TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

PY2027 Alternate Plan Proposal

Group: #36896 – Brown County

Effective Date: 10/01/2026

	Current Medical Plan Plan 1100-NG RX-5B-NG	4-Tier Renewal Rates Plan 1100-NG RX-5B-NG	Medical Plan Option 1 Plan 1200-NG RX-5B-NG	Medical Plan Option 2 Plan 1300-NG RX-5B-NG	Medical Plan Option 3 Plan 1520-NG RX-5B-NG
Tier					
Employee Only	$1,398.16	$1,656.82	$1,612.60	$1,551.36	$1,409.40
Employee & Child(ren)	$3,513.70	$2,733.75	$2,659.40	$2,556.38	$2,317.58
Employee & Spouse	$3,513.70	$3,893.53	$3,786.70	$3,638.70	$3,295.64
Employee & Family	$3,513.70	$4,655.66	$4,527.50	$4,349.96	$3,938.36
Medical Plan					
Deductible In/Out	$750/$1000	$750/$1000	$1000/$3000	$1500/$4500	$3000/$7500
Co-Insurance % In/Out	80/60	80/60	80/60	80/60	80/60
Co-Insurance Max In/Out	$3000/$6000	$3000/$6000	$3000/$6000	$3500/$7000	$4150/$8000
Office Visit- Primary Care	$25	$25	$30	$30	$40
Office Visit- Specialist	$25	$25	$30	$30	$40
ER Copay	$150	$150	$150	$150	$150
Rx Plan					
Prescription Co-Pay	$10/30/50	$10/30/50	$10/30/50	$10/30/50	$10/30/50
Deductible	$100	$100	$100	$100	$100

Proposal rates are based on the following information:

- Rates are based on current benefits, enrollment, and a minimum employer contribution of 100% of the employee-only rate. Significant enrollment changes (10% within 30 days or 30% within 90 days) may result in rate adjustments.
- Rates include broker commission.
- Form must be received by 06/26/2026 to avoid a delay in implementation of benefits and/or late processing fees.

Indicate selected plan here: _____

Signature _____ Date: _____

Return the signed document to your TAC Employee Benefits Specialist.

July 6, 2026

(Exhibit #7)

PROPOSED COUNTY HEALTH PLAN FOR 2026-2027 - PLAN 1520-NG, RX-5B-NG

Coverage Type	Count	Gross Premiums	Cost of Extra Coverage	Employee Premium Contribution	County Premium Contribution	Approx Emp Part of Extra Covg Cost	Proj Total Employee Contribution	Proj Total County Cost	Proj Total Cost of Insurance
Employee Only	97	$ 1,409			$ 1,409			$ 136,712	$ 136,712
Employee & Children	12	$ 2,318	$ 908	$ 200	$ 2,118	22%	$ 2,400	$ 25,411	$ 27,811
Employee & Spouse	24	$ 3,296	$ 1,886	$ 415	$ 2,880	22%	$ 9,969	$ 69,126	$ 79,095
Employee & Family	48	$ 3,938	$ 2,529	$ 557	$ 3,381	22%	$ 26,733	$ 162,309	$ 189,041
	181					*Monthly*	*$ 39,102*	*$ 393,557*	*$ 432,659*
						Annual	**$ 469,223**	**$ 4,722,690**	**$ 5,191,913**