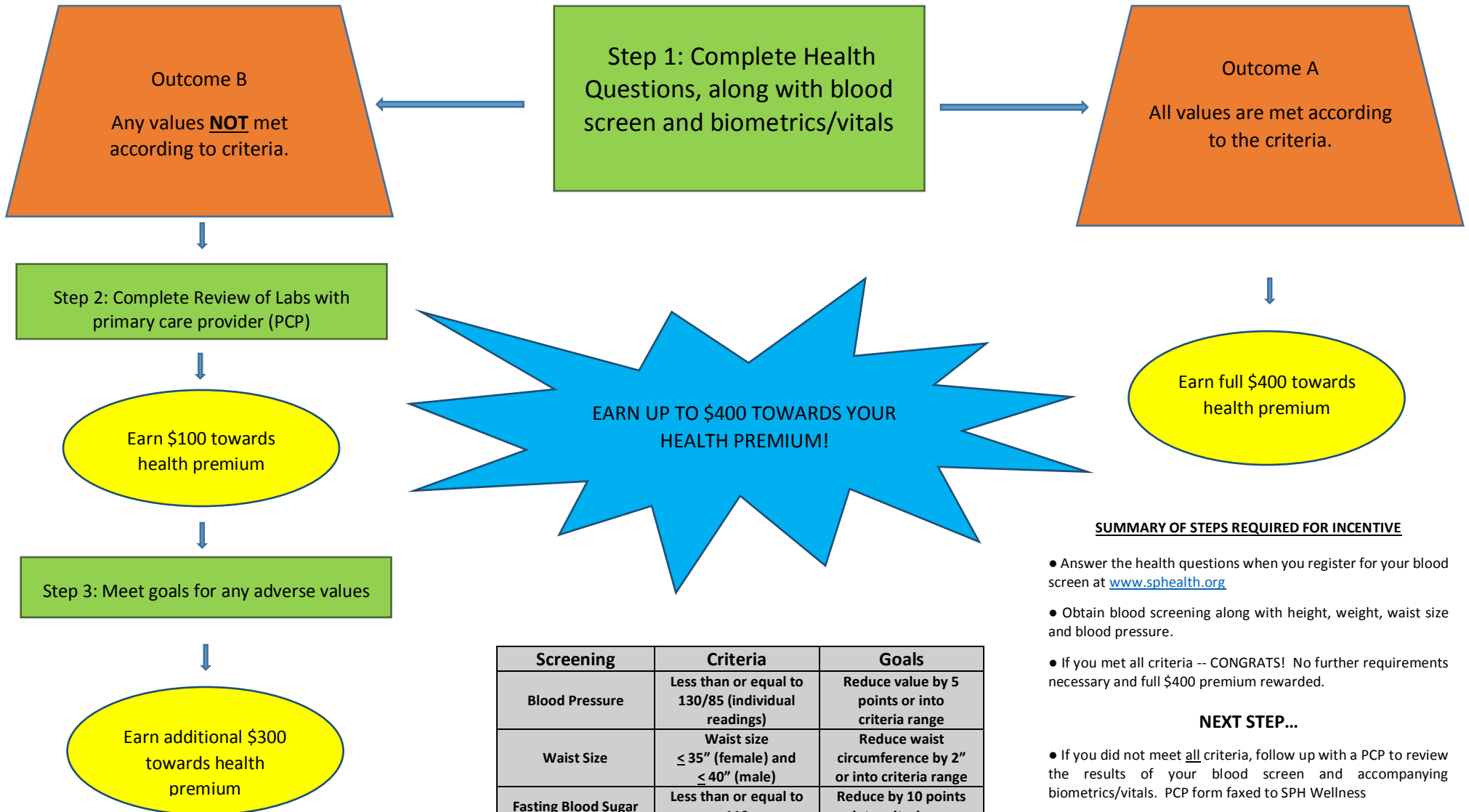


2020-21 HELENA SCHOOL DISTRICT HEALTH PREMIUM REDUCTION INCENTIVE



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
Waist Size	Waist size ≤ 35" (female) and ≤ 40" (male)	Reduce 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