



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

PY2026 Alternate Plan Proposal

Group: #15919 – Clay County

Effective Date: 12/01/2025

	Current Plan	Renewal Rates	Option 1	Option 2
	Plan 1200-NG	Plan 1200-NG	Plan 1200-NGS	Plan 1300 NG
	Rx Option 3A NG	Rx Option 3A NG	Rx Option 8A NG	Rx Option 3A NG
Rates				
Employee Only	\$1,472.80	\$1,571.48	\$1,551.02	\$1,516.20
Employee + Spouse	\$2,774.26	\$2,960.14	\$2,920.80	\$2,853.88
Employee + 1 Child	\$1,753.34	\$1,870.80	\$1,846.28	\$1,804.56
Employee + Child(ren)	\$2,089.70	\$2,229.70	\$2,200.28	\$2,150.26
Employee + Family	\$3,468.82	\$3,701.22	\$3,651.82	\$3,567.76
Medical Plan				
Deductible In/Out Network	\$1000/\$3000	\$1000/\$3000	\$1000/\$3000	\$1500/\$4500
Co-Insurance % In/Out	80/60	80/60	80/60	80/60
Co-Insurance Max In/Out	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000	\$3500/\$7000
Office Visit – Primary Care	\$30	\$30	\$30	\$30
Office Visit - Specialist	\$30	\$30	\$40	\$30
Emergency Room Hospital	\$150	\$150	\$150	\$150
Prescription Plan				
Prescription Card Co-Pay	\$10/20/35	\$10/20/35	\$10/50/75	\$10/20/35
Deductible	\$0	\$0	\$0	\$0

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

Indicate selected plan here: Option 2

Signature Mark Campbell Date: 8-25-25

Return the signed document to your TAC Employee Benefits Specialist.