Name of Program: Healthy Bean

Company/Organization: L.L.Bean, Inc.

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APPLICATION GUIDELINES AND REQUIREMENTS

I. Executive Summary of Program and Evaluation Highlights:

In 1982, our president Leon Gorman implemented a company sponsored Wellness Program at L.L.Bean. While speaking at a national conference that same year he stated, *"A business is in a unique and responsible position to effectively enhance the well-being of its employees"*. The foresight and leadership commitment he exhibited at that time remains strong within our company today, thirty years later.

At L.L.Bean, we have worked to create a healthy culture and environment as well as comprehensive health programming. What began in 1982 with a single onsite fitness facility has evolved into a comprehensive Employee Wellness program that reaches out to over 5,000 employees, family members and retirees.

The goal of L.L.Bean's Employee Health, Safety and Wellness program is to provide programs and create an environment that encourage people to take individual responsibility for achieving their personal best in health and safety. We achieve this by:

- Providing comprehensive onsite wellness programming for employees and spouses (See 30th Anniversary Resource Guide)
- Maintaining a strong corporate culture (Safe & Healthy Living Core Value, strong leadership support, Employee Outdoor Club)
- Maintaining a healthy environment (Tobacco free campuses, healthy food subsidies, OSHA VPP sites for safety, indoor and outdoor walking paths)
- Incenting participation in a comprehensive Health Risk Appraisal program (Healthy Lifestyles) connected to our Benefit plan
- Integrated communication and marketing efforts
- Ongoing program evaluation focused on participation, health risk changes, health care cost containment and ROI (See results, part II Narrative Description)

We have 12 onsite fitness centers for employees in Maine (available at no cost) and offer fitness center subsidies for all employees who don't have access to onsite facilities. We offer a wide variety of health education and activity classes, heavily subsidized in an effort to keep them affordable for all. We target our offerings by areas within the company based on aggregate data obtained from our Health Risk Appraisals. Targeted health risks include obesity, physical activity, heart health, diabetes and mental health programming.

In 2007, L.L.Bean introduced the Healthy Lifestyles Program, a comprehensive Health Risk Appraisal program linked to the company's health insurance plan. Employees and spouses/domestic partners who choose to participate in the programs pay significantly less for their health insurance premiums (up to $2,900 less/year). Over the five years the program has been in place we have maintained an 85% participation rate and a 98% completion rate.

We have experienced significant improvement in employee health risks, reduced health care costs and increased program participation. In addition, we have experienced a positive ROI ranging from 1.7:1 to 5.3:1 for the first four years that our Healthy Lifestyles program has been in place. (See results, part II Narrative Description).

II. Narrative Description of Program and Evaluation Results ·

A. Your Organization:

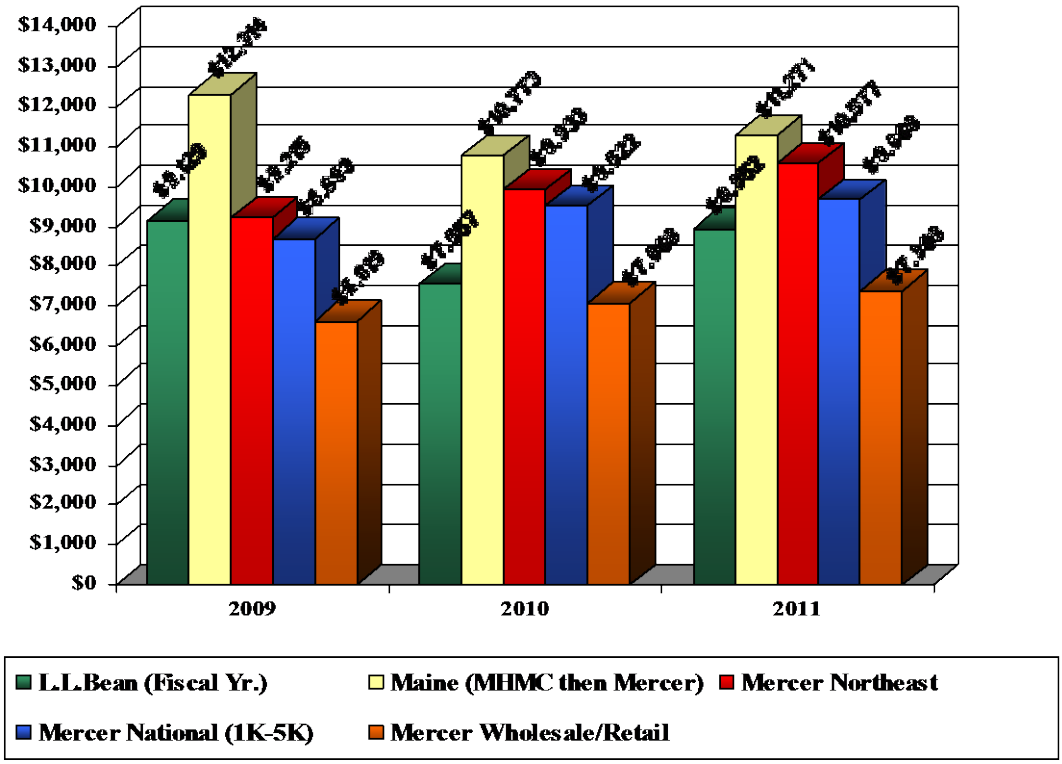
L.L.Bean, Inc. has been a trusted source for quality apparel, reliable outdoor equipment and expert advice for 100 years. Founded in 1912 by Leon Leonwood Bean, the company began as one-man operation. With L.L.'s firm belief in keeping customers satisfied as a guiding principle, the company eventually grew to a global organization with annual sales of $1.44 billion.

Our company headquarters are located in Freeport, Maine, just down the road from our original store. In addition to our retail stores, we have several call centers, distribution facilities, manufacturing plants and several office locations within the state. Approximately 20% of our workforce work outside of Maine in multiple retail locations in the United States as well as sourcing offices in Costa Rica, Hong Kong and Japan.

We have approximately 5,000 year round employees (9,000 during our peak), with an average age of 48. Two-thirds of our employees are women. Our Wellness programs are available to all employees, spouses and Retirees.

Our corporate health plans are self-insured. As you can see from the chart below, L.L.Bean continues to compare very favorably to Maine, Regional and National norms for total medical cost per enrolled employee. L.L.Bean's medical costs per enrolled employee were lower in both 2010 and 2011 than in 2009, keeping trends lower than anticipated in both years.

L.L.Bean Medical Claims Comparison Chart



B. Health Management Strategy/Programs:

Along with Outdoors Heritage, Integrity, Service, Respect and Perseverance, "Safe and Healthy Living" is one of L.L.Bean's six core values. It states:

"We believe healthy people lead fuller, more productive lives. Our employees and other stakeholders should feel their association with L.L.Bean contributes to their health and wellbeing."

This core value sets the foundation for our Wellness programs. When it comes to Wellness, "Leadership" within our company occurs at all levels. Our President, Chief Operations Officer, and Chief Financial Officer can easily speak to the Wellness programs we have in place and how they benefit our employees, but just as importantly, so can our hourly employees. Our Wellness programs have been part of our culture for 30 years. Working towards achieving and maintaining a healthy lifestyle is part of who we are.

Despite this strong foundation, we face many of the same challenges that other companies face. Although we are an outdoor oriented company that promotes activity we don't necessarily attract active healthy employees. We have made great progress improving several of our health risks, particularly smoking, cholesterol, glucose, and activity levels. However, obesity rates remain a significant challenge and we are working to reduce the percent of employees having

high blood pressure as well. We continually look for opportunities to target specific health risks in a variety of ways.

Through our Healthy Lifestyles Program we provide individualized health assessments, biometric health screenings and telephonic health coaching. The goals of this program are to improve the health of employees and their family members; to keep health costs affordable for employees and L.L.Bean; and to identify health risks so that we can address them before they lead to illness and disease. This program gives participants information and support needed to improve their health and we have seen very strong results (see health risk improvements and ROI).

Recognizing that people respond differently to different approaches we also target areas within the company. We use the aggregate data obtained through the Healthy Lifestyles program to identify areas within the company that are at high risk (see corporate health risk chart in attachments). We share this information with employees and leaders in the affected areas and work to develop programs to address the risks. We make it a priority to share all information in an effort to partner with employees. We want them to feel that Wellness is something we are working towards together, not something that is being done to them.

An example of this approach is our "BeanStrong" program in our Bangor Call Center. This location had multiple health risks including an obesity rate of 64% (BMI > 30), high glucose levels, low activity rates, and a high risk for depression (see corporate health risk chart – attachment). We shared this information with the employees and partnered with the leadership group to develop a voluntary, year-long health improvement program focused on nutrition education and weight management, exercise and mental health. Employees participate on company time and half way in to the program we are seeing significant improvements. All participants have increased muscular strength and endurance, improved overall fitness levels, lost weight, and are working to address mental health concerns with onsite and offsite EAP resources.

Communication and marketing efforts have proven to be critical in successfully reaching our diverse population. We highlight our programs, our participants and our leaders as you can see in the attachments (30^{th} Anniversary Resource Guide, 100^{th} Anniversary Health Bean Calendar). The calendar photos were submitted by employees and the monthly Wellness themes were an attempt to keep Wellness in the front of people's minds. You will find these hanging in offices, conference rooms, cafeterias and even in our employees homes. On page six of our Resource Guide you will find a photo of one of our 92 year old Retirees lifting weights and on page eight an employee who lost 125lbs. participating in an activity class. He has since taken and passed certification classes so that he can sub for the instructor when necessary. These stories motivate us all and encourage those who may be "less fit" to be willing to try something new.

In all operational areas we encourage employee engagement/involvement through Health, Safety and Wellness committees. These employee groups work to provide input about programs they would like to see in their areas and work with us to improve the programs we

currently have in place. We also have Wellness Ambassadors in each area that assist us with communicating and coordinating companywide Wellness incentive programs.

Program Evaluation

Program evaluation has proven to be critical to the success of our Employee Wellness program. We look at participant satisfaction, health risk reduction, health care cost trends and ROI in an effort to make sure that we are doing the right things to help employees achieve and maintain a healthy lifestyle.

Regular surveys show participant satisfaction is high in all areas from the health education and activity classes we offer to our communication efforts and most recently, all aspects of our Healthy Lifestyles Program.

Our greatest success in health risk reduction comes in the area of tobacco use. In 1985, our smoking rate was 24%. Through smoking cessation programs, free nicotine patches and gum and creating a tobacco free environment we have reduced our smoking rate to 5.6% in 2011. This means that out of 5000 employees, there are approximately 920 fewer employees who smoke today compared to 1985.

L.L.Bean's total medical claims have remained significantly below the Maine state average for the past three years and below regional averages for the same period (see previous L.L.Bean Medical Claims comparison chart).

The Healthy Lifestyles Program (HLP) has shown positive ROI in the first four years of programming. The program produced an 85 percent HRA participation rate among its eligible population, has nearly 100% engagement in telephonic health coaching, and has high levels of participant satisfaction.

HLP participants complete an annual Health Questionnaire (HQ -Health Risk Assessment), a biometric health screening on alternate years, and based on self-reported levels of modifiable risk individuals were grouped into one of three telephonic coaching programs:

- High risk (unlimited outbound and inbound coaching sessions).
- Moderate risk (up to 4 outbound and unlimited inbound coaching sessions).
- Low risk (1 outbound and unlimited inbound coaching sessions).

Results for the 2007-2010 program years were compiled by WebMD, the coaching vendor, along with L.L.Bean and Aetna, its health care provider. A "pre-to-post" study design was used to assess the difference in the actual growth-rate from the expected growth rate of the population. For each of the first four program years, medical and pharmaceutical claims were monitored for the year prior to coaching program and through the coaching program year. Note that these studies also accounted for the impact of the major benefits design changes that occurred during that time frame (including the replacement of the co-pay plan with a deductible plan, the introduction of a HDHP option, and an increase in the deductible).

The study also calculated absenteeism-related savings based on the change in self-reported absenteeism. Imputed presenteeism-related savings based on data in published literature were calculated for the 2007 and 2008 program years, while self-reported presenteeism scores from the Work Limitations Questionnaire (WLQ) were used to calculate presenteeism in 2009 and 2010 program years.

Key program evaluation results include:

- Using avoided medical claims only, the program saw a positive ROI in all four evaluated program years ─ ranging from 1.7:1 to 5.3:1.

- From 2007 to 2010, the program yielded a cumulative net savings of more than $2M from medical claims alone, increasing to more than $3M in net savings when the impact of absenteeism and presenteeism are included.

- Overall annual medical trend rates over the four program years ranged from 1.9% from 8.8% -- comparing favorably with an expected growth rates that were greater than 11% in all program years.

- A cohort of 1,965 individuals saw consistent prevalence decreases from 2008 to 2011 in all eight behavioral risk factors with statistically significant improvements in physical activity, diet, and emotional health risks.

- Three biometrics risks (blood pressure, blood sugar, and cholesterol) saw declines in prevalence from 2007 to 2010 (the only two years in which screenings were required). These improvements were made in spite of an aging population for which biometrics values are expected to increase over time.

- Generally, the groups with the highest level of coaching intervention demonstrated the highest moderation of risk factors over time.

C. Evaluation Methodology & Results:

Outcome Variable	Behavioral Risks	Biometric Risks	Medical & Rx Claims Trend
Study Design Structure (Check most applicable design):	[X] Pre-experimental Design -- Pre- and Post Only	[X] Pre-experimental Design -- Pre- and Post Only	[X] National/Regional vs. Organizational Trend Analysis
Sample Size for Treatment and Comparison Groups:	n = 1,965	n = 1,965	2007 Program: 3,275 2008 Program: 3,275 2009 Program: 2,732 2010 Program: 3,020
Sample Selection Method (If applicable, describe how treatment and comparison groups were selected):	No comparison group. Treatment group is the cohort of employees/spouses who completed the HRA in each program year from 2007 to 2011.	No comparison group. Treatment group is the cohort of employees/spouses who completed the HRA in each program year from 2007 to 2011.	No comparison group. Treatment group is benefits enrolled employees and spouses, excluding individuals with >$100,000 outlier claims in either baseline or study period for each prorgam year.
Measurement Tool(s):	Health Risk Assessment Data from 2007-2011	Biometric Screening Data from 2007 & 2010	Medical & Rx Claims Data from Apr 2006 through Jun 2011
Outcome Result:	Prevalence decreases from 2008 to 2011 in all eight behavioral risk factors, with statistically significant reduction in physical activity (-4.8%), diet (-4.3%), and emotional health (-7.7%) risks.	Prevalence decreases from 2007 to 2010 in three of four biometrics risk factors, with statistically significant reduction in blood pressure (-0.2%) and blood sugar (-3.7%) risks.	Actual Trend 2007 Program: 8.8% 2008 Program: 7.5% 2009 Program: 1.9% 2010 Program: 4.9%
Analysis (what statistical procedure(s) used):	Comparison of prevalence rates over study interval at 95% CI. Refer to narrative for descriptives	Comparison of prevalence rates over study interval at 95% CI. Refer to narrative for descriptives	Pre-post intervention trend comparison to expected trend(national rates + aging impact).
Relevant Statistics:	physical activity, diet and emotional health reduction significant at 95% confidence interval.	blood pressure and blood sugar reduction significant at 95% confidence interval.	Gross Savings 2007 Program: -$480,683 2008 Program: -$536,019 2009 Program: -$1,259,560 2010 Program: -$890,398

Outcome Variable	Absenteeism	Presenteesim
Study Design Structure (Check	[X] Pre-experimental Design -- Pre- and Post Only	[X] Pre-experimental Design -- Pre- and Post Only
Sample Size for Treatment and Comparison Groups:	2007 Program: 1,764 2008 Program: 1,764 2009 Program: 1,972 2010 Program: 2,034	2007 Program: 3,275 2008 Program: 3,275 2009 Program: 1,722 2010 Program: 1,478
Sample Selection Method (If applicable, describe how treatment and comparison groups were selected):	Employees who completed a pre-intervention HRA and also completed a post-intervention follow-up HRA in the next program year. Employee must have a valid self-reported absenteeism response on both HRAs.	**2007-2008:** Employee subset of medical claims treatment group for date range. **2009-2010**: Employees who completed a pre-intervention HRA and also completed a post-intervention follow-up HRA in the next program year. Employee must have a valid self-reported presenteeism score on both HRAs.
Measurement Tool(s):	Health Risk Assessment Data from 2007-2011	Health Risk Assessment Data from 2009-2011
Outcome Result:	Change in Absent Days 2007 Program: -0.18 2008 Program: -0.36 2009 Program: 0.55 2010 Program: -0.01	Change in Lost Productive Time 2007 Program: n/a 2008 Program: n/a 2009 Program: -0.08% 2010 Program: 0.05%
Analysis (what statistical procedure(s) used):	Comparison of means over study intervals.	Comparison of means over study intervals.
Relevant Statistics:	Gross Savings 2007 Program: -$71,599 2008 Program: -$148,541 2009 Program: $281,517 2010 Program: -$4,798	Gross Savings 2007 Program: -$454,738 2008 Program: -$507,088 2009 Program: -$87,592 2010 Program: $51,370

Program Participation

In each program year from 2007 to 2011, L.L.Bean employees and spouses were eligible to complete a Health Risk Assessment (HRA) and enroll in a WebMD coaching program. The following table summarizes the annual participation rates and demographic information for each program year. Note that the L.L.Bean incentive structure requires completion in at least one coaching session, thus the engagement rate of coaching eligible participants is close to 100% for all program years and all coaching protocols. Thus, participant/non-participant comparisons were not possible for this population.

	2007*		2008		2009		2010		2011	
	n	% of Total HRAS	n	% of Total HRAS	n	% of Total HRAS	n	% of Total HRAS	n	% of Total HRAS
High Risk Elig	1,852	47.7%	1,279	31.7%	1,125	29.8%	922	26.1%	922	25.4%
Mod Risk Elig	1,260	32.4%	802	19.9%	778	20.6%	687	19.5%	684	18.8%
Low Risk Elig	772	19.9%	1,946	48.3%	1,873	49.6%	1,916	54.3%	2,028	55.8%
Not Coach Elig**	0	0.0%	5	0.1%	2	0.1%	2	0.1%	2	0.1%
Total HRAs	3,884	100.0%	4,032	100.0%	3,778	100.0%	3,527	100.0%	3,636	100.0%

* Note that the method of coaching stratification changed between 2007 and 2008. As a result, the stratification percentages into high, moderate, and low risk coaching are only comparable from 2008 to 2011.

** Individuals taking HQ after the program year incentive deadline are not eligible to be enrolled into coaching.

Changes in the Net Risk Prevalence

Changes in the modifiable risk profile of the L.L.Bean population over time were assessed for the five-year cohort of 1,965 individuals who completed an HRA in 2007 and completed four more HRAs in 2008, 2009, 2010, and 2011. The following table provides five year prevalence rates for major behavioral and biometric risk factors in the overall L.L.Bean 2007-2011 HRA cohort. Due to a change in the HRAs used between 2007 and 2008, some risks are not comparable and rates are therefore not shown in 2007.

		Total Cohort (n = 1,965)				
Risk Factor		2007 (biometrics required)	2008 (biometrics optional)	2009 (no biometrics)	2010 (biometrics required)	2011 (no biometrics)
Behavioral Risks	Poor Safety	***	1.9%	1.3%	1.5%	1.0%
	Current Cigarette Smoker	7.2%	6.6%	6.0%	5.9%	5.6%
	Alcohol Use	***	5.5%	5.4%	5.0%	4.7%
	Drug Use	***	2.5%	1.9%	2.0%	1.4%
	Poor Emotional Health	***	14.6%	12.7%	10.8%	10.2%
	High Stress	***	41.9%	52.7%	42.7%	38.8%
	Poor Physical Activity	35.9%	24.6%	22.1%	20.4%	19.8%
	Poor Diet	***	52.0%	43.0%	39.9%	44.3%
Biometrics	High Weight	66.1%	63.3%	62.7%	69.8%	64.5%
	High Blood Pressure	69.0%	44.6%	38.5%	68.8%	40.8%
	High Cholesterol	28.5%	26.6%	24.4%	26.4%	26.7%
	High Blood Sugar	23.1%	6.1%	4.8%	19.3%	6.0%

The following table provides the five year prevalence rates for behavioral and biometric risk factors for the 2007-2011 cohorts of HRA participants based on their eligibility for high, moderate, and low risk coaching on their baseline 2007 HRA. Due to the change in HRAs used between 2007 and 2008 some risks are not comparable, and rates are therefore not shown in 2007.

	Risk Factor		2007	2008	2009	2010	2011
High Risk n = 836	Behavioral Risks	Poor Safety*	***	2.3%	1.6%	1.8%	1.6%
		Current Cigarette Smoker	11.6%	10.3%	9.7%	9.2%	9.2%
		Alcohol Use*	***	6.9%	6.3%	6.7%	4.9%
		Drug Use*	***	3.5%	2.6%	2.2%	2.0%
		Poor Emotional Health*	***	23.1%	19.7%	17.3%	16.7%
		High Stress*	***	56.9%	63.4%	54.9%	51.8%
		Poor Physical Activity	52.6%	33.7%	32.3%	29.2%	27.9%
		Poor Diet*	***	58.0%	49.2%	46.2%	50.5%
	Biometrics	High Weight	86.4%	84.6%	84.1%	87.1%	84.4%
		High Blood Pressure	81.9%	54.9%	47.4%	77.2%	48.7%
		High Cholesterol	37.1%	34.7%	30.5%	31.1%	32.8%
		High Blood Sugar	34.8%	8.7%	6.6%	29.9%	9.1%
Mod Risk n = 690	Behavioral Risks	Poor Safety*	***	2.2%	1.2%	1.3%	1.0%
		Current Cigarette Smoker	6.5%	6.1%	5.1%	5.1%	4.3%
		Alcohol Use*	***	5.2%	5.7%	3.8%	4.8%
		Drug Use*	***	2.5%	1.6%	3.2%	1.2%
		Poor Emotional Health*	***	10.3%	9.0%	6.7%	6.5%
		High Stress*	***	36.4%	48.1%	37.0%	31.7%
		Poor Physical Activity	29.7%	22.2%	18.1%	16.4%	17.5%
		Poor Diet*	***	53.5%	43.6%	40.6%	46.5%
	Biometrics	High Weight	64.3%	60.0%	59.6%	69.1%	61.2%
		High Blood Pressure	69.0%	42.8%	37.0%	69.0%	39.3%
		High Cholesterol	27.7%	26.1%	24.1%	26.2%	28.1%
		High Blood Sugar	17.4%	5.1%	4.5%	14.2%	5.1%
Low Risk n = 439	Behavioral Risks	Poor Safety*	***	0.9%	0.9%	1.1%	0.0%
		Current Cigarette Smoker	0.0%	0.5%	0.5%	0.7%	0.7%
		Alcohol Use*	***	3.2%	3.2%	3.6%	4.1%
		Drug Use*	***	0.9%	0.9%	0.0%	0.5%
		Poor Emotional Health*	***	5.0%	5.2%	4.8%	3.6%
		High Stress*	***	21.9%	39.4%	28.5%	25.3%
		Poor Physical Activity	13.9%	11.2%	8.9%	10.0%	8.0%
		Poor Diet*	***	38.0%	30.1%	26.9%	28.9%
	Biometrics	High Weight	30.1%	28.0%	26.9%	37.8%	31.9%
		High Blood Pressure	44.4%	27.8%	24.1%	52.6%	28.2%
		High Cholesterol	13.4%	12.1%	13.2%	17.5%	12.8%
		High Blood Sugar	9.6%	2.7%	1.8%	7.3%	1.4%

Healthcare Expenditure Impact

The analysis of health coaching impact on healthcare expenditures used a pre-to-post intervention study design and summarized the medical and pharmaceutical trend differences for the L.L.Bean program participants from 2007 to 2010. For each program year, growth rate was calculated by comparing average per person claims for continuously benefits eligible cohort from a 12 month baseline period prior to intervention to a 12 month study period following the start of intervention. The financial impact of health coaching was then calculated by comparing the actual claims costs trends for each group to the expected increases in claims costs.

Expected increases were based on the applicable national claims trends and accounts for the aging of the cohort. Note that an estimated impact for aging to the expected trend was necessary as the study group was comprised of continuously benefits eligible individuals, who, by definition, were one year older in the study year than they were in the baseline year. In a study design that looked at the entire population – including new employees, and excluding those who retire, the net change in average age would be minimal, and accounting for the aging population would not be necessary.

Individuals with claims exceeding $100,000 in the baseline or study periods were excluded from the analysis. Additionally actuarial adjustments were made as necessary to the medical claims data in order to account for the impact of the enrollment migration from co-pay to deductible plans between 2008 and 2010, a $200 increase in deductible in 2010 and the slowly increasing HDHP enrollment between 2009 and 2011.

The difference in the expected expenditures and the actual expenditures represents the program savings for each program year. Actual and expected trend rates for each program year from 2007 to 2010 are documented in the table below.

Program Year	Study Group N	Actual Medical Trend	Expected Trend *(based on national trend & aging impact)*
2007	3,275	8.80%	13.13%
2008	3,275	7.50%	11.46%
2009	2,732	1.90%	11.55%
2010	3,020	4.90%	11.93%

Absenteeism Impact

Absenteeism savings were calculated based on the change in self-reported work days missed due to illness or injury based on the cohort of employees who completed an HRA in each program year.

To calculate the absenteeism savings for the 2010 program year, the L.L.Bean average salary for each program year plus a 20% benefits overhead was used to calculate the financial impact of one missed day of work. The maximum missed work days allowed in the analysis was 90 due to survey limitations and to mitigate the impact of extreme and dubious self-reported absenteeism information.

Presenteeism Impact

Prior to the 2009, Participant level presenteeism data was not directly available in this study. Therefore, an estimate of the presenteeism impacts were made based on published literature on the relative impact of presenteeism versus medical claims. Presenteeism savings were imputed from medical claims savings at the rate of $1.40 in presenteeism savings for every $1.00 in medical savings.

Starting in 2009, individuals were asked to complete the short form Work Limitations Questionnaire (WLQ) as part of the annual HRA. To calculate presenteeism savings, responses to the WLQ were translated into per person savings due to reduction in the amount of non-productive work time associated with health issues. To calculate the absenteeism savings for the 2009 and 2010 program years, the L.L.Bean average salary for each program year plus a 20% benefits overhead was used to calculate the financial impact of productivity.

Return on Investment

To calculate the total return on investment of the 2007 through 2010 programs, total savings are divided by total costs of delivering the telephonic health coaching in each year.

	2007		2008		2009		2010	
	Program Savings	Program Costs	Program Savings	Program Costs	Program Savings	Program Costs	Program Savings	Program Costs
Medical & Rx Savings	-$480,683	$284,818	-$536,019	$229,650	-$1,259,560	$235,812	-$890,398	$203,428
Absenteeism	-$71,599		-$148,541		$281,517		-$4,798	
Presenteeism	-$454,738		-$507,088		-$87,592		$51,370	
Total	-$1,007,020		-$1,191,648		-$1,065,635		-$843,826	

	Return on Investment			
	2007	2008	2009	2010
Medical	1.7:1	2.3:1	5.3:1	4.4:1
Medical + Absenteeism	1.9:1	3.0:1	4.1:1	4.4:1
Medical + Absenteeism + Presenteeism	3.5:1	5.2:1	4.5:1	4.1:1