

FREMONT COUNTY PREMIUM REDUCTION FORM: YEAR: _____

Name: _____ **Dept:** _____

I am An Employee _____ Spouse _____

Email: _____

The Wellness Program will use your email to send you updates about the program.

	Standard	Worth	Measurement	Amount Earned	Waived?
BMI OR Waist Circumference	< 29.0	\$50	Height:		
	OR		Weight:		
	≤ 35 in. women		BMI:		
	≤ 40 in. men		Waist:		
Blood Pressure	≤ 136/86 ≤ 146/86 (60+ yrs)	\$15			
Cholesterol Ratio	≤ 5.0	\$15	Total:		
			HDL:		
			Ratio:		
Fasting Glucose OR Hemoglobin A1c	≤ 110 mg/dL	\$20	Glucose:		
	OR				
	≤ 6.5 %		A1c (if tested):		

Max. Total Possible:	\$100	Your Total:
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PHYSICIANS:

IF YOU FEEL ANY OF THE STANDARDS LISTED SHOULD BE WAIVED FOR THIS PARTICIPANT, PLEASE CHECK THE "WAIVED?" BOX FOR THE STANDARD(S) AND SIGN BELOW.

Signature: _____

Print: _____

DO YOU QUALIFY FOR A PARTICIPATION INCENTIVE? (To Be Completed By Prog. Manager)

_____ YES AMOUNT: _____

_____ NO, I AM RECEIVING THE
MAXIMUM TOTAL POSSIBLE

_____ I AM INTERESTED IN LEARNING MORE ABOUT RECEIVING MY FAMILY'S MEDICATIONS FOR ASTHMA, CHOLESTEROL, DIABETES, AND BLOOD PRESSURE AT NO COST.

Wellness Program Manager's Signature & Date:

Fremont County Government provides employees and covered spouses who are enrolled in our health plan an opportunity to participate in a wellness incentive program to support a healthy lifestyle. The goal of this program is to promote and encourage good health of employees and their spouses because healthy employees provide the public with the best service and this incentive is a win-win for both the county and employees. The Fremont County Wellness Program is a voluntary program and all information shared is kept confidential under HIPAA guidelines.

BMI/Waist

Participants can submit either a body mass index (BMI) or waist measurement to qualify this standard. The body mass index is calculated based on height and weight. The waist circumference measurement is based on disease risk guidelines published by the Centers of Disease Control and National Institutes of Health.

$$BMI = \frac{\text{Weight in pounds} \times 703}{\text{Height in inches} \times \text{Height in inches}}$$

BMI	Weight Classification	Disease Risk Waist ≤ 40 in. (men) or 35 in. (women)	Disease Risk Waist > 40 in. (men) or 35 in. (women)
18.5 or less	Underweight	--	N/A
18.5 - 24.9	Normal	--	N/A
25.0 - 29.9	Overweight	Increased	High
30.0 - 34.9	Obese Class 1	High	Very High
35.0 - 39.9	Obese Class 2	Very High	Very High
40.0 to 49.9	Morbidly Obese	Extremely High	Extremely High
>49.9	Super Obese	Extremely High	Extremely High

Blood Pressure

The blood pressure standard has two measurements based on age recommended by the Centers of Disease Control.

Blood Pressure Category	Systolic mm Hg (upper #)	and	Diastolic mm Hg (lower #)
Normal	less than 120	and	less than 80
Prehypertension	120 – 139	or	80 – 89
High Blood Pressure (Hypertension) Stage 1	140 – 159	or	90 – 99
High Blood Pressure (Hypertension) Stage 2	160 or higher	or	100 or higher
Hypertensive Crisis (Emergency care needed)	Higher than 180	or	Higher than 110

Cholesterol Ratio

The Cholesterol Ratio is calculated by dividing Total Cholesterol by HDL Cholesterol and is a more accurate standard to determine disease risk.

		Optimal	Moderate	High
Total/HDL ratio	Men	<3.5	3.5 – 5.0	>5.0
	Women	<3.0	3.0 - 4.4	>4.4

Fasting Glucose or Hemoglobin A1c

Participants can either submit a fasting glucose or Hemoglobin A1c, which is a common test for those with pre-diabetes or diabetes. The A1c is not required, and not everyone will complete the A1c, but it will be accepted if the test was completed.

Physician Waiver

A physician can waive any standard or standards affected by current treatment or a pre-existing health condition by checking the box next the affected standard and signing within the box indicated.

Participation Incentive

Participants who miss a standard or standards, and do not earn that specific amount as a premium reduction, can receive the amount they missed as a participation incentive. Participants can contact the Wellness Program Manager to receive information on how to participate to earn the incentive.

Chronic Disease Management Program

Fremont County will cover costs of medications for blood pressure, cholesterol, diabetes, and asthma for employees, spouses, and dependents covered under the insurance plan. Participants can contact the Wellness Program Manager to receive information on how your family can participate.

Wellness Program Manager

Penny Fahey, fremontcounty.wellness@gmail.com or 307-377-7272

Blood Test Levels for Diagnosis of Diabetes and Prediabetes

	A1C (percent)	Fasting Plasma Glucose (mg/dL)	Oral Glucose Tolerance Test (mg/dL)
Diabetes	6.5 or above	126 or above	200 or above
Prediabetes	5.7 to 6.4	100 to 125	140 to 199
Normal	About 5	99 or below	139 or below

Definitions: mg = milligram, dL = deciliter
For all three tests, within the prediabetes range, the higher the test result, the greater the risk of diabetes.