

UNITED HEALTHCARE RENEWAL EXHIBITS - MEDICAL

City of Milwaukee

Group Number 712481

Renewal rates effective: 01/01/09 to 12/31/09

<u>Historical Information</u>	<u>Current Period</u>	<u>Prior Period</u>	<u>Blended</u>
Beginning of Experience Period	5/1/2007	Not Applicable	
End of Experience Period	4/30/2008		
Medical Incurred Claims	\$58,494,479		
Rx Incurred Claims	\$0		
Member Months	196,649		
<u>Experience Rating PMPM</u>			
A Incurred Medical Claims PMPM	\$297.46		
B Pooled Claims Over \$500,000	\$0.00		
C Adjusted Medical Claims (A - B)	\$297.46		
D Incurred Rx Claims PMPM	\$0.00		
E Total Incurred Claims (C + D)	\$297.46		
F Trend Factor 22 mos	1.231		
G Plan Change Adjustment	1.000		
H Trended/Adjusted Claims (E * F * G)	\$366.13		
I Claim Period Weighting	100%		\$366.13
J Adjustment for Membership Shift			1.000
K Pooling charge for \$500,000			\$2.25
L Expected claims (I * J + K)			<u>\$368.38</u>
<i>Retention:</i>			
M Administration			13.7%
N Commission			0.0%
O Premium tax			1.8%
P Bio Screening, United W/Me & Willis Med (qtrly reporting)			0.5%
Q Total retention (M + N + O + P)			16.0%
R Experience Premium PMPM [L / (1 - Q)]			<u><u>\$438.56</u></u>
<u>Manual Rating PMPM</u>			
S Manual Premium PMPM (unadjusted)			\$418.82
T Demographic Adjustment			1.029
U Other Adjustment			1.005
V Manual Premium PMPM (S * T * U)			<u><u>\$433.12</u></u>
<u>Renewal Action</u>			
	<u>Calculated Premium</u>	<u>Credibility Factor</u>	
W Experience Rating	\$438.56	x 100.0%	\$438.56
X Manual Rating	\$433.12	x 0.0%	\$0.00
Y Initial Calculated Renewal Premium PMPM (W + X)			<u>\$438.56</u>
Z Other Adjustment			1.000
AA Final Calculated Renewal Premium PMPM (Y x Z)			<u>\$438.56</u>
AB Current Premium PMPM			\$348.48
AC Calculated Renewal Action (AA / AB) - 1			25.85%
AD Suggested Renewal Action (current plan)			9.99%
AE Prospective Plan Change			1.000
AF Final Renewal Action ((1 + AD) * AE) - 1			<u>9.99%</u>
Current Subscribers	7,298	Final Renewal Premium PMPM	\$383.29
Current Members	17,844	Final Renewal Monthly Premium	\$6,839,433
		Final Renewal Annual Premium	\$82,073,198

*Annual trend rate: Medical 12.0%, Rx 12.0%

Final renewal monthly/annual premiums are calculated using current enrollment

Rates and benefits are subject to regulatory and home office approval

UNITED HEALTHCARE FINANCIAL EXHIBITS - MEDICAL

City of Milwaukee

Effective Date: January 01, 2009

	Option 1 Current Plan	Option 2 Current Plan	Option 3 Current Plan	Option 4 Current Plan	Option 5 Current Plan	Option 6 Current Plan
PLAN OFFERED	Suf A, PV 1 - 9 NRA - Mod (NEM001 - Mod) Choice * Suf A, PV 1 - 9 Dual Option Option(s) NRA - Mod No	Suf A, PV 10,13,16,19 NRA - Mod (NEM001 - Mod) Choice * Suf A, PV 10,13,16,19 Dual Option Option(s) NRA - Mod No	Suf A, PV 11,14,17,20 NRA - Mod (NEM001 - Mod) Choice * Suf A, PV 11,14,17,20 Dual Option Option(s) NRA - Mod No	Suf A, PV 12,15,18,21 NRA - Mod (NEM001 - Mod) Choice * Suf A, PV 12,15,18,21 Dual Option Option(s) NRA - Mod No	Suf AA, PV 22 - 30 NRB - Mod (NEM002 - Mod) Choice * Suf AA, PV 22 - 30 Dual Option Option(s) NRA - Mod No	Suf AA, PV 31,34,37,40 NRB - Mod (NEM002 - Mod) Choice * Suf AA, PV 31,34,37,40 Dual Option Option(s) NRA - Mod No
RATES						
Employee	\$444.08	\$451.20	\$363.49	\$825.49	\$444.08	\$451.20
Employee + Spouse	\$0.00	\$1,231.73	\$726.95	\$825.49	\$0.00	\$1,231.73
Employee + Child(ren)	\$0.00	\$1,261.32	\$1,164.11	\$0.00	\$0.00	\$1,261.32
Employee + Family	\$1,212.63	\$1,231.73	\$1,065.57	\$1,164.11	\$1,212.63	\$1,231.73
ASSUMED ENROLLMENT						
Employee	1411	312	356	0	395	0
Employee + Spouse	0	0	181	0	0	0
Employee + Child(ren)	0	30	2	0	0	0
Employee + Family	3011	530	0	125	945	0
Monthly Premium	\$4,277,829	\$831,433	\$263,310	\$145,514	\$1,321,348	\$0
Annual Premium	\$51,333,943	\$9,977,200	\$3,159,716	\$1,746,168	\$15,856,171	\$0
Change from Current	9.99%	9.99%	9.99%	9.99%	9.99%	9.99%
BENEFITS*						
In-Network:						
Office Copay (PCP/SPC)	N/A Per Visit	N/A Per Visit	N/A Per Visit	N/A Per Visit	N/A Per Visit	\$10 (illness/injury) \$0 for prev. Per Visit
Other Copays (I/PER/UC)	N/A/\$25/\$0	N/A/\$25/\$0	N/A/\$25/\$0	N/A/\$25/\$0	N/A/\$25/\$0	N/A/\$50/\$10
Deductible (Individual/Family)	N/A	N/A	N/A	N/A	N/A	N/A
Coinsurance	100%	100%	100%	100%	100%	100%
Out-of-Pocket (Individual/Family)	N/A	N/A	N/A	N/A	N/A	N/A
Pharmacy	No Rx Benefits Apply	No Rx Benefits Apply	No Rx Benefits Apply	No Rx Benefits Apply	No Rx Benefits Apply	No Rx Benefits Apply
Out of Network:						
Deductible	N/A	N/A	N/A	N/A	N/A	N/A
Coinsurance	N/A	N/A	N/A	N/A	N/A	N/A
Out of Pocket	N/A	N/A	N/A	N/A	N/A	N/A

*High level benefit summary. Please see your plan summary for more detailed benefit description.

UNITED HEALTHCARE FINANCIAL EXHIBITS - MEDICAL

City of Milwaukee

Effective Date: January 01, 2009

	Option 7 Current Plan	Option 8 Current Plan
PLAN OFFERED		
Plan Name	Suf AA, PV 32,35,38,41	Suf AA, PV 33,36,39,42
Product	NRB - Mod (NEM002 - Mod) Choice *	NRB - Mod (NEM002 - Mod) Choice *
Locations	Suf AA, PV 32,35,38,41	Suf AA, PV 33,36,39,42
Plan Offering	Dual Option	Dual Option
Multiple Option with:	Option(s) NRA - Mod	Option(s) NRA - Mod
HRA or HSA	No	No
RATES		
Employee	\$363.49	\$825.49
Employee + Spouse	\$726.95	\$825.49
Employee + Child(ren)	\$1,164.11	\$0.00
Employee + Family	\$1,065.57	\$1,164.11
ASSUMED ENROLLMENT		
Employee	0	0
Employee + Spouse	0	0
Employee + Child(ren)	0	0
Employee + Family	0	0
Monthly Premium	\$0	\$0
Annual Premium	\$0	\$0
Change from Current	9.99%	9.99%
BENEFITS*		
In-Network:		
Office Copay (PCP/SPC)	\$10 (illness/injury) \$0 for prev. Per Visit	\$10 (illness/injury) \$0 for prev. Per Visit
Other Copays (IP/ER/UC)	N/A/\$50/\$10	N/A/\$50/\$10
Deductible (Individual/Family)	N/A	N/A
Coinsurance	100%	100%
Out-of-Pocket (Individual/Family)	N/A	N/A
Pharmacy	No Rx Benefits Apply	No Rx Benefits Apply
Out of Network:		
Deductible	N/A	N/A
Coinsurance	N/A	N/A
Out of Pocket	N/A	N/A

*High level benefit summary. Please see your plan summary for more detailed benefit description.

UNITED HEALTHCARE FINANCIAL EXHIBITS - MEDICAL

City of Milwaukee

Effective Date: January 01, 2009

Medical Quote Assumptions

The rates quoted here are based on the following assumptions. Changes to these assumptions may result in an adjustment to rates or revocation of the quote.

- Rates are guaranteed for 12 months for the contract period of 1/1/09 through 12/31/09.
 - UnitedHealthcare is the only carrier offered.
 - UnitedHealthcare reserves the right to adjust the rates if the enrollment varies by +/- 10% from the submitted census.
 - Employer contributes a minimum of toward the employee only rates and toward the dependent rates.
 - Requires a minimum participation level of 75%.
 - COBRA continuees make up 10% or less of covered employees.
 - Rates do not include commissions.
- This offer, unless otherwise stated herein, completely replaces all other previous offers or portions thereof. Any previous offers that may have been extended are hereby null and void.

This quote includes 0.00% commissions.

Agents may receive commissions and other compensation for selling the products in this proposal, and this cost may be directly or indirectly reflected in the premium or fees. Agent compensation is subject to disclosure on Form 5500 for customers governed by ERISA. It is our policy to exclude from bonus payments any case in which the agent is receiving a consulting fee from a customer. Contact your agent if you have questions on their compensation for the products in this proposal.

Packaged Savings - Receive a multi-line administrative discount when purchasing additional qualifying ancillary products through UnitedHealthcare. Administrative discount is based on a \$5, \$10 or \$15 PEPM discount value. Ask your UnitedHealthcare sales representative for more details.

Medicare Part D regulations require employers to provide creditable coverage notification to Medicare eligible participants of their prescription drug plan as well as to Centers for Medicare & Medicaid Services (CMS) at least once a year at specified times. Please contact your Strategic Account Executive for information on the support and services we can provide employers to help them meet these requirements and take advantage of the potential financial opportunities as a result of Medicare Part D.

City of Milwaukee

UnitedHealthcare - Fully Insured Rates	2008	2009	Change
Single	\$403.75	\$444.08	9.99%
Family	\$1,102.49	\$1,212.63	9.99%
Single without Medicare	\$410.22	\$451.20	9.99%
Family Without Medicare	\$1,119.86	\$1,231.73	9.99%
One with Medicare	\$330.48	\$363.49	9.99%
Two With Medicare	\$660.92	\$726.95	9.99%
One with Medicare & One without Medicare	\$750.51	\$825.49	9.99%
One w/ Medicare, One w/o Medicare & Dependent Child(ren)	\$1,058.38	\$1,164.11	9.99%
Two with Medicare & Dependent Child(ren)	\$968.79	\$1,065.57	9.99%
One Without Medicare & Dependent Child(ren)	\$1,146.76	\$1,261.32	9.99%
One with Medicare & Dependent Child(ren)	\$1,058.38	\$1,164.11	9.99%

POLICY NUMBER	GROUP NAME	PLAN NAME	SFX	PLAN VARIATION	REPORTING CODE	TIER	2008 Rates	2009 Rates	% Chg
712481	All Active Management	WI 2002 Choice EP1 Plan 01M	A	0001	0001	Employee Only	\$ 403.75	\$ 444.08	9.99%
712481	All Active Management	WI 2002 Choice EP1 Plan 01M	A	0001	0001	EE + Family	\$ 1,102.49	\$ 1,212.63	9.99%
712481	All COBRA Management	WI 2002 Choice EP1 Plan 01M	A	0002	0002	Employee Only	\$ 403.75	\$ 444.08	9.99%
712481	All COBRA Management	WI 2002 Choice EP1 Plan 01M	A	0002	0002	EE + Family	\$ 1,102.49	\$ 1,212.63	9.99%
712481	All Active General City	WI 2002 Choice EP1 Plan 01M	A	0003	0003	Employee Only	\$ 403.75	\$ 444.08	9.99%
712481	All Active General City	WI 2002 Choice EP1 Plan 01M	A	0003	0003	EE + Family	\$ 1,102.49	\$ 1,212.63	9.99%
712481	All COBRA General City	WI 2002 Choice EP1 Plan 01M	A	0004	0004	Employee Only	\$ 403.75	\$ 444.08	9.99%
712481	All COBRA General City	WI 2002 Choice EP1 Plan 01M	A	0004	0004	EE + Family	\$ 1,102.49	\$ 1,212.63	9.99%
712481	All Active HACM - RACM - Mgmt	WI 2002 Choice EP1 Plan 01M	A	0005	0005	Employee Only	\$ 403.75	\$ 444.08	9.99%
712481	All Active HACM - RACM - Mgmt	WI 2002 Choice EP1 Plan 01M	A	0005	0005	EE + Family	\$ 1,102.49	\$ 1,212.63	9.99%
712481	All Active HACM - RACM - General City	WI 2002 Choice EP1 Plan 01M	A	0006	0006	Employee Only	\$ 403.75	\$ 444.08	9.99%
712481	All Active HACM - RACM - General City	WI 2002 Choice EP1 Plan 01M	A	0006	0006	EE + Family	\$ 1,102.49	\$ 1,212.63	9.99%
712481	All Active WI Center - General City	WI 2002 Choice EP1 Plan 01M	A	0007	0007	Employee Only	\$ 403.75	\$ 444.08	9.99%
712481	All Active WI Center - General City	WI 2002 Choice EP1 Plan 01M	A	0007	0007	EE + Family	\$ 1,102.49	\$ 1,212.63	9.99%
712481	All Active MEDC - Mgmt	WI 2002 Choice EP1 Plan 01M	A	0008	0008	Employee Only	\$ 403.75	\$ 444.08	9.99%
712481	All Active MEDC - Mgmt	WI 2002 Choice EP1 Plan 01M	A	0008	0008	EE + Family	\$ 1,102.49	\$ 1,212.63	9.99%
712481	All Active Police Service Spec	WI 2002 Choice EP1 Plan 01M	A	0009	0009	Employee Only	\$ 403.75	\$ 444.08	9.99%
712481	All Active Police Service Spec	WI 2002 Choice EP1 Plan 01M	A	0009	0009	EE + Family	\$ 1,102.49	\$ 1,212.63	9.99%
712481	All RET < 65 - General City	WI 2002 Choice EP1 Plan 01M	A	0010	0010	Employee Only	\$ 410.22	\$ 451.20	9.99%
712481	All RET < 65 - General City	WI 2002 Choice EP1 Plan 01M	A	0010	0010	EE + Family	\$ 1,119.86	\$ 1,231.73	9.99%
712481	All RET < 65 - General City	WI 2002 Choice EP1 Plan 01M	A	0010	0010	EE + Spouse	\$ 1,119.86	\$ 1,231.73	9.99%
712481	All RET < 65 - General City	WI 2002 Choice EP1 Plan 01M	A	0010	0010	EE +1 or more Children	\$ 1,146.76	\$ 1,261.32	9.99%
712481	All Ret > 65 - General City	WI 2002 Choice EP1 Plan 01M	A	0011	0011	Employee Only	\$ 330.48	\$ 363.49	9.99%
712481	All Ret > 65 - General City	WI 2002 Choice EP1 Plan 01M	A	0011	0011	EE + Spouse	\$ 660.92	\$ 726.95	9.99%
712481	All Ret > 65 - General City	WI 2002 Choice EP1 Plan 01M	A	0011	0011	EE + Family	\$ 968.79	\$ 1,065.57	9.99%
712481	All Ret > 65 - General City	WI 2002 Choice EP1 Plan 01M	A	0011	0011	EE +1 or more Children	\$ 1,058.38	\$ 1,164.11	9.99%
712481	RET 1 > 65, 1 < 65 - General City	WI 2002 Choice EP1 Plan 01M	A	0012	0012	EE + Spouse	\$ 750.51	\$ 825.49	9.99%
712481	RET 1 > 65, 1 < 65 - General City	WI 2002 Choice EP1 Plan 01M	A	0012	0012	EE + Family	\$ 1,058.38	\$ 1,164.11	9.99%
712481	All RET < 65 - HACM - RACM General	WI 2002 Choice EP1 Plan 01M	A	0013	0013	Employee Only	\$ 410.22	\$ 451.20	9.99%
712481	All RET < 65 - HACM - RACM General	WI 2002 Choice EP1 Plan 01M	A	0013	0013	EE + Family	\$ 1,119.86	\$ 1,231.73	9.99%
712481	All RET < 65 - HACM - RACM General	WI 2002 Choice EP1 Plan 01M	A	0013	0013	EE + Spouse	\$ 1,119.86	\$ 1,231.73	9.99%
712481	All RET < 65 - HACM - RACM General	WI 2002 Choice EP1 Plan 01M	A	0013	0013	EE +1 or more Children	\$ 1,146.76	\$ 1,261.32	9.99%
712481	All RET > 65 - HACM RACM General	WI 2002 Choice EP1 Plan 01M	A	0014	0014	Employee Only	\$ 330.48	\$ 363.49	9.99%
712481	All RET > 65 - HACM RACM General	WI 2002 Choice EP1 Plan 01M	A	0014	0014	EE + Spouse	\$ 660.92	\$ 726.95	9.99%
712481	All RET > 65 - HACM RACM General	WI 2002 Choice EP1 Plan 01M	A	0014	0014	EE + Family	\$ 968.79	\$ 1,065.57	9.99%
712481	All RET > 65 - HACM RACM General	WI 2002 Choice EP1 Plan 01M	A	0014	0014	EE +1 or more Children	\$ 1,058.38	\$ 1,164.11	9.99%
712481	RET 1 > 65, 1 < 65 - HACM-RACM General City	WI 2002 Choice EP1 Plan 01M	A	0015	0015	EE + Spouse	\$ 750.51	\$ 825.49	9.99%
712481	RET 1 > 65, 1 < 65 - HACM-RACM General City	WI 2002 Choice EP1 Plan 01M	A	0015	0015	EE + Family	\$ 1,058.38	\$ 1,164.11	9.99%
712481	All RET < 65 - WI Center General City	WI 2002 Choice EP1 Plan 01M	A	0016	0016	Employee Only	\$ 410.22	\$ 451.20	9.99%
712481	All RET < 65 - WI Center General City	WI 2002 Choice EP1 Plan 01M	A	0016	0016	EE + Family	\$ 1,119.86	\$ 1,231.73	9.99%
712481	All RET < 65 - WI Center General City	WI 2002 Choice EP1 Plan 01M	A	0016	0016	EE + Spouse	\$ 1,119.86	\$ 1,231.73	9.99%
712481	All RET < 65 - WI Center General City	WI 2002 Choice EP1 Plan 01M	A	0016	0016	EE +1 or more Children	\$ 1,146.76	\$ 1,261.32	9.99%
712481	All RET > 65 - WI Center General City	WI 2002 Choice EP1 Plan 01M	A	0017	0017	Employee Only	\$ 330.48	\$ 363.49	9.99%
712481	All RET > 65 - WI Center General City	WI 2002 Choice EP1 Plan 01M	A	0017	0017	EE + Spouse	\$ 660.92	\$ 726.95	9.99%
712481	All RET > 65 - WI Center General City	WI 2002 Choice EP1 Plan 01M	A	0017	0017	EE + Family	\$ 968.79	\$ 1,065.57	9.99%
712481	All RET > 65 - WI Center General City	WI 2002 Choice EP1 Plan 01M	A	0017	0017	EE +1 or more Children	\$ 1,058.38	\$ 1,164.11	9.99%
712481	RET 1 > 65, 1 < 65 - WI Ctr General City	WI 2002 Choice EP1 Plan 01M	A	0018	0018	EE + Spouse	\$ 750.51	\$ 825.49	9.99%
712481	RET 1 > 65, 1 < 65 - WI Ctr General City	WI 2002 Choice EP1 Plan 01M	A	0018	0018	EE + Family	\$ 1,058.38	\$ 1,164.11	9.99%
712481	All RET < 65 - MEDC General City	WI 2002 Choice EP1 Plan 01M	A	0019	0019	Employee Only	\$ 410.22	\$ 451.20	9.99%
712481	All RET < 65 - MEDC General City	WI 2002 Choice EP1 Plan 01M	A	0019	0019	EE + Family	\$ 1,119.86	\$ 1,231.73	9.99%
712481	All RET < 65 - MEDC General City	WI 2002 Choice EP1 Plan 01M	A	0019	0019	EE + Spouse	\$ 1,119.86	\$ 1,231.73	9.99%
712481	All RET < 65 - MEDC General City	WI 2002 Choice EP1 Plan 01M	A	0019	0019	EE +1 or more Children	\$ 1,146.76	\$ 1,261.32	9.99%
712481	All RET > 65 - MEDC General City	WI 2002 Choice EP1 Plan 01M	A	0020	0020	Employee Only	\$ 330.48	\$ 363.49	9.99%
712481	All RET > 65 - MEDC General City	WI 2002 Choice EP1 Plan 01M	A	0020	0020	EE + Spouse	\$ 660.92	\$ 726.95	9.99%
712481	All RET > 65 - MEDC General City	WI 2002 Choice EP1 Plan 01M	A	0020	0020	EE + Family	\$ 968.79	\$ 1,065.57	9.99%
712481	All RET > 65 - MEDC General City	WI 2002 Choice EP1 Plan 01M	A	0020	0020	EE +1 or more Children	\$ 1,058.38	\$ 1,164.11	9.99%
712481	All RET 1 > 65, 1 < 65 - MEDC Uniform	WI 2002 Choice EP1 Plan 01M	A	0021	0021	EE + Spouse	\$ 750.51	\$ 825.49	9.99%
712481	All RET 1 > 65, 1 < 65 - MEDC Uniform	WI 2002 Choice EP1 Plan 01M	A	0021	0021	EE + Family	\$ 1,058.38	\$ 1,164.11	9.99%

POLICY NUMBER	GROUP NAME	PLAN NAME	SFX	PLAN VARIATION	REPORTING CODE	TIER	2008 Rates	2009 Rates	% Chg
712481	All Active Management	WI 2002 Choice EP1 Plan 02M	AA	0022	0022	Employee Only	\$ 403.75	\$ 444.08	9.99%
712481	All Active Management	WI 2002 Choice EP1 Plan 02M	AA	0022	0022	EE + Family	\$ 1,102.49	\$ 1,212.63	9.99%
712481	All COBRA Management	WI 2002 Choice EP1 Plan 02M	AA	0023	0023	Employee Only	\$ 403.75	\$ 444.08	9.99%
712481	All COBRA Management	WI 2002 Choice EP1 Plan 02M	AA	0023	0023	EE + Family	\$ 1,102.49	\$ 1,212.63	9.99%
712481	All Active General City	WI 2002 Choice EP1 Plan 02M	AA	0024	0024	Employee Only	\$ 403.75	\$ 444.08	9.99%
712481	All Active General City	WI 2002 Choice EP1 Plan 02M	AA	0024	0024	EE + Family	\$ 1,102.49	\$ 1,212.63	9.99%
712481	All COBRA General City	WI 2002 Choice EP1 Plan 02M	AA	0025	0025	Employee Only	\$ 403.75	\$ 444.08	9.99%
712481	All COBRA General City	WI 2002 Choice EP1 Plan 02M	AA	0025	0025	EE + Family	\$ 1,102.49	\$ 1,212.63	9.99%
712481	All Active HADM - RACM - Mgmt	WI 2002 Choice EP1 Plan 02M	AA	0026	0026	Employee Only	\$ 403.75	\$ 444.08	9.99%
712481	All Active HADM - RACM - Mgmt	WI 2002 Choice EP1 Plan 02M	AA	0026	0026	EE + Family	\$ 1,102.49	\$ 1,212.63	9.99%
712481	All Active HADM - RACM - General City	WI 2002 Choice EP1 Plan 02M	AA	0027	0027	Employee Only	\$ 403.75	\$ 444.08	9.99%
712481	All Active HADM - RACM - General City	WI 2002 Choice EP1 Plan 02M	AA	0027	0027	EE + Family	\$ 1,102.49	\$ 1,212.63	9.99%
712481	All Active WI Center - General City	WI 2002 Choice EP1 Plan 02M	AA	0028	0028	Employee Only	\$ 403.75	\$ 444.08	9.99%
712481	All Active WI Center - General City	WI 2002 Choice EP1 Plan 02M	AA	0028	0028	EE + Family	\$ 1,102.49	\$ 1,212.63	9.99%
712481	All Active MEDC - Mgmt	WI 2002 Choice EP1 Plan 02M	AA	0029	0029	Employee Only	\$ 403.75	\$ 444.08	9.99%
712481	All Active MEDC - Mgmt	WI 2002 Choice EP1 Plan 02M	AA	0029	0029	EE + Family	\$ 1,102.49	\$ 1,212.63	9.99%
712481	All Active Police Service Spec	WI 2002 Choice EP1 Plan 02M	AA	0030	0030	Employee Only	\$ 403.75	\$ 444.08	9.99%
712481	All Active Police Service Spec	WI 2002 Choice EP1 Plan 02M	AA	0030	0030	EE + Family	\$ 1,102.49	\$ 1,212.63	9.99%
712481	All RET < 65 - General City	WI 2002 Choice EP1 Plan 02M	AA	0031	0031	Employee Only	\$ 410.22	\$ 451.20	9.99%
712481	All RET < 65 - General City	WI 2002 Choice EP1 Plan 02M	AA	0031	0031	EE + Family	\$ 1,119.86	\$ 1,231.73	9.99%
712481	All RET < 65 - General City	WI 2002 Choice EP1 Plan 02M	AA	0031	0031	EE + Spouse	\$ 1,119.86	\$ 1,231.73	9.99%
712481	All RET < 65 - General City	WI 2002 Choice EP1 Plan 02M	AA	0031	0031	EE +1 or more Children	\$ 1,146.76	\$ 1,261.32	9.99%
712481	All Ret > 65 - General City	WI 2002 Choice EP1 Plan 02M	AA	0032	0032	Employee Only	\$ 330.48	\$ 363.49	9.99%
712481	All Ret > 65 - General City	WI 2002 Choice EP1 Plan 02M	AA	0032	0032	EE + Spouse	\$ 660.92	\$ 726.95	9.99%
712481	All Ret > 65 - General City	WI 2002 Choice EP1 Plan 02M	AA	0032	0032	EE + Family	\$ 968.79	\$ 1,065.57	9.99%
712481	All Ret > 65 - General City	WI 2002 Choice EP1 Plan 02M	AA	0032	0032	EE +1 or more Children	\$ 1,058.38	\$ 1,164.11	9.99%
712481	RET 1 > 65, 1 < 65 - General City	WI 2002 Choice EP1 Plan 02M	AA	0033	0033	EE + Spouse	\$ 750.51	\$ 825.49	9.99%
712481	RET 1 > 65, 1 < 65 - General City	WI 2002 Choice EP1 Plan 02M	AA	0033	0033	EE + Family	\$ 1,058.38	\$ 1,164.11	9.99%
712481	All RET < 65 - HADM - RACM General	WI 2002 Choice EP1 Plan 02M	AA	0034	0034	Employee Only	\$ 410.22	\$ 451.20	9.99%
712481	All RET < 65 - HADM - RACM General	WI 2002 Choice EP1 Plan 02M	AA	0034	0034	EE + Family	\$ 1,119.86	\$ 1,231.73	9.99%
712481	All RET < 65 - HADM - RACM General	WI 2002 Choice EP1 Plan 02M	AA	0034	0034	EE + Spouse	\$ 1,119.86	\$ 1,231.73	9.99%
712481	All RET < 65 - HADM - RACM General	WI 2002 Choice EP1 Plan 02M	AA	0034	0034	EE +1 or more Children	\$ 1,146.76	\$ 1,261.32	9.99%
712481	All RET > 65 - HADM RACM General	WI 2002 Choice EP1 Plan 02M	AA	0035	0035	Employee Only	\$ 330.48	\$ 363.49	9.99%
712481	All RET > 65 - HADM RACM General	WI 2002 Choice EP1 Plan 02M	AA	0035	0035	EE + Spouse	\$ 660.92	\$ 726.95	9.99%
712481	All RET > 65 - HADM RACM General	WI 2002 Choice EP1 Plan 02M	AA	0035	0035	EE + Family	\$ 968.79	\$ 1,065.57	9.99%
712481	All RET > 65 - HADM RACM General	WI 2002 Choice EP1 Plan 02M	AA	0035	0035	EE +1 or more Children	\$ 1,058.38	\$ 1,164.11	9.99%
712481	RET 1 > 65, 1 < 65 - HADM-RACM General City	WI 2002 Choice EP1 Plan 02M	AA	0036	0036	EE + Spouse	\$ 750.51	\$ 825.49	9.99%
712481	RET 1 > 65, 1 < 65 - HADM-RACM General City	WI 2002 Choice EP1 Plan 02M	AA	0036	0036	EE + Family	\$ 1,058.38	\$ 1,164.11	9.99%
712481	All RET < 65 - WI Center General City	WI 2002 Choice EP1 Plan 02M	AA	0037	0037	Employee Only	\$ 410.22	\$ 451.20	9.99%
712481	All RET < 65 - WI Center General City	WI 2002 Choice EP1 Plan 02M	AA	0037	0037	EE + Family	\$ 1,119.86	\$ 1,231.73	9.99%
712481	All RET < 65 - WI Center General City	WI 2002 Choice EP1 Plan 02M	AA	0037	0037	EE + Spouse	\$ 1,119.86	\$ 1,231.73	9.99%
712481	All RET < 65 - WI Center General City	WI 2002 Choice EP1 Plan 02M	AA	0037	0037	EE +1 or more Children	\$ 1,146.76	\$ 1,261.32	9.99%
712481	All RET > 65 - WI Center General City	WI 2002 Choice EP1 Plan 02M	AA	0038	0038	Employee Only	\$ 330.48	\$ 363.49	9.99%
712481	All RET > 65 - WI Center General City	WI 2002 Choice EP1 Plan 02M	AA	0038	0038	EE + Spouse	\$ 660.92	\$ 726.95	9.99%
712481	All RET > 65 - WI Center General City	WI 2002 Choice EP1 Plan 02M	AA	0038	0038	EE + Family	\$ 968.79	\$ 1,065.57	9.99%
712481	All RET > 65 - WI Center General City	WI 2002 Choice EP1 Plan 02M	AA	0038	0038	EE +1 or more Children	\$ 1,058.38	\$ 1,164.11	9.99%
712481	RET 1 > 65, 1 < 65 - WI Ctr General City	WI 2002 Choice EP1 Plan 02M	AA	0039	0039	EE + Spouse	\$ 750.51	\$ 825.49	9.99%
712481	RET 1 > 65, 1 < 65 - WI Ctr General City	WI 2002 Choice EP1 Plan 02M	AA	0039	0039	EE + Family	\$ 1,058.38	\$ 1,164.11	9.99%
712481	All RET < 65 - MEDC General City	WI 2002 Choice EP1 Plan 02M	AA	0040	0040	Employee Only	\$ 410.22	\$ 451.20	9.99%
712481	All RET < 65 - MEDC General City	WI 2002 Choice EP1 Plan 02M	AA	0040	0040	EE + Family	\$ 1,119.86	\$ 1,231.73	9.99%
712481	All RET < 65 - MEDC General City	WI 2002 Choice EP1 Plan 02M	AA	0040	0040	EE + Spouse	\$ 1,119.86	\$ 1,231.73	9.99%
712481	All RET < 65 - MEDC General City	WI 2002 Choice EP1 Plan 02M	AA	0040	0040	EE +1 or more Children	\$ 1,146.76	\$ 1,261.32	9.99%
712481	All RET > 65 - MEDC General City	WI 2002 Choice EP1 Plan 02M	AA	0041	0041	Employee Only	\$ 330.48	\$ 363.49	9.99%
712481	All RET > 65 - MEDC General City	WI 2002 Choice EP1 Plan 02M	AA	0041	0041	EE + Spouse	\$ 660.92	\$ 726.95	9.99%
712481	All RET > 65 - MEDC General City	WI 2002 Choice EP1 Plan 02M	AA	0041	0041	EE + Family	\$ 968.79	\$ 1,065.57	9.99%
712481	All RET > 65 - MEDC General City	WI 2002 Choice EP1 Plan 02M	AA	0041	0041	EE +1 or more Children	\$ 1,058.38	\$ 1,164.11	9.99%
712481	All RET 1 > 65, 1 < 65 - MEDC Uniform	WI 2002 Choice EP1 Plan 02M	AA	0042	0042	EE + Spouse	\$ 750.51	\$ 825.49	9.99%
712481	All RET 1 > 65, 1 < 65 - MEDC Uniform	WI 2002 Choice EP1 Plan 02M	AA	0042	0042	EE + Family	\$ 1,058.38	\$ 1,164.11	9.99%

Premium & Claims Summary Report - Paid Basis

Parameter Name	Parameter Values	Parameter Description
Customer	240328	CITY OF MILWAUKEE
Platform	LV	LOUISVILLE
Type of Customer	ENTERPRISE	CUSTOMER AND PLATFORM ABOVE ARE ENTERPRISE-LEVEL FIELDS
Auto Cross-Reference	YES	SELECT ALL SOURCE CUSTOMERS IN THE ENTERPRISE CUSTOMER
Division	BLANK	ALL SOURCE DIVISION IDS
Benefit ID	BLANK	ALL SOURCE CUSTOMER BENEFIT IDS
From Date	01-01-2007	
To Date	12-31-2007	
As Of Date	03-31-2008	
Reporting Level	ENT CUST	ENTERPRISE CUSTOMER (LINK)

EDW Underwriting Reporting

Premium & Claims Summary Report - Paid Basis

Enterprise Platform: LV	Platform: ALL SRC PLATFORMS SELECTED	Product: HMO
Ent Platform Name: LOUISVILLE	Customer: ALL SRC CUSTOMERS SELECTED	Type of Customer: ENTERPRISE
Enterprise Customer: 240328	MTV Div/CI Class: ALL SRC DIVISIONS SELECTED	Auto Cross-Ref: YES
Ent Customer Name: CITY OF MILWAUKEE	Benefit Plan: ALL SRC BENEFIT IDS SELECTED	Reporting Level: ENT CUST
Src Platform Name: ALL SOURCE PLATFORMS SELECTED	Group Number: ALL ALT CUSTOMERS SELECTED	From Date: 01-01-2007
Src Customer Name: ALL SOURCE CUSTOMERS SELECTED	MTV Ben/CAS SubGrp: ALL ALT BENEFIT IDS SELECTED	To Date: 12-31-2007
Division Name: ALL SOURCE DIVISIONS SELECTED		As Of Date: 03-31-2008

***** SUBSCRIBER COVERAGE TYPES *****

Date	EE Only	EE + Sp	EE + Ch	Family	Total	Members	Premium	Medical	RX	Total Cost*
01-2007	2,247	79	2	4,161	6,489	15,746	6,429,221	1,450,264	1,092,318	2,542,582
02-2007	2,227	81	2	4,148	6,458	15,723	6,432,247	4,101,551	1,065,335	5,166,886
03-2007	2,230	78	2	4,164	6,474	15,789	6,426,558	5,034,977	1,190,200	6,225,176
04-2007	2,253	77	2	4,192	6,524	15,899	6,459,648	4,610,222	1,170,175	5,780,396
05-2007	2,263	79	2	4,207	6,551	15,987	6,512,850	5,845,370	1,190,790	7,036,160
06-2007	2,257	82	2	4,218	6,559	16,049	6,528,312	5,701,440	1,138,955	6,840,394
07-2007	2,270	76	2	4,241	6,589	16,139	6,535,793	4,991,845	1,196,233	6,188,079
08-2007	2,257	77	2	4,244	6,580	16,139	6,568,036	6,002,098	1,259,487	7,261,586
09-2007	2,257	79	2	4,252	6,590	16,180	6,580,794	5,018,359	1,157,557	6,175,916
10-2007	2,250	79	2	4,249	6,580	16,189	6,573,255	6,255,300	1,308,306	7,563,606
11-2007	2,283	79	2	4,253	6,617	16,253	6,600,183	4,982,895	1,253,693	6,236,588
12-2007	2,279	79	2	4,253	6,613	16,246	6,597,520	5,425,280	1,302,568	6,727,848
	27,073	945	24	50,582	78,624	192,339	78,244,416	59,419,600	14,325,616	73,745,216
								Total Cost PMPM:		383.41
								Premium PMPM:		406.80

EDW Underwriting Reporting

Premium & Claims Summary Report - Incurred Basis

Parameter Name	Parameter Value	Parameter Description
Customer	240328	CITY OF MILWAUKEE
Platform	LV	LOUISVILLE
Type of Customer	ENTERPRISE	CUSTOMER AND PLATFORM ABOVE ARE ENTERPRISE-LEVEL FIELDS
Auto Cross-Reference	YES	SELECT ALL SOURCE CUSTOMERS IN THE ENTERPRISE CUSTOMER
Division	BLANK	ALL SOURCE DIVISION IDS
Benefit ID	BLANK	ALL SOURCE CUSTOMER BENEFIT IDS
From Date	01-01-2007	
To Date	12-31-2007	
As Of Date	03-31-2008	
Reporting Level	ENT CUST	ENTERPRISE CUSTOMER (LINK)

Premium & Claims Summary Report - Incurred Basis

Enterprise Platform: LV	Platform: ALL SRC PLATFORMS SELECTED	Product: HMO
Ent Platform Name: LOUISVILLE	Customer: ALL SRC CUSTOMERS SELECTED	Type of Customer: ENTERPRISE
Ent Customer Name: 240328	MTV Div/CI Class: ALL SRC DIVISIONS SELECTED	Auto Cross-Ref: YES
Ent Customer Name: CITY OF MILWAUKEE	Benefit Plan: ALL SRC BENEFIT IDS SELECTED	Reporting Level: ENT CUST
Src Platform Name: ALL SOURCE PLATFORMS SELECTED	Group Number: ALL ALT CUSTOMERS SELECTED	From Date: 01-01-2007
Src Customer Name: ALL SOURCE CUSTOMERS SELECTED	MTV Ben/CAS SubGrp: ALL ALT BENEFIT IDS SELECTED	To Date: 12-31-2007
Division Name: ALL SOURCE DIVISIONS SELECTED		As Of Date: 03-31-2008

Date	EE Only	EE + Sp	EE + Ch	Family	Total
01-2007	2,247	79	2	4,161	6,489
02-2007	2,227	81	2	4,148	6,458
03-2007	2,230	78	2	4,164	6,474
04-2007	2,253	77	2	4,192	6,524
05-2007	2,263	79	2	4,207	6,551
06-2007	2,257	82	2	4,218	6,559
07-2007	2,270	76	2	4,241	6,589
08-2007	2,257	77	2	4,244	6,580
09-2007	2,257	79	2	4,252	6,590
10-2007	2,250	79	2	4,249	6,580
11-2007	2,283	79	2	4,253	6,617
12-2007	2,279	79	2	4,253	6,613
27,073	945	24	50,582	78,624	78,624

Members	Premium	Medical*	RX	Total Cost*
15,746	6,429,221	4,892,767	1,097,088	5,989,855
15,723	6,432,247	4,945,264	1,055,979	6,001,243
15,789	6,426,558	5,805,293	1,192,977	6,998,270
15,899	6,459,648	4,958,633	1,170,174	6,128,808
15,987	6,512,850	5,442,949	1,193,409	6,636,358
16,049	6,528,312	6,257,975	1,138,456	7,396,431
16,139	6,535,793	5,771,516	1,190,557	6,962,073
16,139	6,568,036	6,108,162	1,258,920	7,367,082
16,180	6,580,794	5,190,785	1,156,950	6,347,736
16,189	6,573,255	5,865,663	1,304,627	7,170,290
16,253	6,600,183	5,961,120	1,256,104	7,217,223
16,246	6,597,520	5,216,517	1,297,319	6,513,837
192,339	78,244,416	66,416,645	14,312,560	80,729,206

Total Cost PMPM: 419.72
 Premium PMPM: 406.80
 Medical Expense Ratio: 103.18%

Date	EE Only	EE + Sp	EE + Ch	Family	Total
01-2008	0	0	0	0	0
02-2008	0	0	0	0	0
03-2008	0	0	0	0	0

Members	Premium	Premium PMPM
0	0	0.00
0	0	0.00
0	0	0.00

Premium vs Claims - Current Service Months Only

Report Filter:

Service Year/Month Include (2008-04, 2008-03, 2008-02, 2008-01)
 and
 Bill/Book Year/Month Include (2008-04, 2008-03, 2008-02, 2008-01)
 and
 Benefit Type Category Include (Medical Benefit , Managed Pharmacy Benefit , Dental Benefit)
 and
 Funding Arrangement Category Exclude (Administrative Services Only)
 and
 Policy Number Include (000712481)

Bill/Book Year/Month	Restated Billed Subscribers	Actual Restated Billed Members	Restated Billed Premium	Restated Billed Premium PSPM	Restated Billed Premium PMPM	Capitation Payments	Managed Pharmacy Payments	Other Claim Payments	Total Payments	Total Payments PSPM	Total Payments PMPM	Claim to Premium Ratio
2008-01	7,316	17,866	\$6,176,271	\$844.21	\$345.70	\$340,075	\$0	\$582,181	\$922,257	\$126.06	\$51.62	0.15
2008-02	7,334	17,913	\$6,175,543	\$842.04	\$344.75	\$339,236	\$0	\$3,776,204	\$4,115,441	\$561.15	\$229.75	0.67
2008-03	7,326	17,918	\$6,179,533	\$843.51	\$344.88	\$339,770	\$0	\$5,311,094	\$5,650,864	\$771.34	\$315.37	0.91
2008-04	7,313	17,905	\$6,182,290	\$845.38	\$345.28	\$340,419	\$0	\$4,450,925	\$4,791,343	\$655.18	\$267.60	0.78
Total	29,289	71,602	\$24,713,637	\$843.79	\$345.15	\$1,359,500	\$0	\$14,120,404	\$15,479,905	\$528.52	\$216.19	0.63