

WINTER 2009



# BLUEVIEWS

COMPANY NEWS FOR EMPLOYEES AND RETIREES OF WELLMARK BLUE CROSS AND BLUE SHIELD

The background of the entire page is a photograph of an iceberg in the ocean. The top of the iceberg, which is visible above the water line, is jagged and white with some blue shading. The bottom of the iceberg, which is submerged in the dark blue water, is much larger and more complex in shape, with many sharp edges and a textured surface. The water is a deep blue, and the sky above is a lighter blue with some wispy clouds.

## Perception vs. Reality

Achieving a Sustainable  
Health Care System

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# BluesCare<sup>SM</sup> Giving

## Provides More Choice in 2010

All-new for 2010, BluesCare Giving<sup>SM</sup> is providing employees with even more choice and flexibility in how they give of time, talents, and resources!

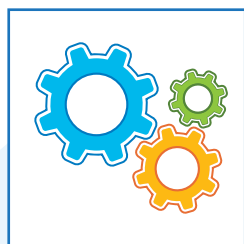
Why be limited to a single charitable contribution of \$1,000 in recognition of 24+ hours volunteering? Good question! That's why **employees can now earn \$1,000 charitable contributions in recognition of every 24 hours spent** lending a helping hand in our communities, up to \$5,000 annually.

We've rolled available matching gifts funds and volunteer recognition contributions together in an easy and accessible "bank" – think of it as your own personal piggy (no hammer required).

Check out the changes in bold below:

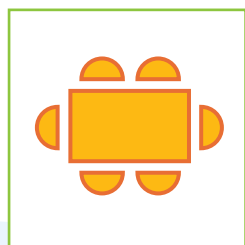
	2009	2010
VOLUNTEER PROGRAM	Up to 24 hours of paid Volunteer Time Off (VTO) per employee, per year	
	Unpaid Personal Volunteer Time (PVT) Credit for volunteering outside traditional work hours	
	Includes all qualifying organizations in Iowa and South Dakota	
	Charitable contributions of \$1,000 in recognition of employees volunteering 24 or more hours in a year	<b>Charitable contributions of \$1,000 in recognition of employees volunteering in increments of 24 hours in a year, up to \$5,000 annually (120 hours)</b>
MATCHING GIFTS PROGRAM	Up to \$5,000 of available matching gifts funds per employee, per year	
	Includes all qualifying organizations in Iowa and South Dakota	
TOTAL \$ AVAILABLE	\$6,000 ((\$5,000 Matching Gifts + \$1,000 Volunteer Recognition)	<b>\$5,000</b> <b>(Matching Gifts and Volunteer Recognition combined)</b>
PROGRAM GUIDELINES	New in 2009	Unchanged in 2010

# New Corporate Headquarters



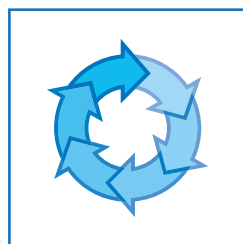
## Department locations in new headquarters determined

Facilities team works with each division or value stream leaders on determining where teams will be located within their assigned area on each floor based on the approved block and stack plan (location of divisions on each floor within the new headquarters). Work flow planning adjacencies will be taken into account.



## Employee preview of new workstations with their leader

Workforce members will have an opportunity to view selected workstations, at designated times, as part of the departmental planning. They will also view the chair selected and new workstation and features such as the adjustable height worktable.



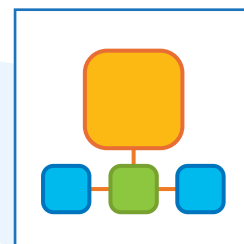
## Transitional business processes in place

Workforce members understand their personal and department business processes and can determine how each of their processes will work before, during and after the move in to the new headquarters to ensure a smooth transition and a seamless experience for our customers.



## Communications begin for the move in to the new building

Leaders and workforce members receive comprehensive information on move in instructions (by order of move sequence), building orientation (how to navigate and find rooms in the new headquarters), available amenities, and new building policies, procedures and protocols.



## Data center build begins

Wellmark IT team begins data center build out, movement of servers in to the new building, and extensive testing of applications.

First Half of 2010



# Upcoming Milestones

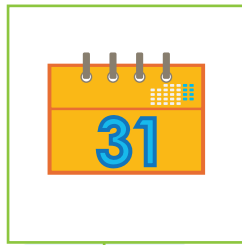


For a complete list of milestone events from 2006 to 2011, visit the milestones section of BluePrint 2010 on the Wellmark Web intranet.



## Employees find out where they will be sitting

Space planning continues between the facilities team and leaders to assign workstations. Workforce members will find out from their leader what workstation they will have and where they will sit in the new building approximately four weeks prior to the department's actual move into the new headquarters.



## Move schedule finalized

The move schedule includes the collaboration of various resources, sensitivity around times when it is most disruptive for an area to move, the appropriate number of individuals that can move during each phased move, and other critical move in information. This schedule also incorporates transition plans for parking, meeting planning, café/vending services, convenience store, Well For Life Center, etc. in the new building.



## Employee phased move in begins

Once construction is complete on a floor, workstations are installed, data and phone line connections are made, etc. for each area, workforce members will move in to the new headquarters in phases based on the finalized move schedule.



## Well For Life Center, café and convenience store open

The new Well For Life Center, café and convenience store will open in the fourth quarter. Once the new fitness center is operational, the current center will close. Our goal for the café is to offer food selections for employees who are transitioning from existing locations to the new headquarters. The level of service and options will increase as the number of workforce members in the new building increase.



## Dedication and grand opening ceremony in 2011

A grand opening and dedication event will celebrate our new corporate headquarters.

Second Half of 2010

*\*All milestone time frames subject to change.*

# Medicare Supplement Changes Coming in 2010

Wellmark will be among many other health insurance companies across the nation to offer new Medicare Supplement plans to Medicare-eligible individuals effective in June 2010.

## About Medicare Supplement Plans

Medicare Supplement plans are designed and standardized by the federal government, but offered by private insurers. They help pay for the health care costs and some services not covered by Medicare. They also help protect individuals in case they need additional care in the future.

## Why the Changes?

The federal government has issued legislation to modernize the benefits of existing Medicare Supplement plans and to add additional plan options with cost-sharing components that will allow for lower premiums.

## Overview of 2010 Changes

Here are a few highlights of the upcoming changes:

- An under-utilized preventive care benefit and the “at-home-recovery” benefit will be eliminated.
- The Part B Excess Charges Benefit (amounts over Medicare’s set limits) changes from 80 percent to 100 percent for Plan G.
- Plans may include new or innovative benefits.
- Four plans will be eliminated: Plans E, H, I, and J. These plans are considered unnecessary and duplicative after the benefit changes are made.
- Two new plans have been added: Plan M and N. These new options will have higher cost-sharing and are likely to have lower premiums than the other plans.
- A new hospice benefit is added to every plan as part of the Basic Benefits.

## What are “New or Innovative” Benefits?

In addition to the basic core package of benefits shown below, an insurance company may offer “new or innovative” benefits in addition to the benefits provided in the standardized Medicare supplement policy. Examples include coverage for hearing, vision, dental, or preventive care. These benefits must be filed and approved by the state insurance division.

## How Does Competition Work Among these Plans?

Insurance companies, like Wellmark Blue Cross and Blue Shield, can do either of the following: 1) offer all the new 2010 plans (A-N) shown below, or 2) pick and choose which plans they will offer. Each insurance company then sets their own rates and customizes their plans, such as adding “new or innovative” benefits.



For more information about Wellmark’s Medicare plans, visit the Medicare Options section at [www.wellmark.com](http://www.wellmark.com).

## How they look now – Standardized Medicare Supplement Plans

Available for January 1 – May 31, 2010 effective dates

	A	B	C	D	E	F	F <sup>1</sup>	G	H	I	J	J <sup>1</sup>	K	L
Basic Benefits	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓ <sup>2</sup>	✓ <sup>3</sup>
Skilled Nursing Facility Coinsurance			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓ at 50%	✓ at 75%
Part A Deductible		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓ at 50%	✓ at 75%
Part B Deductible			✓			✓	✓				✓	✓		
Part B Excess Charges						✓	✓	✓ at 80%		✓	✓	✓		
Foreign Travel Emergency			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
At-Home Recovery				✓				✓		✓	✓	✓		
Preventive Care Not Covered by Medicare					✓						✓	✓		
Deductible							✓					✓		
Out-of-Pocket Limit													✓ <sup>4</sup>	✓ <sup>4</sup>

Plans shaded in gray will not be available after May 30, 2010.

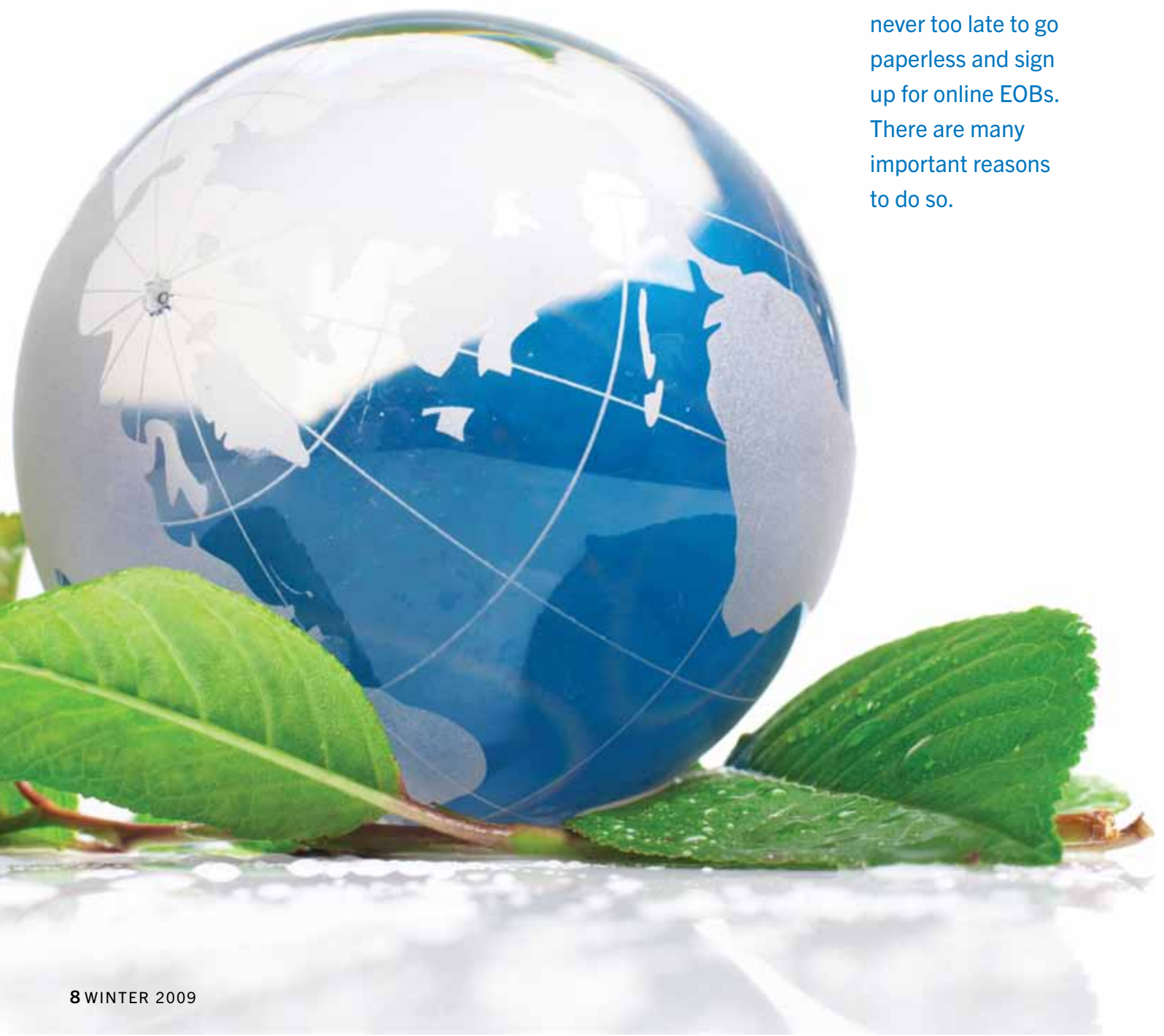
## How they will look on June 1, 2010 – Modernized Medicare Supplement Plans

Available for June 1, 2010 and later effective dates.

	A	B	C	D	F	F <sup>1</sup>	G	K	L	M	N
Basic Benefits	✓	✓	✓	✓	✓	✓	✓	✓ <sup>2</sup>	✓ <sup>3</sup>	✓	✓ <sup>5</sup>
Skilled Nursing Facility Coinsurance			✓	✓	✓	✓	✓	✓ at 50%	✓ at 75%	✓	✓
Part A Deductible		✓	✓	✓	✓	✓	✓	✓ at 50%	✓ at 75%	✓ at 50%	✓
Part B Deductible			✓		✓	✓					
Part B Excess Charges					✓	✓	✓ at 100%				
Foreign Travel Emergency			✓	✓	✓	✓	✓			✓	✓
Deductible						✓					
Out-of-Pocket Limit								✓ <sup>4</sup>	✓ <sup>4</sup>		

# Online Explanation of Benefits a Win-Win

Remember – it's never too late to go paperless and sign up for online EOBs. There are many important reasons to do so.





The campaign launched in November 2009 to encourage employees with Wellmark health insurance to go paperless by signing up to receive online Explanation of Benefits (EOBs) statements instead of receiving them in their home mail, is gaining steam. Our goal is 100 percent participation.



For more information about online EOBs, including registering for [www.wellmark.com](http://www.wellmark.com) or signing up for online EOBs, select the **Sign Up for Online EOBs** link on the Wellmark Web intranet.

## Help Us Go Green

Each year, Wellmark prints and mails more than 12 million EOBs. In 2008, that amounted to 13,896,574 sheets of paper. Considering that 8,333 sheets of paper equates to one tree, it took 1,668 trees to produce our EOBs last year. That's a lot of trees! For some time now, we've been on a journey to transform Wellmark into a model corporate citizen, providing the highest levels of customer service, while being efficient and effective stewards of our corporate and natural resources – we are becoming lean and green.

Switching to online EOBs and going paperless is another opportunity for you to help us go green. The cost to print and mail EOBs for 2008 was more than \$5.3 million. You can do your part to help Wellmark's bottom line simply by making the switch.

## You Can Lead the Way

Wellmark will be offering all its health plan policyholders – not just employees – the chance to do away with receiving paper EOBs in the U.S. Mail, and instead view their EOB statements online at [www.wellmark.com](http://www.wellmark.com). But Wellmark employee policy holders can lead the way in registering for this tool. Remember, though, you cannot sign up for online EOBs until you are a registered user on [www.wellmark.com](http://www.wellmark.com).

## Benefits for You

In addition to benefiting the environment and Wellmark's bottom line, going online helps you too. Here are just four good reasons going paperless is in your best interest:

**Convenience.** Receive EOBs anywhere you have access to the Internet and anytime day or night.

**Ease.** Your electronic EOB is the same as your paper statement – without the envelope. Instead of arriving in your mailbox at home, you'll receive an e-mail alert sent to your work or personal e-mail address saying your EOB is ready. Then, just log in to the member section of [www.wellmark.com](http://www.wellmark.com) to view it.

**Savings.** We'll store your EOB online for two years – saving you paper, ink, and maybe a paper cut or two.

**Organization.** Avoid the confusion and clutter of determining whether a statement received in the mail is an EOB from your health plan or a bill you need to pay from your provider. Online EOBs are organized for you.



A large, jagged iceberg floats in a deep blue ocean under a clear sky. The iceberg's surface is textured with various ridges and crevasses. The water around the base of the iceberg is slightly churning.

# Health Care Cost:

Our solution to combat these perceptions vs. realities is to focus on a corporate strategy of reducing Wellmark's trend to equal the Consumer Price Index (CPI), and in the end, achieve a sustainable health care system.

## Achieving a Sustainable Health Care System – What it Means to Our Customers and to You

Today, the perception is that health care costs are rising at the same rate as food, clothing, and housing, when in reality, these costs are rising faster than other goods and services. The actual cost of a procedure or hospital stay is also underestimated by at least 50 percent, and many believe health insurance companies are the main cause of the health care cost problem, fueled by motives to increase profits. The reality, however, is that Wellmark is a mutual company, and is not driven by profits, but by helping to improve the health of our members and the health care system in Iowa and South Dakota.

Our solution to combat these perceptions vs. realities is to focus on a corporate strategy of reducing Wellmark's trend to equal the Consumer Price Index (CPI), and in the end, achieve a sustainable health care system. Turning this strategy into reality will be what drives the work we are doing and how we will measure our success over the next several years.

# Perception vs. Reality



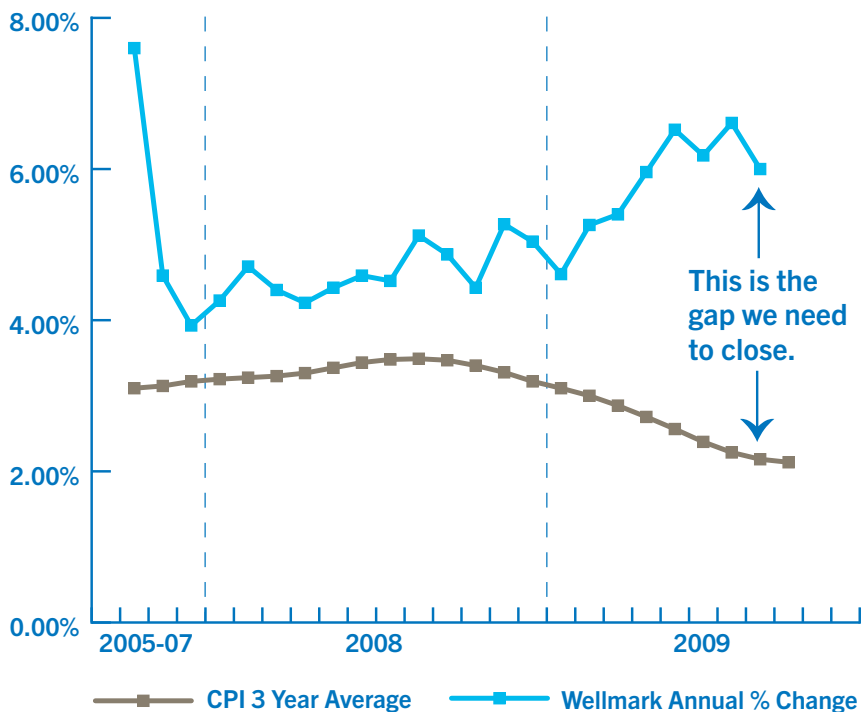
## Perceptions vs. Realities

Learn about some of the perceptions vs. realities regarding sustainable health care and what Wellmark is focusing on to address the problem in the chart below.

PERCEPTION	REALITY	OUR FOCUS
The sustainable health care goal should not be that difficult to achieve because the cost of all goods and services continues to increase.	As the graph on the next page shows, the gap between Wellmark's trend and the CPI continues to increase.	Keep costs that are fueling this gap from entering the system. Includes: <ul style="list-style-type: none"> <li>– New technology</li> <li>– New drugs</li> <li>– The rising rate of obesity</li> <li>– Emergency Department use</li> <li>– Iowa and South Dakota resident members receiving care in other states</li> </ul>
If Wellmark is successful in reaching this goal, all of our rate increases will equal CPI.	Trend and rate increases are not the same for everyone today due to some of these factors: <ul style="list-style-type: none"> <li>– Type of market segment</li> <li>– Past claims history</li> <li>– Age</li> <li>– Where members live – in Iowa, South Dakota, or out-of-state</li> <li>– Benefit designs</li> <li>– When trend matches CPI, rate increases will continue to vary, but the overall average will equal CPI.</li> </ul>	Keep new costs from entering the system so that our trend matches CPI. This includes Wellmark's administrative costs in addition to what we pay for health care services.  The rising cost of health insurance is a major concern. A lower trend should help us with lower rate increases, which in turn helps us retain and grow our membership.
Wellmark is simply going to pay providers less and deny care to decrease trend.	This goal is not about cost cutting, but about keeping new dollars out of the health care system. It is: <ul style="list-style-type: none"> <li>– Allowing people to still receive necessary care – but at the right level.</li> <li>– Helping people live healthier lives so they don't need health care services. For example, diabetes rates are increasing because obesity rates are increasing.</li> <li>– Reducing paperwork and other administrative expenses that lead to higher health care costs.</li> <li>– Eliminating waste. According to a Thomson Reuters report released in October, \$700 billion, or one-third of all dollars spent on health care, is wasted in the U.S. medical system every year.</li> </ul>	Wellmark will continue to collaborate with providers to improve the quality of health care, to reduce waste and to provide support so that people can lead healthier lives.  We are looking at our provider payment system so that we can pay providers for quality vs. quantity. This means focusing on helping patients improve their health, while still receiving care when they are ill.
Only a few people in the company are working on this goal and can make it happen.	It will take everyone to make this goal a reality. By 2014, our goal is to have administrative expenses at \$25 per member per month. This includes \$35 million in savings from Lean & Green Initiatives, administrative efficiencies and our company's health care costs.	Continue to find ways to reduce the cost of doing business. And ask yourself, "Would our customers be willing to pay for this?"  Use the Lead by Examples listed on the next page.
Wellmark can achieve this goal by working harder and by working faster.	Working hard is good, but in this case, simply working harder and faster is not the silver bullet.	Achieving this goal will require all of us to approach our work differently to transform the health care system in our two states. And more importantly, you're helping the health and the finances of your neighbors, friends and family in Iowa and South Dakota.



## Wellmark's Trend Compared to CPI



## Terms to Know

### Wellmark's Sustainable Health Care Goal –

By 2014, together with physicians, hospitals, customers and other stakeholders, we will collectively transform the health care system in Iowa and South Dakota by reducing and sustaining the percentage increase in the annual health care costs (trend) for our Iowa and South Dakota members to equal the percent change in the Consumer Price Index (CPI).

**Sustainability** – An action that can be continued indefinitely with little, or manageable, impact on the environment. Sustainable practices ensure that our natural resources will be available to meet the needs of the present without compromising the needs of future generations.

**Consumer Price Index** – According to the Bureau of Labor Statistics, the Consumer Price Index (CPI) is a measure of the average change over time in the prices paid by urban consumers for a market basket of consumer goods and services. The official CPI reported monthly in the media is called the All Items Consumer Price Index for All Urban Consumers (CPI-U). This is the index that Wellmark is using for its goal.

**Spend** – Amount of money that Wellmark and its members pay for health care services. Think of spend as the cost or price of a service.

**Trend** – Amount of change – either positive or negative – of spend and utilization, as well of the mix of services. Let's use hospital admissions as an example. The number of admissions may decrease (utilization), but the cost of each of those admissions (spend) increase because people are having more difficult procedures and are sicker.

**Utilization** – How much a service is being used or an item is being purchased. For example, an increase in utilization of generic drugs means that more generic prescriptions are being filled.

## Your Role

### Learn More

- Visit the Sustainable Health Care section on the Wellmark Web intranet.
- Sign up for the *Building a Sustainable Health Care System* online class.
- Read the "How much does health care actually cost" article in the winter issue of *Blue* magazine on the Wellmark Web intranet.
- Watch for more information about how our 2010 Performance Incentive Plan (PIP) goals will align with our sustainable health care goals.

### Lead by Example

- Make healthy lifestyle choices and get involved in your health.
- Make cost effective health care choices such as using generic drugs and using the emergency department only for emergencies.
- Take advantage of the various wellness activities through Health Matters.

### Share Your Ideas

- Send ideas to help support this goal to the facilitators leading the projects (visit Sustainable Health Care on the Wellmark Web intranet to find facilitators).
- Talk to your leader about how you can get involved.

# “Mark” and “Bill”

## Make Video Series Fun and Educational

When Wellmark’s corporate communications department was developing their communications strategy for the new corporate headquarters and the Lean & Green Initiative, they wanted to try something different.

“What you’re seeing on screen is very much my personality ramped up a notch or two. That’s why it might seem like it comes naturally.”

– Chris Verlengia, corporate communications consultant

Chris Verlengia, corporate communications consultant, in the studio with his “stand-in.” To create “Mark” and “Bill” in post production, Chris is videotaped with a stand-in, while he records the Mark and Bill dialogue. In editing, the clips are pieced together to create a seamless interaction between the two characters.

Corporate Communications had to convey a lot of information in an easy and effective way, provide leaders with a simple turn-key tool, and grab employees' attention – all at the same time.

The result was a new video series called Preparing for Change, starring two fictional characters named “Mark” and “Bill.” Mark – the smart and sensible one, and Bill – the illogic guy with an endearing (and misplaced) enthusiasm.

Together, these humorous characters have helped bring attention to a serious subject, but they've also made a “star” out of Wellmark's corporate communications consultant, Chris Verlengia. Chris has worked at Wellmark for four and a half years, and is responsible for Wellmark's community relations, corporate giving, and employee philanthropy programs. Chris recently commented about being involved with this new project and the departure from his “regular” full-time job duties.



**Q: You do a great job on the Preparing for Change videos – how did you get pulled into this project?**

**A:** The producer of the videos asked if I'd be interested, and I felt right away this was the kind of project I could really sink my teeth into. I thought the concept was so fresh and fun that I definitely wanted to be a part of it.

**Q: You make Mark and Bill really fun characters; do you have any acting experience?**

**A:** Actually, I don't have any formal training other than working on a small stage production in high school, but I don't think it requires a real action talent; it's just me taking these two characters a little over-the-top. What you're seeing on screen is very much my personality ramped up a notch or two. That's why it might seem like it comes naturally.

**Q: Do you get recognized or stopped by a “fan”?**

**A:** I do sometimes get stopped in the hallway, it's funny. But I think it's mostly because people don't know that I work here, they think Wellmark hired an actor that is now showing up at corporate events. Needless to say, it's led to some pretty hilarious moments.

**Q: The subject matter of this series is serious and very important to Wellmark's strategic priorities. Do you think the “comic relief” helps make this an effective tool for the company?**

**A:** This is a really innovative approach for our company and we've been able to engage the workforce in a new way. I'm excited to see us open up and experiment with new strategies and incorporate new technologies. That's one of the reasons I'm so proud to be a part of this project. It's been an absolute blast.



The Preparing for Change video series can be found on the Lean & Green or BluePrint 2010 Web sites on the Wellmark Web intranet.



# Helping One Member

## Case Management Staff Tell Their Stories

They are people in need of help who are experiencing catastrophic or life-threatening events or progressively deteriorating health. They are the one percent of Wellmark's members who need more from their health insurer than do others. They need someone to help coordinate the care they receive to make sure they're getting the right kinds of care in the most cost-effective manner in order to optimize insurance benefits.





Helping a person through very hard times means taking a strong interest in his or her well being. It takes a special kind of person to do this work.

# at a Time

These members find their way to Wellmark's Case Management department in all kinds of ways. Sometimes it's through referrals from family, friends, or providers. Oftentimes our company finds them through a tool developed by Business Intelligence Reporting (BIR) using claims data and licensed software. However they come to Case Management, the end result is that people who are experiencing serious physical problems and the accompanying emotions that make navigating the health care system the last thing they want to deal with, now have an advocate.

It should be noted that case management services, which is a core Wellmark program offered in all benefit plans, is voluntary for members...nobody is required to receive these benefits.

Elodie Opstad, group leader for the department, notes that case managers often get close to the members they counsel and vice versa. "Helping a person through very hard times means taking a strong interest in his or her well being. It takes a special kind of person to do this work," she says.

To get a true feel for the jobs of Case Management staff, several department members were interviewed:

**Kim Nutt** – case manager, medical

**Kerry Campero** – case manager, medical

**Jamie Satterfield** – engagement specialist

**Patti Abram** – social worker, engagement specialist

These individuals were asked to talk about the work they do and how they go about developing relationships with members who need help. Here's what they had to say:

## The Case Management Team

Wellmark's Case Management team is a diverse group comprised of roughly 35 individuals, including registered nurses, Masters level social workers, social workers, and engagement specialists. Specialties within the team include: transplant, behavioral health, and social work. Case management staff work collaboratively with all health care providers such as the member's medical home and appropriate consulting providers to help manage the member's health needs. They also identify and coordinate appropriate care and determine what potential barriers to care might exist, such as contract limitations or financial hardship, and try and find solutions to these problems.

Continued on page 18



Jamie Satterfield,  
engagement specialist



Patti Abram, social worker,  
engagement specialist

## Getting Started

**Kim** A lot of people don't realize this is a free service and part of their benefits, so I always let them know that up front. I then talk with them about what their needs are. Sometimes it takes two or three phone calls to get them to open up to you.

**Kerry** That's especially true if it's someone with a new diagnosis because it is usually a very difficult time for that person. The first call can be very emotional.

**Kim** True. If they are going to talk to you they will open right up, but there are others who just aren't ready to talk.

**Jamie** As an engagement specialist I'm on the front end of referring people to case management, which means I do the initial assessment. A lot of times people are not aware of case managers and what they do. I help educate them on the role of case managers and let them know it's affordable because it's free.

**Patti** As a social worker I get referrals from the case manager, the engagement specialist, or the health support team. The referrals usually stem from something a member has mentioned during a phone conversation. We also make outreach calls to members while they are in the hospital to see if we can help facilitate the transition from hospital to home by providing advance discharge planning. It's a little bit different than what Jamie does in that we have a pretty good idea of the member's medical condition. So, if it's something complex, we can do what's called a real-time referral to the case manager and explain the member's situation, and ask if they want to get involved. Once the member gets home, we give them a call to see how they're doing.

When we get involved as social workers there usually is a need that's been addressed. We let them know that we are Wellmark social workers and we realize insurance doesn't cover everything. They might have a need we can help find a resource for or just guide them in a direction they might want to pursue. For example, I called a member who was concerned about the cost of medications. She had insurance coverage but was on a tight budget and having a hard time coming up with money to pay for diabetic test strips. I let her know about prescription assistance programs and when we were getting ready to hang up, she said, "I never dreamed someone would call me." It meant so much to her.

## Touching Members More Than Once

**Kerry** We're touching our members at the beginning of their illness or injury. For example, we know right away when someone's been hospitalized for a spinal cord injury and we follow them through their acute stay, through rehab, and work closely with the family to make sure the member is ready to go home. We can send a specialist to the home to do home evaluations and recommended modifications such as lowering light switches and adding ramps. These are things families often don't think of because they're overwhelmed at the time. And if the member needs home care, you coordinate that too. It's overseeing the whole continuum of care.

**Kim** As an example, I have a young child who is one of triplets and was recently diagnosed with type 1 diabetes. The challenge is that the other two children don't have the disease and can eat freely, and you've got this child who has to monitor her diet and take insulin while her siblings don't. So, we needed to get resources to teach the family about diabetes. Everything was going well, so I backed out of the case. But recently, I got called back in to help the parents with new medical information. We're constantly re-looking at people we've worked with in the past.

**Patti** To expand on the social work, when we get a referral we ask different types of questions, and we also do what's called a psycho-social assessment. We look at the home, the family dynamics, the interactions, and the support system that the member has. We look at the entire person to determine what's going on in the home environment.



Kim Nutt,  
case manager, medical

## Beginning to End Care

**Jamie** I think most of our case managers work with spouses, significant others, mothers, grandparents...it's really a family affair. Here at Wellmark we have a good concept of beginning to end care. One of the things our case managers do is to find respite for individuals who need some time away from a terminally ill loved one.

**Jamie** We also have transplant case managers and case managers who work with people who need palliative care services.

**Kim** Our case management team and our social workers have such a wide variety of backgrounds that we're all able to help each other out. Let's say there is something I'm not familiar with like maternity. I can go to somebody who is familiar with that area and ask for their expertise.

## Getting Personal

**Kerry** About a year ago, I had someone who suffered an injury and is now a quadriplegic. Over the course of a year, I followed him through his stay. When he got home, we were able to cover special mobility equipment and recommended modifications to the home. He hasn't had any readmissions and now is back at school. His parents would send me pictures of him over the Internet and call me and tell me about his progress. This is just another example of developing a close relationship with members and their families. Every case is different and, sometimes cases can be heart wrenching.

**Patti** As a social worker, I try to work with the whole person and try to help people validate their self-worth. It's about building a trust relationship and most of the time our members appreciate that.



Kerry Campero,  
case manager, medical

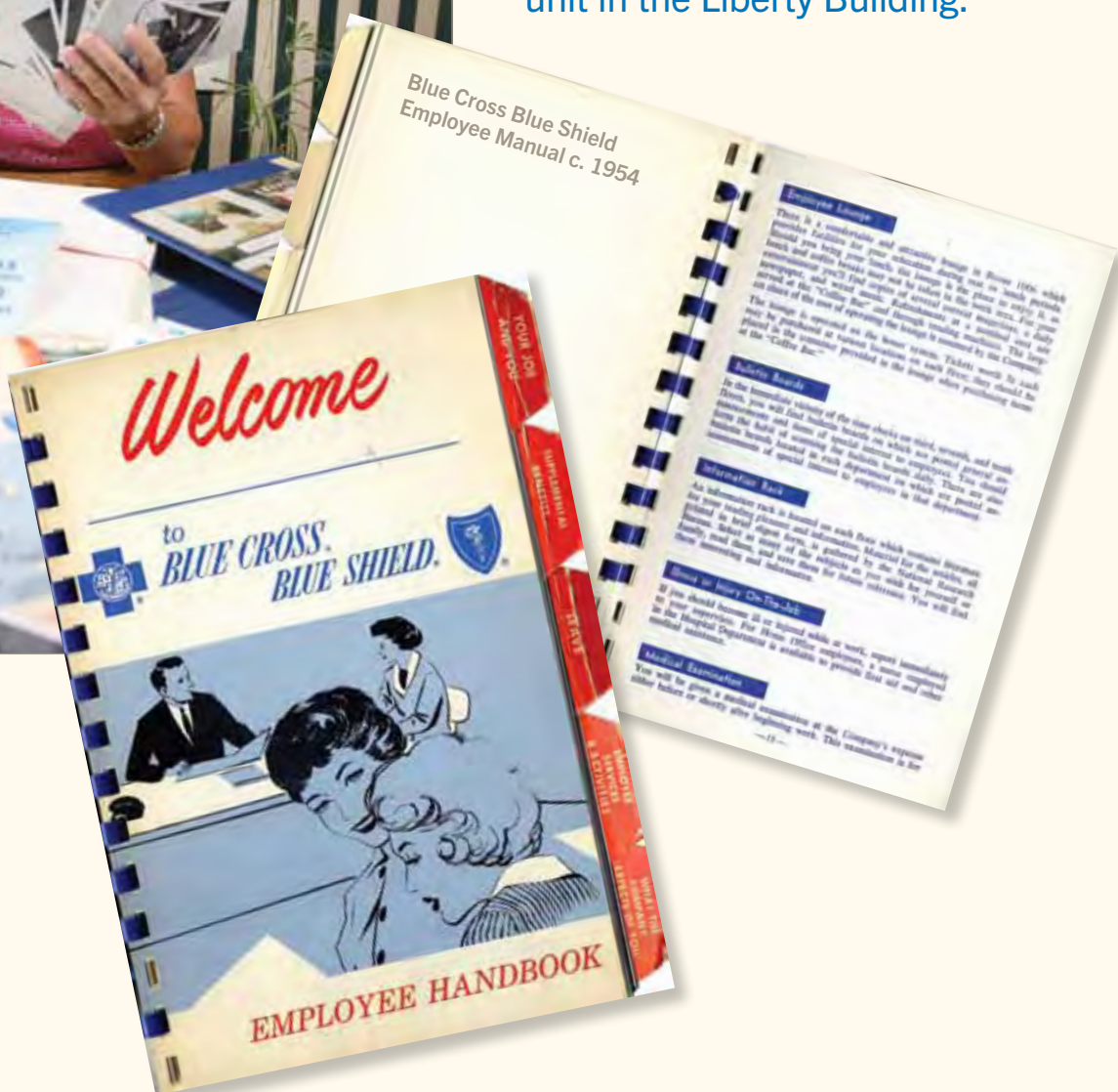




# From President Eisenhower to Early Retirement



Donna Nall saw some mighty big changes in the company after she joined Blue Cross & Blue Shield of Iowa in 1954. Fresh out of high school, she started as a file clerk in accounts receivable working at a metal, four-desk unit in the Liberty Building.





Donna joined at a time when Dwight D. Eisenhower was president, Joe DiMaggio and Marilyn Monroe were Hollywood sweethearts, the Salk polio vaccine was successfully tested and restaurants charged just 10 cents for a cup of coffee. Some other things Donna remembers about her earliest years with Wellmark include:

- People smoked at their desks.
- Maternity leave had not yet been created.
- One employee carried mail in a letter bag to all departments.
- The company housed enrollment cards that each member filled out. These were the primary source of member information.
- There was no such thing as Medicare.

## Process Demanded Pencil and Paper

After working in other seats in her four-desk accounts receivable team, Donna also worked as supervisor in the communications department, and as assistant cashier in the enrollment and marketing area. She worked with individuals who “came in to enroll or make payment,” and receipts were issued by hand. Then Donna moved to marketing administration, where she spent the bulk of her time at Wellmark.

Although job titles escape her, “I was something of a liaison between the internal people in Des Moines and offices all over the state. I trained some new reps on internal procedures. During a bank enrollment, reps would call on people, enroll them, and fill out expense sheets. I’d track their expenses daily and then figure out how much it cost us per application,” she says.

## Medicare Changed Everything

In July 1965, Medicare and Medicaid were signed into law by President Lyndon Johnson as part of his “Great Society” reforms, which were aimed at bringing about long-term change in education, medical care for the elderly and social welfare. Blue Cross and Blue Shield responded by developing their first supplemental health insurance policies, then called Senior 65. Donna worked tirelessly to help reps and brokers understand the products and ensure that proper procedure was followed.

In Iowa, Blue Cross and Blue Shield Plans also were named the administrative intermediaries and carriers for Medicare and Medicaid, which doubled the Plans’ work volume. Donna says, “We had to convert many members to Medicare and they had to prove their age to enroll.”

It was about that time the company installed its first computer. A retiree was hired back to sit in the lobby of the Liberty Building to answer questions from other retired members. And a burgeoning workforce – which grew from 320 to more than 1,000 employees – required the company to locate workers in four different Des Moines buildings.

## Her Wellmark Friends are Forever Friends

Donna is a self-described extrovert who adores being around people. In 1986, she was offered the opportunity to retire as part of Wellmark’s first “class” of retirees. Although she left the company at that time, she didn’t leave her friends.

“I don’t think I could have found any better place to work. It had a great bunch of people. I’m still in touch with so many of them,” says Donna, adding that her fondness for her time at Wellmark led her to keep boxes of photos and memorabilia tucked away at home.

“ I even have an old matchbox cover that Blue Cross put out,” Donna says, smiling at the irony... and undoubtedly remembering the days when employees smoked at their desks back in 1954. ”



Senior advertising consultant Jan Sheehy started at Wellmark on September 2, 1980, in a position she says was essentially the same as her position is now.

# 3 Decades

## of Communicating the Difference

“We work very closely with our marketing and sales departments to make sure we are a good, collaborative partner and do our best to help the company meet its goals.”

— Jan Sheehy, senior advertising consultant

Despite nearly three decades and multiple job titles, “The basic fundamentals are pretty much the same; to develop advertising programs and initiatives that resonate with our members or potential members, whether for brand awareness or product sales,” she explains.

## It's the process that's different

"Technology has changed the way we do business and, to some degree, the vehicles we use," Jan says, pointing to new digital media. Then she grins as she thinks back to the time when, during one advertising agency selection process, having an out-of-town agency was considered an obstacle. One long-distance contender responded to the challenge by saying, "They would be willing to invest in something called a facsimile machine. They would buy one for them and one for us, enabling us to quickly communicate, particularly on graphics and storyboards."

Since then, communication has become not only faster but also nearly instant, facilitated by e-mail, extranets and ftp sites. "That part of the industry has changed immensely, and so much for the better," she says.

## Ads looked and felt a lot different 30 years ago, right?

Jan thinks for a bit and then says, "We have always tried to make our ads fresh and innovative. Some of the mid-'70s ads were quite cutting edge." Although logos and taglines have been modified through the years, many of the headlines would resonate equally well with readers today.

But all in all, Jan says, "Our basic communications strategy hasn't changed. We do project our strategy, plans and vision farther out now, and we continue to be concerned that we do our part to keep health care sustainable for our members."

## Unforgettable times for Sheehy and Wellmark

Today considered commonplace, the notion that members participate in their medical costs wasn't readily embraced in 1981 when Jan – still new to Wellmark – helped introduce the company's first comprehensive major medical health care product. Intended as a means to keep rates down and help employers continue to offer employees coverage, "Prior to this time, our policies offered first-dollar coverage. The idea of cost-sharing was revolutionary," she recalls.

Next – and perhaps most significant to Jan – came the 1986 introduction of Alliance Select, now considered the company's cornerstone product. Jan helped name and introduce the Alliance Select family of products. And that gives her a deep sense of pride. "When asked what coverage they have, many people say, 'Alliance Select.'" Again, Jan smiles.

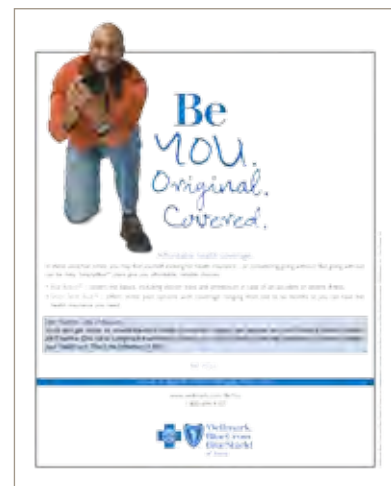
## Ads from the 1970's to today:



When You Pay Print Ad 1975



AllianceSelect Print Ad 1991



SimplyBlue Age 18-34 Print Ad 2009



# Wellmark in the



A traditional dancer entertains the crowd in style at the Latino Heritage Festival in Des Moines.

## Latino Festival

The Wellmark-sponsored Latino Heritage Festival took place from September 19-20 at Blank Park Zoo in Des Moines. Thousands visited the festival's many cultural villages, including Mexico, Brazil, Argentina, and El Salvador, and sampled an array of authentic delicacies while viewing works from local artists. Now in its seventh year, the festival is widely considered both the largest Latino festival and ethnic event in the state of Iowa. Visitors to the Wellmark booth received free pedometers and picked up health & wellness information available in both English and Spanish. Wellmark's Inclusion Council members and other Wellmark employees assisted with a variety of volunteer activities, and Rona Berinobis, director of workforce inclusion, served as a dignitary judge for the Latino Idol competition.



Children dance and sing along with main stage musicians at the first annual Every Family Rocks event.

## Every Family Rocks

Celebrating families of all kinds, the first annual Every Family Rocks event benefiting Employee & Family Resources was held on September 27 at Blank Park Zoo in Des Moines. The one-day music festival attracted hundreds of Central Iowa families and featured nationally acclaimed children's musicians Justin Roberts and Dan Zanes. At the Wellmark Pavilion, concertgoers were invited to check out the Bluegrass sounds of Mr. Baber's Neighbors and get their hands on a variety of traditional and unusual instruments as part of an "Instrument Petting Zoo" courtesy of the Des Moines Symphony.



# Community



Approximately 45 Cedar Rapids employees and family members participated in the Wellmark sponsored 19th Annual *Especially for You*® Race Against Breast Cancer.

## *Especially for You*® Race

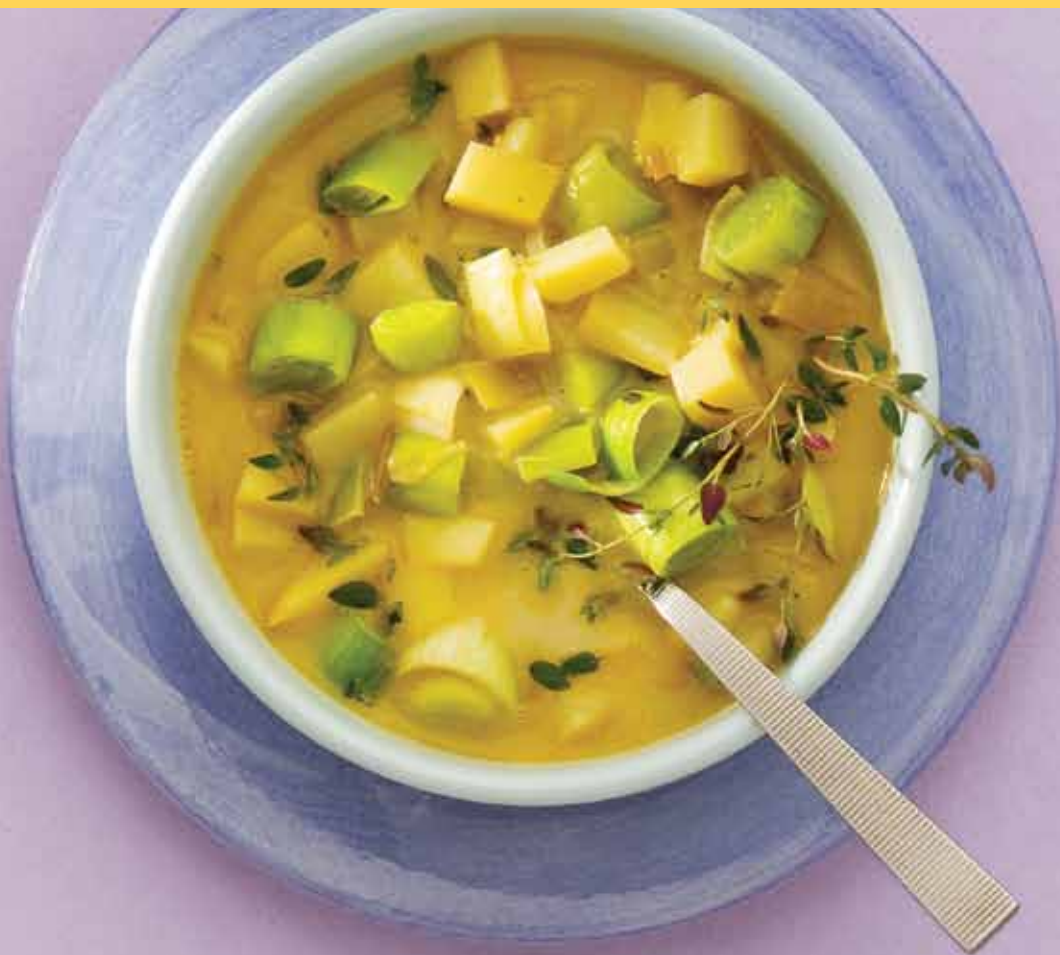
The *Especially for You* Race held on October 11, 2009, at Mercy Medical Center in Cedar Rapids helps support free mammograms and other breast-care services for area women in need through the *Especially for You* fund. Since the race began in 1991, the fund has helped over 4,300 uninsured or underinsured women receive more than \$1.1 million in breast-care services. The 2009 *Especially for You* Race was the largest in the event's 19-year history, raising more than \$233,000 for the EFY fund!



Apparel was on display and in demand at the Wellmark Blue Cross and Blue Shield Sports & Fitness Expo.

## Wellmark Blue Cross and Blue Shield Sports & Fitness Expo

Approximately 6,000 runners made their way through the Wellmark Blue Cross and Blue Shield Sports & Fitness Expo, an event of the Des Moines Marathon, from October 16-17 at Hy-Vee Hall in Downtown Des Moines. The 2009 expo played host to local and national vendors promoting the very latest in athletic apparel, gear, and fitness. Those in attendance received last minute race information and checked out special screenings of *Running the Sahara*, the story of three ultra marathoners' attempt to traverse the Sahara, produced by Academy Award winner Matt Damon.



# Winter warm-ups

Soup not only fills you up, it warms you up, even on the coldest of winter days. Put dinner on the table with these three recipes that are not only easy, they're delicious and healthy, too.

January

## Creamy potato leek soup

Serves 6

- |       |  |     |   |
|-------|--|-----|---|
| 1     | Tbsp. unsalted butter                    | 1/2 | tsp. thyme, preferably fresh, chopped                   |
| 4     | leeks, chopped                           | 1/2 | tsp. ground pepper                                      |
| 1/2   | cup onions, chopped                      | 3   | cups potatoes, peeled and diced (preferably Yukon Gold) |
| 1/2   | cup celery, diced                        | 2   | tsp. vegetable oil                                      |
| 1/2   | tsp. garlic, minced                      | 3/4 | cup evaporated skim milk (or if you prefer, skim milk)  |
| 1     | Tbsp. flour                              |     |   |
| 4 1/2 | cups (36 oz.) low-sodium vegetable broth |     |   |
| 1     | bay leaf                                 |     |   |

**To clean leeks:** Trim off root and trim stem 1 inch from the white part of the leek. Slice white part of leek into quarters. Chop, then rinse under cold water to remove any dirt.

Heat butter in large kettle, add 1/2 of the chopped leeks, onion, celery and garlic. Saute until onions are translucent, about five minutes. Add flour, cook for 5 minutes. Stirring constantly with a wire whisk, add broth, bay leaf, thyme and pepper. Bring to a boil, reduce heat and simmer 15 minutes, stirring frequently. Add potatoes and cook until tender, about 15-20 minutes. Remove bay leaf. In separate skillet, sauté the remaining leeks in vegetable oil over low heat until tender, about 5 minutes. Add leeks and heated skim milk.

**NUTRITIONAL INFORMATION PER SERVING:** 140 calories, 2.5 g fat, 1 g saturated fat, 27 g carbohydrate, 3 g protein, 160 mg sodium, 2 g fiber

RECIPE COURTESY OF SODEXO

PHOTOGRAPHY - BILL NELLANS FOOD STYLIST - JENNIFER NELLANS



Try a new recipe each month

February

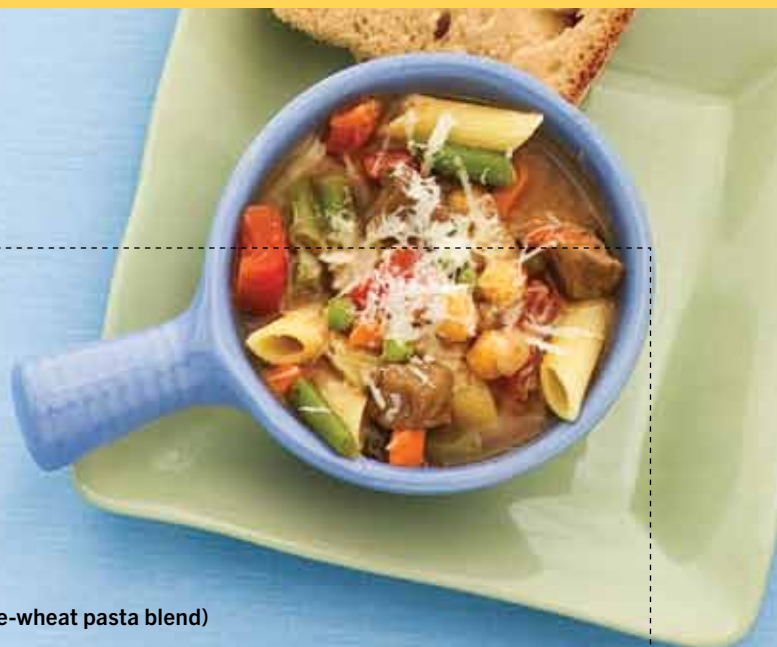
## Lazy Day Beef & Vegetable soup

Serves 8

- 2½ pounds beef for stew, cut into ¾-inch pieces
- 2 cans (14.5 oz. ea.) low-sodium beef broth
- 1 can (15 oz.) reduced sodium chickpeas, drained
- 1 can (14.5 oz.) no-salt diced tomatoes
- 1 cup water
- 1 tsp. salt
- 1 tsp. dried Italian seasoning, crushed
- ½ tsp. pepper
- 2 cups frozen, mixed vegetables
- 1 cup uncooked ditalini or other small pasta (optional: whole-wheat pasta blend)
- Shredded Romano cheese (optional)

Combine beef, broth, chickpeas, tomatoes, water, salt, Italian seasoning and pepper in 4½ to 5½-quart slow cooker; mix well. Cover and cook on HIGH 5 hours, or on LOW 8 hours. (No stirring is necessary during cooking.) Stir in mixed vegetables and pasta. Continue cooking, covered, 1 hour or until beef and pasta are tender. Stir well before serving. Serve with cheese, if desired.

**NUTRITIONAL INFORMATION PER SERVING:** 292 calories; 8 g fat, 3 g saturated fat; 71 g cholesterol; 26 g carbohydrate; 31 g protein; 360 mg sodium



RECIPE COURTESY OF IOWA BEEF COUNCIL

March

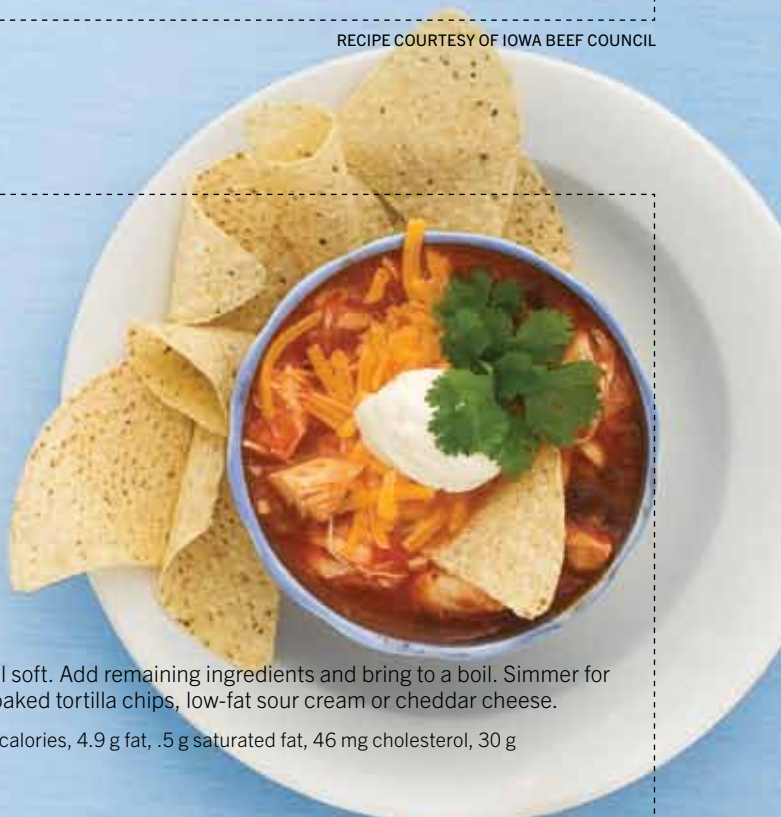
## Chicken tortilla soup

Serves 8

- 1 lb. chicken, cooked and chopped
- 1 Tbsp. olive oil
- 1 small onion, diced
- 3 cloves garlic, minced
- 2 tsp. chili powder
- 1 tsp. dried oregano
- 1 can (28 oz.) crushed tomatoes
- 1 can (10.5 oz.) low-sodium chicken broth
- 1¼ cups water
- 1 can (4.5 oz.) chopped green chile peppers
- 1 can (15 oz.) black beans, drained and rinsed
- ¼ cup fresh cilantro, chopped

In a large saucepan, heat olive oil and sauté onion and garlic until soft. Add remaining ingredients and bring to a boil. Simmer for 20-30 minutes, stirring occasionally. Optional toppings include baked tortilla chips, low-fat sour cream or cheddar cheese.

**NUTRITIONAL INFORMATION PER SERVING (without toppings):** 278 calories, 4.9 g fat, .5 g saturated fat, 46 mg cholesterol, 30 g carbohydrate, 23 g protein, 466 mg sodium



HEALTHY EATING MADE EASY, WELLMARK BLUE CROSS AND BLUE SHIELD

## Find more recipes on the Wellmark Web intranet

You have access to lots of health and wellness information. Go to the Wellmark Web intranet, select *Focus on You*, then click *Health Matters* in the left navigation. You'll find lots of information about healthy eating, weight loss, and much more.



Wellmark BlueCross BlueShield of Iowa  
Wellmark BlueCross BlueShield of South Dakota

Independent Licensees of the Blue Cross and Blue Shield Association

**PO Box 9232**

**Des Moines, IA 50306-9232**

PRSRT STD  
US POSTAGE  
**PAID**  
WELLMARK  
BLUE CROSS  
AND BLUE SHIELD

# Inside scoop



Get the latest construction updates on Wellmark's new corporate headquarters, located at 1331 Grand Avenue, from the construction project director, Matt Brown. He's literally the "man with the plan," and he's got the inside scoop on everything you want to know about the new building.



- Epoxy terrazzo flooring is being installed in the first floor lobby and café area. Under this terrazzo (along the curved glass area) lies approximately 3,000 linear feet of radiant tubing that will be used to heat the space.
- Exterior skin of the office building is scheduled to be complete prior to 2010. That means the entire building will be enclosed before the winter season and work will continue inside.
- The parking ramp is known as a cast in place post tension (PT) cable structure. There are approximately 171,000 lineal feet of barrier cable and 1,080,000 strands of post tension in the structure. This equates to approximately 205 miles of cable cast into the parking ramp.
- Each level of the parking ramp is created with four concrete pours. Two of these pours (on the ends) cover 18,000 square feet and take approximately 75 trucks carrying 670 yards of concrete.



For more information on our new headquarters, visit BluePrint 2010 on the Wellmark Web intranet.