

Healthy Living Initiative

Employees covered under a TeamHealth medical plan are eligible for a quarterly \$50 health insurance discount for leading a healthy lifestyle. The criteria are as follows:

1. Participation in an annual wellness screening (within one year of the quarter in which the discount is being applied),
2. Completion of an online health risk assessment using the biometric results of screening (within one year of the quarter in which the discount is being applied),
3. Spouse completion of the online health risk assessment (if he/she is covered under TeamHealth medical insurance),
4. Completion of 18 physical activity sessions/month, and
5. BMI less than or equal to (\leq) 25, or goal completion in a weight loss program (i.e. Weight Watchers).

Healthy Living Initiative Directions

1. Print a copy of this document and keep it available.
2. Update the following sections as you complete the required criteria.
3. Upon completion, fax to 888.422.0106.
4. The \$50 health insurance discount will appear as soon as administratively possible following submission.

ADDITIONAL WELLNESS INITIATIVES

- \$50 annual health insurance discount for taking an online health risk assessment using the biometric results of a health screening/wellness exam
- \$25 health insurance discount for each BMI-reduction
- \$50 for enrolling in a weight loss program and \$50 for successful completion of the program including meeting weight loss goal
- Wellness exam co-pay reimbursement
- Reimbursement for tobacco-cessation prescriptions
- Healthy Pregnancy Program
- Lowered coinsurance for asthma, diabetes, and cardiac mail order prescriptions

Go to teamhealth.com/wellness for all forms and descriptions.



Healthy Living Initiative

Fourth Quarter, 2009

Complete the following to receive a quarterly \$50 health insurance discount for October – December 2009. Fax to 888.422.0106 upon completion.

Please print the following information:

Name: _____

Location: _____ Employee Number: _____
(found on paycheck)

Email: _____

Step 1 – Screening and Online Health Risk Assessment

Attend an annual wellness screening in which you receive biometric information. The screening must take place within one year of the quarter in which the discount is being applied. Input the biometric results of the screening (blood pressure, cholesterol, glucose, etc.) into the online health risk assessment. If your spouse is covered under TeamHealth medical insurance, they are required to take the health risk assessment as well (screening results encouraged for spouses, but not required).

Date Screened _____

Location _____

Date of Online Assessment* _____

*Use the results of your screening to complete the health risk assessment.

Spouse Completion of Assessment (if covered on TeamHealth medical insurance)

Health Risk Assessment Directions

Go to teamhealth.com/wellness and click “Health Risk Assessment” to receive directions for taking the online health risk assessment.

Step 2 – BMI \leq 25 or Goal Completion in Weight Loss Program

My BMI is \leq 25, or I enrolled in a weight loss program during the current quarter and I met my goal.

BMI is \leq 25 (check box)

or

Weight loss goal completion (check box)

Program Name _____ Dates Enrolled _____

Program Contact Phone/Email _____

Calculating your BMI

Go to teamhealth.com/wellness and click “BMI Chart” to assess your BMI.

Step 3 – Physical Activity Log

Complete 18 physical activity sessions for each month in the quarter.

October 2009

	Date	Duration	Activity	Location
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				

Physical activity sessions include any exercise that is at least 30 minutes in duration over the course of the day. This may include, but is not limited to, walking, weightlifting, yoga, running, stretching, swimming, exercise classes, and cycling.



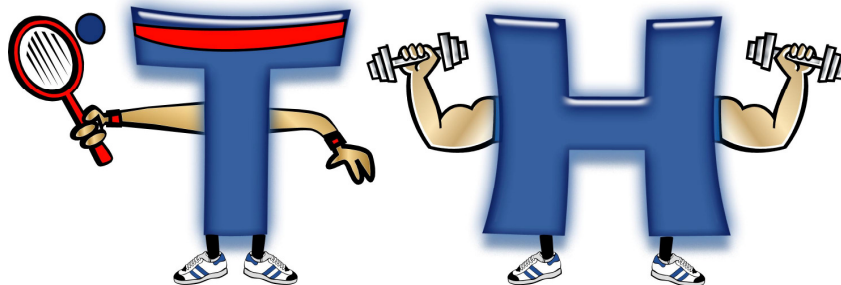
November 2009

	Date	Duration	Activity	Location
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				

Physical Activity Log (continued)

December 2009

	Date	Duration	Activity	Location
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				



I certify that the information listed above is accurate. I understand that falsification of information is a violation of Company policy, which is subject to disciplinary action up to and including termination of employment.

I, the undersigned, have read the above and understand the penalties that may apply if the information in my statements is false.

Signed

Date