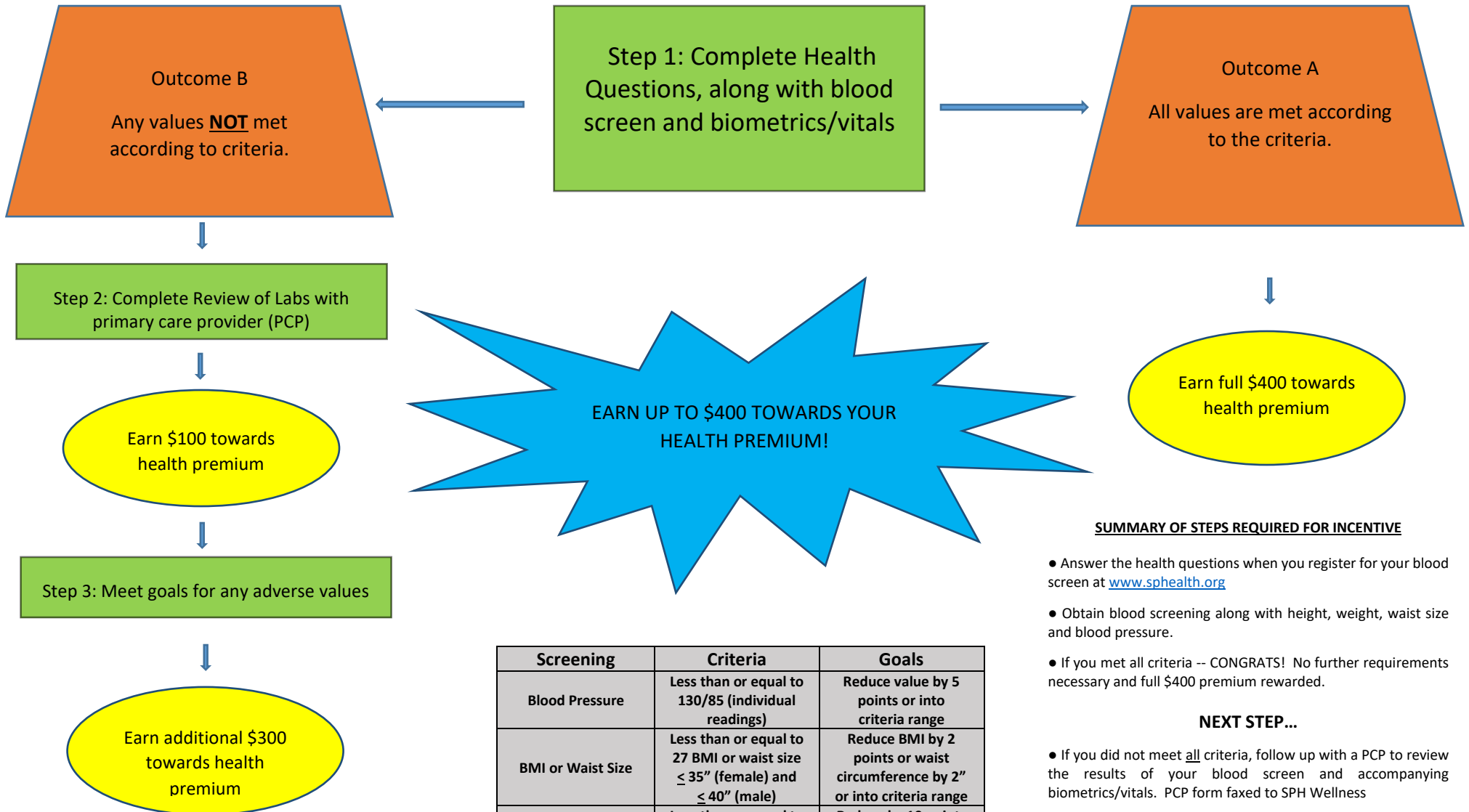


2019-20 HELENA SCHOOL DISTRICT HEALTH PREMIUM REDUCTION INCENTIVE



SUMMARY OF STEPS REQUIRED FOR INCENTIVE

- Answer the health questions when you register for your blood screen at www.sphealth.org
- Obtain blood screening along with height, weight, waist size and blood pressure.
- If you met all criteria -- CONGRATS! No further requirements necessary and full \$400 premium rewarded.

NEXT STEP...

- If you did not meet all criteria, follow up with a PCP to review the results of your blood screen and accompanying biometrics/vitals. PCP form faxed to SPH Wellness

REWARD: \$100 towards your health premium

NEXT STEP...

- Return to SPH Wellness or your PCP for assessment of goals met for any values outside of the criteria – if upon assessment you met those goals – CONGRATS!

REWARD: Additional \$300 towards your health premium

Screening	Criteria	Goals
Blood Pressure	Less than or equal to 130/85 (individual readings)	Reduce value by 5 points or into criteria range
BMI or Waist Size	Less than or equal to 27 BMI or waist size ≤ 35" (female) and ≤ 40" (male)	Reduce BMI by 2 points or waist circumference by 2" or into criteria range
Fasting Blood Sugar	Less than or equal to 110	Reduce by 10 points or into criteria range
Total Cholesterol or TC/HDL Ratio	Less than or equal to 200 or ≤ 4.5 (w) or ≤ 5 (m)	Reduce total by 10 points or ratio by .5 or into criteria range
Tobacco/Nicotine	Tobacco/Nicotine Free for 3 months	Be Tobacco/Nicotine Free for 3 months