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 **10/01/2026 and 09/30/2027**.
    - Annual Physical or Well-Woman Exam
        - To complete the requirement:
            - Doctor completes a verification form (on the next page) and return to Bastrop County HR.
- All employees who obtain an annual exam in the designated time-frame will be allowed a personal day.
    - The personal day will need to be used by 09/30/2027. This day must be pre-approved by the Elected Official or Department Head. If the employee terminates prior to using the personal day, they will lose this day. The County will not pay this time at termination of employment and the employee will lose the earned time after 09/30/2027, if not used. There is no option for payment in lieu of taking time off work.
- This program will be reviewed for effectiveness yearly.

WELLNESS SCREENING VERIFICATION

Bastrop 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 10/1/2026 – 9/30/2027 in order to receive the wellness rewards – a personal day.

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 10/1/2026 –9/30/2027. This form can be submitted by 9/30/2027 one of the following ways:
    1. Email: chelse.peterson@co.bastrop.tx.us
    2. Drop Off: Human Resources Office
- 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 9/30/2027