

healthy choices



live well. be well.

# Know your Numbers



## Blood Pressure

It is the force of blood against the arteries when the heart beats and rests.

- **SYSTOLIC** (mm Hg) **(Upper number)**  
The pressure or force in the arteries when the heart beats
- **DIASTOLIC** (mm Hg) **(Lower number)**  
The pressure measured between heartbeats



### Blood Pressure Categories

	<b>Systolic</b> mmHg (Upper number)		<b>Diastolic</b> mmHg (Lower number)
<b>Normal</b>	Below 120	and	Below 80
<b>Elevated</b>	120 - 129	and	Below 80
<b>Hypertension stage 1</b>	130 - 139	or	80 - 89
<b>Hypertension stage 2</b>	140 or Higher	or	90 or Higher
<b>Hypertensive crisis</b>	Above 180	and/or	Above 120

### WARNING!

Over time elevated or high blood pressure weakens your heart, blood vessels and kidneys, and makes a stroke or heart attack much more likely.

## Cholesterol

A waxy substance produced by the liver. Too much can make it harder for blood to circulate.

### What should my numbers be?

**Less than 200**

## Blood Sugar

Blood sugar, or glucose, is the main sugar found in your blood. It comes from the food you eat, and is your body's main source of energy.

### What should my numbers be?



**Two hours after eating: Less than 140**

**Before eating: Less than 100**

## Body Mass (BMI)

Your ideal body weight depends on your gender, age, height and frame. BMI provides a good guideline.

### What should my numbers be?



**For men and women healthy BMI is:**

**18.6-24.9.**

# Participant

## Benefit Terms



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## Terms you should know

### 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 expenses have a separate annual deductible, please refer to the Schedule of Benefits.); and
- 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, and
- 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.