Workshop G

Fundamental Practices – Successful Corporate Wellness Programs … the 4 Building Blocks

2:45 p.m. to 4:15 p.m.
Erin Morrow, President & CEO
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Erin is a graduate of the Ohio State University, where majoring in criminology and communications, began to realize her passion for health and fitness. Upon graduation, she moved to LA where she furthered her athletic training while becoming an accomplished stunt performer. It was there where she added yoga and Pilates to her fitness certifications, expanding her mindset into wellness.

After returning to Ohio and a year-long stint in law school, Erin followed through with her passion in the fitness and wellness industry, starting her own business. One business evolved into another and Power Flex was born. Based on the ideology that wellness should be measured and tracked, Power Flex became successful in the Columbus, Ohio corporate wellness industry. Building a team knowledgeable not only in fitness and wellness, but also healthcare benefits, gave Power Flex the advantage of foresight in the way the industry was changing.

In 2011, with her team, she founded Wellness Innovations, a company poised to drastically alter the face of the healthcare industry, creating a healthier climate for all. Not a ‘wellness’ company, but rather Risk Managers that place an emphasis on health incentive wellness plans as they’re tied to benefits packages, the Wellness Innovations team, led by Erin, is able to quantify hard dollar return on investment while promoting positive employee behavior change. The company's position in the market has secured itself and Erin as leaders in the healthcare industry, not only in the Columbus area, but beyond.

As a result of industry-need for healthcare delivery management and Healthcare Reform-specific services, most recently, Erin brought her expertise of over twenty years in the industry to ELM & Associates, a Columbus-based consulting firm. Using a unique skill set that demonstrates her accomplishments combining PPACA (Healthcare Reform), employee benefit packages and wellness, she brings to organizations of all sizes, including Fortune 500 companies, a risk management and information system solution that dramatically impacts their bottom line. In this ever-changing world of Healthcare Reform, leaders can turn to Erin to ensure the fast-paced laws will be translated with simplicity and clarity. Helping them use the laws to form a strong foundation of a successful wellness program, the organization will gain a competitive advantage while catapulting the leaders to champions in their industry.

Erin resides in Lancaster, Ohio with her fiancée and two daughters.
Employee Health & Wellness Conference
August 26, 2014

WORKSHOP:
Fundamental Practices - Successful Corporate Wellness Programs...the 4 Building Blocks

PRESENTED BY:
Erin Morrow, President

Driving ROI across Benefits, Wellness & Healthcare Reform
PAIN caused by today’s healthcare-charged environment...

- Confusion.
- Healthcare Increases.
- Sustainability.
COMPETITIVE benefit packages bring YOU the BEST selection of potential employees...

• #1 thing an applicant looks for in an employer: BENEFITS PACKAGE.

• #2 thing an applicant looks for in an employer: WELLNESS TOOLS & RESOURCES.
• 31% of a company’s workforce make up 85% of its benefits cost.

• 41% of the $2.8 Trillion spent on healthcare in 2011 was spent unnecessarily...made NO positive impact.

TAKE BACK CONTROL of unmanageable healthcare and related costs...
Do Something RADICAL... Inspire Your Employees!
What Gets Measured, Gets Managed
BE AWARE of strict adherence to HIPAA Rules and Regulations...

HIPAA Compliant?

Civil and Criminal Penalties
Effective Corporate Wellness Programs Do Work

In a recent corporate wellness study, conducted over just a 6-month period, **57% of high risk participants** (blood pressure, body fat, anxiety, etc.) were converted to **low-risk status**.

**Medical claim costs declined by $1,421/participant** compared with those from the previous year. A control group showed no such improvements.

The study **conclusion**: intervention yielded a **$6+ savings for every dollar invested**.
Ensuring SUCCESSFUL OUTCOMES means addressing objectives and establishing fundamentals BEFORE you begin a wellness program.
OBJECTIVE #1

- employee prosperity

“We built the Starbucks brand first with our people, not with consumers. Because we believed the best way to meet and exceed the expectations of our customers was to hire and train great people, we invested in employees.”

Howard Schultz
Starbucks chairman & visionary
OBJECTIVE #2

• clarification of Healthcare Reform (ACA)

“We have to pass the bill so that you can find out what is in it, away from the fog of controversy.”

NANCY PELOSI
MARCH 9, 2010
OBJECTIVE #3

“The role of the CEO is to enable people to excel, help them discover their own wisdom, engage themselves entirely in their work, and accept responsibility for making change.”

--Vineet Nayar

• decrease healthcare premiums & related expenditures
OBJECTIVE #4

- promoting sustainability & growth

Dig the well before you are thirsty.
FUNDAMENTAL #1

1. Traditional & Alternative Medical Theory
2. Physical & Occupational Therapy
3. Fitness
4. Nutrition & Supplements
5. Stress Management & Bodywork
6. Personal & Strategic Coaching

6 Pillars of Wellness

• wellness ideology | long-term behavior change
FUNDAMENTAL #2

1. Type of healthcare coverage
2. Utilizing claims and other reports for metrics
3. The right broker working for you and your ‘wellness team’

- examining your benefits package
FUNDAMENTAL #3

“In investing, what is comfortable is rarely profitable.”

--Robert Arnott

• investing in the future
FUNDAMENTAL #4

• champion of the cause
OBJECTIVES
+
FUNDAMENTALS

SUCCESS
The Goal Oriented Approach

Stages of Engagement and Activities

**Phase I**
- Baseline and Launch Co-Fiduciary Benefits Plan
- **A** Strategic Planning - Projected ROI
  - Communicate benefits and engage employees
  - Initial Baseline Screenings
  - Create Plan Design with Employee Premium Contribution Strategy
  - Implement results based co-fiduciary health plan

**Phase II**
- Employee Engagement
- **B** Risk Mitigated Savings
  - Evaluate screenings, identify high health risks
  - Evaluate employee engagement, promote sustained wellness engagement
  - Develop and mentor employees on health, fitness, wellness & medical programs & services

**Phase III**
- Realize Value & Evaluate
- **C** Premium & Healthcare Savings
  - Evaluate progress with mid-year screening
  - Specific Disease Management Focus
  - Reward/celebrate successful engagement
  - Review benefits
  - Develop a joint vision for future success

**Year 2+**
- Re-Assess & Re-launch
- **D** Hard Dollar Savings & Combined Total ROI
  - Redefine baseline
  - Assess program success
  - Evaluate short term and long term savings generated by programs
  - Compare against best in class companies
CASE STUDY

• defining risk

RISK CLASSIFICATIONS AND GOALS

Body Mass Index (BMI) - ≤ 29.9
Blood Pressure - ≤130/86 (participants are classified as ‘risk’ if they are over in EITHER -or both- systolic and diastolic readings)
LDL Cholesterol - ≤130
Glucose - ≤110
Cotinine (presence of Tobacco/Nicotine) - Negative
CASE STUDY

• assessing participation

POPULATION PROFILE

156 Employees
52 employees on the Self Insured Group Health Benefits plan

100% participation from eligible employees during both beginning and end-of-year health screenings

Out of the 43 total participants, 33 (76.7%) have underwent wellness consults and continued to engage to some degree throughout the year.
CASE STUDY

- cotinine – tobacco | nicotine

- **March 2013 Screening**
  - 6 positive results

- **March 2014 Screening**
  - 3 positive results

- **REDUCTION**
  - 50%
CASE STUDY

- body mass index

March 2013 Screening
- 23 at-risk participants

March 2014 Screening
- 21 at-risk participants

REDUCTION
- 8.7%
CASE STUDY

• blood pressure

March 2013 Screening

• 11 at-risk participants

March 2014 Screening

• 1 at-risk participant

REDUCTION

• 90.9%
CASE STUDY

- ldl cholesterol

March 2013 Screening
- 12 at-risk participants

March 2014 Screening
- 4 at-risk participants

REDUCTION
- 66.6%
CASE STUDY

• glucose

March 2013 Screening
• 6 at-risk participants

March 2014 Screening
• 6 at-risk participants

REDUCTION
• 0%
CASE STUDY

- urgent & threatened situations

March 2013 Screening
- 4 Urgent Participants
- 2 Threatened Participants

March 2014 Screening
- 1 Urgent Participant
- 0 Threatened Participants

REDUCTION
- 75% Urgent
- 100% Threatened
CASE STUDY

- 2-year program investment

Healthcare Costs: $1,411,866
Program Costs: $77,110
Program Costs: 4.5% UNDER budget
CASE STUDY

• determining return on investment

1. Hard Dollar Savings
   Implementing a co-fiduciary benefits plan

2. Premium & Healthcare-Related Savings
   Renewal reduction
   Claims reduction - Major & Small
   Trend reduction

3. Risk Mitigated Cost
   High risk participant management
   Productivity
   Turnover
   Other soft dollar costs
Where do the savings come from?

**Client healthcare benefit plan is a self-funded hybrid model**

<table>
<thead>
<tr>
<th>Description</th>
<th>Averages</th>
<th>Real Client Savings (52 ee’s on plan; 47 completed 1 full year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hard Dollar Savings</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implementing a Co-Fiduciary Benefits Plan</td>
<td>22%</td>
<td>$26,084 (actual savings $33.8%)</td>
</tr>
<tr>
<td>Reduction in Renewal Premium Costs</td>
<td>7-12% (typical increase)</td>
<td>$47,153 (estimated @ 7%)</td>
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<tr>
<td>Claims Reduction (Major Claims)</td>
<td>20%</td>
<td>$189,581 (estimated @ 20.4%)</td>
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<tr>
<td>Claims Reduction (Small Claims)</td>
<td>8%</td>
<td>$109,275 (estimated @ 27.7%)</td>
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<tr>
<td><strong>Healthcare &amp; Premium-Related Savings</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trend Reduction</td>
<td>38% (increase)</td>
<td>$545,679</td>
</tr>
<tr>
<td><strong>Risk Mitigated Cost</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Risk Management; Productivity &amp; Turnover and other soft dollar return</td>
<td></td>
<td>$396,317 (29 high risk situations mitigated-eliminating 2 high risk ee’s from plan)</td>
</tr>
<tr>
<td>Transforming the lives of employees with multiple risk factors is at the core of what we impact – life change where the cost to insure is the greatest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Value determined is based on National Institute of Health averages</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CASE STUDY

- calculating return on investment

Hard Dollar Savings

$26,084

$891,688

Healthcare & Premium-Related Savings

$396,317

Risk Mitigated Cost
**CASE STUDY**

- finalizing hard return on investment

<table>
<thead>
<tr>
<th>2-Year Estimated Hard Dollar Savings + Claims &amp; Renewal Savings (19 months on program)</th>
<th>2-Year Wellness Program Investment</th>
<th>Total ROI</th>
</tr>
</thead>
<tbody>
<tr>
<td>$372,093</td>
<td>$77,110</td>
<td>$4.8</td>
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</tbody>
</table>
CASE STUDY

- finalizing overall return on investment

<table>
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<th>Combined 2-Year Estimated Savings (after 19 months on program)</th>
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<th>Total ROI</th>
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</thead>
<tbody>
<tr>
<td>$1,314,089</td>
<td>$77,110</td>
<td>$17</td>
</tr>
<tr>
<td>Solution</td>
<td>Outcome</td>
<td>Result</td>
</tr>
<tr>
<td>------------------</td>
<td>------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>Wellness Innovations</td>
<td>Return on Investment</td>
<td>Competitive Advantage</td>
</tr>
</tbody>
</table>
Thank you.
Scope

What you’ll learn at this workshop:

- The importance of defining clear objectives before beginning a wellness program
- The importance of ensuring four fundamentals – or core building blocks – are firmly in place before beginning a wellness program
- Ensuring successful outcomes from a wellness program
- Overview of a successful case study

Healthcare Today

Patient Protection and Affordable Care Act (PPACA) – otherwise known as ACA

- Causing employers confusion, healthcare increases and threatening sustainability
- Do you know what ‘full effect’ means for you as an employer?
- Are you ready for healthcare increases and do you know how to quantify?
- Who on your team helps decipher these ever-changing rules and regulations?
- Are you aware that there are employer benefits built into the law?
Staggering Statistics

There are countless statistics showing the pain healthcare today is causing. No matter where you look, the trend does not look good.

- **20%** of a workforce will make up **80%** of its premium increases the following year
- By 2017, over **$4 Trillion** will be spent on healthcare, accounting for **$1 of every $5 spent**
- Since 2002, employer-sponsored healthcare has increased **97%**
- Worker’s Compensation claims are increasing an average of **9%** per year
- The average employer is experiencing average **10%** increase per year
  - However, **30%, 40%,** or even higher is not uncommon
  - Just a 10% increase will **double** an organization’s expenditures within **7 years**

Health Incentive Wellness Plan

The ACA has allowed employers to screen for five different health markers, attributing points and goals associated with each marker. This puts both employer and employee in an advantageous position to be consumers of their own healthcare.

1. Presence of Cotinine (Tobacco/Nicotine)
2. Blood Pressure
3. BMI (Body Mass Index)
4. LDL (bad) Cholesterol
5. Glucose

Because of HIPAA Rules and Regulations, an employer **CANNOT** institute and manage its own **Goal-Based Health Incentive Plan**; this must be managed by a third party.

If you target that small percentage of population accounting for higher healthcare costs, you **ARE** in violation of HIPAA and subject to fines and criminal penalties.
Defining Clear Objectives

Be care not to institute a wellness program before you’re ready. Not having clear objectives in mind, or key fundamentals in place make it harder to ensure successful outcomes. Not to mention, time, energy, money and other valuable resources go to waste.

Conceptualize a program with these 4 Objectives in mind:

1. **Employee Prosperity** | Ensure that employee’s needs, goals and privacy always come first. Employees are the driving force behind a successful program; likewise, they also have the ability to kill a program.

2. **Clarification of Healthcare Reform** | In this ever-changing ACA world, as an employer, you must know what you're facing and who to turn to that will keep you one step ahead.

3. **Decrease Healthcare Premiums and Related Expenditures** | Employees underestimate their employers share by more than half. This equates to a disconnect and failure to see a need for action. Allowing employees to be consumers in their own healthcare helps employers regain control of unmanageable costs.

4. **Promoting Sustainability and Growth** | If an organization is not sustainable with a competitive benefits package, they’ll lose the ability to keep and attract quality employees. Unsustainability affects salary, bonuses, growth, even jobs.

Key Fundamentals

Once objectives are set, fundamentals must be firmly in place, serving as the building blocks of a wellness program. Like with objectives, if they’re not securely in place, successful outcomes are harder to achieve.

Begin a program after these 4 Fundamentals are in place:

1. **Wellness Ideology & Long-Term Behavior Change** | Today’s wellness programs are not about a ‘quick fix’, they’re a long-term solution. Employees must institute multiple facets of wellness in their individual programs to address all their healthcare needs, ensuring goals are met.

   **The 6 Pillars of Wellness™:**
   a. Traditional & Alternative Medical Theory
   b. Physical & Occupational Therapy
   c. Fitness
   d. Nutrition & Supplements
   e. Stress Management & Bodywork
   f. Personal & Strategic Coaching
2. **Examining Your Benefits Package** | There are many options out there today to help employers design a competitive benefits package, that also helps track return on investment from a wellness program. Make sure your broker is working for you, as they are an integral part of your ‘wellness’ team.

3. **Investing in the Future** | Soft dollar return on investment can be demonstrated within 3 months, and hard dollar return can be demonstrated in as little as 18 months. A successful program will project and demonstrate long-term positive return through 5 years and beyond. However, such a reward requires an investment in both the organization’s and the employee’s future.

4. **Champion of the Cause** | A successful wellness program is driven by a passionate leader that inspires change in its employees, while impacting the organization’s bottom line. A wellness program will not be successful without a distinct leader within the organization’s full support.

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**Case Study**

**Wellness Innovations**

1-855-935-3343

info@wellnessinnovationsinc.net

Confidential and Proprietary

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**Primary Objective:** The objective of this end-of-year aggregate report and case study is to compare data fields, risk factors and other pertinent information against a client’s March 2013 to March 2014 goal-based screening. Such comparisons will provide an overview of the success of the program and lend to calculating return on investment, as well as project future return.

**ROI in the First Year of Wellness:** Determining a wellness program’s return on investment can be difficult; and the results may depend on how analysis is conducted. Looking beyond the immediate health care costs and utilization will help any organization understand the broader value of its investment. Although solid projections can be put in place and targeted, first year wellness program ROI figures are estimations. It is now common knowledge that a highly impactful wellness effort will provide positive ROI, sometimes within the first year, but more significantly in years two and beyond. With that in mind the focus of this case study will be directed to the results of this client’s first complete year of a comprehensive wellness program and the subsequent six months.
Set **Employee Goals**: The strategy of this particular program was designed around the concept of Results (or Goal) Based Incentives. Although employers have discretion in defining the goals under five risk categories (per Patient Protection and Affordable Care Act), one of three standards recommended by the National Institute of Health is typically utilized. Choosing a more lax goal for each of the risk categories allows for progressive goals to be put in place the subsequent years, lending to the ideology of continual improvement and engagement.

The five measurable risk categories and their coinciding goals determined for this client’s employees in their first year of a goal-based program is as follows:

### RISK CLASSIFICATIONS AND GOALS

- **Body Mass Index (BMI)** - ≤ 29.9
- **Blood Pressure** - ≤130/86 *(participants are classified as 'risk' if they are over in EITHER -or both- systolic and diastolic readings)*
- **LDL Cholesterol** - ≤130
- **Glucose** - ≤110
- **Cotinine (presence of Tobacco/Nicotine)** - Negative

#### Participation Key

**Beginning 2013 Population Profile:**

- 156 Employees
- 52 employees on the Self Insured Group Health Benefits plan

**NOTE:** To accurately study the success of the wellness program in question, only the **43 employees** who spent the entire year in the program will be accounted for.

- Employees that left the company, left the plan or were re-allocated as dependents under a Family plan are not accounted for.
- Employees that were new to the company or new to the plan and chose to participate either through a late screening conducted by their Primary Care Physician or the March 2014 screening are not accounted for.

- **100%** participation from eligible employees during both beginning and end-of-year health screenings

**Sustained Engagement:**

- Out of the 43 total participants, **33 (76.7%)** have underwent wellness consults and continued to engage to some degree throughout the year.
Risk Classifications and Outcome

**Cotinine** | An alkaloid found in tobacco and also a metabolite of nicotine. The word "cotinine" is an anagram of "nicotine".

**DESIREd OUTCOME:** Negative

- March 2013 Screening • 6 positive results
- March 2014 Screening • 3 positive results
- REDUCTION • 50%

**Body Mass Index (BMI)** | Or Quetelet index, is a measure of relative weight based on an individual's mass and height.

**DESIREd OUTCOME:** ≤ 29.9

- March 2013 Screening • 23 at-risk participants
- March 2014 Screening • 21 at-risk participants
- REDUCTION • 8.7%

**NOTE:** The 43 participants lost a total of 70.0 pounds and 247.2 inches.
**Blood Pressure** | Blood pressure, sometimes referred to as arterial blood pressure, is the pressure exerted by circulating blood upon the walls of blood vessels, and is one of the principal vital signs.

**DESIRED OUTCOME:** ≤ 130/86 *(participants are classified as 'risk' if they are over in EITHER-or both- systolic and diastolic readings)*

**March 2013 Screening**
- 11 at-risk participants

**March 2014 Screening**
- 1 at-risk participant

**REDUCTION**
- 90.9%

**LDL Cholesterol** | LDL molecules are often informally called bad cholesterol because they can transport their content of many fat molecules into artery walls, thus driving atherosclerosis. Elevated levels of LDL cholesterol is associated with a variety of health problems, including cardiovascular disease.

**DESIRED OUTCOME:** ≤ 130

**March 2013 Screening**
- 12 at-risk participants

**March 2014 Screening**
- 4 at-risk participants

**REDUCTION**
- 66.6%
Glucose | Glucose is a common medical analyte measured in blood samples. A high fasting glucose blood sugar level is a possible indicator of pre-diabetes (readings between 100-124) or diabetes mellitus (readings of ≥125).

**DESIRE OUTCOME:** ≤ 110

**NOTE:** It is important to note here that at the start of the program, the 2013 screening produced 7 classified 'Diabetics' (readings over 125). Although there was no reduction in Glucose Risk, the program mitigated 6 of those Diabetic Risks, leaving only 1 participant classified as a 'Diabetic' (>125).

**RISK MITIGATED COST:** Based on statistics showing that a Diabetic will cost their employer, on average, $10,683.00 MORE than a healthy employee (not counting medications and hospital stays), a potential Risk Mitigated Cost for eliminating 6 Diabetics is approximately $64,000.00
**URGENT AND THREATENED SITUATIONS**

*Urgent and Threatened Situations* are factors that we define, manage and track for multiple reasons. Participants that fall under one of these categories are first priority in making sure they are receiving the *proper* type of medical and supplemental care. These types of situations are also some of the most important measurements when forecasting premium rate change and soft-to-hard dollar return on investment. *Urgent Situations* are defined as an individual with excessively high numbers; and *Threatened Situations* are defined as an individual with unusually high number.

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**URGENT SITUATIONS**
- Blood Pressure ≥140/100
- LDL Cholesterol ≥150
- Glucose ≥150

**THREATENED SITUATIONS**
- Blood Pressure ≥170/110
- LDL Cholesterol ≥200
- Glucose ≥200

**March 2013 Screening**
- 4 Urgent Participants
- 2 Threatened Participants

**March 2014 Screening**
- 1 Urgent Participant
- 0 Threatened Participants

**REDUCTION**
- 75% Urgent
- 100% Threatened

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**NOTE:** It is important to note that the one remaining participant under the ‘Urgent Situation’ was under ‘Threatened’ at the start of the program. The participant is now under continual medical care and advisement by a team of physicians and professionals to manage a disease that was diagnosed as part of this program; a disease which previously went un-noticed by their Primary Care Physician for nearly 12 years. The following is a testimonial from this participant:

> "Wellness Innovations has been a life saver to me on so many levels. Frist of all we started a program at work that required us to meet certain criteria in BMI, Cholesterol, Nicotine, etc. to determine what our cost would be for insurance. I knew with my different health conditions I would never meet their goals, seeing how I had been working on them for last 2 years on my own. I spoke with [Wellness Innovations] and before you knew it I had a team of doctors all working together with one goal, my health. [They] always made me feel like I was [their] only client and was always available for my concerns. We tried several different approaches and when we ran into a snag we tried something else. The best part was I never felt alone in this process and I knew when I felt I had lost all hope I had [Wellness Innovations] to give me that encouragement that I needed to keep going. I couldn’t be more satisfied with Wellness Innovations and all they have done for me."

--Case Study Company Employee
Risk Factor Variation

- 24 participants have **DECREASED** in risk factor
  - 23 of those 24 have engaged in wellness consultation and follow-up to some degree (95.8%)
  - 9 out of those 24 participants have gone from one or multiple risk factors to none (37.5%)

- 5 participants have **INCREASED** in risk factor
  - 4 of those 5 have engaged in wellness consultation and follow-up to some degree (80%)
    - 2 of those 4 have begun disease management programs by a medical professional where they have started medication contributing to weight gain.

Key Take-Away’s

- 100% participation from eligible employees
- 76.7% are showing sustained engagement in wellness programs and services
- 55.8% **DECREASED** in risk categories
  - 11.2% **INCREASED** in risk categories
- Cotinine (Tobacco/Nicotine usage) **REDUCED** by 50%
- Body Mass Index (BMI) **REDUCED** by 8.7%
- Blood Pressure **REDUCED** by 90.9%
- LDL Cholesterol **REDUCED** by 66.6%
- Mitigated 75% of Urgent Situations
- Mitigated 100% of Threatened Situations

Program Investment

This client has in place a healthcare benefit plan that is a self-funded hybrid model. Although goal-based wellness programs make the most sense with a self-funded model (or hybrid), they can also be implemented on fully insured plans, particularly with the intention of controlling health issues to move to a self-funded model at minimal cost. Regardless of the benefit plan, current trends demonstrate that an employer should be spending at least 10% of their total healthcare costs on preventative measures, such as a successfully managed program evidenced here. We approached the client represented here with this statistic in mind.

Completion of the program’s first year, into the second (the remainder of which was estimated), required an investment on the client’s behalf that was 5.5% of their total healthcare costs (4.5% under budget).

2-YEAR TOTAL HEALTHCARE COSTS: $1,411,866
2-YEAR TOTAL HEALTH INCENTIVE WELLNESS PROGRAM INVESTMENT: $77,110
Program Return on Investment

Wellness Innovations’ goal-based approach allows for hard dollar return on investment to be projected at the start of a program. As the program progresses, other categories of return are added; and the projected figure is continually updated and tracked.

At the end of the first complete year, through our proprietary system, Wellness Innovations is able to demonstrate to clients the investment they make in their company’s and employee’s future is providing a return. This return is categorized three different ways:

1. **Hard Dollar Savings**
   - Implementing a co-fiduciary benefits plan

2. **Premium & Healthcare-Related Savings**
   - Renewal reduction
   - Claims reduction - Major & Small
   - Trend reduction

3. **Risk Mitigated Cost**
   - High risk participant management
   - Productivity
   - Turnover
   - Other soft dollar costs

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This Interim Financial Results includes forecasts, projections and other predictive statements that represent Wellness Innovation’s assumptions and expectations in light of currently available information. These forecasts, etc., are based on industry trends, circumstances involving clients and other factors, and they involve risks, variables and uncertainties. The Group’s actual performance results may differ from those projected within this case study. Consequently, no guarantee is presented or implied as to the accuracy of specific forecasts, projections or predictive statements contained herein.