

## County Specific Incentive Plan

### County Specific Incentive Program Details and Rules:

- **This program is voluntary and employees who are covered on the health plan are not required to participate.**
- Employees who are on the health plan have the opportunity to obtain an **Annual Physical or Well-Woman Exam**, with age & gender appropriate screenings as determined by physician between **10/01/2023 and 09/30/2024**.
  - Annual Physical or Well-Woman Exam
    - There are several options available for employees to complete the requirement:
      - Doctor's Office claim filed;
      - Doctor completes a verification form (on the next page) and return to Burnet County HR; or
      - Complete the online verification form on WebMD One portal – [www.county.org/webmdone](http://www.county.org/webmdone).
- All employees who obtain an annual exam during the designated timeframe will earn an additional entry into the End-of-the-Year Prize Drawing.
- This program will be reviewed for effectiveness yearly.

## WELLNESS SCREENING VERIFICATION

Burnet County has implemented a Wellness Program to encourage employees to live healthier lives by actively engaging with a health care provider and utilizing the preventative services available in the County's health benefit program. Employees who are enrolled in the County's medical benefit plan must complete an annual wellness screening between 10/1/2023 – 9/30/2024 in order to earn an additional entry for the End-of-the-Year prize drawing.

### TO BE COMPLETED BY EMPLOYEE:

Full Name (PRINTED): \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

By my signature below, I affirm that I have received, read and understand the Wellness Screening Program and I authorize my physician to verify that I have completed a wellness exam with biometrics provided at my physician's office on the date indicated below:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### IMPORTANT NOTES:

- No Protected Health Information (PHI) and no results of any biometric screening (lab results) shall be included on or attached to this form.
- To receive credit for completion, the wellness exam must be completed between 10/1/2023 – 9/30/2024. This form can be submitted by 9/30/2024 one of the following ways:
  1. Email: [sdenton@burnetcountytexas.org](mailto:sdenton@burnetcountytexas.org)
  2. Drop Off: Human Resources Office: **220 South Pierce St., Burnet, Texas 7861**
- While wellness exams often include blood pressure, cholesterol, glucose and/or body mass index checks, at this time, no specific tests are required.

### TO BE COMPLETED BY PHYSICIAN:

I certify the above named patient has completed an Annual Exam/Wellness Exam with biometrics at my office on the following date: \_\_\_\_\_

Name of Physician (PRINTED): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Return this form before 9/30/2024*