

The Heart of Healing™

The WELL☯MED™ Companies



A Whole new way of thinking ... about health care! ...

*... human-centered, evidence-based,
wellness-driven comprehensive medicine*

Introduction to The WELLMED™ Companies

In 2005 a group of knowledgeable, experienced executives with entrepreneurial and leadership experience set out to bring about changes in health care in the U.S. in the business initiative now called The WELLMED™ Companies. The founders are Brad Day, Craig DeForest, Jim Johnson, Michael Lanier, Bill McCormick, Jason Mitchell, M.D., and Lee Smith. The initial and enduring aim of this group is to create a great health care company restoring *The Heart for Healing™* in America which both embraces conventional medicine and acknowledges the potential and possibilities for a *human-centered, evidence-based, wellness-driven* comprehensive medicine.

The WELLMED™ clinical approach is set forth in the proprietary *A New Approach to Health Care™* by Jason Mitchell, M.D. The business approach in this and other available documents. Interested parties can obtain additional information by contacting Mr. Jim Johnson, Managing Director, directly by phone at 775-828-6161 or e-mail at jjohnson@L3PS.com. Additional information on Level Three Performance Solutions ("Level Three") is available on the Internet at www.L3PS.com.

The goals of the WELLMED™ initiative are operating profits and value creation through improving the quality and the availability of comprehensive health care and by reducing medical cost inflation, i.e. direct medical and drug costs by 30% - 45% tracking the CPI thereafter. Essential to these aims is establishing a sustainable foundation on primary care medicine which regenerates this practice area. The primary care approach and the *New Approach to Health Care™* together form the strategic basis for work-site clinics, community clinics and physician practices integrated within the current medical care delivery and payments structures. WELLMED™ will in parallel pursue development of innovative health care plan designs and financing for small to medium sized business and in custom solutions for larger self-insured businesses, distressed companies, and unions and others attempting to digest and manage retiree medical care obligations. These initiatives help important sectors of the economy and society improve the effectiveness of their workforce and health care spending. Finally, WELLMED™ has outlined a strategy known as the *American Medical Information Repository Trust Company™* ("AMIRTC™") for creating a national data base for confidential health care and patient information.

In these activities, we will keep in mind other forces driving changes in the American economy and resulting from globalization. Foremost being changes in American consumer behavior resulting from rapid developments and specialization in retail marketing combined with more fundamental long term changes in consumer values and expectations as values become important drivers of consumer behavior. This readiness for change and innovation will enable WELLMED™ to exploit emergent opportunities for action and to take a basically disruptive approach to innovation reducing direct competition on core values, value propositions, and customer experience until a solid business foundation is established. The dual benefits of increased quality and reduced medical costs with improved productivity are independent of the vigorous public and political debate about universal or single payor coverage and other government mandated financing arrangements. So, we think this is the right time to introduce and pursue this endeavor.

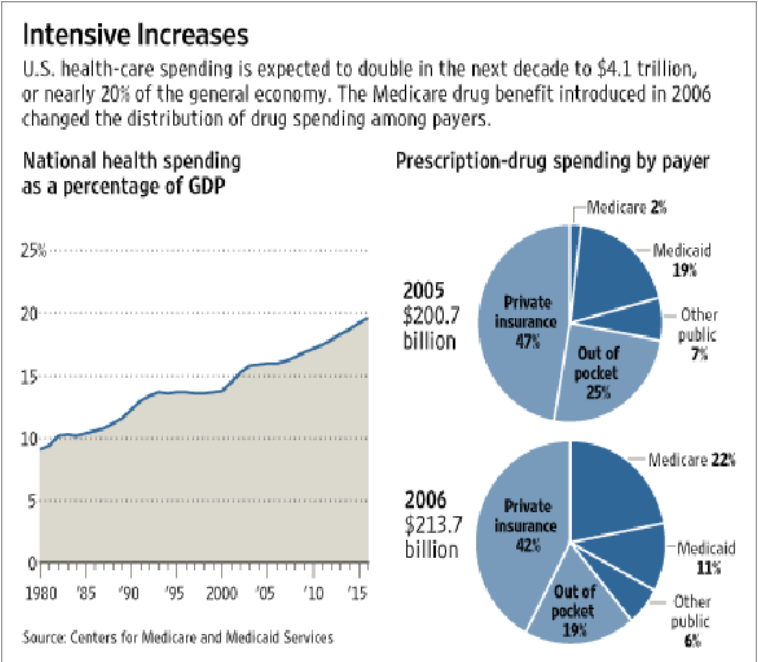
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The WELLMED™ Concept

New data show government's share of health care costs is already 45% and is expected to approach 50% within 10 years. Health spending in the U.S. is expected to double to \$4.1 trillion by 2016, consuming 20% of the nation's gross domestic product, up from the current 16%, according to the latest Centers for Medicare and Medicaid Services' study. By then, the study predicts, the government will be paying 48.7% of the nation's health care bill, up from 38% in 1970 and 40% in 1990. The size of the market and the persistent upward cost inflation pose a serious threat to the U.S. economy and present a consequent crisis relative to the overall health, wellness, productivity and competitiveness of American workers and businesses. We aim to change health care by improving quality and effectiveness, reducing costs, and changing the way primary care is delivered!

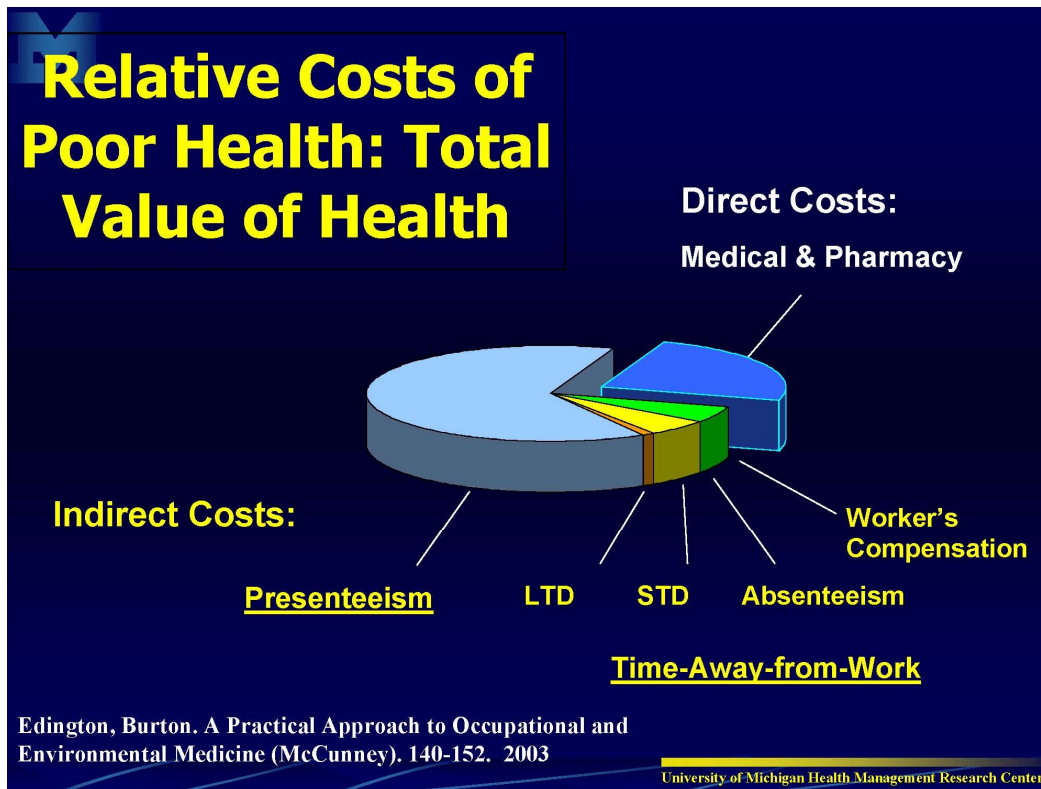


Prescription drug costs continue to soar, averaging 14% per year increases between 2001 and 2003. Prescription drug spending in 2006 was \$213.7 billion up from \$200.7 billion in 2005. Medicare's drug benefit, introduced in January 2006, increased the program's share of prescription drugs to 22% last year from 2% in 2005. American's out-of-pocket spending for health care is expected to grow to \$440.8 billion by 2016 from \$250.6 billion in 2006. Health Insurance costs continue to rise in the face of these realities. Medical and drug costs are the Direct Costs to businesses and consumers.



Losses in worker productivity and competitiveness due to health-related problems are indirect costs to businesses and society that are largely unmeasured. Indirect costs are estimated to be three (3) – four (4) times the Direct Costs as shown in *Figure 1*.

Figure 1



The primary disease drivers of health care costs are heart disease, cancer, diabetes, depression, and stroke among others. The primary disease drivers of productivity loss are arthritis, asthma, digestive disorders, headaches, flu, stress, and back pain, among others .

The decrease in employee productivity unrelated to Absenteeism or Disability Absences is called *Presenteeism*. *Presenteeism* can easily account for costs 3x-4x the direct medical and drug costs paid by insurers and employers. The large potential impact of employee health on employee performance is key to sustainable success influencing and shaping strategic investments by companies in the health and productivity of their workforce.

Employers, large and small, faced with real pressure on margins and earnings, have had to pass along an ever-increasing portion of their increased health care costs to employees and retirees by reducing benefits and limiting eligibility. Another consequence, employees and other patients are receiving less and less in the form of quality medical services.

The American College of Physicians (ACP), the nation's largest specialty society represents 119,000 internal medicine physicians (internists) and medical students. Internists specialize in the prevention, detection and treatment of illness in adults. ACP doctors provide comprehensive primary and subspecialty care to tens of millions of patients and care for more Medicare patients than any other specialty. The ACP reports that developments in health care financing and delivery over the last two decades have undermined and undervalued the relationship between patients and their personal physicians.

The growth of Medicare and related government reimbursement systems has resulted in under-valuing physician office visits and other evaluation and management services provided principally by primary care physicians. They also over-value many technological and procedural services. Thus, governmental intervention has led to ever increasing medical and drug costs while simultaneously disassociating primary care physicians from their aspirations to provide compassionate, high-quality care. The ever increasing medical and drug costs compel businesses to reduce benefits and change coverages to restrain costs.

During this same period a visible shift occurred in American consumer behavior influenced by emerging changes in values and the impact of these values on buying decisions. As these changes move out from the retail markets they affect the way health care is transformed and delivered. We now have Wal-Mart, Target, Walgreen's, CVS and others moving rapidly into retail oriented medical clinics which will further impact the primary care physicians siphoning off high margin, low labor cost and profitable activities from traditional physicians and clinics. At the same time, we see the emergence of sustainability, organics, the Green Movement, Whole Foods, Starbucks, and other value based phenomena growing significantly and the corporate and social responsibility movements taking hold in governance, marketing and business strategy. Finally, there is the decline of the automotive and other rust belt industries and volatility and competition due to globalization. Amidst all these developments, the primary care physicians and our society are left in a real bind.

These developments called "*managed care*" have created a crisis in primary care medicine. According to the ACP without change in a few years there will not be enough primary care physicians to take care of an aging population with an increasing incidence of chronic diseases. The consequences according to the ACP will be: higher costs, greater inefficiency, lower quality, more uninsured persons, and growing patient and physician dissatisfaction.

All of these factors combined are the driving force behind a heretofore unimaginable and fundamental social and economic crisis. The key components are: a significant reduction in physicians entering the field; prompting insurers to rethink their growth strategies to focus more on government payments; prompting public debate about how to cover uninsured citizens and the escalating costs; and, a system moving from employer-based coverage to a system comprising more federal and state government-provided health care.

In early April 2007, Wal-Mart Stores Inc. announced its plans to open 6,000 in-store medical clinics in the next five years. More recently, Walgreen's has purchased Take Care Health Care Systems planning to have 400 or more clinics in operation by 2008. CVS and Target are moving the same directions. This marks clearly a turning point and the beginnings of the retail transformation of health care around a consumer model.

WELL@MED™ will capitalize on this retail transformation of the health care market using its fresh, proprietary *A New Approach to Health Care™*, developed by Dr. Jason Mitchell, for work-sites and community-based health care, to create a whole new approach to health care, specifically addressing medical quality and medical cost inflation. It will:

1. Deploy its new clinical model for health care to:
 - Provide retail and community-based primary care using Wellness-based comprehensive medicine with insurance plans designed for small businesses, individuals and their families to pay for the care;
 - Provide work-site medical care for self-insured businesses on the same basis;
2. Provide innovative health insurance plan designs to pay for its high-quality, cost-effective, innovative medical care;
3. Produce evidence of the effectiveness of comprehensive medicine adopting innovative medical protocols and business processes in its practice and business;
4. Create a network of high-quality medical providers who focus on healing; and,
5. Reduce medical costs by 30% - 45% or more in the process initially tracking the CPI thereafter.

The initial market focus of WELL@MED™ is the Southwestern U.S. in the five states of Arizona, Colorado, New Mexico, Nevada, and Utah. Future expansion is anticipated in Texas, California and the Northwest.

WELL@MED™ is a *human-centered* business intending to restore *the heart of healing* activity to a health care system that is often perceived as heartless. In the midst of health care's transformation by powerful social and economic forces changing the way Americans live their lives, Well@Med™ is creating a new business model, business architecture and the proposed technical infrastructure called the American Medical Information Repository Trust Company to accomplish its business aims.

WELL@MED™ is introducing new capabilities and innovations for individual and organizational behavioral change around individual health and choosing a course of medical treatment tapping into the core values of consumers related to the medical buying decision. By adopting the University of Michigan ("UM"), Health Management Research Center ("HMRC") Health Risk Appraisal ("HRA") methodology, WELL@MED™ gains access to the most widely recognized and proven assessment methodology for health risk factors as the foundation for its Wellness program. *Figure 2* depicts the traditional Disease and Treatment Model, providing a basis for better grasping and understanding the sources of WELL@MED™ 's innovations to improve medical quality and to reduce the cost of health care.

Figure 2

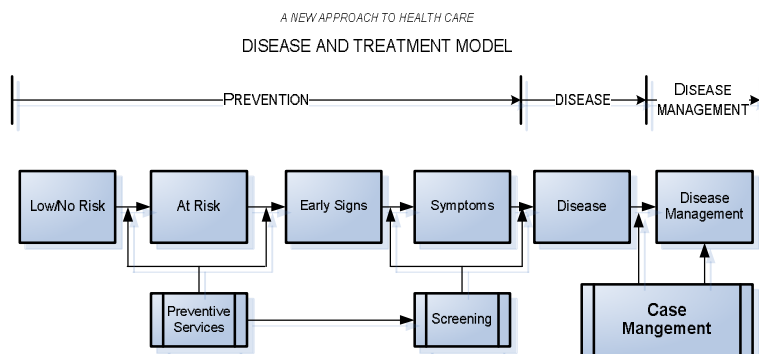


Figure 3 depicts areas for improvement showing the Disease and Treatment Model interposed with WELL MED™'s innovations for increasing quality and reducing costs, i.e. opportunities for increasing the effectiveness of health care. The conventional model is lined in black, the WELL MED™ innovations in red and blue. Figure 3 provides a way for us to highlight and discuss our unique mix of innovations which will produce improved medical quality and significant reductions in health care costs.

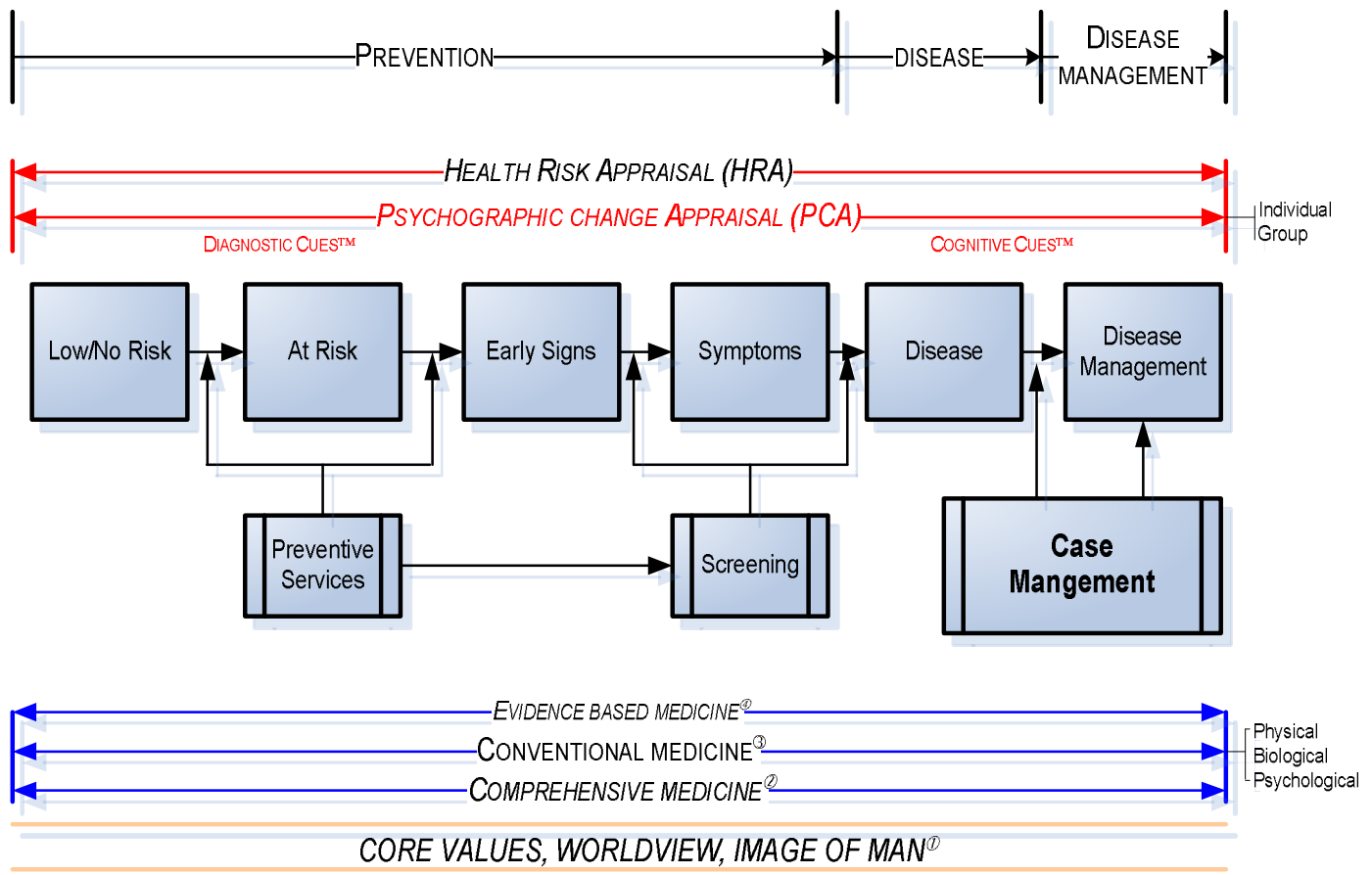
At the foundation are our Core Values, Worldview and Image of Man. These in turn are the foundation for our medical work. Below, the Disease and Treatment Model rests upon a consciously established foundation enabling innovation and tapping into human creativity and the generative energy needed to bring about changes in health care to improve medical quality and to lower medical costs. Above the Disease and Treatment Model we introduce innovation into the health care process with *Diagnostic Cues™* and *Cognitive Cues™* and in other ways to bring about sustainable change to improve quality and fundamental changes in patient, physician and allied health professionals' behavior to reduce costs.

Our approach is to use innovative applications and combinations of existing proprietary and public domain capabilities applied in a unique *extensive* way across the entire health care Value Chain. This provides us with the ability to use our Core Values as the foundation permeating our entire operation thus providing sustainable coherence and focus. We summarize our Core Values in terms of human-centered health care; health care with *the Heart for Healing™*.

Figure 3

A NEW APPROACH TO AMBULATORY HEALTH CARE

DISEASE AND TREATMENT MODEL



Our view of *evidence-based medicine* is one of continually experimenting to develop improved protocols, modalities, supplements and behaviors which fundamentally alter a patient's relationship to a disease and affect or shape the course of the disease. It might involve using elements of traditional and *integrative medicine* as well as the full spectrum of *complementary and alternative medicines* (CAM) always with full disclosure and physician and patient consent. The aim of our innovations is to provide the best medical care and knowledge available at the time, possibly delaying or changing emerging complications and the progress of disease thereby eliminating or reducing the frequency and duration of hospitalizations and other specialty diagnostic and medical involvement.

In a case where a hospitalization is avoided the realized costs of the disease are reduced accordingly, on average \$50,000 or more per occurrence. Similarly, delaying the onset of a disease or slowing the progression of the disease and its associated impact on the patient, their families and employers contains and reduces the utilization of other medical resources which contribute significantly to the total medical and drug costs.

Our comprehensive approach to individual health and wellness over the entire human life greatly influences both medical quality and costs which we expect will yield benefits in terms of reduced medical and drug costs across the patient's life. This benefits individuals and their families, their communities and the businesses which employ them.

Another important WELL●MED™ innovation is using *evidence-based research* to demonstrate the efficacy, safety and effectiveness of *extensive* health care treatments. For example, the use of safe and effective supplements and supporting protocols based in Western, traditional Chinese and indigenous medicines and practices have shown high potential value in achieving our clinical aims in HMOs and specialty clinics around the world while also lowering medical and drug costs. Still other potential clinical innovations to consider are those specifically for cancer, HIV and immune systems diseases based upon anthroposophical medicine as practiced in Europe, England and America since the end of World War I.

In these and other credible situations, healing practices are used which work out of both traditional medicine and extensive and indigenous systems in the deepest regions of man's being illuminated by a explicitly encompassing Image of Man as Man. This Image of Man presumes the dignity and purposefulness of every individual human being and their right to self-selection, self-determination, self-development, and self-accountability, i.e. knowing who they are, and were in the past and will be in the future. This whole orientation was first described in the 15th century by Pico Della Mirandola in his Renaissance "*Oration on the Dignity of Man*". it was developed further in the 20th Century by Russell W. Davenport in his book *The Dignity of Man*. These elements are fundamentally important to our achieving our clinical and business aims. We call this comprehensive approach which pervades our Disease and Treatment Model or Clinical model *Wholeness*.

WELL©MED™ is oriented toward what we call comprehensive medicine encompassing in an *extensive* way conventional, traditional or allopathic, complementary and alternative medicines *in toto*. Our ultimate interest is in developing more effective evidence based protocols and modalities across the entire health care treatment value chain; this is a core tenet of our business. The key elements of our strategy are as follows:

1. Core Values, Worldview and Image of Man mean that our core values are consciously held in the development of this business providing strong coherence in shaping all medical treatments and business activities, and involving keeping human activity focused on healing the individual. These core values we call a *human-centered approach* to health care. This approach has a potentially far-reaching consequences in terms of patient involvement and satisfaction leading to improved business performance and productivity, as well as to higher physician and employee engagement and loyalty.

Our commitment to healing patients and to the overall effectiveness and growth of client companies is based on the foundation of Wholeness of the Human Being, the Earth, and the Cosmos, the Microcosm, the Macrocosm. These create the basis for entirely new and creative levels of trust and healing power among the patient and the providers of health care. They also engage human creativity and regenerative forces at the deepest levels of the human being which we expect to yield improved healing, collaboration and effectiveness.

2. Comprehensive Medicine means we will leave no stone unturned in finding a legal, safe and proven course of treatment or preventative path fit for the patient with full disclosure, consent and transparency between the patient and the medical staff.
3. Evidence-Based Medicine means we will actively pursue the development and testing of any potentially effective safe and legal means of helping and healing patients, all the while maintaining scrupulous records to support our research, findings and conclusions. We will inform patients of alternative strategies for treatment and participate with them in evaluating and selecting courses of treatment appropriate for them and with the full support of their families and our medical team.
4. Health Risk Appraisals mean we will incorporate and maintain a state-of-the-art wellness program within our comprehensive medicine. This will be tailored to anticipate multiple encounters with each patient over time and be designed to provide near real-time observations of their physiology and symptoms as the basis for suggestions for discussion with the patient.
5. Psychographic Change Appraisals means we will pioneer and take an advocacy position with respect to developing and using psychographic instruments to discover and access the deeply held beliefs and images at the core of the human being and organization which are mobilized to make fundamental changes and to address life threatening issues like health problems. We will work with this information and these insights in a morally upright, ethical, confidential and transparent manner so as to minimize the vulnerability and exposure of the individual patients to manipulation while encouraging them to act in more healthy ways, perhaps including for example, adopting prayer and contemplative practices to work on the deep structures of their being which are so important to their good health and welfare. We will encourage businesses to address and change toxic organizational practices. We will create and maintain a safe environment for patients and for physicians, allied health support professionals and care givers.

Neuroscientist Helen Mayberg has shown in her research that cognitive behavior therapy mutes over activity in the frontal cortex, the seat of reasoning, logic, analysis and higher thought in the human brain. Antidepressants raise activity there. Cognitive behavior therapy raises activity in the limbic system, the brain's emotion center. The drugs lowered activity there. With cognitive therapy, says Dr. Mayberg, the brain is rewired "to adopt different thinking circuits." We think these insights can be adapted also to the group thinking phenomena manifested in organizational culture and behavior leading to breakthroughs in improving organizational cultural health, improving effectiveness and reducing *Presenteeism*.

We see these psychographic profiles being generated both for individuals and for groups such as businesses or business units and their working groups. Toxic business practices, cultural norms, etc. are potentially detrimental to the health of the individuals working and interacting with a group of people. We will develop methods for surfacing and potentially changing these and the core values and tacit norms behind them to reflect a more sustainable and healing or health giving approach.

6. *Cues*[™] means we have developed proprietary concepts which taken together can be reduced to methods and technologies in practice called *DiagnosticCues*[™] and *CognitiveCues*[™]. *DiagnosticCues*[™] focus on the process of identifying or collecting symptoms, history, and physiological information that can indicate or suggest diagnostic paths in specific contextual settings. *CognitiveCues*[™] focus on individual human cognition and interaction with patients and technology under varying conditions and circumstances to monitor behavior and to suggest alternative behavior that possibly might improve or change the course of action and outcome of a specific patient encounter.
7. Wholeness means we use all of the aforementioned methodologies, technologies and techniques applied continuously across the entire WELL●MED[™] value chain to create and maintain a fresh, engaging, heartfelt healing experience for our patients, employees and collaborators based on our established Core Values. This is fundamental to our commitment to build a truly great health care company.

Goals and Objectives:

WELL●MED[™] proposes to improve and to restore confidence in the quality and effectiveness of health care in communities of consumers and businesses that utilize WELL●MED[™] services. Further, the company is committed to exceeding traditional treatment levels of effective health and wellness care at substantially reduced costs—30-45% over three years, tracking the consumer price index thereafter.

WELL●MED[™] will achieve these goals by delivering health and wellness programs to working Americans between ages 18 and 65 and people with chronic diseases. Primary care physicians and allied health professionals will work in *practice teams* composed of highly skilled and dedicated professionals from both traditional medical disciplines as well as professionals across the spectrum of complementary and alternative medicines (“CAM”).

WELL●MED[™] expects to benefit competitively, from the emergence of the retail health care market which will increase *private spending* and individual control over spending for specialized health care, through our plan designs and health care delivery that are tailored to individual and family needs and values. Recent developments, specifically Wal-Mart’s plans to open 6,000 walk-in clinics in its stores nationwide and Walgreen’s in-store clinics, with Target and CVS planning similar moves, will we think depress optimism and increase anxieties for companies operating medical practices and clinics. The acceleration of the transformation to retail models in health care will transform the industry. We believe WELL●MED[™] is positioned as a disruptive innovator to capitalize on the coming transformation to create immense wealth.

The foundation of the company’s *primary care program* is human-centered, integral, preventative, wellness-based clinical processes that engage the patient as an *active* and *responsible* participant in their personal health care treatment program. WELL●MED[™] expects to take advantage of competitive forces and creative destruction to gain the best possible value for services from hospitals, specialists, and related medical services in local markets and on a regional basis. We also expect to take advantage of consumer driven health plans (CDHP), health savings accounts (HSA), health reimbursement accounts (HRA), *cafeteria* plans and other tax incented and governmentally mandated plan designs applicable to self-insured and small businesses.

Funding (Planned Sources and Uses of Funds):

WELL●MED™ seeks funding from private equity sources and strategic partners to begin operations as follows:

1. Acquire, merge and integrate primary care medical practices and clinics in the target markets using the *A New Approach to Health Care™* model for work-site and community based clinics; pursue development of innovative customized work-site clinic solutions for self-funded businesses basing their plan designs on the *A New Approach to Health Care™*; and, build our network for primary care referrals for follow-up from operating walk-in or retail clinics. These efforts may involve joint ventures and strategic partnerships with other clinic operators;
2. Acquire or create a mutual or *not-for-profit* health care insurance company that will offer wellness-based, patient centric health plans, health savings accounts and other creative market sensitive designs. The initial target market for these plans will be small to medium-scale businesses, individuals and their families. In the interim, we will provide plan design and business advisory services on a consulting basis;
3. Offer to the market wellness-based practices, clinical and business processes, protocols, treatments and medicaments for primary medical care and treatment of chronic illnesses;
4. Operate a medical management services company to provide front/back office support, technology, staffing and other needed services and the associated technical infrastructure to medical practices;
5. Structure an operational business model that delivers strong incentives to foster and sustain collaboration between WELL●MED™ and *physician owned practices*; and create a physician owned operating company for these activities;
6. Deliver services by way of a multi-channel business model consisting of: 1) company owned primary care practices; 2) franchised services for primary care practices, 3) primary care practices offered in conjunction with strategic partner/affiliates, including hospitals and other health and wellness companies, with the supporting infrastructure of the *American Medical Information Repository Trust Company*.

Target Markets and Go-To-Market Strategy:

WELL●MED™ will acquire and merge existing medical practices and clinics transforming them in the process to provide comprehensive medicine with its proprietary medical care regimen, the *New Approach to Health Care™*, and evidence based innovations. It will either buy or build the insurance plan designs and capabilities needed based on its proprietary actuarial insights which drive this initiative. Finally, WELL●MED™ is soliciting joint venture and operating partners for *AMIRTC™* to provide the operational infrastructure.

In each target market we will begin by acquisition, affiliation or partnering with primary care practices or strategic partners, hospitals and clinics. With these relationships formally established we would then commence franchise operations.

Our strategy is centered on initially entering and beginning operations in one or more markets simultaneously, including:

- 1) Five Southwest and Mountain States, including Nevada, New Mexico, Colorado, Utah, and Arizona
- 2) Five Northwest and Midwest States, including Washington, Oregon, Idaho, Wyoming and Montana
- 3) California, and Texas.
- 5) Florida

Cost-Benefits Vision:

This *business model*, in conjunction with our *delivery system*, will enable WELL@MED™ to deliver superior levels of health & wellness care and improved medical quality at significantly reduced cost. Our target is 30-45% cost reductions to businesses with cost increases thereafter tracking the consumer price index.

What Else Is Unique?

Another significant uniqueness will be achieved by breaking away from *dependence* upon those established drivers of health and wellness care cost escalation namely, traditional health care insurance carriers and the pharmaceutical companies.

Under the current market structure, health and wellness providers are powerless and at the mercy of “big pharma” and the insurance industry relative to the critical issue of cost escalation. Individuals, families, companies of all sizes and health and wellness professionals are the victims of a seemingly un-ending upward spiral of costs handed down by these two giant industries. This of course is occurring alongside (or with indifference to) continuing record levels of profit by both.

Another unique component that underpins WELL@MED™ 's ability to accomplish these lofty objectives is the acquisition or creation and operation of a mutual or not-for-profit *health and wellness insurance company* in conjunction with for-profit company-owned and franchised primary care practices and those of its strategic partners. These capabilities are established on a unique foundation of human-centered core values in combination with state of the art business architectures and operational capabilities gained in retailing, telecommunications and financial services. They are connected with sophisticated actuarial and risk management capabilities, giving WELL@MED™ a truly unique value proposition.

The WELLMED™ Company Founders

Brad Day CLU, ChFC

Mr. Day specializes in charitable estate planning and executive insurance and financial strategies. He studied finance at the University of Arizona. Brad has also obtained specialized training in Pension Design and Funding from the Wharton School, University of Pennsylvania. He lives in Albuquerque, NM.

Craig DeForest

Mr. DeForest has extensive experience as a Developmental Consultant with large scale businesses. He was formerly in manufacturing management with Proctor & Gamble and Mars, Inc. Craig has a B.S. in Industrial Engineering and MBA in Operations Research from the Univ. of California, Berkeley. He lives in Santa Fe, NM.

Jim Johnson

Mr. Johnson is a consultant in strategic management solutions. He has extensive advisory and marketing experience in health care and the gaming and leisure industries. Jim holds an A.B. from Johns Hopkins University. He lives in Reno, NV.

Michael Lanier

Mr. Lanier has held corporate level CIO positions at large organizations in financial services, telecommunications, logistics, transportation and publishing. He has extensive experience launching new businesses successfully taking three companies public raising over \$500M in capital. Michael holds a B.S. from the University of San Francisco and a Masters in Sociology from Fordham University. He lives in Denver, CO.

Bill McCormick

Mr. McCormick is an experienced entrepreneur and business advisor with senior management experience in financial services and health care. He also has extensive experience in information technology at scale. Bill holds a B.S. in Business Administration from Florida State University, an MBA with a major in Computer Science, from the Georgia State University College of Business Administration, and he completed three years work on a Ph.D. in Business Strategy at the Peter Drucker Center, the Claremont Graduate University. He lives in Santa Fe, NM.

Jason Mitchell, M.D.

Dr. Mitchell is Board Certified by the American Board of Family Medicine. He is associated with a major insurer and health care operator where he is in charge of medical informatics and is leading the implementation of a new clinical model. Jason is a former Assistant Professor of Medicine at in the department of Family and Community Medicine, the University of New Mexico. He holds a B.S. and Doctorate of Medicine from the University of New Mexico. Jason lives in Albuquerque, NM.

Lee Smith FCAS, MAAA, FCIA

Mr. Smith is an actuary and consultant on risk management and insurance matters developing new approaches and innovations in actuarial practice and risk management. He formerly led Ernst & Young's actuarial practice. He also was the Chief Actuary for the State of Michigan and the Director of Planning for the Aetna Insurance Company. Lee holds a B.S. in Finance and Math from Northern Illinois University and an M.A. in Economics from Trinity college. He lives in Chicago, IL.

Our Vision — Changing Health Care Today!

WELLMED™ expects to take advantage of competitive market forces and *creative destruction* to gain the best possible value for services from hospitals, specialists, and related medical services in local markets and on a regional then national basis. We expect to take advantage of innovative new insurance plan designs incorporating consumer-directed health plans (“CDHP”). WELLMED™ expects increased *private spending* for specialized health care that is tailored to individual and family needs and values. We will meet these needs with the highest quality at lower costs through human-centered, wellness-based, preventative Comprehensive Medicine. WELLMED™ is *The Heart of Healing™*.



Our Objectives — Improved Quality and Reduced Direct Medical and Drug Costs!

WELLMED™ has unique human-centered core values which shape its business architecture. Our *business model*, in conjunction with our *insurance plans* and our planned *health care delivery system* enable us to deliver superior levels of health & wellness care at significantly reduced cost. Our target is 30%-45% cost reductions to businesses with cost increases thereafter tracking the consumer price index.

Our Future — Evidence Based Medicine!

Underpinning WELLMED™'s ability to accomplish its lofty aims and objectives is the operation of a *health and wellness insurance company* in conjunction with *for-profit* company-owned and franchised primary care practices using sophisticated information technology (“IT”) for proprietary medical and business processes. Key operational and performance data combined with proprietary actuarial and risk management capabilities give WELLMED™ a truly unique value proposition with the evidence to prove its effectiveness creating the potential and opportunity for disrupting the health care market.



Changes of the scope and pace we at WELL@MED™ envision are difficult to achieve in the current health care climate. Nevertheless, the necessary changes are achievable in one of the largest health care markets in America—*self-insured businesses*.

Most businesses with 250 or more employees provide health care insurance for employees. They pay large premiums to an insurance company which are subsequently used to support administrative and regulatory costs of the insurance carrier, all downstream administrative costs, and finally the cost for the actual health care delivered to the patient. The value left for the patient at the end of this process is very small. Patients are often subjected to short health care visits oriented toward only addressing the immediate illness. Resources are too limited to address overall health, wellness, and prevention.

We are attacking the health care problem by increasing medical quality and reducing direct medical and drug costs. Our focus is on businesses both large and small who are the principal employers of the nation's workforce and who have legitimate needs for healthier, more productive workers. Recent reports of the difficulties in adopting consumer directed health plans suggest that our innovations will be potentially well-received by self-insured businesses leading to a tipping point where our comprehensive medicine shows its effectiveness in positively reducing direct medical costs and improving medical quality.

The WELL@MED™ approach is a paradigm shift toward patient centered care focusing on disease prevention and individual wellness. With its large employers, participating individually or as part of a community in a proprietary or internal health care delivery system, are able to decrease overall organizational costs for employee health care. Additional savings is achieved from dramatic reductions in employee *presenteeism* due to illness as well as improved productivity from an overall healthier workforce. The WELL@MED™ Business Model consists of key components that ensure cost savings, employee wellness, and superior health care outcomes. These components are "The Patient Centered Wellness Program", "Patient Centered Care – A Superior Delivery System", Cost saving technologies, and Strategic health care partnerships. Additional information on these important components is available directly from WELL@MED™.

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