

Medical Marketing Analysis
Effective date: January 1, 2005

	CURRENT PLAN FOR IL & WI United HealthCare PPO NGM011		PROPOSED Concert PPO/PD15		PROPOSED Concert PPO/HA10		PROPOSED Concert PPO/HD10	
	Network	Non Network	Network	Non Network	Network	Non Network	Network	Non Network
<u>SUMMARY OF SERVICES:</u>								
Deductible (per calendar year)	\$500/\$1000	\$1000/\$2000	\$500/\$1500	\$1000/\$3000	\$2,000/\$6,000	\$2,000/\$6,000	\$5,000/\$15,000	\$5,000/\$15,000
Out-of-Pocket (single/family)	\$3000/\$6000	\$6000/\$12000	\$1000/\$3000	\$3000/\$9000	\$2,000/\$6,000	\$2,000/\$6,000	\$5,000/\$15,000	\$5,000/\$15,000
Coinsurance	90%	70%	90%	70%	100%	100%	100%	100%
Hospital per Admission Copay		N/A	N/A	\$250	N/A	N/A	N/A	N/A
Lifetime Maximum	\$5,000,000		\$2,000,000		\$2,000,000		\$2,000,000	
<u>PREVENTIVE CARE:</u>								
Immunizations	\$20 copay	70% after ded.	\$20 copay	70% after ded.	100%	100%	100%	100%
Routine Physicals	\$20 copay	70% after ded.	\$20 copay	70% after ded.	100%	100%	100%	100%
Routine Pap Smears	\$20 copay	70% after ded.	\$20 copay	70% after ded.	100%	100%	100%	100%
Routine Mammograms	\$20 copay	70% after ded.	\$20 copay	70% after ded.	100%	100%	100%	100%
<u>PHYSICIAN SERVICES:</u>								
Office Visits	\$20 copay	70% after ded.	\$20 copay	70% after ded.	100%	100%	100%	100%
Diagnostic tests, Labs and X-Rays	\$20 copay	70% after ded.	\$20 copay	70% after ded.	100%	100%	100%	100%
<u>OUTPATIENT SERVICE:</u>								
Surgery	90% after ded.	70% after ded.	90% after ded.	70% after ded.	100%	100%	100%	100%
Anesthesiology	90% after ded.	70% after ded.	90% after ded.	70% after ded.	100%	100%	100%	100%
<u>INPATIENT CARE:</u>								
Semi-Private Room	90% after ded.	70% after ded.	90% after ded.	70% after ded.	100%	100%	100%	100%
Ancillary Services	90% after ded.	70% after ded.	90% after ded.	70% after ded.	100%	100%	100%	100%
Maternity	90% after ded.	70% after ded.	90% after ded.	70% after ded.	100%	100%	100%	100%
<u>EMERGENCY CARE:</u>								
Hospital/Emergency Room	\$75 copay (waived if admitted)		\$100 copay (waived if admitted)		100%		100%	
<u>PRESCRIPTION DRUGS:</u>								
Retail (30 Day Supply) Generic/Brand/Non-Form	\$10/\$25/\$50 copay		\$15/\$35/\$50 copay		80%(does not apply to OOP max)		80%(does not apply to OOP max)	
Mail Order (90 Day Supply)	\$25/\$62.50/\$125 copay		\$30/\$70/\$100 copay		80%(does not apply to OOP max)		80%(does not apply to OOP max)	
<u>MENTAL HEALTH/DRUG/ALCOHOL:</u>								
Inpatient								
	90%	70%	90% (45 day max)	70% (45 day max)	100%	100%	100%	100%
Outpatient								
	\$20 copay (20 visit max)	70% (20 visit max)	90% (35 visit max)	70% (35 visit max)	100%	100%	100%	100%
					(35 visit max)		(35 visit max)	

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	CURRENT PLAN FOR IL & WI United HealthCare PPO NGM011		PROPOSED United HealthCare BD-C (113 C+ INS H S A)		PROPOSED United HealthCare BD-C (114 C+ INS H S A)		PROPOSED BCBSIL PPO 42423		PROPOSED Aetna PPO/NAP	
	Network	Non Network	Network	Non Network	Network	Non Network	Network	Non Network	Network	Non Network
<u>SUMMARY OF SERVICES:</u>										
Deductible (per calendar year)	\$500/\$1000	\$1000/\$2000	\$1100/\$2200	\$2200/\$4400	\$1100/\$2200	\$2200/\$4400	\$250/\$750	\$500/\$1500	\$500/\$1000	\$1000/\$2000
Out-of-Pocket (single/family)	\$3000/\$6000	\$6000/\$12000	\$4400/\$8800	\$4400/\$8800	\$4400/\$8800	\$4400/\$8800	\$2000/\$6000	\$4000/\$12000	\$3000/\$6000	\$6000/\$12000
Coinsurance	90%	70%	90%	70%	80%	60%	90%	70%	90%	70%
Hospital per Admission Copay		N/A		N/A		N/A	N/A	\$300	N/A	\$300
Lifetime Maximum	\$5,000,000		\$5,000,000		\$5,000,000		\$5,000,000		Unlimited	
<u>PREVENTIVE CARE:</u>										
Immunizations	\$20 copay	70% after ded.	N/A	N/A	N/A	N/A	\$20 copay	70% after ded.	\$20 copay	70% after ded.
Routine Physicals	\$20 copay	70% after ded.	N/A	N/A	N/A	N/A	\$20 copay	70% after ded.	\$20 copay	70% after ded.
Routine Pap Smears	\$20 copay	70% after ded.	N/A	N/A	N/A	N/A	\$20 copay	70% after ded.	\$20 copay	70% after ded.
Routine Mammograms	\$20 copay	70% after ded.	N/A	N/A	N/A	N/A	\$20 copay	70% after ded.	\$20 copay	70% after ded.
<u>PHYSICIAN SERVICES:</u>										
Office Visits	\$20 copay	70% after ded.	N/A	N/A	N/A	N/A	\$20 copay	70% after ded.	\$20 copay	70% after ded.
Diagnostic tests, Labs and X-Rays	\$20 copay	70% after ded.	N/A	N/A	N/A	N/A	\$20 copay	70% after ded.	\$20 copay	70% after ded.
<u>OUTPATIENT SERVICE:</u>										
Surgery	90% after ded.	70% after ded.	90%	70%	80%	70%	90% after ded.	70% after ded.	90% after ded.	70% after ded.
Anesthesiology	90% after ded.	70% after ded.	90%	70%	80%	70%	90% after ded.	70% after ded.	90% after ded.	70% after ded.
<u>INPATIENT CARE:</u>										
Semi-Private Room	90% after ded.	70% after ded.	90%	70%	80%	80%	90% after ded.	70% after ded.	90% after ded.	70% after ded.
Ancillary Services	90% after ded.	70% after ded.	90%	70%	80%	80%	90% after ded.	70% after ded.	90% after ded.	70% after ded.
Maternity	90% after ded.	70% after ded.	90%	70%	80%	80%	90% after ded.	70% after ded.	90% after ded.	70% after ded.
<u>EMERGENCY CARE:</u>										
Hospital/Emergency Room	\$75 copay (waived if admitted)		N/A		N/A		\$75 copay (waived if admitted)		\$100 copay (waived if admitted)	
<u>PRESCRIPTION DRUGS:</u>										
Retail (30 Day Supply) Generic/Brand/Non-Form	\$10/\$25/\$50 copay		\$10/\$30/\$50 copay		\$10/\$30/\$50 copay		\$15/\$30/\$50 copay		\$15/\$25/\$40 copay	
Mail Order (90 Day Supply)	\$25/\$62.50/\$125 copay		\$25/\$62.50/\$125 copay		\$25/\$62.50/\$125 copay		\$15/\$30/\$50 copay		\$30/\$50/\$80 copay (31- 60 day supply)	
<u>MENTAL HEALTH/DRUG/ALCOHOL:</u>										
Inpatient	90%	70%	90%	70%	80%	60%	90% (45 day max)	70% after \$300 hospital copay	90%	70%
Outpatient	\$20 copay (20 visit max)	70% (20 visit max)	\$20 copay (20 visit max)	70% (20 visit max)	\$20 copay (20 visit max)	70% (20 visit max)	\$20 copay (35 visit max)	70% (35 visit max)	\$25 copay (20 visit max)	50% after ded.

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	United HealthCare HMO Plan NAM044	United HealthCare HMO Plan NAM059	United HealthCare HMO Plan NAM033	BCBSIL HMO Plan H11	Aetna HMO Plan	PROPOSED Concert SO25	
						Network	Non Network
<u>SUMMARY OF SERVICES:</u>							
Combined Deductible (per calendar year)	N/A	N/A	N/A	N/A	N/A	N/A	\$1500/\$4500
Out-of-Pocket (single/family)	\$1000/\$2000	\$1500/\$3000	\$1500/\$3000	N/A	\$1500/\$3000	N/A	\$4500/\$13500
Coinsurance	100%	80%	90%	100%	100%	100%	50%
Hospital per Admission Copay	N/A	N/A	N/A	N/A	N/A	\$250 (\$50 OP copay per visit)	50%
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	\$2,000,000	
<u>PREVENTIVE CARE:</u>							
Immunizations	\$20 copay	\$15 copay	\$25 copay	\$20 copay	\$20 copay	\$15 copay	50%
Routine Physicals	\$20 copay	\$15 copay	\$25 copay	\$20 copay	\$20 copay	\$15 copay	50%
Routine Pap Smears	\$20 copay	\$15 copay	\$25 copay	\$20 copay	\$20 copay	\$15 copay	50%
Routine Mammograms	\$20 copay	\$15 copay	\$25 copay	\$20 copay	\$20 copay	\$15 copay	50%
<u>PHYSICIAN SERVICES:</u>							
Office Visits	\$20 copay	\$15 copay	\$25 copay	\$20 copay	\$20 copay	\$15 copay	50%
Diagnostic tests, Labs and X-Rays	\$20 copay	\$15 copay	\$25 copay	\$20 copay	\$20 copay	\$15 copay	50%
<u>OUTPATIENT SERVICE:</u>							
Surgery	100%	80%	90%	100%	100%	100%	50%
Anesthesiology	100%	80%	90%	100%	100%	100%	50%
<u>INPATIENT CARE:</u>							
Semi-Private Room	\$250 copay	80%	90%	100%	100%	100%	50%
Ancillary Services	\$250 copay	80%	90%	100%	100%	100%	50%
Maternity	\$250 copay	80%	90%	100%	100%	100%	50%
<u>EMERGENCY CARE:</u>							
Hospital/Emergency Room	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)	\$75 copay (waived if admitted)	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)	
<u>PRESCRIPTION DRUGS:</u>							
Retail (30 Day Supply) Generic/Brand/Non-Form	\$10/\$25/\$50 copay	\$10/\$25/\$50 copay	\$10/\$25/\$50 copay	\$10/\$20/\$35	\$10/\$30/\$50 copay	\$15/\$35/\$50 copay	
Mail Order (90 Day Supply)	\$25/\$62.50/\$125 copay	\$25/\$62.50/\$125 copay	\$25/\$62.50/\$125 copay	\$10/\$20/\$35	\$20/\$60/\$100 copay	\$30/\$70/\$100 copay	
<u>MENTAL HEALTH/DRUG/ALCOHOL:</u>							
Inpatient	\$250 copay (30 day max)	\$250 copay (30 day max)	\$250 copay (30 day max)	100% (20 day max)	100% (30 day max)		
Outpatient	\$20 copay (30 visit max)	\$20 copay (20 visit max)	\$20 copay (20 visit max)	\$20 copay (20 visit max)	\$25 copay (20 visit max)	\$250 copay (45 day max)	50%
						\$100 copay (35 visit max)	50%

SOLD 1/1/2004

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HMO

		UHC Current NAM044	UHC Renewal NAM044	UHC Choice HMO NAM033	UHC Choice HMO NAM059	UHC Choice HMO NAM044	UHC Choice HMO NAM033	UHC Choice HMO NAM059	UHC Choice HMO NAM044	UHC Choice HMO NAM033	UHC Choice HMO NAM059
<u># of Employees</u>		<u>Rates</u>	<u>Rates</u>	<u>Rates</u>	<u>Rates</u>	<u>Rates</u>	<u>Rates</u>	<u>Rates</u>	<u>Rates</u>	<u>Rates</u>	<u>Rates</u>
		IL&WI	IL&WI	IL&WI	IL&WI	IL&WI	IL&WI	IL&WI	IL&WI	IL&WI	IL&WI
Illinois											
EE Only	30	\$305.93	\$385.47	\$367.90	\$365.76	\$385.47	\$367.90	\$365.76	\$385.47	\$367.90	\$365.76
EE/SP	1	\$611.84	\$770.92	\$735.78	\$731.49	\$770.92	\$735.78	\$731.49	\$770.92	\$735.78	\$731.49
EE/CH	17	\$581.28	\$732.41	\$699.03	\$694.96	\$732.41	\$699.03	\$694.96	\$732.41	\$699.03	\$694.96
Family	11	\$978.99	\$1,233.53	\$1,177.30	\$1,170.44	\$1,233.53	\$1,177.30	\$1,170.44	\$1,233.53	\$1,177.30	\$1,170.44
Wisconsin											
EE Only	21	\$305.93	\$385.47	\$367.90	\$365.76	\$385.47	\$367.90	\$365.76	\$385.47	\$367.90	\$365.76
EE/SP	1	\$611.84	\$770.92	\$735.78	\$731.49	\$770.92	\$735.78	\$731.49	\$770.92	\$735.78	\$731.49
EE/CH	2	\$581.28	\$732.41	\$699.03	\$694.96	\$732.41	\$699.03	\$694.96	\$732.41	\$699.03	\$694.96
Family	2	\$978.99	\$1,233.53	\$1,177.30	\$1,170.44	\$1,233.53	\$1,177.30	\$1,170.44	\$1,233.53	\$1,177.30	\$1,170.44
HMO Monthly Premium		\$40,597.30	\$51,152.49	\$48,820.93	\$48,536.70	\$51,152.49	\$48,820.93	\$48,536.70	\$51,152.49	\$48,820.93	\$48,536.70
HMO Annual Premium		\$487,167.60	\$613,829.88	\$585,851.16	\$582,440.40	\$613,829.88	\$585,851.16	\$582,440.40	\$613,829.88	\$585,851.16	\$582,440.40
% Change from current			26.0%	20.3%	19.6%	26.0%	20.3%	19.6%	26.0%	20.3%	19.6%

PPO

		UHC Current NGM011	UHC Renewal NGM011	UHC Choice Plus PPO NGM011	UHC Choice Plus PPO NGM011	UHC Choice Plus PPO 113 C+ INS H S A	UHC Choice Plus PPO 113 C+ INS H S A	UHC Choice Plus PPO 113 C+ INS H S A	UHC Choice Plus PPO 114 C+ INS H S A	UHC Choice Plus PPO 114 C+ INS H S A	UHC Choice Plus PPO 114 C+ INS H S A
<u># of Employees</u>		<u>Rates</u>	<u>Rates</u>	<u>Rates</u>	<u>Rates</u>	<u>Rates</u>	<u>Rates</u>	<u>Rates</u>	<u>Rates</u>	<u>Rates</u>	<u>Rates</u>
		IL&WI	IL&WI	IL&WI	IL&WI	IL&WI	IL&WI	IL&WI	IL&WI	IL&WI	IL&WI
Illinois											
EE Only	12	329.21	\$414.80	\$414.80	\$414.80	\$317.20	\$317.20	\$317.20	\$291.40	\$291.40	\$291.40
EE/SP	3	658.40	\$829.58	\$829.58	\$829.58	\$634.38	\$634.38	\$634.38	\$582.77	\$582.77	\$582.77
EE/CH	1	625.51	\$788.14	\$788.14	\$788.14	\$602.69	\$602.69	\$602.69	\$553.66	\$553.66	\$553.66
Family	0	1,053.49	\$1,327.40	\$1,327.40	\$1,327.40	\$1,015.05	\$1,015.05	\$1,015.05	\$932.48	\$932.48	\$932.48
PPO Monthly Premium		\$6,551.23	\$8,254.48	\$8,254.48	\$8,254.48	\$6,312.23	\$6,312.23	\$6,312.23	\$5,798.77	\$5,798.77	\$5,798.77
PPO Annual Premium		\$78,614.76	\$99,053.76	\$99,053.76	\$99,053.76	\$75,746.76	\$75,746.76	\$75,746.76	\$69,585.24	\$69,585.24	\$69,585.24
% Change from current			26.0%	26.0%	26.0%	-3.6%	-3.6%	-3.6%	-29.8%	-29.8%	-8.1%
TOTAL MONTHLY PREMIUM		\$47,148.53	\$59,406.97	\$57,075.41	\$56,791.18	\$57,464.72	\$55,133.16	\$54,848.93	\$56,951.26	\$54,619.70	\$54,335.47
TOTAL ANNUAL PREMIUM		\$565,782.36	\$712,883.64	\$684,904.92	\$681,494.16	\$689,576.64	\$661,597.92	\$658,187.16	\$683,415.12	\$655,436.40	\$652,025.64
Annual Difference from current (in \$)			\$147,101.28	\$119,122.56	\$115,711.80	\$123,794.28	\$95,815.56	\$92,404.80	\$117,632.76	\$89,654.04	\$86,243.28
Annual Difference in %			26.0%	21.1%	20.5%	21.9%	16.9%	16.3%	20.8%	15.8%	15.2%

NOTE:
H S A Compatible rates assume roll-over of PPO enrollment
H S A Compatible Options can be added as an additional plan
H S A Plan Options require an H S A Monthly Maintenance Bank Fee of: \$3.00 Per Account Per Month IF ExanteBank is Used
H S A Plan Options have a \$25.00 Termination Fee Per Account Per Termination if ExanteBank is Used

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HMO

		UHC Current NAM044	UHC Renewal NAM044	BCBSIL* Proposed H11	BCBSIL* Proposed H11	BCBSIL Proposed H11	Aetna Proposed HMO	Aetna Proposed HMO	Concert Proposed Revised - SO25	Concert Proposed HA10	Concert Proposed HD10
# of Employees		Rates	Rates	Rates	Rates	Rates	Rates	Rates	Rates	Rates	Rates
Illinois		IL&WI	IL&WI								
EE Only	30	\$305.93	\$385.47	\$289.24	\$289.24	\$289.24	\$275.70	\$275.70	\$344.93	\$304.02	\$222.37
EE/SP	1	\$611.84	\$770.92	\$605.35	\$605.35	\$605.35	\$642.80	\$642.80	\$723.99	\$638.12	\$466.63
EE/CH	17	\$581.28	\$732.41	\$575.35	\$575.35	\$575.35	\$556.10	\$556.10	\$671.97	\$592.25	\$433.01
Family	11	\$978.99	\$1,233.53	\$891.46	\$891.46	\$891.46	\$841.00	\$841.00	\$1,085.49	\$956.71	\$699.48
Wisconsin		PPO	PPO								
EE Only	21	\$305.93	\$385.47	\$289.24	\$390.41	\$289.24	\$275.70	\$347.85	\$344.93	\$304.02	\$222.37
EE/SP	1	\$611.84	\$770.92	\$605.35	\$817.07	\$605.35	\$642.80	\$653.71	\$723.99	\$638.12	\$466.63
EE/CH	2	\$581.28	\$732.41	\$575.35	\$776.58	\$575.35	\$556.10	\$629.55	\$671.97	\$592.25	\$433.01
Family	2	\$978.99	\$1,233.53	\$891.46	\$1,203.24	\$891.46	\$841.00	\$935.41	\$1,085.49	\$956.71	\$699.48
HMO Monthly Premium		\$40,597.30	\$51,152.49	\$38,482.57	\$41,844.88	\$38,482.57	\$36,845.20	\$38,706.98	\$45,918.21	\$40,471.24	\$29,594.56
HMO Annual Premium		\$487,167.60	\$613,829.88	\$461,790.84	\$502,138.56	\$461,790.84	\$442,142.40	\$464,483.76	\$551,018.52	\$485,654.88	\$355,134.72
% Change from current			26.0%	-5.2%	3.1%	-5.2%	-9.2%	-4.7%	13.1%	-0.3%	-27.1%

PPO

		UHC Current NGM011	UHC Renewal NGM011	BCBSIL Proposed 42423	BCBSIL Proposed 42423	BCBSIL Proposed \$2500 ded 100%	Aetna Proposed NAP	Aetna Proposed NAP	Concert Proposed PD15	Concert Proposed HA10	Concert Proposed HD10
# of Employees		Rates	Rates	Rates	Rates	Rates	Rates	Rates	Rates	Rates	Rates
Illinois											
EE Only	12	329.21	\$414.80	\$390.41	\$390.41	\$259.77	\$347.85	\$347.85	\$369.87	\$304.02	\$222.37
EE/SP	3	658.40	\$829.58	\$817.07	\$817.07	\$543.65	\$653.71	\$653.71	\$776.33	\$638.12	\$466.63
EE/CH	1	625.51	\$788.14	\$776.58	\$776.58	\$516.70	\$629.55	\$629.55	\$720.55	\$592.25	\$433.01
Family	0	1,053.49	\$1,327.40	\$1,203.24	\$1,203.24	\$800.59	\$935.41	\$935.41	\$1,163.96	\$956.71	\$699.48
PPO Monthly Premium		\$6,551.23	\$8,254.48	\$7,912.71	\$7,912.71	\$5,264.83	\$6,764.88	\$6,764.88	\$7,487.98	\$6,154.85	\$4,501.34
PPO Annual Premium		\$78,614.76	\$99,053.76	\$94,952.52	\$94,952.52	\$63,177.96	\$81,178.56	\$81,178.56	\$89,855.76	\$73,858.20	\$54,016.08
% Change from current			26.0%	20.8%	20.8%	-36.2%	3.3%	3.3%	14.3%	-6.1%	-31.3%
TOTAL MONTHLY PREMIUM		\$47,148.53	\$59,406.97	\$46,395.28	\$49,757.59	\$43,747.40	\$43,610.08	\$45,471.86	\$53,406.19	\$46,626.09	\$34,095.90
TOTAL ANNUAL PREMIUM		\$565,782.36	\$712,883.64	\$556,743.36	\$597,091.08	\$524,968.80	\$523,320.96	\$545,662.32	\$640,874.28	\$559,513.08	\$409,150.80
Annual Difference from current (in \$)			\$147,101.28	(\$9,039.00)	\$31,308.72	(\$40,813.56)	(\$42,461.40)	(\$20,120.04)	\$75,091.92	(\$6,269.28)	(\$156,631.56)
Annual Difference in %			26.0%	-1.6%	5.5%	-7.2%	-7.5%	-3.6%	13.3%	-1.1%	-27.7%
Northpointe costs based on 80%		\$452,625.89	\$570,306.91	\$445,394.69	\$485,742.00	\$419,975.04	\$418,656.77	\$454,107.00	\$512,699.42	\$447,610.46	\$327,320.64

Note: BCBS HMO only available to Illinois employees.