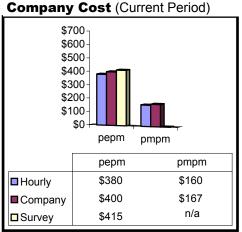
# **Executive Summary**

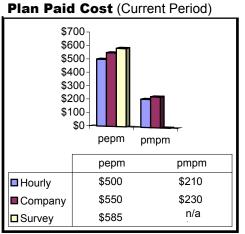
# **XYZ** Corporation

### Data Incurred Through 12/31/06 Paid Through 03/31/07

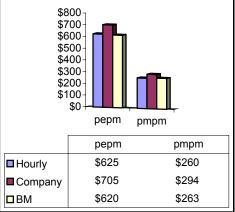
**MedMAP** 

### **Self-Insured Plans**

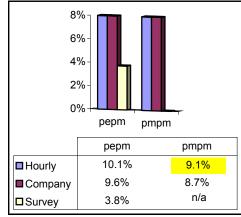




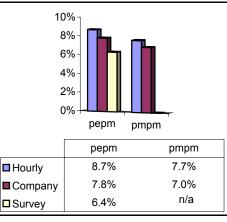
# Total Plan Cost (Current Period)



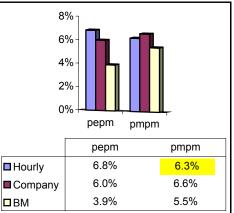
### **Company Cost Increase**



### **Plan Paid Cost Increase**



#### **Total Plan Cost Increase**



## **Plan Cost Data**

	Calendar 2006 Year End		Calendar 2005 Year End		Percent Change	
	Hourly	Company	Hourly	Company	Hourly	Company
Covered Lives						
Employees	2,725	5,150	2,700	5,300	0.9%	-2.8%
Total Members	6,550	12,349	6,473	12,724	1.2%	-2.9%
Plan Costs (in 000s)						
Total Plan Cost	\$20,438	\$43,569	\$18,954	\$42,294	7.8%	3.0%
Patient Cost / COB	\$4,073	\$9,549	\$4,038	\$9,818	0.9%	-2.7%
Stop-Loss Reimb	\$15	\$30	\$12	\$40	25.0%	-25.0%
Plan Paid Cost	\$16,350	\$33,990	\$14,904	\$32,436	9.7%	4.8%
Employee Contribution	\$3,924	\$9,270	\$3,726	\$9,222	5.3%	0.5%
Company Cost	\$12,426	\$24,720	\$11,178	\$23,214	11.2%	6.5%

•

•

Phone: (402) 614-1844

Page 3

Fax: (402) 614-1845

•