



Healthy Tomorrows Reporting Form Plan Year 2018

PEIA ID # (from medical ID card)	7	7	0	0						
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Policyholder Name: _____

Address _____

City, State, Zip _____

For Plan Year 2018 (July 1, 2017 – June 30, 2018), 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 2017 (mid-May 2017), and have the numbers within the acceptable ranges. 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 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: Systolic >140 ≤140

Diastolic >90 ≤90

Total Cholesterol: >245 ≤245

Glucose: >125 ≤125

Waist Circumference (in inches): Male >40 ≤40

Female >35 ≤35

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)

Medical Exception Certification (for Plan Year 2018, if applicable)

I, _____, certify that, in my best medical judgement it is unreasonably difficult due to a medical condition for the patient to meet these measurements.

(Signature of Provider or Authorized Representative)

(Date of Service)

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