



MEDICAL CARE EXPENSE PLAN (MCEP)

Complete one form for employee and one form for covered Spouse/Partner.
Once completed, return to Human Resources.

Instructions: You have two options to complete this form depending on your results or personal preference. Employee and spouses/partners will also need to complete a Health Risk Assessment (HRA) to qualify for the Rewards Program. Employee assessments can be taken through trotterwellness.com. Spouses/Partners can take the HRA online at Anthem.com, printed verification of completion must be attached to this form when submitting to Human Resources.

Name: _____ Date of Birth: _____

Employee Spouse/Partner - Print Employee Name: _____

Are you willing to share your lab results and data with Human Resources? YES-Go to Step 1 -or- NO-Go to Step 2

Step 1: Self-Report	Step 2: Health Care Professional (HCP)
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Take this form, your lab results and data to Human Resources. Are your lab results and data within normal range?

Take this form, your lab results and data to a scheduled appointment with a HCP. Have him/her complete this form and sign.

Lab Results and Data <i>Lab Results and data must be from the last 12 months.</i>	Self-Report Answer "Yes" to 5 out of 6	HCP: Reviewed labs with patient. <i>Lab results and data must be from the last 12 months.</i>
BMI under 30 or Body Fat Percentage in the healthy range	<input type="checkbox"/> Yes <input type="checkbox"/> No	I, the HCP, certify that I have reviewed the Lab Results and Data table using the patient's data obtained within the past 12 months. I have discussed the importance of maintaining healthy results with the patient along with steps for bringing these factors within acceptable ranges. My patient is either tobacco free, or I certify that he/she is unable to stop using tobacco products. I have made a recommendation for an alternative method of achieving tobacco cessation usage.
Blood Glucose < 100	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Triglycerides < 150	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cholesterol Ratio of < 4.98	<input type="checkbox"/> Yes <input type="checkbox"/> No	
LDL < 100	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Blood Pressure < 120/80	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Did you answer yes to five out of the six lab results and data?

- Yes - **You're finished except for your signature!**
Sign below and return this form and a copy of your lab results and data to Human Resources.
- No - Schedule an appointment with a health care professional. (go to **Step 2**).

I certify that I have reviewed the lab results and data and discussed options for improvement and maintenance with the patient.

Health Care Professional Signature and Date

I certify that:	
<ol style="list-style-type: none"> I am tobacco free and I must be tobacco free for the duration of this program unless my doctor has certified that I am unable to stop using tobacco products and he/she has made a recommendation for an alternative method of achieving tobacco cessation usage, I provided the health care professional or Human Resources with a copy of my lab results and data from the past 12 months for verification, and All information contained within this form is factual and true to the best of my knowledge. If I am an employee, I also understand that falsification of any information on this form is a violation of the Personnel Merit System, and I may be subject to corrective or disciplinary action. Further, I understand that any falsification may also result in disqualification from the Broomfield Healthy Rewards program. 	
Signature and Date:	

HR Approval (Initial/Date)
_____/_____

Questions: Contact Amy Wells at 303.438.6321 or awells@broomfield.org

Body Fat Chart

	UNDERFAT	HEALTHY	OVERFAT	OBESE
AGE	FEMALE			
20-39	< 21%	21-33 %	34-39%	> 39%
40-59	< 23%	23-35 %	35-40%	> 40%
60-79	< 24%	24-36 %	36-42%	> 42%
AGE	MALE			
20-39	< 8%	8-19 %	19-25%	> 25%
40-59	< 11%	11-22 %	22-28%	> 28%
60-79	< 13%	13-25 %	25-30%	> 30%

BMI Chart

Height (inches)	Weight (pounds)																															
	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215	220	225		230	235	240	245	250
50 4'2"	28	30	31	32	34	35	37	38	39	41	42	44	45	46	48	49	51	52	53	55	56	58	59	60	62	63	65	66	67	69	70	
51 4'3"	27	28	30	31	32	34	35	36	38	39	41	42	43	45	46	47	49	50	51	53	54	55	57	58	59	61	62	64	65	66	68	E
52 4'4"	26	27	29	30	31	32	34	35	36	38	39	40	42	43	44	45	47	48	49	51	52	53	55	56	57	58	60	61	62	64	65	X
53 4'5"	25	26	28	29	30	31	33	34	35	36	38	39	40	41	43	44	45	46	48	49	50	51	53	54	55	56	58	59	60	61	63	T
54 4'6"	24	25	27	28	29	30	31	33	34	35	36	37	39	40	41	42	43	45	46	47	48	49	51	52	53	54	55	57	58	59	60	R
55 4'7"	23	24	26	27	28	29	30	31	33	34	35	36	37	38	40	41	42	43	44	45	46	48	49	50	51	52	53	55	56	57	58	E
56 4'8"	22	24	25	26	27	28	29	30	31	33	34	35	36	37	38	39	40	41	43	44	45	46	48	49	50	52	53	54	55	56	M	
57 4'9"	22	23	24	25	26	27	28	29	30	31	32	34	35	36	37	38	39	40	41	42	43	44	45	47	48	49	50	51	52	53	54	E
58 4'10"	21	22	23	24	25	26	27	28	29	30	31	32	33	34	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	L
59 4'11"	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	Y
60 5'0"	20	21	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	
61 5'1"	19	20	21	22	23	24	25	26	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	43	44	45	46	47	O
62 5'2"	18	19	20	21	22	23	24	25	26	27	27	28	29	30	31	32	33	34	35	36	37	37	38	39	40	41	42	43	44	45	46	B
63 5'3"	18	19	19	20	21	22	23	24	25	26	27	27	28	29	30	31	32	33	34	35	35	36	37	38	39	40	41	42	43	43	44	E
64 5'4"	17	18	19	20	21	21	22	23	24	25	26	27	27	28	29	30	31	32	33	33	34	35	36	37	38	39	39	40	41	42	43	S
65 5'5"	17	17	18	19	20	21	22	22	23	24	25	26	27	27	28	29	30	31	32	32	33	34	35	36	37	37	38	39	40	41	42	E
66 5'6"	16	17	18	19	19	20	21	22	23	23	24	25	26	27	27	28	29	30	31	31	32	33	34	35	36	36	37	38	39	40	40	
67 5'7"	16	16	17	18	19	20	20	21	22	23	23	24	25	26	27	27	28	29	30	31	31	32	33	34	34	35	36	37	38	38	39	
68 5'8"	15	16	17	17	18	19	20	21	21	22	23	24	24	25	26	27	27	28	29	30	30	31	32	33	33	34	35	36	36	37	38	
69 5'9"	15	16	16	17	18	18	19	20	21	21	22	23	24	24	25	26	27	27	28	29	30	30	31	32	32	33	34	35	35	36	37	
70 5'10"	14	15	16	16	17	18	19	19	20	21	22	22	23	24	24	25	26	27	27	28	29	29	30	31	32	32	33	34	34	35	36	O
71 5'11"	14	15	15	16	17	17	18	19	20	20	21	22	22	23	24	24	25	26	26	27	28	29	29	30	31	31	32	33	33	34	35	B
72 6'0"	14	14	15	16	16	17	18	18	19	20	20	21	22	22	23	24	24	25	26	26	27	28	28	29	30	31	31	32	33	33	34	E
73 6'1"	13	14	15	15	16	16	17	18	18	19	20	20	21	22	22	23	24	24	25	26	26	27	28	28	29	30	30	31	32	32	33	S
74 6'2"	13	13	14	15	15	16	17	17	18	19	19	20	21	21	22	22	23	24	24	25	26	26	27	28	28	29	30	30	31	31	32	E
75 6'3"	12	13	14	14	15	16	16	17	17	18	19	19	20	21	21	22	22	23	24	24	25	26	26	27	27	28	29	29	30	31	31	
76 6'4"	12	13	13	14	15	15	16	16	17	18	18	19	19	20	21	21	22	23	24	24	25	26	26	27	27	28	29	29	30	30	30	
77 6'5"	12	12	13	14	14	15	15	16	17	17	18	18	19	20	20	21	21	22	23	23	24	24	25	25	26	27	27	28	28	29	30	
	Underweight										Normal										Overweight											