



Program Overview

- Number of employees, retirees, and dependents: 45,880

Program Goals

- *Health Care University* is Pitney Bowes' broad-based program designed to assist employees in maintaining and improving their health status.

Program Components

- Benefit design that reduces potential barriers to effective treatment and health management.
- Core components are focused on prevention, early detection, and management of chronic health conditions.
- Credits are earned by employees for maintenance and adoption of healthy habits (e.g., obtaining routine age- and gender-appropriate screenings, seat belt use, not smoking).
- Participants earn flex dollars that will reduce their contributions for health coverage in a subsequent year.
- Behaviors are self-reported by employees on an annual basis.
- Programs and educational materials are delivered through onsite medical clinics and E-Health Portal.
- Programs offered through health plan partners.

Key Findings

- Documented effectiveness in reducing health care costs and absenteeism for participants.
- A projected \$1 million in savings in 2004 for diabetes and asthma care. By reducing co-insurance to 10 percent for specific medications, overall median costs were reduced by 12 percent to 15 percent, respectively.
- Recipient of E. Everett Koop Award in 1996 and 1998.

“**H**aving a culture of health at Pitney Bowes has been my passion throughout my 16 years as a senior leader at the company. As an employer, we can have a major impact on the health and well-being of our employees, and we have systematically acted to achieve that goal since 1990.

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“A fundamental component to maximizing health is employee engagement. The first step in patient self-management is an aggressive health program that includes patient education and awareness; lifestyle management; health risk assessment; preventive screenings; immunizations; and holistic health.

“Managing health also includes removing barriers to effective treatment. As such, we have addressed high-cost areas, specifically diabetes and asthma, and have reduced co-insurance for specific medications. The bottom line? An overall reduction in prescription medication costs, better adherence, and fewer adverse events within these groups.”

THE BOTTOM LINE

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