

Annual Core Report

Iowa Bankers Combined



How This Report Can Help You

The Wellmark Financial and Utilization Summary report provides medical cost and utilization information to help your organization make informed decisions regarding health care benefit programs. This report can help answer the following questions:

- ⌄ How do my claims per employee for medical care compare with the prior period?
- ⌄ What are the demographics of my employees (i.e., age/sex)?
- ⌄ How have the rates and types of medical service and utilization changed?
- ⌄ What types of services accounted for the largest portions of my group's health care dollars?
- ⌄ How much savings did my group reap from using the network of providers?

Purpose of This Report

This report is designed to:

- ⌄ Interpret trends in medical cost and utilization.
- ⌄ Provide a comparative analysis of two years of data.
- ⌄ Provide a comparison to a composite of other Wellmark enrolled groups. These comparisons are general indicators, since benefit elements such as co-payments may vary somewhat among individual groups and may account for cost differences. Employee demographics (age/sex), retired member population, geographic location, and health status may also vary significantly among groups.

Contents of This Report

- ⌄ Comparative data for the current and prior period
- ⌄ Enrollment Statistics
- ⌄ Charge Detail – Charge per: Admission, Visit, and Service
- ⌄ Utilization Detail - Number of: Days, Admissions, Visits, Services, and Length of Inpatient Facility Stay
- ⌄ Payments by provider type - Inpatient versus Outpatient versus Practitioner
- ⌄ Payments Per Member
- ⌄ Key areas of concern by diagnostic category

Study Period

The information in this report is for medical and pharmaceutical benefits received by members during the following service dates:

Current Period:

January 01, 2009 through December 31, 2009, paid through January 31, 2010.

Prior Period:

January 01, 2008 through December 31, 2008, paid through January 31, 2010.

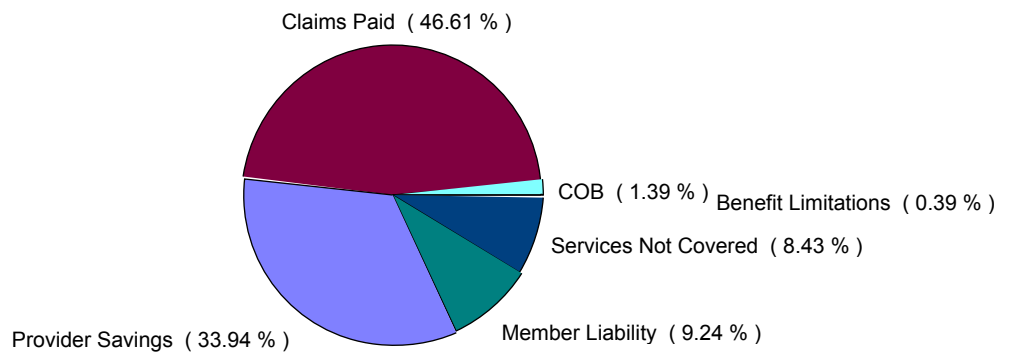
Note: there is a run-out of claims included to account for the majority of claims that were incurred, but had not been processed during the specified time periods.

Savings - PPO (Non-HMO)

January 01, 2009 through December 31, 2009

Claims Paid	\$64,196,786	
Provider Savings	\$46,742,688	
Facility Savings		\$22,849,425
Practitioner Savings		\$15,154,105
Blue Card Savings		\$8,739,158
Coordination of Benefits Savings	\$1,068,144	
Medicare		\$477,743
Primary Payor Liability		\$567,999
Worker's Compensation		\$0
Subrogation		\$22,402
Member Liability	\$12,725,044	
Deductible		\$7,486,945
Coinsurance		\$5,237,844
Co-Payments		\$255
Benefit Limitations	\$538,117	
Covered Charges	\$125,270,778	
Services Not Covered (i.e., duplicate claims, members not covered)	\$11,617,532	
Fully Paid by Other Payor	\$846,342	
Provider Savings as a Percentage of Covered Charge	37.31 %	

Distribution of Billed Charges



Financial And Utilization Summary - PPO (Non-HMO)

Cost and Enrollment Trends for your PPO (Non-HMO) Plan

The Financial and Utilization Summary provides information to help you understand how benefits are used by your employees and their dependents and what those benefits cost. This section includes demographic information, charge, claims paid and utilization by place and type of service as well as your group's previous 12-month statistics for comparison purposes.

Pharmacy drugs covered under your drug card are summarized in a separate report. Pharmacy charges covered under your health plan are included in this report, except as noted on specific pages.

	Prior	Current	Percent Change
Covered Charge	\$119,058,592	\$132,786,493	11.5 %
Inpatient	\$34,386,095	\$37,079,279	7.8 %
Outpatient	\$46,757,132	\$54,464,495	16.5 %
Office	\$32,015,400	\$36,729,048	14.7 %
Other	\$5,899,965	\$4,513,672	(23.5 %)
Claims Paid	\$61,957,790	\$68,048,321	9.8 %
Inpatient	\$17,975,287	\$18,767,387	4.4 %
Outpatient	\$20,225,779	\$23,672,932	17.0 %
Office	\$20,038,280	\$22,983,499	14.7 %
Other	\$3,718,444	\$2,624,502	(29.4 %)
Covered Charge Per Member ¹	\$4,837	\$5,377	11.2 %
Inpatient	\$1,397	\$1,502	7.5 %
Outpatient	\$1,899	\$2,206	16.2 %
Office	\$1,301	\$1,487	14.3 %
Other	\$240	\$183	(23.8 %)
Claims Paid Per Member ¹	\$2,517	\$2,756	9.5 %
Inpatient	\$730	\$760	4.1 %
Outpatient	\$822	\$959	16.7 %
Office	\$814	\$931	14.4 %
Other	\$151	\$106	(29.8 %)
Average Number of Members (Employees and Their Dependents)	24,616	24,694	0.3 %

¹ Annualized if less than 12 months of data.

Financial And Utilization Summary - PPO (Non-HMO)

Aggregate Claims Paid for a Member by Range

	Prior		
	Claims Paid	# of Members**	% of Membership
No Claims	\$0	4,099	14.7 %
\$.00 - \$250	\$797,583	6,528	23.4 %
\$251 - \$500	\$1,639,653	4,468	16.0 %
\$501 - \$1,000	\$3,257,826	4,586	16.5 %
\$1,001 - \$2,500	\$6,088,490	3,862	13.9 %
\$2,501 - \$5,000	\$6,409,832	1,833	6.6 %
\$5,001 - \$20,000	\$18,524,387	1,966	7.1 %
\$20,001 - \$35,000	\$7,178,939	272	1.0 %
\$35,001 - \$50,000	\$4,126,842	97	0.3 %
\$50,001 - \$75,000	\$4,559,856	75	0.3 %
\$75,001 - \$100,000	\$2,694,459	32	0.1 %
\$100,001 - \$200,000	\$4,691,888	37	0.1 %
\$200,001 - \$500,000	\$922,367	4	0.0 %
\$500,001+	\$1,068,185	1	0.0 %
Other	(\$2,519)	11	0.0 %
Total	\$61,957,790	27,871	100.0 %
	Current		
	Claims Paid	# of Members**	% of Membership
No Claims	\$0	3,355	12.4 %
\$.00 - \$250	\$825,270	6,145	22.7 %
\$251 - \$500	\$1,747,041	4,451	16.4 %
\$501 - \$1,000	\$3,465,568	4,574	16.9 %
\$1,001 - \$2,500	\$6,981,387	4,146	15.3 %
\$2,501 - \$5,000	\$7,127,764	1,910	7.1 %
\$5,001 - \$20,000	\$19,511,717	1,958	7.2 %
\$20,001 - \$35,000	\$7,874,298	287	1.1 %
\$35,001 - \$50,000	\$4,547,319	102	0.4 %
\$50,001 - \$75,000	\$4,727,307	75	0.3 %
\$75,001 - \$100,000	\$2,994,596	32	0.1 %
\$100,001 - \$200,000	\$4,226,242	29	0.1 %
\$200,001 - \$500,000	\$3,369,249	11	0.0 %
\$500,001+	\$682,984	1	0.0 %
Other	(\$32,421)	10	0.0 %
Total	\$68,048,321	27,086	100.0 %

Note: Valid bands are \$.00 - \$250, \$251 - \$500, \$501 - \$1,000, \$1,001 - \$2,500, \$2,501 - \$5,000, \$5,001 - \$20,000, \$20,001 - \$35,000, \$35,001 - \$50,000, \$50,001 - \$75,000, \$75,001 - \$100,000, \$100,001 - \$200,000, \$200,001 - \$500,000, \$500,000 +

** A member is counted as any one individual covered at least one day during the plan period.

Financial And Utilization Summary - PPO (Non-HMO)

Costs by Member Type

	Prior			Current		
	% of Membership	Covered Charges	Claims Paid	% of Membership	Covered Charges	Claims Paid
Employee	44.9 %	\$61,217,013	\$31,977,302	45.1 %	\$69,385,690	\$35,690,448
Spouse	22.9 %	\$37,640,881	\$19,274,808	22.5 %	\$38,852,931	\$19,603,023
Dependents	32.2 %	\$20,200,699	\$10,705,681	32.5 %	\$24,547,872	\$12,754,849
Total	100.0 %	\$119,058,592	\$61,957,790	100.0 %	\$132,786,493	\$68,048,321

Financial And Utilization Summary - PPO (Non-HMO)

Inpatient use and cost trends show your company's covered charge and use information in a manner that reflects how the health care delivery system is used. This inpatient section of the report combines all facility, practitioner and other claims for services provided in the hospital inpatient setting.

Hospital Inpatient Utilization and Costs - PPO (Non-HMO)

	Prior	Current	Percent Change	Wellmark Book of Business
Admissions per 1,000 Members	54	52	(3.7 %)	63
Days per 1,000 Members	198	204	3.0 %	237
Average Length of Stay	3.6	3.9	8.3 %	3.8
Covered Charge per Adm	\$25,777	\$28,968	12.4 %	\$27,881
Claims Paid per Admission	\$13,475	\$14,662	8.8 %	\$12,734

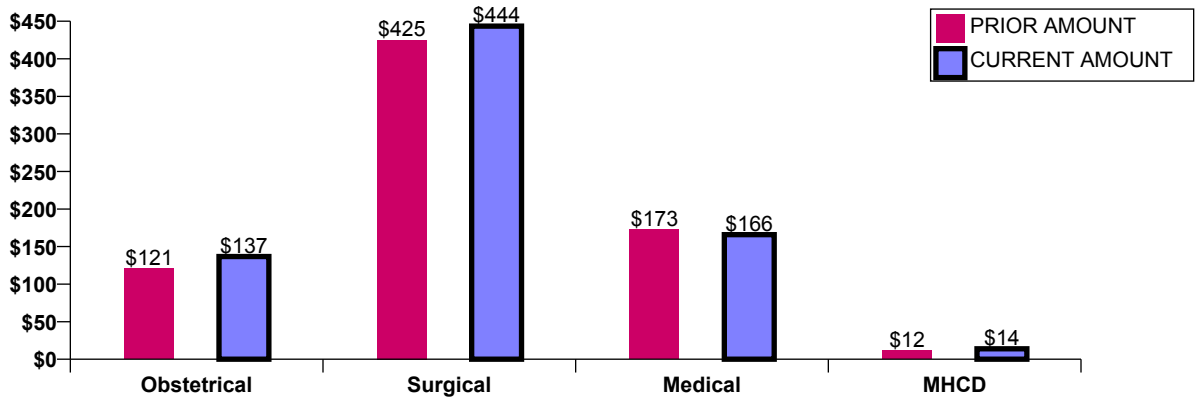
Inpatient Covered Charges and Claims Paid - PPO (Non-HMO)

	Prior		Current	
	Covered Charges	Claims Paid	Covered Charges	Claims Paid
Obstetrical	\$5,306,667	\$2,968,841	\$6,307,243	\$3,375,662
Surgical	\$20,970,034	\$10,460,297	\$22,475,023	\$10,951,873
Medical	\$7,575,138	\$4,261,545	\$7,676,949	\$4,096,948
MHCD	\$534,257	\$284,604	\$620,065	\$342,904
Total	\$34,386,095	\$17,975,287	\$37,079,279	\$18,767,387

Inpatient Covered Charge Per Member - PPO (Non-HMO)

	Prior	Current	Percent Change	Wellmark Book of Business
Obstetrical	\$216	\$255	18.1%	\$228
Surgical	\$852	\$910	6.8%	\$1,083
Medical	\$308	\$311	1.0%	\$405
MHCD	\$22	\$25	13.6%	\$37
Total	\$1,397	\$1,502	7.5%	\$1,753

Inpatient Claims Paid per Member by Type of Service - PPO (Non-HMO)



Note on Covered Charges

We use "covered charges" when we compare your utilization and cost statistics to Wellmark Book of Business. This is done so a valid comparison can be made between your group and our book of business. Comparisons of "claims paid" to the book of business may vary significantly from group to group due to benefit differences.

Financial And Utilization Summary - PPO (Non-HMO)

Inpatient Services Summary - Obstetrical - PPO (Non-HMO)

The number of obstetrical admissions experienced by your group may be due to the number of covered members of childbearing age. It is, therefore, of greater value to evaluate outcomes of those pregnancies.

	Prior	Current	Percent Change	Wellmark Book of Business
Admissions per 1,000 Members	15	15	0.0 %	13
Average Length of Stay	2.7	2.9	7.4 %	2.9
Covered Charge per Admission	\$14,342	\$17,423	21.5 %	\$17,467
Claims Paid per Admission	\$8,024	\$9,325	16.2 %	\$9,031

Pregnancy Outcomes - PPO (Non-HMO)

	Prior	Current	Wellmark Book of Business
Normal Deliveries	5.4 %	3.7 %	4.6 %
Deliveries with Minor Complications	44.4 %	36.9 %	37.3 %
Complicated Deliveries	26.8 %	25.1 %	26.8 %
Complications of Pregnancy	23.4 %	34.3 %	31.2 %
Caesareans as Percent of Total Deliveries	26.6 %	30.9 %	29.2 %

Inpatient Services Summary - Surgical Services - PPO (Non-HMO)

Understanding the conditions resulting in surgical interventions for your employee group allows insight into potential prevention, education and cost control initiatives.

	Prior	Current	Percent Change	Wellmark Book of Business
Admissions per 1,000 Members	22	21	(4.5 %)	26
Average Length of Stay	3.7	4.5	21.6 %	4.2
Covered Charge per Admission	\$38,548	\$43,726	13.4 %	\$41,842
Claims Paid per Admission	\$19,228	\$21,307	10.8 %	\$18,383

Most Costly Surgical Admissions - Percent of Charges - PPO (Non-HMO)

	Prior	Current	Wellmark Book of Business
Heart Dis Ischemic	11.6 %	13.0%	10.9 %
Joint Dis Degenerative	14.1 %	12.9%	10.9 %
Neoplasms Malignant	9.8 %	8.1%	9.6 %
Back Pain Low Dis & Syndromes	4.2 %	4.8%	3.5 %
Dorsopathies	2.7 %	4.4%	3.1 %
Total Most Costly	42.5%	43.3%	38.0 %

Financial And Utilization Summary - PPO (Non-HMO)

Inpatient Services Summary - Medical - PPO (Non-HMO)

Understanding the medical conditions for which your employee group is seeking health care services allows insight into potential prevention, education and cost control initiatives.

	Prior	Current	Percent Change	Wellmark Book of Business
Admissions per 1,000 Members	15	14	(6.7 %)	20
Average Length of Stay	4.0	3.9	(2.5 %)	3.5
Covered Charge per Admission	\$20,754	\$21,625	4.2 %	\$20,309
Claims Paid per Admission	\$11,675	\$11,541	(1.2 %)	\$9,465

Most Costly Medical Admissions - Percent of Charges - PPO (Non-HMO)

	Prior	Current	Wellmark Book of Business
Perinatal Other	13.6 %	8.8 %	5.0 %
Injury Surgical Complications	1.6 %	6.0 %	2.1 %
Resp Sys Other	2.2 %	5.6 %	4.5 %
Medical & Surgical Aftercare	5.4 %	5.5 %	7.5 %
Resp Acute Lower	4.0 %	5.1 %	6.2 %
Total Most Costly	26.8 %	31.0 %	25.3 %

Inpatient Services Summary - MHCD - PPO (Non-HMO)

Mental health and chemical dependency problems are often associated with long lengths of stay and recurrent admissions. Education and awareness programs may encourage individuals to seek treatment earlier and, thus, avoid extended and costly hospital stays.

	Prior	Current	Percent Change	Wellmark Book of Business
Admissions per 1,000 Members	2	2	0.0 %	4
Average Length of Stay	6.9	5.9	(14.5 %)	5.4
Covered Charge per Admission	\$9,714	\$12,654	30.3 %	\$9,329
Claims Paid per Admission	\$5,175	\$6,998	35.2 %	\$4,589

Admissions by Diagnostic Category - PPO (Non-HMO)

	Prior	Current
Depression	19	27
Bipolar Disorder	12	8
Adjustment Reactions	3	3
Alcohol Dependency	3	5
Drug Dependency	2	0
Conduct/Behavior Disorder	5	2
Other	11	4
Total	55	49

Financial And Utilization Summary - PPO (Non-HMO)

Admissions - PPO (Non-HMO)

	Surgical	Medical	Mental Health and Chemical Dependency
Admissions For:			
Employee	269	418	16
Spouse	172	200	13
Dependent	73	99	20

Readmissions within 30 Days - PPO (Non-HMO)

Readmissions within 30 days for the same diagnosis category:

Diagnosis Category	Surgical	Medical
Viruses/Bacterial Infections	0	0
Benign/Cancerous Tumors	1	0
Glands/Metabolism/Immune System	0	0
Blood/Spleen	0	0
Nerves/Eyes/Ears	0	0
Heart/Vessels	3	2
Nose/Throat/Lungs	0	1
Digestive	2	0
Genital/Urinary	1	0
Obstetrical	0	1
Skin/Nails/Hair	0	0
Bones/Muscles/Ligaments	0	1
Birth Defects	0	1
Perinatal Disorders	0	0
Symptoms With Unknown Cause	0	0
Injuries/Poisonings	4	0
Other	0	0
Chest Pain	0	0
Abdominal Pain	0	0
Radiotherapy/Chemo/Aftercare	0	3
Total	11	9

MHCD Readmission within 180 Days - PPO (Non-HMO)

Readmissions within 180 days for the same diagnosis category:

	Mental Health and Chemical Dependency
Mental Health	6
Alcohol Dependency	0
Chemical Dependency	0

Financial And Utilization Summary - PPO (Non-HMO)

Inpatient Use by General Diagnosis - PPO (Non-HMO)

Diagnosis Category	Prior				Current			
	Adm Per 1,000 Mbrs	ALOS*	Days Per 1,000 Mbrs	Days Per 1,000 Mbrs Wellmark Book of Business	Adm Per 1,000 Mbrs	ALOS*	Days Per 1,000 Mbrs	Days Per 1,000 Mbrs Wellmark Book of Business
Viruses/Bacterial Infections	1	4.0	5	8	1	5.3	5	9
Benign/Cancerous Tumors	3	4.9	16	20	3	3.9	10	18
Glands/Metabolism/Immune System	1	4.9	6	7	1	3.2	3	7
Blood/Spleen	0	3.4	1	3	0	4.7	1	2
Mental Health	2	5.5	11	16	2	5.7	10	17
Alcohol Dependency	0	14.7	2	4	0	7.8	2	3
Drug Dependency	0	31.0	3	2	0	0.0	0	2
Nerves/Eyes/Ears	1	7.5	6	5	1	4.6	4	5
Heart/Vessels	5	3.3	17	28	5	4.5	23	26
Nose/Throat/Lungs	3	4.1	11	19	3	4.5	14	19
Digestive	5	3.5	17	25	5	4.0	21	23
Genital/Urinary	3	2.1	5	9	3	2.2	7	9
Obstetrical	15	2.7	41	37	15	2.9	42	38
Skin/Nails/Hair	1	3.1	3	4	1	2.8	2	4
Bones/Muscles/Ligaments	5	2.8	15	16	5	3.2	15	16
Birth Defects	1	3.0	3	2	1	5.1	3	2
Perinatal Disorders	1	18.8	10	2	0	54.3	15	2
Symptoms With Unknown Cause ***	1	2.3	2	3	1	2.1	3	3
Injuries/Poisonings	4	3.9	15	20	3	3.9	13	19
Other **	1	8.8	6	9	1	9.5	8	9
Chest Pain	1	1.4	1	2	1	1.3	1	2
Abdominal Pain	0	2.4	1	2	0	2.0	1	1
Organ/Tissue Replaced	0	0.0	0	0	0	0.0	0	0
Radiotherapy/Chemo/Aftercare	0	2.9	1	2	0	1.0	0	3
Routine/Diagnostic	0	0.0	0	0	0	0.0	0	0
Prescription Drugs	0	0.0	0	0	0	0.0	0	0
Not Elsewhere Classified	0	0.0	0	0	0	0.0	0	0
Total	54	3.6	198	245	52	3.9	204	237

NOTE: * ALOS - is the abbreviation for Average Length of Stay
 ** Other - examples include therapeutic & remedial exercises, multiple therapies, sterilization.
 *** Symptoms with Unknown Cause - examples includes vomiting, convulsions, dizziness, fever.

Financial And Utilization Summary - PPO (Non-HMO)

Inpatient Cost Trends by General Diagnosis - PPO (Non-HMO)

Diagnosis Category	Prior				Current			
	# of Adm	Covered Charges	Covered Charge Member	Covered Charge Member Wellmark Book of Business	# of Adm	Covered Charges	Covered Charge Member	Covered Charge Member Wellmark Book of Business
Viruses/Bacterial Infections	32	\$663,651	\$27	\$42	23	\$940,423	\$38	\$54
Benign/Cancerous Tumors	82	\$2,978,213	\$121	\$154	64	\$2,680,288	\$109	\$161
Glands/Metabolism/Immune System	31	\$732,470	\$30	\$47	25	\$573,688	\$23	\$47
Blood/Spleen	8	\$97,981	\$4	\$14	6	\$99,340	\$4	\$16
Mental Health	50	\$492,713	\$20	\$28	44	\$575,072	\$23	\$30
Alcohol Dependency	3	\$24,609	\$1	\$6	5	\$44,965	\$2	\$5
Drug Dependency	2	\$16,935	\$1	\$2	0	\$28	\$0	\$2
Nerves/Eyes/Ears	19	\$572,478	\$23	\$31	20	\$736,491	\$30	\$34
Heart/Vessels	127	\$5,400,270	\$219	\$296	128	\$5,330,697	\$216	\$287
Nose/Throat/Lungs	63	\$907,725	\$37	\$84	79	\$1,564,460	\$63	\$90
Digestive	123	\$2,576,039	\$105	\$145	128	\$3,311,587	\$134	\$147
Genital/Urinary	62	\$1,350,426	\$55	\$68	75	\$1,680,247	\$68	\$73
Obstetrical	370	\$5,321,288	\$216	\$216	362	\$6,319,954	\$256	\$228
Skin/Nails/Hair	21	\$190,533	\$8	\$14	17	\$202,424	\$8	\$15
Bones/Muscles/Ligaments	127	\$5,724,265	\$233	\$227	114	\$6,344,700	\$257	\$248
Birth Defects	22	\$969,846	\$39	\$29	15	\$646,299	\$26	\$34
Perinatal Disorders	13	\$1,749,092	\$71	\$23	7	\$1,357,471	\$55	\$26
Symptoms With Unknown Cause ***	22	\$418,825	\$17	\$21	31	\$478,971	\$19	\$22
Injuries/Poisonings	95	\$2,956,413	\$120	\$149	82	\$2,897,514	\$117	\$157
Other **	18	\$566,030	\$23	\$29	22	\$659,148	\$27	\$29
Chest Pain	24	\$308,036	\$13	\$22	21	\$374,050	\$15	\$20
Abdominal Pain	11	\$191,432	\$8	\$13	8	\$167,846	\$7	\$12
Organ/Tissue Replaced	0	\$2,500	\$0	\$0	0	\$6,572	\$0	\$0
Radiotherapy/Chemo/Aftercare	9	\$174,296	\$7	\$14	4	\$86,631	\$4	\$18
Routine/Diagnostic	0	\$31	\$0	\$0	0	\$413	\$0	\$0
Prescription Drugs	0	\$0	\$0	\$0	0	\$0	\$0	\$0
Not Elsewhere Classified	0	\$0	\$0	\$0	0	\$0	\$0	\$0
Total	1,334	\$34,386,095	\$1,397	\$1,675	1,280	\$37,079,279	\$1,502	\$1,753

NOTE: ** Other - examples include therapeutic & remedial exercises, multiple therapies, sterilization.

 *** Symptoms with Unknown Cause - examples include vomiting, convulsions, dizziness, fever.

Financial And Utilization Summary - PPO (Non-HMO)

Outpatient use and cost trends combines all facility, practitioner and other claims for services provided in the hospital outpatient setting.

Outpatient Claims per 1,000 Members - PPO (Non-HMO)

	Prior	Current	Percent Change	Wellmark Book of Business
Obstetrical	47	45	(4.3 %)	45
Surgical	146	151	3.4 %	143
Medical	1,021	1,008	(1.3 %)	1,053
MHCD	15	13	(13.3 %)	27
Total	1,229	1,218	(0.9 %)	1,268

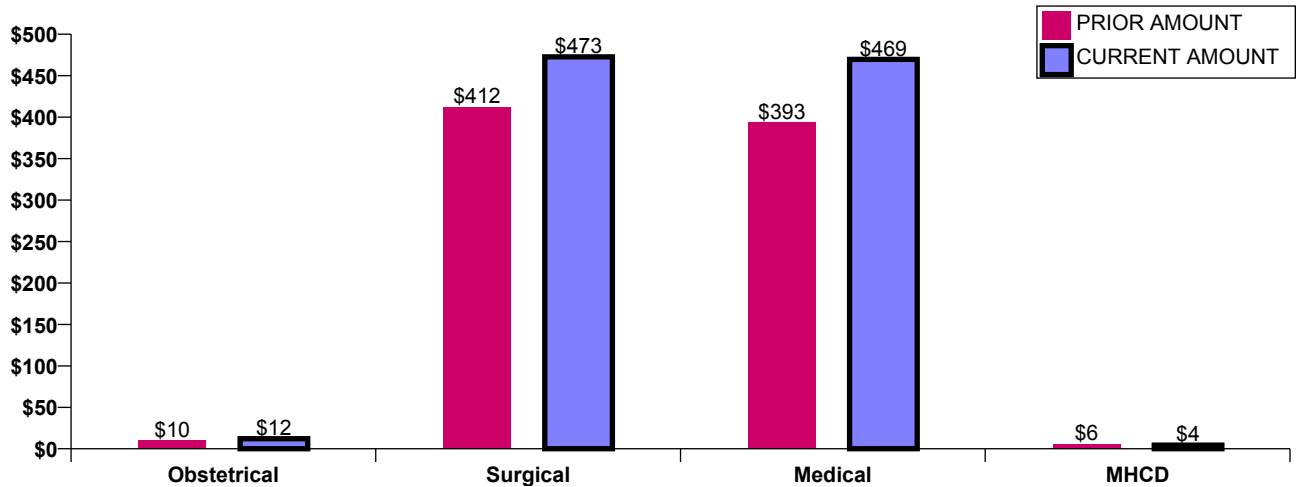
Outpatient Covered Charges and Claims Paid - PPO (Non-HMO)

	Prior		Current	
	Covered Charges	Claims Paid	Covered Charges	Claims Paid
Obstetrical	\$744,924	\$245,098	\$825,609	\$301,138
Surgical	\$22,367,403	\$10,151,086	\$25,749,526	\$11,668,628
Medical	\$23,280,700	\$9,686,187	\$27,573,783	\$11,593,440
MHCD	\$364,105	\$143,407	\$315,577	\$109,727
Total	\$46,757,132	\$20,225,779	\$54,464,495	\$23,672,932

Outpatient Covered Charge Per Member - PPO (Non-HMO)

	Prior	Current	Percent Change	Wellmark Book of Business
Obstetrical	\$30	\$33	10.0%	\$35
Surgical	\$909	\$1,043	14.7%	\$1,002
Medical	\$946	\$1,117	18.1%	\$1,313
MHCD	\$15	\$13	(13.3%)	\$25
Total	\$1,899	\$2,206	16.2 %	\$2,376

Outpatient Claims Paid per Member by Type of Service - PPO (Non-HMO)



Financial And Utilization Summary - PPO (Non-HMO)

Outpatient Use and Cost Trends by General Diagnosis - PPO (Non-HMO)

Diagnosis Category	Prior				Current			
	# of Visits	Covered Charges	Covered Charge Member	Covered Charge Member Wellmark Book of Business	# of Visits	Covered Charges	Covered Charge Member	Covered Charge Member Wellmark Book of Business
Viruses/Bacterial Infections	235	\$187,979	\$8	\$11	175	\$155,337	\$6	\$12
Benign/Cancerous Tumors	1,555	\$4,266,973	\$173	\$194	1,501	\$4,949,967	\$200	\$209
Glands/Metabolism/Immune System	1,924	\$1,026,224	\$42	\$47	1,925	\$1,076,406	\$44	\$54
Blood/Spleen	277	\$229,009	\$9	\$15	209	\$228,744	\$9	\$16
Mental Health	251	\$280,171	\$11	\$13	180	\$218,993	\$9	\$15
Alcohol Dependency	102	\$76,816	\$3	\$7	117	\$85,706	\$3	\$7
Drug Dependency	21	\$7,119	\$0	\$3	17	\$10,878	\$0	\$3
Nerves/Eyes/Ears	1,138	\$3,222,927	\$131	\$143	1,049	\$3,833,149	\$155	\$153
Heart/Vessels	1,450	\$3,029,532	\$123	\$123	1,235	\$3,212,304	\$130	\$161
Nose/Throat/Lungs	1,060	\$2,077,708	\$84	\$97	1,034	\$1,880,749	\$76	\$106
Digestive	1,145	\$5,001,847	\$203	\$202	1,211	\$5,612,783	\$227	\$221
Genital/Urinary	1,867	\$4,115,741	\$167	\$234	1,929	\$4,636,230	\$188	\$255
Obstetrical	1,229	\$897,475	\$36	\$39	1,238	\$1,099,151	\$45	\$42
Skin/Nails/Hair	565	\$631,335	\$26	\$21	509	\$623,398	\$25	\$24
Bones/Muscles/Ligaments	2,991	\$6,015,286	\$244	\$264	3,171	\$7,885,590	\$319	\$295
Birth Defects	99	\$289,530	\$12	\$15	114	\$323,327	\$13	\$18
Perinatal Disorders	87	\$49,411	\$2	\$1	99	\$48,739	\$2	\$1
Symptoms With Unknown Cause **	2,449	\$2,756,146	\$112	\$124	2,520	\$3,083,533	\$125	\$137
Injuries/Poisonings	1,778	\$3,599,620	\$146	\$179	1,687	\$4,156,088	\$168	\$192
Other *	2,185	\$1,912,104	\$78	\$76	2,250	\$2,344,064	\$95	\$86
Chest Pain	889	\$1,335,996	\$54	\$76	853	\$1,685,649	\$68	\$86
Abdominal Pain	1,252	\$2,108,842	\$86	\$103	1,272	\$2,483,614	\$101	\$111
Organ/Tissue Replaced	138	\$48,376	\$2	\$2	101	\$55,132	\$2	\$2
Radiotherapy/Chemo/Aftercare	1,159	\$1,079,654	\$44	\$63	1,138	\$1,825,125	\$74	\$83
Routine/Diagnostic	4,397	\$2,511,313	\$102	\$73	4,531	\$2,949,838	\$119	\$84
Prescription Drugs	0	\$0	\$0	\$0	0	\$0	\$0	\$0
Not Elsewhere Classified	0	\$0	\$0	\$0	0	\$0	\$0	\$0
Total	30,243	\$46,757,132	\$1,899	\$2,127	30,065	\$54,464,495	\$2,206	\$2,376

NOTE: * Other - examples include therapeutic and remedial exercises, multiple therapies, sterilization.

** Symptoms with Unknown Causes - examples include vomiting, convulsions, dizziness, fever.

Financial And Utilization Summary - PPO (Non-HMO)

Office use and trends combines all practitioners and related claims for services provided in the office setting.

Office Visits per 1,000 Members - PPO (Non-HMO)

	Prior	Current	Percent Change	Wellmark Book of Business
Obstetrical	76	78	2.6 %	72
Surgical	232	219	(5.6 %)	205
Medical	5,384	5,561	3.3 %	5,938
MHCD	307	336	9.4 %	412
Total	5,999	6,194	3.3 %	6,627

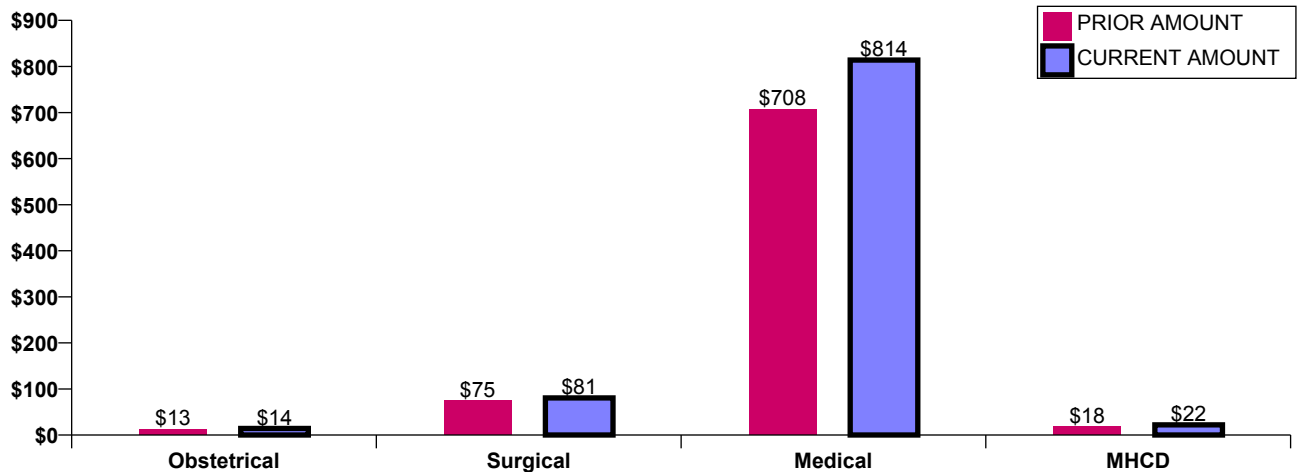
Office Covered Charges and Claims Paid - PPO (Non-HMO)

	Prior		Current	
	Covered Charges	Claims Paid	Covered Charges	Claims Paid
Obstetrical	\$548,367	\$319,002	\$643,061	\$352,352
Surgical	\$2,895,025	\$1,843,235	\$3,209,516	\$1,990,361
Medical	\$27,561,515	\$17,423,103	\$31,661,159	\$20,096,864
MHCD	\$1,010,494	\$452,939	\$1,215,312	\$543,922
Total	\$32,015,400	\$20,038,280	\$36,729,048	\$22,983,499

Office Covered Charge Per Member - PPO (Non-HMO)

	Prior	Current	Percent Change	Wellmark Book of Business
Obstetrical	\$22	\$26	18.2%	\$23
Surgical	\$118	\$130	10.2%	\$113
Medical	\$1,120	\$1,282	14.5%	\$1,237
MHCD	\$41	\$49	19.5%	\$56
Total	\$1,301	\$1,487	14.3%	\$1,429

Office Claims Paid per Member by Type of Service - PPO (Non-HMO)



Financial And Utilization Summary - PPO (Non-HMO)

Office Use and Cost Trends by General Diagnosis - PPO (Non-HMO)

Diagnosis Category	Prior				Current			
	# of Visits	Covered Charges	Covered Charge Member	Covered Charge Member Wellmark Book of Business	# of Visits	Covered Charges	Covered Charge Member	Covered Charge Member Wellmark Book of Business
Viruses/Bacterial Infections	3,626	\$544,738	\$22	\$20	3,249	\$536,022	\$22	\$22
Benign/Cancerous Tumors	4,225	\$3,507,903	\$143	\$154	4,634	\$4,118,908	\$167	\$174
Glands/Metabolism/Immune System	7,355	\$1,482,002	\$60	\$65	7,429	\$1,671,046	\$68	\$72
Blood/Spleen	715	\$460,923	\$19	\$17	713	\$357,941	\$14	\$17
Mental Health	7,447	\$996,851	\$40	\$50	8,195	\$1,194,098	\$48	\$55
Alcohol Dependency	31	\$4,438	\$0	\$1	19	\$4,975	\$0	\$1
Drug Dependency	74	\$9,205	\$0	\$1	95	\$16,240	\$1	\$1
Nerves/Eyes/Ears	11,819	\$1,947,884	\$79	\$85	12,259	\$2,350,297	\$95	\$93
Heart/Vessels	5,948	\$1,630,617	\$66	\$76	6,324	\$1,799,881	\$73	\$79
Nose/Throat/Lungs	17,897	\$2,249,844	\$91	\$88	17,123	\$2,414,484	\$98	\$94
Digestive	3,002	\$1,104,548	\$45	\$29	3,036	\$1,393,181	\$56	\$32
Genital/Urinary	5,755	\$1,535,177	\$62	\$57	5,838	\$1,780,931	\$72	\$62
Obstetrical	2,971	\$848,487	\$34	\$30	3,079	\$1,017,978	\$41	\$33
Skin/Nails/Hair	6,676	\$1,080,141	\$44	\$40	6,790	\$1,211,866	\$49	\$43
Bones/Muscles/Ligaments	26,890	\$4,388,407	\$178	\$221	29,237	\$5,148,133	\$208	\$236
Birth Defects	542	\$165,627	\$7	\$5	354	\$124,241	\$5	\$5
Perinatal Disorders	116	\$20,019	\$1	\$1	102	\$56,096	\$2	\$1
Symptoms With Unknown Cause **	7,290	\$2,055,521	\$84	\$84	7,481	\$2,241,102	\$91	\$92
Injuries/Poisonings	6,919	\$1,025,789	\$42	\$49	7,232	\$1,153,708	\$47	\$51
Other *	3,098	\$696,828	\$28	\$25	3,139	\$887,342	\$36	\$27
Chest Pain	2,224	\$715,650	\$29	\$33	2,333	\$763,335	\$31	\$33
Abdominal Pain	2,246	\$607,793	\$25	\$27	2,409	\$682,476	\$28	\$29
Organ/Tissue Replaced	338	\$67,254	\$3	\$2	197	\$47,186	\$2	\$2
Radiotherapy/Chemo/Aftercare	1,397	\$634,401	\$26	\$27	1,341	\$916,949	\$37	\$26
Routine/Diagnostic	19,073	\$4,235,353	\$172	\$135	20,349	\$4,840,632	\$196	\$148
Prescription Drugs	0	\$0	\$0	\$0	0	\$0	\$0	\$0
Not Elsewhere Classified	0	\$0	\$0	\$0	0	\$0	\$0	\$0
Total	147,674	\$32,015,400	\$1,301	\$1,321	152,957	\$36,729,048	\$1,487	\$1,429

NOTE: * Other - examples include therapeutic and remedial exercises, multiple therapies, sterilization.

** Symptoms with Unknown Causes - examples include vomiting, convulsions, dizziness, fever

Financial And Utilization Summary - PPO (Non-HMO)

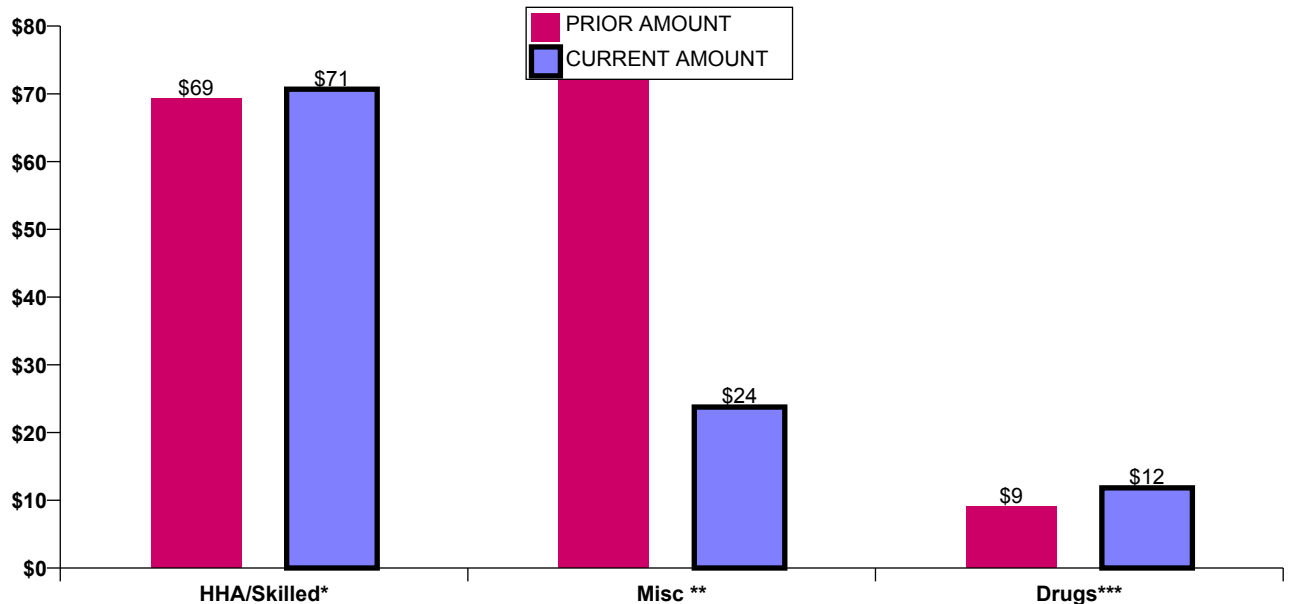
Cost Trends of Other Places of Service - PPO (Non-HMO)

	Prior				Current			
	HHA/Skilled*	Misc **	Drugs***	Total	HHA/Skilled*	Misc **	Drugs***	Total
Total Covered Charge	\$2,948,077	\$2,390,351	\$561,537	\$5,899,965	\$2,891,013	\$839,826	\$782,832	\$4,513,672
Total Paid Claims	\$1,705,286	\$1,789,809	\$223,350	\$3,718,444	\$1,745,395	\$586,956	\$292,151	\$2,624,502
Members Using Services	1,315	657	692	2,664	1,395	488	904	2,787

Other Covered Charge per Member - PPO (Non-HMO)

	Prior	Current	Percent Change	Wellmark Book of Business
HHA/Skilled*	\$120	\$117	(2.5%)	\$144
Misc **	\$97	\$34	(64.9%)	\$47
Drugs***	\$23	\$32	39.1%	\$92
Total	\$240	\$183	-23.8 %	\$282

Other Claims Paid per Member by Type of Service - PPO (Non-HMO)



NOTE: *Home Health Agency or Skilled Nursing
 ** Miscellaneous includes providers such as hospice, ambulance, durable medical equipment suppliers.
 ***Drugs paid through Health Coverage.

Financial And Utilization Summary - PPO (Non-HMO)

Percentage of Workforce - PPO (Non-HMO)

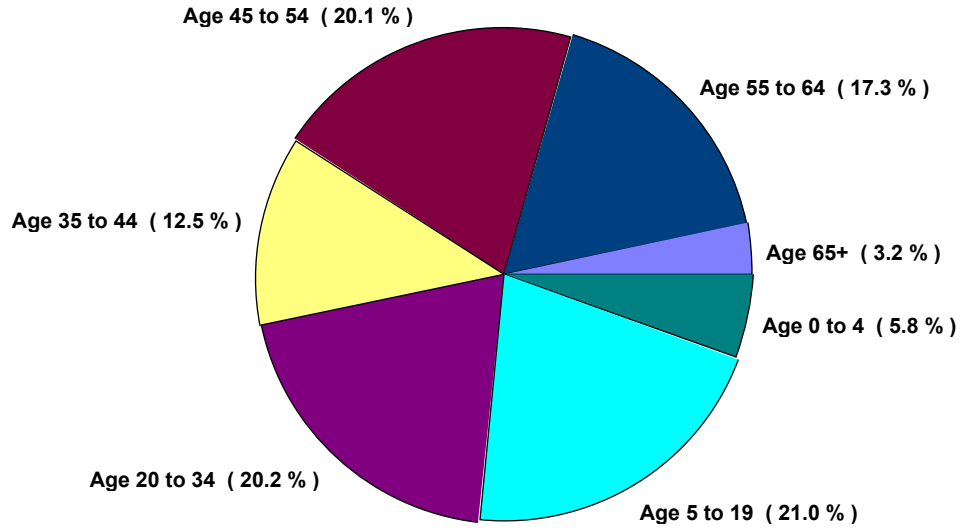
<u>Ages</u>	<u>Your Group</u>		<u>Wellmark Book of Business</u>	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
Age 0 to 4	0.0 %	0.0 %	0.1 %	0.1 %
Age 5 to 19	0.0 %	0.1 %	0.6 %	0.5 %
Age 20 to 34	7.1 %	17.2 %	16.2 %	9.6 %
Age 35 to 44	6.3 %	11.4 %	12.7 %	7.6 %
Age 45 to 54	8.5 %	20.0 %	15.4 %	10.7 %
Age 55 to 64	8.5 %	16.3 %	11.6 %	9.6 %
Age 65+	2.5 %	2.2 %	2.9 %	2.4 %
Total	32.9 %	67.1 %	59.6 %	40.4 %

Percentage of Members - PPO (Non-HMO)

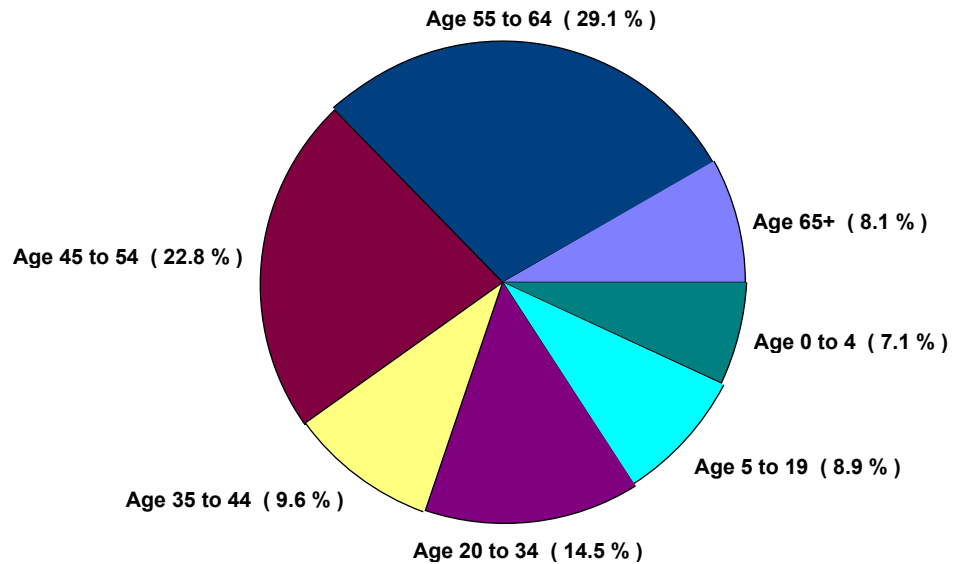
<u>Ages</u>	<u>Your Group</u>		<u>Wellmark Book of Business</u>	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
Age 0 to 4	2.9 %	2.9 %	3.0 %	2.9 %
Age 5 to 19	10.6 %	10.4 %	11.5 %	11.0 %
Age 20 to 34	8.1 %	12.1 %	10.5 %	9.6 %
Age 35 to 44	5.2 %	7.3 %	7.5 %	7.3 %
Age 45 to 54	8.3 %	11.8 %	9.4 %	9.3 %
Age 55 to 64	7.6 %	9.7 %	7.2 %	7.3 %
Age 65+	1.7 %	1.5 %	1.8 %	1.7 %
Total	44.4 %	55.6 %	50.9 %	49.1 %

Financial And Utilization Summary - PPO (Non-HMO)

Distribution of Members by Age Category - PPO (Non-HMO)



Distribution of Claims Paid by Age Category - PPO (Non-HMO)



Financial And Utilization Summary - PPO (Non-HMO)

Most Costly Conditions by Age Category - PPO (Non-HMO)

The best wellness, education, and prevention programs are those that target the needs of your members. An understanding of the health care conditions faced by your employee group is the first step in building a targeted program. The tables on this page display the five most costly diagnosis categories by age category.

Age 0 to 4 (5.8% of Members)

	%
	of
	Covered
Diagnosis Category	Charge
Medical Exam General	31.5 %
Perinatal Other	17.7 %
Otitis Media Acute & Chronic	6.2 %
Resp Sys Other	4.9 %
Other	39.7 %
Total	100.0 %

Age 5 to 19 (21.0% of Members)

	%
	of
	Covered
Diagnosis Category	Charge
Medical Exam General	6.8 %
Fractures & Dislocations All	6.0 %
Sprains & Strains Acute	4.1 %
Symptoms Ill-defined	4.0 %
Other	79.1 %
Total	100.0 %

Age 20 to 34 (20.2% of Members)

	%
	of
	Covered
Diagnosis Category	Charge
Pre/postnatal,comp Preg	13.4 %
Preg Complications	8.1 %
Medical Exam General	5.0 %
Symptoms Ill-defined	3.4 %
Other	70.2 %
Total	100.0 %

Age 35 to 44 (12.5% of Members)

	%
	of
	Covered
Diagnosis Category	Charge
Medical Exam General	5.5 %
Back Pain Low Dis & Syndromes	5.4 %
Dorsopathies	4.6 %
Genital Tract Female	4.3 %
Other	80.0 %
Total	100.0 %

Age 45 to 54 (20.1% of Members)

	%
	of
	Covered
Diagnosis Category	Charge
Medical Exam General	8.1 %
Neoplasms Malignant	6.9 %
Medical & Surgical Aftercare	5.2 %
Back Pain Low Dis & Syndromes	4.3 %
Other	75.4 %
Total	100.0 %

Age 55 to 64 (17.3% of Members)

	%
	of
	Covered
Diagnosis Category	Charge
Neoplasms Malignant	9.5 %
Heart Dis Ischemic	7.8 %
Joint Dis Degenerative	6.0 %
Medical Exam General	5.6 %
Other	71.1 %
Total	100.0 %

Age 65+ (3.2% of Members)

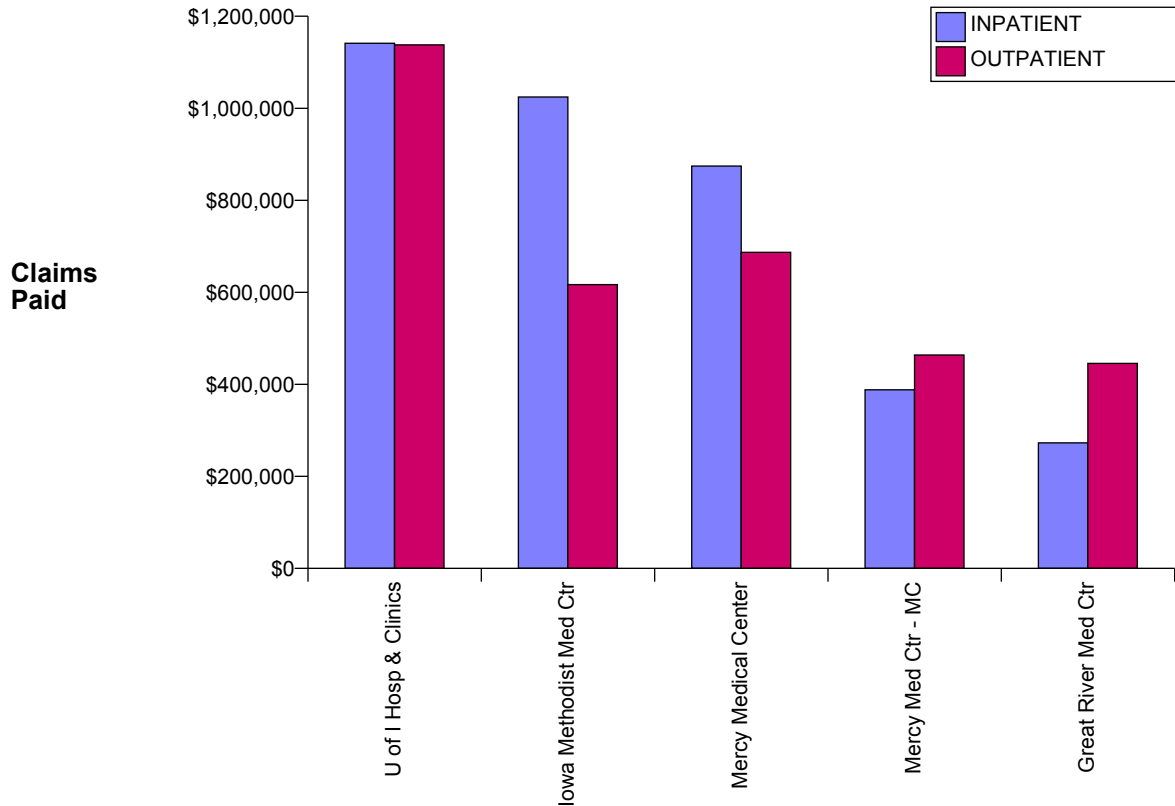
	%
	of
	Covered
Diagnosis Category	Charge
Neoplasms Malignant	9.4 %
Joint Dis Degenerative	7.7 %
Medical & Surgical Aftercare	6.5 %
Symptoms Ill-defined	4.6 %
Other	71.8 %
Total	100.0 %

Financial And Utilization Summary - PPO (Non-HMO)

Your members highest claims paid amounts based on inpatient and outpatient claims by facility are shown below.

Facility Summary - PPO (Non-HMO)

Facility	City		Inpatient			Outpatient		Total
			Cases	Days	Claims Paid	Cases	Claims Paid	Claims Paid
U of I Hosp & Clinics	Iowa City	IA	84	376	\$1,141,352	2,011	\$1,137,809	\$2,279,161
Iowa Methodist Med Ctr	Des Moines	IA	80	304	\$1,024,635	389	\$616,749	\$1,641,385
Mercy Medical Center	Des Moines	IA	93	401	\$874,520	646	\$678,441	\$1,552,961
Mercy Med Ctr - MC	Mason City	IA	48	135	\$388,261	1,717	\$463,889	\$852,150
Great River Med Ctr	West Burlington	IA	21	58	\$272,849	651	\$445,460	\$718,309
Other In-State			713	2,151	\$5,605,097	21,383	\$12,126,508	\$17,731,605
Other Out-of-State			241	1,602	\$5,596,882	3,268	\$3,583,890	\$9,180,772
Total			1,280	5,027	\$14,903,597	30,065	\$19,052,746	\$33,956,343



Financial And Utilization Summary - PPO (Non-HMO)

Out-of-network costs are for health care services members of your group received from non-network providers. The information on this page shows in-network and out-of-network use and costs.

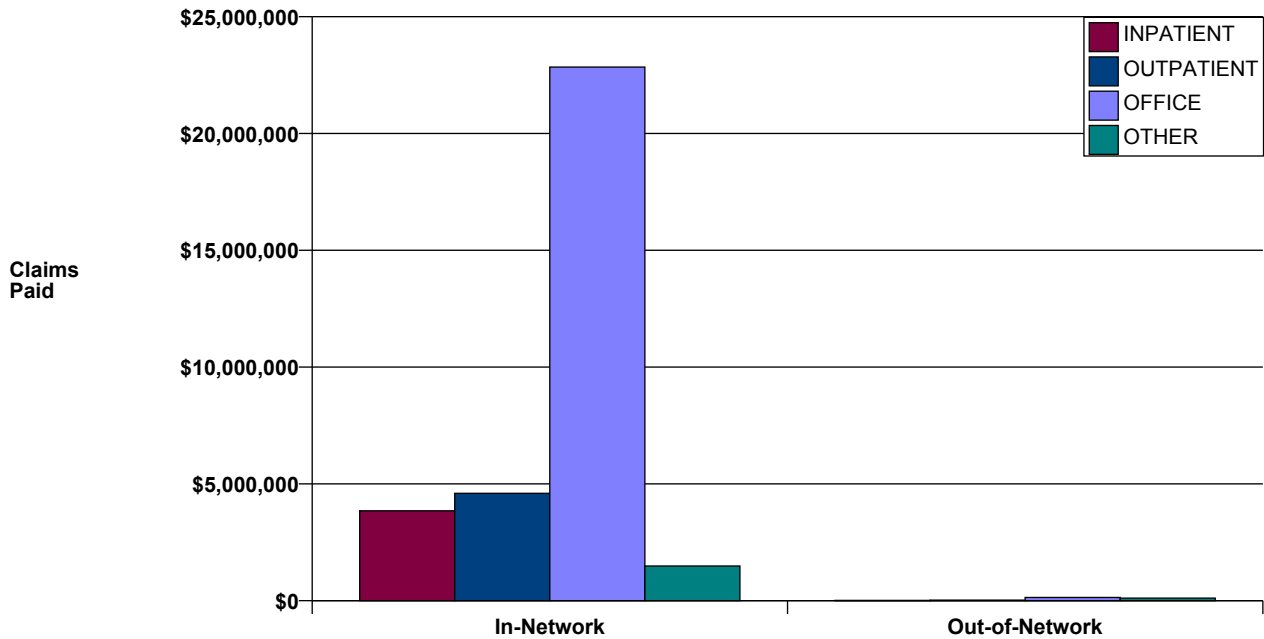
In - vs. Out-of-Network Facility Costs - PPO (Non-HMO)

	In-Network				Out-of-Network			
	Cases	Covered Charge	Claims Paid	% of Paid Claims In-Network	Cases	Covered Charge	Claims Paid	% of Paid Claims Out-of- Network
Inpatient	1,271	\$28,670,507	\$14,500,632	43.3 %	9	\$637,720	\$402,965	82.7 %
Outpatient	29,939	\$41,689,497	\$18,968,723	56.7 %	126	\$210,341	\$84,024	17.3 %
Total	31,210	\$70,360,004	\$33,469,355	100.0 %	135	\$848,060	\$486,988	100.0 %

In - vs. Out-of-Network Practitioner Costs - PPO (Non-HMO)

	In-Network			Out-of-Network		
	Covered Charge	Claims Paid	% of Paid Claims In-Network	Covered Charge	Claims Paid	% of Paid Claims Out-of- Network
Inpatient	\$7,730,442	\$3,850,016	11.7 %	\$40,611	\$13,775	4.8 %
Outpatient	\$12,480,327	\$4,596,417	14.0 %	\$84,330	\$23,768	8.3 %
Office	\$36,254,078	\$22,844,120	69.7 %	\$474,971	\$139,379	48.7 %
Other	\$2,544,106	\$1,484,408	4.5 %	\$203,027	\$109,017	38.1 %
Total	\$59,008,951	\$32,774,961	100.0 %	\$802,938	\$285,939	100.0 %

Practitioner Claims Paid



Annual Pharmacy Combined Report

Iowa Bankers Combined

Incurred Dates January 01, 2009 through December 31,2009

Paid Dates January 01, 2009 through January 31, 2010



Pharmacy Benefit Report - Combined Blue Rx & CMM Rx

Utilization Summary

General Information	Prior	Current	% Change
Ava. # Members	24.616	24.694	0.3 %
Employee	11,049	11,135	
Spouse	5,641	5,544	
Dependent	7,926	8,014	
# of Utilizers	20.611	20.669	0.3 %
Employee**	9,985	9,807	
Spouse**	4,734	4,790	
Dependent**	6,023	6,203	
# of Rxs	263,589	265,707	0.8 %
Employee	149,681	151,360	1.1 %
Spouse	78,603	77,280	(1.7) %
Dependent	35,305	37,067	5.0 %
Rx Claim Dollars			
Covered Charges	\$23,777,104	\$27,812,965	17.0 %
Pharmacy Savings	\$7,485,005	\$8,902,927	18.9 %
COB / Other	\$272	\$57	(79.0) %
Member Liability	\$4,854,125	\$4,971,222	2.4 %
Coinsurance/Copay	\$4,679,564	\$4,757,659	
Deductible	\$174,561	\$213,563	
Claims Paid	\$11,437,702	\$13,938,759	21.9 %
% Generic	63.0 %	64.5 %	2.4 %
\$ Covered Charge per Rx *	\$90.21	\$110.96	23.0 %
\$ Paid per Rx *	\$43.39	\$55.61	28.2 %
\$ Mbr Liability per Rx	\$18.42	\$18.71	1.6 %

Per Member Statistics ***	Prior	Current	% Change
# Rx PMPM	0.89	0.90	1.1 %
\$ Covered Charge PMPM *	\$80.49	\$99.49	23.6 %
\$ Paid PMPM *	\$38.72	\$49.86	28.8 %
\$ Mbr Liability PMPM	\$16.43	\$16.78	2.1 %
# Rx PMPY	10.71	10.76	0.5 %
\$ Covered Charge PMPY *	\$965.92	\$1,193.87	23.6 %
\$ Paid PMPY *	\$464.65	\$598.33	28.8 %
\$ Mbr Liability PMPY	\$197.19	\$201.31	2.1 %

Per Utilizer Statistics***	Prior	Current	% Change
# Rx / Utilizer PY	12.79	12.86	0.5 %
\$ Covered Charge / Utilizer PY *	\$1,153.61	\$1,426.37	23.6 %
\$ Paid / Utilizer PY *	\$554.93	\$714.84	28.8 %
\$ Mbr Liability / Utilizer PY	\$235.51	\$240.52	2.1 %

* IBNR included in current year only

** Due to dual coverage, some members will be counted twice

*** Annualized if less than 12 months of data

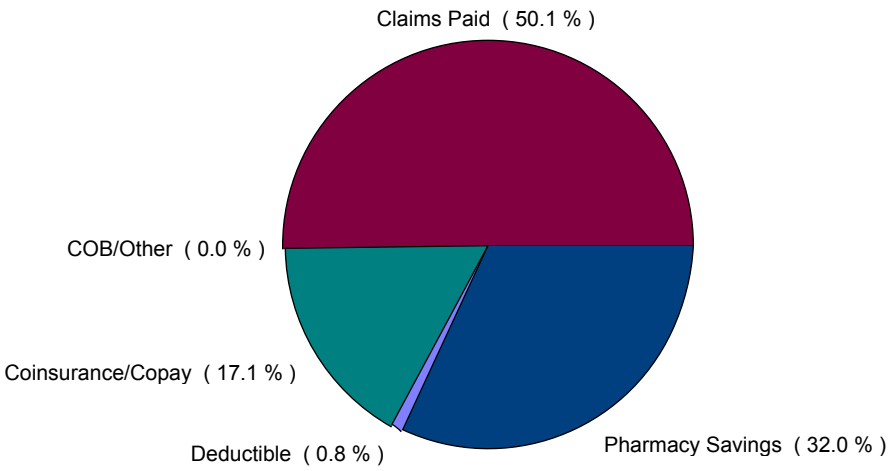
Pharmacy Benefit Report - Combined Blue Rx & CMM Rx

Book of Business Comparison & Benefit Administration

Comparison of Your Group To Wellmark Group Business Averages	Your Group	Wellmark Book of Business
% Generic (#Rx)	64.5 %	66.7 %
\$ Covered Charge per Rx	\$110.96	\$98.13
# Rx PMPY	10.76	11.92
\$ Covered Charge PMPY	\$1,193.87	\$1,169.59
# Rx / Utilizer PY	12.86	13.68
\$ Covered Charge / Utilizer PY	\$1,426.37	\$1,342.09

Benefit Administration and Savings Detail

Covered Charges	\$27,812,965	
Pharmacy Savings	\$8,902,927	
COB / Other	\$57	
Member Liability	\$4,971,222	
Coinsurance/Copay		\$4,757,659
Deductible		\$213,563
Claims Paid	\$13,938,759	

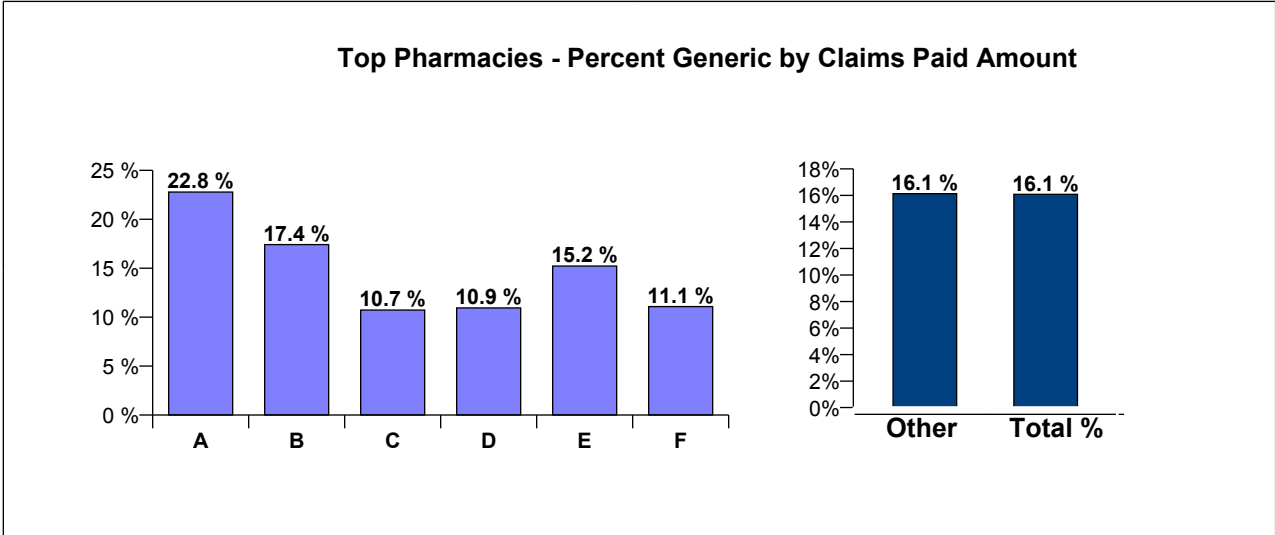
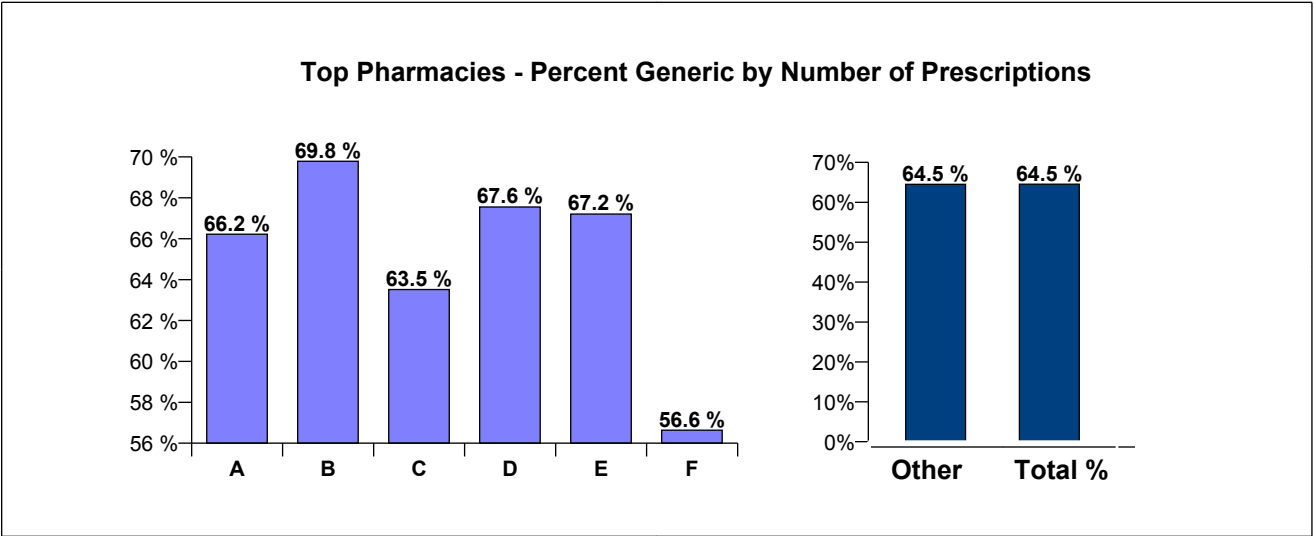


Pharmacy Benefit Report - Combined Blue Rx & CMM Rx

Retail Pharmacy Summary

Top Pharmacies - Percent of Total Number of Prescriptions

A	HYVEE PHARMACY #7027	901 KELLY ST	CHARLES CITY	IA	0.7 %
B	HYVEE PHARMACY #1382	1201 12TH AVE SW	LEMARS	IA	0.7 %
C	MEDICAP PHARMACY	405 S SUMNER AVE	CRESTON	IA	0.7 %
D	HYVEE PHARMACY #7034	507 W BURLINGTON AVE	FAIRFIELD	IA	0.6 %
E	HYVEE PHARMACY #7045	100 N WILSON ST	JEFFERSON	IA	0.5 %
F	ALBRECHT PHARMACY	506 2ND ST	IDA GROVE	IA	0.5 %
All Other					96.3 %



Pharmacy Benefit Report - Combined Blue Rx & CMM Rx

Payment Distributions

Top Therapeutic Drug Classifications by Total Claims Paid

Therapeutic Drug Classification	Total Claims Paid	% Generic	Generic Target
Misc Therapeutic Agents	\$1,981,277	50.6 %	57.2 %
Antidepressants	\$1,075,869	62.1 %	72.6 %
Hmg-coa Reductase Inhibitors	\$840,596	52.5 %	64.3 %
Proton-pump Inhibitors	\$571,646	74.0 %	79.4 %
Antineoplastic Agents	\$510,104	51.8 %	76.1 %
Insulins	\$462,040	0.1 %	5.3 %
Contraceptives	\$415,977	75.7 %	79.8 %
Beta Adrenergic Agonists	\$364,209	45.6 %	62.3 %
Angiotensin II Receptor Antago	\$354,082	0.0 %	5.0 %
Thiazolidinediones	\$274,589	0.0 %	5.0 %

"Miscellaneous Therapeutic Agents" includes but is not limited to the following brand name drugs - Singulair, Fosamax, Plavix, Actonel as well as many immunosuppressive, anti-gout and anti-Parkinson agents.

Claims Paid Distribution

Dollar Range	Members in Range		Prescription Count		Total Paid	
	Count of Members	% Mbrs	Number of Rx	% Total #	Rx Dollars	% Total \$
No Claims	6,417	23.7 %	0	0.0 %	\$0	0.0 %
\$.00 - \$100	9,976	36.8 %	45,540	17.1 %	\$235,991	1.7 %
\$101 - \$200	2,350	8.7 %	22,534	8.5 %	\$343,999	2.5 %
\$201 - \$300	1,385	5.1 %	16,471	6.2 %	\$346,068	2.5 %
\$301 - \$400	917	3.4 %	12,888	4.9 %	\$320,058	2.3 %
\$401 - \$500	730	2.7 %	11,208	4.2 %	\$328,860	2.4 %
\$501 - \$600	567	2.1 %	9,350	3.5 %	\$310,459	2.2 %
\$601 - \$700	443	1.6 %	7,994	3.0 %	\$288,841	2.1 %
\$701 - \$800	390	1.4 %	7,506	2.8 %	\$292,644	2.1 %
\$801 - \$900	344	1.3 %	8,002	3.0 %	\$293,230	2.1 %
\$901 - \$1K	303	1.1 %	6,601	2.5 %	\$287,355	2.1 %
\$1K +	3,264	12.1 %	117,613	44.3 %	\$10,891,253	78.1 %
Total	27,086	100.0 %	265,707	100.0 %	\$13,938,759	100.0 %

Annual Pharmacy Drug Card Report

Iowa Bankers Combined

Incurred Dates January 01, 2009 through December 31, 2009

Paid Dates January 01, 2009 through January 31, 2010



Pharmacy Benefit Report - Blue Rx

Utilization Summary

General Information	Prior	Current	% Change
Avg. # Members	23,674	23,492	(0.8) %
Employee	10,663	10,620	
Spouse	5,432	5,282	
Dependent	7,580	7,590	
# of Utilizers	19,933	19,805	(0.6) %
Employee**	9,709	9,450	
Spouse**	4,564	4,590	
Dependent**	5,786	5,894	
# of Rxs	256,571	256,632	0.0 %
Employee	146,318	146,935	0.4 %
Spouse	76,232	74,397	(2.4) %
Dependent	34,021	35,300	3.8 %
Rx Claim Dollars			
Covered Charges	\$23,215,567	\$27,074,441	16.6 %
Pharmacy Savings	\$7,321,651	\$8,653,438	18.2 %
COB / Other	\$0	\$0	
Member Liability	\$4,679,564	\$4,757,859	1.7 %
Coinsurance/Copay	\$4,679,564	\$4,757,659	
Deductible	\$0	\$200	
Claims Paid	\$11,214,352	\$13,663,144	21.8 %
% Generic	62.9 %	64.5 %	2.5 %
\$ Covered Charge per Rx *	\$90.48	\$111.83	23.6 %
\$ Paid per Rx *	\$43.71	\$56.43	29.1 %
\$ Mbr Liability per Rx	\$18.24	\$18.54	1.6 %

Per Member Statistics ***	Prior	Current	% Change
# Rx PMPM	0.90	0.91	1.1 %
\$ Covered Charge PMPM *	\$81.72	\$101.80	24.6 %
\$ Paid PMPM *	\$39.48	\$51.38	30.1 %
\$ Mbr Liability PMPM	\$16.47	\$16.88	2.5 %
# Rx PMPY	10.84	10.92	0.7 %
\$ Covered Charge PMPY *	\$980.64	\$1,221.65	24.6 %
\$ Paid PMPY *	\$473.70	\$616.50	30.1 %
\$ Mbr Liability PMPY	\$197.67	\$202.53	2.5 %

Per Utilizer Statistics***	Prior	Current	% Change
# Rx / Utilizer PY	12.87	12.96	0.7 %
\$ Covered Charge / Utilizer PY *	\$1,164.68	\$1,449.07	24.4 %
\$ Paid / Utilizer PY *	\$562.60	\$731.27	30.0 %
\$ Mbr Liability / Utilizer PY	\$234.76	\$240.24	2.3 %

* IBNR included in current year only

** Due to dual coverage, some members will be counted twice

*** Annualized if less than 12 months of data

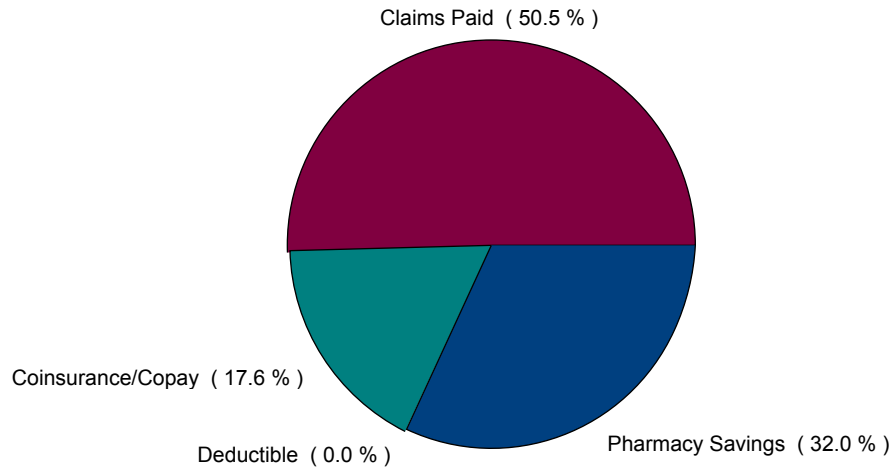
Pharmacy Benefit Report - Blue Rx

Book of Business Comparison & Benefit Administration

Comparison of Your Group To Wellmark Group Business Averages	Your Group	Wellmark Book of Business
% Generic (#Rx)	64.5 %	66.9 %
\$ Covered Charge per Rx	\$111.83	\$98.97
# Rx PMPY	10.92	11.85
\$ Covered Charge PMPY	\$1,221.65	\$1,172.55
# Rx / Utilizer PY	12.96	13.54
\$ Covered Charge / Utilizer PY	\$1,449.07	\$1,339.74

Benefit Administration and Savings Detail

Covered Charges	\$27,074,441	
Pharmacy Savings	\$8,653,438	
COB / Other	\$0	
Member Liability	\$4,757,859	
Coinsurance/Copay		\$4,757,659
Deductible		\$200
Claims Paid	\$13,663,144	

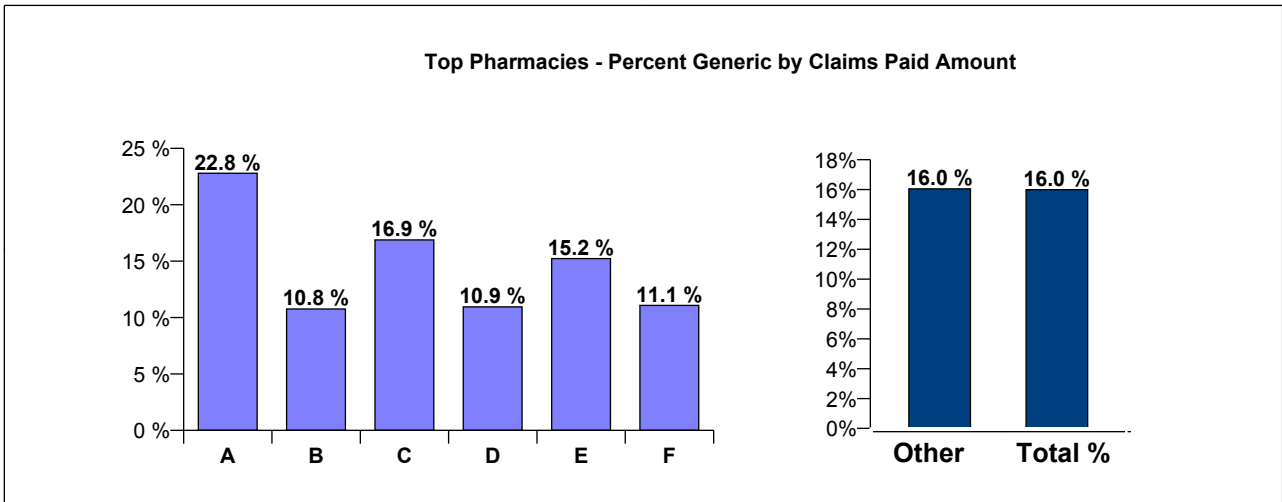
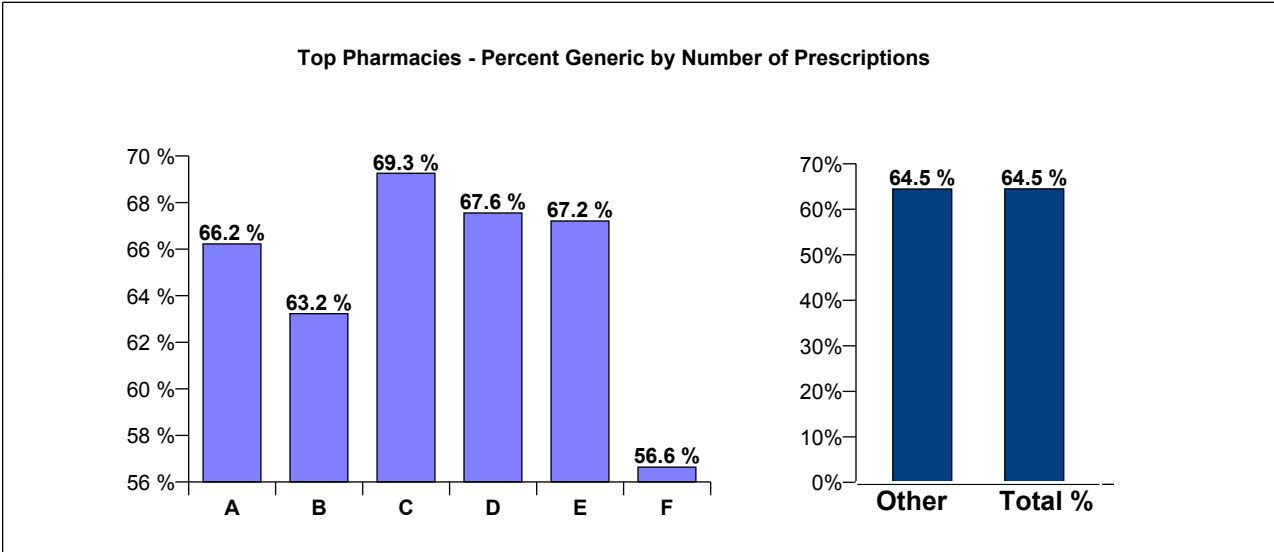


Pharmacy Benefit Report - Blue Rx

Retail Pharmacy Summary

Top Pharmacies - Percent of Total Prescriptions

A HYVEE PHARMACY #7027	901 KELLY ST	CHARLES CITY	IA	0.8 %
B MEDICAP PHARMACY	405 S SUMNER AVE	CRESTON	IA	0.7 %
C HYVEE PHARMACY #1382	1201 12TH AVE SW	LEMARS	IA	0.6 %
D HYVEE PHARMACY #7034	507 W BURLINGTON AVE	FAIRFIELD	IA	0.6 %
E HYVEE PHARMACY #7045	100 N WILSON ST	JEFFERSON	IA	0.6 %
F ALBRECHT PHARMACY	506 2ND ST	IDA GROVE	IA	0.6 %
All Others				96.2 %



Pharmacy Benefit Report - Blue Rx

Payment Distributions

Top Therapeutic Drug Classifications by Total Claims Paid

Therapeutic Drug Classification	Total Claims Paid	% Generic	Generic Target
Misc Therapeutic Agents	\$1,943,102	50.7 %	57.2 %
Antidepressants	\$1,056,302	62.0 %	72.6 %
Hmg-coa Reductase Inhibitors	\$817,765	52.4 %	64.3 %
Proton-pump Inhibitors	\$565,253	73.8 %	79.4 %
Antineoplastic Agents	\$503,307	52.1 %	76.1 %
Insulins	\$449,957	0.1 %	5.3 %
Contraceptives	\$408,494	75.7 %	79.8 %
Beta Adrenergic Agonists	\$357,019	45.7 %	62.3 %
Angiotensin II Receptor Antago	\$348,286	0.0 %	5.0 %
Misc Anticonvulsants	\$271,892	60.1 %	69.0 %

"Miscellaneous Therapeutic Agents" includes but is not limited to the following brand name drugs - Singulair, Fosamax, Plavix, Actonel as well as many immunosuppressive, anti-gout and anti-Parkinson agents.

Claims Paid Distribution

Dollar Range	Members in Range		Prescription Count		Total Paid	
	Count of Members	% Mbrs	Number of Rx	% Total #	Rx Dollars	% Total \$
No Claims	6,009	23.3 %	0	0.0 %	\$0	0.0 %
\$.00 - \$100	9,340	36.2 %	41,759	16.3 %	\$230,130	1.7 %
\$101 - \$200	2,301	8.9 %	21,969	8.6 %	\$337,141	2.5 %
\$201 - \$300	1,351	5.2 %	16,031	6.2 %	\$337,396	2.5 %
\$301 - \$400	898	3.5 %	12,583	4.9 %	\$313,451	2.3 %
\$401 - \$500	712	2.8 %	10,883	4.2 %	\$320,683	2.3 %
\$501 - \$600	557	2.2 %	9,205	3.6 %	\$304,948	2.2 %
\$601 - \$700	433	1.7 %	7,831	3.1 %	\$282,242	2.1 %
\$701 - \$800	384	1.5 %	7,396	2.9 %	\$287,986	2.1 %
\$801 - \$900	337	1.3 %	7,838	3.1 %	\$287,293	2.1 %
\$901 - \$1K	296	1.1 %	6,385	2.5 %	\$280,687	2.1 %
\$1K +	3,196	12.4 %	114,752	44.7 %	\$10,681,187	78.2 %
Other	0	0.0 %				
Total	25,814	100.0 %	256,632	100.0 %	\$13,663,144	100.0 %

Annual Pharmacy CMM Report

Iowa Bankers Combined

Incurred Dates January 01, 2009 through December 31, 2009

Paid Dates January 01, 2009 through January 31, 2010



Pharmacy Benefit Report - CMM Rx

Utilization Summary

General Information	Prior	Current	% Change
Ava. # Members	941	1,202	27.7 %
Employee	386	515	
Spouse	209	262	
Dependent	346	424	
# of Utilizers	692	904	30.6 %
Employee**	281	374	
Spouse**	177	214	
Dependent**	238	318	
# of Rxs	7,018	9,075	29.3 %
Employee	3,363	4,425	31.6 %
Spouse	2,371	2,883	21.6 %
Dependent	1,284	1,767	37.6 %
Rx Claim Dollars			
Covered Charges	\$561,537	\$738,524	31.5 %
Pharmacy Savings	\$163,354	\$249,489	52.7 %
COB / Other	\$272	\$57	(79.0) %
Member Liability	\$174,561	\$213,363	22.2 %
Coinsurance/Copay	\$0	\$0	
Deductible	\$174,561	\$213,363	
Claims Paid	\$223,350	\$275,615	23.4 %
% Generic	64.8 %	65.9 %	1.7 %
\$ Covered Charge per Rx *	\$80.01	\$86.26	7.8 %
\$ Paid per Rx *	\$31.83	\$32.19	1.1 %
\$ Mbr Liability per Rx	\$24.87	\$23.51	(5.5) %

Per Member Statistics ***	Prior	Current	% Change
# Rx PMPM	0.62	0.63	1.6 %
\$ Covered Charge PMPM *	\$49.73	\$54.27	9.1 %
\$ Paid PMPM *	\$19.78	\$20.25	2.4 %
\$ Mbr Liability PMPM	\$15.46	\$14.79	(4.3) %
# Rx PMPY	7.46	7.55	1.2 %
\$ Covered Charge PMPY *	\$596.74	\$651.27	9.1 %
\$ Paid PMPY *	\$237.35	\$243.06	2.4 %
\$ Mbr Liability PMPY	\$185.51	\$177.51	(4.3) %

Per Utilizer Statistics***	Prior	Current	% Change
# Rx / Utilizer PY	10.14	10.04	(1.0) %
\$ Covered Charge / Utilizer PY*	\$811.47	\$865.96	6.7 %
\$ Paid / Utilizer PY *	\$322.76	\$323.18	0.1 %
\$ Mbr Liability / Utilizer PY	\$252.26	\$236.02	(6.4) %

* IBNR included in current year only

** Due to dual coverage, some members will be counted twice

*** Annualized if less than 12 months of data

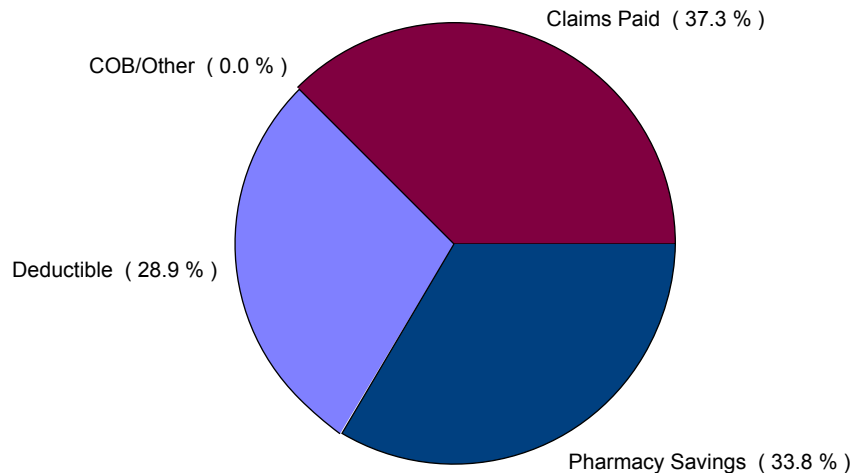
Pharmacy Benefit Report - CMM Rx

Book of Business Comparison & Benefit Administration

Comparison of Your Group To Wellmark Group Business Averages	Your Group	Wellmark Book of Business
% Generic (#Rx)	65.9 %	65.5 %
\$ Covered Charge per Rx	\$86.26	\$89.58
# Rx PMPY	7.55	12.70
\$ Covered Charge PMPY	\$651.27	\$1,137.38
# Rx / Utilizer PY	10.04	14.28
\$ Covered Charge / Utilizer PY	\$865.96	\$1,279.38

Benefit Administration and Savings Detail

Covered Charges	\$738,524	
Pharmacy Savings	\$249,489	
COB / Other	\$57	
Member Liability	\$213,363	
Coinsurance/Copay		\$0
Deductible		\$213,363
Claims Paid	\$275,615	

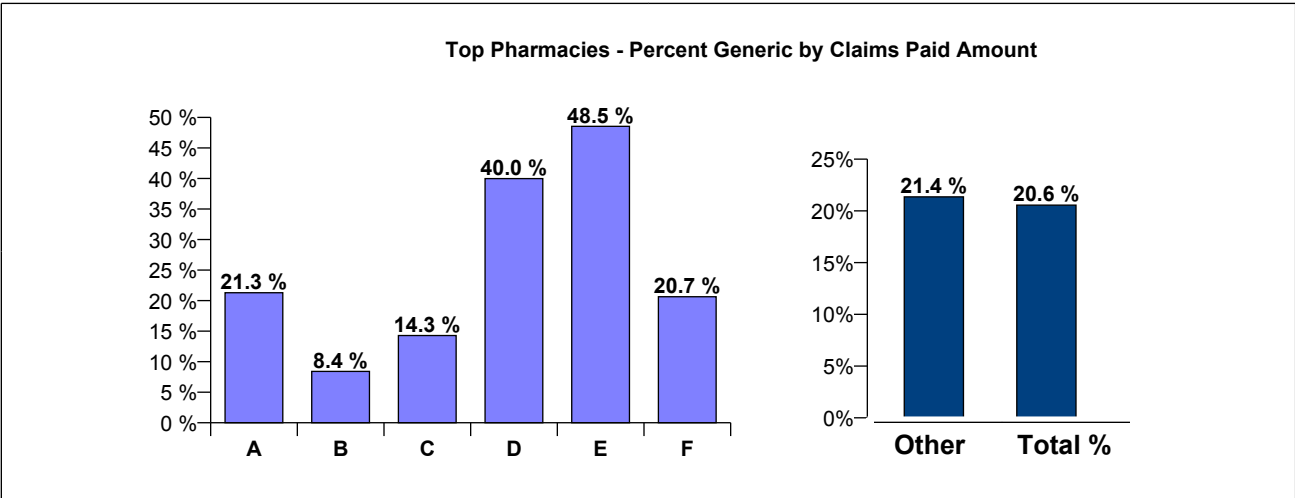
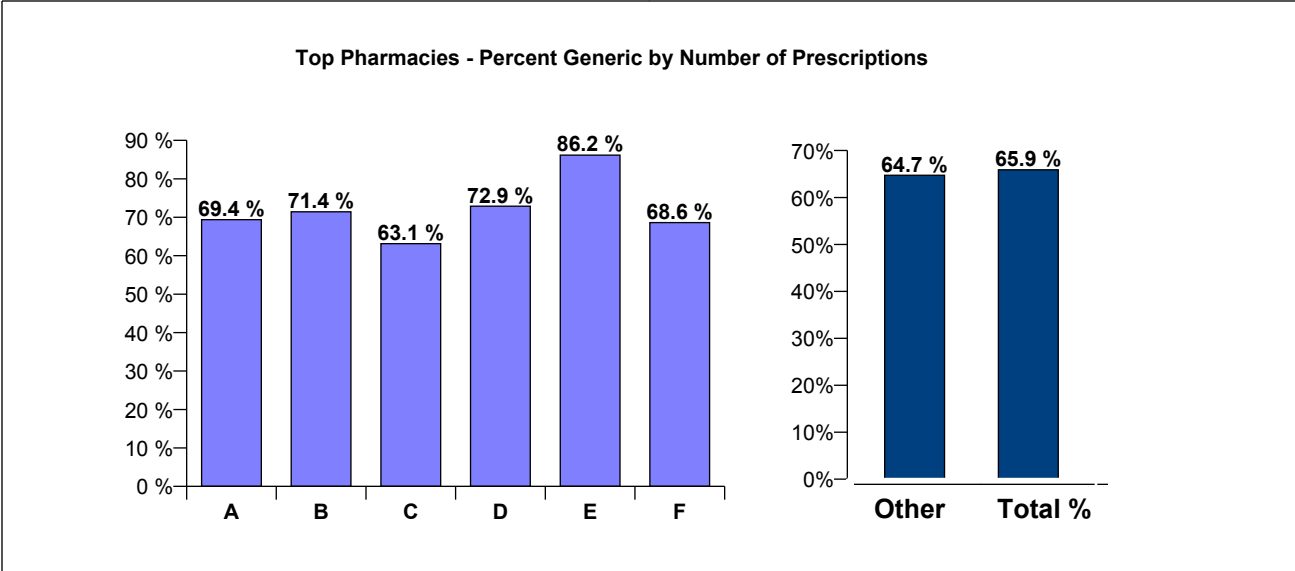


Pharmacy Benefit Report - CMM Rx

Retail Pharmacy Summary

Top Pharmacies - Percent of Total Number of Prescriptions

A HYVEE PHARMACY #1622	1951 S MAIN	SIOUX CENTER IA	5.8 %
B LEWIS FAMILY DRUG #59	143 S MAIN AVE	SIOUX CENTER IA	2.9 %
C WHITE DRUG	400 GRAND AVE	SPENCER IA	2.8 %
D RASHID DRUG	2404 AVE L	FT MADISON IA	2.5 %
E HYVEE PHARMACY #7025	4825 JOHNSON AVE NW	CEDAR RAPIDS IA	2.1 %
F MANLY DRUG STORE INC	621 AVE G	GRUNDY CENTER IA	2.1 %
All Other			81.8 %



Pharmacy Benefit Report - CMM Rx

Payment Distributions

Top Therapeutic Drug Classifications by Total Claims Paid

Therapeutic Drug Classification	Total Claims Paid	% Generic	Generic Target
Misc Therapeutic Agents	\$38,175	44.1 %	57.2 %
Hmg-coa Reductase Inhibitors	\$22,831	54.6 %	64.3 %
Antidepressants	\$19,567	66.4 %	72.6 %
Insulins	\$12,083	0.0 %	5.3 %
Luekotriene Modifiers	\$10,488	0.0 %	5.0 %
Second Generation Antihistamin	\$8,690	56.8 %	75.9 %
Amphetamines	\$8,451	44.1 %	49.1 %
Contraceptives	\$7,482	77.1 %	79.8 %
Diabetes Mellitus	\$7,343	0.0 %	5.0 %
Beta Adrenergic Agonists	\$7,190	41.7 %	62.3 %

"Miscellaneous Therapeutic Agents" includes but is not limited to the following brand name drugs - Singulair, Fosamax, Plavix, Actonel as well as many immunosuppressive, anti-gout and anti-Parkinson agents.

Claims Paid Distribution

Dollar Range	Members in Range		Prescription Count		Total Paid	
	Count of Members	% Mbrs	Number of Rx	% Total #	Rx Dollars *	% Total \$
No Claims	428	32.1 %	0	0.0 %	\$0	0.0 %
\$.00 - \$100	674	50.6 %	3,812	42.0 %	\$5,861	2.1 %
\$101 - \$200	50	3.8 %	561	6.2 %	\$6,983	2.5 %
\$201 - \$300	34	2.6 %	440	4.8 %	\$8,673	3.1 %
\$301 - \$400	20	1.5 %	299	3.3 %	\$6,911	2.5 %
\$401 - \$500	18	1.4 %	323	3.6 %	\$8,177	3.0 %
\$501 - \$600	10	0.8 %	133	1.5 %	\$5,511	2.0 %
\$601 - \$700	10	0.8 %	163	1.8 %	\$6,599	2.4 %
\$701 - \$800	6	0.5 %	110	1.2 %	\$4,658	1.7 %
\$801 - \$900	7	0.5 %	164	1.8 %	\$5,937	2.2 %
\$901 - \$1K	7	0.5 %	216	2.4 %	\$6,668	2.4 %
\$1K +	68	5.1 %	2,854	31.4 %	\$209,637	76.1 %
Other	0	0.0 %				
Total	1,332	100.0 %	9,075	100.0 %	\$275,615	100.0 %