



PREVENTIVE CARE EXAM FORM

This form is for DIG employees who receive preventive care in or outside of the DIG Wellness Center.

Participant Name: _____ DOB: _____

If your physician does not recommend a particular screening due to a medical condition, please indicate below and have your physician sign. If you receive preventive care outside the DIG Wellness Center, after completion, please fax this form to Jennifer Flores, NP at the DIG Wellness Center 325-899-0542. All exams need to be completed and this form submitted **by January 1, 2016 or the anniversary month of your last preventive exam.**

	Ages 40 and under		Ages 40-49		Ages 50 and over	
	Completion of the following:	Date	Completion of the following:	Date	Completion of the following:	Date
MEN	Full Blood Draw: Including Total Cholesterol, HDL, LDL, Triglycerides, and Blood Glucose		Full Blood Draw: Including Total Cholesterol, HDL, LDL, Triglycerides, and Blood Glucose		Full Blood Draw: Including Total Cholesterol, HDL, LDL, Triglycerides, and Blood Glucose	
	Blood Pressure Evaluation		Blood Pressure Evaluation		Blood Pressure Evaluation	
	Body Composition: Measures Height, Weight, Body Mass Index and Waist Measurement		Body Composition: Measures Height, Weight, Body Mass Index and Waist Measurement		Body Composition: Measures Height, Weight, Body Mass Index and Waist Measurement	
	Annual Physical		PSA Test		PSA Test	
					Colonoscopy*	
	Ages 40 and under		Ages 40-49		Ages 50 and over	
	Completion of the following:	Date	Completion of the following:	Date	Completion of the following:	Date
WOMEN	Full Blood Draw: Including Total Cholesterol, HDL, LDL, Triglycerides, and Blood Glucose		Full Blood Draw: Including Total Cholesterol, HDL, LDL, Triglycerides, and Blood Glucose		Full Blood Draw: Including Total Cholesterol, HDL, LDL, Triglycerides, and Blood Glucose	
	Blood Pressure Evaluation		Blood Pressure Evaluation		Blood Pressure Evaluation	
	Body Composition: Measures Height, Weight, Body Mass Index and Waist Measurement		Body Composition: Measures Height, Weight, Body Mass Index and Waist Measurement		Body Composition: Measures Height, Weight, Body Mass Index and Waist Measurement	
	Well Woman Exam Including Pap Smear		Well Woman Exam Including Pap Smear		Well Woman Exam Including Pap Smear	
			Mammogram		Mammogram	
					Colonoscopy *	

*While all of these tests can be performed annually, a colonoscopy is typically performed every 5 to 10 years beginning at age 50. It may be suggested more often based on personal/family health history, past results, or physician recommendations.

Please have your physician or nurse complete the information below. If applicable, please provide explanation of any exam listed above that is NOT recommended for this patient:

I confirm that the participant on the form has received the recommended preventive care for their age group listed above.

- The participant on the form is at risk or borderline for the health conditions tested and _____ is or _____ is not following a prescribed treatment plan.
- The participant on the form meets the standards for each category tested.

Physicians Name (please print) _____ Date _____

Physician's Signature _____

**Preventive Care Exam - health screening standards provided by the U.S.
Department of Health and Human Services**

Blood Pressure

Category	SPB mmHg		DBP mmHg
Normal *	<120	And	<80
Prehypertension	120-139	Or	80-89
Hypertension Stage 1	140-159	Or	90-99
Hypertension Stage 2	≥160	Or	≥100

Cholesterol- (after 9-12 hour fast)

LDL Cholesterol

Optimal *	<100
Near Optimal *	100-129
Borderline High	130-159
High	160-189
Very High	≥190
HDL Cholesterol	
Low	<40
High	≥60

Total Cholesterol

Desirable *	<200
Borderline High	200-239
High	≥240
Triglycerides	
Normal *	<150
Borderline High	150-199
High	200-499
Very High	≥500

Body Mass Index (BMI)

Underweight	<18.5
Normal Weight *	18.5-24.9
Overweight	25-29.9
Obesity (class 1)	30-34.9
Obesity (class 2)	35-39.9
Extreme Obesity (class 3)	≥40

Glucose

	Fasting Glucose (mg/dL)
Diabetes	126 or above
Prediabetes	100 to 125
Normal *	99 or below

***** Do not return to Human Resources*****

***Please return to Jennifer Flores, NP by January 1, 2016 *Fax 325.899.0542**

Wellness Discount Certification Form

Please select the following that applies to you:

I have participated in a worksite wellness screening and as a result I discovered:

- I am currently at risk or borderline for the health conditions tested.
- I currently meet the standards for each category tested.

I select one of the following options regarding my steps forward:

- I choose not to participate in the DIG Wellness Initiative and forfeit the \$50 monthly discount in health care coverage.
- I commit to participating in the DIG Wellness Initiative, and attached is my action plan to reduce my health risk(s).
- I currently meet the required standards and attached is my plan to maintain my health status and prevent me from becoming at risk.

If you are a current smoker, select one of the following options regarding steps forward:

- I commit to quit using tobacco products and receive assistance from a smoking cessation program or by self-management.
- I use tobacco products and will continue to use tobacco products. I understand I will forfeit the \$50 monthly discount in health care coverage and will be charged an additional \$50 monthly surcharge.

If applicable, I have scheduled prescribed follow up appointment(s) with my physician. I will provide documentation of improvement in my identified risk(s).

Signature _____ Date _____

ALL EMPLOYEES enrolling in medical coverage must complete this Affidavit

***** Do not return to Human Resources*****

***Please return to Jennifer Flores, NP by January 1, 2016*Fax 325.899.0542**

**Tobacco Status Certification
2016 Plan Year**

In an effort to promote Health & Wellness for our employees, we are implementing a Tobacco User Surcharge for the remainder of the plan year.

If you smoke or use tobacco products (including, but not limited to, cigarettes, snuff, chewing tobacco, pipes, hookah or any other lighted smoking equipment) on a regular basis (daily/weekly consistently within the last 6 months), a \$50 per month surcharge will apply.

If you are a tobacco user and complete a smoking cessation plan available through the DIG Wellness Center in the designated timeframe, we will refund the tobacco user surcharge, and discontinue any further tobacco user surcharge for the remainder of the plan year.

If you are not a smoker and do not use tobacco, you will not be assessed the surcharge.

Employees who do not timely return the Certification will automatically be defaulted to the tobacco user surcharge. This surcharge does not apply toward your spouse or dependent children.

Please contact Jennifer Flores, NP with the DIG Wellness Center if you have any questions.

Employee Name (Last, First, MI):	Department

Please check one option below:

- I smoke or use tobacco products on a regular basis. ***The \$50 per month surcharge WILL apply.***
- I do not smoke or use tobacco products on a regular basis. ***The \$50 per month surcharge WILL not apply.***

I agree to notify the DIG Wellness Center promptly at any time that I begin smoking or using tobacco products and understand that such use may cause the Tobacco User Surcharge to apply.

I further understand that knowingly falsifying this form or making any false statements or representation in connection with this form may result in the loss of health coverage and/or disciplinary action up to and including termination of employment.

Signature _____ Date _____

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***Please return to Jennifer Flores NP by January 01,2016 *Fax 325.899.0542**

*******SAMPLE ACTION PLAN*******

Action Plan Format:

Step 1: Health and fitness goals achieved during the current year based upon my previous action plan were...

Step 2: My health and fitness goals for the coming year are...

Step 3: This is my plan to maintain or reduce my current health risks:

Food: I commit to...

Exercise: I will...

Stress: I will reduce/keep my stress levels down by...

Print Name: _____

Sign: _____ Date: _____

DIG WELLNESS INITIATIVE FAQ's

Q: What health risks are evaluated during a preventive care exam and how do I know if I am “at risk”?

A: The primary risk factors evaluated are blood pressure, cholesterol, glucose and body mass. Below is the most current health screening standards provided by the U.S. Department of Health and Human Services. Categories marked by the asterisk denote “meeting the standard”. Ultimately, your provider will evaluate your health status and determine the treatment that is appropriate for you.

Blood Pressure

Category	SPB mmHg		DBP mmHg
Normal *	<120	And	<80
Prehypertension	120-139	Or	80-89
Hypertension Stage 1	140-159	Or	90-99
Hypertension Stage 2	≥160	Or	≥100

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	Fasting Glucose (mg/dL)
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Normal *	99 or below

Q: Besides an annual health screening, what else is required to qualify for the \$50 monthly discount?

A: In addition to the completion by your provider of the Preventive Care Exam Form, you must complete and sign a Wellness Discount Certification Form and a Tobacco Status Certification Form. You will also need to provide an action plan as to the steps you will take to reduce any identified health risks or to maintain your current health status. **All of these forms are to be faxed to Jennifer Flores, NP at the DIG Wellness Center 325-899-0542.**

Q: If I carry dependents on the company health plan, do they have to participate in the DIG Wellness Program?

A: No, your dependents will not be required to participate in annual screenings or submit the certification forms.

Q: What if I had a physical/health screening done in the last year? Am I going to be required to have another one done?

A: No, if you have had a health screening in the last 12 months just have your physician complete the Preventive Care Exam Form and fax to the DIG Wellness Center then complete and fax the certification forms as well.

Q: Where can I find the required certification forms?

A: **These forms will be available in the DIG Wellness Center and you may also download them from www.digwellnesscenter.com under the resources page.**

Q: How will the company know if I am truthful in my Wellness Discount and Tobacco Status Certifications?

A: The Company will accept the certifications as truthful unless proven otherwise. In the event that an employee falsifies a certificate, he/she will be subject to disciplinary action up to and including termination of employment. Additionally the Company may conduct tobacco usage screening.

Q: Who will see this information?

A: If you are using the DIG Wellness Center, Jennifer Flores is the only person that will see your screening results. If you go outside the clinic for your health screening, Jennifer will see NO results, only the Preventive Care Exam Form. All data collected at the DIG Wellness Center will be stored electronically in your profile where no one but Jennifer has access. Jennifer will review the 3 forms and approve your action plan. She will notify Human Resources that you have/have not qualified for the \$50 monthly discount and whether the \$50 monthly tobacco surcharge will apply.

Q: If I am at risk for any health conditions, do I automatically have to pay \$50 per month?

A: No, if you agree to take part in a personalized wellness plan you will still be eligible for the discount. However, if you chose not to participate in the DIG Wellness initiative you will forfeit the \$50 monthly discount.

Q: Are only those participants with an identified risk factor(s) required to submit an action plan with the Wellness Discount Certification Form?

A: No. Everyone who chooses to participate in the DIG Wellness Initiative including those who meet the health standards must submit an action plan to either reduce identified health risks or to maintain their current health status.

Q: What is my cost for a health screening?

A: Our company plan provides for a preventive health screening every 12 months. There is no co-pay or deductible required with an annual health screening. Other tests performed **as part of a preventive health screening** such as mammograms and colonoscopies are 100% covered by the Company plan as long as they occur at least 12 months apart.

Q: How often should I participate in a wellness screening to continue receiving the discount?

A: In order to receive the wellness premium discount you must participate in a wellness screening every 12 months. **Also, at the time of open enrollment for the companys' health plan each employee will be required to resubmit a Wellness Discount Certification, Tobacco Status Certification and an Action Plan prior to the beginning of the new plan year which is January 1.**

Q: How will the company know if I am sticking to my Wellness Program throughout the year?

A: The goal of the DIG Wellness Program is to see improvement in the areas you are at risk or borderline - this will be determined by your provider. The results of your annual screening and your commitment to a wellness plan will determine whether you will continue to qualify for the \$50 discount.

Q: What constitutes a Wellness Program? Where can I find fitness plan information?

A: You and your health provider should develop a plan that works for you. Any plan will start with a healthy lifestyle to include a fitness and nutrition plan. Depending on the severity of your health status a wellness program may include medication. Below are some websites that provide a variety of fitness/nutrition plan options. Our Fitness Director, Katie Gilgenbach, will be happy to assist you with developing a plan that works for you.

www.choosemyplate.gov
www.nutrition411.com/nutrition-management
www.webmd.com/diet
www.bcbstx.com
www.danielplan.com
www.webmd.com/fitness-exercise
www.health.com/health/diet-fitness
www.bodbot.com

Q: What items are considered tobacco products?

A: Tobacco products items include but are not limited to cigarettes, snuff, chewing tobacco, pipes, hookah, or any other lighted smoking equipment.

Q: How do you define a tobacco user?

A: A tobacco user is a person who uses tobacco on a daily/weekly basis and has used tobacco consistently within the last 6 months.

Q: If I am currently a smoker and complete a smoking cessation program – but continue to smoke, will I still have to pay the surcharge?

A: Yes. Under HIPAA, we are required to provide a cessation alternative. However, you will continue to pay the surcharge until you complete a cessation program. Upon verification that you have successfully completed the cessation program, a refund will be issued and no further tobacco surcharge would apply for the remainder of the plan year. Remember, each year you will have to complete a tobacco status certification and if you continue to be an acknowledged “smoker”, the surcharge will be reinstated in the subsequent year. This applies to all tobacco usage.

Q: If I am a smoker and choose not to quit, can I still qualify for the wellness discount?

A: If you are a smoker and choose not to quit you will not be eligible for the wellness discount. However, if you do choose to quit smoking, enroll in a cessation program and commit to an action plan you will qualify for the wellness discount. Also, your tobacco surcharges will be refunded upon successful completion of a cessation program.

Q: What if, as a result of my health screening, a risk(s) are identified which requires me to see a specialist and/or make regular follow up appointments but I can't afford it?

A: The company established the HOPE fund some years back which could provide assistance if needed. Applications for assistance can be made through Ray Thompson in the Human Resources Department.

Q: If my BMI (body mass index) is too high, who is going to determine how much weight I need to lose and how quickly I must lose that weight?

A: These types of health decisions are strictly between you and your provider. All health providers are required to follow the same treatment mandates for specific health risks, and the company will respect the course of action that you and your provider determine are appropriate for you.

Q: What if I cannot exercise because I have a health problem that won't let me?

A: Any exercise regimen should be approved by your physician. If you are precluded from exercise there are other ways to participate in a healthy life style such as diet and education.

Q: Is the Company's health program legal?

A: The DIG Wellness Initiative meets all applicable requirements of the Health Insurance Portability and Accountability Act (HIPPA), the Internal Revenue Code, the Employee Retirement Income Security Act of 1974 (ERISA), and the Affordable Care Act (ACA).