

## Weight Loss Initiatives

TeamHealth Wellness has several initiatives in place to help employees lose weight. Descriptions and pertinent forms are attached.

### **Body Mass Index (BMI) Reduction**

Employees on TeamHealth medical insurance are eligible to receive a \$25 health insurance discount for each one-point BMI reduction they achieve. Complete the attached BMI Tracking Summary to receive the discount.

Go to [teamhealth.com/wellness](http://teamhealth.com/wellness) and click “BMI Chart” to assess your BMI.

### **Weight Loss Programs**

TeamHealth Wellness supports weight loss programs such as Weight Watchers, LA Weight Loss, and Jenny Craig. The Wellness Program will contribute \$50 to each employee who joins the program. In addition, another \$50 will be given to participants who complete the program and meet their weight loss goal.

The Wellness Program may also support other recognized programs. Email [wellness@teamhealth.com](mailto:wellness@teamhealth.com) to see if your program qualifies.

### **Weight Watchers at Work**

If enough interest is generated at a location, Weight Watchers will hold on-site weekly meetings. Prices and other components of the program vary by region. In general, 15 participants are usually required for on-site sessions.

Email [wellness@teamhealth.com](mailto:wellness@teamhealth.com) for more information about getting a program started at your location.

### **Health Coaching**

Employees on TeamHealth medical insurance that have a BMI greater than or equal to 30 may apply for the Health Coaching Program. Participants meet with a health coach to create short-term and long-term goals. Meetings continue biweekly. TeamHealth Wellness covers the entire cost of the program.

To apply, complete the attached application.

**Email [wellness@teamhealth.com](mailto:wellness@teamhealth.com) with any questions.**

Being overweight and obese are associated with heart disease, stroke, high blood pressure, certain types of cancer of the colon, type 2 diabetes, arthritis, breathing problems, and psychological disorders such as depression.

If you are overweight or obese, losing just 10% of your body weight can improve your health.

# Weight Loss Program Reimbursement

Submit this form along with a receipt showing payment to receive \$50 for joining a weight loss program (i.e. Weight Watchers, LA Weight Loss, Jenny Craig, etc.). Once you complete the program and meet your weight loss goal, submit the Goal Completion Form to receive an additional \$50.

\_\_\_\_\_  
Printed Name (please print clearly)

\_\_\_\_\_  
Employee Number\*

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Program

\_\_\_\_\_  
Location

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*Employee number can be found on paycheck (6 digits)

**Fax to 865-560-8926 (confidential fax number)\*\***

\*\*This form is confidential and access to it will be limited to the Wellness Program.

The \$50 will appear as a health insurance discount. If not enrolled in pre-tax benefits, the \$50 will be reflected in YTD earnings as "REB." Please allow 3 - 4 weeks for discount to appear once the form is submitted.

## Weight Loss Program Goal Completion

Submit this form to receive a \$50 credit if you completed a weight loss program and met your weight loss goal. This form can be submitted even after the sessions have ended, as long as the weight loss goal has been met.

\_\_\_\_\_  
Printed Name (please print clearly)

\_\_\_\_\_  
Employee Number\*

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Program Name

\_\_\_\_\_ - \_\_\_\_\_  
Dates of Sessions

\_\_\_\_\_  
Location

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Program Representative

\*Employee number can be found on paycheck (6 digits)

**Fax to 865-560-8926 (confidential fax number)\*\***

\*\*This form is confidential and access to it will be limited to the Wellness Program.

The \$50 will appear as a health insurance discount. If not enrolled in pre-tax benefits, the \$50 will be reflected in YTD earnings as "REB." Please allow 3 - 4 weeks for discount to appear once the form is submitted.

# Body Mass Index (BMI) Tracking Summary

Employees on TeamHealth medical insurance are eligible to receive a \$25 health insurance discount for each one-point BMI reduction they achieve.

Original BMI (October 1, 2006 or later) \_\_\_\_\_

Present BMI \_\_\_\_\_

Difference \_\_\_\_\_



*I certify that the information contained on this sheet 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.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name (please print clearly)

\_\_\_\_\_  
Employee Number\*

\_\_\_\_\_  
Email Address

\*Employee number can be found on paycheck (6 digits)

**Fax to 865-560-8926 (confidential fax number)\*\***

\*\*Please note that this form is confidential and access to it will be limited to the Wellness Program only.

This summary can be resubmitted as many times as an employee reduces his/her BMI. However, previous submissions will be taken into account for summaries that have been turned in more than once. For example, the present BMI from a previous submission will serve as the original BMI when the form is resubmitted.

The \$25 health insurance discount will appear on the employee's paycheck. Please allow 3-4 weeks for discount to appear once form is submitted.

**Application for Health Coaching Program**

Name (print): \_\_\_\_\_

Division: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (where you can be reached): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

BMI (see next page): \_\_\_\_\_

I agree that I would be willing to participate in medical, nutritional, exercise and educational programs designed for and with me by my assigned health coach.

I agree that I will release personal health information (CONFIDENTIALLY) to my advocate in order for him/her to follow my progress and include my progress information in summary reports provided to TeamHealth Wellness.

I agree that my continued participation in the program is subject to my advocate concurring that I am in compliance with program requirements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Initial applications will be screened for 4 criteria. 1) Date of receipt of application, 2) Full-time employment, 3) Membership in one of the TeamHealth Medical Plans and 4) Years of Service.

Preliminary applications will be forwarded to the Health Coach for further review.

Participants will be chosen following submission of a confidential profile to the Health Coach. Confidential information will not be shared with TeamHealth Wellness or any of its affiliates.

Fax this form to the Wellness Program at 865.560.8926 (confidential fax number).

# Do you know your **Body Mass Index?** Are You at A **Healthy Weight?**

Achieving a healthy weight can lower your risk of disease and increase your chances for a long and healthy life.

The United States Surgeon General advises using the body-mass index to find a healthy weight. Most of us rely on the bathroom scale to judge whether we're at a healthy weight. Body mass index (BMI) is a better way. The higher your BMI, the greater your risk for health problems. BMI uses a mathematical formula that takes into account both a person's height and weight. BMI equals a person's weight in kilograms divided by height in meters squared. (BMI=kg/m<sup>2</sup>). Look up your height and weight on the chart below. Circle the number at the top row where they meet. That's your BMI. Then check the interpretation table on the back side to see if your BMI fits into a healthy range.

Body Mass Index Chart																					
BMI	Normal					Overweight					Obese										
	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39
Height(inches)	Body Weight (pounds)																				
58	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206
62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213
63	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227
65	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249
68	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256
69	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	263
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271
71	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279
72	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279	287
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295
74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320

## How to Interpret Your BMI Score

	<b>BMI Range</b>
• Underweight:	less than 18.5
• Healthy weight:	18.5 - 24.9
• Overweight:	25.0 - 29.9
• Obese Class 1:	30.0-34.9
• Obese Class II:	35.0-39.9
• Obese Class III:	greater than 40.0

Source: An expert panel, convened by the National Institutes of Health in 1998, recommended that Body Mass Index (BMI) be used to classify overweight and obesity.

## Waist Circumference

Waist circumference, an indicator of your abdominal fat, is another predictor of risk for developing heart disease and other health problems. This risk increases with a waist measurement of over **40** inches in men and over **35** inches in women. To determine your waist circumference, place a measuring tape snugly around your waist to get your waist measurement in inches.

## Weight Maintenance Formula: A Question of Balance

- Increased Food Intake + Inactivity = **Weight Gain**
- Decreased Food Intake + Increased Activity = **Weight Loss**  
*To lose weight, you must use more energy than you take in.*
- Balanced Food Intake + Balanced Activity = **Weight Management**  
*To maintain your weight, your intake of calories must equal your energy output.*

It's the small changes that can make a big difference in your overall body weight as well as your health.