

FREMONT COUNTY WELLNESS PROGRAM PREMIUM REDUCTION FORM: _____

Name: _____

Dept: _____

*NIH: National Institutes of Health

		Standard	Amount	Measurement
BMI				
1	Body mass index based on combination of weight & height; standard chart published by NIH.gov utilized (available upon request).	< 29.0	\$50	
Alternative to BMI: Waist Circumference				
1a	Guidelines from NIH: To measure waist circumference, locate the upper hip bone and the top of the right iliac crest. Place a measuring tape in a horizontal plane around the abdomen at the level of the iliac crest. Tape should be pulled snug and positioned horizontal to floor.	Men: ≤ 40 in Women: ≤ 35 in	see above	
Blood Pressure				
2	Blood pressure taken with automatic or auscultatory cuff in seated position. Blood pressure based on standards by NIH.gov. New standards for 60+ yrs published by Journal of the American Medical Assoc., 2014.	< 60 yrs: < 135/85 60+ yrs: < 145/85	\$15	
Cholesterol				
3	Total / HDL Cholesterol Ratio. Divide Total Cholesterol by HDL Cholesterol. According to the Mayo Clinic: an acceptable ratio is below 5.0. If HDL is not available, Total Cholesterol may be accepted as an alternative. Please list numbers below. Total: _____ HDL: _____			
	Total / HDL Cholesterol Ratio	< 5.0	\$15	Ratio: _____
Fasting Glucose (IFG)				
4	Fasting glucose from blood screening completed within the previous 24 months. Levels based on standards published by NIH.gov.	< 110 mg/dL	\$20	
Alternative to Fasting Glucose: A1C				
4a	A1C from blood screening completed within the previous 24 months. Levels published by NIH.gov.	< 6.5 %	see above	

DATE THAT BLOOD SCREENINGS WERE COMPLETED

The FC Wellness Program will accept blood screenings completed within previous 24 months.

Physicians: please indicate whether one or more standards should be waived due to a pre-existing health condition:

Signature:

Total Premium Reduction

Wellness Program Coordinator:

Signature of Medical or Wellness Professional Completing Form:

Print: _____ **Date:** _____