



## **My life. My choice. My health.**

### **Program Summary**

- All associates, retirees, long term disability and adult household members are eligible free of charge
- Integrated services revolve around associate
- Referral pathways built between all offerings to increase participation
  - Associates seen in the clinics can be enrolled directly into telephonic courses, disease management, behavioral health etc.
  - Associates on Disability can be enrolled directly into disease management (same nurse), screened for depression, etc.
- Health Assessment is our most common front door to services, available online and paper format in English and Spanish
- Surveys show satisfaction improved, enrollment rates increased, outreach completed earlier, and disability durations have decreased
- Increased administrative efficiency
- Primary nurse relationship transcends programs
- Objectives include return to work AND return to health

### **Using Data to Drive Intervention**

- Outreaches to the right associates at the right time – when they're most likely to make changes
- Requires associates to provide their personal information only once
- Relies on primary health coach relationship to help associates better monitor and maintain their health
  - Referrals drive associates participation in programs
  - Health coaches connect associates with appropriate programs
- Allows associates to learn about their medical condition and supports them to make the behavioral changes needed to get healthier and return to work quicker
- Nurse directed referrals increase higher rates in
  - Enrollment
  - Completion
  - Engagement

### **Best Practice – What an Integrated Approach Delivers**

- Offers a truly integrated product that breaks down the barriers between programs and makes them work together
  - Fewer multiple disability claims
  - Nurse relationships leveraged to drive higher participation rates in programs
  - Shared processes and data
- Empowers associates to participate in their health care and long-term health management
- Uses statistical data to support the cost benefits of managing the complete view of an associate's health and absence activity
- Behavioral Health Outreach
- Domestic violence outreach and Depression outreach
- Targeted reporting: associate, supervisor, program management
- Absence pattern recognition; chronic conditions
- Disability/Disease Management integration capabilities for earlier identification of associates in need
- Increased associate understanding around their condition and benefits
- Improved participation and accountability around program compliance
  - Higher enrollment in disease management programs and lifestyle behavioral courses than best practice
  - Improved outcomes for the associate along the entire health continuum
- Multiple mechanisms exist for associates feedback and drive new program development
  - Program Champions
  - Wellness for All
  - Surveys
  - My Health dedicated email

## Health Promotion

**Telephonic coaching:** coach assigned for full year and specifically tailors program for each associate - topics focus on healthy living, nutrition, physical activity, tobacco cessation and weight and stress management.  
**Online courses:** access to more than 90 online educational modules in weight management, nutrition, physical activity/exercise, smoking/tobacco cessation and stress management  
**Benefits Coaching program:** additional telephonic coaching program to help associates make the best benefit decisions for their health status and personal situation.

## Health Assessment

Includes Domestic Violence and Depression outreach questions  
Mandatory biometric data for Health Assessment completion

## Disease Management

CAD, CHF, Diabetes, Maternity Management and Oncology

## Wellness Center

Free Onsite Fitness Centers  
Free Pedometer Walking Program  
Fitness Center Discounts w/Payroll Deductions

## Behavioral Health

Work Place Onsite Counseling (10 sites)  
Domestic Violence/Depression Referrals  
Community Based Counseling  
24 hour Telephonic Counseling  
Convenience Services  
Dedicated Website with robust services

# Nationwide Associate

## Health Plan and Design

Wellness Incentives  
STD/LTD Participation in Disease Management Requirement  
100% Preventive Care Coverage  
Sick Leave changed to PTO/STD model

## Occupational Health Primary Care Centers

Clinical Services  
Dedicated Lactation Areas  
Free Onsite Flu Shots  
Ergonomic Evaluations  
Educational Seminars  
Mobile Mammography  
Allergy Shots, First Aid  
Health Fairs, Health Screenings  
Executive Health Physical Program

## Health Portal

*My Health* website  
Associate Resources  
Brown Bag Lunches  
Healthy Resource Link  
Wellness Wednesdays

## Concierge Services

Health Advocacy  
Life Resource Counselors  
Aycy Financial Services

## Absence Management

TOPS – Time Off Planning Service, automated absence tracking system (captures 100% of all absences, medical or otherwise)  
STD/LTD Appreciative Inquiry  
Pandemic/Communicable Illness Tracking  
FMLA/State FMLA and State Disability

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## Initial Three Year Strategy: Key Deliverables

**2006**

- ✓ 2005 programs integrated, re-branded and communicated
- ✓ Health Promotion rollout to all enterprise associates
- ✓ Initial Disease Management rollout

**2007**

- ✓ Enhance Health Promotion programs
- ✓ Comprehensive Disease Management programs
- ✓ Shift focus from “Activity” to “Outcomes and Results”
- ✓ Develop and execute Environmental Plan

**2008**

- ✓ Realize reduction in rate of health care spend
- ✓ Realize improvement in associate health profile
- ✓ Integrated H&P offerings

- Plan Design and Policy Review
- Comprehensive communication and education plan
- Balanced Scorecard
- Culture Change

## Current Three Year Strategy: Key Deliverables

**2009**

- ✓ Develop new three year Internal H&P strategy and implementation plan
- ✓ Re-evaluate and execute new Environmental Plan
- Expand participation in Health Promotion rollout to all enterprise associates and adult dependents (launching June '09)
- Develop targeted programs based on Data Warehouse outcomes for specific business units and regions (launching Sept. '09)

**2010**

- Enhance Health Promotion program offerings and resources based on outcome data from 2009
- Implement Benefit Changes within Healthcare Strategy based on 2009 outcomes
- Deliver targeted programs based on Data Warehouse outcomes for specific business units and regions
- Continued implementation of Environmental changes

**2011**

- Continue to enhance Benefit Design and Programs based on data from 2010
- Continue to improve associate and family health profile
- Integrated H&P offerings will be utilized by all family members (including children) and associates
- Evaluate the requirements for incentives based on Outcomes and Results

# Nationwide Health and Productivity Scorecard - 2008 Compared to Prior Year

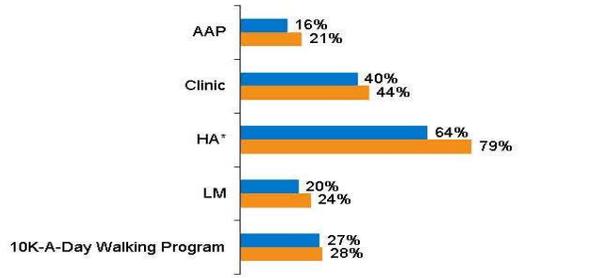
This dashboard provides a comparison of the 2008 programs to Prior Year. The programs provided include Associate Assistance Program (AAP), Occupational Health Clinic (Clinic), Disease Mangement (DM), Disability Management (DMgmt), Health Assessment (HA), and Lifestyle Management (LM).



## SERVICE PERFORMANCE

### Participation

Participation is measured as the percentage of members that completed a program component after it was offered to them. Attaining sufficient participation determines whether a program can attain other program goals, such as clinical impact or financial outcomes.

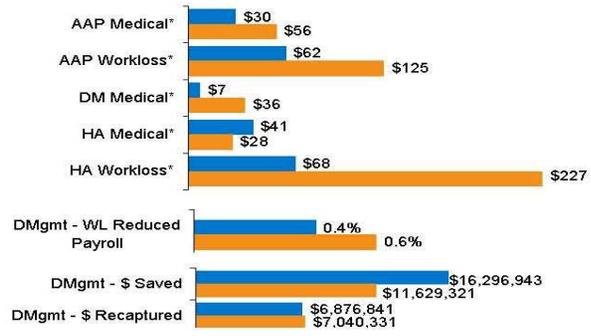


\* Includes Active Associates only

## OUTCOMES

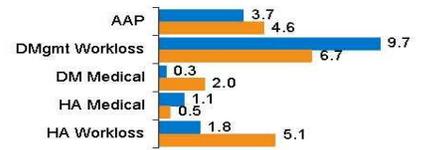
### Savings

Savings is the measure of program outcome. Savings are measured within each program component for both direct and indirect savings.  
\*Dollars saved per total associate population



### ROI

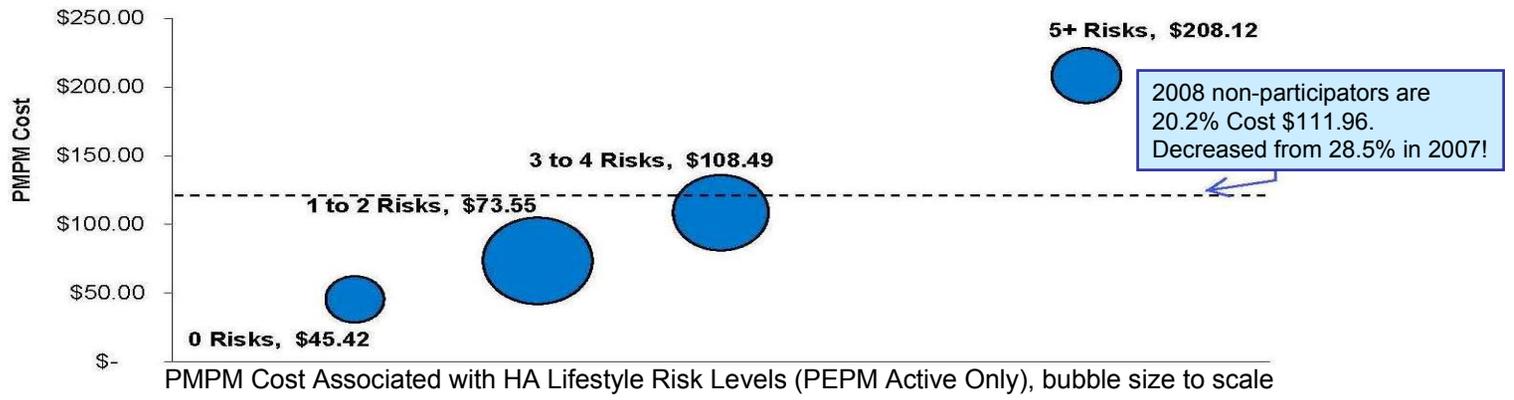
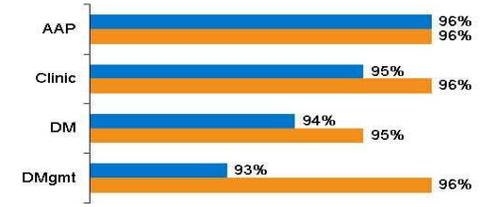
Return-on-investment (ROI) is the measure of program outcome. ROI is calculated as program savings divided by program costs.



## SATISFACTION

### Satisfaction

Satisfaction measures overall program participant satisfaction using the vendor's satisfaction survey results.



# Methodology for Reporting Metrics

## Health Assessment

### **2006 and 2007:**

This health assessment offers the opportunity to track health behaviors, risk for disease and diagnosed conditions over time.

- Results of all Nationwide health assessment respondents in 2006 (n=12,989) compared to results of all Nationwide respondents in 2007 (n=20,023). This comparison shows a general trend in the health of our population.
- Results of only those Nationwide respondents who completed the health assessment in both 2006 and 2007 (a subset of all respondents). Comparing the same group of individuals over time (n=8,513) can reveal the impact of health improvement policies, programs and interventions designed to improve associate health.
- Results of Nationwide respondents compared to a broader population of everyone who completed the health assessment in 2006 (n=71,901). It is important to note that the norm of a broader population should not be interpreted as a standard for health. For example, as shown by the high rates of obesity among Americans, “normal” is not necessarily healthy.
- The Modifiable Health Potential Score (MHPS), for Nationwide, improved by 12 points, or 3.3%. This is associated with a significant reduction in medical claims costs. Each 1-point reduction in MHPS equates to an average reduction of \$7 per person-year in medical costs. For the Nationwide population, this improvement in MHPS would be equivalent to, on average, a \$42 per person-year reduction in claims costs, or \$1.5 million per year saved across the entire population.
- Health-related productivity (i.e., absenteeism and presenteeism) improved by 22%. The average associate, who reported loss productivity due to health reasons, lost 3.24 hours/week in 2006 compared to 2.52 hours/week in 2007. This translates into an estimated savings of \$2.4 million per year.

### **2008:**

- For this health assessment, behavior change evaluation was conducted following the approach of applying a financial valuation to risk shifting, both positive and negative, according to peer reviewed literature by Burton et al, Yen et al and others. During the 2008 campaign a net of 2,714 modifiable behavior and health risks were eliminated among the cohort of associates completing the health assessment survey pre and post program, representing an estimated \$8.8 million in direct and indirect savings.
- Based upon associate only risk shifts between 2007 and 2008 campaigns; assigned industry standard savings estimate of \$365 in direct medical costs per year (indirect productivity gains are recognized in the Absence Management line item, below).
- Based upon HA-based self-reported difference between 2007 and 2008 excess productivity loss, calculated as the annual change in the gap between healthy and non-healthy group absenteeism and presenteeism rates, multiplied by NWA average salary.

## Integrating Behavioral Health Outreach

- Subjects: 2006 and 2007 HA responders (i.e., repeaters; N=10,085)
- All data based on the JourneyWell “Your Health Potential” HA
  - Primary outcome of interest: Abusive relationships or situations
  - Abuse situations were operationally defined as:
    - Verbal/emotional abuse (“In the past year, have you been verbally or emotionally abused, such as threatened, intimidated, insulted or controlled?”)
    - Physical abuse (“In the past year, have you been physically abused, such as kicked or choked?”)
    - Response option: “Yes”, “No”, or “Choose not to answer”
  - Change from 2006 to 2007 defined as:
    - Improved
    - Stable: not abused
    - Stable: abused
    - Worsened
  - Predictor variables: age, education, body mass index (BMI), Total Health Potential Score (THPS), Modifiable Health Potential Score (MHPS), Non-modifiable Health Potential Score (NMHP), Quality of Life Score (QOLS), overall productivity loss (WPAI), absenteeism, presenteeism, diet quality, moderate physical activity, tobacco use, depression, stress, sleep, back pain, general health status, and requested follow-up for domestic abuse support.

## EAP Methodology

Use Nationwide specific average costs for salary, annual turnover, medical claims costs, the actual annual EAP premium and associate EAP utilization (including the number of management referrals) and then make projections of savings in absenteeism/presenteeism, employee retention, MSHA claims savings, and reductions in medical claims based on established industry savings levels published in professional journals on EAP return-on-investment studies.

## Methodology for Reporting Metrics Continued

### Disease Management (DM) Methodology

The Disease Management Program identifies potential program participants through their RiskScreen® model which determines specific disease acuity levels. Certain levels result in an outreach call to our associates, dependents and retirees to invite them to actively participate in the program.

At the lowest risk level, associates, dependents and retirees found to be compliant with caring and treating their condition receive disease specific literature and a letter inviting them to participate in the program. All participants continue to be evaluated for acuity.

Each program focuses on providing personalized attention by offering dedicated nurse health coaches to provide confidential support and outcomes-based solutions. In order for a participant to be considered to have achieved their goals, the following conditions must be met:

- They participated in a Disease Management program and
- Lab values (or other possible compliance measures) were reported to the nurse at both the beginning and end of the program.

It is important for the participants to understand the significance of collecting the baseline and final lab values. Through proper assessment of participants eligible for measurement and positive post-program clinical values, accurate cost avoidance can be determined.

Initially, the savings are based upon 2008 calendar year cost avoidance savings for associates (estimated). Summarizes clinical indicators collected for closed cases within the reporting period. A cost savings is calculated for each clinical indicator based on the total patients that achieved the clinical indicator goal multiplied by its annual economic value. If a patient has comorbid conditions, they will be counted more than once to account for the comorbidities for which there are clinical indicators.

### Disability Management (DMgmt) Methodology

Estimated return to work date based on Presley Reed disability guidelines, the treating physician's plan of care, job duties and any co-morbidities. Dollars saved is based on the average Nationwide salary. Recaptured dollars include RN case manager coordination of multiple payment vehicles (i.e., SSDI, Workers' Comp, State Disability, etc) as well as uncertified (unpaid) absences.

### ROI Methodology (then subsequently validated)

- The ROI uses a DMAA based pre - post, adjusted historical control methodology to determine ROI outcome
  - The ROI report use "annual qualification" in which each measure period chronic population is defined uniquely, using identical criteria for chronic member identification
  - Includes "all" medical and pharmacy claims costs for members in the population (i.e., not restricted to disease-specific costs)
  - All member's high-cost claims are capped at \$100,000 / \$15,000 per member per year to control for the effect of outliers in the analysis
- ROI Calculation Member Selection Criteria
  - Identify members as eligible and chronic based on a review of medical claims when health services were rendered during the base or measure periods Must have at least 2 occurrences of an eligible condition on separate dates using ICD-9 diagnostic codes; neonatal conditions are identified with CPT codes
    - Medicare ineligible (< 65)
    - 6 months of eligibility in a given 12 month period
- ROI Calculation Member Exclusion Criteria
  - Exclude members and/or member claims from the ROI calculation for 2 reasons:
    - Patients with comorbidities making it difficult for the member to gain benefit from the program
      - Transplantation
      - Dialysis
    - For events and diagnoses that are potentially costly but clearly unrelated to the disease management program
      - Cancer
      - HIV/AIDS
      - Trauma
      - Maternity
      - Infertility

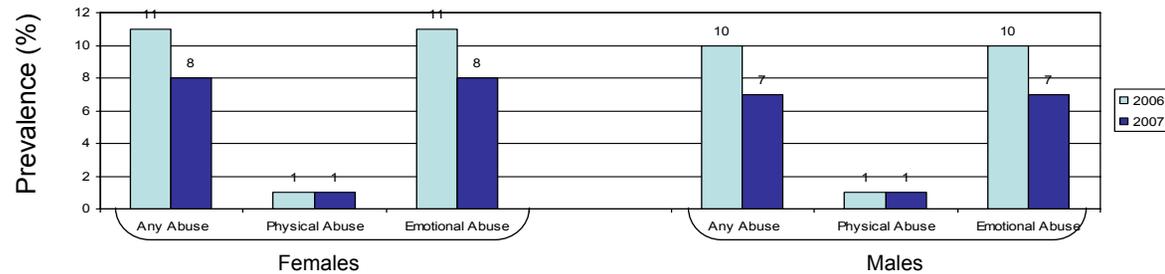
# Innovation

## Integrating Behavioral Health Outreach in the Health Assessment

- 2005 - Created company wide domestic violence training and support
- **2006 - Added domestic violence outreach questions to health assessment**
  - Response rate exceeded expectations
    - higher than expected % of men requesting resources
    - not just spouse/partner issues; also family dynamics, PTSD (rape), etc.
- **2007 - Added depression outreach questions to health assessment**
  - Response rate significant (12 %)
  - EAP utilized for outreach
- 2007 - All nurses trained on depression screening questions and warm transfers to support services
  - Occupational Nurses screen during clinic encounters
  - Disability Nurses screen during Short and Long Term Disability with special emphasis on Adjustment to Disability & Post Partum
- 2007 - Create the support infrastructure before implementation
- 2007 - On-site counselors added at each clinic location
  - Workplace counselors in 10 locations across the country to assist with personal concerns, work/life balance, having difficult conversations, management consultants and emergency response
- 2007 - Added Management Consultation with EAP to performance coaching to help support supervisors
- **2007 - Referral Pathways between programs developed with Communication Plan and Web resources**
- 2007 - Wellness for All
  - Team reviews/provides feedback on program initiatives and enhancements looking at physical, cultural and ethnic influences.
  - Looking at opportunities for disabled associates or those with a chronic medical condition.
- 2008 - Added direct referral for counseling

## Repeated Measures for 2006 – 2007

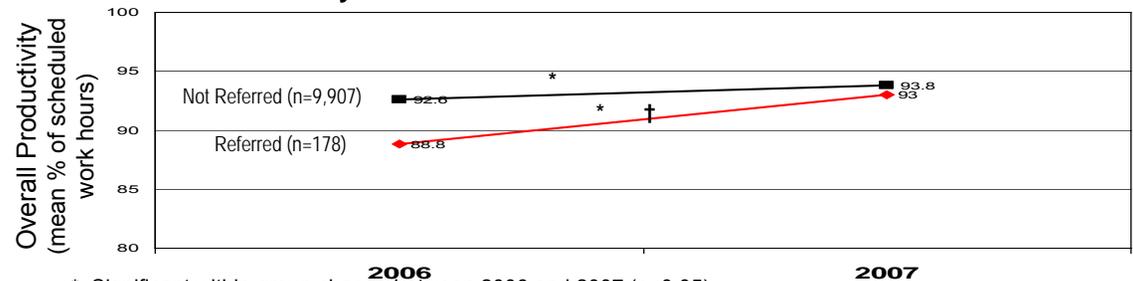
Overall absolute reduction of 3% (32.6 relative reduction) in abuse prevalence



All data based on the JourneyWell "Your Health Potential" health assessment (HA)

- Primary outcome of interest: Abusive relationships or situations
- Abuse situations were operationally defined as:
  - Verbal/emotional abuse ("In the past year, have you been verbally or emotionally abused, such as threatened, intimidated, insulted or controlled?")
  - Physical abuse ("In the past year, have you been physically abused, such as kicked or choked?")
  - Response option: "Yes", "No", or "Choose not to answer"

## Referral and Productivity Outcomes from 2006 to 2007



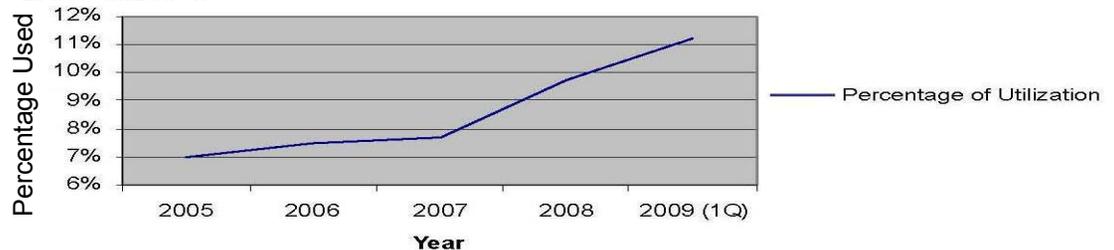
\* Significant within-group change between 2006 and 2007 ( $p < 0.05$ ).

† Significant between-group difference in change scores ( $p < 0.05$ ).

Analytical Question – Do associates who were referred for follow-up differ in terms of health and productivity outcomes as compared to their non-referred counterparts?

- Subjects included HA repeaters in 2006 and 2007 stratified by those who received a referral in 2006 and those who didn't.

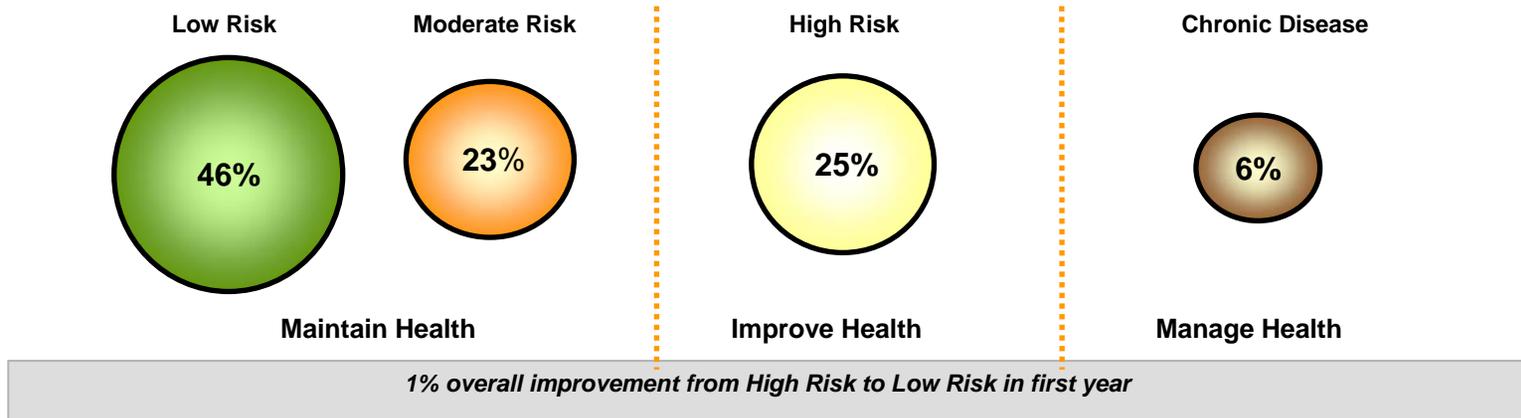
## EAP Utilization



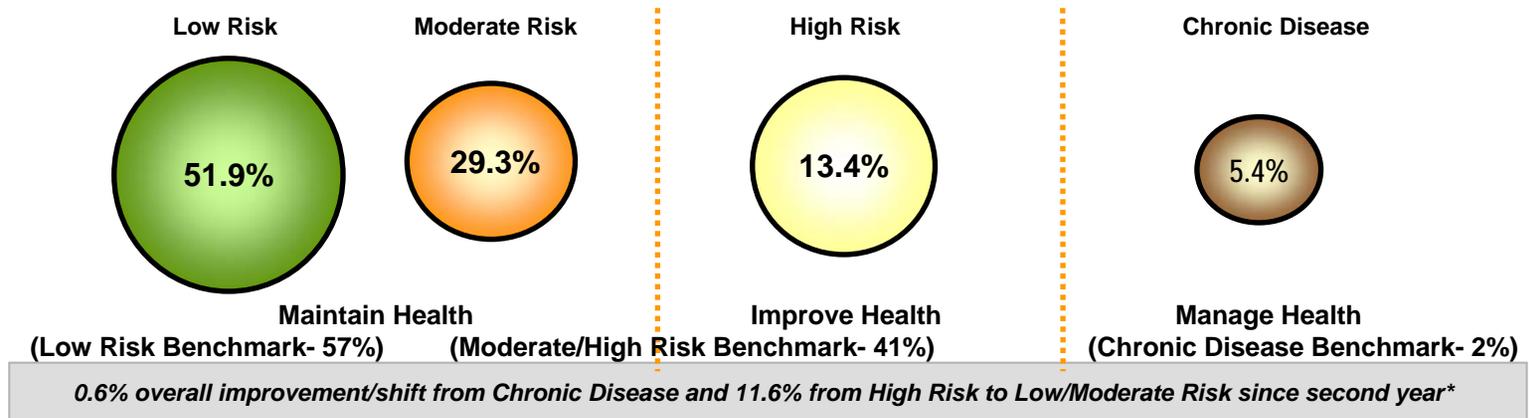
Increased programs, increased referrals, increased intervention drove no additional spend – no increase to PEPM during this period

# State of Health Risk Comparison Year 2 to Year 3

## Year 2 (2007) - Nationwide Associate "State of Health"



## Year 3 (2008) - Nationwide Associate "State of Health"



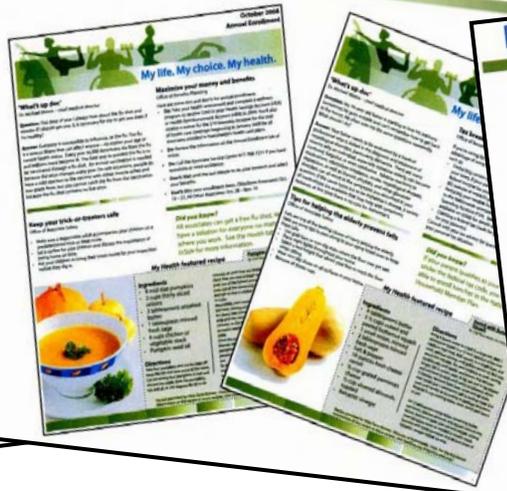
\*moved from Vendor 1 to Vendor 2

## My Health website

Program information located on the Health tab of our intranet



## My Health Monthly Online Newsletter



## Real People Show Real Success

Associates share their success stories



## Hand-in-hand

### Annual Enrollment

BENEFITS

Enroll now

Enrollment Dates:  
Ohio/Iowa Associates: Oct. 14 - 27  
All Other Associates: Oct. 26 - Nov. 10

Step One - Evaluate your health  
Step Two - Educate yourself about benefits  
Step Three - Enroll now

Complete your health assessment. Educate yourself about 2009 benefits. Make your benefits selection.

Have questions? Go to the Help Center, read some FAQs or contact someone who can help.

Making the most of your money with the Health Savings Choice plan

10/20/08 - Several years ago, Nationwide introduced a health care option to take advantage of a new tax law that allows employees to set aside money on a tax-deferred basis for health care expenses. As with anything new, it can take time to get used to it. Now that we're a few years into the program, associates are starting to see the benefits.

## My life. My choice. My health.



## My Health Promotion

Dedicated pages on internal website – used to communicate and promote all aspects of *My Health*.

Monthly Online Newsletter - monthly features include “What’s Up Doc”, safety tip, healthy recipe and consumerism article.

Associate Testimonials – associates share their success stories, which are featured on posters, single page handouts and a dedicated web page.

Incorporated with Annual Enrollment – completion of the Health Assessment gives the associate a better understanding of their overall health status and helps with selection of benefit plans that meet their specific needs.

Variety of communication materials used – brochures, table tent, posters, buttons and dedicated website pages. While branding remains constant, material content is updated with each year’s launch.

## Healthy snack breaks



On Your Side

My life.  
My choice.  
My health.

### Healthy Snack Breaks

Learn more about our health and wellness program! Support a 15 to 30 minute healthy snack break for you and your associates. Take this opportunity to learn more about our health and wellness program offerings and any of the following:

- Accompaniment points for food & beverage – Enjoy a relaxing and energizing time at lunch.
- Fundamentals of Food – Learn how your daily food choices affect your energy, weight and overall health.
- Manage stress effectively – Get tips on managing stress throughout your day.
- Treat and fit on the go – Incorporate exercise and healthy eating into your busy schedule.

### Here's how to schedule your break:

- Schedule the day, time and content a location for your break.
- Send an e-mail to [MyHealth@Nationwide.com](mailto:MyHealth@Nationwide.com)
- An Associate Health Services (AHS) representative will contact you and help you choose a topic.
- We'll offer suggestions for healthy options for the break or a lunch.
- Order your healthy snack or beverage. In California, you can contact Nationwide National with Services at 811-242-7800 to place an order. Your area will be responsible for the cost of healthy snack or lunch items.

- Healthy snacks encourage associates to learn more about health and wellness

## My Health Champions

My life.  
My choice.  
My health.

### My Health Champions Action Plan

**Peers:** Represent a role model for addressing health and wellness participation rates.

**Recommended Action Plan**

1. **Lead by Example:** Establish a personal example with participation in health care and wellness programs, along with sharing your experiences with your peers.
2. **Share with Peers:** Offer your health and wellness ideas to your peers and encourage them to participate in the program.
3. **Health and Wellness:** Offer your health and wellness ideas to your peers and encourage them to participate in the program.
4. **Healthy Living:** Offer your health and wellness ideas to your peers and encourage them to participate in the program.
5. **Healthy Living:** Offer your health and wellness ideas to your peers and encourage them to participate in the program.

**How to Get Started if you would like assistance:**

Contact an Associate Health Services representative at 811-242-7800

- Develop a personal program
- Assess your health and wellness goals
- Develop a personal program
- Assess your health and wellness goals
- Develop a personal program
- Assess your health and wellness goals

- My Health Champions toolkit to help them encourage their peers to participate in select program initiatives

- My Health Champions represent demographics and represent various geographical locations

- My Health Champions - support and spread positive message and associates about the program efforts to help associates live healthier and help Nationwide better control its health care costs

## Wellness Wednesdays

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Nationwide Health and Wellness Program

Check Out This Week's Wellness Wednesday Topic



- Associates in locations with health clinics can stop by the Wellness Wednesday information tables to learn more about the health and wellness program, and find out how they can work with a health coach to reach their health goals.

- If they're at a location without an on-site health clinic, they can access the information online.

## Healthy Holiday Challenge

My life.  
My choice.  
My health.



### Healthy Holiday Challenge

Stay active during the busy holiday season. Join all activities from holiday parties and meals and get an early start on those New Year's resolutions by participating in the Healthy Holiday Challenge.

#### Are you up for the challenge?

- Complete your health assessment.
- Sign up for 10K-A-Day.
- Submit a completion certificate or step log showing 25 days worth of steps to enter to win prizes.
- An Associate Health Services (AHS) representative will contact you and help you choose a topic.

#### Looking for other ways to stay healthy?

- Participating in the challenge isn't the only way to stay healthy! Live yourself the gift of good health by trying a few of these healthy habits:
- Be sure to drink enough water.
- Eat plenty of fruits and vegetables.
- Exercise regularly.
- Get enough sleep.
- Eat before the party.

- The Healthy Holiday Challenge encourages associates to live their healthy lifestyle changes during the holiday season.
- Our 2008 Challenge encouraged associates to increase their physical activity by participating in the 10K-A-Day program.
- Associates sent in their 10K-A-Day program completion certificates or a copy of their step log, showing a minimum of 25 days worth of logged steps. Those associates were entered into a raffle drawing to win one of fifteen \$100 Visa gift card.

## My Health Promotion

Healthy Holiday Challenge – encourage associates to continue their healthy lifestyle choices/changes during the holiday season.

Wellness Wednesdays – associates can talk with an Associate Health Services representative to learn more about healthy living and the My Health program.

Healthy snack breaks – departments can schedule a break with healthy snacks and a speaker on topics such as stretching, stress management and fundamentals of food.

My Health Champions – volunteers who support and promote the program efforts across all demographic and geographical locations.