

SCORE CARD

HOW WELL DID YOU DO?

This score card can help determine your incentive results.

Additional communication regarding your status will be provided by St. Peter's Health Wellness Services and sent to the email address you provided during screening registration.

Step 1: Find your numbers on your lab sheet and fill in column #2.

Step 2: Compare column #2 with column #3.

Step 3: Did you meet the requirement? Complete column #4 and refer to the back of this card for more information.

Step 4: Keep this form and your lab results for your records.

Helena School District

Requirement	My Score	The score needed to meet the requirement	I met the requirement?
Refrained from tobacco/nicotine?	yes no	Must refrain from use of all forms of tobacco for 3 months	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Waist measurement		Waist Circumference is ≤ 40 (men) ≤ 35 (women)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blood pressure		$\leq 130/85$ (measured individually)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blood Sugar Level (Glucose)		Glucose is ≤ 110	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Total Cholesterol – or – <input type="checkbox"/> Ratio		Total Cholesterol is ≤ 200 –or– Ratio ≤ 5 (m) ≤ 4.5 (w)	<input type="checkbox"/> Yes <input type="checkbox"/> No

✓ If you answered **YES** to all five of the requirements, congratulations! You have satisfied all the requirements for this year's incentive and will receive the full \$400 reward toward your health insurance premium. Please contact your benefits department to determine specifics regarding the incentive reward that will begin in 2021.

✓ If you answered **NO** to any of these questions please see the following:

- To receive the initial \$100 reward toward your health insurance premium, you must review your lab results with a Primary Care Provider (PCP). Have your provider sign the PCP Follow-Up Form and fax it to Wellness Services at 447-2544.
- If the PCP Follow-Up form is received, you'll receive email notification from Wellness Services. You can then work toward the goals listed to the right (for those values that did not meet the criteria) to remain eligible for the remaining incentive reward.
- Any abnormal values must be re-assessed by the Wellness Services (by appointment only) or you can provide official medical documentation of improved values if the medical record values are dated after your screening. If goals are satisfied you will receive the additional \$300 reward toward your health insurance premium.
- All reassessments/medical record documentation must be completed/received no later than June 30, 2021.

To Remain Eligible:

Criteria	Goals
Blood Pressure	Reduce value by 5 points or into criteria range
Waist Size	Reduce waist circumference by 2" or into criteria range
Fasting Blood Sugar	Reduce by 10 points or into criteria range
Total Cholesterol or TC/HDL Ratio	Reduce TC by 10 points or into criteria range
Tobacco/Nicotine	Be tobacco/nicotine-free for 3 months or receive a Montana Quit Line Certificate of Completion

