COLLIN COUNTY

Administrative Services
2300 Bloomdale Rd., Suite 4192
McKinney, Texas 75071
Phone: (972) 548-4675
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AdminSer@collincountytx.gov

2026 Wellness Discount Form

Collin County offers you the opportunity to reduce your insurance costs in 2027. To take advantage of this opportunity, you must complete the requirements listed below:

- Your physician(s) must verify the completion of ALL three exams listed below (multiple forms are acceptable)
- Your physician must provide your Body Mass Index (BMI)
- You must take the UHC Health Survey on www.myuhc.com; your spouse (if covered, or will be covered) should use their own login information to complete the survey as well
- If you plan to cover your spouse, they must complete the same requirements to earn the discount
- If you (and your spouse, if applicable) do not complete the Wellness criteria, you may be subject to a surcharge

Completed Wellness Discount Forms must be submitted via Fax or Email to the Administrative Services Department by 5pm, November 30, 2026. Email to AdminSer@collincountytx.gov or Fax to 972-548-4607 for processing. No paper submissions or documents other than this form will be accepted.

Section to be completed by Collin County employee (please print):

Patient's Name: _____

Employee's Name: _____

Employee ID: _____

Date of Exam: _____

Employee Email: _____

Relationship to Insured:
☐ Self
☐ Spouse

Employee Status:
☐ Current ☐ Elected Official ☐ Retiree

Employee Phone Number:
_____

Section to be completed by physician:

- The above patient has undergone recommended age and gender specific annual physical examination(s).
- These exams were **not** associated with the treatment of an ailment.
- Specific tests included are at physician's discretion. Please check all that apply:

☐ **Annual Physical**

☐ **Cholesterol Screening:** I certify that I tested this patient's cholesterol, and it is within normal limits or he/she is currently receiving education and/or treatment.

☐ **Well Woman or Well Man Examination:** If this exam is not recommended at this time, you may indicate as complete.

Provide the following patient information:

Body Mass Index (BMI): _____

_____
Signature of healthcare provider

_____
Date

_____
Affix healthcare provider office stamp here **or** print address and phone number

NOTICE REGARDING WELLNESS PROGRAM

The Collin County wellness program is a voluntary wellness program available to all regular employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program, you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to have a physician provide your BMI information and to verify that you have had medically-recommended physicals and a cholesterol screening. You are not required to complete the HRA or to participate in the cholesterol screening or other medical examinations.

However, employees who choose to complete the requirements of the wellness program may be eligible for a lump-sum payment (unless they are an elected official) and may be eligible to receive a lower medical premium rate for the following plan year. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the lump-sum payment and the discounted premium rates.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally-identifiable health information. Although the wellness program and Collin County may use aggregate information it collects to design a program based on identified health risks in the workplace, the Collin County Wellness Program will never disclose any of your personal information collected through the HRA either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally-identifiable health information are the organization providing the HRA (in this case UnitedHealthcare) and the coordinators who are collecting and tracking receipt of provided information in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically. No information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Benefits at 972-548-4606.