



*healthy choices*

*live well. be well.*

# Numbers to know \_\_\_\_\_ *for a healthier you!*

## Blood Pressure Less than 120/80 mmHg



Keeping your blood pressure within acceptable ranges can keep you healthier longer. Levels less than 120/80 mmHg are optimal. High blood pressure is defined as 130-139 mmHg systolic pressure (the top number in a reading) or 80-89 mmHg diastolic pressure (bottom number).



## Body Mass Index (BMI) Normal 18.5-24.9

Achieving and maintaining a healthy weight has many benefits. Body mass index (BMI), a numerical value of your weight in relation to your height, is a useful gauge. Optimal BMI for most adults ranges from 18.5 to less than 25. You can calculate it online or consult a health care professional.

## Cholesterol Less than 200 mg



A waxy substance produced by the liver; cholesterol is not inherently bad. Circulating through your blood, cholesterol is needed by your body to help build cells and create vitamins and hormones. Too much cholesterol causes buildup along the inner walls of your arteries and makes it more difficult for blood to flow throughout your body. An ideal cholesterol reading is less than 200 mg.



## Blood Sugar Less than 140 mg/dL

Most of the food we eat is turned into glucose (or blood sugar) that our bodies use as energy. Over time, high levels of blood sugar can damage your heart, kidneys, eyes and nerves. As part of testing, monitoring hemoglobin A1C can better reflect long-term control in people with diabetes or prediabetes.

# HEALTH BENEFIT TERMS 101

## ANNUAL (CALENDAR YEAR) DEDUCTIBLE

Your deductible is the amount of covered expenses you must pay before the medical plan will pay.

The following expenses do not count toward your Annual Medical Deductible:

- Dental expenses;
- Vision expenses;
- Prescription drug expenses (Prescription drug have a separate annual deductible, please refer to the Schedule of Benefits.);
- Charges that are not covered expenses;
- Primary Care, Specialist, ER, and Urgent Care Co-payments.

## CO-INSURANCE

Co-insurance is the percentage of covered medical expenses that you pay. The percentage the Plan pays after you have satisfied your deductible. After the Plan pays its percentage of your covered medical expenses, you pay the difference up to your out-of-pocket maximum.

## CO-PAYMENT

Your co-payment is a specific dollar amount that you pay to the network provider for a certain service. Co-payments are listed in your Schedule of Benefits. The term “copay” that is used on the Schedule of Benefits has the same meaning as co-payment.

## OUT-OF-POCKET MAXIMUM

Your out-of-pocket maximum is the maximum you will have to pay in co-insurance for covered expenses for the calendar year – January 1 through December 31 – after the Plan pays its benefits. However, the following expenses do not count towards your out-of-pocket maximum:

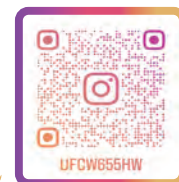
- Charges you must pay for treatment received from an out-of-network physician or hospital that is over the allowable charge recognized by this Plan.
- Charges that are not covered expenses.

## CALENDAR YEAR MAXIMUM

Certain Plan benefits are subject to an overall calendar year maximum, which is the maximum amount the Plan will pay (or the maximum number of visits or services allowed) for those particular medical care benefits during a calendar year. The Plan no longer imposes an overall calendar year maximum on all medical care benefits combined.



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