A Sustainable Onsite Healthcare & Wellness Solution

May 23, 2016

SYNERGY Healthcare

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Synergy Healthcare Value Proposition

Engagement in Health Improvement.

Traditional wellness programs, comprised normally of online assessments followed by telephone outreach and educational materials delivered by mail, have often failed to deliver desired outcomes. The majority of health plan members choose to not participate and actually follow through on recommended actions. By establishing onsite health services focused on the management and prevention of health risks, Synergy Healthcare achieves levels of engagement with plan members that produce measurable improvement in both individual and population health risk.

Health Plan Claims Cost Reduction.

When individuals reduce the severity of their chronic health conditions they consume fewer specialty care health services and can improve and maintain their good health with primary care services and lifestyle changes. This change in the utilization demand curve produces quantifiable reductions in the cost of claims incurred by individuals. Synergy Healthcare provides a personal and convenient way for plan members to identify their unique risks and to proactively address them before they manifest themselves through expensive and often life altering acute care illnesses.

More Productive Employees.

Onsite clinics are seen as a means to boost productivity by allowing employees to more easily fit medical treatment into their schedules and reducing the need for many medical visits to community facilities. Improved access to convenient care can also reduce absenteeism, prevent disability claims and mitigate work-related injuries.

According to the TowersWatson 2015 Onsite Health Center Survey, *"Employers are confident that their health centers help control costs while keeping their workers healthy, productive and on the job. Encouraged by their experience, these employers believe providing convenient access to health services increases employee productivity by reducing time away from work, and many are ready to increase their investment."*

Valued Employee Benefit

Synergy Healthcare provides a free and convenient healthcare benefit to employees and ranks very high on employee satisfaction and overall value to the employee.

Don't just take our word for it...

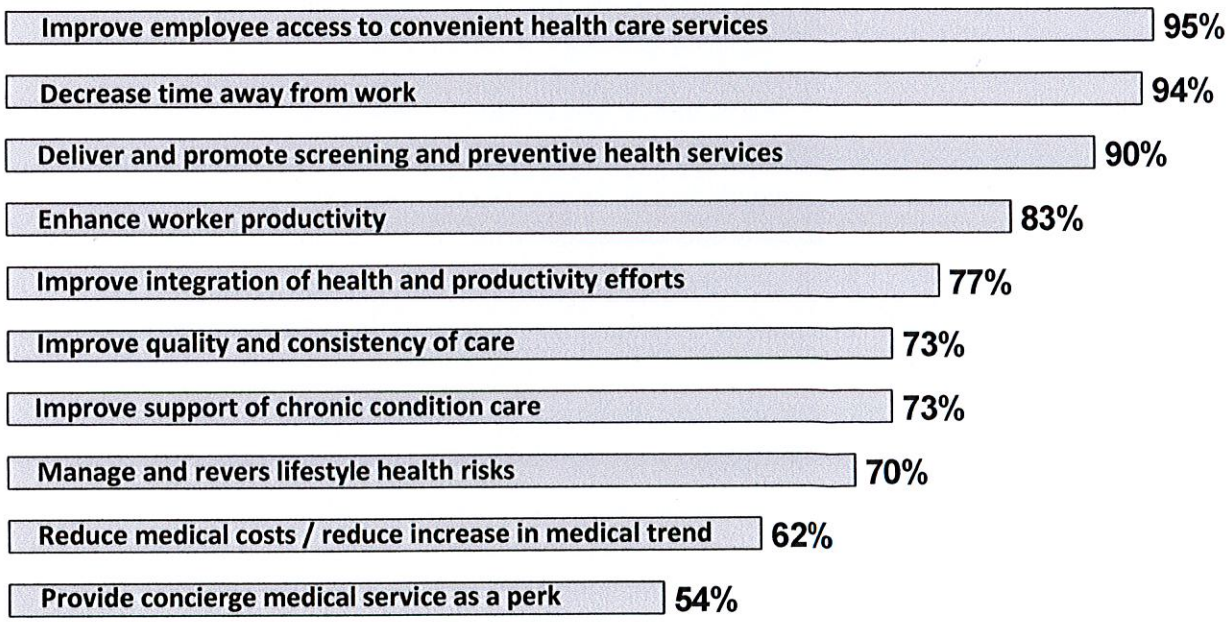
According to Dr. Bruce Hochstadt of Mercer Health & Benefits LLC, "Potential benefits from employer onsite clinics:

- Reduce lost work time and absenteeism
- Improve employee morale, retention, loyalty and productivity as well as a recruitment and retention inducement
- Avoid higher cost and time consuming settings (ER, Urgent care)
- Reduce referrals to and use of costly services from specialists
- Lower workers' compensation as well as non-occupational disability costs
- When combined with an onsite pharmacy, improve medication compliance, generic and therapeutic substitution and formulary adherence
- Lower medical spend amongst users of the onsite clinic through greater utilization of screening and preventive services, and more timely care access"

Source: "The Value of Onsite Health Centers"
Society for Human Resource Management - May 26, 2010

TowersWatson 2015 Survey Results
Achieving High-Performance Employee Plans with Onsite Health Centers

Organizations Strongly Agree in rating health centers:



Program Goals

Synergy Healthcare is a healthcare management firm designed to provide the following program goals:

- Improve employee productivity through reduced time away from work
- Engage health plan members in positive, lasting health improvement
- Improve access to primary care to address minor medical issues
- Support more effective health service utilization decisions by plan members
- Reduce demand for expensive specialty acute care
- A benefit provided by the employer

Synergy Healthcare Onsite Clinics

Based on health plan claims analysis, approximately 50% of individuals do not have a relationship with a primary care physician that they see on a regular basis. For the employer, this equates to higher claims cost in the long run due to conditions that will be caught later in development, frequently through a specialty care visit, and require more expensive treatment. The systems and services available through Synergy Healthcare are designed to support compliant participation in proactive health intervention and management services.

The onsite healthcare provider will be either a Nurse Practitioner or a Physician Assistant. The determination of clinic operating hours is based on our experience with similarly sized populations. Recruitment of an experienced, qualified provider may take 90-120 days. Full time clinics operating 36 hours or more per week may also include a Medical Office Assistant.

Synergy Healthcare will provide all necessary medical equipment, computer, printer/fax/copier, electronic medical records, and other clinical systems needed to properly operate the proposed clinic. The employer would provide a physical space of not less than 12' x 12' in size with good lighting, non-carpeted flooring, conditioned air, at least two wall outlets, high speed internet access, a dedicated phone and fax line.

Clinic Services Provided

The healthcare providers who staff our clinics provide chronic disease management and same day acute care. The following are typical duties that the healthcare provider would be responsible for:

- Chronic disease management (see Medical Management & Lifestyle Protocols pg.9)
- Writing prescriptions

- Diagnosis and treatment of minor medical conditions
- Laboratory services
- Service referrals
- Flu shots
- Advisory services
- Health education counseling
- Age specific annual physicals

The Synergy Healthcare onsite clinic model has proven to increase levels of follow through on personal health management tasks. It is not intended to disrupt existing relationships that participants have with their personal physicians. Instead, the intent is to supplement the services received in the community and to support individuals in maintaining follow through with their personal health improvement program. In addition to caring for those who actively seek out his or her services, the onsite healthcare provider will reach out to those high risk individuals in the employee population. This proactive outreach helps build a strong relationship between the participants and the onsite healthcare provider, further enhancing the level of trust and ultimately, the program's success.

In addition to the numerous benefits to the employee, visits to the clinic reduce lost work time required for treatment and follow up appointment (30 minutes of employee downtime compared to an average of 3.5 hours for a visit to a community physician).

Health Risk Assessment ("HRA") Events

The identification and measurement of emerging risk factors is a key to effective health risk management. Synergy Healthcare representatives will work with the employer to develop a schedule that will allow all interested employees to participate at convenient times and locations. HRA events will be scheduled to accommodate each shift at each work site as needed. Our Health Examination Teams will provide private, one-on-one encounters with each program enrollee to collect the following:

- **Medical History & Lifestyle Survey** – Individual information, lifestyle habits, medical history, history of participation in 'Age Specific Screenings'.
- **Biometric Data** – Biometric measurements for waist and hip circumference, blood pressure, and height/weight to calculate Body Mass Index (BMI).
- **Blood Analysis** – Blood sample collected and analyzed to measure triglyceride levels, total cholesterol, High Density Lipoprotein (HDL), Low Density Lipoprotein (LDL), and fasting glucose levels. Depending on employee demographics and employer preferences, blood analysis can be expanded to include Prostate Specific Antigen ("PSA"), Comprehensive Metabolic Panel ("CMP"), nicotine, metabolite, and other tests for additional fees.

Employer Report - The employer will also receive a Know Your Number Aggregate Report as it relates to National Averages, describing the overall health risks of the employee population. No individually identifiable health information is included in this report. This report includes the following sections:

- Population Demographics
- Health Status and Risk Factor Profile: Comparisons with National Averages
- Distribution of Population Disease Risks by Percentile
- Projected Number of Total and Avoidable Cases of Disease Onset
- Distribution of Avoidable Cases
- Projected Five-year Cost of Future Chronic Disease Onset

Focused Outreach & Follow Up

To achieve long-term sustainable healthcare savings, it is simply not enough to implement the program and hope for the participation and compliance to be successful. Therefore, we have developed a support system to encourage, guide, and monitor the active involvement of participants. Once a participant's health information is entered into the electronic medical records, actions taken and associated outcomes are recorded. Onsite healthcare provider monitors each participant to provide on-going dialogue about their health issues and treatment options.

Program Participation Reward System

Guidelines published by the U.S. Department of Labor indicate that an Employer may provide financial incentives to individuals who participate in a defined employer sponsored Wellness Program. Synergy Healthcare has a proven process that supports the administration of such a reward system on behalf of the Employer that meets all regulatory requirements.

Our experience has shown that when a meaningful incentive is established, a significantly greater number of all eligible individuals will enroll. At the end of the first year more of these individuals will have followed the suggested intervention steps, improving their clinical risk conditions, and reducing the claims cost incurred to maintain their health. The philosophy upon which an incentive system is based is as follows: If a person does not accept responsibility for improving their health, as demonstrated by their willingness to be a consistent participant in the Wellness Program, then they are at greater risk of incurring serious illnesses over time, and because of this, they should pay more to support the health plan benefit. The U.S. Department of Labor requires that a company prepare a written Wellness Program Description which spells out the requirements that a person must meet in order to qualify for the financial incentive.

Medical Management & Lifestyle Protocols

The onsite healthcare provider is qualified to work with individuals to manage their emerging chronic conditions and/or lifestyle issues. The following list describes the primary chronic conditions and lifestyle issues that are most often managed in the onsite clinic setting:

- Diabetes (high blood sugar)
- Hyperlipidemia (high cholesterol)
- Hypertension (elevated blood pressure)
- Elevated Triglycerides
- COPD (Chronic Obstructive Pulmonary Disease)
- Hypothyroidism
- Tobacco Cessation
- Weight Management

As they assess each enrollee's specific needs, the onsite healthcare provider will make a determination of whether the person can be safely and appropriately cared for in the clinic and, when needed, will assist them in not only identifying, but referring to the right community provider resource and help them schedule services.

Program Implementation

A designated Synergy Healthcare account manager will provide an Implementation Outline including planning meetings, which will ensure that appropriate client input is obtained, and will result in a highly effective program implementation process. This process will determine:

- Content for orientation materials
- Services to be made available to participants
- Full disclosure of HIPAA privacy rights
- Schedules for orientation sessions
- Overall timeline for service implementation

Medical Director, Dr. Michelle Wilkinson

Dr. Wilkinson has been the Medical Director for Synergy Healthcare since our inception in 2012. Dr. Wilkinson manages all care protocols, policies and procedures for the onsite providers.

Certifications:

American Board of Family Practice (1997 – present)
Basic Cardiac Life Support (1994 – present)
Fellow of American Academy of Family Physicians (2006 – present)

Committee Positions:

NC Academy of FP, OB Forum Chair (1999 – 2001), Board of Directors (2002)
Governor's Task Force: Healthy Carolinians (1999 – 2000)

Awards & Recognitions:

BRIDGES to Excellence
Recognizing Quality across the Healthcare System

Bridges to Excellence programs recognize and reward clinicians who deliver superior patient care. BTE programs measure the quality of care delivered in provider practices. They place a special emphasis on managing patients with chronic conditions, who are most at risk of incurring potentially avoidable complications.

For clinicians and practices who achieve a combination of Bridges to Excellence Care Recognition and Physician Office Programs, they will receive the BTE Medical Home designation since they have demonstrated that they have information systems in place and are using them to achieve improved outcomes in patient care.

BTE Recognition MEDICAL HOME™

PATIENT-CENTERED MEDICAL HOME NCQA RECOGNIZED PRACTICE

The patient-centered medical home is a way of organizing primary care that emphasizes care coordination and communication to transform primary care into "what patients want it to be." Medical homes can lead to higher quality and lower costs, and can improve patients' and providers' experience of care.

NCQA Patient-Centered Medical Home (PCMH) Recognition is the most widely-used way to transform primary care practices into medical homes.

Pricing Assumptions

1. **Clinic Set-Up Fee**. There is ***one-time fee of $14,250*** used to set up and supply the three clinic locations with supplies that will be replenished on an as needed basis. Any equipment and supplies provided by the client will be deducted from the set-up fee.

2. **Annual Health Risk Assessment Fee.** This fee includes the cost of blood work (lipid panel, fasting glucose) and biometric measurements. It is priced at ***$42.00 per participant***. Other tests such as PSA's for men and nicotine tests may be specified as part of the baseline testing for an extra fee.

3. **Practitioner and Physician Hourly Fees**. This proposal is based on a combined total of 48 hours (36 hours in Greensboro/Wendover area and 12 hours in High Point). For the 36 hour clinic, the cost for each provider (one NP or PA) is **$90.00 per clinic hour**, and one Medical Office Assistant is ***$24.00 per clinic hour***. For the 12 hour clinic, the cost for each provider (one NP or PA) is ***$90.00 per clinic hour***. It is customary for clinics to operate 48 weeks per year. If an onsite clinic provider must travel more than 25 miles (one way) from their home to cover a clinic, then ***mileage is billed for the miles exceeding this limit*** at the current IRS allowable rate on the monthly invoice. If the final hourly rate negotiated in a geographic area is higher than projected, Synergy Healthcare shall consult with the employer and practitioner before proceeding with the contract.

4. **Laboratory/Pathology Fees**. Implement Quest net pricing.

5. **Program Administration Fee.** The cost is ***$3.50 per employee per month*** based on 2,200 billed employee lives. This fee covers Reporting, Data Warehouse, Hazardous Waste Removal, Clinical Operations Support Services, Electronic Medical Record Keeping, Account Management support, coordination of data feeds from insurance providers, online appointment scheduler technology, coordination of information and relationship development with Clinician and Physician supervisor.

6. **Postage.** For individuals who require remote health education materials and those who request multiple copies of their Know Your Number report, for non-compliance letters, and for other necessary mailings, postage will be billed monthly at the current rate.

7. **Pricing Commitment.** The prices quoted in this proposal are good for 90 days from the date of submission of the proposal. Synergy Healthcare reserves the right to change them after this period of time. Please note that the Practitioner Hourly rate and the Program Administration Fee are both subject to an annualized rate adjustment of 3%.

Projected Program Cost: 48 hours per week, 3 clinic locations

Onsite Clinic Pricing Calculations:			
Total Number of Eligible Participants	2,200	Number of Clinic Locations	3
Assumed Percentage of Participation	100%	Number of Clinic Hours per week	48
		Clinician Hourly Fee (NP/PA, and MOA):	
		NP/PA Total Hours	48
		NP/PA Hourly Fee	$90.00
		MOA Total Hours	36
		MOA Hourly Fee	$24.00
Number of Projected Participants	2,002	Administration Fee	$3.50

* Greensboro/Wendover clinics: $90/hr x 36/hr/wk + $24/hr x 36 hr/wk; High Point clinic: $90/hr x 12/hr/wk

Program Implementation Fee	
Clinic Set-Up Fee	$14,250

Annual Health Risk Assessment Fee			
Onsite Participation	$42.00	2,002	$84,084.00

Monthly Recurring Fees	Monthly Fees	Annual Fees
Clinician Fees (NP/PA, MOA, & SP)	$20,736.00	
Laboratory Fees	$1,500.00	
Program Administration Fees	$7,700.00	
Total Clinic Operational Fees	**$29,936.00**	**$359,232.00**
Total Projected Cost with HRA's		**$457,566.00**

Return on Investment

Synergy Healthcare looks at return on Investment in two different ways. First, is the cost of the clinic services more affordable than the community providers? Second, by having effective incentives, employee communications and onsite provider coordination, what is the long term cost savings by improving the health of the employees beyond what is being done currently with community providers?

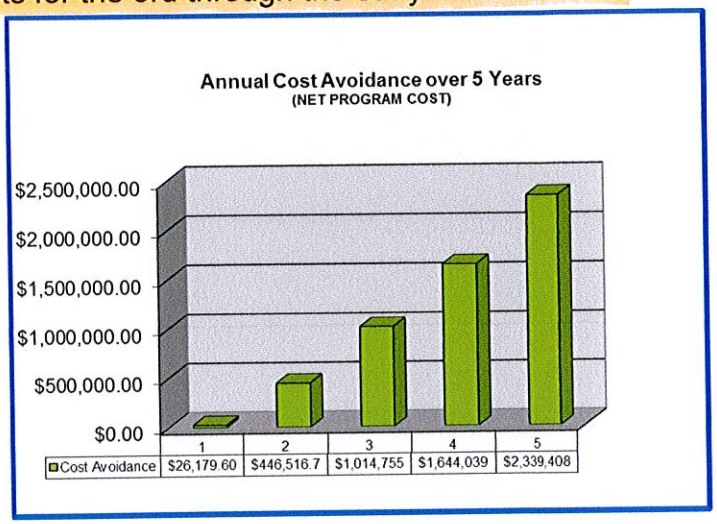
Lower cost primary care alternative.

Savings of $179,000 annually in pure clinic vs. community provider costs. To appropriately manage the health conditions of the population the number of primary care encounters must significantly increase. The Synergy Healthcare clinics offer a lower cost service option because services are not delivered on a fee-for-service basis. Experience demonstrates that the average cost of an onsite visit including lab work is less than $62, and the average cost of a similar visit in a community physician's office is over $101 net after the employee copay is taken into account. Assuming 4,600 visits per year, the savings in year one is $179,000. This does not take into account the HRA expenses and wellness administration, which the community physicians do not provide at the $101 cost either.

Long Term Health Improvement Savings.

Based on the above cost savings, the Chart and graph presented below illustrates the impact of claims cost avoidance over time for the Guilford County. The savings opportunity has been calculated by using the following assumptions:

1) The number of active plan participants in the program is **2,200.**
2) The average cost per member for the current plan year is **$12,151.00** (medical and hospital claims combined). Includes dependent claims averaged into the cost per employee.
3) The average claims inflation without the program is **6.4%** per year.
4) The average inflation curve per year with the program is **4.6%** (actual Synergy Healthcare onsite client experience is 2.9% inflation).
5) The cost of the program for the first two years is fixed, and the annual inflation of program costs for the 3rd through the 5th years is **3.0%.**



Net claims cost avoidance over a 5 year period	$5,924,000
Total clinic, HRA and wellness administration cost	$2,372,000
Return on Investment	2.5 to 1

Lost work time.

During the first year of the program significant savings occur in the reduction of lost work time due to illnesses and treatment. One area in particular that is impacted by the Synergy Healthcare program lost work time due to primary care office visits. If these visits occurred in the community provider setting the employee would be away from the work site on average 3.5 hours. A visit in the Synergy Healthcare clinics require approximately 30 minutes (includes travel time). The savings of 3.0 hours per visit produces a significant reduction in lost work time.

Impact Reporting Package

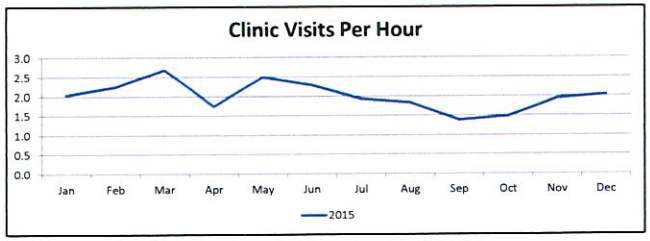
- **Know Your Number Chronic Disease Summary Report** – Produced after the completion of the Health Risk Assessment Events
- **Know Your Number Aggregate Report** – Generated after each annual Health Risk Assessment Event. This report describes the overall health and risk conditions of the participant population.
- **Clinic Activity Report** – Compiled monthly. This report describes the services provided, their costs, and the utilization rate of participants.
- **Program Compliance Report** – Generated by the end of the month following each four-month period of the program year. This final report lists compliant program participants, non-compliant participants, and eligible non-participants.
- **Health & Claims Data Analysis** – Customized report to review effectiveness of program and strategic next steps with regard to health improvement and cost savings.

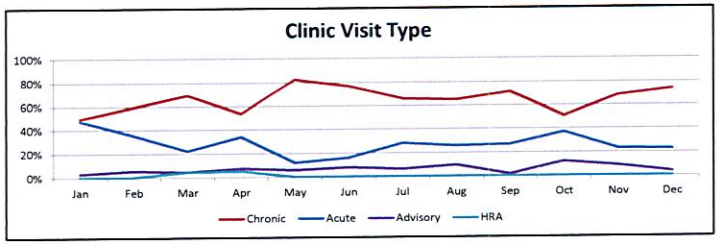
Privacy: All of the reports produced satisfy the privacy and security regulations published by the United States Government; these include HIPAA, GINA, and HITECH regulations. At no time will an individual's personal health information be shared with Employer or anyone else unless the participant presents a written authorization to Synergy Healthcare requesting the transfer of data.

SYNERGY Healthcare

NC Local Government - 2015 Monthly Clinic Activity Report

Performance Indices	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average	Total
Program Fees														
Invoiced Clinic Cost	$11,266.36	$12,089.38	$17,385.45	$12,560.81	$10,018.98	$12,722.00	$14,460.33	$11,032.04	$10,723.16	$11,466.55	$12,182.28	$12,759.21	$12,388.88	$148,666.55
Administration Fees	$2,223.13	$2,223.13	$2,223.13	$2,223.13	$2,223.13	$2,223.13	$2,286.83	$2,286.83	$2,286.83	$2,223.13	$2,223.13	$2,223.13	$2,239.06	$26,868.66
Clinic Provider Fees	$8,193.60	$6,486.60	$8,193.60	$8,193.60	$6,145.20	$8,364.30	$9,845.92	$6,681.16	$7,384.44	$8,439.36	$8,439.36	$8,439.36	$7,900.54	$94,806.50
Referenced Lab Fees	$849.63	$3,379.65	$6,968.72	$2,144.08	$1,650.65	$2,134.57	$2,327.58	$2,064.05	$1,051.89	$804.06	$1,519.79	$2,096.72	$2,249.28	$26,991.39
Invoiced Other Fees	$0.00	$196.04	$364.26	$179.07	$0.00	$442.20	$24.86	$0.00	$658.43	$228.49	$0.00	$504.17	$216.46	$2,597.52
Health Risk Assessment Fees	$0.00	$0.00	$165.00	$120.00	$0.00	$15.00	$15.00	$0.00	$0.00	$0.00	$0.00	$0.00	$26.25	$315.00
Miscellaneous Fees	$0.00	$196.04	$199.26	$59.07	$0.00	$427.20	$9.86	$0.00	$658.43	$228.49	$0.00	$504.17	$190.21	$2,282.52
Total Invoiced Program Cost	$11,266.36	$12,285.42	$17,749.71	$12,739.88	$10,018.98	$13,164.20	$14,485.19	$11,032.04	$11,381.59	$11,695.04	$12,182.28	$13,263.38	$12,605.34	$151,264.07
Visit Analysis														
Number of Clinic Hours	96.00	76.00	96.00	96.00	72.00	98.00	112.00	76.00	84.00	96.00	96.00	96.00	91.17	1,094.00
Number of Clinic Visits	195	170	257	167	179	223	216	139	115	141	186	194	181.83	2182
Number of Visits per Hour	2.0	2.2	2.7	1.7	2.5	2.3	1.9	1.8	1.4	1.5	1.9	2.0	2.0	
Number of Individuals Served	130	109	163	108	139	142	125	93	77	93	138	139	121	540
Acute Visits	92	60	57	57	21	35	61	36	31	52	43	44	49	589
	47%	35%	22%	34%	12%	16%	28%	26%	27%	37%	23%	23%	27%	
Chronic Condition Visits	97	101	178	90	148	171	142	90	82	72	127	143	120	1441
	50%	59%	69%	54%	83%	77%	66%	65%	71%	51%	68%	74%	66%	
Advisory Visits	6	9	11	12	10	17	13	13	2	17	16	7	11	133
	3%	5%	4%	7%	6%	8%	6%	9%	2%	12%	9%	4%	6%	
HRA Visits	0	0	11	8	0	0	0	0	0	0	0	0	2	19
	0%	0%	4%	5%	0%	0%	0%	0%	0%	0%	0%	0%	1%	
Average Cost per Visit	$57.78	$71.11	$67.65	$75.21	$55.97	$57.05	$66.95	$79.37	$93.24	$81.32	$65.50	$65.77	$69.74	





SYNERGY Healthcare

County ABC Online Clinic Schedule Instructions

The County of ABC Wellness Onsite Clinic is now offering an online schedule for you to make appointments to visit the nurse practitioner. You can make appointments at your convenience on any web based device. To schedule your clinic appointment, please visit: www.timecenter.com/countyABC

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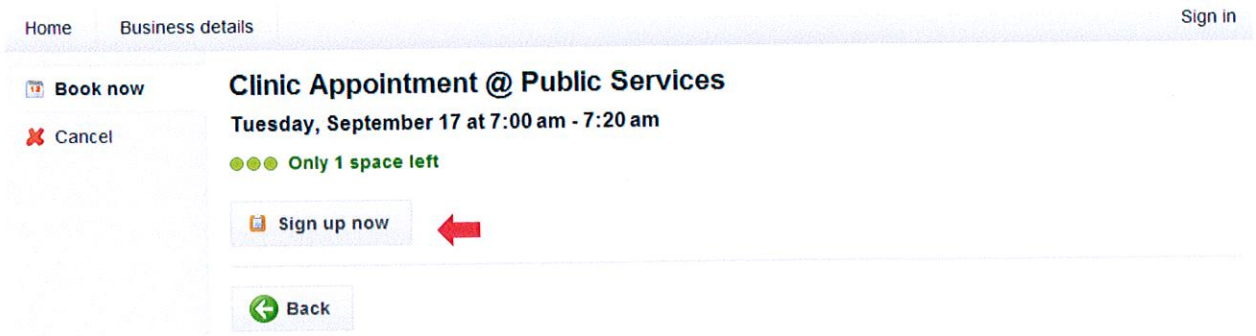
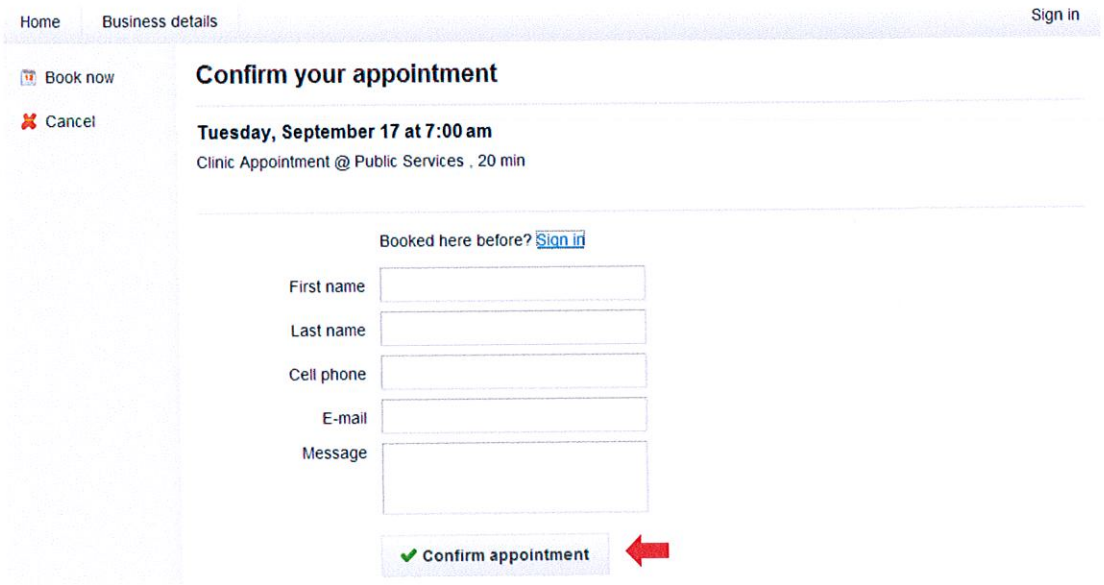
To select an appointment, click on week or month at the top right of the webpage, to select your date:

Or click directly on an appointment on the homepage:

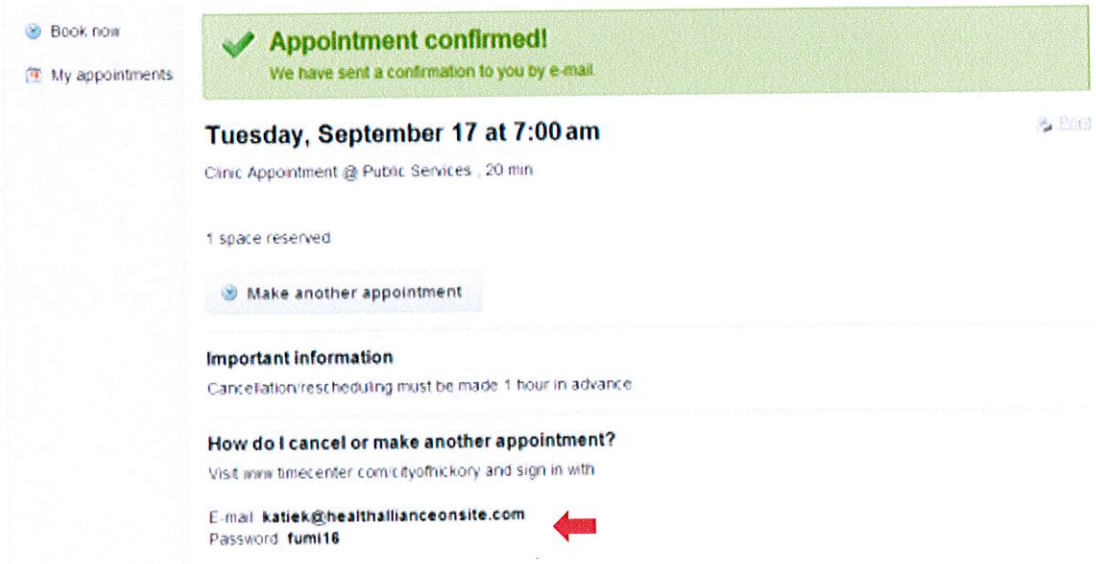
Available appointments will appear green, booked appointments will appear red. Once you have selected the appointment time you would like, you will need to sign up for the appointment:



You will then enter your first name, last name, phone number, and e-mail address- select confirm appointment once you have entered this information. By entering an e-mail, you will receive a confirmation and reminder of the appointment.



Once your appointment has been confirmed, you will be directed to a confirmation page. Please note at the bottom of the webpage, you will be assigned a login and password to book future appointments, and to cancel your appointments. Appointments can also be booked or canceled by calling 704-638-5217. If you have any questions, please call Synergy Healthcare at 704-909-5314.



Chronic Disease Risk Summary Report

Name:	Sample Sample	**DOB:**	09/27/1965
Age:	44	**Gender:**	Male
Ethnicity:	White	**Date:**	02/02/2010
Fasting Status:	Fasting*	**Group:**	Demo Customer P4

KnowYourNumber™
The Key To Proactive Good Health

<25	Normal
25-29.9	Overweight
30-34.9	Obesity 1
35-39.9	Obesity 2
>=40	Obesity 3

<100	Normal
100-125	Prediabetes
>=126	Diabetes

<100	Optimal
100-129	Near Optimal
130-159	Borderline High
160-189	High
>=190	Very High

CLINICAL MEASUREMENT	VALUE	REFERENCE
Body Mass Index (BMI)	31.9	<25 kg/m²
Waist	41	<=40 Inches
Blood Pressure Systolic	135	<120 mmHg
Blood Pressure Diastolic	85	<80 mmHg
Blood Glucose	99	<100 mg/dL
Pulse Rate	85	60-100 bpm
Total Cholesterol	235	<200 mg/dL
HDL Cholesterol	35	>=40 mg/dL
LDL Cholesterol	171	<130 mg/dL
Triglycerides	145	<150 mg/dL

<120/80	Normal
120/80-139/89	Prehypertension
140/90-159/99	Hypertension I
>=160/100	Hypertension II

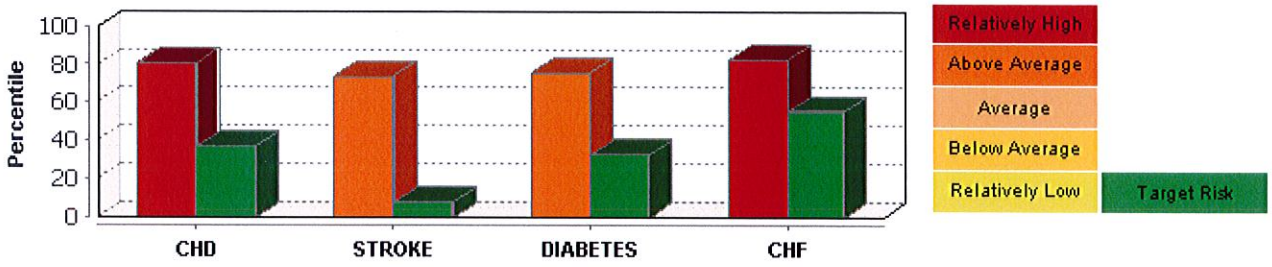
<200	Desirable
200-239	Borderline High
>=240	High

<150	Normal
150-199	Borderline High
200-499	High
>=500	Very High

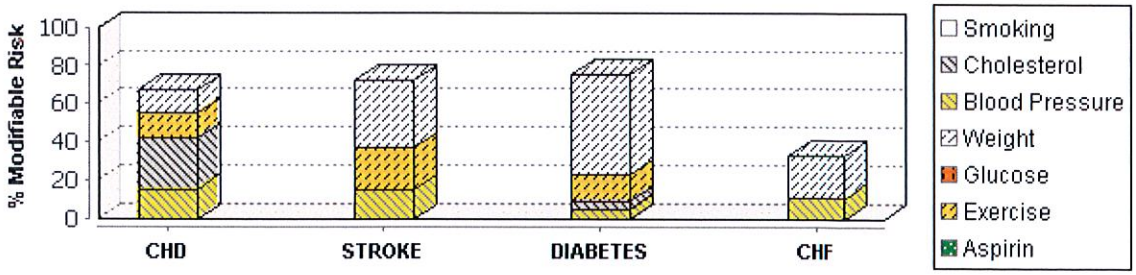
Metabolic Syndrome	Yes, >=3 of the following:Waist>40; Triglycerides>=150; HDL Cholesterol<40; Blood Pressure>=130/85; Blood Glucose>=100
Lifestyle Factors	Low physical exercise; Past smoker

Risk	CHD	Stroke	Diabetes	CHF
Current 5-year risk of onset	5.5%	1.7%	6.2%	1.1%
Percent of current risk that is modifiable	68%	72%	76%	33%
Percentile (compared to other 44 year old American men)	81%	74%	76%	83%

Risk Percentile: Current vs. Target



Modifiable Risks & Where They Come From



The impact of changing one risk factor could be higher than shown. Modifying one risk factor is likely to cause changes in others.

This report is not intended to diagnose or to recommend treatment for any disease but to predict the likelihood of occurrence based on established risk factors. Do not undertake any changes to your health (including the use of aspirin) without consulting your physician.

*The Know Your Number measurements and predictions are based on the assumption that the collected blood sample was taken in the fasting state.

Know Your Number predictions have been calculated without the use of any family history information in order to comply with the Genetic Information Nondiscrimination Act (GINA). Family history is an important risk factor in predicting your likelihood of disease and without this information your risk of disease may be higher than shown.

Powered by BioSignia, Inc.

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KnowYourNumber™
The Key To Proactive Good Health

Know Your Number® Aggregate Report
Single Analysis Compared to National Averages

Client:	**Sample Company**
Study Population:	**1382**
Version of Report:	**V9.2**

Note: Values throughout this report have been rounded for ease of presentation.

BioSignia, Inc.
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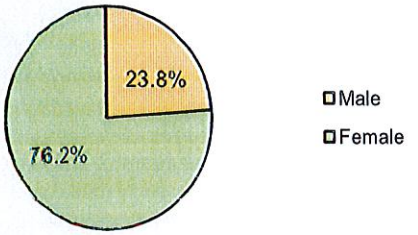
www.knowyournumber.com OR www.kyn-us.com

Study Population Demographics

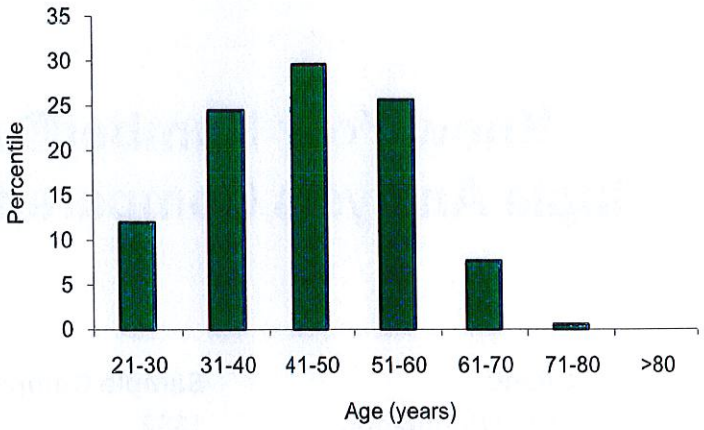
Gender Distribution

Gender	Number	%
Male	329	23.8
Female	1053	76.2
Total	1382	100.0



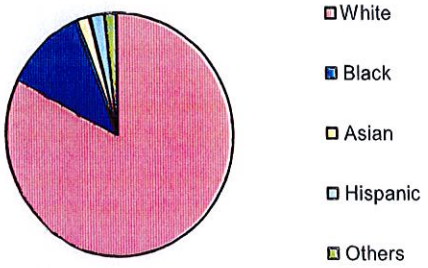
Age Distribution

Age (years)	Number	%
21-30	166	12.0
31-40	339	24.5
41-50	409	29.6
51-60	354	25.6
61-70	106	7.7
71-80	8	0.6
>80	0	0.0
Total	1382	100.0



Ethnicity Distribution

Race	Number	%
White	1140	82.5
Black	163	11.8
Asian	26	1.9
Hispanic	29	2.1
Others	24	1.7
Total	1382	100.0



Fasting Distribution

Fasting Status	Number	%
Fasting	853	61.7
Non Fasting	3	0.2
Unknown	0	0.0
Not Provided	526	38.1
Total	1382	100.0

Health Status and Risk Factor Profile: Comparisons with National Averages

Clinical Measures with Yes/No Values	Number of individuals	Percentage* (%)	National Average** (%)
Diagnosed (self-reported) diseases			
Coronary Heart Disease	24	1.7	4.6
Stroke	15	1.1	1.9
Other Cardiovascular Diseases	6	0.4	6.8
Heart Failure	8	0.6	1.6
Diabetes	81	5.9	5.8
On antihypertensive medication	294	21.3	16.6
On lipid-lowering medication	241	17.4	7.8
Physical exercise level			
Low	586	42.4	20.7
Moderate	556	40.2	44.9
High	240	17.4	34.4
Current smoker	99	7.2	26.8
Overweight (BMI 25.0 -- 29.9 kg/m2)	465	33.6	30.2
Obese (BMI >= 30 kg/m2)	483	34.9	33.0
Large waist measurement (males > 40", females > 35")	593	42.9	51.6
Prehypertensive (>= 120/80 and < 140/90 mmHg)	664	48.0	35.7
Hypertensive (>= 140/90 mmHg)	218	15.8	17.4
Metabolic syndrome***	312	22.6	28.2
Total cholesterol >= 200 mg/dL	548	39.7	51.8
HDL < 40 mg/dL	199	14.4	19.7
LDL >= 130 mg/dL	398	28.8	41.5
LDL >= ATP III suggested goal	233	16.9	28.3
Triglyceride >= 150 mg/dL	228	16.5	29.2
Undiagnosed diabetic (glucose >= 126 mg/dL)	14	1.0	1.6
Prediabetic (100 <= glucose < 126 mg/dL)	249	18.0	16.6

Clinical Measures with Numerical Values	Population Mean	Population SD****	National Average
Weight (lbs)	179.0	45.2	171.4
BMI (kg/m2)	29.0	7.1	28.3
Waist (inches)	36.5	6.5	37.1
Systolic blood pressure (mmHg)	121.9	14.4	121.4
Diastolic blood pressure (mmHg)	76.5	11.3	73.0
Total cholesterol (mg/dL)	190.9	37.4	203.8
HDL cholesterol (mg/dL)	56.4	17.2	52.3
LDL cholesterol (mg/dL)	113.1	32.5	125.1
Triglyceride (mg/dL)	105.4	78.0	136.1
Fasting glucose (mg/dL)	94.0	19.4	94.2

* Numbers in red indicate that the study population may be less healthy than the National Average.

** The National Average is derived from the National Health and Nutrition Examination Survey (NHANES), and it is weighted by the age and gender distribution of the study population. In other words, the National Average is the average value among an NHANES sample that has the same age and gender distribution as the study population.

*** Metabolic syndrome is diagnosed based on the ATP III guideline criteria.

**** SD: standard deviation

Health Status and Risk Factor Profile: Comparisons with National Averages (continued)
Females

Clinical Measures with Yes/No Values	Number of individuals	Percentage (%)	National Average (%)
Diagnosed (self-reported) diseases			
Coronary Heart Disease	8	0.8	3.7
Stroke	13	1.2	1.8
Other Cardiovascular Diseases	5	0.5	6.3
Heart Failure	4	0.4	1.4
Diabetes	65	6.2	5.6
On antihypertensive medication	241	22.9	17.0
On lipid-lowering medication	142	13.5	7.3
Physical exercise level			
Low	474	45.0	22.3
Moderate	421	40.0	45.8
High	158	15.0	31.9
Current smoker	77	7.3	24.8
Overweight (BMI 25.0 – 29.9 kg/m2)	298	28.3	27.1
Obese (BMI >= 30 kg/m2)	383	36.4	34.8
Large waist measurement (> 35 inches)	505	48.0	56.0
Prehypertensive (>= 120/80 and < 140/90 mmHg)	460	43.7	32.1
Hypertensive (>= 140/90 mmHg)	190	18.0	17.0
Metabolic syndrome	252	23.9	28.7
Total cholesterol >= 200 mg/dL	428	40.6	51.4
HDL < 40 mg/dL	135	12.8	14.6
LDL >= 130 mg/dL	303	28.8	39.8
LDL >= ATP III suggested goal	174	16.5	25.4
Triglyceride >= 150 mg/dL	156	14.8	27.0
Undiagnosed diabetic (glucose >= 126 mg/dL)	9	0.9	1.6
Prediabetic (100 <= glucose < 126 mg/dL)	151	14.3	14.6

Clinical Measures with Numerical Values	Population Mean	Population SD	National Average
Weight (lbs)	172.4	45.4	165.6
BMI (kg/m2)	29.1	7.6	28.5
Waist (inches)	35.9	6.8	36.4
Systolic blood pressure (mmHg)	121.5	15.0	120.5
Diastolic blood pressure (mmHg)	76.3	12.1	72.2
Total cholesterol (mg/dL)	192.4	37.3	203.4
HDL cholesterol (mg/dL)	57.8	17.8	54.3
LDL cholesterol (mg/dL)	113.5	32.4	123.8
Triglyceride (mg/dL)	102.7	81.6	129.9
Fasting glucose (mg/dL)	93.0	19.4	93.2

Health Status and Risk Factor Profile: Comparisons with National Averages (continued)

Males

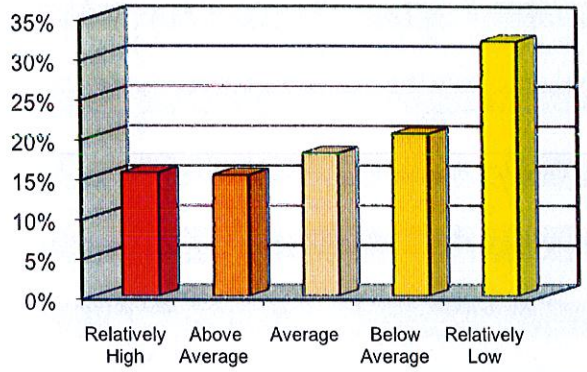
Clinical Measures with Yes/No Values	Number of individuals	Percentage (%)	National Average (%)
Diagnosed (self-reported) diseases			
Coronary Heart Disease	16	4.9	7.5
Stroke	2	0.6	2.1
Other Cardiovascular Diseases	1	0.3	8.4
Heart Failure	4	1.2	2.3
Diabetes	16	4.9	6.4
On antihypertensive medication	53	16.1	15.1
On lipid-lowering medication	99	30.1	9.4
Physical exercise level			
Low	112	34.0	15.6
Moderate	135	41.0	42.1
High	82	24.9	42.3
Current smoker	22	6.7	33.2
Overweight (BMI 25.0 – 29.9 kg/m2)	167	50.8	40.2
Obese (BMI >= 30 kg/m2)	100	30.4	27.4
Large waist measurement (> 40 inches)	88	26.7	37.6
Prehypertensive (>= 120/80 and < 140/90 mmHg)	204	62.0	47.3
Hypertensive (>= 140/90 mmHg)	28	8.5	18.6
Metabolic syndrome	60	18.2	26.6
Total cholesterol >= 200 mg/dL	120	36.5	52.9
HDL < 40 mg/dL	64	19.5	35.9
LDL >= 130 mg/dL	95	28.9	46.9
LDL >= ATP III suggested goal	59	17.9	37.5
Triglyceride >= 150 mg/dL	72	21.9	36.2
Undiagnosed diabetic (glucose >= 126 mg/dL)	5	1.5	1.8
Prediabetic (100 <= glucose < 126 mg/dL)	98	29.8	22.8

Clinical Measures with Numerical Values	Population Mean	Population SD	National Average
Weight (lbs)	200.2	37.5	190.0
BMI (kg/m2)	28.7	5.4	27.8
Waist (inches)	38.4	5.1	39.1
Systolic blood pressure (mmHg)	123.0	12.3	124.0
Diastolic blood pressure (mmHg)	77.3	7.8	75.7
Total cholesterol (mg/dL)	186.1	37.5	205.1
HDL cholesterol (mg/dL)	51.7	14.1	46.1
LDL cholesterol (mg/dL)	111.8	32.8	129.1
Triglyceride (mg/dL)	114.1	64.4	156.0
Fasting glucose (mg/dL)	97.4	19.2	97.5

Distribution of Population Disease Risks by Percentile

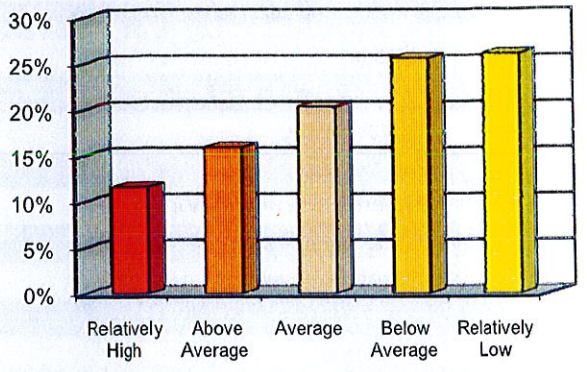
Type 2 Diabetes N* = 1287

Relatively High	Above Average	Average	Below Average	Relatively Low
15%	15%	18%	20%	32%



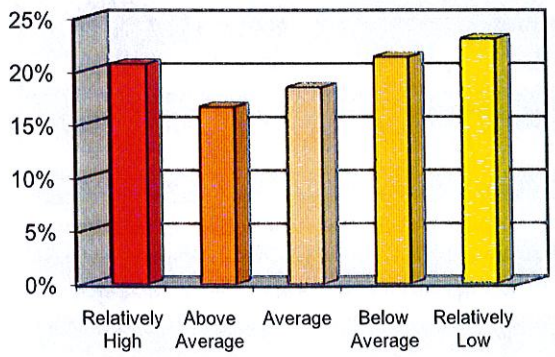
Coronary Heart Disease N = 1382

Relatively High	Above Average	Average	Below Average	Relatively Low
12%	16%	20%	26%	26%



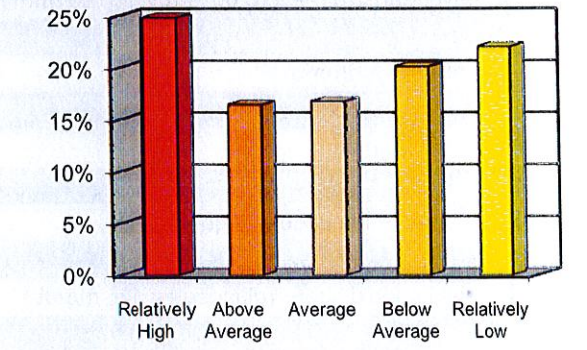
Stroke N = 1367

Relatively High	Above Average	Average	Below Average	Relatively Low
21%	17%	18%	21%	23%



Heart Failure N = 871

Relatively High	Above Average	Average	Below Average	Relatively Low
25%	16%	17%	20%	22%



*N refers to the number of people who received a KYN risk prediction for the specific disease. Self-reported diabetics and participants with a fasting glucose >= 126 mg/dL are excluded from the type 2 diabetes prediction. Individuals reporting a prior stroke event are excluded from the stroke prediction. Self-reported heart failure diagnosis and individuals under the age of 41 years are excluded from the heart failure prediction.

Disease risk is classified by an age- and gender-specific risk percentile as follows:

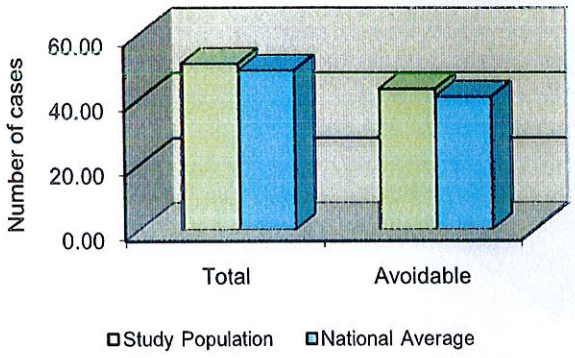
Relatively High >=80th percentile
Above Average >=60th and < 80th percentile
Average >=40th and <60th percentile
Below Average >=20th and <40th percentile
Relatively Low <20th percentile

No data are available for COPD and lung cancer because those models were only run for smokers.

Projected Number of Total* and Avoidable** Cases of Disease Onset Within the Next Five Years: Study Population and Comparisons*** with National Averages****

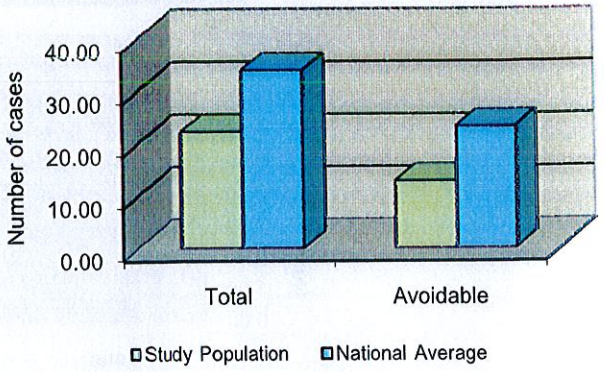
Type 2 Diabetes

	Total	Avoidable
Study Population	51.04	43.14
National Average	48.90	40.76



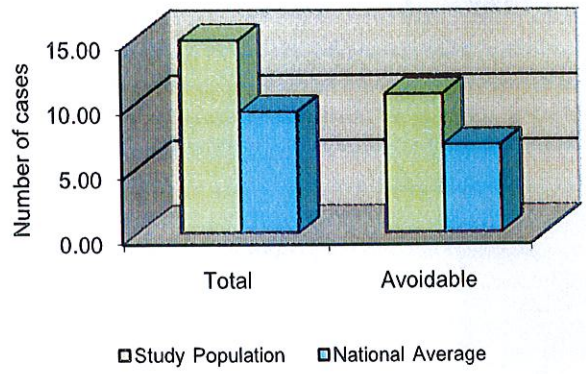
Coronary Heart Disease

	Total	Avoidable
Study Population	22.28	12.85
National Average	33.96	23.22



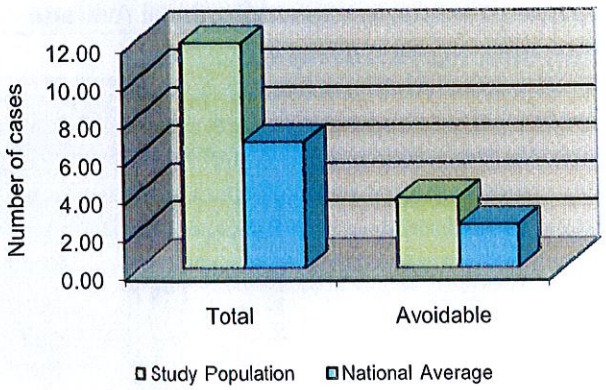
Stroke

	Total	Avoidable
Study Population	14.83	10.65
National Average	9.30	6.75



Heart Failure

	Total	Avoidable
Study Population	11.88	3.70
National Average	6.65	2.28



* "Total cases" is the projected number of new cases in the study population over the next 5 years.

** "Avoidable cases" is the number of new cases that can be avoided in the next 5 years, if all modifiable risk factors are brought within the normal range.

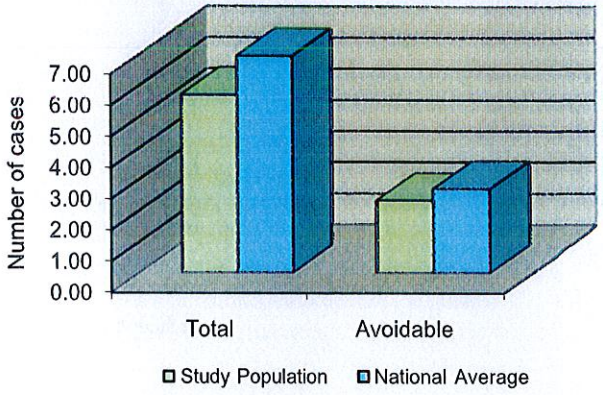
*** Numbers in red indicate that the study population may be less healthy than the National Average.

**** The National Average is derived from the National Health and Nutrition Examination Survey (NHANES), and it is weighted by the age and gender distribution of the study population. In other words, the National Average is the average value among an NHANES sample that has the same age and gender distribution as the study population.

Projected Number of Total and Avoidable Cases of Disease Onset Within the Next Five Years: Study Population and Comparisons with National Averages (continued)

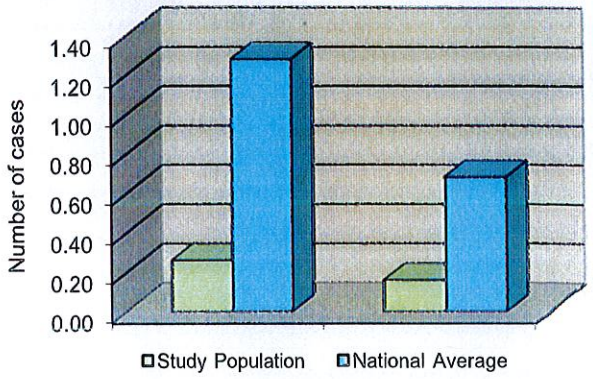
COPD

	Total	Avoidable
Study Population	5.70	2.32
National Average	6.96	2.70



Lung Cancer

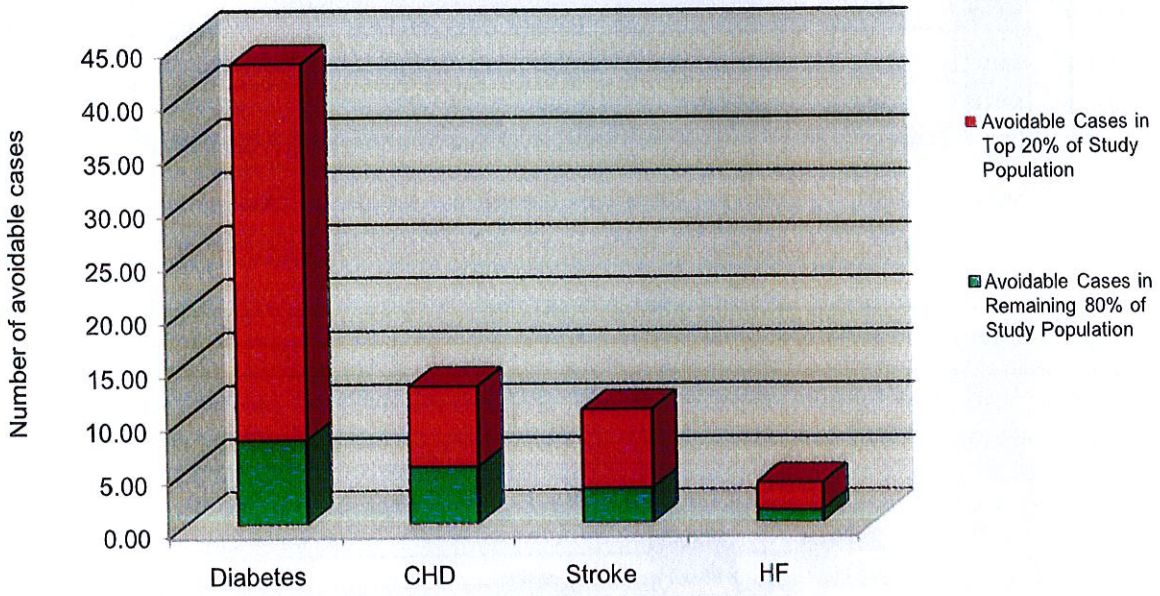
	Total	Avoidable
Study Population	0.26	0.16
National Average	1.28	0.68



Distribution of Avoidable Cases* Among the Top 20%** of the Study Population: Compared to the Remaining 80%

	Avoidable Cases in Top 20% of Study Population	Avoidable Cases in Remaining 80% of Study Population	Total Number of Avoidable Cases
Type 2 Diabetes	35.25	7.89	43.14
Coronary Heart Disease	7.51	5.33	12.85
Stroke	7.38	3.26	10.65
Heart Failure	2.54	1.15	3.70
Total Cases	52.70	17.64	70.33

KYN has estimated that 70.3 new, avoidable cases of disease are predicted to occur in the study population over the next five years. Of these avoidable cases, 52.7 cases (74.9%) are driven by the population segment with the highest amount of modifiable risk (top 20% of the study population).



These results illustrate that cases of future disease onset are not evenly distributed within the study population. The majority of avoidable cases are concentrated in the population with the highest amount of modifiable risk (top 20%).

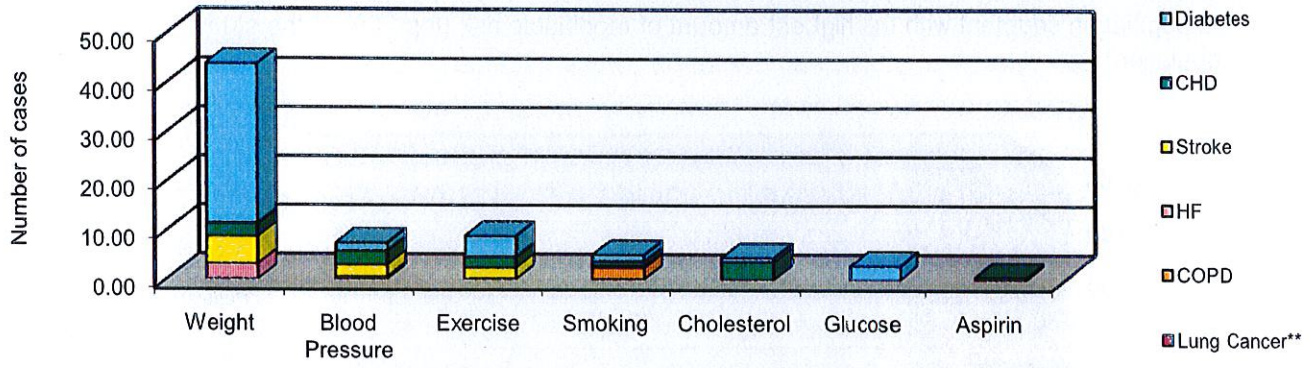
* "Avoidable cases" is the number of new cases that can be avoided in the next 5 years, if all modifiable risk factors are brought within the normal range.

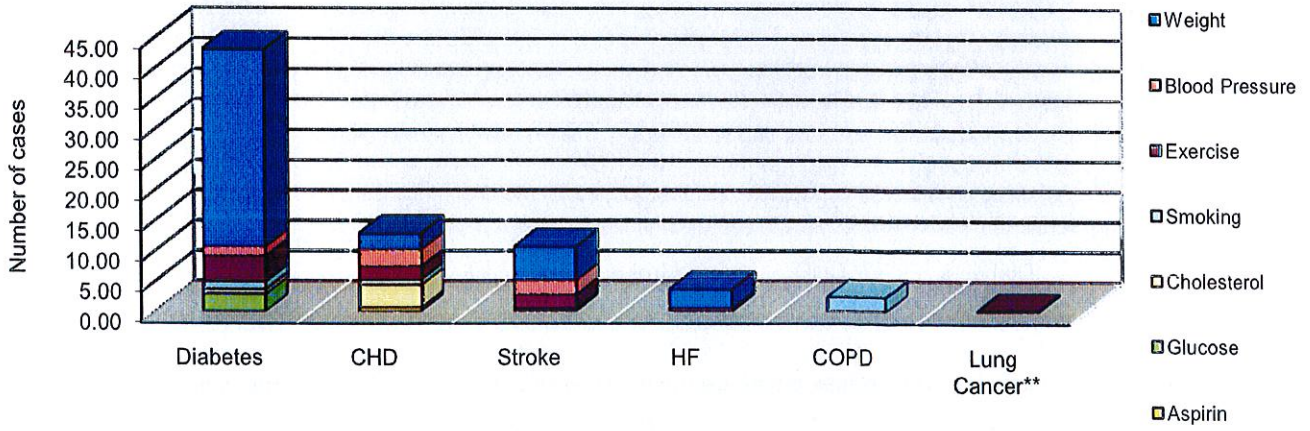
** Top 20% refers to the population segment with the highest amount of modifiable risk for each disease.

Contribution of Risk Factors to Avoidable Cases* of Each Disease

Risk Factors	Diabetes	CHD	Stroke	HF	COPD	Lung Cancer**	Total
Weight	32.50	2.64	5.53	3.16			43.82
Blood Pressure	1.60	2.82	2.43	0.54			7.38
Exercise	4.22	2.18	2.30			0.07	8.77
Smoking	1.28	0.90	0.39		2.32	0.09	4.98
Cholesterol	0.74	3.71					4.45
Glucose	2.81						2.81
Aspirin		0.59					0.59
Total	43.14	12.85	10.65	3.70	2.32	0.16	72.81

The blank spaces in the table refer to a risk factor that does not contribute to the risk of that disease.





* "Avoidable cases" is the number of new cases that can be avoided in the next 5 years, if all modifiable risk factors are brought within the normal range.

** Although most lung cancer cases are attributed to smoking, quitting smoking can only reduce a small portion of lung cancer risk within the next 5 years. The impact of quitting smoking would be much higher in 10 to 20 years.

Predicted Five-year Cost* of Future Chronic Disease Onset Comparisons** with National Averages

Study Population***

Study Population **N = 1382**

Diseases	Study Population		National Average	
	Predicted Total Cost	Predicted Avoidable Cost	Predicted Total Cost	Predicted Avoidable Cost
Type 2 Diabetes	$1,268,727	$1,072,353	$1,215,532	$1,013,192
Coronary Heart Disease	$544,468	$314,022	$829,898	$567,439
Stroke	$418,688	$300,676	$262,562	$190,569
Heart Failure	$195,010	$60,736	$109,160	$37,426
COPD	$50,174	$20,422	$61,265	$23,767
Lung Cancer	$23,072	$14,198	$113,587	$60,343
All Diseases	$2,500,139	$1,782,406	$2,592,004	$1,892,736

Comparisons** with Top 20% High-Risk Group

Study Population **N = 1382**

	Predicted Avoidable Cost	Top 20% Avoidable Cost
Type 2 Diabetes	$1,072,353	$876,227
Coronary Heart Disease	$314,022	$183,526
Stroke	$300,676	$208,356
Heart Failure	$60,736	$41,694
All Diseases	$1,747,786	$1,309,802

* Predicted costs = probability of disease onset (KYN) x 2.5 years x annual cost of disease (noted below).

** The population may have more disease-related expenses compared with the National Average when it is shown in red.

*** Study population is the population who participated in Know Your Number.

The annual costs (per patient) were as follows: type 2 diabetes = $9,943; coronary heart disease = $9,775; stroke = $11,293; heart failure = $6,566; COPD = $3,521; and lung cancer = $35,496.

Estimates include direct and indirect medical costs associated with occurrence of each disease and were calculated using current national average annual costs, as reported by the American Diabetes Association, the American Heart Association, the American Stroke Association, the American Lung Association, and National Cancer Institute.

Dietary Assessment

No. eligible* 1382 Response Rate 96.6%

Gender	Number	High Fat (%)	Low Fruit / Vegetable (%)	Others** (%)
Male	320	68.4	73.4	10.3
Female	1015	58.9	65.9	18.7
Total	1335	61.2	67.7	16.7

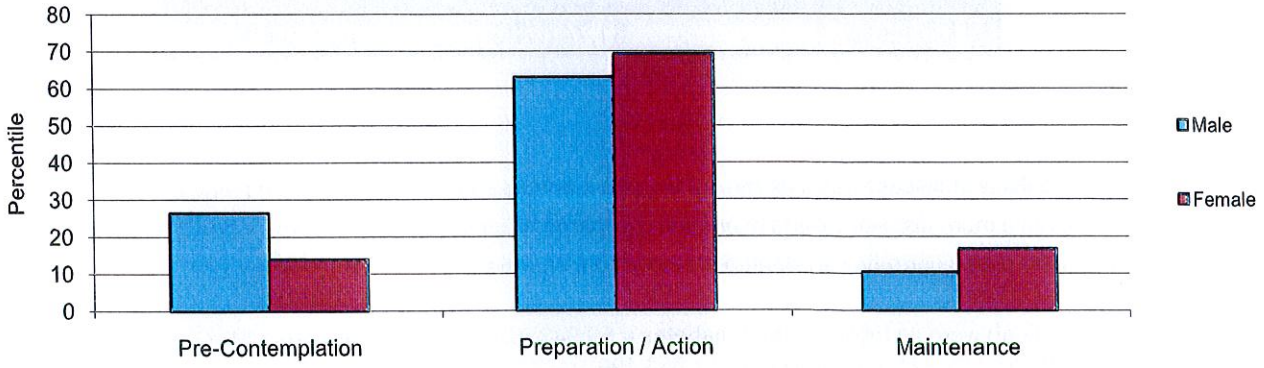
Readiness to Change (Diet)

Only those individuals with "High Fat" or "Low Fruit / Vegetable" intake classification were included.

No. eligible* 1143 Response Rate 97.3%

Gender	Number	Pre-Contemplation *** (%)	Preparation / Action (%)	Maintenance (%)
Male	287	26.5	63.1	10.5
Female	825	13.9	69.3	16.7
Total	1112	17.2	67.7	15.1

Distribution of Readiness to Change (Diet) by Gender



* No. eligible refers to the specific number of participants eligible for a particular assessment. These numbers may differ between tables due to exclusions among the "eligible populations".

** "Others" refers to people who consume low fat and high fruit / vegetable diet.

*** Please see appendix for Readiness-to-Change category explanations.

Weight Assessment

No. eligible 1382 Response Rate 94.9%

Gender	Number	Normal (%)	Overweight (%)	Obese (%)
Male	315	19.7	50.2	30.2
Female	996	34.1	29.1	36.7
Total	1311	30.7	34.2	35.2

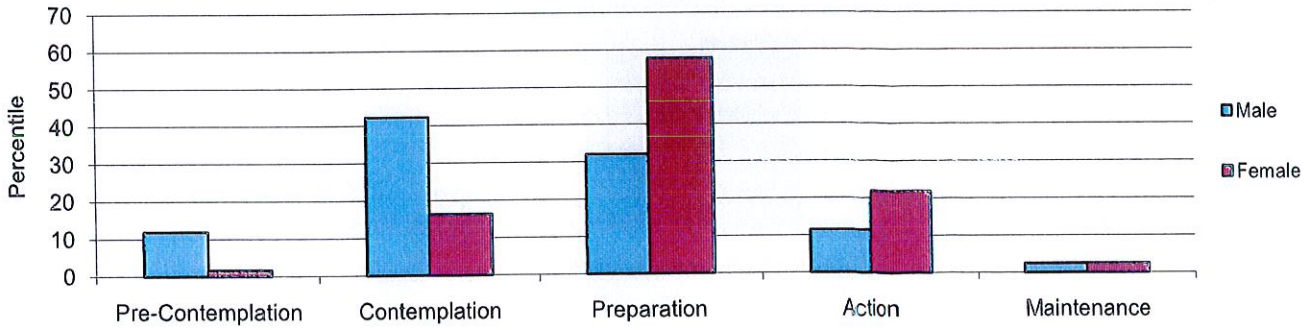
Readiness to Change (Weight Control)

Only those individuals with "Overweight" or "Obese" classification were included.

No. eligible 943 Response Rate 96.4%

Weight classification	Number	Pre-Contemplation (%)	Contemplation (%)	Preparation (%)	Action (%)	Maintenance (%)
Overweight (25=<BMI<30)						
Male	158	17.7	50.6	20.9	7.6	3.2
Female	290	2.1	26.2	47.2	20.3	4.1
Subtotal	448	7.6	34.8	37.9	15.8	3.8
Obese (BMI>=30)						
Male	95	2.1	28.4	50.5	17.9	1.1
Female	366	1.4	8.5	66.1	23.0	1.1
Subtotal	461	1.5	12.6	62.9	21.9	1.1
Total						
Male	253	11.9	42.3	32.0	11.5	2.4
Female	656	1.7	16.3	57.8	21.8	2.4
Total	909	4.5	23.5	50.6	18.9	2.4

Distribution of Readiness to Change (Weight Control) by Gender



Exercise Assessment

No. eligible 1382 **Response Rate** 96.3%

Gender	Number	Low (%)	Moderate (%)	High (%)
Male	319	34.2	41.1	24.8
Female	1012	45.5	40.0	14.5
Total	1331	42.7	40.3	17.0

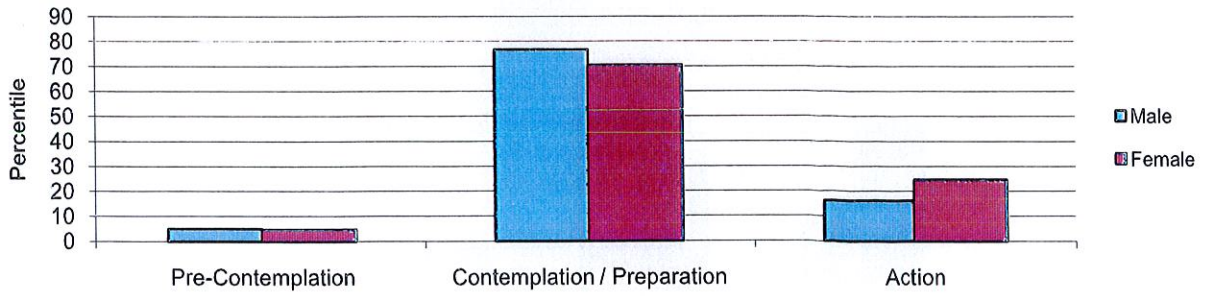
Readiness to Change (Exercise)

Only those individuals with "Moderate" or "Low" exercise classification were included.

No. eligible 1142 **Response Rate** 96.8%

Exercise Level	Number	Pre-Contemplation (%)	Contemplation / Preparation (%)	Action (%)
Low				
Male	109	4.6	80.7	14.7
Female	460	3.0	80.0	17.0
Subtotal	569	3.3	80.1	16.5
Moderate				
Male	131	9.2	73.3	17.6
Female	405	6.7	59.8	33.6
Subtotal	536	7.3	63.1	29.7
Total				
Male	240	5.0	76.7	16.3
Female	865	4.7	70.5	24.7
Total	1105	5.2	71.9	22.9

Distribution of Readiness to Change (Exercise) by Gender



Smoking Assessment

No. eligible* 1382

Gender	Number	Current Smoker (%)	Past Smoker (%)	Non Smoker (%)
Male	329	6.7	20.7	72.6
Female	1053	7.3	19.6	73.1
Total	1382	7.2	19.8	73.0

* This information is collected in the Lifestyle section of the Multiple Disease Risk questionnaire.

Readiness to Change (Smoking Cessation)

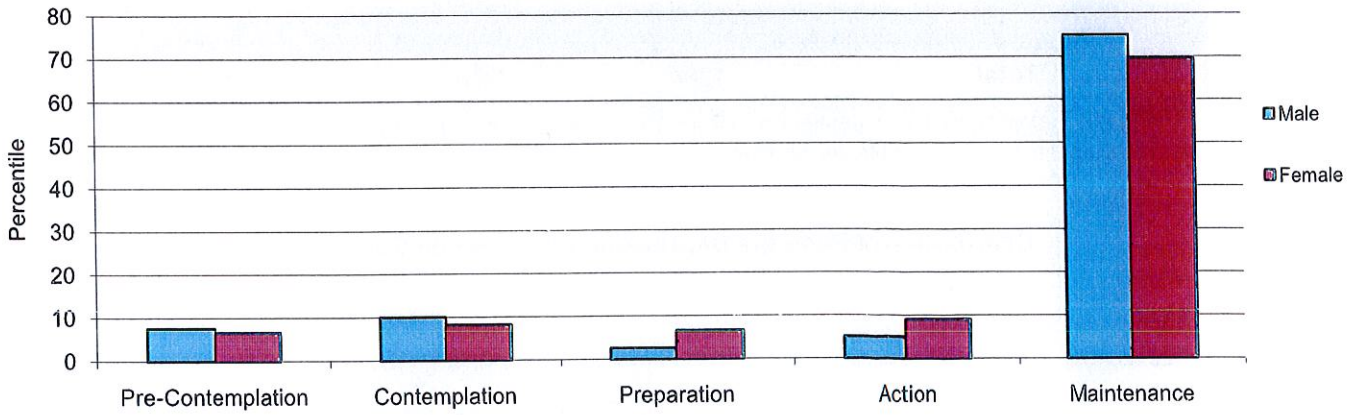
Only those individuals with "Current Smoker" or "Past Smoker" classification were included.

No. eligible** 373 Response Rate 86.6%

Gender	Number	Pre-Contemplation (%)	Contemplation (%)	Preparation (%)	Action (%)	Maintenance (%)
Male	80	7.5	10.0	2.5	5.0	75.0
Female	243	6.6	8.2	6.6	9.1	69.5
Total	323	6.8	8.7	5.6	8.0	70.9

** This information is collected in the Lifestyle section of the Wellness questionnaire.

Distribution of Readiness to Change (Smoking Cessation) by Gender

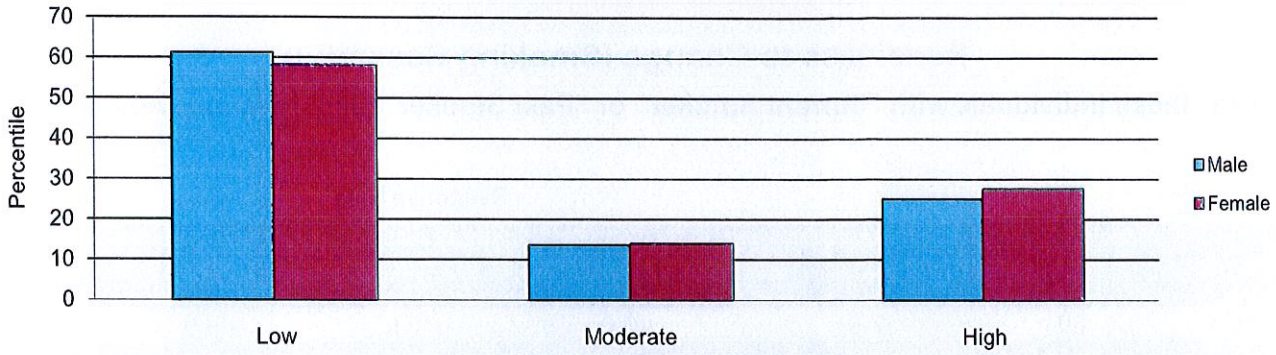


Stress Status

No. eligible 1382 **Response Rate** 95.2%

Gender	Number	Low (%)	Moderate (%)	High (%)
Male	315	61.3	13.7	25.1
Female	1000	58.3	14.1	27.6
Total	1315	59.0	14.0	27.0

Distribution of Stress Status by Gender



Depression Assessment

No. eligible 1382 **Response Rate** 92.9%

Gender	Number	Mean Score	Score>8* (%)
Male	309	6.14	13.9
Female	975	7.29	24.6
Total	1284	28.81	22.0

* Using the Depression Scale Questionnaire from the Center for Epidemiological Studies, a score greater than 8 indicates possible depression.

Distribution of Possible Depression (score>8) by Gender

Safety Belt Usage

No. eligible 1382 **Response Rate** 99.3%

Gender	Number	Seldom (%)	Sometimes (%)	Always (%)
Male	326	1.2	3.4	95.4
Female	1047	0.6	4.9	94.6
Total	1373	0.7	4.5	94.8

Distribution of Safety Belt Usage by Gender

Appendix: Readiness-to-Change Category Explanations

Categories listed below correspond to the associated questionnaire responses.

Nutrition	***Which of the following best describes your attitude toward your eating habits?***
Pre-Contemplation	I am satisfied with what I eat and have no plans to change it.
Preparation / Action	I would like to reduce the amount of unhealthy foods I eat and adopt a healthier diet.
Maintenance	I recently made significant changes to my eating habits.
Weight	***Which of the following best describes your attitude toward your body weight?***
Pre-Contemplation	i do not have a problem with my body weight and I do not need to lose weight.
Contemplation	I have a small problem with my weight and I should lose some. I am trying not to gain more weight.
Preparation	I am seriously considering trying to lose weight to reach my weight goal in the next 6 months.
Action	I have started losing weight within the last 6 months. I am trying to reach my weight goal in the next 6 months.
Maintenance	I have kept off the weight I lost more than 6 months ago.
Exercise	***Which of the following best describes your attitude toward physical exercise?***
Pre-Contemplation	I do not need more physical exercise.
Contemplation / Preparation	I would like to exercise more.
Action	I have just recently started or at least seriously considered exercising more.
Smoking	***If you currently smoke, answer the following Yes or No questions.***
	1. Do you plan to quit smoking in the next 6 months?
	2. Do you plan to quit smoking in the next 30 days?
	3. Have you successfully attempted to quit for 24 hours or more in the past year?
Pre-Contemplation	If answered no to question 1.
Contemplation	If answered yes to question 1, but no to one of the other questions.
Preparation	If answered yes to all 3 questions.
	If you previously smoked, when did you quit?
Action	I quit smoking less than 6 months ago.
Maintenance	I quit smoking more than 6 months ago.