2017 ERC HEALTH & WELLNESS BENEFITS SURVEY

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ABOUT US

ERC is Northeast Ohio's largest organization dedicated to HR and workplace programs, practices, training and consulting. ERC membership provides employers access to an incredible amount of information, expertise, and cost savings that supports the attraction, retention, and development of great employees. We also host the nationally recognized NorthCoast 99 program and sponsor the ERC Health insurance program. For more information about ERC, please visit www.yourERC.com.

INTRODUCTION & METHODOLOGY

This report summarizes the results of ERC's survey of organizations across the state of Ohio, conducted in fall of 2017, on practices related to health care and wellness. The survey reports trends in:

- Health insurance premiums
- Increases to co-pays, deductibles, and employee contributions
- Eligibility for health insurance
- Health insurance cost-control
- Wellness programs
- Wellness program administration

All ERC members were invited to participate in the survey starting on September 12, 2017 via email invitation and other promotions, and participated in the survey throughout the next month. The survey officially closed on October 13, 2017. In order to provide the most reliable and accurate information, data was cleaned and duplicate records were removed. Any outliers or invalid data were also eliminated, yielding a final data set of 129 participating organizations from across the state of Ohio. Qualitative data was coded where applicable or analyzed according to commonality or major themes, and all quantitative data was analyzed using statistical software to ensure data validity and reliability.

This report shows several frequencies and response distributions. Frequencies of data responses may not total 100% exactly in some cases due to rounding of decimals or the ability for participating organizations to select multiple response options. In some cases, industry and organizational size breakouts are not included due to quantity of data or insufficient sample size.

KEY FINDINGS

THE INCREASING COSTS OF HEALTHCARE

During their most recent renewal, participants reported an average percent increase in premium of 6.7%. Even with a very modest average, it should be noted that increases ran as high as 44% and on the low end some decreases (down to -11%) were seen. To help offset some of this increase, one-third of employers increased the employee contribution to the plan. Despite these increases, employers still pay an average of 77% of the total premium amount.

ELIGIBILITY REQUIREMENTS

Eighty-two percent of this year's sample have a "waiting period" in place to become eligible for health insurance. The most common time-frame reported was "the 1st of the month following date of hire". No waiting period of greater than 90 days was reported, as 90 days is the legal maximum per ACA regulations.

WORKING WITH THE ACA

Very few employers have adjusted the number of hours employees at their organizations work to fall below the 30 hour per week threshold established by the ACA. Of those that did reduce hours, all but one employer made the reductions for employees who were already part-time.

THE DECISION MAKERS

When it comes to actually deciding what health insurance to purchase for the organization, participants felt strongly that cost is their primary driver. Interestingly access to certain hospitals/health systems came in as second most important to the decision making process. Their relationship with their broker and low prescription costs ranked third and fourth most important, respectively. On the opposite end of the spectrum, employers found very little importance in one-site health risk assessments, telemedicine, and, at the very bottom of the list, fitness club memberships.

WELLNESS ACTIVITIES

Flu shots remain the most common wellness type activity paid for by employers - even if the organization does not have an "official" wellness program in place. Employers also commonly offer general education around health & wellness, whether that is in the form of an in-person program (on-site) or simply written information. The emphasis on education fits in well with the second most common method used by employers to control health insurance costs, *i.e.*, educating employees on being better healthcare consumers.

TOBACCO USAGE & MORE

E-cigarettes are now largely lumped in with other forms of tobacco, with the vast majority of employers either banning their use from the workplace entirely or restricting their use to a designated area outside. Interestingly, the percentage of employers that charge smokers/tobacco users more for health insurance actually decreased compared to ERC's 2015 survey on the same topic. However, it is unclear what drove this number down – a focus on tobacco free workplaces and smoking cessation programs could be one factor.

THE ONGOING CHALLENGE OF ROI

Tracking the ROI of wellness programs remains a major challenge for organizations across the board. A full two-thirds of the sample are unsure whether or not their wellness program has impacted their company's health insurance costs overall. Among those that do know the impact of their wellness programs on health insurance costs, several noted that this information is tracked by the insurance company themselves, not internally.

HEALTH INSURANCE

Health insurance premiums

On average, employers contribute 77% of the cost of health insurance premiums. Overall, health insurance premiums rose 6.7% for employers during their most recent renewal. Employers who had been given an estimate of their *next* renewal, reported an average increase of 13.9%.

FIGURE 1 | Contributions to health insurance premiums

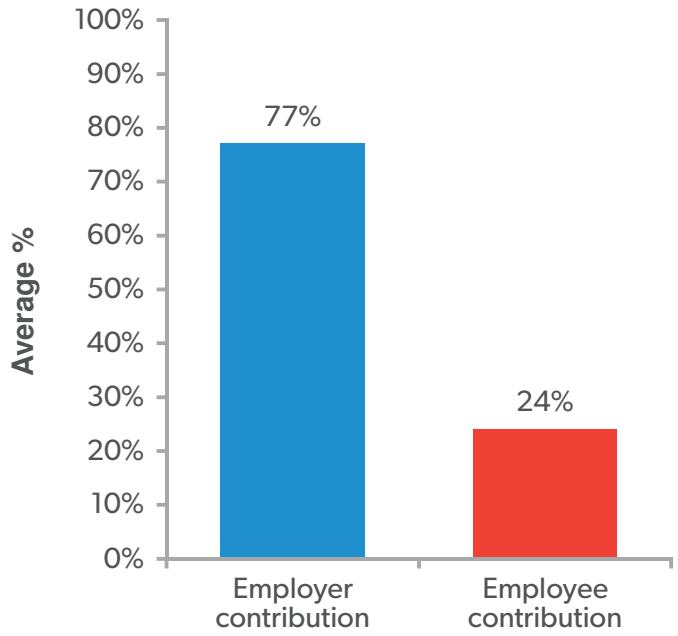


FIGURE 2 | Most recent health insurance plan renewal date

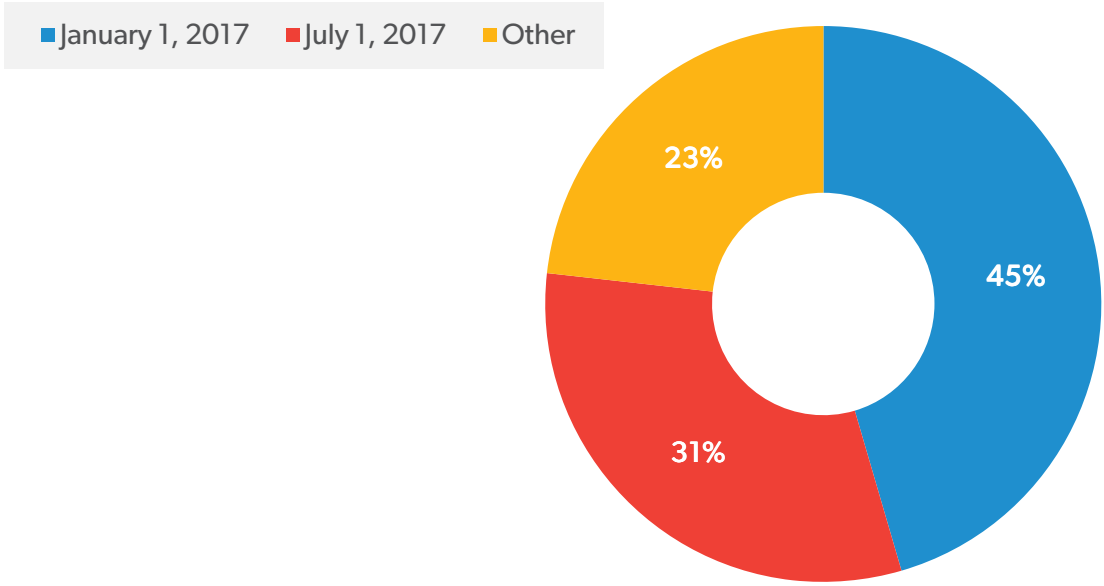


FIGURE 3 | Most recent percent increase in health insurance premium

	Mean	Median	Minimum	Maximum
All Organizations	6.7%	5.0%	-11.0%	44.0%
Industry				
Manufacturing	7.6%	5.5%	-10.0%	44.0%
Non-Manufacturing	6.4%	5.0%	-11.0%	26.0%
Non-Profit	3.6%	3.0%	-5.0%	22.0%
Organizational Size				
1-50	8.5%	6.0%	-2.0%	44.0%
51-200	5.6%	4.0%	-11.0%	33.5%
201-500	7.8%	6.5%	0.0%	20.0%
Over 500	5.2%	3.8%	0.5%	15.0%

FIGURE 4 | Organizations already given an estimated percent increase in health insurance premiums for their *next* renewal

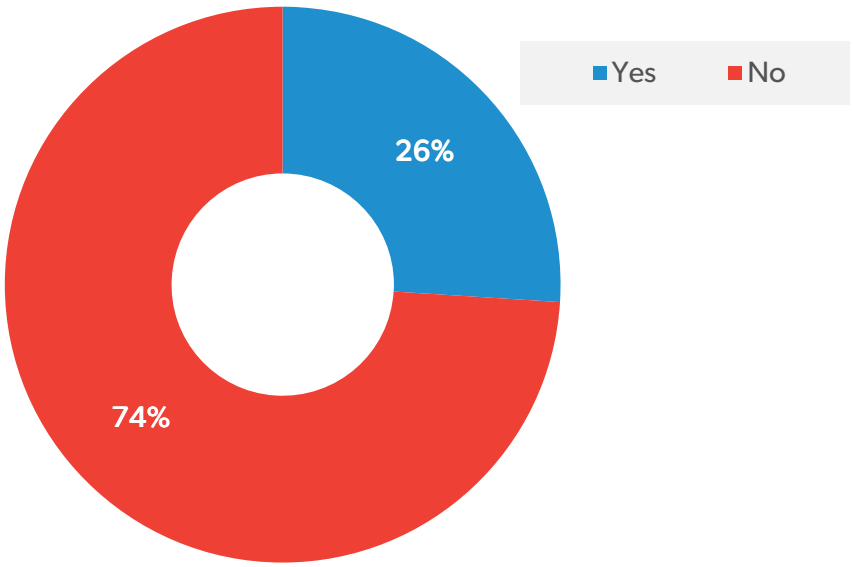


FIGURE 5 | Average estimated percent increase in premium for *next* renewal
(only among those already given an estimate)

13.9%

***Estimated* average percent increase**

Copays, deductibles, & employee contributions

Over half of employers (53%) did not increase any of the employee healthcare costs surveyed in 2017. Employee contributions to the health insurance premium was the most commonly reported increase with 33% of respondents indicating this cost went go up for employees. Annual deductibles (16%) and out of pocket maximums (12%) were the only other employee costs slated to go up at more than 10% of the organizations in the sample. In terms of actual costs, emergency room copays saw the largest percent increase at an average increase of 56%, by far the largest increase of the 7 options.

FIGURE 6 | Organizations increasing employee healthcare costs during most recent renewal

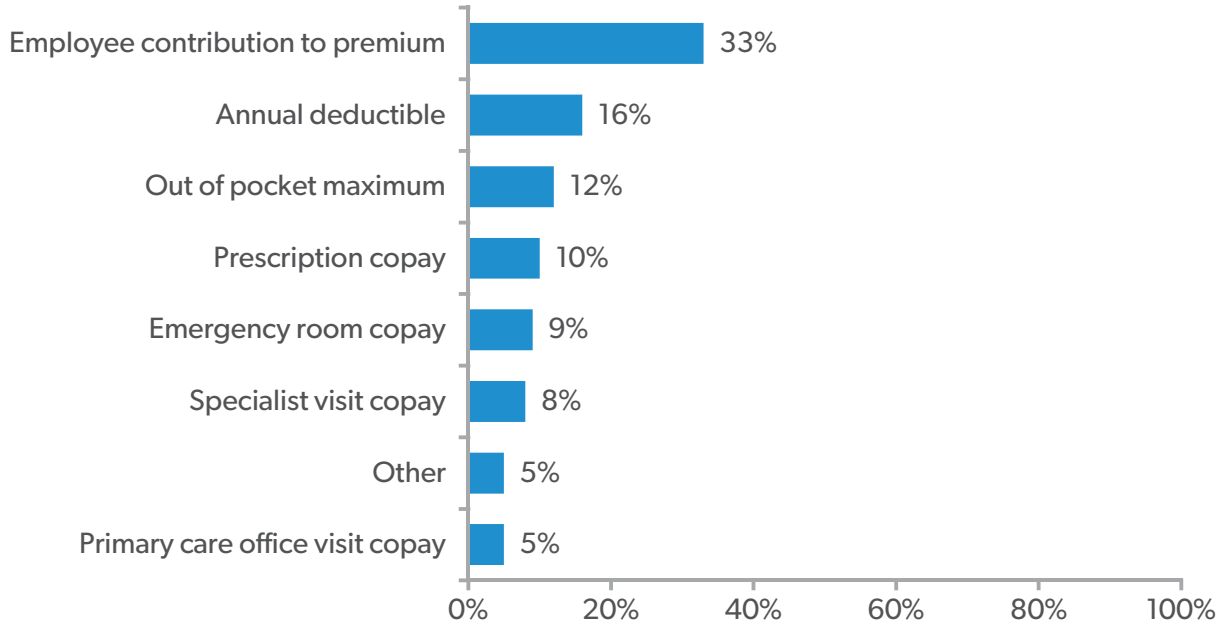
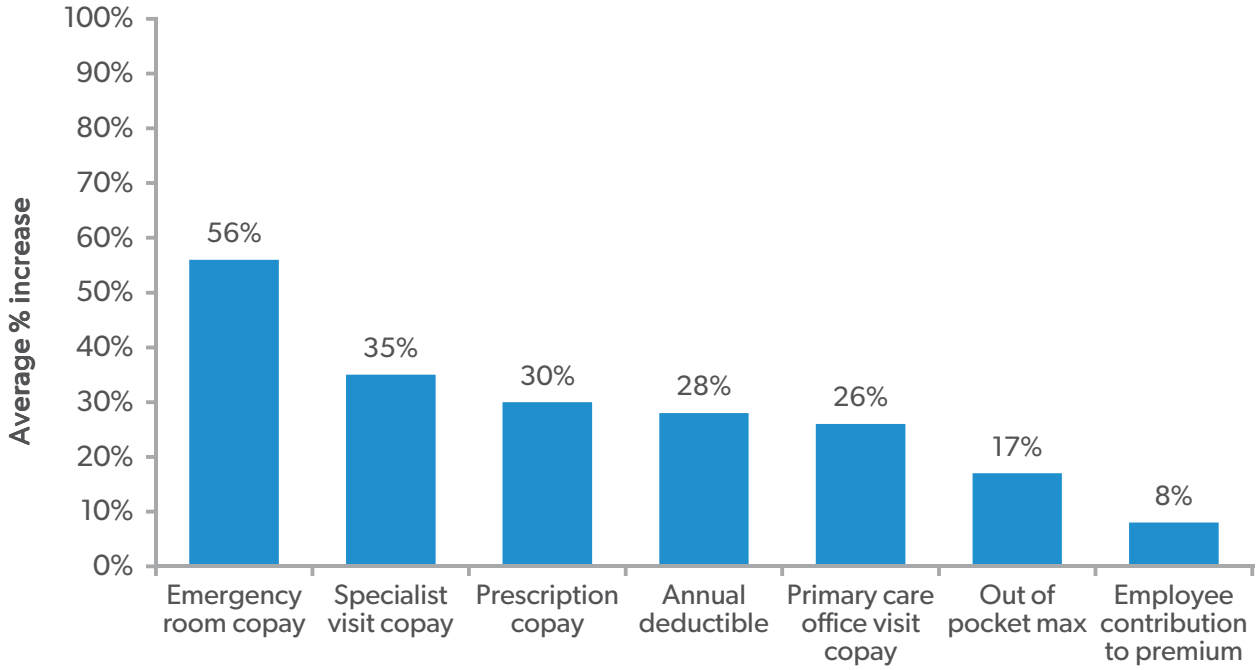


FIGURE 7 | Average percentage increase in employee healthcare costs during most recent renewal



Health insurance offerings & eligibility

Eligibility waiting periods vary in length with 18% of organizations reporting no waiting period at all for health insurance benefits to kick in. No period longer than 90 days was reported, as this would exceed the maximum allowable time frame per the ACA. Most employers offer just a PPO, but HSA's are also offered by half the sample. Employers indicate that their top consideration when purchasing health insurance is price, although the hospitals or health system included is also a major priority.

FIGURE 8 | Health insurance benefits offered to employees in each employee type

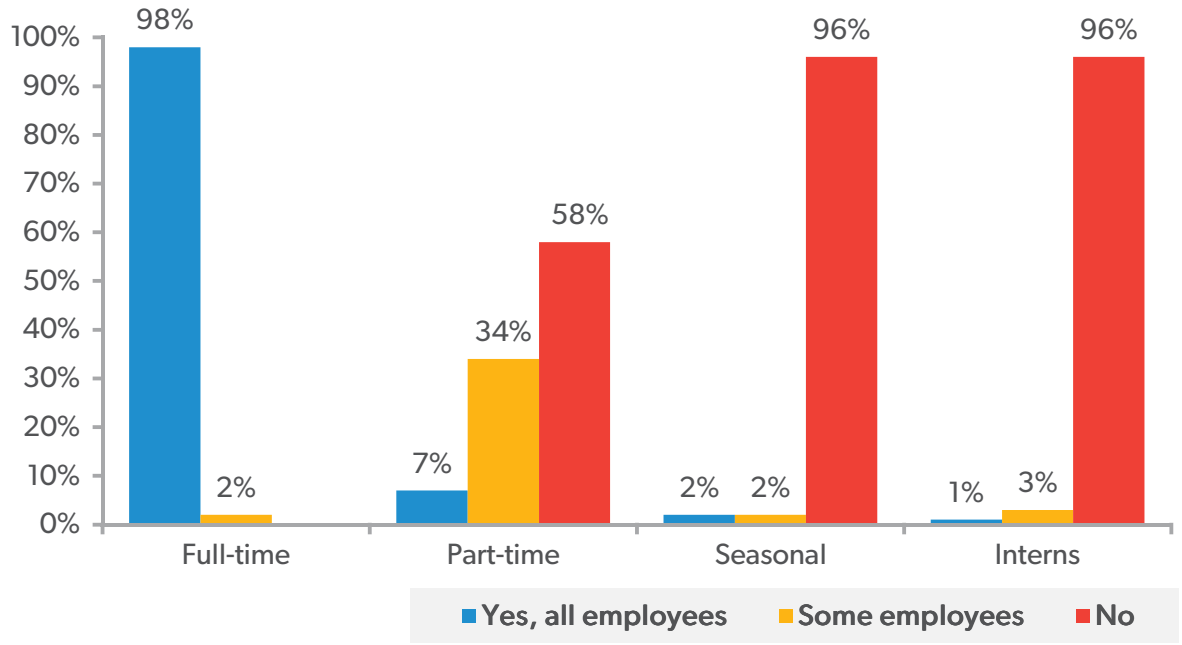


FIGURE 9 | Insurance premium charged as compared to full-time employee costs

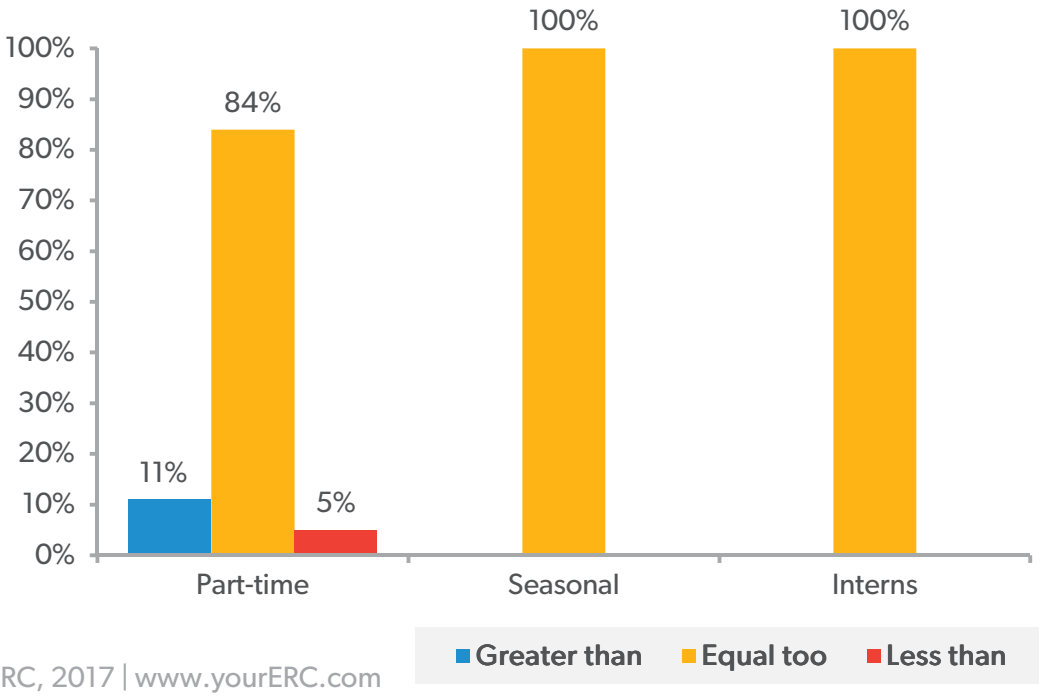


FIGURE 10 | Waiting period before employees are eligible to receive health insurance benefits

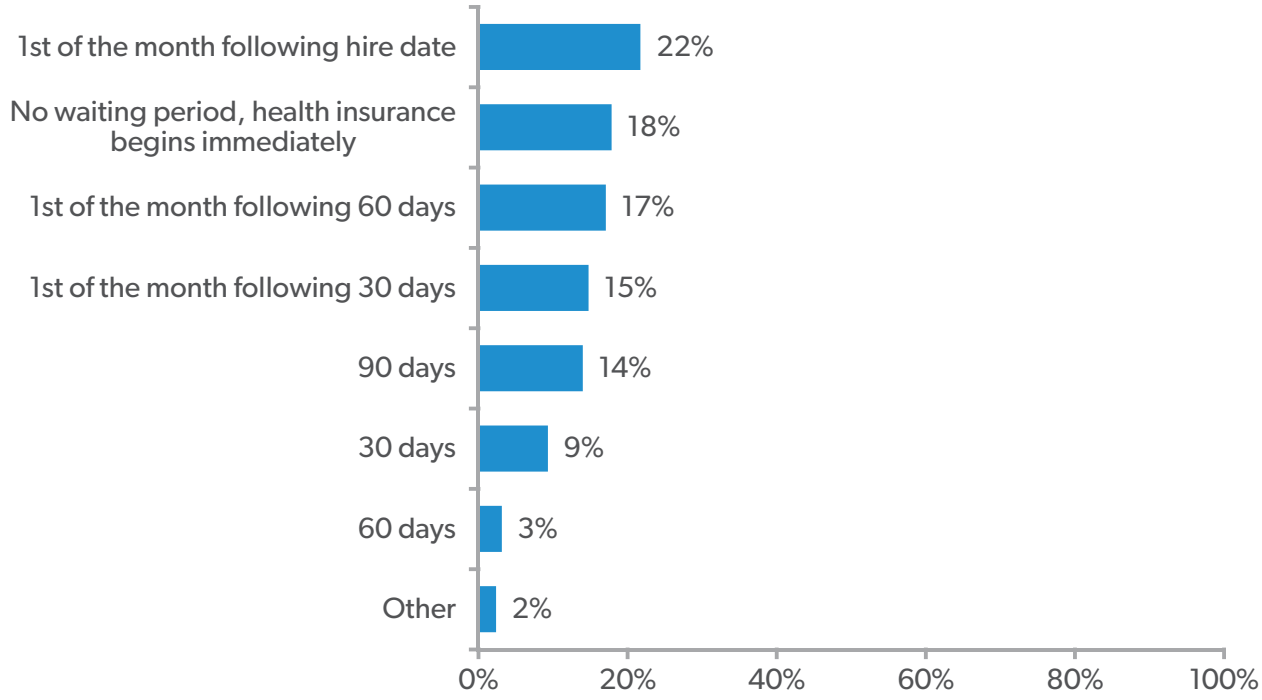


FIGURE 11 | Types of health insurance plans offered to employees

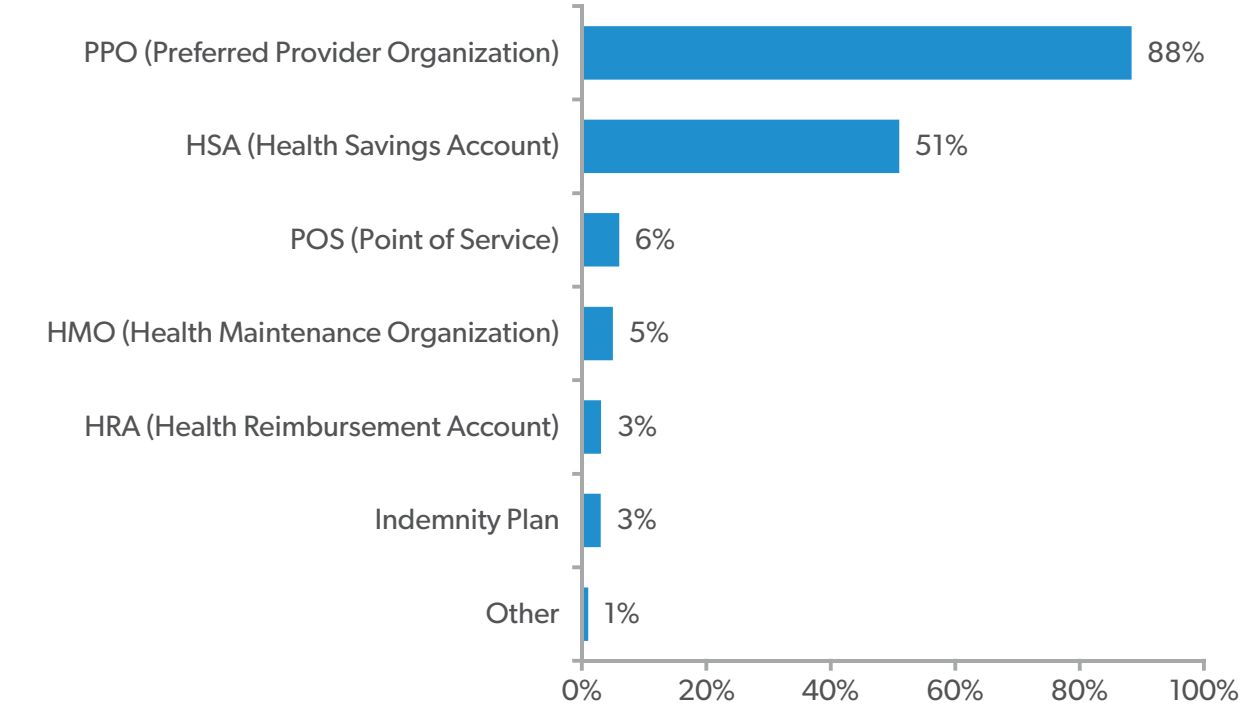


Figure 12 | Number of health plan types offered to employees

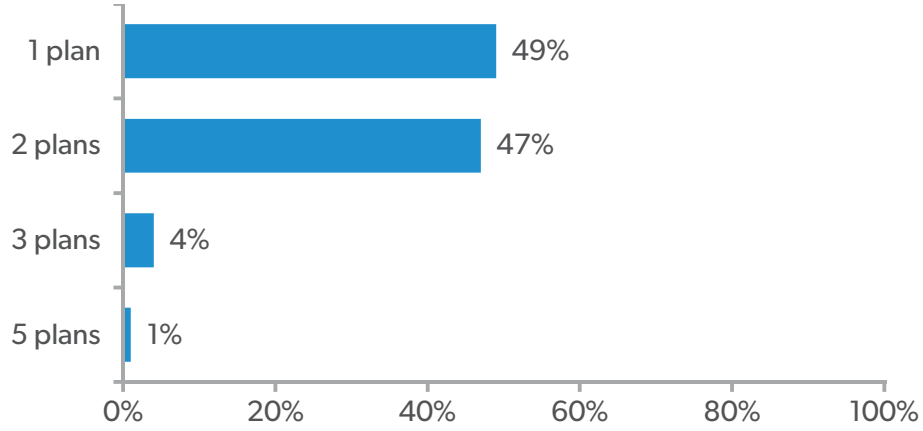


FIGURE 13 | Importance of characteristics/benefits offerings to *employer* when purchasing health insurance

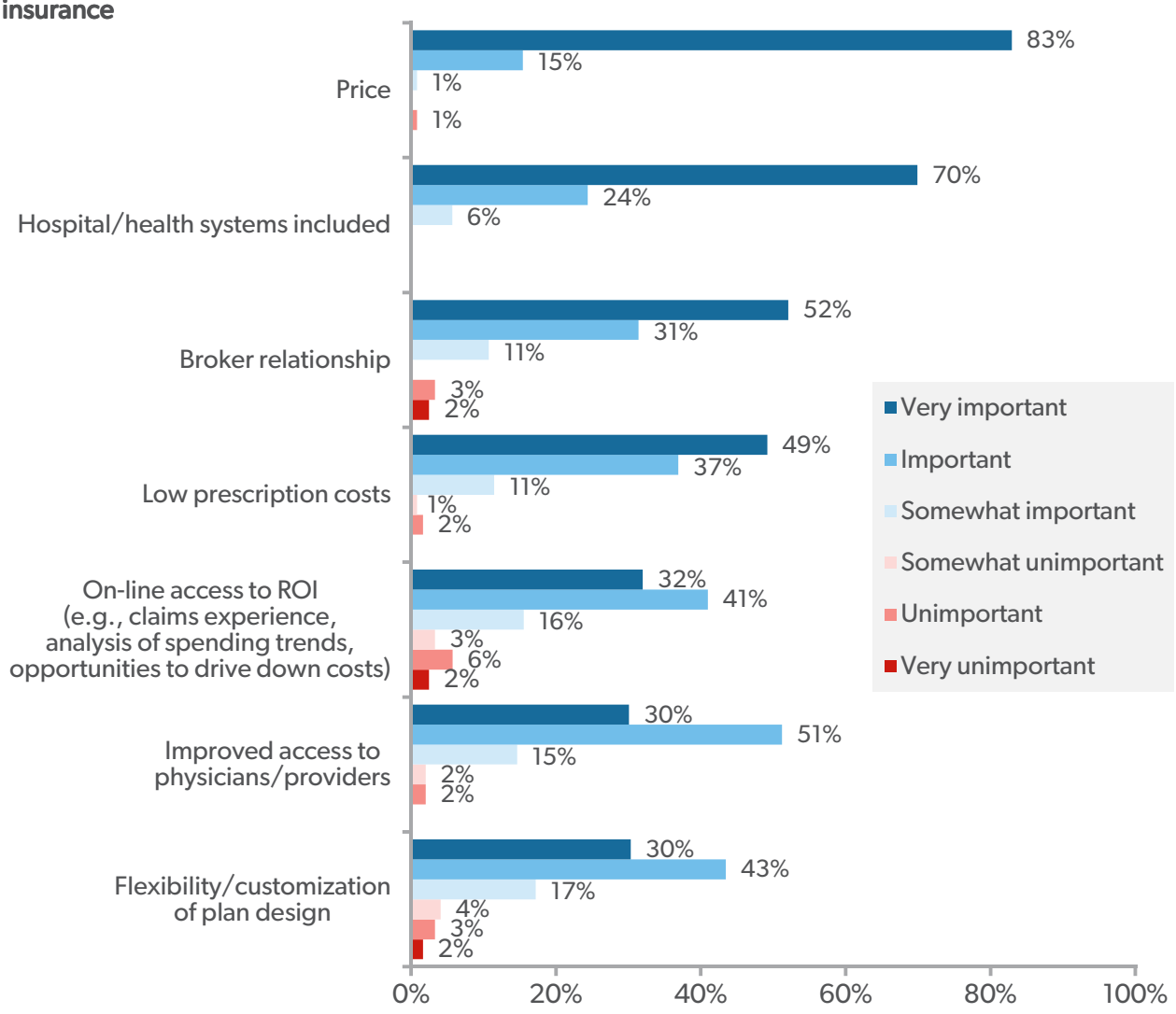
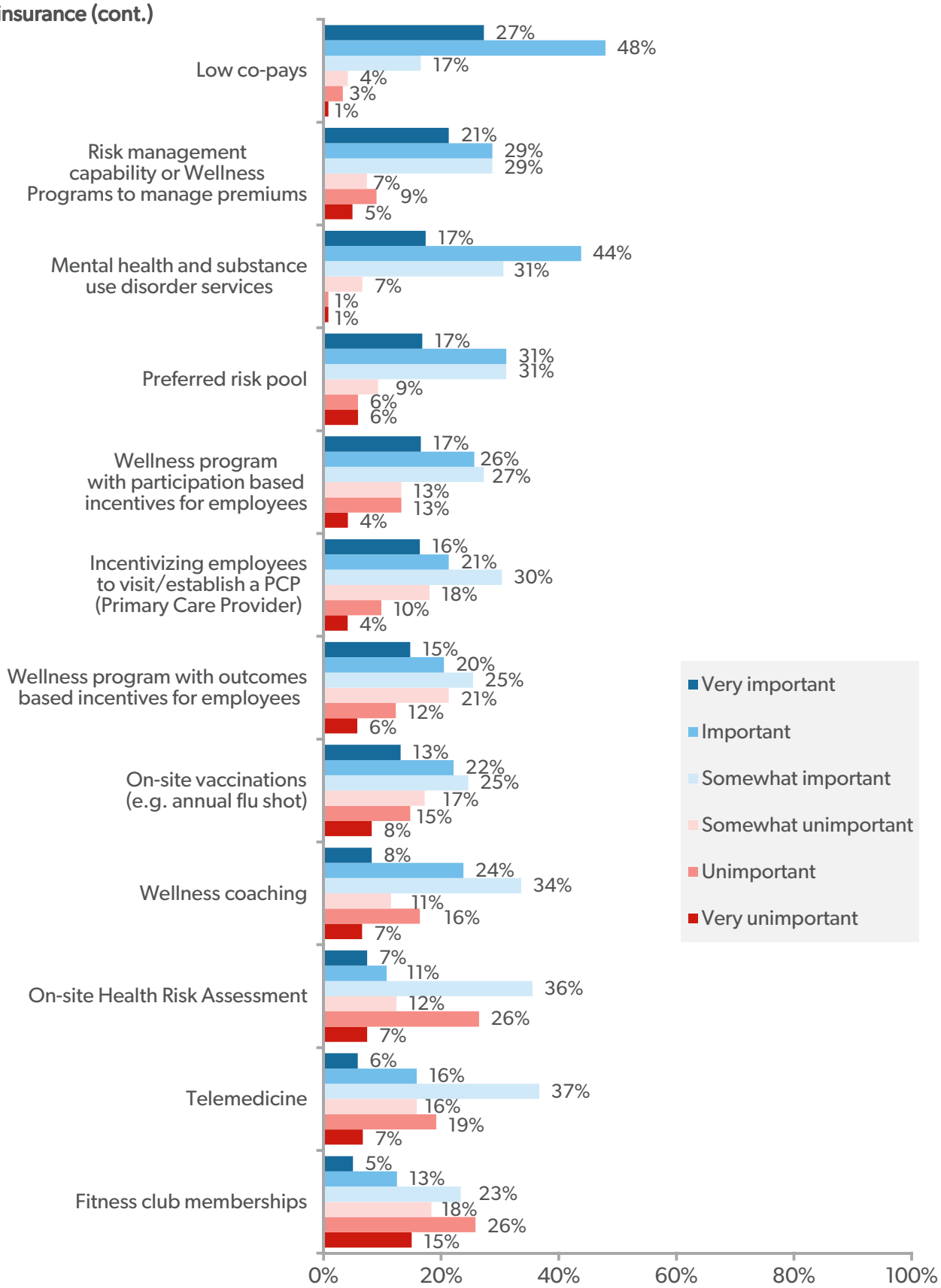


FIGURE 13 | Importance of characteristics/benefits offerings to *employer* when purchasing health insurance (cont.)



Health insurance costs & cost-control

The average dollar amount that employers spend on health insurance each year is $1,777,449, however, wide variation in costs was observed based on employee count. The top two most common ways employers try to manage health insurance costs are by changing plan design (81%) and educating employees on becoming better health-care consumers (68%). Although the overall percentage of employers charging more for insurance for tobacco usage went down since 2015's survey, employers remain fairly evenly split between using a set dollar amount and a percent of the premium as the penalty. In terms of usage in the workplace, it appear that electronic cigarettes are now treated in very much the same way as conventional tobacco products – almost exclusively either prohibited or restricted to designated smoking areas outside.

FIGURE 14 | Total dollar amounts spent annually by employers on health insurance

	Average	Median	Minimum	Maximum
All Organizations	$1,777,449	$800,000	$36,000	$28,000,000
Industry				
Manufacturing	$2,079,438	$800,000	$36,000	$28,000,000
Non-Manufacturing	$1,203,889	$500,000	$120,000	$12,000,000
Non-Profit	$1,573,500	$856,500	$53,000	$14,400,000
Organizational Size				
1-50	$201,616	$175,000	$36,000	$450,000
51-200	$1,045,703	$800,000	$62,000	$12,000,000
201-500	$2,191,110	$1,700,000	$675,000	$6,000,000
Over 500	$9,163,100	$6,350,000	$1,500,000	$28,000,000

FIGURE 15 | Percentage of organizations that have a spousal carve-out provision

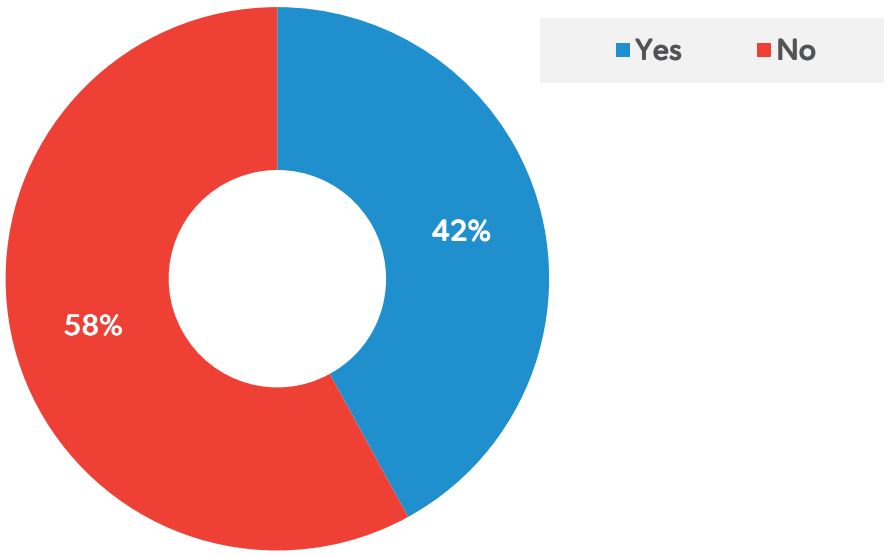


FIGURE 16 | Employers that charge more for health insurance based on tobacco usage

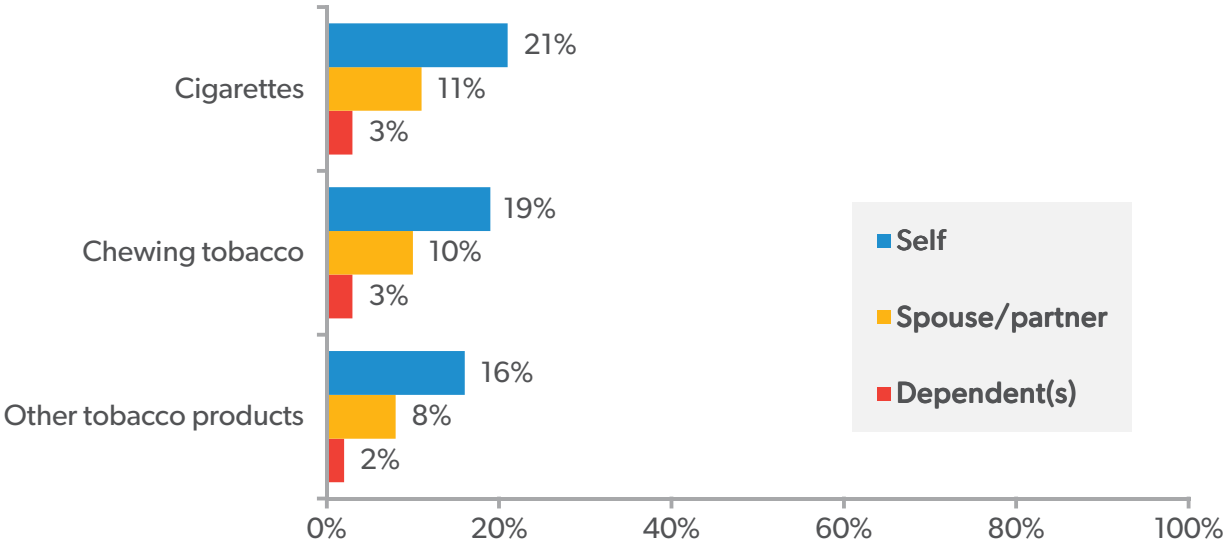
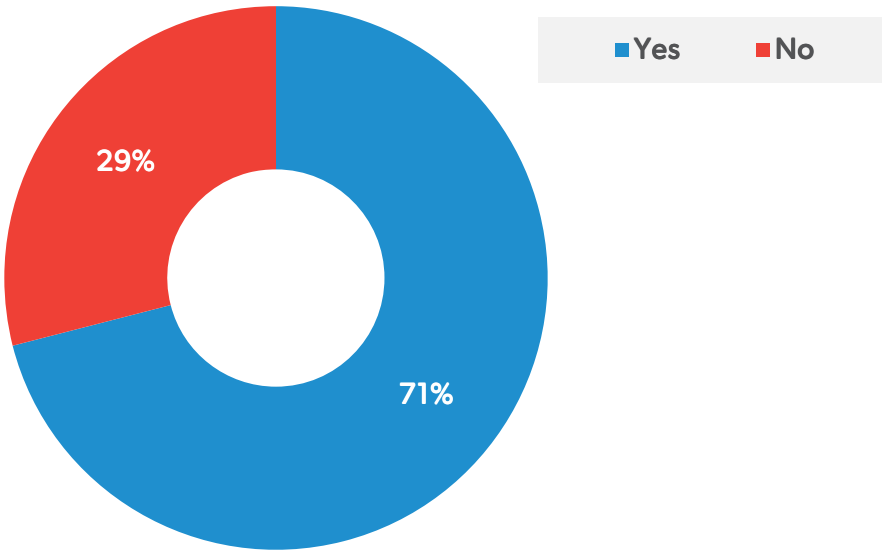


FIGURE 17 | Organizations with a policy addressing the use of cigarettes or other tobacco products in the workplace



Note: See Appendix B for the full text of these policies.

FIGURE 18 | Environments in which electronic cigarettes are allowed in the workplace

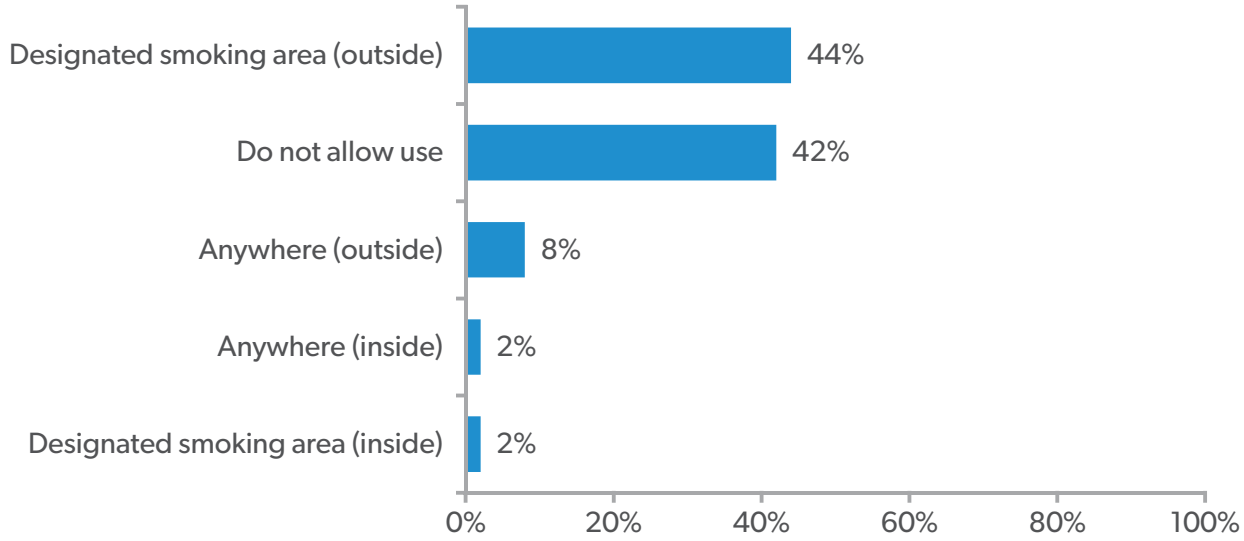
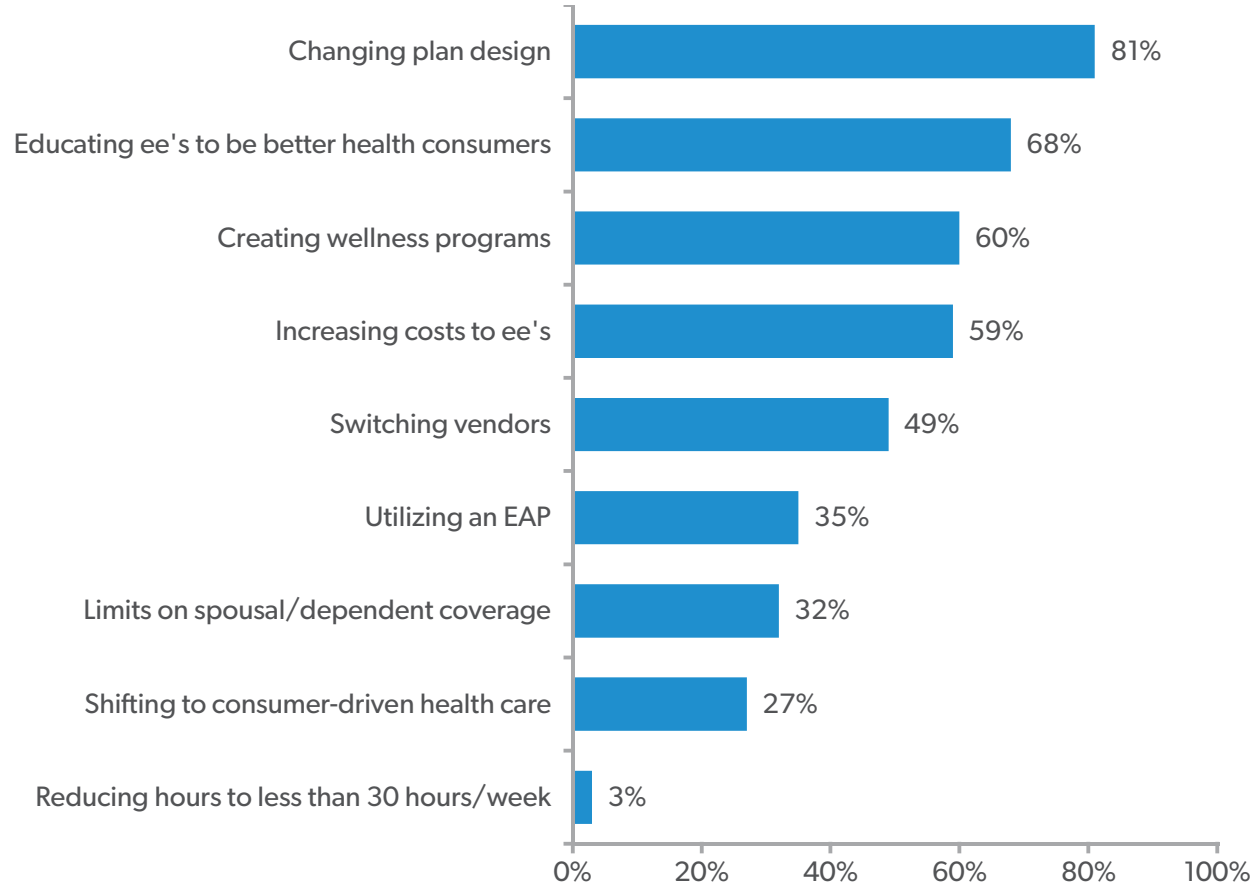


FIGURE 19 | Methods used to help manage increasing health insurance costs



THE AFFORDABLE CARE ACT (ACA)

Reporting & impact

Almost three-quarters of respondents use an outside vendor (72%) to complete their required 1094 and 1095 form for ACA reporting. Of those employers, a strong majority use a payroll vendor to do so. When specifically asked, "Has your organization reduced hours…below the 30 hour per week threshold in direct response to the ACA?" 1% of employers (1 participating organization) indicated they had done so for full-time employees and 11% indicated they had done so for part-time employees (14 participating organizations).

FIGURE 20 | Methods used to complete the required ACA reporting forms 1094 and 1095

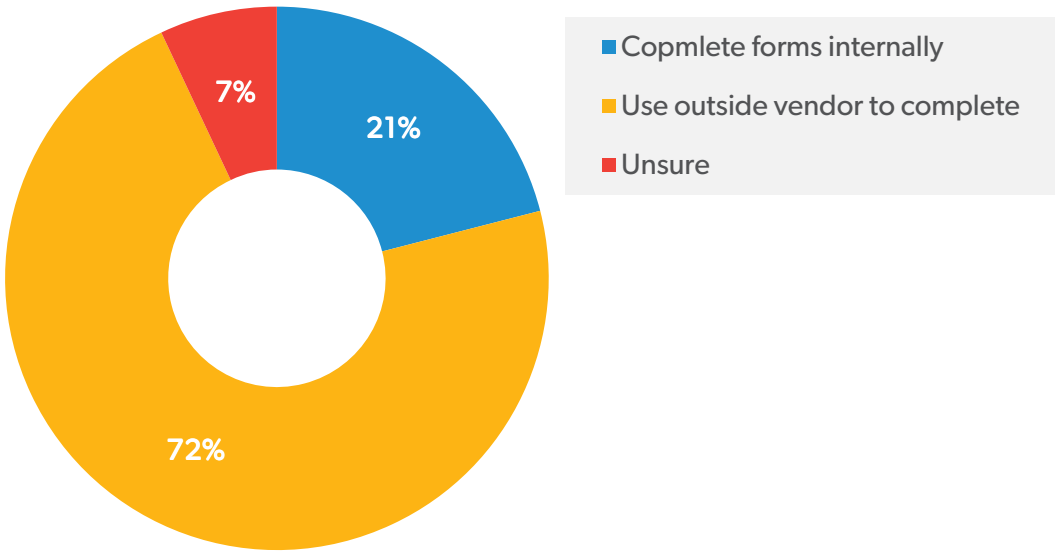


FIGURE 21 | Type of external vendor used for ACA reporting forms

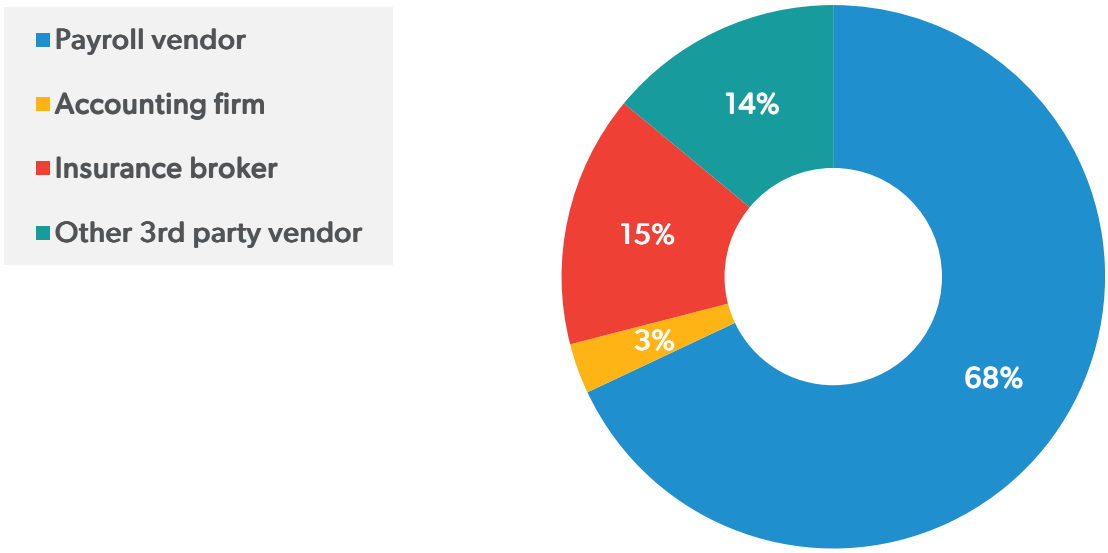
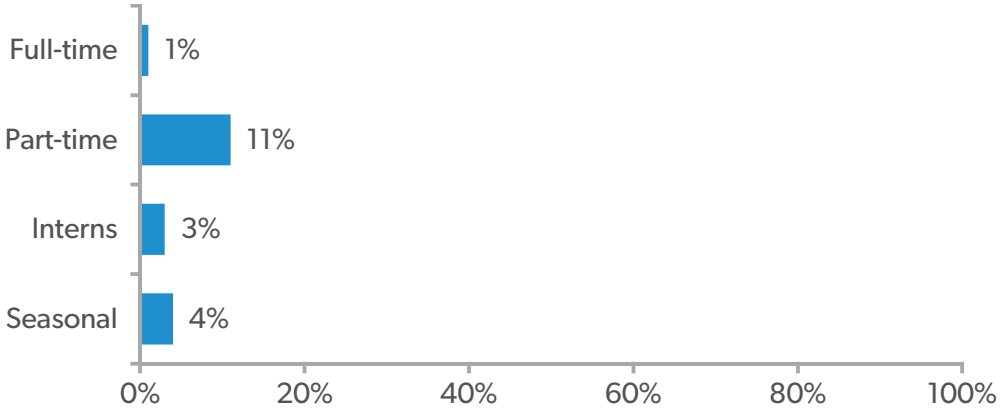


FIGURE 22 | Organizations that have reduced the hours of employees below the 30 hour per week threshold in direct response to the ACA requirement to offer them health insurance benefits (by employee group)



WELLNESS PROGRAMS & PRACTICES

Activities

Twenty-five percent of respondents either do not have or do not currently have plans in place to implement a wellness program within the next year. Regardless of whether or not the organization reported having a "formal" wellness program in place, the top wellness related activities paid for by employers include annual flu shots (55%), general health education (i.e. seminars, workshops, lunch-n-learns) (44%), general health education (i.e. paper information) (43%), and wellness coaching (36%).

FIGURE 23 | Employers with a wellness program in place

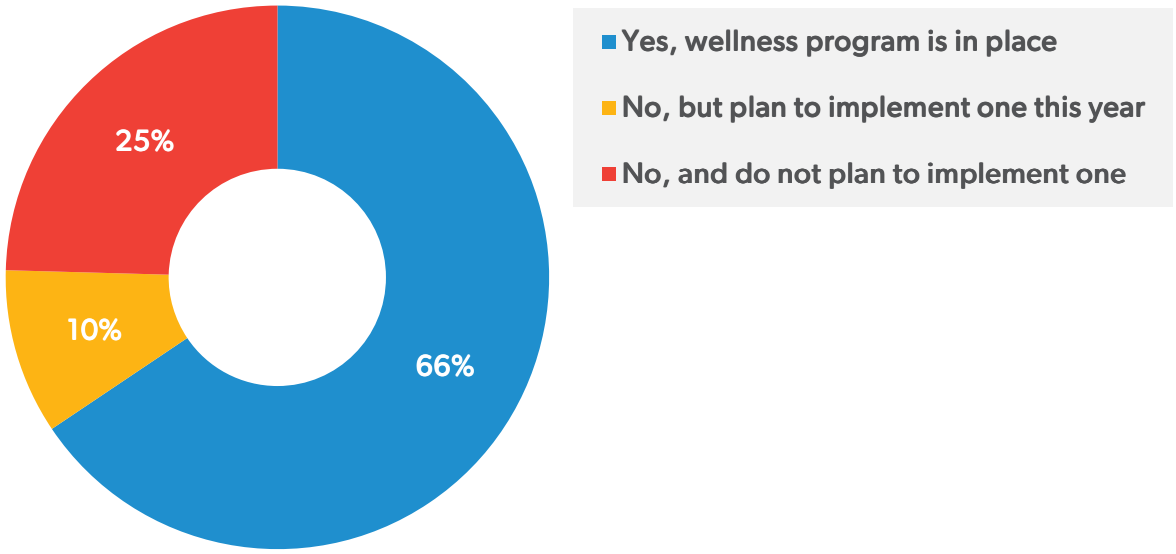


FIGURE 24 | Organizations offering an EAP to its employees

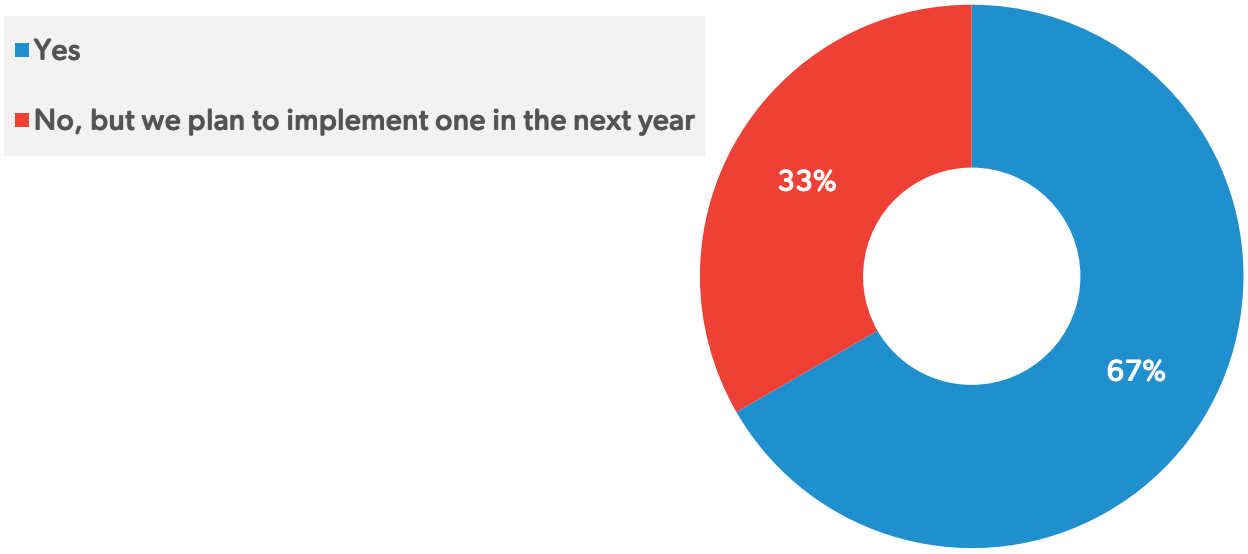
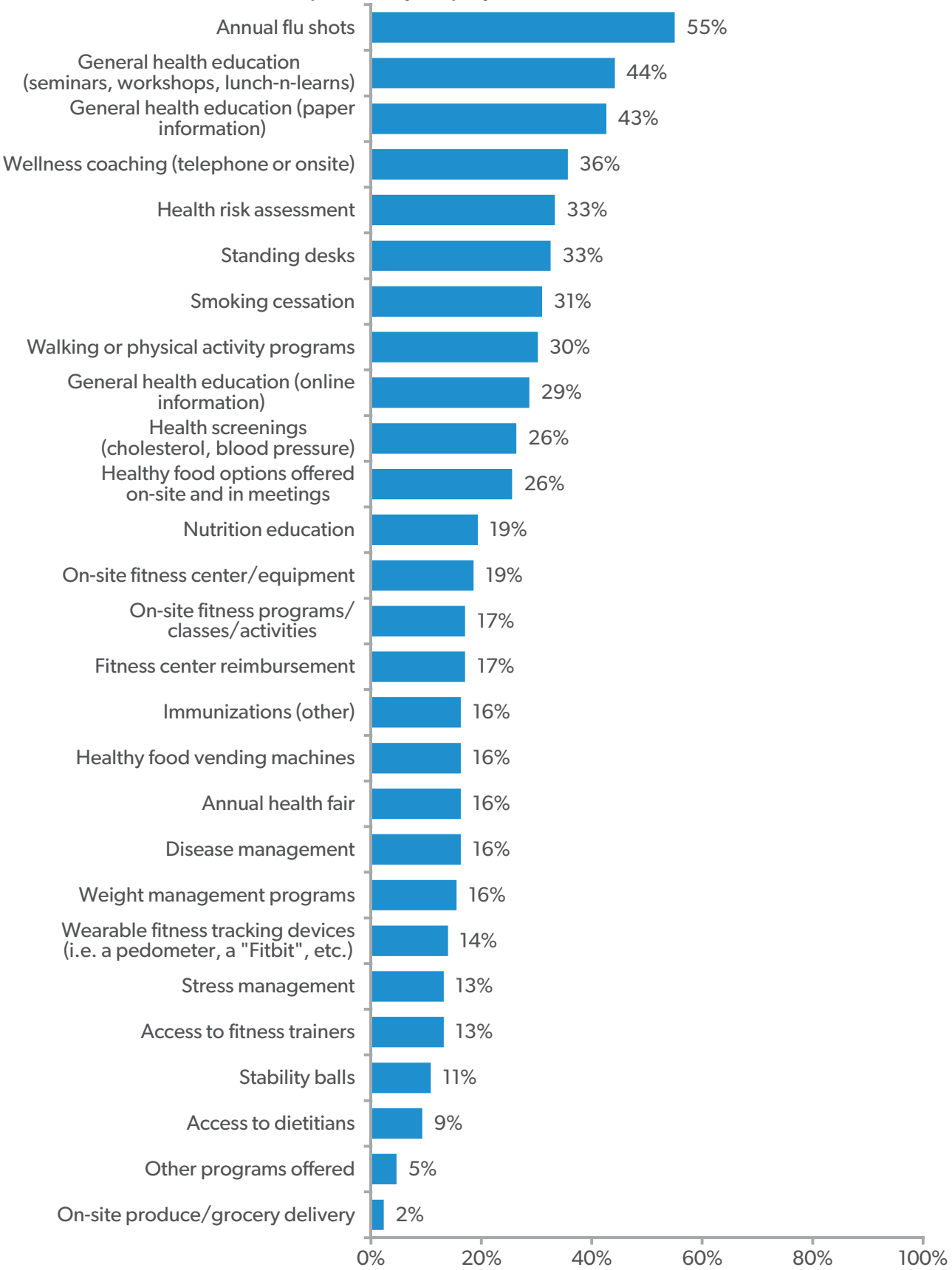


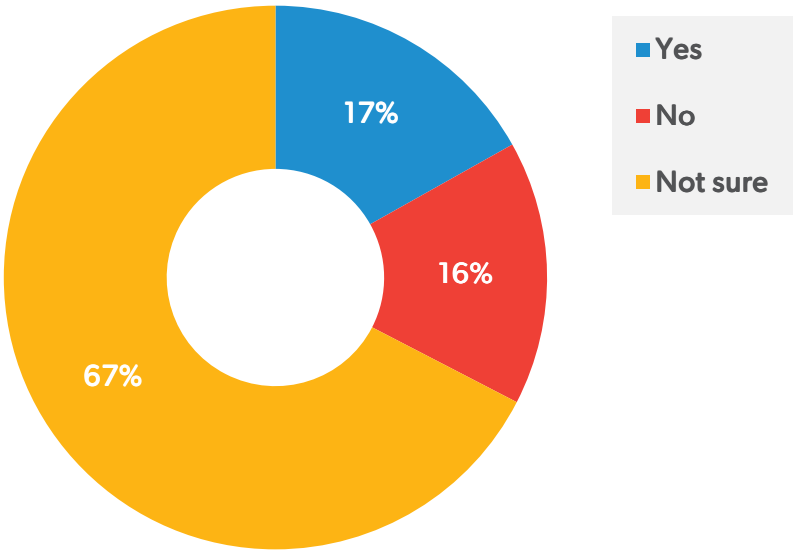
FIGURE 25 | Wellness activities paid for by employers



Tracking & incentives

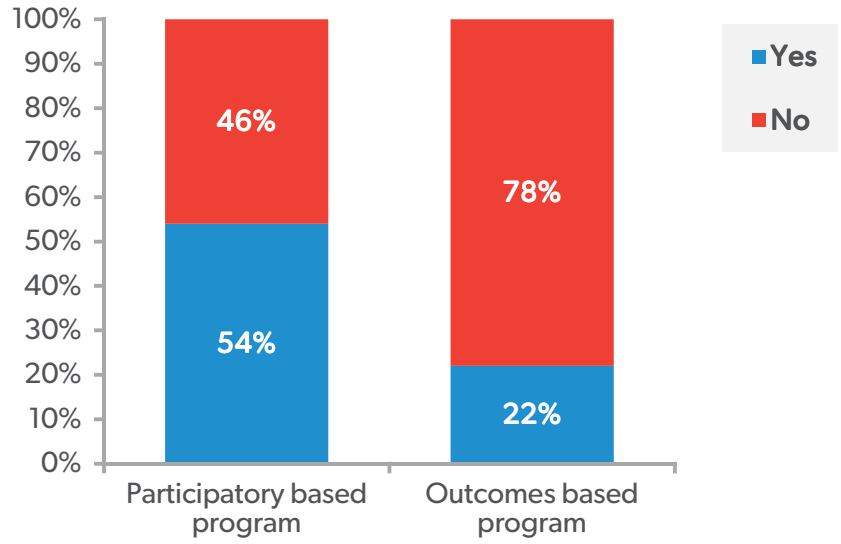
Two-thirds of employers (67%) are unsure if wellness programs have reduced the health insurance costs for their organization. Even more employers (74%) do not track the impact of their wellness programs on their health insurance costs. Detailed descriptions of the programs employers find most effective in reducing costs as well as descriptions of the incentive practices used in conjunction with these wellness programs can be found in Appendixes C and D, respectively.

FIGURE 26 | Wellness programs reduced the organization's health insurance costs



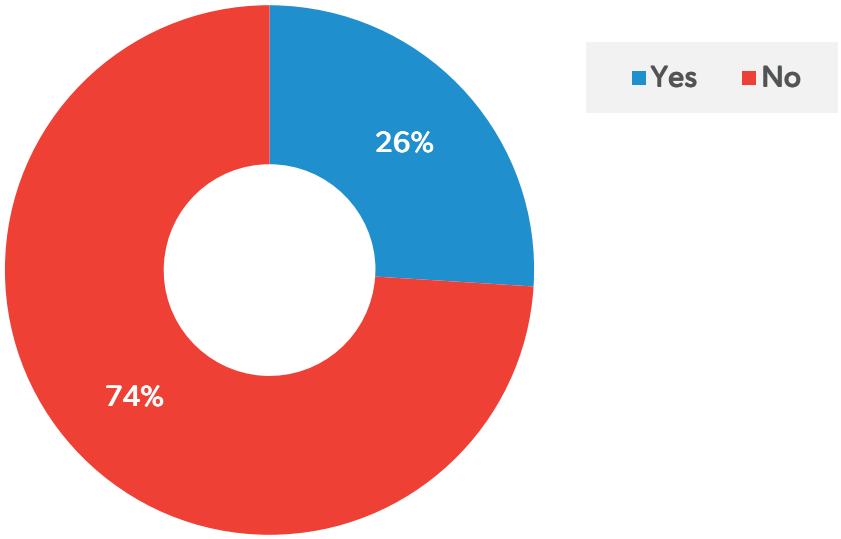
Note: See Appendix C for a full listing of the programs that respondents reported have been most effective for reducing health care costs and creating a healthier workforce at their organizations.

FIGURE 27 | Employers offering incentives for wellness programs



Note: See Appendix D for a full listing of the incentives that respondents reported using at their organizations as well as the criteria for receiving them.

FIGURE 28 | Employers tracking the impact of their wellness program on health insurance costs



Tracking methods used:

- Aggregated reports and participation reports
- Annual reporting
- Annual reporting from [Wellness Program provider]
- By ERC
- Claims, loss ratio, biometrics, and the credit program
- Compare numbers of high risk, moderate risk to low risk year to year
- Cost per employee
- Data is collected from participant and coaches using heart monitored device for activities
- Drug usage, Med bills, Hospital stays
- From reports through ERC
- Only in the sense that ERC rebates associated with wellness coaching are measurable.
- Results of our annual Health Risk Assessments.
- Through aggregate data received by Anthem via ERC
- Via premium reduction percentages.
- We look at how much we spend on wellness activities and compare that to the cost of our health insurance increases.
- We only track how many employees participate in the wellness program to lower their employee contributions.
- We track all wellness events, points and our costs/incentives. We track premium rates. It is hard to correlate an exact ROI because premiums are also impacted by external forces such as PPACA

Administration & development

Employers report that internal staff is most typically used to both facilitate (60%) and develop (58%) wellness programs. However, these internal staff members often require assistance from external vendors such as insurance brokers or wellness consultants. In terms of resources employers need to create a successful program, organizations reported needing better education and motivation of employees to participate as well as a need for specific kinds of wellness programs that would apply to their workforce demographics. Additional support, both administrative and financial were also important to employers.

FIGURE 29 | Average percentage of wellness activities facilitated by the following methods

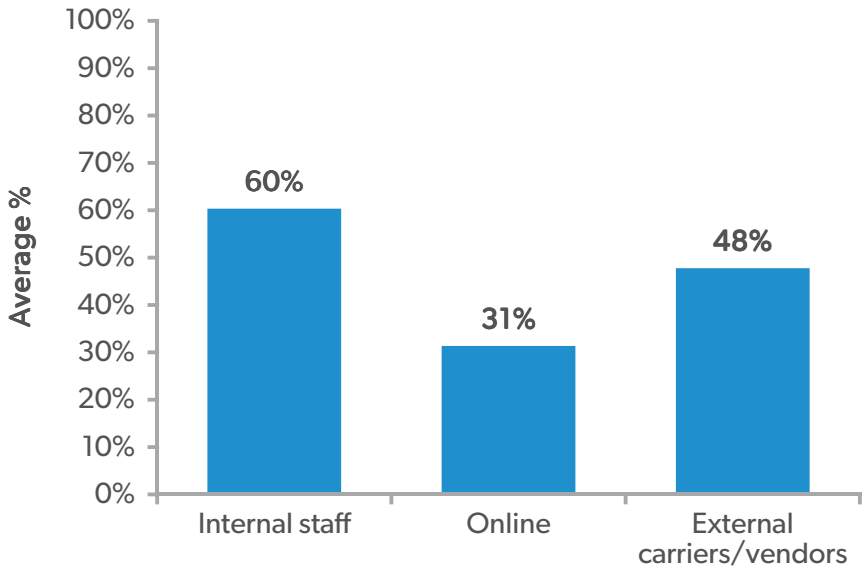


FIGURE 30 | Resources used by organizations to develop their wellness programs

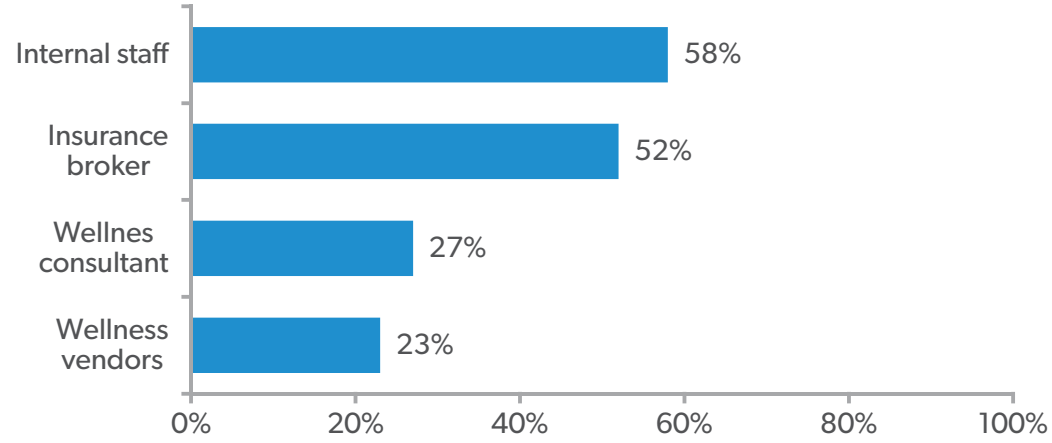
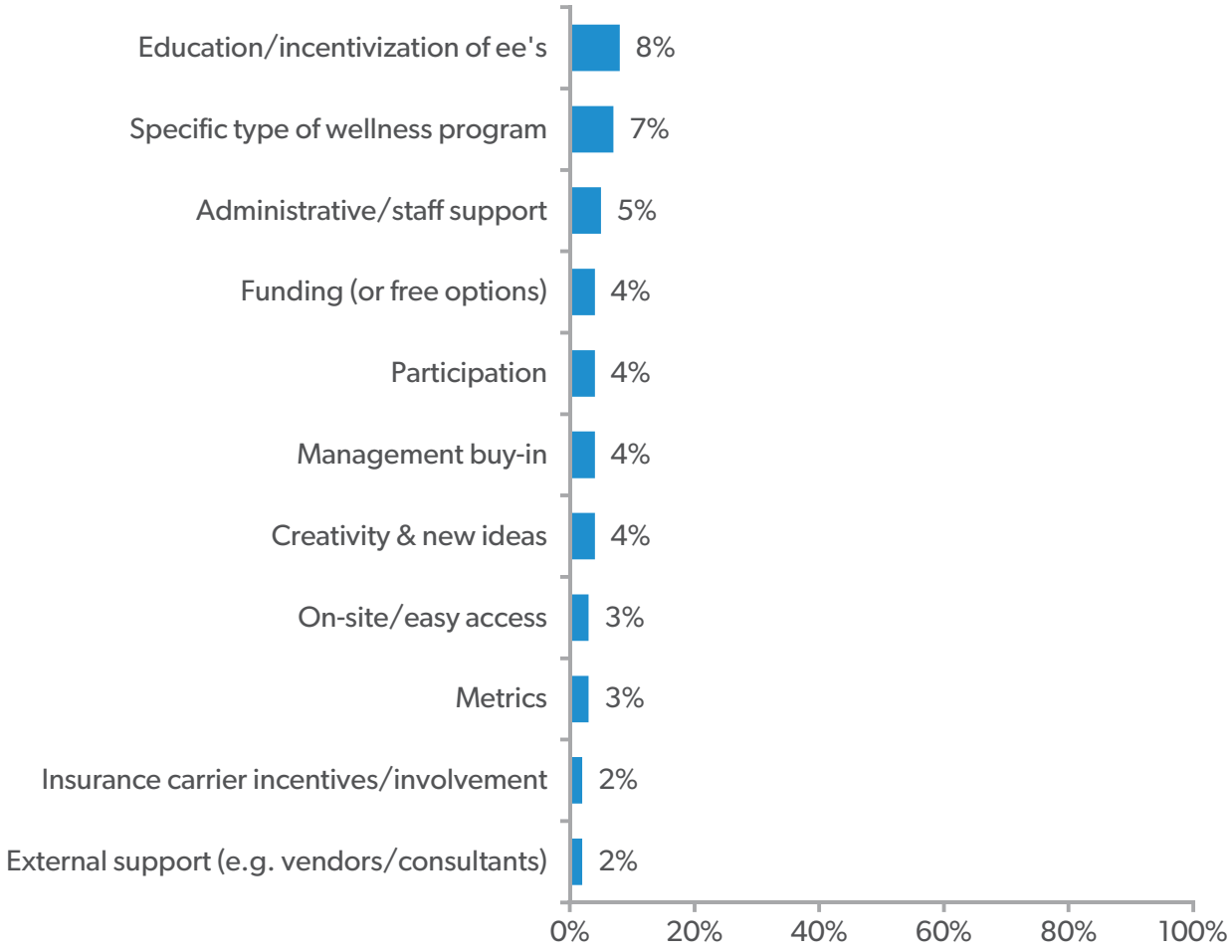


FIGURE 31 | Resources employers need more of for a successful wellness program



RESPONDENT DEMOGRAPHICS

FIGURE 32 | Industry types and organizational sizes of the 129 respondents

	Percent
Industry	
Manufacturing	50%
Non-Manufacturing	32%
Non-Profit	18%
Organizational Size	
1-50	17%
51-200	57%
201-500	16%
Over 500	10%

FIGURE 33 | Geographic location, by county, of the 129 respondents

	Percent
County	
Allen	2%
Columbiana	1%
Cuyahoga	52%
Delaware	1%
Fairfield	1%
Franklin	4%
Geauga	2%
Hamilton	1%
Lake	12%
Lorain	3%
Lucas	1%
Medina	4%
Miami	1%
Montgomery	1%
Portage	1%
Stark	2%
Summit	11%
Union	1%
Wayne	1%

APPENDIX A: INDUSTRY TYPE & ORGNIZATIONAL SIZE BREAKOUTS

TABLE 1a | Contributions to health insurance premiums

	Average employer contribution (%)	Average employee contribution (%)
All Organizations	77%	24%
Industry		
Manufacturing	77%	23%
Non-Manufacturing	72%	28%
Non-Profit	83%	21%
Organizational Size		
1-50	79%	24%
51-200	77%	24%
201-500	72%	29%
Over 500	79%	21%

TABLE 2a | Most recent health insurance plan renewal date

	January 1, 2017	July 1, 2017	Other
All Organizations	45%	31%	23%
Industry			
Manufacturing	59%	21%	20%
Non-Manufacturing	34%	39%	26%
Non-Profit	18%	45%	36%
Organizational Size			
1-50	57%	10%	33%
51-200	30%	43%	26%
201-500	55%	30%	15%
Over 500	82%	0%	18%

TABLE 4a | Organizations already given an estimated percent increase in health insurance premiums for their *next* renewal

	Percent
All Organizations	26%
Industry	
Manufacturing	25%
Non-Manufacturing	21%
Non-Profit	27%
Organizational Size	
1-50	25%
51-200	16%
201-500	37%
Over 500	50%

TABLE 6a | Organizations increasing employee healthcare costs during most recent plan renewal
Primary care office visit copay

	Percent
All Organizations	5%
Industry	
Manufacturing	7%
Non-Manufacturing	0%
Non-Profit	9%
Organizational Size	
1-50	10%
51-200	6%
201-500	0%
Over 500	0%

Specialist visit copay

	Percent
All Organizations	8%
Industry	
Manufacturing	8%
Non-Manufacturing	3%
Non-Profit	18%
Organizational Size	
1-50	19%
51-200	6%
201-500	5%
Over 500	8%

Prescription copay

	Percent
All Organizations	10%
Industry	
Manufacturing	11%
Non-Manufacturing	5%
Non-Profit	18%
Organizational Size	
1-50	10%
51-200	14%
201-500	5%
Over 500	0%

Emergency room copay

	Percent
All Organizations	9%
Industry	
Manufacturing	13%
Non-Manufacturing	5%
Non-Profit	5%
Organizational Size	
1-50	0%
51-200	12%
201-500	10%
Over 500	8%

Annual deductible

	Percent
All Organizations	16%
Industry	
Manufacturing	23%
Non-Manufacturing	10%
Non-Profit	14%
Organizational Size	
1-50	19%
51-200	16%
201-500	15%
Over 500	25%

Employee contribution to premium

	Percent
All Organizations	33%
Industry	
Manufacturing	28%
Non-Manufacturing	49%
Non-Profit	18%
Organizational Size	
1-50	24%
51-200	25%
201-500	60%
Over 500	50%

Out of pocket maximum

	Percent
All Organizations	12%
Industry	
Manufacturing	20%
Non-Manufacturing	3%
Non-Profit	9%
Organizational Size	
1-50	19%
51-200	12%
201-500	5%
Over 500	17%

Other

	Percent
All Organizations	5%
Industry	
Manufacturing	8%
Non-Manufacturing	0%
Non-Profit	5%
Organizational Size	
1-50	0%
51-200	4%
201-500	5%
Over 500	17%

TABLE 8a | Organizations offering health insurance benefits to each employee type

Full-time

	Yes, all employees	Some employees	No
All Organizations	98%	2%	0%
Industry			
Manufacturing	100%	0%	0%
Non-Manufacturing	95%	5%	0%
Non-Profit	100%	0%	0%
Organizational Size			
1-50	100%	0%	0%
51-200	99%	1%	0%
201-500	95%	5%	0%
Over 500	100%	0%	0%

Part-time

	Yes, all employees	Some employees	No
All Organizations	7%	34%	58%
Industry			
Manufacturing	2%	31%	67%
Non-Manufacturing	15%	35%	50%
Non-Profit	11%	42%	47%
Organizational Size			
1-50	20%	20%	60%
51-200	5%	40%	54%
201-500	5%	26%	68%
Over 500	10%	40%	50%

Seasonal

	Yes, all employees	Some employees	No
All Organizations	2%	2%	96%
Industry			
Manufacturing	0%	0%	100%
Non-Manufacturing	0%	6%	94%
Non-Profit	0%	0%	100%
Organizational Size			
1-50	0%	0%	100%
51-200	0%	4%	96%
201-500	0%	0%	100%
Over 500	0%	0%	100%

Interns

	Yes, all employees	Some employees	No
All Organizations	1%	3%	96%
Industry			
Manufacturing	0%	3%	97%
Non-Manufacturing	4%	4%	92%
Non-Profit	0%	0%	100%
Organizational Size			
1-50	0%	0%	100%
51-200	3%	3%	95%
201-500	0%	7%	93%
Over 500	0%	0%	100%

TABLE 9a | Insurance premium charged as compared to full-time employee costs

Part-time

	Greater than	Equal to	Less than
All Organizations	5%	84%	11%
Industry			
Manufacturing	0%	100%	0%
Non-Manufacturing	0%	88%	12%
Non-Profit	20%	60%	20%
Organizational Size			
1-50	0%	71%	29%
51-200	8%	88%	4%
201-500	0%	100%	0%
Over 500	0%	67%	33%

Seasonal

	Greater than	Equal to	Less than
All Organizations	0%	100%	0%
Industry			
Manufacturing	0%	0%	0%
Non-Manufacturing	0%	100%	0%
Non-Profit	0%	0%	0%
Organizational Size			
1-50	0%	0%	0%
51-200	0%	100%	0%
201-500	0%	100%	0%
Over 500	0%	0%	0%

Interns

	Greater than	Equal to	Less than
All Organizations	0%	100%	0%
Industry			
Manufacturing	0%	100%	0%
Non-Manufacturing	0%	100%	0%
Non-Profit	0%	0%	0%
Organizational Size			
1-50	0%	0%	0%
51-200	0%	100%	0%
201-500	0%	100%	0%
Over 500	0%	0%	0%

TABLE 10a | Waiting period before employees are eligible to receive health insurance benefits

1st of the month following hire date

	Percent
All Organizations	22%
Industry	
Manufacturing	11%
Non-Manufacturing	28%
Non-Profit	36%
Organizational Size	
1-50	19%
51-200	22%
201-500	20%
Over 500	25%

No waiting period, health insurance begins immediately

	Percent
All Organizations	18%
Industry	
Manufacturing	7%
Non-Manufacturing	23%
Non-Profit	32%
Organizational Size	
1-50	10%
51-200	17%
201-500	20%
Over 500	17%

1st of the month following 60 days

	Percent
All Organizations	17%
Industry	
Manufacturing	30%
Non-Manufacturing	10%
Non-Profit	0%
Organizational Size	
1-50	19%
51-200	19%
201-500	25%
Over 500	0%

1st of the month following 30 days

	Percent
All Organizations	15%
Industry	
Manufacturing	11%
Non-Manufacturing	18%
Non-Profit	18%
Organizational Size	
1-50	10%
51-200	14%
201-500	10%
Over 500	33%

90 days

	Percent
All Organizations	14%
Industry	
Manufacturing	20%
Non-Manufacturing	13%
Non-Profit	5%
Organizational Size	
1-50	19%
51-200	17%
201-500	5%
Over 500	8%

30 days

	Percent
All Organizations	9%
Industry	
Manufacturing	11%
Non-Manufacturing	5%
Non-Profit	9%
Organizational Size	
1-50	10%
51-200	9%
201-500	10%
Over 500	8%

60 days

	Percent
All Organizations	3%
Industry	
Manufacturing	7%
Non-Manufacturing	0%
Non-Profit	0%
Organizational Size	
1-50	14%
51-200	0%
201-500	5%
Over 500	0%

Other

	Percent
All Organizations	2%
Industry	
Manufacturing	3%
Non-Manufacturing	3%
Non-Profit	0%
Organizational Size	
1-50	0%
51-200	1%
201-500	5%
Over 500	8%

TABLE 11a | Types of health insurance plans offered to employees
PPO (Preferred Provider Organization)

	Percent
All Organizations	88%
Industry	
Manufacturing	85%
Non-Manufacturing	87%
Non-Profit	100%
Organizational Size	
1-50	81%
51-200	90%
201-500	100%
Over 500	75%

HSA (Health Savings Account)

	Percent
All Organizations	51%
Industry	
Manufacturing	52%
Non-Manufacturing	54%
Non-Profit	41%
Organizational Size	
1-50	43%
51-200	51%
201-500	45%
Over 500	75%

POS (Point of Service)

	Percent
All Organizations	6%
Industry	
Manufacturing	10%
Non-Manufacturing	5%
Non-Profit	0%
Organizational Size	
1-50	10%
51-200	4%
201-500	10%
Over 500	8%

HMO (Health Maintenance Organization)

	Percent
All Organizations	5%
Industry	
Manufacturing	3%
Non-Manufacturing	5%
Non-Profit	5%
Organizational Size	
1-50	0%
51-200	3%
201-500	15%
Over 500	0%

HRA (Health Reimbursement Account)

	Percent
All Organizations	3%
Industry	
Manufacturing	2%
Non-Manufacturing	3%
Non-Profit	5%
Organizational Size	
1-50	5%
51-200	3%
201-500	0%
Over 500	0%

Indemnity Plan

	Percent
All Organizations	3%
Industry	
Manufacturing	3%
Non-Manufacturing	3%
Non-Profit	5%
Organizational Size	
1-50	0%
51-200	3%
201-500	10%
Over 500	0%

Other

	Percent
All Organizations	1%
Industry	
Manufacturing	2%
Non-Manufacturing	0%
Non-Profit	0%
Organizational Size	
1-50	0%
51-200	1%
201-500	0%
Over 500	0%

TABLE 12a | Number of health plan types offered to employees

	1 plan	2 plans	3 plans	5 plans
All Organizations	49%	47%	4%	1%
Industry				
Manufacturing	49%	48%	2%	2%
Non-Manufacturing	49%	46%	5%	0%
Non-Profit	50%	45%	5%	0%
Organizational Size				
1-50	62%	38%	0%	0%
51-200	48%	49%	3%	0%
201-500	45%	40%	10%	5%
Over 500	42%	58%	0%	0%

TABLE 15a | Percentage of organizations that have a spousal carve-out provision

	Percent
All Organizations	42%
Industry	
Manufacturing	42%
Non-Manufacturing	42%
Non-Profit	43%
Organizational Size	
1-50	24%
51-200	41%
201-500	65%
Over 500	45%

TABLE 16a | Employers that charge more for health insurance based on tobacco usage

Cigarettes

	Self	Spouse/partner	Dependent(s)
All Organizations	21%	11%	3%
Industry			
Manufacturing	30%	16%	5%
Non-Manufacturing	13%	3%	3%
Non-Profit	14%	14%	0%
Organizational Size			
1-50	19%	10%	5%
51-200	22%	12%	3%
201-500	20%	5%	5%
Over 500	25%	25%	0%

Chewing tobacco

	Self	Spouse/partner	Dependent(s)
All Organizations	19%	10%	3%
Industry			
Manufacturing	26%	15%	5%
Non-Manufacturing	10%	3%	3%
Non-Profit	14%	14%	0%
Organizational Size			
1-50	14%	10%	5%
51-200	19%	10%	3%
201-500	20%	5%	5%
Over 500	25%	25%	0%

Other tobacco products

	Self	Spouse/partner	Dependent(s)
All Organizations	16%	8%	2%
Industry			
Manufacturing	23%	11%	3%
Non-Manufacturing	10%	3%	3%
Non-Profit	9%	9%	0%
Organizational Size			
1-50	10%	5%	5%
51-200	16%	9%	1%
201-500	20%	5%	5%
Over 500	25%	17%	0%

TABLE 17a | Organizations with a policy addressing the use of cigarettes or other tobacco products

	Percent
All Organizations	71%
Industry	
Manufacturing	79%
Non-Manufacturing	66%
Non-Profit	59%
Organizational Size	
1-50	62%
51-200	79%
201-500	50%
Over 500	75%

TABLE 18a | Environments in which electronic cigarettes are allowed in the workplace

Designated smoking area (outside)

	Percent
All Organizations	44%
Industry	
Manufacturing	56%
Non-Manufacturing	38%
Non-Profit	32%
Organizational Size	
1-50	29%
51-200	57%
201-500	45%
Over 500	17%

Do not allow use

	Percent
All Organizations	42%
Industry	
Manufacturing	34%
Non-Manufacturing	56%
Non-Profit	50%
Organizational Size	
1-50	57%
51-200	36%
201-500	40%
Over 500	75%

Anywhere (outside)

	Percent
All Organizations	8%
Industry	
Manufacturing	8%
Non-Manufacturing	5%
Non-Profit	9%
Organizational Size	
1-50	14%
51-200	7%
201-500	5%
Over 500	0%

Anywhere (inside)

	Percent
All Organizations	2%
Industry	
Manufacturing	2%
Non-Manufacturing	5%
Non-Profit	0%
Organizational Size	
1-50	0%
51-200	3%
201-500	5%
Over 500	0%

Designated smoking area (inside)

	Percent
All Organizations	2%
Industry	
Manufacturing	3%
Non-Manufacturing	0%
Non-Profit	5%
Organizational Size	
1-50	0%
51-200	1%
201-500	10%
Over 500	0%

TABLE 19a | Methods used to help manage increasing health insurance costs

Changing plan design

	Percent
All Organizations	81%
Industry	
Manufacturing	87%
Non-Manufacturing	74%
Non-Profit	77%
Organizational Size	
1-50	86%
51-200	83%
201-500	80%
Over 500	67%

Educating ee's to be better health consumers

	Percent
All Organizations	68%
Industry	
Manufacturing	67%
Non-Manufacturing	72%
Non-Profit	64%
Organizational Size	
1-50	38%
51-200	74%
201-500	70%
Over 500	83%

Creating wellness programs

	Percent
All Organizations	60%
Industry	
Manufacturing	57%
Non-Manufacturing	59%
Non-Profit	73%
Organizational Size	
1-50	33%
51-200	65%
201-500	75%
Over 500	58%

Increasing costs to ee's

	Percent
All Organizations	59%
Industry	
Manufacturing	62%
Non-Manufacturing	59%
Non-Profit	50%
Organizational Size	
1-50	57%
51-200	59%
201-500	70%
Over 500	42%

Switching vendors

	Percent
All Organizations	49%
Industry	
Manufacturing	56%
Non-Manufacturing	51%
Non-Profit	36%
Organizational Size	
1-50	52%
51-200	55%
201-500	50%
Over 500	25%

Utilizing an EAP

	Percent
All Organizations	35%
Industry	
Manufacturing	39%
Non-Manufacturing	31%
Non-Profit	36%
Organizational Size	
1-50	10%
51-200	41%
201-500	35%
Over 500	58%

Limits on spousal/dependent coverage

	Percent
All Organizations	32%
Industry	
Manufacturing	26%
Non-Manufacturing	38%
Non-Profit	36%
Organizational Size	
1-50	29%
51-200	26%
201-500	55%
Over 500	33%

Shifting to consumer-driven health care

	Percent
All Organizations	27%
Industry	
Manufacturing	23%
Non-Manufacturing	33%
Non-Profit	27%
Organizational Size	
1-50	24%
51-200	25%
201-500	30%
Over 500	42%

Reducing hours to less than 30 hours/week

	Percent
All Organizations	3%
Industry	
Manufacturing	0%
Non-Manufacturing	8%
Non-Profit	5%
Organizational Size	
1-50	0%
51-200	4%
201-500	5%
Over 500	0%

TABLE 20a | Methods used to complete the required ACA reporting forms 1094 and 1095

	Complete forms internally	Use outside vendor to complete	Unsure
All Organizations	21%	72%	7%
Industry			
Manufacturing	18%	72%	10%
Non-Manufacturing	23%	72%	5%
Non-Profit	27%	73%	0%
Organizational Size			
1-50	40%	40%	20%
51-200	20%	77%	3%
201-500	10%	85%	5%
Over 500	17%	75%	8%

TABLE 21a | Type of external vendor used for ACA reporting forms

	Payroll vendor	Accounting firm	Insurance broker	Other 3rd party vendor
All Organizations	68%	3%	15%	14%
Industry				
Manufacturing	71%	2%	15%	13%
Non-Manufacturing	64%	4%	21%	11%
Non-Profit	65%	6%	6%	24%
Organizational Size				
1-50	13%	13%	75%	0%
51-200	81%	2%	9%	9%
201-500	59%	6%	12%	24%
Over 500	55%	0%	9%	36%

TABLE 23a | Employers with a wellness program in place

	Yes, wellness program is in place	No, but plan to implement one this year	No, and do not plan to implement one
All Organizations	66%	10%	25%
Industry			
Manufacturing	65%	7%	28%
Non-Manufacturing	56%	18%	26%
Non-Profit	81%	5%	14%
Organizational Size			
1-50	29%	10%	62%
51-200	72%	7%	21%
201-500	75%	10%	15%
Over 500	75%	25%	0%

TABLE 24a | Organizations offering an EAP to its employees

	Yes	No, but plan to implement one in the next year
All Organizations	67%	33%
Industry		
Manufacturing	68%	32%
Non-Manufacturing	62%	38%
Non-Profit	73%	27%
Organizational Size		
1-50	33%	67%
51-200	72%	28%
201-500	70%	30%
Over 500	92%	8%

TABLE 25a | Wellness activities paid for by employers

Annual flu shots

	Percent
All Organizations	55%
Industry	
Manufacturing	57%
Non-Manufacturing	54%
Non-Profit	59%
Organizational Size	
1-50	33%
51-200	61%
201-500	60%
Over 500	67%

General health education (seminars, workshops, lunch-n-learns)

	Percent
All Organizations	44%
Industry	
Manufacturing	43%
Non-Manufacturing	36%
Non-Profit	73%
Organizational Size	
1-50	24%
51-200	48%
201-500	55%
Over 500	58%

General health education (paper information)

	Percent
All Organizations	43%
Industry	
Manufacturing	46%
Non-Manufacturing	36%
Non-Profit	55%
Organizational Size	
1-50	29%
51-200	51%
201-500	45%
Over 500	33%

Wellness coaching (telephone or on-site)

	Percent
All Organizations	36%
Industry	
Manufacturing	34%
Non-Manufacturing	36%
Non-Profit	41%
Organizational Size	
1-50	19%
51-200	35%
201-500	55%
Over 500	42%

Health risk assessment

	Percent
All Organizations	33%
Industry	
Manufacturing	36%
Non-Manufacturing	31%
Non-Profit	36%
Organizational Size	
1-50	10%
51-200	33%
201-500	40%
Over 500	75%

Standing desks

	Percent
All Organizations	33%
Industry	
Manufacturing	30%
Non-Manufacturing	33%
Non-Profit	50%
Organizational Size	
1-50	29%
51-200	30%
201-500	50%
Over 500	42%

Smoking cessation

	Percent
All Organizations	31%
Industry	
Manufacturing	34%
Non-Manufacturing	31%
Non-Profit	32%
Organizational Size	
1-50	24%
51-200	28%
201-500	45%
Over 500	58%

Walking or physical activity programs

	Percent
All Organizations	30%
Industry	
Manufacturing	28%
Non-Manufacturing	33%
Non-Profit	36%
Organizational Size	
1-50	19%
51-200	28%
201-500	55%
Over 500	33%

General health education (online information)

	Percent
All Organizations	29%
Industry	
Manufacturing	28%
Non-Manufacturing	28%
Non-Profit	41%
Organizational Size	
1-50	19%
51-200	30%
201-500	35%
Over 500	42%

Health screenings (cholesterol, blood pressure)

	Percent
All Organizations	26%
Industry	
Manufacturing	25%
Non-Manufacturing	28%
Non-Profit	36%
Organizational Size	
1-50	0%
51-200	30%
201-500	35%
Over 500	50%

Health food options offered on-site and in meetings

	Percent
All Organizations	26%
Industry	
Manufacturing	23%
Non-Manufacturing	28%
Non-Profit	32%
Organizational Size	
1-50	19%
51-200	23%
201-500	35%
Over 500	42%

Nutrition education

	Percent
All Organizations	19%
Industry	
Manufacturing	15%
Non-Manufacturing	26%
Non-Profit	27%
Organizational Size	
1-50	19%
51-200	19%
201-500	25%
Over 500	25%

On-site fitness center/equipment

	Percent
All Organizations	19%
Industry	
Manufacturing	11%
Non-Manufacturing	26%
Non-Profit	32%
Organizational Size	
1-50	10%
51-200	20%
201-500	20%
Over 500	33%

On-site fitness programs/classes/activities

	Percent
All Organizations	17%
Industry	
Manufacturing	8%
Non-Manufacturing	31%
Non-Profit	23%
Organizational Size	
1-50	5%
51-200	17%
201-500	30%
Over 500	25%

Fitness center reimbursement

	Percent
All Organizations	17%
Industry	
Manufacturing	16%
Non-Manufacturing	23%
Non-Profit	14%
Organizational Size	
1-50	10%
51-200	17%
201-500	25%
Over 500	25%

Immunizations (other)

	Percent
All Organizations	16%
Industry	
Manufacturing	16%
Non-Manufacturing	13%
Non-Profit	23%
Organizational Size	
1-50	5%
51-200	16%
201-500	20%
Over 500	33%

Health food vending machines

	Percent
All Organizations	16%
Industry	
Manufacturing	16%
Non-Manufacturing	15%
Non-Profit	18%
Organizational Size	
1-50	0%
51-200	12%
201-500	45%
Over 500	25%

Annual health fair

	Percent
All Organizations	16%
Industry	
Manufacturing	18%
Non-Manufacturing	21%
Non-Profit	9%
Organizational Size	
1-50	0%
51-200	16%
201-500	30%
Over 500	33%

Disease management

	Percent
All Organizations	16%
Industry	
Manufacturing	18%
Non-Manufacturing	10%
Non-Profit	27%
Organizational Size	
1-50	5%
51-200	12%
201-500	35%
Over 500	42%

Weight management programs

	Percent
All Organizations	16%
Industry	
Manufacturing	18%
Non-Manufacturing	15%
Non-Profit	14%
Organizational Size	
1-50	5%
51-200	14%
201-500	25%
Over 500	33%

Wearable fitness tracking devices (i.e. a pedometer, a "Fitbit", etc.)

	Percent
All Organizations	14%
Industry	
Manufacturing	10%
Non-Manufacturing	21%
Non-Profit	18%
Organizational Size	
1-50	14%
51-200	12%
201-500	25%
Over 500	17%

Stress management

	Percent
All Organizations	13%
Industry	
Manufacturing	15%
Non-Manufacturing	10%
Non-Profit	18%
Organizational Size	
1-50	0%
51-200	12%
201-500	25%
Over 500	33%

Access to fitness trainers

	Percent
All Organizations	13%
Industry	
Manufacturing	8%
Non-Manufacturing	18%
Non-Profit	23%
Organizational Size	
1-50	5%
51-200	10%
201-500	30%
Over 500	25%

Stability balls

	Percent
All Organizations	11%
Industry	
Manufacturing	5%
Non-Manufacturing	21%
Non-Profit	14%
Organizational Size	
1-50	19%
51-200	6%
201-500	25%
Over 500	8%

Access to dieticians

	Percent
All Organizations	9%
Industry	
Manufacturing	8%
Non-Manufacturing	5%
Non-Profit	23%
Organizational Size	
1-50	0%
51-200	7%
201-500	25%
Over 500	17%

Other programs offered

	Percent
All Organizations	5%
Industry	
Manufacturing	2%
Non-Manufacturing	5%
Non-Profit	14%
Organizational Size	
1-50	5%
51-200	3%
201-500	15%
Over 500	0%

On-site produce/grocery delivery

	Percent
All Organizations	2%
Industry	
Manufacturing	2%
Non-Manufacturing	5%
Non-Profit	0%
Organizational Size	
1-50	10%
51-200	0%
201-500	0%
Over 500	8%

TABLE 26a | Wellness programs reduced the organization's health insurance costs

	Yes	No	Not sure
All Organizations	17%	16%	67%
Industry			
Manufacturing	10%	15%	76%
Non-Manufacturing	26%	7%	67%
Non-Profit	16%	32%	53%
Organizational Size			
1-50	14%	43%	43%
51-200	19%	15%	67%
201-500	19%	6%	75%
Over 500	0%	20%	80%

TABLE 27a | Employers offering incentives for wellness programs

	Participatory	Outcomes based
All Organizations	54%	22%
Industry		
Manufacturing	57%	22%
Non-Manufacturing	46%	29%
Non-Profit	74%	21%
Organizational Size		
1-50	42%	17%
51-200	54%	28%
201-500	71%	18%
Over 500	70%	20%

TABLE 28a | Employers tracking the impact of their wellness program on health insurance costs

	Percent
All Organizations	26%
Industry	
Manufacturing	26%
Non-Manufacturing	19%
Non-Profit	37%
Organizational Size	
1-50	0%
51-200	28%
201-500	31%
Over 500	25%

TABLE 29a | Average percentage of wellness activities facilitated by the following methods

	Internal staff	Online	External carriers/ vendors
All Organizations	60%	31%	48%
Industry			
Manufacturing	56%	34%	56%
Non-Manufacturing	63%	33%	36%
Non-Profit	64%	26%	49%
Organizational Size			
1-50	74%	43%	60%
51-200	62%	27%	50%
201-500	59%	30%	49%
Over 500	44%	40%	34%

TABLE 30a | Resources used to develop wellness programs

	Internal staff	Insurance broker	Wellness consultant	Wellness vendors
All Organizations	58%	52%	27%	23%
Industry				
Manufacturing	61%	59%	24%	24%
Non-Manufacturing	64%	54%	32%	29%
Non-Profit	63%	47%	37%	21%
Organizational Size				
1-50	33%	17%	8%	8%
51-200	69%	63%	35%	26%
201-500	47%	59%	24%	35%
Over 500	90%	50%	30%	20%

APPENDIX B: TOBACCO POLICIES

The following policies address the use of cigarettes or other tobacco products in the workplace.

- There are designated areas for smoking
- Use of these products is limited to specific approved outside areas; wellness incentive for being tobacco free
- Basic no smoking in the building and within certain limits of outside public areas.
- Employees are permitted to smoke in an outside designated area.
- No smoking within 30 ft. of the building.
- One specific smoking section only
- Tobacco free facility
- We are a nicotine free company
- We are a smoke-free facility (including electronic smoking devices)
- Higher premiums
- Not allowed
- Designated smoking area outside
- Not permitted on company property
- Only is designated areas outside the building
- No smoking facility
- No smoking on campus except in cars in back area of parking lot.
- Prohibited.
- No Smoking Policy within the workplace only.
- No Tobacco use on premises
- Not permitted on site
- Health insurance benefits are discounted for non-tobacco users
- Must go outside
- We have a smoke free campus policy
- Ohio law prohibits use indoors
- We implemented a tobacco surcharge with our most recent renewal. Employees may smoke on their breaks in either the designated smoking area or in their vehicles.
- We do not hire tobacco users.
- No use in facilities. Must use tobacco in personal vehicle if on premises.

APPENDIX C: MOST EFFECTIVE WELLNESS PROGRAMS

The following descriptions of organization's wellness programs were reported as being the most effective at reducing health care costs & creating a healthier workforce.

- Annual Health/Wellness Day; Annual Health/Wellness Assessment Questionnaire; Annual Preventative Physical Exam; and Employee's Individual Activity Log.
- Annual physical. On-site contents, work outs, and lunch and learns
- Annual physicals, health coaching.
- Biometric on-site health screening day (Health Fair). Real Appeal through United Health Care
- Education and emphasis on getting preventive screenings
- ERC
- ERC's Preventive Care Campaign. Getting all of our employees to establish contact with a primary care provider was tough the first year. And, we found a lot of health issues via these new physicals. But everything that was found turned out to be helpful and healthy for all involved. (Addressed and caught things early.)
- Hard to say what direct impact there has been but we no doubt believe there is some impact, and it is the right thing to do. Regardless of reducing cost, associates are engaged more and feel it is important.
- Have not identified what specific programs have had most impact.
- Health coaching and required physicals.
- Health Fairs have help employees know their numbers and using education through Rally this year. We used a company in the past called Be Well Solutions and used their programs for educating the employees.
- I suspect the Health Fair and Flu Shots, but we do know this for sure.
- In house trainer
- Internal-designed Fitness Challenge which incorporates the ERC Wellness Coach
- Lunch and learns and wellness challenges (step challenges)
- Making employees aware of their assessment results and the areas that they need to focus on.
- Offering the Weight Watchers program along with a variety of physical activities
- On-site gym.
- On-site health screen, non-tobacco credit for premiums
- Our overall Well Points program itself. We have a lengthy list of wellness items employees' use to cumulative points.
- Outcome based premiums, health coach and education.
- Paying 100% for Drugs for Hypertension, Diabetes, High Cholesterol

- Preventative care campaign. Wellness coach. Reduced premiums for those who participate.
- Requiring and annual physical and meeting the biometric requirement's as outlined by the CDC. This reduces the employee contribution when achieved.
- Requiring the biometric screening
- The Wellness Bus that comes on site to three of our locations. It has helped with early detection of diabetes, high blood pressure and a couple of potentially serious heart issues.
- Walk Out of Work
- We believe our general advocacy for making better choices more often in terms of diet, exercise and lifestyle options has led to a basically healthy workforce.
- We stopped our wellness program because we were not able to link it to reduce 'employee' contribution of their healthcare cost. When we removed that incentive then employees stopped participating. Our HR legal counsel advised us to stop the program due to lawsuits within other organizations.
- Weight watchers at work, fitness classes on site, 'biggest loser' competition - Associates lost of 1,000 lbs in 5 years.
- Wellness coach, annual metabolic screening and wellness visit with PCP
- Wellness Coaching
- With ERC it was beneficial that our employees receive a yearly physical. There was some potential health risks that were found that would not have if we did not have expectations for our employees to have yearly physicals.

APPENDIX D: INCENTIVE BASED WELLNESS PROGRAMS

The following are descriptions of incentives related to wellness programs offered by employers and the criteria set out to receive them.

Participatory based wellness programs

- $150 for employee for risk assessment and Dr Visit, raffle for dentist; spouses able for same $150 for a $300 max to family.
- $25 for EE and Spouse if they complete PCC
- $25.00 reduction in premium per month.
- 10% Cost share differential for participation. Criteria equals - Complete annual preventive care, Know Your Numbers assessment and tobacco affidavit.
- 100% medical insurance premium paid for single HSA coverage. Must take HRA, earn wellness points, and complete annual physical
- 5% lower premium costs for those that participate.
- 5% reduction for meeting health coach meetings. 5% for having a physical and providing this information to incentisoft.
- Cash Incentive
- Completing annual physical, attending health fair, engaging in company-related activities, etc.
- Completing various tasks such as walking 10K a day gives you a percentage of your employee contribution
- Deposit into HSA account
- Discount on copay
- Discounted premiums and paid time off.
- Earn points for participation in wide range of activities; 20 points over benefit year earns 10% discount on premium following year.
- Earn PTO in the Walk Out Of Work program
- Employees must do so many missions in the Rally program along with a Health Survey.
- Equivalent of 1 month of premiums reimbursed after completion in weight-loss program
- Gift cards - those who participate are entered in a raffle to win
- Gift Cards and other prizes for participation
- Gift Cards are the predominant incentive used for participation
- Gift cards for participation raffle winner

- If an employee accumulates 350 wellness points during the year, they are not charged an additional $100 per month the following year.
- If go for a physical will get $25 gift card.
- If they attend the Health Fair and complete the Health Risk Assessment, they receive a discounted Health Insurance Premium.
- If they utilize gym regularly, they receive kickbacks which are employer contributions to their HSA. They can also submit bibs from running activities they participated in for kickbacks.
- Just joined ERCHealth program. Participation will offer a discount of 3-5% off of the next renewal if we achieve enough annual exams, meeting 3/5 key measures and 4 coaching sessions.
- Lower insurance premiums
- Money off monthly health insurance premium
- Partial reimbursement for gym, weight loss, smoking cessation, exercise equipment, flu shots
- Participating in wellness day activities with required education earns name in a raffle.
- Participation during the year in various health and wellness activities earns the employee points in the wellness program, with escalating cash payouts connected with rising numbers of points. Employees can earn $50, $100, or $200 for a year's worth of participation.
- PCC participants receive a lower premium
- PCP annual visit, tobacco free
- Point System: Gold - 1500 pts. = $175; Bronze - 500 pts. = $25 Barnes & Noble gift card
- Premium credits
- Preventive care, tobacco free, workshops/webinars, challenges
- Raffles for those visiting PCP
- Reduced contribution, reduced deductible and reduced OOP Max if employee participates in 3 steps (health risk assessment, biometric screening and 1-on-1 health coaching).
- Reduced cost sharing
- Reduced premium if completed by deadline date
- Reduced premiums
- Reduction in premium
- Three tiered program - 5% per tier. Employees can earn up to 15% off their premiums by getting an annual physical, filling out the Aetna online health risk assessment, and being tobacco-free.
- Tobacco use, working out, HRA, vision checks, dental visits, attending wellness fairs and/or learn events, etc.
- We give points for participating in various wellness activities that can be redeemed for prizes
- We have a list of items that can completed for different incentives. Complete challenges, activities-physical, volunteer, financial etc. Can get money, fitness equipment or gift cards

- We have a wellness scorecard where employees receive $100 if they earn 150 points by completing preventive care goals, activity goals and awareness goals
- We would have monthly challenges using our Fitbits. Winners would win some type of gift card

Outcomes based wellness programs

- $25 for EE and Spouse if they meet 3 out of 5 cardio metabolic measures or complete reasonable alternative
- $30/month reduction in premium for employee and also same for covered spouse who are tobacco free
- $50/month reduction in premium for employee and also same for covered spouse for meeting health targets related to cholesterol, blood pressure, triglycerides, glucose and BMI
- Blood pressure, total cholesterol, waist circumference/BMI
- Employee premium incentives
- Employees must have their number done and meet 3 out of 4 numbers to earn wellness incentives. If they do not meet those they are able to do telephonic coaching to get credit for numbers missed. This can be done at the Health Fair onsite or going to your physician.
- Financial bonus for reaching personal goal
- Fitness Challenge top-finishers win money and prizes, quarterly and annually.
- Gift cards for wellness challenge winners
- If they meet their goal set by Health Screening Report they choose to participate in.
- If you quit smoking, you reduce your employee contribution by 4%
- Lower premiums
- Money off monthly health insurance premium
- Must have preventive screening and pass 3/5 CMS measures, must meet with wellness coach 4 x a year and participate in wellness challenges
- Premium credits
- Premium discount
- Reduced premiums
- The incentives are used to help lower the employee's monthly premium
- Wellness Incentives: 1. Enroll in a Clark-Reliance medical plan, and, 2. Participate in the Biometric Screening (either on-site or through his/her own physician), and, 3. Complete the on-line Health Risk Assessment, *Alternative methods available, please contact Human Resources.

PARTICIPATING ORGANIZATIONS

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