

F FUNDamentals

September 2004

The newsletter from your Wisconsin Health Fund PO Box 601 Milwaukee WI 53201

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FREE VISIT!!!
Try us for the first time or come visit us again!
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Remember to notify WHF if you have a change of address, phone number, or other insurance coverage

OUR MISSION

Enriching lives
through progressive
benefits,
compassionate care,
and exceptional
service.

JOIN US AT WHF'S ANNUAL HEALTH FAIR

WHF invites members and their families to attend the 9th annual Health Fair **Thursday**, **November 11th** and **Saturday**, **November 13th** at the WHF Health Center, 6200 W. Bluemound Road in Milwaukee.

WHF staff will be joined by many health-related organizations to provide participants with medical and dental information and screenings to help evaluate and understand the risks for development of certain diseases.

Information will be available on a variety of topics including women's health issues, cancer detection and treatment, kidney disease, mental health, chemical dependency, arthritis, Celiac Disease and more. WHF physicians will also present health related mini-seminars.

Blood pressure checks, lung function testing and foot evaluations will be available, along with diabetic and cholesterol screenings. Random cholesterol screenings, which do not require fasting, will take place on Thursday. A full lipid panel will be done on Saturday, this test requires a 12-hour fast prior to testing.

Flu shots will be given both days for \$10.00 for adults 18 years and older (see page 2 for information on Pediatric Flu Shot Days).

The Health Fair is open to all WHF participants, family and friends. It takes place from 5:15p.m. to 7:15p.m. on Thursday and from 8:00a.m. to noon on Saturday. There is no admission fee. Bring in a non-perishable food item and have your name entered in a drawing for prizes (sponsored by area businesses). One entry per person.



WHF was proud to support organized labor by participating in the 2004 LaborFest.

WHF PEDIATRIC FLU SHOT DAYS

The Center for Disease Control (CDC) recommends that all children receive the flu vaccine.

WHO: Pediatric patients ages 3 thru 17 years.

If child is under 3 years of age or has a chronic condition (i.e.: Diabetes, Asthma) an appointment with a

pediatrician is required for a flu shot.

WHEN: 1. TUESDAY OCTOBER 19TH, 2004 FROM 4:00 TO 6:00 P.M. (NO APPOINTMENT NEEDED)

This day is **ONLY** for pediatric patients who are ages 3 to 9 years and have **NEVER** had a flu shot. These patients require 2 separate doses 30 days apart. The first dose will be given on this day.

2. THURSDAY, NOVEMBER 18TH, 2004 FROM 4:00 TO 6:00 P.M. (NO APPOINTMENT NEEDED)

This day is **ONLY** for pediatric patients who are ages 3 to 17 years who require only one dose of flu vaccine and those getting their second dose from the above date.

COST: \$10.00 for each injection.

**For a child that requires two doses it will be \$10.00 for each injection.

WHERE: WHF MEDICAL & DENTAL CENTER, 2ND FLOOR (MEDICAL CENTER),

6200 W. BLUEMOUND ROAD, MILWAUKEE, 414-771-5600

Customer Satisfaction

At Wisconsin Health Fund, we pride ourselves in providing the best care and service possible. To evaluate our success we plan to conduct a Customer Satisfaction Survey every Spring and Fall. Our first survey was this past April. Two hundred and seventy-three patients completed the survey and the results were overwhelmingly positive.

- 100% of those surveyed would recommend their WHF doctor to a family member or friend.
- 99% would recommend the WHF Medical Clinic to friends or family.
- 93% found that the overall responsiveness of our staff to their needs was exceptional.

Each individual department was rated on a number of different key areas including promptness, courteousness, quality of care, as well as the appearance of our staff and waiting areas.

* 99% of those surveyed rated us good or excellent in each category.

We appreciate the time spent by those who participated in the survey. We look forward to your continued input to help us make the WHF Medical Clinic the premier clinic of its kind.



WHF Holiday Schedule



November 2004

Sun	Mon	Tue	Wed	Thur	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Closed at Noon

Closed all Day

December 2004

December 2004									
Sun	Mon	Tue	Wed	Thur	Fri	Sat			
			1	2	3	4			
5	6	7	8	9	10	11			
12	13	14	15	16	17	18			
19	20	21	22	23	24	25			
26	27	28	29	30	31				

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SUMMARY ANNUAL REPORT FOR WISCONSIN HEALTH FUND

This is a summary of the annual report for the WISCONSIN HEALTH FUND, (EIN 39-1762582, Plan No. 501) for the calendar year 2003. The annual report has been filed with the Internal Revenue Service, as required under the Employee Retirement Act of 1974 (ERISA).

Wisconsin Health Fund has committed itself to pay medical, dental, optical, disability, and life insurance claims incurred under the terms of the plan.

Insurance Information

The plan has a contract with the Metropolitan Life Insurance Company to pay all life insurance claims incurred under the terms of the plan. The total premiums paid for the plan year ended December 31, 2003 was \$409,163.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$10,542,243 as of December 31, 2003 compared to \$6,405,369 as of January 1, 2003. During the plan year the plan experienced an increase in its net assets of \$4,136,874. This increase included unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the price the plan originally paid for these assets. During the plan year, the plan had total income of \$44,986,663 including employer and participant contributions of \$41,143,968, sales of drugs of \$1,543,033, administrative charges of \$637,247, other income of \$1,654,323 and a net income from investments of \$8,092.

Plan expenses were \$40,849,789. These expenses included \$2,950,909 in administrative expenses and \$37,898,880 in benefits paid to participants and beneficiaries.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- An accountant's report;
- Assets held for investment;
- 3. Fiduciary information, including non-exempt transactions between the plan and parties-in-interest (that is, persons who have certain relationships with the plan);
- 4. Transactions in excess of 5 percent of the plan assets; and
- 5. Insurance information including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Mr. Michael S. Lovely who is the Executive Director, 6200 W. Bluemound Road, Milwaukee, WI 53213, (414) 771-5600. The charge to cover copying costs will be \$5.50 for the full annual report, or \$.25 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompany notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan, 6200 W. Bluemound Road, Milwaukee, WI 53213, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to Public Disclosure Room N2677, Pension and Welfare Benefit Programs, U.S. Department of Labor, 200 Constitution Avenue, NW, Washington, DC 20216.

THE SUMMARY ANNUAL REPORT (SAR) UNDER ERISA A CROSS REFERENCE TO THE ANNUAL REPORT

SAR ITEM FORM 5500 LINE ITEM

- 1. Name of insurance carrier
- 2. Total insurance premium
- 3. Experience-rated premiums
- 4. Experience-rated claims
- 5. Value of Plan assets (net)
 - a. End of plan vear
 - b. Beginning of plan year
- 6. Change in net assets
- 7. Total income
 - a. Employer contributions
 - b. Employee contributions
 - c. Change in sales of assets
 - d. Earnings from investments
- 8. Total plan expenses
- 9. Administrative expenses
- 10. Benefits Paid
- 11. Other expenses

- Sched. A, Part 1, item 1(a) Sched. A, Part 111, item 9(a)
- Sched. A, Part 111, item 8(a) (4)
- Sched. A, Part 111, item 8(b) (4)
- Sched. H, Part 1, item 1(L)Column (b)
- Sched. H, Part 1, item 1(L)Column (a)
- Sched. H, Part 11, item 2(K) Column (b)
- Sched. H, Part 11, item 2(d) Column (b)
- Sched. H, Part 11, item 2(a) (1) (a), Column (a)
- Sched. H, Part 11, item 2(a) (1) (b), Column (a)
- Sched. H, Part 11, item 2(b) (4) (c), Column (b)
- Sched. H, Part 11, item 2(b)
- Sched. H, Part 11, item 2(J), Column (b)
- Sched. H, Part 11, item 2(i) (5), Column (b)
- Sched. H, Part 11, item 2(e) (4), Column (b)
- Sched. H, Part 11, item 2(i) (4), Column (a)

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Wisconsin Health Fund **FUNDamentals**

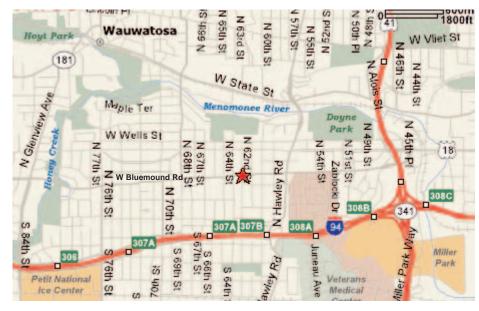
PO Box 601 Milwaukee, WI 53201

(414) 771-5600 or Toll-free (800) 524-3538

WHF Customer Service (888) 208-8808

WHF On-line www.whfund.org

Schedule a private tour by calling Director of Member Services Gail Stelmaszewski at (414) 479-3693 The WHF Medical Center is conveniently located at 6200 W. Bluemound Rd. in Milwaukee. Bluemound Rd. is one half mile north of I-94.



FREE VISIT * FREE VISIT * FREE VISIT * FREE VISIT * FREE VISIT *FREE VISIT *FREE VISIT *FREE VISIT *FREE VISIT R E WHF Medical Center: Come Try Us for Free!!!! Next time you or someone in your family needs a check-up or has a health question you'd like to discuss privately with a doctor, make an appointment at the WHF Medical Center and YOUR VISIT IS ON US - no co-pay, no cost to you! Simply present this coupon when you check in. S Available to WHF Active Members only. Covered services only. Τ Address: E v Is this your first visit to the WHF Medical Center? Yes: No: No payment. No obligation. One Coupon per patient. Any follow-up care, including referrals for outside care or subsequent visits are subject to co-pay depending on your Plan's coverage. Offer expires 12-31-04. Coupon cannot be duplicated. Federal law prohibits the use of this offer by individuals eligible for Medicare or Medicaid.

^{*} FREE VISIT * FREE VISIT *

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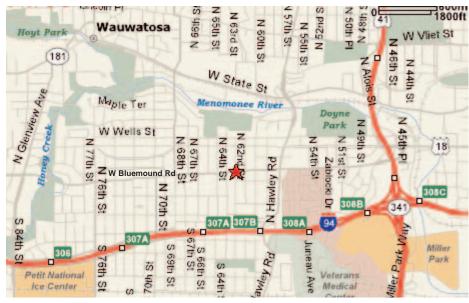
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*	FREE VISIT *	ķ						
3	WHF Medical Center: PRIMARY CARE PHYSICIAN VISIT FREE!!!!]						
3	Next time you or someone in your family needs a check-up or has a health question you'd like to]						
[discuss privately with a doctor, make an appointment at the WHF Medical Center and YOUR VISIT IS ON US! Simply present this coupon when you check in. Available to WHF Active							
5	Retirees only. *Primary Care Physician Visit Only.							
Γ	Name:	,						
	Address:	1						
3	City: Zip:]						
	Is this your first visit to the WHF Medical Center? Yes: No:							
3	No payment for primary care visit. No obligation. One Coupon per patient. Any follow-up care, including referrals for outside care or subsequent visits are subject to deductible and co-insurance depending on your Plan's coverage. Offer expires 12-31-04. Coupon cannot be duplicated. If needed, you will be responsible for any charges related to diagnostic testing (i.e. laboratory and radiology) and rehabilitation (i.e. chiropractic and physical therapy). Federal law prohibits the use of this offer by individuals eligible for Medicare or Medicaid.							
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