

**The Health Project;
Application for the
2019 C. Everett Koop
National Health
Awards**

ERICSSON

The mission of The Health Project is to seek out, evaluate, promote, and disseminate the lessons learned from exemplary health promotion and disease prevention programs with demonstrated effectiveness in influencing personal health habits and cost-effective use of health care resources. To win the C. Everett Koop National Health Award, programs need to be rigorously evaluated and be willing to share their results as credible evidence of their accomplishments in improving population health.

Eligibility

To be recognized, a program must employ comprehensive and evidence-based population health management strategies designed to improve the health and well-being of the entire population under consideration and across the health continuum. The program must have been in place for a minimum of three years. The application must demonstrate that the program is well integrated into the organization's infrastructure and that it has yielded significant improvement in population health and noteworthy business results (e.g., medical cost savings, reduced absenteeism, fewer accidents, increased worker productivity, or improvements in other indicators documenting value-on-investment [VOI] such as improved attraction/retention of talent, job satisfaction, engagement, and morale). Programs may include individual health improvement components in such areas as physical activity, healthy eating, stress management, tobacco use cessation, weight control, medical self-care, evidence-based preventive screenings, and disease management – all integrated into an organizational culture that promotes health and well-being.

Koop Awards Criteria

1. The program must meet The Health Project's goal of improving population health by helping individuals change unhealthy behaviors and reducing health risks,
2. The program must show it has worked to establish a culture of health at the workplace and/or in the community,
3. The program must offer good value for the money spent investing in these programs.

Application Submission Please create a PDF copy of your application and e-mail to: info@thehealthproject.com No paper applications will be accepted. Please cc rgoetzel@us.ibm.com on your submission Ron Z. Goetzel, Ph.D., Chairman, Program Selection Task Force. DEADLINE FOR SUBMITTING PROGRAM APPLICATIONS: 5 PM EST ON FRIDAY, MAY 31, 2019.

<http://thehealthproject.com/wp-content/uploads/2019/02/Koop-Award-Application-2019-FINAL.pdf>

Name of Program: [E-Health Wellness Program](#)
Company/Organization: [Ericsson Inc.](#)
Address: [6300 Legacy Drive](#)
City/State/Zip: [Plano TX, 75024](#)
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Program URL, if applicable: [N/A](#)
Vendor(s), if applicable: [The Vitality Group](#), [Quest Diagnostics](#), [Blue Cross Blue Shield of Texas](#),
[Aetna](#), [Express Scripts](#) and [Willis Towers Watson](#)
Word count: [4,672](#)

Section I. Executive Summary of Program and Evaluation Highlights (maximum 500 words):

Executive Summary:

Ericsson offers a comprehensive and competitive health and welfare benefits package (E-Care) for our employees and their families. We invest in our employees, recognize their contributions and ensure that every individual shares in our success. Our benefits strategy and philosophy emphasizes these objectives – creating a culture of wellbeing and highly engaged employees, providing a robust portfolio of programs, ensuring a positive employee benefits experience, increasing inclusion and diversity and strengthening employee perceptions that they work for an employer of choice.

From a health management perspective, Ericsson offers the E-Health Wellness program to support the physical, financial, emotional and social wellbeing of our employees and their families. Since 2012, E-Health has been backed by an innovative wellbeing platform provided through our vendor partner, The Vitality Group. Eligible members use this mobile-enabled platform to complete Health Risk Assessments, review biometric results, track physical activity, set goals, complete goals, and participate in other healthy activities, etc.

At work, employees have access to an onsite gym, walk stations, standing work desks, onsite fitness classes, recreational activities, walking trails and cafeteria with healthy options. E-Health also offers competitive rewards and incentives. Members earn points for engaging in activities which accrue to engagement status levels of Bronze, Silver, Gold or Platinum. Points can be redeemed for gift cards or merchandise. See exhibit below:

Exhibit A

BRONZE	SILVER	GOLD	PLATINUM	
0 pts	2,500 pts	6,000 pts	10,000 pts	1 Adult
	3,500 pts	9,000 pts	15,000 pts	2 Adults

Evaluation Objectives:

Our application will clearly articulate how Ericsson's:

- Investments in high-performing programs support employee wellbeing
- Strong culture of health has enabled high performance in program engagement, health outcomes and business metrics
- E-Health Wellness program has impacted overall healthcare costs and utilization

Submission Approach and Methodology:

Ericsson and Willis Towers Watson leveraged a two-part approach for this application:

- **Part I:** A review of aggregate program reporting to demonstrate year-over-year increases in program engagement and improvements in health and business metrics
- **Part II:** A 3 year (2016 – 2018) matched cohort analysis of program participants and non-participants to demonstrate how participation in the E-Health program is correlated with lower medical cost and healthier behaviors

Evaluation Results:

- **Part I – Retrospective Aggregate Program Data Review :**
 - Key E-Health participation and engagement metrics have increased since 2012 over Vitality's Book of Business
 - A review of a 3,626 participant cohort revealed transitions to lower health risk levels over a 4 year period based
 - From a Value on Investment (VOI) perspective, engaged E-Health participants also have lower turnover and absence rates, and higher rates of job performance and job satisfaction
- **Part II – Matched Case Cohort Analysis of Participants and Non-Participants**
 - Financial outcomes:
 - Per Member Per Year (PMPY) allowed costs for medical and pharmacy were higher for non-participants for all three years
 - A difference-in-difference calculation also showed that the variance in costs between 2018 and 2016 was higher for non-participants
 - Health Care Utilization and Consumerism Behaviors:
 - Participants had higher preventive care rates and fewer office and emergency visits
 - Participants also had fewer hospital admissions and shorter lengths of inpatient stay

Section II. Narrative Description of Program (maximum 2,000 words):

A. Your Organization (maximum - 500 words):

Briefly describe your organization, including its culture, business strategy, location, core products, number of employees, and any major benefit design changes that occurred during the period covered by the evaluation and how these changes may have affected results. Please include information regarding the unique characteristics of your employee population, which may include

the percentage of employees who are racial/ethnic minorities, have a disability, are field-based, work from home, or members of union groups. This information will be used to assess whether your health promotion program has been tailored to meet the needs of your workers.

Ericsson is one of the leading providers of Information and Communication Technology (ICT), with about 40% of the world's mobile traffic carried through our networks. Ericsson North America is headquartered in Plano, Texas, and has nearly 6,300 full-time employees across the United States with large locations in Piscataway, NJ, Bellevue, WA, Overland Park, KS, and Santa Clara, CA.

Ericsson's has a highly educated, professional workforce. Males make up 77% while 23% are female. We are making progress towards our global long-term ambition to increase the number of women in our workforce, partnering with the Girl Scouts to encourage Girls in STEM. Our Employee Resource Groups (ERGs) are another example of our commitment to diversity and inclusion. Current ERGs include Asian, African Americans, Latino, LGBTQ, NextGen, Women and Veterans.

Our population health management priorities include increasing preventive screening compliance and managing clinical cost drivers like metabolic syndrome and musculoskeletal conditions. Here are examples of how we have tailored programs to meet workforce needs:

- Offering free onsite and offsite biometric screenings since 2012 to address low preventive care compliance rates for a predominantly male population
- In 2018, we launched and subsidized a telemedicine benefit with Teladoc to improve access to convenient care
- Given recent reductions in the size of the workforce which impacted employee morale and stress, we provided a tele-behavioral health program (AbleTo) and a new digital, cognitive behavioral therapy (CBT) solution (MyStrength) in 2018
- In 2019, Ericsson is implementing an Expert Medical Opinion service with Grand Rounds to address the high cost impact of musculoskeletal conditions and cancer
- To address the impact of rising student loan debt and improve financial wellbeing, we launched a new financial wellbeing program in 2017 with Ayco which provides coaching, tools and resources
- In 2017, Ericsson offered benefits coverage for infertility-related treatments, joining just 55% of employers who offered this benefit at the time⁴
- We added coverage for transgender benefits in 2019 as part of continued efforts to focus on inclusion and diversity

Ericsson's focus on employee wellbeing is ingrained in our culture and best exemplified by the following accolades and market differentiators:

- Ericsson has received the Healthiest Employer Award for five consecutive years (2014-2019) by The Healthiest Employers LLC organization^{5,6}
- American Heart Association "Fit Friendly" award winner from 2013 – 2017
- Silver Level Recognition for the Workplace Health Achievement Award in 2017 and 2018 by the American Heart Association⁷
- 2019 recipient of the Forbes Best Employers for Diversity Award⁹
- Ericsson remains one of a few employers who still offer a "zero contribution" or "free" medical coverage option – a High Deductible Health Plan that also includes an employer-funded (\$1,000 individual/\$2,000 family) Health Savings Account

- Unlike 55% of employers, Ericsson does not link wellness program participation to medical premium contribution penalties²
- Despite recent business challenges, Ericsson's leadership has continued to invest in the wellbeing program as shown in the exhibits below – incentive spend increases and Ericsson's stock price fluctuates⁸

Exhibit B

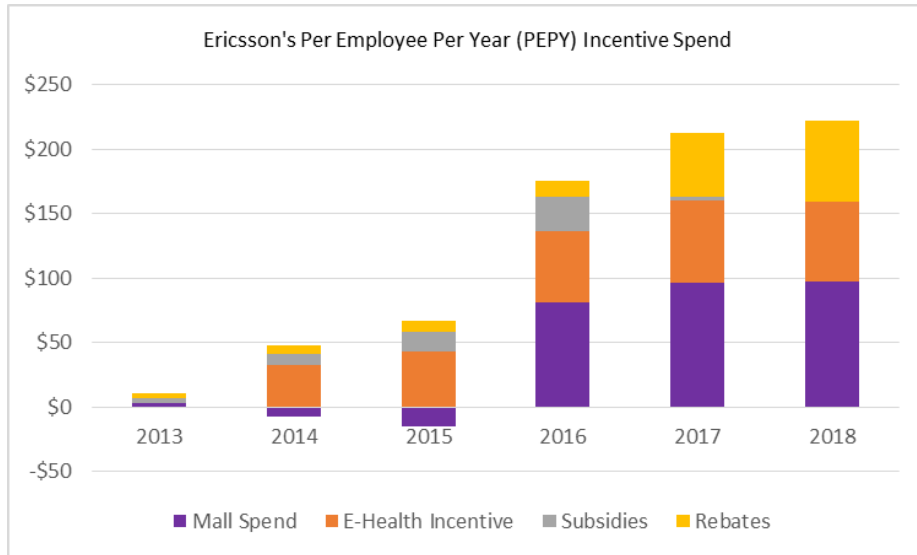


Exhibit C



B. Health Management Strategy/Programs (maximum – 1,500 words):

Please describe your health promotion program by explaining what you have done to communicate your health promotion vision and mission; create awareness of health improvement initiatives; engage and motivate employees to adopt healthy lifestyles; help employees develop the skills they need to achieve and maintain positive health behaviors; and the physical, organizational and cultural environments you have created and nurtured to support those changes.

Program descriptions may also include mention of the following:

- **Participation:** A base program participation/engagement rate is 40-50%, a good rate is 60-70%, and a best practice rate is 80+%. If your program has a low participation rate, you should explain why here. Reasons may include difficulty engaging workers, inability to provide incentives, or lack of leadership support. Participation rates must be detailed in Section III.
- **Longevity:** As a reminder, programs should be in place for a minimum of three years to be considered a competitive applicant for the Koop Award.
- **Design Changes:** Describe any significant changes to the design of your program(s) and medical benefits or other human resource policies and plans during the evaluation period.
- **Addressing Disparities:** Include a description of actions taken to address health disparities at your worksite(s) in terms of program use, health risks targeted, and difficulties in achieving your outcomes. Disparities may exist in terms of race, ethnicity, cultural background, gender, job type (salary vs. non-salary), job placement (office vs. factory vs. field), age, work location (headquarters vs. remote offices), or shift schedule.
- **Health Management Scorecard Data:** We encourage applicants to complete one of the several organizational health tools available (for example The HERO Health & Well-Being Best Practices Scorecard in Collaboration with Mercer© or the CDC Worksite Health ScoreCard) and include the results (e.g., total scores and section scores) as part of the application. These Scorecards are free and allow organizations to assess their current health promotion programs, as well as provide insights about employee health management best practices. Although completing a scorecard *is not mandatory*, it will help reviewers in their evaluations of program structure and processes. It is understood that scorecard results are based on self-report, and therefore do not provide the objective measurement of program content and delivery, required for the Koop Award application.

Wellbeing Strategy:

In collaboration with Willis Towers Watson consultants, Ericsson developed a comprehensive, integrated multi-year strategic plan in 2016. The key objectives of this wellbeing strategy are aligned with the objectives of Ericsson's broader benefits strategy:

- Create a culture of highly engaged employees who seek to optimize their wellbeing and foster a strong sense of belonging
- Provide a robust portfolio of programs that help employees be successful in all parts of their work and personal life
- Ensure a positive experience for employees utilizing benefits that encourage and enable them to make informed choices
- Increase inclusion and diversity, including the percentage of females employees
- Strengthen employee perceptions that they work for an employer of choice

The exhibit below summarizes the most recent multi-year strategic roadmap and highlights specific areas where objectives were met (☑) and other areas that will be re-evaluated over the next few years as the strategic plan is refreshed:

Exhibit D

	2016	2017	2018/2019
Leadership Support and Engagement	<ul style="list-style-type: none"> ☑ Increase visible leadership support for E-Health wellbeing initiatives ☑ Secure progressive increases in E-Health program annual program budget to sustain the scope of new program initiatives 		
Technology, Programs and User Experience	<ul style="list-style-type: none"> ☑ Launch financial well-being program in March with AYCO ☑ Identify emotional health activities through Aetna's Resources for Living (EAP) and BCBSTX ☑ Wellness vendor RFI/RFP including market review of biometric screening partners 	<ul style="list-style-type: none"> ☑ Launch new wellness vendor or retain incumbent with competitive fees, performance guarantees and other service level commitments ☑ Reward for completion of emotional wellbeing activities 	<ul style="list-style-type: none"> ☑ Establish integration protocols between E-Health (Financial Wellbeing Program) and E-Health ☑ Introduce SleepWell and Mindful Meditation programs ☐ Evaluate vendor marketplace for new and emerging emotional wellbeing vendor solutions ☐ Develop emotional wellbeing action plan
Incentive Design	<ul style="list-style-type: none"> ☑ Revised incentive design to require Wellbeing Review, Vitality Check and Silver Status for \$100 gift card ☑ Launch of New Gym Rebate Program (60 workouts for a \$350 gym rebate annually) 	<ul style="list-style-type: none"> ☑ Include Waist Circumference goal in overall incentive design as an alternative to BMI ☑ Introduce incentives for engagement in health plan condition management, maternity Introduce incentives tied to healthcare consumerism e.g. telemedicine registration ☑ Introduce incentives for engagement in financial wellbeing activities 	
Measurement	<ul style="list-style-type: none"> ☑ Develop measurement blueprint/strategy for E-Health program 	<ul style="list-style-type: none"> ☑ Develop integrated measurement dashboards to show wellness program performance and to inform future program changes ☑ Administer data warehouse RFP and implement data warehouse platform to support measurement strategy 	
Communications	<ul style="list-style-type: none"> ☑ Develop master wellness communications calendar pulling resources from Vitality, Aetna and other vendors ☑ Request designated communications resource from wellness vendor ☑ Expand promotion of Quarterly team challenges 	<ul style="list-style-type: none"> ☑ Implement and deploy master wellbeing communications calendar ☑ Expanded use of multiple communication channels – digital, mailings, mobile app notifications, portal-based messages, etc. ☑ Communicate full value of potential incentives (gift cards, points fulfillment, gym subsidies, etc.) 	
Environment	<ul style="list-style-type: none"> ☑ Continue to promote healthy eating habits onsite and at home (Aetna Lunch and Learns and Vitality HealthyFood network) ☑ Completion of Wellness Recognition Awards – Healthiest Employer, Best Employers for Healthy Lifestyle, American Heart Association's Health Achievement Index 	<ul style="list-style-type: none"> ☑ Completion of Wellness Recognition Awards ☑ Develop/launch internal E-Health Wellbeing Award program – internal social recognition program to recognize employees who have achieved inspirational successes in their wellbeing journeys 	
Program Integration	<ul style="list-style-type: none"> ☑ Establish automated workflows for incentives tied to prevention of preventive exams 	<ul style="list-style-type: none"> ☑ Communicate and launch full automation of incentives for completing preventive exams, dental exam and flu shots (self-reporting will not be required) ☐ Establish or improve integration and referral protocols between vendors (e.g. Vitality, Aetna, BCBSTX, ESI etc.) as part of Vendor Summit ☐ Implement performance guarantees for integration and referral activity ☐ Conduct audits of referral/integration activity across vendors 	

Programs:

To support the integrated wellbeing strategy, Ericsson offers a rich suite of resources designed to differentiate our total rewards package and support employees and their spouses/domestic partners across the spectrum of health needs. Members can earn points for completing activities and then redeem points for incentives. A description of program resources is summarized by category below:

Prevention:

- A Health Risk Assessment (Vitality Health Review) - a confidential online questionnaire about a person's current health status and risk factors
- Biometric Screenings (Vitality Check) – available onsite, at community labs or with a physician to provide members with an objective snapshot of their health status and risk factors

- Preventive care - members earn points for completing preventive medical exams, dental and vision exams
- Kids Health Review – online assessment completed by parents to provide an overall snapshot of their kid’s health
- Preventive Exams, Flu Shots and Immunizations – members also earn points for completing appropriate preventive care exams and screenings

Healthy Education Content, Trackers and Tools:

- Online courses on health topics
- Calculators help users gauge the effects of specific factors on their overall health
- Goal check-in tool keeps members engaged by helping them establish and update their health goals
- Members can attend and participate in monthly webcasts (Health FYI) on a range of health topics
- Quarterly webinars on health-related topics offered by Interactive Health
- Members can access and share health tips on a new topic each quarter (Healthy DIY). Previous quarterly topics include: “Planning for a healthy 2018”, “Financial Well-being”, “Mental Wellbeing” and “Stay in the moment and keep moving forward”

Physical Activity:

- Verified Workouts – Members earn points for tracking physical activity at a gym or using a fitness tracking device
- Company-wide Walking Days – 8 locations currently coordinate onsite walking groups and, to date, Ericsson has 5 walking days scheduled for 2019
- Walk Stations are available at various locations
- Steps and Workout Team Challenges
- Athletic Events – members earn points for participating in athletics events e.g. 5K, 10K, marathons, charity walks, etc.
- Sports Leagues – members earn points for participating in organized sports activities
- Self-reported activities – Members can self-report physical activity
- Healthy Kids Program – parents can get rewarded for tracking kid’s athletic events, sports leagues, etc.

Nutrition:

- HealthyFood Program – allows members to earn rewards for making healthy food purchases at thousands of grocery stores nationwide
- Onsite cafeteria at work locations with healthy food options
- Access to six 12-week online nutrition courses
- Nutrition campaigns such as “nutrition bingo”

Emotional Health:

- Mental Wellbeing Assessment – a confidential online questionnaire about members’ current mental health status and risk factors
- Employee Assistance Program – online and telephonic support
- MyStrength – evidence-based behavioral health program delivered via Cognitive Behavioral Therapy (CBT) for managing depression, anxiety, stress, substance use, opioid risk management, chronic pain and insomnia
- Mental Health and Substance Abuse benefit coverage available through Aetna and Blue Cross Blue Shield of Texas

- AbleTo – personalized, confidential virtual access to a professional therapist and coach via phone or video chat
- Rethink Benefits – an evidence-based, web-enabled program to support the parents of children with development disabilities

Disease Management and Nurse Case Management (available through Aetna and BCBSTX):

- Telephonic wellness coaching
- Disease Management programs
- Maternity Coaching and Support program
- Nurse Case Management programs to support members with complex care needs, inpatient hospital stays, post-discharge planning and health care navigation needs

Financial Wellbeing (E-Wealth):

- E-Wealth financial wellbeing program (administered by AYCO) empowers Ericsson members to improve their financial wellbeing by delivering knowledge and guidance through a digital platform and one-on-one coaching
- The program offers incentive points (redeemable for gift cards on Vitality platform) for various activities, including: enrolling in a financial webinar, completing a financial assessment, increasing one’s financial wellness score and completing a session with an AYCO coach
- Ericsson offers a tuition reimbursement program up to a maximum of \$8,000 per calendar year
- Emergency Assistance Program of \$2,000 and extra time off to assist employees impacted by catastrophic events, e.g. natural disasters

Program Rewards and Incentives:

Employees and their spouses/domestic partners can earn up to an estimated \$1,400 in wellbeing incentives:

- Gym rebate– participants earn a reimbursement of up to \$350 for their fitness membership fees if they record 70 verified workouts (validated physical activity)
- \$75 for completing the Vitality Health Review, Vitality Check biometric screening and reaching Silver Status
- Additional \$50 for reaching Gold Status (in combination with Vitality Health Review and Vitality Check completion)
- Earn additional points for reaching status levels which can be converted to Vitality Bucks and redeemed for gift cards and merchandise at the currency levels summarized below:

Exhibit E

	BRONZE	SILVER	GOLD	PLATINUM
1 Adult	0 pts	2,500 pts	6,000 pts	10,000 pts
2 Adults		3,500 pts	9,000 pts	15,000 pts
Conversion Rate	1 point = 1 buck and 1 buck = \$0.01 See conversion to dollars in table below			
	BRONZE	SILVER	GOLD	PLATINUM
1 Adult	\$0	\$25	\$60	\$100
2 Adults	\$0	\$35	\$90	\$150

- Vitality Active Rewards – members who achieve their weekly workout goals can spin the virtual Vitality Wheel™ to win additional points (5, 10, 25, or 50) or a gift card (\$5 or \$25 gift card)
- Vitality Squares - an online health-themed game of chance that can be played once a month to earn points or a gift card. Members who select the “winning” squares earn rewards up to 50 Vitality Points and other gift cards valued at \$5, \$15 or \$500
- HealthyFood Program – allows members to earn rewards for making healthy food purchases and choices at thousands of grocery stores nationwide

Unlike 55% of employers, Ericsson does not link wellness program participation to medical premium contribution penalties.² The incentives summarized above are true rewards and participation is voluntary.

Members can also engage in a broad spectrum of activities (physical, emotional, financial and social) to earn incentives as summarized above.

Communications:

As part of the E-Health program, Ericsson has a comprehensive, 12-month communication strategy aimed to promote the program’s mission, vision, key initiatives and successes. This annual communications calendar focuses on delivering key messages across themes like Nutrition, Mental Wellbeing, Financial Wellbeing, Physical Activity, Self-Care, Prevention, etc.

The communications calendar is supported by a variety of channels:

- Vitality website (home page, newsfeed, alert bars, etc.)
- Vitality mobile app (push notifications)
- Digital worksite displays
- Home mailings (post cards and mailers)
- Email
- Annual enrollment materials
- Monthly webinars (Vitality Health FYI)
- Yammer (internal social media channel for posts and chatrooms on wellbeing topics)
- Weekly company newsletter, internal SharePoint depository
- Quarterly wellness champion events at select sites

Measurement and Program Analytics

While effective communication remains a foundational pillar of Ericsson’s wellbeing strategy, the success of the program relies on a robust measurement strategy. The following measurement and analytic resources are leveraged by Ericsson’s benefits leaders to inform program decisions:

- Artemis Data Warehouse with real-time access to program performance data (including medical, pharmacy, wellness, disability and demographic data)
- Monthly, Quarterly and Annual Vendor Reports
- Ericsson also participates in the Council on Employee Benefits (CEB) and uses that benchmarking information to inform benefits priorities

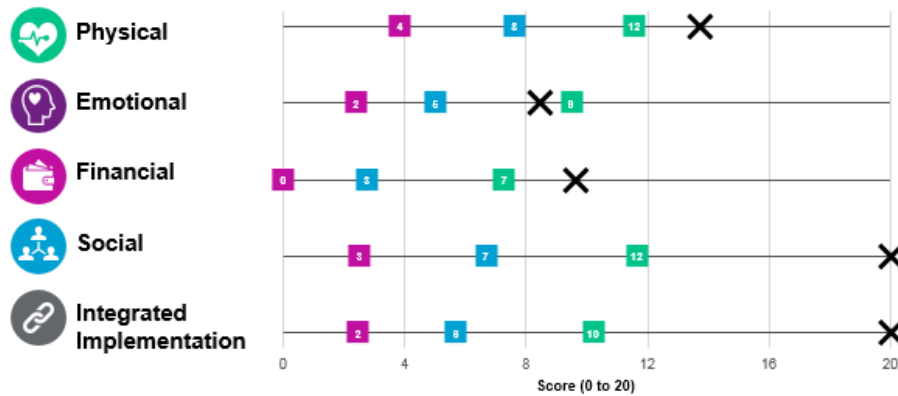
- Aon Benefit SpecSelect Benchmark database is also used to assess benefit program competitiveness
- Willis Towers Watson’s Health Management and Health Analytics consultants work to provide detailed benchmark studies and analysis to Ericsson’s benefits stakeholders. Examples and screenshots of the WTW health tools and scorecards delivered to Ericsson are below:

Exhibit F

Wellbeing Diagnostic Scorecard

Ericsson Inc. Wellbeing Diagnostic Score

Each of 5 diagnostic areas has 8 questions. The score for each area ranges from 0–20, creating an overall score range of 0–100.



KEY X = Client Diagnostic Score Market Percentiles: 25th 50th 75th

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Integrated Wellbeing Dashboard

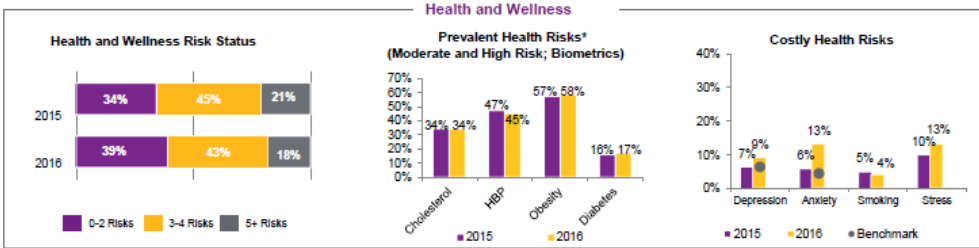
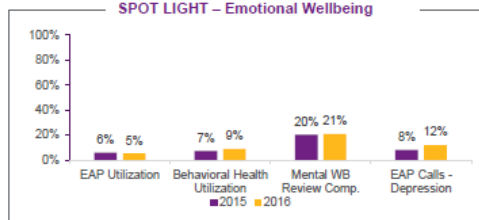
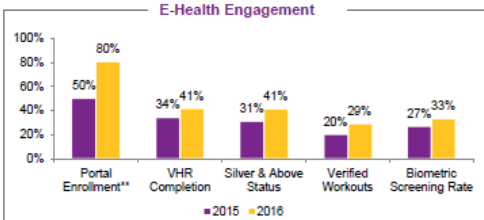
The exhibits below reflect the initial version of the dashboard prior to the implementation of the Artemis data warehouse. Ericsson and WTW will produce updated dashboards with more recent data in 2019/2020.

Exhibit G

Integrated Scorecard

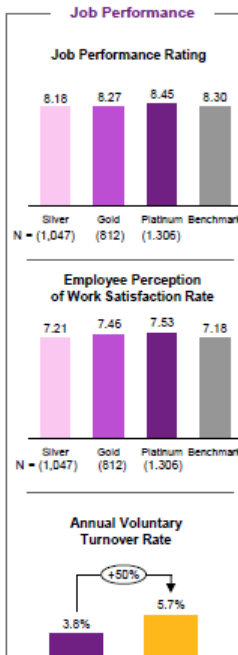
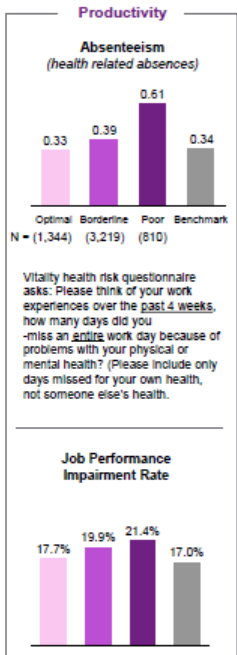
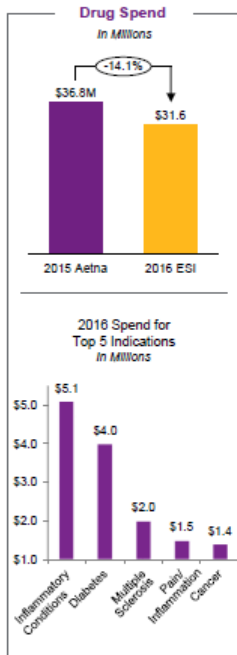
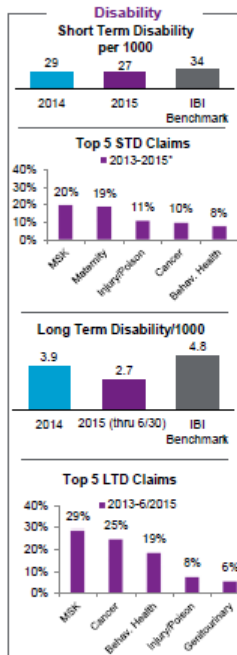
Key Takeaways

Wellness Engagement <ul style="list-style-type: none"> - Wellness enrollment and engagement have increased. - Behavioral health incidence and needs are on the rise. 	Employee Health Risks <ul style="list-style-type: none"> - More than 60% have more than health 3 risks - Obesity and diabetes are on the rise 	Top Conditions <ul style="list-style-type: none"> - Disability and Rx data indicates musculoskeletal and cancer are top conditions - Behavioral health is a top condition for disability 	Human Capital <ul style="list-style-type: none"> - There has been an increase in employee turnover, while employee satisfaction us relatively unchanged with a "medium" rating
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Notes
*CY2016 data not available at time of dashboard development

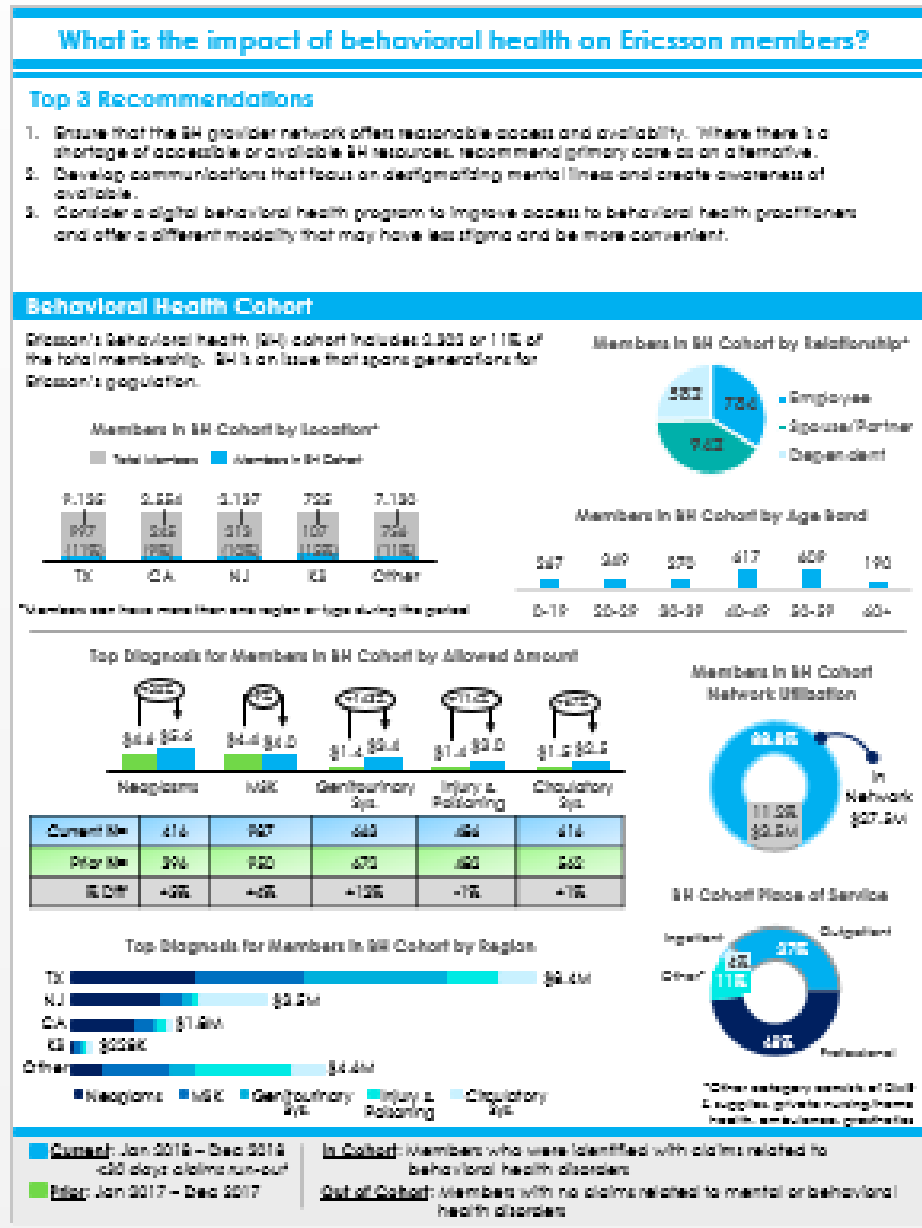
- In addition to the resources provided by Willis Towers Watson, Ericsson also receives scorecards and program performance analytics from third-party entities like the American Heart Association's Health Achievement Index. See screenshots of Ericsson's dashboard results below:

Exhibit H



- The recent implementation of the Artemis Data warehouse in 2018 has added rigor and efficiency to Ericsson's overall measurement strategy. The data warehouse provides regular reporting on benefits performance with actionable insights to close health gaps and optimize benefit performance. Sample screenshots of Ericsson's data warehouse outputs are included below for reference:

Exhibit I



Section III: Evaluation Methodology & Business Case Results (maximum - 3,000 words):

The most important criteria for the Koop Award are demonstrating (1) high levels of year-round engagement in the health promotion program; (2) positive health improvements in the target population; and (3) direct linkage of engagement and health improvements to business outcomes most important to the organization. *The most common reason for not winning the Koop Award is failure to provide a detailed description of evaluation methods, so it is especially important that you clearly describe the methodology used to evaluate each of the outcomes and how each is attributable to your health promotion program(s).*

Common sources of data include (but are not limited to):

- Health Risk Assessments (HRA)
- Employee Surveys
- Medical Claims
- Short-Term Disability Claims
- Workers' Compensation Records
- Absenteeism Records
- Presenteeism Surveys
- Net Promoter Scores

Trend Analyses:

Please provide multi-year data. We recommend a minimum of one baseline year and three intervention years of data. Comparisons to external norms, particularly those adjusted to the demographics of your population are desirable. Reports of net cost savings for shorter intervention periods must be particularly well documented to be considered credible.

Please provide a maximum of six (6) tables and/or figures documenting, for example, program participation, health improvements, cost savings, or other business results. For each key variable assessed, you are encouraged to complete a table (see appendix) - insert an additional column for each variable. If you are evaluating multiple variables and cannot fit all the information in one table, please feel free to use multiple tables. *Note: Using the table format provided in the appendix will not be counted in the six-table limit.*

A. Program Participation & Engagement:

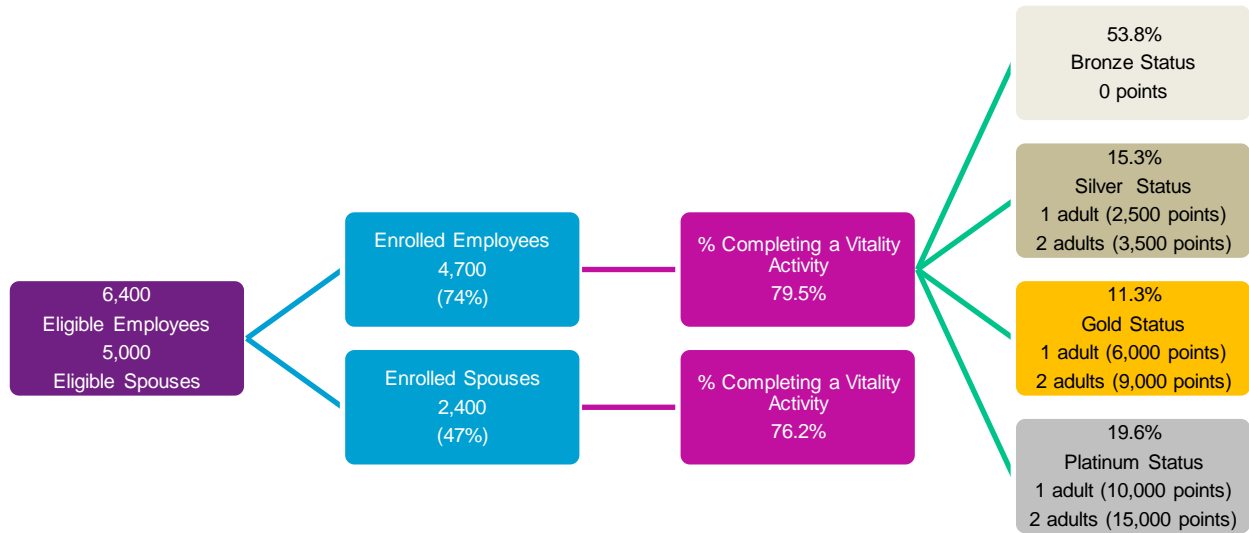
Descriptive statistics regarding participation for the entire eligible population are required. To fully describe participation, you are encouraged to provide a "participation cascade" (otherwise referred to as an attrition table) that shows the number of employees eligible for the program, the number enrolled, the number who became "engaged," and the number who are long-term participants. Please provide overall participation and engagement information, as well as participation in specific elements of your program including (where appropriate) health assessments, biometric screenings, coaching, fitness centers, medical clinics, EAP, campaigns, or other health promotion activities. Include "raw" numbers (N's) related to program participation (overall and by element) along with percentages. Data and results based on the entire employee population, plus any cohort group subset followed over the entire study period, are requested. Also, programs that engage both employees and their dependents are considered favorably based on evidence of greater effectiveness.

Section III. A: Program Enrollment and Participation

Part I: Retrospective Review of Program Results and Outcomes

The following exhibit shows 2018 E-Health and Vitality platform eligibility, enrollment and engagement counts by status levels:

Exhibit J



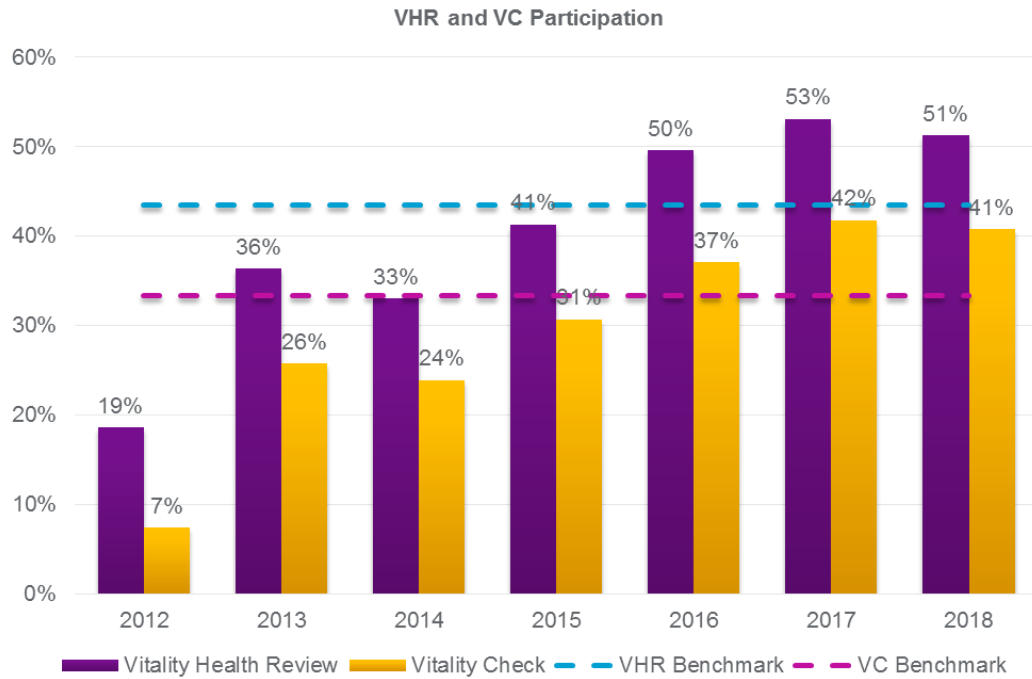
In 2018, 74% of all employees, and 47% of all spouses, registered for the E-Health program and completed at least 1 E-Health activity. Ericsson’s participation and engagement numbers are significantly above WTW’s benchmarks and speak for the program’s high performance year-over-year.

A full list of all E-Health (including Vitality) activities is available in the appendix; 2019 Ways to earn Vitality Points chart.

Biometric Screenings and Health Risk Assessment

As previously mentioned, Ericsson’s E-Health program places a significant emphasis on prevention by offering onsite and offsite biometric screenings (Vitality Check) and a Health Risk Assessment questionnaire (Vitality Health Review). Participation in these programs provides members with valuable insights on their overall health risks and a personalized set of program recommendations to further improve individual health. Since program inception in 2012, Ericsson has achieved significant year-over-year improvements in Vitality Health Review and Vitality Check completions as summarized in the exhibit below:

Exhibit K



Other E-Health Activities

Ericsson’s E-Health program offers a comprehensive list of activities that engage members and work to improve physical, emotional, social and financial health. Ericsson sees year-over-year increases in overall activity and has seen a significant uptake in new program offerings.

For example, Ericsson expanded their current financial wellness offering in 2018 and saw a participation increase of 73%. Furthermore, Ericsson rolled out a new weight management program in 2018 that successfully engaged 221 members, translating to a 79% increase in participation from the previous offering. Ericsson has also seen a steady increase in flu shot participation, with a 15.3% increase from 2017 to 2018. Additional details on Ericsson’s successful E-Health program engagement for employees and spouses/domestic partners can be seen in the Table below:

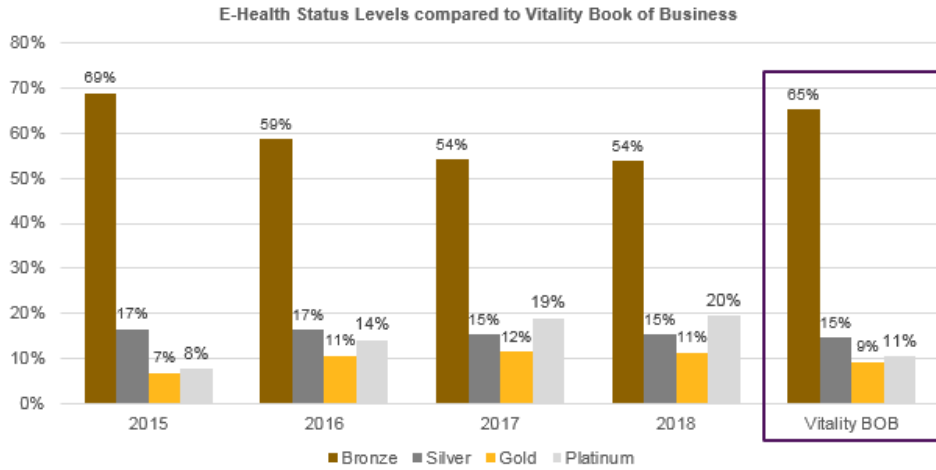
Exhibit L

	2015	2016	2017	2018
Education				
Online Course Completions	12.6%	13.1%	14.6%	15.7%
Action Sets and Decision Points	10.8%	11.3%	11.8%	12.7%

Calculators	12.0%	12.6%	13.2%	14.2%
Health FYI Webcasts	8.9%	9.2%	11.8%	12.1%
CPR/First Aid Certifications	0.9%	1.0%	1.7%	1.8%
Physical Activity				
Verified Workouts	28.3%	29.3%	36.2%	36.9%
Verified Workouts - Reasonable Alt.	0.0%	0.0%	0.0%	0.0%
Athletic Events	3.0%	3.1%	2.3%	2.5%
Sports Leagues	1.1%	1.1%	0.9%	0.9%
Self-Reported Activities	5.4%	5.5%	4.9%	5.1%
Prevention				
Health Screenings	—	—	7.9%	8.8%
Mammogram (1)	10.9%	12.9%	—	—
Pap Smear (1)	11.8%	13.2%	—	—
Colorectal Screening	3.6%	3.8%	—	—
Flu Shots	12.7%	13.4%	9.1%	10.5%
Annual Dental Checkup	59.2%	59.2%	58.1%	59.7%
Goals				
Goal Check-ins	12.9%	13.1%	15.5%	15.7%
Employer Specific				
Workplace Programs	—	—	7.0%	7.0%
Financial Health	—	—	2.6%	4.4%
Healthcare Support	—	—	3.7%	4.4%
Employer Sponsored Events	16.4%	17.3%	17.2%	17.8%
Other				
Vitality Squares	18.8%	19.4%	24.1%	24.5%
HealthyFood Purchases	3.8%	3.9%	4.6%	4.6%
HealthyMind: Sleep Well	—	—	5.0%	5.4%
HealthyMind: Meditation	—	—	4.4%	4.7%
Living Smoke Free	1.3%	1.3%	0.3%	0.3%

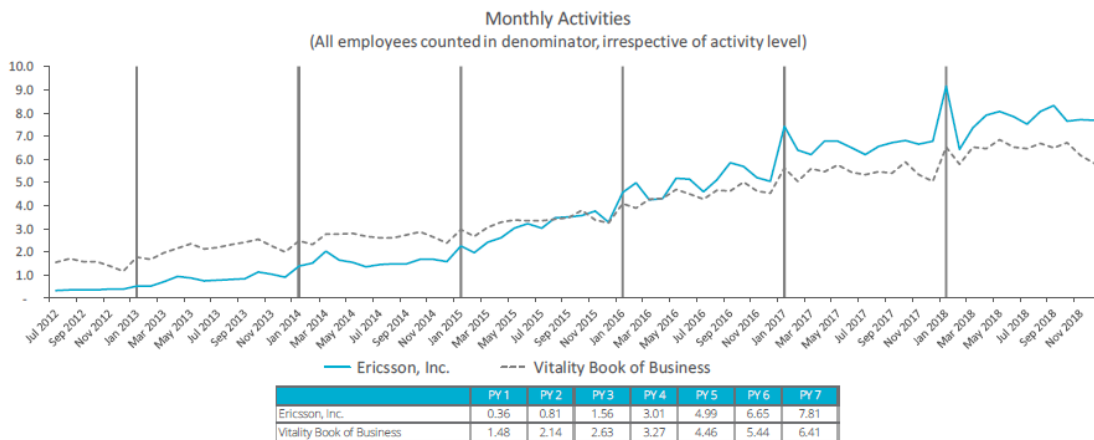
As a result of growing participation, Ericsson's population has successfully achieved higher status levels as detailed in the chart below. From 2015 to 2018, the number of members reaching Gold has almost doubled, while the number of participants reaching Platinum is close to three times that of earlier years. As a result of an increase in overall status distribution among the highest levels, the number of members with Bronze status has decreased, confirming that Ericsson members are completing more healthy activities over the course of the program year.

Exhibit M



Further evidence supporting the progressive increases in Ericsson’s program engagement over the 6-year program history can be seen in the chart below: this clearly highlights the increase in the average number of monthly Vitality activities from 0.36 activities per employee per month in July of 2012 (below Vitality’s benchmark of 1.48) to 7.81 activities per month (above Vitality’s benchmark of 6.41). Note that the biometric screenings and health assessments are not included in the numerator of this metric – this is based on additional activities which require long term sustainable engagement which makes it an even stronger indicator of downstream program engagement.

Exhibit N



E-Health Program Impact on Health Outcomes

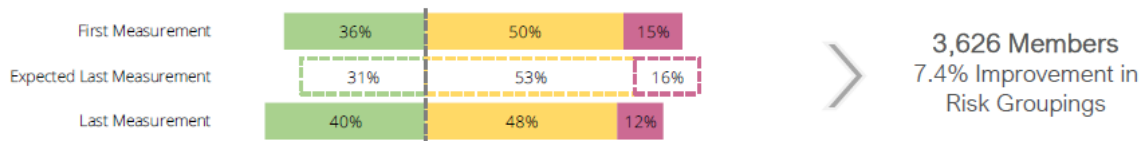
Vitality conducted a retrospective review of risk grouping transitions for E-Health members who have been enrolled in the program for an average of 4.4 years. The objective of this 2018 study was to compare how most risk stratifications for a cohort of 3,626 members changed over time from the first measurement to the last measurement of biometric risk factors and lifestyle risks.

A combination of biometric risk (BMI, systolic blood pressure, total cholesterol, and fasting glucose) from the Vitality Check and lifestyle risk factors (alcohol consumption, physical activity, fruit and vegetable consumption, stress, tobacco use) from the Vitality Health Review was used to stratify the study group into these risk groups:

- 0 – 2 risks (low)
- 3 – 4 risks (medium)
- 5+ risks (high)

Results: A comparison of the First Measurement and Last Measurement indicated the following desired risk transitions – a 4 point increase in the low risk group, a 2 point decrease in the medium risk group and 3 point decrease in the high risk group.

Exhibit O



Granular data

Biometric Risk Factors	+ Lifestyle Risk Factors
Body Mass Index	Alcohol consumption (frequency per week)
Systolic Blood Pressure (mm Hg)	Physical Activity (average minutes per week)
Total Cholesterol (mg/dL)	Fruits and vegetables (daily servings)
Fasting Glucose (mg/dL)	Stress (Kessler score)
	Tobacco Use



Classified by number of health risks



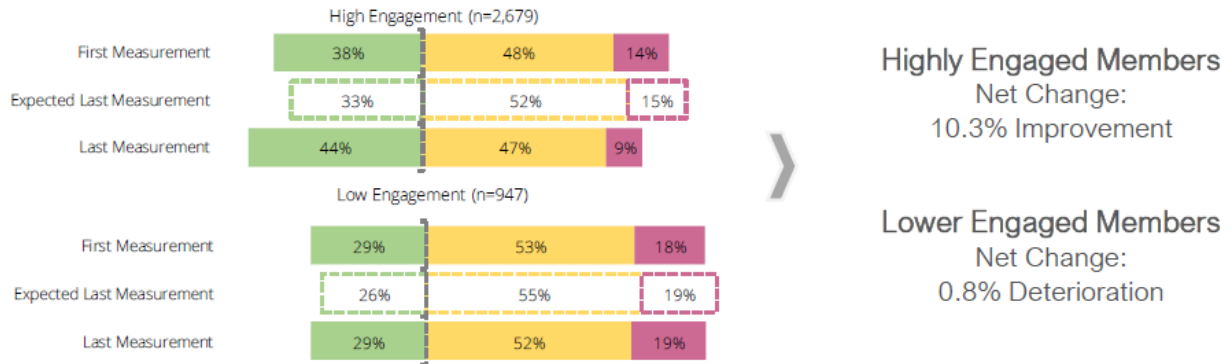
Notes

- Members aged an average of 4.4 years between first and last measurements.
- Combined Risk Factor Transition methodology is defined in the Appendix.

3

The risk transitions for “highly engaged” Ericsson cohort (n = 2,679) was also compared to the “lower engaged” Ericsson cohort. In this specific study, highly engaged was defined as Gold and Platinum status while lower engaged was defined as Bronze and Silver status. A comparison of first measurement and last measurement for both groups revealed that highly engaged members showed significant risk transitions to lower risk levels (high risk decreased by 5 points, medium risk decreased by 1 point, while low risk increased by 6 points), while the lower engaged member risk stratification remained relatively stable.

Exhibit P

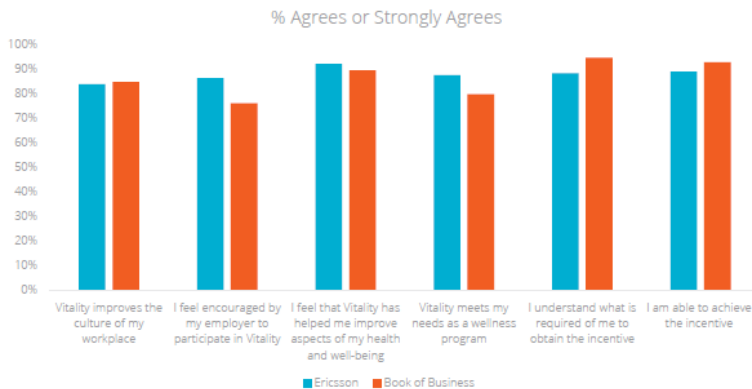


E-Health Program Impact on Key Business Indicators

The E-Health wellbeing program has also delivered desired outcomes from a VOI (Value-on-Investment) perspective. In a recent 2018 Member Survey conducted by Vitality (respondents = 648) about 90% of respondents said the program slightly or completely motivated them to achieve their wellness goals. The same survey revealed that overall program satisfaction was rated as 8 out of 10.

Exhibit Q

E-Health Member Survey



- 1st Member Survey conducted in 2018
- 648 members responded
- Most respondents were employees that have participated for at least 3 years.

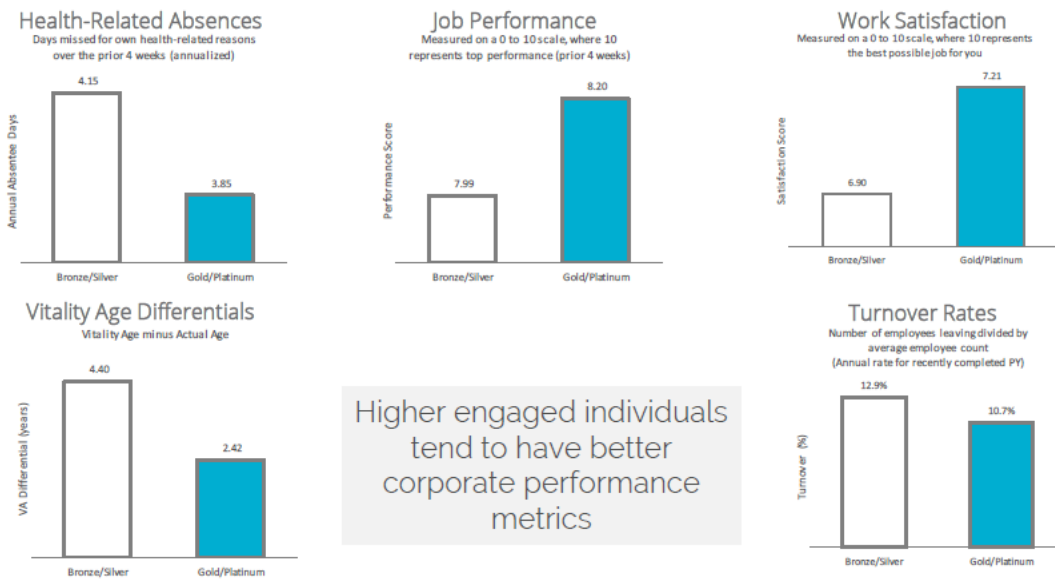
Overall satisfaction with Vitality: 8.38 on a scale from 1-10 9

About 85% of Ericsson survey respondents confirmed that the wellness program meets their needs compared to the Vitality benchmark of approximately 80%. Ericsson's results are even more impressive when compared to Willis Towers Watson's Global Benefits Attitudes Survey in 2017, which reported that only 66% of employees agree that their employer-offered wellness programs meet their needs.¹⁰

Higher engagement in the E-Health program was also strongly correlated with better business performance and VOI metrics such as productivity (absence), job performance, work satisfaction, and turnover rates. E-Health participants at Gold and Platinum status levels missed 1 fewer day of work, had higher job performance ratings, were more satisfied with their jobs and had lower turnover. Absence, turnover, job satisfaction and job performance insights came from the Vitality Health Review data and turnover data was calculated based on member census file data.

Exhibit R

Vitality Status Corporate and Health Characteristics



B. Health Impacts:

Examples of common key impact variables:

- Weight management
- Smoking cessation
- Physical activity
- Healthy eating
- Blood pressure management
- Healthcare utilization/cost
- Absenteeism
- Disability
- Safety incidents

C. Business Outcomes—Cost Savings & Financial Impact:

Examples of common key impact variables:

- Health care utilization/cost
- Productivity
- Employee engagement
- Safety
- Turnover/retention
- Job satisfaction/morale
- Organizational commitment
- Corporate reputation

Section III.B: E-Health Health Impact and Health Outcomes

Part II: Quasi-experimental matched cohort analysis to demonstrate how participation in the E-Health Wellbeing Program is correlated with lower medical cost trend and healthy behaviors

Study Objective:

- Willis Towers Watson performed a matched case cohort analysis to assess the differences in E-Health participants vs. non-participants across key health care costs and utilization metrics

Methodology and Background:

- Analysis cohorts consisted of employees and spouses/domestic partners who were continuously enrolled in an Ericsson medical plan from 2016 through 2018
- The participant cohort was comprised of 4,377 members who achieved Silver, Gold and Platinum status from 2016 to 2018
- Meaningful participation was defined as a Vitality status of Silver, Gold or Platinum (participants)
- Non-meaningful participation was defined as Vitality status level of Bronze or not enrolled (non-participants)
- The non-participant cohort included a “digitally-matched group” of 4,377 members who were either unenrolled in the E-Health program or at Bronze status from 2016 to 2018
 - Matching was performed separately for males and females
 - Matches for participants were drawn without replacement from the non-participant pool
 - The 2016 through 2018 data reflects the same matched pairs for each measurement year
- Each participant was matched to a non-participant based on age, gender and risk status
 - Risk score was calculated using the John Hopkins ACG Risk Score
- Metrics were analyzed using the difference-in-difference method. As the name implies, two differences were computed:
 - Difference-in-difference: this refers to the differences between each Participant and the matching Non-Participant. For each metric, we calculated the difference between 2018 and the 2016 baseline. When that variance was obtained, we calculated the difference between the participant variance and the non-participant variance.

Data Sources:

- Data for this analysis came from eligibility data, medical plans, prescription benefit plan, Vitality participation and engagement and employee census files
- All of this data captured from 2016 – 2018 was analyzed using Ericsson’s data warehouse tool administered by Artemis Health

Study Results:

- **Costs:**
 - The study showed that the participant cohort was less expensive than the non-participant cohort. To be specific, the participant cohort’s per member per year (PMPY) medical costs were \$230.56 lower than the non-participant cohort for the three years in the analysis. The analysis also revealed that the cost increases per member per year (PMPY) were far more significant for the non-participant cohort based on the difference-in-difference analysis.
 - Similarly, the participant cohort’s per member per year (PMPY) RX costs were \$153.94 lower than the non-participant costs for the three years in the analysis. While 2018 RX

costs decreased for both cohorts compared to baseline (2016), the decrease for non-participants was more significant as illustrated by the difference-in-difference analysis.

Exhibit S

Per Member Per Year Allowed Claim Amounts (Medical Claims)				Difference in Difference between 2016 and 2018)	3 Year Average Difference
	2016	2017	2018		
Participants	\$4,317.93	\$4,807.74	\$4,907.57	\$589.64	-
Non-Participants	\$4,447.31	\$5,208.59	\$5,069.02	\$621.71	-
Difference (%)	-3%	-8%	-3%	-5%	-5%
Difference (\$)	-\$129.38	-\$400.86	-\$161.46	-\$32.08	-\$230.56
Per Member Per Year Allowed Claim Amounts (RX Claims)				Difference in Difference between 2016 and 2018)	3 Year Average Difference
	2016	2017	2018		
Participants	\$1,387.85	\$1,308.13	\$1,280.61	-\$107.24	-
Non-Participants	\$1,526.65	\$1,449.10	\$1,462.65	-\$64.00	-
Difference (%)	-9%	-10%	-12%	68%	-10%
Difference (\$)	-\$138.79	-\$140.97	-\$182.04	-\$43.25	-\$153.94
Per Member Per Year Allowed Claim Amounts (Med & Rx)				Difference in Difference between 2016 and 2018)	3 Year Average Difference
	2016	2017	2018		
Participants	\$5,705.78	\$6,115.87	\$6,188.18	\$482.40	-
Non-Participants	\$5,973.96	\$6,657.70	\$6,531.68	\$557.72	-
Difference (%)	-4%	-8%	-5%	-14%	-6%
Difference (\$)	-\$268.17	-\$541.83	-\$343.50	-\$75.32	-\$384.50

Study Results:

Results of the analysis indicate that participants performed better than non-participants across these metrics:

- Admits per 1000
- Inpatient Average Length of Strength
- ER Visits
- Avoidable ER visits
- Office Visits
- Preventive Care Visits

Exhibit T

Hospital Admissions Per 1,000				Difference in Difference between 2016 and 2018)	3 Year Average Difference
	2016	2017	2018		
Participants	38.59	42.12	47.00	8.41	-
Non-Participants	34.47	47.08	48.06	13.59	-
Difference (%)	12%	-11%	-2%	-38%	0%
Difference (#)	4.13	-4.97	-1.06	-5.18	-0.63
Average Length of Stay (ALOS) for Admissions				Difference in Difference between 2016 and 2018)	3 Year Average Difference
	2016	2017	2018		
Participants	3.55	3.38	3.20	-0.35	-
Non-Participants	4.22	3.80	4.60	0.38	-
Difference (%)	-16%	-11%	-30%	-192%	-19%
Difference (#)	-0.67	-0.42	-1.40	-0.73	-0.83
Emergency Room Visits Per 1,000				Difference in Difference between 2016 and 2018	3 Year Average Difference
	2016	2017	2018		
Participants	90.90	99.80	78.25	-12.65	-
Non-Participants	104.36	115.99	101.02	-3.34	-
Difference (%)	-13%	-14%	-23%	279%	-16%
Difference (#)	-13.45	-16.18	-22.76	-9.31	-17.47
Avoidable Emergency Room Visits Per 1,000				Difference in Difference between 2016 and 2018	3 Year Average Difference
	2016	2017	2018		
Participants	4.87	7.43	4.80	-0.07	-
Non-Participants	5.62	8.63	6.95	1.32	-
Difference (%)	-13%	-14%	-31%	-105%	-19%
Difference (#)	-0.75	-1.20	-2.14	-1.39	-1.36
Office Visits Per 1,000				Difference in Difference between 2016 and 2018	3 Year Average Difference
	2016	2017	2018		
Participants	1,009.1	1,001.4	1,048.6	39.55	-
Non-Participants	1,019.7	1,002.8	1,046.7	27.01	-
Difference (%)	-1%	0%	0%	46%	0%
Difference (#)	-10.63	-1.34	1.90	12.54	-3.35
Percentage of Annual Preventive Exam Compliance				between 2016 and 2018 (in PP)	3 Year Average Difference
	2016	2017	2018		
Participants	49.3%	53.3%	48.5%	-0.80	-
Non-Participants	37.7%	44.2%	41.3%	3.63	-
Difference (% Points)	11.58	9.05	7.15	-4.43	9.26

Finally, please note any limitations of your program, data, methods, or presentation of results at the conclusion of this section.

Study Limitations:

- The E-Health program was launched for Ericsson’s US employees in 2012. However, given changes in medical plan sponsors and subsequent archiving of data, the study analysis could not go back to 2012. Rather, the analysis reflects all data available through Ericsson’s data warehouse tool, which begins with 2016 data.
- Attempts were made to control for selection bias through propensity score matching participants and non-participants. That said, propensity bias cannot correct for metrics that are not assessed, such as member motivation.
- Through the 1:1 propensity matching process, high-cost claimants were inherently matched with high-cost claimants. However, high-cost claimants were not excluded from the cohorts nor were their costs truncated.
- Statistical tests for significance were not performed on the results.
- Our research focused on evaluating any correlation between E-Health program engagement and medical costs/utilization. Our study did not include an analysis of biometric data due to the lack of sufficient biometric data for the non-participant group. Specifically, 2,885 members of the 4,377 participant group had biometric data compared to only 60 members of the 4,377 non-participant group for all 3 years. However, a summary review of the available biometric data revealed that average biometric values for participants were generally healthier (as defined by CDC guidelines)³ than non-participants. See below:

Exhibit U

Average Biometric Results for Participants vs. Non-Participants							
Biometric Results	Normal Ranges (CDC Recommendation)	2016		2017		2018	
		Participants	Non-Participants	Participants	Non-Participants	Participants	Non-Participants
Diastolic Blood Pressure	<80 mmHg	73	82	73	74	73	74
Systolic Blood Pressure	<120 mmHg	115	126	116	117	116	117
Total Cholesterol	<200 mg/dL	187	206	187	190	187	189
HDL Cholesterol	>60 mg/dL	53	48	54	50	54	51
LDL Cholesterol	<100 mg/dL	111	129	111	116	112	114
Triglycerides	<150 mg/dL	119	153	119	132	115	127
Body Mass Index	18.5 – 24.9	26	30	26	27	26	27
Fasting Glucose	<99 mg/dL	92	99	93	94	94	92

Exhibit V

Study Appendix – Key Variable Table	Description
Evaluation Design	<ul style="list-style-type: none"> ▪ Retrospective Aggregate Data Review (Descriptive Analysis) and ▪ Matched Case Cohort Study
Number of Participants	<ul style="list-style-type: none"> ▪ 4,377 members (employees and spouses) with meaningful participation (Silver, Gold and Platinum) in the participant cohort ▪ 4,377 members (employees and spouses) with non-meaningful participation (unenrolled and Bronze) in the non-participant cohort
Participant Selection Method	<ul style="list-style-type: none"> ▪ Participants were matched to non-participants based on age, gender and risk score ▪ Cohorts tracked from 2016 to 2018
Control/Comparison Group	<ul style="list-style-type: none"> ▪ Control Group = Non-participants ▪ Treatment Group = Participants
Key Outcomes and Results	<ul style="list-style-type: none"> ▪ Participants had lower health care costs and were better health care consumers than non-participants based on key utilization metrics
Analysis (what statistical procedures were used)	<ul style="list-style-type: none"> ▪ Matched Case Cohort analysis ▪ Comparison of costs and utilization metrics for both populations ▪ Difference-in-difference analysis applied to compare the changes in the participant group from the changes in the non-participant group
Publication	<ul style="list-style-type: none"> ▪ See citation table

Conclusion:

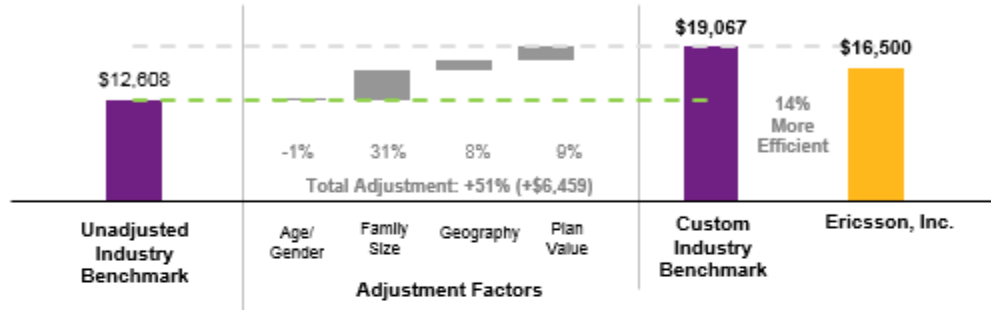
In conclusion, Ericsson’s application for the C. Everett Koop National Health Award presents evidence that the program is well integrated into our organization’s infrastructure and that it has yielded significant improvement in population health and noteworthy business results.

To supplement this application, we have included information below on Ericsson’s 2018 medical plan performance which provides important context. Our medical plans are 14% more efficient than the Telecom industry benchmark and 13% more efficient than the Technology industry benchmark. To determine “plan efficiency”, our Willis Towers Watson consultants adjusted the Per Employee Per Year medical costs benchmarks for the Telecom and Technology industry to align with Ericsson’s demographic, geographic and actuarial plan values. Ericsson’s PEPY medical costs were then compared to the adjusted industry benchmarks and revealed the results below:

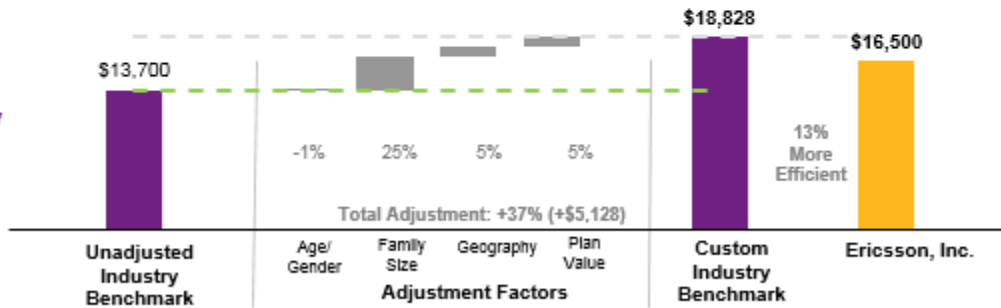
Exhibit W

Medical Cost Benchmarks Industry Efficiency

Telecom



Technology



 Your total program is 14% more efficient than the Telecom industry and 13% more efficient than the Technology Industry.

Citations:

- 1) 2019 Ericsson E-Health Vitality Ways to Earn Points chart
The Vitality Group, 2019
- 2) Best Practices in Health Care Survey, 2018; Willis Towers Watson
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- 3) Centers for Disease Control and Prevention. (2019). Normal ranges for biometric values
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<https://www.cdc.gov/diabetes/basics/getting-tested.html>
https://www.cdc.gov/dhdsp/data_statistics/fact_sheets/fs_cholesterol.htm
https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html
- 4) Infertility; Best Practices in Health Care Survey, 2018; Willis Towers Watson
<https://www.willistowerswatson.com/en-US/insights/2018/01/infographic-growing-number-of-employers-are-offering-fertility-benefits-to-support-retain-talent>
- 5) Healthiest Employer Awards in 2015 – 2016; Healthiest Employer LLC
<https://www.ericsson.com/en/careers/working-here/employer-awards/full-list>
- 6) Healthiest Employer Awards in 2017 – 2019; Healthiest Employer LLC
<https://www.bizjournals.com/kansascity/news/2019/02/22/2019-healthiest-employers-introduction.html>
- 7) Health Achievement Award in 2017 and 2018; American Heart Association
<https://www.heart.org/-/media/files/professional/workplace-health/2018-index-recognitions-v4.pdf?la=en&hash=86DE587A3F9395002F18F75529079EF4725323E5>
- 8) NASDAQ, Ericsson Stock Chart
<https://www.nasdaq.com/symbol/eric/stock-chart?intraday=off&timeframe=7y&charttype=line&splits=off&earnings=off&movingaverage=None&lowerstudy=volume&comparison=off&index=&drilldown=off&sDefault=true>
- 9) Forbes; The Best Employers for Diversity, 2019
<https://www.forbes.com/lists/best-employers-diversity/#483c81086468>
- 10) Willis Towers Watson's Global Benefits Attitudes Survey, 2017
<https://www.willistowerswatson.com/en-US/insights/2018/01/high-performance-insights-workforce-well-being>

Appendix



How to earn Vitality Points:

VITALITY ACTIVITIES

The charts below show the Vitality Points™ value of many activities available. Points shown are for an individual member in a program year. An eligible spouse can also earn points jointly for an even quicker increase in Vitality Status®.

POINTS PLANNER

The Points Planner under the Points tab on the Vitality website features tiles with all the categories in which you can earn Vitality Points. Choose the categories in which you are interested. Each houses activities that you can complete and shows how many points are available to you in that category. It's an interactive way to plan your Personal Pathway to better health.

Ways to earn Vitality Points

VITALITY REVIEWS

Activity	Points	Frequency
Vitality Health Review™ (VHR)	500	Once per year
VHR bonus: First 90 days	250	Once per year
Mental Well-being Review	75 per review	Three per year
Physical Activity Review	250	Once per year

PHYSICAL ACTIVITY

Activity	Points	Frequency
Self-reported workout	5	Once per day
Light workout	5	Once per day
Standard workout	10	Once per day
Advanced workout	15	Once per day
Sports league	350	Up to category max
Athletic event: level 1	250	Up to category max
Athletic event: level 2	350	Up to category max
Athletic event: level 3	500	Up to category max
Workout milestone bonus	varies	Up to category max
Category maximum: 7,000 points		
Max one workout per day. We will award only the highest level workout.		

PREVENTION

Activity	Points	Frequency
Health screening*	400	Once per year per screening
Dental check-up	200	Once per year
Flu shot	200	Once per year

* Health screenings include colorectal screenings, mammograms and Pap smears, and are subject to certain requirements.

VITALITY CHECK®

Activity	Points	Frequency
Body Mass Index (BMI)	125	Once per year
Blood pressure	125	Once per year
Cholesterol	125	Once per year
Fasting glucose/HbA1c	125	Once per year
BMI	1000	Once per year
Blood pressure	600	Once per year
Cholesterol*	600	Once per year
Fasting glucose/HbA1c	600	Once per year
Non-tobacco user	725	Once per year

* Total cholesterol or low-density lipoprotein (LDL)

A reasonable alternative standard is available when a member is unable to achieve in-range results.

GOALS

Activity	Points	Frequency
Goals check in	30 maximum	Once per week

ONLINE EDUCATION

Activity	Points	Frequency
----------	--------	-----------

Vitality is committed to helping members achieve their healthiest lives, and offers rewards to all members who participate in our wellness program. If for any reason, a member is unable to meet an outcome or health-contingent activity standard or its reasonable alternative under Vitality, a medical waiver is available.

www.PowerofVitality.com

2019 E-Health Points and Status

How to achieve Vitality Status:

VITALITY STATUS

Vitality Status is determined by the number of Vitality Points that you and your eligible spouse earn based on the activities in which you partake. There are four Vitality Status levels: Bronze, Silver, Gold and Platinum.

BRONZE	SILVER	GOLD	PLATINUM	
0 pts	2,500 pts	6,000 pts	10,000 pts	1 Adult
	3,500 pts	9,000 pts	15,000 pts	2 Adults

Interactive tools	75/calculator	Four per year
Online nutrition online courses	300/course	Three per year
Action Sets/Decision Points	50 each	Six per year
Health FYI Webcasts	50/webcast	Twelve per year

VITALITY HEALTHYFOOD®

Activity	Points	Frequency
Purchase qualifying foods	2 per item	Monthly (up to 50 points per month)

VITALITY HEALTHY MIND™

Activity	Points	Frequency
Sleep Well	300 maximum	Once per year
Mindfulness	200 maximum	Once per year

HEALTHY KIDS

Activity	Points	Frequency
Kids flu shot	200	Per child per year
Childhood immunization	400	Per child per year
Kids activities	350	Per child per year

OTHER ACTIVITIES

Activity	Points	Frequency
Vitality Squares™	varies	Once per month
Living Smoke Free	725	Once per year
E-Wealth Assessment	500	Once per year
E-Wealth Webinars	100	Twice per year
E-Wealth Call A Coach	100	Once per year
E-Wealth Personal checklist	50	Four per year
E-Health Coaching/Med Mgmt.	100	Four per year
E-Health Walking Day	100	Four per year
E-Health Webinars	100	Twice per year
E-Health Wellbeing Award	500	Once per year
Mindful Meditation Bonus	100	Once per month
Employer-sponsored activity		
Option 1	35	One per day
Option 2	50	One per day
Option 3	100	One per day
Option 4	150	One per day
Option 5	200	One per day
Option 6	250	One per day
Option 7	350	One per day
Option 8	500	One per day

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