



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

2017 - 2018 Alternate Plan Proposal

Group: 36896 - Brown County

Effective Date: 10/01/2017

	Current Plan Year	Renewal Rates	Option 1	Option 2
Plan:	700	700	700-G	700-G2
Option:	RX-5B	RX-5B	RX-5B-G	RX-5B-G2
Rates				
Employee Only	\$714.38	\$788.96	\$773.86	\$745.26
Employee + Child(ren)	\$1,794.40	\$1,988.78	\$1,947.36	\$1,873.74
Employee + Spouse	\$1,794.40	\$1,988.78	\$1,947.36	\$1,873.74
Employee + Family	\$1,794.40	\$1,988.78	\$1,947.36	\$1,873.74
Medical Plan				
Deductible In/Out Network	\$500/750	\$500/750	\$600/900	\$680/1020
Co-Insurance % In/Out	90/70	90/70	90/70	90/70
Co-Insurance Maximum	\$2000/4000	\$2000/4000	\$2400/4800	\$2750/5500
Office Visit	\$25	\$25	\$30	\$30
Specialist Visit				
Emergency Room Hospital	\$90	\$90	\$90	\$100
Prescription Plan				
Prescription Card Co-Pay	10/30/50	10/30/50	10/30/60	15/40/65
Deductible	\$100	\$100	\$100	\$135

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 7/31/2017 in order to avoid a delay in implementation of benefits and/or late processing fees.

Please indicate the selected plan here _____

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

Signature _____ Date _____

July 10, 2017
(Exhibit #3)