



State of Wisconsin
Health Care Utilization Summary

May 2007

Prepared by:



2006 STATE OF WISCONSIN UTILIZATION REPORT
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State of Wisconsin

Section 1: State Employee Trust Funds

Insuring **Wisconsin's** Health *Since 1946*

State Employee Trust Funds

Executive Summary

Introduction

The Health Care Utilization Summary Report provides highlights of the analysis performed by WPS Health Insurance for the State of Wisconsin self-insured plans. The report contains details for the Standard, SMP and Medicare Plus \$1M Plans. The enrollment data spans the period of January 2006 through January 2007, including changes that occurred as a result of the 2007 Dual Choice Enrollment.

The claims data has three sources, WPS (medical), Navitus (drug), and Blue Cross Blue Shield (historical). WPS and Navitus claim information is the primary source of data used in this report. All WPS and Navitus claims are incurred between January 2006 and December 2006, and paid by the end of March 2007. The report does contain a small amount of medical only data received from Blue Cross Blue Shield for calendar year 2005 with a 12 month run-out period. WPS has used the Blue Cross Blue Shield data as it was received and cannot verify its accuracy. Only a few comparisons have been made to the prior plan year with Blue Cross Blue Shield due to data compatibility issues

The report is organized as follows:

- Executive Summary - Highlights of the report and explanation of Benchmarks used.
- Member Information - Enrollment details, including membership changes over the course of the year, geographic summaries, and demographic summaries.
- Medical and Prescription Drug Claims Data for 2006 - Per member per month(PMPM) claim costs on a monthly, calendar year type of service and Major Diagnostic Category basis, compared to a demographically adjusted WPS benchmark specific to each ETF class. Benchmarks have not been adjusted for benefit differences (for which the ETF plans have a richer than average plan design). Inpatient hospital utilization information is also included.
- Facility and Professional Provider Utilization Data - In network utilization for the Standard and SMP Plans, as well as out of network utilization for the Standard Plan has been included.
- Miscellaneous Claims Information - High cost members, medical and prescription drug cost sharing, and medical claims savings analysis.

State Employee Trust Funds

Executive Summary

Benchmarks

The benchmarks used in this report are derived from the experience of WPS large group business. In general, these groups are a combination of private and public employers, ranging in size from 51 employees to 5,000. All groups have their primary location and the majority of their population in Wisconsin. Only groups with a full year of experience with WPS were included to avoid any biases resulting from seasonality.

Demographic benchmarks are based on calendar year 2005 data. For Medicare classes, demographic benchmarks are based on comparable WPS Medicare enrollment as appropriate.

Claim cost benchmarks are also based on calendar year 2005 data, but have been trended forward to be representative of expected results for year 2006. To make the claim benchmarks more meaningful, they have been adjusted for demographic differences between the specific population profiled in each report and the population in the WPS benchmark. For example, an older population may be expected to have higher prescription drug costs but lower maternity costs. Unless otherwise specified, each claim based benchmark has had such an adjustment made, including not only PMPM costs but days/1000 and cost/day. The factors that go into each adjustment are unique to the particular claim-based statistic. Claim benchmarks are not adjusted, however, for plan benefit differences between the average represented in the WPS benchmark and the specific reported ETF class.

In general, the ETF plans have richer plan designs than the average represented in the WPS Benchmark. Therefore, all other things being equal, the ETF plan would be expected to exceed WPS Benchmarks.

State Employee Trust Funds

Executive Summary

Member / Demographic Data

Total enrollment was 14,489 members as of January 2007, down 8,136 members from the 22,625 members in the plan in December 2006. The reduction in membership was mainly due to the loss of 7,638 members in the SMP Plan related to the introduction of Security Health Plan as an HMO option.

The **Standard Plan** membership is much older than the normative distribution with 52% of membership over the age of 50 compared to the benchmark of 25%. 78% of the Standard Plan participants live within Wisconsin. Much of the Standard Plan population is located near larger metropolitan areas in Wisconsin with 25% of the population living in Dane County and 18% living in Milwaukee County.

The ages of the **SMP Plan** members by comparison are in line with the normative distribution showing a slightly older population as compared to the benchmark. The SMP Plan membership is almost entirely within Wisconsin, especially in the more rural areas with a majority of the population in the north central region. Only 0.7% of the population live outside of Wisconsin. For the SMP Plan 76% of plan participants live in a 5 county area including Portage, Marathon, Wood, Lincoln and Oneida counties. In 2007 the SMP Plan is available in 12 counties, down from 27 in 2006. As of January 2007, this change has resulted in a population reduction from the current 8,246 members to 593 members.

See pages 2-5 for more detail on Member/Demographic Data.

State Employee Trust Funds

Executive Summary

Claims Data

Summary

In 2006, the Standard Plan was 64% higher in medical PMPM claims cost than the SMP Plan. The Standard Plan's enrollment is generally in more expensive urban areas such as Milwaukee and Dane Counties, but that accounts for only about 10% of the cost differential with the SMP Plan. A bigger factor is the difference in demographics between the two plans, which by itself would be expected to raise the Standard Plan's costs another 27% above the SMP Plan. The final piece is simply the anti-selection that the Standard Plan is subject to vs. the other options available to the members. A broader provider panel is more attractive to members who utilize healthcare services and therefore value provider access, despite a larger premium contribution and the presence of modest cost sharing provisions within the benefit plan.

See Pages 6-10 for additional detail on the Claims Data.

Standard Plan

The Standard Plan has seen a 13.2% increase in medical claim costs between 2005 (Blue Cross Blue Shield) and 2006 (WPS). A majority of the variance to expected can be explained by one unusually large claim that is equivalent to 2.4% of the total claims for the plan. If this outlier claim is not included in the calculation, the medical trend from 2005 to 2006 would have been around 10%.

The Standard Plan's costs were 45.6% above the benchmark in 2006. The variance to the benchmark is primarily a result of the anti-selection resulting from the dual choice open enrollment. Other contributing factors include the location of the Standard Plan's enrolled membership (the higher cost urban areas) and the rich benefit design (relative to the benchmark).

A review of claims by Major Diagnostic Category helps explain some of the benchmark variance as well. Higher than expected costs associated with gastric bypass procedures, medical back problems, and other diagnostic procedures, combined with an above average outpatient psychiatric benefit and overall unusual large claim activity all contributed to the actual claim results being higher than the benchmark.

The Standard Plan has 44 members with claims over \$100,000 for a total of \$8,363,919 in claim costs. These 44 members represent 23.2% of total claims paid under the Standard Plan. The expected percent of claims over \$100,000 for a group of this size is 12.1%. The Standard Plan members pay 3.5% of their own medical claims as compared to the benchmark of 7-8%.

WPS paid 69.2% of submitted charges on behalf of the plan.

SMP Plan

For the SMP Plan, the year over year medical PMPM trend was 11.5%. Since the beginning of 2006, the SMP Plan experience has been fairly stable with small variances due to seasonality and large claim activity. The large population in 2006 makes the claim results for SMP more stable. However in 2007, the major reduction in population may result in higher variability in plan results. The SMP Plan was 10.8% above the benchmark for 2006. A majority of this can be attributed to the rich benefit design that is not accounted for in the benchmark numbers.

A review of claims by Major Diagnostic Category helps explain some of the benchmark variance as well. Higher than expected costs associated with medical back problems and diagnostic procedures contributed to the actual claim results being higher than the benchmark. With the higher than normal utilization of physician services it is not unusual for diagnostic services to also be higher.

The SMP Plan has 21 members with claims over \$100,000 for a total of \$3,430,687 in claim costs. These 21 members represent 8.6% of total claims paid under the SMP Plan. The SMP Plan members pay almost nothing towards their own medical claims (in the form of cost sharing), unlike the members of most large groups who pay an average of about 7-8% of their medical claims.

WPS paid 78.0% of submitted charges on behalf of the plan.

Medicare

The Medicare Plus \$1M Plan has seen stable results over the last 2 years. The year over year medical PMPM trend from 2005 to 2006 was 3.0%.

WPS paid 6.6% of submitted charges on behalf of the plan. 75.1% of the charges were paid by Medicare.

State Employee Trust Funds

Executive Summary

Provider Data

For the **Standard Plan**, the top 20 facilities provide 62% of the total facility charges for the plan. By far, the largest percent of claims and number of patients came from the University of Wisconsin hospital. 40.5% of professional charges are from the top 20 providers. The University of Wisconsin Medical Foundation is the leading professional provider. Like the facility charges, a majority of the top professional providers are from the Dane and Milwaukee Counties regions. However we do see providers from different states and regions in the top 20 providers.

For the **SMP Plan**, the top 20 facilities provide 93% of the total facility charges for the plan. The largest percentage of paid claims is from St. Michaels Hospital in Steven Point, followed closely by St. Josephs in Marshfield and Aspirus in Wausau. 77.8% of the paid claims are from the top 20 professional providers. Marshfield Clinic was the top professional provider receiving 37% of the overall payments, followed by St Michael's Hospital which received 17.3% of the payment.

See pages 11 & 12 for more detail on Provider Data.

State Employee Trust Funds

Summary Level Cost and Membership

Monthly Cost and Membership

The Monthly Cost and Membership report in Exhibit 1-A shows monthly membership and incurred claims for the Standard, SMP and Medicare Plus \$1M Plans from January 2006 through December 2006. The total Paid Claims include medical and drug claims and represent all claims paid through the end of March 2007. The Paid PMPM shows the average amount paid per member each month in the time period.

Enrollment on the **Standard Plan** averaged 4,335 members per month in 2006. The membership over the course of the year remained fairly stable with a modest increase beginning in September. The Paid PMPM cost for the Standard Plan averaged \$691.73, with the first half of the year above the average at \$711.82 in Paid PMPM costs and the second half of the year below the average at \$672.13 in Paid PMPM costs. The monthly variance in the Paid PMPM cost can be attributed to seasonality, credibility and large claim activity.

SMP Plan enrollment averaged 8,163 members per month in 2006. The 2006 membership remained relatively stable in 2006 but also had a small increase in membership in September. The Paid PMPM cost for the SMP Plan averaged \$406.21 in 2006 with little variance from this average over the year.

The **Medicare Plus \$1M Plan** enrollment averaged 10,076 members per month in 2006. The membership declined over the course of the year, beginning with 10,235 members in January and gradually falling to 9,961 members in December. The Paid PMPM cost for the Medicare Plus \$1M averaged \$328.51 in 2006. Although the membership decreased throughout 2006, the Paid PMPM cost slowly increased, beginning at \$317.68 in the first quarter and increasing steadily to \$348.35 in the fourth quarter of 2006.

STATE EMPLOYEE TRUST FUNDS
Monthly Cost and Membership
Paid Through March 2007

Exhibit 1-A

| Incurred Month | STANDARD | | | SMP | | | MEDICARE | | |
|----------------|-----------------|---------------------|-----------------|-----------------|---------------------|-----------------|-----------------|---------------------|-----------------|
| | Covered Members | Paid Claims | Paid PMPM | Covered Members | Paid Claims | Paid PMPM | Covered Members | Paid Claims | Paid PMPM |
| 2006 January | 4,293 | \$2,835,312 | \$660.45 | 8,119 | \$3,365,410 | \$414.51 | 10,235 | \$3,407,079 | \$332.89 |
| February | 4,304 | \$2,878,120 | \$668.71 | 8,123 | \$2,977,945 | \$366.61 | 10,201 | \$3,054,970 | \$299.48 |
| March | 4,294 | \$3,369,696 | \$784.75 | 8,127 | \$3,414,222 | \$420.11 | 10,167 | \$3,259,836 | \$320.63 |
| April | 4,250 | \$2,889,590 | \$679.90 | 8,128 | \$3,018,529 | \$371.37 | 10,151 | \$3,049,089 | \$300.37 |
| May | 4,251 | \$2,890,469 | \$679.95 | 8,130 | \$3,366,297 | \$414.06 | 10,099 | \$3,373,361 | \$334.03 |
| June | 4,297 | \$3,422,738 | \$796.54 | 8,134 | \$3,486,697 | \$428.66 | 10,059 | \$3,288,538 | \$326.92 |
| July | 4,354 | \$2,882,327 | \$662.00 | 8,140 | \$3,362,621 | \$413.10 | 10,035 | \$3,137,401 | \$312.65 |
| August | 4,293 | \$2,894,899 | \$674.33 | 8,139 | \$3,447,639 | \$423.59 | 10,024 | \$3,444,960 | \$343.67 |
| September | 4,361 | \$2,750,591 | \$630.72 | 8,243 | \$3,004,444 | \$364.48 | 10,013 | \$3,279,772 | \$327.55 |
| October | 4,465 | \$3,724,409 | \$834.13 | 8,246 | \$3,916,330 | \$474.94 | 9,988 | \$3,468,076 | \$347.22 |
| November | 4,435 | \$2,789,040 | \$628.87 | 8,204 | \$3,079,590 | \$375.38 | 9,984 | \$3,483,099 | \$348.87 |
| December | 4,419 | \$2,653,874 | \$600.56 | 8,228 | \$3,353,432 | \$407.56 | 9,961 | \$3,476,069 | \$348.97 |
| Total | 52,016 | \$35,981,065 | \$691.73 | 97,961 | \$39,793,155 | \$406.21 | 120,917 | \$39,722,250 | \$328.51 |

Note: Paid claims include prescription drugs and injectables

Note: Member counts in this exhibit have been restated to reflect retroactive membership changes through March 2007

State Employee Trust Funds

Group Demographics

Enrollment by Plan & Dual Choice Changes

The Enrollment by Plan report shown in Exhibit 2-A shows the December 2006 membership for the Standard, SMP and Medicare Plus \$1M Plans at the class level. The Dual Choice Enrollment Changes by Plan report in Exhibit 2-B shows the January 2007 enrollment reflecting changes that occurred during the Dual Choice Enrollment. The enrollment changes are numerical differences relative to December 2006. In both exhibits the counts are based on members. For each class the membership, average age, female distribution, and age/gender factor have been provided. The age/gender factor is an index intended to represent expected plan cost based on the age and gender of each member, without regard to plan design, health, etc. The age/gender factor is not shown for the Medicare Plus \$1M Plan, where coordination of benefits with Medicare has an overwhelming impact on plan cost.

Based on the age/gender factors for December 2006 shown in Exhibit 2-A, we would expect the demographics alone would cause the Standard Plan to be 27% higher in claim costs than the SMP Plan, everything else being equal.

Exhibit 2-B shows total enrollment for all plans was 14,489 members as of January 2007, down 8,136 members from the 22,625 members in the plan in December 2006. The reduction in membership was mainly due to the loss of 7,638 members in the SMP Plan related to the introduction of Security Health Plan as the HMO option. The Standard Plan also experienced the loss of 509 members during Dual Choice Enrollment. The positive change in age/gender factors for the Standard and SMP Plans means both got more expensive demographically in 2007 on a per member basis as a result of the membership loss. The large overall increase in the Grand Total average member age is due to the large loss of the younger SMP population that balanced the older Medicare population.

STATE EMPLOYEE TRUST FUNDS

Enrollment by Plan

December 2006

Exhibit 2-A

| Plan | Class | # of Members | Average Member Age | Member Gender Distribution Female | Member Age/Gender Factor |
|----------------------------------|--|---------------------|---------------------------|--|---------------------------------|
| Standard | Regular | 3,201 | 42.7 | 53.9% | 1.585 |
| | Graduate Assistant (including GA continuation) | 418 | 27.3 | 45.5% | 0.882 |
| | Continuation | 19 | 36.4 | 47.4% | 1.236 |
| | Annuitants | 768 | 56.9 | 67.1% | 2.354 |
| Subtotal | | 4,406 | 43.7 | 55.4% | 1.651 |
| SMP | Regular | 7,469 | 34.9 | 49.9% | 1.215 |
| | Graduate Assistant (including GA continuation) | 88 | 28.6 | 47.7% | 0.952 |
| | Continuation | 7 | 44.9 | 42.9% | 1.568 |
| | Annuitants | 667 | 55.6 | 58.8% | 2.261 |
| Subtotal | | 8,231 | 36.5 | 50.6% | 1.297 |
| Medicare Plus One Million | Single | 4,691 | 80.1 | 73.1% | N/A |
| | One Over | 377 | 69.1 | 11.9% | N/A |
| | Two Over | 4,920 | 75.7 | 50.1% | N/A |
| Subtotal | | 9,988 | 77.5 | 59.5% | N/A |
| ETF Grand Total | | 22,625 | 56.0 | 55.4% | N/A |

STATE EMPLOYEE TRUST FUNDS
Dual Choice Enrollment Changes by Plan
December 2006 to January 2007

Exhibit 2-B

| Plan | Class | January 2007 Membership | Change in Membership from Prior Month | Change in Average Member Age | Change in Member Gender Distibution Female | Change in Member Age/ Gender |
|----------------------------------|--|----------------------------|--|---------------------------------------|--|---------------------------------------|
| Standard | Regular | 2,712 | -489 | 1.0 | -0.2% | 3.21% |
| | Graduate Assistant (including GA continuation) | 390 | -28 | 0.1 | 1.7% | 1.52% |
| | Continuation | 20 | 1 | -2.2 | 7.6% | -2.89% |
| | Annuitants | 775 | 7 | 0.2 | -0.9% | 0.51% |
| Subtotal | | 3,897 | -509 | 1.0 | 0.1% | 3.27% |
| SMP | Regular | 486 | -6,983 | -0.2 | 1.5% | -0.22% |
| | Graduate Assistant (including GA continuation) | 6 | -82 | 1.7 | -14.4% | -16.73% |
| | Continuation | 6 | -1 | 3.8 | -9.5% | 6.66% |
| | Annuitants | 95 | -572 | -2.4 | -0.9% | -6.09% |
| Subtotal | | 593 | -7,638 | 1.2 | 1.5% | 4.74% |
| Medicare Plus One Million | Single | 4,715 | 24 | 0.0 | -0.2% | N/A |
| | One Over | 273 | -104 | 0.6 | 1.3% | N/A |
| | Two Over | 5,011 | 91 | 0.0 | 0.0% | N/A |
| Subtotal | | 9,999 | 11 | 0.1 | 0.4% | N/A |
| ETF Grand Total | | 14,489 | -8,136 | 11.1 | 2.9% | N/A |

State Employee Trust Funds

Group Demographics

Member Census Grids

The Member Census Grid breaks down the December 2006 membership into age and gender categories for the Standard, SMP and Medicare Plus \$1M Plans. The Standard and SMP distributions are compared to a benchmark distribution based on WPS large group business as described in the Executive Summary. The benchmark distribution for the Medicare plan is based on comparable WPS Medicare enrollment.

Standard Plan

The Standard Plan membership shown in Exhibit 3-A appears to be much older than the normative distribution with 52% of membership over the age of 50 compared to the benchmark of 25%. The broad provider panel and out of state membership produce an upward bias on the average age. Older members tend to seek more medical care and tend to select a broader panel of providers for that care. Since the Standard Plan has a broader panel of providers, this causes the average age to be higher. Secondly, the Standard Plan is the only out of state offering. Therefore, all retirees who move out of state will select the Standard Plan, again contributing to a higher average age.

Also corresponding to the older than expected membership is the smaller than expected population of children with only 16% of the membership under the age of 20 compared to the benchmark of 30%. The Standard Plan also has a slightly higher than normal population of females with 55.4% female as compared to the benchmark of 51.7%.

SMP Plan

The SMP Plan membership shown in Exhibit 3-B by comparison seems to be in line with the normative distribution with only a slightly older population as compared to the benchmark. The SMP distribution was above the benchmark from age 45 to age 65 which is pushing the average age slightly above the norm.

Medicare

The Medicare Plus \$1M Plan membership is shown in Exhibit 3-C. The population over the age of 65 is distributed evenly, with most age bands containing about 20% of the population.

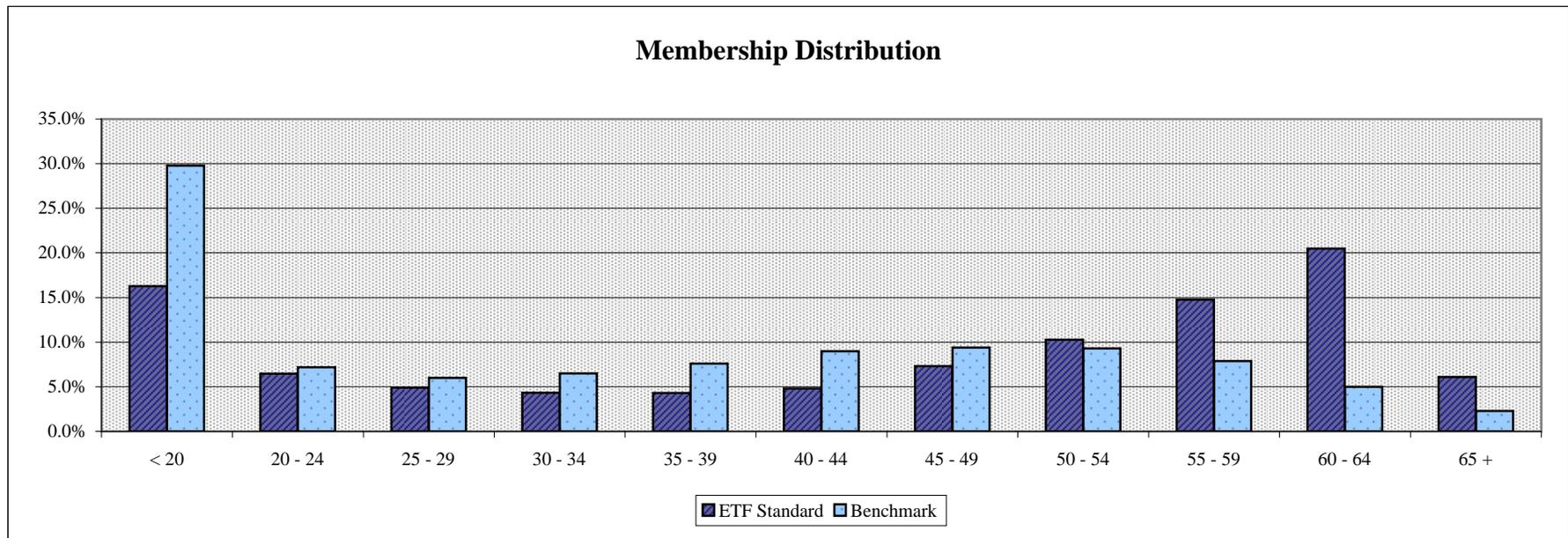
**STATE EMPLOYEE TRUST FUNDS
Member Census Grid - Standard
December 2006**

Exhibit 3-A

| FEMALE | | | |
|-----------------|---------------------|-------------------|------------------|
| Age Band | # of Members | % of Total | Benchmark |
| < 20 | 373 | 8.5% | 14.5% |
| 20 - 24 | 146 | 3.3% | 3.9% |
| 25 - 29 | 104 | 2.4% | 3.3% |
| 30 - 34 | 109 | 2.5% | 3.4% |
| 35 - 39 | 97 | 2.2% | 4.0% |
| 40 - 44 | 121 | 2.7% | 4.8% |
| 45 - 49 | 201 | 4.6% | 5.0% |
| 50 - 54 | 256 | 5.8% | 5.0% |
| 55 - 59 | 399 | 9.1% | 4.2% |
| 60 - 64 | 525 | 11.9% | 2.5% |
| 65 + | 108 | 2.5% | 1.1% |
| Total | 2,439 | 55.4% | 51.7% |

| MALE | | | |
|-----------------|---------------------|-------------------|------------------|
| Age Band | # of Members | % of Total | Benchmark |
| < 20 | 344 | 7.8% | 15.3% |
| 20 - 24 | 139 | 3.2% | 3.3% |
| 25 - 29 | 112 | 2.5% | 2.7% |
| 30 - 34 | 82 | 1.9% | 3.1% |
| 35 - 39 | 92 | 2.1% | 3.6% |
| 40 - 44 | 91 | 2.1% | 4.2% |
| 45 - 49 | 122 | 2.8% | 4.4% |
| 50 - 54 | 196 | 4.4% | 4.3% |
| 55 - 59 | 252 | 5.7% | 3.7% |
| 60 - 64 | 377 | 8.6% | 2.5% |
| 65 + | 160 | 3.6% | 1.2% |
| Total | 1,967 | 44.6% | 48.3% |

| TOTAL | | | |
|-----------------|---------------------|-------------------|------------------|
| Age Band | # of Members | % of Total | Benchmark |
| < 20 | 717 | 16.3% | 29.8% |
| 20 - 24 | 285 | 6.5% | 7.2% |
| 25 - 29 | 216 | 4.9% | 6.0% |
| 30 - 34 | 191 | 4.3% | 6.5% |
| 35 - 39 | 189 | 4.3% | 7.6% |
| 40 - 44 | 212 | 4.8% | 9.0% |
| 45 - 49 | 323 | 7.3% | 9.4% |
| 50 - 54 | 452 | 10.3% | 9.3% |
| 55 - 59 | 651 | 14.8% | 7.9% |
| 60 - 64 | 902 | 20.5% | 5.0% |
| 65 + | 268 | 6.1% | 2.3% |
| Total | 4,406 | 100.0% | 100.0% |



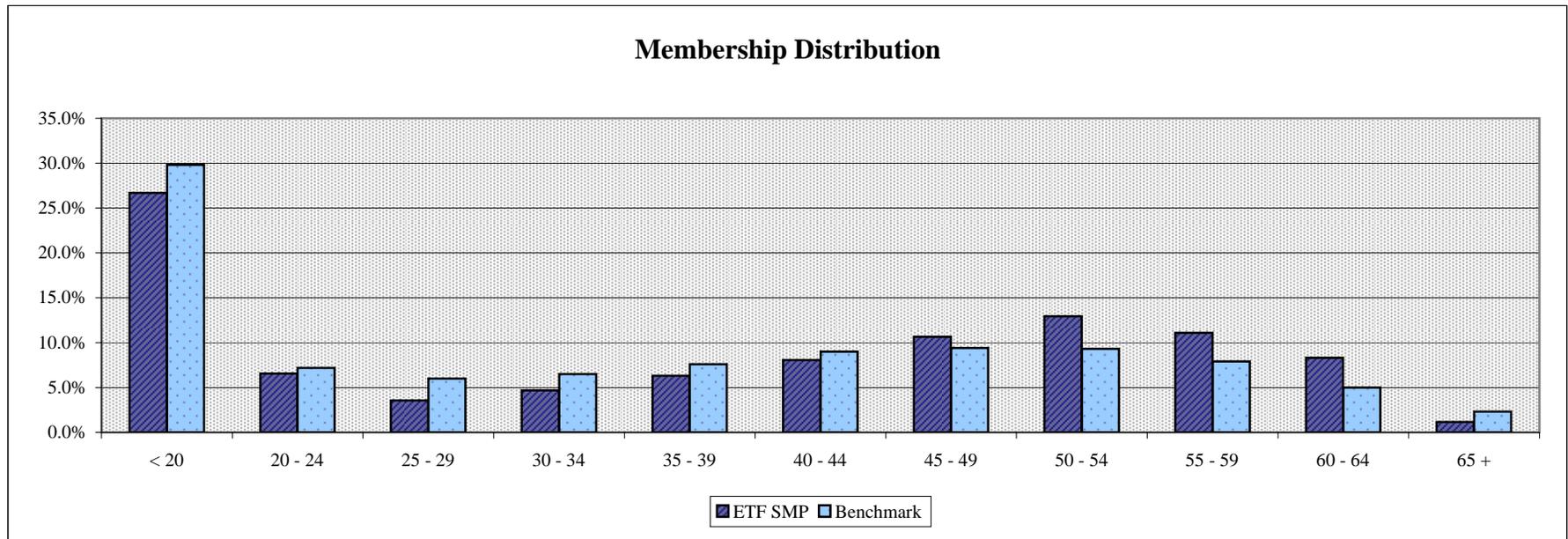
STATE EMPLOYEE TRUST FUNDS
Member Census Grid - SMP
December 2006

Exhibit 3-B

| FEMALE | | | |
|-----------------|---------------------|-------------------|------------------|
| Age Band | # of Members | % of Total | Benchmark |
| < 20 | 1,040 | 12.6% | 14.5% |
| 20 - 24 | 302 | 3.7% | 3.9% |
| 25 - 29 | 165 | 2.0% | 3.3% |
| 30 - 34 | 207 | 2.5% | 3.4% |
| 35 - 39 | 279 | 3.4% | 4.0% |
| 40 - 44 | 353 | 4.3% | 4.8% |
| 45 - 49 | 485 | 5.9% | 5.0% |
| 50 - 54 | 530 | 6.4% | 5.0% |
| 55 - 59 | 429 | 5.2% | 4.2% |
| 60 - 64 | 340 | 4.1% | 2.5% |
| 65 + | 35 | 0.4% | 1.1% |
| Total | 4,165 | 50.6% | 51.7% |

| MALE | | | |
|-----------------|---------------------|-------------------|------------------|
| Age Band | # of Members | % of Total | Benchmark |
| < 20 | 1,156 | 14.0% | 15.3% |
| 20 - 24 | 237 | 2.9% | 3.3% |
| 25 - 29 | 128 | 1.6% | 2.7% |
| 30 - 34 | 179 | 2.2% | 3.1% |
| 35 - 39 | 240 | 2.9% | 3.6% |
| 40 - 44 | 311 | 3.8% | 4.2% |
| 45 - 49 | 391 | 4.8% | 4.4% |
| 50 - 54 | 534 | 6.5% | 4.3% |
| 55 - 59 | 485 | 5.9% | 3.7% |
| 60 - 64 | 344 | 4.2% | 2.5% |
| 65 + | 61 | 0.7% | 1.2% |
| Total | 4,066 | 49.4% | 48.3% |

| TOTAL | | | |
|-----------------|---------------------|-------------------|------------------|
| Age Band | # of Members | % of Total | Benchmark |
| < 20 | 2,196 | 26.7% | 29.8% |
| 20 - 24 | 539 | 6.5% | 7.2% |
| 25 - 29 | 293 | 3.6% | 6.0% |
| 30 - 34 | 386 | 4.7% | 6.5% |
| 35 - 39 | 519 | 6.3% | 7.6% |
| 40 - 44 | 664 | 8.1% | 9.0% |
| 45 - 49 | 876 | 10.6% | 9.4% |
| 50 - 54 | 1,064 | 12.9% | 9.3% |
| 55 - 59 | 914 | 11.1% | 7.9% |
| 60 - 64 | 684 | 8.3% | 5.0% |
| 65 + | 96 | 1.2% | 2.3% |
| Total | 8,231 | 100.0% | 100.0% |



STATE EMPLOYEE TRUST FUNDS
Member Census Grid - Medicare Plus One Million
December 2006

Exhibit 3-C

| FEMALE | | | |
|-----------------|---------------------|-------------------|------------------|
| Age Band | # of Members | % of Total | Benchmark |
| < 40 | 3 | 0.0% | 0.1% |
| 40 - 44 | 3 | 0.0% | 0.1% |
| 45 - 49 | 15 | 0.2% | 0.1% |
| 50 - 54 | 25 | 0.3% | 0.2% |
| 55 - 59 | 59 | 0.6% | 0.4% |
| 60 - 64 | 55 | 0.6% | 0.7% |
| 65 - 69 | 990 | 9.9% | 19.7% |
| 70 - 74 | 1,057 | 10.6% | 11.0% |
| 75 - 79 | 1,136 | 11.4% | 8.7% |
| 80 - 84 | 1,064 | 10.7% | 6.6% |
| 85 + | 1,531 | 15.3% | 9.4% |
| Total | 5,938 | 59.5% | 57.1% |

| MALE | | | |
|-----------------|---------------------|-------------------|------------------|
| Age Band | # of Members | % of Total | Benchmark |
| < 40 | 3 | 0.0% | 0.0% |
| 40 - 44 | 3 | 0.0% | 0.0% |
| 45 - 49 | 4 | 0.0% | 0.1% |
| 50 - 54 | 9 | 0.1% | 0.2% |
| 55 - 59 | 16 | 0.2% | 0.3% |
| 60 - 64 | 35 | 0.4% | 0.5% |
| 65 - 69 | 735 | 7.4% | 17.1% |
| 70 - 74 | 891 | 8.9% | 10.1% |
| 75 - 79 | 919 | 9.2% | 6.8% |
| 80 - 84 | 753 | 7.5% | 4.2% |
| 85 + | 682 | 6.8% | 3.5% |
| Total | 4,050 | 40.5% | 42.9% |

| TOTAL | | | |
|-----------------|---------------------|-------------------|------------------|
| Age Band | # of Members | % of Total | Benchmark |
| < 40 | 6 | 0.1% | 0.1% |
| 40 - 44 | 6 | 0.1% | 0.1% |
| 45 - 49 | 19 | 0.2% | 0.3% |
| 50 - 54 | 34 | 0.3% | 0.4% |
| 55 - 59 | 75 | 0.8% | 0.7% |
| 60 - 64 | 90 | 0.9% | 1.3% |
| 65 - 69 | 1,725 | 17.3% | 36.8% |
| 70 - 74 | 1,948 | 19.5% | 21.1% |
| 75 - 79 | 2,055 | 20.6% | 15.5% |
| 80 - 84 | 1,817 | 18.2% | 10.8% |
| 85 + | 2,213 | 22.2% | 12.9% |
| Total | 9,988 | 100.0% | 100.0% |



State Employee Trust Funds

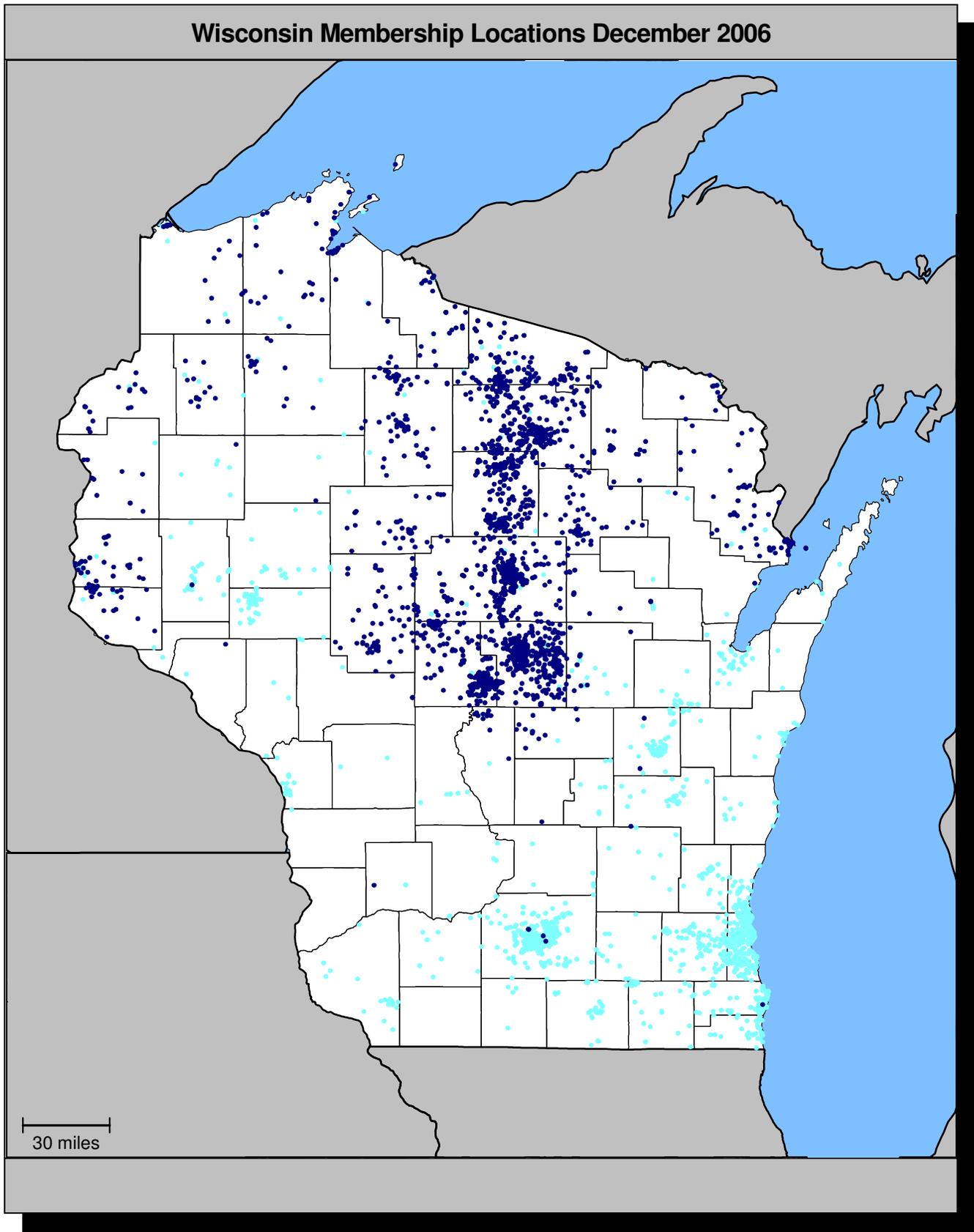
Group Demographics

Wisconsin Enrollment

The Wisconsin Enrollment map in Exhibit 4-A visually shows how the membership for the Standard and SMP Plans are dispersed throughout Wisconsin. The map shows enrollment on December 1, 2006. Each of the dots represents one address. Members of the SMP plan that appear to be living outside the available SMP county region are typically dependent students. Exhibit 4-B shows the same information numerically.

78% of the **Standard Plan** participants live within Wisconsin. Much of the Standard Plan population is located near larger metropolitan areas in Wisconsin with 25% of the population living in Dane County and 18% living in Milwaukee County.

The **SMP Plan** membership in comparison is almost entirely within Wisconsin and in the more rural areas with a majority of the population in the north central region. 76% of the SMP Plan participants live in a 5 county area including Portage, Marathon, Wood, Lincoln and Oneida counties. In 2007 the SMP Plan will only be available in 12 counties down from the current 27 county region. This change has resulted in a population reduction from the current 8,246 members to 593 members as of January 2007. The large loss of the membership in the north central region may lead to increased volatility in SMP Plan results for 2007.



- Standard
- SMP

STATE EMPLOYEE TRUST FUNDS
Enrollment By County
December 2006

Exhibit 4-B

| County | STANDARD | | SMP | |
|-------------|--------------|--------------|--------------|--------------|
| | # of Members | % of Members | # of Members | % of Members |
| ADAMS | 2 | 0.0% | 1 | 0.0% |
| ASHLAND | 4 | 0.1% | 74 | 0.9% |
| BARRON | 11 | 0.2% | 1 | 0.0% |
| BAYFIELD | 7 | 0.2% | 62 | 0.8% |
| BROWN | 62 | 1.4% | 0 | 0.0% |
| BUFFALO | 4 | 0.1% | 1 | 0.0% |
| BURNETT | 4 | 0.1% | 40 | 0.5% |
| CALUMET | 11 | 0.2% | 0 | 0.0% |
| CHIPPEWA | 27 | 0.6% | 0 | 0.0% |
| CLARK | 0 | 0.0% | 199 | 2.4% |
| COLUMBIA | 5 | 0.1% | 0 | 0.0% |
| CRAWFORD | 0 | 0.0% | 0 | 0.0% |
| DANE | 1,112 | 25.2% | 10 | 0.1% |
| DODGE | 7 | 0.2% | 0 | 0.0% |
| DOOR | 4 | 0.1% | 0 | 0.0% |
| DOUGLAS | 4 | 0.1% | 34 | 0.4% |
| DUNN | 78 | 1.8% | 1 | 0.0% |
| EAU CLAIRE | 87 | 2.0% | 0 | 0.0% |
| FLORENCE | 0 | 0.0% | 30 | 0.4% |
| FOND DU LAC | 46 | 1.0% | 3 | 0.0% |
| FOREST | 4 | 0.1% | 63 | 0.8% |
| GRANT | 35 | 0.8% | 0 | 0.0% |
| GREEN | 7 | 0.2% | 0 | 0.0% |
| GREEN LAKE | 15 | 0.3% | 0 | 0.0% |
| IOWA | 9 | 0.2% | 0 | 0.0% |

| County | STANDARD | | SMP | |
|-----------|--------------|--------------|--------------|--------------|
| | # of Members | % of Members | # of Members | % of Members |
| IRON | 2 | 0.0% | 49 | 0.6% |
| JACKSON | 2 | 0.0% | 0 | 0.0% |
| JEFFERSON | 20 | 0.5% | 0 | 0.0% |
| JUNEAU | 7 | 0.2% | 0 | 0.0% |
| KENOSHA | 52 | 1.2% | 0 | 0.0% |
| KEWAUNEE | 2 | 0.0% | 0 | 0.0% |
| LACROSSE | 28 | 0.6% | 0 | 0.0% |
| LAFAYETTE | 0 | 0.0% | 0 | 0.0% |
| LANGLADE | 4 | 0.1% | 185 | 2.2% |
| LINCOLN | 12 | 0.3% | 790 | 9.6% |
| MANITOWOC | 23 | 0.5% | 0 | 0.0% |
| MARATHON | 23 | 0.5% | 1,120 | 13.6% |
| MARINETTE | 29 | 0.7% | 189 | 2.3% |
| MARQUETTE | 0 | 0.0% | 1 | 0.0% |
| MENOMINEE | 5 | 0.1% | 0 | 0.0% |
| MILWAUKEE | 809 | 18.4% | 0 | 0.0% |
| MONROE | 2 | 0.0% | 0 | 0.0% |
| OCONTO | 6 | 0.1% | 7 | 0.1% |
| ONEIDA | 9 | 0.2% | 729 | 8.9% |
| OUTAGAMIE | 25 | 0.6% | 0 | 0.0% |
| OZAUKEE | 82 | 1.9% | 0 | 0.0% |
| PEPIN | 2 | 0.0% | 0 | 0.0% |
| PIERCE | 25 | 0.6% | 78 | 0.9% |
| POLK | 0 | 0.0% | 27 | 0.3% |
| PORTAGE | 45 | 1.0% | 2,689 | 32.7% |

| County | STANDARD | | SMP | |
|---------------|--------------|---------------|--------------|---------------|
| | # of Members | % of Members | # of Members | % of Members |
| PRICE | 4 | 0.1% | 183 | 2.2% |
| RACINE | 154 | 3.5% | 4 | 0.0% |
| RICHLAND | 2 | 0.0% | 1 | 0.0% |
| ROCK | 38 | 0.9% | 0 | 0.0% |
| RUSK | 1 | 0.0% | 0 | 0.0% |
| SAUK | 8 | 0.2% | 0 | 0.0% |
| SAWYER | 5 | 0.1% | 34 | 0.4% |
| SHAWANO | 7 | 0.2% | 40 | 0.5% |
| SHEBOYGAN | 16 | 0.4% | 0 | 0.0% |
| ST CROIX | 7 | 0.2% | 66 | 0.8% |
| TAYLOR | 1 | 0.0% | 114 | 1.4% |
| TREMPEALEAU | 4 | 0.1% | 0 | 0.0% |
| VERNON | 2 | 0.0% | 0 | 0.0% |
| VILAS | 13 | 0.3% | 366 | 4.4% |
| WALWORTH | 50 | 1.1% | 0 | 0.0% |
| WASHBURN | 4 | 0.1% | 30 | 0.4% |
| WASHINGTON | 42 | 1.0% | 0 | 0.0% |
| WAUKESHA | 167 | 3.8% | 0 | 0.0% |
| WAUPACA | 29 | 0.7% | 33 | 0.4% |
| WAUSHARA | 3 | 0.1% | 31 | 0.4% |
| WINNEBAGO | 141 | 3.2% | 3 | 0.0% |
| WOOD | 10 | 0.2% | 888 | 10.8% |
| OUT OF STATE | 939 | 21.3% | 55 | 0.7% |
| Totals | 4,406 | 100.0% | 8,231 | 100.0% |

State Employee Trust Funds

Group Demographics

Out of State Enrollment

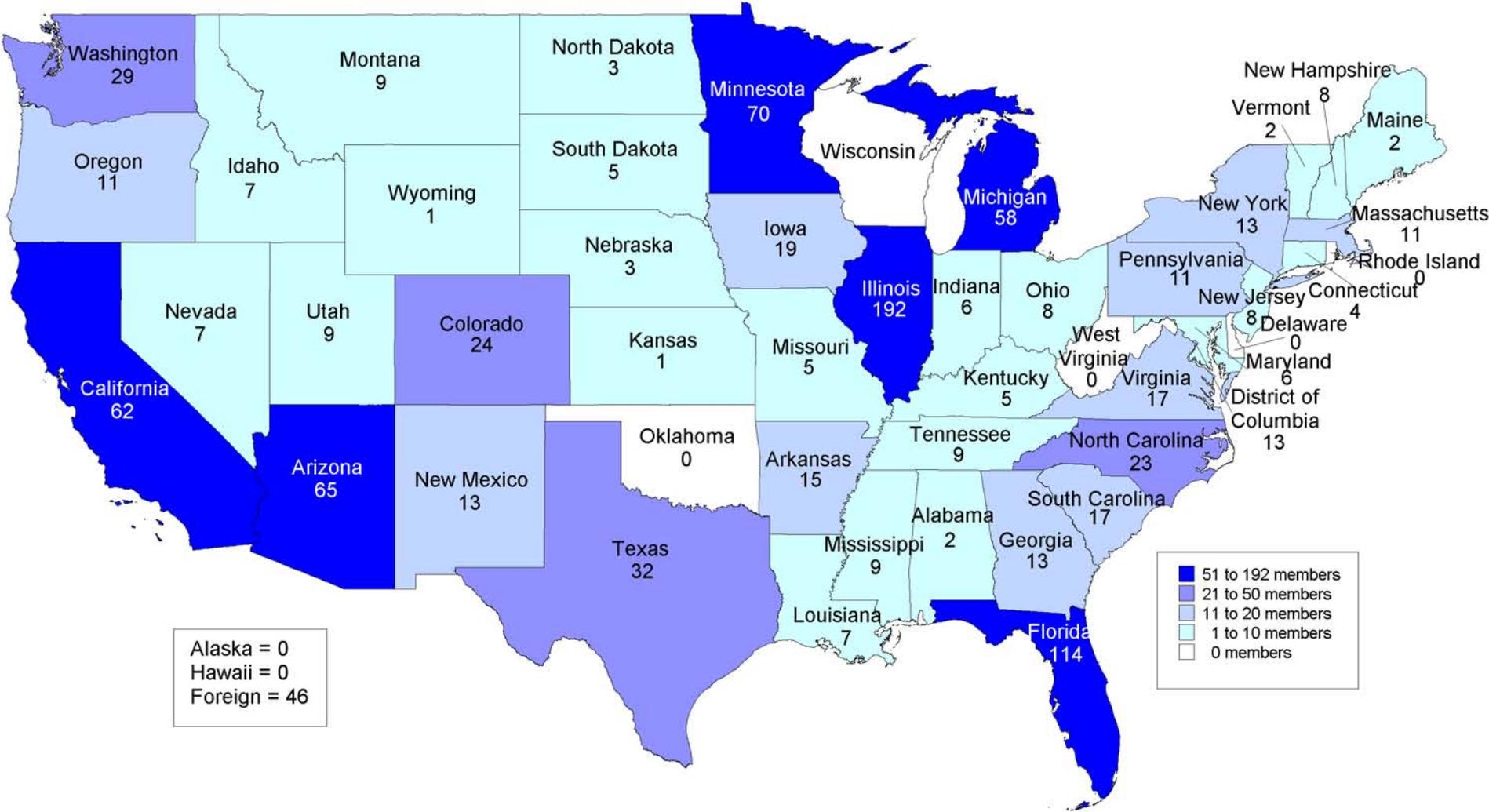
The United States Enrollment Map in Exhibit 5-A visually depicts how the enrollment in the Standard and SMP Plans is spread throughout the United States. The out of state enrollment is based on the member's address as of December 2006 and could change as members relocate. The map displays the number of Standard and SMP Plan members living in each state along with a shading scheme in which higher population areas are represented with increasingly darker shading. Exhibit 5-B shows the same information numerically.

The **Standard Plan** has 21.3% of the population living outside the state of Wisconsin with the membership dispersed over 45 states with an additional 46 members living internationally. 32% of the out of state enrollment lives along the Wisconsin border with the largest number of members living in Illinois (190 members or 20%). Another 28% of the out of state membership lives in the sunbelt with 105 members in Florida, 63 members in Arizona, 62 members in California, and 30 members in Texas.

The **SMP Plan** in comparison has only 0.7% of the population living outside the state of Wisconsin. A majority of the out of state membership resides in Minnesota and Michigan who are likely employees living on the Wisconsin border. The SMP Plan does have some provider coverage in the states bordering Wisconsin however the plan does not have any non-emergency provider coverage in other states.

STATE EMPLOYEE TRUST FUNDS

Out of State Membership Locations (excluding Medicare membership)
December 2006



STATE EMPLOYEE TRUST FUNDS
Out of State Enrollment
December 2006

Exhibit 5-B

| STANDARD | | | | | SMP | | | | | STANDARD | | | | | SMP | | | | |
|-------------|--------------|--------------|--------------|--------------|----------------|--------------|--------------|--------------|--------------|----------------|--------------|---------------|--------------|---------------|-------|--------------|--------------|--------------|--------------|
| State | # of Members | % of Members | # of Members | % of Members | State | # of Members | % of Members | # of Members | % of Members | State | # of Members | % of Members | # of Members | % of Members | State | # of Members | % of Members | # of Members | % of Members |
| ALABAMA | 2 | 0.2% | 0 | 0.0% | MAINE | 2 | 0.2% | 0 | 0.0% | OREGON | 11 | 1.2% | 0 | 0.0% | | | | | |
| ALASKA | 0 | 0.0% | 0 | 0.0% | MARYLAND | 6 | 0.6% | 0 | 0.0% | PENNSYLVANIA | 11 | 1.2% | 0 | 0.0% | | | | | |
| ARIZONA | 63 | 6.7% | 2 | 3.6% | MASSACHUSETTS | 11 | 1.2% | 0 | 0.0% | RHODE ISLAND | 0 | 0.0% | 0 | 0.0% | | | | | |
| ARKANSAS | 14 | 1.5% | 1 | 1.8% | MICHIGAN | 42 | 4.5% | 16 | 29.1% | SOUTH CAROLINA | 17 | 1.8% | 0 | 0.0% | | | | | |
| CALIFORNIA | 62 | 6.6% | 0 | 0.0% | MINNESOTA | 51 | 5.4% | 19 | 34.5% | SOUTH DAKOTA | 5 | 0.5% | 0 | 0.0% | | | | | |
| COLORADO | 24 | 2.6% | 0 | 0.0% | MISSISSIPPI | 9 | 1.0% | 0 | 0.0% | TENNESSEE | 9 | 1.0% | 0 | 0.0% | | | | | |
| CONNECTICUT | 4 | 0.4% | 0 | 0.0% | MISSOURI | 5 | 0.5% | 0 | 0.0% | TEXAS | 30 | 3.2% | 2 | 3.6% | | | | | |
| DELAWARE | 0 | 0.0% | 0 | 0.0% | MONTANA | 9 | 1.0% | 0 | 0.0% | UTAH | 9 | 1.0% | 0 | 0.0% | | | | | |
| FLORIDA | 105 | 11.2% | 9 | 16.4% | NEBRASKA | 3 | 0.3% | 0 | 0.0% | VERMONT | 2 | 0.2% | 0 | 0.0% | | | | | |
| GEORGIA | 13 | 1.4% | 0 | 0.0% | NEVADA | 7 | 0.7% | 0 | 0.0% | VIRGINIA | 17 | 1.8% | 0 | 0.0% | | | | | |
| HAWAII | 0 | 0.0% | 0 | 0.0% | NEW HAMPSHIRE | 8 | 0.9% | 0 | 0.0% | WASHINGTON | 29 | 3.1% | 0 | 0.0% | | | | | |
| IDAHO | 6 | 0.6% | 1 | 1.8% | NEW JERSEY | 8 | 0.9% | 0 | 0.0% | WASHINGTON DC | 13 | 1.4% | 0 | 0.0% | | | | | |
| ILLINOIS | 190 | 20.2% | 2 | 3.6% | NEW MEXICO | 13 | 1.4% | 0 | 0.0% | WEST VIRGINIA | 0 | 0.0% | 0 | 0.0% | | | | | |
| INDIANA | 6 | 0.6% | 0 | 0.0% | NEW YORK | 13 | 1.4% | 0 | 0.0% | WYOMING | 1 | 0.1% | 0 | 0.0% | | | | | |
| IOWA | 16 | 1.7% | 3 | 5.5% | NORTH CAROLINA | 23 | 2.4% | 0 | 0.0% | FOREIGN | 46 | 4.9% | 0 | 0.0% | | | | | |
| KANSAS | 1 | 0.1% | 0 | 0.0% | NORTH DAKOTA | 3 | 0.3% | 0 | 0.0% | | | | | | | | | | |
| KENTUCKY | 5 | 0.5% | 0 | 0.0% | OHIO | 8 | 0.9% | 0 | 0.0% | | | | | | | | | | |
| LOUISIANA | 7 | 0.7% | 0 | 0.0% | OKLAHOMA | 0 | 0.0% | 0 | 0.0% | | | | | | | | | | |
| | | | | | | | | | | Totals | 939 | 100.0% | 55 | 100.0% | | | | | |

State Employee Trust Funds

Plan Utilization

Paid Per Member Per Month Costs

The Paid Medical and Drug PMPM report in Exhibit 6-A displays the average amount paid per member each month for the Standard, SMP and Medicare Plus \$1M Plans incurred from January 2006 through December 2006. The PMPM costs for each plan represent medical and drug claims paid through the end of March 2007. The Paid Medical PMPM report in exhibit 6-B is similar except it excludes drugs and includes data from Blue Cross Blue Shield going back to January 2005, completed through December 2006. WPS has used the Blue Cross Blue Shield data as given and cannot verify its accuracy.

Standard Plan

The Standard Plan has seen a 13.2% increase in medical claim costs between 2005 and 2006. Claim costs rose sharply starting in December 2005, remained relatively steady throughout most of 2006 and then generally fell in late 2006, aside from a spike in October due to a large claim. Independent trend estimates for medical claims for 2006 were 10-12%, thus the Standard Plan ran slightly above expected. A majority of the variance between actual trend and expected trend can be explained by the unusually large claim that is equivalent to 2.4% of the total claims for the plan. If this single outlier claim is not included in the calculation, the medical trend from 2005 to 2006 would have been 10% and therefore well within the expected range. The smaller population of the Standard Plan as compared to the SMP Plan lead to instability in the monthly claim results. The monthly spikes in claim costs are generally due to large claim activity that occurred in those months.

In 2006, the Standard Plan was 64% higher in medical PMPM claims cost than the SMP Plan. The Standard Plan's enrollment is generally in more expensive urban areas such as Milwaukee and Dane Counties, but that accounts for only about 10% of the cost differential with the SMP Plan. A bigger factor is the difference in demographics between the two plans, which by itself would be expected to raise the Standard Plan's costs another 27% above the SMP Plan. The final piece is simply the anti-selection that the Standard Plan is subject to versus the other options available to the membership. Members who utilize healthcare services are generally willing to make a larger premium contribution and incur modest cost sharing provisions within the benefit plan in exchange for the broader panel of providers.

SMP Plan

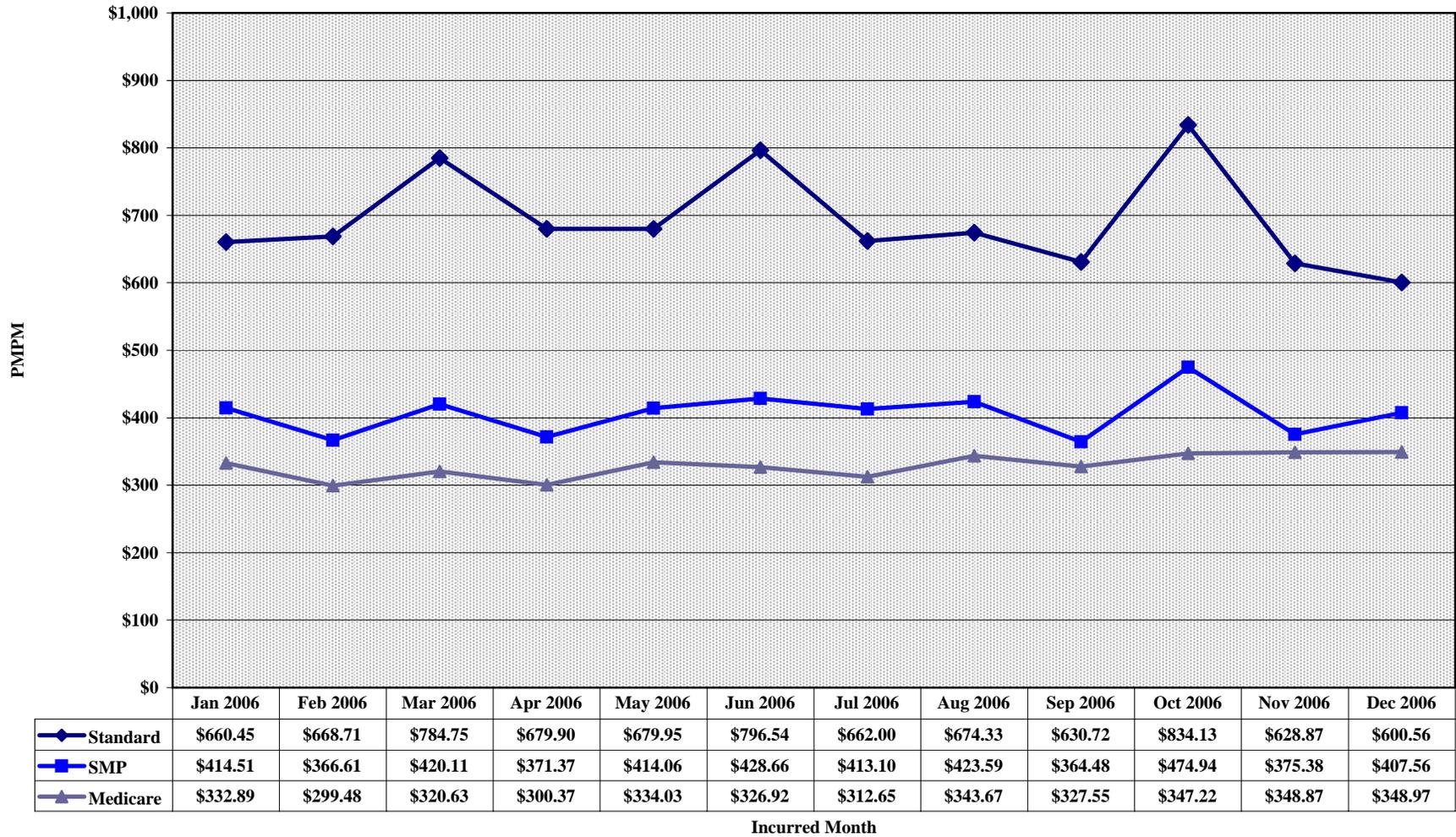
The SMP Plan has also seen an increase in claims over the last year beginning in October 2005. The Medical Only PMPM was the highest in the third quarter of 2005 at \$361.70 but is averaging \$348.95 in 2006. The year over year medical PMPM trend was 11.5%. Since the beginning of 2006, the SMP Plan experience has been fairly stable with only small variances due to seasonality and large claim activity. However in 2007, the large reduction in population will result in higher variability in plan results.

Medicare

The Medicare Plus \$1M Plan has seen stable results over the last 2 years. We would expect this population to have stable results since Medicare is the primary payer and the plan has a large population. Seasonally, the medical only costs start out high during the first months of the year and then decline. When drug costs are added, the pattern is reversed and more resembles a typical non-Medicare plan. The year over year medical PMPM trend from 2005 to 2006 was 3.0%. We would expect a small increase in the medical claims each year due to the benefit changes Medicare makes annually and medical cost trend.

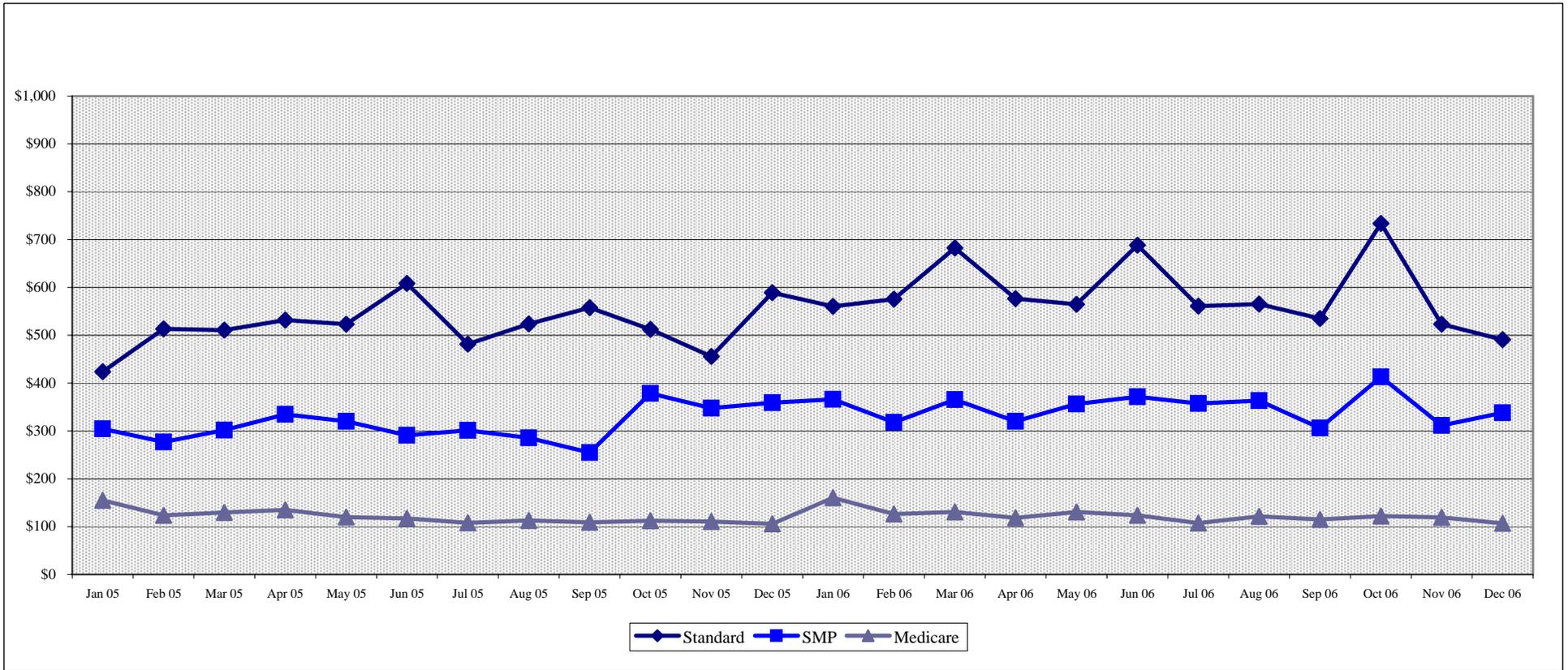
STATE EMPLOYEE TRUST FUNDS
Paid Medical and Drug PMPM
Paid Through March 2007

Exhibit 6-A



**STATE EMPLOYEE TRUST FUNDS
Paid Medical PMPM
Paid Through March 2007**

Exhibit 6-B



| | INCURRED MONTH | | | | | | | | | | | | | | | | | | | | | | | |
|----------|----------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| | Jan 05 | Feb 05 | Mar 05 | Apr 05 | May 05 | Jun 05 | Jul 05 | Aug 05 | Sep 05 | Oct 05 | Nov 05 | Dec 05 | Jan 06 | Feb 06 | Mar 06 | Apr 06 | May 06 | Jun 06 | Jul 06 | Aug 06 | Sep 06 | Oct 06 | Nov 06 | Dec 06 |
| Standard | \$423.85 | \$513.42 | \$510.85 | \$531.91 | \$523.17 | \$608.46 | \$481.49 | \$523.61 | \$557.86 | \$512.59 | \$455.95 | \$588.95 | \$560.25 | \$575.39 | \$682.31 | \$576.66 | \$564.96 | \$688.48 | \$561.24 | \$565.10 | \$535.16 | \$733.82 | \$523.07 | \$490.57 |
| SMP | \$304.57 | \$277.01 | \$301.74 | \$334.63 | \$320.39 | \$290.77 | \$301.55 | \$285.53 | \$255.13 | \$378.46 | \$347.63 | \$358.99 | \$366.10 | \$317.93 | \$365.67 | \$320.29 | \$356.63 | \$371.30 | \$357.66 | \$363.19 | \$306.33 | \$413.05 | \$311.43 | \$337.90 |
| Medicare | \$155.15 | \$123.82 | \$129.49 | \$135.06 | \$119.61 | \$116.99 | \$108.18 | \$112.59 | \$109.30 | \$112.31 | \$110.47 | \$106.00 | \$160.44 | \$126.55 | \$130.70 | \$118.49 | \$130.61 | \$123.71 | \$107.62 | \$121.33 | \$114.75 | \$122.14 | \$119.18 | \$107.09 |

State Employee Trust Funds

Plan Utilization

PMPM by Type of Service Reports

The Total PMPM by Type of Service reports (7-A and 7-C) provide a breakdown of the PMPM by major type of service compared to the benchmark. The pie chart also provides an overview of the percentage of the PMPM each major type of service is contributing to the total PMPM plus a comparison to the benchmark. The total PMPM costs are for claims incurred January 2006 - December 2006 and paid through the end of March 2007. The Paid PMPM by Type of Service reports (7-B, 7-D, and 7-E) show the same actual data on a month by month basis for 2006.

Standard Plan

The Standard Plan in Exhibit 7-A shows that the percentage breakdown by major type of service is in line with the benchmark with a slightly smaller percentage falling into the physician category and a little more falling into the other services category. Although the percentage breakdown is relatively close to expected, the total PMPM cost is 45.6% above the benchmark. The inpatient facility PMPM cost is 54.7% above the benchmark and outpatient facility is 47.5% above the benchmark. The Standard Plan did experience higher than expected large claim activity which is directly correlated with inpatient charges. The physician PMPM cost is 21.2% above the benchmark. The drug paid PMPM cost is 41.8% above the benchmark and roughly in line with the variance of the non-drug paid costs. Lastly the other services category is 132.2% over the norm. The largest contributor to this differential is the psychiatric/AODA benefit sub-category which is \$25.41 above the norm. The overrun in the psychiatric/AODA benefit sub-category was caused by a combination of higher utilization and generous benefits. Every \$1.00 PMPM represented in the graph is equivalent to \$52,016 in annual plan costs for the Standard Plan.

Exhibit 7-B shows the Standard Plan's paid PMPM costs on a monthly basis for 2006. As expected, facility inpatient is the most volatile due to large claim activity.

SMP Plan

Exhibit 7-C shows the percentage breakdown by type of service for the SMP Plan is slightly different than the benchmark. The healthier population in the SMP Plan results in facility charges being a smaller percentage of total costs and physician charges being a larger percentage of the total. The inpatient facility PMPM cost is 20.0% below the norm and outpatient facility is 3.9% below the

norm. The SMP Plan experienced a lower than expected incidence of large claim activity thus we would expect facility charges to compare favorably to the norm. Physician charges however were 34.6% above the benchmark for 2006. This was influenced by the SMP Plan's rich benefit design, contributing not only to higher utilization but higher plan costs due to low member cost sharing. The drug PMPM is in line with the norm, being only 6.1% high. More notably, the other services category is 46.2% above the norm driven mainly by chiropractic, physical therapy and outpatient psychiatric claims.

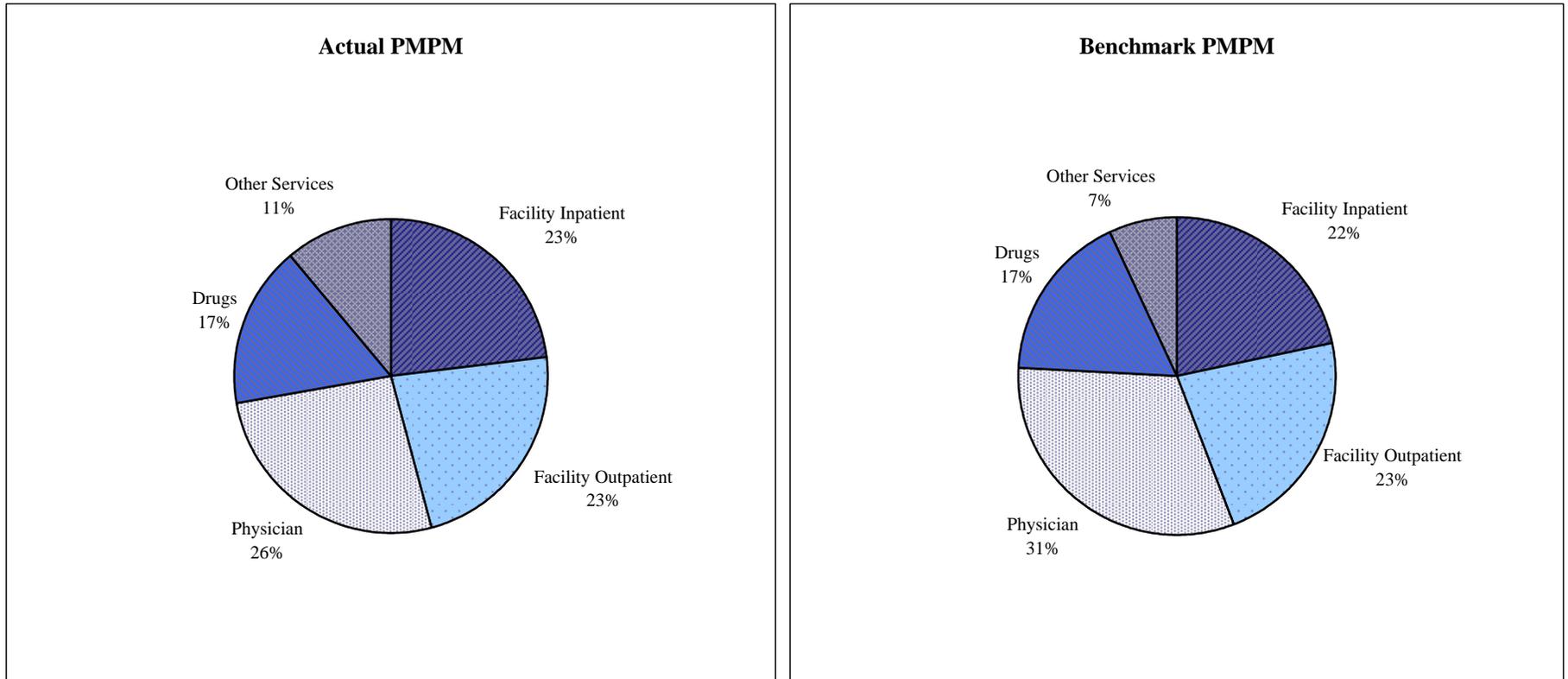
When looking at the month by month results in exhibit 7-D, the SMP plan was more stable throughout the year. There was less large claim activity and claims tended to stay in a narrow range.

Medicare

The Medicare Plus \$1M Plan in Exhibit 7-E averaged a total of \$328.51 PMPM in 2006. The medical segment of the paid PMPM cost accounts for only 36.5% of the payments made under the plan due to the impact of coordination of benefits with Medicare. The medical segment of the Medicare plan averaged \$33.47 PMPM for inpatient facility, \$32.50 PMPM for outpatient facility, \$37.32 PMPM for physician, and \$16.51 PMPM for other services. All of these segments had nearly flat line results over the calendar year with the exception of physician where the Medicare Part B deductible caused an increase in plan costs in January and February. The other 63.5% of the paid PMPM for the plan is for drugs. Over the calendar year the drug costs had an upward trend. The trend from the first quarter of 2006 to the fourth quarter of 2006 was 29.4%, thus driving the overall trend for this plan.

STATE EMPLOYEE TRUST FUNDS
Total PMPM by Type of Service - Standard
Incurred January 2006 - December 2006 Paid Through March 2007

Exhibit 7-A



| | Actual | Benchmark | Difference | |
|---------------------|-----------------|-----------------|-----------------|--------------|
| | | | \$ | % |
| Facility Inpatient | \$158.97 | \$102.77 | \$56.20 | 54.7% |
| Facility Outpatient | \$158.61 | \$107.53 | \$51.08 | 47.5% |
| Physician | \$181.10 | \$149.38 | \$31.72 | 21.2% |
| Drugs | \$116.99 | \$82.51 | \$34.48 | 41.8% |
| Other Services | \$76.09 | \$32.77 | \$43.32 | 132.2% |
| Totals | \$691.76 | \$474.96 | \$216.80 | 45.6% |

Note: Drugs include prescriptions and injectables

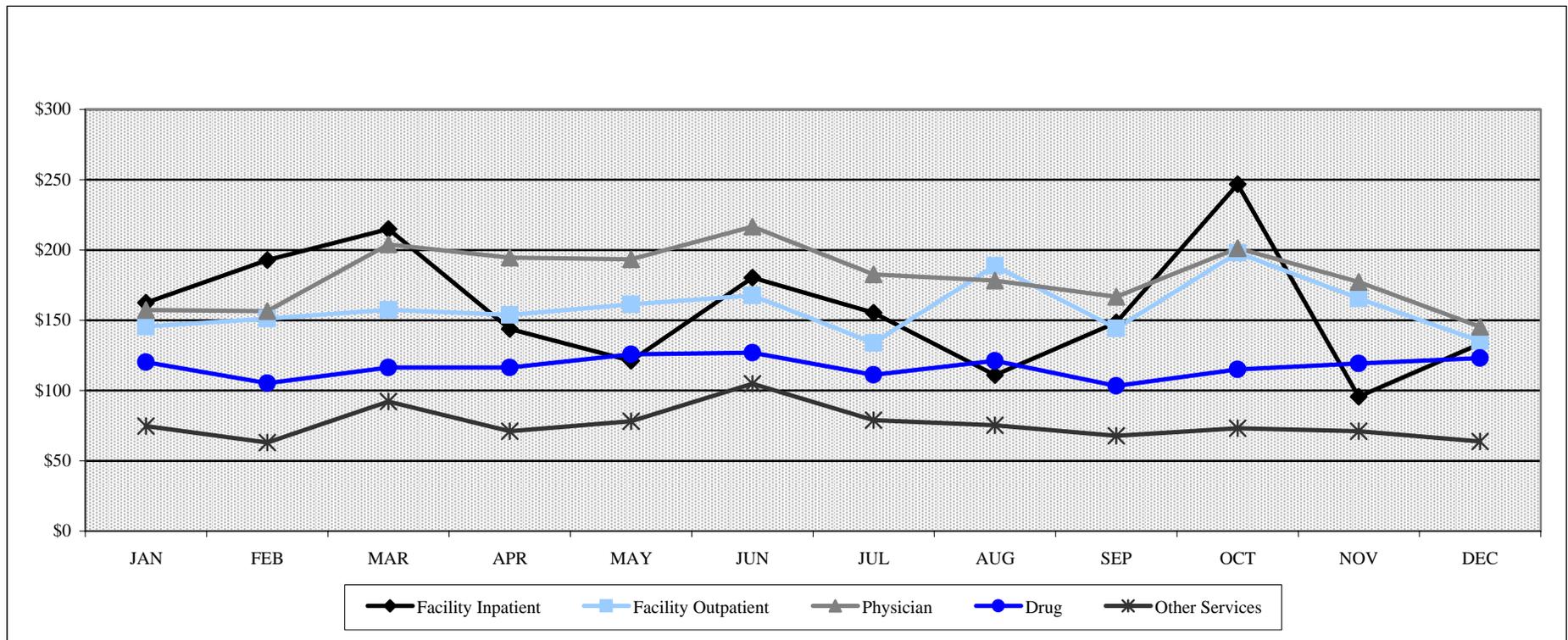
Note: Benchmark data has been age/sex adjusted to correspond to the population included in this exhibit

* Each \$1.00 paid PMPM = \$52,016 in plan costs.

**STATE EMPLOYEE TRUST FUNDS
Paid PMPM by Type of Service - Standard
Paid Through March 2007**

Exhibit 7-B

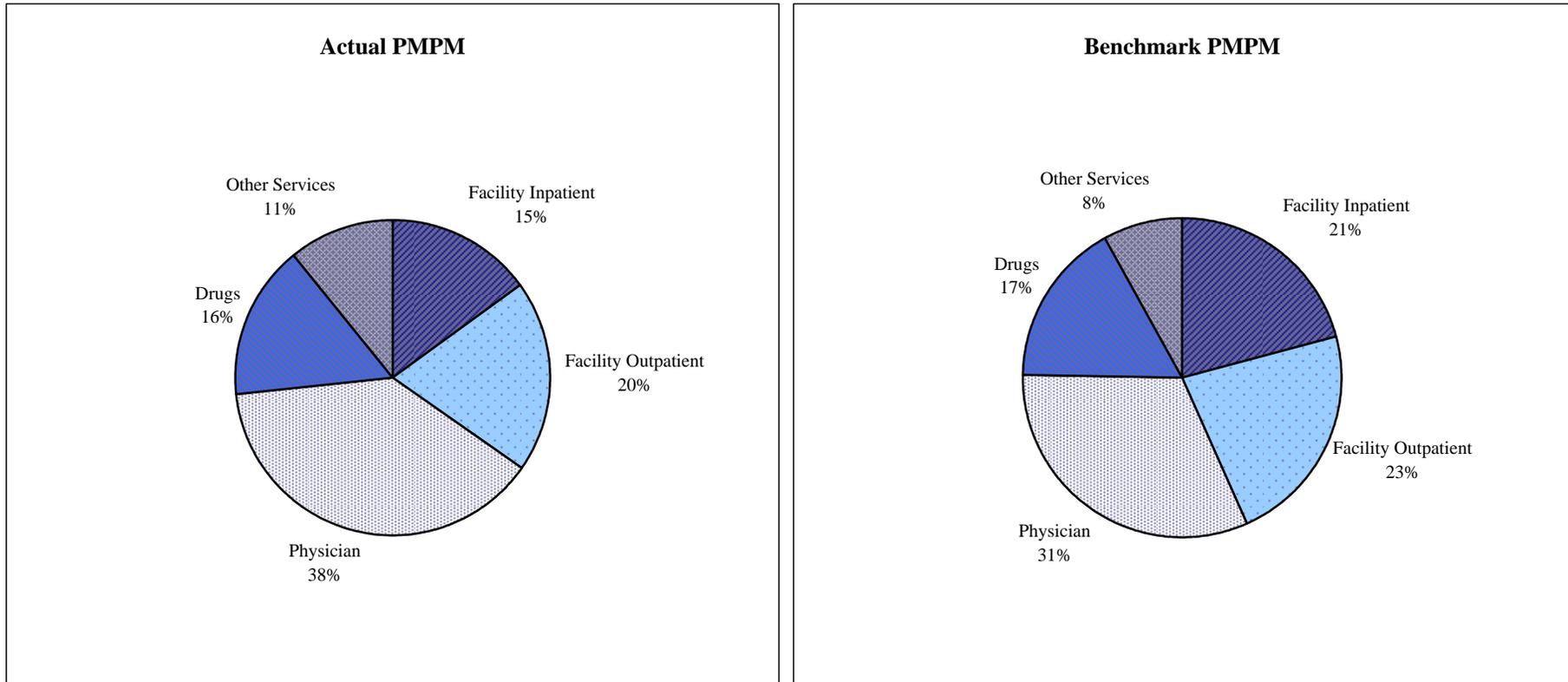
| INCURRED MONTH | | | | | | | | | | | | |
|---------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
| Member Months | 4,293 | 4,304 | 4,294 | 4,250 | 4,251 | 4,297 | 4,354 | 4,293 | 4,361 | 4,465 | 4,435 | 4,419 |
| Facility Inpatient | \$162.57 | \$192.80 | \$214.86 | \$143.91 | \$121.29 | \$180.38 | \$155.32 | \$111.08 | \$148.44 | \$246.89 | \$95.66 | \$133.26 |
| Facility Outpatient | \$145.65 | \$151.07 | \$157.50 | \$153.83 | \$161.34 | \$167.73 | \$133.78 | \$188.79 | \$144.27 | \$197.93 | \$165.59 | \$135.22 |
| Physician | \$157.32 | \$156.49 | \$203.90 | \$194.65 | \$193.40 | \$216.71 | \$182.70 | \$178.16 | \$166.80 | \$201.24 | \$177.26 | \$145.36 |
| Drug | \$120.26 | \$105.30 | \$116.39 | \$116.38 | \$125.84 | \$126.93 | \$111.26 | \$121.10 | \$103.42 | \$114.97 | \$119.26 | \$123.05 |
| Other Services | \$74.64 | \$63.05 | \$92.10 | \$71.14 | \$78.08 | \$104.79 | \$78.93 | \$75.21 | \$67.80 | \$73.11 | \$71.11 | \$63.67 |
| Total | \$660.45 | \$668.71 | \$784.75 | \$679.90 | \$679.95 | \$796.54 | \$662.00 | \$674.33 | \$630.72 | \$834.13 | \$628.87 | \$600.56 |



Note: Drug includes prescription and injectables

STATE EMPLOYEE TRUST FUNDS
Total PMPM by Type of Service - SMP
 Incurred January 2006 - December 2006 Paid Through March 2007

Exhibit 7-C



| | Actual | Benchmark | Difference | |
|---------------------|-----------------|-----------------|----------------|--------------|
| | | | \$ | % |
| Facility Inpatient | \$60.79 | \$75.99 | -\$15.20 | -20.0% |
| Facility Outpatient | \$80.05 | \$83.26 | -\$3.21 | -3.9% |
| Physician | \$156.88 | \$116.53 | \$40.35 | 34.6% |
| Drugs | \$64.99 | \$61.23 | \$3.76 | 6.1% |
| Other Services | \$43.50 | \$29.75 | \$13.75 | 46.2% |
| Totals | \$406.21 | \$366.76 | \$39.45 | 10.8% |

Note: Drugs include prescriptions and injectables

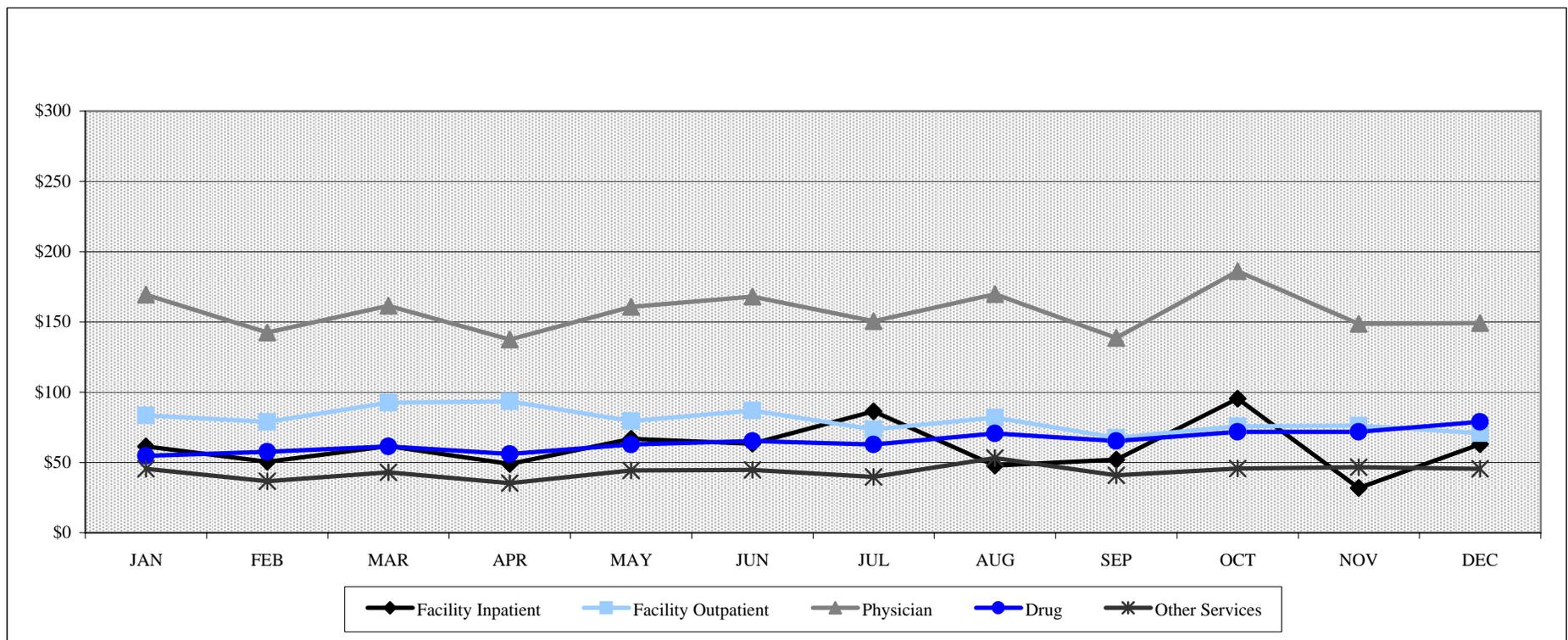
Note: Benchmark data has been age/sex adjusted to correspond to the population included in this exhibit

* Each \$1.00 paid PMPM = \$97,961 in plan costs.

STATE EMPLOYEE TRUST FUNDS
Paid PMPM by Type of Service - SMP
Paid Through March 2007

Exhibit 7-D

| INCURRED MONTH | | | | | | | | | | | | |
|---------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
| Member Months | 8,119 | 8,123 | 8,127 | 8,128 | 8,130 | 8,134 | 8,140 | 8,139 | 8,243 | 8,246 | 8,204 | 8,228 |
| Facility Inpatient | \$61.40 | \$50.60 | \$61.62 | \$48.96 | \$66.90 | \$63.37 | \$86.42 | \$47.77 | \$51.96 | \$95.37 | \$31.93 | \$63.01 |
| Facility Outpatient | \$83.54 | \$79.00 | \$92.55 | \$93.45 | \$79.42 | \$87.04 | \$73.51 | \$82.02 | \$67.54 | \$75.87 | \$76.16 | \$70.85 |
| Physician | \$169.32 | \$142.59 | \$161.52 | \$137.48 | \$160.68 | \$168.13 | \$150.55 | \$169.79 | \$138.73 | \$186.07 | \$148.65 | \$149.20 |
| Drug | \$54.68 | \$57.67 | \$61.44 | \$56.08 | \$62.76 | \$65.32 | \$62.79 | \$70.74 | \$65.32 | \$71.83 | \$71.88 | \$79.02 |
| Other Services | \$45.58 | \$36.75 | \$42.98 | \$35.41 | \$44.29 | \$44.79 | \$39.83 | \$53.29 | \$40.93 | \$45.80 | \$46.76 | \$45.48 |
| Total | \$414.51 | \$366.61 | \$420.11 | \$371.37 | \$414.06 | \$428.66 | \$413.10 | \$423.59 | \$364.48 | \$474.94 | \$375.38 | \$407.56 |

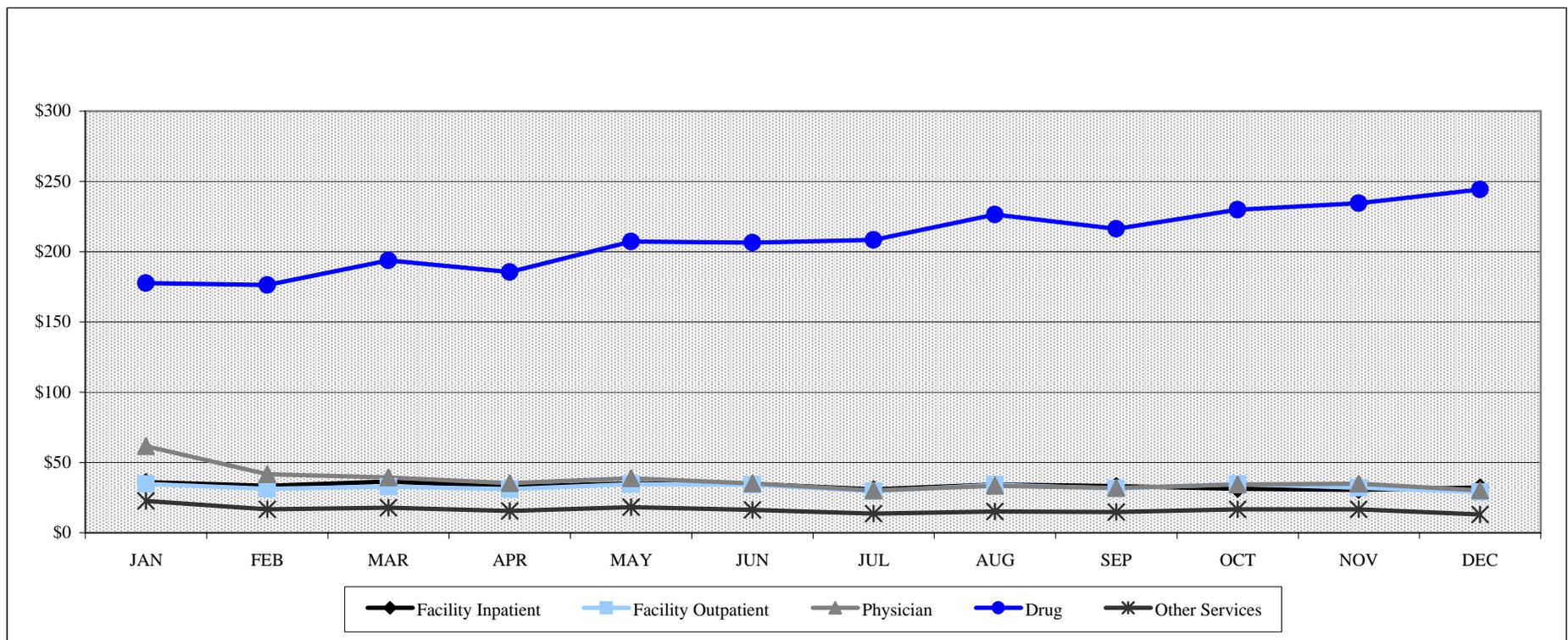


Note: Drug includes prescription and injectables

STATE EMPLOYEE TRUST FUNDS
Paid PMPM by Type of Service - Medicare Plus One Million
Paid Through March 2007

Exhibit 7-E

| INCURRED MONTH | | | | | | | | | | | | |
|---------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
| Member Months | 10,235 | 10,201 | 10,167 | 10,151 | 10,099 | 10,059 | 10,035 | 10,024 | 10,013 | 9,988 | 9,984 | 9,961 |
| Facility Inpatient | \$36.07 | \$33.44 | \$36.56 | \$32.87 | \$35.17 | \$34.84 | \$30.87 | \$34.43 | \$33.20 | \$31.31 | \$30.46 | \$32.33 |
| Facility Outpatient | \$34.69 | \$31.31 | \$32.89 | \$31.05 | \$34.61 | \$34.14 | \$29.66 | \$34.27 | \$31.46 | \$34.75 | \$32.01 | \$29.08 |
| Physician | \$61.74 | \$41.69 | \$39.43 | \$35.36 | \$38.82 | \$35.16 | \$30.08 | \$33.43 | \$31.85 | \$34.42 | \$35.02 | \$30.12 |
| Drug | \$177.64 | \$176.30 | \$193.82 | \$185.48 | \$207.15 | \$206.50 | \$208.38 | \$226.37 | \$216.21 | \$229.97 | \$234.58 | \$244.36 |
| Other Services | \$22.75 | \$16.73 | \$17.95 | \$15.61 | \$18.29 | \$16.29 | \$13.65 | \$15.18 | \$14.84 | \$16.78 | \$16.80 | \$13.08 |
| Total | \$332.89 | \$299.48 | \$320.63 | \$300.37 | \$334.03 | \$326.92 | \$312.65 | \$343.67 | \$327.55 | \$347.22 | \$348.87 | \$348.97 |



Note: Drug includes prescription and injectables

State Employee Trust Funds

Plan Utilization

Type of Service Detail

The Type of Service Detail report provides an overview of paid medical costs on a PMPM basis divided into 5 major service categories and further divided into 26 subcategories. The Actual PMPM costs are compared to the benchmark PMPM to help determine where the plan is experiencing higher than normal claim costs. The comparison to the benchmark is displayed as a PMPM difference and as a percentage difference. The Actual PMPM costs are for claims incurred January 2006 – December 2006 and paid through the end of March 2007.

Standard Plan

The Standard Plan in Exhibit 8-A was 45.6% above the benchmark in 2006. The variance to the benchmark is primarily a result of the anti-selection resulting from the dual choice open enrollment. Other contributing factors include the location of the Standard Plan's enrolled membership (the higher cost urban areas) and the rich benefit design. Since the percentage comparison can be deceiving, it is more important to look at the PMPM difference with \$1.00 PMPM being equivalent to \$52,016 in annual plan costs. Below are some areas that stand out relative to the benchmark and some analysis on what is driving the higher costs:

- Facility Inpatient – The majority of dollars are for surgical/medical services. Within surgical/medical, \$15.06 PMPM is due to a single large claimant. Another \$9.75 PMPM is due to gastric bypass procedures not included in the norm. Another contributor to the overage is higher than expected large claim activity. For those claimants over \$100,000, 52% of their claims fall into the inpatient facility category and drive a higher than expected PMPM.
- Facility Outpatient – Higher than expected costs in this category are reflective of the relative morbidity of the Standard Plan's population. Greater use of diagnostic services such as CT scans, MRIs and lab work has lead to cost variances versus the norm for outpatient radiology and pathology services. Costs for other outpatient facility services such as chemotherapy and physical therapy are also very high.
- Physician – The surgery category is \$11.90 PMPM above the benchmark. Gastric bypass procedures have added \$4.51 to the Paid PMPM cost. Costs for these procedures are not accounted for in the benchmark.

- Drug – The prescription drug costs are higher than the benchmark, however they are in line with the plan's performance overall. Injectable drug cost is only slightly above the norm. However it is a category warranting special attention into the future. Specialty drugs can have exceptionally high mark-ups when provided in a physician's office. Certain drugs are often less costly to the plan if provided through the PBM. Select drugs can be self-injected by the patient in their own home, which is often viewed positively by the member. Taking a proactive approach, contract/benefit language should be reviewed so specialty drugs can be most effectively managed in the future.
- Other services – The other services category is \$43.32 above the benchmark. The major contributor to the variance is the Psychiatric /AODA cost which is \$25.41 PMPM above the benchmark. The Standard Plan's benefit design in this sub-category is more comprehensive than the typical commercial plan, which is often limited to the Wisconsin state mandate.

SMP Plan

The SMP Plan in Exhibit 8-B by comparison is 10.8% above the benchmark for 2006. A majority of this can be attributed to the rich benefit design that is not accounted for in the benchmark numbers. For the plan \$1.00 PMPM represented in the chart is equivalent to \$97,961 in annual plan costs.

- Inpatient/Outpatient Facility – Overall both of these categories are running at or below the norm which is a function of the better risks enrolled in the SMP Plan.
- Physician – The Office Visit, Radiology, Pathology, and Surgery sub-categories are all running well above the norm. It appears these services are mostly subject to higher than expected utilization due to the rich benefits. Claim costs for these services correlate with each other. If the plan is having higher office visit utilization, it would be expected to have higher usage of office diagnostic testing, with the potential for more surgical procedures.
- Drug – The prescription drug PMPM cost is running 7.7% above the norm and the injectable drug costs are running 4.2% below norm. Overall the drug cost is in line with the plan performance for 2006.
- Other Services – The Chiropractic sub-category is \$4.33 above the norm which is a function of the region in which the SMP population resides. In the north central region, chiropractic care is more commonly used to treat back problems in comparison to other areas of the state. The other sub-category is \$7.18 PMPM above the norm and appears to be driven by higher than expected costs for immunizations, physical exams and vision exams.

STATE EMPLOYEE TRUST FUNDS
Type of Service Detail - Standard
Incurred January 2006 - December 2006 Paid Through March 2007

| TYPE OF SERVICE | DETAIL | ACTUAL | BENCHMARK | DIFFERENCE | |
|---------------------|---------------------------|-----------------|-----------------|-----------------|---------------|
| | | PMPM | PMPM | \$ | % |
| FACILITY INPATIENT | SURGICAL/MEDICAL | \$149.40 | \$95.97 | \$53.43 | 55.7% |
| | PSYCH/AODA | \$3.60 | \$1.79 | \$1.81 | 101.1% |
| | MATERNITY | \$3.10 | \$3.89 | -\$0.79 | -20.3% |
| | OTHER | \$2.87 | \$1.12 | \$1.75 | 156.3% |
| Subtotal | | \$158.97 | \$102.77 | \$56.20 | 54.7% |
| FACILITY OUTPATIENT | SURGICAL/MEDICAL | \$25.42 | \$20.88 | \$4.54 | 21.7% |
| | RADIOLOGY | \$40.36 | \$29.59 | \$10.77 | 36.4% |
| | PATHOLOGY | \$21.27 | \$10.87 | \$10.40 | 95.7% |
| | EMERGENCY ROOM | \$4.95 | \$3.29 | \$1.66 | 50.5% |
| | PSYCH/AODA | \$2.15 | \$0.91 | \$1.24 | 136.3% |
| | OTHER | \$64.46 | \$41.99 | \$22.47 | 53.5% |
| Subtotal | | \$158.61 | \$107.53 | \$51.08 | 47.5% |
| PHYSICIAN | OFFICE VISIT | \$23.00 | \$19.53 | \$3.47 | 17.8% |
| | RADIOLOGY | \$32.29 | \$26.58 | \$5.71 | 21.5% |
| | PATHOLOGY | \$22.05 | \$18.65 | \$3.40 | 18.2% |
| | SURGERY | \$57.36 | \$45.46 | \$11.90 | 26.2% |
| | ANESTHESIA | \$10.09 | \$9.79 | \$0.30 | 3.1% |
| | MATERNITY | \$1.38 | \$2.01 | -\$0.63 | -31.3% |
| | OTHER | \$34.93 | \$27.36 | \$7.57 | 27.7% |
| Subtotal | | \$181.10 | \$149.38 | \$31.72 | 21.2% |
| DRUGS | PRESCRIPTIONS | \$103.64 | \$71.65 | \$31.99 | 44.6% |
| | INJECTABLES | \$13.35 | \$10.86 | \$2.49 | 22.9% |
| Subtotal | | \$116.99 | \$82.51 | \$34.48 | 41.8% |
| OTHER SERVICES | PSYCH/AODA | \$30.67 | \$5.26 | \$25.41 | 483.1% |
| | CHIROPRACTIC | \$5.16 | \$4.01 | \$1.15 | 28.7% |
| | THERAPIES | \$6.99 | \$3.45 | \$3.54 | 102.6% |
| | AMBULANCE | \$3.08 | \$1.47 | \$1.61 | 109.5% |
| | WELL BABY EXAM | \$0.25 | \$0.23 | \$0.02 | 8.7% |
| | DURABLE MEDICAL EQUIPMENT | \$9.47 | \$5.01 | \$4.46 | 89.0% |
| | OTHER | \$20.47 | \$13.34 | \$7.13 | 53.4% |
| Subtotal | | \$76.09 | \$32.77 | \$43.32 | 132.2% |
| Grand Total | | \$691.76 | \$474.96 | \$216.80 | 45.6% |

Note: Benchmark data has been age/sex adjusted to correspond to the population included in this exhibit

* Each \$1.00 paid PMPM = \$52,016 in plan costs.

STATE EMPLOYEE TRUST FUNDS
Type of Service Detail - SMP
Incurred January 2006 - December 2006 Paid Through March 2007

| TYPE OF SERVICE | DETAIL | ACTUAL | BENCHMARK | DIFFERENCE | |
|---------------------|---------------------------|-----------------|-----------------|-----------------|---------------|
| | | PMPM | PMPM | \$ | % |
| FACILITY INPATIENT | SURGICAL/MEDICAL | \$53.15 | \$69.04 | -\$15.89 | -23.0% |
| | PSYCH/AODA | \$1.09 | \$1.85 | -\$0.76 | -41.1% |
| | MATERNITY | \$6.35 | \$4.37 | \$1.98 | 45.3% |
| | OTHER | \$0.20 | \$0.73 | -\$0.53 | -72.6% |
| Subtotal | | \$60.79 | \$75.99 | -\$15.20 | -20.0% |
| FACILITY OUTPATIENT | SURGICAL/MEDICAL | \$13.76 | \$16.38 | -\$2.62 | -16.0% |
| | RADIOLOGY | \$25.15 | \$22.30 | \$2.85 | 12.8% |
| | PATHOLOGY | \$6.49 | \$8.19 | -\$1.70 | -20.8% |
| | EMERGENCY ROOM | \$2.31 | \$2.96 | -\$0.65 | -22.0% |
| | PSYCH/AODA | \$0.23 | \$1.00 | -\$0.77 | -77.0% |
| | OTHER | \$32.11 | \$32.43 | -\$0.32 | -1.0% |
| Subtotal | | \$80.05 | \$83.26 | -\$3.21 | -3.9% |
| PHYSICIAN | OFFICE VISIT | \$22.74 | \$15.81 | \$6.93 | 43.8% |
| | RADIOLOGY | \$25.92 | \$19.89 | \$6.03 | 30.3% |
| | PATHOLOGY | \$23.60 | \$14.82 | \$8.78 | 59.2% |
| | SURGERY | \$46.65 | \$34.86 | \$11.79 | 33.8% |
| | ANESTHESIA | \$8.06 | \$7.61 | \$0.45 | 5.9% |
| | MATERNITY | \$3.35 | \$2.25 | \$1.10 | 48.9% |
| | OTHER | \$26.56 | \$21.29 | \$5.27 | 24.8% |
| Subtotal | | \$156.88 | \$116.53 | \$40.35 | 34.6% |
| DRUGS | PRESCRIPTIONS | \$57.27 | \$53.17 | \$4.10 | 7.7% |
| | INJECTABLES | \$7.72 | \$8.06 | -\$0.34 | -4.2% |
| Subtotal | | \$64.99 | \$61.23 | \$3.76 | 6.1% |
| OTHER SERVICES | PSYCH/AODA | \$6.79 | \$5.78 | \$1.01 | 17.5% |
| | CHIROPRACTIC | \$7.95 | \$3.62 | \$4.33 | 119.6% |
| | THERAPIES | \$4.21 | \$2.88 | \$1.33 | 46.2% |
| | AMBULANCE | \$1.18 | \$1.14 | \$0.04 | 3.5% |
| | WELL BABY EXAM | \$0.57 | \$0.51 | \$0.06 | 11.8% |
| | DURABLE MEDICAL EQUIPMENT | \$3.68 | \$3.88 | -\$0.20 | -5.2% |
| | OTHER | \$19.12 | \$11.94 | \$7.18 | 60.1% |
| Subtotal | | \$43.50 | \$29.75 | \$13.75 | 46.2% |
| Grand Total | | \$406.21 | \$366.76 | \$39.45 | 10.8% |

Note: Benchmark data has been age/sex adjusted to correspond to the population included in this exhibit

* Each \$1.00 paid PMPM = \$97,961 in plan costs.

State Employee Trust Funds

Plan Utilization

Inpatient Utilization, Days/1000 and Average Length of Stay

The Inpatient Utilization report compares annual inpatient days per 1,000, admits per 1,000, average length of stay, cost per day, cost per admit, and inpatient PMPM cost to the benchmark for the 5 major inpatient service categories. Days/1000 is the annual average number of hospital days utilized by a population of 1,000 members which is calculated by taking (Total Days/Member Months)*12000. The Admits/1000 is the annual number of admits that occur within a typical population of 1,000 members which is calculated by taking (Total Admits/Member Months)*12000. The Days/1000 and Admits/1000 are calculations that allow a comparison of one population to another regardless of group size. Average Length of Stay (ALOS) shows the average length of hospitalization experienced for the entire group (Total Days/Total Admits). Cost per Day is an average of the cost per hospital day (Total Cost/Total Days). The cost per admit is an average of the cost per hospital admission (Total Cost/Total Admits). Lastly the inpatient PMPM is the per member per month cost incurred by the plan. Beyond the numerical comparison, a percentage has been included as observed in the pie charts, including a comparison to the benchmark.

Standard Plan

The totals for the Standard Plan in Exhibit 9-A exceed the benchmark totals for all statistics. The Medical category well exceeds the benchmark in Cost/Day, Cost/Admit, and PMPM Cost. This difference can be explained by the claims of 1 large claimant. Without the claims from this one individual the Cost/Day, Cost/Admit, and PMPM Cost would all be in line with the benchmark. The Surgical category exceeds the benchmark in Days/1000, Admits/1000, and PMPM Cost while the cost per unit components appear to be in line with the benchmark. Contributing factors to the variance include gastric bypass procedures that are not accounted for in the benchmark as well as higher than expected large claim activity. For claimants with annual claims over \$100,000, 52% of their claims fall into the inpatient hospital category.

The Standard Plan had an average of 460 days per 1000 members over the course of 2006. Although the monthly results shown in Exhibit 9-C are very volatile, the plan was generally above the demographically adjusted benchmark average of 375 days per 1000 members. The inpatient days per 1000 are highly correlated with large claim activity. Since the large claim activity was higher than expected, we'd also expect the days per 1000 to be higher than our benchmark.

The Monthly Average Length of Stay for the Standard Plan is shown in Exhibit 9-D. For the year the average was 5.07 days compared to a benchmark of 4.52.

SMP

The SMP Plan in Exhibit 9-B is below the benchmark in total for most inpatient utilization statistics. This correlates with the lower than expected large claim activity which is typically the major contributor to inpatient hospital costs. The only category that appears to stand out for the SMP Plan is Maternity. The SMP Plan had slightly higher utilization of Maternity services than expected and slightly higher costs associated with these services. The cost variance is influenced by a higher incidence rate of cesarean deliveries in the SMP Plan when compared to the benchmark.

The SMP Plan had an average of 214 days per 1000 members over the course of 2006. The SMP Plan performed much better than our benchmark of 292 days per 1000 overall and only exceeded the benchmark in the month of July. Exhibit 9-C shows the monthly variations in inpatient days / 1000.

The Monthly Average Length of Stay for the SMP Plan is shown in Exhibit 9-D. For the year the average was 3.22 days, which is below the benchmark of 4.00.

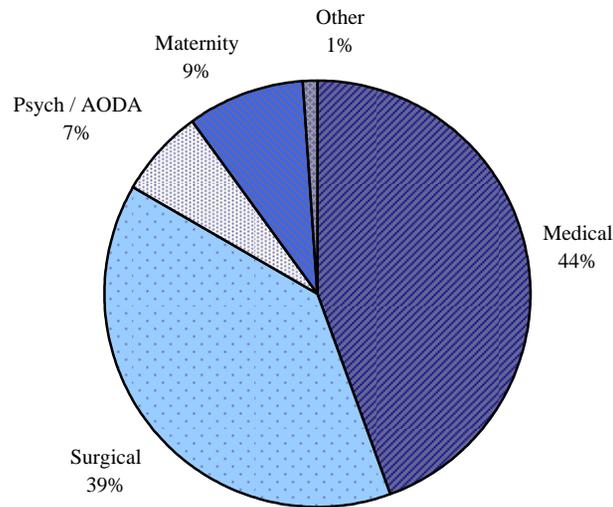
STATE EMPLOYEE TRUST FUNDS
Inpatient Utilization - Standard
 Incurred January 2006 - December 2006 Paid Through March 2007

Exhibit 9-A

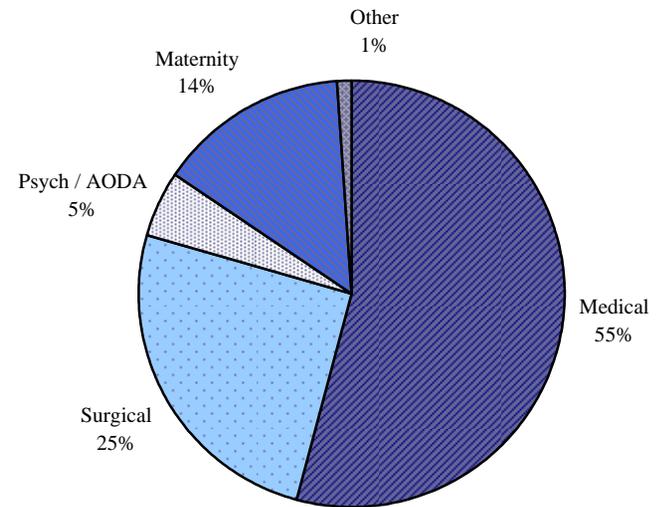
| ACTUAL | | | | | | |
|-------------|----------|----------|--------------|-----------|----------|----------|
| | Medical | Surgical | Psych / AODA | Maternity | Other | Total |
| Days/1000 | 159 | 182 | 42 | 18 | 59 | 460 |
| Admits/1000 | 40 | 35 | 6 | 8 | 1 | 90 |
| ALOS | 3.94 | 5.14 | 6.67 | 2.29 | 85.00 | 5.07 |
| Cost/Day | \$4,546 | \$5,894 | \$1,039 | \$2,065 | \$586 | \$4,157 |
| Cost/Admit | \$17,899 | \$30,319 | \$6,928 | \$4,737 | \$49,790 | \$21,093 |
| PMPM | \$60.22 | \$89.18 | \$3.60 | \$3.10 | \$2.87 | \$158.97 |
| % of Paid | 37.88% | 56.10% | 2.26% | 1.95% | 1.81% | 100.00% |

| BENCHMARK | | | | | | |
|-------------|----------|----------|--------------|-----------|----------|----------|
| | Medical | Surgical | Psych / AODA | Maternity | Other | Total |
| Days/1000 | 179 | 112 | 21 | 29 | 34 | 375 |
| Admits/1000 | 45 | 21 | 4 | 12 | 1 | 83 |
| ALOS | 3.98 | 5.33 | 5.25 | 2.42 | 34.00 | 4.52 |
| Cost/Day | \$3,151 | \$5,462 | \$1,058 | \$1,531 | \$396 | \$3,266 |
| Cost/Admit | \$12,663 | \$28,897 | \$5,770 | \$3,323 | \$29,284 | \$17,290 |
| PMPM | \$45.97 | \$50.00 | \$1.79 | \$3.89 | \$1.12 | \$102.77 |
| % of Paid | 44.73% | 48.65% | 1.74% | 3.79% | 1.09% | 100.00% |

% OF ADMITS FOR ACTUAL



% OF ADMITS FOR BENCHMARK



Note: Benchmark data has been age/sex adjusted to correspond to the population included in this exhibit

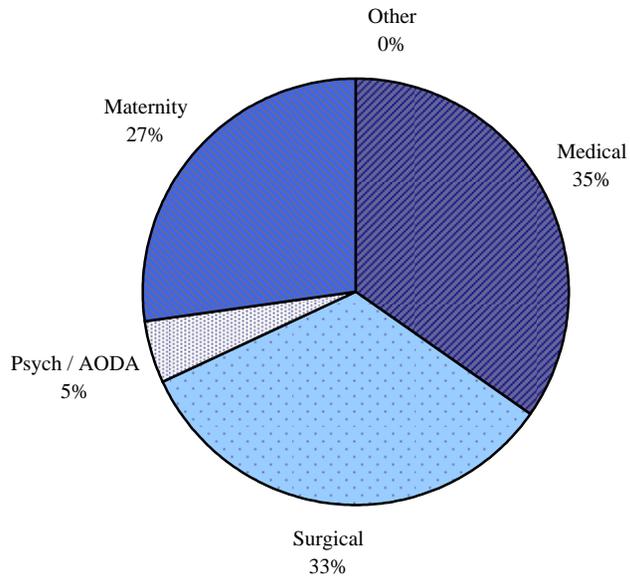
STATE EMPLOYEE TRUST FUNDS
Inpatient Utilization - SMP
 Incurred January 2006 - December 2006 Paid Through March 2007

Exhibit 9-B

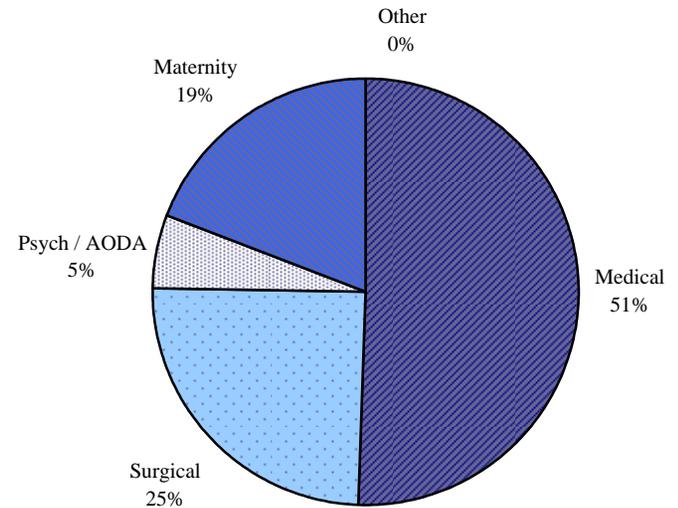
| ACTUAL | | | | | | |
|-------------|---------|----------|--------------|-----------|---------|----------|
| | Medical | Surgical | Psych / AODA | Maternity | Other | Total |
| Days/1000 | 80 | 72 | 10 | 47 | 5 | 214 |
| Admits/1000 | 23 | 22 | 3 | 18 | 0 | 66 |
| ALOS | 3.49 | 3.28 | 3.19 | 2.59 | 13.33 | 3.22 |
| Cost/Day | \$2,800 | \$5,721 | \$1,290 | \$1,637 | \$486 | \$3,411 |
| Cost/Admit | \$9,762 | \$18,782 | \$4,119 | \$4,232 | \$6,481 | \$10,967 |
| PMPM | \$18.63 | \$34.51 | \$1.09 | \$6.35 | \$0.20 | \$60.78 |
| % of Paid | 30.65% | 56.78% | 1.79% | 10.45% | 0.33% | 100.00% |

| BENCHMARK | | | | | | |
|-------------|----------|----------|--------------|-----------|----------|----------|
| | Medical | Surgical | Psych / AODA | Maternity | Other | Total |
| Days/1000 | 132 | 83 | 22 | 33 | 22 | 292 |
| Admits/1000 | 37 | 18 | 4 | 14 | 0 | 73 |
| ALOS | 3.57 | 4.61 | 5.50 | 2.36 | 62.86 | 4.00 |
| Cost/Day | \$3,050 | \$5,287 | \$1,058 | \$1,531 | \$396 | \$3,086 |
| Cost/Admit | \$10,975 | \$25,046 | \$5,805 | \$3,598 | \$25,722 | \$12,720 |
| PMPM | \$33.07 | \$35.97 | \$1.85 | \$4.37 | \$0.73 | \$75.99 |
| % of Paid | 43.52% | 47.33% | 2.43% | 5.75% | 0.96% | 100.00% |

% OF ADMITS FOR ACTUAL



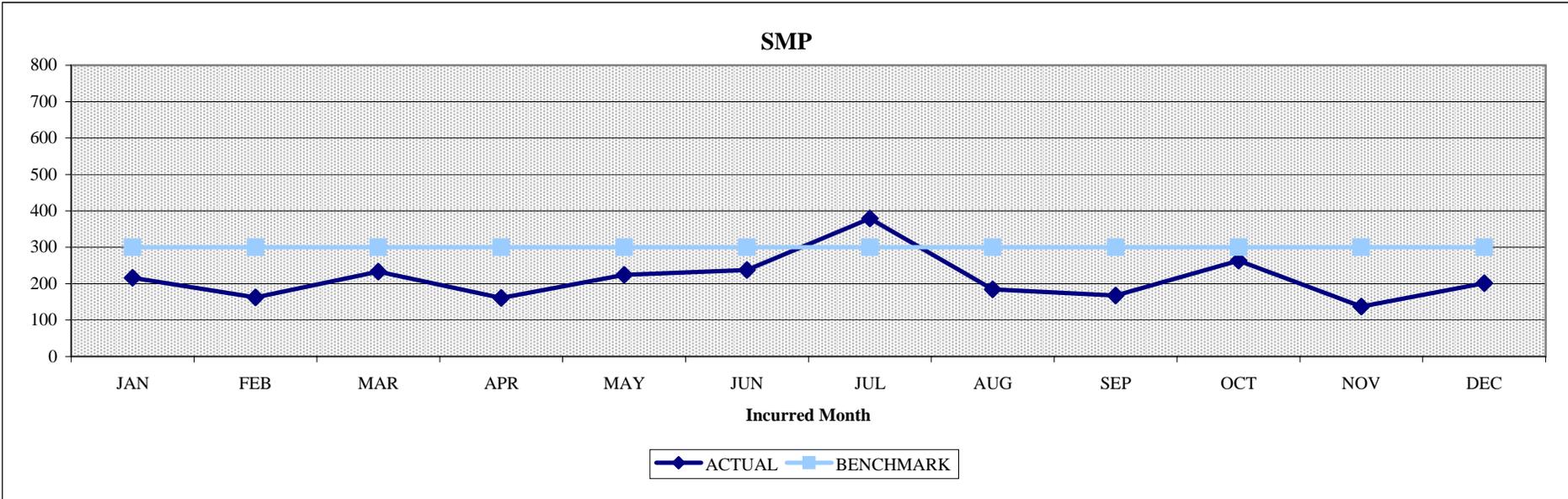
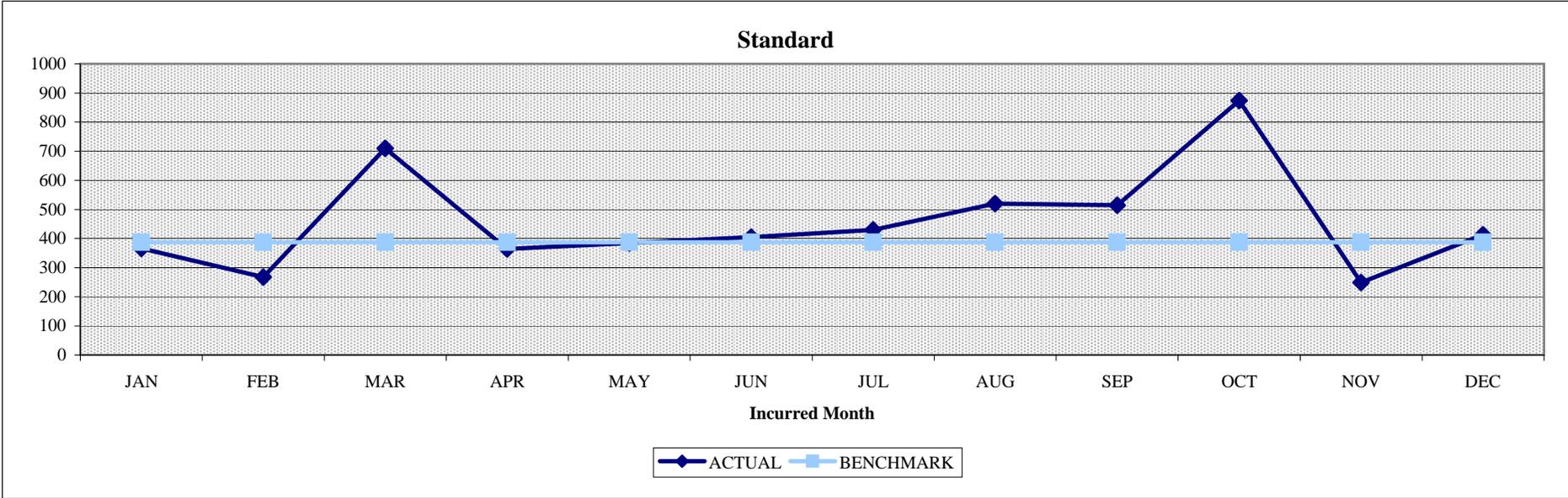
% OF ADMITS FOR BENCHMARK



Note: Benchmark data has been age/sex adjusted to correspond to the population included in this exhibit

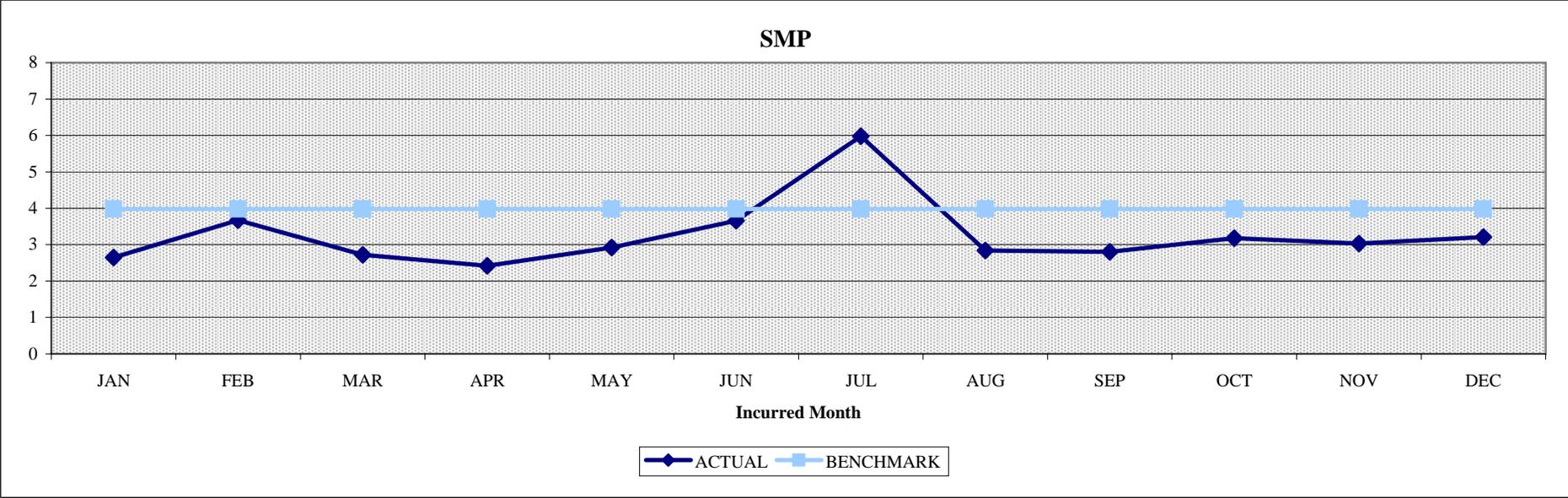
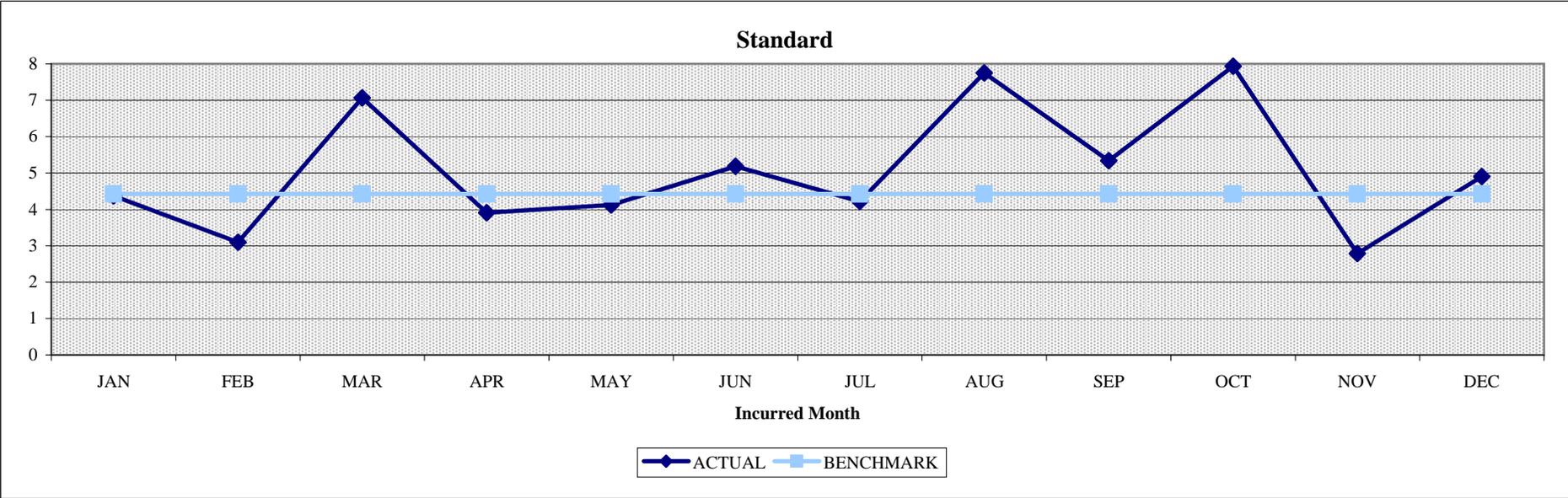
STATE EMPLOYEE TRUST FUNDS
Monthly Inpatient Days/1000
Paid Through March 2007

Exhibit 9-C



Note: Benchmark data has been age/sex adjusted to correspond to the population included in this exhibit

STATE EMPLOYEE TRUST FUNDS
Monthly Inpatient Average Length of Stay
Paid Through March 2007



Note: Benchmark data has been age/sex adjusted to correspond to the population included in this exhibit

State Employee Trust Funds

Plan Utilization

Claim Costs by Major Diagnostic Categories (MDC)

The Claim Costs by Major Diagnostic Categories report divides medical claim costs into 25 mutually exclusive diagnostic categories. The diagnoses in each MDC correspond to a single organ system and, in general, are associated with a particular medical specialty. The actual PMPM costs by major diagnostic category are compared to the WPS benchmark PMPM. The following exhibits display numerical and graphical comparisons to the benchmark data. The Actual PMPM costs are for claims incurred January 2006 – December 2006 and paid through the end of March 2007.

Prior exhibits have shown the **Standard Plan's** costs exceed the benchmark overall. Exhibits 10-A and 10-B show this deviation by MDC. Variation from the benchmark can be the result of many different factors. Since the benchmark is not adjusted for plan differences we can attribute some variation to non-standard benefits included in the Standard Plan. An example of this is gastric bypass procedures which contributed \$14.98 PMPM to MDC 10. Without this non-standard benefit, MDC 10 would actually be below the benchmark. Another instance of non-standard benefit variance is MDC 19 where the outpatient psychiatric benefit is adding over \$16.00 PMPM of additional costs. Another reason for variances from the norm can be unusual large claim activity. This is what happened for MDC 6 where one member contributed \$15.57 PMPM. The largest variance is in MDC 8 which appears to be driven by back problems and not large claims. Lastly another large variance was seen in MDC 23 which is mostly diagnostics. MDC 23 is generally proportional to benefit utilization in total. For the Standard Plan \$1.00 PMPM in claim costs represented in the chart is equivalent to \$52,016 annual in plan costs.

The **SMP Plan**, shown in Exhibits 10-C and 10-D, is experiencing slightly higher than expected PMPM Cost overall. For SMP, the variances to the norm are less severe than the Standard Plan. The largest variation again is for MDC 8 for which the largest contributor is medical back problems (DRG 243) representing around 28% of the paid claims. The second largest is MDC 23 which is primarily diagnostics and includes cancer screenings, general examinations, and specialty examinations. With the higher than normal utilization of the physician services it is not unusual for diagnostic services to also be higher. For the SMP Plan \$1.00 PMPM in claim cost represented in the charts is equivalent to \$97,961 in annual plan costs.

STATE EMPLOYEE TRUST FUNDS
Claim Costs by Major Diagnostic Categories - Standard
Incurred January 2006 - December 2006 Paid Through March 2007

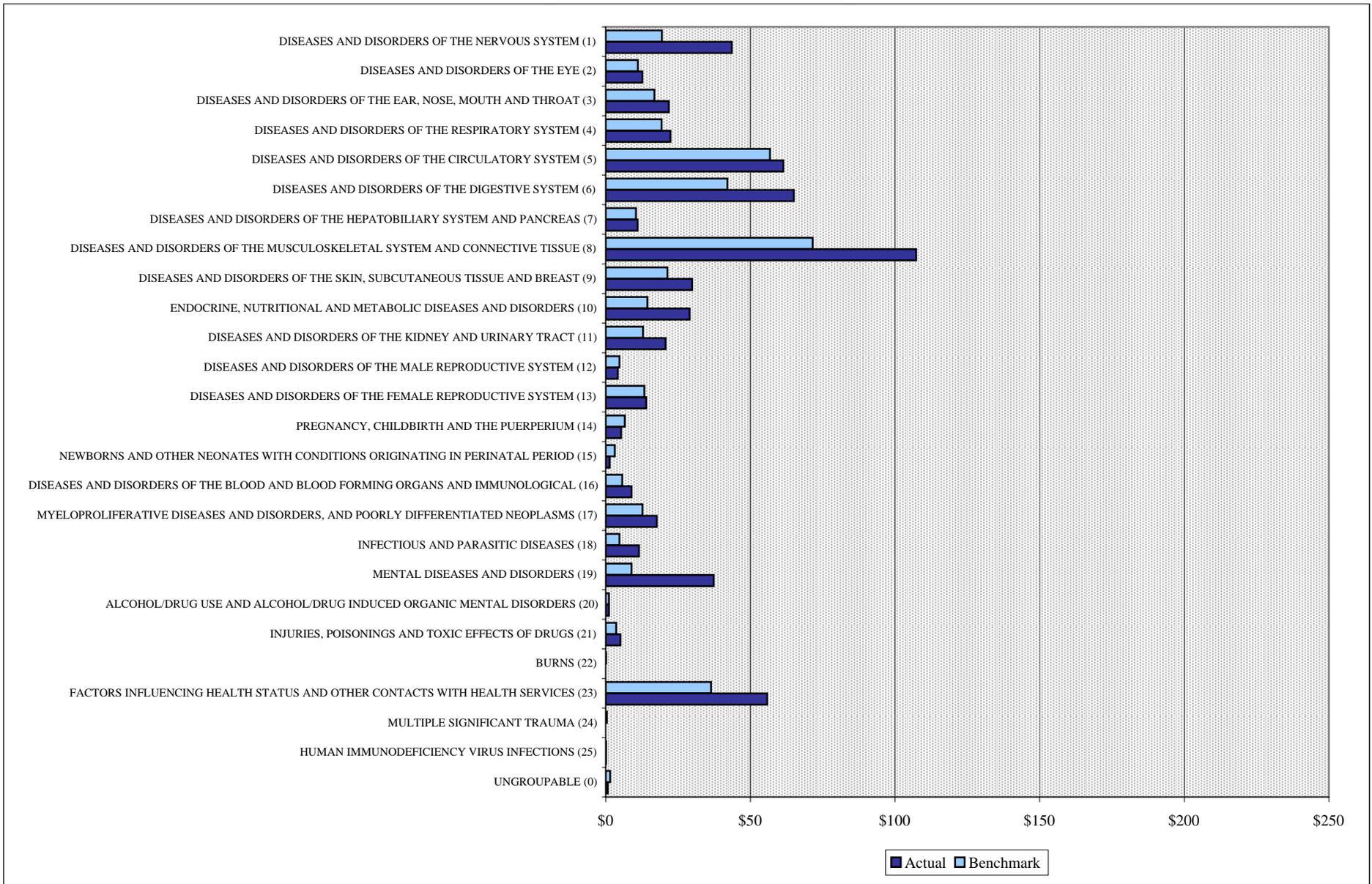
Exhibit 10-A

| MDC CODE | MAJOR DIAGNOSTIC CATEGORY DESCRIPTION | ACTUAL | BENCHMARK | DIFFERENCE | |
|--------------|--|-----------------|-----------------|-----------------|--------------|
| | | PMPM | PMPM | \$ | % |
| 1 | DISEASES AND DISORDERS OF THE NERVOUS SYSTEM | \$43.60 | \$19.39 | \$24.21 | 124.9% |
| 2 | DISEASES AND DISORDERS OF THE EYE | \$12.63 | \$11.12 | \$1.51 | 13.6% |
| 3 | DISEASES AND DISORDERS OF THE EAR, NOSE, MOUTH AND THROAT | \$21.83 | \$16.86 | \$4.97 | 29.5% |
| 4 | DISEASES AND DISORDERS OF THE RESPIRATORY SYSTEM | \$22.43 | \$19.32 | \$3.11 | 16.1% |
| 5 | DISEASES AND DISORDERS OF THE CIRCULATORY SYSTEM | \$61.36 | \$56.79 | \$4.57 | 8.0% |
| 6 | DISEASES AND DISORDERS OF THE DIGESTIVE SYSTEM | \$65.00 | \$42.07 | \$22.93 | 54.5% |
| 7 | DISEASES AND DISORDERS OF THE HEPATOBILIARY SYSTEM AND PANCREAS | \$11.03 | \$10.46 | \$0.57 | 5.4% |
| 8 | DISEASES AND DISORDERS OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE | \$107.33 | \$71.53 | \$35.80 | 50.0% |
| 9 | DISEASES AND DISORDERS OF THE SKIN, SUBCUTANEOUS TISSUE AND BREAST | \$29.91 | \$21.36 | \$8.55 | 40.0% |
| 10 | ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES AND DISORDERS | \$29.04 | \$14.41 | \$14.63 | 101.5% |
| 11 | DISEASES AND DISORDERS OF THE KIDNEY AND URINARY TRACT | \$20.72 | \$12.88 | \$7.84 | 60.9% |
| 12 | DISEASES AND DISORDERS OF THE MALE REPRODUCTIVE SYSTEM | \$4.15 | \$4.77 | -\$0.62 | -13.0% |
| 13 | DISEASES AND DISORDERS OF THE FEMALE REPRODUCTIVE SYSTEM | \$13.99 | \$13.36 | \$0.63 | 4.7% |
| 14 | PREGNANCY, CHILDBIRTH AND THE PUERPERIUM | \$5.32 | \$6.61 | -\$1.29 | -19.5% |
| 15 | NEWBORNS AND OTHER NEONATES WITH CONDITIONS ORIGINATING IN PERINATAL PERIOD | \$1.39 | \$3.12 | -\$1.73 | -55.4% |
| 16 | DISEASES AND DISORDERS OF THE BLOOD AND BLOOD FORMING ORGANS AND IMMUNOLOGICAL | \$8.95 | \$5.74 | \$3.21 | 55.9% |
| 17 | MYELOPROLIFERATIVE DISEASES AND DISORDERS, AND POORLY DIFFERENTIATED NEOPLASMS | \$17.63 | \$12.70 | \$4.93 | 38.8% |
| 18 | INFECTIOUS AND PARASITIC DISEASES | \$11.50 | \$4.75 | \$6.75 | 142.1% |
| 19 | MENTAL DISEASES AND DISORDERS | \$37.31 | \$8.96 | \$28.35 | 316.4% |
| 20 | ALCOHOL/DRUG USE AND ALCOHOL/DRUG INDUCED ORGANIC MENTAL DISORDERS | \$1.10 | \$1.10 | \$0.00 | 0.0% |
| 21 | INJURIES, POISONINGS AND TOXIC EFFECTS OF DRUGS | \$5.08 | \$3.62 | \$1.46 | 40.3% |
| 22 | BURNS | \$0.03 | \$0.15 | -\$0.12 | -80.0% |
| 23 | FACTORS INFLUENCING HEALTH STATUS AND OTHER CONTACTS WITH HEALTH SERVICES | \$55.87 | \$36.38 | \$19.49 | 53.6% |
| 24 | MULTIPLE SIGNIFICANT TRAUMA | \$0.00 | \$0.44 | -\$0.44 | -100.0% |
| 25 | HUMAN IMMUNODEFICIENCY VIRUS INFECTIONS | \$0.12 | \$0.05 | \$0.07 | 140.0% |
| 0 | UNGROUPABLE | \$0.74 | \$1.51 | -\$0.77 | -51.0% |
| Total | | \$588.06 | \$399.45 | \$188.61 | 47.2% |

Note: Benchmark data has been age/sex adjusted to correspond to the population included in this exhibit

*** Each \$1.00 paid PMPM = \$52,016 in plan costs.**

STATE EMPLOYEE TRUST FUNDS
Claim Costs by Major Diagnostic Categories - Standard
Incurred January 2006 - December 2006 Paid Through March 2007



STATE EMPLOYEE TRUST FUNDS
Claim Costs by Major Diagnostic Categories - SMP

Exhibit 10-C

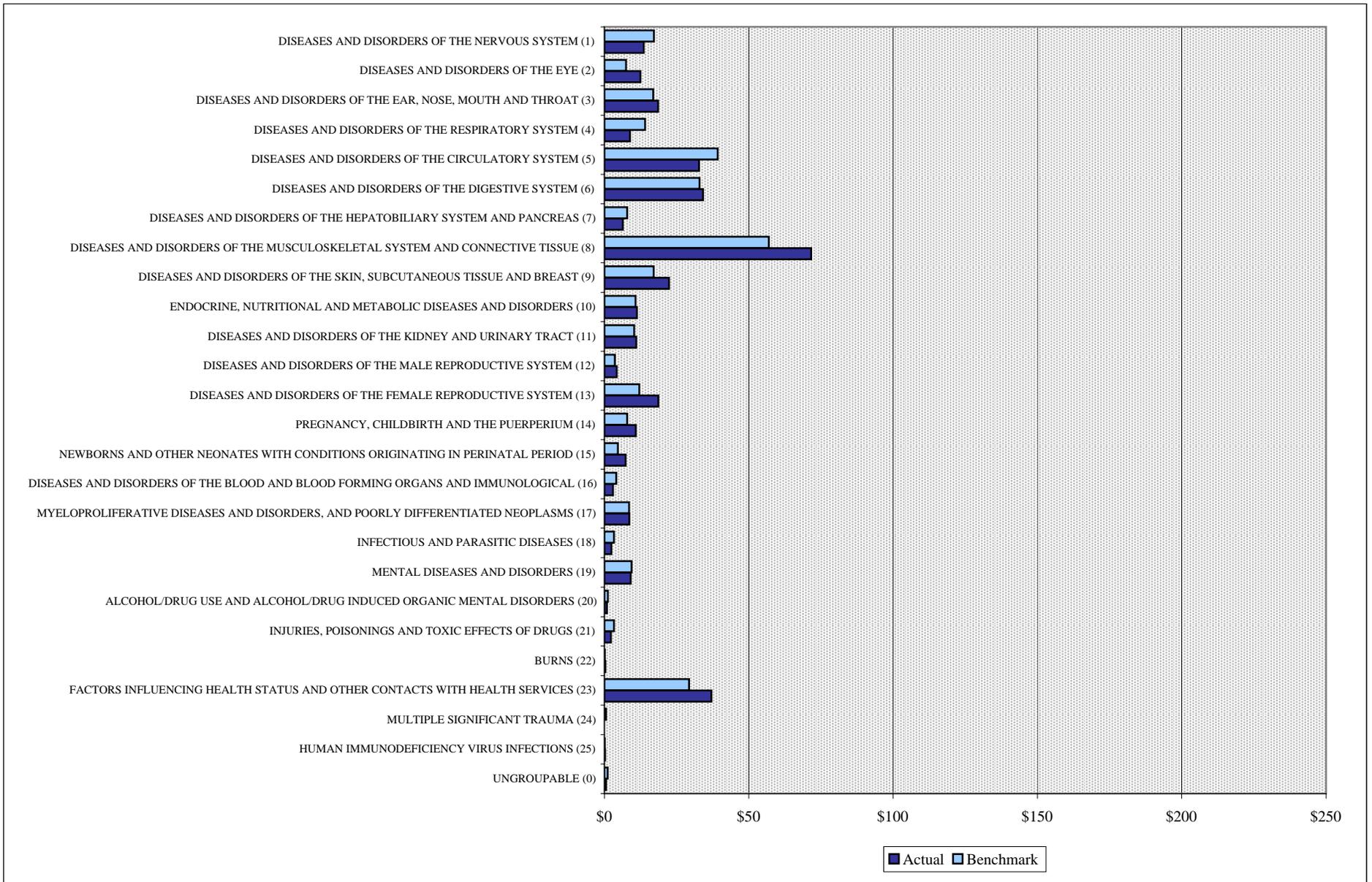
Incurred January 2006 - December 2006 Paid Through March 2007

| MDC CODE | MAJOR DIAGNOSTIC CATEGORY DESCRIPTION | ACTUAL | BENCHMARK | DIFFERENCE | |
|--------------|--|-----------------|-----------------|----------------|-------------|
| | | PMPM | PMPM | \$ | % |
| 1 | DISEASES AND DISORDERS OF THE NERVOUS SYSTEM | \$13.59 | \$17.15 | -\$3.56 | -20.8% |
| 2 | DISEASES AND DISORDERS OF THE EYE | \$12.47 | \$7.50 | \$4.97 | 66.3% |
| 3 | DISEASES AND DISORDERS OF THE EAR, NOSE, MOUTH AND THROAT | \$18.63 | \$16.91 | \$1.72 | 10.2% |
| 4 | DISEASES AND DISORDERS OF THE RESPIRATORY SYSTEM | \$8.90 | \$14.11 | -\$5.21 | -36.9% |
| 5 | DISEASES AND DISORDERS OF THE CIRCULATORY SYSTEM | \$32.76 | \$39.25 | -\$6.49 | -16.5% |
| 6 | DISEASES AND DISORDERS OF THE DIGESTIVE SYSTEM | \$34.19 | \$32.99 | \$1.20 | 3.6% |
| 7 | DISEASES AND DISORDERS OF THE HEPATOBILIARY SYSTEM AND PANCREAS | \$6.37 | \$7.88 | -\$1.51 | -19.2% |
| 8 | DISEASES AND DISORDERS OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE | \$71.66 | \$56.94 | \$14.72 | 25.9% |
| 9 | DISEASES AND DISORDERS OF THE SKIN, SUBCUTANEOUS TISSUE AND BREAST | \$22.38 | \$17.12 | \$5.26 | 30.7% |
| 10 | ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES AND DISORDERS | \$11.31 | \$10.77 | \$0.54 | 5.0% |
| 11 | DISEASES AND DISORDERS OF THE KIDNEY AND URINARY TRACT | \$11.02 | \$10.28 | \$0.74 | 7.2% |
| 12 | DISEASES AND DISORDERS OF THE MALE REPRODUCTIVE SYSTEM | \$4.28 | \$3.66 | \$0.62 | 16.9% |
| 13 | DISEASES AND DISORDERS OF THE FEMALE REPRODUCTIVE SYSTEM | \$18.70 | \$12.07 | \$6.63 | 54.9% |
| 14 | PREGNANCY, CHILDBIRTH AND THE PUERPERIUM | \$10.84 | \$7.93 | \$2.91 | 36.7% |
| 15 | NEWBORNS AND OTHER NEONATES WITH CONDITIONS ORIGINATING IN PERINATAL PERIOD | \$7.35 | \$4.67 | \$2.68 | 57.4% |
| 16 | DISEASES AND DISORDERS OF THE BLOOD AND BLOOD FORMING ORGANS AND IMMUNOLOGICAL | \$2.95 | \$4.14 | -\$1.19 | -28.7% |
| 17 | MYELOPROLIFERATIVE DISEASES AND DISORDERS, AND POORLY DIFFERENTIATED NEOPLASMS | \$8.62 | \$8.58 | \$0.04 | 0.5% |
| 18 | INFECTIOUS AND PARASITIC DISEASES | \$2.45 | \$3.34 | -\$0.89 | -26.6% |
| 19 | MENTAL DISEASES AND DISORDERS | \$9.14 | \$9.45 | -\$0.31 | -3.3% |
| 20 | ALCOHOL/DRUG USE AND ALCOHOL/DRUG INDUCED ORGANIC MENTAL DISORDERS | \$0.87 | \$1.17 | -\$0.30 | -25.6% |
| 21 | INJURIES, POISONINGS AND TOXIC EFFECTS OF DRUGS | \$2.25 | \$3.27 | -\$1.02 | -31.2% |
| 22 | BURNS | \$0.36 | \$0.17 | \$0.19 | 111.8% |
| 23 | FACTORS INFLUENCING HEALTH STATUS AND OTHER CONTACTS WITH HEALTH SERVICES | \$37.08 | \$29.32 | \$7.76 | 26.5% |
| 24 | MULTIPLE SIGNIFICANT TRAUMA | \$0.00 | \$0.60 | -\$0.60 | -100.0% |
| 25 | HUMAN IMMUNODEFICIENCY VIRUS INFECTIONS | \$0.21 | \$0.07 | \$0.14 | 200.0% |
| 0 | UNGROUPABLE | \$0.58 | \$1.11 | -\$0.53 | -47.7% |
| Total | | \$348.96 | \$320.45 | \$28.51 | 8.9% |

Note: Benchmark data has been age/sex adjusted to correspond to the population included in this exhibit

*** Each \$1.00 paid PMPM = \$97,961 in plan costs.**

STATE EMPLOYEE TRUST FUNDS
Claim Costs by Major Diagnostic Categories - SMP
Incurred January 2006 - December 2006 Paid Through March 2007



State Employee Trust Funds

Provider Utilization

Top 20 Provider Reports

The Top 20 Provider reports display the top 20 Facility and Professional Providers sorted by total paid charges. Within the facility report, charges have also been broken out by Inpatient and Outpatient paid charges for additional analysis. The Paid % shows the percentage of the group's total facility or professional charges from a specific provider.

Facility

The report for the **Standard Plan** in Exhibit 11-A shows that the top 20 facilities provide 62% of the total facility charges for the plan. By far, the largest percent of claims and number of patients came from the University of Wisconsin hospital. Second was Fairview University in Minneapolis, only because there was a claim approaching \$1 million at this facility. There were actually only a small number of members treated there. As expected, a majority of the top 20 facility providers are located in the Dane and Milwaukee County areas where a majority of the Standard Plan population resides. Since the Standard Plan is available nationwide, however, we do see providers from various regions and states.

The report for the **SMP Plan** in Exhibit 11-B shows that the top 20 facilities provide 93% of the total facility charges for the plan. The largest percentage of paid claims is from St. Michaels Hospital in Steven Point, followed closely by St. Josephs in Marshfield and Aspirus in Wausau. Due to the HMO type coverage and limited plan area of the SMP Plan we would expect to see a majority of services received at a relatively small number of hospitals within the SMP region. You will notice services were received at St. Mary's Medical Center in Duluth (part of the SMP network in 2006) and Thomas Jefferson Hospital in Philadelphia (emergency care).

Professional

The **Standard Plan** shown in Exhibit 11-C received 40.5% of professional charges from the top 20 providers. Once again the University of Wisconsin Medical Foundation is the leading professional provider which corresponds to the top facility charges for the plan. Like the facility charges a majority of the top providers are from the Dane and Milwaukee Counties regions. However we do see providers from different states and regions in the top 20 providers as well.

The **SMP Plan** in Exhibit 11-D received 77.8% of the paid claims from the top 20 professional providers. Marshfield Clinic was the top provider receiving 37% of the overall payments, followed by St Michael's Hospital which received 17.3% of the payment. Like the facility charges we see a majority of the charges are received at regional facilities due to the HMO-type coverage and the limited service area. You can also see some services were received in Duluth, MN since the SMP does have limited coverage in the states surrounding Wisconsin.

STATE EMPLOYEE TRUST FUNDS
Top 20 Facility Providers - Standard
Incurred January 2006 - December 2006 Paid Through March 2007

Exhibit 11-A

| | Facility Provider | City | State | # of Unique Patients | Inpatient Paid Claims | Outpatient Paid Claims | Total Paid Claims | Paid % |
|-----------------------------------|--------------------------------|-------------|-------|-------------------------|--------------------------|---------------------------|---------------------|---------------|
| 1 | UNIVERSITY WI HSP CL AUTHORITY | MADISON | WI | 622 | \$1,167,794 | \$1,631,873 | \$2,799,667 | 16.9% |
| 2 | FAIRVIEW UNIVERSITY MED CTR | MINNEAPOLIS | MN | 14 | \$1,038,703 | \$90,529 | \$1,129,232 | 6.8% |
| 3 | FROEDTERT MEM LUTH HOSP | MILWAUKEE | WI | 141 | \$446,117 | \$444,091 | \$890,208 | 5.4% |
| 4 | AURORA ST LUKES MEDICAL CENTER | MILWAUKEE | WI | 116 | \$560,205 | \$305,602 | \$865,807 | 5.2% |
| 5 | COLUMBIA ST MARYS HOSPITAL MIL | MILWAUKEE | WI | 258 | \$326,509 | \$443,962 | \$770,471 | 4.7% |
| 6 | MERITER HOSPITAL INC | MADISON | WI | 130 | \$296,645 | \$271,916 | \$568,561 | 3.4% |
| 7 | LUTHER HOSPITAL | EAU CLAIRE | WI | 48 | \$250,625 | \$144,608 | \$395,233 | 2.4% |
| 8 | ALL SAINTS ST MARYS MED CENTER | RACINE | WI | 93 | \$51,423 | \$264,772 | \$316,195 | 1.9% |
| 9 | CEDARS SINAI MED CTR | W HOLLYWOOD | CA | 1 | \$284,506 | \$1,764 | \$286,270 | 1.7% |
| 10 | ST MARYS HOSP MED CTR | MADISON | WI | 27 | \$179,282 | \$81,793 | \$261,075 | 1.6% |
| 11 | CHILDRENS HOSP OF WISCONSIN | MILWAUKEE | WI | 58 | \$161,612 | \$88,164 | \$249,776 | 1.5% |
| 12 | WHEATON FRANCISCAN HEALTHCARE | BROOKFIELD | WI | 29 | \$151,372 | \$94,991 | \$246,363 | 1.5% |
| 13 | ST MARYS HSP-ROCHESTER | ROCHESTER | MN | 15 | \$184,037 | \$61,551 | \$245,588 | 1.5% |
| 14 | AURORA SINAI SAMARTN MED CTR | MILWAUKEE | WI | 38 | \$144,772 | \$84,155 | \$228,927 | 1.4% |
| 15 | AURORA MEDICAL CENTER OSHKOSH | OSHKOSH | WI | 46 | \$116,120 | \$99,217 | \$215,337 | 1.3% |
| 16 | WAUKESHA MEM HSP INC | WAUKESHA | WI | 44 | \$60,522 | \$112,319 | \$172,841 | 1.0% |
| 17 | RIVER FALLS AREA HOSPITAL | RIVER FALLS | WI | 19 | \$101,444 | \$66,659 | \$168,103 | 1.0% |
| 18 | UNIVERSITY OF CHICAGO HOSP | CHICAGO | IL | 11 | \$81,003 | \$82,516 | \$163,519 | 1.0% |
| 19 | ST VINCENT HOSPITAL | GREEN BAY | WI | 22 | \$119,493 | \$42,413 | \$161,906 | 1.0% |
| 20 | ST MARYS HOSP OZAUKEE | MEQUON | WI | 51 | \$47,310 | \$107,273 | \$154,583 | 0.9% |
| Top 20 Total | | | | 1,783 | \$5,769,494 | \$4,520,168 | \$10,289,662 | 62.3% |
| All Other Facility Charges | | | | 1,659 | \$2,499,096 | \$3,729,781 | \$6,228,877 | 37.7% |
| Total Facility Charges | | | | 3,442 | \$8,268,590 | \$8,249,949 | \$16,518,539 | 100.0% |

STATE EMPLOYEE TRUST FUNDS
Top 20 Facility Providers - SMP
Incurred January 2006 - December 2006 Paid Through March 2007

Exhibit 11-B

| | Facility Provider | City | State | # of Unique Patients | Inpatient Paid Claims | Outpatient Paid Claims | Total Paid Claims | Paid % |
|-----------------------------------|--------------------------------|---------------|-------|----------------------|-----------------------|------------------------|---------------------|---------------|
| 1 | ST MICHAELS HOSP | STEVENS POINT | WI | 1,146 | \$768,652 | \$2,663,353 | \$3,432,005 | 24.9% |
| 2 | ST JOSEPHS HOSPITAL | MARSHFIELD | WI | 207 | \$2,125,150 | \$360,060 | \$2,485,210 | 18.0% |
| 3 | ASPIRUS WAUSAU HOSPITAL INC | WAUSAU | WI | 485 | \$1,178,873 | \$977,295 | \$2,156,168 | 15.6% |
| 4 | ST MARYS HOSPITAL INC | RHINELANDER | WI | 433 | \$254,431 | \$964,325 | \$1,218,756 | 8.8% |
| 5 | RIVERVIEW HOSPITAL | WISC RAPIDS | WI | 289 | \$183,521 | \$487,216 | \$670,737 | 4.9% |
| 6 | HOWARD YOUNG MED CTR | WOODRUFF | WI | 157 | \$278,727 | \$281,694 | \$560,421 | 4.1% |
| 7 | BAY AREA MEDICAL CENTER | MARINETTE | WI | 79 | \$137,457 | \$172,110 | \$309,567 | 2.2% |
| 8 | LANGLADE MEM HOSP | ANTIGO | WI | 114 | \$48,448 | \$249,233 | \$297,681 | 2.2% |
| 9 | GOOD SAMRTN HL CTR INC | MERRILL | WI | 168 | \$43,931 | \$247,242 | \$291,173 | 2.1% |
| 10 | ST MARYS MED CTR | DULUTH | MN | 14 | \$138,421 | \$72,925 | \$211,346 | 1.5% |
| 11 | ST CLARES HOSPITAL OF WESTON | WESTON | WI | 42 | \$185,484 | \$17,719 | \$203,203 | 1.5% |
| 12 | UNIVERSITY WI HSP CL AUTHORITY | MADISON | WI | 23 | \$100,943 | \$65,262 | \$166,205 | 1.2% |
| 13 | FLAMBEAU MEDICAL CENTER INC | PARK FALLS | WI | 72 | \$23,599 | \$123,047 | \$146,646 | 1.1% |
| 14 | HEALTHSOUTH WAUSAU SURGERY CEN | WAUSAU | WI | 52 | \$0 | \$123,646 | \$123,646 | 0.9% |
| 15 | MEMORIAL HOSP | NEILLSVILLE | WI | 29 | \$42,355 | \$79,625 | \$121,980 | 0.9% |
| 16 | RIVER FALLS AREA HOSPITAL | RIVER FALLS | WI | 24 | \$26,168 | \$69,015 | \$95,183 | 0.7% |
| 17 | MEMORIAL HEALTH CENTER INC | MEDFORD | WI | 55 | \$1,780 | \$93,226 | \$95,006 | 0.7% |
| 18 | MEMORIAL MED CTR INC | ASHLAND | WI | 35 | \$15,804 | \$75,579 | \$91,383 | 0.7% |
| 19 | EAGLE RIVER MEM HOSP | EAGLE RIVER | WI | 51 | \$0 | \$75,458 | \$75,458 | 0.5% |
| 20 | THOMAS JEFFERSON HOSPITAL | PHILADELPHIA | PA | 1 | \$63,937 | \$8,419 | \$72,356 | 0.5% |
| Top 20 Total | | | | 3,476 | \$5,617,681 | \$7,206,449 | \$12,824,130 | 93.0% |
| All Other Facility Charges | | | | 421 | \$337,285 | \$634,986 | \$972,272 | 7.0% |
| Total Facility Charges | | | | 3,897 | \$5,954,966 | \$7,841,435 | \$13,796,402 | 100.0% |

STATE EMPLOYEE TRUST FUNDS
Top 20 Professional Providers - Standard
Incurred January 2006 - December 2006 Paid Through March 2007

Exhibit 11-C

| | Professional Provider | City | State | # of Unique Patients | Total Paid Claims | Paid % |
|---------------------------------------|--------------------------------|---------------|-------|----------------------|---------------------|---------------|
| 1 | UW MEDICAL FOUNDATION | MADISON | WI | 826 | \$1,577,813 | 11.2% |
| 2 | MAYO CLINIC ROCHESTER | ROCHESTER | MN | 86 | \$560,252 | 4.0% |
| 3 | MEDICAL COLLEGE OF WISCONSIN | WAUWATOSA | WI | 239 | \$550,390 | 3.9% |
| 4 | DEAN MEDICAL CENTER | MADISON | WI | 280 | \$484,364 | 3.4% |
| 5 | AURORA MEDICAL GROUP OSHKOSH | OSHKOSH | WI | 334 | \$383,185 | 2.7% |
| 6 | MARSHFIELD CLINIC | MARSHFIELD | WI | 147 | \$383,176 | 2.7% |
| 7 | MIDELFORT LTD MHS | EAU CLAIRE | WI | 104 | \$330,281 | 2.3% |
| 8 | ADVANCED HEALTHCARE SC | MILWAUKEE | WI | 207 | \$310,944 | 2.2% |
| 9 | ST JOSEPHS HOSPITAL AND MEDICA | PHOENIX | AZ | 1 | \$131,169 | 0.9% |
| 10 | UNIVERSITY OF MINNESOTA PHYSIC | MINNEAPOLIS | MN | 11 | \$115,417 | 0.8% |
| 11 | MADISON PSYCH AND PSYCH SERVIC | MADISON | WI | 21 | \$103,937 | 0.7% |
| 12 | ACCREDITO HEALTH GROUP INC | WARRENDALE | PA | 4 | \$103,162 | 0.7% |
| 13 | RICHARD FRANK | MILWAUKEE | WI | 6 | \$87,817 | 0.6% |
| 14 | ROBERT S PASHMAN | W HOLLYWOOD | CA | 1 | \$86,379 | 0.6% |
| 15 | ALL SAINTS ST MARYS MED GRP | RACINE | WI | 84 | \$85,579 | 0.6% |
| 16 | CSMCP NORTHPOINT MEDICAL CLINI | MILWAUKEE | WI | 148 | \$83,684 | 0.6% |
| 17 | ST MICHAELS HOSPITAL | STEVENS POINT | WI | 47 | \$82,733 | 0.6% |
| 18 | ONCOLOGY ALLIANCE SC | GLENDALE | WI | 10 | \$81,481 | 0.6% |
| 19 | ASSOCIATED PHYSICIANS LLP | MADISON | WI | 121 | \$80,914 | 0.6% |
| 20 | MILWAUKEE RADIOLOGISTS LTD SC | MILWAUKEE | WI | 101 | \$73,335 | 0.5% |
| Top 20 Total | | | | 2,778 | \$5,696,012 | 40.5% |
| All Other Professional Charges | | | | 11,551 | \$8,375,360 | 59.5% |
| Total Professional Charges | | | | 14,329 | \$14,071,372 | 100.0% |

STATE EMPLOYEE TRUST FUNDS
Top 20 Professional Providers - SMP
Incurred January 2006 - December 2006 Paid Through March 2007

Exhibit 11-D

| | Professional Provider | City | State | # of Unique Patients | Total Paid Claims | Paid % |
|---------------------------------------|--------------------------------|---------------|-------|----------------------|---------------------|---------------|
| 1 | MARSHFIELD CLINIC | MARSHFIELD | WI | 3,034 | \$7,541,021 | 37.0% |
| 2 | ST MICHAELS HOSPITAL | STEVENS POINT | WI | 2,491 | \$3,527,931 | 17.3% |
| 3 | MINISTRY MEDICAL GRP NORTHERN | RHINELANDER | WI | 929 | \$1,276,541 | 6.3% |
| 4 | ASPIRUS CLINIC INC | WAUSAU | WI | 914 | \$640,119 | 3.1% |
| 5 | ALLIED HEALTH OF WISCONSIN SC | TOMAHAWK | WI | 466 | \$333,666 | 1.6% |
| 6 | CENTRAL WISCONSIN RADIOLOGIST | STEVENS POINT | WI | 1,165 | \$243,108 | 1.2% |
| 7 | DULUTH CLINIC LTD | DULUTH | MN | 133 | \$233,387 | 1.1% |
| 8 | EYE CLINIC OF WISCONSIN SC | WAUSAU | WI | 487 | \$226,060 | 1.1% |
| 9 | DIAGNOSTIC AND TREATMENT | WESTON | WI | 275 | \$221,877 | 1.1% |
| 10 | CARDIOVASCULAR ASSOCIATES OF | WAUSAU | WI | 161 | \$187,663 | 0.9% |
| 11 | ASPIRUS DOCTORS CLINIC | WISC RAPIDS | WI | 382 | \$185,031 | 0.9% |
| 12 | CENTRAL WISCONSIN ANESTHESIOLO | WAUSAU | WI | 148 | \$157,259 | 0.8% |
| 13 | BAY AREA MEDICAL CENTER | MARINETTE | WI | 22 | \$150,018 | 0.7% |
| 14 | STEVENS POINT ANESTHESIA ASSOC | STEVENS POINT | WI | 142 | \$149,448 | 0.7% |
| 15 | ST MICHAELS HOSP | STEVENS POINT | WI | 652 | \$147,435 | 0.7% |
| 16 | RADIOLOGY ASSOCIATES OF WAUSAU | WAUSAU | WI | 384 | \$146,699 | 0.7% |
| 17 | UW MEDICAL FOUNDATION | MADISON | WI | 119 | \$144,126 | 0.7% |
| 18 | BONE AND JOINT CLINIC SC | WAUSAU | WI | 90 | \$135,684 | 0.7% |
| 19 | GASTROINTESTINAL ASSOC SC | WAUSAU | WI | 121 | \$112,842 | 0.6% |
| 20 | BAY AREA BELLIN HEALTH LLC | MARINETTE | WI | 133 | \$100,495 | 0.5% |
| Top 20 Total | | | | 12,248 | \$15,860,410 | 77.8% |
| All Other Professional Charges | | | | 7,403 | \$4,526,293 | 22.2% |
| Total Professional Charges | | | | 19,651 | \$20,386,703 | 100.0% |

State Employee Trust Funds

Provider Utilization

Out of Network Utilization

The Out of Network Utilization reports in exhibit 12-A and 12-B display the top 20 out of network facility providers and top 20 out of network professional providers for the Standard Plan sorted by total paid charges. These providers were not in a WPS network at the time the service was rendered. Within the facility report, charges have been broken out by Inpatient and Outpatient paid charges for additional analysis.

Facility

The **Standard Plan** out of network facility utilization in total was 3.9% of the total facility claims for the plan in 2006. 15 of the 20 out of network providers were from outside the state which is expected given 21.3% of the Standard Plan population lives outside the state of Wisconsin and are more likely to see an out of network provider depending on location.

Professional

The **Standard Plan** out of network professional utilization in total was 6.3% of the total professional claims for the plan in 2006. 12 of the top 20 professional providers practice in Wisconsin, however they all appear to be specialty providers not contracted with WPS. The other top professional providers are from outside the state of WI which is expected given the large out of state population.

Midwest Kidney Care and Alexander Hawkins were contracted as in network providers during 2006.

STATE EMPLOYEE TRUST FUNDS
Facility Out of Network Utilization - Standard
Incurred January 2006 - December 2006 Paid Through March 2007

Exhibit 12-A

| | Facility Provider | City | State | # of Unique Patients | Inpatient Paid Claims | Outpatient Paid Claims | Total Paid Claims |
|--------------|--------------------------------|---------------|-------|----------------------|-----------------------|------------------------|---------------------|
| 1 | FLETCHER ALLEN HEALTH CARE | BURLINGTON | VT | 1 | \$66,995.26 | \$0.00 | \$66,995.26 |
| 2 | G W UNIVERSITY HOSPITAL | WASHINGTON | DC | 1 | \$55,285.85 | \$0.00 | \$55,285.85 |
| 3 | ST JOHNS HM HLTH SERV | MILWAUKEE | WI | 2 | \$31,950.31 | \$1,220.00 | \$33,170.31 |
| 4 | TUCSON ORTHOPAEDIC SURGERY CTR | TUCSON | AZ | 5 | \$0.00 | \$28,365.90 | \$28,365.90 |
| 5 | WEBSTER SURGERY CENTERLOS | LOS ANGELES | CA | 3 | \$0.00 | \$24,173.80 | \$24,173.80 |
| 6 | ST ALPHONSUS HOSP | BOISE | ID | 2 | \$20,723.19 | \$230.00 | \$20,953.19 |
| 7 | CHP METHODIST/IU/RILEY | INDIANAPOLIS | IN | 2 | \$19,087.60 | \$132.64 | \$19,220.24 |
| 8 | MIDWEST KIDNEY CARE | RACINE | WI | 2 | \$0.00 | \$16,935.18 | \$16,935.18 |
| 9 | WISCONSIN RENAL CARE GROUP | MILWAUKEE | WI | 4 | \$0.00 | \$15,998.63 | \$15,998.63 |
| 10 | BETH ISRAEL MED CTR | NEW YORK | NY | 1 | \$14,560.08 | \$0.00 | \$14,560.08 |
| 11 | PENOBSCOT BAY MED CTR | ROCKPORT | ME | 1 | \$14,194.49 | \$0.00 | \$14,194.49 |
| 12 | PROMINENT HLTH CARE SEVEN OAKS | GLENDALE | WI | 1 | \$13,803.54 | \$0.00 | \$13,803.54 |
| 13 | SWEDISH AMERICAN HOSP | ROCKFORD | IL | 3 | \$0.00 | \$13,372.19 | \$13,372.19 |
| 14 | HOUSTON TOWN AND COUNTRY HOSP | HOUSTON | TX | 2 | \$11,449.53 | \$0.00 | \$11,449.53 |
| 15 | WOODLAND SURGERY CENTER | APPLETON | WI | 2 | \$0.00 | \$10,728.67 | \$10,728.67 |
| 16 | JOHN DEMPSEY HOSP | FARMINGTON | CT | 1 | \$9,961.55 | \$0.00 | \$9,961.55 |
| 17 | CAMP LOWELL SURGERY CENTER | TUCSON | AZ | 3 | \$0.00 | \$8,106.06 | \$8,106.06 |
| 18 | SUMMIT SURGERY CENTER | SANTA BARBARA | CA | 1 | \$0.00 | \$7,570.00 | \$7,570.00 |
| 19 | NORTH TEXAS HOSPITAL | DENTON | TX | 3 | \$0.00 | \$7,308.81 | \$7,308.81 |
| 20 | MAIN ST SPECIALTY SURGERY CTR | ORANGE | CA | 3 | \$0.00 | \$5,340.00 | \$5,340.00 |
| TOTAL | | | | 43 | \$258,011.40 | \$139,481.88 | \$397,493.28 |

STATE EMPLOYEE TRUST FUNDS
Professional Out of Network Utilization - Standard
Incurred January 2006 - December 2006 Paid Through March 2007

Exhibit 12-B

| | Professional Provider | City | State | # of Unique Patients | Total Paid Claims |
|--------------|-------------------------------|-------------|-------|----------------------|---------------------|
| 1 | ROBERT S PASHMAN | LOS ANGELES | CA | 4 | \$86,379.24 |
| 2 | WISCONSIN RENAL CARE GROUP | MILWAUKEE | WI | 3 | \$41,394.60 |
| 3 | CHARLES P MELONE | NEW YORK | NY | 4 | \$35,915.00 |
| 4 | MIDWEST SPINAL CENTER | MILWAUKEE | WI | 6 | \$34,336.85 |
| 5 | GOODYEAR CHIROPRACTIC | GLENDALE | WI | 8 | \$28,551.30 |
| 6 | MIDWEST KIDNEY CARE | RACINE | WI | 1 | \$16,204.43 |
| 7 | SPINE RECONSTRUCTION PARTNERS | W HOLLYWOOD | CA | 2 | \$15,149.51 |
| 8 | CULLY R WHITE | MILWAUKEE | WI | 3 | \$14,413.40 |
| 9 | ALEXANDER T HAWKINS | BURLINGTON | WI | 4 | \$13,230.00 |
| 10 | RHEUMATOLOGY ASSOCIATES | CHICAGO | IL | 4 | \$11,415.01 |
| 11 | PHYSICAL THERAPY INTEGRATION | MADISON | WI | 1 | \$9,241.80 |
| 12 | FLETCHER ALLEN HEALTH CARE | BURLINGTON | VT | 13 | \$8,064.20 |
| 13 | COMMUNICATION DEVELOPMENT CNT | MADISON | WI | 1 | \$7,899.20 |
| 14 | JOHN S ROGERSON MD SC | MADISON | WI | 7 | \$7,359.20 |
| 15 | BAY ORAL-MAX SURG LTD | GREEN BAY | WI | 5 | \$7,202.88 |
| 16 | EVOLUTION SPINE CENTER | PEWAUKEE | WI | 1 | \$6,721.00 |
| 17 | BACK 2 LIFE HEALTH CENTER | DENVER | CO | 1 | \$6,695.75 |
| 18 | VASCULAR SURGERY ASSOC | LOS ANGELES | CA | 2 | \$5,850.00 |
| 19 | VAIL VALLEY MED CTR | VAIL | CO | 5 | \$5,813.70 |
| 20 | NEW HOPE CENTER INC | CHILTON | WI | 2 | \$5,408.00 |
| TOTAL | | | | 77 | \$367,245.07 |

State Employee Trust Funds

Large Claims

High Cost Patients

The High Cost Patients report in Exhibit 13-A lists the plan members with claims over \$100,000 for claims incurred January 2006 – December 2006 and paid through March 2007 for the Standard, SMP and Medicare Plus \$1M Plans. The Primary Condition is the condition associated with the largest percentage of claim payments and therefore may not be representative of a patient's complete condition. The Care Management section shows the type of care management provided on each case. For a detailed description of care management processes please reference the Case Management Description in Section 3, pages 1a and 1b.

The **Standard Plan** has 44 members with claims over \$100,000 for a total of \$8,363,919 in claim costs. Of these 44 members 32 are employees, 9 are spouses, and 3 are dependents. Another way to break down these members is that 22 are regular members, 22 are annuitants, 34 of the members reside in state and 10 are out of state. These 44 members represent 23.2% of total claims paid under the Standard Plan, compared to the WPS benchmark of 12.1%. The higher than expected results can be attributed to a single claimant that is 2.4% of total claims alone, severity of cases for the year and plan anti-selection (One source of anti-selection is discussed on page 6a in the last two sentences of the last paragraph).

The **SMP Plan** has 21 members with claims over \$100,000 for a total of \$3,430,687 in claim costs. Of these 21 members, 13 are employees, 6 are spouses and 2 are dependents. 15 are regular members, 4 are annuitants, 1 is a graduate assistant and 1 is a continuation member. All of the large claimants for the SMP Plan reside in Wisconsin. These 21 members represent 8.6% of total claims paid under the SMP Plan compared to the WPS benchmark of 12.1%.

The **Medicare Plus \$1M Plan** has 2 members with claims over \$100,000 for a total \$228,980 in claim costs. Although these two members only represent 0.5% of claim costs it is unusual to have claims over \$100,000 on benefits wrapping Medicare. Both of these members reside out of state. One member had a very long skilled nursing facility stay that exhausted the Medicare benefit and a portion of the remainder was paid by the plan. The second member had a large amount of outpatient pharmacy costs for treatment of cancer that were not covered by Medicare which contributed to the high level of claim payments.

STATE EMPLOYEE TRUST FUNDS

Exhibit 13-A

High Cost Patients (over \$100,000)

Incurred January 2006 - December 2006 Paid Through March 2007

| | Patient Status | Plan | Care Management | Primary Condition | Total Paid |
|----|----------------|----------|---------------------|---------------------------|--------------|
| 1 | CANCELLED | STANDARD | Preauth, UM, CM | GASTROINTESTINAL HEMORRHA | \$875,647.26 |
| 2 | ACTIVE | STANDARD | Preauth, UM, CM | SEPTICEMIA | \$480,327.23 |
| 3 | CANCELLED | STANDARD | UM, CM | INTERVERTEBRAL DISC DIS | \$418,930.72 |
| 4 | CANCELLED | SMP | Preauth, UM, CM | MALIG NEO FEMALE BREAST | \$380,329.97 |
| 5 | CANCELLED | SMP | Preauth, CM | SINGLE LIVEBORN | \$354,712.29 |
| 6 | ACTIVE | STANDARD | Preauth, UM, CM, DM | COMPL PECULIAR TO CERTAIN | \$349,311.78 |
| 7 | CANCELLED | STANDARD | Preauth, UM, CM | MALIGNANT NEO PANCREAS | \$321,907.49 |
| 8 | ACTIVE | STANDARD | UM, CM | MALIGNANT NEOPLASM BRAIN | \$294,635.63 |
| 9 | ACTIVE | STANDARD | Preauth, UM, CM | OTHER BRAIN CONDITIONS | \$292,637.57 |
| 10 | CANCELLED | STANDARD | Preauth, UM, CM | CHRONIC PULMONARY HEART D | \$289,158.34 |
| 11 | CANCELLED | SMP | Preauth, UM, CM | CHRONIC RENAL FAILURE | \$254,529.00 |
| 12 | ACTIVE | STANDARD | UM, CM | MYELOID LEUKEMIA | \$227,386.49 |
| 13 | CANCELLED | STANDARD | Preauth, UM, CM | MAL NEO UTERINE ADNEXA | \$226,062.07 |
| 14 | ACTIVE | SMP | Preauth, UM, CM | SECONDRY MAL NEO GI/RESP | \$216,113.55 |
| 15 | ACTIVE | SMP | Preauth, UM, CM | OTH MAL NEO LYMPH/HISTIO | \$201,602.55 |
| 16 | ACTIVE | STANDARD | Preauth, UM | EPILEPSY | \$199,750.94 |
| 17 | ACTIVE | STANDARD | UM, CM | OTH BACTERIAL PNEUMONIA | \$197,792.91 |
| 18 | CANCELLED | STANDARD | Preauth, UM, CM | MALIGNANT NEOPLASM BRAIN | \$182,572.99 |
| 19 | CANCELLED | SMP | Preauth, UM, CM, BH | OTH SURGICAL COMPL NEC | \$179,890.91 |
| 20 | ACTIVE | STANDARD | Preauth, UM, CM | REHABILITATION PROCEDURE | \$179,766.42 |
| 21 | CANCELLED | STANDARD | UM, CM | SEC MALIG NEO OTH SITES | \$172,765.14 |
| 22 | ACTIVE | STANDARD | UM, CM | INTRACRANIAL HEMORRHAGE N | \$163,039.16 |
| 23 | CANCELLED | STANDARD | Preauth, UM, CM | CNS ABSCESS | \$162,714.92 |
| 24 | ACTIVE | STANDARD | Preauth, UM, CM | ANKLE FRACTURE | \$158,953.32 |
| 25 | CANCELLED | STANDARD | Preauth, UM, CM | REHABILITATION PROCEDURE | \$158,516.89 |
| 26 | CANCELLED | STANDARD | UM, CM | CARDIAC DYSRHYTHMIAS | \$156,689.75 |
| 27 | ACTIVE | STANDARD | CM | MULTIPLE MYELOMA ET AL | \$155,686.23 |
| 28 | CANCELLED | SMP | UM, CM | MAL NEO UTERINE ADNEXA | \$153,992.17 |
| 29 | CANCELLED | SMP | Preauth, UM, CM | LYMPHOID LEUKEMIA | \$153,773.88 |
| 30 | ACTIVE | STANDARD | Preauth, UM, CM | REHABILITATION PROCEDURE | \$150,859.60 |
| 31 | ACTIVE | STANDARD | Preauth, UM | MALIG NEO FEMALE BREAST | \$150,116.28 |
| 32 | CANCELLED | SMP | Preauth, UM, CM | DIS REL SHORT GESTATION/U | \$141,059.02 |

Preauth = Preauthorization UM = Utilization Management CM = Case Management DM = Disease Management BH = Behavioral Health

STATE EMPLOYEE TRUST FUNDS

Exhibit 13-A

High Cost Patients (over \$100,000)

Incurred January 2006 - December 2006 Paid Through March 2007

| | Patient Status | Plan | Care Management | Primary Condition | Total Paid |
|----|----------------|---------------------------|-----------------|---------------------------|--------------|
| 33 | CANCELLED | STANDARD | Preauth, UM, CM | SECONDRY MAL NEO GI/RESP | \$139,839.34 |
| 34 | ACTIVE | STANDARD | UM, DM | GENERAL SYMPTOMS | \$138,414.55 |
| 35 | CANCELLED | SMP | Preauth, UM, CM | ENCOUNTR PROC/AFTRCR NEC | \$134,799.47 |
| 36 | CANCELLED | SMP | Preauth, UM, CM | SPONDYLOSIS AND ALLIED DI | \$134,078.13 |
| 37 | CANCELLED | SMP | UM, DM | ACUTE MYOCARDIAL INFARCTI | \$130,847.88 |
| 38 | ACTIVE | STANDARD | Preauth, UM, CM | MULTIPLE MYELOMA ET AL | \$130,227.66 |
| 39 | CANCELLED | SMP | Preauth, UM, CM | MAL NEO UTERINE ADNEXA | \$129,069.33 |
| 40 | ACTIVE | MEDICARE PLUS ONE MILLION | | ENCOUNTR PROC/AFTRCR NEC | \$126,437.38 |
| 41 | ACTIVE | STANDARD | UM, DM | OTH FORMS CHRONIC ISCHEMI | \$126,126.16 |
| 42 | ACTIVE | STANDARD | Preauth, CM | ENCOUNTR PROC/AFTRCR NEC | \$124,892.70 |
| 43 | ACTIVE | STANDARD | Preauth, UM, CM | APLASTIC ANEMIA | \$119,505.75 |
| 44 | ACTIVE | SMP | UM, DM | OTH FORMS CHRONIC ISCHEMI | \$118,733.88 |
| 45 | CANCELLED | STANDARD | UM, CM | MENINGEAL HEM FOLLOW INJ | \$117,843.59 |
| 46 | CANCELLED | SMP | Preauth, UM | OTH DISORDERS OF BONE & C | \$117,128.02 |
| 47 | ACTIVE | STANDARD | Preauth, UM | OTH DISORDERS OF BONE & C | \$117,102.25 |
| 48 | CANCELLED | STANDARD | Preauth, CM | HEART FAILURE | \$114,406.25 |
| 49 | ACTIVE | STANDARD | Preauth, UM, CM | OSTEOARTHRISIS AND ALLIED | \$114,303.53 |
| 50 | ACTIVE | STANDARD | UM, DM | OTH FORMS CHRONIC ISCHEMI | \$111,612.09 |
| 51 | CANCELLED | STANDARD | UM | MALIG NEO FEMALE BREAST | \$110,451.69 |
| 52 | ACTIVE | STANDARD | UM, CM | MALIGNANT NEOPLASM BRAIN | \$109,090.45 |
| 53 | CANCELLED | SMP | Preauth, DM | OTH DISORDERS OF EYE | \$107,853.13 |
| 54 | CANCELLED | SMP | Preauth, UM, DM | OTH FORMS CHRONIC ISCHEMI | \$106,907.83 |
| 55 | CANCELLED | STANDARD | UM, CM | DIVERTICULA OF INTESTINE | \$105,922.11 |
| 56 | ACTIVE | STANDARD | UM, CM | OTH DISEASES OF LUNG | \$105,169.02 |
| 57 | CANCELLED | SMP | UM, CM | MALIGNANT NEOPLASM UNSPEC | \$104,701.18 |
| 58 | ACTIVE | STANDARD | UM, CM | CHRONIC RENAL FAILURE | \$104,170.90 |
| 59 | CANCELLED | SMP | UM BH | ENCOUNTR PROC/AFTRCR NEC | \$103,977.99 |
| 60 | ACTIVE | STANDARD | UM, CM | VASCULAR INSUFFICIENCY OF | \$103,641.33 |
| 61 | CANCELLED | SMP | UM, CM | ACUTE PULMONARY HEART DIS | \$103,597.40 |
| 62 | CANCELLED | SMP | Preauth, UM, CM | OTH MAL NEO LYMPH/HISTIO | \$102,989.15 |
| 63 | ACTIVE | MEDICARE PLUS ONE MILLION | UM, CM | OTH DISEASES OF LUNG | \$102,542.74 |
| 64 | ACTIVE | STANDARD | UM, CM | ENCOUNTR PROC/AFTRCR NEC | \$102,425.43 |

Preauth = Preauthorization UM = Utilization Management CM = Case Management DM = Disease Management BH = Behavioral Health

STATE EMPLOYEE TRUST FUNDS
High Cost Patients (over \$100,000)
Incurred January 2006 - December 2006 Paid Through March 2007

Exhibit 13-A

| | Patient Status | Plan | Care Management | Primary Condition | Total Paid |
|--------------|-----------------------|-------------|------------------------|---------------------------|------------------------|
| 65 | ACTIVE | STANDARD | UM, CM | CHRONIC RENAL FAILURE | \$102,166.88 |
| 66 | CANCELLED | STANDARD | Preauth, UM, CM | DISEASES OF ESOPHAGUS | \$100,887.16 |
| 67 | ACTIVE | STANDARD | Preauth, UM, DM | OTH FORMS CHRONIC ISCHEMI | \$100,491.45 |
| Total | | | | | \$12,023,586.27 |

Preauth = Preauthorization UM = Utilization Management CM = Case Management DM = Disease Management BH = Behavioral Health

State Employee Trust Funds

Member Cost Share

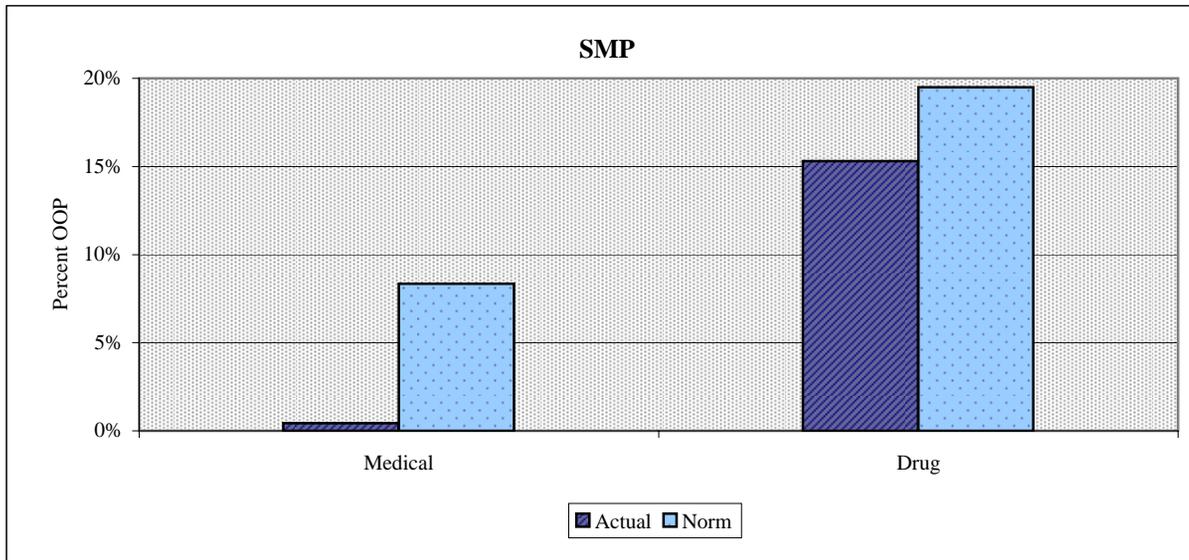
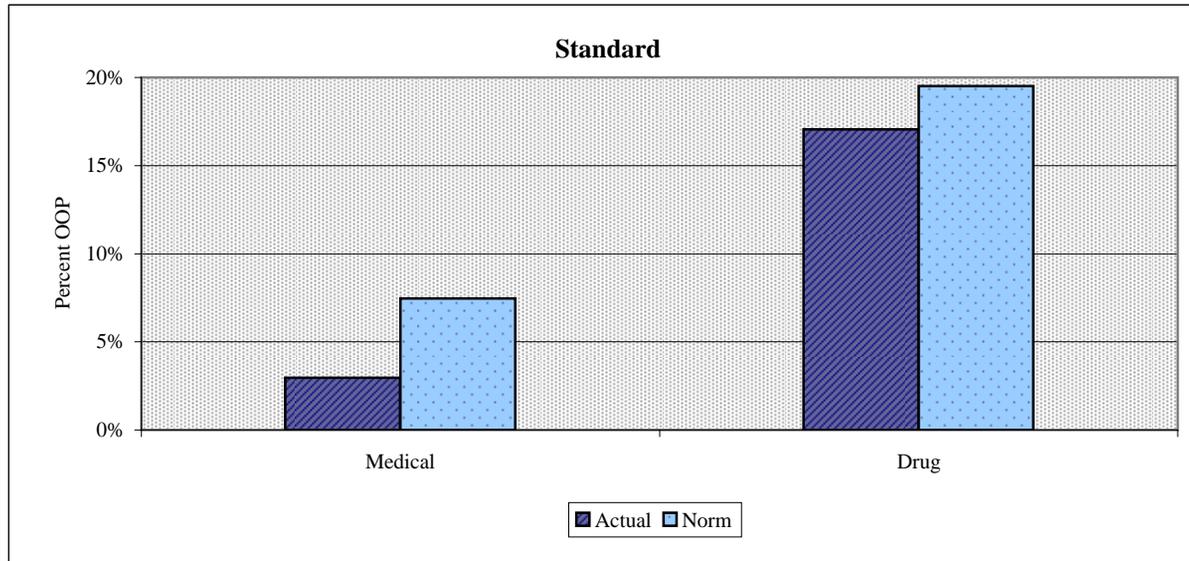
Medical and Drug Cost Sharing

The Medical and Drug Cost Sharing graphs in Exhibit 14-A show the percent of eligible medical and drug claim costs paid by the member. This percentage is compared to the WPS benchmark though for this comparison the benchmark is unadjusted.

The **Standard Plan** members pay about 3.5% of their own medical claims as compared to the benchmark of 7-8%. The prescription drug cost share is slightly closer to our normative benchmark with the Standard Plan around 16.5% and the benchmark at 19.5%.

The **SMP Plan** members by comparison pay almost nothing towards their own medical claims (in the form of cost sharing), unlike the members of most large groups who pay an average of about 7-8% of their medical claims. The SMP cost share for prescription drugs is just over 15% compared to the benchmark of 19.5%. Even though the Standard and SMP Plans have the same prescription drug benefit, they have slightly different drug utilization profiles, the result of each plan's unique blend of treated conditions.

STATE EMPLOYEE TRUST FUNDS
Medical and Drug Cost Sharing
 Incurred January 2006 - December 2006 Paid Through March 2007



Note: Benchmark data has been age/sex adjusted to correspond to the population included in this exhibit

State Employee Trust Funds

Member Cost Share

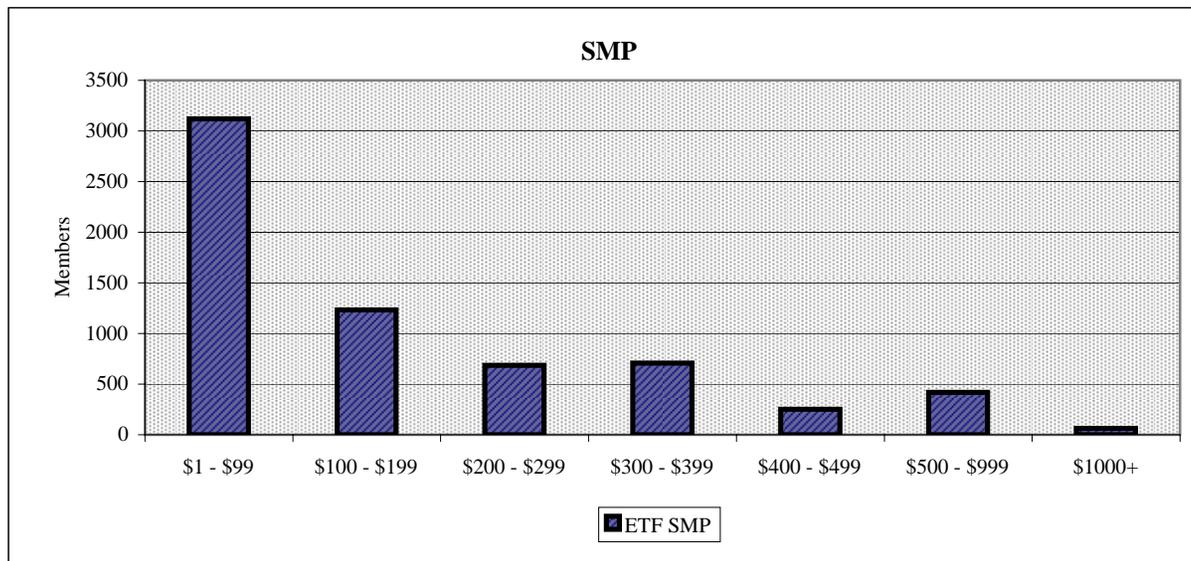
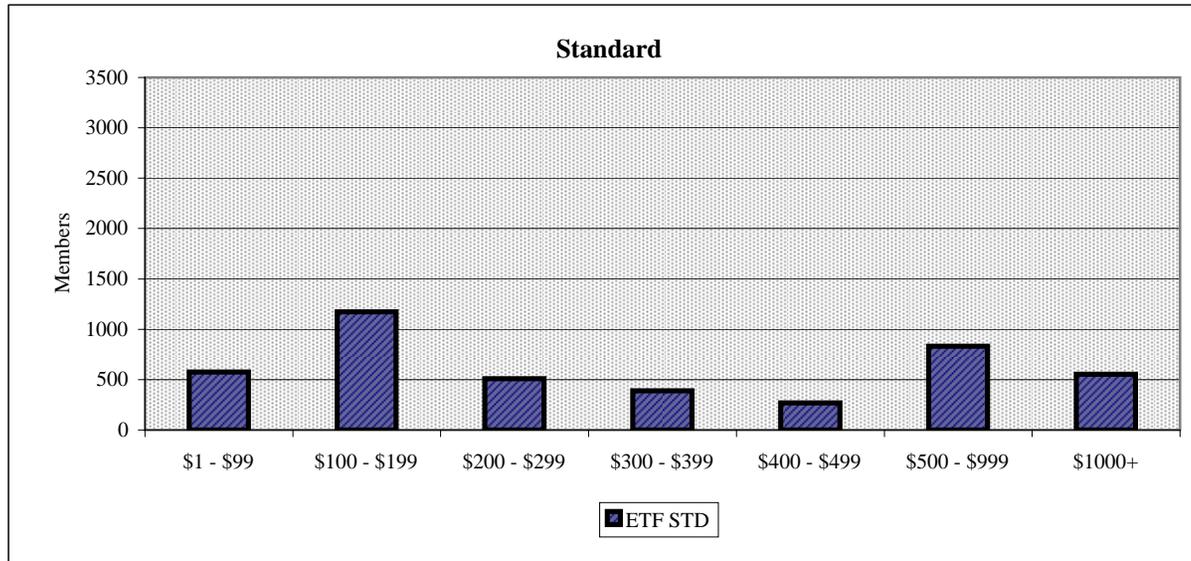
Medical and Drug Out of Pocket by Member

The Medical and Drug Out of Pocket by Member bar graph shown in Exhibit 15-A divides members with out of pocket cost sharing into categories based on the annual amount of out of pocket costs they paid in 2006. The annual out of pocket for each member includes medical and prescription drug costs.

The **Standard Plan** has a large disparity between the members as far as out of pocket costs. A good portion of members pay between \$100 and \$200 out of pocket annually. There are almost 900 members in the \$500 to \$999 range but it is important to note the range for this category is larger than the previous categories. Lastly there are just over 500 members who pay over \$1000 out of pocket annually.

The **SMP Plan** by comparison has a large number of all members paying between \$1 and \$99 in cost sharing. Most of the cost sharing comes from prescription drug copays.

STATE EMPLOYEE TRUST FUNDS
Medical and Drug Out of Pocket by Member
Incurred January 2006 - December 2006 Paid Through March 2007



State Employee Trust Funds

Medical Claims Cost Savings

Medical Claim Savings Analysis

The Medical Claim Saving Analysis in Exhibit 16-A takes the charges submitted on behalf of the ETF members and details the savings that take place before the final payments are made to the providers. The submitted charges represent medical claims only. The charges are split between the Standard, SMP and Medicare Plus \$1M Plans for claims incurred January 2006 through December 2006 and paid through the end of March 2007. Exhibit 16-B provides a summary of the savings by plan along with a pie chart that provides the percentage of savings in each category combining all plans.

For the **Standard Plan**, WPS paid 69.2% of submitted charges on behalf of the plan. Of the 30.8% savings, 17.5% came from pricing cutbacks from the network providers. Another 7.3% of savings was received from the rejection of duplicate charges or charges that were not eligible. Another 3.1% of savings was received by rejection of non-covered services. The Standard Plan also had 2.1% of charges paid by the members with deductibles, coinsurance and copays. The savings due to third party liability is small at this time but these types of recoveries can be long term and may take several years to be completed.

For the **SMP Plan**, WPS paid 78.0% of submitted charges on behalf of the plan. Of the 22% savings, 13.0% was received from pricing cutbacks from network providers. Another 6.9% was saved on claims rejected for duplicate submission, non-eligible claims, and services not covered by the plan. In comparison to the Standard Plan, the SMP Plan members contributed only 0.3% in out-of-pocket costs. The SMP Plan does have some out-of-pocket costs in the form of ER Copays and coinsurance on DME and Outpatient Psychiatric Visits. The total seen in the copayment segment is not just ER copays but also encompasses coinsurance amounts that do not apply to the annual out-of-pocket maximum for a member.

For the **Medicare Plus \$1M Plan**, WPS paid 6.6% of submitted charges on behalf of the plan. Payments made by Medicare have an overwhelming impact on savings by accounting for 75.1% of the submitted charges. The second highest savings came from the rejection of duplicate or non-eligible charges. This number was higher than expected due to the submission of duplicate electronic and paper claims. The WPS claims area has worked hard on provider education in this area and we expect this percentage to be lower in the future.

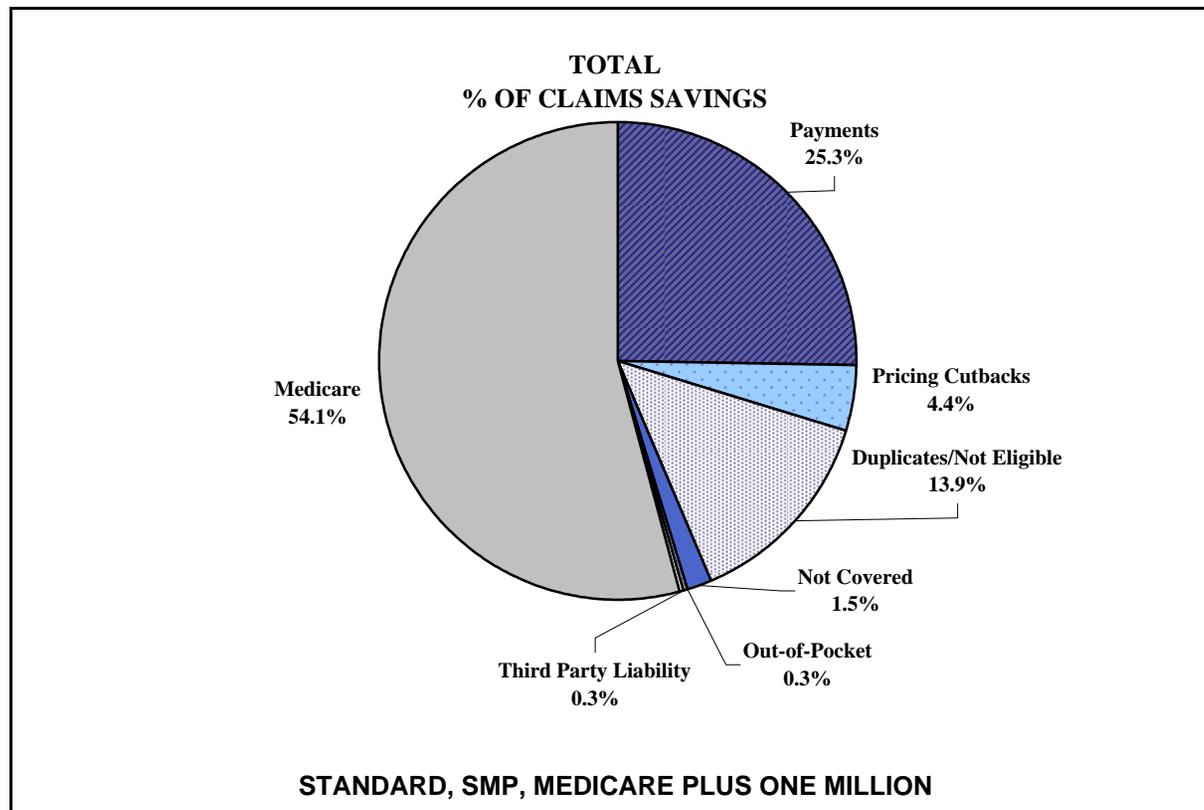
As seen in the pie chart in Exhibit 16-B, the total payment made by WPS for all plan types in 2006 was 25.3% of submitted charges. With the Medicare population's impact, 54% of the savings was provided by Medicare, followed by 13.9% in rejections for duplicates and non-eligible services and 4.4% in pricing cutback.

STATE EMPLOYEE TRUST FUNDS
Medical Claim Savings Analysis
Incurred January 2006 - December 2006 Paid Through March 2007

| Category | STANDARD | | SMP | | MEDICARE PLUS ONE MILLION | |
|------------------------------|------------------------|---------------|------------------------|---------------|------------------------------|---------------|
| | \$ Amount | % of Total | \$ Amount | % of Total | \$ Amount | % of Total |
| Submitted Charges | \$44,216,156.17 | 100.0% | \$43,822,967.91 | 100.0% | \$226,490,495.15 | 100.0% |
| Duplicates/Not Eligible | \$3,222,444.30 | 7.3% | \$1,307,777.22 | 3.0% | \$39,267,014.43 | 17.3% |
| Pricing Cutbacks | \$7,750,643.72 | 17.5% | \$5,709,690.32 | 13.0% | \$477,766.47 | 0.2% |
| Out-of-Pocket | | | | | | |
| Deductible | \$599,542.53 | 1.4% | \$0.00 | 0.0% | \$0.00 | 0.0% |
| Coinsurance | \$332,113.98 | 0.8% | \$65,812.69 | 0.2% | \$12,522.76 | 0.0% |
| Copayments | \$800.00 | 0.0% | \$84,030.82 | 0.2% | \$0.00 | 0.0% |
| Total | \$932,456.51 | 2.1% | \$149,843.51 | 0.3% | \$12,522.76 | 0.0% |
| Not Covered | | | | | | |
| Medical Necessity | \$189,746.12 | 0.4% | \$93,793.49 | 0.2% | \$129,448.64 | 0.1% |
| Inappropriate Provider | \$97,468.16 | 0.2% | \$6,535.43 | 0.0% | \$39,617.63 | 0.0% |
| Benefit Maximum | \$139,446.80 | 0.3% | \$78,362.95 | 0.2% | \$187,186.37 | 0.1% |
| Experimental/Fertility | \$71,912.05 | 0.2% | \$39,020.77 | 0.1% | \$1,810.50 | 0.0% |
| Dental | \$62,202.50 | 0.1% | \$62,353.56 | 0.1% | \$23,587.58 | 0.0% |
| Custodial | \$49,136.45 | 0.1% | \$56.00 | 0.0% | \$315,050.27 | 0.1% |
| Code Review | \$438,408.04 | 1.0% | \$562,908.52 | 1.3% | \$24,141.39 | 0.0% |
| Contact Lens/Hearing Aid | \$11,775.31 | 0.0% | \$54,124.40 | 0.1% | \$122,026.96 | 0.1% |
| Drugs | \$0.00 | 0.0% | \$588.75 | 0.0% | \$181,311.40 | 0.1% |
| No Referral | \$0.00 | 0.0% | \$617,702.19 | 1.4% | \$0.00 | 0.0% |
| All Other | \$292,449.43 | 0.7% | \$186,595.51 | 0.4% | \$666,743.70 | 0.3% |
| Total | \$1,352,544.86 | 3.1% | \$1,702,041.57 | 3.9% | \$1,690,924.44 | 0.7% |
| Third Party Liability | | | | | | |
| Workers Compensation | \$72,672.09 | 0.2% | \$92,231.85 | 0.2% | \$663.37 | 0.0% |
| Subrogation | \$1,950.36 | 0.0% | \$4,363.50 | 0.0% | \$2,322.56 | 0.0% |
| Coordination of Benefits | \$124,392.94 | 0.3% | \$652,836.60 | 1.5% | \$0.00 | 0.0% |
| Total | \$199,015.39 | 0.5% | \$749,431.95 | 1.7% | \$2,985.93 | 0.0% |
| Medicare | \$168,555.43 | 0.4% | \$21,080.23 | 0.0% | \$170,089,416.90 | 75.1% |
| Payments | \$30,590,495.96 | 69.2% | \$34,183,103.11 | 78.0% | \$14,949,864.22 | 6.6% |

STATE EMPLOYEE TRUST FUNDS
Medical Claim Savings Analysis Summary
 Incurred January 2006 - December 2006 Paid Through March 2007

| | STANDARD | | SMP | | MEDICARE PLUS ONE MILLION | |
|-------------------------|-----------------|------------|-----------------|------------|---------------------------|------------|
| | \$ Amount | % of Total | \$ Amount | % of Total | \$ Amount | % of Total |
| Payments | \$30,590,495.96 | 69.2% | \$34,183,103.11 | 78.0% | \$14,949,864.22 | 6.6% |
| Pricing Cutbacks | \$7,750,643.72 | 17.5% | \$5,709,690.32 | 13.0% | \$477,766.47 | 0.2% |
| Duplicates/Not Eligible | \$3,222,444.30 | 7.3% | \$1,307,777.22 | 3.0% | \$39,267,014.43 | 17.3% |
| Not Covered | \$1,352,544.86 | 3.1% | \$1,702,041.57 | 3.9% | \$1,690,924.44 | 0.7% |
| Out-of-Pocket | \$932,456.51 | 2.1% | \$149,843.51 | 0.3% | \$12,522.76 | 0.0% |
| Third Party Liability | \$199,015.39 | 0.5% | \$749,431.95 | 1.7% | \$2,985.93 | 0.0% |
| Medicare | \$168,555.43 | 0.4% | \$21,080.23 | 0.0% | \$170,089,416.90 | 75.1% |





State of Wisconsin

Section 2: Wisconsin Public Employers

Insuring **Wisconsin's** Health *Since 1946*

Wisconsin Public Employers

Executive Summary

Member / Demographic Data

Total enrollment was 407 members as of January 2007, down 211 members from the 618 members in the plan in December 2006. The reduction in membership was mainly due to the loss of 146 members in the SMP Plan related to the introduction of Security Health Plan as an HMO option.

The **Standard Plan** membership is much older than the normative distribution with 59% of membership over the age of 50 compared to the benchmark of 25%. 75% of the Standard Plan participants live within Wisconsin.

The ages of the **SMP Plan** members by comparison are in line with the normative distribution showing a slightly older population as compared to the benchmark. The SMP Plan membership is entirely within Wisconsin and in the more rural areas with a majority of the population in the north central region. For the SMP Plan 92% of plan participants live in a 4 county area including Price, Marathon, Marinette, and Portage counties. In 2007 the SMP Plan will only be available in 12 counties down from the current 27 county region. As of January 2007, this change has resulted in a population reduction from the current 194 members to 48 members.

Wisconsin Public Employers

Executive Summary

Claims Data

Standard Plan

The Standard Plan has seen a 31.5% increase in medical claim costs between 2005 and 2006. A majority of the variance to expected can be explained by 2 large claims that are equivalent to 34.5% of the total claims for the plan. If these outlier claims are not included in the calculation, the medical trend from 2005 to 2006 would have been -14%.

The Standard Plan was 48.1% above the benchmark in 2006. The variance to the benchmark is primarily a result of the anti-selection resulting from the dual choice open enrollment. Other contributing factors include the location of the Standard Plan's enrolled membership (the higher cost urban areas), large claim activity and the rich benefit design.

The Standard Plan has 2 members with claims over \$100,000 for a total of \$296,281 in claim costs. These 2 members represent 34.5% of total claims paid under the Standard Plan. The Standard Plan members pay 4.5% of their own medical claims as compared to the benchmark of 7-8%.

WPS paid 73.4% of submitted charges on behalf of the plan.

SMP Plan

For the SMP Plan, the year over year medical PMPM trend was -40%. Since the beginning of 2006, the SMP Plan experience has been fairly stable with a spike in claims in September. The SMP Plan is in line with the benchmark for 2006.

The SMP Plan did not have any members exceed \$100,000 in claim costs. The SMP Plan members pay 1-2% towards their own medical claims (in the form of cost sharing), unlike the members of most large groups who pay an average of about 7-8% of their medical claims.

WPS paid 72.8% of submitted charges on behalf of the plan.

Medicare Carve-out Plan

The Medicare Carve-out Plan has seen stable results over the last 2 years. The year over year medical PMPM trend from 2005 to 2006 was 11.3%.

WPS paid 5.9% of submitted charges on behalf of the plan. 74.1% of the charges were paid by Medicare.

Wisconsin Public Employers

Executive Summary

Provider Data

For the **Standard Plan**, the top 20 facilities provide 90.7% of the total facility charges for the plan. 69.0% of professional charges are from the top 20 providers.

For the **SMP Plan**, the top 20 facilities provide 99.9% of the total facility charges for the plan. The largest percentage of paid claims is from Aspirus in Wausau. 77.6% of the paid claims are from the top 20 professional providers. Marshfield Clinic was the top professional provider receiving 33% of the overall payments, followed by St Michael's Hospital which received 9.2% of the payment.

Wisconsin Public Employers

Summary Level Cost and Membership

Monthly Cost and Membership

The Monthly Cost and Membership report in Exhibit 1-B shows monthly membership and incurred claims for the Standard, SMP and Medicare Carve-out plans from January 2006 through December 2006. The total Paid Claims include medical and drug claims and represent all claims paid through the end of March 2007. The Paid PMPM shows the average amount paid per member each month in the time period.

Enrollment on the **Standard Plan** averaged 106 members per month in 2006. The membership over the course of the year remained fairly stable with a modest increase beginning in October. The Paid PMPM cost for the Standard Plan averaged \$781.08, with the first quarter of the year well above the average at \$1,425.97 in Paid PMPM. The monthly variance in the Paid PMPM cost can be attributed to seasonality, credibility and large claim activity.

SMP Plan enrollment averaged 201 members per month in 2006. The 2006 membership remained very stable in 2006. The Paid PMPM cost for the SMP Plan averaged \$354.26 in 2006 with some variance from this average over the year.

The **Medicare Carve-out Plan** enrollment averaged 307 members per month in 2006. The membership declined over the course of the year, beginning with 315 members in January and gradually declining to 302 members in December. The Paid PMPM cost for the Medicare Carve-out Plan averaged \$141.62 in 2006.

**WISCONSIN PUBLIC EMPLOYERS
Monthly Cost and Membership
Paid Through March 2007**

Exhibit 1-B

| Incurred Month | STANDARD | | | SMP | | | MEDICARE | | |
|----------------|-----------------|------------------|-----------------|-----------------|------------------|-----------------|-----------------|------------------|-----------------|
| | Covered Members | Paid Claims | Paid PMPM | Covered Members | Paid Claims | Paid PMPM | Covered Members | Paid Claims | Paid PMPM |
| 2006 January | 103 | \$161,110 | \$1,564.18 | 205 | \$76,362 | \$372.50 | 315 | \$50,613 | \$160.68 |
| February | 100 | \$187,434 | \$1,874.34 | 205 | \$65,751 | \$320.74 | 312 | \$39,750 | \$127.40 |
| March | 100 | \$83,939 | \$839.39 | 200 | \$64,423 | \$322.11 | 308 | \$54,826 | \$178.01 |
| April | 102 | \$83,855 | \$822.10 | 204 | \$53,860 | \$264.02 | 308 | \$34,067 | \$110.61 |
| May | 102 | \$67,181 | \$658.63 | 204 | \$62,873 | \$308.20 | 307 | \$51,719 | \$168.46 |
| June | 100 | \$37,734 | \$377.34 | 203 | \$74,536 | \$367.17 | 305 | \$43,278 | \$141.89 |
| July | 97 | \$57,278 | \$590.50 | 202 | \$64,488 | \$319.25 | 303 | \$35,097 | \$115.83 |
| August | 99 | \$48,256 | \$487.43 | 199 | \$58,238 | \$292.66 | 306 | \$40,960 | \$133.86 |
| September | 103 | \$35,088 | \$340.66 | 197 | \$124,652 | \$632.75 | 306 | \$40,247 | \$131.53 |
| October | 123 | \$61,025 | \$496.14 | 198 | \$82,707 | \$417.71 | 304 | \$46,960 | \$154.48 |
| November | 122 | \$107,981 | \$885.09 | 196 | \$55,276 | \$282.02 | 303 | \$40,782 | \$134.59 |
| December | 122 | \$63,437 | \$519.97 | 194 | \$69,544 | \$358.47 | 302 | \$42,733 | \$141.50 |
| Total | 1,273 | \$994,316 | \$781.08 | 2,407 | \$852,709 | \$354.26 | 3,679 | \$521,030 | \$141.62 |

Note: Paid claims include prescription drugs (except Dean Medicare Part D drugs) and injectables

Note: Member counts in this exhibit have been restated to reflect retroactive membership changes through March 2007

Wisconsin Public Employers

Group Demographics

Enrollment by Plan & Dual Choice Changes

The Enrollment by Plan report shown in Exhibit 2-C shows the December 2006 membership for the Standard, SMP and Medicare Carve-out Plans at the class level. The Dual Choice Enrollment Changes by Plan report in Exhibit 2-D shows the January 2007 enrollment reflecting changes that occurred during the Dual Choice Enrollment. The enrollment changes are numerical differences relative to December 2006. In both exhibits the counts are based on members. For each class the membership, average age, female distribution, and age/gender factor have been provided. The age/gender factor is an index intended to represent expected plan cost based on the age and gender of each member, without regard to plan design, health, etc. The age/gender factor is not shown for the Medicare Carve-out Plan, where coordination of benefits with Medicare has an overwhelming impact on plan cost.

Total enrollment was 407 members as of January 2007, down 211 members from the 618 members in the plan in December 2006. The reduction in membership was mainly due to the loss of 146 members in the SMP Plan related to the introduction of Security Health Plan as the HMO option. The Standard Plan also experienced the loss of 65 members during Dual Choice Enrollment. The overall increase in age in the totals in Exhibit 2-D is due to the large loss of the younger SMP Plan population that balanced the older Medicare Carve-out Plan population.

WISCONSIN PUBLIC EMPLOYERS

Exhibit 2-C

Enrollment by Plan

December 2006

| Plan | Class | # of Members | Average Member Age | Member Gender Distribution Female | Member Age/Gender Factor |
|--------------------------------------|---------------|---------------------|---------------------------|--|---------------------------------|
| Classic Standard | Milwaukee | 28 | 54.4 | 46.4% | 2.123 |
| | Waukesha | 8 | 47.0 | 37.5% | 1.528 |
| | Dane | 10 | 46.1 | 60.0% | 1.806 |
| | Rest of State | 63 | 43.4 | 44.4% | 1.509 |
| | Annuity | 11 | 58.4 | 63.6% | 2.340 |
| | Continuation | 0 | 0.0 | 0.0% | 0.000 |
| | Medicare | 288 | 75.3 | 56.9% | 1.134 |
| Subtotal | | 408 | 67.2 | 54.2% | 1.317 |
| Deductible Standard | Milwaukee | 0 | 0.0 | 0.0% | 0.000 |
| | Waukesha | 0 | 0.0 | 0.0% | 0.000 |
| | Dane | 0 | 0.0 | 0.0% | 0.000 |
| | Rest of State | 0 | 0.0 | 0.0% | 0.000 |
| | Annuity | 0 | 0.0 | 0.0% | 0.000 |
| | Continuation | 0 | 0.0 | 0.0% | 0.000 |
| | Medicare | 0 | 0.0 | 0.0% | 0.000 |
| Subtotal | | 0 | 0.0 | 0.0% | 0.000 |
| Standard Preferred | Milwaukee | 0 | 0.0 | 0.0% | 0.000 |
| | Waukesha | 0 | 0.0 | 0.0% | 0.000 |
| | Dane | 0 | 0.0 | 0.0% | 0.000 |
| | Rest of State | 0 | 0.0 | 0.0% | 0.000 |
| | Annuity | 0 | 0.0 | 0.0% | 0.000 |
| | Continuation | 0 | 0.0 | 0.0% | 0.000 |
| | Medicare | 1 | 82.0 | 100.0% | 1.103 |
| Subtotal | | 1 | 82.0 | 100.0% | 1.103 |
| Deductible Standard Preferred | Milwaukee | 0 | 0.0 | 0.0% | 0.000 |
| | Waukesha | 0 | 0.0 | 0.0% | 0.000 |
| | Dane | 0 | 0.0 | 0.0% | 0.000 |
| | Rest of State | 1 | 52.0 | 100.0% | 1.840 |
| | Annuity | 1 | 52.0 | 100.0% | 1.840 |
| | Continuation | 0 | 0.0 | 0.0% | 0.000 |
| | Medicare | 13 | 74.3 | 53.8% | 1.137 |
| Subtotal | | 15 | 71.3 | 60.0% | 1.230 |
| SMP | Local | 194 | 36.0 | 50.0% | 1.243 |
| | Annuity | 0 | 0.0 | 0.0% | 0.000 |
| | Continuation | 0 | 0.0 | 0.0% | 0.000 |
| Subtotal | | 194 | 36.0 | 50.0% | 1.243 |
| Deductible SMP | Local | 0 | 0.0 | 0.0% | 0.000 |
| | Annuity | 0 | 0.0 | 0.0% | 0.000 |
| | Continuation | 0 | 0.0 | 0.0% | 0.000 |
| Subtotal | | 0 | 0.0 | 0.0% | 0.000 |
| WPE Grand Total | | 618 | 57.5 | 53.1% | 1.291 |

**WISCONSIN PUBLIC EMPLOYERS
Dual Choice Enrollment Changes by Plan
December 2006 to January 2007**

Exhibit 2-D

| Plan | Class | January 2007 Membership | Change in Membership from Prior Month | Change in Average Member Age | Change in Member Gender Distribution Female | Change in Member Age/ Gender |
|--------------------------------------|---------------|----------------------------|--|---------------------------------------|---|---------------------------------------|
| Classic Standard | Milwaukee | 23 | -5 | 2.9 | 5.7% | 9.19% |
| | Waukesha | 1 | -7 | 0.0 | -37.5% | 2.73% |
| | Dane | 9 | -1 | 0.5 | -4.4% | 2.95% |
| | Rest of State | 27 | -36 | 7.8 | -3.7% | 26.27% |
| | Annuity | 9 | -2 | -0.8 | 3.0% | -3.36% |
| | Continuation | 0 | 0 | 0.0 | 0.0% | 0.00% |
| | Medicare | 290 | 2 | 0.0 | 0.0% | 0.00% |
| Subtotal | | 359 | -49 | 3.9 | 1.3% | -0.07% |
| Deductible Standard | Milwaukee | 0 | 0 | 0.0 | 0.0% | 0.00% |
| | Waukesha | 0 | 0 | 0.0 | 0.0% | 0.00% |
| | Dane | 0 | 0 | 0.0 | 0.0% | 0.00% |
| | Rest of State | 0 | 0 | 0.0 | 0.0% | 0.00% |
| | Annuity | 0 | 0 | 0.0 | 0.0% | 0.00% |
| | Continuation | 0 | 0 | 0.0 | 0.0% | 0.00% |
| | Medicare | 0 | 0 | 0.0 | 0.0% | 0.00% |
| Subtotal | | 0 | 0 | 0.0 | 0.0% | 0.00% |
| Standard Preferred | Milwaukee | 0 | 0 | 0.0 | 0.0% | 0.00% |
| | Waukesha | 0 | 0 | 0.0 | 0.0% | 0.00% |
| | Dane | 0 | 0 | 0.0 | 0.0% | 0.00% |
| | Rest of State | 0 | 0 | 0.0 | 0.0% | 0.00% |
| | Annuity | 0 | 0 | 0.0 | 0.0% | 0.00% |
| | Continuation | 0 | 0 | 0.0 | 0.0% | 0.00% |
| | Medicare | 0 | -1 | -82.0 | -100.0% | -100.00% |
| Subtotal | | 0 | -1 | -82.0 | -100.0% | -100.00% |
| Deductible Standard Preferred | Milwaukee | 0 | 0 | 0.0 | 0.0% | 0.00% |
| | Waukesha | 0 | 0 | 0.0 | 0.0% | 0.00% |
| | Dane | 0 | 0 | 0.0 | 0.0% | 0.00% |
| | Rest of State | 0 | -1 | -52.0 | -100.0% | -100.00% |
| | Annuity | 0 | -1 | -52.0 | -100.0% | -100.00% |
| | Continuation | 0 | 0 | 0.0 | 0.0% | 0.00% |
| | Medicare | 0 | -13 | -74.3 | -53.8% | -100.00% |
| Subtotal | | 0 | -15 | -71.3 | -60.0% | -100.00% |
| SMP | Local | 48 | -146 | -5.5 | -4.2% | -19.73% |
| | Annuity | 0 | 0 | 0.0 | 0.0% | 0.00% |
| | Continuation | 0 | 0 | 0.0 | 0.0% | 0.00% |
| Subtotal | | 48 | -146 | -5.5 | -4.2% | -19.73% |
| Deductible SMP | Local | 0 | 0 | 0.0 | 0.0% | 0.00% |
| | Annuity | 0 | 0 | 0.0 | 0.0% | 0.00% |
| | Continuation | 0 | 0 | 0.0 | 0.0% | 0.00% |
| Subtotal | | 0 | 0 | 0.0 | 0.0% | 0.00% |
| WPE Grand Total | | 407 | -211 | 8.8 | -53.1% | -1.00% |

Wisconsin Public Employers

Group Demographics

Member Census Grids

The Member Census Grid breaks down the December 2006 membership into age and gender categories for the Standard, SMP and Medicare Carve-out Plans. The Standard and SMP distributions are compared to a benchmark distribution based on WPS large group business as described in the Executive Summary. The benchmark distribution for the Medicare plan is based on comparable WPS Medicare enrollment.

Standard Plan

The Standard Plan membership shown in Exhibit 3-D appears to be much older than the normative distribution with 59% of membership over the age of 50 compared to the benchmark of 25%. Older members tend to seek more medical care and tend to select a broader panel of providers for that care. Since the Standard Plan has a broader panel of providers, this causes the average age to be higher.

Also contributing to the older than expected membership is the smaller than expected population of children with only 11% of the membership under the age of 20 compared to the benchmark of 29.8%. The Standard Plan also has a slightly higher than normal population of males with 51.6% male as compared to the benchmark of 48.3%.

SMP Plan

The SMP Plan membership shown in Exhibit 3-E by comparison seems to be in line with the normative distribution with only a slightly older population as compared to the benchmark. The SMP distribution was above the benchmark from age 50 to age 64 which is pushing the average age slightly above the norm.

Medicare Carve-out Plan

The Medicare Carve-out Plan membership is shown in Exhibit 3-F. The population is in line with the normative distribution.

**WISCONSIN PUBLIC EMPLOYERS
Member Census Grid - Standard
December 2006**

Exhibit 3-D

| FEMALE | | | |
|--------------|--------------|--------------|--------------|
| Age Band | # of Members | % of Total | Benchmark |
| < 20 | 7 | 5.7% | 14.5% |
| 20 - 24 | 1 | 0.8% | 3.9% |
| 25 - 29 | 0 | 0.0% | 3.3% |
| 30 - 34 | 0 | 0.0% | 3.4% |
| 35 - 39 | 2 | 1.6% | 4.0% |
| 40 - 44 | 4 | 3.3% | 4.8% |
| 45 - 49 | 7 | 5.7% | 5.0% |
| 50 - 54 | 14 | 11.5% | 5.0% |
| 55 - 59 | 10 | 8.2% | 4.2% |
| 60 - 64 | 13 | 10.7% | 2.5% |
| 65 + | 1 | 0.8% | 1.1% |
| Total | 59 | 48.4% | 51.7% |

| MALE | | | |
|--------------|--------------|--------------|--------------|
| Age Band | # of Members | % of Total | Benchmark |
| < 20 | 6 | 4.9% | 15.3% |
| 20 - 24 | 3 | 2.5% | 3.3% |
| 25 - 29 | 2 | 1.6% | 2.7% |
| 30 - 34 | 0 | 0.0% | 3.1% |
| 35 - 39 | 5 | 4.1% | 3.6% |
| 40 - 44 | 5 | 4.1% | 4.2% |
| 45 - 49 | 8 | 6.6% | 4.4% |
| 50 - 54 | 5 | 4.1% | 4.3% |
| 55 - 59 | 12 | 9.8% | 3.7% |
| 60 - 64 | 15 | 12.3% | 2.5% |
| 65 + | 2 | 1.6% | 1.2% |
| Total | 63 | 51.6% | 48.3% |

| TOTAL | | | |
|--------------|--------------|---------------|---------------|
| Age Band | # of Members | % of Total | Benchmark |
| < 20 | 13 | 10.7% | 29.8% |
| 20 - 24 | 4 | 3.3% | 7.2% |
| 25 - 29 | 2 | 1.6% | 6.0% |
| 30 - 34 | 0 | 0.0% | 6.5% |
| 35 - 39 | 7 | 5.7% | 7.6% |
| 40 - 44 | 9 | 7.4% | 9.0% |
| 45 - 49 | 15 | 12.3% | 9.4% |
| 50 - 54 | 19 | 15.6% | 9.3% |
| 55 - 59 | 22 | 18.0% | 7.9% |
| 60 - 64 | 28 | 23.0% | 5.0% |
| 65 + | 3 | 2.5% | 2.3% |
| Total | 122 | 100.0% | 100.0% |



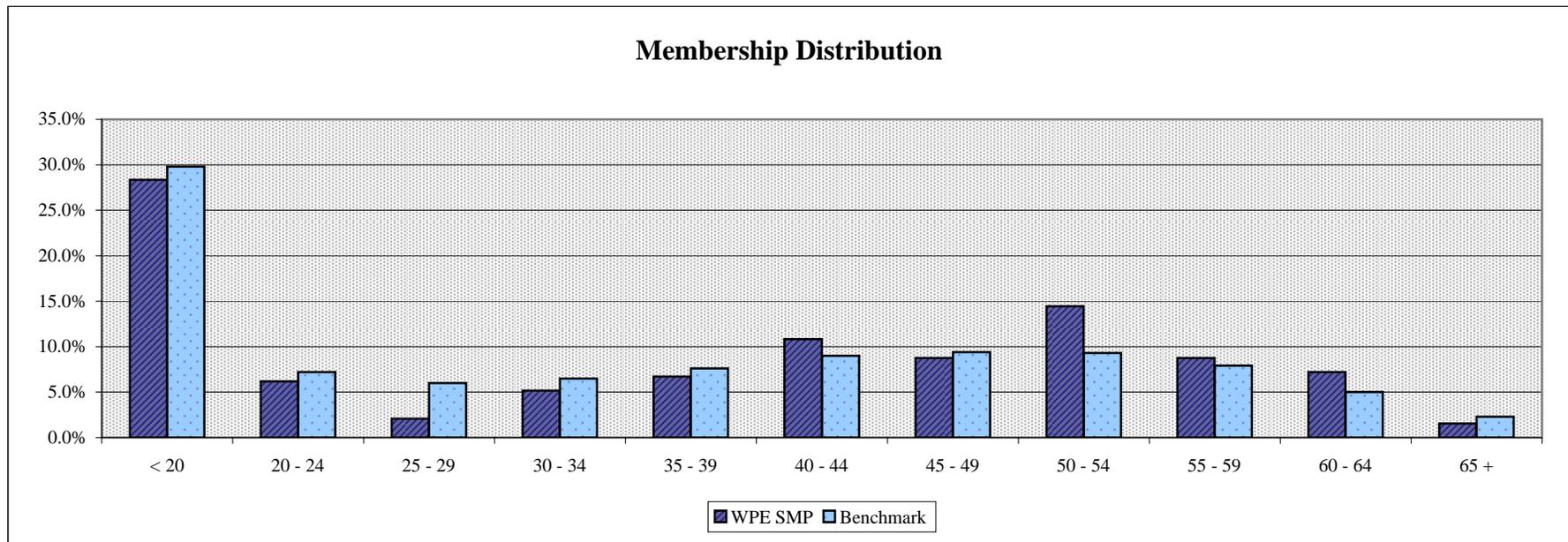
**WISCONSIN PUBLIC EMPLOYERS
Member Census Grid - SMP
December 2006**

Exhibit 3-E

| FEMALE | | | |
|-----------------|---------------------|-------------------|------------------|
| Age Band | # of Members | % of Total | Benchmark |
| < 20 | 23 | 11.9% | 14.5% |
| 20 - 24 | 9 | 4.6% | 3.9% |
| 25 - 29 | 1 | 0.5% | 3.3% |
| 30 - 34 | 4 | 2.1% | 3.4% |
| 35 - 39 | 8 | 4.1% | 4.0% |
| 40 - 44 | 9 | 4.6% | 4.8% |
| 45 - 49 | 13 | 6.7% | 5.0% |
| 50 - 54 | 12 | 6.2% | 5.0% |
| 55 - 59 | 10 | 5.2% | 4.2% |
| 60 - 64 | 6 | 3.1% | 2.5% |
| 65 + | 2 | 1.0% | 1.1% |
| Total | 97 | 50.0% | 51.7% |

| MALE | | | |
|-----------------|---------------------|-------------------|------------------|
| Age Band | # of Members | % of Total | Benchmark |
| < 20 | 32 | 16.5% | 15.3% |
| 20 - 24 | 3 | 1.5% | 3.3% |
| 25 - 29 | 3 | 1.5% | 2.7% |
| 30 - 34 | 6 | 3.1% | 3.1% |
| 35 - 39 | 5 | 2.6% | 3.6% |
| 40 - 44 | 12 | 6.2% | 4.2% |
| 45 - 49 | 4 | 2.1% | 4.4% |
| 50 - 54 | 16 | 8.2% | 4.3% |
| 55 - 59 | 7 | 3.6% | 3.7% |
| 60 - 64 | 8 | 4.1% | 2.5% |
| 65 + | 1 | 0.5% | 1.2% |
| Total | 97 | 50.0% | 48.3% |

| TOTAL | | | |
|-----------------|---------------------|-------------------|------------------|
| Age Band | # of Members | % of Total | Benchmark |
| < 20 | 55 | 28.4% | 29.8% |
| 20 - 24 | 12 | 6.2% | 7.2% |
| 25 - 29 | 4 | 2.1% | 6.0% |
| 30 - 34 | 10 | 5.2% | 6.5% |
| 35 - 39 | 13 | 6.7% | 7.6% |
| 40 - 44 | 21 | 10.8% | 9.0% |
| 45 - 49 | 17 | 8.8% | 9.4% |
| 50 - 54 | 28 | 14.4% | 9.3% |
| 55 - 59 | 17 | 8.8% | 7.9% |
| 60 - 64 | 14 | 7.2% | 5.0% |
| 65 + | 3 | 1.5% | 2.3% |
| Total | 194 | 100.0% | 100.0% |



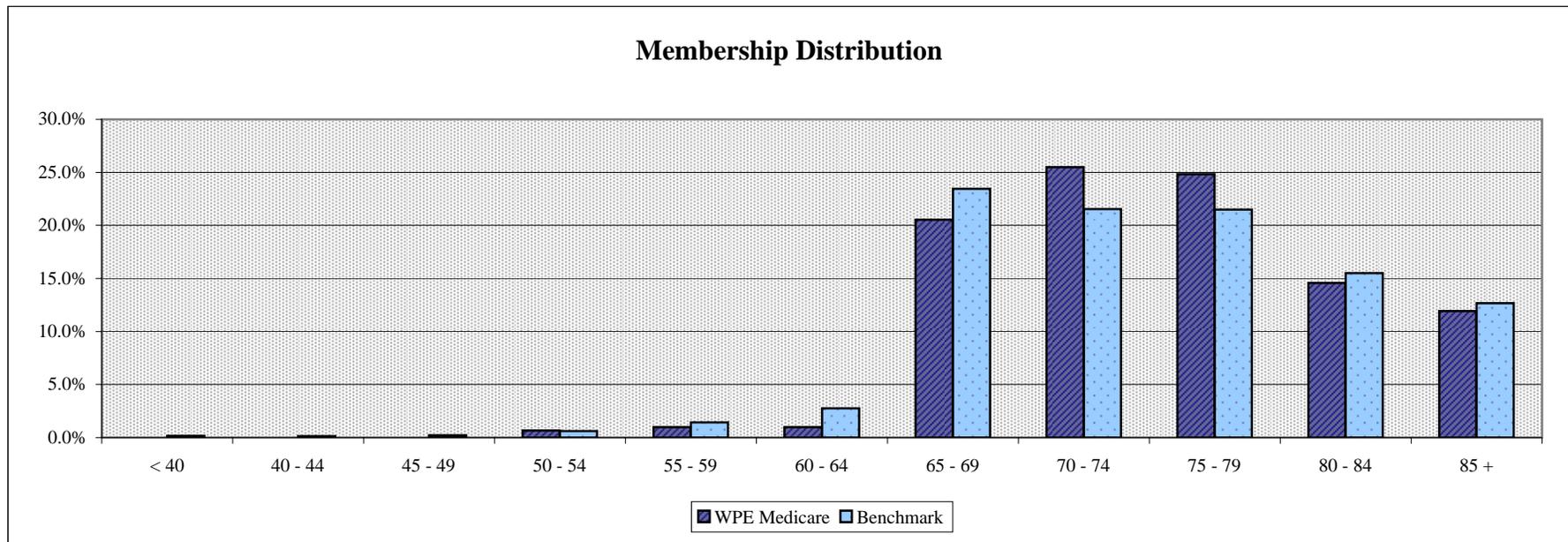
**WISCONSIN PUBLIC EMPLOYERS
Member Census Grid - Medicare
December 2006**

Exhibit 3-F

| FEMALE | | | |
|--------------|--------------|--------------|--------------|
| Age Band | # of Members | % of Total | Benchmark |
| < 40 | 0 | 0.0% | 0.0% |
| 40 - 44 | 0 | 0.0% | 0.1% |
| 45 - 49 | 0 | 0.0% | 0.1% |
| 50 - 54 | 2 | 0.7% | 0.4% |
| 55 - 59 | 3 | 1.0% | 0.8% |
| 60 - 64 | 2 | 0.7% | 1.8% |
| 65 - 69 | 36 | 11.9% | 13.4% |
| 70 - 74 | 42 | 13.9% | 12.2% |
| 75 - 79 | 43 | 14.2% | 12.9% |
| 80 - 84 | 20 | 6.6% | 9.7% |
| 85 + | 24 | 7.9% | 9.3% |
| Total | 172 | 57.0% | 60.7% |

| MALE | | | |
|--------------|--------------|--------------|--------------|
| Age Band | # of Members | % of Total | Benchmark |
| < 40 | 0 | 0.0% | 0.1% |
| 40 - 44 | 0 | 0.0% | 0.1% |
| 45 - 49 | 0 | 0.0% | 0.1% |
| 50 - 54 | 0 | 0.0% | 0.2% |
| 55 - 59 | 0 | 0.0% | 0.6% |
| 60 - 64 | 1 | 0.3% | 1.0% |
| 65 - 69 | 26 | 8.6% | 10.1% |
| 70 - 74 | 35 | 11.6% | 9.3% |
| 75 - 79 | 32 | 10.6% | 8.6% |
| 80 - 84 | 24 | 7.9% | 5.8% |
| 85 + | 12 | 4.0% | 3.4% |
| Total | 130 | 43.0% | 39.3% |

| TOTAL | | | |
|--------------|--------------|---------------|---------------|
| Age Band | # of Members | % of Total | Benchmark |
| < 40 | 0 | 0.0% | 0.2% |
| 40 - 44 | 0 | 0.0% | 0.1% |
| 45 - 49 | 0 | 0.0% | 0.2% |
| 50 - 54 | 2 | 0.7% | 0.6% |
| 55 - 59 | 3 | 1.0% | 1.4% |
| 60 - 64 | 3 | 1.0% | 2.8% |
| 65 - 69 | 62 | 20.5% | 23.5% |
| 70 - 74 | 77 | 25.5% | 21.6% |
| 75 - 79 | 75 | 24.8% | 21.5% |
| 80 - 84 | 44 | 14.6% | 15.5% |
| 85 + | 36 | 11.9% | 12.7% |
| Total | 302 | 100.0% | 100.0% |



Wisconsin Public Employers

Group Demographics

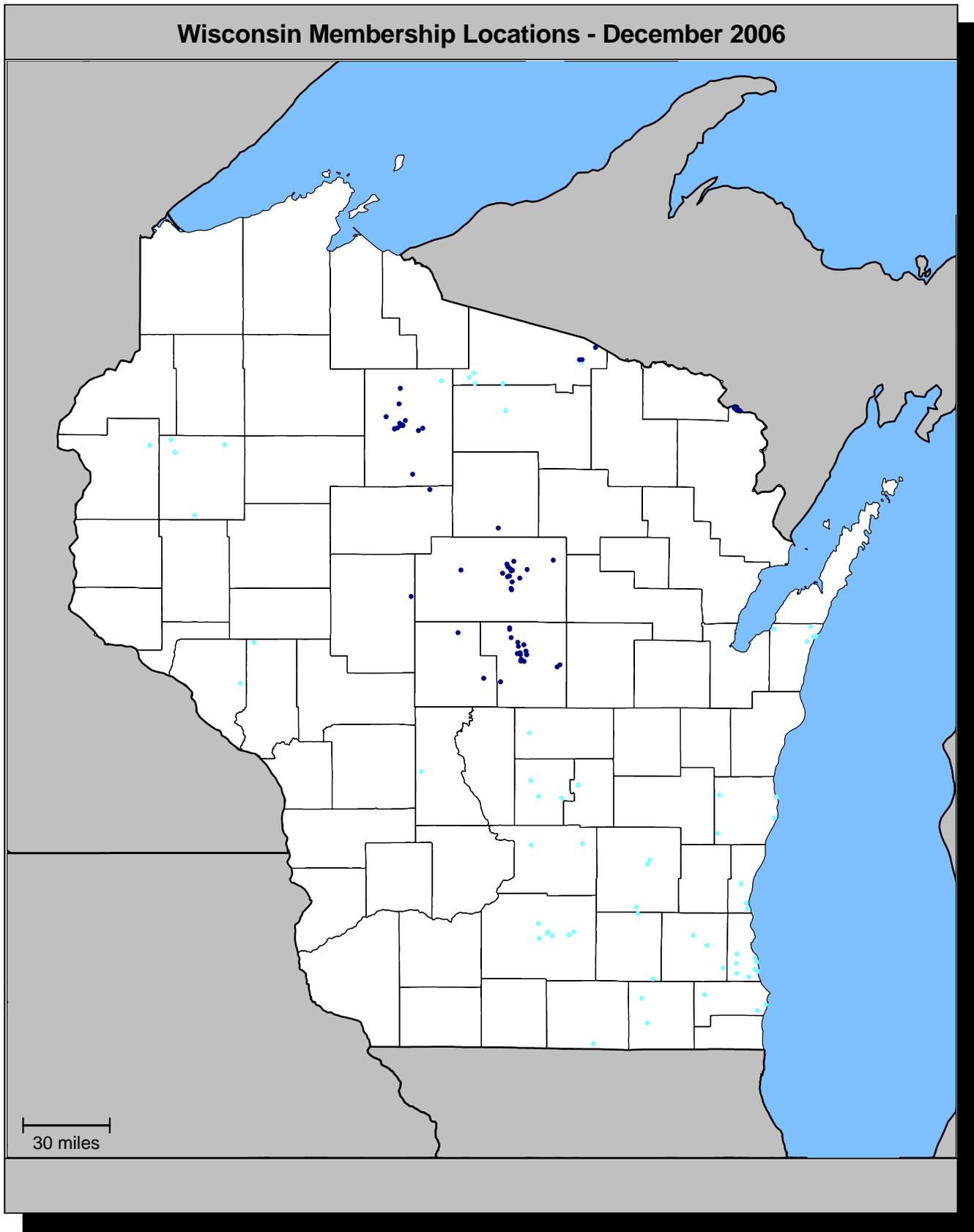
Wisconsin Enrollment

The Wisconsin Enrollment map in Exhibit 4-C visually shows how the membership for the Standard and SMP plans are dispersed throughout Wisconsin. The map shows enrollment on December 1, 2006. Each of the dots represents one address. Exhibit 4-D shows the same information numerically.

75% of the **Standard Plan** participants live within Wisconsin. The Standard Plan population is spread out among 25 counties in Wisconsin with 8% of the population living in Milwaukee County, 7% in Barron County, 6% in Dane County and 6% in Sheboygan County.

The **SMP Plan** membership in comparison is entirely within Wisconsin and in the more rural areas with a majority of the population in the north central region. For the SMP Plan 92% of plan participants live a 4 county area including Price, Marathon, Marinette, and Portage counties. In 2007 the SMP Plan will only be available in 12 counties down from the current 27 county region. As of January 2007, this change has resulted in a membership reduction from the current 194 members to 48 members.

Wisconsin Public Employers



- Standard
- SMP

WISCONSIN PUBLIC EMPLOYERS
Enrollment By County
December 2006

Exhibit 4-D

| STANDARD | | | | | SMP | | | | | STANDARD | | | | | SMP | | | | |
|---------------|--------------|--------------|--------------|--------------|---------------|--------------|--------------|--------------|--------------|---------------|--------------|--------------|--------------|--------------|--------|--------------|--------------|--------------|--------------|
| County | # of Members | % of Members | # of Members | % of Members | County | # of Members | % of Members | # of Members | % of Members | County | # of Members | % of Members | # of Members | % of Members | County | # of Members | % of Members | # of Members | % of Members |
| ADAMS | 0 | 0.0% | 0 | 0.0% | IRON | 0 | 0.0% | 0 | 0.0% | PRICE | 1 | 0.8% | 50 | 25.8% | | | | | |
| ASHLAND | 0 | 0.0% | 0 | 0.0% | JACKSON | 0 | 0.0% | 0 | 0.0% | RACINE | 3 | 2.5% | 0 | 0.0% | | | | | |
| BARRON | 9 | 7.4% | 0 | 0.0% | JEFFERSON | 5 | 4.1% | 0 | 0.0% | RICHLAND | 0 | 0.0% | 0 | 0.0% | | | | | |
| BAYFIELD | 0 | 0.0% | 0 | 0.0% | JUNEAU | 1 | 0.8% | 0 | 0.0% | ROCK | 1 | 0.8% | 0 | 0.0% | | | | | |
| BROWN | 0 | 0.0% | 0 | 0.0% | KENOSHA | 0 | 0.0% | 0 | 0.0% | RUSK | 0 | 0.0% | 0 | 0.0% | | | | | |
| BUFFALO | 0 | 0.0% | 0 | 0.0% | KEWAUNEE | 4 | 3.3% | 0 | 0.0% | SAUK | 0 | 0.0% | 0 | 0.0% | | | | | |
| BURNETT | 0 | 0.0% | 0 | 0.0% | LACROSSE | 0 | 0.0% | 0 | 0.0% | SAWYER | 0 | 0.0% | 0 | 0.0% | | | | | |
| CALUMET | 0 | 0.0% | 0 | 0.0% | LAFAYETTE | 0 | 0.0% | 0 | 0.0% | SHAWANO | 0 | 0.0% | 0 | 0.0% | | | | | |
| CHIPPEWA | 0 | 0.0% | 0 | 0.0% | LANGLADE | 0 | 0.0% | 0 | 0.0% | SHEBOYGAN | 7 | 5.7% | 0 | 0.0% | | | | | |
| CLARK | 0 | 0.0% | 0 | 0.0% | LINCOLN | 0 | 0.0% | 2 | 1.0% | ST CROIX | 0 | 0.0% | 0 | 0.0% | | | | | |
| COLUMBIA | 2 | 1.6% | 0 | 0.0% | MANITOWOC | 0 | 0.0% | 0 | 0.0% | TAYLOR | 0 | 0.0% | 4 | 2.1% | | | | | |
| CRAWFORD | 0 | 0.0% | 0 | 0.0% | MARATHON | 0 | 0.0% | 44 | 22.7% | TREMPEALEAU | 1 | 0.8% | 0 | 0.0% | | | | | |
| DANE | 7 | 5.7% | 0 | 0.0% | MARINETTE | 0 | 0.0% | 45 | 23.2% | VERNON | 0 | 0.0% | 0 | 0.0% | | | | | |
| DODGE | 4 | 3.3% | 0 | 0.0% | MARQUETTE | 6 | 4.9% | 0 | 0.0% | VILAS | 5 | 4.1% | 6 | 3.1% | | | | | |
| DOOR | 5 | 4.1% | 0 | 0.0% | MENOMINEE | 0 | 0.0% | 0 | 0.0% | WALWORTH | 5 | 4.1% | 0 | 0.0% | | | | | |
| DOUGLAS | 0 | 0.0% | 0 | 0.0% | MILWAUKEE | 10 | 8.2% | 0 | 0.0% | WASHBURN | 0 | 0.0% | 0 | 0.0% | | | | | |
| DUNN | 1 | 0.8% | 0 | 0.0% | MONROE | 0 | 0.0% | 0 | 0.0% | WASHINGTON | 0 | 0.0% | 0 | 0.0% | | | | | |
| EAU CLAIRE | 1 | 0.8% | 0 | 0.0% | OCONTO | 0 | 0.0% | 0 | 0.0% | WAUKESHA | 3 | 2.5% | 0 | 0.0% | | | | | |
| FLORENCE | 0 | 0.0% | 0 | 0.0% | ONEIDA | 3 | 2.5% | 0 | 0.0% | WAUPACA | 0 | 0.0% | 0 | 0.0% | | | | | |
| FOND DU LAC | 0 | 0.0% | 0 | 0.0% | OUTAGAMIE | 0 | 0.0% | 0 | 0.0% | WAUSHARA | 1 | 0.8% | 0 | 0.0% | | | | | |
| FOREST | 0 | 0.0% | 0 | 0.0% | OZAUKEE | 3 | 2.5% | 0 | 0.0% | WINNEBAGO | 0 | 0.0% | 0 | 0.0% | | | | | |
| GRANT | 0 | 0.0% | 0 | 0.0% | PEPIN | 0 | 0.0% | 0 | 0.0% | WOOD | 0 | 0.0% | 4 | 2.1% | | | | | |
| GREEN | 0 | 0.0% | 0 | 0.0% | PIERCE | 0 | 0.0% | 0 | 0.0% | OUT OF STATE | 30 | 24.6% | 0 | 0.0% | | | | | |
| GREEN LAKE | 2 | 1.6% | 0 | 0.0% | POLK | 0 | 0.0% | 0 | 0.0% | | | | | | | | | | |
| IOWA | 0 | 0.0% | 0 | 0.0% | PORTAGE | 2 | 1.6% | 39 | 20.1% | | | | | | | | | | |
| Totals | | | | | Totals | | | | | Totals | | | | | | | | | |
| | | | | | | | | | | 122 | 100.0% | 194 | 100.0% | | | | | | |

Wisconsin Public Employers

Group Demographics

Out of State Enrollment

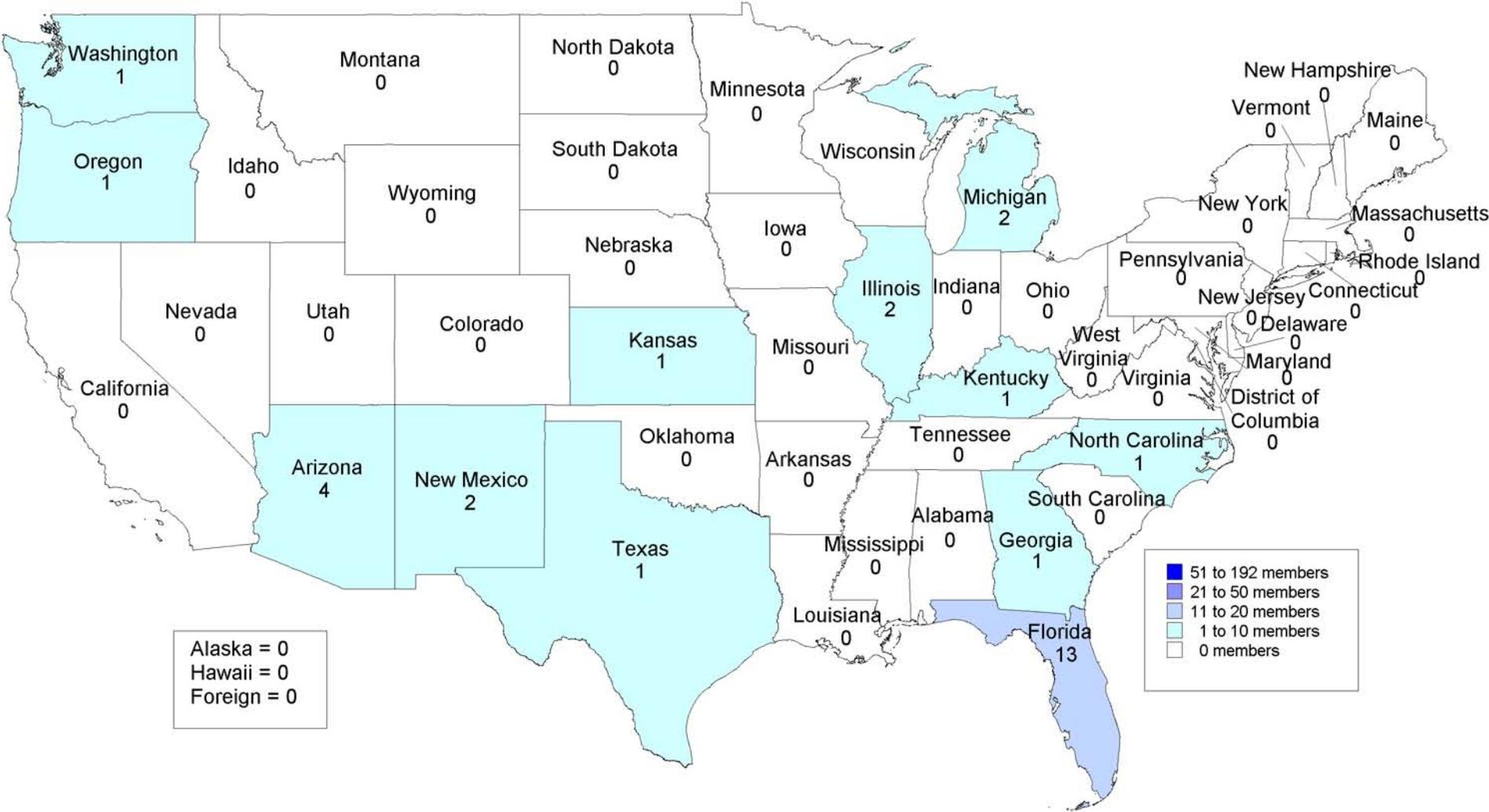
The United States Enrollment Map in Exhibit 5-C visually depicts how the enrollment in the Standard and SMP plans is spread throughout the United States. The out of state enrollment is based on the member's address as of December 2006 and could change as members relocate. The map displays the number of Standard and SMP plan members living in each state along with a shading scheme in which higher population areas are represented with increasingly darker shading. Exhibit 5-D shows the same information numerically.

The **Standard Plan** has 24.6% of the population living outside the state of Wisconsin with the membership dispersed over 12 states. 70% of the out of state membership lives in the sunbelt.

The **SMP Plan** in comparison has does not have members residing outside of Wisconsin.

WISCONSIN PUBLIC EMPLOYERS

Out of State Membership Locations (excluding Medicare membership)
December 2006



**WISCONSIN PUBLIC EMPLOYERS
Out of State Enrollment
December 2006**

Exhibit 5-D

| STANDARD | | | | | SMP | | | | | STANDARD | | | | | SMP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------|--------------|--------------|--------------|--------------|----------------|--------------|--------------|--------------|--------------|----------------|--------------|---------------|--------------|--------------|-------------|--------------|--------------|--------------|--------------|----------------|---|------|---|------|----------------|-----------|---------------|----------|-------------|-------------|----|-------|---|------|----------------|---|------|---|------|----------------|-----------|---------------|----------|-------------|-------------|----|-------|---|------|----------------|---|------|---|------|----------------|-----------|---------------|----------|-------------|-------------|----|-------|---|------|----------------|---|------|---|------|---------------|-----------|---------------|----------|-------------|-------------|----|-------|---|------|----------------|---|------|---|------|---------------|-----------|---------------|----------|-------------|-------------|----|-------|---|------|----------------|---|------|---|------|---------------|-----------|---------------|----------|-------------|-----------|----|-------|---|------|----------------|---|------|---|------|---------------|-----------|---------------|----------|-------------|-----------|----|-------|---|------|----------------|---|------|---|------|---------------|-----------|---------------|----------|-------------|-----------|---|------|---|------|----------------|---|------|---|------|---------------|-----------|---------------|----------|-------------|-----------|---|------|---|------|----------------|---|------|---|------|---------------|-----------|---------------|----------|-------------|-----------|---|------|---|------|----------------|---|------|---|------|---------------|-----------|---------------|----------|-------------|-----------|---|------|---|------|----------------|---|------|---|------|---------------|-----------|---------------|----------|-------------|-----------|---|------|---|------|----------------|---|------|---|------|---------------|-----------|---------------|----------|-------------|-----------|---|------|---|------|----------------|---|------|---|------|---------------|-----------|---------------|----------|-------------|-----------|---|------|---|------|--------------|---|------|---|------|---------------|-----------|---------------|----------|-------------|-----------|---|------|---|------|----------|---|------|---|------|--|--|--|--|--|-----------|---|------|---|------|----------|---|------|---|------|--|--|--|--|--|
| State | # of Members | % of Members | # of Members | % of Members | State | # of Members | % of Members | # of Members | % of Members | State | # of Members | % of Members | # of Members | % of Members | State | # of Members | % of Members | # of Members | % of Members | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ALABAMA | 0 | 0.0% | 0 | 0.0% | MAINE | 0 | 0.0% | 0 | 0.0% | OREGON | 1 | 3.3% | 0 | 0.0% | ALASKA | 0 | 0.0% | 0 | 0.0% | MARYLAND | 0 | 0.0% | 0 | 0.0% | PENNSYLVANIA | 0 | 0.0% | 0 | 0.0% | ARIZONA | 4 | 13.3% | 0 | 0.0% | MASSACHUSETTS | 0 | 0.0% | 0 | 0.0% | RHODE ISLAND | 0 | 0.0% | 0 | 0.0% | ARKANSAS | 0 | 0.0% | 0 | 0.0% | MICHIGAN | 2 | 6.7% | 0 | 0.0% | SOUTH CAROLINA | 0 | 0.0% | 0 | 0.0% | CALIFORNIA | 0 | 0.0% | 0 | 0.0% | MINNESOTA | 0 | 0.0% | 0 | 0.0% | SOUTH DAKOTA | 0 | 0.0% | 0 | 0.0% | COLORADO | 0 | 0.0% | 0 | 0.0% | MISSISSIPPI | 0 | 0.0% | 0 | 0.0% | TENNESSEE | 0 | 0.0% | 0 | 0.0% | CONNECTICUT | 0 | 0.0% | 0 | 0.0% | MISSOURI | 0 | 0.0% | 0 | 0.0% | TEXAS | 1 | 3.3% | 0 | 0.0% | DELAWARE | 0 | 0.0% | 0 | 0.0% | MONTANA | 0 | 0.0% | 0 | 0.0% | UTAH | 0 | 0.0% | 0 | 0.0% | FLORIDA | 13 | 43.3% | 0 | 0.0% | NEBRASKA | 0 | 0.0% | 0 | 0.0% | VERMONT | 0 | 0.0% | 0 | 0.0% | GEORGIA | 1 | 3.3% | 0 | 0.0% | NEVADA | 0 | 0.0% | 0 | 0.0% | VIRGINIA | 0 | 0.0% | 0 | 0.0% | HAWAII | 0 | 0.0% | 0 | 0.0% | NEW HAMPSHIRE | 0 | 0.0% | 0 | 0.0% | WASHINGTON | 1 | 3.3% | 0 | 0.0% | IDAHO | 0 | 0.0% | 0 | 0.0% | NEW JERSEY | 0 | 0.0% | 0 | 0.0% | WASHINGTON DC | 0 | 0.0% | 0 | 0.0% | ILLINOIS | 2 | 6.7% | 0 | 0.0% | NEW MEXICO | 2 | 6.7% | 0 | 0.0% | WEST VIRGINIA | 0 | 0.0% | 0 | 0.0% | INDIANA | 0 | 0.0% | 0 | 0.0% | NEW YORK | 0 | 0.0% | 0 | 0.0% | WYOMING | 0 | 0.0% | 0 | 0.0% | IOWA | 0 | 0.0% | 0 | 0.0% | NORTH CAROLINA | 1 | 3.3% | 0 | 0.0% | FOREIGN | 0 | 0.0% | 0 | 0.0% | KANSAS | 1 | 3.3% | 0 | 0.0% | NORTH DAKOTA | 0 | 0.0% | 0 | 0.0% | Totals | 30 | 100.0% | 0 | 0.0% | KENTUCKY | 1 | 3.3% | 0 | 0.0% | OHIO | 0 | 0.0% | 0 | 0.0% | | | | | | LOUISIANA | 0 | 0.0% | 0 | 0.0% | OKLAHOMA | 0 | 0.0% | 0 | 0.0% | | | | | |
| ALASKA | 0 | 0.0% | 0 | 0.0% | MARYLAND | 0 | 0.0% | 0 | 0.0% | PENNSYLVANIA | 0 | 0.0% | 0 | 0.0% | ARIZONA | 4 | 13.3% | 0 | 0.0% | MASSACHUSETTS | 0 | 0.0% | 0 | 0.0% | RHODE ISLAND | 0 | 0.0% | 0 | 0.0% | ARKANSAS | 0 | 0.0% | 0 | 0.0% | MICHIGAN | 2 | 6.7% | 0 | 0.0% | SOUTH CAROLINA | 0 | 0.0% | 0 | 0.0% | CALIFORNIA | 0 | 0.0% | 0 | 0.0% | MINNESOTA | 0 | 0.0% | 0 | 0.0% | SOUTH DAKOTA | 0 | 0.0% | 0 | 0.0% | COLORADO | 0 | 0.0% | 0 | 0.0% | MISSISSIPPI | 0 | 0.0% | 0 | 0.0% | TENNESSEE | 0 | 0.0% | 0 | 0.0% | CONNECTICUT | 0 | 0.0% | 0 | 0.0% | MISSOURI | 0 | 0.0% | 0 | 0.0% | TEXAS | 1 | 3.3% | 0 | 0.0% | DELAWARE | 0 | 0.0% | 0 | 0.0% | MONTANA | 0 | 0.0% | 0 | 0.0% | UTAH | 0 | 0.0% | 0 | 0.0% | FLORIDA | 13 | 43.3% | 0 | 0.0% | NEBRASKA | 0 | 0.0% | 0 | 0.0% | VERMONT | 0 | 0.0% | 0 | 0.0% | GEORGIA | 1 | 3.3% | 0 | 0.0% | NEVADA | 0 | 0.0% | 0 | 0.0% | VIRGINIA | 0 | 0.0% | 0 | 0.0% | HAWAII | 0 | 0.0% | 0 | 0.0% | NEW HAMPSHIRE | 0 | 0.0% | 0 | 0.0% | WASHINGTON | 1 | 3.3% | 0 | 0.0% | IDAHO | 0 | 0.0% | 0 | 0.0% | NEW JERSEY | 0 | 0.0% | 0 | 0.0% | WASHINGTON DC | 0 | 0.0% | 0 | 0.0% | ILLINOIS | 2 | 6.7% | 0 | 0.0% | NEW MEXICO | 2 | 6.7% | 0 | 0.0% | WEST VIRGINIA | 0 | 0.0% | 0 | 0.0% | INDIANA | 0 | 0.0% | 0 | 0.0% | NEW YORK | 0 | 0.0% | 0 | 0.0% | WYOMING | 0 | 0.0% | 0 | 0.0% | IOWA | 0 | 0.0% | 0 | 0.0% | NORTH CAROLINA | 1 | 3.3% | 0 | 0.0% | FOREIGN | 0 | 0.0% | 0 | 0.0% | KANSAS | 1 | 3.3% | 0 | 0.0% | NORTH DAKOTA | 0 | 0.0% | 0 | 0.0% | Totals | 30 | 100.0% | 0 | 0.0% | KENTUCKY | 1 | 3.3% | 0 | 0.0% | OHIO | 0 | 0.0% | 0 | 0.0% | | | | | | LOUISIANA | 0 | 0.0% | 0 | 0.0% | OKLAHOMA | 0 | 0.0% | 0 | 0.0% | | | | | | | | | | | | | | | | | | | | |
| ARIZONA | 4 | 13.3% | 0 | 0.0% | MASSACHUSETTS | 0 | 0.0% | 0 | 0.0% | RHODE ISLAND | 0 | 0.0% | 0 | 0.0% | ARKANSAS | 0 | 0.0% | 0 | 0.0% | MICHIGAN | 2 | 6.7% | 0 | 0.0% | SOUTH CAROLINA | 0 | 0.0% | 0 | 0.0% | CALIFORNIA | 0 | 0.0% | 0 | 0.0% | MINNESOTA | 0 | 0.0% | 0 | 0.0% | SOUTH DAKOTA | 0 | 0.0% | 0 | 0.0% | COLORADO | 0 | 0.0% | 0 | 0.0% | MISSISSIPPI | 0 | 0.0% | 0 | 0.0% | TENNESSEE | 0 | 0.0% | 0 | 0.0% | CONNECTICUT | 0 | 0.0% | 0 | 0.0% | MISSOURI | 0 | 0.0% | 0 | 0.0% | TEXAS | 1 | 3.3% | 0 | 0.0% | DELAWARE | 0 | 0.0% | 0 | 0.0% | MONTANA | 0 | 0.0% | 0 | 0.0% | UTAH | 0 | 0.0% | 0 | 0.0% | FLORIDA | 13 | 43.3% | 0 | 0.0% | NEBRASKA | 0 | 0.0% | 0 | 0.0% | VERMONT | 0 | 0.0% | 0 | 0.0% | GEORGIA | 1 | 3.3% | 0 | 0.0% | NEVADA | 0 | 0.0% | 0 | 0.0% | VIRGINIA | 0 | 0.0% | 0 | 0.0% | HAWAII | 0 | 0.0% | 0 | 0.0% | NEW HAMPSHIRE | 0 | 0.0% | 0 | 0.0% | WASHINGTON | 1 | 3.3% | 0 | 0.0% | IDAHO | 0 | 0.0% | 0 | 0.0% | NEW JERSEY | 0 | 0.0% | 0 | 0.0% | WASHINGTON DC | 0 | 0.0% | 0 | 0.0% | ILLINOIS | 2 | 6.7% | 0 | 0.0% | NEW MEXICO | 2 | 6.7% | 0 | 0.0% | WEST VIRGINIA | 0 | 0.0% | 0 | 0.0% | INDIANA | 0 | 0.0% | 0 | 0.0% | NEW YORK | 0 | 0.0% | 0 | 0.0% | WYOMING | 0 | 0.0% | 0 | 0.0% | IOWA | 0 | 0.0% | 0 | 0.0% | NORTH CAROLINA | 1 | 3.3% | 0 | 0.0% | FOREIGN | 0 | 0.0% | 0 | 0.0% | KANSAS | 1 | 3.3% | 0 | 0.0% | NORTH DAKOTA | 0 | 0.0% | 0 | 0.0% | Totals | 30 | 100.0% | 0 | 0.0% | KENTUCKY | 1 | 3.3% | 0 | 0.0% | OHIO | 0 | 0.0% | 0 | 0.0% | | | | | | LOUISIANA | 0 | 0.0% | 0 | 0.0% | OKLAHOMA | 0 | 0.0% | 0 | 0.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ARKANSAS | 0 | 0.0% | 0 | 0.0% | MICHIGAN | 2 | 6.7% | 0 | 0.0% | SOUTH CAROLINA | 0 | 0.0% | 0 | 0.0% | CALIFORNIA | 0 | 0.0% | 0 | 0.0% | MINNESOTA | 0 | 0.0% | 0 | 0.0% | SOUTH DAKOTA | 0 | 0.0% | 0 | 0.0% | COLORADO | 0 | 0.0% | 0 | 0.0% | MISSISSIPPI | 0 | 0.0% | 0 | 0.0% | TENNESSEE | 0 | 0.0% | 0 | 0.0% | CONNECTICUT | 0 | 0.0% | 0 | 0.0% | MISSOURI | 0 | 0.0% | 0 | 0.0% | TEXAS | 1 | 3.3% | 0 | 0.0% | DELAWARE | 0 | 0.0% | 0 | 0.0% | MONTANA | 0 | 0.0% | 0 | 0.0% | UTAH | 0 | 0.0% | 0 | 0.0% | FLORIDA | 13 | 43.3% | 0 | 0.0% | NEBRASKA | 0 | 0.0% | 0 | 0.0% | VERMONT | 0 | 0.0% | 0 | 0.0% | GEORGIA | 1 | 3.3% | 0 | 0.0% | NEVADA | 0 | 0.0% | 0 | 0.0% | VIRGINIA | 0 | 0.0% | 0 | 0.0% | HAWAII | 0 | 0.0% | 0 | 0.0% | NEW HAMPSHIRE | 0 | 0.0% | 0 | 0.0% | WASHINGTON | 1 | 3.3% | 0 | 0.0% | IDAHO | 0 | 0.0% | 0 | 0.0% | NEW JERSEY | 0 | 0.0% | 0 | 0.0% | WASHINGTON DC | 0 | 0.0% | 0 | 0.0% | ILLINOIS | 2 | 6.7% | 0 | 0.0% | NEW MEXICO | 2 | 6.7% | 0 | 0.0% | WEST VIRGINIA | 0 | 0.0% | 0 | 0.0% | INDIANA | 0 | 0.0% | 0 | 0.0% | NEW YORK | 0 | 0.0% | 0 | 0.0% | WYOMING | 0 | 0.0% | 0 | 0.0% | IOWA | 0 | 0.0% | 0 | 0.0% | NORTH CAROLINA | 1 | 3.3% | 0 | 0.0% | FOREIGN | 0 | 0.0% | 0 | 0.0% | KANSAS | 1 | 3.3% | 0 | 0.0% | NORTH DAKOTA | 0 | 0.0% | 0 | 0.0% | Totals | 30 | 100.0% | 0 | 0.0% | KENTUCKY | 1 | 3.3% | 0 | 0.0% | OHIO | 0 | 0.0% | 0 | 0.0% | | | | | | LOUISIANA | 0 | 0.0% | 0 | 0.0% | OKLAHOMA | 0 | 0.0% | 0 | 0.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CALIFORNIA | 0 | 0.0% | 0 | 0.0% | MINNESOTA | 0 | 0.0% | 0 | 0.0% | SOUTH DAKOTA | 0 | 0.0% | 0 | 0.0% | COLORADO | 0 | 0.0% | 0 | 0.0% | MISSISSIPPI | 0 | 0.0% | 0 | 0.0% | TENNESSEE | 0 | 0.0% | 0 | 0.0% | CONNECTICUT | 0 | 0.0% | 0 | 0.0% | MISSOURI | 0 | 0.0% | 0 | 0.0% | TEXAS | 1 | 3.3% | 0 | 0.0% | DELAWARE | 0 | 0.0% | 0 | 0.0% | MONTANA | 0 | 0.0% | 0 | 0.0% | UTAH | 0 | 0.0% | 0 | 0.0% | FLORIDA | 13 | 43.3% | 0 | 0.0% | NEBRASKA | 0 | 0.0% | 0 | 0.0% | VERMONT | 0 | 0.0% | 0 | 0.0% | GEORGIA | 1 | 3.3% | 0 | 0.0% | NEVADA | 0 | 0.0% | 0 | 0.0% | VIRGINIA | 0 | 0.0% | 0 | 0.0% | HAWAII | 0 | 0.0% | 0 | 0.0% | NEW HAMPSHIRE | 0 | 0.0% | 0 | 0.0% | WASHINGTON | 1 | 3.3% | 0 | 0.0% | IDAHO | 0 | 0.0% | 0 | 0.0% | NEW JERSEY | 0 | 0.0% | 0 | 0.0% | WASHINGTON DC | 0 | 0.0% | 0 | 0.0% | ILLINOIS | 2 | 6.7% | 0 | 0.0% | NEW MEXICO | 2 | 6.7% | 0 | 0.0% | WEST VIRGINIA | 0 | 0.0% | 0 | 0.0% | INDIANA | 0 | 0.0% | 0 | 0.0% | NEW YORK | 0 | 0.0% | 0 | 0.0% | WYOMING | 0 | 0.0% | 0 | 0.0% | IOWA | 0 | 0.0% | 0 | 0.0% | NORTH CAROLINA | 1 | 3.3% | 0 | 0.0% | FOREIGN | 0 | 0.0% | 0 | 0.0% | KANSAS | 1 | 3.3% | 0 | 0.0% | NORTH DAKOTA | 0 | 0.0% | 0 | 0.0% | Totals | 30 | 100.0% | 0 | 0.0% | KENTUCKY | 1 | 3.3% | 0 | 0.0% | OHIO | 0 | 0.0% | 0 | 0.0% | | | | | | LOUISIANA | 0 | 0.0% | 0 | 0.0% | OKLAHOMA | 0 | 0.0% | 0 | 0.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLORADO | 0 | 0.0% | 0 | 0.0% | MISSISSIPPI | 0 | 0.0% | 0 | 0.0% | TENNESSEE | 0 | 0.0% | 0 | 0.0% | CONNECTICUT | 0 | 0.0% | 0 | 0.0% | MISSOURI | 0 | 0.0% | 0 | 0.0% | TEXAS | 1 | 3.3% | 0 | 0.0% | DELAWARE | 0 | 0.0% | 0 | 0.0% | MONTANA | 0 | 0.0% | 0 | 0.0% | UTAH | 0 | 0.0% | 0 | 0.0% | FLORIDA | 13 | 43.3% | 0 | 0.0% | NEBRASKA | 0 | 0.0% | 0 | 0.0% | VERMONT | 0 | 0.0% | 0 | 0.0% | GEORGIA | 1 | 3.3% | 0 | 0.0% | NEVADA | 0 | 0.0% | 0 | 0.0% | VIRGINIA | 0 | 0.0% | 0 | 0.0% | HAWAII | 0 | 0.0% | 0 | 0.0% | NEW HAMPSHIRE | 0 | 0.0% | 0 | 0.0% | WASHINGTON | 1 | 3.3% | 0 | 0.0% | IDAHO | 0 | 0.0% | 0 | 0.0% | NEW JERSEY | 0 | 0.0% | 0 | 0.0% | WASHINGTON DC | 0 | 0.0% | 0 | 0.0% | ILLINOIS | 2 | 6.7% | 0 | 0.0% | NEW MEXICO | 2 | 6.7% | 0 | 0.0% | WEST VIRGINIA | 0 | 0.0% | 0 | 0.0% | INDIANA | 0 | 0.0% | 0 | 0.0% | NEW YORK | 0 | 0.0% | 0 | 0.0% | WYOMING | 0 | 0.0% | 0 | 0.0% | IOWA | 0 | 0.0% | 0 | 0.0% | NORTH CAROLINA | 1 | 3.3% | 0 | 0.0% | FOREIGN | 0 | 0.0% | 0 | 0.0% | KANSAS | 1 | 3.3% | 0 | 0.0% | NORTH DAKOTA | 0 | 0.0% | 0 | 0.0% | Totals | 30 | 100.0% | 0 | 0.0% | KENTUCKY | 1 | 3.3% | 0 | 0.0% | OHIO | 0 | 0.0% | 0 | 0.0% | | | | | | LOUISIANA | 0 | 0.0% | 0 | 0.0% | OKLAHOMA | 0 | 0.0% | 0 | 0.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONNECTICUT | 0 | 0.0% | 0 | 0.0% | MISSOURI | 0 | 0.0% | 0 | 0.0% | TEXAS | 1 | 3.3% | 0 | 0.0% | DELAWARE | 0 | 0.0% | 0 | 0.0% | MONTANA | 0 | 0.0% | 0 | 0.0% | UTAH | 0 | 0.0% | 0 | 0.0% | FLORIDA | 13 | 43.3% | 0 | 0.0% | NEBRASKA | 0 | 0.0% | 0 | 0.0% | VERMONT | 0 | 0.0% | 0 | 0.0% | GEORGIA | 1 | 3.3% | 0 | 0.0% | NEVADA | 0 | 0.0% | 0 | 0.0% | VIRGINIA | 0 | 0.0% | 0 | 0.0% | HAWAII | 0 | 0.0% | 0 | 0.0% | NEW HAMPSHIRE | 0 | 0.0% | 0 | 0.0% | WASHINGTON | 1 | 3.3% | 0 | 0.0% | IDAHO | 0 | 0.0% | 0 | 0.0% | NEW JERSEY | 0 | 0.0% | 0 | 0.0% | WASHINGTON DC | 0 | 0.0% | 0 | 0.0% | ILLINOIS | 2 | 6.7% | 0 | 0.0% | NEW MEXICO | 2 | 6.7% | 0 | 0.0% | WEST VIRGINIA | 0 | 0.0% | 0 | 0.0% | INDIANA | 0 | 0.0% | 0 | 0.0% | NEW YORK | 0 | 0.0% | 0 | 0.0% | WYOMING | 0 | 0.0% | 0 | 0.0% | IOWA | 0 | 0.0% | 0 | 0.0% | NORTH CAROLINA | 1 | 3.3% | 0 | 0.0% | FOREIGN | 0 | 0.0% | 0 | 0.0% | KANSAS | 1 | 3.3% | 0 | 0.0% | NORTH DAKOTA | 0 | 0.0% | 0 | 0.0% | Totals | 30 | 100.0% | 0 | 0.0% | KENTUCKY | 1 | 3.3% | 0 | 0.0% | OHIO | 0 | 0.0% | 0 | 0.0% | | | | | | LOUISIANA | 0 | 0.0% | 0 | 0.0% | OKLAHOMA | 0 | 0.0% | 0 | 0.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DELAWARE | 0 | 0.0% | 0 | 0.0% | MONTANA | 0 | 0.0% | 0 | 0.0% | UTAH | 0 | 0.0% | 0 | 0.0% | FLORIDA | 13 | 43.3% | 0 | 0.0% | NEBRASKA | 0 | 0.0% | 0 | 0.0% | VERMONT | 0 | 0.0% | 0 | 0.0% | GEORGIA | 1 | 3.3% | 0 | 0.0% | NEVADA | 0 | 0.0% | 0 | 0.0% | VIRGINIA | 0 | 0.0% | 0 | 0.0% | HAWAII | 0 | 0.0% | 0 | 0.0% | NEW HAMPSHIRE | 0 | 0.0% | 0 | 0.0% | WASHINGTON | 1 | 3.3% | 0 | 0.0% | IDAHO | 0 | 0.0% | 0 | 0.0% | NEW JERSEY | 0 | 0.0% | 0 | 0.0% | WASHINGTON DC | 0 | 0.0% | 0 | 0.0% | ILLINOIS | 2 | 6.7% | 0 | 0.0% | NEW MEXICO | 2 | 6.7% | 0 | 0.0% | WEST VIRGINIA | 0 | 0.0% | 0 | 0.0% | INDIANA | 0 | 0.0% | 0 | 0.0% | NEW YORK | 0 | 0.0% | 0 | 0.0% | WYOMING | 0 | 0.0% | 0 | 0.0% | IOWA | 0 | 0.0% | 0 | 0.0% | NORTH CAROLINA | 1 | 3.3% | 0 | 0.0% | FOREIGN | 0 | 0.0% | 0 | 0.0% | KANSAS | 1 | 3.3% | 0 | 0.0% | NORTH DAKOTA | 0 | 0.0% | 0 | 0.0% | Totals | 30 | 100.0% | 0 | 0.0% | KENTUCKY | 1 | 3.3% | 0 | 0.0% | OHIO | 0 | 0.0% | 0 | 0.0% | | | | | | LOUISIANA | 0 | 0.0% | 0 | 0.0% | OKLAHOMA | 0 | 0.0% | 0 | 0.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FLORIDA | 13 | 43.3% | 0 | 0.0% | NEBRASKA | 0 | 0.0% | 0 | 0.0% | VERMONT | 0 | 0.0% | 0 | 0.0% | GEORGIA | 1 | 3.3% | 0 | 0.0% | NEVADA | 0 | 0.0% | 0 | 0.0% | VIRGINIA | 0 | 0.0% | 0 | 0.0% | HAWAII | 0 | 0.0% | 0 | 0.0% | NEW HAMPSHIRE | 0 | 0.0% | 0 | 0.0% | WASHINGTON | 1 | 3.3% | 0 | 0.0% | IDAHO | 0 | 0.0% | 0 | 0.0% | NEW JERSEY | 0 | 0.0% | 0 | 0.0% | WASHINGTON DC | 0 | 0.0% | 0 | 0.0% | ILLINOIS | 2 | 6.7% | 0 | 0.0% | NEW MEXICO | 2 | 6.7% | 0 | 0.0% | WEST VIRGINIA | 0 | 0.0% | 0 | 0.0% | INDIANA | 0 | 0.0% | 0 | 0.0% | NEW YORK | 0 | 0.0% | 0 | 0.0% | WYOMING | 0 | 0.0% | 0 | 0.0% | IOWA | 0 | 0.0% | 0 | 0.0% | NORTH CAROLINA | 1 | 3.3% | 0 | 0.0% | FOREIGN | 0 | 0.0% | 0 | 0.0% | KANSAS | 1 | 3.3% | 0 | 0.0% | NORTH DAKOTA | 0 | 0.0% | 0 | 0.0% | Totals | 30 | 100.0% | 0 | 0.0% | KENTUCKY | 1 | 3.3% | 0 | 0.0% | OHIO | 0 | 0.0% | 0 | 0.0% | | | | | | LOUISIANA | 0 | 0.0% | 0 | 0.0% | OKLAHOMA | 0 | 0.0% | 0 | 0.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GEORGIA | 1 | 3.3% | 0 | 0.0% | NEVADA | 0 | 0.0% | 0 | 0.0% | VIRGINIA | 0 | 0.0% | 0 | 0.0% | HAWAII | 0 | 0.0% | 0 | 0.0% | NEW HAMPSHIRE | 0 | 0.0% | 0 | 0.0% | WASHINGTON | 1 | 3.3% | 0 | 0.0% | IDAHO | 0 | 0.0% | 0 | 0.0% | NEW JERSEY | 0 | 0.0% | 0 | 0.0% | WASHINGTON DC | 0 | 0.0% | 0 | 0.0% | ILLINOIS | 2 | 6.7% | 0 | 0.0% | NEW MEXICO | 2 | 6.7% | 0 | 0.0% | WEST VIRGINIA | 0 | 0.0% | 0 | 0.0% | INDIANA | 0 | 0.0% | 0 | 0.0% | NEW YORK | 0 | 0.0% | 0 | 0.0% | WYOMING | 0 | 0.0% | 0 | 0.0% | IOWA | 0 | 0.0% | 0 | 0.0% | NORTH CAROLINA | 1 | 3.3% | 0 | 0.0% | FOREIGN | 0 | 0.0% | 0 | 0.0% | KANSAS | 1 | 3.3% | 0 | 0.0% | NORTH DAKOTA | 0 | 0.0% | 0 | 0.0% | Totals | 30 | 100.0% | 0 | 0.0% | KENTUCKY | 1 | 3.3% | 0 | 0.0% | OHIO | 0 | 0.0% | 0 | 0.0% | | | | | | LOUISIANA | 0 | 0.0% | 0 | 0.0% | OKLAHOMA | 0 | 0.0% | 0 | 0.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HAWAII | 0 | 0.0% | 0 | 0.0% | NEW HAMPSHIRE | 0 | 0.0% | 0 | 0.0% | WASHINGTON | 1 | 3.3% | 0 | 0.0% | IDAHO | 0 | 0.0% | 0 | 0.0% | NEW JERSEY | 0 | 0.0% | 0 | 0.0% | WASHINGTON DC | 0 | 0.0% | 0 | 0.0% | ILLINOIS | 2 | 6.7% | 0 | 0.0% | NEW MEXICO | 2 | 6.7% | 0 | 0.0% | WEST VIRGINIA | 0 | 0.0% | 0 | 0.0% | INDIANA | 0 | 0.0% | 0 | 0.0% | NEW YORK | 0 | 0.0% | 0 | 0.0% | WYOMING | 0 | 0.0% | 0 | 0.0% | IOWA | 0 | 0.0% | 0 | 0.0% | NORTH CAROLINA | 1 | 3.3% | 0 | 0.0% | FOREIGN | 0 | 0.0% | 0 | 0.0% | KANSAS | 1 | 3.3% | 0 | 0.0% | NORTH DAKOTA | 0 | 0.0% | 0 | 0.0% | Totals | 30 | 100.0% | 0 | 0.0% | KENTUCKY | 1 | 3.3% | 0 | 0.0% | OHIO | 0 | 0.0% | 0 | 0.0% | | | | | | LOUISIANA | 0 | 0.0% | 0 | 0.0% | OKLAHOMA | 0 | 0.0% | 0 | 0.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IDAHO | 0 | 0.0% | 0 | 0.0% | NEW JERSEY | 0 | 0.0% | 0 | 0.0% | WASHINGTON DC | 0 | 0.0% | 0 | 0.0% | ILLINOIS | 2 | 6.7% | 0 | 0.0% | NEW MEXICO | 2 | 6.7% | 0 | 0.0% | WEST VIRGINIA | 0 | 0.0% | 0 | 0.0% | INDIANA | 0 | 0.0% | 0 | 0.0% | NEW YORK | 0 | 0.0% | 0 | 0.0% | WYOMING | 0 | 0.0% | 0 | 0.0% | IOWA | 0 | 0.0% | 0 | 0.0% | NORTH CAROLINA | 1 | 3.3% | 0 | 0.0% | FOREIGN | 0 | 0.0% | 0 | 0.0% | KANSAS | 1 | 3.3% | 0 | 0.0% | NORTH DAKOTA | 0 | 0.0% | 0 | 0.0% | Totals | 30 | 100.0% | 0 | 0.0% | KENTUCKY | 1 | 3.3% | 0 | 0.0% | OHIO | 0 | 0.0% | 0 | 0.0% | | | | | | LOUISIANA | 0 | 0.0% | 0 | 0.0% | OKLAHOMA | 0 | 0.0% | 0 | 0.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ILLINOIS | 2 | 6.7% | 0 | 0.0% | NEW MEXICO | 2 | 6.7% | 0 | 0.0% | WEST VIRGINIA | 0 | 0.0% | 0 | 0.0% | INDIANA | 0 | 0.0% | 0 | 0.0% | NEW YORK | 0 | 0.0% | 0 | 0.0% | WYOMING | 0 | 0.0% | 0 | 0.0% | IOWA | 0 | 0.0% | 0 | 0.0% | NORTH CAROLINA | 1 | 3.3% | 0 | 0.0% | FOREIGN | 0 | 0.0% | 0 | 0.0% | KANSAS | 1 | 3.3% | 0 | 0.0% | NORTH DAKOTA | 0 | 0.0% | 0 | 0.0% | Totals | 30 | 100.0% | 0 | 0.0% | KENTUCKY | 1 | 3.3% | 0 | 0.0% | OHIO | 0 | 0.0% | 0 | 0.0% | | | | | | LOUISIANA | 0 | 0.0% | 0 | 0.0% | OKLAHOMA | 0 | 0.0% | 0 | 0.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INDIANA | 0 | 0.0% | 0 | 0.0% | NEW YORK | 0 | 0.0% | 0 | 0.0% | WYOMING | 0 | 0.0% | 0 | 0.0% | IOWA | 0 | 0.0% | 0 | 0.0% | NORTH CAROLINA | 1 | 3.3% | 0 | 0.0% | FOREIGN | 0 | 0.0% | 0 | 0.0% | KANSAS | 1 | 3.3% | 0 | 0.0% | NORTH DAKOTA | 0 | 0.0% | 0 | 0.0% | Totals | 30 | 100.0% | 0 | 0.0% | KENTUCKY | 1 | 3.3% | 0 | 0.0% | OHIO | 0 | 0.0% | 0 | 0.0% | | | | | | LOUISIANA | 0 | 0.0% | 0 | 0.0% | OKLAHOMA | 0 | 0.0% | 0 | 0.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IOWA | 0 | 0.0% | 0 | 0.0% | NORTH CAROLINA | 1 | 3.3% | 0 | 0.0% | FOREIGN | 0 | 0.0% | 0 | 0.0% | KANSAS | 1 | 3.3% | 0 | 0.0% | NORTH DAKOTA | 0 | 0.0% | 0 | 0.0% | Totals | 30 | 100.0% | 0 | 0.0% | KENTUCKY | 1 | 3.3% | 0 | 0.0% | OHIO | 0 | 0.0% | 0 | 0.0% | | | | | | LOUISIANA | 0 | 0.0% | 0 | 0.0% | OKLAHOMA | 0 | 0.0% | 0 | 0.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| KANSAS | 1 | 3.3% | 0 | 0.0% | NORTH DAKOTA | 0 | 0.0% | 0 | 0.0% | Totals | 30 | 100.0% | 0 | 0.0% | KENTUCKY | 1 | 3.3% | 0 | 0.0% | OHIO | 0 | 0.0% | 0 | 0.0% | | | | | | LOUISIANA | 0 | 0.0% | 0 | 0.0% | OKLAHOMA | 0 | 0.0% | 0 | 0.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| KENTUCKY | 1 | 3.3% | 0 | 0.0% | OHIO | 0 | 0.0% | 0 | 0.0% | | | | | | LOUISIANA | 0 | 0.0% | 0 | 0.0% | OKLAHOMA | 0 | 0.0% | 0 | 0.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LOUISIANA | 0 | 0.0% | 0 | 0.0% | OKLAHOMA | 0 | 0.0% | 0 | 0.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Wisconsin Public Employers

Plan Utilization

Paid Per Member Per Month Costs

The Paid Medical and Drug PMPM report in Exhibit 6-C displays the average amount paid per member each month for the Standard, SMP and Medicare Carve-out Plans incurred from January 2006 through December 2006. The PMPM costs for each plan represent medical and drug claims paid through the end of March 2007. The Paid Medical PMPM report in exhibit 6-D is similar except it excludes drugs and includes data from Blue Cross Blue Shield going back to January 2005, completed through December 2006. WPS has used the Blue Cross Blue Shield data as given and cannot verify its accuracy.

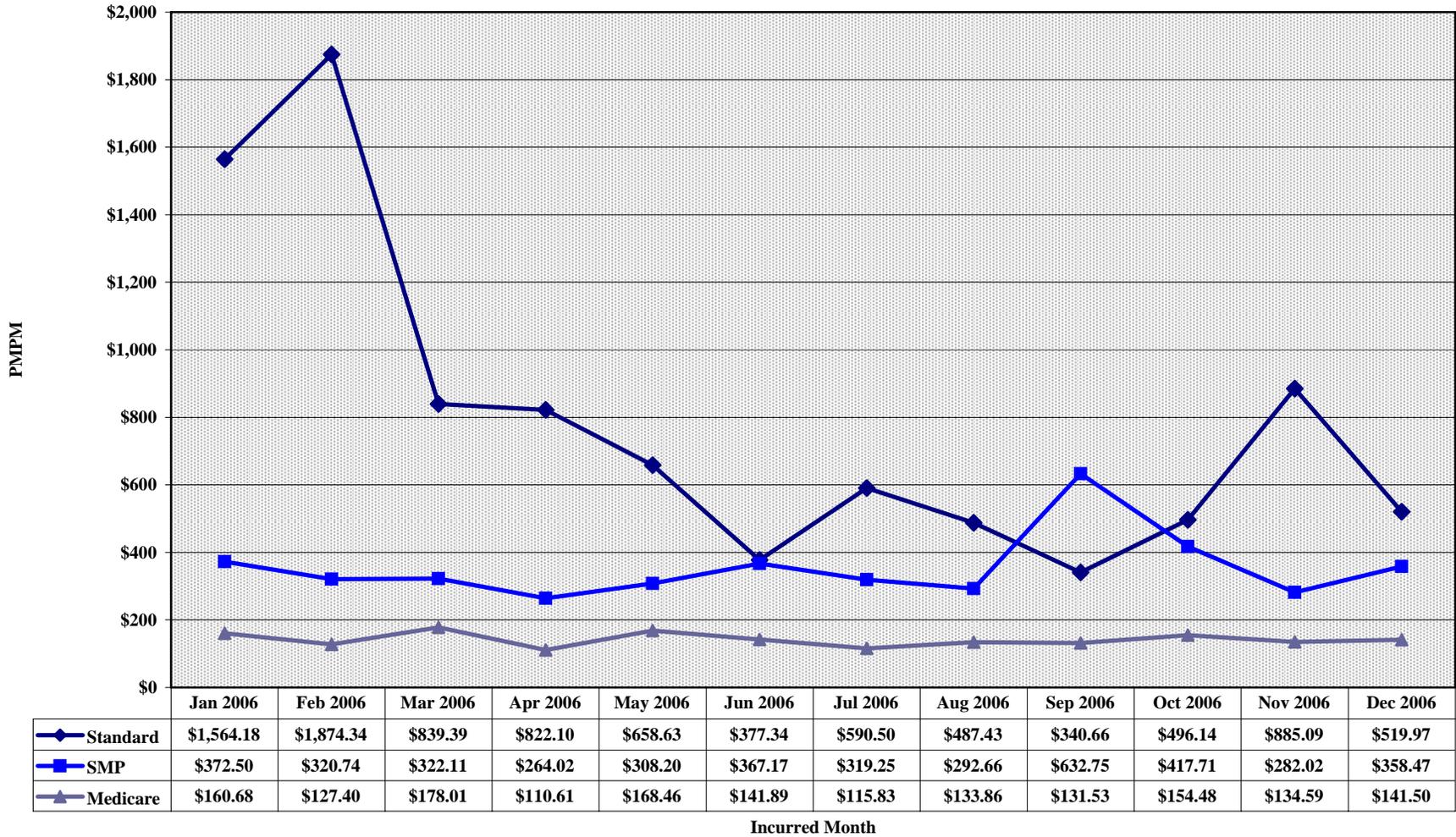
The **Standard Plan** has seen a 31.5% increase in medical claim costs between 2005 and 2006. Independent trend estimates for medical claims for 2006 were 10-12% thus the Standard Plan ran above expected. A majority of the variance to expected can be explained by 2 large claims that are equivalent to 34.5% of the total claims for the plan. If these outlier claims are not included in the calculation, the medical trend from 2005 to 2006 would have been -14% and therefore well below the expected range. The small population of the Standard Plan leads to instability in the monthly claim results, however the larger spikes in claims are generally due to large claim activity that occurred in those months.

The **SMP Plan** has seen a decrease in claims over the last year. The Medical Only PMPM was the highest in the fourth quarter of 2005 at \$584.61 but is averaging \$291.33 in 2006. The year over year medical PMPM trend was -40%. Since the beginning of 2006, the SMP Plan experience has been fairly stable with a spike in claims in September.

The **Medicare Carve-out Plan** has seen stable results over the last 2 years. We would expect this population to have stable results since Medicare is the primary payer. The year over year medical PMPM trend from 2005 to 2006 was 11.3%. We would expect an increase in the medical claims each year due to the benefit changes Medicare makes annually and medical cost trend.

**WISCONSIN PUBLIC EMPLOYERS
Paid Medical and Drug PMPM
Paid Through March 2007**

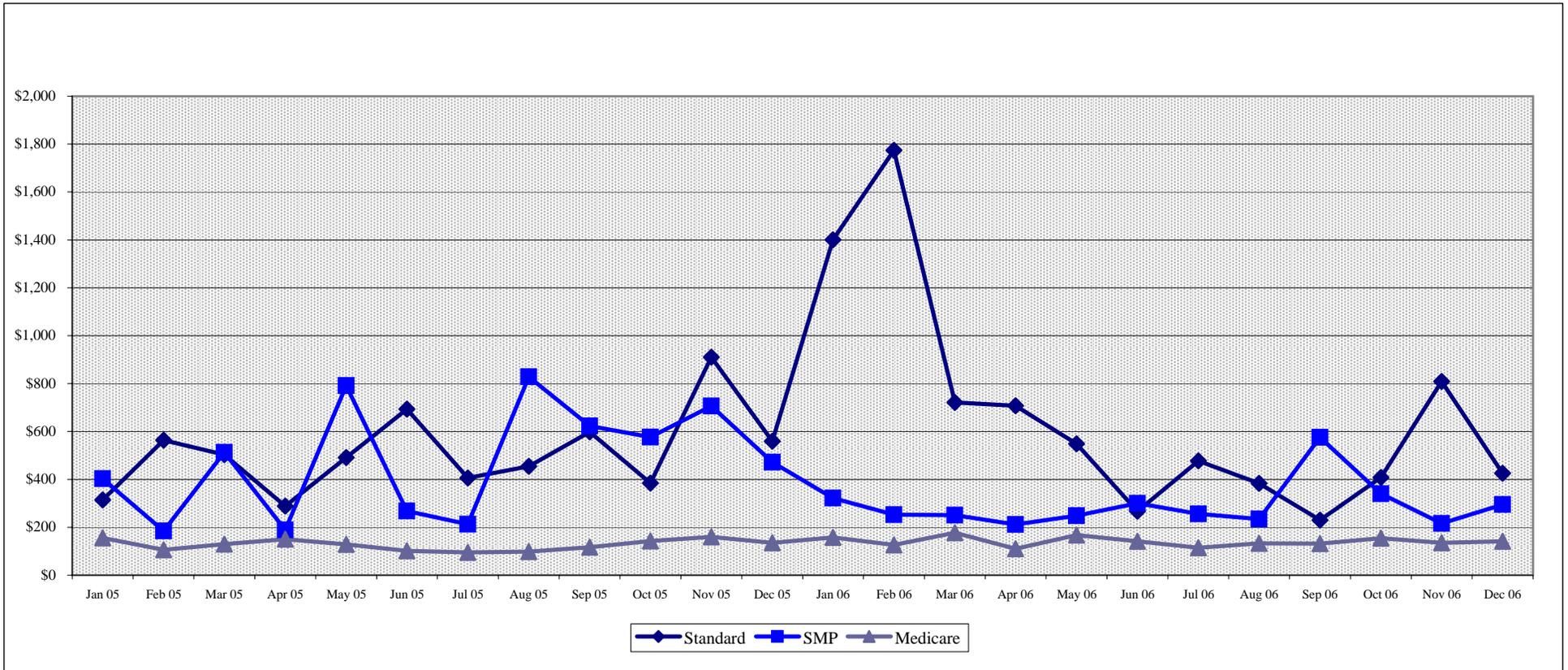
Exhibit 6-C



Note: Paid claims include prescription drugs (except Dean Medicare Part D drugs) and injectables

**WISCONSIN PUBLIC EMPLOYERS
Paid Medical PMPM
Paid Through March 2007**

Exhibit 6-D



| | INCURRED MONTH | | | | | | | | | | | | | | | | | | | | | | | |
|----------|----------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|------------|------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| | Jan 05 | Feb 05 | Mar 05 | Apr 05 | May 05 | Jun 05 | Jul 05 | Aug 05 | Sep 05 | Oct 05 | Nov 05 | Dec 05 | Jan 06 | Feb 06 | Mar 06 | Apr 06 | May 06 | Jun 06 | Jul 06 | Aug 06 | Sep 06 | Oct 06 | Nov 06 | Dec 06 |
| Standard | \$313.75 | \$564.05 | \$502.91 | \$288.40 | \$491.25 | \$693.17 | \$405.65 | \$454.37 | \$598.54 | \$384.38 | \$910.45 | \$559.07 | \$1,400.93 | \$1,773.94 | \$720.95 | \$707.53 | \$549.07 | \$267.13 | \$477.72 | \$383.65 | \$229.90 | \$408.11 | \$808.48 | \$425.93 |
| SMP | \$403.20 | \$184.21 | \$512.42 | \$189.22 | \$791.69 | \$267.38 | \$212.23 | \$828.26 | \$622.87 | \$576.37 | \$706.40 | \$472.33 | \$321.54 | \$252.75 | \$250.86 | \$211.71 | \$247.96 | \$299.88 | \$256.06 | \$234.48 | \$575.95 | \$339.95 | \$215.80 | \$294.98 |
| Medicare | \$155.45 | \$106.16 | \$129.79 | \$149.84 | \$128.77 | \$101.80 | \$94.59 | \$98.30 | \$116.76 | \$143.03 | \$159.97 | \$134.70 | \$157.29 | \$126.34 | \$177.07 | \$109.63 | \$167.50 | \$141.09 | \$114.49 | \$132.98 | \$131.53 | \$154.48 | \$134.59 | \$141.50 |

Wisconsin Public Employers

Plan Utilization

PMPM by Type of Service Reports

The Total PMPM by Type of Service reports (7-F and 7-H) provide a breakdown of the PMPM by major type of service compared to the benchmark. The pie chart also provides an overview of the percentage of the PMPM each major type of service is contributing to the total PMPM plus a comparison to the benchmark. The total PMPM costs are for claims incurred January 2006 – December 2006 and paid through the end of March 2007. The Paid PMPM by Type of Service reports (7-G, 7-I and 7-J) show the same actual data on a month by month basis for 2006.

Standard Plan

The Standard Plan in Exhibit 7-F shows that the percentage breakdown by major type of service is different than the benchmark. The drug and facility inpatient costs make up a larger percent of the total costs while the physician and facility outpatient costs make up less. The total PMPM cost is 48.1% above the benchmark. The inpatient facility PMPM cost is 67.8% above the benchmark and outpatient facility is 20.0% above the benchmark. The Standard Plan did experience higher than expected large claim activity which is directly correlated with inpatient charges. The physician PMPM cost is 6.0% above the benchmark. The drug paid PMPM cost is 134.3% above the benchmark and driven by injectable drug costs. Lastly the other services category is 49.7% over the norm. Every \$1.00 PMPM represented in the graph is equivalent to \$1,273 in annual plan costs for the Standard plan.

Exhibit 7-G shows the Standard Plan's paid PMPM costs on a monthly basis for 2006.

SMP Plan

Exhibit 7-H shows the percentage breakdown by type of service for the SMP Plan is slightly different than the benchmark. The healthier population in the SMP Plan results in facility charges being a smaller percentage of total costs and physician charges being a larger percentage of the total. The total PMPM cost is in line with the benchmark. The inpatient facility PMPM cost is 28.0% below the norm and outpatient facility is 3.4% below the norm. Physician charges however were 17.3% above the benchmark for 2006. This was influenced by the SMP's rich benefit design, contributing not only to higher utilization but higher plan costs due to low

member cost sharing. The drug PMPM is in line with the norm, being only 5.3% higher. The other services category is 6.9% below the norm.

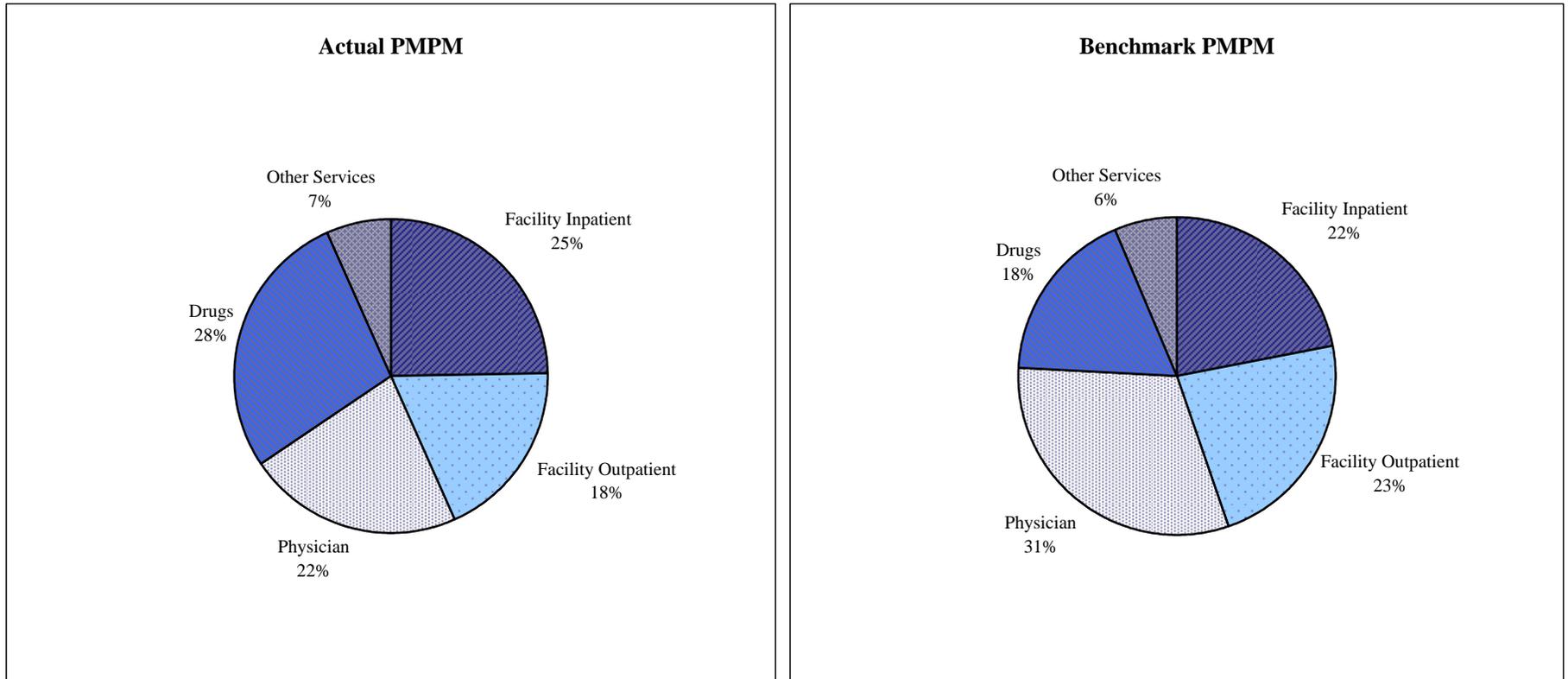
Exhibit 7-I shows the SMP Plan's paid PMPM costs on a monthly basis for 2006.

Medicare Carve-out Plan

The Medicare Carve-out Plan in Exhibit 7-J averaged a total of \$141.62 PMPM in 2006. The medical segment of the Medicare plan averaged \$37.97 PMPM for inpatient facility, \$33.79 PMPM for outpatient facility, \$39.70 PMPM for physician, and \$23.64 PMPM for other services. All of the medical segments had nearly flat line results over the calendar year. The drug segment of the Medicare Carve-out Plan averaged only \$6.65 PMPM or 4.7% of the total payments. Over the calendar year the drug costs had a downward trend.

WISCONSIN PUBLIC EMPLOYERS
Total PMPM by Type of Service - Standard
Incurred January 2006 - December 2006 Paid Through March 2007

Exhibit 7-F



| | Actual | Benchmark | Difference | |
|---------------------|-----------------|-----------------|-----------------|--------------|
| | | | \$ | % |
| Facility Inpatient | \$193.63 | \$115.41 | \$78.22 | 67.8% |
| Facility Outpatient | \$144.45 | \$120.33 | \$24.12 | 20.0% |
| Physician | \$174.92 | \$164.99 | \$9.93 | 6.0% |
| Drugs | \$216.78 | \$92.51 | \$124.27 | 134.3% |
| Other Services | \$51.31 | \$34.27 | \$17.04 | 49.7% |
| Totals | \$781.09 | \$527.51 | \$253.58 | 48.1% |

Note: Drugs include prescriptions and injectables

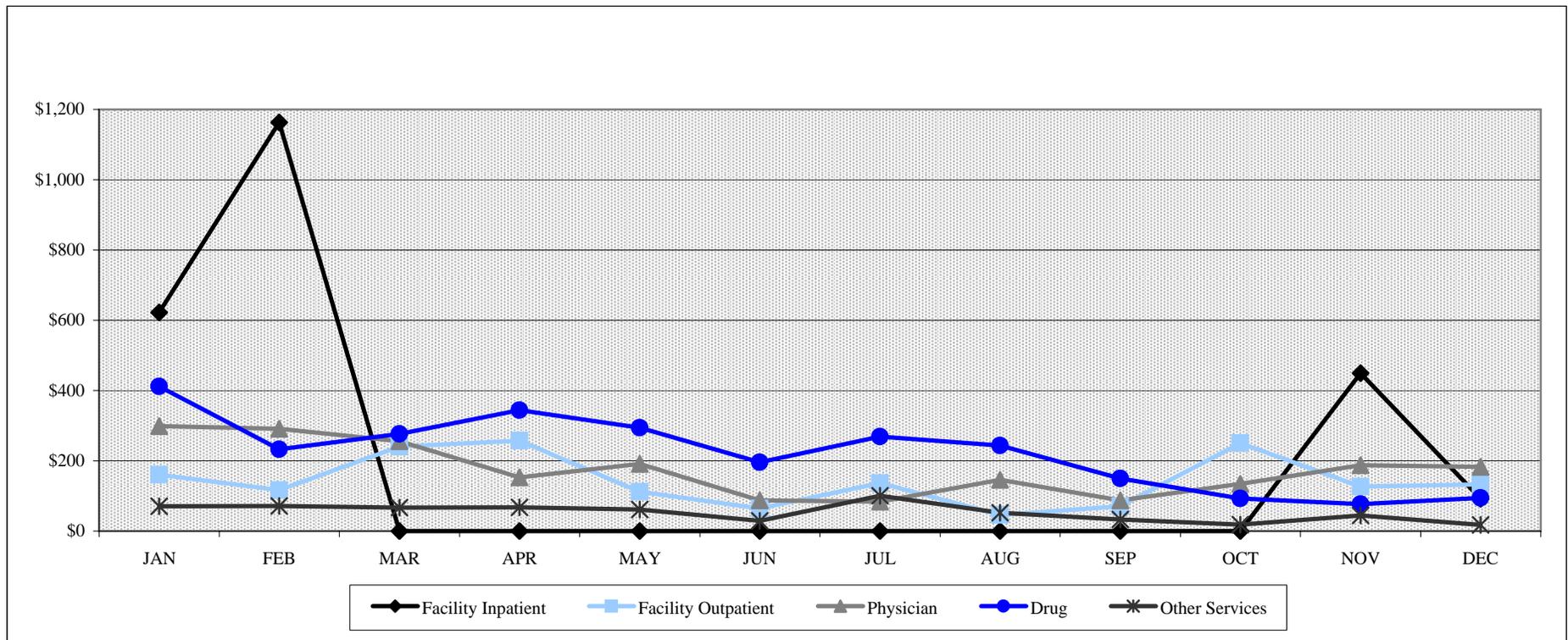
Note: Benchmark data has been age/sex adjusted to correspond to the population included in this exhibit

* Each \$1.00 paid PMPM = \$1,273 in plan costs.

**WISCONSIN PUBLIC EMPLOYERS
Paid PMPM by Type of Service - Standard
Paid Through March 2007**

Exhibit 7-G

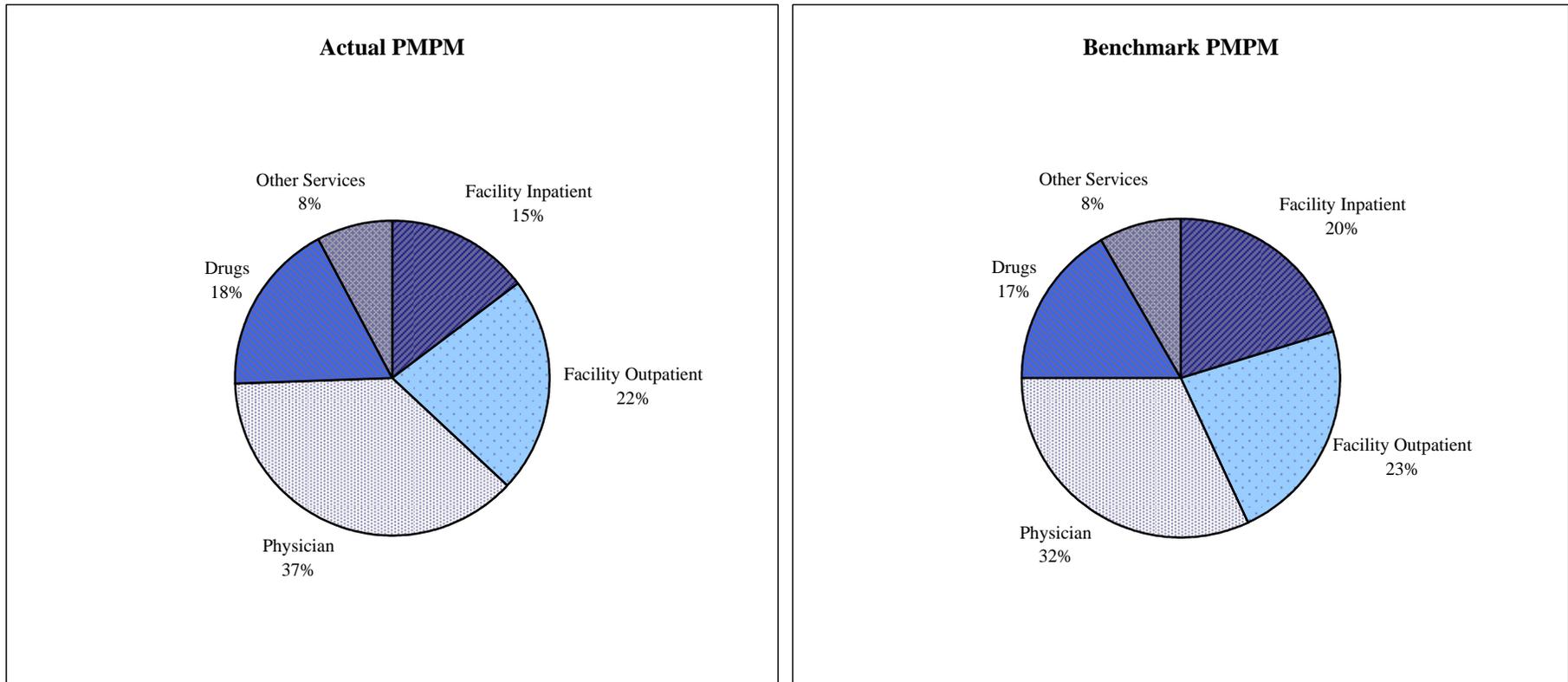
| | INCURRED MONTH | | | | | | | | | | | |
|---------------------|-------------------|-------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
| Member Months | 103 | 100 | 100 | 102 | 102 | 100 | 97 | 99 | 103 | 123 | 122 | 122 |
| Facility Inpatient | \$622.50 | \$1,163.13 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$449.39 | \$92.09 |
| Facility Outpatient | \$160.52 | \$116.52 | \$240.31 | \$257.38 | \$111.84 | \$64.74 | \$136.98 | \$46.08 | \$70.47 | \$250.21 | \$126.52 | \$132.98 |
| Physician | \$298.56 | \$290.88 | \$255.63 | \$153.01 | \$191.25 | \$87.87 | \$83.84 | \$145.86 | \$87.81 | \$134.39 | \$187.64 | \$182.91 |
| Drug | \$411.72 | \$232.67 | \$276.50 | \$344.31 | \$294.12 | \$195.60 | \$268.75 | \$243.62 | \$149.73 | \$93.01 | \$76.74 | \$94.64 |
| Other Services | \$70.88 | \$71.13 | \$66.95 | \$67.40 | \$61.42 | \$29.12 | \$100.93 | \$51.87 | \$32.65 | \$18.52 | \$44.80 | \$17.34 |
| Total | \$1,564.18 | \$1,874.34 | \$839.39 | \$822.10 | \$658.63 | \$377.34 | \$590.50 | \$487.43 | \$340.66 | \$496.14 | \$885.09 | \$519.97 |



Note: Drug includes prescription and injectables

WISCONSIN PUBLIC EMPLOYERS
Total PMPM by Type of Service - SMP
 Incurred January 2006 - December 2006 Paid Through March 2007

Exhibit 7-H



| | Actual | Benchmark | Difference | |
|---------------------|-----------------|-----------------|----------------|--------------|
| | | | \$ | % |
| Facility Inpatient | \$52.38 | \$72.77 | -\$20.39 | -28.0% |
| Facility Outpatient | \$78.45 | \$81.23 | -\$2.78 | -3.4% |
| Physician | \$132.91 | \$113.35 | \$19.56 | 17.3% |
| Drugs | \$63.22 | \$60.04 | \$3.18 | 5.3% |
| Other Services | \$27.28 | \$29.29 | -\$2.01 | -6.9% |
| Totals | \$354.24 | \$356.68 | -\$2.44 | -0.7% |

Note: Drugs include prescriptions and injectables

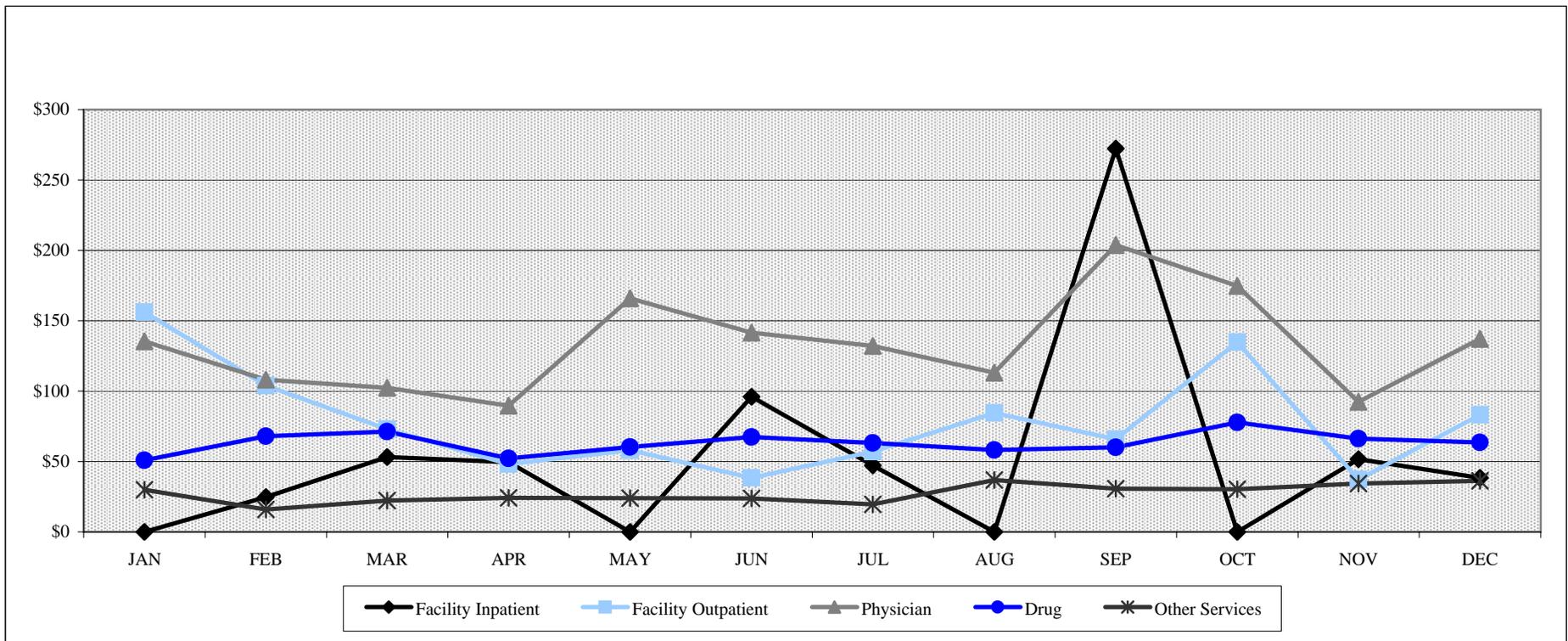
Note: Benchmark data has been age/sex adjusted to correspond to the population included in this exhibit

* Each \$1.00 paid PMPM = \$2,407 in plan costs.

**WISCONSIN PUBLIC EMPLOYERS
Paid PMPM by Type of Service - SMP
Paid Through March 2007**

Exhibit 7-I

| INCURRED MONTH | | | | | | | | | | | | |
|---------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
| Member Months | 205 | 205 | 200 | 204 | 204 | 203 | 202 | 199 | 197 | 198 | 196 | 194 |
| Facility Inpatient | \$0.00 | \$24.69 | \$53.17 | \$49.64 | \$0.00 | \$95.99 | \$47.19 | \$0.00 | \$272.25 | \$0.00 | \$51.75 | \$38.43 |
| Facility Outpatient | \$156.15 | \$103.90 | \$72.97 | \$48.29 | \$57.93 | \$38.35 | \$57.09 | \$84.56 | \$65.92 | \$134.85 | \$37.21 | \$83.18 |
| Physician | \$135.34 | \$108.22 | \$102.38 | \$89.60 | \$166.00 | \$141.53 | \$132.14 | \$113.06 | \$203.78 | \$174.76 | \$92.46 | \$137.05 |
| Drug | \$50.96 | \$67.99 | \$71.29 | \$52.30 | \$60.25 | \$67.44 | \$63.19 | \$58.18 | \$60.14 | \$77.77 | \$66.22 | \$63.49 |
| Other Services | \$30.05 | \$15.93 | \$22.30 | \$24.18 | \$24.03 | \$23.86 | \$19.63 | \$36.85 | \$30.65 | \$30.34 | \$34.38 | \$36.32 |
| Total | \$372.50 | \$320.74 | \$322.11 | \$264.02 | \$308.20 | \$367.17 | \$319.25 | \$292.66 | \$632.75 | \$417.71 | \$282.02 | \$358.47 |

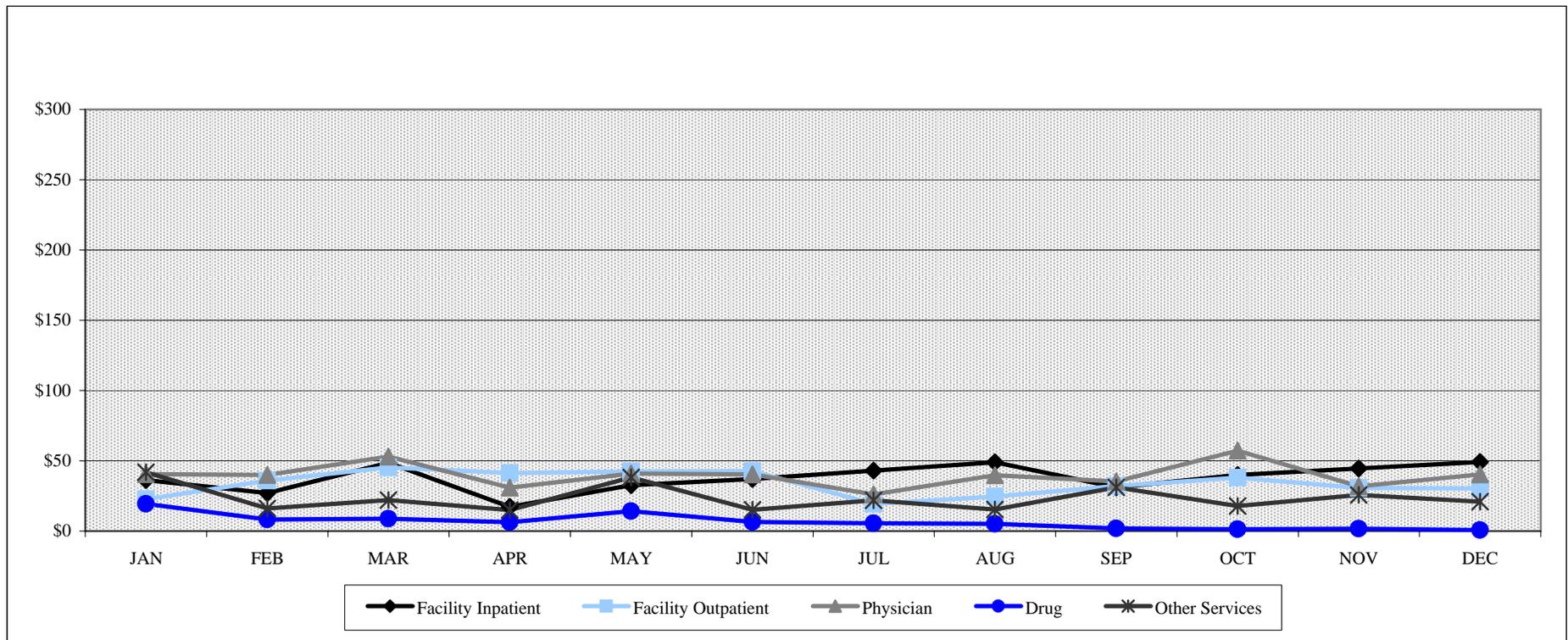


Note: Drug includes prescription and injectables

**WISCONSIN PUBLIC EMPLOYERS
Paid PMPM by Type of Service - Medicare
Paid Through March 2007**

Exhibit 7-J

| INCURRED MONTH | | | | | | | | | | | | |
|---------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
| Member Months | 315 | 312 | 308 | 308 | 307 | 305 | 303 | 306 | 306 | 304 | 303 | 302 |
| Facility Inpatient | \$36.27 | \$27.08 | \$48.68 | \$17.26 | \$32.56 | \$37.07 | \$42.97 | \$48.91 | \$31.11 | \$39.93 | \$44.49 | \$49.25 |
| Facility Outpatient | \$22.67 | \$35.94 | \$45.34 | \$41.25 | \$42.41 | \$42.71 | \$19.45 | \$24.60 | \$32.08 | \$37.99 | \$30.80 | \$30.28 |
| Physician | \$40.56 | \$39.99 | \$53.02 | \$30.89 | \$40.99 | \$40.42 | \$26.05 | \$39.75 | \$35.29 | \$57.32 | \$31.87 | \$40.28 |
| Drug | \$19.33 | \$8.20 | \$8.90 | \$6.30 | \$14.26 | \$6.50 | \$5.50 | \$5.14 | \$1.89 | \$1.36 | \$1.79 | \$0.67 |
| Other Services | \$41.84 | \$16.19 | \$22.07 | \$14.91 | \$38.25 | \$15.21 | \$21.86 | \$15.46 | \$31.16 | \$17.88 | \$25.65 | \$21.01 |
| Total | \$160.68 | \$127.40 | \$178.01 | \$110.61 | \$168.46 | \$141.89 | \$115.83 | \$133.86 | \$131.53 | \$154.48 | \$134.59 | \$141.50 |



Note: Drug includes prescription (except Dean Medicare Part D drugs) and injectables

Wisconsin Public Employers

Plan Utilization

Type of Service Detail

The Type of Service Detail report provides an overview of paid medical costs on a PMPM basis divided into 5 major service categories and further divided into 26 subcategories. The Actual PMPM costs are compared to the Benchmark PMPM to help determine where the plan is experiencing higher than normal claim costs. The comparison to the Benchmark is displayed as a PMPM difference and as a percentage difference. The Actual PMPM costs are for claims incurred January 2006 – December 2006 and paid through the end of March 2007.

Standard Plan

The Standard Plan in Exhibit 8-C was 48.1% above the benchmark in 2006. The variance to the benchmark is primarily a result of the anti-selection resulting from the dual choice open enrollment and the rich benefit design. Since the percentage comparison can be deceiving, it is more important to look at the PMPM difference with \$1.00 PMPM being equivalent to \$1,273 in annual plan costs. Below are some areas that stand out relative to the benchmark and some analysis on what is driving the higher costs.

- Facility Inpatient – The majority of dollars here are for surgical/medical services. Within surgical/medical, \$76.07 PMPM is due to 2 large claimants. Another \$21.59 PMPM is due to gastric bypass procedures not included in the norm.
- Facility Outpatient – Higher than expected costs in this category are reflective of the relative morbidity of the Standard Plan's population. Greater use of diagnostic services such as CT scans and MRIs has led to cost variances versus the norm for outpatient radiology. Lastly the Other sub-category is \$17.73 PMPM above the benchmark.
- Physician – Gastric bypass procedures have added \$8.29 to the Paid PMPM cost. Costs for these are not accounted for in the benchmark.
- Drug – The prescription drug costs are higher than the Benchmark. The prescription drug cost is 33.8% above the norm however injectable drug costs are 797.2% above the norm. The injectable drug costs are driven by one large claimant who contributed 85% of the costs. Specialty drugs can have exceptionally high mark-ups when provided in a physician's office. Certain drugs are often less costly to the plan if provided through the PBM. Select drugs can be self-injected by the patient in their own home, which is often viewed positively by the member. Taking a proactive approach, contract/benefit language should be reviewed so specialty drugs can be most effectively managed in the future.

- Other services – The other services category is \$17.04 PMPM above the benchmark. The major contributor to the variance is the Therapy sub-category which is \$7.00 PMPM above the benchmark.

SMP Plan

The SMP Plan in Exhibit 8-D by comparison is in line with the benchmark for 2006. For the plan \$1.00 PMPM represented in the chart is equivalent to \$2,407 in annual plan costs.

- Inpatient/Outpatient Facility – Overall both of these categories are running below the norm which is a function of the better risks enrolled in the SMP Plan.
- Physician – The Office Visit and Pathology sub-categories are all running well above the norm. It appears these services are mostly subject to higher than expected utilization due to the rich benefits. Claim costs for these services correlate with each other. If the plan is having higher office visit utilization, it would be expected to have higher usage of office diagnostic testing.
- Drug – The prescription drug PMPM cost is running 20.7% above the norm and the injectable drug costs are running 96.3% below norm. Overall the drug cost is in higher than total plan performance for 2006.
- Other Services – The Chiropractic sub-category is \$5.41 PMPM above the norm which is a function of the region in which the SMP population resides. In the north central region, chiropractic care is more commonly used to treat back problems in comparison to other areas of the state.

WISCONSIN PUBLIC EMPLOYERS

Exhibit 8-C

Type of Service Detail - Standard

Incurred January 2006 - December 2006 Paid Through March 2007

| TYPE OF SERVICE | DETAIL | ACTUAL PMPM | BENCHMARK PMPM | DIFFERENCE \$ | % |
|---------------------|---------------------------|-----------------|-------------------|------------------|---------------|
| FACILITY INPATIENT | SURGICAL/MEDICAL | \$193.63 | \$111.46 | \$82.17 | 73.7% |
| | PSYCH/AODA | \$0.00 | \$1.79 | -\$1.79 | -100.0% |
| | MATERNITY | \$0.00 | \$0.91 | -\$0.91 | -100.0% |
| | OTHER | \$0.00 | \$1.25 | -\$1.25 | -100.0% |
| Subtotal | | \$193.63 | \$115.41 | \$78.22 | 67.8% |
| FACILITY OUTPATIENT | SURGICAL/MEDICAL | \$19.83 | \$23.31 | -\$3.48 | -14.9% |
| | RADIOLOGY | \$40.42 | \$33.44 | \$6.98 | 20.9% |
| | PATHOLOGY | \$13.78 | \$12.29 | \$1.49 | 12.1% |
| | EMERGENCY ROOM | \$5.18 | \$3.37 | \$1.81 | 53.7% |
| | PSYCH/AODA | \$0.50 | \$0.91 | -\$0.41 | -45.1% |
| | OTHER | \$64.74 | \$47.01 | \$17.73 | 37.7% |
| Subtotal | | \$144.45 | \$120.33 | \$24.12 | 20.0% |
| PHYSICIAN | OFFICE VISIT | \$17.69 | \$21.27 | -\$3.58 | -16.8% |
| | RADIOLOGY | \$42.61 | \$29.55 | \$13.06 | 44.2% |
| | PATHOLOGY | \$21.95 | \$20.69 | \$1.26 | 6.1% |
| | SURGERY | \$50.40 | \$51.63 | -\$1.23 | -2.4% |
| | ANESTHESIA | \$10.48 | \$10.80 | -\$0.32 | -3.0% |
| | MATERNITY | \$0.00 | \$0.45 | -\$0.45 | -100.0% |
| | OTHER | \$31.79 | \$30.60 | \$1.19 | 3.9% |
| Subtotal | | \$174.92 | \$164.99 | \$9.93 | 6.0% |
| DRUGS | PRESCRIPTIONS | \$107.50 | \$80.33 | \$27.17 | 33.8% |
| | INJECTABLES | \$109.28 | \$12.18 | \$97.10 | 797.2% |
| Subtotal | | \$216.78 | \$92.51 | \$124.27 | 134.3% |
| OTHER SERVICES | PSYCH/AODA | \$8.80 | \$5.22 | \$3.58 | 68.6% |
| | CHIROPRACTIC | \$4.17 | \$4.41 | -\$0.24 | -5.4% |
| | THERAPIES | \$10.79 | \$3.79 | \$7.00 | 184.7% |
| | AMBULANCE | \$0.92 | \$1.58 | -\$0.66 | -41.8% |
| | WELL BABY EXAM | \$0.00 | \$0.00 | \$0.00 | 0.0% |
| | DURABLE MEDICAL EQUIPMENT | \$4.56 | \$5.54 | -\$0.98 | -17.7% |
| | OTHER | \$22.07 | \$13.73 | \$8.34 | 60.7% |
| Subtotal | | \$51.31 | \$34.27 | \$17.04 | 49.7% |
| Grand Total | | \$781.09 | \$527.51 | \$253.58 | 48.1% |

Note: Benchmark data has been age/sex adjusted to correspond to the population included in this exhibit

* Each \$1.00 paid PMPM = \$1,273 in plan costs.

WISCONSIN PUBLIC EMPLOYERS

Exhibit 8-D

Type of Service Detail - SMP

Incurred January 2006 - December 2006 Paid Through March 2007

| TYPE OF SERVICE | DETAIL | ACTUAL PMPM | BENCHMARK PMPM | DIFFERENCE \$ | % |
|---------------------|---------------------------|-----------------|-------------------|------------------|---------------|
| FACILITY INPATIENT | SURGICAL/MEDICAL | \$42.10 | \$66.20 | -\$24.10 | -36.4% |
| | PSYCH/AODA | \$7.31 | \$1.90 | \$5.41 | 284.7% |
| | MATERNITY | \$2.97 | \$3.96 | -\$0.99 | -25.0% |
| | OTHER | \$0.00 | \$0.71 | -\$0.71 | -100.0% |
| Subtotal | | \$52.38 | \$72.77 | -\$20.39 | -28.0% |
| FACILITY OUTPATIENT | SURGICAL/MEDICAL | \$17.90 | \$15.97 | \$1.93 | 12.1% |
| | RADIOLOGY | \$29.57 | \$21.75 | \$7.82 | 36.0% |
| | PATHOLOGY | \$8.11 | \$7.99 | \$0.12 | 1.5% |
| | EMERGENCY ROOM | \$3.78 | \$2.91 | \$0.87 | 29.9% |
| | PSYCH/AODA | \$0.58 | \$1.02 | -\$0.44 | -43.1% |
| | OTHER | \$18.51 | \$31.59 | -\$13.08 | -41.4% |
| Subtotal | | \$78.45 | \$81.23 | -\$2.78 | -3.4% |
| PHYSICIAN | OFFICE VISIT | \$22.40 | \$15.46 | \$6.94 | 44.9% |
| | RADIOLOGY | \$18.73 | \$19.47 | -\$0.74 | -3.8% |
| | PATHOLOGY | \$23.14 | \$14.40 | \$8.74 | 60.7% |
| | SURGERY | \$36.84 | \$34.00 | \$2.84 | 8.4% |
| | ANESTHESIA | \$6.75 | \$7.37 | -\$0.62 | -8.4% |
| | MATERNITY | \$1.72 | \$2.04 | -\$0.32 | -15.7% |
| | OTHER | \$23.33 | \$20.61 | \$2.72 | 13.2% |
| Subtotal | | \$132.91 | \$113.35 | \$19.56 | 17.3% |
| DRUGS | PRESCRIPTIONS | \$62.93 | \$52.14 | \$10.79 | 20.7% |
| | INJECTABLES | \$0.29 | \$7.90 | -\$7.61 | -96.3% |
| Subtotal | | \$63.22 | \$60.04 | \$3.18 | 5.3% |
| OTHER SERVICES | PSYCH/AODA | \$3.17 | \$5.90 | -\$2.73 | -46.3% |
| | CHIROPRACTIC | \$9.00 | \$3.59 | \$5.41 | 150.7% |
| | THERAPIES | \$1.48 | \$2.85 | -\$1.37 | -48.1% |
| | AMBULANCE | \$0.52 | \$1.12 | -\$0.60 | -53.6% |
| | WELL BABY EXAM | \$0.29 | \$0.37 | -\$0.08 | -21.6% |
| | DURABLE MEDICAL EQUIPMENT | \$2.02 | \$3.80 | -\$1.78 | -46.8% |
| | OTHER | \$10.80 | \$11.66 | -\$0.86 | -7.4% |
| Subtotal | | \$27.28 | \$29.29 | -\$2.01 | -6.9% |
| Grand Total | | \$354.24 | \$356.68 | -\$2.44 | -0.7% |

Note: Benchmark data has been age/sex adjusted to correspond to the population included in this exhibit

* Each \$1.00 paid PMPM = \$2,407 in plan costs.

Wisconsin Public Employers

Plan Utilization

Inpatient Utilization, Days/1000 and Average Length of Stay

The Inpatient Utilization reports compare annual inpatient days per 1,000, admits per 1,000, average length of stay, cost per day, cost per admit, and inpatient PMPM costs to the Benchmark for the 5 major inpatient service categories. Days/1000 is the annual average number of hospital days utilized by a population of 1,000 members which is calculated by taking (Total Days/Member Months)*12000. The Admits/1000 is the annual number of admits that occur within a typical population of 1,000 members which is calculated by taking (Total Admits/Member Months)*12000. The Days/1000 and Admits/1000 are calculations that allow a comparison of one population to another regardless of group size. Average Length of Stay (ALOS) shows the average length of hospitalization experienced for the entire group (Total Days/Total Admits). Cost per Day is an average of the cost per hospital day (Total Cost/Total Days). The cost per admit is an average of the cost per hospital admission (Total Cost/Total Admits). Lastly the inpatient PMPM is the per member per month cost incurred by the plan. Beyond the numerical comparison, a percentage has been included as observed in the pie charts, including a comparison to the benchmark.

Standard Plan

The totals for the Standard Plan in Exhibit 9-E exceed the benchmark in admits per 1,000, cost per day, and cost per admit. The Medical category exceeds the benchmark in all statistics. The Surgical category exceeds the benchmark in most statistics with one large claimant being a contributing factor. Without this claimant the surgical category would be at or below the benchmark.

The Standard Plan had an average of 377 days per 1000 members over the course of 2006. The monthly results shown in exhibit 9-G are very volatile with inpatient stays occurring only at the beginning and end of the year. The plan was generally below the demographically adjusted benchmark average of 400 days per 1000 members.

The Monthly Average Length of Stay for the Standard Plan is shown in Exhibit 9-H. For the year the average was 4.00 days compared to a benchmark of 4.88.

SMP

The SMP Plan in Exhibit 9-F is below the benchmark in total for most inpatient utilization statistics. The Psychiatric/AODA category exceeds the benchmark in most statistics which is driven by high utilization.

The SMP Plan had an average of 165 days per 1000 members over the course of 2006. The SMP plan performed much better than our benchmark of 278 days per 1000 overall and only exceeded the benchmark in the months of September and November. Exhibit 9-G shows the monthly variations in inpatient days per 1000.

The Monthly Average Length of Stay for the SMP Plan is shown in Exhibit 9-H. For the year the average was 2.75 days, which is below the benchmark of 4.03.

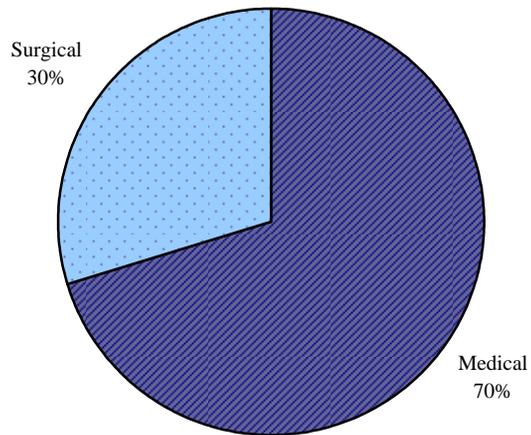
WISCONSIN PUBLIC EMPLOYERS
Inpatient Utilization - Standard
 Incurred January 2006 - December 2006 Paid Through March 2007

Exhibit 9-E

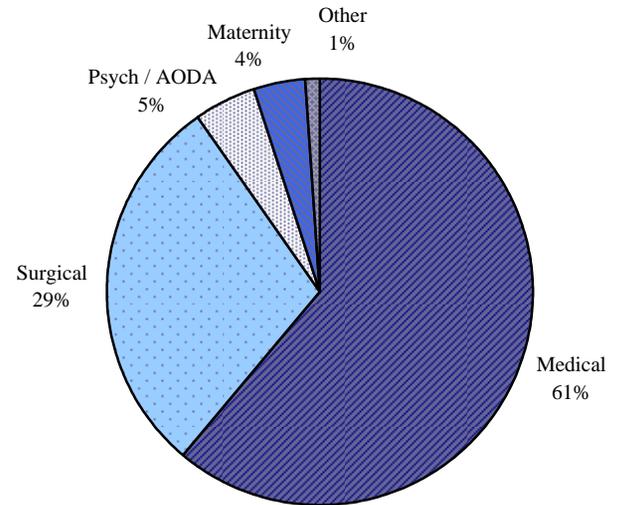
| ACTUAL | | | | | | |
|-------------|----------|----------|--------------|-----------|--------|----------|
| | Medical | Surgical | Psych / AODA | Maternity | Other | Total |
| Days/1000 | 273 | 104 | 0 | 0 | 0 | 377 |
| Admits/1000 | 66 | 28 | 0 | 0 | 0 | 94 |
| ALOS | 4.14 | 3.67 | 0.00 | 0.00 | 0.00 | 4.00 |
| Cost/Day | \$4,159 | \$11,442 | \$0 | \$0 | \$0 | \$6,162 |
| Cost/Admit | \$17,232 | \$41,956 | \$0 | \$0 | \$0 | \$24,649 |
| PMPM | \$94.76 | \$98.87 | \$0.00 | \$0.00 | \$0.00 | \$193.63 |
| % of Paid | 48.94% | 51.06% | 0.00% | 0.00% | 0.00% | 100.00% |

| BENCHMARK | | | | | | |
|-------------|----------|----------|--------------|-----------|----------|----------|
| | Medical | Surgical | Psych / AODA | Maternity | Other | Total |
| Days/1000 | 206 | 129 | 21 | 6 | 38 | 400 |
| Admits/1000 | 50 | 24 | 4 | 3 | 1 | 82 |
| ALOS | 4.12 | 5.38 | 5.25 | 2.00 | 38.00 | 4.88 |
| Cost/Day | \$3,241 | \$5,617 | \$1,058 | \$1,531 | \$396 | \$3,432 |
| Cost/Admit | \$13,677 | \$31,213 | \$5,621 | \$2,895 | \$31,412 | \$19,570 |
| PMPM | \$53.39 | \$58.07 | \$1.79 | \$0.91 | \$1.25 | \$115.41 |
| % of Paid | 46.26% | 50.32% | 1.55% | 0.79% | 1.08% | 100.00% |

% OF ADMITS FOR ACTUAL



% OF ADMITS FOR BENCHMARK



Note: Benchmark data has been age/sex adjusted to correspond to the population included in this exhibit

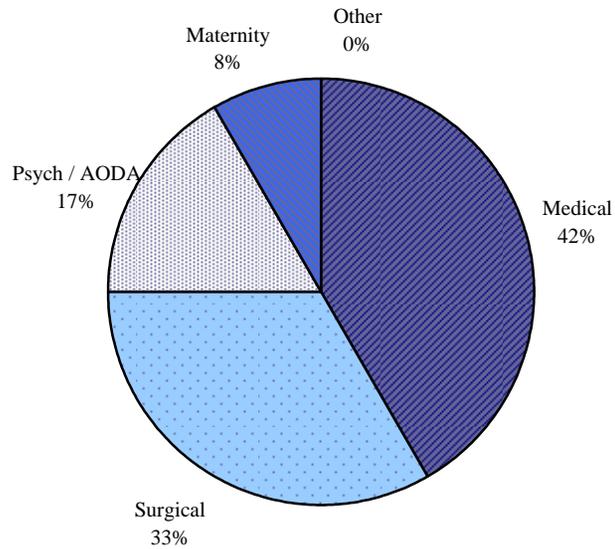
**WISCONSIN PUBLIC EMPLOYERS
Inpatient Utilization - SMP
Incurred January 2006 - December 2006 Paid Through March 2007**

Exhibit 9-F

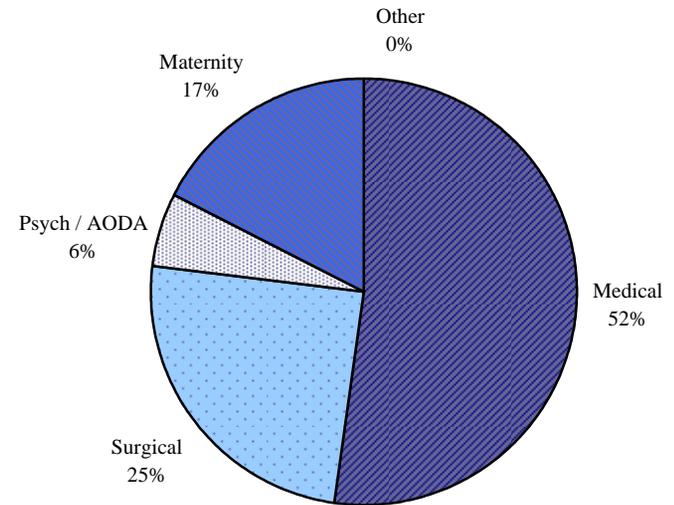
| ACTUAL | | | | | | |
|-------------|---------|----------|--------------|-----------|--------|----------|
| | Medical | Surgical | Psych / AODA | Maternity | Other | Total |
| Days/1000 | 50 | 40 | 55 | 20 | 0 | 165 |
| Admits/1000 | 25 | 20 | 10 | 5 | 0 | 60 |
| ALOS | 2.00 | 2.00 | 5.50 | 4.00 | 0.00 | 2.75 |
| Cost/Day | \$2,582 | \$9,438 | \$1,600 | \$1,788 | \$0 | \$3,820 |
| Cost/Admit | \$5,164 | \$18,875 | \$8,800 | \$7,151 | \$0 | \$10,506 |
| PMPM | \$10.73 | \$31.37 | \$7.31 | \$2.97 | \$0.00 | \$52.38 |
| % of Paid | 20.48% | 59.89% | 13.96% | 5.67% | 0.00% | 100.00% |

| BENCHMARK | | | | | | |
|-------------|----------|----------|--------------|-----------|----------|----------|
| | Medical | Surgical | Psych / AODA | Maternity | Other | Total |
| Days/1000 | 126 | 79 | 23 | 29 | 21 | 278 |
| Admits/1000 | 36 | 17 | 4 | 12 | 0 | 69 |
| ALOS | 3.50 | 4.65 | 5.75 | 2.42 | 60.00 | 4.03 |
| Cost/Day | \$3,038 | \$5,266 | \$1,058 | \$1,531 | \$396 | \$3,050 |
| Cost/Admit | \$10,820 | \$24,691 | \$5,919 | \$3,704 | \$26,057 | \$12,209 |
| PMPM | \$31.71 | \$34.49 | \$1.90 | \$3.96 | \$0.71 | \$72.77 |
| % of Paid | 43.58% | 47.40% | 2.61% | 5.44% | 0.98% | 100.00% |

% OF ADMITS FOR ACTUAL



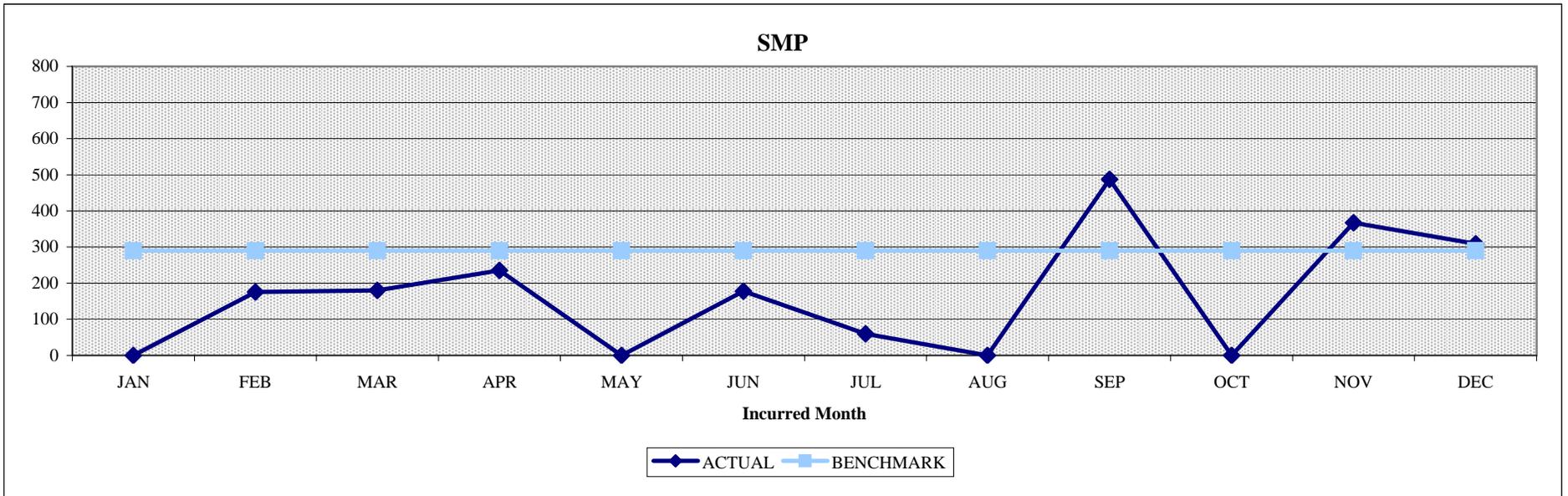
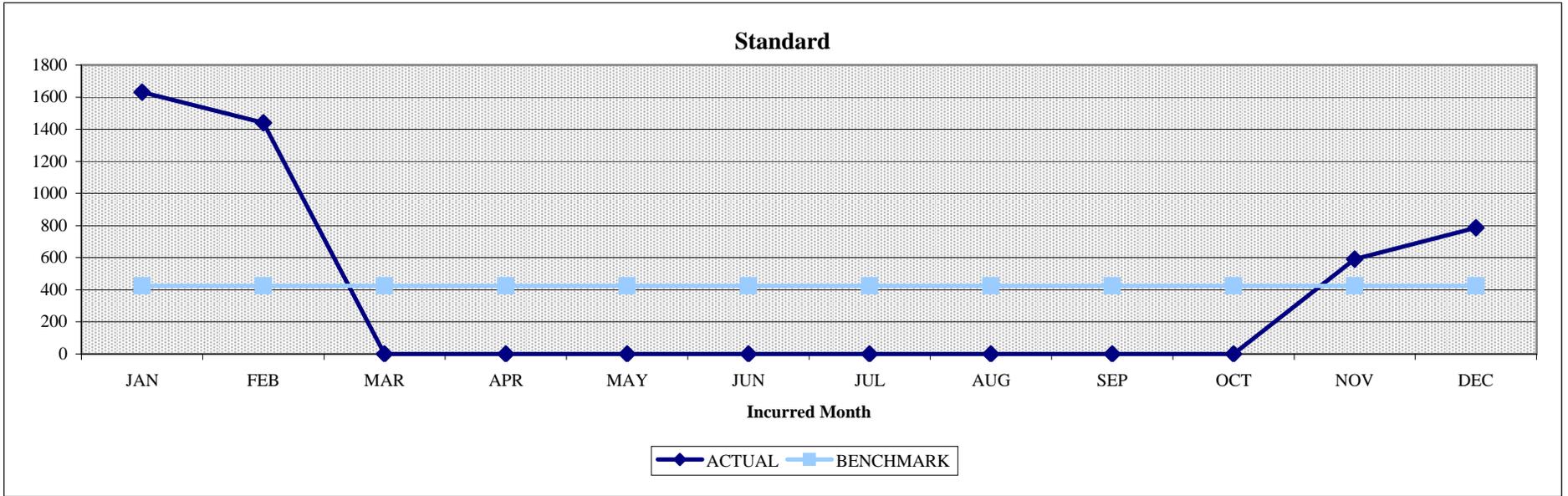
% OF ADMITS FOR BENCHMARK



Note: Benchmark data has been age/sex adjusted to correspond to the population included in this exhibit

WISCONSIN PUBLIC EMPLOYERS
Monthly Inpatient Days/1000
Paid Through March 2007

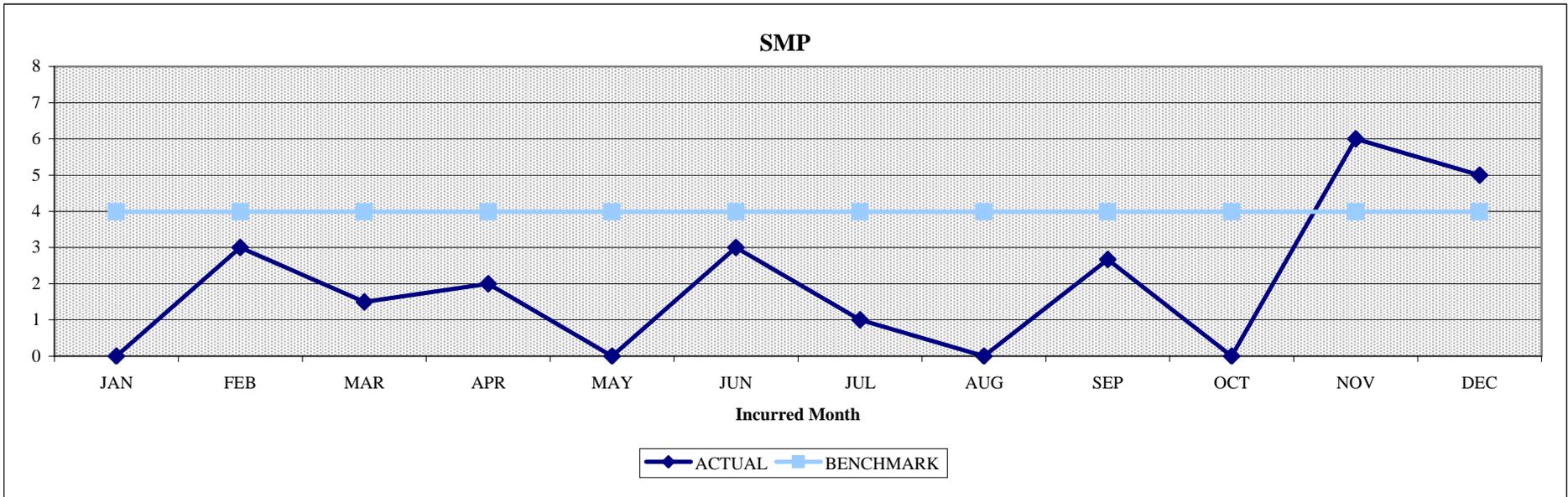
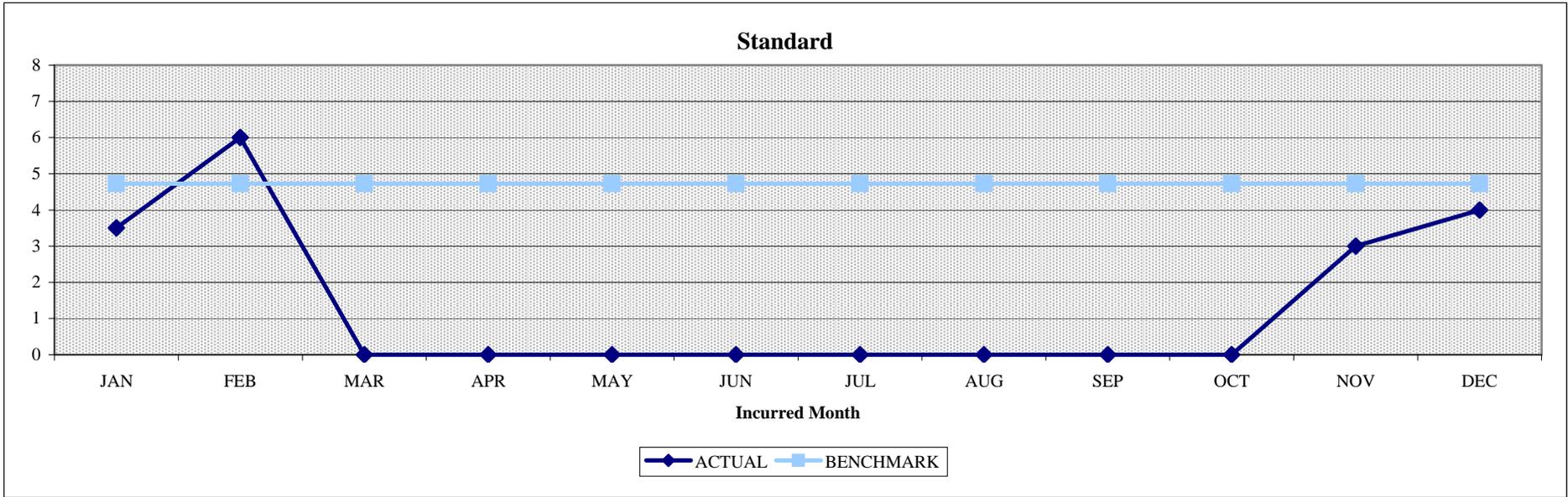
Exhibit 9-G



Note: Benchmark data has been age/sex adjusted to correspond to the population included in this exhibit

**WISCONSIN PUBLIC EMPLOYERS
Monthly Inpatient Average Length of Stay
Paid Through March 2007**

Exhibit 9-H



Note: Benchmark data has been age/sex adjusted to correspond to the population included in this exhibit

Wisconsin Public Employers

Plan Utilization

Claim Costs by Major Diagnostic Categories (MDC)

The Claim Costs by Major Diagnostic Categories report divides medical claim costs into 25 mutually exclusive diagnostic categories. The diagnoses in each MDC correspond to a single organ system and, in general, are associated with a particular medical specialty. The actual PMPM costs by major diagnostic category are compared to the WPS Benchmark PMPM. The following exhibits display numerical and graphical comparisons to the benchmark data. The Actual PMPM costs are for claims incurred January 2006 – December 2006 and paid through the end of March 2007.

Prior exhibits have shown the **Standard Plan** exceeds the benchmark overall. Exhibits 10-E and 10-F show this deviation by MDC. Variation from the Benchmark can be the result of many different factors. Since the Benchmark is not adjusted for plan differences we can attribute some variation to non-standard benefits included in the Standard Plan. An example of this is gastric bypass procedures which contributed \$29.88 PMPM to MDC 10. Without this non standard benefit, MDC 10 would actually be below the benchmark. Another reason for variances from the norm is large claim activity. This is what happened for MDC 9 where one member contributed \$124.74 PMPM and MDC 8 where one member contributed \$78.67 PMPM. For the standard plan \$1.00 PMPM in claim costs represented in the chart is equivalent to \$1,273 in annual plan costs.

The **SMP Plan**, shown in Exhibits 10-G and 10-H, is experiencing slightly lower than expected PMPM Cost overall. The largest variations are in MDC 13 and MDC 5 and cannot be attributed to a single factor. For the SMP plan \$1.00 PMPM in claim cost represented in the charts is equivalent to \$2,407 in annual plan costs.

WISCONSIN PUBLIC EMPLOYERS
Claim Costs by Major Diagnostic Categories - Standard
Incurred January 2006 - December 2006 Paid Through March 2007

Exhibit 10-E

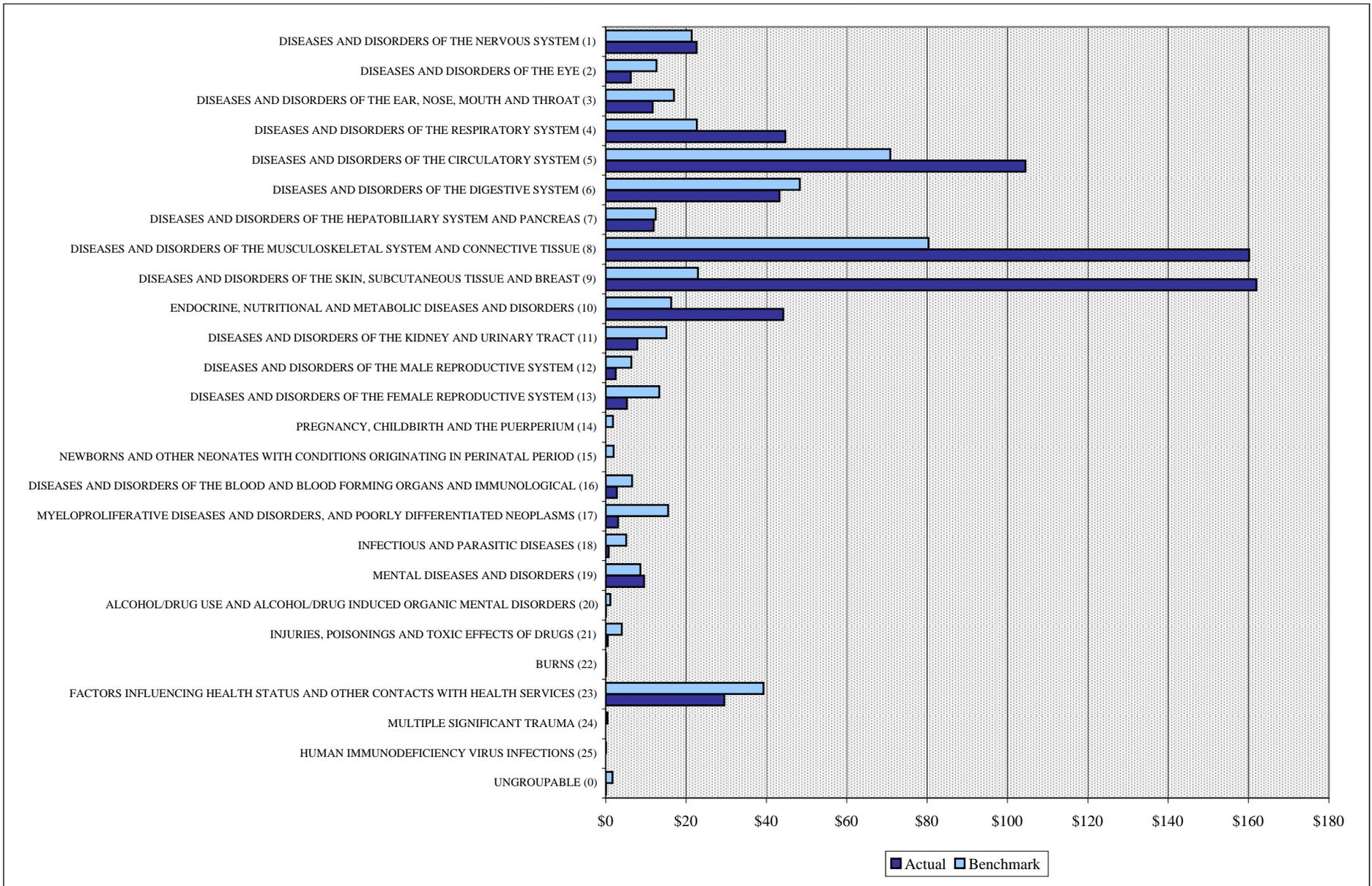
| MDC CODE | MAJOR DIAGNOSTIC CATEGORY DESCRIPTION | ACTUAL | BENCHMARK | DIFFERENCE | |
|--------------|--|-----------------|-----------------|-----------------|--------------|
| | | PMPM | PMPM | \$ | % |
| 1 | DISEASES AND DISORDERS OF THE NERVOUS SYSTEM | \$22.63 | \$21.40 | \$1.23 | 5.7% |
| 2 | DISEASES AND DISORDERS OF THE EYE | \$6.28 | \$12.67 | -\$6.39 | -50.4% |
| 3 | DISEASES AND DISORDERS OF THE EAR, NOSE, MOUTH AND THROAT | \$11.73 | \$17.02 | -\$5.29 | -31.1% |
| 4 | DISEASES AND DISORDERS OF THE RESPIRATORY SYSTEM | \$44.74 | \$22.71 | \$22.03 | 97.0% |
| 5 | DISEASES AND DISORDERS OF THE CIRCULATORY SYSTEM | \$104.48 | \$70.84 | \$33.64 | 47.5% |
| 6 | DISEASES AND DISORDERS OF THE DIGESTIVE SYSTEM | \$43.28 | \$48.32 | -\$5.04 | -10.4% |
| 7 | DISEASES AND DISORDERS OF THE HEPATOBILIARY SYSTEM AND PANCREAS | \$11.94 | \$12.50 | -\$0.56 | -4.5% |
| 8 | DISEASES AND DISORDERS OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE | \$160.16 | \$80.33 | \$79.83 | 99.4% |
| 9 | DISEASES AND DISORDERS OF THE SKIN, SUBCUTANEOUS TISSUE AND BREAST | \$161.97 | \$22.99 | \$138.98 | 604.5% |
| 10 | ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES AND DISORDERS | \$44.21 | \$16.28 | \$27.93 | 171.6% |
| 11 | DISEASES AND DISORDERS OF THE KIDNEY AND URINARY TRACT | \$7.89 | \$15.14 | -\$7.25 | -47.9% |
| 12 | DISEASES AND DISORDERS OF THE MALE REPRODUCTIVE SYSTEM | \$2.52 | \$6.40 | -\$3.88 | -60.6% |
| 13 | DISEASES AND DISORDERS OF THE FEMALE REPRODUCTIVE SYSTEM | \$5.27 | \$13.36 | -\$8.09 | -60.6% |
| 14 | PREGNANCY, CHILDBIRTH AND THE PUERPERIUM | \$0.00 | \$1.82 | -\$1.82 | -100.0% |
| 15 | NEWBORNS AND OTHER NEONATES WITH CONDITIONS ORIGINATING IN PERINATAL PERIOD | \$0.00 | \$1.97 | -\$1.97 | -100.0% |
| 16 | DISEASES AND DISORDERS OF THE BLOOD AND BLOOD FORMING ORGANS AND IMMUNOLOGICAL | \$2.81 | \$6.53 | -\$3.72 | -57.0% |
| 17 | MYELOPROLIFERATIVE DISEASES AND DISORDERS, AND POORLY DIFFERENTIATED NEOPLASMS | \$3.05 | \$15.57 | -\$12.52 | -80.4% |
| 18 | INFECTIOUS AND PARASITIC DISEASES | \$0.78 | \$5.10 | -\$4.32 | -84.7% |
| 19 | MENTAL DISEASES AND DISORDERS | \$9.57 | \$8.62 | \$0.95 | 11.0% |
| 20 | ALCOHOL/DRUG USE AND ALCOHOL/DRUG INDUCED ORGANIC MENTAL DISORDERS | \$0.07 | \$1.16 | -\$1.09 | -94.0% |
| 21 | INJURIES, POISONINGS AND TOXIC EFFECTS OF DRUGS | \$0.55 | \$3.99 | -\$3.44 | -86.2% |
| 22 | BURNS | \$0.09 | \$0.14 | -\$0.05 | -35.7% |
| 23 | FACTORS INFLUENCING HEALTH STATUS AND OTHER CONTACTS WITH HEALTH SERVICES | \$29.51 | \$39.28 | -\$9.77 | -24.9% |
| 24 | MULTIPLE SIGNIFICANT TRAUMA | \$0.00 | \$0.44 | -\$0.44 | -100.0% |
| 25 | HUMAN IMMUNODEFICIENCY VIRUS INFECTIONS | \$0.00 | \$0.06 | -\$0.06 | -100.0% |
| 0 | UNGROUPABLE | \$0.04 | \$1.70 | -\$1.66 | -97.6% |
| Total | | \$673.57 | \$446.34 | \$227.23 | 50.9% |

Note: Benchmark data has been age/sex adjusted to correspond to the population included in this exhibit

*** Each \$1.00 paid PMPM = \$1,273 in plan costs.**

WISCONSIN PUBLIC EMPLOYERS
Claim Costs by Major Diagnostic Categories - Standard
Incurred January 2006 - December 2006 Paid Through March 2007

Exhibit 10-F



WISCONSIN PUBLIC EMPLOYERS

Exhibit 10-G

Claim Costs by Major Diagnostic Categories - SMP

Incurred January 2006 - December 2006 Paid Through March 2007

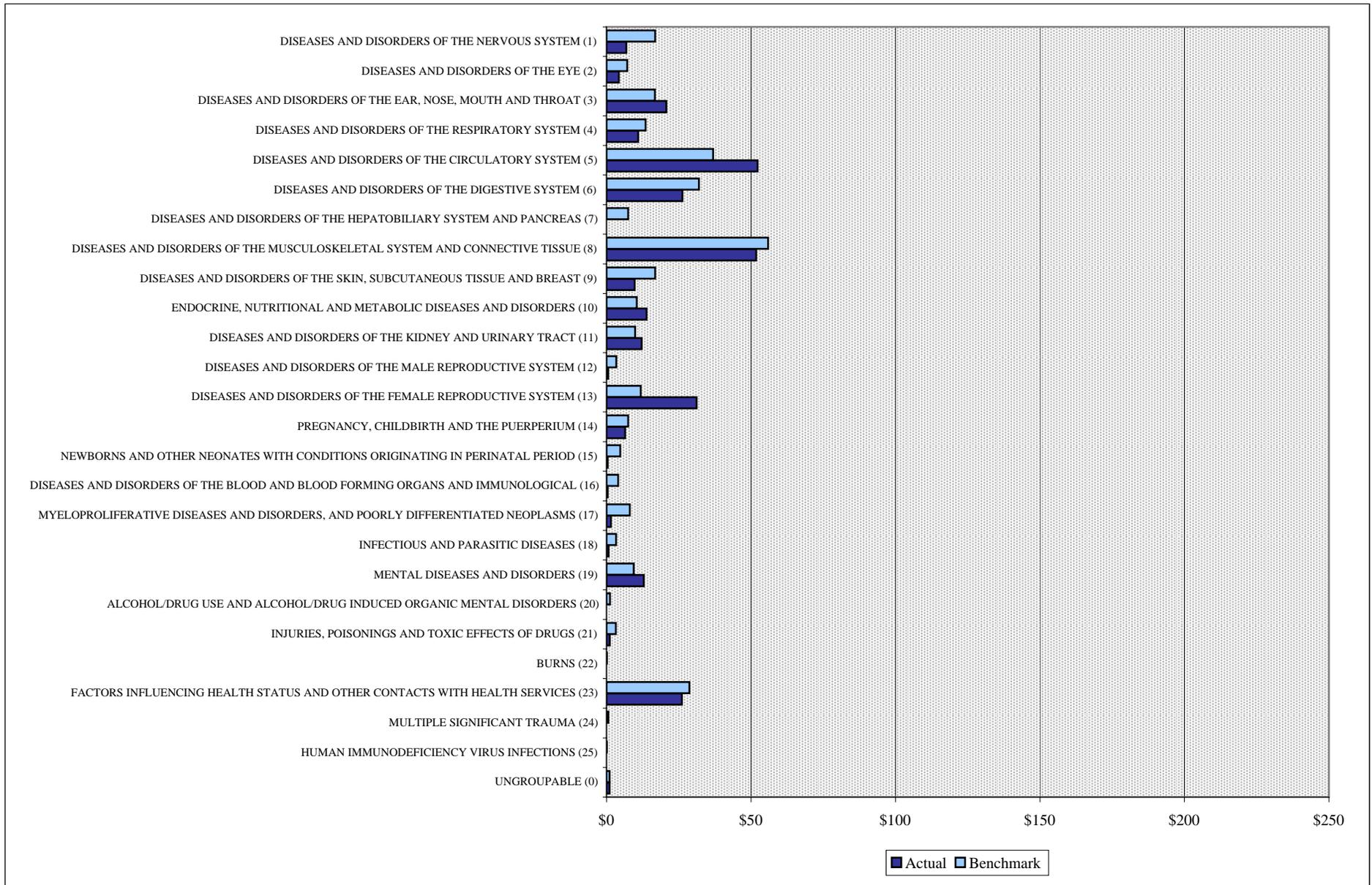
| MDC CODE | MAJOR DIAGNOSTIC CATEGORY DESCRIPTION | ACTUAL | BENCHMARK | DIFFERENCE | |
|--------------|--|-----------------|-----------------|-----------------|--------------|
| | | PMPM | PMPM | \$ | % |
| 1 | DISEASES AND DISORDERS OF THE NERVOUS SYSTEM | \$6.84 | \$16.84 | -\$10.00 | -59.4% |
| 2 | DISEASES AND DISORDERS OF THE EYE | \$4.25 | \$7.20 | -\$2.95 | -41.0% |
| 3 | DISEASES AND DISORDERS OF THE EAR, NOSE, MOUTH AND THROAT | \$20.73 | \$16.79 | \$3.94 | 23.5% |
| 4 | DISEASES AND DISORDERS OF THE RESPIRATORY SYSTEM | \$10.94 | \$13.55 | -\$2.61 | -19.3% |
| 5 | DISEASES AND DISORDERS OF THE CIRCULATORY SYSTEM | \$52.31 | \$36.88 | \$15.43 | 41.8% |
| 6 | DISEASES AND DISORDERS OF THE DIGESTIVE SYSTEM | \$26.26 | \$32.00 | -\$5.74 | -17.9% |
| 7 | DISEASES AND DISORDERS OF THE HEPATOBILIARY SYSTEM AND PANCREAS | \$0.00 | \$7.53 | -\$7.53 | -100.0% |
| 8 | DISEASES AND DISORDERS OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE | \$51.82 | \$55.92 | -\$4.10 | -7.3% |
| 9 | DISEASES AND DISORDERS OF THE SKIN, SUBCUTANEOUS TISSUE AND BREAST | \$9.78 | \$16.85 | -\$7.07 | -42.0% |
| 10 | ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES AND DISORDERS | \$13.84 | \$10.46 | \$3.38 | 32.3% |
| 11 | DISEASES AND DISORDERS OF THE KIDNEY AND URINARY TRACT | \$12.13 | \$9.93 | \$2.20 | 22.2% |
| 12 | DISEASES AND DISORDERS OF THE MALE REPRODUCTIVE SYSTEM | \$0.57 | \$3.39 | -\$2.82 | -83.2% |
| 13 | DISEASES AND DISORDERS OF THE FEMALE REPRODUCTIVE SYSTEM | \$31.21 | \$11.87 | \$19.34 | 162.9% |
| 14 | PREGNANCY, CHILDBIRTH AND THE PUERPERIUM | \$6.48 | \$7.46 | -\$0.98 | -13.1% |
| 15 | NEWBORNS AND OTHER NEONATES WITH CONDITIONS ORIGINATING IN PERINATAL PERIOD | \$0.42 | \$4.77 | -\$4.35 | -91.2% |
| 16 | DISEASES AND DISORDERS OF THE BLOOD AND BLOOD FORMING ORGANS AND IMMUNOLOGICAL | \$0.42 | \$3.99 | -\$3.57 | -89.5% |
| 17 | MYELOPROLIFERATIVE DISEASES AND DISORDERS, AND POORLY DIFFERENTIATED NEOPLASMS | \$1.52 | \$8.07 | -\$6.55 | -81.2% |
| 18 | INFECTIOUS AND PARASITIC DISEASES | \$0.71 | \$3.28 | -\$2.57 | -78.4% |
| 19 | MENTAL DISEASES AND DISORDERS | \$12.87 | \$9.45 | \$3.42 | 36.2% |
| 20 | ALCOHOL/DRUG USE AND ALCOHOL/DRUG INDUCED ORGANIC MENTAL DISORDERS | \$0.00 | \$1.18 | -\$1.18 | -100.0% |
| 21 | INJURIES, POISONINGS AND TOXIC EFFECTS OF DRUGS | \$1.12 | \$3.20 | -\$2.08 | -65.0% |
| 22 | BURNS | \$0.00 | \$0.17 | -\$0.17 | -100.0% |
| 23 | FACTORS INFLUENCING HEALTH STATUS AND OTHER CONTACTS WITH HEALTH SERVICES | \$26.10 | \$28.65 | -\$2.55 | -8.9% |
| 24 | MULTIPLE SIGNIFICANT TRAUMA | \$0.00 | \$0.63 | -\$0.63 | -100.0% |
| 25 | HUMAN IMMUNODEFICIENCY VIRUS INFECTIONS | \$0.00 | \$0.07 | -\$0.07 | -100.0% |
| 0 | UNGROUPABLE | \$1.01 | \$1.07 | -\$0.06 | -5.6% |
| Total | | \$291.33 | \$311.20 | -\$19.87 | -6.4% |

Note: Benchmark data has been age/sex adjusted to correspond to the population included in this exhibit

*** Each \$1.00 paid PMPM = \$2,407 in plan costs.**

WISCONSIN PUBLIC EMPLOYERS
Claim Costs by Major Diagnostic Categories - SMP
Incurred January 2006 - December 2006 Paid Through March 2007

Exhibit 10-H



Wisconsin Public Employers

Provider Utilization

Top 20 Provider Reports

The Top 20 Provider reports display the top 20 Facility and Professional Providers sorted by total paid charges. Within the facility report, charges have also been broken out by inpatient and outpatient paid charges for additional analysis. The Paid % shows the percentage of the group's total facility or professional charges from a specific provider.

Facility

The report for the **Standard Plan** in Exhibit 11-E shows that the top 20 facilities provide 90.7% of the total facility charges for the plan. By far, the largest percent of claims came from the Abbott Northwestern Hospital in Minneapolis however only 1 member was treated there. The second largest percent of claims came from Aurora St. Lukes in Milwaukee followed by University of Wisconsin in Madison which also treated the highest number of patients. Since the Standard Plan is available nationwide, we see providers from various regions and states.

The report for the **SMP Plan** in Exhibit 11-F shows that the top 20 facilities provide 99.9% of the total facility charges for the plan. The largest percentage of paid claims is from Aspirus in Wausau, followed by Dickinson County Memorial in Iron Mountain, Michigan and St. Michaels Hospital in Steven Point. Due to the HMO type coverage and limited plan area of the SMP plan we would expect to see a majority of services received at a finite number of hospitals within the SMP region.

Professional

The **Standard Plan** shown in Exhibit 11-G received 69.0% of professional charges from the top 20 providers. The top professional provider is New Mexico Cancer Care Associates. Once again the top provider treated only 1 patient. The top Wisconsin provider by paid claims was the Ministry Medical Group in Rhinelander while UW Medical Foundation treated the most patients.

The **SMP Plan** in Exhibit 11-H received 77.6% of the paid claims from the top 20 professional providers. Marshfield Clinic was the top provider receiving 33% of the overall payments, followed by St Michael's Hospital which received 9.2% of the payments.

WISCONSIN PUBLIC EMPLOYERS
Top 20 Facility Providers - Standard
Incurred January 2006 - December 2006 Paid Through March 2007

Exhibit 11-E

| Facility Provider | | City | State | # of Unique Patients | Inpatient Paid Claims | Outpatient Paid Claims | Total Paid Claims | Paid % |
|-----------------------------------|--------------------------------|---------------|-------|----------------------|-----------------------|------------------------|-------------------|---------------|
| 1 | ABBOTT NORTHWESTERN HOSPITAL | MINNEAPOLIS | MN | 1 | \$88,922 | \$0 | \$88,922 | 20.7% |
| 2 | AURORA ST LUKES MEDICAL CENTER | MILWAUKEE | WI | 4 | \$34,478 | \$7,672 | \$42,150 | 9.8% |
| 3 | UNIVERSITY WI HSP CL AUTHORITY | MADISON | WI | 13 | \$15,548 | \$16,407 | \$31,955 | 7.4% |
| 4 | ALL SAINTS ST MARYS MED CENTER | RACINE | WI | 1 | \$28,163 | \$1,457 | \$29,620 | 6.9% |
| 5 | SCOTTSDALE HLTH SHEA | SCOTTSDALE | AZ | 1 | \$27,392 | \$1,212 | \$28,604 | 6.6% |
| 6 | SACRED HEART HOSP | EAU CLAIRE | WI | 2 | \$26,662 | \$161 | \$26,823 | 6.2% |
| 7 | CUMBERLAND MEMORIAL HOSPITAL | CUMBERLAND | WI | 7 | \$10,283 | \$10,224 | \$20,507 | 4.8% |
| 8 | SARASOTA MEM HOSP | SARASOTA | FL | 2 | \$0 | \$15,950 | \$15,950 | 3.7% |
| 9 | NORTH MEM HEALTH CENTER | ROBBINSDALE | MN | 1 | \$0 | \$15,574 | \$15,574 | 3.6% |
| 10 | ST VINCENT HOSP | SANTA FE | NM | 1 | \$7,921 | \$4,713 | \$12,634 | 2.9% |
| 11 | AURORA MEDICAL CENTER OSHKOSH | OSHKOSH | WI | 1 | \$0 | \$10,838 | \$10,838 | 2.5% |
| 12 | ST MARYS HOSPITAL INC | RHINELANDER | WI | 1 | \$6,170 | \$4,575 | \$10,745 | 2.5% |
| 13 | AURORA SHEBOYGAN MED CTR | SHEBOYGAN | WI | 1 | \$0 | \$9,245 | \$9,245 | 2.1% |
| 14 | LAKEVIEW MED CENTER | RICE LAKE | WI | 3 | \$0 | \$8,933 | \$8,933 | 2.1% |
| 15 | WAUKESHA MEM HSP INC | WAUKESHA | WI | 2 | \$0 | \$8,407 | \$8,407 | 2.0% |
| 16 | BOULDER COMMUNITY MUSCULOSKELE | DENVER | CO | 1 | \$0 | \$7,245 | \$7,245 | 1.7% |
| 17 | FORT HEALTHCARE INC | FORT ATKINSON | WI | 4 | \$0 | \$6,375 | \$6,375 | 1.5% |
| 18 | AURORA MEDICAL CTR HARTFORD | HARTFORD | WI | 2 | \$0 | \$5,732 | \$5,732 | 1.3% |
| 19 | AURORA MEMORIAL HOSPITAL OF BU | BURLINGTON | WI | 4 | \$0 | \$5,648 | \$5,648 | 1.3% |
| 20 | RUSK CO MEM HOSP | LADYSMITH | WI | 1 | \$0 | \$4,644 | \$4,644 | 1.1% |
| Top 20 Total | | | | 53 | \$245,539 | \$145,012 | \$390,551 | 90.7% |
| All Other Facility Charges | | | | 38 | \$952 | \$38,882 | \$39,834 | 9.3% |
| Total Facility Charges | | | | 91 | \$246,491 | \$183,894 | \$430,385 | 100.0% |

WISCONSIN PUBLIC EMPLOYERS
Top 20 Facility Providers - SMP
Incurred January 2006 - December 2006 Paid Through March 2007

Exhibit 11-F

| | Facility Provider | City | State | # of Unique Patients | Inpatient Paid Claims | Outpatient Paid Claims | Total Paid Claims | Paid % |
|-----------------------------------|--------------------------------|---------------|-------|----------------------|-----------------------|------------------------|-------------------|---------------|
| 1 | ASPIRUS WAUSAU HOSPITAL INC | WAUSAU | WI | 15 | \$60,768 | \$41,154 | \$101,922 | 32.4% |
| 2 | DICKINSON COUNTY MEMORIAL HOSP | IRON MOUNTAIN | MI | 25 | \$23,889 | \$49,217 | \$73,106 | 23.2% |
| 3 | ST MICHAELS HOSP | STEVENS POINT | WI | 15 | \$0 | \$41,236 | \$41,236 | 13.1% |
| 4 | HOWARD YOUNG MED CTR | WOODRUFF | WI | 3 | \$18,756 | \$473 | \$19,229 | 6.1% |
| 5 | FLAMBEAU MEDICAL CENTER INC | PARK FALLS | WI | 15 | \$0 | \$17,930 | \$17,930 | 5.7% |
| 6 | ST MARYS HOSPITAL INC | RHINELANDER | WI | 3 | \$7,455 | \$8,739 | \$16,194 | 5.1% |
| 7 | BELLIN PSYCH CENTER | GREEN BAY | WI | 1 | \$10,144 | \$0 | \$10,144 | 3.2% |
| 8 | MEMORIAL HEALTH CENTER INC | MEDFORD | WI | 6 | \$0 | \$7,456 | \$7,456 | 2.4% |
| 9 | ST CLARES HOSPITAL OF WESTON | WESTON | WI | 2 | \$5,062 | \$263 | \$5,325 | 1.7% |
| 10 | ST JOSEPHS HOSPITAL | MARSHFIELD | WI | 2 | \$0 | \$4,984 | \$4,984 | 1.6% |
| 11 | BAYCARE AURORA LLC EAST | GREEN BAY | WI | 2 | \$0 | \$3,517 | \$3,517 | 1.1% |
| 12 | HEALTHSOUTH WAUSAU SURGERY CEN | WAUSAU | WI | 2 | \$0 | \$2,956 | \$2,956 | 0.9% |
| 13 | MARQUETTE GENERAL HOSPITAL INC | MARQUETTE | MI | 6 | \$0 | \$2,608 | \$2,608 | 0.8% |
| 14 | NIAGARA HEALTH CENTER | NIAGARA | WI | 1 | \$0 | \$2,083 | \$2,083 | 0.7% |
| 15 | COMMUNITY MEM HOSPITAL | OCONTO FALLS | WI | 1 | \$0 | \$1,887 | \$1,887 | 0.6% |
| 16 | NIAGARA HEALTH CENTER | NIAGARA | WI | 1 | \$0 | \$1,785 | \$1,785 | 0.6% |
| 17 | EAGLE RIVER MEM HOSP | EAGLE RIVER | WI | 1 | \$0 | \$687 | \$687 | 0.2% |
| 18 | RIVERVIEW HOSPITAL | WISC RAPIDS | WI | 1 | \$0 | \$650 | \$650 | 0.2% |
| 19 | ST MARYS HOSP MED CTR | MADISON | WI | 1 | \$0 | \$568 | \$568 | 0.2% |
| 20 | ST ELIZABETH HOSP | APPLETON | WI | 1 | \$0 | \$387 | \$387 | 0.1% |
| Top 20 Total | | | | 104 | \$126,074 | \$188,580 | \$314,654 | 99.9% |
| All Other Facility Charges | | | | 3 | \$0 | \$257 | \$257 | 0.1% |
| Total Facility Charges | | | | 107 | \$126,074 | \$188,837 | \$314,911 | 100.0% |

WISCONSIN PUBLIC EMPLOYERS
Top 20 Professional Providers - Standard
Incurred January 2006 - December 2006 Paid Through March 2007

Exhibit 11-G

| | Professional Provider | City | State | # of Unique Patients | Total Paid Claims | Paid % |
|---------------------------------------|--------------------------------|-------------|-------|----------------------|-------------------|---------------|
| 1 | NEW MEXICO CANCER CARE ASSOC | SANTA FE | NM | 1 | \$137,897 | 32.3% |
| 2 | MINISTRY MEDICAL GRP NORTHERN | RHINELANDER | WI | 2 | \$24,657 | 5.8% |
| 3 | AURORA HEALTH CENTER-DO | SHEBOYGAN | WI | 7 | \$22,391 | 5.2% |
| 4 | RADIATION ONCOLOGY ASSOCIATES | SANTA FE | NM | 1 | \$17,833 | 4.2% |
| 5 | UW MEDICAL FOUNDATION | MADISON | WI | 15 | \$15,255 | 3.6% |
| 6 | MARSHFIELD CLINIC | MARSHFIELD | WI | 13 | \$14,607 | 3.4% |
| 7 | LAKESHORE MEDICAL CLINIC | MILWAUKEE | WI | 5 | \$8,899 | 2.1% |
| 8 | TWIN CITIES SPINE CENTER | MINNEAPOLIS | MN | 1 | \$6,440 | 1.5% |
| 9 | M M PHYSICAL THERAPY LLC | S MILWAUKEE | WI | 1 | \$6,431 | 1.5% |
| 10 | DEAN MEDICAL CENTER | MADISON | WI | 8 | \$5,590 | 1.3% |
| 11 | AUSTIN MEDICAL CENTER | AUSTIN | MN | 2 | \$5,475 | 1.3% |
| 12 | WATERFRONT SPORTS PHYSICAL THE | EDMONDS | WA | 1 | \$3,987 | 0.9% |
| 13 | NORTHWEST ANESTHESIA PA | MINNEAPOLIS | MN | 1 | \$3,787 | 0.9% |
| 14 | ALL SAINTS ST MARYS MED GRP | RACINE | WI | 1 | \$3,781 | 0.9% |
| 15 | DAVID CANZONE | SANTA FE | NM | 1 | \$3,530 | 0.8% |
| 16 | SPORTS MEDICINE & ORTHOPEDIC | MILWAUKEE | WI | 1 | \$3,504 | 0.8% |
| 17 | CUMBERLAND CLINIC SC | CUMBERLAND | WI | 7 | \$3,103 | 0.7% |
| 18 | DIAGNOSTIC RADIOLOGY ASSOC | RICE LAKE | WI | 5 | \$2,648 | 0.6% |
| 19 | FRANCISCAN SKEMP MEDICAL CTR | ARCADIA | WI | 1 | \$2,595 | 0.6% |
| 20 | PAIN CLINIC OF NW WISCONSIN SC | EAU CLAIRE | WI | 1 | \$2,486 | 0.6% |
| Top 20 Total | | | | 75 | \$294,896 | 69.0% |
| All Other Professional Charges | | | | 322 | \$132,185 | 31.0% |
| Total Professional Charges | | | | 397 | \$427,081 | 100.0% |

WISCONSIN PUBLIC EMPLOYERS
Top 20 Professional Providers - SMP
Incurred January 2006 - December 2006 Paid Through March 2007

Exhibit 11-H

| | Professional Provider | City | State | # of Unique Patients | Total Paid Claims | Paid % |
|---------------------------------------|--------------------------------|---------------|-------|----------------------|-------------------|---------------|
| 1 | MARSHFIELD CLINIC | MARSHFIELD | WI | 71 | \$126,150 | 32.7% |
| 2 | ST MICHAELS HOSPITAL | STEVENS POINT | WI | 34 | \$35,619 | 9.2% |
| 3 | ASPIRUS CLINIC INC | WAUSAU | WI | 19 | \$19,700 | 5.1% |
| 4 | MINISTRY MEDICAL GRP NORTHERN | RHINELANDER | WI | 8 | \$14,928 | 3.9% |
| 5 | CARDIOVASCULAR ASSOCIATES OF | WAUSAU | WI | 6 | \$12,033 | 3.1% |
| 6 | MEMORIAL HEALTH CENTER INC | MEDFORD | WI | 16 | \$10,054 | 2.6% |
| 7 | ALLIED HEALTH OF WISCONSIN SC | WAUSAU | WI | 11 | \$9,602 | 2.5% |
| 8 | DIAGNOSTIC AND TREATMENT | WESTON | WI | 8 | \$8,748 | 2.3% |
| 9 | WISCONSIN MICHIGAN PHYSICIANS | NIAGARA | WI | 4 | \$7,881 | 2.0% |
| 10 | RADIOLOGY ASSOCIATES OF WAUSAU | WAUSAU | WI | 14 | \$7,165 | 1.9% |
| 11 | JOHN M COOK | IRON MOUNTAIN | MI | 6 | \$6,667 | 1.7% |
| 12 | KLASINSKI CLINIC SC | STEVENS POINT | WI | 3 | \$5,747 | 1.5% |
| 13 | GASTROINTESTINAL ASSOC SC | WAUSAU | WI | 5 | \$5,391 | 1.4% |
| 14 | DICKINSON CO HEALTHCARE SYSTEM | IRON MOUNTAIN | MI | 14 | \$5,288 | 1.4% |
| 15 | DEWANE D FRASE | PHILLIPS | WI | 5 | \$5,030 | 1.3% |
| 16 | WAUSAU SPINE AND NEUROSCIENCES | WAUSAU | WI | 1 | \$4,813 | 1.2% |
| 17 | NORTHERN MICHIGAN ANESTHESIA | IRON MOUNTAIN | MI | 4 | \$4,214 | 1.1% |
| 18 | BONE AND JOINT CLINIC SC | WAUSAU | WI | 4 | \$3,879 | 1.0% |
| 19 | JAMES E MERRILL | IRON MOUNTAIN | MI | 1 | \$3,615 | 0.9% |
| 20 | CENTRAL WISCONSIN ANESTHESIOLO | WAUSAU | WI | 3 | \$3,423 | 0.9% |
| Top 20 Total | | | | 237 | \$299,947 | 77.6% |
| All Other Professional Charges | | | | 240 | \$86,369 | 22.4% |
| Total Professional Charges | | | | 477 | \$386,316 | 100.0% |

Wisconsin Public Employers

Large Claims

High Cost Patients

The High Cost Patients report in Exhibit 13-B lists the plan members with claims over \$100,000 for claims incurred January 2006 – December 2006 and paid through March 2007 for the Standard, SMP and Medicare Carve-out Plans. The Primary Condition is the condition associated with the largest percentage of claims and therefore may not be representative of a patient's complete condition. The Care Management section shows the type of care management provided on each case. For a detailed description of care management processes please reference the Care Management Description in Section 3 pages 1a and 1b.

The **Standard Plan** has 2 members with claims over \$100,000 for a total of \$296,281 in claim costs. Both of the claimants are spouses with one residing out of state and the other in Wisconsin. These 2 members represent 34.5% of total claims paid under the Standard Plan.

The **SMP Plan** did not have any members exceed \$100,000 in 2006.

The **Medicare Carve-out Plan** did not have any members exceed \$100,000 in 2006.

WISCONSIN PUBLIC EMPLOYERS
High Cost Patients (over \$100,000)
Incurred January 2006 - December 2006 Paid Through March 2007

Exhibit 13-B

| Patient Information | | Plan | Care Management | Primary Condition | Total Paid |
|---------------------|--------|----------|-----------------|-------------------------|---------------------|
| 1 | ACTIVE | STANDARD | Preauth, UM, CM | MALIG NEO FEMALE BREAST | \$192,497.90 |
| 2 | ACTIVE | STANDARD | Preauth, UM | INTERVERTEBRAL DISC DIS | \$103,782.85 |
| Total | | | | | \$296,280.75 |

Preauth = Preauthorization UM = Utilization Management CM = Case Management DM = Disease Management BH = Behavioral Health

Wisconsin Public Employers

Member Cost Share

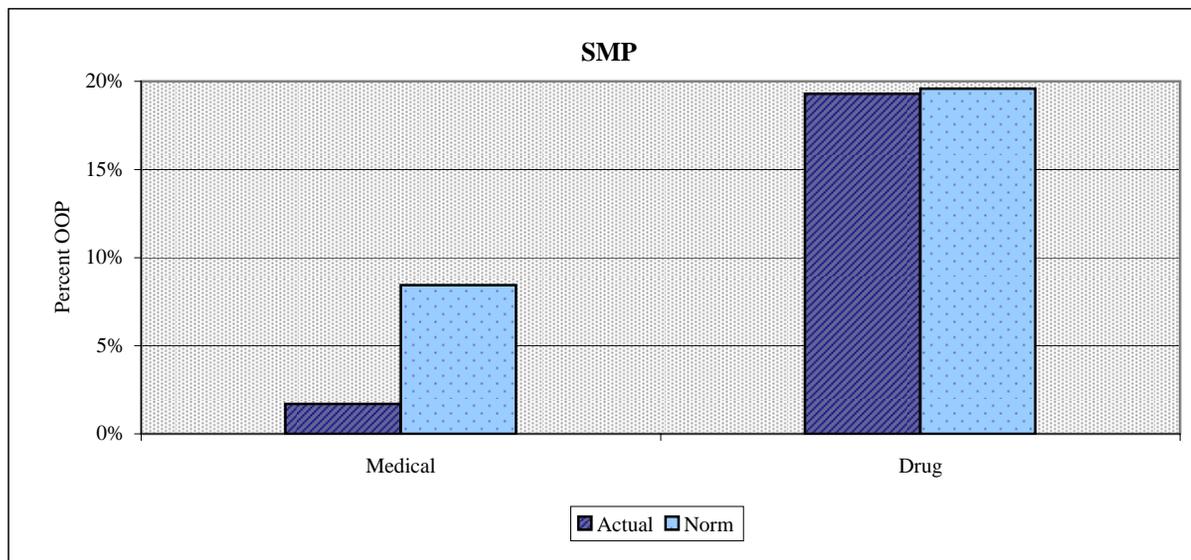
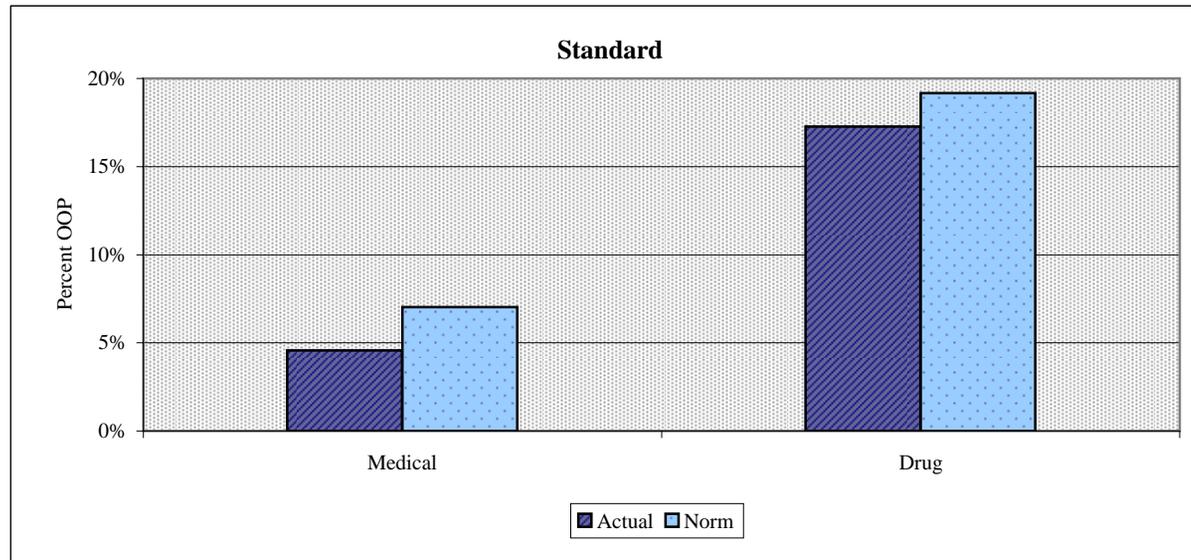
Medical and Drug Cost Sharing

The Medical and Drug Cost Sharing graphs in Exhibit 14-B show the percent of eligible medical and drug claim costs paid by the member. This percentage is compared to the WPS Benchmark though for this comparison the benchmark is unadjusted.

The **Standard Plan** members pay about 4.5% of their own medical claims as compared to the benchmark of 7-8%. The prescription drug cost share is slightly closer to our normative benchmark with the Standard Plan around 17% and the benchmark at 19.5%.

The **SMP Plan** members by comparison pay a smaller amount towards their own medical claims (in the form of cost sharing). Unlike the members of most large groups who pay an average of about 7-8% of their medical claims, SMP Plan members pay 1-2%. The SMP cost share for prescription drugs is similar to benchmark of 19.5%. Even though the Standard and SMP plans have the same prescription drug benefit, they have slightly different drug utilization profiles, the result of each plan's unique blend of treated conditions.

WISCONSIN PUBLIC EMPLOYERS
Medical and Drug Cost Sharing
Incurred January 2006 - December 2006 Paid Through March 2007



Note: Benchmark data has been age/sex adjusted to correspond to the population included in this exhibit

Wisconsin Public Employers

Member Cost Share

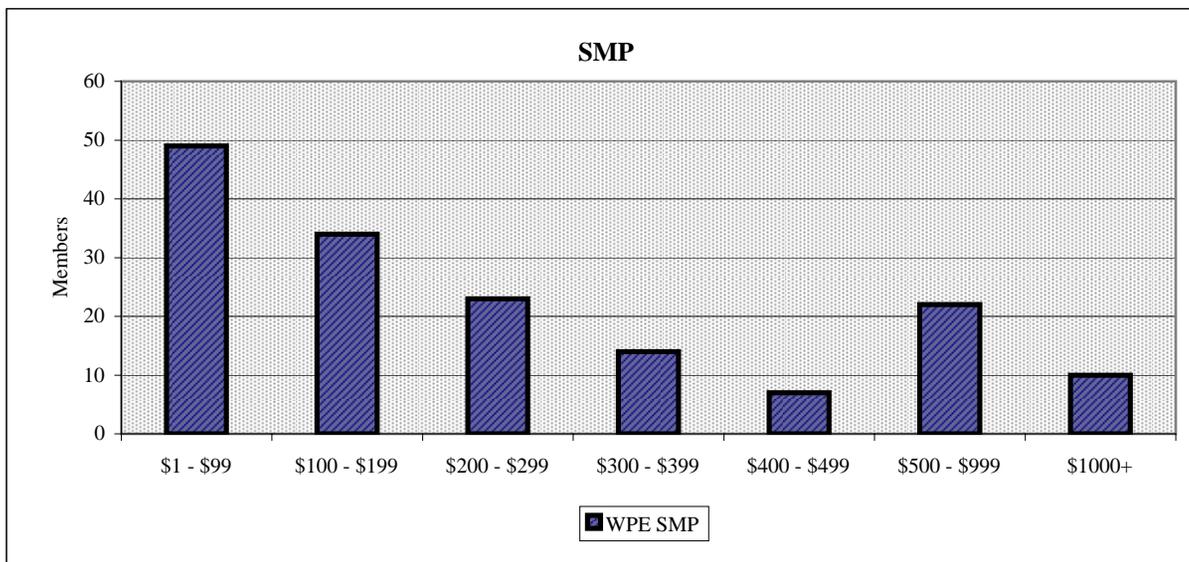
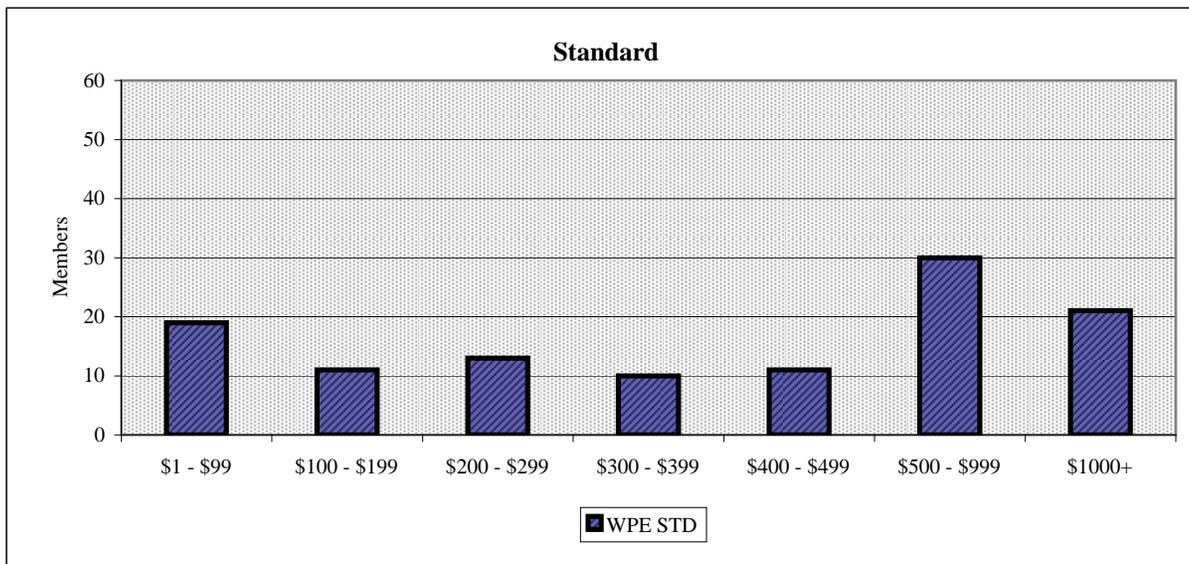
Medical and Drug Out of Pocket by Member

The Medical and Drug Out of Pocket by Member bar graph shown in Exhibit 15-B divides members with out of pocket cost sharing into categories based on the annual amount of out of pocket costs they paid in 2006. The annual out of pocket for each member includes medical and prescription drug costs.

The **Standard Plan** has a large disparity between the members as far as out of pocket costs. A good portion of members pay between \$1 and \$99 out of pocket annually. There are also almost 30 members in the \$500 to \$999 range but it is important to note the range for this category is larger than the previous categories. Lastly there are just over 20 members who pay over \$1000 out of pocket annually.

The **SMP Plan** by comparison has a large number of all members paying between \$1 and \$99 in cost sharing. Most of the cost sharing comes from prescription drug copays.

**WISCONSIN PUBLIC EMPLOYERS
 Medical and Drug Out of Pocket by Member
 Incurred January 2006 - December 2006 Paid Through March 2007**



Wisconsin Public Employers

Medical Claims Cost Savings

Medical Claim Savings Analysis

The Medical Claim Saving Analysis in Exhibit 16-C takes the charges submitted on behalf of the ETF members and details the savings that take place before the final payments are made to the providers. The submitted charges represent medical claims only. The charges are split between the Standard, SMP and Medicare Carve-out plans for claims incurred January 2006 through December 2006 and paid through the end of March 2007. Exhibit 16-D provides a summary of the savings by plan along with a pie chart that provides the percentage of savings in each category combining all plans.

For the **Standard Plan**, WPS paid 73.4% of submitted charges on behalf of the plan. Of the 26.6% savings, 11.9% came from pricing cutbacks from the network providers. Another 5.8% was saved on claims rejected for duplicate submission, non-eligible claims, and services not covered by the plan. The Standard Plan also had 3.5% of charges paid by the members with deductibles, coinsurance and copays. The savings due to third party liability is small at this time but these types of recoveries can be long term and may take several years to be completed.

For the **SMP Plan**, WPS paid 72.8% of submitted charges on behalf of the plan. Of the 27.2% savings, 13.2% was received from pricing cutbacks from network providers. Another 12.3% was saved on claims rejected for duplicate submission, non-eligible claims, and services not covered by the plan. In comparison to the Standard Plan, the SMP plan members contributed only 1.3% in out-of-pocket costs. The SMP plan does have some out-of-pocket costs in the form of ER Copays and coinsurance on DME and Outpatient Psychiatric Visits. The total seen in the copayment segment is not just ER copays but also encompasses coinsurance amounts that do not apply to the annual out-of-pocket maximum for a member.

For the **Medicare Carve-out Plan**, WPS paid 5.9% of submitted charges on behalf of the plan. Payments made by Medicare have an overwhelming impact on savings by accounting for 74.1% of the submitted charges. The second highest savings came from the rejection of duplicate or non-eligible charges. This number was higher than expected due to the submission of duplicate electronic and paper claims. The WPS claims area has worked hard on provider education in this area and we expect this percentage to be lower in the future.

As seen in the pie chart in Exhibit 16-D, the total payment made by WPS for all plan types in 2006 was 19.1% of submitted charges. With the Medicare population's impact, 59.8% of the savings was provided by Medicare, followed by 14.5% in rejections for duplicates and non-eligible services and 2.8% in pricing cutback.

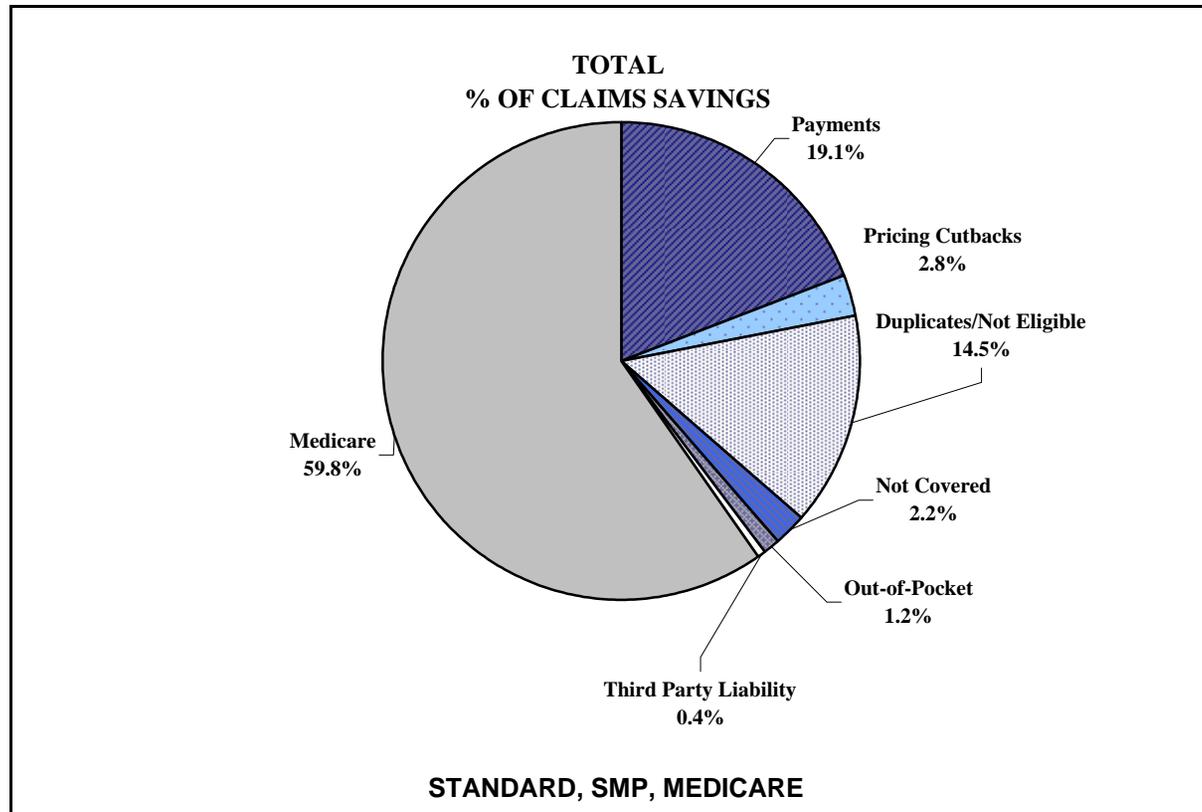
WISCONSIN PUBLIC EMPLOYERS
Medical Claim Savings Analysis
Incurred January 2006 - December 2006 Paid Through March 2007

Exhibit 16-C

| Category | STANDARD | | SMP | | MEDICARE | |
|------------------------------|-----------------------|---------------|---------------------|---------------|-----------------------|---------------|
| | \$ Amount | % of Total | \$ Amount | % of Total | \$ Amount | % of Total |
| Submitted Charges | \$1,168,427.69 | 100.0% | \$963,870.45 | 100.0% | \$8,752,475.34 | 100.0% |
| Duplicates/Not Eligible | \$33,757.48 | 2.9% | \$23,860.61 | 2.5% | \$1,519,606.16 | 17.4% |
| Pricing Cutbacks | \$139,192.72 | 11.9% | \$127,089.54 | 13.2% | \$40,420.77 | 0.5% |
| Out-of-Pocket | | | | | | |
| Deductible | \$20,932.90 | 1.8% | \$7,222.37 | 0.7% | \$49,587.47 | 0.6% |
| Coinsurance | \$18,957.28 | 1.6% | \$3,815.37 | 0.4% | \$22,118.85 | 0.3% |
| Copayments | \$1,204.81 | 0.1% | \$1,100.23 | 0.1% | \$2,151.19 | 0.0% |
| Total | \$41,094.99 | 3.5% | \$12,137.97 | 1.3% | \$73,857.51 | 0.8% |
| Not Covered | | | | | | |
| Medical Necessity | \$1,320.00 | 0.1% | \$1,357.20 | 0.1% | \$27.69 | 0.0% |
| Inappropriate Provider | \$1,128.50 | 0.1% | \$0.00 | 0.0% | \$352.67 | 0.0% |
| Benefit Maximum | \$7,012.57 | 0.6% | \$3,761.90 | 0.4% | \$33,026.81 | 0.4% |
| Experimental/Fertility | \$0.00 | 0.0% | \$402.20 | 0.0% | \$877.65 | 0.0% |
| Dental | \$752.00 | 0.1% | \$36.00 | 0.0% | \$645.00 | 0.0% |
| Custodial | \$0.00 | 0.0% | \$0.00 | 0.0% | \$0.00 | 0.0% |
| Code Review | \$16,655.94 | 1.4% | \$10,367.14 | 1.1% | \$3,797.10 | 0.0% |
| Contact Lens/Hearing Aid | \$274.98 | 0.0% | \$417.10 | 0.0% | \$2,269.69 | 0.0% |
| Drugs | \$0.00 | 0.0% | \$0.00 | 0.0% | \$0.00 | 0.0% |
| No Referral | \$0.00 | 0.0% | \$23,439.53 | 2.4% | \$0.00 | 0.0% |
| All Other | \$7,107.13 | 0.6% | \$55,070.50 | 5.7% | \$73,755.80 | 0.8% |
| Total | \$34,251.12 | 2.9% | \$94,851.57 | 9.8% | \$114,752.41 | 1.3% |
| Third Party Liability | | | | | | |
| Workers Compensation | \$6,125.80 | 0.5% | \$1,494.50 | 0.2% | \$0.00 | 0.0% |
| Subrogation | \$347.00 | 0.0% | \$0.00 | 0.0% | \$384.88 | 0.0% |
| Coordination of Benefits | \$32,987.69 | 2.8% | \$3,209.49 | 0.3% | \$0.00 | 0.0% |
| Total | \$39,460.49 | 3.4% | \$4,703.99 | 0.5% | \$384.88 | 0.0% |
| Medicare | \$23,204.51 | 2.0% | \$0.00 | 0.0% | \$6,485,627.77 | 74.1% |
| Payments | \$857,466.38 | 73.4% | \$701,226.77 | 72.8% | \$517,825.84 | 5.9% |

**WISCONSIN PUBLIC EMPLOYERS
Medical Claim Savings Analysis Summary
Incurred January 2006 - December 2006 Paid Through March 2007**

| | STANDARD | | SMP | | MEDICARE | |
|-------------------------|--------------|------------|--------------|------------|----------------|------------|
| | \$ Amount | % of Total | \$ Amount | % of Total | \$ Amount | % of Total |
| Payments | \$857,466.38 | 73.4% | \$701,226.77 | 72.8% | \$517,825.84 | 5.9% |
| Pricing Cutbacks | \$139,192.72 | 11.9% | \$127,089.54 | 13.2% | \$40,420.77 | 0.5% |
| Duplicates/Not Eligible | \$33,757.48 | 2.9% | \$23,860.61 | 2.5% | \$1,519,606.16 | 17.4% |
| Not Covered | \$34,251.12 | 2.9% | \$94,851.57 | 9.8% | \$114,752.41 | 1.3% |
| Out-of-Pocket | \$41,094.99 | 3.5% | \$12,137.97 | 1.3% | \$73,857.51 | 0.8% |
| Third Party Liability | \$39,460.49 | 3.4% | \$4,703.99 | 0.5% | \$384.88 | 0.0% |
| Medicare | \$23,204.51 | 2.0% | \$0.00 | 0.0% | \$6,485,627.77 | 74.1% |





State of Wisconsin

Section 3: Value Care Medical Management

Insuring **Wisconsin's** Health *Since 1946*

State of Wisconsin Plans

Executive Summary

Value Care Medical Management Process

WPS Value Care uses a variety of methods to identify members for medical management. When the State of Wisconsin became effective in January 2006, the medical management of any open case was picked up by Medical Affairs. In addition, there was proactive identification of new cases through the preauthorization and precertification process, plus we used a MeDecision predictive modeling tool called CaseAlert.

CaseAlert looks back at twelve months of claims to identify members with potentially high cost illnesses. It can also identify and apply a burden of illness score to members on a disease specific basis. Claims are run through CaseAlert on a regular basis and new cases that would benefit from Case Management or Disease Management are referred to the appropriate care managers.

State of Wisconsin Plans

Care Management

Care Management Descriptions

The following is a brief description of the care management categories used in the High Cost Patient report.

Utilization Management helps ensure members achieve proper utilization of services, while maximizing their health care benefits, as well as determining the most appropriate level of care. Value Care nurses monitor patient care through preadmission or precertification review, inpatient admission and concurrent review, discharge planning with referrals to Case or Disease Management nurses, and outpatient services review.

Preauthorization is the review of specific outpatient services, including surgical services, diagnostic services, and referrals, and determination that these services meet the criteria for medical necessity under the member's benefit plan.

Behavioral Health Management also performs the utilization review processes noted above. Both inpatient as well as outpatient reviews are performed by individuals specifically licensed in the Behavioral Health field. Case and Disease Management services are also offered with the primary focus on members with repeated inpatient admissions.

Case Management is assessing, planning and facilitating services for members involved in an acute or catastrophic medical situation. The Case Manager focuses on managing the utilization of benefits within the confines of the policy, in the most cost effective manner, ensuring quality of care is not compromised. Acute Case Management is defined as any diagnosis that would normally be opened for Case Management, but the duration of acute illness is expected to be three months or less. Examples of Acute Case Management are short term home care cases with skilled nursing visits and/or IV therapy, inpatient rehabilitation cases, or long term inpatient cases. All of these cases are closely managed by the case managers.

Disease Management utilizes a proactive approach through education, treatment and appropriate care to prevent long-term and unnecessary complications of chronic disease. Through education, the Disease Manager empowers the members to take ownership of their health, decreasing future health risks, minimizing the need for medical services, and ultimately, improving the quality of life. The Disease Management conditions managed for ETF are: Asthma, Congestive Heart Failure, Coronary Artery Disease (which includes Hypertension & High Cholesterol), Diabetes, Neonatal, Alcohol & Drug Abuse, & Depression. (Please note Chronic Kidney Disease is managed under Case Management).

Medical Review is an additional process in the Medical Management area that does post-claim review to ensure that those services that received prior approval are billed appropriately, and/or that services billed are covered by the member's plan and are medically necessary.

State of Wisconsin Plans

Care Management

Calculations of Savings from Medical Management – 2006

- Total 2006 ValueCare savings \$1,989,538
- Based on avoided hospital days, avoided/denied services or negotiated rate reductions.
- Only hard savings included – projected future costs (soft savings) from Disease Management not calculated.
- Not all Case Management results in dollar savings based on the above definition. Many cases are followed so that the most cost effective care possible is provided – for example a potential transplant case that is kept open for several months.

State of Wisconsin Plans

Care Management

Medical Management Activity – 2006

- 349 Case Management (CM)
- 233 Disease Management (DM*)
- 944 Utilization Management (UM)
- 956 Preauthorization
- Total 1988 Closed in 2006

*Includes 87 OB case in “Great Beginnings” disease management.

State of Wisconsin Plans

Care Management

Disease Management Activity – 2006

- 233 cases opened
- 68 - Cardiac Disease
- 37 - Diabetes
- 87 - High Risk OB
- 41 - Closed Cases
(or mailings only)

WPS Disease Management is an opt-in program which means when a member is identified for case or disease management they are offered the opportunity to participate and must consent either verbally or in writing.

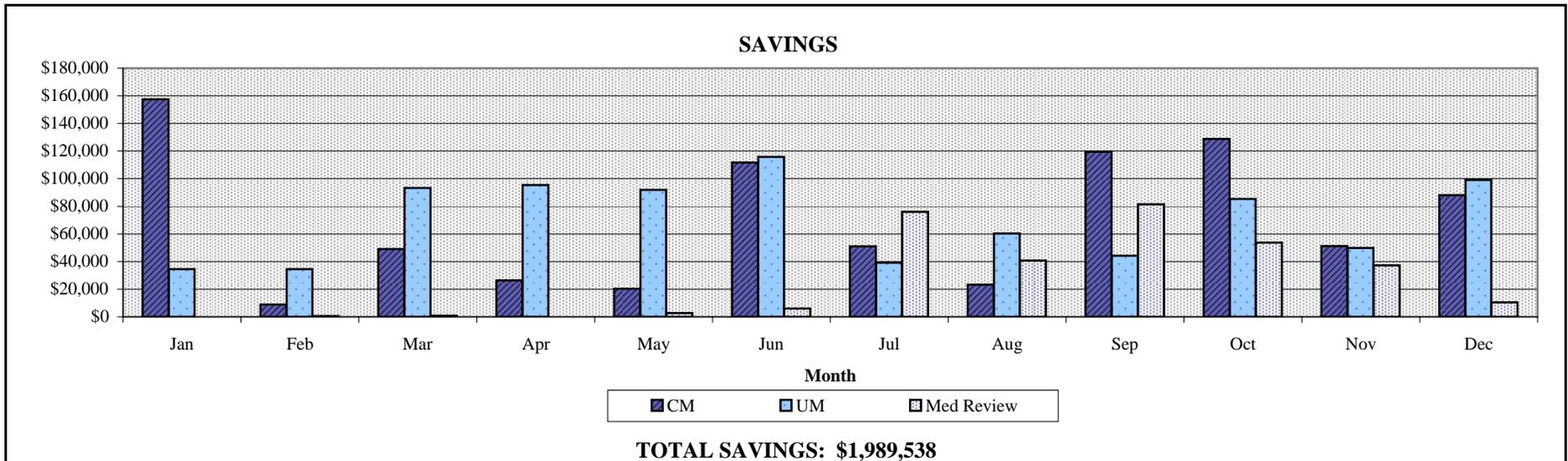
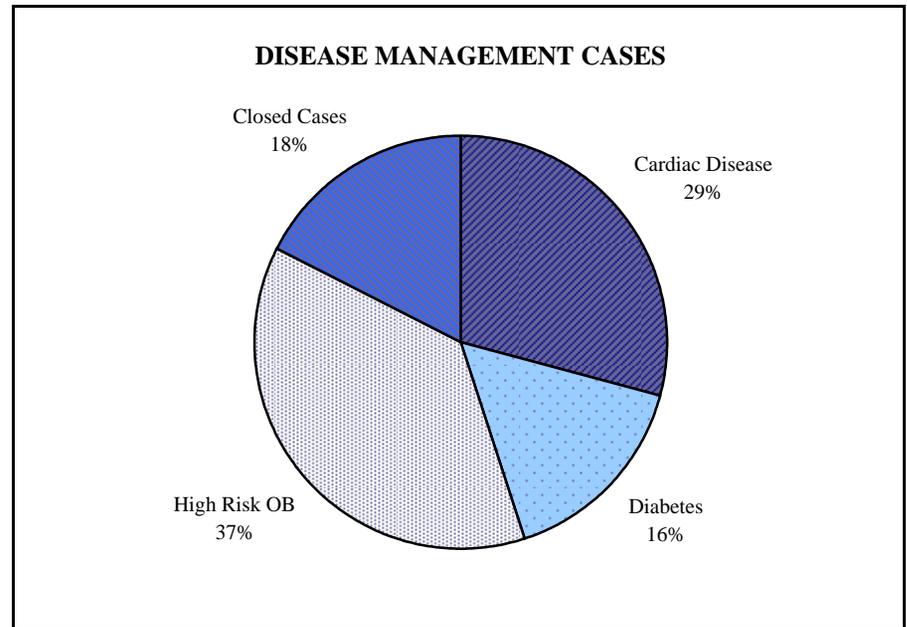
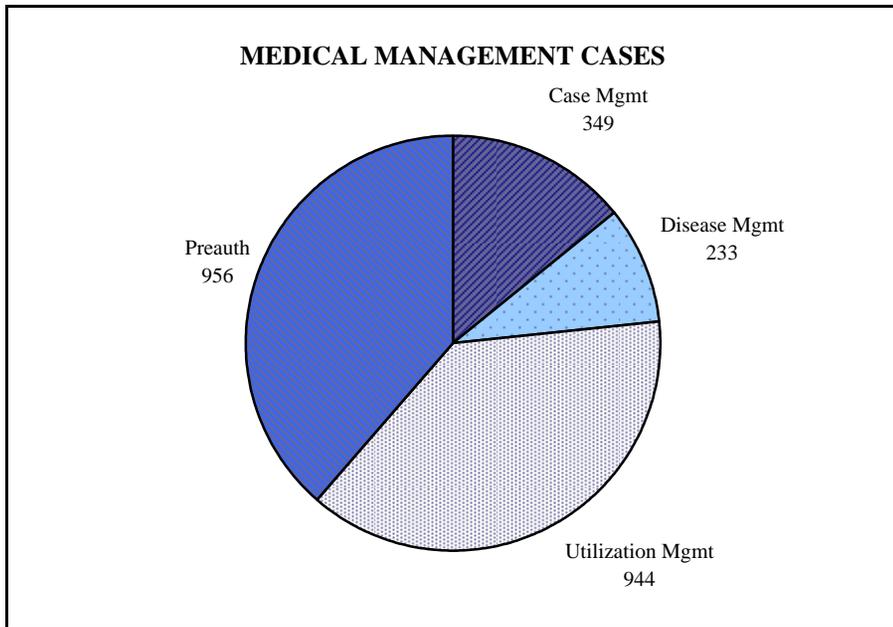
Disease Management Process

- Introductory DM letter followed by 2 phone contacts. (If no listed phone numbers, member is sent 2 letters).
- If no response from member to opt-in, transferred to mailing queue.
- Those enrolled in active management by an RN are highly satisfied based on surveys.

An example of Disease Management activity is the early and consistent intervention post coronary artery bypass graft(CABG) surgery. WPS analyzed these types of surgical admissions in 2004 and determined that there were frequent readmissions post CABG surgery. This analysis found that the most common causes of readmission were related to potentially avoidable complications such as heart failure and wound infection. This readmission rate has been significantly reduced by the implementation of the CABG Disease Management program in 2005.

**STATE OF WISCONSIN PLANS
Care Management Summary
Calendar Year 2006**

Exhibit 1-A



Note: Based on avoided hospital days, avoided/denied services or negotiated rate reductions (includes Medical Review savings)

Note: Only "hard" savings included - projected future costs (soft savings) from Disease Management not calculated

STATE OF WISCONSIN PLANS
Case Management Cases
Calendar Year 2006

Exhibit 1-B

| Case ID | Case Opened | Treatment Ended | Diagnosis | Savings |
|------------|-------------|-----------------|--|--------------|
| 05363-0124 | 12/29/2005 | 03/31/2006 | ACUTE LYMPHOCYTIC LEUKEMIA | \$8,721.00 |
| 05363-0126 | 12/29/2005 | 03/07/2006 | COMPLICATIONS OF BONE MARROW TRANSPLANT | \$523.61 |
| 06003-0072 | 01/03/2006 | 03/04/2006 | LEG FRACTURE | \$0.00 |
| 06003-0117 | 01/03/2006 | 01/20/2006 | STATUS POST TOTAL KNEE REPLACEMENT | \$508.89 |
| 06004-0003 | 01/04/2006 | 01/16/2006 | HYPOGLYCEMIA, UNSPECIFIED | \$60.00 |
| 06005-0051 | 01/05/2006 | 12/31/2006 | ENCEPHALOPATHY | \$151,487.30 |
| 06005-0065 | 01/05/2006 | 02/09/2006 | OTHER POSTOPERATIVE INFECTION | \$1,470.00 |
| 06005-0073 | 01/05/2006 | 02/09/2007 | SYMPATHETIC DYSTROPHY | \$10,604.93 |
| 06005-0075 | 01/05/2006 | 01/16/2006 | STATUS POST LEFT TOTAL HIP REPLACEMENT | \$734.20 |
| 06010-0002 | 01/10/2006 | 03/10/2006 | KIDNEY REPLACED BY TRANSPLANT | \$0.00 |
| 06010-0023 | 01/10/2006 | 01/29/2007 | BACTEREMIA | \$4,894.56 |
| 06012-0036 | 01/12/2006 | 01/16/2006 | CEREBRAL VASCULAR ACCIDENT (STROKE) | \$1,519.80 |
| 06012-0042 | 01/12/2006 | 01/25/2006 | GENERALIZED WEAKNESS | \$220.00 |
| 06012-0068 | 01/12/2006 | 01/18/2006 | LEFT ANKLE FRACTURE | \$162.00 |
| 06016-0107 | 01/16/2006 | 05/31/2006 | CONGENITAL HEART DISEASE | \$340.00 |
| 06016-0112 | 01/16/2006 | 01/24/2006 | RECTAL CANCER | \$0.00 |
| 06017-0029 | 01/17/2006 | 01/05/2006 | HYPEREMESIS GRAVIDARUM, METABOLIC DISTURBANCE UNSPECIFIED EPISODE CARE OR NOT APPLICABLE | \$16.20 |
| 06018-0074 | 01/18/2006 | 01/24/2006 | LEUKEMIA | \$113.25 |
| 06020-0060 | 01/20/2006 | 02/04/2006 | STROKE | \$0.00 |
| 06024-0009 | 01/24/2006 | 03/08/2006 | CEREBRAL VASCULAR ACCIDENT | \$432.00 |
| 06026-0088 | 01/26/2006 | 01/31/2007 | DEBILITY | \$8,063.50 |
| 06030-0028 | 01/30/2006 | 03/15/2006 | SEPTIC KNEE JOINT | \$45.00 |
| 06032-0056 | 02/01/2006 | 03/11/2006 | CHRONIC OBSTRUCTIVE PULMONARY DISEASE | \$984.00 |
| 06033-0063 | 02/02/2006 | 02/02/2006 | CARDIOVASCULAR DISEASE | \$60.00 |
| 06038-0026 | 02/07/2006 | 02/17/2006 | OVARIAN CANCER | \$0.00 |
| 06041-0055 | 02/10/2006 | 02/14/2006 | DEGENERATIVE JOINT DISEASE | \$138.01 |
| 06044-0052 | 02/13/2006 | 04/14/2006 | APLASTIC ANEMIA | \$2,560.64 |
| 06045-0070 | 02/14/2006 | 02/27/2006 | DEMENCIA | \$0.00 |
| 06046-0004 | 02/15/2006 | 02/13/2006 | CHRONIC ISCHEMIC HEART DISEASE, UNSPECIFIED | \$0.00 |
| 06046-0065 | 02/15/2006 | 02/25/2006 | LUNG CANCER | \$532.98 |
| 06048-0049 | 02/17/2006 | 03/28/2006 | ACUTE OSTEOMYELITIS SITE UNSPECIFIED | \$5,000.00 |
| 06055-0080 | 02/24/2006 | 04/07/2006 | OSTEOMYELITIS | \$3,064.30 |
| 06058-0038 | 02/27/2006 | 12/31/2006 | BREAST CANCER | \$0.00 |
| 06058-0039 | 02/27/2006 | 04/24/2006 | TALIPES, UNSPECIFIED | \$65.16 |
| 06060-0031 | 03/01/2006 | 04/12/2006 | PNEUMONIA | \$5,166.50 |

STATE OF WISCONSIN PLANS
Case Management Cases
Calendar Year 2006

Exhibit 1-B

| Case ID | Case Opened | Treatment Ended | Diagnosis | Savings |
|------------|-------------|-----------------|--|-------------|
| 06061-0013 | 03/02/2006 | 03/23/2006 | LUNG CANCER | \$191.21 |
| 06061-0024 | 03/02/2006 | 08/31/2006 | OTHER INFLAMMATORY AND TOXIC NEUROPATHY | \$662.00 |
| 06062-0023 | 03/03/2006 | 03/31/2006 | APLASTIC ANEMIA | \$1,847.36 |
| 06062-0032 | 03/03/2006 | 06/11/2006 | MALIGNANT NEOPLASM OF HEAD, FACE, AND NECK | \$0.00 |
| 06066-0068 | 03/07/2006 | 09/09/2006 | CHRONIC KIDNEY DISEASE | \$37,574.74 |
| 06067-0071 | 03/08/2006 | 05/03/2006 | SEPTIC ARTHRITIC SHOULDER | \$2,836.05 |
| 06069-0060 | 03/10/2006 | 03/15/2006 | STATUS POST KNEE REPLACEMENT | \$306.20 |
| 06073-0004 | 03/14/2006 | 03/21/2006 | JOINT REPLACEMENT | \$0.00 |
| 06074-0047 | 03/15/2006 | 04/05/2006 | STATUS POST KNEE REPLACEMENT | \$198.00 |
| 06075-0055 | 03/16/2006 | 06/15/2006 | CONGESTIVE HEART FAILURE, UNSPECIFIED | \$28,611.00 |
| 06075-0083 | 03/16/2006 | 04/03/2006 | SEVERE PNEUMONIA | \$0.00 |
| 06076-0093 | 03/17/2006 | 03/21/2006 | OTHER AND UNSPECIFIED SLEEP APNEA | \$0.00 |
| 06079-0041 | 03/20/2006 | 03/29/2006 | SICKLE CELL ANEMIA | \$21,540.00 |
| 06081-0035 | 03/22/2006 | 04/15/2006 | CELLULITIS OF FOOT | \$0.00 |
| 06081-0042 | 03/22/2006 | 05/01/2006 | COMMON VARIABLE IMMUNODEFICIENCY | \$2,864.75 |
| 06081-0048 | 03/22/2006 | 04/08/2006 | CELLULITIS | \$336.28 |
| 06082-0089 | 03/23/2006 | 04/20/2006 | SEPTIC ARTHRITIS | \$2,575.48 |
| 06083-0032 | 03/24/2006 | 04/17/2006 | OSTEOARTHRISIS, LOCALIZED, NOT SPECIFIED PRIMARY OR SECONDARY, LOWER LEG | \$0.00 |
| 06083-0035 | 03/24/2006 | 05/12/2006 | CHRONIC MYELOID LEUKEMIA | \$0.00 |
| 06087-0002 | 03/28/2006 | 04/28/2006 | FREQUENT FALLS (no services under this case) | \$0.00 |
| 06088-0008 | 03/29/2006 | 01/06/2006 | GENERALIZED CONVULSIVE EPILEPSY, WITHOUT MENTION OF INTRACTABLE EPILEPSY | \$0.00 |
| 06088-0028 | 03/29/2006 | 01/27/2006 | CONGESTIVE HEART FAILURE, UNSPECIFIED | \$0.00 |
| 06089-0013 | 03/30/2006 | 02/17/2006 | CARE INVOLVING OTHER SPECIFIED REHABILITATION PROCEDURE | \$0.00 |
| 06089-0059 | 03/30/2006 | 02/28/2006 | DELIRIUM DUE TO CONDITIONS CLASSIFIED ELSEWHERE | \$0.00 |
| 06089-0079 | 03/30/2006 | 04/02/2006 | FEVER | \$135.00 |
| 06090-0093 | 03/31/2006 | 02/01/2006 | FRACTURE OF UNSPECIFIED PART OF NECK OF FEMUR, CLOSED | \$0.00 |
| 06093-0077 | 04/03/2006 | 01/17/2006 | CARE INVOLVING OTHER SPECIFIED REHABILITATION PROCEDURE | \$0.00 |
| 06093-0095 | 04/03/2006 | 01/10/2006 | LEFT HEART FAILURE | \$0.00 |
| 06097-0023 | 04/07/2006 | 05/05/2006 | CHRONIC BACK PAIN | \$792.00 |
| 06100-0008 | 04/10/2006 | 01/09/2006 | CARE INVOLVING OTHER PHYSICAL THERAPY | \$0.00 |
| 06100-0071 | 04/10/2006 | 04/13/2006 | PARKINSONISM non covered services -not a benefit of the policy-no savings | \$0.00 |
| 06101-0013 | 04/11/2006 | 02/25/2006 | CARE INVOLVING OTHER PHYSICAL THERAPY | \$0.00 |
| 06101-0025 | 04/11/2006 | 01/31/2006 | HIP JOINT REPLACEMENT STATUS | \$0.00 |
| 06101-0040 | 04/11/2006 | 02/14/2006 | CARE INVOLVING OTHER SPECIFIED REHABILITATION PROCEDURE | \$0.00 |
| 06101-0067 | 04/11/2006 | 02/20/2006 | DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE I (JUVENILE TYPE), NOT STATED AS | \$0.00 |

STATE OF WISCONSIN PLANS
Case Management Cases
Calendar Year 2006

Exhibit 1-B

| Case ID | Case Opened | Treatment Ended | Diagnosis | Savings |
|------------|-------------|-----------------|---|--------------|
| 06102-0072 | 04/12/2006 | 10/31/2006 | PULMONARY HYPERTENSION | \$131,071.93 |
| 06102-0104 | 04/12/2006 | 01/18/2006 | CARE INVOLVING OTHER SPECIFIED REHABILITATION PROCEDURE | \$0.00 |
| 06103-0086 | 04/13/2006 | 01/24/2006 | CEREBRAL ARTERY OCCLUSION, UNSPECIFIED, WITH CEREBRAL INFARCTION | \$0.00 |
| 06107-0040 | 04/17/2006 | 11/10/2006 | ADENOCARCINOMA PANCREAS | \$56.85 |
| 06107-0094 | 04/17/2006 | 05/03/2006 | MALIGNANT NEOPLASM OF BREAST (FEMALE), UNSPECIFIED | \$0.00 |
| 06110-0035 | 04/20/2006 | 01/31/2006 | INTRACEREBRAL HEMORRHAGE | \$0.00 |
| 06110-0037 | 04/20/2006 | 01/07/2006 | FRACTURE OF INTERTROCHANTERIC SECTION OF FEMUR, CLOSED | \$0.00 |
| 06110-0044 | 04/20/2006 | 02/11/2006 | CARE INVOLVING OTHER SPECIFIED REHABILITATION PROCEDURE | \$0.00 |
| 06110-0062 | 04/20/2006 | 10/25/2006 | CYSTIC FIBROSIS | \$126.00 |
| 06110-0073 | 04/20/2006 | 01/31/2006 | MUSCLE WEAKNESS (GENERALIZED) | \$0.00 |
| 06110-0087 | 04/20/2006 | 02/28/2006 | CARE INVOLVING OTHER SPECIFIED REHABILITATION PROCEDURE | \$0.00 |
| 06111-0032 | 04/21/2006 | 01/18/2006 | DECUBITUS ULCER, HEEL | \$0.00 |
| 06111-0039 | 04/21/2006 | 01/31/2006 | VOLUME DEPLETION, UNSPECIFIED | \$0.00 |
| 06111-0059 | 04/21/2006 | 03/15/2006 | CARE INVOLVING OTHER SPECIFIED REHABILITATION PROCEDURE | \$0.00 |
| 06111-0071 | 04/21/2006 | 02/28/2006 | CLOSED DISLOCATION HIP UNSPECIFIED | \$0.00 |
| 06111-0076 | 04/21/2006 | 03/01/2006 | CELLULITIS AND ABSCESS OF LEG, EXCEPT FOOT | \$0.00 |
| 06114-0023 | 04/24/2006 | 03/16/2006 | PNEUMONIA DUE TO HEMOPHILUS INFLUENZAE (H. INFLUENZAE) | \$0.00 |
| 06114-0073 | 04/24/2006 | 02/27/2006 | FRACTURE OF INTERTROCHANTERIC SECTION OF FEMUR, CLOSED | \$0.00 |
| 06115-0301 | 04/25/2006 | 07/21/2006 | ABSCESS | \$9,946.50 |
| 06115-0315 | 04/25/2006 | 03/30/2006 | CONGESTIVE HEART FAILURE, UNSPECIFIED | \$0.00 |
| 06116-0016 | 04/26/2006 | 02/16/2006 | CONGESTIVE HEART FAILURE, UNSPECIFIED | \$0.00 |
| 06116-0074 | 04/26/2006 | 01/13/2006 | FRACTURE OF UNSPECIFIED PART OF NECK OF FEMUR, CLOSED | \$0.00 |
| 06117-0046 | 04/27/2006 | 01/07/2006 | CONGESTIVE HEART FAILURE, UNSPECIFIED | \$0.00 |
| 06118-0046 | 04/28/2006 | 05/02/2006 | ADULT FAILURE TO THRIVE no services provided (medicare covered under hospice) | \$0.00 |
| 06118-0053 | 04/28/2006 | 02/28/2006 | OBSTRUCTIVE CHRONIC BRONCHITIS, WITH (ACUTE) EXACERBATION | \$0.00 |
| 06121-0062 | 05/01/2006 | 05/02/2006 | AFTERCARE FOLLOWING JOINT REPLACEMENT | \$154.00 |
| 06121-0107 | 05/01/2006 | 02/24/2006 | CARE INVOLVING OTHER SPECIFIED REHABILITATION PROCEDURE | \$0.00 |
| 06122-0067 | 05/02/2006 | 01/20/2006 | PNEUMONIA, ORGANISM UNSPECIFIED | \$0.00 |
| 06122-0079 | 05/02/2006 | 01/09/2006 | CARE INVOLVING OTHER PHYSICAL THERAPY | \$0.00 |
| 06124-0045 | 05/04/2006 | 01/01/2007 | CHRONIC KIDNEY DISEASE | \$1,773.27 |
| 06124-0047 | 05/04/2006 | 10/13/2006 | END STAGE CARDIAC DISEASE | \$0.00 |
| 06124-0089 | 05/04/2006 | 05/04/2006 | UNSPECIFIED SLEEP APNEA | \$0.00 |
| 06128-0045 | 05/08/2006 | 05/08/2006 | UNSPECIFIED SLEEP APNEA | \$0.00 |
| 06128-0083 | 05/08/2006 | 09/27/2006 | ORGAN OR TISSUE REPLACED BY TRANSPLANT, PERIPHERAL STEM CELLS | \$21,791.00 |
| 06130-0042 | 05/10/2006 | 05/31/2006 | KNEE JOINT REPLACEMENT STATUS | \$378.00 |

STATE OF WISCONSIN PLANS
Case Management Cases
Calendar Year 2006

Exhibit 1-B

| Case ID | Case Opened | Treatment Ended | Diagnosis | Savings |
|------------|-------------|-----------------|---|-------------|
| 06131-0003 | 05/11/2006 | 07/03/2007 | CHRONIC KIDNEY DISEASE | \$619.00 |
| 06131-0022 | 05/11/2006 | 06/13/2006 | STAPHYLOCOCCUS AUREUS | \$14,174.16 |
| 06132-0028 | 05/12/2006 | 07/07/2006 | ALPORT'S SYNDROME | \$22,492.68 |
| 06135-0098 | 05/15/2006 | 05/15/2006 | OSTEOARTHRISIS UNSPECIFIED WHETHER GENERALIZED OR LOCALIZED, SITE UNSPECIFIED | \$0.00 |
| 06136-0072 | 05/16/2006 | 12/20/2006 | PULMONARY ABCESS | \$34,104.03 |
| 06137-0085 | 05/17/2006 | | TONGUE CANCER | \$0.00 |
| 06143-0008 | 05/23/2006 | 06/20/2006 | LUMBAGO | \$0.00 |
| 06144-0004 | 05/24/2006 | 06/22/2006 | CHEST CONTUSSION | \$0.00 |
| 06145-0061 | 05/25/2006 | 03/31/2006 | ACUTE RESPIRATORY FAILURE | \$36,800.00 |
| 06150-0059 | 05/30/2006 | 06/02/2006 | RECTAL CANCER | \$0.00 |
| 06153-0015 | 06/02/2006 | 08/22/2006 | SPINAL INJURY | \$29,096.00 |
| 06153-0017 | 06/02/2006 | 12/31/2006 | NEUROGENIC BLADDER, NOT OTHERWISE SPECIFIED | \$1,360.69 |
| 06153-0094 | 06/02/2006 | 08/07/2006 | OSTEOARTHRISIS, LOCALIZED, PRIMARY LOWER LEG | \$123.90 |
| 06156-0006 | 06/05/2006 | 03/01/2006 | ULCER OF HEEL AND MIDFOOT | \$0.00 |
| 06156-0037 | 06/05/2006 | 08/02/2006 | FRACTURE OF TIBIA/FIBULA, SHAFT, CLOSED, FIBULA WITH TIBIA | \$0.00 |
| 06157-0041 | 06/06/2006 | 06/06/2006 | UNSPECIFIED SLEEP APNEA | \$0.00 |
| 06163-0106 | 06/12/2006 | 07/03/2006 | MENINGITIS | \$18,725.91 |
| 06166-0019 | 06/15/2006 | 09/20/2006 | MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED | \$0.00 |
| 06170-0109 | 06/19/2006 | 07/02/2006 | OPEN WOUND KNEE/LEG/ANKLE | \$778.00 |
| 06171-0077 | 06/20/2006 | 07/03/2006 | ACUTE LYMPHOID LEUKEMIA | \$702.24 |
| 06174-0016 | 06/23/2006 | 12/01/2006 | MALIGNANT NEOPLASM OF OVARY | \$668.39 |
| 06174-0080 | 06/23/2006 | 07/31/2006 | DEGENERATIVE JOINT DISEASE | \$580.00 |
| 06177-0101 | 06/26/2006 | 04/30/2006 | ULCER OF HEEL AND MIDFOOT | \$0.00 |
| 06178-0015 | 06/27/2006 | 09/15/2006 | OSTEOARTHRISIS UNSPECIFIED WHETHER GENERALIZED OR LOCALIZED, SITE UNSPECIFIED | \$0.00 |
| 06180-0089 | 06/29/2006 | 08/09/2006 | HIP FRACTURE | \$10,019.60 |
| 06186-0022 | 07/05/2006 | 01/04/2007 | ARTERIOVENOUS FISTULA, ACQUIRED | \$0.00 |
| 06191-0029 | 07/10/2006 | 08/05/2006 | OTHER POSTSURGICAL STATUS | \$507.00 |
| 06192-0039 | 07/11/2006 | 12/11/2006 | DIAGNOSIS OR CONDITION DEFERRED ON AXIS I, OR AXIS II | \$0.00 |
| 06192-0104 | 07/11/2006 | 10/19/2006 | METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS | \$0.00 |
| 06192-0106 | 07/11/2006 | 07/31/2006 | STATUS POST MILD CLOSED HEAD INJURY | \$16.00 |
| 06195-0049 | 07/14/2006 | 08/07/2006 | CARE INVOLVING OTHER SPECIFIED REHABILITATION PROCEDURE | \$0.00 |
| 06198-0051 | 07/17/2006 | 10/15/2006 | ONE SIDED WEAKNESS | \$1,830.00 |
| 06201-0038 | 07/20/2006 | 08/06/2006 | OTHER LYMPHOMAS UNSPECIFIED SITE, EXTRANODAL AND SOLID ORGAN SITES | \$0.00 |
| 06202-0037 | 07/21/2006 | 07/22/2006 | OSTEOARTHRISIS | \$170.00 |
| 06202-0065 | 07/21/2006 | 09/11/2006 | PELVIS FRACTURE | \$0.00 |

STATE OF WISCONSIN PLANS
Case Management Cases
Calendar Year 2006

Exhibit 1-B

| Case ID | Case Opened | Treatment Ended | Diagnosis | Savings |
|------------|-------------|-----------------|--|-------------|
| 06202-0067 | 07/21/2006 | 08/10/2006 | PELVIX FRACTURE | \$1,029.00 |
| 06202-0073 | 07/21/2006 | 09/08/2006 | STATUS POST TOTAL HIP REPLACEMENT | \$0.00 |
| 06202-0081 | 07/21/2006 | 10/12/2006 | STATUS POST LAMINECTOMY | \$46.60 |
| 06205-0019 | 07/24/2006 | 08/29/2006 | CHRONIC KIDNEY DISEASE | \$0.00 |
| 06212-0095 | 07/31/2006 | 10/04/2006 | FRACTURE ANKLE | \$0.00 |
| 06214-0068 | 08/02/2006 | 08/15/2006 | WEAKNESS | \$900.00 |
| 06216-0074 | 08/04/2006 | 10/03/2006 | INCISIONAL WOUND | \$2,154.00 |
| 06221-0022 | 08/09/2006 | 08/09/2006 | DEEP VEIN THROMBOSIS | \$38.00 |
| 06222-0029 | 08/10/2006 | 09/01/2006 | LYME DISEASE | \$1,850.00 |
| 06222-0075 | 08/10/2006 | 09/21/2006 | FEEDING DIFFICULTIES AND MISMANAGEMENT | \$18,960.00 |
| 06223-0039 | 08/11/2006 | 09/16/2006 | CHRONIC OBSTRUCTIVE PULMONARY DISEASE | \$23,265.00 |
| 06223-0077 | 08/11/2006 | 08/15/2006 | CHEMICAL BURNS | \$22.50 |
| 06228-0088 | 08/16/2006 | 08/31/2006 | PERFORATED VISCUS | \$282.00 |
| 06229-0054 | 08/17/2006 | 02/07/2007 | RENAL FAILURE | \$4,218.53 |
| 06234-0096 | 08/22/2006 | 08/14/2006 | MALIGNANT NEOPLASM OF BREAST (FEMALE), UNSPECIFIED | \$0.00 |
| 06236-0006 | 08/24/2006 | 09/24/2006 | OTHER MALIGNANT NEOPLASM OF SKIN OF LIP | \$250.38 |
| 06236-0020 | 08/24/2006 | 09/25/2006 | PNEUMONIA | \$6,748.39 |
| 06237-0014 | 08/25/2006 | 12/31/2006 | MALIGNANT NEOPLASM OF CHOROID | \$0.00 |
| 06240-0080 | 08/28/2006 | 10/04/2006 | ENDOCARDITIS | \$0.00 |
| 06241-0017 | 08/29/2006 | 08/29/2006 | UNSPECIFIED SLEEP APNEA | \$0.00 |
| 06241-0044 | 08/29/2006 | 01/24/2007 | OSTEOMYELITIS | \$21,631.14 |
| 06243-0034 | 08/31/2006 | 04/30/2007 | APERT SYNDROME | \$170.00 |
| 06244-0085 | 09/01/2006 | 09/29/2006 | STATUS POST HIP REPLACEMENT | \$5,225.00 |
| 06250-0058 | 09/07/2006 | 10/18/2006 | UROSEPSIS | \$10,443.12 |
| 06251-0049 | 09/08/2006 | 09/15/2006 | PNEUMONIA | \$221.22 |
| 06254-0062 | 09/11/2006 | 09/11/2006 | STATUS POST TOTAL KNEE REPLACEMENT | \$775.00 |
| 06262-0039 | 09/19/2006 | 02/04/2006 | UNSPECIFIED FRACTURE OF ANKLE, CLOSED | \$0.00 |
| 06262-0072 | 09/19/2006 | 10/06/2006 | TOTAL KNEE REPLACEMENT | \$0.00 |
| 06263-0070 | 09/20/2006 | 09/20/2006 | AFTERCARE FOR HEALING TRAUMATIC FRATURE OF UPPER LEG | \$0.00 |
| 06264-0014 | 09/21/2006 | 10/20/2006 | HEMORRHAGE OF GASTROINTESTINAL TRACT, UNSPECIFIED | \$377.10 |
| 06264-0082 | 09/21/2006 | 11/30/2006 | BRAIN MASS | \$0.00 |
| 06265-0059 | 09/22/2006 | 10/06/2006 | LOCALIZED ADIPOSITY | \$36.00 |
| 06265-0071 | 09/22/2006 | 09/29/2006 | ANKLE FRACTURE | \$2,590.00 |
| 06268-0012 | 09/25/2006 | 10/26/2006 | AFTERCARE FOR HEALING TRAUMATIC FRACTURE OF HIP | \$0.00 |
| 06269-0018 | 09/26/2006 | 09/27/2006 | SEVERE BURN | \$0.00 |

STATE OF WISCONSIN PLANS
Case Management Cases
Calendar Year 2006

Exhibit 1-B

| Case ID | Case Opened | Treatment Ended | Diagnosis | Savings |
|------------|-------------|-----------------|---|-------------|
| 06270-0005 | 09/27/2006 | 11/29/2006 | BREAST CANCER | \$0.00 |
| 06270-0021 | 09/27/2006 | 11/06/2007 | MALIGNANT NEOPLASM OF BREAST (FEMALE), UNSPECIFIED | \$0.00 |
| 06271-0019 | 09/28/2006 | 10/03/2006 | MESOTHELIOMA RIGHT LUNG | \$0.00 |
| 06271-0040 | 09/28/2006 | 10/24/2006 | HYPOTENSION | \$12,660.00 |
| 06275-0093 | 10/02/2006 | 07/31/2006 | ACUTE RESPIRATORY FAILURE | \$0.00 |
| 06277-0003 | 10/04/2006 | 10/20/2006 | FRACTURE OF UNSPECIFIED PART OF NECK OF FEMUR, CLOSED | \$0.00 |
| 06279-0028 | 10/06/2006 | 10/20/2006 | URINARY TRACT INFECTION, SITE NOT SPECIFIED | \$1,459.92 |
| 06282-0039 | 10/09/2006 | 11/17/2006 | WOUND DEHISCENCE | \$944.00 |
| 06283-0002 | 10/10/2006 | 10/17/2006 | OSTEOARTHROSIS UNSPECIFIED WHETHER GENERALIZED OR LOCALIZED, LOWER LEG | \$0.00 |
| 06283-0010 | 10/10/2006 | 10/13/2006 | RASH ON BUTTOCKS | \$114.00 |
| 06283-0011 | 10/10/2006 | 03/21/2007 | ESOPHAGEAL CANCER | \$183.45 |
| 06283-0025 | 10/10/2006 | 12/31/2006 | PREMATURE INFANT | \$1,891.28 |
| 06285-0036 | 10/12/2006 | 11/23/2006 | FALL | \$1,297.91 |
| 06286-0029 | 10/13/2006 | 11/15/2006 | PROSTATE CANCER | \$0.00 |
| 06286-0056 | 10/13/2006 | 11/29/2006 | OSTEOMYELITIS OF KNEE | \$24,464.16 |
| 06290-0080 | 10/17/2006 | 06/30/2006 | CHRONIC AIRWAY OBSTRUCTION, NOT ELSEWHERE CLASSIFIED | \$3,442.35 |
| 06291-0039 | 10/18/2006 | 11/19/2006 | PNEUMONITIS DUE TO INHALATION OF FOOD OR VOMITUS | \$296.75 |
| 06292-0010 | 10/19/2006 | 12/04/2006 | MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS | \$0.00 |
| 06292-0022 | 10/19/2006 | 12/21/2006 | PNEUMONIA | \$2,065.34 |
| 06292-0076 | 10/19/2006 | 11/03/2006 | STATUS POST HIP REPLACEMENT | \$157.44 |
| 06293-0070 | 10/20/2006 | 08/23/2006 | UNSPECIFIED ESSENTIAL HYPERTENSION | \$0.00 |
| 06297-0095 | 10/24/2006 | 01/02/2007 | NEOPLASM OF UNSPECIFIED NATURE OF BRAIN | \$0.00 |
| 06297-0103 | 10/24/2006 | 11/10/2006 | GLIOBLASTOMA | \$129.00 |
| 06298-0046 | 10/25/2006 | | HEPATOCELLULAR CARCINOMA | \$0.00 |
| 06300-0016 | 10/27/2006 | 05/31/2006 | CARE INVOLVING OTHER PHYSICAL THERAPY | \$6,300.00 |
| 06303-0045 | 10/30/2006 | 11/13/2006 | SINUSITIS | \$0.00 |
| 06305-0068 | 11/01/2006 | | MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF FEMALE BREAST | \$0.00 |
| 06305-0069 | 11/01/2006 | 12/08/2006 | MALIGNANT NEOPLASM OF OVARY | \$0.00 |
| 06306-0037 | 11/02/2006 | 11/14/2006 | PYLONEPHRITIS | \$2,909.90 |
| 06306-0086 | 11/02/2006 | 12/28/2006 | HODGKIN'S DISEASE, UNSPECIFIED TYPE, UNSPECIFIED SITE, EXTRANODAL AND SOLID ORGAN SITES | \$0.00 |
| 06307-0073 | 11/03/2006 | 12/11/2006 | MORBID OBESITY | \$0.00 |
| 06307-0079 | 11/03/2006 | 06/18/2007 | RESTRICTIVE PULMONARY DISEASE | \$228.94 |
| 06310-0142 | 11/06/2006 | 01/06/2007 | ANGINA | \$596.31 |
| 06311-0034 | 11/07/2006 | 11/07/2006 | UNSPECIFIED SLEEP APNEA | \$0.00 |
| 06312-0020 | 11/08/2006 | 08/31/2006 | DEBILITY, UNSPECIFIED | \$15,810.00 |

STATE OF WISCONSIN PLANS
Case Management Cases
Calendar Year 2006

Exhibit 1-B

| Case ID | Case Opened | Treatment Ended | Diagnosis | Savings |
|--------------|-------------|-----------------|---|---------------------|
| 06312-0072 | 11/08/2006 | 01/15/2007 | LATE EFFECTS OF ACUTE POLIOMYELITIS | \$8,749.87 |
| 06313-0004 | 11/09/2006 | 11/29/2006 | ACUTE MYOCARDIAL INFARCTION (HEART ATTACK) | \$0.00 |
| 06313-0143 | 11/09/2006 | 11/16/2006 | LUNG INFECTION | \$5,239.78 |
| 06318-0010 | 11/14/2006 | 01/11/2007 | OLECRANON BURSTITIS | \$586.60 |
| 06319-0035 | 11/15/2006 | 12/31/2006 | PREGNANT STATE, INCIDENTAL | \$57,174.79 |
| 06321-0112 | 11/17/2006 | 12/31/2006 | RIGHT KNEE INFECTION | \$3,566.00 |
| 06325-0012 | 11/21/2006 | 12/06/2006 | NEOPLASM OF UNSPECIFIED NATURE OF BRAIN | \$0.00 |
| 06325-0021 | 11/21/2006 | 11/16/2006 | DECUBITUS ULCER, BUTTOCK | \$12,480.00 |
| 06326-0042 | 11/22/2006 | 12/13/2006 | HEAD AND NECK CANCER | \$855.00 |
| 06331-0013 | 11/27/2006 | 12/30/2006 | ENDOCARDITIS | \$91.00 |
| 06331-0089 | 11/27/2006 | 12/27/2006 | WOUND INFECTION | \$432.00 |
| 06348-0025 | 12/14/2006 | 12/29/2006 | COMPLICATIONS FROM OUTPATIENT SURGERY | \$0.00 |
| 06349-0059 | 12/15/2006 | | STAGE 2 LYMPHOMA | \$0.00 |
| 06352-0036 | 12/18/2006 | 12/18/2006 | MALIGNANT NEOPLASM OF PROSTATE | \$0.00 |
| 06352-0098 | 12/18/2006 | 12/18/2006 | CELLULITIS AND ABSCESS OF LEG, EXCEPT FOOT | \$0.00 |
| 06354-0030 | 12/20/2006 | 01/03/2007 | OVARIAN CANCER | \$0.00 |
| 06354-0031 | 12/20/2006 | 01/02/2007 | PELVIC CANCER | \$0.00 |
| 06355-0031 | 12/21/2006 | 01/10/2007 | MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED | \$0.00 |
| 06355-0081 | 12/21/2006 | | MALIGNANT NEOPLASM OF OVARY | \$0.00 |
| 06360-0093 | 12/26/2006 | 01/10/2007 | FRACTURE PATELLA | \$0.00 |
| 06362-0088 | 12/28/2006 | 02/28/2007 | OSTEOARTHRISIS UNSPECIFIED WHETHER GENERALIZED OR LOCALIZED, SITE UNSPECIFIED | \$0.00 |
| Total | | | | \$911,381.82 |

STATE OF WISCONSIN PLANS
Behavioral Health Case Management Cases
Calendar Year 2006

Exhibit 1-C

| Case ID | Case Opened | Diagnosis | Savings |
|------------|-------------|---|-------------|
| 06072-0115 | 03/13/2006 | SCHIZOAFFECTIVE DISORDER | \$4,800.00 |
| 06082-0092 | 03/23/2006 | SCHIZOAFFECTIVE DISORDER | \$23,800.00 |
| 06115-0310 | 04/24/2006 | MOOD DISORDER | \$1,140.00 |
| 06321-0095 | 11/17/2006 | DEPRESSION | \$1,512.00 |
| 06152-0027 | 07/15/2006 | BIPOLAR DISORDER | \$400.00 |
| 06089-0081 | 03/30/2006 | DEPRESSIVE DISORDER | \$1,900.00 |
| 06059-0064 | 02/28/2006 | MAJOR DEPRESSIVE DISORDER-RECURRENT | \$3,500.00 |
| 06107-0045 | 08/01/2006 | MAJOR DEPRESSION | \$1,050.00 |
| 06208-0031 | 07/27/2006 | DEPRESSIVE DISORDER | \$1,000.00 |
| 06243-0014 | 08/30/2006 | ANXIETY DISORDER | \$1,800.00 |
| 06305-0087 | 10/30/2006 | MAJOR DEPRESSIVE DISORDER-RECURRENT | \$250.00 |
| 06027-0021 | 03/03/2006 | ALCOHOL DEPENDENCE | \$2,160.00 |
| 06047-0053 | 02/22/2006 | MAJOR DEPRESSIVE DISORDER-RECURRENT | \$1,382.00 |
| 06058-0091 | 02/27/2006 | DYSTHYMIC DISORDER | \$2,080.00 |
| 06060-0082 | 08/24/2006 | DISSOCIATIVE IDENTITY DISORDER | \$935.00 |
| 06060-0088 | 03/06/2006 | RECURRENT SEVERE DEPRESSIVE DISORDER WITHOUT PSYCHOTIC FEATURES | \$900.00 |
| 06068-0081 | 03/09/2006 | ADJUSTMENT DISORDER | \$1,320.00 |
| 06073-0107 | 09/30/2006 | DYSTHYMIC DISORDER | \$750.00 |
| 06081-0049 | 11/10/2006 | MAJOR DEPRESSION | \$1,820.00 |
| 06089-0073 | 07/31/2006 | ANXIETY DISORDER | \$560.00 |
| 06094-0062 | 04/18/2006 | PERVASIVE DEVELOPMENTAL DISORDER | \$1,860.00 |
| 06095-0079 | 07/11/2006 | ANXIETY DISORDER | \$1,260.00 |
| 06101-0050 | 08/30/2006 | MAJOR DEPRESSION | \$1,640.00 |
| 06129-0025 | 05/05/2006 | BIPOLAR DISORDER | \$972.00 |
| 06157-0017 | 06/06/2006 | DYSTHYMIC DISORDER | \$2,800.00 |
| 06164-0068 | 06/12/2006 | ADJUSTMENT DISORDER | \$840.00 |
| 06205-0088 | 07/25/2006 | MAJOR DEPRESSION | \$1,440.00 |
| 06223-0034 | 08/10/2006 | ADJUSTMENT DISORDER | \$720.00 |
| 06250-0057 | 09/07/2006 | MAJOR DEPRESSION | \$3,890.00 |
| 06130-0058 | 04/14/2006 | DEPRESSION | \$1,620.00 |
| 06102-0058 | 04/12/2006 | ADJUSTMENT DISORDER WITH ANXIETY AND DEPRESSION | \$480.00 |
| 06118-0029 | 07/06/2006 | MAJOR DEPRESSION | \$720.00 |
| 06128-0079 | 05/10/2006 | COGNITIVE DISORDER | \$1,134.00 |
| 06172-0008 | 09/22/2006 | BIPOLAR DISORDER | \$1,120.00 |
| 06181-0050 | 10/06/2006 | ANXIETY DISORDER | \$1,440.00 |

STATE OF WISCONSIN PLANS
Behavioral Health Case Management Cases
Calendar Year 2006

Exhibit 1-C

| Case ID | Case Opened | Diagnosis | Savings |
|--------------|-------------|--------------------|--------------------|
| 06228-0089 | 08/16/2006 | DSYTHMIC DISORDER | \$2,500.00 |
| 06229-0071 | 08/17/2006 | ANXIETY DISORDER | \$560.00 |
| 06234-0066 | 08/22/2006 | ALCOHOL DEPENDENCE | \$1,400.00 |
| 06250-0015 | 09/07/2006 | MAJOR DEPRESSION | \$1,066.00 |
| 06257-0092 | 09/14/2006 | MAJOR DEPRESSION | \$280.00 |
| 06265-0079 | 09/22/2006 | DSYTHMIC DISORDER | \$840.00 |
| 06304-0119 | 10/31/2006 | OPIOD DEPENDENCE | \$560.00 |
| 06271-0008 | 09/27/2006 | ANXIETY DISORDER | \$840.00 |
| Total | | | \$83,041.00 |

State of Wisconsin Plans

Care Management

Focus on Wellness and Prevention

Prevalence of Hypertension is high

10% of WPS members have high blood pressure identified from claims analysis

35 are severe (that we identified from CaseAlert predictive modeling)

Hypertension is often unidentified and unmanaged

Impact of Hypertension

Increased risk of serious health complications including:

- Heart attack/heart failure
- Stroke
- Arteriosclerosis/Atherosclerosis
- Coronary Artery disease
- Kidney failure
- Metabolic syndrome

What can the State of Wisconsin do for state employees in collaboration with WPS and other health plans?

Provide visible messages of concern through education in the workplace about:

- Understanding hypertension and how to manage it through diet and exercise.
- Blood Pressure Screening in the workplace or Encouragement to “know your numbers”

State of Wisconsin Plans

Care Management

Bariatric Surgery Center of Excellence

In 2006 23 Bariatric Surgeries were covered by the WPS plans for state employees.

Criteria has been established by the American Society of Bariatric Surgery in conjunction with the Surgery Review Corporation for designating Bariatric Surgery Centers of Excellence. Currently, eight centers have such a designation in Wisconsin and are distributed geographically around the state:

- Brookfield – Elmbrook Memorial
- Green Bay – Bellin Health
- LaCrosse – Gundersen Lutheran Medical Center
- Madison – UW Hospital and Clinics
- Milwaukee – Aurora Sinai Medical Center
Columbia/St. Mary's Bariatric Center
Froedtert Memorial Lutheran Hospital
- Neenah – Theda Clark Medical Center

Note: WPS will need to develop special provider agreements with selected centers to obtain case rates or other pricing arrangements.

To assist with managing the cost and quality of care, WPS will work with the State of WI staff to determine an approach, and 2008 benefit language, to direct members to Bariatric Surgery Centers of Excellence with whom we have provider agreements for coverage and care for this procedure, assuming the member meets the WPS medical necessity criteria.