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December 13, 2005

Larry C. Glasscock
Chairman and CEO
Wellpoint, Inc.
120 Monument Circle
Indianapolis, IN 46204

Dear Mr. Glasscock:

We have serious concerns about an apparent decision by your company and its subsidiaries in California, Indiana and we believe a number of other states, to eliminate payment of the costs of an anesthesiologist in conjunction with endoscopic procedures (e.g. upper GI endoscopies and colonoscopies). We understand that one of the authorities you have cited in purported support of this action is the Tri-Society Policy Statement approved by the American College of Gastroenterology, the American Gastroenterological Association, and the American Society for Gastrointestinal Endoscopy. On behalf of the ACG, and personally having been one of the authors of the Tri-Society statement, I am writing to inform you: (1) that you must be cognizant of what the Tri-Society statement says and means, and (2) that your implementation of this proposed policy may cause irreparable harm to patients including a strong risk of injury or death to your subscribers.

This is a complex topic, medically and scientifically, not given to easy solutions or universal dictates. As an author of the Tri-Society statement and having presided over the meeting of the ACG Board at which this statement was ratified, it is my understanding that the three GI groups are saying: (1) there *are definitely* some patients (albeit a minority) who need to have an anesthesiologist to administer general anesthesia for a colonoscopy; and (2) using an anesthesiologist and general anesthesia routinely for all patients is unnecessary. By the same token, our view is that a significant number of patients will need anesthesiologist monitoring and/or general anesthesia to safely undergo a procedure and the treating physician is the appropriate party to make such a determination. Your company cannot possibly be in a position to make an informed judgment based on a generalized policy that overrides the physician's decision regarding use of an anesthesiologist, general anesthesia and monitoring. If a bad patient outcome occurs as a result of your company's policy to substitute judgment on such a critical topic you will have set yourselves up as practicing medicine and can expect to shoulder the liability for any personal injury and medico-legal sequelae. In short, we believe your policy very easily may miss the fact that there are patients who because of age, co-morbidities, extreme anxiety, community standard of care or other reasons REQUIRE general anesthesia and continuous monitoring during the endoscopic procedure. Further, we are concerned that implementation of your policy may attempt to abrogate the physician's professional judgment/decision on which patients are the ones that require general anesthesia, and in that respect there is a legitimate question whether your company may be violating one or more state laws relating to competency and credentialing to practice medicine.

Annual Scientific Meeting and Postgraduate Course
October 20 — October 25, 2006, Venetian Hotel and Resort, Las Vegas, Nevada
www.acgmeetings.org

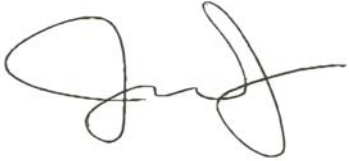
Larry C. Glasscock
December 13, 2005
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You should also be aware that the College has filed a petition with the Food and Drug Administration seeking a labeling change on propofol. The science indicates that this drug can be safely administered by non-anesthesiologists in many instances for endoscopic procedures. We would welcome Wellpoint's support of that petition with the FDA.

We urge you to re-consider the serious adverse health consequences which your enactment of the stated policy would doubtless trigger, and for you to withdraw the proposed policy. Further, we demand that you cease and desist from unauthorized citation and errant interpretation of the Tri-Society statement. Your publication of such inaccurate, deleterious and mistaken characterizations of the Tri-Society statement is at least potentially defamatory and could serve to injure both the ACG as well as the professional reputations of the physician authors of the statement.

Please advise us promptly on your intentions on this matter so that we may determine whether it will be necessary for us to pursue other courses of action to protect our patients and our professional standing, reputations, and good name.

Very truly yours,

A handwritten signature in black ink, appearing to read 'John W. Popp, Jr.', with a large, stylized initial 'J' and a long horizontal stroke extending to the right.

John W. Popp, Jr., M.D., FACC
ACG Immediate Past President

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