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FC Wellness Program

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IMPORTANT: CURRENT PREMIUM REDUCTIONS WILL EXPIRE DEC. 31. BE SURE TO SIGN UP FOR YOUR 2023 PREMIUM REDUCTION BETWEEN OCT 1 - NOV 30.

Premium reductions forms and instructions on how to complete it this year are posted under the Premium reduction tab at fremontcountywellness.com.



Premium Reduction Form Instruction Update

Departments can designate an employee to volunteer to complete the measurements for the postcard or premium reduction form. Due to HIPAA, this employee would only be able to record BMI, waist, and blood pressure measurements and NOT record health fair results. How:

The department head needs to email me to let me know who will completing the measurements. The employee can sign the form. For fairness, employees cannot simply measure each other. There has to be a designated person doing this.

Once I am contacted, I will send the employee instructions on how to complete the measurements, and probably chat with him/her as well.

Departments can choose to record weight & height for BMI or the waist measurement, or both. Departments can use whatever scale everyone agrees on. Cloth measuring tapes are available for all departments through the Elections Office. Height from a drivers license can be used.

Many departments have automatic blood pressure cuffs loaned to them by the Wellness Program. If you do not have one of these cuffs, a participant can take 3 blood pressure measurements on their own and record these on the form (I will average them together).

Health fair results completed within the past 24 months will be accepted. I should have last year's results for current participants in my records. New employees or spouses, or those needing to update their results can fax them to me (307-215-1010) or attach them to the form or postcard.

If you would like to learn about other ways to complete your form, see fremontcountywellness.com, *Premium Reduction* tab, OR contact Penny: 307-709-7887, fremontcounty.wellness@gmail.com

Remember: forms or postcards are due by Nov. 30th.

NAME: _____ DEPT.: _____

- **Physical Activity:** On the calendar below, record your physical activity in minutes, steps, or miles and record the total after each week to figure your monthly grand total. OR
- **Blood Pressure:** Take your blood pressure at least once per week and record it on the calendar below.

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			



<u>Steps</u>	Monthly Total	Average Equivalent	* BP Category
Wow!	240,001 - 360,000+	10001 - 12000+ steps @ 6 - 7 days/week	
In The Zone	100,001 - 240,000	5001 - 10000 steps @ 5 - 6 days/week	
Getting Stronger	48,001 - 100,000	3001 - 5000 steps @ 4 - 5 days/week	
Great Start!	36,000 - 48,000	1000 - 3000 steps @ 3 - 4 days/week	
<u>Miles</u>	Monthly Total	Average Equivalent	Normal less than 120 less than 80
Wow!	115.1 - 171 + mil	4.9 - 5.7+ miles @ 6 - 7 days/week	Elevated 120-129 less than 80
In The Zone	60.1 - 115 mil	2.5 - 4.8 miles @ 5 - 6 days/week	Stage 1 130-139 80-89
Getting Stronger	22.1 - 60 mil	1.5 - 2.4 miles @ 4 - 5 days/week	Stage 2 140 or higher 90 or higher
Great Start!	7.5 - 22 mil	0.5 - 1.4 miles @ 3 - 4 days/week	EMERGENCY Higher than 180 Higher than 120
<u>Minutes</u>	Monthly Total	Average Equivalent	
Wow!	1081-1800+ min	46 - 60+ min @ 6 - 7 days/week	
In The Zone	601-1080 min	31 - 45 min @ 5 - 6 days/week	
Getting Stronger	321-600 min	21 - 30 min @ 4 - 5 days/week	
Great Start!	120-320 min	10 - 20 min @ 3 - 4 days/week	