



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

2018 - 2019 Alternate Plan Proposal

Group: 36896 - Brown County

Effective Date: 10/01/2018

	Current Plan Year	Renewal Rates	Option 1
Plan:	700-G	700-G	700-G2
Option:	RX-5B-G	RX-5B-G	RX-5B-G2
Rates			
Employee Only	\$773.86	\$847.38	\$818.08
Employee + Child(ren)	\$1,947.36	\$2,132.36	\$2,056.94
Employee + Spouse	\$1,947.36	\$2,132.36	\$2,056.94
Employee + Family	\$1,947.36	\$2,132.36	\$2,056.94
Medical Plan			
Deductible In/Out Network	\$600/900	\$600/900	\$680/1020
Co-Insurance % In/Out	90/70	90/70	90/70
Co-Insurance Maximum	\$2400/4800	\$2400/4800	\$2750/5500
Office Visit	\$30	\$30	\$30
Specialist Visit			
Emergency Room Hospital	\$90	\$90	\$100
Prescription Plan			
Prescription Card Co-Pay	10/30/60	10/30/60	15/40/65
Deductible	\$100	\$100	\$135

200 employees

*12
60
7200*

Proposal rates are based on the following information:

- Rates based upon current benefits and enrollment. A substantial change in enrollment (10% over 30 days or 30% over 90 days) may result in a change in rates.
- Rates are based on a minimum employer contribution of 100% of the employee only rate or current funding level.
- Retirees pay the same premium as active employees regardless of age for medical and dental.
- Form must be received by 07/31/2018 in order to avoid a delay in implementation of benefits and/or late processing fees.

Please indicate the selected plan here Option 1 700-G2

Fax the signed document to 1-512-481-8481.

Signature E Ray West Date July 2, 2018

*July 2, 2018
(Exhibit #2)*