2025 – 2026 Alternate Plan Proposal

Group: 49287 - Waller County

Effective Date: 12/01/2025

	Current Plan Year	Renewal Rates	Option 1	Option 2	Option 3
Plan:	**Plan 800-NGS**	**Plan 800-NGS**	**Plan 1100-NGS**	**Plan 1200-NGS**	**Plan 1300-NGS**
Option:	**RX-3B-NG**	**RX-3B-NG**	**RX-3B-NG**	**RX-3B-NG**	**RX-3B-NG**
Rates					
Employee Only	$1,136.36	$1,189.76	$1,152.72	$1,123.30	$1,082.26
Employee & Spouse	$2,045.94	$2,142.10	$2,074.96	$2,021.66	$1,947.26
Employee & Child	$1,432.52	$1,499.84	$1,453.00	$1,415.80	$1,363.90
Employee & Child(ren)	$1,867.08	$1,954.82	$1,893.60	$1,844.98	$1,777.14
Employee & Family	$2,469.70	$2,585.78	$2,504.62	$2,440.18	$2,350.24
Medical Plan					
Deductible In/Out Network	$500/750	$500/750	$750/1000	$1000/3000	$1500/4500
Co-Insurance% In/Out	80/60	80/60	80/60	80/60	80/60
Co-Insurance Maximum	$2500/5000	$2500/5000	$3000/6000	$3000/6000	$3500/7000
Office Visit	$25	$25	$25	$30	$30
Specialist Visit	$35	$35	$35	$40	$40
Emergency Room Hospital	$100	$100	$150	$150	$150
Prescription Plan					
Prescription Card Co-Pay	$10/20/35	$10/20/35	$10/20/35	$10/20/35	$10/20/35
Deductible	$100	$100	$100	$100	$100

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 09/11/2025 in order to avoid a delay in implementation of benefits and/or late processing fees.

Please indicate the selected plan here **Option 1: 1100-NGS with Rx 3B-NG**.

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

Signature_____ Date 08/20/2025