

Focus

INSURANCE & WELLNESS

pages 10-18

BIG Wellness in small BUSINESS

By Preston Diamond

Wellness is a state of mind and body. It is an *individual* thing. So, when it comes to employee participation, let's not get lured into the misconception that wellness only works in large numbers, and therefore is more fitting for a sprawling Fortune 500 company than it is for a small business with 25 to 100 employees.

Wellness today is for all employers and all of its employees. And although the cable TV stations today are full of exercise shows, fitness magazines clutter news racks and health clubs pop up on every street corner like McDonald's, even back in the 1980s when I was consulting with small businesses some of them had a wellness program in place — and didn't even realize it. When break time came, the employees of one particular small company would take a walk around the block. Walking together during business hours was built into this company's culture. The only difference between then and now is today we would count the steps with a pedometer clipped to our belt and walk with iPod buds stuck in our ears as opposed to a Sony Walkman. But the results remain the same.

In our small office in North Carolina, we hold meetings outside while tossing a baseball back and forth. When we talk on the phone with a client, it's not while staring at a computer screen, but by taking advantage of today's communications technology and conversing while walking around our office holding 2.5 or 5 pound weights, maybe even outside.

But when it comes to getting a company to implement a wellness program into its corporate culture, it all comes down to getting them to practice what you preach. And what I found to be effective is utilizing the old KISS system with a slight modification — Keep It Simple *Sells*.

This is not to suggest that a good agent doesn't know that having a solid health and wellness plan in place will benefit their client. But sometimes the litany of objections from the employers — "There's nothing I can do about health care costs going up," "It's too expensive," "We don't have the facilities for exercise," "My employees won't want to do it" — can sometimes be overwhelming.

Randy and Dustin Boss of Ottawa Kent in Jenison, Mich., have spent four years testing and creating a process of "Bringing Risk Management to Benefits," so that when risk management and benefits gently collide, the CEO understands the aggregate health risks in their employee population. They can then take steps to promote changing the detrimental risk factors that lead to disease and high cost. Keeping healthy people healthy, while improving the health of the less healthy, is the ultimate wellness journey.

"Employers are frustrated because most likely they have tried things that didn't work," said Randy Boss. "They tend to think short term and not long term, and want to see solid and immediate benchmarks."

The goal is to make the employer view wellness as an investment, not an expense. And it's a mission not to be taken lightly as employers see rising health costs and in many cases aging workers.

John Basten of The Mid-State Group in Lynchburg, Va., said employers are frustrated with the ever-increasing cost of health premiums, and thus turn to brokers for solutions, which often include delivering "wellness" by implementing disincentives and benefit design changes in an effort to change behavior. A concept that Basten said doesn't work.

"It's only through education that you can guide employers to better understand the risks and obstacles they are facing," he said. "Essentially, step one is to help them identify the specific health factors within their company, because when real data drives the decision, one can plan for the expected results."

York International, a large regional broker in Harrison, N.Y., derives about 25 percent of its \$10 million in revenue from benefits serving the middle market employer of 50 to 2,500 employees. For the past five years, York has been focusing on wellness or risk management within a health sphere from an employee benefit standpoint that really came out of a continual effort to be able to draw resources and capabilities from much larger entities and bring them to smaller entities.

"The Fortune 1000 or 5000 have been practicing engaging employees in health beyond the financing of sickness for many years and we think that there is a tremendous opportunity to continue to do that with these middle market companies," said Mike Bodack of York International. "When our point of entry is who we call the 'user buyer' of insurance for their company, we try to engage the 'economic buyer' as well. It is not often the same person, but it does happen on occasion.

"When we deal with that economic buyer, we find that it is easy to focus the conversation. Certainly, some folks will have their head in the sand. But the ones who are intelligent, rational human beings understand very quickly. Because in the end, it's just a math problem."

When employers perceive wellness as an added cost instead of an added benefit, bad things happen. Or nothing happens at all. Basten has fought that battle for years.

"Employers are frustrated with the ever-increasing cost of health care and are looking for viable strategies to reverse the trend," he said. "Many are looking for quick fixes, which end in employers spending excessive funds in areas that don't have long-lasting effects. Our specific focus is to educate the employer on how wellness should be defined as an employee *benefit*. We educate our clients that identifying the specific risk factors affecting their employee group is an essential and foundational step in creating an effective wellness pro-

see *WELLNESS* page 18

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Want to make sure possessions are fully protected? Document them with a home inventory

When choosing homeowners insurance, most consumers think more about the value of the home than about their prized possessions inside. When determining coverage needs, it is important to know all the “stuff” in your home that warrants special protection. Insurable items do not only include luxury items like jewelry and art, but also fun purchases that support personal passions.

Whether it is gourmet cooking gadgets, designer handbags or high-end electronics, what Americans invest in personal passions can have a profound impact on insurance needs:

- Fashionistas spend more than \$1,400 annually on shoes, apparel and accessories.
- Techies spend approximately \$1,300 a year on computers, video games and televisions.
- Foodies invest an average of \$2,400 annually on high-end appliances and fine dining.

One of the best ways to make sure possessions are fully protected is to document them with a home inventory.

“A home inventory assures you know exactly what you own, and what it is worth, before you need to make a claim,” says National Association of Insurance Commissioners president Susan E. Voss. “Our research, however, suggests almost half of all Americans don’t have an inventory of their possessions.”

Documenting possessions with a home inventory is the most important step homeowners and renters can take to make sure they have enough coverage to fully protect and replace their valuables if something happens.

10 Steps to Complete a Home Inventory

1. Make a list of possessions, including “celebration” purchases such as jewelry and fine art.

2. Think about family heirlooms, collections and furniture. Also consider items related to everyday leisure time, from flat-screen televisions to custom guitars.

3. Take note of commonplace items such as toys, CDs and clothing. And do not forget items you may only use occasionally such as holiday decorations, sports equipment, tools and high-ticket items kept outside your home such as landscape and swing sets.

4. Attach copies of original sales receipts and/or appraisal documents to your inventory. Be sure to note model and serial numbers.

5. Group your possessions into logical categories, i.e., by hobby, by room in your home.

6. Carefully photograph or videotape each item and document a brief description including age, purchase price and estimated current value.

7. Remember to open drawers and closets to document what’s inside.

8. Store your home inventory and related documents in a safe, easily accessible place such as a secured site/file online, a fire-proof box or in a safe deposit box. You may want to share a copy with your insurance provider so he or she can make necessary updates to your coverage.

9. Review and update your inventory annually and whenever you make a significant purchase.

Choosing Home Insurance That Fits

Keeping a home inventory also helps consumers stay on top of their family’s changing insurance needs. Consumers often are surprised by what is not covered under standard home insurance policies:

- On average, home contents are reimbursed only up to 50 percent of the home’s insured value, i.e., \$50,000 to replace the contents of a home insured for \$100,000.

- Standard policies impose limits on replacement coverage for certain types of personal property such as jewelry, furniture, furs, firearms and electronics.

“Exactly how much you’ll be reimbursed for lost, stolen or damaged personal property can vary greatly from policy to policy,” said Voss. “A home inventory helps consumers determine what they need to

protect and keep their policies up to date. Knowing what is and isn’t protected, and for how much, helps families prepare for the worst. The last thing you want when misfortune strikes is to learn your insurance policy won’t replace your losses. And by choosing coverage to fit their life stages, consumers also may save money.”

Consider the following life-stage related insurance facts:

- Single Parents and Families: Many homeowners’ policies do not cover items such as laptops and televisions stolen from a dorm room; if your son or daughter lives off-campus, you will need renter’s insurance. Most policies limit coverage for jewelry to \$500, which typically is not enough to replace a favorite pair of diamond earrings or a wedding ring. The standard \$1,000 limit to replace computers may not be enough for a busy household with multiple PCs.

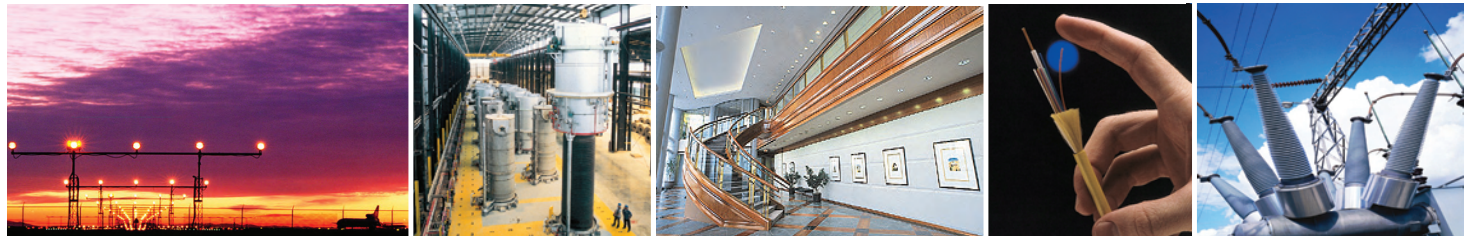
- Young Singles: Consider purchasing renter’s insurance to cover your possessions, even if living with roommates — do not rely on the landlord’s insurance. Items such as sports equipment or navigation systems stolen from your vehicle typically are not covered by auto insurance and must be filed against homeowners or renter’s insurance.

- Military: Most policies do not cover personal property taken with you while deployed to a war zone; if you store belongings left behind, you likely will need additional off-premises coverage.

- Seniors: If you start a home-based business after retiring, make sure your office equipment is fully insured.

- Domestic Partners: The standard homeowners or renter’s policy only covers possessions of the person named on the title or agreement. If your name is not listed, your assets may be at risk.

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Top Group Health Insurance Companies in Utah

Ranked by Number of Individuals Covered in 2011

Company Name Address	Phone Fax Web	# of Individuals Covered in 2011	# of Offices in Utah # of Utah Employees	Premium Volume in Utah in 2011	Insurance Products Offered	Top Local Executive Year Founded
SelectHealth 5381 S. Green St. Murray	801-442-5038 DND selecthealth.org	542,000	1 975	\$1.185 billion	Medical, dental, vision, and life and disability coverage, plans for individuals, employers, federal employees, CHIP, Medicaid, and Medicare Advantage	Patricia R. Richards DND
Regence BlueCross BlueShield of Utah 2890 E. Cottonwood Pkwy Salt Lake City	800-624-6519 DND regence.com/ut	498,017	1 500	\$1.012 billion	Individual, group, FEP, ASO, Medicare, dental, vision, HSA, life	Jennifer Danielson 1942
UnitedHealthcare of Utah 2525 Lake Park Blvd Salt Lake City	800-624-2942 801-982-4550 uhc.com	265,000	2 700	\$219 million	Employer, Medicare, military	Pam Gold 1974
Opticare of Utah, Inc. 1901 W. Pkwy Blvd. Salt Lake City	801-869-2020 801-954-0054 opticareofutah.com	155,000	1 11	\$4.2 million	Group and individual, vision plans, eye exams and hardware coverage, LASIK surgery	Aaron Schuback 1986
Gallagher Benefit Services 6330 S. 3000 E., Ste. 670 Salt Lake City	801-559-2929 801-559-2953 gallagherbenefits.com/utah	150,000	2 30	\$361.8 million	Medical, dental, vision, life & AD&D, STD, LTD, Ancillary	Ryan Olsen 1927

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Top Commercial Insurance Agencies in Utah

Ranked by Premium Volume in Utah in 2011

Company Name Address	Phone Fax Web	Premium Volume in Utah in 2011	# of Licensed agents in Utah # of Employees	# of Offices in Utah # of Offices Worldwide	Specialties	Owner/Managing Principal Year Founded
Aon Corporation 299 S. Main St., Ste. 1300 Salt Lake City	801-488-2577 847-953-3468 aon.com	\$915 million	12 12	1 500	Property, casualty, enterprise risk management, human resource consulting, benefits brokerage	C. Dawn Brazell 1982
Marsh USA Risk & Insurance Services/ Mercer Health & Benefits 15 W. South Temple, Ste. 700 Salt Lake City	801-533-3600 801-533-3610 marsh.com/ mercerc.com	\$413.6 million	30 33	1 420	Property, casualty and health, benefits brokerage and consulting	Kim Briggs Ann Thomas 1923
Moreton & Company 709 E. South Temple Salt Lake City	801-531-1234 801-531-6117 moreton.com	\$410 million	109 175	4 7	Commercial insurance, employee benefits, surety, voluntary products, personal insurance, financial services	Earl Hurst 1910
HUB International Insurance Services, Inc. 6440 S. Wasatch Blvd., Ste. 235A Salt Lake City	801-943-2600 801-618-4014 hubinternational.com	\$336 million	10 12	2 250	Employee benefit consulting, property & casualty risk advisory/production services	Tom Lanning 1998
The Leavitt Group 216 S. 200 W. Cedar City	435-586-6553 435-586-1510 leavitt.com	\$319 million	152 570	20 105	Property, casualty, life and health	Dane O. Leavitt 1952
Wells Fargo Insurance Services USA, Inc. 1095 E. 2100 S., Ste. 200 Salt Lake City	801-246-4300 866-729-7172 wfis.wellsfargo.com	\$125 million	39 40	1 135	Enterprise risk management, captive consulting & management, cost control, employee benefits, commercial insurance, personal lines, construction, technology, and small business	David Headden 1969
The Buckner Company 6550 S. Millrock Dr., Ste. 300 Salt Lake City	801-937-6700 801-937-6710 buckner.com	\$93 million	38 121	2 4	Construction, commercial (retail, restaurants, manufacturing, etc), trucking and transportation, surety bonds, employee benefits, agriculture and crops, personal lines	Terry H. Buckner 1936
Beehive Insurance Agency Inc. 302 W. 5400 S. #101 Murray	801-685-6860 801-685-2899 beehiveinsurance.com	\$70 million	17 36	2 2	Trucking & transportation, contractors & construction, non-profits, manufacturing, and employee benefits	Doug Snow 1961
HUB International Transportation Insurance Services, Inc. PO Box 17346 Salt Lake City	801-943-2600 801-943-3889 hubtransportation.com	\$30 million	15 140	1 14	Insurance for the trucking industry	Dale Kaufman Michael Birge 1963

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Top Vision Centers in Utah

Ranked by Number of Patients Seen in 2011

Vision Center Name Address	Phone Fax Web	# of Patients Seen in 2011	# of Full Time Employees # of Eye Exams in 2011	# of Ophthalmologists # of Optometrists	Same Day Appointments Optical Shop on Site	Services Offered	Owner
John A. Moran Eye Center 65 Mario Capecchi Dr. Salt Lake City	801-581-2352 DND moraneyecenter. org	124,000	500 120,000	28 9	Yes Yes	Comprehensive ophthalmology, cataract, corneal diseases, refractive surgery/LASIK, glaucoma, neuro ophthalmology, oculoplastic and facial plastic surgery, pediatric ophthalmology, adult strabismus, retinal diseases, uveitis, ocular infectious disease, triage, optometry and contact lens services	University of Utah Healthcare John A. Moran Eye Center
Mount Ogden Eye Center 4360 Washington Blvd Ogden	801-476-0494 801-479-3937 mountogdeneye. com	64,000	73 44,800	7 2	Yes Yes	Comprehensive eye exams, LASIK, cataract surgery, diabetic retinopathy, macular degeneration, facial cosmetic surgery	Mark G. Ballif
Standard Otical Company 1901 W. Parkway Blvd. Salt Lake City	1-800-393-2273 DND DND	62,500	155 57,000	2 18	Yes Yes	Exams, glasses, contacts, LASIK, cataracts, diabetic care, glaucoma, and all insurances for medical care	Aaron Schubach
Wolcott Optical Service, LC 3145 Highland Dr. Salt Lake City	801-485-4474 801-485-4497 wolcottoptical.com	10,000	8 570	0 1	Yes Yes	Eye exams and full optical retail, prescription eye wear, contact lenses and non-prescription sunglasses	Ron Wolcott Janet Wolcott
Clair Optical 1025 E. 3300 S. Ste. A Salt Lake City	801-466-3937 DND clairoptical.com	8,000	5 4,000	3 0	Yes Yes	Glasses, contacts, sunglasses, eye case supplies	Alan Seyboldt
The Eye Institute of Utah 755 E. 3900 S. Salt Lake City	801-266-2283 801-268-6151 theeyeinstitute.com	7,785	46 16,107	6 1	Yes No	Custom cataract surgery, corneal transplants, dry eye, facial plastics, glaucoma, ICL, keratoconus, LASIK/PRK, retina, refractive lens exchange	Robert Cionni
Alta View Eye Care Center 9720 S. 1300 E. Sandy	801-572-0631 801-572-0670 altavieweye.com	6,622	10 4,489	1 1	Yes Yes	Comprehensive eye care, exam, cataracts, glaucoma, LASIK	Mathew R. Tempest
Utah Eye Associates 150 S. 1500 E. Salt Lake City	801-363-2851 801-363-7186 utaheyeassociates. com	4,500	3 2,500	0 1	Yes Yes	LASIK, diabetic eye care, dry eye treatment, general and medical examination, contact lens services	David Masihaas
Davis Vision Center 1325 w. South Jordan Pkwy #103 South Jordan	801-253-3080 801-253-0772 davisvisionmd.com	4,000+	4 DND	1 1	Yes Yes	Eye exams, glasses, contacts, LASIK, cataract, ER	Brian R. Davis
Broadway Eye Clinic 250 E. 300 S. Salt Lake City	801-322-0467 801-363-6053 visionsource- broadway.com	3,000	6 2,000	2 DND	Yes Yes	Primary eye care providers, including treatment and management of eye diseases and ocular conditions. Full optical with fashion designer frames and latest technology in optical lenses, contact lens services, vision therapy	Terry Berner Karri Buresh
Wasatch Vision Clinic 849 E. 400 S. Salt Lake City	801-328-2020 801-363-2201 wasatchvision.com	3,000	4 2,500	0 3	Yes Yes	Complete eye care services, treatment of eye disease, LASIK comanagement, specialty contact lenses, Keratocounus, in office lab, large frame section	DND
Precision Eye Care 6095 S. Fashion Blvd, Ste. 110 Murray	801-262-2020 DND precisioneye-care. com	728	1 728	0 1	Yes Yes	Comprehensive eye and vision care	Stuart Anderson
Salt Lake Vision 34 S. 500 E. #201 Salt Lake City	801-288-2020 DND saltlakeeyedoctor. com	360	1 360	0 1	Yes Yes	Comprehensive eye and vision care	Stuart Anderson
Hoopes Vision 1001 S. Centennial Pkwy Ste. 400 Salt Lake City	801-568-0200 801-563-0200 hoopesvision.com	DND	60+ DND	4 6	Yes No	LASIK, cataract surgery, custom laser cataract surgery, PRK, intacs, cornea transplants, ICL (intraocular contact lenses)	Phillip C. Hoopes

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Top Hospitals in Utah

Ranked by Number of Beds

page 1

Hospital Name Address	Phone Web	# of Beds	# of Employees # of Physicians	For Profit Year Established	Specialties	Administrator Owner
University Hospital 50 N. Medical Dr. Salt Lake City	801-581-2121 healthcare.utah.edu/ hospital	720	8,000 1,000	No 1905	As an academic medical center all medical specialties are covered. 120+	Vivian Lee David Entwistle DND
Intermountain Medical Center 5121 S. Cottonwood St. Murray	801-507-7000 intermountain healthcare.org	472	4,401 2200	No DND	Comprehensive Heart Services, Cancer Services, Pulmonary and Lung Services, Surgery, Level One Trauma Center, Women and Newborn Services, Acute and Intensive Care Services	David Grauer Intermountian Healthcare
Utah Valley Regional Medical Center 1034 N. 500 W. Provo	801-357-7850 intermountain healthcare.org	395	3,088 532	No DND	Level II Trauma Center, Cancer and Heart Services, Newborn Intensive Care, Surgery, Stroke Care, Hyperbaric Medicine	Steve Simoot Intermountian Healthcare
LDS Hospital 8th Ave. & C St. Salt Lake City	801-408-1100 intermountain healthcare.org	350	1,469 1,500	No DND	Surgical, ER, Women's Services, Bone Marrow Transplant and Acute Leukemia Program, Behavioral Health	Jim Sheets Intermountian Healthcare
McKay-Dee Hospital Center 4401 Harrison Blvd. Ogden	801-627-2800 intermountain healthcare.org	344	2,693 922	No DND	Level Two Trauma Center, Heart and Cancer Services, Newborn Intensive Care Unit, Obstetrics, Surgery	Timothy Pehrson Intermountian Healthcare
Primary Children's Medical Center 100 Mario Capecchi Dr. Salt Lake City	801-662-1000 intermountain healthcare.org	281	3,206 1,012	No DND	Pediatric Trauma One Emergency Center, Heart Services, Cancer Services, Organ Transplants	Katy Welkie Intermountian Healthcare
Dixie Regional Medical Center 1380 E. Medical Dr. St. George	435-251-1000 intermountain healthcare.org	245	2,068 255	No DND	ER, Heart Surgery, Newborn Intensive Care Unit, Surgery	Terri Kane Intermountian Healthcare
Davis Hospital & Medical Center 1600 W. Antelope Dr. Layton	801-807-1000 davishospital.com	225	810 420	Yes 1976	Cardiology, Critical Care, Emergency Medicine, Fertility Services, Gastroenterology, General/Vascular Surgery, Obstetrics/Gynecology, Hyperbaric and Wound Care Center, Neonatology, Oncology, Orthopedics, Pediatrics, Diagnostic Imaging, Urology, Women's Services	Mike Jensen IASIS Healthcare
Jordan Valley Medical Center 3580 W. 9000 S. West Jordan	801-561-8888 jordanvalleymc.com	183	850 496	DND 1983	Cardiology, Critical Care, Emergency Medicine, Fertility Services, Gastroenterology, General/Vascular Surgery, Obstetrics/Gynecology, Hyperbaric and Wound Care Center, Neonatology, Oncology, Orthopedics, Pediatrics, Diagnostic Imaging, Urology, Women's Services	Steven M. Anderson IASIS Healthcare
Salt Lake Regional Medical Center 1050 E. South Temple Salt Lake City	801-350-4111 saltlakeregional.com	158	559 557	DND 1875	Cardiology, Critical Care, Emergency Medicine, Fertility Services, Gastroenterology, General/Vascular Surgery, Obstetrics/Gynecology, Hyperbaric and Wound Care Center, Neonatology, Oncology, Orthopedics, Pediatrics, Diagnostic Imaging, Urology, Women's Services	Jeff Frandsen IASIS Healthcare
Logan Regional Hospital 1400 N. 500 E. Logan	435-716-1000 intermountain healthcare.org	148	1,070 251	No DND	ER, Obstetrics, Surgery, Cancer Center	Michael Clark Intermountian Healthcare

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Top Hospitals in Utah

Ranked by Number of Beds

page 2

Hospital Name Address	Phone Web	# of Beds	# of Employees # of Physicians	For Profit Year Established	Specialties	Administrator Owner
Pioneer Valley Hospital 4155 S. Pioneer Pkwy West Valley City	801-964-3100 pioneervalleyhospital.com	139	450 496	DND 1983	Cardiology, Critical Care, Emergency Medicine, Fertility Services, Gastroenterology, General/Vascular Surgery, Obstetrics/Gynecology, Hyperbaric and Wound Care Center, Neonatology, Oncology, Orthopedics, Pediatrics, Diagnostic Imaging, Urology, Women's Services	Steven A Andreson IASIS Healthcare
American Fork Hospital 170 N. 110 E. American Fork	801-855-3300 intermountain healthcare.org	88	727 325	No DND	ER, Women and Newborn Services, Surgery, Diagnostic Imaging	Michael Olson Intermountain Healthcare
Riverton Hospital 12600 S. 3741 W. Riverton	801-285-2010 intermountain healthcare.org	88	497 280	No DND	Women and Newborns, ER, Surgical Services, Outpatient Services, Diagnostic Imaging	Blair Kent Intermountain Healthcare
Alta View Hospital 9960 S. 1300 E. Sandy	801-501-2600 intermountain healthcare.org	80	567 750	No DND	ER, Women's and Newborn Services, Medical and Surgical Services	Bryan Johnson Intermountain Healthcare
Valley View Medical Center 1303 N. Main St. Cedar City	435-868-5000 intermountain healthcare.org	48	396 112	No DND	ER, Obstetrics, Surgery, Cancer Services, Cardiology, Spine & Pain Services, Diagnostic Imaging	Jason Wilson Intermountain Healthcare
Sevier Valley Medical Center 1000 N. Main Richfield	435-893-4100 intermountain healthcare.org	42	160 80	No DND	ER, Diagnostic Imaging, Dialysis, Family Medicine, General Surgery, Obstetrics, Lab, Sleep Lab	Gary Beck Intermountain Healthcare
The Orthopedic Specialty Hospital (TOSH) 5848 S. 300 E. Murray	801-314-4100 intermountain healthcare.org	36	413 150	No DND	Orthopedics, Sports Medicine, Joint Replacement, Physical Therapy, Spine Care, Arthritis Management Center, Nutrition Services, Sports Performance	Barbara Ohm Intermountain Healthcare
Park City Medical Center 900 Round Valley Dr. Park City	435-658-7000 intermountain healthcare.org	26	322 163	No DND	ER, Diagnostic Imaging, ProHealth Lab, Family Medicine, General Surgery, Obstetrics, Plastic Surgery, Nutrition Counseling	Si Hutt Intermountain Healthcare
Bear River Valley Hospital 1000 W. 905 N. Tremonton	435-207-4500 intermountain healthcare.org	20	132 82	No DND	ER, Women and Newborn Services, Surgical, Diagnostic Imaging, Physical Therapy	Eric Parker Intermountain Healthcare
Delta Community Medical Center 126 S. White Sage Ave. Delta	435-864-5591 intermountain healthcare.org	20	66 27	No DND	ER, Diagnostic Imaging, Family Medicine, General Surgery, Obstetrics, Lab	James Beckstrand Intermountain Healthcare
Fillmore Community Medical Center 674 S. Highway 99 Fillmore	435-743-5591 intermountain healthcare.org	20	68 8	No DND	ER, Diagnostic Imaging, Family Medicine, General Surgery, Obstetrics, Lab	James Beckstrand Intermountain Healthcare
Heber Valley Medical Center 1485 S. Highway 40 Heber	435-654-2500 intermountain healthcare.org	20	112 92	No DND	ER, Family Medicine, General Surgery, Obstetrics, Lab, Plastic Surgery, Sleep Lab	Shawn Morrow Intermountain Healthcare
Orem Community Hospital 331 N. 400 W. Orem	801-224-4080 intermountain healthcare.org	20	189 532	No DND	Obstetrics, Women's Services, Same-day Surgery, Imaging, ER	Steve Badger Intermountain Healthcare
Sanpete Valley Hospital 1100 S. Medical Dr. Mt. Pleasant	435-462-2441 intermountain healthcare.org	20	122 88	No DND	ER, Diagnostic Imaging, Family Medicine, General Surgery, Obstetrics, Sleep Lab, Orthopedics	Mark Allen Intermountain Healthcare

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Employers increase benefits that improve employee health, wellness

Benefit offerings stabilized in 2012 as the impact of the economic downturn lessened from 2011

More employers are offering benefits that encourage employees to improve their health in 2012, according to a survey released recently by the Society for Human Resource Management (SHRM).

Over the last five years, benefits that reward employees for improving their health have jumped, a sign that organizations recognize employees value these benefits and are looking for ways to cut business costs. For example, the percentage of employers offering health and lifestyle coaching jumped from 33 percent in 2008 to 45 percent in 2012, and rewards or bonuses for completing a health and wellness program increased from 23 percent in 2008 to 35 percent in 2012.

SHRM's 2012 Employee Benefits Survey found that, while most employee benefits stabilized this year, 73 percent of HR professionals reported that the econom-

ic downturn negatively impacted employee benefit offerings (11 percent to a large extent and 62 percent to some extent). This is more or less the same as in 2011, when 77 percent said the economy negatively affected benefits to some or a large extent.

Because of the economy and recent employment-related legislation, many employers have shifted to benefits that place primary responsibility and control to employees. For example, more employers offer defined contribution retirement-savings plans (92 percent) than defined benefit pension plans (21 percent) in 2012, putting the impetus on employees to manage their own retirement savings instead of relying on employer-provided pensions.

Employer spending on benefits remained stable this year with organizations spending, on average, 19 percent of an employee's annual salary on voluntary benefits, 18 percent on mandatory benefits and 10 percent on pay for time employees did not work.

The survey of 550 randomly selected

HR professionals examined 297 benefits. Among other findings:

- The five most common benefits in 2012 are: paid holidays (97 percent); prescription drug program coverage (97 percent); dental insurance (96 percent); defined contribution retirement savings plans (92 percent); and mail-order prescription programs (91 percent).

- Paid time off plans have become more popular: More than half of organizations (51 percent) provide paid time off plans, a combination of traditional vacation time, sick leave and personal days in one plan, up from 42 percent in 2009.

- Domestic partner benefits: A third of employers (35 percent) offer health care coverage to same-sex domestic partners, and 32 percent offer it to opposite-sex domestic partners. Fifteen percent provide domestic partner benefits, not including health care coverage, for opposite-sex partners, and the same percent offer the benefit to same-sex partners.

- Health care premium discounts for

healthier behavior are on the rise: Health care premiums discounts for getting annual health risk assessments rose from 11 percent in 2008 to 21 percent in 2012, while discounts for not using tobacco products increased to 20 percent this year from 8 percent in 2008.

- Pets at work: Six percent of organizations offer pet health insurance, 5 percent allow pets at work, 1 percent pay for pet care expenses while an employee is traveling for business, and 1 percent have a "Take Your Pet to Work" day.

The annual benefits survey asks HR respondents about their organizations' employee benefits in 12 sections: business travel, employee programs and services, family-friendly, financial and compensation, flexible working, healthcare and welfare, housing and relocation, leave, preventive health and wellness, professional and career development, retirement savings and planning, and other.

WELLNESS

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gram, starting with getting a minimum of 90 percent of their employees to complete a health risk assessment without providing incentives."

Getting the employees behind a wellness program can often be the fuel that jump-starts an employer's decision-making process, as now he sees what was perceived as a potential expense reaping potential dividends in terms of an increase in employee morale and a decrease in the number of days out of work due to a workplace injury and/or illness.

As York International's Bodack sees it, it's all about the employee kick-off.

"We've received tremendous response from our kickoff meetings," he said. "The delivery of the health risk assessment to an employee is a measure of control all by itself. When an employee takes the 10 minutes to read it, it may be more informa-

tion than they get about their health from their own doctor. And, an annual health risk assessment offers the employee a grand picture of his or her health, year after year. When employees have something personalized, such as their HRA (health risk assessment), and see directives they can look at year after year, it provides a tremendous level of control and a heightened awareness. We routinely reach 85 or 90 percent involvement from employees who review their HRAs."

One point that both Bodack and Basten agree on as wellness experts is that employers should not rely on incentives for employee involvement in the program. And, conversely, neither should they be penalized for not participating.

"Employees are already struggling with family pressures and an uncertainty about the future," said Basten. "The last thing employees need is a work environment where they are told what not to do and being penalized for doing so. This doesn't create a thriving corporate culture. Wellness

should be offered solely as a benefit and not as a 'reward,' and delivered to the employees as such. Only then will the employer get the proper participation they need for the program to be successful."

Mark Nantz of Knapp Miller Brown Insurance Services in Salem, Ind., said a key component of a successful wellness program, which he has used many times, is the shared clinic model, a benefit which also includes wellness coaches.

"The shared clinic model allows smaller employers to use the clinic model, as long as there is a larger employer to act as the anchor," he said. "Think of a shopping center with the large big-box store as the anchor tenant. A large employer can have its own clinic and it can act as an anchor for surrounding companies to share its on-site clinic. On-site clinics can also pull out employees with chronic illnesses and focus on wellness initiatives for those folks."

It has become increasingly clear that workers' compensation, employee benefits and wellness are the three faces of employ-

ee health, and the cost of that health means insurance producers must be equipped to bring a unified approach to employers. With the new Health Care Reform legislations, employers will have an enormous need for expert advice on benefits and wellness. The agents of the future are quickly arming themselves with new ways to attack the true root causes that are driving up health care costs. And if employers can make their employees healthier without cutting benefits or shifting more premium costs to their employees, where is the downside?

Preston Diamond is managing director and co-founder of the Institute of WorkComp Professionals (IWCP), based in Asheville, N.C. In 2010, IWCP created a sister organization, the Institute of Benefits & Wellness Advisors, that trains, tests and certifies benefit and P&C agents in wellness and employee benefits. He can be contacted at (828) 274-0959 or preston@workcompprofessionals.com.

Lump sums assist rather than discourage return to work, according to study

An ongoing question for many policymakers is whether lump-sum settlements in workers' compensation cases help or hurt return to work for injured workers. Although some believe that settlements discourage return to work, the Workers Compensation Research Institute's (WCRI) new study, "Return to Work after a Lump-Sum Settlement," shows the opposite.

"This is an important study because we need to find out whether settlements discourage return to work for injured workers who want to return to work or assist them in closing this chapter of their life and

moving on with their career," said Bogdan Savych, author and public policy analyst at WCRI. "My hope is this research will help policymakers and other stakeholders understand how workers respond to receiving a lump-sum settlement."

The study follows the experience of 2,138 workers who were injured in Michigan in 2004 and later received a lump-sum settlement. WCRI followed the employment experience of these workers up through 2008. Although the study focused on injured workers in Michigan, policymakers from across the country can learn

from these findings and better understand a worker's decision to return to work after a lump-sum settlement.

Among the study's many findings:

- Three quarters (78 percent) of the injured workers in the study who received a lump-sum settlement didn't change their employment status, which means that many of those who were employed at the time of the lump sum stayed employed and those who were not employed remained unemployed.

- Of those injured workers that did change their employment status, nearly a

third (30 percent) who were employed at the time of the lump-sum settlement left work and nearly a fifth (19 percent) of those who were not employed at the time of the lump sum attained employment.

- On average, more injured workers returned to work after receiving a lump-sum settlement than exited. Average employment in the sample increased from 25 percent of workers at the time of the lump sum to 32 percent of workers one year after a settlement. The exception is older workers who experienced a decline in employment after a settlement.

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