

BLUE CROSS BLUE SHIELD OF WISCONSIN

Individual Case Analysis by Diagnosis - Medical and Drug

Paid Period: 2003/12 through 2004/11

Incurred Period: 1/1/1900 - 1/1/1900

Group Number: 00WI%

High Cost Case Limit: \$25000

Coverage: Blue Cross Reg Full Pay/Copay

Dollar Range	Diag Cd	Diagnosis Description	# of Cases	Medical Paid	Drug Paid	Total Medical and Drug
\$50,000 - \$74,999	1534	MALIGNANT NEOPLASM CECUM	1	71,354.27	0.00	71,354.27
	4140	CORONARY ATHEROSCLEROSIS	1	52,314.04	0.00	52,314.04
	\$50,000 - \$74,999 Subtotal		2	123,668.31	0.00	123,668.31
Report Total			2	123,668.31	0.00	123,668.31

* Supplemental Claims are not included in Total Paid. Please refer to the Supplemental portion of your Group Agreement Claims Listing.

BLUE CROSS BLUE SHIELD OF WISCONSIN

Insured Paid Claims Report by Group

Group Number: 00WI22222

Paid Date	Medical	Capitation	Drug	Total Claims	Calculated Premium	Loss Ratio
12/1/2002	43,531.74	0.00	0.00	43,531.74	66,654.60	65.31 %
1/1/2003	78,135.07	0.00	0.00	78,135.07	70,441.10	110.92 %
2/1/2003	31,162.07	0.00	0.00	31,162.07	70,581.60	44.15 %
3/1/2003	43,871.83	0.00	0.00	43,871.83	72,150.40	60.81 %
4/1/2003	35,035.15	0.00	0.00	35,035.15	71,714.40	48.85 %
5/1/2003	50,586.78	0.00	0.00	50,586.78	71,714.40	70.54 %
6/1/2003	42,902.66	0.00	0.00	42,902.66	71,854.90	59.71 %
7/1/2003	43,950.27	0.00	0.00	43,950.27	72,134.00	60.93 %
8/1/2003	54,063.36	0.00	0.00	54,063.36	73,425.60	73.63 %
9/1/2003	42,657.75	0.00	0.00	42,657.75	73,427.50	58.10 %
10/1/2003	143,901.40	0.00	0.00	143,901.40	74,140.70	194.09 %
11/1/2003	67,816.33	0.00	0.00	67,816.33	73,719.20	91.99 %
Sum:	677,614.41	0.00	0.00	677,614.41	861,958.40	78.61 %

Group Number: 00WI22888

Paid Date	Medical	Capitation	Drug	Total Claims	Calculated Premium	Loss Ratio
12/1/2002	0.00	0.00	0.00	0.00	0.00	#DIV/0
1/1/2003	0.00	0.00	0.00	0.00	0.00	#DIV/0
2/1/2003	0.00	0.00	0.00	0.00	0.00	#DIV/0
3/1/2003	0.00	0.00	0.00	0.00	0.00	#DIV/0
4/1/2003	0.00	0.00	0.00	0.00	0.00	#DIV/0

BLUE CROSS BLUE SHIELD OF WISCONSIN**Insured Paid Claims Report by Group**

5/1/2003	0.00	0.00	0.00	0.00	140.50	0.00 %
6/1/2003	0.00	0.00	0.00	0.00	140.50	0.00 %
7/1/2003	114.27	0.00	0.00	114.27	140.50	81.33 %
8/1/2003	48.79	0.00	0.00	48.79	140.50	34.73 %
9/1/2003	0.00	0.00	0.00	0.00	140.50	0.00 %
10/1/2003	0.00	0.00	0.00	0.00	140.50	0.00 %
11/1/2003	68.32	0.00	0.00	68.32	140.50	48.63 %
Sum:	231.38	0.00	0.00	231.38	983.50	23.53 %

**Blue Cross & Blue Shield United of Wisconsin
Monthly Counts by Group**

Group Number : 00WI22222

Carrier Plan Code: 112

Plan 1 Description : Medical Institutional

Class of Risk : 01

U/A	Type of Contract - Subscriber Counts	TPS	PKG	12/03	01/04	02/04	03/04	04/04	05/04	06/04	07/04	08/04	09/04	10/04	11/04	Total	U/A
8	Single Medicare Eligible	101	151	92	92	90	89	90	90	90	90	91	90	89	89	1082	8
8	Single Medicare Eligible	102	151	198	199	200	202	202	200	203	204	203	201	201	201	2414	8
9	Employee and Spouse Both Medicare	102	151										1	1	1	3	9
10	Employee and Spouse Both Medicare	111	151	68	68	68	67	67	68	68	67	67	68	70	70	816	10
	Total Subscribers :			358	359	358	358	359	358	361	361	361	360	361	361	4315	

U/A	Type of Contract - Member Counts	TPS	PKG	12/03	01/04	02/04	03/04	04/04	05/04	06/04	07/04	08/04	09/04	10/04	11/04	Total	U/A
8	Single Medicare Eligible	101	151	92	92	90	89	90	90	90	90	91	90	89	89	1082	8
8	Single Medicare Eligible	102	151	198	199	200	202	202	200	203	204	203	201	201	201	2414	8
9	Employee and Spouse Both Medicare	102	151										1	1	1	3	9
10	Employee and Spouse Both Medicare	111	151	136	136	136	134	134	136	136	134	134	136	140	140	1632	10
	Total Member :			426	427	426	425	426	426	429	428	428	428	431	431	5131	

**Blue Cross & Blue Shield United of Wisconsin
Monthly Counts by Group**

Group Number : 00WI22222

Carrier Plan Code: 113

Plan 1 Description : Medical Institutional

Class of Risk : 02

U/A	Type of Contract - Subscriber Counts	TPS	PKG	12/03	01/04	02/04	03/04	04/04	05/04	06/04	07/04	08/04	09/04	10/04	11/04	Total	U/A
1	Single Non-Medicare	101	001	5	4	4	4	4	4	5	5	5	5	5	5	55	1
1	Single Non-Medicare	102	001	6	6	6	6	6	6	4	4	4	4	4	6	62	1
2	2 Party Non-Medicare	111	001	1	1	1	2	2	2	2	2	3	3	3	3	25	2
5	Non-Medicare of 1 Medicare/1 Non-Med	101	102										1	1	1	3	5
5	Non-Medicare of 1 Medicare/1 Non-Med	102	101	1	1	1	1	1	1	1	1	1	1	1	1	12	5
5	Non-Medicare of 1 Medicare/1 Non-Med	102	102	1	1	1	1	1	1	1	1	1	1	1	1	12	5
8	Single Medicare Eligible	101	152	1	1	1	1	1	1	1	1	1	1	1	1	12	8
8	Single Medicare Eligible	102	152	5	5	5	5	5	5	5	5	5	5	5	5	60	8
	Total Subscribers :			20	19	19	20	20	20	19	19	20	21	21	23	241	

U/A	Type of Contract - Member Counts	TPS	PKG	12/03	01/04	02/04	03/04	04/04	05/04	06/04	07/04	08/04	09/04	10/04	11/04	Total	U/A
1	Single Non-Medicare	101	001	5	4	4	4	4	4	5	5	5	5	5	5	55	1
1	Single Non-Medicare	102	001	6	6	6	6	6	6	4	4	4	4	4	6	62	1
2	2 Party Non-Medicare	111	001	2	2	2	4	4	4	4	4	6	6	6	6	50	2
5	Non-Medicare of 1 Medicare/1 Non-Medi	101	102										1	1	1	3	5
5	Non-Medicare of 1 Medicare/1 Non-Medi	102	101	1	1	1	1	1	1	1	1	1	1	1	1	12	5
5	Non-Medicare of 1 Medicare/1 Non-Medi	102	102	1	1	1	1	1	1	1	1	1	1	1	1	12	5
8	Single Medicare Eligible	101	152	1	1	1	1	1	1	1	1	1	1	1	1	12	8
8	Single Medicare Eligible	102	152	5	5	5	5	5	5	5	5	5	5	5	5	60	8
	Total Member :			21	20	20	22	22	22	21	21	23	24	24	26	266	

**Blue Cross & Blue Shield United of Wisconsin
Monthly Counts by Group**

Group Number : 00WI22888

Carrier Plan Code: 112

Plan 1 Description : Medical Institutional

Class of Risk : 01

U/A	Type of Contract - Subscriber Counts	TPS	PKG	12/03	01/04	02/04	03/04	04/04	05/04	06/04	07/04	08/04	09/04	10/04	11/04	Total	U/A
8	Single Medicare Eligible	102	151	1	1	1	1	1	1	1	1	1	1	1	1	12	8
10	Employee and Spouse Both Medicare	111	151	1	1	1	1	1	1	1	1	1	1	1	1	12	10
	Total Subscribers :			2	2	2	2	2	2	2	2	2	2	2	2	24	

U/A	Type of Contract - Member Counts	TPS	PKG	12/03	01/04	02/04	03/04	04/04	05/04	06/04	07/04	08/04	09/04	10/04	11/04	Total	U/A
8	Single Medicare Eligible	102	151	1	1	1	1	1	1	1	1	1	1	1	1	12	8
10	Employee and Spouse Both Medicare	111	151	2	2	2	2	2	2	2	2	2	2	2	2	24	10
	Total Member :			3	3	3	3	3	3	3	3	3	3	3	3	36	

**Blue Cross & Blue Shield United of Wisconsin
Monthly Counts by Group**

Group Number : 00WI22222

Carrier Plan Code: 112

Plan 1 Description : Medical Institutional

Class of Risk : 01

U/A	Type of Contract - Subscriber Counts	TPS	PKG	12/02	01/03	02/03	03/03	04/03	05/03	06/03	07/03	08/03	09/03	10/03	11/03	Total	U/A
8	Single Medicare Eligible	101	151	92	91	91	91	91	92	92	92	91	92	93	93	1101	8
8	Single Medicare Eligible	102	151	203	202	203	202	202	201	202	202	202	203	202	199	2423	8
10	Employee and Spouse Both Medicare	111	151	64	66	66	67	68	68	68	69	69	68	68	68	809	10
	Total Subscribers :			359	359	360	360	361	361	362	363	362	363	363	360	4333	

U/A	Type of Contract - Member Counts	TPS	PKG	12/02	01/03	02/03	03/03	04/03	05/03	06/03	07/03	08/03	09/03	10/03	11/03	Total	U/A
8	Single Medicare Eligible	101	151	92	91	91	91	91	92	92	92	91	92	93	93	1101	8
8	Single Medicare Eligible	102	151	203	202	203	202	202	201	202	202	202	203	202	199	2423	8
10	Employee and Spouse Both Medicare	111	151	128	132	132	134	136	136	136	138	138	136	136	136	1618	10
	Total Member :			423	425	426	427	429	429	430	432	431	431	431	428	5142	

**Blue Cross & Blue Shield United of Wisconsin
Monthly Counts by Group**

Group Number : 00WI22222

Carrier Plan Code: 113

Plan 1 Description : Medical Institutional

Class of Risk : 02

U/A	Type of Contract - Subscriber Counts	TPS	PKG	12/02	01/03	02/03	03/03	04/03	05/03	06/03	07/03	08/03	09/03	10/03	11/03	Total	U/A
1	Single Non-Medicare	101	001	4	4	4	6	5	5	5	5	5	5	5	5	58	1
1	Single Non-Medicare	102	001	6	6	6	6	6	6	6	6	6	6	6	6	72	1
2	2 Party Non-Medicare	111	001									1	1	1	1	4	2
5	Non-Medicare of 1 Medicare/1 Non-Med	102	101											1	1	2	5
5	Non-Medicare of 1 Medicare/1 Non-Med	102	102	1	1	1	1	1	1	1	1	1	1	1	1	12	5
8	Single Medicare Eligible	101	152	1	1	1	1	1	1	1	1	1	1	1	1	12	8
8	Single Medicare Eligible	102	152	5	5	5	5	5	5	5	5	5	5	5	5	60	8
	Total Subscribers :			17	17	17	19	18	18	18	18	19	19	20	20	220	

U/A	Type of Contract - Member Counts	TPS	PKG	12/02	01/03	02/03	03/03	04/03	05/03	06/03	07/03	08/03	09/03	10/03	11/03	Total	U/A
1	Single Non-Medicare	101	001	4	4	4	6	5	5	5	5	5	5	5	5	58	1
1	Single Non-Medicare	102	001	6	6	6	6	6	6	6	6	6	6	6	6	72	1
2	2 Party Non-Medicare	111	001									2	2	2	2	8	2
5	Non-Medicare of 1 Medicare/1 Non-Medi	102	101											1	1	2	5
5	Non-Medicare of 1 Medicare/1 Non-Medi	102	102	1	1	1	1	1	1	1	1	1	1	1	1	12	5
8	Single Medicare Eligible	101	152	1	1	1	1	1	1	1	1	1	1	1	1	12	8
8	Single Medicare Eligible	102	152	5	5	5	5	5	5	5	5	5	5	5	5	60	8
	Total Member :			17	17	17	19	18	18	18	18	20	20	21	21	224	

**Blue Cross & Blue Shield United of Wisconsin
Monthly Counts by Group**

Group Number : 00WI22888

Carrier Plan Code: 112

Plan 1 Description : Medical Institutional

Class of Risk : 01

U/A	Type of Contract - Subscriber Counts	TPS	PKG	05/03	06/03	07/03	08/03	09/03	10/03	11/03	Total	U/A
8	Single Medicare Eligible	102	151	1	1	1	1	1	1	1	7	8
	Total Subscribers :			1	1	1	1	1	1	1	7	

U/A	Type of Contract - Member Counts	TPS	PKG	05/03	06/03	07/03	08/03	09/03	10/03	11/03	Total	U/A
8	Single Medicare Eligible	102	151	1	1	1	1	1	1	1	7	8
	Total Member :			1	1	1	1	1	1	1	7	

BLUE CROSS BLUE SHIELD OF WISCONSIN

Insured Paid Claims Report by Group

Group Number: 00WI22222

Paid Date	Medical	Capitation	Drug	Total Claims	Calculated Premium	Loss Ratio
12/1/2003	47,927.37	0.00	0.00	47,927.37	73,438.20	65.26 %
1/1/2004	80,197.88	0.00	0.00	80,197.88	73,531.50	109.07 %
2/1/2004	65,236.48	0.00	0.00	65,236.48	73,389.70	88.89 %
3/1/2004	67,412.70	0.00	0.00	67,412.70	74,690.90	90.26 %
4/1/2004	72,435.84	0.00	0.00	72,435.84	74,832.70	96.80 %
5/1/2004	59,322.33	0.00	0.00	59,322.33	74,830.80	79.28 %
6/1/2004	43,101.59	0.00	0.00	43,101.59	74,534.70	57.83 %
7/1/2004	72,722.96	0.00	0.00	72,722.96	74,394.80	97.75 %
8/1/2004	54,288.52	0.00	0.00	54,288.52	75,835.90	71.59 %
9/1/2004	36,933.73	0.00	0.00	36,933.73	76,694.45	48.16 %
10/1/2004	60,905.31	0.00	0.00	60,905.31	77,116.05	78.98 %
11/1/2004	48,528.62	0.00	0.00	48,528.62	78,559.05	61.77 %
Sum:	709,013.33	0.00	0.00	709,013.33	901,848.75	78.62 %

Group Number: 00WI22888

Paid Date	Medical	Capitation	Drug	Total Claims	Calculated Premium	Loss Ratio
12/1/2003	0.00	0.00	0.00	0.00	419.60	0.00 %
1/1/2004	191.84	0.00	0.00	191.84	423.50	45.30 %
2/1/2004	174.46	0.00	0.00	174.46	423.50	41.19 %
3/1/2004	258.21	0.00	0.00	258.21	423.50	60.97 %
4/1/2004	347.96	0.00	0.00	347.96	423.50	82.16 %

BLUE CROSS BLUE SHIELD OF WISCONSIN**Insured Paid Claims Report by Group**

5/1/2004	815.65	0.00	0.00	815.65	423.50	192.60 %
6/1/2004	189.32	0.00	0.00	189.32	423.50	44.70 %
7/1/2004	229.03	0.00	0.00	229.03	423.50	54.08 %
8/1/2004	68.90	0.00	0.00	68.90	423.50	16.27 %
9/1/2004	122.38	0.00	0.00	122.38	423.50	28.90 %
10/1/2004	73.92	0.00	0.00	73.92	423.50	17.45 %
11/1/2004	46.30	0.00	0.00	46.30	423.50	10.93 %
Sum:	2,517.97	0.00	0.00	2,517.97	5,078.10	49.58 %