TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

2026 – 2027 Alternate Plan Proposal

Group: 22946 - Tyler County

Effective Date: 11/01/2026

	Current Plan Year	Renewal Rates	Option 1	Option 2	Option 3
Plan:	**Plan 600**	**Plan 600**	**Plan 600-G**	**Plan 700-NG**	**Plan 1100-NG**
Option:	**RX-2A**	**RX-2A**	**RX-2A-G**	**RX-2A-NG**	**RX-2A-NG**
Rates					
Employee Only	$1,057.36	$1,268.82	$1,245.08	$1,264.20	$1,173.74
Employee & Spouse	$2,011.18	$2,413.42	$2,367.94	$2,404.58	$2,231.28
Employee & Child	$1,392.98	$1,671.58	$1,640.20	$1,665.48	$1,545.86
Employee & Child(ren)	$1,638.20	$1,965.84	$1,928.86	$1,958.66	$1,817.74
Employee & Family	$2,515.94	$3,019.12	$2,962.14	$3,008.04	$2,790.90
Medical Plan					
Deductible In/Out Network	$250/500	$250/500	$300/600	$500/750	$750/1000
Co-Insurance% In/Out	80/60	80/60	80/60	90/70	80/60
Co-Insurance Maximum	$2000/4000	$2000/4000	$2400/4800	$2000/4000	$3000/6000
Office Visit	$25	$25	$30	$25	$25
Specialist Visit					
Emergency Room Hospital	$90	$90	$90	$100	$150
Prescription Plan					
Prescription Card Co-Pay	$5/20/35	$5/20/35	$10/25/40	$5/20/35	$5/20/35
Deductible	$0	$0	$0	$0	$0

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 08/12/2026 in order to avoid a delay in implementation of benefits and/or late processing fees.

Please indicate the selected plan here Option 1 Plan 600-G RX-2AG

Fax the signed document to 512-481-8481 or email to meganw@county.org.

Signature_____ Date_____