



PEHP Waist Aweigh ♦ 560 East 200 South ♦ Salt Lake City, UT 84102-2004 ♦ 801-366-7478 ♦ Toll Free 800-753-7478

Dear Member:

**Great News!** PEHP offers a new obesity intervention program—PEHP Waist Aweigh. Our objective is to raise awareness and understanding about proper nutrition and fitness programs that promote good health and successful weight loss. The PEHP Waist Aweigh program focuses on individuals with an elevated body mass index (BMI) of 30 and higher. Greater obesity rates mean higher rates of lifestyle illnesses such as hypertension, metabolic syndrome, diabetes, and cardiovascular disease.

If you qualify, PEHP will provide financial reimbursement for an approved weight loss program and/or gym/fitness center. This means, **PEHP will reimburse 100% of fees paid up to a maximum of \$100.00 per month. A contract paid in full to an approved weight loss program will be reimbursed at a prorated monthly rate.** (Due to Health Insurance Portability and Accountability Act regulations, the total amount of rewards cannot be more than 20 percent of the cost of employee-only coverage under the plan. PEHP Waist Aweigh rebates may be taxable. Please consult with your tax advisor for tax advice concerning your benefits.) To qualify for this benefit, you must:

- Be a PEHP covered employee or retiree under age 65 and/or spouse (Retirees, Medicare, Supplemental, and LTD plans are not eligible)
- Have a BMI 30 or greater

**If you meet the above qualifications and would like to begin the enrollment process, download the enrollment packet at [www.pehp.org/UPS\\_GenApp/do/wellness/waistaweigh](http://www.pehp.org/UPS_GenApp/do/wellness/waistaweigh) and return the required documents to:**

Mail To:  
PEHP Waist Aweigh  
560 East 200 South  
Salt Lake City, Utah 84102

OR

Fax To:  
PEHP Waist Aweigh  
801-245-7755

If you would like an enrollment packet mailed to you, or for additional information about the program, contact the **PEHP Waist Aweigh Program at 801-366-7478 or 800-753-7478** or PEHP Customer Service at 801-366-7555 or 800-765-7347. We look forward to assisting you.

Sincerely,

PEHP Waist Aweigh



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Dear Member,

**Please complete the following documents and return by mail or fax:**

(If spouse is applying, you will need to submit a copy for both)

- PEHP Waist Aweigh Program Enrollment Agreement
- Personal Health & Readiness Application
- Physician Clearance/Approval

These documents are required to determine your eligibility for participation in the program. **Please submit the three required documents at one time. A PEHP Coach will contact you to assess your application for enrollment in the program. Due to the popularity of the PEHP Waist Aweigh Program, it may take several weeks to become enrolled.**

Mail To:  
PEHP Waist Aweigh  
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Salt Lake City, UT 84102

OR

Fax To:  
PEHP Waist Aweigh  
801-245-7755

We look forward to assisting you in the PEHP Waist Aweigh program. For additional information, please contact a PEHP Waist Aweigh coach at 801-366-7478 or 800-753-7478.

Sincerely,

PEHP Waist Aweigh







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## **PEHP WAIST AWEIGH OBESITY INTERVENTION PROGRAM APPROVED WEIGHT LOSS PROGRAMS**

PEHP uses criteria for evaluating weight loss programs based on U.S. Dept. of Health and Human Services National Institutes of Health, Weight-control Information Network (WIN)

1. The program encourages healthy eating that reduces calories but does not rule out foods or food groups. If total daily calories are restricted to less than 1200, the program will not qualify.
2. The program incorporates regular physical activity and/or exercise instruction. The program supports the use of any fitness facility or certified personal trainer.
3. Individual attention and group education will be provided.
4. An eligible program will be instructed by a health professional.
5. The program will include at least ½ hour of nutrition or weight management education per week for a minimum of 6 weeks. The education component will help participants modify unhealthy behaviors.
6. The program should not promote the use or sale of special food, drugs or supplements for the purpose of weight loss.
7. The program does not promote nor is based on unhealthy physical states. For example, ketosis – a state in which the incomplete breakdown of fat for energy occurs.

Please contact your coach for any questions you may have.



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## PEHP WAIST AWEIGH OBESITY INTERVENTION PROGRAM PERSONAL HEALTH & BEHAVIORAL READINESS APPLICATION

Member Name \_\_\_\_\_

Member ID # \_\_\_\_\_

(Located on Insurance Card)

### PERSONAL HEALTH

1. Please circle if you have been diagnosed with any of the following:

- |   |                                    |
|---|------------------------------------|
| a. Hypertension (high blood pressure)           | h. Asthma                          |
| b. Diabetes                                     | i. Arthritis or Chronic Joint Pain |
| c. High Cholesterol                             | j. Fibromyalgia                    |
| d. Coronary Artery Disease (CAD)                | k. Cancer                          |
| e. Chronic Obstructive Pulmonary Disease (COPD) | l. Emphysema                       |
| f. Congestive Heart Failure (CHF)               | m. Chronic Pain                    |
| g. Mental Illness/Depression                    | n. Other _____                     |

2. Do you use tobacco products?

3. What barriers have kept you from achieving a healthy weight, (i.e., BMI < 25)?

### BEHAVIORAL READINESS

Setting reasonable and achievable goals takes personal responsibility. One of the keys in becoming a self-leader starts with S.M.A.R.T. goal setting toward behavior change.

#### S.M.A.R.T. Goal Setting:

You'll want to set a goal that is conceivable, one that your mind believes, and one that your body will carry out. The acronym S.M.A.R.T. outlines the set of criteria that your goal must follow in order to be a well-focused and achievable goal.

**S – SPECIFIC**

Be specific when making goals. State exactly what you want.

**M – MEASURABLE**

Your goals should include numbers – dates, times, pounds, inches, etc.

**A – ATTAINABLE**

Your goal has to be attainable. You cannot achieve what is not possible.

**R – REALISTIC**

Make sure your goal is realistic. You don't want to set yourself up for failure.

**T – TIME SPECIFIC**

There should be a time frame to achieve goals that are set.

**Bad example:** "I want to run a 5k."

**Good example:** "I want to run a 5k...I will start running 3 days per week for a minimum of 15 to 30 minutes each day until I am able to run a 5k and I will accomplish this by (Date)."

What (S.M.A.R.T.) goal(s) will you set and feel confident in achieving prior to enrolling in the Waist Aweigh Program?

1.

2.

### Next Steps

Due to the popularity of the PEHP Waist Aweigh Program, it may take several weeks to become enrolled. Your efforts to reach your goals will help in measuring your readiness to meet the program requirements. A PEHP Coach will contact you to complete the program orientation and assess your readiness to join the program.



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**PEHP WAIST AWEIGH OBESITY INTERVENTION PROGRAM  
VERIFICATION OF WEIGHT LOSS FORM**

In order to receive reimbursement for participation in an approved weight loss program and/or gym/fitness center, participants must lose 1 BMI point every 60 days. Please complete this form and submit to PEHP Waist Aweigh every two months on or before your contact date.

\_\_\_\_\_  
Member Name

\_\_\_\_\_  
PEHP Member ID# (Located on Insurance Card)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Current Weight

\_\_\_\_\_  
Name of Program/Fitness Center

\_\_\_\_\_  
Office Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Name and Title of individual verifying  
(please print)

\_\_\_\_\_  
Signature or Stamp of Weight Loss Program

Mail To:  
PEHP Waist Aweigh  
560 East 200 South  
Salt Lake City, UT 84102

OR

Fax To:  
PEHP Waist Aweigh  
801-245-7755



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## **PEHP WAIST AWEIGH OBESITY INTERVENTION PROGRAM PROGRAM RULES**

Welcome to the PEHP Waist Aweigh Program. It is the participant's responsibility to maintain the following requirements:

### **1. Primary Care Physician (PCP) Involvement**

Participant is required to have physician involvement. Participant's initial weight must be verified and current within 30 days of physician clearance or approval.

### **2. Bi-Monthly Contact**

Participant is required to make bi-monthly phone contact to the assigned PEHP Waist Aweigh coach on the scheduled due date. (Example: if the participant's enrollment date is on the 4<sup>th</sup> day of the month, the member is required to contact the coach on that due date, every other month). If that day falls on a weekend, contact can be made on Friday or the following Monday). During this consultation, the participant will need to provide their current weight and progress in the program.

Our health and wellness coaches are here to assist you and provide nutrition and exercise counseling, along with supportive help to maximize your performance so you can attain your personal goals. They are available for consultation as often as you need.

**(Please note: Participants are eligible to re-enroll in the program one time per year after at least 2 months from termination date. If a 2<sup>nd</sup> termination occurs within the same year, participants must wait one full year after 2<sup>nd</sup> termination date to re-enroll. A termed member must have a BMI  $\geq$  25 to re-enroll.)**

### **3. Must lose at least one BMI point every 60 days**

Participants are required to lose 1 BMI point every 60 days and provide one of the following verifications:

- A. Signed verification from an approved weight loss programs and/or fitness center on official letter head. (The enclosed verification form may be used)
- B. Signed verification from your physician.
- C. Signed verification from Healthy Utah testing.

**(Please note: Failure to meet the BMI requirement and/or provide verification within 2 days from due date may result in termination from the program. Participants are eligible to re-enroll in the program one time per year after at least 2 months from termination date. If a 2<sup>nd</sup> termination occurs within the same year, participants must wait one full year after 2<sup>nd</sup> termination date to re-enroll. BMI cannot be greater than the lowest reported and/or verified weight at termination. A current verification of weight must be submitted to re-enroll).**

**Exemption: Participants may be placed “on hold” for medical reasons due to injuries, pregnancy or physician request.**

If participant is unable to meet the medical standards to qualify for the program and reach the program requirements because it is medically inadvisable or unreasonably difficult due to a medical condition, upon written notification, PEHP shall provide the participant with a reasonable alternative standard to qualify for the program.

**A termed member must have a BMI  $\geq$  25 to re-enroll.)**

#### **4. Financial Reimbursement**

**PEHP will reimburse up to \$50.00 per month for participation in an approved weight loss program and/or gym/fitness center. An increase of up to \$25.00 per month will be reimbursed for every two BMI points lost up to a maximum of \$100.00 per month.**

A contract paid in full to an approved weight loss program will be reimbursed at a prorated monthly rate. Participant must provide proof of payment which may be in the form of bank statements, cancelled checks and receipts from the weight loss program and/or fitness center and submitted every two months. **Participant must meet BMI requirement in order to receive reimbursement.**

**Please Note: Participants are not required to enroll or participate in an approved weight loss program. However, participants are required to meet the weight loss criteria. (See rule #3) Also, those who participate in PEHP/Healthy Utah BMI Improvement Program cannot participate in the Waist Aweigh program at the same time. Unless, participant is not submitting claims or reimbursements for participation in the Waist Aweigh approved weight loss programs.**

#### **5. PEHP Waist Aweigh Graduation/Incentive**

Members will graduate from the program when they achieve a BMI of 24.9 or lower, and may receive a graduation incentive up to \$100.00\*. An additional \$100.00 may be awarded if member maintains weight loss for six months from graduation. (A current verification of weight loss must be submitted).

**\*The total amount of rewards cannot be more than 20 percent of the cost of employee-only coverage under the plan. PEHP Waist Aweigh rebates may be taxable. Please consult with your tax advisor for tax advice concerning your benefits.**

**PEHP RESERVES THE RIGHT TO TERMINATE FOR ANY NON-COMPLIANCE. FAILURE TO MEET ANY OF THE ABOVE REQUIREMENTS WILL RESULT IN THE TERMINATION FROM THE PEHP WAIST AWEIGH OBESITY INTERVENTION PROGRAM AND ALL ASSOCIATED BENEFITS AND REIMBURSEMENTS.**

## Body Mass Index Table

	Normal										Overweight										Obese										Extreme Obesity									
BMI	19	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	51	52	53	54				
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	191	196	201	205	210	215	220	224	229	234	239	244	248	253	258				
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	198	203	208	212	217	222	227	232	237	242	247	252	257	262	267				
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204	209	215	220	225	230	235	240	245	250	255	261	266	271	276				
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211	217	222	227	232	238	243	248	254	259	264	269	275	280	285				
62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	218	224	229	235	240	246	251	256	262	267	273	278	284	289	295				
63	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220	225	231	237	242	248	254	259	265	270	278	282	287	293	299	304				
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227	232	238	244	250	256	262	267	273	279	285	291	296	302	308	314				
65	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240	246	252	258	264	270	276	282	288	294	300	306	312	318	324				
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	247	253	260	266	272	278	284	291	297	303	309	315	322	328	334				
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	255	261	268	274	280	287	293	299	306	312	319	325	331	338	344				
68	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256	262	269	276	282	289	296	302	308	315	322	328	335	341	348	354				
69	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	263	270	277	284	291	297	304	311	318	324	331	338	345	351	358	365				
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	278	285	292	299	306	313	320	327	334	341	348	355	362	369	376				
71	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279	286	293	301	308	315	322	329	338	343	351	358	365	372	379	386				
72	140	147	154	162	169	177	184	191	199	206	213	221	228	236	242	250	258	265	272	279	287	294	302	309	316	324	331	338	346	353	361	369	375	383	390	397				
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295	302	310	318	325	333	340	348	355	363	371	378	386	393	401	408				
74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303	311	319	326	334	342	350	358	365	373	381	389	396	404	412	420				
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311	319	327	335	343	351	359	367	375	383	391	399	407	415	423	431				
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	328	336	344	353	361	369	377	385	394	402	410	418	426	435	443				