

Wellness for Life Program Overview and Results

A core component of our employee *Wellness for Life* initiative is the *Rewards Program*. The *Rewards* program is housed on our own internally developed SuperWell Web site (see screenshot below), which was structured and built under the guidance and direction of the Wellness Team. The primary purpose of the SuperWell site is to drive our dispersed employee population to a centralized wellness portal where they can access and engage in programs, educational resources and communication. The site allows employees to monitor their personal wellness point progress and goals while providing the Wellness Team with participation data that is vital to program analysis and evaluation.



The *Rewards* program menu consists of various individual or group programs that support four main categories of Wellness:

- **Health Promotion:** Health Assessment, Onsite Health Screening, Flu Immunization, Preventive (medical/dental) Exams, Blood Pressure Clinics
- **Health Education:** Education modules (with quiz), Lunch and Learn seminars
- **Fitness:** Onsite Fitness Center Membership, Community Fitness Center Membership, Fitness Evaluation, Fitness Center Check-In, Cardio Log entries, Walking Program, Company sponsored Walk
- **Healthy Habits:** Weight Watchers, QuitLine (tobacco cessation program), SuperLoser Weight Loss Challenge, Lifestyle Coaching, Disease Management, Smoke-Free Credit, Healthy Weight Credit, Chef's Garden purchase

In addition to the variety of program offerings, we integrate wellness into the company culture and structure via our: tobacco free campuses and policies; healthy cafeteria, vending and catering (for Company meetings) choices; healthy cooking demos; healthy eating educational displays. We carefully crafted a point system that heavily weights activities we feel are most important for our employees' health and the success of our program (e.g. Health Assessment and Health Screenings).

Another integral component of our employee program is our marketing communication strategy, which plays a critical role in achieving successful outcomes for our results-based program. It is essential that employees have the information they need to understand the programs available and ensure engagement. Our marketing strategy uses a mix of communication channels. In support of our Company-wide efforts to "go green", and response to employee survey responses, the majority of communications are sent electronically.

Electronic	Company Intranet	Direct emails from Wellness Team
	Company Weekly Newsletter	Surveys
	Quarterly SuperWell Newsletter	Wellness Event Postcards
	All Employee Memos	SuperWell Announcements
Paper	Posters	Brochures

CHIRICOSTA'S SUPERWELL CHALLENGE

To: All Employees
 Date: May 14, 2010
 Subject: Final Weigh-In

Real

The time is almost here for the final weigh-in for the Chiricosta SuperWell Challenge.

On June 30th, we're going to have weigh-ins at all Company locations. This will be the last and final opportunity to weigh-in and complete the Challenge. To assist those participants that have scheduling difficulties, we have created an early option weigh-in for all locations the week before the final weigh-in.

To ensure the final weigh-in process is fair and administered as efficiently as possible, the following rules apply:

- Regardless of which date or location you choose for your final weigh-in, you may only weigh-in once. After the weigh-in is complete, you may not weigh-in again at a later date or time.
- No weigh-ins will occur after June 30th. No exceptions will be made. If there is a potential that you will be unable to attend a weigh-in on June 30th, please select an earlier date from those listed below.

Office	Date	Time	Weigh-in Location
Cleveland	6/22	9 a.m. to 11 a.m.	Wellness Center
Toledo	6/24	2 p.m. to 5 p.m.	Wellness Center
Strongsville	6/23	9 a.m. to 11 a.m., 2 p.m. to 5 p.m.	Wellness Center
Beardwood	6/23	9 a.m. to 11 a.m.	Cafeteria
Print Center	6/23	9 a.m. to 10 a.m.	Training Room
Tripp Center	6/23	11 a.m. to Noon	Luncheon Room
Rickfield	6/23	11 a.m. to Noon	Conference Room
Copley BSI	6/23	9 a.m. to 11 a.m.	Conference Room
Powell	6/23	10 a.m. to Noon	Conference Room
Columbus	6/23	2 p.m. to 5 p.m.	Conference Room
Cincinnati	6/23	10 a.m. to 11 a.m.	Conference Room
Carmel, IN	6/23	10 a.m. to 11 a.m.	Conference Room
Columbia, SC	6/23	10 a.m. to Noon	Conference Room 1-B
Atlanta, GA	6/23	10 a.m. to Noon	Conference Room A

As a reminder, Cleveland and Toledo participants will weigh-in at the Wellness Centers – all other sites will have an official scale for weigh-ins. A representative from the Wellness Team will be onsite to conduct the weigh-ins at each location. Weight will be recorded to the nearest tenth of a pound (one decimal place). Height may be requested and recorded.

nutrition
 & Healthy Food Choices

Medical Mutual of Ohio
 2010 See What's New
 (614) 444-1000
 www.MedMutual.com

MEDICAL MUTUAL OF OHIO
 A Division of The Ohio State Group

Bring the Garden to Your Home

The Chef's Garden®
 Medical Mutual of Ohio® offers members access to The Chef's Garden's family-run farm that focuses on nutrition and taste. The Chef's Garden offers a wide variety of lettuces, greens, vegetables, herbs and micro greens grown with environmentally friendly practices.

To access The Chef's Garden, visit MedMutual.com, log on to My Health Plan, select the Health & Wellness tab and then The Chef's Garden.

These recommendations are for your information only and do not take the place of, nor are intended to substitute for, professional advice from your doctor. Highlight the services available in the specific terms of your health plan. This poster is considered marketing material and does not contain information about you having or using the services or products. Medical Mutual of Ohio has no financial ownership or business arrangement for the use of the product or service(s).

SuperWell MEDICAL MUTUAL OF OHIO

Planning for Wellness

Use this timeline to plan ahead for upcoming Wellness events. Watch for more announcements as these important dates approach.

March to May 2010

- Mar. 8 Beachwood Lunch and Learn: "Weight Loss & Nutrition"
- Mar. 9 Strongsville Lunch and Learn: "Weight Loss & Nutrition"
- Mar. 11 Cleveland Lunch and Learn: "Weight Loss & Nutrition"
- Mar. 31 Chiricosta SuperWell Challenge: Midpoint Weigh-In
- April 8 & 9 Toledo Mammography Screenings
- May 1 Healthy Weight Credit: Calculate your BMI for Rewards points
- May 17 to 21 Cleveland Mammography Screenings
- May 25 to 28
- May 19 MDO Family of Companies Onsite Fitness Walk

Please visit PartnerNet and select Wellness under What's Hot to get to the Wellness Web sites.

SuperWell

QuitLine

Quit and Feel the Difference

Medical Mutual of Ohio® offers our members the help they need to kick the habit. We offer the SuperWell® QuitLine, a telephone support service to help our members with quitting tobacco use.

SuperWell MEDICAL MUTUAL OF OHIO

Medical Mutual of Ohio
 2010 See What's New
 (614) 444-1000
 www.MedMutual.com

MEDICAL MUTUAL OF OHIO
 A Division of The Ohio State Group

CAUTION

Auto SAFETY

Medical Mutual of Ohio
 2010 See What's New
 (614) 444-1000
 www.MedMutual.com

MEDICAL MUTUAL OF OHIO
 A Division of The Ohio State Group

Results

The University of Michigan Health Management Research Center (UM-HMRC) analyzes our employee data and determines the impact of the *Wellness for Life* Program on changes in health care costs, disability and risk status before and after intervention. Previous year data is submitted annually to UM-HMRC; the following results reflect data analysis from years 2005 to 2008. Our 2009 program data was recently submitted to UM-HMRC and outcomes are expected in the fall of this year.

The data includes participation in the *Wellness for Life* program, *Rewards* points, healthcare cost, disability claims and the health assessment. Trend analyses and multiple regression analysis, while adjusting for other confounding variables, were performed to estimate the effects of the promotion program on health care costs, disability and risk status.

Health care costs are based on medical and pharmacy claims from Medical Mutual. Risk analyses are presented using the University of Michigan Health Management Research Center (UM-HMRC) risk criteria. The UM-HMRC risk list includes a variety of physiological risks, as well as health indicators such as perception of health, illness days, and existing medical problems that measure a combination of both health behaviors and health status.

Participation

I. Yearly Participation by Specific Programs

Since inception of the program in 2003, participation in any program increased 44% from 1,106 (43%) in 2003 to 2,545 (87%) in 2008.

Also notable, Health Assessment participation increased 29% (from 41% to 70%) from 2003 to 2008. Health screening participation increased by 27% (from 27% to 54%), participation in weight management programs increased by 50% (from 4% to 54%) and physical activity tracking in the Cardio Log increased 20%, from 27% to 47%.

Figure 1 - Yearly Participation by Specific Programs

Participation	2003	2004	2005	2006	2007	2008
Eligible Employees	2,579	2,566	2,549	2,577	2,500	2,928
Any Program	1,106	1,842	1,947	2,098	2,062	2,545
Health Assessment	1,054	1,195	1,709	1,672	1,088	2,054
Health Screenings		683	1,012	1,131	1,396	1,592
Flu Vaccinations		738	501	834	894	1,263
Nurse Line			26	86	141	212
Disease Management	102	54	164	254	179	171
Smoking Cessation			5	386	839	1,308
Weight Control		99	82	567	742	1,589
Fitness Center Membership			663	1,139	1,127	1,362
Cardio Log			684	1,237	1,090	1,381
Walking		985	472	682	729	1,065
Others*			260	1,055	1,413	1,339

*Educational Modules (e.g., safety belt, healthy relationships, health aging, prevention), Lunch & Learn Seminars .

II. Rewards Points

In 2008, a total of 2,928 employees were eligible for the *Rewards* points. Of these employees, the average number of *Rewards* points earned per individual was 1,665 (Figure 2). Of those eligible from 2005 through 2008 (N=1,890), an average of 7,257 points were accumulated during the same time period for each employee (Figure 2). Health Assessment and on-site screening participation together accounted for 30 to 45 percent of the points for each program year (Figure 3).

Figure 2 - Average Reward Points Earned Per Eligible Employee

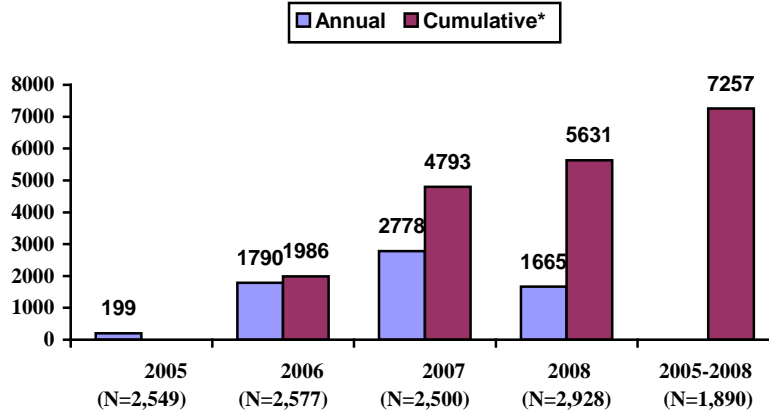
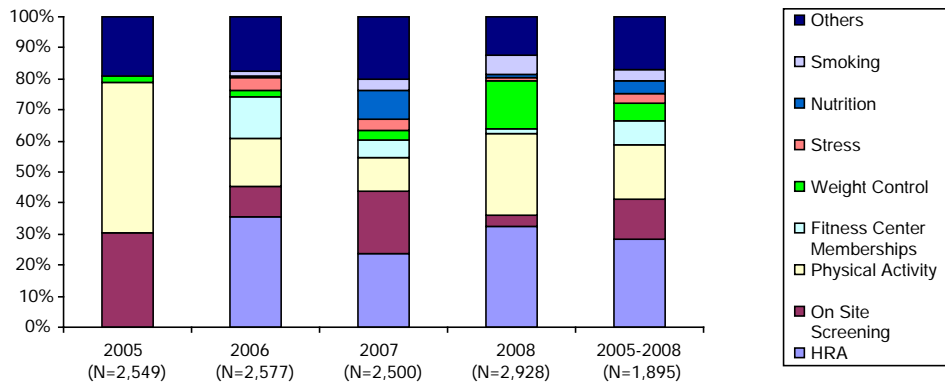


Figure 3 - Rewards Points: Percentage Distribution by Year

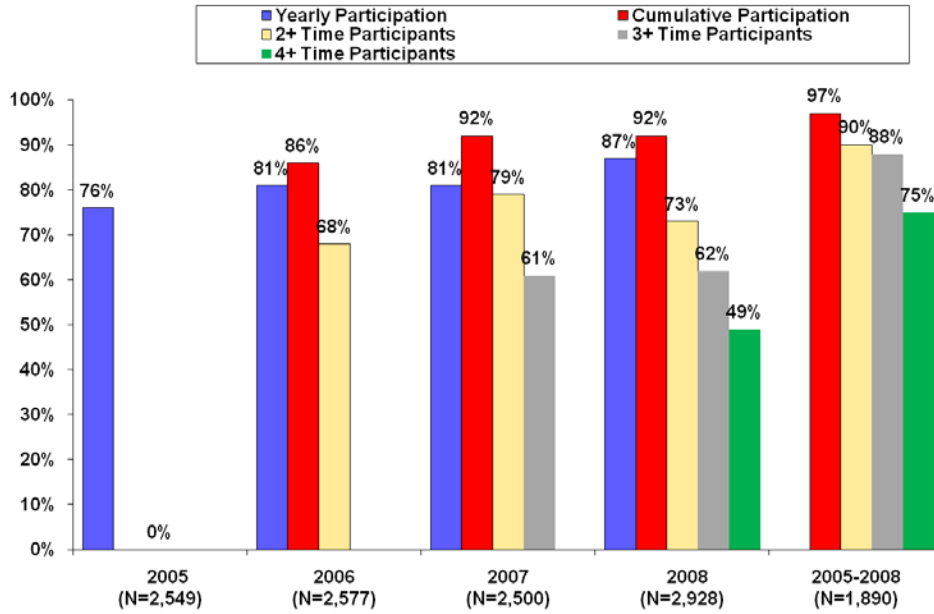


III. Cumulative Program Participation

Annual involvement in the *Wellness for Life* programs continued to increase from 2005 to 2008 (76% vs. 87%). In 2008, a total of 2,545 individuals (87%) took part in at least one program in 2008. Of those in the 2008 eligibility file, 92% participated in at least one program between 2005 and 2008.

Of those eligible from 2005 through 2008 (N=1,890), 97% participated at least one year and 90% participated at least two years from 2005 through 2008.

Figure 4 – Yearly and Cumulative Program Participation



Shift in Risk

I. Risk Transition

Among two-time HA participants, an increase in the percent of individuals at low-risk (from 61.1% to 66.1%, +5.0) was observed. This increase suggests a positive program impact.

Figure 5 - Rewards Points: Percentage Distribution by Year

Risk	2004/2005	2007/2008	Δ
Low Risk (0-2)	61.1%	66.1%	+5%
Medium Risk (3-4)	27.6%	25.3%	-2.3%
High Risk (5+)	11.3%	8.6%	-2.7%

II. Changes in Individual Risk Factors

The program showed significant impact on percent reduction for those individuals who had the following risk factors:

- Physical activity (-7.1% reduction in those at high risk)
- Safety belt use (-6.0%)
- Smoking (-3.0%)

- Stress (-2.5%)
- Perceived Health (-1.8%)
- Life satisfaction (-1.3%).

The number of individuals at risk for weight (+2.1%), blood pressure (+2.0%), and chronic disease (+1.0%) increased over time.

Figure 6 - Changes in Individual High Risks (Among two time HA Participants, N=1,632)

	Time 1 High Risk %	Time 2 High Risk %	Net Change Percentage Point *
Physical Activity	21.3%	14.2%	-7.1%
Safety Belt Use	26.2%	20.2%	-6.0%
Smoking	13.4%	10.4%	-3.0%
Stress	15.0%	12.5%	-2.5%
Perceived Health	6.6%	4.7%	-1.8%
Life Satisfaction	12.7%	11.3%	-1.3%
Job Satisfaction	9.2%	8.6%	-0.6%
Cholesterol*	8.5%	7.8%	-0.6%
Alcohol	1.1%	0.9%	-0.2%
Illness Days	4.2%	4.5%	0.4%
Medication to Relax	11.8%	12.1%	0.4%
Disease	12.1%	13.8%	1.8%
Body Mass Index	52.9%	54.7%	1.8%
Blood Pressure	33.1%	36.2%	3.1%

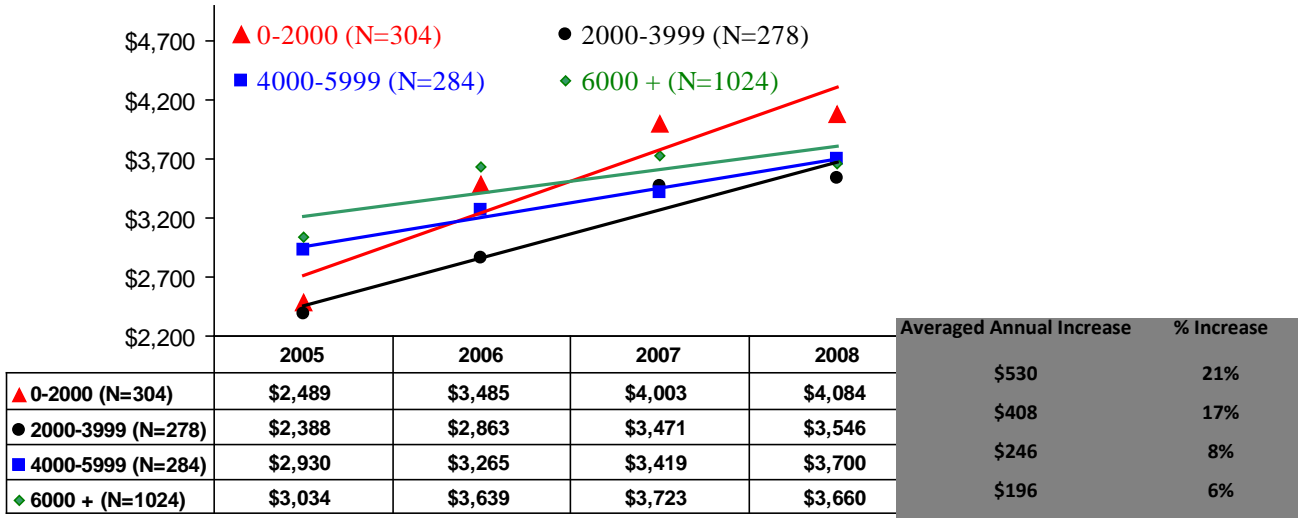
Healthcare Costs

I. Healthcare Cost Trends by Program Involvement

Healthcare costs from 2005 to 2008 were used to measure the health care cost changes during the program years. Only employees that were eligible from years 2005 through 2008 were included in this analysis (N=1,890). Accumulated *Rewards* points earned from 2005 through 2008 were used to measure the intensity of the program involvement.

Figure 7 shows the healthcare cost increase as a function of program engagement. Increased participation intensity was associated with smaller health care cost increases when compared to those with less intensity based on *Rewards* points.

Figure 7 - Adjusted* Average Annual Health Care Paid by Rewards points

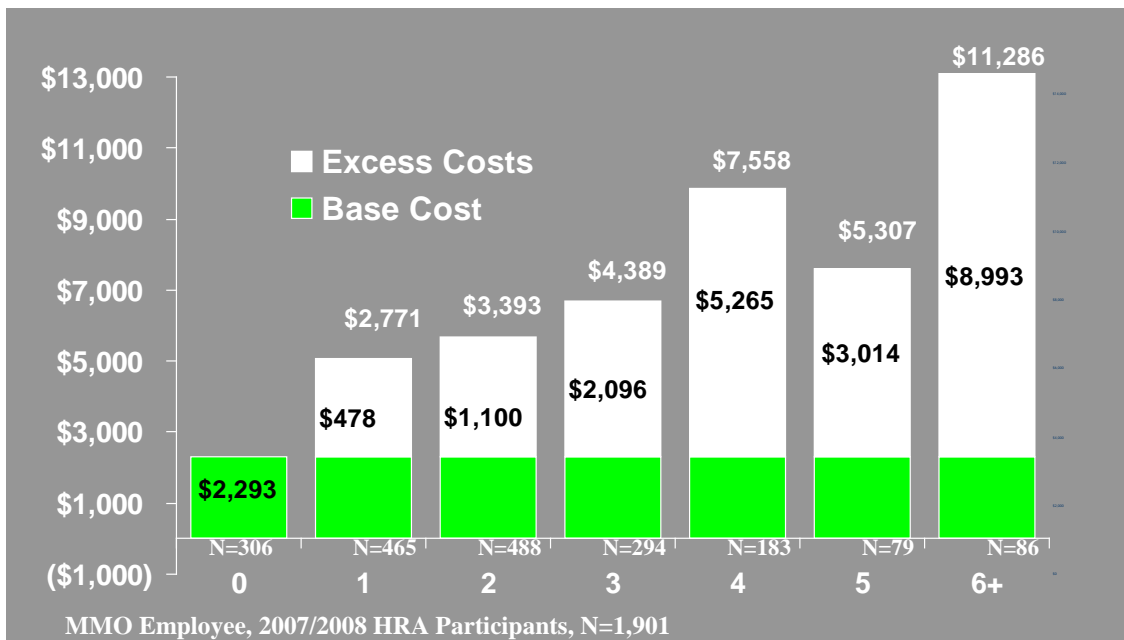


* Repeated Measures Analysis of Variance adjusting for age, gender and previous program participation (2003 and 2004) were performed to assess the impact of the program on healthcare costs. Annual health care claims paid were summed for each individual and converted to 2008 dollars using the medical consumer price index (CPI). Health care costs greater than \$50,000 were considered outliers (~6 standard deviations from the mean) and were truncated at \$50,000.

II. Excess Medical Costs Due to Excess Risks

Among 2008 HA participants, average annual medical costs paid for participants with zero health risks was \$2,293. The figure below shows the added costs (medical and pharmacy) associated with excess health risk. Costs increased consistently as risk increased, except in the 5 Risk category.

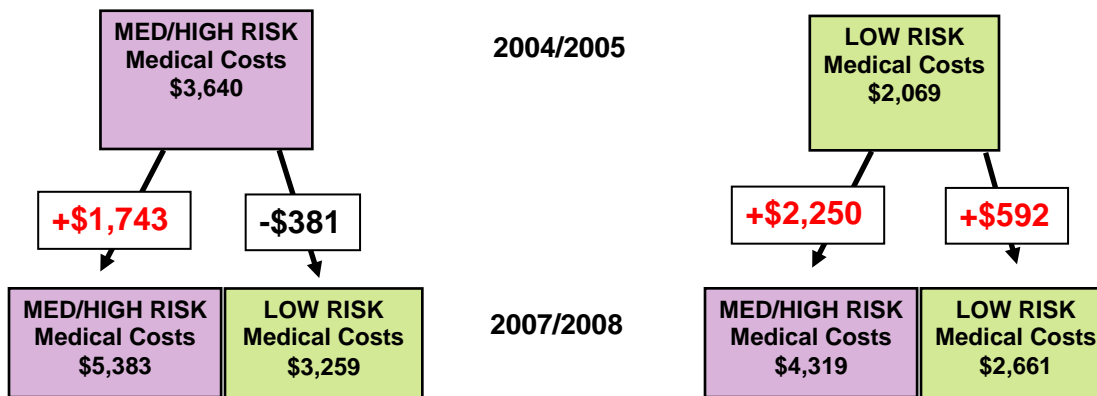
Figure 8 – Excess Medical Costs due to Excess Risks (MMO 2007-2008 HA with 2007-2008 Medical and Pharmacy Paid)



III. Health Care Cost Trends by Risk Transition

Healthcare costs for two time HA participants from 2005 to 2008 were used to measure the healthcare cost changes during the program years with respect to risk transition. Participants that remained at Low Risk from Time 1 to Time 2 saw the smallest increase in medical costs (\$592), while participants that moved from Low Risk to Medium/High Risk at Time 2 saw the greatest increase (\$2,250) in medical costs. This further demonstrates the importance of keeping healthy participants healthy through programming and activities. Participants initially at Medium or High Risk that moved to Low Risk saw a decrease (\$381) in costs while participants that stayed at Medium or High Risk saw an increase of (\$1,743). This demonstrates the importance of reducing health risk status not only for the sake of individual well-being, productivity and quality of life but also to lower individual employee healthcare costs.

Figure 9 – Healthcare Cost Changes for Two Time HA Participants



N=1,632; MMO Employees, 2004/05 & 2007/08 HA; 2004/05 & 2007/08 costs

The figure below shows healthcare costs paid relative to risk status. Generally speaking, the costs follow the same trend as the figure above – participants that stayed at Low Risk or moved to Low Risk in Time Two had lower healthcare costs.

Figure 10 - Health Care Paid by Time One Time Two Risk Status

Time One Risk Status	Time Two Risk Status	N	Average Annual Health Care Paid				
			2005	2006	2007	2008	Average 05-08
0-2	0-2	871	\$2,070	\$2,717	\$2,558	\$2,936	\$2,570
	3-4	112	\$2,348	\$4,041	\$4,566	\$3,716	\$3,668
	5+	15	\$6,495	\$4,921	\$6,696	\$5,580	\$5,923
3-4	0-2	188	\$2,956	\$2,828	\$3,080	\$3,369	\$3,058
	3-4	223	\$3,777	\$3,625	\$4,046	\$3,724	\$3,793

	5+	39	\$2,900	\$3,985	\$6,276	\$5,977	\$4,785
5+	0-2	20	\$2,510	\$2,734	\$5,453	\$2,869	\$3,392
	3-4	78	\$6,536	\$7,560	\$7,201	\$7,520	\$7,204
	5+	86	\$5,555	\$6,958	\$7,144	\$8,455	\$7,028

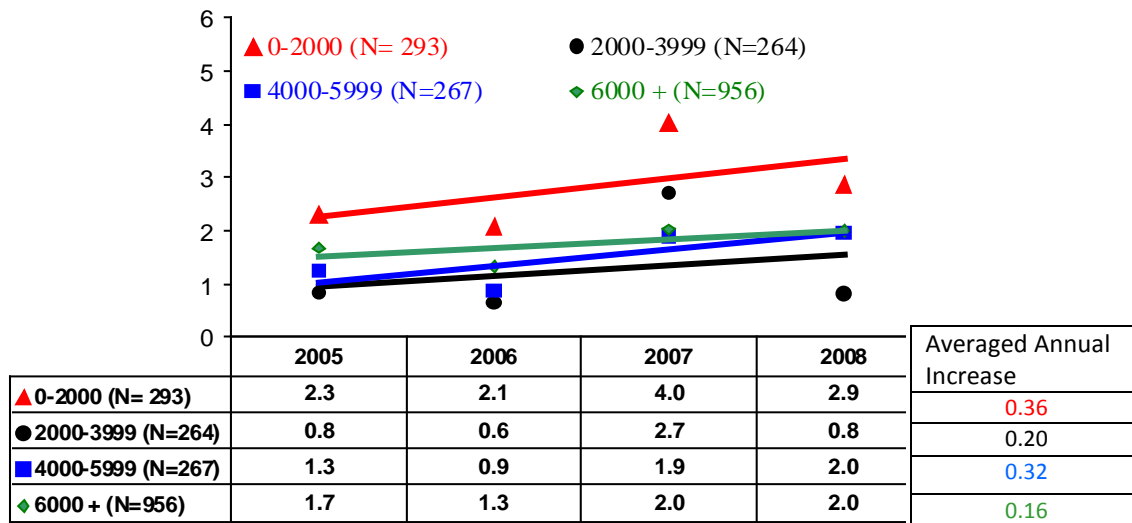
Productivity Measurements

I. Disability Trends

Short term disability lost work days (excluding pregnancy claims) from 2005 to 2008 were used to measure the health care cost changes during the program years. Only employees that were eligible from years 2005 through 2008 were included in this analysis (N=1,780, excluding 110 employees with pregnancy claims).

Those who earned 6000 or more wellness reward points showed less lost workday increases when compared to those with less than 6000 Rewards points.

Figure 11 – Ave. Lost Work Days (Short Term Disability) by Rewards points



*Adjusted for age, gender and previous 2003 and 2004 program participation (exclude pregnancy claims).

Low Risk participants at Time 1 and Time 2 lost an average of .95 work days. High risk participants that remained at High Risk at Time 2 lost over six times as many days.

Figure 12 - Average Work Days Lost (Short Term Disability) by Risk Status

Time One Risk Status	Time Two Risk Status	N	Average Work Lost Days (STD)				Average 05-08
			2005	2006	2007	2008	
0-2	0-2	746	0.86	0.67	1.18	1.08	0.95

	3-4	103	0.54	2.24	3.17	2.54	2.12
	5+	13	8.85	0.00	1.37	0.00	2.56
3-4	0-2	162	2.66	0.56	0.71	1.74	1.42
	3-4	194	2.20	0.88	2.36	2.15	1.90
	5+	36	0.00	0.89	3.87	4.86	2.41
5+	0-2	18	2.56	2.00	2.14	0.00	1.68
	3-4	71	3.39	2.66	6.32	5.56	4.48
	5+	72	4.07	5.79	10.26	4.64	6.19

Scorecard Results

I. HERO Scorecard

Medical Mutual first completed the HERO scorecard in 2009, and received a score of 147 out of 200 total possible points. The national average was 100 points.

II. NBGH Scorecard

Medical Mutual completed the NBGH scorecard in 2009, and received a score of 157 out of 200 total possible points. Program results were broken down into three levels:

NBGH Scorecard – MMO's Overall Progress		
	Total Potential Points	MMO's Score
Company's Efforts to Improve Health (Level 1)	50	43
Employee Engagement (Level 2)	50	39
Outcomes and Analysis (Level 3)	100	75
Total	200	157

The scorecard also measures our program results against Healthy People 2010 standards. In comparison to Healthy People targets, we met or exceeded them in the following categories: non-tobacco users, nutrition, physical activity and stress management.

