HEALTH BENEFITS
Providing Value for Our Employees

March 2017
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March 2017
DEAR BUSINESS LEADERS AND STAKEHOLDERS:

I am pleased to share with you a new report highlighting what leading U.S. companies are doing to improve health outcomes for our employees and their families.

America’s employer-sponsored health benefits system is the foundation of health care in the United States. Of the 209 million Americans who are covered by health insurance plans, 85 percent — or 177 million Americans* — receive health coverage through an employer.

This report demonstrates many different ways employers are helping to drive a health care system that delivers better health care quality and value.

I hope you find this report helpful.

Sincerely,

Brian Moynihan
Chairman and Chief Executive Officer
Bank of America

Health Benefits: Providing Value for Our Employees
Huntington Ingalls Industries
Ingersoll Rand
JPMorgan Chase & Co.
KPMG
Macy’s Inc.
Mallinckrodt Pharmaceuticals
McKesson Corporation
Medtronic, Inc.
MetLife, Inc.
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SAS
Sempra Energy
Siemens AG
Starr Companies
Stryker Corporation
Target Corporation
Walgreens Boots Alliance
Walmart
Western & Southern Financial Group
Wipro
Our company recently introduced a new brand platform — *3M Science. Applied to Life.* — which tells the story of who we are and what we do. Every day we use science to improve lives and solve problems across a wide range of markets, including health care.

Today we are strengthening the quality of health care through cutting-edge technologies found in hospitals, dental clinics and homes around the world. Equally important, we continue to support the personal health and well-being of our 90,000-strong global team.

Our people are our greatest asset, and we want them to be healthy, happy and productive. That is why we invest in an array of high-quality health services.

A core element is our global wellness program, which is called 3M Healthy Living. It addresses all areas of life: physical, emotional and social.

We strive to make it as convenient as possible for our team to improve their health. Our global headquarters in Minnesota has a number of onsite services, including a fitness center, medical clinic, farmer’s market, pharmacy, vision center and dietician — some at no or minimum cost. Many of our international locations offer similar benefits. In addition, there are a number of networks within 3M dedicated to athletic activity — from hockey and cycling clubs to basketball and soccer leagues.

Beyond that, we have resources to help 3Mers manage everyday needs — from dealing with stress to finding a quality child care provider. New last year, our company is offering a program to prevent diabetes; nearly 3,500 participants have enrolled, who collectively have lost 18,000 pounds.

Our people can also receive a free annual assessment of their overall health and work with professionals to craft a personalized improvement plan. Those who take real steps to become healthier then receive a discount on their health insurance premiums.

With respect to health benefits, in the United States our company pays 75 percent of health care costs. 3M offers multiple medical plans to choose from, and some include a health savings account — to which we make an annual contribution. For 3Mers outside the United States, we offer plans competitive with local markets.

At 3M, our actions are guided by the principles of shared responsibility and shared benefit. Investing in the health and well-being of 3Mers is good for our people and for our company.
As a global leader in water technology, A. O. Smith Corporation and its employees pride themselves on applying innovative technology and energy-efficient solutions to products marketed worldwide. The company also drives innovation through its health care programs. Despite the challenges that employee demographics present (the average age of an A. O. Smith employee is 46 years old), the company continues to provide employees with competitive benefits.

A. O. Smith has been proactive in providing its employees with both wellness programs and advanced ways to connect with doctors and nurses through its partnership with United Healthcare and other vendor partners.

Since 2004, A. O. Smith has participated in the Willis Towers Watson Rx Collaborative, which consists of 170 employers leveraging their combined buying power to reduce pharmacy spend and to improve the quality and health outcomes of employees. The group advises the company on a regular basis to recommend changes to the A. O. Smith plan that could result in savings.

A. O. Smith helps promote health and wellness in the workplace. Through “Healthy by Choice,” the company aims to develop a culture that encourages employees to become more engaged in healthy lifestyle behaviors by providing programs, education and other resources that help them make positive lifestyle changes and improve their health. “Active by Choice” supports healthy behaviors by providing employees with an innovative and fun way to track, measure and receive rewards for physical activity.

The company began offering employees a chance to reduce their health care costs by participating in “Know Your Numbers” events at all of its U.S. locations in 2008. The free onsite screenings offer employees immediate results and specific measurements to detect diseases or to identify hidden health risks. Each year participation increases with about 67 percent of U.S. nonunion employees currently participating.

Other wellness programs include smoking cessation, wellness coaching, healthy pregnancy and second opinion programs. In 2015, the company piloted a nurse advocate program at its facility in Johnson City, TN. After the nurse advocate helped implement a diabetes education program and support group for at-risk employees, the company saw improved results in diabetes management.

Diabetes, heart attacks and other risk factors are on the rise with the aging workforce nationally. A. O. Smith has taken a proactive approach in managing health care costs associated with having long-service employees, which has benefited both employees and the company.

Ajita G. Rajendra
Chairman and Chief Executive Officer
Like many other successful businesses, ABB views our employees as our greatest asset. When our people are healthy they are more productive and have lower risk of injury, lower absenteeism and greater resilience. In addition to improving the lives of our employees and their families, a healthier workforce allows ABB to serve our customers better, making ABB a stronger company.

An important part of ABB Inc.’s “Employee Value Proposition” is providing incentives to attract, retain and motivate employees. Key to this are ABB’s health and wellness plan benefits — including medical, pharmacy and wellness programs — enabling employees to actively manage their health.

Partnering with vendors and providers that are best suited to meet the needs of our employee population, ABB provides employees with the comprehensive tools necessary to make educated health benefit choices and sound health care decisions and to participate in wellness activities and rewards.

I am particularly proud of our Wellness Program. The programs and services available under the Wellness Program are provided at no additional cost to employees to help them develop a deeper understanding of their health status and to achieve and sustain a healthy lifestyle. There are several aspects of the Wellness Program across a spectrum of health care needs — from health risk identification and prevention to managing a specific condition. The program offerings include Coaching and Wellbeing; Employee Assistance, which helps employees manage personal issues and provides counseling for depression and substance abuse; Tobacco Cessation; and Chronic Condition Management. We are also proud of our Wellness Champions — local employee volunteers who arrange local activities such as group walking challenges, diet and nutrition advice and information, and other programs of interest among their peers.

ABB’s program designs and associated decision tools have helped our company provide top notch health and wellbeing services to our employees while at the same time keeping their costs down. Over the past three years, the ABB medical trend rate has ranged from 2 to 4 percent lower than national averages. The multiyear lower than average trend rate serves as a demonstration that our program is delivering quality, improved outcomes and better affordability to our employees and their families in our shared cost arrangements.

In a competitive job market like ours, ABB is committed to offering world-class health and wellbeing benefits to attract and retain the workforce that will allow us to take care of our customers and take ABB to the next level.

Greg Scheu
President, Americas
Innovative technology with a human touch. Companies of all types and sizes around the world rely on ADP to help unlock the potential of their people and work together to build a better workforce. Like we do for our clients, ADP provides robust tools that enable our associates to be actively engaged in making informed decisions about their health. We understand that the investment we make in the health and well-being of our associates positively affects our associates both at work and at home.

As part of ADP’s total rewards package, we provide associates with access to comprehensive health care. We offer a choice of two industry leading national health care provider networks in addition to strategic provider networks by region. We enable associates and their families to optimize their care with the support of physician quality metrics, cost efficiency tools and care management resources and have recently introduced telemedicine. Through favorable premium pricing and robust employee communications, enrollment in our Consumer Driven Health Plan with an employer-funded health savings account has steadily risen to become the prevalent medical option and helps associates maximize the affordability of our health care programs through greater control of how their health care dollars are invested and spent.

At our larger locations we have offered associates access to on-site health and wellness centers since 1992. These centers are staffed by medical professionals and are equipped to provide access to emergency and primary care, laboratory services, physical exams, immunizations, and ergonomic evaluations. In 2012, we introduced a voluntary Wellness Program, which our associates use to become more aware of their health status by completing a personal health assessment and biometric screening. Today, through our Wellness Program, associates and their spouses earn rewards for maintaining healthy milestones, showing measurable health improvements or participating in healthy activities.

We are making a difference. We have seen a rise in preventive care utilization and favorable prescription drug adherence. Associates are actively participating in exercise, nutrition and weight management challenges. Our health scorecard shows improvements in lifestyle risks including diet, stress and activity levels, and tobacco use and biometric risks including obesity, blood pressure and cholesterol levels over the past five years.

At ADP we believe that each person counts. This is grounded in our core values and demonstrated by our ongoing commitment to fostering a workplace where health care innovation empowers our associates to live longer and happier.

Carlos A. Rodriguez
President and Chief Executive Officer
An integral part of AECOM’s guiding principles is to offer affordable, comprehensive health care options that support the needs of our employees. We strive to improve our employees’ overall well-being by offering innovative tools, resources and benefits programs.

Improving Health
AECOM partners with Staywell on a year-round wellness program designed to improve the health of AECOM’s workforce and reduce spending for both employees and the company. Recent claims analysis shows that participants in the wellness program have lower health care costs than nonparticipants. In fact, wellness participants cost the plan 19 percent less per employee per year than nonparticipants — a savings of $1,143 per member. Wellness at AECOM is focused on actions that drive behavioral change. Each activity has a corresponding point level with more than 20 activities to choose from within the categories below:

- Assessment;
- Biometric Screening;
- Coaching/Online Courses; and
- Fitness.

While it is important to proactively address the health of our employees, we also recognize that some employees and their families require specialized care. We partner with Anthem on an integrated health management program and robust disease management programs to ensure employees receive continuous, dedicated care for high-risk and high-cost illnesses.

Driving Innovation
To support our employees’ unique needs based on their personal health, as well as the health of their families, we partner with innovative vendors in the medical and mental health fields that direct employees to the best quality and most efficient care when needed:

- MDLive — Telemedicine;
- Best Doctors — Expert Medical Opinion;
- Progyny — Fertility Programs;
- Care.com — Family Care Needs; and
- ComPsych — Employee Assistance Program.

Creating Affordability
As U.S. health care costs increase year after year, the company continues to pay a majority of the cost for health coverage and services for both employees and their families.

We offer our members the choice of four medical plans consisting of one PPO and three High Deductible Health Plans (HDHPs) so employees can choose a plan that best suits their medical needs and budget. Employees who participate in the wellness program receive a monthly medical contribution discount of $60 for employee coverage and $90 for family coverage, leaving more money in their pocket to invest in a health savings account (HSA) or retirement account.

The company also provides industry leading levels of HSA employer contributions for two of the HDHP options to help protect employees against burdensome medical expenses and catastrophic losses. We believe that employees’ financial health affects their overall well-being so we make a commitment to help employees save for their financial future.

Michael S. Burke
Chairman and Chief Executive Officer
Aetna’s mission is to build a healthier world. Every day, our almost 50,000 employees are working to transform the U.S. health care system to be simpler, more affordable, and consumer-centered. Fulfilling this mission starts by supporting the health and well-being of our own employees and their families.

We offer medical benefits through a proprietary health insurance exchange. This platform includes easy-to-use tools and resources to help employees understand their insurance options and select the plan best suited to their needs. For example, utilizing employee-provided information on anticipated health care use in the upcoming year, our exchange can recommend a preferred plan based on total expected employee cost (including out-of-pocket medical expenses and premiums). By optimizing the value of our benefits, this tool ultimately reduces costs for both employees and our company. We also enhance our benefits for employees with household incomes under 300 percent of the federal poverty level by further reducing their out-of-pocket medical costs, reflecting our commitment to a strong social compact with our workforce.

In addition to traditional medical benefits, we also provide wellness programs to keep our employees healthy. A 2012 study published in the *Journal of Occupational Health Psychology* demonstrated that Aetna employees participating in a 12-week Mindfulness at Work™ program experienced a 36 percent decrease in employee stress levels. Since expanding these programs, more than 13,000 employees have participated in our mindfulness-based programs, creating an approximate dollar return of more than $3,000 per employee and almost 14,000 additional days of productivity across the company.

For employees and dependents suffering from the most complex and difficult health conditions, we offer the Aetna In Touch Care℠ program, providing dedicated support from trained nurses to help them navigate through the health care system. Among participating employees, this program has improved five of six key clinical outcome indicators (including control of HbA1c levels for diabetics) while reducing medical costs by more than $2 million in the first six months of 2016.

By investing in the health of our workforce, we are ensuring that our employees are able to provide the best service possible to the more than 46 million people who rely on us each day. We also share the programs that we develop for our employees with our customers, helping to create more healthy days for our members. I am proud of the innovative solutions we offer our employees and their families and encourage other employers to do the same.

By investing in the health of our workforce, we are ensuring that our employees are able to provide the best service possible to the more than 46 million people who rely on us each day.
Wellness at AIG has been successful in improving health program participation, engaging individuals with a primary care provider, improving screening rates and helping thousands of employees improve their overall health.

First introduced in 2013, the Wellness at AIG program initially focused on encouraging members to complete a health assessment and participate in wellness programs to help individuals meet their health goals. The program expanded in 2014 with the introduction of a preventive care incentive (premium-reduction) supported by on-site biometric screenings and health fairs at major locations with the highest health risks. AIG also introduced tobacco and nontobacco premium rates with a comprehensive medical plan tobacco cessation program.

Wellness at AIG has been successful in improving health program participation, engaging individuals with a primary care provider, improving screening rates and helping thousands of employees improve their overall health.

Since the program’s launch in 2013:

- Participation in wellness programs has improved by more than 350 percent — with nearly 1,500 members working with a wellness coach to improve their health.
- Engagement in chronic condition programs has improved by 26 percent — with 350 members actively engaged with a specialized nurse to better manage their chronic conditions such as diabetes, coronary artery disease, heart failure, chronic obstructive pulmonary disease and asthma.
- More than 70 percent of U.S. AIG employees (18,000 people) have received an annual preventive care exam.
- 497 tobacco users have completed AIG’s QuitPower tobacco cessation program.

AIG has also expanded the number of resources available for those with complex medical conditions, improved the member experience and enhanced the wellness programs with the addition of the new Rally Digital Wellness Portal, an interactive online platform designed to engage members in their health care.

The programs have led to very favorable medical trend compared to the industry norm. Since 2012 AIG’s medical cost trend has averaged 1.5 percent vs. the industry norm of 3.9 percent.

Moving forward, AIG will continue to enhance the health management resources with the addition of a “total population” health and wellness model. Through this approach, AIG’s medical plan will provide highly specialized programs and services to all members, regardless of where they are on the health spectrum. This condition-agnostic approach will target the highest health-valued opportunities with the goal of helping those who need it to get healthy and helping those who are well stay well.

Peter D. Hancock
President and CEO
AK Steel strives to provide quality, affordable health care benefits to our 34,000 participants. Our benefits philosophy is that the company and all of our participants have a shared accountability to optimally manage our health and health care costs. The participants and the company spent about $185 million on health care benefits in 2015. With health care costs increasing by about 7 percent each year nationally, it is imperative that we play a direct role managing this significant cost of operations.

To ensure that our health care dollars are used effectively and efficiently, we continuously work with insurance companies and other third parties to help our employees and retirees receive the right care, in the right place, at the right time and at the right cost.

In 2008 we launched our Healthy Choices program, designed to help participants better manage their health and health care costs. Healthy Choices has components that can reach our participants all along the health continuum. Two great examples of how the program improves quality and outcomes and reduces costs are:

- **Patient Safety** — Healthy Choices monitors prescription drug claims for potentially harmful drug-to-drug interactions. Where the potential for adverse drug interactions is detected, attending physicians receive alerts. From 2008 through 2015 the program issued more than 157,000 alerts resulting in 57,000 prescription changes, avoiding potential adverse health incidents for participants and saving an estimated $21 million in costs.

- **Health Assessments** — Our program is administered bi-annually and includes a confidential online health risk assessment questionnaire and biometric measurements. Participants receive a health profile report, which includes a personal health score and health improvement objective. To encourage participation, AK Steel provides a generous discount on health insurance premiums to those who participate. A great success story, more than 95 percent of our salaried workforce participates in our Healthy Choices program.

From 2010 through 2015, the cost for AK Steel’s salaried employee health care plan increased at an annual rate of about half of the national average. During the same time we have witnessed the less favorable financial results of health programs administered by entities that have no financial stake in the cost-effective delivery of high-quality health care. We cannot rely on others to manage this significant cost of operations for us. Employers are essential owners and experts who must retain a seat at the health care financing and delivery table.

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**Roger K. Newport**
Chief Executive Officer
At American Tower, our success can be traced to the investments we make in our people. That investment starts with the health and well-being of our teams and their families including health insurance, wellness support and counseling resources through our Employee Assistance Program (EAP).

Throughout my tenure as CEO, American Tower has provided employees with high-quality health care programs regardless of where they and their families live and has consistently funded the vast majority of both our medical and dental health care plan costs. Through this steady investment, we help protect team members from the full impact of rising medical costs.

Our plans include fully covered preventive care, eliminating the cost consideration in employees taking care of themselves and their family. Because we are a self-funded plan, we are able to offer standard policy provisions across all states that often surpass plan requirements regulated in a particular state. For example, we provide autism-related benefits in Florida even though these benefits are not required under Florida regulations.

Our role in employees’ health involves far more than simply offering an insurance plan or underwriting the cost of medical services. We promote the wellness of our employees and their families through a generous wellness reimbursement program, encouraging employees to be physically active. Not only do we reimburse some of the cost of a fitness center membership, for example, but we also help make it possible for an employee to have equipment at home to make that extra exercise more convenient.

Through EAP, we provide access to resources that will help employees better address any issue that may arise. From finding day care as a result of a job transfer to dealing with the loss of a loved one, our EAP supports both the professional and personal needs of our teams. Our investment in employee well-being also includes an educational element, comprising online seminars, benefits news and information, health fairs in the workplace, and annual flu shots in our major offices. American Tower regularly reviews these programs to ensure we continue to provide innovative solutions that meet the needs of our employees and support a culture that promotes healthy behavior. Through such benefits, our team members have the opportunity to enhance their quality of life, enabling them to be more productive at both home and work.

James D. Taiclet, Jr.
Chairman, President & Chief Executive Officer
Anthem is committed to ensuring affordability and improving quality and health outcomes for our associates and their families. For 2017, Anthem will cover on average 88 percent of the cost of associate medical coverage. We too are facing ever-rising health care costs, and we continue to identify opportunities to leverage technology, foster innovation and create a culture of shared accountability with our associates.

We look for innovative ways to break down barriers to care. We provide transparency tools that enable our members to take an active role in managing their health care dollars. Anthem goes a step farther by providing reward dollars for selecting lower-cost, high-quality providers. We also offer lower cost shares and cover travel to high-quality hospitals for bariatric surgery, transplants, joint replacements and spine surgeries.

Recently, we expanded telemedicine services to include mental health and weight management coaching, driving greater affordability and convenience for these important types of care. Anthem will also be opening two onsite clinics, providing additional access to convenient, affordable care.

Our associates tell us cost can be a barrier to compliance with preventive medications. So, we modified our plan to fill many preventive prescriptions for free or at a reduced cost, again improving affordability.

We also provide a variety of wellness programs to help associates and their families improve their health, and we provide wellness credits toward the cost of medical coverage for meeting certain health standards or completing programs. For 2016, 96 percent of associates and 70 percent of spouses or domestic partners earned a wellness credit.

Wellness measures include blood pressure, BMI, tobacco use and flu shot compliance. Over three years, 10 percent of participants in our weight coaching program have lost more than 10 percent of their body weight, and 23 percent have lost 5–10 percent. During this same time, almost half of the individuals who completed a tobacco cessation program have been successful at quitting tobacco. And our flu shot compliance has risen by 50 percent.

In a three-year claims study, we found that participants in multiple wellness programs had lower health risks and did not progress as quickly to higher risk categories as individuals who participated in only a few wellness programs. We believe employers are uniquely positioned to offer wellness programs and doing so is an important part of Anthem’s strategy of ensuring affordability and quality, while creating a culture of shared accountability and commitment to health.

Joseph R. Swedish
Chairman, President and CEO

We continue to identify opportunities to leverage technology, foster innovation and create a culture of shared accountability with our associates.
We understand that continuously adapting our approach to health and benefits for our colleagues is critical to helping them achieve and maintain individual health.

As a leader in risk and people, we recognize the need for organizations to reduce volatility and improve performance during times of unprecedented change. This is especially true when it comes to health care, where costs continue to rise unabated, regulations are consistently shifting and the ecosystem is becoming increasingly fragmented.

At Aon, we are at the center of these issues as a partner to our clients and as an employer to more than 72,000 employees globally. We understand that continuously adapting our approach to health and benefits for our colleagues is critical to helping them achieve and maintain individual health. It is also a key driver of organizational health by enabling us to attract and retain talent and effectively compete in today’s global markets.

Our approach to benefits begins with recognizing that our workforce is more diverse than ever before. With five generations working side by side, we know that a “one-size-fits-all” approach to benefits is ineffective in meeting the needs of our colleagues, which is why we offer a wide range of options that allow our colleagues to create more personalized benefits for them and their families. Enrollment in these plans is facilitated through the Aon Active Health Exchange, which brings together a robust portfolio of plan designs from across multiple carriers coupled with innovative consumer tools to help employees evaluate and choose the best option for their particular situation.

Beyond enrollment, we continue to support our colleagues with ongoing advocacy services that connect colleagues with clinicians and nurses expertly trained to help them understand their options and provide them with access to appropriate programs and services.

We also recognize that the best way to drive better health is to prevent the need for care in the first place, which is why we're focused on creating a culture of well-being that includes physical, emotional, social and financial health. To address each of these areas, our leadership team has focused on helping colleagues increase movement throughout the day; manage work, financial and personal pressures; connect with their families, colleagues, clients and our firm; and eat healthier by offering worksite foods that drive creative energy, focus and performance.

In this new world, a more consumer-driven benefits approach to incentivize healthy behaviors and encourage people to make smarter choices about their health will become the true differentiator in the battle to find and retain top talent. At Aon, we're proud to be leading by example in offering truly personalized and affordable benefit options.

Greg Case
President and Chief Executive Officer
AT&T offers health care to more than 1.1 million active employees, retirees and their dependents. It is one of the largest and most comprehensive total rewards packages in the nation.

We are able to maintain this commitment by involving our people in key decisions about their health care. We believe employers and employees have a shared responsibility for maintaining a healthy workforce, adopting behaviors that promote better health and keeping costs in check.

To engage participants in their health care decisions — and contain accelerating health care costs — we introduced a consumer-directed health plan to managers and many retirees in 2005. And since then, the concepts of educated consumers, transparency and choice have become the foundation of our ongoing and successful strategy.

To further assist our employees and their families with information, tools and resources to become engaged and healthy consumers, we introduced a well-being program called Your Health Matters. This award-winning initiative incorporates wellness challenges; coaching and disease management programs; educational videos; and a vibrant, internal social media community with more than 60,000 registered employees. Together these programs provide the necessary tools to help our people make informed decisions about their health and well-being.

Your Health Matters also enables a two-way dialogue with our employees to better understand their needs and better serve them. For example, based on employee feedback about health care selection, in 2016 we introduced three options — Bronze, Silver and Gold — that mirror the public health care exchanges. Now, our employees can right-size their health care coverage, which is leading to more efficient financial outcomes for our people, while allowing the company to better manage costs.

This all translates to healthier employees and low-single-digit health care cost trends over the last five years. We've seen the average number of health risks per participant drop from 3.3 to 1.9 over the last three years, and more than 25,000 employees engaged in our recent wellness challenge by taking 3.5 billion steps and losing 40,000 collective pounds.

AT&T is highly committed to supporting health care technology innovation. Secure, mobile, intelligent and personalized technology will continue to grow in importance in health care. It's one reason why we opened our new AT&T Foundry for Connected Health in Houston, as we continue to work with health care providers on ways to better serve our people and the nation.

Randall Stephenson
Chairman and Chief Executive Officer
As an Avis Budget Group employee recently said, “Our company cares about the whole person — not just what they do behind their desk.”

Our employees are at the heart of our business, and to be successful, our employees need to be at the top of their game. That’s why we are passionate about our three-pronged approach to employees’ well-being.

### Physical

Our Get Your Go On® mentality fuels our approach to physical well-being while incorporating best-in-class health benefits and awareness campaigns to:

- Raise employees’ activity levels;
- Increase their understanding and treatment of health issues; and
- Drive healthy behaviors.

And because we recognize that adopting a healthier lifestyle provides many benefits beyond weight loss, we organize activities aimed at getting employees moving. Using information from past health screening events, we developed initiatives that address the most prevalent health issues for our employees. In fact, these events helped us realign our efforts to focus on how employees can improve their health now that they know their numbers. We work to reduce or maintain costs by providing the best care possible. Some highlights include:

- For the fifth straight year, we’ve continued to offer best-in-class medical benefits with annual employee rate increases of 5 percent or less;
- We base our employee premiums on income level to ensure affordability and access to coverage for all employees;
- More than 70 percent of eligible employees enrolled in our plans; and
- Our plans offer cost-effective high-performance networks and a concierge service to help navigate a complex health system.

### Social

Social well-being and giving back to our communities are ways of life at Avis Budget. Our employees are passionate about volunteering. From global fundraising initiatives for organizations like Make-A-Wish® to local efforts at food banks and homeless shelters, our employees have opportunities to support their communities. As a way to give back and get moving, we proudly participate in many charity walks and activities each year.

### Financial

In addition to the various financial programs we offer, we leverage the knowledge of our benefits providers to offer employees valuable information to help them make sound financial decisions. Our financial well-being initiatives include:

- Helping employees understand their retirement benefits and resources;
- Budgeting and debt management education; and
- Discounts on goods and services.

We’re proud of our efforts to help employees continue to live well.

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**Larry D. De Shon**

Chief Executive Officer
Bank of America offers a range of innovative and affordable benefits and programs to meet the diverse needs of our employees and their families. To help employees address their health needs and manage costs, the key tenets to our program are a focus on wellness, providing education and support for teammates to make the best decisions for themselves and their families, and partnering with efficient and accountable health care providers.

A few examples include:

➢ Offering all employees who work 20 hours or more per week health coverage.
➢ Aligning the cost of health coverage with compensation through progressive premiums to ensure health coverage is affordable. In 2011, we reduced premiums by 50 percent for employees making less than $50,000 and have kept premiums flat for this group for the past five years.
➢ Introducing additional health carriers to meet employee requests for more choice, plus a tele-medicine option to give employees convenient, cost-effective access to a board-certified physician.
➢ Offering health care savings accounts to help employees manage their annual out-of-pocket expenses and save for future health expenses — thus helping reduce employees’ financial stress.
➢ Providing employees the opportunity to complete voluntary wellness activities — a health screening and a health questionnaire — to maintain a $500 credit toward their annual medical premium or a $1,000 credit if a covered spouse or partner also participates.
➢ Hosting voluntary activity challenges and fitness center discounts to help employees meet their personal goals and improve their overall health.

Thanks to our wellness focus, employees better understand their current health and address potential health issues, hopefully helping them avoid future illnesses and additional expense. Meaningful results include:

➢ In 2016, 87 percent of employees, spouses and partners completed voluntary health screenings and assessments.
➢ In 2016, 93,000 employees participated in our annual Get Active! challenge, taking nearly 34 billion steps.
➢ 74,000 employees have engaged a health coach or nurse to help manage chronic conditions, improve nutrition, reduce stress, or provide other wellness support and guidance.
➢ 68 percent of our employees remained in the low-health risk category from 2013 to 2015, while 23 percent migrated to a lower-health risk category.

We are committed to ensuring our team has the tools and information to make the best decisions for themselves in maintaining health and wellness.

Brian Moynihan
Chairman and Chief Executive Officer
Over the past several years, we have taken steps to strengthen our health care benefits, introduce unique plan innovations and drive positive change.

At Boeing, our most important long-term investments are those we make in our people. That includes offering meaningful learning, training and development opportunities; creating a safe and inclusive work environment; and importantly, providing access to high-quality, affordable and competitive health care.

In fact, we insure more than 500,000 employees, dependents and retirees across 48 states and spend more than $2.6 billion annually on health care. While significant, this enduring commitment is important to our people and our company.

Our employees and their families rely on health care plans that deliver coverage efficiently. Increasingly, they also want improved quality, an enhanced consumer experience and reduced costs. And as a company, these plans generate critical cost savings and improved productivity for Boeing and our customers.

For example, we have partnered directly with numerous health care providers, integrated delivery systems and other key stakeholders to incentivize them to migrate from traditional fee-for-service medicine toward paying for what matters most to our people — the results. Through these accountable care organizations, or ACOs, we have seen improved quality and customer service as well as an increasing number of employees using this system. Providers are motivated to improve efficiency and eliminate wasteful procedures and red tape because they have a direct financial stake in the outcome. These partnerships improve the health care system not only for Boeing, but also for our surrounding communities, including small and mid-sized businesses.

While we have made great strides in improving the quality and cost of our health care programs, several barriers remain. New government-proposed mandates, taxes and fees all add to our costs. We can reduce their impact, however, by mitigating the burden of laws and regulations on companies such as Boeing, but we need our elected leaders — and the broader health care market — to do their part. Without addressing the underlying costs of health care, additional taxes and arbitrary caps alone will not produce the desired results we all seek.

In order for Boeing to succeed in its second century, we must attract and retain the world’s best team and talent. Providing innovative — and effective — health care solutions is a key part of this effort and one that will pay dividends for our people and our company for years to come.

Dennis A. Muilenburg
Chairman, President and CEO
In 2007, BorgWarner took an innovative approach when we moved from a sick care plan to a health care strategy. We adjusted our health care design to promote individual accountability, providing resources for employees to engage in their own health management. We motivated employees to complete health evaluations, know their numbers, participate in health coaching and get annual physicals. Wellness offerings were customized by location — like more yoga and stress management classes at tech/sales locations and additional lunch and learns about diabetes and repetitive motion at plants.

In 2010, we evaluated the option of continuing our employer-sponsored plans or moving employees to an exchange. (Since 2007, we averaged an 80 percent/20 percent medical cost share between BorgWarner and employees.) We were transparent with our employees, sharing employee investment impact data. The decision was made to continue to offer our 80/20 plans but with added incentives for employees to reduce their side of this equation without increasing deductibles. We established a unique $0 employee contribution strategy whereby employees earn points to qualify for a $0 premium contribution. Points are awarded for meeting with a health coach, completing a series of wellness criteria, etc. More than 85 percent of employees now pay nothing toward their premiums, making health care more affordable for our people and their families. In 2017, we are partnering with a third-party reviewer who brings consumerism to the table. Employees will receive 20 percent of the savings for specific procedures when they select the lower-cost, high-quality provider as researched and identified by this partner. This will allow even more savings for our employees and our bottom line.

Through a culture of transparency (the point system is posted on our website), employees have a clear vision of how health care costs affect the bottom line. Each location's health care costs are shared at town hall meetings. We purchase FitBits (more than 2,000 to date) for employees who participate in walking challenges. During site visits, I see a more health-focused workforce — people wearing FitBits or opting for a walking meeting. New recruits report our healthy culture and $0 premium factored into their employment decision. Other outcomes include:

- 79 percent of members identified for health coaching are engaged, compared to a 59 percent norm.
- We have seen an average 44 percent decrease in, and 36 percent maintenance of, employee health risks.
- 15 employees with 50 percent blockage have been identified during angio screens.
- 70 percent of employees utilize preventive care visits, compared to a 45 percent norm.

James R. Verrier
President and CEO
As the nation’s health care system continues its evolution toward a value-based payment model, our industry is experiencing dynamic change. With health care at an inflection point, all of us at Cardinal Health are aware of our responsibility to adapt, innovate and lead.

Our results tell us the approach is working. Medical expenses for participants in our Healthy Lifestyles program are 25 percent less than expenses for nonparticipants.

One of the areas where we are doing that is in our own backyard as we look to encourage our employees’ wellness. All of us recognize that the health care experience is, at its core, a deeply personal one, so we are committed to helping our employees pursue the right care at the right time in the right setting. Our programs focus on the transition to consumer-driven health plans and incentives for participation in wellness activities.

Our commitment is evident — we’ve expanded preventive care services, lowered the cost for preventive and maintenance prescription drugs, and provided incentives for using generic and preferred brand drugs. This integrated approach places a priority on high-quality outcomes, efficiency and cost effectiveness.

In addition, we are equipping our leaders with tools to educate our employees through the recruitment and training of worksite champions who promote our Healthy Lifestyles program. This program provides health and wellness educational opportunities and is focused on holistic advocacy around a culture of physical, financial, social and emotional well-being.

Our results tell us the approach is working. Medical expenses for participants in our Healthy Lifestyles program are 25 percent less than expenses for nonparticipants. Employees who participate in the program use preventive services twice as often and visit the emergency room less than half as much as those employees who haven’t yet embraced it. And our Champion sites have realized incredibly positive outcomes, including:

- 229 percent increase in the number of on-site health-based initiatives;
- 269 percent increase in peer support for wellness activities;
- 275 percent increase in opportunities for physical activity at or near the work location;
- 333 percent increase in weight-management activities; and
- 375 percent increase in resiliency activities.

As we look to the demands of an aging population; the public health challenges; and continued discussions around cost, quality and access, Cardinal Health remains focused on providing wellness benefit services and support programs that will help our employees and their families lead full, productive and healthy lives. And as a leading health care company, we believe that is part of our essential promise to the community and to each other.

George Barrett
Chairman/Chief Executive Officer
Employers uniquely offer the communications, infrastructure, incentives and engagement programs that will enable our country to transcend the financing of sickness into something far more powerful — the pursuit of health, wellness and productivity.

Employers have been the driving source of innovation in health care financing and delivery, responsible for great strides in improving the health and well-being of their individual employees. From Cigna’s perspective, the employer model remains vitally important because it allows for approaches no government program can achieve.

There are still people who believe the United States represents the great experiment — a free, capitalistic market no other country has fully replicated. The United States has created the biggest, most dynamic economy in the world through a belief in the individual and the support of the pursuit of innovation. With the appropriate amount of flexibility, employers remain the best positioned to take future actions to benefit our health care system by implementing the right programs to enhance productivity, encourage transparency and align incentives. It’s about driving personalization and creating a consortium of capabilities that work to drive affordability for individuals and the system at large and, ultimately, support the economic vibrancy of our country.

David Cordani
President and Chief Executive Officer
Convergys Corporation was innovative in choosing to be a very early adopter of a private benefits exchange solution for active employees in order to:

- Modernize benefits programs with configurability;
- Optimize an overall benefits strategy that aligns to our organization’s goals and our employees’ needs;
- Better manage costs;
- Empower employees through an engaging and satisfying experience; and
- Offer expanded choice for employees to build health, wealth and protection portfolios to enhance engagement and security.

We believe that this effort provided better quality, affordability and outcomes for our employees and their families. This value is evident though our ability to offer collective purchasing including prenegotiated contractual elements that support improved service levels, streamlined delivery and standardized product design across multiple carriers. Through the exchange, we can also provide personalization and allow employees to purchase the coverage most suitable to their needs based on health, age, family, risk tolerance, etc. Employees can select their own coverage — with many opting for less — which saves them and the company money.

Further, we provide employees with programs and information to help them make more informed cost-savings decisions as well as transparency, choice, and access to well-being program and integrated account services. As an early adopter of the private benefits exchange, we were able to provide high-performing networks and providers with proven quality track records and favorable health outcomes. Participating providers often make services available at greater discounts than broad networks.

Another priority for Convergys was our ability to provide a program that included integrated wellness and care management. While many employers and vendors treat these programs as independent, we believe an integrated program drives members to engage in healthy lifestyle behaviors while also engaging more appropriate medical treatment and treatment adherence. The program identifies and targets high-risk, high-cost members and provides proactive outreach based on need. Overall, an integrated wellness and care management program reduces costs and lowers future increases as well as lowers the utilization rates of high-cost members. Positive outcomes are driven through enhanced performance guarantees.

Convergys Corporation is proud to provide health care offerings that empower our employees and their families to improve their own health outcomes by creating innovative health care benefits solutions.
Our benefits strategy is built on a shared accountability with our colleagues to manage costs and improve health outcomes. We've continued to enhance our “Plan for Health,” providing tools to help colleagues manage their benefits more effectively and rewards for healthy behaviors. Our plan design offers financial incentives, including a $600 annual wellness differential for colleagues who undergo a free health screening and complete an online health assessment.

We also support our colleagues with innovative wellness programs that include health coaching, weight management and tobacco cessation. In 2015, we implemented “700 Good Reasons,” an incentive-based smoking cessation program that asks participants to pay a $50 deposit, which they recoup upon successfully being tobacco free for one year, along with a bonus of $200 if they are tobacco free for six months and $500 if they are tobacco free for a full year. Many colleagues have quit smoking using these incentives.

Recognizing the growing role of consumerism in health care, we successfully transitioned our colleagues to Consumer Directed Health Plans (CDHPs) that offer a tax-advantaged health savings account (HSA). Employees can use their HSA in many ways, including paying for eligible health care expenses now, saving for future qualified expenses or even investing HSA funds so that they can grow over time.

As our employees take on more financial responsibility for their care, they are looking for the greatest value for their health care dollar. We have tools to help them research the cost and quality of medical services they need. Our 1,100 MinuteClinics offer a convenient, low-cost alternative to a doctor’s office or emergency room for primary care. And our pharmacy benefits manager, CVS Caremark, helps them receive the right medications at the lowest possible cost.

At CVS Health, we’re passionate about reshaping a health system that is more affordable, accessible and effective. Every day, we pursue solutions to improve the health of our patients and communities. That’s our purpose, and we’re making progress; that purpose starts at home, with our colleagues.

Larry J. Merlo
President and CEO
As a result of our deliberate approach to health care management over the past two years, we’ve experienced below-market cost increases and passed along those savings to our associates.

At Danaher, we offer robust health, wellness and financial security benefits that support us in recruiting and developing world-class talent. These programs help our associates realize life’s potential — protecting them against the potentially devastating effects of a serious illness or accident, providing them with tools to improve their health, and helping them plan ahead to retirement and save for their future.

We review our programs regularly for affordability and compliance, plus we survey associates to ensure their needs are met. As a result of our deliberate approach to health care management over the past two years, we’ve experienced below-market cost increases and passed along those savings to our associates.

Feedback is one of Danaher’s core values, which is why we take it so seriously. When customers talk, we listen! The same holds true within our organization; Danaher associates are our most valued asset, so when they talk, we listen. This is how we create a culture of engagement where our associates are proud to be part of the Danaher family.

The results of our reviews and feedback continue to drive our benefits strategy, and both are reflected in our most recent program upgrades:

➢ In 2014 we rolled out all new medical plans, including a plan with an associated health savings account (HSA), to reduce costs, help associates save for future medical expenses and improve access to quality care. Danaher also offers employer contributions when associates enroll in an HSA, and associates can earn additional contributions — or direct pay rewards if they’re not enrolled in an HSA — through our coordinated wellness program. This program provides biometric screenings and online tools to promote healthy lifestyles.

➢ That same year, we launched a high-touch concierge service, at no cost to associates, to address their growing calls for help in navigating the increasingly complex health care world. In addition to company-sponsored benefits, we offer a rich menu of programs that offer additional financial protection to associates: vision benefits; optional life, long-term disability and AD&D insurance; legal assistance; auto and home insurance; coverage for pets; business travel accident insurance; free will preparation; commuter benefits; identity theft protection; and financial assistance for families that are growing through adoption.

The key to the long-term success of our evolving benefits strategy is ensuring that associates understand that Danaher’s business interests align with their personal interests around benefits: Associates’ health and well-being are as much priorities for us as for them.

Thomas P. Joyce, Jr.
President and Chief Executive Officer
At Day & Zimmermann, we recognize that health and wellness are achieved through a partnership between employees, our health care providers and the company.

Day & Zimmermann is proud to continue our commitment to the health and well-being of our employees. As The Original Betterment Company®, we want to help our employees ensure they have access to the tools and information they need to make the best decisions about their health to help them live a better life. Our focus on health care and wellness is tied deeply to our company’s relentless commitment to safety — our most important core value — with our concern for our employees’ well-being at the center of both.

Our company’s wellness council is instrumental in helping us achieve that agenda. The team consists of representatives from all our business units and a wide network of sites. As a team, the wellness council commits each year to an agenda that is targeted at building awareness and education and helps our employees get the most out of the health care offerings available to them. Using statistical data from our health care providers, the wellness council focuses its efforts on the major disease categories that affect our employees — diabetes, heart disease, cancer and high blood pressure — with each one spotlighted during one quarter of the year. Every month, the wellness council provides tips, tools, links and specific activities tied to that quarter’s theme that employees can access to address individual health concerns for themselves and family members. We also recently completed a companywide fitness challenge tied to the Summer Olympics to engage teams of employees in increasing their physical activity, with the added bonus of supporting and encouraging each other. We regularly emphasize building awareness of the preventative care options that our health care plans offer free of charge and have built supporting messages into our leadership communications to ensure employees understand we want them to take the time to take care of themselves.

We also think it’s important for our employees to be educated consumers of health care plans. To that end, working with our health plan provider, we’ve created a series of videos that employees (and their families) can access to gain a better understanding of the health care plans available to them. These videos, and the supporting materials that accompany them, will help our employees make an informed decision about health care that is best for them, both in terms of care and cost. We’ve also created educational materials to help employees understand the tools available from our health care providers to track their health care utilization and spending and the tools available to understand better the many preventative care options our plans offer.

At Day & Zimmermann, we recognize that health and wellness are achieved through a partnership between employees, our health care providers and the company. We’re committed to providing the education and support to help employees achieve their health care goals and to live a safer, healthier and ultimately better life.

Harold L. Yoh III
Chairman & CEO
The Dow Chemical Company believes that employers are essential to the achievement of health objectives for our nation and that healthy behavior of our employees and their families must be encouraged with every tool in our toolkit. We have more than 100 years of experience focusing on the health of our people, and we recognize that the current challenges this country is experiencing in trying to achieve health improvement and to reverse troubling trends require the engagement of multiple sectors of society.

Global competitiveness requires development of a comprehensive health strategy designed for employees and the communities in which we operate. Accordingly, we established the Dow Health Strategy more than 10 years ago as a formal corporate-level strategy, focusing on four key areas: prevention, quality and effectiveness of care, health system improvement, and advocacy. More recently we have included a total worker health goal within our 10-year 2025 corporate goals.

Dow health programs cover a broad array of prevention topics and utilize a portfolio of methods from education to health assessments and counseling to group classes and targeted campaigns. We set policies like a tobacco policy. Over time, the health efforts were woven throughout the fabric of our organization. They became linked with safety efforts including off-the-job safety; they became a component of leadership development and employee training programs. We set a positive culture and environment for health, including development of a corporate food philosophy and joint efforts with our facilities management group to explore sit/stand desks and other aspects of our building design and management that can affect health.

More recently, we established a family health clinic in Texas next to one of our largest U.S. manufacturing sites. This clinic uses the medical home model to provide excellent primary health care services to our employees and families at a location convenient to work and also tied to our health plan.

Our health initiatives are working. Since 2004, we have improved the health risk profile of our global population substantially. We have seen more than a 15 percent increase in the percentage of our employee population at low risk for BMI, physical activity and tobacco and a 28 percent decrease in the employee population at high risk for these risk factors. Our health strategy enables us to spend millions less annually in U.S. health care costs than we would have spent had we experienced the industry average trend.

Andrew N. Liveris
Chairman and CEO
EY is committed to providing our people and their families with the highest-quality care. Recognizing that health coverage is not “one size fits all,” our medical program provides access to multiple plan options of various coverage and premium levels through at least two carriers’ networks. We offer interactive tools to help our people choose the coverage that best fits their specific circumstances. When care is needed, tools are provided that help compare and choose the highest-quality, lowest-cost options available. Through our Pathways to Parenthood program, we also offer coverage for those looking to build a family, whether through advanced reproductive technologies, surrogacy or adoption, followed by a generous 16 weeks of parental leave for primary caregivers. And beginning in 2017, we’ll also make available a no-cost, second-opinion service from top physicians for those with the most significant needs — those with cancer, in need of transplants or orthopedic procedures, and the like.

Most important, we believe strongly in caring for our people’s total well-being. The EY Advantage initiative provides programs to address our peoples’ health, financial and whole life needs. Programs include the EY Quality of Life Program through which we provide $500 per year for healthy initiatives like gym memberships, purchase of fitness equipment or activity trackers, or participation in weight management programs. And since studies have shown that financial issues are a leading cause of stress in people’s lives, EY is proud to offer at no cost to all of our people personalized, one-on-one financial planning to help with issues ranging from basic budgeting to buying a home to retirement planning. We’ve also introduced the groundbreaking “r u ok?” initiative to help those who may be dealing with mental illness or addiction issues, either personally or through the struggles of friends or loved ones.

At EY, our people are truly our most important asset. The programs we make available reflect our commitment to helping ensure their total well-being at every stage of their lives.

Mark A. Weinberger
EY Global Chairman and CEO
FedEx will continue to monitor the evolving health care landscape, explore innovative programs and plan changes, and focus on helping employees “Choose Well” to improve well-being and to minimize cost increases for our employees and our company.

At FedEx, we have a long history of offering competitive health benefits to our employees, though covering almost 375,000 employees and dependents is costly. Financial projections indicate health care costs — including active and retiree medical, dental, vision and disability — at FedEx will exceed $1.7 billion in 2017. With increasing national health care costs, fees and requirements associated with the Patient Protection and Affordable Care Act (PPACA), and the impending Cadillac Tax, that number will continue to rise.

In 2014, we changed our medical plan in response to unsustainable year-over-year cost increases and PPACA requirements. We implemented a high-deductible plan featuring a health reimbursement account (HRA) with a company credit to help employees with expenses. We developed additional plan features to help employees, such as carving out primary care and prescription drugs from the deductible so participants are responsible only for coinsurance. We also expanded our definition of “primary care” to include general and internal medicine practitioners, OB/GYNs, and convenience and urgent care clinics, broadening the opportunities to get care without having to meet the deductible.

Since 2014, we have leveraged our internal “Choose Well” health and well-being brand and launched a multiyear communications strategy to help employees make better health care choices. Communications have included information about plan basics; right care, right place; and the importance of using in-network providers. We also launched an online benefits education tool that helps employees choose the best medical plan option.

In 2015, we launched an enterprise well-being program and additional HRA credits for completing a well-being assessment. The program provides weight-loss, tobacco cessation and general well-being coaching programs. We continue to try to establish a companywide culture of well-being through employee success stories, wellness events and challenges, and a well-being ambassador network.

Also in 2015, we opened two near-site health centers in our headquarter city that offer preventive and acute care, physical therapy, and full-service pharmacies with convenient hours. For CY16, we project the centers will yield approximately $2.3 million in savings. Employee feedback has been positive, and we are considering expanding to other cities.

The new medical plan and other resources have helped slow our health care costs trend, but we still have work to do. FedEx will continue to monitor the evolving health care landscape, explore innovative programs and plan changes, and focus on helping employees “Choose Well” to improve well-being and to minimize cost increases for our employees and our company.

Frederick W. Smith
Chairman and CEO
Freeport-McMoRan offers a comprehensive benefits program that provides choice, flexibility and the foundation for employees to manage their health care.

Some examples of how Freeport-McMoRan promotes quality, affordable health care to employees and their dependents include:

- Preventive services covered at 100 percent under all medical plan options;
- Wellness facilities at larger sites, including fitness classes for employees;
- On-site medical facilities funded by Freeport-McMoRan at certain remote mining locations;
- An international medical service provider for employees assigned or traveling to non-U.S. sites;
- A full-time medical director, who continually monitors the quality of benefits, actively engages in significant medical cases as needed and serves as an advocate for employees;
- A successful and highly regarded annual employee wellness medical program;
- Health fairs at corporate offices and larger operating sites that include flu shots, biometric screenings and health-plan information; and
- Trained medical response personnel at all operating sites.

The company uses multiple communication sources to ensure employees fully understand and use their benefits. In addition to written communications delivered to the home, Freeport-McMoRan provides an online decisionmaking tool during the annual enrollment process. This tool is designed to help employees select the most cost-effective and appropriate options for their medical, dental and vision needs from those offered. The company provides a high-deductible health plan with a health savings account and contributes a significant portion of the deductible to that account on the employee's behalf, in addition to offering other types of medical plan options.

To address the specific health needs of our population, Freeport-McMoRan offers several innovative programs through our insurer that have been well received by employees. One of the more popular is a virtual weight-loss program aimed at preventing diabetes and other obesity-related medical conditions. The program includes telephonic and online exercise, nutrition and tobacco cessation support. Online tools also are available to help employees estimate and effectively manage their health care and drug costs. Freeport-McMoRan collaborates with the insurer to ensure employees receive services specific to their needs, including personalized, targeted campaigns focused on reaching employees with the highest potential for medical expense savings and improved health.

Freeport-McMoRan continues to look for opportunities to support and engage employees in their health and wellness.

Richard C. Adkerson  
Vice Chairman, President and Chief Executive Officer
For more than 150 years, General Mills has contributed to the health and wellness of millions of people by making food they love. We have the same commitment to our employees and their families as we empower them to improve their well-being through a comprehensive health and wellness program built around these foundations:

▸ Informing and educating,
▸ Creating a consumer mindset,
▸ Ensuring all processes and tools are simple and easy to use,
▸ Managing company and employee costs, and
▸ Enhancing tax-favored savings for employees.

To support the changing needs of our employees and their families, we streamlined our 2017 plan design options, offering two plan alternatives to both our salaried and nonunion production employees. These new plans were not an exercise in benefit design reductions; instead, both plans maintained our gold medal values of past plans and brought greater flexibility and portability for our employees. To help our employees select what is best for their family needs, we included a number of just-in-time decision support tools and training opportunities through in-person meetings, live webinars, and social media engagement, helping drive more than 80 percent enrollment in the company’s new health savings account (HSA) plan for 2017.

To help employees better understand the costs, we offered a high-deductible medical plan with a well-seeded HSA; free preventive prescriptions; and comprehensive, transparent education on how the plans work detailing the pros and cons of each plan. In addition, we have ongoing partnerships with Castlight, Teladoc, Blue Cross Blue Shield of Minnesota, and Advanced Medical. These vendor partners allow us to deliver price transparency tools and training, cost-effective medical care, and verification of the need for high-cost procedures like organ or joint transplants.

Our simplification initiative began by streamlining our plan design offerings with mobile access during the annual enrollment period, which we combined with the enhanced technology of our stacked smart debit card, for those who enrolled in the high-deductible plan. Account balances from the prior health reimbursement account, flexible spending account, and HSA balances are tapped appropriately as the card is used to pay for qualified health care.

Our entire health and wellness program is supported by our objective of managing company and employee costs and enhancing tax-favored savings.

As we continue on our journey of making food people love, we maintain our steadfast commitment to providing our employees and their families a health and wellness program allowing them to thrive.

Ken Powell
Chairman and CEO
We all have dreams. These dreams inspire us, guide us and embody our highest purpose.

At Humana, we have a dream: to help people achieve lifelong well-being. It’s fueling our efforts and has even inspired us to take action through our bold goal: to improve the health of the communities we serve by 20 percent by 2020 by making it easier for people to achieve their best health.

That focus begins with us. As we sustain our commitment to the well-being of our 50,000-plus associates, today they are on course to improve their health 20 percent by the end of 2017.

Powering such progress starts by embracing a holistic view of people’s well-being, encompassing a sense of purpose, health, belonging and security. Key metrics and goals related to each of these interdependent dimensions are internally distributed in an enterprise snapshot, enabling leaders and teams to measure progress, inspire new efforts and mobilize local action plans.

These team-driven efforts are reinforced through core programs like HumanaVitality, our wellness rewards program (renamed Go365™ as of January 1, 2017). A three-year study of 8,000 associates engaged with HumanaVitality found a substantial impact on workforce improvement. Insights included:

- Unengaged members had 56 percent more emergency room visits and 37 percent more hospital visits than engaged members.
- Engaged members had six fewer hours of unscheduled absences compared to 23 hours for unengaged members.
- Engaged members experienced a 10 percent decrease in health claims costs in year three of the study.

Humana is also addressing chronic conditions and related health risks, which account for 86 percent of our nation’s health care costs and are primarily attributed to unhealthy lifestyle behaviors.

For our associate population since 2012, we continue to turn the tide through promising results:

- 42 percent of associates have eliminated health risks associated with chronic disease.
- 37 percent have achieved normal blood pressure when it was previously elevated.
- Prediabetes prevalence has been reduced by 20 percent.
- Employer-paid health plan costs have remained significantly lower than external market benchmarks.

Our cultural commitment to health and well-being has also helped fuel outstanding associate engagement levels. Based on the Kenexa IBM World Norms database of 16 million employees, Humana has been ranked in the top 10th percentile globally for the past five years.

Transforming health for communities requires a holistic approach to health and a bold commitment. Our success proves that great things are ready for you when your health is ready for them.

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**Bruce D. Broussard**  
President and Chief Executive Officer
This effort is focused on increasing health care options, making access more convenient and improving affordability.

Huntington Ingalls Industries (HII) is a unique, long-term business. We design and maintain the most complex military warships in the world, and we provide a wide range of technical services to the U.S. government and commercial customers. Yet it’s truly our workforce that differentiates us in our industry. They are critical to our success, and we are committed to making long-term investments in their health and wellness and that of their families. This effort is focused on increasing health care options, making access more convenient and improving affordability.

For example, we have opened HII Family Health Centers either nearby or on site at our shipyards in Virginia and Mississippi. For just one $15 payment per visit, our employees and their dependents, who are covered under our health care plans, can access primary care, radiology, physical therapy, laboratory services and on-site pharmacies. The health centers also offer free wellness counseling with dietitians and chronic care counselors who assist people with issues like high blood pressure and diabetes.

In the first six months of 2016, the health centers combined logged more than 10,500 visits and processed more than 10,900 lab tests. In patient satisfaction surveys, the centers score in excess of 95 percent in every measure, including ease of scheduling, patient wait time and, most importantly, quality of care. Additionally, our increased emphasis on preventive care led to an 11 percent reduction in emergency room visits from July 2015 through June 2016.

Telemedicine is another added benefit. This convenient, low-cost health care option offers direct access to board-certified, licensed physicians — 24 hours a day, 365 days a year — for only $10 per consultation. Employees can get help with issues like sinus and ear infections, flu, and even skin conditions.

In 2014, we also began an incentive program that offers reduced premiums for employees who attest that they do not use tobacco products. Since the incentive program was implemented, we’ve reduced the number of tobacco users in the company by nearly 600.

These are just a few examples of HII’s commitment to health and wellness and our investment in the future of our workforce. While we think it makes good business sense, we also think it’s the right thing to do. Our workforce is at the heart of our success, and we want to help them and their families be the healthiest they can be.

Mike Petters
President and CEO
Ingersoll Rand believes health is a shared responsibility among the company, our employees and their families. Healthier employees are more productive; enjoy a higher quality of life; are absent less from work; incur fewer costs related to medical claims, lost work days and disability; and incur fewer workplace accidents resulting in lower workers’ compensation costs.

Ingersoll Rand partners with national carriers and local health plans to provide a comprehensive medical offering to our employees and their families. The networks of our national carriers provide our employees with broad access to providers. The primary offering for most of our employees is a consumer-driven health plan that combines the medical component with a health savings account and our cornerstone well-being program, Health Progress.

Health Progress is a personalized program designed to empower participants to improve health and well-being in both the short and long terms. The program was launched in late 2009 and partners with a variety of vendors to provide a holistic approach, offering a range of solutions to address individual needs. In recent years, the focus of the program has shifted from an emphasis on participation to an emphasis on sustained engagement. The program provides incentives not only for exercise and activity, but also for preventive services such as annual dental and vision exams as well as flu shots. The program also encourages a spirit of community providing social and emotional well-being support by incenting volunteerism.

In addition to Health Progress, Ingersoll Rand provides employees and their families with a variety of tools that leverage technology to help them make informed choices about their medical care. In recent years we’ve introduced a service that allows individuals to understand both the expected costs associated with health care services and the variability in price and quality among different providers. Additionally, we’ve introduced a program that provides objective and independent support for individuals with given medical conditions. It is designed to help them understand their treatment options and make an informed decision about the course of treatment that meets their individual needs. Finally, individuals are able to utilize technology to access care through telemedicine. This offers an immediate and lower-cost alternative to the emergency room for certain services.

Employees consistently reinforce their recognition of the value proposition of our program. In the 2016 employee engagement survey, 92 percent of employees had a favorable view of the health and wellness program, up from 90 percent in 2015.

Michael W. Lamach
Chairman and Chief Executive Officer
At JPMorgan Chase, we are committed to providing a comprehensive health and wellness program aimed at improving the lives of our employees and their families. Our journey in the United States began five years ago with a new consumer-driven health plan, which requires employees to play a more active role in their health and health care purchases. We have continued to build upon this foundation with extensive programs, tools and resources that empower employees to take charge of their health. Our commitment has been recognized by the National Business Group on Health through its Best Employer for Healthy Lifestyles annual award since 2012.

We consistently strive to keep our plan affordable and encourage employees to actively engage in their well-being in several ways. We have a company-funded health reimbursement account whereby employees earn money to cover out-of-pocket expenses by participating in wellness activities. We tier our insurance subsidies so higher earners pay more and lower earners pay less — making coverage appropriately affordable for all. And our plan offers free preventive care as well as no deductible for primary care and free generic preventive medications.

We offer employees and their spouses/domestic partners free biometric health screenings annually, encourage them to complete health assessments and offer wellness incentives for doing both. In 2016, we are offering more than 660 on-site biometric health screening events. Since launching free health screenings and assessments in 2012, employee participation in these activities increased from 36 percent to 74 percent in 2015.

As a result of these efforts, we estimate that each year about 15 percent of plan members identify a new health risk and about 80 receive an earlier cancer diagnosis, helping with earlier detection. Approximately 7,700 individuals take action to manage their health and close a gap in care, and 9,700 complete a coaching program annually.

Another integral component of our program is our 29 on-site Health & Wellness Centers in the United States, staffed with doctors and nurses providing primary health care needs free of cost. Our centers provided services to about 50,000 employees in 2015. While most visits were for routine primary health care needs, nearly 800 of these were emergencies. We estimate that, of these emergencies, our centers intervened in more than 100 potentially life-threatening situations.

Looking forward, we continue to explore ways to improve the health and well-being of our employees and their families across all three pillars of well-being: physical, emotional and financial.

James Dimon
Chairman and CEO
One of KPMG’s key priorities is building a culture that not only attracts, retains and develops the best people but also provides the resources and support they need to focus on the health and well-being of themselves and their family.

As an employer of choice, our guiding principle has been, and continues to be, providing our employees access to quality, affordable health care, coupled with the tools and programs to effectively navigate the health care system. We offer health care plans ranging from a traditional program to a high-deductible health plan with a health savings account so employees can choose the program that best meets their needs.

We strive to promote effective consumerism and accountability through a transparency tool that offers enhanced support when making important health care decisions. Preventive health care is another key area of focus for KPMG, and we provide a free comprehensive annual physical that includes 12 months of follow-up care and referrals to address concerns identified during the exam. We also provide incentives for things such as biometric testing so employees can “know their numbers” and make more informed decisions. Finally, concierge teams provided through our carrier are available to help our employees address any health concerns and direct them to the most appropriate care.

We also offer programs to target and address the unique needs of our population, such as:

- A maternity program that provides support and resources to help promote a healthy pregnancy, including a personal health coach for high-risk maternity and babies in the neonatal intensive care unit;
- Telemedicine to serve our employees’ immediate medical needs any time of the day — no matter where they are;
- A behavioral health platform to help employees manage personal issues and stress;
- An oncology program that works with providers to develop a team approach to providing cancer care;
- Second opinion and medical decisionmaking support from leading physicians;
- A pharmacy program targeting diabetes and cardiovascular disease that provides counseling to ensure drug therapy adherence that improves outcomes; and
- A data query that identifies potential gaps in care and opportunities for improved care.

As we move forward, we continue to look for new and innovative ways to evolve and enhance our benefits to meet the changing health care needs of our workforce. This includes employing data analytics to analyze the utilization of our medical and pharmacy benefits so that we can target areas of need and capture opportunities for efficiency.

John Veihmeyer
Chairman, KPMG International
Live Healthy is a way of doing business that benefits everyone involved. Macy’s, Inc. will continue to work in partnership with vendors to drive sustainable well-being for associates, their families, customers and the communities in which they live.

Macy’s, Inc. recognizes that one of its great strengths lies within the talent of its diverse workforce. When associates are engaged, they bring their best energy to work and deliver excellent service that is the Magic of Macy’s, Inc.

To help associates bring their optimum individual well-being to work, the “Live Healthy” initiative was launched in 2011. Initially designed as a framework to accelerate the discussion around leading healthy lifestyles through diet, exercise and behavior modification, it has expanded to provide tools and resources that allow for total well-being engagement. Whether the focus is on managing, improving or maintaining health, there is something for everyone across the wellness continuum.

One of the introductory programs, Know Your Numbers, focuses on health awareness. Participation is widespread, and as testimonials would suggest, outcomes can be life changing. Other examples of value-add programs include 24/7 telehealth, chronic condition management, nurseline support, nurse advisors, Employee Resource Groups at the local level, and national gym membership discounts. The company offers a seed to health savings accounts and, recognizing that health is a matter of personal responsibility, also offers incentives for program participation, which have proven successful.

Recently, the Live Healthy initiative was expanded to include offerings such as onsite wellness coaches, weight management programs focusing on lowering risk factors, social support programs and tools to encourage mindfulness, and coming soon a virtual reality stress reduction pilot. Additionally, financial well-being education is beginning to come into focus as associates are educated on how their decisions and program participation can affect a secure financial future. Education and awareness to help associates understand all that’s available to them are driven through a multimedia approach including cost calculators, dedicated benefits websites and a cost transparency tool.

In addition to these internal programs, Macy’s, Inc. is paving the way to become a preeminent store for customers’ wellness needs and is currently testing this concept at the Macy’s Easton Town Center in Columbus, Ohio. The new wellness department is managed by a health and wellness expert and offers women’s and men’s activewear, Finish Line footwear, Gaiam Yoga products, FitBit tech accessories, and the Berry Blendz full-service juice and smoothie experience.

Live Healthy is a way of doing business that benefits everyone involved. Macy’s, Inc. will continue to work in partnership with vendors to drive sustainable well-being for associates, their families, customers and the communities in which they live.

Terry J. Lundgren
Chairman and Chief Executive Officer
At Mallinckrodt Pharmaceuticals, we demonstrate our mission — Managing Complexity, Improving Lives — through our employee health care program. Mallinckrodt focuses on patients challenged with often devastating conditions, and we provide highly effective treatments to often underserved patient populations. We are focused on solving complex medical challenges to deliver value to patients and employees, and our 150-year history tells a story of growth and innovation.

We are committed to improving health care outcomes by delivering innovation that results in better quality, greater affordability and improved health outcomes for our patients, our employees and their families. As a health care company, we believe a healthy employee is an innovative one.

Mallinckrodt's benefit programs encourage employees to take an active role in their own well-being. Through the #Healthy Solutions wellness program, we provide a significant incentive for employees and their families to participate in our wellness program. As a result of these efforts, Mallinckrodt was recently recognized as one of the Healthiest Companies in America by Interactive Health, our wellness program administrator. With our support, our employees have made incredible progress toward a healthier, more rewarding lifestyle. For example:

- Of the Mallinckrodt wellness program participants identified with "out of control" diabetes in 2015, 26.2 percent moved their status to "in control" in 2016;
- Of the wellness program participants identified with "prediabetes," 37.8 percent moved to a healthy state from 2015 to 2016; and
- Of those identified with hypertension, 68.9 percent moved to a healthy state.

We offer comprehensive health programs for a variety of issues and conditions, including health coverage for evidence-based infertility treatments, applied behavior analysis for autism and incentives to seek care at recognized centers of excellence. Additionally, we recently enhanced our health care benefits by adding transgender inclusive coverage to our medical and pharmacy plans — further supporting Mallinckrodt’s efforts toward inclusion and diversity.

At Mallinckrodt, we believe that employee well-being is an essential component of our mission and continued success as a company.

Mark Trudeau
President and CEO
At McKesson, we believe that through encouraging one another, making educated decisions and challenging ourselves, better health for all is possible.

We launched our voluntary wellness program in 2010 with Vitality, our partner vendor, to support and reward our employees’ efforts in managing their health. Throughout the year, employees and their spouses complete a health assessment, biometric screening and wellness activities to earn incentives that reduce their health care coverage contributions. We educate and motivate employees to participate through articles, flyers, health fairs, videos, challenges and on-site wellness champions. As a result, in 2015, McKesson received the C. Everett Koop National Health Award for outstanding worksite health promotion and improvement programs.

Our wellness philosophy is inclusive, providing opportunities for employees to meet their wellness goals, no matter where they are on their health journey. We don’t all run marathons — although we have our fair share of marathon runners. This year, we held two companywide step challenges, and our employees logged more than 6 billion steps over the month-long competitions. In addition to offering the best quality and value in health care benefits, transparency tools and services are available to help employees make educated health care decisions and get the best value for their health care dollar.

Our wellness efforts are working, and both employees and the company are realizing the benefits:

- Since 2010, the number of McKesson employees with elevated risk has decreased for 9 of 12 risk factors.
- McKesson’s per-capita medical costs have decreased by 1 percent from 2015 to 2016 while the rest of the market’s medical costs are trending up 4 percent to 6 percent over the same timeframe.
- In 2016, 24 percent of McKesson’s eligible population had a “vitality age” (the measure of lifestyle and biometric risks) lower than their chronological age, a 7 percent increase since 2011.

We will continue to invest in our employees’ wellness, providing the support and tools they need to proactively manage their personal health and the health of their families. At McKesson, we believe that through encouraging one another, making educated decisions and challenging ourselves, better health for all is possible.

John H. Hammergren
Chairman, President and Chief Executive Officer
Medtronic is a global health care technology and solutions company, committed to advancing our Mission to alleviate pain, restore health and extend life for millions of people. Medtronic has approximately 88,000 employees worldwide, and we cover approximately 100,000 lives in the United States. Our company is committed to the goals of value-based health care and is highly focused on delivering meaningful innovations; better patient outcomes; and quality, coordinated care.

We provide our employees with a variety of online, interactive tools and resources that provide well-being support and consumer-focused education on topics, including:

- **Health Care Reform**: Explaining the background of health care reform and the impact and options that the legislation brings.
- **Personalized Data**: Partnering with our health plans to provide employees with personalized cost savings information and alerts when they can save money on medical services and prescription drugs.
- **Healthier Together**: Providing employees access to our global wellness platform to engage in health-related activities and participate in an annual wellness screening. At-risk factors for the most recent three-year cohort have decreased as noted: cholesterol (49 percent), triglycerides (41 percent) and glucose (39 percent).

We’ve also enhanced benefit plan design and network partnerships so that employees can save money when making good choices. Examples include:

- A direct-contract pharmacy network provides pricing advantages for both Medtronic and employees. For employees, this includes certain generic prescriptions at no cost.
- A Living Donor Transplant Program in partnership with Mayo offers bundled transplant pricing for participants with end-stage renal disease.
- Specialty care received at centers of excellence focuses on cost, quality and outcomes for transplants, bariatric surgery and cardiac care.
- Infertility benefits are covered; however, there is a lifetime maximum across all plans and a limit of one embryo implantation per treatment. In addition, we offer a high-value network with bundled pricing/payments. This has helped reduce multiple births and the high costs that are associated with those births and improve outcomes for families.
- A value-based benefit design for diabetes includes diabetic pumps and supplies, tests, and other services provided at no cost to employees and their covered dependents.
- An on-site medical clinic and virtual care provides unlimited visits at no cost to employees and their families; in addition, each year the first three visits to a retail clinic are free.

In addition, we ensure employees have advocacy resources and support focused on navigating the health care system, managing their benefits and making informed health care decisions. This is just a sampling of the benefits and wellness resources that we provide to help employees and their dependents put their health first. Medtronic is proud that these benefits support the health and well-being of all participants.

Our company is committed to the goals of value-based health care and is highly focused on delivering meaningful innovations; better patient outcomes; and quality, coordinated care.

Omar Ishrak
Chairman and Chief Executive Officer
At MetLife, the health care benefits we offer our U.S. employees and their families help them achieve and sustain good health and well-being in a rapidly changing health care environment. These benefits are highly valued by our diverse employee population and help ensure we have a productive and energetic workforce.

Through data-driven decisionmaking that emphasizes prevention, quality, efficiency and affordability, our strategy addresses the full continuum of the health care experience from wellness to illness. We use targeted messages and rewards to promote early detection, and we create effective processes for identifying at-risk participants and engaging them in risk-reduction programs. Benchmarking against other large financial services companies validates our approach. Our employees have:

- 25 percent higher utilization of annual physicals;
- 10 percent to 27 percent higher adherence to key screenings (such as colonoscopies);
- 13 percent higher utilization of preventive dental services; and
- high engagement (telephonically and online) among care-management program participants.

We direct plan resources to areas with the most potential impact, such as diabetes and cardiovascular disease, and offer the highest levels of reimbursement for health care choices that deliver the best outcomes — for example, use of providers with a proven quality record. By encouraging use of clinical resources, we contain plan costs as well:

- Our participants with diabetes seek routine care at a higher rate and have 18 percent fewer hospital admissions than our peers, and our related costs are 11 percent lower.
- We have seen a steady decline in both hypertension and heart disease claims over the past seven years.

Our cost-modeling tools encourage financially savvy choices, such as 68 percent prescription-drug home delivery utilization, which reduces costs for MetLife families as well as the company.

Building on our U.S. success, we provide all employees worldwide with opportunities to reduce their health risks and prevent disease, such as a 2016 global initiative called “Eat.Move.Sleep,” which encourages employees to adopt healthy lifestyle behaviors that promote resilience. Our Wellness for Life ambassadors are building communities dedicated to fostering well-being: This year, a U.S.-based healthy sleep program has generated significant engagement.

As one of the nation’s leading providers of accident and health insurance, we know firsthand how valuable the employer-sponsored health care system is to companies and employees alike. Among our own employees, health care benefits maximize their ability to engage their intellect and passion in performing their work.

For MetLife, employer-sponsored health care is more than a powerful recruiting tool. It is a powerful business tool that drives productivity and success.

Steven A. Kandarian
Chairman, President and Chief Executive Officer
Innovation drives value in the electric utility industry — and in NextEra Energy's employer-sponsored health care benefit plans. Nearly 14,000 employees and their dependents rely on our plans to improve their health outcomes. They and all our stakeholders benefit when we develop new ways to make health care more efficient, more effective and more affordable.

One focus of our plans is to control costs. We seek to understand health care cost trends, to develop approaches that deliver health care more efficiently and to keep per-employee medical costs below utility industry benchmarks. Our innovative cost control strategy includes:

- Consumerism, choice and price incentives in our plan offerings;
- Aggressive management of contracts and vendors; and
- Comprehensive health promotion programs.

Our health promotion programs include financial incentives to encourage healthy lifestyles. Participants earn incentives when they assess their key health metrics and when they meet specific goals. In 2015, 64 percent of eligible employees and 49 percent of eligible spouses and partners participated in this program.

Another focus of our health care benefit program is nutrition and fitness. Our NextEra Health and Well-Being Program delivered a wide range of programs and services in 2015:

- On-site fitness centers are located at 58 company locations.
- Our employees and family members made more than 16,000 visits to on-site health centers in 2015.
- Our staff made 173 on-site health or nutrition presentations to more than 4,100 employees in 2015 and provided health screenings for more than 3,800 employees, spouses and dependents.

NextEra Energy is also focused on building relationships to improve our health care benefit plans. In 2016, we became a founding member of the Health Transformation Alliance, a group of more than three dozen large U.S. companies dedicated to sharing information and strategies to drive better health care outcomes. Together we are leveraging our considerable private-sector expertise to deliver even greater value for the approximately 6 million employees and dependents covered by our plans.

Our company's innovative health care benefit plans have received consistent third-party recognition. The National Business Group on Health has named us a Best Employer for Healthy Lifestyles every year from 2009 through 2015, and Edington Associates honored us with the Edington Next Practice Award in 2015. We appreciate this recognition as we strengthen the best team in our industry and as we build the most capable clean energy company in the United States.

Jim Robo
Chairman and CEO
Northrop Grumman Corporation is a leading global security company providing innovative systems, products and solutions in autonomous systems, cyber, C4ISR, strike, and logistics and modernization to customers worldwide.

Our health benefits philosophy is to partner with our employees to promote their wellness and prevent or mitigate major illness. We provide financial incentives to encourage each employee to establish a relationship with a physician and get an annual physical exam. Annual physicals provide early identification of, and treatment for, potentially serious medical issues, helping to avoid catastrophic personal and family impact. This has increased the percentage of employees who get annual physicals and has contributed to a reduction in emergency room costs.

One new service introduced in 2015, telemedicine, provides employees immediate access to a doctor 24/7 via their mobile devices, laptops or telemedicine kiosks provided at major work sites. This enables employees to address urgent medical issues at reduced rates and avoid higher co-pays and long waits at emergency rooms. Enrollment in telemedicine has increased, while emergency room visits for nonemergencies have decreased.

We also offer a smartphone app/website that enables employees to compare the cost and quality of doctors, hospitals and medical services in their region. It also tracks medical spending and provides tips on how to save money on health care.

Our self-insured medical program, initiated in 2015, provides employees consumer-driven plans with different deductible levels, giving them coverage and cost options. We have also increased employee awareness of their shared accountability for health care choices, wellness and costs. The company has provided tobacco cessation and weight management programs for several years. More than 3,900 employees have participated in the tobacco cessation program.

Our Wellness Center of Excellence helps employees make better health care decisions and improves overall well-being by offering various services and educational programs at work.

We care deeply about the health of our team, and our approach of partnering with employees and leveraging innovation continues to make progress in advancing wellness and managing costs.

Wes Bush
Chairman, CEO and President
Our health care benefits program is designed to empower employees and their families to invest in their health and well-being while managing their care to ensure the best services coupled with smart spending. It is the right thing to do for employees and allows the company to better manage medical plans for sustainability.

With the rapid changes in health care and the passage of the U.S. Affordable Care Act, Peabody seeks to offer a competitive health benefit program while encouraging employees to improve their health. Beyond traditional medical and dental offerings, our wellness programs include incentives for preventive benefits as well as reimbursements for healthy lifestyle activities such as health club and Weight Watchers memberships. These programs are effective and last year had a 75 percent participation rate.

For 2017, we took steps to streamline our medical plan options to offer one plan that can be paired with a health savings account (HSA) to pay for certain health care expenses. Peabody jump-starts the account by contributing up to $1,000 for an employee and another family member. This program provides a triple tax advantage plus the option for a long-term savings account for health care expenses. We also pay 100 percent of the cost for preventive generic prescription drugs. More than 80 percent of employers, including coal producers, offer similar account-based health plans.

Another innovative approach we’ve taken is offering advocacy services that help employees navigate their collection of health care services. This includes finding doctors, making sense of medical treatment options, understanding costs and solving billing issues. Again, the purpose is to create empowered health care consumers who demand quality service and care at a competitive cost, just as we are empowered as consumers to make decisions in other areas of our lives.

Glenn Kellow
President and Chief Executive Officer
Our benefits programs are focused on encouraging healthy behaviors; ensuring access to affordable, quality care; and providing tools and resources to help colleagues take action to improve their health.

Pfizer is committed to applying science and our global resources to improve health and well-being at every stage of life. We strive to provide access to safe, effective and affordable medicines and related health care services to the people who need them, including our colleagues through the wellness and health benefits we provide.

Our core imperatives include creating an ownership culture throughout the organization. One way to promote such a culture is to challenge colleagues to take a proactive approach to improving their own health. Our benefits programs are focused on encouraging healthy behaviors; ensuring access to affordable, quality care; and providing tools and resources to help colleagues take action to improve their health. We limit financial barriers to accessing care by offering plan options with manageable cost sharing for both medical and prescription drug coverage. We also work hard to ensure colleagues know about and take advantage of preventive care opportunities available to them through our benefit plans and our wellness program, “Healthy Pfizer,” which includes on-site clinics and fitness centers.

In 2016, we emphasized the value of biometric screenings to help create awareness about health risk factors. We also worked with our insurance providers on a mix of broad and targeted communications encouraging colleagues to take preventative action in a variety of ways to manage or prevent disease. For example, we promoted recommended cancer screenings, including mammograms and colorectal screenings, resulting in utilization of these services that exceeds national benchmarks by 4 percent to 16 percent.

Pfizer offers a variety of programs to support tobacco cessation; while our colleagues’ tobacco use has always been lower than average, these programs have lowered it even further. We also provide access to vaccines at our on-site clinics, in health care provider offices through our medical plans, and at pharmacies through a broad pharmacy network. This year alone, we have delivered more than 35,000 vaccines to our colleagues and their covered adult family members through these programs.

By sponsoring medical benefits and reviewing them regularly, we are able to provide access to health care and support programs that best meet the needs of our colleagues. We expect to continue to design innovative programs that educate colleagues on preventing unhealthy behaviors and providing incentives that encourage healthy behaviors. Finally, as an employer committed to healthy living, we advocate for health care policies that support these efforts.

Ian Read
Chairman and Chief Executive Officer
Our approach to health management is proactive with an emphasis on shared accountability and preventive screening. We provide benefits and resources to more than 10,000 U.S. employees, empowering them to make informed decisions and be savvy health care consumers while making positive lifestyle choices.

Our health and wellness brand, Project: Living, is an integral part of how we connect and engage our employees. The website serves as a main hub of information accessible to employees, their families and prospective candidates. Fitness, nutrition, back pain prevention and weight management wellness programs help participants improve and maintain their health.

Our Healthy Rewards incentive program designed to help employees identify and address health risks and build resiliency has received an excellent rating from participants. Program results indicated a 10 percent improvement in measured targets for cholesterol and blood glucose and a 10 percent increase in preventive care from 2014 to 2015. An area of opportunity is increasing awareness and education on the dangers of obesity and related health conditions. To support this, we partnered with Fitbit to offer fitness trackers to eligible employees, spouses and domestic partners.

In collaboration with our health plan, we introduced a pilot program providing on-site bilingual health coaching at one of our larger mail facilities. Improvement in areas of weight management and nutrition has been significant, and we plan to expand this program in the near future.

Access to affordable care is provided via five on-site clinics and a virtual tele-health platform connecting patients with board-certified doctors, Pitney Bowes nurse practitioners, mental health counselors through our Employee Assistance Program and a Johns Hopkins oncology nurse.

In our innovative partnership with Johns Hopkins, we're in our second year of offering the Managing Cancer at Work Program, with more than 7,500 web hits since its inception. The program provides education and guidance for both patients and caregivers from a dedicated oncology nurse who has received 100 percent satisfaction ratings.

Pitney Bowes is a founding member of Health Transformation Alliance — companies united in seeking ways to improve health care outcomes for employees and their families. By banding together with like-minded employers, we'll address what's fundamentally wrong, bring increased innovation and leverage our voice to make a greater difference.

Marc B. Lautenbach
President and Chief Executive Officer
At P&G, our purpose comes to life when our brands and products touch and improve the everyday lives of consumers. We are at our best when our employees are enabled to drive this purpose by giving their personal best. That’s why we are committed to creating a work environment that offers programs and resources to drive a culture of health under a banner we call Vibrant Living.

P&G’s Vibrant Living initiative has continued to grow with employee participation increasing each year. The branding and identity of Vibrant Living programs and resources are visible at 198 P&G sites in 55 countries. Supported across all levels of the company, the real strength of Vibrant Living continues to be employees — dedicated and passionate to improve their personal health while encouraging the health of coworkers around them. Vibrant Living will continue bringing employees and their families programs, activities and tools encouraging a healthy lifestyle. We will also widen our focus beyond physical and mental health to promote employee well-being. As our portfolio of resources expands to impact more aspects of life, we are creating new channels and opportunities to have a positive impact on P&G employees and help them reach their personal best.

Our Vibrant Living portfolio has a direct touch with our employees through 152 P&G Health Centers across 42 countries. P&G Health Center personnel are on-site to help employees be at their best. In partnership with our safety organization, P&G Health Centers help ensure a safe and healthy work environment. Whether coordinating site health events, performing medical testing, coaching employees toward better health or providing assistance during medical emergencies — P&G Health Centers are committed to protecting the health and life of P&G people … and in turn, our business operations and assets. As business demands and needs of employees evolve across different markets, the P&G Health Centers not only provide a source of consistent support but also offer a platform to empower the health and impact the lives of our employees when it matters most.

P&G has been committed to improving the lives of the world’s consumers for almost 180 years. Over that time, the foundation for our success remains P&G people. With a revitalized approach to enable and optimize P&G’s investment in employee health and well-being, we are strengthening the foundation for balanced growth so that future brands can touch the lives of consumers for generations to come.

David S. Taylor
Chairman of the Board, President and Chief Executive Officer
Realogy believes that a healthy workforce can be a competitive advantage, and we are committed to providing our employees and their families with the resources they need to stay healthy and well informed. Because our health plan is self-insured by the company, we have proactively sought to educate, engage and incentivize our employees to manage their individual health care from a consumer-driven standpoint. This approach has ultimately benefited both our employees and our company.

Through our comprehensive wellness initiatives, our employees receive holistic health education and programming to target many dimensions of wellness — including physical health, nutrition education, mind-body wellness and workplace flexibility. We cover 100 percent of all preventative care for employees and family members in our benefits plans, and we have further enhanced this effort by providing paid time off as an incentive for employees to get an annual physical. The participation rate for annual physicals and other preventative services by our employees has increased significantly during the past five years. In doing so, employees qualify for a discount on their health coverage plans, and they are ultimately healthier because regular check-ups have proven effective at the early detection of serious medical issues that, if left unchecked, would be far more difficult to manage and costly to care for.

Our iThrive wellness program is available in its entirety online so that employees across the globe can access its offerings and make their wellness goals a reality, regardless of their location or office setting. These offerings include monthly health newsletters, company-developed videos, a wellness portal with health status evaluations and informational wellness webinars. We have also had increased employee participation in our smoking cessation programs, weight loss contests and walking/running training programs.

The outcomes of our wellness initiatives are positive for both employees and the company. Realogy has been named a Gold Standard Employer by the CEO Roundtable on Cancer for four consecutive years. In six of the last eight years, our health care coverage cost increases have averaged below the national benchmarks for a company of our size. Our employees tell us that our engaged commitment to wellness has led to numerous cases of early detection on a variety of health conditions. In a number of cases, we have been fortunate enough to make a life-saving difference, and moments like that illustrate the true value of our wellness program.

Richard A. Smith
Chairman, Chief Executive Officer and President
We're proud that our approach is improving the awareness, health and lives of employees, families and our community. We continue to offer innovative health care programs that control costs and improve the health of our employees.

Rockwell Automation, the world’s largest company dedicated to industrial automation and information, is committed to driving productivity for our customers. And it's our people who provide that value to our customers. We foster a culture that allows employees to do their best work. That's why we've encouraged employees to take an active role in managing their health through innovative solutions that result in better quality, greater affordability and improved health outcomes.

As a founding member of the Wisconsin-based Business Health Care Group, we maintain a continued commitment to pursue innovative strategies to influence health care delivery. Recently, we adopted a strategy emphasizing a shared responsibility between consumers and providers. We implemented a program that recognizes the relationship between health care quality and successful outcomes. We believe this program offers employees the cost and quality tools to better choose health care providers. By incenting employees to select high-quality providers, we support continuous practice improvement and lower health care costs.

We were early adopters of a consumer directed health plan strategy, and our health care savings account plan enrollment now exceeds our health reimbursement arrangement plan. We covered preventive care before it was legally required. In 2011 we implemented a value-based prescription drug design to support compliance with prescription drug regimens. And beginning in 2017, we’re introducing “Virtual Visits” as an alternative way to deliver care.

We promote healthy lifestyles through programs designed to reward both health improvement and health achievement. Many of the strong health engagement indicators we’ve witnessed include:

- Health risk questionnaire completion of 86 percent far exceeds our wellness vendor’s book of business norm (42 percent);
- Health screening participation of 58 percent remains above our vendor’s norm (40 percent);
- Participation in our “Take Action” wellness activities increased to 44 percent, the highest level since introduced;
- The average number of health risks per employee is 2.2, lower than our vendor’s norm (2.8); and
- We held employee contributions flat in 2016 and 2017.

We're proud that our approach is improving the awareness, health and lives of employees, families and our community. We continue to offer innovative health care programs that control costs and improve the health of our employees. Ultimately, we know this approach drives more business value: When we are more productive, we can better serve our customers, so they can be more productive. That's when we win, together.

Blake D. Moret
President and Chief Executive Officer
When designing and delivering our health care strategy, we consider the “total person” — work environment, financial security and social connectivity, as these collectively contribute to an employee’s overall health.

A driving force behind health care delivery at S&P Global is engagement. We realize that if we don’t effectively engage our employees, even the best designed plans will never “reach” the intended audience and jeopardize the chance for meaningful outcomes and measurable success.

This year we launched several initiatives to increase engagement and evolve our health care offerings:

- **Increasing Health Savings Account (HSA) Enrollment** — Like many organizations, and in support of health care consumerism and the management of health care costs, a key priority for us was to increase participation in our Consumer-Directed/HSA plan. We enrolled one-third of our eligible participants in high-deductible plans by embracing a multipronged engagement strategy, including a newly revamped digital platform, Benefit Essentials.

- **Expanded Wellness Programs** — To demonstrate our recognition of the important role families play in employee health, we expanded our wellness program — a health initiative focused on awareness, prevention and healthy-lifestyle maintenance delivered through a customized portal — to allow for spouse and domestic partner participation.

- **Onsite Health Care Events** — Promoting a culture of health continues to be at the forefront of health care delivery at S&P Global. We support this by continuing to host onsite events such as flu shots, mammography screenings and stress relief events, as well as by providing fresh fruit on a daily basis at many locations. And in consideration of the “total person” beyond one’s physical health, we also piloted financial wellness workshops and enjoyed great receptivity and participation.

- **Fitness Reimbursement** — Earlier this year we launched a fitness reimbursement program through which employees are reimbursed for taking part in health and fitness activities. Since one size does not fit all when it comes to health preferences and interests, this program covers a wide array of health and fitness services and activities from massages to aerobics classes.

At S&P Global we are committed to health and well-being and will continue to deploy health care strategies that consider the “total person” and employ tactics that continuously engage our employees while providing them with the tools and resources they need to make informed health decisions.

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Douglas Peterson
President and CEO
SAS is a leader in analytics and innovative health care solutions for both our customers and our employees.

SAS has a long history of improving the quality and delivery of health care in the United States through the power of data and analytics. We work with nearly every key player in the health care ecosystem, including health plans, providers, and pharmaceutical and medical device companies. Our offerings allow employer-sponsored health plans to make sense of their employees’ health care journey by providing them with data-driven insights that can improve the health of their employees and families. Specifically, SAS is actively supporting the transformation of the health care system to a more patient-centric model, enabling companies to grow analytic capabilities to allow more data-driven rigor in decisionmaking, clinical guidelines and structuring reimbursement models. By using the power of analytics, companies can better manage health outcomes, improve quality of life and reduce employee health care costs.

SAS strives to promote optimal health and demonstrate a model of quality health care for our employees and their families while managing our bottom line. For more than 30 years, SAS has made employee wellness a top priority, offering employees and their families innovative ways to be healthy, including our free onsite Health Care Center (HCC). The HCC provides primary care and follows the model of risk assessment and mitigation when possible and early, evidence-based treatment when disease is found. We have been widely recognized for our model of primary care and are considered to be the benchmark for other companies contemplating onsite health care. HCC results for 2015 include:

- Health plan savings of $3.9 million (avoided claims costs);
- Value of employee time saved equivalent to $4.1 million; and
- Savings to employees of more than $1 million (no copays or cost-sharing).

In 2012, the HCC expanded its services to include a full-service pharmacy that offers convenient and comprehensive services, saving SAS approximately $1.5 million in annual prescription ingredient costs. SAS partners with a prescription benefit manager with a unique fiduciary business model allowing a true cost savings to SAS and our employees. These savings are reinvested back into our total rewards programs, allowing us to provide high-quality health and wellness programs to our employees and their families.

SAS is proud to be recognized as a leader in health care innovation, both at the national level and employer level.

James Goodnight
Chairman, President and Chief Executive Officer

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SAS strives to promote optimal health and demonstrate a model of quality health care for our employees and their families while managing our bottom line.
Sempra Energy provides employees and dependents competitive health care options that focus on preventive care, chronic disease management, routine check-ups, and the connection between health and safety. The wellness of employees contributes to our success, as it improves retention and performance and also may strengthen recruitment.

In addition to providing options for medical, dental and vision coverage, we promote wellness programs that increase awareness of health-related topics, encourage focus on early detection of disease and promote lifestyle changes that mitigate risk of disease. Programs include:

- Fitness challenges coupled with fundraising for medical research;
- Onsite health screenings;
- Health, safety and wellness fairs;
- Flu shots;
- Onsite nurses;
- Substance abuse resources;
- Weight management programs; and
- Onsite fitness facilities.

Sempra Energy always is looking for opportunities to leverage medical research to improve the health of employees. For example, we participated in a study to better understand the use of genetic profiles in identifying disease risk factors. We also promote different channels to access health care providers, including the use of urgent care centers for noncritical care rather than emergency room visits, telemedicine, and custom care management units that enhance identification of participants with higher health care risk profiles or complex chronic conditions.

We offer several options for health care offerings, including two HMO plans and a high-deductible PPO plan with a health savings account where part of the funding is provided by Sempra Energy. Unused funds may be carried over to subsequent years, which allows for flexibility with future expenses. Cost sharing is structured to provide a high-quality, low-cost option where the company covers 75 percent to 88 percent of the cost.

We also provide retirement health benefits to employees and their families and have plan designs that efficiently integrate with Medicare benefits to reduce overall cost to participants and leverage the use of tax-efficient health reimbursement accounts to fund retiree medical expenses.

A review of annual medical premiums and claims information indicates both positive and negative trends:

- Kaiser HMO premium increases have averaged less than 1 percent over the past six years;
- Anthem HMO premium increases have averaged approximately 8.7 percent over the same period;
- Body mass index trends continue to reflect the challenges of weight management;
- Large claims and number of hospital days have declined;
- Emergency room visits have declined; and
- Use of generic pharmaceuticals remains high.

We are proud of our efforts to ensure employees have access to the health options they desire.

Debra L. Reed
Chairman and Chief Executive Officer
We are focused on encouraging employees to take greater responsibility for their health and to become more informed health care consumers.

Over the past several years, Siemens has redesigned its medical benefits program to better meet the diverse needs of our employees and the regulatory challenges created by the Affordable Care Act. Our primary goal was to design a program that is affordable and sustainable in the long run — for both Siemens and our employees.

Significant benefit reductions were not the answer to controlling our costs. Instead, we recognized that improving our employees’ health and changing the way they use the health care system would generate the required long-term cost savings. Consequently, we are focused on encouraging employees to take greater responsibility for their health and to become more informed health care consumers.

This reframing required significant changes to our health benefits. Thus far, we have:

- Conducted a comprehensive review and procurement process to select health plans that provide the best combination of provider networks, discounts and health management programs, backed by rigorous performance guarantees.
- Engaged experienced health management nurses and medical professionals — the Siemens Healthy Focus team — to assist members with serious and chronic medical conditions.
- Implemented two consumer-directed health plans (CDHPs), which have shown proven results in promoting consumerism and informed decision making.
- Encouraged preventive care by implementing our Healthy Rewards program — through which employees and their spouses receive financial incentives for completing healthy activities, such as annual wellness and eye exams.
- Encouraged health care savings by providing CDHP enrollees with annual account seed money plus opportunities to earn additional funds through our Healthy Rewards program.

Our results thus far are very promising:

- Our active medical cost trend over the past three years has remained flat.
- Nearly 97 percent of claims are for in-network providers.
- Our Healthy Focus team supports the key 6 percent of members who incur 53 percent of our costs.
- Childhood immunization rates increased by 15 percent, preventive colonoscopies by 14 percent and mammographies by 9 percent.

We are off to a good start, but we know there is more to do. Siemens is not immune to national health trends affecting all employers, including the raging obesity epidemic, the rapid development of high-cost specialty drugs and the emerging opioid abuse crisis. We will continue to focus on improving our employees’ health issues, which should ameliorate future cost increases. We look forward to new opportunities to improve the health and productivity of our employees and their families.

Lisa Davis
Chair and CEO
Starr Companies is committed to providing access to the highest quality medical care for our employees, managing costs and minimizing the financial impact to our workforce.

For example:

- We prioritize access, affordability and choice in designing our benefit programs. Our comprehensive benefits program includes two medical plan options — a high-deductible health plan with a health savings account and a managed choice point of service plan with a flexible spending account providing broad, open access to the highest quality medical providers and clinicians. The high-deductible health plan is designed to help our employees become better consumers of health care services by allowing them to use what they need and save where they have the option. We also offer two dental plans with varying levels of coverage and coinsurance in addition to a supplemental vision plan.

- As a supplemental service to our employees, we provide access to HEALTH NAVIGATOR, a medical concierge service to support employees in their medical care and wellness. While most of the facilities are located in New York City, all Starr employees, irrespective of location, have access to this high-touch, personalized service.

- Our employees are provided with online tools to assist them in making informed decisions about health care providers based on price, quality and convenience. Employees can search for providers and view side-by-side cost estimates based on procedures. Consuming health care services wisely helps keep benefits affordable for all of us.

- We provide our employees with an alternative to in-office doctor visits through online and telephone access to licensed doctors or therapists.

- We provide in-office biometric screenings that provide convenient wellness and assessment screenings for our employees. Biometric screenings are an effective method for identifying health risks due to unhealthy lifestyle behaviors and can provide the necessary information and data to utilize intervention strategies and preventive measures to reduce these risks.

- Although medical premiums have increased for all employers, Starr is proud to share that our increases have been consistently lower than those of other companies in our industries. As a result, our employees’ share of cost has also been lower than that of our competitors.

These efforts contribute to the overall health and productivity of our employees, underscoring the importance of employer-sponsored plans.

Maurice R. Greenberg
Chairman and Chief Executive Officer
At Stryker, making health care better — and, ultimately, making people better — is at the core of our business, and that is why we focus on promoting well-being and offering benefits that support our employees through various stages of their lives.

We understand that sometimes you need time to dedicate your full attention to your family, particularly when welcoming a new child. In 2017, we will launch a U.S.-wide Parental Leave program. This program has many components that focus on providing our employees and families with highly competitive benefits as well as personal support and flexibility.

It is market leading in our industry. Only 33 percent* of our competitors provide paid maternity leave that exceeds what is typically provided for short-term disability, and 53 percent* of our competitors provide paid paternity leave or adoption leave.

It is part of our commitment to our employees. We believe that focusing on our people is vital to our success, and we are proud to have developed this policy based on needs identified by employees throughout our business.

It is flexible. Both moms and dads are eligible for this benefit, which applies to both birth and adoption. Under the new policy, U.S. employees may take up to four weeks of parental leave at 100 percent pay when a new child joins the family on or after January 1, 2017. This leave can be taken in one-week increments within the first year after the birth or placement of adoption.

We recognize that sometimes you need help to grow your family.

Infertility coverage: We’re excited to now offer coverage for certain infertility treatments. This benefit will cover medical treatments up to a $25,000 lifetime maximum and prescription medication up to a $10,000 lifetime maximum. A nurse consultant through the UnitedHealthcare Reproductive Resource Services (RRS) program will be provided to our employees to identify the best treatment options and facilitate care through one of UHC’s Centers of Excellence network clinics.

We recognize that everyone is unique and may have different needs.

Autism coverage: We have expanded coverage for autism spectrum disorder treatment to provide access to applied behavior analysis. We engage autism care advocates to provide education on treatment options and to help locate providers for our employees and their families.

Gender dysphoria coverage: Stryker, along with all U.S. employers, was required to make changes to coverage for gender dysphoria treatment, but we chose to improve upon the requirements and cover services over and above the minimum starting in January.

At Stryker, we value our people and make health and well-being a priority. We continue to strive for ways to make high-quality, highly competitive and affordable health care accessible to our employees and their families.

Kevin Lobo
President and Chief Executive Officer

*According to a 2016 survey of 15 of our medical technology competitors done by Willis Towers Watson, a global advisory company.
We’ve set out to make wellness a signature part of our business, focusing on making the healthy choice the default choice for guests and our team.

During the last two years, we’ve set out to make wellness a signature part of our business, focusing on making the healthy choice the default choice for guests and our team. I’m proud of the work we’ve done so far to introduce new wellness initiatives that help make healthy options more affordable and accessible and that encourage our team members to set and achieve their own wellness goals at work and at home, including:

- Target’s team member wellness discount gives all U.S. team members an additional 20 percent off fresh and frozen fruits and vegetables; Simply Balanced, our wellness grocery brand; and all C9 by Champion athletic apparel and workout gear — on top of their existing 10 percent team member discount. Already, we are seeing significant changes in behavior. To date, team member spending on wellness items is up almost 30 percent from the previous year.

- Our 2015 Activity Challenge engaged team members and encouraged them to increase their daily physical activity levels. We offered every U.S. team member a free or discounted Fitbit™ device and used a corporate wellness platform from Fitbit to host group activity challenges — team members competed to share a $1 million dollar donation to a wellness nonprofit. We have continued the success of this program with periodic challenges.

- In 2016, we expanded our time-off policies to help our team members pursue wellness outside of the workplace. In addition to existing paid time off such as parental leave and vacation, eligible team members have paid time off to use for well-being activities. This time can be used for health appointments, financial planning or volunteer activities.

We focus on improving health outcomes of our team members by offering one of the top health care plans in the retail industry to eligible team members. And on top of that, we provide a large portfolio of discounts, benefits and perks to all team members on Day 1 at Target.

As we move forward, we will continue to enhance our well-being programs to help make wellness more accessible to our team members, communities and guests.

Brian Cornell
Chairman and CEO
Innovating for employee health and wellness
Walgreens Boots Alliance, the first global pharmacy-led health and well-being enterprise, is driven by our purpose to help people across the world lead healthier and happier lives. This begins at home by providing our people with effective, competitive and innovative health and wellness benefits.

Our U.S. workforce health care coverage goes beyond comprehensive health, dental and vision plans. We also offer a prescription drug plan with zero copay for certain medications, as well as health reimbursement accounts that help offset employee health care costs and flexible spending accounts that help cover medical expenses with pretax dollars.

The Walgreens heritage of health care innovation continues for both our patients and our employees who serve them. Notably, we offer a robust wellness program that encourages people to avoid illness, live better and manage health care costs.

Our Balance® Rewards for healthy choices program inspires employees to exercise and participate in health risk questionnaires, health monitoring, weight management, smoking cessation efforts and other wellness activities. Doing so allows employees to accumulate money-saving points under our Balance® Rewards store loyalty program and credits to their health reimbursement accounts to help offset their out-of-pocket deductibles. This year alone some 45 percent of employees have participated, amassing 3.6 billion Balance® Rewards points.

Our zero-copay prescription program for employees promotes medication adherence while reducing a significant health care out-of-pocket cost. The Journal of Managed Care Pharmacy found that zero copays result in an average increase of an additional 40 days of medication possession and lead to higher switch rates to lower-cost generic medications.

Zero copays help to improve clinical and financial outcomes for patients needing the most care, with enrollees averaging just 1.5 comorbidities compared with 4.0 comorbidities among nonenrollees. Pharmacy costs also were lower for enrolled versus nonenrolled. Some 17,000 Walgreens employees have used the zero copay.

Walgreens is now testing the potential to provide “personal care coordinators” to help U.S. employees work with their doctors to choose the prescribed medical care provider. Often the same service, like an MRI, can range broadly in cost. About 60 percent of patients select among the most expensive options in network, or go out of network, for virtually identical service. The patient care coordinators would help ensure the best care for every health care dollar.

Since 1901, Walgreens has pioneered countless advancements in pharmacy-led health care. Our legacy is our future as we test and invest in new innovations in this transformational period for health care.

Stefano Pessina
Executive Vice Chairman and Chief Executive Officer
In 2017 Walmart will double the number of world-class medical facilities available to our associates who have been told they need spine surgery.

We are adding the Mayo Clinic facilities in Arizona, Minnesota and Florida to our current list of Centers of Excellence (COE) for spine surgeries, which are Mercy Hospital Springfield in Missouri, Virginia Mason Medical Center in Washington and Geisinger Medical Center in Pennsylvania. Our COE program is about more than just access to these facilities and their specialists; it covers these procedures at 100 percent, including travel, lodging and an expense allowance for the patient and a caregiver.

Walmart started offering this benefit in 2013, and our data tell us we are making a difference for our people, but we want to do more. That's one of the reasons for adding more eligible medical facilities to the program. Other reasons these medical facilities were selected are that each facility:

- Fosters a culture of following evidence-based guidelines, and as a result, performs surgeries only when necessary.
- Structures surgeons' compensation so they are incentivized to provide care based on what's most appropriate for each individual patient and look at surgery as a last option.
- Is geographically located throughout the country to provide high-quality care to participants in one of Walmart's health benefits plans.

Why would Walmart offer a benefit like this? It's pretty simple — we care about our people and want them to receive the right care at the right time. Research, as well as our own internal data, shows about 30 percent of the spinal procedures done today are unnecessary. By utilizing the COE program, our associates are assessed by specialists who are incentivized differently to get to the root cause and prescribe appropriate treatment.

To further encourage our associates to take advantage of this offering, next year, spine surgeries at one of our six COE medical facilities will continue to be covered at 100 percent with travel and lodging paid for the patient and a caregiver. If the surgery is performed outside of a COE facility, it will be considered out of network and paid at 50 percent in most cases.

Our people are very important to us. By making these changes in our benefit offerings, Walmart wants to make sure that our associates and their family members are diagnosed correctly and that they get the best possible treatment.

Doug McMillon
President and Chief Executive Officer
Western & Southern Financial Group has a long tradition of investing in our most important asset, our associates. One way we do this is by providing comprehensive and low-cost benefits, including generous health care coverage. The company uses several innovative strategies to promote higher quality health care, greater affordability and improved health outcomes for associates and their families.

Western & Southern self-administers our health care plan with a dedicated benefits department. While this requires additional investment in systems and personnel, it has advantages. For example, a team of managed care nurses supports associates and family members by ensuring they obtain optimal health care to meet their needs. The team also works directly with providers to minimize unnecessary tests and in-patient days.

The company is also able to analyze claim trends, allowing us to anticipate emerging health trends and implement programs in response. For example, the company implemented a diabetes program several years ago in response to an observed increase in diabetic and prediabetic cases. The company now contracts with a pharmacist to provide onsite visits with diabetic associates to check blood sugar levels, ensure compliance with medications and provide education on how to effectively manage the disease.

In addition, the company's onsite health clinic provides associates access to multiple wellness initiatives, including:

- Health screenings such as blood chemistry profiles, prostate exams, mammograms and flu shots;
- Educational "lunch and learns" covering a variety of topics to help associates take charge of their health; and
- A tobacco cessation program providing prescriptions and phone support to help associates kick the habit.

All of these programs and resources, including a company-run world-class fitness center, are available to associates at no additional charge.

Another popular wellness program is the Chairman's Challenge, an eight-week program designed to encourage associates to take steps, literally, toward leading more active and healthy lifestyles while enjoying friendly competition with fellow associates. Approximately 100 teams compete for prizes and bragging rights each spring.

As a result of these innovative approaches, our annual health care cost per associate has been consistently lower than that of peer companies by more than 12 percent. In addition, the company subsidizes 89 percent of the cost of providing health care coverage, a significantly higher amount than employers in our peer group. The result is lower costs for associates and the company, higher engagement, and improved health outcomes for associates and their families.

John F. Barrett
Chairman, President and Chief Executive Officer
Wipro is a leading global information technology services organization with a diverse and mobile workforce across the world. Our approach on health benefits is guided by a moral compass as much as legal mandates, balancing popular demand with market practice with an aim to be employee friendly and cost competitive. We strongly believe in motivating health ownership and providing our workforce with the education and tools to become educated users of health care.

Our multipronged strategies have ranged from risk optimization using appropriate thresholds of self-insurance to increased emphasis on wellness and appropriate plan design interventions to encourage specific employee behavior. Use of behavioral economics principles like “status quo bias” wherein the default enrollment option offered is a consumer-driven health plan (CDHP) has seen 88 percent of employees opting for a CDHP alternative over PPO.

We have also increasingly focused on “health” going beyond the traditional “health insurance.” Choosing programs with relevance for our workforce has been a high priority be it obesity management, maternity support or preventive drug coverage without deductible obligations.

Given the stationary jobs of most of our employees and recognizing obesity as a leading risk factor for many diseases, we introduced a specific weight management program targeting members with a body mass index higher then 30. The program supports a 52-week lifestyle change journey with personal coaching. The results of an average loss of four pounds in just over six months have been encouraging.

Our young population has a high maternity incidence. We enabled maternity support programs and neonatal care programs and encouraged participation through incentives. Over the years this program has seen high participation and strong results. One such indicator is the average length of stay in hospitals for neonatal cases, which has decreased by 1,200 days over the past three years (a 31 percent reduction valued at more than $4.5 million) from what it was prior to the program.

We place high emphasis on employee experience given our mobile and virtual employee base. We support our employees with state-of-the-art, mobile-friendly technology, like on-demand presentations and videos, and educate them on tools they can use to identify doctors and compare prices of treatment options. We conduct online/virtual benefit fairs to educate employees on their benefits and help them navigate the complexity of the U.S. health care system.

We see health benefits as vital for employee engagement and productivity and a “win-win” context equally vital for its success.

Abidali Neemuchwala
Chief Executive Officer and Member of the Board