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Brazeway, Inc.

2018 Strive Executive Review &
2019 Strategic Planning Meeting
Presented by Kapnick Insurance Group

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Summary

Key Points of the 2018 Review

Trends

- Participation remained consistent from 2017 to 2018
- Average health score remains in “low-risk” category
- 33 repeat participants made a positive change from 2017 to 2018
- Cholesterol, which is a top risk factor, had a 2% increase in low-risk participants and a 1% decrease in high-risk participants
- 35 participants scored 60 or below, which accounts for 14% of those who screened in 2018
 - Made contact with 13 participants
- Brazeway – Adrian had the highest percentage of employees in the ideal and low-risk ranges
- Brazeway – Shelbyville had the highest percentage of participants in the high and very high-risk ranges

Area for Applause

- 26 repeat participants improved their score by 10-19 points
- 8 repeat participants improved their score by 20+ points

Area for Attention

- 6 critical values

Top Health Risks

- Nicotine
- Weight Management
- Cholesterol

Goals for Upcoming Year

- Continue to increase program participation
 - Strive for 70% employee participation
- Help individuals find ways to be more accountable for their health year-round through the Kapnick Strive portal
 - Launch Strive for 5 Reward Points Program for 2019
 - Interactive Wellness Challenges (individual and/or team)
 - Utilize resources in upgraded HealthyLearn page.
- Improve scores of current top health risks and increase average health score.
 - Strive for an average health score of 80.

2018 Wellness Events

- **Health Coaching**
 - 60 & Below
 - Outbound calls to 35 participants
 - Made contact with 13 participants
 - RAS
 - Nobody enrolled in RAS for the 2018 benefit year
 - 2 participants completed RAS program for 2019 benefit year
- **Lunch & Learn**
 - Adrian Office: July 31, 2018
 - Lifestyle Not a Diet
- **2018 Screening Events:**
 - Adrian, MI
 - September 24th & October 5th
 - Hopkinsville, KY
 - October 2nd & 3rd
 - Shelbyville, IN
 - October 2nd & 3rd

Participation and Demographics

Strong participation numbers ensure eligible employees and dependents are being educated on their health risks. In addition, a more complete representation of the population is being screened, which allows for better analytics and a comprehensive view of your population's risks. The tables below show some demographics of screening participation this year and in years past.

	Brazeway Participants	Brazeway Average Age	Brazeway Average Score	Core Health Avg. Score
Brazeway 2018	249			
Repeat Participants	200			
Employees	205	43	79.1	80.5
Spouses	44			
Brazeway 2017	250			
Repeat Participants	210			
Employees	205	43	79	78
Spouses	45			
Brazeway 2016	244			
Repeat Participants	225			
Employees	200	43	74	76
Spouses	44			
Brazeway 2015	284			
Employees	228	42	73.2	76
Spouses	56			
Brazeway 2014	165			
Employees	134	44	77.2	75
Spouses	31			

Ideal =100-85 Low = 84-70 Moderate = 69-60 High = 59-50 Very High = 49-0

	2018 # of Participants	% of Participation
Male	153	61%
Female	96	39%

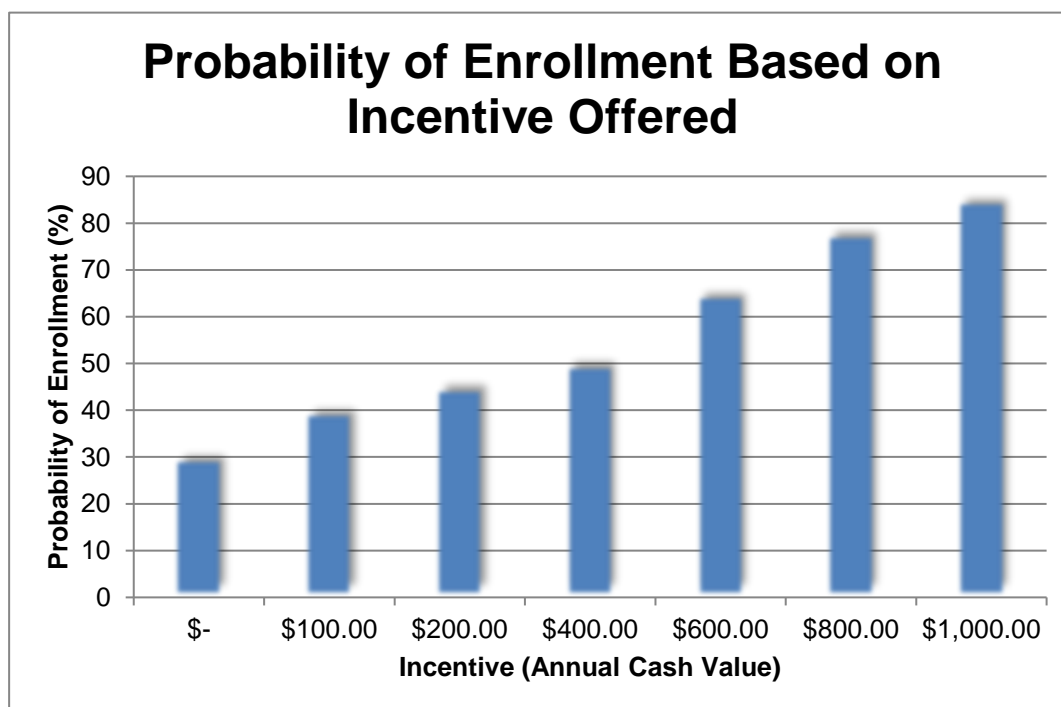
Participation/Incentive Structure

2018 Eligible Employee Participation

205/312=66%

Incentive Offered: Split Incentive		
	Participation	Participation + Met Criteria
Employee Only	\$30	\$50
Employee + Spouse	\$10	\$20

To qualify for the full wellness incentive, a previously eligible participant must have a Health Score of 70 or higher OR improve his or her Health Score by 5 points from last year's score.

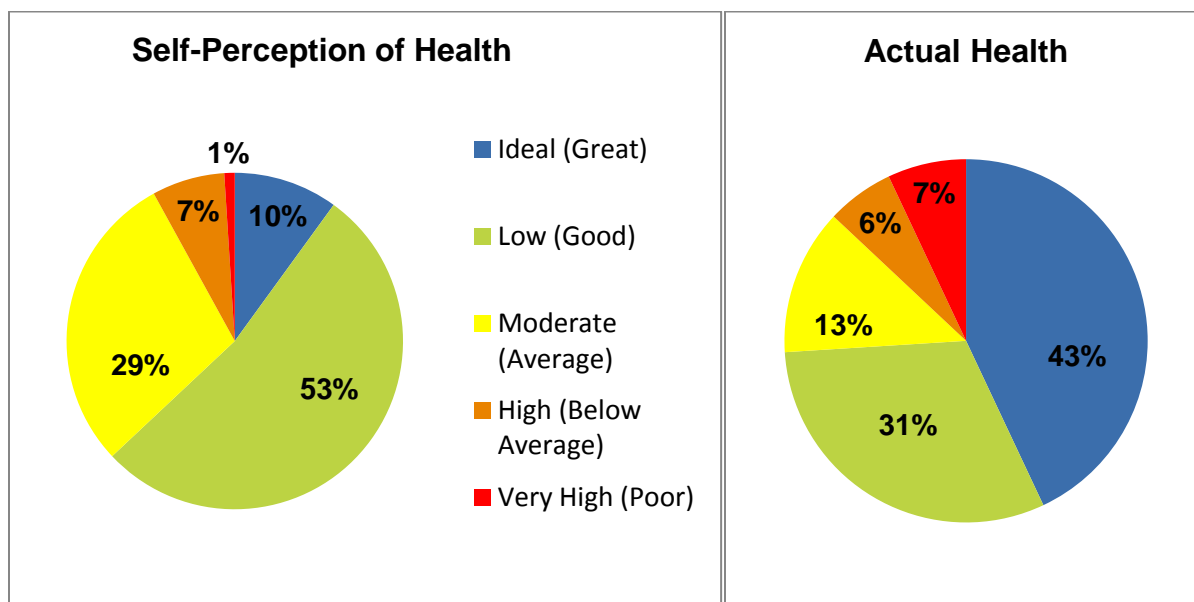


Health Score Analysis

Self-Perception vs. Actual Health

The following graphs show a comparison of participants' perception of health as self-reported on the Health Risk Assessment and their actual biometric score. This is important for bringing awareness to those who over or underestimate their current state of health.

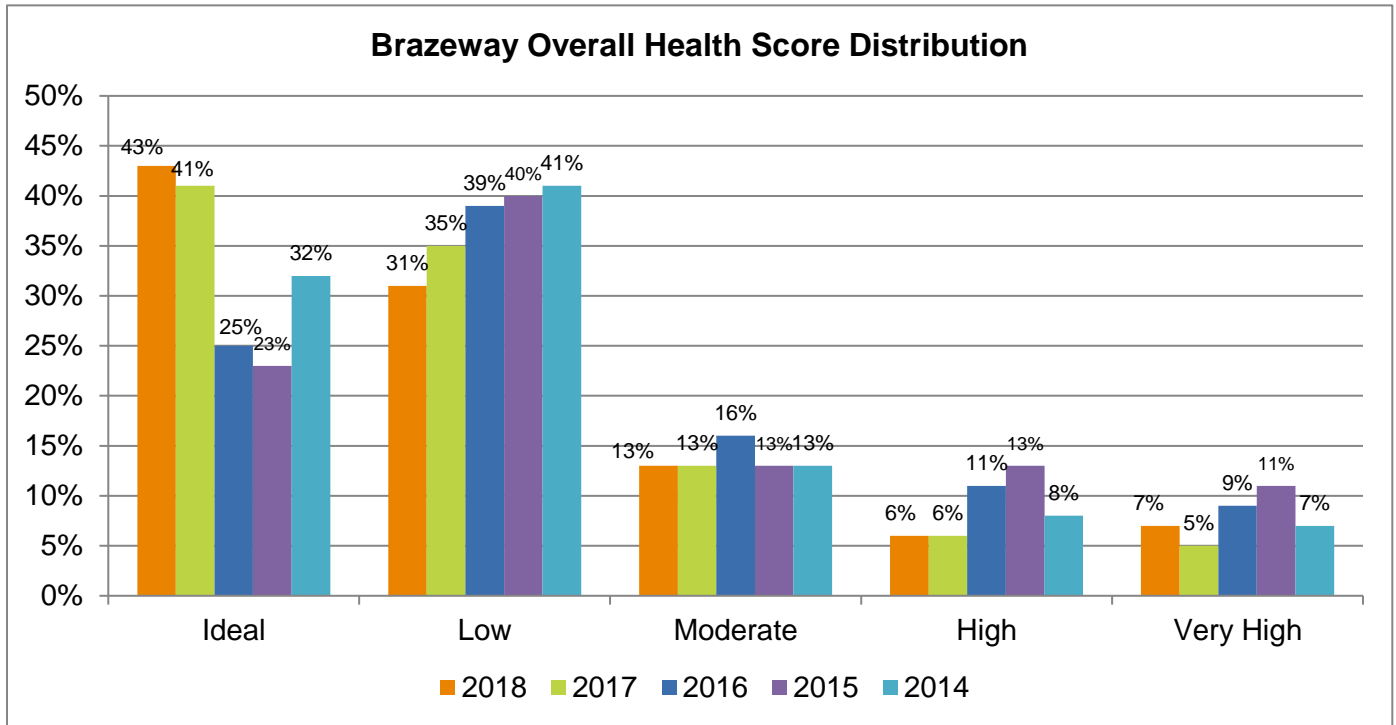
**Please note that the HRA was not mandatory this year, so self-perception of health does not reflect the entire population.



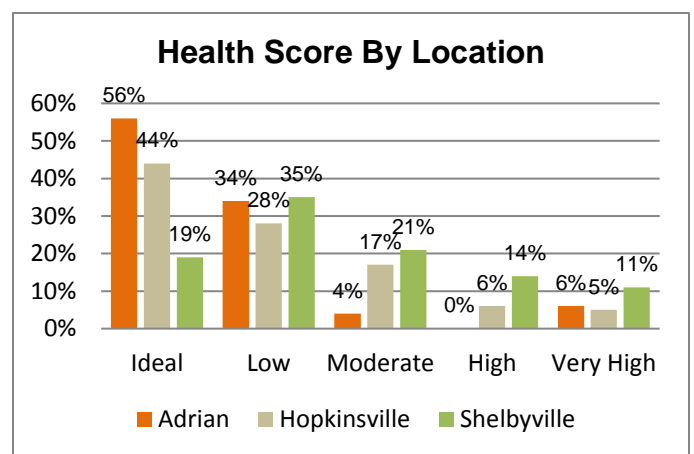
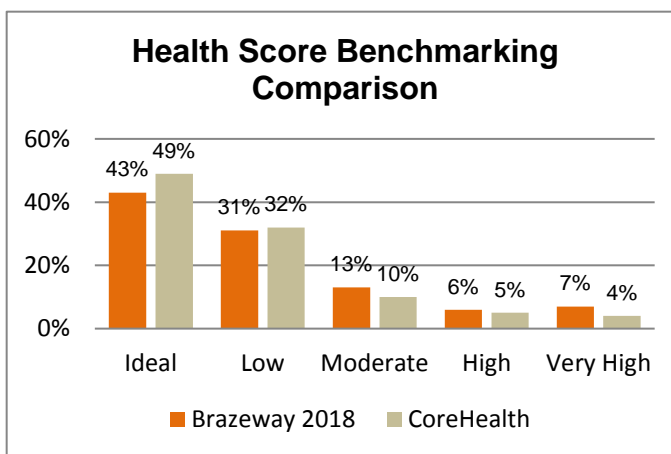
2018	Self-Reported	Actual Results
Low/Ideal Risk	63%	74%
High/Very High Risk	8%	13%

Company Average

The average health score of your population is a strong indicator of the overall wellness of your population. The graph below shows the average score of your participants compared to other years.



Ideal: (100-85) Low: (84-70) Moderate: (69-60) High: (59-50) Very High: (49-0)



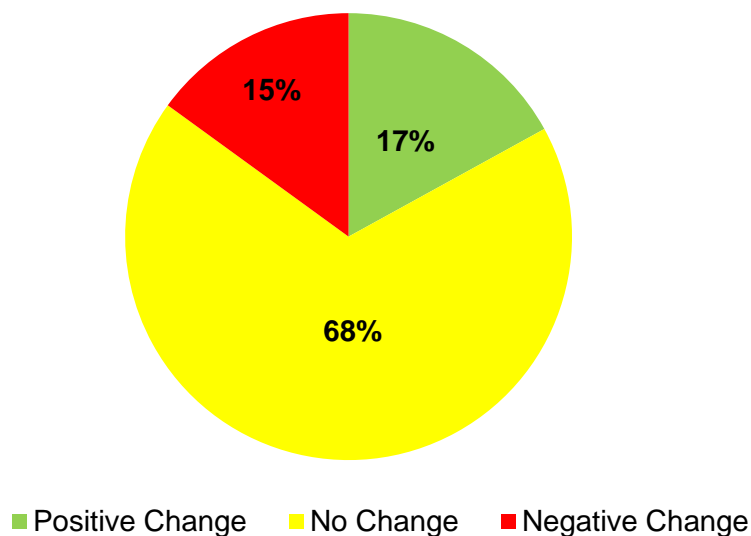
Risk Status Change for Repeat Participants

The following graph shows how participants improved from the 2017 screenings to the 2018 screenings.

Risk Status Change for Repeat Participants

■	POSITIVE CHANGE	33
■	NO CHANGE	136
■	NEGATIVE CHANGE	31

Percentage of Change



Area for Applause: 33 repeat participants made a positive change in their health from 2017 to 2018.

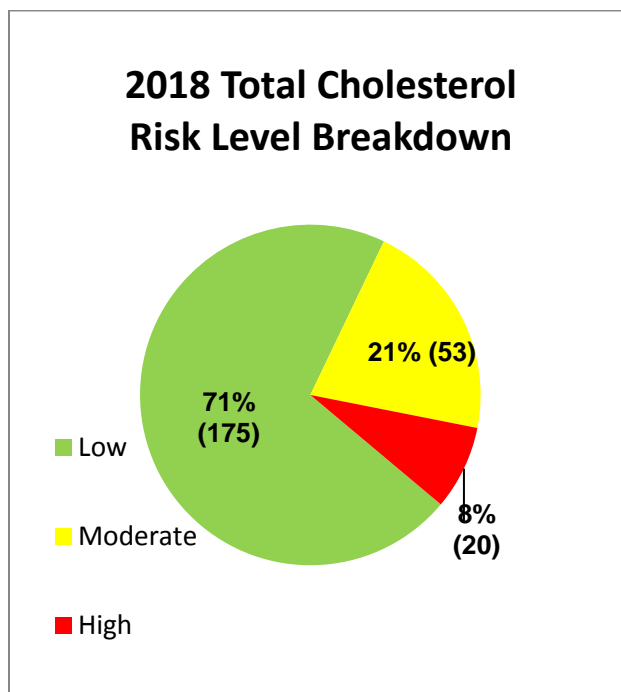
Area for Attention: 8% (15 participants) of repeat participants have remained in the high or very high risk levels.

Biometric Averages

	2014	2015	2016	2017	2018	Industry Average	CoreHealth Avg.
Total Score	77	73	74	79	79	77.8	80.5
BMI	28	30	30	30.2	30.2	30.0	29.3
Waist/Hip Ratio	.92	.90	.92	.91	.92	.92	.91
Blood Pressure: Systolic	115	118	118	118	117	119	117
Blood Pressure: Diastolic	74	73	76	77	77	77	75
Cholesterol	191	190	188	185	184	187	192
HDL (Good)	52	53	53	54	54	53.3	55
LDL (Bad)	108	109	104	105	103	105	109
Triglycerides	145	146	138	140	139	142	132
Blood Sugar	99	98	96	98	98	101	98
A1C	N/A	N/A	N/A	5.5%	5.5%	5.6%	5.5%

Heart Health: Total Cholesterol

Cholesterol is a main factor in determining overall heart health. The graph below shows the breakdown of your participants cholesterol ranges.



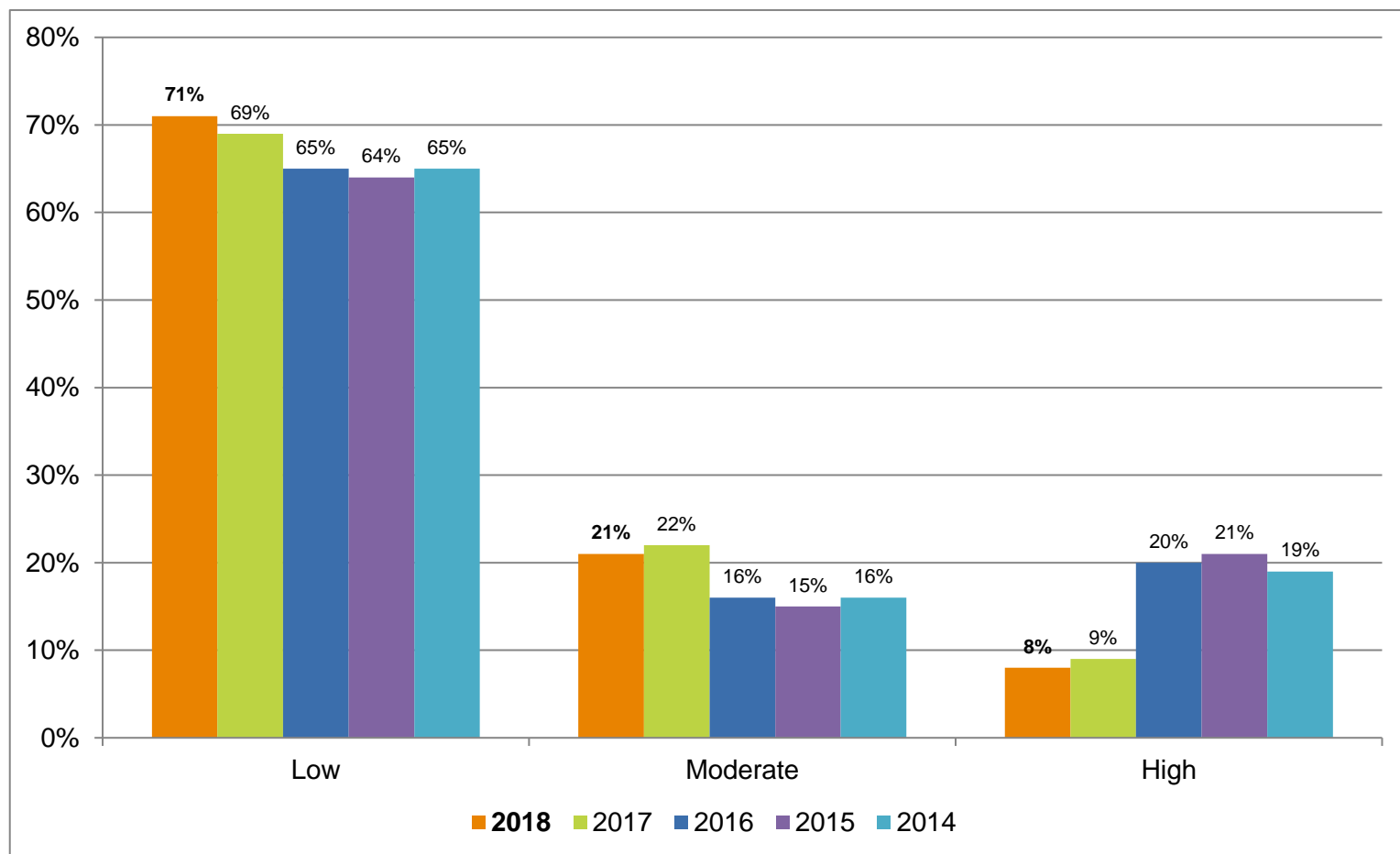
Total Cholesterol Change for Repeat Participants

■	POSITIVE CHANGE	19
■	NO CHANGE	161
■	NEGATIVE CHANGE	20

Area for Attention: 10% of repeat participants made a negative change in their total cholesterol.

Area for Applause: Over 70% of participants who screened in 2018, tested into the low-risk category for cholesterol.

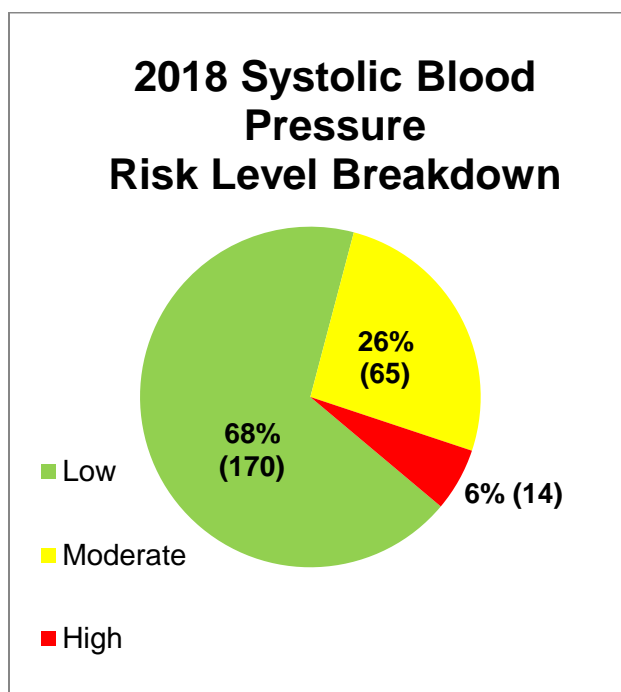
Year-to Year Cholesterol Trend



Low- (<200mg/dL) Moderate- (200-239mg/dL) High- (≥240mg/dL)

Heart Health: Systolic Blood Pressure

Blood pressure is another main factor in determining overall heart health. Systolic pressure is the pressure in the arteries when the heart is contracting. The graph below shows the breakdown of your participant's systolic blood pressure.



Systolic Blood Pressure Change for Repeat Participants

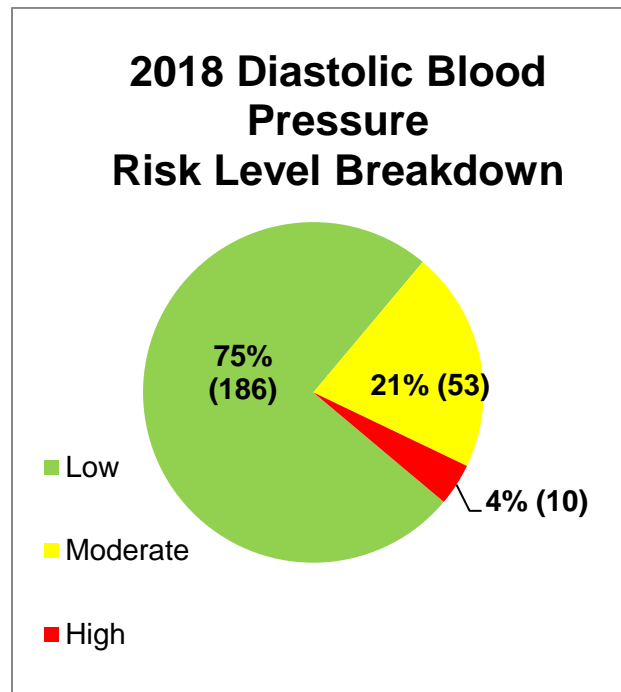
■	POSITIVE CHANGE	31
■	NO CHANGE	130
■	NEGATIVE CHANGE	39

Area for Applause: Nearly 70% of participants tested in the low-risk range.

Area of Attention: Nearly 20% (39) repeat participants made a negative change in their systolic blood pressure. Under the new blood pressure guidelines, more people will most likely be testing in the moderate or high-risk range.

Heart Health: Diastolic Blood Pressure

Blood pressure is another main factor in determining overall heart health. Diastolic blood pressure is the pressure in the arteries when the heart is relaxing. The graph below shows the breakdown of your participant's diastolic blood pressure ranges.



Low- (≤ 81 mmHg) Moderate- (82-90 mmHg)
High- (≥ 91 mmHg)

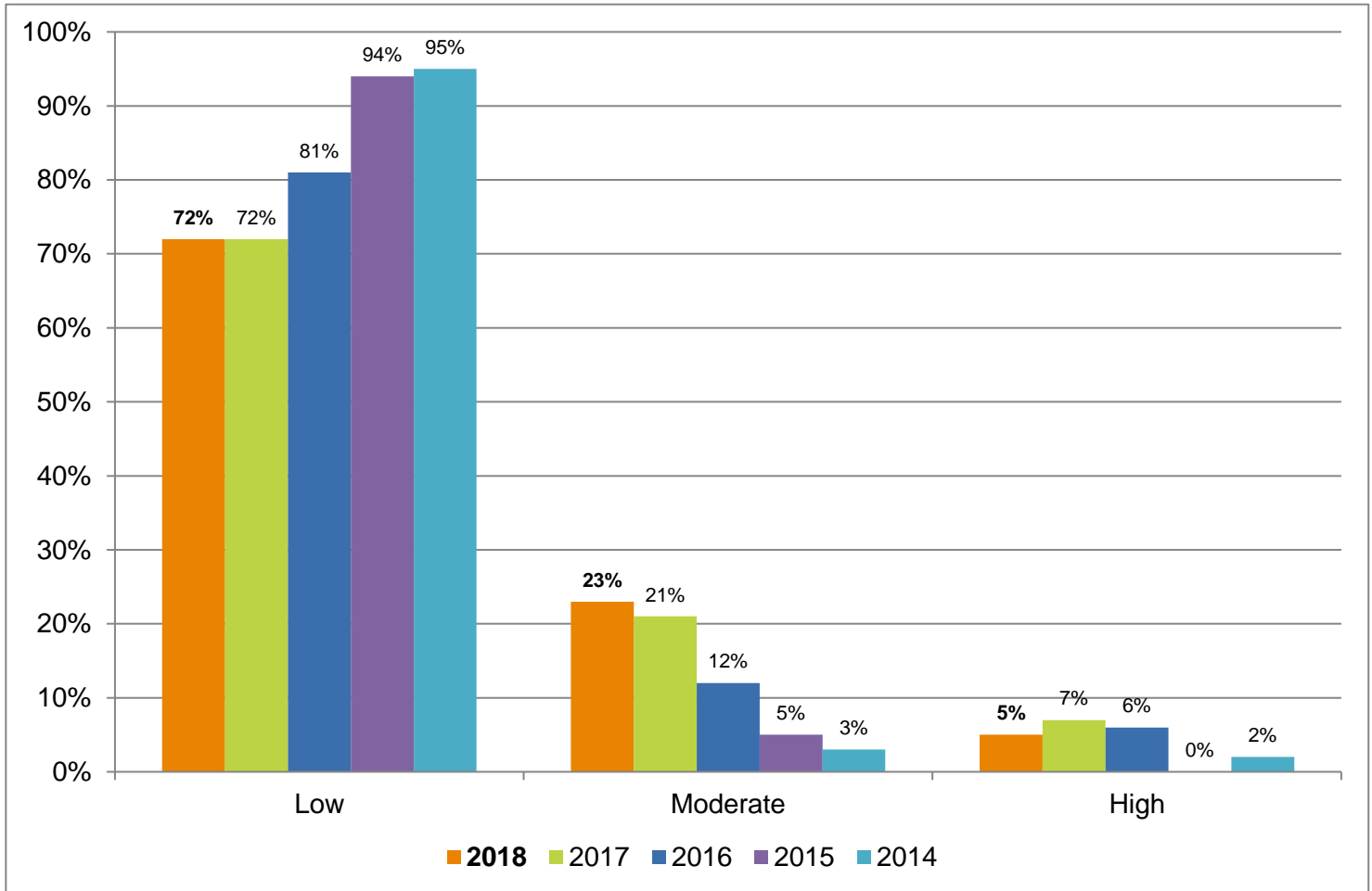
Diastolic Blood Pressure Change for Repeat Participants

■	POSITIVE CHANGE	30
■	NO CHANGE	145
■	NEGATIVE CHANGE	25

Area for Applause: The majority of the population tested in the low-risk category for diastolic blood pressure.

Area of Attention: 25 repeat participants made a negative change in their diastolic blood pressure, and 5 of those participants moved into the high-risk range.

Year-to-Year Blood Pressure Trend

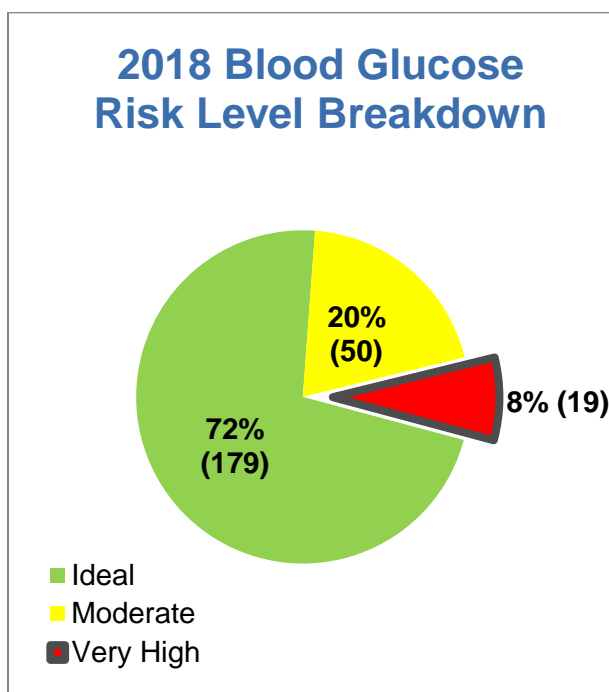


Low- ($\leq 121/81$ mg/dL) Moderate- (122/82-140/90mg/dL) High - ($\geq 141/91$ mg/dL)

Diabetes Risk: Fasting Blood Glucose

Diabetes presents a serious risk to your participants and also to your bottom line. Undiagnosed diabetics are a catastrophic claim waiting to happen, while those who are diabetic present a significant cost, especially if they are not compliant with their care.

The graph below demonstrates your populations risk for diabetes due to elevated fasting blood glucose.



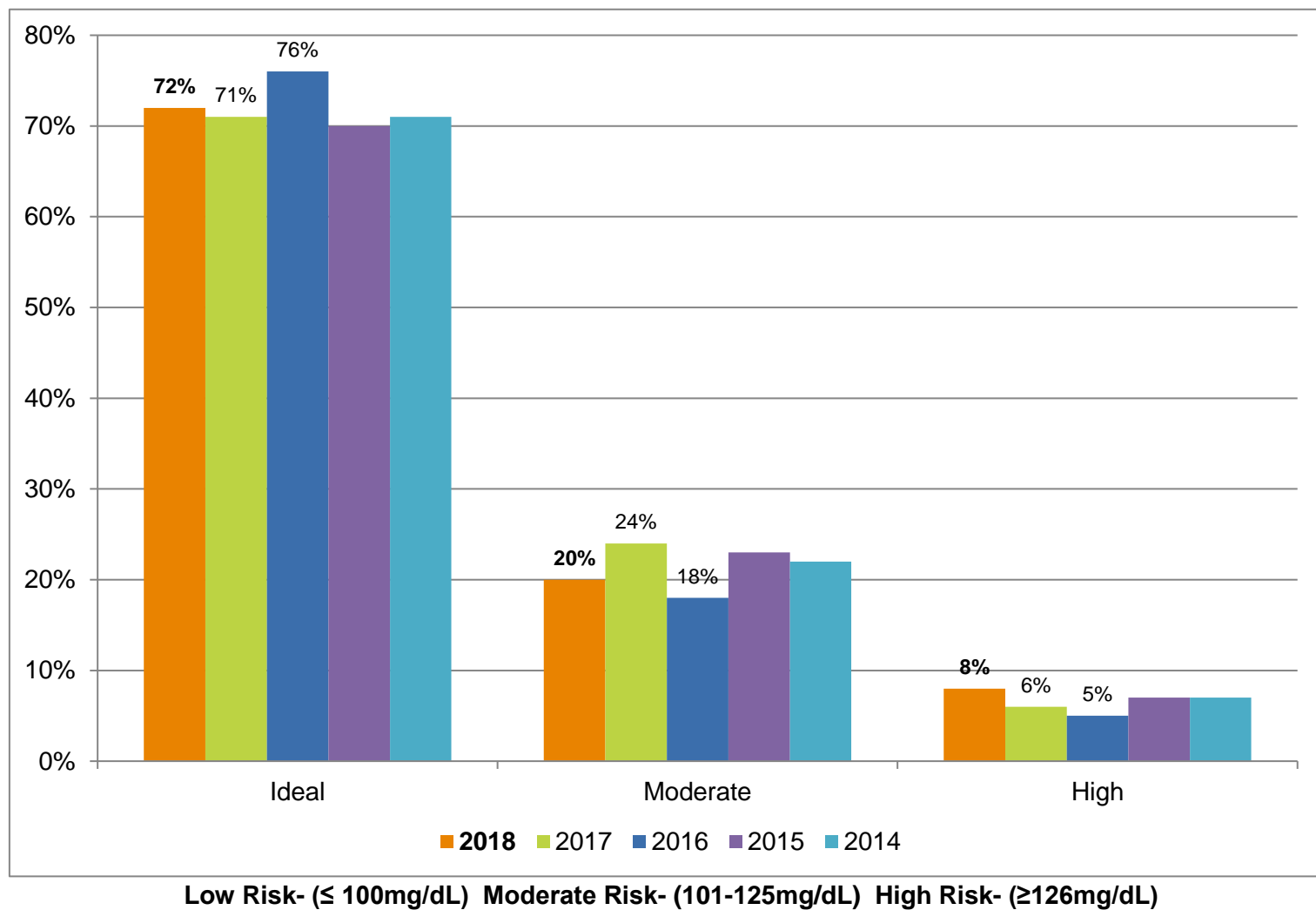
Total Blood Glucose Change for Repeat Participants

■	POSITIVE CHANGE	31
■	NO CHANGE	148
■	NEGATIVE CHANGE	21

Area for Applause: Over 70% of participants fell into the low-risk category for blood glucose.

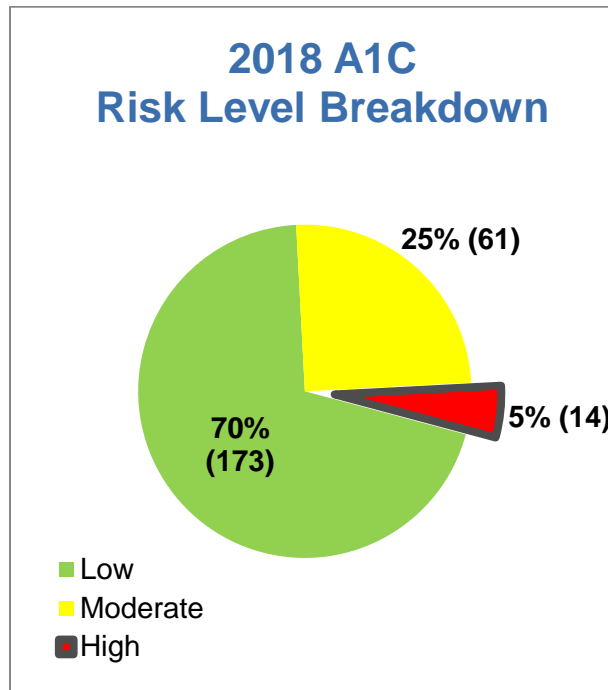
Area for Attention: 19 participants fell into the high-risk category for A1C, and 21 repeat participants made a negative change in their glucose including 7 participants who moved into the high-risk range. There is a very high likelihood that these participants are diabetic and either they don't know they are, or they are not managing their diabetes properly.

Year-to-Year Glucose Trends



Diabetes Risk: Hemoglobin A1C

Hemoglobin A1C measures average glucose levels over a 2-3 month period and is the best predictor and indicator of diabetes. Anything 6.5% or higher represents an increased risk for diabetes. Diabetes presents a serious risk to your participants and also to your bottom line. Undiagnosed diabetics are a catastrophic claim waiting to happen, while those who are diabetic present a significant cost, especially if they are not compliant with their care. The graph below demonstrates your populations risk for diabetes.



Low Risk: <5.7% Moderate Risk: 5.7%-6.4% High Risk: ≥6.5%

Total A1C Change for Repeat Participants

■ POSITIVE CHANGE	12
■ NO CHANGE	167
■ NEGATIVE CHANGE	21

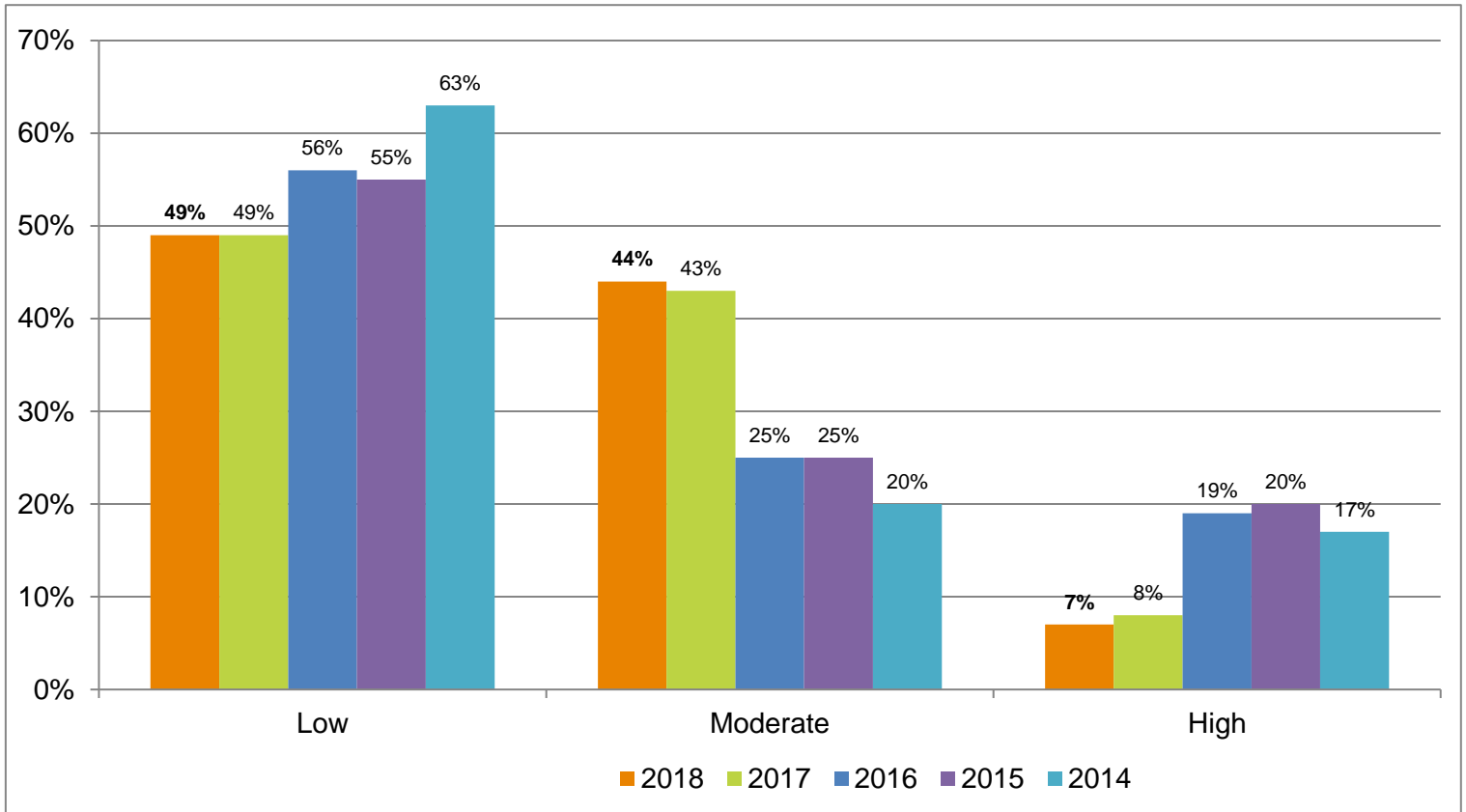
Area for Applause: 70% of participants fell into the low-risk category for A1C. Nine repeat participants improved their health and moved into the low-risk range.

Area for Attention: 14 participants fell into the high-risk category for A1C. There is a very high likelihood that these participants are diabetic and either they don't know they are, or they are not managing their diabetes properly.

Body Composition

Body Mass Index

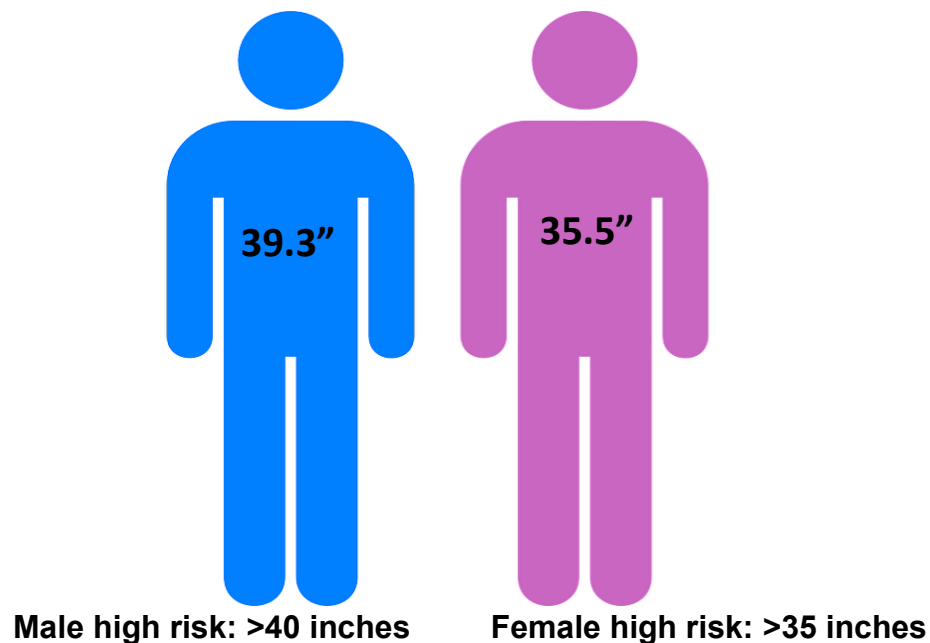
BMI is an indicator of excess body weight. Generally, those with a higher BMI are also more likely to suffer from high cholesterol, increased blood pressure, and diabetes. BMI does have its limitations, but overall is a good indication of a serious risk. The graph below demonstrates your population's risk breakdown of BMI.



Low- (18.5-29.9) Moderate- (30-39.9) High- (≥40)

Average Waist Circumference

Waist circumference is an indicator of excess body weight. Generally, those with a higher waist circumference are also more likely to suffer from high cholesterol, increased blood pressure, and diabetes. The average waist circumferences for both male and female participants are listed below.



Area for Applause: The average male waist circumference is in the low-risk category. Average female waist circumference is only half an inch over the recommendation.

Area for Attention: 47% of females and 35% of males measured in the high-risk category for waist circumference. These participants are at an increased risk for having a cardiac event.

Nicotine Use

Nicotine use presents a serious risk to individuals. Those who abuse tobacco not only have increased rates of cancer and other diseases, but they are more likely to miss work. The CDC estimates that tobacco use costs \$156 billion in lost productivity each year and \$170 billion in healthcare expenditures (CDC, 2017). The table below summarizes your participant's tobacco use, as well as self-reported tobacco use.

	2014	2015	2016	2017	2018
Tested Positive	13% (22)	27% (77)	25% (60)	21% (52)	22% (56)
Self-reported Nicotine Use	13% (22)	27% (77)	23% (56)	13% (12)	14% (34)

Nicotine Change for Repeat Participants

■	POSITIVE CHANGE	4
■	NO CHANGE	192
■	NEGATIVE CHANGE	4

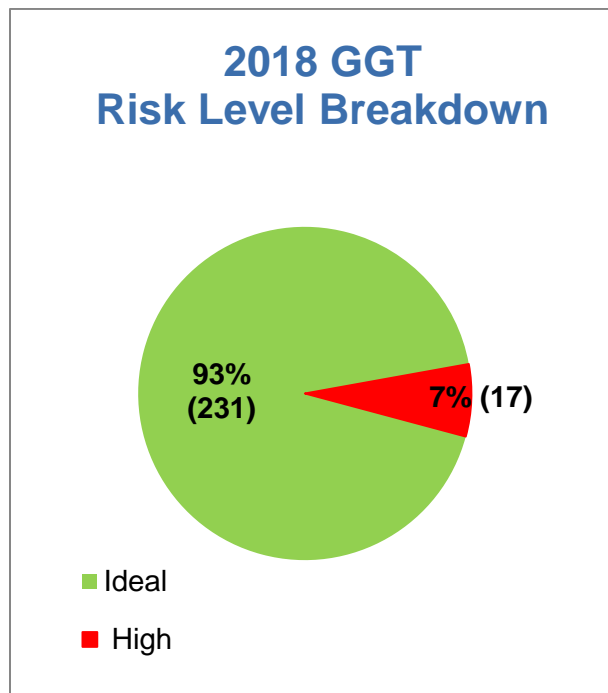
Area for Applause: Four repeat participants became tobacco free between 2017 and 2018.

Area for Attention: Tobacco increased slightly and overall usage remains pretty high among employees.

Gamma-Glutamyltransferase (GGT) Test Results

GGT is used for diagnosing and monitoring disease of the liver, gallbladder, bile ducts and bile. Levels outside of the normal range could indicate any form of liver disease or biliary obstruction.

Elevated levels of GGT can also indicate alcoholic cirrhosis or individuals who are heavy drinkers.



Low Risk: <66 High Risk: ≥66

GGT Change for Repeat Participants

■	POSITIVE CHANGE	4
■	NO CHANGE	190
■	NEGATIVE CHANGE	6

Critical Values

Critical Value (CV) is when a testing metric is elevated to a critical range that requires immediate participant notification.

Clinical Reference Laboratory's registered nurses will reach out via phone within 24 hours for Priority Level 1 results. Priority Level 2 results will generate a letter to the participant. The RN provides recommended steps and follows up when warranted.

Biometric	2018 CV	Repeat CV	Critical Range	Ideal Range
Diastolic Blood Pressure	1	0	>180/ 100	<120/80 mm/Hg
Cholesterol	1	0	>300	<200 mg/dL
Triglycerides	1	0	>500	<150 mg/dL
ALT	1	0	>150	0-45 U/L
Iron	2	0	<15 or >250	M: 59-158 ug/dL F: 37-145 ug/dL
Total	6	0		

Stand-Out Stories

- 26 participants improved their score by 10-19 points
- 8 participants improved their score by 20+ points

Participant A: Improved by 27 points moving from the very high risk category to low-risk!! They lost over 30lbs and several inches off their waist, lowered their blood pressure, triglycerides, glucose and raised HDL cholesterol.

Participant B: Improved by 25 points moving from moderate risk to ideal risk!! They lost 10lbs and several inches off their waist. They also lowered blood pressure, glucose, total cholesterol and triglycerides!

Participant C: Improved by 23 points moving from very high risk to high risk. They lost around 20lbs, lowered blood pressure, A1C, glucose and triglycerides!

2019 Recommended Wellness Strategy

I. Health Coaching

- 60 and Below
 - 35 eligible
 - Made contact with 13
- RAS for 2019 Plan Year
 - 2 participants enrolled
 - 2 participants completed
 - Communication piece mid-year reminding participants of RAS
- Tobacco Cessation
 - Our Kickin' Butts Smoking Cessation Program is available to those who are looking to become tobacco free.
 - Implementing a tobacco surcharge requires the option of a RAS program to remain compliant

II. Challenges- Via Portal

- Team Activity Challenge: TBD

III. Onsite Lunch & Learn Events

- May: TBD
- July: TBD
- September: TBD
- November: TBD

IV. Communication Materials

- Monthly Newsletter
 - Includes registration for monthly 30-minute Strive webinar

V. Health Screenings

- Late September and early October
- Health Screening Communications
 - Save the date flyer by June 1st

VI. Miscellaneous

- Strive for 5 Reward Points Program
 - Offer quarterly an annual raffles to drive year-round engagement.
- Restructure Incentive Structure
- Wellness committee consultation
- The Wellness Outlet