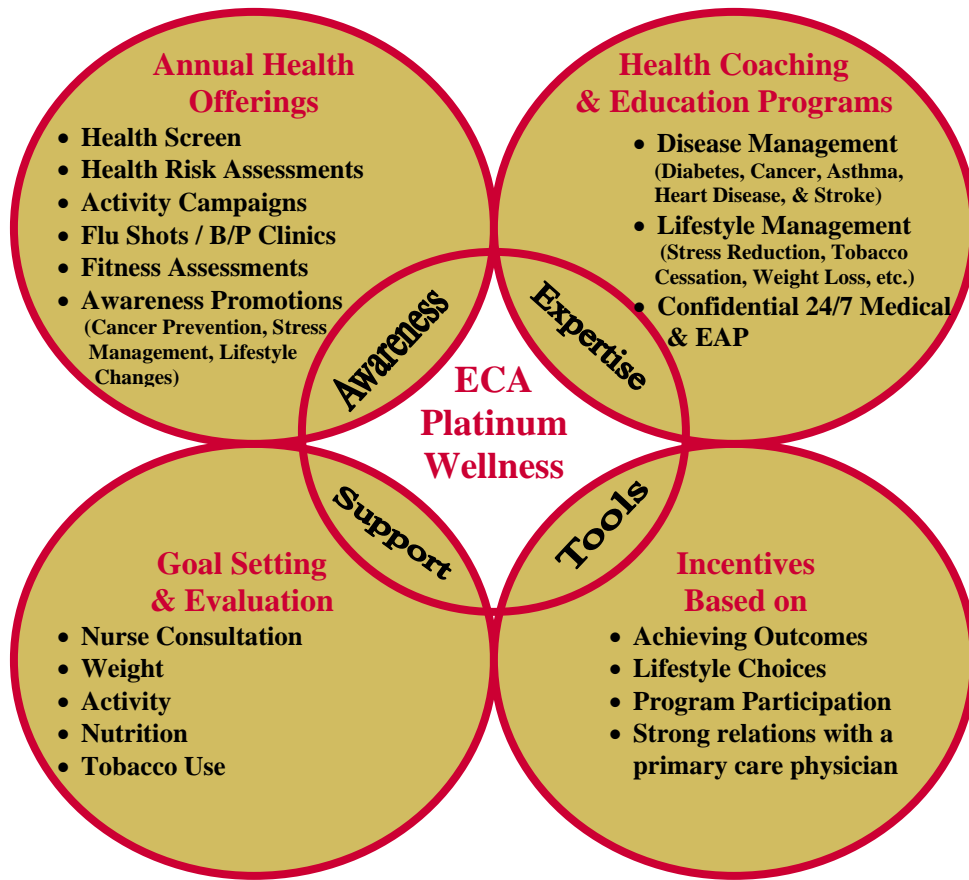


## OVERVIEW OF ECA'S WELLNESS PROGRAM AND PROGRAM DOCUMENTATION

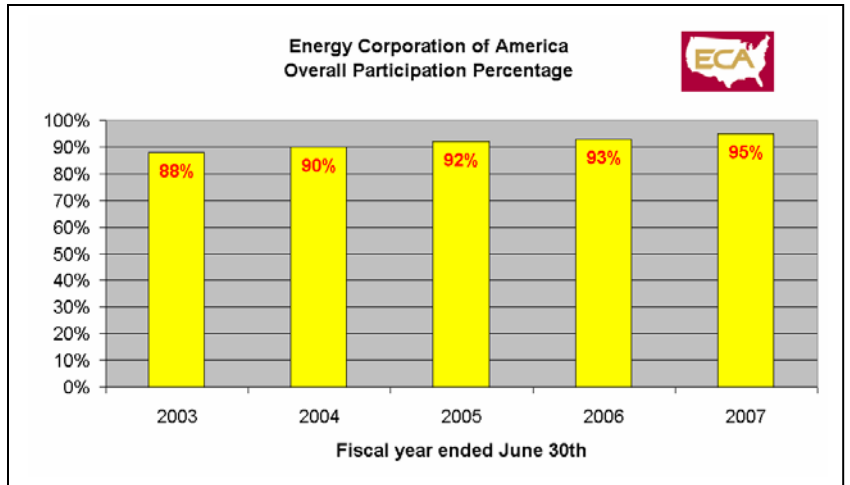


<b>Annual Health Offerings</b>	<b>Health Education &amp; Coaching Programs</b>
<ul style="list-style-type: none"> <li>• Health offerings are open to both employee and spouse.</li> <li>• Annual exam and preventive exams are paid for up to the \$300 by the company.</li> <li>• Flu shots and in 2009 the addition of pneumonia shots.</li> <li>• Fitness assessments in response to employee interest survey.</li> <li>• Biometric measurements, lab work, emotional and disease state assessments.</li> <li>• Professional experts available for year-round assistance.</li> <li>• PSA, mammogram, and pap smears.</li> </ul>	<ul style="list-style-type: none"> <li>• Includes free programs, products, and services for disease management, tobacco cessation products, personal/family financial management, Weight Watchers, and Curves discounts.</li> <li>• Awareness programs offered onsite at all locations annually and activity programs offered in both spring and fall.</li> <li>• Case management candidates are identified with disease conditions and at risk for disease progression.</li> </ul>
<b>Goal Setting &amp; Evaluation</b>	<b>Incentives</b>
<ul style="list-style-type: none"> <li>• Each participant develops annual personalized goals and actions plans for improving at risk behavior.</li> <li>• Equal and convenient access to wellness events and offerings.</li> <li>• Online, mail based, and worksite format can be self-directed with support tools and resources.</li> </ul>	<ul style="list-style-type: none"> <li>• Cash incentive provided annually to allow participants to earn back health care premiums.</li> <li>• Participation in programs earns cash, points, and prizes.</li> <li>• Platinum Score Card developed as a tool to promote awareness, community involvement and reward behavior change.</li> </ul>

## PROGRAM PARTICIPATION DOCUMENTATION

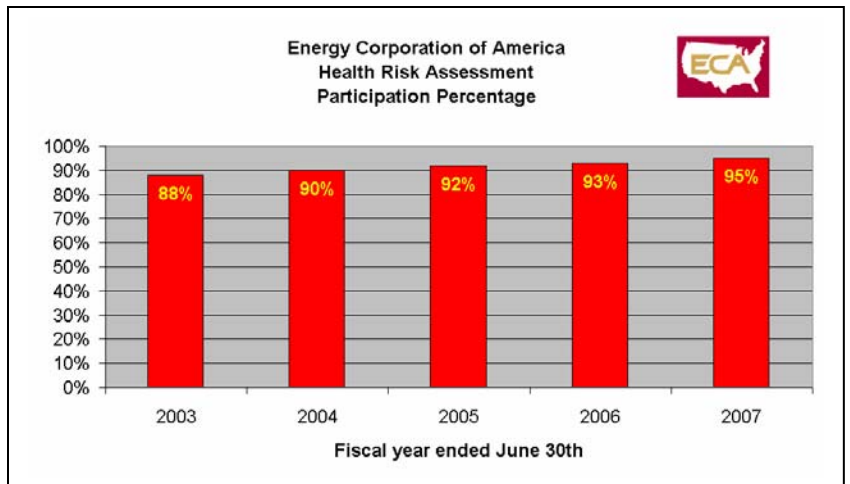
### OVERALL PARTICIPATION PERCENTAGE

Participation includes annual HRA, physical, health screen and nurse consultation at no cost to participant. High retention rate with average annual increase of 2%, and includes employee and spouse.



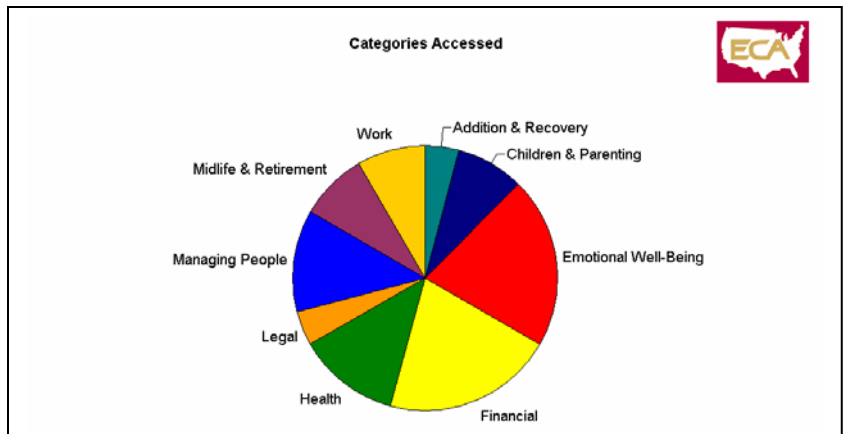
### HEALTH RISK ASSESSMENT

ECA provides an annual Health Risk Assessment for each participant, which provides the participant with their biometrics (weight, BMI, blood pressure), complete lab results (including glucose, lipid profile and CBC). ECA has achieved a 95% participation rate in 2007.



### EMPLOYEE ASSISTANCE PROGRAM (EAP)

ECA provides an EAP Program, which is available to all participants and families. The program offers advice and counseling in areas such as financial, emotional well being, work life, parenting, legal, retirement, stress management, addiction and recovery, and overall health.

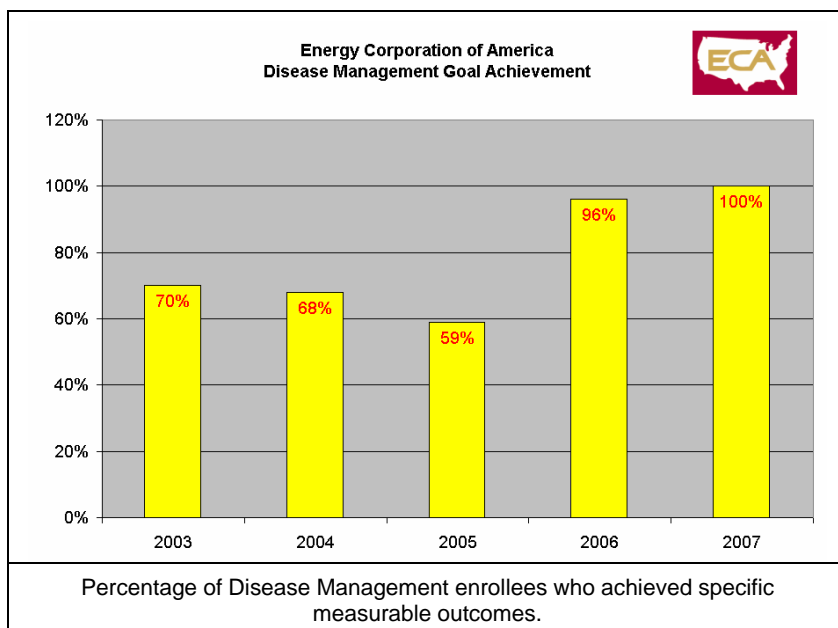


From 2005 through 2007 over 50% of ECA employees and families accessed the EAP annually to address at least one concern.

## PROGRAM PARTICIPATION DOCUMENTATION

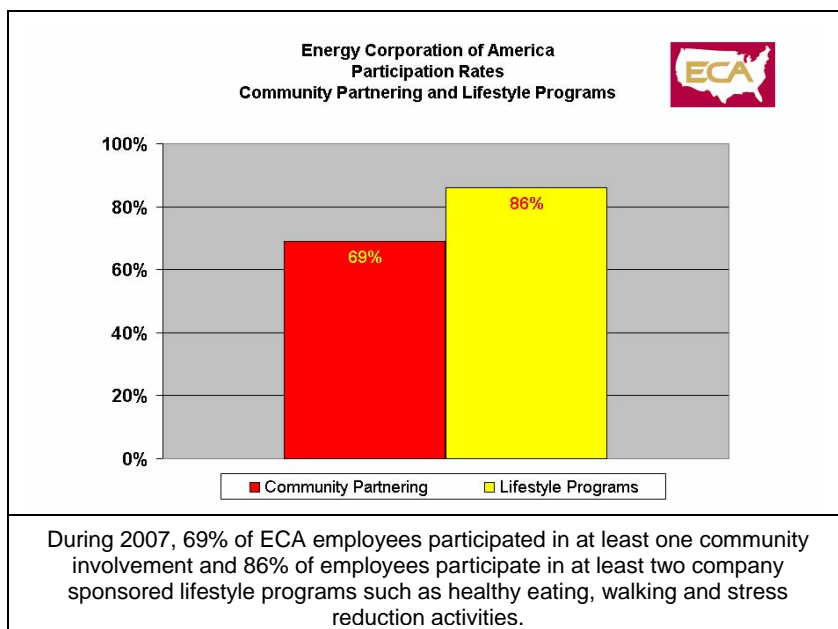
### DISEASE MANAGEMENT

- Prenatal risk screen and maternity management via the Maternity Management Program.
- Identification of potential high-risk patients via Risk Screen software.
- Disease management of individuals with chronic conditions.
- A member health resource website



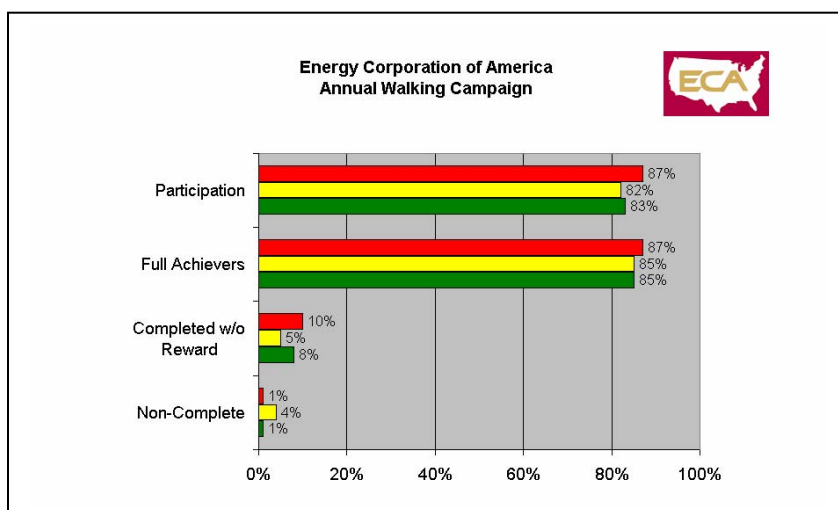
### COMMUNITY INVOLVEMENT

ECA encourages its employees to be active community members. ECA employees participate on charitable boards, school partnerships, American Heart Association functions, American Cancer Society, community youth athletics, Secret Santa, and partnerships with local government organizations. ECA through its foundation provides significant community financial assistance.



### ANNUAL WALKING CAMPAIGN

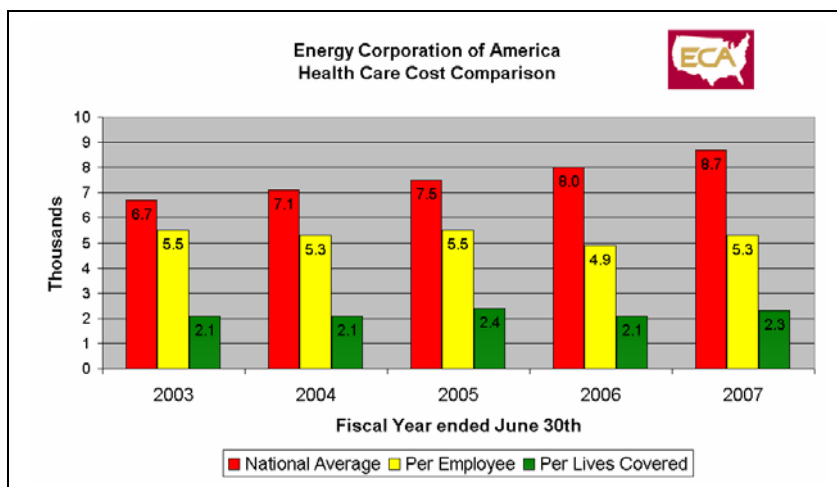
ECA sponsors an annual walking campaign, which lasts for 8 weeks, and each participant has a goal to walk 8,250 steps per day. Participants are provided a pedometer to measure their daily steps. Participation and goal achievement exceeds 85%.



## FINANCIAL IMPACT DOCUMENTATION

### HEALTH CARE COST COMPARISON ECA VS. NATIONAL

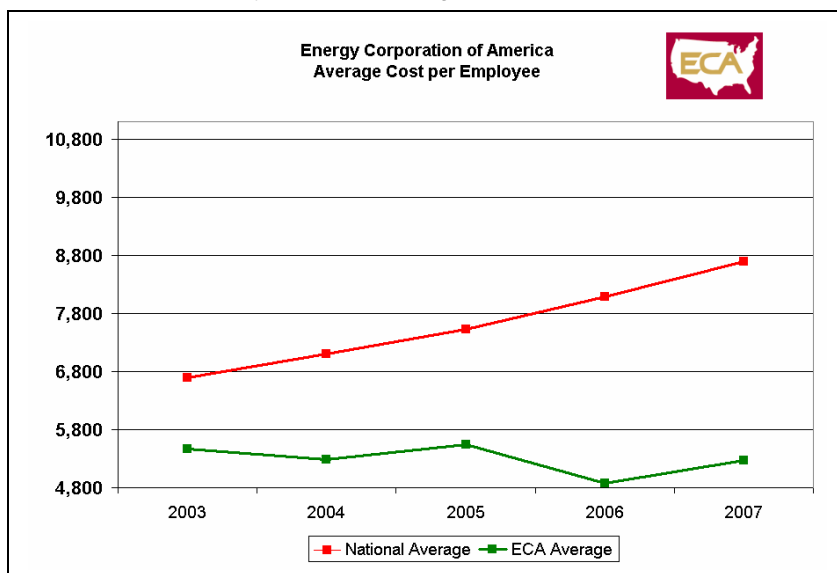
ECA is one of the few companies in the world who can demonstrate that its health care costs per employee have not increased for the past six years. This is a direct result of the wellness program. No significant changes were made to coverages under the medical and dental plan during the period.



Source: Mercer Study (National Average); ECA Actual Costs

### HEALTH CARE COSTS ECA – AVERAGE COST PER EMPLOYEE

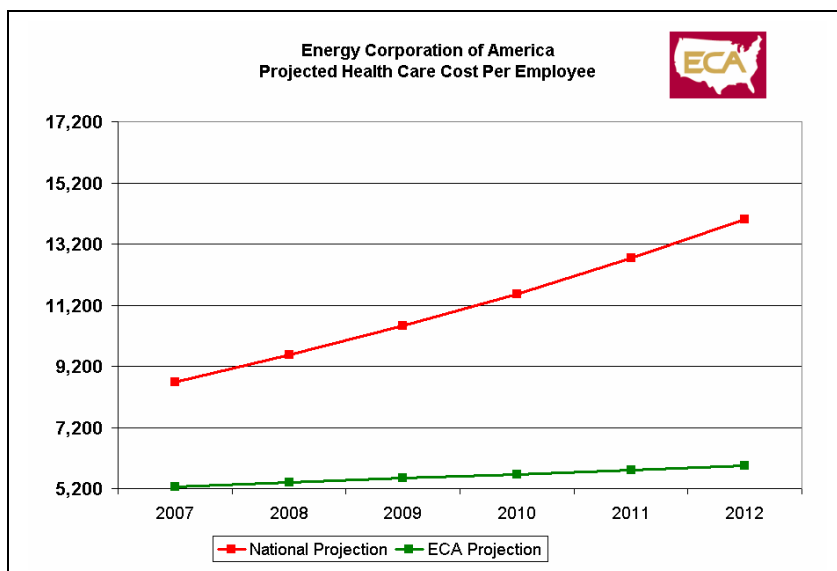
ECA's average health care cost per employee has remained constant over the past five years while the national average has increased 7 to 10% annually. In addition, ECA's starting point in 2003 is approximately 25% below the national average resulting in a key strategic advantage over ECA's competitors. ECA has achieved a ROI of greater than 2.50 during the five-year period.



Source: Mercer Study (National Average); ECA Actual Costs

### PROJECTED HEALTH CARE COSTS PER EMPLOYEE

ECA's strategic competitive advantage is best represented by the projected health care costs per employee. Based on the projection ECA's competitive advantage will increase to over \$8,000 per employee in 2012. ROI greater than 3.50 in every year.



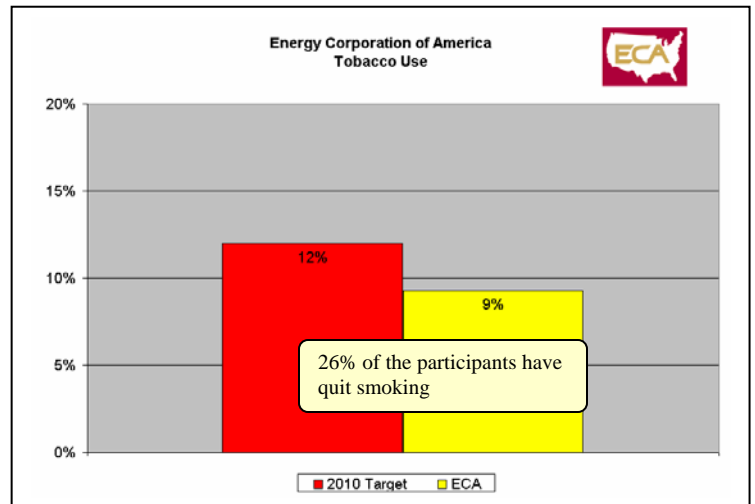
Source: Wellsteps.com LLC

# HEALTHY PEOPLE 2010 HEALTH PROMOTION TARGETS DOCUMENTATION

ECA currently meets or exceeds 6 out of the 8 2010 Health Promotion Targets. The bullets listed are programs ECA currently has in place.

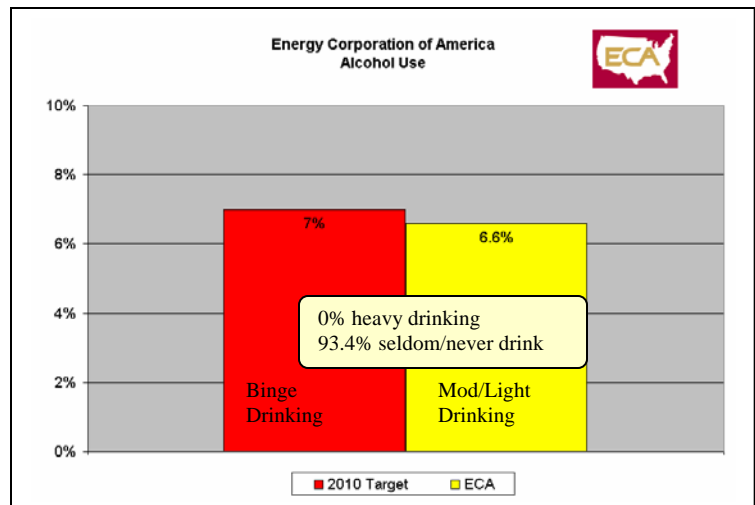
## TOBACCO USE

- Smoke free and tobacco free environment
- Enrollment into tobacco cessation program (Tobacco Solutions)
- Reimbursement for community classes and support groups
- Prescription reimbursement



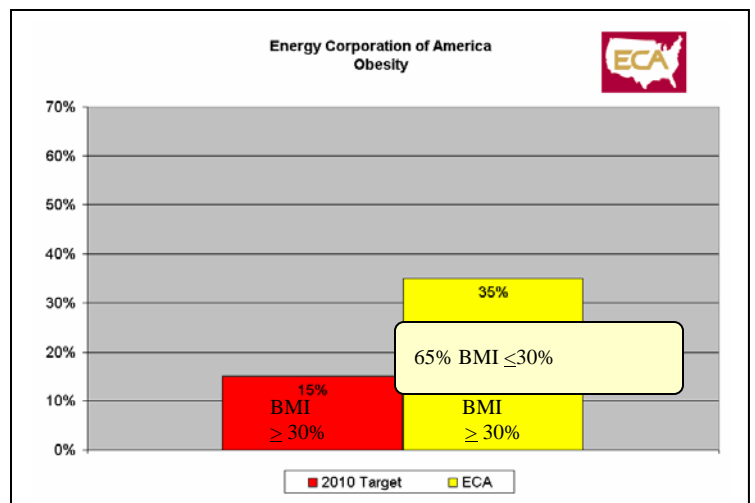
## ALCOHOL USE

- Alcohol and drug free workplace policy
- Referral and access to counseling online and in person
- Rehabilitation policy
- Drug and alcohol testing



## OBESITY

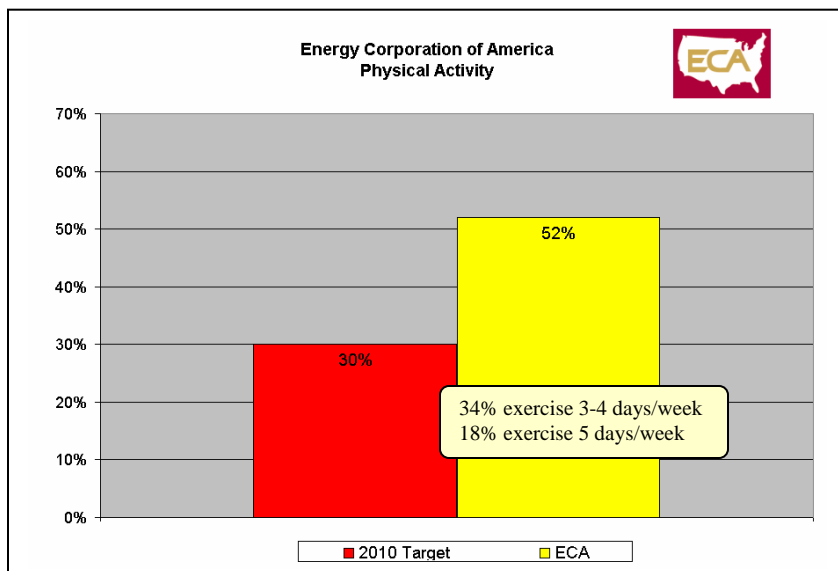
- Reimbursement for Weight Watchers and Curves
- Enrollment in health coaching
- Enrollment in Lifestyle Program
- Access to dietician



## HEALTHY PEOPLE 2010 HEALTH PROMOTION TARGETS DOCUMENTATION

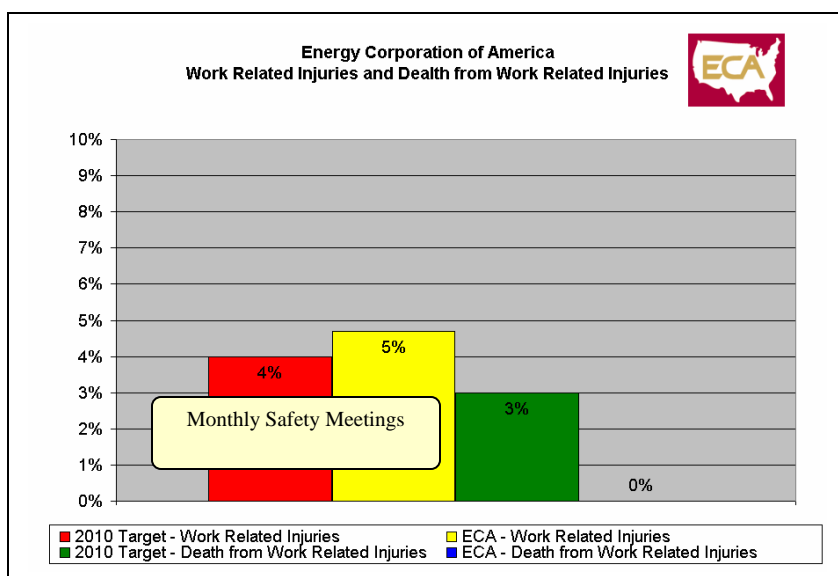
### PHYSICAL ACTIVITY

- Annual walking campaign
- Annual fitness assessment
- Reimbursement for Curves
- Access to fitness equipment



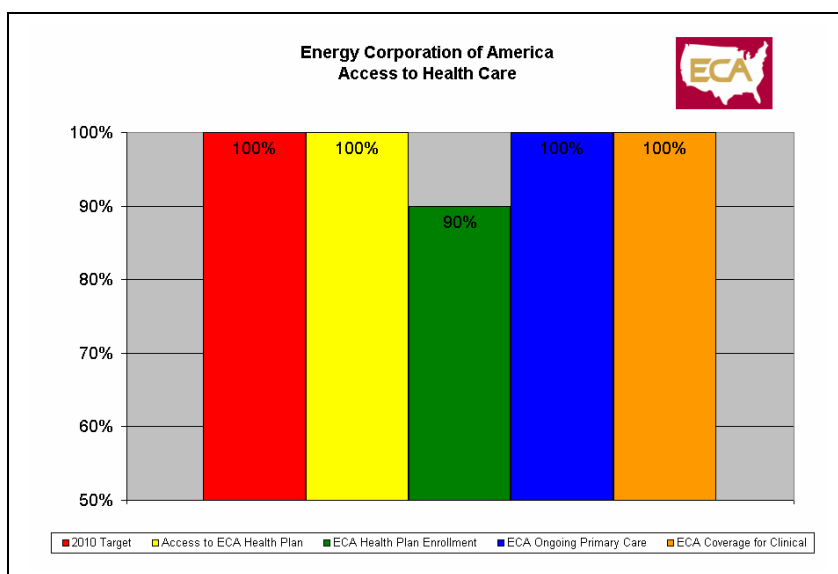
### WORK RELATED INJURIES AND DEATH FROM WORK RELATED INJURIES

- Safety/Emergency procedures
- Ergonomics
- Seatbelt policy



### ACCESS TO HEALTH CARE

- Annual health screen and physical
- Comprehensive medical and dental insurance provided to all full-time employees and their families
- ECA employees can choose from PPO or outside PPO physicians and providers
- Preventive services
- Low co-pays and deductibles, 100% paid preventive account, low maximum annual out-of-pocket limits, life insurance, disability insurance, dental coverage, prescription drug coverage, education assistance and dependent child college scholarships



## HEALTH IMPACT DOCUMENTATION

A Cohort Assessment of Multiple Health Screens was completed in September 2006. The assessment evaluated the impact of reducing health risks as well as reducing medical claims costs for a 5-year period via ECA's health screening process. The study was completed on 204 participants who participated in every health screening.

The following is a summary of the outcomes:

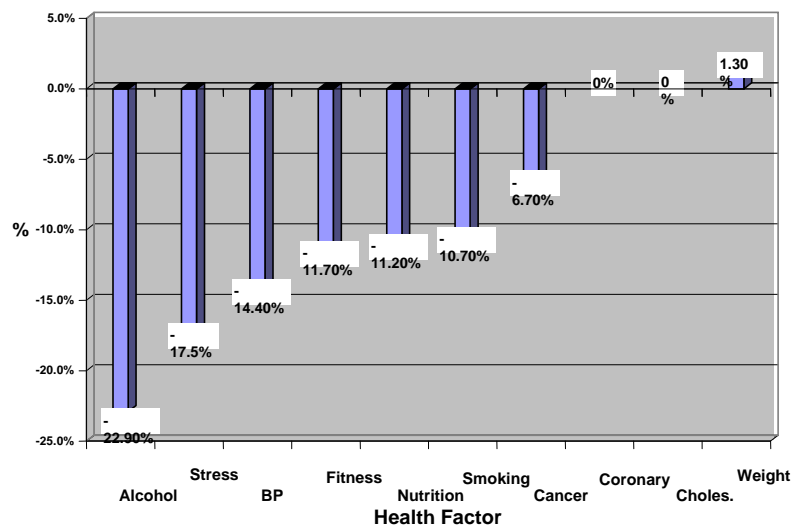
### Energy Corporation of America Health Risk Factors At-Risk by Year Study Cohort 2001-2005

Health Factors At-Risk	Year					(2005-2001)/2001
	2001	2002	2003	2004	2005	
	%	%	%	%	%	
Cancer	75	65	55	59	55	-26.7
Nutrition	76	60	42	46	42	-44.7
Fitness	77	65	47	45	41	-46.7
Coronary	65	60	53	60	65	0
Cholesterol	47	47	51	55	47	0
Blood Pressure	26	12	12	11	11	-57.7
Weight Management	77	83	78	86	81	+5.2
Smoking	14	14	10	10	8	-42.8
Alcohol	12	7	1	1	1	-91.7
Stress	10	12	5	6	3	-70.0

#### Summary: 2001 -2005

1	Cancer risk declined an average of 6.7% per year	6.	High blood pressure declined 14.4%
2	Nutrition risk declined 11.2% per year	7.	Weight risk increased 1.3% per year
3	Fitness risk decreased 11.7% per year	8.	Smoking risk declined 10.7% per year
4	Coronary risk exhibited no change	9.	Alcohol risk decreased 22.9% per year
5	Cholesterol risk showed no change	10.	Stress risk declined 17.5% per year

#### Energy Corporation of America - Net Health Risk Changes Per Year



## HEALTH IMPACT DOCUMENTATION

### Individual Risk Reduction Methodology

#### Cancer Risk

Individuals who completed the PWP were assessed as to their **cancer risk** from a series of question responses and clinical assessments. The following contributing risk factors were considered in assessing cancer risk 1) *personal history of cancer*, 2) *tobacco use*, 3) *drinking more than 1-2 alcoholic drinks per day*, 4) *high-fiber diet*, 5) *low-fiber diet*, 6) *fruits and vegetables less than 5 per day*, 7) *excess weight BMI > 25*, and 8) *bowel disease*.

In 2001 75% of the study cohort was deemed to be at-risk for cancer as determined from their question responses from the Personal Wellness Screening Profile. An improvement in health risks of this cohort was evident over the five-year study period with decreasing cancer risk each year. By 2005 the group cancer risk declined to 55%, a decrease of 26.7 (6.7% per year).

#### Nutrition

Nutritional assessments are made from a combination of responses to six areas of concern 1) breakfast, 2) snacks, 3) salt intake, 4) fat intake, 5) breads and grains and 6) fruits and vegetable consumption. In 2001 the study cohort exhibited a 76% group at-risk for nutrition risk factors. This risk essentially declined each year to 42% in 2005, representing a five-year decline of 44.7% (11.2% per year).

#### Fitness

Fitness scores are calculated for each participant from a combination of three questions that gauge the individual in 1) *exercise frequency per week*, 2) *strength exercises* and 3) *stretching exercises*. Starting at a **77%** at-risk **fitness** level in 2001, the study cohort risk fell to **41%** in 2005, a drop of **46.7%** (**11.7%** per year).

#### Coronary

Coronary risk is due to the participant's existing disease, current symptoms, or the presence of two or more risk factors relating to coronary disease. Contributing risk factors for coronary include: 1) *personal history of heart disease*, 2) *stroke* or 3) *diabetes*; 4) *family history of heart disease*, 5) *high total cholesterol*, 6) *high LDL cholesterol*, 7) *low HDL cholesterol*, 8) *high blood pressure*, 9) *smoking*, 10) *low aerobic score*, or 11) *excess weight*.

**Coronary** risk remained essentially level over the five-year study period. This risk factor constituted **65%** of the study cohort in 2001 and declined to **53%** by 2003. However, changing risks saw an increase in risk to **60%** in 2004 and back to **65%** by 2005.

#### Managing Cholesterol

According to the Wellsource program, every 1% reduction in cholesterol leads to a 2% decrease in heart disease risk. **Cholesterol** at-risk as designated from clinical values showed **no overall improvement** over the five-year study interval. Starting at **47%**, at-risk levels in 2001 increased to a high of **55%** in 2004, with final risk declining back to **47%** at the end of the study year of 2005. Coronary at-risk mirrored cholesterol at-risk with cholesterol levels influencing the risk for coronary disease.

#### High Blood Pressure

High blood pressure is defined as the 140/90 level and above as recorded from actual clinical measurements. In 2001 at-risk participants for **high blood pressure** constituted **26%** of the study cohort. However, this level decreased by half to **12%** in 2002 and remained at this level through 2005. High blood pressure risk declined by **57.7%** (**14.4%** per year) over the five-year study cycle.

#### Weight Management

At risk for **weight** is defined as a Body Mass Index in excess of 25.0. Over the study time period at-risk weight levels increased by **5.2%** (**1.3%** per year). Starting in 2001 with **77%** of the participants at risk and increasing to **81%** by 2005.



## HEALTH IMPACT DOCUMENTATION

### Smoking

Smoking risk is defined as smoking ten or more cigarettes daily. **Smoking** risk was cut by **42.8%** (**10.7%** per year) from **14%** of the population in 2001 to **8%** in 2005.

### Alcohol

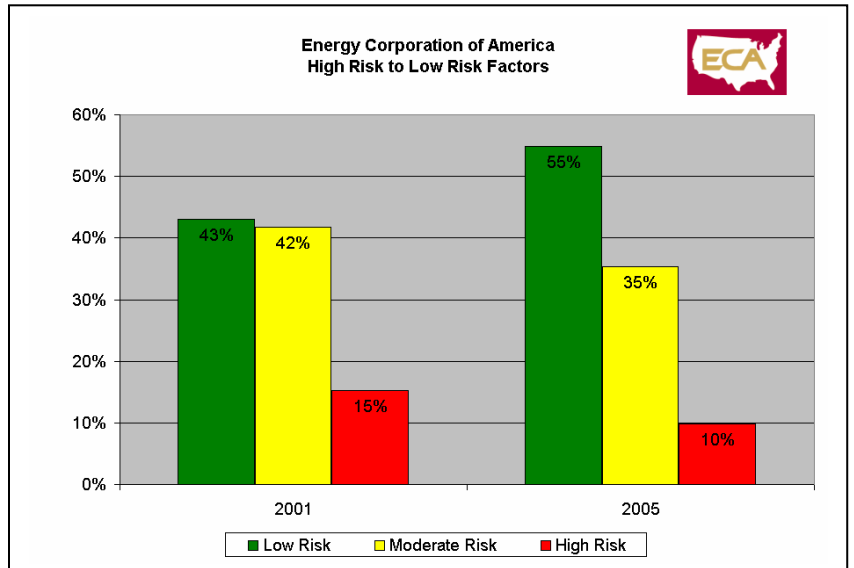
In 2001 **12%** of participants were considered at-risk for **alcohol** consumption. This level dropped to **7%** in 2002 and leveled off at **1%** in succeeding years, constituting an overall drop of **91.7%** (**22.9%** per year) within this study.

### Stress Management

Three response areas are main indicators of high stress – 1) **coping status**, 2) **stress signals**, and 3) – 8) **feelings** (six questions). **Stress** at-risk comprised **10%** of the study participants in 2001, increasing to **12%** in 2002 and declining to **3%** by 2005, a decline of **70.0%** (**17.5%** per year).

## HIGH RISK TO LOW RISK

The overall Cohort Study resulted in a significant decrease in high-risk participants and a significant increase in low-risk participants. Low risks increased 11.8% or 2.95% per year; moderate risks decreased 6.4% or 1.6% per year; and high risk decreased 5.4% or 1.35% per year.



# HEALTH IMPACT DOCUMENTATION

## Individually Focused Health Improvement

ECA provides each participant with an individualized Platinum Health Check-Up Score Card annually. The Score Card together with the HRA is reviewed with a full-time ECA employed registered nurse. Together they establish specific goals for health improvement and specific steps toward meeting measurable health outcomes. Incentives are based on measurable outcomes and/or participation in various lifestyle or disease specific programs.

Period: 2007		<b>ECA Platinum Health Check-Up Score Card</b>		
	Standards	Values Yours	Points	
			Possible	Yours
<b>BLOOD WORK SCREENING:</b>				
Cholesterol/HDL Ratio	Total Cholesterol < 200 or Ratio ≤ 4.0	198 3.6	250 250	250 0
Glucose	≤ 110	120	250	0
HDL Cholesterol	"Good" Cholesterol ≥ 45	46	250	250
Triglycerides	≤ 150	144	250	250
<b>FITNESS ASSESSMENT: (Age/Gender Specific Desirable Fitness)</b>				
Flexibility (Sit and Reach)		Yes	150	150
Strength (Grip Test)		Yes	150	150
VO2 Max (Perceived Fitness)		Yes	150	150
<b>BIOMETRIC MEASUREMENTS:</b>				
Blood Pressure	Systolic / Diastolic < 130 / 85	120 / 72	250	250
Cardiovascular Health	BMI - Men < 25 or	27	250	0
	Percent Body Fat - Men ≤ 22% or	20%		250
	Waist Girth - Men ≤ 40	42		0
	BMI - Women < 25 or	N/A		0
	Percent Body Fat - Women ≤ 30% or	N/A		0
	Waist Girth - Women ≤ 35	N/A		0
<b>LOCATION SPECIFIC ACTIVITIES:</b>				
Community Sponsored Event (1) (specific to location)	Christmas Project	Yes	150	150
	Adopt-a-Soldier	No		
	Other	N/A		
ECA - Company Events (2) (specific to location)	ECA on the Move	Yes	150	150
	Key into Fitness	Yes		
	Other	N/A		
<b>OTHER:</b>				
Personal Wellness Profile	Completed On-Line	Yes	250	250
Tobacco/Smoking	Do not use tobacco/smoke products or	Yes	250	250
	Enrolled in Tobacco Solutions Program	N/A	200	0
			<b>2,750</b>	
				<b>2,500</b>
				<b>Platinum</b>

Award	Scoring Levels
Bronze	1,750 - 1,999
Silver	2,000 - 2,249
Gold	2,250 - 2,499
Platinum	2,500 - 2,750