







EXECUTIVE REVIEW

2024 STRATEGIC PLANNING

Fritz Enterprises & Huron Valley Steel Corporation

March 12, 2024



TABLE OF CONTENTS

Section I. Summary

Key Findings

Participation

Biometric Averages

Top Risk Factors

Section II. Kapnick Lens Data

Section II. Goals and Strategies

Section III. Biometric Risk Breakdown





2023 KEY FINDINGS

- **87%** of total participation were **repeat** participants
- 71% of repeat participants remained in the **Ideal or Low** risk range and/or made a positive risk migration
- 24% of repeat participants improved by 5+ points from the previous year
 - 54% of these participants improved by 10 or more points
- 52% of participants that completed the 2023 HRA and indicated they use Tobacco also indicated that they are interested in quitting
- 58% of participants that completed the 2023 HRA indicated they are interested in losing weight
- Of those who qualified for RAS, **91.5%** of them enrolled and completed the program to earn the wellness incentive
- 80% of 2022 RAS participants had an increase in their 2023 health score
- 13 participants quit smoking! (14% of smokers quit in 2023)
 - 5 of the 13 were enrolled in RAS in the previous year
- Metabolic syndrome risk is consistently moving in a positive direction
 - Prevalence of metabolic syndrome risk has decreased 10% since 2021
 - 12% decrease in the 296 participants that have participated over the last 3 years
- 16 individuals had their results sent to their PCP via consent form
- 47% of members have a chronic condition & those members make up 85% of the total medical & Rx spend
- The top 5 chronic conditions are hypertension, obesity, hyperlipidemia, diabetes & sleep apnea. All of these conditions had a higher prevalence than benchmark
- Strive participants have a **higher rate of wellness and/or office visits** compared to non-Strive participants
- Members with screenings have a **significantly lower per member cost** than members without screenings (\$1,778 less when excluding high-cost claimants)
- Members with a health score of **70+ cost \$929 less** than members with a score below 70, when excluding high-cost claimants
- Members with a screening in both 2022 & 2023 experienced an increase in costs primarily due to an increase in diabetic & weight loss medications
- Members who completed the RAS program in 2022 are experiencing \$3,419 less in costs per member in 2023

WELLNESS PRESENTATIONS/RECORDINGS

- Happy, Healthy Heart
- Stress Busters
- Nutrition 101
- Post Health Screening Info Session
- Breaking Burnout

CHALLENGES

- 5th Annual Strive Corporate Challenge 10 participants
- HIIT for 30 4 participants
- The Beat Goes On − 3 participants

HEALTH SCREENINGS

- 26 Health Screenings Events
- 19 At-Home Screenings

STRIVE REWARD RAFFLES

- 5 winners drawn quarterly to receive \$25 cash
- 1 winner drawn annually for a grand prize of \$250 cash

ADDITIONAL OFFERINGS:

- 12 Strive Monthly Webinars
- 12 Strive Monthly Newsletters
- 4 Meditation Moments

2023 EMPLOYEE EVENTS





TOTAL PARTICIPATION

YEAR	TOTAL PARTICIPATION	% OF ELIGIBLE
2023	376	61%
2022	381	61%
2021	437	66%
2020	464	73%

Repeat
Participants:
326

BREAKDOWN OF ELIGIBLE POPULATION THAT SCREENED:

	FEI	HVS	TOTAL:
EMPLOYEES	57%	63%	60%
SPOUSES	51%	66%	58%

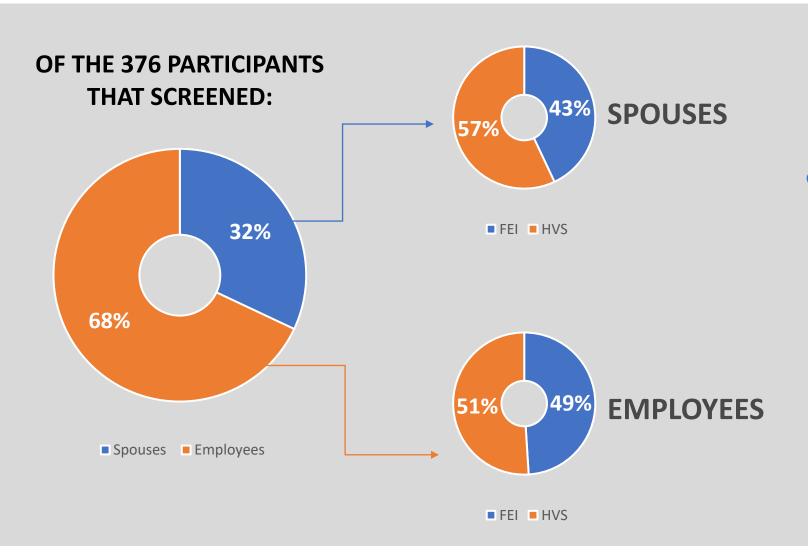


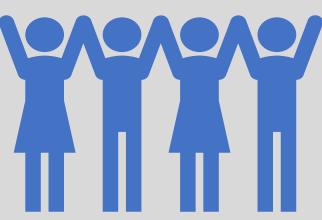
PARTICIPATION BY LOCATION

LOCATION	2023 Participation	2023 Participation %	2022 Participation	2022 Participation %	2021 Participation	2021 Participation %
FEI Alabama	5	19%	10	29%	20	56%
FEI Flint	9	69%	10	71%	12	80%
FEI Indiana	47	52%	43	51%	63	67%
FEI Michigan	72	65%	73	64%	77	63%
Fritz Products	17	61%	14	50%	19	53%
HVF Precious Metals & HVF West	27	79 %	28	76%	27	75%
HVS Alabama	93	62%	100	65%	111	71%
HVS Michigan	106	64%	103	65%	108	65%



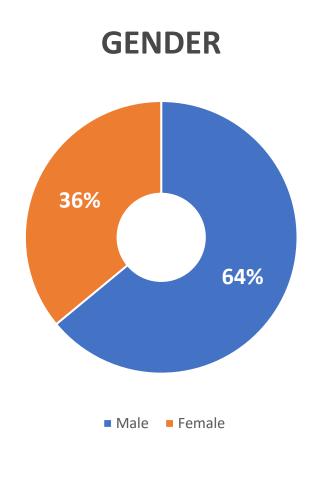
SCREENING BREAKDOWN

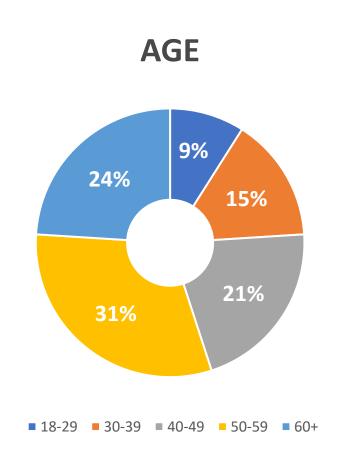






2023 DEMOGRAPHICS

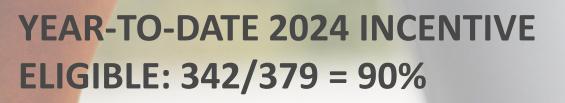




AVERAGE AGE: 49



HOW INCENTIVE WAS EARNED



2024 Incentive = \$1200 Eligible employee & spouse





PROGRAM OUTREACHES

Qualification Category:	2023	2022
60 & Below	18% of screened population (connected with 34%)	19% (connected with 57%)
RAS Reasonable Alternative Standard	24% of screened population (91.5% completed)	24% (88% completed RAS)
Critical Value	0	0

- RAS qualification remained the same at 24% for both 2022 and 2023
 - 2% increase in RAS completion from previous year
- Critical values remained at 0 for both years



2022 RAS PROGRESS

"[health coach] was very helpful with suggestions and ideas on how to get around wanting to have a cigarette"

"[health coach] was very helpful and understanding was great talking with [and] helped a lot" "Wellness care is not about today it is about the future and how you wanna live at daily changes needed"

Of the 2022 RAS participants:

- 80% had an increase in health score in 2023
- 63% satisfied the eligibility criteria to earn the 2024 wellness incentive without RAS
- 5 quit tobacco



BIOMETRIC AVERAGES

Biometric	Ideal Range	2023 Strive Benchmark	2023 Average	2022 Average	2021 Average	2020 Average
Health Score	70 - 100	78	74	74	73	73
ВМІ	18.5 - 29.9	30	31	31	31	30.9
Waist/Hip Ratio	<= 0.95	.91	0.94	0.92	0.92	0.95
BP: Systolic	≤121mmHg	119	121	119	120	123
BP: Diastolic	≤81mmHg	76	77	76	76	77
Total Cholesterol	<200mg/dL	190	182	185	184	185
HDL Cholesterol	>=50	55	53	53	51	52
LDL Cholesterol	<=129	110	102	104	104	105
Triglycerides	<150	129	137	138	149	137
Blood Glucose	≤100mg/dL	100	106	103	106	103
Hemoglobin A1C	<5.7%	5.6	5.7	5.8	5.9	5.5



AVERAGE SCORE- 74

Ideal = 100-85

Low Risk = 84-70

Moderate Risk = 69-60

High Risk = 59-50

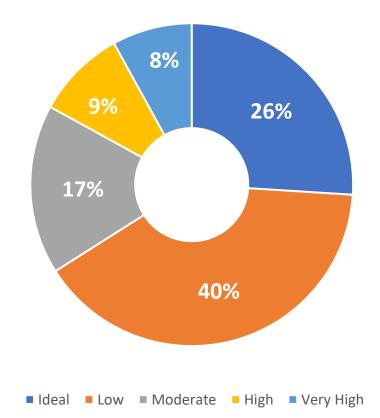
Very High Risk = 49-0

SELF-PERCEPTION VS ACTUAL HEALTH



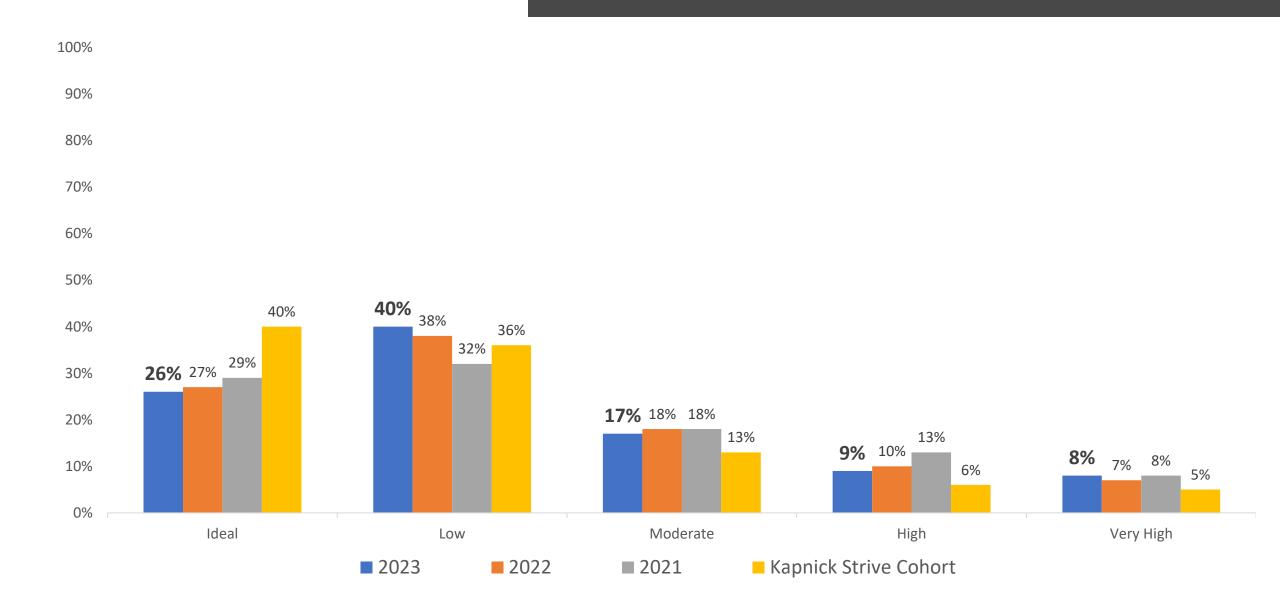
13% 35% 48% ■ Ideal ■ Low ■ Moderate ■ High ■ Very High

2023 ACTUAL HEALTH SCORE





HEALTH SCORE BENCHMARKING

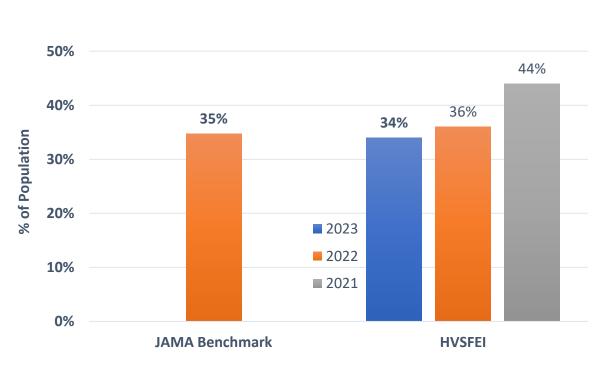


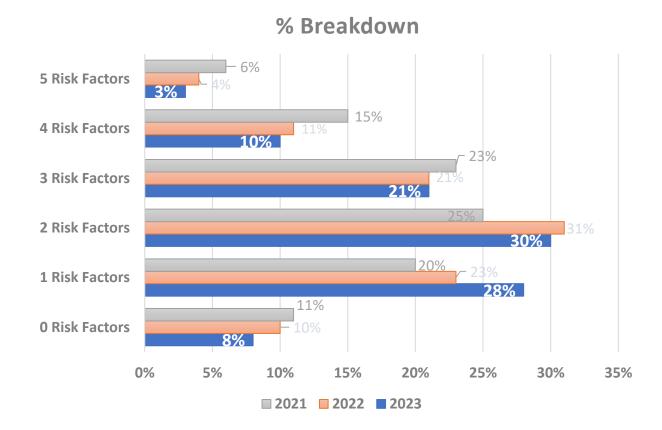


Positive Developments: 12% decrease in the 296 participants that have participated over the last 3 years.

METABOLIC SYNDROME RISK

Prevalence of Metabolic Syndrome – 3 or more risk factors





The National Institutes of Health guidelines define metabolic syndrome as having three or more of the following traits, including traits you're taking medication to control:

- •Large waist A waistline that measures at least 35 inches for women and 40 inches for men
- •High triglyceride level 150 milligrams per deciliter (mg/dL) or higher of this type of fat found in blood
- •Reduced "good" or HDL cholesterol Less than 40 mg/dL in men or less than 50 mg/dL in women of high-density lipoprotein (HDL) cholesterol
- •Increased blood pressure 130/85 millimeters of mercury (mm Hg) or higher
- •Elevated fasting blood sugar 100 mg/dL or higher

Source: Journal of the American Medical Association. 2020; 232(24



REPEAT PARTICIPANT RISK CHANGE

Repeat Participants – 326

REMAINED IDEAL/LOW
AND/OR MADE
POSITIVE RISK
MIGRATION

232 971%

Remained Ideal/Low: 192

Made a Positive Risk Migration: 40

REMAINED MODERATE
OR HIGH/V HIGH

51 2 16%

MADE A NEGATIVE RISK MIGRATION

43 😕 13%

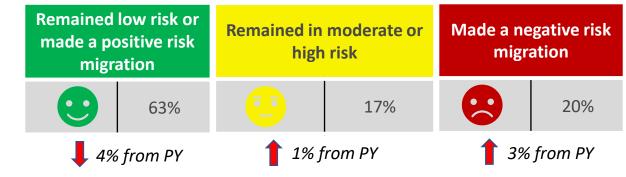


REPEAT PARTICIPANT - BIOMETRIC RISK CHANGE Heart Health

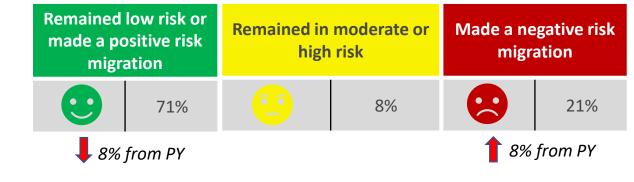
Total Cholesterol

Remained low risk or made a positive risk migration		Remained in moderate or high risk		Made a negative risk migration	
•	74%	<u> </u>	17%		9%
2% from PY		15% from PY		7% from PY	

Systolic Blood Pressure



Diastolic Blood Pressure



What is the difference?

Key: PY = Previous Year

Positive change

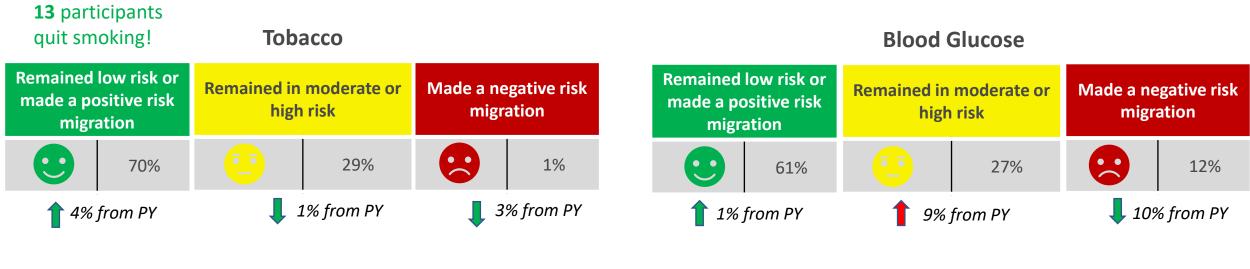
Negative change

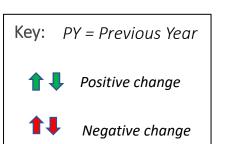
Systolic blood pressure (the top number) measures the force of blood against artery walls when the heart contracts.

Diastolic blood pressure (the bottom number) measures the same force when the heart is at rest between beats.



REPEAT PARTICIPANT - BIOMETRIC RISK CHANGE Tobacco & Diabetes Management



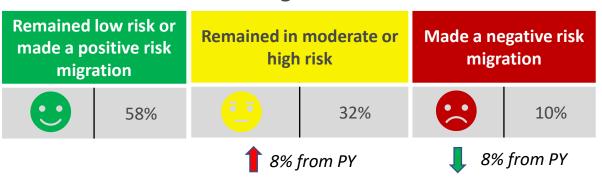


What is the difference?

Blood Glucose: (blood sugar) measure of the amount of sugar (glucose) in your bloodstream at a given moment. It can fluctuate throughout the day in response to food, exercise, and other factors.

Hemoglobin A1C: is a measure of your average glucose levels over the past 2-3 months. Provides long-term view of your blood sugar control and used to assess diabetes management.

Hemoglobin A1C





TOP RISK FACTORS









BODY COMPOSITION







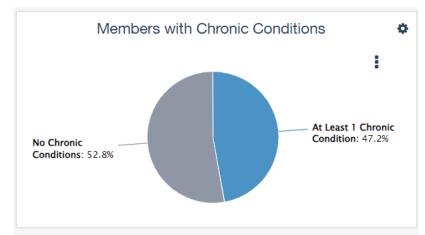


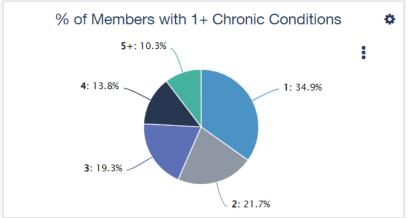
CHRONIC CONDITIONS & HEALTH SCREENING CLAIMS ANALYSIS





Chronic Condition Prevalence





- 47.2% (400) of members on HVSFEI's health plan have at least 1 chronic condition
 - This is above the Kapnick book of business benchmark which is 42.0%
- Of the members with a chronic condition, 34.9% (139) have only 1 while 65.1% (261) have more than 1
 - This is unfavorable compared to benchmark which had 46% with only 1 and 54% with more than 1
- The top 5 chronic conditions are hypertension, obesity, hyperlipidemia, diabetes & sleep apnea
 - All 5 chronic conditions have a higher prevalence as compared to benchmark
- Compared to benchmark, HVSFEI has a higher average age & higher member ratio
 - The avg age was 39.1 compared to benchmark at 36.1
 - The member ratio was 2.2 compared to benchmark at 2.1; being above benchmark is driven by spouses

Methodology for the Chronic Condition Section:

- All members enrolled in the health plan are included
- Data is from the most recent 12 months ending Dec 2023 on an incurred basis
- The definition of "chronic condition" includes additional conditions as compared to the definition from last year's Strive presentation





Chronic Condition Cost

Year	Total Allowed Amount	Total Allowed with Chronic Conditions	Chronic Condition % of Total Cost	Chronic Condition % of Total Cost (Benchmark)
2021	\$6.4M	\$5.4M	84%	73%
2022	\$6.6M	\$5.3M	79%	73%
2023	\$7.5M	\$6.4M	85%	75%



While members with chronic conditions make up 47% of membership, they make up 79% - 85% of the total spend

Methodology:

- All members enrolled in the health plan are included except for a newborn member with over \$1.5M in total claims
- Data is from Jan 2021 through Dec 2023 on an incurred basis





Chronic Condition PMPM Cost

Year	PMPM Total Cost	PMPM <u>with</u> Chronic Condition	PMPM <u>without</u> Chronic Condition	PMPM <u>with</u> Chronic Condition (Benchmark)	PMPM <u>without</u> Chronic Condition (Benchmark)
2021	\$527	\$826	\$133	\$772	\$165
2022	\$546	\$851	\$176	\$751	\$168
2023	\$650	\$1,062	\$149	\$825	\$179

The PMPM cost of members with chronic conditions is 4.8-7.1x higher than members without chronic conditions

The PMPM cost of members with chronic conditions is 4.5-4.7x higher than members without chronic conditions

Methodology:

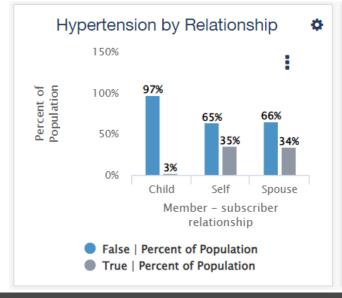
- All members enrolled in the health plan are included except for a newborn member with over \$1.5M in total claims
- Data is from Jan 2021 through Dec 2023 on an incurred basis

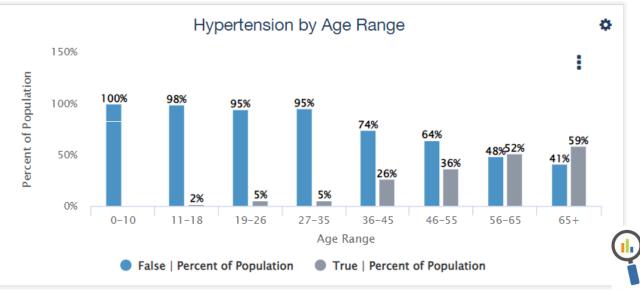




Hypertension: Demographics

Year	Hypertensive Members (Employees)	Hypertensive Members (Spouses)	Hypertensive Members (Dep CH)	Hypertensive Members (Total)	Hypertensive Members (% of Total Population)
2021	196	95	11	302	28.9%
2022	191	88	8	287	27.6%
2023	177	83	10	270	27.8%





Kapnick



Hypertension: Gaps in Care

Year	Total Hypertensive Members	Total Hypertensive Members (enrolled full 12 months)	Total Hypertensive Members with No Maintenance Rx (enrolled full 12 months)	Total Hypertensive Members with No Maintenance Rx Strive Participant (in 2023)	Of the 2023 Strive Participants High Blood Pressure Stage 2 (High-Risk)
2021	302	174	16 (9.2%)	-	-
2022	287	170	25 (14.7%)	-	-
2023	270	159	19 (11.9%)	13	2

High-Risk Member 1:

- A 52 y/o employee
- Participated in Strive in both 2022 & 2023 with a decreasing score of 84 to 81
- Identified as having HBP Stage 1 in 2022 & Stage 2 in 2023, with no maintenance medications in either year
 - Used to take HBP Rx in 2021
- Minimal annual claims only \$521 in 2023
- The member reviewed the health report postscreening

High-Risk Member 2:

- A 52 y/o employee
- Participated in Strive in both 2022 & 2023 with an increasing score of 50 to 58
- Identified as having HBP Stage 2 in 2022 & 2023, with no maintenance medications in 2023
 - Used to take HBP Rx in 2021 & 2022
- \$0 total claims in 2023
- The member reviewed the health report postscreening with a health coach

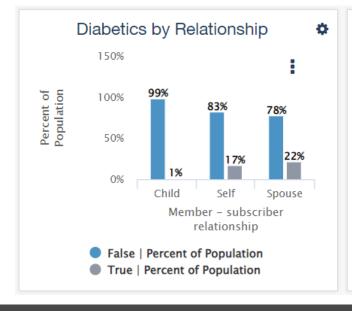
Success Stories:

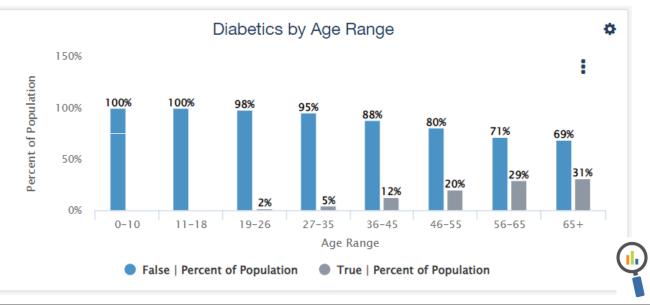
- 1. Of the 13 Strive participants without HBP-Rx, 5 improved their BP status from the previous year without medication
- 2. A 37 y/o EE had HBP Stage 1 in 2022 & started taking HBP-Rx in 2023
 - The member viewed the health report post-screening
- 3. A 61 y/o spouse had elevated BP in 2022 & started taking HBP-Rx in 2023
 - The member viewed the health report post-screening



Diabetes: Demographics

Year	Diabetic Members (Employees)	Diabetic Members (Spouses)	Diabetic Members (Dep CH)	Diabetic Members (Total)	Diabetic Members (% of Total Population)
2021	75	49	6	130	12.4%
2022	80	53	3	136	13.1%
2023	81	55	2	138	14.2%





Kapnick



Diabetes: Gaps in Care

Year	Total Diabetic Members	Total Diabetic Members (enrolled full 12 months)	Total Diabetic Members with No Maintenance Rx (enrolled full 12 months)	Total Diabetic Members with No Maintenance Rx Strive Participant (in 2023)	Of the 2023 Strive Participants Diabetic (High-Risk)
2021	130	90	17 (18.9%)	-	-
2022	136	92	14 (15.2%)	-	-
2023	138	102	12 (11.8%)	9	2

High-Risk Member 1:

- A 56 y/o spouse
- Participated in Strive in both 2022 & 2023 with an increasing score of 74 to 81
- Identified as having diabetes in 2022 & 2023, with no maintenance medications in either year
- Minimal annual claims only \$521 in 2023
- The member did not review the health report post-screening

High-Risk Member 2:

- Same as high-risk member 2 on HBP slide
- A 52 y/o employee
- Participated in Strive in both 2022 & 2023 with an increasing score of 50 to 58
- Identified as having prediabetes in 2022
 & diabetes 2023
 - Used to take diabetes Rx in 2022
- \$0 total claims in 2023
- The member reviewed the health report post-screening with a health coach

Success Story Member 1:

- A 60 y/o employee
- Participated in Strive in both 2022 & 2023 with a decreasing score of 59 to 51
- Identified as having diabetes in 2022 & 2023
- Started taking diabetic Rx in 2023
- The member reviewed the health report post-screening with a health coach, enrolled in RAS & completed the program

Success Story Member 2:

- A 76 y/o employee
- Participated in Strive in both 2022 & 2023 with an increasing score of 92 to 93
- Identified as having prediabetes in 2022 & 2023
- Started taking diabetic Rx in 2023
- The member reviewed the health report post-screening



Screening Overview

Participated in the Health Screening	Total
Enrolled in Health Plan	366
Enrolled all 12 Months	347
Had 0 Claims	50
% Total w/ 0 Claims (Enrolled 12 Months)	14.4%

Did not Participate in the Health Screening	Total
Enrolled in Health Plan	274
Enrolled all 12 Months	193
Had 0 Claims	42
% Total w/ 0 Claims (Enrolled 12 Months)	21.8%

- Of the 50 strive participants with no claims:
 - The average age was 44.5
 - The average health score was 75.1
 - Of any member with at least 1 claim, the average health score was 74.8 & the average age was 51.3
- Of the 42 non-strive participants with no claims:
 - The average age was 43.7
 - Of any member with at least 1 claim, the average age was 52.1

- Employees & spouse enrolled in the health plan & eligible to participate in health screenings in 2023 were included (dependent children excluded)
- Data is from Jan 2023 through Dec 2023 on an incurred basis





Wellness/Office Visit

Participated in the Health Screening	Total
Enrolled in Health Plan	366
Enrolled all 12 Months	347
Had a Wellness Visit	99
% with a Wellness Visit (Enrolled 12 Months)	28.5%
Had an Office Visit	246
% with an Office Visit (Enrolled 12 Months)	70.9%
Had a Wellness or Office Visit	263
% with a Wellness or Office Visit (Enrolled 12 Months)	75.8%

Did not Participate in the Health Screening	Total
Enrolled in Health Plan	274
Enrolled all 12 Months	193
Had a Wellness Visit	45
% with a Wellness Visit (Enrolled 12 Months)	23.3%
Had an Office Visit	133
% with an Office Visit (Enrolled 12 Months)	68.9%
Had a Wellness or Office Visit	136
% with a Wellness or Office Visit (Enrolled 12 Months)	70.5%

- Those who participated in the health screening had a higher rate of having a wellness visit or an office visit
- An office visit is defined as a non-urgent/emergent visit with a doctor

- Employees & spouses enrolled in the health plan & eligible to participate in health screenings in 2023 were included (dependent children excluded)
- Data is from Jan 2023 through Dec 2023 on an incurred basis





Screenings & Cost

	Members with Screenings				Eligible Membe	ers without Screening	gs (EE/SP) 🌼
	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member		Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member
1	358	\$2,431,937	\$6,793	1	193	\$2,820,113	\$14,612
	Members wi	ith Screenings (Excl	2 HCC)	Е	ligible Members with	nout Screenings (EE/	/SP, Excl 7 HCC) 🌣
	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member		Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member
1	356	\$2,121,676	\$5,960	1	186	\$1,439,291	\$7,738

- Members with screenings cost \$7,819 less than members without screenings
- When excluding high-cost claimants (HCCs) over \$100k, members with screenings cost \$1,778 less than members without screenings
- There were 2 members in the screening group with HCC over \$100k:
 - A 63 y/o spouse had \$159k in claims due to heart disease
 - The member's health score increased from 78 to 89 from 2022 to 2023
 - The member took HBP-Rx for at least the past 4 years
 - A 72 y/o employee had \$152k in claims due to a "stricture of artery"
 - The member's health score decreased from 85 to 72 from 2022 to 2023
 - The member had HBP, but only had 2 HBP-Rx in 2021 & 1 in 2022
- In all 4 categories above, "diseases of the circulatory system" was the diagnostic category with the most spend

- Employees & spouses enrolled in the health plan & eligible to participate in health screenings in 2023 were included (dependent children excluded)
- Data is from Jan 2023 through Dec 2023 on an incurred basis





Screenings & Cost

	Members with Screenings (by Relationship)					Eligible Membe	ers without Scr	eenings (by Rel	ationship) 🌣
	Member - subscriber relationship	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member		Member - subscriber relationship	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member
1	Self	240	\$1,372,686	\$5,720	1	Self	132	\$2,144,706	\$16,248
2	Spouse	117	\$1,058,870	\$9,050	2	Spouse	61	\$675,407	\$11,072
1	Members with S	Screenings (by	Relationship, E	xcl 2 HCC) 🌣	E	Eligible Member	s without Scree	enings (by Rel, E	Excl 7 HCC) 🌣
	Member - subscriber relationship	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member		Member - subscriber relationship	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member
1	Self	239	\$1,221,166	\$5,109	1	Self	126	\$946,518	\$7,512
2	Spouse	116	\$900,129	\$7,760	2	Spouse	60	\$492,773	\$8,213

- In the members with screenings group, regardless of HCC activity, spouses cost more than employees
- In the members without screenings group, employees cost more; however, 7 members had claims over \$100k in this group (6 employees and 1 spouse), when excluding HCCs, spouses cost more than employees

- Employees & spouses enrolled in the health plan & eligible to participate in health screenings in 2023 were included (dependent children excluded)
- Data is from Jan 2023 through Dec 2023 on an incurred basis





Cost by Health Score

	Health Score 70 and Above					Health Score 70 and Above					ow 🌣
	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member			Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member			
1	239	\$1,649,150	9	\$6,900	1	119	\$782,787	\$6,578			
	Health Score	70 and Above (Ex	ol 2 HCC)	٥							
	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member			No members in this group had costs over \$100k					
1	237	\$1,338,889	9	\$5,649							

- Members with a health score of at least 70 cost more than members with a health score below 70; however, this is skewed by the 2 HCC with scores over 70
- When excluding those members, members with a health score of at least 70 cost \$929 less than members with scores below 70

- Employees & spouses enrolled in the health plan & eligible to participate in health screenings in 2023 were included (dependent children excluded)
- Data is from Jan 2023 through Dec 2023 on an incurred basis





Cost by Health Score

	Health Score fo	or All Members (Ex	(cl 2 HCC)		Hea	alth Score 60-69	٥
	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member		Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member
1	356	\$2,121,676	\$5,960	1	62	\$370,682	\$5,979
Health Score 85-100 (Excl 1 HCC)					Health Score 50-59		
	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member		Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member
1	96	\$574,393	\$5,983	1	28	\$184,615	\$6,593
	Health Sco	ore 70-84 (Excl 1	HCC) 🌼		He	ealth Score 0-49	٥
	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member		Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member
1	141	\$764,496	\$5,422	1	29	\$227,491	\$7,845

- The 85-100, 70-84 and 60-69 health score groups all had average costs below \$6,000
- The 50-59 and 0-49 groups had average costs above \$6,000
- The HCCs were excluded

- Employees & spouses enrolled in the health plan & eligible to participate in health screenings in 2023 were included (dependent children excluded)
- Data is from Jan 2023 through Dec 2023 on an incurred basis





	Members with Screenings								
	Year number	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member					
1	2022	317	\$2,172,081	\$6,852					
2	2023	317	\$2,229,945	\$7,035					
Members with Screenings (Excl 4 HCC)									
	Membe	ers with Screeni	ings (Excl 4 HC	C) •					
	Member	Member ID (Count Distinct)	ings (Excl 4 HC Medical/RX Provider Allowed Amount	C) 🌣					
1		Member ID	Medical/RX Provider	Allowed per					

- Repeat participants experienced a 3% increase in costs
- When excluding HCCs, repeat participants experienced a 10% increase
 - Members who had a health score increase averaged a 29% increase
 - Members who had the <u>same</u> health score averaged a 2% decrease
 - Members who had a health score <u>decrease</u> averaged a 2% <u>decrease</u>
- Members who had the same health score had the lowest cost. 10 of the 40 members had a score of 100 both years

Repeat Participants

	Health Score Increased (Excl 3 HCC)								
	Year number	Member ID (Count Distinct)	Provider						
1	2022	119	\$644,433	\$5,415					
2	2023	119	\$830,122	\$6,976					
	Health Score Stayed the Same								
	Year number	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member					
1	2022	40	\$168,519	\$4,213					
2	2023	40	\$165,477	\$4,137					
	Health	Score Decreas	sed (Excl 1 HCC	D) •					
	Year number	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member					
1	2022	154	\$902,217	\$5,859					
2	2023	154	\$883,776	\$5,739					





Repeat Participants

	Health Score Improved by 15+					Health S	core Improved I	oy 5-9 (Excl 2 H	CC) 🌼
	Year number	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member		Year number	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member
1	2022	21	\$83,112	\$3,958	1	2022	31	\$153,115	\$4,939
2	2023	21	\$146,542	\$6,978	2	2023	31	\$227,304	\$7,332
	Health Sco	ore Improved by	y 10-14 (Excl 1 l	HCC) 🌣		Health Score Improved 1-4			
	Year number	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member		Year number	Member ID (Count Distinct)	Medical/RX Provider Allowed Amount	Allowed per Member
1	2022	17	\$61,160	\$3,598	1	2022	50	\$347,046	\$6,941
'									

- Members who had a health score increase averaged a 29% increase
- Members with an improvement on 15+ had a significant increase in costs; however, the highest costing claimant in this group totaled \$20k primarily due to diabetic-weight loss medications Mounjaro & Ozempic
- Members with an improvement between 10-14 also had a significant cost increase. This is primarily driven by 2 members with costs of \$40k and \$37k for alcohol-related disorders & a back surgery
- Members with an improvement between 5-9 also had a significant cost increase. The member with the biggest cost change from 2022 to 2023 went from \$3k to \$22k primarily due to the weight loss Rx Wegovy
- Members with an improvement between 1-4 experienced a 7% decrease or a savings or approx. \$500 per member



Repeat Participants

٠

Members with a Health Score Improvement (Excl 3 HCC)

	Year number	Medical Claim Count	RX Claim Count	Medical/RX Claim Count	Allowed per Member
1	2022	1,486	1,792	3,278	\$5,415
2	2023	1,617	1,904	3,521	\$6,976

Members with a Health Score Improvement - Rx Detail (Excl 3 HCC)

	Year number	Hypertension Maintenance RX Claim Count	Diabetes Maintenance RX Claim Count	Cholesterol Maintenance RX Claim Count	Hypertension Maintenance RX Amount Paid	Diabetes Maintenance RX Amount Paid	Cholesterol Maintenance RX Amount Paid
1	2022	239	161	173	\$802	\$93,298	\$5,309
2	2023	234	249	182	\$1,058	\$138,768	\$6,150

- 119 members had a health score improvement (excluding 3 HCC)
- Members with a health score improvement experienced a 29% increase in costs
- The number of claims per member increased by 2 claims
- Diabetic maintenance medications increased significantly for this population
- An increase in weight loss & diabetic weight loss Rx in this population accounted for \$82k in additional cost
- On the medical side, the 3 main drivers for the cost increase were:
 - Diseases of the circulatory system at +\$24k
 - Mental illness at \$56k
 - Endocrine, nutritional and metabolic diseases & immunity disorders at \$53K

Weight Loss & Diabetic-Weight Loss Rx										
	Year 2022			2023						
	Drug Product Name	Members	Total amount paid	Members	Total amount paid					
1	Wegovy	1	\$2,379	5	\$38,046					
2	Mounjaro	1	\$2,467	7	\$32,644					
3	Ozempic (2 MG/DOSE)	2	\$4,825	6	\$22,882					
4	Rybelsus	3	\$11,793	4	\$16,780					
5	Ozempic (1 MG/DOSE)	7	\$20,816	6	\$14,030					
6	Ozempic (0.25 or 0.5 MG/DOSE)	6	\$9,661	4	\$13,628					
7	Saxenda	1	\$3,742							
	Grand Total	14	\$55,682	19	\$138,011					





2022 RAS Participants

2022 RAS Participants					
	Year number	Member ID (Count Distinct)	Allowed per Member		
1	2022	39	\$10,866		
2	2023	39	\$7,447		

- There were 39 members who completed RAS in 2022
- From 2022 to 2023, these members experienced a decrease in costs of 31% or \$3,419 per member
- Medical costs decreased despite the number of medical claims increasing
- Rx costs increased & there was also an increase in claims, including increases in hypertension, diabetic & cholesterol medications
- Weight loss & diabetic weight loss Rx for this population increased \$16k, primarily due to Ozempic & Mounjaro

2022 RAS Participants							
	Year number	Medical/RX Provider Allowed Amount	Medical Provider Allowed Amount	RX Provider Allowed Amount	Medical Claim Count	RX Claim Count	Medical/RX Claim Count
1	2022	\$423,758	\$303,138	\$120,620	498	537	1,035
2	2023	\$290,434	\$156,560	\$133,874	568	625	1,193
2022 RAS Participants							

	Year number	Hypertension Maintenance RX Claim Count	Diabetes Maintenance RX Claim Count	Cholesterol Maintenance RX Claim Count	Hypertension Maintenance RX Amount Paid	Diabetes Maintenance RX Amount Paid	Cholesterol Maintenance RX Amount Paid
1	2022	100	71	29	\$455	\$24,662	\$278
2	2023	101	87	45	\$559	\$37,881	\$340









2024 GOALS AND STRATEGIES





STAND-OUT STATS & STORIES

Participant A: Boosted score by 35 points through a 16-pound weight loss, improving their blood pressure, total cholesterol, LDL, and GGT. A notable achievement is that this participant successfully quit smoking!

Participant B: This returning participant, previously in the high to very high-risk range for years, achieved a remarkable turnaround this year, boosting their score by 29 points! They shed (almost) 20 pounds, enhanced total cholesterol, HDL, and triglycerides, while reducing their A1C score by 5.5% all while testing positive test for nicotine.

Participant C: Enhanced their score by 20 points through an 18-pound weight loss, reduced BMI and improvements in total cholesterol. Additionally, they boosted HDL, lowered LDL, and decreased triglycerides.

Participant D: Achieved a 15-point score increase by enhancing blood pressure, reducing total cholesterol, LDL, and triglycerides. Impressive improvements include lowering blood glucose by over 150 mg/dL and reducing the A1C score by 5.2%.

77 repeat participants improved their health score by 5+ or more points.

- 42 of the 77 participants improved by 10+ points
 - 22 of the 42 participants improved by 15+ points
 - 8 of the 22 improved by 20+ points

13 participants quit smoking!



21 PARTICIPANTS RECEIVED A HEALTH SCORE OF 100

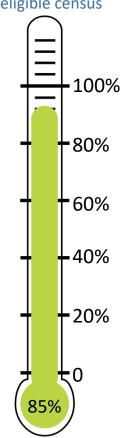
20 out of 21 were repeat participants



PULSE CHECKS

Well-Visit Utilization

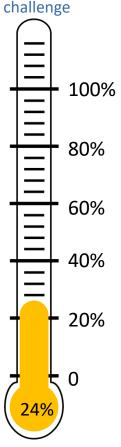
GOAL: 36% of total eligible census



RESULT: 29% completed well-visit

Challenge Participation

GOAL: Avg. 25 per challenge



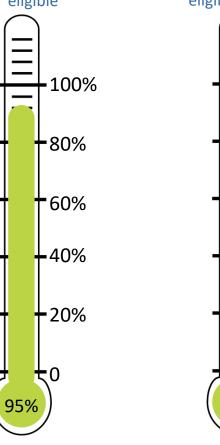
RESULT:

Avg. 6 per challenge

HRA

Completion

GOAL: 280 of total eligible

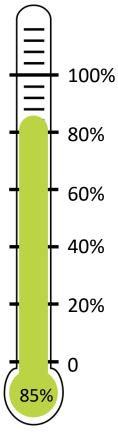


RESULT:

266 completed HRA (45% of population)

Health Screening Participation

GOAL: 70% of total eligible census



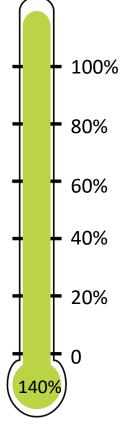
RESULT: 60% of total

60% of total eligible census

RAS Health

Coaching

GOAL: 65% complete RAS of total eligible



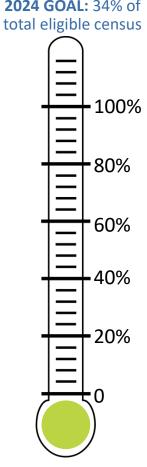
RESULT:

91.5% of total eligible



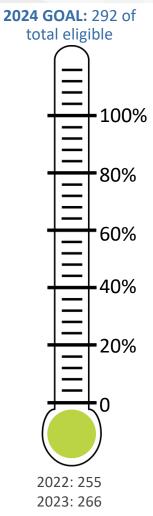
2024 PROGRAMMING GOALS





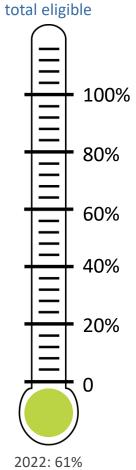
2022: 31% completed 2023 Goal: 29%

HRA Completion



Health Screening Participation

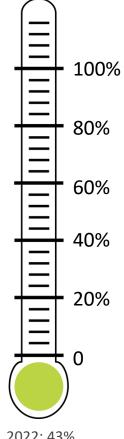
2024 GOAL: 71% of



2023: 61%

RAS Health Coaching





2022: 43% 2023: 91.5%



2024 GOALS AND STRATEGIES

Goals	Strategies
 Health Screening: Increase health screening participation by 10% (Current: 66%) Reach 95% of those eligible to enroll in RAS health coaching enrollments & completion 	 Pre- and post-screening webinars Outbound calls to help employees sign up for their screening Post health screening event "next step" email Utilize text alert Postcard with QR code
 Employee Engagement: Total 292 for HRA completion (50% of population) Target Top Health Risks Blood Pressure – 40% on HRA are 'aware' BP (currently 34%) Weight Management – 22% on HRA answer 'maintain healthy weight' (currently 19%) & 25% on HRA answer 'no exercise' (currently 28%) Diabetes - 65% of repeat population categorized as 'remained low or made a positive risk migration' (A1C) 	 HVSFEI-Focused Monthly Communication Quarterly awareness campaigns for top health risks Continue Quarterly Pulse Checks Well-being Survey Incentive to complete HRA & Well-Visit Presentations & Challenges that target top health risks Leadership participation



Incentive Discussion

Incentive Program	Current Amount	Proposed Amount	
Reward Points Program	Quarterly: 5 winners at \$25 gift card Annual: 1 winner at \$250 gift card	Threshold instead of raffle (500 points quarterly) & Tango-integration	25% = \$2,650/ quarter 50% = \$5,300/ quarter 75% = \$7,975/quarter
Biometric Health Screening	\$1,200.00 per year (single) or \$2,400.00 per year (EE and Spouse)	\$1,200.00 per year (single) or \$2,400.00 per year (EE and Spouse)	(stays the same for 2024)



How to Earn Incentive

Wellness Activity	Points Earned	Examples
Complete annual well-visit	500 points	
Complete a preventative exam	200 points each (max 1200 points)	Mammograms, Dental Exams, Eye Exams, OBGYN Exams, Prostate Exams, etc.
Get a vaccination	200 points each (max 1200 points)	Flu, Covid-19, Chicken Pox, Hepatitis A & B, HPV, Measles, etc
Walk 10,000 steps in a day	5 points per day	
Track 3 servings of vegetables & fruit	6 point per day	
Watch or attend a monthly Strive Webinar	100 points each (max 1200)	
Read an article in the HealthyLearn Library	25 points (max 300 points)	
Attend a Wellness Presentation	200 points (max 800 points)	
Complete an online Strive Challenge	200 points (max 800 points)	
Submit a well-being activity	100 points (max 800 points)	5Ks, triathlons and marathons, volunteering, going to a financial wellness class/advisor, working with a therapist, etc



2024 EMPLOYEE EVENTS

WELLNESS PRESENTATIONS

March: Aging and Your Health

• April: Bone Health

August: What's In My Cart?

• September: Post-Health Screening Info Session

November: Financial Wellness

CHALLENGES

March: Healthy Brain

May: 6th Annual Strive Corporate Challenge

• July: Summer Fun Challenge

September: Financial Wellness

November: Gratitude Challenge

HEALTH SCREENINGS

STRIVE REWARD RAFFLES

- 5 winners drawn quarterly
- 1 winner drawn annually

ADDITIONAL OFFERINGS:

- 12 Strive Monthly Webinars
- 12 Strive Monthly Newsletters
- 12 Monthly Insiders
- 4 Meditation Moments
- 12 Monthly Observances









BIGINE **BIOMETRIC RISK**



BIOMETRIC DESCRIPTIONS





CHOLESTEROL

A fat-like, waxy substance found in the blood. In excess, it can form tough, fatty plaques that clog arteries, which can increase the risk of heart disease.



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. Diastolic blood pressure is the pressure on the walls of the arteries when the heart is relaxing.



BLOOD GLUCOSE & HEMOGLOBIN A1C

Blood glucose is sugar that the blood stream carries to all the cells in the body to supply energy. High blood glucose for a prolonged period of time can cause damage to the kidneys, eyes, and other organs. Hemoglobin A1C measures average glucose levels over a 2-3 month period and is the best predictor and indicator of diabetes.



BODY COMPOSITION

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.



TOBACCO 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 \$225 billion in healthcare expenditures (CDC, 2020).

GAMMA-GLUTAMYLTRANSFERASE (GGT)

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.

PROSTATE-SPECIFC ANITGEN (PSA)

Elevations in the PSA, or Prostatic-Specific Antigen, can occur from any inflammation of the prostate, including enlargement of the prostate gland, prostatitis or prostate cancer.

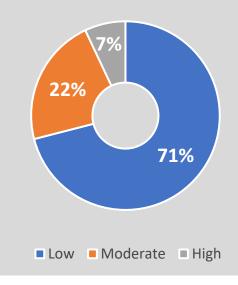


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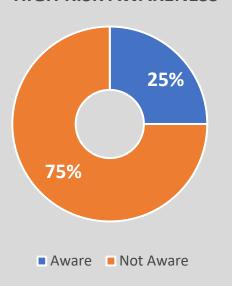


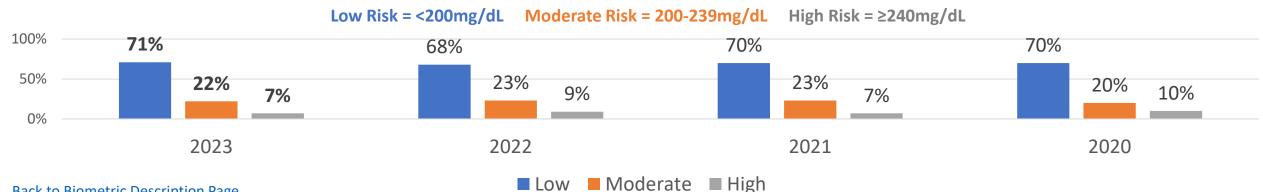
HEART HEALTH: TOTAL CHOLESTEROL

TOTAL CHOLESTEROL BREAKDOWN



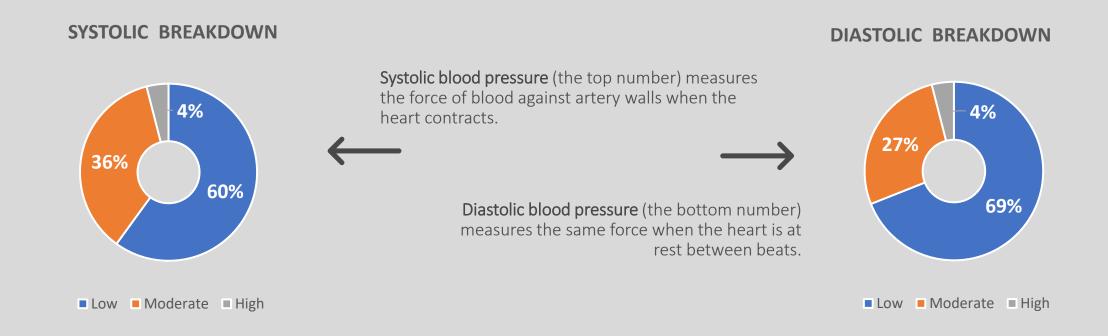
HIGH RISK AWARENESS

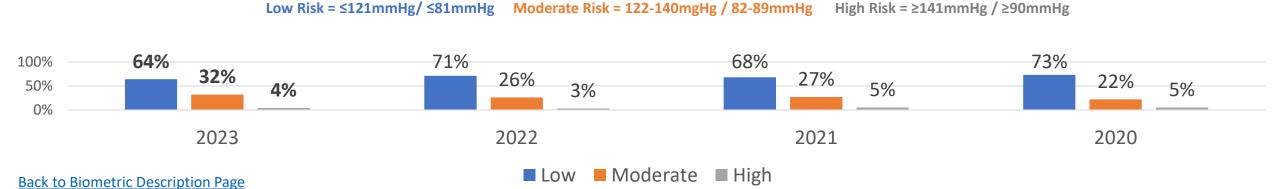






HEART HEALTH: BLOOD PRESSURE

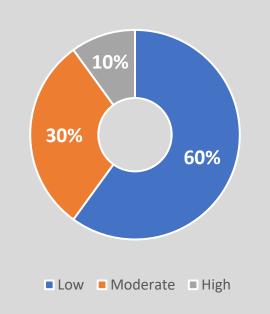


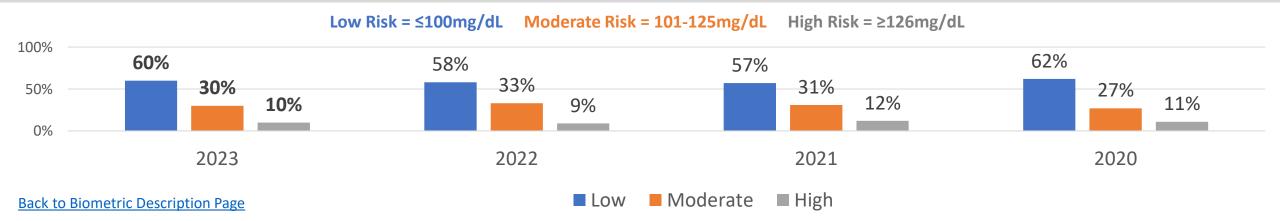




DIABETES: BLOOD GLUCOSE

BLOOD GLUCOSE BREAKDOWN

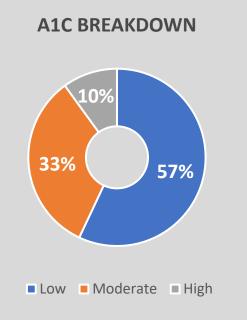


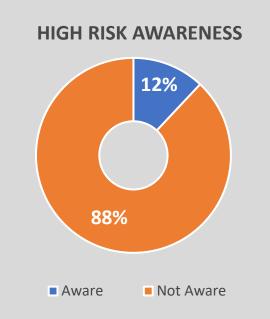


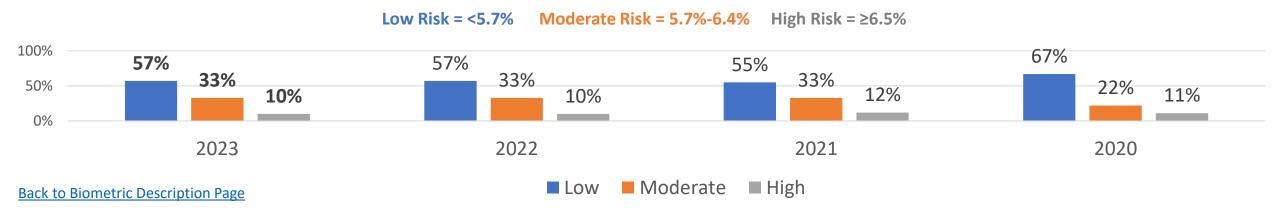




DIABETES: HEMOGLOBIN A1C

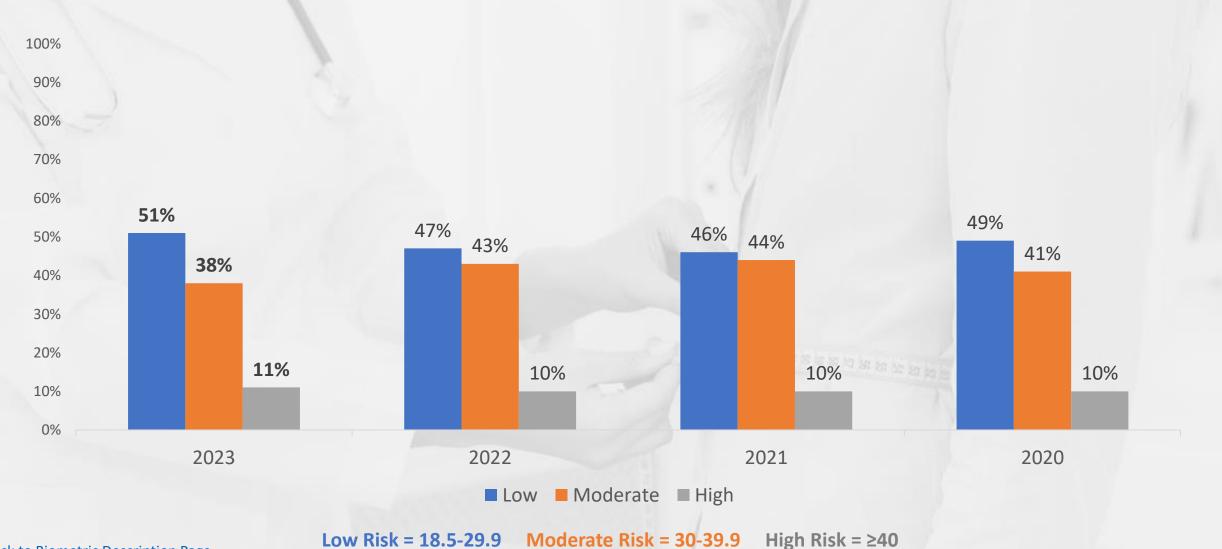








BODY COMPOSITION: BODY MASS INDEX

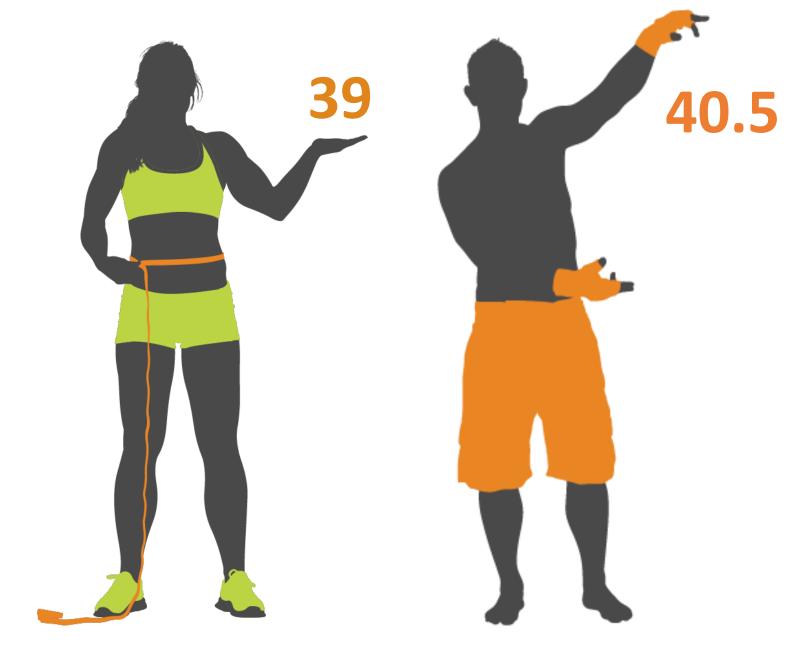


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AVERAGE WAIST CIRCUMFERENCE FOR MEN & WOMEN



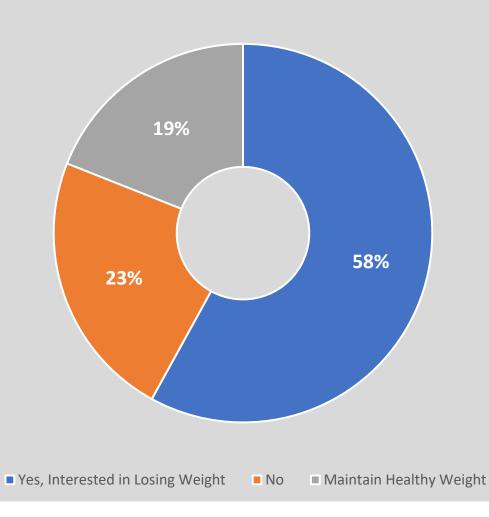


Female High Risk= >35 inches Male High Risk= >40 inches





BODY COMPOSITION: Interest in losing weight

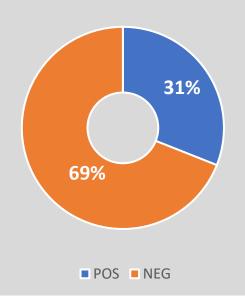




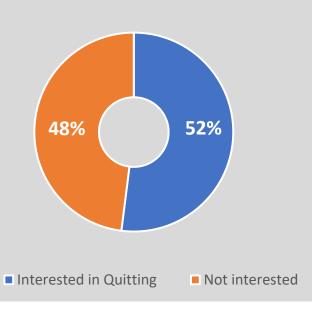
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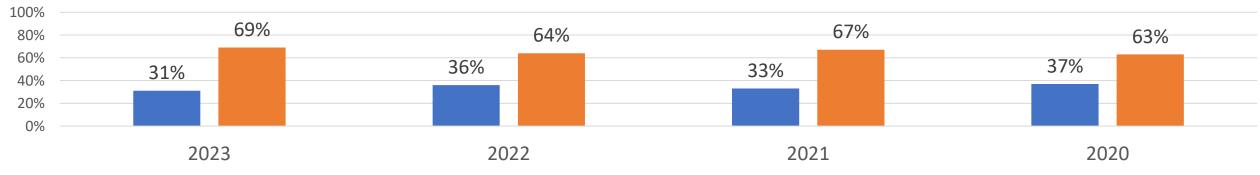


TESTED POSITIVE



INTERESTED IN QUITTING





■ POS ■ NEG



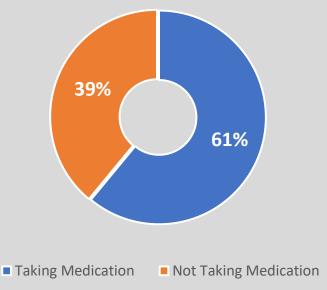


MENTAL HEALTH & WELL-BEING

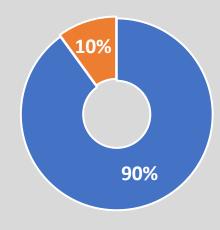
ANXIETY & DEPRESSION 15% 85%

■ Does Not Have Anxiety or Depression

DIAGNOSED & TAKING MEDICATION FOR ANXIETY/DEPRESSION



MAINTAINS A HEALTHY WORK-LIFE BALANCE

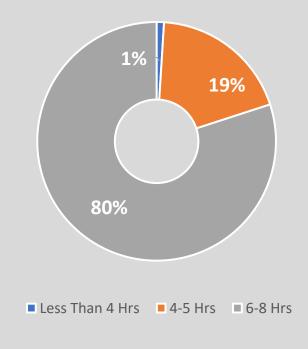


- Work DOES NOT Interfere With Personal Life
- Work DOES Interfere With Personal Life

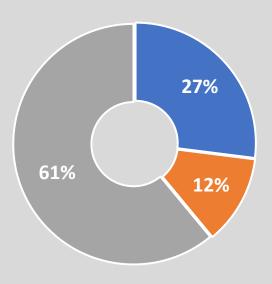




HOURS OF SLEEP PER NIGHT



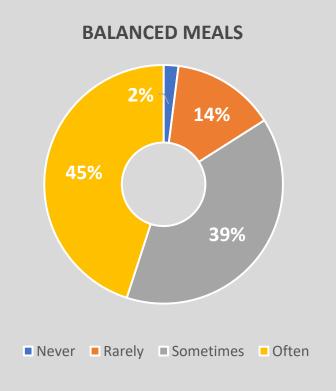
SLEEP APNEA

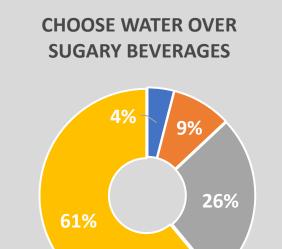


- Diagnosed and on Medication
- Diagnosed and NOT using Meds/Cpap
- No Sleep Apnea





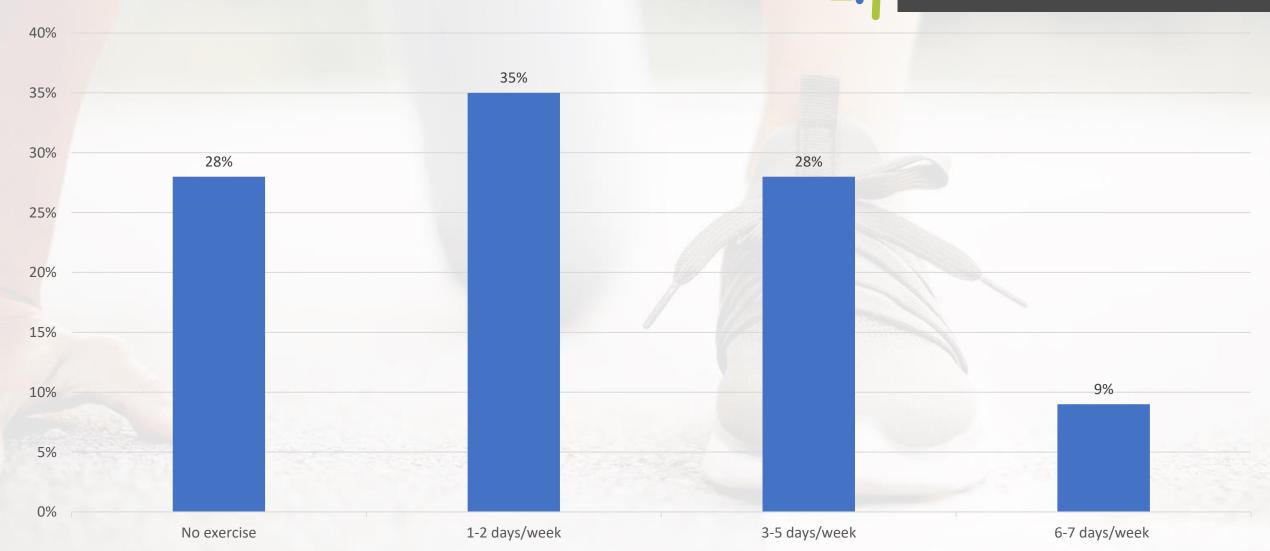




■ Never ■ Rarely ■ Sometimes ■ Often



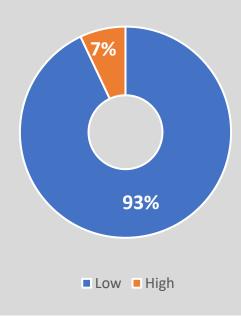






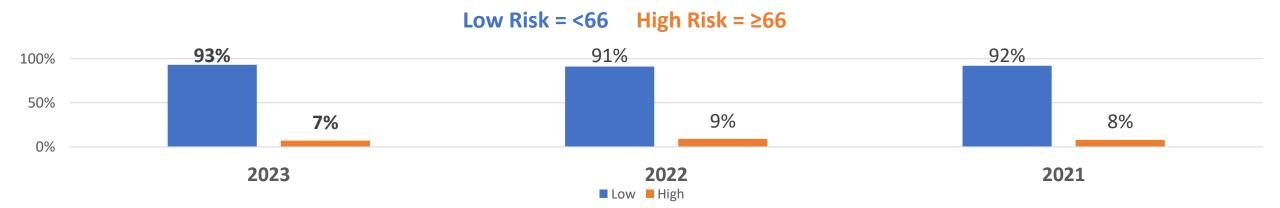
GAMMA-GLUTAMYLTRANSFERASE (GGT)

GGT BREAKDOWN



What is GGT?

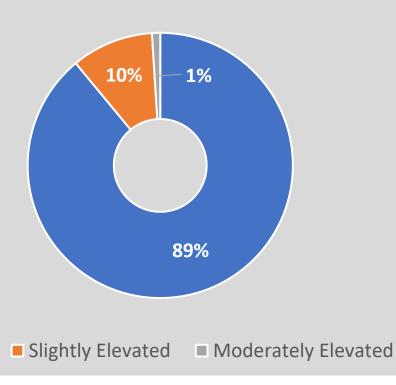
GGT is used for diagnosing and monitoring disease of the liver, gallbladder, bile ducts and bile. Levels outside of the normal range could indicate any form of liver disease or biliary obstruction.





ADDITIONAL TEST OFFERED

PROSTATE SPECIFIC ANTIGEN (PSA)



Low





Questions?