

Greater Tompkins County Municipal Health Insurance Consortium

Owning Your Own Health Committee

May 25, 2016

1:30 p.m.

Legislature Chambers

Agenda

1. Call to Order (1:30)
2. Agenda Changes (1:30)
3. Approve Minutes of April 20, 2016 Meeting (1:35)
4. Executive Director's Report (1:40) Barber
 - a. Newsletter
 - b. Retreat Update
 - c. Logo Contest Update
 - d. Committee Chair Position
5. CanaRx Discussion (1:50) Feeley
6. Excellus Utilization Report (2:00) Miller
7. Discuss reactions to: "How to Design a Corporate Wellness Plan That Actually Works (2:15)
8. Next Agenda Items (2:30)
9. Adjournment (2:30)

Next meeting: June 15, 2016

Owning Your Own Health Committee
April 20, 2016
1:15 p.m.
Legislature Chambers

Present: Don Barber, Debby Kelley, Bev Chin, Jackie Kippola, Leslie Moskowitz, Nancy Zahler, Megan Feeley, Julie Fish, ProAct; Beth Miller, Excellus; Conor Cornelius, Interactive Health; Ken Foresti, Excellus (via conference phone)

Call to Order

Mr. Barber called the meeting to order at 1:23 p.m.

Changes to the Agenda

There were no changes to the agenda.

Approval of Minutes of March 16, 2016

It was MOVED by Ms. Kippola, seconded by Ms. Chin, and unanimously adopted by voice vote by members present, to approve the minutes of March 16, 2016 as submitted. MINUTES APPROVED.

Executive Director's Report

Mr. Barber reported he has been working on putting together the next newsletter. One focus will be on back injuries and another will be useful information on purchasing generic drugs that was derived from the ProAct utilization report. He said the report showed an increase in the past year in generic drugs being purchased by Consortium members. He asked members to provide him with any additional ideas for newsletter content.

Ms. Zahler said even though the Consortium's participants offer prescription drug coverage there are others who may be friends or neighbors of members who may not have drug coverage and suggested information be included in the newsletter on programs that are available to help with their prescription costs. Ms. Chin said she would provide resource information for those who may be uninsured for members to share.

Ms. Kippola suggested adding information to the Consortium's webpage that would help members find their own plan. Mr. Foresti offered to put together information to help people register and login to the Excellus website.

Ms. Moskowitz asked how the last newsletter was distributed. Mr. Barber said the two cities requested electronic copies and other municipalities received paper copies for employee distribution. Ms. Moskowitz asked to be included on the future distribution of electronic copies of the newsletter.

Mr. Barber reported on logo submissions and said they will be displayed at the May 10th educational retreat and those present will have an opportunity to vote on the designs.

Mr. Barber said at the last meeting Mr. Schiele said he would be willing to Chair this Committee. Mr. Barber stated he would present Mr. Schiele's willingness to Chair to the Executive Committee, noting Mr. Schiele is not a Director. The Executive Committee discussed this and there was no objection to Mr. Schiele chairing the Committee.

ProAct Utilization Report

Ms. Feeley reported there was a 10% increase in plan costs which was lower than the comparison population of similar clients. Also, the plan cost per prescription was \$78.30 and with other similar client types it was \$91.34. The generic drug utilization by Consortium members also went up by one percent which is positive.

Ms. Chin asked what the 10% increase in plan costs is attributable to. Ms. Fish said there were more specialty drug prescriptions filled and stated the trend is showing there is an increasing number of people who are on specialty medications and these have higher ingredient costs and result in a higher plan spend. Mr. Barber said the plan spend on specialty drugs in 2014 was 26.5% and in 2015 it was 28.2%; in addition, the cost of each drug increased. He also noted there were fewer prescriptions filled in 2015.

Ms. Zahler asked if ProAct is prohibited from purchasing drugs from Canada or negotiating for lower-price drugs. Ms. Fish said ProAct partners with CanaRx and they are able to offer most brand maintenance medications to members at zero co-pay and results in significant savings to the plan. She said a report could be provided for the Committee that would show current medications that are taken with a comparison to what would be saved with if the medications were received through the CanaRx program. She said because there is a zero co-pay there is an incentive for members to move to the program and some of their clients have made usage of the program mandatory if the medication is available.

In response to a question regarding CanaRx being a Canadian company Ms. Fish said the drugs are from the same places Pharma gets them for ProAct; the difference is that the middleman is eliminated. She extended an offer for someone who is very familiar with the legality issues to attend a meeting to speak about this.

Ms. Chin questioned how many prescriptions are being obtained through ProAct by mail order; Ms. Fish said there were 518 utilizing members. Mr. Barber said the County allows its members to participate in the CanaRx program. He also stated that the Consortium looked into this previously and decided at that time to let municipalities contract individually with CanaRx if they chose to. Members were interested in hearing more about the program and Mr. Barber agreed to work with Ms. Feeley to gather information to present at the next meeting. A copy of the full utilization report is available under the Resource tab on the Consortium website.

Mr. Barber reviewed the areas that will be covered at the May 10th retreat, stating the focus will be on how premiums are calculated. Ms. Zahler said she continues to hear from people who said they are receiving comparable benefit plans in the private sector but at a cheaper price and asked if there are other plans providing similar plans at a lower cost. Ms. Miller said there are many variables in the plans that can impact the cost and by being a participant in the Consortium municipalities are primarily paying only claims costs and are not being subjected to many taxes and fees they would otherwise be paying.

Update on Rollout of Blue4U Program

Ms. Miller said two members in Cortland County have enrolled in the Blue4U program which is a voluntary program and specific to the metal level plans. Mr. Cornelius said they typically see approximately 25% of the members participate in the voluntary program with no incentives. When incentives are added that number typically raises the number of participants to being about half of the eligible population and there is approximately a six-week rollout

period. He said a goal should be to roll the marketing campaign out to start six weeks before people are to begin testing and there should be good communication in place between him and the benefit administrators at each municipality. He reviewed the marketing materials that are used to introduce the program and generate interest and also materials that are used to continue keeping members interested and informed. It was noted that members would contact him if there were questions.

Mr. Barber asked when enrollment would take place for members in Tompkins County and if there has been communication with the County for potential members. Mr. Cornelius said there has not been further communication since the program was initially rolled out in February. Mr. Barber spoke of the importance in rolling this program out in Tompkins County and TC3 now that a blood draw site has been identified and asked that Mr. Cornelius arrange to speak with him and Ms. Miller as soon as possible.

Mr. Barber asked members to provide questions they would like Mr. Locey to answer that relate to a discussion of making this benefit available to other Consortium members. He reviewed the following questions that were submitted by Mr. Schiele:

What is the added cost per plan;
Is there a co-pay option available and how would that affect this;
How would making this program available impact collective bargaining; and
When making the benefit available “a la carte” would the cost be leveraged against the interested employees or the entire municipality

Mr. Barber called attention to an Excellus document entitled “Health Equals Wealth, how wellness programs are making business better”. He said it is part of an overall strategy for the Consortium to increase wellness awareness and the article talks about how making people aware of owning their own health can save money. He asked members to think about how this message could be given to employers and spoke of the need to have more employers and employees present at meetings and able to introduce these subjects to members.

Ms. Zahler said the cost savings are compelling to employers and the health benefits should be the incentives for employees. She said it would be helpful if there was more data related to the savings to employees. Mr. Barber said there is some information in the document that addresses this but the employee aspect is important as well. She said she would also like to hear more information about incentives.

Ms. Moskowitz said she would forward to Mr. Barber a link to a report from the John Hopkins School of Health that she thinks would be useful.

Next Agenda Topics

The following items were suggested for inclusion on the next agenda:

Additional information on CanaRx;
Making Blue4U program available to other Consortium members; and
Goals to increase membership and awareness of wellness at the employee and employer level

Adjournment

The meeting adjourned at 2:30 p.m.

CanaRx International Delivery Option



ProAct offers its clients a unique international home delivery program through a strategic partnership with CanaRx, an international prescription provider. Members can utilize the CanaRx program as a voluntary mail order option for purchasing brand name drugs only. When a generic alternative to a brand name drug is not available, our international provider can save the Plan up to 80% on a specific list of approximately 300 brand name drugs. A collaborative arrangement between ProAct and our international provider integrates claims data for patient safety while maximizing plan savings. This program assures that members utilize the most appropriate and cost effective medication while also providing both member and Plan savings.

Introduction

CanaRx Services Inc. is a privately held Canadian company incorporated in 2002. Founded by doctors, pharmacists and health care professionals, the goal was and is to provide safe affordable Brand Name maintenance medications at a uniform reduced cost to all American residents.

The substantial savings opportunities that the CanaRx mail order programs provide are due to the prices negotiated between most developed nations and the pharmaceutical companies. Due to heavy lobbying in Washington, the U.S. does not negotiate any medication costs. As a result, most multi-national drug companies report record earnings reaping over half of their worldwide profits in America alone.

CanaRx contracts government-licensed pharmacies in Canada, the United Kingdom, Australia and New Zealand (Tier One countries as designated by Congress) to supply Brand Name medications, packaged and sealed by the original manufacturer, for direct delivery to all participants.

All CanaRx programs are based on voluntary participation in order to comply with FDA directives that allow individuals to obtain medications for personal use.

International Formularies

The CanaRx quality assurance team of doctors and pharmacists developed and monitor a restricted formulary of over 300 widely used Brand Name single source maintenance medications. ProAct and CanaRx work closely together to ensure formularies are up to date with the most current and accurate medications to provide optimal savings to our mutual clients.

Excluded from the CanaRx formulary:

- ✓ Acute medications (antibiotics)
- ✓ Controlled substances (narcotics)
- ✓ Targeted substances (benzodiazepines)
- ✓ Medications which require ongoing monitoring/adjustments by primary care physicians
- ✓ Precursor substances (Allegra-D)
- ✓ Lifestyle medications
- ✓ Generic multi-source medications
- ✓ Medications requiring refrigeration

The primary goal is to ensure public safety. Medications are packaged by the manufacturer, distributed by government-regulated wholesalers, prescribed by practicing physicians, labeled and dispensed by licensed pharmacists and delivered directly to the end user. In addition, CanaRx professionals regularly inspect all licensed pharmacies to ensure that safety standards and all American/source country regulations are met.

To place an international order each prescription follows the equivalent fulfillment process as in America (Tier One countries as designated by Congress). Therefore, each international order must be reviewed and prescribed by a practicing licensed physician, dispensed by a practicing licensed pharmacist, then packaged at an accredited licensed pharmacy and shipped directly to the patient.

Safety Protocols

The CanaRx quality assurance team of doctors and pharmacists are responsible for establishing and maintaining all safety and processing standards as follows.

- ✓ Tier One country sourcing
- ✓ U.S. prescribing physicians' licensing verification
- ✓ Order processing
 - American based Drug Utilization Reviews (DUR)
 - Identification and assessment of drug allergies & interactions
 - Maintaining and updating health/drug profiles of clients
- ✓ Internal incident reporting & logging
- ✓ Patient counseling standards
- ✓ Patient education leaflets are included with each order
- ✓ Standardized prescription labels
- ✓ Refill medication notification and controls:
 - All patients are personally contacted to ensure timely refills o All changes are file documented and reviewed
 - Refills are issued only when needed and confirmed
 - Consultations with the primary care physicians are conducted as required
 - A prescription renewal request service is available at no cost for 24/7 emergency pharmacist support

Pharmacy Accreditation

CanaRx professionals regularly inspect all licensed pharmacies to ensure that all safety protocols and all American/source country regulations are met.

- ✓ License verification
- ✓ Review pharmacist / technician ratios
- ✓ Review dispensing procedures
- ✓ Conduct a complete audit and inspection

Inspection visits ensure uniform safety standards and dispensing procedures. Each supplying pharmacy is then contracted or re-contracted to supply CanaRx clients.

Medication Procurement

- ✓ Tier One countries only
- ✓ Federally approved facilities
- ✓ Government certified products
- ✓ Manufacturers' original sealed packaging

Systems Integration

ProAct and CanaRx allow for full information sharing on a real-time basis. This data exchange provides an ongoing basis for a substantial reduction in claims expense.

Program Launch & Service Support

ProAct and CanaRx work together through member implementation and education sessions so that members are clear where they should go to have each of their medications filled. Through our data exchange process, ProAct and CanaRx work together to notify members taking medications available to be filled through CanaRx. ProAct and CanaRx will work together to maximize utilization of this cost saving program.

Plan Sponsor Benefits:

- ✓ No administrative costs
- ✓ No cost delivery interruption replacement
- ✓ Customized ongoing reporting
- ✓ Plan design and development assistance
- ✓ Website designing and hosting
- ✓ Seminars and enrollment presentations
- ✓ Local servicing
- ✓ Liability insurance coverage

Member Benefits:

- ✓ Ongoing open enrollment
- ✓ Dedicated toll free telephone and fax numbers
- ✓ Call Centre Customer Service Representatives
- ✓ Quarterly Call Centre contacts
- ✓ Copay reimbursement policy
- ✓ Certified manufacturers' sealed package guarantee

Product Pricing

CanaRx pricing is based on the following costs:

- ✓ Source country government negotiated medication costs
- ✓ Contracted international physician prescribing fees
- ✓ Contracted international pharmacy dispensing fees
- ✓ Shipping costs
- ✓ CanaRx administrative costs
- ✓ Currency hedging programs

Each "Tier One" source country provides wholesale price updates established through government negotiations with each pharmaceutical supplier. This creates a standard unit price for each medication which includes all rebates.

HIPAA Compliance

All materials and information acquired by CanaRx are kept in the strictest of confidence and only used for the prescribing of medications. CanaRx plans are designed to be completely compliant with the Canadian Privacy Laws (PIPEDA), equivalent to the U.S. HIPAA standards, and all Privacy Laws of each country supplying medications to plan participants. In order to share restricted information, CanaRx requires a Business Associate Agreement in all cases.

FDA Letters & Responses

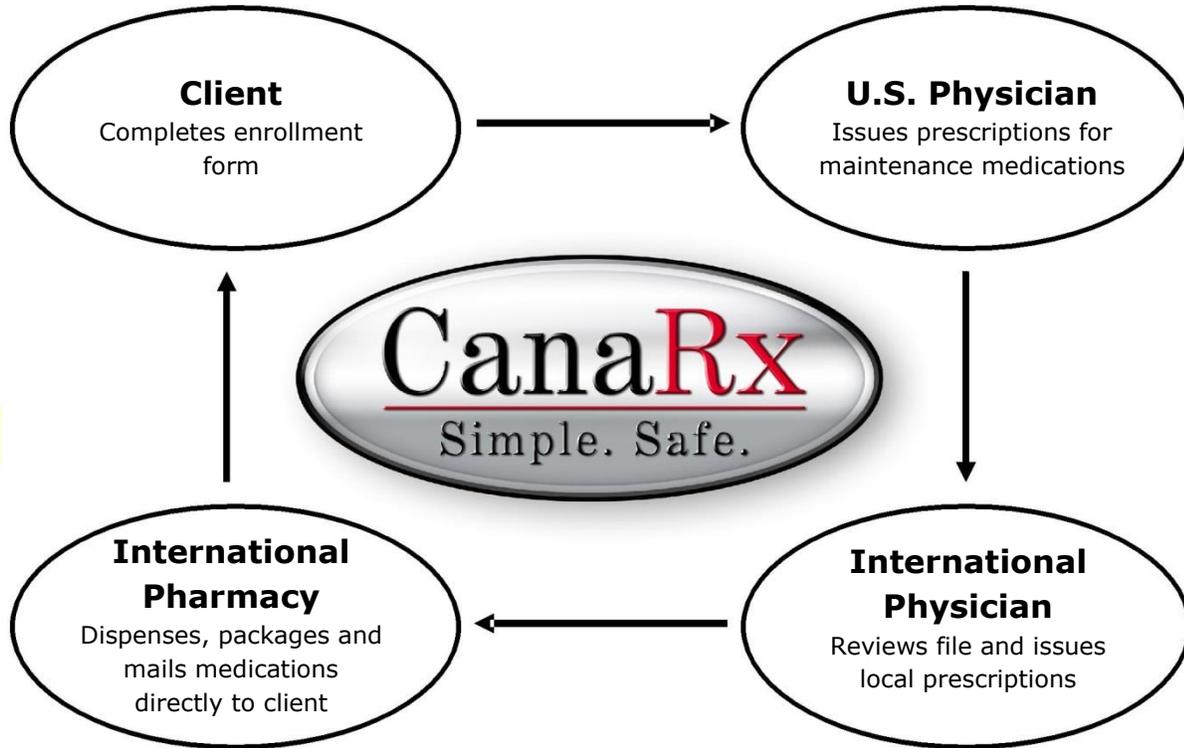
CanaRx Services Inc. was designed to comply with all laws in all jurisdictions where business operations would take place. This is without exception.

In 2003, the FDA met in Ottawa with Health Canada where they were assured that CanaRx and its operations were in compliance and not in violation of any Canadian laws. Since this meeting, there has been no further contact between CanaRx and the FDA. The FDA continues to monitor CanaRx's quality and safety without incident.

Win / Win & Incentives

High individual enrollment will create large savings and a successful program. CanaRx Services will customize and provide program options to maximize participation.

International Mail Order Flow Chart



Top 25 Medications

MEDICATION	QUANTITY	U.S. PBM PRICE	CANARX PRICE	CANARX SAVINGS	% SAVED WITH CANARX
NEXIUM 40MG	90	\$ 686.70	\$ 165.40	\$ 521.30	75.9%
ADVAIR DISKUS 250MCG	180	\$ 847.80	\$ 237.40	\$ 610.40	72.0%
RESTASIS 0.0005	90	\$ 531.00	\$ 407.40	\$ 123.60	23.3%
CRESTOR 10MG	90	\$ 591.30	\$ 105.40	\$ 485.90	82.2%
SPIRIVA 18MCG	90	\$ 864.00	\$ 244.40	\$ 619.60	71.7%
ZETIA 10MG	84	\$ 603.96	\$ 183.40	\$ 420.56	69.6%
CRESTOR 20MG	90	\$ 591.30	\$ 130.40	\$ 460.90	77.9%
GLEEVEC 400MG	90	\$ 30,974.40	\$ 12,752.40	\$ 18,222.00	58.8%
ADVAIR DISKUS 500MCG	180	\$ 1,114.20	\$ 303.40	\$ 810.80	72.8%
JANUVIA 100MG	84	\$ 844.20	\$ 251.40	\$ 592.80	70.2%
TECFIDERA 240MG	168	\$ 16,531.20	\$ 8,482.40	\$ 8,048.80	48.7%
CELEBREX 200MG	100	\$ 767.00	\$ 114.40	\$ 652.60	85.1%
DEXILANT DR 60MG	90	\$ 607.50	\$ 276.40	\$ 331.10	54.5%
NASONEX 50MCG	51	\$ 592.20	\$ 103.40	\$ 488.80	82.5%
LIALDA 1.2GM	360	\$ 2,394.00	\$ 802.40	\$ 1,591.60	66.5%
CRESTOR 5MG	90	\$ 591.30	\$ 84.40	\$ 506.90	85.7%
XARELTO 20MG	90	\$ 911.70	\$ 366.40	\$ 545.30	59.8%
ADVAIR DISKUS 100MCG	180	\$ 682.20	\$ 175.40	\$ 506.80	74.3%
ELIQUIS 5MG	120	\$ 608.40	\$ 269.40	\$ 339.00	55.7%
ASACOL HD 800MG	180	\$ 1,074.60	\$ 290.40	\$ 784.20	73.0%
NEXIUM 20MG	90	\$ 686.70	\$ 116.40	\$ 570.30	83.0%
WELCHOL 625MG	180	\$ 473.40	\$ 267.40	\$ 206.00	43.5%
CRESTOR 40MG	90	\$ 591.30	\$ 140.40	\$ 450.90	76.3%
EVISTA 60MG	84	\$ 505.68	\$ 147.40	\$ 358.28	70.9%
TRAVATAN Z OPHTH SOLUTION 0.004	15	\$ 690.45	\$ 257.40	\$ 433.05	62.7%
TOTAL		\$ 65,356.49	\$ 26,675.00	\$ 38,681.49	59.2%

Specialty Medications at a Glance (part 1 of 3)

MEDICATION	COMMONLY USED FOR	QUANTITY	U.S. PBM PRICE	CAMARX PRICE	CAMARX SAVINGS	% SAVED WITH CAMARX
OLYSIO 150MG	Hepatitis C	84	\$67,687.20	\$45,909.40	\$21,777.80	32.2%
XALKORI 200MG	Cancer	180	\$41,205.60	\$36,552.40	\$4,653.20	11.3%
XALKORI 250MG	Cancer	180	\$41,205.60	\$36,552.40	\$4,653.20	11.3%
INLYTA 5MG	Kidney Cancer	180	\$34,770.60	\$23,514.40	\$11,256.20	32.4%
AFINITOR 10MG	Kidney Cancer	90	\$34,548.30	\$24,503.40	\$10,044.90	29.1%
AFINITOR 5MG	Kidney Cancer	90	\$34,548.30	\$24,503.40	\$10,044.90	29.1%
AFINITOR 2.5MG	Kidney Cancer	90	\$33,029.10	\$24,503.40	\$8,525.70	25.8%
SPRYCEL 100MG	Chronic Myeloid Leukemia (CML)	90	\$31,692.60	\$19,407.40	\$12,285.20	38.8%
GLEEVEC 400MG	Chronic Myeloid Leukemia (CML)	90	\$30,974.40	\$12,752.40	\$18,222.00	58.8%
TASMAR 100MG	Parkinson's Disease	300	\$29,754.00	\$659.40	\$29,094.60	97.8%
TASIGNA 150MG	Chronic Myeloid Leukemia (CML)	336	\$29,591.52	\$13,381.40	\$16,210.12	54.8%
TASIGNA 200MG	Chronic Myeloid Leukemia (CML)	336	\$29,591.52	\$17,575.40	\$12,016.12	40.6%
TRACLEER 125MG	Pulmonary Arterial Hypertension	168	\$23,476.32	\$13,569.40	\$9,906.92	42.2%
TRACLEER 62.5MG	Pulmonary Arterial Hypertension	168	\$23,476.32	\$13,569.40	\$9,906.92	42.2%
SPRYCEL 50MG	Chronic Myeloid Leukemia (CML)	120	\$23,445.60	\$12,960.40	\$10,485.20	44.7%
SPRYCEL 70MG	Chronic Myeloid Leukemia (CML)	120	\$23,445.60	\$14,279.40	\$9,166.20	39.1%
GILENYA 0.5MG	Highly Active MS	84	\$16,653.84	\$9,932.40	\$6,721.44	40.4%
TECFIDERA 240MG	MS	168	\$16,531.20	\$8,482.40	\$8,048.80	48.7%
TECFIDERA 120MG	MS	168	\$16,524.48	\$4,261.40	\$12,263.08	74.2%
AUBAGIO 14MG	MS	84	\$15,539.16	\$7,764.40	\$7,774.76	50.0%
OTEZLA 30MG	Psoriatic Arthritis	180	\$13,593.60	\$4,482.40	\$9,111.20	67.0%
NEXAVAR 200MG	Liver/Kidney Cancer	120	\$13,447.20	\$7,363.40	\$6,083.80	45.2%
STIVARGA 40MG	Metastatic Colorectal Cancer	84	\$12,747.00	\$8,052.40	\$4,694.60	36.8%
SPRYCEL 20MG	Chronic Myeloid Leukemia (CML)	120	\$11,722.80	\$6,458.40	\$5,264.40	44.9%
INLYTA 1MG	Kidney Cancer	180	\$11,590.20	\$4,734.40	\$6,855.80	59.2%
VALCYTE 450 MG	Transplants/AIDS	180	\$11,523.60	\$5,868.40	\$5,655.20	49.1%
GLEEVEC 100MG	Chronic Myeloid Leukemia (CML)	120	\$11,461.20	\$4,259.40	\$7,201.80	62.8%
EXJADE 500MG	Elevated Iron	84	\$9,708.72	\$3,711.40	\$5,997.32	61.8%
XELJANZ 5MG	Rheumatoid Arthritis	180	\$8,211.60	\$5,499.40	\$2,712.20	33.0%
ZYTIGA 250MG	Prostate Cancer	120	\$8,156.40	\$4,702.40	\$3,454.00	42.3%
STRIBILD	Aids	90	\$7,887.60	\$5,522.40	\$2,365.20	30.0%
ATRIPLA 600-200-300 MG	HIV	90	\$6,778.80	\$4,968.40	\$1,810.40	26.7%
XTANDI 40MG	Prostate Cancer	90	\$6,768.90	\$5,567.40	\$1,201.50	17.8%
TRIUMEQ TABLET	HIV	90	\$6,754.50	\$5,189.40	\$1,565.10	23.2%

Specialty Medications at a Glance (part 2 of 3)

MEDICATION	COMMONLY USED FOR	QUANTITY	U.S. PBM PRICE	CAMARX PRICE	CAMARX SAVINGS	% SAVED WITH CAMARX
COMPLERA 200/25/300MG	HIV	90	\$6,714.90	\$4,917.40	\$1,797.50	26.8%
SENSIPAR 90MG	Chronic Kidney Disease	90	\$5,442.30	\$3,722.40	\$1,719.90	31.6%
PREZISTA 800MG	HIV	120	\$5,133.60	\$3,460.40	\$1,673.20	32.6%
EXJADE 250MG	Elevated Iron	84	\$4,854.36	\$2,502.40	\$2,351.96	48.5%
ADCIRCA 20MG	Pulmonary Arterial Hypertension	112	\$4,763.36	\$2,022.40	\$2,740.96	57.5%
RAPAMUNE (G) 2MG	Kidney Transplant (anti-rejection)	100	\$4,441.00	\$1,478.40	\$2,962.60	66.7%
PREZCOBIX 800MG/150MG	HIV	90	\$4,401.00	\$2,922.40	\$1,478.60	33.6%
TRUVADA 200-300MG	HIV	90	\$4,197.60	\$3,415.40	\$782.20	18.6%
TIVICAY 50MG	HIV	90	\$4,032.90	\$2,361.40	\$1,671.50	41.4%
BARACLUDE 0.5MG	Hepatitis B	90	\$3,777.30	\$1,714.40	\$2,062.90	54.6%
BARACLUDE 1MG	Hepatitis B	90	\$3,777.30	\$2,871.40	\$905.90	24.0%
ISENTRESS 400MG	HIV	180	\$3,686.40	\$3,399.40	\$287.00	7.8%
SENSIPAR 60MG	Chronic Kidney Disease	90	\$3,627.90	\$2,569.40	\$1,058.50	29.2%
XELODA (G) 500MG	Breast Cancer/Colorectal Cancer	90	\$3,624.30	\$760.40	\$2,863.90	79.0%
EPZICOM	HIV	90	\$3,611.70	\$3,019.40	\$592.30	16.4%
LEXIVA 700MG	HIV	180	\$3,070.80	\$1,605.40	\$1,465.40	47.7%
TYZEKA 600MG	Hepatitis B	84	\$3,059.28	\$2,174.40	\$884.88	28.9%
VIREAD 300MG	HIV or Hepatitis B	90	\$2,855.70	\$2,298.40	\$557.30	19.5%
SUSTIVA 600MG	HIV	90	\$2,580.30	\$1,835.40	\$744.90	28.9%
EDURANT 25MG	HIV	90	\$2,540.70	\$1,867.40	\$673.30	26.5%
EXJADE 125MG	Elevated Iron	84	\$2,427.60	\$1,270.40	\$1,157.20	47.7%
RAPAMUNE (G) 1MG	Kidney Transplant (anti-rejection)	100	\$2,221.00	\$1,073.40	\$1,147.60	51.7%
INVIRASE 500MG	HIV	240	\$2,143.20	\$1,293.40	\$849.80	39.7%
INTELENCE 200MG	HIV	120	\$2,060.40	\$1,952.40	\$108.00	5.2%
VIRAMUNE XR 400MG	HIV	90	\$2,036.70	\$345.40	\$1,691.30	83.0%
ZORTRESS 0.75MG	Kidney Transplant (anti-rejection)	90	\$2,009.70	\$1,623.40	\$386.30	19.2%
SENSIPAR 30MG	Chronic Kidney Disease	90	\$1,814.40	\$1,425.40	\$389.00	21.4%
BANZEL 400MG	Lennox Gastaut Syndrome	120	\$1,639.20	\$506.40	\$1,132.80	69.1%
EPIVIR / HBV (G) 100MG	HIV	90	\$1,369.80	\$623.40	\$746.40	54.5%
NEUPRO 1MG	Parkinson's Disease	84	\$1,349.88	\$580.40	\$769.48	57.0%
NEUPRO 2MG	Parkinson's Disease	84	\$1,349.88	\$309.40	\$1,040.48	77.1%
NEUPRO 3MG	Parkinson's Disease	84	\$1,349.88	\$764.40	\$585.48	43.4%
NEUPRO 4MG	Parkinson's Disease	84	\$1,349.88	\$400.40	\$949.48	70.3%
NEUPRO 6MG	Parkinson's Disease	84	\$1,349.88	\$450.40	\$899.48	66.6%

Specialty Medications at a Glance (part 3 of 3)

MEDICATION	COMMONLY USED FOR	QUANTITY	U.S. PBM PRICE	CANARX PRICE	CANARX SAVINGS	% SAVED WITH CANARX
NEUPRO 8MG	Parkinson's Disease	84	\$1,349.88	\$1,090.40	\$259.48	19.2%
ZORTRESS 0.5MG	Kidney Transplant (anti-rejection)	90	\$1,340.10	\$1,119.40	\$220.70	16.5%
ZIAGEN 300MG	HIV	120	\$1,140.00	\$766.40	\$373.60	32.8%
RAPAMUNE (G) 0.5MG	Kidney Transplant (anti-rejection)	100	\$1,110.00	\$606.40	\$503.60	45.4%
XELODA (G) 150MG	Breast Cancer/Colorectal Cancer	90	\$1,087.20	\$102.40	\$984.80	90.6%
RENAGEL 800MG	Kidney Disease	180	\$1,053.00	\$444.40	\$608.60	57.8%
NORVIR TABLET 100MG	HIV	100	\$874.00	\$239.40	\$634.60	72.6%
SUSTIVA 200MG	HIV	90	\$860.40	\$668.40	\$192.00	22.3%
RENVELA 800MG	Kidney Disease	180	\$842.40	\$424.40	\$418.00	49.6%
BANZEL 200MG	Lennox Gastaut Syndrome	120	\$819.60	\$276.40	\$543.20	66.3%
ZORTRESS 0.25MG	Kidney Transplant (anti-rejection)	90	\$669.60	\$577.40	\$92.20	13.8%
TABLOID 40MG	Cancer	50	\$658.50	\$334.40	\$324.10	49.2%
SUSTIVA 50MG	HIV	90	\$215.10	\$152.40	\$62.70	29.1%
Total			\$854,727.26	\$511,352.40	\$343,374.86	40.2%

ProAct Client Savings at a Glance

Summary Savings Report Inception Date: January 1, 2014 October 1, 2015 - December 31, 2015		
Covered Lives		914
CanaRx Eligible Members		274 *
Enrolled Members **		57 ** (20.8%)
<small>* Estimated at 30% of Plan Enrollment ** Participation is based on previous 12 months</small>		
	<u>Current</u>	<u>Since Inception</u>
Issued Prescriptions	59	647
Average U.S. Plan Cost	\$ 41,731.56	\$ 402,403.80
Net CanaRx Billing	\$ 10,903.10	\$ 126,230.30
Net Program Savings	<u>\$ 30,828.46</u>	<u>\$ 276,173.50</u>
Savings	73.87%	68.63%
	<u>Current Savings</u>	
Employee Program Savings	\$ 2,800.00	9.08%
Net Group Savings	\$ 28,028.46	90.92%
Savings	<u>\$ 30,828.46</u>	<u>100.00%</u>
Projected Annual Savings	\$ 123,313.84	
<small>Calculations are based on Current results</small>		

Summary Savings Report October 1, 2015 - December 31, 2015 <small>(1st Invoice February 14, 2006)</small>		
Covered Lives		2626
Eligible CanaRx Members		788 *
Enrolled Members **		356 (45.2%)
<small>* Estimated at 30% of Covered Lives ** Participation is based on previous 12 months</small>		
	<u>Current</u>	<u>Since Inception</u>
Issued Prescriptions	477	39,396
Average U.S. Plan Cost	\$ 407,082.42	\$ 16,123,532.73
CanaRx Billing	\$ 110,730.30	\$ 7,149,383.50
Net Program Savings	<u>\$ 296,352.12</u>	<u>\$ 8,974,149.23</u>
Savings	72.80%	55.66%
	<u>Current Savings</u>	
Employee Savings	\$ 23,970.00	8.09%
County Savings	\$ 272,382.12	91.91%
Savings	<u>\$ 296,352.12</u>	<u>100.00%</u>
Projected Annual Savings	\$ 1,185,408.48	
<small>Calculation is based on Current Results</small>		

CattcoCanaRx

Employee Program

Summary Savings Report

Inception Date: January 1, 2015
October 1, 2015 - December 31, 2015

Covered Lives		2961
CanaRx Eligible Members		888 *
Enrolled Members **		70 (7.88%)
<small>*Estimated at 30% of Plan Enrollment ** Participation is based on previous 12 months</small>		
	<u>Current</u>	<u>Since Inception</u>
Issued Prescriptions	117	390
Average U.S. Plan Cost	\$ 107,389.23	\$ 344,912.11
CanaRx Net Billing	\$ 35,126.30	\$ 116,705.00
Net Program Savings	<u>\$ 72,262.93</u>	<u>\$ 228,207.11</u>
Savings	67.29%	66.16%
	<u>Current Savings</u>	
Employee Savings	\$ 4,930.00	6.82%
Group Savings	\$ 67,332.93	93.18%
Savings	<u>\$ 72,262.93</u>	<u>100.00%</u>
Projected Annual Savings	\$ 289,051.72	
<small>Calculations are based on Current results</small>		

Summary Savings Report

Inception Date January 1, 2012
October 1, 2015 - December 31, 2015

Covered Lives		709
CanaRx Eligible Members		213 *
Enrolled Members**		41 (19.2%)
<small>* Estimated at 30% of Covered Lives **Participation is based on previous 12 months</small>		
	<u>Current</u>	<u>Since Inception</u>
Issued Prescriptions	60	1,154
Average U.S. Plan Cost	\$ 40,333.44	\$ 558,586.04
CanaRx Billing	\$ 12,626.00	\$ 215,339.60
Net Program Savings	<u>\$ 27,707.44</u>	<u>\$ 343,246.44</u>
Savings	68.70%	61.45%
	<u>Current Savings</u>	
Employee Savings	\$ 1,665.00	6.01%
Group Savings	\$ 26,042.44	93.99%
Savings	<u>\$ 27,707.44</u>	<u>100.00%</u>
Projected Annual Savings	\$ 110,829.76	
<small>Calculation is based on Current results</small>		

MEMORANDUM

DATE: JUNE 26, 2012

FROM: LOCEY & CAHILL, LLC

**TO: THE GREATER TOMPKINS COUNTY MUNICIPAL HEALTH
INSURANCE CONSORTIUM BOARD OF DIRECTORS**

RE: INTERNATIONAL MAIL-ORDER PROGRAM (CANARX)

This memorandum is in reference to the research and analysis which has been conducted relative to the possible inclusion of an international mail-order program, specifically, the CanaRx program, in the benefit offerings of the Greater Tompkins County Municipal Health Insurance Consortium.

Part of the process included the involvement of the New York State Department of Financial Services (formerly the New York State Department of Insurance). The following is the response we received via e-mail on Thursday, November 10, 2011 from Alan Rachlin, New York State Department of Financial Services Attorney:

“There is nothing in the Insurance Law that would prohibit an entity with a Certificate of Authority pursuant to Insurance Law Article 47 from contracting with a Canadian Pharmacy Benefit Manager. However, the provision of services by the PBM may violate other statutes or regulations, such as the New York Education Law or the regulations of the federal Food and Drug Administration.”

Upon receipt of the above answer, we asked for further clarification which produced the following response from Mr. Rachlin on February 16, 2012:

“You have inquired whether a municipal cooperative health benefit plan may contract with a Canadian mail order pharmacy. Such a contract would not violate the New York Insurance Law per se, but the question of whether any other statute might prohibit such action is not within the purview of the Department of Financial Services.”

Based on the lack of formal guidance from the New York State Department of Financial Services, it appears as though the matter has been returned to the Consortium Board of Directors for consideration and possible action.

Currently, both the County of Tompkins and Tompkins-Cortland Community College utilize the CanaRx Program as part of their overall employee benefits plan. This program has been funded and paid for directly by the County and the College to date to the benefit of the Consortium as the use of the plan has reduced overall prescription drug expenses. This was a known issue at the outset of the Consortium, but is clearly an inequity which exists in the Consortium. In terms of overall dollar impact, the County and the College collectively paid out \$217,878.50 in prescription drug claim expenses through CanaRx in 2011. Below, we have included a summary of the quarterly data for the County and TC3 for your review and reference.

GTCMHIC BOARD MEMO
RE: INTERNATIONAL MAIL-ORDER PROGRAM
JUNE 26, 2012
PAGE 2

		<i>County of Tompkins</i>		<i>TC3</i>		<i>Totals</i>	
		<i>Number of Scripts</i>	<i>Amount Paid</i>	<i>Number of Scripts</i>	<i>Amount Paid</i>	<i>Number of Scripts</i>	<i>Amount Paid</i>
2011	<i>1st Quarter</i>	271	\$46,248.90	60	\$10,528.00	331	\$56,776.90
	<i>2nd Quarter</i>	258	\$47,129.20	50	\$9,138.00	308	\$56,267.20
	<i>3rd Quarter</i>	236	\$42,304.40	60	\$9,742.00	296	\$52,046.40
	<i>4th Quarter</i>	239	\$42,277.10	61	\$10,510.90	300	\$52,788.00
2012	<i>1st Quarter</i>	197	\$34,655.30	56	\$9,533.40	253	\$44,188.70
	<i>2nd Quarter</i>						
	<i>3rd Quarter</i>						
	<i>4th Quarter</i>						

Although the amount paid for the medications dispensed via the CanaRx Program is less than it would have been via a traditional pharmacy program, the cost would be a new cost to the Consortium for the expenses related to the County and the College should the Consortium adopt the program across the board.

As part of the analysis of the international mail-order program and its potential impact on cost, we have attached the County's 1st Quarter Report for 2012 for your review and reference. We have added detail relative to the expected date in which some of the medications will be available in generic form to the second page of the report.

As you will note, the report does show substantive savings between the cost of medications through the CanaRx Program versus what these same medications could be purchased for in the United States of America through a traditional pharmacy program. It is important to note that there is no co-payment assessed to members for medications purchased via the CanaRx Program and this has been factored into the analysis conducted by CanaRx.

The question before the Board of Directors is whether or not to make this plan part of the overall benefit offerings of the Consortium or if the Board wants to leave it up to each municipality to decide if this is something they would like to add on their own. If the Board chooses to add this across all employer groups, the costs would be pooled and all billings would become the responsibility of the Consortium.

It should be noted that there are questions which remain about the legality of this type of program as the United States Food & Drug Administration has opined that they feel it is not legal. These opinions have been challenged by CanaRx and others. Even amongst employer groups opinions vary relative to this type of program with many municipal employers in New York State adopting such plans, including several of our Clients. As a result, it may be the desire of the Board of Directors to move forward with this plan, to seek further legal guidance in this matter, or leave it to each municipality to adopt the CanaRx Plan independent of the Consortium. We have attached some additional information for your review and reference in reaching a decision.

We thank you for your continued support of the Consortium and we look forward to seeing you at the Board of Directors Meeting on Thursday, June 28, 2012.



Summary Savings Report

Inception Date: November 1, 2007

January 1, 2012 - March 31, 2012

Covered Lives	2487
CanRx Eligible Members	1492 *
Enrolled Members **	133 (8.91%)

*Estimated at 60% of Covered Lives

** Participation is based on previous 12 month

	<u>Current</u>	<u>Since Inception</u>
Issued Prescriptions	197	5,085
Average U.S. Plan Cost	\$ 79,627.82	\$ 1,739,305.71
CanRx Billing	\$ 34,655.30	\$ 847,417.50
Net Program Savings	<u>\$ 44,972.52</u>	<u>\$ 891,888.21</u>
	56.48%	51.28%

	<u>Current Savings</u>	
Employee Savings	\$ 5,860.00	13.03%
Group Savings	\$ 39,112.52	86.97%
Savings	<u>\$ 44,972.52</u>	<u>100.00%</u>
Projected Annual Savings	\$ 179,890.08	

Calculations are based on Current Results

TOP 25 MEDICATIONS

For the Period: January 1, 2012 - March 31, 2012

MEDICATION NAME	TOTAL SALES	
LIPITOR	\$ 4,705.40	Generic Nov-11
SINGULAIR	\$ 1,960.00	Aug-12
NEXIUM	\$ 1,535.30	
ADVAIR DISKUS	\$ 1,335.40	
ACTOS	\$ 1,324.40	Aug-12
JANUVIA	\$ 1,223.60	
NIASPAN	\$ 1,082.70	Sep-13
LEXAPRO	\$ 1,042.10	Feb-12
EFFEXOR XR (G)	\$ 979.60	
ZETIA	\$ 919.50	
CELEBREX	\$ 830.50	
ALTACE (G)	\$ 805.10	
CYMBALTA	\$ 728.60	Dec-13
DIOVAN HCT	\$ 721.50	Sep-12
PLAVIX	\$ 673.70	May-12
PROTONIX (G)	\$ 671.40	
DIOVAN	\$ 522.50	Sep-12
CRESTOR	\$ 507.70	
RHINOCORT AQ	\$ 497.50	
PRISTIQ	\$ 495.80	
VESICARE	\$ 485.80	
WELLBUTRIN XL (G)	\$ 429.70	
ABILIFY	\$ 415.90	
MOBIC (G)	\$ 406.70	
TOPAMAX (G)	\$ 355.90	
TOTAL	\$ 24,656.30	

SUMMARY SAVINGS REPORT - CRXMedS ~ Tompkins County

Total invoices from January 1, 2012 - March 31, 2012

MEDICATION NAME	STRENGTH	CNTY	PILL COUNT	QNTY	CANARX BILLING	AVERAGE U.S. PLAN COST	NET PROGRAM SAVINGS	TIER	EMPLOYEE SAVINGS	GROUP SAVINGS	COMMENTS	NDC	GCNSEQ
ABILIFY	2MG	CAD	90	1	\$ 415.90	\$ 1,328.40	\$ 912.50	3	\$ 50.00	\$ 862.50		59148-0006-35	60225
ACIPHEX	20MG	AUS	90	1	\$ 132.90	\$ 567.90	\$ 435.00	3	\$ 50.00	\$ 385.00		49999-0447-30	40941
ACTONEL	35MG	UK	12	1	\$ 142.90	\$ 277.68	\$ 134.78	3	\$ 50.00	\$ 84.78		00149-0472-01	50364
ACTOS	15MG	UK3	84	1	\$ 108.90	\$ 383.04	\$ 274.14	2	\$ 20.00	\$ 254.14		64764-0151-05	42943
ACTOS	15MG	UK3	168	1	\$ 202.90	\$ 766.08	\$ 563.18	2	\$ 20.00	\$ 543.18		64764-0151-05	42943
ACTOS	30MG	UK	84	1	\$ 253.90	\$ 585.48	\$ 351.58	2	\$ 20.00	\$ 311.58		64764-0301-15	42944
ACTOS	30MG	UK3	84	1	\$ 233.90	\$ 585.48	\$ 351.58	2	\$ 20.00	\$ 311.58		64764-0301-15	42944
ACTOS	45MG	UK	84	1	\$ 265.90	\$ 635.04	\$ 369.14	2	\$ 20.00	\$ 349.14		64764-0451-25	42945
ACTOS	45MG	UK3	84	1	\$ 258.90	\$ 635.04	\$ 376.14	2	\$ 20.00	\$ 356.14		64764-0451-25	42945
ADVAIR DISKUS	100MCG	NZ	180	2	\$ 346.80	\$ 932.40	\$ 585.60	2	\$ 40.00	\$ 545.60		00173-0695-00	43366
ADVAIR DISKUS	250MCG	NZ	180	3	\$ 677.70	\$ 1,738.80	\$ 1,061.10	2	\$ 60.00	\$ 1,001.10		00173-0696-00	43367
ADVAIR DISKUS	500MCG	UK	180	1	\$ 310.90	\$ 763.20	\$ 452.30	2	\$ 20.00	\$ 432.30		00173-0697-00	43368
ALTACE (G)	10MG	AUS	90	7	\$ 573.30	\$ 1,581.30	\$ 1,008.00	3	\$ 350.00	\$ 658.00		61570-0120-01	16031
ALTACE (G)	10MG	AUS	180	1	\$ 140.90	\$ 451.80	\$ 310.90	3	\$ 50.00	\$ 260.90		61570-0120-01	16031
ALTACE (G)	5MG	AUS	180	1	\$ 90.90	\$ 387.00	\$ 296.10	3	\$ 50.00	\$ 246.10		61570-0112-01	15941
ASTELIN	137MCG	UK	110	2	\$ 227.80	\$ 712.80	\$ 485.00	2	\$ 40.00	\$ 445.00		00037-0241-30	29893
ATROVENT HFA	20UG	UK3	600	1	\$ 51.90	\$ 402.00	\$ 350.10	2	\$ 20.00	\$ 330.10		00597-0087-17	59081
AVALIDE	300MG/12.5MG	AUS	90	1	\$ 128.90	\$ 282.60	\$ 153.70	3	\$ 50.00	\$ 103.70		00087-2776-32	41897
AVODART	0.5MG	UK3	90	2	\$ 316.80	\$ 590.40	\$ 273.60	2	\$ 40.00	\$ 233.60		00173-0712-15	51246
BENICAR	40MG	AUS	90	2	\$ 238.80	\$ 576.00	\$ 337.20	2	\$ 40.00	\$ 297.20		65597-0104-90	50290
BYSTOLIC	5MG	UK3	336	1	\$ 251.90	\$ 537.60	\$ 285.70	2	\$ 20.00	\$ 265.70		00456-1405-30	36654
CARDIZEM CD (G)	240MG	AUS	180	1	\$ 139.90	\$ 817.20	\$ 677.30	3	\$ 50.00	\$ 627.30		64455-0797-42	16571
CELEBREX	100MG	AUS	180	2	\$ 279.80	\$ 806.40	\$ 526.60	2	\$ 40.00	\$ 486.60		00025-1520-31	41285
CELEBREX	200MG	AUS	90	2	\$ 284.80	\$ 660.60	\$ 375.80	2	\$ 40.00	\$ 335.80		00025-1525-31	41286
CELEBREX	200MG	AUS	180	1	\$ 265.90	\$ 660.60	\$ 394.70	2	\$ 20.00	\$ 374.70		00025-1525-31	41286
CELEXA (G)	20MG	AUS	84	1	\$ 102.90	\$ 256.20	\$ 153.30	3	\$ 50.00	\$ 103.30		00456-4020-01	46203
CELEXA (G)	40MG	UK3	84	1	\$ 179.90	\$ 267.96	\$ 88.06	3	\$ 50.00	\$ 38.06		00456-4040-01	46204
CLARINEX	5MG	UK	90	3	\$ 171.70	\$ 982.80	\$ 811.10	2	\$ 60.00	\$ 751.10		00085-1264-01	47763
COREG (G)	25MG	UK	168	1	\$ 164.90	\$ 337.68	\$ 172.78	3	\$ 50.00	\$ 122.78		00007-4142-20	19293
CRESTOR	10MG	UK3	84	1	\$ 135.90	\$ 333.48	\$ 197.58	2	\$ 20.00	\$ 177.58		00310-0751-90	51784
CRESTOR	20MG	UK3	84	1	\$ 185.90	\$ 333.48	\$ 147.58	2	\$ 20.00	\$ 127.58		00310-0752-39	51785
CRESTOR	5MG	AUS	90	1	\$ 185.90	\$ 357.30	\$ 171.40	2	\$ 20.00	\$ 151.40		00310-0755-90	52944
CYMBALTA	30MG	UK3	84	2	\$ 329.80	\$ 714.00	\$ 384.20	2	\$ 40.00	\$ 344.20		00002-3240-30	57892
CYMBALTA	60MG	UK3	84	2	\$ 398.80	\$ 714.00	\$ 315.20	2	\$ 40.00	\$ 275.20		00002-3270-30	57893
DETROL LA	4MG	UK3	84	1	\$ 187.90	\$ 348.60	\$ 160.70	2	\$ 20.00	\$ 140.70		00009-5191-01	47327
DIOVAN	160MG	UK3	84	2	\$ 258.80	\$ 443.52	\$ 184.72	2	\$ 40.00	\$ 144.72		00078-0359-34	48400
DIOVAN	320MG	AUS	84	1	\$ 111.90	\$ 280.56	\$ 168.66	2	\$ 20.00	\$ 148.66		00078-0360-34	48399
DIOVAN	80MG	AUS	84	2	\$ 151.80	\$ 413.28	\$ 261.48	2	\$ 40.00	\$ 221.48		00078-0358-34	48401
DIOVAN HCT	160/12.5MG	UK3	84	2	\$ 258.80	\$ 482.16	\$ 223.36	2	\$ 40.00	\$ 183.36		00078-0315-34	38925
DIOVAN HCT	320/12.5MG	CAD	84	1	\$ 177.90	\$ 305.76	\$ 127.86	2	\$ 20.00	\$ 107.86		00078-0471-34	60781
DIOVAN HCT	320/25MG	CAD	84	1	\$ 179.90	\$ 346.92	\$ 167.02	2	\$ 20.00	\$ 147.02		00078-0472-34	60780
DIOVAN HCT	80/12.5MG	UK	84	1	\$ 104.90	\$ 221.76	\$ 116.86	2	\$ 20.00	\$ 96.86		00078-0314-34	37354
EFFEXOR XR (G)	37.5MG	AUS	168	1	\$ 196.90	\$ 624.96	\$ 428.06	3	\$ 50.00	\$ 378.06		00008-0837-21	46403
EFFEXOR XR (G)	75MG	AUS	84	1	\$ 158.90	\$ 350.28	\$ 191.38	3	\$ 50.00	\$ 141.38		00008-0833-21	46404
EFFEXOR XR (G)	75MG	AUS	252	1	\$ 450.90	\$ 1,050.84	\$ 599.94	3	\$ 50.00	\$ 549.94		00008-0833-21	46404
EFFEXOR XR (G)	75MG	UK	84	1	\$ 172.90	\$ 350.28	\$ 177.38	3	\$ 50.00	\$ 127.38		00008-0833-21	46404
EVISTA	60MG	UK3	84	1	\$ 143.90	\$ 325.92	\$ 182.02	2	\$ 20.00	\$ 162.02		00002-4165-02	37022
FLOMAX (G)	0.4MG	UK	90	1	\$ 82.90	\$ 352.80	\$ 269.90	3	\$ 50.00	\$ 219.90		00597-0058-01	27546
FLONASE (G)	50MCG	NZ	360	2	\$ 176.80	\$ 417.60	\$ 240.80	3	\$ 100.00	\$ 140.80		00173-0453-01	18368
FOSAMAX-D	70/2800MG	CAD	12	1	\$ 103.90	\$ 249.00	\$ 145.10	2	\$ 20.00	\$ 125.10		00006-0710-44	58947
GLUCOPHAGE (G)	500MG	UK	336	1	\$ 47.90	\$ 285.60	\$ 237.70	3	\$ 50.00	\$ 187.70		00087-6060-05	13318

SUMMARY SAVINGS REPORT - CRXMedS ~ Tompkins County

Total invoices from January 1, 2012 - March 31, 2012

MEDICATION NAME	STRENGTH	CNTY	PILL COUNT	QNTY	CANARX BILLING	AVERAGE U.S. PLAN COST	NET PROGRAM SAVINGS	TIER	EMPLOYEE SAVINGS	GROUP SAVINGS	COMMENTS	NDC	GCNSEQ
GLUCOPHAGE (G)	500MG	UK3	168	1	\$ 35.90	\$ 142.80	\$ 106.90	3	\$ 50.00	\$ 56.90		00087-6060-05	13318
JANUVIA	100MG	NZ	84	4	\$ 1,223.60	\$ 2,073.12	\$ 849.52	2	\$ 80.00	\$ 769.52		00006-0277-82	61614
LAMICTAL (G)	25MG	AUS	560	1	\$ 338.90	\$ 2,413.60	\$ 2,074.70	3	\$ 50.00	\$ 2,024.70		00173-0633-02	17872
LESCOL XL	80MG	UK3	84	1	\$ 141.90	\$ 312.48	\$ 170.58	3	\$ 50.00	\$ 120.58		00078-0354-15	46757
LEXAPRO	10MG	AUS	84	5	\$ 462.50	\$ 1,306.20	\$ 843.70	3	\$ 250.00	\$ 593.70		00456-2010-01	50712
LEXAPRO	20MG	AUS	84	4	\$ 579.60	\$ 1,088.64	\$ 509.04	3	\$ 200.00	\$ 309.04		00456-2020-01	50760
LIPITOR	10MG	NZ	90	5	\$ 701.50	\$ 1,381.50	\$ 680.00	2	\$ 100.00	\$ 580.00		00071-0155-23	29967
LIPITOR	20MG	NZ	90	11	\$ 1,997.90	\$ 4,336.20	\$ 2,338.30	2	\$ 220.00	\$ 2,118.30		00071-0156-23	29968
LIPITOR	40MG	NZ	90	3	\$ 617.70	\$ 1,182.60	\$ 564.90	2	\$ 60.00	\$ 504.90		00071-0157-23	29969
LIPITOR	40MG	UK3	56	1	\$ 134.90	\$ 245.28	\$ 110.38	2	\$ 20.00	\$ 90.38		00071-0157-23	29969
LIPITOR	80MG	UK	84	1	\$ 225.90	\$ 367.92	\$ 142.02	2	\$ 20.00	\$ 122.02		00071-0158-23	45772
LIPITOR	80MG	UK3	84	5	\$ 1,027.50	\$ 1,839.60	\$ 812.10	2	\$ 100.00	\$ 712.10		00071-0158-23	45772
LOPRESSOR (G)	50MG	UK	168	1	\$ 43.90	\$ 252.00	\$ 208.10	3	\$ 50.00	\$ 158.10		00028-0458-05	5132
MAXALT	10MG	UK	18	1	\$ 197.90	\$ 403.74	\$ 205.84	2	\$ 20.00	\$ 185.84		00006-0267-12	40222
MICARDIS HCT	40/12.5MG	AUS	84	1	\$ 88.90	\$ 236.04	\$ 147.14	2	\$ 20.00	\$ 127.14		00597-0043-37	47326
MOBIC (G)	7.5MG	UK3	180	3	\$ 406.70	\$ 2,133.00	\$ 1,726.30	3	\$ 150.00	\$ 1,576.30		00597-0029-01	29156
NASACORT AQ	55MCG	UK3	360	1	\$ 60.90	\$ 313.20	\$ 252.30	2	\$ 20.00	\$ 232.30		00075-1506-16	26869
NASONEX	50MCG	UK3	700	1	\$ 104.90	\$ 476.00	\$ 371.10	2	\$ 20.00	\$ 351.10		00085-1288-01	31186
NASONEX	50MCG	UK3	420	3	\$ 218.70	\$ 856.80	\$ 638.10	2	\$ 60.00	\$ 578.10		00085-1288-01	31186
NEURONTIN (G)	300MG	AUS	100	1	\$ 95.90	\$ 170.00	\$ 74.10	3	\$ 50.00	\$ 24.10		00071-0805-24	21414
NEXIUM	20MG	AUS	90	1	\$ 121.90	\$ 471.60	\$ 349.70	2	\$ 20.00	\$ 329.70		00186-5020-54	47525
NEXIUM	40MG	AUS	90	2	\$ 415.80	\$ 943.20	\$ 527.40	2	\$ 40.00	\$ 487.40		00186-5040-54	47526
NEXIUM	40MG	AUS	180	1	\$ 398.90	\$ 943.20	\$ 544.30	2	\$ 20.00	\$ 524.30		00186-5040-54	47526
NEXIUM	40MG	UK3	84	3	\$ 598.70	\$ 1,320.48	\$ 721.78	2	\$ 60.00	\$ 661.78		00186-5040-54	47526
NIASPAN	1000MG	CAD	180	3	\$ 1,082.70	\$ 2,068.20	\$ 985.50	2	\$ 60.00	\$ 925.50		60598-0003-01	33366
ORTHO-TRI-CYCLEN LO	-	CAD	84	1	\$ 96.90	\$ 206.64	\$ 109.74	3	\$ 50.00	\$ 59.74		00062-1251-15	50831
PATANOL OPHTH SOLUTION	0.10%	NZ	15	2	\$ 206.80	\$ 581.70	\$ 374.90	2	\$ 40.00	\$ 334.90		00065-0271-05	30796
PLAVIX	75MG	UK	84	2	\$ 411.80	\$ 932.40	\$ 520.60	2	\$ 40.00	\$ 480.60		63653-1171-01	38164
PLAVIX	75MG	UK3	90	1	\$ 261.90	\$ 499.50	\$ 237.60	2	\$ 20.00	\$ 217.60		63653-1171-01	38164
PRECOSE (G)	50MG	UK3	180	1	\$ 52.90	\$ 149.40	\$ 96.50	3	\$ 50.00	\$ 46.50		50419-0861-48	20242
PREMARIN	0.3MG	AUS	84	1	\$ 70.90	\$ 140.28	\$ 69.38	2	\$ 20.00	\$ 49.38		00046-1100-81	3211
PREVACID (G)	15MG	CAD	90	1	\$ 293.90	\$ 469.80	\$ 175.90	3	\$ 50.00	\$ 125.90		00074-1541-19	30106
PREVACID SOLUTAB (G)	15MG	UK3	84	1	\$ 45.90	\$ 438.48	\$ 392.58	3	\$ 50.00	\$ 342.58		00300-1543-30	51653
PREVACID SOLUTAB (G)	30MG	UK3	84	1	\$ 60.90	\$ 438.48	\$ 377.58	3	\$ 50.00	\$ 327.58		64764-0544-11	51654
PRISTIQ	50MG	AUS	168	1	\$ 319.90	\$ 621.60	\$ 301.70	2	\$ 20.00	\$ 281.70		00008-1211-01	63736
PRISTIQ	50MG	AUS	84	1	\$ 175.90	\$ 310.80	\$ 134.90	2	\$ 20.00	\$ 114.90		00008-1211-01	63736
PROSCAR (G)	5MG	UK	84	1	\$ 108.90	\$ 243.60	\$ 134.70	2	\$ 20.00	\$ 114.70		00006-0072-58	41440
PROTONIX (G)	20MG	AUS	90	1	\$ 69.90	\$ 400.50	\$ 330.60	3	\$ 50.00	\$ 280.60		00008-0843-81	39545
PROTONIX (G)	40MG	AUS	90	5	\$ 601.50	\$ 2,002.50	\$ 1,401.00	3	\$ 250.00	\$ 1,151.00		00008-0841-81	27462
RANEXA	500MG	UK3	180	1	\$ 339.90	\$ 579.60	\$ 239.70	3	\$ 20.00	\$ 219.70		61958-1001-01	60333
REMERON (G)	30MG	AUS	180	1	\$ 271.90	\$ 646.20	\$ 374.30	3	\$ 50.00	\$ 324.30		00052-0107-30	46451
RHINOCORT AQ	32MCG	AUS	720	1	\$ 160.90	\$ 547.20	\$ 386.30	2	\$ 20.00	\$ 366.30		00186-1070-08	
RHINOCORT AQ	32MCG	AUS	240	1	\$ 67.90	\$ 182.40	\$ 114.50	2	\$ 20.00	\$ 94.50		00186-1070-08	
RHINOCORT AQ	32MCG	AUS	360	3	\$ 268.70	\$ 820.80	\$ 552.10	2	\$ 60.00	\$ 492.10		00186-1070-08	
SERONOQUEL	25MG	AUS	180	1	\$ 225.90	\$ 502.20	\$ 276.30	2	\$ 20.00	\$ 256.30		00310-0275-10	34187
SINGULAIR	10MG	UK	84	2	\$ 400.80	\$ 682.08	\$ 281.28	2	\$ 40.00	\$ 241.28		00006-0117-54	38451
SINGULAIR	10MG	UK3	84	6	\$ 1,179.40	\$ 2,046.24	\$ 866.84	2	\$ 120.00	\$ 746.84		00006-0117-54	38451
SINGULAIR	5MG	UK3	84	2	\$ 379.80	\$ 682.08	\$ 302.28	2	\$ 40.00	\$ 262.28		00006-0275-31	37003
SPIRIVA	18MCG	UK3	90	1	\$ 235.90	\$ 562.50	\$ 326.60	2	\$ 20.00	\$ 306.60		00597-0075-41	50714
TOPAMAX (G)	100MG	AUS	180	1	\$ 355.90	\$ 1,276.20	\$ 920.30	3	\$ 50.00	\$ 870.30		50458-0641-65	26170
TRICOR	145MG	AUS	90	1	\$ 168.90	\$ 352.80	\$ 183.90	2	\$ 20.00	\$ 163.90		00074-6123-90	61200

SUMMARY SAVINGS REPORT - CRXMedS ~ Tompkins County

Total invoices from January 1, 2012 - March 31, 2012

MEDICATION NAME	STRENGTH	CNTY	PILL COUNT	QNTY	CANARX BILLING	AVERAGE U.S. PLAN COST	NET PROGRAM SAVINGS	TIER	EMPLOYEE SAVINGS	GROUP SAVINGS	COMMENTS	NDC	GCNSEQ
TRICOR	145MG	CAD	90	1	\$ 162.90	\$ 352.80	\$ 189.90	2	\$ 20.00	\$ 169.90		00074-6123-90	61200
VAGIFEM	10MCG	CAD	36	1	\$ 198.90	\$ 222.12	\$ 23.22	2	\$ 20.00	\$ 3.22		00169-5176-03	65966
VESICARE	10MG	CAD	90	2	\$ 485.80	\$ 810.00	\$ 324.20	2	\$ 40.00	\$ 284.20		51248-0151-03	57983
WELLBUTRIN XL (G)	150MG	CAD	90	1	\$ 93.90	\$ 515.70	\$ 421.80	3	\$ 50.00	\$ 371.80		55289-0922-30	53006
WELLBUTRIN XL (G)	300MG	CAD	90	2	\$ 335.80	\$ 1,360.80	\$ 1,025.00	3	\$ 100.00	\$ 925.00		55289-0900-30	53007
XYZAL	5MG	UK3	90	2	\$ 105.80	\$ 468.00	\$ 362.20	3	\$ 100.00	\$ 262.20		00024-5800-90	48920
ZETIA	10MG	UK	84	3	\$ 553.70	\$ 876.96	\$ 323.26	2	\$ 60.00	\$ 263.26		66582-0414-54	51214
ZETIA	10MG	UK3	84	2	\$ 365.80	\$ 584.64	\$ 218.84	2	\$ 40.00	\$ 178.84		66582-0414-54	51214
ZOCOR (G)	20MG	NZ	90	2	\$ 194.80	\$ 813.60	\$ 618.80	3	\$ 100.00	\$ 518.80		00006-0740-54	16578
ZOCOR (G)	40MG	NZ	90	1	\$ 94.90	\$ 406.80	\$ 311.90	3	\$ 50.00	\$ 261.90		00006-0749-54	16579
ZOLOFT (G)	100MG	AUS	90	1	\$ 101.90	\$ 302.40	\$ 200.50	3	\$ 50.00	\$ 150.50		00049-4910-30	46229
ZOMIG	2.5MG	UK3	24	1	\$ 177.90	\$ 509.04	\$ 331.14	2	\$ 20.00	\$ 311.14		00310-0210-20	31027
SHIPPING					\$2,460.00		(\$2,460.00)						
TOTALS				197	\$ 34,655.30	\$ 79,627.82	\$ 44,972.52		\$ 5,860.00	\$ 39,112.52			

* The CanaRx price includes all costs to the plan. There are no further charges, such as, electronic transaction fees or per member per month administration costs.



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Frequently Asked Questions

Q.

What is CanaRx?

A.

CanaRx is a program developed for the residents of the United States that allows for the purchase of safe and affordable prescription medication from licensed, inspected pharmacies in Canada, Australia, New Zealand and the United Kingdom. Medications are purchased from retailers or wholesalers in Canada, Australia, New Zealand and the United Kingdom and supplied direct to the patient.

Q.

Who can participate in CanaRx?

A.

All residents of the United States of America are eligible.

Q.

How much can I expect to save through the CanaRx program?

A.

Purchasing your maintenance medication through CanaRx can save you 30 - 80% off U.S. retail prices. Call 1-866-893-MEDS (6337) for price and savings estimates.

Q.

Which medicines are included in the CanaRx program?

A.

At this time, more than 200 of the most commonly prescribed brand name drugs are included in the CanaRx program. These are maintenance medicines people take for long-term conditions such as high blood pressure, cholesterol, heartburn, arthritis, diabetes and others.

Q.

Which medications are excluded from the program and why?

A.

- Acute medications (antibiotics)
- Controlled substances (narcotics)
- Targeted substances (benzodiazepines)
- Medications requiring refrigeration
- Medications which require ongoing monitoring/adjustments by primary care physicians
- Precursor substances (Allegra-D)

- Lifestyle medications
- Generic medications

Q.

What is the difference between the medications from the United States and those shipped from international sources?

A.

Medications shipped from CanaRx meet the same strict manufacturing requirements as those sold in the U.S. and are government regulated. Although the drugs you receive may look slightly different or have a different name than the one you are used to, for all intents and purposes they are identical. For example, a drug may be a capsule in the U.S. but a tablet in another country.

Q.

What is the difference between a brand name medication and a generic medication?

A.

A brand name drug is the original drug produced by the company responsible for its research and development and initial production. A generic drug is a copy of a brand name drug in terms of active ingredients, dosage, strength and usage. Generic drugs are generally less expensive than brand-name drugs.



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Toll Free Fax: 1-866-715-6337

CanaRx Services Inc.

GENERAL OVERVIEW

Introduction

CanaRx Services Inc. is a privately held Canadian company incorporated in 2002. Founded by doctors, pharmacists and health care professionals, the goal was and is to provide safe affordable Brand Name maintenance medications at a uniform reduced cost to all American residents.

The substantial savings opportunities that the CanaRx mail order programs provide are due to the prices negotiated between most developed nations and the pharmaceutical companies. Due to heavy lobbying in Washington, the U.S. does not negotiate any medication costs. As a result, most multi-national drug companies report record earnings reaping over half of their worldwide profits in America alone.

CanaRx contracts government-licensed pharmacies in Canada, the United Kingdom, Australia and New Zealand (Tier One countries as designated by Congress) to supply Brand Name medications, packaged and sealed by the original manufacturer, for direct delivery to all participants.

All CanaRx programs are based on voluntary participation in order to comply with FDA directives that allow individuals to obtain medications for personal use.

CanaRx History

CanaRx Services Inc. was the first international prescription provider (IPP) to introduce and supply a public sector program in America. SpringfieldMeds (launched in 2003) grew to a giant success, saving millions of dollars for the plan and its employees. Soon after, the first program in New York State, SchenectadyMeds, was launched. These programs remain the models for over 200 community, school board, county and state programs currently enrolled and supplied by CanaRx today.

In addition, CanaRx developed, piloted and supplied several state-sponsored initiatives such as the I-SaveRx program. These programs provided low cost, safe medications to the residents of Illinois, Wisconsin, Missouri, Kansas, Vermont and Rhode Island until the introduction of Medicare Part D.

International Formularies

The CanaRx quality assurance team of doctors and pharmacists developed and monitor a restricted formulary of over 300 widely used Brand Name single source maintenance medications.

Excluded from this list are:

- Acute medications (antibiotics)
- Controlled substances (narcotics)
- Targeted substances (benzodiazepines)
- Medications requiring refrigeration
- Medications which require ongoing monitoring/adjustments by primary care physicians
- Precursor substances (Allegra-D)
- Lifestyle medications
- Generic multi-source medications

The primary goal is to ensure public safety. Medications are packaged by the manufacturer, distributed by government-regulated wholesalers, prescribed by practicing physicians, labeled and dispensed by licensed pharmacists and delivered directly to the end user. In addition, CanaRx professionals regularly inspect all licensed pharmacies to ensure that safety standards and all American/source country regulations are met.

To place an international order each prescription follows the equivalent fulfillment process as in America (Tier One countries as designated by Congress). Therefore, each international order must be reviewed and prescribed by a practicing licensed physician, dispensed by a practicing licensed pharmacist, then packaged at an accredited licensed pharmacy and shipped directly to the patient.

Safety Protocols

The CanaRx quality assurance team of doctors and pharmacists are responsible for establishing and maintaining all safety and processing standards as follows.

- Tier One country sourcing
- U.S. prescribing physicians' licensing verification
- Order processing
 - American based Drug Utilization Reviews (DUR)
 - Identification and assessment of drug allergies & interactions
 - Maintaining and updating health/drug profiles of clients
- Internal incident reporting & logging
- Patient counseling standards
- Patient education leaflets are included with each order
- Standardized prescription labels

- Refill medication notification and controls:
 - All patients are personally contacted to ensure timely refills
 - All changes are file documented and reviewed
 - Refills are issued only when needed and confirmed
 - Consultations with the primary care physicians are conducted as required
 - A prescription renewal request service is available at no cost
 - 24/7 emergency pharmacist support

Pharmacy Accreditation

CanaRx professionals regularly inspect all licensed pharmacies to ensure that all safety protocols and all American/source country regulations are met.

- License verification
- Review dispensing procedures
- Review pharmacist / technician ratios
- Conduct a complete audit and inspection

Inspection visits ensure uniform safety standards and dispensing procedures. Each supplying pharmacy is then contracted or re-contracted to supply CanaRx clients.

Medication Procurement

- Tier One countries only
- Government certified products
- FDA approved facilities
- Manufacturers' original sealed packaging

Liability Insurance

CanaRx carries full claims-made coverage (through Lloyd's of London) for general liability (including as to products supplied by or on behalf of CanaRx) and professional liability at US \$2,000,000. A plan holder can be named as an additional insured.

Operations

The CanaRx computer system (GRA) is a series of real-time, queue based electronically updated operating programs. It is accessible on a 24/7 basis throughout the contracted CanaRx network.

“GRA” tracks applications and order processing, eligibility, formulary adjustments, safety protocols, product pricing, and, in short, administers all facets of the CanaRx network. Historical data is maintained and available to each plan holder as required. Incorporated within “GRA” is a mandatory U.S. Drug Utilization Review (DUR) provided through

contracts with First DataBank of California and operated by CanaRx staff pharmacists. This ensures maximum safety is maintained.

The CanaRx computer systems (GRA) are supported by three servers located in separate time zones in order to eliminate all downtime.

CanaRx owns and operates two Bell telephone systems. The “BCM 400” hardware is powered by Nortel networks creating a fully functioning call centre system with complete monitoring, tracking and reporting capabilities. The Bell “BCM 200” is held in back-up. All call centre activity is digitally recorded to ensure the highest standards for quality, service and safety are maintained. Daily access logs are archived for operations review and reference.

System upgrades and maintenance contracts are current and ensure minimum downtime.

Program Launch & Service Support

CanaRx Services owns and administers all programs in-house. Our staff is dedicated to providing 100% satisfaction to both the Plan Sponsor and all individual participants. Our goal is to provide a positive “yes” environment with direct lines of communication for the immediate resolution of all concerns.

Plan Sponsor Benefits:

- No administrative costs
- No cost delivery interruption replacement
- Customized ongoing reporting
- Plan design and development assistance
- Website designing and hosting
- Seminars and enrollment presentations
- Local servicing
- Liability insurance coverage

Member Benefits:

- Ongoing open enrollment
- Dedicated toll free telephone and fax numbers
- Call Centre Customer Service Representatives
 - Monday to Thursday, 8:30am-6:30pm EST/EDT
 - Friday, 8:30am-5:30pm EST/EDT
 - Saturday, 9:00am-5:30pm EST/EDT
- Quarterly Call Centre contacts
- Copay reimbursement policy
- Certified manufacturers’ sealed package guarantee

Product Pricing

CanaRx pricing is based on the following costs:

- Source country government negotiated medication costs
- Contracted international physician prescribing fees
- Contracted international pharmacy dispensing fees
- Shipping costs
- CanaRx administrative costs
- Currency hedging programs

Each “Tier One” source country provides wholesale price updates established through government negotiations with each pharmaceutical supplier. This creates a standard unit price for each medication which includes all rebates.

HIPAA Compliance

All materials and information acquired by CanaRx are kept in the strictest of confidence and only used for the prescribing of medications. CanaRx is fully HIPAA compliant.

FDA Letters & Responses

CanaRx Services Inc. was designed to comply with all laws in all jurisdictions where business operations would take place. This is without exception.

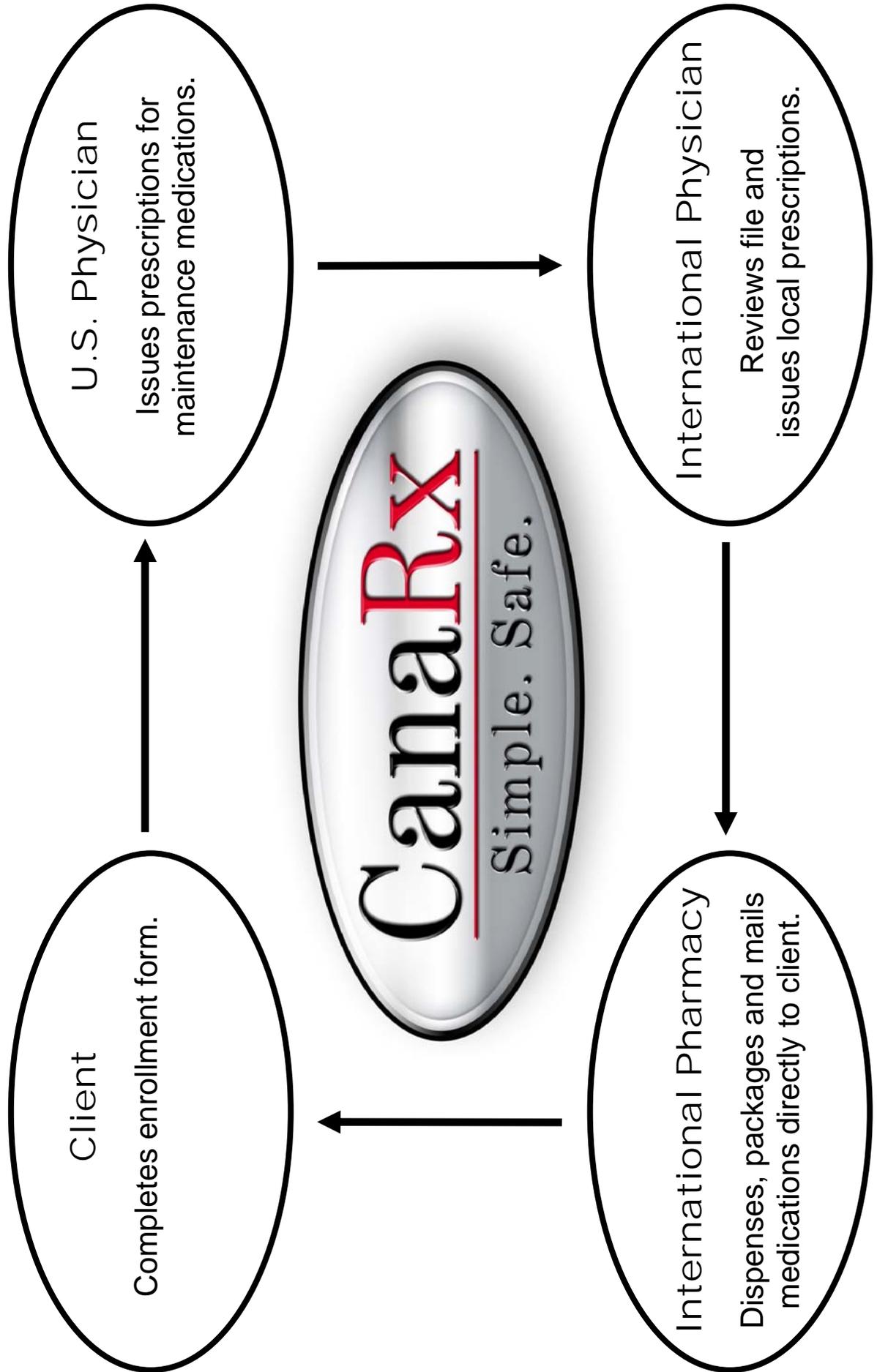
In 2003, CanaRx introduced the first employee driven international medication program in America. SpringfieldMeds became a giant success saving millions of dollars for both the plan and its employees. In response to the introduction of the SpringfieldMeds program, the FDA issued warning letters questioning the legality of the CanaRx importation program in September and November 2003. CanaRx responded in September of 2003. (View the FDA letters and the CanaRx response on our website www.canarx.com.) The FDA then met in Ottawa with Health Canada where they were assured that CanaRx and its operations were in compliance and not in violation of any Canadian laws.

In the last 5 years there has been no further contact between CanaRx and the FDA. The FDA continues to monitor our quality and safety without incident.

Win / Win & Incentives

High individual enrollment will create large savings and a successful program. CanaRx Services will customize and provide program options to maximize participation.

Mail Order Flow Chart



HUMAN RESOURCE MANAGEMENT

How to Design a Corporate Wellness Plan That Actually Works

by Hector De La Torre and Ron Goetzel, Ph.D.

MARCH 31, 2016



Lately, there's been some debate about whether workplace health promotion programs, more commonly known as wellness programs, work. To us, it's similar to asking whether reviews, training programs, employee assistance services, or other company initiatives are

effective for both worker performance and the bottom line. The honest answer is that some are successful while others fail. And most of the time this comes down to how they're designed and executed.

So how do you create an evidence-based health promotion program that *does* work? And what can employers do to avoid common pitfalls that lead to ineffective and, in worse case scenarios, harmful initiatives?

To tackle these questions, our respective organizations (the Transamerica Center for Health Studies and the Institute for Health and Productivity Studies at the Johns Hopkins Bloomberg School of Public Health) prepared a report, "From Evidence to Practice: Workplace Wellness that Works." It offers practical advice to employers, large and small, based on the latest research on workplace programs, expert advice from practitioners and candid interviews with business leaders.

One of the biggest lessons we learned in the process of creating the report is one-time events masquerading as health promotion programs - that is, activities not integrated into a comprehensive workplace health promotion strategy - are likely to fail. And there are five common ways these solitary initiatives tend to pop up in companies.

Administering health risk assessments only. Health assessments typically involve asking employees questions about modifiable risks, such as smoking behavior, physical inactivity, poor diet, and high stress levels. Oftentimes, these surveys are coupled with biometric screenings of blood pressure, cholesterol, height/weight, and blood glucose levels. But providing feedback reports that remind employees that smoking, not exercising, or being overweight is unhealthy does not motivate change unless workers are given the tools and resources to actually change and track their behaviors.

Undoing decades of poor health habits won't be achieved by asking employees to complete a 15-minute questionnaire. And for otherwise healthy employees, frequent biometric screening is often unnecessary, and from a clinical standpoint may do more harm than good because follow-up treatments can be unnecessary and costly.

Paying people to change their habits. While financial incentive programs are popular, they may not achieve long-term behavior change; instead, they may lead to resentment and even rebellion among workers. This is because many traditional incentive programs are grounded on the assumption that people will behave in certain rational ways if paid to do so. Behavioral economics tells us otherwise: Sometimes people do things that are irrational and even counter to their best interests. Individuals may not focus on long-term benefits of a given action when a short-term reward (for example smoking a cigarette, consuming a large pizza, or spending hours watching television) is more appealing.

While there is some evidence that incentives work in specific instances for a small subset of workers, there is little research on the use of financial incentives in achieving long-term lifestyle changes like losing weight and not regaining it.

Sending people to your health plan's website. Surprisingly (at least to us), many employers think they've offered a wellness program if they direct their employees to a website made available by their insurer. These under-the-radar programs do not improve population health unless they are part of a broader comprehensive health promotion program that offers many ways to become engaged.

Introducing short-term campaigns. *Biggest Loser*-themed events or pedometer challenges are random acts of wellness and are not very effective. In fact, they may even do more harm than good by promoting quick fixes as opposed to long-term progress.

Hiring a vendor to "fix" unhealthy employees. Employers sometimes hire outsiders and call it a day. Worse yet, they'll sometimes hire different vendors to address different issues - lifestyle coaches, employee assistance counselors, case and disease management vendors,

nurse lines, occupational health and safety experts, workers' compensation specialists, disability managers, organizational development consultants, you name it. When hired independently, these vendors often work in silos, which can result in overlapping or duplicated work. In addition, relying on outside entities to attend to organizational needs may not get at the root of a systematic problem.

So what does? We've identified five approaches that, while comparatively difficult, can actually change the health and lives of employees for the better.

Leadership commitment and support. A successful health promotion program starts with a commitment from company leaders, and its continued success depends on ongoing support at all levels of the organization. In particular, leaders at companies with successful programs establish a healthy work environment by integrating health into the organization's overall vision and purpose. At Lincoln Industries, a manufacturer and distributor of trucking accessories, promoting workers' health and well-being is embedded in the company's core mission and values. Senior leaders not only speak of its importance to the organization's success, they lead by example.

Building a culture of health. A healthy company culture is built intentionally. It is first and foremost about creating a way of life in the workplace that integrates a total health model into every aspect of business practice, from company policies to everyday work activities. By "total health" we mean a culture that's supportive of career, emotional, financial, physical and social well-being - not just an occasional road race. Examples include offering flexible work schedules, giving workers latitude in decision-making, setting reasonable health goals, providing social support, enforcing health-promoting policies and establishing a healthy physical environment (healthy food offerings, staircases instead of elevators, walking trails in and outside buildings and treadmill workstations).

This, of course, takes time and support. A company like Dow Chemical is a success story in this way. The company has promoted a culture of health for more than 30 years, with countless peer-reviewed studies showing that employees' health has improved and company costs have been contained.

Asking for help. A workplace health promotion program cannot be imposed on workers as yet another management cost-containment initiative. Boosting engagement in wellness can only be achieved when workers own the program, understand how they and the company benefit, and are given a meaningful voice in its ongoing operation.

There are a few simple ways to start doing this. The most common approach is to conduct regular surveys or focus groups to determine which aspects of health and wellness are important to employees, and which initiatives are not a good use of time. Honest Tea discovered that employees were not interested in yoga sessions offered by the company and instead began a series of vigorous workouts that many of its younger workers wanted. Now participation exceeds 50% since this change and has helped workers become more actively engaged in the company's wellness program.

Another approach is creating and supporting wellness committees. These groups of employees can be given a budget to come up with initiatives supported by their co-workers. Lastly, it may also be worth involving spouses or other family members who can help build a broader web of social support.

Spreading the word. Strategic communication leads to greater engagement in employee wellness programs. This boils down to getting clear messages out to workers: *this is what the program entails, here is how it works, here's what's in it for you, and here are ways to get involved.* This can help overcome some of the top barriers to program participation and success: lack of awareness, lack of interest and suspicions about employers' motivations.

These communications must be frequent, varied in content, multi-channel, and tailored to the target audience so that it doesn't fade into background noise.

For example, USAA describes its communications with workers as relentless and surround sound. Wherever employees turn, they are reminded that the company cares about their health and wants to support their efforts. The messages are clear - this program is there to serve you, your family and our customers, whom rely on you to be positive, healthy and performing at a high level.

Offering smart incentives. As we've already noted, simply paying people to change life-long habits may not work. However, there is strong evidence that proper incentives drive participation rates, keep employees engaged and motivated to begin efforts to achieve self-determined health goals.

The challenge is to migrate employees from simply participating for a reward (external incentive) to a place where the new behavior or habit is sufficiently satisfying and worth maintaining (internal incentive), such as taking a walk daily while listening to music or a favorite podcast. At NextJump, teams participate in a weekly Fitness Challenge where virtual cash rewards for the winning teams are coupled with bragging rights, creating camaraderie and social cohesion among workers. The company has found that motivating employees to fit in a workout during the workday gives them more productive energy and is helping drive better performance. Employees feel good, are happier, establish close partnerships with their office mates, and at the end of the day find work fun and personally rewarding.

Measuring the right things. Program evaluation is critical to maintaining accountability for a wellness program. To do this well, develop an evaluation plan at the start of a program so that useful baseline data collection can occur and be monitored over time.

So what should you measure? There are generally two answers: return on investment (ROI) and value of investment (VOI). ROI in this context is generally limited to examining the tangible benefits of a program, such as a reduction in medical costs or absenteeism.

Fortunately, a robust scientific literature review supports the conclusion that well-designed and well-executed programs can produce a positive ROI along with significant improvements in population health.

Johnson & Johnson, for example, has published dozens of studies in academic journals over the past three decades showing its wellness and prevention programs have improved employees' health, saved the company millions of dollars and enhanced workers' productivity - something they could only conclude after the smart collection and analysis of data.

In our view, ROI in isolation fails to capture the full benefit of workplace health promotion. VOI calculations, on the other hand, allow employers to examine the broader impact of programs and their impact on core priorities for their organization, which may include improved employee morale, talent attraction and retention, enhanced company loyalty and heightened customer loyalty.

There are a lot of misconceptions about wellness programs out there. As a result, many leaders pick and choose options fairly blindly, doing their employees and their company a disservice. In the end, you don't necessarily need the latest wearable or a new vendor. To achieve very real health improvement at the workplace, employers should first understand what the evidence says about what works, and then weave together individual health promotion programs with organizational change interventions that build on and support a healthy company culture. This isn't always easy. But the rewards can be huge, both for your company and for your employees for years to come.

Hector De La Torre is the executive director of the Transamerica Center for Health Studies, a national nonprofit, private foundation and division of the Transamerica Institute. Through broad-based analysis and research findings, the center helps consumers and employers navigate the financial implications of the health care decisions they are facing today.

Ron Goetzel, Ph.D., is senior scientist and director of the Institute for Health and Productivity Studies (IHPS), a collaborative established between the Johns Hopkins Bloomberg School of Public Health and Truven Health Analytics. IHPS conducts empirical research on the relationship between employee health and well-being, health care utilization and costs, and work-related productivity.

This article is about HUMAN RESOURCE MANAGEMENT

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7 COMMENTS

Mitch Collins 16 days ago

Both authors know that there is not "some debate." The matter of ROI has been put to bed decisively. Dr. Goetzel has admitted that there are very few programs with a positive ROI, and the negative effects-lying, cynicism, dis-engagement, over-screening and overtreatment-are rarely mentioned. This article makes some good points and recognizes how poorly most programs and implemented. Most other industries that operated this way would be out of business by now; wellness lives on not because it works but because of poorly conceived ACA subsidies.

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