



Healthy Tomorrows Reporting Form

Plan Year 2017

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|----------------------------------|---|---|---|---|--|--|--|--|--|--|
| PEIA ID # (from medical ID card) | 7 | 7 | 0 | 0 | | | | | | |
|----------------------------------|---|---|---|---|--|--|--|--|--|--|

Policyholder Name: _____

Address _____

City, State, Zip _____

For Plan Year 2017 (July 1, 2016 – June 30, 2017), the PEIA Finance Board has authorized a deductible increase of \$500 for any PEIA PPB Plan policyholder who does not pick a Primary Care Provider (PCP) and report the following biometric data before the end of Open Enrollment in 2016.

Why include this form this year?

You have to report your numbers no later than the end of open enrollment in 2016, but we'll take your numbers anytime during the 2016 plan year. Any time you visit the doctor and have your bloodwork done after April 1, 2015, you can have your doctor complete the form, and you can submit it to PEIA at the address below.

All active employees and non-Medicare retired policyholders in any PEIA PPB Plan must report this data. Health Plan members do not have to comply.

Instructions for Primary Care Provider

1. Please report the biometric values below.
2. Complete the contact information, including signature and date.
3. Return completed form to patient.

All fields are REQUIRED. Any missing data will cause the form to be rejected.

Blood Pressure: Diastolic >140 ≤140 **Total Cholesterol:** >245 ≤245
 Systolic >90 ≤90

Waist Circumference: Male >40 ≤40 inches **Glucose:** >125 ≤125
 Female >35 ≤35 inches

Provider Contact

Name of Provider: _____ Phone Number: _____

Address: _____

Medical Certification

I, _____, certify that the patient indicated above has received the measurements indicated on this form.

(Signature of Provider or Representative)

(Date of Service)

Please return this form to: **PEIA Healthy Tomorrows, P.O. Box 40360, Charleston, WV 25364**