289**	**$239,075**	**$244,621**	**$253,398**	**$2,403,148**
Benefit Package 099	**Employees**		**11**	**11**	**15**	**13**	**12**	**13**	**11**	**11**	**11**	**12**	**13**	**12**	**12**
	Members		**40**	**40**	**57**	**47**	**45**	**47**	**40**	**40**	**40**	**44**	**48**	**44**	**44**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Outpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		ER	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Prof Svcs	$275	$2,200	$428	$149	$178	$234	$195	$1,284	$1,168	$356	$727	$188	**$7,384**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$324	$0	$0	$0	$40	$0	$0	$0	$261	$0	$0	$87	**$712**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$599**	**$2,200**	**$428**	**$149**	**$218**	**$234**	**$195**	**$1,284**	**$1,429**	**$356**	**$727**	**$275**	**$8,096**
	Total Premiums		**$6,440**	**$6,440**	**$8,261**	**$7,283**	**$6,929**	**$7,283**	**$6,440**	**$6,440**	**$6,440**	**$6,159**	**$6,606**	**$6,159**	**$80,881**

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Experience Reports by Benefit Package — Monthly
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Benefit Package	Cat.	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 100	**Employees**											**15**	**15**	**17**	**16**
	Members											**56**	**56**	**61**	**58**
	Claims	Inpatient										$0	$0	$0	**$0**
		Outpatient										$2,209	$534	$0	**$2,743**
		ER										$0	$0	$0	**$0**
		Prof Svcs										$90	$550	$513	**$1,153**
		Other										$0	$0	$0	**$0**
		Pharmacy										$25	$0	$6	**$31**
		Capitation										$0	$0	$0	**$0**
	Total Claims											**$2,325**	**$1,084**	**$518**	**$3,927**
	Total Premiums											**$7,906**	**$7,906**	**$8,772**	**$24,584**
Benefit Package 101	**Employees**		**909**	**913**	**916**	**919**	**916**	**914**	**912**	**913**	**911**				**914**
	Members		**2,054**	**2,070**	**2,077**	**2,078**	**2,074**	**2,072**	**2,067**	**2,074**	**2,077**				**2,071**
	Claims	Inpatient	$82,851	$40,107	$103,926	$35,311	$151,376	$74,820	$72,860	$237,536	$33,009				**$831,795**
		Outpatient	$46,376	$25,109	$104,684	$51,267	$96,389	$128,057	$79,588	$92,169	$67,162				**$690,802**
		ER	$3,392	$10,384	$9,196	$10,782	$9,878	$15,769	$17,017	$12,592	$16,368				**$105,378**
		Prof Svcs	$222,216	$203,769	$374,536	$280,358	$256,988	$284,790	$285,504	$391,775	$241,602				**$2,541,537**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
		Pharmacy	$116,768	$155,602	$122,806	$151,594	$174,303	$151,551	$127,374	$135,278	$108,345				**$1,243,623**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
	Total Claims		**$471,603**	**$434,972**	**$715,148**	**$529,311**	**$688,935**	**$654,986**	**$582,344**	**$869,350**	**$466,486**				**$5,413,135**
	Total Premiums		**$798,013**	**$511,367**	**$454,733**	**$791,833**	**$554,303**	**$706,773**	**$719,207**	**$604,859**	**$920,883**				**$6,061,971**
Benefit Package 102	**Employees**		**660**	**660**	**663**	**662**	**665**	**664**	**663**	**664**	**663**				**663**
	Members		**2,279**	**2,275**	**2,280**	**2,277**	**2,285**	**2,288**	**2,284**	**2,283**	**2,269**				**2,280**
	Claims	Inpatient	$403,395	$87,458	$106,542	$575,816	$81,342	$200,140	$87,403	$339,297	$7,166				**$1,888,559**
		Outpatient	$13,857	$22,688	$34,660	$57,769	$14,300	$29,303	$32,721	$79,752	$37,922				**$322,971**
		ER	$11,861	$11,492	$19,167	$6,319	$6,595	$13,239	$9,023	$15,525	$12,933				**$106,154**
		Prof Svcs	$158,336	$149,518	$244,938	$202,772	$199,852	$239,729	$203,464	$258,804	$165,818				**$1,823,231**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
		Pharmacy	$69,746	$80,985	$71,997	$67,726	$86,106	$73,411	$65,488	$78,992	$67,553				**$662,004**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
	Total Claims		**$657,195**	**$352,140**	**$477,304**	**$910,401**	**$388,196**	**$555,822**	**$398,099**	**$772,369**	**$291,392**				**$4,802,919**
	Total Premiums		**$475,476**	**$684,992**	**$391,325**	**$541,435**	**$948,060**	**$433,743**	**$629,818**	**$434,787**	**$821,478**				**$5,361,116**
Benefit Package 103	**Employees**		**121**	**121**	**121**	**119**	**117**	**120**	**119**	**119**	**119**				**120**
	Members		**501**	**497**	**499**	**489**	**483**	**495**	**492**	**491**	**491**				**493**
	Claims	Inpatient	$34,066	$14,446	$22,592	$5,213	$0	$21,602	$0	$0	$0				**$97,920**
		Outpatient	$46,669	$11,779	$20,900	$5,520	$21,762	$2,100	$12,855	$19,970	$19,957				**$161,512**
		ER	$1,849	$7,861	$2,067	$692	$1,804	$2,058	$1,932	$573	$3,685				**$22,521**
		Prof Svcs	$36,249	$26,769	$34,787	$30,983	$21,754	$22,970	$19,078	$39,207	$30,192				**$261,989**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
		Pharmacy	$5,895	$8,168	$4,591	$9,708	$8,197	$7,157	$6,528	$6,003	$5,187				**$61,434**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
	Total Claims		**$124,728**	**$69,023**	**$84,938**	**$52,116**	**$53,517**	**$55,886**	**$40,393**	**$65,754**	**$59,022**				**$605,377**
	Total Premiums		**$84,342**	**$128,824**	**$74,870**	**$94,267**	**$58,208**	**$59,460**	**$65,225**	**$46,284**	**$73,298**				**$684,778**
Benefit Package 104	**Employees**											**243**	**255**	**262**	**253**
	Members											**877**	**911**	**928**	**905**
	Claims	Inpatient										$0	$21,153	$138	**$21,291**
		Outpatient										$0	$18,290	$3,165	**$21,455**
		ER										$514	$4,331	$2,052	**$6,897**
		Prof Svcs										$8,506	$33,415	$24,149	**$66,069**
		Other										$0	$0	$0	**$0**
		Pharmacy										$18,653	$15,140	$14,890	**$48,683**
		Capitation										$0	$0	$0	**$0**
	Total Claims											**$27,673**	**$92,329**	**$44,393**	**$164,395**
	Total Premiums											**$244,537**	**$248,945**	**$254,029**	**$747,511**

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Experience Reports by Benefit Package — Monthly
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Benefit Package	Cat.	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 105	**Employees**		**151**	**152**	**150**	**150**	**150**	**150**	**150**	**150**	**150**	**159**			**151**
	Members		**627**	**631**	**622**	**621**	**620**	**620**	**620**	**619**	**620**	**645**			**625**
	Claims	Inpatient	$0	$14,040	$13,500	$70,091	$0	$13,370	$53,078	$1,797	$4,774	$5,098			**$175,749**
		Outpatient	$42,168	$4,913	$1,805	$8,958	$11,022	$16,837	$5,634	$55,536	$16,926	$7,920			**$171,718**
		ER	$243	$1,654	$4,137	$2,609	$8,516	($4,397)	$4,530	$1,284	$2,665	$2,725			**$23,966**
		Prof Svcs	$34,707	$28,103	$40,986	$42,646	$43,008	$43,163	$51,976	$55,418	$50,638	$62,102			**$452,747**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$26,173	$24,708	$29,802	$25,236	$32,095	$25,563	$18,263	$34,254	$25,654	$32,391			**$274,141**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$103,290**	**$73,419**	**$90,230**	**$149,540**	**$94,641**	**$94,536**	**$133,481**	**$148,289**	**$100,658**	**$110,236**			**$1,098,320**
	Total Premiums		**$144,749**	**$145,698**	**$143,869**	**$143,831**	**$143,854**	**$143,854**	**$143,638**	**$143,854**	**$143,559**	**$150,365**			**$1,447,271**
Benefit Package 106	**Employees**		**748**	**750**	**749**	**744**	**741**	**739**	**735**	**731**	**731**	**727**			**740**
	Members		**2,050**	**2,051**	**2,048**	**2,038**	**2,032**	**2,026**	**2,015**	**1,997**	**1,989**	**1,972**			**2,022**
	Claims	Inpatient	$53,270	$75,006	$310,956	$107,392	$123,779	$59,504	$134,702	$123,254	$203,925	$85,685			**$1,277,473**
		Outpatient	$66,441	$45,004	$120,035	$64,611	$135,259	$133,388	$102,037	$137,083	$68,928	$76,136			**$948,922**
		ER	$8,390	$19,317	$28,575	$19,400	$14,824	$9,870	$10,320	$12,103	$8,128	$18,460			**$149,386**
		Prof Svcs	$189,358	$145,808	$213,528	$189,132	$186,948	$212,613	$206,927	$263,458	$191,406	$189,087			**$1,988,264**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$105,318	$124,442	$94,765	$89,442	$57,473	$69,793	$84,668	$116,751	$96,881	$139,324			**$978,857**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$422,777**	**$409,577**	**$767,859**	**$469,976**	**$518,282**	**$485,168**	**$538,653**	**$652,649**	**$569,267**	**$508,692**			**$5,342,900**
	Total Premiums		**$627,051**	**$627,042**	**$625,467**	**$621,908**	**$619,459**	**$617,459**	**$613,699**	**$611,464**	**$607,942**	**$604,546**			**$6,176,037**
Benefit Package 107	**Employees**		**391**	**390**	**392**	**391**	**394**	**395**	**391**	**389**	**388**	**400**			**392**
	Members		**1,416**	**1,406**	**1,407**	**1,404**	**1,409**	**1,414**	**1,407**	**1,399**	**1,390**	**1,421**			**1,407**
	Claims	Inpatient	$1,928	$72,770	$23,266	$48,745	$206,698	$66,178	$98,734	$40,104	$40,762	$44,673			**$643,858**
		Outpatient	$5,399	$11,151	$43,459	$21,181	$35,188	$47,321	$28,539	$61,154	$40,797	$21,725			**$315,914**
		ER	$3,185	$17,051	$12,343	$11,877	$10,229	$8,317	$4,878	$17,128	$11,732	$5,087			**$101,826**
		Prof Svcs	$96,731	$82,527	$141,873	$130,133	$130,948	$148,228	$122,997	$160,710	$97,969	$105,160			**$1,217,274**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$37,055	$44,743	$30,043	$37,300	$42,479	$35,497	$28,020	$43,105	$23,964	$37,247			**$359,454**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$144,297**	**$228,242**	**$250,986**	**$249,236**	**$425,542**	**$305,541**	**$283,168**	**$322,200**	**$215,223**	**$213,892**			**$2,638,326**
	Total Premiums		**$353,801**	**$351,547**	**$352,545**	**$351,614**	**$353,662**	**$355,265**	**$352,639**	**$349,861**	**$348,674**	**$357,094**			**$3,526,702**
Benefit Package 108	**Employees**		**290**	**286**	**286**	**285**	**282**	**280**	**277**	**275**	**277**	**249**	**248**	**249**	**274**
	Members		**726**	**718**	**719**	**715**	**704**	**691**	**683**	**678**	**682**	**619**	**617**	**617**	**681**
	Claims	Inpatient	$56,420	$7,723	$4,514	$9,580	$85,394	$69,495	$43,743	$148,127	$58,499	($20,860)	$25,485	$29,664	**$517,785**
		Outpatient	$27,615	$7,947	$10,744	$5,029	$6,424	$32,349	$37,236	$45,534	$52,877	$5,318	$11,324	$52,925	**$295,323**
		ER	$0	$1,820	$16,416	$7,152	$1,895	$17,162	$4,956	$8,491	$4,062	$5,874	$5,317	$2,428	**$75,572**
		Prof Svcs	$73,438	$94,246	$112,184	$99,090	$108,698	$144,810	$115,989	$150,132	$137,367	$96,143	$105,898	$88,402	**$1,326,398**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$48,372	$64,087	$36,031	$49,926	$56,014	$45,870	$41,904	$46,755	$38,923	$60,211	$34,895	$40,694	**$563,682**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$205,846**	**$175,823**	**$179,890**	**$170,777**	**$258,426**	**$309,686**	**$243,829**	**$399,039**	**$291,729**	**$146,687**	**$182,919**	**$214,111**	**$2,778,761**
	Total Premiums		**$287,153**	**$287,107**	**$278,242**	**$282,807**	**$278,628**	**$274,007**	**$271,934**	**$270,230**	**$272,078**	**$233,185**	**$231,201**	**$232,723**	**$3,199,295**
Benefit Package 109	**Employees**		**34**	**34**	**34**	**33**	**34**	**37**	**37**	**37**	**37**				**35**
	Members		**106**	**103**	**105**	**103**	**103**	**112**	**112**	**112**	**112**				**108**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
		Outpatient	$0	$0	$0	$9,128	$189	$7,937	$0	$0	$0				**$17,253**
		ER	$0	$0	$1,868	$0	$0	$0	$5	$0	$0				**$1,874**
		Prof Svcs	$1,160	$932	$2,919	$5,634	$2,484	$3,115	$2,943	$11,407	$1,587				**$32,181**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
		Pharmacy	$0	$17	$1,160	$323	$590	$517	$406	$619	$349				**$3,981**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
	Total Claims		**$1,160**	**$950**	**$5,947**	**$15,084**	**$3,262**	**$11,569**	**$3,354**	**$12,026**	**$1,936**				**$55,288**
	Total Premiums		**$17,860**	**$17,860**	**$30,333**	**$19,568**	**$19,568**	**$20,955**	**$21,259**	**$21,259**	**$21,259**				**$189,924**

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Benefit Package	Cat.	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 110	**Employees**		**173**	**170**	**172**	**172**	**173**	**170**	**170**	**168**	**169**	**149**	**149**	**143**	**165**
	Members		**432**	**422**	**429**	**424**	**427**	**420**	**419**	**414**	**414**	**360**	**362**	**347**	**406**
	Claims	Inpatient	$36,260	$9,858	$20,981	$29,032	$12,273	$64,269	$24,980	$46,730	$49,050	$139,730	$33,298	$56,031	**$522,489**
		Outpatient	$1,435	$17,333	$16,220	$2,788	$13,169	$13,999	$19,907	$34,393	$18,440	$1,499	$22,358	$14,288	**$175,830**
		ER	$0	$0	$2,287	$1,846	$2,675	$5,452	$4,691	$916	$1,531	$5,138	$1,749	$12,199	**$38,484**
		Prof Svcs	$39,938	$29,148	$47,222	$42,353	$37,538	$47,639	$61,878	$103,825	$69,682	$54,348	$59,719	$37,012	**$630,300**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$40,115	$26,778	$22,297	$19,596	$17,962	$16,788	$18,835	$17,488	$19,256	$19,417	$12,809	$12,168	**$243,509**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$117,748**	**$83,116**	**$109,006**	**$95,614**	**$83,617**	**$148,147**	**$130,290**	**$203,351**	**$157,959**	**$220,132**	**$129,933**	**$131,698**	**$1,610,613**
	Total Premiums		**$126,895**	**$126,391**	**$116,845**	**$125,027**	**$126,717**	**$123,988**	**$122,739**	**$123,332**	**$121,291**	**$116,707**	**$113,966**	**$113,727**	**$1,457,626**
Benefit Package 111	**Employees**		**281**	**284**	**282**	**283**	**277**	**280**	**284**	**279**	**280**	**262**	**264**	**263**	**277**
	Members		**724**	**737**	**732**	**728**	**715**	**724**	**728**	**717**	**719**	**642**	**643**	**645**	**705**
	Claims	Inpatient	$0	$250	$45,273	$0	$11,004	$7,646	$0	$88,546	$514	$7,305	$78,424	$63,236	**$302,197**
		Outpatient	$22,714	$6,436	$8,046	$109,742	$32,633	$28,269	$16,739	$20,190	$14,987	$9,662	$81,882	$13,675	**$364,975**
		ER	$0	$2,426	$9,671	$7,506	$8,098	$20,897	$7,933	$9,329	$4,851	$2,071	$8,678	$5,321	**$86,781**
		Prof Svcs	$72,565	$80,531	$64,160	$78,927	$47,957	$82,591	$79,461	$87,473	$149,014	$82,453	$119,390	$55,531	**$1,000,053**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$20,939	$30,925	$26,323	$20,866	$28,488	$20,510	$20,307	$23,948	$26,663	$21,366	$19,601	$24,965	**$284,901**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$116,219**	**$120,568**	**$153,473**	**$217,040**	**$128,180**	**$159,913**	**$124,440**	**$229,486**	**$196,029**	**$122,856**	**$307,975**	**$162,728**	**$2,038,906**
	Total Premiums		**$201,595**	**$206,427**	**$209,363**	**$207,313**	**$203,311**	**$204,901**	**$206,120**	**$203,971**	**$204,108**	**$195,370**	**$191,513**	**$195,528**	**$2,429,519**
Benefit Package 112	**Employees**		**120**	**122**	**123**	**123**	**132**	**124**	**124**	**125**	**125**				**124**
	Members		**343**	**348**	**355**	**344**	**363**	**346**	**346**	**348**	**346**				**349**
	Claims	Inpatient	$0	$0	$6,975	$0	$0	$9,847	$31,225	$4,658	$63,626				**$116,330**
		Outpatient	$2,796	$0	$32,310	$1,616	$1,217	$9,138	$1,800	$10,215	$0				**$59,092**
		ER	$1,914	$1,095	$3,539	$3	$216	$842	$12,180	$2,337	$7,529				**$29,654**
		Prof Svcs	$13,201	$15,549	$24,722	$18,406	$23,757	$38,008	$30,858	$43,398	$27,135				**$235,034**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
		Pharmacy	$8,409	$13,079	$9,730	$9,155	$11,990	$8,388	$10,316	$13,791	$9,651				**$94,508**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
	Total Claims		**$26,320**	**$29,723**	**$77,275**	**$29,180**	**$37,180**	**$66,223**	**$86,378**	**$74,399**	**$107,941**				**$534,618**
	Total Premiums		**$97,836**	**$98,763**	**$98,497**	**$97,717**	**$99,956**	**$97,875**	**$97,241**	**$98,561**	**$97,134**				**$883,581**
Benefit Package 113	**Employees**		**52**	**53**	**53**	**53**	**53**	**53**	**53**	**53**	**53**	**40**	**32**	**35**	**49**
	Members		**110**	**112**	**115**	**115**	**115**	**115**	**115**	**115**	**115**	**87**	**71**	**77**	**105**
	Claims	Inpatient	$0	$41,129	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$41,129**
		Outpatient	$10,024	$7,725	$20,259	$14,072	$21,478	$8,819	$16,605	$435	$27,469	$9,214	$19,176	$20,594	**$175,870**
		ER	$8,006	$0	$11,669	$1,727	$0	$0	$0	$2,285	$0	$0	$0	$0	**$23,687**
		Prof Svcs	$16,257	$12,995	$21,809	$16,251	$13,263	$13,173	$15,385	$15,076	$10,979	$12,180	$13,538	$6,733	**$167,640**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$5,446	$9,007	$4,291	$4,177	$5,633	$3,846	$3,623	$8,271	$5,794	$3,907	$4,543	$3,322	**$61,859**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$39,733**	**$70,856**	**$58,029**	**$36,227**	**$40,375**	**$25,838**	**$35,612**	**$26,066**	**$44,242**	**$25,301**	**$37,258**	**$30,649**	**$470,185**
	Total Premiums		**$35,695**	**$36,369**	**$37,768**	**$37,779**	**$37,760**	**$37,777**	**$37,801**	**$37,778**	**$37,844**	**$29,125**	**$23,683**	**$25,482**	**$414,861**
Benefit Package 114	**Employees**		**581**	**572**	**574**	**575**	**571**	**572**	**571**	**568**	**568**	**490**	**326**	**393**	**530**
	Members		**1,456**	**1,424**	**1,428**	**1,428**	**1,424**	**1,427**	**1,425**	**1,417**	**1,417**	**1,250**	**857**	**1,044**	**1,333**
	Claims	Inpatient	$91,234	$15,178	$86,619	$60,493	$41,786	$264,479	$70,056	$112,031	$191,742	$111,982	$112,885	$52,212	**$1,210,698**
		Outpatient	$49,367	$52,332	$37,831	$37,816	$19,877	$39,802	$15,125	$74,840	$60,643	$67,074	$12,408	$35,155	**$502,271**
		ER	$22,788	$2,550	$15,222	$35,776	$10,853	$9,391	$18,015	$18,508	$32,682	$911	$17,162	$11,218	**$195,078**
		Prof Svcs	$118,508	$118,729	$198,852	$173,766	$185,229	$191,990	$157,977	$233,301	$130,371	$132,136	$147,907	$147,923	**$1,936,688**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$60,892	$58,131	$57,136	$42,985	$60,174	$55,581	$57,037	$67,826	$49,630	$39,914	$45,948	$38,729	**$633,983**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$342,790**	**$246,921**	**$395,661**	**$350,836**	**$317,920**	**$561,242**	**$318,210**	**$506,506**	**$465,068**	**$352,017**	**$336,310**	**$285,238**	**$4,478,718**
	Total Premiums		**$462,156**	**$463,536**	**$457,469**	**$456,771**	**$455,180**	**$458,193**	**$456,596**	**$459,039**	**$457,999**	**$410,497**	**$292,120**	**$362,986**	**$5,192,542**

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Benefit Package	Cat.	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 115	**Employees**		**33**	**33**	**33**	**33**	**33**	**34**	**34**	**33**	**33**	**24**	**19**	**23**	**30**
	Members		**69**	**69**	**69**	**69**	**69**	**73**	**73**	**70**	**70**	**53**	**43**	**51**	**65**
	Claims	Inpatient	$0	$0	$0	$0	$15,049	$0	$0	$0	($8,602)	$0	$0	$0	**$6,447**
		Outpatient	$25,766	$14,394	$38,739	$24,883	$30,586	$31,275	$30,594	$39,464	$35,626	$46,008	$33,001	$39,924	**$390,259**
		ER	$0	$914	$0	$0	$0	$0	$1,669	$0	$0	$0	$0	$0	**$2,582**
		Prof Svcs	$4,547	$10,362	$8,893	$8,952	$15,760	$7,333	$10,315	$9,086	$7,169	$10,111	$6,649	$6,951	**$106,127**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$2,336	$12,433	$10,326	$1,727	$13,609	$15,468	$2,988	$31,520	$1,021	$3,279	$12,949	$9,248	**$116,905**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$32,649**	**$38,103**	**$57,958**	**$35,562**	**$75,005**	**$54,076**	**$45,565**	**$80,069**	**$35,214**	**$59,398**	**$52,599**	**$56,124**	**$622,322**
	Total Premiums		**$23,710**	**$23,654**	**$23,691**	**$23,699**	**$23,687**	**$25,175**	**$25,192**	**$24,883**	**$24,718**	**$16,998**	**$14,932**	**$17,578**	**$267,916**
Benefit Package 116	**Employees**		**448**	**443**	**449**	**452**	**448**	**449**	**448**	**443**	**446**	**447**	**276**	**354**	**425**
	Members		**1,096**	**1,081**	**1,097**	**1,105**	**1,096**	**1,094**	**1,093**	**1,089**	**1,095**	**1,096**	**725**	**895**	**1,047**
	Claims	Inpatient	$3,305	$71,995	$109,733	$104,221	$100,519	$289,987	$42,489	$59,613	$163,684	$135,768	$156,841	$42,686	**$1,280,843**
		Outpatient	$34,223	$1,633	$26,719	$50,738	$14,375	$12,937	$12,355	$10,349	$20,069	$46,312	$89,342	$32,151	**$351,202**
		ER	$8,394	$7,785	$24,622	$24,336	$4,312	$17,489	($2,002)	$24,462	$22,523	$34,040	$4,897	$10,715	**$181,573**
		Prof Svcs	$161,869	$151,752	$181,027	$193,971	$169,379	$210,521	$174,288	$218,188	$165,118	$176,242	$158,370	$110,512	**$2,071,236**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$40,212	$53,657	$45,062	$47,568	$49,210	$37,551	$50,252	$52,972	$48,686	$48,740	$49,928	$55,225	**$579,062**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$248,003**	**$286,822**	**$387,162**	**$420,834**	**$337,795**	**$568,486**	**$277,382**	**$365,584**	**$420,081**	**$441,102**	**$459,377**	**$251,290**	**$4,463,917**
	Total Premiums		**$377,265**	**$372,244**	**$376,671**	**$377,374**	**$380,907**	**$377,003**	**$377,093**	**$373,609**	**$376,336**	**$382,800**	**$260,477**	**$324,714**	**$4,356,491**
Benefit Package 117	**Employees**		**8**	**8**	**8**	**8**	**8**	**9**	**9**	**9**	**9**				**8**
	Members		**18**	**18**	**18**	**18**	**18**	**20**	**20**	**20**	**20**				**19**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
		Outpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
		ER	$0	$0	$0	$0	$0	$1	$0	$0	$0				**$1**
		Prof Svcs	$661	$402	$2,002	$119	$410	$1,566	$4,496	$1,317	$542				**$11,514**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
		Pharmacy	$518	$276	$365	$209	$186	$250	$350	$607	$248				**$3,009**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
	Total Claims		**$1,179**	**$677**	**$2,367**	**$328**	**$596**	**$1,817**	**$4,846**	**$1,923**	**$789**				**$14,524**
	Total Premiums		**$6,244**	**$6,212**	**$6,233**	**$6,238**	**$6,231**	**$6,905**	**$6,915**	**$6,906**	**$6,932**				**$58,816**
Benefit Package 118	**Employees**		**119**	**113**	**115**	**115**	**114**	**113**	**121**	**113**	**113**				**115**
	Members		**319**	**305**	**310**	**310**	**307**	**304**	**320**	**304**	**304**				**309**
	Claims	Inpatient	$37,027	$38,966	$18,875	$33,535	$52,026	$13,339	$9,544	$39,590	$46,191				**$289,093**
		Outpatient	$9,065	$0	$8,865	$3,606	$0	$0	$9,759	$0	$0				**$31,296**
		ER	$1,871	$3,813	$8,199	$6,797	$3,681	$0	$6,160	$524	$0				**$31,045**
		Prof Svcs	$21,191	$13,427	$26,287	$31,967	$21,595	$20,755	$27,700	$26,444	$30,471				**$219,838**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
		Pharmacy	$6,825	$5,865	$4,779	$7,510	$5,416	$7,804	$7,402	$5,511	$8,365				**$59,476**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
	Total Claims		**$75,979**	**$62,071**	**$67,005**	**$83,415**	**$82,718**	**$41,898**	**$60,564**	**$72,069**	**$85,028**				**$630,747**
	Total Premiums		**$105,279**	**$99,416**	**$102,356**	**$102,426**	**$101,372**	**$100,248**	**$100,186**	**$104,200**	**$100,641**				**$916,126**
Benefit Package 119	**Employees**		**603**	**601**	**600**	**600**	**596**	**596**	**595**	**589**	**587**				**596**
	Members		**1,569**	**1,566**	**1,565**	**1,569**	**1,557**	**1,557**	**1,546**	**1,526**	**1,524**				**1,553**
	Claims	Inpatient	$109,843	$53,614	$530,513	$124,919	$573,543	$91,258	$33,980	$221,993	$218,381				**$1,958,043**
		Outpatient	$14,785	$26,111	$51,085	$51,311	$25,626	$46,644	$18,832	$56,455	$88,092				**$378,942**
		ER	$4,548	$18,176	$15,212	$13,598	$6,760	$11,960	$6,065	$22,656	$30,783				**$129,759**
		Prof Svcs	$169,894	$162,631	$278,897	$204,803	$228,657	$265,310	$217,948	$307,688	$217,773				**$2,053,601**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
		Pharmacy	$68,665	$97,545	$62,555	$72,607	$78,158	$69,542	$67,470	$84,323	$71,201				**$672,067**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
	Total Claims		**$367,735**	**$358,078**	**$938,262**	**$467,240**	**$912,745**	**$484,713**	**$344,294**	**$693,115**	**$626,230**				**$5,192,412**
	Total Premiums		**$539,669**	**$537,431**	**$538,257**	**$538,295**	**$535,322**	**$535,001**	**$532,625**	**$527,095**	**$522,765**				**$4,806,459**

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Benefit Package	Cat.	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 120	**Employees**		**167**	**166**	**170**	**170**	**172**	**173**	**173**	**174**	**174**				**171**
	Members		**481**	**476**	**486**	**487**	**491**	**492**	**496**	**498**	**498**				**489**
	Claims	Inpatient	$25,921	$3,961	$34,963	$1,320	$14,642	$34,750	$38,094	$0	$24,865				**$178,515**
		Outpatient	$9,248	$4,458	$9,557	$22,430	$3,838	$2,546	$404	$5,043	$15,626				**$73,151**
		ER	$2,127	$1,342	$2,617	$1,702	$1,419	$1,872	$1,144	$630	$29				**$12,882**
		Prof Svcs	$40,768	$27,362	$50,048	$34,819	$46,453	$55,368	$35,572	$65,663	$36,158				**$392,209**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
		Pharmacy	$18,291	$19,219	$18,252	$14,263	$14,138	$12,880	$11,749	$16,146	$13,210				**$138,149**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
	Total Claims		**$96,355**	**$56,343**	**$115,437**	**$74,534**	**$80,489**	**$107,416**	**$86,963**	**$87,482**	**$89,889**				**$794,907**
	Total Premiums		**$145,846**	**$144,459**	**$147,907**	**$147,897**	**$149,367**	**$148,962**	**$150,145**	**$150,740**	**$150,639**				**$1,335,963**
Benefit Package 121	**Employees**											**381**	**377**	**378**	**379**
	Members											**966**	**957**	**958**	**960**
	Claims	Inpatient										$16,364	$18,810	$115,230	**$150,404**
		Outpatient										$4,413	$39,993	$25,619	**$70,025**
		ER										$2,534	$2,521	$3,825	**$8,881**
		Prof Svcs										$68,361	$137,351	$141,329	**$347,040**
		Other										$0	$0	$0	**$0**
		Pharmacy										$57,507	$44,336	$63,303	**$165,146**
		Capitation										$0	$0	$0	**$0**
	Total Claims											**$149,179**	**$243,011**	**$349,307**	**$741,497**
	Total Premiums											**$364,442**	**$360,345**	**$361,669**	**$1,086,456**
Benefit Package 122	**Employees**											**290**	**294**	**293**	**292**
	Members											**773**	**782**	**782**	**779**
	Claims	Inpatient										$5,558	$12,440	$0	**$17,998**
		Outpatient										$0	$5,204	$60,452	**$65,656**
		ER										$1,178	$1,614	$4,436	**$7,228**
		Prof Svcs										$25,169	$80,788	$76,402	**$182,359**
		Other										$0	$0	$0	**$0**
		Pharmacy										$24,866	$25,632	$24,223	**$74,720**
		Capitation										$0	$0	$0	**$0**
	Total Claims											**$56,771**	**$125,678**	**$165,512**	**$347,961**
	Total Premiums											**$242,535**	**$243,278**	**$243,638**	**$729,451**
Benefit Package 123	**Employees**											**10**	**11**	**12**	**11**
	Members											**38**	**40**	**42**	**40**
	Claims	Inpatient										$0	$0	$0	**$0**
		Outpatient										$0	$0	$0	**$0**
		ER										$0	$0	$0	**$0**
		Prof Svcs										$240	$80	$295	**$614**
		Other										$0	$0	$0	**$0**
		Pharmacy										$30	$72	$0	**$102**
		Capitation										$0	$0	$0	**$0**
	Total Claims											**$270**	**$152**	**$295**	**$717**
	Total Premiums											**$8,287**	**$8,736**	**$9,146**	**$26,169**
Benefit Package 127	**Employees**												**17**	**17**	**17**
	Members												**67**	**67**	**67**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$0	$0	**$0**
		ER											$0	$25	**$25**
		Prof Svcs											$559	$2,063	**$2,622**
		Other											$0	$0	**$0**
		Pharmacy											$3,651	$2,274	**$5,925**
		Capitation											$0	$0	**$0**
	Total Claims												**$4,210**	**$4,362**	**$8,572**
	Total Premiums												**$12,907**	**$12,903**	**$25,810**

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Benefit Package	Cat.	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 128	**Employees**												**211**	**210**	**211**
	Members												**825**	**824**	**825**
	Claims	Inpatient											$0	$37,355	**$37,355**
		Outpatient											$8,816	$5,236	**$14,051**
		ER											$1,902	$387	**$2,289**
		Prof Svcs											$40,078	$71,319	**$111,397**
		Other											$0	$0	**$0**
		Pharmacy											$20,646	$32,736	**$53,382**
		Capitation											$0	$0	**$0**
	Total Claims												**$71,442**	**$147,032**	**$218,474**
	Total Premiums												**$197,175**	**$197,479**	**$394,654**
Benefit Package 129	**Employees**												**636**	**640**	**638**
	Members												**1,715**	**1,721**	**1,718**
	Claims	Inpatient											$7,763	$10,365	**$18,128**
		Outpatient											$18,670	$77,325	**$95,995**
		ER											$8,459	$5,679	**$14,139**
		Prof Svcs											$80,121	$156,861	**$236,982**
		Other											$0	$0	**$0**
		Pharmacy											$59,332	$68,943	**$128,275**
		Capitation											$0	$0	**$0**
	Total Claims												**$174,345**	**$319,174**	**$493,519**
	Total Premiums												**$557,893**	**$560,425**	**$1,118,318**
Benefit Package 130	**Employees**												**430**	**434**	**432**
	Members												**1,411**	**1,417**	**1,414**
	Claims	Inpatient											$6,158	$62,896	**$69,055**
		Outpatient											$11,210	$26,628	**$37,838**
		ER											$2,377	$6,572	**$8,950**
		Prof Svcs											$61,799	$117,321	**$179,119**
		Other											$0	$0	**$0**
		Pharmacy											$31,154	$34,798	**$65,952**
		Capitation											$0	$0	**$0**
	Total Claims												**$112,698**	**$248,216**	**$360,914**
	Total Premiums												**$380,423**	**$382,402**	**$762,825**
Benefit Package 131	**Employees**												**8**	**8**	**8**
	Members												**45**	**45**	**45**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$0	$0	**$0**
		ER											$0	$0	**$0**
		Prof Svcs											$0	$1,050	**$1,050**
		Other											$0	$0	**$0**
		Pharmacy											$126	$42	**$168**
		Capitation											$0	$0	**$0**
	Total Claims												**$126**	**$1,092**	**$1,218**
	Total Premiums												**$5,610**	**$5,610**	**$11,219**
Benefit Package 132	**Employees**											**9**	**9**	**9**	**9**
	Members											**29**	**29**	**29**	**29**
	Claims	Inpatient										$0	$0	$0	**$0**
		Outpatient										$0	$0	$227	**$227**
		ER										$0	$0	$0	**$0**
		Prof Svcs										$40	$820	$50	**$911**
		Other										$0	$0	$0	**$0**
		Pharmacy										$30	$0	$0	**$30**
		Capitation										$0	$0	$0	**$0**
	Total Claims											**$70**	**$820**	**$276**	**$1,167**
	Total Premiums											**$5,002**	**$5,002**	**$5,002**	**$15,007**

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Benefit Package	Cat.	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 133	**Employees**											**164**	**169**	**170**	**168**
	Members											**466**	**480**	**482**	**476**
	Claims	Inpatient										$0	$0	$8,158	**$8,158**
		Outpatient										$0	$15,694	$16,340	**$32,034**
		ER										$6,546	$1,379	$3,951	**$11,876**
		Prof Svcs										$17,193	$35,270	$44,675	**$97,139**
		Other										$0	$0	$0	**$0**
		Pharmacy										$13,349	$21,312	$23,382	**$58,042**
		Capitation										$0	$0	$0	**$0**
	Total Claims											**$37,088**	**$73,655**	**$96,506**	**$207,249**
	Total Premiums											**$168,120**	**$174,365**	**$173,676**	**$516,161**
Benefit Package 134	**Employees**											**53**	**55**	**60**	**56**
	Members											**174**	**181**	**191**	**182**
	Claims	Inpatient										$0	$0	$0	**$0**
		Outpatient										$0	$2,874	$0	**$2,874**
		ER										$1,470	$1,494	$0	**$2,963**
		Prof Svcs										$3,182	$3,554	$5,075	**$11,811**
		Other										$0	$0	$0	**$0**
		Pharmacy										$1,078	$621	$654	**$2,353**
		Capitation										$0	$0	$0	**$0**
	Total Claims											**$5,730**	**$8,542**	**$5,729**	**$20,001**
	Total Premiums											**$34,110**	**$41,122**	**$39,922**	**$115,154**
Benefit Package 135	**Employees**											**239**	**220**	**243**	**234**
	Members											**715**	**678**	**763**	**719**
	Claims	Inpatient										$0	$76,472	$18,170	**$94,642**
		Outpatient										$0	$0	$2,247	**$2,247**
		ER										$798	$1,348	$2,301	**$4,447**
		Prof Svcs										$5,628	$38,411	$26,270	**$70,310**
		Other										$0	$0	$0	**$0**
		Pharmacy										$17,893	$18,142	$19,389	**$55,423**
		Capitation										$0	$0	$0	**$0**
	Total Claims											**$24,319**	**$134,372**	**$68,377**	**$227,068**
	Total Premiums											**$194,657**	**$160,904**	**$185,603**	**$541,164**
Benefit Package 136	**Employees**											**28**	**26**	**27**	**27**
	Members											**71**	**67**	**69**	**69**
	Claims	Inpatient										$0	$0	$0	**$0**
		Outpatient										$0	$0	$0	**$0**
		ER										$0	$0	$0	**$0**
		Prof Svcs										$1,157	$2,620	$2,447	**$6,224**
		Other										$0	$0	$0	**$0**
		Pharmacy										$722	$2,046	$1,393	**$4,160**
		Capitation										$0	$0	$0	**$0**
	Total Claims											**$1,878**	**$4,666**	**$3,840**	**$10,384**
	Total Premiums											**$20,020**	**$18,846**	**$18,877**	**$57,744**
Benefit Package 137	**Employees**											**116**	**120**	**119**	**118**
	Members											**455**	**478**	**470**	**468**
	Claims	Inpatient										$0	$0	$0	**$0**
		Outpatient										$0	$0	$0	**$0**
		ER										$0	$0	$0	**$0**
		Prof Svcs										$913	$2,767	$3,087	**$6,766**
		Other										$0	$0	$0	**$0**
		Pharmacy										$2,446	$695	$638	**$3,778**
		Capitation										$0	$0	$0	**$0**
	Total Claims											**$3,358**	**$3,462**	**$3,724**	**$10,545**
	Total Premiums											**$79,947**	**$82,361**	**$81,731**	**$244,038**

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Benefit Package	Cat.	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 138	**Employees**											**6**	**6**	**6**	**6**
	Members											**23**	**23**	**23**	**23**
	Claims	Inpatient										$0	$0	$0	**$0**
		Outpatient										$0	$0	$0	**$0**
		ER										$0	$0	$0	**$0**
		Prof Svcs										$0	$109	$641	**$750**
		Other										$0	$0	$0	**$0**
		Pharmacy										$25	$0	$0	**$25**
		Capitation										$0	$0	$0	**$0**
	Total Claims											**$25**	**$109**	**$641**	**$775**
	Total Premiums											**$4,260**	**$4,260**	**$4,260**	**$12,781**
Grand Total	**Employees**		**105,182**	**105,162**	**105,211**	**105,111**	**105,027**	**104,988**	**104,824**	**104,477**	**104,217**	**102,762**	**102,830**	**103,384**	**104,431**
	Members		**214,261**	**214,018**	**213,987**	**212,106**	**211,890**	**211,753**	**211,351**	**210,741**	**210,143**	**207,343**	**207,032**	**208,013**	**211,053**
	Claims	Inpatient	$14,989,813	$13,260,856	$18,585,809	$18,287,206	$17,893,731	$22,446,008	$22,291,948	$17,371,981	$16,049,476	$17,646,399	$15,040,931	$16,129,604	**$209,993,763**
		Outpatient	$12,950,362	$12,771,562	$14,515,731	$14,516,696	$14,259,029	$14,810,372	$15,875,419	$17,662,561	$14,108,362	$13,540,069	$14,648,290	$14,215,715	**$173,874,169**
		ER	$2,348,897	$2,905,421	$2,995,977	$2,717,547	$2,647,938	$2,706,054	$2,949,822	$2,964,854	$2,745,847	$2,543,695	$2,452,064	$2,440,503	**$32,418,619**
		Prof Svcs	$23,699,769	$25,133,482	$28,336,071	$27,187,803	$27,984,580	$29,064,148	$30,947,893	$34,266,219	$24,392,089	$26,091,127	$24,957,671	$24,418,526	**$326,479,379**
		Other	$3,630,550	$4,144,495	$4,582,583	$3,935,033	$4,142,606	$4,180,893	$4,367,853	$4,934,853	$3,780,440	$4,480,954	$3,907,076	$3,818,506	**$49,905,841**
		Pharmacy	$13,012,003	$13,157,764	$13,734,638	$12,932,017	$13,665,371	$13,265,306	$13,418,716	$14,136,772	$12,665,324	$13,161,592	$12,599,703	$12,579,411	**$158,328,615**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$70,631,394**	**$71,373,580**	**$82,750,809**	**$79,576,303**	**$80,593,256**	**$86,472,781**	**$89,851,651**	**$91,337,241**	**$73,741,538**	**$77,463,836**	**$73,605,734**	**$73,602,264**	**$951,000,386**
	Total Premiums		**$87,911,172**	**$87,775,852**	**$87,308,914**	**$87,443,904**	**$87,475,924**	**$86,991,329**	**$87,050,312**	**$86,448,809**	**$87,025,971**	**$85,294,373**	**$84,634,325**	**$85,218,163**	**$1,040,579,047**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9g

Experience Reports by Benefit Package — Per Employee Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 001	**Employees**		**86**	**86**	**86**	**86**	**86**	**86**	**87**	**88**	**87**				**86**
	Members		**172**	**172**	**172**	**172**	**168**	**168**	**176**	**176**	**175**				**172**
	Claims	Inpatient	$0.00	$0.00	$221.85	$0.00	$0.00	$154.05	$80.00	$0.00	$236.84				**$173.18**
		Outpatient	$274.22	$379.90	$489.37	$336.47	$681.26	$223.06	$279.78	$131.67	$368.95				**$351.63**
		ER	$30.89	$46.39	$0.00	$37.48	$67.50	$88.68	$9.12	$6.89	$53.16				**$42.51**
		Prof Svcs	$124.68	$62.94	$124.94	$115.80	$167.53	$139.88	$101.28	$100.74	$144.76				**$120.28**
		Other	$33.64	$42.49	$30.22	$41.46	$56.56	$43.51	$35.09	$36.96	$36.00				**$39.55**
		Pharmacy	$82.55	$69.92	$100.66	$89.12	$144.93	$157.41	$51.34	$77.20	$46.77				**$91.10**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$545.98**	**$601.64**	**$967.05**	**$620.33**	**$1,117.77**	**$806.59**	**$556.61**	**$353.46**	**$886.47**				**$717.32**
	Total Premiums		**$925.33**	**$925.33**	**$925.33**	**$925.33**	**$903.81**	**$903.81**	**$935.97**	**$925.33**	**$930.65**				**$922.32**
Benefit Package 002	**Employees**		**71**	**71**	**71**	**70**	**69**	**69**	**65**	**70**	**70**				**70**
	Members		**136**	**136**	**136**	**132**	**127**	**127**	**125**	**133**	**135**				**132**
	Claims	Inpatient	$327.49	$0.00	$0.00	$499.78	$0.00	$138.68	$148.44	$0.00	$0.00				**$278.60**
		Outpatient	$49.14	$29.96	$332.96	$51.64	$180.35	$62.49	$121.46	$149.22	$149.73				**$125.22**
		ER	$0.00	$48.94	$3.45	$33.70	$2.99	$60.65	$0.00	$0.00	$33.73				**$30.58**
		Prof Svcs	$84.40	$120.14	$125.64	$197.74	$146.61	$125.47	$52.70	$121.88	$59.04				**$114.85**
		Other	$31.85	$22.43	$38.39	$48.69	$39.59	$23.94	$9.11	$11.64	$22.14				**$27.53**
		Pharmacy	$116.96	$121.52	$107.04	$117.70	$73.16	$151.04	$95.28	$112.53	$78.90				**$108.24**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$609.84**	**$343.00**	**$607.48**	**$949.25**	**$442.70**	**$562.27**	**$426.99**	**$395.27**	**$343.54**				**$520.04**
	Total Premiums		**$820.46**	**$820.46**	**$820.46**	**$807.71**	**$788.38**	**$788.38**	**$823.71**	**$813.83**	**$826.07**				**$812.16**
Benefit Package 003	**Employees**		**198**	**197**	**196**	**196**	**194**	**192**	**200**	**204**	**204**	**161**	**160**	**161**	**189**
	Members		**348**	**345**	**340**	**340**	**337**	**335**	**354**	**359**	**357**	**273**	**270**	**272**	**328**
	Claims	Inpatient	$62.51	$0.00	$1,366.82	$367.86	$0.32	$878.69	$419.87	$249.24	$961.84	$525.76	$154.81	$0.00	**$498.77**
		Outpatient	$175.76	$227.06	$200.95	$407.30	$793.11	$782.03	$342.92	$390.99	$556.48	$511.97	$368.61	$629.63	**$448.90**
		ER	$50.22	$9.56	$8.90	$29.88	$13.41	$91.27	$44.88	$18.23	$23.50	$34.01	$50.62	$0.00	**$34.04**
		Prof Svcs	$195.77	$153.18	$241.10	$275.65	$293.39	$326.47	$246.11	$168.28	$278.31	$264.54	$211.78	$158.97	**$234.46**
		Other	$56.13	$69.87	$53.75	$55.53	$68.42	$48.00	$69.69	$73.63	$67.49	$61.51	$48.39	$55.56	**$60.67**
		Pharmacy	$144.70	$170.89	$225.77	$188.60	$197.14	$212.47	$160.66	$162.36	$139.76	$181.10	$134.69	$244.07	**$180.18**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$685.09**	**$630.56**	**$2,097.29**	**$1,324.81**	**$1,365.79**	**$2,338.92**	**$1,284.13**	**$1,062.73**	**$2,027.38**	**$1,578.89**	**$968.89**	**$1,088.23**	**$1,371.06**
	Total Premiums		**$924.96**	**$921.64**	**$912.91**	**$912.91**	**$914.19**	**$918.23**	**$931.49**	**$926.13**	**$920.97**	**$892.37**	**$888.08**	**$889.10**	**$912.75**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9g

Experience Reports by Benefit Package — Per Employee Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 004	**Employees**											**80**	**80**	**80**	**80**
	Members											**156**	**156**	**156**	**156**
	Claims	Inpatient										$0.00	$0.00	$0.00	**$0.00**
		Outpatient										$523.06	$506.32	$469.74	**$499.71**
		ER										$0.00	$0.00	$54.49	**$54.49**
		Prof Svcs										$121.19	$129.26	$113.37	**$121.27**
		Other										$48.49	$21.32	$60.75	**$43.52**
		Pharmacy										$61.05	$179.55	$124.08	**$121.56**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$753.80**	**$836.44**	**$822.42**	**$804.22**
	Total Premiums											**$975.18**	**$975.18**	**$975.18**	**$975.18**
Benefit Package 005	**Employees**											**77**	**77**	**76**	**77**
	Members											**153**	**153**	**153**	**153**
	Claims	Inpatient										$201.45	$12.88	$0.00	**$107.16**
		Outpatient										$82.30	$48.54	$85.89	**$72.24**
		ER										$50.06	$36.02	$55.61	**$47.23**
		Prof Svcs										$185.64	$77.02	$118.50	**$127.05**
		Other										$25.74	$21.06	$23.10	**$23.30**
		Pharmacy										$129.73	$146.52	$103.72	**$126.66**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$674.91**	**$342.04**	**$386.82**	**$467.92**
	Total Premiums											**$993.69**	**$993.69**	**$1,006.76**	**$998.04**
Benefit Package 006	**Employees**											**8**	**9**	**9**	**9**
	Members											**18**	**24**	**23**	**22**
	Claims	Inpatient										$0.00	$0.00	$0.00	**$0.00**
		Outpatient										$46.19	$70.06	$26.74	**$47.66**
		ER										$0.00	$0.00	$607.16	**$607.16**
		Prof Svcs										$0.00	$14.14	$171.07	**$92.61**
		Other										$0.00	$3.23	$3.23	**$3.23**
		Pharmacy										$18.00	$9.89	$15.89	**$14.59**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$64.19**	**$97.32**	**$824.09**	**$328.53**
	Total Premiums											**$951.32**	**$1,127.49**	**$1,080.51**	**$1,053.11**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9g

Experience Reports by Benefit Package — Per Employee Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 007	**Employees**		**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**
	Members		**19**	**19**	**19**	**19**	**19**	**19**	**19**	**19**	**19**	**19**	**19**	**19**	**19**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$37.91	$7.87	$5.44	$0.00	$266.05	$69.92	$107.82	$13.62	$63.47	**$71.51**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs	$0.00	$47.73	$12.93	$33.63	$26.86	$28.62	$0.00	$265.05	$50.53	$86.33	$0.00	$0.00	**$68.96**
		Other	$71.82	$22.86	$40.06	$45.13	$82.97	$39.43	$0.00	$0.00	$0.00	$55.84	$69.09	$22.46	**$49.96**
		Pharmacy	$0.00	$38.00	$0.00	$0.00	$29.43	$0.71	$0.00	$0.00	$0.00	$14.00	$5.57	$5.14	**$15.48**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$71.82**	**$108.59**	**$52.99**	**$116.66**	**$147.13**	**$74.20**	**$0.00**	**$531.10**	**$120.45**	**$263.99**	**$88.28**	**$91.07**	**$151.48**
	Total Premiums		**$925.76**	**$925.76**	**$925.76**	**$925.76**	**$925.76**	**$925.76**	**$925.76**	**$925.76**	**$925.76**	**$925.76**	**$925.76**	**$925.76**	**$925.76**
Benefit Package 009	**Employees**		**62**	**63**	**63**	**64**	**64**	**63**	**61**	**59**	**60**	**57**	**56**	**56**	**61**
	Members		**123**	**126**	**124**	**126**	**126**	**122**	**117**	**108**	**108**	**106**	**109**	**109**	**117**
	Claims	Inpatient	$400.59	$407.56	$39.70	$0.00	$8.76	$89.91	$116.62	$0.00	$64.34	$47.10	$0.00	$0.00	**$146.82**
		Outpatient	$33.63	$115.20	$489.32	$341.68	$103.46	$37.77	$550.14	$221.01	$153.77	$78.54	$91.49	$169.33	**$198.78**
		ER	$0.00	$34.93	$0.00	$0.00	$20.38	$87.72	$120.90	$0.00	$23.28	$0.00	$21.46	$0.00	**$51.44**
		Prof Svcs	$151.32	$184.44	$186.29	$158.75	$117.32	$67.91	$154.19	$213.67	$185.48	$119.20	$65.12	$84.73	**$140.70**
		Other	$99.45	$122.42	$197.49	$128.42	$111.99	$76.54	$241.51	$197.49	$156.07	$177.42	$193.23	$90.95	**$149.42**
		Pharmacy	$73.75	$44.10	$78.32	$75.63	$55.26	$95.62	$54.12	$53.16	$37.97	$55.69	$30.49	$41.06	**$57.93**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$758.74**	**$908.66**	**$991.11**	**$704.49**	**$417.17**	**$455.47**	**$1,237.49**	**$685.34**	**$620.91**	**$477.95**	**$401.79**	**$386.07**	**$670.43**
	Total Premiums		**$998.25**	**$982.40**	**$988.20**	**$981.97**	**$987.58**	**$978.94**	**$975.55**	**$946.79**	**$931.11**	**$957.76**	**$941.89**	**$941.89**	**$967.69**
Benefit Package 010	**Employees**		**283**	**282**	**282**	**282**	**282**	**284**	**282**	**279**	**278**	**255**	**260**	**262**	**276**
	Members		**461**	**463**	**462**	**462**	**461**	**465**	**463**	**455**	**452**	**427**	**423**	**425**	**452**
	Claims	Inpatient	$56.03	$133.33	$64.49	$0.00	$1.08	$139.79	$206.96	$306.37	$276.68	$127.83	$0.00	$100.71	**$141.33**
		Outpatient	$69.45	$110.68	$158.86	$92.77	$277.36	$59.33	$104.18	$150.92	$65.23	$131.42	$105.97	$132.51	**$121.56**
		ER	$8.18	($26.95)	$75.40	$48.97	$21.26	$48.90	$57.33	$13.12	$50.30	$49.17	$9.92	$53.87	**$37.23**
		Prof Svcs	$150.24	$201.49	$203.39	$150.55	$184.55	$222.97	$222.90	$220.25	$184.53	$171.48	$163.66	$238.21	**$192.85**
		Other	$124.13	$252.39	$241.33	$138.97	$166.28	$199.54	$172.66	$272.05	$191.46	$264.80	$179.65	$155.48	**$196.56**
		Pharmacy	$34.51	$55.02	$52.89	$31.42	$51.65	$65.82	$42.42	$57.90	$32.16	$49.79	$65.71	$61.73	**$50.09**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$442.55**	**$725.97**	**$796.36**	**$462.68**	**$702.19**	**$736.36**	**$806.46**	**$1,020.60**	**$800.36**	**$794.49**	**$524.91**	**$742.51**	**$712.95**
	Total Premiums		**$932.30**	**$931.76**	**$930.31**	**$930.31**	**$928.31**	**$924.14**	**$932.31**	**$918.51**	**$922.92**	**$941.59**	**$934.07**	**$934.63**	**$930.10**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9g

Experience Reports by Benefit Package — Per Employee Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 011	**Employees**		**85**	**86**	**86**	**84**	**84**	**84**	**85**	**85**	**84**	**82**	**90**	**90**	**85**
	Members		**238**	**239**	**239**	**236**	**233**	**232**	**233**	**233**	**237**	**231**	**237**	**237**	**235**
	Claims	Inpatient	$0.00	$0.00	$0.00	$27.36	$14.97	$0.00	$0.00	$389.38	$21.04	$119.06	($15.36)	$164.92	**$120.23**
		Outpatient	$122.31	$72.99	$154.45	$54.32	$17.56	$44.44	$94.81	$50.38	$99.72	$350.86	$2.64	$107.68	**$97.68**
		ER	$0.00	$51.26	$8.47	$0.00	$0.00	$91.28	$0.00	$0.00	$0.00	$21.20	$34.10	$8.37	**$35.78**
		Prof Svcs	$47.22	$90.77	$138.50	$65.02	$83.81	$111.51	$86.52	$159.82	$101.51	$115.49	$71.18	$192.42	**$105.32**
		Other	$41.24	$62.73	$135.81	$229.69	$358.37	$215.15	$79.61	$144.46	$79.79	$65.22	$47.60	$69.36	**$127.42**
		Pharmacy	$17.26	$21.68	$29.64	$23.41	$16.92	$27.28	$18.09	$36.91	$16.18	$22.56	$15.97	$36.69	**$23.55**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$228.05**	**$299.43**	**$466.86**	**$399.80**	**$491.62**	**$489.67**	**$279.03**	**$780.95**	**$318.24**	**$694.39**	**$156.13**	**$579.44**	**$431.97**
	Total Premiums		**$906.60**	**$901.45**	**$901.45**	**$906.43**	**$901.81**	**$906.86**	**$901.64**	**$901.64**	**$905.56**	**$916.82**	**$871.38**	**$871.38**	**$899.42**
Benefit Package 012	**Employees**											**107**	**126**	**128**	**120**
	Members											**205**	**246**	**248**	**233**
	Claims	Inpatient										$51.70	$0.00	$0.00	**$51.70**
		Outpatient										$8.38	$76.19	$49.88	**$44.82**
		ER										$1.41	$92.91	$11.41	**$35.24**
		Prof Svcs										$11.74	$18.49	$21.21	**$17.15**
		Other										$433.59	$384.20	$321.88	**$379.89**
		Pharmacy										$21.68	$43.98	$53.07	**$39.58**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$528.51**	**$615.76**	**$457.46**	**$533.91**
	Total Premiums											**$635.46**	**$675.22**	**$668.01**	**$659.56**
Benefit Package 013	**Employees**		**142**	**142**	**142**	**143**	**143**	**143**	**144**	**144**	**143**	**134**	**136**	**136**	**141**
	Members		**387**	**388**	**391**	**391**	**390**	**392**	**394**	**396**	**397**	**355**	**359**	**359**	**383**
	Claims	Inpatient	$457.53	$0.00	$100.74	$0.00	$0.00	$250.51	$277.95	$107.76	$0.00	$320.60	$148.41	$134.35	**$224.73**
		Outpatient	$104.65	$52.88	$58.61	$2.85	$44.18	$6.28	$0.00	$46.14	$50.54	$107.87	$77.21	$32.86	**$53.10**
		ER	$6.72	$20.31	$15.72	$14.67	$7.28	$3.51	$27.38	$19.13	$0.00	$43.78	$57.41	$13.91	**$20.89**
		Prof Svcs	$77.95	$11.42	$34.60	$0.00	$18.39	$96.50	$48.37	$61.32	$8.19	$97.02	$46.92	$62.75	**$51.22**
		Other	$388.97	$339.22	$374.53	$373.54	$350.76	$379.17	$540.07	$603.67	$276.93	$506.72	$446.33	$400.60	**$415.04**
		Pharmacy	$140.41	$126.68	$142.19	$200.97	$128.59	$151.15	$106.90	$100.31	$102.53	$98.46	$128.14	$64.02	**$124.20**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$1,176.23**	**$550.51**	**$726.40**	**$592.03**	**$549.19**	**$887.11**	**$1,000.67**	**$938.33**	**$438.19**	**$1,174.46**	**$904.43**	**$708.49**	**$803.84**
	Total Premiums		**$955.80**	**$955.04**	**$963.27**	**$958.24**	**$964.50**	**$957.18**	**$953.64**	**$965.78**	**$968.33**	**$1,084.70**	**$883.96**	**$961.83**	**$964.36**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9g

Experience Reports by Benefit Package — Per Employee Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 014	**Employees**											**215**	**219**	**228**	**221**
	Members											**319**	**320**	**331**	**323**
	Claims	Inpatient										$96.01	$0.00	$117.53	**$106.77**
		Outpatient										$20.84	$27.02	$16.76	**$21.54**
		ER										$37.08	$0.57	$3.80	**$13.82**
		Prof Svcs										$56.52	$20.73	$37.74	**$38.33**
		Other										$350.49	$218.80	$243.14	**$270.81**
		Pharmacy										$90.64	$60.05	$64.95	**$71.88**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$651.59**	**$327.17**	**$483.92**	**$487.56**
	Total Premiums											**$839.17**	**$459.10**	**$570.51**	**$622.93**
Benefit Package 015	**Employees**		**220**	**223**	**226**	**227**	**224**	**221**	**222**	**209**	**198**				**219**
	Members		**385**	**388**	**392**	**397**	**393**	**389**	**385**	**366**	**351**				**383**
	Claims	Inpatient	$0.00	$63.69	$179.41	$0.00	$0.00	$0.00	$91.28	$110.46	$0.00				**$111.21**
		Outpatient	$74.47	$4.77	$43.10	$5.98	$5.67	$18.32	$7.68	$16.82	$4.00				**$20.09**
		ER	$2.89	$11.24	$10.50	$47.65	$2.45	$20.80	$17.71	$13.47	$14.66				**$15.71**
		Prof Svcs	$14.41	$19.28	$29.93	$2.23	$6.01	$15.96	$22.67	$20.75	$0.51				**$14.64**
		Other	$300.52	$333.99	$375.27	$284.46	$218.07	$224.61	$256.46	$319.39	$248.92				**$284.63**
		Pharmacy	$38.02	$52.09	$62.63	$45.48	$42.85	$30.27	$32.69	$40.40	$30.97				**$41.71**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$430.31**	**$485.07**	**$700.84**	**$385.80**	**$275.04**	**$309.96**	**$428.49**	**$521.30**	**$299.07**				**$426.21**
	Total Premiums		**$686.39**	**$696.13**	**$688.24**	**$692.28**	**$694.39**	**$702.37**	**$672.10**	**$724.83**	**$764.57**				**$702.37**
Benefit Package 016	**Employees**											**163**	**163**	**160**	**162**
	Members											**275**	**274**	**270**	**273**
	Claims	Inpatient										$0.00	$87.50	$0.00	**$87.50**
		Outpatient										$9.11	$15.97	$78.12	**$34.40**
		ER										$13.25	$94.24	$39.68	**$49.06**
		Prof Svcs										$3.92	$24.37	$40.38	**$22.89**
		Other										$262.93	$304.24	$335.36	**$300.84**
		Pharmacy										$132.92	$82.52	$101.28	**$105.57**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$422.13**	**$608.85**	**$594.82**	**$541.93**
	Total Premiums											**$844.46**	**$732.24**	**$728.85**	**$768.52**

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K–12 School District Data Collection Project

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Experience Reports by Benefit Package — Per Employee Per Month

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Benefit Package	Cat.	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 017	**Employees**		**4,483**	**4,513**	**4,544**	**4,555**	**4,577**	**4,588**	**4,592**	**4,583**	**4,583**	**6,214**	**6,368**	**6,467**	**5,006**
	Members		**10,802**	**10,838**	**10,900**	**10,776**	**10,862**	**10,871**	**10,893**	**10,906**	**10,899**	**15,177**	**15,540**	**15,727**	**12,016**
	Claims	Inpatient	$42.26	$56.41	$68.25	$94.94	$171.16	$155.15	$497.62	$130.94	$133.80	$73.86	$92.00	$94.45	**$134.24**
		Outpatient	$55.49	$70.33	$74.06	$93.22	$81.41	$79.73	$107.92	$117.07	$93.07	$94.98	$102.13	$96.18	**$88.80**
		ER	$14.32	$17.82	$26.90	$24.08	$23.59	$25.39	$22.65	$20.63	$15.49	$19.87	$13.35	$19.90	**$20.33**
		Prof Svcs	$207.03	$205.30	$225.89	$219.54	$253.59	$248.72	$261.34	$287.10	$209.97	$246.37	$213.30	$209.80	**$232.33**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$48.23	$44.21	$53.59	$49.98	$57.06	$55.58	$50.97	$69.79	$52.43	$53.88	$51.84	$55.89	**$53.62**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$367.33**	**$394.08**	**$448.68**	**$481.77**	**$586.82**	**$564.57**	**$940.51**	**$625.53**	**$504.76**	**$488.96**	**$472.63**	**$476.23**	**$529.32**
	Total Premiums		**$641.22**	**$640.26**	**$639.83**	**$634.75**	**$635.82**	**$634.66**	**$634.67**	**$635.29**	**$635.33**	**$634.85**	**$633.84**	**$632.11**	**$636.05**
Benefit Package 018	**Employees**		**2,514**	**2,529**	**2,547**	**2,546**	**2,542**	**2,544**	**2,541**	**2,538**	**2,538**	**3,146**	**3,228**	**3,266**	**2,707**
	Members		**6,412**	**6,431**	**6,461**	**6,349**	**6,348**	**6,364**	**6,355**	**6,358**	**6,360**	**7,942**	**8,126**	**8,210**	**6,810**
	Claims	Inpatient	$142.68	$83.50	$121.42	$110.38	$265.35	$138.94	$191.55	$90.21	$66.75	$96.34	$117.18	$119.65	**$128.66**
		Outpatient	$84.63	$108.12	$105.67	$94.25	$118.95	$127.29	$114.03	$127.60	$127.28	$104.24	$126.13	$132.80	**$114.25**
		ER	$21.54	$17.11	$21.64	$16.22	$25.82	$10.94	$28.71	$16.94	$21.92	$17.58	$16.02	$21.01	**$19.62**
		Prof Svcs	$180.05	$180.68	$229.14	$177.49	$229.13	$199.27	$212.67	$226.17	$180.10	$210.70	$176.51	$185.89	**$198.98**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$68.27	$72.87	$88.59	$78.55	$84.87	$83.30	$84.46	$104.44	$83.38	$86.56	$85.70	$93.80	**$84.57**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$497.18**	**$462.27**	**$566.46**	**$476.89**	**$724.12**	**$559.74**	**$631.42**	**$565.36**	**$479.43**	**$515.43**	**$521.55**	**$553.16**	**$546.08**
	Total Premiums		**$676.53**	**$674.79**	**$673.36**	**$668.51**	**$667.84**	**$668.23**	**$667.88**	**$668.63**	**$668.68**	**$664.36**	**$662.51**	**$661.65**	**$668.58**
Benefit Package 019	**Employees**		**1,268**	**1,279**	**1,282**	**1,290**	**1,298**	**1,310**	**1,307**	**1,297**	**1,298**	**1,451**	**1,478**	**1,488**	**1,337**
	Members		**3,081**	**3,097**	**3,099**	**3,062**	**3,068**	**3,108**	**3,101**	**3,070**	**3,081**	**3,559**	**3,609**	**3,623**	**3,213**
	Claims	Inpatient	$28.75	$10.25	$37.77	$66.64	$69.17	$118.58	$209.24	$85.06	$133.82	$139.95	$155.85	$102.53	**$96.47**
		Outpatient	$86.01	$85.17	$104.15	$104.73	$142.00	$79.10	$82.95	$127.12	$81.75	$53.19	$69.32	$100.95	**$93.04**
		ER	$20.55	$26.75	$15.40	$11.40	$11.23	$18.88	$31.39	$9.08	$32.23	$14.50	$18.30	$11.70	**$18.45**
		Prof Svcs	$176.35	$169.96	$186.42	$166.72	$195.33	$165.90	$210.21	$237.97	$148.71	$202.54	$174.24	$182.09	**$184.70**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$59.76	$65.92	$70.02	$64.75	$70.72	$65.97	$66.81	$74.95	$71.25	$72.07	$65.25	$65.80	**$67.77**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$371.41**	**$358.05**	**$413.75**	**$414.24**	**$488.44**	**$448.44**	**$600.60**	**$534.18**	**$467.76**	**$482.26**	**$482.97**	**$463.07**	**$460.43**
	Total Premiums		**$631.47**	**$629.45**	**$628.53**	**$621.27**	**$619.37**	**$620.33**	**$620.62**	**$619.76**	**$620.54**	**$628.39**	**$626.21**	**$625.29**	**$624.27**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9g

Experience Reports by Benefit Package — Per Employee Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 020	**Employees**		**197**	**195**	**197**	**196**	**197**	**196**	**191**	**185**	**160**	**109**	**103**	**104**	**169**
	Members		**285**	**281**	**287**	**287**	**288**	**284**	**278**	**268**	**235**	**156**	**143**	**142**	**245**
	Claims	Inpatient	$98.30	$149.44	$0.00	$108.29	$167.86	$89.96	$0.00	$328.22	$171.98	$0.00	$97.20	$0.00	**$151.40**
		Outpatient	$24.30	$160.54	$90.61	$42.05	$132.82	$458.62	$35.78	$185.36	$75.39	$146.98	$63.12	$3.46	**$118.25**
		ER	$25.75	$70.79	$37.71	$14.02	$59.42	$69.85	$0.00	$19.88	$13.70	$23.28	$67.02	$78.37	**$43.62**
		Prof Svcs	$91.35	$224.75	$233.16	$171.63	$223.35	$282.35	$160.94	$232.58	$202.22	$173.19	$196.81	$309.24	**$208.47**
		Other	$86.38	$253.57	$200.55	$135.54	$177.92	$190.62	$141.76	$137.75	$111.51	$289.41	$181.99	$159.77	**$172.23**
		Pharmacy	$49.92	$61.86	$59.95	$42.20	$47.53	$71.78	$52.69	$74.78	$110.20	$56.58	$71.98	$122.19	**$68.47**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$376.00**	**$920.94**	**$621.98**	**$513.74**	**$808.91**	**$1,163.17**	**$391.16**	**$978.56**	**$685.01**	**$689.45**	**$678.11**	**$673.03**	**$708.34**
	Total Premiums		**$723.52**	**$720.58**	**$726.09**	**$723.50**	**$728.09**	**$725.64**	**$726.45**	**$726.30**	**$734.83**	**$811.27**	**$788.46**	**$784.26**	**$743.25**
Benefit Package 022	**Employees**		**552**	**553**	**554**	**553**	**551**	**548**	**545**	**546**	**549**				**550**
	Members		**1,250**	**1,254**	**1,252**	**1,251**	**1,239**	**1,232**	**1,225**	**1,229**	**1,233**				**1,241**
	Claims	Inpatient	$199.25	$213.31	$43.93	$66.10	$285.01	$112.12	$335.84	$544.31	$160.38				**$217.81**
		Outpatient	$114.29	$96.59	$157.65	$90.77	$54.63	$103.59	$94.96	$37.87	$81.05				**$92.38**
		ER	$27.26	$23.96	$30.84	$14.66	$40.35	$54.20	$17.01	$7.25	$6.44				**$24.66**
		Prof Svcs	$115.16	$258.06	$215.30	$170.76	$239.73	$271.55	$229.03	$277.84	$167.48				**$216.10**
		Other	$74.22	$167.75	$199.98	$111.57	$165.37	$174.46	$156.15	$200.87	$188.46				**$159.87**
		Pharmacy	$84.55	$96.73	$109.86	$78.66	$86.71	$97.78	$89.39	$106.77	$73.95				**$91.60**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$614.73**	**$856.41**	**$757.57**	**$532.51**	**$871.80**	**$813.71**	**$922.39**	**$1,174.92**	**$677.78**				**$802.42**
	Total Premiums		**$871.79**	**$869.42**	**$866.90**	**$862.73**	**$862.02**	**$864.11**	**$868.66**	**$865.99**	**$865.16**				**$866.31**
Benefit Package 023	**Employees**											**535**	**523**	**521**	**526**
	Members											**1,169**	**1,140**	**1,135**	**1,148**
	Claims	Inpatient										$77.35	$66.47	$353.60	**$165.80**
		Outpatient										$88.23	$68.64	$106.59	**$87.82**
		ER										$21.02	$30.54	$19.79	**$23.78**
		Prof Svcs										$209.17	$183.26	$272.70	**$221.71**
		Other										$180.47	$213.34	$147.54	**$180.45**
		Pharmacy										$82.12	$111.83	$117.45	**$103.80**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$658.37**	**$674.08**	**$1,017.66**	**$783.37**
	Total Premiums											**$913.80**	**$912.09**	**$911.20**	**$912.36**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9g

Experience Reports by Benefit Package — Per Employee Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 025	**Employees**											**541**	**575**	**579**	**565**
	Members											**1,569**	**1,657**	**1,673**	**1,633**
	Claims	Inpatient										$63.93	$0.00	$55.40	**$59.66**
		Outpatient										$23.95	$29.88	$23.88	**$25.90**
		ER										$3.14	$3.73	$0.56	**$2.48**
		Prof Svcs										$61.19	$60.55	$67.87	**$63.20**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$18.12	$9.41	$27.57	**$18.37**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$170.34**	**$103.57**	**$175.28**	**$149.73**
	Total Premiums											**$589.22**	**$586.29**	**$585.98**	**$587.16**
Benefit Package 026	**Employees**		**305**	**304**	**303**	**300**	**298**	**298**	**297**	**296**	**296**				**300**
	Members		**734**	**728**	**720**	**711**	**706**	**706**	**703**	**701**	**701**				**712**
	Claims	Inpatient	$262.74	$107.89	$145.75	$51.81	$206.12	$180.09	$365.15	$160.54	$128.66				**$178.75**
		Outpatient	$20.06	$26.58	$39.66	$164.12	$45.06	$32.51	$74.26	$33.13	$23.90				**$51.03**
		ER	$23.48	$14.75	$21.71	$19.12	$22.07	$23.01	$12.59	$35.83	$38.57				**$23.46**
		Prof Svcs	$79.52	$50.71	$69.92	$86.59	$56.89	$115.20	$96.24	$128.59	$11.45				**$77.24**
		Other	$376.37	$412.96	$369.32	$429.99	$384.43	$365.85	$449.64	$478.08	$328.99				**$399.51**
		Pharmacy	$84.37	$86.69	$72.15	$91.26	$76.81	$91.96	$99.68	$75.45	$64.73				**$82.57**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$846.53**	**$699.58**	**$718.51**	**$842.88**	**$791.38**	**$808.63**	**$1,097.56**	**$911.62**	**$596.30**				**$812.56**
	Total Premiums		**$890.01**	**$900.84**	**$907.38**	**$903.10**	**$903.94**	**$901.80**	**$900.00**	**$900.98**	**$901.13**				**$901.02**
Benefit Package 027	**Employees**											**136**	**136**	**136**	**136**
	Members											**254**	**254**	**254**	**254**
	Claims	Inpatient										$69.32	$224.32	$431.86	**$241.83**
		Outpatient										$15.16	$68.90	$116.91	**$66.99**
		ER										$31.97	$10.29	$0.00	**$21.13**
		Prof Svcs										$14.64	$31.89	$49.52	**$32.02**
		Other										$307.74	$338.00	$342.93	**$329.56**
		Pharmacy										$28.24	$37.91	$62.45	**$42.87**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$467.07**	**$711.31**	**$1,003.67**	**$727.35**
	Total Premiums											**$918.97**	**$901.58**	**$898.99**	**$906.51**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9g

Experience Reports by Benefit Package — Per Employee Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PEPM Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 028	**Employees**		**158**	**157**	**154**	**155**	**155**	**156**	**157**	**156**	**155**				**156**
	Members		**300**	**297**	**292**	**293**	**292**	**292**	**294**	**290**	**287**				**293**
	Claims	Inpatient	$0.00	$111.32	$519.96	$232.86	$112.18	$1,060.55	$0.00	$65.38	$371.42				**$353.38**
		Outpatient	$81.06	$26.89	$0.00	$2.90	$58.34	$268.88	$78.47	$49.31	$32.49				**$74.79**
		ER	$11.87	$36.58	$20.37	$82.64	$42.44	$83.80	$0.00	$55.64	$51.04				**$48.05**
		Prof Svcs	$257.95	$203.21	$151.75	$82.42	$63.86	$155.24	$13.78	$4.44	$60.15				**$110.31**
		Other	$304.76	$332.56	$321.45	$346.88	$323.72	$504.59	$285.64	$369.38	$302.07				**$343.45**
		Pharmacy	$105.39	$107.71	$116.48	$95.35	$60.03	$43.78	$64.22	$40.37	$65.66				**$77.67**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$761.04**	**$818.26**	**$1,130.01**	**$843.07**	**$660.58**	**$2,116.85**	**$442.11**	**$584.52**	**$882.83**				**$915.47**
	Total Premiums		**$827.28**	**$808.93**	**$826.77**	**$809.82**	**$830.59**	**$817.64**	**$810.76**	**$823.01**	**$814.44**				**$818.81**
Benefit Package 029	**Employees**		**510**	**512**	**508**	**507**	**504**	**505**	**506**	**505**	**505**	**490**	**494**	**496**	**504**
	Members		**1,198**	**1,202**	**1,190**	**1,188**	**1,181**	**1,183**	**1,182**	**1,176**	**1,171**	**1,102**	**1,108**	**1,108**	**1,166**
	Claims	Inpatient	$1,197.50	$184.08	$227.57	$269.55	$581.00	$263.48	$258.28	$39.19	$297.68	$330.03	$79.15	$420.38	**$345.66**
		Outpatient	$53.71	$66.22	$127.22	$88.95	$52.34	$58.31	$54.08	$71.99	$90.83	$59.41	$67.26	$85.01	**$72.94**
		ER	$25.70	$53.50	$60.73	$41.90	$116.03	$43.64	$20.57	$34.97	$13.08	$46.26	$56.53	$37.04	**$45.83**
		Prof Svcs	$72.36	$57.84	$110.22	$82.83	$95.46	$91.25	$86.80	$72.19	$86.00	$143.28	$72.31	$113.44	**$90.33**
		Other	$482.27	$367.68	$416.33	$433.21	$423.31	$383.73	$394.80	$393.89	$379.19	$425.68	$354.71	$405.55	**$405.03**
		Pharmacy	$86.95	$86.69	$109.23	$79.99	$95.03	$67.08	$82.39	$55.22	$65.41	$97.28	$72.67	$57.89	**$79.65**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$1,918.50**	**$816.02**	**$1,051.30**	**$996.43**	**$1,363.18**	**$907.49**	**$896.93**	**$667.45**	**$932.18**	**$1,101.95**	**$702.63**	**$1,119.31**	**$1,039.45**
	Total Premiums		**$913.47**	**$917.42**	**$923.70**	**$916.62**	**$940.01**	**$924.31**	**$919.23**	**$918.24**	**$917.30**	**$920.03**	**$915.26**	**$914.80**	**$920.03**
Benefit Package 030	**Employees**		**531**	**532**	**532**	**533**	**533**	**533**	**532**	**532**	**530**	**526**	**523**	**525**	**530**
	Members		**1,080**	**1,079**	**1,073**	**1,078**	**1,081**	**1,084**	**1,088**	**1,088**	**1,082**	**1,094**	**1,076**	**1,076**	**1,082**
	Claims	Inpatient	$159.55	$89.30	$350.57	$190.61	$316.14	$166.15	$120.74	$197.59	$110.83	$285.32	$342.46	$124.93	**$204.52**
		Outpatient	$43.40	$11.94	$40.22	$22.16	$18.16	$52.93	$30.03	$69.30	$18.57	$32.30	$41.83	$49.47	**$35.86**
		ER	$19.25	$15.65	$24.64	$27.40	$19.89	$28.42	$27.58	$28.47	$9.18	$14.93	$14.32	$12.18	**$20.16**
		Prof Svcs	$49.21	$38.92	$66.90	$64.17	$75.54	$66.20	$80.21	$70.93	$54.61	$86.59	$89.62	$61.88	**$67.06**
		Other	$316.17	$349.62	$372.75	$352.06	$378.01	$347.37	$489.35	$425.79	$327.76	$378.73	$349.54	$342.29	**$369.12**
		Pharmacy	$100.45	$97.13	$87.44	$77.73	$110.85	$89.89	$68.78	$103.00	$71.41	$81.64	$92.39	$91.00	**$89.31**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$688.03**	**$602.56**	**$942.51**	**$734.14**	**$918.59**	**$750.97**	**$816.69**	**$895.08**	**$592.36**	**$879.51**	**$930.16**	**$681.74**	**$786.03**
	Total Premiums		**$906.79**	**$909.94**	**$905.59**	**$905.48**	**$915.14**	**$912.38**	**$916.24**	**$918.43**	**$916.20**	**$1,006.45**	**$871.99**	**$927.12**	**$917.65**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9g

Experience Reports by Benefit Package — Per Employee Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 031	**Employees**		**897**	**900**	**897**	**898**	**894**	**897**	**889**	**886**	**886**	**846**	**846**	**853**	**882**
	Members		**1,848**	**1,849**	**1,838**	**1,837**	**1,835**	**1,843**	**1,817**	**1,808**	**1,808**	**1,670**	**1,672**	**1,672**	**1,791**
	Claims	Inpatient	$149.15	$304.47	$334.34	$111.19	$196.57	$250.80	$176.29	$178.60	$107.58	$201.51	$126.08	$219.78	**$196.36**
		Outpatient	$50.24	$33.46	$58.05	$29.87	$31.82	$83.84	$101.73	$67.00	$16.69	$35.06	$20.44	$17.90	**$45.51**
		ER	$36.97	$35.77	$34.70	$26.94	$24.17	$36.50	$26.79	$49.85	$19.62	$25.19	$12.15	$50.19	**$31.57**
		Prof Svcs	$49.92	$78.98	$86.81	$59.50	$78.99	$80.79	$89.17	$75.08	$26.63	$51.39	$30.95	$35.34	**$61.96**
		Other	$332.26	$335.96	$372.09	$305.01	$342.19	$379.34	$371.02	$391.05	$298.43	$383.09	$312.27	$339.98	**$346.89**
		Pharmacy	$53.14	$90.81	$79.45	$67.50	$76.30	$69.51	$85.95	$72.40	$83.66	$84.66	$69.31	$80.96	**$76.14**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$671.68**	**$879.45**	**$965.45**	**$600.01**	**$750.04**	**$900.78**	**$850.95**	**$833.99**	**$552.61**	**$780.90**	**$571.19**	**$744.17**	**$758.44**
	Total Premiums		**$801.02**	**$785.90**	**$791.67**	**$794.72**	**$799.77**	**$791.49**	**$792.72**	**$781.06**	**$785.95**	**$893.86**	**$884.08**	**$872.84**	**$814.59**
Benefit Package 032	**Employees**											**299**	**300**	**300**	**300**
	Members											**682**	**676**	**674**	**677**
	Claims	Inpatient										$244.48	$8.63	$76.56	**$109.89**
		Outpatient										$38.98	$43.21	$44.66	**$42.28**
		ER										$34.94	$16.38	$20.38	**$23.90**
		Prof Svcs										$61.72	$110.82	$43.16	**$71.90**
		Other										$367.37	$318.97	$356.51	**$347.62**
		Pharmacy										$94.14	$66.38	$87.00	**$82.51**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$841.62**	**$564.39**	**$628.28**	**$678.10**
	Total Premiums											**$978.84**	**$902.84**	**$905.59**	**$929.09**
Benefit Package 033	**Employees**											**249**	**246**	**246**	**247**
	Members											**429**	**421**	**421**	**424**
	Claims	Inpatient										$1,273.63	$225.37	$57.53	**$518.84**
		Outpatient										$7.57	$29.42	$73.70	**$36.90**
		ER										$258.98	$65.68	$67.76	**$130.81**
		Prof Svcs										$69.63	$82.14	$37.14	**$62.97**
		Other										$510.75	$384.83	$356.04	**$417.21**
		Pharmacy										$49.60	$46.86	$39.28	**$45.25**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$2,170.16**	**$834.30**	**$631.45**	**$1,211.97**
	Total Premiums											**$878.57**	**$725.94**	**$796.36**	**$800.29**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9g

Experience Reports by Benefit Package — Per Employee Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 034	**Employees**		**301**	**299**	**298**	**299**	**299**	**297**	**295**	**295**	**289**	**112**	**110**	**109**	**250**
	Members		**585**	**577**	**576**	**578**	**576**	**575**	**570**	**566**	**552**	**214**	**207**	**204**	**482**
	Claims	Inpatient	$320.31	$0.00	$573.27	$181.57	$151.03	$91.32	$445.60	$165.42	$0.00	$0.00	$541.77	$0.00	**$308.79**
		Outpatient	$93.83	$10.05	$30.92	$55.03	$53.86	$98.19	$54.23	$17.89	$59.08	$14.49	$13.19	$175.06	**$56.32**
		ER	$50.80	$10.25	$44.65	$51.83	$15.63	$37.94	$14.61	$38.72	$9.15	$3.69	$14.43	$24.69	**$26.37**
		Prof Svcs	$66.53	$10.01	$110.06	$46.66	$67.81	$76.99	$113.44	$40.21	$53.00	$7.88	$47.86	$104.30	**$62.06**
		Other	$383.04	$287.38	$383.15	$325.92	$329.64	$338.43	$408.38	$408.01	$275.25	$331.85	$416.96	$272.35	**$346.70**
		Pharmacy	$109.76	$83.22	$112.38	$94.45	$86.65	$110.19	$139.91	$122.42	$116.80	$67.32	$95.84	$92.51	**$102.62**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$1,024.26**	**$400.91**	**$1,254.44**	**$755.47**	**$704.61**	**$753.05**	**$1,176.16**	**$792.67**	**$513.28**	**$425.21**	**$1,130.05**	**$668.92**	**$799.92**
	Total Premiums		**$813.60**	**$838.33**	**$797.85**	**$818.08**	**$817.40**	**$816.50**	**$812.23**	**$798.32**	**$829.92**	**$826.14**	**$807.82**	**$850.92**	**$818.92**
Benefit Package 035	**Employees**		**256**	**255**	**256**	**254**	**255**	**254**	**254**	**254**	**252**				**254**
	Members		**459**	**458**	**461**	**456**	**459**	**453**	**453**	**445**	**440**				**454**
	Claims	Inpatient	$171.32	$479.11	$102.13	$186.90	$289.80	$80.87	$29.80	$231.82	$78.75				**$183.39**
		Outpatient	$140.86	$127.89	$120.50	$113.57	$68.62	$93.74	$114.12	$104.50	$72.89				**$106.30**
		ER	$28.28	$9.01	$70.90	$165.25	$16.12	$78.67	$10.80	$41.38	$34.36				**$50.53**
		Prof Svcs	$119.98	$123.18	$76.95	$65.83	$72.03	$27.18	$83.09	$74.63	$26.11				**$74.33**
		Other	$384.49	$425.29	$390.23	$350.78	$411.83	$395.94	$340.01	$420.88	$336.25				**$383.97**
		Pharmacy	$63.71	$61.54	$59.17	$46.98	$89.93	$75.81	$51.31	$70.82	$56.04				**$63.92**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$908.64**	**$1,226.02**	**$819.87**	**$929.30**	**$948.33**	**$752.21**	**$629.12**	**$944.03**	**$604.41**				**$862.44**
	Total Premiums		**$786.27**	**$806.86**	**$792.11**	**$811.11**	**$778.97**	**$803.33**	**$808.98**	**$793.06**	**$783.85**				**$796.06**
Benefit Package 036	**Employees**		**456**	**453**	**450**	**447**	**444**	**443**	**438**	**421**	**376**				**436**
	Members		**864**	**863**	**852**	**849**	**841**	**833**	**821**	**783**	**709**				**824**
	Claims	Inpatient	$149.38	$634.88	$33.21	$247.42	$282.23	$521.89	$238.98	$1,448.81	$676.76				**$470.39**
		Outpatient	$42.01	$100.54	$48.57	$32.10	$26.12	$117.49	$90.80	$61.90	$71.98				**$65.72**
		ER	$32.39	$32.31	$36.34	$10.41	$10.93	$19.62	$14.90	$42.49	$52.27				**$27.96**
		Prof Svcs	$32.56	$89.81	$52.87	$45.33	$51.34	$127.01	$68.42	$170.39	$96.68				**$81.60**
		Other	$373.56	$383.30	$387.88	$370.07	$394.59	$437.45	$434.75	$523.66	$440.74				**$416.22**
		Pharmacy	$93.38	$93.74	$154.58	$111.35	$93.92	$171.85	$110.90	$97.82	$155.81				**$120.37**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$723.27**	**$1,334.58**	**$713.45**	**$816.67**	**$859.14**	**$1,395.30**	**$958.74**	**$2,345.08**	**$1,494.24**				**$1,182.28**
	Total Premiums		**$901.56**	**$910.06**	**$882.48**	**$910.80**	**$884.44**	**$900.23**	**$900.32**	**$901.12**	**$1,046.73**				**$915.30**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9g

Experience Reports by Benefit Package — Per Employee Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 037	**Employees**		**39**	**39**	**39**	**38**	**38**	**38**	**38**	**38**	**37**	**38**			**38**
	Members		**84**	**84**	**84**	**83**	**81**	**81**	**81**	**81**	**80**	**80**			**82**
	Claims	Inpatient	$0.00	$1,358.65	$609.57	$1,156.95	$0.00	$321.64	$0.00	$675.72	$234.57	$0.00			**$726.18**
		Outpatient	$322.26	$109.63	$29.12	$70.41	$0.00	$52.51	$6.45	$0.00	$5.23	$12.42			**$76.00**
		ER	$0.00	$12.67	$72.83	$7.29	$0.00	$33.66	$0.00	$7.29	$3.35	$45.45			**$26.08**
		Prof Svcs	$61.19	$126.24	$84.85	$111.78	$0.00	$149.89	$0.00	$114.56	$357.26	$0.00			**$143.68**
		Other	$321.86	$554.72	$325.82	$438.95	$399.40	$381.26	$345.69	$565.24	$370.17	$430.56			**$413.37**
		Pharmacy	$27.56	$23.99	$24.64	$30.41	$27.28	$37.12	$17.22	$25.93	$35.83	$23.63			**$27.36**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$732.86**	**$2,185.90**	**$1,146.85**	**$1,815.79**	**$426.68**	**$976.07**	**$369.36**	**$1,388.75**	**$1,006.42**	**$512.07**			**$1,056.07**
	Total Premiums		**$1,002.61**	**$998.64**	**$1,008.03**	**$1,019.34**	**$1,001.16**	**$992.93**	**$992.91**	**$991.65**	**$989.41**	**$986.38**			**$998.31**
Benefit Package 038	**Employees**											**89**	**126**	**127**	**114**
	Members											**216**	**290**	**292**	**266**
	Claims	Inpatient										$77.27	$375.25	$561.90	**$338.14**
		Outpatient										$172.73	$71.25	$42.94	**$95.64**
		ER										$33.06	$44.53	$29.92	**$35.84**
		Prof Svcs										$59.36	$226.75	$141.74	**$142.62**
		Other										$409.62	$433.03	$449.53	**$430.72**
		Pharmacy										$72.24	$43.82	$58.83	**$58.30**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$824.29**	**$1,194.64**	**$1,284.84**	**$1,101.26**
	Total Premiums											**$1,102.46**	**$924.05**	**$985.58**	**$1,004.03**
Benefit Package 039	**Employees**											**225**	**225**	**225**	**225**
	Members											**445**	**446**	**445**	**445**
	Claims	Inpatient										$263.88	$295.85	$182.85	**$247.52**
		Outpatient										$63.09	$61.40	$36.87	**$53.79**
		ER										$11.08	$40.76	$6.94	**$19.59**
		Prof Svcs										$90.09	$100.65	$42.78	**$77.84**
		Other										$491.92	$371.73	$367.37	**$410.34**
		Pharmacy										$123.70	$137.05	$124.45	**$128.40**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$1,043.77**	**$1,007.43**	**$761.26**	**$937.49**
	Total Premiums											**$868.31**	**$850.30**	**$861.55**	**$860.05**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9g

Experience Reports by Benefit Package — Per Employee Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 040	**Employees**		**134**	**134**	**134**	**134**	**133**	**133**	**133**	**134**	**133**	**121**	**119**	**117**	**130**
	Members		**179**	**179**	**179**	**179**	**177**	**177**	**177**	**175**	**174**	**161**	**158**	**156**	**173**
	Claims	Inpatient	$0.00	$0.00	$0.00	$8.63	$46.80	$205.70	$0.00	$0.00	$0.00	$874.07	$235.00	$225.38	**$265.93**
		Outpatient	$44.47	$6.82	$63.06	$13.81	$0.17	$25.09	$134.50	$165.39	$68.82	$111.59	$125.55	$30.95	**$65.85**
		ER	$0.00	$4.11	$24.25	$42.57	$53.28	$25.57	$31.86	$21.87	$3.23	$21.98	$32.93	$77.92	**$30.87**
		Prof Svcs	$258.57	$255.21	$271.47	$285.20	$364.37	$453.04	$510.20	$463.89	$312.14	$552.99	$419.11	$317.97	**$372.01**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$143.58	$113.21	$138.95	$143.83	$163.52	$134.01	$148.69	$122.87	$158.19	$133.79	$129.65	$178.56	**$142.40**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$446.62**	**$379.36**	**$497.72**	**$494.03**	**$628.15**	**$843.40**	**$825.25**	**$774.02**	**$542.38**	**$1,694.42**	**$942.24**	**$830.79**	**$741.53**
	Total Premiums		**$903.69**	**$903.69**	**$903.69**	**$903.69**	**$904.97**	**$904.97**	**$904.97**	**$898.74**	**$899.98**	**$968.60**	**$965.34**	**$968.44**	**$919.23**
Benefit Package 041	**Employees**		**729**	**726**	**723**	**721**	**719**	**712**	**710**	**706**	**706**	**671**	**669**	**668**	**705**
	Members		**1,272**	**1,264**	**1,253**	**1,248**	**1,250**	**1,234**	**1,230**	**1,223**	**1,220**	**1,166**	**1,159**	**1,156**	**1,223**
	Claims	Inpatient	$287.95	$149.33	$122.53	$102.76	$285.46	$204.22	$270.35	$75.52	$200.82	$59.53	$150.99	$219.68	**$177.43**
		Outpatient	$231.61	$241.98	$182.18	$182.02	$209.34	$159.54	$207.75	$181.71	$189.38	$165.91	$210.25	$150.92	**$192.72**
		ER	$17.30	$29.63	$25.18	$54.71	$49.79	$33.01	$22.75	$56.10	$33.99	$38.51	$26.37	$14.47	**$33.49**
		Prof Svcs	$521.47	$470.60	$455.45	$443.89	$430.62	$357.86	$446.92	$479.86	$338.07	$399.11	$447.00	$454.53	**$437.12**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$206.02	$218.55	$247.89	$198.23	$251.10	$222.14	$222.34	$257.46	$201.22	$235.55	$253.44	$246.93	**$230.07**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$1,264.36**	**$1,110.09**	**$1,033.23**	**$981.60**	**$1,226.32**	**$976.76**	**$1,170.12**	**$1,050.64**	**$963.48**	**$898.61**	**$1,088.06**	**$1,086.52**	**$1,070.82**
	Total Premiums		**$1,201.45**	**$1,199.14**	**$1,198.25**	**$1,199.12**	**$1,201.01**	**$1,196.30**	**$1,196.14**	**$1,194.18**	**$1,194.18**	**$1,191.81**	**$1,190.69**	**$1,189.89**	**$1,196.02**
Benefit Package 043	**Employees**		**22**	**22**	**22**	**22**	**22**	**22**	**22**	**22**	**22**	**26**	**25**	**25**	**23**
	Members		**22**	**22**	**22**	**22**	**22**	**22**	**22**	**22**	**22**	**30**	**29**	**29**	**24**
	Claims	Inpatient	$0.00	$0.00	$2,559.03	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,218.41	$0.00	**$1,888.72**
		Outpatient	$0.00	$0.00	$233.92	$0.00	$0.00	$26.79	$171.23	$0.00	$60.19	$0.00	$95.44	$0.00	**$117.51**
		ER	$0.00	$0.00	$0.00	$54.72	$0.00	$0.00	$20.56	$6.55	$0.00	$12.17	$160.71	$0.00	**$50.94**
		Prof Svcs	$176.09	$146.32	$870.90	$268.97	$98.29	$133.50	$230.27	$327.21	$272.34	$298.66	$403.09	$247.13	**$289.40**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$220.64	$173.39	$156.47	$128.55	$280.10	$51.92	$272.07	$94.09	$172.32	$248.01	$394.57	$145.15	**$194.77**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$396.73**	**$319.71**	**$3,820.31**	**$452.24**	**$378.39**	**$212.21**	**$694.12**	**$427.84**	**$504.85**	**$558.84**	**$2,272.23**	**$392.28**	**$869.15**
	Total Premiums		**$733.52**	**$733.52**	**$733.52**	**$733.52**	**$733.52**	**$733.52**	**$733.52**	**$733.52**	**$733.52**	**$855.34**	**$858.20**	**$858.20**	**$764.45**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9g

Experience Reports by Benefit Package — Per Employee Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 044	**Employees**		**152**	**151**	**151**	**150**	**150**	**150**	**150**	**149**	**149**	**146**	**149**	**155**	**150**
	Members		**275**	**271**	**271**	**268**	**267**	**267**	**268**	**267**	**266**	**263**	**275**	**282**	**270**
	Claims	Inpatient	$0.00	$139.31	$0.00	$43.10	$223.38	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$57.62	**$115.85**
		Outpatient	$60.99	$120.32	$55.83	$11.14	$43.40	$8.57	$1.76	$130.53	$6.87	$39.34	$13.48	$24.01	**$43.02**
		ER	$0.00	$14.14	$17.24	$8.93	$2.80	$0.00	$6.20	$33.13	$9.37	$0.00	$20.13	$11.22	**$13.69**
		Prof Svcs	$162.02	$220.06	$259.49	$286.26	$344.20	$325.41	$306.28	$361.75	$209.58	$269.16	$168.42	$195.56	**$259.02**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$157.35	$180.00	$180.34	$144.31	$199.07	$218.90	$109.60	$299.91	$146.32	$116.77	$235.51	$193.41	**$181.79**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$380.36**	**$673.82**	**$512.91**	**$493.74**	**$812.86**	**$552.88**	**$423.84**	**$825.33**	**$372.14**	**$425.26**	**$437.55**	**$481.81**	**$532.71**
	Total Premiums		**$1,022.99**	**$1,022.08**	**$1,022.08**	**$1,024.04**	**$1,024.04**	**$1,024.04**	**$1,026.92**	**$1,028.93**	**$1,028.93**	**$1,033.37**	**$1,045.17**	**$1,036.79**	**$1,028.28**
Benefit Package 045	**Employees**		**120**	**120**	**120**	**120**	**120**	**120**	**119**	**118**	**117**	**110**	**110**	**111**	**117**
	Members		**194**	**193**	**192**	**192**	**191**	**190**	**190**	**190**	**188**	**172**	**169**	**169**	**186**
	Claims	Inpatient	$210.00	$485.81	$439.02	$73.42	$459.03	$371.48	$62.25	$69.64	$108.51	$0.00	$333.36	$0.00	**$261.25**
		Outpatient	$5.64	$51.11	$84.46	$11.35	$42.94	$20.27	$39.00	$349.33	$354.01	$815.23	$114.45	$71.82	**$163.30**
		ER	$13.40	$35.77	$56.46	$18.75	$20.12	$23.24	$0.00	$13.54	$43.79	$99.59	$39.85	$9.52	**$34.00**
		Prof Svcs	$219.47	$242.93	$330.70	$231.15	$221.69	$304.97	$182.18	$339.27	$232.30	$342.51	$372.56	$326.32	**$278.84**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$136.13	$149.96	$140.08	$161.55	$120.91	$139.61	$104.46	$118.12	$125.98	$152.57	$164.41	$129.53	**$136.94**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$584.63**	**$965.58**	**$1,050.72**	**$496.21**	**$864.69**	**$859.57**	**$387.90**	**$889.90**	**$864.59**	**$1,409.90**	**$1,024.64**	**$537.19**	**$827.96**
	Total Premiums		**$805.01**	**$802.56**	**$802.56**	**$805.45**	**$803.00**	**$803.00**	**$806.71**	**$807.99**	**$809.29**	**$850.50**	**$856.64**	**$852.45**	**$817.10**
Benefit Package 046	**Employees**		**90**	**89**	**89**	**89**	**89**	**88**	**88**	**87**	**86**	**94**	**96**	**94**	**90**
	Members		**166**	**165**	**165**	**165**	**164**	**163**	**163**	**162**	**161**	**171**	**178**	**174**	**166**
	Claims	Inpatient	$34.73	$0.00	$0.00	$0.00	$95.58	$3,577.70	$131.45	$0.00	$0.00	$0.00	$0.00	$0.00	**$959.86**
		Outpatient	$101.55	$39.64	$106.66	$75.86	$8.20	$3.53	$24.52	$51.33	$55.36	$47.53	$1.39	$128.37	**$53.66**
		ER	$3.62	$7.04	$0.00	$1.58	$3.13	$43.74	$10.92	$0.00	$81.98	$37.63	$0.00	$0.00	**$23.71**
		Prof Svcs	$172.95	$181.93	$151.88	$158.32	$149.19	$716.38	$319.28	$232.12	$237.23	$161.43	$214.81	$195.80	**$240.94**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$104.03	$91.61	$147.70	$135.37	$99.48	$132.21	$175.43	$132.48	$151.25	$107.03	$123.19	$105.14	**$125.41**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$416.89**	**$320.22**	**$406.24**	**$371.13**	**$355.58**	**$4,473.56**	**$661.59**	**$415.93**	**$525.82**	**$353.62**	**$339.40**	**$429.31**	**$755.77**
	Total Premiums		**$805.94**	**$808.31**	**$808.31**	**$808.31**	**$805.31**	**$807.71**	**$807.71**	**$809.61**	**$812.11**	**$849.03**	**$847.44**	**$845.48**	**$817.94**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9g

Experience Reports by Benefit Package — Per Employee Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 047	**Employees**		**24**	**24**	**24**	**24**	**23**	**23**	**23**	**23**	**23**	**21**	**21**	**21**	**23**
	Members		**42**	**42**	**42**	**43**	**41**	**42**	**42**	**42**	**42**	**36**	**34**	**34**	**40**
	Claims	Inpatient	$0.00	$0.00	$1,463.91	$2,184.08	$8.70	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$1,218.90**
		Outpatient	$0.00	$0.00	$0.24	$8.84	$115.65	$0.00	$3.18	$0.00	$110.51	$251.68	$0.00	$217.74	**$101.12**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$2.17	$2.89	$0.00	$182.21	$0.00	$0.00	$0.00	**$62.42**
		Prof Svcs	$227.72	$210.50	$537.97	$593.65	$263.93	$225.04	$354.21	$257.33	$189.35	$242.75	$504.15	$285.45	**$324.34**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$101.17	$81.86	$85.64	$93.43	$104.57	$62.89	$114.22	$42.63	$51.83	$74.95	$85.53	$118.78	**$84.79**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$328.89**	**$292.35**	**$2,087.76**	**$2,880.01**	**$492.85**	**$290.10**	**$474.49**	**$299.96**	**$533.89**	**$569.38**	**$589.68**	**$621.96**	**$788.44**
	Total Premiums		**$809.64**	**$809.64**	**$809.64**	**$809.64**	**$788.43**	**$801.24**	**$801.24**	**$801.24**	**$801.24**	**$869.45**	**$854.37**	**$854.37**	**$817.51**
Benefit Package 048	**Employees**		**20**	**20**	**20**	**20**	**19**	**19**	**19**	**19**	**19**	**29**	**29**	**30**	**22**
	Members		**35**	**35**	**35**	**35**	**34**	**34**	**34**	**34**	**34**	**54**	**54**	**55**	**39**
	Claims	Inpatient	$397.32	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$218.96	**$308.14**
		Outpatient	$13.12	$3.65	$0.00	$7.00	$0.00	$0.00	$0.00	$13.31	$0.00	$0.00	$8.16	$432.62	**$79.64**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$6.15	$0.00	$0.00	**$6.15**
		Prof Svcs	$216.03	$155.54	$126.48	$199.86	$129.81	$92.03	$102.81	$120.68	$73.58	$96.56	$125.11	$203.60	**$136.84**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$80.16	$35.11	$59.41	$54.28	$57.73	$27.56	$51.05	$45.29	$46.26	$240.09	$78.58	$221.67	**$83.10**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$706.62**	**$194.30**	**$185.89**	**$261.14**	**$187.54**	**$119.59**	**$153.87**	**$179.28**	**$119.84**	**$342.79**	**$211.85**	**$1,076.85**	**$311.63**
	Total Premiums		**$730.67**	**$730.67**	**$730.67**	**$730.67**	**$737.83**	**$737.83**	**$737.83**	**$737.83**	**$737.83**	**$781.61**	**$781.61**	**$776.67**	**$745.98**
Benefit Package 049	**Employees**		**47**	**47**	**47**	**47**	**47**	**48**	**48**	**48**	**48**	**31**	**31**	**33**	**44**
	Members		**74**	**74**	**74**	**75**	**75**	**76**	**76**	**76**	**70**	**51**	**51**	**56**	**69**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$230.04	$0.00	$0.00	$50.84	$853.24	**$378.04**
		Outpatient	$1.83	$359.34	$0.89	$0.00	$49.19	$2.00	$0.00	$40.52	$0.00	$15.03	$0.00	$0.00	**$66.97**
		ER	$0.00	$5.34	$0.00	$0.00	$25.87	$0.75	$0.00	$49.48	$4.77	$0.00	$0.00	$0.55	**$14.46**
		Prof Svcs	$147.62	$246.47	$261.28	$333.11	$169.74	$191.52	$176.10	$558.54	$331.04	$344.58	$174.87	$212.30	**$262.26**
		Other	$27.60	$64.68	$79.55	$34.55	$40.53	$41.17	$43.63	$70.27	$42.46	$64.94	$84.16	$19.61	**$51.09**
		Pharmacy	$62.72	$66.30	$59.66	$101.06	$41.68	$47.40	$62.71	$57.27	$61.85	$140.13	$76.10	$70.36	**$70.60**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$239.77**	**$742.13**	**$401.38**	**$468.72**	**$327.02**	**$282.83**	**$282.44**	**$1,006.13**	**$440.13**	**$564.68**	**$385.97**	**$1,156.06**	**$524.77**
	Total Premiums		**$815.74**	**$815.74**	**$815.74**	**$829.91**	**$829.91**	**$826.44**	**$826.44**	**$826.44**	**$826.44**	**$1,028.58**	**$1,028.58**	**$966.15**	**$869.68**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9g

Experience Reports by Benefit Package — Per Employee Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 050	**Employees**		**62**	**62**	**63**	**64**	**63**	**63**	**63**	**63**	**63**	**58**	**56**	**56**	**61**
	Members		**170**	**170**	**174**	**177**	**176**	**176**	**175**	**175**	**168**	**169**	**159**	**159**	**171**
	Claims	Inpatient	$6.77	$0.00	$17.67	$182.56	$0.00	$0.00	$147.62	$248.05	$273.68	$0.00	$0.00	$0.00	**$146.06**
		Outpatient	$124.85	$54.73	$13.86	$720.09	$273.62	$592.59	$768.21	$693.03	$442.81	$15.76	$0.00	$3.89	**$336.68**
		ER	$0.00	$1.02	$0.00	$0.00	$2.63	$7.08	$0.00	$0.00	$13.06	$0.00	$0.00	$3.02	**$5.36**
		Prof Svcs	$162.48	$299.87	$431.27	$410.84	$248.62	$732.14	$355.65	$430.79	$245.71	$90.97	$356.46	$310.18	**$339.58**
		Other	$14.44	$37.95	$23.59	$143.23	$149.29	$302.98	$114.71	$123.49	$19.02	$382.64	$192.54	$464.54	**$164.03**
		Pharmacy	$32.21	$28.40	$37.10	$55.42	$55.11	$68.11	$85.35	$70.43	$89.10	$81.19	$73.38	$70.80	**$62.22**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$340.76**	**$421.97**	**$523.48**	**$1,512.16**	**$729.27**	**$1,702.90**	**$1,471.54**	**$1,565.79**	**$1,083.38**	**$570.55**	**$622.38**	**$852.43**	**$949.72**
	Total Premiums		**$704.98**	**$704.98**	**$710.41**	**$708.17**	**$712.49**	**$712.49**	**$704.87**	**$704.87**	**$704.87**	**$828.05**	**$806.29**	**$806.29**	**$734.06**
Benefit Package 051	**Employees**		**12**	**12**	**12**	**12**	**12**	**12**	**12**	**12**	**12**	**9**	**9**	**9**	**11**
	Members		**16**	**16**	**16**	**16**	**16**	**16**	**16**	**16**	**16**	**12**	**12**	**12**	**15**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$3.75	$0.00	$6.92	$6.92	$0.00	$6.92	$5.00	$0.00	$16.00	$0.00	$0.00	$9.22	**$7.82**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs	$19.25	$84.83	$456.83	$376.50	$301.17	$134.92	$88.83	$72.33	$51.67	$15.22	$304.56	$180.67	**$173.90**
		Other	$32.33	$3.08	$16.67	$37.67	$29.25	$61.83	$28.67	$0.00	$257.75	$0.00	$7.56	$0.00	**$52.76**
		Pharmacy	$52.08	$31.50	$54.17	$40.58	$65.08	$56.17	$5.50	$58.58	$38.08	$63.00	$75.00	$175.67	**$59.62**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$107.42**	**$119.42**	**$534.58**	**$461.67**	**$395.50**	**$259.83**	**$128.00**	**$130.92**	**$363.50**	**$78.22**	**$387.11**	**$365.56**	**$277.64**
	Total Premiums		**$1,007.33**	**$1,007.33**	**$1,007.33**	**$1,007.33**	**$1,007.33**	**$1,007.33**	**$1,007.33**	**$1,007.33**	**$1,007.33**	**$1,087.78**	**$1,087.78**	**$1,087.78**	**$1,027.44**
Benefit Package 052	**Employees**		**3**	**3**	**3**	**3**	**3**	**3**	**3**	**2**	**2**	**4**	**4**	**4**	**3**
	Members		**8**	**8**	**8**	**8**	**7**	**7**	**7**	**4**	**3**	**7**	**7**	**7**	**7**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$3,091.33	$0.00	$0.00	$0.00	$0.00	$0.00	**$3,091.33**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs	$126.00	$333.33	$114.00	$254.00	$156.33	$385.00	$453.67	$413.50	$87.50	$4.00	$59.00	$626.75	**$251.09**
		Other	$0.00	$281.33	$0.33	$727.67	$0.00	$922.00	$211.33	$1,598.50	$0.00	$0.00	$0.00	$71.00	**$544.60**
		Pharmacy	$196.00	$40.00	$60.33	$63.00	($16.33)	$18.00	$7.33	$93.50	$15.00	$641.75	$15.25	$18.50	**$104.76**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$322.00**	**$654.67**	**$174.67**	**$1,044.67**	**$140.00**	**$1,325.00**	**$3,763.67**	**$2,105.50**	**$102.50**	**$645.75**	**$74.25**	**$716.25**	**$922.41**
	Total Premiums		**$1,051.67**	**$1,051.67**	**$1,051.67**	**$1,051.67**	**$1,051.67**	**$1,051.67**	**$1,051.67**	**$859.50**	**$2,295.50**	**$105.25**	**$593.50**	**$593.50**	**$984.08**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9g

Experience Reports by Benefit Package — Per Employee Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 053	**Employees**		**29**	**29**	**29**	**29**	**29**	**29**	**29**	**29**	**29**	**4**	**4**	**4**	**23**
	Members		**45**	**44**	**44**	**44**	**44**	**44**	**43**	**43**	**43**	**6**	**6**	**6**	**34**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$1,094.90	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$1,094.90**
		Outpatient	$0.00	$351.83	$10.10	$0.86	$207.76	$1,379.79	$125.45	$1,693.45	$0.66	$4,902.00	$0.00	$29.25	**$870.11**
		ER	$0.00	$54.28	$13.55	$0.00	$68.00	$0.00	$34.97	$0.00	$40.72	$0.00	$0.00	$0.00	**$42.30**
		Prof Svcs	$212.17	$438.17	$537.93	$201.07	$437.34	$338.21	$265.24	$280.34	$214.17	$484.50	$480.50	$932.75	**$401.87**
		Other	$16.07	$60.93	$67.90	$22.76	$121.10	$84.69	$75.38	$47.21	$37.07	$299.00	$100.50	$101.00	**$86.13**
		Pharmacy	$20.34	$35.00	$22.31	$59.66	$18.90	$15.79	$65.62	$16.52	$17.48	$256.00	$95.00	$9.50	**$52.68**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$248.59**	**$940.21**	**$651.79**	**$284.34**	**$853.10**	**$2,913.38**	**$566.66**	**$2,037.52**	**$310.10**	**$5,941.50**	**$676.00**	**$1,072.50**	**$1,374.64**
	Total Premiums		**$831.07**	**$807.55**	**$807.55**	**$807.55**	**$807.55**	**$807.55**	**$796.38**	**$796.38**	**$796.38**	**$868.50**	**$868.50**	**$868.50**	**$821.96**
Benefit Package 054	**Employees**		**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**				**4**
	Members		**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**				**4**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,725.50				**$1,725.50**
		Outpatient	$0.00	$25.00	$12.75	$25.50	$0.00	$25.50	$12.75	$37.75	$0.00				**$23.21**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Prof Svcs	$641.75	$121.75	$503.50	$91.00	$224.25	$36.25	$66.50	$259.25	$316.75				**$251.22**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$17.50	$167.75	$172.25	$944.00				**$325.38**
		Pharmacy	$37.25	$26.25	$74.50	$47.50	$37.25	$63.50	$14.75	$43.00	$10.00				**$39.33**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$679.00**	**$173.00**	**$590.75**	**$164.00**	**$261.50**	**$142.75**	**$261.75**	**$512.25**	**$2,996.25**				**$642.36**
	Total Premiums		**$913.50**	**$913.50**	**$913.50**	**$913.50**	**$913.50**	**$913.50**	**$913.50**	**$913.50**	**$913.50**				**$913.50**
Benefit Package 055	**Employees**		**156**	**158**	**159**	**158**	**158**	**157**	**157**	**157**	**157**				**157**
	Members		**335**	**337**	**339**	**338**	**338**	**331**	**331**	**331**	**330**				**334**
	Claims	Inpatient	$0.00	$197.26	$826.84	$0.00	$533.68	$0.00	$359.37	$148.97	$0.47				**$344.43**
		Outpatient	$57.96	$46.58	$209.61	$542.50	$28.47	$151.97	$228.66	$269.21	$133.36				**$185.37**
		ER	$7.37	$3.98	$14.72	$11.12	$18.27	$18.44	$15.35	$20.54	$9.24				**$13.23**
		Prof Svcs	$205.53	$227.14	$340.08	$240.66	$292.75	$247.33	$368.71	$273.81	$193.62				**$265.51**
		Other	$22.56	$34.72	$45.77	$52.06	$66.64	$20.97	$20.07	$33.87	$34.92				**$36.84**
		Pharmacy	$79.71	$73.91	$91.92	$150.47	$118.09	$67.30	$108.96	$84.54	$100.45				**$97.26**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$373.12**	**$583.59**	**$1,528.94**	**$996.80**	**$1,057.89**	**$506.01**	**$1,101.13**	**$830.94**	**$472.07**				**$827.83**
	Total Premiums		**$881.67**	**$869.22**	**$885.15**	**$886.45**	**$886.45**	**$879.09**	**$873.89**	**$880.83**	**$880.83**				**$880.40**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9g

Experience Reports by Benefit Package — Per Employee Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 056	**Employees**		**24**	**24**	**24**	**24**	**24**	**24**	**24**	**25**	**25**	**77**	**78**	**80**	**38**
	Members		**59**	**59**	**59**	**59**	**59**	**59**	**59**	**63**	**57**	**187**	**191**	**197**	**92**
	Claims	Inpatient	$0.00	$399.96	$0.00	$0.00	$0.00	$0.00	$334.63	$0.00	$0.00	$0.00	$0.00	$0.00	**$367.29**
		Outpatient	$7.04	$0.00	$0.00	$13.63	$0.00	$442.75	$66.54	$49.80	$37.88	$0.00	$8.94	$51.08	**$84.71**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$43.87	$14.89	**$29.38**
		Prof Svcs	$122.96	$264.00	$344.00	$318.38	$196.08	$134.67	$206.88	$589.24	$175.16	$46.71	$227.05	$246.51	**$239.30**
		Other	$7.79	$82.00	$1.71	$14.88	$19.25	$10.67	$221.71	$12.92	$45.72	$3.56	$24.73	$8.49	**$37.78**
		Pharmacy	$59.50	$52.88	$42.21	$70.25	$41.63	$41.13	$67.00	$69.96	$63.76	$97.99	$106.22	$112.43	**$68.74**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$197.29**	**$798.83**	**$387.92**	**$417.13**	**$256.96**	**$629.21**	**$896.75**	**$721.92**	**$322.52**	**$148.26**	**$410.81**	**$433.39**	**$468.41**
	Total Premiums		**$811.75**	**$811.75**	**$811.75**	**$811.75**	**$811.75**	**$811.75**	**$811.75**	**$779.28**	**$890.28**	**$829.16**	**$829.47**	**$827.63**	**$819.84**
Benefit Package 057	**Employees**		**206**	**207**	**205**	**205**	**203**	**205**	**205**	**205**	**203**	**16**	**15**	**15**	**158**
	Members		**522**	**520**	**512**	**512**	**509**	**515**	**515**	**515**	**505**	**42**	**40**	**40**	**396**
	Claims	Inpatient	$0.00	$6.27	$29.46	$0.00	$60.17	$10.39	$0.00	$32.97	$710.55	$54.06	$0.00	$0.00	**$129.12**
		Outpatient	$21.58	$113.30	$163.10	$88.38	$200.55	$10.63	$141.48	$24.73	$134.69	$410.63	$708.40	$1,632.60	**$304.17**
		ER	$17.80	$28.57	$27.73	$12.36	$13.14	$6.43	$16.06	$13.16	$29.17	$0.00	$0.00	$0.00	**$18.27**
		Prof Svcs	$117.28	$210.32	$352.56	$234.71	$207.30	$244.32	$367.11	$307.24	$159.04	$1,114.25	$1,003.47	$587.07	**$408.72**
		Other	$12.61	$21.75	$18.60	$14.79	$25.93	$22.10	$17.76	$28.09	$49.20	$130.19	$190.60	$208.80	**$61.70**
		Pharmacy	$21.18	$30.56	$36.64	$61.83	$27.99	$44.91	$70.43	$41.90	$60.02	$660.94	$1.60	$51.67	**$92.47**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$190.46**	**$410.77**	**$628.10**	**$412.07**	**$535.08**	**$338.78**	**$612.84**	**$448.09**	**$1,142.67**	**$2,370.06**	**$1,904.07**	**$2,480.13**	**$956.09**
	Total Premiums		**$732.03**	**$728.50**	**$729.85**	**$730.79**	**$727.77**	**$729.85**	**$729.85**	**$729.85**	**$731.85**	**$748.38**	**$724.07**	**$724.07**	**$730.57**
Benefit Package 058	**Employees**		**37**	**38**	**38**	**37**	**39**	**39**	**39**	**39**	**39**	**35**	**35**	**35**	**38**
	Members		**105**	**106**	**106**	**102**	**105**	**105**	**105**	**105**	**91**	**103**	**99**	**98**	**103**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$0.00	$0.00	$2.53	$235.32	$0.00	$1.49	$3.59	$0.56	$48.69	$0.00	$0.00	$0.00	**$48.70**
		ER	$0.00	$0.00	$53.79	$0.00	$0.00	$50.95	$30.54	$12.03	$65.77	$0.00	$0.00	$0.00	**$42.61**
		Prof Svcs	$18.86	$85.71	$113.63	$141.19	$79.33	$166.33	$87.38	$138.85	$208.33	$67.11	$350.60	$229.83	**$140.60**
		Other	$2.08	$3.11	$21.32	$8.51	$6.77	$26.38	$15.54	$7.23	$87.08	$15.00	$51.34	$0.26	**$20.38**
		Pharmacy	$13.76	$99.21	$21.16	$25.14	$10.62	$32.15	$13.36	$19.23	$39.10	$22.66	$11.51	$20.74	**$27.39**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$34.70**	**$188.03**	**$212.42**	**$410.16**	**$96.72**	**$277.31**	**$150.41**	**$177.90**	**$448.97**	**$104.77**	**$413.46**	**$250.83**	**$230.47**
	Total Premiums		**$780.68**	**$747.32**	**$767.05**	**$777.65**	**$737.77**	**$712.77**	**$736.79**	**$736.79**	**$799.97**	**$824.46**	**$807.40**	**$794.00**	**$768.55**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9g

Experience Reports by Benefit Package — Per Employee Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 059	**Employees**		**128**	**128**	**128**	**128**	**126**	**126**	**126**	**127**	**126**	**108**	**108**	**108**	**122**
	Members		**189**	**189**	**189**	**187**	**184**	**183**	**183**	**186**	**182**	**153**	**153**	**152**	**178**
	Claims	Inpatient	$0.00	$0.00	$1,356.79	$531.46	$60.49	$1,310.60	$0.00	$124.99	$0.00	$0.00	$0.00	$0.00	**$676.87**
		Outpatient	$449.31	$315.71	$12.26	$1,209.10	$427.65	$390.10	$519.63	$134.99	$23.13	$12.69	$357.23	$56.18	**$325.66**
		ER	$12.62	$1.19	$8.63	$13.41	$8.39	$2.90	$15.53	$3.17	$7.31	$1.06	$15.77	$9.09	**$8.25**
		Prof Svcs	$174.46	$280.98	$322.87	$286.56	$261.59	$300.93	$263.45	$358.70	$210.70	$60.41	$383.37	$322.47	**$268.87**
		Other	$83.91	$76.74	$161.35	$211.21	$211.35	$168.28	$123.12	$160.07	$141.91	$10.05	$49.66	$87.97	**$123.80**
		Pharmacy	$92.81	$124.33	$92.06	$146.45	$113.46	$93.42	$99.23	$63.78	$118.89	$132.31	$43.69	$82.69	**$100.26**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$813.12**	**$798.95**	**$1,953.95**	**$2,398.19**	**$1,082.93**	**$2,266.23**	**$1,020.96**	**$845.71**	**$501.94**	**$216.51**	**$849.71**	**$558.41**	**$1,108.88**
	Total Premiums		**$722.91**	**$727.49**	**$716.81**	**$711.70**	**$722.51**	**$706.46**	**$717.16**	**$717.98**	**$723.68**	**$785.80**	**$793.87**	**$793.87**	**$736.69**
Benefit Package 060	**Employees**		**68**	**68**	**69**	**68**	**67**	**67**	**67**	**67**	**67**	**74**	**73**	**72**	**69**
	Members		**145**	**145**	**146**	**141**	**140**	**142**	**141**	**141**	**134**	**151**	**148**	**146**	**143**
	Claims	Inpatient	$0.00	$0.00	$253.59	$0.00	$115.63	$493.19	$0.00	$0.00	$8.36	$0.00	$7.40	$159.65	**$172.97**
		Outpatient	$350.07	$146.37	$483.01	$184.06	$143.90	$153.67	$288.21	$571.76	$93.43	$16.84	$537.86	$6.83	**$248.00**
		ER	$1.26	$1.26	$20.16	$0.15	$0.00	$9.43	$19.10	$2.16	$0.03	$10.84	$4.01	$23.88	**$8.39**
		Prof Svcs	$193.79	$193.69	$940.16	$610.32	$693.27	$403.91	$354.24	$449.48	$104.64	$100.14	$249.92	$407.04	**$391.72**
		Other	$58.60	$31.47	$58.29	$116.10	$133.48	$209.82	$138.85	$116.07	$39.63	$11.73	$221.81	$162.53	**$108.20**
		Pharmacy	$54.34	$68.69	$72.19	$112.82	$89.30	$45.72	$74.49	$46.81	$78.54	$107.92	$81.92	$217.65	**$87.53**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$658.07**	**$441.49**	**$1,827.41**	**$1,023.46**	**$1,175.57**	**$1,315.75**	**$874.90**	**$1,186.28**	**$324.63**	**$247.46**	**$1,102.92**	**$977.58**	**$929.63**
	Total Premiums		**$885.26**	**$859.82**	**$867.68**	**$853.60**	**$866.34**	**$847.90**	**$857.12**	**$864.49**	**$860.81**	**$914.23**	**$913.77**	**$913.28**	**$875.36**
Benefit Package 061	**Employees**		**47**	**47**	**47**	**47**	**47**	**47**	**47**	**47**	**47**	**43**	**44**	**43**	**46**
	Members		**118**	**118**	**119**	**120**	**117**	**117**	**117**	**117**	**106**	**105**	**107**	**104**	**114**
	Claims	Inpatient	$14.66	$0.00	$0.00	$133.77	$5.13	$583.87	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$184.36**
		Outpatient	$46.38	$0.00	$1.68	$3.02	$0.17	$0.00	$0.00	$0.09	$66.91	$0.00	$0.00	$0.00	**$19.71**
		ER	$1.53	$0.00	$5.98	$7.66	$0.00	$7.06	$0.00	$10.19	$13.55	$0.33	$0.00	$0.00	**$6.61**
		Prof Svcs	$94.36	$247.28	$266.26	$363.13	$161.51	$241.87	$141.49	$267.64	$141.49	$76.07	$88.36	$225.65	**$192.93**
		Other	$18.36	$7.13	$22.00	$17.38	$46.49	$16.15	$69.34	$55.40	$9.36	$1.02	$32.59	$6.53	**$25.15**
		Pharmacy	$33.70	$52.62	$39.49	$103.38	$79.28	$53.94	$73.40	$76.89	$82.96	$67.40	$64.18	$105.09	**$69.36**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$209.00**	**$307.02**	**$335.40**	**$628.34**	**$292.57**	**$902.89**	**$284.23**	**$410.21**	**$314.28**	**$144.81**	**$185.14**	**$337.28**	**$362.60**
	Total Premiums		**$765.51**	**$765.51**	**$765.51**	**$765.51**	**$755.57**	**$755.57**	**$755.57**	**$755.57**	**$755.57**	**$829.49**	**$822.75**	**$803.44**	**$774.63**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9g

Experience Reports by Benefit Package — Per Employee Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 062	**Employees**		**17**	**17**	**17**	**17**	**17**	**17**	**17**	**17**	**16**	**19**	**19**	**20**	**18**
	Members		**46**	**46**	**46**	**45**	**45**	**45**	**45**	**45**	**42**	**49**	**48**	**48**	**46**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$593.59	$1,383.18	$0.00	$3,435.88	$0.00	$0.00	$0.00	$0.00	**$1,804.22**
		Outpatient	$6.59	$650.65	$0.00	$0.00	$13.82	$5.53	$0.00	$33.24	$0.00	$0.00	$0.00	$0.00	**$141.96**
		ER	$26.94	$0.00	$0.00	$0.00	$0.00	$1.29	$0.00	$0.65	$0.00	$0.00	$0.00	$0.00	**$9.63**
		Prof Svcs	$129.71	$595.47	$247.88	$238.35	$211.35	$546.65	$598.65	$239.76	$175.69	$62.58	$101.84	$104.50	**$271.04**
		Other	$41.00	$14.94	$179.76	$21.06	$138.12	$77.82	$125.53	$55.53	$299.75	$0.89	$11.95	$13.30	**$81.64**
		Pharmacy	$28.71	$40.53	$135.24	$155.53	$124.94	$47.06	$89.71	$97.35	$64.94	$56.11	$104.42	$13.45	**$79.83**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$232.94**	**$1,301.59**	**$562.88**	**$414.94**	**$1,081.82**	**$2,061.53**	**$813.88**	**$3,862.41**	**$540.38**	**$119.58**	**$218.21**	**$131.25**	**$945.12**
	Total Premiums		**$839.41**	**$839.41**	**$839.41**	**$828.88**	**$828.88**	**$828.88**	**$828.88**	**$828.88**	**$880.69**	**$927.26**	**$916.58**	**$870.75**	**$854.83**
Benefit Package 063	**Employees**		**668**	**670**	**671**	**673**	**677**	**679**	**678**	**675**	**675**	**845**	**857**	**866**	**720**
	Members		**1,467**	**1,475**	**1,475**	**1,486**	**1,489**	**1,488**	**1,482**	**1,473**	**1,446**	**1,602**	**1,619**	**1,627**	**1,511**
	Claims	Inpatient	$30.07	$76.42	$47.03	$82.04	$6.20	$96.95	$56.48	$136.43	$169.25	$1.69	$2.45	$85.91	**$65.91**
		Outpatient	$105.18	$31.70	$165.26	$71.14	$151.84	$71.74	$94.51	$221.40	$126.14	$12.05	$21.75	$37.19	**$92.49**
		ER	$10.38	$11.73	$19.63	$23.64	$8.66	$10.25	$11.17	$21.25	$14.11	$5.68	$5.70	$12.91	**$12.93**
		Prof Svcs	$282.64	$280.64	$402.34	$283.86	$339.47	$324.48	$334.41	$415.61	$273.26	$107.13	$184.60	$174.04	**$283.54**
		Other	$56.20	$75.65	$68.09	$52.99	$56.15	$57.85	$77.03	$88.63	$81.21	$44.48	$44.72	$61.25	**$63.69**
		Pharmacy	$60.08	$57.40	$78.16	$120.66	$61.35	$83.94	$84.76	$74.87	$96.98	$100.64	$70.63	$53.90	**$78.62**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$544.56**	**$533.55**	**$780.51**	**$634.32**	**$623.68**	**$645.21**	**$658.36**	**$958.19**	**$760.96**	**$271.67**	**$329.84**	**$425.20**	**$597.17**
	Total Premiums		**$838.27**	**$839.34**	**$838.61**	**$840.95**	**$836.87**	**$837.04**	**$837.41**	**$834.26**	**$849.04**	**$819.01**	**$819.34**	**$814.98**	**$833.76**
Benefit Package 064	**Employees**		**179**	**178**	**179**	**178**	**177**	**177**	**180**	**180**	**182**	**187**	**189**	**195**	**182**
	Members		**399**	**397**	**400**	**399**	**397**	**397**	**404**	**402**	**395**	**427**	**431**	**440**	**407**
	Claims	Inpatient	$0.00	$0.00	$0.00	$338.67	$0.00	$524.11	$160.93	$89.27	$0.00	$0.00	$0.00	$0.00	**$278.25**
		Outpatient	$112.63	$12.07	$76.66	$28.10	$8.65	$61.89	$157.59	$133.27	$19.51	$96.81	$6.07	$22.27	**$61.29**
		ER	$1.16	$9.10	$22.47	$3.26	$15.66	$32.55	$8.31	$18.31	$24.72	$0.75	$11.67	$12.58	**$13.38**
		Prof Svcs	$248.47	$247.52	$236.35	$206.34	$283.89	$629.35	$255.89	$397.98	$248.87	$88.84	$155.99	$189.35	**$265.74**
		Other	$15.86	$20.72	$43.68	$31.18	$61.29	$88.11	$40.39	$35.19	$45.70	$12.79	$10.14	$14.36	**$34.95**
		Pharmacy	$51.39	$41.67	$75.01	$97.32	$66.52	$62.27	$76.49	$64.30	$77.53	$114.07	$68.96	$46.72	**$70.19**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$429.51**	**$331.08**	**$454.17**	**$704.87**	**$436.01**	**$1,398.28**	**$699.61**	**$738.33**	**$416.33**	**$313.26**	**$252.82**	**$285.29**	**$538.30**
	Total Premiums		**$806.36**	**$806.54**	**$805.13**	**$806.54**	**$808.15**	**$805.02**	**$806.19**	**$809.27**	**$802.21**	**$878.77**	**$867.54**	**$848.58**	**$820.86**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9g

Experience Reports by Benefit Package — Per Employee Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 065	**Employees**		**1,192**	**1,192**	**1,189**	**1,187**	**1,186**	**1,187**	**1,183**	**1,183**	**1,183**	**1,184**	**1,186**	**1,191**	**1,187**
	Members		**2,979**	**2,980**	**2,971**	**2,971**	**2,973**	**2,976**	**2,974**	**2,969**	**2,963**	**2,938**	**2,948**	**2,950**	**2,966**
	Claims	Inpatient	$156.73	$42.80	$40.83	$123.01	$140.94	$271.15	$184.65	$82.50	$163.88	$166.51	$249.06	$175.52	**$149.80**
		Outpatient	$135.88	$143.71	$230.17	$111.94	$132.27	$135.97	$144.46	$146.57	$116.30	$103.94	$135.90	$163.63	**$141.73**
		ER	$12.74	$11.87	$42.20	$15.57	$26.44	$31.36	$20.66	$26.13	$18.45	$27.49	$25.26	$19.79	**$23.16**
		Prof Svcs	$129.24	$83.09	$139.78	$120.62	$130.57	$161.46	$154.30	$192.19	$126.25	$148.94	$184.19	$192.78	**$146.95**
		Other	$83.18	$69.69	$80.28	$69.71	$76.04	$83.59	$92.95	$119.00	$96.30	$91.52	$117.08	$86.92	**$88.86**
		Pharmacy	$97.83	$95.73	$126.68	$104.36	$94.36	$84.06	$90.87	$118.81	$86.37	$95.35	$86.83	$97.46	**$98.23**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$615.62**	**$446.89**	**$659.95**	**$545.22**	**$600.62**	**$767.58**	**$687.89**	**$685.20**	**$607.56**	**$633.74**	**$798.31**	**$736.10**	**$648.72**
	Total Premiums		**$985.84**	**$985.21**	**$985.37**	**$986.59**	**$986.87**	**$986.06**	**$987.55**	**$985.71**	**$983.22**	**$975.98**	**$977.94**	**$974.54**	**$983.41**
Benefit Package 066	**Employees**		**541**	**544**	**545**	**549**	**549**	**550**	**551**	**552**	**551**	**561**	**566**	**571**	**553**
	Members		**1,295**	**1,300**	**1,308**	**1,317**	**1,318**	**1,319**	**1,321**	**1,321**	**1,319**	**1,339**	**1,347**	**1,349**	**1,321**
	Claims	Inpatient	$115.28	$13.93	$38.85	$46.24	$70.53	$106.79	$133.55	$257.35	$119.32	$183.33	$133.31	$77.66	**$108.01**
		Outpatient	$22.90	$80.19	$68.45	$73.07	$26.20	$71.61	$67.39	$303.59	$141.96	$141.83	$192.38	$32.19	**$101.81**
		ER	$2.61	$18.09	$19.78	$13.74	$16.89	$28.59	$27.58	$47.89	$47.48	$11.56	$36.22	$12.95	**$23.61**
		Prof Svcs	$89.92	$119.93	$132.62	$118.28	$157.27	$177.07	$168.07	$201.85	$186.08	$193.21	$167.40	$149.37	**$155.09**
		Other	$80.94	$94.25	$116.61	$110.56	$120.60	$114.03	$109.67	$152.15	$128.06	$139.81	$127.35	$110.49	**$117.04**
		Pharmacy	$83.03	$94.31	$86.17	$118.04	$117.76	$85.63	$120.46	$88.18	$101.90	$92.06	$103.05	$85.88	**$98.04**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$394.68**	**$420.70**	**$462.47**	**$479.92**	**$509.24**	**$583.71**	**$626.72**	**$1,050.99**	**$724.79**	**$761.80**	**$759.71**	**$468.54**	**$603.61**
	Total Premiums		**$851.29**	**$857.88**	**$860.07**	**$857.34**	**$856.92**	**$855.02**	**$853.22**	**$854.77**	**$857.00**	**$842.21**	**$843.65**	**$844.59**	**$852.83**
Benefit Package 067	**Employees**		**1,125**	**1,128**	**1,136**	**1,136**	**1,135**	**1,134**	**1,135**	**1,134**	**1,140**	**1,176**	**1,190**	**1,202**	**1,148**
	Members		**2,409**	**2,410**	**2,430**	**2,428**	**2,430**	**2,438**	**2,442**	**2,433**	**2,450**	**2,539**	**2,564**	**2,599**	**2,464**
	Claims	Inpatient	$85.05	$23.20	$88.71	$79.51	$20.43	$466.09	$216.48	$237.16	$40.12	$195.37	$82.21	$127.59	**$138.49**
		Outpatient	$117.56	$42.45	$87.17	$101.24	$66.57	$45.86	$48.06	$108.46	$68.73	$48.09	$57.84	$63.32	**$71.28**
		ER	$11.31	$27.56	$5.72	$7.98	$39.62	$15.91	$13.66	$20.03	$6.40	$15.43	$7.83	$1.64	**$14.43**
		Prof Svcs	$157.56	$144.00	$172.09	$220.43	$213.57	$216.54	$211.78	$246.53	$143.03	$207.31	$157.72	$183.99	**$189.55**
		Other	$86.22	$92.66	$118.15	$135.03	$132.67	$113.44	$122.53	$143.21	$115.88	$138.66	$145.08	$135.60	**$123.26**
		Pharmacy	$53.21	$49.92	$53.19	$65.64	$64.01	$47.17	$68.05	$66.85	$48.75	$66.53	$61.86	$48.25	**$57.79**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$510.91**	**$379.79**	**$525.03**	**$609.83**	**$536.88**	**$905.01**	**$680.55**	**$822.24**	**$422.92**	**$671.39**	**$512.54**	**$560.38**	**$594.79**
	Total Premiums		**$753.61**	**$751.70**	**$749.22**	**$750.24**	**$752.33**	**$748.93**	**$751.93**	**$751.19**	**$751.23**	**$766.88**	**$765.06**	**$762.87**	**$754.60**

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K–12 School District Data Collection Project

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Experience Reports by Benefit Package — Per Employee Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 068	**Employees**		**534**	**532**	**531**	**528**	**526**	**532**	**534**	**531**	**532**	**531**	**531**	**532**	**531**
	Members		**1,198**	**1,198**	**1,191**	**1,186**	**1,190**	**1,203**	**1,204**	**1,201**	**1,201**	**1,211**	**1,198**	**1,203**	**1,199**
	Claims	Inpatient	$149.82	$433.73	$99.57	$287.03	$8.90	$48.93	$472.23	$389.19	$535.55	$116.33	$49.21	$141.65	**$227.68**
		Outpatient	$112.47	$107.28	$72.23	$71.26	$48.44	$75.94	$49.08	$97.96	$63.27	$66.63	$125.43	$71.89	**$80.16**
		ER	$38.08	$52.47	$32.73	$29.09	$11.15	$14.08	$9.56	$49.22	$16.69	$17.40	$9.03	$13.37	**$24.41**
		Prof Svcs	$199.65	$244.81	$264.49	$271.16	$199.17	$196.26	$244.05	$322.10	$245.47	$226.96	$187.88	$239.88	**$236.82**
		Other	$105.36	$144.13	$169.49	$131.53	$145.87	$152.32	$149.08	$190.90	$138.86	$170.79	$133.01	$122.99	**$146.19**
		Pharmacy	$65.70	$63.72	$72.92	$79.47	$70.16	$64.34	$58.16	$71.14	$74.89	$83.62	$95.66	$67.03	**$72.23**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$671.08**	**$1,046.14**	**$711.44**	**$869.54**	**$483.68**	**$551.87**	**$982.16**	**$1,120.50**	**$1,074.73**	**$681.72**	**$600.22**	**$656.80**	**$787.49**
	Total Premiums		**$949.13**	**$919.13**	**$925.17**	**$925.83**	**$933.97**	**$929.84**	**$926.78**	**$931.10**	**$928.97**	**$931.15**	**$929.31**	**$926.29**	**$929.72**
Benefit Package 069	**Employees**		**988**	**987**	**989**	**987**	**986**	**985**	**984**	**977**	**976**	**942**	**951**	**951**	**975**
	Members		**1,799**	**1,798**	**1,795**	**1,792**	**1,786**	**1,779**	**1,775**	**1,768**	**1,767**	**1,703**	**1,708**	**1,705**	**1,765**
	Claims	Inpatient	$38.47	$131.65	$274.14	$89.27	$173.55	$628.90	$178.07	$277.84	$154.89	$475.74	$182.00	$84.67	**$224.10**
		Outpatient	$128.66	$22.88	$107.26	$75.69	$50.04	$74.06	$145.73	$58.34	$134.54	$138.04	$35.77	$73.18	**$87.02**
		ER	$2.89	$28.23	$20.45	$22.79	$9.76	$24.75	$31.64	$34.79	$35.68	$39.18	$17.30	$8.76	**$23.02**
		Prof Svcs	$210.58	$238.53	$201.87	$200.78	$237.70	$249.63	$229.44	$292.15	$230.96	$266.05	$192.23	$187.18	**$228.09**
		Other	$107.50	$186.25	$307.61	$121.15	$134.50	$148.78	$140.00	$167.26	$133.47	$164.39	$123.25	$169.67	**$158.65**
		Pharmacy	$75.23	$84.61	$81.00	$80.39	$76.16	$70.11	$80.60	$63.17	$106.78	$125.08	$103.09	$79.55	**$85.48**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$563.33**	**$692.16**	**$992.33**	**$590.07**	**$681.72**	**$1,196.23**	**$805.47**	**$893.55**	**$796.33**	**$1,208.47**	**$653.64**	**$603.01**	**$806.36**
	Total Premiums		**$825.73**	**$823.64**	**$825.07**	**$822.22**	**$823.74**	**$819.40**	**$821.52**	**$818.03**	**$821.55**	**$863.39**	**$848.82**	**$855.73**	**$830.74**
Benefit Package 070	**Employees**		**580**	**581**	**580**	**579**	**578**	**576**	**572**	**570**	**569**	**549**	**556**	**552**	**570**
	Members		**888**	**893**	**890**	**890**	**889**	**885**	**878**	**875**	**874**	**845**	**850**	**847**	**875**
	Claims	Inpatient	$114.69	$92.77	$429.73	$175.31	$177.29	$269.48	$280.16	$567.06	$646.89	$97.37	$166.20	$209.49	**$268.87**
		Outpatient	$50.16	$145.26	$222.84	$216.00	$121.08	$125.97	$363.55	$512.14	$362.31	$207.11	$201.32	$133.93	**$221.81**
		ER	$1.10	$36.55	$60.12	$33.30	$34.17	$32.45	$26.40	$71.82	$32.05	$32.90	$18.71	$25.27	**$33.74**
		Prof Svcs	$123.69	$165.71	$182.42	$134.73	$196.33	$209.09	$158.48	$255.70	$420.38	$275.88	$282.47	$204.59	**$217.46**
		Other	$36.27	$68.38	$63.81	$50.94	$59.77	$77.04	$65.61	$79.34	$67.80	$79.08	$69.90	$55.89	**$64.49**
		Pharmacy	$63.07	$81.17	$100.82	$87.21	$91.66	$87.01	$81.81	$78.82	$85.30	$94.65	$81.59	$85.19	**$84.86**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$388.98**	**$589.84**	**$1,059.74**	**$697.48**	**$680.30**	**$801.05**	**$976.02**	**$1,564.89**	**$1,614.74**	**$786.98**	**$820.19**	**$714.38**	**$891.22**
	Total Premiums		**$704.69**	**$712.29**	**$706.19**	**$701.37**	**$708.20**	**$701.62**	**$704.56**	**$701.76**	**$707.61**	**$804.25**	**$689.29**	**$788.03**	**$719.15**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9g

Experience Reports by Benefit Package — Per Employee Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 071	**Employees**		**4,723**	**4,723**	**4,722**	**4,725**	**4,731**	**4,724**	**4,720**	**4,704**	**4,707**	**4,483**	**4,518**	**4,537**	**4,668**
	Members		**9,603**	**9,593**	**9,566**	**9,544**	**9,539**	**9,532**	**9,530**	**9,517**	**9,535**	**8,868**	**8,861**	**8,873**	**9,380**
	Claims	Inpatient	$97.98	$115.08	$224.40	$245.22	$69.15	$141.90	$136.49	$174.97	$121.17	$316.11	$85.87	$152.80	**$156.76**
		Outpatient	$84.53	$105.60	$143.34	$148.99	$129.42	$113.32	$98.15	$155.89	$133.20	$102.70	$119.61	$106.63	**$120.12**
		ER	$24.41	$47.19	$41.20	$25.49	$23.19	$24.22	$17.94	$37.69	$30.78	$42.22	$30.49	$18.11	**$30.24**
		Prof Svcs	$178.45	$200.32	$236.66	$202.14	$226.84	$220.53	$213.15	$251.83	$167.36	$217.54	$176.68	$155.15	**$203.89**
		Other	$99.54	$113.22	$125.39	$98.21	$118.36	$106.83	$116.78	$144.94	$97.58	$129.65	$103.86	$104.49	**$113.24**
		Pharmacy	$69.94	$67.94	$69.43	$60.84	$88.11	$78.62	$76.43	$69.96	$67.79	$56.55	$81.45	$70.13	**$71.43**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$554.85**	**$649.34**	**$840.41**	**$780.88**	**$655.07**	**$685.42**	**$658.93**	**$835.28**	**$617.89**	**$864.77**	**$597.96**	**$607.32**	**$695.68**
	Total Premiums		**$811.35**	**$811.01**	**$809.24**	**$805.27**	**$806.41**	**$806.18**	**$805.44**	**$807.41**	**$806.37**	**$853.41**	**$840.85**	**$840.47**	**$816.95**
Benefit Package 072	**Employees**		**3,606**	**3,615**	**3,609**	**3,607**	**3,607**	**3,594**	**3,589**	**3,579**	**3,578**	**3,550**	**3,577**	**3,592**	**3,592**
	Members		**6,908**	**6,907**	**6,898**	**6,885**	**6,883**	**6,866**	**6,859**	**6,844**	**6,828**	**6,740**	**6,781**	**6,808**	**6,851**
	Claims	Inpatient	$55.39	$137.45	$69.87	$118.61	$56.61	$115.85	$147.33	$152.66	$115.54	$222.36	$134.86	$383.29	**$142.49**
		Outpatient	$83.34	$80.10	$94.64	$118.73	$68.78	$91.91	$78.87	$100.12	$65.13	$70.97	$73.30	$73.07	**$83.25**
		ER	$11.70	$32.95	$19.92	$16.31	$19.87	$16.92	$17.35	$25.38	$26.19	$22.60	$16.94	$18.93	**$20.42**
		Prof Svcs	$159.96	$197.21	$208.78	$198.92	$210.07	$213.28	$213.29	$270.17	$176.69	$226.15	$195.26	$182.54	**$204.36**
		Other	$100.45	$120.63	$125.23	$119.24	$115.97	$102.64	$115.67	$140.48	$105.91	$131.56	$114.52	$106.06	**$116.53**
		Pharmacy	$68.28	$57.17	$76.67	$57.10	$65.18	$70.55	$66.65	$64.07	$61.83	$69.09	$58.52	$64.12	**$64.94**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$479.11**	**$625.51**	**$595.10**	**$628.92**	**$536.49**	**$611.14**	**$639.17**	**$752.88**	**$551.29**	**$742.73**	**$593.41**	**$828.00**	**$631.98**
	Total Premiums		**$809.66**	**$804.53**	**$808.19**	**$808.29**	**$804.75**	**$806.20**	**$804.73**	**$806.43**	**$804.38**	**$839.07**	**$823.40**	**$831.15**	**$812.57**
Benefit Package 073	**Employees**		**647**	**653**	**660**	**658**	**660**	**662**	**663**	**666**	**669**	**673**	**683**	**693**	**666**
	Members		**1,645**	**1,654**	**1,676**	**1,676**	**1,678**	**1,674**	**1,677**	**1,686**	**1,693**	**1,708**	**1,723**	**1,740**	**1,686**
	Claims	Inpatient	$75.56	$71.91	$622.17	$46.73	$122.95	$111.81	$222.94	$19.40	$260.01	$32.92	$11.47	$156.87	**$146.23**
		Outpatient	$91.82	$56.85	$166.19	$114.18	$64.15	$94.27	$112.19	$173.26	$100.60	$83.93	$92.98	$90.35	**$103.40**
		ER	$0.97	$16.97	$26.00	$32.81	$16.09	$15.53	$8.34	$17.90	$24.28	$16.00	$16.09	$17.21	**$17.35**
		Prof Svcs	$84.32	$182.27	$153.89	$113.40	$123.51	$141.97	$132.06	$157.66	$119.38	$122.65	$120.07	$109.93	**$130.09**
		Other	$58.69	$64.97	$72.58	$60.01	$77.20	$64.94	$64.61	$84.36	$60.57	$76.04	$71.74	$72.60	**$69.02**
		Pharmacy	$63.89	$55.20	$87.92	$77.56	$95.18	$87.00	$101.27	$90.78	$93.82	$105.40	$78.16	$99.55	**$86.31**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$375.24**	**$448.17**	**$1,128.75**	**$444.68**	**$499.08**	**$515.52**	**$641.41**	**$543.37**	**$658.66**	**$436.94**	**$390.50**	**$546.50**	**$552.40**
	Total Premiums		**$805.86**	**$800.94**	**$802.31**	**$807.36**	**$801.96**	**$803.15**	**$798.70**	**$804.34**	**$802.64**	**$801.10**	**$800.13**	**$797.03**	**$802.13**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9g

Experience Reports by Benefit Package — Per Employee Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 074	**Employees**		**2,740**	**2,745**	**2,747**	**2,740**	**2,735**	**2,730**	**2,734**	**2,733**	**2,725**	**2,703**	**2,713**	**2,723**	**2,731**
	Members		**5,244**	**5,247**	**5,240**	**5,230**	**5,208**	**5,199**	**5,198**	**5,192**	**5,162**	**5,048**	**5,059**	**5,049**	**5,173**
	Claims	Inpatient	$125.78	$42.08	$97.11	$191.81	$173.03	$91.00	$90.09	$74.70	$89.31	$87.64	$40.91	$111.03	**$101.21**
		Outpatient	$122.99	$117.94	$136.98	$124.82	$120.00	$97.44	$94.11	$201.35	$113.26	$91.06	$124.89	$67.68	**$117.71**
		ER	$9.82	$27.11	$20.87	$21.35	$22.07	$20.88	$19.94	$15.69	$21.08	$11.91	$15.58	$17.62	**$18.66**
		Prof Svcs	$134.85	$171.87	$207.93	$176.66	$203.59	$182.96	$218.39	$233.50	$166.90	$211.12	$157.11	$157.00	**$185.16**
		Other	$79.97	$93.38	$101.34	$90.38	$90.63	$94.17	$111.00	$114.68	$85.39	$95.27	$83.46	$70.77	**$92.54**
		Pharmacy	$65.96	$64.03	$61.35	$67.23	$72.72	$73.60	$66.37	$74.04	$59.37	$65.13	$68.89	$59.24	**$66.49**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$539.38**	**$516.42**	**$625.59**	**$672.23**	**$682.03**	**$560.05**	**$599.90**	**$713.97**	**$535.30**	**$562.11**	**$490.83**	**$483.33**	**$581.76**
	Total Premiums		**$769.80**	**$770.72**	**$770.69**	**$769.85**	**$768.24**	**$763.36**	**$767.20**	**$766.40**	**$768.47**	**$783.01**	**$776.11**	**$780.47**	**$771.19**
Benefit Package 075	**Employees**		**1,257**	**1,258**	**1,263**	**1,264**	**1,269**	**1,265**	**1,261**	**1,258**	**1,247**	**1,233**	**1,232**	**1,235**	**1,254**
	Members		**2,617**	**2,620**	**2,634**	**2,641**	**2,644**	**2,635**	**2,626**	**2,619**	**2,599**	**2,574**	**2,571**	**2,574**	**2,613**
	Claims	Inpatient	$76.64	$329.37	$90.93	$105.44	$152.72	$348.67	$134.85	$119.60	$228.47	$182.35	$136.84	$329.26	**$186.26**
		Outpatient	$105.52	$76.35	$119.71	$63.47	$75.00	$95.66	$106.31	$132.14	$134.05	$78.39	$122.52	$125.86	**$102.92**
		ER	$17.85	$36.59	$39.69	$22.88	$18.20	$14.12	$31.93	$15.91	$44.95	$30.22	$25.22	$10.58	**$25.68**
		Prof Svcs	$183.92	$238.78	$261.74	$238.41	$205.82	$264.28	$241.40	$299.01	$206.01	$234.01	$248.04	$210.00	**$235.95**
		Other	$96.20	$132.15	$145.16	$153.13	$152.42	$172.79	$151.72	$137.99	$113.12	$149.51	$126.64	$144.36	**$139.60**
		Pharmacy	$100.95	$106.00	$125.03	$87.06	$108.07	$133.71	$95.47	$96.23	$112.80	$116.79	$108.32	$104.35	**$107.90**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$581.07**	**$919.25**	**$782.26**	**$670.39**	**$712.23**	**$1,029.22**	**$761.67**	**$800.88**	**$839.40**	**$791.26**	**$767.58**	**$924.42**	**$798.30**
	Total Premiums		**$951.43**	**$952.37**	**$949.99**	**$953.29**	**$952.32**	**$951.99**	**$952.46**	**$950.31**	**$948.78**	**$950.95**	**$952.28**	**$953.20**	**$951.61**
Benefit Package 076	**Employees**		**3,046**	**3,049**	**3,049**	**3,048**	**3,049**	**3,047**	**3,047**	**3,040**	**3,036**	**2,986**	**2,981**	**2,978**	**3,030**
	Members		**5,996**	**6,007**	**5,996**	**5,985**	**5,989**	**5,981**	**5,976**	**5,951**	**5,935**	**5,808**	**5,752**	**5,717**	**5,924**
	Claims	Inpatient	$163.55	$65.13	$127.63	$155.41	$48.53	$165.64	$183.80	$147.64	$219.53	$149.28	$159.92	$201.79	**$148.99**
		Outpatient	$80.44	$64.36	$101.33	$90.10	$124.84	$78.44	$109.38	$124.27	$74.04	$100.42	$112.79	$82.75	**$95.26**
		ER	$11.17	$26.58	$24.41	$18.91	$24.25	$23.70	$32.75	$27.62	$27.08	$19.85	$25.31	$23.56	**$23.76**
		Prof Svcs	$183.42	$194.48	$220.17	$218.89	$188.15	$212.45	$247.84	$263.21	$187.96	$227.69	$258.99	$210.46	**$217.81**
		Other	$121.02	$139.55	$150.62	$127.33	$117.73	$136.65	$142.06	$156.93	$125.76	$165.07	$130.25	$119.14	**$136.01**
		Pharmacy	$82.04	$65.59	$70.12	$63.39	$80.99	$69.05	$72.24	$77.31	$64.03	$96.79	$75.88	$83.37	**$75.07**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$641.65**	**$555.69**	**$694.27**	**$674.03**	**$584.49**	**$685.92**	**$788.08**	**$796.98**	**$698.39**	**$759.09**	**$763.14**	**$721.07**	**$696.90**
	Total Premiums		**$853.90**	**$854.66**	**$853.56**	**$852.17**	**$851.64**	**$850.35**	**$850.94**	**$850.06**	**$848.25**	**$877.75**	**$862.30**	**$870.12**	**$856.31**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9g

Experience Reports by Benefit Package — Per Employee Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 077	**Employees**		**277**	**277**	**275**	**276**	**277**	**277**	**277**	**276**	**276**	**262**	**268**	**268**	**274**
	Members		**536**	**535**	**533**	**532**	**532**	**534**	**533**	**535**	**531**	**505**	**513**	**506**	**527**
	Claims	Inpatient	$97.60	$67.44	$181.92	$205.40	$0.00	$21.77	$169.19	$20.73	$458.25	$662.99	$125.49	$84.96	**$190.52**
		Outpatient	$32.99	$61.10	$24.93	$85.30	$393.25	$57.48	$18.91	$17.93	$83.31	$30.04	$16.94	$138.41	**$80.05**
		ER	$30.39	$98.69	$34.61	$9.69	$24.52	$34.09	$95.29	$30.93	$13.35	$123.58	$37.38	$0.00	**$48.41**
		Prof Svcs	$228.74	$299.34	$247.62	$195.24	$187.88	$234.54	$322.64	$300.21	$312.10	$269.77	$232.95	$407.35	**$269.87**
		Other	$179.27	$161.51	$148.13	$107.61	$113.37	$121.98	$136.12	$213.52	$185.64	$253.91	$228.80	$163.46	**$167.78**
		Pharmacy	$73.23	$55.33	$70.64	$59.54	$52.38	$81.70	$58.46	$59.28	$61.60	$77.25	$57.93	$83.87	**$65.93**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$642.22**	**$743.41**	**$707.86**	**$662.78**	**$771.41**	**$551.56**	**$800.62**	**$642.60**	**$1,114.25**	**$1,417.53**	**$699.49**	**$878.05**	**$802.65**
	Total Premiums		**$809.54**	**$813.90**	**$812.35**	**$814.66**	**$810.85**	**$814.65**	**$814.95**	**$817.77**	**$808.26**	**$914.71**	**$856.75**	**$870.73**	**$829.93**
Benefit Package 078	**Employees**		**11,621**	**11,582**	**11,544**	**11,501**	**11,472**	**11,455**	**11,413**	**11,343**	**11,303**	**49**	**49**	**49**	**8,615**
	Members		**18,254**	**18,174**	**18,107**	**17,765**	**17,717**	**17,681**	**17,597**	**17,486**	**17,432**	**93**	**94**	**93**	**13,374**
	Claims	Inpatient	$200.33	$161.10	$274.10	$214.27	$153.08	$268.13	$273.51	$171.01	$177.20	$906.65	$200.99	$0.00	**$272.76**
		Outpatient	$208.70	$215.38	$219.49	$226.13	$219.91	$237.57	$257.51	$246.87	$204.02	$196.54	$585.78	$491.60	**$275.79**
		ER	$29.40	$33.01	$33.55	$31.29	$34.08	$32.29	$35.92	$26.96	$28.73	$19.52	$0.00	$44.96	**$31.79**
		Prof Svcs	$309.37	$337.77	$350.85	$352.26	$355.00	$371.03	$432.43	$433.51	$326.19	$548.29	$668.57	$844.27	**$444.13**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$227.14	$227.81	$234.16	$224.44	$228.83	$226.68	$233.45	$238.03	$217.11	$1,011.24	$516.42	$514.51	**$341.65**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$974.95**	**$975.07**	**$1,112.14**	**$1,048.38**	**$990.90**	**$1,135.69**	**$1,232.82**	**$1,116.38**	**$953.25**	**$2,682.23**	**$1,971.76**	**$1,895.33**	**$1,340.74**
	Total Premiums		**$979.95**	**$979.22**	**$978.84**	**$973.95**	**$973.97**	**$973.68**	**$973.03**	**$972.78**	**$973.32**	**$1,274.93**	**$1,281.52**	**$1,274.93**	**$1,050.84**
Benefit Package 079	**Employees**		**19,043**	**19,048**	**19,065**	**19,055**	**19,047**	**19,050**	**19,037**	**19,006**	**18,984**	**30,020**	**30,063**	**30,065**	**21,790**
	Members		**33,809**	**33,764**	**33,752**	**33,332**	**33,282**	**33,260**	**33,214**	**33,208**	**33,158**	**50,785**	**50,785**	**50,733**	**37,757**
	Claims	Inpatient	$121.60	$136.63	$144.72	$148.95	$225.17	$207.28	$224.63	$136.91	$90.88	$201.97	$175.88	$154.04	**$164.06**
		Outpatient	$138.42	$133.53	$122.59	$145.24	$146.68	$150.55	$155.58	$165.93	$106.13	$175.41	$193.34	$176.60	**$150.83**
		ER	$24.65	$22.31	$23.90	$24.79	$20.91	$22.84	$28.92	$26.30	$21.20	$23.68	$24.91	$27.35	**$24.31**
		Prof Svcs	$222.38	$231.40	$247.36	$251.27	$259.81	$274.26	$297.37	$313.75	$211.24	$286.14	$273.76	$263.09	**$260.98**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$142.32	$136.35	$148.45	$136.94	$140.37	$137.46	$146.55	$148.74	$135.24	$168.88	$164.23	$161.28	**$147.23**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$649.37**	**$660.23**	**$687.01**	**$707.18**	**$792.94**	**$792.40**	**$853.05**	**$791.62**	**$564.69**	**$856.08**	**$832.11**	**$782.36**	**$747.42**
	Total Premiums		**$791.72**	**$791.13**	**$790.43**	**$786.98**	**$786.73**	**$786.22**	**$785.86**	**$786.11**	**$785.93**	**$816.64**	**$815.97**	**$815.25**	**$794.91**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9g

Experience Reports by Benefit Package — Per Employee Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 080	**Employees**		**10,896**	**10,904**	**10,908**	**10,904**	**10,907**	**10,915**	**10,902**	**10,876**	**10,837**	**11,996**	**12,124**	**12,158**	**11,194**
	Members		**24,930**	**24,930**	**24,917**	**24,524**	**24,524**	**24,512**	**24,474**	**24,422**	**24,360**	**25,802**	**26,007**	**26,050**	**24,954**
	Claims	Inpatient	$163.99	$114.10	$115.79	$117.81	$169.07	$166.06	$157.60	$116.40	$102.25	$93.51	$79.48	$148.00	**$128.67**
		Outpatient	$104.37	$113.87	$120.21	$109.16	$115.36	$128.66	$170.32	$178.15	$151.12	$127.55	$136.99	$141.94	**$133.14**
		ER	$24.23	$27.33	$25.63	$28.54	$18.74	$25.20	$32.67	$29.66	$28.47	$25.04	$25.35	$22.59	**$26.12**
		Prof Svcs	$202.62	$215.28	$224.00	$237.18	$250.17	$236.60	$266.84	$300.30	$210.02	$225.76	$212.51	$219.33	**$233.38**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$124.88	$119.26	$127.18	$123.43	$130.87	$128.87	$133.01	$143.49	$125.74	$127.07	$118.71	$119.10	**$126.80**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$620.08**	**$589.83**	**$612.81**	**$616.12**	**$684.21**	**$685.39**	**$760.43**	**$767.99**	**$617.60**	**$598.93**	**$573.03**	**$650.97**	**$648.12**
	Total Premiums		**$806.45**	**$805.89**	**$805.11**	**$799.51**	**$799.28**	**$798.54**	**$798.37**	**$798.41**	**$798.75**	**$819.08**	**$817.38**	**$816.59**	**$805.28**
Benefit Package 081	**Employees**		**14,209**	**14,157**	**14,142**	**14,112**	**14,081**	**14,060**	**14,014**	**13,951**	**13,910**	**11,504**	**11,403**	**11,391**	**13,411**
	Members		**24,162**	**24,074**	**24,064**	**23,734**	**23,686**	**23,643**	**23,543**	**23,471**	**23,415**	**19,077**	**18,884**	**18,854**	**22,551**
	Claims	Inpatient	$160.13	$140.20	$192.95	$233.37	$198.74	$255.03	$276.27	$195.01	$160.77	$171.75	$254.70	$183.56	**$201.87**
		Outpatient	$179.85	$167.72	$194.55	$193.11	$195.85	$196.39	$226.64	$229.77	$198.20	$200.32	$183.64	$214.94	**$198.42**
		ER	$32.20	$35.83	$33.29	$31.45	$36.23	$33.92	$38.99	$38.30	$35.09	$29.13	$30.27	$35.95	**$34.22**
		Prof Svcs	$314.72	$333.71	$363.34	$369.13	$367.06	$359.27	$413.99	$432.31	$322.00	$373.00	$348.78	$345.32	**$361.88**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$156.88	$160.40	$169.46	$158.34	$164.27	$165.91	$167.03	$171.18	$158.79	$194.88	$191.27	$186.36	**$170.40**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$843.77**	**$837.86**	**$953.59**	**$985.41**	**$962.16**	**$1,010.53**	**$1,122.92**	**$1,066.58**	**$874.84**	**$969.09**	**$1,008.66**	**$966.12**	**$966.79**
	Total Premiums		**$896.57**	**$896.75**	**$896.70**	**$893.56**	**$893.23**	**$892.81**	**$892.84**	**$893.50**	**$893.58**	**$946.62**	**$945.70**	**$945.25**	**$907.26**
Benefit Package 082	**Employees**		**88**	**85**	**85**	**85**	**85**	**85**	**85**	**84**	**84**	**68**	**68**	**67**	**81**
	Members		**227**	**222**	**222**	**223**	**222**	**222**	**222**	**216**	**216**	**163**	**162**	**160**	**206**
	Claims	Inpatient	$92.37	$488.28	$12.77	($22.77)	$0.00	$0.00	$189.88	$0.00	$1,530.64	$0.00	$0.00	$1,353.44	**$607.44**
		Outpatient	$185.08	$15.98	$15.36	$270.10	$262.33	$132.73	$3.18	$170.08	$329.99	$14.24	$114.97	$146.01	**$138.34**
		ER	$0.00	$12.46	$3.47	$0.00	$13.25	$0.00	$12.93	$25.67	$4.80	$70.38	$0.00	$3.39	**$18.29**
		Prof Svcs	$309.76	$227.56	$498.43	$419.75	$259.07	$368.68	$237.20	$474.48	$329.05	$200.57	$255.51	$405.63	**$332.14**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$80.84	$106.76	$108.41	$141.26	$103.89	$124.84	$74.31	$121.26	$103.48	$213.39	$96.50	$91.04	**$113.83**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$668.06**	**$851.05**	**$638.44**	**$808.33**	**$638.54**	**$626.24**	**$517.51**	**$791.49**	**$2,297.95**	**$498.57**	**$466.97**	**$1,999.51**	**$900.22**
	Total Premiums		**$818.61**	**$892.15**	**$856.43**	**$856.43**	**$856.43**	**$856.43**	**$856.43**	**$846.89**	**$846.89**	**$805.73**	**$797.69**	**$795.58**	**$840.48**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9g

Experience Reports by Benefit Package — Per Employee Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 083	**Employees**											**3**	**3**	**3**	**3**
	Members											**8**	**8**	**8**	**8**
	Claims	Inpatient										$0.00	$0.00	$0.00	**$0.00**
		Outpatient										$0.00	$0.00	$0.00	**$0.00**
		ER										$0.00	$0.00	$597.06	**$597.06**
		Prof Svcs										$203.34	$316.40	$2,077.73	**$865.82**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$333.71	$292.68	$219.84	**$282.08**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$537.05**	**$609.08**	**$2,894.62**	**$1,346.92**
	Total Premiums											**$956.57**	**$956.57**	**$956.57**	**$956.57**
Benefit Package 084	**Employees**		**83**	**83**	**83**	**83**	**83**	**83**	**83**	**81**	**82**	**85**	**83**	**82**	**83**
	Members		**286**	**286**	**288**	**287**	**289**	**286**	**286**	**280**	**281**	**281**	**268**	**265**	**282**
	Claims	Inpatient	$295.90	$360.05	$64.38	$471.63	$280.47	$227.21	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$283.27**
		Outpatient	$60.51	$46.21	$110.30	$65.44	$201.23	$174.26	$123.17	$88.41	$85.71	$0.00	$81.37	$41.56	**$98.01**
		ER	$4.00	$0.00	$9.39	$0.00	$19.87	$4.60	($8.82)	$98.98	$32.18	$0.00	$10.53	$23.51	**$24.28**
		Prof Svcs	$349.51	$201.06	$668.29	$568.71	$377.87	$543.43	$444.00	$565.58	$542.85	$396.48	$292.68	$405.15	**$446.30**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$114.64	$202.71	$174.97	$152.04	$236.76	$262.31	$195.97	$371.18	$223.84	$192.81	$134.75	$178.07	**$203.34**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$824.55**	**$810.03**	**$1,027.32**	**$1,257.82**	**$1,116.19**	**$1,211.82**	**$754.32**	**$1,124.14**	**$884.58**	**$589.29**	**$519.33**	**$648.29**	**$897.31**
	Total Premiums		**$768.88**	**$768.88**	**$768.88**	**$768.88**	**$768.88**	**$755.63**	**$755.63**	**$757.19**	**$754.71**	**$814.18**	**$788.58**	**$788.12**	**$771.53**
Benefit Package 085	**Employees**		**14**	**15**	**15**	**15**	**15**	**15**	**15**	**15**	**15**	**11**	**11**	**11**	**14**
	Members		**49**	**51**	**51**	**51**	**51**	**51**	**51**	**51**	**51**	**26**	**26**	**26**	**45**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$0.00	$1,287.26	$0.00	$75.78	$0.00	$376.12	$0.00	$0.00	$114.62	$0.00	$0.00	$0.00	**$463.45**
		ER	$0.00	$80.66	$177.29	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$128.97**
		Prof Svcs	$155.09	$97.89	$295.14	$229.63	$146.16	$443.60	$104.33	$235.74	$229.58	$362.05	$160.68	$184.68	**$220.38**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$151.85	$93.49	$205.28	$170.12	$243.28	$169.45	$242.64	$358.45	$224.70	$333.21	$303.73	$264.44	**$230.05**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$306.94**	**$1,559.30**	**$677.70**	**$475.53**	**$389.44**	**$989.17**	**$346.96**	**$594.20**	**$568.90**	**$695.26**	**$464.41**	**$449.12**	**$626.41**
	Total Premiums		**$847.88**	**$833.67**	**$833.67**	**$833.67**	**$833.67**	**$833.67**	**$833.67**	**$833.67**	**$833.67**	**$829.27**	**$822.93**	**$827.41**	**$833.07**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

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Experience Reports by Benefit Package — Per Employee Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 086	**Employees**		**13**	**13**	**13**	**13**	**13**	**13**	**13**	**13**	**13**	**21**	**27**	**28**	**16**
	Members		**53**	**53**	**53**	**53**	**53**	**53**	**53**	**53**	**53**	**83**	**109**	**113**	**65**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$0.00	$0.00	$410.77	$0.00	$0.00	$0.00	$272.06	$0.00	$0.00	$0.00	$0.00	$0.00	**$341.41**
		ER	$0.00	$144.63	$104.61	$0.00	$0.00	$0.00	$0.00	$0.00	$643.14	$0.00	$0.00	$0.00	**$297.46**
		Prof Svcs	$47.81	$140.26	$36.14	$52.57	$74.69	$71.45	$126.19	$152.18	$154.31	$66.19	$50.56	$37.38	**$84.14**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$28.75	$15.51	$21.92	$12.61	$28.00	$11.44	$8.77	$35.60	$15.60	$16.60	$70.66	$100.12	**$30.47**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$76.55**	**$300.40**	**$573.44**	**$65.18**	**$102.69**	**$82.90**	**$407.03**	**$187.78**	**$813.05**	**$82.79**	**$121.22**	**$137.50**	**$245.88**
	Total Premiums		**$605.94**	**$605.94**	**$605.94**	**$605.94**	**$605.94**	**$605.94**	**$605.94**	**$605.94**	**$605.94**	**$746.64**	**$779.90**	**$781.15**	**$646.76**
Benefit Package 087	**Employees**		**222**	**222**	**221**	**222**	**223**	**223**	**222**	**222**	**222**	**190**	**191**	**188**	**214**
	Members		**579**	**579**	**574**	**578**	**579**	**579**	**574**	**574**	**576**	**466**	**467**	**461**	**549**
	Claims	Inpatient	$0.00	$81.92	$523.62	$646.80	$243.59	$224.59	$90.92	$396.82	$817.57	$177.24	$353.70	$0.00	**$355.68**
		Outpatient	$25.43	$77.84	$6.47	$184.42	$32.54	$23.62	$65.37	$113.65	$2.74	$135.61	$108.33	$167.48	**$78.63**
		ER	$106.39	$16.09	$0.00	$60.27	$22.07	$32.22	$5.54	$34.27	$2.38	$26.80	$43.30	$0.38	**$31.79**
		Prof Svcs	$198.04	$216.00	$354.70	$263.63	$262.84	$350.32	$308.02	$397.49	$303.68	$310.95	$442.23	$526.95	**$327.90**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$93.39	$164.75	$104.39	$96.37	$137.21	$98.62	$114.36	$127.04	$84.46	$139.63	$111.57	$169.05	**$120.07**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$423.25**	**$556.59**	**$989.17**	**$1,251.49**	**$698.25**	**$729.37**	**$584.21**	**$1,069.27**	**$1,210.82**	**$790.24**	**$1,059.13**	**$863.85**	**$852.14**
	Total Premiums		**$812.44**	**$812.44**	**$811.88**	**$809.86**	**$812.34**	**$812.98**	**$812.44**	**$812.44**	**$812.44**	**$864.85**	**$853.36**	**$860.72**	**$824.01**
Benefit Package 088	**Employees**		**101**	**100**	**99**	**99**	**98**	**98**	**98**	**97**	**97**	**80**	**72**	**76**	**93**
	Members		**252**	**250**	**248**	**248**	**246**	**245**	**245**	**242**	**242**	**186**	**166**	**176**	**229**
	Claims	Inpatient	$17.57	$812.99	$0.00	$1,129.70	$736.88	$3,433.93	$0.00	$126.56	$180.03	$0.00	$0.00	$522.31	**$870.00**
		Outpatient	$29.74	$82.58	$484.80	$262.60	$54.90	$171.89	$114.91	$24.21	$126.86	$100.67	$181.43	$2.59	**$136.43**
		ER	$10.16	$13.09	$16.55	$4.58	$27.65	$74.89	$0.00	$137.56	$64.11	$5.46	$176.75	$21.98	**$50.25**
		Prof Svcs	$408.99	$352.78	$761.48	$510.07	$617.55	$316.19	$214.89	$360.67	$183.66	$267.60	$711.37	$247.93	**$412.76**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$173.81	$181.02	$166.39	$177.36	$198.66	$146.91	$147.45	$210.43	$191.80	$160.50	$166.89	$130.24	**$170.95**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$640.26**	**$1,442.46**	**$1,429.22**	**$2,084.31**	**$1,635.64**	**$4,143.80**	**$477.25**	**$859.43**	**$746.46**	**$534.23**	**$1,236.43**	**$925.05**	**$1,346.21**
	Total Premiums		**$967.91**	**$975.87**	**$973.78**	**$973.87**	**$975.29**	**$975.29**	**$975.29**	**$983.98**	**$953.73**	**$943.58**	**$935.31**	**$875.39**	**$959.11**

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K–12 School District Data Collection Project

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Experience Reports by Benefit Package — Per Employee Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 089	**Employees**		**1,468**	**1,468**	**1,474**	**1,473**	**1,474**	**1,470**	**1,473**	**1,475**	**1,471**	**1,380**	**1,357**	**1,371**	**1,446**
	Members		**4,778**	**4,780**	**4,781**	**4,779**	**4,777**	**4,759**	**4,769**	**4,769**	**4,755**	**4,284**	**4,236**	**4,267**	**4,645**
	Claims	Inpatient	$25.67	$162.57	$116.44	$117.07	$53.03	$152.30	$65.34	$59.08	$341.46	$442.49	$139.07	$90.08	**$147.05**
		Outpatient	$33.66	$79.24	$102.27	$27.14	$38.67	$156.07	$51.01	$57.59	$106.68	$55.34	$43.19	$71.14	**$68.50**
		ER	$21.50	$22.21	$36.42	$11.73	$40.84	$9.09	$28.56	$21.91	$25.56	$25.03	$33.11	$18.84	**$24.57**
		Prof Svcs	$216.01	$186.10	$261.25	$202.08	$206.01	$301.83	$282.46	$375.46	$211.52	$265.30	$279.50	$267.53	**$254.59**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$87.90	$107.19	$87.62	$82.82	$95.83	$97.27	$76.17	$106.91	$83.31	$97.95	$84.95	$97.08	**$92.08**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$384.74**	**$557.31**	**$604.00**	**$440.84**	**$434.38**	**$716.57**	**$503.54**	**$620.94**	**$768.54**	**$886.12**	**$579.82**	**$544.67**	**$586.79**
	Total Premiums		**$782.28**	**$780.08**	**$777.74**	**$778.14**	**$775.53**	**$775.18**	**$774.20**	**$774.71**	**$773.34**	**$772.83**	**$763.95**	**$768.61**	**$774.71**
Benefit Package 090	**Employees**		**187**	**185**	**187**	**188**	**187**	**188**	**188**	**189**	**187**	**134**	**130**	**132**	**174**
	Members		**437**	**428**	**435**	**438**	**435**	**435**	**436**	**438**	**429**	**307**	**303**	**308**	**402**
	Claims	Inpatient	$197.29	$0.00	$1,156.30	$1,213.02	$126.82	$578.41	$225.57	$471.31	$0.00	$73.78	$303.75	$98.31	**$444.45**
		Outpatient	$18.36	$68.81	$42.17	$50.23	$32.34	$15.16	$11.38	$39.77	$12.13	$16.87	$16.56	$45.08	**$30.74**
		ER	$3.66	$26.26	$27.55	$10.66	$60.09	$47.33	$7.96	$31.69	$8.79	$39.78	$3.49	$6.00	**$22.77**
		Prof Svcs	$242.19	$305.70	$410.69	$409.81	$312.82	$449.54	$215.83	$392.24	$224.48	$234.21	$260.91	$451.20	**$325.80**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$143.79	$163.86	$110.42	$172.18	$156.51	$165.85	$135.66	$199.91	$190.88	$233.35	$135.58	$228.03	**$169.67**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$605.30**	**$564.62**	**$1,747.13**	**$1,855.89**	**$688.58**	**$1,256.28**	**$596.39**	**$1,134.92**	**$436.29**	**$597.97**	**$720.29**	**$828.62**	**$919.36**
	Total Premiums		**$815.96**	**$814.55**	**$814.57**	**$818.30**	**$814.80**	**$812.80**	**$817.48**	**$817.61**	**$815.27**	**$887.17**	**$862.75**	**$880.00**	**$830.94**
Benefit Package 091	**Employees**		**23**	**23**	**23**	**24**	**24**	**24**	**24**	**24**	**24**	**54**	**55**	**59**	**32**
	Members		**83**	**82**	**82**	**84**	**83**	**83**	**83**	**83**	**83**	**186**	**186**	**198**	**110**
	Claims	Inpatient	$407.88	$45.05	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$2,350.46	$0.00	$231.45	$0.00	**$758.71**
		Outpatient	$0.00	$703.98	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$703.98**
		ER	$25.95	$0.00	$0.00	$0.00	$0.00	$0.00	$15.26	$231.06	$0.00	$0.00	$0.05	$0.00	**$68.08**
		Prof Svcs	$9.37	$237.53	$27.42	$50.94	$14.68	$116.30	$37.61	$422.54	$428.42	$35.21	$118.26	$25.13	**$126.95**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$1.95	($0.41)	$3.29	$0.71	$0.41	$0.00	$0.00	$1.30	$0.30	$2.07	$3.04	$5.51	**$2.02**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$445.15**	**$986.15**	**$30.71**	**$51.65**	**$15.08**	**$116.30**	**$52.87**	**$654.90**	**$2,779.18**	**$37.29**	**$352.81**	**$30.64**	**$462.73**
	Total Premiums		**$597.53**	**$597.53**	**$597.53**	**$602.29**	**$602.29**	**$602.29**	**$602.29**	**$602.29**	**$602.29**	**$616.37**	**$599.17**	**$577.96**	**$599.99**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9g

Experience Reports by Benefit Package — Per Employee Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 092	**Employees**		**1,017**	**1,017**	**1,013**	**1,011**	**1,006**	**1,009**	**1,004**	**997**	**1,000**	**620**	**580**	**598**	**906**
	Members		**2,508**	**2,504**	**2,491**	**2,495**	**2,480**	**2,485**	**2,468**	**2,450**	**2,458**	**1,484**	**1,394**	**1,433**	**2,221**
	Claims	Inpatient	$160.83	$202.56	$412.37	$234.96	$154.67	$286.68	$207.64	$158.42	$325.50	$422.02	$362.22	$97.14	**$252.08**
		Outpatient	$49.99	$56.25	$114.23	$82.20	$61.68	$143.31	$81.41	$182.89	$187.79	$178.27	$73.77	$158.51	**$114.19**
		ER	$16.84	$39.47	$43.54	$40.72	$28.26	$27.13	$28.40	$13.50	$28.25	$28.99	$67.88	$31.58	**$32.88**
		Prof Svcs	$331.93	$374.98	$451.39	$416.35	$387.27	$519.55	$382.57	$549.57	$389.52	$423.77	$469.24	$431.86	**$427.33**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$141.85	$146.89	$139.49	$132.89	$161.79	$126.91	$128.28	$156.66	$129.34	$136.02	$145.24	$138.04	**$140.28**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$701.44**	**$820.15**	**$1,161.03**	**$907.11**	**$793.67**	**$1,103.58**	**$828.30**	**$1,061.05**	**$1,060.40**	**$1,189.07**	**$1,118.34**	**$857.14**	**$966.77**
	Total Premiums		**$903.12**	**$904.38**	**$903.76**	**$904.48**	**$904.68**	**$905.10**	**$903.39**	**$905.62**	**$906.20**	**$854.86**	**$857.88**	**$855.14**	**$892.38**
Benefit Package 093	**Employees**		**838**	**835**	**836**	**835**	**828**	**826**	**825**	**824**	**824**	**634**	**587**	**603**	**775**
	Members		**2,269**	**2,267**	**2,262**	**2,259**	**2,241**	**2,230**	**2,224**	**2,216**	**2,213**	**1,696**	**1,545**	**1,597**	**2,085**
	Claims	Inpatient	$108.74	$60.09	$186.17	$142.68	$161.78	$47.39	$80.47	$170.51	$202.62	$31.55	$133.06	$44.17	**$114.10**
		Outpatient	$177.58	$225.63	$311.47	$206.18	$213.13	$147.61	$144.18	$204.51	$399.49	$228.05	$558.00	$187.53	**$250.28**
		ER	$16.39	$5.96	$10.57	$20.58	$27.85	$12.16	$5.79	$15.93	$25.70	$16.33	$43.90	$27.78	**$19.08**
		Prof Svcs	$224.82	$205.91	$343.19	$285.35	$235.88	$302.95	$282.49	$394.70	$251.18	$291.43	$371.99	$241.25	**$285.93**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$118.67	$173.69	$135.35	$135.12	$147.96	$105.54	$116.84	$165.82	$120.12	$128.24	$142.71	$131.66	**$135.14**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$646.21**	**$671.28**	**$986.75**	**$789.90**	**$786.60**	**$615.65**	**$629.77**	**$951.47**	**$999.11**	**$695.59**	**$1,249.65**	**$632.39**	**$804.53**
	Total Premiums		**$850.74**	**$851.01**	**$849.47**	**$848.44**	**$848.04**	**$846.94**	**$846.23**	**$842.81**	**$845.64**	**$851.61**	**$841.99**	**$843.77**	**$847.22**
Benefit Package 094	**Employees**		**99**	**99**	**97**	**98**	**97**	**97**	**97**	**96**	**95**	**105**	**103**	**101**	**99**
	Members		**365**	**364**	**358**	**359**	**357**	**357**	**357**	**352**	**347**	**370**	**363**	**355**	**359**
	Claims	Inpatient	$0.00	$62.87	$97.87	$6.78	$0.00	$0.00	$0.00	$598.09	$339.89	$0.00	$75.79	$67.57	**$178.41**
		Outpatient	$0.00	$9.86	$83.09	$63.60	$34.88	$14.33	$48.05	$31.73	$269.44	$61.68	$12.43	$119.84	**$68.09**
		ER	$1.63	$19.61	$4.23	$15.55	$8.67	$0.00	$2.72	$11.11	$0.00	$0.00	$28.19	$19.56	**$12.36**
		Prof Svcs	$217.67	$139.08	$256.55	$160.52	$166.26	$207.90	$207.19	$207.55	$263.33	$128.84	$187.67	$179.08	**$193.47**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$140.78	$145.92	$156.56	$140.28	$84.79	$102.39	$81.04	$104.82	$85.93	$100.70	$95.06	$86.01	**$110.36**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$360.07**	**$377.35**	**$598.30**	**$386.73**	**$294.60**	**$324.62**	**$339.00**	**$953.30**	**$958.59**	**$291.22**	**$399.14**	**$472.06**	**$479.58**
	Total Premiums		**$803.29**	**$810.42**	**$797.61**	**$800.05**	**$802.54**	**$802.64**	**$802.64**	**$803.39**	**$798.77**	**$928.65**	**$918.92**	**$924.34**	**$832.77**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9g

Experience Reports by Benefit Package — Per Employee Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 095	**Employees**		**442**	**446**	**453**	**448**	**449**	**448**	**448**	**447**	**447**	**439**	**435**	**436**	**445**
	Members		**1,440**	**1,445**	**1,462**	**1,448**	**1,448**	**1,445**	**1,447**	**1,438**	**1,432**	**1,301**	**1,274**	**1,277**	**1,405**
	Claims	Inpatient	$152.92	$79.45	$184.08	$64.49	$66.08	$66.54	$17.87	$91.50	$11.19	$7.64	$158.66	$180.32	**$90.06**
		Outpatient	$22.60	$94.70	$43.89	$71.21	$41.70	$84.26	$37.17	$128.73	$103.05	$130.11	$159.43	$117.45	**$86.19**
		ER	$32.55	$26.29	$28.14	$14.40	$8.67	$15.19	$39.07	$56.68	$20.75	$19.23	$4.76	$18.26	**$23.66**
		Prof Svcs	$218.36	$204.42	$268.66	$232.41	$249.50	$224.34	$267.00	$395.72	$218.84	$222.22	$299.11	$243.69	**$253.69**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$99.62	$137.02	$139.70	$146.42	$168.62	$105.77	$132.77	$133.83	$117.47	$105.27	$80.20	$94.62	**$121.78**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$526.04**	**$541.88**	**$664.47**	**$528.94**	**$534.58**	**$496.10**	**$493.87**	**$806.46**	**$471.31**	**$484.47**	**$702.16**	**$654.34**	**$575.38**
	Total Premiums		**$829.43**	**$824.37**	**$824.68**	**$824.88**	**$822.60**	**$821.95**	**$822.97**	**$820.09**	**$819.89**	**$851.27**	**$849.21**	**$844.53**	**$829.66**
Benefit Package 096	**Employees**		**463**	**463**	**459**	**459**	**462**	**463**	**462**	**462**	**460**	**410**	**417**	**417**	**450**
	Members		**1,319**	**1,309**	**1,293**	**1,294**	**1,301**	**1,303**	**1,295**	**1,291**	**1,273**	**1,074**	**1,067**	**1,066**	**1,240**
	Claims	Inpatient	$950.76	$49.89	$129.93	$1,497.34	$0.00	$15.13	$141.70	$433.68	$359.51	$309.86	$137.13	$7.73	**$366.61**
		Outpatient	$157.49	$73.36	$52.10	$91.45	$45.29	$72.61	$99.75	$45.69	$51.49	$40.14	$41.06	$47.06	**$68.12**
		ER	$21.68	$17.72	$10.04	$8.91	$17.96	$5.77	$14.06	$33.92	$21.61	$23.38	$11.37	$12.42	**$16.57**
		Prof Svcs	$218.59	$176.24	$202.81	$89.54	$184.49	$209.39	$201.99	$276.03	$252.27	$191.92	$178.79	$139.17	**$193.44**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$120.78	$145.74	$91.38	$112.04	$136.81	$96.98	$96.83	$128.17	$104.47	$79.86	$118.44	$100.39	**$110.99**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$1,469.30**	**$462.96**	**$486.26**	**$1,799.29**	**$384.55**	**$399.89**	**$554.33**	**$917.48**	**$789.35**	**$645.17**	**$486.79**	**$306.77**	**$725.18**
	Total Premiums		**$819.82**	**$805.34**	**$802.23**	**$804.21**	**$800.32**	**$800.14**	**$800.02**	**$797.76**	**$795.35**	**$854.57**	**$844.23**	**$840.54**	**$813.71**
Benefit Package 097	**Employees**		**322**	**320**	**320**	**322**	**320**	**321**	**321**	**322**	**319**	**226**	**206**	**217**	**295**
	Members		**806**	**797**	**795**	**800**	**794**	**796**	**791**	**794**	**787**	**546**	**499**	**522**	**727**
	Claims	Inpatient	$0.00	$51.90	$113.14	$80.35	$249.59	$166.76	$187.76	$356.57	$372.85	$383.63	$62.74	$120.83	**$195.10**
		Outpatient	$36.70	$23.22	$9.55	$3.96	$130.98	$102.80	$179.20	$54.55	$96.83	$8.44	$206.00	$152.44	**$83.72**
		ER	$16.36	$13.17	$40.01	$5.65	$8.58	$31.62	$42.79	$14.25	$23.27	$16.47	$9.95	$37.23	**$21.61**
		Prof Svcs	$172.86	$160.41	$252.76	$250.47	$292.87	$282.13	$284.05	$465.16	$227.91	$274.90	$401.97	$443.93	**$292.45**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$84.55	$134.04	$102.37	$104.94	$120.06	$80.04	$92.48	$104.83	$85.82	$76.72	$58.61	$91.71	**$94.68**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$310.48**	**$382.74**	**$517.83**	**$445.36**	**$802.08**	**$663.35**	**$786.28**	**$995.36**	**$806.69**	**$760.16**	**$739.27**	**$846.15**	**$671.31**
	Total Premiums		**$830.57**	**$829.79**	**$827.02**	**$824.90**	**$824.88**	**$824.39**	**$821.59**	**$821.26**	**$824.73**	**$854.65**	**$862.18**	**$849.01**	**$832.91**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

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Experience Reports by Benefit Package — Per Employee Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 098	**Employees**		**278**	**276**	**276**	**276**	**274**	**277**	**275**	**275**	**275**	**307**	**324**	**334**	**287**
	Members		**984**	**975**	**976**	**971**	**967**	**978**	**972**	**960**	**965**	**1,055**	**1,121**	**1,134**	**1,005**
	Claims	Inpatient	$72.27	$78.95	$224.51	$152.10	$57.79	$58.98	$0.00	$0.00	$358.41	$8.00	$212.00	$79.21	**$130.22**
		Outpatient	$77.74	$41.70	$56.01	$41.04	$96.61	$35.58	$25.22	$36.44	$27.05	$70.55	$33.35	$66.58	**$50.66**
		ER	$13.01	$32.41	$18.32	$12.11	$16.59	$6.81	$14.36	$16.77	$15.07	$9.15	$37.44	$9.88	**$16.83**
		Prof Svcs	$138.15	$201.82	$158.09	$223.78	$226.91	$188.92	$253.09	$258.19	$159.47	$100.89	$181.24	$184.93	**$189.62**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$69.12	$97.34	$83.74	$83.68	$101.86	$68.43	$79.93	$90.59	$63.12	$84.87	$61.25	$73.14	**$79.76**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$370.28**	**$452.23**	**$540.66**	**$512.71**	**$499.77**	**$358.73**	**$372.61**	**$401.98**	**$623.12**	**$273.46**	**$525.29**	**$413.73**	**$445.38**
	Total Premiums		**$681.51**	**$679.23**	**$672.02**	**$672.04**	**$672.39**	**$667.57**	**$669.37**	**$664.18**	**$662.87**	**$778.75**	**$755.00**	**$758.68**	**$694.47**
Benefit Package 099	**Employees**		**11**	**11**	**15**	**13**	**12**	**13**	**11**	**11**	**11**	**12**	**13**	**12**	**12**
	Members		**40**	**40**	**57**	**47**	**45**	**47**	**40**	**40**	**40**	**44**	**48**	**44**	**44**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs	$24.98	$200.04	$28.55	$11.50	$14.86	$18.01	$17.69	$116.77	$106.15	$29.71	$55.93	$15.70	**$53.32**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$29.45	$0.00	$0.00	$0.00	$3.33	$0.00	$0.00	$0.00	$23.76	$0.00	$0.00	$7.25	**$15.95**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$54.43**	**$200.04**	**$28.55**	**$11.50**	**$18.19**	**$18.01**	**$17.69**	**$116.77**	**$129.90**	**$29.71**	**$55.93**	**$22.96**	**$58.64**
	Total Premiums		**$585.46**	**$585.46**	**$550.72**	**$560.25**	**$577.41**	**$560.25**	**$585.46**	**$585.46**	**$585.46**	**$513.25**	**$508.15**	**$513.25**	**$559.22**
Benefit Package 100	**Employees**											**15**	**15**	**17**	**16**
	Members											**56**	**56**	**61**	**58**
	Claims	Inpatient										$0.00	$0.00	$0.00	**$0.00**
		Outpatient										$147.28	$35.59	$0.00	**$91.43**
		ER										$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs										$6.03	$36.67	$30.16	**$24.29**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$1.67	$0.00	$0.33	**$1.00**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$154.97**	**$72.26**	**$30.48**	**$85.90**
	Total Premiums											**$527.09**	**$527.09**	**$515.97**	**$523.39**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9g

Experience Reports by Benefit Package — Per Employee Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PEPM Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 101	**Employees**		**909**	**913**	**916**	**919**	**916**	**914**	**912**	**913**	**911**				**914**
	Members		**2,054**	**2,070**	**2,077**	**2,078**	**2,074**	**2,072**	**2,067**	**2,074**	**2,077**				**2,071**
	Claims	Inpatient	$91.15	$43.93	$113.46	$38.42	$165.26	$81.86	$79.89	$260.17	$36.23				**$101.15**
		Outpatient	$51.02	$27.50	$114.28	$55.79	$105.23	$140.11	$87.27	$100.95	$73.72				**$83.99**
		ER	$3.73	$11.37	$10.04	$11.73	$10.78	$17.25	$18.66	$13.79	$17.97				**$12.81**
		Prof Svcs	$244.46	$223.19	$408.88	$305.07	$280.55	$311.59	$313.05	$429.11	$265.20				**$309.01**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$128.46	$170.43	$134.07	$164.96	$190.29	$165.81	$139.67	$148.17	$118.93				**$151.20**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$518.82**	**$476.42**	**$780.73**	**$575.96**	**$752.11**	**$716.62**	**$638.54**	**$952.19**	**$512.06**				**$658.16**
	Total Premiums		**$877.90**	**$560.10**	**$496.43**	**$861.62**	**$605.13**	**$773.27**	**$788.60**	**$662.50**	**$1,010.85**				**$737.38**
Benefit Package 102	**Employees**		**660**	**660**	**663**	**662**	**665**	**664**	**663**	**664**	**663**				**663**
	Members		**2,279**	**2,275**	**2,280**	**2,277**	**2,285**	**2,288**	**2,284**	**2,283**	**2,269**				**2,280**
	Claims	Inpatient	$611.21	$132.51	$160.70	$869.81	$122.32	$301.42	$131.83	$510.99	$10.81				**$316.84**
		Outpatient	$20.99	$34.38	$52.28	$87.26	$21.50	$44.13	$49.35	$120.11	$57.20				**$54.13**
		ER	$17.97	$17.41	$28.91	$9.54	$9.92	$19.94	$13.61	$23.38	$19.51				**$17.80**
		Prof Svcs	$239.90	$226.54	$369.44	$306.30	$300.53	$361.04	$306.88	$389.76	$250.10				**$305.61**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$105.68	$122.70	$108.59	$102.31	$129.48	$110.56	$98.77	$118.96	$101.89				**$110.99**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$995.75**	**$533.55**	**$719.92**	**$1,375.23**	**$583.75**	**$837.08**	**$600.45**	**$1,163.21**	**$439.51**				**$805.38**
	Total Premiums		**$720.42**	**$1,037.87**	**$590.23**	**$817.88**	**$1,425.65**	**$653.23**	**$949.95**	**$654.80**	**$1,239.03**				**$898.78**
Benefit Package 103	**Employees**		**121**	**121**	**121**	**119**	**117**	**120**	**119**	**119**	**119**				**120**
	Members		**501**	**497**	**499**	**489**	**483**	**495**	**492**	**491**	**491**				**493**
	Claims	Inpatient	$281.54	$119.39	$186.71	$43.81	$0.00	$180.02	$0.00	$0.00	$0.00				**$162.29**
		Outpatient	$385.69	$97.35	$172.73	$46.38	$186.00	$17.50	$108.02	$167.82	$167.71				**$149.91**
		ER	$15.28	$64.97	$17.08	$5.81	$15.42	$17.15	$16.24	$4.82	$30.97				**$20.86**
		Prof Svcs	$299.58	$221.23	$287.50	$260.36	$185.93	$191.41	$160.32	$329.47	$253.71				**$243.28**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$48.72	$67.51	$37.94	$81.58	$70.06	$59.64	$54.86	$50.44	$43.59				**$57.15**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$1,030.81**	**$570.44**	**$701.96**	**$437.95**	**$457.41**	**$465.72**	**$339.44**	**$552.55**	**$495.98**				**$561.36**
	Total Premiums		**$697.04**	**$1,064.66**	**$618.76**	**$792.16**	**$497.50**	**$495.50**	**$548.11**	**$388.94**	**$615.95**				**$635.40**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9g

Experience Reports by Benefit Package — Per Employee Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 104	**Employees**											**243**	**255**	**262**	**253**
	Members											**877**	**911**	**928**	**905**
	Claims	Inpatient										$0.00	$82.95	$0.53	**$41.74**
		Outpatient										$0.00	$71.72	$12.08	**$41.90**
		ER										$2.12	$16.98	$7.83	**$8.98**
		Prof Svcs										$35.01	$131.04	$92.17	**$86.07**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$76.76	$59.37	$56.83	**$64.32**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$113.88**	**$362.07**	**$169.44**	**$215.13**
	Total Premiums											**$1,006.33**	**$976.26**	**$969.58**	**$984.05**
Benefit Package 105	**Employees**		**151**	**152**	**150**	**150**	**150**	**150**	**150**	**150**	**150**	**159**			**151**
	Members		**627**	**631**	**622**	**621**	**620**	**620**	**620**	**619**	**620**	**645**			**625**
	Claims	Inpatient	$0.00	$92.37	$90.00	$467.27	$0.00	$89.13	$353.85	$11.98	$31.83	$32.07			**$146.06**
		Outpatient	$279.26	$32.32	$12.03	$59.72	$73.48	$112.25	$37.56	$370.24	$112.84	$49.81			**$113.95**
		ER	$1.61	$10.88	$27.58	$17.40	$56.77	($29.32)	$30.20	$8.56	$17.77	$17.14			**$17.62**
		Prof Svcs	$229.85	$184.89	$273.24	$284.31	$286.72	$287.75	$346.51	$369.45	$337.58	$390.58			**$299.09**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$173.33	$162.55	$198.68	$168.24	$213.97	$170.42	$121.76	$228.36	$171.03	$203.72			**$181.21**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$684.04**	**$483.02**	**$601.53**	**$996.93**	**$630.94**	**$630.24**	**$889.88**	**$988.60**	**$671.05**	**$693.31**			**$726.95**
	Total Premiums		**$958.60**	**$958.54**	**$959.13**	**$958.87**	**$959.03**	**$959.03**	**$957.59**	**$959.03**	**$957.06**	**$945.69**			**$957.26**
Benefit Package 106	**Employees**		**748**	**750**	**749**	**744**	**741**	**739**	**735**	**731**	**731**	**727**			**740**
	Members		**2,050**	**2,051**	**2,048**	**2,038**	**2,032**	**2,026**	**2,015**	**1,997**	**1,989**	**1,972**			**2,022**
	Claims	Inpatient	$71.22	$100.01	$415.16	$144.34	$167.04	$80.52	$183.27	$168.61	$278.97	$117.86			**$172.70**
		Outpatient	$88.82	$60.01	$160.26	$86.84	$182.54	$180.50	$138.83	$187.53	$94.29	$104.73			**$128.43**
		ER	$11.22	$25.76	$38.15	$26.07	$20.01	$13.36	$14.04	$16.56	$11.12	$25.39			**$20.17**
		Prof Svcs	$253.15	$194.41	$285.08	$254.21	$252.29	$287.70	$281.53	$360.41	$261.84	$260.09			**$269.07**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$140.80	$165.92	$126.52	$120.22	$77.56	$94.44	$115.19	$159.71	$132.53	$191.64			**$132.45**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$565.21**	**$546.10**	**$1,025.18**	**$631.69**	**$699.44**	**$656.52**	**$732.86**	**$892.82**	**$778.75**	**$699.71**			**$722.83**
	Total Premiums		**$838.30**	**$836.06**	**$835.07**	**$835.90**	**$835.98**	**$835.53**	**$834.96**	**$836.48**	**$831.66**	**$831.56**			**$835.15**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9g

Experience Reports by Benefit Package — Per Employee Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 107	**Employees**		**391**	**390**	**392**	**391**	**394**	**395**	**391**	**389**	**388**	**400**			**392**
	Members		**1,416**	**1,406**	**1,407**	**1,404**	**1,409**	**1,414**	**1,407**	**1,399**	**1,390**	**1,421**			**1,407**
	Claims	Inpatient	$4.93	$186.59	$59.35	$124.67	$524.61	$167.54	$252.52	$103.10	$105.06	$111.68			**$164.00**
		Outpatient	$13.81	$28.59	$110.87	$54.17	$89.31	$119.80	$72.99	$157.21	$105.15	$54.31			**$80.62**
		ER	$8.14	$43.72	$31.49	$30.38	$25.96	$21.06	$12.47	$44.03	$30.24	$12.72			**$26.02**
		Prof Svcs	$247.39	$211.61	$361.92	$332.82	$332.35	$375.26	$314.57	$413.14	$252.50	$262.90			**$310.45**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$94.77	$114.73	$76.64	$95.40	$107.82	$89.87	$71.66	$110.81	$61.76	$93.12			**$91.66**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$369.05**	**$585.24**	**$640.27**	**$637.43**	**$1,080.05**	**$773.52**	**$724.21**	**$828.28**	**$554.70**	**$534.73**			**$672.75**
	Total Premiums		**$904.86**	**$901.40**	**$899.35**	**$899.27**	**$897.62**	**$899.40**	**$901.89**	**$899.39**	**$898.64**	**$892.74**			**$899.46**
Benefit Package 108	**Employees**		**290**	**286**	**286**	**285**	**282**	**280**	**277**	**275**	**277**	**249**	**248**	**249**	**274**
	Members		**726**	**718**	**719**	**715**	**704**	**691**	**683**	**678**	**682**	**619**	**617**	**617**	**681**
	Claims	Inpatient	$194.55	$27.00	$15.78	$33.61	$302.82	$248.20	$157.92	$538.64	$211.19	($83.78)	$102.76	$119.13	**$169.80**
		Outpatient	$95.23	$27.79	$37.57	$17.65	$22.78	$115.53	$134.43	$165.58	$190.89	$21.36	$45.66	$212.55	**$90.58**
		ER	$0.00	$6.36	$57.40	$25.09	$6.72	$61.29	$17.89	$30.88	$14.66	$23.59	$21.44	$9.75	**$25.01**
		Prof Svcs	$253.23	$329.53	$392.25	$347.69	$385.45	$517.18	$418.73	$545.93	$495.91	$386.12	$427.01	$355.03	**$404.51**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$166.80	$224.08	$125.98	$175.18	$198.63	$163.82	$151.28	$170.02	$140.52	$241.81	$140.71	$163.43	**$171.85**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$709.81**	**$614.76**	**$628.99**	**$599.22**	**$916.40**	**$1,106.02**	**$880.25**	**$1,451.05**	**$1,053.17**	**$589.10**	**$737.58**	**$859.88**	**$845.52**
	Total Premiums		**$990.18**	**$1,003.87**	**$972.88**	**$992.31**	**$988.04**	**$978.60**	**$981.71**	**$982.66**	**$982.23**	**$936.49**	**$932.26**	**$934.63**	**$972.99**
Benefit Package 109	**Employees**		**34**	**34**	**34**	**33**	**34**	**37**	**37**	**37**	**37**				**35**
	Members		**106**	**103**	**105**	**103**	**103**	**112**	**112**	**112**	**112**				**108**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$276.59	$5.55	$214.51	$0.00	$0.00	$0.00				**$165.55**
		ER	$0.00	$0.00	$54.95	$0.00	$0.00	$0.00	$0.14	$0.00	$0.00				**$27.55**
		Prof Svcs	$34.12	$27.43	$85.84	$170.72	$73.06	$84.19	$79.53	$308.29	$42.91				**$100.68**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$0.00	$0.51	$34.12	$9.77	$17.34	$13.98	$10.99	$16.73	$9.42				**$14.11**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$34.12**	**$27.93**	**$174.92**	**$457.08**	**$95.95**	**$312.67**	**$90.66**	**$325.02**	**$52.33**				**$174.52**
	Total Premiums		**$525.31**	**$525.31**	**$892.15**	**$592.98**	**$575.54**	**$566.35**	**$574.58**	**$574.58**	**$574.58**				**$600.15**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9g

Experience Reports by Benefit Package — Per Employee Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 110	**Employees**		**173**	**170**	**172**	**172**	**173**	**170**	**170**	**168**	**169**	**149**	**149**	**143**	**165**
	Members		**432**	**422**	**429**	**424**	**427**	**420**	**419**	**414**	**414**	**360**	**362**	**347**	**406**
	Claims	Inpatient	$209.60	$57.99	$121.98	$168.79	$70.94	$378.05	$146.94	$278.15	$290.24	$937.78	$223.47	$391.82	**$272.98**
		Outpatient	$8.30	$101.96	$94.30	$16.21	$76.12	$82.35	$117.10	$204.72	$109.11	$10.06	$150.06	$99.92	**$89.18**
		ER	$0.00	$0.00	$13.30	$10.74	$15.46	$32.07	$27.59	$5.45	$9.06	$34.49	$11.74	$85.31	**$24.52**
		Prof Svcs	$230.85	$171.46	$274.55	$246.24	$216.98	$280.23	$363.99	$618.01	$412.32	$364.75	$400.80	$258.83	**$319.92**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$231.88	$157.52	$129.63	$113.93	$103.83	$98.75	$110.79	$104.10	$113.94	$130.32	$85.97	$85.09	**$122.15**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$680.62**	**$488.92**	**$633.76**	**$555.90**	**$483.34**	**$871.45**	**$766.41**	**$1,210.43**	**$934.67**	**$1,477.39**	**$872.03**	**$920.96**	**$824.66**
	Total Premiums		**$733.50**	**$743.48**	**$679.33**	**$726.90**	**$732.47**	**$729.34**	**$722.00**	**$734.12**	**$717.70**	**$783.27**	**$764.87**	**$795.30**	**$738.52**
Benefit Package 111	**Employees**		**281**	**284**	**282**	**283**	**277**	**280**	**284**	**279**	**280**	**262**	**264**	**263**	**277**
	Members		**724**	**737**	**732**	**728**	**715**	**724**	**728**	**717**	**719**	**642**	**643**	**645**	**705**
	Claims	Inpatient	$0.00	$0.88	$160.54	$0.00	$39.73	$27.31	$0.00	$317.37	$1.84	$27.88	$297.06	$240.44	**$123.67**
		Outpatient	$80.83	$22.66	$28.53	$387.78	$117.81	$100.96	$58.94	$72.37	$53.52	$36.88	$310.16	$52.00	**$110.20**
		ER	$0.00	$8.54	$34.30	$26.52	$29.23	$74.63	$27.93	$33.44	$17.33	$7.90	$32.87	$20.23	**$28.45**
		Prof Svcs	$258.24	$283.56	$227.52	$278.89	$173.13	$294.97	$279.79	$313.52	$532.19	$314.70	$452.23	$211.15	**$301.66**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$74.52	$108.89	$93.35	$73.73	$102.85	$73.25	$71.50	$85.83	$95.23	$81.55	$74.25	$94.92	**$85.82**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$413.59**	**$424.53**	**$544.23**	**$766.93**	**$462.74**	**$571.12**	**$438.17**	**$822.53**	**$700.10**	**$468.92**	**$1,166.57**	**$618.74**	**$616.51**
	Total Premiums		**$717.42**	**$726.85**	**$742.42**	**$732.55**	**$733.97**	**$731.79**	**$725.78**	**$731.08**	**$728.96**	**$745.69**	**$725.43**	**$743.45**	**$732.12**
Benefit Package 112	**Employees**		**120**	**122**	**123**	**123**	**132**	**124**	**124**	**125**	**125**				**124**
	Members		**343**	**348**	**355**	**344**	**363**	**346**	**346**	**348**	**346**				**349**
	Claims	Inpatient	$0.00	$0.00	$56.70	$0.00	$0.00	$79.41	$251.81	$37.26	$509.01				**$186.84**
		Outpatient	$23.30	$0.00	$262.68	$13.14	$9.22	$73.69	$14.52	$81.72	$0.00				**$68.32**
		ER	$15.95	$8.97	$28.78	$0.03	$1.64	$6.79	$98.22	$18.69	$60.23				**$26.59**
		Prof Svcs	$110.01	$127.45	$200.99	$149.64	$179.97	$306.52	$248.85	$347.19	$217.08				**$209.75**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$70.07	$107.20	$79.10	$74.43	$90.84	$67.65	$83.19	$110.33	$77.21				**$84.45**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$219.33**	**$243.63**	**$628.25**	**$237.23**	**$281.66**	**$534.06**	**$696.60**	**$595.19**	**$863.52**				**$477.72**
	Total Premiums		**$815.30**	**$809.53**	**$800.79**	**$794.45**	**$757.24**	**$789.32**	**$784.20**	**$788.49**	**$777.08**				**$790.71**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9g

Experience Reports by Benefit Package — Per Employee Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 113	**Employees**		**52**	**53**	**53**	**53**	**53**	**53**	**53**	**53**	**53**	**40**	**32**	**35**	**49**
	Members		**110**	**112**	**115**	**115**	**115**	**115**	**115**	**115**	**115**	**87**	**71**	**77**	**105**
	Claims	Inpatient	$0.00	$776.03	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$776.03**
		Outpatient	$192.76	$145.76	$382.25	$265.50	$405.25	$166.39	$313.30	$8.20	$518.29	$230.36	$599.26	$588.39	**$317.98**
		ER	$153.96	$0.00	$220.17	$32.59	$0.00	$0.00	$0.00	$43.10	$0.00	$0.00	$0.00	$0.00	**$112.46**
		Prof Svcs	$312.64	$245.19	$411.49	$306.62	$250.24	$248.56	$290.28	$284.46	$207.15	$304.49	$423.07	$192.39	**$289.71**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$104.73	$169.94	$80.96	$78.81	$106.29	$72.56	$68.36	$156.06	$109.31	$97.67	$141.98	$94.92	**$106.80**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$764.09**	**$1,336.91**	**$1,094.88**	**$683.52**	**$761.78**	**$487.51**	**$671.93**	**$491.82**	**$834.75**	**$632.51**	**$1,164.31**	**$875.70**	**$816.64**
	Total Premiums		**$686.44**	**$686.21**	**$712.60**	**$712.82**	**$712.45**	**$712.77**	**$713.23**	**$712.80**	**$714.03**	**$728.12**	**$740.10**	**$728.06**	**$713.30**
Benefit Package 114	**Employees**		**581**	**572**	**574**	**575**	**571**	**572**	**571**	**568**	**568**	**490**	**326**	**393**	**530**
	Members		**1,456**	**1,424**	**1,428**	**1,428**	**1,424**	**1,427**	**1,425**	**1,417**	**1,417**	**1,250**	**857**	**1,044**	**1,333**
	Claims	Inpatient	$157.03	$26.54	$150.90	$105.20	$73.18	$462.38	$122.69	$197.24	$337.57	$228.54	$346.27	$132.86	**$195.03**
		Outpatient	$84.97	$91.49	$65.91	$65.77	$34.81	$69.58	$26.49	$131.76	$106.77	$136.89	$38.06	$89.45	**$78.50**
		ER	$39.22	$4.46	$26.52	$62.22	$19.01	$16.42	$31.55	$32.59	$57.54	$1.86	$52.64	$28.55	**$31.05**
		Prof Svcs	$203.97	$207.57	$346.43	$302.20	$324.39	$335.65	$276.67	$410.74	$229.53	$269.67	$453.70	$376.39	**$311.41**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$104.81	$101.63	$99.54	$74.76	$105.38	$97.17	$99.89	$119.41	$87.38	$81.46	$140.94	$98.55	**$100.91**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$590.00**	**$431.68**	**$689.30**	**$610.15**	**$556.78**	**$981.19**	**$557.29**	**$891.74**	**$818.78**	**$718.40**	**$1,031.62**	**$725.80**	**$716.89**
	Total Premiums		**$795.45**	**$810.38**	**$796.98**	**$794.38**	**$797.16**	**$801.04**	**$799.64**	**$808.17**	**$806.34**	**$837.75**	**$896.07**	**$923.63**	**$822.25**
Benefit Package 115	**Employees**		**33**	**33**	**33**	**33**	**33**	**34**	**34**	**33**	**33**	**24**	**19**	**23**	**30**
	Members		**69**	**69**	**69**	**69**	**69**	**73**	**73**	**70**	**70**	**53**	**43**	**51**	**65**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$456.04	$0.00	$0.00	$0.00	($260.67)	$0.00	$0.00	$0.00	**$195.38**
		Outpatient	$780.79	$436.18	$1,173.92	$754.03	$926.84	$919.84	$899.81	$1,195.87	$1,079.57	$1,916.99	$1,736.92	$1,735.83	**$1,129.72**
		ER	$0.00	$27.69	$0.00	$0.00	$0.00	$0.00	$49.08	$0.00	$0.00	$0.00	$0.00	$0.00	**$38.38**
		Prof Svcs	$137.78	$314.00	$269.49	$271.27	$477.58	$215.68	$303.38	$275.33	$217.26	$421.29	$349.92	$302.21	**$296.27**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$70.79	$376.75	$312.91	$52.33	$412.40	$454.95	$87.90	$955.14	$30.93	$136.62	$681.53	$402.11	**$331.20**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$989.36**	**$1,154.62**	**$1,756.31**	**$1,077.63**	**$2,272.87**	**$1,590.48**	**$1,340.16**	**$2,426.34**	**$1,067.09**	**$2,474.90**	**$2,768.37**	**$2,440.15**	**$1,779.86**
	Total Premiums		**$718.48**	**$716.78**	**$717.92**	**$718.15**	**$717.78**	**$740.43**	**$740.94**	**$754.03**	**$749.04**	**$708.25**	**$785.89**	**$764.26**	**$736.00**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

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Experience Reports by Benefit Package — Per Employee Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 116	**Employees**		**448**	**443**	**449**	**452**	**448**	**449**	**448**	**443**	**446**	**447**	**276**	**354**	**425**
	Members		**1,096**	**1,081**	**1,097**	**1,105**	**1,096**	**1,094**	**1,093**	**1,089**	**1,095**	**1,096**	**725**	**895**	**1,047**
	Claims	Inpatient	$7.38	$162.52	$244.39	$230.58	$224.37	$645.85	$94.84	$134.57	$367.01	$303.73	$568.27	$120.58	**$258.67**
		Outpatient	$76.39	$3.69	$59.51	$112.25	$32.09	$28.81	$27.58	$23.36	$45.00	$103.61	$323.70	$90.82	**$77.23**
		ER	$18.74	$17.57	$54.84	$53.84	$9.63	$38.95	($4.47)	$55.22	$50.50	$76.15	$17.74	$30.27	**$38.09**
		Prof Svcs	$361.31	$342.55	$403.18	$429.14	$378.08	$468.87	$389.04	$492.52	$370.22	$394.28	$573.80	$312.18	**$409.60**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$89.76	$121.12	$100.36	$105.24	$109.84	$83.63	$112.17	$119.58	$109.16	$109.04	$180.90	$156.00	**$116.40**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$553.58**	**$647.45**	**$862.28**	**$931.05**	**$754.01**	**$1,266.12**	**$619.16**	**$825.25**	**$941.89**	**$986.80**	**$1,664.41**	**$709.86**	**$896.82**
	Total Premiums		**$842.11**	**$840.28**	**$838.91**	**$834.90**	**$850.24**	**$839.65**	**$841.73**	**$843.36**	**$843.80**	**$856.38**	**$943.76**	**$917.27**	**$857.70**
Benefit Package 117	**Employees**		**8**	**8**	**8**	**8**	**8**	**9**	**9**	**9**	**9**				**8**
	Members		**18**	**18**	**18**	**18**	**18**	**20**	**20**	**20**	**20**				**19**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.07	$0.00	$0.00	$0.00				**$0.07**
		Prof Svcs	$82.59	$50.19	$250.31	$14.93	$51.21	$174.00	$499.53	$146.32	$60.18				**$147.69**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$64.80	$34.48	$45.62	$26.07	$23.29	$27.81	$38.93	$67.40	$27.52				**$39.55**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$147.39**	**$84.67**	**$295.93**	**$40.99**	**$74.51**	**$201.88**	**$538.46**	**$213.72**	**$87.70**				**$187.25**
	Total Premiums		**$780.49**	**$776.52**	**$779.19**	**$779.71**	**$778.85**	**$767.25**	**$768.33**	**$767.31**	**$770.19**				**$774.20**
Benefit Package 118	**Employees**		**119**	**113**	**115**	**115**	**114**	**113**	**121**	**113**	**113**				**115**
	Members		**319**	**305**	**310**	**310**	**307**	**304**	**320**	**304**	**304**				**309**
	Claims	Inpatient	$311.15	$344.83	$164.13	$291.61	$456.37	$118.05	$78.88	$350.35	$408.77				**$280.46**
		Outpatient	$76.18	$0.00	$77.09	$31.36	$0.00	$0.00	$80.65	$0.00	$0.00				**$66.32**
		ER	$15.72	$33.75	$71.30	$59.11	$32.29	$0.00	$50.91	$4.64	$0.00				**$38.24**
		Prof Svcs	$178.08	$118.82	$228.58	$277.98	$189.43	$183.67	$228.93	$234.02	$269.66				**$212.13**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$57.35	$51.90	$41.55	$65.30	$47.51	$69.06	$61.17	$48.77	$74.03				**$57.41**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$638.48**	**$549.30**	**$582.65**	**$725.35**	**$725.60**	**$370.78**	**$500.53**	**$637.77**	**$752.46**				**$609.21**
	Total Premiums		**$884.70**	**$879.79**	**$890.05**	**$890.66**	**$889.23**	**$887.15**	**$827.98**	**$922.13**	**$890.63**				**$884.70**

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K–12 School District Data Collection Project

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Experience Reports by Benefit Package — Per Employee Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 119	**Employees**		**603**	**601**	**600**	**600**	**596**	**596**	**595**	**589**	**587**				**596**
	Members		**1,569**	**1,566**	**1,565**	**1,569**	**1,557**	**1,557**	**1,546**	**1,526**	**1,524**				**1,553**
	Claims	Inpatient	$182.16	$89.21	$884.19	$208.20	$962.32	$153.12	$57.11	$376.90	$372.03				**$365.03**
		Outpatient	$24.52	$43.45	$85.14	$85.52	$43.00	$78.26	$31.65	$95.85	$150.07				**$70.83**
		ER	$7.54	$30.24	$25.35	$22.66	$11.34	$20.07	$10.19	$38.47	$52.44				**$24.26**
		Prof Svcs	$281.75	$270.60	$464.83	$341.34	$383.65	$445.15	$366.30	$522.39	$370.99				**$383.00**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$113.87	$162.31	$104.26	$121.01	$131.14	$116.68	$113.39	$143.16	$121.30				**$125.24**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$609.84**	**$595.80**	**$1,563.77**	**$778.73**	**$1,531.45**	**$813.28**	**$578.65**	**$1,176.77**	**$1,066.83**				**$968.35**
	Total Premiums		**$894.97**	**$894.23**	**$897.10**	**$897.16**	**$898.19**	**$897.65**	**$895.17**	**$894.90**	**$890.57**				**$895.55**
Benefit Package 120	**Employees**		**167**	**166**	**170**	**170**	**172**	**173**	**173**	**174**	**174**				**171**
	Members		**481**	**476**	**486**	**487**	**491**	**492**	**496**	**498**	**498**				**489**
	Claims	Inpatient	$155.21	$23.86	$205.67	$7.76	$85.13	$200.87	$220.20	$0.00	$142.90				**$130.20**
		Outpatient	$55.38	$26.86	$56.22	$131.94	$22.31	$14.72	$2.34	$28.98	$89.80				**$47.62**
		ER	$12.74	$8.09	$15.39	$10.01	$8.25	$10.82	$6.61	$3.62	$0.17				**$8.41**
		Prof Svcs	$244.12	$164.83	$294.40	$204.81	$270.08	$320.04	$205.62	$377.37	$207.81				**$254.34**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$109.53	$115.78	$107.36	$83.90	$82.20	$74.45	$67.91	$92.79	$75.92				**$89.98**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$576.97**	**$339.41**	**$679.04**	**$438.44**	**$467.96**	**$620.90**	**$502.68**	**$502.77**	**$516.60**				**$516.09**
	Total Premiums		**$873.33**	**$870.24**	**$870.04**	**$869.98**	**$868.41**	**$861.05**	**$867.89**	**$866.32**	**$865.74**				**$868.11**
Benefit Package 121	**Employees**											**381**	**377**	**378**	**379**
	Members											**966**	**957**	**958**	**960**
	Claims	Inpatient										$42.95	$49.90	$304.84	**$132.56**
		Outpatient										$11.58	$106.08	$67.78	**$61.81**
		ER										$6.65	$6.69	$10.12	**$7.82**
		Prof Svcs										$179.43	$364.32	$373.89	**$305.88**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$150.94	$117.60	$167.47	**$145.34**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$391.55**	**$644.59**	**$924.09**	**$653.41**
	Total Premiums											**$956.54**	**$955.82**	**$956.80**	**$956.39**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9g

Experience Reports by Benefit Package — Per Employee Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 122	**Employees**											**290**	**294**	**293**	**292**
	Members											**773**	**782**	**782**	**779**
	Claims	Inpatient										$19.17	$42.31	$0.00	**$30.74**
		Outpatient										$0.00	$17.70	$206.32	**$112.01**
		ER										$4.06	$5.49	$15.14	**$8.23**
		Prof Svcs										$86.79	$274.79	$260.76	**$207.45**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$85.74	$87.18	$82.67	**$85.20**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$195.76**	**$427.48**	**$564.89**	**$396.04**
	Total Premiums											**$836.33**	**$827.48**	**$831.53**	**$831.78**
Benefit Package 123	**Employees**											**10**	**11**	**12**	**11**
	Members											**38**	**40**	**42**	**40**
	Claims	Inpatient										$0.00	$0.00	$0.00	**$0.00**
		Outpatient										$0.00	$0.00	$0.00	**$0.00**
		ER										$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs										$23.95	$7.27	$24.57	**$18.60**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$3.00	$6.57	$0.00	**$4.79**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$26.95**	**$13.85**	**$24.57**	**$21.79**
	Total Premiums											**$828.68**	**$794.22**	**$762.19**	**$795.03**
Benefit Package 127	**Employees**												**17**	**17**	**17**
	Members												**67**	**67**	**67**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$1.48	**$1.48**
		Prof Svcs											$32.87	$121.37	**$77.12**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$214.77	$133.77	**$174.27**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$247.64**	**$256.62**	**$252.13**
	Total Premiums												**$759.24**	**$758.99**	**$759.12**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9g

Experience Reports by Benefit Package — Per Employee Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 128	**Employees**												**211**	**210**	**211**
	Members												**825**	**824**	**825**
	Claims	Inpatient											$0.00	$177.88	**$177.88**
		Outpatient											$41.78	$24.93	**$33.36**
		ER											$9.02	$1.84	**$5.43**
		Prof Svcs											$189.94	$339.61	**$264.78**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$97.85	$155.89	**$126.87**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$338.59**	**$700.15**	**$519.37**
	Total Premiums												**$934.48**	**$940.38**	**$937.43**
Benefit Package 129	**Employees**												**636**	**640**	**638**
	Members												**1,715**	**1,721**	**1,718**
	Claims	Inpatient											$12.21	$16.20	**$14.20**
		Outpatient											$29.36	$120.82	**$75.09**
		ER											$13.30	$8.87	**$11.09**
		Prof Svcs											$125.98	$245.10	**$185.54**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$93.29	$107.72	**$100.51**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$274.13**	**$498.71**	**$386.42**
	Total Premiums												**$877.19**	**$875.66**	**$876.43**
Benefit Package 130	**Employees**												**430**	**434**	**432**
	Members												**1,411**	**1,417**	**1,414**
	Claims	Inpatient											$14.32	$144.92	**$79.62**
		Outpatient											$26.07	$61.35	**$43.71**
		ER											$5.53	$15.14	**$10.34**
		Prof Svcs											$143.72	$270.32	**$207.02**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$72.45	$80.18	**$76.32**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$262.09**	**$571.93**	**$417.01**
	Total Premiums												**$884.70**	**$881.11**	**$882.91**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9g

Experience Reports by Benefit Package — Per Employee Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 131	**Employees**												**8**	**8**	**8**
	Members												**45**	**45**	**45**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$0.00	$131.20	**$131.20**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$15.76	$5.24	**$10.50**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$15.76**	**$136.44**	**$76.10**
	Total Premiums												**$701.21**	**$701.21**	**$701.21**
Benefit Package 132	**Employees**											**9**	**9**	**9**	**9**
	Members											**29**	**29**	**29**	**29**
	Claims	Inpatient										$0.00	$0.00	$0.00	**$0.00**
		Outpatient										$0.00	$0.00	$25.18	**$25.18**
		ER										$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs										$4.49	$91.16	$5.52	**$33.73**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$3.33	$0.00	$0.00	**$3.33**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$7.82**	**$91.16**	**$30.70**	**$43.23**
	Total Premiums											**$555.80**	**$555.80**	**$555.80**	**$555.80**
Benefit Package 133	**Employees**											**164**	**169**	**170**	**168**
	Members											**466**	**480**	**482**	**476**
	Claims	Inpatient										$0.00	$0.00	$47.99	**$47.99**
		Outpatient										$0.00	$92.86	$96.12	**$94.49**
		ER										$39.92	$8.16	$23.24	**$23.77**
		Prof Svcs										$104.84	$208.70	$262.79	**$192.11**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$81.40	$126.11	$137.54	**$115.01**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$226.15**	**$435.83**	**$567.68**	**$409.89**
	Total Premiums											**$1,025.12**	**$1,031.74**	**$1,021.62**	**$1,026.16**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9g

Experience Reports by Benefit Package — Per Employee Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 134	**Employees**											**53**	**55**	**60**	**56**
	Members											**174**	**181**	**191**	**182**
	Claims	Inpatient										$0.00	$0.00	$0.00	**$0.00**
		Outpatient										$0.00	$52.25	$0.00	**$52.25**
		ER										$27.73	$27.16	$0.00	**$27.44**
		Prof Svcs										$60.04	$64.61	$84.59	**$69.75**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$20.35	$11.29	$10.90	**$14.18**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$108.12**	**$155.31**	**$95.48**	**$119.64**
	Total Premiums											**$643.59**	**$747.68**	**$665.36**	**$685.54**
Benefit Package 135	**Employees**											**239**	**220**	**243**	**234**
	Members											**715**	**678**	**763**	**719**
	Claims	Inpatient										$0.00	$347.60	$74.77	**$211.19**
		Outpatient										$0.00	$0.00	$9.25	**$9.25**
		ER										$3.34	$6.13	$9.47	**$6.31**
		Prof Svcs										$23.55	$174.60	$108.11	**$102.08**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$74.87	$82.46	$79.79	**$79.04**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$101.75**	**$610.78**	**$281.39**	**$331.31**
	Total Premiums											**$814.47**	**$731.38**	**$763.80**	**$769.88**
Benefit Package 136	**Employees**											**28**	**26**	**27**	**27**
	Members											**71**	**67**	**69**	**69**
	Claims	Inpatient										$0.00	$0.00	$0.00	**$0.00**
		Outpatient										$0.00	$0.00	$0.00	**$0.00**
		ER										$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs										$41.31	$100.78	$90.63	**$77.57**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$25.77	$78.68	$51.58	**$52.01**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$67.08**	**$179.45**	**$142.22**	**$129.59**
	Total Premiums											**$715.00**	**$724.86**	**$699.16**	**$713.01**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9g

Experience Reports by Benefit Package — Per Employee Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 137	**Employees**											**116**	**120**	**119**	**118**
	Members											**455**	**478**	**470**	**468**
	Claims	Inpatient										$0.00	$0.00	$0.00	**$0.00**
		Outpatient										$0.00	$0.00	$0.00	**$0.00**
		ER										$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs										$7.87	$23.06	$25.94	**$18.95**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$21.08	$5.79	$5.36	**$10.74**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$28.95**	**$28.85**	**$31.30**	**$29.70**
	Total Premiums											**$689.20**	**$686.34**	**$686.81**	**$687.45**
Benefit Package 138	**Employees**											**6**	**6**	**6**	**6**
	Members											**23**	**23**	**23**	**23**
	Claims	Inpatient										$0.00	$0.00	$0.00	**$0.00**
		Outpatient										$0.00	$0.00	$0.00	**$0.00**
		ER										$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs										$0.00	$18.17	$106.86	**$62.52**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$4.22	$0.00	$0.00	**$4.22**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$4.22**	**$18.17**	**$106.86**	**$43.08**
	Total Premiums											**$710.03**	**$710.03**	**$710.03**	**$710.03**
												$4,467.91	**$4,470.87**	**$4,494.96**	**$4,477.91**
Grand Total	**Employees**		**105,182**	**105,162**	**105,211**	**105,111**	**105,027**	**104,988**	**104,824**	**104,477**	**104,217**	**102,762**	**102,830**	**103,384**	**104,431**
	Members		**214,261**	**214,018**	**213,987**	**212,106**	**211,890**	**211,753**	**211,351**	**210,741**	**210,143**	**207,343**	**207,032**	**208,013**	**211,053**
	Claims	Inpatient	$142.51	$126.10	$176.65	$173.98	$170.37	$213.80	$212.66	$166.28	$154.00	$171.72	$146.27	$156.02	**$167.53**
		Outpatient	$123.12	$121.45	$137.97	$138.11	$135.77	$141.07	$151.45	$169.06	$135.37	$131.76	$142.45	$137.50	**$138.76**
		ER	$22.33	$27.63	$28.48	$25.85	$25.21	$25.77	$28.14	$28.38	$26.35	$24.75	$23.85	$23.61	**$25.86**
		Prof Svcs	$225.32	$239.00	$269.33	$258.66	$266.45	$276.83	$295.24	$327.98	$234.05	$253.90	$242.71	$236.19	**$260.47**
		Other	$34.52	$39.41	$43.56	$37.44	$39.44	$39.82	$41.67	$47.23	$36.27	$43.61	$38.00	$36.94	**$39.82**
		Pharmacy	$123.71	$125.12	$130.54	$123.03	$130.11	$126.35	$128.01	$135.31	$121.53	$128.08	$122.53	$121.68	**$126.33**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$671.52**	**$678.70**	**$786.52**	**$757.07**	**$767.36**	**$823.64**	**$857.17**	**$874.23**	**$707.58**	**$753.82**	**$715.80**	**$711.93**	**$758.78**
	Total Premiums		**$835.80**	**$834.67**	**$829.85**	**$831.92**	**$832.89**	**$828.58**	**$830.44**	**$827.44**	**$835.05**	**$830.02**	**$823.05**	**$824.29**	**$830.33**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9h

Experience Reports by Benefit Package — Per Member Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 001	**Employees**		**86**	**86**	**86**	**86**	**86**	**86**	**87**	**88**	**87**				**86**
	Members		**172**	**172**	**172**	**172**	**168**	**168**	**176**	**176**	**175**				**172**
	Claims	Inpatient	$0.00	$0.00	$110.93	$0.00	$0.00	$78.86	$39.55	$0.00	$117.74				**$86.77**
		Outpatient	$137.11	$189.95	$244.69	$168.23	$348.74	$114.19	$138.30	$65.83	$183.42				**$176.72**
		ER	$15.44	$23.20	$0.00	$18.74	$34.55	$45.39	$4.51	$3.44	$26.43				**$21.46**
		Prof Svcs	$62.34	$31.47	$62.47	$57.90	$85.76	$71.61	$50.06	$50.37	$71.96				**$60.44**
		Other	$16.82	$21.25	$15.11	$20.73	$28.95	$22.27	$17.35	$18.48	$17.90				**$19.87**
		Pharmacy	$41.27	$34.96	$50.33	$44.56	$74.19	$80.58	$25.38	$38.60	$23.25				**$45.90**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$272.99**	**$300.82**	**$483.52**	**$310.16**	**$572.19**	**$412.90**	**$275.14**	**$176.73**	**$440.70**				**$360.57**
	Total Premiums		**$462.67**	**$462.67**	**$462.67**	**$462.67**	**$462.67**	**$462.67**	**$462.67**	**$462.67**	**$462.67**				**$462.67**
Benefit Package 002	**Employees**		**71**	**71**	**71**	**70**	**69**	**69**	**65**	**70**	**70**				**70**
	Members		**136**	**136**	**136**	**132**	**127**	**127**	**125**	**133**	**135**				**132**
	Claims	Inpatient	$170.97	$0.00	$0.00	$265.04	$0.00	$75.34	$77.19	$0.00	$0.00				**$147.14**
		Outpatient	$25.65	$15.64	$173.83	$27.38	$97.99	$33.95	$63.16	$78.53	$77.64				**$65.98**
		ER	$0.00	$25.55	$1.80	$17.87	$1.62	$32.95	$0.00	$0.00	$17.49				**$16.21**
		Prof Svcs	$44.06	$62.72	$65.59	$104.86	$79.66	$68.17	$27.40	$64.15	$30.61				**$60.80**
		Other	$16.63	$11.71	$20.04	$25.82	$21.51	$13.01	$4.74	$6.13	$11.48				**$14.56**
		Pharmacy	$61.06	$63.44	$55.88	$62.42	$39.75	$82.06	$49.54	$59.23	$40.91				**$57.14**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$318.37**	**$179.07**	**$317.14**	**$503.39**	**$240.52**	**$305.49**	**$222.03**	**$208.03**	**$178.13**				**$274.69**
	Total Premiums		**$428.33**	**$428.33**	**$428.33**	**$428.33**	**$428.33**	**$428.33**	**$428.33**	**$428.33**	**$428.33**				**$428.33**
Benefit Package 003	**Employees**		**198**	**197**	**196**	**196**	**194**	**192**	**200**	**204**	**204**	**161**	**160**	**161**	**189**
	Members		**348**	**345**	**340**	**340**	**337**	**335**	**354**	**359**	**357**	**273**	**270**	**272**	**328**
	Claims	Inpatient	$35.57	$0.00	$787.93	$212.06	$0.19	$503.61	$237.22	$141.63	$549.62	$310.06	$91.74	$0.00	**$286.96**
		Outpatient	$100.00	$129.65	$115.84	$234.79	$456.57	$448.21	$193.74	$222.18	$317.99	$301.93	$218.44	$372.69	**$259.34**
		ER	$28.58	$5.46	$5.13	$17.22	$7.72	$52.31	$25.35	$10.36	$13.43	$20.05	$30.00	$0.00	**$19.60**
		Prof Svcs	$111.38	$87.47	$138.99	$158.91	$168.89	$187.11	$139.05	$95.62	$159.03	$156.01	$125.50	$94.10	**$135.17**
		Other	$31.94	$39.90	$30.98	$32.01	$39.39	$27.51	$39.37	$41.84	$38.57	$36.28	$28.68	$32.89	**$34.95**
		Pharmacy	$82.33	$97.58	$130.15	$108.72	$113.49	$121.77	$90.77	$92.26	$79.87	$106.80	$79.81	$144.47	**$104.00**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$389.79**	**$360.06**	**$1,209.02**	**$763.71**	**$786.24**	**$1,340.52**	**$725.50**	**$603.89**	**$1,158.50**	**$931.14**	**$574.16**	**$644.14**	**$790.56**
	Total Premiums		**$526.27**	**$526.27**	**$526.27**	**$526.27**	**$526.27**	**$526.27**	**$526.27**	**$526.27**	**$526.27**	**$526.27**	**$526.27**	**$526.27**	**$526.27**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9h

Experience Reports by Benefit Package — Per Member Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 004	**Employees**											**80**	**80**	**80**	**80**
	Members											**156**	**156**	**156**	**156**
	Claims	Inpatient										$0.00	$0.00	$0.00	**$0.00**
		Outpatient										$268.24	$259.65	$240.89	**$256.26**
		ER										$0.00	$0.00	$27.94	**$27.94**
		Prof Svcs										$62.15	$66.28	$58.14	**$62.19**
		Other										$24.87	$10.93	$31.15	**$22.32**
		Pharmacy										$31.31	$92.08	$63.63	**$62.34**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$386.56**	**$428.94**	**$421.75**	**$412.42**
	Total Premiums											**$500.09**	**$500.09**	**$500.09**	**$500.09**
Benefit Package 005	**Employees**											**77**	**77**	**76**	**77**
	Members											**153**	**153**	**153**	**153**
	Claims	Inpatient										$101.38	$6.48	$0.00	**$53.93**
		Outpatient										$41.42	$24.43	$42.66	**$36.17**
		ER										$25.19	$18.13	$27.62	**$23.65**
		Prof Svcs										$93.43	$38.76	$58.86	**$63.68**
		Other										$12.95	$10.60	$11.47	**$11.68**
		Pharmacy										$65.29	$73.74	$51.52	**$63.52**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$339.66**	**$172.14**	**$192.15**	**$234.65**
	Total Premiums											**$500.09**	**$500.09**	**$500.09**	**$500.09**
Benefit Package 006	**Employees**											**8**	**9**	**9**	**9**
	Members											**18**	**24**	**23**	**22**
	Claims	Inpatient										$0.00	$0.00	$0.00	**$0.00**
		Outpatient										$20.53	$26.27	$10.46	**$19.09**
		ER										$0.00	$0.00	$237.58	**$237.58**
		Prof Svcs										$0.00	$5.30	$66.94	**$36.12**
		Other										$0.00	$1.21	$1.27	**$1.24**
		Pharmacy										$8.00	$3.71	$6.22	**$5.98**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$28.53**	**$36.50**	**$322.47**	**$129.16**
	Total Premiums											**$422.81**	**$422.81**	**$422.81**	**$422.81**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9h

Experience Reports by Benefit Package — Per Member Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 007	**Employees**		**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**
	Members		**19**	**19**	**19**	**19**	**19**	**19**	**19**	**19**	**19**	**19**	**19**	**19**	**19**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$13.97	$2.90	$2.01	$0.00	$98.02	$25.76	$39.72	$5.02	$23.38	**$26.35**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs	$0.00	$17.59	$4.76	$12.39	$9.89	$10.54	$0.00	$97.65	$18.62	$31.81	$0.00	$0.00	**$25.41**
		Other	$26.46	$8.42	$14.76	$16.63	$30.57	$14.53	$0.00	$0.00	$0.00	$20.57	$25.45	$8.27	**$18.41**
		Pharmacy	$0.00	$14.00	$0.00	$0.00	$10.84	$0.26	$0.00	$0.00	$0.00	$5.16	$2.05	$1.89	**$5.70**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$26.46**	**$40.01**	**$19.52**	**$42.98**	**$54.21**	**$27.34**	**$0.00**	**$195.67**	**$44.38**	**$97.26**	**$32.53**	**$33.55**	**$55.81**
	Total Premiums		**$341.07**	**$341.07**	**$341.07**	**$341.07**	**$341.07**	**$341.07**	**$341.07**	**$341.07**	**$341.07**	**$341.07**	**$341.07**	**$341.07**	**$341.07**
Benefit Package 009	**Employees**		**62**	**63**	**63**	**64**	**64**	**63**	**61**	**59**	**60**	**57**	**56**	**56**	**61**
	Members		**123**	**126**	**124**	**126**	**126**	**122**	**117**	**108**	**108**	**106**	**109**	**109**	**117**
	Claims	Inpatient	$201.92	$203.78	$20.17	$0.00	$4.45	$46.43	$60.80	$0.00	$35.74	$25.33	$0.00	$0.00	**$74.83**
		Outpatient	$16.95	$57.60	$248.60	$173.55	$52.55	$19.51	$286.83	$120.74	$85.43	$42.23	$47.01	$86.99	**$103.17**
		ER	$0.00	$17.46	$0.00	$0.00	$10.35	$45.30	$63.03	$0.00	$12.93	$0.00	$11.02	$0.00	**$26.68**
		Prof Svcs	$76.27	$92.22	$94.65	$80.64	$59.59	$35.07	$80.39	$116.73	$103.04	$64.10	$33.46	$43.53	**$73.31**
		Other	$50.13	$61.21	$100.34	$65.23	$56.89	$39.53	$125.91	$107.89	$86.70	$95.40	$99.27	$46.73	**$77.94**
		Pharmacy	$37.18	$22.05	$39.79	$38.42	$28.07	$49.38	$28.22	$29.04	$21.10	$29.95	$15.67	$21.10	**$30.00**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$382.45**	**$454.33**	**$503.55**	**$357.83**	**$211.90**	**$235.20**	**$645.19**	**$374.40**	**$344.95**	**$257.01**	**$206.43**	**$198.35**	**$347.63**
	Total Premiums		**$503.18**	**$491.20**	**$502.07**	**$498.78**	**$501.63**	**$505.52**	**$508.62**	**$517.23**	**$517.28**	**$515.02**	**$483.91**	**$483.91**	**$502.36**
Benefit Package 010	**Employees**		**283**	**282**	**282**	**282**	**282**	**284**	**282**	**279**	**278**	**255**	**260**	**262**	**276**
	Members		**461**	**463**	**462**	**462**	**461**	**465**	**463**	**455**	**452**	**427**	**423**	**425**	**452**
	Claims	Inpatient	$34.40	$81.21	$39.36	$0.00	$0.66	$85.38	$126.06	$187.86	$170.17	$76.34	$0.00	$62.08	**$86.35**
		Outpatient	$42.64	$67.41	$96.97	$56.62	$169.67	$36.24	$63.45	$92.54	$40.12	$78.48	$65.14	$81.69	**$74.25**
		ER	$5.02	($16.41)	$46.02	$29.89	$13.00	$29.87	$34.92	$8.05	$30.94	$29.36	$6.10	$33.21	**$22.72**
		Prof Svcs	$92.23	$122.72	$124.15	$91.89	$112.89	$136.18	$135.76	$135.05	$113.49	$102.41	$100.59	$146.85	**$117.85**
		Other	$76.20	$153.72	$147.31	$84.83	$101.72	$121.87	$105.16	$166.82	$117.76	$158.14	$110.42	$95.85	**$119.98**
		Pharmacy	$21.19	$33.51	$32.29	$19.18	$31.60	$40.20	$25.84	$35.50	$19.78	$29.73	$40.39	$38.05	**$30.60**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$271.67**	**$442.17**	**$486.09**	**$282.41**	**$429.54**	**$449.73**	**$491.19**	**$625.82**	**$492.26**	**$474.46**	**$322.64**	**$457.73**	**$435.48**
	Total Premiums		**$572.33**	**$567.51**	**$567.85**	**$567.85**	**$567.86**	**$564.42**	**$567.84**	**$563.22**	**$567.64**	**$562.31**	**$574.13**	**$576.17**	**$568.26**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9h

Experience Reports by Benefit Package — Per Member Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 011	**Employees**		**85**	**86**	**86**	**84**	**84**	**84**	**85**	**85**	**84**	**82**	**90**	**90**	**85**
	Members		**238**	**239**	**239**	**236**	**233**	**232**	**233**	**233**	**237**	**231**	**237**	**237**	**235**
	Claims	Inpatient	$0.00	$0.00	$0.00	$9.74	$5.40	$0.00	$0.00	$142.05	$7.46	$42.26	($5.83)	$62.63	**$43.95**
		Outpatient	$43.68	$26.26	$55.58	$19.33	$6.33	$16.09	$34.59	$18.38	$35.34	$124.55	$1.00	$40.89	**$35.17**
		ER	$0.00	$18.45	$3.05	$0.00	$0.00	$33.05	$0.00	$0.00	$0.00	$7.52	$12.95	$3.18	**$13.03**
		Prof Svcs	$16.87	$32.66	$49.84	$23.14	$30.21	$40.38	$31.56	$58.30	$35.98	$41.00	$27.03	$73.07	**$38.34**
		Other	$14.73	$22.57	$48.87	$81.75	$129.20	$77.90	$29.04	$52.70	$28.28	$23.15	$18.07	$26.34	**$46.05**
		Pharmacy	$6.17	$7.80	$10.67	$8.33	$6.10	$9.88	$6.60	$13.46	$5.74	$8.01	$6.06	$13.93	**$8.56**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$81.44**	**$107.74**	**$167.99**	**$142.30**	**$177.24**	**$177.29**	**$101.79**	**$284.90**	**$112.79**	**$246.49**	**$59.29**	**$220.04**	**$156.61**
	Total Premiums		**$323.79**	**$324.37**	**$324.37**	**$322.63**	**$325.12**	**$328.35**	**$328.92**	**$328.92**	**$320.96**	**$325.45**	**$330.90**	**$330.90**	**$326.22**
Benefit Package 012	**Employees**											**107**	**126**	**128**	**120**
	Members											**205**	**246**	**248**	**233**
	Claims	Inpatient										$26.99	$0.00	$0.00	**$26.99**
		Outpatient										$4.37	$39.02	$25.75	**$23.05**
		ER										$0.73	$47.59	$5.89	**$18.07**
		Prof Svcs										$6.13	$9.47	$10.95	**$8.85**
		Other										$226.31	$196.79	$166.13	**$196.41**
		Pharmacy										$11.32	$22.53	$27.39	**$20.41**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$275.85**	**$315.39**	**$236.11**	**$275.79**
	Total Premiums											**$331.68**	**$345.84**	**$344.78**	**$340.77**
Benefit Package 013	**Employees**		**142**	**142**	**142**	**143**	**143**	**143**	**144**	**144**	**143**	**134**	**136**	**136**	**141**
	Members		**387**	**388**	**391**	**391**	**390**	**392**	**394**	**396**	**397**	**355**	**359**	**359**	**383**
	Claims	Inpatient	$167.88	$0.00	$36.59	$0.00	$0.00	$91.39	$101.58	$39.19	$0.00	$121.02	$56.22	$50.90	**$83.09**
		Outpatient	$38.40	$19.35	$21.29	$1.04	$16.20	$2.29	$0.00	$16.78	$18.21	$40.72	$29.25	$12.45	**$19.63**
		ER	$2.46	$7.43	$5.71	$5.37	$2.67	$1.28	$10.01	$6.96	$0.00	$16.53	$21.75	$5.27	**$7.77**
		Prof Svcs	$28.60	$4.18	$12.56	$0.00	$6.74	$35.20	$17.68	$22.30	$2.95	$36.62	$17.77	$23.77	**$18.94**
		Other	$142.72	$124.15	$136.02	$136.61	$128.61	$138.32	$197.39	$219.52	$99.75	$191.27	$169.08	$151.76	**$152.93**
		Pharmacy	$51.52	$46.36	$51.64	$73.50	$47.15	$55.14	$39.07	$36.48	$36.93	$37.17	$48.54	$24.25	**$45.65**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$431.59**	**$201.47**	**$263.81**	**$216.52**	**$201.37**	**$323.62**	**$365.73**	**$341.21**	**$157.84**	**$443.32**	**$342.62**	**$268.40**	**$296.46**
	Total Premiums		**$350.71**	**$349.52**	**$349.83**	**$350.46**	**$353.65**	**$349.17**	**$348.54**	**$351.19**	**$348.80**	**$409.44**	**$334.87**	**$364.37**	**$355.05**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9h

Experience Reports by Benefit Package — Per Member Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 014	**Employees**											**215**	**219**	**228**	**221**
	Members											**319**	**320**	**331**	**323**
	Claims	Inpatient										$64.71	$0.00	$80.95	**$72.83**
		Outpatient										$14.05	$18.49	$11.55	**$14.70**
		ER										$24.99	$0.39	$2.61	**$9.33**
		Prof Svcs										$38.09	$14.19	$25.99	**$26.09**
		Other										$236.22	$149.74	$167.48	**$184.48**
		Pharmacy										$61.09	$41.09	$44.74	**$48.98**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$439.16**	**$223.90**	**$333.33**	**$332.13**
	Total Premiums											**$565.58**	**$314.20**	**$392.98**	**$424.25**
Benefit Package 015	**Employees**		**220**	**223**	**226**	**227**	**224**	**221**	**222**	**209**	**198**				**219**
	Members		**385**	**388**	**392**	**397**	**393**	**389**	**385**	**366**	**351**				**383**
	Claims	Inpatient	$0.00	$36.61	$103.44	$0.00	$0.00	$0.00	$52.63	$63.08	$0.00				**$63.94**
		Outpatient	$42.55	$2.74	$24.85	$3.42	$3.23	$10.41	$4.43	$9.61	$2.25				**$11.50**
		ER	$1.65	$6.46	$6.05	$27.25	$1.39	$11.82	$10.21	$7.69	$8.27				**$8.98**
		Prof Svcs	$8.23	$11.08	$17.26	$1.28	$3.42	$9.07	$13.07	$11.85	$0.29				**$8.39**
		Other	$171.73	$191.96	$216.36	$162.65	$124.29	$127.60	$147.88	$182.38	$140.42				**$162.81**
		Pharmacy	$21.73	$29.94	$36.11	$26.00	$24.43	$17.20	$18.85	$23.07	$17.47				**$23.87**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$245.89**	**$278.79**	**$404.05**	**$220.60**	**$156.77**	**$176.09**	**$247.08**	**$297.68**	**$168.71**				**$243.96**
	Total Premiums		**$392.22**	**$400.10**	**$396.79**	**$395.84**	**$395.79**	**$399.03**	**$387.55**	**$413.91**	**$431.30**				**$401.39**
Benefit Package 016	**Employees**											**163**	**163**	**160**	**162**
	Members											**275**	**274**	**270**	**273**
	Claims	Inpatient										$0.00	$52.05	$0.00	**$52.05**
		Outpatient										$5.40	$9.50	$46.30	**$20.40**
		ER										$7.86	$56.06	$23.51	**$29.14**
		Prof Svcs										$2.32	$14.50	$23.93	**$13.58**
		Other										$155.85	$180.99	$198.73	**$178.52**
		Pharmacy										$78.78	$49.09	$60.02	**$62.63**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$250.21**	**$362.20**	**$352.49**	**$321.63**
	Total Premiums											**$500.54**	**$435.60**	**$431.91**	**$456.02**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9h

Experience Reports by Benefit Package — Per Member Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 017	**Employees**		**4,483**	**4,513**	**4,544**	**4,555**	**4,577**	**4,588**	**4,592**	**4,583**	**4,583**	**6,214**	**6,368**	**6,467**	**5,006**
	Members		**10,802**	**10,838**	**10,900**	**10,776**	**10,862**	**10,871**	**10,893**	**10,906**	**10,899**	**15,177**	**15,540**	**15,727**	**12,016**
	Claims	Inpatient	$17.54	$23.49	$28.45	$40.13	$72.12	$65.48	$209.77	$55.03	$56.26	$30.24	$37.70	$38.84	**$56.25**
		Outpatient	$23.03	$29.29	$30.88	$39.41	$34.31	$33.65	$45.50	$49.19	$39.14	$38.89	$41.85	$39.55	**$37.06**
		ER	$5.94	$7.42	$11.21	$10.18	$9.94	$10.72	$9.55	$8.67	$6.51	$8.13	$5.47	$8.18	**$8.49**
		Prof Svcs	$85.92	$85.49	$94.17	$92.80	$106.86	$104.97	$110.17	$120.65	$88.29	$100.87	$87.41	$86.27	**$96.99**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$20.01	$18.41	$22.34	$21.13	$24.04	$23.46	$21.49	$29.33	$22.05	$22.06	$21.24	$22.98	**$22.38**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$152.45**	**$164.10**	**$187.05**	**$203.65**	**$247.27**	**$238.27**	**$396.48**	**$262.87**	**$212.25**	**$200.20**	**$193.67**	**$195.83**	**$221.17**
	Total Premiums		**$266.12**	**$266.61**	**$266.73**	**$268.31**	**$267.92**	**$267.85**	**$267.55**	**$266.97**	**$267.16**	**$259.93**	**$259.73**	**$259.93**	**$265.40**
Benefit Package 018	**Employees**		**2,514**	**2,529**	**2,547**	**2,546**	**2,542**	**2,544**	**2,541**	**2,538**	**2,538**	**3,146**	**3,228**	**3,266**	**2,707**
	Members		**6,412**	**6,431**	**6,461**	**6,349**	**6,348**	**6,364**	**6,355**	**6,358**	**6,360**	**7,942**	**8,126**	**8,210**	**6,810**
	Claims	Inpatient	$55.94	$32.84	$47.87	$44.26	$106.26	$55.54	$76.59	$36.01	$26.64	$38.16	$46.55	$47.60	**$51.19**
		Outpatient	$33.18	$42.52	$41.66	$37.79	$47.63	$50.88	$45.59	$50.94	$50.79	$41.29	$50.10	$52.83	**$45.43**
		ER	$8.45	$6.73	$8.53	$6.51	$10.34	$4.37	$11.48	$6.76	$8.75	$6.96	$6.37	$8.36	**$7.80**
		Prof Svcs	$70.59	$71.05	$90.33	$71.17	$91.75	$79.66	$85.03	$90.28	$71.87	$83.46	$70.12	$73.95	**$79.11**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$26.77	$28.66	$34.92	$31.50	$33.99	$33.30	$33.77	$41.69	$33.27	$34.29	$34.05	$37.32	**$33.63**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$194.93**	**$181.79**	**$223.30**	**$191.24**	**$289.97**	**$223.76**	**$252.47**	**$225.68**	**$191.32**	**$204.17**	**$207.18**	**$220.05**	**$217.16**
	Total Premiums		**$265.25**	**$265.36**	**$265.44**	**$268.08**	**$267.43**	**$267.12**	**$267.05**	**$266.91**	**$266.84**	**$263.17**	**$263.18**	**$263.21**	**$265.75**
Benefit Package 019	**Employees**		**1,268**	**1,279**	**1,282**	**1,290**	**1,298**	**1,310**	**1,307**	**1,297**	**1,298**	**1,451**	**1,478**	**1,488**	**1,337**
	Members		**3,081**	**3,097**	**3,099**	**3,062**	**3,068**	**3,108**	**3,101**	**3,070**	**3,081**	**3,559**	**3,609**	**3,623**	**3,213**
	Claims	Inpatient	$11.83	$4.23	$15.62	$28.07	$29.26	$49.98	$88.19	$35.93	$56.38	$57.06	$63.83	$42.11	**$40.21**
		Outpatient	$35.40	$35.18	$43.09	$44.12	$60.08	$33.34	$34.96	$53.70	$34.44	$21.69	$28.39	$41.46	**$38.82**
		ER	$8.46	$11.05	$6.37	$4.80	$4.75	$7.96	$13.23	$3.84	$13.58	$5.91	$7.49	$4.81	**$7.69**
		Prof Svcs	$72.58	$70.19	$77.12	$70.24	$82.64	$69.92	$88.60	$100.54	$62.65	$82.58	$71.36	$74.79	**$76.93**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$24.59	$27.23	$28.96	$27.28	$29.92	$27.81	$28.16	$31.67	$30.01	$29.38	$26.72	$27.02	**$28.23**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$152.86**	**$147.87**	**$171.16**	**$174.52**	**$206.65**	**$189.01**	**$253.14**	**$225.68**	**$197.06**	**$196.62**	**$197.79**	**$190.19**	**$191.88**
	Total Premiums		**$259.89**	**$259.95**	**$260.01**	**$261.74**	**$262.04**	**$261.46**	**$261.58**	**$261.83**	**$261.43**	**$256.19**	**$256.45**	**$256.81**	**$259.95**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9h

Experience Reports by Benefit Package — Per Member Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 020	**Employees**		**197**	**195**	**197**	**196**	**197**	**196**	**191**	**185**	**160**	**109**	**103**	**104**	**169**
	Members		**285**	**281**	**287**	**287**	**288**	**284**	**278**	**268**	**235**	**156**	**143**	**142**	**245**
	Claims	Inpatient	$67.95	$103.70	$0.00	$73.96	$114.82	$62.08	$0.00	$226.57	$117.09	$0.00	$70.01	$0.00	**$104.52**
		Outpatient	$16.79	$111.41	$62.19	$28.72	$90.86	$316.51	$24.58	$127.95	$51.33	$102.70	$45.46	$2.53	**$81.75**
		ER	$17.80	$49.12	$25.89	$9.58	$40.65	$48.21	$0.00	$13.72	$9.33	$16.27	$48.27	$57.40	**$30.57**
		Prof Svcs	$63.15	$155.96	$160.04	$117.21	$152.78	$194.86	$110.58	$160.55	$137.68	$121.01	$141.76	$226.49	**$145.17**
		Other	$59.71	$175.96	$137.66	$92.57	$121.70	$131.56	$97.39	$95.09	$75.92	$202.21	$131.09	$117.01	**$119.82**
		Pharmacy	$34.51	$42.93	$41.15	$28.82	$32.51	$49.54	$36.20	$51.62	$75.03	$39.54	$51.84	$89.49	**$47.76**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$259.90**	**$639.09**	**$426.93**	**$350.85**	**$553.32**	**$802.75**	**$268.75**	**$675.50**	**$466.39**	**$481.73**	**$488.43**	**$492.92**	**$492.21**
	Total Premiums		**$500.12**	**$500.05**	**$498.39**	**$494.10**	**$498.03**	**$500.80**	**$499.11**	**$501.36**	**$500.31**	**$566.85**	**$567.91**	**$574.38**	**$516.78**
Benefit Package 022	**Employees**		**552**	**553**	**554**	**553**	**551**	**548**	**545**	**546**	**549**				**550**
	Members		**1,250**	**1,254**	**1,252**	**1,251**	**1,239**	**1,232**	**1,225**	**1,229**	**1,233**				**1,241**
	Claims	Inpatient	$87.99	$94.07	$19.44	$29.22	$126.75	$49.87	$149.42	$241.82	$71.41				**$96.66**
		Outpatient	$50.47	$42.59	$69.76	$40.12	$24.30	$46.08	$42.25	$16.83	$36.09				**$40.94**
		ER	$12.04	$10.57	$13.64	$6.48	$17.95	$24.11	$7.57	$3.22	$2.87				**$10.94**
		Prof Svcs	$50.85	$113.80	$95.27	$75.48	$106.61	$120.79	$101.89	$123.43	$74.57				**$95.86**
		Other	$32.78	$73.97	$88.49	$49.32	$73.54	$77.60	$69.47	$89.24	$83.91				**$70.93**
		Pharmacy	$37.34	$42.66	$48.61	$34.77	$38.56	$43.49	$39.77	$47.44	$32.93				**$40.62**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$271.46**	**$377.67**	**$335.22**	**$235.39**	**$387.70**	**$361.94**	**$410.37**	**$521.97**	**$301.78**				**$355.95**
	Total Premiums		**$384.98**	**$383.40**	**$383.59**	**$381.37**	**$383.35**	**$384.36**	**$386.46**	**$384.73**	**$385.22**				**$384.16**
Benefit Package 023	**Employees**											**535**	**523**	**521**	**526**
	Members											**1,169**	**1,140**	**1,135**	**1,148**
	Claims	Inpatient										$35.40	$30.49	$162.31	**$76.07**
		Outpatient										$40.38	$31.49	$48.93	**$40.27**
		ER										$9.62	$14.01	$9.08	**$10.91**
		Prof Svcs										$95.73	$84.08	$125.18	**$101.66**
		Other										$82.59	$97.87	$67.72	**$82.73**
		Pharmacy										$37.58	$51.31	$53.91	**$47.60**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$301.31**	**$309.25**	**$467.14**	**$359.23**
	Total Premiums											**$418.21**	**$418.44**	**$418.27**	**$418.31**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9h

Experience Reports by Benefit Package — Per Member Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 025	**Employees**											**541**	**575**	**579**	**565**
	Members											**1,569**	**1,657**	**1,673**	**1,633**
	Claims	Inpatient										$22.04	$0.00	$19.17	**$20.61**
		Outpatient										$8.26	$10.37	$8.26	**$8.96**
		ER										$1.08	$1.29	$0.19	**$0.86**
		Prof Svcs										$21.10	$21.01	$23.49	**$21.87**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$6.25	$3.27	$9.54	**$6.35**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$58.73**	**$35.94**	**$60.66**	**$51.78**
	Total Premiums											**$203.17**	**$203.45**	**$202.80**	**$203.14**
Benefit Package 026	**Employees**		**305**	**304**	**303**	**300**	**298**	**298**	**297**	**296**	**296**				**300**
	Members		**734**	**728**	**720**	**711**	**706**	**706**	**703**	**701**	**701**				**712**
	Claims	Inpatient	$109.17	$45.05	$61.34	$21.86	$87.00	$76.02	$154.27	$67.79	$54.33				**$75.20**
		Outpatient	$8.34	$11.10	$16.69	$69.25	$19.02	$13.72	$31.37	$13.99	$10.09				**$21.51**
		ER	$9.76	$6.16	$9.14	$8.07	$9.31	$9.71	$5.32	$15.13	$16.29				**$9.88**
		Prof Svcs	$33.04	$21.18	$29.42	$36.54	$24.01	$48.63	$40.66	$54.30	$4.84				**$32.51**
		Other	$156.39	$172.44	$155.42	$181.43	$162.27	$154.42	$189.96	$201.87	$138.92				**$168.13**
		Pharmacy	$35.06	$36.20	$30.36	$38.51	$32.42	$38.81	$42.11	$31.86	$27.33				**$34.74**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$351.76**	**$292.13**	**$302.37**	**$355.65**	**$334.04**	**$341.32**	**$463.69**	**$384.94**	**$251.79**				**$341.97**
	Total Premiums		**$369.83**	**$376.17**	**$381.85**	**$381.06**	**$381.55**	**$380.65**	**$380.23**	**$380.44**	**$380.50**				**$379.14**
Benefit Package 027	**Employees**											**136**	**136**	**136**	**136**
	Members											**254**	**254**	**254**	**254**
	Claims	Inpatient										$37.12	$120.11	$231.23	**$129.49**
		Outpatient										$8.12	$36.89	$62.60	**$35.87**
		ER										$17.12	$5.51	$0.00	**$11.31**
		Prof Svcs										$7.84	$17.08	$26.51	**$17.14**
		Other										$164.78	$180.97	$183.62	**$176.46**
		Pharmacy										$15.12	$20.30	$33.44	**$22.95**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$250.08**	**$380.86**	**$537.40**	**$389.45**
	Total Premiums											**$492.05**	**$482.73**	**$481.35**	**$485.38**

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Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 028	**Employees**		**158**	**157**	**154**	**155**	**155**	**156**	**157**	**156**	**155**				**156**
	Members		**300**	**297**	**292**	**293**	**292**	**292**	**294**	**290**	**287**				**293**
	Claims	Inpatient	$0.00	$58.85	$274.23	$123.19	$59.55	$566.59	$0.00	$35.17	$200.59				**$188.31**
		Outpatient	$42.69	$14.21	$0.00	$1.54	$30.97	$143.65	$41.90	$26.52	$17.55				**$39.88**
		ER	$6.25	$19.33	$10.75	$43.72	$22.53	$44.77	$0.00	$29.93	$27.56				**$25.61**
		Prof Svcs	$135.85	$107.42	$80.03	$43.60	$33.90	$82.94	$7.36	$2.39	$32.48				**$58.44**
		Other	$160.51	$175.80	$169.53	$183.51	$171.84	$269.57	$152.54	$198.70	$163.14				**$182.79**
		Pharmacy	$55.51	$56.94	$61.43	$50.44	$31.87	$23.39	$34.30	$21.72	$35.46				**$41.23**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$400.81**	**$432.55**	**$595.96**	**$445.99**	**$350.65**	**$1,130.92**	**$236.09**	**$314.43**	**$476.79**				**$487.13**
	Total Premiums		**$435.70**	**$427.62**	**$436.04**	**$428.41**	**$440.90**	**$436.82**	**$432.96**	**$442.72**	**$439.85**				**$435.67**
Benefit Package 029	**Employees**		**510**	**512**	**508**	**507**	**504**	**505**	**506**	**505**	**505**	**490**	**494**	**496**	**504**
	Members		**1,198**	**1,202**	**1,190**	**1,188**	**1,181**	**1,183**	**1,182**	**1,176**	**1,171**	**1,102**	**1,108**	**1,108**	**1,166**
	Claims	Inpatient	$509.79	$78.41	$97.15	$115.04	$247.95	$112.47	$110.57	$16.83	$128.37	$146.75	$35.29	$188.18	**$148.90**
		Outpatient	$22.86	$28.21	$54.31	$37.96	$22.34	$24.89	$23.15	$30.92	$39.17	$26.42	$29.99	$38.05	**$31.52**
		ER	$10.94	$22.79	$25.92	$17.88	$49.52	$18.63	$8.81	$15.02	$5.64	$20.57	$25.20	$16.58	**$19.79**
		Prof Svcs	$30.81	$24.64	$47.05	$35.35	$40.74	$38.95	$37.16	$31.00	$37.09	$63.71	$32.24	$50.78	**$39.13**
		Other	$205.31	$156.62	$177.73	$184.88	$180.65	$163.81	$169.01	$169.15	$163.53	$189.28	$158.15	$181.55	**$174.97**
		Pharmacy	$37.02	$36.93	$46.63	$34.14	$40.55	$28.63	$35.27	$23.71	$28.21	$43.26	$32.40	$25.91	**$34.39**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$816.72**	**$347.59**	**$448.79**	**$425.25**	**$581.75**	**$387.39**	**$383.96**	**$286.62**	**$402.01**	**$489.98**	**$313.26**	**$501.06**	**$448.70**
	Total Premiums		**$388.87**	**$390.78**	**$394.32**	**$391.18**	**$401.16**	**$394.57**	**$393.51**	**$394.31**	**$395.59**	**$409.09**	**$408.07**	**$409.51**	**$397.58**
Benefit Package 030	**Employees**		**531**	**532**	**532**	**533**	**533**	**533**	**532**	**532**	**530**	**526**	**523**	**525**	**530**
	Members		**1,080**	**1,079**	**1,073**	**1,078**	**1,081**	**1,084**	**1,088**	**1,088**	**1,082**	**1,094**	**1,076**	**1,076**	**1,082**
	Claims	Inpatient	$78.45	$44.03	$173.81	$94.25	$155.87	$81.69	$59.04	$96.62	$54.29	$137.18	$166.46	$60.96	**$100.22**
		Outpatient	$21.34	$5.89	$19.94	$10.96	$8.96	$26.03	$14.68	$33.88	$9.10	$15.53	$20.33	$24.14	**$17.56**
		ER	$9.46	$7.71	$12.21	$13.55	$9.80	$13.97	$13.48	$13.92	$4.50	$7.18	$6.96	$5.94	**$9.89**
		Prof Svcs	$24.19	$19.19	$33.17	$31.73	$37.25	$32.55	$39.22	$34.68	$26.75	$41.63	$43.56	$30.19	**$32.84**
		Other	$155.45	$172.38	$184.81	$174.07	$186.38	$170.80	$239.28	$208.20	$160.55	$182.09	$169.90	$167.01	**$180.91**
		Pharmacy	$49.39	$47.89	$43.36	$38.43	$54.66	$44.20	$33.63	$50.36	$34.98	$39.25	$44.90	$44.40	**$43.79**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$338.28**	**$297.09**	**$467.30**	**$362.98**	**$452.92**	**$369.25**	**$399.34**	**$437.67**	**$290.16**	**$422.87**	**$452.11**	**$332.64**	**$385.22**
	Total Premiums		**$445.84**	**$448.64**	**$449.00**	**$447.70**	**$451.22**	**$448.62**	**$448.02**	**$449.08**	**$448.79**	**$483.91**	**$423.84**	**$452.36**	**$449.75**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9h

Experience Reports by Benefit Package — Per Member Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 031	**Employees**		**897**	**900**	**897**	**898**	**894**	**897**	**889**	**886**	**886**	**846**	**846**	**853**	**882**
	Members		**1,848**	**1,849**	**1,838**	**1,837**	**1,835**	**1,843**	**1,817**	**1,808**	**1,808**	**1,670**	**1,672**	**1,672**	**1,791**
	Claims	Inpatient	$72.40	$148.20	$163.17	$54.35	$95.77	$122.06	$86.25	$87.52	$52.72	$102.08	$63.79	$112.13	**$96.70**
		Outpatient	$24.39	$16.29	$28.33	$14.60	$15.50	$40.81	$49.77	$32.84	$8.18	$17.76	$10.34	$9.13	**$22.33**
		ER	$17.95	$17.41	$16.94	$13.17	$11.78	$17.76	$13.11	$24.43	$9.61	$12.76	$6.15	$25.61	**$15.56**
		Prof Svcs	$24.23	$38.44	$42.37	$29.09	$38.48	$39.32	$43.63	$36.79	$13.05	$26.03	$15.66	$18.03	**$30.43**
		Other	$161.28	$163.53	$181.59	$149.10	$166.71	$184.63	$181.53	$191.63	$146.24	$194.07	$158.00	$173.45	**$170.98**
		Pharmacy	$25.79	$44.20	$38.77	$33.00	$37.17	$33.83	$42.05	$35.48	$41.00	$42.89	$35.07	$41.30	**$37.55**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$326.03**	**$428.07**	**$471.17**	**$293.31**	**$365.42**	**$438.41**	**$416.34**	**$408.69**	**$270.81**	**$395.60**	**$289.01**	**$379.65**	**$373.54**
	Total Premiums		**$388.81**	**$382.54**	**$386.36**	**$388.49**	**$389.64**	**$385.22**	**$387.85**	**$382.75**	**$385.15**	**$452.82**	**$447.33**	**$445.30**	**$401.86**
Benefit Package 032	**Employees**											**299**	**300**	**300**	**300**
	Members											**682**	**676**	**674**	**677**
	Claims	Inpatient										$107.19	$3.83	$34.08	**$48.37**
		Outpatient										$17.09	$19.17	$19.88	**$18.71**
		ER										$15.32	$7.27	$9.07	**$10.55**
		Prof Svcs										$27.06	$49.18	$19.21	**$31.82**
		Other										$161.06	$141.55	$158.69	**$153.77**
		Pharmacy										$41.27	$29.46	$38.73	**$36.49**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$368.98**	**$250.47**	**$279.65**	**$299.70**
	Total Premiums											**$429.14**	**$400.67**	**$403.08**	**$410.96**
Benefit Package 033	**Employees**											**249**	**246**	**246**	**247**
	Members											**429**	**421**	**421**	**424**
	Claims	Inpatient										$739.24	$131.69	$33.62	**$301.52**
		Outpatient										$4.39	$17.19	$43.06	**$21.55**
		ER										$150.32	$38.38	$39.59	**$76.10**
		Prof Svcs										$40.42	$48.00	$21.70	**$36.70**
		Other										$296.45	$224.87	$208.04	**$243.12**
		Pharmacy										$28.79	$27.38	$22.95	**$26.37**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$1,259.60**	**$487.50**	**$368.97**	**$705.36**
	Total Premiums											**$509.94**	**$424.18**	**$465.33**	**$466.48**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9h

Experience Reports by Benefit Package — Per Member Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 034	**Employees**		**301**	**299**	**298**	**299**	**299**	**297**	**295**	**295**	**289**	**112**	**110**	**109**	**250**
	Members		**585**	**577**	**576**	**578**	**576**	**575**	**570**	**566**	**552**	**214**	**207**	**204**	**482**
	Claims	Inpatient	$164.81	$0.00	$296.59	$93.93	$78.40	$47.17	$230.62	$86.22	$0.00	$0.00	$287.90	$0.00	**$160.70**
		Outpatient	$48.28	$5.21	$16.00	$28.47	$27.96	$50.71	$28.07	$9.33	$30.93	$7.58	$7.01	$93.54	**$29.42**
		ER	$26.14	$5.31	$23.10	$26.81	$8.11	$19.60	$7.56	$20.18	$4.79	$1.93	$7.67	$13.19	**$13.70**
		Prof Svcs	$34.23	$5.19	$56.94	$24.14	$35.20	$39.77	$58.71	$20.96	$27.75	$4.12	$25.43	$55.73	**$32.35**
		Other	$197.08	$148.92	$198.23	$168.60	$171.12	$174.81	$211.35	$212.66	$144.11	$173.68	$221.57	$145.52	**$180.64**
		Pharmacy	$56.48	$43.12	$58.14	$48.86	$44.98	$56.92	$72.41	$63.81	$61.15	$35.23	$50.93	$49.43	**$53.45**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$527.01**	**$207.75**	**$649.00**	**$390.80**	**$365.76**	**$388.97**	**$608.72**	**$413.14**	**$268.73**	**$222.54**	**$600.51**	**$357.41**	**$416.70**
	Total Premiums		**$418.62**	**$434.42**	**$412.78**	**$423.19**	**$424.31**	**$421.74**	**$420.36**	**$416.09**	**$434.50**	**$432.37**	**$429.27**	**$454.66**	**$426.86**
Benefit Package 035	**Employees**		**256**	**255**	**256**	**254**	**255**	**254**	**254**	**254**	**252**				**254**
	Members		**459**	**458**	**461**	**456**	**459**	**453**	**453**	**445**	**440**				**454**
	Claims	Inpatient	$95.55	$266.75	$56.71	$104.11	$161.00	$45.35	$16.71	$132.32	$45.10				**$102.62**
		Outpatient	$78.56	$71.20	$66.91	$63.26	$38.12	$52.56	$63.99	$59.65	$41.75				**$59.56**
		ER	$15.77	$5.02	$39.37	$92.05	$8.95	$44.11	$6.06	$23.62	$19.68				**$28.29**
		Prof Svcs	$66.92	$68.58	$42.73	$36.67	$40.02	$15.24	$46.59	$42.60	$14.96				**$41.59**
		Other	$214.45	$236.79	$216.70	$195.39	$228.79	$222.01	$190.65	$240.23	$192.58				**$215.29**
		Pharmacy	$35.53	$34.27	$32.86	$26.17	$49.96	$42.51	$28.77	$40.43	$32.10				**$35.84**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$506.78**	**$682.61**	**$455.29**	**$517.64**	**$526.85**	**$421.77**	**$352.75**	**$538.84**	**$346.16**				**$483.19**
	Total Premiums		**$438.53**	**$449.23**	**$439.87**	**$451.80**	**$432.76**	**$450.43**	**$453.60**	**$452.67**	**$448.93**				**$446.43**
Benefit Package 036	**Employees**		**456**	**453**	**450**	**447**	**444**	**443**	**438**	**421**	**376**				**436**
	Members		**864**	**863**	**852**	**849**	**841**	**833**	**821**	**783**	**709**				**824**
	Claims	Inpatient	$78.84	$333.25	$17.54	$130.27	$149.00	$277.55	$127.49	$778.99	$358.90				**$250.20**
		Outpatient	$22.17	$52.78	$25.65	$16.90	$13.79	$62.48	$48.44	$33.28	$38.17				**$34.85**
		ER	$17.09	$16.96	$19.19	$5.48	$5.77	$10.43	$7.95	$22.85	$27.72				**$14.83**
		Prof Svcs	$17.18	$47.14	$27.92	$23.87	$27.10	$67.54	$36.50	$91.62	$51.27				**$43.35**
		Other	$197.16	$201.20	$204.87	$194.84	$208.32	$232.64	$231.94	$281.56	$233.73				**$220.70**
		Pharmacy	$49.28	$49.20	$81.65	$58.63	$49.58	$91.39	$59.16	$52.60	$82.63				**$63.79**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$381.73**	**$700.54**	**$376.82**	**$429.98**	**$453.58**	**$742.04**	**$511.49**	**$1,260.89**	**$792.43**				**$627.72**
	Total Premiums		**$475.82**	**$477.70**	**$466.10**	**$479.54**	**$466.94**	**$478.75**	**$480.32**	**$484.51**	**$555.11**				**$484.98**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9h

Experience Reports by Benefit Package — Per Member Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 037	**Employees**		**39**	**39**	**39**	**38**	**38**	**38**	**38**	**38**	**37**	**38**			**38**
	Members		**84**	**84**	**84**	**83**	**81**	**81**	**81**	**81**	**80**	**80**			**82**
	Claims	Inpatient	$0.00	$630.80	$283.02	$529.69	$0.00	$150.89	$0.00	$317.00	$108.49	$0.00			**$336.65**
		Outpatient	$149.62	$50.90	$13.52	$32.23	$0.00	$24.63	$3.02	$0.00	$2.42	$5.90			**$35.28**
		ER	$0.00	$5.88	$33.82	$3.34	$0.00	$15.79	$0.00	$3.42	$1.55	$21.59			**$12.20**
		Prof Svcs	$28.41	$58.61	$39.40	$51.18	$0.00	$70.32	$0.00	$53.75	$165.23	$0.00			**$66.70**
		Other	$149.43	$257.55	$151.27	$200.96	$187.37	$178.86	$162.18	$265.17	$171.21	$204.52			**$192.85**
		Pharmacy	$12.80	$11.14	$11.44	$13.92	$12.80	$17.41	$8.08	$12.17	$16.57	$11.23			**$12.76**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$340.26**	**$1,014.88**	**$532.46**	**$831.33**	**$200.17**	**$457.91**	**$173.28**	**$651.51**	**$465.47**	**$243.23**			**$491.05**
	Total Premiums		**$465.50**	**$463.66**	**$468.01**	**$466.69**	**$469.68**	**$465.82**	**$465.81**	**$465.22**	**$457.60**	**$468.53**			**$465.65**
Benefit Package 038	**Employees**											**89**	**126**	**127**	**114**
	Members											**216**	**290**	**292**	**266**
	Claims	Inpatient										$31.84	$163.04	$244.39	**$146.42**
		Outpatient										$71.17	$30.96	$18.67	**$40.27**
		ER										$13.62	$19.35	$13.01	**$15.33**
		Prof Svcs										$24.46	$98.52	$61.65	**$61.54**
		Other										$168.78	$188.15	$195.51	**$184.15**
		Pharmacy										$29.77	$19.04	$25.59	**$24.80**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$339.64**	**$519.05**	**$558.82**	**$472.50**
	Total Premiums											**$454.26**	**$401.48**	**$428.66**	**$428.13**
Benefit Package 039	**Employees**											**225**	**225**	**225**	**225**
	Members											**445**	**446**	**445**	**445**
	Claims	Inpatient										$133.42	$149.25	$92.45	**$125.04**
		Outpatient										$31.90	$30.98	$18.64	**$27.17**
		ER										$5.60	$20.56	$3.51	**$9.89**
		Prof Svcs										$45.55	$50.78	$21.63	**$39.32**
		Other										$248.73	$187.53	$185.75	**$207.34**
		Pharmacy										$62.55	$69.14	$62.92	**$64.87**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$527.75**	**$508.24**	**$384.91**	**$473.63**
	Total Premiums											**$439.03**	**$428.96**	**$435.62**	**$434.54**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

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Experience Reports by Benefit Package — Per Member Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 040	**Employees**		**134**	**134**	**134**	**134**	**133**	**133**	**133**	**134**	**133**	**121**	**119**	**117**	**130**
	Members		**179**	**179**	**179**	**179**	**177**	**177**	**177**	**175**	**174**	**161**	**158**	**156**	**173**
	Claims	Inpatient	$0.00	$0.00	$0.00	$6.46	$35.17	$154.57	$0.00	$0.00	$0.00	$656.91	$176.99	$169.03	**$199.85**
		Outpatient	$33.29	$5.11	$47.20	$10.34	$0.13	$18.85	$101.06	$126.64	$52.60	$83.87	$94.56	$23.21	**$49.74**
		ER	$0.00	$3.08	$18.15	$31.87	$40.04	$19.21	$23.94	$16.74	$2.47	$16.52	$24.80	$58.44	**$23.21**
		Prof Svcs	$193.57	$191.05	$203.22	$213.50	$273.79	$340.42	$383.37	$355.21	$238.59	$415.60	$315.66	$238.48	**$280.20**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$107.48	$84.75	$104.02	$107.67	$122.87	$100.70	$111.73	$94.08	$120.92	$100.55	$97.65	$133.92	**$107.19**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$334.34**	**$283.99**	**$372.60**	**$369.83**	**$472.00**	**$633.74**	**$620.10**	**$592.67**	**$414.58**	**$1,273.45**	**$709.66**	**$623.09**	**$558.34**
	Total Premiums		**$676.51**	**$676.51**	**$676.51**	**$676.51**	**$680.01**	**$680.01**	**$680.01**	**$688.18**	**$687.91**	**$727.95**	**$727.06**	**$726.33**	**$691.96**
Benefit Package 041	**Employees**		**729**	**726**	**723**	**721**	**719**	**712**	**710**	**706**	**706**	**671**	**669**	**668**	**705**
	Members		**1,272**	**1,264**	**1,253**	**1,248**	**1,250**	**1,234**	**1,230**	**1,223**	**1,220**	**1,166**	**1,159**	**1,156**	**1,223**
	Claims	Inpatient	$165.03	$85.77	$70.70	$59.37	$164.19	$117.83	$156.06	$43.59	$116.21	$34.26	$87.16	$126.94	**$102.26**
		Outpatient	$132.74	$138.99	$105.12	$105.15	$120.41	$92.05	$119.92	$104.90	$109.59	$95.48	$121.36	$87.21	**$111.08**
		ER	$9.92	$17.02	$14.53	$31.61	$28.64	$19.05	$13.13	$32.38	$19.67	$22.16	$15.22	$8.36	**$19.31**
		Prof Svcs	$298.86	$270.30	$262.80	$256.45	$247.70	$206.48	$257.98	$277.01	$195.64	$229.68	$258.02	$262.65	**$251.96**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$118.08	$125.53	$143.04	$114.52	$144.43	$128.17	$128.34	$148.62	$116.44	$135.55	$146.29	$142.69	**$132.64**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$724.62**	**$637.60**	**$596.19**	**$567.10**	**$705.38**	**$563.58**	**$675.44**	**$606.50**	**$557.56**	**$517.13**	**$628.05**	**$627.85**	**$617.25**
	Total Premiums		**$688.57**	**$688.75**	**$691.41**	**$692.76**	**$690.82**	**$690.25**	**$690.46**	**$689.36**	**$691.06**	**$685.86**	**$687.29**	**$687.59**	**$689.51**
Benefit Package 043	**Employees**		**22**	**22**	**22**	**22**	**22**	**22**	**22**	**22**	**22**	**26**	**25**	**25**	**23**
	Members		**22**	**22**	**22**	**22**	**22**	**22**	**22**	**22**	**22**	**30**	**29**	**29**	**24**
	Claims	Inpatient	$0.00	$0.00	$2,559.03	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,050.35	$0.00	**$1,804.69**
		Outpatient	$0.00	$0.00	$233.92	$0.00	$0.00	$26.79	$171.23	$0.00	$60.19	$0.00	$82.28	$0.00	**$114.88**
		ER	$0.00	$0.00	$0.00	$54.72	$0.00	$0.00	$20.56	$6.55	$0.00	$10.54	$138.55	$0.00	**$46.18**
		Prof Svcs	$176.09	$146.32	$870.90	$268.97	$98.29	$133.50	$230.27	$327.21	$272.34	$258.84	$347.49	$213.04	**$278.60**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$220.64	$173.39	$156.47	$128.55	$280.10	$51.92	$272.07	$94.09	$172.32	$214.95	$340.15	$125.13	**$185.81**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$396.73**	**$319.71**	**$3,820.31**	**$452.24**	**$378.39**	**$212.21**	**$694.12**	**$427.84**	**$504.85**	**$484.33**	**$1,958.82**	**$338.17**	**$832.31**
	Total Premiums		**$733.52**	**$733.52**	**$733.52**	**$733.52**	**$733.52**	**$733.52**	**$733.52**	**$733.52**	**$733.52**	**$741.29**	**$739.83**	**$739.83**	**$735.22**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9h

Experience Reports by Benefit Package — Per Member Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 044	**Employees**		**152**	**151**	**151**	**150**	**150**	**150**	**150**	**149**	**149**	**146**	**149**	**155**	**150**
	Members		**275**	**271**	**271**	**268**	**267**	**267**	**268**	**267**	**266**	**263**	**275**	**282**	**270**
	Claims	Inpatient	$0.00	$77.62	$0.00	$24.13	$125.49	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$31.67	**$64.73**
		Outpatient	$33.71	$67.04	$31.11	$6.23	$24.38	$4.81	$0.98	$72.84	$3.85	$21.84	$7.30	$13.20	**$23.94**
		ER	$0.00	$7.88	$9.61	$5.00	$1.58	$0.00	$3.47	$18.49	$5.25	$0.00	$10.91	$6.17	**$7.59**
		Prof Svcs	$89.55	$122.61	$144.59	$160.22	$193.37	$182.81	$171.43	$201.88	$117.40	$149.42	$91.25	$107.49	**$144.34**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$86.97	$100.30	$100.49	$80.77	$111.84	$122.98	$61.35	$167.37	$81.96	$64.82	$127.60	$106.30	**$101.06**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$210.23**	**$375.45**	**$285.79**	**$276.35**	**$456.66**	**$310.60**	**$237.22**	**$460.58**	**$208.46**	**$236.08**	**$237.07**	**$264.83**	**$296.61**
	Total Premiums		**$565.43**	**$569.50**	**$569.50**	**$573.15**	**$575.30**	**$575.30**	**$574.77**	**$574.20**	**$576.36**	**$573.66**	**$566.29**	**$569.86**	**$571.94**
Benefit Package 045	**Employees**		**120**	**120**	**120**	**120**	**120**	**120**	**119**	**118**	**117**	**110**	**110**	**111**	**117**
	Members		**194**	**193**	**192**	**192**	**191**	**190**	**190**	**190**	**188**	**172**	**169**	**169**	**186**
	Claims	Inpatient	$129.90	$302.06	$274.39	$45.89	$288.39	$234.62	$38.99	$43.25	$67.53	$0.00	$216.98	$0.00	**$164.20**
		Outpatient	$3.49	$31.78	$52.79	$7.09	$26.98	$12.80	$24.43	$216.95	$220.32	$521.37	$74.50	$47.17	**$103.30**
		ER	$8.29	$22.24	$35.29	$11.72	$12.64	$14.68	$0.00	$8.41	$27.25	$63.69	$25.94	$6.25	**$21.49**
		Prof Svcs	$135.75	$151.04	$206.69	$144.47	$139.28	$192.61	$114.10	$210.70	$144.57	$219.05	$242.50	$214.33	**$176.26**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$84.20	$93.24	$87.55	$100.97	$75.96	$88.18	$65.43	$73.36	$78.40	$97.57	$107.01	$85.08	**$86.41**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$361.63**	**$600.36**	**$656.70**	**$310.13**	**$543.26**	**$542.89**	**$242.95**	**$552.68**	**$538.07**	**$901.68**	**$666.93**	**$352.83**	**$522.51**
	Total Premiums		**$497.94**	**$499.00**	**$501.60**	**$503.41**	**$504.50**	**$507.16**	**$505.25**	**$501.80**	**$503.65**	**$543.92**	**$557.58**	**$559.89**	**$515.48**
Benefit Package 046	**Employees**		**90**	**89**	**89**	**89**	**89**	**88**	**88**	**87**	**86**	**94**	**96**	**94**	**90**
	Members		**166**	**165**	**165**	**165**	**164**	**163**	**163**	**162**	**161**	**171**	**178**	**174**	**166**
	Claims	Inpatient	$18.83	$0.00	$0.00	$0.00	$51.87	$1,931.52	$70.97	$0.00	$0.00	$0.00	$0.00	$0.00	**$518.29**
		Outpatient	$55.06	$21.38	$57.53	$40.92	$4.45	$1.90	$13.24	$27.56	$29.57	$26.13	$0.75	$69.35	**$28.99**
		ER	$1.96	$3.80	$0.00	$0.85	$1.70	$23.61	$5.89	$0.00	$43.79	$20.69	$0.00	$0.00	**$12.79**
		Prof Svcs	$93.77	$98.13	$81.92	$85.40	$80.96	$386.76	$172.37	$124.66	$126.72	$88.74	$115.85	$105.78	**$130.09**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$56.40	$49.41	$79.67	$73.02	$53.98	$71.38	$94.71	$71.15	$80.79	$58.83	$66.44	$56.80	**$67.72**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$226.02**	**$172.72**	**$219.12**	**$200.19**	**$192.97**	**$2,415.17**	**$357.18**	**$223.37**	**$280.88**	**$194.39**	**$183.05**	**$231.93**	**$408.08**
	Total Premiums		**$436.96**	**$436.00**	**$436.00**	**$436.00**	**$437.03**	**$436.06**	**$436.06**	**$434.79**	**$433.80**	**$466.72**	**$457.04**	**$456.75**	**$441.93**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9h

Experience Reports by Benefit Package — Per Member Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 047	**Employees**		**24**	**24**	**24**	**24**	**23**	**23**	**23**	**23**	**23**	**21**	**21**	**21**	**23**
	Members		**42**	**42**	**42**	**43**	**41**	**42**	**42**	**42**	**42**	**36**	**34**	**34**	**40**
	Claims	Inpatient	$0.00	$0.00	$836.52	$1,219.02	$4.88	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$686.81**
		Outpatient	$0.00	$0.00	$0.14	$4.93	$64.88	$0.00	$1.74	$0.00	$60.52	$146.82	$0.00	$134.48	**$59.07**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$1.19	$1.58	$0.00	$99.78	$0.00	$0.00	$0.00	**$34.18**
		Prof Svcs	$130.13	$120.28	$307.41	$331.34	$148.06	$123.24	$193.97	$140.92	$103.69	$141.60	$311.39	$176.31	**$185.69**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$57.81	$46.77	$48.94	$52.15	$58.66	$34.44	$62.55	$23.35	$28.38	$43.72	$52.83	$73.36	**$48.58**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$187.94**	**$167.06**	**$1,193.01**	**$1,607.45**	**$276.47**	**$158.86**	**$259.84**	**$164.26**	**$292.37**	**$332.14**	**$364.21**	**$384.15**	**$448.98**
	Total Premiums		**$462.65**	**$462.65**	**$462.65**	**$451.89**	**$442.29**	**$438.77**	**$438.77**	**$438.77**	**$438.77**	**$507.18**	**$527.70**	**$527.70**	**$466.65**
Benefit Package 048	**Employees**		**20**	**20**	**20**	**20**	**19**	**19**	**19**	**19**	**19**	**29**	**29**	**30**	**22**
	Members		**35**	**35**	**35**	**35**	**34**	**34**	**34**	**34**	**34**	**54**	**54**	**55**	**39**
	Claims	Inpatient	$227.04	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$119.43	**$173.24**
		Outpatient	$7.50	$2.09	$0.00	$4.00	$0.00	$0.00	$0.00	$7.44	$0.00	$0.00	$4.38	$235.98	**$43.56**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$3.30	$0.00	$0.00	**$3.30**
		Prof Svcs	$123.45	$88.88	$72.27	$114.21	$72.54	$51.43	$57.45	$67.44	$41.12	$51.86	$67.19	$111.05	**$76.57**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$45.80	$20.06	$33.95	$31.02	$32.26	$15.40	$28.53	$25.31	$25.85	$128.93	$42.20	$120.91	**$45.85**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$403.78**	**$111.03**	**$106.22**	**$149.22**	**$104.80**	**$66.83**	**$85.98**	**$100.19**	**$66.97**	**$184.09**	**$113.77**	**$587.37**	**$173.36**
	Total Premiums		**$417.53**	**$417.53**	**$417.53**	**$417.53**	**$412.32**	**$412.32**	**$412.32**	**$412.32**	**$412.32**	**$419.75**	**$419.75**	**$423.64**	**$416.24**
Benefit Package 049	**Employees**		**47**	**47**	**47**	**47**	**47**	**48**	**48**	**48**	**48**	**31**	**31**	**33**	**44**
	Members		**74**	**74**	**74**	**75**	**75**	**76**	**76**	**76**	**70**	**51**	**51**	**56**	**69**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$145.29	$0.00	$0.00	$30.90	$502.80	**$226.33**
		Outpatient	$1.16	$228.23	$0.57	$0.00	$30.83	$1.26	$0.00	$25.59	$0.00	$9.14	$0.00	$0.00	**$42.40**
		ER	$0.00	$3.39	$0.00	$0.00	$16.21	$0.47	$0.00	$31.25	$3.27	$0.00	$0.00	$0.32	**$9.15**
		Prof Svcs	$93.76	$156.54	$165.95	$208.75	$106.37	$120.96	$111.22	$352.76	$227.00	$209.45	$106.29	$125.11	**$165.35**
		Other	$17.53	$41.08	$50.53	$21.65	$25.40	$26.00	$27.55	$44.38	$29.11	$39.47	$51.16	$11.55	**$32.12**
		Pharmacy	$39.84	$42.11	$37.89	$63.33	$26.12	$29.93	$39.61	$36.17	$42.41	$85.18	$46.25	$41.46	**$44.19**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$152.28**	**$471.35**	**$254.93**	**$293.73**	**$204.93**	**$178.63**	**$178.38**	**$635.45**	**$301.80**	**$343.24**	**$234.61**	**$681.25**	**$327.55**
	Total Premiums		**$518.11**	**$518.11**	**$518.11**	**$520.08**	**$520.08**	**$521.96**	**$521.96**	**$521.96**	**$566.70**	**$625.22**	**$625.22**	**$569.34**	**$545.57**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9h

Experience Reports by Benefit Package — Per Member Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 050	**Employees**		**62**	**62**	**63**	**64**	**63**	**63**	**63**	**63**	**63**	**58**	**56**	**56**	**61**
	Members		**170**	**170**	**174**	**177**	**176**	**176**	**175**	**175**	**168**	**169**	**159**	**159**	**171**
	Claims	Inpatient	$2.47	$0.00	$6.40	$66.01	$0.00	$0.00	$53.14	$89.30	$102.63	$0.00	$0.00	$0.00	**$53.32**
		Outpatient	$45.54	$19.96	$5.02	$260.37	$97.94	$212.12	$276.55	$249.49	$166.05	$5.41	$0.00	$1.37	**$121.80**
		ER	$0.00	$0.37	$0.00	$0.00	$0.94	$2.53	$0.00	$0.00	$4.90	$0.00	$0.00	$1.06	**$1.96**
		Prof Svcs	$59.26	$109.36	$156.15	$148.55	$88.99	$262.07	$128.03	$155.09	$92.14	$31.22	$125.55	$109.25	**$122.14**
		Other	$5.26	$13.84	$8.54	$51.79	$53.44	$108.45	$41.30	$44.46	$7.13	$131.32	$67.81	$163.61	**$58.08**
		Pharmacy	$11.75	$10.36	$13.43	$20.04	$19.73	$24.38	$30.73	$25.35	$33.41	$27.86	$25.84	$24.94	**$22.32**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$124.28**	**$153.89**	**$189.53**	**$546.77**	**$261.05**	**$609.56**	**$529.75**	**$563.69**	**$406.27**	**$195.81**	**$219.20**	**$300.23**	**$341.67**
	Total Premiums		**$257.11**	**$257.11**	**$257.22**	**$256.06**	**$255.04**	**$255.04**	**$253.75**	**$253.75**	**$264.33**	**$284.18**	**$283.97**	**$283.97**	**$263.46**
Benefit Package 051	**Employees**		**12**	**12**	**12**	**12**	**12**	**12**	**12**	**12**	**12**	**9**	**9**	**9**	**11**
	Members		**16**	**16**	**16**	**16**	**16**	**16**	**16**	**16**	**16**	**12**	**12**	**12**	**15**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$2.81	$0.00	$5.19	$5.19	$0.00	$5.19	$3.75	$0.00	$12.00	$0.00	$0.00	$6.92	**$5.86**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs	$14.44	$63.63	$342.63	$282.38	$225.88	$101.19	$66.63	$54.25	$38.75	$11.42	$228.42	$135.50	**$130.42**
		Other	$24.25	$2.31	$12.50	$28.25	$21.94	$46.38	$21.50	$0.00	$193.31	$0.00	$5.67	$0.00	**$39.57**
		Pharmacy	$39.06	$23.63	$40.63	$30.44	$48.81	$42.13	$4.13	$43.94	$28.56	$47.25	$56.25	$131.75	**$44.71**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$80.56**	**$89.56**	**$400.94**	**$346.25**	**$296.63**	**$194.88**	**$96.00**	**$98.19**	**$272.63**	**$58.67**	**$290.33**	**$274.17**	**$208.23**
	Total Premiums		**$755.50**	**$755.50**	**$755.50**	**$755.50**	**$755.50**	**$755.50**	**$755.50**	**$755.50**	**$755.50**	**$815.83**	**$815.83**	**$815.83**	**$770.58**
Benefit Package 052	**Employees**		**3**	**3**	**3**	**3**	**3**	**3**	**3**	**2**	**2**	**4**	**4**	**4**	**3**
	Members		**8**	**8**	**8**	**8**	**7**	**7**	**7**	**4**	**3**	**7**	**7**	**7**	**7**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,324.86	$0.00	$0.00	$0.00	$0.00	$0.00	**$1,324.86**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs	$47.25	$125.00	$42.75	$95.25	$67.00	$165.00	$194.43	$206.75	$58.33	$2.29	$33.71	$358.14	**$116.33**
		Other	$0.00	$105.50	$0.13	$272.88	$0.00	$395.14	$90.57	$799.25	$0.00	$0.00	$0.00	$40.57	**$243.43**
		Pharmacy	$73.50	$15.00	$22.63	$23.63	($7.00)	$7.71	$3.14	$46.75	$10.00	$366.71	$8.71	$10.57	**$52.85**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$120.75**	**$245.50**	**$65.50**	**$391.75**	**$60.00**	**$567.86**	**$1,613.00**	**$1,052.75**	**$68.33**	**$369.00**	**$42.43**	**$409.29**	**$417.18**
	Total Premiums		**$394.38**	**$394.38**	**$394.38**	**$394.38**	**$450.71**	**$450.71**	**$450.71**	**$429.75**	**$1,530.33**	**$60.14**	**$339.14**	**$339.14**	**$469.01**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9h

Experience Reports by Benefit Package — Per Member Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 053	**Employees**		**29**	**29**	**29**	**29**	**29**	**29**	**29**	**29**	**29**	**4**	**4**	**4**	**23**
	Members		**45**	**44**	**44**	**44**	**44**	**44**	**43**	**43**	**43**	**6**	**6**	**6**	**34**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$721.64	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$721.64**
		Outpatient	$0.00	$231.89	$6.66	$0.57	$136.93	$909.41	$84.60	$1,142.09	$0.44	$3,268.00	$0.00	$19.50	**$580.01**
		ER	$0.00	$35.77	$8.93	$0.00	$44.82	$0.00	$23.58	$0.00	$27.47	$0.00	$0.00	$0.00	**$28.11**
		Prof Svcs	$136.73	$288.80	$354.55	$132.52	$288.25	$222.91	$178.88	$189.07	$144.44	$323.00	$320.33	$621.83	**$266.78**
		Other	$10.36	$40.16	$44.75	$15.00	$79.82	$55.82	$50.84	$31.84	$25.00	$199.33	$67.00	$67.33	**$57.27**
		Pharmacy	$13.11	$23.07	$14.70	$39.32	$12.45	$10.41	$44.26	$11.14	$11.79	$170.67	$63.33	$6.33	**$35.05**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$160.20**	**$619.68**	**$429.59**	**$187.41**	**$562.27**	**$1,920.18**	**$382.16**	**$1,374.14**	**$209.14**	**$3,961.00**	**$450.67**	**$715.00**	**$914.29**
	Total Premiums		**$535.58**	**$532.25**	**$532.25**	**$532.25**	**$532.25**	**$532.25**	**$537.09**	**$537.09**	**$537.09**	**$579.00**	**$579.00**	**$579.00**	**$545.43**
Benefit Package 054	**Employees**		**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**				**4**
	Members		**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**				**4**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,725.50				**$1,725.50**
		Outpatient	$0.00	$25.00	$12.75	$25.50	$0.00	$25.50	$12.75	$37.75	$0.00				**$23.21**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Prof Svcs	$641.75	$121.75	$503.50	$91.00	$224.25	$36.25	$66.50	$259.25	$316.75				**$251.22**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$17.50	$167.75	$172.25	$944.00				**$325.38**
		Pharmacy	$37.25	$26.25	$74.50	$47.50	$37.25	$63.50	$14.75	$43.00	$10.00				**$39.33**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$679.00**	**$173.00**	**$590.75**	**$164.00**	**$261.50**	**$142.75**	**$261.75**	**$512.25**	**$2,996.25**				**$642.36**
	Total Premiums		**$913.50**	**$913.50**	**$913.50**	**$913.50**	**$913.50**	**$913.50**	**$913.50**	**$913.50**	**$913.50**				**$913.50**
Benefit Package 055	**Employees**		**156**	**158**	**159**	**158**	**158**	**157**	**157**	**157**	**157**				**157**
	Members		**335**	**337**	**339**	**338**	**338**	**331**	**331**	**331**	**330**				**334**
	Claims	Inpatient	$0.00	$92.48	$387.81	$0.00	$249.47	$0.00	$170.46	$70.66	$0.22				**$161.85**
		Outpatient	$26.99	$21.84	$98.31	$253.59	$13.31	$72.08	$108.46	$127.69	$63.45				**$87.30**
		ER	$3.43	$1.87	$6.90	$5.20	$8.54	$8.75	$7.28	$9.74	$4.40				**$6.23**
		Prof Svcs	$95.71	$106.49	$159.51	$112.50	$136.85	$117.31	$174.89	$129.87	$92.12				**$125.03**
		Other	$10.51	$16.28	$21.47	$24.33	$31.15	$9.95	$9.52	$16.07	$16.61				**$17.32**
		Pharmacy	$37.12	$34.65	$43.12	$70.34	$55.20	$31.92	$51.68	$40.10	$47.79				**$45.77**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$173.75**	**$273.61**	**$717.11**	**$465.96**	**$494.52**	**$240.01**	**$522.29**	**$394.13**	**$224.59**				**$389.55**
	Total Premiums		**$410.57**	**$407.53**	**$415.16**	**$414.38**	**$414.38**	**$416.97**	**$414.50**	**$417.79**	**$419.06**				**$414.48**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9h

Experience Reports by Benefit Package — Per Member Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 056	**Employees**		**24**	**24**	**24**	**24**	**24**	**24**	**24**	**25**	**25**	**77**	**78**	**80**	**38**
	Members		**59**	**59**	**59**	**59**	**59**	**59**	**59**	**63**	**57**	**187**	**191**	**197**	**92**
	Claims	Inpatient	$0.00	$162.69	$0.00	$0.00	$0.00	$0.00	$136.12	$0.00	$0.00	$0.00	$0.00	$0.00	**$149.41**
		Outpatient	$2.86	$0.00	$0.00	$5.54	$0.00	$180.10	$27.07	$19.76	$16.61	$0.00	$3.65	$20.74	**$34.54**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$17.92	$6.05	**$11.98**
		Prof Svcs	$50.02	$107.39	$139.93	$129.51	$79.76	$54.78	$84.15	$233.83	$76.82	$19.24	$92.72	$100.11	**$97.35**
		Other	$3.17	$33.36	$0.69	$6.05	$7.83	$4.34	$90.19	$5.13	$20.05	$1.47	$10.10	$3.45	**$15.48**
		Pharmacy	$24.20	$21.51	$17.17	$28.58	$16.93	$16.73	$27.25	$27.76	$27.96	$40.35	$43.38	$45.65	**$28.12**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$80.25**	**$324.95**	**$157.80**	**$169.68**	**$104.53**	**$255.95**	**$364.78**	**$286.48**	**$141.46**	**$61.05**	**$167.76**	**$175.99**	**$190.89**
	Total Premiums		**$330.20**	**$330.20**	**$330.20**	**$330.20**	**$330.20**	**$330.20**	**$330.20**	**$309.24**	**$390.47**	**$341.42**	**$338.74**	**$336.09**	**$335.62**
Benefit Package 057	**Employees**		**206**	**207**	**205**	**205**	**203**	**205**	**205**	**205**	**203**	**16**	**15**	**15**	**158**
	Members		**522**	**520**	**512**	**512**	**509**	**515**	**515**	**515**	**505**	**42**	**40**	**40**	**396**
	Claims	Inpatient	$0.00	$2.49	$11.80	$0.00	$24.00	$4.14	$0.00	$13.12	$285.63	$20.60	$0.00	$0.00	**$51.68**
		Outpatient	$8.52	$45.10	$65.30	$35.39	$79.98	$4.23	$56.32	$9.84	$54.14	$156.43	$265.65	$612.23	**$116.09**
		ER	$7.02	$11.38	$11.10	$4.95	$5.24	$2.56	$6.39	$5.24	$11.73	$0.00	$0.00	$0.00	**$7.29**
		Prof Svcs	$46.28	$83.73	$141.16	$93.98	$82.68	$97.25	$146.13	$122.30	$63.93	$424.48	$376.30	$220.15	**$158.20**
		Other	$4.98	$8.66	$7.45	$5.92	$10.34	$8.80	$7.07	$11.18	$19.78	$49.60	$71.48	$78.30	**$23.63**
		Pharmacy	$8.36	$12.17	$14.67	$24.76	$11.16	$17.88	$28.03	$16.68	$24.13	$251.79	$0.60	$19.38	**$35.80**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$75.16**	**$163.52**	**$251.49**	**$164.99**	**$213.40**	**$134.85**	**$243.95**	**$178.37**	**$459.33**	**$902.88**	**$714.03**	**$930.05**	**$369.33**
	Total Premiums		**$288.89**	**$290.00**	**$292.23**	**$292.60**	**$290.25**	**$290.52**	**$290.52**	**$290.52**	**$294.19**	**$285.10**	**$271.53**	**$271.53**	**$287.32**
Benefit Package 058	**Employees**		**37**	**38**	**38**	**37**	**39**	**39**	**39**	**39**	**39**	**35**	**35**	**35**	**38**
	Members		**105**	**106**	**106**	**102**	**105**	**105**	**105**	**105**	**91**	**103**	**99**	**98**	**103**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$0.00	$0.00	$0.91	$85.36	$0.00	$0.55	$1.33	$0.21	$20.87	$0.00	$0.00	$0.00	**$18.21**
		ER	$0.00	$0.00	$19.28	$0.00	$0.00	$18.92	$11.34	$4.47	$28.19	$0.00	$0.00	$0.00	**$16.44**
		Prof Svcs	$6.65	$30.73	$40.74	$51.22	$29.47	$61.78	$32.46	$51.57	$89.29	$22.81	$123.95	$82.08	**$51.89**
		Other	$0.73	$1.11	$7.64	$3.09	$2.51	$9.80	$5.77	$2.69	$37.32	$5.10	$18.15	$0.09	**$7.83**
		Pharmacy	$4.85	$35.57	$7.58	$9.12	$3.94	$11.94	$4.96	$7.14	$16.76	$7.70	$4.07	$7.41	**$10.09**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$12.23**	**$67.41**	**$76.15**	**$148.78**	**$35.92**	**$103.00**	**$55.87**	**$66.08**	**$192.42**	**$35.60**	**$146.17**	**$89.58**	**$85.77**
	Total Premiums		**$275.10**	**$267.91**	**$274.98**	**$282.09**	**$274.03**	**$264.74**	**$273.67**	**$273.67**	**$342.85**	**$280.16**	**$285.44**	**$283.57**	**$281.52**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

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Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 059	**Employees**		**128**	**128**	**128**	**128**	**126**	**126**	**126**	**127**	**126**	**108**	**108**	**108**	**122**
	Members		**189**	**189**	**189**	**187**	**184**	**183**	**183**	**186**	**182**	**153**	**153**	**152**	**178**
	Claims	Inpatient	$0.00	$0.00	$918.88	$363.78	$41.42	$902.38	$0.00	$85.34	$0.00	$0.00	$0.00	$0.00	**$462.36**
		Outpatient	$304.30	$213.81	$8.30	$827.62	$292.85	$268.60	$357.78	$92.17	$16.01	$8.95	$252.16	$39.91	**$223.54**
		ER	$8.54	$0.80	$5.84	$9.18	$5.74	$1.99	$10.69	$2.17	$5.06	$0.75	$11.13	$6.46	**$5.70**
		Prof Svcs	$118.15	$190.29	$218.66	$196.15	$179.13	$207.20	$181.39	$244.92	$145.87	$42.64	$270.61	$229.13	**$185.35**
		Other	$56.83	$51.97	$109.28	$144.57	$144.73	$115.86	$84.77	$109.30	$98.25	$7.09	$35.05	$62.51	**$85.02**
		Pharmacy	$62.86	$84.20	$62.35	$100.24	$77.70	$64.32	$68.32	$43.55	$82.31	$93.40	$30.84	$58.76	**$69.07**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$550.68**	**$541.08**	**$1,323.31**	**$1,641.54**	**$741.57**	**$1,560.36**	**$702.96**	**$577.45**	**$347.49**	**$152.83**	**$599.80**	**$396.76**	**$761.32**
	Total Premiums		**$489.59**	**$492.69**	**$485.46**	**$487.15**	**$494.76**	**$486.42**	**$493.78**	**$490.24**	**$501.01**	**$554.68**	**$560.38**	**$564.07**	**$508.35**
Benefit Package 060	**Employees**		**68**	**68**	**69**	**68**	**67**	**67**	**67**	**67**	**67**	**74**	**73**	**72**	**69**
	Members		**145**	**145**	**146**	**141**	**140**	**142**	**141**	**141**	**134**	**151**	**148**	**146**	**143**
	Claims	Inpatient	$0.00	$0.00	$119.85	$0.00	$55.34	$232.70	$0.00	$0.00	$4.18	$0.00	$3.65	$78.73	**$82.41**
		Outpatient	$164.17	$68.64	$228.27	$88.77	$68.86	$72.51	$136.95	$271.69	$46.72	$8.25	$265.30	$3.37	**$118.62**
		ER	$0.59	$0.59	$9.53	$0.07	$0.00	$4.45	$9.08	$1.03	$0.01	$5.31	$1.98	$11.77	**$4.04**
		Prof Svcs	$90.88	$90.83	$444.32	$294.34	$331.78	$190.58	$168.33	$213.58	$52.32	$49.07	$123.27	$200.73	**$187.50**
		Other	$27.48	$14.76	$27.55	$55.99	$63.88	$99.00	$65.98	$55.16	$19.81	$5.75	$109.41	$80.15	**$52.08**
		Pharmacy	$25.48	$32.21	$34.12	$54.41	$42.74	$21.57	$35.40	$22.24	$39.27	$52.89	$40.41	$107.34	**$42.34**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$308.61**	**$207.04**	**$863.64**	**$493.58**	**$562.59**	**$620.81**	**$415.73**	**$563.70**	**$162.31**	**$121.27**	**$544.01**	**$482.10**	**$445.45**
	Total Premiums		**$415.16**	**$403.23**	**$410.07**	**$411.67**	**$414.61**	**$400.06**	**$407.28**	**$410.79**	**$430.40**	**$448.03**	**$450.71**	**$450.38**	**$421.03**
Benefit Package 061	**Employees**		**47**	**47**	**47**	**47**	**47**	**47**	**47**	**47**	**47**	**43**	**44**	**43**	**46**
	Members		**118**	**118**	**119**	**120**	**117**	**117**	**117**	**117**	**106**	**105**	**107**	**104**	**114**
	Claims	Inpatient	$5.84	$0.00	$0.00	$52.39	$2.06	$234.55	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$73.71**
		Outpatient	$18.47	$0.00	$0.66	$1.18	$0.07	$0.00	$0.00	$0.03	$29.67	$0.00	$0.00	$0.00	**$8.35**
		ER	$0.61	$0.00	$2.36	$3.00	$0.00	$2.84	$0.00	$4.09	$6.01	$0.13	$0.00	$0.00	**$2.72**
		Prof Svcs	$37.58	$98.49	$105.16	$142.23	$64.88	$97.16	$56.84	$107.51	$62.74	$31.15	$36.34	$93.30	**$77.78**
		Other	$7.31	$2.84	$8.69	$6.81	$18.68	$6.49	$27.85	$22.26	$4.15	$0.42	$13.40	$2.70	**$10.13**
		Pharmacy	$13.42	$20.96	$15.60	$40.49	$31.85	$21.67	$29.49	$30.89	$36.78	$27.60	$26.39	$43.45	**$28.22**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$83.25**	**$122.29**	**$132.47**	**$246.10**	**$117.53**	**$362.70**	**$114.18**	**$164.79**	**$139.35**	**$59.30**	**$76.13**	**$139.45**	**$146.46**
	Total Premiums		**$304.91**	**$304.91**	**$302.34**	**$299.83**	**$303.52**	**$303.52**	**$303.52**	**$303.52**	**$335.02**	**$339.70**	**$338.33**	**$332.19**	**$314.28**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9h

Experience Reports by Benefit Package — Per Member Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 062	**Employees**		**17**	**17**	**17**	**17**	**17**	**17**	**17**	**17**	**16**	**19**	**19**	**20**	**18**
	Members		**46**	**46**	**46**	**45**	**45**	**45**	**45**	**45**	**42**	**49**	**48**	**48**	**46**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$224.24	$522.53	$0.00	$1,298.00	$0.00	$0.00	$0.00	$0.00	**$681.59**
		Outpatient	$2.43	$240.46	$0.00	$0.00	$5.22	$2.09	$0.00	$12.56	$0.00	$0.00	$0.00	$0.00	**$52.55**
		ER	$9.96	$0.00	$0.00	$0.00	$0.00	$0.49	$0.00	$0.24	$0.00	$0.00	$0.00	$0.00	**$3.56**
		Prof Svcs	$47.93	$220.07	$91.61	$90.04	$79.84	$206.51	$226.16	$90.58	$66.93	$24.27	$40.31	$43.54	**$102.32**
		Other	$15.15	$5.52	$66.43	$7.96	$52.18	$29.40	$47.42	$20.98	$114.19	$0.35	$4.73	$5.54	**$30.82**
		Pharmacy	$10.61	$14.98	$49.98	$58.76	$47.20	$17.78	$33.89	$36.78	$24.74	$21.76	$41.33	$5.60	**$30.28**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$86.09**	**$481.02**	**$208.02**	**$156.76**	**$408.69**	**$778.80**	**$307.47**	**$1,459.13**	**$205.86**	**$46.37**	**$86.38**	**$54.69**	**$356.61**
	Total Premiums		**$310.22**	**$310.22**	**$310.22**	**$313.13**	**$313.13**	**$313.13**	**$313.13**	**$313.13**	**$335.50**	**$359.55**	**$362.81**	**$362.81**	**$326.42**
Benefit Package 063	**Employees**		**668**	**670**	**671**	**673**	**677**	**679**	**678**	**675**	**675**	**845**	**857**	**866**	**720**
	Members		**1,467**	**1,475**	**1,475**	**1,486**	**1,489**	**1,488**	**1,482**	**1,473**	**1,446**	**1,602**	**1,619**	**1,627**	**1,511**
	Claims	Inpatient	$13.69	$34.71	$21.39	$37.15	$2.82	$44.24	$25.84	$62.52	$79.01	$0.89	$1.30	$45.73	**$30.77**
		Outpatient	$47.90	$14.40	$75.18	$32.22	$69.04	$32.74	$43.24	$101.46	$58.88	$6.36	$11.51	$19.79	**$42.73**
		ER	$4.73	$5.33	$8.93	$10.70	$3.94	$4.68	$5.11	$9.74	$6.59	$3.00	$3.02	$6.87	**$6.05**
		Prof Svcs	$128.70	$127.48	$183.03	$128.56	$154.35	$148.06	$152.99	$190.45	$127.56	$56.51	$97.72	$92.63	**$132.34**
		Other	$25.59	$34.36	$30.98	$24.00	$25.53	$26.40	$35.24	$40.62	$37.91	$23.46	$23.67	$32.60	**$30.03**
		Pharmacy	$27.36	$26.07	$35.56	$54.64	$27.90	$38.30	$38.78	$34.31	$45.27	$53.08	$37.39	$28.69	**$37.28**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$247.97**	**$242.36**	**$355.07**	**$287.28**	**$283.57**	**$294.42**	**$301.19**	**$439.09**	**$355.22**	**$143.30**	**$174.60**	**$226.32**	**$279.20**
	Total Premiums		**$381.71**	**$381.26**	**$381.50**	**$380.86**	**$380.50**	**$381.95**	**$383.11**	**$382.30**	**$396.34**	**$432.00**	**$433.71**	**$433.79**	**$395.75**
Benefit Package 064	**Employees**		**179**	**178**	**179**	**178**	**177**	**177**	**180**	**180**	**182**	**187**	**189**	**195**	**182**
	Members		**399**	**397**	**400**	**399**	**397**	**397**	**404**	**402**	**395**	**427**	**431**	**440**	**407**
	Claims	Inpatient	$0.00	$0.00	$0.00	$151.09	$0.00	$233.67	$71.70	$39.97	$0.00	$0.00	$0.00	$0.00	**$124.11**
		Outpatient	$50.53	$5.41	$34.31	$12.53	$3.86	$27.59	$70.22	$59.67	$8.99	$42.40	$2.66	$9.87	**$27.34**
		ER	$0.52	$4.08	$10.06	$1.46	$6.98	$14.51	$3.70	$8.20	$11.39	$0.33	$5.12	$5.58	**$5.99**
		Prof Svcs	$111.47	$110.98	$105.77	$92.05	$126.57	$280.59	$114.01	$178.20	$114.67	$38.91	$68.40	$83.92	**$118.79**
		Other	$7.12	$9.29	$19.55	$13.91	$27.32	$39.28	$18.00	$15.76	$21.06	$5.60	$4.45	$6.37	**$15.64**
		Pharmacy	$23.06	$18.68	$33.57	$43.42	$29.66	$27.76	$34.08	$28.79	$35.72	$49.96	$30.24	$20.70	**$31.30**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$192.69**	**$148.45**	**$203.24**	**$314.45**	**$194.39**	**$623.41**	**$311.71**	**$330.60**	**$191.83**	**$137.19**	**$110.87**	**$126.43**	**$240.44**
	Total Premiums		**$361.75**	**$361.62**	**$360.30**	**$359.81**	**$360.31**	**$358.91**	**$359.19**	**$362.36**	**$369.63**	**$384.85**	**$380.43**	**$376.08**	**$366.27**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9h

Experience Reports by Benefit Package — Per Member Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 065	**Employees**		**1,192**	**1,192**	**1,189**	**1,187**	**1,186**	**1,187**	**1,183**	**1,183**	**1,183**	**1,184**	**1,186**	**1,191**	**1,187**
	Members		**2,979**	**2,980**	**2,971**	**2,971**	**2,973**	**2,976**	**2,974**	**2,969**	**2,963**	**2,938**	**2,948**	**2,950**	**2,966**
	Claims	Inpatient	$62.71	$17.12	$16.34	$49.15	$56.22	$108.15	$73.45	$32.87	$65.43	$67.10	$100.20	$70.86	**$59.97**
		Outpatient	$54.37	$57.48	$92.11	$44.72	$52.77	$54.23	$57.46	$58.40	$46.43	$41.89	$54.67	$66.06	**$56.72**
		ER	$5.10	$4.75	$16.89	$6.22	$10.55	$12.51	$8.22	$10.41	$7.37	$11.08	$10.16	$7.99	**$9.27**
		Prof Svcs	$51.71	$33.24	$55.94	$48.19	$52.09	$64.40	$61.38	$76.58	$50.41	$60.02	$74.10	$77.83	**$58.82**
		Other	$33.28	$27.88	$32.13	$27.85	$30.33	$33.34	$36.97	$47.42	$38.45	$36.88	$47.10	$35.09	**$35.56**
		Pharmacy	$39.15	$38.29	$50.70	$41.69	$37.64	$33.53	$36.15	$47.34	$34.48	$38.42	$34.93	$39.35	**$39.31**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$246.33**	**$178.75**	**$264.11**	**$217.83**	**$239.60**	**$306.16**	**$273.63**	**$273.02**	**$242.57**	**$255.40**	**$321.17**	**$297.18**	**$259.65**
	Total Premiums		**$394.47**	**$394.08**	**$394.35**	**$394.17**	**$393.68**	**$393.30**	**$392.83**	**$392.76**	**$392.56**	**$393.32**	**$393.43**	**$393.45**	**$393.53**
Benefit Package 066	**Employees**		**541**	**544**	**545**	**549**	**549**	**550**	**551**	**552**	**551**	**561**	**566**	**571**	**553**
	Members		**1,295**	**1,300**	**1,308**	**1,317**	**1,318**	**1,319**	**1,321**	**1,321**	**1,319**	**1,339**	**1,347**	**1,349**	**1,321**
	Claims	Inpatient	$48.16	$5.83	$16.19	$19.28	$29.38	$44.53	$55.71	$107.54	$49.84	$76.81	$56.01	$32.87	**$45.18**
		Outpatient	$9.57	$33.56	$28.52	$30.46	$10.91	$29.86	$28.11	$126.86	$59.30	$59.42	$80.84	$13.63	**$42.59**
		ER	$1.09	$7.57	$8.24	$5.73	$7.03	$11.92	$11.50	$20.01	$19.83	$4.84	$15.22	$5.48	**$9.87**
		Prof Svcs	$37.57	$50.18	$55.26	$49.31	$65.51	$73.83	$70.11	$84.34	$77.73	$80.95	$70.34	$63.23	**$64.86**
		Other	$33.81	$39.44	$48.59	$46.09	$50.24	$47.55	$45.74	$63.58	$53.50	$58.58	$53.51	$46.77	**$48.95**
		Pharmacy	$34.69	$39.47	$35.91	$49.20	$49.05	$35.71	$50.24	$36.85	$42.57	$38.57	$43.30	$36.35	**$40.99**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$164.88**	**$176.05**	**$192.70**	**$200.06**	**$212.12**	**$243.40**	**$261.41**	**$439.17**	**$302.77**	**$319.17**	**$319.23**	**$198.32**	**$252.44**
	Total Premiums		**$355.64**	**$358.99**	**$358.36**	**$357.39**	**$356.94**	**$356.53**	**$355.89**	**$357.18**	**$358.00**	**$352.86**	**$354.50**	**$357.50**	**$356.65**
Benefit Package 067	**Employees**		**1,125**	**1,128**	**1,136**	**1,136**	**1,135**	**1,134**	**1,135**	**1,134**	**1,140**	**1,176**	**1,190**	**1,202**	**1,148**
	Members		**2,409**	**2,410**	**2,430**	**2,428**	**2,430**	**2,438**	**2,442**	**2,433**	**2,450**	**2,539**	**2,564**	**2,599**	**2,464**
	Claims	Inpatient	$39.72	$10.86	$41.47	$37.20	$9.54	$216.80	$100.62	$110.54	$18.67	$90.49	$38.15	$59.01	**$64.42**
		Outpatient	$54.90	$19.87	$40.75	$47.37	$31.09	$21.33	$22.34	$50.55	$31.98	$22.27	$26.85	$29.28	**$33.22**
		ER	$5.28	$12.90	$2.67	$3.74	$18.50	$7.40	$6.35	$9.34	$2.98	$7.15	$3.64	$0.76	**$6.73**
		Prof Svcs	$73.58	$67.40	$80.45	$103.13	$99.75	$100.72	$98.43	$114.90	$66.55	$96.02	$73.20	$85.09	**$88.27**
		Other	$40.27	$43.37	$55.23	$63.18	$61.97	$52.77	$56.95	$66.75	$53.92	$64.23	$67.33	$62.71	**$57.39**
		Pharmacy	$24.85	$23.36	$24.87	$30.71	$29.90	$21.94	$31.63	$31.16	$22.68	$30.81	$28.71	$22.31	**$26.91**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$238.60**	**$177.76**	**$245.45**	**$285.32**	**$250.76**	**$420.95**	**$316.31**	**$383.24**	**$196.79**	**$310.97**	**$237.88**	**$259.17**	**$276.93**
	Total Premiums		**$351.93**	**$351.83**	**$350.25**	**$351.02**	**$351.40**	**$348.35**	**$349.48**	**$350.12**	**$349.55**	**$355.20**	**$355.08**	**$352.82**	**$351.42**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9h

Experience Reports by Benefit Package — Per Member Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 068	**Employees**		**534**	**532**	**531**	**528**	**526**	**532**	**534**	**531**	**532**	**531**	**531**	**532**	**531**
	Members		**1,198**	**1,198**	**1,191**	**1,186**	**1,190**	**1,203**	**1,204**	**1,201**	**1,201**	**1,211**	**1,198**	**1,203**	**1,199**
	Claims	Inpatient	$66.78	$192.61	$44.39	$127.78	$3.93	$21.64	$209.45	$172.07	$237.23	$51.01	$21.81	$62.64	**$100.95**
		Outpatient	$50.13	$47.64	$32.20	$31.72	$21.41	$33.58	$21.77	$43.31	$28.03	$29.21	$55.59	$31.79	**$35.53**
		ER	$16.97	$23.30	$14.59	$12.95	$4.93	$6.23	$4.24	$21.76	$7.39	$7.63	$4.00	$5.91	**$10.83**
		Prof Svcs	$88.99	$108.71	$117.92	$120.72	$88.03	$86.79	$108.24	$142.41	$108.74	$99.52	$83.28	$106.08	**$104.95**
		Other	$46.96	$64.00	$75.57	$58.55	$64.48	$67.36	$66.12	$84.40	$61.51	$74.89	$58.96	$54.39	**$64.77**
		Pharmacy	$29.28	$28.30	$32.51	$35.38	$31.01	$28.45	$25.80	$31.45	$33.17	$36.67	$42.40	$29.64	**$32.00**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$299.13**	**$464.56**	**$317.19**	**$387.11**	**$213.79**	**$244.05**	**$435.61**	**$495.41**	**$476.07**	**$298.92**	**$266.04**	**$290.46**	**$349.03**
	Total Premiums		**$423.07**	**$408.16**	**$412.48**	**$412.17**	**$412.83**	**$411.20**	**$411.05**	**$411.67**	**$411.50**	**$408.29**	**$411.91**	**$409.63**	**$412.00**
Benefit Package 069	**Employees**		**988**	**987**	**989**	**987**	**986**	**985**	**984**	**977**	**976**	**942**	**951**	**951**	**975**
	Members		**1,799**	**1,798**	**1,795**	**1,792**	**1,786**	**1,779**	**1,775**	**1,768**	**1,767**	**1,703**	**1,708**	**1,705**	**1,765**
	Claims	Inpatient	$21.13	$72.27	$151.05	$49.17	$95.81	$348.21	$98.72	$153.53	$85.55	$263.15	$101.33	$47.23	**$123.93**
		Outpatient	$70.66	$12.56	$59.10	$41.69	$27.62	$41.01	$80.79	$32.24	$74.31	$76.36	$19.92	$40.82	**$48.09**
		ER	$1.59	$15.50	$11.27	$12.55	$5.39	$13.70	$17.54	$19.23	$19.71	$21.67	$9.63	$4.88	**$12.72**
		Prof Svcs	$115.65	$130.94	$111.23	$110.59	$131.23	$138.22	$127.19	$161.44	$127.57	$147.16	$107.03	$104.40	**$126.05**
		Other	$59.04	$102.24	$169.49	$66.73	$74.25	$82.38	$77.61	$92.43	$73.72	$90.93	$68.63	$94.64	**$87.67**
		Pharmacy	$41.32	$46.45	$44.63	$44.28	$42.05	$38.82	$44.68	$34.91	$58.98	$69.18	$57.40	$44.37	**$47.25**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$309.38**	**$379.96**	**$546.75**	**$325.00**	**$376.36**	**$662.33**	**$446.53**	**$493.78**	**$439.85**	**$668.45**	**$363.94**	**$336.34**	**$445.72**
	Total Premiums		**$453.49**	**$452.13**	**$454.59**	**$452.87**	**$454.76**	**$453.69**	**$455.42**	**$452.05**	**$453.78**	**$477.58**	**$472.62**	**$477.30**	**$459.19**
Benefit Package 070	**Employees**		**580**	**581**	**580**	**579**	**578**	**576**	**572**	**570**	**569**	**549**	**556**	**552**	**570**
	Members		**888**	**893**	**890**	**890**	**889**	**885**	**878**	**875**	**874**	**845**	**850**	**847**	**875**
	Claims	Inpatient	$74.91	$60.36	$280.05	$114.05	$115.27	$175.39	$182.52	$369.40	$421.15	$63.26	$108.71	$136.53	**$175.13**
		Outpatient	$32.76	$94.51	$145.22	$140.52	$78.73	$81.99	$236.85	$333.62	$235.88	$134.56	$131.69	$87.28	**$144.47**
		ER	$0.72	$23.78	$39.18	$21.66	$22.22	$21.12	$17.20	$46.79	$20.87	$21.38	$12.24	$16.47	**$21.97**
		Prof Svcs	$80.79	$107.81	$118.88	$87.65	$127.65	$136.09	$103.25	$166.57	$273.68	$179.24	$184.77	$133.34	**$141.64**
		Other	$23.69	$44.49	$41.59	$33.14	$38.86	$50.14	$42.74	$51.68	$44.14	$51.38	$45.73	$36.43	**$42.00**
		Pharmacy	$41.19	$52.81	$65.70	$56.73	$59.59	$56.63	$53.30	$51.35	$55.53	$61.49	$53.37	$55.52	**$55.27**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$254.06**	**$383.76**	**$690.62**	**$453.75**	**$442.31**	**$521.36**	**$635.86**	**$1,019.41**	**$1,051.24**	**$511.31**	**$536.50**	**$465.57**	**$580.48**
	Total Premiums		**$460.27**	**$463.43**	**$460.22**	**$456.28**	**$460.45**	**$456.64**	**$459.00**	**$457.15**	**$460.68**	**$522.52**	**$450.88**	**$513.57**	**$468.42**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9h

Experience Reports by Benefit Package — Per Member Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 071	**Employees**		**4,723**	**4,723**	**4,722**	**4,725**	**4,731**	**4,724**	**4,720**	**4,704**	**4,707**	**4,483**	**4,518**	**4,537**	**4,668**
	Members		**9,603**	**9,593**	**9,566**	**9,544**	**9,539**	**9,532**	**9,530**	**9,517**	**9,535**	**8,868**	**8,861**	**8,873**	**9,380**
	Claims	Inpatient	$48.19	$56.66	$110.77	$121.40	$34.30	$70.33	$67.60	$86.48	$59.82	$159.80	$43.78	$78.13	**$78.10**
		Outpatient	$41.58	$51.99	$70.76	$73.76	$64.19	$56.16	$48.61	$77.05	$65.76	$51.92	$60.98	$54.52	**$59.77**
		ER	$12.00	$23.23	$20.33	$12.62	$11.50	$12.00	$8.88	$18.63	$15.20	$21.34	$15.54	$9.26	**$15.05**
		Prof Svcs	$87.77	$98.63	$116.82	$100.07	$112.50	$109.29	$105.57	$124.47	$82.62	$109.97	$90.09	$79.33	**$101.43**
		Other	$48.95	$55.74	$61.89	$48.62	$58.70	$52.94	$57.84	$71.64	$48.17	$65.54	$52.96	$53.43	**$56.37**
		Pharmacy	$34.40	$33.45	$34.27	$30.12	$43.70	$38.96	$37.85	$34.58	$33.46	$28.59	$41.53	$35.86	**$35.56**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$272.89**	**$319.69**	**$414.85**	**$386.59**	**$324.89**	**$339.69**	**$326.36**	**$412.86**	**$305.02**	**$437.16**	**$304.89**	**$310.54**	**$346.29**
	Total Premiums		**$399.04**	**$399.29**	**$399.46**	**$398.67**	**$399.95**	**$399.54**	**$398.92**	**$399.08**	**$398.07**	**$431.42**	**$428.73**	**$429.75**	**$406.83**
Benefit Package 072	**Employees**		**3,606**	**3,615**	**3,609**	**3,607**	**3,607**	**3,594**	**3,589**	**3,579**	**3,578**	**3,550**	**3,577**	**3,592**	**3,592**
	Members		**6,908**	**6,907**	**6,898**	**6,885**	**6,883**	**6,866**	**6,859**	**6,844**	**6,828**	**6,740**	**6,781**	**6,808**	**6,851**
	Claims	Inpatient	$28.91	$71.94	$36.55	$62.14	$29.67	$60.64	$77.09	$79.83	$60.55	$117.12	$71.14	$202.23	**$74.82**
		Outpatient	$43.50	$41.92	$49.51	$62.20	$36.05	$48.11	$41.27	$52.36	$34.13	$37.38	$38.67	$38.55	**$43.64**
		ER	$6.10	$17.25	$10.42	$8.55	$10.41	$8.85	$9.08	$13.27	$13.72	$11.90	$8.94	$9.99	**$10.71**
		Prof Svcs	$83.50	$103.22	$109.23	$104.21	$110.09	$111.64	$111.61	$141.28	$92.59	$119.11	$103.00	$96.31	**$107.15**
		Other	$52.43	$63.14	$65.52	$62.47	$60.77	$53.72	$60.52	$73.46	$55.50	$69.29	$60.41	$55.96	**$61.10**
		Pharmacy	$35.64	$29.92	$40.11	$29.91	$34.16	$36.93	$34.88	$33.51	$32.40	$36.39	$30.87	$33.83	**$34.05**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$250.10**	**$327.38**	**$311.35**	**$329.49**	**$281.14**	**$319.90**	**$334.45**	**$393.71**	**$288.88**	**$391.20**	**$313.02**	**$436.87**	**$331.46**
	Total Premiums		**$422.65**	**$421.08**	**$422.84**	**$423.46**	**$421.73**	**$422.01**	**$421.08**	**$421.71**	**$421.51**	**$441.94**	**$434.34**	**$438.52**	**$426.07**
Benefit Package 073	**Employees**		**647**	**653**	**660**	**658**	**660**	**662**	**663**	**666**	**669**	**673**	**683**	**693**	**666**
	Members		**1,645**	**1,654**	**1,676**	**1,676**	**1,678**	**1,674**	**1,677**	**1,686**	**1,693**	**1,708**	**1,723**	**1,740**	**1,686**
	Claims	Inpatient	$29.72	$28.39	$245.01	$18.35	$48.36	$44.22	$88.14	$7.66	$102.75	$12.97	$4.55	$62.48	**$57.71**
		Outpatient	$36.11	$22.44	$65.44	$44.83	$25.23	$37.28	$44.35	$68.44	$39.75	$33.07	$36.86	$35.98	**$40.82**
		ER	$0.38	$6.70	$10.24	$12.88	$6.33	$6.14	$3.30	$7.07	$9.60	$6.30	$6.38	$6.85	**$6.85**
		Prof Svcs	$33.17	$71.96	$60.60	$44.52	$48.58	$56.14	$52.21	$62.28	$47.17	$48.33	$47.60	$43.78	**$51.36**
		Other	$23.08	$25.65	$28.58	$23.56	$30.36	$25.68	$25.54	$33.32	$23.93	$29.96	$28.44	$28.91	**$27.25**
		Pharmacy	$25.13	$21.79	$34.62	$30.45	$37.44	$34.40	$40.04	$35.86	$37.07	$41.53	$30.98	$39.65	**$34.08**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$147.59**	**$176.94**	**$444.49**	**$174.58**	**$196.30**	**$203.87**	**$253.58**	**$214.64**	**$260.28**	**$172.17**	**$154.80**	**$217.66**	**$218.07**
	Total Premiums		**$316.96**	**$316.21**	**$315.95**	**$316.97**	**$315.43**	**$317.61**	**$315.76**	**$317.73**	**$317.17**	**$315.65**	**$317.17**	**$317.44**	**$316.67**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9h

Experience Reports by Benefit Package — Per Member Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 074	**Employees**		**2,740**	**2,745**	**2,747**	**2,740**	**2,735**	**2,730**	**2,734**	**2,733**	**2,725**	**2,703**	**2,713**	**2,723**	**2,731**
	Members		**5,244**	**5,247**	**5,240**	**5,230**	**5,208**	**5,199**	**5,198**	**5,192**	**5,162**	**5,048**	**5,059**	**5,049**	**5,173**
	Claims	Inpatient	$65.72	$22.02	$50.91	$100.49	$90.87	$47.78	$47.38	$39.32	$47.14	$46.93	$21.94	$59.88	**$53.37**
		Outpatient	$64.26	$61.70	$71.81	$65.39	$63.02	$51.17	$49.50	$105.99	$59.79	$48.76	$66.97	$36.50	**$62.07**
		ER	$5.13	$14.18	$10.94	$11.18	$11.59	$10.96	$10.49	$8.26	$11.13	$6.38	$8.35	$9.50	**$9.84**
		Prof Svcs	$70.46	$89.91	$109.00	$92.55	$106.92	$96.07	$114.87	$122.91	$88.10	$113.05	$84.25	$84.67	**$97.73**
		Other	$41.79	$48.85	$53.13	$47.35	$47.59	$49.45	$58.38	$60.37	$45.08	$51.01	$44.76	$38.17	**$48.83**
		Pharmacy	$34.47	$33.50	$32.16	$35.22	$38.19	$38.65	$34.91	$38.97	$31.34	$34.87	$36.94	$31.95	**$35.10**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$281.83**	**$270.17**	**$327.96**	**$352.18**	**$358.17**	**$294.09**	**$315.53**	**$375.82**	**$282.58**	**$300.99**	**$263.22**	**$260.67**	**$306.93**
	Total Premiums		**$402.22**	**$403.21**	**$404.02**	**$403.33**	**$403.45**	**$400.84**	**$403.52**	**$403.42**	**$405.67**	**$419.27**	**$416.20**	**$420.92**	**$407.17**
Benefit Package 075	**Employees**		**1,257**	**1,258**	**1,263**	**1,264**	**1,269**	**1,265**	**1,261**	**1,258**	**1,247**	**1,233**	**1,232**	**1,235**	**1,254**
	Members		**2,617**	**2,620**	**2,634**	**2,641**	**2,644**	**2,635**	**2,626**	**2,619**	**2,599**	**2,574**	**2,571**	**2,574**	**2,613**
	Claims	Inpatient	$36.81	$158.15	$43.60	$50.46	$73.30	$167.39	$64.75	$57.45	$109.62	$87.35	$65.57	$157.98	**$89.37**
		Outpatient	$50.68	$36.66	$57.40	$30.38	$36.00	$45.92	$51.05	$63.47	$64.32	$37.55	$58.71	$60.39	**$49.38**
		ER	$8.57	$17.57	$19.03	$10.95	$8.74	$6.78	$15.33	$7.64	$21.56	$14.48	$12.09	$5.08	**$12.32**
		Prof Svcs	$88.34	$114.65	$125.51	$114.10	$98.78	$126.87	$115.92	$143.63	$98.85	$112.09	$118.86	$100.76	**$113.20**
		Other	$46.21	$63.45	$69.60	$73.29	$73.15	$82.95	$72.86	$66.28	$54.28	$71.62	$60.68	$69.27	**$66.97**
		Pharmacy	$48.49	$50.89	$59.95	$41.67	$51.87	$64.19	$45.84	$46.22	$54.12	$55.95	$51.91	$50.07	**$51.76**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$279.10**	**$441.38**	**$375.09**	**$320.85**	**$341.84**	**$494.11**	**$365.75**	**$384.69**	**$402.75**	**$379.03**	**$367.82**	**$443.53**	**$382.99**
	Total Premiums		**$456.99**	**$457.28**	**$455.52**	**$456.25**	**$457.07**	**$457.03**	**$457.37**	**$456.47**	**$455.23**	**$455.52**	**$456.32**	**$457.34**	**$456.53**
Benefit Package 076	**Employees**		**3,046**	**3,049**	**3,049**	**3,048**	**3,049**	**3,047**	**3,047**	**3,040**	**3,036**	**2,986**	**2,981**	**2,978**	**3,030**
	Members		**5,996**	**6,007**	**5,996**	**5,985**	**5,989**	**5,981**	**5,976**	**5,951**	**5,935**	**5,808**	**5,752**	**5,717**	**5,924**
	Claims	Inpatient	$83.08	$33.06	$64.90	$79.14	$24.71	$84.38	$93.72	$75.42	$112.30	$76.75	$82.88	$105.11	**$76.29**
		Outpatient	$40.87	$32.67	$51.53	$45.89	$63.56	$39.96	$55.77	$63.48	$37.88	$51.63	$58.45	$43.10	**$48.73**
		ER	$5.68	$13.49	$12.41	$9.63	$12.34	$12.07	$16.70	$14.11	$13.85	$10.20	$13.12	$12.27	**$12.16**
		Prof Svcs	$93.18	$98.71	$111.96	$111.48	$95.79	$108.23	$126.37	$134.46	$96.15	$117.06	$134.22	$109.63	**$111.44**
		Other	$61.48	$70.83	$76.59	$64.85	$59.94	$69.61	$72.43	$80.17	$64.33	$84.86	$67.50	$62.06	**$69.56**
		Pharmacy	$41.68	$33.29	$35.66	$32.28	$41.23	$35.18	$36.83	$39.49	$32.75	$49.76	$39.32	$43.43	**$38.41**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$325.96**	**$282.05**	**$353.04**	**$343.27**	**$297.57**	**$349.44**	**$401.82**	**$407.13**	**$357.26**	**$390.26**	**$395.50**	**$375.61**	**$356.57**
	Total Premiums		**$433.78**	**$433.80**	**$434.04**	**$433.99**	**$433.57**	**$433.21**	**$433.87**	**$434.24**	**$433.91**	**$451.27**	**$446.89**	**$453.25**	**$437.99**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9h

Experience Reports by Benefit Package — Per Member Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 077	**Employees**		**277**	**277**	**275**	**276**	**277**	**277**	**277**	**276**	**276**	**262**	**268**	**268**	**274**
	Members		**536**	**535**	**533**	**532**	**532**	**534**	**533**	**535**	**531**	**505**	**513**	**506**	**527**
	Claims	Inpatient	$50.44	$34.92	$93.86	$106.56	$0.00	$11.29	$87.93	$10.69	$238.19	$343.97	$65.56	$45.00	**$98.95**
		Outpatient	$17.05	$31.64	$12.86	$44.26	$204.76	$29.82	$9.82	$9.25	$43.30	$15.59	$8.85	$73.31	**$41.71**
		ER	$15.70	$51.10	$17.86	$5.03	$12.77	$17.68	$49.52	$15.96	$6.94	$64.11	$19.53	$0.00	**$25.11**
		Prof Svcs	$118.21	$154.98	$127.76	$101.29	$97.83	$121.66	$167.68	$154.88	$162.22	$139.96	$121.70	$215.75	**$140.33**
		Other	$92.65	$83.62	$76.43	$55.83	$59.03	$63.28	$70.74	$110.15	$96.49	$131.73	$119.53	$86.58	**$87.17**
		Pharmacy	$37.84	$28.65	$36.45	$30.89	$27.28	$42.38	$30.38	$30.58	$32.02	$40.08	$30.26	$44.42	**$34.27**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$331.89**	**$384.90**	**$365.22**	**$343.85**	**$401.65**	**$286.11**	**$416.08**	**$331.51**	**$579.16**	**$735.43**	**$365.43**	**$465.05**	**$417.19**
	Total Premiums		**$418.36**	**$421.40**	**$419.13**	**$422.64**	**$422.19**	**$422.58**	**$423.53**	**$421.88**	**$420.11**	**$474.56**	**$447.58**	**$461.18**	**$431.26**
Benefit Package 078	**Employees**		**11,621**	**11,582**	**11,544**	**11,501**	**11,472**	**11,455**	**11,413**	**11,343**	**11,303**	**49**	**49**	**49**	**8,615**
	Members		**18,254**	**18,174**	**18,107**	**17,765**	**17,717**	**17,681**	**17,597**	**17,486**	**17,432**	**93**	**94**	**93**	**13,374**
	Claims	Inpatient	$127.54	$102.66	$174.75	$138.72	$99.12	$173.71	$177.39	$110.93	$114.90	$477.70	$104.77	$0.00	**$163.84**
		Outpatient	$132.86	$137.26	$139.93	$146.39	$142.40	$153.91	$167.01	$160.15	$132.29	$103.55	$305.35	$259.01	**$165.01**
		ER	$18.72	$21.03	$21.39	$20.26	$22.07	$20.92	$23.29	$17.49	$18.63	$10.28	$0.00	$23.69	**$19.80**
		Prof Svcs	$196.95	$215.26	$223.68	$228.05	$229.86	$240.38	$280.46	$281.22	$211.50	$288.88	$348.51	$444.83	**$265.80**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$144.60	$145.18	$149.28	$145.30	$148.17	$146.86	$151.41	$154.41	$140.78	$532.80	$269.20	$271.09	**$199.92**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$620.68**	**$621.39**	**$709.04**	**$678.72**	**$641.62**	**$735.78**	**$799.58**	**$724.18**	**$618.09**	**$1,413.22**	**$1,027.83**	**$998.62**	**$799.06**
	Total Premiums		**$623.86**	**$624.04**	**$624.05**	**$630.53**	**$630.66**	**$630.82**	**$631.09**	**$631.03**	**$631.11**	**$671.74**	**$668.03**	**$671.74**	**$639.06**
Benefit Package 079	**Employees**		**19,043**	**19,048**	**19,065**	**19,055**	**19,047**	**19,050**	**19,037**	**19,006**	**18,984**	**30,020**	**30,063**	**30,065**	**21,790**
	Members		**33,809**	**33,764**	**33,752**	**33,332**	**33,282**	**33,260**	**33,214**	**33,208**	**33,158**	**50,785**	**50,785**	**50,733**	**37,757**
	Claims	Inpatient	$68.49	$77.08	$81.75	$85.15	$128.86	$118.72	$128.75	$78.36	$52.03	$119.39	$104.11	$91.28	**$94.50**
		Outpatient	$77.97	$75.33	$69.25	$83.03	$83.94	$86.23	$89.17	$94.96	$60.76	$103.69	$114.45	$104.66	**$86.95**
		ER	$13.88	$12.59	$13.50	$14.17	$11.97	$13.08	$16.58	$15.05	$12.14	$14.00	$14.75	$16.21	**$13.99**
		Prof Svcs	$125.25	$130.54	$139.72	$143.64	$148.69	$157.09	$170.44	$179.57	$120.94	$169.15	$162.06	$155.91	**$150.25**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$80.16	$76.92	$83.85	$78.28	$80.33	$78.73	$84.00	$85.13	$77.43	$99.83	$97.22	$95.58	**$84.79**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$365.76**	**$372.47**	**$388.06**	**$404.27**	**$453.79**	**$453.85**	**$488.94**	**$453.07**	**$323.30**	**$506.05**	**$492.58**	**$463.64**	**$430.48**
	Total Premiums		**$445.94**	**$446.32**	**$446.48**	**$449.90**	**$450.24**	**$450.31**	**$450.43**	**$449.92**	**$449.97**	**$482.73**	**$483.03**	**$483.13**	**$457.36**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9h

Experience Reports by Benefit Package — Per Member Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 080	**Employees**		**10,896**	**10,904**	**10,908**	**10,904**	**10,907**	**10,915**	**10,902**	**10,876**	**10,837**	**11,996**	**12,124**	**12,158**	**11,194**
	Members		**24,930**	**24,930**	**24,917**	**24,524**	**24,524**	**24,512**	**24,474**	**24,422**	**24,360**	**25,802**	**26,007**	**26,050**	**24,954**
	Claims	Inpatient	$71.68	$49.91	$50.69	$52.38	$75.19	$73.95	$70.20	$51.84	$45.49	$43.48	$37.05	$69.08	**$57.58**
		Outpatient	$45.62	$49.80	$52.62	$48.54	$51.31	$57.29	$75.87	$79.33	$67.23	$59.30	$63.86	$66.24	**$59.75**
		ER	$10.59	$11.95	$11.22	$12.69	$8.33	$11.22	$14.55	$13.21	$12.66	$11.64	$11.82	$10.54	**$11.70**
		Prof Svcs	$88.56	$94.16	$98.06	$105.46	$111.26	$105.35	$118.86	$133.73	$93.43	$104.96	$99.07	$102.37	**$104.61**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$54.58	$52.16	$55.68	$54.88	$58.20	$57.39	$59.25	$63.90	$55.94	$59.08	$55.34	$55.59	**$56.83**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$271.02**	**$257.98**	**$268.27**	**$273.94**	**$304.30**	**$305.20**	**$338.73**	**$342.01**	**$274.75**	**$278.46**	**$267.14**	**$303.82**	**$290.47**
	Total Premiums		**$352.47**	**$352.48**	**$352.46**	**$355.48**	**$355.48**	**$355.58**	**$355.64**	**$355.56**	**$355.34**	**$380.81**	**$381.05**	**$381.12**	**$361.12**
Benefit Package 081	**Employees**		**14,209**	**14,157**	**14,142**	**14,112**	**14,081**	**14,060**	**14,014**	**13,951**	**13,910**	**11,504**	**11,403**	**11,391**	**13,411**
	Members		**24,162**	**24,074**	**24,064**	**23,734**	**23,686**	**23,643**	**23,543**	**23,471**	**23,415**	**19,077**	**18,884**	**18,854**	**22,551**
	Claims	Inpatient	$94.17	$82.45	$113.39	$138.76	$118.15	$151.66	$164.45	$115.91	$95.51	$103.57	$153.80	$110.90	**$120.23**
		Outpatient	$105.76	$98.63	$114.34	$114.82	$116.43	$116.79	$134.91	$136.58	$117.74	$120.80	$110.89	$129.86	**$118.13**
		ER	$18.94	$21.07	$19.56	$18.70	$21.54	$20.17	$23.21	$22.77	$20.84	$17.57	$18.28	$21.72	**$20.36**
		Prof Svcs	$185.08	$196.24	$213.53	$219.48	$218.21	$213.65	$246.43	$256.96	$191.29	$224.93	$210.61	$208.63	**$215.42**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$92.26	$94.33	$99.59	$94.15	$97.66	$98.66	$99.43	$101.75	$94.33	$117.52	$115.50	$112.59	**$101.48**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$496.20**	**$492.71**	**$560.41**	**$585.91**	**$571.99**	**$600.94**	**$668.42**	**$633.97**	**$519.71**	**$584.39**	**$609.07**	**$583.70**	**$575.62**
	Total Premiums		**$527.25**	**$527.34**	**$526.97**	**$531.30**	**$531.02**	**$530.94**	**$531.46**	**$531.09**	**$530.84**	**$570.84**	**$571.05**	**$571.09**	**$540.10**
Benefit Package 082	**Employees**		**88**	**85**	**85**	**85**	**85**	**85**	**85**	**84**	**84**	**68**	**68**	**67**	**81**
	Members		**227**	**222**	**222**	**223**	**222**	**222**	**222**	**216**	**216**	**163**	**162**	**160**	**206**
	Claims	Inpatient	$35.81	$186.95	$4.89	($8.68)	$0.00	$0.00	$72.70	$0.00	$595.25	$0.00	$0.00	$566.75	**$242.28**
		Outpatient	$71.75	$6.12	$5.88	$102.95	$100.44	$50.82	$1.22	$66.14	$128.33	$5.94	$48.26	$61.14	**$54.08**
		ER	$0.00	$4.77	$1.33	$0.00	$5.07	$0.00	$4.95	$9.98	$1.86	$29.36	$0.00	$1.42	**$7.34**
		Prof Svcs	$120.08	$87.13	$190.84	$159.99	$99.19	$141.16	$90.82	$184.52	$127.96	$83.67	$107.25	$169.86	**$130.21**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$31.34	$40.88	$41.51	$53.84	$39.78	$47.80	$28.45	$47.16	$40.24	$89.02	$40.50	$38.12	**$44.89**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$258.98**	**$325.85**	**$244.45**	**$308.11**	**$244.48**	**$239.78**	**$198.14**	**$307.80**	**$893.65**	**$207.99**	**$196.01**	**$837.30**	**$355.21**
	Total Premiums		**$317.35**	**$341.59**	**$327.91**	**$326.44**	**$327.91**	**$327.91**	**$327.91**	**$329.35**	**$329.35**	**$336.13**	**$334.83**	**$333.15**	**$329.99**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9h

Experience Reports by Benefit Package — Per Member Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 083	**Employees**											**3**	**3**	**3**	**3**
	Members											**8**	**8**	**8**	**8**
	Claims	Inpatient										$0.00	$0.00	$0.00	**$0.00**
		Outpatient										$0.00	$0.00	$0.00	**$0.00**
		ER										$0.00	$0.00	$223.90	**$223.90**
		Prof Svcs										$76.25	$118.65	$779.15	**$324.68**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$125.14	$109.76	$82.44	**$105.78**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$201.40**	**$228.41**	**$1,085.48**	**$505.10**
	Total Premiums											**$358.71**	**$358.71**	**$358.71**	**$358.71**
Benefit Package 084	**Employees**		**83**	**83**	**83**	**83**	**83**	**83**	**83**	**81**	**82**	**85**	**83**	**82**	**83**
	Members		**286**	**286**	**288**	**287**	**289**	**286**	**286**	**280**	**281**	**281**	**268**	**265**	**282**
	Claims	Inpatient	$85.87	$104.49	$18.55	$136.39	$80.55	$65.94	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$81.97**
		Outpatient	$17.56	$13.41	$31.79	$18.92	$57.79	$50.57	$35.75	$25.57	$25.01	$0.00	$25.20	$12.86	**$28.59**
		ER	$1.16	$0.00	$2.71	$0.00	$5.71	$1.34	($2.56)	$28.63	$9.39	$0.00	$3.26	$7.28	**$7.11**
		Prof Svcs	$101.43	$58.35	$192.60	$164.47	$108.52	$157.71	$128.85	$163.61	$158.41	$119.93	$90.64	$125.37	**$130.83**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$33.27	$58.83	$50.42	$43.97	$68.00	$76.13	$56.87	$107.38	$65.32	$58.32	$41.73	$55.10	**$59.61**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$239.29**	**$235.08**	**$296.07**	**$363.76**	**$320.57**	**$351.68**	**$218.91**	**$325.20**	**$258.13**	**$178.26**	**$160.84**	**$200.60**	**$262.37**
	Total Premiums		**$223.14**	**$223.14**	**$221.59**	**$222.36**	**$220.82**	**$219.29**	**$219.29**	**$219.04**	**$220.24**	**$246.28**	**$244.23**	**$243.87**	**$226.94**
Benefit Package 085	**Employees**		**14**	**15**	**15**	**15**	**15**	**15**	**15**	**15**	**15**	**11**	**11**	**11**	**14**
	Members		**49**	**51**	**51**	**51**	**51**	**51**	**51**	**51**	**51**	**26**	**26**	**26**	**45**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$0.00	$378.61	$0.00	$22.29	$0.00	$110.62	$0.00	$0.00	$33.71	$0.00	$0.00	$0.00	**$136.31**
		ER	$0.00	$23.72	$52.14	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$37.93**
		Prof Svcs	$44.31	$28.79	$86.81	$67.54	$42.99	$130.47	$30.68	$69.34	$67.52	$153.18	$67.98	$78.13	**$72.31**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$43.38	$27.50	$60.38	$50.03	$71.55	$49.84	$71.36	$105.43	$66.09	$140.97	$128.50	$111.88	**$77.24**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$87.70**	**$458.62**	**$199.32**	**$139.86**	**$114.54**	**$290.93**	**$102.05**	**$174.76**	**$167.32**	**$294.15**	**$196.48**	**$190.01**	**$201.31**
	Total Premiums		**$242.25**	**$245.20**	**$245.20**	**$245.20**	**$245.20**	**$245.20**	**$245.20**	**$245.20**	**$245.20**	**$350.85**	**$348.16**	**$350.06**	**$271.08**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

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Experience Reports by Benefit Package — Per Member Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 086	**Employees**		**13**	**13**	**13**	**13**	**13**	**13**	**13**	**13**	**13**	**21**	**27**	**28**	**16**
	Members		**53**	**53**	**53**	**53**	**53**	**53**	**53**	**53**	**53**	**83**	**109**	**113**	**65**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$0.00	$0.00	$100.75	$0.00	$0.00	$0.00	$66.73	$0.00	$0.00	$0.00	$0.00	$0.00	**$83.74**
		ER	$0.00	$35.47	$25.66	$0.00	$0.00	$0.00	$0.00	$0.00	$157.75	$0.00	$0.00	$0.00	**$72.96**
		Prof Svcs	$11.73	$34.40	$8.86	$12.89	$18.32	$17.53	$30.95	$37.33	$37.85	$16.75	$12.52	$9.26	**$20.70**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$7.05	$3.80	$5.38	$3.09	$6.87	$2.81	$2.15	$8.73	$3.83	$4.20	$17.50	$24.81	**$7.52**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$18.78**	**$73.68**	**$140.65**	**$15.99**	**$25.19**	**$20.33**	**$99.84**	**$46.06**	**$199.43**	**$20.95**	**$30.03**	**$34.07**	**$60.42**
	Total Premiums		**$148.63**	**$148.63**	**$148.63**	**$148.63**	**$148.63**	**$148.63**	**$148.63**	**$148.63**	**$148.63**	**$188.91**	**$193.19**	**$193.56**	**$159.44**
Benefit Package 087	**Employees**		**222**	**222**	**221**	**222**	**223**	**223**	**222**	**222**	**222**	**190**	**191**	**188**	**214**
	Members		**579**	**579**	**574**	**578**	**579**	**579**	**574**	**574**	**576**	**466**	**467**	**461**	**549**
	Claims	Inpatient	$0.00	$31.41	$201.60	$248.43	$93.82	$86.50	$35.17	$153.47	$315.10	$72.27	$144.66	$0.00	**$138.24**
		Outpatient	$9.75	$29.84	$2.49	$70.83	$12.53	$9.10	$25.28	$43.96	$1.06	$55.29	$44.31	$68.30	**$31.06**
		ER	$40.79	$6.17	$0.00	$23.15	$8.50	$12.41	$2.14	$13.25	$0.92	$10.93	$17.71	$0.16	**$12.38**
		Prof Svcs	$75.93	$82.82	$136.57	$101.25	$101.23	$134.92	$119.13	$153.73	$117.04	$126.78	$180.87	$214.90	**$128.76**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$35.81	$63.17	$40.19	$37.02	$52.85	$37.98	$44.23	$49.13	$32.55	$56.93	$45.63	$68.94	**$47.04**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$162.28**	**$213.41**	**$380.85**	**$480.68**	**$268.93**	**$280.91**	**$225.95**	**$413.55**	**$466.67**	**$322.20**	**$433.18**	**$352.29**	**$333.41**
	Total Premiums		**$311.50**	**$311.50**	**$312.59**	**$311.05**	**$312.87**	**$313.12**	**$314.22**	**$314.22**	**$313.13**	**$352.62**	**$349.02**	**$351.01**	**$322.24**
Benefit Package 088	**Employees**		**101**	**100**	**99**	**99**	**98**	**98**	**98**	**97**	**97**	**80**	**72**	**76**	**93**
	Members		**252**	**250**	**248**	**248**	**246**	**245**	**245**	**242**	**242**	**186**	**166**	**176**	**229**
	Claims	Inpatient	$7.04	$325.20	$0.00	$450.97	$293.55	$1,373.57	$0.00	$50.73	$72.16	$0.00	$0.00	$225.54	**$349.85**
		Outpatient	$11.92	$33.03	$193.53	$104.83	$21.87	$68.75	$45.96	$9.70	$50.85	$43.30	$78.69	$1.12	**$55.30**
		ER	$4.07	$5.23	$6.60	$1.83	$11.02	$29.96	$0.00	$55.14	$25.70	$2.35	$76.66	$9.49	**$20.73**
		Prof Svcs	$163.92	$141.11	$303.98	$203.62	$246.01	$126.48	$85.96	$144.57	$73.61	$115.10	$308.54	$107.06	**$168.33**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$69.66	$72.41	$66.42	$70.80	$79.14	$58.76	$58.98	$84.34	$76.88	$69.03	$72.38	$56.24	**$69.59**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$256.61**	**$576.98**	**$570.53**	**$832.04**	**$651.59**	**$1,657.52**	**$190.90**	**$344.48**	**$299.20**	**$229.78**	**$536.28**	**$399.45**	**$545.45**
	Total Premiums		**$387.93**	**$390.35**	**$388.73**	**$388.76**	**$388.53**	**$390.12**	**$390.12**	**$394.40**	**$382.28**	**$405.84**	**$405.68**	**$378.01**	**$390.90**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9h

Experience Reports by Benefit Package — Per Member Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 089	**Employees**		**1,468**	**1,468**	**1,474**	**1,473**	**1,474**	**1,470**	**1,473**	**1,475**	**1,471**	**1,380**	**1,357**	**1,371**	**1,446**
	Members		**4,778**	**4,780**	**4,781**	**4,779**	**4,777**	**4,759**	**4,769**	**4,769**	**4,755**	**4,284**	**4,236**	**4,267**	**4,645**
	Claims	Inpatient	$7.89	$49.93	$35.90	$36.08	$16.36	$47.04	$20.18	$18.27	$105.63	$142.54	$44.55	$28.94	**$46.11**
		Outpatient	$10.34	$24.34	$31.53	$8.36	$11.93	$48.21	$15.75	$17.81	$33.00	$17.83	$13.84	$22.86	**$21.32**
		ER	$6.61	$6.82	$11.23	$3.62	$12.60	$2.81	$8.82	$6.78	$7.91	$8.06	$10.61	$6.05	**$7.66**
		Prof Svcs	$66.37	$57.15	$80.54	$62.29	$63.57	$93.23	$87.24	$116.12	$65.44	$85.46	$89.54	$85.96	**$79.41**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$27.01	$32.92	$27.01	$25.53	$29.57	$30.05	$23.53	$33.07	$25.77	$31.55	$27.21	$31.19	**$28.70**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$118.21**	**$171.16**	**$186.22**	**$135.88**	**$134.03**	**$221.34**	**$155.53**	**$192.05**	**$237.75**	**$285.44**	**$185.75**	**$175.00**	**$183.20**
	Total Premiums		**$240.35**	**$239.57**	**$239.78**	**$239.84**	**$239.30**	**$239.45**	**$239.13**	**$239.61**	**$239.24**	**$248.95**	**$244.73**	**$246.96**	**$241.41**
Benefit Package 090	**Employees**		**187**	**185**	**187**	**188**	**187**	**188**	**188**	**189**	**187**	**134**	**130**	**132**	**174**
	Members		**437**	**428**	**435**	**438**	**435**	**435**	**436**	**438**	**429**	**307**	**303**	**308**	**402**
	Claims	Inpatient	$84.42	$0.00	$497.08	$520.66	$54.52	$249.98	$97.26	$203.37	$0.00	$32.20	$130.32	$42.13	**$191.19**
		Outpatient	$7.86	$29.74	$18.13	$21.56	$13.90	$6.55	$4.91	$17.16	$5.29	$7.36	$7.11	$19.32	**$13.24**
		ER	$1.57	$11.35	$11.84	$4.58	$25.83	$20.46	$3.43	$13.68	$3.83	$17.36	$1.50	$2.57	**$9.83**
		Prof Svcs	$103.64	$132.14	$176.55	$175.90	$134.48	$194.28	$93.06	$169.25	$97.85	$102.23	$111.94	$193.37	**$140.39**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$61.53	$70.83	$47.47	$73.90	$67.28	$71.68	$58.49	$86.26	$83.21	$101.85	$58.17	$97.73	**$73.20**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$259.02**	**$244.05**	**$751.07**	**$796.59**	**$296.01**	**$542.95**	**$257.16**	**$489.72**	**$190.18**	**$261.01**	**$309.03**	**$355.12**	**$395.99**
	Total Premiums		**$349.16**	**$352.08**	**$350.17**	**$351.23**	**$350.27**	**$351.28**	**$352.49**	**$352.80**	**$355.37**	**$387.23**	**$370.16**	**$377.14**	**$358.28**
Benefit Package 091	**Employees**		**23**	**23**	**23**	**24**	**24**	**24**	**24**	**24**	**24**	**54**	**55**	**59**	**32**
	Members		**83**	**82**	**82**	**84**	**83**	**83**	**83**	**83**	**83**	**186**	**186**	**198**	**110**
	Claims	Inpatient	$113.03	$12.63	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$679.65	$0.00	$68.44	$0.00	**$218.44**
		Outpatient	$0.00	$197.46	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$197.46**
		ER	$7.19	$0.00	$0.00	$0.00	$0.00	$0.00	$4.41	$66.81	$0.00	$0.00	$0.02	$0.00	**$19.61**
		Prof Svcs	$2.60	$66.62	$7.69	$14.55	$4.24	$33.63	$10.87	$122.18	$123.88	$10.22	$34.97	$7.49	**$36.58**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$0.54	($0.12)	$0.92	$0.20	$0.12	$0.00	$0.00	$0.38	$0.09	$0.60	$0.90	$1.64	**$0.59**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$123.35**	**$276.60**	**$8.62**	**$14.76**	**$4.36**	**$33.63**	**$15.29**	**$189.37**	**$803.62**	**$10.82**	**$104.32**	**$9.13**	**$132.82**
	Total Premiums		**$165.58**	**$167.60**	**$167.60**	**$172.08**	**$174.16**	**$174.16**	**$174.16**	**$174.16**	**$174.16**	**$178.95**	**$177.17**	**$172.22**	**$172.67**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9h

Experience Reports by Benefit Package — Per Member Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 092	**Employees**		**1,017**	**1,017**	**1,013**	**1,011**	**1,006**	**1,009**	**1,004**	**997**	**1,000**	**620**	**580**	**598**	**906**
	Members		**2,508**	**2,504**	**2,491**	**2,495**	**2,480**	**2,485**	**2,468**	**2,450**	**2,458**	**1,484**	**1,394**	**1,433**	**2,221**
	Claims	Inpatient	$65.22	$82.27	$167.70	$95.21	$62.74	$116.40	$84.47	$64.47	$132.42	$176.31	$150.71	$40.54	**$103.21**
		Outpatient	$20.27	$22.85	$46.46	$33.31	$25.02	$58.19	$33.12	$74.43	$76.40	$74.48	$30.69	$66.15	**$46.78**
		ER	$6.83	$16.03	$17.71	$16.50	$11.46	$11.02	$11.55	$5.49	$11.49	$12.11	$28.24	$13.18	**$13.47**
		Prof Svcs	$134.60	$152.30	$183.56	$168.71	$157.10	$210.96	$155.63	$223.64	$158.47	$177.05	$195.23	$180.22	**$174.79**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$57.52	$59.66	$56.73	$53.85	$65.63	$51.53	$52.19	$63.75	$52.62	$56.83	$60.43	$57.61	**$57.36**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$284.43**	**$333.11**	**$472.15**	**$367.57**	**$321.95**	**$448.09**	**$336.96**	**$431.78**	**$431.41**	**$496.78**	**$465.31**	**$357.69**	**$395.60**
	Total Premiums		**$366.22**	**$367.31**	**$367.53**	**$366.50**	**$366.98**	**$367.50**	**$367.50**	**$368.53**	**$368.68**	**$357.15**	**$356.94**	**$356.86**	**$364.81**
Benefit Package 093	**Employees**		**838**	**835**	**836**	**835**	**828**	**826**	**825**	**824**	**824**	**634**	**587**	**603**	**775**
	Members		**2,269**	**2,267**	**2,262**	**2,259**	**2,241**	**2,230**	**2,224**	**2,216**	**2,213**	**1,696**	**1,545**	**1,597**	**2,085**
	Claims	Inpatient	$40.16	$22.13	$68.80	$52.74	$59.77	$17.55	$29.85	$63.40	$75.45	$11.79	$50.55	$16.68	**$42.41**
		Outpatient	$65.58	$83.11	$115.12	$76.21	$78.75	$54.68	$53.48	$76.05	$148.75	$85.25	$212.00	$70.81	**$93.31**
		ER	$6.06	$2.20	$3.91	$7.61	$10.29	$4.50	$2.15	$5.92	$9.57	$6.11	$16.68	$10.49	**$7.12**
		Prof Svcs	$83.03	$75.84	$126.84	$105.47	$87.15	$112.21	$104.79	$146.77	$93.53	$108.94	$141.33	$91.09	**$106.42**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$43.83	$63.97	$50.02	$49.94	$54.67	$39.09	$43.34	$61.66	$44.73	$47.94	$54.22	$49.71	**$50.26**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$238.66**	**$247.25**	**$364.69**	**$291.97**	**$290.63**	**$228.04**	**$233.61**	**$353.80**	**$372.01**	**$260.03**	**$474.79**	**$238.78**	**$299.52**
	Total Premiums		**$314.20**	**$313.45**	**$313.95**	**$313.61**	**$313.33**	**$313.71**	**$313.91**	**$313.39**	**$314.87**	**$318.35**	**$319.90**	**$318.59**	**$315.11**
Benefit Package 094	**Employees**		**99**	**99**	**97**	**98**	**97**	**97**	**97**	**96**	**95**	**105**	**103**	**101**	**99**
	Members		**365**	**364**	**358**	**359**	**357**	**357**	**357**	**352**	**347**	**370**	**363**	**355**	**359**
	Claims	Inpatient	$0.00	$17.10	$26.52	$1.85	$0.00	$0.00	$0.00	$163.12	$93.05	$0.00	$21.50	$19.22	**$48.91**
		Outpatient	$0.00	$2.68	$22.51	$17.36	$9.48	$3.89	$13.05	$8.65	$73.77	$17.50	$3.53	$34.10	**$18.78**
		ER	$0.44	$5.33	$1.15	$4.25	$2.36	$0.00	$0.74	$3.03	$0.00	$0.00	$8.00	$5.57	**$3.43**
		Prof Svcs	$59.04	$37.83	$69.51	$43.82	$45.18	$56.49	$56.30	$56.60	$72.09	$36.56	$53.25	$50.95	**$53.13**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$38.18	$39.69	$42.42	$38.29	$23.04	$27.82	$22.02	$28.59	$23.52	$28.58	$26.97	$24.47	**$30.30**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$97.66**	**$102.63**	**$162.11**	**$105.57**	**$80.05**	**$88.20**	**$92.11**	**$259.99**	**$262.44**	**$82.64**	**$113.26**	**$134.31**	**$131.75**
	Total Premiums		**$217.88**	**$220.42**	**$216.11**	**$218.40**	**$218.06**	**$218.08**	**$218.09**	**$219.11**	**$218.68**	**$263.54**	**$260.74**	**$262.98**	**$229.34**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9h

Experience Reports by Benefit Package — Per Member Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 095	**Employees**		**442**	**446**	**453**	**448**	**449**	**448**	**448**	**447**	**447**	**439**	**435**	**436**	**445**
	Members		**1,440**	**1,445**	**1,462**	**1,448**	**1,448**	**1,445**	**1,447**	**1,438**	**1,432**	**1,301**	**1,274**	**1,277**	**1,405**
	Claims	Inpatient	$46.94	$24.52	$57.04	$19.95	$20.49	$20.63	$5.53	$28.44	$3.49	$2.58	$54.18	$61.57	**$28.78**
		Outpatient	$6.94	$29.23	$13.60	$22.03	$12.93	$26.12	$11.51	$40.02	$32.17	$43.90	$54.44	$40.10	**$27.75**
		ER	$9.99	$8.11	$8.72	$4.46	$2.69	$4.71	$12.10	$17.62	$6.48	$6.49	$1.62	$6.23	**$7.43**
		Prof Svcs	$67.02	$63.09	$83.24	$71.90	$77.37	$69.55	$82.66	$123.01	$68.31	$74.98	$102.13	$83.20	**$80.54**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$30.58	$42.29	$43.29	$45.30	$52.29	$32.79	$41.11	$41.60	$36.67	$35.52	$27.38	$32.31	**$38.43**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$161.47**	**$167.25**	**$205.89**	**$163.65**	**$165.76**	**$153.81**	**$152.91**	**$250.69**	**$147.12**	**$163.48**	**$239.75**	**$223.41**	**$182.93**
	Total Premiums		**$254.59**	**$254.44**	**$255.53**	**$255.21**	**$255.08**	**$254.83**	**$254.80**	**$254.92**	**$255.93**	**$287.25**	**$289.96**	**$288.34**	**$263.41**
Benefit Package 096	**Employees**		**463**	**463**	**459**	**459**	**462**	**463**	**462**	**462**	**460**	**410**	**417**	**417**	**450**
	Members		**1,319**	**1,309**	**1,293**	**1,294**	**1,301**	**1,303**	**1,295**	**1,291**	**1,273**	**1,074**	**1,067**	**1,066**	**1,240**
	Claims	Inpatient	$333.74	$17.65	$46.12	$531.13	$0.00	$5.38	$50.55	$155.20	$129.91	$118.29	$53.59	$3.03	**$131.33**
		Outpatient	$55.28	$25.95	$18.50	$32.44	$16.08	$25.80	$35.59	$16.35	$18.60	$15.32	$16.05	$18.41	**$24.53**
		ER	$7.61	$6.27	$3.56	$3.16	$6.38	$2.05	$5.02	$12.14	$7.81	$8.92	$4.44	$4.86	**$6.02**
		Prof Svcs	$76.73	$62.34	$71.99	$31.76	$65.52	$74.40	$72.06	$98.78	$91.16	$73.27	$69.87	$54.44	**$70.19**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$42.40	$51.55	$32.44	$39.74	$48.58	$34.46	$34.55	$45.87	$37.75	$30.49	$46.29	$39.27	**$40.28**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$515.76**	**$163.75**	**$172.61**	**$638.23**	**$136.56**	**$142.09**	**$197.76**	**$328.33**	**$285.23**	**$246.29**	**$190.25**	**$120.00**	**$261.41**
	Total Premiums		**$287.78**	**$284.85**	**$284.78**	**$285.27**	**$284.20**	**$284.32**	**$285.41**	**$285.49**	**$287.40**	**$326.23**	**$329.94**	**$328.80**	**$296.21**
Benefit Package 097	**Employees**		**322**	**320**	**320**	**322**	**320**	**321**	**321**	**322**	**319**	**226**	**206**	**217**	**295**
	Members		**806**	**797**	**795**	**800**	**794**	**796**	**791**	**794**	**787**	**546**	**499**	**522**	**727**
	Claims	Inpatient	$0.00	$20.84	$45.54	$32.34	$100.59	$67.25	$76.19	$144.61	$151.13	$158.79	$25.90	$50.23	**$79.40**
		Outpatient	$14.66	$9.32	$3.85	$1.59	$52.79	$41.46	$72.72	$22.12	$39.25	$3.49	$85.04	$63.37	**$34.14**
		ER	$6.54	$5.29	$16.10	$2.27	$3.46	$12.75	$17.37	$5.78	$9.43	$6.82	$4.11	$15.48	**$8.78**
		Prof Svcs	$69.06	$64.40	$101.74	$100.81	$118.03	$113.77	$115.27	$188.64	$92.38	$113.79	$165.94	$184.55	**$119.03**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$33.78	$53.82	$41.21	$42.24	$48.39	$32.28	$37.53	$42.51	$34.79	$31.75	$24.20	$38.12	**$38.38**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$124.04**	**$153.67**	**$208.43**	**$179.26**	**$323.26**	**$267.51**	**$319.09**	**$403.66**	**$326.98**	**$314.64**	**$305.19**	**$351.75**	**$273.12**
	Total Premiums		**$331.82**	**$333.16**	**$332.89**	**$332.02**	**$332.45**	**$332.45**	**$333.41**	**$333.06**	**$334.29**	**$353.76**	**$355.93**	**$352.94**	**$338.18**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9h

Experience Reports by Benefit Package — Per Member Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 098	**Employees**		**278**	**276**	**276**	**276**	**274**	**277**	**275**	**275**	**275**	**307**	**324**	**334**	**287**
	Members		**984**	**975**	**976**	**971**	**967**	**978**	**972**	**960**	**965**	**1,055**	**1,121**	**1,134**	**1,005**
	Claims	Inpatient	$20.42	$22.35	$63.49	$43.23	$16.38	$16.71	$0.00	$0.00	$102.14	$2.33	$61.27	$23.33	**$37.16**
		Outpatient	$21.96	$11.80	$15.84	$11.67	$27.38	$10.08	$7.14	$10.44	$7.71	$20.53	$9.64	$19.61	**$14.48**
		ER	$3.67	$9.17	$5.18	$3.44	$4.70	$1.93	$4.06	$4.80	$4.29	$2.66	$10.82	$2.91	**$4.80**
		Prof Svcs	$39.03	$57.13	$44.71	$63.61	$64.29	$53.51	$71.61	$73.96	$45.45	$29.36	$52.38	$54.47	**$54.13**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$19.53	$27.56	$23.68	$23.78	$28.86	$19.38	$22.61	$25.95	$17.99	$24.70	$17.70	$21.54	**$22.77**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$104.61**	**$128.02**	**$152.89**	**$145.73**	**$141.61**	**$101.60**	**$105.42**	**$115.15**	**$177.57**	**$79.58**	**$151.82**	**$121.86**	**$127.16**
	Total Premiums		**$192.54**	**$192.27**	**$190.04**	**$191.02**	**$190.52**	**$189.08**	**$189.38**	**$190.26**	**$188.90**	**$226.61**	**$218.22**	**$223.45**	**$198.52**
Benefit Package 099	**Employees**		**11**	**11**	**15**	**13**	**12**	**13**	**11**	**11**	**11**	**12**	**13**	**12**	**12**
	Members		**40**	**40**	**57**	**47**	**45**	**47**	**40**	**40**	**40**	**44**	**48**	**44**	**44**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs	$6.87	$55.01	$7.51	$3.18	$3.96	$4.98	$4.87	$32.11	$29.19	$8.10	$15.15	$4.28	**$14.60**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$8.10	$0.00	$0.00	$0.00	$0.89	$0.00	$0.00	$0.00	$6.53	$0.00	$0.00	$1.98	**$4.37**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$14.97**	**$55.01**	**$7.51**	**$3.18**	**$4.85**	**$4.98**	**$4.87**	**$32.11**	**$35.72**	**$8.10**	**$15.15**	**$6.26**	**$16.06**
	Total Premiums		**$161.00**	**$161.00**	**$144.93**	**$154.96**	**$153.98**	**$154.96**	**$161.00**	**$161.00**	**$161.00**	**$139.98**	**$137.62**	**$139.98**	**$152.62**
Benefit Package 100	**Employees**											**15**	**15**	**17**	**16**
	Members											**56**	**56**	**61**	**58**
	Claims	Inpatient										$0.00	$0.00	$0.00	**$0.00**
		Outpatient										$39.45	$9.53	$0.00	**$24.49**
		ER										$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs										$1.61	$9.82	$8.40	**$6.61**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$0.45	$0.00	$0.09	**$0.27**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$41.51**	**$19.36**	**$8.50**	**$23.12**
	Total Premiums											**$141.19**	**$141.19**	**$143.80**	**$142.06**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9h

Experience Reports by Benefit Package — Per Member Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 101	**Employees**		**909**	**913**	**916**	**919**	**916**	**914**	**912**	**913**	**911**				**914**
	Members		**2,054**	**2,070**	**2,077**	**2,078**	**2,074**	**2,072**	**2,067**	**2,074**	**2,077**				**2,071**
	Claims	Inpatient	$40.34	$19.38	$50.04	$16.99	$72.99	$36.11	$35.25	$114.53	$15.89				**$44.61**
		Outpatient	$22.58	$12.13	$50.40	$24.67	$46.47	$61.80	$38.50	$44.44	$32.34				**$37.04**
		ER	$1.65	$5.02	$4.43	$5.19	$4.76	$7.61	$8.23	$6.07	$7.88				**$5.65**
		Prof Svcs	$108.19	$98.44	$180.33	$134.92	$123.91	$137.45	$138.12	$188.90	$116.32				**$136.29**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$56.85	$75.17	$59.13	$72.95	$84.04	$73.14	$61.62	$65.23	$52.16				**$66.70**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$229.60**	**$210.13**	**$344.32**	**$254.72**	**$332.18**	**$316.11**	**$281.73**	**$419.17**	**$224.60**				**$290.28**
	Total Premiums		**$388.52**	**$247.04**	**$218.94**	**$381.06**	**$267.26**	**$341.11**	**$347.95**	**$291.64**	**$443.37**				**$325.21**
Benefit Package 102	**Employees**		**660**	**660**	**663**	**662**	**665**	**664**	**663**	**664**	**663**				**663**
	Members		**2,279**	**2,275**	**2,280**	**2,277**	**2,285**	**2,288**	**2,284**	**2,283**	**2,269**				**2,280**
	Claims	Inpatient	$177.01	$38.44	$46.73	$252.88	$35.60	$87.47	$38.27	$148.62	$3.16				**$92.02**
		Outpatient	$6.08	$9.97	$15.20	$25.37	$6.26	$12.81	$14.33	$34.93	$16.71				**$15.74**
		ER	$5.20	$5.05	$8.41	$2.77	$2.89	$5.79	$3.95	$6.80	$5.70				**$5.17**
		Prof Svcs	$69.48	$65.72	$107.43	$89.05	$87.46	$104.78	$89.08	$113.36	$73.08				**$88.83**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$30.60	$35.60	$31.58	$29.74	$37.68	$32.09	$28.67	$34.60	$29.77				**$32.26**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$288.37**	**$154.79**	**$209.34**	**$399.82**	**$169.89**	**$242.93**	**$174.30**	**$338.31**	**$128.42**				**$234.02**
	Total Premiums		**$208.63**	**$301.10**	**$171.63**	**$237.78**	**$414.91**	**$189.57**	**$275.75**	**$190.45**	**$362.04**				**$261.32**
Benefit Package 103	**Employees**		**121**	**121**	**121**	**119**	**117**	**120**	**119**	**119**	**119**				**120**
	Members		**501**	**497**	**499**	**489**	**483**	**495**	**492**	**491**	**491**				**493**
	Claims	Inpatient	$68.00	$29.07	$45.28	$10.66	$0.00	$43.64	$0.00	$0.00	$0.00				**$39.33**
		Outpatient	$93.15	$23.70	$41.88	$11.29	$45.06	$4.24	$26.13	$40.67	$40.65				**$36.31**
		ER	$3.69	$15.82	$4.14	$1.41	$3.73	$4.16	$3.93	$1.17	$7.51				**$5.06**
		Prof Svcs	$72.35	$53.86	$69.71	$63.36	$45.04	$46.40	$38.78	$79.85	$61.49				**$58.98**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$11.77	$16.43	$9.20	$19.85	$16.97	$14.46	$13.27	$12.23	$10.57				**$13.86**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$248.96**	**$138.88**	**$170.22**	**$106.58**	**$110.80**	**$112.90**	**$82.10**	**$133.92**	**$120.21**				**$136.06**
	Total Premiums		**$168.35**	**$259.20**	**$150.04**	**$192.77**	**$120.51**	**$120.12**	**$132.57**	**$94.26**	**$149.28**				**$154.12**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9h

Experience Reports by Benefit Package — Per Member Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 104	**Employees**											**243**	**255**	**262**	**253**
	Members											**877**	**911**	**928**	**905**
	Claims	Inpatient										$0.00	$23.22	$0.15	**$11.68**
		Outpatient										$0.00	$20.08	$3.41	**$11.74**
		ER										$0.59	$4.75	$2.21	**$2.52**
		Prof Svcs										$9.70	$36.68	$26.02	**$24.13**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$21.27	$16.62	$16.05	**$17.98**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$31.55**	**$101.35**	**$47.84**	**$60.25**
	Total Premiums											**$278.83**	**$273.27**	**$273.74**	**$275.28**
Benefit Package 105	**Employees**		**151**	**152**	**150**	**150**	**150**	**150**	**150**	**150**	**150**	**159**			**151**
	Members		**627**	**631**	**622**	**621**	**620**	**620**	**620**	**619**	**620**	**645**			**625**
	Claims	Inpatient	$0.00	$22.25	$21.70	$112.87	$0.00	$21.56	$85.61	$2.90	$7.70	$7.90			**$35.31**
		Outpatient	$67.25	$7.79	$2.90	$14.43	$17.78	$27.16	$9.09	$89.72	$27.30	$12.28			**$27.57**
		ER	$0.39	$2.62	$6.65	$4.20	$13.74	($7.09)	$7.31	$2.07	$4.30	$4.22			**$4.27**
		Prof Svcs	$55.35	$44.54	$65.89	$68.67	$69.37	$69.62	$83.83	$89.53	$81.67	$96.28			**$72.48**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$41.74	$39.16	$47.91	$40.64	$51.77	$41.23	$29.46	$55.34	$41.38	$50.22			**$43.88**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$164.74**	**$116.35**	**$145.06**	**$240.81**	**$152.65**	**$152.48**	**$215.29**	**$239.56**	**$162.35**	**$170.91**			**$176.02**
	Total Premiums		**$230.86**	**$230.90**	**$231.30**	**$231.61**	**$232.02**	**$232.02**	**$231.67**	**$232.40**	**$231.55**	**$233.12**			**$231.75**
Benefit Package 106	**Employees**		**748**	**750**	**749**	**744**	**741**	**739**	**735**	**731**	**731**	**727**			**740**
	Members		**2,050**	**2,051**	**2,048**	**2,038**	**2,032**	**2,026**	**2,015**	**1,997**	**1,989**	**1,972**			**2,022**
	Claims	Inpatient	$25.99	$36.57	$151.83	$52.69	$60.91	$29.37	$66.85	$61.72	$102.53	$43.45			**$63.19**
		Outpatient	$32.41	$21.94	$58.61	$31.70	$66.56	$65.84	$50.64	$68.64	$34.65	$38.61			**$46.96**
		ER	$4.09	$9.42	$13.95	$9.52	$7.30	$4.87	$5.12	$6.06	$4.09	$9.36			**$7.38**
		Prof Svcs	$92.37	$71.09	$104.26	$92.80	$92.00	$104.94	$102.69	$131.93	$96.23	$95.89			**$98.42**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$51.37	$60.67	$46.27	$43.89	$28.28	$34.45	$42.02	$58.46	$48.71	$70.65			**$48.48**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$206.23**	**$199.70**	**$374.93**	**$230.61**	**$255.06**	**$239.47**	**$267.32**	**$326.81**	**$286.21**	**$257.96**			**$264.43**
	Total Premiums		**$305.88**	**$305.72**	**$305.40**	**$305.16**	**$304.85**	**$304.77**	**$304.57**	**$306.19**	**$305.65**	**$306.56**			**$305.48**

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K–12 School District Data Collection Project

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Experience Reports by Benefit Package — Per Member Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 107	**Employees**		**391**	**390**	**392**	**391**	**394**	**395**	**391**	**389**	**388**	**400**			**392**
	Members		**1,416**	**1,406**	**1,407**	**1,404**	**1,409**	**1,414**	**1,407**	**1,399**	**1,390**	**1,421**			**1,407**
	Claims	Inpatient	$1.36	$51.76	$16.54	$34.72	$146.70	$46.80	$70.17	$28.67	$29.33	$31.44			**$45.75**
		Outpatient	$3.81	$7.93	$30.89	$15.09	$24.97	$33.47	$20.28	$43.71	$29.35	$15.29			**$22.48**
		ER	$2.25	$12.13	$8.77	$8.46	$7.26	$5.88	$3.47	$12.24	$8.44	$3.58			**$7.25**
		Prof Svcs	$68.31	$58.70	$100.83	$92.69	$92.94	$104.83	$87.42	$114.87	$70.48	$74.00			**$86.51**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$26.17	$31.82	$21.35	$26.57	$30.15	$25.10	$19.91	$30.81	$17.24	$26.21			**$25.53**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$101.90**	**$162.33**	**$178.38**	**$177.52**	**$302.02**	**$216.08**	**$201.26**	**$230.31**	**$154.84**	**$150.52**			**$187.52**
	Total Premiums		**$249.86**	**$250.03**	**$250.56**	**$250.44**	**$251.00**	**$251.25**	**$250.63**	**$250.08**	**$250.84**	**$251.30**			**$250.60**
Benefit Package 108	**Employees**		**290**	**286**	**286**	**285**	**282**	**280**	**277**	**275**	**277**	**249**	**248**	**249**	**274**
	Members		**726**	**718**	**719**	**715**	**704**	**691**	**683**	**678**	**682**	**619**	**617**	**617**	**681**
	Claims	Inpatient	$77.71	$10.76	$6.28	$13.40	$121.30	$100.57	$64.05	$218.48	$85.78	($33.70)	$41.31	$48.08	**$68.55**
		Outpatient	$38.04	$11.07	$14.94	$7.03	$9.13	$46.81	$54.52	$67.16	$77.53	$8.59	$18.35	$85.78	**$36.58**
		ER	$0.00	$2.53	$22.83	$10.00	$2.69	$24.84	$7.26	$12.52	$5.96	$9.49	$8.62	$3.93	**$10.06**
		Prof Svcs	$101.15	$131.26	$156.03	$138.59	$154.40	$209.57	$169.82	$221.43	$201.42	$155.32	$171.63	$143.28	**$162.83**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$66.63	$89.26	$50.11	$69.83	$79.57	$66.38	$61.35	$68.96	$57.07	$97.27	$56.56	$65.95	**$69.08**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$283.53**	**$244.88**	**$250.19**	**$238.85**	**$367.08**	**$448.17**	**$357.00**	**$588.55**	**$427.75**	**$236.97**	**$296.46**	**$347.02**	**$340.54**
	Total Premiums		**$395.53**	**$399.87**	**$386.99**	**$395.53**	**$395.78**	**$396.54**	**$398.15**	**$398.57**	**$398.94**	**$376.71**	**$374.72**	**$377.18**	**$391.21**
Benefit Package 109	**Employees**		**34**	**34**	**34**	**33**	**34**	**37**	**37**	**37**	**37**				**35**
	Members		**106**	**103**	**105**	**103**	**103**	**112**	**112**	**112**	**112**				**108**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$88.62	$1.83	$70.86	$0.00	$0.00	$0.00				**$53.77**
		ER	$0.00	$0.00	$17.79	$0.00	$0.00	$0.00	$0.05	$0.00	$0.00				**$8.92**
		Prof Svcs	$10.94	$9.05	$27.80	$54.70	$24.12	$27.81	$26.27	$101.85	$14.17				**$32.97**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$0.00	$0.17	$11.05	$3.13	$5.72	$4.62	$3.63	$5.53	$3.11				**$4.62**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$10.94**	**$9.22**	**$56.64**	**$146.44**	**$31.67**	**$103.29**	**$29.95**	**$107.37**	**$17.29**				**$56.98**
	Total Premiums		**$168.49**	**$173.40**	**$288.89**	**$189.98**	**$189.98**	**$187.10**	**$189.82**	**$189.82**	**$189.82**				**$196.37**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9h

Experience Reports by Benefit Package — Per Member Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 110	**Employees**		**173**	**170**	**172**	**172**	**173**	**170**	**170**	**168**	**169**	**149**	**149**	**143**	**165**
	Members		**432**	**422**	**429**	**424**	**427**	**420**	**419**	**414**	**414**	**360**	**362**	**347**	**406**
	Claims	Inpatient	$83.94	$23.36	$48.91	$68.47	$28.74	$153.02	$59.62	$112.87	$118.48	$388.14	$91.98	$161.47	**$111.58**
		Outpatient	$3.32	$41.07	$37.81	$6.57	$30.84	$33.33	$47.51	$83.07	$44.54	$4.16	$61.76	$41.18	**$36.27**
		ER	$0.00	$0.00	$5.33	$4.35	$6.26	$12.98	$11.20	$2.21	$3.70	$14.27	$4.83	$35.15	**$10.03**
		Prof Svcs	$92.45	$69.07	$110.07	$99.89	$87.91	$113.43	$147.68	$250.78	$168.31	$150.97	$164.97	$106.66	**$130.18**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$92.86	$63.45	$51.97	$46.22	$42.07	$39.97	$44.95	$42.24	$46.51	$53.94	$35.38	$35.07	**$49.55**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$272.57**	**$196.96**	**$254.09**	**$225.51**	**$195.82**	**$352.73**	**$310.96**	**$491.19**	**$381.54**	**$611.48**	**$358.93**	**$379.53**	**$335.94**
	Total Premiums		**$293.74**	**$299.51**	**$272.37**	**$294.88**	**$296.76**	**$295.21**	**$292.93**	**$297.90**	**$292.97**	**$324.19**	**$314.82**	**$327.74**	**$300.25**
Benefit Package 111	**Employees**		**281**	**284**	**282**	**283**	**277**	**280**	**284**	**279**	**280**	**262**	**264**	**263**	**277**
	Members		**724**	**737**	**732**	**728**	**715**	**724**	**728**	**717**	**719**	**642**	**643**	**645**	**705**
	Claims	Inpatient	$0.00	$0.34	$61.85	$0.00	$15.39	$10.56	$0.00	$123.49	$0.71	$11.38	$121.97	$98.04	**$49.30**
		Outpatient	$31.37	$8.73	$10.99	$150.74	$45.64	$39.05	$22.99	$28.16	$20.84	$15.05	$127.34	$21.20	**$43.51**
		ER	$0.00	$3.29	$13.21	$10.31	$11.33	$28.86	$10.90	$13.01	$6.75	$3.23	$13.50	$8.25	**$11.15**
		Prof Svcs	$100.23	$109.27	$87.65	$108.42	$67.07	$114.08	$109.15	$122.00	$207.25	$128.43	$185.68	$86.10	**$118.78**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$28.92	$41.96	$35.96	$28.66	$39.84	$28.33	$27.89	$33.40	$37.08	$33.28	$30.48	$38.71	**$33.71**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$160.52**	**$163.59**	**$209.66**	**$298.13**	**$179.27**	**$220.87**	**$170.93**	**$320.06**	**$272.64**	**$191.36**	**$478.97**	**$252.29**	**$243.19**
	Total Premiums		**$278.45**	**$280.09**	**$286.02**	**$284.77**	**$284.35**	**$283.01**	**$283.13**	**$284.48**	**$283.88**	**$304.31**	**$297.84**	**$303.14**	**$287.79**
Benefit Package 112	**Employees**		**120**	**122**	**123**	**123**	**132**	**124**	**124**	**125**	**125**				**124**
	Members		**343**	**348**	**355**	**344**	**363**	**346**	**346**	**348**	**346**				**349**
	Claims	Inpatient	$0.00	$0.00	$19.65	$0.00	$0.00	$28.46	$90.24	$13.39	$183.89				**$67.12**
		Outpatient	$8.15	$0.00	$91.01	$4.70	$3.35	$26.41	$5.20	$29.35	$0.00				**$24.03**
		ER	$5.58	$3.15	$9.97	$0.01	$0.59	$2.43	$35.20	$6.71	$21.76				**$9.49**
		Prof Svcs	$38.49	$44.68	$69.64	$53.50	$65.45	$109.85	$89.18	$124.71	$78.42				**$74.88**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$24.52	$37.58	$27.41	$26.61	$33.03	$24.24	$29.81	$39.63	$27.89				**$30.08**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$76.73**	**$85.41**	**$217.68**	**$84.82**	**$102.42**	**$191.40**	**$249.65**	**$213.79**	**$311.97**				**$170.43**
	Total Premiums		**$285.24**	**$283.80**	**$277.46**	**$284.06**	**$275.36**	**$282.88**	**$281.04**	**$283.22**	**$280.74**				**$281.53**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9h

Experience Reports by Benefit Package — Per Member Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 113	**Employees**		**52**	**53**	**53**	**53**	**53**	**53**	**53**	**53**	**53**	**40**	**32**	**35**	**49**
	Members		**110**	**112**	**115**	**115**	**115**	**115**	**115**	**115**	**115**	**87**	**71**	**77**	**105**
	Claims	Inpatient	$0.00	$367.23	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$367.23**
		Outpatient	$91.12	$68.97	$176.17	$122.36	$186.77	$76.69	$144.39	$3.78	$238.86	$105.91	$270.09	$267.45	**$146.05**
		ER	$72.78	$0.00	$101.47	$15.02	$0.00	$0.00	$0.00	$19.87	$0.00	$0.00	$0.00	$0.00	**$52.28**
		Prof Svcs	$147.79	$116.03	$189.64	$141.31	$115.33	$114.55	$133.78	$131.10	$95.47	$139.99	$190.68	$87.45	**$133.59**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$49.51	$80.42	$37.31	$36.32	$48.99	$33.44	$31.50	$71.92	$50.38	$44.91	$63.99	$43.15	**$49.32**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$361.21**	**$632.64**	**$504.60**	**$315.01**	**$351.08**	**$224.68**	**$309.67**	**$226.67**	**$384.71**	**$290.81**	**$524.76**	**$398.04**	**$376.99**
	Total Premiums		**$324.50**	**$324.72**	**$328.41**	**$328.52**	**$328.35**	**$328.49**	**$328.71**	**$328.51**	**$329.08**	**$334.77**	**$333.57**	**$330.93**	**$329.05**
Benefit Package 114	**Employees**		**581**	**572**	**574**	**575**	**571**	**572**	**571**	**568**	**568**	**490**	**326**	**393**	**530**
	Members		**1,456**	**1,424**	**1,428**	**1,428**	**1,424**	**1,427**	**1,425**	**1,417**	**1,417**	**1,250**	**857**	**1,044**	**1,333**
	Claims	Inpatient	$62.66	$10.66	$60.66	$42.36	$29.34	$185.34	$49.16	$79.06	$135.32	$89.59	$131.72	$50.01	**$77.16**
		Outpatient	$33.91	$36.75	$26.49	$26.48	$13.96	$27.89	$10.61	$52.82	$42.80	$53.66	$14.48	$33.67	**$31.13**
		ER	$15.65	$1.79	$10.66	$25.05	$7.62	$6.58	$12.64	$13.06	$23.06	$0.73	$20.03	$10.75	**$12.30**
		Prof Svcs	$81.39	$83.38	$139.25	$121.68	$130.08	$134.54	$110.86	$164.64	$92.00	$105.71	$172.59	$141.69	**$123.15**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$41.82	$40.82	$40.01	$30.10	$42.26	$38.95	$40.03	$47.87	$35.02	$31.93	$53.61	$37.10	**$39.96**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$235.43**	**$173.40**	**$277.07**	**$245.68**	**$223.26**	**$393.30**	**$223.31**	**$357.45**	**$328.21**	**$281.61**	**$392.43**	**$273.22**	**$283.70**
	Total Premiums		**$317.42**	**$325.52**	**$320.36**	**$319.87**	**$319.65**	**$321.09**	**$320.42**	**$323.95**	**$323.22**	**$328.40**	**$340.86**	**$347.69**	**$325.70**
Benefit Package 115	**Employees**		**33**	**33**	**33**	**33**	**33**	**34**	**34**	**33**	**33**	**24**	**19**	**23**	**30**
	Members		**69**	**69**	**69**	**69**	**69**	**73**	**73**	**70**	**70**	**53**	**43**	**51**	**65**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$218.11	$0.00	$0.00	$0.00	($122.89)	$0.00	$0.00	$0.00	**$95.22**
		Outpatient	$373.42	$208.61	$561.44	$360.62	$443.27	$428.42	$419.09	$563.77	$508.94	$868.07	$767.48	$782.83	**$523.83**
		ER	$0.00	$13.24	$0.00	$0.00	$0.00	$0.00	$22.86	$0.00	$0.00	$0.00	$0.00	$0.00	**$18.05**
		Prof Svcs	$65.89	$150.17	$128.88	$129.74	$228.41	$100.46	$141.30	$129.80	$102.42	$190.77	$154.62	$136.29	**$138.23**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$33.86	$180.19	$149.65	$25.03	$197.24	$211.90	$40.94	$450.28	$14.58	$61.87	$301.14	$181.34	**$154.00**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$473.17**	**$552.21**	**$839.98**	**$515.39**	**$1,087.02**	**$740.77**	**$624.18**	**$1,143.85**	**$503.06**	**$1,120.71**	**$1,223.23**	**$1,100.46**	**$827.00**
	Total Premiums		**$343.62**	**$342.81**	**$343.35**	**$343.46**	**$343.28**	**$344.86**	**$345.09**	**$355.47**	**$353.12**	**$320.71**	**$347.26**	**$344.67**	**$343.98**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

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Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 116	**Employees**		**448**	**443**	**449**	**452**	**448**	**449**	**448**	**443**	**446**	**447**	**276**	**354**	**425**
	Members		**1,096**	**1,081**	**1,097**	**1,105**	**1,096**	**1,094**	**1,093**	**1,089**	**1,095**	**1,096**	**725**	**895**	**1,047**
	Claims	Inpatient	$3.02	$66.60	$100.03	$94.32	$91.71	$265.07	$38.87	$54.74	$149.48	$123.88	$216.33	$47.69	**$104.31**
		Outpatient	$31.23	$1.51	$24.36	$45.92	$13.12	$11.83	$11.30	$9.50	$18.33	$42.26	$123.23	$35.92	**$30.71**
		ER	$7.66	$7.20	$22.44	$22.02	$3.93	$15.99	($1.83)	$22.46	$20.57	$31.06	$6.75	$11.97	**$15.48**
		Prof Svcs	$147.69	$140.38	$165.02	$175.54	$154.54	$192.43	$159.46	$200.36	$150.79	$160.80	$218.44	$123.48	**$165.74**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$36.69	$49.64	$41.08	$43.05	$44.90	$34.32	$45.98	$48.64	$44.46	$44.47	$68.87	$61.70	**$46.98**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$226.28**	**$265.33**	**$352.93**	**$380.85**	**$308.21**	**$519.64**	**$253.78**	**$335.71**	**$383.64**	**$402.46**	**$633.62**	**$280.77**	**$361.93**
	Total Premiums		**$344.22**	**$344.35**	**$343.36**	**$341.52**	**$347.54**	**$344.61**	**$345.01**	**$343.08**	**$343.69**	**$349.27**	**$359.28**	**$362.81**	**$347.39**
Benefit Package 117	**Employees**		**8**	**8**	**8**	**8**	**8**	**9**	**9**	**9**	**9**				**8**
	Members		**18**	**18**	**18**	**18**	**18**	**20**	**20**	**20**	**20**				**19**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.03	$0.00	$0.00	$0.00				**$0.03**
		Prof Svcs	$36.71	$22.31	$111.25	$6.63	$22.76	$78.30	$224.79	$65.84	$27.08				**$66.18**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$28.80	$15.32	$20.28	$11.58	$10.35	$12.52	$17.52	$30.33	$12.39				**$17.68**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$65.50**	**$37.63**	**$131.52**	**$18.22**	**$33.11**	**$90.85**	**$242.31**	**$96.17**	**$39.46**				**$83.86**
	Total Premiums		**$346.88**	**$345.12**	**$346.31**	**$346.54**	**$346.15**	**$345.26**	**$345.75**	**$345.29**	**$346.59**				**$345.99**
Benefit Package 118	**Employees**		**119**	**113**	**115**	**115**	**114**	**113**	**121**	**113**	**113**				**115**
	Members		**319**	**305**	**310**	**310**	**307**	**304**	**320**	**304**	**304**				**309**
	Claims	Inpatient	$116.07	$127.76	$60.89	$108.18	$169.47	$43.88	$29.83	$130.23	$151.95				**$104.25**
		Outpatient	$28.42	$0.00	$28.60	$11.63	$0.00	$0.00	$30.50	$0.00	$0.00				**$24.79**
		ER	$5.86	$12.50	$26.45	$21.93	$11.99	$0.00	$19.25	$1.72	$0.00				**$14.24**
		Prof Svcs	$66.43	$44.02	$84.80	$103.12	$70.34	$68.27	$86.56	$86.99	$100.23				**$78.97**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$21.40	$19.23	$15.42	$24.22	$17.64	$25.67	$23.13	$18.13	$27.52				**$21.37**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$238.18**	**$203.51**	**$216.14**	**$269.08**	**$269.44**	**$137.82**	**$189.26**	**$237.07**	**$279.70**				**$226.69**
	Total Premiums		**$330.03**	**$325.95**	**$330.18**	**$330.41**	**$330.20**	**$329.76**	**$313.08**	**$342.76**	**$331.06**				**$329.27**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9h

Experience Reports by Benefit Package — Per Member Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 119	**Employees**		**603**	**601**	**600**	**600**	**596**	**596**	**595**	**589**	**587**				**596**
	Members		**1,569**	**1,566**	**1,565**	**1,569**	**1,557**	**1,557**	**1,546**	**1,526**	**1,524**				**1,553**
	Claims	Inpatient	$70.01	$34.24	$338.99	$79.62	$368.36	$58.61	$21.98	$145.47	$143.29				**$140.06**
		Outpatient	$9.42	$16.67	$32.64	$32.70	$16.46	$29.96	$12.18	$37.00	$57.80				**$27.20**
		ER	$2.90	$11.61	$9.72	$8.67	$4.34	$7.68	$3.92	$14.85	$20.20				**$9.32**
		Prof Svcs	$108.28	$103.85	$178.21	$130.53	$146.86	$170.40	$140.98	$201.63	$142.90				**$147.07**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$43.76	$62.29	$39.97	$46.28	$50.20	$44.66	$43.64	$55.26	$46.72				**$48.09**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$234.38**	**$228.66**	**$599.53**	**$297.79**	**$586.22**	**$311.31**	**$222.70**	**$454.20**	**$410.91**				**$371.74**
	Total Premiums		**$343.96**	**$343.19**	**$343.93**	**$343.08**	**$343.82**	**$343.61**	**$344.52**	**$345.41**	**$343.02**				**$343.84**
Benefit Package 120	**Employees**		**167**	**166**	**170**	**170**	**172**	**173**	**173**	**174**	**174**				**171**
	Members		**481**	**476**	**486**	**487**	**491**	**492**	**496**	**498**	**498**				**489**
	Claims	Inpatient	$53.89	$8.32	$71.94	$2.71	$29.82	$70.63	$76.80	$0.00	$49.93				**$45.51**
		Outpatient	$19.23	$9.37	$19.66	$46.06	$7.82	$5.18	$0.81	$10.13	$31.38				**$16.63**
		ER	$4.42	$2.82	$5.38	$3.50	$2.89	$3.81	$2.31	$1.26	$0.06				**$2.94**
		Prof Svcs	$84.76	$57.48	$102.98	$71.50	$94.61	$112.54	$71.72	$131.85	$72.61				**$88.89**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$38.03	$40.38	$37.56	$29.29	$28.79	$26.18	$23.69	$32.42	$26.53				**$31.43**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$200.32**	**$118.37**	**$237.52**	**$153.05**	**$163.93**	**$218.32**	**$175.33**	**$175.67**	**$180.50**				**$180.33**
	Total Premiums		**$303.21**	**$303.49**	**$304.34**	**$303.69**	**$304.21**	**$302.77**	**$302.71**	**$302.69**	**$302.49**				**$303.29**
Benefit Package 121	**Employees**											**381**	**377**	**378**	**379**
	Members											**966**	**957**	**958**	**960**
	Claims	Inpatient										$16.94	$19.66	$120.28	**$52.29**
		Outpatient										$4.57	$41.79	$26.74	**$24.37**
		ER										$2.62	$2.63	$3.99	**$3.08**
		Prof Svcs										$70.77	$143.52	$147.52	**$120.60**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$59.53	$46.33	$66.08	**$57.31**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$154.43**	**$253.93**	**$364.62**	**$257.66**
	Total Premiums											**$377.27**	**$376.54**	**$377.52**	**$377.11**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9h

Experience Reports by Benefit Package — Per Member Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 122	**Employees**											**290**	**294**	**293**	**292**
	Members											**773**	**782**	**782**	**779**
	Claims	Inpatient										$7.19	$15.91	$0.00	**$11.55**
		Outpatient										$0.00	$6.66	$77.30	**$41.98**
		ER										$1.52	$2.06	$5.67	**$3.09**
		Prof Svcs										$32.56	$103.31	$97.70	**$77.86**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$32.17	$32.78	$30.98	**$31.97**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$73.44**	**$160.71**	**$211.65**	**$148.60**
	Total Premiums											**$313.76**	**$311.10**	**$311.56**	**$312.14**
Benefit Package 123	**Employees**											**10**	**11**	**12**	**11**
	Members											**38**	**40**	**42**	**40**
	Claims	Inpatient										$0.00	$0.00	$0.00	**$0.00**
		Outpatient										$0.00	$0.00	$0.00	**$0.00**
		ER										$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs										$6.30	$2.00	$7.02	**$5.11**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$0.79	$1.81	$0.00	**$1.30**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$7.09**	**$3.81**	**$7.02**	**$5.97**
	Total Premiums											**$218.07**	**$218.41**	**$217.77**	**$218.08**
Benefit Package 127	**Employees**												**17**	**17**	**17**
	Members												**67**	**67**	**67**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$0.37	**$0.37**
		Prof Svcs											$8.34	$30.80	**$19.57**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$54.49	$33.94	**$44.22**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$62.83**	**$65.11**	**$63.97**
	Total Premiums												**$192.64**	**$192.58**	**$192.61**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9h

Experience Reports by Benefit Package — Per Member Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 128	**Employees**												**211**	**210**	**211**
	Members												**825**	**824**	**825**
	Claims	Inpatient											$0.00	$45.33	**$45.33**
		Outpatient											$10.69	$6.35	**$8.52**
		ER											$2.31	$0.47	**$1.39**
		Prof Svcs											$48.58	$86.55	**$67.57**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$25.03	$39.73	**$32.38**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$86.60**	**$178.44**	**$132.52**
	Total Premiums												**$239.00**	**$239.66**	**$239.33**
Benefit Package 129	**Employees**												**636**	**640**	**638**
	Members												**1,715**	**1,721**	**1,718**
	Claims	Inpatient											$4.53	$6.02	**$5.27**
		Outpatient											$10.89	$44.93	**$27.91**
		ER											$4.93	$3.30	**$4.12**
		Prof Svcs											$46.72	$91.15	**$68.93**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$34.60	$40.06	**$37.33**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$101.66**	**$185.46**	**$143.56**
	Total Premiums												**$325.30**	**$325.64**	**$325.47**
Benefit Package 130	**Employees**												**430**	**434**	**432**
	Members												**1,411**	**1,417**	**1,414**
	Claims	Inpatient											$4.36	$44.39	**$24.38**
		Outpatient											$7.94	$18.79	**$13.37**
		ER											$1.68	$4.64	**$3.16**
		Prof Svcs											$43.80	$82.80	**$63.30**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$22.08	$24.56	**$23.32**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$79.87**	**$175.17**	**$127.52**
	Total Premiums												**$269.61**	**$269.87**	**$269.74**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9h

Experience Reports by Benefit Package — Per Member Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 131	**Employees**												**8**	**8**	**8**
	Members												**45**	**45**	**45**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$0.00	$23.33	**$23.33**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$2.80	$0.93	**$1.87**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$2.80**	**$24.26**	**$13.53**
	Total Premiums												**$124.66**	**$124.66**	**$124.66**
Benefit Package 132	**Employees**											**9**	**9**	**9**	**9**
	Members											**29**	**29**	**29**	**29**
	Claims	Inpatient										$0.00	$0.00	$0.00	**$0.00**
		Outpatient										$0.00	$0.00	$7.81	**$7.81**
		ER										$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs										$1.39	$28.29	$1.71	**$10.47**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$1.03	$0.00	$0.00	**$1.03**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$2.43**	**$28.29**	**$9.53**	**$13.42**
	Total Premiums											**$172.49**	**$172.49**	**$172.49**	**$172.49**
Benefit Package 133	**Employees**											**164**	**169**	**170**	**168**
	Members											**466**	**480**	**482**	**476**
	Claims	Inpatient										$0.00	$0.00	$16.92	**$16.92**
		Outpatient										$0.00	$32.69	$33.90	**$33.30**
		ER										$14.05	$2.87	$8.20	**$8.37**
		Prof Svcs										$36.90	$73.48	$92.69	**$67.69**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$28.65	$44.40	$48.51	**$40.52**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$79.59**	**$153.45**	**$200.22**	**$144.42**
	Total Premiums											**$360.77**	**$363.26**	**$360.32**	**$361.45**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9h

Experience Reports by Benefit Package — Per Member Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 134	**Employees**											**53**	**55**	**60**	**56**
	Members											**174**	**181**	**191**	**182**
	Claims	Inpatient										$0.00	$0.00	$0.00	**$0.00**
		Outpatient										$0.00	$15.88	$0.00	**$15.88**
		ER										$8.45	$8.25	$0.00	**$8.35**
		Prof Svcs										$18.29	$19.63	$26.57	**$21.50**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$6.20	$3.43	$3.42	**$4.35**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$32.93**	**$47.19**	**$30.00**	**$36.71**
	Total Premiums											**$196.04**	**$227.19**	**$209.01**	**$210.75**
Benefit Package 135	**Employees**											**239**	**220**	**243**	**234**
	Members											**715**	**678**	**763**	**719**
	Claims	Inpatient										$0.00	$112.79	$23.81	**$68.30**
		Outpatient										$0.00	$0.00	$2.94	**$2.94**
		ER										$1.12	$1.99	$3.02	**$2.04**
		Prof Svcs										$7.87	$56.65	$34.43	**$32.99**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$25.02	$26.76	$25.41	**$25.73**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$34.01**	**$198.19**	**$89.62**	**$107.27**
	Total Premiums											**$272.25**	**$237.32**	**$243.25**	**$250.94**
Benefit Package 136	**Employees**											**28**	**26**	**27**	**27**
	Members											**71**	**67**	**69**	**69**
	Claims	Inpatient										$0.00	$0.00	$0.00	**$0.00**
		Outpatient										$0.00	$0.00	$0.00	**$0.00**
		ER										$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs										$16.29	$39.11	$35.47	**$30.29**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$10.16	$30.53	$20.19	**$20.29**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$26.46**	**$69.64**	**$55.65**	**$50.58**
	Total Premiums											**$281.97**	**$281.29**	**$273.59**	**$278.95**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A9h

Experience Reports by Benefit Package — Per Member Per Month

Calendar Year 2012

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 137	**Employees**											**116**	**120**	**119**	**118**
	Members											**455**	**478**	**470**	**468**
	Claims	Inpatient										$0.00	$0.00	$0.00	**$0.00**
		Outpatient										$0.00	$0.00	$0.00	**$0.00**
		ER										$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs										$2.01	$5.79	$6.57	**$4.79**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$5.37	$1.45	$1.36	**$2.73**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$7.38**	**$7.24**	**$7.92**	**$7.52**
	Total Premiums											**$175.71**	**$172.30**	**$173.89**	**$173.97**
Benefit Package 138	**Employees**											**6**	**6**	**6**	**6**
	Members											**23**	**23**	**23**	**23**
	Claims	Inpatient										$0.00	$0.00	$0.00	**$0.00**
		Outpatient										$0.00	$0.00	$0.00	**$0.00**
		ER										$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs										$0.00	$4.74	$27.88	**$16.31**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$1.10	$0.00	$0.00	**$1.10**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$1.10**	**$4.74**	**$27.88**	**$11.24**
	Total Premiums											**$185.23**	**$185.23**	**$185.23**	**$185.23**
												$0.00	**$0.00**	**$0.00**	**$0.00**
Grand Total	**Employees**		**105,182**	**105,162**	**105,211**	**105,111**	**105,027**	**104,988**	**104,824**	**104,477**	**104,217**	**102,762**	**102,830**	**103,384**	**104,431**
	Members		**214,261**	**214,018**	**213,987**	**212,106**	**211,890**	**211,753**	**211,351**	**210,741**	**210,143**	**207,343**	**207,032**	**208,013**	**211,053**
	Claims	Inpatient	$69.96	$61.96	$86.85	$86.22	$84.45	$106.00	$105.47	$82.43	$76.37	$85.11	$72.65	$77.54	**$82.92**
		Outpatient	$60.44	$59.68	$67.83	$68.44	$67.29	$69.94	$75.11	$83.81	$67.14	$65.30	$70.75	$68.34	**$68.67**
		ER	$10.96	$13.58	$14.00	$12.81	$12.50	$12.78	$13.96	$14.07	$13.07	$12.27	$11.84	$11.73	**$12.80**
		Prof Svcs	$110.61	$117.44	$132.42	$128.18	$132.07	$137.25	$146.43	$162.60	$116.07	$125.84	$120.55	$117.39	**$128.90**
		Other	$16.94	$19.37	$21.42	$18.55	$19.55	$19.74	$20.67	$23.42	$17.99	$21.61	$18.87	$18.36	**$19.71**
		Pharmacy	$60.73	$61.48	$64.18	$60.97	$64.49	$62.65	$63.49	$67.08	$60.27	$63.48	$60.86	$60.47	**$62.51**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$329.65**	**$333.49**	**$386.71**	**$375.17**	**$380.35**	**$408.37**	**$425.13**	**$433.41**	**$350.91**	**$373.60**	**$355.53**	**$353.83**	**$375.51**
	Total Premiums		**$410.30**	**$410.13**	**$408.01**	**$412.27**	**$412.84**	**$410.82**	**$411.88**	**$410.21**	**$414.13**	**$411.37**	**$408.80**	**$409.68**	**$410.87**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A10

List of Large Claims by Claimant

Plan Year Ending in 2012

Claimant	Major Diagnosis Category	Paid Amount
1	Diseases of the Respiratory System (460-519)	$2,147,986
2	Certain Conditions Originating in the Perinatal Period (760-779)	$1,981,110
3	Infectious and Parasitic Diseases (001-139)	$1,772,142
4	Diseases of the Circulatory System (390-459)	$1,369,693
5	Congenital Anomalies (740-759)	$958,289
6	Injury and Poisoning (800-999)	$791,139
7	Diseases of the Circulatory System (390-459)	$754,144
8	Diseases of the Genitourinary System (580-629)	$742,959
9	Diseases of the Genitourinary System (580-629)	$712,126
10	Diseases of the Genitourinary System (580-629)	$710,561
11	e000-e999 Supp. Class of external causes injury/poisoning	$674,054
12	Diseases of the Circulatory System (390-459)	$667,616
13	Certain Conditions Originating in the Perinatal Period (760-779)	$661,990
14	Injury and Poisoning (800-999)	$658,031
15	Diseases of the Blood and Blood-Forming Organs (280-289)	$657,384
16	e000-e999 Supp. Class of external causes injury/poisoning	$637,926
17	Injury and Poisoning (800-999)	$635,881
18	Diseases of the Genitourinary System (580-629)	$625,937
19	Injury and Poisoning (800-999)	$599,899
20	Infectious and Parasitic Diseases (001-139)	$585,547
21	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$585,159
22	Congenital Anomalies (740-759)	$569,743
23	Certain Conditions Originating in the Perinatal Period (760-779)	$568,606
24	Diseases of the Circulatory System (390-459)	$548,217
25	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$546,889
26	Diseases of the Circulatory System (390-459)	$545,911
27	Diseases of the Genitourinary System (580-629)	$532,134

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List of Large Claims by Claimant

Plan Year Ending in 2012

Claimant	Major Diagnosis Category	Paid Amount
28	Diseases of the Digestive System (520-579)	$526,305
29	Diseases of the Genitourinary System (580-629)	$517,377
30	Neoplasms (140-239)	$508,537
31	Diseases of the Circulatory System (390-459)	$506,667
32	Neoplasms (140-239)	$502,681
33	Injury and Poisoning (800-999)	$490,821
34	Injury and Poisoning (800-999)	$490,600
35	Congenital Anomalies (740-759)	$486,086
36	Diseases of the Respiratory System (460-519)	$485,137
37	Diseases of the Circulatory System (390-459)	$474,973
38	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$471,852
39	Diseases of the Digestive System (520-579)	$460,493
40	Diseases of the Genitourinary System (580-629)	$457,878
41	Diseases of the Respiratory System (460-519)	$456,312
42	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$452,919
43	Infectious and Parasitic Diseases (001-139)	$451,225
44	Diseases of the Blood and Blood-Forming Organs (280-289)	$449,469
45	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$448,034
46	Diseases of the Genitourinary System (580-629)	$445,385
47	Diseases of the Circulatory System (390-459)	$437,192
48	Injury and Poisoning (800-999)	$427,784
49	Neoplasms (140-239)	$427,424
50	Infectious and Parasitic Diseases (001-139)	$425,114
51	Neoplasms (140-239)	$421,594
52	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$420,886
53	Diseases of the Circulatory System (390-459)	$413,121
54	Neoplasms (140-239)	$410,531

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List of Large Claims by Claimant

Plan Year Ending in 2012

Claimant	Major Diagnosis Category	Paid Amount
55	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$404,207
56	Diseases of the Respiratory System (460-519)	$403,263
57	Diseases of the Circulatory System (390-459)	$391,242
58	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$390,838
59	Diseases of the Digestive System (520-579)	$386,339
60	Diseases of the Circulatory System (390-459)	$384,358
61	Diseases of the Respiratory System (460-519)	$381,548
62	Neoplasms (140-239)	$381,379
63	Diseases of the Circulatory System (390-459)	$381,109
64	Diseases of the Respiratory System (460-519)	$376,398
65	Diseases of the Digestive System (520-579)	$375,585
66	Neoplasms (140-239)	$374,026
67	Diseases of the Circulatory System (390-459)	$371,983
68	Neoplasms (140-239)	$370,984
69	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$369,213
70	Neoplasms (140-239)	$366,700
71	Diseases of the Nervous System and Sense Organs (320-389)	$362,742
72	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$362,059
73	Diseases of the Respiratory System (460-519)	$359,708
74	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$355,719
75	Diseases of the Circulatory System (390-459)	$355,380
76	Congenital Anomalies (740-759)	$350,259
77	Diseases of the Respiratory System (460-519)	$348,086
78	Neoplasms (140-239)	$347,516
79	Injury and Poisoning (800-999)	$346,741
80	Diseases of the Genitourinary System (580-629)	$346,281
81	Neoplasms (140-239)	$345,007

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List of Large Claims by Claimant

Plan Year Ending in 2012

Claimant	Major Diagnosis Category	Paid Amount
82	Symptoms, Signs, and Ill-Defined Conditions (780-799)	$342,791
83	Diseases of the Circulatory System (390-459)	$340,086
84	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$337,642
85	Diseases of the Genitourinary System (580-629)	$337,336
86	Neoplasms (140-239)	$331,878
87	Diseases of the Digestive System (520-579)	$330,245
88	Neoplasms (140-239)	$329,657
89	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$328,390
90	Neoplasms (140-239)	$322,904
91	Mental Disorders (290-319)	$322,672
92	Diseases of the Digestive System (520-579)	$321,793
93	Neoplasms (140-239)	$320,056
94	Diseases of the Blood and Blood-Forming Organs (280-289)	$314,044
95	Diseases of the Nervous System and Sense Organs (320-389)	$311,749
96	Neoplasms (140-239)	$308,608
97	Diseases of the Digestive System (520-579)	$308,118
98	Diseases of the Respiratory System (460-519)	$307,065
99	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$306,207
100	Neoplasms (140-239)	$305,862
101	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$303,994
102	Injury and Poisoning (800-999)	$303,452
103	Diseases of the Digestive System (520-579)	$301,873
104	Neoplasms (140-239)	$299,786
105	Certain Conditions Originating in the Perinatal Period (760-779)	$295,459
106	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$294,147
107	Neoplasms (140-239)	$293,938
108	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$292,639

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List of Large Claims by Claimant

Plan Year Ending in 2012

Claimant	Major Diagnosis Category	Paid Amount
109	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$292,232
110	e000-e999 Supp. Class of external causes injury/poisoning	$291,765
111	Diseases of the Respiratory System (460-519)	$291,537
112	Congenital Anomalies (740-759)	$291,281
113	Infectious and Parasitic Diseases (001-139)	$291,012
114	Injury and Poisoning (800-999)	$290,921
115	Neoplasms (140-239)	$290,694
116	Diseases of the Circulatory System (390-459)	$290,301
117	Diseases of the Circulatory System (390-459)	$287,673
118	Neoplasms (140-239)	$286,202
119	Injury and Poisoning (800-999)	$286,019
120	Injury and Poisoning (800-999)	$283,065
121	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$283,018
122	Neoplasms (140-239)	$282,330
123	Injury and Poisoning (800-999)	$281,687
124	Diseases of the Circulatory System (390-459)	$279,369
125	e000-e999 Supp. Class of external causes injury/poisoning	$279,263
126	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$279,017
127	Diseases of the Digestive System (520-579)	$278,695
128	Infectious and Parasitic Diseases (001-139)	$278,237
129	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$275,975
130	Neoplasms (140-239)	$274,425
131	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$274,026
132	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$273,557
133	Neoplasms (140-239)	$273,458
134	Neoplasms (140-239)	$273,236
135	Injury and Poisoning (800-999)	$272,992

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List of Large Claims by Claimant

Plan Year Ending in 2012

Claimant	Major Diagnosis Category	Paid Amount
136	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$271,740
137	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$270,453
138	e000-e999 Supp. Class of external causes injury/poisoning	$269,578
139	Injury and Poisoning (800-999)	$269,202
140	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$268,347
141	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$268,022
142	Neoplasms (140-239)	$266,368
143	Infectious and Parasitic Diseases (001-139)	$265,518
144	Diseases of the Digestive System (520-579)	$265,232
145	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$263,496
146	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$262,062
147	Injury and Poisoning (800-999)	$261,961
148	Neoplasms (140-239)	$261,096
149	Diseases of the Digestive System (520-579)	$260,500
150	e000-e999 Supp. Class of external causes injury/poisoning	$259,950
151	Neoplasms (140-239)	$256,770
152	Neoplasms (140-239)	$256,757
153	Infectious and Parasitic Diseases (001-139)	$255,875
154	Neoplasms (140-239)	$255,842
155	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$255,354
156	Neoplasms (140-239)	$255,050
157	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$254,125
158	Neoplasms (140-239)	$253,521
159	Diseases of the Genitourinary System (580-629)	$251,286
160	e000-e999 Supp. Class of external causes injury/poisoning	$250,356
161	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$250,055
162	Neoplasms (140-239)	$249,879

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List of Large Claims by Claimant

Plan Year Ending in 2012

Claimant	Major Diagnosis Category	Paid Amount
163	Neoplasms (140-239)	$248,182
164	Injury and Poisoning (800-999)	$247,707
165	Neoplasms (140-239)	$242,731
166	Diseases of the Genitourinary System (580-629)	$242,330
167	Neoplasms (140-239)	$242,048
168	Diseases of the Nervous System and Sense Organs (320-389)	$239,612
169	Infectious and Parasitic Diseases (001-139)	$238,733
170	Neoplasms (140-239)	$237,564
171	Diseases of the Digestive System (520-579)	$236,587
172	Diseases of the Blood and Blood-Forming Organs (280-289)	$235,805
173	Neoplasms (140-239)	$234,971
174	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$232,065
175	Neoplasms (140-239)	$231,750
176	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$231,670
177	Diseases of the Blood and Blood-Forming Organs (280-289)	$228,767
178	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$227,835
179	Diseases of the Genitourinary System (580-629)	$227,417
180	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$226,692
181	e000-e999 Supp. Class of external causes injury/poisoning	$226,364
182	Injury and Poisoning (800-999)	$225,466
183	Neoplasms (140-239)	$224,853
184	Diseases of the Circulatory System (390-459)	$224,786
185	Diseases of the Blood and Blood-Forming Organs (280-289)	$224,264
186	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$224,089
187	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$223,829
188	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$222,248
189	Diseases of the Respiratory System (460-519)	$221,667

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List of Large Claims by Claimant

Plan Year Ending in 2012

Claimant	Major Diagnosis Category	Paid Amount
190	Neoplasms (140-239)	$221,654
191	Neoplasms (140-239)	$220,687
192	Diseases of the Circulatory System (390-459)	$218,269
193	Diseases of the Circulatory System (390-459)	$218,011
194	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$217,037
195	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$216,636
196	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$216,493
197	Diseases of the Nervous System and Sense Organs (320-389)	$216,461
198	Diseases of the Genitourinary System (580-629)	$216,093
199	Symptoms, Signs, and Ill-Defined Conditions (780-799)	$214,236
200	Neoplasms (140-239)	$213,653
201	Diseases of the Nervous System and Sense Organs (320-389)	$212,475
202	Diseases of the Circulatory System (390-459)	$211,921
203	Diseases of the Circulatory System (390-459)	$211,680
204	Neoplasms (140-239)	$210,464
205	Diseases of the Nervous System and Sense Organs (320-389)	$209,675
206	Diseases of the Blood and Blood-Forming Organs (280-289)	$209,622
207	e000-e999 Supp. Class of external causes injury/poisoning	$209,131
208	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$206,727
209	Congenital Anomalies (740-759)	$206,490
210	Neoplasms (140-239)	$206,446
211	Certain Conditions Originating in the Perinatal Period (760-779)	$206,299
212	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$205,097
213	Complications of Pregnancy, Childbirth, and the Puerperium (630-679)	$204,610
214	Neoplasms (140-239)	$204,468
215	Injury and Poisoning (800-999)	$203,378
216	Neoplasms (140-239)	$202,802

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List of Large Claims by Claimant

Plan Year Ending in 2012

Claimant	Major Diagnosis Category	Paid Amount
217	Diseases of the Circulatory System (390-459)	$201,817
218	Neoplasms (140-239)	$200,937
219	Neoplasms (140-239)	$200,498
220	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$199,185
221	Mental Disorders (290-319)	$198,698
222	e000-e999 Supp. Class of external causes injury/poisoning	$198,387
223	Diseases of the Respiratory System (460-519)	$198,314
224	Infectious and Parasitic Diseases (001-139)	$198,153
225	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$197,951
226	Diseases of the Nervous System and Sense Organs (320-389)	$197,847
227	Neoplasms (140-239)	$197,121
228	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$197,035
229	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$196,993
230	Infectious and Parasitic Diseases (001-139)	$196,520
231	Diseases of the Circulatory System (390-459)	$196,440
232	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$196,025
233	Diseases of the Circulatory System (390-459)	$195,589
234	Neoplasms (140-239)	$195,166
235	Diseases of the Digestive System (520-579)	$195,013
236	Neoplasms (140-239)	$194,770
237	Diseases of the Circulatory System (390-459)	$194,749
238	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$193,627
239	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$192,977
240	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$192,958
241	Neoplasms (140-239)	$191,666
242	Infectious and Parasitic Diseases (001-139)	$191,386
243	Infectious and Parasitic Diseases (001-139)	$191,227

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List of Large Claims by Claimant

Plan Year Ending in 2012

Claimant	Major Diagnosis Category	Paid Amount
244	Diseases of the Nervous System and Sense Organs (320-389)	$190,128
245	Neoplasms (140-239)	$189,846
246	Neoplasms (140-239)	$189,709
247	Complications of Pregnancy, Childbirth, and the Puerperium (630-679)	$189,529
248	Diseases of the Respiratory System (460-519)	$189,351
249	Diseases of the Circulatory System (390-459)	$189,209
250	Neoplasms (140-239)	$188,700
251	Diseases of the Digestive System (520-579)	$188,322
252	Diseases of the Circulatory System (390-459)	$188,106
253	Neoplasms (140-239)	$188,031
254	Diseases of the Respiratory System (460-519)	$187,963
255	Diseases of the Digestive System (520-579)	$187,728
256	Infectious and Parasitic Diseases (001-139)	$187,569
257	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$187,402
258	Injury and Poisoning (800-999)	$186,542
259	Injury and Poisoning (800-999)	$186,353
260	Injury and Poisoning (800-999)	$186,252
261	Neoplasms (140-239)	$186,176
262	Diseases of the Blood and Blood-Forming Organs (280-289)	$185,982
263	Symptoms, Signs, and Ill-Defined Conditions (780-799)	$185,935
264	Neoplasms (140-239)	$185,481
265	Neoplasms (140-239)	$185,410
266	Neoplasms (140-239)	$185,320
267	Infectious and Parasitic Diseases (001-139)	$184,801
268	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$184,585
269	Neoplasms (140-239)	$184,232
270	Neoplasms (140-239)	$183,959

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List of Large Claims by Claimant

Plan Year Ending in 2012

Claimant	Major Diagnosis Category	Paid Amount
271	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$183,943
272	Injury and Poisoning (800-999)	$183,530
273	Diseases of the Circulatory System (390-459)	$183,155
274	Neoplasms (140-239)	$183,018
275	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$182,960
276	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$181,367
277	Certain Conditions Originating in the Perinatal Period (760-779)	$181,354
278	Neoplasms (140-239)	$181,129
279	Neoplasms (140-239)	$180,880
280	Neoplasms (140-239)	$180,383
281	Neoplasms (140-239)	$179,857
282	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$179,852
283	Neoplasms (140-239)	$179,500
284	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$178,973
285	Neoplasms (140-239)	$178,817
286	Neoplasms (140-239)	$178,734
287	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$178,283
288	Certain Conditions Originating in the Perinatal Period (760-779)	$178,241
289	Injury and Poisoning (800-999)	$178,146
290	Injury and Poisoning (800-999)	$177,852
291	Neoplasms (140-239)	$177,767
292	Diseases of the Digestive System (520-579)	$177,730
293	Neoplasms (140-239)	$177,372
294	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$176,766
295	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$176,713
296	Injury and Poisoning (800-999)	$176,635
297	Neoplasms (140-239)	$176,273

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List of Large Claims by Claimant

Plan Year Ending in 2012

Claimant	Major Diagnosis Category	Paid Amount
298	Diseases of the Genitourinary System (580-629)	$176,161
299	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$174,815
300	Injury and Poisoning (800-999)	$174,792
301	Diseases of the Genitourinary System (580-629)	$174,745
302	Injury and Poisoning (800-999)	$174,690
303	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$174,583
304	Neoplasms (140-239)	$174,423
305	Neoplasms (140-239)	$174,053
306	Neoplasms (140-239)	$172,306
307	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$172,252
308	Diseases of the Blood and Blood-Forming Organs (280-289)	$172,117
309	Diseases of the Circulatory System (390-459)	$171,992
310	Diseases of the Circulatory System (390-459)	$171,775
311	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$170,902
312	Diseases of the Circulatory System (390-459)	$170,146
313	Infectious and Parasitic Diseases (001-139)	$168,553
314	Diseases of the Circulatory System (390-459)	$167,365
315	Neoplasms (140-239)	$167,207
316	Injury and Poisoning (800-999)	$167,048
317	Neoplasms (140-239)	$166,711
318	Diseases of the Circulatory System (390-459)	$166,441
319	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$165,592
320	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$165,499
321	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$165,444
322	Diseases of the Circulatory System (390-459)	$165,435
323	Diseases of the Circulatory System (390-459)	$165,344
324	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$165,004

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List of Large Claims by Claimant

Plan Year Ending in 2012

Claimant	Major Diagnosis Category	Paid Amount
325	Diseases of the Circulatory System (390-459)	$164,926
326	Diseases of the Circulatory System (390-459)	$164,897
327	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$164,519
328	Neoplasms (140-239)	$164,102
329	Neoplasms (140-239)	$163,805
330	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$163,765
331	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$163,748
332	Injury and Poisoning (800-999)	$162,875
333	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$162,854
334	Injury and Poisoning (800-999)	$162,737
335	Infectious and Parasitic Diseases (001-139)	$162,458
336	Neoplasms (140-239)	$162,021
337	Diseases of the Skin and Subcutaneous Tissue (680-709)	$161,948
338	Neoplasms (140-239)	$161,627
339	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$161,588
340	Injury and Poisoning (800-999)	$160,998
341	Neoplasms (140-239)	$160,953
342	Neoplasms (140-239)	$160,801
343	Neoplasms (140-239)	$160,642
344	Mental Disorders (290-319)	$160,442
345	Neoplasms (140-239)	$160,223
346	Diseases of the Genitourinary System (580-629)	$160,175
347	Diseases of the Circulatory System (390-459)	$160,119
348	Neoplasms (140-239)	$160,051
349	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$159,980
350	Diseases of the Genitourinary System (580-629)	$159,840
351	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$158,917

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Exhibit A10

List of Large Claims by Claimant

Plan Year Ending in 2012

Claimant	Major Diagnosis Category	Paid Amount
352	e000-e999 Supp. Class of external causes injury/poisoning	$158,877
353	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$158,575
354	Diseases of the Circulatory System (390-459)	$158,496
355	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$158,363
356	Neoplasms (140-239)	$158,194
357	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$157,737
358	Diseases of the Circulatory System (390-459)	$157,647
359	Diseases of the Genitourinary System (580-629)	$157,106
360	Neoplasms (140-239)	$157,103
361	Neoplasms (140-239)	$156,753
362	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$156,733
363	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$156,519
364	Neoplasms (140-239)	$156,494
365	Diseases of the Circulatory System (390-459)	$156,457
366	Neoplasms (140-239)	$156,355
367	Diseases of the Blood and Blood-Forming Organs (280-289)	$156,264
368	Diseases of the Circulatory System (390-459)	$156,205
369	Diseases of the Circulatory System (390-459)	$156,038
370	Certain Conditions Originating in the Perinatal Period (760-779)	$155,636
371	Neoplasms (140-239)	$155,623
372	Diseases of the Blood and Blood-Forming Organs (280-289)	$155,319
373	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$155,247
374	Neoplasms (140-239)	$154,923
375	Diseases of the Circulatory System (390-459)	$154,761
376	Diseases of the Blood and Blood-Forming Organs (280-289)	$154,555
377	Symptoms, Signs, and Ill-Defined Conditions (780-799)	$154,480
378	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$154,115

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List of Large Claims by Claimant

Plan Year Ending in 2012

Claimant	Major Diagnosis Category	Paid Amount
379	Neoplasms (140-239)	$153,362
380	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$153,118
381	Diseases of the Digestive System (520-579)	$152,925
382	Injury and Poisoning (800-999)	$152,855
383	Neoplasms (140-239)	$152,567
384	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$152,368
385	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$151,548
386	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$151,344
387	Neoplasms (140-239)	$150,547
388	Diseases of the Circulatory System (390-459)	$150,090
389	Diseases of the Circulatory System (390-459)	$149,872
390	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$149,832
391	Diseases of the Respiratory System (460-519)	$149,735
392	Diseases of the Genitourinary System (580-629)	$149,681
393	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$148,589
394	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$148,529
395	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$148,410
396	Diseases of the Circulatory System (390-459)	$148,085
397	Diseases of the Genitourinary System (580-629)	$147,905
398	Injury and Poisoning (800-999)	$147,864
399	Neoplasms (140-239)	$147,714
400	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$147,639
401	Neoplasms (140-239)	$147,399
402	Diseases of the Circulatory System (390-459)	$147,145
403	Congenital Anomalies (740-759)	$146,775
404	Diseases of the Digestive System (520-579)	$146,565
405	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$146,263

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List of Large Claims by Claimant

Plan Year Ending in 2012

Claimant	Major Diagnosis Category	Paid Amount
406	Diseases of the Circulatory System (390-459)	$146,259
407	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$146,145
408	Injury and Poisoning (800-999)	$146,129
409	Neoplasms (140-239)	$145,930
410	Diseases of the Nervous System and Sense Organs (320-389)	$145,345
411	Neoplasms (140-239)	$145,144
412	Injury and Poisoning (800-999)	$144,987
413	Diseases of the Circulatory System (390-459)	$144,795
414	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$144,576
415	Diseases of the Circulatory System (390-459)	$144,353
416	Neoplasms (140-239)	$144,165
417	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$143,811
418	Diseases of the Circulatory System (390-459)	$143,810
419	Diseases of the Nervous System and Sense Organs (320-389)	$143,729
420	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$143,706
421	Neoplasms (140-239)	$143,500
422	Infectious and Parasitic Diseases (001-139)	$143,313
423	Diseases of the Genitourinary System (580-629)	$143,251
424	Neoplasms (140-239)	$143,212
425	Infectious and Parasitic Diseases (001-139)	$143,106
426	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$143,054
427	Diseases of the Circulatory System (390-459)	$143,002
428	Neoplasms (140-239)	$142,832
429	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$142,820
430	Neoplasms (140-239)	$142,663
431	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$142,628
432	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$142,621

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List of Large Claims by Claimant

Plan Year Ending in 2012

Claimant	Major Diagnosis Category	Paid Amount
433	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$142,492
434	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$142,380
435	Neoplasms (140-239)	$142,124
436	Neoplasms (140-239)	$141,973
437	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$141,857
438	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$141,811
439	Mental Disorders (290-319)	$141,771
440	Diseases of the Digestive System (520-579)	$141,674
441	Neoplasms (140-239)	$141,607
442	Diseases of the Genitourinary System (580-629)	$141,316
443	Injury and Poisoning (800-999)	$141,213
444	Mental Disorders (290-319)	$141,012
445	Diseases of the Respiratory System (460-519)	$140,776
446	Injury and Poisoning (800-999)	$140,676
447	Congenital Anomalies (740-759)	$140,664
448	Diseases of the Respiratory System (460-519)	$140,278
449	Neoplasms (140-239)	$140,071
450	Diseases of the Nervous System and Sense Organs (320-389)	$139,797
451	Neoplasms (140-239)	$139,117
452	Neoplasms (140-239)	$139,013
453	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$138,943
454	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$138,632
455	Diseases of the Circulatory System (390-459)	$137,763
456	Infectious and Parasitic Diseases (001-139)	$137,572
457	Neoplasms (140-239)	$137,475
458	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$137,375
459	Neoplasms (140-239)	$137,174

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List of Large Claims by Claimant

Plan Year Ending in 2012

Claimant	Major Diagnosis Category	Paid Amount
460	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$137,167
461	Neoplasms (140-239)	$136,871
462	Diseases of the Circulatory System (390-459)	$136,850
463	Diseases of the Circulatory System (390-459)	$136,821
464	Neoplasms (140-239)	$136,761
465	Diseases of the Circulatory System (390-459)	$136,656
466	Neoplasms (140-239)	$136,482
467	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$136,240
468	Neoplasms (140-239)	$136,025
469	Neoplasms (140-239)	$135,975
470	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$135,889
471	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$135,862
472	Neoplasms (140-239)	$135,750
473	Injury and Poisoning (800-999)	$135,702
474	Neoplasms (140-239)	$135,692
475	e000-e999 Supp. Class of external causes injury/poisoning	$135,378
476	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$135,365
477	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$134,735
478	Neoplasms (140-239)	$134,614
479	Injury and Poisoning (800-999)	$134,563
480	Diseases of the Respiratory System (460-519)	$134,561
481	Neoplasms (140-239)	$134,513
482	Infectious and Parasitic Diseases (001-139)	$134,500
483	Neoplasms (140-239)	$134,315
484	Diseases of the Circulatory System (390-459)	$134,265
485	Injury and Poisoning (800-999)	$134,107
486	Neoplasms (140-239)	$133,928

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List of Large Claims by Claimant

Plan Year Ending in 2012

Claimant	Major Diagnosis Category	Paid Amount
487	Injury and Poisoning (800-999)	$133,781
488	Diseases of the Digestive System (520-579)	$133,699
489	Neoplasms (140-239)	$133,692
490	Injury and Poisoning (800-999)	$133,653
491	Neoplasms (140-239)	$133,553
492	Diseases of the Circulatory System (390-459)	$133,324
493	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$133,061
494	Diseases of the Circulatory System (390-459)	$133,007
495	Neoplasms (140-239)	$132,978
496	Diseases of the Respiratory System (460-519)	$132,678
497	Diseases of the Digestive System (520-579)	$132,360
498	Neoplasms (140-239)	$132,284
499	Diseases of the Circulatory System (390-459)	$132,203
500	Injury and Poisoning (800-999)	$132,038
501	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$131,989
502	Infectious and Parasitic Diseases (001-139)	$131,707
503	Neoplasms (140-239)	$131,643
504	Diseases of the Circulatory System (390-459)	$131,175
505	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$131,154
506	Diseases of the Circulatory System (390-459)	$131,049
507	Infectious and Parasitic Diseases (001-139)	$130,970
508	Mental Disorders (290-319)	$130,833
509	Diseases of the Circulatory System (390-459)	$130,569
510	Injury and Poisoning (800-999)	$130,376
511	Diseases of the Digestive System (520-579)	$130,006
512	Neoplasms (140-239)	$129,770
513	e000-e999 Supp. Class of external causes injury/poisoning	$129,498

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List of Large Claims by Claimant

Plan Year Ending in 2012

Claimant	Major Diagnosis Category	Paid Amount
514	Diseases of the Circulatory System (390-459)	$129,365
515	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$129,317
516	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$129,226
517	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$129,200
518	Diseases of the Digestive System (520-579)	$128,747
519	Diseases of the Nervous System and Sense Organs (320-389)	$128,717
520	Diseases of the Digestive System (520-579)	$128,704
521	Injury and Poisoning (800-999)	$128,692
522	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$128,597
523	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$128,596
524	Neoplasms (140-239)	$128,361
525	Diseases of the Circulatory System (390-459)	$127,899
526	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$127,765
527	Symptoms, Signs, and Ill-Defined Conditions (780-799)	$127,638
528	Injury and Poisoning (800-999)	$127,632
529	Diseases of the Respiratory System (460-519)	$127,509
530	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$127,442
531	Diseases of the Blood and Blood-Forming Organs (280-289)	$127,347
532	Congenital Anomalies (740-759)	$127,331
533	Diseases of the Digestive System (520-579)	$127,213
534	Diseases of the Circulatory System (390-459)	$127,172
535	Injury and Poisoning (800-999)	$126,967
536	Injury and Poisoning (800-999)	$126,861
537	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$126,677
538	Neoplasms (140-239)	$126,622
539	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$126,488
540	Complications of Pregnancy, Childbirth, and the Puerperium (630-679)	$126,317

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List of Large Claims by Claimant

Plan Year Ending in 2012

Claimant	Major Diagnosis Category	Paid Amount
541	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$126,252
542	Diseases of the Circulatory System (390-459)	$126,083
543	Injury and Poisoning (800-999)	$125,996
544	Neoplasms (140-239)	$125,971
545	Neoplasms (140-239)	$125,809
546	Diseases of the Circulatory System (390-459)	$125,665
547	Neoplasms (140-239)	$125,593
548	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$125,464
549	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$125,174
550	Diseases of the Circulatory System (390-459)	$125,154
551	Neoplasms (140-239)	$125,065
552	Diseases of the Circulatory System (390-459)	$124,890
553	Diseases of the Circulatory System (390-459)	$124,808
554	Neoplasms (140-239)	$124,789
555	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$124,715
556	Diseases of the Circulatory System (390-459)	$124,619
557	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$124,570
558	Diseases of the Circulatory System (390-459)	$124,540
559	e000-e999 Supp. Class of external causes injury/poisoning	$124,389
560	Injury and Poisoning (800-999)	$124,361
561	Neoplasms (140-239)	$124,186
562	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$124,105
563	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$123,967
564	Diseases of the Nervous System and Sense Organs (320-389)	$123,870
565	Diseases of the Nervous System and Sense Organs (320-389)	$123,807
566	Symptoms, Signs, and Ill-Defined Conditions (780-799)	$123,792
567	Neoplasms (140-239)	$123,729

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List of Large Claims by Claimant

Plan Year Ending in 2012

Claimant	Major Diagnosis Category	Paid Amount
568	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$123,642
569	Diseases of the Nervous System and Sense Organs (320-389)	$123,138
570	Neoplasms (140-239)	$123,118
571	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$122,602
572	Diseases of the Nervous System and Sense Organs (320-389)	$122,267
573	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$122,100
574	Diseases of the Circulatory System (390-459)	$121,996
575	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$121,956
576	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$121,863
577	Diseases of the Respiratory System (460-519)	$121,853
578	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$121,799
579	Neoplasms (140-239)	$121,773
580	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$121,736
581	Neoplasms (140-239)	$121,655
582	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$121,614
583	Diseases of the Circulatory System (390-459)	$121,519
584	Neoplasms (140-239)	$121,371
585	e000-e999 Supp. Class of external causes injury/poisoning	$121,357
586	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$121,348
587	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$121,219
588	Diseases of the Circulatory System (390-459)	$121,156
589	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$121,069
590	Infectious and Parasitic Diseases (001-139)	$120,965
591	Diseases of the Nervous System and Sense Organs (320-389)	$120,934
592	Symptoms, Signs, and Ill-Defined Conditions (780-799)	$120,872
593	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$120,708
594	Congenital Anomalies (740-759)	$120,700

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List of Large Claims by Claimant

Plan Year Ending in 2012

Claimant	Major Diagnosis Category	Paid Amount
595	Neoplasms (140-239)	$120,507
596	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$120,421
597	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$120,261
598	Neoplasms (140-239)	$120,181
599	Neoplasms (140-239)	$120,094
600	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$119,899
601	Diseases of the Nervous System and Sense Organs (320-389)	$119,831
602	Neoplasms (140-239)	$119,727
603	e000-e999 Supp. Class of external causes injury/poisoning	$119,694
604	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$119,638
605	Neoplasms (140-239)	$119,579
606	Congenital Anomalies (740-759)	$119,475
607	Symptoms, Signs, and Ill-Defined Conditions (780-799)	$119,416
608	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$119,312
609	Diseases of the Circulatory System (390-459)	$119,305
610	Neoplasms (140-239)	$119,243
611	Certain Conditions Originating in the Perinatal Period (760-779)	$119,175
612	Neoplasms (140-239)	$118,951
613	Diseases of the Circulatory System (390-459)	$118,909
614	Neoplasms (140-239)	$118,875
615	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$118,796
616	Neoplasms (140-239)	$118,761
617	Diseases of the Nervous System and Sense Organs (320-389)	$118,754
618	Diseases of the Genitourinary System (580-629)	$118,754
619	Mental Disorders (290-319)	$118,554
620	Diseases of the Circulatory System (390-459)	$118,546
621	Neoplasms (140-239)	$118,542

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List of Large Claims by Claimant

Plan Year Ending in 2012

Claimant	Major Diagnosis Category	Paid Amount
622	Congenital Anomalies (740-759)	$118,447
623	Mental Disorders (290-319)	$118,440
624	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$118,438
625	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$118,413
626	Injury and Poisoning (800-999)	$118,406
627	Diseases of the Respiratory System (460-519)	$118,335
628	Injury and Poisoning (800-999)	$118,253
629	Neoplasms (140-239)	$118,246
630	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$118,217
631	Injury and Poisoning (800-999)	$118,079
632	Neoplasms (140-239)	$117,964
633	Neoplasms (140-239)	$117,893
634	Infectious and Parasitic Diseases (001-139)	$117,732
635	Neoplasms (140-239)	$117,693
636	Diseases of the Genitourinary System (580-629)	$117,625
637	Diseases of the Digestive System (520-579)	$117,472
638	Neoplasms (140-239)	$117,454
639	Diseases of the Circulatory System (390-459)	$117,299
640	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$117,211
641	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$116,972
642	Neoplasms (140-239)	$116,916
643	Diseases of the Nervous System and Sense Organs (320-389)	$116,891
644	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$116,850
645	Diseases of the Circulatory System (390-459)	$116,786
646	Diseases of the Circulatory System (390-459)	$116,734
647	Neoplasms (140-239)	$116,620
648	Infectious and Parasitic Diseases (001-139)	$116,331

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List of Large Claims by Claimant

Plan Year Ending in 2012

Claimant	Major Diagnosis Category	Paid Amount
649	Diseases of the Nervous System and Sense Organs (320-389)	$116,308
650	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$116,272
651	Mental Disorders (290-319)	$115,937
652	Infectious and Parasitic Diseases (001-139)	$115,928
653	Diseases of the Nervous System and Sense Organs (320-389)	$115,898
654	Diseases of the Blood and Blood-Forming Organs (280-289)	$115,891
655	Neoplasms (140-239)	$115,670
656	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$115,449
657	Diseases of the Circulatory System (390-459)	$115,438
658	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$114,509
659	Neoplasms (140-239)	$114,395
660	Injury and Poisoning (800-999)	$114,248
661	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$113,941
662	e000-e999 Supp. Class of external causes injury/poisoning	$113,901
663	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$113,863
664	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$113,787
665	Neoplasms (140-239)	$113,492
666	Neoplasms (140-239)	$113,347
667	Diseases of the Digestive System (520-579)	$113,176
668	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$113,158
669	Neoplasms (140-239)	$113,032
670	Infectious and Parasitic Diseases (001-139)	$112,983
671	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$112,978
672	Injury and Poisoning (800-999)	$112,944
673	Diseases of the Circulatory System (390-459)	$112,875
674	Diseases of the Blood and Blood-Forming Organs (280-289)	$112,845
675	Neoplasms (140-239)	$112,804

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A10

List of Large Claims by Claimant

Plan Year Ending in 2012

Claimant	Major Diagnosis Category	Paid Amount
676	Neoplasms (140-239)	$112,736
677	Neoplasms (140-239)	$112,578
678	Diseases of the Circulatory System (390-459)	$112,451
679	Diseases of the Genitourinary System (580-629)	$112,370
680	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$112,210
681	Diseases of the Blood and Blood-Forming Organs (280-289)	$112,173
682	Diseases of the Circulatory System (390-459)	$111,501
683	Neoplasms (140-239)	$111,350
684	Diseases of the Respiratory System (460-519)	$111,349
685	Injury and Poisoning (800-999)	$111,287
686	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$110,859
687	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$110,690
688	Neoplasms (140-239)	$110,443
689	Diseases of the Circulatory System (390-459)	$110,424
690	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$110,381
691	Injury and Poisoning (800-999)	$110,378
692	Neoplasms (140-239)	$110,207
693	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$110,205
694	Diseases of the Circulatory System (390-459)	$110,110
695	Diseases of the Nervous System and Sense Organs (320-389)	$109,900
696	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$109,792
697	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$109,688
698	Neoplasms (140-239)	$109,610
699	Diseases of the Nervous System and Sense Organs (320-389)	$109,609
700	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$109,517
701	Diseases of the Circulatory System (390-459)	$109,402
702	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$109,326

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K–12 School District Data Collection Project

Exhibit A10

List of Large Claims by Claimant

Plan Year Ending in 2012

Claimant	Major Diagnosis Category	Paid Amount
703	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$109,269
704	Neoplasms (140-239)	$109,134
705	Diseases of the Nervous System and Sense Organs (320-389)	$109,095
706	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$108,979
707	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$108,917
708	Diseases of the Nervous System and Sense Organs (320-389)	$108,894
709	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$108,824
710	Diseases of the Respiratory System (460-519)	$108,821
711	Neoplasms (140-239)	$108,818
712	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$108,783
713	Diseases of the Circulatory System (390-459)	$108,726
714	Neoplasms (140-239)	$108,702
715	Diseases of the Nervous System and Sense Organs (320-389)	$108,697
716	Neoplasms (140-239)	$108,564
717	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$108,536
718	Diseases of the Circulatory System (390-459)	$108,525
719	Infectious and Parasitic Diseases (001-139)	$108,518
720	Injury and Poisoning (800-999)	$108,516
721	Neoplasms (140-239)	$108,450
722	Neoplasms (140-239)	$108,294
723	Neoplasms (140-239)	$108,238
724	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$108,227
725	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$108,217
726	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$108,199
727	Infectious and Parasitic Diseases (001-139)	$108,158
728	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$107,956
729	Injury and Poisoning (800-999)	$107,869

Washington State Office of the Insurance Commissioner

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Exhibit A10

List of Large Claims by Claimant

Plan Year Ending in 2012

Claimant	Major Diagnosis Category	Paid Amount
730	Diseases of the Circulatory System (390-459)	$107,804
731	Neoplasms (140-239)	$107,520
732	Diseases of the Genitourinary System (580-629)	$107,447
733	Injury and Poisoning (800-999)	$107,325
734	Diseases of the Respiratory System (460-519)	$107,206
735	Neoplasms (140-239)	$107,181
736	Diseases of the Circulatory System (390-459)	$107,128
737	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$106,904
738	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$106,830
739	Diseases of the Genitourinary System (580-629)	$106,753
740	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$106,637
741	Diseases of the Respiratory System (460-519)	$106,591
742	Neoplasms (140-239)	$106,584
743	Neoplasms (140-239)	$106,399
744	Injury and Poisoning (800-999)	$106,312
745	Diseases of the Digestive System (520-579)	$106,282
746	Infectious and Parasitic Diseases (001-139)	$106,224
747	Diseases of the Circulatory System (390-459)	$106,175
748	Neoplasms (140-239)	$106,115
749	Mental Disorders (290-319)	$106,040
750	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$106,017
751	Neoplasms (140-239)	$105,878
752	Complications of Pregnancy, Childbirth, and the Puerperium (630-679)	$105,817
753	Injury and Poisoning (800-999)	$105,770
754	Diseases of the Nervous System and Sense Organs (320-389)	$105,726
755	Diseases of the Circulatory System (390-459)	$105,620
756	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$105,506

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Exhibit A10

List of Large Claims by Claimant

Plan Year Ending in 2012

Claimant	Major Diagnosis Category	Paid Amount
757	Diseases of the Circulatory System (390-459)	$105,316
758	Neoplasms (140-239)	$105,194
759	Neoplasms (140-239)	$105,193
760	Neoplasms (140-239)	$105,164
761	Injury and Poisoning (800-999)	$105,111
762	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$105,035
763	Mental Disorders (290-319)	$105,026
764	Diseases of the Genitourinary System (580-629)	$105,019
765	Diseases of the Circulatory System (390-459)	$105,010
766	Symptoms, Signs, and Ill-Defined Conditions (780-799)	$104,924
767	Diseases of the Respiratory System (460-519)	$104,872
768	Symptoms, Signs, and Ill-Defined Conditions (780-799)	$104,818
769	Neoplasms (140-239)	$104,772
770	Congenital Anomalies (740-759)	$104,761
771	Neoplasms (140-239)	$104,600
772	Diseases of the Circulatory System (390-459)	$104,577
773	Infectious and Parasitic Diseases (001-139)	$104,539
774	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$104,423
775	Diseases of the Circulatory System (390-459)	$104,215
776	Diseases of the Circulatory System (390-459)	$104,007
777	Neoplasms (140-239)	$103,946
778	Diseases of the Digestive System (520-579)	$103,912
779	Neoplasms (140-239)	$103,788
780	Neoplasms (140-239)	$103,706
781	Diseases of the Digestive System (520-579)	$103,639
782	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$103,607
783	Diseases of the Circulatory System (390-459)	$103,562

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A10

List of Large Claims by Claimant

Plan Year Ending in 2012

Claimant	Major Diagnosis Category	Paid Amount
784	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$103,413
785	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$103,413
786	Injury and Poisoning (800-999)	$103,390
787	Diseases of the Circulatory System (390-459)	$103,311
788	Injury and Poisoning (800-999)	$103,310
789	e000-e999 Supp. Class of external causes injury/poisoning	$103,222
790	Diseases of the Digestive System (520-579)	$103,142
791	Neoplasms (140-239)	$103,098
792	Infectious and Parasitic Diseases (001-139)	$103,027
793	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$102,981
794	Diseases of the Circulatory System (390-459)	$102,979
795	Neoplasms (140-239)	$102,696
796	Diseases of the Nervous System and Sense Organs (320-389)	$102,661
797	Neoplasms (140-239)	$102,618
798	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$102,608
799	Diseases of the Circulatory System (390-459)	$102,579
800	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$102,516
801	Injury and Poisoning (800-999)	$102,359
802	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$102,283
803	Complications of Pregnancy, Childbirth, and the Puerperium (630-679)	$102,127
804	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$102,083
805	Symptoms, Signs, and Ill-Defined Conditions (780-799)	$102,016
806	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$101,984
807	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$101,948
808	Diseases of the Circulatory System (390-459)	$101,738
809	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$101,594
810	Diseases of the Genitourinary System (580-629)	$101,570

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Exhibit A10

List of Large Claims by Claimant

Plan Year Ending in 2012

Claimant	Major Diagnosis Category	Paid Amount
811	Neoplasms (140-239)	$101,557
812	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$101,415
813	Injury and Poisoning (800-999)	$101,288
814	Diseases of the Circulatory System (390-459)	$101,215
815	Diseases of the Circulatory System (390-459)	$101,208
816	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$101,052
817	Neoplasms (140-239)	$100,863
818	Neoplasms (140-239)	$100,824
819	Symptoms, Signs, and Ill-Defined Conditions (780-799)	$100,607
820	Diseases of the Circulatory System (390-459)	$100,482
821	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$100,429
822	Infectious and Parasitic Diseases (001-139)	$100,404
823	Neoplasms (140-239)	$100,334
824	Injury and Poisoning (800-999)	$100,214
825	Mental Disorders (290-319)	$100,213
826	Diseases of the Circulatory System (390-459)	$100,153
827	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$100,102
828	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$100,101
829	Neoplasms (140-239)	$100,100
830	Diseases of the Circulatory System (390-459)	$100,098

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A11
Demographics by Benefit Package
For the Plan Year Ending in 2012

Benefit Package: Benefit Package 001

Tier	Age Band	Employees			Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	2	6	8	0	0	0
	30 – 34	4	3	7	0	0	0
	35 – 39	1	3	4	0	0	0
	40 – 44	1	3	4	0	0	0
	45 – 49	0	7	7	0	0	0
	50 – 54	1	3	4	0	0	0
	55 – 59	2	4	6	0	0	0
	60 – 64	0	5	5	0	0	0
	65+	0	1	1	0	0	0
	Total	**11**	**35**	**46**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	0	1	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	1	3	4	2	0	2
	60 – 64	0	1	1	2	0	2
	65+	0	0	0	0	1	1
	Total	**2**	**4**	**6**	**4**	**1**	**5**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A11

Demographics by Benefit Package

For the Plan Year Ending in 2012

Employee & Children	**0 – 19**	0	0	0	19	16	35
	20 – 24	0	0	0	4	8	12
	25 – 29	0	0	0	0	1	1
	30 – 34	1	0	1	0	0	0
	35 – 39	0	3	3	0	0	0
	40 – 44	1	5	6	0	0	0
	45 – 49	2	2	4	0	0	0
	50 – 54	1	3	4	0	0	0
	55 – 59	1	5	6	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**6**	**19**	**25**	**23**	**25**	**48**
Employee & Family	**0 – 19**	0	0	0	8	9	17
	20 – 24	0	0	0	1	3	4
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	1	1
	35 – 39	2	0	2	0	0	0
	40 – 44	2	0	2	0	1	1
	45 – 49	1	2	3	0	2	2
	50 – 54	0	1	1	2	0	2
	55 – 59	0	1	1	0	0	0
	60 – 64	0	0	0	2	0	2
	65+	0	0	0	0	0	0
	Total	**5**	**4**	**9**	**13**	**16**	**29**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A11
Demographics by Benefit Package
For the Plan Year Ending in 2012

All Tiers	**0 – 19**	0	0	0	27	25	52
	20 – 24	0	0	0	5	11	16
	25 – 29	3	6	9	0	1	1
	30 – 34	5	3	8	0	1	1
	35 – 39	3	6	9	0	0	0
	40 – 44	4	8	12	0	1	1
	45 – 49	3	11	14	0	2	2
	50 – 54	2	7	9	2	0	2
	55 – 59	4	13	17	2	0	2
	60 – 64	0	7	7	4	0	4
	65+	0	1	1	0	1	1
	Total	**24**	**62**	**86**	**40**	**42**	**82**

Benefit Package: Benefit Package 002

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	1	1	0	0	0
	25 – 29	0	4	4	0	0	0
	30 – 34	1	3	4	0	0	0
	35 – 39	0	2	2	0	0	0
	40 – 44	0	2	2	0	0	0
	45 – 49	1	7	8	0	0	0
	50 – 54	2	5	7	0	0	0
	55 – 59	0	4	4	0	0	0
	60 – 64	0	5	5	0	0	0
	65+	1	2	3	0	0	0
	Total	**5**	**35**	**40**	**0**	**0**	**0**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A11

Demographics by Benefit Package

For the Plan Year Ending in 2012

Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	2	2	1	0	1
	55 – 59	0	1	1	2	0	2
	60 – 64	0	2	2	0	0	0
	65+	0	0	0	1	0	1
	Total	**0**	**6**	**6**	**4**	**0**	**4**
Employee & Children	**0 – 19**	0	0	0	9	13	22
	20 – 24	0	0	0	5	1	6
	25 – 29	0	0	0	0	1	1
	30 – 34	0	0	0	0	0	0
	35 – 39	2	0	2	0	0	0
	40 – 44	0	3	3	0	0	0
	45 – 49	0	4	4	0	0	0
	50 – 54	1	2	3	0	0	0
	55 – 59	0	2	2	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**3**	**11**	**14**	**14**	**15**	**29**

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Exhibit A11

Demographics by Benefit Package

For the Plan Year Ending in 2012

Employee & Family	**0 – 19**	0	0	0	4	6	10
	20 – 24	0	0	0	5	1	6
	25 – 29	0	0	0	0	1	1
	30 – 34	1	0	1	0	1	1
	35 – 39	1	0	1	0	1	1
	40 – 44	0	0	0	0	0	0
	45 – 49	0	2	2	0	0	0
	50 – 54	0	3	3	3	0	3
	55 – 59	0	0	0	1	0	1
	60 – 64	0	2	2	2	0	2
	65+	0	0	0	0	0	0
	Total	**2**	**7**	**9**	**15**	**10**	**25**
All Tiers	**0 – 19**	0	0	0	13	19	32
	20 – 24	0	1	1	10	2	12
	25 – 29	0	4	4	0	2	2
	30 – 34	2	3	5	0	1	1
	35 – 39	3	3	6	0	1	1
	40 – 44	0	5	5	0	0	0
	45 – 49	1	13	14	0	0	0
	50 – 54	3	12	15	4	0	4
	55 – 59	0	7	7	3	0	3
	60 – 64	0	9	9	2	0	2
	65+	1	2	3	1	0	1
	Total	**10**	**59**	**69**	**33**	**25**	**58**

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K–12 School District Data Collection Project
Exhibit A11
Demographics by Benefit Package
For the Plan Year Ending in 2012

Benefit Package: Benefit Package 003

Tier	Age Band	Employees			Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	2	4	6	0	0	0
	30 – 34	2	6	8	0	0	0
	35 – 39	2	5	7	0	0	0
	40 – 44	2	3	5	0	0	0
	45 – 49	5	7	12	0	0	0
	50 – 54	3	6	9	0	0	0
	55 – 59	3	19	22	0	0	0
	60 – 64	6	26	32	0	0	0
	65+	6	4	10	0	0	0
	Total	**31**	**80**	**111**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	1	1
	35 – 39	0	0	0	0	0	0
	40 – 44	1	1	2	0	2	2
	45 – 49	1	1	2	0	1	1
	50 – 54	2	0	2	1	1	2
	55 – 59	0	5	5	2	0	2
	60 – 64	3	3	6	5	2	7
	65+	1	2	3	2	2	4
	Total	**8**	**12**	**20**	**10**	**9**	**19**

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Exhibit A11

Demographics by Benefit Package

For the Plan Year Ending in 2012

Employee & Children	**0 – 19**	0	0	0	28	18	46
	20 – 24	0	0	0	9	9	18
	25 – 29	0	0	0	5	2	7
	30 – 34	1	5	6	0	0	0
	35 – 39	1	2	3	0	0	0
	40 – 44	2	4	6	0	0	0
	45 – 49	0	7	7	0	0	0
	50 – 54	4	7	11	0	0	0
	55 – 59	2	4	6	0	0	0
	60 – 64	2	0	2	0	0	0
	65+	0	1	1	0	0	0
	Total	**12**	**30**	**42**	**42**	**29**	**71**
Employee & Family	**0 – 19**	0	0	0	14	8	22
	20 – 24	0	0	0	5	6	11
	25 – 29	0	0	0	1	1	2
	30 – 34	0	0	0	0	0	0
	35 – 39	1	2	3	1	1	2
	40 – 44	0	2	2	1	0	1
	45 – 49	0	0	0	1	2	3
	50 – 54	4	6	10	2	4	6
	55 – 59	1	1	2	2	1	3
	60 – 64	1	1	2	3	0	3
	65+	0	0	0	0	0	0
	Total	**7**	**12**	**19**	**30**	**23**	**53**

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Demographics by Benefit Package
For the Plan Year Ending in 2012

All Tiers	**0 – 19**	0	0	0	42	26	68
	20 – 24	0	0	0	14	15	29
	25 – 29	2	4	6	6	3	9
	30 – 34	3	11	14	0	1	1
	35 – 39	4	9	13	1	1	2
	40 – 44	5	10	15	1	2	3
	45 – 49	6	15	21	1	3	4
	50 – 54	13	19	32	3	5	8
	55 – 59	6	29	35	4	1	5
	60 – 64	12	30	42	8	2	10
	65+	7	7	14	2	2	4
	Total	**58**	**134**	**192**	**82**	**61**	**143**

Benefit Package: Benefit Package 007

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	1	1	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	1	0	1	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**2**	**3**	**0**	**0**	**0**

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Demographics by Benefit Package

For the Plan Year Ending in 2012

Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Children	**0 – 19**	0	0	0	1	0	1
	20 – 24	0	0	0	1	0	1
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**1**	**1**	**2**	**0**	**2**

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Demographics by Benefit Package

For the Plan Year Ending in 2012

Employee & Family	**0 – 19**	0	0	0	1	2	3
	20 – 24	0	0	0	2	1	3
	25 – 29	0	0	0	1	0	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	2	2	2	0	2
	55 – 59	0	1	1	0	0	0
	60 – 64	0	0	0	1	0	1
	65+	0	0	0	0	0	0
	Total	**0**	**3**	**3**	**7**	**3**	**10**
All Tiers	**0 – 19**	0	0	0	2	2	4
	20 – 24	0	0	0	3	1	4
	25 – 29	0	1	1	1	0	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	1	0	1	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	3	3	2	0	2
	55 – 59	0	1	1	0	0	0
	60 – 64	0	0	0	1	0	1
	65+	0	0	0	0	0	0
	Total	**1**	**6**	**7**	**9**	**3**	**12**

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Demographics by Benefit Package
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Benefit Package: Benefit Package 009

Tier	Age Band	Employees			Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	1	1	0	0	0
	25 – 29	0	1	1	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	2	3	5	0	0	0
	45 – 49	1	3	4	0	0	0
	50 – 54	1	5	6	0	0	0
	55 – 59	0	5	5	0	0	0
	60 – 64	1	0	1	0	0	0
	65+	1	1	2	0	0	0
	Total	**6**	**21**	**27**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	1	1
	30 – 34	0	0	0	0	0	0
	35 – 39	1	0	1	0	0	0
	40 – 44	0	0	0	1	0	1
	45 – 49	0	1	1	0	0	0
	50 – 54	0	1	1	0	1	1
	55 – 59	4	2	6	2	3	5
	60 – 64	2	2	4	1	2	3
	65+	0	1	1	3	0	3
	Total	**7**	**7**	**14**	**7**	**7**	**14**

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Employee & Children	**0 – 19**	0	0	0	2	1	3
	20 – 24	0	0	0	2	1	3
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	3	3	0	0	0
	60 – 64	1	0	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**4**	**5**	**4**	**2**	**6**
Employee & Family	**0 – 19**	0	0	0	1	8	9
	20 – 24	0	0	0	3	4	7
	25 – 29	0	1	1	2	1	3
	30 – 34	0	1	1	1	0	1
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	2	0	2	1	3	4
	50 – 54	2	1	3	1	2	3
	55 – 59	1	1	2	1	0	1
	60 – 64	0	0	0	1	0	1
	65+	0	1	1	0	0	0
	Total	**5**	**6**	**11**	**11**	**18**	**29**

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All Tiers	**0 – 19**	0	0	0	3	9	12
	20 – 24	0	1	1	5	5	10
	25 – 29	0	2	2	2	2	4
	30 – 34	0	2	2	1	0	1
	35 – 39	1	1	2	0	0	0
	40 – 44	2	4	6	1	0	1
	45 – 49	3	5	8	1	3	4
	50 – 54	3	7	10	1	3	4
	55 – 59	5	11	16	3	3	6
	60 – 64	4	2	6	2	2	4
	65+	1	3	4	3	0	3
	Total	**19**	**38**	**57**	**22**	**27**	**49**

Benefit Package: Benefit Package 010

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	1	0	1	0	0	0
	25 – 29	3	5	8	0	0	0
	30 – 34	4	7	11	0	0	0
	35 – 39	3	10	13	0	0	0
	40 – 44	3	9	12	0	0	0
	45 – 49	3	14	17	0	0	0
	50 – 54	6	22	28	0	0	0
	55 – 59	5	31	36	0	0	0
	60 – 64	5	30	35	0	0	0
	65+	2	4	6	0	0	0
	Total	**35**	**132**	**167**	**0**	**0**	**0**

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Demographics by Benefit Package

For the Plan Year Ending in 2012

Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	0	0	1	1	2
	50 – 54	3	0	3	2	3	5
	55 – 59	2	10	12	7	5	12
	60 – 64	7	15	22	12	4	16
	65+	1	0	1	4	0	4
	Total	**13**	**26**	**39**	**26**	**13**	**39**
Employee & Children	**0 – 19**	0	0	0	8	11	19
	20 – 24	0	0	0	8	9	17
	25 – 29	0	0	0	4	1	5
	30 – 34	0	1	1	0	0	0
	35 – 39	0	2	2	0	0	0
	40 – 44	1	1	2	0	0	0
	45 – 49	0	3	3	0	0	0
	50 – 54	3	4	7	0	0	0
	55 – 59	0	3	3	0	0	0
	60 – 64	0	2	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**4**	**16**	**20**	**20**	**21**	**41**

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Demographics by Benefit Package

For the Plan Year Ending in 2012

Employee & Family	**0 – 19**	0	0	0	23	20	43
	20 – 24	0	0	0	10	8	18
	25 – 29	0	0	0	1	1	2
	30 – 34	0	1	1	1	1	2
	35 – 39	2	2	4	0	2	2
	40 – 44	0	3	3	4	0	4
	45 – 49	3	2	5	3	3	6
	50 – 54	3	4	7	3	5	8
	55 – 59	3	4	7	2	2	4
	60 – 64	2	0	2	1	0	1
	65+	0	0	0	2	0	2
	Total	**13**	**16**	**29**	**50**	**42**	**92**
All Tiers	**0 – 19**	0	0	0	31	31	62
	20 – 24	1	0	1	18	17	35
	25 – 29	3	5	8	5	2	7
	30 – 34	4	9	13	1	1	2
	35 – 39	5	14	19	0	2	2
	40 – 44	4	14	18	4	0	4
	45 – 49	6	19	25	4	4	8
	50 – 54	15	30	45	5	8	13
	55 – 59	10	48	58	9	7	16
	60 – 64	14	47	61	13	4	17
	65+	3	4	7	6	0	6
	Total	**65**	**190**	**255**	**96**	**76**	**172**

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Benefit Package: Benefit Package 011

Tier	Age Band	Employees			Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	1	2	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	0	4	4	0	0	0
	40 – 44	1	2	3	0	0	0
	45 – 49	1	2	3	0	0	0
	50 – 54	1	1	2	0	0	0
	55 – 59	1	1	2	0	0	0
	60 – 64	1	1	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**6**	**13**	**19**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	0	1	0	1	1
	30 – 34	1	1	2	1	1	2
	35 – 39	1	1	2	0	1	1
	40 – 44	1	1	2	1	2	3
	45 – 49	0	3	3	1	0	1
	50 – 54	1	3	4	3	1	4
	55 – 59	0	3	3	4	0	4
	60 – 64	1	2	3	2	2	4
	65+	1	0	1	1	0	1
	Total	**7**	**14**	**21**	**13**	**8**	**21**

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Demographics by Benefit Package

For the Plan Year Ending in 2012

Employee & Children	**0 – 19**	0	0	0	9	8	17
	20 – 24	0	0	0	2	2	4
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	2	2	4	0	0	0
	40 – 44	1	3	4	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	2	2	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**3**	**7**	**10**	**11**	**10**	**21**
Employee & Family	**0 – 19**	0	0	0	38	22	60
	20 – 24	0	0	0	5	6	11
	25 – 29	0	1	1	2	4	6
	30 – 34	1	0	1	0	1	1
	35 – 39	4	2	6	0	2	2
	40 – 44	1	3	4	4	4	8
	45 – 49	5	2	7	2	4	6
	50 – 54	4	5	9	4	2	6
	55 – 59	1	3	4	5	1	6
	60 – 64	0	0	0	0	1	1
	65+	0	0	0	0	0	0
	Total	**16**	**16**	**32**	**60**	**47**	**107**

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All Tiers	**0 – 19**	0	0	0	47	30	77
	20 – 24	0	0	0	7	8	15
	25 – 29	2	2	4	2	5	7
	30 – 34	2	2	4	1	2	3
	35 – 39	7	9	16	0	3	3
	40 – 44	4	9	13	5	6	11
	45 – 49	6	7	13	3	4	7
	50 – 54	6	11	17	7	3	10
	55 – 59	2	7	9	9	1	10
	60 – 64	2	3	5	2	3	5
	65+	1	0	1	1	0	1
	Total	**32**	**50**	**82**	**84**	**65**	**149**

Benefit Package: Benefit Package 017

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	2	2	0	0	0
	20 – 24	12	42	54	0	0	0
	25 – 29	65	178	243	0	0	0
	30 – 34	48	155	203	0	0	0
	35 – 39	30	149	179	0	0	0
	40 – 44	31	151	182	0	0	0
	45 – 49	28	159	187	0	0	0
	50 – 54	35	187	222	0	0	0
	55 – 59	30	146	176	0	0	0
	60 – 64	34	96	130	0	0	0
	65+	11	18	29	0	0	0
	Total	**324**	**1,283**	**1,607**	**0**	**0**	**0**

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Demographics by Benefit Package

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Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	2	5	7	4	5	9
	25 – 29	30	43	73	33	34	67
	30 – 34	30	34	64	29	27	56
	35 – 39	13	21	34	22	21	43
	40 – 44	19	21	40	25	14	39
	45 – 49	12	24	36	22	13	35
	50 – 54	21	74	95	47	34	81
	55 – 59	43	132	175	114	38	152
	60 – 64	45	69	114	114	38	152
	65+	11	9	20	16	8	24
	Total	**226**	**432**	**658**	**426**	**232**	**658**
Employee & Children	**0 – 19**	0	0	0	1,007	985	1,992
	20 – 24	1	4	5	284	249	533
	25 – 29	10	38	48	27	36	63
	30 – 34	53	115	168	0	0	0
	35 – 39	68	157	225	0	0	0
	40 – 44	61	188	249	0	0	0
	45 – 49	50	216	266	0	0	0
	50 – 54	34	170	204	0	0	0
	55 – 59	22	79	101	0	0	0
	60 – 64	10	27	37	0	0	0
	65+	3	2	5	0	0	0
	Total	**312**	**996**	**1,308**	**1,318**	**1,270**	**2,588**

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Employee & Family	**0 – 19**	0	0	0	843	771	1,614
	20 – 24	3	1	4	206	210	416
	25 – 29	13	17	30	39	53	92
	30 – 34	62	55	117	42	79	121
	35 – 39	88	86	174	69	91	160
	40 – 44	97	121	218	95	88	183
	45 – 49	59	117	176	116	65	181
	50 – 54	53	118	171	126	38	164
	55 – 59	30	63	93	83	26	109
	60 – 64	10	12	22	36	6	42
	65+	5	0	5	7	1	8
	Total	**420**	**590**	**1,010**	**1,662**	**1,428**	**3,090**
All Tiers	**0 – 19**	0	2	2	1,850	1,756	3,606
	20 – 24	18	52	70	494	464	958
	25 – 29	118	276	394	99	123	222
	30 – 34	193	359	552	71	106	177
	35 – 39	199	413	612	91	112	203
	40 – 44	208	481	689	120	102	222
	45 – 49	149	516	665	138	78	216
	50 – 54	143	549	692	173	72	245
	55 – 59	125	420	545	197	64	261
	60 – 64	99	204	303	150	44	194
	65+	30	29	59	23	9	32
	Total	**1,282**	**3,301**	**4,583**	**3,406**	**2,930**	**6,336**

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Benefit Package: Benefit Package 018

Tier	Age Band	Employees			Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	3	17	20	0	0	0
	25 – 29	23	58	81	0	0	0
	30 – 34	22	54	76	0	0	0
	35 – 39	10	51	61	0	0	0
	40 – 44	18	70	88	0	0	0
	45 – 49	15	74	89	0	0	0
	50 – 54	12	89	101	0	0	0
	55 – 59	29	90	119	0	0	0
	60 – 64	21	72	93	0	0	0
	65+	9	18	27	0	0	0
	Total	**162**	**593**	**755**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	1	3	4	0	3	3
	25 – 29	13	19	32	21	18	39
	30 – 34	16	14	30	11	12	23
	35 – 39	11	9	20	13	7	20
	40 – 44	13	10	23	10	11	21
	45 – 49	7	23	30	11	16	27
	50 – 54	23	50	73	38	27	65
	55 – 59	31	88	119	81	33	114
	60 – 64	42	73	115	94	39	133
	65+	19	14	33	29	7	36
	Total	**176**	**303**	**479**	**308**	**173**	**481**

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Employee & Children	**0 – 19**	0	0	0	511	484	995
	20 – 24	0	0	0	137	150	287
	25 – 29	4	14	18	12	23	35
	30 – 34	22	54	76	0	0	0
	35 – 39	31	69	100	0	0	0
	40 – 44	37	117	154	0	0	0
	45 – 49	22	100	122	0	0	0
	50 – 54	27	76	103	0	0	0
	55 – 59	12	50	62	0	0	0
	60 – 64	3	10	13	0	0	0
	65+	1	0	1	0	0	0
	Total	**159**	**490**	**649**	**660**	**657**	**1,317**
Employee & Family	**0 – 19**	0	0	0	546	458	1,004
	20 – 24	1	0	1	166	162	328
	25 – 29	14	11	25	33	44	77
	30 – 34	37	26	63	21	36	57
	35 – 39	43	33	76	22	49	71
	40 – 44	44	64	108	60	44	104
	45 – 49	46	87	133	69	57	126
	50 – 54	45	97	142	93	32	125
	55 – 59	26	57	83	74	22	96
	60 – 64	11	11	22	37	2	39
	65+	1	0	1	4	0	4
	Total	**268**	**386**	**654**	**1,125**	**906**	**2,031**

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All Tiers	**0 – 19**	0	0	0	1,057	942	1,999
	20 – 24	5	20	25	303	315	618
	25 – 29	54	102	156	66	85	151
	30 – 34	97	148	245	32	48	80
	35 – 39	95	162	257	35	56	91
	40 – 44	112	261	373	70	55	125
	45 – 49	90	284	374	80	73	153
	50 – 54	107	312	419	131	59	190
	55 – 59	98	285	383	155	55	210
	60 – 64	77	166	243	131	41	172
	65+	30	32	62	33	7	40
	Total	**765**	**1,772**	**2,537**	**2,093**	**1,736**	**3,829**

Benefit Package: Benefit Package 019

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	4	17	21	0	0	0
	25 – 29	9	44	53	0	0	0
	30 – 34	5	42	47	0	0	0
	35 – 39	9	50	59	0	0	0
	40 – 44	9	50	59	0	0	0
	45 – 49	7	41	48	0	0	0
	50 – 54	8	52	60	0	0	0
	55 – 59	11	57	68	0	0	0
	60 – 64	17	29	46	0	0	0
	65+	6	7	13	0	0	0
	Total	**85**	**389**	**474**	**0**	**0**	**0**

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Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	1	1	2	1	2	3
	25 – 29	5	9	14	7	7	14
	30 – 34	6	9	15	10	7	17
	35 – 39	8	5	13	9	7	16
	40 – 44	7	8	15	6	4	10
	45 – 49	8	10	18	5	7	12
	50 – 54	5	17	22	14	9	23
	55 – 59	14	40	54	28	14	42
	60 – 64	15	16	31	31	13	44
	65+	5	4	9	10	3	13
	Total	**74**	**119**	**193**	**121**	**73**	**194**
Employee & Children	**0 – 19**	0	0	0	314	321	635
	20 – 24	0	1	1	78	74	152
	25 – 29	3	19	22	12	10	22
	30 – 34	12	33	45	0	0	0
	35 – 39	19	40	59	0	0	0
	40 – 44	21	69	90	0	0	0
	45 – 49	11	66	77	0	0	0
	50 – 54	15	42	57	0	0	0
	55 – 59	8	19	27	0	0	0
	60 – 64	0	8	8	0	0	0
	65+	0	1	1	0	0	0
	Total	**89**	**298**	**387**	**404**	**405**	**809**

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Employee & Family	**0 – 19**	0	0	0	214	201	415
	20 – 24	0	0	0	66	47	113
	25 – 29	3	2	5	5	13	18
	30 – 34	11	11	22	8	15	23
	35 – 39	11	16	27	10	18	28
	40 – 44	25	37	62	27	20	47
	45 – 49	20	35	55	31	19	50
	50 – 54	13	25	38	36	9	45
	55 – 59	9	20	29	21	10	31
	60 – 64	4	2	6	13	0	13
	65+	0	0	0	1	0	1
	Total	**96**	**148**	**244**	**432**	**352**	**784**
All Tiers	**0 – 19**	0	0	0	528	522	1,050
	20 – 24	5	19	24	145	123	268
	25 – 29	20	74	94	24	30	54
	30 – 34	34	95	129	18	22	40
	35 – 39	47	111	158	19	25	44
	40 – 44	62	164	226	33	24	57
	45 – 49	46	152	198	36	26	62
	50 – 54	41	136	177	50	18	68
	55 – 59	42	136	178	49	24	73
	60 – 64	36	55	91	44	13	57
	65+	11	12	23	11	3	14
	Total	**344**	**954**	**1,298**	**957**	**830**	**1,787**

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Benefit Package: Benefit Package 020

Tier	Age Band	Employees			Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	1	0	1	0	0	0
	25 – 29	2	2	4	0	0	0
	30 – 34	0	5	5	0	0	0
	35 – 39	1	6	7	0	0	0
	40 – 44	1	11	12	0	0	0
	45 – 49	2	17	19	0	0	0
	50 – 54	2	26	28	0	0	0
	55 – 59	6	17	23	0	0	0
	60 – 64	2	15	17	0	0	0
	65+	0	0	0	0	0	0
	Total	**17**	**99**	**116**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	1	1	1	0	1
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	1	1	2	1	1	2
	50 – 54	1	3	4	2	3	5
	55 – 59	3	1	4	2	0	2
	60 – 64	0	6	6	6	1	7
	65+	0	1	1	1	0	1
	Total	**5**	**13**	**18**	**13**	**5**	**18**

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Employee & Children	**0 – 19**	0	0	0	9	15	24
	20 – 24	0	0	0	8	6	14
	25 – 29	0	0	0	0	1	1
	30 – 34	0	1	1	0	0	0
	35 – 39	1	1	2	0	0	0
	40 – 44	2	3	5	0	0	0
	45 – 49	1	2	3	0	0	0
	50 – 54	0	6	6	0	0	0
	55 – 59	0	2	2	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**4**	**15**	**19**	**17**	**22**	**39**
Employee & Family	**0 – 19**	0	0	0	3	4	7
	20 – 24	0	0	0	2	2	4
	25 – 29	0	0	0	0	0	0
	30 – 34	1	0	1	0	1	1
	35 – 39	0	0	0	0	1	1
	40 – 44	0	0	0	0	0	0
	45 – 49	1	3	4	2	0	2
	50 – 54	0	1	1	3	0	3
	55 – 59	1	0	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**3**	**4**	**7**	**10**	**8**	**18**

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All Tiers	**0 – 19**	0	0	0	12	19	31
	20 – 24	1	0	1	10	8	18
	25 – 29	2	2	4	0	1	1
	30 – 34	1	7	8	1	1	2
	35 – 39	2	7	9	0	1	1
	40 – 44	3	14	17	0	0	0
	45 – 49	5	23	28	3	1	4
	50 – 54	3	36	39	5	3	8
	55 – 59	10	20	30	2	0	2
	60 – 64	2	21	23	6	1	7
	65+	0	1	1	1	0	1
	Total	**29**	**131**	**160**	**40**	**35**	**75**

Benefit Package: Benefit Package 022

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	7	7	0	0	0
	25 – 29	2	21	23	0	0	0
	30 – 34	3	16	19	0	0	0
	35 – 39	12	14	26	0	0	0
	40 – 44	7	24	31	0	0	0
	45 – 49	4	10	14	0	0	0
	50 – 54	5	17	22	0	0	0
	55 – 59	4	18	22	0	0	0
	60 – 64	3	21	24	0	0	0
	65+	0	6	6	0	0	0
	Total	**40**	**154**	**194**	**0**	**0**	**0**

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Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	1	0	1	0	0	0
	25 – 29	1	3	4	2	4	6
	30 – 34	5	2	7	3	5	8
	35 – 39	3	4	7	3	1	4
	40 – 44	2	5	7	2	3	5
	45 – 49	4	7	11	5	4	9
	50 – 54	1	5	6	11	1	12
	55 – 59	2	18	20	11	4	15
	60 – 64	1	15	16	13	0	13
	65+	0	3	3	10	0	10
	Total	**20**	**62**	**82**	**60**	**22**	**82**
Employee & Children	**0 – 19**	0	0	0	138	132	270
	20 – 24	0	0	0	23	25	48
	25 – 29	0	3	3	7	4	11
	30 – 34	7	26	33	0	1	1
	35 – 39	6	34	40	1	0	1
	40 – 44	9	27	36	0	0	0
	45 – 49	9	23	32	0	0	0
	50 – 54	2	15	17	0	0	0
	55 – 59	8	10	18	0	0	0
	60 – 64	0	6	6	0	0	0
	65+	0	0	0	0	0	0
	Total	**41**	**144**	**185**	**169**	**162**	**331**

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Employee & Family	**0 – 19**	0	0	0	66	66	132
	20 – 24	0	0	0	16	17	33
	25 – 29	0	0	0	16	3	19
	30 – 34	2	5	7	1	3	4
	35 – 39	4	10	14	9	11	20
	40 – 44	14	7	21	8	12	20
	45 – 49	7	10	17	6	4	10
	50 – 54	6	8	14	12	5	17
	55 – 59	3	3	6	5	4	9
	60 – 64	3	5	8	5	1	6
	65+	1	0	1	1	0	1
	Total	**40**	**48**	**88**	**145**	**126**	**271**
All Tiers	**0 – 19**	0	0	0	204	198	402
	20 – 24	1	7	8	39	42	81
	25 – 29	3	27	30	25	11	36
	30 – 34	17	49	66	4	9	13
	35 – 39	25	62	87	13	12	25
	40 – 44	32	63	95	10	15	25
	45 – 49	24	50	74	11	8	19
	50 – 54	14	45	59	23	6	29
	55 – 59	17	49	66	16	8	24
	60 – 64	7	47	54	18	1	19
	65+	1	9	10	11	0	11
	Total	**141**	**408**	**549**	**374**	**310**	**684**

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Benefit Package: Benefit Package 040

Tier	Age Band	Employees			Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	2	0	2	0	0	0
	30 – 34	1	2	3	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	2	2	4	0	0	0
	45 – 49	5	3	8	0	0	0
	50 – 54	4	12	16	0	0	0
	55 – 59	7	17	24	0	0	0
	60 – 64	5	28	33	0	0	0
	65+	4	11	15	0	0	0
	Total	**30**	**75**	**105**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	1	2	3	1	1	2
	55 – 59	2	6	8	6	1	7
	60 – 64	0	4	4	4	2	6
	65+	3	1	4	2	2	4
	Total	**6**	**13**	**19**	**13**	**6**	**19**

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Employee & Children	**0 – 19**	0	0	0	4	1	5
	20 – 24	0	0	0	2	2	4
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	2	2	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	2	2	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**4**	**4**	**6**	**3**	**9**
Employee & Family	**0 – 19**	0	0	0	2	1	3
	20 – 24	0	0	0	3	2	5
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	1	0	1	0	1	1
	50 – 54	1	2	3	1	1	2
	55 – 59	0	1	1	0	0	0
	60 – 64	0	0	0	2	0	2
	65+	0	0	0	0	0	0
	Total	**2**	**3**	**5**	**8**	**5**	**13**

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All Tiers	**0 – 19**	0	0	0	6	2	8
	20 – 24	0	0	0	5	4	9
	25 – 29	2	0	2	0	0	0
	30 – 34	1	2	3	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	2	2	4	0	0	0
	45 – 49	6	5	11	0	1	1
	50 – 54	6	16	22	2	2	4
	55 – 59	9	26	35	6	1	7
	60 – 64	5	32	37	6	2	8
	65+	7	12	19	2	2	4
	Total	**38**	**95**	**133**	**27**	**14**	**41**

Benefit Package: Benefit Package 041

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	1	1	0	0	0
	25 – 29	1	8	9	0	0	0
	30 – 34	3	11	14	0	0	0
	35 – 39	10	24	34	0	0	0
	40 – 44	11	25	36	0	0	0
	45 – 49	9	44	53	0	0	0
	50 – 54	13	58	71	0	0	0
	55 – 59	21	77	98	0	0	0
	60 – 64	13	66	79	0	0	0
	65+	3	9	12	0	0	0
	Total	**84**	**323**	**407**	**0**	**0**	**0**

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Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	0	0	0	2	0	2
	40 – 44	0	3	3	0	2	2
	45 – 49	2	2	4	1	1	2
	50 – 54	3	9	12	8	5	13
	55 – 59	6	23	29	20	8	28
	60 – 64	13	34	47	29	12	41
	65+	6	7	13	20	2	22
	Total	**30**	**79**	**109**	**80**	**30**	**110**
Employee & Children	**0 – 19**	0	0	0	56	73	129
	20 – 24	0	0	0	27	24	51
	25 – 29	0	1	1	0	3	3
	30 – 34	0	4	4	0	0	0
	35 – 39	1	9	10	0	0	0
	40 – 44	4	14	18	0	0	0
	45 – 49	3	13	16	0	0	0
	50 – 54	9	12	21	0	0	0
	55 – 59	4	8	12	0	0	0
	60 – 64	1	5	6	0	0	0
	65+	0	1	1	0	0	0
	Total	**22**	**67**	**89**	**83**	**100**	**183**

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Employee & Family	**0 – 19**	0	0	0	33	32	65
	20 – 24	0	0	0	29	28	57
	25 – 29	0	0	0	5	5	10
	30 – 34	0	0	0	0	0	0
	35 – 39	0	3	3	1	2	3
	40 – 44	1	3	4	3	2	5
	45 – 49	6	7	13	7	4	11
	50 – 54	10	14	24	9	13	22
	55 – 59	7	1	8	3	5	8
	60 – 64	5	5	10	8	3	11
	65+	1	0	1	2	1	3
	Total	**30**	**33**	**63**	**100**	**95**	**195**
All Tiers	**0 – 19**	0	0	0	89	105	194
	20 – 24	0	1	1	56	52	108
	25 – 29	1	9	10	5	8	13
	30 – 34	3	16	19	0	0	0
	35 – 39	11	36	47	3	2	5
	40 – 44	16	45	61	3	4	7
	45 – 49	20	66	86	8	5	13
	50 – 54	35	93	128	17	18	35
	55 – 59	38	109	147	23	13	36
	60 – 64	32	110	142	37	15	52
	65+	10	17	27	22	3	25
	Total	**166**	**502**	**668**	**263**	**225**	**488**

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Benefit Package: Benefit Package 043

Tier	Age Band	Employees			Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	2	1	3	0	0	0
	55 – 59	3	2	5	0	0	0
	60 – 64	3	4	7	0	0	0
	65+	0	4	4	0	0	0
	Total	**8**	**14**	**22**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Employee & Children	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	2	1	3	0	0	0
	55 – 59	3	2	5	0	0	0
	60 – 64	3	4	7	0	0	0
	65+	0	4	4	0	0	0
	Total	**8**	**14**	**22**	**0**	**0**	**0**

Benefit Package: Benefit Package 044

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	1	1	0	0	0
	25 – 29	1	10	11	0	0	0
	30 – 34	1	4	5	0	0	0
	35 – 39	2	9	11	0	0	0
	40 – 44	0	6	6	0	0	0
	45 – 49	3	8	11	0	0	0
	50 – 54	2	15	17	0	0	0
	55 – 59	2	14	16	0	0	0
	60 – 64	0	9	9	0	0	0
	65+	0	0	0	0	0	0
	Total	**11**	**76**	**87**	**0**	**0**	**0**

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Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	2	2	1	0	1
	45 – 49	0	0	0	1	0	1
	50 – 54	0	0	0	1	1	2
	55 – 59	3	6	9	3	3	6
	60 – 64	4	8	12	8	5	13
	65+	2	1	3	3	0	3
	Total	**9**	**17**	**26**	**17**	**9**	**26**
Employee & Children	**0 – 19**	0	0	0	16	8	24
	20 – 24	0	0	0	4	5	9
	25 – 29	0	0	0	1	1	2
	30 – 34	0	0	0	0	0	0
	35 – 39	1	0	1	0	0	0
	40 – 44	3	3	6	0	0	0
	45 – 49	1	1	2	0	0	0
	50 – 54	0	4	4	0	0	0
	55 – 59	2	1	3	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**7**	**10**	**17**	**21**	**14**	**35**

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Demographics by Benefit Package

For the Plan Year Ending in 2012

Employee & Family	**0 – 19**	0	0	0	6	7	13
	20 – 24	0	0	0	8	16	24
	25 – 29	0	0	0	1	3	4
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	1	0	1
	40 – 44	0	2	2	2	0	2
	45 – 49	0	2	2	0	2	2
	50 – 54	4	7	11	8	5	13
	55 – 59	2	3	5	3	0	3
	60 – 64	2	2	4	2	1	3
	65+	0	0	0	1	0	1
	Total	**8**	**17**	**25**	**32**	**34**	**66**
All Tiers	**0 – 19**	0	0	0	22	15	37
	20 – 24	0	1	1	12	21	33
	25 – 29	1	10	11	2	4	6
	30 – 34	1	4	5	0	0	0
	35 – 39	3	10	13	1	0	1
	40 – 44	3	13	16	3	0	3
	45 – 49	4	11	15	1	2	3
	50 – 54	6	26	32	9	6	15
	55 – 59	9	24	33	6	3	9
	60 – 64	6	20	26	10	6	16
	65+	2	1	3	4	0	4
	Total	**35**	**120**	**155**	**70**	**57**	**127**

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Demographics by Benefit Package
For the Plan Year Ending in 2012

Benefit Package: Benefit Package 045

Tier	Age Band	Employees			Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	2	2	0	0	0
	30 – 34	2	3	5	0	0	0
	35 – 39	1	1	2	0	0	0
	40 – 44	2	2	4	0	0	0
	45 – 49	1	6	7	0	0	0
	50 – 54	5	15	20	0	0	0
	55 – 59	4	22	26	0	0	0
	60 – 64	7	6	13	0	0	0
	65+	0	2	2	0	0	0
	Total	**22**	**59**	**81**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	2	5	7	1	1	2
	60 – 64	1	4	5	5	2	7
	65+	0	0	0	3	0	3
	Total	**3**	**9**	**12**	**9**	**3**	**12**

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Demographics by Benefit Package

For the Plan Year Ending in 2012

Employee & Children	**0 – 19**	0	0	0	12	8	20
	20 – 24	0	0	0	13	11	24
	25 – 29	0	0	0	2	2	4
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	4	4	0	0	0
	50 – 54	3	7	10	0	0	0
	55 – 59	0	4	4	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**3**	**18**	**21**	**27**	**21**	**48**
Employee & Family	**0 – 19**	0	0	0	2	2	4
	20 – 24	0	0	0	1	3	4
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	0	0	1	0	1
	45 – 49	0	0	0	0	1	1
	50 – 54	1	0	1	0	0	0
	55 – 59	0	1	1	1	0	1
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**2**	**3**	**5**	**6**	**11**

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All Tiers	**0 – 19**	0	0	0	14	10	24
	20 – 24	0	0	0	14	14	28
	25 – 29	0	2	2	2	2	4
	30 – 34	2	3	5	0	0	0
	35 – 39	1	3	4	0	0	0
	40 – 44	2	3	5	1	0	1
	45 – 49	1	10	11	0	1	1
	50 – 54	9	22	31	0	0	0
	55 – 59	6	32	38	2	1	3
	60 – 64	8	11	19	5	2	7
	65+	0	2	2	3	0	3
	Total	**29**	**88**	**117**	**41**	**30**	**71**

Benefit Package: Benefit Package 046

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	2	1	3	0	0	0
	30 – 34	1	1	2	0	0	0
	35 – 39	1	0	1	0	0	0
	40 – 44	1	4	5	0	0	0
	45 – 49	0	3	3	0	0	0
	50 – 54	1	12	13	0	0	0
	55 – 59	1	12	13	0	0	0
	60 – 64	0	7	7	0	0	0
	65+	1	2	3	0	0	0
	Total	**8**	**42**	**50**	**0**	**0**	**0**

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Demographics by Benefit Package

For the Plan Year Ending in 2012

Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	1	1	1	0	1
	50 – 54	0	0	0	1	0	1
	55 – 59	1	3	4	2	1	3
	60 – 64	1	3	4	1	1	2
	65+	0	0	0	2	0	2
	Total	**2**	**7**	**9**	**7**	**2**	**9**
Employee & Children	**0 – 19**	0	0	0	11	10	21
	20 – 24	0	0	0	11	6	17
	25 – 29	0	0	0	0	1	1
	30 – 34	0	0	0	0	0	0
	35 – 39	2	2	4	0	0	0
	40 – 44	1	1	2	0	0	0
	45 – 49	1	2	3	0	0	0
	50 – 54	2	5	7	0	0	0
	55 – 59	1	1	2	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**7**	**11**	**18**	**22**	**17**	**39**

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Demographics by Benefit Package

For the Plan Year Ending in 2012

Employee & Family	**0 – 19**	0	0	0	4	6	10
	20 – 24	0	0	0	3	4	7
	25 – 29	0	0	0	0	1	1
	30 – 34	0	0	0	0	0	0
	35 – 39	1	0	1	0	0	0
	40 – 44	1	0	1	1	1	2
	45 – 49	0	2	2	1	1	2
	50 – 54	0	1	1	1	2	3
	55 – 59	2	2	4	2	0	2
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**4**	**5**	**9**	**12**	**15**	**27**
All Tiers	**0 – 19**	0	0	0	15	16	31
	20 – 24	0	0	0	14	10	24
	25 – 29	2	1	3	0	2	2
	30 – 34	1	1	2	0	0	0
	35 – 39	4	2	6	0	0	0
	40 – 44	3	5	8	1	1	2
	45 – 49	1	8	9	2	1	3
	50 – 54	3	18	21	2	2	4
	55 – 59	5	18	23	4	1	5
	60 – 64	1	10	11	1	1	2
	65+	1	2	3	2	0	2
	Total	**21**	**65**	**86**	**41**	**34**	**75**

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Demographics by Benefit Package
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Benefit Package: Benefit Package 047

Tier	Age Band	Employees			Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	2	2	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	3	3	0	0	0
	45 – 49	1	0	1	0	0	0
	50 – 54	0	2	2	0	0	0
	55 – 59	1	1	2	0	0	0
	60 – 64	1	3	4	0	0	0
	65+	0	0	0	0	0	0
	Total	**3**	**12**	**15**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	1	1	1	0	1
	65+	0	0	0	0	0	0
	Total	**0**	**1**	**1**	**1**	**0**	**1**

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Demographics by Benefit Package

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Employee & Children	**0 – 19**	0	0	0	3	7	10
	20 – 24	0	0	0	1	3	4
	25 – 29	0	0	0	0	1	1
	30 – 34	1	0	1	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	2	2	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	1	0	1	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**4**	**6**	**4**	**11**	**15**
Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	2	2
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	1	0	1
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**1**	**1**	**1**	**2**	**3**

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All Tiers	**0 – 19**	0	0	0	3	7	10
	20 – 24	0	0	0	1	3	4
	25 – 29	0	2	2	0	3	3
	30 – 34	1	0	1	0	0	0
	35 – 39	0	2	2	0	0	0
	40 – 44	0	5	5	0	0	0
	45 – 49	1	1	2	0	0	0
	50 – 54	1	2	3	0	0	0
	55 – 59	1	2	3	1	0	1
	60 – 64	1	4	5	1	0	1
	65+	0	0	0	0	0	0
	Total	**5**	**18**	**23**	**6**	**13**	**19**

Benefit Package: Benefit Package 048

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	1	0	1	0	0	0
	25 – 29	1	1	2	0	0	0
	30 – 34	1	1	2	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	2	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**3**	**7**	**10**	**0**	**0**	**0**

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Demographics by Benefit Package

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Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	1	0	1
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**1**	**1**	**1**	**0**	**1**
Employee & Children	**0 – 19**	0	0	0	5	7	12
	20 – 24	0	0	0	2	0	2
	25 – 29	0	1	1	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	2	2	0	0	0
	40 – 44	1	1	2	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	1	0	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**6**	**8**	**7**	**7**	**14**

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Demographics by Benefit Package

For the Plan Year Ending in 2012

Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
All Tiers	**0 – 19**	0	0	0	5	7	12
	20 – 24	1	0	1	2	0	2
	25 – 29	1	2	3	0	0	0
	30 – 34	1	1	2	0	0	0
	35 – 39	0	3	3	0	0	0
	40 – 44	1	1	2	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	3	3	1	0	1
	55 – 59	1	1	2	0	0	0
	60 – 64	0	2	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**5**	**14**	**19**	**8**	**7**	**15**

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Benefit Package: Benefit Package 049

Tier	Age Band	Employees			Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	1	1	2	0	0	0
	50 – 54	1	1	2	0	0	0
	55 – 59	3	10	13	0	0	0
	60 – 64	3	5	8	0	0	0
	65+	0	6	6	0	0	0
	Total	**8**	**24**	**32**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	1	1	2	0	2	2
	60 – 64	1	2	3	0	0	0
	65+	0	1	1	1	0	1
	Total	**2**	**4**	**6**	**1**	**2**	**3**

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Demographics by Benefit Package

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Employee & Children	**0 – 19**	0	0	0	5	1	6
	20 – 24	0	0	0	2	5	7
	25 – 29	0	1	1	1	2	3
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	1	1	2	0	0	0
	50 – 54	0	2	2	0	0	0
	55 – 59	1	2	3	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**7**	**9**	**8**	**8**	**16**
Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	1	1
	25 – 29	0	0	0	0	1	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	1	1	1	0	1
	65+	0	0	0	0	0	0
	Total	**0**	**1**	**1**	**1**	**2**	**3**

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All Tiers	**0 – 19**	0	0	0	5	1	6
	20 – 24	0	0	0	2	6	8
	25 – 29	0	1	1	1	3	4
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	2	2	4	0	0	0
	50 – 54	1	3	4	0	0	0
	55 – 59	5	13	18	0	2	2
	60 – 64	4	9	13	1	0	1
	65+	0	7	7	1	0	1
	Total	**12**	**36**	**48**	**10**	**12**	**22**

Benefit Package: Benefit Package 050

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	1	2	0	0	0
	30 – 34	1	1	2	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	3	3	0	0	0
	55 – 59	1	2	3	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	1	2	3	0	0	0
	Total	**4**	**12**	**16**	**0**	**0**	**0**

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Demographics by Benefit Package

For the Plan Year Ending in 2012

Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	2	2	0	0	0
	55 – 59	0	0	0	1	0	1
	60 – 64	0	0	0	1	0	1
	65+	0	0	0	0	0	0
	Total	**0**	**2**	**2**	**2**	**0**	**2**
Employee & Children	**0 – 19**	0	0	0	13	17	30
	20 – 24	0	0	0	6	5	11
	25 – 29	0	1	1	0	2	2
	30 – 34	0	0	0	0	0	0
	35 – 39	1	0	1	0	0	0
	40 – 44	0	2	2	0	0	0
	45 – 49	3	7	10	0	0	0
	50 – 54	0	5	5	0	0	0
	55 – 59	1	3	4	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	1	1	0	0	0
	Total	**5**	**19**	**24**	**19**	**24**	**43**

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Employee & Family	**0 – 19**	0	0	0	15	16	31
	20 – 24	0	0	0	3	4	7
	25 – 29	0	0	0	3	0	3
	30 – 34	0	0	0	0	0	0
	35 – 39	2	0	2	0	0	0
	40 – 44	2	2	4	2	3	5
	45 – 49	3	4	7	2	1	3
	50 – 54	0	2	2	4	1	5
	55 – 59	0	4	4	2	0	2
	60 – 64	0	2	2	3	0	3
	65+	0	0	0	1	0	1
	Total	**7**	**14**	**21**	**35**	**25**	**60**
All Tiers	**0 – 19**	0	0	0	28	33	61
	20 – 24	0	0	0	9	9	18
	25 – 29	1	2	3	3	2	5
	30 – 34	1	1	2	0	0	0
	35 – 39	3	1	4	0	0	0
	40 – 44	2	4	6	2	3	5
	45 – 49	6	12	18	2	1	3
	50 – 54	0	12	12	4	1	5
	55 – 59	2	9	11	3	0	3
	60 – 64	0	3	3	4	0	4
	65+	1	3	4	1	0	1
	Total	**16**	**47**	**63**	**56**	**49**	**105**

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Demographics by Benefit Package

For the Plan Year Ending in 2012

Benefit Package: Benefit Package 051

Tier	Age Band	Employees			Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	1	2	3	0	0	0
	55 – 59	1	2	3	0	0	0
	60 – 64	1	1	2	0	0	0
	65+	1	0	1	0	0	0
	Total	**4**	**5**	**9**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	1	1	1	0	1
	65+	0	0	0	0	0	0
	Total	**0**	**1**	**1**	**1**	**0**	**1**

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Employee & Children	**0 – 19**	0	0	0	2	0	2
	20 – 24	0	0	0	1	0	1
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**2**	**2**	**3**	**0**	**3**
Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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All Tiers	**0 – 19**	0	0	0	2	0	2
	20 – 24	0	0	0	1	0	1
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	1	3	4	0	0	0
	55 – 59	1	2	3	0	0	0
	60 – 64	1	2	3	1	0	1
	65+	1	0	1	0	0	0
	Total	**4**	**8**	**12**	**4**	**0**	**4**

Benefit Package: Benefit Package 052

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Children	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	1	1
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**2**	**2**	**0**	**1**	**1**

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Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	1	1
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**2**	**2**	**0**	**1**	**1**

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Demographics by Benefit Package

For the Plan Year Ending in 2012

Benefit Package: Benefit Package 053

Tier	Age Band	Employees			Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	1	2	3	0	0	0
	45 – 49	1	0	1	0	0	0
	50 – 54	0	4	4	0	0	0
	55 – 59	0	7	7	0	0	0
	60 – 64	0	3	3	0	0	0
	65+	1	1	2	0	0	0
	Total	**3**	**18**	**21**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Employee & Children	**0 – 19**	0	0	0	3	2	5
	20 – 24	0	0	0	1	3	4
	25 – 29	0	0	0	1	1	2
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	1	1	2	0	0	0
	45 – 49	0	2	2	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	2	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**6**	**7**	**5**	**6**	**11**
Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	1	0	1
	25 – 29	0	0	0	0	1	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	1	0	1
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**1**	**1**	**2**	**1**	**3**

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All Tiers	**0 – 19**	0	0	0	3	2	5
	20 – 24	0	0	0	2	3	5
	25 – 29	0	0	0	1	2	3
	30 – 34	0	1	1	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	2	3	5	0	0	0
	45 – 49	1	2	3	0	0	0
	50 – 54	0	4	4	0	0	0
	55 – 59	0	9	9	1	0	1
	60 – 64	0	5	5	0	0	0
	65+	1	1	2	0	0	0
	Total	**4**	**25**	**29**	**7**	**7**	**14**

Benefit Package: Benefit Package 054

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	2	2	0	0	0
	Total	**0**	**4**	**4**	**0**	**0**	**0**

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Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Children	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	2	2	0	0	0
	Total	**0**	**4**	**4**	**0**	**0**	**0**

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Benefit Package: Benefit Package 055

Tier	Age Band	Employees			Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	6	7	0	0	0
	30 – 34	1	3	4	0	0	0
	35 – 39	4	6	10	0	0	0
	40 – 44	0	6	6	0	0	0
	45 – 49	1	5	6	0	0	0
	50 – 54	1	11	12	0	0	0
	55 – 59	1	14	15	0	0	0
	60 – 64	2	11	13	0	0	0
	65+	0	5	5	0	0	0
	Total	**11**	**67**	**78**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	1	1	2	0	0	0
	65+	0	0	0	1	1	2
	Total	**1**	**1**	**2**	**1**	**1**	**2**

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Employee & Children	**0 – 19**	0	0	0	43	42	85
	20 – 24	0	0	0	25	14	39
	25 – 29	0	1	1	10	3	13
	30 – 34	1	2	3	1	0	1
	35 – 39	1	7	8	0	0	0
	40 – 44	0	9	9	0	0	0
	45 – 49	2	13	15	0	0	0
	50 – 54	2	18	20	0	0	0
	55 – 59	1	5	6	0	0	0
	60 – 64	0	4	4	0	0	0
	65+	0	0	0	0	0	0
	Total	**7**	**59**	**66**	**79**	**59**	**138**
Employee & Family	**0 – 19**	0	0	0	7	10	17
	20 – 24	0	0	0	2	3	5
	25 – 29	0	0	0	0	1	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	2	2	1	0	1
	40 – 44	3	3	6	3	2	5
	45 – 49	0	0	0	1	0	1
	50 – 54	0	1	1	1	0	1
	55 – 59	0	1	1	1	1	2
	60 – 64	1	0	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**4**	**7**	**11**	**16**	**17**	**33**

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All Tiers	**0 – 19**	0	0	0	50	52	102
	20 – 24	0	0	0	27	17	44
	25 – 29	1	7	8	10	4	14
	30 – 34	2	5	7	1	0	1
	35 – 39	5	15	20	1	0	1
	40 – 44	3	18	21	3	2	5
	45 – 49	3	18	21	1	0	1
	50 – 54	3	30	33	1	0	1
	55 – 59	2	20	22	1	1	2
	60 – 64	4	16	20	0	0	0
	65+	0	5	5	1	1	2
	Total	**23**	**134**	**157**	**96**	**77**	**173**

Benefit Package: Benefit Package 056

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	1	1	2	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	1	1	2	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	1	0	1	0	0	0
	Total	**3**	**4**	**7**	**0**	**0**	**0**

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Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	1	0	1	0	0	0
	55 – 59	1	0	1	0	1	1
	60 – 64	0	1	1	1	1	2
	65+	0	0	0	0	0	0
	Total	**2**	**1**	**3**	**1**	**2**	**3**
Employee & Children	**0 – 19**	0	0	0	5	10	15
	20 – 24	0	0	0	4	2	6
	25 – 29	0	0	0	2	0	2
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	1	2	3	0	0	0
	45 – 49	1	2	3	0	0	0
	50 – 54	2	3	5	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**4**	**8**	**12**	**11**	**12**	**23**

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Employee & Family	**0 – 19**	0	0	0	1	0	1
	20 – 24	0	0	0	3	0	3
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	1	0	1	0	1	1
	50 – 54	0	2	2	0	0	0
	55 – 59	0	0	0	1	0	1
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**2**	**3**	**5**	**1**	**6**
All Tiers	**0 – 19**	0	0	0	6	10	16
	20 – 24	0	0	0	7	2	9
	25 – 29	0	0	0	2	0	2
	30 – 34	1	1	2	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	1	2	3	0	0	0
	45 – 49	2	3	5	0	1	1
	50 – 54	3	6	9	0	0	0
	55 – 59	2	2	4	1	1	2
	60 – 64	0	1	1	1	1	2
	65+	1	0	1	0	0	0
	Total	**10**	**15**	**25**	**17**	**15**	**32**

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Benefit Package: Benefit Package 057

Tier	Age Band	Employees			Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	1	1	0	0	0
	25 – 29	0	2	2	0	0	0
	30 – 34	0	6	6	0	0	0
	35 – 39	2	4	6	0	0	0
	40 – 44	1	6	7	0	0	0
	45 – 49	1	6	7	0	0	0
	50 – 54	0	4	4	0	0	0
	55 – 59	1	7	8	0	0	0
	60 – 64	3	6	9	0	0	0
	65+	0	4	4	0	0	0
	Total	**8**	**46**	**54**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	4	4	0	1	1
	30 – 34	2	1	3	4	1	5
	35 – 39	2	1	3	2	2	4
	40 – 44	1	2	3	1	1	2
	45 – 49	0	0	0	1	0	1
	50 – 54	1	4	5	3	1	4
	55 – 59	1	9	10	5	0	5
	60 – 64	3	5	8	5	3	8
	65+	0	1	1	6	1	7
	Total	**10**	**27**	**37**	**27**	**10**	**37**

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Employee & Children	**0 – 19**	0	0	0	41	42	83
	20 – 24	0	0	0	7	11	18
	25 – 29	0	1	1	3	1	4
	30 – 34	5	8	13	0	0	0
	35 – 39	3	11	14	0	0	0
	40 – 44	4	8	12	0	0	0
	45 – 49	0	6	6	0	0	0
	50 – 54	1	5	6	0	0	0
	55 – 59	1	2	3	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**14**	**41**	**55**	**51**	**54**	**105**
Employee & Family	**0 – 19**	0	0	0	40	37	77
	20 – 24	0	0	0	14	12	26
	25 – 29	0	1	1	0	3	3
	30 – 34	3	3	6	1	3	4
	35 – 39	2	7	9	6	3	9
	40 – 44	5	8	13	7	4	11
	45 – 49	2	9	11	9	1	10
	50 – 54	1	5	6	7	1	8
	55 – 59	0	9	9	4	0	4
	60 – 64	0	2	2	7	0	7
	65+	0	0	0	1	0	1
	Total	**13**	**44**	**57**	**96**	**64**	**160**

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All Tiers	**0 – 19**	0	0	0	81	79	160
	20 – 24	0	1	1	21	23	44
	25 – 29	0	8	8	3	5	8
	30 – 34	10	18	28	5	4	9
	35 – 39	9	23	32	8	5	13
	40 – 44	11	24	35	8	5	13
	45 – 49	3	21	24	10	1	11
	50 – 54	3	18	21	10	2	12
	55 – 59	3	27	30	9	0	9
	60 – 64	6	13	19	12	3	15
	65+	0	5	5	7	1	8
	Total	**45**	**158**	**203**	**174**	**128**	**302**

Benefit Package: Benefit Package 058

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	1	0	1	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	1	1	2	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**4**	**6**	**0**	**0**	**0**

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Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	2	2	0	0	0
	40 – 44	1	0	1	1	1	2
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	2	2
	55 – 59	4	2	6	2	0	2
	60 – 64	1	3	4	2	1	3
	65+	0	0	0	1	0	1
	Total	**6**	**8**	**14**	**6**	**4**	**10**
Employee & Children	**0 – 19**	0	0	0	1	1	2
	20 – 24	0	0	0	0	2	2
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	1	1	2	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	1	0	1	0	0	0
	50 – 54	1	0	1	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**3**	**1**	**4**	**1**	**3**	**4**

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Employee & Family	**0 – 19**	0	0	0	7	4	11
	20 – 24	0	0	0	7	3	10
	25 – 29	0	0	0	3	2	5
	30 – 34	0	0	0	0	1	1
	35 – 39	1	0	1	0	1	1
	40 – 44	1	2	3	0	0	0
	45 – 49	0	4	4	2	1	3
	50 – 54	0	5	5	3	0	3
	55 – 59	0	1	1	4	0	4
	60 – 64	1	0	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**3**	**12**	**15**	**26**	**12**	**38**
All Tiers	**0 – 19**	0	0	0	8	5	13
	20 – 24	0	0	0	7	5	12
	25 – 29	0	0	0	3	2	5
	30 – 34	0	1	1	0	1	1
	35 – 39	3	3	6	0	1	1
	40 – 44	2	3	5	1	1	2
	45 – 49	1	4	5	2	1	3
	50 – 54	1	7	8	3	2	5
	55 – 59	5	4	9	6	0	6
	60 – 64	2	3	5	2	1	3
	65+	0	0	0	1	0	1
	Total	**14**	**25**	**39**	**33**	**19**	**52**

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Benefit Package: Benefit Package 059

Tier	Age Band	Employees			Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	2	2	0	0	0
	30 – 34	1	6	7	0	0	0
	35 – 39	2	7	9	0	0	0
	40 – 44	1	3	4	0	0	0
	45 – 49	2	6	8	0	0	0
	50 – 54	2	12	14	0	0	0
	55 – 59	6	15	21	0	0	0
	60 – 64	4	17	21	0	0	0
	65+	2	3	5	0	0	0
	Total	**20**	**71**	**91**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	1	1
	55 – 59	1	1	2	1	0	1
	60 – 64	1	2	3	2	0	2
	65+	0	2	2	2	0	2
	Total	**2**	**6**	**8**	**5**	**1**	**6**

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Employee & Children	**0 – 19**	0	0	0	8	9	17
	20 – 24	0	0	0	9	7	16
	25 – 29	0	0	0	3	3	6
	30 – 34	0	1	1	0	0	0
	35 – 39	0	2	2	0	0	0
	40 – 44	1	0	1	0	0	0
	45 – 49	0	2	2	0	0	0
	50 – 54	2	4	6	0	0	0
	55 – 59	1	4	5	0	0	0
	60 – 64	3	3	6	0	0	0
	65+	0	0	0	0	0	0
	Total	**7**	**16**	**23**	**20**	**19**	**39**
Employee & Family	**0 – 19**	0	0	0	2	0	2
	20 – 24	0	0	0	3	0	3
	25 – 29	0	0	0	1	1	2
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	1	1	2	0	2	2
	55 – 59	0	0	0	1	0	1
	60 – 64	1	1	2	1	0	1
	65+	0	0	0	0	0	0
	Total	**2**	**2**	**4**	**8**	**3**	**11**

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All Tiers	**0 – 19**	0	0	0	10	9	19
	20 – 24	0	0	0	12	7	19
	25 – 29	0	2	2	4	4	8
	30 – 34	1	7	8	0	0	0
	35 – 39	2	9	11	0	0	0
	40 – 44	2	3	5	0	0	0
	45 – 49	2	8	10	0	0	0
	50 – 54	5	18	23	0	3	3
	55 – 59	8	20	28	2	0	2
	60 – 64	9	23	32	3	0	3
	65+	2	5	7	2	0	2
	Total	**31**	**95**	**126**	**33**	**23**	**56**

Benefit Package: Benefit Package 060

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	3	4	0	0	0
	30 – 34	0	2	2	0	0	0
	35 – 39	0	2	2	0	0	0
	40 – 44	0	2	2	0	0	0
	45 – 49	2	1	3	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	7	7	0	0	0
	60 – 64	0	2	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**3**	**19**	**22**	**0**	**0**	**0**

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Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	2	1	3
	45 – 49	0	2	2	0	0	0
	50 – 54	2	1	3	0	1	1
	55 – 59	3	1	4	1	2	3
	60 – 64	0	3	3	2	0	2
	65+	1	0	1	1	1	2
	Total	**6**	**7**	**13**	**6**	**5**	**11**
Employee & Children	**0 – 19**	0	0	0	16	13	29
	20 – 24	0	0	0	3	5	8
	25 – 29	0	1	1	2	3	5
	30 – 34	0	2	2	0	0	0
	35 – 39	1	3	4	0	0	0
	40 – 44	3	3	6	0	0	0
	45 – 49	3	3	6	0	0	0
	50 – 54	1	1	2	0	0	0
	55 – 59	0	4	4	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**8**	**18**	**26**	**21**	**21**	**42**

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Employee & Family	**0 – 19**	0	0	0	3	2	5
	20 – 24	0	0	0	0	3	3
	25 – 29	0	0	0	0	2	2
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	2	0	2	0	1	1
	45 – 49	0	1	1	1	0	1
	50 – 54	0	2	2	1	0	1
	55 – 59	0	1	1	1	0	1
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**4**	**6**	**6**	**8**	**14**
All Tiers	**0 – 19**	0	0	0	19	15	34
	20 – 24	0	0	0	3	8	11
	25 – 29	1	4	5	2	5	7
	30 – 34	0	4	4	0	0	0
	35 – 39	1	5	6	0	0	0
	40 – 44	5	5	10	2	2	4
	45 – 49	5	7	12	1	0	1
	50 – 54	3	4	7	1	1	2
	55 – 59	3	13	16	2	2	4
	60 – 64	0	6	6	2	0	2
	65+	1	0	1	1	1	2
	Total	**19**	**48**	**67**	**33**	**34**	**67**

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Benefit Package: Benefit Package 061

Tier	Age Band	Employees			Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	2	3	0	0	0
	30 – 34	0	3	3	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	2	2	0	0	0
	55 – 59	0	4	4	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**13**	**14**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	1	1
	40 – 44	1	0	1	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	1	0	1
	55 – 59	0	0	0	1	0	1
	60 – 64	1	2	3	1	1	2
	65+	0	1	1	0	0	0
	Total	**2**	**3**	**5**	**3**	**2**	**5**

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Employee & Children	**0 – 19**	0	0	0	11	8	19
	20 – 24	0	0	0	3	2	5
	25 – 29	0	0	0	1	1	2
	30 – 34	0	1	1	0	0	0
	35 – 39	0	2	2	0	0	0
	40 – 44	2	1	3	0	0	0
	45 – 49	1	1	2	0	0	0
	50 – 54	1	4	5	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	2	0	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**6**	**10**	**16**	**15**	**11**	**26**
Employee & Family	**0 – 19**	0	0	0	6	5	11
	20 – 24	0	0	0	2	4	6
	25 – 29	0	0	0	0	2	2
	30 – 34	0	0	0	0	1	1
	35 – 39	2	1	3	0	0	0
	40 – 44	1	1	2	1	0	1
	45 – 49	0	1	1	1	1	2
	50 – 54	0	2	2	1	0	1
	55 – 59	2	1	3	0	2	2
	60 – 64	0	1	1	2	0	2
	65+	0	0	0	0	0	0
	Total	**5**	**7**	**12**	**13**	**15**	**28**

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All Tiers	**0 – 19**	0	0	0	17	13	30
	20 – 24	0	0	0	5	6	11
	25 – 29	1	2	3	1	3	4
	30 – 34	0	4	4	0	1	1
	35 – 39	2	3	5	0	1	1
	40 – 44	4	3	7	1	0	1
	45 – 49	1	3	4	1	1	2
	50 – 54	1	8	9	2	0	2
	55 – 59	2	6	8	1	2	3
	60 – 64	3	3	6	3	1	4
	65+	0	1	1	0	0	0
	Total	**14**	**33**	**47**	**31**	**28**	**59**

Benefit Package: Benefit Package 062

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	2	2	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	1	0	1	0	0	0
	Total	**1**	**2**	**3**	**0**	**0**	**0**

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Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	1	0	1
	60 – 64	0	2	2	2	0	2
	65+	1	0	1	0	1	1
	Total	**1**	**3**	**4**	**3**	**1**	**4**
Employee & Children	**0 – 19**	0	0	0	2	0	2
	20 – 24	0	0	0	1	1	2
	25 – 29	0	0	0	0	1	1
	30 – 34	0	0	0	0	0	0
	35 – 39	1	0	1	0	0	0
	40 – 44	1	0	1	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**2**	**4**	**3**	**2**	**5**

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Employee & Family	**0 – 19**	0	0	0	2	2	4
	20 – 24	0	0	0	3	3	6
	25 – 29	0	0	0	0	1	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	1	1
	40 – 44	0	0	0	0	1	1
	45 – 49	0	0	0	0	0	0
	50 – 54	1	1	2	1	0	1
	55 – 59	0	2	2	1	0	1
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	2	0	2
	Total	**1**	**4**	**5**	**9**	**8**	**17**
All Tiers	**0 – 19**	0	0	0	4	2	6
	20 – 24	0	0	0	4	4	8
	25 – 29	0	0	0	0	2	2
	30 – 34	0	0	0	0	0	0
	35 – 39	1	0	1	0	1	1
	40 – 44	1	0	1	0	1	1
	45 – 49	0	0	0	0	0	0
	50 – 54	1	2	3	1	0	1
	55 – 59	0	5	5	2	0	2
	60 – 64	0	4	4	2	0	2
	65+	2	0	2	2	1	3
	Total	**5**	**11**	**16**	**15**	**11**	**26**

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Benefit Package: Benefit Package 063

Tier	Age Band	Employees			Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	1	1	2	0	0	0
	25 – 29	5	14	19	0	0	0
	30 – 34	12	23	35	0	0	0
	35 – 39	4	17	21	0	0	0
	40 – 44	5	22	27	0	0	0
	45 – 49	7	18	25	0	0	0
	50 – 54	10	20	30	0	0	0
	55 – 59	7	32	39	0	0	0
	60 – 64	9	22	31	0	0	0
	65+	9	13	22	0	0	0
	Total	**69**	**182**	**251**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	1	1
	25 – 29	1	1	2	0	1	1
	30 – 34	1	3	4	1	1	2
	35 – 39	0	4	4	3	2	5
	40 – 44	3	6	9	6	2	8
	45 – 49	4	1	5	5	3	8
	50 – 54	6	4	10	1	4	5
	55 – 59	4	5	9	7	9	16
	60 – 64	8	17	25	13	8	21
	65+	4	3	7	5	1	6
	Total	**31**	**44**	**75**	**41**	**32**	**73**

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Employee & Children	**0 – 19**	0	0	0	138	140	278
	20 – 24	0	0	0	64	51	115
	25 – 29	0	3	3	19	24	43
	30 – 34	2	11	13	0	0	0
	35 – 39	8	17	25	0	0	0
	40 – 44	20	28	48	0	0	0
	45 – 49	20	26	46	0	0	0
	50 – 54	10	32	42	0	0	0
	55 – 59	12	36	48	0	0	0
	60 – 64	3	19	22	0	0	0
	65+	5	2	7	0	0	0
	Total	**80**	**174**	**254**	**221**	**215**	**436**
Employee & Family	**0 – 19**	0	0	0	57	68	125
	20 – 24	0	0	0	17	25	42
	25 – 29	0	0	0	1	3	4
	30 – 34	3	1	4	2	5	7
	35 – 39	5	8	13	6	8	14
	40 – 44	14	6	20	6	10	16
	45 – 49	4	10	14	8	4	12
	50 – 54	7	7	14	8	11	19
	55 – 59	9	11	20	5	6	11
	60 – 64	1	6	7	9	1	10
	65+	2	1	3	2	0	2
	Total	**45**	**50**	**95**	**121**	**141**	**262**

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All Tiers	**0 – 19**	0	0	0	195	208	403
	20 – 24	1	1	2	81	77	158
	25 – 29	6	18	24	20	28	48
	30 – 34	18	38	56	3	6	9
	35 – 39	17	46	63	9	10	19
	40 – 44	42	62	104	12	12	24
	45 – 49	35	55	90	13	7	20
	50 – 54	33	63	96	9	15	24
	55 – 59	32	84	116	12	15	27
	60 – 64	21	64	85	22	9	31
	65+	20	19	39	7	1	8
	Total	**225**	**450**	**675**	**383**	**388**	**771**

Benefit Package: Benefit Package 064

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	4	4	0	0	0
	30 – 34	3	14	17	0	0	0
	35 – 39	0	5	5	0	0	0
	40 – 44	2	3	5	0	0	0
	45 – 49	4	5	9	0	0	0
	50 – 54	2	3	5	0	0	0
	55 – 59	4	4	8	0	0	0
	60 – 64	3	6	9	0	0	0
	65+	1	2	3	0	0	0
	Total	**19**	**46**	**65**	**0**	**0**	**0**

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Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	1	1	1	0	1
	30 – 34	0	0	0	0	0	0
	35 – 39	1	0	1	1	0	1
	40 – 44	1	1	2	0	1	1
	45 – 49	1	0	1	1	1	2
	50 – 54	1	1	2	0	3	3
	55 – 59	4	1	5	0	3	3
	60 – 64	2	2	4	2	3	5
	65+	1	2	3	2	1	3
	Total	**11**	**8**	**19**	**7**	**12**	**19**
Employee & Children	**0 – 19**	0	0	0	55	50	105
	20 – 24	0	0	0	9	14	23
	25 – 29	0	0	0	1	3	4
	30 – 34	1	4	5	0	0	0
	35 – 39	4	5	9	0	0	0
	40 – 44	3	6	9	0	0	0
	45 – 49	6	17	23	0	0	0
	50 – 54	3	10	13	0	0	0
	55 – 59	6	5	11	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	2	2	0	0	0
	Total	**23**	**50**	**73**	**65**	**67**	**132**

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Employee & Family	**0 – 19**	0	0	0	11	14	25
	20 – 24	0	0	0	4	6	10
	25 – 29	0	0	0	3	0	3
	30 – 34	0	2	2	1	0	1
	35 – 39	0	1	1	2	2	4
	40 – 44	3	0	3	0	1	1
	45 – 49	1	2	3	0	1	1
	50 – 54	4	2	6	4	4	8
	55 – 59	2	5	7	5	1	6
	60 – 64	0	3	3	2	0	2
	65+	0	0	0	1	0	1
	Total	**10**	**15**	**25**	**33**	**29**	**62**
All Tiers	**0 – 19**	0	0	0	66	64	130
	20 – 24	0	0	0	13	20	33
	25 – 29	0	5	5	5	3	8
	30 – 34	4	20	24	1	0	1
	35 – 39	5	11	16	3	2	5
	40 – 44	9	10	19	0	2	2
	45 – 49	12	24	36	1	2	3
	50 – 54	10	16	26	4	7	11
	55 – 59	16	15	31	5	4	9
	60 – 64	5	12	17	4	3	7
	65+	2	6	8	3	1	4
	Total	**63**	**119**	**182**	**105**	**108**	**213**

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Demographics by Benefit Package

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Benefit Package: Benefit Package 065

Tier	Age Band	Employees			Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	1	1	0	0	0
	20 – 24	4	19	23	0	0	0
	25 – 29	13	18	31	0	0	0
	30 – 34	9	17	26	0	0	0
	35 – 39	10	27	37	0	0	0
	40 – 44	12	15	27	0	0	0
	45 – 49	15	24	39	0	0	0
	50 – 54	21	38	59	0	0	0
	55 – 59	30	46	76	0	0	0
	60 – 64	22	25	47	0	0	0
	65+	9	8	17	0	0	0
	Total	**145**	**238**	**383**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	1	1	2	1	1	2
	25 – 29	2	5	7	4	7	11
	30 – 34	8	4	12	6	5	11
	35 – 39	4	2	6	2	2	4
	40 – 44	1	4	5	5	1	6
	45 – 49	5	9	14	3	7	10
	50 – 54	17	28	45	13	17	30
	55 – 59	23	48	71	35	31	66
	60 – 64	25	39	64	48	20	68
	65+	14	18	32	41	9	50
	Total	**100**	**158**	**258**	**158**	**100**	**258**

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Employee & Children	**0 – 19**	0	0	0	125	135	260
	20 – 24	1	2	3	49	34	83
	25 – 29	1	10	11	3	6	9
	30 – 34	3	15	18	0	0	0
	35 – 39	8	13	21	0	0	0
	40 – 44	9	27	36	0	0	0
	45 – 49	10	23	33	0	0	0
	50 – 54	15	22	37	0	0	0
	55 – 59	4	12	16	0	0	0
	60 – 64	4	2	6	0	0	0
	65+	0	0	0	0	0	0
	Total	**55**	**126**	**181**	**177**	**175**	**352**
Employee & Family	**0 – 19**	0	0	0	293	286	579
	20 – 24	0	0	0	82	95	177
	25 – 29	2	3	5	17	20	37
	30 – 34	16	11	27	8	20	28
	35 – 39	24	26	50	23	23	46
	40 – 44	40	38	78	28	43	71
	45 – 49	36	41	77	38	37	75
	50 – 54	29	37	66	43	32	75
	55 – 59	26	20	46	24	15	39
	60 – 64	8	3	11	12	3	15
	65+	1	1	2	1	1	2
	Total	**182**	**180**	**362**	**569**	**575**	**1,144**

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All Tiers	**0 – 19**	0	1	1	418	421	839
	20 – 24	6	22	28	132	130	262
	25 – 29	18	36	54	24	33	57
	30 – 34	36	47	83	14	25	39
	35 – 39	46	68	114	25	25	50
	40 – 44	62	84	146	33	44	77
	45 – 49	66	97	163	41	44	85
	50 – 54	82	125	207	56	49	105
	55 – 59	83	126	209	59	46	105
	60 – 64	59	69	128	60	23	83
	65+	24	27	51	42	10	52
	Total	**482**	**702**	**1,184**	**904**	**850**	**1,754**

Benefit Package: Benefit Package 066

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	1	2	3	0	0	0
	25 – 29	7	19	26	0	0	0
	30 – 34	9	14	23	0	0	0
	35 – 39	4	16	20	0	0	0
	40 – 44	3	14	17	0	0	0
	45 – 49	4	16	20	0	0	0
	50 – 54	6	21	27	0	0	0
	55 – 59	2	21	23	0	0	0
	60 – 64	6	16	22	0	0	0
	65+	1	3	4	0	0	0
	Total	**43**	**142**	**185**	**0**	**0**	**0**

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Employee & Spouse	**0 – 19**	0	0	0	1	0	1
	20 – 24	0	0	0	0	0	0
	25 – 29	0	4	4	3	0	3
	30 – 34	5	2	7	2	4	6
	35 – 39	0	3	3	2	2	4
	40 – 44	1	3	4	4	0	4
	45 – 49	2	4	6	6	0	6
	50 – 54	4	9	13	5	5	10
	55 – 59	10	30	40	21	16	37
	60 – 64	11	28	39	31	7	38
	65+	5	3	8	11	4	15
	Total	**38**	**86**	**124**	**86**	**38**	**124**
Employee & Children	**0 – 19**	0	0	0	111	89	200
	20 – 24	0	0	0	27	30	57
	25 – 29	3	3	6	4	6	10
	30 – 34	5	15	20	0	0	0
	35 – 39	5	15	20	0	0	0
	40 – 44	8	18	26	0	0	0
	45 – 49	6	24	30	0	0	0
	50 – 54	6	10	16	0	0	0
	55 – 59	3	9	12	0	0	0
	60 – 64	1	1	2	0	0	0
	65+	1	0	1	0	0	0
	Total	**38**	**95**	**133**	**142**	**125**	**267**

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Employee & Family	**0 – 19**	0	0	0	82	92	174
	20 – 24	0	0	0	41	30	71
	25 – 29	3	3	6	12	8	20
	30 – 34	6	7	13	4	7	11
	35 – 39	5	4	9	6	6	12
	40 – 44	14	10	24	8	13	21
	45 – 49	10	16	26	13	14	27
	50 – 54	12	16	28	17	11	28
	55 – 59	6	9	15	7	3	10
	60 – 64	1	5	6	11	0	11
	65+	2	0	2	1	1	2
	Total	**59**	**70**	**129**	**202**	**185**	**387**
All Tiers	**0 – 19**	0	0	0	194	181	375
	20 – 24	1	2	3	68	60	128
	25 – 29	13	29	42	19	14	33
	30 – 34	25	38	63	6	11	17
	35 – 39	14	38	52	8	8	16
	40 – 44	26	45	71	12	13	25
	45 – 49	22	60	82	19	14	33
	50 – 54	28	56	84	22	16	38
	55 – 59	21	69	90	28	19	47
	60 – 64	19	50	69	42	7	49
	65+	9	6	15	12	5	17
	Total	**178**	**393**	**571**	**430**	**348**	**778**

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Benefit Package: Benefit Package 067

Tier	Age Band	Employees			Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	6	9	15	0	0	0
	25 – 29	26	44	70	0	0	0
	30 – 34	20	34	54	0	0	0
	35 – 39	17	36	53	0	0	0
	40 – 44	7	31	38	0	0	0
	45 – 49	12	37	49	0	0	0
	50 – 54	16	41	57	0	0	0
	55 – 59	16	46	62	0	0	0
	60 – 64	17	50	67	0	0	0
	65+	8	26	34	0	0	0
	Total	**145**	**354**	**499**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	3	6	9	4	6	10
	30 – 34	3	7	10	7	2	9
	35 – 39	3	6	9	4	4	8
	40 – 44	3	7	10	4	0	4
	45 – 49	2	9	11	8	0	8
	50 – 54	6	14	20	12	9	21
	55 – 59	13	33	46	26	15	41
	60 – 64	13	32	45	34	11	45
	65+	6	8	14	21	7	28
	Total	**52**	**122**	**174**	**120**	**54**	**174**

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Employee & Children	**0 – 19**	0	0	0	184	153	337
	20 – 24	0	1	1	62	73	135
	25 – 29	1	5	6	10	9	19
	30 – 34	6	18	24	1	0	1
	35 – 39	7	31	38	0	0	0
	40 – 44	12	23	35	0	0	0
	45 – 49	14	43	57	0	0	0
	50 – 54	11	40	51	0	0	0
	55 – 59	7	19	26	0	0	0
	60 – 64	5	10	15	0	0	0
	65+	1	0	1	0	0	0
	Total	**64**	**190**	**254**	**257**	**235**	**492**
Employee & Family	**0 – 19**	0	0	0	165	165	330
	20 – 24	0	0	0	47	42	89
	25 – 29	4	3	7	5	14	19
	30 – 34	8	13	21	9	15	24
	35 – 39	17	23	40	19	22	41
	40 – 44	16	27	43	22	17	39
	45 – 49	19	18	37	20	13	33
	50 – 54	16	20	36	21	11	32
	55 – 59	10	11	21	17	8	25
	60 – 64	2	5	7	9	2	11
	65+	0	1	1	1	0	1
	Total	**92**	**121**	**213**	**335**	**309**	**644**

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All Tiers	**0 – 19**	0	0	0	349	318	667
	20 – 24	6	10	16	109	115	224
	25 – 29	34	58	92	19	29	48
	30 – 34	37	72	109	17	17	34
	35 – 39	44	96	140	23	26	49
	40 – 44	38	88	126	26	17	43
	45 – 49	47	107	154	28	13	41
	50 – 54	49	115	164	33	20	53
	55 – 59	46	109	155	43	23	66
	60 – 64	37	97	134	43	13	56
	65+	15	35	50	22	7	29
	Total	**353**	**787**	**1,140**	**712**	**598**	**1,310**

Benefit Package: Benefit Package 068

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	4	1	5	0	0	0
	25 – 29	1	11	12	0	0	0
	30 – 34	3	16	19	0	0	0
	35 – 39	12	11	23	0	0	0
	40 – 44	5	16	21	0	0	0
	45 – 49	10	11	21	0	0	0
	50 – 54	7	23	30	0	0	0
	55 – 59	8	30	38	0	0	0
	60 – 64	12	26	38	0	0	0
	65+	1	8	9	0	0	0
	Total	**63**	**153**	**216**	**0**	**0**	**0**

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Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	2	2
	25 – 29	3	1	4	3	1	4
	30 – 34	1	3	4	0	1	1
	35 – 39	1	2	3	3	1	4
	40 – 44	3	4	7	3	1	4
	45 – 49	2	1	3	2	4	6
	50 – 54	5	11	16	6	4	10
	55 – 59	2	21	23	18	5	23
	60 – 64	5	8	13	10	3	13
	65+	2	4	6	11	1	12
	Total	**24**	**55**	**79**	**56**	**23**	**79**
Employee & Children	**0 – 19**	0	0	0	51	58	109
	20 – 24	0	0	0	23	24	47
	25 – 29	0	1	1	3	9	12
	30 – 34	0	8	8	0	0	0
	35 – 39	0	10	10	0	0	0
	40 – 44	10	16	26	0	0	0
	45 – 49	4	8	12	0	0	0
	50 – 54	2	16	18	0	0	0
	55 – 59	6	11	17	0	0	0
	60 – 64	1	0	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**23**	**70**	**93**	**77**	**91**	**168**

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Employee & Family	**0 – 19**	0	0	0	111	94	205
	20 – 24	0	0	0	31	31	62
	25 – 29	0	2	2	7	7	14
	30 – 34	8	11	19	7	8	15
	35 – 39	10	10	20	8	9	17
	40 – 44	7	16	23	14	8	22
	45 – 49	13	12	25	16	13	29
	50 – 54	9	19	28	16	8	24
	55 – 59	7	13	20	13	7	20
	60 – 64	6	3	9	8	3	11
	65+	0	0	0	3	0	3
	Total	**60**	**86**	**146**	**234**	**188**	**422**
All Tiers	**0 – 19**	0	0	0	162	152	314
	20 – 24	4	1	5	54	57	111
	25 – 29	4	15	19	13	17	30
	30 – 34	12	38	50	7	9	16
	35 – 39	23	33	56	11	10	21
	40 – 44	25	52	77	17	9	26
	45 – 49	29	32	61	18	17	35
	50 – 54	23	69	92	22	12	34
	55 – 59	23	75	98	31	12	43
	60 – 64	24	37	61	18	6	24
	65+	3	12	15	14	1	15
	Total	**170**	**364**	**534**	**367**	**302**	**669**

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Benefit Package: Benefit Package 069

Tier	Age Band	Employees			Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	4	4	8	0	0	0
	25 – 29	14	45	59	0	0	0
	30 – 34	13	43	56	0	0	0
	35 – 39	12	35	47	0	0	0
	40 – 44	12	42	54	0	0	0
	45 – 49	13	44	57	0	0	0
	50 – 54	14	53	67	0	0	0
	55 – 59	23	68	91	0	0	0
	60 – 64	18	77	95	0	0	0
	65+	5	26	31	0	0	0
	Total	**128**	**437**	**565**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	2	1	3	1	2	3
	30 – 34	0	3	3	2	2	4
	35 – 39	2	3	5	3	0	3
	40 – 44	0	2	2	2	0	2
	45 – 49	1	5	6	4	3	7
	50 – 54	2	5	7	5	2	7
	55 – 59	7	25	32	12	7	19
	60 – 64	10	21	31	25	11	36
	65+	2	6	8	15	1	16
	Total	**26**	**71**	**97**	**69**	**28**	**97**

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Demographics by Benefit Package

For the Plan Year Ending in 2012

Employee & Children	**0 – 19**	0	0	0	156	110	266
	20 – 24	0	1	1	37	46	83
	25 – 29	5	5	10	10	9	19
	30 – 34	4	20	24	0	0	0
	35 – 39	8	21	29	0	0	0
	40 – 44	13	26	39	0	0	0
	45 – 49	9	19	28	0	0	0
	50 – 54	8	22	30	0	0	0
	55 – 59	11	21	32	0	0	0
	60 – 64	4	14	18	0	0	0
	65+	0	2	2	0	0	0
	Total	**62**	**151**	**213**	**203**	**165**	**368**
Employee & Family	**0 – 19**	0	0	0	78	78	156
	20 – 24	0	0	0	34	21	55
	25 – 29	0	1	1	7	7	14
	30 – 34	5	4	9	2	3	5
	35 – 39	5	4	9	5	12	17
	40 – 44	11	9	20	10	10	20
	45 – 49	7	11	18	9	7	16
	50 – 54	7	12	19	10	5	15
	55 – 59	3	10	13	12	7	19
	60 – 64	6	4	10	7	1	8
	65+	1	1	2	1	0	1
	Total	**45**	**56**	**101**	**175**	**151**	**326**

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All Tiers	**0 – 19**	0	0	0	234	188	422
	20 – 24	4	5	9	71	67	138
	25 – 29	21	52	73	18	18	36
	30 – 34	22	70	92	4	5	9
	35 – 39	27	63	90	8	12	20
	40 – 44	36	79	115	12	10	22
	45 – 49	30	79	109	13	10	23
	50 – 54	31	92	123	15	7	22
	55 – 59	44	124	168	24	14	38
	60 – 64	38	116	154	32	12	44
	65+	8	35	43	16	1	17
	Total	**261**	**715**	**976**	**447**	**344**	**791**

Benefit Package: Benefit Package 070

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	6	6	0	0	0
	25 – 29	4	17	21	0	0	0
	30 – 34	17	25	42	0	0	0
	35 – 39	8	24	32	0	0	0
	40 – 44	11	23	34	0	0	0
	45 – 49	16	27	43	0	0	0
	50 – 54	15	49	64	0	0	0
	55 – 59	34	57	91	0	0	0
	60 – 64	24	44	68	0	0	0
	65+	6	15	21	0	0	0
	Total	**135**	**287**	**422**	**0**	**0**	**0**

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Demographics by Benefit Package

For the Plan Year Ending in 2012

Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	1	1	1	0	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	1	3	4	2	1	3
	55 – 59	1	1	2	1	3	4
	60 – 64	6	4	10	3	5	8
	65+	1	1	2	3	0	3
	Total	**9**	**10**	**19**	**10**	**9**	**19**
Employee & Children	**0 – 19**	0	0	0	75	85	160
	20 – 24	0	1	1	38	35	73
	25 – 29	2	4	6	6	8	14
	30 – 34	3	11	14	0	0	0
	35 – 39	3	9	12	0	0	0
	40 – 44	6	11	17	0	0	0
	45 – 49	5	15	20	0	0	0
	50 – 54	10	12	22	0	0	0
	55 – 59	3	6	9	0	0	0
	60 – 64	2	2	4	0	0	0
	65+	0	0	0	0	0	0
	Total	**34**	**71**	**105**	**119**	**128**	**247**

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Employee & Family	**0 – 19**	0	0	0	4	7	11
	20 – 24	0	0	0	8	2	10
	25 – 29	0	0	0	2	0	2
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	1	0	1
	40 – 44	0	1	1	1	0	1
	45 – 49	1	1	2	2	1	3
	50 – 54	0	2	2	1	0	1
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**5**	**6**	**19**	**10**	**29**
All Tiers	**0 – 19**	0	0	0	79	92	171
	20 – 24	0	7	7	46	37	83
	25 – 29	6	22	28	9	8	17
	30 – 34	20	36	56	0	0	0
	35 – 39	11	34	45	1	0	1
	40 – 44	17	35	52	1	0	1
	45 – 49	22	43	65	2	1	3
	50 – 54	26	66	92	3	1	4
	55 – 59	38	64	102	1	3	4
	60 – 64	32	50	82	3	5	8
	65+	7	16	23	3	0	3
	Total	**179**	**373**	**552**	**148**	**147**	**295**

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Demographics by Benefit Package

For the Plan Year Ending in 2012

Benefit Package: Benefit Package 071

Tier	Age Band	Employees			Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	12	26	38	0	0	0
	25 – 29	65	153	218	0	0	0
	30 – 34	84	146	230	0	0	0
	35 – 39	66	139	205	0	0	0
	40 – 44	58	175	233	0	0	0
	45 – 49	47	175	222	0	0	0
	50 – 54	81	251	332	0	0	0
	55 – 59	105	304	409	0	0	0
	60 – 64	74	238	312	0	0	0
	65+	40	69	109	0	0	0
	Total	**632**	**1,676**	**2,308**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	1	1	2	1	1	2
	25 – 29	1	10	11	5	5	10
	30 – 34	6	9	15	12	5	17
	35 – 39	2	9	11	7	7	14
	40 – 44	10	8	18	6	5	11
	45 – 49	4	22	26	13	10	23
	50 – 54	16	48	64	31	20	51
	55 – 59	40	89	129	67	35	102
	60 – 64	46	99	145	118	47	165
	65+	22	37	59	68	17	85
	Total	**148**	**332**	**480**	**328**	**152**	**480**

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Employee & Children	**0 – 19**	0	0	0	996	974	1,970
	20 – 24	0	1	1	319	330	649
	25 – 29	7	37	44	56	48	104
	30 – 34	27	114	141	2	2	4
	35 – 39	72	151	223	0	0	0
	40 – 44	83	167	250	0	0	0
	45 – 49	76	187	263	0	0	0
	50 – 54	84	164	248	0	0	0
	55 – 59	37	110	147	0	0	0
	60 – 64	21	31	52	0	0	0
	65+	3	1	4	0	0	0
	Total	**410**	**963**	**1,373**	**1,373**	**1,354**	**2,727**
Employee & Family	**0 – 19**	0	0	0	415	325	740
	20 – 24	0	0	0	162	125	287
	25 – 29	1	4	5	23	33	56
	30 – 34	27	17	44	16	36	52
	35 – 39	37	30	67	24	40	64
	40 – 44	53	40	93	40	60	100
	45 – 49	50	64	114	54	40	94
	50 – 54	45	56	101	47	43	90
	55 – 59	35	50	85	61	30	91
	60 – 64	17	18	35	30	9	39
	65+	2	1	3	6	1	7
	Total	**267**	**280**	**547**	**878**	**742**	**1,620**

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All Tiers	**0 – 19**	0	0	0	1,411	1,299	2,710
	20 – 24	13	28	41	482	456	938
	25 – 29	74	204	278	84	86	170
	30 – 34	144	286	430	30	43	73
	35 – 39	177	329	506	31	47	78
	40 – 44	204	390	594	46	65	111
	45 – 49	177	448	625	67	50	117
	50 – 54	226	519	745	78	63	141
	55 – 59	217	553	770	128	65	193
	60 – 64	158	386	544	148	56	204
	65+	67	108	175	74	18	92
	Total	**1,457**	**3,251**	**4,708**	**2,579**	**2,248**	**4,827**

Benefit Package: Benefit Package 072

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	1	0	1	0	0	0
	20 – 24	4	25	29	0	0	0
	25 – 29	67	129	196	0	0	0
	30 – 34	63	124	187	0	0	0
	35 – 39	48	110	158	0	0	0
	40 – 44	47	136	183	0	0	0
	45 – 49	45	137	182	0	0	0
	50 – 54	81	172	253	0	0	0
	55 – 59	82	231	313	0	0	0
	60 – 64	78	177	255	0	0	0
	65+	36	77	113	0	0	0
	Total	**552**	**1,318**	**1,870**	**0**	**0**	**0**

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Demographics by Benefit Package

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Employee & Spouse	**0 – 19**	0	0	0	1	0	1
	20 – 24	2	0	2	0	4	4
	25 – 29	10	13	23	10	9	19
	30 – 34	12	20	32	12	16	28
	35 – 39	9	8	17	13	10	23
	40 – 44	11	14	25	13	9	22
	45 – 49	5	11	16	9	10	19
	50 – 54	18	30	48	21	18	39
	55 – 59	36	69	105	48	38	86
	60 – 64	39	68	107	76	38	114
	65+	17	19	36	47	10	57
	Total	**159**	**252**	**411**	**250**	**162**	**412**
Employee & Children	**0 – 19**	0	0	0	564	562	1,126
	20 – 24	1	2	3	206	184	390
	25 – 29	3	14	17	38	37	75
	30 – 34	23	69	92	0	1	1
	35 – 39	32	82	114	0	0	0
	40 – 44	54	97	151	0	0	0
	45 – 49	43	126	169	0	0	0
	50 – 54	52	115	167	0	0	0
	55 – 59	40	65	105	0	0	0
	60 – 64	24	29	53	0	0	0
	65+	3	1	4	0	0	0
	Total	**275**	**600**	**875**	**808**	**784**	**1,592**

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Employee & Family	**0 – 19**	0	0	0	309	293	602
	20 – 24	0	0	0	97	85	182
	25 – 29	2	3	5	24	13	37
	30 – 34	19	15	34	16	22	38
	35 – 39	31	29	60	21	40	61
	40 – 44	40	36	76	22	39	61
	45 – 49	40	36	76	35	40	75
	50 – 54	27	54	81	44	30	74
	55 – 59	27	37	64	42	16	58
	60 – 64	13	12	25	35	7	42
	65+	4	1	5	8	4	12
	Total	**203**	**223**	**426**	**653**	**589**	**1,242**
All Tiers	**0 – 19**	1	0	1	874	855	1,729
	20 – 24	7	27	34	303	273	576
	25 – 29	82	159	241	72	59	131
	30 – 34	117	228	345	28	39	67
	35 – 39	120	229	349	34	50	84
	40 – 44	152	283	435	35	48	83
	45 – 49	133	310	443	44	50	94
	50 – 54	178	371	549	65	48	113
	55 – 59	185	402	587	90	54	144
	60 – 64	154	286	440	111	45	156
	65+	60	98	158	55	14	69
	Total	**1,189**	**2,393**	**3,582**	**1,711**	**1,535**	**3,246**

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Benefit Package: Benefit Package 073

Tier	Age Band	Employees			Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	4	4	8	0	0	0
	25 – 29	6	17	23	0	0	0
	30 – 34	9	13	22	0	0	0
	35 – 39	3	27	30	0	0	0
	40 – 44	7	15	22	0	0	0
	45 – 49	7	13	20	0	0	0
	50 – 54	3	17	20	0	0	0
	55 – 59	9	13	22	0	0	0
	60 – 64	6	15	21	0	0	0
	65+	3	5	8	0	0	0
	Total	**57**	**139**	**196**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	3	1	4	1	4	5
	25 – 29	5	4	9	3	5	8
	30 – 34	2	2	4	2	1	3
	35 – 39	1	2	3	2	2	4
	40 – 44	6	2	8	2	5	7
	45 – 49	4	4	8	5	3	8
	50 – 54	0	7	7	3	3	6
	55 – 59	8	19	27	15	6	21
	60 – 64	9	18	27	17	9	26
	65+	2	2	4	11	2	13
	Total	**40**	**61**	**101**	**61**	**40**	**101**

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Employee & Children	**0 – 19**	0	0	0	197	211	408
	20 – 24	0	0	0	66	63	129
	25 – 29	0	8	8	8	5	13
	30 – 34	9	26	35	0	0	0
	35 – 39	14	29	43	0	0	0
	40 – 44	17	45	62	0	0	0
	45 – 49	21	37	58	0	0	0
	50 – 54	8	27	35	0	0	0
	55 – 59	8	12	20	0	0	0
	60 – 64	2	4	6	0	0	0
	65+	0	1	1	0	0	0
	Total	**79**	**189**	**268**	**271**	**279**	**550**
Employee & Family	**0 – 19**	0	0	0	91	126	217
	20 – 24	0	0	0	27	13	40
	25 – 29	4	2	6	8	10	18
	30 – 34	10	0	10	0	8	8
	35 – 39	12	10	22	5	18	23
	40 – 44	15	17	32	12	12	24
	45 – 49	6	13	19	16	5	21
	50 – 54	10	10	20	6	9	15
	55 – 59	6	10	16	11	6	17
	60 – 64	2	1	3	9	2	11
	65+	1	0	1	1	0	1
	Total	**66**	**63**	**129**	**186**	**209**	**395**

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All Tiers	**0 – 19**	0	0	0	288	337	625
	20 – 24	7	5	12	94	80	174
	25 – 29	15	31	46	19	20	39
	30 – 34	30	41	71	2	9	11
	35 – 39	30	68	98	7	20	27
	40 – 44	45	79	124	14	17	31
	45 – 49	38	67	105	21	8	29
	50 – 54	21	61	82	9	12	21
	55 – 59	31	54	85	26	12	38
	60 – 64	19	38	57	26	11	37
	65+	6	8	14	12	2	14
	Total	**242**	**452**	**694**	**518**	**528**	**1,046**

Benefit Package: Benefit Package 074

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	7	9	16	0	0	0
	25 – 29	55	88	143	0	0	0
	30 – 34	50	91	141	0	0	0
	35 – 39	33	70	103	0	0	0
	40 – 44	40	86	126	0	0	0
	45 – 49	37	86	123	0	0	0
	50 – 54	40	130	170	0	0	0
	55 – 59	41	132	173	0	0	0
	60 – 64	44	171	215	0	0	0
	65+	24	54	78	0	0	0
	Total	**371**	**917**	**1,288**	**0**	**0**	**0**

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Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	1	1	0	0	0
	25 – 29	3	4	7	3	6	9
	30 – 34	7	10	17	12	11	23
	35 – 39	6	10	16	9	9	18
	40 – 44	13	13	26	14	9	23
	45 – 49	14	12	26	7	11	18
	50 – 54	21	28	49	20	15	35
	55 – 59	25	60	85	43	35	78
	60 – 64	37	68	105	70	42	112
	65+	16	27	43	51	8	59
	Total	**142**	**233**	**375**	**229**	**146**	**375**
Employee & Children	**0 – 19**	0	0	0	415	383	798
	20 – 24	1	0	1	194	166	360
	25 – 29	6	11	17	32	28	60
	30 – 34	22	53	75	2	0	2
	35 – 39	28	64	92	0	1	1
	40 – 44	34	87	121	0	0	0
	45 – 49	44	94	138	0	0	0
	50 – 54	51	105	156	0	0	0
	55 – 59	41	59	100	0	0	0
	60 – 64	16	34	50	0	0	0
	65+	4	6	10	0	0	0
	Total	**247**	**513**	**760**	**643**	**578**	**1,221**

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Employee & Family	**0 – 19**	0	0	0	184	180	364
	20 – 24	1	0	1	69	69	138
	25 – 29	1	0	1	20	26	46
	30 – 34	10	10	20	6	16	22
	35 – 39	20	24	44	13	24	37
	40 – 44	24	22	46	20	25	45
	45 – 49	20	28	48	25	18	43
	50 – 54	25	39	64	30	22	52
	55 – 59	20	25	45	32	18	50
	60 – 64	13	17	30	27	11	38
	65+	2	1	3	4	2	6
	Total	**136**	**166**	**302**	**430**	**411**	**841**
All Tiers	**0 – 19**	0	0	0	599	563	1,162
	20 – 24	9	10	19	263	235	498
	25 – 29	65	103	168	55	60	115
	30 – 34	89	164	253	20	27	47
	35 – 39	87	168	255	22	34	56
	40 – 44	111	208	319	34	34	68
	45 – 49	115	220	335	32	29	61
	50 – 54	137	302	439	50	37	87
	55 – 59	127	276	403	75	53	128
	60 – 64	110	290	400	97	53	150
	65+	46	88	134	55	10	65
	Total	**896**	**1,829**	**2,725**	**1,302**	**1,135**	**2,437**

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Demographics by Benefit Package

For the Plan Year Ending in 2012

Benefit Package: Benefit Package 075

Tier	Age Band	Employees			Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	3	3	6	0	0	0
	25 – 29	12	27	39	0	0	0
	30 – 34	12	46	58	0	0	0
	35 – 39	28	37	65	0	0	0
	40 – 44	20	61	81	0	0	0
	45 – 49	14	43	57	0	0	0
	50 – 54	11	64	75	0	0	0
	55 – 59	23	71	94	0	0	0
	60 – 64	18	64	82	0	0	0
	65+	2	20	22	0	0	0
	Total	**143**	**436**	**579**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	1	2	0	1	1
	30 – 34	1	2	3	2	5	7
	35 – 39	3	4	7	0	2	2
	40 – 44	3	4	7	5	2	7
	45 – 49	2	5	7	5	4	9
	50 – 54	4	15	19	8	8	16
	55 – 59	15	35	50	19	16	35
	60 – 64	19	28	47	41	14	55
	65+	4	7	11	17	4	21
	Total	**52**	**101**	**153**	**97**	**56**	**153**

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Demographics by Benefit Package

For the Plan Year Ending in 2012

Employee & Children	**0 – 19**	0	0	0	234	238	472
	20 – 24	0	1	1	76	68	144
	25 – 29	0	9	9	10	11	21
	30 – 34	5	25	30	0	0	0
	35 – 39	15	52	67	0	0	0
	40 – 44	20	40	60	0	0	0
	45 – 49	17	31	48	0	0	0
	50 – 54	17	41	58	0	0	0
	55 – 59	10	22	32	0	0	0
	60 – 64	5	6	11	0	0	0
	65+	2	3	5	0	0	0
	Total	**91**	**230**	**321**	**320**	**317**	**637**
Employee & Family	**0 – 19**	0	0	0	118	115	233
	20 – 24	0	1	1	60	47	107
	25 – 29	0	1	1	15	13	28
	30 – 34	3	9	12	5	6	11
	35 – 39	7	7	14	11	10	21
	40 – 44	11	18	29	12	12	24
	45 – 49	10	14	24	11	17	28
	50 – 54	23	26	49	22	20	42
	55 – 59	21	22	43	25	10	35
	60 – 64	4	3	7	10	4	14
	65+	0	2	2	6	0	6
	Total	**79**	**103**	**182**	**295**	**254**	**549**

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All Tiers	**0 – 19**	0	0	0	352	353	705
	20 – 24	3	5	8	136	115	251
	25 – 29	13	38	51	25	25	50
	30 – 34	21	82	103	7	11	18
	35 – 39	53	100	153	11	12	23
	40 – 44	54	123	177	17	14	31
	45 – 49	43	93	136	16	21	37
	50 – 54	55	146	201	30	28	58
	55 – 59	69	150	219	44	26	70
	60 – 64	46	101	147	51	18	69
	65+	8	32	40	23	4	27
	Total	**365**	**870**	**1,235**	**712**	**627**	**1,339**

Benefit Package: Benefit Package 076

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	3	9	12	0	0	0
	25 – 29	36	86	122	0	0	0
	30 – 34	42	74	116	0	0	0
	35 – 39	39	93	132	0	0	0
	40 – 44	38	106	144	0	0	0
	45 – 49	63	135	198	0	0	0
	50 – 54	74	182	256	0	0	0
	55 – 59	89	221	310	0	0	0
	60 – 64	79	162	241	0	0	0
	65+	24	45	69	0	0	0
	Total	**487**	**1,113**	**1,600**	**0**	**0**	**0**

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Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	1	0	1
	25 – 29	3	3	6	2	3	5
	30 – 34	4	7	11	4	6	10
	35 – 39	1	4	5	4	1	5
	40 – 44	6	4	10	3	8	11
	45 – 49	6	8	14	4	5	9
	50 – 54	12	24	36	16	16	32
	55 – 59	19	54	73	43	14	57
	60 – 64	21	55	76	76	21	97
	65+	15	14	29	23	10	33
	Total	**87**	**173**	**260**	**176**	**84**	**260**
Employee & Children	**0 – 19**	0	0	0	628	584	1,212
	20 – 24	0	2	2	211	192	403
	25 – 29	3	21	24	50	29	79
	30 – 34	20	62	82	0	0	0
	35 – 39	49	86	135	0	0	0
	40 – 44	49	97	146	0	1	1
	45 – 49	54	117	171	0	0	0
	50 – 54	43	98	141	0	0	0
	55 – 59	34	82	116	0	0	0
	60 – 64	17	21	38	0	0	0
	65+	3	2	5	0	0	0
	Total	**272**	**588**	**860**	**889**	**806**	**1,695**

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Employee & Family	**0 – 19**	0	0	0	217	190	407
	20 – 24	0	0	0	89	97	186
	25 – 29	3	1	4	15	24	39
	30 – 34	12	11	23	12	17	29
	35 – 39	15	16	31	17	20	37
	40 – 44	26	23	49	20	27	47
	45 – 49	30	30	60	15	30	45
	50 – 54	34	33	67	26	27	53
	55 – 59	22	42	64	43	21	64
	60 – 64	8	9	17	27	2	29
	65+	2	0	2	5	2	7
	Total	**152**	**165**	**317**	**486**	**457**	**943**
All Tiers	**0 – 19**	0	0	0	845	774	1,619
	20 – 24	3	11	14	301	289	590
	25 – 29	45	111	156	67	56	123
	30 – 34	78	154	232	16	23	39
	35 – 39	104	199	303	21	21	42
	40 – 44	119	230	349	23	36	59
	45 – 49	153	290	443	19	35	54
	50 – 54	163	337	500	42	43	85
	55 – 59	164	399	563	86	35	121
	60 – 64	125	247	372	103	23	126
	65+	44	61	105	28	12	40
	Total	**998**	**2,039**	**3,037**	**1,551**	**1,347**	**2,898**

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Benefit Package: Benefit Package 077

Tier	Age Band	Employees			Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	1	1	0	0	0
	25 – 29	4	8	12	0	0	0
	30 – 34	4	8	12	0	0	0
	35 – 39	7	9	16	0	0	0
	40 – 44	8	11	19	0	0	0
	45 – 49	4	8	12	0	0	0
	50 – 54	1	15	16	0	0	0
	55 – 59	5	30	35	0	0	0
	60 – 64	6	12	18	0	0	0
	65+	2	5	7	0	0	0
	Total	**41**	**107**	**148**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	1	1
	25 – 29	0	1	1	0	0	0
	30 – 34	0	1	1	1	0	1
	35 – 39	0	1	1	1	0	1
	40 – 44	1	1	2	1	1	2
	45 – 49	1	1	2	0	2	2
	50 – 54	2	1	3	0	3	3
	55 – 59	3	5	8	3	3	6
	60 – 64	1	2	3	4	2	6
	65+	2	1	3	2	0	2
	Total	**10**	**14**	**24**	**12**	**12**	**24**

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Employee & Children	**0 – 19**	0	0	0	51	37	88
	20 – 24	0	0	0	15	16	31
	25 – 29	0	3	3	1	1	2
	30 – 34	1	9	10	0	0	0
	35 – 39	3	7	10	0	0	0
	40 – 44	5	8	13	0	0	0
	45 – 49	6	9	15	0	0	0
	50 – 54	2	7	9	0	0	0
	55 – 59	2	5	7	0	0	0
	60 – 64	0	2	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**19**	**50**	**69**	**67**	**54**	**121**
Employee & Family	**0 – 19**	0	0	0	35	22	57
	20 – 24	0	0	0	6	6	12
	25 – 29	0	0	0	5	1	6
	30 – 34	1	1	2	2	1	3
	35 – 39	1	3	4	1	6	7
	40 – 44	6	8	14	5	3	8
	45 – 49	5	2	7	2	3	5
	50 – 54	2	2	4	2	2	4
	55 – 59	0	2	2	5	1	6
	60 – 64	1	1	2	2	0	2
	65+	0	0	0	0	0	0
	Total	**16**	**19**	**35**	**65**	**45**	**110**

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All Tiers	**0 – 19**	0	0	0	86	59	145
	20 – 24	0	1	1	21	23	44
	25 – 29	4	12	16	6	2	8
	30 – 34	6	19	25	3	1	4
	35 – 39	11	20	31	2	6	8
	40 – 44	20	28	48	6	4	10
	45 – 49	16	20	36	2	5	7
	50 – 54	7	25	32	2	5	7
	55 – 59	10	42	52	8	4	12
	60 – 64	8	17	25	6	2	8
	65+	4	6	10	2	0	2
	Total	**86**	**190**	**276**	**144**	**111**	**255**

Benefit Package: Benefit Package 078

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	4	14	18	0	0	0
	25 – 29	106	306	412	0	0	0
	30 – 34	148	410	558	0	0	0
	35 – 39	143	396	539	0	0	0
	40 – 44	218	410	628	0	0	0
	45 – 49	204	576	780	0	0	0
	50 – 54	246	841	1,087	0	0	0
	55 – 59	411	1,319	1,730	0	0	0
	60 – 64	337	1,274	1,611	0	0	0
	65+	120	460	580	0	0	0
	Total	**1,937**	**6,006**	**7,943**	**0**	**0**	**0**

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Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	1	1
	25 – 29	1	2	3	0	3	3
	30 – 34	6	5	11	5	8	13
	35 – 39	6	4	10	5	5	10
	40 – 44	5	8	13	5	9	14
	45 – 49	9	22	31	13	15	28
	50 – 54	25	71	96	35	35	70
	55 – 59	64	166	230	129	84	213
	60 – 64	101	257	358	253	77	330
	65+	67	96	163	185	50	235
	Total	**284**	**631**	**915**	**630**	**287**	**917**
Employee & Children	**0 – 19**	0	0	0	1,120	1,122	2,242
	20 – 24	0	0	0	476	453	929
	25 – 29	3	31	34	100	81	181
	30 – 34	30	96	126	2	5	7
	35 – 39	50	150	200	2	0	2
	40 – 44	72	213	285	1	0	1
	45 – 49	96	249	345	0	0	0
	50 – 54	115	281	396	0	0	0
	55 – 59	104	210	314	0	0	0
	60 – 64	29	79	108	0	0	0
	65+	6	11	17	0	0	0
	Total	**505**	**1,320**	**1,825**	**1,701**	**1,661**	**3,362**

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Employee & Family	**0 – 19**	0	0	0	391	385	776
	20 – 24	0	0	0	196	201	397
	25 – 29	1	3	4	43	31	74
	30 – 34	7	5	12	11	16	27
	35 – 39	21	23	44	18	32	50
	40 – 44	48	47	95	34	52	86
	45 – 49	46	55	101	47	67	114
	50 – 54	68	88	156	76	56	132
	55 – 59	50	77	127	72	32	104
	60 – 64	28	35	63	61	19	80
	65+	4	5	9	22	1	23
	Total	**273**	**338**	**611**	**971**	**892**	**1,863**
All Tiers	**0 – 19**	0	0	0	1,511	1,507	3,018
	20 – 24	4	14	18	672	655	1,327
	25 – 29	111	342	453	143	115	258
	30 – 34	191	516	707	18	29	47
	35 – 39	220	573	793	25	37	62
	40 – 44	343	678	1,021	40	61	101
	45 – 49	355	902	1,257	60	82	142
	50 – 54	454	1,281	1,735	111	91	202
	55 – 59	629	1,772	2,401	201	116	317
	60 – 64	495	1,645	2,140	314	96	410
	65+	197	572	769	207	51	258
	Total	**2,999**	**8,295**	**11,294**	**3,302**	**2,840**	**6,142**

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Benefit Package: Benefit Package 079

Tier	Age Band	Employees			Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	1	0	1	0	0	0
	20 – 24	34	136	170	0	0	0
	25 – 29	305	841	1,146	0	0	0
	30 – 34	323	811	1,134	0	0	0
	35 – 39	254	689	943	0	0	0
	40 – 44	237	791	1,028	0	0	0
	45 – 49	267	887	1,154	0	0	0
	50 – 54	359	1,264	1,623	0	0	0
	55 – 59	428	1,703	2,131	0	0	0
	60 – 64	353	1,349	1,702	0	0	0
	65+	124	459	583	0	0	0
	Total	**2,685**	**8,930**	**11,615**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	1	0	1	0	1	1
	25 – 29	4	16	20	16	4	20
	30 – 34	11	21	32	19	17	36
	35 – 39	16	25	41	15	19	34
	40 – 44	9	20	29	24	9	33
	45 – 49	22	40	62	30	30	60
	50 – 54	48	149	197	78	73	151
	55 – 59	118	357	475	262	126	388
	60 – 64	132	401	533	464	118	582
	65+	58	99	157	211	39	250
	Total	**419**	**1,128**	**1,547**	**1,119**	**436**	**1,555**

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Employee & Children	**0 – 19**	0	0	0	2,928	2,746	5,674
	20 – 24	0	2	2	1,068	964	2,032
	25 – 29	22	91	113	193	175	368
	30 – 34	81	309	390	2	2	4
	35 – 39	162	437	599	1	0	1
	40 – 44	223	542	765	1	0	1
	45 – 49	205	624	829	0	0	0
	50 – 54	191	597	788	0	0	0
	55 – 59	169	427	596	0	0	0
	60 – 64	58	127	185	0	0	0
	65+	11	11	22	0	0	0
	Total	**1,122**	**3,167**	**4,289**	**4,193**	**3,887**	**8,080**
Employee & Family	**0 – 19**	0	0	0	1,016	936	1,952
	20 – 24	0	0	0	460	451	911
	25 – 29	10	11	21	104	81	185
	30 – 34	33	31	64	25	64	89
	35 – 39	90	56	146	52	93	145
	40 – 44	122	118	240	72	117	189
	45 – 49	110	152	262	141	123	264
	50 – 54	126	254	380	188	131	319
	55 – 59	119	185	304	211	104	315
	60 – 64	45	57	102	130	17	147
	65+	10	6	16	40	1	41
	Total	**665**	**870**	**1,535**	**2,439**	**2,118**	**4,557**

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All Tiers	**0 – 19**	1	0	1	3,944	3,682	7,626
	20 – 24	35	138	173	1,528	1,416	2,944
	25 – 29	341	959	1,300	313	260	573
	30 – 34	448	1,172	1,620	46	83	129
	35 – 39	522	1,207	1,729	68	112	180
	40 – 44	591	1,471	2,062	97	126	223
	45 – 49	604	1,703	2,307	171	153	324
	50 – 54	724	2,264	2,988	266	204	470
	55 – 59	834	2,672	3,506	473	230	703
	60 – 64	588	1,934	2,522	594	135	729
	65+	203	575	778	251	40	291
	Total	**4,891**	**14,095**	**18,986**	**7,751**	**6,441**	**14,192**

Benefit Package: Benefit Package 080

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	1	0	1	0	0	0
	20 – 24	22	46	68	0	0	0
	25 – 29	139	322	461	0	0	0
	30 – 34	100	275	375	0	0	0
	35 – 39	95	297	392	0	0	0
	40 – 44	75	348	423	0	0	0
	45 – 49	96	427	523	0	0	0
	50 – 54	125	546	671	0	0	0
	55 – 59	114	547	661	0	0	0
	60 – 64	98	405	503	0	0	0
	65+	47	105	152	0	0	0
	Total	**912**	**3,318**	**4,230**	**0**	**0**	**0**

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Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	2	5	7	0	3	3
	25 – 29	13	23	36	20	20	40
	30 – 34	22	39	61	28	18	46
	35 – 39	17	22	39	26	17	43
	40 – 44	16	27	43	28	19	47
	45 – 49	16	57	73	29	23	52
	50 – 54	43	154	197	108	53	161
	55 – 59	94	312	406	262	103	365
	60 – 64	99	263	362	309	104	413
	65+	56	67	123	151	28	179
	Total	**378**	**969**	**1,347**	**961**	**388**	**1,349**
Employee & Children	**0 – 19**	0	0	0	2,553	2,340	4,893
	20 – 24	1	2	3	836	826	1,662
	25 – 29	23	76	99	139	100	239
	30 – 34	87	226	313	4	0	4
	35 – 39	159	354	513	0	0	0
	40 – 44	199	465	664	0	0	0
	45 – 49	198	511	709	0	0	0
	50 – 54	170	510	680	0	0	0
	55 – 59	97	260	357	0	0	0
	60 – 64	43	72	115	0	0	0
	65+	5	4	9	0	0	0
	Total	**982**	**2,480**	**3,462**	**3,532**	**3,266**	**6,798**

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Employee & Family	**0 – 19**	0	0	0	1,256	1,252	2,508
	20 – 24	0	0	0	484	455	939
	25 – 29	13	23	36	87	105	192
	30 – 34	72	60	132	48	101	149
	35 – 39	103	110	213	84	97	181
	40 – 44	126	185	311	149	139	288
	45 – 49	126	210	336	176	142	318
	50 – 54	133	271	404	236	125	361
	55 – 59	95	168	263	217	73	290
	60 – 64	40	51	91	121	17	138
	65+	10	1	11	24	6	30
	Total	**718**	**1,079**	**1,797**	**2,882**	**2,512**	**5,394**
All Tiers	**0 – 19**	1	0	1	3,809	3,592	7,401
	20 – 24	25	53	78	1,320	1,284	2,604
	25 – 29	188	444	632	246	225	471
	30 – 34	281	600	881	80	119	199
	35 – 39	374	783	1,157	110	114	224
	40 – 44	416	1,025	1,441	177	158	335
	45 – 49	436	1,205	1,641	205	165	370
	50 – 54	471	1,481	1,952	344	178	522
	55 – 59	400	1,287	1,687	479	176	655
	60 – 64	280	791	1,071	430	121	551
	65+	118	177	295	175	34	209
	Total	**2,990**	**7,846**	**10,836**	**7,375**	**6,166**	**13,541**

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Demographics by Benefit Package

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Benefit Package: Benefit Package 081

Tier	Age Band	Employees			Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	21	51	72	0	0	0
	25 – 29	174	592	766	0	0	0
	30 – 34	218	695	913	0	0	0
	35 – 39	180	579	759	0	0	0
	40 – 44	193	628	821	0	0	0
	45 – 49	183	727	910	0	0	0
	50 – 54	270	1,036	1,306	0	0	0
	55 – 59	341	1,393	1,734	0	0	0
	60 – 64	287	1,082	1,369	0	0	0
	65+	109	338	447	0	0	0
	Total	**1,976**	**7,121**	**9,097**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	3	3
	25 – 29	3	6	9	4	3	7
	30 – 34	4	10	14	12	6	18
	35 – 39	6	8	14	8	5	13
	40 – 44	5	19	24	10	3	13
	45 – 49	9	30	39	19	13	32
	50 – 54	31	76	107	47	37	84
	55 – 59	68	208	276	137	80	217
	60 – 64	88	212	300	248	88	336
	65+	53	58	111	141	30	171
	Total	**267**	**627**	**894**	**626**	**268**	**894**

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Employee & Children	**0 – 19**	0	0	0	2,315	2,207	4,522
	20 – 24	0	1	1	667	684	1,351
	25 – 29	15	106	121	109	123	232
	30 – 34	60	320	380	5	4	9
	35 – 39	120	362	482	1	1	2
	40 – 44	159	418	577	0	0	0
	45 – 49	138	395	533	0	0	0
	50 – 54	148	395	543	0	0	0
	55 – 59	97	241	338	0	0	0
	60 – 64	44	79	123	0	0	0
	65+	4	8	12	0	0	0
	Total	**785**	**2,325**	**3,110**	**3,097**	**3,019**	**6,116**
Employee & Family	**0 – 19**	0	0	0	574	586	1,160
	20 – 24	0	0	0	216	238	454
	25 – 29	6	9	15	51	45	96
	30 – 34	28	38	66	28	38	66
	35 – 39	39	44	83	45	58	103
	40 – 44	60	66	126	48	61	109
	45 – 49	73	78	151	71	77	148
	50 – 54	78	100	178	96	76	172
	55 – 59	56	74	130	83	35	118
	60 – 64	18	35	53	49	11	60
	65+	5	2	7	18	1	19
	Total	**363**	**446**	**809**	**1,279**	**1,226**	**2,505**

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All Tiers	**0 – 19**	0	0	0	2,889	2,793	5,682
	20 – 24	21	52	73	883	925	1,808
	25 – 29	198	713	911	164	171	335
	30 – 34	310	1,063	1,373	45	48	93
	35 – 39	345	993	1,338	54	64	118
	40 – 44	417	1,131	1,548	58	64	122
	45 – 49	403	1,230	1,633	90	90	180
	50 – 54	527	1,607	2,134	143	113	256
	55 – 59	562	1,916	2,478	220	115	335
	60 – 64	437	1,408	1,845	297	99	396
	65+	171	406	577	159	31	190
	Total	**3,391**	**10,519**	**13,910**	**5,002**	**4,513**	**9,515**

Benefit Package: Benefit Package 082

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	3	2	5	0	0	0
	30 – 34	1	2	3	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	4	6	10	0	0	0
	45 – 49	2	5	7	0	0	0
	50 – 54	3	4	7	0	0	0
	55 – 59	3	9	12	0	0	0
	60 – 64	4	6	10	0	0	0
	65+	0	4	4	0	0	0
	Total	**20**	**39**	**59**	**0**	**0**	**0**

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Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	1	0	1
	60 – 64	1	2	3	2	1	3
	65+	0	0	0	0	0	0
	Total	**1**	**3**	**4**	**3**	**1**	**4**
Employee & Children	**0 – 19**	0	0	0	12	13	25
	20 – 24	0	0	0	4	2	6
	25 – 29	0	0	0	0	2	2
	30 – 34	0	2	2	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	3	3	6	0	0	0
	45 – 49	1	2	3	0	0	0
	50 – 54	1	2	3	0	0	0
	55 – 59	1	1	2	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**6**	**11**	**17**	**16**	**17**	**33**

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Employee & Family	**0 – 19**	0	0	0	4	0	4
	20 – 24	0	0	0	2	1	3
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	1	1
	50 – 54	1	0	1	0	1	1
	55 – 59	0	1	1	1	1	2
	60 – 64	2	0	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**3**	**1**	**4**	**7**	**4**	**11**
All Tiers	**0 – 19**	0	0	0	16	13	29
	20 – 24	0	0	0	6	3	9
	25 – 29	3	2	5	0	2	2
	30 – 34	1	4	5	0	0	0
	35 – 39	0	2	2	0	0	0
	40 – 44	7	9	16	0	0	0
	45 – 49	3	7	10	0	1	1
	50 – 54	5	6	11	0	1	1
	55 – 59	4	12	16	2	1	3
	60 – 64	7	8	15	2	1	3
	65+	0	4	4	0	0	0
	Total	**30**	**54**	**84**	**26**	**22**	**48**

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Benefit Package: Benefit Package 084

Tier	Age Band	Employees			Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	2	2	4	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	2	0	2	0	0	0
	40 – 44	0	2	2	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	4	4	0	0	0
	55 – 59	1	5	6	0	0	0
	60 – 64	2	4	6	0	0	0
	65+	0	2	2	0	0	0
	Total	**7**	**20**	**27**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	1	1	0	0	0
	30 – 34	0	0	0	1	0	1
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	1	1	1	0	1
	50 – 54	0	1	1	1	0	1
	55 – 59	1	2	3	1	3	4
	60 – 64	2	4	6	4	1	5
	65+	0	0	0	0	0	0
	Total	**3**	**9**	**12**	**8**	**4**	**12**

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Employee & Children	**0 – 19**	0	0	0	15	11	26
	20 – 24	0	0	0	7	4	11
	25 – 29	0	1	1	3	0	3
	30 – 34	0	1	1	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	2	2	4	0	0	0
	45 – 49	2	4	6	0	0	0
	50 – 54	0	5	5	0	0	0
	55 – 59	0	2	2	0	0	0
	60 – 64	1	1	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**5**	**17**	**22**	**25**	**15**	**40**
Employee & Family	**0 – 19**	0	0	0	15	15	30
	20 – 24	0	0	0	6	5	11
	25 – 29	0	1	1	2	1	3
	30 – 34	0	2	2	2	1	3
	35 – 39	2	3	5	4	1	5
	40 – 44	0	2	2	2	0	2
	45 – 49	1	1	2	1	3	4
	50 – 54	2	3	5	2	0	2
	55 – 59	0	1	1	2	1	3
	60 – 64	1	1	2	1	1	2
	65+	1	0	1	0	0	0
	Total	**7**	**14**	**21**	**37**	**28**	**65**

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All Tiers	**0 – 19**	0	0	0	30	26	56
	20 – 24	0	0	0	13	9	22
	25 – 29	2	5	7	5	1	6
	30 – 34	0	4	4	3	1	4
	35 – 39	4	4	8	4	1	5
	40 – 44	2	6	8	2	0	2
	45 – 49	3	6	9	2	3	5
	50 – 54	2	13	15	3	0	3
	55 – 59	2	10	12	3	4	7
	60 – 64	6	10	16	5	2	7
	65+	1	2	3	0	0	0
	Total	**22**	**60**	**82**	**70**	**47**	**117**

Benefit Package: Benefit Package 085

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	1	0	1	0	0	0
	25 – 29	1	0	1	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	2	2	0	0	0
	60 – 64	1	0	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**3**	**3**	**6**	**0**	**0**	**0**

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Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	1	0	1
	Total	**0**	**1**	**1**	**1**	**0**	**1**
Employee & Children	**0 – 19**	0	0	0	10	5	15
	20 – 24	0	0	0	3	1	4
	25 – 29	0	0	0	1	0	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	3	3	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	2	2	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**8**	**8**	**14**	**6**	**20**

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Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
All Tiers	**0 – 19**	0	0	0	10	5	15
	20 – 24	1	0	1	3	1	4
	25 – 29	1	0	1	1	0	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	3	3	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	2	2	0	0	0
	50 – 54	0	2	2	0	0	0
	55 – 59	0	3	3	0	0	0
	60 – 64	1	1	2	0	0	0
	65+	0	0	0	1	0	1
	Total	**3**	**12**	**15**	**15**	**6**	**21**

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Benefit Package: Benefit Package 086

Tier	Age Band	Employees			Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	1	1	2	0	0	0
	55 – 59	1	1	2	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**2**	**4**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	1	0	1
	60 – 64	0	2	2	1	0	1
	65+	0	0	0	0	0	0
	Total	**0**	**2**	**2**	**2**	**0**	**2**

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Employee & Children	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	2	0	2
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**1**	**1**	**2**	**0**	**2**
Employee & Family	**0 – 19**	0	0	0	8	4	12
	20 – 24	0	0	0	0	4	4
	25 – 29	1	0	1	0	2	2
	30 – 34	0	0	0	0	0	0
	35 – 39	1	0	1	0	0	0
	40 – 44	1	0	1	1	1	2
	45 – 49	0	1	1	0	0	0
	50 – 54	0	2	2	2	1	3
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**3**	**3**	**6**	**11**	**12**	**23**

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All Tiers	**0 – 19**	0	0	0	8	4	12
	20 – 24	0	0	0	2	4	6
	25 – 29	1	0	1	0	2	2
	30 – 34	0	0	0	0	0	0
	35 – 39	1	0	1	0	0	0
	40 – 44	1	0	1	1	1	2
	45 – 49	0	2	2	0	0	0
	50 – 54	1	3	4	2	1	3
	55 – 59	1	1	2	1	0	1
	60 – 64	0	2	2	1	0	1
	65+	0	0	0	0	0	0
	Total	**5**	**8**	**13**	**15**	**12**	**27**

Benefit Package: Benefit Package 087

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	1	0	1
	20 – 24	0	2	2	0	0	0
	25 – 29	2	8	10	0	0	0
	30 – 34	3	9	12	0	0	0
	35 – 39	3	7	10	0	0	0
	40 – 44	3	8	11	0	0	0
	45 – 49	0	13	13	0	0	0
	50 – 54	4	20	24	0	0	0
	55 – 59	8	19	27	0	0	0
	60 – 64	5	25	30	0	0	0
	65+	6	4	10	0	0	0
	Total	**34**	**115**	**149**	**1**	**0**	**1**

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Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	5	5	2	0	2
	55 – 59	0	4	4	5	0	5
	60 – 64	1	5	6	6	1	7
	65+	1	2	3	3	1	4
	Total	**2**	**16**	**18**	**16**	**2**	**18**
Employee & Children	**0 – 19**	0	0	0	29	19	48
	20 – 24	0	1	1	17	15	32
	25 – 29	0	1	1	1	1	2
	30 – 34	0	3	3	0	0	0
	35 – 39	2	4	6	0	0	0
	40 – 44	1	5	6	0	0	0
	45 – 49	5	5	10	0	0	0
	50 – 54	2	6	8	0	0	0
	55 – 59	0	7	7	0	0	0
	60 – 64	0	2	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**10**	**34**	**44**	**47**	**35**	**82**

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Employee & Family	**0 – 19**	0	0	0	1	6	7
	20 – 24	0	0	0	6	6	12
	25 – 29	0	0	0	1	0	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	1	0	1
	45 – 49	0	0	0	0	1	1
	50 – 54	1	5	6	3	1	4
	55 – 59	1	3	4	2	0	2
	60 – 64	0	0	0	3	0	3
	65+	0	0	0	0	0	0
	Total	**2**	**9**	**11**	**17**	**14**	**31**
All Tiers	**0 – 19**	0	0	0	31	25	56
	20 – 24	0	3	3	23	21	44
	25 – 29	2	9	11	2	1	3
	30 – 34	3	12	15	0	0	0
	35 – 39	5	11	16	0	0	0
	40 – 44	4	14	18	1	0	1
	45 – 49	5	18	23	0	1	1
	50 – 54	7	36	43	5	1	6
	55 – 59	9	33	42	7	0	7
	60 – 64	6	32	38	9	1	10
	65+	7	6	13	3	1	4
	Total	**48**	**174**	**222**	**81**	**51**	**132**

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Benefit Package: Benefit Package 088

Tier	Age Band	Employees			Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	1	3	4	0	0	0
	35 – 39	1	1	2	0	0	0
	40 – 44	4	0	4	0	0	0
	45 – 49	1	7	8	0	0	0
	50 – 54	5	13	18	0	0	0
	55 – 59	1	9	10	0	0	0
	60 – 64	4	11	15	0	0	0
	65+	3	10	13	0	0	0
	Total	**20**	**54**	**74**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	1	0	1
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	1	0	1	0	0	0
	55 – 59	0	0	0	0	1	1
	60 – 64	0	1	1	1	0	1
	65+	0	0	0	0	0	0
	Total	**1**	**2**	**3**	**2**	**1**	**3**

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Employee & Children	**0 – 19**	0	0	0	11	12	23
	20 – 24	0	0	0	3	4	7
	25 – 29	0	0	0	0	1	1
	30 – 34	0	3	3	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	4	1	5	0	0	0
	45 – 49	0	4	4	0	0	0
	50 – 54	1	0	1	0	0	0
	55 – 59	1	0	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**6**	**9**	**15**	**14**	**17**	**31**
Employee & Family	**0 – 19**	0	0	0	3	3	6
	20 – 24	0	0	0	1	2	3
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	2	0	2	0	2	2
	40 – 44	0	0	0	0	0	0
	45 – 49	1	0	1	0	1	1
	50 – 54	1	0	1	0	1	1
	55 – 59	0	1	1	1	0	1
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**4**	**1**	**5**	**5**	**9**	**14**

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All Tiers	**0 – 19**	0	0	0	14	15	29
	20 – 24	0	0	0	4	6	10
	25 – 29	0	0	0	0	1	1
	30 – 34	1	6	7	0	0	0
	35 – 39	3	3	6	1	2	3
	40 – 44	8	1	9	0	0	0
	45 – 49	2	11	13	0	1	1
	50 – 54	8	13	21	0	1	1
	55 – 59	2	10	12	1	1	2
	60 – 64	4	12	16	1	0	1
	65+	3	10	13	0	0	0
	Total	**31**	**66**	**97**	**21**	**27**	**48**

Benefit Package: Benefit Package 089

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	1	0	1
	20 – 24	4	5	9	0	0	0
	25 – 29	16	29	45	0	0	0
	30 – 34	16	30	46	0	0	0
	35 – 39	17	45	62	0	0	0
	40 – 44	15	59	74	0	0	0
	45 – 49	21	63	84	0	0	0
	50 – 54	11	65	76	0	0	0
	55 – 59	12	67	79	0	0	0
	60 – 64	17	56	73	1	0	1
	65+	4	14	18	0	0	0
	Total	**133**	**433**	**566**	**2**	**0**	**2**

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Employee & Spouse	**0 – 19**	0	0	0	1	0	1
	20 – 24	1	0	1	0	2	2
	25 – 29	2	3	5	3	2	5
	30 – 34	5	6	11	3	7	10
	35 – 39	4	2	6	2	8	10
	40 – 44	6	3	9	6	5	11
	45 – 49	6	11	17	4	7	11
	50 – 54	9	35	44	28	9	37
	55 – 59	14	57	71	46	11	57
	60 – 64	12	58	70	57	14	71
	65+	7	10	17	34	3	37
	Total	**66**	**185**	**251**	**184**	**68**	**252**
Employee & Children	**0 – 19**	0	0	0	259	236	495
	20 – 24	0	0	0	118	124	242
	25 – 29	1	1	2	18	24	42
	30 – 34	5	23	28	0	0	0
	35 – 39	18	35	53	0	0	0
	40 – 44	30	44	74	0	0	0
	45 – 49	25	54	79	0	0	0
	50 – 54	32	63	95	0	0	0
	55 – 59	20	31	51	0	0	0
	60 – 64	8	11	19	0	0	0
	65+	0	0	0	0	0	0
	Total	**139**	**262**	**401**	**395**	**384**	**779**

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Employee & Family	**0 – 19**	0	0	0	180	164	344
	20 – 24	0	0	0	79	68	147
	25 – 29	1	2	3	21	17	38
	30 – 34	6	6	12	5	11	16
	35 – 39	16	13	29	10	20	30
	40 – 44	21	24	45	20	21	41
	45 – 49	20	29	49	25	24	49
	50 – 54	25	27	52	29	22	51
	55 – 59	17	30	47	31	12	43
	60 – 64	6	9	15	12	4	16
	65+	1	0	1	5	0	5
	Total	**113**	**140**	**253**	**417**	**363**	**780**
All Tiers	**0 – 19**	0	0	0	441	400	841
	20 – 24	5	5	10	197	194	391
	25 – 29	20	35	55	42	43	85
	30 – 34	32	65	97	8	18	26
	35 – 39	55	95	150	12	28	40
	40 – 44	72	130	202	26	26	52
	45 – 49	72	157	229	29	31	60
	50 – 54	77	190	267	57	31	88
	55 – 59	63	185	248	77	23	100
	60 – 64	43	134	177	70	18	88
	65+	12	24	36	39	3	42
	Total	**451**	**1,020**	**1,471**	**998**	**815**	**1,813**

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Benefit Package: Benefit Package 090

Tier	Age Band	Employees			Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	1	0	1	1	0	1
	25 – 29	1	3	4	0	0	0
	30 – 34	5	10	15	0	0	0
	35 – 39	0	6	6	0	0	0
	40 – 44	5	7	12	0	0	0
	45 – 49	4	8	12	0	0	0
	50 – 54	4	19	23	0	0	0
	55 – 59	6	32	38	0	0	0
	60 – 64	11	27	38	0	0	0
	65+	4	5	9	0	0	0
	Total	**41**	**117**	**158**	**1**	**0**	**1**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	1	0	1	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	1	0	1	1	1	2
	55 – 59	0	2	2	0	1	1
	60 – 64	0	1	1	2	0	2
	65+	0	1	1	1	0	1
	Total	**2**	**4**	**6**	**4**	**2**	**6**

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Employee & Children	**0 – 19**	0	0	0	8	14	22
	20 – 24	0	0	0	4	6	10
	25 – 29	1	0	1	0	2	2
	30 – 34	0	1	1	0	0	0
	35 – 39	1	3	4	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	2	2	4	0	0	0
	50 – 54	0	3	3	0	0	0
	55 – 59	0	4	4	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**4**	**14**	**18**	**12**	**22**	**34**
Employee & Family	**0 – 19**	0	0	0	3	2	5
	20 – 24	0	0	0	1	2	3
	25 – 29	0	0	0	1	0	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	1	1
	40 – 44	1	0	1	0	0	0
	45 – 49	0	2	2	1	1	2
	50 – 54	1	0	1	1	0	1
	55 – 59	1	0	1	0	1	1
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**3**	**2**	**5**	**7**	**7**	**14**

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All Tiers	**0 – 19**	0	0	0	11	16	27
	20 – 24	1	0	1	6	8	14
	25 – 29	2	3	5	1	2	3
	30 – 34	5	11	16	0	0	0
	35 – 39	1	9	10	0	1	1
	40 – 44	7	8	15	0	0	0
	45 – 49	6	12	18	1	1	2
	50 – 54	6	22	28	2	1	3
	55 – 59	7	38	45	0	2	2
	60 – 64	11	28	39	2	0	2
	65+	4	6	10	1	0	1
	Total	**50**	**137**	**187**	**24**	**31**	**55**

Benefit Package: Benefit Package 091

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	1	1	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	1	1	2	0	0	0
	45 – 49	1	1	2	0	0	0
	50 – 54	0	2	2	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**6**	**8**	**0**	**0**	**0**

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Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	1	1	0	0	0
	30 – 34	1	0	1	1	1	2
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	1	0	1	0	1	1
	55 – 59	1	0	1	0	1	1
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**3**	**1**	**4**	**1**	**3**	**4**
Employee & Children	**0 – 19**	0	0	0	6	3	9
	20 – 24	0	0	0	3	0	3
	25 – 29	0	0	0	1	0	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	2	1	3	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	1	1	2	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	1	0	1	0	0	0
	65+	1	0	1	0	0	0
	Total	**5**	**2**	**7**	**10**	**3**	**13**

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Employee & Family	**0 – 19**	0	0	0	5	4	9
	20 – 24	0	0	0	2	2	4
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	1	0	1	0	1	1
	40 – 44	1	1	2	0	0	0
	45 – 49	0	0	0	1	1	2
	50 – 54	2	0	2	0	2	2
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**4**	**1**	**5**	**8**	**10**	**18**
All Tiers	**0 – 19**	0	0	0	11	7	18
	20 – 24	0	0	0	5	2	7
	25 – 29	0	2	2	1	0	1
	30 – 34	1	0	1	1	1	2
	35 – 39	1	0	1	0	1	1
	40 – 44	4	3	7	0	0	0
	45 – 49	1	1	2	1	1	2
	50 – 54	4	3	7	0	3	3
	55 – 59	1	0	1	0	1	1
	60 – 64	1	1	2	0	0	0
	65+	1	0	1	0	0	0
	Total	**14**	**10**	**24**	**19**	**16**	**35**

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Demographics by Benefit Package

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Benefit Package: Benefit Package 092

Tier	Age Band	Employees			Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	1	1	2	0	2
	20 – 24	5	1	6	0	0	0
	25 – 29	15	16	31	3	0	3
	30 – 34	10	21	31	0	0	0
	35 – 39	10	14	24	0	0	0
	40 – 44	18	52	70	0	0	0
	45 – 49	20	53	73	0	0	0
	50 – 54	31	100	131	0	0	0
	55 – 59	37	121	158	0	0	0
	60 – 64	37	119	156	0	0	0
	65+	11	53	64	0	0	0
	Total	**194**	**551**	**745**	**5**	**0**	**5**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	0	1	0	2	2
	30 – 34	1	0	1	0	0	0
	35 – 39	0	0	0	1	0	1
	40 – 44	0	1	1	0	0	0
	45 – 49	0	2	2	0	1	1
	50 – 54	3	7	10	3	0	3
	55 – 59	3	15	18	6	4	10
	60 – 64	2	13	15	17	6	23
	65+	6	7	13	18	3	21
	Total	**16**	**45**	**61**	**45**	**16**	**61**

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Employee & Children	**0 – 19**	0	0	0	90	85	175
	20 – 24	0	0	0	38	48	86
	25 – 29	0	2	2	5	9	14
	30 – 34	3	6	9	0	0	0
	35 – 39	3	15	18	0	1	1
	40 – 44	7	17	24	0	1	1
	45 – 49	6	17	23	0	0	0
	50 – 54	5	31	36	0	0	0
	55 – 59	7	25	32	0	0	0
	60 – 64	7	3	10	0	0	0
	65+	0	3	3	0	0	0
	Total	**38**	**119**	**157**	**133**	**144**	**277**
Employee & Family	**0 – 19**	0	0	0	26	25	51
	20 – 24	0	0	0	10	14	24
	25 – 29	0	0	0	0	3	3
	30 – 34	2	0	2	0	1	1
	35 – 39	1	1	2	0	2	2
	40 – 44	2	3	5	2	3	5
	45 – 49	4	1	5	1	3	4
	50 – 54	1	5	6	6	3	9
	55 – 59	3	8	11	7	3	10
	60 – 64	4	2	6	2	3	5
	65+	0	0	0	1	0	1
	Total	**17**	**20**	**37**	**55**	**60**	**115**

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All Tiers	**0 – 19**	0	1	1	118	110	228
	20 – 24	5	1	6	48	62	110
	25 – 29	16	18	34	8	14	22
	30 – 34	16	27	43	0	1	1
	35 – 39	14	30	44	1	3	4
	40 – 44	27	73	100	2	4	6
	45 – 49	30	73	103	1	4	5
	50 – 54	40	143	183	9	3	12
	55 – 59	50	169	219	13	7	20
	60 – 64	50	137	187	19	9	28
	65+	17	63	80	19	3	22
	Total	**265**	**735**	**1,000**	**238**	**220**	**458**

Benefit Package: Benefit Package 093

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	4	4	0	0	0
	25 – 29	5	19	24	0	1	1
	30 – 34	10	22	32	0	0	0
	35 – 39	5	12	17	0	0	0
	40 – 44	8	35	43	0	0	0
	45 – 49	8	46	54	0	0	0
	50 – 54	19	74	93	0	0	0
	55 – 59	25	99	124	0	0	0
	60 – 64	18	80	98	1	0	1
	65+	11	20	31	0	0	0
	Total	**109**	**411**	**520**	**1**	**1**	**2**

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Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	1	1
	25 – 29	1	1	2	0	0	0
	30 – 34	0	2	2	2	0	2
	35 – 39	0	1	1	3	0	3
	40 – 44	0	5	5	1	0	1
	45 – 49	1	3	4	4	0	4
	50 – 54	2	4	6	5	3	8
	55 – 59	2	23	25	11	2	13
	60 – 64	6	19	25	29	7	36
	65+	1	6	7	8	1	9
	Total	**13**	**64**	**77**	**63**	**14**	**77**
Employee & Children	**0 – 19**	0	0	0	106	119	225
	20 – 24	0	0	0	49	28	77
	25 – 29	1	5	6	9	7	16
	30 – 34	2	12	14	1	0	1
	35 – 39	4	9	13	0	0	0
	40 – 44	11	27	38	0	0	0
	45 – 49	4	30	34	0	0	0
	50 – 54	8	31	39	0	0	0
	55 – 59	6	19	25	0	0	0
	60 – 64	2	1	3	0	0	0
	65+	0	1	1	0	0	0
	Total	**38**	**135**	**173**	**165**	**154**	**319**

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Employee & Family	**0 – 19**	0	0	0	27	37	64
	20 – 24	0	0	0	23	20	43
	25 – 29	0	0	0	2	4	6
	30 – 34	2	1	3	0	2	2
	35 – 39	1	2	3	0	4	4
	40 – 44	5	5	10	6	4	10
	45 – 49	3	5	8	4	2	6
	50 – 54	4	9	13	6	7	13
	55 – 59	3	8	11	11	3	14
	60 – 64	4	2	6	3	0	3
	65+	0	0	0	2	0	2
	Total	**22**	**32**	**54**	**84**	**83**	**167**
All Tiers	**0 – 19**	0	0	0	133	156	289
	20 – 24	0	4	4	72	49	121
	25 – 29	7	25	32	11	12	23
	30 – 34	14	37	51	3	2	5
	35 – 39	10	24	34	3	4	7
	40 – 44	24	72	96	7	4	11
	45 – 49	16	84	100	8	2	10
	50 – 54	33	118	151	11	10	21
	55 – 59	36	149	185	22	5	27
	60 – 64	30	102	132	33	7	40
	65+	12	27	39	10	1	11
	Total	**182**	**642**	**824**	**313**	**252**	**565**

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Demographics by Benefit Package

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Benefit Package: Benefit Package 094

Tier	Age Band	Employees			Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	1	1	0	0	0
	25 – 29	0	1	1	0	0	0
	30 – 34	0	2	2	0	0	0
	35 – 39	0	2	2	0	0	0
	40 – 44	1	2	3	0	0	0
	45 – 49	0	3	3	0	0	0
	50 – 54	0	4	4	0	0	0
	55 – 59	0	5	5	0	0	0
	60 – 64	0	2	2	0	0	0
	65+	0	1	1	0	0	0
	Total	**1**	**23**	**24**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	0	0	0	1	1
	50 – 54	0	1	1	0	0	0
	55 – 59	1	5	6	2	0	2
	60 – 64	0	2	2	5	1	6
	65+	0	1	1	2	0	2
	Total	**1**	**10**	**11**	**9**	**2**	**11**

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Employee & Children	**0 – 19**	0	0	0	36	42	78
	20 – 24	0	0	0	12	12	24
	25 – 29	0	0	0	2	0	2
	30 – 34	1	5	6	0	0	0
	35 – 39	4	1	5	0	0	0
	40 – 44	3	6	9	0	0	0
	45 – 49	5	6	11	0	0	0
	50 – 54	2	6	8	0	0	0
	55 – 59	2	4	6	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**17**	**29**	**46**	**50**	**54**	**104**
Employee & Family	**0 – 19**	0	0	0	7	12	19
	20 – 24	0	0	0	5	4	9
	25 – 29	0	0	0	0	0	0
	30 – 34	1	2	3	0	1	1
	35 – 39	0	0	0	1	0	1
	40 – 44	0	2	2	3	0	3
	45 – 49	3	3	6	2	3	5
	50 – 54	0	3	3	3	0	3
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	1	0	1
	65+	0	0	0	0	0	0
	Total	**4**	**10**	**14**	**22**	**20**	**42**

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All Tiers	**0 – 19**	0	0	0	43	54	97
	20 – 24	0	1	1	17	16	33
	25 – 29	0	1	1	2	0	2
	30 – 34	2	9	11	0	1	1
	35 – 39	4	3	7	1	0	1
	40 – 44	4	11	15	3	0	3
	45 – 49	8	12	20	2	4	6
	50 – 54	2	14	16	3	0	3
	55 – 59	3	14	17	2	0	2
	60 – 64	0	5	5	6	1	7
	65+	0	2	2	2	0	2
	Total	**23**	**72**	**95**	**81**	**76**	**157**

Benefit Package: Benefit Package 095

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	1	1	2	0	0	0
	25 – 29	2	6	8	1	0	1
	30 – 34	3	4	7	0	0	0
	35 – 39	3	9	12	0	0	0
	40 – 44	3	17	20	0	0	0
	45 – 49	1	24	25	0	0	0
	50 – 54	3	26	29	0	0	0
	55 – 59	6	27	33	0	0	0
	60 – 64	5	18	23	0	0	0
	65+	3	2	5	0	0	0
	Total	**30**	**134**	**164**	**1**	**0**	**1**

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Demographics by Benefit Package

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Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	1	1	1	0	1
	30 – 34	0	1	1	1	0	1
	35 – 39	0	0	0	0	1	1
	40 – 44	0	3	3	2	1	3
	45 – 49	1	3	4	0	0	0
	50 – 54	1	9	10	4	1	5
	55 – 59	5	10	15	11	6	17
	60 – 64	5	16	21	19	4	23
	65+	1	3	4	7	1	8
	Total	**13**	**46**	**59**	**45**	**14**	**59**
Employee & Children	**0 – 19**	0	0	0	107	91	198
	20 – 24	0	0	0	46	48	94
	25 – 29	2	0	2	12	4	16
	30 – 34	1	2	3	1	0	1
	35 – 39	9	10	19	0	0	0
	40 – 44	10	20	30	0	0	0
	45 – 49	7	35	42	0	0	0
	50 – 54	10	31	41	0	0	0
	55 – 59	5	19	24	0	0	0
	60 – 64	1	4	5	0	0	0
	65+	0	0	0	0	0	0
	Total	**45**	**121**	**166**	**166**	**143**	**309**

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Demographics by Benefit Package

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Employee & Family	**0 – 19**	0	0	0	40	27	67
	20 – 24	0	0	0	24	16	40
	25 – 29	0	0	0	3	1	4
	30 – 34	1	1	2	0	1	1
	35 – 39	3	3	6	2	3	5
	40 – 44	3	4	7	4	3	7
	45 – 49	0	11	11	9	1	10
	50 – 54	4	14	18	7	2	9
	55 – 59	3	6	9	13	6	19
	60 – 64	2	3	5	4	1	5
	65+	0	0	0	2	0	2
	Total	**16**	**42**	**58**	**108**	**61**	**169**
All Tiers	**0 – 19**	0	0	0	147	118	265
	20 – 24	1	1	2	70	64	134
	25 – 29	4	7	11	17	5	22
	30 – 34	5	8	13	2	1	3
	35 – 39	15	22	37	2	4	6
	40 – 44	16	44	60	6	4	10
	45 – 49	9	73	82	9	1	10
	50 – 54	18	80	98	11	3	14
	55 – 59	19	62	81	24	12	36
	60 – 64	13	41	54	23	5	28
	65+	4	5	9	9	1	10
	Total	**104**	**343**	**447**	**320**	**218**	**538**

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Demographics by Benefit Package
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Benefit Package: Benefit Package 096

Tier	Age Band	Employees			Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	3	4	7	1	0	1
	25 – 29	2	21	23	0	0	0
	30 – 34	6	11	17	0	0	0
	35 – 39	3	13	16	0	0	0
	40 – 44	5	20	25	0	0	0
	45 – 49	6	24	30	0	0	0
	50 – 54	9	33	42	0	0	0
	55 – 59	9	47	56	1	0	1
	60 – 64	10	29	39	0	0	0
	65+	3	3	6	0	0	0
	Total	**56**	**205**	**261**	**2**	**0**	**2**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	1	0	1	1	1	2
	45 – 49	3	2	5	1	3	4
	50 – 54	0	5	5	1	3	4
	55 – 59	3	12	15	10	1	11
	60 – 64	6	11	17	16	4	20
	65+	1	4	5	6	2	8
	Total	**14**	**35**	**49**	**35**	**14**	**49**

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Demographics by Benefit Package

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Employee & Children	**0 – 19**	0	0	0	81	45	126
	20 – 24	1	1	2	30	40	70
	25 – 29	1	1	2	2	4	6
	30 – 34	2	1	3	0	0	0
	35 – 39	3	13	16	0	0	0
	40 – 44	5	14	19	0	0	0
	45 – 49	3	23	26	0	0	0
	50 – 54	3	23	26	0	0	0
	55 – 59	3	14	17	0	0	0
	60 – 64	0	5	5	0	0	0
	65+	0	0	0	0	0	0
	Total	**21**	**95**	**116**	**113**	**89**	**202**
Employee & Family	**0 – 19**	0	0	0	21	20	41
	20 – 24	0	0	0	11	12	23
	25 – 29	0	0	0	0	2	2
	30 – 34	0	0	0	0	0	0
	35 – 39	1	0	1	0	2	2
	40 – 44	4	2	6	3	1	4
	45 – 49	2	6	8	4	4	8
	50 – 54	2	4	6	2	3	5
	55 – 59	3	4	7	4	5	9
	60 – 64	4	1	5	5	1	6
	65+	0	1	1	0	0	0
	Total	**16**	**18**	**34**	**50**	**50**	**100**

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All Tiers	**0 – 19**	0	0	0	102	65	167
	20 – 24	4	5	9	42	52	94
	25 – 29	3	22	25	2	6	8
	30 – 34	8	13	21	0	0	0
	35 – 39	7	26	33	0	2	2
	40 – 44	15	36	51	4	2	6
	45 – 49	14	55	69	5	7	12
	50 – 54	14	65	79	3	6	9
	55 – 59	18	77	95	15	6	21
	60 – 64	20	46	66	21	5	26
	65+	4	8	12	6	2	8
	Total	**107**	**353**	**460**	**200**	**153**	**353**

Benefit Package: Benefit Package 097

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	1	0	1	0	0	0
	25 – 29	3	12	15	0	0	0
	30 – 34	4	10	14	0	0	0
	35 – 39	4	13	17	0	0	0
	40 – 44	6	8	14	0	0	0
	45 – 49	4	16	20	0	0	0
	50 – 54	7	47	54	0	0	0
	55 – 59	12	33	45	0	0	0
	60 – 64	4	37	41	0	0	0
	65+	3	9	12	0	0	0
	Total	**48**	**185**	**233**	**0**	**0**	**0**

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Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	1	0	1
	45 – 49	0	0	0	1	0	1
	50 – 54	0	3	3	3	0	3
	55 – 59	2	6	8	3	3	6
	60 – 64	3	9	12	10	2	12
	65+	0	0	0	1	0	1
	Total	**5**	**19**	**24**	**19**	**5**	**24**
Employee & Children	**0 – 19**	0	0	0	28	24	52
	20 – 24	1	0	1	17	15	32
	25 – 29	0	0	0	2	3	5
	30 – 34	0	1	1	1	0	1
	35 – 39	1	4	5	0	0	0
	40 – 44	2	5	7	0	0	0
	45 – 49	2	11	13	0	0	0
	50 – 54	4	9	13	0	0	0
	55 – 59	3	1	4	0	0	0
	60 – 64	2	3	5	0	0	0
	65+	0	0	0	0	0	0
	Total	**15**	**34**	**49**	**48**	**42**	**90**

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Employee & Family	**0 – 19**	0	0	0	6	7	13
	20 – 24	0	0	0	5	4	9
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	2	2	1	0	1
	45 – 49	0	4	4	3	1	4
	50 – 54	1	1	2	3	1	4
	55 – 59	1	3	4	2	0	2
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	1	1	2
	Total	**2**	**11**	**13**	**21**	**14**	**35**
All Tiers	**0 – 19**	0	0	0	34	31	65
	20 – 24	2	0	2	22	19	41
	25 – 29	3	12	15	2	3	5
	30 – 34	4	12	16	1	0	1
	35 – 39	5	17	22	0	0	0
	40 – 44	8	15	23	2	0	2
	45 – 49	6	31	37	4	1	5
	50 – 54	12	60	72	6	1	7
	55 – 59	18	43	61	5	3	8
	60 – 64	9	50	59	10	2	12
	65+	3	9	12	2	1	3
	Total	**70**	**249**	**319**	**88**	**61**	**149**

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Benefit Package: Benefit Package 098

Tier	Age Band	Employees			Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	1	0	1
	25 – 29	2	4	6	1	0	1
	30 – 34	1	4	5	0	0	0
	35 – 39	1	5	6	0	0	0
	40 – 44	1	7	8	0	0	0
	45 – 49	1	16	17	0	0	0
	50 – 54	2	8	10	0	0	0
	55 – 59	1	18	19	0	1	1
	60 – 64	1	5	6	0	0	0
	65+	3	1	4	0	0	0
	Total	**13**	**68**	**81**	**2**	**1**	**3**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	1	0	1	0	1	1
	25 – 29	1	1	2	1	2	3
	30 – 34	3	0	3	0	2	2
	35 – 39	1	0	1	0	1	1
	40 – 44	0	2	2	0	0	0
	45 – 49	0	1	1	1	0	1
	50 – 54	2	6	8	3	1	4
	55 – 59	1	10	11	7	4	11
	60 – 64	1	9	10	16	2	18
	65+	2	1	3	1	0	1
	Total	**12**	**30**	**42**	**29**	**13**	**42**

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Demographics by Benefit Package

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Employee & Children	**0 – 19**	0	0	0	65	63	128
	20 – 24	0	0	0	19	25	44
	25 – 29	0	1	1	3	4	7
	30 – 34	1	6	7	0	0	0
	35 – 39	1	16	17	0	0	0
	40 – 44	1	15	16	0	0	0
	45 – 49	6	12	18	0	0	0
	50 – 54	4	14	18	0	0	0
	55 – 59	1	7	8	0	0	0
	60 – 64	0	3	3	0	0	0
	65+	0	0	0	0	0	0
	Total	**14**	**74**	**88**	**87**	**92**	**179**
Employee & Family	**0 – 19**	0	0	0	43	42	85
	20 – 24	0	0	0	21	18	39
	25 – 29	2	0	2	4	4	8
	30 – 34	1	4	5	2	1	3
	35 – 39	5	1	6	1	5	6
	40 – 44	4	6	10	4	6	10
	45 – 49	7	11	18	11	4	15
	50 – 54	5	6	11	4	6	10
	55 – 59	2	8	10	9	1	10
	60 – 64	1	0	1	3	1	4
	65+	1	0	1	1	0	1
	Total	**28**	**36**	**64**	**103**	**88**	**191**

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All Tiers	**0 – 19**	0	0	0	108	105	213
	20 – 24	1	0	1	41	44	85
	25 – 29	5	6	11	9	10	19
	30 – 34	6	14	20	2	3	5
	35 – 39	8	22	30	1	6	7
	40 – 44	6	30	36	4	6	10
	45 – 49	14	40	54	12	4	16
	50 – 54	13	34	47	7	7	14
	55 – 59	5	43	48	16	6	22
	60 – 64	3	17	20	19	3	22
	65+	6	2	8	2	0	2
	Total	**67**	**208**	**275**	**221**	**194**	**415**

Benefit Package: Benefit Package 099

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	0	1	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**2**	**3**	**0**	**0**	**0**

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Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	1	1	1	0	1
	35 – 39	0	0	0	0	1	1
	40 – 44	0	0	0	0	0	0
	45 – 49	1	0	1	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	2	0	2	0	2	2
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**3**	**1**	**4**	**1**	**3**	**4**
Employee & Children	**0 – 19**	0	0	0	2	2	4
	20 – 24	0	0	0	0	2	2
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**2**	**2**	**2**	**4**	**6**

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Employee & Family	**0 – 19**	0	0	0	2	3	5
	20 – 24	0	0	0	0	1	1
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	0	0	1	1	2
	45 – 49	1	0	1	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**1**	**2**	**3**	**5**	**8**
All Tiers	**0 – 19**	0	0	0	4	5	9
	20 – 24	0	0	0	0	3	3
	25 – 29	1	0	1	0	0	0
	30 – 34	0	2	2	1	0	1
	35 – 39	0	1	1	0	1	1
	40 – 44	0	0	0	1	1	2
	45 – 49	2	1	3	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	2	1	3	0	2	2
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**5**	**6**	**11**	**6**	**12**	**18**

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Benefit Package: Benefit Package 101

Tier	Age Band	Employees			Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	1	0	1
	20 – 24	1	5	6	0	0	0
	25 – 29	11	33	44	0	0	0
	30 – 34	10	53	63	0	0	0
	35 – 39	17	33	50	0	0	0
	40 – 44	17	45	62	0	0	0
	45 – 49	14	59	73	0	0	0
	50 – 54	24	88	112	0	0	0
	55 – 59	28	117	145	0	0	0
	60 – 64	30	116	146	0	0	0
	65+	11	31	42	0	0	0
	Total	**163**	**580**	**743**	**1**	**0**	**1**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	2	2	0	0	0
	30 – 34	0	0	0	2	0	2
	35 – 39	0	1	1	0	0	0
	40 – 44	0	0	0	1	1	2
	45 – 49	0	0	0	0	0	0
	50 – 54	3	7	10	2	2	4
	55 – 59	3	20	23	8	4	12
	60 – 64	7	27	34	38	6	44
	65+	4	7	11	14	4	18
	Total	**17**	**64**	**81**	**65**	**17**	**82**

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Employee & Children	**0 – 19**	0	0	0	21	27	48
	20 – 24	0	0	0	13	8	21
	25 – 29	0	2	2	1	0	1
	30 – 34	2	5	7	1	0	1
	35 – 39	0	3	3	0	0	0
	40 – 44	3	3	6	0	0	0
	45 – 49	0	5	5	0	0	0
	50 – 54	2	8	10	0	0	0
	55 – 59	3	8	11	0	0	0
	60 – 64	1	2	3	0	0	0
	65+	0	0	0	0	0	0
	Total	**11**	**36**	**47**	**36**	**35**	**71**
Employee & Family	**0 – 19**	0	0	0	11	15	26
	20 – 24	0	0	0	17	12	29
	25 – 29	0	0	0	5	1	6
	30 – 34	1	0	1	0	1	1
	35 – 39	0	1	1	1	1	2
	40 – 44	1	2	3	3	0	3
	45 – 49	0	3	3	2	2	4
	50 – 54	3	10	13	6	1	7
	55 – 59	1	9	10	7	1	8
	60 – 64	2	5	7	9	3	12
	65+	2	0	2	2	1	3
	Total	**10**	**30**	**40**	**63**	**38**	**101**

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All Tiers	**0 – 19**	0	0	0	33	42	75
	20 – 24	1	5	6	30	20	50
	25 – 29	11	37	48	6	1	7
	30 – 34	13	58	71	3	1	4
	35 – 39	17	38	55	1	1	2
	40 – 44	21	50	71	4	1	5
	45 – 49	14	67	81	2	2	4
	50 – 54	32	113	145	8	3	11
	55 – 59	35	154	189	15	5	20
	60 – 64	40	150	190	47	9	56
	65+	17	38	55	16	5	21
	Total	**201**	**710**	**911**	**165**	**90**	**255**

Benefit Package: Benefit Package 102

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	1	1	0	0	0
	20 – 24	0	5	5	0	0	0
	25 – 29	1	12	13	0	0	0
	30 – 34	3	13	16	0	0	0
	35 – 39	3	6	9	0	0	0
	40 – 44	1	7	8	0	0	0
	45 – 49	4	10	14	0	0	0
	50 – 54	5	14	19	0	0	0
	55 – 59	1	15	16	0	0	0
	60 – 64	3	10	13	0	0	0
	65+	0	1	1	0	0	0
	Total	**21**	**94**	**115**	**0**	**0**	**0**

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Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	2	5	7	3	2	5
	30 – 34	0	2	2	3	1	4
	35 – 39	1	2	3	3	2	5
	40 – 44	2	2	4	2	2	4
	45 – 49	2	3	5	2	2	4
	50 – 54	1	15	16	3	3	6
	55 – 59	9	16	25	24	11	35
	60 – 64	12	34	46	26	7	33
	65+	5	9	14	23	3	26
	Total	**34**	**88**	**122**	**89**	**33**	**122**
Employee & Children	**0 – 19**	0	0	0	140	138	278
	20 – 24	0	1	1	49	54	103
	25 – 29	2	4	6	9	12	21
	30 – 34	4	9	13	0	0	0
	35 – 39	6	22	28	0	0	0
	40 – 44	19	38	57	0	0	0
	45 – 49	10	38	48	0	0	0
	50 – 54	13	41	54	0	0	0
	55 – 59	13	37	50	0	0	0
	60 – 64	6	6	12	0	0	0
	65+	1	0	1	0	0	0
	Total	**74**	**196**	**270**	**198**	**204**	**402**

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Employee & Family	**0 – 19**	0	0	0	107	86	193
	20 – 24	0	0	0	35	24	59
	25 – 29	0	1	1	7	4	11
	30 – 34	4	9	13	5	5	10
	35 – 39	6	10	16	11	6	17
	40 – 44	9	14	23	12	10	22
	45 – 49	10	9	19	8	18	26
	50 – 54	13	33	46	24	11	35
	55 – 59	10	17	27	24	8	32
	60 – 64	4	4	8	13	1	14
	65+	2	1	3	0	0	0
	Total	**58**	**98**	**156**	**246**	**173**	**419**
All Tiers	**0 – 19**	0	1	1	247	224	471
	20 – 24	0	6	6	84	78	162
	25 – 29	5	22	27	19	18	37
	30 – 34	11	33	44	8	6	14
	35 – 39	16	40	56	14	8	22
	40 – 44	31	61	92	14	12	26
	45 – 49	26	60	86	10	20	30
	50 – 54	32	103	135	27	14	41
	55 – 59	33	85	118	48	19	67
	60 – 64	25	54	79	39	8	47
	65+	8	11	19	23	3	26
	Total	**187**	**476**	**663**	**533**	**410**	**943**

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Benefit Package: Benefit Package 103

Tier	Age Band	Employees			Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	4	4	0	0	0
	40 – 44	1	3	4	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**8**	**9**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	3	3	1	0	1
	30 – 34	0	2	2	3	2	5
	35 – 39	1	0	1	1	0	1
	40 – 44	1	1	2	1	2	3
	45 – 49	1	1	2	0	0	0
	50 – 54	2	1	3	1	1	2
	55 – 59	1	4	5	5	1	6
	60 – 64	0	1	1	1	1	2
	65+	5	1	6	1	4	5
	Total	**11**	**14**	**25**	**14**	**11**	**25**

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Employee & Children	**0 – 19**	0	0	0	36	26	62
	20 – 24	0	0	0	4	2	6
	25 – 29	0	0	0	1	0	1
	30 – 34	2	4	6	0	0	0
	35 – 39	2	7	9	0	0	0
	40 – 44	1	5	6	0	0	0
	45 – 49	4	4	8	0	0	0
	50 – 54	1	3	4	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**10**	**24**	**34**	**41**	**28**	**69**
Employee & Family	**0 – 19**	0	0	0	40	43	83
	20 – 24	0	0	0	12	12	24
	25 – 29	0	0	0	0	1	1
	30 – 34	3	2	5	4	4	8
	35 – 39	5	2	7	0	7	7
	40 – 44	3	8	11	3	2	5
	45 – 49	4	9	13	6	4	10
	50 – 54	4	3	7	6	2	8
	55 – 59	3	5	8	7	3	10
	60 – 64	0	0	0	2	0	2
	65+	0	0	0	1	0	1
	Total	**22**	**29**	**51**	**81**	**78**	**159**

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All Tiers	**0 – 19**	0	0	0	76	69	145
	20 – 24	0	0	0	16	14	30
	25 – 29	0	3	3	2	1	3
	30 – 34	5	8	13	7	6	13
	35 – 39	8	13	21	1	7	8
	40 – 44	6	17	23	4	4	8
	45 – 49	9	15	24	6	4	10
	50 – 54	7	7	14	7	3	10
	55 – 59	4	9	13	12	4	16
	60 – 64	0	2	2	3	1	4
	65+	5	1	6	2	4	6
	Total	**44**	**75**	**119**	**136**	**117**	**253**

Benefit Package: Benefit Package 105

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	2	3	0	0	0
	30 – 34	1	0	1	0	0	0
	35 – 39	1	0	1	0	0	0
	40 – 44	1	1	2	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	2	2	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**4**	**6**	**10**	**0**	**0**	**0**

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Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	1	1	0	1	1
	25 – 29	1	2	3	3	1	4
	30 – 34	1	2	3	2	0	2
	35 – 39	0	3	3	1	1	2
	40 – 44	1	2	3	3	1	4
	45 – 49	2	1	3	3	2	5
	50 – 54	2	6	8	2	2	4
	55 – 59	2	4	6	7	2	9
	60 – 64	1	12	13	7	2	9
	65+	2	2	4	7	0	7
	Total	**12**	**35**	**47**	**35**	**12**	**47**
Employee & Children	**0 – 19**	0	0	0	25	20	45
	20 – 24	0	0	0	8	7	15
	25 – 29	1	2	3	1	1	2
	30 – 34	0	3	3	0	0	0
	35 – 39	1	3	4	0	0	0
	40 – 44	1	7	8	0	0	0
	45 – 49	1	6	7	0	0	0
	50 – 54	0	5	5	0	0	0
	55 – 59	1	1	2	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	1	0	1	0	0	0
	Total	**6**	**27**	**33**	**34**	**28**	**62**

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Employee & Family	**0 – 19**	0	0	0	56	49	105
	20 – 24	0	0	0	20	19	39
	25 – 29	1	1	2	2	3	5
	30 – 34	7	3	10	3	8	11
	35 – 39	3	7	10	5	4	9
	40 – 44	3	9	12	6	3	9
	45 – 49	3	8	11	9	5	14
	50 – 54	5	4	9	9	3	12
	55 – 59	3	9	12	6	2	8
	60 – 64	0	2	2	3	0	3
	65+	0	1	1	3	0	3
	Total	**25**	**44**	**69**	**122**	**96**	**218**
All Tiers	**0 – 19**	0	0	0	81	69	150
	20 – 24	0	1	1	28	27	55
	25 – 29	4	7	11	6	5	11
	30 – 34	9	8	17	5	8	13
	35 – 39	5	13	18	6	5	11
	40 – 44	6	19	25	9	4	13
	45 – 49	6	15	21	12	7	19
	50 – 54	7	17	24	11	5	16
	55 – 59	6	15	21	13	4	17
	60 – 64	1	14	15	10	2	12
	65+	3	3	6	10	0	10
	Total	**47**	**112**	**159**	**191**	**136**	**327**

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Benefit Package: Benefit Package 106

Tier	Age Band	Employees			Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	2	9	11	0	0	0
	25 – 29	9	25	34	0	0	0
	30 – 34	18	26	44	0	0	0
	35 – 39	8	33	41	0	0	0
	40 – 44	13	26	39	0	0	0
	45 – 49	10	33	43	0	0	0
	50 – 54	11	44	55	0	0	0
	55 – 59	13	69	82	0	0	0
	60 – 64	16	56	72	0	0	0
	65+	2	12	14	0	0	0
	Total	**102**	**333**	**435**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	1	0	1
	40 – 44	0	0	0	1	0	1
	45 – 49	1	2	3	0	0	0
	50 – 54	0	1	1	3	1	4
	55 – 59	1	14	15	7	5	12
	60 – 64	2	15	17	17	3	20
	65+	5	3	8	7	0	7
	Total	**9**	**36**	**45**	**36**	**9**	**45**

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Employee & Children	**0 – 19**	0	0	0	163	138	301
	20 – 24	0	0	0	44	44	88
	25 – 29	1	7	8	5	9	14
	30 – 34	5	21	26	0	0	0
	35 – 39	13	31	44	0	0	0
	40 – 44	8	21	29	0	0	0
	45 – 49	12	21	33	0	0	0
	50 – 54	13	25	38	0	0	0
	55 – 59	12	25	37	0	0	0
	60 – 64	2	6	8	0	0	0
	65+	1	0	1	0	0	0
	Total	**67**	**157**	**224**	**212**	**191**	**403**
Employee & Family	**0 – 19**	0	0	0	14	14	28
	20 – 24	0	0	0	10	4	14
	25 – 29	0	0	0	3	2	5
	30 – 34	0	1	1	0	1	1
	35 – 39	1	0	1	2	1	3
	40 – 44	0	2	2	1	1	2
	45 – 49	2	2	4	2	1	3
	50 – 54	3	3	6	4	3	7
	55 – 59	1	5	6	2	0	2
	60 – 64	1	2	3	4	1	5
	65+	0	0	0	0	0	0
	Total	**8**	**15**	**23**	**42**	**28**	**70**

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All Tiers	**0 – 19**	0	0	0	177	152	329
	20 – 24	2	9	11	54	48	102
	25 – 29	10	32	42	8	11	19
	30 – 34	23	48	71	0	1	1
	35 – 39	22	65	87	3	1	4
	40 – 44	21	49	70	2	1	3
	45 – 49	25	58	83	2	1	3
	50 – 54	27	73	100	7	4	11
	55 – 59	27	113	140	9	5	14
	60 – 64	21	79	100	21	4	25
	65+	8	15	23	7	0	7
	Total	**186**	**541**	**727**	**290**	**228**	**518**

Benefit Package: Benefit Package 107

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	3	3	0	0	0
	25 – 29	4	13	17	0	0	0
	30 – 34	4	16	20	0	0	0
	35 – 39	1	10	11	0	0	0
	40 – 44	5	8	13	0	0	0
	45 – 49	2	9	11	0	0	0
	50 – 54	3	14	17	0	0	0
	55 – 59	4	11	15	0	0	0
	60 – 64	4	8	12	0	0	0
	65+	0	2	2	0	0	0
	Total	**27**	**94**	**121**	**0**	**0**	**0**

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Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	2	2	1	0	1
	30 – 34	0	1	1	1	0	1
	35 – 39	0	0	0	0	0	0
	40 – 44	1	1	2	1	1	2
	45 – 49	2	0	2	1	0	1
	50 – 54	2	6	8	4	2	6
	55 – 59	2	8	10	7	2	9
	60 – 64	3	10	13	10	7	17
	65+	5	1	6	4	3	7
	Total	**15**	**29**	**44**	**29**	**15**	**44**
Employee & Children	**0 – 19**	0	0	0	158	154	312
	20 – 24	0	0	0	31	37	68
	25 – 29	1	10	11	2	4	6
	30 – 34	3	22	25	0	0	0
	35 – 39	7	31	38	0	0	0
	40 – 44	11	22	33	0	0	0
	45 – 49	13	19	32	0	0	0
	50 – 54	9	15	24	0	0	0
	55 – 59	4	8	12	0	0	0
	60 – 64	1	2	3	0	0	0
	65+	0	0	0	0	0	0
	Total	**49**	**129**	**178**	**191**	**195**	**386**

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Employee & Family	**0 – 19**	0	0	0	52	56	108
	20 – 24	0	0	0	9	13	22
	25 – 29	0	0	0	4	2	6
	30 – 34	6	5	11	3	7	10
	35 – 39	5	4	9	6	3	9
	40 – 44	2	6	8	5	7	12
	45 – 49	3	7	10	7	0	7
	50 – 54	5	7	12	4	4	8
	55 – 59	2	3	5	2	2	4
	60 – 64	1	1	2	3	0	3
	65+	0	0	0	2	0	2
	Total	**24**	**33**	**57**	**97**	**94**	**191**
All Tiers	**0 – 19**	0	0	0	210	210	420
	20 – 24	0	3	3	40	50	90
	25 – 29	5	25	30	7	6	13
	30 – 34	13	44	57	4	7	11
	35 – 39	13	45	58	6	3	9
	40 – 44	19	37	56	6	8	14
	45 – 49	20	35	55	8	0	8
	50 – 54	19	42	61	8	6	14
	55 – 59	12	30	42	9	4	13
	60 – 64	9	21	30	13	7	20
	65+	5	3	8	6	3	9
	Total	**115**	**285**	**400**	**317**	**304**	**621**

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Benefit Package: Benefit Package 108

Tier	Age Band	Employees			Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	1	0	1
	20 – 24	0	1	1	2	2	4
	25 – 29	2	2	4	0	0	0
	30 – 34	2	4	6	0	0	0
	35 – 39	6	5	11	0	0	0
	40 – 44	4	11	15	0	0	0
	45 – 49	4	22	26	0	0	0
	50 – 54	8	30	38	0	0	0
	55 – 59	9	48	57	0	0	0
	60 – 64	9	30	39	1	0	1
	65+	4	8	12	0	0	0
	Total	**48**	**161**	**209**	**4**	**2**	**6**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	0	0	1	0	1
	55 – 59	0	3	3	4	1	5
	60 – 64	2	4	6	3	1	4
	65+	1	2	3	2	1	3
	Total	**3**	**10**	**13**	**10**	**3**	**13**

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Employee & Children	**0 – 19**	0	0	0	23	19	42
	20 – 24	0	0	0	11	16	27
	25 – 29	1	0	1	5	2	7
	30 – 34	1	1	2	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	4	3	7	0	0	0
	45 – 49	1	6	7	0	0	0
	50 – 54	2	8	10	0	0	0
	55 – 59	1	11	12	0	0	0
	60 – 64	2	1	3	0	0	0
	65+	0	0	0	0	0	0
	Total	**12**	**31**	**43**	**39**	**37**	**76**
Employee & Family	**0 – 19**	0	0	0	5	4	9
	20 – 24	0	0	0	5	6	11
	25 – 29	0	0	0	0	1	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	1	1
	40 – 44	0	1	1	1	0	1
	45 – 49	2	0	2	0	2	2
	50 – 54	1	4	5	1	1	2
	55 – 59	2	2	4	3	0	3
	60 – 64	0	0	0	2	1	3
	65+	0	0	0	0	0	0
	Total	**5**	**7**	**12**	**17**	**16**	**33**

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All Tiers	**0 – 19**	0	0	0	29	23	52
	20 – 24	0	1	1	18	24	42
	25 – 29	3	2	5	5	3	8
	30 – 34	3	5	8	0	0	0
	35 – 39	6	6	12	0	1	1
	40 – 44	8	15	23	1	0	1
	45 – 49	7	29	36	0	2	2
	50 – 54	11	42	53	2	1	3
	55 – 59	12	64	76	7	1	8
	60 – 64	13	35	48	6	2	8
	65+	5	10	15	2	1	3
	Total	**68**	**209**	**277**	**70**	**58**	**128**

Benefit Package: Benefit Package 109

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	1	1
	20 – 24	0	0	0	0	0	0
	25 – 29	0	1	1	0	0	0
	30 – 34	0	3	3	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	2	2	0	0	0
	50 – 54	1	5	6	0	1	1
	55 – 59	0	2	2	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**15**	**16**	**0**	**2**	**2**

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Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	1	0	1
	55 – 59	2	2	4	0	2	2
	60 – 64	0	2	2	4	0	4
	65+	0	0	0	0	0	0
	Total	**2**	**5**	**7**	**5**	**2**	**7**
Employee & Children	**0 – 19**	0	0	0	5	10	15
	20 – 24	0	0	0	1	1	2
	25 – 29	0	0	0	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	1	1	2	0	0	0
	40 – 44	0	2	2	0	0	0
	45 – 49	0	2	2	0	0	0
	50 – 54	0	2	2	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**8**	**9**	**6**	**11**	**17**

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Employee & Family	**0 – 19**	0	0	0	2	1	3
	20 – 24	0	0	0	2	1	3
	25 – 29	0	0	0	1	0	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	0	0	1	0	1
	50 – 54	1	1	2	0	1	1
	55 – 59	0	2	2	3	0	3
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**4**	**5**	**9**	**3**	**12**
All Tiers	**0 – 19**	0	0	0	7	12	19
	20 – 24	0	0	0	3	2	5
	25 – 29	0	1	1	1	0	1
	30 – 34	0	4	4	0	0	0
	35 – 39	1	2	3	0	0	0
	40 – 44	0	4	4	0	0	0
	45 – 49	0	4	4	1	0	1
	50 – 54	2	9	11	1	2	3
	55 – 59	2	6	8	3	2	5
	60 – 64	0	2	2	4	0	4
	65+	0	0	0	0	0	0
	Total	**5**	**32**	**37**	**20**	**18**	**38**

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Benefit Package: Benefit Package 110

Tier	Age Band	Employees			Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	1	0	1
	25 – 29	1	3	4	0	1	1
	30 – 34	2	6	8	0	0	0
	35 – 39	0	3	3	0	0	0
	40 – 44	3	5	8	0	0	0
	45 – 49	2	17	19	0	0	0
	50 – 54	5	30	35	0	0	0
	55 – 59	2	24	26	0	0	0
	60 – 64	5	12	17	0	0	0
	65+	2	5	7	0	0	0
	Total	**22**	**105**	**127**	**1**	**1**	**2**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	0	0	1	0	1
	50 – 54	0	1	1	0	2	2
	55 – 59	1	3	4	3	2	5
	60 – 64	3	3	6	2	0	2
	65+	0	1	1	3	0	3
	Total	**4**	**9**	**13**	**9**	**4**	**13**

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Employee & Children	**0 – 19**	0	0	0	17	10	27
	20 – 24	0	0	0	6	8	14
	25 – 29	0	0	0	1	1	2
	30 – 34	0	0	0	0	0	0
	35 – 39	0	2	2	0	0	0
	40 – 44	0	2	2	0	0	0
	45 – 49	3	3	6	0	0	0
	50 – 54	2	5	7	0	0	0
	55 – 59	1	5	6	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**6**	**17**	**23**	**24**	**19**	**43**
Employee & Family	**0 – 19**	0	0	0	3	5	8
	20 – 24	0	0	0	1	3	4
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	1	1
	45 – 49	0	2	2	0	0	0
	50 – 54	1	1	2	1	0	1
	55 – 59	0	2	2	3	0	3
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	1	0	1
	Total	**1**	**5**	**6**	**9**	**9**	**18**

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All Tiers	**0 – 19**	0	0	0	20	15	35
	20 – 24	0	0	0	8	11	19
	25 – 29	1	3	4	1	2	3
	30 – 34	2	6	8	0	0	0
	35 – 39	0	5	5	0	0	0
	40 – 44	3	8	11	0	1	1
	45 – 49	5	22	27	1	0	1
	50 – 54	8	37	45	1	2	3
	55 – 59	4	34	38	6	2	8
	60 – 64	8	15	23	2	0	2
	65+	2	6	8	4	0	4
	Total	**33**	**136**	**169**	**43**	**33**	**76**

Benefit Package: Benefit Package 111

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	1	2	3
	20 – 24	2	4	6	2	2	4
	25 – 29	7	7	14	0	0	0
	30 – 34	6	6	12	0	0	0
	35 – 39	1	4	5	0	0	0
	40 – 44	3	8	11	0	0	0
	45 – 49	7	24	31	0	0	0
	50 – 54	6	22	28	0	0	0
	55 – 59	9	46	55	0	0	0
	60 – 64	7	22	29	0	0	0
	65+	3	8	11	0	0	0
	Total	**51**	**151**	**202**	**3**	**4**	**7**

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Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	1	0	1	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	4	4	3	1	4
	55 – 59	0	10	10	9	1	10
	60 – 64	5	7	12	9	3	12
	65+	0	2	2	2	1	3
	Total	**6**	**23**	**29**	**23**	**6**	**29**
Employee & Children	**0 – 19**	0	0	0	31	17	48
	20 – 24	0	0	0	19	6	25
	25 – 29	0	1	1	0	2	2
	30 – 34	0	2	2	0	0	0
	35 – 39	2	1	3	0	0	0
	40 – 44	3	7	10	0	0	0
	45 – 49	0	5	5	0	0	0
	50 – 54	2	6	8	0	0	0
	55 – 59	0	2	2	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**7**	**25**	**32**	**50**	**25**	**75**

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Employee & Family	**0 – 19**	0	0	0	9	11	20
	20 – 24	0	0	0	2	8	10
	25 – 29	0	0	0	1	0	1
	30 – 34	0	1	1	0	0	0
	35 – 39	1	0	1	0	1	1
	40 – 44	2	1	3	1	1	2
	45 – 49	2	2	4	3	3	6
	50 – 54	0	6	6	5	0	5
	55 – 59	1	1	2	2	1	3
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**6**	**11**	**17**	**23**	**25**	**48**
All Tiers	**0 – 19**	0	0	0	41	30	71
	20 – 24	2	4	6	23	16	39
	25 – 29	7	8	15	1	2	3
	30 – 34	6	9	15	0	0	0
	35 – 39	5	5	10	0	1	1
	40 – 44	8	16	24	1	1	2
	45 – 49	9	31	40	3	3	6
	50 – 54	8	38	46	8	1	9
	55 – 59	10	59	69	11	2	13
	60 – 64	12	30	42	9	3	12
	65+	3	10	13	2	1	3
	Total	**70**	**210**	**280**	**99**	**60**	**159**

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Benefit Package: Benefit Package 112

Tier	Age Band	Employees			Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	1	0	1	0	0	0
	25 – 29	1	5	6	0	0	0
	30 – 34	2	3	5	0	0	0
	35 – 39	1	3	4	0	0	0
	40 – 44	1	6	7	0	0	0
	45 – 49	1	5	6	0	0	0
	50 – 54	0	17	17	0	0	0
	55 – 59	4	10	14	0	0	0
	60 – 64	0	9	9	0	0	0
	65+	1	1	2	0	0	0
	Total	**12**	**59**	**71**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	2	2
	35 – 39	2	0	2	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	1	1	2	1	3	4
	50 – 54	1	3	4	1	1	2
	55 – 59	3	3	6	4	1	5
	60 – 64	0	4	4	3	0	3
	65+	1	1	2	2	1	3
	Total	**8**	**12**	**20**	**11**	**8**	**19**

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Employee & Children	**0 – 19**	0	0	0	11	10	21
	20 – 24	0	0	0	7	3	10
	25 – 29	2	0	2	0	2	2
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	1	1	2	0	0	0
	45 – 49	2	5	7	0	0	0
	50 – 54	0	6	6	0	0	0
	55 – 59	0	2	2	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**5**	**16**	**21**	**18**	**15**	**33**
Employee & Family	**0 – 19**	0	0	0	7	9	16
	20 – 24	0	0	0	3	9	12
	25 – 29	0	0	0	0	3	3
	30 – 34	1	0	1	0	1	1
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	1	4	5	5	1	6
	50 – 54	0	5	5	4	0	4
	55 – 59	0	1	1	1	0	1
	60 – 64	0	0	0	1	0	1
	65+	0	0	0	0	0	0
	Total	**2**	**11**	**13**	**21**	**23**	**44**

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All Tiers	**0 – 19**	0	0	0	18	19	37
	20 – 24	1	0	1	10	12	22
	25 – 29	3	5	8	0	5	5
	30 – 34	3	3	6	0	3	3
	35 – 39	3	4	7	0	0	0
	40 – 44	2	8	10	0	0	0
	45 – 49	5	15	20	6	4	10
	50 – 54	1	31	32	5	1	6
	55 – 59	7	16	23	5	1	6
	60 – 64	0	14	14	4	0	4
	65+	2	2	4	2	1	3
	Total	**27**	**98**	**125**	**50**	**46**	**96**

Benefit Package: Benefit Package 113

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	6	6	0	0	0
	45 – 49	0	8	8	0	0	0
	50 – 54	0	6	6	0	0	0
	55 – 59	0	12	12	0	0	0
	60 – 64	0	10	10	0	0	0
	65+	0	2	2	0	0	0
	Total	**0**	**46**	**46**	**0**	**0**	**0**

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Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	1	0	1
	60 – 64	0	2	2	2	0	2
	65+	0	0	0	0	0	0
	Total	**0**	**3**	**3**	**3**	**0**	**3**
Employee & Children	**0 – 19**	0	0	0	1	0	1
	20 – 24	0	0	0	0	1	1
	25 – 29	0	0	0	0	1	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	2	2	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**3**	**3**	**1**	**2**	**3**

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Employee & Family	**0 – 19**	0	0	0	0	2	2
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	1	0	1
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**1**	**1**	**1**	**2**	**3**
All Tiers	**0 – 19**	0	0	0	1	2	3
	20 – 24	0	0	0	0	1	1
	25 – 29	0	0	0	0	1	1
	30 – 34	0	1	1	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	8	8	1	0	1
	45 – 49	0	8	8	0	0	0
	50 – 54	0	8	8	0	0	0
	55 – 59	0	13	13	1	0	1
	60 – 64	0	12	12	2	0	2
	65+	0	2	2	0	0	0
	Total	**0**	**53**	**53**	**5**	**4**	**9**

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Benefit Package: Benefit Package 114

Tier	Age Band	Employees			Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	1	1	2
	20 – 24	1	1	2	0	1	1
	25 – 29	9	22	31	0	0	0
	30 – 34	8	25	33	1	0	1
	35 – 39	7	28	35	0	0	0
	40 – 44	9	33	42	0	0	0
	45 – 49	8	33	41	0	0	0
	50 – 54	11	42	53	0	0	0
	55 – 59	13	57	70	0	0	0
	60 – 64	13	53	66	0	0	0
	65+	5	12	17	0	0	0
	Total	**84**	**306**	**390**	**2**	**2**	**4**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	0	1	0	1	1
	30 – 34	0	1	1	0	1	1
	35 – 39	0	1	1	1	0	1
	40 – 44	0	0	0	1	0	1
	45 – 49	1	1	2	0	1	1
	50 – 54	0	1	1	0	1	1
	55 – 59	5	7	12	2	2	4
	60 – 64	1	17	18	17	3	20
	65+	3	3	6	9	3	12
	Total	**11**	**31**	**42**	**30**	**12**	**42**

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Employee & Children	**0 – 19**	0	0	0	53	58	111
	20 – 24	0	0	0	19	12	31
	25 – 29	0	3	3	3	2	5
	30 – 34	5	15	20	0	0	0
	35 – 39	6	12	18	0	0	0
	40 – 44	5	10	15	0	0	0
	45 – 49	4	12	16	0	0	0
	50 – 54	6	14	20	0	0	0
	55 – 59	4	5	9	0	0	0
	60 – 64	2	3	5	0	0	0
	65+	0	0	0	0	0	0
	Total	**32**	**74**	**106**	**75**	**72**	**147**
Employee & Family	**0 – 19**	0	0	0	17	22	39
	20 – 24	0	0	0	8	10	18
	25 – 29	0	0	0	1	0	1
	30 – 34	1	2	3	1	1	2
	35 – 39	0	1	1	2	1	3
	40 – 44	2	4	6	1	3	4
	45 – 49	3	7	10	6	1	7
	50 – 54	1	3	4	6	3	9
	55 – 59	2	2	4	3	1	4
	60 – 64	1	1	2	0	0	0
	65+	0	0	0	1	0	1
	Total	**10**	**20**	**30**	**46**	**42**	**88**

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All Tiers	**0 – 19**	0	0	0	71	81	152
	20 – 24	1	1	2	27	23	50
	25 – 29	10	25	35	4	3	7
	30 – 34	14	43	57	2	2	4
	35 – 39	13	42	55	3	1	4
	40 – 44	16	47	63	2	3	5
	45 – 49	16	53	69	6	2	8
	50 – 54	18	60	78	6	4	10
	55 – 59	24	71	95	5	3	8
	60 – 64	17	74	91	17	3	20
	65+	8	15	23	10	3	13
	Total	**137**	**431**	**568**	**153**	**128**	**281**

Benefit Package: Benefit Package 115

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	4	4	0	0	0
	45 – 49	0	9	9	0	0	0
	50 – 54	0	10	10	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	3	3	0	0	0
	65+	0	2	2	0	0	0
	Total	**0**	**30**	**30**	**0**	**0**	**0**

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Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	0	0	1	0	1
	65+	0	1	1	1	0	1
	Total	**0**	**2**	**2**	**2**	**0**	**2**
Employee & Children	**0 – 19**	0	0	0	0	2	2
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**1**	**1**	**0**	**2**	**2**

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For the Plan Year Ending in 2012

Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
All Tiers	**0 – 19**	0	0	0	0	2	2
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	4	4	0	0	0
	45 – 49	0	9	9	0	0	0
	50 – 54	0	11	11	0	0	0
	55 – 59	0	2	2	0	0	0
	60 – 64	0	3	3	1	0	1
	65+	0	3	3	1	0	1
	Total	**0**	**33**	**33**	**2**	**2**	**4**

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Benefit Package: Benefit Package 116

Tier	Age Band	Employees			Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	4	3	7	0	0	0
	25 – 29	4	8	12	0	0	0
	30 – 34	2	18	20	0	0	0
	35 – 39	9	22	31	0	0	0
	40 – 44	7	27	34	0	0	0
	45 – 49	11	35	46	0	0	0
	50 – 54	11	40	51	0	0	0
	55 – 59	13	41	54	0	0	0
	60 – 64	11	29	40	0	0	0
	65+	5	8	13	0	0	0
	Total	**77**	**231**	**308**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	0	0	0	2	0	2
	40 – 44	1	1	2	1	1	2
	45 – 49	0	3	3	2	0	2
	50 – 54	2	3	5	3	2	5
	55 – 59	3	6	9	4	5	9
	60 – 64	4	8	12	7	4	11
	65+	2	1	3	4	0	4
	Total	**12**	**23**	**35**	**23**	**12**	**35**

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Demographics by Benefit Package

For the Plan Year Ending in 2012

Employee & Children	**0 – 19**	0	0	0	42	35	77
	20 – 24	0	0	0	12	18	30
	25 – 29	0	0	0	3	3	6
	30 – 34	3	12	15	0	0	0
	35 – 39	3	6	9	0	0	0
	40 – 44	2	9	11	0	0	0
	45 – 49	5	8	13	0	0	0
	50 – 54	6	10	16	0	0	0
	55 – 59	3	8	11	0	0	0
	60 – 64	2	3	5	0	0	0
	65+	1	0	1	0	0	0
	Total	**25**	**56**	**81**	**57**	**56**	**113**
Employee & Family	**0 – 19**	0	0	0	9	12	21
	20 – 24	0	0	0	5	6	11
	25 – 29	0	1	1	1	1	2
	30 – 34	0	0	0	0	1	1
	35 – 39	1	1	2	0	1	1
	40 – 44	0	1	1	2	0	2
	45 – 49	4	1	5	1	3	4
	50 – 54	1	6	7	3	0	3
	55 – 59	2	2	4	4	4	8
	60 – 64	0	1	1	2	0	2
	65+	1	0	1	0	0	0
	Total	**9**	**13**	**22**	**27**	**28**	**55**

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All Tiers	**0 – 19**	0	0	0	51	47	98
	20 – 24	4	3	7	17	24	41
	25 – 29	4	9	13	4	4	8
	30 – 34	5	31	36	0	1	1
	35 – 39	13	29	42	2	1	3
	40 – 44	10	38	48	3	1	4
	45 – 49	20	47	67	3	3	6
	50 – 54	20	59	79	6	2	8
	55 – 59	21	57	78	8	9	17
	60 – 64	17	41	58	9	4	13
	65+	9	9	18	4	0	4
	Total	**123**	**323**	**446**	**107**	**96**	**203**

Benefit Package: Benefit Package 117

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	2	2	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	3	3	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**7**	**7**	**0**	**0**	**0**

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Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	1	0	1
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**1**	**1**	**1**	**0**	**1**
Employee & Children	**0 – 19**	0	0	0	1	0	1
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**1**	**1**	**1**	**0**	**1**

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Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
All Tiers	**0 – 19**	0	0	0	1	0	1
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	2	2	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	4	4	1	0	1
	55 – 59	0	1	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**9**	**9**	**2**	**0**	**2**

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Benefit Package: Benefit Package 118

Tier	Age Band	Employees			Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	1	1	0	0	0
	25 – 29	2	6	8	0	0	0
	30 – 34	2	6	8	0	0	0
	35 – 39	0	7	7	0	0	0
	40 – 44	1	9	10	0	0	0
	45 – 49	1	8	9	0	0	0
	50 – 54	0	10	10	0	0	0
	55 – 59	3	7	10	0	0	0
	60 – 64	1	2	3	0	0	0
	65+	1	0	1	0	0	0
	Total	**11**	**56**	**67**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	1	1	1	0	1
	35 – 39	0	0	0	0	0	0
	40 – 44	0	3	3	3	0	3
	45 – 49	0	1	1	2	0	2
	50 – 54	0	2	2	0	1	1
	55 – 59	1	5	6	4	0	4
	60 – 64	0	0	0	2	2	4
	65+	2	0	2	0	0	0
	Total	**3**	**12**	**15**	**12**	**3**	**15**

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Employee & Children	**0 – 19**	0	0	0	12	13	25
	20 – 24	0	0	0	3	5	8
	25 – 29	0	0	0	0	0	0
	30 – 34	0	4	4	0	0	0
	35 – 39	1	1	2	0	0	0
	40 – 44	1	3	4	0	0	0
	45 – 49	1	3	4	0	0	0
	50 – 54	1	3	4	0	0	0
	55 – 59	1	3	4	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**5**	**17**	**22**	**15**	**18**	**33**
Employee & Family	**0 – 19**	0	0	0	8	9	17
	20 – 24	0	0	0	2	1	3
	25 – 29	0	0	0	0	1	1
	30 – 34	0	2	2	1	0	1
	35 – 39	0	1	1	1	0	1
	40 – 44	0	1	1	1	1	2
	45 – 49	2	0	2	0	1	1
	50 – 54	0	2	2	2	0	2
	55 – 59	0	1	1	1	0	1
	60 – 64	0	0	0	1	0	1
	65+	0	0	0	0	0	0
	Total	**2**	**7**	**9**	**17**	**13**	**30**

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All Tiers	**0 – 19**	0	0	0	20	22	42
	20 – 24	0	1	1	5	6	11
	25 – 29	2	6	8	0	1	1
	30 – 34	2	13	15	2	0	2
	35 – 39	1	9	10	1	0	1
	40 – 44	2	16	18	4	1	5
	45 – 49	4	12	16	2	1	3
	50 – 54	1	17	18	2	1	3
	55 – 59	5	16	21	5	0	5
	60 – 64	1	2	3	3	2	5
	65+	3	0	3	0	0	0
	Total	**21**	**92**	**113**	**44**	**34**	**78**

Benefit Package: Benefit Package 119

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	1	1	0	1	1
	25 – 29	4	14	18	1	1	2
	30 – 34	4	18	22	0	0	0
	35 – 39	7	25	32	0	0	0
	40 – 44	1	25	26	0	0	0
	45 – 49	4	41	45	0	0	0
	50 – 54	12	67	79	0	0	0
	55 – 59	23	68	91	0	0	0
	60 – 64	8	47	55	0	0	0
	65+	6	16	22	0	0	0
	Total	**69**	**322**	**391**	**1**	**2**	**3**

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Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	2	2	2	0	2
	30 – 34	0	2	2	2	0	2
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	2	2	4	2	2	4
	50 – 54	3	5	8	2	2	4
	55 – 59	2	12	14	10	4	14
	60 – 64	4	9	13	11	5	16
	65+	2	5	7	8	1	9
	Total	**13**	**38**	**51**	**37**	**14**	**51**
Employee & Children	**0 – 19**	0	0	0	77	66	143
	20 – 24	0	0	0	37	25	62
	25 – 29	0	2	2	6	4	10
	30 – 34	0	9	9	0	0	0
	35 – 39	3	14	17	0	0	0
	40 – 44	3	21	24	0	0	0
	45 – 49	6	14	20	0	0	0
	50 – 54	2	18	20	0	0	0
	55 – 59	4	13	17	0	0	0
	60 – 64	3	3	6	0	0	0
	65+	0	1	1	0	0	0
	Total	**21**	**95**	**116**	**120**	**95**	**215**

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Employee & Family	**0 – 19**	0	0	0	20	20	40
	20 – 24	0	0	0	4	7	11
	25 – 29	0	1	1	1	1	2
	30 – 34	0	4	4	0	1	1
	35 – 39	2	2	4	6	2	8
	40 – 44	2	1	3	0	1	1
	45 – 49	2	5	7	4	5	9
	50 – 54	3	2	5	3	4	7
	55 – 59	4	0	4	1	1	2
	60 – 64	1	0	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**14**	**15**	**29**	**39**	**42**	**81**
All Tiers	**0 – 19**	0	0	0	97	86	183
	20 – 24	0	1	1	41	33	74
	25 – 29	4	19	23	10	6	16
	30 – 34	4	33	37	2	1	3
	35 – 39	12	41	53	6	2	8
	40 – 44	6	48	54	0	1	1
	45 – 49	14	62	76	6	7	13
	50 – 54	20	92	112	5	6	11
	55 – 59	33	93	126	11	5	16
	60 – 64	16	59	75	11	5	16
	65+	8	22	30	8	1	9
	Total	**117**	**470**	**587**	**197**	**153**	**350**

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Benefit Package: Benefit Package 120

Tier	Age Band	Employees			Dependents		
		Male	Female	Total	Male	Female	Total
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	1	0	1	0	0	0
	25 – 29	4	8	12	0	2	2
	30 – 34	4	8	12	0	0	0
	35 – 39	2	6	8	0	0	0
	40 – 44	1	7	8	0	0	0
	45 – 49	1	5	6	0	0	0
	50 – 54	3	11	14	0	0	0
	55 – 59	3	13	16	0	0	0
	60 – 64	0	9	9	0	0	0
	65+	4	5	9	0	0	0
	Total	**23**	**72**	**95**	**0**	**2**	**2**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	1	1	2	0	2
	45 – 49	0	0	0	0	0	0
	50 – 54	1	2	3	0	1	1
	55 – 59	1	4	5	2	1	3
	60 – 64	0	4	4	7	0	7
	65+	0	1	1	2	0	2
	Total	**2**	**13**	**15**	**13**	**2**	**15**

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Employee & Children	**0 – 19**	0	0	0	30	26	56
	20 – 24	0	0	0	7	11	18
	25 – 29	0	0	0	4	0	4
	30 – 34	0	3	3	0	0	0
	35 – 39	1	4	5	0	0	0
	40 – 44	4	5	9	0	0	0
	45 – 49	2	10	12	0	0	0
	50 – 54	1	6	7	0	0	0
	55 – 59	2	3	5	0	0	0
	60 – 64	1	4	5	0	0	0
	65+	0	0	0	0	0	0
	Total	**11**	**35**	**46**	**41**	**37**	**78**
Employee & Family	**0 – 19**	0	0	0	10	11	21
	20 – 24	0	0	0	9	3	12
	25 – 29	0	0	0	1	3	4
	30 – 34	0	0	0	0	1	1
	35 – 39	1	0	1	2	2	4
	40 – 44	3	3	6	1	2	3
	45 – 49	0	1	1	1	0	1
	50 – 54	2	2	4	1	1	2
	55 – 59	1	2	3	2	3	5
	60 – 64	2	0	2	2	0	2
	65+	0	1	1	0	0	0
	Total	**9**	**9**	**18**	**29**	**26**	**55**

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All Tiers	**0 – 19**	0	0	0	40	37	77
	20 – 24	1	0	1	16	14	30
	25 – 29	4	8	12	5	5	10
	30 – 34	4	11	15	0	1	1
	35 – 39	4	11	15	2	2	4
	40 – 44	8	16	24	3	2	5
	45 – 49	3	16	19	1	0	1
	50 – 54	7	21	28	1	2	3
	55 – 59	7	22	29	4	4	8
	60 – 64	3	17	20	9	0	9
	65+	4	7	11	2	0	2
	Total	**45**	**129**	**174**	**83**	**67**	**150**

Benefit Package: Benefit Package 134

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	0	1	0	0	0
	30 – 34	0	3	3	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	3	3	0	0	0
	45 – 49	0	2	2	0	0	0
	50 – 54	0	5	5	0	0	0
	55 – 59	0	2	2	0	0	0
	60 – 64	0	4	4	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**19**	**20**	**0**	**0**	**0**

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Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	1	2	3	1	0	1
	25 – 29	0	1	1	3	2	5
	30 – 34	1	0	1	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	2	2	0	0	0
	45 – 49	0	0	0	1	0	1
	50 – 54	0	1	1	1	0	1
	55 – 59	2	1	3	0	2	2
	60 – 64	0	3	3	4	0	4
	65+	0	0	0	0	0	0
	Total	**4**	**10**	**14**	**10**	**4**	**14**
Employee & Children	**0 – 19**	0	0	0	11	17	28
	20 – 24	0	0	0	3	3	6
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	1	1	2	0	0	0
	40 – 44	1	3	4	0	0	0
	45 – 49	1	5	6	0	0	0
	50 – 54	0	3	3	0	0	0
	55 – 59	0	2	2	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**3**	**14**	**17**	**14**	**20**	**34**

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Employee & Family	**0 – 19**	0	0	0	2	7	9
	20 – 24	0	0	0	3	1	4
	25 – 29	0	0	0	1	0	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	1	0	1
	40 – 44	0	0	0	0	0	0
	45 – 49	0	2	2	1	0	1
	50 – 54	2	1	3	1	2	3
	55 – 59	0	3	3	4	0	4
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**7**	**9**	**13**	**10**	**23**
All Tiers	**0 – 19**	0	0	0	13	24	37
	20 – 24	1	2	3	7	4	11
	25 – 29	1	1	2	4	2	6
	30 – 34	1	3	4	0	0	0
	35 – 39	1	2	3	1	0	1
	40 – 44	1	8	9	0	0	0
	45 – 49	1	9	10	2	0	2
	50 – 54	2	10	12	2	2	4
	55 – 59	2	8	10	4	2	6
	60 – 64	0	7	7	4	0	4
	65+	0	0	0	0	0	0
	Total	**10**	**50**	**60**	**37**	**34**	**71**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A11
Demographics by Benefit Package
For the Plan Year Ending in 2012

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Washington State Office of the Insurance Commissioner
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Exhibit A11
Demographics by Benefit Package
For the Plan Year Ending in 2012

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A11
Demographics by Benefit Package
For the Plan Year Ending in 2012

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Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12a

Annual Carrier Administrative Cost Breakdown by Benefit Package — Per Employee Per Month

Plan Year Ending in 2012

	Admin PEPM					
Benefit Package	Taxes[1]	Agent Payments[2]	TPA Payments[3]	PPO Access Fees	Carrier Admin	Total
Benefit Package 001	$17.60	$14.08	$0.00	$0.00	$116.68	$148.35
Benefit Package 002	$16.90	$13.52	$0.00	$0.00	$112.07	$142.50
Benefit Package 003	$15.86	$12.69	$0.00	$0.00	$105.13	$133.67
Benefit Package 007	$23.80	$19.05	$0.00	$0.00	$157.81	$200.65
Benefit Package 009	$21.35	$18.24	$2.48	$0.00	$126.66	$168.73
Benefit Package 010	$20.53	$18.46	$2.51	$0.00	$122.09	$163.59
Benefit Package 011	$18.85	$17.32	$2.36	$0.00	$110.94	$149.46
Benefit Package 013	$19.30	$13.75	$0.00	$0.00	$75.47	$108.52
Benefit Package 015	$15.31	$21.34	$0.00	$0.00	$52.13	$88.78
Benefit Package 017	$18.23	$1.27	$0.00	$0.22	$49.07	$68.80
Benefit Package 018	$19.54	$1.30	$0.00	$0.21	$52.67	$73.72
Benefit Package 019	$18.14	$1.28	$0.00	$0.17	$49.58	$69.17
Benefit Package 020	$17.13	$12.05	$0.00	$0.00	$87.76	$116.94
Benefit Package 022	$17.46	$6.70	$0.00	$0.00	$75.10	$99.27
Benefit Package 026	$18.41	$24.75	$0.00	$0.00	$65.58	$108.75
Benefit Package 028	$16.62	$17.63	$0.00	$0.00	$48.25	$82.51
Benefit Package 029	$18.63	$10.37	$0.00	$0.00	$65.30	$94.30
Benefit Package 030	$18.39	$10.19	$0.00	$0.00	$55.73	$84.31
Benefit Package 031	$16.07	$0.00	$0.00	$0.00	$56.82	$72.89
Benefit Package 034	$17.00	$10.30	$0.00	$0.00	$46.76	$74.06
Benefit Package 035	$16.40	$17.48	$0.00	$0.00	$58.02	$91.91
Benefit Package 036	$21.60	$15.52	$0.00	$0.00	$59.68	$96.81
Benefit Package 037	$20.32	$24.93	$0.00	$0.00	$49.30	$94.55
Benefit Package 040	$21.42	$27.43	$0.00	$0.95	$65.52	$115.31
Benefit Package 041	$29.51	$3.91	$0.00	$0.67	$71.62	$105.71
Benefit Package 043	$17.16	$22.21	$0.00	$1.50	$49.23	$90.11
Benefit Package 044	$23.98	$4.11	$0.00	$0.36	$68.14	$96.60

[1]Taxes, WSHP assessments, & other govt. taxes and assessments.

[2]Pymnts to brokers, producers, agents, & actuaries.

[3]Pymnts to assocs., trusts, & other third parties, including benefit admin. & marketing-related comp.

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12a

Annual Carrier Administrative Cost Breakdown by Benefit Package — Per Employee Per Month

Plan Year Ending in 2012

	Admin PEPM					
Benefit Package	Taxes[1]	Agent Payments[2]	TPA Payments[3]	PPO Access Fees	Carrier Admin	Total
Benefit Package 045	$20.28	$24.67	$0.00	$0.27	$80.02	$125.24
Benefit Package 046	$21.33	$25.26	$0.00	$0.15	$93.82	$140.57
Benefit Package 047	$20.77	$24.77	$0.00	$0.68	$88.89	$135.11
Benefit Package 048	$19.30	$22.60	$0.00	$0.00	$88.39	$130.30
Benefit Package 049	$18.48	$16.16	$0.00	$1.91	$57.07	$93.62
Benefit Package 050	$18.15	$14.04	$0.00	$1.93	$102.32	$136.44
Benefit Package 051	$22.38	$20.36	$0.00	$1.98	$49.22	$93.94
Benefit Package 052	$35.17	$30.13	$0.00	$2.58	$125.67	$193.54
Benefit Package 053	$18.71	$16.41	$0.00	$1.96	$56.24	$93.32
Benefit Package 054	$19.77	$18.27	$0.00	$1.96	$36.04	$76.04
Benefit Package 055	$20.96	$19.26	$0.00	$1.96	$79.28	$121.46
Benefit Package 056	$19.14	$11.70	$0.00	$1.86	$87.57	$120.27
Benefit Package 057	$18.49	$25.57	$0.00	$1.96	$94.21	$140.24
Benefit Package 058	$18.62	$10.97	$0.00	$1.89	$99.28	$130.76
Benefit Package 059	$16.74	$3.79	$0.00	$1.96	$54.23	$76.72
Benefit Package 060	$20.87	$10.75	$0.00	$1.97	$79.89	$113.48
Benefit Package 061	$18.84	$1.32	$0.00	$1.93	$92.67	$114.75
Benefit Package 062	$21.72	$3.45	$0.00	$2.05	$105.02	$132.24
Benefit Package 063	$19.99	$12.53	$0.00	$1.94	$81.26	$115.73
Benefit Package 064	$19.10	$11.86	$0.00	$1.91	$81.49	$114.37
Benefit Package 065	$5.05	$0.00	$0.00	$0.00	$59.79	$64.84
Benefit Package 066	$16.50	$10.72	$0.00	$0.00	$79.33	$106.55
Benefit Package 067	$14.81	$22.05	$0.00	$0.00	$70.17	$107.04
Benefit Package 068	$18.57	$5.52	$0.00	$0.00	$74.42	$98.51
Benefit Package 069	$16.60	$16.18	$0.00	$0.00	$60.90	$93.68
Benefit Package 070	$14.85	$17.91	$0.00	$0.00	$49.65	$82.41
Benefit Package 071	$16.22	$20.58	$0.00	$0.00	$68.53	$105.33

[1]Taxes, WSHP assessments, & other govt. taxes and assessments.

[2]Pymnts to brokers, producers, agents, & actuaries.

[3]Pymnts to assocs., trusts, & other third parties, including benefit admin. & marketing-related comp.

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12a

Annual Carrier Administrative Cost Breakdown by Benefit Package — Per Employee Per Month

Plan Year Ending in 2012

	Admin PEPM					
Benefit Package	Taxes[1]	Agent Payments[2]	TPA Payments[3]	PPO Access Fees	Carrier Admin	Total
Benefit Package 072	$16.22	$12.42	$0.00	$0.00	$66.28	$94.92
Benefit Package 073	$15.41	$8.26	$0.00	$0.00	$76.17	$99.84
Benefit Package 074	$15.45	$10.65	$0.00	$0.00	$61.17	$87.27
Benefit Package 075	$19.32	$4.02	$0.00	$0.00	$70.26	$93.60
Benefit Package 076	$17.16	$20.95	$0.00	$0.00	$66.06	$104.17
Benefit Package 077	$16.36	$4.52	$0.00	$0.00	$68.30	$89.18
Benefit Package 078	$24.21	$1.35	$0.00	$0.30	$33.98	$59.85
Benefit Package 079	$19.95	$1.29	$0.00	$0.25	$36.74	$58.23
Benefit Package 080	$21.52	$1.30	$0.00	$0.20	$47.42	$70.43
Benefit Package 081	$22.62	$1.34	$0.00	$0.22	$36.53	$60.71
Benefit Package 082	$22.95	$14.50	$0.00	$0.00	$59.04	$96.49
Benefit Package 084	$20.51	$12.96	$0.00	$0.00	$52.76	$86.23
Benefit Package 085	$22.05	$13.93	$0.00	$0.00	$56.71	$92.69
Benefit Package 086	$16.30	$10.30	$0.00	$0.00	$41.93	$68.53
Benefit Package 087	$23.01	$6.59	$0.00	$0.00	$92.06	$121.66
Benefit Package 088	$27.60	$7.90	$0.00	$0.00	$110.40	$145.90
Benefit Package 089	$22.05	$6.31	$0.00	$0.00	$88.19	$116.55
Benefit Package 090	$23.11	$6.61	$0.00	$0.00	$92.43	$122.15
Benefit Package 091	$16.81	$4.81	$0.00	$0.00	$67.25	$88.88
Benefit Package 092	$24.40	$15.42	$0.00	$0.00	$62.77	$102.60
Benefit Package 093	$22.89	$14.47	$0.00	$0.00	$58.89	$96.25
Benefit Package 094	$21.69	$13.71	$0.00	$0.00	$55.80	$91.20
Benefit Package 095	$22.24	$14.06	$0.00	$0.00	$57.22	$93.52
Benefit Package 096	$21.66	$13.69	$0.00	$0.00	$55.72	$91.07
Benefit Package 097	$22.30	$14.09	$0.00	$0.00	$57.36	$93.74
Benefit Package 098	$18.06	$11.41	$0.00	$0.00	$46.46	$75.94
Benefit Package 099	$15.94	$10.08	$0.00	$0.00	$41.01	$67.03

[1]Taxes, WSHP assessments, & other govt. taxes and assessments.

[2]Pymnts to brokers, producers, agents, & actuaries.

[3]Pymnts to assocs., trusts, & other third parties, including benefit admin. & marketing-related comp.

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12a

Annual Carrier Administrative Cost Breakdown by Benefit Package — Per Employee Per Month

Plan Year Ending in 2012

	Admin PEPM					
Benefit Package	**Taxes[1]**	**Agent Payments[2]**	**TPA Payments[3]**	**PPO Access Fees**	**Carrier Admin**	**Total**
Benefit Package 101	$0.00	$0.41	$0.00	$0.00	$4.92	$5.33
Benefit Package 102	$0.00	$0.41	$0.00	$0.00	$4.92	$5.33
Benefit Package 103	$0.00	$0.41	$0.00	$0.00	$4.92	$5.33
Benefit Package 105	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Benefit Package 106	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Benefit Package 107	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Benefit Package 108	$25.86	$20.33	$0.00	$0.00	$100.07	$146.26
Benefit Package 109	$12.65	$9.95	$0.00	$0.00	$48.96	$71.56
Benefit Package 110	$19.07	$14.99	$0.00	$0.00	$73.80	$107.86
Benefit Package 111	$19.11	$15.03	$0.00	$0.00	$73.97	$108.11
Benefit Package 112	$20.70	$16.27	$0.00	$0.00	$80.09	$117.06
Benefit Package 113	$18.07	$11.41	$0.00	$0.00	$60.43	$89.91
Benefit Package 114	$20.69	$13.07	$0.00	$0.00	$69.21	$102.97
Benefit Package 115	$18.92	$11.95	$0.00	$0.00	$63.28	$94.15
Benefit Package 116	$21.77	$13.76	$0.00	$0.00	$72.83	$108.36
Benefit Package 117	$20.08	$12.69	$0.00	$0.00	$67.18	$99.95
Benefit Package 118	$22.85	$14.43	$0.00	$0.00	$76.42	$113.70
Benefit Package 119	$23.31	$11.21	$0.00	$0.00	$83.47	$117.99
Benefit Package 120	$22.71	$10.92	$0.00	$0.00	$81.33	$114.97
Benefit Package 134	$4.49	$3.53	$0.00	$0.00	$17.38	$25.40
Low	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Average	**$19.54**	**$5.66**	**$0.01**	**$0.18**	**$49.30**	**$74.69**
High	**$35.17**	**$30.13**	**$2.51**	**$2.58**	**$157.81**	**$200.65**
Total Enrollment (Employees)						**104,282**
Total Dollars	**$24,448,411**	**$7,082,151**	**$11,697**	**$228,728**	**$61,694,300**	**$93,465,287**

[1]Taxes, WSHP assessments, & other govt. taxes and assessments.

[2]Pymnts to brokers, producers, agents, & actuaries.

[3]Pymnts to assocs., trusts, & other third parties, including benefit admin. & marketing-related comp.

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12b

Annual Carrier Administrative Cost Breakdown by Benefit Package — Per Member Per Month

Plan Year Ending in 2012

	Admin PMPM					
Benefit Package	Taxes[1]	Agent Payments[2]	TPA Payments[3]	PPO Access Fees	Carrier Admin	Total
Benefit Package 001	$9.01	$7.21	$0.00	$0.00	$59.73	$75.94
Benefit Package 002	$9.18	$7.35	$0.00	$0.00	$60.89	$77.42
Benefit Package 003	$9.09	$7.27	$0.00	$0.00	$60.25	$76.61
Benefit Package 007	$8.77	$7.02	$0.00	$0.00	$58.14	$73.93
Benefit Package 009	$11.48	$9.81	$1.33	$0.00	$68.11	$90.73
Benefit Package 010	$12.26	$11.03	$1.50	$0.00	$72.91	$97.70
Benefit Package 011	$6.69	$6.15	$0.84	$0.00	$39.38	$53.06
Benefit Package 013	$6.95	$4.95	$0.00	$0.00	$27.18	$39.09
Benefit Package 015	$8.64	$12.04	$0.00	$0.00	$29.40	$50.08
Benefit Package 017	$7.67	$0.54	$0.00	$0.09	$20.64	$28.93
Benefit Package 018	$7.80	$0.52	$0.00	$0.08	$21.02	$29.42
Benefit Package 019	$7.64	$0.54	$0.00	$0.07	$20.89	$29.14
Benefit Package 020	$11.66	$8.20	$0.00	$0.00	$59.75	$79.62
Benefit Package 022	$7.77	$2.98	$0.00	$0.00	$33.44	$44.20
Benefit Package 026	$7.78	$10.45	$0.00	$0.00	$27.69	$45.92
Benefit Package 028	$8.98	$9.52	$0.00	$0.00	$26.06	$44.56
Benefit Package 029	$8.04	$4.47	$0.00	$0.00	$28.16	$40.67
Benefit Package 030	$9.01	$4.99	$0.00	$0.00	$27.30	$41.30
Benefit Package 031	$7.87	$0.00	$0.00	$0.00	$27.84	$35.72
Benefit Package 034	$8.90	$5.39	$0.00	$0.00	$24.48	$38.78
Benefit Package 035	$9.39	$10.01	$0.00	$0.00	$33.23	$52.64
Benefit Package 036	$11.45	$8.23	$0.00	$0.00	$31.65	$51.34
Benefit Package 037	$9.65	$11.84	$0.00	$0.00	$23.42	$44.91
Benefit Package 040	$16.37	$20.96	$0.00	$0.72	$50.08	$88.14
Benefit Package 041	$17.05	$2.26	$0.00	$0.39	$41.38	$61.08
Benefit Package 043	$17.16	$22.21	$0.00	$1.50	$49.23	$90.11
Benefit Package 044	$13.18	$2.26	$0.00	$0.20	$37.46	$53.10

[1]Taxes, WSHP assessments, & other govt. taxes and assessments.

[2]Pymnts to brokers, producers, agents, & actuaries.

[3]Pymnts to assocs., trusts, & other third parties, including benefit admin. & marketing-related comp.

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12b

Annual Carrier Administrative Cost Breakdown by Benefit Package — Per Member Per Month

Plan Year Ending in 2012

	Admin PMPM					
Benefit Package	Taxes[1]	Agent Payments[2]	TPA Payments[3]	PPO Access Fees	Carrier Admin	Total
Benefit Package 045	$12.62	$15.35	$0.00	$0.17	$49.80	$77.94
Benefit Package 046	$11.39	$13.49	$0.00	$0.08	$50.12	$75.09
Benefit Package 047	$11.37	$13.56	$0.00	$0.37	$48.68	$73.99
Benefit Package 048	$10.79	$12.63	$0.00	$0.00	$49.40	$72.81
Benefit Package 049	$12.68	$11.08	$0.00	$1.31	$39.13	$64.20
Benefit Package 050	$6.81	$5.26	$0.00	$0.72	$38.37	$51.16
Benefit Package 051	$16.79	$15.27	$0.00	$1.48	$36.91	$70.45
Benefit Package 052	$17.58	$15.06	$0.00	$1.29	$62.83	$96.77
Benefit Package 053	$12.62	$11.07	$0.00	$1.32	$37.93	$62.94
Benefit Package 054	$19.77	$18.27	$0.00	$1.96	$36.04	$76.04
Benefit Package 055	$9.97	$9.16	$0.00	$0.93	$37.72	$57.78
Benefit Package 056	$8.39	$5.13	$0.00	$0.82	$38.41	$52.75
Benefit Package 057	$7.43	$10.28	$0.00	$0.79	$37.87	$56.37
Benefit Package 058	$7.98	$4.70	$0.00	$0.81	$42.55	$56.04
Benefit Package 059	$11.59	$2.62	$0.00	$1.36	$37.54	$53.11
Benefit Package 060	$10.43	$5.38	$0.00	$0.99	$39.94	$56.74
Benefit Package 061	$8.35	$0.58	$0.00	$0.85	$41.09	$50.88
Benefit Package 062	$8.27	$1.31	$0.00	$0.78	$40.01	$50.38
Benefit Package 063	$9.33	$5.85	$0.00	$0.91	$37.93	$54.02
Benefit Package 064	$8.78	$5.45	$0.00	$0.88	$37.44	$52.54
Benefit Package 065	$2.03	$0.00	$0.00	$0.00	$24.10	$26.13
Benefit Package 066	$6.99	$4.54	$0.00	$0.00	$33.58	$45.10
Benefit Package 067	$6.89	$10.26	$0.00	$0.00	$32.65	$49.80
Benefit Package 068	$8.21	$2.44	$0.00	$0.00	$32.91	$43.56
Benefit Package 069	$9.17	$8.94	$0.00	$0.00	$33.64	$51.74
Benefit Package 070	$9.68	$11.68	$0.00	$0.00	$32.36	$53.71
Benefit Package 071	$8.01	$10.16	$0.00	$0.00	$33.83	$52.00

[1]Taxes, WSHP assessments, & other govt. taxes and assessments.

[2]Pymnts to brokers, producers, agents, & actuaries.

[3]Pymnts to assocs., trusts, & other third parties, including benefit admin. & marketing-related comp.

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12b

Annual Carrier Administrative Cost Breakdown by Benefit Package — Per Member Per Month

Plan Year Ending in 2012

	Admin PMPM					
Benefit Package	Taxes[1]	Agent Payments[2]	TPA Payments[3]	PPO Access Fees	Carrier Admin	Total
Benefit Package 072	$8.50	$6.51	$0.00	$0.00	$34.73	$49.74
Benefit Package 073	$6.14	$3.29	$0.00	$0.00	$30.34	$39.76
Benefit Package 074	$8.15	$5.62	$0.00	$0.00	$32.29	$46.07
Benefit Package 075	$9.27	$1.93	$0.00	$0.00	$33.71	$44.91
Benefit Package 076	$8.78	$10.72	$0.00	$0.00	$33.79	$53.29
Benefit Package 077	$8.50	$2.35	$0.00	$0.00	$35.50	$46.35
Benefit Package 078	$15.70	$0.88	$0.00	$0.19	$22.03	$38.81
Benefit Package 079	$11.42	$0.74	$0.00	$0.14	$21.03	$33.34
Benefit Package 080	$9.57	$0.58	$0.00	$0.09	$21.10	$31.33
Benefit Package 081	$13.44	$0.79	$0.00	$0.13	$21.70	$36.07
Benefit Package 082	$8.83	$5.58	$0.00	$0.00	$22.71	$37.11
Benefit Package 084	$5.95	$3.76	$0.00	$0.00	$15.31	$25.03
Benefit Package 085	$6.48	$4.10	$0.00	$0.00	$16.68	$27.26
Benefit Package 086	$4.00	$2.53	$0.00	$0.00	$10.28	$16.81
Benefit Package 087	$8.84	$2.53	$0.00	$0.00	$35.36	$46.73
Benefit Package 088	$11.02	$3.15	$0.00	$0.00	$44.07	$58.24
Benefit Package 089	$6.78	$1.94	$0.00	$0.00	$27.13	$35.86
Benefit Package 090	$9.93	$2.84	$0.00	$0.00	$39.73	$52.51
Benefit Package 091	$4.80	$1.37	$0.00	$0.00	$19.21	$25.39
Benefit Package 092	$9.88	$6.24	$0.00	$0.00	$25.42	$41.54
Benefit Package 093	$8.45	$5.34	$0.00	$0.00	$21.75	$35.54
Benefit Package 094	$5.86	$3.70	$0.00	$0.00	$15.08	$24.64
Benefit Package 095	$6.86	$4.33	$0.00	$0.00	$17.64	$28.83
Benefit Package 096	$7.67	$4.85	$0.00	$0.00	$19.72	$32.24
Benefit Package 097	$8.96	$5.66	$0.00	$0.00	$23.04	$37.66
Benefit Package 098	$5.14	$3.25	$0.00	$0.00	$13.22	$21.61
Benefit Package 099	$4.28	$2.70	$0.00	$0.00	$11.00	$17.98

[1]Taxes, WSHP assessments, & other govt. taxes and assessments.

[2]Pymnts to brokers, producers, agents, & actuaries.

[3]Pymnts to assocs., trusts, & other third parties, including benefit admin. & marketing-related comp.

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12b

Annual Carrier Administrative Cost Breakdown by Benefit Package — Per Member Per Month

Plan Year Ending in 2012

	Admin PMPM					
Benefit Package	**Taxes[1]**	**Agent Payments[2]**	**TPA Payments[3]**	**PPO Access Fees**	**Carrier Admin**	**Total**
Benefit Package 101	$0.00	$0.18	$0.00	$0.00	$2.17	$2.35
Benefit Package 102	$0.00	$0.12	$0.00	$0.00	$1.43	$1.55
Benefit Package 103	$0.00	$0.10	$0.00	$0.00	$1.19	$1.29
Benefit Package 105	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Benefit Package 106	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Benefit Package 107	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Benefit Package 108	$10.35	$8.14	$0.00	$0.00	$40.06	$58.54
Benefit Package 109	$4.14	$3.25	$0.00	$0.00	$16.02	$23.41
Benefit Package 110	$7.68	$6.04	$0.00	$0.00	$29.73	$43.45
Benefit Package 111	$7.41	$5.83	$0.00	$0.00	$28.69	$41.93
Benefit Package 112	$7.34	$5.77	$0.00	$0.00	$28.42	$41.54
Benefit Package 113	$8.40	$5.31	$0.00	$0.00	$28.10	$41.80
Benefit Package 114	$8.29	$5.24	$0.00	$0.00	$27.74	$41.27
Benefit Package 115	$8.93	$5.64	$0.00	$0.00	$29.88	$44.46
Benefit Package 116	$8.88	$5.61	$0.00	$0.00	$29.69	$44.18
Benefit Package 117	$8.93	$5.64	$0.00	$0.00	$29.86	$44.42
Benefit Package 118	$8.47	$5.35	$0.00	$0.00	$28.32	$42.14
Benefit Package 119	$8.95	$4.30	$0.00	$0.00	$32.03	$45.28
Benefit Package 120	$7.90	$3.80	$0.00	$0.00	$28.28	$39.98
Benefit Package 134	$1.38	$1.09	$0.00	$0.00	$5.35	$7.81
Low	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Average	**$9.68**	**$2.80**	**$0.00**	**$0.09**	**$24.42**	**$36.99**
High	**$19.77**	**$22.21**	**$1.50**	**$1.96**	**$72.91**	**$97.70**
Total Enrollment (Members)						**210,556**
Total Dollars	**$24,448,411**	**$7,082,151**	**$11,697**	**$228,728**	**$61,694,300**	**$93,465,287**

[1]Taxes, WSHP assessments, & other govt. taxes and assessments.

[2]Pymnts to brokers, producers, agents, & actuaries.

[3]Pymnts to assocs., trusts, & other third parties, including benefit admin. & marketing-related comp.

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Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12c

Supplemental Services Financial Summary by District

School Fiscal Year Ending in 2012 — Reporting Districts Only

District	Description of Services[1]	Enrollment		Payments		
		Employees	Members	Total	PEPM	PMPM
Aberdeen School District	EMPLOYEE PAID CANCER, HOSPITAL, ACCIDENT, ICARE INSURANCE	399	702	$31,585	$6.60	$3.75
Adna School District	N/A	32	73	$0	$0.00	$0.00
Almira School District	N/A	17	46	$0	$0.00	$0.00
Anacortes School District	Cancer, Hospital, Accident	250	250	$66,339	$22.11	$22.11
Arlington School District		475	475	$0	$0.00	$0.00
Asotin-Anatone School District	Aflacc- paid by employee only	59	178	$10,461	$14.78	$4.90
Auburn School District		1,437	1,437	$0	$0.00	$0.00
Bainbridge Island School District	N/A	380	380	$0	$0.00	$0.00
Battle Ground School District	This includes American Fidelity Accident and cancer plans	1,156	1,156	$34,461	$2.48	$2.48
Bellevue School District		1,988	4,205	$0	$0.00	$0.00
Bellingham School District	Cancer, Accident, and Hospital Indemnity insurance through AFLAC	1,105	1,105	$13,734	$1.04	$1.04
Benge School District		4	8	$0	$0.00	$0.00
Bethel School District	Accidents, hospitalization, cancer, heart attacks, birth, dental, critical illness.	1,522	1,522	$238,730	$13.07	$13.07
Bickleton School District		13	41	$0	$0.00	$0.00
Blaine School District		225	225	$0	$0.00	$0.00
Boistfort School District		14	14	$0	$0.00	$0.00
Bremerton School District		521	521	$0	$0.00	$0.00
Brewster School District		111	195	$0	$0.00	$0.00
Bridgeport School District	NA	95	177	$0	$0.00	$0.00
Brinnon School District	Optional employee-paid cancer & accident	11	18	$960	$7.27	$4.44
Burlington-Edison School District	Hospital, Accident, Cancer	410	410	$35,393	$7.19	$7.19
Camas School District	N/A	585	585	$0	$0.00	$0.00
Cape Flattery School District		88	88	$0	$0.00	$0.00
Carbonado School District	Disease Management-Cancer-Accident	21	35	$20,567	$81.61	$48.97
Cascade School District		133	133	$0	$0.00	$0.00
Cashmere School District	N/A	126	126	$0	$0.00	$0.00
Castle Rock School District		148	275	$0	$0.00	$0.00
Centerville School District		10	10	$0	$0.00	$0.00
Central Kitsap School District	N/A	1,098	1,098	$0	$0.00	$0.00

[1]Description of supplemental services purchased, not built into premiums.

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Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12c

Supplemental Services Financial Summary by District

School Fiscal Year Ending in 2012 — Reporting Districts Only

District	Description of Services[1]	Enrollment		Payments		
		Employees	Members	Total	PEPM	PMPM
Central Valley School District	AFLAC	1,305	1,305	$19,574	$1.25	$1.25
Centralia School District	Cancer Insurance, Healthcare Authority Retiree Subsidy, Hospital Insurance, Specific Health Condition Insurance, Accident Insurance, Short Term Disability	374	674	$59,507	$13.26	$7.36
Chehalis School District	n/a	294	294	$0	$0.00	$0.00
Cheney School District		440	440	$0	$0.00	$0.00
Chewelah School District	N/A	96	200	$0	$0.00	$0.00
Chimacum School District	N/A	111	111	$0	$0.00	$0.00
Clarkston School District		307	307	$0	$0.00	$0.00
Cle Elum-Roslyn School District		95	95	$0	$0.00	$0.00
Clover Park School District		1,269	2,199	$0	$0.00	$0.00
Colfax School District	N/A	64	135	$0	$0.00	$0.00
College Place School District	Employee Assistance Program - Counseling	99	339	$2,178	$1.83	$0.54
Colton School District		25	25	$0	$0.00	$0.00
Columbia (Stevens) School District		30	52	$0	$0.00	$0.00
Columbia (Walla Walla) School District		96	96	$0	$0.00	$0.00
Colville School District		190	364	$0	$0.00	$0.00
Concrete School District		65	106	$0	$0.00	$0.00
Conway School District		45	45	$0	$0.00	$0.00
Cosmopolis School District		17	17	$0	$0.00	$0.00
Coulee-Hartline School District	N/A	33	80	$0	$0.00	$0.00
Coupeville School District		87	87	$0	$0.00	$0.00
Crescent School District		39	39	$0	$0.00	$0.00
Creston School District	n/a	27	45	$0	$0.00	$0.00
Curlew School District		29	29	$0	$0.00	$0.00
Cusick School District	N/A	45	105	$0	$0.00	$0.00
Damman School District		0	0	$0	n/a	n/a
Darrington School District	n/a	50	50	$0	$0.00	$0.00
Davenport School District		63	165	$0	$0.00	$0.00
Dayton School District		58	104	$0	$0.00	$0.00
Deer Park School District		234	480	$0	$0.00	$0.00

[1]Description of supplemental services purchased, not built into premiums.

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Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12c

Supplemental Services Financial Summary by District

School Fiscal Year Ending in 2012 — Reporting Districts Only

District	Description of Services[1]	Enrollment		Payments		
		Employees	Members	Total	PEPM	PMPM
Dieringer School District	Yearly immunization clinics for staff & families and free on-line health coaching.	139	139	$0	$0.00	$0.00
Dixie School District	Employee Assistance Program. Family relationship, emotional, behavioral, mental health, or chemical dependency concerns.	8	8	$720	$7.50	$7.50
East Valley School District (Spokane)		486	830	$0	$0.00	$0.00
East Valley School District (Yakima)		285	558	$0	$0.00	$0.00
Eastmont School District		564	564	$0	$0.00	$0.00
Easton School District		19	19	$0	$0.00	$0.00
Eatonville School District		195	290	$0	$0.00	$0.00
Edmonds School District		1,942	1,942	$0	$0.00	$0.00
Ellensburg School District		325	325	$0	$0.00	$0.00
Elma School District	N/A	184	184	$0	$0.00	$0.00
Endicott School District	N/A	21	48	$0	$0.00	$0.00
Entiat School District		43	103	$0	$0.00	$0.00
Enumclaw School District		400	400	$0	$0.00	$0.00
Ephrata School District		235	434	$0	$0.00	$0.00
Evaline School District		6	6	$0	$0.00	$0.00
Everett School District		1,597	3,232	$347,809	$18.15	$8.97
Evergreen School District (Clark)	N/A	2,458	2,458	$0	$0.00	$0.00
Evergreen School District (Stevens)		5	7	$0	$0.00	$0.00
Federal Way School District	N/A	2,177	2,177	$0	$0.00	$0.00
Ferndale School District	Wellness/Employee Assistance Programs	503	978	$15,498	$2.57	$1.32
Fife School District	We offer optional employee paid cancer insurance through American Fidelity	328	328	$9,488	$2.41	$2.41
Finley School District		98	98	$0	$0.00	$0.00
Franklin Pierce School District	hospital indemnity, cancer, hospital intensive care, specified health event	810	810	$44,746	$4.60	$4.60
Freeman School District		95	178	$0	$0.00	$0.00
Garfield School District		25	56	$0	$0.00	$0.00
Glenwood School District	Empolyee paid Aflac supplemental insurances.	21	27	$2,289	$9.08	$7.07
Goldendale School District		103	103	$0	$0.00	$0.00

[1]Description of supplemental services purchased, not built into premiums.

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Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12c

Supplemental Services Financial Summary by District

School Fiscal Year Ending in 2012 — Reporting Districts Only

District	Description of Services[1]	Enrollment		Payments		
		Employees	Members	Total	PEPM	PMPM
Grand Coulee Dam School District		98	98	$0	$0.00	$0.00
Grandview School District	N/A	358	358	$0	$0.00	$0.00
Granger School District	Medical coverage with supplemental carriers which include hospital, cancer and accident	181	181	$18,577	$8.55	$8.55
Granite Falls School District		178	366	$0	$0.00	$0.00
Grapeview School District	N/A	22	47	$0	$0.00	$0.00
Great Northern School District	n/a	4	4	$0	$0.00	$0.00
Green Mountain School District		19	58	$0	$0.00	$0.00
Griffin School District		70	132	$0	$0.00	$0.00
Harrington School District		28	43	$0	$0.00	$0.00
Highland School District		135	253	$0	$0.00	$0.00
Highline School District		2,056	2,056	$0	$0.00	$0.00
Hockinson School District	CANCER AND CRITICAL ILLNESS INSURANCE	135	135	$16,540	$10.21	$10.21
Hood Canal School District	n/a	39	39	$0	$0.00	$0.00
Hoquiam School District		196	196	$0	$0.00	$0.00
Inchelium School District	n/a	4	4	$0	$0.00	$0.00
Index School District	N/A	5	6	$0	$0.00	$0.00
Issaquah School District	Aflac-Supplemental Voluntary Benefit.	1,716	1,716	$0	$0.00	$0.00
Kahlotus School District		17	45	$0	$0.00	$0.00
Kalama School District	N/A	67	156	$0	$0.00	$0.00
Keller School District		11	29	$0	$0.00	$0.00
Kelso School District	N/A	472	905	$0	$0.00	$0.00
Kennewick School District	N/A	1,528	1,528	$0	$0.00	$0.00
Kent School District		2,585	2,585	$0	$0.00	$0.00
Kettle Falls School District		80	158	$0	$0.00	$0.00
Kiona-Benton City School District		146	299	$0	$0.00	$0.00
Kittitas School District	N/A	75	75	$0	$0.00	$0.00
Klickitat School District	N/A	21	28	$0	$0.00	$0.00
La Center School District	N/A	102	102	$0	$0.00	$0.00
La Conner School District	N/A	92	92	$0	$0.00	$0.00
LaCrosse School District		18	38	$0	$0.00	$0.00
Lake Chelan School District	N/A	150	308	$0	$0.00	$0.00

[1]Description of supplemental services purchased, not built into premiums.

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Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12c

Supplemental Services Financial Summary by District

School Fiscal Year Ending in 2012 — Reporting Districts Only

District	Description of Services[1]	Enrollment		Payments		
		Employees	Members	Total	PEPM	PMPM
Lake Quinault School District		34	34	$0	$0.00	$0.00
Lake Stevens School District	Cancer, Accident, Critical Care, Hospital, Sickness - 100% Employee Paid	705	705	$64,330	$7.60	$7.60
Lake Washington School District		2,353	2,353	$0	$0.00	$0.00
Lakewood School District	N/A	221	221	$0	$0.00	$0.00
Lamont School District		8	15	$0	$0.00	$0.00
Liberty School District		65	133	$0	$0.00	$0.00
Lind School District	N/A	36	81	$0	$0.00	$0.00
Longview School District	n/a	682	683	$0	$0.00	$0.00
Loon Lake School District		19	44	$0	$0.00	$0.00
Lopez School District		40	40	$0	$0.00	$0.00
Lyle School District		28	28	$0	$0.00	$0.00
Lynden School District		299	299	$0	$0.00	$0.00
Mabton School District		100	100	$63,001	$52.50	$52.50
Mansfield School District	n/a	22	60	$0	$0.00	$0.00
Manson School District	N/A	90	190	$0	$0.00	$0.00
Mary M Knight School District	AFLAC	26	26	$8,953	$28.70	$28.70
Mary Walker School District		77	77	$0	$0.00	$0.00
Marysville School District	N/A	1,043	1,043	$0	$0.00	$0.00
McCleary School District		38	38	$0	$0.00	$0.00
Mead School District	Cancer Care, Hospital, Critical Care, Accident Insurance	924	2,365	$37,153	$3.35	$1.31
Medical Lake School District	AFLAC-CANCER&ICU/AMERICAN FIDELITY-CANCER-EMPLOYEE PAID	183	183	$3,807	$1.73	$1.73
Mercer Island School District		396	396	$0	$0.00	$0.00
Meridian School District	N/A	168	168	$0	$0.00	$0.00
Methow Valley School District		68	68	$0	$0.00	$0.00
Mill A School District		8	8	$0	$0.00	$0.00
Monroe School District	N/A	557	557	$0	$0.00	$0.00
Montesano School District	N/A	131	131	$0	$0.00	$0.00
Morton School District		40	40	$0	$0.00	$0.00
Moses Lake School District	-	818	1,650	$0	$0.00	$0.00
Mossyrock School District		65	65	$0		

[1]Description of supplemental services purchased, not built into premiums.

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Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12c

Supplemental Services Financial Summary by District

School Fiscal Year Ending in 2012 — Reporting Districts Only

District	Description of Services[1]	Enrollment		Payments		
		Employees	Members	Total	PEPM	PMPM
Mount Adams School District	NA	133	220	$0	$0.00	$0.00
Mount Baker School District	EAP	226	226	$5,050	$1.86	$1.86
Mount Pleasant School District		3	4	$0	$0.00	$0.00
Mount Vernon School District		731	731	$0	$0.00	$0.00
Mukilteo School District		1,382	1,382	$0	$0.00	$0.00
Naches Valley School District		135	135	$0	$0.00	$0.00
Napavine School District		77	77	$0	$0.00	$0.00
Naselle-Grays River Valley School District		46	66	$0	$0.00	$0.00
Nespelem School District		26	26	$0	$0.00	$0.00
Newport School District	N/A	120	220	$0	$0.00	$0.00
Nine Mile Falls School District		144	384	$0	$0.00	$0.00
Nooksack Valley School District	Employee Assistance Program	199	199	$5,707	$2.39	$2.39
North Beach School District	N/A	74	116	$0	$0.00	$0.00
North Franklin School District	Hospital, Accident, Critical Care, Cancer and Assorted AFLAC	237	237	$63,446	$22.31	$22.31
North Kitsap School District		629	629	$0	$0.00	$0.00
North Mason School District	AFLAC EMPLOYEE PAID PREMIUMS	212	212	$12,138	$4.77	$4.77
North River School District		19	19	$0	$0.00	$0.00
North Thurston Public Schools		1,344	1,344	$0	$0.00	$0.00
Northport School District		36	80	$0	$0.00	$0.00
Northshore School District	Annual Flu Shots for all employees	1,890	3,405	$25,620	$1.13	$0.63
Oak Harbor School District		477	477	$0	$0.00	$0.00
Oakesdale School District		23	23	$0	$0.00	$0.00
Oakville School District		0	0	$0		
Ocean Beach School District	N/A	114	193	$0	$0.00	$0.00
Ocosta School District	N/A	87	87	$0	$0.00	$0.00
Odessa School District		40	79	$0	$0.00	$0.00
Okanogan School District	N/A	129	129	$0	$0.00	$0.00
Olympia School District		876	876	$0	$0.00	$0.00
Omak School District		105	110	$0	$0.00	$0.00
Onalaska School District	N/A	94	174	$0	$0.00	$0.00
Onion Creek School District	Employee assistance program paid to Magellen Behavioral Health for counseling.	11	23	$376	$2.85	$1.36

[1]Description of supplemental services purchased, not built into premiums.

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Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12c

Supplemental Services Financial Summary by District

School Fiscal Year Ending in 2012 — Reporting Districts Only

District	Description of Services[1]	Enrollment		Payments		
		Employees	Members	Total	PEPM	PMPM
Orcas Island School District	Cancer Insurance, Accident Insurance, Hospital Insurance, Intensive Care Insurance	81	162	$9,387	$9.66	$4.83
Orchard Prairie School District		9	9	$0	$0.00	$0.00
Orient School District		12	12	$0	$0.00	$0.00
Orondo School District		34	56	$0	$0.00	$0.00
Oroville School District		78	150	$0	$0.00	$0.00
Orting School District		201	201	$0	$0.00	$0.00
Othello School District	N/A	423	1,434	$0	$0.00	$0.00
Palisades School District		7	15	$0	$0.00	$0.00
Palouse School District		24	50	$0	$0.00	$0.00
Pasco School District	Employee assistance program	1,658	1,658	$3,508	$0.18	$0.18
Pateros School District		38	38	$0	$0.00	$0.00
Paterson School District		15	42	$4,872	$27.07	$9.67
Pe Ell School District		42	61	$0	$0.00	$0.00
Peninsula School District	n/a	807	807	$0	$0.00	$0.00
Pioneer School District	N/A	87	87	$0	$0.00	$0.00
Pomeroy School District		40	40	$0	$0.00	$0.00
Port Angeles School District		389	389	$0	$0.00	$0.00
Port Townsend School District		144	144	$0	$0.00	$0.00
Prescott School District	N/A	33	33	$0	$0.00	$0.00
Prosser School District		328	728	$179,868	$45.70	$20.59
Pullman School District		248	450	$0	$0.00	$0.00
Puyallup School District		1,701	1,701	$0	$0.00	$0.00
Queets-Clearwater School District	n/a	12	20	$0	$0.00	$0.00
Quilcene School District	EMPLOYEE PAID PREMIUMS: AFLAC: LIFE, CANCER, SPECIFIC HEALTH EVENT	39	39	$3,184	$6.80	$6.80
Quillayute Valley School District	QVSD #402 offers Accident Only, Cancer, Hospital coverage and salary insurance which are call 100% covered with an employee deduction	160	160	$52,578	$27.38	$27.38
Quincy School District		327	327	$0	$0.00	$0.00
Rainier School District		79	79	$0	$0.00	$0.00
Raymond School District		77	130	$0	$0.00	$0.00

[1]Description of supplemental services purchased, not built into premiums.

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Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12c

Supplemental Services Financial Summary by District

School Fiscal Year Ending in 2012 — Reporting Districts Only

District	Description of Services[1]	Enrollment		Payments		
		Employees	Members	Total	PEPM	PMPM
Reardan-Edwall School District	N/A	63	122	$0	$0.00	$0.00
Renton School District	Farwest Counseling Services/EAP	1,544	1,544	$61,762	$3.33	$3.33
Republic School District		43	77	$0	$0.00	$0.00
Richland School District	No supplemental insurance offered at this time	1,030	1,955	$0	$0.00	$0.00
Ridgefield School District		138	138	$0	$0.00	$0.00
Ritzville School District		49	49	$0	$0.00	$0.00
Riverside School District	N/A	158	241	$0	$0.00	$0.00
Riverview School District		293	293	$0	$0.00	$0.00
Rochester School District		198	198	$0	$0.00	$0.00
Roosevelt School District		6	6	$0	$0.00	$0.00
Rosalia School District		36	74	$0	$0.00	$0.00
Royal School District	N/A	188	366	$0	$0.00	$0.00
San Juan Island School District		99	99	$0	$0.00	$0.00
Satsop School District		6	13	$0	$0.00	$0.00
Seattle Public Schools	N/A	5,350	9,159	$0	$0.00	$0.00
Sedro-Woolley School District	Cancer, Critical Care, Accident	423	423	$88,624	$17.46	$17.46
Selah School District	n/a	363	706	$0	$0.00	$0.00
Selkirk School District		33	81	$0	$0.00	$0.00
Sequim School District		289	289	$0	$0.00	$0.00
Shaw Island School District		5	9	$0	$0.00	$0.00
Shelton School District		505	505	$0	$0.00	$0.00
Shoreline School District		899	899	$0	$0.00	$0.00
Skamania School District		8	12	$0	$0.00	$0.00
Skykomish School District		19	37	$0	$0.00	$0.00
Snohomish School District		897	897	$0	$0.00	$0.00
Snoqualmie Valley School District	N/A	497	497	$0	$0.00	$0.00
Soap Lake School District	NA	61	130	$0	$0.00	$0.00
South Bend School District	N/A	89	190	$0	$0.00	$0.00
South Kitsap School District		897	897	$0	$0.00	$0.00
South Whidbey School District	STD, LTD, Cancer, Accident, FSA 125	157	157	$55,370	$29.39	$29.39
Southside School District		20	20	$0	$0.00	$0.00
Spokane School District		2,973	2,973	$0	$0.00	$0.00

[1]Description of supplemental services purchased, not built into premiums.

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Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12c

Supplemental Services Financial Summary by District

School Fiscal Year Ending in 2012 — Reporting Districts Only

District	Description of Services[1]	Enrollment		Payments		
		Employees	Members	Total	PEPM	PMPM
Sprague School District		21	48	$0	$0.00	$0.00
St. John School District	N/A	25	46	$0	$0.00	$0.00
Stanwood-Camano School District	N/A	445	826	$0	$0.00	$0.00
Star School District		5	7	$0	$0.00	$0.00
Starbuck School District		5	5	$0	$0.00	$0.00
Stehekin School District		1	3	$0	$0.00	$0.00
Steilacoom Hist. School District		241	241	$0	$0.00	$0.00
Steptoe School District		8	25	$0	$0.00	$0.00
Stevenson-Carson School District		62	62	$0	$0.00	$0.00
Sultan School District		202	202	$0	$0.00	$0.00
Summit Valley School District	N/A	11	33	$0	$0.00	$0.00
Sumner School District	N/A	836	836	$0	$0.00	$0.00
Sunnyside School District	ACCIDENT, CANCER, CRITICAL CARE, HOSPITAL COVERAGE	736	736	$191,125	$21.64	$21.64
Tacoma School District	Employee Assistance Program,Wellness Program,Aflac	2,860	6,224	$338,265	$9.86	$4.53
Taholah School District		38	38	$0	$0.00	$0.00
Tahoma School District	Not applicable	701	701	$0	$0.00	$0.00
Tekoa School District		26	68	$0	$0.00	$0.00
Tenino School District	N/A	118	206	$0	$0.00	$0.00
Thorp School District		22	34	$0	$0.00	$0.00
Toledo School District		71	139	$0	$0.00	$0.00
Tonasket School District		133	133	$0	$0.00	$0.00
Toppenish School District		408	408	$0	$0.00	$0.00
Touchet School District	N/A	31	31	$0	$0.00	$0.00
Toutle Lake School District		70	140	$0	$0.00	$0.00
Trout Lake School District		16	16	$0	$0.00	$0.00
Tukwila School District		286	286	$0	$0.00	$0.00
Tumwater School District	AFLAC	649	1,172	$25,713	$3.30	$1.83
Union Gap School District	n/a	72	72	$0	$0.00	$0.00
University Place School District	N/A	494	494	$0	$0.00	$0.00
Valley School District	Term Life Insurance, Voluntary Short term disability, Hospital insurance, long term care insurance, cancer insurance and accident insurance	81	187	$29,585	$30.44	$13.18

[1]Description of supplemental services purchased, not built into premiums.

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Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12c

Supplemental Services Financial Summary by District

School Fiscal Year Ending in 2012 — Reporting Districts Only

District	Description of Services[1]	Enrollment		Payments		
		Employees	Members	Total	PEPM	PMPM
Vancouver School District	cancer, accident insurance	2,239	2,239	$249,896	$9.30	$9.30
Vashon Island School District	N/A	146	146	$0	$0.00	$0.00
Wahkiakum School District	1. Are not covered under the premiums paid for medical benefit plan(s) 2.*Are purchased and billed separately from medical benefit plan(s) Examples: Disease management, wellness programs, health assessemnts, biometric screenings. If none are offered, enter N/A	47	133	$0	$0.00	$0.00
Wahluke School District		250	250	$0	$0.00	$0.00
Waitsburg School District	N/A	38	62	$0	$0.00	$0.00
Walla Walla Public Schools		710	710	$0	$0.00	$0.00
Wapato School District	N/A	373	373	$0	$0.00	$0.00
Warden School District		131	131	$0	$0.00	$0.00
Washougal School District	Cancer insurance	288	288	$23,090	$6.68	$6.68
Washtucna School District		22	44	$0	$0.00	$0.00
Waterville School District		41	41	$0	$0.00	$0.00
Wellpinit School District		65	137	$0	$0.00	$0.00
Wenatchee School District		843	1,694	$0	$0.00	$0.00
West Valley School District (Spokane)	N/A	409	637	$413,131	$84.18	$54.05
West Valley School District (Yakima)	N/A	466	995	$0	$0.00	$0.00
White Pass School District	AFLAC and American Fidelity supplemental products are available to our employees.	56	98	$2,690	$4.00	$2.29
White River School District		363	363	$0	$0.00	$0.00
White Salmon Valley School District	Aflac	117	117	$18,450	$13.14	$13.14
Wilbur School District		40	40	$0	$0.00	$0.00
Willapa Valley School District		42	42	$0	$0.00	$0.00

[1]Description of supplemental services purchased, not built into premiums.

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Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12c

Supplemental Services Financial Summary by District

School Fiscal Year Ending in 2012 — Reporting Districts Only

District	Description of Services[1]	Enrollment		Payments		
		Employees	Members	Total	PEPM	PMPM
Wilson Creek School District	The vendor is AFLAC Benefits paid 100 by employee	32	32	$9,573	$24.93	$24.93
Winlock School District	N/A	78	78	$0	$0.00	$0.00
Wishkah Valley School District	N/A	23	23	$13,224	$47.91	$47.91
Wishram School District		20	35	$0	$0.00	$0.00
Woodland School District	N/A	243	476	$0	$0.00	$0.00
Yakima School District		1,711	1,711	$0	$0.00	$0.00
Yelm School District		518	518	$0	$0.00	$0.00
Zillah School District	n/a	139	276	$0	$0.00	$0.00
Low		**0**	**0**	**$0**	**$0.00**	**$0.00**
Average		**350**	**450**	**$30**	**$2.47**	**$1.87**
High		**5,350**	**9,159**	**$413,131**	**$84.18**	**$54.05**
Grand Total		**103,116**	**132,688**	**$3,052,633**		

[1]Description of supplemental services purchased, not built into premiums.

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12d

Supplemental Services Financial Summary by Carrier

Plan Year Ending in 2012

Carrier	Description of Services[1]	Employees	Members	Fees Received[2]	Fees Received PEPM	Fees Recevied PMPM
Carrier 1	None reported	68,000	131,536	$0	$0.00	$0.00
Carrier 2	None reported	20,021	39,921	$0	$0.00	$0.00
Carrier 3	None reported	13,303	24,484	$0	$0.00	$0.00
Carrier 4	None reported	3,668	7,578	$0	$0.00	$0.00
Carrier 5	None reported	354	649	$0	$0.00	$0.00
Carrier 6	None reported	1,103	2,232	$0	$0.00	$0.00
Carrier 7	None reported	1,694	3,592	$0	$0.00	$0.00
Carrier 8	None reported	1,184	2,938	$0	$0.00	$0.00
Grand Total		**109,327**	**212,930**	**$0**	**$0.00**	**$0.00**

[1]Description of supplemental services purchased, but not built into premiums.

[2]Fees carriers received for supplemental services.

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12e

District Administrative Costs by District Not Paid Through Carrier Insurance Premiums

School District Fiscal Year Ending in 2012 — Reporting Districts Only

District	Employees	Members	Premiums	External Admin Only	Internal Admin Only[1]	Additional Compensation to Brokers[2]
Aberdeen School District	399	702	$3,910,459	$0	$0	$0
Adna School District	32	73	$356,378	$0	$0	$0
Almira School District	17	46	$221,285	$0	$0	$0
Anacortes School District	250	250	$2,718,410	$0	$22,000	$0
Arlington School District	475	475	$4,814,937	$0	$0	$0
Asotin-Anatone School District	59	178	$828,413	$0	$0	$0
Auburn School District	1,437	1,437	$14,413,382	$0	$0	$21,750
Bainbridge Island School District	380	380	$5,148,094	$0	$15,560	$0
Battle Ground School District	1,156	1,156	$12,344,781	$0	$45,557	$0
Bellevue School District	1,988	4,205	$17,527,132	$97,114	$0	$32,785
Bellingham School District	1,105	1,105	$11,262,964	$0	$0	$0
Benge School District	4	8	$52,184	$0	$0	$0
Bethel School District	1,522	1,522	$15,471,086	$0	$0	$0
Bickleton School District	13	41	$277,720	$0	$0	$0
Blaine School District	225	225	$2,308,015	$0	$0	$0
Boistfort School District	14	14	$138,681	$0	$0	$0
Bremerton School District	521	521	$5,139,352	$0	$21,795	$35,800
Brewster School District	111	195	$1,009,975	$0	$0	$0
Bridgeport School District	95	177	$892,503	$0	$0	$0
Brinnon School District	11	18	$120,795	$0	$0	$0
Burlington-Edison School District	410	410	$4,093,506	$0	$0	$0
Camas School District	585	585	$6,033,670	$0	$40,287	$0
Cape Flattery School District	88	88	$880,728	$0	$0	$0
Carbonado School District	21	35	$415,060	$0	$0	$0
Cascade School District	133	133	$995,902	$0	$0	$0
Cashmere School District	126	126	$1,836,497	$0	$0	$0
Castle Rock School District	148	275	$1,378,959	$0	$0	$0

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12e

District Administrative Costs by District Not Paid Through Carrier Insurance Premiums

School District Fiscal Year Ending in 2012 — Reporting Districts Only

District	Employees	Members	Premiums	External Admin Only	Internal Admin Only[1]	Additional Compensation to Brokers[2]
Centerville School District	10	10	$149,576	$0	$0	$2,200
Central Kitsap School District	1,098	1,098	$10,886,785	$0	$0	$0
Central Valley School District	1,305	1,305	$12,840,532	$0	$36,965	$0
Centralia School District	374	674	$4,287,002	$0	$0	$0
Chehalis School District	294	294	$2,988,415	$0	$0	$0
Cheney School District	440	440	$4,246,027	$0	$27,065	$0
Chewelah School District	96	200	$971,441	$0	$2,969	$0
Chimacum School District	111	111	$1,178,304	$0	$0	$0
Clarkston School District	307	307	$2,965,470	$0	$0	$0
Cle Elum-Roslyn School District	95	95	$1,105,067	$0	$0	$0
Clover Park School District	1,269	2,199	$13,589,658	$0	$0	$0
Colfax School District	64	135	$698,277	$0	$0	$0
College Place School District	99	339	$915,995	$0	$0	$1,000
Colton School District	25	25	$205,343	$0	$0	$0
Columbia (Stevens) School District	30	52	$396,548	$0	$0	$0
Columbia (Walla Walla) School District	96	96	$773,027	$0	$0	$0
Colville School District	190	364	$2,095,368	$0	$0	$0
Concrete School District	65	106	$638,453	$0	$0	$0
Conway School District	45	45	$432,083	$0	$0	$0
Cosmopolis School District	17	17	$192,527	$0	$0	$0
Coulee-Hartline School District	33	80	$281,417	$0	$0	$0
Coupeville School District	87	87	$983,023	$0	$2,212	$0
Crescent School District	39	39	$402,526	$0	$5,474	$0
Creston School District	27	45	$246,447	$0	$0	$0
Curlew School District	29	29	$343,285	$0	$0	$0
Cusick School District	45	105	$276,789	$0	$0	$0
Damman School District	0	0	$0	$0	$0	$0

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12e

District Administrative Costs by District Not Paid Through Carrier Insurance Premiums

School District Fiscal Year Ending in 2012 — Reporting Districts Only

District	Employees	Members	Premiums	External Admin Only	Internal Admin Only[1]	Additional Compensation to Brokers[2]
Darrington School District	50	50	$644,489	$0	$0	$0
Davenport School District	63	165	$717,877	$0	$0	$0
Dayton School District	58	104	$640,716	$0	$0	$0
Deer Park School District	234	480	$2,223,457	$0	$0	$0
Dieringer School District	139	139	$1,597,668	$0	$0	$0
Dixie School District	8	8	$79,505	$0	$0	$0
East Valley School District (Spokane)	486	830	$5,981,574	$0	$0	$0
East Valley School District (Yakima)	285	558	$2,934,386	$0	$25,948	$0
Eastmont School District	564	564	$6,850,751	$0	$13,000	$0
Easton School District	19	19	$302,797	$0	$0	$0
Eatonville School District	195	290	$1,740,762	$0	$0	$29,141
Edmonds School District	1,942	1,942	$16,681,142	$0	$0	$0
Ellensburg School District	325	325	$3,594,719	$0	$0	$0
Elma School District	184	184	$1,892,557	$0	$0	$0
Endicott School District	21	48	$213,795	$0	$0	$0
Entiat School District	43	103	$456,096	$0	$0	$0
Enumclaw School District	400	400	$4,132,258	$0	$0	$0
Ephrata School District	235	434	$2,395,932	$0	$0	$0
Evaline School District	6	6	$38,313	$0	$0	$0
Everett School District	1,597	3,232	$14,934,687	$23,490	$130,308	$70,913
Evergreen School District (Clark)	2,458	2,458	$25,392,550	$0	$94,763	$0
Evergreen School District (Stevens)	5	7	$39,488	$0	$0	$0
Federal Way School District	2,177	2,177	$21,645,701	$0	$0	$0
Ferndale School District	503	978	$4,721,257	$0	$0	$0
Fife School District	328	328	$3,364,382	$0	$0	$40,000
Finley School District	98	98	$958,306	$0	$0	$0
Franklin Pierce School District	810	810	$7,654,131	$0	$0	$0

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12e

District Administrative Costs by District Not Paid Through Carrier Insurance Premiums

School District Fiscal Year Ending in 2012 — Reporting Districts Only

District	Employees	Members	Premiums	External Admin Only	Internal Admin Only[1]	Additional Compensation to Brokers[2]
Freeman School District	95	178	$867,357	$0	$0	$0
Garfield School District	25	56	$225,726	$0	$0	$0
Glenwood School District	21	27	$183,000	$614	$0	$4,513
Goldendale School District	103	103	$1,200,228	$2,833	$0	$20,831
Grand Coulee Dam School District	98	98	$956,406	$0	$0	$0
Grandview School District	358	358	$3,794,106	$0	$0	$0
Granger School District	181	181	$1,975,524	$0	$0	$0
Granite Falls School District	178	366	$2,025,680	$0	$0	$0
Grapeview School District	22	47	$16,811	$0	$1,302	$0
Great Northern School District	4	4	$41,472	$0	$0	$0
Green Mountain School District	19	58	$180,726	$0	$0	$0
Griffin School District	70	132	$722,622	$0	$0	$0
Harrington School District	28	43	$394,483	$0	$0	$0
Highland School District	135	253	$1,315,555	$0	$0	$0
Highline School District	2,056	2,056	$20,060,171	$0	$55,650	$0
Hockinson School District	135	135	$1,526,332	$0	$18,000	$0
Hood Canal School District	39	39	$509,009	$0	$0	$0
Hoquiam School District	196	196	$1,885,481	$0	$0	$0
Inchelium School District	4	4	$41,472	$0	$0	$0
Index School District	5	6	$47,594	$0	$0	$0
Issaquah School District	1,716	1,716	$16,342,813	$0	$0	$61,068
Kahlotus School District	17	45	$220,158	$0	$0	$0
Kalama School District	67	156	$780,660	$0	$0	$0
Keller School District	11	29	$117,147	$0	$0	$0
Kelso School District	472	905	$4,617,732	$67,062	$0	$0
Kennewick School District	1,528	1,528	$15,562,737	$0	$0	$0
Kent School District	2,585	2,585	$25,966,081	$0	$0	$0

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12e

District Administrative Costs by District Not Paid Through Carrier Insurance Premiums

School District Fiscal Year Ending in 2012 — Reporting Districts Only

District	Employees	Members	Premiums	External Admin Only	Internal Admin Only[1]	Additional Compensation to Brokers[2]
Kettle Falls School District	80	158	$850,628	$0	$0	$0
Kiona-Benton City School District	146	299	$1,563,805	$0	$0	$0
Kittitas School District	75	75	$896,522	$0	$0	$0
Klickitat School District	21	28	$191,165	$563	$0	$4,143
La Center School District	102	102	$1,065,641	$0	$0	$0
La Conner School District	92	92	$1,199,394	$0	$0	$0
LaCrosse School District	18	38	$297,269	$0	$4,900	$0
Lake Chelan School District	150	308	$1,629,906	$0	$0	$0
Lake Quinault School District	34	34	$495,867	$0	$0	$26,999
Lake Stevens School District	705	705	$6,960,385	$0	$0	$0
Lake Washington School District	2,353	2,353	$23,092,518	$0	$79,500	$0
Lakewood School District	221	221	$171,337	$0	$0	$0
Lamont School District	8	15	$95,449	$0	$0	$0
Liberty School District	65	133	$666,311	$0	$0	$0
Lind School District	36	81	$358,090	$0	$0	$0
Longview School District	682	683	$6,999,173	$0	$8,159	$47,091
Loon Lake School District	19	44	$246,203	$0	$0	$0
Lopez School District	40	40	$394,900	$0	$0	$0
Lyle School District	28	28	$366,669	$8,035	$1,750	$8,035
Lynden School District	299	299	$2,696,230	$0	$810	$0
Mabton School District	100	100	$1,143,605	$0	$0	$0
Mansfield School District	22	60	$281,780	$0	$0	$0
Manson School District	90	190	$936,550	$0	$0	$0
Mary M Knight School District	26	26	$272,218	$0	$0	$0
Mary Walker School District	77	77	$705,841	$0	$0	$0
Marysville School District	1,043	1,043	$11,484,828	$0	$36,500	$0
McCleary School District	38	38	$248,834	$0	$0	$0

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12e

District Administrative Costs by District Not Paid Through Carrier Insurance Premiums

School District Fiscal Year Ending in 2012 — Reporting Districts Only

District	Employees	Members	Premiums	External Admin Only	Internal Admin Only[1]	Additional Compensation to Brokers[2]
Mead School District	924	2,365	$9,282,239	$0	$66,117	$0
Medical Lake School District	183	183	$2,050,262	$0	$0	$0
Mercer Island School District	396	396	$4,630,247	$0	$0	$0
Meridian School District	168	168	$1,602,375	$0	$0	$0
Methow Valley School District	68	68	$692,586	$0	$0	$0
Mill A School District	8	8	$114,298	$211	$0	$1,549
Monroe School District	557	557	$5,535,850	$0	$17,973	$0
Montesano School District	131	131	$1,301,225	$0	$0	$0
Morton School District	40	40	$34,458	$0	$0	$0
Moses Lake School District	818	1,650	$8,528,300	$0	$65,568	$0
Mossyrock School District	65	65	$610,810	$0	$0	$0
Mount Adams School District	133	220	$1,464,924	$0	$0	$0
Mount Baker School District	226	226	$3,058,611	$0	$0	$0
Mount Pleasant School District	3	4	$44,333	$0	$0	$0
Mount Vernon School District	731	731	$7,224,785	$0	$0	$0
Mukilteo School District	1,382	1,382	$14,318,697	$0	$0	$0
Naches Valley School District	135	135	$1,608,464	$0	$0	$0
Napavine School District	77	77	$738,616	$0	$0	$0
Naselle-Grays River Valley School District	46	66	$383,139	$0	$0	$0
Nespelem School District	26	26	$386,602	$0	$0	$0
Newport School District	120	220	$1,120,135	$0	$0	$0
Nine Mile Falls School District	144	384	$1,474,332	$0	$0	$0
Nooksack Valley School District	199	199	$1,900,437	$0	$0	$11,880
North Beach School District	74	116	$836,187	$0	$0	$0
North Franklin School District	237	237	$2,424,241	$0	$0	$0
North Kitsap School District	629	629	$6,790,181	$0	$0	$35,000
North Mason School District	212	212	$2,355,034	$0	$0	$0

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12e

District Administrative Costs by District Not Paid Through Carrier Insurance Premiums

School District Fiscal Year Ending in 2012 — Reporting Districts Only

District	Employees	Members	Premiums	External Admin Only	Internal Admin Only[1]	Additional Compensation to Brokers[2]
North River School District	19	19	$172,663	$0	$0	$0
North Thurston Public Schools	1,344	1,344	$13,592,695	$0	$0	$40,000
Northport School District	36	80	$373,009	$0	$0	$0
Northshore School District	1,890	3,405	$17,343,388	$0	$0	$0
Oak Harbor School District	477	477	$0	$0	$0	$0
Oakesdale School District	23	23	$236,318	$0	$0	$0
Oakville School District	0	0	$0	$0	$0	$0
Ocean Beach School District	114	193	$1,067,133	$0	$0	$0
Ocosta School District	87	87	$0	$0	$0	$0
Odessa School District	40	79	$365,533	$0	$0	$0
Okanogan School District	129	129	$1,214,062	$0	$0	$0
Olympia School District	876	876	$8,707,325	$0	$0	$0
Omak School District	105	110	$2,175,600	$7,371	$7,371	$0
Onalaska School District	94	174	$1,136,751	$0	$0	$0
Onion Creek School District	11	23	$134,225	$0	$0	$0
Orcas Island School District	81	162	$792,467	$0	$0	$0
Orchard Prairie School District	9	9	$107,523	$0	$0	$0
Orient School District	12	12	$131,526	$0	$0	$0
Orondo School District	34	56	$240,207	$0	$0	$0
Oroville School District	78	150	$809,263	$0	$0	$0
Orting School District	201	201	$2,014,553	$0	$0	$0
Othello School District	423	1,434	$3,797,445	$0	$9,450	$0
Palisades School District	7	15	$112,524	$0	$0	$0
Palouse School District	24	50	$366,646	$0	$0	$0
Pasco School District	1,658	1,658	$16,395,115	$0	$63,000	$0
Pateros School District	38	38	$291,483	$0	$0	$0
Paterson School District	15	42	$115,800	$0	$0	$0

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12e

District Administrative Costs by District Not Paid Through Carrier Insurance Premiums

School District Fiscal Year Ending in 2012 — Reporting Districts Only

District	Employees	Members	Premiums	External Admin Only	Internal Admin Only[1]	Additional Compensation to Brokers[2]
Pe Ell School District	42	61	$377,408	$0	$0	$0
Peninsula School District	807	807	$5,301,054	$0	$0	$40,800
Pioneer School District	87	87	$1,035,981	$0	$0	$0
Pomeroy School District	40	40	$537,125	$0	$0	$0
Port Angeles School District	389	389	$4,979,597	$0	$0	$0
Port Townsend School District	144	144	$1,437,374	$0	$0	$0
Prescott School District	33	33	$454,378	$0	$0	$0
Prosser School District	328	728	$3,534,879	$0	$0	$0
Pullman School District	248	450	$2,266,236	$0	$0	$0
Puyallup School District	1,701	1,701	$18,947,741	$0	$145,467	$0
Queets-Clearwater School District	12	20	$87,436	$0	$0	$0
Quilcene School District	39	39	$394,665	$0	$0	$0
Quillayute Valley School District	160	160	$1,546,551	$0	$0	$0
Quincy School District	327	327	$4,064,835	$0	$0	$0
Rainier School District	79	79	$1,010,009	$0	$0	$0
Raymond School District	77	130	$890,079	$0	$0	$0
Reardan-Edwall School District	63	122	$636,058	$0	$0	$0
Renton School District	1,544	1,544	$14,383,149	$0	$0	$0
Republic School District	43	77	$423,873	$0	$0	$0
Richland School District	1,030	1,955	$9,982,138	$0	$0	$0
Ridgefield School District	138	138	$1,513,742	$0	$18,700	$0
Ritzville School District	49	49	$564,674	$0	$0	$0
Riverside School District	158	241	$1,675,681	$0	$3,202	$0
Riverview School District	293	293	$3,377,377	$0	$49,395	$0
Rochester School District	198	198	$2,362,459	$0	$0	$0
Roosevelt School District	6	6	$44,939	$0	$0	$0
Rosalia School District	36	74	$338,844	$0	$0	$0

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12e

District Administrative Costs by District Not Paid Through Carrier Insurance Premiums

School District Fiscal Year Ending in 2012 — Reporting Districts Only

District	Employees	Members	Premiums	External Admin Only	Internal Admin Only[1]	Additional Compensation to Brokers[2]
Royal School District	188	366	$2,125,503	$0	$0	$0
San Juan Island School District	99	99	$917,831	$0	$9,868	$0
Satsop School District	6	13	$64,436	$0	$0	$0
Seattle Public Schools	5,350	9,159	$49,957,336	$39,489	$0	$0
Sedro-Woolley School District	423	423	$4,282,421	$0	$24,585	$0
Selah School District	363	706	$3,516,023	$0	$0	$0
Selkirk School District	33	81	$373,225	$0	$0	$0
Sequim School District	289	289	$2,977,985	$0	$0	$0
Shaw Island School District	5	9	$42,202	$0	$0	$0
Shelton School District	505	505	$4,764,616	$0	$0	$0
Shoreline School District	899	899	$9,155,878	$0	$40,000	$0
Skamania School District	8	12	$124,233	$105	$0	$775
Skykomish School District	19	37	$13,268	$0	$0	$0
Snohomish School District	897	897	$9,233,099	$0	$0	$0
Snoqualmie Valley School District	497	497	$6,197,889	$76	$0	$0
Soap Lake School District	61	130	$607,908	$0	$1,600	$828
South Bend School District	89	190	$903,190	$0	$0	$0
South Kitsap School District	897	897	$1,858,117	$0	$0	$24,500
South Whidbey School District	157	157	$2,056,941	$1,134	$1,134	$0
Southside School District	20	20	$229,622	$0	$0	$0
Spokane School District	2,973	2,973	$41,882,463	$0	$0	$0
Sprague School District	21	48	$295,381	$0	$0	$0
St. John School District	25	46	$291,527	$0	$0	$0
Stanwood-Camano School District	445	826	$4,417,590	$0	$0	$0
Star School District	5	7	$35,634	$0	$0	$0
Starbuck School District	5	5	$38,914	$0	$0	$0
Stehekin School District	1	3	$17,070	$0	$0	$0

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[2]Confidential

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12e

District Administrative Costs by District Not Paid Through Carrier Insurance Premiums

School District Fiscal Year Ending in 2012 — Reporting Districts Only

District	Employees	Members	Premiums	External Admin Only	Internal Admin Only[1]	Additional Compensation to Brokers[2]
Steilacoom Hist. School District	241	241	$2,591,056	$0	$0	$30,572
Steptoe School District	8	25	$98,912	$0	$0	$0
Stevenson-Carson School District	62	62	$1,253,211	$0	$0	$27,193
Sultan School District	202	202	$1,540,782	$0	$0	$0
Summit Valley School District	11	33	$131,734	$0	$0	$0
Sumner School District	836	836	$8,587,928	$0	$0	$0
Sunnyside School District	736	736	$6,637,673	$0	$0	$0
Tacoma School District	2,860	6,224	$31,789,256	$0	$350,083	$149,996
Taholah School District	38	38	$454,727	$0	$0	$0
Tahoma School District	701	701	$6,979,853	$0	$0	$0
Tekoa School District	26	68	$312,570	$0	$0	$0
Tenino School District	118	206	$1,232,259	$0	$0	$0
Thorp School District	22	34	$233,760	$0	$0	$0
Toledo School District	71	139	$546,718	$0	$1,766	$0
Tonasket School District	133	133	$1,434,152	$0	$0	$0
Toppenish School District	408	408	$4,292,208	$0	$0	$10,000
Touchet School District	31	31	$384,893	$0	$0	$0
Toutle Lake School District	70	140	$673,486	$0	$0	$0
Trout Lake School District	16	16	$287,332	$5,280	$1,750	$5,280
Tukwila School District	286	286	$2,795,029	$0	$0	$0
Tumwater School District	649	1,172	$6,778,672	$0	$55,400	$18,200
Union Gap School District	72	72	$694,008	$0	$0	$0
University Place School District	494	494	$4,198,075	$0	$9,864	$24,577
Valley School District	81	187	$1,269,023	$0	$0	$0
Vancouver School District	2,239	2,239	$22,520,901	$0	$0	$0
Vashon Island School District	146	146	$1,974,990	$0	$16,854	$0
Wahkiakum School District	47	133	$609,103	$0	$0	$0

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12e

District Administrative Costs by District Not Paid Through Carrier Insurance Premiums

School District Fiscal Year Ending in 2012 — Reporting Districts Only

District	Employees	Members	Premiums	External Admin Only	Internal Admin Only[1]	Additional Compensation to Brokers[2]
Wahluke School District	250	250	$2,611,569	$0	$0	$0
Waitsburg School District	38	62	$439,855	$0	$0	$0
Walla Walla Public Schools	710	710	$5,721,949	$0	$0	$0
Wapato School District	373	373	$3,644,422	$0	$6,358	$0
Warden School District	131	131	$1,423,640	$0	$0	$0
Washougal School District	288	288	$2,860,816	$440	$0	$0
Washtucna School District	22	44	$206,519	$0	$0	$0
Waterville School District	41	41	$360,622	$0	$0	$0
Wellpinit School District	65	137	$596,420	$0	$0	$0
Wenatchee School District	843	1,694	$9,373,743	$2,244	$0	$0
West Valley School District (Spokane)	409	637	$5,442,475	$0	$0	$0
West Valley School District (Yakima)	466	995	$4,868,109	$0	$0	$0
White Pass School District	56	98	$543,320	$0	$0	$0
White River School District	363	363	$3,881,203	$0	$0	$0
White Salmon Valley School District	117	117	$1,322,154	$3,240	$0	$23,829
Wilbur School District	40	40	$446,331	$0	$0	$0
Willapa Valley School District	42	42	$607,775	$0	$0	$0
Wilson Creek School District	32	32	$404,473	$0	$0	$0
Winlock School District	78	78	$790,272	$0	$0	$0
Wishkah Valley School District	23	23	$168,118	$0	$2,801	$0
Wishram School District	20	35	$185,077	$0	$0	$0
Woodland School District	243	476	$1,980,935	$0	$0	$0
Yakima School District	1,711	1,711	$19,072,744	$0	$0	$0
Yelm School District	518	518	$5,407,878	$0	$0	$0
Zillah School District	139	276	$1,160,884	$0	$0	$0
Low	**0**	**0**	**$0**	**$0**	**$0**	**$0**

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12e

District Administrative Costs by District Not Paid Through Carrier Insurance Premiums

School District Fiscal Year Ending in 2012 — Reporting Districts Only

District	Employees	Members	Premiums	External Admin Only	Internal Admin Only[1]	Additional Compensation to Brokers[2]
Average	350	450	$14,294,779	$4,631	$24,800	$9,598
High	5,350	9,159	$49,957,336	$97,114	$350,083	$149,996
Grand Total	103,116	132,688	$1,041,974,570	$259,300	$1,658,779	$851,245

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12f

District Administrative Costs by District Not Paid by Insurance Carrier Premiums Per Employee Per Month

School District Fiscal Year Ending in 2012 — Reporting Districts Only

District	Employees	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Aberdeen School District	399	$816.72	$0.00	$0.00	$0.00
Adna School District	32	$928.07	$0.00	$0.00	$0.00
Almira School District	17	$1,084.73	$0.00	$0.00	$0.00
Anacortes School District	250	$906.14	$0.00	$7.33	$0.00
Arlington School District	475	$844.73	$0.00	$0.00	$0.00
Asotin-Anatone School District	59	$1,170.08	$0.00	$0.00	$0.00
Auburn School District	1,437	$835.85	$0.00	$0.00	$1.26
Bainbridge Island School District	380	$1,128.97	$0.00	$3.41	$0.00
Battle Ground School District	1,156	$889.91	$0.00	$3.28	$0.00
Bellevue School District	1,988	$734.71	$4.07	$0.00	$1.37
Bellingham School District	1,105	$849.39	$0.00	$0.00	$0.00
Benge School District	4	$1,087.16	$0.00	$0.00	$0.00
Bethel School District	1,522	$847.08	$0.00	$0.00	$0.00
Bickleton School District	13	$1,780.26	$0.00	$0.00	$0.00
Blaine School District	225	$854.82	$0.00	$0.00	$0.00
Boistfort School District	14	$825.48	$0.00	$0.00	$0.00
Bremerton School District	521	$822.03	$0.00	$3.49	$5.73
Brewster School District	111	$758.24	$0.00	$0.00	$0.00
Bridgeport School District	95	$782.90	$0.00	$0.00	$0.00
Brinnon School District	11	$915.11	$0.00	$0.00	$0.00
Burlington-Edison School District	410	$832.01	$0.00	$0.00	$0.00
Camas School District	585	$859.50	$0.00	$5.74	$0.00
Cape Flattery School District	88	$834.02	$0.00	$0.00	$0.00
Carbonado School District	21	$1,647.06	$0.00	$0.00	$0.00
Cascade School District	133	$624.00	$0.00	$0.00	$0.00
Cashmere School District	126	$1,214.61	$0.00	$0.00	$0.00
Castle Rock School District	148	$776.44	$0.00	$0.00	$0.00

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12f

District Administrative Costs by District Not Paid by Insurance Carrier Premiums Per Employee Per Month

School District Fiscal Year Ending in 2012 — Reporting Districts Only

District	Employees	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Centerville School District	10	$1,246.47	$0.00	$0.00	$18.33
Central Kitsap School District	1,098	$826.26	$0.00	$0.00	$0.00
Central Valley School District	1,305	$819.96	$0.00	$2.36	$0.00
Centralia School District	374	$955.21	$0.00	$0.00	$0.00
Chehalis School District	294	$847.06	$0.00	$0.00	$0.00
Cheney School District	440	$804.17	$0.00	$5.13	$0.00
Chewelah School District	96	$843.26	$0.00	$2.58	$0.00
Chimacum School District	111	$884.61	$0.00	$0.00	$0.00
Clarkston School District	307	$804.96	$0.00	$0.00	$0.00
Cle Elum-Roslyn School District	95	$969.36	$0.00	$0.00	$0.00
Clover Park School District	1,269	$892.41	$0.00	$0.00	$0.00
Colfax School District	64	$909.21	$0.00	$0.00	$0.00
College Place School District	99	$771.04	$0.00	$0.00	$0.84
Colton School District	25	$684.48	$0.00	$0.00	$0.00
Columbia (Stevens) School District	30	$1,101.52	$0.00	$0.00	$0.00
Columbia (Walla Walla) School District	96	$671.03	$0.00	$0.00	$0.00
Colville School District	190	$919.02	$0.00	$0.00	$0.00
Concrete School District	65	$818.53	$0.00	$0.00	$0.00
Conway School District	45	$800.15	$0.00	$0.00	$0.00
Cosmopolis School District	17	$943.76	$0.00	$0.00	$0.00
Coulee-Hartline School District	33	$710.65	$0.00	$0.00	$0.00
Coupeville School District	87	$941.59	$0.00	$2.12	$0.00
Crescent School District	39	$860.10	$0.00	$11.70	$0.00
Creston School District	27	$760.64	$0.00	$0.00	$0.00
Curlew School District	29	$986.45	$0.00	$0.00	$0.00
Cusick School District	45	$512.57	$0.00	$0.00	$0.00
Damman School District	0	$0.00	$0.00	$0.00	$0.00

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12f

District Administrative Costs by District Not Paid by Insurance Carrier Premiums Per Employee Per Month

School District Fiscal Year Ending in 2012 — Reporting Districts Only

District	Employees	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Darrington School District	50	$1,074.15	$0.00	$0.00	$0.00
Davenport School District	63	$949.57	$0.00	$0.00	$0.00
Dayton School District	58	$920.57	$0.00	$0.00	$0.00
Deer Park School District	234	$791.83	$0.00	$0.00	$0.00
Dieringer School District	139	$957.83	$0.00	$0.00	$0.00
Dixie School District	8	$828.18	$0.00	$0.00	$0.00
East Valley School District (Spokane)	486	$1,025.65	$0.00	$0.00	$0.00
East Valley School District (Yakima)	285	$858.01	$0.00	$7.59	$0.00
Eastmont School District	564	$1,012.23	$0.00	$1.92	$0.00
Easton School District	19	$1,328.06	$0.00	$0.00	$0.00
Eatonville School District	195	$743.92	$0.00	$0.00	$12.45
Edmonds School District	1,942	$715.81	$0.00	$0.00	$0.00
Ellensburg School District	325	$921.72	$0.00	$0.00	$0.00
Elma School District	184	$857.14	$0.00	$0.00	$0.00
Endicott School District	21	$848.39	$0.00	$0.00	$0.00
Entiat School District	43	$883.91	$0.00	$0.00	$0.00
Enumclaw School District	400	$860.89	$0.00	$0.00	$0.00
Ephrata School District	235	$849.62	$0.00	$0.00	$0.00
Evaline School District	6	$532.12	$0.00	$0.00	$0.00
Everett School District	1,597	$779.31	$1.23	$6.80	$3.70
Evergreen School District (Clark)	2,458	$860.88	$0.00	$3.21	$0.00
Evergreen School District (Stevens)	5	$658.14	$0.00	$0.00	$0.00
Federal Way School District	2,177	$828.58	$0.00	$0.00	$0.00
Ferndale School District	503	$782.18	$0.00	$0.00	$0.00
Fife School District	328	$854.77	$0.00	$0.00	$10.16
Finley School District	98	$814.89	$0.00	$0.00	$0.00
Franklin Pierce School District	810	$787.46	$0.00	$0.00	$0.00

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12f

District Administrative Costs by District Not Paid by Insurance Carrier Premiums Per Employee Per Month

School District Fiscal Year Ending in 2012 — Reporting Districts Only

District	Employees	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Freeman School District	95	$760.84	$0.00	$0.00	$0.00
Garfield School District	25	$752.42	$0.00	$0.00	$0.00
Glenwood School District	21	$726.19	$2.44	$0.00	$17.91
Goldendale School District	103	$971.06	$2.29	$0.00	$16.85
Grand Coulee Dam School District	98	$813.27	$0.00	$0.00	$0.00
Grandview School District	358	$883.17	$0.00	$0.00	$0.00
Granger School District	181	$909.54	$0.00	$0.00	$0.00
Granite Falls School District	178	$948.35	$0.00	$0.00	$0.00
Grapeview School District	22	$63.68	$0.00	$4.93	$0.00
Great Northern School District	4	$864.00	$0.00	$0.00	$0.00
Green Mountain School District	19	$792.66	$0.00	$0.00	$0.00
Griffin School District	70	$860.26	$0.00	$0.00	$0.00
Harrington School District	28	$1,174.06	$0.00	$0.00	$0.00
Highland School District	135	$812.07	$0.00	$0.00	$0.00
Highline School District	2,056	$813.07	$0.00	$2.26	$0.00
Hockinson School District	135	$942.18	$0.00	$11.11	$0.00
Hood Canal School District	39	$1,087.63	$0.00	$0.00	$0.00
Hoquiam School District	196	$801.65	$0.00	$0.00	$0.00
Inchelium School District	4	$864.00	$0.00	$0.00	$0.00
Index School District	5	$793.24	$0.00	$0.00	$0.00
Issaquah School District	1,716	$793.65	$0.00	$0.00	$2.97
Kahlotus School District	17	$1,079.21	$0.00	$0.00	$0.00
Kalama School District	67	$970.97	$0.00	$0.00	$0.00
Keller School District	11	$887.48	$0.00	$0.00	$0.00
Kelso School District	472	$815.28	$11.84	$0.00	$0.00
Kennewick School District	1,528	$848.75	$0.00	$0.00	$0.00
Kent School District	2,585	$837.08	$0.00	$0.00	$0.00

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12f

District Administrative Costs by District Not Paid by Insurance Carrier Premiums Per Employee Per Month

School District Fiscal Year Ending in 2012 — Reporting Districts Only

District	Employees	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Kettle Falls School District	80	$886.07	$0.00	$0.00	$0.00
Kiona-Benton City School District	146	$892.58	$0.00	$0.00	$0.00
Kittitas School District	75	$996.14	$0.00	$0.00	$0.00
Klickitat School District	21	$758.59	$2.24	$0.00	$16.44
La Center School District	102	$870.62	$0.00	$0.00	$0.00
La Conner School District	92	$1,086.41	$0.00	$0.00	$0.00
LaCrosse School District	18	$1,376.25	$0.00	$22.69	$0.00
Lake Chelan School District	150	$905.50	$0.00	$0.00	$0.00
Lake Quinault School District	34	$1,215.36	$0.00	$0.00	$66.17
Lake Stevens School District	705	$822.74	$0.00	$0.00	$0.00
Lake Washington School District	2,353	$817.84	$0.00	$2.82	$0.00
Lakewood School District	221	$64.61	$0.00	$0.00	$0.00
Lamont School District	8	$994.26	$0.00	$0.00	$0.00
Liberty School District	65	$854.25	$0.00	$0.00	$0.00
Lind School District	36	$828.91	$0.00	$0.00	$0.00
Longview School District	682	$855.23	$0.00	$1.00	$5.75
Loon Lake School District	19	$1,079.84	$0.00	$0.00	$0.00
Lopez School District	40	$822.71	$0.00	$0.00	$0.00
Lyle School District	28	$1,091.28	$23.91	$5.21	$23.91
Lynden School District	299	$751.46	$0.00	$0.23	$0.00
Mabton School District	100	$953.00	$0.00	$0.00	$0.00
Mansfield School District	22	$1,067.35	$0.00	$0.00	$0.00
Manson School District	90	$867.18	$0.00	$0.00	$0.00
Mary M Knight School District	26	$872.49	$0.00	$0.00	$0.00
Mary Walker School District	77	$763.90	$0.00	$0.00	$0.00
Marysville School District	1,043	$917.61	$0.00	$2.92	$0.00
McCleary School District	38	$545.69	$0.00	$0.00	$0.00

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12f

District Administrative Costs by District Not Paid by Insurance Carrier Premiums Per Employee Per Month

School District Fiscal Year Ending in 2012 — Reporting Districts Only

District	Employees	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Mead School District	924	$837.14	$0.00	$5.96	$0.00
Medical Lake School District	183	$933.63	$0.00	$0.00	$0.00
Mercer Island School District	396	$974.38	$0.00	$0.00	$0.00
Meridian School District	168	$794.83	$0.00	$0.00	$0.00
Methow Valley School District	68	$848.76	$0.00	$0.00	$0.00
Mill A School District	8	$1,190.60	$2.19	$0.00	$16.14
Monroe School District	557	$828.22	$0.00	$2.69	$0.00
Montesano School District	131	$827.75	$0.00	$0.00	$0.00
Morton School District	40	$71.79	$0.00	$0.00	$0.00
Moses Lake School District	818	$868.82	$0.00	$6.68	$0.00
Mossyrock School District	65	$783.09	$0.00	$0.00	$0.00
Mount Adams School District	133	$917.87	$0.00	$0.00	$0.00
Mount Baker School District	226	$1,127.81	$0.00	$0.00	$0.00
Mount Pleasant School District	3	$1,231.47	$0.00	$0.00	$0.00
Mount Vernon School District	731	$823.62	$0.00	$0.00	$0.00
Mukilteo School District	1,382	$863.40	$0.00	$0.00	$0.00
Naches Valley School District	135	$992.88	$0.00	$0.00	$0.00
Napavine School District	77	$799.37	$0.00	$0.00	$0.00
Naselle-Grays River Valley School District	46	$694.09	$0.00	$0.00	$0.00
Nespelem School District	26	$1,239.11	$0.00	$0.00	$0.00
Newport School District	120	$777.87	$0.00	$0.00	$0.00
Nine Mile Falls School District	144	$853.20	$0.00	$0.00	$0.00
Nooksack Valley School District	199	$795.83	$0.00	$0.00	$4.97
North Beach School District	74	$941.65	$0.00	$0.00	$0.00
North Franklin School District	237	$852.41	$0.00	$0.00	$0.00
North Kitsap School District	629	$899.60	$0.00	$0.00	$4.64
North Mason School District	212	$925.72	$0.00	$0.00	$0.00

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12f

District Administrative Costs by District Not Paid by Insurance Carrier Premiums Per Employee Per Month

School District Fiscal Year Ending in 2012 — Reporting Districts Only

District	Employees	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
North River School District	19	$757.29	$0.00	$0.00	$0.00
North Thurston Public Schools	1,344	$842.80	$0.00	$0.00	$2.48
Northport School District	36	$863.45	$0.00	$0.00	$0.00
Northshore School District	1,890	$764.70	$0.00	$0.00	$0.00
Oak Harbor School District	477	$0.00	$0.00	$0.00	$0.00
Oakesdale School District	23	$856.22	$0.00	$0.00	$0.00
Oakville School District	0	$0.00	$0.00	$0.00	$0.00
Ocean Beach School District	114	$780.07	$0.00	$0.00	$0.00
Ocosta School District	87	$0.00	$0.00	$0.00	$0.00
Odessa School District	40	$761.53	$0.00	$0.00	$0.00
Okanogan School District	129	$784.28	$0.00	$0.00	$0.00
Olympia School District	876	$828.32	$0.00	$0.00	$0.00
Omak School District	105	$1,726.67	$5.85	$5.85	$0.00
Onalaska School District	94	$1,007.76	$0.00	$0.00	$0.00
Onion Creek School District	11	$1,016.85	$0.00	$0.00	$0.00
Orcas Island School District	81	$815.30	$0.00	$0.00	$0.00
Orchard Prairie School District	9	$995.58	$0.00	$0.00	$0.00
Orient School District	12	$913.38	$0.00	$0.00	$0.00
Orondo School District	34	$588.74	$0.00	$0.00	$0.00
Oroville School District	78	$864.60	$0.00	$0.00	$0.00
Orting School District	201	$835.22	$0.00	$0.00	$0.00
Othello School District	423	$748.12	$0.00	$1.86	$0.00
Palisades School District	7	$1,339.57	$0.00	$0.00	$0.00
Palouse School District	24	$1,273.08	$0.00	$0.00	$0.00
Pasco School District	1,658	$824.04	$0.00	$3.17	$0.00
Pateros School District	38	$639.22	$0.00	$0.00	$0.00
Paterson School District	15	$643.33	$0.00	$0.00	$0.00

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12f

District Administrative Costs by District Not Paid by Insurance Carrier Premiums Per Employee Per Month

School District Fiscal Year Ending in 2012 — Reporting Districts Only

District	Employees	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Pe Ell School District	42	$748.83	$0.00	$0.00	$0.00
Peninsula School District	807	$547.40	$0.00	$0.00	$4.21
Pioneer School District	87	$992.32	$0.00	$0.00	$0.00
Pomeroy School District	40	$1,119.01	$0.00	$0.00	$0.00
Port Angeles School District	389	$1,066.75	$0.00	$0.00	$0.00
Port Townsend School District	144	$831.81	$0.00	$0.00	$0.00
Prescott School District	33	$1,147.42	$0.00	$0.00	$0.00
Prosser School District	328	$898.09	$0.00	$0.00	$0.00
Pullman School District	248	$761.50	$0.00	$0.00	$0.00
Puyallup School District	1,701	$928.26	$0.00	$7.13	$0.00
Queets-Clearwater School District	12	$607.19	$0.00	$0.00	$0.00
Quilcene School District	39	$843.30	$0.00	$0.00	$0.00
Quillayute Valley School District	160	$805.50	$0.00	$0.00	$0.00
Quincy School District	327	$1,035.89	$0.00	$0.00	$0.00
Rainier School District	79	$1,065.41	$0.00	$0.00	$0.00
Raymond School District	77	$963.29	$0.00	$0.00	$0.00
Reardan-Edwall School District	63	$841.35	$0.00	$0.00	$0.00
Renton School District	1,544	$776.29	$0.00	$0.00	$0.00
Republic School District	43	$821.46	$0.00	$0.00	$0.00
Richland School District	1,030	$807.62	$0.00	$0.00	$0.00
Ridgefield School District	138	$914.10	$0.00	$11.29	$0.00
Ritzville School District	49	$960.33	$0.00	$0.00	$0.00
Riverside School District	158	$883.80	$0.00	$1.69	$0.00
Riverview School District	293	$960.57	$0.00	$14.05	$0.00
Rochester School District	198	$994.30	$0.00	$0.00	$0.00
Roosevelt School District	6	$624.15	$0.00	$0.00	$0.00
Rosalia School District	36	$784.36	$0.00	$0.00	$0.00

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12f

District Administrative Costs by District Not Paid by Insurance Carrier Premiums Per Employee Per Month

School District Fiscal Year Ending in 2012 — Reporting Districts Only

District	Employees	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Royal School District	188	$942.16	$0.00	$0.00	$0.00
San Juan Island School District	99	$772.58	$0.00	$8.31	$0.00
Satsop School District	6	$894.94	$0.00	$0.00	$0.00
Seattle Public Schools	5,350	$778.15	$0.62	$0.00	$0.00
Sedro-Woolley School District	423	$843.66	$0.00	$4.84	$0.00
Selah School District	363	$807.17	$0.00	$0.00	$0.00
Selkirk School District	33	$942.49	$0.00	$0.00	$0.00
Sequim School District	289	$858.70	$0.00	$0.00	$0.00
Shaw Island School District	5	$703.37	$0.00	$0.00	$0.00
Shelton School District	505	$786.24	$0.00	$0.00	$0.00
Shoreline School District	899	$848.71	$0.00	$3.71	$0.00
Skamania School District	8	$1,294.09	$1.10	$0.00	$8.07
Skykomish School District	19	$58.19	$0.00	$0.00	$0.00
Snohomish School District	897	$857.78	$0.00	$0.00	$0.00
Snoqualmie Valley School District	497	$1,039.22	$0.01	$0.00	$0.00
Soap Lake School District	61	$830.48	$0.00	$2.19	$1.13
South Bend School District	89	$845.68	$0.00	$0.00	$0.00
South Kitsap School District	897	$172.62	$0.00	$0.00	$2.28
South Whidbey School District	157	$1,091.79	$0.60	$0.60	$0.00
Southside School District	20	$956.76	$0.00	$0.00	$0.00
Spokane School District	2,973	$1,173.97	$0.00	$0.00	$0.00
Sprague School District	21	$1,172.15	$0.00	$0.00	$0.00
St. John School District	25	$971.76	$0.00	$0.00	$0.00
Stanwood-Camano School District	445	$827.26	$0.00	$0.00	$0.00
Star School District	5	$593.90	$0.00	$0.00	$0.00
Starbuck School District	5	$648.57	$0.00	$0.00	$0.00
Stehekin School District	1	$1,422.47	$0.00	$0.00	$0.00

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12f

District Administrative Costs by District Not Paid by Insurance Carrier Premiums Per Employee Per Month

School District Fiscal Year Ending in 2012 — Reporting Districts Only

District	Employees	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Steilacoom Hist. School District	241	$895.94	$0.00	$0.00	$10.57
Steptoe School District	8	$1,030.33	$0.00	$0.00	$0.00
Stevenson-Carson School District	62	$1,684.42	$0.00	$0.00	$36.55
Sultan School District	202	$635.64	$0.00	$0.00	$0.00
Summit Valley School District	11	$997.98	$0.00	$0.00	$0.00
Sumner School District	836	$856.05	$0.00	$0.00	$0.00
Sunnyside School District	736	$751.55	$0.00	$0.00	$0.00
Tacoma School District	2,860	$926.26	$0.00	$10.20	$4.37
Taholah School District	38	$997.21	$0.00	$0.00	$0.00
Tahoma School District	701	$829.75	$0.00	$0.00	$0.00
Tekoa School District	26	$1,001.83	$0.00	$0.00	$0.00
Tenino School District	118	$870.24	$0.00	$0.00	$0.00
Thorp School District	22	$885.45	$0.00	$0.00	$0.00
Toledo School District	71	$641.69	$0.00	$2.07	$0.00
Tonasket School District	133	$898.59	$0.00	$0.00	$0.00
Toppenish School District	408	$876.68	$0.00	$0.00	$2.04
Touchet School District	31	$1,034.66	$0.00	$0.00	$0.00
Toutle Lake School District	70	$801.77	$0.00	$0.00	$0.00
Trout Lake School District	16	$1,496.52	$27.50	$9.11	$27.50
Tukwila School District	286	$814.40	$0.00	$0.00	$0.00
Tumwater School District	649	$870.40	$0.00	$7.11	$2.34
Union Gap School District	72	$803.25	$0.00	$0.00	$0.00
University Place School District	494	$708.18	$0.00	$1.66	$4.15
Valley School District	81	$1,305.58	$0.00	$0.00	$0.00
Vancouver School District	2,239	$838.21	$0.00	$0.00	$0.00
Vashon Island School District	146	$1,127.28	$0.00	$9.62	$0.00
Wahkiakum School District	47	$1,079.97	$0.00	$0.00	$0.00

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12f

District Administrative Costs by District Not Paid by Insurance Carrier Premiums Per Employee Per Month

School District Fiscal Year Ending in 2012 — Reporting Districts Only

District	Employees	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Wahluke School District	250	$870.52	$0.00	$0.00	$0.00
Waitsburg School District	38	$964.59	$0.00	$0.00	$0.00
Walla Walla Public Schools	710	$671.59	$0.00	$0.00	$0.00
Wapato School District	373	$814.21	$0.00	$1.42	$0.00
Warden School District	131	$905.62	$0.00	$0.00	$0.00
Washougal School District	288	$827.78	$0.13	$0.00	$0.00
Washtucna School District	22	$782.27	$0.00	$0.00	$0.00
Waterville School District	41	$732.97	$0.00	$0.00	$0.00
Wellpinit School District	65	$764.64	$0.00	$0.00	$0.00
Wenatchee School District	843	$926.63	$0.22	$0.00	$0.00
West Valley School District (Spokane)	409	$1,108.90	$0.00	$0.00	$0.00
West Valley School District (Yakima)	466	$870.55	$0.00	$0.00	$0.00
White Pass School District	56	$808.51	$0.00	$0.00	$0.00
White River School District	363	$891.00	$0.00	$0.00	$0.00
White Salmon Valley School District	117	$941.71	$2.31	$0.00	$16.97
Wilbur School District	40	$929.86	$0.00	$0.00	$0.00
Willapa Valley School District	42	$1,205.90	$0.00	$0.00	$0.00
Wilson Creek School District	32	$1,053.32	$0.00	$0.00	$0.00
Winlock School District	78	$844.31	$0.00	$0.00	$0.00
Wishkah Valley School District	23	$609.12	$0.00	$10.15	$0.00
Wishram School District	20	$771.15	$0.00	$0.00	$0.00
Woodland School District	243	$679.33	$0.00	$0.00	$0.00
Yakima School District	1,711	$928.93	$0.00	$0.00	$0.00
Yelm School District	518	$869.99	$0.00	$0.00	$0.00
Zillah School District	139	$695.97	$0.00	$0.00	$0.00
Low	**0**	**$0.00**	**$0.00**	**$0.00**	**$0.00**

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12f

District Administrative Costs by District Not Paid by Insurance Carrier Premiums Per Employee Per Month

School District Fiscal Year Ending in 2012 — Reporting Districts Only

District	Employees	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Average	**350**	**$842.07**	**$0.21**	**$1.34**	**$0.69**
High	**5,350**	**$1,780.26**	**$27.50**	**$22.69**	**$66.17**
Grand Total	**103,116**				

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12g

District Administrative Costs by District Not Paid by Insurance Carrier Premiums Per Member Per Month

School District Fiscal Year Ending in 2012 — Reporting Districts Only

District	Members	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Aberdeen School District	702	$464.20	$0.00	$0.00	$0.00
Adna School District	73	$406.82	$0.00	$0.00	$0.00
Almira School District	46	$400.88	$0.00	$0.00	$0.00
Anacortes School District	250	$906.14	$0.00	$7.33	$0.00
Arlington School District	475	$844.73	$0.00	$0.00	$0.00
Asotin-Anatone School District	178	$387.83	$0.00	$0.00	$0.00
Auburn School District	1,437	$835.85	$0.00	$0.00	$1.26
Bainbridge Island School District	380	$1,128.97	$0.00	$3.41	$0.00
Battle Ground School District	1,156	$889.91	$0.00	$3.28	$0.00
Bellevue School District	4,205	$347.35	$1.92	$0.00	$0.65
Bellingham School District	1,105	$849.39	$0.00	$0.00	$0.00
Benge School District	8	$543.58	$0.00	$0.00	$0.00
Bethel School District	1,522	$847.08	$0.00	$0.00	$0.00
Bickleton School District	41	$564.47	$0.00	$0.00	$0.00
Blaine School District	225	$854.82	$0.00	$0.00	$0.00
Boistfort School District	14	$825.48	$0.00	$0.00	$0.00
Bremerton School District	521	$822.03	$0.00	$3.49	$5.73
Brewster School District	195	$431.61	$0.00	$0.00	$0.00
Bridgeport School District	177	$420.20	$0.00	$0.00	$0.00
Brinnon School District	18	$559.23	$0.00	$0.00	$0.00
Burlington-Edison School District	410	$832.01	$0.00	$0.00	$0.00
Camas School District	585	$859.50	$0.00	$5.74	$0.00
Cape Flattery School District	88	$834.02	$0.00	$0.00	$0.00
Carbonado School District	35	$988.24	$0.00	$0.00	$0.00
Cascade School District	133	$624.00	$0.00	$0.00	$0.00
Cashmere School District	126	$1,214.61	$0.00	$0.00	$0.00
Castle Rock School District	275	$417.87	$0.00	$0.00	$0.00

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12g

District Administrative Costs by District Not Paid by Insurance Carrier Premiums Per Member Per Month

School District Fiscal Year Ending in 2012 — Reporting Districts Only

District	Members	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Centerville School District	10	$1,246.47	$0.00	$0.00	$18.33
Central Kitsap School District	1,098	$826.26	$0.00	$0.00	$0.00
Central Valley School District	1,305	$819.96	$0.00	$2.36	$0.00
Centralia School District	674	$530.04	$0.00	$0.00	$0.00
Chehalis School District	294	$847.06	$0.00	$0.00	$0.00
Cheney School District	440	$804.17	$0.00	$5.13	$0.00
Chewelah School District	200	$404.77	$0.00	$1.24	$0.00
Chimacum School District	111	$884.61	$0.00	$0.00	$0.00
Clarkston School District	307	$804.96	$0.00	$0.00	$0.00
Cle Elum-Roslyn School District	95	$969.36	$0.00	$0.00	$0.00
Clover Park School District	2,199	$514.99	$0.00	$0.00	$0.00
Colfax School District	135	$431.04	$0.00	$0.00	$0.00
College Place School District	339	$225.17	$0.00	$0.00	$0.25
Colton School District	25	$684.48	$0.00	$0.00	$0.00
Columbia (Stevens) School District	52	$635.49	$0.00	$0.00	$0.00
Columbia (Walla Walla) School District	96	$671.03	$0.00	$0.00	$0.00
Colville School District	364	$479.71	$0.00	$0.00	$0.00
Concrete School District	106	$501.93	$0.00	$0.00	$0.00
Conway School District	45	$800.15	$0.00	$0.00	$0.00
Cosmopolis School District	17	$943.76	$0.00	$0.00	$0.00
Coulee-Hartline School District	80	$293.14	$0.00	$0.00	$0.00
Coupeville School District	87	$941.59	$0.00	$2.12	$0.00
Crescent School District	39	$860.10	$0.00	$11.70	$0.00
Creston School District	45	$456.38	$0.00	$0.00	$0.00
Curlew School District	29	$986.45	$0.00	$0.00	$0.00
Cusick School District	105	$219.67	$0.00	$0.00	$0.00
Damman School District	0	$0.00	$0.00	$0.00	$0.00

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12g

District Administrative Costs by District Not Paid by Insurance Carrier Premiums Per Member Per Month

School District Fiscal Year Ending in 2012 — Reporting Districts Only

District	Members	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Darrington School District	50	$1,074.15	$0.00	$0.00	$0.00
Davenport School District	165	$362.56	$0.00	$0.00	$0.00
Dayton School District	104	$513.39	$0.00	$0.00	$0.00
Deer Park School District	480	$386.02	$0.00	$0.00	$0.00
Dieringer School District	139	$957.83	$0.00	$0.00	$0.00
Dixie School District	8	$828.18	$0.00	$0.00	$0.00
East Valley School District (Spokane)	830	$600.56	$0.00	$0.00	$0.00
East Valley School District (Yakima)	558	$438.23	$0.00	$3.88	$0.00
Eastmont School District	564	$1,012.23	$0.00	$1.92	$0.00
Easton School District	19	$1,328.06	$0.00	$0.00	$0.00
Eatonville School District	290	$500.22	$0.00	$0.00	$8.37
Edmonds School District	1,942	$715.81	$0.00	$0.00	$0.00
Ellensburg School District	325	$921.72	$0.00	$0.00	$0.00
Elma School District	184	$857.14	$0.00	$0.00	$0.00
Endicott School District	48	$371.17	$0.00	$0.00	$0.00
Entiat School District	103	$369.01	$0.00	$0.00	$0.00
Enumclaw School District	400	$860.89	$0.00	$0.00	$0.00
Ephrata School District	434	$460.05	$0.00	$0.00	$0.00
Evaline School District	6	$532.12	$0.00	$0.00	$0.00
Everett School District	3,232	$385.07	$0.61	$3.36	$1.83
Evergreen School District (Clark)	2,458	$860.88	$0.00	$3.21	$0.00
Evergreen School District (Stevens)	7	$470.10	$0.00	$0.00	$0.00
Federal Way School District	2,177	$828.58	$0.00	$0.00	$0.00
Ferndale School District	978	$402.29	$0.00	$0.00	$0.00
Fife School District	328	$854.77	$0.00	$0.00	$10.16
Finley School District	98	$814.89	$0.00	$0.00	$0.00
Franklin Pierce School District	810	$787.46	$0.00	$0.00	$0.00

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12g

District Administrative Costs by District Not Paid by Insurance Carrier Premiums Per Member Per Month

School District Fiscal Year Ending in 2012 — Reporting Districts Only

District	Members	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Freeman School District	178	$406.07	$0.00	$0.00	$0.00
Garfield School District	56	$335.90	$0.00	$0.00	$0.00
Glenwood School District	27	$564.82	$1.89	$0.00	$13.93
Goldendale School District	103	$971.06	$2.29	$0.00	$16.85
Grand Coulee Dam School District	98	$813.27	$0.00	$0.00	$0.00
Grandview School District	358	$883.17	$0.00	$0.00	$0.00
Granger School District	181	$909.54	$0.00	$0.00	$0.00
Granite Falls School District	366	$461.22	$0.00	$0.00	$0.00
Grapeview School District	47	$29.81	$0.00	$2.31	$0.00
Great Northern School District	4	$864.00	$0.00	$0.00	$0.00
Green Mountain School District	58	$259.66	$0.00	$0.00	$0.00
Griffin School District	132	$456.20	$0.00	$0.00	$0.00
Harrington School District	43	$764.50	$0.00	$0.00	$0.00
Highland School District	253	$433.32	$0.00	$0.00	$0.00
Highline School District	2,056	$813.07	$0.00	$2.26	$0.00
Hockinson School District	135	$942.18	$0.00	$11.11	$0.00
Hood Canal School District	39	$1,087.63	$0.00	$0.00	$0.00
Hoquiam School District	196	$801.65	$0.00	$0.00	$0.00
Inchelium School District	4	$864.00	$0.00	$0.00	$0.00
Index School District	6	$661.03	$0.00	$0.00	$0.00
Issaquah School District	1,716	$793.65	$0.00	$0.00	$2.97
Kahlotus School District	45	$407.70	$0.00	$0.00	$0.00
Kalama School District	156	$417.02	$0.00	$0.00	$0.00
Keller School District	29	$336.63	$0.00	$0.00	$0.00
Kelso School District	905	$425.21	$6.18	$0.00	$0.00
Kennewick School District	1,528	$848.75	$0.00	$0.00	$0.00
Kent School District	2,585	$837.08	$0.00	$0.00	$0.00

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12g

District Administrative Costs by District Not Paid by Insurance Carrier Premiums Per Member Per Month

School District Fiscal Year Ending in 2012 — Reporting Districts Only

District	Members	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Kettle Falls School District	158	$448.64	$0.00	$0.00	$0.00
Kiona-Benton City School District	299	$435.84	$0.00	$0.00	$0.00
Kittitas School District	75	$996.14	$0.00	$0.00	$0.00
Klickitat School District	28	$568.94	$1.68	$0.00	$12.33
La Center School District	102	$870.62	$0.00	$0.00	$0.00
La Conner School District	92	$1,086.41	$0.00	$0.00	$0.00
LaCrosse School District	38	$651.91	$0.00	$10.75	$0.00
Lake Chelan School District	308	$440.99	$0.00	$0.00	$0.00
Lake Quinault School District	34	$1,215.36	$0.00	$0.00	$66.17
Lake Stevens School District	705	$822.74	$0.00	$0.00	$0.00
Lake Washington School District	2,353	$817.84	$0.00	$2.82	$0.00
Lakewood School District	221	$64.61	$0.00	$0.00	$0.00
Lamont School District	15	$530.27	$0.00	$0.00	$0.00
Liberty School District	133	$417.49	$0.00	$0.00	$0.00
Lind School District	81	$368.41	$0.00	$0.00	$0.00
Longview School District	683	$853.97	$0.00	$1.00	$5.75
Loon Lake School District	44	$466.29	$0.00	$0.00	$0.00
Lopez School District	40	$822.71	$0.00	$0.00	$0.00
Lyle School District	28	$1,091.28	$23.91	$5.21	$23.91
Lynden School District	299	$751.46	$0.00	$0.23	$0.00
Mabton School District	100	$953.00	$0.00	$0.00	$0.00
Mansfield School District	60	$391.36	$0.00	$0.00	$0.00
Manson School District	190	$410.77	$0.00	$0.00	$0.00
Mary M Knight School District	26	$872.49	$0.00	$0.00	$0.00
Mary Walker School District	77	$763.90	$0.00	$0.00	$0.00
Marysville School District	1,043	$917.61	$0.00	$2.92	$0.00
McCleary School District	38	$545.69	$0.00	$0.00	$0.00

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[2]Confidential

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12g

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School District Fiscal Year Ending in 2012 — Reporting Districts Only

District	Members	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Mead School District	2,365	$327.07	$0.00	$2.33	$0.00
Medical Lake School District	183	$933.63	$0.00	$0.00	$0.00
Mercer Island School District	396	$974.38	$0.00	$0.00	$0.00
Meridian School District	168	$794.83	$0.00	$0.00	$0.00
Methow Valley School District	68	$848.76	$0.00	$0.00	$0.00
Mill A School District	8	$1,190.60	$2.19	$0.00	$16.14
Monroe School District	557	$828.22	$0.00	$2.69	$0.00
Montesano School District	131	$827.75	$0.00	$0.00	$0.00
Morton School District	40	$71.79	$0.00	$0.00	$0.00
Moses Lake School District	1,650	$430.72	$0.00	$3.31	$0.00
Mossyrock School District	65	$783.09	$0.00	$0.00	$0.00
Mount Adams School District	220	$554.90	$0.00	$0.00	$0.00
Mount Baker School District	226	$1,127.81	$0.00	$0.00	$0.00
Mount Pleasant School District	4	$923.60	$0.00	$0.00	$0.00
Mount Vernon School District	731	$823.62	$0.00	$0.00	$0.00
Mukilteo School District	1,382	$863.40	$0.00	$0.00	$0.00
Naches Valley School District	135	$992.88	$0.00	$0.00	$0.00
Napavine School District	77	$799.37	$0.00	$0.00	$0.00
Naselle-Grays River Valley School District	66	$483.76	$0.00	$0.00	$0.00
Nespelem School District	26	$1,239.11	$0.00	$0.00	$0.00
Newport School District	220	$424.29	$0.00	$0.00	$0.00
Nine Mile Falls School District	384	$319.95	$0.00	$0.00	$0.00
Nooksack Valley School District	199	$795.83	$0.00	$0.00	$4.97
North Beach School District	116	$600.71	$0.00	$0.00	$0.00
North Franklin School District	237	$852.41	$0.00	$0.00	$0.00
North Kitsap School District	629	$899.60	$0.00	$0.00	$4.64
North Mason School District	212	$925.72	$0.00	$0.00	$0.00

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[2]Confidential

Washington State Office of the Insurance Commissioner

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District	Members	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
North River School District	19	$757.29	$0.00	$0.00	$0.00
North Thurston Public Schools	1,344	$842.80	$0.00	$0.00	$2.48
Northport School District	80	$388.55	$0.00	$0.00	$0.00
Northshore School District	3,405	$424.46	$0.00	$0.00	$0.00
Oak Harbor School District	477	$0.00	$0.00	$0.00	$0.00
Oakesdale School District	23	$856.22	$0.00	$0.00	$0.00
Oakville School District	0	$0.00	$0.00	$0.00	$0.00
Ocean Beach School District	193	$460.77	$0.00	$0.00	$0.00
Ocosta School District	87	$0.00	$0.00	$0.00	$0.00
Odessa School District	79	$385.58	$0.00	$0.00	$0.00
Okanogan School District	129	$784.28	$0.00	$0.00	$0.00
Olympia School District	876	$828.32	$0.00	$0.00	$0.00
Omak School District	110	$1,648.18	$5.58	$5.58	$0.00
Onalaska School District	174	$544.42	$0.00	$0.00	$0.00
Onion Creek School District	23	$486.32	$0.00	$0.00	$0.00
Orcas Island School District	162	$407.65	$0.00	$0.00	$0.00
Orchard Prairie School District	9	$995.58	$0.00	$0.00	$0.00
Orient School District	12	$913.38	$0.00	$0.00	$0.00
Orondo School District	56	$357.45	$0.00	$0.00	$0.00
Oroville School District	150	$449.59	$0.00	$0.00	$0.00
Orting School District	201	$835.22	$0.00	$0.00	$0.00
Othello School District	1,434	$220.68	$0.00	$0.55	$0.00
Palisades School District	15	$625.13	$0.00	$0.00	$0.00
Palouse School District	50	$611.08	$0.00	$0.00	$0.00
Pasco School District	1,658	$824.04	$0.00	$3.17	$0.00
Pateros School District	38	$639.22	$0.00	$0.00	$0.00
Paterson School District	42	$229.76	$0.00	$0.00	$0.00

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Washington State Office of the Insurance Commissioner

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District	Members	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Pe Ell School District	61	$515.59	$0.00	$0.00	$0.00
Peninsula School District	807	$547.40	$0.00	$0.00	$4.21
Pioneer School District	87	$992.32	$0.00	$0.00	$0.00
Pomeroy School District	40	$1,119.01	$0.00	$0.00	$0.00
Port Angeles School District	389	$1,066.75	$0.00	$0.00	$0.00
Port Townsend School District	144	$831.81	$0.00	$0.00	$0.00
Prescott School District	33	$1,147.42	$0.00	$0.00	$0.00
Prosser School District	728	$404.63	$0.00	$0.00	$0.00
Pullman School District	450	$419.67	$0.00	$0.00	$0.00
Puyallup School District	1,701	$928.26	$0.00	$7.13	$0.00
Queets-Clearwater School District	20	$364.32	$0.00	$0.00	$0.00
Quilcene School District	39	$843.30	$0.00	$0.00	$0.00
Quillayute Valley School District	160	$805.50	$0.00	$0.00	$0.00
Quincy School District	327	$1,035.89	$0.00	$0.00	$0.00
Rainier School District	79	$1,065.41	$0.00	$0.00	$0.00
Raymond School District	130	$570.56	$0.00	$0.00	$0.00
Reardan-Edwall School District	122	$434.47	$0.00	$0.00	$0.00
Renton School District	1,544	$776.29	$0.00	$0.00	$0.00
Republic School District	77	$458.74	$0.00	$0.00	$0.00
Richland School District	1,955	$425.50	$0.00	$0.00	$0.00
Ridgefield School District	138	$914.10	$0.00	$11.29	$0.00
Ritzville School District	49	$960.33	$0.00	$0.00	$0.00
Riverside School District	241	$579.42	$0.00	$1.11	$0.00
Riverview School District	293	$960.57	$0.00	$14.05	$0.00
Rochester School District	198	$994.30	$0.00	$0.00	$0.00
Roosevelt School District	6	$624.15	$0.00	$0.00	$0.00
Rosalia School District	74	$381.58	$0.00	$0.00	$0.00

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Washington State Office of the Insurance Commissioner

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District	Members	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Royal School District	366	$483.95	$0.00	$0.00	$0.00
San Juan Island School District	99	$772.58	$0.00	$8.31	$0.00
Satsop School District	13	$413.05	$0.00	$0.00	$0.00
Seattle Public Schools	9,159	$454.54	$0.36	$0.00	$0.00
Sedro-Woolley School District	423	$843.66	$0.00	$4.84	$0.00
Selah School District	706	$415.02	$0.00	$0.00	$0.00
Selkirk School District	81	$383.98	$0.00	$0.00	$0.00
Sequim School District	289	$858.70	$0.00	$0.00	$0.00
Shaw Island School District	9	$390.76	$0.00	$0.00	$0.00
Shelton School District	505	$786.24	$0.00	$0.00	$0.00
Shoreline School District	899	$848.71	$0.00	$3.71	$0.00
Skamania School District	12	$862.73	$0.73	$0.00	$5.38
Skykomish School District	37	$29.88	$0.00	$0.00	$0.00
Snohomish School District	897	$857.78	$0.00	$0.00	$0.00
Snoqualmie Valley School District	497	$1,039.22	$0.01	$0.00	$0.00
Soap Lake School District	130	$389.68	$0.00	$1.03	$0.53
South Bend School District	190	$396.14	$0.00	$0.00	$0.00
South Kitsap School District	897	$172.62	$0.00	$0.00	$2.28
South Whidbey School District	157	$1,091.79	$0.60	$0.60	$0.00
Southside School District	20	$956.76	$0.00	$0.00	$0.00
Spokane School District	2,973	$1,173.97	$0.00	$0.00	$0.00
Sprague School District	48	$512.81	$0.00	$0.00	$0.00
St. John School District	46	$528.13	$0.00	$0.00	$0.00
Stanwood-Camano School District	826	$445.68	$0.00	$0.00	$0.00
Star School District	7	$424.22	$0.00	$0.00	$0.00
Starbuck School District	5	$648.57	$0.00	$0.00	$0.00
Stehekin School District	3	$474.16	$0.00	$0.00	$0.00

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[2]Confidential

Washington State Office of the Insurance Commissioner

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District	Members	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Steilacoom Hist. School District	241	$895.94	$0.00	$0.00	$10.57
Steptoe School District	25	$329.71	$0.00	$0.00	$0.00
Stevenson-Carson School District	62	$1,684.42	$0.00	$0.00	$36.55
Sultan School District	202	$635.64	$0.00	$0.00	$0.00
Summit Valley School District	33	$332.66	$0.00	$0.00	$0.00
Sumner School District	836	$856.05	$0.00	$0.00	$0.00
Sunnyside School District	736	$751.55	$0.00	$0.00	$0.00
Tacoma School District	6,224	$425.63	$0.00	$4.69	$2.01
Taholah School District	38	$997.21	$0.00	$0.00	$0.00
Tahoma School District	701	$829.75	$0.00	$0.00	$0.00
Tekoa School District	68	$383.05	$0.00	$0.00	$0.00
Tenino School District	206	$498.49	$0.00	$0.00	$0.00
Thorp School District	34	$572.94	$0.00	$0.00	$0.00
Toledo School District	139	$327.77	$0.00	$1.06	$0.00
Tonasket School District	133	$898.59	$0.00	$0.00	$0.00
Toppenish School District	408	$876.68	$0.00	$0.00	$2.04
Touchet School District	31	$1,034.66	$0.00	$0.00	$0.00
Toutle Lake School District	140	$400.88	$0.00	$0.00	$0.00
Trout Lake School District	16	$1,496.52	$27.50	$9.11	$27.50
Tukwila School District	286	$814.40	$0.00	$0.00	$0.00
Tumwater School District	1,172	$481.99	$0.00	$3.94	$1.29
Union Gap School District	72	$803.25	$0.00	$0.00	$0.00
University Place School District	494	$708.18	$0.00	$1.66	$4.15
Valley School District	187	$565.52	$0.00	$0.00	$0.00
Vancouver School District	2,239	$838.21	$0.00	$0.00	$0.00
Vashon Island School District	146	$1,127.28	$0.00	$9.62	$0.00
Wahkiakum School District	133	$381.64	$0.00	$0.00	$0.00

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12g

District Administrative Costs by District Not Paid by Insurance Carrier Premiums Per Member Per Month

School District Fiscal Year Ending in 2012 — Reporting Districts Only

District	Members	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Wahluke School District	250	$870.52	$0.00	$0.00	$0.00
Waitsburg School District	62	$591.20	$0.00	$0.00	$0.00
Walla Walla Public Schools	710	$671.59	$0.00	$0.00	$0.00
Wapato School District	373	$814.21	$0.00	$1.42	$0.00
Warden School District	131	$905.62	$0.00	$0.00	$0.00
Washougal School District	288	$827.78	$0.13	$0.00	$0.00
Washtucna School District	44	$391.13	$0.00	$0.00	$0.00
Waterville School District	41	$732.97	$0.00	$0.00	$0.00
Wellpinit School District	137	$362.79	$0.00	$0.00	$0.00
Wenatchee School District	1,694	$461.12	$0.11	$0.00	$0.00
West Valley School District (Spokane)	637	$711.99	$0.00	$0.00	$0.00
West Valley School District (Yakima)	995	$407.71	$0.00	$0.00	$0.00
White Pass School District	98	$462.01	$0.00	$0.00	$0.00
White River School District	363	$891.00	$0.00	$0.00	$0.00
White Salmon Valley School District	117	$941.71	$2.31	$0.00	$16.97
Wilbur School District	40	$929.86	$0.00	$0.00	$0.00
Willapa Valley School District	42	$1,205.90	$0.00	$0.00	$0.00
Wilson Creek School District	32	$1,053.32	$0.00	$0.00	$0.00
Winlock School District	78	$844.31	$0.00	$0.00	$0.00
Wishkah Valley School District	23	$609.12	$0.00	$10.15	$0.00
Wishram School District	35	$440.66	$0.00	$0.00	$0.00
Woodland School District	476	$346.80	$0.00	$0.00	$0.00
Yakima School District	1,711	$928.93	$0.00	$0.00	$0.00
Yelm School District	518	$869.99	$0.00	$0.00	$0.00
Zillah School District	276	$350.51	$0.00	$0.00	$0.00
Low	**0**	**$0.00**	**$0.00**	**$0.00**	**$0.00**

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12g

District Administrative Costs by District Not Paid by Insurance Carrier Premiums Per Member Per Month

School District Fiscal Year Ending in 2012 — Reporting Districts Only

District	Members	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Average	**450**	**$654.40**	**$0.16**	**$1.04**	**$0.53**
High	**9,159**	**$1,684.42**	**$27.50**	**$14.05**	**$66.17**
Grand Total	**132,688**				

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12h

District Staff Costs by District

School District Fiscal Year Ending in 2012 — Reporting Districts Only

District	Description of District Allocation of Internal Administrative Expenses	Enrollment		Staff Cost Allocated to Employee Benefits		
		Employees	Members	Total	PEPM	PMPM
Aberdeen School District		399	702	$0	$0.00	$0.00
Adna School District	N/A	32	73	$0	$0.00	$0.00
Almira School District	N/A	17	46	$0	$0.00	$0.00
Anacortes School District	Total cost of Benefit Specialist times .3	250	250	$22,000	$7.33	$7.33
Arlington School District		475	475	$0	$0.00	$0.00
Asotin-Anatone School District		59	178	$0	$0.00	$0.00
Auburn School District		1,437	1,437	$0	$0.00	$0.00
Bainbridge Island School District	Total salary & benefits for Benefits/Personnel Specialist divided by 4.	380	380	$15,560	$3.41	$3.41
Battle Ground School District	Portion of benefit and payroll specialist salary working on insurance issues	1,156	1,156	$45,557	$3.28	$3.28
Bellevue School District	N/A	1,988	4,205	$0	$0.00	$0.00
Bellingham School District		1,105	1,105	$0	$0.00	$0.00
Benge School District	We do not have any employee's pay allocated to the administration of benefits.	4	8	$0	$0.00	$0.00
Bethel School District	We do not track employee time spent on health plan administrative tasks.	1,522	1,522	$0	$0.00	$0.00
Bickleton School District		13	41	$0	$0.00	$0.00
Blaine School District		225	225	$0	$0.00	$0.00
Boistfort School District		14	14	$0	$0.00	$0.00
Bremerton School District	Wages for Benefits Specialist	521	521	$21,795	$3.49	$3.49
Brewster School District		111	195	$0	$0.00	$0.00
Bridgeport School District	NA	95	177	$0	$0.00	$0.00
Brinnon School District		11	18	$0	$0.00	$0.00
Burlington-Edison School District		410	410	$0	$0.00	$0.00
Camas School District	We employ a full-time Benefits Specialist and approximately 50% of her time is spent administering health benefits. This calculation was arrived at by multiplying her annual salary plus taxes and benefits by 50%.	585	585	$40,287	$5.74	$5.74
Cape Flattery School District		88	88	$0	$0.00	$0.00
Carbonado School District		21	35	$0	$0.00	$0.00
Cascade School District		133	133	$0	$0.00	$0.00
Cashmere School District	N/A	126	126	$0	$0.00	$0.00
Castle Rock School District		148	275	$0	$0.00	$0.00
Centerville School District		10	10	$0	$0.00	$0.00
Central Kitsap School District	N/A	1,098	1,098	$0	$0.00	$0.00

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12h

District Staff Costs by District

School District Fiscal Year Ending in 2012 — Reporting Districts Only

District	Description of District Allocation of Internal Administrative Expenses	Enrollment		Staff Cost Allocated to Employee Benefits		
		Employees	Members	Total	PEPM	PMPM
Central Valley School District	This represents 2/3rds of the total cost of our Assistant Payroll Officer that handles benefits.	1,305	1,305	$36,965	$2.36	$2.36
Centralia School District		374	674	$0	$0.00	$0.00
Chehalis School District		294	294	$0	$0.00	$0.00
Cheney School District	Half of salary plus benefits of Personnel Specialist	440	440	$27,065	$5.13	$5.13
Chewelah School District	5% of the pay and benefits amount for the Payroll/Benefits administration employee	96	200	$2,969	$2.58	$1.24
Chimacum School District		111	111	$0	$0.00	$0.00
Clarkston School District		307	307	$0	$0.00	$0.00
Cle Elum-Roslyn School District		95	95	$0	$0.00	$0.00
Clover Park School District		1,269	2,199	$0	$0.00	$0.00
Colfax School District	N/A	64	135	$0	$0.00	$0.00
College Place School District	N/A	99	339	$0	$0.00	$0.00
Colton School District		25	25	$0	$0.00	$0.00
Columbia (Stevens) School District		30	52	$0	$0.00	$0.00
Columbia (Walla Walla) School District		96	96	$0	$0.00	$0.00
Colville School District		190	364	$0	$0.00	$0.00
Concrete School District		65	106	$0	$0.00	$0.00
Conway School District		45	45	$0	$0.00	$0.00
Cosmopolis School District		17	17	$0	$0.00	$0.00
Coulee-Hartline School District	N/A	33	80	$0	$0.00	$0.00
Coupeville School District	5% of Fiscal Asst salary	87	87	$2,212	$2.12	$2.12
Crescent School District	10% of HR Specialist costs	39	39	$5,474	$11.70	$11.70
Creston School District	N/A	27	45	$0	$0.00	$0.00
Curlew School District		29	29	$0	$0.00	$0.00
Cusick School District		45	105	$0	$0.00	$0.00
Damman School District		0	0	$0	n/a	n/a
Darrington School District	n/a	50	50	$0	$0.00	$0.00
Davenport School District		63	165	$0	$0.00	$0.00
Dayton School District		58	104	$0	$0.00	$0.00
Deer Park School District		234	480	$0	$0.00	$0.00
Dieringer School District		139	139	$0	$0.00	$0.00
Dixie School District		8	8	$0	$0.00	$0.00
East Valley School District (Spokane)		486	830	$0	$0.00	$0.00
East Valley School District (Yakima)	Payroll Officer at 40 % and Human Resource Officer at 10%	285	558	$25,948	$7.59	$3.88

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K–12 School District Data Collection Project
Exhibit A12h
District Staff Costs by District
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District	Description of District Allocation of Internal Administrative Expenses	Enrollment		Staff Cost Allocated to Employee Benefits		
		Employees	Members	Total	PEPM	PMPM
Eastmont School District	.2 FTE TO CONDUCT EMPLOYEE OPEN ENROLLMENT, MANAGE MONTHLY BILL RECONCILIATIONS, ASSIST STAFF WITH HEALTH BENEFIT QUESTIONS/ISSUES	564	564	$13,000	$1.92	$1.92
Easton School District		19	19	$0	$0.00	$0.00
Eatonville School District		195	290	$0	$0.00	$0.00
Edmonds School District		1,942	1,942	$0	$0.00	$0.00
Ellensburg School District		325	325	$0	$0.00	$0.00
Elma School District		184	184	$0	$0.00	$0.00
Endicott School District	N/A	21	48	$0	$0.00	$0.00
Entiat School District		43	103	$0	$0.00	$0.00
Enumclaw School District		400	400	$0	$0.00	$0.00
Ephrata School District		235	434	$0	$0.00	$0.00
Evaline School District		6	6	$0	$0.00	$0.00
Everett School District		1,597	3,232	$130,308	$6.80	$3.36
Evergreen School District (Clark)	salary plus benefits = 94,762.50 for Benefits Specialist (1.0) and Benefits/Retirement Specialist (.50) = actually salaries times .33 for benefits	2,458	2,458	$94,763	$3.21	$3.21
Evergreen School District (Stevens)		5	7	$0	$0.00	$0.00
Federal Way School District	N/A	2,177	2,177	$0	$0.00	$0.00
Ferndale School District	N/A	503	978	$0	$0.00	$0.00
Fife School District		328	328	$0	$0.00	$0.00
Finley School District		98	98	$0	$0.00	$0.00
Franklin Pierce School District		810	810	$0	$0.00	$0.00
Freeman School District	Don't have dedicated employee to administer benefits; falls under business manager duties	95	178	$0	$0.00	$0.00
Garfield School District		25	56	$0	$0.00	$0.00
Glenwood School District		21	27	$0	$0.00	$0.00
Goldendale School District		103	103	$0	$0.00	$0.00
Grand Coulee Dam School District		98	98	$0	$0.00	$0.00
Grandview School District	N/A	358	358	$0	$0.00	$0.00
Granger School District		181	181	$0	$0.00	$0.00
Granite Falls School District	N/A	178	366	$0	$0.00	$0.00
Grapeview School District	Approximate hours of Business Manager used for benefit aministration and billing.	22	47	$1,302	$4.93	$2.31
Great Northern School District		4	4	$0	$0.00	$0.00
Green Mountain School District		19	58	$0	$0.00	$0.00
Griffin School District		70	132	$0	$0.00	$0.00

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12h
District Staff Costs by District
School District Fiscal Year Ending in 2012 — Reporting Districts Only

District	Description of District Allocation of Internal Administrative Expenses	Enrollment		Staff Cost Allocated to Employee Benefits		
		Employees	Members	Total	PEPM	PMPM
Harrington School District		28	43	$0	$0.00	$0.00
Highland School District		135	253	$0	$0.00	$0.00
Highline School District	Salary of Benefits Specialist position.	2,056	2,056	$55,650	$2.26	$2.26
Hockinson School District	1/3 of Personnel Director Salary	135	135	$18,000	$11.11	$11.11
Hood Canal School District		39	39	$0	$0.00	$0.00
Hoquiam School District		196	196	$0	$0.00	$0.00
Inchelium School District		4	4	$0	$0.00	$0.00
Index School District		5	6	$0	$0.00	$0.00
Issaquah School District		1,716	1,716	$0	$0.00	$0.00
Kahlotus School District		17	45	$0	$0.00	$0.00
Kalama School District	N/A	67	156	$0	$0.00	$0.00
Keller School District		11	29	$0	$0.00	$0.00
Kelso School District	N/A	472	905	$0	$0.00	$0.00
Kennewick School District		1,528	1,528	$0	$0.00	$0.00
Kent School District		2,585	2,585	$0	$0.00	$0.00
Kettle Falls School District		80	158	$0	$0.00	$0.00
Kiona-Benton City School District		146	299	$0	$0.00	$0.00
Kittitas School District		75	75	$0	$0.00	$0.00
Klickitat School District	N/A	21	28	$0	$0.00	$0.00
La Center School District	N/A	102	102	$0	$0.00	$0.00
La Conner School District	n/a	92	92	$0	$0.00	$0.00
LaCrosse School District	Assume 8% of Business Manager position	18	38	$4,900	$22.69	$10.75
Lake Chelan School District	N/A	150	308	$0	$0.00	$0.00
Lake Quinault School District		34	34	$0	$0.00	$0.00
Lake Stevens School District	N/A	705	705	$0	$0.00	$0.00
Lake Washington School District	Includes 1.552 FTE personnel cost for a total of $79,084.86 and $429.70 for supplies	2,353	2,353	$79,500	$2.82	$2.82
Lakewood School District	N/A	221	221	$0	$0.00	$0.00
Lamont School District		8	15	$0	$0.00	$0.00
Liberty School District	N/A - We are a small district and only 1 salaried person to do all this. No effect on administrative expenses.	65	133	$0	$0.00	$0.00
Lind School District	N/A	36	81	$0	$0.00	$0.00
Longview School District	120 hours of Payroll Specialist hours. 120 hours of Payroll Officer hours. Payroll Specialist @ $29.08/hour. Payroll Officer @ $38.91/hour.	682	683	$8,159	$1.00	$1.00
Loon Lake School District		19	44	$0	$0.00	$0.00
Lopez School District		40	40	$0	$0.00	$0.00

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Exhibit A12h
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District	Description of District Allocation of Internal Administrative Expenses	Enrollment		Staff Cost Allocated to Employee Benefits		
		Employees	Members	Total	PEPM	PMPM
Lyle School District	50 hrs x $35/hr Business Mgr salary and benefits.	28	28	$1,750	$5.21	$5.21
Lynden School District	Insurance meetings and consolidating bills. 27 hours @ $30 per hour	299	299	$810	$0.23	$0.23
Mabton School District		100	100	$0	$0.00	$0.00
Mansfield School District		22	60	$0	$0.00	$0.00
Manson School District	N/A	90	190	$0	$0.00	$0.00
Mary M Knight School District		26	26	$0	$0.00	$0.00
Mary Walker School District		77	77	$0	$0.00	$0.00
Marysville School District	.5 FTE plus benefits for Payroll Analyst	1,043	1,043	$36,500	$2.92	$2.92
McCleary School District		38	38	$0	$0.00	$0.00
Mead School District	Salary and Benefits for individual managing the benefit process.	924	2,365	$66,117	$5.96	$2.33
Medical Lake School District		183	183	$0	$0.00	$0.00
Mercer Island School District		396	396	$0	$0.00	$0.00
Meridian School District		168	168	$0	$0.00	$0.00
Methow Valley School District		68	68	$0	$0.00	$0.00
Mill A School District		8	8	$0	$0.00	$0.00
Monroe School District	Cost based on estimated Benefit Coordinator hours spent managing medical benefits. Amount includes salary, taxes and retirement.	557	557	$17,973	$2.69	$2.69
Montesano School District	N/A	131	131	$0	$0.00	$0.00
Morton School District		40	40	$0	$0.00	$0.00
Moses Lake School District	Sharon Hartman's sole responsibility for Moses Lake School District is the management of Benefits	818	1,650	$65,568	$6.68	$3.31
Mossyrock School District		65	65	$0	$0.00	$0.00
Mount Adams School District	NA	133	220	$0	$0.00	$0.00
Mount Baker School District		226	226	$0	$0.00	$0.00
Mount Pleasant School District		3	4	$0	$0.00	$0.00
Mount Vernon School District		731	731	$0	$0.00	$0.00
Mukilteo School District		1,382	1,382	$0	$0.00	$0.00
Naches Valley School District		135	135	$0	$0.00	$0.00
Napavine School District		77	77	$0	$0.00	$0.00
Naselle-Grays River Valley School District		46	66	$0	$0.00	$0.00
Nespelem School District		26	26	$0	$0.00	$0.00
Newport School District	N/A	120	220	$0	$0.00	$0.00
Nine Mile Falls School District		144	384	$0	$0.00	$0.00
Nooksack Valley School District		199	199	$0	$0.00	$0.00

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12h

District Staff Costs by District

School District Fiscal Year Ending in 2012 — Reporting Districts Only

District	Description of District Allocation of Internal Administrative Expenses	Enrollment		Staff Cost Allocated to Employee Benefits		
		Employees	Members	Total	PEPM	PMPM
North Beach School District	N/A	74	116	$0	$0.00	$0.00
North Franklin School District		237	237	$0	$0.00	$0.00
North Kitsap School District		629	629	$0	$0.00	$0.00
North Mason School District		212	212	$0	$0.00	$0.00
North River School District	N/A	19	19	$0	$0.00	$0.00
North Thurston Public Schools		1,344	1,344	$0	$0.00	$0.00
Northport School District		36	80	$0	$0.00	$0.00
Northshore School District		1,890	3,405	$0	$0.00	$0.00
Oak Harbor School District		477	477	$0	$0.00	$0.00
Oakesdale School District		23	23	$0	$0.00	$0.00
Oakville School District		0	0	$0	n/a	n/a
Ocean Beach School District	N/A	114	193	$0	$0.00	$0.00
Ocosta School District	N/A	87	87	$0	$0.00	$0.00
Odessa School District		40	79	$0	$0.00	$0.00
Okanogan School District		129	129	$0	$0.00	$0.00
Olympia School District		876	876	$0	$0.00	$0.00

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District	Description of District Allocation of Internal Administrative Expenses	Enrollment		Staff Cost Allocated to Employee Benefits		
		Employees	Members	Total	PEPM	PMPM
Omak School District	Our district has four staff members who deal with the administering of medical benefits: Human Resource Director, Payroll Officer, HR/Payroll Assistant, and Office Receptionist. Below is how we calculated the dollar amount for each position: • Human Resource Director: 50 hours spent on administering medical benefits X $27.04 per hour = $1,352.00. $1,352 x 36.57 percent for benefits = $494.43. Total salary spent on administering medical benefits for the 11/12 fiscal year = $1,846.43. • Payroll Officer: 136 hours spent administering medical benefits x $19.85 per hour = $2,699.00. $2,699 x 48.33 percent for benefits = $1,304.43. Total salary spent on administering medical benefit for the 11/12 fiscal year = $4,003.43. • HR/Payroll Assistant: 40 hours spent administering medical benefits x $17 per hour = $680.00. $680 x 51.3 percent for benefits = $348.84. Total salary spent on administering medical benefits for the 11/12 fiscal year = $1,028.84. • Office Receptionist: 21.12 hours spent on medical benefits x $15 an hour = 316.80. $316.8 x 55 percent for benefits = $175.63. Total salary spent on administering medical benefits for the 11/12 fiscal year = $492.43. — HR Director: $1,846.43 — Payroll Officer: $4,003.43 — HR/Payroll Asst: $1,028.84 — Office Receptionist: $ 492.43 — Total: $7,371.13	105	110	$7,371	$5.85	$5.58
Onalaska School District		94	174	$0	$0.00	$0.00
Onion Creek School District	N/A	11	23	$0	$0.00	$0.00
Orcas Island School District	There is an internal administrative cost but it would be difficult to calculate. As a small district we do not have FTE dedicated to only benefits administration. I wear many hats and benefits administration is part of my responsibilities and the time I spend on that has increased every year. There is certainly a cost to the district but I am unable to quantify.	81	162	$0	$0.00	$0.00
Orchard Prairie School District		9	9	$0	$0.00	$0.00
Orient School District		12	12	$0	$0.00	$0.00

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		Employees	Members	Total	PEPM	PMPM
Orondo School District		34	56	$0	$0.00	$0.00
Oroville School District		78	150	$0	$0.00	$0.00
Orting School District		201	201	$0	$0.00	$0.00
Othello School District	District Admin: Data entry	423	1,434	$9,450	$1.86	$0.55
Palisades School District		7	15	$0	$0.00	$0.00
Palouse School District		24	50	$0	$0.00	$0.00
Pasco School District	Full time Benefits Analyst position with occasional customer service support from other employees	1,658	1,658	$63,000	$3.17	$3.17
Pateros School District		38	38	$0	$0.00	$0.00
Paterson School District		15	42	$0	$0.00	$0.00
Pe Ell School District		42	61	$0	$0.00	$0.00
Peninsula School District	n/a	807	807	$0	$0.00	$0.00
Pioneer School District		87	87	$0	$0.00	$0.00
Pomeroy School District		40	40	$0	$0.00	$0.00
Port Angeles School District		389	389	$0	$0.00	$0.00
Port Townsend School District		144	144	$0	$0.00	$0.00
Prescott School District		33	33	$0	$0.00	$0.00
Prosser School District		328	728	$0	$0.00	$0.00
Pullman School District		248	450	$0	$0.00	$0.00
Puyallup School District	Benefits Specialist 100%; Leave/Benefits Specialist 50%; Director of Employee Relations 20%, Director of HR/Systems 10%; HR Information Specialist/Tech support 10%	1,701	1,701	$145,467	$7.13	$7.13
Queets-Clearwater School District	n/a	12	20	$0	$0.00	$0.00
Quilcene School District		39	39	$0	$0.00	$0.00
Quillayute Valley School District		160	160	$0	$0.00	$0.00
Quincy School District		327	327	$0	$0.00	$0.00
Rainier School District		79	79	$0	$0.00	$0.00
Raymond School District		77	130	$0	$0.00	$0.00
Reardan-Edwall School District		63	122	$0	$0.00	$0.00
Renton School District		1,544	1,544	$0	$0.00	$0.00
Republic School District		43	77	$0	$0.00	$0.00
Richland School District	We have no avoidable internal costs at this time	1,030	1,955	$0	$0.00	$0.00
Ridgefield School District		138	138	$18,700	$11.29	$11.29
Ritzville School District		49	49	$0	$0.00	$0.00

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12h
District Staff Costs by District
School District Fiscal Year Ending in 2012 — Reporting Districts Only

District	Description of District Allocation of Internal Administrative Expenses	Enrollment		Staff Cost Allocated to Employee Benefits		
		Employees	Members	Total	PEPM	PMPM
Riverside School District	During the fall open enrollment period, payroll spends an average of 20-30 hours working on insurance administration. During the school year, payroll spends 2-4 hours a month on dependents/new hire enrollments, billing statements, etc.	158	241	$3,202	$1.69	$1.11
Riverview School District	In calculating the district?s internal administrative costs, we have included varying percentages of base salary plus benefits for the district Payroll & Benefits Coordinator, HR Coordinator and Director of Business and Operations. Costs for the Payroll & Benefits Coordinator are calculated at 33% , based on responsibilities including enrollment and ongoing staff education and assistance regarding benefits and providers, annual benefits fair, bill reconciliation and payment processing, pooling management, participation in the district benefits committee and budgeting process.Costs for the HR Coordinator are calculated at 15%, based on budgeting responsibilities, calculation of benefits while staff is on leave and communication of benefits to new and prospective employees.Cost for the Director of Business & Operations are calculated at 7% based on involvement in managing the procurement process, district benefits committee and broker management, bargaining association negotiations and other association issues relating to benefits, district budgeting processes and tracking and analyzing current and projected legislation.	293	293	$49,395	$14.05	$14.05
Rochester School District		198	198	$0	$0.00	$0.00
Roosevelt School District		6	6	$0	$0.00	$0.00
Rosalia School District		36	74	$0	$0.00	$0.00
Royal School District	N/A	188	366	$0	$0.00	$0.00
San Juan Island School District	Cost of administering health benefits (medical) was calculated as 6% of total cost of Payroll/Benefits Coordinator position and 2% of total cost of HR Coordinator position	99	99	$9,868	$8.31	$8.31
Satsop School District		6	13	$0	$0.00	$0.00
Seattle Public Schools	All benefits administration is outsourced to Sprague Israel Giles, Inc.	5,350	9,159	$0	$0.00	$0.00
Sedro-Woolley School District	Salary + benefits for 6 hr employee times 50%	423	423	$24,585	$4.84	$4.84

Washington State Office of the Insurance Commissioner
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Exhibit A12h
District Staff Costs by District
School District Fiscal Year Ending in 2012 — Reporting Districts Only

District	Description of District Allocation of Internal Administrative Expenses	Enrollment		Staff Cost Allocated to Employee Benefits		
		Employees	Members	Total	PEPM	PMPM
Selah School District	N/A	363	706	$0	$0.00	$0.00
Selkirk School District		33	81	$0	$0.00	$0.00
Sequim School District		289	289	$0	$0.00	$0.00
Shaw Island School District		5	9	$0	$0.00	$0.00
Shelton School District	Included with full time employee	505	505	$0	$0.00	$0.00
Shoreline School District	35% of Benefits Specialist Salary + 25% Payroll	899	899	$40,000	$3.71	$3.71
Skamania School District		8	12	$0	$0.00	$0.00
Skykomish School District		19	37	$0	$0.00	$0.00
Snohomish School District		897	897	$0	$0.00	$0.00
Snoqualmie Valley School District	N/A	497	497	$0	$0.00	$0.00
Soap Lake School District	2.5% of payroll personnel time to administer medical benefits for employees	61	130	$1,600	$2.19	$1.03
South Bend School District	N/A	89	190	$0	$0.00	$0.00
South Kitsap School District		897	897	$0	$0.00	$0.00
South Whidbey School District	$6.00 / mo per participating emp	157	157	$1,134	$0.60	$0.60
Southside School District	n/a	20	20	$0	$0.00	$0.00
Spokane School District		2,973	2,973	$0	$0.00	$0.00
Sprague School District		21	48	$0	$0.00	$0.00
St. John School District	N/A	25	46	$0	$0.00	$0.00
Stanwood-Camano School District		445	826	$0	$0.00	$0.00
Star School District		5	7	$0	$0.00	$0.00
Starbuck School District		5	5	$0	$0.00	$0.00
Stehekin School District	n/a	1	3	$0	$0.00	$0.00
Steilacoom Hist. School District		241	241	$0	$0.00	$0.00
Steptoe School District	No dedicated employee to cover health care administration. One salaried employee covers all administration for the district.	8	25	$0	$0.00	$0.00
Stevenson-Carson School District		62	62	$0	$0.00	$0.00
Sultan School District		202	202	$0	$0.00	$0.00
Summit Valley School District	N/A	11	33	$0	$0.00	$0.00
Sumner School District	N/A	836	836	$0	$0.00	$0.00
Sunnyside School District		736	736	$0	$0.00	$0.00
Tacoma School District	The Sound Partnership is a health & welfare Trust.	2,860	6,224	$350,083	$10.20	$4.69
Taholah School District		38	38	$0	$0.00	$0.00
Tahoma School District	Not applicable	701	701	$0	$0.00	$0.00
Tekoa School District		26	68	$0	$0.00	$0.00
Tenino School District	N/A	118	206	$0	$0.00	$0.00

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Exhibit A12h

District Staff Costs by District

School District Fiscal Year Ending in 2012 — Reporting Districts Only

District	Description of District Allocation of Internal Administrative Expenses	Enrollment		Staff Cost Allocated to Employee Benefits		
		Employees	Members	Total	PEPM	PMPM
Thorp School District		22	34	$0	$0.00	$0.00
Toledo School District	Total of 85hrs a year * $17.31 an hour with a benefit percentage of 20%	71	139	$1,766	$2.07	$1.06
Tonasket School District		133	133	$0	$0.00	$0.00
Toppenish School District		408	408	$0	$0.00	$0.00
Touchet School District		31	31	$0	$0.00	$0.00
Toutle Lake School District		70	140	$0	$0.00	$0.00
Trout Lake School District	$35/hr sal/ben x 50 hours	16	16	$1,750	$9.11	$9.11
Tukwila School District		286	286	$0	$0.00	$0.00
Tumwater School District	42,500 = .70 FTE Employee Benefits Specialist, 6,500.00 .05 FTE Director of Finance, $6,400.00 .10 FTE Combined HR and Payroll Staff Support	649	1,172	$55,400	$7.11	$3.94
Union Gap School District	n/a	72	72	$0	$0.00	$0.00
University Place School District	25% of Benefits Specialist's salary	494	494	$9,864	$1.66	$1.66
Valley School District		81	187	$0	$0.00	$0.00
Vancouver School District		2,239	2,239	$0	$0.00	$0.00
Vashon Island School District	33.33% of Payroll/Benefits Coordinator Salary.	146	146	$16,854	$9.62	$9.62
Wahkiakum School District		47	133	$0	$0.00	$0.00
Wahluke School District		250	250	$0	$0.00	$0.00
Waitsburg School District	N/A	38	62	$0	$0.00	$0.00
Walla Walla Public Schools	N/A	710	710	$0	$0.00	$0.00
Wapato School District	The total above includes total hours our payroll officer	373	373	$6,358	$1.42	$1.42
Warden School District		131	131	$0	$0.00	$0.00
Washougal School District		288	288	$0	$0.00	$0.00
Washtucna School District		22	44	$0	$0.00	$0.00
Waterville School District		41	41	$0	$0.00	$0.00
Wellpinit School District		65	137	$0	$0.00	$0.00
Wenatchee School District		843	1,694	$0	$0.00	$0.00
West Valley School District (Spokane)	N/A	409	637	$0	$0.00	$0.00
West Valley School District (Yakima)	N/A	466	995	$0	$0.00	$0.00
White Pass School District		56	98	$0	$0.00	$0.00
White River School District		363	363	$0	$0.00	$0.00
White Salmon Valley School District		117	117	$0	$0.00	$0.00
Wilbur School District		40	40	$0	$0.00	$0.00
Willapa Valley School District		42	42	$0	$0.00	$0.00
Wilson Creek School District		32	32	$0	$0.00	$0.00
Winlock School District	N/A	78	78	$0	$0.00	$0.00

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Exhibit A12h

District Staff Costs by District

School District Fiscal Year Ending in 2012 — Reporting Districts Only

District	Description of District Allocation of Internal Administrative Expenses	Enrollment		Staff Cost Allocated to Employee Benefits		
		Employees	Members	Total	PEPM	PMPM
Wishkah Valley School District	The amount of hours times the HR employees rate	23	23	$2,801	$10.15	$10.15
Wishram School District		20	35	$0	$0.00	$0.00
Woodland School District	N/A	243	476	$0	$0.00	$0.00
Yakima School District		1,711	1,711	$0	$0.00	$0.00
Yelm School District		518	518	$0	$0.00	$0.00
Zillah School District		139	276	$0	$0.00	$0.00
Low		**0**	**0**	**$0**	**$0.00**	**$0.00**
Average		**350**	**450**	**$24,800**	**$1.34**	**$1.03**
High		**5,350**	**9,159**	**$350,083**	**$22.69**	**$14.05**
Grand Total		**103,116**	**132,688**	**$1,658,779**		

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A13

Paid Claims and Rate Reserves

For the Plan Year Ending in 2012

	Enrollment			Reserves		Paid Claims	Reserves PEPM	
Rating Pool	Employees	Members	Paid Claims	IBNR[1]	PSR/RSR[2]	PEPM	IBNR[1]	PSR/RSR[2]
Rating Pool 001	1,694	3,592	$13,984,142	$1,560,005	$0	$687.93	$76.74	$0.00
Rating Pool 002	881	2,162	$6,387,194	$512,636	$0	$604.16	$48.49	$0.00
Rating Pool 003	35	99	$205,425	$8,925	$0	$489.11	$21.25	$0.00
Rating Pool 004	259	655	$2,616,326	$175,580	$0	$841.80	$56.49	$0.00
Rating Pool 005	9	22	$29,828	$1,139	$0	$276.19	$10.55	$0.00
Rating Pool 006	160	235	$1,494,033	$113,490	$0	$778.14	$59.11	$0.00
Rating Pool 007	549	1,233	$4,858,484	$362,290	$0	$737.47	$54.99	$0.00
Rating Pool 008	394	764	$3,466,846	$274,003	$0	$733.26	$57.95	$0.00
Rating Pool 009	425	682	$3,253,762	$275,170	$0	$637.99	$53.95	$0.00
Rating Pool 010	905	1,614	$10,026,998	$1,002,094	$0	$923.30	$92.27	$0.00
Rating Pool 011	66,670	129,240	$578,000,722	$50,722,127	$24,152,788	$722.46	$63.40	$30.19
Rating Pool 012	3,651	6,621	$30,461,839	$2,519,278	$0	$695.29	$57.50	$0.00
Rating Pool 013	1,999	4,114	$14,857,737	$1,281,071	$0	$619.38	$53.40	$0.00
Rating Pool 014	3,406	6,309	$16,193,941	$819,664	$0	$396.21	$20.05	$0.00
Rating Pool 015	1,233	1,815	$10,838,177	$816,520	$3,810,761	$732.51	$55.19	$257.55
Rating Pool 016	960	1,565	$7,054,653	$495,006	$0	$612.38	$42.97	$0.00
Rating Pool 017	770	1,282	$6,985,189	$368,740	$0	$755.97	$39.91	$0.00
Rating Pool 018	1,284	2,778	$10,218,922	$601,168	$0	$663.22	$39.02	$0.00
Rating Pool 019	3,668	7,578	$37,846,780	$0	$0	$859.84	$0.00	$0.00
Rating Pool 020	354	649	$4,267,571	$220,482	$0	$1,004.61	$51.90	$0.00
Rating Pool 021	3	3	$28,837	($5)	$0	$801.02	($0.13)	$0.00
Rating Pool 022	189	279	$1,494,184	$6,487	$0	$658.81	$2.86	$0.00
Rating Pool 023	418	788	$2,881,276	$11,256	$0	$574.42	$2.24	$0.00
Rating Pool 024	35	74	$138,913	$690	$0	$330.75	$1.64	$0.00
Rating Pool 025	305	580	$2,291,841	$9,348	$0	$626.19	$2.55	$0.00
Rating Pool 026	59	141	$703,634	$2,754	$0	$993.83	$3.89	$0.00
Rating Pool 027	208	402	$1,535,719	$5,926	$0	$615.27	$2.37	$0.00

[1]IBNR = Incurred But Not Reported Liability

[2]PSR = Premium Stabilization Reserve; RSR = Rate Stabilization Reserve

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A13

Paid Claims and Rate Reserves

For the Plan Year Ending in 2012

Rating Pool	Enrollment		Paid Claims	Reserves		Paid Claims PEPM	Reserves PEPM	
	Employees	Members		IBNR[1]	PSR/RSR[2]		IBNR[1]	PSR/RSR[2]
Rating Pool 028	6	8	$31,391	$36	$0	$435.99	$0.50	$0.00
Rating Pool 029	25	43	$198,464	$203	$0	$661.55	$0.68	$0.00
Rating Pool 030	74	148	$827,480	$1,432	$0	$931.85	$1.61	$0.00
Rating Pool 031	495	1,147	$4,592,728	$16,405	$0	$773.19	$2.76	$0.00
Rating Pool 032	8	26	$87,165	$284	$0	$907.97	$2.96	$0.00
Rating Pool 033	6	6	$11,935	$23	$0	$165.77	$0.33	$0.00
Rating Pool 034	206	354	$1,263,330	$4,094	$0	$511.06	$1.66	$0.00
Rating Pool 035	450	879	$3,176,367	$15,359	$0	$588.22	$2.84	$0.00
Rating Pool 036	49	86	$403,180	$2,443	$0	$685.68	$4.15	$0.00
Rating Pool 037	111	235	$828,923	$2,009	$0	$622.31	$1.51	$0.00
Rating Pool 038	94	170	$890,539	$2,559	$0	$789.48	$2.27	$0.00
Rating Pool 039	93	177	$767,763	$1,948	$0	$687.96	$1.75	$0.00
Rating Pool 040	203	318	$1,421,541	$4,535	$0	$583.56	$1.86	$0.00
Rating Pool 041	165	277	$1,013,420	$4,713	$0	$511.83	$2.38	$0.00
Rating Pool 042	270	449	$1,698,944	$5,857	$0	$524.37	$1.81	$0.00
Rating Pool 043	27	70	$147,305	$1,621	$0	$454.65	$5.00	$0.00
Rating Pool 044	132	266	$1,031,937	$5,978	$0	$651.48	$3.77	$0.00
Rating Pool 045	21	30	$170,613	$528	$0	$677.04	$2.09	$0.00
Rating Pool 046	473	823	$3,503,639	$10,393	$0	$617.27	$1.83	$0.00
Rating Pool 047	37	79	$369,807	$638	$0	$832.90	$1.44	$0.00
Rating Pool 048	68	128	$379,142	$2,074	$0	$464.64	$2.54	$0.00
Rating Pool 049	510	921	$3,323,964	$13,357	$0	$543.13	$2.18	$0.00
Rating Pool 050	43	68	$439,762	$901	$0	$852.25	$1.75	$0.00
Rating Pool 051	14	23	$69,712	$164	$0	$414.95	$0.97	$0.00
Rating Pool 052	54	102	$463,553	$1,301	$0	$715.36	$2.01	$0.00
Rating Pool 053	156	299	$1,206,007	$7,579	$0	$644.23	$4.05	$0.00
Rating Pool 054	30	54	$256,861	$357	$0	$713.50	$0.99	$0.00

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Exhibit A13

Paid Claims and Rate Reserves

For the Plan Year Ending in 2012

Rating Pool	Enrollment		Paid Claims	Reserves		Paid Claims PEPM	Reserves PEPM	
	Employees	Members		IBNR[1]	PSR/RSR[2]		IBNR[1]	PSR/RSR[2]
Rating Pool 055	33	64	$251,650	$4,612	$0	$635.48	$11.65	$0.00
Rating Pool 056	179	288	$1,690,980	$12,527	$0	$787.23	$5.83	$0.00
Rating Pool 057	71	147	$831,061	$2,825	$0	$975.42	$3.32	$0.00
Rating Pool 058	247	517	$2,452,030	$10,460	$0	$827.27	$3.53	$0.00
Rating Pool 059	30	68	$213,491	$455	$0	$593.03	$1.26	$0.00
Rating Pool 060	276	531	$2,259,719	$15,144	$0	$682.28	$4.57	$0.00
Rating Pool 061	181	286	$1,345,456	$12,006	$0	$619.46	$5.53	$0.00
Rating Pool 062	218	376	$2,195,866	$5,795	$0	$839.40	$2.22	$0.00
Rating Pool 063	104	206	$764,184	$2,675	$0	$612.33	$2.14	$0.00
Rating Pool 064	42	89	$364,564	$1,546	$0	$723.34	$3.07	$0.00
Rating Pool 065	55	102	$326,086	$872	$0	$494.07	$1.32	$0.00
Rating Pool 066	18	22	$130,901	$376	$0	$606.02	$1.74	$0.00
Rating Pool 067	9	19	$68,585	$83	$0	$635.04	$0.77	$0.00
Rating Pool 068	16	35	$73,175	$135	$0	$381.12	$0.70	$0.00
Rating Pool 069	2	2	$47,826	$0	$0	$1,992.76	$0.00	$0.00
Rating Pool 070	32	38	$510,861	$99	$0	$1,330.37	$0.26	$0.00
Rating Pool 071	25	26	$172,430	$134	$0	$574.77	$0.45	$0.00
Rating Pool 072	268	513	$2,038,943	$9,991	$0	$634.00	$3.11	$0.00
Rating Pool 073	199	443	$1,713,646	$9,980	$0	$717.61	$4.18	$0.00
Rating Pool 074	3	4	$27,764	$0	$0	$771.23	$0.00	$0.00
Rating Pool 075	16	28	$92,061	$146	$0	$479.49	$0.76	$0.00
Rating Pool 076	21	36	$151,197	$1,414	$0	$599.99	$5.61	$0.00
Rating Pool 077	2	5	$6,182	$49	$0	$257.59	$2.06	$0.00
Rating Pool 078	33	56	$241,980	$553	$0	$611.06	$1.40	$0.00
Rating Pool 079	28	60	$76,468	$282	$0	$227.58	$0.84	$0.00
Rating Pool 080	135	246	$1,651,728	$3,519	$0	$1,019.59	$2.17	$0.00
Rating Pool 081	28	46	$145,235	$1,287	$0	$432.25	$3.83	$0.00

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Exhibit A13

Paid Claims and Rate Reserves

For the Plan Year Ending in 2012

Rating Pool	Enrollment		Paid Claims	Reserves		Paid Claims PEPM	Reserves PEPM	
	Employees	Members		IBNR[1]	PSR/RSR[2]		IBNR[1]	PSR/RSR[2]
Rating Pool 082	11	15	$31,596	$45	$0	$239.36	$0.34	$0.00
Rating Pool 083	27	58	$108,792	$684	$0	$335.78	$2.11	$0.00
Rating Pool 084	48	94	$518,231	$1,324	$0	$899.71	$2.30	$0.00
Rating Pool 085	36	72	$166,904	$328	$0	$386.35	$0.76	$0.00
Rating Pool 086	19	43	$178,581	$120	$0	$783.25	$0.52	$0.00
Rating Pool 087	37	69	$167,456	$617	$0	$377.15	$1.39	$0.00
Rating Pool 088	10	18	$43,330	$186	$0	$361.09	$1.55	$0.00
Rating Pool 089	33	61	$234,163	$1,735	$0	$591.32	$4.38	$0.00
Rating Pool 090	29	56	$121,512	$251	$0	$349.17	$0.72	$0.00
Rating Pool 091	26	61	$668,553	$603	$0	$2,142.80	$1.93	$0.00
Rating Pool 092	79	186	$334,564	$2,251	$0	$352.92	$2.37	$0.00
Rating Pool 093	149	239	$1,151,887	$9,576	$0	$644.23	$5.36	$0.00
Rating Pool 094	22	56	$140,754	$249	$0	$533.16	$0.94	$0.00
Rating Pool 095	30	80	$309,059	$445	$0	$858.50	$1.23	$0.00
Rating Pool 096	258	479	$1,880,125	$33,375	$0	$607.28	$10.78	$0.00
Rating Pool 097	2	3	$22,852	$13	$0	$952.18	$0.54	$0.00
Rating Pool 098	43	103	$135,190	$364	$0	$262.00	$0.70	$0.00
Rating Pool 099	55	120	$253,681	$397	$0	$384.37	$0.60	$0.00
Rating Pool 100	34	57	$251,697	$889	$0	$616.90	$2.18	$0.00
Rating Pool 101	61	115	$283,286	$900	$0	$387.00	$1.23	$0.00
Rating Pool 102	47	81	$366,787	$1,590	$0	$650.33	$2.82	$0.00
Rating Pool 103	36	84	$148,567	$393	$0	$343.91	$0.91	$0.00
Rating Pool 104	7	10	$38,230	$90	$0	$455.12	$1.07	$0.00
Rating Pool 105	127	243	$1,003,984	$3,878	$0	$658.78	$2.54	$0.00
Rating Pool 106	13	33	$75,131	$332	$0	$481.61	$2.13	$0.00
Rating Pool 107	63	146	$274,274	$1,829	$0	$362.80	$2.42	$0.00
Rating Pool 108	120	230	$855,906	$3,231	$0	$594.38	$2.24	$0.00

[1]IBNR = Incurred But Not Reported Liability

[2]PSR = Premium Stabilization Reserve; RSR = Rate Stabilization Reserve

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A13

Paid Claims and Rate Reserves

For the Plan Year Ending in 2012

Rating Pool	Enrollment		Paid Claims	Reserves		Paid Claims PEPM	Reserves PEPM	
	Employees	Members		IBNR[1]	PSR/RSR[2]		IBNR[1]	PSR/RSR[2]
Rating Pool 109	5	11	$23,979	$70	$0	$399.65	$1.17	$0.00
Rating Pool 112	85	197	$647,663	$2,239	$0	$634.96	$2.19	$0.00
Rating Pool 113	10	14	$257,890	$3,560	$0	$2,149.08	$29.67	$0.00
Rating Pool 114	36	90	$125,934	$2,890	$0	$291.51	$6.69	$0.00
Rating Pool 115	141	282	$917,721	$4,276	$0	$542.39	$2.53	$0.00
Rating Pool 116	57	125	$523,582	$377	$0	$765.47	$0.55	$0.00
Rating Pool 117	137	240	$1,469,292	$6,444	$0	$893.73	$3.92	$0.00
Rating Pool 118	80	151	$1,026,966	$6,903	$0	$1,069.76	$7.19	$0.00
Rating Pool 119	233	541	$2,052,719	$38,882	$0	$734.16	$13.91	$0.00
Rating Pool 120	59	116	$308,229	$1,972	$0	$435.35	$2.79	$0.00
Rating Pool 121	320	699	$2,725,122	$5,932	$0	$709.67	$1.54	$0.00
Rating Pool 122	446	978	$3,398,440	$14,757	$0	$634.99	$2.76	$0.00
Rating Pool 123	400	1,039	$1,823,686	$9,501	$0	$379.93	$1.98	$0.00
Rating Pool 124	1,513	2,656	$10,895,698	$42,936	$0	$600.12	$2.36	$0.00
Rating Pool 125	165	282	$1,202,897	$5,096	$0	$607.52	$2.57	$0.00
Rating Pool 126	172	356	$2,067,160	$14,131	$0	$1,001.53	$6.85	$0.00
Rating Pool 128	0	0	$0	$409	$0	n/a	n/a	n/a
Rating Pool 129	0	0	$693	$0	$0	n/a	n/a	n/a
Rating Pool 130	0	0	$15,017	$0	$0	n/a	n/a	n/a
Rating Pool 132	58	119	$395,731	$1,395	$0	$568.58	$2.00	$0.00
Rating Pool 133	958	1,867	$9,577,908	$45,841	$0	$833.15	$3.99	$0.00
Rating Pool 134	37	56	$412,702	$240	$0	$929.51	$0.54	$0.00
Rating Pool 135	1,257	2,565	$10,557,227	$32,864	$0	$699.90	$2.18	$0.00
Rating Pool 136	577	1,241	$5,617,171	$24,188	$1,052,786	$811.26	$3.49	$152.05
Rating Pool 137	781	1,622	$5,711,697	$32,918	$1,802,100	$609.44	$3.51	$192.29
Rating Pool 138	3,218	7,108	$24,930,270	$102,047	$0	$645.59	$2.64	$0.00
Rating Pool 139	510	955	$3,187,260	$21,270	$661,541	$520.79	$3.48	$108.09

[1]IBNR = Incurred But Not Reported Liability

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Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A13

Paid Claims and Rate Reserves

For the Plan Year Ending in 2012

	Enrollment			Reserves		Paid Claims	Reserves PEPM	
Rating Pool	Employees	Members	Paid Claims	IBNR[1]	PSR/RSR[2]	PEPM	IBNR[1]	PSR/RSR[2]
Rating Pool 140	36	93	$310,939	$1,286	$0	$719.77	$2.98	$0.00
Grand Total	**109,327**	**212,930**	**$920,491,200**	**$62,857,719**	**$31,479,976**	**$701.63**	**$47.91**	**$24.00**

[1]IBNR = Incurred But Not Reported Liability

[2]PSR = Premium Stabilization Reserve; RSR = Rate Stabilization Reserve

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A14

Summary of Monthly Premium Rates with Composite Cost

For Plan Years Ending in 2012 and 2013

Plan Type	Health Plan	2012 Employees	2013 Employees	Premiums for the Plan Year-Ending in 2012					Premiums Rates for the Plan Year-Ending in 2013				
				EE	ES	EC	EF	Composite	EE	ES	EC	EF	Composite
Clos	Plan 281	160	n/a	$616.02	$1,010.26	$911.70	$1,515.36	$734.83	n/a	n/a	n/a	n/a	n/a
	Plan 283	549	n/a	$587.44	$969.27	$851.79	$1,439.22	$870.08	n/a	n/a	n/a	n/a	n/a
HMO	Plan 001	11	n/a	$759.91	$1,459.45	$1,159.53	$1,857.82	$832.57	n/a	n/a	n/a	n/a	n/a
	Plan 002	27	n/a	$564.86	$1,097.42	$790.68	$1,323.24	$811.66	n/a	n/a	n/a	n/a	n/a
	Plan 003	48	n/a	$615.88	$1,182.96	$873.98	$1,441.08	$879.13	n/a	n/a	n/a	n/a	n/a
	Plan 004	36	n/a	$576.85	$1,107.37	$879.94	$1,409.57	$827.22	n/a	n/a	n/a	n/a	n/a
	Plan 005	19	n/a	$576.85	$1,107.37	$879.94	$1,409.57	$831.92	n/a	n/a	n/a	n/a	n/a
	Plan 006	37	n/a	$576.85	$1,107.37	$879.94	$1,409.57	$795.91	n/a	n/a	n/a	n/a	n/a
	Plan 007	10	n/a	$576.85	$1,107.37	$879.94	$1,409.57	$826.84	n/a	n/a	n/a	n/a	n/a
	Plan 008	33	n/a	$576.85	$1,107.37	$879.94	$1,409.57	$790.31	n/a	n/a	n/a	n/a	n/a
	Plan 009	29	n/a	$576.85	$1,107.37	$879.94	$1,409.57	$843.34	n/a	n/a	n/a	n/a	n/a
	Plan 010	26	n/a	$576.85	$1,107.37	$879.94	$1,409.57	$920.58	n/a	n/a	n/a	n/a	n/a
	Plan 011	79	n/a	$431.87	$873.72	$614.75	$1,056.60	$697.85	n/a	n/a	n/a	n/a	n/a
	Plan 012	149	n/a	$735.27	$1,425.62	$1,027.48	$1,717.83	$901.75	n/a	n/a	n/a	n/a	n/a
	Plan 013	22	n/a	$549.48	$1,085.93	$774.82	$1,311.28	$989.39	n/a	n/a	n/a	n/a	n/a
	Plan 014	30	n/a	$442.32	$857.38	$628.70	$1,043.76	$775.51	n/a	n/a	n/a	n/a	n/a
	Plan 015	30	n/a	$662.48	$1,324.88	$970.17	$1,632.65	$866.76	n/a	n/a	n/a	n/a	n/a
	Plan 016	33	n/a	$585.70	$1,137.96	$819.89	$1,372.09	$857.48	n/a	n/a	n/a	n/a	n/a
	Plan 017	258	n/a	$688.74	$1,308.31	$1,086.14	$1,705.72	$951.33	n/a	n/a	n/a	n/a	n/a
	Plan 018	2	n/a	$688.98	$1,377.93	$994.26	$1,683.12	$1,033.46	n/a	n/a	n/a	n/a	n/a
	Plan 019	43	n/a	$452.21	$868.71	$641.80	$1,058.22	$709.44	n/a	n/a	n/a	n/a	n/a
	Plan 020	55	n/a	$516.23	$996.10	$719.44	$1,199.27	$707.95	n/a	n/a	n/a	n/a	n/a
	Plan 021	34	n/a	$668.05	$1,299.93	$935.60	$1,567.41	$776.04	n/a	n/a	n/a	n/a	n/a
	Plan 022	61	n/a	$668.05	$1,299.93	$935.60	$1,567.41	$847.41	n/a	n/a	n/a	n/a	n/a
	Plan 023	47	n/a	$759.91	$1,459.45	$1,159.53	$1,857.82	$991.61	n/a	n/a	n/a	n/a	n/a
	Plan 024	36	n/a	$576.85	$1,107.37	$879.94	$1,409.57	$904.94	n/a	n/a	n/a	n/a	n/a
	Plan 025	7	n/a	$722.74	$1,399.63	$1,009.58	$1,686.47	$957.11	n/a	n/a	n/a	n/a	n/a
	Plan 026	127	n/a	$587.06	$1,191.73	$839.51	$1,438.30	$810.29	n/a	n/a	n/a	n/a	n/a
	Plan 027	13	n/a	$727.36	$1,454.67	$1,049.62	$1,776.86	$1,230.18	n/a	n/a	n/a	n/a	n/a

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A14

Summary of Monthly Premium Rates with Composite Cost

For Plan Years Ending in 2012 and 2013

Plan Type	Health Plan	2012 Employees	2013 Employees	Premiums for the Plan Year-Ending in 2012					Premiums Rates for the Plan Year-Ending in 2013				
				EE	ES	EC	EF	Composite	EE	ES	EC	EF	Composite
	Plan 028	63	n/a	$522.00	$1,033.00	$702.00	$1,389.00	$866.16	n/a	n/a	n/a	n/a	n/a
	Plan 029	120	n/a	$579.51	$1,125.85	$811.18	$1,357.57	$736.61	n/a	n/a	n/a	n/a	n/a
	Plan 030	5	n/a	$573.78	$1,136.76	$806.73	$1,369.72	$826.15	n/a	n/a	n/a	n/a	n/a
	Plan 031	208	n/a	$645.04	$1,250.71	$901.41	$1,507.02	$874.33	n/a	n/a	n/a	n/a	n/a
	Plan 032	181	n/a	$576.41	$1,152.74	$896.72	$1,731.63	$781.42	n/a	n/a	n/a	n/a	n/a
	Plan 033	71	n/a	$569.83	$1,105.41	$797.74	$1,333.34	$783.62	n/a	n/a	n/a	n/a	n/a
	Plan 034	247	n/a	$670.28	$1,273.54	$938.40	$1,541.65	$1,005.42	n/a	n/a	n/a	n/a	n/a
	Plan 035	30	n/a	$611.42	$1,180.94	$852.72	$1,422.24	$824.09	n/a	n/a	n/a	n/a	n/a
	Plan 036	6	n/a	$733.06	$1,423.41	$1,024.39	$1,714.74	$963.18	n/a	n/a	n/a	n/a	n/a
	Plan 037	276	n/a	$604.78	$1,173.28	$846.70	$1,415.20	$817.47	n/a	n/a	n/a	n/a	n/a
	Plan 038	181	n/a	$643.54	$1,345.01	$1,016.79	$1,718.27	$821.10	n/a	n/a	n/a	n/a	n/a
	Plan 039	219	n/a	$584.00	$1,157.00	$785.00	$1,555.00	$789.84	n/a	n/a	n/a	n/a	n/a
	Plan 040	25	n/a	$756.78	$1,467.29	$1,057.53	$1,768.06	$921.89	n/a	n/a	n/a	n/a	n/a
	Plan 041	104	n/a	$517.61	$1,004.13	$724.64	$1,211.16	$681.44	n/a	n/a	n/a	n/a	n/a
	Plan 042	42	n/a	$588.92	$1,144.21	$824.40	$1,379.68	$861.71	n/a	n/a	n/a	n/a	n/a
	Plan 043	55	n/a	$730.37	$1,419.01	$1,022.36	$1,710.95	$979.58	n/a	n/a	n/a	n/a	n/a
	Plan 044	74	n/a	$541.08	$1,049.67	$757.49	$1,266.08	$776.07	n/a	n/a	n/a	n/a	n/a
	Plan 045	577	n/a	$492.86	$956.15	$689.98	$1,153.28	$724.04	n/a	n/a	n/a	n/a	n/a
	Plan 047	8	n/a	$711.55	$1,380.48	$994.77	$1,663.75	$1,007.59	n/a	n/a	n/a	n/a	n/a
	Plan 048	6	n/a	$767.56	$1,493.59	$1,075.00	$1,800.91	$767.56	n/a	n/a	n/a	n/a	n/a
	Plan 049	188	n/a	$648.17	$1,258.44	$906.56	$1,516.83	$779.30	n/a	n/a	n/a	n/a	n/a
	Plan 050	418	n/a	$587.53	$1,133.69	$818.83	$1,364.93	$772.30	n/a	n/a	n/a	n/a	n/a
	Plan 051	206	n/a	$621.63	$1,157.36	$866.94	$1,349.46	$794.96	n/a	n/a	n/a	n/a	n/a
	Plan 052	510	n/a	$601.92	$1,074.55	$893.54	$1,368.23	$815.84	n/a	n/a	n/a	n/a	n/a
	Plan 053	34	n/a	$527.07	$1,021.90	$736.52	$1,231.37	$715.19	n/a	n/a	n/a	n/a	n/a
	Plan 054	449	n/a	$522.82	$1,015.21	$731.32	$1,223.73	$727.67	n/a	n/a	n/a	n/a	n/a
	Plan 055	49	n/a	$581.77	$1,120.70	$810.28	$1,349.26	$777.37	n/a	n/a	n/a	n/a	n/a
	Plan 056	111	n/a	$581.77	$1,120.70	$810.28	$1,349.26	$785.19	n/a	n/a	n/a	n/a	n/a
	Plan 057	23	n/a	$371.45	$720.61	$520.03	$869.19	$594.64	n/a	n/a	n/a	n/a	n/a

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A14

Summary of Monthly Premium Rates with Composite Cost

For Plan Years Ending in 2012 and 2013

Plan Type	Health Plan	2012 Employees	2013 Employees	Premiums for the Plan Year-Ending in 2012					Premiums Rates for the Plan Year-Ending in 2013				
				EE	ES	EC	EF	Composite	EE	ES	EC	EF	Composite
	Plan 058	59	n/a	$371.45	$720.61	$520.03	$869.19	$641.41	n/a	n/a	n/a	n/a	n/a
	Plan 059	7	n/a	$371.45	$720.61	$520.03	$869.19	$556.11	n/a	n/a	n/a	n/a	n/a
	Plan 060	19	n/a	$371.45	$720.61	$520.03	$869.19	$625.60	n/a	n/a	n/a	n/a	n/a
	Plan 061	38	n/a	$371.45	$720.61	$520.03	$869.19	$642.41	n/a	n/a	n/a	n/a	n/a
	Plan 062	37	n/a	$369.56	$716.95	$517.39	$864.78	$558.34	n/a	n/a	n/a	n/a	n/a
	Plan 090	18	n/a	$759.91	$1,459.45	$1,159.53	$1,857.82	$843.11	n/a	n/a	n/a	n/a	n/a
	Plan 091	9	n/a	$713.58	$1,377.79	$994.84	$1,659.05	$912.39	n/a	n/a	n/a	n/a	n/a
	Plan 092	93	n/a	$587.23	$1,140.35	$821.31	$1,374.38	$798.61	n/a	n/a	n/a	n/a	n/a
	Plan 093	93	n/a	$605.61	$1,175.94	$846.26	$1,416.57	$808.19	n/a	n/a	n/a	n/a	n/a
	Plan 094	203	n/a	$625.21	$1,275.69	$886.66	$1,798.59	$814.01	n/a	n/a	n/a	n/a	n/a
	Plan 095	165	n/a	$649.90	$1,319.31	$922.87	$1,592.29	$812.85	n/a	n/a	n/a	n/a	n/a
	Plan 096	16	n/a	$595.98	$1,157.48	$833.73	$1,395.29	$749.95	n/a	n/a	n/a	n/a	n/a
	Plan 097	9	n/a	$518.25	$1,005.40	$725.55	$1,212.70	$695.61	n/a	n/a	n/a	n/a	n/a
	Plan 098	615	n/a	$671.34	$1,302.39	$939.87	$1,570.93	$875.05	n/a	n/a	n/a	n/a	n/a
	Plan 099	88	n/a	$1,281.24	$1,281.24	$1,281.24	$1,281.24	$1,281.24	n/a	n/a	n/a	n/a	n/a
	Plan 100	324	n/a	$502.46	$974.78	$703.45	$1,175.77	$754.69	n/a	n/a	n/a	n/a	n/a
	Plan 101	126	n/a	$988.23	$988.23	$988.23	$988.23	$988.23	n/a	n/a	n/a	n/a	n/a
	Plan 102	345	n/a	$684.92	$1,328.75	$958.89	$1,602.72	$882.22	n/a	n/a	n/a	n/a	n/a
	Plan 103	103	n/a	$512.79	$994.82	$717.91	$1,199.94	$758.73	n/a	n/a	n/a	n/a	n/a
	Plan 104	239	n/a	$691.60	$1,341.71	$968.24	$1,618.35	$956.84	n/a	n/a	n/a	n/a	n/a
	Plan 105	177	n/a	$682.60	$1,324.24	$955.63	$1,597.27	$877.73	n/a	n/a	n/a	n/a	n/a
	Plan 106	33	n/a	$335.11	$650.11	$469.15	$784.16	$427.52	n/a	n/a	n/a	n/a	n/a
	Plan 107	1	n/a	$692.21	$1,342.88	$969.09	$1,619.77	$692.21	n/a	n/a	n/a	n/a	n/a
	Plan 108	70	n/a	$684.92	$1,328.75	$958.89	$1,602.72	$880.22	n/a	n/a	n/a	n/a	n/a
	Plan 109	64	n/a	$624.40	$1,211.34	$874.16	$1,461.10	$796.50	n/a	n/a	n/a	n/a	n/a
	Plan 110	5	n/a	$621.13	$1,204.99	$869.58	$1,453.45	$787.59	n/a	n/a	n/a	n/a	n/a
	Plan 111	82	n/a	$689.78	$1,338.17	$965.69	$1,614.09	$828.07	n/a	n/a	n/a	n/a	n/a
	Plan 112	26	n/a	$631.04	$1,224.22	$883.46	$1,476.64	$907.24	n/a	n/a	n/a	n/a	n/a
	Plan 113	132	n/a	$689.78	$1,338.17	$965.69	$1,614.09	$912.18	n/a	n/a	n/a	n/a	n/a

Washington State Office of the Insurance Commissioner

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Exhibit A14

Summary of Monthly Premium Rates with Composite Cost

For Plan Years Ending in 2012 and 2013

Plan Type	Health Plan	2012 Employees	2013 Employees	Premiums for the Plan Year-Ending in 2012					Premiums Rates for the Plan Year-Ending in 2013				
				EE	ES	EC	EF	Composite	EE	ES	EC	EF	Composite
	Plan 114	85	n/a	$689.78	$1,338.17	$965.69	$1,614.09	$890.55	n/a	n/a	n/a	n/a	n/a
	Plan 115	8	n/a	$1,307.01	$1,307.01	$1,307.01	$1,307.01	$1,307.01	n/a	n/a	n/a	n/a	n/a
	Plan 116	21	n/a	$684.92	$1,328.75	$958.89	$1,602.72	$837.56	n/a	n/a	n/a	n/a	n/a
	Plan 117	56	n/a	$689.78	$1,338.17	$965.69	$1,614.09	$905.83	n/a	n/a	n/a	n/a	n/a
	Plan 118	124	n/a	$691.60	$1,341.71	$968.24	$1,618.35	$1,005.28	n/a	n/a	n/a	n/a	n/a
	Plan 119	2	n/a	$512.79	$994.82	$717.91	$1,199.94	$615.35	n/a	n/a	n/a	n/a	n/a
	Plan 120	4	n/a	$371.45	$720.61	$520.03	$869.19	$744.76	n/a	n/a	n/a	n/a	n/a
	Plan 121	7	n/a	$371.45	$720.61	$520.03	$869.19	$613.42	n/a	n/a	n/a	n/a	n/a
	Plan 122	8	n/a	$624.40	$1,211.34	$874.16	$1,461.10	$938.16	n/a	n/a	n/a	n/a	n/a
	Plan 123	24	n/a	$624.40	$1,211.34	$874.16	$1,461.10	$732.11	n/a	n/a	n/a	n/a	n/a
	Plan 124	151	n/a	$684.92	$1,328.75	$958.89	$1,602.72	$911.35	n/a	n/a	n/a	n/a	n/a
	Plan 125	17	n/a	$684.92	$1,328.75	$958.89	$1,602.72	$1,003.21	n/a	n/a	n/a	n/a	n/a
	Plan 126	266	n/a	$684.92	$1,328.75	$958.89	$1,602.72	$865.68	n/a	n/a	n/a	n/a	n/a
	Plan 127	81	n/a	$684.92	$1,328.75	$958.89	$1,602.72	$890.57	n/a	n/a	n/a	n/a	n/a
	Plan 128	153	n/a	$624.40	$1,211.34	$874.16	$1,461.10	$782.09	n/a	n/a	n/a	n/a	n/a
	Plan 129	3	n/a	$684.92	$1,328.75	$958.89	$1,602.72	$776.24	n/a	n/a	n/a	n/a	n/a
	Plan 130	36	n/a	$684.92	$1,328.75	$958.89	$1,602.72	$916.65	n/a	n/a	n/a	n/a	n/a
	Plan 131	26	n/a	$624.40	$1,211.34	$874.16	$1,461.10	$804.04	n/a	n/a	n/a	n/a	n/a
	Plan 132	68	n/a	$684.92	$1,328.75	$958.89	$1,602.72	$910.14	n/a	n/a	n/a	n/a	n/a
	Plan 133	6	n/a	$371.45	$720.61	$520.03	$869.19	$454.41	n/a	n/a	n/a	n/a	n/a
	Plan 134	40	n/a	$684.92	$1,328.75	$958.89	$1,602.72	$861.29	n/a	n/a	n/a	n/a	n/a
	Plan 135	4	n/a	$692.21	$1,342.88	$969.09	$1,619.77	$1,249.44	n/a	n/a	n/a	n/a	n/a
	Plan 136	129	n/a	$624.40	$1,211.34	$874.16	$1,461.10	$766.71	n/a	n/a	n/a	n/a	n/a
	Plan 137	1	n/a	$518.25	$1,005.40	$725.55	$1,212.70	$1,212.70	n/a	n/a	n/a	n/a	n/a
	Plan 138	2	n/a	$512.79	$994.82	$717.91	$1,199.94	$856.37	n/a	n/a	n/a	n/a	n/a
	Plan 139	4	n/a	$692.21	$1,342.88	$969.09	$1,619.77	$854.88	n/a	n/a	n/a	n/a	n/a
	Plan 140	5	n/a	$684.92	$1,328.75	$958.89	$1,602.72	$978.07	n/a	n/a	n/a	n/a	n/a
	Plan 141	9	n/a	$637.83	$1,237.39	$892.96	$1,492.52	$1,036.12	n/a	n/a	n/a	n/a	n/a
	Plan 142	21	n/a	$516.27	$1,001.56	$722.78	$1,208.07	$852.09	n/a	n/a	n/a	n/a	n/a

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Exhibit A14

Summary of Monthly Premium Rates with Composite Cost

For Plan Years Ending in 2012 and 2013

Plan Type	Health Plan	2012 Employees	2013 Employees	Premiums for the Plan Year-Ending in 2012					Premiums Rates for the Plan Year-Ending in 2013				
				EE	ES	EC	EF	Composite	EE	ES	EC	EF	Composite
	Plan 143	21	n/a	$518.25	$1,005.40	$725.55	$1,212.70	$835.61	n/a	n/a	n/a	n/a	n/a
	Plan 144	73	n/a	$517.63	$1,004.20	$724.68	$1,211.26	$790.06	n/a	n/a	n/a	n/a	n/a
	Plan 145	25	n/a	$335.11	$650.11	$469.15	$784.16	$503.74	n/a	n/a	n/a	n/a	n/a
	Plan 146	27	n/a	$516.27	$1,001.56	$722.78	$1,208.07	$885.31	n/a	n/a	n/a	n/a	n/a
	Plan 147	23	n/a	$1,018.76	$1,018.76	$1,018.76	$1,018.76	$1,018.76	n/a	n/a	n/a	n/a	n/a
	Plan 148	12	n/a	$512.79	$994.82	$717.91	$1,199.94	$764.92	n/a	n/a	n/a	n/a	n/a
	Plan 149	17	n/a	$631.04	$1,224.22	$883.46	$1,476.64	$953.99	n/a	n/a	n/a	n/a	n/a
	Plan 150	13	n/a	$704.61	$1,366.95	$986.46	$1,648.80	$1,024.40	n/a	n/a	n/a	n/a	n/a
	Plan 151	32	n/a	$684.92	$1,328.75	$958.89	$1,602.72	$747.85	n/a	n/a	n/a	n/a	n/a
	Plan 152	11	n/a	$631.04	$1,224.22	$883.46	$1,476.64	$722.83	n/a	n/a	n/a	n/a	n/a
	Plan 153	5	n/a	$631.04	$1,224.22	$883.46	$1,476.64	$681.52	n/a	n/a	n/a	n/a	n/a
	Plan 154	6	n/a	$631.04	$1,224.22	$883.46	$1,476.64	$954.98	n/a	n/a	n/a	n/a	n/a
	Plan 155	10	n/a	$631.04	$1,224.22	$883.46	$1,476.64	$1,028.60	n/a	n/a	n/a	n/a	n/a
	Plan 156	7	n/a	$371.51	$720.73	$520.11	$869.33	$606.09	n/a	n/a	n/a	n/a	n/a
	Plan 157	25	n/a	$781.71	$781.71	$781.71	$781.71	$781.71	n/a	n/a	n/a	n/a	n/a
	Plan 158	52	n/a	$373.40	$724.40	$522.77	$873.77	$618.70	n/a	n/a	n/a	n/a	n/a
	Plan 159	20	n/a	$335.11	$650.11	$469.15	$784.16	$496.63	n/a	n/a	n/a	n/a	n/a
	Plan 160	7	n/a	$631.04	$1,224.22	$883.46	$1,476.64	$1,101.62	n/a	n/a	n/a	n/a	n/a
	Plan 161	7	n/a	$518.25	$1,005.40	$725.55	$1,212.70	$1,014.29	n/a	n/a	n/a	n/a	n/a
	Plan 162	19	n/a	$373.40	$724.40	$522.77	$873.77	$657.98	n/a	n/a	n/a	n/a	n/a
	Plan 164	1	n/a	$631.04	$1,224.22	$883.46	$1,476.64	$631.04	n/a	n/a	n/a	n/a	n/a
	Plan 165	7	n/a	$631.04	$1,224.22	$883.46	$1,476.64	$1,101.62	n/a	n/a	n/a	n/a	n/a
	Plan 166	1	n/a	$692.21	$1,342.88	$969.09	$1,619.77	$692.21	n/a	n/a	n/a	n/a	n/a
	Plan 167	5	n/a	$518.25	$1,005.40	$725.55	$1,212.70	$934.92	n/a	n/a	n/a	n/a	n/a
	Plan 168	13	n/a	$373.40	$724.40	$522.77	$873.77	$739.34	n/a	n/a	n/a	n/a	n/a
	Plan 169	5	n/a	$512.79	$994.82	$717.91	$1,199.94	$828.67	n/a	n/a	n/a	n/a	n/a
	Plan 170	86	n/a	$624.95	$1,212.41	$874.93	$1,462.39	$688.03	n/a	n/a	n/a	n/a	n/a
	Plan 171	6	n/a	$512.79	$994.82	$717.91	$1,199.94	$1,063.19	n/a	n/a	n/a	n/a	n/a
	Plan 172	4	n/a	$631.04	$1,224.22	$883.46	$1,476.64	$905.55	n/a	n/a	n/a	n/a	n/a

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A14

Summary of Monthly Premium Rates with Composite Cost

For Plan Years Ending in 2012 and 2013

Plan Type	Health Plan	2012 Employees	2013 Employees	Premiums for the Plan Year-Ending in 2012					Premiums Rates for the Plan Year-Ending in 2013				
				EE	ES	EC	EF	Composite	EE	ES	EC	EF	Composite
	Plan 173	62	n/a	$371.51	$720.73	$520.11	$869.33	$604.36	n/a	n/a	n/a	n/a	n/a
	Plan 174	27	n/a	$512.79	$994.82	$717.91	$1,199.94	$695.50	n/a	n/a	n/a	n/a	n/a
	Plan 175	60	n/a	$512.79	$994.82	$717.91	$1,199.94	$679.62	n/a	n/a	n/a	n/a	n/a
	Plan 176	28	n/a	$516.27	$1,001.56	$722.78	$1,208.07	$750.44	n/a	n/a	n/a	n/a	n/a
	Plan 177	51	n/a	$624.95	$1,212.41	$874.93	$1,462.39	$720.04	n/a	n/a	n/a	n/a	n/a
	Plan 178	37	n/a	$624.95	$1,212.41	$874.93	$1,462.39	$733.39	n/a	n/a	n/a	n/a	n/a
	Plan 179	7	n/a	$513.57	$996.32	$718.99	$1,201.74	$867.19	n/a	n/a	n/a	n/a	n/a
	Plan 180	25	n/a	$624.95	$1,212.41	$874.93	$1,462.39	$721.94	n/a	n/a	n/a	n/a	n/a
	Plan 181	13	n/a	$513.57	$996.32	$718.99	$1,201.74	$688.18	n/a	n/a	n/a	n/a	n/a
	Plan 182	42	n/a	$513.57	$996.32	$718.99	$1,201.74	$699.92	n/a	n/a	n/a	n/a	n/a
	Plan 183	194	n/a	$624.95	$1,212.41	$874.93	$1,462.39	$703.29	n/a	n/a	n/a	n/a	n/a
	Plan 184	96	n/a	$513.57	$996.32	$718.99	$1,201.74	$745.95	n/a	n/a	n/a	n/a	n/a
	Plan 185	11	n/a	$624.95	$1,212.41	$874.93	$1,462.39	$624.95	n/a	n/a	n/a	n/a	n/a
	Plan 186	13	n/a	$513.57	$996.32	$718.99	$1,201.74	$783.78	n/a	n/a	n/a	n/a	n/a
	Plan 187	87	n/a	$624.95	$1,212.41	$874.93	$1,462.39	$706.55	n/a	n/a	n/a	n/a	n/a
	Plan 188	27	n/a	$513.57	$996.32	$718.99	$1,201.74	$890.94	n/a	n/a	n/a	n/a	n/a
	Plan 189	61	n/a	$624.95	$1,212.41	$874.93	$1,462.39	$681.09	n/a	n/a	n/a	n/a	n/a
	Plan 190	28	n/a	$513.57	$996.32	$718.99	$1,201.74	$658.10	n/a	n/a	n/a	n/a	n/a
	Plan 191	17	n/a	$513.57	$996.32	$718.99	$1,201.74	$703.28	n/a	n/a	n/a	n/a	n/a
	Plan 192	5	n/a	$512.79	$994.82	$717.91	$1,199.94	$828.67	n/a	n/a	n/a	n/a	n/a
	Plan 193	20	n/a	$371.51	$720.73	$520.11	$869.33	$670.20	n/a	n/a	n/a	n/a	n/a
	Plan 194	29	n/a	$516.27	$1,001.56	$722.78	$1,208.07	$711.39	n/a	n/a	n/a	n/a	n/a
	Plan 195	39	n/a	$373.40	$724.40	$522.77	$873.77	$614.49	n/a	n/a	n/a	n/a	n/a
	Plan 196	4	n/a	$518.25	$1,005.40	$725.55	$1,212.70	$621.90	n/a	n/a	n/a	n/a	n/a
	Plan 197	9	n/a	$512.79	$994.82	$717.91	$1,199.94	$611.93	n/a	n/a	n/a	n/a	n/a
	Plan 198	5	n/a	$624.40	$1,211.34	$874.16	$1,461.10	$841.69	n/a	n/a	n/a	n/a	n/a
	Plan 199	7	n/a	$631.04	$1,224.22	$883.46	$1,476.64	$836.58	n/a	n/a	n/a	n/a	n/a
	Plan 200	2	n/a	$759.91	$1,459.45	$1,159.53	$1,857.82	$759.91	n/a	n/a	n/a	n/a	n/a
	Plan 201	32	n/a	$759.91	$1,459.45	$1,159.53	$1,857.82	$819.24	n/a	n/a	n/a	n/a	n/a

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K–12 School District Data Collection Project

Exhibit A14

Summary of Monthly Premium Rates with Composite Cost

For Plan Years Ending in 2012 and 2013

Plan Type	Health Plan	2012 Employees	2013 Employees	Premiums for the Plan Year-Ending in 2012					Premiums Rates for the Plan Year-Ending in 2013				
				EE	ES	EC	EF	Composite	EE	ES	EC	EF	Composite
	Plan 202	25	n/a	$759.91	$1,459.45	$1,159.53	$1,857.82	$787.89	n/a	n/a	n/a	n/a	n/a
	Plan 203	268	n/a	$584.37	$1,182.22	$831.83	$1,429.67	$753.63	n/a	n/a	n/a	n/a	n/a
	Plan 204	199	n/a	$561.86	$1,079.35	$797.42	$1,314.80	$791.32	n/a	n/a	n/a	n/a	n/a
	Plan 205	3	n/a	$759.91	$1,459.45	$1,159.53	$1,857.82	$993.09	n/a	n/a	n/a	n/a	n/a
	Plan 206	85	n/a	$603.21	$1,171.30	$842.86	$1,410.95	$889.76	n/a	n/a	n/a	n/a	n/a
	Plan 207	10	n/a	$1,173.70	$2,274.42	$1,639.55	$2,740.30	$1,440.43	n/a	n/a	n/a	n/a	n/a
	Plan 208	16	n/a	$759.91	$1,459.45	$1,159.53	$1,857.82	$1,053.37	n/a	n/a	n/a	n/a	n/a
	Plan 209	21	n/a	$717.71	$1,393.82	$1,003.81	$1,679.87	$799.45	n/a	n/a	n/a	n/a	n/a
	Plan 210	36	n/a	$462.75	$879.22	$670.97	$1,087.47	$775.11	n/a	n/a	n/a	n/a	n/a
	Plan 211	2	n/a	$391.79	$836.86	$800.85	$1,245.97	$818.86	n/a	n/a	n/a	n/a	n/a
	Plan 212	33	n/a	$391.79	$836.86	$800.85	$1,245.97	$598.85	n/a	n/a	n/a	n/a	n/a
	Plan 213	28	n/a	$423.44	$820.77	$601.86	$999.20	$684.38	n/a	n/a	n/a	n/a	n/a
	Plan 214	141	n/a	$577.08	$1,096.47	$836.75	$1,356.17	$798.09	n/a	n/a	n/a	n/a	n/a
	Plan 215	57	n/a	$462.75	$879.22	$670.97	$1,087.47	$711.17	n/a	n/a	n/a	n/a	n/a
	Plan 216	137	n/a	$688.12	$1,331.40	$960.69	$1,604.02	$895.76	n/a	n/a	n/a	n/a	n/a
	Plan 217	80	n/a	$603.21	$1,171.30	$842.86	$1,410.95	$813.80	n/a	n/a	n/a	n/a	n/a
	Plan 218	233	n/a	$577.08	$1,096.47	$836.75	$1,356.17	$869.09	n/a	n/a	n/a	n/a	n/a
	Plan 219	59	n/a	$588.20	$1,152.65	$849.53	$1,418.96	$783.42	n/a	n/a	n/a	n/a	n/a
	Plan 220	320	n/a	$503.42	$988.55	$708.10	$1,193.27	$757.92	n/a	n/a	n/a	n/a	n/a
	Plan 222	270	n/a	$623.25	$1,212.67	$872.79	$1,462.23	$787.36	n/a	n/a	n/a	n/a	n/a
	Plan 223	3	n/a	$1,026.80	$2,193.63	$1,643.31	$3,636.52	$1,026.80	n/a	n/a	n/a	n/a	n/a
	Plan 224	401	n/a	$442.98	$859.35	$619.24	$1,035.59	$765.55	n/a	n/a	n/a	n/a	n/a
	Plan 226	165	n/a	$536.87	$1,011.37	$774.74	$1,487.10	$718.30	n/a	n/a	n/a	n/a	n/a
	Plan 230	304	n/a	$589.96	$1,122.03	$826.55	$1,384.44	$810.70	n/a	n/a	n/a	n/a	n/a
	Plan 231	27	n/a	$618.07	$1,188.32	$858.68	$1,428.90	$1,031.91	n/a	n/a	n/a	n/a	n/a
	Plan 232	132	n/a	$522.23	$1,014.07	$729.72	$1,221.51	$711.61	n/a	n/a	n/a	n/a	n/a
	Plan 233	21	n/a	$712.30	$1,361.42	$986.14	$1,635.36	$857.20	n/a	n/a	n/a	n/a	n/a
	Plan 234	473	n/a	$664.40	$1,288.19	$928.44	$1,552.21	$831.27	n/a	n/a	n/a	n/a	n/a
	Plan 235	37	n/a	$754.95	$1,465.98	$1,054.98	$1,765.98	$1,057.64	n/a	n/a	n/a	n/a	n/a

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K–12 School District Data Collection Project

Exhibit A14

Summary of Monthly Premium Rates with Composite Cost

For Plan Years Ending in 2012 and 2013

Plan Type	Health Plan	2012 Employees	2013 Employees	Premiums for the Plan Year-Ending in 2012					Premiums Rates for the Plan Year-Ending in 2013				
				EE	ES	EC	EF	Composite	EE	ES	EC	EF	Composite
	Plan 241	59	n/a	$683.75	$1,328.36	$957.09	$1,601.72	$1,028.67	n/a	n/a	n/a	n/a	n/a
	Plan 242	68	n/a	$627.95	$1,209.54	$874.49	$1,454.24	$789.25	n/a	n/a	n/a	n/a	n/a
	Plan 243	511	n/a	$578.15	$1,098.97	$801.10	$1,322.37	$755.15	n/a	n/a	n/a	n/a	n/a
	Plan 244	43	n/a	$642.39	$1,247.46	$897.66	$1,502.73	$820.26	n/a	n/a	n/a	n/a	n/a
	Plan 263	14	n/a	$686.07	$1,330.25	$958.72	$1,602.88	$875.47	n/a	n/a	n/a	n/a	n/a
	Plan 264	54	n/a	$751.57	$1,503.10	$1,084.56	$1,836.01	$1,020.23	n/a	n/a	n/a	n/a	n/a
	Plan 266	28	n/a	$666.79	$1,295.49	$933.37	$1,562.04	$823.25	n/a	n/a	n/a	n/a	n/a
	Plan 267	156	n/a	$626.77	$1,217.74	$877.38	$1,468.30	$864.93	n/a	n/a	n/a	n/a	n/a
	Plan 287	141	n/a	$544.95	$1,089.90	$953.66	$1,498.61	$959.46	n/a	n/a	n/a	n/a	n/a
	Plan 288	115	n/a	$496.05	$992.10	$868.09	$1,364.14	$1,030.92	n/a	n/a	n/a	n/a	n/a
In-N	Plan 275	25	n/a	$530.02	$1,028.24	$742.03	$1,240.25	$689.03	n/a	n/a	n/a	n/a	n/a
		72	n/a	$564.65	$1,095.42	$790.51	$1,321.28	$692.48	n/a	n/a	n/a	n/a	n/a
	Plan 276	143	n/a	$596.63	$978.47	$883.01	$1,467.70	$985.06	n/a	n/a	n/a	n/a	n/a
	Plan 277	101	n/a	$562.41	$922.35	$832.37	$1,383.53	$713.43	n/a	n/a	n/a	n/a	n/a
	Plan 290	296	n/a	$624.67	$1,211.85	$774.59	$1,461.72	$920.79	n/a	n/a	n/a	n/a	n/a
	Plan 291	75	n/a	$701.85	$1,151.04	$1,038.74	$1,726.55	$909.60	n/a	n/a	n/a	n/a	n/a
	Plan 295	54	n/a	$608.84	$1,035.03	$943.69	$1,449.03	$944.15	n/a	n/a	n/a	n/a	n/a
	Plan 296	37	n/a	$724.97	$1,159.95	$1,087.45	$1,377.44	$1,069.82	n/a	n/a	n/a	n/a	n/a
	Plan 297	155	n/a	$663.87	$1,287.91	$929.42	$1,553.45	$831.77	n/a	n/a	n/a	n/a	n/a
	Plan 299	22	n/a	$613.00	$1,195.35	$1,103.40	$1,550.88	$923.68	n/a	n/a	n/a	n/a	n/a
	Plan 300	505	n/a	$635.71	$1,233.28	$890.00	$1,481.21	$933.17	n/a	n/a	n/a	n/a	n/a
	Plan 301	530	n/a	$671.06	$1,100.54	$993.17	$1,650.81	$934.65	n/a	n/a	n/a	n/a	n/a
	Plan 302	886	n/a	$584.54	$1,139.85	$818.36	$1,373.67	$803.51	n/a	n/a	n/a	n/a	n/a
	Plan 307	34	n/a	$755.22	$1,132.83	$944.02	$1,359.39	$1,020.66	n/a	n/a	n/a	n/a	n/a
	Plan 308	76	n/a	$584.63	$958.79	$859.40	$1,438.18	$883.25	n/a	n/a	n/a	n/a	n/a
		109	n/a	$598.69	$1,221.33	$1,053.70	$1,634.43	$756.11	n/a	n/a	n/a	n/a	n/a
		104	n/a	$631.88	$1,263.76	$884.63	$1,516.51	$839.67	n/a	n/a	n/a	n/a	n/a
	Plan 309	252	n/a	$664.60	$1,289.33	$930.44	$1,555.17	$809.97	n/a	n/a	n/a	n/a	n/a
	Plan 310	9	n/a	$648.61	$1,063.72	$959.94	$1,595.58	$972.91	n/a	n/a	n/a	n/a	n/a

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Exhibit A14

Summary of Monthly Premium Rates with Composite Cost

For Plan Years Ending in 2012 and 2013

Plan Type	Health Plan	2012 Employees	2013 Employees	Premiums for the Plan Year-Ending in 2012					Premiums Rates for the Plan Year-Ending in 2013				
				EE	ES	EC	EF	Composite	EE	ES	EC	EF	Composite
	Plan 312	66	n/a	$700.95	$1,149.56	$1,037.41	$1,724.34	$798.02	n/a	n/a	n/a	n/a	n/a
	Plan 313	101	n/a	$772.95	$1,267.63	$1,143.96	$1,901.45	$911.62	n/a	n/a	n/a	n/a	n/a
	Plan 323	9	n/a	$532.65	$1,065.30	$932.14	$1,464.79	$1,080.10	n/a	n/a	n/a	n/a	n/a
PPO	Plan 046	496	n/a	$486.40	$486.40	$486.40	$486.40	$486.40	n/a	n/a	n/a	n/a	n/a
	Plan 221	446	n/a	$535.21	$1,038.28	$748.17	$1,251.21	$752.18	n/a	n/a	n/a	n/a	n/a
	Plan 225	1,513	n/a	$538.27	$1,001.48	$709.04	$1,358.58	$743.63	n/a	n/a	n/a	n/a	n/a
	Plan 227	172	n/a	$489.54	$920.35	$704.96	$1,356.04	$764.80	n/a	n/a	n/a	n/a	n/a
	Plan 236	86	n/a	$609.10	$1,187.75	$852.75	$1,425.30	$805.72	n/a	n/a	n/a	n/a	n/a
	Plan 237	69	n/a	$563.82	$1,099.49	$789.35	$1,319.35	$759.85	n/a	n/a	n/a	n/a	n/a
	Plan 238	192	n/a	$692.84	$1,351.04	$969.98	$1,621.25	$890.52	n/a	n/a	n/a	n/a	n/a
	Plan 246	305	n/a	$591.64	$1,147.77	$828.29	$1,384.43	$861.31	n/a	n/a	n/a	n/a	n/a
	Plan 247	103	n/a	$1,129.41	$1,129.41	$1,129.41	$1,129.41	$1,129.41	n/a	n/a	n/a	n/a	n/a
	Plan 248	4	n/a	$746.39	$1,433.44	$1,026.71	$1,713.77	$746.39	n/a	n/a	n/a	n/a	n/a
	Plan 251	11	n/a	$746.39	$1,433.44	$1,026.71	$1,713.77	$746.39	n/a	n/a	n/a	n/a	n/a
	Plan 252	12	n/a	$746.39	$1,433.44	$1,026.71	$1,713.77	$897.08	n/a	n/a	n/a	n/a	n/a
	Plan 254	8	n/a	$746.39	$1,433.44	$1,026.71	$1,713.77	$902.35	n/a	n/a	n/a	n/a	n/a
	Plan 255	1	n/a	$746.39	$1,433.44	$1,026.71	$1,713.77	$746.39	n/a	n/a	n/a	n/a	n/a
	Plan 256	1	n/a	$610.52	$1,184.41	$854.73	$1,428.61	$854.73	n/a	n/a	n/a	n/a	n/a
	Plan 257	2	n/a	$719.19	$1,395.21	$1,006.86	$1,682.89	$719.19	n/a	n/a	n/a	n/a	n/a
	Plan 258	10	n/a	$534.70	$1,037.32	$748.58	$1,251.20	$620.25	n/a	n/a	n/a	n/a	n/a
	Plan 259	43	n/a	$610.52	$1,184.41	$854.73	$1,428.61	$688.33	n/a	n/a	n/a	n/a	n/a
	Plan 260	32	n/a	$719.19	$1,395.21	$1,006.86	$1,682.89	$833.36	n/a	n/a	n/a	n/a	n/a
	Plan 261	238	n/a	$696.94	$1,352.05	$975.71	$1,630.83	$877.56	n/a	n/a	n/a	n/a	n/a
	Plan 262	47	n/a	$1,330.10	$1,330.10	$1,330.10	$1,330.10	$1,330.10	n/a	n/a	n/a	n/a	n/a
	Plan 265	135	n/a	$837.30	$1,294.84	$1,115.31	$1,577.29	$1,042.14	n/a	n/a	n/a	n/a	n/a
	Plan 268	7	n/a	$448.95	$875.46	$628.53	$1,050.55	$732.43	n/a	n/a	n/a	n/a	n/a
	Plan 270	57	n/a	$589.26	$1,172.65	$1,082.46	$1,532.06	$957.76	n/a	n/a	n/a	n/a	n/a
	Plan 271	255	n/a	$673.88	$1,341.04	$1,237.90	$1,752.07	$942.77	n/a	n/a	n/a	n/a	n/a
	Plan 272	82	n/a	$463.05	$921.50	$850.62	$1,230.87	$927.36	n/a	n/a	n/a	n/a	n/a

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K–12 School District Data Collection Project

Exhibit A14

Summary of Monthly Premium Rates with Composite Cost

For Plan Years Ending in 2012 and 2013

Plan Type	Health Plan	2012 Employees	2013 Employees	Premiums for the Plan Year-Ending in 2012					Premiums Rates for the Plan Year-Ending in 2013				
				EE	ES	EC	EF	Composite	EE	ES	EC	EF	Composite
	Plan 278	4,407	n/a	$419.37	$791.67	$949.37	$577.07	$659.50	n/a	n/a	n/a	n/a	n/a
		170	n/a	$464.12	$877.72	$1,052.77	$639.17	$713.90	n/a	n/a	n/a	n/a	n/a
		6	n/a	$686.57	$686.57	$686.57	$686.57	$686.57	n/a	n/a	n/a	n/a	n/a
	Plan 279	2,433	n/a	$419.37	$791.67	$949.37	$577.07	$665.59	n/a	n/a	n/a	n/a	n/a
		94	n/a	$464.12	$877.72	$1,052.77	$639.17	$742.71	n/a	n/a	n/a	n/a	n/a
		10	n/a	$686.57	$686.57	$686.57	$686.57	$686.57	n/a	n/a	n/a	n/a	n/a
	Plan 280	1,239	n/a	$419.37	$791.67	$949.37	$577.07	$663.41	n/a	n/a	n/a	n/a	n/a
		49	n/a	$464.12	$877.72	$1,052.77	$639.17	$723.54	n/a	n/a	n/a	n/a	n/a
		10	n/a	$686.57	$686.57	$686.57	$686.57	$686.57	n/a	n/a	n/a	n/a	n/a
	Plan 286	3	n/a	$477.39	$951.82	$847.80	$1,263.90	$1,159.87	n/a	n/a	n/a	n/a	n/a
	Plan 314	668	n/a	$885.59	$1,722.64	$1,412.88	$2,249.93	$1,221.10	n/a	n/a	n/a	n/a	n/a
	Plan 315	109	n/a	$783.87	$1,540.72	$1,128.38	$1,895.83	$917.91	n/a	n/a	n/a	n/a	n/a
		24	n/a	$846.58	$1,663.98	$1,218.65	$2,047.49	$1,148.43	n/a	n/a	n/a	n/a	n/a
	Plan 317	155	n/a	$727.96	$1,415.32	$1,160.92	$1,848.28	$1,071.44	n/a	n/a	n/a	n/a	n/a
	Plan 318	22	n/a	$795.34	$1,552.19	$1,139.85	$1,907.30	$795.34	n/a	n/a	n/a	n/a	n/a
	Plan 319	97	n/a	$699.36	$1,374.61	$1,006.72	$1,691.36	$849.73	n/a	n/a	n/a	n/a	n/a
		20	n/a	$755.31	$1,484.58	$1,087.26	$1,826.66	$914.49	n/a	n/a	n/a	n/a	n/a
	Plan 320	67	n/a	$633.54	$1,245.18	$911.91	$1,532.18	$898.74	n/a	n/a	n/a	n/a	n/a
		19	n/a	$684.22	$1,344.80	$984.86	$1,654.76	$731.69	n/a	n/a	n/a	n/a	n/a
	Plan 321	23	n/a	$710.83	$1,386.08	$1,018.19	$1,702.83	$863.50	n/a	n/a	n/a	n/a	n/a
	Plan 322	19	n/a	$645.01	$1,256.65	$923.38	$1,543.65	$794.41	n/a	n/a	n/a	n/a	n/a
	Plan 324	48	n/a	$663.61	$1,329.35	$979.41	$1,643.02	$826.44	n/a	n/a	n/a	n/a	n/a
	Plan 325	63	n/a	$436.23	$916.07	$567.08	$1,046.91	$704.87	n/a	n/a	n/a	n/a	n/a
	Plan 326	12	n/a	$866.86	$1,738.49	$1,274.09	$2,145.72	$1,007.37	n/a	n/a	n/a	n/a	n/a
	Plan 327	2	n/a	$615.17	$1,192.20	$859.40	$1,436.47	$859.40	n/a	n/a	n/a	n/a	n/a
	Plan 328	29	n/a	$683.35	$1,366.68	$1,007.89	$1,689.22	$796.37	n/a	n/a	n/a	n/a	n/a
	Plan 329	4	n/a	$913.61	$1,831.61	$1,342.59	$2,262.84	$913.61	n/a	n/a	n/a	n/a	n/a
	Plan 330	54	n/a	$769.86	$1,612.51	$1,212.86	$2,055.50	$810.88	n/a	n/a	n/a	n/a	n/a
	Plan 331	103	n/a	$680.38	$1,428.76	$884.46	$1,632.87	$917.50	n/a	n/a	n/a	n/a	n/a

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Exhibit A14

Summary of Monthly Premium Rates with Composite Cost

For Plan Years Ending in 2012 and 2013

Plan Type	Health Plan	2012 Employees	2013 Employees	Premiums for the Plan Year-Ending in 2012					Premiums Rates for the Plan Year-Ending in 2013				
				EE	ES	EC	EF	Composite	EE	ES	EC	EF	Composite
	Plan 332	25	n/a	$578.08	$1,214.01	$751.56	$1,387.45	$834.79	n/a	n/a	n/a	n/a	n/a
	Plan 333	191	n/a	$415.44	$829.75	$638.95	$1,053.28	$731.20	n/a	n/a	n/a	n/a	n/a
	Plan 334	12	n/a	$466.30	$979.21	$606.18	$1,119.11	$742.19	n/a	n/a	n/a	n/a	n/a
	Plan 335	39	n/a	$375.14	$787.77	$487.69	$900.33	$736.80	n/a	n/a	n/a	n/a	n/a
	Plan 336	94	n/a	$587.00	$1,174.00	$822.00	$1,409.00	$713.19	n/a	n/a	n/a	n/a	n/a
	Plan 337	32	n/a	$674.00	$1,348.00	$944.00	$1,618.00	$728.81	n/a	n/a	n/a	n/a	n/a
	Plan 338	28	n/a	$537.00	$1,074.00	$751.00	$1,288.00	$797.43	n/a	n/a	n/a	n/a	n/a
	Plan 339	39	n/a	$618.00	$1,236.00	$865.00	$1,483.00	$906.31	n/a	n/a	n/a	n/a	n/a
	Plan 340	44	n/a	$466.00	$933.00	$652.00	$1,119.00	$730.89	n/a	n/a	n/a	n/a	n/a
	Plan 341	3	n/a	$541.00	$1,082.00	$757.00	$1,298.00	$541.00	n/a	n/a	n/a	n/a	n/a
	Plan 342	14	n/a	$448.00	$896.00	$627.00	$1,075.00	$793.50	n/a	n/a	n/a	n/a	n/a
	Plan 343	3	n/a	$514.00	$1,028.00	$720.00	$1,234.00	$754.00	n/a	n/a	n/a	n/a	n/a
	Plan 344	675	n/a	$579.60	$1,123.59	$809.90	$1,353.89	$835.68	n/a	n/a	n/a	n/a	n/a
	Plan 345	182	n/a	$554.78	$1,075.45	$775.22	$1,295.89	$799.35	n/a	n/a	n/a	n/a	n/a
	Plan 346	35	n/a	$479.69	$955.92	$851.45	$1,269.35	$961.82	n/a	n/a	n/a	n/a	n/a
	Plan 347	881	n/a	$525.58	$1,051.16	$919.77	$1,445.35	$970.33	n/a	n/a	n/a	n/a	n/a
	Plan 348	10,398	n/a	$803.97	$1,528.97	$1,835.92	$1,110.92	$1,044.84	n/a	n/a	n/a	n/a	n/a
		849	n/a	$889.82	$1,657.77	$2,036.67	$1,231.27	$1,157.49	n/a	n/a	n/a	n/a	n/a
		47	n/a	$1,454.47	$1,454.47	$1,454.47	$1,454.47	$1,454.47	n/a	n/a	n/a	n/a	n/a
	Plan 349	15,970	n/a	$615.77	$1,163.97	$1,396.22	$848.02	$872.06	n/a	n/a	n/a	n/a	n/a
		3,014	n/a	$681.17	$1,290.52	$1,548.52	$939.17	$849.98	n/a	n/a	n/a	n/a	n/a
		2	n/a	$1,007.77	$1,007.77	$1,007.77	$1,007.77	$1,007.77	n/a	n/a	n/a	n/a	n/a
	Plan 350	9,789	n/a	$550.62	$1,041.27	$1,249.22	$758.57	$874.69	n/a	n/a	n/a	n/a	n/a
		1,016	n/a	$609.62	$1,154.52	$1,385.42	$840.52	$906.16	n/a	n/a	n/a	n/a	n/a
		31	n/a	$901.72	$901.72	$901.72	$901.72	$901.72	n/a	n/a	n/a	n/a	n/a
	Plan 351	13,093	n/a	$720.97	$1,430.52	$1,724.12	$1,014.57	$1,007.26	n/a	n/a	n/a	n/a	n/a
		483	n/a	$801.52	$1,588.97	$1,915.02	$1,127.57	$1,020.53	n/a	n/a	n/a	n/a	n/a
		334	n/a	$1,352.62	$1,352.62	$1,352.62	$1,352.62	$1,352.62	n/a	n/a	n/a	n/a	n/a
	Plan 352	7	n/a	$702.55	$1,336.43	$970.30	$1,604.18	$740.80	n/a	n/a	n/a	n/a	n/a

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Exhibit A14

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For Plan Years Ending in 2012 and 2013

Plan Type	Health Plan	2012 Employees	2013 Employees	Premiums for the Plan Year-Ending in 2012					Premiums Rates for the Plan Year-Ending in 2013				
				EE	ES	EC	EF	Composite	EE	ES	EC	EF	Composite
		4	n/a	$703.65	$1,338.75	$986.02	$1,621.12	$844.84	n/a	n/a	n/a	n/a	n/a
		71	n/a	$714.37	$1,387.44	$985.08	$1,658.15	$868.32	n/a	n/a	n/a	n/a	n/a
		3	n/a	$758.91	$1,443.88	$1,063.44	$1,748.41	$860.42	n/a	n/a	n/a	n/a	n/a
	Plan 354	45	n/a	$554.07	$1,095.79	$770.35	$1,312.07	$1,069.06	n/a	n/a	n/a	n/a	n/a
		5	n/a	$570.10	$1,084.47	$787.37	$1,301.74	$743.92	n/a	n/a	n/a	n/a	n/a
		5	n/a	$576.24	$1,096.34	$807.48	$1,327.58	$668.74	n/a	n/a	n/a	n/a	n/a
		23	n/a	$583.51	$1,133.28	$804.63	$1,354.40	$751.36	n/a	n/a	n/a	n/a	n/a
		4	n/a	$621.50	$1,182.44	$870.89	$1,431.83	$761.74	n/a	n/a	n/a	n/a	n/a
	Plan 355	3	n/a	$634.75	$1,207.46	$876.65	$1,449.36	$796.02	n/a	n/a	n/a	n/a	n/a
		12	n/a	$664.89	$1,291.37	$916.87	$1,543.35	$843.09	n/a	n/a	n/a	n/a	n/a
	Plan 356	8	n/a	$379.91	$751.35	$528.21	$899.65	$732.64	n/a	n/a	n/a	n/a	n/a
		2	n/a	$392.32	$746.29	$541.84	$895.81	$644.07	n/a	n/a	n/a	n/a	n/a
		3	n/a	$426.46	$828.26	$588.04	$989.84	$668.11	n/a	n/a	n/a	n/a	n/a
	Plan 357	222	n/a	$666.32	$1,275.77	$934.75	$1,544.20	$812.44	n/a	n/a	n/a	n/a	n/a
	Plan 358	100	n/a	$835.68	$1,602.49	$1,174.70	$1,941.51	$972.50	n/a	n/a	n/a	n/a	n/a
	Plan 359	1,490	n/a	$494.45	$949.15	$770.65	$1,225.35	$774.50	n/a	n/a	n/a	n/a	n/a
	Plan 360	216	n/a	$737.07	$1,413.26	$1,036.09	$1,712.28	$804.37	n/a	n/a	n/a	n/a	n/a
	Plan 361	23	n/a	$370.83	$711.86	$577.98	$919.01	$597.53	n/a	n/a	n/a	n/a	n/a
	Plan 362	55	n/a	$764.28	$1,487.55	$1,055.16	$1,778.43	$893.35	n/a	n/a	n/a	n/a	n/a
		22	n/a	$767.99	$1,488.67	$1,075.43	$1,796.11	$828.70	n/a	n/a	n/a	n/a	n/a
		280	n/a	$770.92	$1,500.59	$1,064.43	$1,794.10	$920.92	n/a	n/a	n/a	n/a	n/a
		200	n/a	$771.61	$1,498.93	$1,064.13	$1,791.45	$925.42	n/a	n/a	n/a	n/a	n/a
		411	n/a	$776.99	$1,518.21	$1,076.70	$1,817.92	$875.62	n/a	n/a	n/a	n/a	n/a
		46	n/a	$787.06	$1,528.99	$1,085.45	$1,827.38	$1,045.47	n/a	n/a	n/a	n/a	n/a
	Plan 363	15	n/a	$649.17	$1,260.85	$895.20	$1,506.88	$796.34	n/a	n/a	n/a	n/a	n/a
		29	n/a	$658.06	$1,300.50	$914.40	$1,556.84	$706.73	n/a	n/a	n/a	n/a	n/a
		32	n/a	$658.84	$1,279.67	$908.54	$1,529.37	$849.27	n/a	n/a	n/a	n/a	n/a
		34	n/a	$661.75	$1,282.70	$926.66	$1,547.61	$961.50	n/a	n/a	n/a	n/a	n/a
		89	n/a	$662.50	$1,289.58	$914.70	$1,541.78	$906.81	n/a	n/a	n/a	n/a	n/a

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A14

Summary of Monthly Premium Rates with Composite Cost

For Plan Years Ending in 2012 and 2013

Plan Type	Health Plan	2012 Employees	2013 Employees	Premiums for the Plan Year-Ending in 2012					Premiums Rates for the Plan Year-Ending in 2013				
				EE	ES	EC	EF	Composite	EE	ES	EC	EF	Composite
		20	n/a	$664.34	$1,290.32	$916.12	$1,542.10	$708.23	n/a	n/a	n/a	n/a	n/a
		4	n/a	$666.51	$1,317.62	$926.18	$1,577.29	$829.29	n/a	n/a	n/a	n/a	n/a
		159	n/a	$670.83	$1,305.91	$926.26	$1,561.34	$796.70	n/a	n/a	n/a	n/a	n/a
		107	n/a	$670.85	$1,325.95	$935.97	$1,591.07	$814.86	n/a	n/a	n/a	n/a	n/a
		9	n/a	$671.50	$1,304.42	$926.06	$1,558.98	$699.78	n/a	n/a	n/a	n/a	n/a
		77	n/a	$679.52	$1,320.01	$937.14	$1,577.63	$874.64	n/a	n/a	n/a	n/a	n/a
		289	n/a	$681.00	$1,355.00	$907.00	$1,581.00	$864.81	n/a	n/a	n/a	n/a	n/a
	Plan 364	31	n/a	$529.80	$1,029.16	$730.65	$1,230.01	$775.47	n/a	n/a	n/a	n/a	n/a
		66	n/a	$538.79	$1,049.22	$744.09	$1,254.52	$819.40	n/a	n/a	n/a	n/a	n/a
		1	n/a	$551.91	$1,072.14	$761.13	$1,281.36	$761.13	n/a	n/a	n/a	n/a	n/a
	Plan 365	18	n/a	$547.74	$1,063.84	$755.33	$1,271.43	$857.85	n/a	n/a	n/a	n/a	n/a
		21	n/a	$562.45	$1,090.26	$787.61	$1,315.42	$856.33	n/a	n/a	n/a	n/a	n/a
		3	n/a	$563.56	$1,113.74	$783.12	$1,333.30	$1,113.74	n/a	n/a	n/a	n/a	n/a
		143	n/a	$564.90	$1,100.17	$780.18	$1,315.45	$790.84	n/a	n/a	n/a	n/a	n/a
		99	n/a	$567.09	$1,108.08	$785.84	$1,326.83	$818.36	n/a	n/a	n/a	n/a	n/a
		18	n/a	$572.78	$1,112.47	$789.86	$1,329.55	$801.25	n/a	n/a	n/a	n/a	n/a
		40	n/a	$572.84	$1,112.79	$790.03	$1,329.98	$884.07	n/a	n/a	n/a	n/a	n/a
		18	n/a	$573.95	$1,114.76	$791.48	$1,332.29	$796.69	n/a	n/a	n/a	n/a	n/a
		80	n/a	$579.04	$1,127.58	$799.67	$1,348.21	$863.68	n/a	n/a	n/a	n/a	n/a
		2	n/a	$593.13	$1,152.22	$817.98	$1,377.07	$872.68	n/a	n/a	n/a	n/a	n/a
	Plan 366	8	n/a	$600.13	$1,163.31	$840.38	$1,403.56	$800.99	n/a	n/a	n/a	n/a	n/a
		53	n/a	$607.90	$1,201.37	$844.71	$1,438.18	$905.49	n/a	n/a	n/a	n/a	n/a
		70	n/a	$608.00	$1,210.00	$806.00	$1,408.00	$776.14	n/a	n/a	n/a	n/a	n/a
		36	n/a	$609.37	$1,183.56	$840.30	$1,414.49	$724.49	n/a	n/a	n/a	n/a	n/a
		106	n/a	$609.83	$1,191.58	$845.05	$1,426.80	$725.68	n/a	n/a	n/a	n/a	n/a
		20	n/a	$609.85	$1,184.51	$840.99	$1,415.65	$880.64	n/a	n/a	n/a	n/a	n/a
		3	n/a	$610.30	$1,185.55	$841.66	$1,416.91	$956.29	n/a	n/a	n/a	n/a	n/a
		7	n/a	$612.16	$1,186.63	$857.25	$1,431.72	$729.24	n/a	n/a	n/a	n/a	n/a
		10	n/a	$614.76	$1,214.95	$854.24	$1,454.43	$998.52	n/a	n/a	n/a	n/a	n/a

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A14

Summary of Monthly Premium Rates with Composite Cost

For Plan Years Ending in 2012 and 2013

Plan Type	Health Plan	2012 Employees	2013 Employees	Premiums for the Plan Year-Ending in 2012					Premiums Rates for the Plan Year-Ending in 2013				
				EE	ES	EC	EF	Composite	EE	ES	EC	EF	Composite
		26	n/a	$615.62	$1,216.79	$858.91	$1,460.08	$750.49	n/a	n/a	n/a	n/a	n/a
		58	n/a	$620.52	$1,208.37	$856.97	$1,444.82	$864.33	n/a	n/a	n/a	n/a	n/a
		48	n/a	$623.15	$1,210.51	$857.96	$1,445.32	$818.89	n/a	n/a	n/a	n/a	n/a
		15	n/a	$635.62	$1,234.77	$876.58	$1,475.73	$915.66	n/a	n/a	n/a	n/a	n/a
	Plan 367	127	n/a	$673.28	$1,330.58	$935.55	$1,592.85	$844.97	n/a	n/a	n/a	n/a	n/a
		11	n/a	$680.37	$1,321.46	$938.22	$1,579.31	$774.13	n/a	n/a	n/a	n/a	n/a
		1	n/a	$691.21	$1,342.51	$953.16	$1,604.46	$953.16	n/a	n/a	n/a	n/a	n/a
		38	n/a	$696.52	$1,355.78	$961.70	$1,620.96	$773.09	n/a	n/a	n/a	n/a	n/a
		3	n/a	$698.69	$1,354.34	$978.37	$1,634.02	$698.69	n/a	n/a	n/a	n/a	n/a
		11	n/a	$700.25	$1,383.85	$973.02	$1,656.62	$849.34	n/a	n/a	n/a	n/a	n/a
		28	n/a	$700.88	$1,364.14	$967.64	$1,630.90	$814.95	n/a	n/a	n/a	n/a	n/a
		41	n/a	$711.43	$1,389.42	$985.50	$1,663.49	$821.20	n/a	n/a	n/a	n/a	n/a
		17	n/a	$711.98	$1,407.05	$989.37	$1,684.44	$867.27	n/a	n/a	n/a	n/a	n/a
		2	n/a	$714.98	$1,388.88	$986.02	$1,659.92	$714.98	n/a	n/a	n/a	n/a	n/a
		12	n/a	$723.01	$1,404.48	$997.10	$1,678.57	$825.48	n/a	n/a	n/a	n/a	n/a
		23	n/a	$736.00	$1,465.00	$979.00	$1,708.00	$852.22	n/a	n/a	n/a	n/a	n/a
		3	n/a	$750.00	$1,456.95	$1,034.34	$1,741.29	$750.00	n/a	n/a	n/a	n/a	n/a
	Plan 368	16	n/a	$382.94	$743.77	$528.07	$888.90	$563.60	n/a	n/a	n/a	n/a	n/a
		24	n/a	$406.62	$789.78	$560.73	$943.89	$678.55	n/a	n/a	n/a	n/a	n/a
		5	n/a	$412.89	$800.32	$578.17	$965.60	$589.54	n/a	n/a	n/a	n/a	n/a
		3	n/a	$414.03	$804.27	$570.99	$961.23	$518.67	n/a	n/a	n/a	n/a	n/a
		66	n/a	$414.83	$805.85	$572.08	$963.10	$655.86	n/a	n/a	n/a	n/a	n/a
		18	n/a	$421.31	$818.30	$580.99	$977.98	$650.98	n/a	n/a	n/a	n/a	n/a
		1	n/a	$425.35	$840.59	$591.07	$1,006.31	$840.59	n/a	n/a	n/a	n/a	n/a
		117	n/a	$426.74	$831.01	$589.34	$993.61	$679.47	n/a	n/a	n/a	n/a	n/a
		2	n/a	$437.13	$849.17	$602.84	$1,014.88	$643.15	n/a	n/a	n/a	n/a	n/a
		33	n/a	$445.16	$866.42	$614.59	$1,035.85	$667.73	n/a	n/a	n/a	n/a	n/a
	Plan 369	11	n/a	$354.40	$688.43	$488.78	$822.81	$585.46	n/a	n/a	n/a	n/a	n/a
	Plan 371	913	n/a	$691.33	$1,214.01	$1,069.95	$1,620.15	$793.91	n/a	n/a	n/a	n/a	n/a

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A14

Summary of Monthly Premium Rates with Composite Cost

For Plan Years Ending in 2012 and 2013

Plan Type	Health Plan	2012 Employees	2013 Employees	Premiums for the Plan Year-Ending in 2012					Premiums Rates for the Plan Year-Ending in 2013				
				EE	ES	EC	EF	Composite	EE	ES	EC	EF	Composite
	Plan 372	661	n/a	$401.89	$838.68	$719.45	$1,211.74	$803.44	n/a	n/a	n/a	n/a	n/a
	Plan 373	119	n/a	$326.22	$697.04	$660.44	$1,033.85	$799.77	n/a	n/a	n/a	n/a	n/a
	Plan 375	151	n/a	$666.69	$948.94	$780.61	$1,062.86	$959.72	n/a	n/a	n/a	n/a	n/a
	Plan 376	741	n/a	$666.69	$1,399.58	$950.07	$1,682.96	$835.80	n/a	n/a	n/a	n/a	n/a
	Plan 377	392	n/a	$666.69	$1,134.50	$850.39	$1,318.20	$900.93	n/a	n/a	n/a	n/a	n/a
	Plan 378	388	n/a	$799.89	$1,497.06	$1,091.65	$1,788.82	$895.78	n/a	n/a	n/a	n/a	n/a
	Plan 379	34	n/a	$368.73	$705.21	$584.87	$921.35	$553.88	n/a	n/a	n/a	n/a	n/a
	Plan 380	191	n/a	$655.28	$1,226.05	$1,016.24	$1,587.01	$773.63	n/a	n/a	n/a	n/a	n/a
	Plan 381	368	n/a	$621.69	$1,165.04	$968.05	$1,511.40	$740.97	n/a	n/a	n/a	n/a	n/a
	Plan 382	142	n/a	$517.77	$972.40	$806.54	$1,261.17	$694.60	n/a	n/a	n/a	n/a	n/a
	Plan 383	53	n/a	$668.55	$1,262.00	$1,268.36	$1,861.81	$758.61	n/a	n/a	n/a	n/a	n/a
	Plan 384	610	n/a	$651.15	$1,227.20	$1,228.70	$1,804.75	$852.64	n/a	n/a	n/a	n/a	n/a
	Plan 385	34	n/a	$694.10	$1,308.70	$1,314.61	$1,929.21	$748.50	n/a	n/a	n/a	n/a	n/a
	Plan 386	446	n/a	$676.70	$1,273.90	$1,274.95	$1,872.15	$891.18	n/a	n/a	n/a	n/a	n/a
	Plan 387	8	n/a	$580.80	$1,096.10	$1,102.26	$1,617.56	$710.40	n/a	n/a	n/a	n/a	n/a
	Plan 388	115	n/a	$563.40	$1,061.30	$1,062.60	$1,560.50	$810.55	n/a	n/a	n/a	n/a	n/a
	Plan 389	600	n/a	$746.56	$1,480.81	$1,056.49	$1,790.74	$925.80	n/a	n/a	n/a	n/a	n/a
	Plan 390	169	n/a	$678.90	$1,319.65	$949.35	$1,590.10	$905.43	n/a	n/a	n/a	n/a	n/a
	Plan 402	8	n/a	$363.64	$695.48	$576.80	$908.64	$621.31	n/a	n/a	n/a	n/a	n/a
	Plan 404	56	n/a	$368.73	$705.21	$584.87	$921.35	$601.27	n/a	n/a	n/a	n/a	n/a
Low		**1**	**n/a**	**$326.22**	**$486.40**	**$469.15**	**$486.40**	**$427.52**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
High		**15,970**	**n/a**	**$1,454.47**	**$2,274.42**	**$2,036.67**	**$3,636.52**	**$1,454.47**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
Total/Average		**104,613**	**n/a**	**$657.03**	**$1,135.87**	**$1,193.36**	**$1,034.62**	**$878.55**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A15

Summary of Total Monthly Premium Rates by District with Composite Cost By District

Snapshot as of October 1, 2012 — Reporting Districts Only

District	Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM					Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite	
Aberdeen School District	399	244	30	95	30	$643.79	$1,041.42	$804.20	$1,212.74	$754.66	$301,108
Adna School District	32	10	2	9	11	$614.76	$773.15	$857.67	$1,297.47	$927.66	$29,685
Almira School District	17	3	6	3	5	$882.00	$974.00	$944.00	$975.20	$952.82	$16,198
Anacortes School District	250	124	76	47	3	$651.97	$1,172.26	$806.90	$1,104.57	$844.70	$211,174
Arlington School District	475	208	65	121	81	$704.78	$1,013.89	$865.75	$1,070.80	$850.50	$403,986
Asotin-Anatone School District	59	59	0	0	0	$800.95	$0.00	$0.00	$0.00	$800.95	$47,256
Auburn School District	1,437	801	134	345	157	$660.43	$1,118.78	$846.26	$1,338.76	$821.90	$1,181,066
Bainbridge Island School District	380	189	30	102	59	$707.10	$1,267.80	$885.32	$1,350.29	$899.07	$341,646
Battle Ground School District	1,156	541	314	301	0	$662.20	$1,288.68	$867.21	$0.00	$885.75	$1,023,922
Bellevue School District	1,988	976	215	508	289	$641.68	$1,044.92	$814.49	$1,222.80	$813.93	$1,618,086
Bellingham School District	1,105	553	139	277	136	$660.99	$1,042.31	$874.18	$1,283.23	$838.98	$927,077
Benge School District	4	1	3	0	0	$664.10	$1,300.00	$0.00	$0.00	$1,141.03	$4,564
Bethel School District	1,522	882	149	351	140	$666.81	$1,157.10	$878.80	$1,362.91	$827.73	$1,259,799
Bickleton School District	13	0	6	0	7	$0.00	$1,485.52	$0.00	$1,726.30	$1,615.17	$20,997
Blaine School District	225	104	30	55	36	$691.74	$1,064.93	$910.86	$1,359.28	$901.87	$202,921
Boistfort School District	14	9	4	1	0	$538.90	$1,219.25	$889.70	$0.00	$758.34	$10,617
Bremerton School District	521	307	62	113	39	$647.80	$1,237.21	$935.99	$1,398.42	$836.63	$435,886
Brewster School District	111	70	9	24	8	$617.76	$1,167.67	$839.36	$1,107.71	$745.58	$82,759
Bridgeport School District	95	54	8	22	11	$638.71	$827.79	$815.15	$1,065.03	$744.86	$70,761
Brinnon School District	11	7	3	0	1	$543.32	$1,070.55	$0.00	$926.10	$721.91	$7,941
Burlington-Edison School District	410	191	42	114	63	$642.04	$1,093.90	$822.76	$1,244.26	$831.11	$340,756
Camas School District	585	224	76	167	118	$638.31	$1,162.74	$803.77	$1,343.05	$895.83	$524,059
Cape Flattery School District	88	61	8	19	0	$693.83	$1,108.58	$919.12	$0.00	$780.18	$68,656
Carbonado School District	21	13	1	6	1	$710.68	$1,219.25	$810.42	$1,308.15	$791.85	$16,629
Cascade School District	133	65	17	36	15	$575.37	$890.79	$796.75	$1,130.04	$738.16	$98,176
Cashmere School District	126	30	27	20	49	$863.11	$901.41	$864.75	$939.67	$901.35	$113,570
Castle Rock School District	148	80	13	46	9	$665.63	$1,226.67	$881.66	$1,208.62	$815.07	$120,631
Centerville School District	10	1	6	3	0	$673.88	$1,391.65	$1,237.90	$0.00	$1,273.75	$12,737
Central Kitsap School District	1,098	576	269	253	0	$621.22	$1,184.52	$773.31	$0.00	$794.26	$872,103
Central Valley School District	1,305	679	112	391	123	$683.00	$1,140.54	$874.37	$1,327.09	$840.31	$1,096,610
Centralia School District	374	209	30	90	45	$668.82	$969.30	$812.71	$1,175.18	$788.48	$294,890

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A15

Summary of Total Monthly Premium Rates by District with Composite Cost By District

Snapshot as of October 1, 2012 — Reporting Districts Only

District	Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM					Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite	
Chehalis School District	294	153	29	85	27	$645.24	$1,150.01	$803.35	$1,160.11	$788.03	$231,680
Cheney School District	440	251	29	112	48	$681.09	$1,131.01	$844.99	$1,296.28	$819.58	$360,613
Chewelah School District	96	49	12	25	10	$594.20	$974.87	$812.85	$1,044.97	$745.68	$71,585
Chimacum School District	111	55	25	31	0	$677.41	$1,165.44	$844.78	$0.00	$834.07	$92,582
Clarkston School District	307	149	25	90	43	$666.50	$1,001.74	$809.23	$999.06	$782.23	$240,143
Cle Elum-Roslyn School District	95	38	13	26	18	$638.42	$1,169.14	$820.53	$1,405.10	$906.15	$86,085
Clover Park School District	1,269	763	101	315	90	$713.22	$1,237.02	$935.37	$1,336.61	$854.27	$1,084,068
Colfax School District	64	32	18	14	0	$692.32	$1,297.64	$909.83	$0.00	$910.15	$58,249
College Place School District	99	47	27	25	0	$631.26	$1,073.96	$742.95	$0.00	$780.20	$77,240
Colton School District	25	15	5	5	0	$615.18	$1,062.12	$711.76	$0.00	$723.88	$18,097
Columbia (Stevens) School District	30	7	15	2	6	$688.61	$1,077.01	$727.35	$1,241.70	$996.01	$29,880
Columbia (Walla Walla) School District	96	48	10	22	16	$664.49	$856.25	$865.48	$1,077.19	$799.31	$76,733
Colville School District	190	110	10	49	21	$664.07	$1,104.43	$774.30	$1,170.03	$771.60	$146,604
Concrete School District	65	41	7	11	6	$702.88	$1,077.13	$888.77	$1,354.67	$834.81	$54,262
Conway School District	45	27	10	7	1	$656.82	$1,056.44	$723.89	$926.10	$762.04	$34,292
Cosmopolis School District	17	10	1	4	2	$640.15	$1,219.25	$794.30	$926.10	$744.13	$12,650
Coulee-Hartline School District	33	10	10	2	11	$854.27	$964.80	$944.00	$1,036.00	$953.78	$31,475
Coupeville School District	87	46	15	14	12	$700.52	$1,120.13	$814.40	$1,167.28	$855.57	$74,435
Crescent School District	39	24	4	9	2	$645.96	$868.17	$752.89	$1,152.74	$719.42	$28,057
Creston School District	27	17	1	7	2	$676.40	$773.15	$863.04	$1,364.80	$779.37	$21,043
Curlew School District	29	14	7	3	5	$629.31	$967.90	$719.27	$1,376.86	$849.23	$24,628
Cusick School District	45	20	17	8	0	$750.41	$994.36	$736.05	$0.00	$840.02	$37,801
Damman School District	0	0	0	0	0	$0.00	$0.00	$0.00	$0.00	$0.00	$0
Darrington School District	50	11	15	12	12	$893.09	$931.88	$958.98	$1,011.05	$948.85	$47,443
Davenport School District	63	17	9	25	12	$712.96	$1,122.56	$854.79	$1,257.08	$931.40	$58,678
Dayton School District	58	24	18	16	0	$542.13	$1,066.90	$856.71	$0.00	$791.77	$45,923
Deer Park School District	234	124	17	68	25	$652.18	$890.22	$872.79	$1,069.23	$778.14	$182,084
Dieringer School District	139	70	20	36	13	$658.78	$936.11	$734.66	$996.67	$749.94	$104,242
Dixie School District	8	5	0	3	0	$688.63	$0.00	$913.88	$0.00	$773.10	$6,185
East Valley School District (Spokane)	486	276	57	106	47	$673.19	$1,071.33	$885.90	$1,083.16	$805.93	$391,681
East Valley School District (Yakima)	285	138	34	82	31	$663.85	$1,192.61	$831.66	$1,386.69	$853.84	$243,344

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A15

Summary of Total Monthly Premium Rates by District with Composite Cost By District

Snapshot as of October 1, 2012 — Reporting Districts Only

District	Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM					Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite	
Eastmont School District	564	469	32	44	19	$755.99	$867.69	$809.61	$1,147.43	$779.70	$439,751
Easton School District	19	8	5	2	4	$877.63	$959.60	$935.00	$1,033.50	$938.05	$17,823
Eatonville School District	195	104	22	47	22	$630.71	$1,134.50	$824.78	$1,253.08	$804.54	$156,886
Edmonds School District	1,942	1,124	165	434	219	$697.47	$1,085.49	$833.88	$1,268.14	$825.28	$1,602,685
Ellensburg School District	325	163	36	90	36	$646.43	$1,054.16	$836.75	$1,177.79	$803.16	$261,026
Elma School District	184	109	17	39	19	$654.50	$1,009.73	$871.11	$1,113.27	$780.60	$143,631
Endicott School District	21	10	2	4	5	$712.68	$873.58	$762.75	$969.60	$798.71	$16,773
Entiat School District	43	12	17	14	0	$656.90	$915.65	$859.92	$0.00	$825.30	$35,488
Enumclaw School District	400	237	32	83	48	$650.57	$1,198.70	$888.99	$1,357.17	$828.69	$331,475
Ephrata School District	235	119	23	63	30	$671.43	$988.51	$762.44	$1,170.91	$790.62	$185,797
Evaline School District	6	3	1	2	0	$561.03	$773.15	$680.70	$0.00	$636.28	$3,818
Everett School District	1,597	608	293	279	417	$684.62	$1,343.63	$1,027.62	$1,568.40	$1,096.22	$1,750,660
Evergreen School District (Clark)	2,458	1,323	272	602	261	$643.25	$1,051.32	$903.86	$1,508.75	$844.14	$2,074,887
Evergreen School District (Stevens)	5	3	2	0	0	$481.20	$598.88	$0.00	$0.00	$528.27	$2,641
Federal Way School District	2,177	1,411	138	497	131	$677.62	$1,220.87	$912.02	$1,370.80	$807.28	$1,757,446
Ferndale School District	503	276	56	106	65	$607.26	$986.60	$768.59	$1,263.83	$768.34	$386,474
Fife School District	328	193	30	78	27	$747.29	$1,209.79	$829.03	$1,356.25	$859.16	$281,804
Finley School District	98	55	17	26	0	$681.76	$1,123.92	$868.84	$0.00	$808.09	$79,193
Franklin Pierce School District	810	499	73	162	76	$617.61	$957.53	$764.27	$1,084.17	$721.35	$584,294
Freeman School District	95	44	9	32	10	$645.03	$938.05	$821.42	$1,152.85	$785.66	$74,638
Garfield School District	25	12	3	6	4	$598.13	$1,233.64	$679.99	$1,486.00	$836.10	$20,902
Glenwood School District	21	17	1	3	0	$646.53	$1,341.04	$927.90	$0.00	$719.80	$15,116
Goldendale School District	103	50	23	8	22	$641.78	$1,165.83	$1,121.65	$1,462.89	$971.45	$100,060
Grand Coulee Dam School District	98	52	9	27	10	$627.11	$1,203.02	$792.90	$1,078.92	$771.78	$75,635
Grandview School District	358	176	41	101	40	$673.33	$1,092.29	$849.60	$1,378.59	$849.84	$304,243
Granger School District	181	87	41	53	0	$838.78	$1,536.93	$1,025.31	$0.00	$1,051.54	$190,329
Granite Falls School District	178	85	25	43	25	$716.25	$1,259.95	$953.15	$1,323.30	$935.10	$166,448
Grapeview School District	22	11	3	4	4	$588.90	$985.22	$650.68	$1,193.80	$764.16	$16,811
Great Northern School District	4	4	0	0	0	$664.10	$0.00	$0.00	$0.00	$664.10	$2,656
Green Mountain School District	19	9	4	2	4	$640.70	$884.68	$620.25	$821.73	$728.02	$13,832
Griffin School District	70	33	8	17	12	$735.99	$1,242.43	$850.04	$1,128.84	$888.91	$62,224

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K–12 School District Data Collection Project

Exhibit A15

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Snapshot as of October 1, 2012 — Reporting Districts Only

District	Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM					Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite	
Harrington School District	28	7	20	1	0	$838.39	$990.49	$944.00	$0.00	$950.80	$26,623
Highland School District	135	77	13	35	10	$651.03	$1,186.00	$834.11	$1,137.69	$786.06	$106,118
Highline School District	2,056	1,331	168	436	121	$682.27	$1,081.20	$875.06	$1,302.64	$792.26	$1,628,888
Hockinson School District	135	68	22	32	13	$711.01	$926.04	$1,058.30	$1,454.92	$900.01	$121,501
Hood Canal School District	39	25	8	6	0	$629.35	$980.20	$673.23	$0.00	$708.07	$27,615
Hoquiam School District	196	109	21	40	26	$645.93	$1,037.12	$834.70	$1,084.38	$784.53	$153,768
Inchelium School District	4	4	0	0	0	$664.10	$0.00	$0.00	$0.00	$664.10	$2,656
Index School District	5	4	0	1	0	$632.36	$0.00	$565.00	$0.00	$618.89	$3,094
Issaquah School District	1,716	1,055	135	364	162	$629.16	$1,059.26	$799.27	$1,207.66	$753.70	$1,293,341
Kahlotus School District	17	7	1	4	5	$659.82	$773.15	$889.70	$1,140.26	$861.88	$14,652
Kalama School District	67	29	23	15	0	$690.46	$1,249.33	$908.38	$0.00	$931.10	$62,384
Keller School District	11	9	1	1	0	$654.94	$1,364.90	$1,110.05	$0.00	$760.86	$8,369
Kelso School District	472	267	47	107	51	$668.14	$1,100.59	$868.29	$1,345.06	$829.72	$391,626
Kennewick School District	1,528	797	157	380	194	$648.06	$1,121.41	$821.42	$1,281.30	$820.21	$1,253,280
Kent School District	2,585	1,582	430	573	0	$669.22	$1,224.46	$902.66	$0.00	$813.33	$2,102,446
Kettle Falls School District	80	42	20	18	0	$654.13	$1,126.62	$830.23	$0.00	$811.87	$64,950
Kiona-Benton City School District	146	79	13	39	15	$716.73	$1,110.12	$880.19	$1,428.09	$868.51	$126,802
Kittitas School District	75	15	17	11	32	$800.00	$800.00	$800.00	$800.00	$800.00	$60,000
Klickitat School District	21	12	2	3	4	$604.49	$537.88	$565.85	$619.43	$595.47	$12,505
La Center School District	102	42	16	19	25	$644.86	$935.92	$861.88	$1,299.13	$891.30	$90,913
La Conner School District	92	44	7	25	16	$666.02	$1,113.22	$861.29	$1,105.29	$829.50	$76,314
LaCrosse School District	18	7	5	4	2	$566.00	$1,043.48	$789.62	$1,299.82	$829.86	$14,938
Lake Chelan School District	150	58	15	47	30	$628.91	$936.14	$789.98	$1,203.21	$824.96	$123,744
Lake Quinault School District	34	7	7	12	8	$624.31	$967.08	$781.68	$1,355.71	$922.52	$31,366
Lake Stevens School District	705	399	136	170	0	$705.04	$1,184.98	$889.08	$0.00	$842.01	$593,614
Lake Washington School District	2,353	1,355	212	512	274	$643.66	$1,122.75	$828.61	$1,290.49	$802.39	$1,888,023
Lakewood School District	221	138	20	43	20	$670.42	$1,050.88	$824.45	$1,370.35	$798.16	$176,394
Lamont School District	8	4	2	1	1	$731.09	$1,135.20	$1,063.40	$926.10	$898.03	$7,184
Liberty School District	65	33	6	18	8	$635.12	$884.39	$886.39	$1,388.70	$820.46	$53,330
Lind School District	36	17	4	11	4	$701.40	$1,224.75	$845.28	$1,374.81	$878.34	$31,620
Longview School District	682	385	61	184	52	$677.69	$1,158.58	$848.54	$1,213.96	$807.68	$550,840

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

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Snapshot as of October 1, 2012 — Reporting Districts Only

District	Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM					Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite	
Loon Lake School District	19	9	0	9	1	$697.19	$0.00	$640.91	$1,308.15	$702.69	$13,351
Lopez School District	40	18	8	12	2	$483.57	$1,286.76	$927.43	$1,461.50	$826.26	$33,050
Lyle School District	28	18	8	1	1	$635.83	$1,211.32	$1,237.90	$1,752.07	$861.62	$24,125
Lynden School District	299	154	31	78	36	$569.34	$884.95	$793.37	$1,141.17	$729.36	$218,078
Mabton School District	100	25	17	48	10	$771.11	$1,070.92	$989.52	$1,466.14	$996.42	$99,642
Mansfield School District	22	6	5	2	9	$882.00	$974.00	$944.00	$1,036.00	$971.55	$21,374
Manson School District	90	43	12	24	11	$602.70	$950.38	$818.96	$1,294.45	$791.27	$71,215
Mary M Knight School District	26	12	3	6	5	$646.60	$921.85	$922.43	$1,499.23	$905.98	$23,555
Mary Walker School District	77	35	13	17	12	$625.24	$941.53	$877.61	$997.53	$792.38	$61,013
Marysville School District	1,043	558	93	301	91	$684.71	$1,056.83	$908.56	$1,290.23	$835.32	$871,242
McCleary School District	38	26	3	9	0	$641.19	$1,120.55	$720.57	$0.00	$697.83	$26,518
Mead School District	924	458	99	249	118	$663.66	$1,092.06	$863.89	$1,268.55	$840.76	$776,866
Medical Lake School District	183	94	22	48	19	$698.51	$1,097.58	$932.94	$1,322.54	$872.76	$159,716
Mercer Island School District	396	216	39	84	57	$636.99	$1,146.13	$823.10	$1,253.05	$815.29	$322,854
Meridian School District	168	91	24	31	22	$613.00	$1,073.45	$907.76	$1,260.45	$817.95	$137,416
Methow Valley School District	68	26	15	14	13	$609.33	$762.48	$703.63	$829.14	$704.55	$47,910
Mill A School District	8	0	2	2	4	$0.00	$1,341.04	$966.54	$1,368.72	$1,261.25	$10,090
Monroe School District	557	310	54	124	69	$677.56	$934.00	$818.62	$1,061.42	$781.38	$435,226
Montesano School District	131	63	11	40	17	$631.02	$1,074.31	$750.49	$1,305.20	$792.21	$103,780
Morton School District	40	20	4	13	3	$685.77	$1,256.75	$882.97	$1,104.57	$838.37	$33,535
Moses Lake School District	818	431	86	240	61	$688.54	$1,104.24	$877.13	$1,340.08	$836.16	$683,981
Mossyrock School District	65	34	16	15	0	$622.16	$967.44	$776.76	$0.00	$742.83	$48,284
Mount Adams School District	133	70	16	36	11	$650.12	$1,088.46	$863.87	$1,239.92	$809.49	$107,663
Mount Baker School District	226	68	30	18	110	$569.64	$1,002.49	$635.62	$856.89	$772.17	$174,510
Mount Pleasant School District	3	2	1	0	0	$806.15	$1,482.28	$0.00	$0.00	$1,031.53	$3,095
Mount Vernon School District	731	393	75	185	78	$623.04	$1,052.99	$809.59	$1,251.71	$781.44	$571,236
Mukilteo School District	1,382	804	127	328	123	$680.19	$1,202.86	$931.14	$1,347.68	$847.19	$1,170,816
Naches Valley School District	135	76	14	35	10	$713.53	$1,202.91	$911.15	$1,106.73	$844.64	$114,027
Napavine School District	77	43	8	21	5	$636.29	$904.63	$733.44	$884.35	$706.77	$54,421
Naselle-Grays River Valley School District	46	27	8	4	7	$727.80	$1,292.63	$856.47	$1,240.41	$915.22	$42,100
Nespelem School District	26	14	5	7	0	$685.13	$852.56	$915.91	$0.00	$779.46	$20,266

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A15

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Snapshot as of October 1, 2012 — Reporting Districts Only

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		EE	ES	EC	EF	EE	ES	EC	EF	Composite	
Newport School District	120	66	15	32	7	$627.75	$991.75	$793.12	$1,208.69	$751.23	$90,148
Nine Mile Falls School District	144	25	5	12	102	$611.03	$1,157.89	$868.21	$909.12	$862.59	$124,213
Nooksack Valley School District	199	93	20	48	38	$595.25	$1,071.69	$855.85	$1,294.44	$839.51	$167,062
North Beach School District	74	40	15	8	11	$618.01	$1,137.36	$888.09	$1,264.98	$848.65	$62,800
North Franklin School District	237	114	61	62	0	$651.83	$1,024.21	$805.15	$0.00	$787.78	$186,704
North Kitsap School District	629	354	59	154	62	$637.69	$1,051.50	$779.69	$1,192.61	$765.97	$481,796
North Mason School District	212	108	53	51	0	$721.84	$1,088.41	$954.04	$0.00	$869.34	$184,300
North River School District	19	16	2	1	0	$692.33	$849.63	$796.40	$0.00	$714.37	$13,573
North Thurston Public Schools	1,344	662	126	426	130	$653.19	$1,123.00	$820.62	$1,207.04	$803.87	$1,080,407
Northport School District	36	20	4	5	7	$675.18	$1,164.33	$936.09	$1,185.89	$865.07	$31,143
Northshore School District	1,890	1,020	238	371	261	$646.39	$957.46	$776.46	$1,261.22	$796.00	$1,504,439
Oak Harbor School District	477	252	58	100	67	$663.62	$1,093.11	$849.97	$1,134.04	$820.99	$391,611
Oakesdale School District	23	4	6	12	1	$646.68	$1,085.08	$838.48	$1,443.05	$895.74	$20,602
Oakville School District	0	0	0	0	0	$0.00	$0.00	$0.00	$0.00	$0.00	$0
Ocean Beach School District	114	73	9	25	7	$675.32	$1,087.22	$881.57	$1,319.29	$792.61	$90,357
Ocosta School District	87	48	6	26	7	$671.73	$1,176.58	$867.96	$1,395.78	$823.45	$71,640
Odessa School District	40	15	10	13	2	$657.53	$825.05	$782.33	$1,248.75	$769.53	$30,781
Okanogan School District	129	78	11	34	6	$630.63	$914.89	$788.59	$958.15	$711.73	$91,814
Olympia School District	876	514	80	197	85	$642.08	$1,071.42	$812.55	$1,126.22	$766.61	$671,546
Omak School District	105	105	0	0	0	$655.45	$0.00	$0.00	$0.00	$655.45	$68,823
Onalaska School District	94	39	16	24	15	$595.34	$887.23	$734.62	$1,104.56	$761.84	$71,613
Onion Creek School District	11	3	5	1	2	$882.00	$974.00	$944.00	$1,036.00	$957.45	$10,532
Orcas Island School District	81	32	16	17	16	$639.67	$1,030.71	$749.36	$1,241.53	$858.82	$69,565
Orchard Prairie School District	9	6	0	3	0	$663.35	$0.00	$1,005.52	$0.00	$777.41	$6,997
Orient School District	12	6	1	1	4	$779.56	$964.00	$935.00	$1,121.89	$921.99	$11,064
Orondo School District	34	19	6	8	1	$631.53	$1,144.90	$754.66	$1,461.50	$775.51	$26,367
Oroville School District	78	48	6	17	7	$665.65	$1,163.22	$830.88	$1,503.96	$815.17	$63,583
Orting School District	201	112	12	54	23	$660.30	$906.38	$861.11	$1,182.97	$788.75	$158,538
Othello School District	423	239	36	118	30	$622.37	$1,019.01	$771.32	$1,213.33	$739.59	$312,846
Palisades School District	7	0	3	1	3	$0.00	$1,024.00	$994.00	$1,086.00	$1,046.29	$7,324
Palouse School District	24	7	10	4	3	$614.31	$1,238.57	$921.60	$1,231.92	$1,002.83	$24,068

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Pasco School District	1,658	947	109	448	154	$653.74	$1,103.20	$834.97	$1,245.95	$787.27	$1,305,286
Pateros School District	38	25	4	6	3	$628.78	$852.68	$903.11	$1,175.33	$738.81	$28,075
Paterson School District	15	10	0	3	2	$540.42	$0.00	$827.50	$926.10	$649.26	$9,739
Pe Ell School District	42	28	4	5	5	$611.38	$996.20	$741.16	$1,240.06	$738.32	$31,009
Peninsula School District	807	488	72	157	90	$650.52	$1,180.41	$844.33	$1,407.48	$819.92	$661,675
Pioneer School District	87	56	8	14	9	$640.07	$1,050.25	$926.45	$1,333.31	$795.59	$69,216
Pomeroy School District	40	23	3	11	3	$752.51	$1,452.12	$1,018.52	$1,715.70	$950.37	$38,015
Port Angeles School District	389	200	48	92	49	$664.39	$1,054.63	$828.12	$1,141.11	$811.32	$315,602
Port Townsend School District	144	67	29	33	15	$620.55	$1,040.63	$844.62	$1,183.33	$815.12	$117,377
Prescott School District	33	30	3	0	0	$691.09	$813.09	$0.00	$0.00	$702.18	$23,172
Prosser School District	328	159	25	104	40	$655.79	$1,044.17	$869.17	$1,418.12	$846.02	$277,493
Pullman School District	248	145	17	65	21	$658.87	$947.90	$788.76	$1,035.00	$744.58	$184,655
Puyallup School District	1,701	995	162	294	250	$657.34	$1,145.87	$970.08	$1,412.80	$868.95	$1,478,086
Queets-Clearwater School District	12	6	1	4	1	$651.93	$773.15	$565.00	$926.10	$655.90	$7,871
Quilcene School District	39	25	4	7	3	$654.84	$773.15	$808.41	$617.40	$691.66	$26,975
Quillayute Valley School District	160	100	16	28	16	$661.16	$1,095.61	$819.99	$1,301.10	$796.39	$127,423
Quincy School District	327	178	25	77	47	$668.93	$1,031.81	$826.64	$1,192.07	$809.00	$264,543
Rainier School District	79	40	14	19	6	$641.37	$1,274.19	$939.57	$1,258.64	$872.11	$68,897
Raymond School District	77	49	7	18	3	$651.55	$1,200.96	$871.73	$1,162.34	$772.87	$59,511
Reardan-Edwall School District	63	24	15	24	0	$569.84	$1,191.73	$701.84	$0.00	$768.19	$48,396
Renton School District	1,544	947	128	339	130	$642.96	$1,057.40	$836.61	$1,274.97	$773.05	$1,193,584
Republic School District	43	22	15	6	0	$601.47	$879.53	$765.92	$0.00	$721.41	$31,021
Richland School District	1,030	592	69	264	105	$660.27	$1,095.21	$849.73	$1,258.50	$798.95	$822,922
Ridgefield School District	138	49	26	42	21	$647.55	$985.97	$864.06	$1,220.74	$864.43	$119,292
Ritzville School District	49	0	18	11	20	$0.00	$955.67	$882.00	$977.00	$947.84	$46,444
Riverside School District	158	83	29	27	19	$719.00	$1,117.56	$880.84	$1,266.89	$885.70	$139,940
Riverview School District	293	165	36	63	29	$655.29	$1,112.96	$781.58	$1,238.63	$796.41	$233,349
Rochester School District	198	98	20	59	21	$658.47	$1,042.19	$783.88	$1,160.79	$787.88	$156,000
Roosevelt School District	6	6	0	0	0	$664.10	$0.00	$0.00	$0.00	$664.10	$3,985
Rosalia School District	36	18	8	7	3	$608.11	$1,081.71	$774.20	$1,356.49	$808.02	$29,089
Royal School District	188	32	36	104	16	$464.09	$951.71	$697.07	$1,372.94	$763.70	$143,575

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A15

Summary of Total Monthly Premium Rates by District with Composite Cost By District

Snapshot as of October 1, 2012 — Reporting Districts Only

District	Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM					Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite	
San Juan Island School District	99	48	14	14	23	$663.61	$930.84	$710.70	$951.72	$774.99	$76,724
Satsop School District	6	4	0	1	1	$604.23	$0.00	$889.70	$1,461.50	$794.68	$4,768
Seattle Public Schools	5,350	3,006	543	1,234	567	$649.64	$1,071.83	$823.24	$1,249.07	$796.06	$4,258,922
Sedro-Woolley School District	423	236	45	101	41	$671.74	$1,019.11	$806.13	$1,161.79	$788.28	$333,443
Selah School District	363	195	48	93	27	$629.20	$1,121.94	$829.72	$1,313.96	$796.66	$289,188
Selkirk School District	33	14	7	6	6	$616.52	$1,204.11	$864.53	$1,337.48	$917.33	$30,272
Sequim School District	289	142	36	78	33	$625.74	$924.32	$783.10	$1,069.15	$756.04	$218,494
Shaw Island School District	5	2	2	0	1	$600.63	$942.83	$0.00	$926.12	$802.61	$4,013
Shelton School District	505	311	59	97	38	$654.47	$1,070.24	$840.79	$1,221.56	$781.51	$394,661
Shoreline School District	899	488	90	200	121	$630.01	$1,033.86	$822.63	$1,144.73	$782.57	$703,529
Skamania School District	8	2	4	1	1	$643.44	$1,163.31	$1,082.46	$1,550.88	$1,071.68	$8,573
Skykomish School District	19	10	1	7	1	$650.16	$889.70	$778.47	$1,091.25	$733.26	$13,932
Snohomish School District	897	427	95	244	131	$664.56	$1,144.23	$885.99	$1,342.31	$874.57	$784,490
Snoqualmie Valley School District	497	287	37	110	63	$646.96	$1,162.13	$884.33	$1,417.67	$835.55	$415,267
Soap Lake School District	61	32	10	18	1	$668.50	$1,074.47	$745.93	$1,803.50	$776.51	$47,367
South Bend School District	89	48	13	20	8	$674.37	$1,054.16	$806.10	$1,206.09	$807.24	$71,844
South Kitsap School District	897	482	89	246	80	$748.66	$1,126.45	$887.99	$1,226.52	$866.98	$777,678
South Whidbey School District	157	79	22	34	22	$637.20	$1,098.52	$811.34	$1,325.42	$836.00	$131,251
Southside School District	20	9	1	7	3	$581.28	$1,219.25	$879.61	$1,053.45	$788.42	$15,768
Spokane School District	2,973	1,282	220	1,240	231	$742.34	$1,379.87	$1,138.26	$1,536.30	$1,016.34	$3,021,579
Sprague School District	21	8	5	4	4	$505.70	$1,104.43	$851.95	$1,193.80	$845.27	$17,751
St. John School District	25	8	6	4	7	$941.49	$960.33	$952.25	$985.86	$960.16	$24,004
Stanwood-Camano School District	445	214	115	116	0	$678.20	$1,057.73	$846.70	$0.00	$820.20	$364,991
Star School District	5	4	0	0	1	$659.97	$0.00	$0.00	$1,645.59	$857.09	$4,285
Starbuck School District	5	3	1	1	0	$664.10	$1,219.25	$926.10	$0.00	$827.53	$4,138
Stehekin School District	1	0	1	0	0	$0.00	$1,497.25	$0.00	$0.00	$1,497.25	$1,497
Steilacoom Hist. School District	241	138	26	57	20	$637.87	$1,058.52	$791.32	$1,204.24	$766.54	$184,737
Steptoe School District	8	2	2	0	4	$890.50	$942.00	$0.00	$1,132.97	$1,024.61	$8,197
Stevenson-Carson School District	62	26	14	3	19	$566.05	$989.97	$1,011.43	$1,382.54	$933.54	$57,879
Sultan School District	202	103	17	58	24	$669.71	$1,081.52	$861.16	$1,314.62	$835.96	$168,864
Summit Valley School District	11	6	1	4	0	$663.01	$1,188.59	$1,057.20	$0.00	$854.13	$9,395

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A15

Summary of Total Monthly Premium Rates by District with Composite Cost By District

Snapshot as of October 1, 2012 — Reporting Districts Only

District	Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM					Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite	
Sumner School District	836	455	66	233	82	$623.31	$928.85	$766.62	$1,116.07	$735.70	$615,048
Sunnyside School District	736	424	58	219	35	$655.30	$1,046.63	$798.17	$1,258.60	$757.34	$557,403
Tacoma School District	2,860	1,185	511	481	683	$642.14	$1,166.60	$865.20	$1,335.86	$939.03	$2,685,613
Taholah School District	38	21	5	9	3	$681.91	$1,274.82	$740.04	$1,410.38	$831.20	$31,586
Tahoma School District	701	390	47	199	65	$635.94	$1,114.04	$837.57	$1,055.23	$764.12	$535,645
Tekoa School District	26	9	6	5	6	$618.54	$913.41	$790.93	$1,408.69	$902.08	$23,454
Tenino School District	118	62	20	24	12	$651.38	$1,151.40	$821.92	$1,120.27	$818.50	$96,583
Thorp School District	22	9	5	8	0	$531.04	$1,094.25	$806.91	$0.00	$759.36	$16,706
Toledo School District	71	35	6	20	10	$612.26	$1,049.22	$798.55	$1,216.67	$786.79	$55,862
Tonasket School District	133	57	24	30	22	$660.95	$949.28	$808.26	$1,212.55	$837.45	$111,381
Toppenish School District	408	193	45	125	45	$663.05	$1,045.50	$833.55	$1,414.35	$840.33	$342,855
Touchet School District	31	18	1	8	4	$538.54	$615.14	$402.93	$61.38	$444.45	$13,778
Toutle Lake School District	70	37	8	14	11	$651.20	$1,008.20	$848.75	$936.03	$776.27	$54,339
Trout Lake School District	16	8	3	0	5	$673.88	$1,110.68	$0.00	$1,598.43	$1,044.70	$16,715
Tukwila School District	286	182	15	67	22	$658.87	$1,125.55	$892.39	$1,301.11	$787.46	$225,212
Tumwater School District	649	376	109	164	0	$690.97	$1,230.14	$873.50	$0.00	$827.65	$537,143
Union Gap School District	72	41	11	17	3	$646.22	$1,092.95	$799.63	$926.10	$762.36	$54,890
University Place School District	494	278	38	117	61	$624.42	$1,026.51	$793.86	$1,118.82	$756.53	$373,727
Valley School District	81	43	10	12	16	$646.26	$861.68	$753.15	$987.22	$756.04	$61,239
Vancouver School District	2,239	1,214	199	612	214	$666.89	$1,160.57	$869.67	$1,353.39	$831.81	$1,862,413
Vashon Island School District	146	89	14	28	15	$701.87	$1,145.17	$795.38	$1,355.50	$829.47	$121,102
Wahkiakum School District	47	11	17	16	3	$922.63	$1,083.46	$1,025.40	$1,105.00	$1,027.43	$48,289
Wahluke School District	250	135	36	45	34	$585.02	$1,072.39	$1,004.14	$1,206.46	$815.16	$203,790
Waitsburg School District	38	22	6	5	5	$628.81	$923.29	$776.75	$1,267.70	$778.84	$29,596
Walla Walla Public Schools	710	377	52	216	65	$642.19	$1,037.14	$873.71	$1,242.34	$796.49	$565,511
Wapato School District	373	174	42	127	30	$629.07	$970.27	$752.74	$1,297.64	$763.37	$284,736
Warden School District	131	28	37	34	32	$802.18	$953.03	$872.91	$1,022.00	$916.84	$120,106
Washougal School District	288	201	26	35	26	$651.28	$1,031.60	$910.22	$1,442.63	$788.53	$227,095
Washtucna School District	22	11	3	5	3	$692.35	$1,311.92	$741.16	$1,283.03	$868.48	$19,107
Waterville School District	41	14	9	14	4	$575.90	$711.02	$590.91	$779.73	$630.57	$25,853
Wellpinit School District	65	41	1	19	4	$584.80	$1,219.25	$755.95	$1,022.97	$671.56	$43,651

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A15

Summary of Total Monthly Premium Rates by District with Composite Cost By District

Snapshot as of October 1, 2012 — Reporting Districts Only

District	Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM					Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite	
Wenatchee School District	843	439	78	238	88	$636.10	$1,066.65	$801.81	$1,271.60	$789.06	$665,178
West Valley School District (Spokane)	409	86	63	164	96	$600.01	$1,064.98	$773.63	$1,457.03	$942.41	$385,446
West Valley School District (Yakima)	466	214	45	154	53	$678.86	$1,019.55	$850.85	$1,176.53	$825.20	$384,543
White Pass School District	56	37	5	10	4	$617.43	$927.49	$836.79	$1,413.15	$741.13	$41,503
White River School District	363	207	24	89	43	$673.05	$1,056.67	$860.39	$1,241.90	$811.73	$294,658
White Salmon Valley School District	117	64	22	10	21	$639.59	$1,203.66	$1,051.90	$1,459.59	$928.08	$108,585
Wilbur School District	40	20	7	8	5	$773.13	$1,060.82	$771.58	$1,090.43	$862.83	$34,513
Willapa Valley School District	42	28	1	8	5	$624.57	$693.14	$636.70	$1,099.62	$685.07	$28,773
Wilson Creek School District	32	19	6	6	1	$534.65	$779.09	$647.19	$1,063.40	$618.11	$19,779
Winlock School District	78	42	11	17	8	$606.82	$1,047.40	$841.15	$1,198.21	$780.68	$60,893
Wishkah Valley School District	23	15	2	4	2	$585.72	$972.06	$634.14	$943.41	$658.84	$15,153
Wishram School District	20	9	3	0	8	$617.95	$917.95	$0.00	$888.46	$771.16	$15,423
Woodland School District	243	134	21	67	21	$660.58	$1,151.74	$852.19	$1,353.11	$815.71	$198,217
Yakima School District	1,711	842	170	537	162	$755.56	$1,197.92	$989.75	$1,441.71	$937.98	$1,604,886
Yelm School District	518	283	60	127	48	$678.48	$1,151.37	$902.60	$1,350.76	$850.50	$440,558
Zillah School District	139	73	8	45	13	$599.11	$816.55	$720.72	$894.77	$678.65	$94,332
Total/Average	**103,116**	**55,313**	**11,605**	**25,260**	**10,938**	**$663.06**	**$1,113.68**	**$865.89**	**$1,278.10**	**$828.70**	**$85,452,182**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A16

Summary of Monthly Payroll Rates by District with Composite Cost By District

Snapshot as of October 1, 2012 — Reporting Districts Only

District	Employees	Enrollment by District				Average Plan Year-End Payroll Rates PEPM				
		EE	ES	EC	EF	EE	ES	EC	EF	Composite
Aberdeen School District	399	244	30	95	30	$17.04	$290.33	$108.72	$401.13	$88.30
Adna School District	32	10	2	9	11	$51.47	$150.42	$237.92	$434.36	$241.71
Almira School District	17	3	6	3	5	$155.73	$206.00	$117.33	$246.06	$193.26
Anacortes School District	250	124	76	47	3	$27.41	$449.79	$154.42	$356.19	$183.64
Arlington School District	475	208	65	121	81	$53.82	$309.06	$184.23	$352.42	$172.89
Asotin-Anatone School District	59	59	0	0	0	$60.56	$0.00	$0.00	$0.00	$60.56
Auburn School District	1,437	801	134	345	157	$76.59	$509.11	$255.82	$721.93	$230.46
Bainbridge Island School District	380	189	30	102	59	$98.60	$613.36	$259.04	$705.37	$276.51
Battle Ground School District	1,156	541	314	301	0	$28.28	$534.26	$186.12	$0.00	$206.82
Bellevue School District	1,988	976	215	508	289	$45.36	$309.76	$137.54	$462.68	$158.18
Bellingham School District	1,105	553	139	277	136	$42.48	$317.47	$177.28	$580.81	$177.12
Benge School District	4	1	3	0	0	$17.30	$653.20	$0.00	$0.00	$494.23
Bethel School District	1,522	882	149	351	140	$60.48	$411.96	$200.69	$495.55	$167.25
Bickleton School District	13	0	6	0	7	$0.00	$360.37	$0.00	$417.19	$390.96
Blaine School District	225	104	30	55	36	$45.01	$258.88	$134.48	$486.68	$166.06
Boistfort School District	14	9	4	1	0	$21.37	$622.17	$287.38	$0.00	$212.03
Bremerton School District	521	307	62	113	39	$14.31	$474.13	$211.48	$664.07	$160.44
Brewster School District	111	70	9	24	8	$23.97	$486.94	$178.28	$330.28	$116.95
Bridgeport School District	95	54	8	22	11	$69.17	$341.88	$239.53	$466.24	$177.57
Brinnon School District	11	7	3	0	1	$65.63	$375.47	$0.00	$286.02	$170.16
Burlington-Edison School District	410	191	42	114	63	$45.07	$408.17	$131.32	$558.96	$185.21
Camas School District	585	224	76	167	118	$35.12	$358.68	$135.67	$438.98	$187.32
Cape Flattery School District	88	61	8	19	0	$35.57	$306.28	$200.68	$0.00	$95.83
Carbonado School District	21	13	1	6	1	$34.03	$516.34	$153.48	$605.24	$118.33
Cascade School District	133	65	17	36	15	$32.29	$233.07	$113.86	$478.22	$130.33
Cashmere School District	126	30	27	20	49	$145.21	$194.67	$171.13	$244.43	$198.51
Castle Rock School District	148	80	13	46	9	$50.82	$498.54	$185.59	$456.06	$156.68

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A16

Summary of Monthly Payroll Rates by District with Composite Cost By District

Snapshot as of October 1, 2012 — Reporting Districts Only

District	Employees	Enrollment by District				Average Plan Year-End Payroll Rates PEPM				
		EE	ES	EC	EF	EE	ES	EC	EF	Composite
Centerville School District	10	1	6	3	0	$0.00	$219.94	$346.79	$0.00	$236.00
Central Kitsap School District	1,098	576	269	253	0	$49.09	$447.21	$177.65	$0.00	$176.25
Central Valley School District	1,305	679	112	391	123	$58.78	$486.81	$245.20	$679.73	$209.90
Centralia School District	374	209	30	90	45	$47.28	$278.49	$164.77	$494.72	$147.94
Chehalis School District	294	153	29	85	27	$24.99	$409.21	$136.40	$508.18	$139.47
Cheney School District	440	251	29	112	48	$95.14	$357.77	$200.95	$475.55	$180.88
Chewelah School District	96	49	12	25	10	$51.65	$118.76	$147.09	$345.49	$115.50
Chimacum School District	111	55	25	31	0	$43.21	$464.60	$189.21	$0.00	$178.89
Clarkston School District	307	149	25	90	43	$26.99	$237.24	$88.40	$272.58	$96.51
Cle Elum-Roslyn School District	95	38	13	26	18	$82.83	$466.07	$249.52	$687.25	$295.41
Clover Park School District	1,269	763	101	315	90	$32.62	$493.97	$232.58	$652.51	$162.94
Colfax School District	64	32	18	14	0	$47.60	$477.27	$227.88	$0.00	$207.88
College Place School District	99	47	27	25	0	$8.56	$396.51	$113.62	$0.00	$140.89
Colton School District	25	15	5	5	0	$48.98	$421.62	$212.83	$0.00	$156.28
Columbia (Stevens) School District	30	7	15	2	6	$76.82	$391.74	$203.09	$277.43	$282.82
Columbia (Walla Walla) School District	96	48	10	22	16	$20.36	$149.49	$166.62	$292.36	$112.66
Colville School District	190	110	10	49	21	$20.71	$484.18	$118.98	$472.79	$120.41
Concrete School District	65	41	7	11	6	$69.28	$445.01	$222.60	$580.39	$182.87
Conway School District	45	27	10	7	1	$24.17	$421.79	$81.13	$267.95	$126.81
Cosmopolis School District	17	10	1	4	2	$7.75	$596.90	$168.05	$249.54	$108.57
Coulee-Hartline School District	33	10	10	2	11	$94.92	$231.36	$176.00	$293.13	$207.25
Coupeville School District	87	46	15	14	12	$29.62	$343.43	$94.13	$394.90	$144.49
Crescent School District	39	24	4	9	2	$2.63	$0.00	$13.72	$159.80	$12.98
Creston School District	27	17	1	7	2	$93.02	$166.09	$272.24	$159.52	$147.12
Curlew School District	29	14	7	3	5	$35.09	$317.46	$74.86	$440.47	$177.25
Cusick School District	45	20	17	8	0	$48.67	$172.72	$149.66	$0.00	$113.49
Damman School District	0	0	0	0	0	$0.00	$0.00	$0.00	$0.00	$0.00

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Exhibit A16

Summary of Monthly Payroll Rates by District with Composite Cost By District

Snapshot as of October 1, 2012 — Reporting Districts Only

District	Employees	Enrollment by District				Average Plan Year-End Payroll Rates PEPM				
		EE	ES	EC	EF	EE	ES	EC	EF	Composite
Darrington School District	50	11	15	12	12	$81.05	$153.39	$112.11	$210.55	$141.29
Davenport School District	63	17	9	25	12	$65.42	$447.89	$172.06	$643.86	$272.55
Dayton School District	58	24	18	16	0	$25.77	$432.97	$216.79	$0.00	$204.83
Deer Park School District	234	124	17	68	25	$47.04	$372.97	$210.93	$419.85	$158.18
Dieringer School District	139	70	20	36	13	$11.77	$206.35	$32.52	$175.44	$60.45
Dixie School District	8	5	0	3	0	$56.40	$0.00	$91.50	$0.00	$69.56
East Valley School District (Spokane)	486	276	57	106	47	$46.42	$416.51	$246.08	$454.09	$172.80
East Valley School District (Yakima)	285	138	34	82	31	$54.95	$375.39	$238.48	$453.23	$189.30
Eastmont School District	564	469	32	44	19	$117.75	$167.03	$68.52	$340.27	$124.20
Easton School District	19	8	5	2	4	$77.63	$159.60	$135.00	$233.50	$138.05
Eatonville School District	195	104	22	47	22	$31.78	$377.58	$122.69	$524.73	$148.32
Edmonds School District	1,942	1,124	165	434	219	$37.01	$300.93	$79.52	$474.10	$118.23
Ellensburg School District	325	163	36	90	36	$66.14	$470.80	$224.33	$558.47	$209.31
Elma School District	184	109	17	39	19	$2.26	$84.54	$32.32	$298.26	$46.80
Endicott School District	21	10	2	4	5	$72.03	$194.36	$138.01	$232.32	$134.41
Entiat School District	43	12	17	14	0	$68.69	$149.36	$92.91	$0.00	$108.47
Enumclaw School District	400	237	32	83	48	$37.83	$499.74	$254.20	$562.06	$182.59
Ephrata School District	235	119	23	63	30	$40.54	$310.07	$140.46	$512.85	$154.00
Evaline School District	6	3	1	2	0	$73.82	$475.44	$248.97	$0.00	$199.14
Everett School District	1,597	608	293	279	417	$102.28	$225.62	$157.25	$234.18	$168.95
Evergreen School District (Clark)	2,458	1,323	272	602	261	$57.29	$370.21	$276.19	$734.01	$217.39
Evergreen School District (Stevens)	5	3	2	0	0	$0.00	$0.00	$0.00	$0.00	$0.00
Federal Way School District	2,177	1,411	138	497	131	$46.47	$560.78	$254.86	$732.11	$167.90
Ferndale School District	503	276	56	106	65	$23.71	$228.00	$119.45	$404.97	$115.90
Fife School District	328	193	30	78	27	$124.74	$474.03	$203.58	$628.15	$216.87
Finley School District	98	55	17	26	0	$48.56	$370.93	$185.59	$0.00	$140.84
Franklin Pierce School District	810	499	73	162	76	$9.39	$213.71	$106.15	$352.76	$79.37

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Exhibit A16

Summary of Monthly Payroll Rates by District with Composite Cost By District

Snapshot as of October 1, 2012 — Reporting Districts Only

District	Employees	Enrollment by District				Average Plan Year-End Payroll Rates PEPM				
		EE	ES	EC	EF	EE	ES	EC	EF	Composite
Freeman School District	95	44	9	32	10	$88.72	$303.03	$211.33	$485.27	$192.07
Garfield School District	25	12	3	6	4	$125.02	$688.18	$94.76	$682.20	$274.48
Glenwood School District	21	17	1	3	0	$40.27	$754.86	$284.92	$0.00	$109.25
Goldendale School District	103	50	23	8	22	$13.65	$347.95	$358.33	$568.38	$233.56
Grand Coulee Dam School District	98	52	9	27	10	$26.31	$566.25	$177.41	$399.48	$155.61
Grandview School District	358	176	41	101	40	$59.62	$314.18	$168.04	$349.86	$151.79
Granger School District	181	87	41	53	0	$47.22	$441.37	$220.33	$0.00	$187.19
Granite Falls School District	178	85	25	43	25	$35.08	$324.47	$194.73	$249.42	$144.39
Grapeview School District	22	11	3	4	4	$11.19	$413.93	$2.83	$565.83	$165.43
Great Northern School District	4	4	0	0	0	$18.75	$0.00	$0.00	$0.00	$18.75
Green Mountain School District	19	9	4	2	4	$34.52	$302.74	$47.62	$233.56	$134.27
Griffin School District	70	33	8	17	12	$92.92	$600.26	$197.98	$467.08	$240.56
Harrington School District	28	7	20	1	0	$123.73	$272.97	$176.00	$0.00	$232.20
Highland School District	135	77	13	35	10	$50.53	$529.87	$197.19	$487.61	$167.09
Highline School District	2,056	1,331	168	436	121	$39.65	$444.54	$204.97	$618.76	$141.87
Hockinson School District	135	68	22	32	13	$6.34	$83.55	$164.95	$535.23	$107.45
Hood Canal School District	39	25	8	6	0	$39.56	$103.23	$47.94	$0.00	$53.91
Hoquiam School District	196	109	21	40	26	$26.08	$369.38	$112.84	$357.04	$124.47
Inchelium School District	4	4	0	0	0	$18.75	$0.00	$0.00	$0.00	$18.75
Index School District	5	4	0	1	0	$91.58	$0.00	$2.00	$0.00	$73.66
Issaquah School District	1,716	1,055	135	364	162	$25.46	$419.08	$180.16	$570.70	$140.71
Kahlotus School District	17	7	1	4	5	$65.05	$145.60	$131.08	$512.71	$216.99
Kalama School District	67	29	23	15	0	$58.84	$500.90	$164.75	$0.00	$234.30
Keller School District	11	9	1	1	0	$17.95	$498.69	$264.04	$0.00	$84.03
Kelso School District	472	267	47	107	51	$76.19	$391.17	$242.02	$686.05	$211.04
Kennewick School District	1,528	797	157	380	194	$38.46	$328.52	$134.62	$388.62	$136.64
Kent School District	2,585	1,582	430	573	0	$32.49	$491.27	$203.60	$0.00	$146.73

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		EE	ES	EC	EF	EE	ES	EC	EF	Composite
Kettle Falls School District	80	42	20	18	0	$48.41	$250.90	$193.10	$0.00	$131.59
Kiona-Benton City School District	146	79	13	39	15	$98.74	$482.80	$236.75	$731.37	$234.80
Kittitas School District	75	15	17	11	32	$62.33	$142.59	$135.00	$196.66	$148.49
Klickitat School District	21	12	2	3	4	$62.34	$132.64	$362.05	$146.60	$127.90
La Center School District	102	42	16	19	25	$36.31	$263.08	$230.70	$472.78	$215.07
La Conner School District	92	44	7	25	16	$24.56	$432.15	$161.72	$415.06	$160.75
LaCrosse School District	18	7	5	4	2	$25.99	$273.24	$71.55	$744.55	$184.63
Lake Chelan School District	150	58	15	47	30	$39.13	$305.11	$116.78	$487.79	$179.79
Lake Quinault School District	34	7	7	12	8	$4.25	$245.24	$52.81	$427.96	$170.70
Lake Stevens School District	705	399	136	170	0	$55.33	$423.62	$202.93	$0.00	$161.96
Lake Washington School District	2,353	1,355	212	512	274	$34.06	$443.34	$181.59	$576.57	$166.21
Lakewood School District	221	138	20	43	20	$56.49	$309.43	$150.31	$656.68	$151.95
Lamont School District	8	4	2	1	1	$154.18	$234.81	$449.89	$480.85	$252.13
Liberty School District	65	33	6	18	8	$72.80	$388.63	$210.22	$695.18	$216.61
Lind School District	36	17	4	11	4	$84.76	$429.32	$183.53	$643.66	$215.32
Longview School District	682	385	61	184	52	$34.08	$491.69	$194.72	$558.83	$158.36
Loon Lake School District	19	9	0	9	1	$47.52	$0.00	$76.10	$540.15	$86.99
Lopez School District	40	18	8	12	2	$36.94	$246.59	$323.05	$277.43	$176.73
Lyle School District	28	18	8	1	1	$12.67	$327.24	$603.05	$1,164.35	$164.77
Lynden School District	299	154	31	78	36	$31.24	$199.70	$139.40	$391.49	$120.30
Mabton School District	100	25	17	48	10	$0.47	$250.41	$237.53	$675.36	$224.24
Mansfield School District	22	6	5	2	9	$120.93	$210.16	$329.60	$243.11	$210.16
Manson School District	90	43	12	24	11	$8.12	$281.62	$166.34	$657.76	$166.18
Mary M Knight School District	26	12	3	6	5	$14.27	$235.70	$211.60	$667.43	$210.97
Mary Walker School District	77	35	13	17	12	$67.54	$235.38	$168.71	$274.55	$150.47
Marysville School District	1,043	558	93	301	91	$40.70	$351.82	$177.97	$562.92	$153.62
McCleary School District	38	26	3	9	0	$25.11	$348.23	$61.39	$0.00	$59.21

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Mead School District	924	458	99	249	118	$39.69	$354.08	$196.80	$512.47	$176.09
Medical Lake School District	183	94	22	48	19	$83.08	$257.17	$199.60	$466.02	$174.33
Mercer Island School District	396	216	39	84	57	$51.81	$443.29	$231.56	$568.03	$202.80
Meridian School District	168	91	24	31	22	$32.68	$373.04	$224.48	$484.69	$175.89
Methow Valley School District	68	26	15	14	13	$0.00	$0.00	$6.41	$0.00	$1.32
Mill A School District	8	0	2	2	4	$0.00	$435.22	$0.00	$455.31	$336.46
Monroe School District	557	310	54	124	69	$55.56	$249.89	$140.00	$410.98	$137.23
Montesano School District	131	63	11	40	17	$23.36	$311.64	$120.86	$310.58	$114.61
Morton School District	40	20	4	13	3	$45.05	$489.17	$262.24	$253.06	$175.65
Moses Lake School District	818	431	86	240	61	$24.88	$344.97	$165.19	$648.23	$146.18
Mossyrock School District	65	34	16	15	0	$67.26	$338.31	$147.89	$0.00	$152.59
Mount Adams School District	133	70	16	36	11	$38.05	$427.81	$205.71	$598.42	$176.67
Mount Baker School District	226	68	30	18	110	$6.68	$90.95	$29.67	$57.74	$44.55
Mount Pleasant School District	3	2	1	0	0	$0.00	$645.35	$0.00	$0.00	$215.12
Mount Vernon School District	731	393	75	185	78	$23.30	$338.54	$108.96	$499.11	$128.09
Mukilteo School District	1,382	804	127	328	123	$19.18	$436.89	$160.91	$579.72	$141.09
Naches Valley School District	135	76	14	35	10	$18.10	$441.94	$163.79	$328.95	$122.85
Napavine School District	77	43	8	21	5	$14.40	$203.80	$106.67	$172.58	$69.51
Naselle-Grays River Valley School Distric	46	27	8	4	7	$24.17	$210.95	$140.69	$87.81	$76.47
Nespelem School District	26	14	5	7	0	$95.68	$432.48	$270.06	$0.00	$207.40
Newport School District	120	66	15	32	7	$63.02	$399.19	$189.39	$631.75	$171.92
Nine Mile Falls School District	144	25	5	12	102	$19.99	$322.93	$167.93	$254.75	$209.13
Nooksack Valley School District	199	93	20	48	38	$44.30	$341.03	$188.20	$546.81	$204.79
North Beach School District	74	40	15	8	11	$26.65	$274.41	$222.50	$178.24	$120.58
North Franklin School District	237	114	61	62	0	$43.83	$368.55	$190.01	$0.00	$165.65
North Kitsap School District	629	354	59	154	62	$18.14	$358.90	$163.18	$549.90	$138.03
North Mason School District	212	108	53	51	0	$24.05	$347.73	$159.08	$0.00	$137.45

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North River School District	19	16	2	1	0	$88.65	$228.03	$174.80	$0.00	$107.86
North Thurston Public Schools	1,344	662	126	426	130	$46.51	$375.81	$124.29	$460.40	$142.07
Northport School District	36	20	4	5	7	$17.53	$109.54	$99.07	$219.58	$78.36
Northshore School District	1,890	1,020	238	371	261	$47.58	$263.63	$130.31	$496.67	$153.04
Oak Harbor School District	477	252	58	100	67	$25.83	$321.42	$133.47	$415.29	$139.04
Oakesdale School District	23	4	6	12	1	$0.00	$365.87	$95.39	$39.13	$146.91
Oakville School District	0	0	0	0	0	$0.00	$0.00	$0.00	$0.00	$0.00
Ocean Beach School District	114	73	9	25	7	$74.46	$413.15	$256.20	$667.59	$177.47
Ocosta School District	87	48	6	26	7	$35.77	$501.69	$193.93	$704.37	$168.97
Odessa School District	40	15	10	13	2	$20.99	$215.66	$86.18	$480.96	$113.84
Okanogan School District	129	78	11	34	6	$20.71	$145.17	$176.19	$330.06	$86.69
Olympia School District	876	514	80	197	85	$26.93	$338.38	$144.00	$434.16	$121.22
Omak School District	105	105	0	0	0	$66.51	$0.00	$0.00	$0.00	$66.51
Onalaska School District	94	39	16	24	15	$34.99	$227.30	$121.45	$435.62	$153.73
Onion Creek School District	11	3	5	1	2	$114.00	$206.00	$176.00	$268.00	$189.45
Orcas Island School District	81	32	16	17	16	$63.71	$386.47	$127.21	$531.60	$233.21
Orchard Prairie School District	9	6	0	3	0	$18.06	$0.00	$130.15	$0.00	$55.42
Orient School District	12	6	1	1	4	$97.72	$164.00	$135.00	$396.56	$205.96
Orondo School District	34	19	6	8	1	$84.64	$516.80	$178.51	$852.86	$205.59
Oroville School District	78	48	6	17	7	$24.13	$285.15	$58.78	$136.64	$61.86
Orting School District	201	112	12	54	23	$25.62	$189.13	$196.16	$497.15	$135.16
Othello School District	423	239	36	118	30	$20.69	$331.95	$115.56	$251.59	$90.02
Palisades School District	7	0	3	1	3	$0.00	$174.00	$144.00	$236.00	$196.29
Palouse School District	24	7	10	4	3	$92.90	$582.02	$301.15	$321.24	$359.95
Pasco School District	1,658	947	109	448	154	$66.29	$445.75	$216.69	$486.27	$170.88
Pateros School District	38	25	4	6	3	$32.10	$193.65	$262.04	$507.19	$122.92
Paterson School District	15	10	0	3	2	$26.29	$0.00	$70.63	$255.93	$65.78

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Pe Ell School District	42	28	4	5	5	$11.84	$227.93	$81.95	$272.35	$71.78
Peninsula School District	807	488	72	157	90	$68.85	$551.32	$261.84	$723.64	$222.47
Pioneer School District	87	56	8	14	9	$34.18	$474.40	$210.89	$632.46	$164.99
Pomeroy School District	40	23	3	11	3	$15.81	$385.55	$252.73	$469.29	$142.71
Port Angeles School District	389	200	48	92	49	$41.35	$376.15	$193.27	$471.51	$172.78
Port Townsend School District	144	67	29	33	15	$31.87	$341.73	$182.28	$493.66	$176.85
Prescott School District	33	30	3	0	0	$0.00	$0.00	$0.00	$0.00	$0.00
Prosser School District	328	159	25	104	40	$21.18	$286.46	$144.45	$517.76	$141.04
Pullman School District	248	145	17	65	21	$39.39	$204.30	$135.31	$289.72	$97.03
Puyallup School District	1,701	995	162	294	250	$117.04	$475.68	$413.87	$477.12	$255.42
Queets-Clearwater School District	12	6	1	4	1	$42.69	$0.00	$0.00	$160.70	$34.74
Quilcene School District	39	25	4	7	3	$72.65	$223.96	$263.49	$158.71	$129.04
Quillayute Valley School District	160	100	16	28	16	$58.49	$449.30	$203.61	$679.26	$185.04
Quincy School District	327	178	25	77	47	$34.20	$234.18	$63.07	$362.65	$103.50
Rainier School District	79	40	14	19	6	$41.84	$449.82	$274.76	$637.32	$215.38
Raymond School District	77	49	7	18	3	$4.00	$394.67	$95.73	$203.45	$68.73
Reardan-Edwall School District	63	24	15	24	0	$31.84	$394.67	$82.66	$0.00	$137.59
Renton School District	1,544	947	128	339	130	$28.12	$379.07	$175.50	$607.70	$138.37
Republic School District	43	22	15	6	0	$75.98	$271.92	$192.09	$0.00	$160.54
Richland School District	1,030	592	69	264	105	$45.08	$425.17	$204.45	$606.92	$168.67
Ridgefield School District	138	49	26	42	21	$35.50	$234.66	$124.76	$442.38	$162.11
Ritzville School District	49	0	18	11	20	$0.00	$221.77	$137.27	$201.00	$194.32
Riverside School District	158	83	29	27	19	$75.58	$239.42	$224.75	$228.16	$149.49
Riverview School District	293	165	36	63	29	$48.44	$397.09	$200.23	$561.73	$174.72
Rochester School District	198	98	20	59	21	$34.33	$361.41	$148.75	$375.24	$137.62
Roosevelt School District	6	6	0	0	0	$0.00	$0.00	$0.00	$0.00	$0.00
Rosalia School District	36	18	8	7	3	$63.91	$583.60	$212.10	$746.87	$265.13

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Royal School District	188	32	36	104	16	$10.65	$281.17	$52.33	$601.54	$135.80
San Juan Island School District	99	48	14	14	23	$113.59	$329.95	$210.99	$377.44	$219.26
Satsop School District	6	4	0	1	1	$0.00	$0.00	$0.00	$709.04	$118.17
Seattle Public Schools	5,350	3,006	543	1,234	567	$34.98	$388.94	$151.87	$581.89	$155.83
Sedro-Woolley School District	423	236	45	101	41	$40.31	$325.10	$161.04	$464.61	$140.56
Selah School District	363	195	48	93	27	$38.10	$470.63	$199.41	$705.48	$186.26
Selkirk School District	33	14	7	6	6	$66.33	$364.74	$155.74	$299.67	$188.31
Sequim School District	289	142	36	78	33	$61.64	$177.17	$100.49	$182.96	$100.37
Shaw Island School District	5	2	2	0	1	$24.63	$555.37	$0.00	$158.12	$263.62
Shelton School District	505	311	59	97	38	$46.56	$389.75	$204.21	$580.92	$157.15
Shoreline School District	899	488	90	200	121	$35.99	$310.97	$168.26	$422.13	$144.91
Skamania School District	8	2	4	1	1	$64.48	$516.45	$443.38	$920.08	$444.78
Skykomish School District	19	10	1	7	1	$13.13	$155.92	$106.26	$357.47	$73.08
Snohomish School District	897	427	95	244	131	$54.43	$324.39	$115.50	$476.74	$161.31
Snoqualmie Valley School District	497	287	37	110	63	$40.69	$429.15	$212.40	$661.90	$186.36
Soap Lake School District	61	32	10	18	1	$23.25	$270.81	$130.35	$710.82	$106.71
South Bend School District	89	48	13	20	8	$70.82	$413.64	$166.77	$511.24	$182.04
South Kitsap School District	897	482	89	246	80	$47.05	$332.19	$171.32	$520.69	$151.67
South Whidbey School District	157	79	22	34	22	$41.36	$384.57	$146.19	$636.87	$195.60
Southside School District	20	9	1	7	3	$37.31	$383.04	$281.27	$239.08	$170.25
Spokane School District	2,973	1,282	220	1,240	231	$130.57	$636.84	$402.40	$821.15	$335.07
Sprague School District	21	8	5	4	4	$66.48	$397.52	$252.72	$573.29	$277.31
St. John School District	25	8	6	4	7	$102.28	$299.47	$184.25	$272.39	$210.35
Stanwood-Camano School District	445	214	115	116	0	$42.28	$338.30	$174.19	$0.00	$153.16
Star School District	5	4	0	0	1	$2.05	$0.00	$0.00	$1,532.18	$308.08
Starbuck School District	5	3	1	1	0	$18.75	$573.90	$280.75	$0.00	$182.18
Stehekin School District	1	0	1	0	0	$0.00	$0.00	$0.00	$0.00	$0.00

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K–12 School District Data Collection Project

Exhibit A16

Summary of Monthly Payroll Rates by District with Composite Cost By District

Snapshot as of October 1, 2012 — Reporting Districts Only

District	Employees	Enrollment by District				Average Plan Year-End Payroll Rates PEPM				
		EE	ES	EC	EF	EE	ES	EC	EF	Composite
Steilacoom Hist. School District	241	138	26	57	20	$2.57	$209.37	$54.51	$342.05	$65.34
Steptoe School District	8	2	2	0	4	$207.00	$394.80	$0.00	$441.77	$371.34
Stevenson-Carson School District	62	26	14	3	19	$8.29	$109.68	$126.84	$453.71	$173.42
Sultan School District	202	103	17	58	24	$53.19	$441.03	$232.71	$614.57	$204.07
Summit Valley School District	11	6	1	4	0	$112.75	$804.59	$289.20	$0.00	$239.81
Sumner School District	836	455	66	233	82	$50.68	$328.54	$168.38	$484.75	$148.00
Sunnyside School District	736	424	58	219	35	$33.95	$373.35	$175.98	$585.35	$129.18
Tacoma School District	2,860	1,185	511	481	683	$97.56	$213.64	$160.95	$240.80	$163.17
Taholah School District	38	21	5	9	3	$39.70	$594.34	$106.86	$775.31	$186.66
Tahoma School District	701	390	47	199	65	$40.29	$481.60	$187.01	$432.26	$147.87
Tekoa School District	26	9	6	5	6	$19.32	$177.36	$135.68	$594.42	$210.88
Tenino School District	118	62	20	24	12	$4.90	$345.67	$64.02	$274.78	$102.13
Thorp School District	22	9	5	8	0	$15.32	$476.32	$193.13	$0.00	$184.75
Toledo School District	71	35	6	20	10	$45.56	$334.37	$148.49	$501.63	$163.19
Tonasket School District	133	57	24	30	22	$45.28	$252.64	$146.21	$341.76	$154.51
Toppenish School District	408	193	45	125	45	$15.10	$201.75	$129.25	$264.08	$98.12
Touchet School District	31	18	1	8	4	($55.43)	$0.00	($159.00)	($470.37)	($133.91)
Toutle Lake School District	70	37	8	14	11	$66.24	$353.15	$240.93	$424.16	$190.21
Trout Lake School District	16	8	3	0	5	$0.00	$319.67	$0.00	$657.78	$265.50
Tukwila School District	286	182	15	67	22	$13.47	$412.62	$147.46	$619.76	$112.43
Tumwater School District	649	376	109	164	0	$57.50	$564.94	$224.90	$0.00	$185.03
Union Gap School District	72	41	11	17	3	$64.16	$413.06	$166.36	$245.62	$149.16
University Place School District	494	278	38	117	61	$18.58	$351.35	$156.08	$483.35	$134.14
Valley School District	81	43	10	12	16	$45.19	$94.40	$91.74	$200.09	$88.76
Vancouver School District	2,239	1,214	199	612	214	$48.62	$493.72	$240.93	$714.61	$204.40
Vashon Island School District	146	89	14	28	15	$87.79	$380.47	$171.04	$657.02	$190.30
Wahkiakum School District	47	11	17	16	3	$109.90	$258.25	$184.91	$298.79	$201.15

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Exhibit A16

Summary of Monthly Payroll Rates by District with Composite Cost By District

Snapshot as of October 1, 2012 — Reporting Districts Only

District	Employees	Enrollment by District				Average Plan Year-End Payroll Rates PEPM				
		EE	ES	EC	EF	EE	ES	EC	EF	Composite
Wahluke School District	250	135	36	45	34	$50.21	$216.18	$136.76	$276.49	$120.46
Waitsburg School District	38	22	6	5	5	$28.53	$259.49	$126.30	$593.98	$152.26
Walla Walla Public Schools	710	377	52	216	65	$36.11	$204.73	$66.60	$369.06	$88.22
Wapato School District	373	174	42	127	30	$14.28	$129.86	$68.01	$221.88	$62.28
Warden School District	131	28	37	34	32	$4.46	$206.85	$119.04	$259.62	$153.69
Washougal School District	288	201	26	35	26	$26.62	$347.46	$206.17	$733.19	$141.19
Washtucna School District	22	11	3	5	3	$109.12	$629.07	$276.10	$829.16	$316.16
Waterville School District	41	14	9	14	4	$3.19	$96.67	$25.44	$83.02	$39.10
Wellpinit School District	65	41	1	19	4	$18.26	$441.07	$68.92	$36.98	$40.73
Wenatchee School District	843	439	78	238	88	$38.30	$402.58	$157.07	$599.61	$164.14
West Valley School District (Spokane)	409	86	63	164	96	$45.44	$217.26	$84.53	$492.45	$192.50
West Valley School District (Yakima)	466	214	45	154	53	$34.21	$314.80	$203.38	$448.31	$164.31
White Pass School District	56	37	5	10	4	$24.33	$302.54	$218.26	$472.88	$115.84
White River School District	363	207	24	89	43	$37.86	$310.27	$209.29	$551.26	$158.72
White Salmon Valley School District	117	64	22	10	21	$47.52	$440.05	$399.24	$650.65	$259.65
Wilbur School District	40	20	7	8	5	$123.19	$284.53	$185.21	$345.27	$191.59
Willapa Valley School District	42	28	1	8	5	$55.72	$0.00	$0.71	$0.00	$37.28
Wilson Creek School District	32	19	6	6	1	$0.00	$0.00	$0.00	$0.00	$0.00
Winlock School District	78	42	11	17	8	$12.89	$326.80	$123.93	$549.22	$136.37
Wishkah Valley School District	23	15	2	4	2	$0.00	$0.00	$0.00	$0.00	$0.00
Wishram School District	20	9	3	0	8	$0.00	$214.64	$0.00	$81.12	$64.64
Woodland School District	243	134	21	67	21	$32.48	$464.40	$153.33	$582.30	$150.64
Yakima School District	1,711	842	170	537	162	$37.64	$455.94	$252.64	$668.40	$206.40
Yelm School District	518	283	60	127	48	$27.74	$368.35	$170.26	$431.55	$139.55
Zillah School District	139	73	8	45	13	$9.52	$160.45	$66.74	$242.65	$58.53
Total/Average	**103,116**	**55,313**	**11,605**	**25,260**	**10,938**	**$47.34**	**$373.51**	**$189.91**	**$487.87**	**$165.70**

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A17

Summary of District Monthly Contributions by District with Composite Cost By District

Snapshot as of October 1, 2012 — Reporting Districts Only

District	Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM				
		EE	ES	EC	EF	EE	ES	EC	EF	Composite
Aberdeen School District	399	244	30	95	30	$626.75	$751.09	$695.48	$811.61	$666.36
Adna School District	32	10	2	9	11	$563.29	$622.73	$603.14	$890.69	$690.76
Almira School District	17	3	6	3	5	$726.27	$768.00	$826.67	$729.14	$759.56
Anacortes School District	250	124	76	47	3	$624.56	$722.47	$652.48	$748.38	$661.06
Arlington School District	475	208	65	121	81	$650.96	$704.83	$681.52	$718.38	$677.61
Asotin-Anatone School District	59	59	0	0	0	$740.39	$0.00	$0.00	$0.00	$740.39
Auburn School District	1,437	801	134	345	157	$583.84	$609.67	$590.44	$616.84	$591.44
Bainbridge Island School District	380	189	30	102	59	$608.50	$654.44	$626.28	$644.92	$622.56
Battle Ground School District	1,156	541	314	301	0	$633.91	$754.42	$681.08	$0.00	$678.93
Bellevue School District	1,988	976	215	508	289	$597.29	$700.63	$678.16	$701.93	$644.35
Bellingham School District	1,105	553	139	277	136	$618.52	$724.85	$696.90	$702.43	$661.87
Benge School District	4	1	3	0	0	$646.80	$646.80	$0.00	$0.00	$646.80
Bethel School District	1,522	882	149	351	140	$606.32	$745.14	$678.11	$867.36	$660.48
Bickleton School District	13	0	6	0	7	$0.00	$1,125.14	$0.00	$1,309.11	$1,224.20
Blaine School District	225	104	30	55	36	$646.73	$806.05	$776.39	$872.61	$735.81
Boistfort School District	14	9	4	1	0	$517.53	$597.09	$602.32	$0.00	$546.32
Bremerton School District	521	307	62	113	39	$633.48	$763.08	$724.50	$734.35	$676.20
Brewster School District	111	70	9	24	8	$593.80	$680.73	$661.08	$777.43	$628.63
Bridgeport School District	95	54	8	22	11	$569.54	$485.92	$575.62	$598.79	$567.29
Brinnon School District	11	7	3	0	1	$477.70	$695.08	$0.00	$640.08	$551.74
Burlington-Edison School District	410	191	42	114	63	$596.97	$685.73	$691.43	$685.31	$645.90
Camas School District	585	224	76	167	118	$603.19	$804.06	$668.10	$904.07	$708.51
Cape Flattery School District	88	61	8	19	0	$658.26	$802.30	$718.43	$0.00	$684.35
Carbonado School District	21	13	1	6	1	$676.65	$702.91	$656.94	$702.91	$673.52
Cascade School District	133	65	17	36	15	$543.08	$657.72	$682.89	$651.82	$607.84
Cashmere School District	126	30	27	20	49	$717.90	$706.74	$693.62	$695.25	$702.84
Castle Rock School District	148	80	13	46	9	$614.81	$728.13	$696.07	$752.56	$658.39

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Summary of District Monthly Contributions by District with Composite Cost By District

Snapshot as of October 1, 2012 — Reporting Districts Only

District	Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM				
		EE	ES	EC	EF	EE	ES	EC	EF	Composite
Centerville School District	10	1	6	3	0	$673.88	$1,171.71	$891.11	$0.00	$1,037.74
Central Kitsap School District	1,098	576	269	253	0	$572.13	$737.31	$595.65	$0.00	$618.02
Central Valley School District	1,305	679	112	391	123	$624.22	$653.73	$629.17	$647.36	$630.42
Centralia School District	374	209	30	90	45	$621.55	$690.81	$647.94	$680.46	$640.54
Chehalis School District	294	153	29	85	27	$620.26	$740.80	$666.95	$651.93	$648.56
Cheney School District	440	251	29	112	48	$585.95	$773.23	$644.04	$820.72	$638.69
Chewelah School District	96	49	12	25	10	$542.55	$856.11	$665.76	$699.48	$630.18
Chimacum School District	111	55	25	31	0	$634.21	$700.84	$655.58	$0.00	$655.18
Clarkston School District	307	149	25	90	43	$639.51	$764.51	$720.83	$726.49	$685.71
Cle Elum-Roslyn School District	95	38	13	26	18	$555.59	$703.07	$571.01	$717.85	$610.74
Clover Park School District	1,269	763	101	315	90	$680.60	$743.06	$702.79	$684.11	$691.33
Colfax School District	64	32	18	14	0	$666.05	$820.37	$681.96	$0.00	$712.93
College Place School District	99	47	27	25	0	$622.70	$677.45	$629.34	$0.00	$639.31
Colton School District	25	15	5	5	0	$566.20	$640.50	$498.93	$0.00	$567.61
Columbia (Stevens) School District	30	7	15	2	6	$611.78	$681.94	$524.27	$964.27	$711.52
Columbia (Walla Walla) School District	96	48	10	22	16	$644.13	$706.77	$698.86	$784.83	$686.65
Colville School District	190	110	10	49	21	$643.37	$620.25	$655.33	$697.23	$651.19
Concrete School District	65	41	7	11	6	$632.86	$632.12	$666.17	$677.52	$642.54
Conway School District	45	27	10	7	1	$632.65	$634.64	$642.75	$658.15	$635.23
Cosmopolis School District	17	10	1	4	2	$632.40	$622.35	$626.25	$676.56	$635.56
Coulee-Hartline School District	33	10	10	2	11	$759.35	$733.44	$768.00	$742.87	$746.53
Coupeville School District	87	46	15	14	12	$670.90	$776.69	$720.27	$772.38	$711.08
Crescent School District	39	24	4	9	2	$643.34	$868.17	$739.17	$992.94	$706.44
Creston School District	27	17	1	7	2	$583.38	$607.06	$590.80	$1,205.28	$632.25
Curlew School District	29	14	7	3	5	$594.23	$650.44	$644.41	$936.39	$671.98
Cusick School District	45	20	17	8	0	$701.74	$821.64	$586.39	$0.00	$726.53
Damman School District	0	0	0	0	0	$0.00	$0.00	$0.00	$0.00	$0.00

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Snapshot as of October 1, 2012 — Reporting Districts Only

District	Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM				
		EE	ES	EC	EF	EE	ES	EC	EF	Composite
Darrington School District	50	11	15	12	12	$812.04	$778.49	$846.88	$800.50	$807.57
Davenport School District	63	17	9	25	12	$647.55	$674.67	$682.73	$613.22	$658.85
Dayton School District	58	24	18	16	0	$516.36	$633.93	$639.93	$0.00	$586.93
Deer Park School District	234	124	17	68	25	$605.14	$517.24	$661.86	$649.38	$619.96
Dieringer School District	139	70	20	36	13	$647.01	$725.94	$702.14	$821.23	$688.94
Dixie School District	8	5	0	3	0	$632.23	$0.00	$822.38	$0.00	$703.54
East Valley School District (Spokane)	486	276	57	106	47	$626.78	$654.82	$639.82	$629.07	$633.13
East Valley School District (Yakima)	285	138	34	82	31	$608.91	$817.22	$593.18	$933.46	$664.54
Eastmont School District	564	469	32	44	19	$638.25	$700.66	$741.10	$807.15	$655.50
Easton School District	19	8	5	2	4	$800.00	$800.00	$800.00	$800.00	$800.00
Eatonville School District	195	104	22	47	22	$598.93	$756.92	$702.08	$728.35	$656.22
Edmonds School District	1,942	1,124	165	434	219	$660.46	$784.56	$754.36	$794.05	$707.05
Ellensburg School District	325	163	36	90	36	$580.29	$583.36	$612.42	$619.32	$593.85
Elma School District	184	109	17	39	19	$652.24	$925.19	$838.79	$815.01	$733.81
Endicott School District	21	10	2	4	5	$640.66	$679.22	$624.75	$737.28	$664.30
Entiat School District	43	12	17	14	0	$588.21	$766.29	$767.01	$0.00	$716.83
Enumclaw School District	400	237	32	83	48	$612.74	$698.95	$634.80	$795.11	$646.10
Ephrata School District	235	119	23	63	30	$630.88	$678.44	$621.98	$658.06	$636.62
Evaline School District	6	3	1	2	0	$487.21	$297.71	$431.73	$0.00	$437.14
Everett School District	1,597	608	293	279	417	$582.34	$1,118.01	$870.37	$1,334.22	$927.27
Evergreen School District (Clark)	2,458	1,323	272	602	261	$585.96	$681.10	$627.67	$774.74	$626.75
Evergreen School District (Stevens)	5	3	2	0	0	$481.20	$598.88	$0.00	$0.00	$528.27
Federal Way School District	2,177	1,411	138	497	131	$631.15	$660.09	$657.17	$638.70	$639.38
Ferndale School District	503	276	56	106	65	$583.56	$758.59	$649.15	$858.86	$652.44
Fife School District	328	193	30	78	27	$622.55	$735.77	$625.45	$728.10	$642.28
Finley School District	98	55	17	26	0	$633.20	$753.00	$683.25	$0.00	$667.26
Franklin Pierce School District	810	499	73	162	76	$608.22	$743.82	$658.12	$731.41	$641.98

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		EE	ES	EC	EF	EE	ES	EC	EF	Composite
Freeman School District	95	44	9	32	10	$556.31	$635.02	$610.08	$667.59	$593.59
Garfield School District	25	12	3	6	4	$473.11	$545.47	$585.24	$803.80	$561.61
Glenwood School District	21	17	1	3	0	$606.25	$586.18	$642.98	$0.00	$610.54
Goldendale School District	103	50	23	8	22	$628.13	$817.88	$763.32	$894.51	$737.90
Grand Coulee Dam School District	98	52	9	27	10	$600.80	$636.76	$615.49	$679.45	$616.18
Grandview School District	358	176	41	101	40	$613.70	$778.11	$681.56	$1,028.73	$698.05
Granger School District	181	87	41	53	0	$791.56	$1,095.55	$804.99	$0.00	$864.35
Granite Falls School District	178	85	25	43	25	$681.62	$935.48	$758.42	$1,073.88	$790.92
Grapeview School District	22	11	3	4	4	$577.71	$571.28	$724.53	$627.98	$612.66
Great Northern School District	4	4	0	0	0	$645.35	$0.00	$0.00	$0.00	$645.35
Green Mountain School District	19	9	4	2	4	$606.18	$581.94	$572.63	$588.17	$593.75
Griffin School District	70	33	8	17	12	$643.07	$642.17	$652.06	$661.76	$648.35
Harrington School District	28	7	20	1	0	$714.67	$730.21	$768.00	$0.00	$727.68
Highland School District	135	77	13	35	10	$600.50	$656.12	$636.91	$650.09	$618.97
Highline School District	2,056	1,331	168	436	121	$642.62	$636.67	$670.09	$683.88	$650.39
Hockinson School District	135	68	22	32	13	$704.67	$842.48	$893.35	$919.68	$792.56
Hood Canal School District	39	25	8	6	0	$589.79	$876.98	$625.29	$0.00	$654.16
Hoquiam School District	196	109	21	40	26	$619.85	$667.73	$721.37	$727.34	$659.96
Inchelium School District	4	4	0	0	0	$645.35	$0.00	$0.00	$0.00	$645.35
Index School District	5	4	0	1	0	$540.79	$0.00	$563.00	$0.00	$545.23
Issaquah School District	1,716	1,055	135	364	162	$603.70	$640.19	$619.11	$636.96	$612.98
Kahlotus School District	17	7	1	4	5	$594.77	$627.55	$758.63	$627.55	$644.90
Kalama School District	67	29	23	15	0	$631.62	$748.44	$743.63	$0.00	$696.80
Keller School District	11	9	1	1	0	$636.99	$866.21	$846.01	$0.00	$676.83
Kelso School District	472	267	47	107	51	$591.95	$709.42	$626.26	$659.01	$618.67
Kennewick School District	1,528	797	157	380	194	$609.60	$792.88	$686.80	$892.68	$683.57
Kent School District	2,585	1,582	430	573	0	$636.73	$733.20	$699.06	$0.00	$666.59

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Exhibit A17

Summary of District Monthly Contributions by District with Composite Cost By District

Snapshot as of October 1, 2012 — Reporting Districts Only

District	Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM				
		EE	ES	EC	EF	EE	ES	EC	EF	Composite
Kettle Falls School District	80	42	20	18	0	$605.72	$875.72	$637.12	$0.00	$680.28
Kiona-Benton City School District	146	79	13	39	15	$617.99	$627.32	$643.44	$696.72	$633.71
Kittitas School District	75	15	17	11	32	$800.00	$800.00	$800.00	$800.00	$800.00
Klickitat School District	21	12	2	3	4	$604.49	$537.88	$565.85	$619.43	$595.47
La Center School District	102	42	16	19	25	$608.55	$672.84	$631.19	$826.35	$676.23
La Conner School District	92	44	7	25	16	$641.46	$681.07	$699.57	$690.24	$668.75
LaCrosse School District	18	7	5	4	2	$540.01	$770.24	$718.07	$555.28	$645.23
Lake Chelan School District	150	58	15	47	30	$587.82	$631.03	$674.09	$704.06	$642.42
Lake Quinault School District	34	7	7	12	8	$620.05	$721.84	$728.87	$927.76	$751.82
Lake Stevens School District	705	399	136	170	0	$649.72	$763.57	$686.16	$0.00	$680.47
Lake Washington School District	2,353	1,355	212	512	274	$609.60	$679.41	$646.94	$713.92	$636.16
Lakewood School District	221	138	20	43	20	$613.94	$741.45	$674.14	$713.66	$646.22
Lamont School District	8	4	2	1	1	$576.91	$900.40	$613.51	$445.25	$645.90
Liberty School District	65	33	6	18	8	$562.32	$495.75	$676.17	$693.52	$603.85
Lind School District	36	17	4	11	4	$616.64	$795.43	$661.75	$731.16	$663.01
Longview School District	682	385	61	184	52	$643.61	$666.88	$653.81	$655.13	$649.32
Loon Lake School District	19	9	0	9	1	$650.90	$0.00	$564.78	$768.00	$616.27
Lopez School District	40	18	8	12	2	$446.63	$1,040.16	$604.39	$1,184.07	$649.53
Lyle School District	28	18	8	1	1	$623.16	$884.08	$634.85	$587.72	$696.86
Lynden School District	299	154	31	78	36	$538.10	$685.25	$653.97	$749.69	$609.06
Mabton School District	100	25	17	48	10	$770.64	$820.52	$751.99	$790.78	$772.18
Mansfield School District	22	6	5	2	9	$761.07	$763.84	$614.40	$792.89	$761.38
Manson School District	90	43	12	24	11	$596.92	$668.76	$652.61	$636.69	$626.21
Mary M Knight School District	26	12	3	6	5	$632.33	$686.15	$710.83	$831.80	$695.01
Mary Walker School District	77	35	13	17	12	$557.70	$729.23	$707.13	$722.98	$645.41
Marysville School District	1,043	558	93	301	91	$644.01	$705.01	$729.40	$727.31	$681.36
McCleary School District	38	26	3	9	0	$616.08	$772.32	$659.18	$0.00	$638.62

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Exhibit A17

Summary of District Monthly Contributions by District with Composite Cost By District

Snapshot as of October 1, 2012 — Reporting Districts Only

District	Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM				
		EE	ES	EC	EF	EE	ES	EC	EF	Composite
Mead School District	924	458	99	249	118	$623.97	$737.97	$667.09	$756.08	$664.68
Medical Lake School District	183	94	22	48	19	$615.43	$839.75	$733.34	$840.73	$696.71
Mercer Island School District	396	216	39	84	57	$585.18	$702.84	$591.54	$685.02	$612.49
Meridian School District	168	91	24	31	22	$580.32	$700.41	$683.28	$775.75	$642.07
Methow Valley School District	68	26	15	14	13	$609.33	$762.48	$697.23	$829.14	$703.23
Mill A School District	8	0	2	2	4	$0.00	$905.83	$966.54	$913.40	$924.79
Monroe School District	557	310	54	124	69	$622.00	$684.11	$678.62	$650.44	$644.15
Montesano School District	131	63	11	40	17	$607.66	$762.68	$629.64	$994.62	$677.60
Morton School District	40	20	4	13	3	$640.72	$767.58	$620.73	$851.51	$662.72
Moses Lake School District	818	431	86	240	61	$663.66	$759.27	$711.94	$691.85	$689.98
Mossyrock School District	65	34	16	15	0	$554.90	$629.14	$628.87	$0.00	$590.25
Mount Adams School District	133	70	16	36	11	$612.07	$653.37	$658.16	$641.49	$631.95
Mount Baker School District	226	68	30	18	110	$562.96	$911.54	$605.94	$799.16	$727.62
Mount Pleasant School District	3	2	1	0	0	$806.15	$836.93	$0.00	$0.00	$816.41
Mount Vernon School District	731	393	75	185	78	$599.74	$714.45	$700.62	$752.60	$653.35
Mukilteo School District	1,382	804	127	328	123	$661.01	$765.96	$770.23	$767.96	$706.10
Naches Valley School District	135	76	14	35	10	$695.44	$760.97	$747.36	$777.78	$721.79
Napavine School District	77	43	8	21	5	$621.89	$700.83	$626.76	$711.77	$637.26
Naselle-Grays River Valley School Distric	46	27	8	4	7	$703.63	$1,081.68	$715.78	$1,152.60	$838.76
Nespelem School District	26	14	5	7	0	$589.45	$663.93	$645.85	$0.00	$618.96
Newport School District	120	66	15	32	7	$564.73	$609.08	$606.35	$576.94	$582.08
Nine Mile Falls School District	144	25	5	12	102	$591.03	$834.96	$700.28	$654.36	$653.46
Nooksack Valley School District	199	93	20	48	38	$550.95	$730.66	$667.66	$747.63	$634.72
North Beach School District	74	40	15	8	11	$591.39	$862.95	$665.59	$1,086.74	$728.09
North Franklin School District	237	114	61	62	0	$608.00	$655.66	$615.15	$0.00	$622.13
North Kitsap School District	629	354	59	154	62	$619.55	$692.60	$616.51	$642.71	$627.94
North Mason School District	212	108	53	51	0	$697.79	$740.68	$794.97	$0.00	$731.89

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		EE	ES	EC	EF	EE	ES	EC	EF	Composite
North River School District	19	16	2	1	0	$603.68	$621.60	$621.60	$0.00	$606.51
North Thurston Public Schools	1,344	662	126	426	130	$607.90	$747.19	$696.41	$749.92	$662.75
Northport School District	36	20	4	5	7	$657.65	$1,054.79	$837.02	$966.31	$786.71
Northshore School District	1,890	1,020	238	371	261	$598.81	$693.83	$646.15	$764.55	$642.96
Oak Harbor School District	477	252	58	100	67	$637.79	$771.69	$716.50	$718.76	$681.94
Oakesdale School District	23	4	6	12	1	$646.68	$719.21	$743.09	$1,403.92	$748.83
Oakville School District	0	0	0	0	0	$0.00	$0.00	$0.00	$0.00	$0.00
Ocean Beach School District	114	73	9	25	7	$600.86	$674.07	$631.47	$651.70	$616.47
Ocosta School District	87	48	6	26	7	$635.96	$674.89	$674.03	$691.41	$654.48
Odessa School District	40	15	10	13	2	$636.54	$609.39	$696.15	$767.79	$655.69
Okanogan School District	129	78	11	34	6	$609.92	$817.59	$618.98	$628.09	$630.86
Olympia School District	876	514	80	197	85	$615.15	$733.04	$668.55	$692.06	$645.39
Omak School District	105	105	0	0	0	$588.94	$0.00	$0.00	$0.00	$588.94
Onalaska School District	94	39	16	24	15	$560.34	$659.94	$613.17	$668.93	$608.11
Onion Creek School District	11	3	5	1	2	$768.00	$768.00	$768.00	$768.00	$768.00
Orcas Island School District	81	32	16	17	16	$575.97	$644.24	$622.15	$709.94	$625.61
Orchard Prairie School District	9	6	0	3	0	$645.30	$0.00	$875.37	$0.00	$721.99
Orient School District	12	6	1	1	4	$681.84	$800.00	$800.00	$725.32	$716.03
Orondo School District	34	19	6	8	1	$546.89	$628.11	$576.16	$608.64	$569.93
Oroville School District	78	48	6	17	7	$641.52	$878.07	$772.10	$1,367.32	$753.31
Orting School District	201	112	12	54	23	$634.67	$717.26	$664.95	$685.83	$653.59
Othello School District	423	239	36	118	30	$601.68	$687.07	$655.76	$961.74	$649.57
Palisades School District	7	0	3	1	3	$0.00	$850.00	$850.00	$850.00	$850.00
Palouse School District	24	7	10	4	3	$521.41	$656.55	$620.45	$910.67	$642.88
Pasco School District	1,658	947	109	448	154	$587.46	$657.45	$618.28	$759.68	$616.38
Pateros School District	38	25	4	6	3	$709.41	$768.00	$768.00	$768.00	$729.46
Paterson School District	15	10	0	3	2	$514.13	$0.00	$756.87	$670.18	$583.48

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Snapshot as of October 1, 2012 — Reporting Districts Only

District	Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM				
		EE	ES	EC	EF	EE	ES	EC	EF	Composite
Pe Ell School District	42	28	4	5	5	$599.54	$768.27	$659.21	$967.71	$666.54
Peninsula School District	807	488	72	157	90	$581.67	$629.08	$582.49	$683.84	$597.45
Pioneer School District	87	56	8	14	9	$605.89	$575.86	$715.56	$700.85	$630.60
Pomeroy School District	40	23	3	11	3	$736.70	$1,066.56	$765.78	$1,246.41	$807.67
Port Angeles School District	389	200	48	92	49	$623.04	$678.48	$634.85	$669.60	$638.54
Port Townsend School District	144	67	29	33	15	$588.68	$698.90	$662.34	$689.67	$638.27
Prescott School District	33	30	3	0	0	$691.09	$813.09	$0.00	$0.00	$702.18
Prosser School District	328	159	25	104	40	$634.61	$757.72	$724.72	$900.36	$704.97
Pullman School District	248	145	17	65	21	$619.48	$743.61	$653.46	$745.27	$647.54
Puyallup School District	1,701	995	162	294	250	$540.30	$670.19	$556.20	$935.68	$613.53
Queets-Clearwater School District	12	6	1	4	1	$609.25	$773.15	$565.00	$765.40	$621.17
Quilcene School District	39	25	4	7	3	$582.19	$549.19	$544.93	$458.69	$562.62
Quillayute Valley School District	160	100	16	28	16	$602.67	$646.31	$616.38	$621.85	$611.35
Quincy School District	327	178	25	77	47	$634.73	$797.62	$763.57	$829.42	$705.50
Rainier School District	79	40	14	19	6	$599.53	$824.37	$664.82	$621.32	$656.73
Raymond School District	77	49	7	18	3	$647.55	$806.29	$775.99	$958.88	$704.14
Reardan-Edwall School District	63	24	15	24	0	$538.00	$797.05	$619.18	$0.00	$630.60
Renton School District	1,544	947	128	339	130	$614.83	$678.34	$661.11	$667.27	$634.67
Republic School District	43	22	15	6	0	$525.48	$607.60	$573.83	$0.00	$560.88
Richland School District	1,030	592	69	264	105	$615.19	$670.04	$645.28	$651.58	$630.29
Ridgefield School District	138	49	26	42	21	$612.05	$751.30	$739.30	$778.36	$702.33
Ritzville School District	49	0	18	11	20	$0.00	$733.90	$744.73	$776.00	$753.51
Riverside School District	158	83	29	27	19	$648.58	$878.14	$656.10	$1,038.73	$738.91
Riverview School District	293	165	36	63	29	$606.84	$715.86	$581.35	$677.94	$621.79
Rochester School District	198	98	20	59	21	$624.15	$680.77	$635.13	$785.55	$650.26
Roosevelt School District	6	6	0	0	0	$664.10	$0.00	$0.00	$0.00	$664.10
Rosalia School District	36	18	8	7	3	$544.20	$498.11	$562.10	$609.62	$542.89

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		EE	ES	EC	EF	EE	ES	EC	EF	Composite
Royal School District	188	32	36	104	16	$453.44	$670.54	$644.74	$771.40	$627.90
San Juan Island School District	99	48	14	14	23	$550.02	$600.89	$499.71	$574.29	$555.73
Satsop School District	6	4	0	1	1	$604.23	$0.00	$889.70	$752.46	$676.51
Seattle Public Schools	5,350	3,006	543	1,234	567	$671.09	$684.35	$674.83	$667.88	$672.96
Sedro-Woolley School District	423	236	45	101	41	$631.44	$694.00	$645.09	$697.18	$647.72
Selah School District	363	195	48	93	27	$591.10	$651.31	$630.31	$608.48	$610.40
Selkirk School District	33	14	7	6	6	$550.19	$839.36	$708.79	$1,037.80	$729.02
Sequim School District	289	142	36	78	33	$564.10	$747.15	$682.62	$886.19	$655.67
Shaw Island School District	5	2	2	0	1	$576.00	$387.46	$0.00	$768.00	$538.98
Shelton School District	505	311	59	97	38	$607.91	$680.49	$636.58	$640.65	$624.36
Shoreline School District	899	488	90	200	121	$594.02	$722.89	$654.37	$722.60	$637.65
Skamania School District	8	2	4	1	1	$578.96	$646.87	$639.08	$630.80	$626.91
Skykomish School District	19	10	1	7	1	$637.04	$733.78	$672.21	$733.78	$660.18
Snohomish School District	897	427	95	244	131	$610.13	$819.84	$770.49	$865.57	$713.26
Snoqualmie Valley School District	497	287	37	110	63	$606.71	$732.98	$671.93	$755.77	$649.44
Soap Lake School District	61	32	10	18	1	$645.24	$803.67	$615.59	$1,092.68	$669.80
South Bend School District	89	48	13	20	8	$603.55	$640.52	$639.33	$694.85	$625.20
South Kitsap School District	897	482	89	246	80	$701.61	$794.26	$716.67	$705.83	$715.31
South Whidbey School District	157	79	22	34	22	$595.83	$713.96	$665.16	$688.55	$640.39
Southside School District	20	9	1	7	3	$543.97	$836.21	$598.35	$814.37	$618.18
Spokane School District	2,973	1,282	220	1,240	231	$611.77	$743.03	$735.86	$715.16	$681.27
Sprague School District	21	8	5	4	4	$439.35	$713.91	$624.23	$620.50	$574.44
St. John School District	25	8	6	4	7	$839.21	$660.86	$768.00	$713.47	$749.81
Stanwood-Camano School District	445	214	115	116	0	$635.92	$719.43	$672.51	$0.00	$667.04
Star School District	5	4	0	0	1	$657.92	$0.00	$0.00	$113.41	$549.02
Starbuck School District	5	3	1	1	0	$645.35	$645.35	$645.35	$0.00	$645.35
Stehekin School District	1	0	1	0	0	$0.00	$1,497.25	$0.00	$0.00	$1,497.25

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Steilacoom Hist. School District	241	138	26	57	20	$635.30	$849.15	$736.81	$862.19	$701.21
Steptoe School District	8	2	2	0	4	$683.50	$547.20	$0.00	$691.20	$653.28
Stevenson-Carson School District	62	26	14	3	19	$557.76	$880.29	$884.59	$928.83	$760.12
Sultan School District	202	103	17	58	24	$616.53	$640.49	$623.28	$700.05	$630.41
Summit Valley School District	11	6	1	4	0	$550.26	$384.00	$768.00	$0.00	$614.32
Sumner School District	836	455	66	233	82	$573.23	$600.31	$598.24	$631.32	$588.04
Sunnyside School District	736	424	58	219	35	$621.35	$673.28	$622.20	$673.25	$628.16
Tacoma School District	2,860	1,185	511	481	683	$544.58	$952.95	$704.24	$1,095.06	$775.86
Taholah School District	38	21	5	9	3	$642.21	$680.48	$633.19	$635.07	$644.54
Tahoma School District	701	390	47	199	65	$595.65	$632.44	$650.57	$622.97	$616.24
Tekoa School District	26	9	6	5	6	$599.22	$736.05	$655.25	$814.27	$691.20
Tenino School District	118	62	20	24	12	$646.48	$805.73	$757.90	$845.49	$716.37
Thorp School District	22	9	5	8	0	$515.72	$617.93	$613.78	$0.00	$574.61
Toledo School District	71	35	6	20	10	$566.71	$714.85	$650.06	$715.05	$623.60
Tonasket School District	133	57	24	30	22	$615.67	$696.64	$662.04	$870.79	$682.94
Toppenish School District	408	193	45	125	45	$647.95	$843.75	$704.30	$1,150.27	$742.21
Touchet School District	31	18	1	8	4	$593.97	$615.14	$561.93	$531.74	$578.36
Toutle Lake School District	70	37	8	14	11	$584.96	$655.05	$629.18	$644.74	$611.21
Trout Lake School District	16	8	3	0	5	$673.88	$791.01	$0.00	$940.64	$779.21
Tukwila School District	286	182	15	67	22	$645.53	$712.93	$744.93	$681.35	$675.11
Tumwater School District	649	376	109	164	0	$633.47	$665.20	$648.59	$0.00	$642.62
Union Gap School District	72	41	11	17	3	$582.06	$679.89	$633.27	$680.48	$613.20
University Place School District	494	278	38	117	61	$605.84	$675.15	$637.78	$635.47	$622.40
Valley School District	81	43	10	12	16	$601.07	$767.28	$661.41	$787.13	$667.28
Vancouver School District	2,239	1,214	199	612	214	$618.26	$666.85	$628.73	$638.78	$627.40
Vashon Island School District	146	89	14	28	15	$614.09	$764.70	$624.34	$698.48	$639.16
Wahkiakum School District	47	11	17	16	3	$812.73	$825.21	$840.49	$806.21	$826.28

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Wahluke School District	250	135	36	45	34	$534.82	$856.21	$867.37	$929.97	$694.70
Waitsburg School District	38	22	6	5	5	$600.28	$663.80	$650.51	$673.72	$626.58
Walla Walla Public Schools	710	377	52	216	65	$607.84	$832.41	$807.11	$873.28	$709.21
Wapato School District	373	174	42	127	30	$614.79	$840.41	$684.73	$1,075.76	$701.08
Warden School District	131	28	37	34	32	$797.71	$746.18	$753.87	$762.38	$763.15
Washougal School District	288	201	26	35	26	$624.66	$684.14	$704.05	$709.44	$647.33
Washtucna School District	22	11	3	5	3	$583.23	$682.84	$465.06	$453.87	$552.32
Waterville School District	41	14	9	14	4	$572.71	$614.34	$565.46	$696.71	$591.47
Wellpinit School District	65	41	1	19	4	$566.54	$778.18	$687.03	$985.99	$630.83
Wenatchee School District	843	439	78	238	88	$597.65	$664.07	$644.74	$671.99	$624.85
West Valley School District (Spokane)	409	86	63	164	96	$554.58	$847.72	$689.10	$964.58	$749.91
West Valley School District (Yakima)	466	214	45	154	53	$644.65	$704.75	$647.47	$728.22	$660.89
White Pass School District	56	37	5	10	4	$593.11	$624.95	$618.53	$940.28	$625.29
White River School District	363	207	24	89	43	$635.18	$746.40	$651.10	$690.64	$653.01
White Salmon Valley School District	117	64	22	10	21	$592.07	$763.61	$652.66	$808.94	$668.43
Wilbur School District	40	20	7	8	5	$649.94	$776.29	$586.37	$745.16	$671.24
Willapa Valley School District	42	28	1	8	5	$568.85	$693.14	$635.99	$1,099.62	$647.79
Wilson Creek School District	32	19	6	6	1	$534.65	$779.09	$647.19	$1,063.40	$618.11
Winlock School District	78	42	11	17	8	$593.92	$720.59	$717.22	$648.99	$644.31
Wishkah Valley School District	23	15	2	4	2	$585.72	$972.06	$634.14	$943.41	$658.84
Wishram School District	20	9	3	0	8	$617.95	$703.31	$0.00	$807.34	$706.51
Woodland School District	243	134	21	67	21	$628.10	$687.33	$698.86	$770.81	$665.06
Yakima School District	1,711	842	170	537	162	$717.93	$741.99	$737.11	$773.31	$731.58
Yelm School District	518	283	60	127	48	$650.74	$783.02	$732.34	$919.20	$710.95
Zillah School District	139	73	8	45	13	$589.59	$656.10	$653.98	$652.12	$620.11
Total/Average	**103,116**	**55,313**	**11,605**	**25,260**	**10,938**	**$618.94**	**$740.10**	**$676.32**	**$789.47**	**$664.72**

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Exhibit A18a

Summary of Innovative Plans Features For All Plans Combined by Carrier — Table 1

For Calendar Year 2012

Innovation	1	2	3	4	5	6	7	8
Assessment of chronic diseases in a given population	✓	✓	✓	✓	✓	✓		
Assessment of health risks within the district population	✓	✓	✓	✓	✓	✓		
Assessment of target chronic conditions such as diabetes and depression in district population	✓	✓	✓	✓		✓		
Case-management and utilization-management programs	✓	✓	✓	✓	✓	✓		✓
Centers of Excellence for high-cost cases	✓	✓	✓	✓		✓		
Communication programs to support healthy behaviors	✓	✓	✓	✓	✓	✓		
Coverage for smoking cessation	✓	✓	✓	✓		✓		✓
Coverage for treatment of obesity	✓	✓	✓	✓		✓		
District-specific claims data		✓		✓	✓	✓		
Focused disease-management program	✓	✓	✓	✓	✓	✓		
Four-tier prescription-drug program (generic, preferred brand, non-preferred brand, and specialty)				✓		✓		
Health-risk assessments	✓	✓	✓	✓	✓	✓		
High-risk maternity program; maternity education program	✓	✓	✓	✓	✓	✓		✓
Information on medical trends and factors contributing to increasing claim trends within district populations (for example, high-cost cases, utilization of ER services, and hospital admissions)	✓	✓	✓	✓	✓	✓		
Membership-specific feedback to plan participants/members on needed medical services	✓	✓	✓	✓		✓		
Nurse-line services	✓	✓	✓	✓	✓	✓		✓
PPO network	✓	✓	✓		✓	✓		✓
Reports to district on health-plan performance		✓	✓	✓	✓	✓		
Three-tier prescription drug program (generic, preferred brand, and non-preferred brand)	✓	✓	✓	✓	✓			✓
Value-based plan designs	✓	✓	✓	✓	✓	✓		
We provide district clients with healthcare cost trends		✓	✓	✓		✓		
Website health tools and resources	✓	✓	✓	✓	✓	✓		✓
Wellness newsletters and/or wellness messages on carrier website	✓	✓	✓	✓	✓	✓		
Wellness program design and resources	✓	✓	✓	✓	✓	✓		✓

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Exhibit A18b

Summary of Innovative Plans Features For All Plans Combined by District — Table 2

Calendar Year 2012 — Reporting Districts Only

Innovation	Number of Districts Using
Communicate to employees that healthy behaviors can reduce health benefit costs.	235
Encourage our employees to know their *numbers* (cholesterol, body mass index, blood pressure, and blood glucose levels).	241
Include case-management and utilization-management programs.	231
Know the health risks of our population of employees.	106
Offer a communication plan to target chronic conditions (for example, diabetes and depression).	241
Offer a focused disease-management program.	122
Offer a high-risk maternity program or maternity education program.	219
Offer a Nurse Line service.	255
Offer a website to employees which includes health tools and resources.	281
Offer a wellness program.	251
Offer centers of excellence for high-cost services such as transplants.	226
Offer financial incentives for employees to lose weight.	38
Offer financial incentives for employees to stop smoking.	64
Offer incentives to encourage our population to improve their health.	210
Offer our employees an opportunity to complete biometric screenings.	207
Offer our employees an opportunity to complete health-risk assessments.	274
Provide wellness coaching to our employees.	244
Send out wellness newsletters and/or post wellness messages on site.	256
Our district has a benefits strategy that includes improving the health of our employees.	127
Our district has specific health plan goals for our employees.	48
Our health plan administrator/insurer or other third party works with us to find ways to reduce our health plan costs.	259
Our health plan administrator/insurer provides us information on health care cost and trends.	256
To reduce unnecessary health services at least one of our health plans includes a co-payment for emergency room services.	284
To reduce unnecessary health services at least one of our health plans includes a co-payment for inpatient hospital admissions.	280
To reduce unnecessary health services our pharmacy program requires higher co-payments for brand-name drugs where a generic drug is available.	287
We contract with an independent third party to provide wellness services to our employees.	56
We contract with our health plan to provide wellness services to our employees.	226
We have a benefits budget that includes a wellness promotion component.	53
We offer a *consumer-driven* health plan with a Health Savings Account.	199
We offer a plan design with a network of providers (hospitals and professionals) and higher benefits for use of in-network providers.	282
We participate in a health plan coalition.	192

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Exhibit A18b

Summary of Innovative Plans Features For All Plans Combined by District — Table 2

Calendar Year 2012 — Reporting Districts Only

Innovation	Number of Districts Using
We provide incentives for employees to use our wellness programs.	193
We receive health plan performance data from our health plan administrator/insurer.	209

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Exhibit A19a

Efforts and Achievements by Carrier

Calendar Year 2012

Carrier	Category	Efforts and Achievements
Carrier 1	**Adminisrative Cost Reduction**	REFER TO "INFORMATION FOR THE OIC FOR SCHOOL DISTRICT"
	Cost Savings	REFER TO "INFORMATION FOR THE OIC FOR SCHOOL DISTRICT"
	Customer Service	REFER TO "INFORMATION FOR THE OIC FOR SCHOOL DISTRICT"
	District Management of Health Plans	REFER TO "INFORMATION FOR THE OIC FOR SCHOOL DISTRICT"
	Part-Time Employee Coverage Protection	REFER TO "INFORMATION FOR THE OIC FOR SCHOOL DISTRICT"
Carrier 2	**Adminisrative Cost Reduction**	1. Health plan systems replacement. Group Health is evaluating the timing and strategy of replacing our core systems in the near future to improve the efficiency and effectiveness of our operation systems. We are in the process of implementing a new care management information and workflow system and customer relationship management tools. 2. Streamlining our management structure. This work will involve setting standards for management roles and examining variation in our management structure.

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Exhibit A19a

Efforts and Achievements by Carrier

Calendar Year 2012

Carrier	Category	Efforts and Achievements
	Cost Savings	1. We work closely with the client to find the right benefit designs and network options and integrate them with our own delivery system to ensure that the group can maximize cost controls. 2. We offer patient-centered care that promotes collaboration between physicians, specialists, and other members of the health care team. We empower employees to improve health through cost effective care management, wellness solutions, and occupational health services. All of these can result in a more productive workforce and lower overall costs. 3. Online system edits that catch inappropriate billing, review coding, identify duplicate billings, and COB/Subrogation opportunities. 4. Pre-payment review of high dollar claims.
	Customer Service	Group Health's Quality Assurance Program utilizes call monitoring to measure, manage, and improve the quality performance of individual representatives and the call center overall. Customer Service Representatives calls are randomly recorded and monitored to use them as a performance evaluation tool and determine if representatives are meeting quality standards. To ensure consistency in scoring, supervisors and leads who monitor the calls meet to calibrate on a weekly basis. Monthly we review calls escalated to our leads and misquoted benefits to determine coaching opportunities for each representative. We use our documentation of the reason for the customer contact to identify trends so we can provide scripting, training, and coaching as needed. This is done formally on a monthly basis and informally in our team huddles on a daily basis.
	District Management of Health Plans	1. MyGroupHealth for Employers offers secure, convenient access to the transactional tools employers need to effectively manage their health care benefit programs. You can login to enroll new subscribers and their dependents online, and make changes for your existing employees — adding or terminating dependents, or terminating the entire subscriber record. You can also order ID cards with a few simple clicks.

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Efforts and Achievements by Carrier

Calendar Year 2012

Carrier	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	We allow access for part-time employees working a minimum of 17.5 hours per week.
Carrier 3	**Adminisrative Cost Reduction**	As a member of the Blue Cross and Blue Shield Association, BlueCard provides significant savings to Regence employees traveling or residing outside the Regence service area. In addition, Deploying a strategy of smaller, more cost effective, higher quality networks with PCP based selection, will benefit the School Districts and its employees by keeping costs down through collaborative arrangements with key provider systems. In addition, we feel that we are best positioned to work with these key provider entities to enter into exclusive network and product arrangements geared specifically toward the School Districts and its employees. We will also look at different product optoins, including new High Deductible plans. We will continue to streamline our service delivery models to gain additional efficiences and cost saving through investments in technology and people. All customer services functions related to regence School Distict business, are run through one, centralized service center which helps keeps cost down while maintaining dedicated subject matter experts knowledgeable about the products and
	Cost Savings	Regence has the highest number of providers “in network” in the state (98%+ of all claims are paid “in network”). We also use Evidence-based medical protocols that allow Regence to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the member’s needs. Real-time access to consumer decision-support resources (ie: myregence.com- as described below) to help enrollees understand and direct their health care needs.- Also see Innovations Section (below) for additional ideas for cost savings
	Customer Service	Regence has a world class website called myregence.com with access to information about the employee benefits – this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. This website has been nationally recognized by the Blue Cross and Blue Shield Association as the template for transparency tools nationwide. All customer services functions related to regence School Distict business, are run through one, centralized service center which helps keeps cost down while maintaining dedicated subject matter experts knowledgeable about the products and services delivered to the Districts in order to achieve administrative savings.

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Efforts and Achievements by Carrier

Calendar Year 2012

Carrier	Category	Efforts and Achievements
	District Management of Health Plans	Regence offers an array of servives and tools to help Districts manage benefits. We start by assigning each District a Senior Account Executive. This person is the strategic liasion between the District, it's broker, and Regence. This individual is responsible to work with the District to help manage benefits, look at plan design options, discuss cost containment services, and to focus on member engagement while directing the appropriate resources from a service perspective. In addition, we offer Real-time access to consumer decision-support resources (ie: myregence.com- as described below) to
	Part-Time Employee Coverage Protection	When a full time employee's hours are decreased, we will work with the member to review other plan options that allow the individual to remain covered on a medical program. We also offer lower cost plan options to help part time employees.

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Efforts and Achievements by Carrier

Calendar Year 2012

Carrier	Category	Efforts and Achievements
Carrier 4	**Adminisrative Cost Reduction**	Kaiser Permanente is committed to administrative simplification and responsible stewardship of our assets. In our care delivery model, doctors, nurses, and specialists work collaboratively to provide the right care at the right time, keeping care costs low. Our doctors, hospitals, medical offices, pharmacies, labs, and health plan are all part of one organization. This makes it easier for us to coordinate care for lower costs and better results. As an integrated health care delivery system we know that we are a more efficient and effective health plan. Further, because our health care teams can share information easily, we are also collectively smarter and this built in collaboration among experts leads to better health care outcomes. Information is shared across the hall and across the state. One shared electronic medical record means every physician, nurse, pharmacist, and other member of the care team can pull up a member's entire medical history, lab test results, and list of prescriptions. The results of our collaborative efforts are clear: ? Less likely to repeat tests—our physicians are 12 percent less likely to repeat tests or procedures than physicians at other large practices, lab utilization decreases of up to 7%, and overall decrease of up to 14% in radiology tests ? Paper medical record costs - reductions in by as much as 64% ? Reducing costly hospital readmissions—one out of five hospitalizations among Medicare patients results in a readmission within 30 days of discharge. We developed a transitional care program across all our regions that reduced hospital readmission for members with heart failure by 30 percent—saving $12 million and an estimated 410 lives ? Complete information sharing—primary care physicians and specialists can view each other's treatment notes in real time via the member's electronic medical record. This allows for a thorough and accurate exchange of information, which can help keep members healthier ? Higher medical benefit ratio—our June 1, 2012, final medical benefit ratio filing for 2011 group plans was above the thresholds established by the Affordable Care Act—a minimum of 85 percent of premium revenue for large groups and 80 percent for small groups

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Efforts and Achievements by Carrier

Calendar Year 2012

Carrier	Category	Efforts and Achievements
	Cost Savings	The primary ways Kaiser Permanente controls costs are by engaging members to participate in their own health, and by reducing waste—helping healthy members stay healthy and motivating those with unhealthy habits to make positive lifestyle changes, eliminating unnecessary procedures and reducing paper costs. Unlike traditional health care providers, we offer a fundamentally different approach to care. Our health plan, doctors, hospitals, medical offices, pharmacies, labs, and more are all part of one organization. Because our doctors are salaried and measured according to how well they raise the bar for member health, our model frees doctors to focus on patients—not the itemization of services or the collection of claims. Their personalized, dedicated approach to member health is supercharged with the incredible tools and information within Kaiser Permanente HealthConnect®. This award-winning system is at the fingertips of every caregiver in every one of our facilities. Our investment in our industry-leading electronic health record (EHR) system is not only our most effective member engagement tool; it also reduces overutilization and maximizes information sharing. All Kaiser Permanente providers can securely access this system and view a member's previous test results and other physician notations, which help reduce duplication of lab tests, unnecessary medical visits, redundant utilization of services, and pharmacy errors. In 2012, a comparison of health plans across the United States, AON Hewitt reported that Kaiser Foundation Health Plan of the Northwest is the most cost-efficient plan across all markets we serve. Nationally, Kaiser Permanente is 11% more cost-efficient than the average HMO and 16% more cost-efficient than all plans in the markets it serves. Member Engagement We emphasize keeping members engaged and healthy, with a strong focus on prevention. An important way we do this is by offering a broad range of programs to promote good health and encourage members to fully participate in their own health care. We offer comprehensive disease management programs, healthy lifestyles program, health education classes and self-care programs, and decision-support tools that empower consumers. The results of these programs include: • Among participants in HealthMedia Care® for Diabetes online program, productivity increased 5% after just 30 days in the program. Projected savings is several thousand dollars per year per participant • Approximately 54% of members participating in the HealthMedia Breathe® program report that they've quit smoking • Of the members surveyed who completed the HealthMedia Balance® weight management program, 56% lost weight after participating for six months

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Efforts and Achievements by Carrier

Calendar Year 2012

Carrier	Category	Efforts and Achievements
	Customer Service	Member, patient, and customer perceptions, experiences, and requests drive Service Quality improvement initiatives for our Membership Services. One of the pillars of our Operating Plan is "People and Culture" with a vision to create a culture of high performance that epitomizes partnership and mutual support with a focus on care and service to members. With this vision come four goals and the aspiration of having a flexible, agile, empowered work force. Performance is measured by the People Pulse work unit index defined by specific measures. To meet these goals we have implemented a number of service excellence initiatives in the areas of service behavior standards, recognition, performance management, and leadership education. Ownership and accountability for work environment satisfaction reside in every individual but are emphasized in the accountabilities of leaders. Outcomes Measurements & Benchmarks We are committed to measuring and tracking the satisfaction of our members so that we may continue to improve the quality of care and service we provide. We conduct various internal surveys as well as participate in the National Committee for Quality Assurance's (NCQA) Consumer Assessment of Health Plans Survey (CAHPS) to evaluate member satisfaction with health care and service. The results of both internal and external surveys are disseminated throughout the organization and are used to monitor performance and target areas of improvement. We participate in the annual Consumer Assessment of Health Plans (CAHPS) Study and consistently meet or exceed regional and national averages on a broad range of survey questions pertaining to member satisfaction with the Health Plan, Plan physicians, member services, and access to care.

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Exhibit A19a

Efforts and Achievements by Carrier

Calendar Year 2012

Carrier	Category	Efforts and Achievements
	District Management of Health Plans	We engage with each district to provide personalized service and consultation that fits the district's preference. We provide extensive reporting that analyzes plan utilization and demonstates the value and cost savings achieved through our integrated care. We provide consultation on industry trends, product innovations, workplace wellness strategies, and benefit plan design options. We are available for member education events regarding health plan benefits, as well as wellness events. Our goal is to make it easy for the district's employees to engage in their health at home, online and at our facilities. This is our all-inclusive approach that saves the district money, which supports the school's budget, as well as the health and well-being of their empoyees. Other achievements include entertaining and educating thousands of students and hundreds of teachers about healthy food choices, physical activity, and screen-time limits through more than 110 Educational Theater performances from 2010 to 2012 in Clark and Cowlitz Counties. Our partnership with Playworks brings discounted training programs to more than 40 regional schools. Training helps administrators and other adults facilitate fun, inclusive play at recess and incorporate physical activity into the curriculum. We also sponsor the Thriving Schools program which is a comprehensive, multi-year effort to improve the health of students, staff and teachers in K-12 schools in the communities that Kaiser Permanente
	Part-Time Employee Coverage Protection	Benefit eligibility is determined by the group.

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Efforts and Achievements by Carrier

Calendar Year 2012

Carrier	Category	Efforts and Achievements
Carrier 5	**Adminisrative Cost Reduction**	We recognize that the rising cost of health care is one of the most serious challenges facing Americans today. UnitedHealthcare has risen to meet this challenge through innovative solutions that address both medical cost and quality of care. We believe that helping our members get the best care is the best way we can address cost. By utilizing a comprehensive range of tools and resources, our strategic account administration team will work with Snoqualmie Valley School District to design customized solutions. Your priorities provide the framework to guide the process. Here are some examples of how UnitedHealthcare is leading the industry in addressing medical costs, while at the same time promoting the health of our members: ENHANCING QUALITY ACROSS THE ENTIRE SYSTEM By building on our provider relationships and centering our efforts on the best providers, we have achieved a broad national network that is the largest, individually owned network in the nation. But the data is clear that there are differences in the way individual physicians and hospitals deliver care, and these differences result in wide variations in both the quality and cost of care delivered to consumers. Building on this knowledge, we support health care professionals with the right tools, such as the best available scientific guidance and performance feedback. To enhance and incent high-quality, efficient health care in our networks, we offer the UnitedHealth Premium program to all of our customers and members at no additional charge. HELPING PEOPLE LIVE HEALTHIER LIVES THROUGH TAILORED CLINICAL SOLUTIONS Our organizational mission is to help people live healthier lives—to identify opportunities to improve their health earlier rather than after a medical event. Our goal is to be able to identify members with health risks sooner, help them keep chronic conditions under control and have more information about that individual available to us when they need our help. Through our eSync technology platform, we are able to integrate data from numerous sources, such as medical and behavioral health claims, pharmacy data, lab results and health assessments. This means we can create a whole-person view of each member to get a clear picture of his or her health status. eSync then helps us identify opportunities for intervention before a major health event occurs. Intervening early can influence as much as half of overall costs.

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Efforts and Achievements by Carrier

Calendar Year 2012

Carrier	Category	Efforts and Achievements
	Cost Savings	Because you have entrusted us to process your claims in the most cost-effective manner, we designed our claim system specifically to control costs, prevent payment of non-covered services and protect from fraud and abuse. COST CONTROL FEATURES * Secure, tested load of the benefit plan for online benefit calculation * Online eligibility determination * Online coordination of benefits detection and calculation * Online duplicate detection * Online deductible and out-of-pocket calculations * Online application of negotiated rates * Online utilization review and calculation FEATURES INTENDED TO PREVENT PAYMENT OF NON-COVERED SERVICES * Secure tested load of the benefit plan to include non-covered services * Online medical guidelines that can specifically indicate non-covered procedures * Complete quality review to focus on non-covered services * Complete training of specialists about coverage specifics PROTECTION FROM FRAUD AND ABUSE * Online security module to prevent unauthorized access to the claim system or payment beyond authorized limits * National physician and other health care professionals file unit to prevent loading a physician or other health care professional into the claim system until completion of detailed investigation * Anti-Fraud and Recovery Solutions (AFRS) a comprehensive program designed to limit the impact of abuse and fraud for customers and for us * A comprehensive training and fraud awareness program used to train transaction teams, underwriting and customer service representatives to identify potential fraud issues * Designated transaction center and health plan staff throughout the country who works with AFRS to detect and prevent inappropriate medical benefit payments resulting from abuse or fraud

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Efforts and Achievements by Carrier

Calendar Year 2012

Carrier	Category	Efforts and Achievements
		* A clinical prospective review program that uses internal flags to review suspect claims prior to payment * A recovery team that investigates possible overpayments related to abuse and fraud and recovers funds lost through those practices * A compliance program that ensures adherence to local, state and federal laws related to potential fraud matters and how they are handled HOSPITAL BILL AUDITS Our hospital audit vendor receives a monthly claim payment extract for inpatient and outpatient claims that exceed $10,000 in billed charges. The vendor runs those claims against its database and selects those that are candidates for audit. Selection is based on diagnosis, type of services rendered and previous billing history with a facility. In an up-front review of the claim information against a copy of the hospital bill, the audit vendor may detect a hospital billing error. Other claims may be subjected to an in-depth review of all charges against the hospital's medical records. This is referred to as a line-by-line review of billed charges. Our vendor will schedule and complete the audit. The vendor collects the refund, deducts its fee for services and sends the net refund amount to us. The fee is contingent upon recovery. HIGH-DOLLAR CLAIM NOTIFICATION PROCESS The high-dollar claim notification process notifies various business areas and the customer, as appropriate of high-dollar claims. It includes an additional operational review of claim payments of $250,000 or more before the payment is released, and payment notification at the $250,000 level. Designated representatives from the production (claim) department's Development and Standards, and Quality organizations ensure that benefits are paid according to existing policies and procedures, and audit the claim using established audit criteria. After this review, an Operations High-dollar Claim Review Committee reviews the proposed claim payment to confirm that claim payment is reasonable and accurate according to benefit plan guidelines, contracts with physicians and other health care professionals, industry guidelines and our reimbursement policy. Online claim payment information is always available through Employer eServices.

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Efforts and Achievements by Carrier

Calendar Year 2012

Carrier	Category	Efforts and Achievements
		OVERPAYMENT RECOVERY We have a comprehensive internal recovery program. In addition to our team of employees dedicated exclusively to recovering overpayments, we can recover overpayments from physicians and other health care professionals by offsetting future payments. To supplement our internal recovery efforts, we use a number of vendors to maximize recovery. Recovered dollars are returned to the customer's bank account. CREDIT BALANCE RECOVERY Credit balance recovery is a component of overpayment recovery performed by an external vendor. Credit balance recovery is performed by AIM Healthcare, part of OptumInsight, a UnitedHealth Group company. AIM performs on-site reviews of positive balances or credits existing on customer accounts and is responsible for identifying, validating and recovering the overpayments on our behalf. AIM retains a percentage of the recovered amount as reimbursement for the cost of this service. COORDINATION OF BENEFITS (COB) During enrollment, we ask for other coverage information for both employees and their dependents. We load this information into our claim system. Then, if during claim processing, an indicator states that other coverage is applicable to any dependent, our system denies that dependent's claim and requests a primary insurance statement for the dependent. We request an update to other coverage status every 12 months. If complete coordination of benefits (COB) information is not provided on the enrollment application, we may send an inquiry letter to the member requesting the information we need. RETURN ON INVESTMENT (ROI) We measure each return on investment (ROI) annually and can compare Snoqualmie Valley School District's savings over time with a year-over-year savings analysis. A change in health plans will not impact Snoqualmie Valley School's ROI calculations unless the benefits offered to your members change as well. If the benefits change, changes in ROI calculations and other longitudinal data tracking will be accounted for through actuarial adjustments based on benefit or other changes. We currently utilize a participant/non-participant methodology for measuring the effectiveness of integrated programs.

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Calendar Year 2012

Carrier	Category	Efforts and Achievements
		For Disease Management evaluations, we utilize a pre-post approach that is consistent with the Care Continuum Alliance (formerly known as the Disease Management Association of America) guidelines. We would be happy to have further conversations regarding the overall measurement approach for Snoqualmie Valley School District. NETWORK SAVINGS We offer our customers and members three levels of reimbursement programs. While our traditional discounts save expenses on network services, we also have two non-network strategies that lower the costs of non-network and out-of-area claims. FIRST TIER - TRADITIONAL DISCOUNTS Our traditional networks are broad with easy access and benefit designs that encourage members to use our network services whenever possible, resulting in the highest possible claim savings. Our contracting process capitalizes on both our national strengths and our local market knowledge and expertise to achieve our national network goals. Our contracting efforts are designed to: * Increase access by maintaining a large number of physician and other health care professionals in a variety of specialties * Establish positive and supportive physician relationships that promote delivery of quality health care to all of our members * Reimburse physicians only for those services actually rendered and only for services that are medically appropriate * Achieve the most favorable price through fixed, negotiated rates SECOND TIER - PHYSICIAN SHARED SAVINGS PROGRAM The Physician Shared Savings Program (SSP) makes up the second-tier level of discounts in our discount program by enhancing our traditional participating network. It includes both wrap network discounts and claim-specific negotiations. We have contracted with Multiplan, First Health Group, Viant and other non-logo networks, which have thousands physicians contracted nationally for vendor wrap. SSP discounts can apply regardless of the member's benefit level. This means that SSP may apply to non-participating claims, including radiology, anesthesiology, pathology and laboratory services (RAPL), regardless of benefit level. Through these programs, a discount may be applied when a member accesses a wrap network physician.

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Efforts and Achievements by Carrier
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		ADVANTAGES TO EMPLOYERS * The programs are easy to administer. Discounts are automatically applied when a claim is processed and are noted on the member's explanation of benefits (EOB), eliminating any need for employer intervention. * Plan changes are not required. ADVANTAGES TO MEMBERS * Members who receive services from these programs benefit from reduced coinsurance dollars for their discounted fees. * Physicians and other health care professionals participating in the SSP vendor's network are prohibited from balance billing members when their contractual discount is taken (*). * Members will not receive a separate SSP provider directory, but electronic access to the SSP vendor directory is available to the member through myuhc.com. Savings are applied post-service when an SSP physician or other health care professional has been used. * Easy-to-read billing identifies when an SSP physician and other health care professional was accessed that resulted in cost savings. * Special claim forms are not required when a member accesses the SSP physician or other health care professional. (*) There may be situations in which the SSP providers are not paid per the SSP, but are instead paid like other non-network providers. In such cases, the member's out-of-pocket cost will be the same as if discounts were not available through the SSP. THIRD TIER – MAXIMUM NON-NETWORK REIMBURSEMENT PROGRAM In addition to our SSP program, our Maximum Non-Network Reimbursement Program (MNRP) offers yet another alternative to help reduce the impact of rapidly rising, uncontrolled non-network expenses. Instead of basing non-network reimbursement on uncontrolled, charge-based prevailing fees, we reimburse plan expenses according to standards established by the federal government (such as Medicare). Members retain the freedom of choice to access either network or non-network health care services, but realize they may carry a more significant financial responsibility when using non-emergency, non-network services, thereby creating a member incentive to use our broad, discounted network. Under this approach:

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		* Reimbursement for non-emergency, non-network physicians and other health care professionals is based on a percentage of the published rates allowed by Medicare for the same or similar services. These standards are cost-based payment methodologies established by the Centers for Medicare and Medicaid Services (CMS). Medicare's payment methodologies are widely understood and accepted by physicians and other health care professionals. * The program applies only to non-emergency services that are provided by non-network physicians and other health care professionals. However, it does not apply when non-network services are coordinated and approved by UnitedHealthcare as covered network services, or to any other non-network services that are considered payable as a network benefit. * If no Medicare rate exists for a particular service, then the eligible charges will default to 50 percent of billed charges. * This program can be administered alongside our Shared Savings Program (SSP), with the Medicare-based reimbursement levels applying only where savings are not obtained under that program. We make information available in a variety of ways to assist employees in understanding how the program works. This includes written consumer materials, conversations with customer service representatives, consumer activation messaging on health statements and information on myuhc.com. RESULTS SHOW MNRP WORKS For employers with MNRP, the rate of total cost trend on average slowed 1 percent to 2 percent within the first year. We expect additional savings beyond the first year. These savings can be attributed to a combination of change in employee behavior from non-network physicians to network physicians, and to lower reimbursement to non-network physicians. For employers who experience high non-network utilization, savings can be significantly higher. This program is not only reducing the impact of escalating non-network cost trend, but is also encouraging physicians to join our network. It is just one more component of our commitment to providing practical, affordable products and services, along with extensive network access to quality care.

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	Customer Service	Like Snoqualmie Valley School District we believe that a key to reducing medical costs and producing better outcomes starts with member engagement – and the role of the customer service representative has become more and more important to influencing member behaviors and decision making. When members call us, it's important that we give them prompt answers to benefits and claims questions. But this connection to the member is also a valuable moment to guide them to better health. That's where customer service representatives (CSRs) can help. This Enhanced Service Model, available to members from 8 a.m. to 8 p.m., Monday through Friday, combines expert service with meaningful advising for a complete member service experience. SERVICE Managing a claim or benefits problem or resolving a billing dispute can be a huge stressor for members. These issues are often too complex for members to sort out on their own, or even discuss with their doctor. They want to call an expert who will work through these issues immediately. Equipped with powerful technology, resources and key contacts, our experienced customer service representatives can alleviate that stress by taking ownership of the problem and resolving nearly all issues during the first call. Depending on the situation, the CSR will: * Call providers or billing agencies for members to resolve claims issues or obtain additional information to pay a claim. * Work directly with our internal business partners to resolve inquiries not resolved on the phone. * Follow-up with members to report on status or resolution of an inquiry. On another level, our Web-based suite of technology capabilities help our CSRs deliver a more personalized and effective customer care experience to your members. For example, the CSR is ready to: * Offer personalized messages to educate members on ways to improve health or reduce costs. * Give a snapshot view of all products members can use to their advantage. * Use an advanced knowledge management system to better answer members' questions.

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		CSRs have special navigational access to claim and benefit information, reducing the amount of time the member stays on the phone. However, we think it's important to note that we don't limit talk time, as we believe the member determines how long the call lasts based on their questions and concerns. For an additional cost, our CSRs can also respond to inquiries via secure messaging through the myuhc.com Message Center. Members can send messages 24 hours a day, seven days a week, and receive a response within one business day. Having an advocate who assumes full ownership of member issues, and takes responsibility for fast resolution of inquiries translates to satisfaction. CSR caller satisfaction scores are currently averaging 95.00 percent. ADVISING With member behavior driving 50 percent of health care utilization, we must use every touch point possible to engage members in their health and well-being. In addition to providing expert service, we believe the customer service representative's role is to advise members on how to maximize their health care investment and improve their health care decision making abilities, which ultimately affects the health of your bottom line. To that end, all of our CSRs work to: * Educate members on various health- and financial-related topics, including network doctors, generic drug utilization, UnitedHealth Premium provider designations, and ways to optimize CDHPs. * Promote educational campaigns to improve enrollment or utilization of value-added programs, such as online wellness services or certain procedures like mammography screening. * Engage our medical directors or nurses to resolve clinical concerns; or even tap financial experts to resolve a member's questions or problem. They can even help make an appointment with a physician. We know that health benefits offerings are complex and the system is often difficult to navigate. Helping members understand their benefits and how best to use them results in better health, lower out-of-pocket expenses and savings for your employees. KNOWING SNOQUALMIE VALLEY SCHOOL DISTRICT To deliver exceptional service performance, we feel it's imperative to talk to you directly, learn your company culture,

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		know your service objectives, and discern the specific needs of your employees. Your account management team (AMT) will meet with you to review the specifics of your benefits plan, plan set-up, special processing provisions, and most importantly, your members' needs, your culture and your specific directives. To tailor a service strategy, we pay close attention to: * Past experiences (likes, dislikes, service issues, expectations) * Employee demographic factors (age, sex, race, marital status, income level, education) * Geographic factors (locations, urban/suburban, rural) * Behaviors (lifestyle choices, attitudes) * Your industry dynamics (products, markets, competitors, work force) From there, we tailor a service strategy to your satisfaction, and execute a training plan for our customer service representative team—one that focuses on how you like to do business. ANOTHER ADVANTAGE We offer a significant differentiator in providing our enhanced service model, as our CSRs are trained to identify and triage members calling with clinical issues. When the call begins, they use their extensive training and experience to determine if a clinician needs to be engaged. CSRs are taught to recognize spoken cues from the member, and are experienced in asking the right questions and bringing up discussion points that may reveal clinical needs or trigger referrals to the appropriate clinical program (e.g., care or disease management, etc.) In addition to verbal cues, CSRs are trained on an enhanced technology platform equipping them with information promoting personalized and effective interactions. We believe that this triage role is vital to optimizing health care. In the advocacy role, the CSR is a key point of contact in supporting the fluid transfer of members to the optimal resource. By leveraging technology, people and time to connect with each member on a personal level, we expect to become the industry leader at driving behavior change. We have seen that behavior change brings about better, long-term, sustainable results across the health care spectrum, and improves member health while lowering the cost of health care.

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		OUR CUSTOMER SERVICE REPRESENTATIVE TEAM To help members make better health care decisions and utilize benefits effectively, you need a team skilled in listening, responding and influencing. We have assembled a team of remarkable CSRs nationwide whose focus on building rapport and managing relationships is as important as their knowledge of benefits, policies and procedures. Our team members have withstood a rigorous selection process and a comprehensive 14-week training program that focuses on extensive soft-skill, product and process training. They will also have been trained on your culture, your people and your plan, and we will tie their compensation to your satisfaction, with a quarterly bonus program that is weighted on member satisfaction and quality. All of their training and performance objectives will be aligned with your strategy and your expectations of us. ONE STOP POSSIBLE WITH INTEGRATED TECHNOLOGY We have a history of using innovative technology, alongside our people, to connect better with members and drive behavior change. CSRs access an integrated systems platform, so they can instantly answer questions on a broad set of benefit programs and services. We are currently resolving 93.24 percent of calls while the member is on the telephone with us, by accessing a myriad of information online, including medical, pharmacy, FSA, and HRA data, as well as all other relevant benefit- and claims-related information. We can also support interfaces to many external programs and health care professionals. We also maintain a dedicated Snoqualmie Valley School District section of our online resource tools, so we can easily reference the nuances of your culture, preferences, benefits, programs, special services and all training materials specific to your plan. To enable our customer service representatives to communicate effectively with a diverse group of members, we use a tool called Behavioral Analytics. This innovative new technology analyzes the caller's voice and predicts caller dissatisfaction or distress. The tool allows us to personalize our call handling, based on each unique member's needs and attitudes. We also use the results to provide ongoing training and coaching for our customer service representative staff. The results are higher levels of member satisfaction and greater first-call resolution. By leveraging technology, people and time to connect on a personal level with each individual, we aim to fully engage

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		members in their health. Engagement and behavior change will bring about better health for your employees and your bottom line. We ranked highest in satisfaction among self-funded customers according to the latest J.D. Power and Associates survey. In the words of our members, our Enhanced Service Model is changing the customer service experience: Snoqualmie Valley School District will receive customer service provided by our customer service representative team based in all six of our customer care sites. This will enable us to serve your members needs in a more efficient manner. All member calls are taken in the United States. Our customer care centers are located in the following locations: ? Buffalo, New York ? Chico, California ? Green Bay, Wisconsin ? Greensboro, North Carolina ? Kingston, New York ? San Antonio, Texas In times of heavy call volume, our team members are available to assist and ensure that high service standards are maintained no matter where the call is answered. All of our customer service representatives have access to complete member information and desktop reference tools that put your specific benefits information at their fingertips to ensure informed service for all calls. STATISTICS Our current national customer care statistics are: ? Average Speed to Answer = 31 seconds ? Abandonment Rate = 1.7 percent ? First-call Resolution (FCR) = 93.24 percent ? Call Quality = 98.5 percent ? Ratio of CSRs to Members = 1:12,154

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		? Number of CSRs = over 1,500 staff members
		?

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	District Management of Health Plans	Below are just of few the efforts we have in place to manage health benefits. UTILIZATION MANAGEMENT Our utilization management program focuses on helping members receive the right care in the right setting at the right time by evaluating the quality, continuity, timeliness and outcomes of health services. Our medical directors and nursing staff work closely with health care providers to ensure treatment plans are consistent with evidence-based guidelines, are clinically appropriate, cost effective and optimize health care outcomes. PRIOR AUTHORIZATION We require prior authorization of certain services and procedures to identify gaps in care, confirm available benefits, assess for inpatient care management and discharge needs, identify readmissions, apply medical policy and coverage review of certain services and procedures, prevent delays in care and promote delivery of the physician's treatment plan. For services requiring advance notification, we authorize the service as well as the treatment setting. CLINICAL COVERAGE REVIEW (CCR) Clinical coverage review encompasses pre-service review and medical claims review (retrospective review). We provide pre-service review for services that require advance notification and prior authorization. Medical claim review provides post-service clinical review of claims using medical policies and benefit plan documents. We review claims for coding appropriateness, reimbursement and claim code edits. Our CCR team also reviews appeals related to adverse determinations. CCR sends the case to the appropriate medical director (not previously involved in the case, in the same specialty). Medical directors may determine the case requires external physician review. ADMISSION NOTIFICATION We require hospitals, skilled nursing facilities and acute rehabilitation facilities to notify us within 24 hours of all inpatient facility admissions or by next business day for weekend admits. For emergency admissions where a member/enrollee is unstable and not capable of providing coverage information at the time of admission, the facility should notify UnitedHealthcare as soon as the information is known and communicate the extenuating circumstances. CARDIOLOGY PRIOR AUTHORIZATION PROGRAM We require cardiac prior authorization for: ? Diagnostic catheterization ? Electrophysiology (EP) implants: defibrillators and pacemakers

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		RADIOLOGY PRIOR AUTHORIZATION PROGRAM We require radiology prior authorization for: ? Advanced outpatient imaging ? Positron emission tomography (PET) Scans ? Computerized tomography (CT) Scans ? Nuclear medicine INPATIENT CARE MANAGEMENT Inpatient care management (ICM) nurses perform on-site or telephonic review. Nurses evaluate all cases assigned early on the same business day and determine the frequency of review at that time. CONCURRENT REVIEW Concurrent review is a component of inpatient care management to ensure a hospital stay is proceeding as planned. Nurses complete an initial assessment to determine the goal length of stay, which determines the frequency of review and/or referral to other care management programs. Nurses use Milliman Care guidelines, internal protocols, and our proprietary risk-scoring tool to prioritize reviews. DISCHARGE PLANNING Nurses work with the attending physician and hospital to coordinate the timely delivery of hospital services. The inpatient care management team assists with the arrangements for alternative services or programs, as appropriate, and facilitates discharge and/or transition to a lower level of care at the appropriate time during the course of care. Members may also be enrolled in transitional case management for ongoing care or to holistically address a particular condition as part of notification or during discharge planning. TRANSITIONAL CASE MANAGEMENT Our Transitional Case Management program serves as a bridge between the hospital and home for members at high risk of readmission. Designed to ensure that post-discharge plans and home health care needs are being met, Transitional Case Management supports members with the greatest needs in order to avoid preventable hospital readmissions. ESYNC TECHNOLOGY PLATFORM eSync employs a technologically advanced solution and logic set to promote a healthier culture and long-term health care value for all consumer populations, from the most healthy to those at the greatest risk. This robust platform allows us to synchronize wellness, behavioral and clinical programs across the spectrum of care.

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		The eSync Platform is a proprietary technology platform through which we synchronize health care management and deliver personalized health-management solutions. This platform encompasses the processes to: ? Identify and segment population ? Execute clinically-robust and highly personalized health management programs ? Engage and activate at the consumer and provider level ? Monitor and measure outcomes Our proprietary rules engine, or intelligence, that synchronizes an array of claims data (medical, laboratory and pharmacy) against Evidence-Based Medical Guidelines to identify opportunities to improve health care, prescription medication savings opportunities and safety issues. The rules engine is the part of the eSync Platform that identifies opportunities to engage the population to use the right provider, seek the right care, take the right medications and live the right lifestyle. More specifically, eSync drives the following: ? Total population monitoring and holistic member view. Constant monitoring and synchronization of population data to build a holistic view of each member using a combination of pre-adjudicated medical claims, pharmacy data, lab results and leading clinical indicators as well as behavioral and worklife elements. ? Proactive health management: ? Identification of opportunities for intervention relating to more than 50 states, such as heart failure, breast cancer, epilepsy, osteoporosis and depression. Disease monitoring gaps, medical management considerations, medication adherence and interaction alerts, provider and treatment choice options, lifestyle enhancement opportunities, and money saving tips are all used to help members make better informed decisions. ? Because we are capturing incurred claim data, rather than adjudicated claim data, we have access to actionable information in as little as five days, where the industry average is 120 days. And, most importantly, because almost 65 percent of our value drivers are proactive, identifying opportunities before a major health event occurs, we can focus on prevention and not simply gaps in care. ? Quantification and prioritization of opportunities for intervention using value drivers that evaluate the expected impact on utilization, spending and required effort to close gaps. We can prioritize and focus on those opportunities with the biggest potential clinical and cost impact. Value drivers focus on linking members with the right providers, the right treatments, the right medications and the right lifestyle choices. Members are guided to the optimal care providers and facilities for their unique care needs, including UnitedHealth Premium designated physicians and facilities as well as over

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		1,300 Centers of Excellence. ? Consumer engagement—Increased consumer engagement by providing access to tools and information such as the personal health record, online Web-based behavior modification programs, health assessment results and health kiosks along with access to personalized HealtheNotes messaging via mail and our consumer and physician portals (myuhc.com, UnitedHealthcare Online). HealtheNotes messaging is also delivered by nurses via telephone and secure e-mail for high-risk members engaged in one of our acute or chronic condition management programs. Expanded capabilities being explored for the future include delivering personalized consumer messaging via mobile phone or IVR. HealtheNotes Reminders are the one of the vehicles that can communicate these opportunities to the member. These communications are proven interventions that incorporate distinct patient messaging to improve the quality of care and create a more engaged and compliant consumer. Through eSync, we are able to execute on the concerted delivery of care management, which is accomplished by synchronizing vast and complex data streams with evidence-based medicine rules and value-based opportunities, all focused on clear, concise and immediately actionable recommendations. The result is that all nurses, health coaches and providers across every one of our care management programs will be able to monitor any gaps in care that arise for their members. They are notified of care opportunities and can easily review and discuss any gaps in care or messaging that were identified and sent to the member, resulting in a fully integrated program and member experience. MOBILE TECHNOLOGY Mobile technology is changing many aspects of our lives today. Health care should be no exception. Mobile devices enable us to meet our members where they are, in location and in functionality. To this end, UnitedHealthcare offers your employees and their families the means to make their health care decisions faster, easier and more conveniently than ever before with several mobile capabilities. HEALTH4ME MOBILE APPLICATION We put your employees' health care resources in their hands. Health4Me provides your employees with instant access to their health care information — anytime/anywhere. Whether they want to find the nearest physician, check the status of a claim, look up treatment costs or speak directly with a nurse or have a representative call back, Health4Me is their go-to resource for everything health related. Health4Me is one in a series of UnitedHealthcare technology advancements designed to simplify and enhance the member's total health care experience.

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		Health4Me is available for iPhones and Android and can be downloaded free of charge using the mobile device. A myuhc.com username and password are required to use the application. A demo of this application can be viewed at http://www.welcometomyuhc.com/health4Me/index.html MYUHC.COM MOBILE VERSION Members accessing myuhc.com from their smartphone device are given the option to access the mobile version. When members need quick information, the mobile version provides an easy-to-use interface to access the features that our consumers use the most on our full online site. With myuhc.com mobile, members can: ? Find a provider or hospital at the touch of a button based on their location ? View (and share) their ID card ? View basic benefit information ? Check account balances ? View claims history Members seeking health care when they are traveling or in a new neighborhood can appreciate easy access to important health information no matter where they are. A myuhc.com username and password are required to the use the mobile version of myuhc.com. UNITEDHEALTHCARE SMART PATIENT MOBILE APPLICATION Another part of a series of technology advancements, the UnitedHealthcare Smart Patient mobile application is designed to help all consumers get the most from their doctor visits. Users can log key health information (blood pressure, body mass index (BMI), cholesterol and waist size) and update it as necessary. The application makes it easy for users to enter appointments and set reminders. Smart Patient provides checklists of questions to ask during a visit and enables users to enter text or voice notes for future reference. The application also offers short informative health care videos and nutrition advice. UnitedHealthcare Smart Patient is available at no charge in the iTunes Store for iPhone and Google Play for Android. The application is for consumers in general, not just UnitedHealthcare members. Anyone can download and use the UnitedHealthcare Smart Patient application without a myuhc.com login ID. DOCGPS DocGPS combines a search function and GPS mapping that lets users search our network database to find a participating doctor or hospital and also access step-by-step directions based on the location of the device. After locating a doctor

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		or hospital, DocGPS shows the office location on a map, provides detailed directions and enables the user to call the medical professional or facility with a single tap on the search result. This tool is ideal for individuals on the road who are not familiar with health care providers in the area, such as families traveling on vacation or professionals on business trips. DocGPS is available for select BlackBerry devices (Curve 8900, Storm 9530 and Bold 9000), Android and the iPhone and can be downloaded free of charge using the mobile device. While no myuhc.com username and password are required, users must select their plan from a list. OPTUMIZEME We also offer a direct-to-consumer mobile health challenges application. OptumizeMe gives consumers a way to pursue their health goals through online social networks. The application was selected by Microsoft as a Premier Launch App and can be downloaded free of charge. OptumizeMe doesn't just track activity. It is a collaborator that helps motivate users to engage in wellness by making healthy activity a social activity. Using OptumizeMe, individuals can: ? Create health and fitness challenges ? Track their progress ? Compete and/or collaborate with friends ? Post results to their Facebook page via their mobile phones OptumizeMe is available for iPhone, Android and Windows Phone 7 OS mobile devices. The application is for all consumers, not just UnitedHealthcare members. Anyone can download and use OptumizeMe without a myuhc.com login and password.
	Part-Time Employee Coverage Protection	Employee eligibility is determined by the employer. Individuals working 20 or more hours per week are considered eligible according to the terms of the Policy.
Carrier 6	**Adminisrative Cost Reduction**	Providence Health Plan has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative cost with medical cost inflation. This has resulted in reduced percentage of premium administrative cost. As such, as much as 90%-91% of premium dollars go towards claims expense costs. PHP is also not required to refund any premiums due to not meeting the MLR (medical loss ratio) requirements of PPACA.

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	Cost Savings	Providence Health Plan has invested in preventive care and chronic care management to improve on heath care outcomes, implementation of inteventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safety reporting, inititatives in place to reduce complaints and potential medical errors, the Health Plan includes a comprehensive array of health and wellness promotion and preventive services through our Fit Together program and a best-in-class
	Customer Service	Providence Health Plan Customer Service and Claims are located in Beaverton, Oregon, hours of operation 8:00 am to 5:00 pm PST, toll free 800 number for members. Customer Service Representatives are trained to answer all calls with 92% of calls answered at the point of service. Translation services available, automated voice response systement and call tracking software for real time an historical activty. The Health Plan has invested heavily in web based tools for members for outside of standard business hours which includes a variety of self service options and tools.
	District Management of Health Plans	Providence Health Plan has best-in-class medical and care management services designed to achieve the Triple Aim (better care, better patient satisfaction at a lower cost). Through our care management programs and provider contracting efforts, we have the best regional PPO medical trends per recent surveys conducted by various consulting firms. In addition, our pharmacy management program has been recognized nationally as having the highest generic adoption rate and realizing reduced pharmacy costs and trend through our pharmacy benefit management efforts. Our pharmacy trend has been, and continues to be, the lowest in our regional market for several years. PHP will work with the districts and their producers or consultants to identify benefit design strategies to help meet budget goals and mitigate future cost increases.
	Part-Time Employee Coverage Protection	We allow coverage for part-time employees, if the employer requests it. We will also be compliant with PPACA regulations pertaining to coverage for part-time employees.
Carrier 7	**Adminisrative Cost Reduction**	Integration of operational and administrative function into the GHC parent organization eliminates redundancy and controls admistrative costs.
	Cost Savings	Pre-authorization requirements and large-case management services
	Customer Service	KPS continues to mainatin levels of customer service for all customers that earned consecutive 'highest-rated' awards from OPM for the FEHB program.

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	District Management of Health Plans	Select negotiated accounts receive their rate-development projection and basic experience data
	Part-Time Employee Coverage Protection	Yes, on a negotiated case-specific basis

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Carrier 8	**Adminisrative Cost Reduction**	Uniform Medical Plan: UMP's competitively awarded TPA contract with Regence BlueShield is in place for four years, which limits administrative costs. Group Health: 1. Health plan systems replacement. Group Health is evaluating the timing and strategy of replacing our core systems in the near future to improve the efficiency and effectiveness of our operation systems. We are in the process of implementing a new care management information and workflow system and customer relationship management tools. 2. Streamlining our management structure. This work will involve setting standards for management roles and examining variation in our management structure. Kaiser Permanente: 2012 initiatives included finding efficiencies across various administrative areas by reducing manual processes and process improvement. Administrative initiatives saved $9.6M in 2012 and KP Information Technology initiatives saved $9.7M Kaiser Permanente Northwest (KPNW) has adopted a Lean Six Sigma management system and has been building the capability since 2006. This innovative approach includes National Labor Management Partnership at the frontline level. This system is based on the attributes of high-performing organizations and incorporates features of quality management systems—including Lean, Six Sigma, and the Institute for Healthcare Improvement's Model for Improvement. KPNW currently has a Greenbelt and Blackbelt program for our leaders and entire organization with 15 certified Blackbelts and 45 certified Greenbelts. In addition our National Improvement Institute program has trained over 400 frontline teams. Annual advanced skill training in process improvement is provided to our frontline teams for continuous development of these skill sets. Our Lean Six Sigma Journey continues in 2013 and includes the following: • Green Belt Certification Program • Rapid Improvement Event Program

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		• Rapid Improvement Event Program • Sponsor/Champion Program • Consultant Development Program • Experiential learning in Lean/Six Sigma tools and approaches for Leaders A number of managers have become Lean certified through creating systems improvements in scheduling, back office process design, and interdepartmental communication. Our Major focus in 2012 and 2013 has been to improve the service experience by enabling more care inside our own system and by improving access. We were able to achieve breakthrough performance changes in both areas. Specific examples of internalizations that have also improved service are Ventricular Assist Device, Retinal Surgery, Oncology in the Salem area, and Dialysis Access.

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	Cost Savings	Uniform Medical Plan: 1. For the PEBB self-insured population (UMP Classic and UMP Consumer-Directed Health Plan), these plans participate in a primary care multi-payer medical home project. This is the second year of two-year pilot. 2. UMP also offers Intensive Outpatient Care Program for patients in the top 5-15% of medical spending. This program directs additional payment to primary care providers to manage their care. 3. The plan does not pay for hospital readmissions for three conditions. 4. UMP is self-funded and contracts third-party administrator (TPA -Regence BlueShield) that manages the provider contracts within the network and enforces penalties if health-care cost trend exceeds specified limits set in the contract. Group Health: 1. We work closely with the client to find the right benefit designs and network options and integrate them with our own delivery system to ensure that the group can maximize cost controls. 2. We offer patient-centered care that promotes collaboration between physicians, specialists, and other members of the health care team. We empower employees to improve health through cost effective care management, wellness solutions, and occupational health services. All of these can result in a more productive workforce and lower overall costs. 3. Online system edits that catch inappropriate billing, review coding, identify duplicate billings, and COB/Subrogation opportunities. 4. Pre-payment review of high dollar claims. 5. Post payment audits. Kaiser Permanente: • In 2013, we are building on success and momentum from 2012 performance to execute over $100m in initiatives through internalization, elimination of waste and care transformation. • Expanded Onsite Wellness Partnerships • The Drug Utilization Action Team is continuing improvement in pharmaceutical costs by effective and timely conversions to generic products, working with providers to ensure appropriate usage and prescribing patterns, and leveraging lower cost formulary products whenever clinically appropriate. Current work also includes providing unblinded data on physician prescribing patterns by provider name, location, and specialty for specific targeted drugs. Individual physicians have access

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		on a protected website with click-through graphics and comparisons. This initiative saved over $30M in 2012. Since the inception of this initiative in 2006, it has saved KPNW over $150M. We have several advantages inherent to our model which facilitate appropriate clinical and financial incentives to optimally manage specialty care, hospital care, ancillary care, and home health care. Our physician payment model is a combination of salary and variable compensation. The variable compensation is based on achieving key service, access, quality, resource stewardship, and productivity targets. Outcomes are tracked, reported and managed regularly using transparent data. We are able to deliver all of the elements listed within the current Kaiser Permanente delivery system. Our "glue" is our electronic medical record that is built around the patient with all elements of the delivery system using this singular tool. Our strength is the integration of our delivery system. We are one entity, so we have solved the financial issue around incentives for coordination and cooperation. Northwest Permanente P.C. (NWP) is an integrated medical group that includes Primary Care and Specialty Care together under one organizational umbrella. All providers are salaried with pay for performance incentives which are balanced between Quality/Evidence-Based Medicine, Service, Productivity and Resource Stewardship. This reimbursement model creates appropriate alignment to deliver high-quality affordable care. We do not have an incentive payment model that results in perverse incentives to over-treat and compromise our commitment to evidence based medicine. We not only embed evidence-based guidelines into our electronic medical record, we design our referral process around the proper scope of practice between primary and specialty care. The electronic referral process is mutually worked by both primary and specialty care and uses evidence based medicine, and expert consensus opinion. This process discourages unnecessary variation in care for common conditions. We use shared decision making to determine when a specialist or test is needed, but remain focused on the voice of the customer through the process. We ensure through our electronic systems that we do not duplicate tests. We have significantly reduced our re-admission rates through our transitions in care process which connects patients to primary care and pharmacy upon discharge. Evidence-based guidelines are embedded into our electronic medical record. We have established agreements on

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		evidence, and indications to allow primary care referrals to specialty care and specialist referrals to outside consultants for unusual circumstances. We track referrals regularly to monitor appropriate utilization and staffing needs. We track imaging utilization down to the individual provider level for critical imaging services in order to support evidence-based ordering. The Kaiser Permanente Dental Care Program (KPDCP) has demonstrated with multi?disciplinary clinical teams, care coordination and integration with our medical services, that we are totally committed to fully integrate our dental capability within this total health model. Our Dental Care Program envisions a future where our dental and medical providers work side-by?side at a heightened level to coordinate our members' care. When both medical and dental plans are with Kaiser Permanente, members have access to: • Services in one convenient location, or nearby: doctors, dentists, optometrists, pharmacy and lab. • The ability to fill prescriptions at a Kaiser Permanente pharmacy located near, and sometimes, at the same location as the dental office. • An integrated care model with our dental offices having access to pertinent member electronic medical information to help identify preventive screening gaps and provide member reminders for medical tests that are due. • Electronic medical records dentists can access with the most updated list of medications and allergies. This ensures the unparalleled safety for patients that are receiving care in our integrated model • Screenings at dental appointments to check for signs of diabetes, high blood pressure, and oral cancers with direct referrals made to a Kaiser Permanente medical physician when risks are identified. • Use of Kaiser Permanente medical Tumor Registry TRAK electronic system for all oral tissue biopsies performed in the dental care program. This registry records biopsy results and tracks cases to ensure follow?up is appropriate and timely. • Tobacco use screening for patients over the age of 13 at every exam appointment, and offered referral assistance to health coaches for those members who want assistance in quitting smoking. We partner with community providers, including OHSU, Salem Hospital, Providence St. Vincent, and starting in the fall 2013, Legacy Salmon Creek Medical Center, along with others to provide care to our members. Our relationships with strategic hospital partners and providers are designed to closely mirror our Kaiser Permanente integrated care model. For example, Northwest Permanente hospitalists and specialists are part of the hospitals' medical staff, and retain the

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		responsibility of managing Kaiser Permanente members onsite at the contracted hospitals. Maximum integration of the hospitals' and IT systems to ensure timely exchange of clinical data in support of patient care is an essential component of our relationships with our hospital partners. Northwest Permanente physicians actively collaborate with other physicians and hospital administration on joint quality improvement projects, and routinely share best practices to improve, not just the health of KP members, but the health of the community of patients served by the hospital. Performance-based payment models are included in the contracts with our strategic hospital partners as well as our medical group partner, The Portland Clinic. We collaborate closely to select measures that will positively impact quality, patient satisfaction, and safety, and that have the greatest potential for positively impacting the care of the entire patient population served by the hospital or clinic. Selected hospital metrics include readmission rates, patient falls, surgical site infection rates, and patient satisfaction with care received at that hospital. We set yearly inpatient utilization targets using PDR (patient day rate) and track them regionally and by medical office. We have a focused approach to optimizing inpatient care and utilization which we call IQM (inpatient quality management). The key elements of IQM are: • Ensure patients receive the right care in the right place, at the right time, with the right person. o Hospitalists make all medical admission decisions and determine appropriateness. If the patient needs a specialty admission, the specialist makes the decision (this approach contrasts with many systems in which admission decisions are made primarily by ED clinicians). • Systems to ensure an appropriate "pause" to be sure all providers agree on the planned admission. • Systems to ensure exceptional communication between hospitalists, Emergency Department (ED) clinicians, and specialists. • Care coordinators are paired with ED, hospitalist teams and specialty teams. • The admission teams are expected to plan the length of stay. • Formal IQM rounds 3 days/week at Kaiser Sunnyside Medical Center (KSMC) to identify any system issues that are delaying necessary care.

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		• Our Skilled Nursing team is linked in with KSMC care coordinators to optimize timely placement of patients to Skilled Nursing Facilities. • Our IQM rounds focus on the most common issues that delay care and result in lack of optimal care (uncontrolled pain, unidentified palliative care issues, long lengths of stay, family and social issues). We also track short length of stays to determine if there were potential alternatives to admission. The core elements we track and monitor to ensure we deliver excellent inpatient care include: • Patient Day Rate across the region and by medical office building. • Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores. The HCAHPS survey is a national, standardized, publicly reported survey of patients' perspectives of hospital care. We believe that as we improve communication and patient engagement, our HCAHPS scores improve and IQM improves. HCAHPS scores are individually measured by hospitalists and part of their performance evaluations. We have a dedicated team of physicians who are dedicated to ongoing improvements in physician communication with hospital staff, patients and families. • Readmission rate is tracked overall for all hospitals and down to the individual clinician level when appropriate. We have a Transitions team that reviews all readmissions to identify potentially avoidable readmissions. • Length of Stay is tracked to individual hospitalists and by specialty department and in selected circumstances to the individual specialist. o Hospital acuity adjusted mortality o TJC measures • Our pathology department leads efforts to ensure appropriate laboratory testing utilization. • Productivity targets set against national and local hospital benchmarks and departmental level tracking of performance utilizing Action OI national hospital database (Action OI (operational improvement) from Truven Health Analytics, formerly Thomson Reuters, is a database that contains operational benchmarks for the hospital industry). We have systems in place to ensure that the patients get the appropriate timely follow up in both primary and specialty care. Also, similar to the after-visit summary given to patients after every visit, the patient receives a personalized hospital discharge summary that is part of their global electronic medical record. This includes information about his or her hospital

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		course, instructions, medications, follow-up plans, as well as whom to call. Our dedicated preventive approach provides a remarkable combination of lower-cost, higher-quality care. Because we're set up differently, we're aligned to better deliver what matters to you: improved health, better clinical outcomes, more value, and consistent service. Our integrated care has both the mission and the ability to focus on prevention. It's an approach that helps keep your employees healthier and your costs lower, because it costs less to prevent chronic conditions than it does to treat them. This focus on prevention helps keep our members healthier—and as a result, members incur fewer costs in the more expensive treatment categories, such as procedures, surgeries, and hospital admissions.
	Customer Service	Uniform Medical Plan: The Health Care Authority has industry stamdard customer service requirements in place with our contracted Third Party Adminsitrator (TPA). The standards are measured and subject to financial penalties and a corrective action plan if the goals are not met. Group Health: -Group Health's Quality Assurance Program utilizes call monitoring to measure, manage, and improve the Quality performance of individual representatives and the call center overall. Customer Service representatives calls are randomly recorded and monitored to use them as a performance evaluation tool and determine if representatives are meeting Quality standards. to ensure consistency in scoring, supervisors and leads who monitor the calls meet to calibrate on a weekly basis. -Monthly we review calls escalated to our leads and misquoted benefits to determine coaching opportunities for each representative. -we use our documentation of the reason for the Customer contact to identify trends so we can provide scripting, training,

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	District Management of Health Plans	Uniform Medical Plan: All PEBB programs in effect are directed to the entire PEBB population within a coimmucnity rated risk pool. There are no programs specifically targeted to K-12 district populations. Group Health: 1. MyGroupHealth for Employers offers secure, convenient access to the transactional tools employers need to effectively manage their health care benefit programs. You can login to enroll new subscribers and their dependents online, and make changes for your existing employees — adding or terminating dependents, or terminating the entire subscriber record. You
	Part-Time Employee Coverage Protection	Uniform Medical Plan: Eligibility for PEBB benefits, as determined by the PEBB Program, includes part-time employees who work an average of at least 80 hours per month and at least eight hours in each month for more than six consecutive months. Group Health: We allow access for part-time employees working a minimum of 17.5 hours per week. Kaiser Permanente: We allow Districts to set their full time hour requirements at a point that meets their business and employment needs.

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District	Category	Efforts and Achievements
Aberdeen School District	**Administrative Cost Reduction**	A. We have worked with carriers and our consultant to reduce administrative costs within both our fully-insured and self-insured plans.Premera Blue Cross does not provide the district with a summary of administrative costs so it is not possible to have an impact on those plans. B. Premera has been a leader in implementing ôLeanö thinking since 2005. The goal is to be able to improve quality,improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ôLeanö workshops so they can incorporate them into their own business. û including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEAÆs administrative costs have been under 6% for over 10 years. C. BlueCard provides significant savings to Premera employees traveling or residing outside the

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District	Category	Efforts and Achievements
	Cost Savings	A. we have implemented the following steps: 1. Consumer Driven High Deductible Health Plan with an optional Health Savings Account offered as of 10/01/2012 2. Use of purchasing consortium / Interlocal to purchase some benefits at a lower cost across several districts 3. No longer offering the highest cost, Premera PPO 1 Plan as an option, since it was discontinued on 10/01/2012 by Premera BC. B. Premera has the following included in all the WEA medical programs a. Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence?based medical initiatives that allow Premera to provide efficient and cost?effective care as well as

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	Customer Service	A. We have worked to provide improved customer services by: 1.Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information. 2.Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits. 3.Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members. B. Premera provides a website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out?of?pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. C. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. D. Premera has ôUlyssess Learningö which leads to first call resolution and a higher level of overall satisfaction from enrollees. E. PremeraÆs ôLeanö workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. F. WEA Select Plans ûThe dedicated Premera sales team provides year?round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can

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	Part-Time Employee Coverage Protection	A. We have continued to work with all purchasing / bargaining groups to determine the appropriate eligibility requirements to meet their specific groupÆs benefits needs. B. WEA Select Plans ? when a full time employeeÆs hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. C. WEA Select Plans ? added lower cost options, such as the EasyChoice plan that have lower premiums and many first
	Premium Differential Reduction	A. We have implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents and no longer offering the highest cost, Premera PPO 1 Plan as an option, since it was discontinued on 10/01/2012 by Premera BC. This change increased pooling dollars available across all bargaining groups. B. WEA Select Plans û Passed on lower increases to dependents than to employee only tiers for the past two years. C. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. D. WEA Select Plans û used the projected savings from the dependent eligibility audit to apply toward the dependent tiers.
Adna School District	**Administrative Cost Reduction**	The ASD works with AON Hewitt to provide the most efficient administering of employee health benefits. There is no specific cost to the district.
	Cost Savings	Annually the ASD seeks premium quotes from various insurance companies or agencies in order to ensure our employees are receiving the most affordable premiums and coverage.
	Customer Service	The ASD works with AON Hewitt to provide the most efficient methods of administering health benefits to employees. AON Hewitt has developed a more web based enrollment and reporting system, which allows a more interactive approach between the health adminstrator (AON), the school district, and the employees.
	Part-Time Employee Coverage Protection	The ASD includes part-time employees with a minimum amount of hours to be included in the pooling arrangment based on the same eligiblity criteria and proration of employer contributions used for allocations for basic benefits as defined by the bargaining unit.

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	Premium Differential Reduction	The Adna School District is working with the WEA to seek out the most affordable health care coverage for family coverage, as well as working with the insurance companies to bridge the premium cost gap between family coverage and employee-only coverage.
Almira School District	**Administrative Cost Reduction**	NO INTERNAL/EXTERNAL ADMIN. COSTS
	Cost Savings	THE DISTRICT CONTRACTS WITH THE PEBB PROGRAM, WHOSE COST-SAVING MEASURES INCLUDE: MANAGING THE MEDICAL PLANS' PRESCRIPTION-DRUG COSTS BY PROMOTING GENERIC DRUG USE THROUGH A LOWER COST BENEFIT DESIGN. PURCHASING COVERAGE FOR MEDICAL TOOLS AND PROCEDURES THAT ARE EVIDENCE BASED. ADOPTING PEBB'S DEPENDENT VERIFICATION ELIGIBILITY PROCESSES TO ENSURE ONLY ELIGIBLE FAMILY MEMBERS RECEIVE BENEFITS.
	Customer Service	THE DISTRICT FOLLOWS THE PEBB PROGRAM'S GUIDELINES FOR DETERMINING EMPLOYEE ELIGIBILITY AND ENROLLMENT PROCEDURES TO ENSURE CONSISTENCY. AS REQUIRED BY THE PEBB PROGRAM, THE DISTRICT IS ALSO REQUIRED TO VERIFY ELIGIBILITY FOR EACH EMPLOYEE'S DEPENDENTS THROUGH VALID DOCUMENTATION BEFORE THE EMPLOYER ENROLLS THE DEPENDENTS IN PEBB COVERAGE.
	Part-Time Employee Coverage Protection	SEE CHECK OFF LIST BELOW
	Premium Differential Reduction	PEBB PLANS COMPLY
Anacortes School District	**Administrative Cost Reduction**	Premera has set goals to improve quality, improve the member experience while eliminating wasted time and work effort, improving efficiency while lowering expenses.
	Cost Savings	Premera plans assists in negotiating higher discounts. Real time access to consumer decision support resources.Provider advisory groups for medical and pharmacy.
	Customer Service	Wellness info on school website, Premera provides a website with access to information about the employee benefits, this includes a cost estimator which helps determine employee out of pocket costs.

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	Part-Time Employee Coverage Protection	SD reduced required 3.5 hours for medical to 2 hours per day. Premera works with enrollee to get coverage when full time hours have decreased.
	Premium Differential Reduction	SD is negotiating with bargaining groups currently. Premera introduced lower plans such as Easy Choice and HDHP.
Arlington School District	**Administrative Cost Reduction**	The District has evaluated the health care plans and has requested and marketed the plans and received proposals in each of the past three years to confirm that administrative costs on the carriers is competitive.
	Cost Savings	APS offers all of the WEA plans including the lower cost EasyChoice options. APS also offered an Health Savings Option to employees beginning in 2012.
	Customer Service	APS holds an annual benefits fair for employees which is well attended. Providers from each of the major health care insurance companies attend and provide information to employees. The HR Benefits Specialist also shedules "drop-in" meeting times at each of the District's facilities. APS also provides a benefits website that consolidates all plans available to our employees. The District is committeed to providing additional communications throughout the year to provide proactive services
	Part-Time Employee Coverage Protection	APS continues to offer healthcare benefits with prorated allocations for employees who work a minimum of 17.5 hours per week.
	Premium Differential Reduction	The District has an established Benefits Committee which is made up of representatives from each of the following groups: teachers, administrators, classified and exempt. This committee met and agreed upon a moderate movement towards reducing the differential between employee and full family coverage. Additionally Arlington Public Schools (APS) offers low cost options via the EasyChoice and
Asotin-Anatone School District	**Administrative Cost Reduction**	We do not have any administrative costs at this time.

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	Cost Savings	We work closely with our our broker, our insurance committee and with AON/Hewitt to insure we are offering the most cost effective coverage for our area. We are continually looking at alternative solutions that may offer a better cost savings to our employees.
	Customer Service	In 2011-12 we implemented a Health Benefit Fair in which we invited all of our insurance carriers, as well as local vendors, such as Costco or the Asotin Health Department to set up a booth for staff. We allow time on one of our half days in the fall for staff to meet with insurnace companies, local vendors and the health district to get information on open enrollment, personal questions, and even get a flu or whooping cough vaccine on site. This year we will expand on this by offering free blood screening checks and various other wellness tools to make it easy for our staff to adopt healthier lifestyles.
	Part-Time Employee Coverage Protection	We offer all benefits to all employees who work 4 hours or more 5 days a week during the school year. (20 hours a week.) This is beyond the federal minimum of 30 hours per week. This is part of our union agreements for both groups (certificated and classified)
	Premium Differential Reduction	Since all our plans are composite only we do not have differential between employee only and full family. An employee can select from a variety of plans that will meet both their financial needs as well as their benefit needs.
Auburn School District	**Administrative Cost Reduction**	ASD purchases medical plans through the WEA benefits program. The WEA program is an efficiently run program with low administrative cost to the District for the management and maintenance of these plans. In addition, the WEA has recently taken steps to reduce the overall administrative costs to districts even further by streamlining the enrollment process through their new online enrollment system. The system was launched in January of 2013.
	Cost Savings	ASD has made progress by aggressively negotiating lower premiums on their Group Health medical plan, making strategic benefit plan alterations, and by offering an HSA-Qualified High Deductible Health Plan so that employees may cover family members at significantly lower premiums.

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	Customer Service	District employees enjoy both a Benefits Website and a Benefits Helpline.á The Benefits Website contains information for all the DistrictÆs benefits plans in one convenient place and is widely accessed by both employees and their family members.á It contains summaries, comparisons, calculators, forms, and links to information and resources provided by the insurance carriers.á The very popular Benefits Helpline is available for employees and their families when they have questions about their District benefits.á During the most recent Open Enrollment period, in a period of 30 workdays, the Benefits Helpline took a large number of phone calls on a wide variety of topics, from the new HSA-qualified HDHP, to LTD claims, vision provider searches, retirement and Medicare.á Satisfaction with the Benefits Helpline and website is extremely high.ASD works collaboratively with bargaining groups to support employees with claims and eligibility issues.á In addition, when questions about benefits arise, ASD works with the benefits broker and the Health Benefits Committee to create one-page, easy-to-read newsletters that are specific to the ASD population's needs and concerns.
	Part-Time Employee Coverage Protection	Part-time employeesÆ access to coverage has not changed in recent years.á Part-time employees remain eligible for the same benefits as full-time employees when they work at least 3.5 hours a day or 17.5 hours per week. Medical insurance is optional and the district contribution for part-time employees is prorated based on the number of hours worked. Part-time employees can choose to enroll in medical as long as they have sufficient salary each month from which the employeeÆs share of the costs (if applicable) may be deducted and paid to the carrier on a twelve-month basis. ASD and bargaining groups are aware that for part-time employees working 30 hours per week or more, full implementation of the 3:1 premium sharing as required by ESSB 5940 may subject the district to penalties under the Shared Responsibility Provision of the Affordable Care Act.á
	Premium Differential Reduction	In addition to efforts in making family coverage more affordable, in 2012 the WEA re-tiered one of the plan offerings (Easy Choice Plan) to reduce the differential between the employee-only and full family coverage. ASD currently offers this plan design to employees. ASD continues to examine in detail, various proposals to make progress towards a 3:1 premium sharing ratio for employees.á Through the HBC meetings and discussions with administrators and bargaining groups, it has been noted that any drastic changes in premium shares would cause significant changes in employee enrollment and could cause the district to overspend available funding.á We intend to consider all options carefully.á

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Bainbridge Island School District	**Administrative Cost Reduction**	In fall of 2012, BISD formed a benefits committee made up of bargaining group representatives and district administration, for the purpose of evaluating the cost of the benefits plans and considering the possibility of consolidation of the plans for better administrative efficiency.
	Cost Savings	BISD has made progress by aggressively negotiating lower premiums on their Group Health and KPS medical plan offerings, making strategic benefit plan alterations, and by offering an HAS-Qualified High Deductible Health Plan so that employees may cover family members at significantly lower premiums.
	Customer Service	Our district offers employees both a Benefits Website and a Benefits Helpline. The website contains summaries, comparisons, forms and cost information as well as links to carrier information for all of the District's benefit plans in one place. It is widely accessed by employees and their family members. The helpline is very popular and used by employees and their families for assistance with choosing a medical plan, calculating costs, learning about HSA's and much more! BISD works collaboratively with bargaining groups to support employees with claims and eligibility issues. In addition, when questions about benefits arise, BISD works with the benefits broker and the Insurance Committee to create one-page, easy-to-read newsletters that are specific to the BISD population's needs and concerns.
	Part-Time Employee Coverage Protection	Part-time employees' access to coverage has not changed in recent years. Part-time employees remain eligible for the same benefits as full-time employees when they work at least 4.0 hours a day or 20 hours per week. Medical insurance is optional and the district contribution for part-time employees is prorated based on the number of hours worked. Part-time employees can choose to enroll in medical as long as they have sufficient salary each month from which the employee's share of the costs (if applicable) may be deducted and paid to the carrier on a twelve-month basis. BISD and bargaining groups are aware that for part-time employees working 30 hours per week or more, full implementation of the 3:1 premium sharing as required by ESSB 5940 may subject the district to penalties under the Shared Responsibility Provision of the Affordable Care Act.

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	Premium Differential Reduction	In addition to efforts in making family coverage more affordable, in 2012 the WEA re-tiered one of the plan offerings (EasyChoice Plan) to reduce the differential between the employee-only and full family coverage. BISD currently offers this plan design to employees. BISD continues to examine in detail, various proposals to make progress towards a 3:1 premium sharing ratio for employees. Through the Insurance Committee meetings and discussions with administrators and bargaining groups, it has been noted that any drastic changes in premium shares would cause significant changes in employee enrollment and could cause the district to overspend available funding. We intend to consider all

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Battle Ground School District	**Administrative Cost Reduction**	A. Our district has added a Benefits Website for employees to use to get answers to basic questions, get forms and links to the carriers B. Premera has been a leader in implementing ?Lean? thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ?Lean? workshops so they can incorporate them into their own business. ? including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEA?s administrative costs have been under 6% for over 10 years. C. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area. Kaiser: 2012 initiatives included finding efficiencies across various administrative areas by reducing manual processes and process improvement. Administrative initiatives saved $9.6M in 2012 and KP Information Technology initiatives saved $9.7M Kaiser Permanente Northwest (KPNW) has adopted a Lean Six Sigma management system and has been building the capability since 2006. This innovative approach includes National Labor Management Partnership at the frontline level. This system is based on the attributes of high-performing organizations and incorporates features of quality management systems?including Lean, Six Sigma, and the Institute for Healthcare Improvement?s Model for Improvement. KPNW currently has a Greenbelt and Blackbelt program for our leaders and entire organization with 15 certified Blackbelts and 45 certified Greenbelts. In addition our National Improvement Institute program has trained over 400 frontline teams. Annual advanced skill training in process improvement is provided to our frontline teams for continuous development of these skill sets.

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	Cost Savings	The district offers biometric screening each year for employees. We also invite different (wellness) providers to our annual benefits fair. Premera has the following included in all the WEA medical programs a. Provider contracting ? has the highest number of providers ?in network? in the state (98%+ of all claims are paid ?in network?). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard ? Premera?s national ?Blue?network ? has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence?based medical initiatives that allow Premera to provide efficient and cost?effective care as well as identifying appropriate alternative care based on the member?s needs. e. Real?time access to consumer decision?support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor Premera?s policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care?efficient. g. Member 360 dashboard ? proprietary tool that uses more than just claims to identify members with specific

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District	Category	Efforts and Achievements
	Customer Service	A. Our district has added a Benefits Website for easy access 24/7 to employees benefit information and links to the carriers and online forms for employees. B. Premera provides a website with access to information about the employee benefits ? this includes a cost estimator which helps them determine what provider may require less out?of?pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. C. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. D. Premera has ?Ulyssess Learning? which leads to first call resolution and a higher level of overall satisfaction from enrollees. E. Premera?s ?Lean? workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. F. WEA Select Plans ?The dedicated Premera sales team provides year?round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. G. WEA Select Plans ? semi?annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions.

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Efforts and Achievements by District

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	A. Our union contracts allow employees that are at least half time eligibility to medical benefits and the district offers 6 different medical options including the WEA EasyChoice and HDHP options. B. WEA Select Plans ? when a full time employee?s hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. C. WEA Select Plans ? added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. Kaiser: We allow Districts to set their full time hour requirements at at point that meets their business and employment needs. They are also able to offer coverage to part-time employees if desired
	Premium Differential Reduction	A. The district added the EasyChoice and QHDHP to our medical option for all employees to provide additional rate relief for family coverage. Kaiser: Rather than lowering cost differentials to favor family coverage, we use cost saving efforts to keep our total rate package affordable (see question #14 for details)
Bellevue School District	**Administrative Cost Reduction**	Our district utilizes a benefits broker to outsource eligibility management for active and COBRA administration. Additionally our broker generates all benefits enrollment materials, provides customer service advocacy, leads open enrollment orientations, coordinates benefits fair and provides custom online benefits portals for employees
	Cost Savings	We offer an array of benefit plan options to meet all employees needs related to both cost and benefits. We offer opportunities for our employees to attend benefit meetings and meet with benefits specialists, attend a benefits fair, as well as personalized phone consultations prior to enrollment to ensure that employees are making the most cost effective decision to meet their needs. Provider contracting - Premera has the highest number of providers in network in the state (98%+ of all claims are paid in network). Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the member's needs.
	Customer Service	Our district utilizes a benefits broker to outsource eligibility management for active and COBRA administration. Additionally our broker generates all benefits enrollment materials, provides customer service advocacy, leads open enrollment orientations, coordinates benefits fair and provides custom online benefits portals for employees

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	We continue to provide medical coverage to part time employees, with eligibility requirements of 20 hours per week (HPW) for most staff and 12 HPW for nutrition services. This eligibility requirement is lower than the federal requirement. Part time employees receive benefit allocations from the state, and are also eligible to participate in the pooling process in their respective bargaining groups.
	Premium Differential Reduction	We believe we made progress toward increasing the affordability of coverage through requiring a mandatory employee contribution for each employee electing medical benefits. Effective 10/1/12, a mandatory employee only contribution of 5% was implemented for all health plans except the QHDHP. Premera provides a website with access to information about the employee benefits ? this includes a cost estimator which helps them determine what provider may require less out?of?pocket costs for the enrollee or their family. The website provides educational information about wellness programs
Bellingham School District	**Administrative Cost Reduction**	We have worked with carriers and our consultant to reduce administrative costs. For example, Premera has reduced their administrative costs from 8.8% in 2005 to 6.3% in 2012.
	Cost Savings	Consumer Driven High Deductible Health Plan with an optional Health Savings Account offered as of 10/01/2012. Dicontinued offering the highest cost, Premera PPO 1 Plan as an option. Use of purchasing consortium / Interlocal to purchase some benefits at a lower cost across several districts.
	Customer Service	We have worked to provide improved customer services by: Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information. Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits. Ensuring that all health plans offered provide comprehensive nurse line and
	Part-Time Employee Coverage Protection	Our part-time contracted employees have access to coverage per their bargaining agreements. We currently have only one bargaining agreement that restricts part-time employees from coverage. Our teachers union requires part-time teachers to be at least a .4 FTE to qualify for benefits. We also added an lower cost plan and a high deductible HSA plan as of October 1, 2012 that have allowed part-
	Premium Differential Reduction	We have done the following: Implemented minimum premium contribution for all employees with open bargaining agreements, effectively increasing the employee only cost and reducing the cost for covering dependents. No longer offering the highest cost, Premera PPO 1 Plan as an option. This change increased pooling dollars available across all bargaining groups. We have also added a lower

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District	Category	Efforts and Achievements
Benge School District	**Administrative Cost Reduction**	Administrative expenses are low because we have very few employees that receive benefits

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District	Category	Efforts and Achievements
	Cost Savings	a. Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö). j. An open drug formulary that provides choice for members and their physicians while being prudent and ensuring the drugs are cost and care effective. b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the memberÆs needs. e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor PremeraÆs policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. g. Member 360 dashboard û proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. i. Programs that monitor controlled medical substances to provide protection for members. j. An open drug formulary that provides choice for members and their physicians while being prudent and ensuring the drugs are cost and care effective. a. Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally

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District	Category	Efforts and Achievements
	Customer Service	Premera provides a website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits.
	Part-Time Employee Coverage Protection	If an employee works 4 hours or half time then they qualify to receive benefits.
	Premium Differential Reduction	Initiated a percentage of out-of pocket for all contributing memebers
Bethel School District	**Administrative Cost Reduction**	NONE
	Cost Savings	Added QHD plans and H.S.A's
	Customer Service	Made employee letters more clear. Doubled the number of benefits fairs we hosted to 2. Benefit guide is now online. Improved the format of the information packet. Offered supplemental benefit consultations.
	Part-Time Employee Coverage Protection	NONE
	Premium Differential Reduction	NONE
Bickleton School District	**Administrative Cost Reduction**	Premera has been a leader in implementing ?Lean? thinking since 2005 in order to improve quality, and member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. Premera's admin costs have been under 6% for over 10 years.

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District	Category	Efforts and Achievements
	Cost Savings	WEA has the highest number of providers ?in network? in WA, and their volume of enrollment assists in negotiating higher discounts locally and nationally. Evidence-based medical initiatives allow Premera to provide efficient and cost-effective care, as well as identifying appropriate alternative care based on member needs
	Customer Service	Premera has been a leader in implementing ?Lean? thinking since 2005 in order to improve quality, and member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. Premera's admin costs have been under 6% for over 10 years. Premera provides a website to
	Part-Time Employee Coverage Protection	We are a tiny district, (22 employees) so we insure that all employees work the minimum hours required to qualify for full-time worker coverage.
	Premium Differential Reduction	Our district pools state money equally to each tier on every plan. Costs are the same for single coverage and family coverage.
Blaine School District	**Administrative Cost Reduction**	We have worked with carriers and our consultant to reduce administrative costs within both our fully-insured and self-insured plans.
	Cost Savings	We began offering a Consumer Driven High Deductible Health Plan with an optional HSA as of 10/1/12. We use a consoritum / Interlocal to purchase some benefits at a lower cost across several districts.
	Customer Service	We continue to provide comprehensive employee benefits handbooks and have a benefits fair on the same day and same location as our welcome back to school event in order to get a high turnout.
	Part-Time Employee Coverage Protection	We continue to work with bargaining groups to offer medical plans to all employees, even those who work as little as 10 hours a week.
	Premium Differential Reduction	We have implemented a minimum premium cost for each employee in two of our bargaining units. The 2 other groups will make progress in the same direction this fall.

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District	Category	Efforts and Achievements
Boistfort School District	**Administrative Cost Reduction**	Our district attains RFP's - request for proposal for insurance plan coverage/rate discounts to our employees. WEA Select offers a 10% premium discount.
	Cost Savings	We contract with WEA Select Insurance which plans include Emergency Room co-pays and discount provider networks.
	Customer Service	We contract with WEA Select that offers our employees an annual enrollment packet, summary of benefits, benefits website and phone customer service.
	Part-Time Employee Coverage Protection	Eligible employees who sustain a Qualifying event, have options to elect a lower cost medical plan. Benefits are offered to all part time staff who work a minimum of 20.0 hrs per week).
	Premium Differential Reduction	We contract with WEA Plan Select that offers lower insurance plan options (Easy Choice plans with different deductible/co-pay options)
Bremerton School District	**Administrative Cost Reduction**	In addition to the yearly bidding process described above, Bremerton has removed unnecessary increases in overhead by switching from a commission basis to a fee-for-service basis for Broker services.á The fee-for-service model pays the broker an established fee which is not adjusted when the district receives a rate increase. The broker will not receive an unnecessary pay increase each year just
	Cost Savings	Each renewal season, Plan Administrators Inc., conducts an extensive market analysis of all of BremertonÆs coverages and uses all competitive data to negotiate with incumbent and prospective carriers.á Plan Administrators Inc., then presents the findings and recommendations to the Bremerton Benefits Committee. The committee members thoroughly compare and discuss both the benefits offered and respective costs for each insurance carrier.á The most competitive offerings are then voted upon and the decision to remain with the incumbent or make a change to a new carrier is agreed upon.áBremerton has also requested proposals for incentive based wellness programs to help entice district employees and their families become more accountable for their overall health. In the long term, this will reduce the overall cost of healthcare.áBremerton has not yet found a vendor that

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District	Category	Efforts and Achievements
	Customer Service	The primary focus of the Bremerton Benefits Committee is educating employees about their benefit plans; what is covered, how to access it, and how to appropriately use the benefits.á This education encourages cost-saving activities such as using generic drugs over brand name drugs, utilizing mail order for maintenance prescriptions and using urgent care facilities instead of the emergency room when appropriate. In addition to cost savings, this education also reduces claim issues thus improving the overall opinion of the benefit programs as employeeÆs maximize the benefits of their plan. Regarding billing, eligibility or claims issues, Plan Administrators Inc., acts as an intermediary working directly between the employee/patient and the respective carrier. Plan Administrators Inc., assists individuals by providing quick and effective resolution to a claim which reduces the administrative burden to the Bremerton administration and payroll staff.
	Part-Time Employee Coverage Protection	Not Applicable. Bremerton abides by current State and Federal regulations regarding providing access to K-12 employees.
	Premium Differential Reduction	The WEA/Premera Association plans provide set rates for all districts throughout the State. These association plans do not allow districts to participate in the rating or have a say in how premiums are weighted.áá Bremerton must rely on the association to fully adopt this mandate. For non-association carriers, the option to weigh premiums by increasing the employee only premiums and reducing the employee family premiums is a discussion topic for the upcoming renewal. The benefit committee will review the pricing options and work to reduce the rate differential between employee only and employee family rates. BremertonÆs primary concern regarding weighing the non-association plan premiums is this cost shifting while lowering the cost for the employee and family will increase the cost for the employee only coverage. This factor could make the employee only rate too expensive, thus making it an unrealistic medical offering.á Furthermore, the 3:1 pricing model is not mathematically possible considering the mandatory coverages (dental, vision, life and disability) are removed from the state allotment first and then the remaining amount is used for medical. This factor needs to be addressed and understood. Placing blame on any district for not reaching this
Brewster School District	**Administrative Cost Reduction**	We offer WEA Premera Plans
	Cost Savings	We offer WEA Premera Plans

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District	Category	Efforts and Achievements
	Customer Service	Encourage employees to contact WEA Premera website
	Part-Time Employee Coverage Protection	WEA Premera Plan have lower cost options plans
	Premium Differential Reduction	WEA Premera Plan have lower cost options plans
Bridgeport School District	**Administrative Cost Reduction**	Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in "Lean" workshops so they can incorporate them into their own business - including the state of Washington, various provder groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% to 6.3% in 2012. WEA's administrative costs have been under 6% for over 10 years. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area.

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District	Category	Efforts and Achievements
	Cost Savings	Premera has the following included in all the WEA medical programs. a. Provider contracting-has the highest number of providers "in network" in the state (98%+ of all claims are paid "in network"). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard - Premera's national "Blue" network - has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as indentifying appropriate alternative care based on the member's needs. e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. g. Member 360 dashboard-proprietary tool that uses more than just claims to indetify members with specific healtchare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. h. Plans include copayment for Emergency room services (waived if admitted), copayment for inpatient hospital admissions, and higher ocpayments for brand name and specialy drugs. i. Programs that monitor controlled medical substance to provide protection for members. j. An open drug formulary that provides choice for members and their physicians while being prudent and ensuring the drugs are

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District	Category	Efforts and Achievements
	Customer Service	Premera provides a website with access to information about the employee benefits - this includes a cost estimator which helps them determine what provider may require less out-of -pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. Premera does indenepndent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. Premera has "Ulyssess Learning" which leads to first call resolution and a higher level of overall satisfaction from enrollees. Premera's "Lean" workshops include Customer Service, Claims and Billing processess which we continue to focus on in order to improve the member expereince. The dedicated Premera sales team provides year-round servicgin and is availbale to work directly with enrolleess or family members who may need additional ssistance with their plans. Premera provides an array of services from providing eduation about the benefits and the plan choices to when a plan change can be made. Premeral weill work to resolce claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. WEA Select Plans semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision makeing and helathier lifestyle decisions. WEA has their own separat eclaim review process that allows enoleess to go before a board of their peers and have the claim uphels, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits or modifications to their plans.
	Part-Time Employee Coverage Protection	When a full time employee's hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. WEA Select Plans added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP plan.
	Premium Differential Reduction	WEA Select Plans passed on lower increases to dependents than to employee only tiers for the past two years. WEA Select Plans added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP plan. WEA Select Plans used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional

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District	Category	Efforts and Achievements
Brinnon School District	**Administrative Cost Reduction**	No progress at the district level. Health Care requirements keep getting more complicated, especially in the last several years with added administrative burden for mandated changes. Trying to keep up with and implement mandated changes at the state and federal level, and additional reporting such as this, is increasing administrative time, and thuse, expenses. Premera has been using ôLeanö thinking since 2005 to evaluate and improve internal/external processes with a goal to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEAÆs administrative costs have been under 6% for over 10 years. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area

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District	Category	Efforts and Achievements
	Cost Savings	District is collaborating with other districts in the region on possibilities of regional pool instead of individual district pools. Premera includes the following in all WEA Medical programs: a. Provider contracting û highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö). b. The volume of enrollment assists in negotiating higher discounts (over 1.7 million members and over 127,000 enrolled in WEA medical plans). c. BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence?based medical initiatives allow Premera to provide efficient and cost?effective care as well as identifying appropriate alternative care based on the memberÆs needs. e. Real?time access to consumer decision?support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy continually monitor PremeraÆs policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care?efficient. g. Member 360 dashboard û proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost?effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. i. Programs that monitor controlled medical substances to provide protection for members.

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District	Category	Efforts and Achievements
	Customer Service	District communicates information as clearly as possible, when known. Premera: website access to information on employee benefits, including a cost estimator to help determine what provider may require less out?of?pocket costs for the enrollee/family; website provides educational information about wellness programs and plan benefits. Premera does independent surveys to measure member satisfaction then puts a focus on making changes to improve satisfaction. Premera has ôUlyssess Learningö which leads to first call resolution and a higher level of overall satisfaction from enrollees. PremeraÆs ôLeanö workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. WEA Select Plans: Sales team provides year?round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides services ranging from providing education about the benefits and the plan choices to when a plan change can be made. Premera works to resolve claim issues for the enrollees. Semi?annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. WEA has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits or modifications to their plans.
	Part-Time Employee Coverage Protection	District benefit threshhold is: all employees whose Benefit Factor x State Allocation covers the minimum mandatory premiums/cost of Group Dental+Group Vision+HCA, receive those benefits, plus have access to optional medical coverage. WEA Select Plans: when a full time employeeÆs hours are decreased, Premera works with the enrollee to review plan options, including lower cost options, such as the EasyChoice plan with lower premiums or the HDHP Plan, to allow the individual to remain
	Premium Differential Reduction	Differential is driven by rates the district receives on its policies. Union has agreed to a explore options for making progress toward 3:1 ratio in the future following publication of relevant state regulations and guidelines. WEA Select Plans: passed on lower increases to dependents than to employee only tiers for the past two years; offered lower cost options (EasyChoice) with lower premiums and many first dollar benefits and added the HDHP Plan; used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for family

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District	Category	Efforts and Achievements
Burlington-Edison School District	**Administrative Cost Reduction**	N/A
	Cost Savings	We are contracting with carriers who promote generic drug use through a lower cost prescription. Our insurance broker is continually analyzing the market for coverage options. We are also looking into a multi-district benefits consortium in an attempt to increase our purchasing power to secure better rates and coverage.
	Customer Service	We follow our approved policies and procedures for determining employee eligibility and enrollment procedures to ensure consistency. Our benefits broker provides support to our employees with coverage and benefits questions.
	Part-Time Employee Coverage Protection	All employees who work a minimum of 18.75 hours/week are eligible for medical coverage.
	Premium Differential Reduction	Every employee with medical pays some out pocket. Certificated employees with full family coverage received additional funds toward medical premium.
Camas School District	**Administrative Cost Reduction**	We have not made any progress towards reducing administrative costs. The increase in plan offerings, new reporting requirements, and new federal health care requirements have significantly increased the time spent administering health care for our district and its employees.
	Cost Savings	Each year we evaluate our offerings and present information to our unions. To date, we have not negotiated any changes to our plans. We have expanded benefit choices with lower costs within the Premera suite of offerings.
	Customer Service	We have not made any progress towards the improvement of management, delivery, and administration of employee health benefits as most of what we do is dictated by the insurance carriers and federal and state laws related to the administration of benefits. I can only see increases in time spent in the future.
	Part-Time Employee Coverage Protection	Classified employees who work 20 hours or more per week and Teachers who work 17.50 hours or more per week are eligible for coverage, even if they only work a partial year.

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District	Category	Efforts and Achievements
	Premium Differential Reduction	The effort made to reduce the differential includes meeting with our union groups to discuss structuring benefits differently. We made no progress in this effort as we have five separate employee groups to work with and they all have different interests and needs in a benefits program. Our current offerings meet all their needs, but they do not achieve a reduction in the differentials.
Cape Flattery School District	**Administrative Cost Reduction**	American Fideility waives administrative fees in exchange for vendor access to employees for other services
	Cost Savings	Entered into agreement with American Fidelity to offer the health care savings accounts if anyone enrolls
	Customer Service	Meet with employees individually, email employees with information and provide links to more information.
	Part-Time Employee Coverage Protection	District offers HDHP, HSA and Pooling to give part-time employees ample opportunity for affordable coverage.
	Premium Differential Reduction	District is discussing the issue with bargaining units. Consideration being given to skew pooling dollars towards full family coverage should an employee enroll for it. Currently have no one with full family coverage. Being a small and remote district, most often we employ both spouses in a family, making full family coverage unnecessary.
Carbonado School District	**Administrative Cost Reduction**	A. Premera has been a leader in implementing "Lean" thinking since 20005. the goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in "Lean" workshops so they can incorpoate them into their own business. - including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8 o/o in 2005 to 6o/o for over 10 years. C. BlueCard provides significant savings to Premera employees traveling or residing

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District	Category	Efforts and Achievements
	Cost Savings	A. Premera has the following included in all the WEA medical programs. A. Provider contracting-has the highest number of providers "in network" in the state (98 o/o + of all claims are paid "in network". B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyehaeuser, Alaska Air, etc. c. BlueCard-Premera's national "Blue" network-has negotiated discounts that are the highest within the state and provides signigicant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the member's needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and phrmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. G. Member 360 dashboard -proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. H. Plans inclue copayments for Emergency room servies (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialy drugs. I. Programs that monitor controlled medical substances to provide protection for members. J. An open drug formulary that provides choice for members and their physicians while being prudent

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District	Category	Efforts and Achievements
	Customer Service	A. Premera provides a website with access to information about the employee benfits-this inclused a cost estimotor which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and theri plan benefits. C. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. D. Premera has "Ulyssess Learning" which leads to first call resolution and a higher level of overall satisfaction from enrollees. E. Premera's "Lean" workshop include Customer Service, Claim and Billing processes which we continue to focus on in order to improve the member experience. F. WEA Select Plans-The dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resove claim issues for the enrollees as well. This provides additionaal support to the district as well as direct support to the employees. G. WEA Select Plans - Semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. H. WEA - has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits
	Part-Time Employee Coverage Protection	A. WEA Select Plans - when a full time employee's hours are deceased, Premera works with the enrollee to review othe plan options that allow the individual to remain covered on a medical program. B. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HSHP Plan.
	Premium Differential Reduction	A. WEA Select Plans passed on lower increases to dependents than to employee only tiers for the past two years. B. WEA Select Plans- added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. C. WEA Select Plans- used the projected savings from the dependent elegibility audit to apply toward the dependent tiers to provide
Cascade School District	**Administrative Cost Reduction**	Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012; WEA's administrative costs have been under 6% for over 10 years.
	Cost Savings	High number of "in network" health care providors gives more opportunities for lower health care costs; plans include emergency room co-payments that get waived if admitted, co-payments for inpatient hospital admissions, and higher copyments for brand name and specialty drugs

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District	Category	Efforts and Achievements
	Customer Service	Premera provides a website with access to information about the employee benefits- including a cost estimator wihich helps them determine what provider may require less out of pocket costs for the enrollee or their family
	Part-Time Employee Coverage Protection	When a full time employee's hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program.
	Premium Differential Reduction	The district starting to use insurance pooling for all employee types
Cashmere School District	**Administrative Cost Reduction**	We have reduced administrative expenses by contracting with PEBB.
	Cost Savings	The district contracts with the PEBB Program, whose cost-saving measures include: ò Managing the medical plansÆ prescription-drug costs by promoting generic drug use through a lower-cost benefit design. ò Purchasing coverage for medical tools and procedures that are evidence based. ò Adopting PEBBÆs dependent verification eligibility processes, to ensure only eligible family members receive benefits.
	Customer Service	The district follows the PEBB Program's guildelines for determining employee eligibility and enrollment procedures to ensure consistency. As required by the PEBB Program, the district is also required to verify eligibility for each employee's dependents through valid documentation before the employer enrolls the dependents in PEBB coverage.
	Part-Time Employee Coverage Protection	We offer insurance benefits to our part-time employees.
	Premium Differential Reduction	As a member of PEBB, this differential is being addressed at the State level.

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District	Category	Efforts and Achievements
Castle Rock School District	**Administrative Cost Reduction**	Do not have administrative expenses as described in this survey.
	Cost Savings	Meet annually with Kaiser to review costs & look at other health provider company rates. Review with district committee choosing best plans with lowest premiums for the year. Plans include copayments for emergency room services, monitor controlled medical substances to provide protection for members & an open drug formulary to provide choices for members & ensure drugs are cost effective.
	Customer Service	Hold annual benefit fair. Premera & Kaiser provide a website with acess to employee benefits, costs. Premera & Kaiser do surveys regarding member satisfaction & work on making changes to improve. Premera & Kaiser send periodic newsletters to employees with information on their plans & articles on living a healthier lifestyle. Kaiser provides yearly health analysis report which includes health risk
	Part-Time Employee Coverage Protection	CBA's & board policy offer coverage to all employees who average 17.5 hours or more per week at FTE coverage. WEA Select Plans added lower cost options including EasyChoice Plans & HDHP Plan.
	Premium Differential Reduction	.5% has been assessed to all employees as mandatory out of pocket cost. WEA Select Plans added lower cost options including EasyChoice Plans & HDHP Plan.
Centerville School District	**Administrative Cost Reduction**	As we have regularly completed a competitive bid process, and have reviewed and negotiated lower administrative costs. Our selected health carrier, Providence Health Plan, has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative cost with medical cost inflation. This has resulted in reduced percentage of premium administrative cost. As such, as much as 90%-91% of premium dollars go towards claims expense costs. Providence is also not required to refund any premiums due to not meeting the MLR (medical loss ratio) requirements of PPACA. We have worked closely with BCI Group, our benefits consultant, to identify benefit design strategies to help meet budget goals and mitigate future cost
	Cost Savings	This negotiation has successfully reduced the rates. In addition, we have regularly completed a competitive bid process and have been able to use this information in our negotiations. We regularly receive claims data and analyze this to assist with benefit design and cost containment.

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District	Category	Efforts and Achievements
	Customer Service	We provide an annual open enrollment group meeting, one on one counseling, a customized website and have a dedicated claims advocate for our employees via BCI Group, our benefit consultant. In addition, Providence Health Plan Customer Service and Claims are located in Beaverton, Oregon with hours of operation from 8:00 am to 5:00 pm PST and a toll free 800 number for members. Customer Service Representatives are trained to answer all calls with 92% of calls answered at the point of service. Translation services are available along with an automated voice response system and call tracking software for real time and historical activity management. The Health plan has invested heavily in web based tools for members for outside of standard business hours which includes a
	Part-Time Employee Coverage Protection	We offer benefits to part time emplyees who work 20 hours or more per week. We will also be compliant with PPACA regulations pertaining to coverage for part-time employees.
	Premium Differential Reduction	We are scheduling meetings with BCI Group, our benefits consultant, and our union representatives to discuss ESSB 5940 provisions and compliance.
Central Kitsap School District	**Administrative Cost Reduction**	CKSD purchases medical plans through the WEA benefits program. The WEA program is an efficiently run program with low administrative cost to the District for the manangement and maintenance of these plans. In addition, the WEA has recently taken steps to reduce the overall administrative costs to districts even further by streamlining the enrollment process through their new online enrollment
	Cost Savings	CKSD has made progress by aggressively negotiating lower premiums on our Group Health medical plan, making strategic benefit plan alterations, and by offering an H S A Qualified High Deductible health Plan so that employees may cover family members at significantly lower premiums.

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District	Category	Efforts and Achievements
	Customer Service	District employees enjoy both a Benefits Website and a Benefits helpline. The benefits website contains information for all the Districts benefit plans in one convenient place and is widely accessed by both employees and their family members. It contains summaries, comparisons, calculators, forms and links to information and resources provided by the insurance carriers.The helpline is available for employees and their families when they have questions about their District benefits. During the most recent Open Enrollment perios, in a period of 30 work days, the benefits helpline took a large number of phone calls on a wide variety of topics. Satisfaction with the helpline and website is extremely high. CKSD works collaboratively with bargaining groups to support employees with claims and eligibility issues. In addition, when questions about benefits arise, CKSD has worked with our benefits broker and the IAC to create newsletters that are specific to the CKSD population's needs and concerns
	Part-Time Employee Coverage Protection	Part time employees access to coverage has not changed in recent years. Part time employees remain eligible for the same benefits as full time employees when they meet the Districts definition of eligiblilty. Medical insurance is optional and the district contribution for part time employees is prorated bsed on the number of hours worked. Part time employees can choose to enroll in medical as long as they hve sufficient salary each month from which the mployees share of the costs, if any, may be deducted from their paycheck. CKSD and bargaining groups are aware that for part time employees working 30 hours per week or more, full implementation of the 3:1 premium sharing as required by ESSB 5940 may subject the district to penalties under the Shared Responsibility Provision
	Premium Differential Reduction	In addition to efforts in making family coverage more affordable, in 2012 the WEA re-tiered one of the plan offerings (Easy Choice Plan) to reduce the differential between the employee-only and full family coverage. CKSD currently offers this plandesign to employees. We continue to examine in detail, various proposals to amek progress toward a 3:1 premium sharing ration for employees.
Central Valley School District	**Administrative Cost Reduction**	Premera Blue Cross has reduced its overall administrative costs to 6.3% in 2012.
	Cost Savings	Most medical plans offer many "in network" providers and extensive wellness programs, newsletters/magazines, on-line tools a variety of health resources.

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District	Category	Efforts and Achievements
	Customer Service	Benefits are discussed with employees at New Teacher Orientation and in a Classified staff development class. A Benefits Fair is held each year where employees can discuss their medical needs with providers. Worksheets for comparing/evaluating medical plans are available. We have a Benefits Page on our Intranet with customer service phone numbers, medical plan information and a worksheet for calculating out-of-pocket costs. Employees also have access to an Employee Assistance Program. Most medical plans offered perform customer surveys. Insurance Committees were formed
	Part-Time Employee Coverage Protection	Low cost medical plans, HDHPs and HSAs were offered. We pool available benefit dollars each month to account for any plan changes. We contribute to VEBA and offer Section 125 Plans.
	Premium Differential Reduction	Most medical plans offered gave lower increases to the dependent tiers than to the employee only tiers. Low cost medical plans, HDHPs and HSAs were offered. We pool available benefit dollars each month to account for any plan changes.
Centralia School District	**Administrative Cost Reduction**	Premera has been a leader in implementing ?Lean÷ thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ?Lean÷ workshops so they can incorporate them into their own business. ? including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEA?s administrative costs have been under 6% for over 10 years. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area.

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District	Category	Efforts and Achievements
	Cost Savings	Premera has the following included in all the WEA medical programs: Provider contracting ? has the highest number of providers ?in network÷ in the state (98%+ of all claims are paid ?in network÷). The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. BlueCard ? Premera?s national ?Blue÷network ? has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the member?s needs. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. Provider advisory groups for medical and pharmacy that continually monitor Premera?s policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. Member 360 dashboard ? proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. Programs that monitor controlled medical substances to provide protection for members. An open drug formulary that provides choice for members and their physicians while being prudent and ensuring the drugs are

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District	Category	Efforts and Achievements
	Customer Service	The district provides an annual Health Benefits Fair in September. The district also provides flu shots to all employees. Premera provides a website with access to information about the employee benefits ? this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. Premera has ?Ulyssess Learning÷ which leads to first call resolution and a higher level of overall satisfaction from enrollees. Premera?s ?Lean÷ workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. WEA Select Plans ?The dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. WEA Select Plans - semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions.WEA ? has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional
	Part-Time Employee Coverage Protection	The district's bargaining groups have established that all employees who are at least 2.5 hours a day are eligible for medical benefits and allot them a pro-rated share of the state allocation. WEA Select Plans - when a full time employee?s hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many
	Premium Differential Reduction	WEA Select Plans ? Passed on lower increases to dependents than to employee only tiers for the past two years. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. WEA Select Plans ? used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional
Chehalis School District	**Administrative Cost Reduction**	No broker used

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District	Category	Efforts and Achievements
	Cost Savings	QHDP and HSA offered. Lower cost Easy Choice plan available.
	Customer Service	New employee orientation offered annually. Employee benefit fair held at the beginning of each year. Emails and medical packet provided to all employee groups with medical rates and comparisons. Make sure our medical websites are available to employees
	Part-Time Employee Coverage Protection	Extra pooling dollars added to some of our employee groups. Low dollar threshold for employer provided coverage.
	Premium Differential Reduction	1% required in all employee groups. Premera Easy Choice options available. High deductible plan is offered along with a Health Savings Account.
Cheney School District	**Administrative Cost Reduction**	We worked with our insurance consultant to switch from a % of premium commission to a flat per member per month fee that will limit future increases in comission costs, and not provide an automatic increase in comission every time the premium increases
	Cost Savings	We offer an array of benefit plan options that intends to meet all employees needs related to both cost and benefits. We offer opportunities for our employees to meet one-on-one with benefits specialists prior to enrollment to ensure that employees are making the most cost effective decision to meet their needs
	Customer Service	Our benefits committee features representatives from each employee group at the district, along with administration and the district's benefit consultant. This group acts as a sounding board for employee needs, and allows for educational communication to be planned. We also provide the opportunity for each of our employees to receive one-on-one counselling about the benefit options available to them. We provide a benefits handbook with contact information for each service provider, along with summaries of each of the plans avilable to them. Our benefits fair provides employees with an opportunity to interact with benefit carriers and consultants to become more familiar with their plan offerings. We also provide periodic communications on helpful benefit topics, along with wellness
	Part-Time Employee Coverage Protection	We continue to provide coverage to part time employees, with eligibility requirements of .5 FTE for Certificated, Admin, or Non-represented employees, and 20 hours per week for classified staff. This eligibility requirement is lower than the federal requirement. Part time employees receive benefit allocations from the state, and are also eligible to participate in the pooling process in their respective

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District	Category	Efforts and Achievements
	Premium Differential Reduction	Progress made toward increasing the affordability of coverage through requiring a mandatory employee contribution for each employee electing medical benefits. This contribution ranged from 2-10% (PSE 2%, all other groups 10%), and generally went to help offset the out-of-pocket cost of those employees with the greatest need. Prior to the enactment of legislation, our average ratio in the 2011-12 school year was 8:1 family to single-employee pertaining to the out-of-pocket cost of medical. After instituting the mandatory employee contribution, that ratio dropped to 5:1, even while medical
Chewelah School District	**Administrative Cost Reduction**	A. Due to the passage of this law, our costs of administering our health plans is rising as we work to comply with the law. We are working to comply with regulations and laws that are unclear and time consuming - including this report. B. Premera has been a leader in impelmenting "Lean" thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in "Lean" workshops so they can incorporate them into their own businesses. - including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEA's administrative costs have been under 6% for over 10 years. C. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area

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District	Category	Efforts and Achievements
	Cost Savings	A. Our insurance committee is meeting regularly to work on solutions to this issue. We are prepairing to go out to bid to compare products and prices and ensure we have a competitive and affordable benefit package for all employees. B. Premera has the following included in all the WEA medical programs a. Provider contracting - has the highest number of providers "in network" in the state (98%+ of all claims are paid "in network"). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addidion to the WEA account, Premera provides coverage for many large, national accounts such as Micorsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard - Permera's national "Blue" network - has negotiated discounts that are the highest within the state and provides significant savings to Permera enrollees who travel or reside outside the Permera service area. d. Evidence-based medical initiatives that allow Permera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the member's needs. e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor Permera's policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. g. Member 360 dashboard - proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. i. Programs that minitor controlled medical substances to provide protection for members. j. An open drug formulary that provides choice for

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District	Category	Efforts and Achievements
	Customer Service	A. Premera provides a website with access to information about the employee benefits - this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee ro their family. The website provides educational information about wellness programs and their plan benefits. B. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. C. Premera has "Ulyssess Learning" which leads to first call resolution and a higher level of overall satisfaction from enrollees. D. Permera's "Lean" workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. E. WEA Select Plans - The dedicated Permera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Permera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. F. WEA Select Plans - semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. G. WEA - has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional
	Part-Time Employee Coverage Protection	A. All regular classified employees with an FTE of .303 (3.5 hours a day during the 180 day school year) and above are already eligible for medical, dental and vision insurance and are able to participate in insurance pooling benefits. The pooling benefits help part time employees fund their insurance benefit costs at an affordable rate. Certificated employees are eligible for benefits if they work at least one period per day (16.67 FTE) and their benefits are also pooled. B. WEA Select Plans - when a full time employee's hours are decreased, Premera works with the emrollee to review other plan options that allow the individual to remain covered on a medical program. C. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and

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District	Category	Efforts and Achievements
	Premium Differential Reduction	A. Pooling the 5% manditory minimum out of pocket costs for all employees helps to reduce the cost of insurance for employees with family coverage and raises the cost of insurance for our employees with no family coverage. We are in the process of finding a benefit consultant to work with us on analyzing our data so we can make a comprehensive plan going forward to meet the 3:1 requirement. Some options we are considering include higher out of pocket minimum costs, a revised pooling structure, and a more competitive benefit package to help meet this requirement. Our insurance committee is an ongoing work in progress and will continue to work diligently on this issue to best comply with the law. B. WEA Select Plans - Passed on lower increases to dependents than to employee only tiers for the past two years. C. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. D. WEA Select Plans - used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for family coverage.
Chimacum School District	**Administrative Cost Reduction**	A. 10% rate reduction by going with all WEA plan optons for large union group. B. Premera has been a leader in implementing ôLeanö thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ôLeanö workshops so they can incorporate them into their own business. û including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEAÆs administrative costs have been under 6% for over 10 years. C. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area.

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District	Category	Efforts and Achievements
	Cost Savings	A) Offered HSA and Easy Choice options at 2012/2013 renewal. Offered plan with 10% rate discount for large union groups. B) Premera has the following included in all the WEA medical programs a. Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the memberÆs needs. e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor PremeraÆs policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. g. Member 360 dashboard û proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate

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District	Category	Efforts and Achievements
	Customer Service	A. Benefit fair with carriers in attendance providing information of utilization of preventive care services. Also information on how to utilize the benefits to maximize cost savings and reduce plan utilization. B. Premera provides a website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. C. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. D. Premera has ôUlyssess Learningö which leads to first call resolution and a higher level of overall satisfaction from enrollees. E. PremeraÆs ôLeanö workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. F. WEA Select Plans ûThe dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. G. WEA Select Plans - semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions.

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	A. Benefits eligible to all employees working minimum hours per week has not changed.
		B. WEA Select Plans - when a full time employeeÆs hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program.
		C. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums
	Premium Differential Reduction	A. WEA Premera plan rate structures changed to reduce rate differential for 2012/2013 plan year.
		B. WEA Select Plans û Passed on lower increases to dependents than to employee only tiers for the past two years.
		C. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan.
		D. WEA Select Plans û used the projected savings from the dependent eligibility audit to apply toward
Clarkston School District	**Administrative Cost Reduction**	At this time we do not have extra administrative expenses.
	Cost Savings	We have a MOU between the District and Union to make progress toward employee premium changes
	Customer Service	Employees have access to the AON Hewitt Portal for indept information on the different plans offered along with a Hotline to talk to trained customer service reps.
	Part-Time Employee Coverage Protection	The District has formed an AD HOC insurance committee comprised of members from each bargaining group as well as admin. Meeting to discuss all of the components of HB 5940 ways to protect all employees as well as staying in the guidelines of the law.
	Premium Differential Reduction	We offer Easy Choice plans in which the full time employee's share of premiums is no higher than what state employees pay for coverage

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Cle Elum-Roslyn School District	**Administrative Cost Reduction**	The district does not purchase consulting services for administration of health care programs.
	Cost Savings	The district has engaged both union bargaining groups in discussions regarding affordable choices and researching options available from other providers beyond WEA plans. Information has also been provided for the PEBB insurance plans. Representatives of each bargaining unit and administration have met in an effort to collaboratively work together to work toward reduction of premiums while
	Customer Service	Employees have been provided information regarding health care options available and projected premiums.
	Part-Time Employee Coverage Protection	Due to financial restraints the district provides an insurance benefit based on FTE. Due to the school calendar, part-time employee benefits are based on 1,440 hours for a 1.0 FTE.
	Premium Differential Reduction	Due to collective bargaining, the district has not "dictated" any required changes to coverage. However, as progress is made toward more affordable health care, a collaborative effort will continue to reduce the differential between employee only and full family coverage. Impacting the differential is the allocation of insurance dollars as a benefit for the employee. Additional family coverage is at the discretion of the employee. Due to the pooling of benefits, the district provides an insurance benefit based on FTE. Pooling dollars are applied to the employee first, with any unused dollars becoming part of the pool. The district has not provided an additional allocation beyond the state contribution
Clover Park School District	**Administrative Cost Reduction**	None at this time, all bargaining agreements are open this year
	Cost Savings	None at this time, all bargaining agreements are open this year
	Customer Service	None at this time, all bargaining agreements are open this year
	Part-Time Employee Coverage Protection	All employees working more than 2hrs/day currently have access to all plans

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Efforts and Achievements by District

Calendar Year 2012

District	Category	Efforts and Achievements
	Premium Differential Reduction	None at this time, all bargaining agreements are open this year
Colfax School District	**Administrative Cost Reduction**	The District doesn't have aministrative expenses. The insurance companies try to implement 'Lean" thinking to eliminate wasted time and effort.
	Cost Savings	The District has mulitple plans for employees to choose from including a plan attached to a health savings account. To decrease costs our insurance carriers promote generic drug use through lower-cost benefit design. Employees also have to go through a dependent verification to ensure only eligbile family members receive benefits.
	Customer Service	The District forwards any health materials that are received from the different insurance companies to the staff. That information includes monthly reports on healthy living and life styles. Some of the insurance companies also offer a wellness program which includes incentives to participate. Insurance companies provide access to information about employee benefits through websites, and provide
	Part-Time Employee Coverage Protection	The District has muliple plans to choose from including a lower premium plan attached to a health savings account. Insurance companies provide elgibility works sheets. The District uses pooling to decrease the cost of insurance for employees.
	Premium Differential Reduction	The District provides multile plans and options for families to look it. Information is available during open enrollment for families to review the costs savings from moving from one plan to another. One of our higher premium plans was canceled and the insurance companies increase some of the individual employees rates at a higher precentage than the family rates.
College Place School District	**Administrative Cost Reduction**	Work with carriers who have worked hard at keeping their administrative costs low
	Cost Savings	Compare carriers costs and employee choices. Choose the carriers who best fit our employee needs and work with carriers who have a high number of in network providers
	Customer Service	Providing hands on assistance, keeping employees updated on new information and updated services provide by carriers such as new website info etcà

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Efforts and Achievements by District
Calendar Year 2012

District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	Provide multiple plans with different cost options along with a newly added HDHP plan
	Premium Differential Reduction	Adopted several new lower cost option plans and a new HDHP plan with a Health Savings Account
Colton School District	**Administrative Cost Reduction**	currently do not have administratie costs
	Cost Savings	working with union
	Customer Service	researching best delivery method
	Part-Time Employee Coverage Protection	researching best method
	Premium Differential Reduction	researching best method
Columbia (Stevens) School District	**Administrative Cost Reduction**	Our providers have taken measures to reduce administrative expenses by reducing overhead costs.
	Cost Savings	Offered plans that offer full coverage for generic perscriptions and more emphasis on coverage for preventive medical procedures.
	Customer Service	On-line services have been enhanced to provide better health benefit services.
	Part-Time Employee Coverage Protection	Pooling of assets have helped part-time employees afford health care coverage while premiums for dependents have not increased as much as the principal covered.

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Efforts and Achievements by District
Calendar Year 2012

District	Category	Efforts and Achievements
	Premium Differential Reduction	Increases in premium costs were lower for full family coverage than employee only coverage.
Columbia (Walla Walla) School District	**Administrative Cost Reduction**	A. Premera has been a leader in implementing ôLeanö thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ôLeanö workshops so they can incorporate them into their own business. û including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEAÆs administrative costs have been under 6% for over 10 years. B. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area.

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Efforts and Achievements by District

Calendar Year 2012

District	Category	Efforts and Achievements
	Cost Savings	A. Premera has the following included in all the WEA medical programs a. Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the memberÆs needs. e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor PremeraÆs policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. g. Member 360 dashboard û proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. i. Programs that monitor controlled medical substances to provide protection for members.

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Efforts and Achievements by District

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District	Category	Efforts and Achievements
	Customer Service	A. Premera provides a website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. B. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. C. Premera has ôUlyssess Learningö which leads to first call resolution and a higher level of overall satisfaction from enrollees. D. PremeraÆs ôLeanö workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. E. WEA Select Plans ûThe dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. F. WEA Select Plans - semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. G. WEA û has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits or modifications to their plans.
	Part-Time Employee Coverage Protection	A. WEA Select Plans - when a full time employeeÆs hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. B. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan.

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Efforts and Achievements by District

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District	Category	Efforts and Achievements
	Premium Differential Reduction	A. WEA Select Plans û Passed on lower increases to dependents than to employee only tiers for the past two years. B. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. C. WEA Select Plans û used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for family coverage.
Colville School District	**Administrative Cost Reduction**	THERE HAVE ONLY EVER BEEN A SMALL AMOUNT OF ADMINISTRATIVE COSTS ASSOCIATED WITH MEDICAL BENEFITS THAT EVERY COMPANY FACES, AND THAT IS ONCE EVERY FISCAL YEAR DURING OPEN ENROLLMENT. THIS WILL NOT EVER CHANGE, AS THERE ARE MANDATORY ITEMS THAT NEED TO BE ENTERED INTO OUR PAYROLL SOFTWARE IN ORDER TO GENERATE DEDUCTIONS AND BENEFITS TO PAY THE MONTHLY PREMIUMS. PREMERA AND WEA/AON HANDLE ALL OF THE OTHER ADMINISTRATIVE PROCESSES (CLAIMS PROCESSING, AND ELIGIBILITY) AND THEY DO NOT CHARGE THE DISTRICT FOR THOSE SERVICES. OTHER THAN THAT, ESSB 5940 AND THIS SURVEY HAVE CREATED MORE ADMINISTRATIVE EXPENSES FOR OUR DISTRICT DUE TO ALL OF THE NEW REQUIREMENTS, AND
	Cost Savings	WE HAVE ALWAYS OFFERED 5 DIFFERENT MEDICAL PLANS THAT RANGE IN PREMIUM COSTS THAT OUR EMPLOYEES CAN CHOOSE FROM. WE WILL BE GOING OUT TO BID WITH OTHER INSURANCE COMPANIES TO COMPARE PRICES OF INSURANCE PLANS
	Customer Service	WEA AON HAS INTEGRATED AN ONLINE PORTAL THAT ALLOWS OUR EMPLOYEES DETAILED ACCESS TO THEIR HEALTH BENEFIT INFORMATION. THEY CAN ALSO MAKE CHANGES ONLINE 24 HOURS PER DAY, IF NEEDED
	Part-Time Employee Coverage Protection	OUR POLICY ALLOWS PART TIME EMPLOYEES (CLASSIFIED EMPLOYEES WHO WORK LESS THAN 2,080 HOURS PER YEAR) AND ALL CERTIFIED TEACHERS, REGARDLESS OF THE NUMBER OF HOURS THEY WORK THE OPTION TO ELECT MEDICAL BENEFITS.
	Premium Differential Reduction	WE HAVE A NEW HEALTH PLAN THAT EMPLOYEES CAN CHOOSE FROM (EASY CHOICE PLANS.)
Concrete School District	**Administrative Cost Reduction**	State Allocation
	Cost Savings	Implemented HDHP Plan

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District	Category	Efforts and Achievements
	Customer Service	Yearly Benefit Fair
	Part-Time Employee Coverage Protection	Implemented HDHP Plan
	Premium Differential Reduction	Implemented HDHP Plan
Conway School District	**Administrative Cost Reduction**	A.ááááá Premera has been a leader in implementing ôLeanö thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ôLeanö workshops so they can incorporate them into their own business. û including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEAÆs administrative costs have been under 6% for over 10 years.
	Cost Savings	A.ááááá Premera has the following included in all the WEA medical programs
	Customer Service	A.ááááá Premera provides a website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits
	Part-Time Employee Coverage Protection	A.ááááá WEA Select Plans - when a full time employeeÆs hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program.
	Premium Differential Reduction	A.ááááá WEA Select Plans û Passed on lower increases to dependents than to employee only tiers for the past two years.
Cosmopolis School District	**Administrative Cost Reduction**	Premera has reduced administrative costs from 8.8% in 2005 to 6.3% in 2012.

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District	Category	Efforts and Achievements
	Cost Savings	WEA Select Plans-includes co-pays for emergency room services (waived if admitted) co-pays for in-patients and higher co-pays for name brand drugs.
	Customer Service	Premera provides a webiste with access to information for employee benefits.
	Part-Time Employee Coverage Protection	Our district has done nothing.
	Premium Differential Reduction	WEA added lower cost options such as Easy Choice & HDHP.
Coulee-Hartline School District	**Administrative Cost Reduction**	No internal/ external costs
	Cost Savings	The district contracts with the PEBB Program, whose cost-saving measures include: Managing the medical plans' prescription-drug costs by promoting generic drug use throught a lower-cost benefit design. Purchasing coverage for medical tools and procedures that are evidence based. Adopting PEBB's dependent verification eligibility processes, to ensure only eligible family members receive
	Customer Service	THE DISTRICT FOLLOWS THE PEBB PROGRAM'S GUIDELINES FOR DETERMINING EMPLOYEE ELIGIBILITY AND ENROLLMENT PROCEDURES TO ENSURE CONSISTENCY. AS REQUIRED BY THE PEBB PROGRAM, THE DISTRICT IS ALSO REQUIRED TO VERIFY ELIGIBILITY FOR EACH EMPLOYEE'S DEPENDENTS THROUGH VALID DOCUMENTATION BEFORE THE EMPLOYER ENROLLS THE DEPENDENTS IN PEBB
	Part-Time Employee Coverage Protection	The district follows the PEBB Program's guidelines
	Premium Differential Reduction	PEBB PLANS COMPLY

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Efforts and Achievements by District

Calendar Year 2012

District	Category	Efforts and Achievements
Coupeville School District	**Administrative Cost Reduction**	? we have worked with carriers and our consultant to reduce administrative costs within both our fully-insured and self-insured plans. Please note, that there are some carriers such as Premera Blue Cross that don?t provide the district with a summary of administrative costs so it is not possible to have an impact on those plans. Premera has been a leader in implementing ?Lean÷ thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ?Lean÷ workshops so they can incorporate them into their own business. ? including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEA?s administrative costs have been under 6% for over 10 years. C. BlueCard provides significant savings to Premera employees traveling or residing outside the

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Calendar Year 2012

District	Category	Efforts and Achievements
	Cost Savings	? we have implemented the following steps: 1. Consumer Driven High Deductible Health Plan with an optional Health Savings Account offered as of 10/01/2012 2. No longer offering the highest cost, Premera PPO 1 Plan as an option, since it was discontinued on 10/01/2012 by Premera BC. Premera has the following included in all the WEA medical programs a. Provider contracting ? has the highest number of providers ?in network÷ in the state (98%+ of all claims are paid ?in network÷). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard ? Premera?s national ?Blue÷network ? has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the member?s needs. e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor Premera?s policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. g. Member 360 dashboard ? proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs.

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Calendar Year 2012

District	Category	Efforts and Achievements
	Customer Service	? we have work to provide improved customer services by: 1. Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information. 2. Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits. 3. Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members. B. Premera provides a website with access to information about the employee benefits ? this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. C. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. D. Premera has ?Ulyssess Learning÷ which leads to first call resolution and a higher level of overall satisfaction from enrollees. E. Premera?s ?Lean÷ workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. F. WEA Select Plans ?The dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. G. WEA Select Plans - semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. H. WEA ? has their own separate claim review process that allows enrollees to go before a board of

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Efforts and Achievements by District

Calendar Year 2012

District	Category	Efforts and Achievements
	Part-Time Employee Coverage	?we have continued to work with all purchasing / bargaining groups to determine the appropriate eligibility requirements to meet their specific group?s benefits needs.
	Protection	This goal is not necessarily consistent with Reducing the Differential between employees covering and not covering dependents above. Simply put, when eligibility hours for benefits are reduced, there is a negative impact on pooling, thus increasing the cost for those employees attempting to purchase coverage for themselves and dependents. B. WEA Select Plans - when a full time employee?s hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. C. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums
	Premium Differential Reduction	? we have done the following: 1. Implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents. 2. No longer offering the highest cost, Premera PPO 1 Plan as an option, since it was discontinued on 10/01/2012 by Premera BC. This change increased pooling dollars available across all bargaining groups. B. WEA Select Plans ? Passed on lower increases to dependents than to employee only tiers for the past two years. C. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. D. WEA Select Plans ? used the projected savings from the dependent eligibility audit to apply toward
Crescent School District	**Administrative Cost Reduction**	We are participating in WEA online benefits program.
	Cost Savings	We have encouraged employees to take the health quotient on our Premera site and receive a $50 incentive
	Customer Service	Before school starts, we provide employees with information on all of the health coverage that we offer.

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	Our part time employees participate in a pool that reduces their out of pocket costs.
	Premium Differential Reduction	We subscribe to Premera plans that have made progress toward 3:1
Creston School District	**Administrative Cost Reduction**	See Sheet 9
	Cost Savings	See Sheet 9
	Customer Service	See Sheet 9
	Part-Time Employee Coverage Protection	See Sheet 9
	Premium Differential Reduction	See Sheet 9
Curlew School District	**Administrative Cost Reduction**	Premera has been a leader in implementing lean thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEA's administrative costs have been under 6% for over 10 years.

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District	Category	Efforts and Achievements
	Cost Savings	Premera has the following included in all the WEA medical programs:(a) Provider contracting-has the highest number of providers "in network" in the state. (b)The volume of enrollment in Premera assists in negotiating in higher discounts locally and nationally. In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. (c)BlueCard-Premera's natioanl blue network has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. (d)Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the members needs. (e) Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. (f) Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. (g) Member 360 dashboard-proprietary tool that uses more than just claims to dientify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an apporpriate setting. (h) Plans include copayments for Emergency room services, copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. (i) Programs that monitor contraolled medical substances to provide protection for members. (j) An open drug formulary that provides choice for members and their physicians while being prudent and ensuring the drugs are cost and care effective.
	Customer Service	Premera provides a website with access to information about the employee benefits - this includes a cost estimator which helps them deternine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about ewellness programs and their plan benefits.
	Part-Time Employee Coverage Protection	WEA Select Plans added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP plan.
	Premium Differential Reduction	WEA Select Plans- passed on lower increases to dependents than to employee only tiers for the past two years. They also added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP plan.

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Efforts and Achievements by District

Calendar Year 2012

District	Category	Efforts and Achievements
Cusick School District	**Administrative Cost Reduction**	DISTRICT DOES NOT HAVE INTERNAL ADMINISTRATIVE COSTS
	Cost Savings	DISTRICT OFFERS THROUGH PROVIDER HIGH DEDUCTIBLE PLANS LOW COST HEALTH CARE
	Customer Service	DISTRICT IN CONJUNCTION WITH PROVIDER OFFER PROVIDER WEBSITE ACCESS FOR HEALTH CARE SELECTION AND HEALTHY OPTIONS
	Part-Time Employee Coverage Protection	DISTRICT OFFERS ACCESS TO ALL EMPLOYEES REGARDLESS OF STATUS (FULL-TIME, PART-TIME)
	Premium Differential Reduction	CONTRACT NEGOTIATIONS TO BARGAIN MINIMUM OUT-OF-POCKET FROM EMPLOYEES
Darrington School District	**Administrative Cost Reduction**	District already has minimal adm. Costs; WEA Plans: the goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. This method is used to continue to evaluate and improve internal/external processes; BlueCard provides significant savings to Premera employees traveling or residing outside

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District	Category	Efforts and Achievements
	Cost Savings	WEA Select plans has the highest number of providers "in network" in the state; the volume of enrollment assists in negotiating higher discounts locally and nationally; "blue" network has negotiated discounts that are the highest w/I the state and savings to enrollees who travel or reside outside the service area; medical initiatives allow Premera to provide efficient and cost-effective care and alternative care; real time access to consumer decision-support resources to help enrollees understand and direct their health care needs; provider advisory groups for medical and pharmacy that monitor policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient; member 360 dashboard tool that uses more than just claims to identify members w/specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting; co-payments included for Emergecy room services, copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs; programs that monitor controlled medical substances to provide protection to members; an open drug formulary that provides choice for members and their physicians while being prudent and ensuring the drugs are cost and care-effective; PEBB measures include: managaing the medical plans' prescription-drug costs by promoting generic drug use through a lower-cost benefit design; purchasing coverage for medical tools and procedures that are evidence based; adopting PEBB's dependent verification eligibility
	Customer Service	PEBB: the district follows the PEBB program's guidelines for determining employee eligibility and enrollment procedures to ensure consistency. As required by the PEBB program, the district is also required to verify eligibility for each employee's dependents through valid documentation before the employer enrolls the dependents in PEBB coverage. WEA: Premera provides a website with access to information about the employee benefits including a cost estimator which helps determine what provider may require less out-of-pocket costs for the enrollee or their family and provides educational information about wellness programs and their plan benefits; does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction; has "Ulyssess Learning" which leads to first call resolution and a higher level of overall satisfaction from enrollees; "lean" workshops include customer service, claims and billing processes which we continue to focus on in order to improve the member experience; the dedicated sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance. An array of services is provided and will work to resolve claim issues for additional support

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	WEA: when a full time employee's hours are decreased, work with the enrollee to review other plan options; added lower cost options.
	Premium Differential Reduction	WEA: passed on lower increases to dependents than to employee only tiers; added lower cost options; used savings from the dependent eligiblity audit to apply toward the dependent tiers to provide additional relief for family coverage.
Davenport School District	**Administrative Cost Reduction**	Davenport School District has reduced administrative staff in the district office as well as working towards better effieciency through initiating paperless documentation when appropriate. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to imporve quality, improve the member experience while eliminating wasted time and work effort, and improving efficienty while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in "Lean" workshops so they can incorporate them into their own business. -including the state of WA, various provider groups, etc. Through Lean Premera has reduced overal administration cost from 8.8% in 2005 to 6.3% in 2012. WEA's administrative costs have been under 6$ for over 10 years. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area

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District	Category	Efforts and Achievements
	Cost Savings	Provider contracting - has the highest number of providers "in network" in the state (98%+ of all claims are paid "in network"), The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enorlled in WEA medical plan). In addition, to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc, Premera's national blue network has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area., Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the member's needs, Real-time access to consumer decision-support resources to hlp enrollees understand and direct their health care needs, Provider advisory groups for medical and pharmacy that continually monito Premera's policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient, Member 360 dashboard - proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting, plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs, programs that monitor controlled medical substances to provide protection for members, an open drug formulay that provides choice for members and their physicians while being prudent and ensuring the drugs are

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District	Category	Efforts and Achievements
	Customer Service	Davneport School District has provided better communication on costs of plans and plan options to employees at an earlier date to help them have more time to make a decision. We also host a benefits fair for all employees to allow them time to meet with brokers and plan providers to discuss options. Premera provides a website with access to information about the employee benefits - this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. Premera has "Ulysses Learning" which lead to first call resolution and a higher level of overall satisfaction from enrollees. Premera's "Lean" workshops include Customer SErvices, Claims, and Billing processes which we continue to focus on in order to improve the member experience. The dedicated Premera sales team provideds year-round servicing and is available to work directly with enrollees or family members who may need additionaql assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as district support to the employees. Semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decisions making and healthier lifestyle decisions. WEA has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input
	Part-Time Employee Coverage Protection	Davneport School District negotiates with unions within the district to maintain benefit eligibility for part-time employees. When a full-time employee's hours are decreased, Premera works with the enorllee to review other plan options that allow the individual to remian covered on a medical program. WEA added lower cost options, such as the EasyChoice plan that have lower premiums and
	Premium Differential Reduction	WEA Select plans passed on lower increases to dependents than to employee only tiers for the past two years, added lower cost options, such as the EasyChoise plan that have lower premiums and many first dollar benefits and the HSHP Plan, used the profected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for family coverage.

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District	Category	Efforts and Achievements
Dayton School District	**Administrative Cost Reduction**	Continuing to consider all options with various plans and to watch progress with current vendors
	Cost Savings	Added High Deductible Plan, Added Health Savings Plan Options
	Customer Service	Watching to see the progress with the vendors as it relates to ESSB 5940
	Part-Time Employee Coverage	Continue with district offering based on FTE
	Protection Premium Differential Reduction	Watching to see the progress with the vendors as it relates to ESSB 5940
Deer Park School District	**Administrative Cost Reduction**	reduced brokerage compensation
	Cost Savings	current self funded vision & HDHP implemented 10/2012
	Customer Service	N/A
	Part-Time Employee Coverage	NONE
	Protection Premium Differential Reduction	NONE
Dieringer School District	**Administrative Cost Reduction**	Distrtict has not increased costs, however,state requirements have created more staff time demands.
	Cost Savings	District benefits committee looked at other insurance coverage to reduce minimum monthly charge for employees & families.
	Customer Service	District has held various meetings w/bargaining units & all staff. Information is available on district website and sent to all staff members with paychecks and through e-mail.

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	Offered health plan in which employee premuim share does not exceed state employee share
	Premium Differential Reduction	Achieved 1% progress toward 3:1 ratio on minimum monthly health insurance out of pocket deduction.
Dixie School District	**Administrative Cost Reduction**	Group Health with lower annual health care costs of enrolled employees and promote better health by focusing on prevention.
	Cost Savings	Everyone pays a percentage
	Customer Service	Group health provides a website with access to employees benefits.
	Part-Time Employee Coverage Protection	offerend many options- including Higher deductable.
	Premium Differential Reduction	Group health - added lower cost options and the HDHP plan.
East Valley School District (Spokane)	**Administrative Cost Reduction**	Transitioned to WEA Online Portal for plan changes and plan information
	Cost Savings	Little progress. We continue to negotiate with our bargaining units
	Customer Service	Currently researching the feasiblity with other districts and ESD101 of creating a health benefit cooperative.
	Part-Time Employee Coverage Protection	We offer a variety of plans including lower cost plans for part time employees. We pool State Benefit dollars.

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District	Category	Efforts and Achievements
	Premium Differential Reduction	We continue to negotiate with our Employee groups to move forward in this area. No agreeement yet.
East Valley School District (Yakima)	**Administrative Cost Reduction**	Reviewing current processes.
	Cost Savings	We offer wellness services such as our flu shot clinic.
	Customer Service	At the start of each school year we now hold a benefit fair to give employees direct access to benefit information.
	Part-Time Employee Coverage Protection	We offer three Easy Choice Plans and the QHDHP which come with lower premiums.
	Premium Differential Reduction	Discussions with insurance brokers to find solutions. Preliminary negotiation discussions with association leaders.
Eastmont School District	**Administrative Cost Reduction**	Premera has been a leader in implementing ?Lean÷ thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ?Lean÷ workshops so they can incorporate them into their own business. ? including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEA?s administrative costs have been under 6% for over 10 years. C. BlueCard provides significant savings to Premera employees traveling or residing outside the

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District	Category	Efforts and Achievements
	Cost Savings	Premera has the following included in all the WEA medical programs a. Provider contracting ? has the highest number of providers ?in network÷ in the state (98%+ of all claims are paid ?in network÷). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard ? Premera?s national ?Blue÷network ? has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence?based medical initiatives that allow Premera to provide efficient and cost?effective care as well as identifying appropriate alternative care based on the member?s needs. e. Real?time access to consumer decision?support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor Premera?s policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care?efficient. g. Member 360 dashboard ? proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost?effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for

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District	Category	Efforts and Achievements
	Customer Service	Premera provides a website with access to information about the employee benefits ? this includes a cost estimator which helps them determine what provider may require less out?of?pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. C. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction.Premera has ?Ulyssess Learning÷ which leads to first call resolution and a higher level of overall satisfaction from enrollees. E. Premera?s ?Lean÷ workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. F. WEA Select Plans ?The dedicated Premera sales team provides year?round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. G. WEA Select Plans ? semi?annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. H. WEA ? has their own separate claim review process that allows enrollees to go before a board of

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	WEA Select Plans ? when a full time employee?s hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program.
		C. WEA Select Plans ? added lower cost options, such as the EasyChoice plan that have lower premiums and many first
	Premium Differential Reduction	WEA Select Plans ? Passed on lower increases to dependents than to employee only tiers for the past two years.
		C. WEA Select Plans ? added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan.
		D. WEA Select Plans ? used the projected savings from the dependent eligibility audit to apply toward the dependent tiers
Easton School District	**Administrative Cost Reduction**	PARTICIPATE IN HCA PEBB PLAN
	Cost Savings	PARTICIPATE IN HCA PEBB PLAN
	Customer Service	PARTICIPATE IN HCA PEBB PLAN
	Part-Time Employee Coverage Protection	ALL ELIGIBLE EMPLOYEES ARE COVERED THROUGH HCA PEBB, ALL AT THE SAME RATE
	Premium Differential Reduction	HCA PEBB RATES FULFILL THIS REQUIREMENT
Eatonville School District	**Administrative Cost Reduction**	Eatonville has reduced the cost of paper and additional internal administrative costs by offering an electronic platform that houses communication materials, forms, educational tools for employees and their families to access 24/7
	Cost Savings	Eatonville offers an interactive excel spreadsheet comparison that illustrates a high level side-by-side plan review of the estimated out-of-pocket expenses that an employee and family will experience based on their estimated utilization of bene

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District	Category	Efforts and Achievements
	Customer Service	Eatonville School District employees and their families have access to an Employee Service Advocate Programs available through our Employee Benefit Broker?Advisor. We have a benefits Committee that meets regualrly and brings comments/concerns from employees to the table for discussion. We hold educational sessions as necessary to keep our employees and their families informed. We hold annual
	Part-Time Employee Coverage Protection	Our practice is to offer benefits to employees that work 17.5 hours and 20 hours per week depending on employee classification.
	Premium Differential Reduction	Contribution strategy based on core WEA Select EasyChoice plan. See #1
Edmonds School District	**Administrative Cost Reduction**	Premera has been a leader in "Lean" thinking since 2005. Premera's goal is to be able to improve quality and the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal and external processes. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEA's administrative costs have been under 10% fro over 10 years. Also, BlueCard provides significant savings to Premera employees traveling or residin outside the

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District	Category	Efforts and Achievements
	Cost Savings	Premera has the following included in all the WEA medical plans: 1. Provider contracting - has the highest number of providers "in network" in the state. 2. volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. 3. BlueCard - Premera's national "Blue " network has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. 4. Evidence-based medical incentives. 5. real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. 6.) Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. 7. Member 360 dashboard - a proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. 8. Plans include copayments for ER visits (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. 9.Programs that monitor controlled medical substances to provide protection for members. 10. An open drug formulary that provides choice to members and their
	Customer Service	1. Premera & Group Health provide a website with access to information about the employee benefits - this includes a cost estimator which helps determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. 2. Premera does independent surveys to measure member satisfaction and then puts focus on making changes to improve satisfaction. 3. Premera has "Ulysses Learning" which leads to first call resolution and a higher level of overall satisfaction from enrollees. 4. Premera's "Lean" workshops include customer service, claims and billing processes which they continue to focus on in order to improve the member experience. 5. The Premera sales team is available to work directly with enrollees or family members who may need additional assistance with their plans or claims. 6. Semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifesytle decisions. 7. WEA has a separate claim review process that allows enrollees to go before a board or their peers the have the claim upheld, denied, or have an administrative allowance made. Enrollee input has assisted the WEA

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	In our district all employees have access to the same coverage as long as they meet the eligibility requirement. We have added a lower cost medical plan in an effort to provide broader plan selection for our benefits-eligible employees.
	Premium Differential Reduction	We have passed on lower rate increases to the dependent than to the employee only tiers for the past few years, added lower cost option medical plans, and the WEA plans used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additianal rate releif for family coverage. We have also used reserves with our retention acounting arrangement with Group Health to "buy down" rate increases, specifically on the dependent tiers.
Ellensburg School District	**Administrative Cost Reduction**	Premera has been a leader in implementing ôLeanö thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ôLeanö workshops so they can incorporate them into their own business. û including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEAÆs administrative costs have been under 6% for over 10 years. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area.

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District	Category	Efforts and Achievements
	Cost Savings	Premera has the following included in all the WEA medical programs: Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö). The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the memberÆs needs. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. Provider advisory groups for medical and pharmacy that continually monitor PremeraÆs policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. Member 360 dashboard û proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. Programs that monitor controlled medical substances to provide protection for members. An open drug formulary that provides choice for members and their physicians while being prudent and ensuring the drugs are

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District	Category	Efforts and Achievements
	Customer Service	Premera provides a website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. Premera has ôUlyssess Learningö which leads to first call resolution and a higher level of overall satisfaction from enrollees. PremeraÆs ôLeanö workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. WEA Select Plans ûThe dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. WEA Select Plans - semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. WEA û has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits
	Part-Time Employee Coverage Protection	WEA Select Plans - when a full time employeeÆs hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan.
	Premium Differential Reduction	WEA Select Plans û Passed on lower increases to dependents than to employee only tiers for the past two years. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. WEA Select Plans û used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional

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District	Category	Efforts and Achievements
Elma School District	**Administrative Cost Reduction**	A. Premera has been a leader in implementing ôLeanö thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ôLeanö workshops so they can incorporate them into their own business. û including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEAÆs administrative costs have been under 6% for over 10 years. C. BlueCard provides significant savings to Premera employees traveling or residing outside the

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District	Category	Efforts and Achievements
	Cost Savings	A. Premera has the following included in all the WEA medical programs a. Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö). The district contracts with the PEBB Program, whose cost-saving measures include: ò Managing the medical plansÆ prescription-drug costs by promoting generic drug use through a lower-cost benefit design. ò Purchasing coverage for medical tools and procedures that are evidence based. ò Adopting PEBBÆs dependent verification eligibility processes, to ensure only eligible family members receive benefits. b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence?based medical initiatives that allow Premera to provide efficient and cost?effective care as well as identifying appropriate alternative care based on the memberÆs needs. e. Real?time access to consumer decision?support resources to help enrollees understand and direct their health care needs.

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District	Category	Efforts and Achievements
	Customer Service	A. Premera provides a website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out?of?pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. B. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. C. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. D. Premera has ôUlyssess Learningö which leads to first call resolution and a higher level of overall satisfaction from enrollees. E. PremeraÆs ôLeanö workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. F. WEA Select Plans ûThe dedicated Premera sales team provides year?round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. G. WEA Select Plans ? semi?annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. H. WEA û has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits or modifications to their plans. The district follows the PEBB ProgramÆs guidelines for determining employee eligibility and enrollment procedures to ensure consistency. As required by the PEBB Program, the district is also required to verify eligibility for each employeeÆs dependents through valid documentation before the employer enrolls the dependents in PEBB

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	A. WEA Select Plans ? when a full time employeeÆs hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. B. WEA Select Plans ? added lower cost options, such as the EasyChoice plan that have lower premiums and many first
	Premium Differential Reduction	A. WEA Select Plans û Passed on lower increases to dependents than to employee only tiers for the past two years. B. WEA Select Plans ? added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. C. WEA Select Plans û used the projected savings from the dependent eligibility audit to apply toward the dependent tiers
Endicott School District	**Administrative Cost Reduction**	Member of PEBB. WEA Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality & improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in "Lean" workshops so they can incorporate them into their own business - including the state of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEA's administrative costs have been under 6% for over 10 years. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area.

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District	Category	Efforts and Achievements
	Cost Savings	The district contracts with the PEBB Program, whose cost-savings measures include: Managing the medical plans' prescripton-drug costs by promoting generic drug use through a lower-cost benefit design; purchasing coverage for medical tools and procedures that are evidence based; and adopting PEBB's dependent verification eligibility processes, to ensure only eligible family members receive benefits. Premera has the following included in all the WEA medical programs: Provider contracting - has the highest number of providers "in network" in the state (98%+ of all claims are paid "in network"); the volume of enrollment in Premera assists in negotiating higher discounts locally and nationally; BlueCard - Premera's national "Blue" network - has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area; evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the member's needs. Premera also has real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs; provider advisory groups for medical and pharmacy that continually monitor Permera's policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. Member 360 dashboard - proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. Programs that monitor controlled medical substances to provide protection for members. An open drug formulary that

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District	Category	Efforts and Achievements
	Customer Service	The district follows the PEBB Program's guidelines for determining employee eligibility and enrollment procedures to ensure consistency. As required by the PEBB Program, the district is also required to verify eligibility for each employee's dependents through valid documentation before the employer enrolls the dependents in PEBB coverage. Premera provides a website with access to information about the employee benefits - this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. Premera has "Ulyssess Learning" which leads to first call resolution and a higher lever of overall satisfaction from enrollees. Premera's "Lean" workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. WEA Select Plans - The dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. WEA Select Plans - semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. WEA - has their own separate claim review process that allows enrollees to go before a board of their peers
	Part-Time Employee Coverage Protection	Member of PEBB. WEA Select Plans - when a full time employee's hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. WEA Select Plans - added lower cost options, such as the Easychoice plan that have lower premiums and many first dollar
	Premium Differential Reduction	Member of PEBB: WEA Select Plans - Passed on lower increases to dependents than to employee only tiers for the past two years.. WEA - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. WEA - used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for family coverage.

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District	Category	Efforts and Achievements
Entiat School District	**Administrative Cost Reduction**	WEA SELECT PLANS: Premera has reduced admin costs from 8.8% in 2005 to 6.3% in 2012. WEA's admin costs have been under 6% for over 10 years.
	Cost Savings	WEA SELECT PLANS: Include highest number of "in network" providers in state, allowing for more "in network" paid claims. Plans include copays for ER services, inpatient hospital, and higher copays for brand name and specialty drugs, encouraging more prudent use of benefits. PEBB: Manage drug costs by promoting generic drug use through lower-cost benefit design, implementing dependent
	Customer Service	Because of our small number of employees, the district is able to provide individual attention to each employee, at open enrollment and as needed during the year. We facilitate and train on how to use both WEA Premera's and PEBB's websites
	Part-Time Employee Coverage Protection	The district has broad eligibility rules for part-time workers as regards hours worked. WEA SELECT PLAN: Addition of the EasyChoice and QHDH plans with lower premiums made it possible for part-time employees to have medical coverage.
	Premium Differential Reduction	WEA SELECT PLAN: Passed on lower increases to full family tier than other tiers for the past two years. The premiums for the low cost EasyChoice Plans actually decreased for full family tier in 2012.
Enumclaw School District	**Administrative Cost Reduction**	Due to the complexity of the health care reform, we believe that the administrative cost will continue to increase.
	Cost Savings	Implemented QHDP
	Customer Service	Continuation of Benefits Fair
	Part-Time Employee Coverage Protection	Discussing timeline for evalution period
	Premium Differential Reduction	Implemented 3-1 Ratio
Ephrata School District	**Administrative Cost Reduction**	There were no administrative expenses.

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District	Category	Efforts and Achievements
	Cost Savings	The district has been analyzing PEBB and other alternatives
	Customer Service	The district has the documents for medical plans online as well as in the district office.
	Part-Time Employee Coverage Protection	The district offers all part-time employees the option of taking medical insurance.
	Premium Differential Reduction	The district uses pooling.
Evaline School District	**Administrative Cost Reduction**	Evaline offers benefits through WEA. We do not pay a fee for them to administer our benefits, create our plan summary or providing enrollment portal through Aon Hewitt
	Cost Savings	Plan/rate offerings through WEA Select
	Customer Service	Upon hire and during open enrollment, employees are given benefit eligiblilty information and rate sheet.
	Part-Time Employee Coverage Protection	Part time stafff are offered Health Care benefits based on Blue Cross work hours eligibility. Employees have the option to waive coverage.
	Premium Differential Reduction	WEA plan offering - tier rate system with multiple plans offered with different deductibles/co-pay and coverage level rates.
Everett School District	**Administrative Cost Reduction**	We already have low administrative expenses. We try to continue to provide the best information at the lowest costs to our employees in this rapidly changing environment to make the most informed decision for their individual family coverage needs.
	Cost Savings	1-Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. 2-Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. 3-Awareness in health and weight loss with our Wellness Program offerings.

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District	Category	Efforts and Achievements
	Customer Service	1-We are continually improving our activities in our Wellness Program offerings. 2-Open enrollment benefit fairs to have representatives on hand to explain benefits to the employees and their families. We include flu shots for those that want them. 3-Offer the supplemental programs that the employees are looking for at affordable costs
	Part-Time Employee Coverage Protection	1-We offer our plans to benefit FTE .333 which is a lower FTE than the state provides to their employees. We continue to try and offer options for all employees needs.
	Premium Differential Reduction	1-We already meet this requirement with all of our plan offerings for the percentages that the legislature has required of school districts.
Evergreen School District (Clark)	**Administrative Cost Reduction**	The district is in the process of hiring a new insurance broker, the goal is to outsource much of the open enrollment process as possible, and also to streamline the insurance choices to one set for the whole district
	Cost Savings	All groups have offered alternate high deductible plans this fiscal year and have set a minimum, but this is a work in progress
	Customer Service	The district is looking for consistency with insurance choices within the insurance plan as well as implementing affordable plans options for all
	Part-Time Employee Coverage Protection	The district is continuing to work on this, we are offering the programs. The teacher and office clerical groups are prorating the benefit dollars. This is a collective bargaining issue for us.
	Premium Differential Reduction	This was addressed through our insurance carriers last year, but is a work in progress as we determine the minimum deduction definitions for future years. We are working on this with our bargaining groups. And we are also looking for the continuing information from the state
Evergreen School District (Stevens)	**Administrative Cost Reduction**	Due to the very small size of our District, we do not have any administravie costs directly associated with offereing a full benefits package. We plan to continue to offer a full sweet of benefits and do not see the need for any additional adminitravie expenses in the near future

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	Cost Savings	Premera has the following included in all the WEA medical programs a. Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the memberÆs needs. e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor PremeraÆs policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. g. Member 360 dashboard û proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. i. Programs that monitor controlled medical substances to provide protection for members.
	Customer Service	As a District we have tried to encourage employee's to access the online resources offered by Premera so that they are aware of the options that are available and can take full advantage of their benefits package.
	Part-Time Employee Coverage Protection	Evergreen continues to offer insurane coverage to all part time employee's that are at least a .5 fte.

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	Premium Differential Reduction	Evergreen has been fortunate to be able to cover all employee's medical insurane preimums via pooling dollars. During 11-12, no employee's needed coverage for a full family which aided in the ability to pool excess dollars to cover al medical premiums.
Federal Way School District	**Administrative Cost Reduction**	FWPS' administrative expenses for health care are nominal. The only commission income on medical insurance is for Group Health HMO, which is set at 0.3%, or in FY 11-12 $14,312.78. This structure is being converted to a flat per employee amount.
	Cost Savings	During Calendar Year 2012, the District added a high deductible plan as an option for employees.
	Customer Service	We hold a benefit fair each year in an outreach effort to educate employee on the changes in coverage and what choices they can make to reduce their costs. In addition, Benefit Booklets are prepared and posted on the web site. In Calendar Year 2012 these booklets were also mailed home to every elgibile employee due to the signficant changes. In addition to a standing Benefits Committee, District staff are often invited to various union meetings to discuss and various benefit offerings.
	Part-Time Employee Coverage Protection	Classified employees working a minimum of 20 hours per week during the school year are eligible for medical coverage. Certificated employees working 1/2 time or more are eligible for medical coverage. While state funding formulas translate the difference between certificated and classified "FTE" (1440 hours vs 2080 hours) as a 1.152 adjustment, classified staff in FWPS for benefit purposes are treated [illegible] certificated staff.
	Premium Differential Reduction	We added a high deductible medical plan in 2012-13 along with a medical spending account. We continue to pool the employer benefit dollars allocated to each group. We have worked to educate employees on the impact of their choice of coverage so people do not cover more than they need to.
Ferndale School District	**Administrative Cost Reduction**	We have worked with carriers and our consultants to reduce administrative costs within both our fully-insured and self-insured plans, with the exception of Premera Blue Cross that doesn't provide the district with a summary of administrative costs so it is not possible to have an impact on those plans.
	Cost Savings	We have implemented the following steps: 1. Consumer Driven High Deductible Health Plan with an optional Health Savings Account offered as of 10/01/12. 2. Use of purchsaing consortium/Interlocal to purchase some benefits at a lower cost across several districts. 3. No longer offering the highest cost Premera PPO1 Plan [illegible] 10/1/12 by Premera BC.

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	Customer Service	We have worked to provide improved customer service by: 1. Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates and vendor contact information. 2. Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits. 3. Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members. 4. Implemented Premera BC's Aon Hewill online tool for those employees eligible.
	Part-Time Employee Coverage Protection	All part-time employees are eligible for specific benefits according to their bargaining group. We work with all bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefit needs.
	Premium Differential Reduction	We have done the following: 1. No longer offering the highest cost, Premera PPO1 Plan as an option, since it was discontinued on 10/1/12 by Premera BC. This change incresaed pooling dollars available across all bargaining groups. 2. We offer pooling in all bargaining groups
Fife School District	**Administrative Cost Reduction**	Premera has been the leader in implementing "lean" thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations particiapate "lean" workshops sop they can incorporate them into their own business - including the state of Washington, various provider groups, etc. Through "lean", Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEA's administrative costs have been under 6% for over 10 years. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area.

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District	Category	Efforts and Achievements
	Cost Savings	Premera has the following included in all WEA medical programs: Provider contracting-has the highest number of providers "in network" in the state (98% + of all claims are paid "in network". The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over1.7 million members and over 127,000 of those enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc.) Premera's national blue network has negotiated discounts that are the highest within the state and provides a significant savings to Premera enrollees who travel or reside outside the Premers service area. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriste alternative care based on the member's needs. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. Member 360 dashboard-proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. Plans include copayments for emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. Programs that monitor controlled medical substances to provide protection for members. An open drug formulary that provides choice for members and their physicians while being prudent and ensuring the drugs are cost and care effective

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District	Category	Efforts and Achievements
	Customer Service	Premera provides a website with acces to information about the employee benenfits-this includes a cost estimator which helps them to determine what provider may reuire less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benenfits. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. Premera has "Ulyssess Learning" which leads to first call resolution and a higher level of overall satisfaction from enrollees. Premera's "lean" workshops include Customer Service, claims and billing processes which they continue to focus on in order to improve the member experience. WEA select plans-The dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benenfits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. WEA selct plans- semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. WEA has their own seperate claim review processes that allows enrollees to go before a board of their peers and have the claim upheld, denied or have administrative allowance made. Enrollee input has assisted WEA in developing additional benefits or modifications to their plans. Fife School District also provides employees access to "Employee Benefits Center" which gives them comprehensive information on medical plans offered and allows them to estimate out-of-
	Part-Time Employee Coverage	WEA select plans- Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program when a full time employees hours are decreased.
	Protection	WEA select plans added lower cost options, such as the Easy Choice plan that have lower premiums and many first dollar benefits and the HDHP plan.
	Premium Differential Reduction	WEA select plans-passed on lower increases to dependents than to employee only tiers for the past two years, added a plan that has lower premiums and many first dollar benefits and the HDHP plan. WEA plans used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for family coverage. Fife School District currently has two medical plans offered to employees where the full family coverage is not more than three times

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District	Category	Efforts and Achievements
Finley School District	**Administrative Cost Reduction**	Premera has been a leader in implementing ôLeanö thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ôLeanö workshops so they can incorporate them into their own business. û including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEAÆs administrative costs have been under 6% for over 10 years. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area.
	Cost Savings	Premera has the following included in all the WEA medical programs a. Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö).b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the memberÆs needs.e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor PremeraÆs policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. g. Member 360 dashboard û proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. i. Programs that monitor controlled medical substances to provide protection for members. j. An open drug formulary that provides choice for members and their physicians while being prudent

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District	Category	Efforts and Achievements
	Customer Service	Premera provides a website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. Premera has ôUlyssess Learningö which leads to first call resolution and a higher level of overall satisfaction from enrollees. PremeraÆs ôLeanö workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. WEA Select Plans ûThe dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. WEA Select Plans - semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. WEA û has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits
	Part-Time Employee Coverage Protection	A. All classified district employees that work a minimum of 3 hours per day are eligible for health care benefits. For the 2012/2013 school year all PSE classified employees with the benefit of the "pooling" received ALL medical benefits paid by the district. All certificated employess that are a minimum of .5 FTE are eligible for medical benefits. WEA Select Plans - when a full time employeeÆs hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan.
	Premium Differential Reduction	WEA Select Plans û Passed on lower increases to dependents than to employee only tiers for the past two years. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. WEA Select Plans û used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional

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Franklin Pierce School District	**Administrative Cost Reduction**	A. The district doesn't currently have admin expenses that we charge to the employes. B. Premera has been implementing 'Lean' thinking since 2005. The goal being to improve quality, improve member experiencce while eliminating wasted time and work, improve efficiency while lowering expenses
	Cost Savings	A. Evaluate on a yearly basis which plans may cost less for our employees and evaluate if they are worth changing to. B. Premera has various things they have done on their end to help with progress towards health care cost savings
	Customer Service	A. As a district we have various ways for the employees to find out about their medical choices. We have a yearly benefits fair, we have a link on our web page, and we provide to each employee each year a fold out of all of the options for medical available to them. B. Premera provides a website with access to information about the employee benefits as well. Including a cost estimator which would
	Part-Time Employee Coverage Protection	A. The district offers Group Health as a medical option, Group Health offers medical to employees who work a minimum of 2 hours per day..
	Premium Differential Reduction	A. By each Bargaining group, the groups are agreeing to a cost out of pocket for employees only, eventually all of the bargaining groups will be doing this. B. Premera has passed onlower cost increases to dependents that to employee only tiers for the past two years and has added the HDHP plan and the EasyChoice plans
Freeman School District	**Administrative Cost Reduction**	District policy to always look for ways to steamline administrative expenses
	Cost Savings	Self insured for dental/vision
	Customer Service	Broker seminars, information available on website
	Part-Time Employee Coverage Protection	Added high deductible/health savings account plans
	Premium Differential Reduction	Conversation continues with unions;

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Garfield School District	**Administrative Cost Reduction**	A.The WEA has a large purchasing pool which blends all claims, permiums and administrative expensives statewide. This allows individual districes to blend their experience into a much larger pool and soften the distric't utilization peaks and valleys.B. Premera has been a leader in implementing ôLeanö thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ôLeanö workshops so they can incorporate them into their own business. û including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEAÆs administrative costs have been under 6% for over 10 years. C. BlueCard provides significant savings to Premera employees traveling or residing outside the

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	Cost Savings	A. With the elimanation of Plan 1, employees saw a rate decrease as they moved into other comprehensive plan alternatives, which for most people resulted in a net overall savings. WEA Select Plans gave lower increases to dependents than to employee only tiers for the past two years. WEA Select Plans added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. B. Premera has the following included in all the WEA medical programs a. Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the memberÆs needs. e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor PremeraÆs policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. g. Member 360 dashboard û proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for

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District	Category	Efforts and Achievements
	Customer Service	A. Premera provides a website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. B. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction C. Premera has ôUlyssess Learningö which leads to first call resolution and a higher level of overall satisfaction from enrollees. D. PremeraÆs ôLeanö workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. E. WEA Select Plans ûThe dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. F. WEA Select Plans - semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. G. WEA û has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits or modifications to their plans.
	Part-Time Employee Coverage Protection	A. WEA Select Plans - when a full time employeeÆs hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. B. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums

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	Premium Differential Reduction	A. WEA Select Plans û Passed on lower increases to dependents than to employee only tiers for the past two years. B. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. C. WEA Select Plans û used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for family coverage.
Glenwood School District	**Administrative Cost Reduction**	As we have regularly completed a competitive bid process, and have reviewed andnegotiated lower administrative costs. Our selected health carrier, Providence Health Plan, has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative cost with medical cost inflation. This has resulted in reduced percentage of premium administrative cost. As such, as much as 90%-91% of premium dollars go towards claims expense costs. Providence is also not required to refund any premiums due to not meeting the MLR (medical loss ratio) requirements of PPACA. We have worked closely with BCI Group, our benefits consultant, to identify benefit design strategies to help meet budget goals and mitigate future cost
	Cost Savings	We have annually negotiated with our health carrier on benefits and rates. This negotiation has successfully reduced the rates. In addition, we have regularly completed a competitive bid process and have been able to use this information in our negotiations. We regularly receive claims data and analyze this to assist with benefit design and cost containment.
	Customer Service	We provide an annual open enrollment group meeting, one on one counseling, a customized website and have a dedicated claims advocate for our employees via BCI Group, our benefit consultant.In addition, Providence Health Plan Customer Service and Claims are located in Beaverton, Oregon with hours of operation from 8:00 am to 5:00 pm PST and a toll free 800 number for members. Customer Service Representatives are trained to answer all calls with 92% of calls answered at the point of service. Translation services are available along with an automated voice response system and call tracking software for real time and historical activity management. The Health Plan has invested heavily in web based tools for members for outside of standard business hours which includes a
	Part-Time Employee Coverage Protection	We offer benefits to part time employees who work 20 hours or more per week. We will also be compliant with PPACA regulations pertaining to coverage for part-time employees.

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	Premium Differential Reduction	We have completed a Memorandum of Understanding with our union representatives to make a good faith effort to comply with ESSB 5940.
Goldendale School District	**Administrative Cost Reduction**	As we have regularly completed a competitive bid process, and have reviewed and negotiated lower administrative costs. Our selected health carrier, Providence Health Plan, has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative cost with medical cost inflation. This has resulted in reduced percentage of premium administrative cost. As such, as much as 90%-91% of premium dollars go towards claims expense costs. Providence is also not required to refund any premiums due to not meeting the MLR (medical loss ratio) requirements of PPACA. We have worked closely with BCI Group, our benefits consultant, to identify benefit design strategies to help meet budget goals and mitigate future cost
	Cost Savings	We have annually negotiated with our health carrier on benefits and rates. This negotiation has successfully reduced the rates. In addition, we have regularly completed a competitive bid process and have been able to use this information in our negotiations. We regularly receive claims data and analyze this to assist with benefit design and cost containment.
	Customer Service	We provide an annual open enrollment group meeting, one on one counseling, a customized website and have a dedicated claims advocate for our employees via BCI Group, our benefit consultant. In addition, Providence Health Plan Customer Service and Claims are located in Beaverton, Oregon with hours of operation from 8:00 am to 5:00 pm PST and a toll free 800 number for members. Customer Service Representatives are trained to answer all calls with 92% of calls answered at the point of service. Translation services are available along with an automated voice response system and call tracking software for real time and historical activity management. The Health Plan has invested heavily in web based tools for members for outside of standard business hours which includes a
	Part-Time Employee Coverage Protection	We offer benefits to part time employees who work 20 hours or more per week. We will also be compliant with PPACA regulations pertaining to coverage for part-time employees.
	Premium Differential Reduction	We are scheduling meetings with BCI Group, our benefits consultant, and our union representatives to discuss ESSB 5940 provisions and compliance.

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Grand Coulee Dam School District	**Administrative Cost Reduction**	Premera has been a leader in implementing ôLeanö thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ôLeanö workshops so they can incorporate them into their own business. û including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEAÆs administrative costs have been under 6% for over 10 years. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area.

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District	Category	Efforts and Achievements
	Cost Savings	Premera has the following included in all the WEA medical programs a. Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the memberÆs needs. e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor PremeraÆs policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. g. Member 360 dashboard û proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. i. Programs that monitor controlled medical substances to provide protection for members.

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District	Category	Efforts and Achievements
	Customer Service	Premera provides a website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. D. Premera has ôUlyssess Learningö which leads to first call resolution and a higher level of overall satisfaction from enrollees. E. PremeraÆs ôLeanö workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. F. WEA Select Plans ûThe dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. G. WEA Select Plans - semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. H. WEA û has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits or modifications to their plans.
	Part-Time Employee Coverage Protection	WEA Select Plans - when a full time employeeÆs hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. They added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan.

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District	Category	Efforts and Achievements
	Premium Differential Reduction	WEA Select Plans û Passed on lower increases to dependents than to employee only tiers for the past two years. They added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. They used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for family coverage.
Grandview School District	**Administrative Cost Reduction**	(blank)
	Cost Savings	(blank)
	Customer Service	(blank)
	Part-Time Employee Coverage Protection	(blank)
	Premium Differential Reduction	(blank)
Granger School District	**Administrative Cost Reduction**	Not applicable
	Cost Savings	Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. The plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admission, and higher copayments for brand name and specialty drugs. Also an open drug formulary that provides choice for members and their physicians while being
	Customer Service	Both Premera and Group Health provides a website with access to information about the employee benefits. The websites provides educational information and plan benefits information. WEA Select Plans provides semi-annual newsletters to enrollees to educate them on their plans as well as support in making healthier lifestyles

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	We generate insurance pooling for our classified and certified staff which helps the employees have reduced out-of- pocket cost. Also, the district contributes dollars to each pooling which reduces costs to employees.
	Premium Differential Reduction	We generate insurance pooling for our classified and certified staff which helps the employees have reduced out-of- pocket cost. Also, the district contributes dollars to each pooling which reduces costs to employees.
Granite Falls School District	**Administrative Cost Reduction**	Premera tells us they have reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012.
	Cost Savings	School district obtained competitive health insurance quotes thru broker.
	Customer Service	Premera has recently introduced YBR (Your Benefit Resources) as an online tool to assist employees with figuring medical costs, picking the right plan for you. You can also access the "wellness" benefits through online tools
	Part-Time Employee Coverage Protection	Lower cost plans are avaliable for all employees
	Premium Differential Reduction	Premera has for the last 2 years has given a lower rate increase for the dependent tiers, added lower costs plans and a high deductible plan. We also have implemented a minimum required contribution for each bargaining agreement from 1% to 3% for the 2012-2013 school year
Grapeview School District	**Administrative Cost Reduction**	Premera has been a leader in implementing ôLeanö thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ôLeanö workshops so they can incorporate them into their own business. û including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEAÆs administrative costs have been under 6% for over 10 years. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area.

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District	Category	Efforts and Achievements
	Cost Savings	WEA Select Plans û gave lower increases to dependents than to employee only tiers for the past two years, added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. WEA Select Plan used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for full family
	Customer Service	Premera provides a website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. Premera has ôUlyssess Learningö which leads to first call resolution and a higher level of overall satisfaction from enrollees. PremeraÆs ôLeanö workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. WEA Select Plans ûThe dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees .WEA Select Plans - semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. WEA û has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits
	Part-Time Employee Coverage Protection	WEA Select Plans - when a full time employeeÆs hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan.
	Premium Differential Reduction	WEA Select Plans û Passed on lower increases to dependents than to employee only tiers for the past two years. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. WEA Select Plans û used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional

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District	Category	Efforts and Achievements
Great Northern School District	**Administrative Cost Reduction**	Using Skyward to it's full capacity
	Cost Savings	Premera has worked on this for us
	Customer Service	Premera has worked on this for us
	Part-Time Employee Coverage Protection	Premera has worked on this for us
	Premium Differential Reduction	Premera has worked on this for us
Green Mountain School District	**Administrative Cost Reduction**	Premera has been implementing a lean thinking since 2005, which has resulted in cost saving measures.
	Cost Savings	WEA has implemented a health savings account.
	Customer Service	Premera has implemented a website with helpful information along with customer service phone line.
	Part-Time Employee Coverage Protection	All staff members are eligible for medical benefits. With the 5 different plans and premium rates it makes it more affordable to provide coverage.
	Premium Differential Reduction	Premera has offered 5 different plans to the district which should help decrease the differential between employ and full family coverage making premiums affordable to each family need.

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District	Category	Efforts and Achievements
Griffin School District	**Administrative Cost Reduction**	A. Premera has been a leader in implementing ôLeanö thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ôLeanö workshops so they can incorporate them into their own business. û including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEAÆs administrative costs have been under 6% for over 10 years. B. BlueCard provides significant savings to Premera employees traveling or residing outside the

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District	Category	Efforts and Achievements
	Cost Savings	A.The District worked with Propel, Inc. to modify copays and deductibles for the Group Health plans. Premera has the following included in all the WEA medical programs: a. Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence?based medical initiatives that allow Premera to provide efficient and cost?effective care as well as identifying appropriate alternative care based on the memberÆs needs. e. Real?time access to consumer decision?support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor PremeraÆs policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care?efficient. g. Member 360 dashboard û proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost?effective care in an appropriate setting.

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District	Category	Efforts and Achievements
	Customer Service	A. Group Health Cooperative provides a website with access to information related to patient care. This site also includes medical records, appointments and the ability to communicate with the patients primary care providers. B. Premera provides a website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out?of?pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. C. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. D. Premera has ôUlyssess Learningö which leads to first call resolution and a higher level of overall satisfaction from enrollees. E. PremeraÆs ôLeanö workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. F. WEA Select Plans ûThe dedicated Premera sales team provides year?round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. G. WEA Select Plans ? semi?annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions.

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	The district continues to protect part time employee access to coverage by setting minimum assignment hours. Employees are incouraged to meet with Human Resources to determine their insurance coverage needs and discuss available plans. WEA Select Plans ? when a full time employeeÆs hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. WEA Select Plans ? added lower cost options, such as the EasyChoice plan that have lower premiums and many first
	Premium Differential Reduction	WEA Select Plans û Passed on lower increases to dependents than to employee only tiers for the past two years. WEA Select Plans ? added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. WEA Select Plans û used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional
Harrington School District	**Administrative Cost Reduction**	Premera has been a leader in implementing ôLeanö thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ôLeanö workshops so they can incorporate them into their own business. û including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEAÆs administrative costs have been under 6% for over 10 years.

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District	Category	Efforts and Achievements
	Cost Savings	a. Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö). j. An open drug formulary that provides choice for members and their physicians while being prudent and ensuring the drugs are cost and care effective. b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the memberÆs needs. e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor PremeraÆs policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. g. Member 360 dashboard û proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. i. Programs that monitor controlled medical substances to provide protection for members.
	Customer Service	Premera provides a website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits.

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	The District offers employees that work 20 hours a week benefits
	Premium Differential Reduction	Initiated a percentage of out-of pocket for all contributing memebers
Highland School District	**Administrative Cost Reduction**	changed 3rd party administrator w/lower rates
	Cost Savings	Promote generic drug; dependency verification
	Customer Service	Information on website for employees to learn about, compare benefits, costs, etc to determine best fit for them.
	Part-Time Employee Coverage Protection	Offer low cost plans
	Premium Differential Reduction	Some plans have had lower increases to dependents than employee only; offer HDHP plan

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District	Category	Efforts and Achievements
Highline School District	**Administrative Cost Reduction**	1. We have worked with carriers and our consultant to reduce administrative costs within both our fully-insured and self-insured plans. 2. Premera has been a leader in implementing ôLeanö thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ôLeanö workshops so they can incorporate them into their own business. û including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEAÆs administrative costs have been under 6% for over 10 years. 3. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area.

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District	Category	Efforts and Achievements
	Cost Savings	A. We have implemented the following steps: 1. Consumer Driven High Deductible Health Plan with an optional Health Savings Account offered as of 10/01/2012. 2. Use of purchasing consortium/Interlocal to purchase some benefits at a lower cost across several districts. 3. No longer offering the highest cost, Premera PPO 1 Plan as an option, since it was discontinued on 10/01/2012 by Premera BC. B. Premera has the following included in all the WEA medical programs: a. Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the memberÆs needs. e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor PremeraÆs policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. g. Member 360 dashboard û proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs.

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District	Category	Efforts and Achievements
	Customer Service	A. We have worked to provide improved customer services by: 1. Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information. 2. Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits. 3. Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members. B. Premera provides a website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. C. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. D. Premera has ôUlyssess Learningö which leads to first call resolution and a higher level of overall satisfaction from enrollees. E. PremeraÆs ôLeanö workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. F. WEA Select Plans ûThe dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. G. WEA Select Plans - semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. H. WEA û has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits or modifications to their plans.

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	A. We have continued to work with all purchasing/bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefits needs. This goal is not necessarily consistent with Reducing the Differential between employees covering and not covering dependents above. Simply put, when eligibility hours for benefits are reduced, there is a negative impact on pooling, thus increasing the cost for those employees attempting to purchase coverage for themselves and dependents. B. WEA Select Plans - when a full time employeeÆs hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. C. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan.
	Premium Differential Reduction	A. We have done the following: 1. Implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents. 2. No longer offering the highest cost, Premera PPO 1 Plan as an option, since it was discontinued on 10/01/2012 by Premera BC. This change increased pooling dollars available across all bargaining groups. It should be noted that since this tracking was only required as of passage of ESSB 5940 in 2012, the first year our district will have accurate data will be the 2012-13 plan year. B. WEA Select Plans û Passed on lower increases to dependents than to employee only tiers for the past two years. C. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. D. WEA Select Plans û used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for family coverage.

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District	Category	Efforts and Achievements
Hockinson School District	**Administrative Cost Reduction**	Premera has been a leader in implementing "lean" thinking since 2005, with a goal to improve quality, improve the member experience while eliminating wasted time and work effort, improve efficiency while lowering expense. Premera uses this method to continue to evaluate and improve internal/external processes. Through "Lean" Premera has reduced overall administrative costs from 8.8 $ in 2005 to 6.3% in 2012. Kaiser 2012 initiatives included finding efficiencies across various administrative areas by reducing manual processes and process improvement. Administrative initiatives saved $9.6M in 2012 and KP Information Technology initiatives saved $9.7M Kaiser Permanente Northwest (KPNW) has adopted a Lean Six Sigma management system and has been building the capability since 2006. This innovative approach includes National Labor Management Partnership at the frontline level. This system is based on the attributes of high-performing organizations and incorporates features of quality management systemsùincluding Lean, Six Sigma, and the Institute for Healthcare ImprovementÆs Model for Improvement. KPNW currently has a Greenbelt and Blackbelt program for our leaders and entire organization with 15 certified Blackbelts and 45 certified Greenbelts. In addition our National Improvement Institute program has trained over 400 frontline teams. Annual advanced skill training in process improvement is provided to our frontline teams for continuous development of these skill sets. Our Major focus in 2012 and 2013 has been to improve the service experience by enabling more care inside our own system and by improving access. We were able to achieve breakthrough performance changes in both areas. Specific examples of internalizations that have also improved service are Ventricular Assist Device

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District	Category	Efforts and Achievements
	Cost Savings	1) The district has formed an insurance committee to evaluate plans and vendors to ensure they were providing the best cost savings to our members. 2) Premera Blue Cross has worked hard in the area of "Provider Contracting" to ensure there are a high number of "in network" provider's which has allowed for a higher number of enrollees and higher discounts. Premera also works with many large employers which provides better cost sharing benefits. Evidence-based medical initiatives that allow Premera to provide efficient and cost effective care as well as identifying appropriate alternative care based on the member's needs. Thy also provide real-time access to consumer decision support. Provider Advisory Groups to monitor policies and procedures for cost and care efficiencies. Implemented Member 360 dashboard a proprietary tool that uses more than just claims to identify member with specific healthcare needs to make sure the enrollee is receiving cost effective care in an appropriate setting. 3) Kaiser: Expanded onsite wellness partnerships. Has continued to improve pharmaceutical costs by effective and timely conversions to generic products, working it providers to ensure appropriate usage and prescribing patterns and leveraging lower cost formulary products when appropriate. Provide data on physician prescribing patterns by provider name, location and specialty for specific targeted drugs. This initiative saved over $30M in 2012. Since the inception of this initiative in 2006 it has saved KPNEW over $150M. Northwest Permanente P.C. (NWP) is an integrated medical group that includes Primary Care and Specialty Care together under one organizational umbrella. All providers are salaried with pay for performance incentives which are balanced between Quality/Evidence-Based Medicine, Service, Productivity and Resource Stewardship. We have significantly reduced our re-admission rates through our transitions in care process which connects patients to primary care and pharmacy upon discharge. ò Tobacco use screening for patients over the age of 13 at every exam appointment, and offered referral assistance to health coaches for those members who want assistance in quitting smoking.

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District	Category	Efforts and Achievements
	Customer Service	The district works closely with each vendor to verify census data and ensure accuracy of coverage and premium costs. Premera provides a website with 24/7 access to information about the employee benefits. This includes a cost estimator which helps them determine what provider may require less out of pocket costs for the enrollee or their family. The website also provides educational information about wellness programs and their plan benefits. Premera conducts independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. Customer Service, claims and billings processes which have continued to focus on improvement of the member experience. Year round servicing by sales team to work with district, enrollee or family to provide education or assistance with their plans. WEA/Premera produces semi-annual newsletters that are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. Kaiser received the highest numerical score among commercial health plans in the Northwest region. One way they provide better service to Washington School District employees is by providing a variety of clinical access alternatives that make it easy for school employees to access their physicians in a variety of ways i.e. email, view lab results online, telephone consultations and 24 hour nurse advice. ò Reduction of Surgical Site Infections Kaiser Sunnyside Medical Center (KSMC) ò Culture of Safety Work including Patient Safety University in the ED ò Contracted with Pascal to improve safety culture and teamwork in the ED. ò Glycemic Control project (across ED and Patient Floors KSMC) ò Sepsis and Early Goal Directed Therapy on patient floors at KSMC ? Proactive Panel Support ? Unit-Based Team Process Improvement to streamline processes and decrease wait time of New Insulin Start Program ? RN Complex Case Management which meets NCQA standards ? Diabetes One Stop û Successful pilot, rolled out to all members in all clinics. Provides Navigation support for diabetes members. Includes targeted outreach, in-reach, and provides a robust triage

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	The district makes sure there are lower cost options available to part time employees. Premera and Kaiser willingly work with part time employees to see which plans will provide them with the best possible coverage for the least amount of premium and out of pocket costs.
	Premium Differential Reduction	The district works closely with each vendor to reduce the differential between employee only and full family coverage. Rather than lowering cost differentials to favor family coverage, Kaiser uses cost saving efforts to keep the total rate package affordable. WEA Select Plans/Premera passed on lower increases to dependents than to employee only tiers for the past two years. They have also added lower cost options such as the Easy Choice plan that have lower premiums and many first dollar benefits as well as the HDHP plan. In addition, Premera plans used the projected savings from the dependent eligibility audit to apply towards the dependent tiers
Hood Canal School District	**Administrative Cost Reduction**	Premera has been a leader in implementing "lean" thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal and external processes; and Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEA's administrative costs have been under 6% for over ten years.
	Cost Savings	Premera has the following included in all WEA medical programs: Premera has the highest number of providers "in network" in the state; the volume of enollment in Premera assists in negotiating higher discounts locally and nationally; plans include copayments for emergency room services (waived if admitted), inpatient hospital admissions; and an open drug formulary that provides choices for membes and their physicians while being prudent and ensuring the drugs are cost and care effective.
	Customer Service	Premera provides a website with access to information about the employee benefits, which includes a cost estimator to help determine what provider may require less out-of-pocket costs for the employee; the website provides eductional information about wellness programs and their plan benefits; Premera does independent surveys to measure member satisfaction and puts a focus on making changes to improve satisfaction; Premera offers workshops which include customer service, and claims and billing processes; the Premera sales team provides year-round servicing and is available

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	The WEA Select Plans added lower cost options such as the EasyChoice and HDHP plans and the WEAwill work with an enrollee who has had their work hours reduced, which allows the employee to review other options that would allow the individual to remain covered on a medical plan.
	Premium Differential Reduction	WEA Select Plans have passed on lower increases to dependents than to employee only tiers for the past two years; they added lower cost options, such as the EasyChoice and the HDHP plans; and they've used the projected savings from the dependent eligibility audit to apply towards the dependent tiers which provide additional rate relief for family coverage.
Hoquiam School District	**Administrative Cost Reduction**	At the District level, we do not have any adminstrative expenses. Premera has been a leader in implementing ôLeanö thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ôLeanö workshops so they can incorporate them into their own business. û including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEAÆs administrative costs have been under 6% for over 10 years. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area.

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District	Category	Efforts and Achievements
	Cost Savings	All employees in our district that are eligible for medical benefits are on family vision and dental plans which allows us to receive the 10% discount offered by Premera that further lowers the costs to our employees for medical premiums. Premera has the following included in all the WEA medical programs (all of our plans are WEA Select) a. Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the memberÆs needs. e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor PremeraÆs policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. g. Member 360 dashboard û proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs

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District	Category	Efforts and Achievements
	Customer Service	a. Premera provides a website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. b. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. c. Premera has ôUlyssess Learningö which leads to first call resolution and a higher level of overall satisfaction from enrollees. d. PremeraÆs ôLeanö workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. e. WEA Select Plans ûThe dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. f. WEA Select Plans - semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. g. WEA û has their own separate claim review process that allows enrollees to go before a board of
	Part-Time Employee Coverage Protection	WEA Select Plans - when a full time employeeÆs hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. WEA has added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan.

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District	Category	Efforts and Achievements
	Premium Differential Reduction	a. Our District has negotiated MOU'S with our various bargaining units and instituted a 1% minimum fee to all employees vs. previous years where they paid no part of their premium. This total of these fees has been added back into our pooling spreadsheet and distributed by formulas to employees paying larger premiums to help reduce the differential between employee only and full family coverage. b. WEA Select Plans û Passed on lower increases to dependents than to employee only tiers for the past two years. c. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. d. WEA Select Plans û used the projected savings from the dependent eligibility audit to apply toward
Inchelium School District	**Administrative Cost Reduction**	Using Skyward to it's full capacity
	Cost Savings	Premera has worked on this for us
	Customer Service	Premera has worked on this for us
	Part-Time Employee Coverage Protection	Premera has worked on this for us
	Premium Differential Reduction	Premera has worked on this for us
Index School District	**Administrative Cost Reduction**	Premera has been a leader in implementing ôLeanö thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ôLeanö workshops so they can incorporate them into their own business. û including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEAÆs administrative costs have been under 6% for over 10 years. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area.

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District	Category	Efforts and Achievements
	Cost Savings	Premera has the following included in all the WEA medical programs a. Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence?based medical initiatives that allow Premera to provide efficient and cost?effective care as well as identifying appropriate alternative care based on the memberÆs needs. e. Real?time access to consumer decision?support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor PremeraÆs policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care?efficient. g. Member 360 dashboard û proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost?effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for

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District	Category	Efforts and Achievements
	Customer Service	Premera provides a website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out?of?pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. Premera has ôUlyssess Learningö which leads to first call resolution and a higher level of overall satisfaction from enrollees. PremeraÆs ôLeanö workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. WEA Select Plans ûThe dedicated Premera sales team provides year?round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. WEA Select Plans ? semi?annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. WEA û has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits
	Part-Time Employee Coverage Protection	WEA Select Plans ? when a full time employeeÆs hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. WEA Select Plans ? added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan.
	Premium Differential Reduction	All employees pay a minimum of $2.00 per month towards their medical premium. WEA Select Plans û Passed on lower increases to dependents than to employee only tiers for the past two years. WEA Select Plans ? added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. WEA Select Plans û used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for
Issaquah School District	**Administrative Cost Reduction**	We have eliminated two plans which lowers admin costs. Also consider admin costs when choosing broker and plans. Additionally, this reporting requirment has added administrative costs.

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District	Category	Efforts and Achievements
	Cost Savings	Educated on SHB5940 and then all agreed to eliminate WEA Blue Cross Plan 5 effective 10/1/12. 7/2012-Met with benefits committee with each union representation present to eliminate Blue Cross Plan 1 (mandatory). Effective 10/1/13 will eliminate one dental plan.
	Customer Service	Each year, we review our current plan offerings, particularly our health plans to ensure they are meeting our employeesÆ needs. The District conducts annual benefits fair. In addition we have available the Benefits website. The website contains information for all benefit plans; benefits cost estimator, forms and links to insurance carriers. In cooperation with our bargaining groups through the Employee Advisory Committee, we meet as needed (3 to 4 times annually) to review various plan
	Part-Time Employee Coverage Protection	The District maintains an eligibility threshold of 20 hour/week (minimum) which exceed the new federal standard for access to health care, and also exceeds the access provided in many other school districts.
	Premium Differential Reduction	The District has worked with Propel Insurance Brokerage to review Group Health and WEA plans in an effort to keep cost affordable. Group Health and WEA plans in 2012-13 decreased the premium differential between single coverage and full family coverage so that progress toward the state 3:1 goal was made. Effective 10/1/12 the District eliminated WEA Plan 5 (District ædillacÆ plan). District continues to make process towards the goal of 3:1 ratio between the payroll deduction for Employee plus Family coverage and Employee Only coverage by implementing a tier system charging higher out-of-pocket employee share for higher cost medical plans.
Kahlotus School District	**Administrative Cost Reduction**	Premera has been a leader in implementing ?Lean÷ thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes.
	Cost Savings	Premera / WEA Select Plans have the largest number of providers "in network" in the state.

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District	Category	Efforts and Achievements
	Customer Service	Premera provides a website with access to information about the employee benefits ? this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. The dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the
	Part-Time Employee Coverage Protection	When a full time employee?s hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program.
	Premium Differential Reduction	WEA Select Plans passed on lower increases to dependents than to employee only tiers for the past two years, and added lower cost options, such as the EasyChoice plan that have lower premiums.
Kalama School District	**Administrative Cost Reduction**	WORKING W/ATTORNEY
	Cost Savings	WORKING W/ATTORNEY
	Customer Service	EMPLOYEE BENEFIT FAIRS
	Part-Time Employee Coverage Protection	NOTHING AT THIS TIME-WORKING W/ATTORNEY
	Premium Differential Reduction	NOTHING AT THIS TIME-WORKING W/ATTORNEY
Keller School District	**Administrative Cost Reduction**	Keller School District does not have any administravie costs at this time, in relation to insurance offerings.

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District	Category	Efforts and Achievements
	Cost Savings	Premera has the following included in all the WEA medical programs a. Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the memberÆs needs. e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor PremeraÆs policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. g. Member 360 dashboard û proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. i. Programs that monitor controlled medical substances to provide protection for members.
	Customer Service	The District has a buliten board in the break room that is used to post information about benefits and encourge employee's to check out Premera's website to learn more abou the benefits included in the plan that they have chosen
	Part-Time Employee Coverage Protection	There have been no changes in the access to coverage to part time employee's. Those employee's that work at least half time are eligible for benefits.

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District	Category	Efforts and Achievements
	Premium Differential Reduction	During calendar year 2012 we began offering a high deductible plan as an alternative to the more traiditional plans. With this plan the premiums are much lower and can be a cost savings if the family has no major medical events.
Kelso School District	**Administrative Cost Reduction**	A. The district streamlined by removing the benefits officer and using Propel as our broker. The cost is much less and the responsibilities in district are spread among staff. B. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in "Lean" workshops so they can incorporate them into their own business. - including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative cots from 8.8% in 2005 to 6.3% in 2012. WEA's administrative costs have been under 6% for over 10 years. C. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area

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District	Category	Efforts and Achievements
	Cost Savings	A. Bid and compare rates every year by our brokers. We also have representatives from each bargaining group that is part of our benefits committee. Together they decide which options we will choose. B. Premera has the following included in all the WEA medical programs. a. Provider contracting - has the highest number of providers "in network" in the state (98%+ of all claims are paid "in Network"). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. C. BlueCard - Premera's national "Blue" network - has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the member's needs. e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. g. member 360 dashboard - proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. I. Programs that monitor controlled medical substances to provide protection for members. j.

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District	Category	Efforts and Achievements
	Customer Service	The district sends out more communication about changes and open enrollment via email, flyers, post cards, and the benefits fair. We also discuss benefit information during new employee orientation. Our website has a benefits page where employees can go and get information about each of the available benefits. All of our HR/payroll staff is trained on benefits and able to assist employees with questions or direct them appropriately. B. Premera provides a website with access to information about the employee benefits - this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. C. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. D. Premera has "Ulyssess Learning" which leads to first call resolution and higher level of overall satisfaction from enrollees. E. Premera's "Lean" workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. F. WEA select plans - The dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. G. WEA Select Plans - semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. H. WEA - has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee
	Part-Time Employee Coverage Protection	A. The district's bargaining units have medical benefits bargained into their bargaining agreements. We also have a bargaining committee made up of members from each bargaining unit. This committee makes the decisions on options for plans. B. WEA Select Plans - When a full time employee's hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. C. WEA Select Plans - added lower cost options, such as the EasyCoice plan that have lower premiums and many first dollar benefits and the

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District	Category	Efforts and Achievements
	Premium Differential Reduction	A. The district offers multiple plans with a variety of choices. Bargained with each of our bargaining groups for a $10 minimum out of pocket for each employee. Employees that did not pay out of pocket now pay a minimum of $10. This helps the pooling amount that is spread to full family coverage employees. B. WEA select plans - passed on lower increases to dependents than to employee only tier for the past two years. C. WEA select plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. D. WEA Select Plans - used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to
Kennewick School District	**Administrative Cost Reduction**	N/A

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District	Category	Efforts and Achievements
	Cost Savings	A) Plan 1 was eliminated as an option with Group Health only plan 2 is available. B) Premera has the following included in all the WEA medical programs a. Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the memberÆs needs. e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor PremeraÆs policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. g. Member 360 dashboard û proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. i. Programs that monitor controlled medical substances to provide protection for members.

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District	Category	Efforts and Achievements
	Customer Service	A) We had Premera come in and due Staff Assistance Days to provide more education on coverage and other plan services. During Open enrollment we are now having 2 benefits fairs where we invite the health provider reps to meet with the KSD staff and answer questions regarding coverage benefits. Here is also what Premera is doing: B. Premera provides a website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. C. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. D. Premera has ôUlyssess Learningö which leads to first call resolution and a higher level of overall satisfaction from enrollees. E. PremeraÆs ôLeanö workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. F. WEA Select Plans ûThe dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. G. WEA Select Plans - semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. H. WEA û has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits or modifications to their plans.

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	A) Part time emploee working in a contracted position are protected for benefits per their Negociated Bargaining Agreement. Here is also what Premera is doing to assist part with part employees: B) WEA Select Plans - when a full time employeeÆs hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. C) WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan.
	Premium Differential Reduction	A) The KSD District started charging a minimum fee of 1% to all employees with zero out of pocket towards medical plans. Amount collected is used to lower premiums for Full Family Coverage. The KEA bargaining unit already distributes it's pooled dollars proportionally by type of coverage to help the family in their unit. Example: Employee only coverage is only eligible for $16.00 from pool and full family coverage is eligible for up to 160.17 from pool. Here is what WEA Premera has been doing. Here is also what Premera is doing: B) WEA Select Plans û Passed on lower increases to dependents than to employee only tiers for the past two years. C) WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. D) WEA Select Plans û used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for family coverage.
Kent School District	**Administrative Cost Reduction**	TPG- Kent School District have worked with Regence and Group Health and our consultant to reduce administrative costs within both our fully-insured plans. Aon Hewitt -WEA Premera has been a leader in implementing ?Lean÷ thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ?Lean÷ workshops so they can incorporate them into their own business. ? including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEA?s administrative costs have been under 6% for over 10 years. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera

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District	Category	Efforts and Achievements
	Cost Savings	TPG- Kent School District: have taken the following steps: Consumer Driven High Deductible Health Plan with an optional Health Savings Account offered as of 10/01/2012 Added low premium plans through Regence. Aon Hewitt-WEA Premera has the following included in all the WEA medical programs Provider contracting ? has the highest number of providers ?in network÷ in the state (98%+ of all claims are paid ?in network÷). The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks,Weyerhaeuser, Alaska Air, etc. BlueCard ? Premera?s national ?Blue÷network ? has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. Evidence?based medical initiatives that allow Premera to provide efficient and cost?effective care as well as identifying appropriate alternative care based on the member?s needs. Real?time access to consumer decision?support resources to help enrollees understand and direct their healthcare needs.Provider advisory groups for medical and pharmacy that continually monitor Premera?s policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care?efficient. Member 360 dashboard ? proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost?effective care in an appropriate setting. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. Programs that monitor controlled medical substances to provide protection for members. An open drug formulary that provides choice for members and their physicians while being prudent and ensuring the drugs are cost and care effective.

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District	Category	Efforts and Achievements
	Customer Service	TPG-Kent School District have worked to provided customer services by: Providing comprehensive employee benefits handbook that encompasses all benefit summaries,ratesand vendor contact information. Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits.Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members. Aon Hewitt-WEA Premera provides a website with access to information about the employee benefits ? this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits.Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. Premera has ?Ulyssess Learning÷ which leads to first call resolution and a higher level of overall satisfaction from enrollees.Premera?s ?Lean÷ workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. WEA Select Plans ?The dedicated Premera sales team provides year round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. WEA Select Plans semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions WEA has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits or modifications to their plans.

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	TPG-Kent School District we have continued to work with all purchasing / bargaining groups to determine the appropriate eligibility requirements to meet their specific group?s benefits needs.This goal is not necessarily consistent with Reducing the Differential between employees covering and not covering dependents above. Simply put, when eligibility hours for benefits are reduced, there is a negative impact on pooling, thus increasing the cost for those employees attempting to purchase coverage for themselves and dependents. Aon Hewitt-WEA WEA Select Plans when a full time employee?s hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. WEA Select Plans added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan.
	Premium Differential Reduction	TPG-Kent School District have done the following:Working towards implementing minimum premium contributions for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents. Added low premium plans through Regence. It should be noted that since this tracking was only required as of passage of ESSB 5940 in 2012, the first year our district will have accurate data will be the 2012-13 plan year. AON Hewitt-WEA Select Plans ? Passed on lower increases to dependents than to employee only tiers for the past two years. WEA Select Plans added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. WEA Select Plans used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for family coverage.
Kettle Falls School District	**Administrative Cost Reduction**	The district currently does not charge employees for any district expenses associated with their health care premiums.
	Cost Savings	The MOUs mentioned above will make progress in the future on health care cost savings.
	Customer Service	The district in previous years has increased the district contribution to the carve out.
	Part-Time Employee Coverage Protection	Part time employees are currently eligble for all FTE levels.

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District	Category	Efforts and Achievements
	Premium Differential Reduction	The MOUs mentioned above will make progress to reduce the differential over time.
Kiona-Benton City School District	**Administrative Cost Reduction**	N/A
	Cost Savings	Compare of other medical plans available
	Customer Service	We offer a large range medical plans to employee. And compare other medical provider plans. Employees can go online and compare benefites with Premera or Group Health.
	Part-Time Employee Coverage Protection	Offering coverage at 3 hrs per day with district contribution toward medical
	Premium Differential Reduction	Pooling and start a mandatory contribution
Kittitas School District	**Administrative Cost Reduction**	The District does not have administrative costs.
	Cost Savings	The District contract with the PEBB Program, whose cost-saving measures include: Managing the medical plans' prescription-drug costs by promoting generic drug use througj a lower cost benefit design, Purchasing coverage for medical tools and procedures that are evidence based, Adopting PEBB's dependent verification eligibility processes to ensure only eligible family members receive benefits
	Customer Service	The District follows the PEBB Program's guidelines for determining employee eligibility and enrollment procedures to ensure consistency.
	Part-Time Employee Coverage Protection	The District allows full coverage to district employees working over 15 hours/week.

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District	Category	Efforts and Achievements
	Premium Differential Reduction	The District contracts with VEBA/HRA to periodically review medical plans for cost saving measures to employees.
Klickitat School District	**Administrative Cost Reduction**	We have regularly completed a competitive bid process, and have reviewed and negotiated lower administrative costs. Our selected health carrier, Providence Health Plan, has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative cost with medical cost inflation. This has resulted in reduced percentage of premium administrative cost. As such, as much as 90% - 91% of premium dollars go towards claims expense costs. Providence is also not required to refund any premiums due to not meeting the MLR (medical loss ratio) requirements of PPACA. We have worked closely with BCI Group, our benefits consultant, to identify benefit design strategies to help meet budget goals and mitigate future cost
	Cost Savings	We have annually negotiated with our health carrier on benefits and rates. This negotiation has successfully reduced the rates. In addition, we have regularly completed a competitive bid process and have been able to use this information in our negotiations. We regularly receive claims data and analyze this to assist with benefit design and cost containment.
	Customer Service	We provide an annual open enrollment group meeting, one-on-one counseling, a customized website and have a dedicated claims advocate for our employees via BCI Group, our benefit consultant. In addition, Providence Health Plan Customer Service and Claims are located in Beaverton, Oregon with hours of operation from 8:00 am to 5:00 pm PST and a toll free 800 number for members. Customer Service representatives are trained to answer all calls with 92% of calls answered at the point of service. Translation services are available along with an automated voice response system and call tracking software for real time and historical activity management. The Health Plan has invested heavily in web based tools for members for outside of standard business hours which includes a
	Part-Time Employee Coverage Protection	We offer benefits to part time employees who work 25 hours or more per week. We will also be compliant with PPACA pertaining to coverage for part-time employees.
	Premium Differential Reduction	We are scheduling meetins with BCI Group, our benefits consultant, and our union representatives to discuss ESSB 5940 provisions and compliance.

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District	Category	Efforts and Achievements
La Center School District	**Administrative Cost Reduction**	Implemented use of WESPAC Insurance Pooling functionality
	Cost Savings	Have committee to review coverage options vs premium savings
	Customer Service	NONE
	Part-Time Employee Coverage	NONE
	Protection	
	Premium Differential Reduction	Implemented minimum charge for employee only enrollees
La Conner School District	**Administrative Cost Reduction**	B. Premera has been a leader in implementing ôLeanö thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ôLeanö workshops so they can incorporate them into their own business. û including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEAÆs administrative costs have been under 6% for over 10 years. C. BlueCard provides significant savings to Premera employees traveling or residing outside the

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District	Category	Efforts and Achievements
	Cost Savings	B. Premera has the following included in all the WEA medical programs a. Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence?based medical initiatives that allow Premera to provide efficient and cost?effective care as well as identifying appropriate alternative care based on the memberÆs needs. e. Real?time access to consumer decision?support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor PremeraÆs policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care?efficient. g. Member 360 dashboard û proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost?effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for

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District	Category	Efforts and Achievements
	Customer Service	B. Premera provides a website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out?of?pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. C. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. D. Premera has ôUlyssess Learningö which leads to first call resolution and a higher level of overall satisfaction from enrollees. E. PremeraÆs ôLeanö workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. F. WEA Select Plans ûThe dedicated Premera sales team provides year?round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. G. WEA Select Plans ? semi?annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. H. WEA û has their own separate claim review process that allows enrollees to go before a board of

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	B. WEA Select Plans ? when a full time employeeÆs hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. C. WEA Select Plans ? added lower cost options, such as the EasyChoice plan that have lower premiums and many first
	Premium Differential Reduction	B. WEA Select Plans û Passed on lower increases to dependents than to employee only tiers for the past two years. C. WEA Select Plans ? added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. D. WEA Select Plans û used the projected savings from the dependent eligibility audit to apply toward the dependent tiers
LaCrosse School District	**Administrative Cost Reduction**	WEA Select Plans - goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses.
	Cost Savings	WEA Select Plans - states that it has a high number of "in network" providers; high volume of enrollment gives Premera the option of better rate discounts; advisory groups that monitor Premera's policies and procedures to ensure cost and care efficiency
	Customer Service	WEA Select Plans - provides a website with access to information about employee benefits. Website provides educational information about wellness programs and their plan benefits. Premera team provides year-round servicing for enrollees. Works to educate enrollees and provides support to enrollees for claim issues. Provides support to districts as well
	Part-Time Employee Coverage Protection	WEA Select Plans - works with an enrollee when hours are decreased to help find plan options to remain on an insurance plan.
	Premium Differential Reduction	WEA Select Plans - Gave lower increases to dependents tiers; added lower cost options, and used projected savings from dependent eligibility audit to apply toward dependent tiers.
Lake Chelan School District	**Administrative Cost Reduction**	No admin costs.

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District	Category	Efforts and Achievements
	Cost Savings	Provider contracting has the highest number of providers "in network" in the state.
	Customer Service	Premera provides a website with access to information about the employee benefits - this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family.
	Part-Time Employee Coverage Protection	WEA Select Plans works with the enrollee to review other paln options that allow the individual to remain covered if their hours are decreased.
	Premium Differential Reduction	WEA select plans passes on lower increases to dependents than to employee only tiers for the past two years.
Lake Quinault School District	**Administrative Cost Reduction**	Offer benefits through WEA (school district buying cooperative.
	Cost Savings	Offered High Deductible Health Plan
	Customer Service	Benefits are listed on school web site and we provide new hires brochures.
	Part-Time Employee Coverage Protection	Every employee over 20.0 hrs per week can elect health insurance. All hired employees worked over 20.0 hrs week.
	Premium Differential Reduction	Wea benefits are tiered based on employee only to family levels with different deductibles and out of pocket. Every employee will be paying a minimum of $1.00 towards the cost of their health insurance.
Lake Stevens School District	**Administrative Cost Reduction**	Using a broker who doesn't charge the district a fee for their services.
	Cost Savings	Brokers get rate quotes each year for the district to review and use to select offered coverage. Encourage the use of preferred level providers. Encourage the use of Generic prescriptions.
	Customer Service	A benefits fair is held each year during open enrollment with all the key insurance carriers available for employees to talk with and ask specific coverage questions. The district also works with employees to answer questions, provides benefits books and insurance rescources for them to review when making their insurance selection.

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	The district offeres a variety of health plans with varing rates and coverage levels for employees to choose from. We pool unused allocations to help reduced the out-of-pocket costs to cover dependents.
	Premium Differential Reduction	The district has bargained a minimun amount employees are required to pay for employee only coverage. Unused allocation dollars are pooled to help reduced the cost to employees for dependent coverage.
Lake Washington School District	**Administrative Cost Reduction**	Premera has instituted an online enrollment system to enhance efficiency and reduce paperwork. We have added one position to the payroll department in order to implement and monitor compliance with SB 5940 and federal Health Care Reform.
	Cost Savings	1. Per the requirements of SB 5940 we are offering a HDHP/HSA as of 10/01/2012; 2. Premera eliminated PPO 1 Plan as of 10/01/2012.
	Customer Service	1. We provide a comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contract information and post this on our staff portal; 2. We have an employee benefits and wellness fair which allows all employees to learn the most efficient way to access their benefits and learn how to stay healthy; 3. Premera has instituted an online enrollment system to enhance efficiency and reduce paperwork; 4. We provide articles in employee newsletter notifying employees of changes in plans, enrollment processes, and links to information on-line on staff portal; 5. Our health carriers provide telephone and online customer service and support for all members.
	Part-Time Employee Coverage Protection	Our current bargaining contracts provide coverage to all employee who are at least .5 FTE (20 hours per week for classified and 17.5 hours per week for certificated). Certificated substitutes are offered benefit coverage after working at least 6 months consistently for a minimum of 70 hours a month.
	Premium Differential Reduction	1. We are working towards the requirement of implementing a minimum premium cost for each employee. This will increase employee only cost and reduce full family cost; 2. Annually we evaluate alternative carrier and plan designs for all health plans; 3. Premera restructured the 12-13 premiums to provide greater affordability for full family coverage; 4. Premera eliminated PPO 1 Plan as of 10/01/2012.
Lakewood School District	**Administrative Cost Reduction**	Working with carriers and consultants to reduce plans

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District	Category	Efforts and Achievements
	Cost Savings	Offering High dedcut plans with a health savings account.
	Customer Service	Provide benefit booklets to summarize insurance plans, consisting of rates and vendor contact inormation.
	Part-Time Employee Coverage Protection	N/A
	Premium Differential Reduction	Implemented minimum premium contributions for all employees
Lamont School District	**Administrative Cost Reduction**	WEA's administrative costs have reduced overall administrative costs from 8.8% in 2005 to under 6% for the last two years.
	Cost Savings	WEA Select Plans has the highest number of providers "in network" in the state
	Customer Service	Premera provides a website with access to information about wellness programs and their plan benefits as well as a cost estimator.
	Part-Time Employee Coverage Protection	WEA Select Plans added lower cost options, such as the EasyChoice plans that have lower premiums as well as the HDHP Plan.
	Premium Differential Reduction	WEA Select Plans passed on lower increases to dependents than to employee only tiers for the past two years.
Liberty School District	**Administrative Cost Reduction**	N/A - We are a small district and only 1 salaried person to do all this. No effect on administrative expenses.
	Cost Savings	Added low cost H.S.A. option. Also have various coverage/cost options under each program.
	Customer Service	We have our broker continue to watch for lower costs options and submit RFP's to look for lower cost options.

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	Our current contract establishes that employees working a minimum of 3 hrs/day are eligible for benefit coverage.
	Premium Differential Reduction	No efforts at this point. We do pool benefits so everyone in the pool may receive some extra benefit dollars however.
Lind School District	**Administrative Cost Reduction**	No administrative expenses are charged at the District level; Premera Blue Cross has reduced overall administrative costs to under 6% for over 10 years.
	Cost Savings	WEA Select Plans - offered lower cost plan options; pooling excess dollars; an open drug formulary that provides choice for members and their physicians while ensuring drugs are cost and care effective; provider contracting "in network."
	Customer Service	The District provides all health information to employees immediately upon their return to the job in August, including a spreadsheet comparing last year's plans and premiums to current year plans and premiums, so they are able to make a prudent choice. Premera provides a website with access to information about the employee benefits - this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. Premera also does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. Semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions.
	Part-Time Employee Coverage Protection	When a full-time employee's hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. Added lower cost options, such as the EasyChoice plan that have lower premiums, along with the HDHP Plan. Lind School District has not reduced any employee hours as of this date.
	Premium Differential Reduction	WEA Select Plans - passed on lower increases to dependents than to employee only tiers for the past two years; added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan.

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District	Category	Efforts and Achievements
Longview School District	**Administrative Cost Reduction**	Moving toward online enrollment for employees to reduce paperwork on the part of the district. Other options will be explored as we move futher in the direction of health care reform.
	Cost Savings	98% of claims are paid to in-network providers which lowers costs. Large enrollment in Premera allows them to negotiate discounts. Lower co pays for generic drugs.
	Customer Service	Websites for all of our carriers make it easier for employees to receive efficient customer service. Premera does independent surveys to measure member satisfaction and then focuses on making changes.
	Part-Time Employee Coverage Protection	The Longview School District provides medical coverage for those employees working 3.50 hours or greater. By offering lower cost plans, more employees have access to medical coverage.
	Premium Differential Reduction	The district is in negotiations with their employee groups to negotiate with them a plan to reduce the cost of employee and family costs by increasing the amount that employee only pays.
Loon Lake School District	**Administrative Cost Reduction**	There is no administrative expense at this time
	Cost Savings	Working with Premera Blue Cross to continue to provide high deductible low cost insurance - every staff member (full time or part time) is offered all insurances including medical, dental and vision
	Customer Service	We meet with staff to discuss insurance, etc. in August of each year and with each new employee
	Part-Time Employee Coverage Protection	Working with Premera Blue Cross to continue to provide high deductible low cost insurance - every staff member (full time or part time) is offered all insurances including medical, dental and vision
	Premium Differential Reduction	Working with Premera Blue Cross to continue to provide high deductible low cost insurance - every staff member (full time or part time) is offered all insurances including medical, dental and vision

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District	Category	Efforts and Achievements
Lopez School District	**Administrative Cost Reduction**	A. Premera has been a leader in implementing ôLeanö thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ôLeanö workshops so they can incorporate them into their own business. û including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEAÆs administrative costs have been under 6% for over 10 years. B. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area.

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District	Category	Efforts and Achievements
	Cost Savings	A. Premera has the following included in all the WEA medical programs a. Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the memberÆs needs. e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor PremeraÆs policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. g. Member 360 dashboard û proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. i. Programs that monitor controlled medical substances to provide protection for members.

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District	Category	Efforts and Achievements
	Customer Service	A. Premera provides a website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. B. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. C. Premera has ôUlyssess Learningö which leads to first call resolution and a higher level of overall satisfaction from enrollees. D. PremeraÆs ôLeanö workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. E. WEA Select Plans ûThe dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. F. WEA Select Plans - semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. G. WEA û has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits or modifications to their plans.
	Part-Time Employee Coverage Protection	A. WEA Select Plans - when a full time employeeÆs hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. B. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan.

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District	Category	Efforts and Achievements
	Premium Differential Reduction	A. WEA Select Plans û Passed on lower increases to dependents than to employee only tiers for the past two years. B. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. C. WEA Select Plans û used the projected savings from the dependent eligibility audit to apply toward
Lyle School District	**Administrative Cost Reduction**	We have regularly completed a competitive bid process, and have reviewed and negotiated lower administrative costs. Our selected health carrier, Providence Health Plan, has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative cost with medical cost inflation. This has resulted in reduced percentage of premium administrative cost. As such, as much as 90%-91$ of premium dollars go towards claims expense costs. Providence is also not required to refund any premiums due to not meeting the MLR (medical loss ratio) requirements of PPACA. We have worked closely with BCI Group, our benefits consultant, to identify benefit design strategies to help meet budget goals and mitigate future cost
	Cost Savings	We have annually negotiated with our health carrier on benefits and rates. This negotiation has successfully reduced the rates. In addition, we have regularly completed a competitive bid process and have been able to use this information in our negotiations. We regularly receive claims data and analyze this to assist with benefit design and cost containment.
	Customer Service	We provide an annual open enrollment group meeting, one on one counseling, a customized website and have a dedicated claims advocate for our employees via BCI Group, our benefit consultant. In addition, Providence Health Plan Customer Service and Claims are located in Beaverton, Oregon with hours of operation from 8:00 am to 5:00 pm PST and a toll free 800 number for members. Customer Service Representatives are trained to answer all calls with 92% of calls answered at the point of service. Translations services are available along with an automated voice response system and call tracking software for real time and historical activity management. The Health Plan has invested heavily in web based tools for members for outside of standard business hours which includes a
	Part-Time Employee Coverage Protection	We offer benefits to part time employees who work 20 hours or more per week. We will also be compliant with PPACA regulations pertaining to coverage for part-time employees.

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District	Category	Efforts and Achievements
	Premium Differential Reduction	We are opening negotiations with our union representatives to review existing pooling arrangements and employee only versus employee with dependent coverage.
Lynden School District	**Administrative Cost Reduction**	We have worked with carriers and our consultant to reduce admin costs within our plans.
	Cost Savings	1. Consumer Driven High Deductible Heath Plan with an optional H SA. 2. Use of purchasing consortium / Interlocal to purchase benefits at a lower cost across several districts.
	Customer Service	1. Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates and vendor contact info. 2. Hosting an employee beneftis fair with hours allowing for all employees to learn the most efficient way to access their benefits. 3. Ensuring that all health plans offered provide comprehensive nurse line and telehonic customer service and support for all
	Part-Time Employee Coverage Protection	We have continued to work with all purchasing / bargaining groups to determine the appropriate eligiblity requirements to meet their specific groups benefits needs.
	Premium Differential Reduction	1. Implemented minimum previum contribution for most employees, effectively increasing the employee only cost and reducing the cost for covering dependents.
Mabton School District	**Administrative Cost Reduction**	Unknown
	Cost Savings	Working on health care bids.
	Customer Service	Website access for employees to view coverage and benefits.
	Part-Time Employee Coverage Protection	Employees with .50 are eligible for benefits and have the same access.
	Premium Differential Reduction	Working on providing co-pays for employees.

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District	Category	Efforts and Achievements
Mansfield School District	**Administrative Cost Reduction**	Our district is very small, less than 40 employees, administrative costs are covered as part of the business manager duties
	Cost Savings	The district contracts with the PEBB Program that implements several cost saving measures.
	Customer Service	The district follows the PEBB Program's guidelines for employee eligibility and enrollment and valid documentation for dependents
	Part-Time Employee Coverage Protection	The district maintains communications with elected officials during the legislative session regarding health care benefits.
	Premium Differential Reduction	The district switched from tiered rate to composite rate status that lowered premiums for employees
Manson School District	**Administrative Cost Reduction**	N/A
	Cost Savings	Currently meeting with insurance committee to develop cost structure for employees without of out of pocket premium amount.
	Customer Service	Currently meeting with insurance committee to develop cost structure for employees without of out of pocket premium amount.
	Part-Time Employee Coverage Protection	Currently meeting with insurance committee to develop cost structure for employees without of out of pocket premium amount.
	Premium Differential Reduction	Currently meeting with insurance committee to develop cost structure for employees without of out of pocket premium amount.
Mary M Knight School District	**Administrative Cost Reduction**	As a District we do not have administrative fees it is part of my normal tasks
	Cost Savings	We offered the HDHP through WEA
	Customer Service	The provider provides service to the employee

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	We provide benefits all staff with 20 or more hours per week.
	Premium Differential Reduction	The offerings are through WEA based on coverage levels and plans
Mary Walker School District	**Administrative Cost Reduction**	Premera has been a leader in implementing "lean" thinking since 2005.The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Per Premera, WEA's administrative costs have been under 6% for over 10 years
	Cost Savings	Premera has the following included in all WEA medical programs a. Provider contracting-highest number of proViders "in network" in the state (98%+ of all claims are paid "in network") b. volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (over 1.7 million members and over 127 thousand are enrolled in a WEA medical plan). Premera also provides coverage for large national accounts such as Microsoft, Amazon, Starbucks, Weyerhaueser,
	Customer Service	Premera provides a website with access to information about employee benefits and provides educational information about wellness programs, etc
	Part-Time Employee Coverage Protection	The District works with the employee and provides the WEA Premera contact information to answer any employee questions WEA works with employees to review the options available
	Premium Differential Reduction	Eligible and participating employees pay 5% of their premium costs. WEA Select Plans passed on lower increases to dependents than to employee-only tiers

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District	Category	Efforts and Achievements
Marysville School District	**Administrative Cost Reduction**	There has been no administrative savings with the new requirements to meet the expectations of this new legislation. We canÆt attest to the following information provided by WEA-AON: Premera has been a leader in implementing ôLeanö thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ôLeanö workshops so they can incorporate them into their own business. û including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEAÆs administrative costs have been under 6% for over 10 years. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area. Premera has been a leader in implementing ôLeanö thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ôLeanö workshops so they can incorporate them into their own business. û including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEAÆs administrative costs have been under 6% for over 10 years. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area.

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District	Category	Efforts and Achievements
	Cost Savings	We canÆt attest to the following information provided by WEA-AON: Premera has the following included in all the WEA medical programs: Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö). The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the memberÆs needs. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. Provider advisory groups for medical and pharmacy that continually monitor PremeraÆs policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. Member 360 dashboard û proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. Programs that monitor controlled medical substances to provide protection for members. An open drug formulary that provides choice for members and their physicians while being prudent and ensuring the drugs are cost and care effective. Premera has the following included in all the WEA medical programs: Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö). The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area.

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District	Category	Efforts and Achievements
	Customer Service	We canÆt attest to the following information provided by WEA-AON: Premera provides a website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. Premera has ôUlyssess Learningö which leads to first call resolution and a higher level of overall satisfaction from enrollees. PremeraÆs ôLeanö workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. WEA Select Plans ûThe dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. WEA Select Plans - semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. WEA û has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits or modifications to their plans. Premera provides a website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. Premera has ôUlyssess Learningö which leads to first call resolution and a higher level of overall satisfaction from enrollees. PremeraÆs ôLeanö workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. WEA Select Plans ûThe dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	Part time employees access continued to be protected by our local negotiated agreements with labor unions. We canÆt attest to the following information provided by WEA-AON: WEA Select Plans - when a full time employeeÆs hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. WEA Select Plans - when a full time employeeÆs hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan.
	Premium Differential Reduction	The District entered into negotiations with all our labor groups and have a portion of our employees with single coverage level û being charged a minimum of 2% of the current medical premium in support of full family coverage employees. We canÆt attest to the following information provided by WEA-AON: WEA Select Plans û Passed on lower increases to dependents than to employee only tiers for the past two years. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. WEA Select Plans û used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for family coverage. WEA Select Plans û Passed on lower increases to dependents than to employee only tiers for the past two years. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. WEA Select Plans û used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for family coverage.
McCleary School District	**Administrative Cost Reduction**	no progress has been made
	Cost Savings	we pool our health care benefits
	Customer Service	inform employees of online resources- held benefits fair
	Part-Time Employee Coverage Protection	employees receive benefits according to their FTE

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District	Category	Efforts and Achievements
	Premium Differential Reduction	All employees pay 10% out of pocket for health plan to be included in the benefits pool
Mead School District	**Administrative Cost Reduction**	None at this point, trying to understand increasingly complex requirements in which to comply
	Cost Savings	Offered the HDHP with H.S.A., and researching self funding options for Dental and Vision
	Customer Service	Benefit Communications through the internal schoology site, and additional discussion and education of district insurance committee to all represented and non represented employees.
	Part-Time Employee Coverage Protection	All employees >= 1/2 time are eligible for coverage.
	Premium Differential Reduction	Employer contributes additional funds to the employee benefits pool. Also eliminated the highest cost plan
Medical Lake School District	**Administrative Cost Reduction**	We found that our administrative costs are lower than many districts. No progress was made to lower costs during 2011-12.
	Cost Savings	We offer an array of benefit plan options that intends to meet all employees needs related to both cost and benefits. We offer opportunities for our employees to meet one-on-one with benefits specialists prior to enrollment to ensure that employees are making the most cost effective decision to meet their needs.
	Customer Service	Our benefits committee features representatives from each employee group at the district, along with administration and the district's benefit consultant. This group acts as a sounding board for employee needs, and allows for educational communication to be planned. We also provide the opportunity for each of our employees to receive one-on-one counseling about the benefit options available to them. We provide a benefits handbook with contact information for each service provider, along with summaries of each of the plans available to them. Our benefits fair provides employees with an opportunity to interact with benefit carriers and consultants to become more familiar with their plan offerings. We also provide periodic communications on helpful benefit topics, along with wellness

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	We continue to provide coverage to part time employees, with eligibility prorated according to their FTE. Part time employees receive benefit allocations from the state, and are also eligible to participate in the pooling process in their respective bargaining groups.
	Premium Differential Reduction	We believe we made progress toward increasing the affordabiliity of coverage through requiring a mandatory employee contribution for each employee electing medical benefits. This contribution ranged from 2-10%, depending on bargaining group, and generally went to help offset the out-of-pocket cost of those employees with the greatest need. Prior to the enactment of legislation, our average ratio in the 2011-12 school year was 15:1 family to single-employee pertaining to the our-of-pocket cost of medical. After instituting the mandatory employee contribution, that ratio dropped to9.5:1, even while medical premiums increased approximately 6%.
Mercer Island School District	**Administrative Cost Reduction**	A. The District currently has no administrative expenses so no progress is required. B. Premera has been a leader in implementing ôLeanö thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ôLeanö workshops so they can incorporate them into their own business. û including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEAÆs administrative costs have been under 6% for over 10 years. C. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area.

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District	Category	Efforts and Achievements
	Cost Savings	A. See response on affordability. B. Premera has the following included in all the WEA medical programs a. Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence?based medical initiatives that allow Premera to provide efficient and cost?effective care as well as identifying appropriate alternative care based on the memberÆs needs. e. Real?time access to consumer decision?support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor PremeraÆs policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care?efficient. g. Member 360 dashboard û proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost?effective care in an appropriate setting.

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District	Category	Efforts and Achievements
	Customer Service	A. The district has implemented a web interface for employees to sign up for medical plans. We hold an annual benefits fair. B. Premera provides a website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out?of?pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. C. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. D. Premera has ôUlyssess Learningö which leads to first call resolution and a higher level of overall satisfaction from enrollees. E. PremeraÆs ôLeanö workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. F. WEA Select Plans ûThe dedicated Premera sales team provides year?round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. G. WEA Select Plans ? semi?annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. H. WEA û has their own separate claim review process that allows enrollees to go before a board of

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	A. All employees who work over a .500 FTE are offered by medical insurance plans. B. WEA Select Plans ? when a full time employeeÆs hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. C. WEA Select Plans ? added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan.
	Premium Differential Reduction	A. The District has fully implemented all non-union employees groups and all collective bargaining agreements will be fully implemented at the time of their next opening. B. WEA Select Plans û Passed on lower increases to dependents than to employee only tiers for the past two years. C. WEA Select Plans ? added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. D. WEA Select Plans û used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for family coverage.
Meridian School District	**Administrative Cost Reduction**	We have worked with carriers and our consultant to reduce admin costs within both our fully-insured and self-insured plans
	Cost Savings	We have implemented the following steps: 1) Consumer Driven high deductible health plan with Health Savings account effective 10/1/2010. The district contracts with the PEBB Programas well, whose cost-saving measures include: ò Managing the medical plansÆ prescription-drug costs by promoting generic drug use through a lower-cost benefit design. ò Purchasing coverage for medical tools and procedures that are evidence based. ò Adopting PEBBÆs dependent verification eligibility processes, to ensure only eligible family members receive benefits.

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District	Category	Efforts and Achievements
	Customer Service	We have worked to provide improved customer services by: 1) Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information. 2) Hosting an employee benefits fair with hours allowing for all employees to attend and learn the most efficient way to access their benefits. 3) Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members. The district follows the PEBB ProgramÆs guidelines for determining employee eligibility and enrollment procedures to ensure consistency. As required by the PEBB Program, the district is also required to verify eligibility for each employeeÆs dependents through valid documentation before the employer enrolls the dependents in PEBB coverage
	Part-Time Employee Coverage Protection	We have continued to work with all purchasing/bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefits needs.
	Premium Differential Reduction	We have implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents.
Methow Valley School District	**Administrative Cost Reduction**	Premera has been a leader in emplementing "Lean" thinking
	Cost Savings	Premera has the following included in all the WEA medical programs: Provider contracting, BlueCard which has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area, and evidence-based medical initiatives that allow Premera to provide efficient and cost effective care
	Customer Service	Premera provides a website with access to information about the employee benefits and does independent surbeys to measure member saatisfaction and then puts a focus on making changes to improve satisfaction

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	Premera works with the enrollee to review other plan options that allow the individual to reamin covered on a medical program when a full time employeel's hours are decreased
	Premium Differential Reduction	WEA Select Plans passed on lowere increases to dependents than to employee only tiers for the past two years, added lowere cost options such as the EasyChoice plan that have lower premiums and many first dollar benefitsa and the HDHP plan
Mill A School District	**Administrative Cost Reduction**	As we have regularly completed a competitive bid process, and have reviewed and negotiated lower administrative costs. Our selected health carrier, Providence Health Plan, has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative cost with medical cost inflation. This has resulted in reduced percentage of premium administrative cost. As such, as much as 90%-91% of premium dollars go towards claims expense costs. Providence is also not required to refund any premiums due to not meeting the MLR (medical loss ratio) requirements of PPACA. We have worked closely with BCI Group, our benefits consultant, to identify benefit design strategies to help meet budget goals and mitigate future cost
	Cost Savings	We have annually negotiated with our health carrier on benefits and rates. This negotiation has successfully reduced the rates. In addition, we have regularly completed a competitive bid process and have been able to use this information in our negotiations. We regularly receive claims data and analyze this to assist with benefit design and cost containment
	Customer Service	We provide an annual open enrollment group meeting, one on one counseling, a customized website and have a dedicated claims advocate for our employees via BCI Group, our benefit consultant. In addition, Providence Health Plan Customer Service and Claims are located in Beaverton, Oregon with hours of operation from 8:00 am to 5:00 pm PST and a toll free 800 number for members. Customer Service Representatives are trained to answer all calls with 92% of calls answered at the point of service. Translation services are available along with an automated voice response system and call tracking software for real time and historical activity management. The Health Plan has invested heavily in web based tools for members for outside of standard business hours which includes a

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	We offer benefits to part time employees who work 20 hours or more per week. We will also be compliant with PPACA regulations pertaining to coverage for part-time employees
	Premium Differential Reduction	We are scheduling meetings with BCI Group, our benefits consultant, and our union representatives to discuss ESSB 5940 provisions and compliance.
Monroe School District	**Administrative Cost Reduction**	Premera has been a leader in implementing ôLeanö thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ôLeanö workshops so they can incorporate them into their own business. û including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEAÆs administrative costs have been under 6% for over 10 years.
	Cost Savings	Premera negotiated discounts, provided medical incentives, electronic information, restructure of copayments.
	Customer Service	District: Benefit Fairs, online access to forms & information, informative benefit guide and focus on staff education. Premera: website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness
	Part-Time Employee Coverage Protection	District: Working to define minimum hour eligibility, allowing for a qualifying event so the employee can select a cheaper plan, if needed.
	Premium Differential Reduction	WEA Select Plans û gave lower increases to dependents than to employee only tiers, added lower cost plan options, used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for full family coverage.

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District	Category	Efforts and Achievements
Montesano School District	**Administrative**	N/A
	Cost Reduction	
	Cost Savings	WE SOLICATE MEDICAL BIDS ANNUALLY FROM DIFFERENT VENDORS
	Customer Service	BENEFIT INFO AVAILABLE ON OUR DISTRICT WEBSITE AND BENEFIT BOOKLET ARE AVAILABLE
	Part-Time	WE ARE PART OF THE WEA PLAN MANAGEMENT. WE OFFER ALL OF THEIR INSURANCE POLICIES AND
	Employee	WE ARE PART OF UNION BARGAINING AGREEMENTS
	Coverage	
	Protection	
	Premium	WE REQUIRE A MINIMUM PAYMENT BY EMPLOYEES WITH MEDICAL THEREFORE THERE IS MORE
	Differential	POOLING DOLLARS AVAILABLE FOR FAMILIES, OUR ADMINISTRATORS ARE EXEMPT BECAUSE OF THEIR
	Reduction	CONTRACT
Morton School District	**Administrative**	(blank)
	Cost Reduction	
	Cost Savings	0
	Customer Service	(blank)
	Part-Time	(blank)
	Employee	
	Coverage	
	Protection	
	Premium	(blank)
	Differential	
	Reduction	
Moses Lake School District	**Administrative**	With the implimentation of the Health care reform, comes reporting and documentation of all areas.
	Cost Reduction	Along with SB5940 which has increased tracking and reporting of employees and dependents we do not see a reduction in administrative costs. This might require an increase in time which will in turn increase administrative cost.
	Cost Savings	Since Insurance premiums have increased every year from our insurance carriers we do not see a savings in the future.
	Customer Service	Moses Lake School District will implement "Open Enrollment" online for our employees to have better access to their insurance information.

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	At this time we have part time employees that do not want full time. "They want their summers off" Should we have to suplement them with health insurance so they can have their leisure time?
	Premium Differential Reduction	This is a question for our insurance carriers. As an example Employee only pays $617.95 on Plan 2, Employee, Spouse and Child(ren) pays $1,398.40 it is a savings for the family when a family consists of at least 3 people. The cost for each person is $466.13. The cost for employee and spouse is $1,166.15 or $583.08 per person. We offer at least 4 plans for an individual to select from.
Mossyrock School District	**Administrative Cost Reduction**	we do not have administrative costs
	Cost Savings	The Blue Cross Easy Choice Plans meet the state benchmark plans of 15% contribution from full-time employees and 85% paid by the employer.
	Customer Service	feel that we we already offer an exemplary delivery model. Our employee bargaining units select the carrier from who we purchase coverage. It's all up to them.
	Part-Time Employee Coverage Protection	Every employee regardless of being full-time or part-time are offered access to health care coverage. Benefits are offered on an FTE basis ensuring equity to all employees.
	Premium Differential Reduction	We have offered excess benefit pooling for many years which greatly benefits those purchasing family coverage.

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District	Category	Efforts and Achievements
Mount Adams School District	**Administrative Cost Reduction**	A. No Administrative costs B. Premera has the following included in all the WEA medical programs a. Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence?based medical initiatives that allow Premera to provide efficient and cost?effective care as well as identifying appropriate alternative care based on the memberÆs needs. e. Real?time access to consumer decision?support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor PremeraÆs policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care?efficient. g. Member 360 dashboard û proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost?effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for

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Efforts and Achievements by District

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District	Category	Efforts and Achievements
	Cost Savings	A. Incurred pooling dollars by classified unit. B. Premera has the following included in all the WEA medical programs a. Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence?based medical initiatives that allow Premera to provide efficient and cost?effective care as well as identifying appropriate alternative care based on the memberÆs needs. e. Real?time access to consumer decision?support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor PremeraÆs policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care?efficient. g. Member 360 dashboard û proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost?effective care in an appropriate setting.

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District	Category	Efforts and Achievements
	Customer Service	A-Health benefit administration is provided by health care providers. B. Premera provides a website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out?of?pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. C. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. D. Premera has ôUlyssess Learningö which leads to first call resolution and a higher level of overall satisfaction from enrollees. E. PremeraÆs ôLeanö workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. F. WEA Select Plans ûThe dedicated Premera sales team provides year?round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. G. WEA Select Plans ? semi?annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. H. WEA û has their own separate claim review process that allows enrollees to go before a board of

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	A. All employees who are at risk of losing coverage are counseled concerning their options and the consequenses of losing coverage. B. WEA Select Plans ? when a full time employeeÆs hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. C. WEA Select Plans ? added lower cost options, such as the EasyChoice plan that have lower premiums and many first
	Premium Differential Reduction	A. Discussions with bargaining units to provide increase cost to singles for the purpose of increasing pooling to decrease family coverage costs. B. WEA Select Plans û Passed on lower increases to dependents than to employee only tiers for the past two years. C. WEA Select Plans ? added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. D. WEA Select Plans û used the projected savings from the dependent eligibility audit to apply toward the dependent tiers
Mount Baker School District	**Administrative Cost Reduction**	WEIC
	Cost Savings	NINE MEDICAL PLANS OFFERED
	Customer Service	VARIETY/COMMUNICATION
	Part-Time Employee Coverage Protection	10 HOURS/WK ELIGIBLE FOR BENEFITS
	Premium Differential Reduction	POOL/MANDATORY OUT OF POCKET

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District	Category	Efforts and Achievements
Mount Pleasant School District	**Administrative Cost Reduction**	A. Premera has been a leader in implementsing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating waster time and work effort, and improving efficiancy while lowering expenses. Premera uses this method to continue to evaluate and imporve internal/external processes. Other organizations participate in " Lean" workshops so they can incorporate them into their own business. Including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overal admistrative costs from 8.8% to 6.3% in 2012. WEA's administrative costs have been under 6% for over 10 years. B. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area.
	Cost Savings	Premera has the following included in all the WEA medical programs a. Provider contracting - has the highest number of providers "in network" in the stat (98%+ of all claims are paid "in network"). B. The volume of enrollment in Premera assists in negotiating higher discouts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaask Air, etc. c. BlueCar - Premera's national "Blue" network - has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence-based medical initiatives that allow Premera to provide efficieneand cost-effective care as well as identifying appropiate alternative care based on the member's needs. e. Real-time access to consumber decision-support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. g. Member 360 dashboard - propietary tool that uses more than just claims to identify member with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. h. Plans include copayments for brand name and speciality drugs. i. Programs that monitor controlled medical substances to provide protection for members. j. An open formulary that provides choice for members and their physicians while being prudent and ensuring the drugs are cost and care effective

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District	Category	Efforts and Achievements
	Customer Service	A. Premera provides a website with access to information about the employee-benefit - this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. B. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. C. Premera has "Ulyssess Learning" which leads to first call resolution and higher level of overal satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. E. WEA Select Plans - The dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with the plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This proves additional uspport to the district as well as direct support to the employees. F. WEA Select Plans - semi-annual newletters are sent to enrollees to educate them on the plans and access to information to help support decision making and helathier lifestyle decisions. g. WEA - has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an admistrative allowance made. Enrollee input has assisted the WEA in developing additional benefits or
	Part-Time Employee Coverage Protection	A. WEA Select Plans - when a full time employee's hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. B. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan.
	Premium Differential Reduction	A. WEA Select plans - passed on lower increases to dependents than to employee only tiers for the past two years. B. WEA Select Plans - added lower cost options, such as the Easy Choice plan that have lower premiums and many first dollar benefits and the HDHP. C. WEA Select Plans - used the projected savings fromt the dependents eligible audit to apply toward the dependents tiers to provide additional

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District	Category	Efforts and Achievements
Mount Vernon School District	**Administrative Cost Reduction**	District- Currently Premera/WEA has added work to admin office hrs with adding a new TPA (AON Hewwitt) A. Premera has been a leader in implementing ôLeanö thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ôLeanö workshops so they can incorporate them into their own business. û including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEAÆs administrative costs have been under 6% for over 10 years. B. BlueCard provides significant savings to Premera employees traveling or residing outside the

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District	Category	Efforts and Achievements
	Cost Savings	PEBB The district contracts with the PEBB Program, whose cost-savings measures include: 1) Managing the medical plans' prescription-drug costs by promoting generic drug use through a lower-cost benefit design. 2) Purchasing coverage for medical tools and procedures that are evidence based. 3) Adopting PEBB's dependent verification eligibility processess, to ensure only eligible family members receive benefits. WEA A. Premera has the following included in all the WEA medical programs a. Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence?based medical initiatives that allow Premera to provide efficient and cost?effective care as well as identifying appropriate alternative care based on the memberÆs needs. e. Real?time access to consumer decision?support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor PremeraÆs policies and procedures, and make changes to formularies to ensure they are appropriate and cost and

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District	Category	Efforts and Achievements
	Customer Service	The district follows the PEBB Program's guidelines for determining employee eligiblity and enrollment procedures to ensure consistency. As required by the PEBB Program, the district is also required to verify eligibility for each employee's dependents through valid documentation before the employer enrolls the dependents in PEBB coverage. WEA A. Premera provides a website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out?of?pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. B. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. C. Premera has ôUlyssess Learningö which leads to first call resolution and a higher level of overall satisfaction from enrollees. D. PremeraÆs ôLeanö workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. E. WEA Select Plans ûThe dedicated Premera sales team provides year?round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. F. WEA Select Plans ? semi?annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. G. WEA û has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee
	Part-Time Employee Coverage Protection	A. WEA Select Plans ? when a full time employeeÆs hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. B. WEA Select Plans ? added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan.

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District	Category	Efforts and Achievements
	Premium Differential Reduction	A. WEA Select Plans û Passed on lower increases to dependents than to employee only tiers for the past two years. B. WEA Select Plans ? added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. C. WEA Select Plans û used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional
Mukilteo School District	**Administrative Cost Reduction**	Due to Fed and State health care reform regulations, we have been unable to reduce administrative costs
	Cost Savings	Replaced Benefits fair with Benefits Forum to help educate employees on plan designs. Increased the emergency room copay on one of the most popular plans to encourage dr office visits or nurseline calls rather than emergency room visits for routine care
	Customer Service	We have a website with links to all our carriers. Held Benefits forums to increase knowledge of plans. Meet with new employees in groups or individually.
	Part-Time Employee Coverage Protection	Offer wide variety of plans with range in premium costs.
	Premium Differential Reduction	Added lower cost options. Counseled employees on selecting plans that meet their needs rather than one with highest premium to increase unused allocation money from state to reduce employees with families out of pocket costs.

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District	Category	Efforts and Achievements
Naches Valley School District	**Administrative Cost Reduction**	A. Premera has been a leader in implementing ôLeanö thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ôLeanö workshops so they can incorporate them into their own business. û including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEAÆs administrative costs have been under 6% for over 10 years. B. BlueCard provides significant savings to Premera employees traveling or residing outside the

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District	Category	Efforts and Achievements
	Cost Savings	Premera has the following included in all the WEA medical programs a. Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence?based medical initiatives that allow Premera to provide efficient and cost?effective care as well as identifying appropriate alternative care based on the memberÆs needs. e. Real?time access to consumer decision?support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor PremeraÆs policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care?efficient. g. Member 360 dashboard û proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost?effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for

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District	Category	Efforts and Achievements
	Customer Service	A. Premera provides a website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out?of?pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. B. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. C. Premera has ôUlyssess Learningö which leads to first call resolution and a higher level of overall satisfaction from enrollees. D. PremeraÆs ôLeanö workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. E. WEA Select Plans ûThe dedicated Premera sales team provides year?round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. F. WEA Select Plans ? semi?annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. G. WEA û has their own separate claim review process that allows enrollees to go before a board of

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	A. WEA Select Plans ? when a full time employeeÆs hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. B. WEA Select Plans ? added lower cost options, such as the EasyChoice plan that have lower premiums and many first
	Premium Differential Reduction	A. WEA Select Plans û Passed on lower increases to dependents than to employee only tiers for the past two years. B. WEA Select Plans ? added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. C. WEA Select Plans û used the projected savings from the dependent eligibility audit to apply toward the dependent tiers
Napavine School District	**Administrative Cost Reduction**	Reducing administrative costs has not been an option for NSD, because we are a small district and as a result of Premera's implentation of 'Lean' administration, this burden was passed along to individual districts.
	Cost Savings	NSD contributes $25 through pooling to employees to help with medical insurance costs. WEA and Group Health both offer discounted rates because of volume.
	Customer Service	NSD holds a benefit fair annually. Web page links for easy access to information needed to research for medical decisions, linking directly to insurance carrier information.
	Part-Time Employee Coverage Protection	NSD offers WEA Select Plans with lower cost options/Easy choice options and a QHDP.
	Premium Differential Reduction	NSD contributes $25 to employees in the pooling process to help with medical insurance costs.
Naselle-Grays River Valley School District	**Administrative Cost Reduction**	We are working with our unions to be in compliance with the law.
	Cost Savings	We are working with our unions to be in compliance with the law.
	Customer Service	We are working with our unions to be in compliance with the law.

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	We are working with our unions to be in compliance with the law.
	Premium Differential Reduction	We are working with our unions to be in compliance with the law.
Nespelem School District	**Administrative Cost Reduction**	Premera has been a leader in imploementing "Lean" thinking since 2005 and the BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area.
	Cost Savings	Premera has the following included in all the WEA medical programs: Provider contracting, BlueCard, Evidence-based medical initiatives that allow Premera to provide efficient and cost effective care
	Customer Service	Premera provides a wevsite with access to information about the employees benefits including a cost estimator and does independent surveys to measure member satisfaction and then puts a focus on making changes to imporve satisfaction
	Part-Time Employee Coverage Protection	WEA Select Plans works with the enrollee to review other plan options that allow the individual to reamin covered on a medical program if a full time employee's hours are decreased.
	Premium Differential Reduction	WEA Select Plans gave lower increases to dependents that to employee only tiers for the past two years, added lower cost options such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan and used the projected s
Newport School District	**Administrative Cost Reduction**	District has opted to have a 3rd Party Administrator for COBRA
	Cost Savings	District has expanded the number of companies offered to eligible employees.
	Customer Service	Payroll office attends regular trainings and we offer a benefits fair annually to enable our employees to become more knowledgeable in offered benefits. The District also holds an annual dinner for eligible retirees to meet with our insurance broker, VEBA representative and retirement representative

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	District annually surveys medical opportunities with many vendors to give our employees the best choices possible.
	Premium Differential Reduction	District has a Memorandum of Understanding with all bargaining groups anticipating further information from WA State and OIC.
Nine Mile Falls School District	**Administrative Cost Reduction**	We've reduced administrative costs by self insuring our dental and vision insurance plans.
	Cost Savings	We bid insurance plans and our insurance committee which is comprised of equal representation of certificated and classified staff make the decisions which best suite our employees.
	Customer Service	We have a broker that does advocate on behalf of each individual employee. We do annual review and selection of providers.
	Part-Time Employee Coverage Protection	All employees who work 20 hours per week and have enough state allocation to cover their mandatory benefits are eligible for medical coverage. Almost all classified employees who select insurance have their premiums paid in full by the pooling dollars.
	Premium Differential Reduction	We have composit rates availabe for all of our certicated staff.
Nooksack Valley School District	**Administrative Cost Reduction**	we have worked with carriers and our consultant to reduce administrative costs within both our fully-insured and self-insured plans
	Cost Savings	we have implemented the following steps Consumer Driven High Deductible Health Plan with an optional Health Savings Account offered as of 10/01/2011, Use of purchasing consortium / Interlocal to purchase some benefits at a lower cost across several districts (applicable for districts purchasing some benefits through an interlocal)

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District	Category	Efforts and Achievements
	Customer Service	We have worked to provide improved customer service by Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information. Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits. Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members.
	Part-Time Employee Coverage Protection	We have continued to work with all purchasing / bargaining groups to determine the appropriate eligibility requirements to meet their specific groupÆs benefits needs. This goal is not necessarily consistent with Reducing the Differential between employees covering and not covering dependents above. Simply put, when eligibility hours for benefits are reduced, there is a negative impact on pooling, thus increasing the cost for those employees attempting to purchase coverage for themselves and dependents.
	Premium Differential Reduction	We have done the following-Began implementing minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents. It should be noted that since this tracking was only required as of passage of ESSB 5940 in 2012, the first year our district will have accurate data will be the 2012-13 plan year.
North Beach School District	**Administrative Cost Reduction**	Work in progress.
	Cost Savings	We started this year with employees paying 1% of the employee only cost of their chosen plan.
	Customer Service	Being discussed with the union.
	Part-Time Employee Coverage Protection	Nothing at this time.

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District	Category	Efforts and Achievements
	Premium Differential Reduction	Being discussed with the union.
North Franklin School District	**Administrative Cost Reduction**	A. Premera has been a leader in implementing ôLeanö thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ôLeanö workshops so they can incorporate them into their own business. û including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEAÆs administrative costs have been under 6% for over 10 years. C. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area.

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District	Category	Efforts and Achievements
	Cost Savings	A. The District is in the process of negotiations with union groups to meet ESSB 5940. B. Premera has the following included in all the WEA medical programs a. Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the memberÆs needs. e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor PremeraÆs policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. g. Member 360 dashboard û proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. i. Programs that monitor controlled medical substances to provide protection for members.

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District	Category	Efforts and Achievements
	Customer Service	A. Premera provides a website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. B. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. C. Premera has ôUlyssess Learningö which leads to first call resolution and a higher level of overall satisfaction from enrollees. D. PremeraÆs ôLeanö workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. E. WEA Select Plans ûThe dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. F. WEA Select Plans - semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. G. WEA û has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits or modifications to their plans.

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Exhibit A19b

Efforts and Achievements by District

Calendar Year 2012

District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	A. The District is in the process of negotiating with unions in regards to meeting ESSB5940 within our state. This will be completed by the end of this school year for a begin date of 9/1/2013. Possibilities at this time include offering less plans to choose from, a Minimum Mandatory Deduction to all staff choosing medical insurance, we are offering a QHDHP, threshhold payments if the cadillac plans should be offered. B. WEA Select Plans - when a full time employeeÆs hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. C. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan
	Premium Differential Reduction	A. The District is in the process of negotiating with unions in regards to meeting ESSB5940 within our state. This will e completed by the end of this school year for a begin date of 9/1/2013. Possibilities at this time include offering less plans to choose from, a Minimum Mandatory Deduction to all staff choosing medical insurance, we are offering a QHDHP, threshhold payments if the cadillac plans should be offered. B. WEA Select Plans û Passed on lower increases to dependents than to employee only tiers for the past two years. C. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. D. WEA Select Plans û used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for family coverage

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District	Category	Efforts and Achievements
North Kitsap School District	**Administrative Cost Reduction**	Negotiation with insurance carriers during the renewal process is a key factor in assisting reducing district overhead and administrative costs. Plan Administrators Inc., has established strong relationships with insurance carriers throughout the marketplace and extensively negotiates the most competitive pricing which includes lowering administrative costs at each renewal. In addition to the yearly bidding process described above, North Kitsap has removed unnecessary increases in overhead by switching from a commission basis to a fee-for-service basis for Broker services. The fee-for-service model pays the broker an established fee which is not adjusted when the district receives a rate increase. The broker will not receive an unnecessary pay increase each year just because the district receives a rate increase.]North Kitsap has also offered self-funded vision through Northwest Administrators Inc., aka NBN. With a low monthly administrative fee and net broker commissions, North Kitsap has been able to build strong reserve levels while simultaneously offering competitive monthly premiums for employees with strong benefit coverage options.
	Cost Savings	Each renewal season, Plan Administrators Inc., conducts an extensive market analysis of all of North KitsapÆs coverages and uses all competitive data to negotiate with incumbent and prospective carriers. Plan Administrators Inc., then presents the findings and recommendations to the North Kitsap Benefits Committee. The committee members thoroughly compare and discuss both the benefits offered and respective costs for each insurance carrier. The most competitive offerings are then voted upon and the decision to remain with the incumbent or make a change to a new carrier is agreed upon. North Kitsap has also requested proposals for incentive based wellness programs to help entice district employees and their families become more accountable for their overall health. In the long term, this will reduce the overall cost of healthcare. North Kitsap has not yet found a vendor
	Customer Service	The primary focus of the North Kitsap Benefits Committee is educating employees about their benefit plans; what is covered, how to access it, and how to appropriately use the benefits. This education encourages cost-saving activities such as using generic drugs over brand name drugs, utilizing mail order for maintenance prescriptions and using urgent care facilities instead of the emergency room when appropriate. In addition to cost savings, this education also reduces claim issues thus improving the overall opinion of the benefit programs as employeeÆs maximize the benefits of their plan. Regarding billing, eligibility or claims issues, Plan Administrators Inc., acts as an intermediary working directly between the employee/patient and the respective carrier. Plan Administrators Inc., assists individuals by providing quick and effective resolution to a claim which reduces the administrative burden to the North Kitsap administration and payroll staff.

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	Not Applicable. North Kitsap abides by current State and Federal regulations regarding providing access to K-12 employees.
	Premium Differential Reduction	The WEA/Premera Association plans provide set rates for all districts throughout the State. These association plans do not allow districts to participate in the rating or have a say in how premiums are weighted. North Kitsap must rely on the association to fully adopt this mandate. For non-association carriers, the option to weigh premiums by increasing the employee only premiums and reducing the employee family premiums is a discussion topic for the upcoming renewal. The benefit committee will review the pricing options and work to reduce the rate differential between employee only and employee family rates. North KitsapÆs primary concern regarding weighing the non-association plan premiums is this cost shifting while lowering the cost for the employee and family will increase the cost for the employee only coverage. This factor could make the employee only rate too expensive, thus making it an unrealistic medical offering
North Mason School District	**Administrative Cost Reduction**	there are no additional admin costs
	Cost Savings	benefits committee reviews each year
	Customer Service	web availability, benefits fair one on one
	Part-Time Employee Coverage Protection	all part time over 3 hours are offered benefits
	Premium Differential Reduction	premera easy choice a b and c
North River School District	**Administrative Cost Reduction**	NONE
	Cost Savings	MULTI INSURANCE PLAN RATES OFFERED THRU WEA INCLUDING THE QHDHP
	Customer Service	OFFER BENEFITS TO EVERYONE

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	BENEFITS OFFERED TO ALL PART-TIME STAFF MIN 20 HRS PER WEEK
	Premium Differential Reduction	UNDER THE WEA TIER STRUCTURE
North Thurston Public Schools	**Administrative Cost Reduction**	The District utilizes Propel Insurance services to leverage both health care value and reduced administrative costs which are less than the overhead necessary to manage these programs within the district.
	Cost Savings	Shifts in co-pay amounts and deductibles were made to increase patient self-assessment to determine health care needs and consider more affordable options while maintaining a safety net for catastrophic events. The District offers HSA Qualified High Deductible Health Plan so that employees may cover family members at lower premium amount.
	Customer Service	Each year, we review our current plan offerings, particularly our health plans to ensure they are meeting our employeesÆ needs. The District conducted two benefit surveys this past year and three benefit fairs. In addition we have available the Benefits website. The website contains information for all benefit plans; benefits cost estimator, forms and links to insurance carriers. In cooperation with our bargaining groups through the Employee Advisory Committee, we meet quarterly to review various
	Part-Time Employee Coverage Protection	The District maintains an eligibility threshold of 20 hours/week (minimum) which exceed the new federal standard for access to health care, and also exceeds the access provided in many other school districts.
	Premium Differential Reduction	The District has worked with Propel Insurance Brokerage to review Group Health and KPS plans in an effort to keep costs affordable. Group Health and KPS plans in 2012-13 decreased the premium differential between single coverage and full family coverage so that progress toward the state 3:1 goal was made. The District and Propel will continue to analyze various plan options, and potentially implement new plan structures that would make family coverage even more affordable.

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District	Category	Efforts and Achievements
Northport School District	**Administrative Cost Reduction**	Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal.external processes. Other organizations participate in "Lean" workshops so they can incorporate them into their own business.-- including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEA's administrative costs have been unde 6% for over 10 years.
	Cost Savings	Programs that monitor controlled medical substances to provide protection for members. An open drug formulary that provides choice for members and their physicians while being prudent and ensuring the drugs are cost and care effective
	Customer Service	Premera provides a website with access to information about the employee benefits, which includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits
	Part-Time Employee Coverage Protection	WEA Select Plans -added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan.
	Premium Differential Reduction	WEA Select Plans û Passed on lower increases to dependents than to employee only tiers for the past two years.WEA Select Plans added lowerr cost options, such as EasyChoice plans that have lower premiums and many first dollar benefits and HDHP plans.
Northshore School District	**Administrative Cost Reduction**	Working on implementation of new on-line enrollment system. This will result in an increase in efficiency and provide the basis to pursue a reduction in TPA administrative costs .
	Cost Savings	Self Insured. Premiums stay in the program which allows the committee to enhance benefits or stabilize rates.
	Customer Service	(1) Used multi bargaining unit health benefits commttee as the means to identify employee needs, to identify program areas of weakness or concern, to guage staff safisfaction and to surface desired changes in coverage. (2) The committee presented to all union and group leaders explaining our 2013 plan identifying changes and impacts to members. (3) The "Employee On-Line" feature of HR/Financial system allows on-line enrollment and visability of coverages.

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	Part-Time Employee Coverage Protection	Based on Collective Bargaining
	Premium Differential Reduction	Added a charge for employee coverage. The charge is added to pooling which increased the pooling percentage for all employees.
Oak Harbor School District	**Administrative Cost Reduction**	(blank)
	Cost Savings	(blank)
	Customer Service	(blank)
	Part-Time Employee Coverage Protection	(blank)
	Premium Differential Reduction	(blank)
Oakesdale School District	**Administrative Cost Reduction**	WEA PREMER PERFORMS THIS
	Cost Savings	WEA PREMER PERFORMS THIS
	Customer Service	WEA PREMER PERFORMS THIS
	Part-Time Employee Coverage Protection	WEA PREMER PERFORMS THIS
	Premium Differential Reduction	WEA PREMER PERFORMS THIS

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District	Category	Efforts and Achievements
Ocean Beach School District	**Administrative Cost Reduction**	A. Premera has been a leader in implementing ôLeanö thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ôLeanö workshops so they can incorporate them into their own business. û including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEAÆs administrative costs have been under 6% for over 10 years. B. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area.

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District	Category	Efforts and Achievements
	Cost Savings	A. Premera has the following included in all the WEA medical programs a. Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the memberÆs needs. e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor PremeraÆs policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. g. Member 360 dashboard û proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. i. Programs that monitor controlled medical substances to provide protection for members.

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District	Category	Efforts and Achievements
	Customer Service	A. Premera provides a website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. B. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. C. Premera has ôUlyssess Learningö which leads to first call resolution and a higher level of overall satisfaction from enrollees. D. PremeraÆs ôLeanö workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. E. WEA Select Plans ûThe dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. F. WEA Select Plans - semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. G. WEA û has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits or modifications to their plans.
	Part-Time Employee Coverage Protection	A. WEA Select Plans - when a full time employeeÆs hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. B. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan.

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District	Category	Efforts and Achievements
	Premium Differential Reduction	A. The District is negotiating with Collective Bargaining Units to make progress toward reducing the differential between employee only and full family coverage. B. WEA Select Plans û Passed on lower increases to dependents than to employee only tiers for the past two years. C. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. D. WEA Select Plans û used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for family coverage.
Ocosta School District	**Administrative Cost Reduction**	N/A
	Cost Savings	OFFERING SEVEN PLANS WITH 28 TIER OPTIONS
	Customer Service	USPS INFORMATION MAILED, E-MAIL ALL EMPLOYEE, BROSHURES AND INFORAMTION ONLINE PROVIDED BY PREMERA
	Part-Time Employee Coverage Protection	N/A
	Premium Differential Reduction	USPS INFORMATION MAILED, E-MAIL ALL EMPLOYEE, BROSHURES AND INFORAMTION ONLINE PROVIDED BY PREMERA
Odessa School District	**Administrative Cost Reduction**	Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency, while lowering expenses
	Cost Savings	We have a broker that examines various plan; however, our district has been a hardcore Premera district. Premera has the highest number of "in network" providers in the state. The volume of enrollment in Premera plans assists in negotiating high discounts locally and nationally
	Customer Service	District benefit committee meets with a broker to discuss various options for health benefits. Premera benefits can be found online, which includes a cost estimator that provides help in determining which plan would be affordable for the employee and their family. Paper copies of information is presented to each employee at the staff inservice at the beginning of the school year.

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	By adding lower cost options and giving employees the choice to pick their plan, employees that do not work full time still have the option of medical coverage.
	Premium Differential Reduction	Employees have their choice of plans under Premera's offerings. WEA Select Plans passed on lower increases to dependents than to employee only tiers for the past two years, and added lower cost options, such as the EasyChoice plan that have lower premiums.
Okanogan School District	**Administrative Cost Reduction**	N/A
	Cost Savings	The district contracts with the PEBB and Premera Programs, whose cost-saving measures include: Managing the medical plansÆ prescription-drug costs by promoting generic drug use through a lower-cost benefit design. Purchasing coverage for medical tools and procedures that are evidence based. Adopting PEBBÆs dependent verification eligibility processes, to ensure only eligible family members
	Customer Service	The district follows the PEBB/Premera ProgramÆs guidelines for determining employee eligibility and enrollment procedures to ensure consistency. As required by the Programs, the district is also required to verify eligibility for each employeeÆs dependents through valid documentation before the
	Part-Time Employee Coverage Protection	Emails announcing open enrollment annually.
	Premium Differential Reduction	Plans offered have worked towards more equitable rates.
Olympia School District	**Administrative Cost Reduction**	N/A
	Cost Savings	Broker Negotiated better rates. High deductible plan offered
	Customer Service	Offer a benefit fair

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	N/A
	Premium Differential Reduction	See carrier.
Omak School District	**Administrative Cost Reduction**	A. Premera has been a leader in implementing ôLeanö thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ôLeanö workshops so they can incorporate them into their own business. û including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEAÆs administrative costs have been under 6% for over 10 years. B. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area.

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District	Category	Efforts and Achievements
	Cost Savings	A. Our district is forming a committee to compare prices of our current insurance plans to others in our area to ensure our staff is receiving the most affordable plans available. B. Premera has the following included in all the WEA medical programs a. Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the memberÆs needs. e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor PremeraÆs policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. g. Member 360 dashboard û proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. i. Programs that monitor controlled medical substances to provide protection for members

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District	Category	Efforts and Achievements
	Customer Service	A. Premera provides a website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. B. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. C. Premera has ôUlyssess Learningö which leads to first call resolution and a higher level of overall satisfaction from enrollees. D. PremeraÆs ôLeanö workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. E. WEA Select Plans ûThe dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. F. WEA Select Plans - semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. G. WEA û has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits or modifications to their plans.
	Part-Time Employee Coverage Protection	A. WEA Select Plans - when a full time employeeÆs hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. B. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan.

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District	Category	Efforts and Achievements
	Premium Differential Reduction	A. WEA Select Plans û Passed on lower increases to dependents than to employee only tiers for the past two years. B. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. C. WEA Select Plans û used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for family coverage.
Onalaska School District	**Administrative Cost Reduction**	Our district has not been able to reduce internal administrative costs. The maintenance and billing of our current WEA Premera/Blue Cross plans was transferred to Aon/Hewitt effective January 1, 2013. This has resulted in additional time required of district staff to administer health benefits.
	Cost Savings	Our district provide employee access to our on-line benefits website so that they can compare health care plans to determine which one best fits their needs. Our district is currently pursuing health insurance quotes from other health insurance providers to determine if our current plans are competitive.
	Customer Service	We educate our employees about health care benefits via our on-line benefits website which is accessible for all employees. Annually, we provide a benefits fair for employees.
	Part-Time Employee Coverage Protection	All part-time employees who work 4 hours a day are eligible for health care benefits. In 2011/12 and 2012/13, all part-time employees worked a minimum of 4 hours a day, and were therefore eligible for benefits. We have lower cost health insurance options, such as the EasyChoice plans and the Qualified High Deductible Health plan that offer greater affordability.
	Premium Differential Reduction	Our district has done nothing.
Onion Creek School District	**Administrative Cost Reduction**	The district has cut from a part time administrator to one day a week administrator. However, this model is not sufficient.
	Cost Savings	The district contracts with the PEBB program, whose cost-saving measures include: Managing the medical plans' prescription-drug costs by promoting generic drug use through a lower-cost benefit design, Purchasing coverage for medical tools and procedures that are evidence based, Adopting PEBB's dependent verification eligibility processes, to ensure only eligible family members receive benefits.

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District	Category	Efforts and Achievements
	Customer Service	The district follows the PEBB ProgramÆs guidelines for determining employee eligibility and enrollment procedures to ensure consistency. As required by the PEBB Program, the district is also required to verify eligibility for each employeeÆs dependents through valid documentation before the employer enrolls the dependents in PEBB coverage.
	Part-Time Employee Coverage Protection	The district has been paying for all eligible employees. The employee only pays for the employee contribution and any amount above the state reimbursement rate.
	Premium Differential Reduction	The district pays a composite rate for all eligible employees.
Orcas Island School District	**Administrative Cost Reduction**	Our broker has worked with the providers to reduce administrative costs within both our fully-insured and self-insured plans. Premera has implemented "lean" thinking plan that has reduced overall administrative costs from 8.8% in 2005 to 8.8% in 2012.
	Cost Savings	A consumer driven High Deductible Health Plan with an optional Health Savings Account has been offered as of 10/1/2012. The district also uses an interlocal agreement to purchase some benefits at a lower cost across several districts.
	Customer Service	The district has worked to provide improved customer services by: providing a comprehensive employee benefits handbood that encompasses all benefit summaries, rates, and venodr contact information. All of our health plans offer comprehensive nurse line and telephonic customer service and support for all members. All of our plans have a website geared specifically to employees. The websites provide educational information about wellness and their plan benefits.
	Part-Time Employee Coverage Protection	The district has continued to work with all purchasing/bargaining groups to determine the appropriate eligibility requirement to meet their specific group's benefits needs.
	Premium Differential Reduction	The district has implemented a minimum premium cost for each employee, effectively increasing the employee only cost and reducing the cost for covering dependents. It should be noted that since this tracking was only required as of passage of ESSB 5940 in 2012, the first year our district will have accurate data will be the 2012-13 plan year.

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Orchard Prairie School District	**Administrative Cost Reduction**	PEBB HCA Provides this
	Cost Savings	PEBB HCA Provides this
	Customer Service	PEBB HCA Provides this
	Part-Time Employee Coverage Protection	PEBB HCA Provides this
	Premium Differential Reduction	PEBB HCA Provides this
Orient School District	**Administrative Cost Reduction**	100% PEBB/HCA plans at Orient SD
	Cost Savings	100% PEBB/HCA plans at Orient SD
	Customer Service	100% PEBB/HCA plans at Orient SD
	Part-Time Employee Coverage Protection	100% PEBB/HCA plans at Orient SD
	Premium Differential Reduction	100% PEBB/HCA plans at Orient SD

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District	Category	Efforts and Achievements
Orondo School District	**Administrative Cost Reduction**	a. Premera has been a leader in implementing ôLeanö thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ôLeanö workshops so they can incorporate them into their own business. û including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEAÆs administrative costs have been under 6% for over 10 years. b. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service
	Cost Savings	a. Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö).b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the memberÆs needs.e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.f. Provider advisory groups for medical and pharmacy that continually monitor PremeraÆs policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient.g. Member 360 dashboard û proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting.h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs.i. Programs that monitor controlled medical substances to provide protection for members.j. An open drug formulary that provides choice for members and their physicians while being prudent and ensuring the drugs are cost and care effective

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District	Category	Efforts and Achievements
	Customer Service	a. Premera provides a website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. b. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction.c. Premera has ôUlyssess Learningö which leads to first call resolution and a higher level of overall satisfaction from enrollees. d. PremeraÆs ôLeanö workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. e. WEA Select Plans ûThe dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. f. WEA Select Plans - semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. g. WEA û has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits or modifications to their plans.
	Part-Time Employee Coverage Protection	A. WEA Select Plans - when a full time employeeÆs hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. B. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan.

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District	Category	Efforts and Achievements
	Premium Differential Reduction	A. WEA Select Plans û Passed on lower increases to dependents than to employee only tiers for the past two years. B. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. C. WEA Select Plans û used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for family coverage.
Oroville School District	**Administrative Cost Reduction**	WE DON'T CHARGE AT THE DISTRICT LEVEL
	Cost Savings	WHAT IS OFFER BY BLUE CROSS/UNION DRIVEN
	Customer Service	WHAT IS OFFER BY BLUE CROSS/UNION DRIVEN
	Part-Time Employee Coverage Protection	WHAT IS OFFER BY BLUE CROSS/UNION DRIVEN
	Premium Differential Reduction	WHAT IS OFFER BY BLUE CROSS/UNION DRIVEN
Orting School District	**Administrative Cost Reduction**	At this time we do not have administrative costs at the District Level. From what we were given in preparation for these answers, WEA states that their admin costs are 6.3%. I do not know if this is correct or what it is based on.
	Cost Savings	Eliminated Premera Plan 1 (Highest Premium) and added HDHP Premera plans for more affordable premiums. Premera has provider contracting which helps lower costs. Premera offers a open drug formulary.
	Customer Service	Our District strives for excellent customer service. We communicate several ways (electronic, mailings, District wide newsletter, etc) to announce plan changes, open enrollment and upcoming health related issues. We will continue to put our employees first in our communication regarding health care. Both Premera and Group Health have websites for members to access their healthcare.

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	I do not believe we are protecting access to coverage for K12 employees. Our position is to offer them the best health care plans for the most affordable premiums.
	Premium Differential Reduction	Our District has moved to a 3:1 ratio (PEBB) with administrative/non-rep staff. We are piloting this program and hope to include additional groups next year. WEA have added lower cost plans.
Othello School District	**Administrative Cost Reduction**	Review of internal processes to determine areas that can be improved upon for greater efficiency
	Cost Savings	Communication with employees regarding Premera Health educational resources on the Premera webpage; Provide a monthly health news letter; every employee receives the newsletter with their paystub; newsletter provides health, nutrition and fitness tips
	Customer Service	OSD conducts an annual employee benefit fair; providing opportunity for employees to meet and talk with benefit providers; Opportunity to review current health care coverage to determine if that is the best fit for self and/or family
	Part-Time Employee Coverage Protection	OSD communicates access to coverage through new employee orientation, as well as the annual employee beneift fair & open enrollment
	Premium Differential Reduction	OSD is working towards determination and implementation of minimum premium charge for each employee participant in pooling;
Palisades School District	**Administrative Cost Reduction**	We have very low admin cost. We are in the composite group insurance through PEBB and costs are very low
	Cost Savings	Because of our small staff size our options are limited in providing health care cost savings.
	Customer Service	We strive to ensure employees receive information in a timely manner and assist them in whatever they need.

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	We provide full coverage access to part time employees.
	Premium Differential Reduction	Through the PEBB and the composite rates we pay for health care insurance, we are fortunate to have low rates for employees. We continue to strive to reduce the differential between employee only and family health benefit coverage.
Palouse School District	**Administrative Cost Reduction**	A.The WEA has a large purchasing pool which blends all claims, permiums and administrative expensives statewide. This allows individual districes to blend their experience into a much larger pool and soften the distric't utilization peaks and valleys.B. Premera has been a leader in implementing ôLeanö thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ôLeanö workshops so they can incorporate them into their own business. û including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEAÆs administrative costs have been under 6% for over 10 years. C. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area.

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District	Category	Efforts and Achievements
	Cost Savings	A. With the elimanation of Plan 1, employees saw a rate decrease as they moved into other comprehensive plan alternatives, which for most people resulted in a net overall savings. WEA Select Plans gave lower increases to dependents than to employee only tiers for the past two years. WEA Select Plans added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. B. Premera has the following included in all the WEA medical programs a. Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the memberÆs needs. e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor PremeraÆs policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. g. Member 360 dashboard û proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs.

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District	Category	Efforts and Achievements
	Customer Service	A. Premera provides a website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. B. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction C. Premera has ôUlyssess Learningö which leads to first call resolution and a higher level of overall satisfaction from enrollees. D. PremeraÆs ôLeanö workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. E. WEA Select Plans ûThe dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. F. WEA Select Plans - semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. G. WEA û has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits or modifications to their plans.
	Part-Time Employee Coverage Protection	A. WEA Select Plans - when a full time employeeÆs hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. B. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan.

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District	Category	Efforts and Achievements
	Premium Differential Reduction	A. WEA Select Plans û Passed on lower increases to dependents than to employee only tiers for the past two years. B. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. C. WEA Select Plans û used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for family coverage.
Pasco School District	**Administrative Cost Reduction**	Reallocation of staff
	Cost Savings	Established HDHP with health savings account, required minimum premium payment for all employees
	Customer Service	Did more benefit orientation sessions with smaller new employee groups, established new Benefits Information Night
	Part-Time Employee Coverage Protection	Coverage at differentiated cost level provided to the variety of employee groups, benefits are negotiated with access in mind, sustained effort in communication of available benefits
	Premium Differential Reduction	Established HDHP with health savings account, required minimum premium payment for all employees
Pateros School District	**Administrative Cost Reduction**	NO ADMIN. COSTS CURR.
	Cost Savings	NONE
	Customer Service	MEET WITH EACH EMPLOY. INDIVIDUALLY
	Part-Time Employee Coverage Protection	MEET WITH EACH & OFFER OPTIONS

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District	Category	Efforts and Achievements
	Premium Differential Reduction	GUID THEM TO BEST PLAN SUITED
Paterson School District	**Administrative Cost Reduction**	The District does not calculate any indirect charges for administering the benefits. Premera has been a leader in implementing ôLeanö thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ôLeanö workshops so they can incorporate them into their own business. û including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEAÆs administrative costs have been under 6% for over 10 years. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area.

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District	Category	Efforts and Achievements
	Cost Savings	Premera has the following included in all the WEA medical programs: * Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö) -- * The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. -- * BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. -- * Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the memberÆs needs. -- * Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. -- * Provider advisory groups for medical and pharmacy that continually monitor PremeraÆs policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. -- * Member 360 dashboard û proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. -- * Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. -- * Programs that monitor controlled medical substances to provide protection for members. -- * An open drug formulary that provides choice for members and their physicians while

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District	Category	Efforts and Achievements
	Customer Service	Premera provides a website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. ** Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. ** Premera has ôUlyssess Learningö which leads to first call resolution and a higher level of overall satisfaction from enrollees. ** PremeraÆs ôLeanö workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. ** WEA Select Plans ûThe dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. ** WEA Select Plans - semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. ** WEA û has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional
	Part-Time Employee Coverage Protection	WEA Select Plans - when a full time employeeÆs hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. ** WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan.
	Premium Differential Reduction	WEA Select Plans û Passed on lower increases to dependents than to employee only tiers for the past two years. ** WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. ** WEA Select Plans û used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide
Pe Ell School District	**Administrative Cost Reduction**	N/A
	Cost Savings	Blue Cross Plan 1 no longer offered. Blue Cross plans 2-5 and QHDHP offered. Advised employees of options.

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District	Category	Efforts and Achievements
	Customer Service	Met with both unions to clarify insurance plans we currently have. Also, offered QHDHP to inform employees of options.
	Part-Time Employee Coverage Protection	Conctractual negotiations, annual staff meetings, new employee orientation, mandatory staff meetings for changes to benefit plans.
	Premium Differential Reduction	Pooling-Plan 1 removed- offered other plans within Blue Cross.
Peninsula School District	**Administrative Cost Reduction**	District Benefit Committee reviews premium increases and associated admin costs each year, making recommendations for future plan options.
	Cost Savings	Provide more health care plans at different premium levels. District Benefits Committee reviews premium increases for multiple plans. If necessary high cost plans can/will be eliminated.
	Customer Service	District benefit Committee recommendations are documented in Annual Employee Handbook which is given to all eligible employees (also posted on the district website).
	Part-Time Employee Coverage Protection	When employee hrs are decreased, possible movement to other lower cost plans.
	Premium Differential Reduction	Lower increases to dependents than to employee only tiers. HDHP plan. Implemented Employee only premium monthly charge.
Pioneer School District	**Administrative Cost Reduction**	NONE

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District	Category	Efforts and Achievements
	Cost Savings	Premera has the following included in all WEA medical programs: a). Provider contracting - has the highest number of providers "in network" in the state (98% of all claims are paid "in network". b). The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. Premera's "Blue" network has negotiated discounts that are the highest within the state and provides significant savings to Premera members traveling outside the network. d). Evidence-based medical intiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the member's needs. 3). Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. f). Provider advosry groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. g). Member 360 dashboard - properitary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in the appropriate setting. h). Plans include copayments for Emergency Room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. i). Programs that monitor controlled medical substances to provide protection for members. j). An open drug formulary that provides choice for members and their physicians while being prudent and
	Customer Service	Premera provides a website with access to information about the employee benefits. This includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The district also has a benefits website for employees to review all insurance options and additional information on pharmacy.
	Part-Time Employee Coverage	All part-time employees are eligible for benefits
	Protection Premium Differential Reduction	The district is currently working with Group Health broker towards this goal. Ratios were reduced in 2012, moving towards this goal. Additionally, WEA lowered premiums for some of their plans, including lower cost Easy Choice Plans.

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District	Category	Efforts and Achievements
Pomeroy School District	**Administrative Cost Reduction**	B. Premera has been a leader in implementing ôLeanö thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ôLeanö workshops so they can incorporate them into their own business. û including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEAÆs administrative costs have been under 6% for over 10 years. C. BlueCard provides significant savings to Premera employees traveling or residing outside the

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District	Category	Efforts and Achievements
	Cost Savings	Premera has the following included in all the WEA medical programs a. Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence?based medical initiatives that allow Premera to provide efficient and cost?effective care as well as identifying appropriate alternative care based on the memberÆs needs. e. Real?time access to consumer decision?support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor PremeraÆs policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care?efficient. g. Member 360 dashboard û proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost?effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for

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District	Category	Efforts and Achievements
	Customer Service	B. Premera provides a website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out?of?pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. C. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. D. Premera has ôUlyssess Learningö which leads to first call resolution and a higher level of overall satisfaction from enrollees. E. PremeraÆs ôLeanö workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. F. WEA Select Plans ûThe dedicated Premera sales team provides year?round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. G. WEA Select Plans ? semi?annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. H. WEA û has their own separate claim review process that allows enrollees to go before a board of their peers and have

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	B. WEA Select Plans ? when a full time employeeÆs hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. C. WEA Select Plans ? added lower cost options, such as the EasyChoice plan that have lower premiums and many first
	Premium Differential Reduction	B. WEA Select Plans û Passed on lower increases to dependents than to employee only tiers for the past two years. C. WEA Select Plans ? added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. D. WEA Select Plans û used the projected savings from the dependent eligibility audit to apply toward the dependent tiers
Port Angeles School District	**Administrative Cost Reduction**	Premera has been a leader in implementing ôLeanö thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ôLeanö workshops so they can incorporate them into their own business. û including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEAÆs administrative costs have been under 6% for over 10 years. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area.

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District	Category	Efforts and Achievements
	Cost Savings	The District has begun meeting with our largest union to talk about which plans are the most affordable between WEA and PEBB. We have had reperesentatives from both organizations talk with us about their offerings. Premera has the following included in all the WEA medical programs. Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö). The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the memberÆs needs. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. Provider advisory groups for medical and pharmacy that continually monitor PremeraÆs policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. Member 360 dashboard û proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. Programs that monitor controlled medical substances to provide protection for members. An open drug formulary that provides choice for members and their physicians while being prudent and

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District	Category	Efforts and Achievements
	Customer Service	Premera provides a website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. Premera has ôUlyssess Learningö which leads to first call resolution and a higher level of overall satisfaction from enrollees. PremeraÆs ôLeanö workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. WEA Select Plans ûThe dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. WEA Select Plans - semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. WEA û has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits
	Part-Time Employee Coverage Protection	WEA Select Plans - when a full time employeeÆs hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. The District also gives benefits to part time employees on a prorated basis, using 1440 as full time hours and given a full state alottment of
	Premium Differential Reduction	WEA Select Plans û Passed on lower increases to dependents than to employee only tiers for the past two years. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. WEA Select Plans û used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional

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District	Category	Efforts and Achievements
Port Townsend School District	**Administrative Cost Reduction**	B. Premera has been a leader in implementing ôLeanö thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ôLeanö workshops so they can incorporate them into their own business. û including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEAÆs administrative costs have been under 6% for over 10 years. C. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area.

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District	Category	Efforts and Achievements
	Cost Savings	B. Premera has the following included in all the WEA medical programs a. Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the memberÆs needs. e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor PremeraÆs policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. g. Member 360 dashboard û proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for

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District	Category	Efforts and Achievements
	Customer Service	B. Premera provides a website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. C. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. D. Premera has ôUlyssess Learningö which leads to first call resolution and a higher level of overall satisfaction from enrollees. E. PremeraÆs ôLeanö workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. F. WEA Select Plans ûThe dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. G. WEA Select Plans - semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. H. WEA û has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits or modifications to their plans.
	Part-Time Employee Coverage Protection	All of our K-12 part-time employee are given coverage options, per collective bargaining agreement. B. WEA Select Plans - when a full time employeeÆs hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. C. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan.

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District	Category	Efforts and Achievements
	Premium Differential Reduction	B. WEA Select Plans û Passed on lower increases to dependents than to employee only tiers for the past two years. C. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. D. WEA Select Plans û used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for family coverage.
Prescott School District	**Administrative Cost Reduction**	no progress
	Cost Savings	added HD health plan
	Customer Service	hired additional HR staff 10/12
	Part-Time Employee Coverage Protection	prorated scale based on FTE
	Premium Differential Reduction	no progress
Prosser School District	**Administrative Cost Reduction**	0
	Cost Savings	0
	Customer Service	0
	Part-Time Employee Coverage Protection	0
	Premium Differential Reduction	0

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District	Category	Efforts and Achievements
Pullman School District	**Administrative Cost Reduction**	We have moved away from providers that have significant adminstrative fees. We are in the process of self-insuring dental and vision to save additional administrative fees.
	Cost Savings	Our insurance broker scans the market on a consistent basis for best plans at best price for our employees.
	Customer Service	The process we have developed moves toward compliance with legislative intent and especially when we know what that ultimate intent is. In the meantime, we have made steps to move toward a three to one ratio between individual plan premiums and family plan premiums.
	Part-Time Employee Coverage Protection	Part time employees are offered Medical and Dental coverage and they may choose any plans including a High Deductible Health Plan in combination with a Health Savings Account (HSA) offering in October of 2012.
	Premium Differential Reduction	We operate in and require solicitation in a competitive marketplace.
Puyallup School District	**Administrative Cost Reduction**	Since the implementation of ESSB 5940 the district has had to increase administrative, support and technical time. In the coming years, as the requirements stabilize and are better defined, the district will continue to evaluate time and resources in an effort to reduce administrative costs.
	Cost Savings	Eff: 10/1/12 we added a low cost medical plan option for employees that passes the Minimum Value and Affordable test as required by ESSB 5940
	Customer Service	We held additional Benefit Depots during open enrollment to assist employees as they make decisions on their health care plans. We have added essential plan summaries and forms to our district's website for employees' convenience.
	Part-Time Employee Coverage Protection	Our part-time eligibility for medical coverage is 'to work an average no less than 20 hours/week'. This is much lower than the stated requirement of 30 hours/week.
	Premium Differential Reduction	Eff: 10/1/12 our district adopted a 6:1 out-of-pocket ratio for family vs. individual coverage to comply with ESSB 5940. This 6:1 ratio was changed to 9:1 for two groups who were in bargaining at the time and insisted on the change.

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District	Category	Efforts and Achievements
Queets-Clearwater School District	**Administrative Cost Reduction**	Provide Premera only plans to receive 10% premiumn discount.
	Cost Savings	An open drug formulary that provides choice for members and their physicians while being prudent and ensuring the drugs are cost and care effective
	Customer Service	Provide on-line enrollment to reduce paperwork.
	Part-Time Employee Coverage Protection	Added lower cost options, such as the EasyChoice plan that have lower premiums and the HDHP Plan.
	Premium Differential Reduction	Added lower cost options, such as the EasyChoice plan that have lower premiums and the HDHP Plan.
Quilcene School District	**Administrative Cost Reduction**	THE DISTRICT DOES NOT USE A BROKER THUS SAVING ADMINISTRATIVE MONEY. AON/HEWITT HAS DEVELOPED A NEW ENROLLMENT SYSTEM THAT, ONCE STAFF ARE FAMILIAR WITH IT, SHOULD REDUCE THE TIME THE BUSINESS OFFICE SPENDS HELPING STAFF WITH ENROLLMENT FORMS
	Cost Savings	THE DISTRICT AGREES TO OFFER THE FOLLLOWING HEALTH INSURANCE PLANS: WEA HIGH DEDUCTIBLE HEALTH PLAN, HEALTH SAVINGS ACCOUNT (THIS ACCOUNT WILL BE MADE AVAILABLE BY THE DISTRICT THROUGH THE SAME PROVIDER THAT CURRENTLY SUPPLIES THE SECTION 125 FLEXIBLE SPENDING ACCOUNT AVAILABLE TO BARGAINING UNIT MEMBERS) AND EASY CHOICE PLANS, WITH A NEW RATE STRUCTURE DESIGNED TO REQUIRE AN EMPLOYEE PREMIUM SHARE THAN IS NO GREATER THAN THE PREMIUM SHARE EXPERIENCED BY STATE EMPLOYEES DURING THE STATE
	Customer Service	THE DISTRICT DIRECTS STAFF TO THE PERMERA WEBSITE TO ACCESS INFORMATION ABOUT THEIR BENEFITS
	Part-Time Employee Coverage Protection	THE DISTRICT CURRENTLY OFFERS INSURANCE BENEFITS TO ANY EMPLOYEE WORKING AT LEAST 15 HOURS PER WEEK. THE DISTRICT ALSO OFFERS LOWER COST PLANS, SUCH AS EASYCHOICE

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District	Category	Efforts and Achievements
	Premium Differential Reduction	THE DISTRICT AGREES TO OFFER THE FOLLLOWING HEALTH INSURANCE PLANS: WEA HIGH DEDUCTIBLE HEALTH PLAN, HEALTH SAVINGS ACCOUNT (THIS ACCOUNT WILL BE MADE AVAILABLE BY THE DISTRICT THROUGH THE SAME PROVIDER THAT CURRENTLY SUPPLIES THE SECTION 125 FLEXIBLE SPENDING ACCOUNT AVAILABLE TO BARGAINING UNIT MEMBERS) AND EASY CHOICE PLANS, WITH A NEW RATE STRUCTURE DESIGNED TO REQUIRE AN EMPLOYEE PREMIUM SHARE THAN IS NO GREATER THAN THE PREMIUM SHARE EXPERIENCED BY STATE EMPLOYEES DURING THE STATE
Quillayute Valley School District	**Administrative Cost Reduction**	Our insurance bills do not state the administrative costs but Premera has been a leader in implemeting "lean" thinking for over 8 years. The goal is to improve quality and member experience. Premera's adminstrative costs went from 8.8% in 2005 to 6.3% in 2012
	Cost Savings	Consumer Driven High deductible health plan was an optional HAS Account - offered 10/1/12. No longer offering PPO 1 since it was discountinued on 10/1/12 by Premera. Premera has the highest mumber of providers "in network" in the state with a rate of 98%. Blue Card-Premera's national "Blue" card network has negotiated discounts that the highest within the state. Use of a purchasing
	Customer Service	Provides benefit information encompassing all benefits, rates and vendor information. Premera has come to our district to cover insurance information in detail. Premera has a website that includes a cost estimator
	Part-Time Employee Coverage Protection	We continue to work with all bargaining groups to determine eligibility requirements to meet their specfic groups benefit needs. We have serveral lower cost options like Easy Choice and the HDHP Plans. Employees in our district receive benfits if they work only 4 hours a day.
	Premium Differential Reduction	We no longer PPO 1 since it was discountinued 10/1/12. This has increased pooling dollars available across all bargaining groups. Started to negotiate with unions to have all employees pay a minimum out of pocket which will effectively increase the employee only cost and reduce the cost of covering a dependant
Quincy School District	**Administrative Cost Reduction**	The district does not currently contract with an outside administrator
	Cost Savings	Bargaining groups have the option to select either the state plan or Blue Cross options
	Customer Service	District staff attend training opportunities to better understand and administer the benefit plans

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	The district's practice is to make medical benefits at such time as the employee qualifies for retirement
	Premium Differential Reduction	As per answer in question 14. Additional contribution to certificated employees.
Rainier School District	**Administrative Cost Reduction**	A. Unfortunately, we have not experienced any reductions in administrative costs as a result of this new legislation. In fact, the exact opposite has occurred. We are having to spend more time, resources, and salaries to implement the required changes and reporting. B. Premera has been a leader in implementing ôLeanö thinking since 2005.ááThe goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses.ááPremera uses this method to continue to evaluate and improve internal/external processes.ááOther organizations participate inááôLeanö workshops so they can incorporate them into their own business. û including the state of Washington, various provider groups, etc.ááThrough Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012.ááWEAÆs administrative costs have been under 6% for over 10 years.

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District	Category	Efforts and Achievements
	Cost Savings	A. Unfortunately, the district has no authority over the cost of health care coverage. While we do have the ability to choose different providers if our current plan offerings are too costly, we have no control over the actual costs of health coverage. B. Premera has the following included in all the WEAáámedical programs a. Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan).ááIn addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area.áá d. Evidence?based medical initiatives that allow Premera to provide efficient and cost?effective care as well as identifying appropriate alternative care based on the memberÆs needs. e. Real?time access to consumer decision?support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor PremeraÆs policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care?efficient. g. Member 360 dashboard û proprietary tool that uses more than just claims to identify members with

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District	Category	Efforts and Achievements
	Customer Service	A. Unfortunately, the level of service to employees for health benefits has been reduced as a result of changes by the service providers. Prior to this new legislation, we were able to provide information to employees regarding various coverage options, and/or make contact with the service providers on their behalf. Now, the district has been informed that all questions by employees must be referred to the online resources on the service provider's website. B. Premera provides a website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out?of?pocket costs for the enrollee or their family.ááThe website provides educational information about wellness programs and their plan benefits.áá C. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction.D. Premera has ôUlyssess Learningö which leads to first call resolution and a higher level of overall satisfaction from enrollees. E. PremeraÆs ôLeanö workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. F. WEA Select Plans ûThe dedicated Premera sales team provides year?round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans.ááPremera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made.áá Premera will work to resolve claim issues for the enrollees as well.ááThis provides additional support to the district as well as direct support to the employees. G. WEA Select Plansá?ásemi?annual newsletters are sent to enrollees to educate them on their plans and access to

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	A. The district is currently in discussions with both labor organizations regarding access to coverage by part time employees. B. WEA Select Plansá?áwhen a full time employeeÆs hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. C. WEA Select Plansá?áadded lower cost options, such as the EasyChoice plan that have lower premiums and many first
	Premium Differential Reduction	A. The district is currently in discussions with both labor organizations regarding the differential between employee only and full family coverage. B. WEA Select Plans û Passed on lower increases to dependents than to employee only tiers for the past two years.áá C. WEA Select Plansá?áadded lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. D. WEA Select Plans û used the projected savings from the dependent eligibility audit to apply toward the dependent tiers
Raymond School District	**Administrative Cost Reduction**	At this time we do not have any specific administrative expenses.
	Cost Savings	We offer a Health Savings Account for all staff.
	Customer Service	We have given them more choices in plans and we provide a benefit fair at the beginning of the school year.
	Part-Time Employee Coverage Protection	We make medical benefits available to all employees - part time and full time..
	Premium Differential Reduction	We pool benefit dollars for all groups.
Reardan-Edwall School District	**Administrative Cost Reduction**	DISTRICT DOES NOT HAVE INTERNAL ADMINISTRATIVE COSTS
	Cost Savings	DISTRICT OFFERS HIGH DEDUCTIBE PLANS

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District	Category	Efforts and Achievements
	Customer Service	DISTRICT IN CONJUNCTION WITH PROVIDER OFFER PROVIDER WEBSITE ACCESS FOR HEALTH CARE SELECTION AND HEALTHY OPTIONS INFORMATION
	Part-Time Employee Coverage Protection	DISTRICT OFFERS ACCESS TO ALL EMPLOYEES REGARDLESS OF STATUS (FULL-TIME, PART-TIME)
	Premium Differential Reduction	CONTRACT NEGOTIATIONS TO BARGAIN MINIMUM OUT-OF-POCKET FROM EMPLOYEES
Renton School District	**Administrative Cost Reduction**	RSD purchases medical plans through the WEA benefits program. The WEA program is an efficiently run program with low administrative cost to the District for the management and maintenance of these plans. In addition, the WEA has recently taken steps to reduce the overall administrative costs to districts even further by streamlining the enrollment process through their new online enrollment system. The system was launched in January of 2013. A. Premera has been a leader in implementing ôLeanö thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ôLeanö workshops so they can incorporate them into their own business. û including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEAÆs administrative costs have been under 6% for over 10 years. B. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area.

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District	Category	Efforts and Achievements
	Cost Savings	RSD has made progress by aggressively negotiating lower premiums on their Group Health medical plan, making strategic benefit plan alterations, and by offering an HSA-Qualified High Deductible Health Plan so that employees may cover family members at significantly lower premiums.A. Premera has the following included in all the WEA medical programs a. Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the memberÆs needs. e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor PremeraÆs policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. g. Member 360 dashboard û proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. i. Programs that monitor controlled medical substances to provide protection for members

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District	Category	Efforts and Achievements
	Customer Service	District employees enjoy both a Benefits Website and a Benefits Helpline. The Benefits Website contains information for all the DistrictÆs benefits plans in one convenient place and is widely accessed by both employees and their family members. It contains summaries, comparisons, calculators, forms, and links to information and resources provided by the insurance carriers. The very popular Benefits Helpline is available for employees and their families when they have questions about their District benefits. During the most recent Open Enrollment period, in a period of 30 workdays, the Benefits Helpline took a large number of phone calls on a wide variety of topics, from the new HSA-qualified HDHP, to LTD claims, vision provider searches, retirement and Medicare. Satisfaction with the Benefits Helpline and website is extremely high. RSD works collaboratively with bargaining groups to support employees with claims and eligibility issues. In addition, when questions about benefits arise, RSD will work with the benefits broker and the IAC to create one-page, easy-to-read newsletters that are specific to the RSD populationÆs needs and concerns. A. The District in concert with our brokers has provided an Employee Benefits website that enables employees to calculate premium cost, access the districtÆs Employee Benefits Guidebook, link to carrier websites, gives carrier phone numbers, includes plan booklets and other carrier information including summaries of benefits. B. Premera provides a website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. C. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. D. Premera has ôUlyssess Learningö which leads to first call resolution and a higher level of overall satisfaction from enrollees. E. PremeraÆs ôLeanö workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience.

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	Part-time employeesÆ access to coverage has not changed in recent years. Part-time employees remain eligible for the same benefits as full-time employees when they meet the definition of eligibility under their bargaining agreement. Medical insurance is optional and the district contribution for part-time employees is prorated based on the number of hours worked. Part-time employees can choose to enroll in medical as long as they have sufficient salary each month from which the employeeÆs share of the costs (if applicable) may be deducted from their paycheck. RSD and bargaining groups are aware that for part-time employees working 30 hours per week or more, full implementation of the 3:1 premium sharing as required by ESSB 5940 may subject the district to penalties under the Shared Responsibility Provision of the Affordable Care Act. A. This district currently allows all employees who have a contract or agreement to work access to health benefits regardless of FTE. B. WEA Select Plans - when a full time employeeÆs hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. C. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan.

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District	Category	Efforts and Achievements
	Premium Differential Reduction	In addition to efforts in making family coverage more affordable, in 2012 the WEA re-tiered one of the plan offerings (Easy Choice Plan) to reduce the differential between the employee-only and full family coverage. RSD currently offers this plan design to employees. RSD continues to examine in detail, various proposals to make progress towards a 3:1 premium sharing ratio for employees. Through the IAC meetings and discussions with administrators and bargaining groups, it has been noted that any drastic changes in premium shares would cause significant changes in employee enrollment and could cause the district to overspend available funding. We intend to consider all options carefully. A. Renton School District continues to work with our insurance carriers to offer benefits that meet this criteria in addition to putting in place memorandums of understanding with each of our bargaining groups in anticipation of having to change our pooling stratagies to conform to the law as written. B. WEA Select Plans û Passed on lower increases to dependents than to employee only tiers for the past two years. C. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. D. WEA Select Plans û used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for family coverage.
Republic School District	**Administrative Cost Reduction**	Premera has been a leader in implementing ?Lean÷ thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ?Lean÷ workshops so they can incorporate them into their own business. ? including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEA?s administrative costs have been under 6% for over 10 years. C. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area.

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District	Category	Efforts and Achievements
	Cost Savings	A. The district contracts with the PEBB Program, whose cost-saving measures include: Managing the medical plans' prescription-drug costs by promoting generic drug use through a lower-cost benefits design, Purchasing coverage for medical tools and procedures that are evidence based, and Adopting PEBB's dependent verification eligibility processes, to ensure only eligible family members receive benefits. B. Premera has the following included in all the WEA medical programs a. Provider contracting ? has the highest number of providers ?in network÷ in the state (98%+ of all claims are paid ?in network÷). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard ? Premera?s national ?Blue÷network ? has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the member?s needs. e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor Premera?s policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. g. Member 360 dashboard ? proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. i. Programs that monitor controlled medical substances to provide protection for members.

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District	Category	Efforts and Achievements
	Customer Service	A. The district follows the PEBB Program?s guidelines for determining employee eligibility and enrollment procedures to ensure consistency. As required by the PEBB Program, the district is also required to verify eligibility for each employee?s dependents through valid documentation before the employer enrolls the dependents in PEBB coverage. B. Premera provides a website with access to information about the employee benefits ? this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. C. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. D. Premera has ?Ulyssess Learning÷ which leads to first call resolution and a higher level of overall satisfaction from enrollees. E. Premera?s ?Lean÷ workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. F. WEA Select Plans ?The dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. G. WEA Select Plans - semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. H. WEA ? has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits or modifications to their plans.

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	WEA Select Plans - when a full time employee?s hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan.
	Premium Differential Reduction	WEA Select Plans ? Passed on lower increases to dependents than to employee only tiers for the past two years. C. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. D. WEA Select Plans ? used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for family coverage.
Richland School District	**Administrative Cost Reduction**	We are trying to make efforts to administer our plans using the electronic submisison and e-mail communication as much as possible.
	Cost Savings	We are trying to encourage employees to participate in annual testing and provide oportunities for things such as flu shots and DTAP vacinations at various locations throughout the district.
	Customer Service	We are sending communications via e-mail as well as providing writen hard copies of all insurance information.
	Part-Time Employee Coverage Protection	We cover all employees at a .5 FTE or more
	Premium Differential Reduction	We are offering lower cost plans that have lower full family coverage costs that employees with families can select.
Ridgefield School District	**Administrative Cost Reduction**	Administrative costs have increased due to reporting requirments.
	Cost Savings	Wellness programs, bidding carriers
	Customer Service	Benefit fair, insurance committee, meeting one-on-one with employees, website

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Efforts and Achievements by District

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	Sub system is working on ways to track sub time to stay under the 30 hour requirment. All current employees have access to benefits at t pro-rated benefit amount
	Premium Differential Reduction	All the current plans offered have premiums that are not more than 3 times for families as it is for employee only. All employees pay something. High deductible plan offered
Ritzville School District	**Administrative Cost Reduction**	We don't have any admin costs
	Cost Savings	We have researched other insurance carriers and most can't compete with Health Care Authority and its coverage
	Customer Service	We have been very happy with the HCA
	Part-Time Employee Coverage Protection	We prorate the part time coverage by the number of hours they work
	Premium Differential Reduction	With HCA it is very reasonable and everyone pays
Riverside School District	**Administrative Cost Reduction**	Our district has an interlocal agreement with a neighboring school district in which we share a Human Resource Director. We reduced our payroll staff from five (5) days a week to three (3). We work with an Insurance broker who provides our district with lower cost insurance options
	Cost Savings	Our district offers two (2) Health Saving Account plans, as well as three (3) low premium insurance plans
	Customer Service	For the past several years, our district has sponsored a health benefit fair that cooresponds with our open enrollment period. During the benefit fair, employees can speak directly to insurance representatives and health officials. Immunizations and health screenings are also provided

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	Our District requested and was provided with additional low premium health plans, as well as two (2) Health Saving Account plans from our current insurance carriers.
	Premium Differential Reduction	Our District requested and was provided with additional low premium health plans, as well as two (2) Health Saving Account plans from our current insurance carriers.
Riverview School District	**Administrative Cost Reduction**	We have worked with carriers and our consultant to reduce administrative costs within both our fully insured and self insured plans.
	Cost Savings	We have implemented the following steps: consumer driven high deductible health plan with optional health savings accounts offered as of 10/01/2012 and are no longer offering the highest cost Premera PPO 1 plan as an option, since it was discontinued on 10/01/2012 by Premera BC.
	Customer Service	We have worked to provide improved customer services by providing comprehensive employee benefits handbooks that encompass all benefit summaries, rates and vendor contact information, hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits and ensuring that all health plans offered provide comprehensive nurse line
	Part-Time Employee Coverage Protection	We have continued to work with all purchasing / bargaining groups to determine the apprpriate eligibility requirements to meet their specific group's benefnits needs.
	Premium Differential Reduction	We have implemented minimum premium contributions for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents and are no longer offering the highest cost, Premera PPO 1 plan as an option, since it was discontinued on 10/01/2012 by Premera BC. THis change increased pooling dollars available across all bargaining groups.
Rochester School District	**Administrative Cost Reduction**	Due to the fact that we are not a large district, our administrative costs are minimal. We have one employee who works in this area; however, if he were not working in this area he would still have a full time job so no costs savings would be realized.
	Cost Savings	All insurance plans are bargained through local bargaining agreements. For the current year,

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District	Category	Efforts and Achievements
	Customer Service	At the start of each school year, a benefits fair is held in which insurance providors are present and all employees have the ability to ask specific questions. In addition, we work with Propel Insurance to provide a benefits website that summarizes all our benefit information as well as provides newsletters and other health information. Since we are a smaller size district, we have one person managing benefits. He is in constant contact with providers to stay up-to-date with any changes and quickly
	Part-Time Employee Coverage Protection	Most of our employees are part time. Our only requirement is that a person work a minimum of 20 hours per week. In addition, this is something that is bargained through local groups so unions and the district have to be in agreement for any changes or reductions.
	Premium Differential Reduction	We use a pooling method when determining out-of-pocket costs for employees. We have established a minimum premium about for all employees - even if there are enough funds in the pool to fully cover a plan. The minimum premium dollars go back into the pool to be allocated out to those employees with more expensive plans which are generally the full family plans. This is all bargained through local bargaining groups so it is difficult to make large advances in this area.
Roosevelt School District	**Administrative Cost Reduction**	No administrative expenses incurred.

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District	Category	Efforts and Achievements
	Cost Savings	Premera has the following included in all the WEA medical programs. A. Provider contracting - has the highest number of providers "in network" in the state B. The volume of enrollment in Prememra assists in negotiating higher discounts. C. BlueCard - Premera's national "Blue" network has negotiated discounts that are the highest in the state. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the member's needs. E. Real-time access to consumer decision-support resources to ehlp enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure that enrollee is received cost-effective care in an appropriate setting. H. Plans include copayments for Emergency rooms services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. I. Programs that monitor controlled medical substances to provide protection for members. J. An open drug formulary that provides choice for memebers and their physicians while being prudent and ensuring the drugs are
	Customer Service	Premera provides a website with access to information about the employee benefits - this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits
	Part-Time Employee Coverage Protection	WEA Select Plans added lower cost option, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan.
	Premium Differential Reduction	WEA Select Plans added lower cost option, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan.
Rosalia School District	**Administrative Cost Reduction**	admin receives same as emp ben
	Cost Savings	currently neg w/ bargaining units
	Customer Service	on-line services

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	part-time are offered benefits
	Premium Differential Reduction	currently neg w/ bargaining units
Royal School District	**Administrative Cost Reduction**	Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluation and improve internal/external processes. Other organizations participate in "Lean" workshops so they can incorporate them into their own business - including the State of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEA's administrative costs have been under 6% for over 10 years. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area.

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District	Category	Efforts and Achievements
	Cost Savings	Premera has the following included in all of the WEA medical programs. A) Provider contracting - has the highest number of providers "in network" in the state (98%+ of all claims are pain "in network"). B) The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. C) BlueCard - Premera's national "Blue" network - has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D) Evidence-based medical iniatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on member's needs. E) Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F) Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. G) Member 360 dashboard - proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. H) Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. I) Programs that monitor controlled medical substances to provide protection for members. J) An open drug formulary that provides choice for members and their physicians while being prudent

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District	Category	Efforts and Achievements
	Customer Service	Our district has distributed surveys to get feedback and input from our employees and has provided Q&A sessions with employees. Premera provides a website with access to information about the employee benefits - this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides education information about wellness programs and their plan benefits. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. Premera has "Ulyssess Learning" which leads to first call resolution and a higher level of overal satisfaction from enrollees. Premera's "Lean" workshops include Customer Service, Claims and Billing processes which they continue to focus on in order to improve the member experience. The dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. Semi-annual newsletters are sent to enrollees to education them on their plans and access to information to help support decision making and healthier lifestyle decisions. WEA - has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits
	Part-Time Employee Coverage Protection	When a full time employee's hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. WEA Select plans have lower cost options, such as the Easy Choice plans that have lower premiums and many first dollar benefits and the HDHP Plan.
	Premium Differential Reduction	Our district has provided our employees with a minimum 1% out of pocket for pooling. WEA Select Plans have passed on lower increases to dependents than to employee only tiers for the past two years, and have added lower cost options, such as the Easy Choice plans that have lower premiums and many first dollar benefits and the HDHP Plan. WEA Select Plans used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for
San Juan Island School District	**Administrative Cost Reduction**	We have worked with carriers and our consultant to reduce administrative costs within our plans.

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District	Category	Efforts and Achievements
	Cost Savings	Consumer Driven High Deductible Health Plan with an optional Health Savings Account offered as of 10/1/2012. Use of purchasing consortium/interlocal to purchase some benefits at a lower cost across several districts
	Customer Service	Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates and vendor contact information. Hosting an employee benefit fair with hours allowing for all employees to learn the most efficient ways to access their benefits. Ensuring that all health plans offered provide comprehensive nurse line and telephone customer service and support for all
	Part-Time Employee Coverage Protection	We continue to work with all purchasing/bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefit needs.
	Premium Differential Reduction	Implemented minimum premium contribution for all employees in bargaining groups, effectively increasing the employee only cost and reducing the cost for covering dependents.
Satsop School District	**Administrative Cost Reduction**	We have no administrative expenses
	Cost Savings	WEA has provider contracting, they have the highest number of "in network" in the state
	Customer Service	Employees have on-line services available to them through WEA Premera this includes a cost estimator to help choose the plan that best suits their needs.
	Part-Time Employee Coverage Protection	We have not been faced with the need to protect part time employees access to coverage. We would refer employee to WEA Premera to discuss plan options that were affordable.
	Premium Differential Reduction	WEA Select Plans added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP plan.

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District	Category	Efforts and Achievements
Seattle Public Schools	**Administrative Cost Reduction**	SPS pays less than $0.60 per employee per month for full benefits administration of the DistrictÆs medical, dental, vision, life, voluntary life, long term disability, voluntary short term disability, and flexible spending plans. Within the last three years, SPS has consolidated health plans from 5 different insurers to three, in order to provide better service to SPS employees and reduce administrative costs within the health plan delivery systems.
	Cost Savings	SPS has made progress by aggressively negotiating lower premiums, making strategic benefit plan alterations, and by offering an HSA-Qualified High Deductible Health Plan so that employees may cover family members at significantly lower premiums. Once again this year, the Joint Insurance Committee met with a Group Health Medical Director and the Senior Wellness Consultant to review claims experience and utilization for the medical plans offered to SPS employees. Having access to experience and utilization for nearly all of its employees has enabled SPS to make decisions regarding changes to copays, coinsurance, and other plan cost-sharing in order to increase the number of employees affiliated with primary care physicians, improve usage of generic drugs for chronic conditions, improve network utilization, and take advantage of the

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District	Category	Efforts and Achievements
	Customer Service	District employees enjoy both a Benefits Website and a Benefits Helpline. The Benefits Website contains information for all the DistrictÆs benefits plans in one convenient place and is widely accessed by both employees and their family members. It contains summaries, comparisons, calculators, forms, and links to information and resources provided by the insurance carriers. The very popular Benefits Helpline is available for employees and their families when they have questions about their District benefits. During the most recent Open Enrollment period, in a period of 30 workdays, the Benefits Helpline took more than 1,300 phone calls on a wide variety of topics, from the new HSA-qualified HDHP, to LTD claims, vision provider searches, retirement and Medicare. Satisfaction with the Benefits Helpline and website is extremely high. SPS works collaboratively with bargaining groups to support employees with claims and eligibility issues, and this year has expanded opportunities for new employees to learn about their benefits by scheduling more frequent orientation sessions for newly hired and newly eligible employees. In addition, when questions about benefits arise, SPS works with the benefits administrator to create Benefits Helpline Advisors û one-page, easy-to-read newsletters that are specific to the SPS
	Part-Time Employee Coverage Protection	Part-time employeesÆ access to coverage has not changed in recent years. Part-time employees remain eligible for the same benefits as full-time employees when they work at least 0.50 FTE for their position. At 0.50 FTE, most employees represented by bargaining groups receive a pro-rated district contribution for their benefits based on their FTE. Benefits eligibility is collectively bargained. SPS and bargaining groups are aware that for part-time employees working 30 hours per week or more, full implementation of the 3:1 premium sharing as required by ESSB 5940 may subject the district to penalties under the Shared Responsibility Provision of the Affordable Care Act.
	Premium Differential Reduction	In addition to efforts in making family coverage more affordable, in 2012 SPS negotiated with Group Health to adjust the premium tiers on the Group Health $500 Plan to reduce the differential between the employee-only and full family coverage. SPS continues to examine in detail, various proposals to make progress towards a 3:1 premium sharing ratio for employees. SPS and bargaining groups have noted that any drastic changes in premium shares would cause significant changes in employee enrollment and could cause the district to overspend available funding. We intend to consider all

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District	Category	Efforts and Achievements
Sedro-Woolley School District	**Administrative Cost Reduction**	Premera has set goals to improve quality, improve the member experience while eliminating wasted time and work effort, improving efficiency while lowering expenses.
	Cost Savings	Premera plans assists in negotiating higher discounts. Real time access to consumer decision support. The district contracts with the PEBB Program, whose cost-saving measures include: ? Managing the medical plans? prescription-drug costs by promoting generic drug use through a lower-cost benefit design. ? Purchasing coverage for medical tools and procedures that are evidence based. ? Adopting PEBB?s dependent verification eligibility processes, to ensure only eligible family members receive benefits.
	Customer Service	Wellness info on school website, Premera provides a website with access to information about the employee. The district follows the PEBB Program?s guidelines for determining employee eligibility and enrollment procedures to ensure consistency. As required by the PEBB Program, the district is also required to verify eligibility for each employee?s dependents through valid documentation before the employer enrolls the dependents in PEBB coverage.
	Part-Time Employee Coverage Protection	Premera works with enrollee to get coverage when full time hours have decreased.
	Premium Differential Reduction	Premera introduced lower plans such as Easy Choice and HDHP.
Selah School District	**Administrative Cost Reduction**	Selah changed brokers for the Group Health medical plan this year, bringing to light a significant savings in broker fees.
	Cost Savings	Selah implemented a high deductible plan with an HAS beginning the 2012-13 school year. Selah also is offering the Premera Easy Choice Plans this year.
	Customer Service	Selah's exemplary customer service for 93% of our staff has been replaced by Premera's move to a third party administrator, AONHEWITT. As is with most new projects, there are unexpected bumps to overcome before claiming improvement.

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	By offering all of the WEASELECT plans the district makes coverage levels available. Currently our CBA's require access to medical coverage if working 4 hours or more, (SEA is 3.5 hrs or more for coverage.)
	Premium Differential Reduction	Selah moved to a higher co-pay Plan within the Group Health offerings, saving our employees on Group Health premium dollars. WEA Select Plans passed on lower increases to dependents than to employee only tiers for the past two years. (Means to me, a single person, that the single folks have already made strides in our out-of-pocket cost and will be directed to do more.)
Selkirk School District	**Administrative Cost Reduction**	A. Premera has been a leader in implementing ôLeanö thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ôLeanö workshops so they can incorporate them into their own business. û including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEAÆs administrative costs have been under 6% for over 10 years. B. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area.

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District	Category	Efforts and Achievements
	Cost Savings	A. Premera has the following included in all the WEA medical programs a. Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the memberÆs needs. e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor PremeraÆs policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. g. Member 360 dashboard û proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs.

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District	Category	Efforts and Achievements
	Customer Service	A. Premera provides a website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. B. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. C. Premera has ôUlyssess Learningö which leads to first call resolution and a higher level of overall satisfaction from enrollees. D. PremeraÆs ôLeanö workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. E. WEA Select Plans ûThe dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. F. WEA Select Plans - semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. G. WEA û has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee
	Part-Time Employee Coverage Protection	WEA Select Plans - when a full time employeeÆs hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. B. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums
	Premium Differential Reduction	A. WEA Select Plans û Passed on lower increases to dependents than to employee only tiers for the past two years. B. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. C. WEA Select Plans û used the projected savings from the dependent eligibility audit to apply toward

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District	Category	Efforts and Achievements
Sequim School District	**Administrative Cost Reduction**	Premera Blue Cross does not provide the district with a summary of administrative costs so it is not possible to have an impact on those plans.
	Cost Savings	We have implemented the folloing steps: Consumer Driven High Deductible heatlh plan with an optional Healths Savings Account offered as of 10/01/2012; No longer offering the highest cost, Premera PPO 1 Plan as an option, since it was discontined on 10/01/2012 by Premera BC
	Customer Service	We have worked to provide improved customer services by: Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information; Hosting an employee benefits fair with time allowing for all employees to learn the most efficient way to access their benefits; Ensuring that all health plans offered provide comprehensive nurse line and
	Part-Time Employee Coverage Protection	All bargaining groups have determined the eligibility requirements for their group. When eligibility hours for benefits are reduced, there is a negative impact on pooling, thus increasing the cost for those employees attempting to purchase coverage for themselves and dependents.
	Premium Differential Reduction	Implemented minimum premium contribution for the majority of employees, and in some instances effectively increasing the employee only cost and reducing the cost for covering dependents; No longer offering the highest cost, Premera PPO 1 Plan as an option, since it was discontinued on 10/01/2012 by Premera BC. This change increased pooling dollars available across some bargaining groups. It should be noted that since this tracking was only required as of passage of ESSB 5940 in 2012, the first year our district will have accurate data will be the 2012-13 plan year.
Shaw Island School District	**Administrative Cost Reduction**	e have worked ith carriers and our consultant to reduce admin costs
	Cost Savings	Offered a consumer driven high deductible health plan; use of purchasing consortium to loer costs.
	Customer Service	Providing a comprehensive employee benfits handbook
	Part-Time Employee Coverage Protection	e have contunued to work ith both our purchasing groups to determine appropriate eligibility requirements.

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District	Category	Efforts and Achievements
	Premium Differential Reduction	Implemented minimum premium contribtution for all employees
Shelton School District	**Administrative Cost Reduction**	Currently no direct costs are associated to benefit administration within the district.
	Cost Savings	Bargaining groups are doing a competitive process to compare our existing health benefit plan providers with other possible providers to assure that the most cost effective premiums are being offered.
	Customer Service	We are working to increase the insurance information available to your employees via links on our staff webpage. We will add links to the benefit providers for the next open enrollment period. All of our current plans have websites that provide educational information to members.
	Part-Time Employee Coverage Protection	Currently, any regular employee working a minimum of 20 hours per week qualifies to receive medical benefits. We offer a range of medical plan options so that part-time employees have an affordable choice.
	Premium Differential Reduction	By having a minimum payment for individuals, more of the districtÆs insurance allotment has been able to be pooled and distributed to those covering full families. We are working on this with the current collective bargaining process.
Shoreline School District	**Administrative Cost Reduction**	Went to all on-line benefit materials.
	Cost Savings	Educating employees individually on ways to save $ by choosing the best plan for their needs.
	Customer Service	Provide all benefits information on-line.
	Part-Time Employee Coverage Protection	Employees with 3.5 hrs/day are benefit eligible.
	Premium Differential Reduction	Offer family friendly Premera plans at all different levels of coverage and premiums.

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District	Category	Efforts and Achievements
Skamania School District	**Administrative Cost Reduction**	As we have regularly completed a competitive bid process, and have reviewed and negotiated lower administrative costs. Our selected health carrier, Providence Health Plan, has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative cost with medical cost inflation. This has resulted in reduced percentage of premium administrative cost. As such, as much as 90%-91% of premium dollars go towards claims expense costs. Providence is also not required to refund any premiums due to not meeting the MLR (medical loss ratio) requirements of PPACA. We have worked closely with BCI Group, our benefits consultant, to identify benefit design strategies to help meet budget goals and mitigate future cost
	Cost Savings	We have annually negotiated with our health carrier on benefits and rates. This negotiation has successfully reduced the rates. In addition, we have regularly completed a competitive bid process and have been able to use this information in our negotiations. We regularly receive claims data and analyze this to assist with benefit design and cost containment.
	Customer Service	We provide an annual open enrollment group meeting, one on one counseling, a customized website and have a dedicated claims advocate for our employees via BCI Group, our benefit consultant. In addition, Providence Health Plan Customer Service and Claims are located in Beaverton, Oregon with hours of operation from 8:00 am to 5:00 pm PST and a toll free 800 number for members. Customer Service Representatives are trained to answer all calls with 92% of calls answered at the point of service. Translation services are available along with an automated voice response system and call tracking software for real time and historical activity management. The Health Plan has invested heavily in web based tools for members for outside of standard business hours which includes a
	Part-Time Employee Coverage Protection	We offer benefits to part time employees who work 20 hours or more per week. We will also be compliant with PPACA regulations pertaining to coverage for part-time employees.
	Premium Differential Reduction	We are scheduling meetings with BCI Group, our benefits consultant.

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District	Category	Efforts and Achievements
Skykomish School District	**Administrative Cost Reduction**	Premera has been a leader in implementing ôLeanö thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ôLeanö workshops so they can incorporate them into their own business. û including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEAÆs administrative costs have been under 6% for over 10 years. C. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area.

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District	Category	Efforts and Achievements
	Cost Savings	
		Premera has the following included in all the WEA medical programs a. Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence?based medical initiatives that allow Premera to provide efficient and cost?effective care as well as identifying appropriate alternative care based on the memberÆs needs. e. Real?time access to consumer decision?support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor PremeraÆs policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care?efficient. g. Member 360 dashboard û proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost?effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. i. Programs that monitor controlled medical substances to provide protection for members. j. A program of [illegible] that provides [illegible]

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District	Category	Efforts and Achievements
	Customer Service	Premera provides a website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out?of?pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. Premera has ôUlyssess Learningö which leads to first call resolution and a higher level of overall satisfaction from enrollees. PremeraÆs ôLeanö workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. F. WEA Select Plans ûThe dedicated Premera sales team provides year?round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. WEA Select Plans ? semi?annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. WEA û has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits or modifications to their plans.
	Part-Time Employee Coverage Protection	WEA Select Plans ? when a full time employeeÆs hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. WEA Select Plans ? added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan.

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Efforts and Achievements by District

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District	Category	Efforts and Achievements
	Premium Differential Reduction	WEA Select Plans û Passed on lower increases to dependents than to employee only tiers for the past two years. WEA Select Plans ? added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. WEA Select Plans û used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for family coverage.
Snohomish School District	**Administrative Cost Reduction**	Administrative costs cannot be reduced. Costs are 0 indicated in rows 9 & 10
	Cost Savings	Unknown
	Customer Service	School District Administrative staff provide initial introduction to plan options. Employees are provided paper educational materials and website locations for additional research.
	Part-Time Employee Coverage Protection	Coverage has always been made available to part employees. We will continue to offer coverage to part time employees. Changes in state funding may force us to reevaluate.
	Premium Differential Reduction	All employees contributing to their coverage has increased pooling dollars available to Full Family participants.
Snoqualmie Valley School District	**Administrative Cost Reduction**	No incremental administrative expenses, as answered above.
	Cost Savings	1. Consumer driven High Deductible Health Plan with an optiona Health Savings Account offered.
	Customer Service	1. provided comprehensive employee benefits handbook and webpage. 2. Hosted an employee benefits fair to help answer questions and educate consumers about plan options. 3. Current plans offer comprehensive nurse line and customer service/support for all members.
	Part-Time Employee Coverage Protection	All union contracts are currently open for negotiation. We plan on revisiting Part-Time employee eligibility and cost in conjuction with Statewide exchange offerings in order to try to provide the most affordable options to part-time employees.

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District	Category	Efforts and Achievements
	Premium Differential Reduction	All union contracts are currently open for negotiation. We anticipate implementation of minimum premium contribution to begin in September 2013- contribution level to be determined. We anticipate a 2-3 year implementation window to become fully compliant.
Soap Lake School District	**Administrative Cost Reduction**	NONE
	Cost Savings	We have not changed medical carriers but we have changed dental carriers and with that saving we able to add Life insuance and LongTerm Disability insurance to our employees. WEA Select plans has also done the following: Provider contracting (98% of all claims are paid "in network"; volume enrollment assists in negotiating higher discounts; etc
	Customer Service	Contract with an insurance broker. WEA Select plans have added website access to info about employee benefits.
	Part-Time Employee Coverage Protection	Collective Bargaining Agreements; WEA Select has done the following: if an employee's hours are reduced, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program; added lower cost options, such as the EasyChoice plan.
	Premium Differential Reduction	Tiered system to ensure everyone pays out of pocket. The excess goes back into the pool to help support those with family coverage.WEA Select plans have done the following: passes on lower increases to dependents than to employee only tiers in the last two year; added lower cost options, such as the EasyChoice plan
South Bend School District	**Administrative Cost Reduction**	HDHP PLAN.
	Cost Savings	WEA SELECT PLANS - ADDED LOWER COST OPTIONS, SUCH AS THE EASY/CHOICE PLAN THAT HAVE LOWER PREMIUMS AND MANY FIRST DOLLAR BENEFITS AND THE
	Customer Service	(blank)
	Part-Time Employee Coverage Protection	NUMBER OF PROVDERS IN THE STATE (98%+ OF ALL CLAIMS ARE PAID "IN NETWORK"

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District	Category	Efforts and Achievements
	Premium Differential Reduction	THE VOLUNE OF ENROLLMENT IN PREMERA ASSISTS IN NEGOTIATING HIGHER DISCOUNTS LOCALLY AND NATIONALLY. PROVIDER CONTRACTING - HAS THE HIGHEST
South Kitsap School District	**Administrative Cost Reduction**	0
	Cost Savings	0
	Customer Service	0
	Part-Time Employee Coverage Protection	0
	Premium Differential Reduction	0
South Whidbey School District	**Administrative Cost Reduction**	Secure 10% group discount by WEA
	Cost Savings	See WEA comments
	Customer Service	Benefit Day offered to employees to
	Part-Time Employee Coverage Protection	Encourage Easy Ch Opt Group Pooling
	Premium Differential Reduction	Continue group pooling encourage low cost option
Southside School District	**Administrative Cost Reduction**	Southside understands contracting with WEA APA and providing just Blue Cross plans provides a lower cost to everyone.
	Cost Savings	Southside SD offered through WEA APA Trust lower health plan cost options - Qualified High Deductible and Easy Choice. School Districts that offer WEA only plans are offered a 10% cost discount on premiums which are passed on to employees/dependents

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District	Category	Efforts and Achievements
	Customer Service	Southside has an annual Open Enrollment period where vendor(s) provide overview of benefit plans offered. Mid Year employee receive benefit packet and website instructions to view all plan offerings.
	Part-Time Employee Coverage Protection	Southside SD offers benefits to employees whom work 4. 0 hrs per day or more.
	Premium Differential Reduction	Southside provide WEA-APA plans which are structured based on plan offerings/coverage levels. We understand they are working toward fair and equitable employee to family premiums.
Spokane School District	**Administrative Cost Reduction**	The District has no direct Admin costs, but has streamlined operations using electronic capabilities within its Payroll and Benefits area. We have begun a project to convert to an electronic open enrollment for medical benefits this coming year.
	Cost Savings	SPS offered a new lower cost PPO health plan (G/H PPO 101) with rates 20% below a comparable plan.
	Customer Service	We have expanded our use of electronic messaging, grown our annual Benefits Fair and use of the Employee Online system.
	Part-Time Employee Coverage Protection	Pooling dollars are distributed on a percentage basis with the bulk going to those with largest out of pocket amounts before pooling (ie part time).
	Premium Differential Reduction	We are currently in negotiations with our bargaining groups to bring about improvements in this area.
Sprague School District	**Administrative Cost Reduction**	N/A
	Cost Savings	We encourage employees to use in-network providers.
	Customer Service	Premera provides a website with access to info about the employee benefits-this includes a cost estimator which helps them determine which plan offers out-of-pocket costs.

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	By adding lower cost options, EasyChoice Plans and HDHP Plans
	Premium Differential Reduction	We offered employees lower cost options, such as the EasyChoice plan that have lower premiums & the HDHP Plan.
St. John School District	**Administrative Cost Reduction**	District is a member of PEBB. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality,improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in "Lean" workshops so they can incorporate them into their own business. - including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costsfrom 8.8% in 2005 to 6.3% in 2012. WEA's administrative costs have been under 6% for over 10 years. BlueCard provides signigicant savinges to Premera employees traveling or residing outside the

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District	Category	Efforts and Achievements
	Cost Savings	The district contracts with the PEBB Program, whose cost-saving measures include: Managing the medical plans' prescription-drug costs by promoting generic drug use through a lower-cost benefit design. Purchasing coverage for medical tools and procedures that are evidence based. Adopting PEBB's dependent verification eligibility processes, to ensure only eligilble family members receive benefits. WEA Premera has the following included in all the WEA medical programs a. Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the memberÆs needs. e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor PremeraÆs policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. g. Member 360 dashboard û proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. i. Programs that monitor controlled medical substances to provide protection for members.

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District	Category	Efforts and Achievements
	Customer Service	The district follows the PEBB Program's guidelines for determining employee eligibility and enrollment procedures to ensure consistency. As required by the PEBB Program, the district is also required to verify eligibility for each employee's dependents through valid documetation before the employer enrolls the dependents in PEBB coverage. WEA Premera provides a website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction.
	Part-Time Employee Coverage Protection	WEA Select Plans - when a full time employeeÆs hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan.
	Premium Differential Reduction	WEA Select Plans û Passed on lower increases to dependents than to employee only tiers for the past two years. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. WEA Select Plans û used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for family coverage.
Stanwood-Camano School District	**Administrative Cost Reduction**	We have worked with carriers and our consultant to reduce administrative costs within both our fully-insured and self-insured plans.
	Cost Savings	We have implemented the following steps: As of 10/01/2012, we now offer a Consumer Driven High Deductible Health Plan with an optional Health Savings Account. Use of purchasing consortium/interlocal to purchase some benefits at a lower cost across several districts. No longer offering the highest cost, Premera PPO1 Plan as an option, since it was discontinued on 10/01/2012 by

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District	Category	Efforts and Achievements
	Customer Service	We have worked to provide improved customer services by: Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information. Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits. Ensuring that all health plans offered provide comprehensive nurse line and
	Part-Time Employee Coverage Protection	We have continued to work with all purchasing / bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefits needs
	Premium Differential Reduction	We have implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents. And we no longer offer the highest cost, Premera PPO1 Plan as an option, since it was discontinued on 10/01/2012 by Premera BC. This
Star School District	**Administrative Cost Reduction**	NONE
	Cost Savings	NONE
	Customer Service	NONE
	Part-Time Employee Coverage Protection	NONE
	Premium Differential Reduction	NONE
Starbuck School District	**Administrative Cost Reduction**	N/A
	Cost Savings	N/A
	Customer Service	N/A

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	N/A
	Premium Differential Reduction	N/A
Stehekin School District	**Administrative Cost Reduction**	District has no administrative expenses
	Cost Savings	Provider contracting has the highest number of providers in network in the state, 98% claims are paid in network
	Customer Service	WEA Select Plans-added lower cost options, such as the Easy Choice plan that have lower premiums and many first dollar benefits and HDHP plan.
	Part-Time Employee Coverage Protection	WEA Select Plans-added lower cost options, such as the Easy Choice plan that have lower premiums and many first dollar benefits and HDHP plan.
	Premium Differential Reduction	WEA Select Plans used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for family coverage.
Steilacoom Hist. School District	**Administrative Cost Reduction**	The district has reduced the cost of paper and additional internal administrative costs by offering an electronic platform that houses communication meterials, forms, and educational tools for employees and their families to access 24/7

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District	Category	Efforts and Achievements
	Cost Savings	We offer an interactive comparison tool that illustrates a high-level side-by-side plan review of the estimated out-of-pocket expenses that an employee and family will experience based on their estimated utilization of benefits and pre-pool employee premium share. This give employees and their families a better understanding of which plan could potentially be the best fit for them. WEA Select Plans utilizes a number of cost savings measures, including: largest number of "in-network" providers in the state; higher discounts are negotiated due to the enrollment volume in Premera plans; evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the member's needs.
	Customer Service	District employees and their families have access to an Employee Service Advocate Program available through our Employee Benefit Broker/Advisor. We have a Benefits Committee that meets regularly and brings comments/concerns from employees to the table for discussion. We hold educational sessions as necessary to keep our employees and their families informed. We also hold an annual benefits fair.
	Part-Time Employee Coverage Protection	Our practice is to offer benefits to employees that work 17.5 hours and 20 hours per week, depending on employee classification.
	Premium Differential Reduction	We are continuing our discussions with the unions to determine the minimum premium strategy.
Steptoe School District	**Administrative Cost Reduction**	We are bare bones on administrative
	Cost Savings	The district contracts with the PEBB Program, whose cost-saving measures include: 1) Managing the medical plans'prescription-drug lower-cost benefit design. 2) Purchasing coverage for medical tools and procedures that are evidence based. 3) Adopting PEBB's dependent verification eligibility processes to ensure only eligible family members receive benefits.
	Customer Service	The district follows the PEBB Program's guidelines for deteminng employee eligibility and enrollment procedures to ensure consistency. As required by the PEBB Program, the district is also required to verify eligibility for each employee's dependents through valid documentation before the employer enrolls the dependents in PEBB coverage.

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	Half time employees are elegible
	Premium Differential Reduction	We rely on PEBB to help in this regard
Stevenson-Carson School District	**Administrative Cost Reduction**	We regularly complete a competitive bid process and review and negotiate lower administrative costs. Due to this, Providence Health Plan has significantly reduced administrative cost over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative cost with medical cost inflation. This has resulted in reduced percentage of premium admininstrative cost. As such, as much as 90%-91% of premium dollars go towards claims expense costs. Providence is also not required to refund any premiums due to not meeting the MLR(medical loss ratio) requirements of PPACA. We have worked closely with BCI Group, our benefits consultant, to identify benefit design strategies to help meet budget goals and mitigate future cost increases.
	Cost Savings	We negotiate annually with our health carrier on benefits and rates. The negotioations have successfully reduced rates. We regularly complete a competitive bid process and use this information in negotiations. We regularly receive claims data and analyze this to assist with benefit design and cost containment
	Customer Service	We provide an annual open enrollment group meeting, one on one counseling, a customized website and have a dedicated claims advocate for our employees via BCI Group, our benefit consultant. In addition, Providence Health Plan Customer Service and Claims are located in Beaverton, Oregon with hours of operation from 8:00 am to 5:00 pm PST and a toll free 800 number for members. Customer Service Representatives are trained to answer all calls with 92%of calls answered at the point of service. Translation services are available along with an automated voice response system and call tracking software for real time and historical activity management. The Health Plan has invested heavily in web based tools for members for outsideof standard business hours which includes a variety

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	We offer benefits to part time employees who work 20 hous or more per week. We will also be compliant with PPACA regulations pertaining to coverage for parti-time employees.Providence Health Plan has invested in preventive care and chronic care management to improve on health care outcomes, implementation of interventions to prevent inpatient hopsital readmissions, early adoption of voluntary patient safety reporting and initiatives in place to reduce complaints and potential medical errors. The Health Plan includes a comprehensive array of health and wellness promotion and preventive services through our Fit Together program and a best-in-class pharmacy management
	Premium Differential Reduction	We have completed a Memorandum of Understanding with our union representatives to make a good faith effort to comply with ESSB 5940.
Sultan School District	**Administrative Cost Reduction**	Worked with carriers and our benefits consultant to reduce administrative costs within our fully-insured and self-insured plans.
	Cost Savings	1) High Deductible Health Plan with and optional Health Savings Account offered as of 10/01/12. 2) No longer offering the highest cost plan, Premera PPO 1, discontinued 10/01/2012. 3) Use of purchasing consortium/Interlocal to purchase some benefits at lower cost across several districts.
	Customer Service	1) Hosting annual employee benefits fair with hours allowing all employees to learn the most efficient way to access their benefits. 2) Provides each employee a comprehensive benefits handbook that encompasses all benefit summaries, rates, and vendor contact information. 3) Ensured all health plans offered provide comprehensive nurse line and telephonic customer service /support for all members.
	Part-Time Employee Coverage Protection	Continued to work with benefit purchasing and collective bargaining group to determine ppropriate eligibility requirements to meet the needs of their specific groups.
	Premium Differential Reduction	1) Implemented a minimum premium cost for each employee. 2) No longer offering the highest cost plan, Premera PPO 1, discontinued 10/01/2012.
Summit Valley School District	**Administrative Cost Reduction**	The district does not pay additional administrative expenses.

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District	Category	Efforts and Achievements
	Cost Savings	The district contracts with the PEBB Program, whose cost-saving measures include: Managing the medical plans' prescription-drug costs by promoting generic drug use through a lower-cost benefit design. Purchasing coverage for medical tools and procedures that are evidence based. Adopting PEBB's dependent verification eligibility processes, to ensure only eligible family members receive benefit.
	Customer Service	The district follows the PEBB Program's guidelines for determining employee eligibility and enrollment procedures to ensure consistency. As required by the PEBB Program, the district is also required to verify eligibility for each employee's dependents through valid documentation before the employer enrolls the dependents in PEBB coverage.
	Part-Time Employee Coverage Protection	The district offers benefits to all employees.
	Premium Differential Reduction	Premiums are set by the PEBB.
Sumner School District	**Administrative Cost Reduction**	Current working with WEA on the conversion to electronic records through the AON/Hewitt program. Don't know if this will reduce costs in the long run, a lot of data clean up his currently increasing work. Should improve as we continue the work.
	Cost Savings	Annually compare rates using Propel as the District broker, comparing with offerings through WEA. Move employees to different plans/companies, based on rates frequently.
	Customer Service	AON/Hewitt website, with interactive tools for cost comparison, District comparisons have been used for year. Don't know if the new online system will be considered an improvement at the employee level, still haven't fully implemented nor have we gon through an open enrollment season.
	Part-Time Employee Coverage Protection	All employees working .50 FTE or greater have full access to coverage, per the CBA. We have no plans on making changes.

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District	Category	Efforts and Achievements
	Premium Differential Reduction	Currently use pooling to the extent is is available within the bargaining unit. Labor contracts were closed this year, but open for the fall of 2013. We have developed a pricing strategy for the new year that has been approved by 1/2 of the district. This pricing structure is now in bargaining with our teacher union. Don't know if they will agree at this point.
Sunnyside School District	**Administrative Cost Reduction**	A. Premera has been a leader in implementing ôLeanö thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ôLeanö workshops so they can incorporate them into their own business. û including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEAÆs administrative costs have been under 6% for over 10 years. B. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service

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District	Category	Efforts and Achievements
	Cost Savings	A. The District has formed an insurance committee to look at all aspects of potential health care cost savings including the possibility of self insuring dental and/or vision plans. B. Premera has the following included in all the WEA medical programs a. Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the memberÆs needs. e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor PremeraÆs policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. g. Member 360 dashboard û proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. i. Programs that monitor controlled medical substances to provide protection for members

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District	Category	Efforts and Achievements
	Customer Service	A. The District has a broker agreement with Gallagher Benefit Services, Inc. Gallagher representatives have made themselves available to meet with individual employees to discuss their medical needs through a program called Plan Selector. Plan Selector helps employees choose the best medical plan on their projected medical care usage. B. Premera provides a website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. C. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. D. Premera has ôUlyssess Learningö which leads to first call resolution and a higher level of overall satisfaction from enrollees. E. PremeraÆs ôLeanö workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience . WEA Select Plans ûThe dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. G. WEA Select Plans - semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. H. WEA û has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made.
	Part-Time Employee Coverage Protection	A.ááááá WEA Select Plans - when a full time employeeÆs hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. B. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan.

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District	Category	Efforts and Achievements
	Premium Differential Reduction	A. The district has entered into MOU agreements with all employee groups to study an employee only contribution amount to make progress toward reducing insurance premium salary contributions for employees with family coverage. B. WEA Select Plans û Passed on lower increases to dependents than to employee only tiers for the past two years. C. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. D. WEA Select Plans û used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for family coverage.
Tacoma School District	**Administrative Cost Reduction**	The administrative costs of the benefits staff are paid by the trust and not the Tacoma School district. The trust works with Mercer, a benefits consultant company to negotiate administrative costs associated with our non-medical plans, such as, dental, vision, long term disability, etc.
	Cost Savings	The WEA Select plans offer a financial incentive to our employees who take a Health Risk Assessment survey. This is meant to create a base-line of the health of our members and also to help them recognize what areas of their life need to be improved upon. The Sound Partnership has also established a wellness program that provides incentives to those members who choose to participate. The focus of the program is education, exercise, and the establishment of healthy eating habits.
	Customer Service	The Sound Partnership staff works with our various providers to offer well managed plans that allow our members direct access to us when they have questions or concerns.
	Part-Time Employee Coverage Protection	In the past, the Sound Partnership has work with both the Everett and Yakima districts to preserve the existence of our trusts. Access is determined by our collective bargaining agreements and the decisions of the trustees of the Sound Partnership.
	Premium Differential Reduction	The trustees of the Sound Partnership have always considered the cost of the family unit when determining out of pocket premiums. We never went to a cafeteria style platform that would allow single employees to take home monies that were meant for employee benefits.

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District	Category	Efforts and Achievements
Taholah School District	**Administrative Cost Reduction**	A. We don't have any administrative costs. B. Premera has been a leader in implementing "Lean" think since 2005. The goal is to be able to improve quality, improve the member experience while eliminating waste time and work effort, and improving efficiecy while lowering expenses. Premera uses this method to continue to evaluated and emprove interanl/external processes. Other organizations participate in "Lean" workshops so they can incorporate them into their own business. - including the state of Washington, various provider groups, ect. Through Lean Premera has reduced overall administrative costs from 8.8 % in 2005 to 6.3 % in 2012. WEA's administrative costs have been under 6% for over 10 years. C. BlueCard provides significant savings to Premera employees traveling or
	Cost Savings	A. The school district offered different plans to our employees. B. Premera has the following included in all the WEA medical programs. a. provider contracting - has the highest number of providers "in network" in the state (98+ of all claims are paid "in network"). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for man large, national accounts suc as Microsoft, Amazon, Starbucks, Weerhaeuser, Alaska Air, etc. c. BlueCard - Premera's national "Blue" network - has negotiated discounts that are the highest with the state and provides significant savings to Premera enrollees who travel or reside outside the Premera servcice area. d. Evidence - based medical intiative that allow Premera to provide efficient and cost - effective care as well as idenifying appropriate alternative care based on the member's needs. e. Real - time access to consumer decision - support resources to help enrollees understand and direct thier health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. g. Member 360 dashboard - proprietary tool that uses more thatn just claims to idenify members with specific healthcare needs to mak sure the enrolee is receiving cost-effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copaments for brand name and specialty drugs. i. Programs that monitor controlled medical substance to provide protection for members. j. An open drug formulary that

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District	Category	Efforts and Achievements
	Customer Service	A. We have a yearly health care fair with different vendors. B. Premera provides a wevsite with access to information about the emploee benefits - this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee of their family. The website provides educational information about wellness progrmas and their plan benefits. C. Prmera does independent surveys to measure member satifsfaction and then puts a focus on making changes to improve satisfaction. D. Premera has "Ulyssess Learning" which leads to first call resolution and a higher level of overall satisfaction from enrollees. E. Premera's "Lean" workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. F. WEA Select Plans - The dedicated Premera sales team provides year-round servcing and is available to work directly with enrollees or family members who may need addtional assistance with their plans. Prmera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollee as well. This provides additional support to the district as well as direct support to the employees. G. WEA Select Plans - semi-annual newsletter are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. H. WEA - has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld , denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits or modifications to their plans.
	Part-Time Employee Coverage Protection	A. This would be set by the different unions. B. WEA Select Plans - when a full time employee's hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. C. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP plan.
	Premium Differential Reduction	A. Offer different coverages. B. Passed on lower increases to dependent than to employee only tiers for the past two years. C. WEA select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP plan. D. WEA Select Plans - used the projected savfings from the dependent eligibility audit to apply toward the dependent tiers
Tahoma School District	**Administrative Cost Reduction**	We have worked with carriers and our consultant to reduce administrative costs within both our fully-insured and self-insured plans.

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District	Category	Efforts and Achievements
	Cost Savings	We have taken the following steps: 1. Consumer driven High Deductible Health Plan with an optional Health Savings Account offered as of Oct 1, 2012. 2. No longer offering the highest cost, Premara PPO 1 Plan as an option, since it was discontinued on Oct 1, 2012 by Premera BC
	Customer Service	We have worked to provide improved customer services by: 1. Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information. 2. Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits. 3. Ensuring that all health plans offered provide comprehensive nurse line
	Part-Time Employee Coverage Protection	We have continued to work with all purchasing/bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefits needs.
	Premium Differential Reduction	We have done the following: 1. Implemented minimum premium contribution for all employees effectively increasing the employee-only cost and reducing the cost for covering dependents 2. No longer offering the highest cost, Premara PPO 1 Plan as an option, since it was discontinued on Oct 1, 2012 by Premera BC
Tekoa School District	**Administrative Cost Reduction**	We are not expensing administrative costs
	Cost Savings	HDHP plan added
	Customer Service	Computer access to individual benefit information
	Part-Time Employee Coverage Protection	Part time employees who are eligible for retirement benefits are eligible for medical
	Premium Differential Reduction	Eliminated most expensive plan and added an HDHP plan

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District	Category	Efforts and Achievements
Tenino School District	**Administrative Cost Reduction**	ò Premera has been a leader in implementing ôLeanö thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ôLeanö workshops so they can incorporate them into their own business. û including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEAÆs administrative costs have been under 6% for over 10 years. ò BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area.

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District	Category	Efforts and Achievements
	Cost Savings	ò Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö). ò The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. ò BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. ò Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the memberÆs needs. ò Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. ò Provider advisory groups for medical and pharmacy that continually monitor PremeraÆs policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. ò Member 360 dashboard û proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. ò Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. ò Programs that monitor controlled medical substances to provide protection for members.

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District	Category	Efforts and Achievements
	Customer Service	ò Premera provides a website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. ò Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. ò Premera has ôUlyssess Learningö which leads to first call resolution and a higher level of overall satisfaction from enrollees. ò PremeraÆs ôLeanö workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. ò WEA Select Plans ûThe dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. ò WEA Select Plans - semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. ò WEA û has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits or modifications to their plans.
	Part-Time Employee Coverage Protection	ò WEA Select Plans - when a full time employeeÆs hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. ò WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan.

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District	Category	Efforts and Achievements
	Premium Differential Reduction	ò WEA Select Plans û Passed on lower increases to dependents than to employee only tiers for the past two years. ò WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. ò WEA Select Plans û used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for family coverage.
Thorp School District	**Administrative Cost Reduction**	0
	Cost Savings	0
	Customer Service	0
	Part-Time Employee Coverage Protection	0
	Premium Differential Reduction	0
Toledo School District	**Administrative Cost Reduction**	Toledo School District utilizes Premera which has made steps to reduce administrative costs by implementing "Lean" thinking since 2005. The goal of Premera's "Lean" thinking is to be able to improve quality, member experience, and efficiency while eliminating wasted time, work effort, and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. The Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in

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District	Category	Efforts and Achievements
	Cost Savings	Toledo School District utilizes Premera which includes the following in all medical programs: provider contracting - has the highest number of providers "in network" in the state, the volume of enrollment in Premera assists in negotiating higher discounts locally and nationally, has negotiated discounts that are the highest in the state and provide significant savings to Premera enrollees who travel or reside outside the Premera service area, has evidence-based medical inititaives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on member's needs, has real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs, uses provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient, has a member 360 dashboard that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate settings, has plans that include copayments for Emergency room services, copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs, has programs that monitor controlled medical substances to provdie protection for members, and has an open drug forumulary that provides choice for members

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District	Category	Efforts and Achievements
	Customer Service	Toledo School District has provided employees with a benefits link on the District website which provides benefit information and resources. In addition, Premera provides a website with access to information about the employee benefits - this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The webiste provides educational information about wellness programs and their plan benefits. Premera also does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. Premera has Ulyssess Learning which leads to first call resolution and a higher level of overall satisfaction from enrolles. Premera's Lean workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. WEA Select Plans have sales teams that prove year-round servicing and is available to work directly with enorllees or family members who may need additional assistance with their plans. Premera provides an array of services from providing benefits education and plan choices to when plan changes can be made. Premera will work to resolve claim issues for enrollees as well. This provides additional support to the districts as well as direct support to the employees. WEA Select Plans provides semi-annual newsletters to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. WEA has its own separate claim review process that allows enrolles to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits
	Part-Time Employee Coverage Protection	WEA Select Plans work with enrollees to review other plan options that will allow the individual to remain covered on a medical program when their hours are decreased from full time. Also, WEA Select Plans added lower cost options that have lower premiums and many first dollar benefts
	Premium Differential Reduction	WEA Select Plans passed on lower increases to dependants than to other employee only tiers for the past two years, added lower cost options, such as EasyChoice plans that have lowered premiums and many first dollar benefits and the HDHP Plan, and used the projected savings from teh dependent eligibility audit to apply toward the dependent tiers to provide addtional rate relief for family
Tonasket School District	**Administrative Cost Reduction**	A committee has been formed to work on implementing ESSB 5940. We are waiting on additional guidance from the State.
	Cost Savings	A committee has been formed to work on implementing ESSB 5940. We are waiting on additional guidance from the State.

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District	Category	Efforts and Achievements
	Customer Service	A committee has been formed to work on implementing ESSB 5940. We are waiting on additional guidance from the State.
	Part-Time Employee Coverage	A committee has been formed to work on implementing ESSB 5940. We are waiting on additional guidance from the State.
	Premium Differential Reduction	A committee has been formed to work on implementing ESSB 5940. We are waiting on additional guidance from the State.
Toppenish School District	**Administrative Cost Reduction**	(blank)
	Cost Savings	We currently negotiating the 3 to 1 cost ratio with our bargaining units, unfortunately the costs of coverage are rising due to new legislation.
	Customer Service	will follow state and federal regulations
	Part-Time Employee Coverage	(blank)
	Premium Differential Reduction	(blank)
Touchet School District	**Administrative Cost Reduction**	no change being considered
	Cost Savings	added lower cost options that have lower premiums
	Customer Service	Regence provides a website at no cost to members which provides a place where members can find answers and support for all their health needs. Group Health members have access to a host of services that are included with every one of their health plans at no cost. Momentum, a physician developed service of Group Health, is a full suite of tools that can be used to promote better health

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	Regence and Group Health works with part time enrollees reviewing other plan options that allow individulas to be covered on a medical program and added lower cost options.
	Premium Differential Reduction	added lower cost options that lower premiums
Toutle Lake School District	**Administrative Cost Reduction**	No Administrative cost
	Cost Savings	Offered a HSA which is attached to the High Deductible plan
	Customer Service	Implemented the Aon employee/Admin. Portal for changes and billing. District web-site has benefits manager to look up benefits information.
	Part-Time Employee Coverage Protection	By offering Kaiser and Premera with a 10% discount.
	Premium Differential Reduction	First year bargaining groups approved a minimum deduction of $1.00 for everyone starting September 1, 2012. Still using pooling.
Trout Lake School District	**Administrative Cost Reduction**	We have regularly completed a competitive bid process, and have reviewed and negotiated lower administrative costs. Our selected health carrier, Providence Health Plan, has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative cost with medical cost inflation. This has resulted in reduced percentage of premium administrative cost. As such, as much as 90%-91% of premium dollars go towards claims expense costs. Providence is also not required to refund any premiums due to not meeting the MLR (medical loss ratio) requirements of PPACA. We have worked closely with BCI Group, our benefits consultant, to identify benefit design strategies to help meet budget goals and mitigate future cost

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District	Category	Efforts and Achievements
	Cost Savings	We have annually negotiated with our health carrier on benefits and rates. This negotiation has successfully reduced the rates. In addition, we have regularly completed a competitive bid process and have been able to use this information in our negotiations. We regularly receive claims data and analyze this to assist with benefit design and cost containment.
	Customer Service	We provide an annual open enrollment group meeting, one on one counseling, a customized website and have a dedicated claims advocate for our employees via BCI Group, our benefit consultant. In addition, Providence Health Plan Customer Service and Claims are located in Beaverton, Oregon with hours of operation from 8:00 am to 5:00 pm PST and a toll free 800 number for members. Customer Service Representatives are trained to answer all calls with 92% of calls answered at the point of service. Translations services are available along with an automated voice response system and call tracking software for real time and historical activity management. The Health Plan has invested heavily in web based tools for members for outside of standard business hours which includes a
	Part-Time Employee Coverage Protection	We offer benefits to part time employees who work 20 hours or more per week. We will also be compliant with PPACA regulations pertaining to coverage for part-time employees.
	Premium Differential Reduction	We have completed a Memorandum of Understanding with our Classified union representatives to make a good faith effort to comply with ESSB 5940. We have opened negotiations with our Certificated union representatives to review existing pooling arrangements and employee only versus employee with dependent coverage.
Tukwila School District	**Administrative Cost Reduction**	we have worked with carriers and our consultant to reduce administrative costs within both our fully-insured and self-insured plans. Please note, that there are some carriers such as Premera Blue Cross that don't provide the district with a summary of administrative costs so it is not possible to have an impact on these plans.
	Cost Savings	we have implemented the following steps: 1. Consumer Driven High Deductible Health Plan with an option Health Savings Account offered as of 10/01/2012. 2. No longer offering the highest cost, Premera PPO 1 Plan as an option, since it was discontinued on 10/01/2012 by Premera BC

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District	Category	Efforts and Achievements
	Customer Service	we have worked to provide improved customer services by: 1. Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information. 2. Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits. 3. Ensuring that all health plans offered provide comprehensive nurse line and telephone customer
	Part-Time Employee Coverage Protection	we have continued to work with all purchasing / bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefits needs. This goal is not necessarily consistent with Reducing theDifferential between employees covering and not covering dependents above. Simply put, when eligibility for benefits are reduced, there is a negative impact on pooling, thus increasing the cost for those employees attempting to purchase coverage for themselves and
	Premium Differential Reduction	we have done the following: 1. Implemented minimum contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents. 2. No longer offering the highest cost, Premera PPO 1 Plan as an option, since it was discontinued on 10/01/2012 by Premera BC. This change increased pooling dollars available across all bargaining groups.
Tumwater School District	**Administrative Cost Reduction**	It should be noted that since this tracking was only required as of passage of ESSB 5940 in 2012, the The following factors actually contributed to increased costs for administering health benefits: Plan changes including introduction of the new High Deductible Plan; Increased need for education of staff about plan/law changes; Increased analysis and reporting requirements including OIC requirements; Additional time negotiating with Union groups regarding SB 5940 compliance. WEA/AON Hewitt's introduction of on-line enrollment was intended to reduce administrative costs but actually significally increased costs due to the time required to review and correct data errors.
	Cost Savings	Due to changes by WEA/Premera, the district stopped offering Premera Plan 1, the plan with the highest premium and richest coverage. This required employees to choose a plan with higher out-of-pocket costs and therefore provided the incentive to use medical services more selectively. As a result some pooling dollars were redistributed for employees with payroll deductions. The premium for dental coverage declined by $5.10 per month from $111.05 to $106.40 giving employees more money

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District	Category	Efforts and Achievements
	Customer Service	Through Premera, the District provided opportunities to staff to schedule on-site biometric screenings. The District publicized Premera's $50 credit for employees participating in on-line health assesments.
	Part-Time Employee Coverage Protection	The District continues to contribute to health benefit premiums for employees that work 15 or more hours per work. The additional of the High Deductible plan provided a more affordable option for part-time employees.
	Premium Differential Reduction	Premium changes in the Premera medical plan increased at a faster rate for employee only than for family coverage. Example: Premera Plan 2 employee only had a 7.5% increase while family coverage only had a 4.5% increase.Therefore the differential between employee only and family coverage decreased. Example Premera Plan 2 from 226% to 220%
Union Gap School District	**Administrative Cost Reduction**	We have no inside administrative costs.
	Cost Savings	It's hard to have cost savings when premiums increase each year.
	Customer Service	We meet at the beginning of each year with employees describing plan changes and premium updates; along with changes to all benefits. Representatives from both Premera and Group Health will also meet with staff if they desire.
	Part-Time Employee Coverage Protection	Not sure what this means, in our district all employees are eligible for medical benefits.
	Premium Differential Reduction	Both Premera Blue Cross and Group Health are working on reducing the differential between employee-only and family health benefits. District pooling dollars are distributed first to employees covering family members.
University Place School District	**Administrative Cost Reduction**	Eliminate wasted time and work effort and improving efficiency
	Cost Savings	Large number of contracted providers, discounts, ensuring that drug cost and care are effective and resources to assist enrollees in healthcare needs.
	Customer Service	School district and medical company websites, enrollee imput and Customer Assistance Days.

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	Lower cost options and ability to change plans if hours reduced.
	Premium Differential Reduction	Lower increases to dependents, lower cost options and dependent audit saving applied to dependent tiers
Valley School District	**Administrative Cost Reduction**	We now have an online system that staff will enroll themselves during open enrollment, eliminating the paper forms, which we will no longer have to track. Invoices are also easier to reconcile given the new billing system Aon Hewitt recently launched. This cuts down on the time it takes to find errors or inconsistencies in billing.
	Cost Savings	We had biometric testing available for staff to create a base line for staff. Also, many staff members have opted for lower premiums to save the money monthly since preventive care is covered in all plans.
	Customer Service	We had biometric testing available for staff to create a base line for staff. We are also creating a benefit committee and creating a survey for staff to find areas of need.
	Part-Time Employee Coverage Protection	Our part time staff are treated like our certificated staff members. Benefit FTE is calculated on the teacher work year, which provides a higher allocation for medical benefits for our part-time staff members.
	Premium Differential Reduction	We implemented a cost to each staff member of 5% of the premium cost, which in turn creates a larger pool and a lower out of pocket for families
Vancouver School District	**Administrative Cost Reduction**	Administration costs are difficult to reduce considering that ESSB 5940 added additional requirements for districts. New premium structures, new plans, and new data collections require additional staff time.
	Cost Savings	Eliminated Premera Plan 1, which had high costs.
	Customer Service	Our district hosts assistance days where employees can meet with insurance representatives or district benefits staff to ask questions about their benefits. Premera and Kaiser provide a website with access to information about employee benefits. Premera has conducted independent surveys to measure member satisfaction.

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	Employees that work 17.5 hours or more per week are eligible to participate in health benefits. Our district offers a wide range of plans and premiums.
	Premium Differential Reduction	Memorandum of Understanding with all bargaining groups that both parties agree to explore options for making progress toward a 3:1 ratio between family and employee only rates. Premera plans gave lower increases to coverage tiers with dependents as compared to employee only coverage tiers.
Vashon Island School District	**Administrative Cost Reduction**	We have no administrative costs other than payroll.
	Cost Savings	By adding the much lower Easy Choice Plans we have reduced the amount of both the employee and employer premiums.
	Customer Service	Converted to on-line enrollment which provides employee access to cost estimators which helps them determine a more cost effective choice.
	Part-Time Employee Coverage Protection	We offer any employee working a minimum of 15 hours per week access to full medical coverage.
	Premium Differential Reduction	Premera has passed lower increases on to dependents which provides a lower cost for families.
Wahkiakum School District	**Administrative Cost Reduction**	N/A
	Cost Savings	The district contracts with the PEBB Program, whose cost-saving measures include: 1. Managing the medical plans' prescription-drug costs by promoting generic drug use through a lower-cost benefit design. 2. Purchasing coverage for medical tools and procedures that are evidence based. 3. Adopting PEBB's dependent verification eligibility processes, to ensure only eligible family members receive

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District	Category	Efforts and Achievements
	Customer Service	The district follows the PEBB Program's guidelines for determining employee eligibility and enrollment procedures to ensure consistency. As required by the PEBB Program, the district is also required to verify eligibility for each employee's dependents through valid documentation before the employer enrolls the dependents in PEBB coverage.
	Part-Time Employee Coverage Protection	The district follows the PEBB Program's guidelines for determining employee eligibility and enrollment procedures to ensure consistency. As required by the PEBB Program, the district is also required to verify eligibility for each employee's dependents through valid documentation before the employer enrolls the dependents in PEBB coverage.
	Premium Differential Reduction	The district follows the PEBB Program's guidelines for determining employee eligibility and enrollment procedures to ensure consistency. As required by the PEBB Program, the district is also required to verify eligibility for each employee's dependents through valid documentation before the employer enrolls the dependents in PEBB coverage.
Wahluke School District	**Administrative Cost Reduction**	utilization of technology
	Cost Savings	optain multiple quotes for coverage
	Customer Service	clear lines of communication with provider
	Part-Time Employee Coverage Protection	all eligible employees are eligible
	Premium Differential Reduction	every employee pays a minimu amount that helps offset the full family coverage in the pooling system.
Waitsburg School District	**Administrative Cost Reduction**	The District works with the insurance companies to understand plans as to be able to implement them in a timely manner.
	Cost Savings	The District continues to listen to the needs of the employees and continues to work with insurance companies on affordable plans, recently offering the HQDAP in the current school year.
	Customer Service	The District meets with employees annually to discuss health care needs.

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	Our District has not had to actively get involved because at the time we have access to coverage through the WEA/Premera and Group Health. WEA/Premera is working hard to meet our needs.
	Premium Differential Reduction	The District no longer offers the high premium, cadilac policy plan no. one and offers the HQDAP plan, hoping to work closely with the insurance companies to offer even more affordable coverage.
Walla Walla Public Schools	**Administrative Cost Reduction**	N/A (part of premium costs thru WEA/GH)
	Cost Savings	Meet with vendors to discuss plan options
	Customer Service	benefit book, fair, vendor visits, emails
	Part-Time Employee Coverage Protection	offer wide choices educate employees of options
	Premium Differential Reduction	moved to required 5% employee contribution
Wapato School District	**Administrative Cost Reduction**	The District has not seen reduced administrative cost in regards to medical benefits.
	Cost Savings	The District was able to agree with our PSE group regarding a 1% out of pocket premium. This is the only group that would come to an agreement of an out of pocket.
	Customer Service	The District has started a health benefit committee comprised of all union leadership. The District hopes this group will help with ideas in this area.
	Part-Time Employee Coverage Protection	Part time employee's coverage has not been jeopordized in our District. The District will work with Union leadership if part time employees' coverage.

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District	Category	Efforts and Achievements
	Premium Differential Reduction	The District worked with our medical carriers to provide premiums that addressed the 3:1 ratio.
Warden School District	**Administrative Cost Reduction**	NA
	Cost Savings	Plan include copayments for emergency room services
	Customer Service	Provides a website with access to information about the employee benefits
	Part-Time Employee Coverage Protection	Added lower cost option
	Premium Differential Reduction	Added lower cost option

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Washougal School District	**Administrative Cost Reduction**	Every year we go out for bids for insurance. We have worked with carriers and our consultant to reduce administrative costs within both our fully-insured and self-insured plans. Kaiser: 2012 initiatives included finding efficiencies across various administrative areas by reducing manual processes and process improvement. Administrative initiatives saved $9.6M in 2012 and KP Information Technology initiatives saved $9.7M Kaiser Permanente Northwest (KPNW) has adopted a Lean Six Sigma management system and has been building the capability since 2006. This innovative approach includes National Labor Management Partnership at the frontline level. This system is based on the attributes of high-performing organizations and incorporates features of quality management systems-including Lean, Six Sigma, and the Institute for Healthcare Improvement's Model for Improvement. KPNW currently has a Greenbelt and Blackbelt program for our leaders and entire organization with 15 certified Blackbelts and 45 certified Greenbelts. In addition our National Improvement Institute program has trained over 400 frontline teams. Annual advanced skill training in process improvement is provided to our frontline teams for continuous development of these skill sets. Our Lean Six Sigma Journey continues in 2013 and includes the following: o Green Belt Certification Program o Rapid Improvement Event Program o Sponsor/Champion Program o Consultant Development Program o Experiential learning in Lean/Six Sigma tools and approaches for Leaders A number of managers have become Lean certified through creating systems improvements in scheduling, back office process design, and interdepartmental communication. Our Major focus in 2012 and 2013 has been to improve the service experience by enabling more care inside our own system and by improving access. We were able to achieve breakthrough performance changes in both areas. Specific examples of internalizations that have also improved service are Ventricular Assist Device, Retinal Surgery, Oncology in the Salem area, and Dialysis Access. Premera has been a leader in implementing ôLeanö thinking since 2005. The goal is to be able to

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District	Category	Efforts and Achievements
	Cost Savings	Every year we go out for bids for insurance. Kaiser: In 2013, we are building on success and momentum from 2012 performance to execute over $100m in initiatives through internalization, elimination of waste and care transformation. o Expanded Onsite Wellness Partnerships o The Drug Utilization Action Team is continuing improvement in pharmaceutical costs by effective and timely conversions to generic products, working with providers to ensure appropriate usage and prescribing patterns, and leveraging lower cost formulary products whenever clinically appropriate. Current work also includes providing unblinded data on physician prescribing patterns by provider name, location, and specialty for specific targeted drugs. Individual physicians have access on a protected website with click-through graphics and comparisons. This initiative saved over $30M in 2012. Since the inception of this initiative in 2006, it has saved KPNW over $150M. We have several advantages inherent to our model which facilitate appropriate clinical and financial incentives to optimally manage specialty care, hospital care, ancillary care, and home health care. Our physician payment model is a combination of salary and variable compensation. The variable compensation is based on achieving key service, access, quality, resource stewardship, and productivity targets. Outcomes are tracked, reported and managed regularly using transparent data. We are able to deliver all of the elements listed within the current Kaiser Permanente delivery system. Our ôglueö is our electronic medical record that is built around the patient with all elements of the delivery system using this singular tool. Our strength is the integration of our delivery system. We are one entity, so we have solved the financial issue around incentives for coordination and cooperation. Northwest Permanente P.C. (NWP) is an integrated medical group that includes Primary Care and Specialty Care together under one organizational umbrella. All providers are salaried with pay for performance incentives which are balanced between Quality/Evidence-Based Medicine, Service, Productivity and Resource Stewardship. This reimbursement model creates appropriate alignment to deliver high-quality affordable care. We do not have an incentive payment model that results in perverse incentives to over-treat and compromise our commitment to evidence based medicine. We not only embed evidence-based guidelines into our electronic medical record, we design our referral process around the proper scope of practice between primary and specialty care. The electronic

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District	Category	Efforts and Achievements
	Customer Service	Every year we go out for bids for insurance.Provided complrehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information. Host an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits. Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members. Kaiser: Kaiser Foundation Health Plan of the Northwest received the highest numerical score among commercial health plans in the Northwest region in the proprietary J.D.Power and Associates 2012 U.S. Member Health Plan Studysm (jdpower.com). Proprietary study results are based on experience and perceptions for members surveyed December 2012 - January 2012. One way we provide better service to Washington School District employees is by providing a variety of clinical access alternatives that make it easy for school employees to access their physicans in a variety of ways. For example, employees can email their physicians, view lab results online, have telephone consultations with their physicians and access a 24 hour nurse advice line all at no additional cost or time away from work. Quality Improvement Practices we are currently undertaking o Reduction of Surgical Site Infections Kaiser Sunnyside Medical Center (KSMC) o In 2010, reduced surgical site infections by 36% overall. o Used a Lean approach to standardize certain surgical tasks, surgical apparel, and body temperature regulation. o As a result, the patients are not exposed to an unnecessary risk of infection and their inpatient stays are not extended due to infection. o Culture of Safety Work including Patient Safety University in the ED o Implemented staff surveys to assess culture at the work-team level. o Added a patient advocate to the hospital's Quality Council, with a commitment to initiate a Patient Advisory Council in 2012. o Trained a pilot group of surgeons on specific behaviors designed to improve communication in the operating room. o Implemented surgical checklists and pre- and post-operative briefings. o This work produces higher quality and safer care for each patient that is hospitalized.

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	Part-Time Employee Coverage Protection	Every year we go out for bids for insurance. This goal is not necessarily consistent with reducing the differential between employees covering and not covering dependents above. Simply put, when eligibility hours for benefits are reduced, there is a negative impact on pooling, thus increasing the cost for those employees attempting to purchase coverage for themselves and dependents. Kaiser: We allow Districts to set their full time hour requirements at at point that meets their business and employment needs. They are also able to offer coverage to part-time employees if desired.; Premera: WEA Select Plans when a full time employeeÆs hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program.WEA Select Plans ? added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan
	Premium Differential Reduction	Implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents. No longer offering highest cost plans. This changed increased pooling dollars available across all bargaining groups. Kaiser: Rather than lowering cost differentials to favor family coverage, we use cost saving efforts to keep our total rate package affordable (see question #14 for details).; Premera: WEA Select Plans û Passed on lower increases to dependents than to employee only tiers for the past two years.WEA Select Plans û Passed on lower increases to dependents than to employee only tiers for the past two years.WEA Select Plans û used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for family coverage.
Washtucna School District	**Administrative Cost Reduction**	Our district did not report any administrative expenses.
	Cost Savings	Cost savings have been provided through Premera with "in network" providers, discounts based on volume of enrollment, negotiated discounts in their national network, and an open drug formulary ensuring drugs are cost effective
	Customer Service	We are a small district and employees are able to ask school administrators questions directly, if needed. Premera has a website they can access with information about their benefits, and a sales team that provides year-round servicing. They have programs and workshops designed to ensure enrollee satisfaction and improved customer service

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	WEA Select Plans include lower cost options that they could choose in the event their hours were reduced. Our district would assist them with this, and Premera would also. Thankfully we have not had to reduce employee hours. As part time jobs become available, they are offered 'in-house'.
	Premium Differential Reduction	WEA Select Plans have had lower increases to dependents than to employee only tiers for the past two years and have lower cost options (such as the EasyChoice and HDHP Plans).
Waterville School District	**Administrative Cost Reduction**	Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses
	Cost Savings	Premera has the highest number of providers "in network" in the state (98%+ of all claims are paid "in network").
	Customer Service	Premera provides a website with access to information about the employee benefits- this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family
	Part-Time Employee Coverage Protection	When a full time employee's hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program.
	Premium Differential Reduction	WEA Select Plans added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP plan.
Wellpinit School District	**Administrative Cost Reduction**	Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evalute and improve internal/external processes. Other organizations participate in "Lean" workshops so they can incorparate them into their own business. - including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEA's administrative costs have been under 6% for over 10 years. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area.

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District	Category	Efforts and Achievements
	Cost Savings	Premera has the following included in all the WEA medical programs, Provider contracting - has the highes number of providers "in networ" in the state (98% + of all claims are paid "in network") The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. BlueCard - Premera's national "Blue Network - has negotiated discounts that are the highest within the state and provides significan savings to Premera enrollees who travel or reside outside the Premera service area. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the member's needs. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. Provider advisory groups for medical and phamacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. Member 360 dashboard-proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. Programs that monitor controlled substances to provide protection for members. An open drug formulary that provides choice for members and their physicians while being prudent and ensuring the drugs are cost

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District	Category	Efforts and Achievements
	Customer Service	Premera provides a website with access to information about the employee benefits - this includes a cost estimator which helps them determine what provider my require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. Premera has "Ulyssess Learning" which leads to first call resolution and a higher level of overall satisfaction from enrollees. Premera's "Lean" workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. WEA Select Plans - The dedicated Premera sales team provides year-round servicing and isavailable to work directly with enrolleees of family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices wo when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. WEA Select Plans - semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. WEA - has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits
	Part-Time Employee Coverage Protection	WEA Select Plans - when a full time employee's hours are decreased, Premera works with the enrollee to review othe plan options that allow the individual to remain covered on a medical program. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan.
	Premium Differential Reduction	WEA Select Plans - Passed on lower increases to dependents than to employee only tiers for the past two years. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. WEA Select Plans - used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional

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District	Category	Efforts and Achievements
Wenatchee School District	**Administrative Cost Reduction**	A. The District has been having converstations with TPA's. B. Premera has been a leader in implementing ôLeanö thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ôLeanö workshops so they can incorporate them into their own business. û including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEAÆs administrative costs have been under 6% for over 10 years. C. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area

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District	Category	Efforts and Achievements
	Cost Savings	Wentatchee went out for bid 07-2012 for benefits. The B. Premera has the following included in all the WEA medical programs a. Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the memberÆs needs. e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor PremeraÆs policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. g. Member 360 dashboard û proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. i. Programs that monitor controlled medical substances to provide protection for members.

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District	Category	Efforts and Achievements
	Customer Service	A. The District has posted medical costs and links on the district website. B. Premera provides a website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. C. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. D. Premera has ôUlyssess Learningö which leads to first call resolution and a higher level of overall satisfaction from enrollees. E. PremeraÆs ôLeanö workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. F. WEA Select Plans ûThe dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. G. WEA Select Plans - semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. H. WEA û has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits or modifications to their plans.
	Part-Time Employee Coverage Protection	A. The district bargaining groups determine eligibility. B. WEA Select Plans - when a full time employeeÆs hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. C. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan.

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District	Category	Efforts and Achievements
	Premium Differential Reduction	A.The District offers Easychoice and HDHP Plans to all eligible employee. B. WEA Select Plans û Passed on lower increases to dependents than to employee only tiers for the past two years. C. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. D. WEA Select Plans û used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for family coverage.
West Valley School District (Spokane)	**Administrative Cost Reduction**	The District is activly involved with its Health Care Providers to give their input into saving on administrative fees, etc.
	Cost Savings	Again, the District is progressively looking at all avenues of health care cost savings for their employees. The plans selected by the District, Group Health, Premera and the WEA Select plans all are active in looking for savings where they can.
	Customer Service	The District wants their employees to have a good experience with their health care choice. All plans carried by the District have website access to their employee benefits, providers available and their field of expertise. The District helps their employees when their is an issue they cannot solve with the carrier.
	Part-Time Employee Coverage Protection	All of our employees have the option of taking medical. Again, they have several plans to choose to help them avoid being overpriced out of healthcare.
	Premium Differential Reduction	All plans had lower increases to the additional dependent costs this year. The District has vaious plans available as no one plan is a one-size fits all. The employee has a choice. They like that.
West Valley School District (Yakima)	**Administrative Cost Reduction**	Insurance plans have gone to an on-line application process thus reducing administrative time in processing of applications.
	Cost Savings	Our district contracts with the PEBB Program, whose cost-saving measures include: Managing the medical plans' prescription-drug costs by promoting generic drug use through a lower-cost benefit design. Purchasing coverage for medical tools and procedures that are evidence based. Adopting dependent verification eligibility processes, to ensure only eligible family members receive benefits. There are also incentives for employees to participate in the Health Managment Program.

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	Customer Service	The district follows guidelines for determining employee eligibility and enrollment procedures to ensure consistency. We are also required to verify eligibility for each employee's dependents through valid documentation before the employee enrolls the dependents in coverage. Employees may also go online and check the status of their claims, deductibles, etc.
	Part-Time Employee Coverage Protection	Our district offers lower cost insurance plan options to all employees no matter what their FTE status.
	Premium Differential Reduction	We offer insurance plans that reduce the difference between employee only and family coverage so family coverage is no more than three times the employee-only rate.
White Pass School District	**Administrative Cost Reduction**	A. Premera has been a leader in implementing ôLeanö thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ôLeanö workshops so they can incorporate them into their own business. û including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEAÆs administrative costs have been under 6% for over 10 years. B. BlueCard provides significant savings to Premera employees traveling or residing outside the

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District	Category	Efforts and Achievements
	Cost Savings	Premera has the following included in all the WEA medical programs a. Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence?based medical initiatives that allow Premera to provide efficient and cost?effective care as well as identifying appropriate alternative care based on the memberÆs needs. e. Real?time access to consumer decision?support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor PremeraÆs policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care?efficient. g. Member 360 dashboard û proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost?effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for

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District	Category	Efforts and Achievements
	Customer Service	A. Premera provides a website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out?of?pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. B. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. C. Premera has ôUlyssess Learningö which leads to first call resolution and a higher level of overall satisfaction from enrollees. D. PremeraÆs ôLeanö workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. E. WEA Select Plans ûThe dedicated Premera sales team provides year?round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. F. WEA Select Plans ? semi?annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. G. WEA û has their own separate claim review process that allows enrollees to go before a board of

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	A. WEA Select Plans ? when a full time employeeÆs hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. B. WEA Select Plans ? added lower cost options, such as the EasyChoice plan that have lower premiums and many first
	Premium Differential Reduction	A. WEA Select Plans û Passed on lower increases to dependents than to employee only tiers for the past two years. B. WEA Select Plans ? added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. C. WEA Select Plans û used the projected savings from the dependent eligibility audit to apply toward the dependent tiers
White River School District	**Administrative Cost Reduction**	The District vendor is currently implememting an on-line enrollment process which requires employees to enroll and make changes on-line, taking our payroll/HR staff out of the middle of the process.
	Cost Savings	White River offered a Qualified High Deductible Health Plan combined with a Health Savings Account. Also three of our family plans were decreased by 2.5% compared to 2011/12 and we eliminated our most expensive health plan.
	Customer Service	With the above mentioned implementation, customer service seems to be suffering. There are questions that can no longer be addressed at the district level. Staff are advised that they must deal with the vendor directly.
	Part-Time Employee Coverage Protection	The District is meeting on a regular basis with our Benefits Committee to discuss what benefits are best offered to our employees. We currently mandate all employees have vision & dental, then the amount they can apply to medical is prorated based on the number of hours they work for the district.
	Premium Differential Reduction	Our Health Care Vendors passed on lower increases to dependents than to employee only tiers. There is a lower cost option, Easy Choice Plan that has lower premiums and many first dollar benefits. We have also added a high deductable health savings plan. The District is meeting on a regular basis with our Benefits Committee to address and implement the requirements of the Affordable Care Act & ESSB 5940.

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White Salmon Valley School District	**Administrative Cost Reduction**	As we have regularly completed a competitive bid process, and have reviewed and negotiated lower administrative costs, our selected health carrier, Providence Health Plan, has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative cost with medical cost inflation. This has resulted in reduced percentage of premium administrative cost. As such, as much as 90%-91% of premium dollars go toward claims expense costs. Providence is also not required to refund any premiums due to not meeting the MLR (medical loss ratio) requirements of PPACA. We have worked closely with BCI Group, our benefits consultant, to identify benefit design strategies to help meet budget goals and mitigate future cost
	Cost Savings	We have annually negotiated with our health carrier on benefits and rates. This negotiation has successfully reduced the rates. In addition, we have regularly completed a competitive bid process and have been able to use this information in our negotiations. We regularly receive claims data and analyze this to assist with benefit design and cost containment.
	Customer Service	We provide an annual open enrollment group meeting, one on one counseling, a customized website, and have a dedicated claims advocate for our employees via BCI Group, our benefit consultant. In addition, Providence Health Plan Customer Service and Claims are located in Beaverton, Oregon with hours of operation from 8:00 a.m. to 5:00 p.m. PST and a toll free 800 number for members. Customer Service Representatives are trained to answer all calls, with 92% of calls answered at the point of service. Translation services are available along with an automated voice response system and call tracking software for real time and historical activity management. The Health Plan has invested heavily in web-based tools for members to use outside of standard business hours, which
	Part-Time Employee Coverage Protection	We offer benefits to part-time employees who work 20 hours or more per week. We will also be compliant with PPACA regulations pertaining to coverage for part-time employees.
	Premium Differential Reduction	We have completed a Memorandum of Understanding with our Classified union representatives to make a good faith effort to comply with ESSB 5940, and have implemented a minimum 1% deduction for Classified members. We have opened negotiations with our Certificated union representatives to review existing pooling arrangements, and employee only versus employee with dependent coverage.

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District	Category	Efforts and Achievements
Wilbur School District	**Administrative Cost Reduction**	A. Premera has been a leader in implementing ôLeanö thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ôLeanö workshops so they can incorporate them into their own business. û including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEAÆs administrative costs have been under 6% for over 10 years. B. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area.

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Efforts and Achievements by District
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District	Category	Efforts and Achievements
	Cost Savings	A. Premera has the following included in all the WEA medical programs a. Provider contracting û has the highest number of providers ôin networkö in the state (98%+ of all claims are paid ôin networkö). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard û PremeraÆs national ôBlueönetwork û has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the memberÆs needs. e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor PremeraÆs policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. g. Member 360 dashboard û proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. i. Programs that monitor controlled medical substances to provide protection for members. j. An open drug formulary that provides choice for members and their physicians while being prudent and ensuring the drugs are cost and care effective. The district contracts with the PEBB Program, whose cost-saving measures include: ò Managing the medical plansÆ prescription-drug costs by promoting generic drug use through a

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Efforts and Achievements by District

Calendar Year 2012

District	Category	Efforts and Achievements
	Customer Service	A. Premera provides a website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. B. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. C. Premera has ôUlyssess Learningö which leads to first call resolution and a higher level of overall satisfaction from enrollees. D. PremeraÆs ôLeanö workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. E. WEA Select Plans ûThe dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. F. WEA Select Plans - semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. G. WEA û has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits or modifications to their plans. The district follows the PEBB ProgramÆs guidelines for determining employee eligibility and enrollment procedures to ensure consistency. As required by the PEBB Program, the district is also required to verify eligibility for each employeeÆs dependents through valid documentation before the employer enrolls the dependents in PEBB
	Part-Time Employee Coverage Protection	WEA Select Plans - when a full time employeeÆs hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. B. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and more affordable benefits and the HDHP Plan

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District	Category	Efforts and Achievements
	Premium Differential Reduction	A. WEA Select Plans û Passed on lower increases to dependents than to employee only tiers for the past two years. B. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. C. WEA Select Plans û used the projected savings from the dependent eligibility audit to apply toward
Willapa Valley School District	**Administrative Cost Reduction**	Premera implements a "Lean" thinking program to avoid wasted time and work effort. This results in improving efficiency while lowering expenses to memebers.
	Cost Savings	WEA has increased its "in-network" providers in the state.
	Customer Service	Premera provides a website with access to information about the employee benefits that includes a cost estimator.
	Part-Time Employee Coverage Protection	Other plan options are available for a lesser premium
	Premium Differential Reduction	WEA select plans passes on lower increases to dependents than to employee only tiers for the past two years.
Wilson Creek School District	**Administrative Cost Reduction**	We have low Admin. Cost due to our size
	Cost Savings	We are rural and small always looking @options.
	Customer Service	Watcing the WEA and State PEBB Plans to see what is to come.
	Part-Time Employee Coverage Protection	The district prioritizes budgeting for health care coverage
	Premium Differential Reduction	At this time we have not addressed this issue

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Efforts and Achievements by District
Calendar Year 2012

District	Category	Efforts and Achievements
Winlock School District	**Administrative Cost Reduction**	We utilize Premera who implements "Lean" thinking with the goal to improve quality, eliminate wasted time and work and improve efficiency while lowering expenses.
	Cost Savings	Our district utilizes Premera which includes provider contracting that has the highest number of providers "in network" in the state. They also have the BlueCard national network that has negotiated discounts that are the highest within the state
	Customer Service	Benefit summaries are distributed annually to staff. Website has enrollment package and all information on plans and cost estimators for employees to choose best plan. Wellness programs and plan benefits are available online
	Part-Time Employee Coverage Protection	We have the lower cost EasyChoice plans and the HDHP plan that employees who work part time or have reduced hours could choose in order to remain covered on a medical program.
	Premium Differential Reduction	Our plans have passed on lower increases to dependents than to employee only tiers for the past two years. We have lower cost options which include the EasyChoice plans and the HDHP plan.
Wishkah Valley School District	**Administrative Cost Reduction**	Our costs are as low as they can possibly be
	Cost Savings	We now offer lower cost premiums in our employee benefits package
	Customer Service	We try to keep the employees up to date with e-mails from the insurance company regularly
	Part-Time Employee Coverage Protection	We offer coverage to everyone
	Premium Differential Reduction	Our insurance company has addressed this problem and has offered lower cost premiums
Wishram School District	**Administrative Cost Reduction**	0
	Cost Savings	In the 2012-13 school year ALL employees chose a high-deductible plan making family out-of-pocket premiums minimal. Not sure if we will be able to continue the practice.

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Efforts and Achievements by District
Calendar Year 2012

District	Category	Efforts and Achievements
	Customer Service	Not sure what you're asking here.
	Part-Time Employee Coverage Protection	All employees work at least 6 hours/day 180 days/year. All of those employees are treated as full-time employees.
	Premium Differential Reduction	In the 2012-13 school year ALL employees chose a high-deductible plan making family out-of-pocket premiums minimal. Not sure if we will be able to continue the practice.
Woodland School District	**Administrative Cost Reduction**	WEA/AON has assured the district that they have worked on reducing administrative costs.
	Cost Savings	The district implemented a consumer driven HDHP with optional HAS 10/1/12 and is no longer offering the highest cost Premera plan.
	Customer Service	The district provides a comprehensive employee benefit handbook that encompasses all benefit summaries, rates and vendor contacts. The district hosted an employee benefit fair with hours allowing for all employees to learn the most effective way to access their benefits and also offered one on one meetings with employees to review their options. The district also ensures that all plans offer a
	Part-Time Employee Coverage Protection	We have continued to work with all purchasing/bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefit needs.
	Premium Differential Reduction	The district is no longer offering the highest cost Premera plan which increased pooling dollars and has evaluated implementation of minimum premium contributions for all employees.

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Exhibit A19b

Efforts and Achievements by District

Calendar Year 2012

District	Category	Efforts and Achievements
Yakima School District	**Administrative Cost Reduction**	Premera has been a leader in implementing ?Lean÷ thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in ?Lean÷ workshops so they can incorporate them into their own business. ? including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEA?s administrative costs have been under 6% for over 10 years
	Cost Savings	Provider contracting ? has the highest number of providers ?in network÷ in the state . The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (127,000 enrolled in a WEA medical plan). BlueCard ? Premera?s national ?Blue÷network ? has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. Evidence?based medical initiatives that allow Premera to provide efficient and cost?effective care as well as identifying appropriate alternative care based on the member?s needs.. Real?time access to consumer decision?support resources to help enrollees understand and direct their healthcare needs. Provider advisory groupsfor medical and pharmacy that continually monitor Premera?s policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care?efficient. Member 360 dashboard ? proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost?effective care in an appropriate setting. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. Programs that monitor controlled medical substances to provide protection for members.. An open drug formulary that provides choice for members and their physicians while being prudent and ensuring the drugs are cost and care effective.
	Customer Service	Yakima School District has worked with all groups to provide training and information to help all employees make educated and informed choices. This includes individual one on one and group meetings

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District	Category	Efforts and Achievements
	Part-Time Employee Coverage Protection	The YSD has bargaining language that provides insurance benefits to part time employees.
	Premium Differential Reduction	Passed on lower increases to dependents than to employee only tiers for the past two years.
Yelm School District	**Administrative Cost Reduction**	Unknown
	Cost Savings	Working with Carriers to provide
	Customer Service	Better communication with staff on changes
	Part-Time Employee Coverage Protection	Unknown
	Premium Differential Reduction	Waiting for guidance and seeing what carriers will provide for premiums
Zillah School District	**Administrative Cost Reduction**	Carriers have reported progress in reducing admin costs. At the district level individual employees have donated their time to address additional administrative requirements as stipulated by OSPI.
	Cost Savings	Health Savings accounts are offered in conjuction with high deductable plans.
	Customer Service	Employees have been offered individual assistance in the selection of the most appropriate benefit plan.
	Part-Time Employee Coverage Protection	Carrier is offering lower cost options.

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Calendar Year 2012

District	Category	Efforts and Achievements
	Premium Differential Reduction	Tiers have been adjusted to shift family medical cost to single coveage employees.
Zillah School District	**Administrative Cost Reduction**	Carriers have reported progress in reducing admin costs. At the district level individual employees have donated their time to address additional administrative requirements as stipulated by OSPI.
	Cost Savings	Health Savings accounts are offered in conjuction with high deductable plans.
	Customer Service	Employees have been offered individual assistance in the selection of the most appropriate benefit plan.
	Part-Time Employee Coverage Protection	Carrier is offering lower cost options.
	Premium Differential Reduction	Tiers have been adjusted to shift family medical cost to single coveage employees.

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Exhibit A20

Glossary of Acronyms

Acronym	Definition
Admits	Hospital Admissions
IBNR	Incurred But Not Reported (applicable to plan reserves)
LOS	Length of Stay
PEPM	Per Employee Per Month

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Exhibit A21a

Traceability Matrix for Carriers

ESSB 5940 Section 4	HCA Req#	CR 103 Ref	Language from Legislation	Data Source	Data Table	Data Type	Reporting Period	Sow#1 HCA Analysis and SOW#2 Carrier Feedback	Explanation / Descriptive	Number of values	DC Section
A	B	C	D	E	F	G	H	I	J	K	L
Subsection (2)	1	n/a	School districts and their benefit providers shall annually submit, by a date determined by the office of the insurance commissioner, the following information and data for the prior calendar year					Carriers raised issues of calendar versus district plan year reporting. Data submission will adjust results to calendar year	Carriers instructed to report financial data monthly based on plan year ending in 2012 and remaining months for non-calendar year plans. Some data reported as a snapshot in time.		
2.a	1	27	Progress by the district and its benefit providers toward greater affordability for full family coverage, health care cost savings, and significantly reduced administrative costs	Carriers	Carrier_Year	Narrative	Plan Year	The issue of the affordability for full family coverage is a district-specific issue, not a carrier-related one	Requested carrier description of efforts and achievement towards health care cost savings and significantly reduced administrative costs	1	1
2.b	2	2	Compliance with requirement to provide a high deductible health plan option with a health savings account	Carriers	Plan_Year	Text	Plan Year	All appear to comply currently	Instructions include the question: Does carrier offer IRS qualified HDHP to districts with health savings account? (Y/N)	1	4
2.c.i.A			An overall plan summary including the following: The financial plan structure and overall performance of each health plan, including:	Carriers							
2.c.i.A	3	16	Total premium expenses	Carriers	BY_Year, BP_Perform	Currency	Plan_Year, By Month	The definition of premium is monthly premium for experience reporting purposes and may be defined as the unit rate charge by the carrier for the coverage month		1, 12	5, 6
	From HCA Memo	5	Premium rate schedule for all tiers for each health benefit plan	Carriers	BP_SD	Currency	Plan Year		Added monthly premium rate schedule for all insurance tiers and districts/groups for plan years ending in 2012	5	8
	From HCA Memo	26	Description of "carve-out" supplemental services offered (e.g. for separate disease management, wellness, and similar programs)	Carriers	Plan_Year	Narrative	Plan Year	Added request for services; Carrier supplemental services not consistent/available	Describe supplemental services offered (such as disease management)	1	4
	From HCA Memo	25	Payments to carriers for "carve-out" supplemental services (e.g. for separate disease management, wellness, and similar programs)	Carriers	BP_Year	Currency	Plan Year	Added request for payments / fees; Carrier supplemental services not consistent/available	Report total annual payments to carriers received for separate disease management, wellness, and similar programs	1	5
2.c.i.B	4	8	Total claim expenses	Carriers	BP_Year, BP_Perform	Currency	Plan_Year, By Month	Health plan claims only	Report aggregate monthly paid claims	1, 12	5, 6
2.c.i.C	5	17, 18	Claims reserves	Carriers				Not available by district; to be combined by rating pool	Reserves are reported in two fields		
		18	Incurred But Not Reported (IBNR) reserves ending balance by rating pool	Carriers	Carrier_Pool	Currency	Plan Year	Added IBNR Reserves ending balance	Report IBNR reserves by rating pool ending balance only	1	3
		17	Premium or Rate Stabilization (PSR/RSR) reserves ending balance by rating pool	Carriers	Carrier_Pool	Currency	Plan Year	Added PSR/RSR fund balance at end	Report PSR or CSR by rating pool ending balance only	1	3
2.c.i.D	6	19	Plan administration expenses, including compensation paid to brokers	Carriers	BP_Year	Currency	Plan year	Report compensation breakdown	Total administrative expenses	1	5
		20	Taxes, WSHP assessments, and other government taxes and assessments	Carriers	BP_Year	Currency	Plan Year	Report PSR/RSR fund balance at end	Total administrative expenses for premium taxes, WSHIP assessments, and other government taxes or assessments	1	5

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A	B	C	D	E	F	G	H	I	J	K	L
		21	Payments to brokers, producers, agents, and actuaries	Carriers	BP_Year	Currency	Plan Year	Requested data; Report broker aggregate amounts	Total administrative expenses for commissions and consulting fees, including all direct or indirect producer compensation;	1	5
		23	Payments to associations, trusts and other third parties including benefit administration and marketing related compensation	Carriers	BP_Year	Currency	Plan Year	Report all payments to third parties	Payments to associations, trusts, and other third parties including benefit administration and marketing related compensation	1	5
		22	PPO access fee	Carriers	BP_Year	Currency	Plan Year	No specific requirement	Total annual administrative expenses for PPO network access	1	5
		24	Carrier administrative expenses not covered above	Carriers	BP_Year	Currency	Plan Year		Total annual administrative expenses for all expenses not listed in other data fields	1	5
2.c.ii	7	28	A description of the plan's use of innovative health plan features designed to reduce health benefit premium growth and reduce utilization of unnecessary services including but not limited to the use of enrollee health assessments or health coach services, care management for high cost or high-risk enrollees, medical or health home payment mechanisms, and plan features designed to create incentives for improved personal health behaviors	Carriers	Carrier_Year, Carrier_Innov	Check list	Plan Year	Carrier features vary; suggest using list to standardize comparisons across carriers	Data call instructions included a list of standarized carrier features	list	1, 2
2.c.iii			Legislative language applicable to district-specific reporting, not carrier-reporting (see district matrix)								
	From HCA Memo	1	Carrier Name	Carriers	Carrier_Year	Text		Request the name of the carrier	Carrier Name	1	1
	From HCA Memo	3	Group policy number or plan identifier	Carriers	Plan	Text	Plan Year	Include group policy number, insurance carriers' names and group codes	Plan identifier	2	4
	From HCA Memo	6	Plan begin and end dates	Carriers	Plan	Text	Plan Year		Plan begin and end dates	2	4
2.c.iv	17	29	Data necessary for school districts to more effectively and competitively manage and procure health insurance plans for employees. The data must include, but not be limited to, the following:	Carriers	Carrier_Year	Text	Plan Year	Requested data	Describe what information is needed for districts to procure health insurance with your company?	1	1
2.c.iv.A	18	4	A summary of the benefit packages offered to each group of district employees, including:	Carriers	Plan_Year	Narrative	Plan Year	Plan summaries in standardized formats	Each carrier to provide summary of each unique benefit plan	1	4
2.c.iv.A	19	4	Covered benefits, employee deductibles, coinsurance, and co-payments	Carriers	Plan_CostShare	Mixed	Plan Year	Plan summaries provided by all the carriers; values entered from plan summaries	Unique cost-sharing provisions of plans include deductibles, coinsurance, co-payments	1	4
2.c.iv.A	20	7	The number of employees and their dependents in each benefit package	Carriers	Carrier_Pool, BP_Perform	Numeric	Plan Year, By Month		Monthly employee and dependent enrollment headcounts		3, 6
2.c.iv.B	21, 22	7	Aggregated employee and dependent demographic information, including age band and gender, by insurance tier and by benefit package	Carriers	BP_Demo, BP_SD	Mixed	Snapshot	Carriers note aggregated demographics not tracked by coverage tier; snapshot requested	Reporting for plan year ending in 2012	list	7, 8
	21, 22	7	Employee counts by age tier	Carriers	BP_Demo	Numeric	Snapshot	Age banded requested	Employees by age band — plan year ending in 2012	11	7

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Traceability Matrix for Carriers

ESSB 5940 Section 4	HCA Req#	CR 103 Ref	Language from Legislation	Data Source	Data Table	Data Type	Reporting Period	Sow#1 HCA Analysis and SOW#2 Carrier Feedback	Explanation / Descriptive	Number of values	DC Section
A	B	C	D	E	F	G	H	I	J	K	L
	21, 22	7	Dependent counts by age tier	Carriers	BP_Demo	Numeric	Snapshot	Age banded requested	Dependents by age band for plan year ending in 2012	11	7
	21, 22	7	Employee counts by gender	Carriers	BP_Demo	Numeric	Snapshot	M/F	Employees by gender for plan year ending in 2012	2	7
	21, 22	7	Dependent counts by gender	Carriers	BP_Demo	Numeric	Snapshot		Dependents by gender for plan year ending in 2012	2	7
	21, 22	7	Employee counts by coverage tier	Carriers	BP_Demo, BP_SD	Numeric	Snapshot, Plan Year	Standardized coverage tiers — at end of plan-year snapshot	Employee counts by coverage tier for plan year ending in 2012	5	7, 8
	21, 22	7	Dependent counts by employee coverage tier	Carriers	BP_Demo	Numeric	Snapshot	Standardized coverage tiers — at end of plan-year snapshot. The dependents count in the employee-only tier should be 0	Dependent counts by employee coverage tier for plan year ending in 2012	5	7
2.c.iv.C	23	8	Total claim payments by benefits package, including:	Carriers	Carrier_Pool, BP_Year, BP_Perform	Currency	Plan_Year, By Month	Total dollar claims paid	All data for plan year ending in 2012	1, 12	3, 5, 6
2.c.iv.C	24	16	Premiums paid	Carriers	BP_Year, BP_Perform	Currency	Plan_Year, By Month	Total premiums paid	Premium recorded for experience reporting purposes	1, 12	5, 6
2.c.iv.C	25	9	Inpatient facility claims paid	Carriers	BP_Year, BP_Perform	Currency	Plan_Year, By Month		Monthly inpatient facility paid claims	1, 12	5, 6
See CR 103	25	9	Inpatient facility claims utilization	Carriers	BP_Year	Numeric	Plan year	Utilization (count)	Number of inpatient admissions/1000, inpatient days/1000, average length of stay (LOS)	1	5
2.c.iv.C	26	10	Outpatient facility claims paid	Carriers	BP_Year, BP_Perform	Currency	Plan_Year, By Month	Total dollar claims paid	Monthly outpatient paid claims	1, 12	5, 6
	26	10	Outpatient facility claims utilization	Carriers	BP_Year	Numeric	Plan year	Utilization (count)	Outpatient facility visits per 1,000	1	5
2.c.iv.C	27	11	Physician (professional) claims paid	Carriers	BP_Year, BP_Perform	Currency	Plan_Year, By Month	Included professional services	Monthly professional paid claims	1, 12	5, 6
	27	11	Professional services claims utilization	Carriers	BP_Year	Numeric	Plan year	Utilization (count)	Professional visits per 1,000	1	5
2.c.iv.C	28	12	Pharmacy claims paid	Carriers	BP_Year, BP_Perform	Currency	Plan_Year, By Month	Total dollar claims paid	Monthly pharmacy paid claims	1, 12	5, 6
	28	12	Pharmacy claims utilization	Carriers	BP_Year	Numeric	Plan year	Utilization (count)	Number of scripts (30 day supply) per 1,000	1	5
2.c.iv.C	29	13	Capitation amounts paid	Carriers	BP_Year	Currency	Plan year	Total dollar claims paid	Monthly capitation payments	1	5
2.c.iv.C	30	14	Other claims paid	Carriers	BP_Year, BP_Perform	Currency	Plan_Year, By Month	Total dollar claims paid	Monthly all other paid claims	1, 12	5, 6
	30a	14	Other claims paid utilization	Carriers	BP_Year	Numeric	Plan year	Utilization (count)	All other medical visits per 1,000	1	5
2.c.iv.D	31	16	Total premiums paid by benefits package	Carriers	BP_Year, BP_Perform, BP_SD	Currency	Plan_Year, By Month	Premiums included for medical and pharmacy; vision, dental, life, and LTD are not included. Carrier-specific grouping status (classified/ certificated) not available	Premium recorded for experience reporting purposes	1, 12, list	5, 6, 8
2.c.iv.E	32	15	A list of large claims defined as annual amounts paid in excess of $100,000 including	Carriers					Listing of large claims by carrier	By claimant	9
2.c.iv.E	33	15	Amount paid (per claimant)	Carriers	Carrier_Claims	Currency	Plan Year	Large claims in excess of 100,000 per claimant	Submission is based on amount per claimant	By claimant	9

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Traceability Matrix for Carriers

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A	B	C	D	E	F	G	H	I	J	K	L
2.c.iv.E	34	15	Member enrollment status	Carriers	Carrier_Claims	Text	Plan Year	Individually identifiable information as defined by HIPAA will not be included; eliminating member or plan participant identifier		By claimant	9
2.c.iv.E	35	15	Primary diagnosis	Carriers	Carrier_Claims	Text	Plan Year	Carriers agreed to report ICD-9 Major Diagnosis Codes (MDC) code groupings or numbers; consolidate reporting to avoid disclosing potentially protected health information (PHI) or individually identifiable information (IIHI) as defined by HIPAA	Reporting by ICD-9 principal diagnosis code categories by claimant for all health plans combined by carrier for the reporting period	By claimant	9
Subsection (3)	29, 36	17	Annually school districts and their benefit providers shall jointly report to the OIC on their health insurance related efforts and achievements to:	Carriers	Carrier_Year	Text	Plan Year	Suggest using uniform checklist for carriers to identify efforts and achievements	Instructions include a uniform checklist of efforts and achievements	1	1
3.a	36	27	Significantly reduce administrative costs for school districts	Carriers	Carrier_Year	Narrative	Plan Year	Carrier efforts to help districts manage their programs	Description of carrier efforts to help districts manage their programs	1	1
3.b	37		Improve Customer Service	Carriers	Carrier_Year	Narrative	Plan Year	Carriers offering service on their plans	Description of carrier efforts and achievements to improve customer service	1	1
3.c	38		Reduce differential plan premiums rates between employee-only and family health benefit premiums	Carriers	Carrier_Year	Narrative	Plan Year	Employee and family cost differentials established by carriers with districts determining the contribution differentials between employee and family coverage		1	1
3.d	39		Protect access to coverage for part-time K-12 employees	Carriers	Carrier_Year	Narrative	Plan Year	Carriers offering plans eligible for part time district employees	Description of carrier efforts to provide plans for part-time k-12 employees	1	1

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Traceability Matrix for Districts

ESSB 5940 Section 4	HCA Req#	CR 103 Ref	Language from Legislation	Data Source	Data Table	Data Type	Reporting Period	Sow#1 HCA Analysis and SOW#2 Carrier Feedback	Explanation / Descriptive	Number of values	DC Section
A	B	C	D	E	F	G	H	I	J	K	L
Subsection (2)			School districts and their benefit providers shall annually submit, by a date determined by the office of the insurance commissioner, the following information and data for the prior calendar year								
2.a	1		Progress by the district and its benefit providers toward greater affordability for full family coverage, health care cost savings, and significantly reduced administrative costs	Districts	SD_Year	Narrative	Calendar	The narrative applies to progress over the year	Describe district progress towards greater affordability for full family coverage	1	1
2.b	2		Compliance with requirement to provide a high deductible health plan option with a health savings account	Districts	SD_Year	Text	Calendar	Confirm districts are offering these plans to employees		1	1
2.c.i			An overall plan summary including the following: The financial plan structure and overall performance of each health plan, including:								
2.c.i.A	3		Total premium expenses	Districts	SD_Year	Currency	SD Year		Total premiums are the total dollars the district pays to the respective insurance companies for all health plans	1	1
		26	Description of "carve-out" supplemental services purchased separately from carriers (cost not built into premiums)	Districts	SD_Year	Narrative	Calendar		Supplemental services a district pays to carriers outside the health plan	1	1
		25	Total payments (i.e. fees) for supplemental services (disease management, wellness program, etc.) paid to carriers or other third parties	Districts	SD_Year, SD_Entity	Currency	SD Year		Total district payments to carriers for "carve-out" services not included in the health plans	1	1, 3
2.c.i.D	6		Plan administration expenses including compensation paid to brokers	Districts	SD_Year, SD_Entity	Currency	SD Year		Costs for the district to administer their health benefit plans, not including fees paid to third parties outside the health plan	1	1, 3
	From HCA memo		Description of district allocation of internal administration expenses (staff cost allocated to employee benefits);	Districts	SD_Year	Narrative	SD Year	Description of how district has computed expense which may vary by district		1	1
2.c.ii	7		A description of the plan's use of innovative health plan features designed to reduce health benefit premium growth and reduce utilization of unnecessary services including but not limited to the use of enrollee health assessments or health coach services, care management for high cost or high-risk enrollees, medical or health home payment mechanisms, and plan features designed to create incentives for improved personal health behaviors	Districts	SD_Innov	Check list	Calendar		Report innovative features that districts utilize to impact health care costs; make selection from check-list provided with data call	list	1, 2
2.c.iii			Data to provide an understanding of the employee health benefit plan coverage and costs, including:								
2.c.iii	8		The total number of employees, and, for each employee:	Districts	SD_Emp	Numeric	Snapshot	Marital status — no specific requirement		per employee	7
2.c.iii	9		The employee's full-time equivalent status	Districts	SD_Emp	Numeric	Snapshot	FTE Between 0 and 1.00		per employee	7
2.c.iii	10		Types of coverage or benefits received	Districts	SD_Emp	Narrative	Snapshot	Dental/vision plans not included		per employee	7
2.c.iii	11		Numbers of covered dependents	Districts	SD_Emp, SD_EmpDep	Numeric	Snapshot			per dependent	7, 8

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Exhibit A21b

Traceability Matrix for Districts

ESSB 5940 Section 4	HCA Req#	CR 103 Ref	Language from Legislation	Data Source	Data Table	Data Type	Reporting Period	Sow#1 HCA Analysis and SOW#2 Carrier Feedback	Explanation / Descriptive	Number of values	DC Section
A	B	C	D	E	F	G	H	I	J	K	L
2.c.iii	12		Number of eligible dependents	Districts	SD_Emp, SD_EmpDep	Numeric	Snapshot	Asking for eligible dependents but data cannot be verified		per dependent	7, 8
2.c.iii	13		The amount of the district's contribution to premium	Districts	SD_Emp	Currency	Snapshot	Retiree remittance and premiums but not included		per employee	7
2.c.iii	14		Additional premium costs paid by employee through payroll deductions	Districts	SD_Emp	Currency	Snapshot	Request annual aggregated amount of employee contributions expended for employee health benefits		per employee	7
2.c.iii	15		The age and sex of the employee	Districts	SD_Emp	Mixed	Snapshot	Requested data		per employee	7
2.c.iii	16		The age and sex of each dependent	Districts	SD_Emp, SD_EmpDep	Mixed	Snapshot	Information not readily available; districts must survey employees to collect the information		per dependent	7, 8
	From HCA memo		Total number of employees by certificated / classified status,	Districts	SD_Emp	Numeric	Snapshot			summarized	
	From HCA memo		Employee enrollment by coverage tier	Districts	SD_Emp	Numeric	Snapshot	Computed from district census		summarized	
2.c.iv.A	17		Summary of the benefit packages offered to each group of district employees, including covered benefits (etc.)	Districts	SD_Carrier, SD_CarrierPlan, SD_Group, SD_GroupPlan	Narrative	Snapshot	Cost-sharing provisions and plan summaries requested with the carrier data call		by group / plan	3, 4, 5, 6
2.c.iv.A	20		Number of employees and dependents in each benefit package	Districts	SD_Emp, SD_EmpDep	Numeric	Snapshot			by plan	7, 8
2.c.iv.B	22		Aggregated dependent demographic information, including age band and gender, by insurance tier and benefit package	Districts	SD_Emp, SD_EmpDep	Mixed	Snapshot	District census is captured, but demographic reporting will use carrier files		by dependent	7, 8
Subsection (3)	36		Annually school districts and their benefit providers shall jointly report to the OIC on their health insurance related efforts and achievements to:					Instructions include a uniform checklist of efforts and achievements			
3(a)	36		Significantly reduce administrative costs for school districts	Districts	SD_Year	Narrative	Calendar	Requested data		1	1
3(b)	37		Improve customer service	Districts	SD_Year	Narrative	Calendar	Requested data		1	1
3(c)	38		Reduce differential plan premiums rates between employee-only and family health benefit coverage	Districts	SD_Year	Narrative	Calendar	Districts responsibility to establish single and family contributions		1	1
3(d)	39		Protect access to coverage for part-time K-12 employees	Districts	SD_Year	Narrative	Calendar	Employer contribution for part-time employees based on pro-ratio schedule by district or local bargaining unit as applicable		1	1

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Exhibit A21c

Column Definitions for the Traceability Matrices

Columns from Requirements document
A ESSB 5940 section of bill language; otherwise CR103P rule-making order requirement
B Data Requirement identified in SOW#1 memo from the Health Care Authority (HCA) (reference number from HCA Exhibit D)
C Rule-making order CR103P language (filed 2.7.13)
D Language from legislation or data authorized to collect for HCA, or as specified in CR103P rule-making order
E Data Source — Districts or Carriers
F Data table identifier for storing data in parent table
G Data type (for example: narrative, text, currency, mixed, lists, numeric)
H Reporting Period (calendar year, plan year, annual reporting by month, or snapshot date selected within the reported year)
I SOW#1 — Health Care Authority (HCA) analysis of HCA requested data elements; SOW#2 — K-12 Carrier feedback regarding data requirements
J Explanation and Instructions requirements
K The number of expected discrete values
L Data Call (DC) reporting section of the data call to districts and carriers; see below for carrier reporting period instructions

Carrier Data Call (DC) Possible Groupings (Column L)
1 Overall carrier information, annual information
2 Carrier innovation features, checklist, annual information
3 Plan reserves for plan year ending
4 Plan information and plan year summaries, by plan year
5 Benefit package annual plan-year reporting.
6 Benefit package performance by month within calendar year
7 Plan demographics, snapshot — by plan year ending
8 District-level reporting, snapshot — by plan year ending
9 Large claims by carrier across plans — by plan year ending

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Exhibit A22

Report Contributors

Contributor	Role
Peggy Reddy	Benefits Consultant
Will Treinen	CEO
Brendon Keenan	Business Analyst
Charles Keating	Database Designer / Data Analyst
Gil Dean	Project Manager
Roger Burton	Health Actuary