



ANCIRA

2026 – 2027

Benefits Guide





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Important Note: When you have group health insurance with Ancira co-pays are due at time of services unless you are receiving treatment outside of the network, coinsurance amounts are not due to the provider/ facility until after 90-Degree Benefits has fully processed the claim to verify your patient responsibility. If you are asked to pre-pay coinsurance, contact the Benefits Resource Center at (855) 874-0110 or the Ancira Benefits line at (210) 558-5331 promptly for assistance.

Welcome to Your Annual Benefits Enrollment

Ancira Auto-RV offers a competitive benefits program to support you and your dependent's overall health and financial security.

Review Your Options and Make Your Choices in Your Benefits Site Online at www.employeenavigator.com

This Employee Benefits Enrollment Guide is designed to familiarize you with the health and welfare benefits that are available to you so that you can make the best choices for you and your family.

What is Open Enrollment and What do You Need to do?

Open Enrollment is your once-a-year opportunity to make elections for your employee benefits and to also elect coverage for any eligible dependents you wish to cover during the new plan year.

Approved changes will take effect June 1, 2026.

ELIGIBILITY

Employees who consistently work an average of 30 or more hours weekly and 130 hours per month are eligible to apply for Health Insurance benefits which can be verified only after the initial measurement period has been confirmed.

ELIGIBLE DEPENDENTS

Subject to requirements explained under Dependent Restrictions for the purpose of the Ancira Auto-RV Group benefits program, dependents are defined as:

- Your legal spouse
 - **(Eligible for Medical, Dental, Vision, Life. Excluded from Medical if coverage is available through his/her employer.)**
- Dependent* "child" up to age 26

LIFE STATUS CHANGE EVENTS

Generally, you may only change your benefit elections during the annual enrollment period. However, you can change benefit elections during the year you experience a Qualified Life status change. Inactive/absence from work for a period of 6 months uninterrupted leave MAY result in COBRA being applied to health and dental benefits and a loss of all other benefits (i.e. vision, and life insurance).

LIFE STATUS CHANGES INCLUDE:

- Marriage
- Change of employment
- Entitlement to Divorce
- Birth of a child
- Death of your spouse or dependent child
- Adoption of/placement for adoption of your child
- Termination or commencement of your spouse's employment status by you or your spouse
- A significant change in health coverage for you or your spouse due to your spouse's employment
- Qualification by the plan administrator of a medical Child Support Order
- Medicare or Medicaid* (See 60 day HR notification below)

*If you experience a life status change event and wish to make a change to your coverage, you **MUST** notify Human Resources **within 30 days of the date of the event**. *You have 60 days to notify Human Resources for the life event of Entitlement to Medicare or Medicaid.*

You have 31 days from the date of the event to report and update your benefits in your Employee Navigator portal www.employeenavigator.com -> home page -> change benefits tile -> submit a life event. If you miss that date, you must wait until the following Open Enrollment period.

Medical Benefits

Ancira Auto-RV's medical plan is administered by 90-Degree Benefits, which partners with Valenz/Methodist Network and other contracted providers to bring you a wide variety of medical services including preventive care, office visits, prescriptions drugs and inpatient care. These include the Ancira Direct Contract Providers (view at Home Page of ancira.org) and all UTHSC and University Health doctors/facilities/labs to make sure that Ancira members get great care without the worry of balance billing.

For more information on contracted providers, please visit, <http://www.90degreedirectory.com> (Username:1700, Password: Ancira)

Network: Choice Plus	IN-NETWORK	OUT-OF-NETWORK
Preventive Care	Covered 100%; Deductible waived	50% after Deductible
Physician Office Visits		
Primary Care	\$35 copay	50% after Deductible
Specialist	\$50 copay	50% after Deductible
Lab & X-Ray		
Diagnostic Lab & X-Ray	20%; Deductible waived	50% after Deductible
Hospital Services	\$250 copay + 20%; Deductible waived	50% after Deductible
Emergency Services	\$250 copay + 20%; Deductible waived	
Urgent Care	\$35 copay	50% after Deductible
Calendar Year Deductible		
Individual	\$1,500	\$5,000
Family	\$4,500	\$15,000
Coinsurance		
Plan Pays / Member Pays	80% / 20%	50% / 50%
Out-of-Pocket Maximum		
Individual	\$6,350	\$12,700
Family	\$12,700	\$25,400

PRESCRIPTION DRUGS

Retail	30 Day Supply	30 Day Supply
Generic (Less than \$499)	\$10	\$20
Generic (\$500+)	\$10 Copay + 10% coinsurance	\$20 Copay + 10% coinsurance
Brand (Less than \$499)	Greater of \$35 or 50% w/a max of \$100	Greater of \$70 or 50 w/a max of \$250
Brand (\$500+)	\$10 Copay + 20% coinsurance	\$20 Copay + 20% coinsurance
Specialty Generic	\$20 Copay (limit 30-day supply max)	N/A
Specialty Brand	Greater of \$70 or 50% to a max of \$750	N/A

If the member chooses the brand when generic if available and the doctor allows it, the cost differential must be paid by the member.

Medical Premiums	Monthly Premium	With Good4U Wellness Club†
Employee Only	\$201/mo.	\$151/mo.
Employee + Spouse	\$602/mo.	\$502/mo.
Employee + Child(ren)	\$484/mo.	\$434/mo.
Employee + Family	\$826/mo.	\$726/mo.

†Good4Wellness Club provides access for you and your covered spouse to receive discounted premiums for ongoing participation. Health status or diagnosis has NO bearing on incentive eligibility. Wellness Club participants receive subsidized premium plus \$25 per month for active participation. *Spouse is eligible for health insurance ONLY if s/he does not have it available through other employer-sponsored coverage.



ANCIRA

\$0 COPAY PRESCRIPTION SAVINGS PROGRAM!


Ancira Enterprises teamed up with CRX International to offer eligible employees and dependents a **FREE** mail order program for certain Brand-Name Medications. This program is intended to help you save money!

Benefits of joining the CRX program:

- ✓ \$0 COPAY
- ✓ FREE BRAND-NAME MEDICATIONS
- ✓ DELIVERED RIGHT TO YOUR MAILBOX
- ✓ WORRY-FREE REFILLS


ENROLLING IS AS EASY AS 1-2-3!

01




FILL OUT THE ONLINE ENROLLMENT FORM

02



IDENTIFICATION
UPLOAD YOUR PHOTO

03



INCLUDE YOUR
PRESCRIBER'S INFO

Have the following ready to make enrolling easier:

- Photo Identification - an image of your valid government-issued photo ID
- Name and strength of medications and vitamins you are using
- Prescriber's Information
 - First and last name
 - Phone number

Need some help? Give CRX a call at 1-866-488-7874.

Signing up only takes a few minutes and can help you save significantly on your prescription costs!



Scan here to enroll today!
crxintl.com | 1-866-488-7874





PPO Methodist Health System Facility Network

Creates a flexible PPO network that provides convenient access to Methodist Health System facilities across the greater San Antonio area. Insureds continue to have access to all of the doctors and facilities with UTHSC and University Health Networks. In addition to all facilities listed in the Direct Contract Provider Directory (linked at the www.ancira.org home page)

For more information on contracted providers, please visit <https://90degreedirectory.com/> (username: 1700 password: Ancira)

Hospitals

- Methodist Children's Hospital
- Methodist Hospital
- Methodist Hospital Atascosa
- Methodist Hospital Landmark
- Methodist Hospital Metropolitan
- Methodist Hospital Northeast
- Methodist Hospital Specialty and Transplant
- Methodist Hospital Stone Oak
- Methodist Hospital Stone Oak Rehabilitation
- Methodist Hospital Texan
- Methodist Texan Rehabilitation Hospital
- Methodist Hospital Westover Hills

Methodist Surgery Centers

- Methodist Surgery Center – Medical Center
- Methodist Surgery Center – North Central
- Methodist Surgery Center – Boerne
- Methodist Surgery Center – Landmark
- Methodist Surgery Center – Stone Oak
- The Center for Special Surgery at TCA



Advanced Medical Pricing Solutions {AMPS}

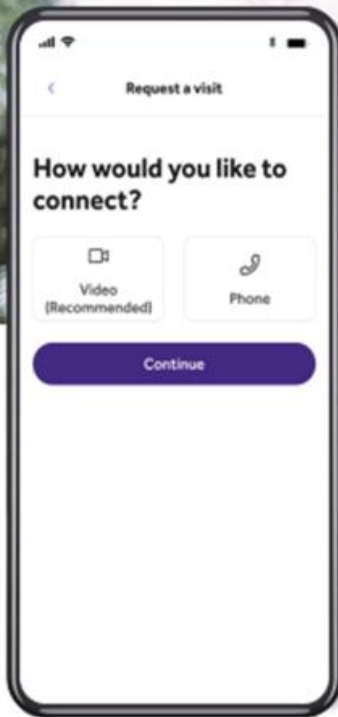
If you are balance-billed by a facility, AMPS is your best friend. Here's what you need to know:

1. Immediately inform 90-Degree Benefits (formerly Caprock Health Plans) if you receive a bill from a facility that is for the balance above what was shown to be due on your Explanation of Benefits.
2. AMPS will need to send you a packet that explains the process and authorizes them to assume management of this "balance billing" issue.
3. AMPS will also contact you after you receive the EOB to let you know that they are there to help if you receive any balance billing from a facility. This reminder call is a courtesy Ancira has requested to help ensure you are informed/reminded of the program and to let you know that if you receive any balance billing, this valuable service is provided at no cost to you.
4. Remember that Advance Medical Pricing Solutions (AMPS) **is safe to talk to.**
5. AMPS is paid to be at your service to prevent facility balance billing.
6. If you report a balance billing, the information packet you receive from AMPS is color coded so that you can easily tell what parts to return to AMPS and what to do next.
7. You must open your mail and respond to the information timely to protect yourself from any collection issues with the facility that is billing you!
8. Once you assign AMPS to represent you negotiating with the facility, you are protected through your relationship with AMPS and any communication by the facility should be directed exclusively through AMPS.



Paid for by Ancira if insured under the Ancira Health Plan

When a family member gets sick, turn to Teladoc Health for 24/7 care



Did you know your eligible dependents can get care 24/7 for non-emergency conditions?

Dependents 17 and younger will be added under your account, while adult dependents 18 and older will be sent an email to set up their own account.



24/7 access to U.S. board-certified pediatricians and family doctors



Get treatment for conditions like stomachaches, pink eye, allergies, rashes and more



See a doctor in minutes by app, or phone or video from wherever you are*

Get fast, convenient care for the whole family

Visit TeladocHealth.com

Call 1-800-835-2362 | Download the app

Mental Health

The stress-free and cost-effective way to access high-quality support for mental and emotional well-being



- Care from board-certified psychiatrists, psychologists or licensed therapists that the member chooses
- Get support for anxiety, eating disorders, depression, grief, family difficulties, and more
- Offered 7 days a week by phone or video, in a setting you choose
- Can receive ongoing support with the same doctor or therapist
- Provides a secure, discreet, and confidential support resource

CHOOSE A THERAPIST

Medical history needs to be completed prior to request
Member can choose a therapist based on specialty, location, language, gender and ability to prescribe medication
Can keep the same therapist through the course of care

SELECT A DATE AND TIME

The appointment request will be accepted within 72 hours
Able to schedule recurring appointments
Appointments available seven days a week, 7 am to 9 pm local time

MEET WITH THERAPIST (PHONE OR VIDEO)

Provides treatment and goal setting
Ability to speak with the therapist by phone or video sessions

ONGOING TREATMENT

Schedule future appointments with the same therapist
Follow-up through the secure online message center
Ongoing nurse outreach to evaluate care and provide additional guidance

Teladoc

It's common to feel lost when you lose someone close to you. You might even feel things you've never felt before.

Grief might look like:¹

- Shock and disbelief
- Sadness
- Anger
- Resentment
- Regret
- Anxiety

There is no right or wrong way to grieve. However, talking to someone can help, no matter what you're feeling.

You're never alone with Teladoc Health by your side

- ✓ Find a therapist who best fits your needs
- ✓ Schedule an appointment 7 days a week
- ✓ Get help anytime, anywhere—by phone or video

You don't have to grieve alone

Reach out for support today

TeladocHealth.com | Download the app

DEADLINE 60 DAYS FROM BENEFITS EFFECTIVE DATE

Details & Forms are always posted for you at

www.ancira.org

2026 Participation

Good4Wellness



Employees & Covered Spouses currently enrolled in the Good4Wellness program need to demonstrate participation **no later than 60 days from benefits effective date or G4U eligibility will end.**

How to stay eligible:

Choose 1 below and take your biometric form with you to be considered **"COMPLIANT"** and continue receiving the G4U monthly incentive money.

- Option 1** – WELL-VISIT with an in-network Primary Care Physician (free to you!)
- Option 2** – WELL-VISIT INTERNAL MEDICINE doctor (these physicians are also covered free-to-you under your medical plan when it is a WELL-VISIT)
- Option 3** – WELL-VISIT with DERMATOLOGIST (get that weird mole inspected!)
- Option 4** – (Guys) Obtain a Prostate-Specific-Antigen ("PSA") test with a covered Lab or Doctor / (Gals) Have a Well-Visit with OB/GYN

→IF YOU HAVE ALREADY SATISFIED **1** of the above SINCE APRIL 2025, SUBMIT YOUR "EOB" EXPLANATION OF BENEFITS FROM YOUR PREVIOUS INSURANCE CARRIER TO 210-699-0575 OR BENEFITS@ANCIRA.COM FOR CREDIT.

IMPORTANT: Take the Primary Care Well Visit and Biometric Form (attached and posted on ancira.org>My Benefits) to your appointment & have your doctor fill-in & sign certifying completion of the Well Visit and you can submit it directly to the secure fax# or have your doctor's office submit it for you.

COMPLIANCE WITH ONE OF THE OPTIONS ABOVE BY YOU (AND YOUR COVERED SPOUSE!) 60 days from effective date = You remain eligible for G4U incentives (worth \$75-\$125 monthly to you). YAY!

Benefits Resource Center
855-874-0110

Ancira Benefits Office
210.558.5331
benefits@ancira.com

*Health status or diagnosis has **NO** bearing on incentive eligibility.

* This program's participation requirements apply only to the insured Employee and his/her covered Spouse (no participation requirements of kiddos).



Dental Benefits

The PPO dental plan allows you the freedom to select a network provider. If you receive services out-of-network, Sun Life will apply the coinsurance percentages shown to 90th Percentile of the usual and customary charge for covered services and you will be responsible for the difference up to the provider's charge.

Sun Life Dental Network	IN-NETWORK (YOU PAY)
Annual Maximum Benefit	\$1,000 per person
Annual Deductible Single/Family	(waived for preventive) \$50/\$150
Preventive and Diagnostic Care	Covered at 100%; no deductible
Basic Services (6 mo. waiting period)	20% after deductible
Major Services (6 mo. waiting period)	50% after deductible
Orthodontia Lifetime Benefit (12 mo. waiting period)	50% after deductible
Coverage Tier	Premium
Employee Only	\$31/mo.
Employee + 1 Dependent	\$54/mo.
Employee + 2 or more	\$70/mo.



Vision Benefits

Your vision plan provided through VSP is a full-service plan that has a copayment schedule for in-network services as well as out-of-network allowances.

Network: VSP	IN-NETWORK Member portion	OUT-OF-NETWORK Reimbursement
Eye Exam Once every 12 Months	\$10 Copay	Up to \$45
Frame Retail Allowance Once every 24 Months	\$150 allowance + 20% off balance	Up to \$70
Eyeglass Lens Once every 12 Months Single vision Lined Bifocal Lined Trifocal	\$10 copay	Up to \$30 Up to \$50 Up to \$65
Contact Lens Allowances Once every 12 Months (<i>instead of glasses</i>) Exam Elective Necessary	Up to \$60 \$130 Allowance \$10 Copay	Up to \$105 Up to \$210
Coverage Tier	Premium	
Employee Only	\$11/mo.	
Employee + 1 Dependent	\$16/mo.	
Employee + 2 or more	\$23/mo.	

Disability Income Insurance

This benefit is designed to enable you to cover necessary monthly expenses if you are disabled for a period of time that prevents you from earning a paycheck. This coverage is subject to a 2-year waiting period for existing/known diagnoses. You can elect one or both (or Decline/Waive).

If 60% if earnings falls in the following range	This is the Benefit Amount	“STD” = Up to 6 months Disability Coverage	“XTD” = Extended Coverage 181 day – 18 month mark
Up to \$25,000	\$1,000	\$24/mo.	\$16/mo.
\$25,001 to \$35,000	\$2,000 max (or lesser amount)	\$36/mo.	\$20/mo.
\$35,001 to \$60,000	\$3,000 max (or lesser amount)	\$52/mo.	\$26/mo.
\$60,001 to \$75,000	\$4,000 max (or lesser amount)	\$75/mo.	\$36/mo.
\$75,001 +	\$5,000 max (or lesser amount)	\$96/mo.	\$54/mo.



Life Insurance Benefits

Life Insurance is voluntary and offered to only qualified, full-time employees. If you take the Ancira medical plan, you automatically have \$10,000 Life + \$10,000 AD&D free on yourself- but only if you provide beneficiary designation.

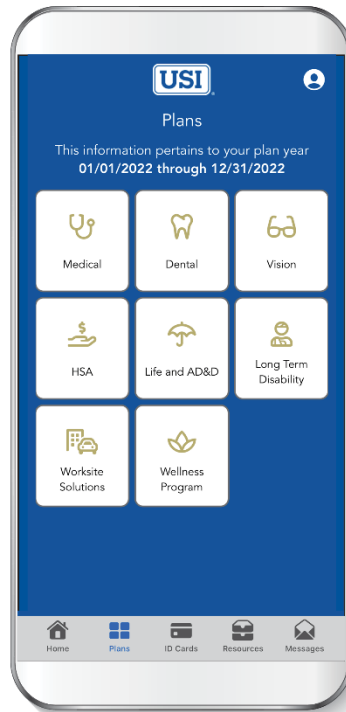
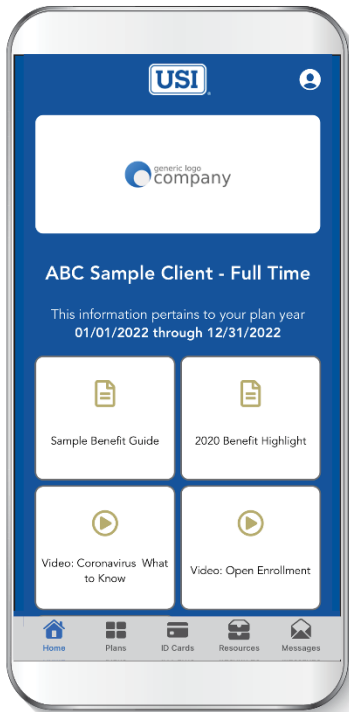
If you decline life insurance under the Group Policy now but later want it, or you want to increase your policy limits, you and your dependents are subject to underwriting and can be declined by the carrier.

Spouse: Benefit of up to ½ of your benefit amount to a MAX of \$100,000

Children: \$10,000 policy for each child named; \$1.90 per month, regardless of the number of dependent children age birth to 25 you name under the coverage.

Employee Age	Spouse Only \$10,000	Spouse Only \$25,000	\$20,000 Emp Only	\$50,000	\$100,000	\$250,000 Emp Only	\$500,000 Emp Only
< 30	\$0.79	\$1.98	\$1.58	\$3.95	\$7.90	\$19.75	\$39.50
30-34	\$0.96	\$2.40	\$1.92	\$4.80	\$9.60	\$24.00	\$48.00
35-39	\$1.10	\$2.75	\$2.20	\$5.50	\$11.00	\$27.50	\$55.00
40-44	\$1.37	\$3.43	\$2.74	\$6.85	\$13.70	\$34.25	\$68.50
45-49	\$2.13	\$5.33	\$4.26	\$10.65	\$21.30	\$53.25	\$106.50
50-54	\$3.49	\$8.73	\$6.98	\$17.45	\$34.90	\$87.25	\$174.50
55-59	\$5.35	\$13.38	\$10.70	\$26.75	\$53.50	\$133.75	\$267.50
60-64	\$8.93	\$22.33	\$17.86	\$44.65	\$89.30	\$223.25	\$446.50
65-69	\$15.21	\$38.03	\$30.42	\$76.05	\$152.10	\$380.25	\$760.50
70+	\$28.44	\$71.10	\$56.88	\$142.20	\$284.40	\$711.00	\$1,422.00

USI Mobile App



Download **MyBenefits2GO** from the app store and access your benefits details and contact information when you need it.

Ancira Enterprises

Enter this code when prompted:

F39231

Escalated Claims or Benefit Concerns?

Contact the Benefit Resource Center ("BRC")!

Toll Free: 855-874-0110

BRCSouthwest@usi.com

Our Benefits Specialists can assist you Monday through Friday,
8am to 5pm EST & CST



IMPORTANT CONTACTS

BENEFIT	PROVIDER	PHONE NUMBER	WEBSITE / EMAIL
All Benefits	USI Benefit Resource Center	855-874-0110	BRCSouthwest@usi.com Available Monday thru Friday 8am to 5pm
Medical	90 Degree Benefits Group # 1700	888-267-4445	portal.90degreebenefits.com
Non-emergency On-call Physician Services	Teladoc	800-362-2667	teladoc.com
Dental	Sun Life Group # 955379	800-442-7742	sunlife.com
Vision	VSP Group # 1700	800-877-7195	vsp.com
Life/AD&D	Sun Life Group # 940328	800-786-5433	sunlife.com
Disability Benefits	90 Degree Benefits Group # 1700	888-267-4445	portal.90degreebenefits.com

This Benefits Guide is proudly presented by your Benefits Broker, USI

Good4U Wellness Club – Primary Care Well Visit & Biometrics Authorization Form

Name: _____ Date of Birth: _____ Age: _____ Female Male
First name MI Last name

Note: If you are a covered SPOUSE under the Ancira medical plan, provide the employee' ID# and Ins. Member ID
 Company Name: Ancira Good4Wellness Program Site Code: _____ EEID# 99 _____ Member ID: _____
Ex. *AWC, AMC, BRV, GMC, F.O, etc.

Address: _____ Cell #: _____ Email: _____
Street/P.O. Box City State Zip

Participant's CONSENT AND RELEASE – Participant, please READ this and sign below before giving it to your Doctor! By signing, I hereby consent to participate in the Ancira Good4 Wellness Program (hereafter "Program") and authorize my biometric screening results to be utilized for purposes of the Program. I understand that that a nurse, Health Coach, and/or similar healthcare personnel may review my results and contact me regarding how the health plan can assist with a medical condition in accordance with applicable law, including the Health Insurance Portability and Accountability Act (HIPAA).

My personal results are NOT shared with Ancira, however they are aggregated and sourced by the selected provider/s in order to manage the Program and provide the most optimum benefit to the group. I acknowledge any specific medical questions or advice I seek should be directed to my physician. The results of any on-site health screenings are for basic knowledge only and do not take the place of, nor are intended to be substitutes for professional medical advice and do not replace the need for an annual well-visit with my Primary Care Physician (PCP). I agree that the responsibility for initiating a follow-up exam to confirm the results of any screening and obtaining professional medical assistance is mine alone and not that of any organization(s) associated with this screening, Ancira, or the Program. **I HEREBY WAIVE AND RELEASE AND HOLD HARMLESS ANCIRA, THE PLAN, THE PROGRAM, AND ANY ORGANIZATION(S) ASSOCIATED WITH THIS WELLNESS PROGRAM**, their affiliates, subsidiaries, directors, trustees, officers, employees, successors, and assignees from all liability, claims or causes of action for damages arising from or in any way connected with the Program and its administration.

I acknowledge that participation in the Program is voluntary. I acknowledge that the Program is intended to promote my health and well-being, but that I can withdraw at any time. Incentives may be offered in connection with the Program. **I acknowledge that if I choose to withdraw from participation in the Program, I will forfeit incentives offered by my employer in conjunction with Program participation. Program participation includes but is not necessarily limited to the successful completion of the Biometric Screening, establishment of a Medical Home, utilization of the Program's wellness coaching or other resources, obtaining routine care, and ongoing engagement with the Program.** "Participation" does not mean the meeting of specific biometrics; it means engaging with the Program resources. **Other eligibility requirements must also be satisfied. Participation is not a guarantee of future incentives. Program changes or discontinuation may be made at any time.** Program withdrawal includes, but is not limited to, voluntary withdrawal, involuntary withdrawal, noncompliance, covered spouse's non-participation, and similar. Final approval and effective date shall be the sole discretion of the Program representatives.

By signing this form below, you CONSENT to the terms and conditions contained in this form and to participate in the Program and authorize your provider to COMPLETE THE BELOW INFORMATION & submit this completed form to the fax # shown. Your personally identifiable information will remain confidential and will only be used to administer the wellness program or comply with applicable law or respond to valid legal process. **This information is only needed on primary insured & covered spouse.**

Insured's Signature: _____ **Date:** _____

****THE ABOVE MUST BE READ & SIGNED BEFORE SUBMITTAL TO YOUR DOCTOR. IT AUTHORIZES THEM TO DO THE NEXT SECTION****

May only be completed by Physician's office	Recommended Labs & Screenings (as applicable to Gender, Age, & per Physician's judgment) Minimum 8 hours FASTING required (water/black coffee only) for labs unless Diabetic! The following must be conducted in an in-network facility		Biometric Data **Date of this Screening:** _____	
	<input type="checkbox"/> CBC & BMP (annually)	<input type="checkbox"/> Skin Cancer Screening (annually)	Hours Fasted:	Total Cholesterol:
	<input type="checkbox"/> Thyroid & Hormone	<input type="checkbox"/> Pelvic/Pap (annually)	Weight:	HDL:
	<input type="checkbox"/> Mammogram (40+) <input type="checkbox"/> DEXA	<input type="checkbox"/> Clinical Breast Exam (annually)	Height:	LDL:
	<input type="checkbox"/> PSA (40+ males)	<input type="checkbox"/> Clinical Prostate Exam (annually)	Triglycerides:	Body Fat:
	<input type="checkbox"/> Fecal Occult <input type="checkbox"/> Sig/DCB Enema/Colonoscopy or <input type="checkbox"/> Virtual Colonoscopy Imaging <input type="checkbox"/> Coronary Artery Calcium Scoring	Age 50+ every 5-10 years / Physician's judgment <input type="checkbox"/> Vaccines/Booster Updates Tetanus Polio Hep Flu _____ []N/A or declined	Glucose:	A1c:
	30+ Min. Aerobic Activity <input type="checkbox"/> 3x/wk or More <input type="checkbox"/> Less than 3x/week or None IF <less than 3x/wk*, is patient willing & able to add walking 20 min.3x/wk/60 days*? <input type="checkbox"/> Y <input type="checkbox"/> N *If A1c, BP, or Cholesterol levels are elevated, please schedule re-check 60 days post walking regimen(w or w/o meds)		Urine Alb:	GFR:
			Neck Circumf:	Waist Circumf:
			Resting Heart Rate:	BP: _____/_____
	Tobacco Use in past 6 months? <input type="checkbox"/> Never <input type="checkbox"/> No <input type="checkbox"/> Yes Smoking exposure in household? <input type="checkbox"/> Never <input type="checkbox"/> When growing up <input type="checkbox"/> Current/Family member If YES: Any interest in quitting? Patient may consult 90 Degree Benefits @ 888-267-4445 for a variety of cessation benefits including no cost RX and EAP services.			
Physician/PCP Name		NPI#		FEIN
Address, City/Zip		Physician's Signature:		Date:
Office Phone #:		Fax this completed form to 90 Degree fax # 806-698-5844 or return it to the patient to do so.		