



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

2025 – 2026 Renewal Notice and Benefit Confirmation

Group: 66504 - Navarro County Anniversary Date: 10/01/2025

Return to TAC by: 06/27/2025

Please initial and complete each section confirming your group's benefits and fill out the contribution schedule according to your group's funding levels. Fax to 512-481-8481 or email to cashah@county.org.

For any plan or funding changes other than those listed below, please contact Casha Hill at 800-456-5974.

MEDICAL

Medical: Plan 1100-NGS \$25 Copay, \$750 Ded, 80%, \$3000 OOP Max, \$35 Sp. Copay

RX Plan: 4A-NG \$10/25/40, \$0 Ded

Your % rate change is: 7.70%

Your payroll deductions for medical benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 10/01/2025	New Amount Employer Pays	New Amount Employee Pays	New Amount Employer Pays for Retiree (if applicable)	New Amount Retiree Pays (if applicable)
Employee Only	\$1,108.80	\$1,194.18	\$1,194.18	\$ 0.00	\$	\$
Employee & Spouse	\$2,327.80	\$2,507.04	\$1,513.83	\$ 993.21	\$	\$
Employee & Child	\$1,308.02	\$1,408.74	\$1,405.49	\$ 0.00	\$	\$
Employee & Child(ren)	\$1,687.70	\$1,817.64	\$1,466.83	\$ 350.81	\$	\$
Employee & Family	\$2,562.84	\$2,760.18	\$1,608.21	\$1,151.97	\$	\$

Initial to accept Medical Plan and New Rates.

DENTAL

Dental: Plan I w/Ortho - 100% Prevent., \$50 Ded, 80% Bas., 50% Major

Your % rate change is: 4.50%

Your payroll deductions for dental benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 10/01/2025	New Amount Employer Pays	New Amount Employee Pays	New Amount Employer Pays for Retiree (if applicable)	New Amount Retiree Pays (if applicable)
Employee Only	\$29.20	\$30.50	\$ 30.50	\$ 0.00	\$	\$
Employee & Spouse	\$58.44	\$61.06	\$ 30.50	\$ 30.56	\$	\$
Employee & Child(ren)	\$81.06	\$84.70	\$ 30.50	\$ 54.20	\$	\$
Employee & Family	\$110.30	\$115.26	\$ 30.50	\$ 84.76	\$	\$

 Initial to accept Dental Plan and New Rates.

VISION

Vision: VALUE-12/12/24, \$10 Exam Copay, \$15 Lenses Copay, \$130 Frame Allowance

Your % rate change is: 0.00%

Your payroll deductions for vision benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 10/01/2025	New Amount Employer Pays	New Amount Employee Pays	New Amount Employer Pays for Retiree (if applicable)	New Amount Retiree Pays (if applicable)
Employee Only	\$4.58	\$4.58	\$ 0.00	\$ 4.58	\$	\$
Employee & Spouse	\$8.72	\$8.72	\$ 0.00	\$ 8.72	\$	\$
Employee & Child(ren)	\$9.18	\$9.18	\$ 0.00	\$ 9.18	\$	\$
Employee & Family	\$13.52	\$13.52	\$ 0.00	\$ 13.52	\$	\$

 Initial to accept Vision Plan and New Rates.

LIFE – BASIC (EMPLOYER PAID)

Basic Life Products:

Coverage volume per employee: \$20,000
(Rates per thousand)

Basic Life

Current Rates	New Rates Effective 10/01/2025	New Amount Employer Pays
\$0.15	\$0.15	\$0.15

Basic AD&D

Current Rates	New Rates Effective 10/01/2025	New Amount Employer Pays
\$0.03	\$0.03	\$0.03



Initial to accept New Basic Life Rates.

LIFE – VOLUNTARY (EMPLOYEE PAID)

	Current Rates	New Rates Effective 10/01/2025
Voluntary Dependent Life	\$3.80	\$3.80

 Initial to accept New Voluntary Dependent Life Rates.

	Current Rates	New Rates Effective 10/01/2025
Voluntary Retiree Life	\$0.14	\$0.14

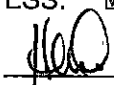
 Initial to accept New Voluntary Retiree Life Rates.

EMPLOYEE SELF-SERVICE (ESS) INFORMATION

The ESS (mybenefits.county.org) allows employees to update employee and dependent demographic data and make election changes. Demographic updates are always enabled on the ESS. However, groups must opt in to allow election changes on the ESS.

Please select one option below to indicate if your group would like to allow employees to make election changes on the ESS. All changes made by employees on the ESS are reflected in real time on OASys and in available reports.

ESS: ☒ Allow election changes on the ESS ☐ Do not allow election changes on the ESS



Initial to confirm ESS Elections.

RETIREE INFORMATION

Please indicate how your group manages retiree coverage.

Your group allows retiree coverage for:

Medical: Pre-65 ☒ Post-65 ☒

Dental: Pre-65 ☒ Post-65 ☒

Vision: Pre-65 ☒ Post-65 ☒

Voluntary Retiree Life: Pre-65 ☒ Post-65 ☒



Initial to confirm Retiree Eligibility.

WAITING PERIOD

Waiting period applies to all benefits.

Employees

30 days - 1st of the month following waiting period

Heb

Initial to confirm Waiting Period.

Elected Officials

30 days - 1st of the month following waiting period

COBRA ADMINISTRATION

Please indicate how your group manages COBRA administration:

☒ Group process COBRA on OASys

* Group is responsible for fulfilling COBRA notification process and requirements.

☐ BenefitConnect COBRA Department coordinates COBRA administration

* WTW BenefitConnect administers COBRA via contract between Group and TAC HEBP.

☐ Group processes TAC HEBP Continuation of Coverage on OASys (< 20 employees)

* Group is responsible for fulfilling COBRA notification process and requirements.

Heb

Initial to confirm COBRA Administration.

BROKER OR CONSULTANT INFORMATION

Please confirm your broker or consultant's information, if applicable.

☐ Broker ☐ Consultant

Agency Name

Broker

Representative

Address

Phone

Fax

Email

Agency Name

Consultant

Representative

Address

Phone

Fax

Email

Initial to confirm Broker or Consultant information

GROUP PHYSICAL MAILING ADDRESS

Please add your group's physical mailing address information:

Address: 300 West 3rd Avenue

Corsicana, TX 75110



Initial to confirm Physical Mailing Address

TAC HEBP Member Contact Designation

CONTRACTING AUTHORITY

As specified in the Interlocal Participation Agreement, the person signing this RNBC represents and acknowledges that they are authorized to sign on the county or district's behalf.

Please list changes and/or corrections below.

Name Terri Gillen
Title County Auditor
Address 300 West 3rd Ave., Ste 4
Corsicana, TX 75110-4672
Phone 9038753306
Fax 9036543097
Email tgillen@navarrocounty.org

BILLING CONTACT

Responsible for receiving all invoices relating to HEBP products and services.

Please list changes and/or corrections below.

Name Jane McCollum
Title Chief Deputy Treasurer
Address 300 West 3rd Ave., Ste 3
Corsicana, TX 75110-4672
Phone 9036543090
Fax 9038753391
Email jmccollum@navarrocounty.org

Julie Wright
HR Coordinator
300 W. 3rd Ave Ste 17
Corsicana TX 75110-4672
903-654-3039
jwright@navarrocounty.org

COUNTY REPRESENTATIVE

HEBP's main contact for daily matters pertaining to the health benefits.

Please list changes and/or corrections below.

Name Jane McCollum
Title Chief Deputy Treasurer
Address 300 West 3rd Ave., Ste 3
Corsicana, TX 75110
Phone 9036543090
Fax 9038753391
Email jmccollum@navarrocounty.org

Julie Wright
HR Coordinator
300 W. 3rd Ave Ste 17
Corsicana TX 75110-4672
903-654-3039
jwright@navarrocounty.org

HEALTHY COUNTY WELLNESS COORDINATORS

Primary contact regarding the Healthy County wellness program. Groups can designate up to two Wellness Coordinators.

Please list changes and/or corrections below.

Name Lorie Stovall
Title CEA-FCS Healthy Coordinator
Address 313 W 3rd Ave
Corsicana, TX 75110
Phone 9036542407
Fax
Email lorie.stovall@ag.tamu.edu

Name
Title
Address

Phone
Fax
Email

HEALTHY COUNTY WELLNESS SPONSORS

An elected or appointed official (preferred) who supports the administration of the Healthy County wellness program. Groups can designate up to two Wellness Sponsors.

Please list changes and/or corrections below.

Name Julie Wright
Title HR Coordinator
Address 300 W 3rd Ave Ste 17
Corsicana, TX 75110-4672
Phone 9036543039
Fax
Email jwright@navarrocounty.org

Name
Title
Address

Phone
Fax
Email

 Initial to confirm Member Contact Designations.

HIPAA CERTIFICATION

Terms of the HIPAA Certification Agreement Signed by County/District contracting authority in order to receive Protected Health Information (PHI):

Note: In order for TAC HEBP to disclose PHI to a TAC HEBP member entity (such as a County or District that contracted for TAC HEBP benefits), the contracting authority must have signed the Certification, which includes the provisions set out below (unless the individual whose PHI is being disclosed has signed a HIPAA Authorization allowing their PHI to be disclosed for this purpose). The County/District is referred to as an "EMPLOYER" in the Certification. Any County/District employee who receives PHI on the "EMPLOYER'S" behalf must comply with these terms. If you have any questions about whether the information you are receiving is PHI or these Certification provisions, please contact a member of the TAC Health and Benefits Services' team.


As required under the HIPAA Standards for Confidentiality of Individually Identifiable Health Information, 45 CFR Parts 160 & 164 ("HIPAA Privacy Regulations"), the Plan Sponsor (EMPLOYER) certifies to the Texas Association of Counties Health Employees Benefit Pool (the "Plan") that, upon receipt of any Protected Health Information ("PHI"), EMPLOYER will comply with the provisions of the HIPAA Certification. These provisions include:

1. EMPLOYER certifies that it only will use or disclose PHI for plan administration purposes of the Plan, consistent with any Plan documentation and as permitted by law.
2. EMPLOYER will require that any agents or subcontractors to whom it provides PHI received under this Certification to agree in writing to the same restrictions and conditions that apply to COUNTY with respect to such information.
3. EMPLOYER agrees not to use or disclose any information received under this Certification for employment-related actions and decisions, or in connection with any other benefit or employee benefit plan sponsored by EMPLOYER.
4. EMPLOYER will report to the Plan any use or disclosure of information that is inconsistent with the uses or disclosures provided for under this Certification of which it becomes aware.
5. EMPLOYER will make available any information it holds under this Certification in order for Plan to comply with the access requirements under 45 CFR § 164.524.
6. EMPLOYER will make available any information it holds under this Certification in order for Plan to comply with the amendment requirements under 45 CFR § 164.526, and will incorporate any amendments to PHI it holds, as required in 45 CFR § 164.526.
7. EMPLOYER agrees to document and provide a description of any disclosures of PHI, and information related to such disclosures, as would be required for Plan to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR § 164.528.

8. EMPLOYER agrees to make its internal practices, books, and records relating to the use and disclosure of PHI received from the Plan available to the Secretary of Health and Human Services, for purposes of the Secretary determining the Plan's compliance with the HIPAA Privacy Regulations.
9. EMPLOYER will return or destroy all PHI received from Plan that EMPLOYER maintains in any form, including by agents or subcontracts, and retain no copies of such information, when it is no longer needed for the purpose for which the disclosure was made, except that, if EMPLOYER and Plan agree that such return or destruction is not feasible, EMPLOYER will limit further uses or disclosures of the information to those purpose that make the return or destruction of the information infeasible.
10. EMPLOYER will resolve issues of noncompliance with the terms of this Certification by persons entitled to use or disclose PHI under this Certification in a timely manner.
11. EMPLOYER will implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of any electronic PHI that it receives from the Plan, in accordance with the HIPAA Security Standards, 45 CFR Parts 160, 162, and 164. EMPLOYER will report to the Plan any security incident under the HIPAA Security Standards of which it becomes aware.
12. EMPLOYER will establish adequate separation between EMPLOYER and Plan, as required under 45 CFR § 164.504(f)(2)(iii) by limiting access to PHI to those employees or classes of employees listed below whom EMPLOYER has determined are entitled to use or disclose such PHI. EMPLOYER will require that these listed employees will receive HIPAA Privacy Training and only may use or disclose such PHI for plan administration functions, as defined in the HIPAA Privacy Regulations. Plan only will disclose PHI to the following employees whom EMPLOYER has determined are entitled to receive PHI.

Terri Gillen

Printed Name of Contracting Authority



Signature of Contracting Authority

6/23/2025

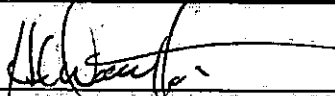
Date

PLAN INFORMATION

- RNBC must be received by 06/27/2025 to avoid additional administrative fees.
- Signature below is required to confirm and accept your group's renewal.
- 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.
- If applicable, retiree rates are the same for medical, dental, and vision as active employees regardless of age.
- If applicable, broker commissions are included in rates.

Hee Initial to confirm Plan Information

RENEWAL CONFIRMATION SIGNATURE


Signature of County Judge or Contracting Authority

Date: 6-23-25

H.M. DAVENPORT, Jr. County Judge
Please PRINT Name and Title

The Texas Association of Counties would like to thank you for your membership in the only all county-owned and county directed Health and Employee Benefits Pool in Texas.



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

HEALTHY COUNTY: COUNTY SPECIFIC INCENTIVE PROGRAM

Navarro County

A County Specific Incentive (CSI) is a wellness program that rewards employees and/or spouses for healthy behaviors such as completing an annual exam, tobacco affidavit, or participating in a physical activity program in exchange for avoiding a premium contribution, a lower monthly premium, earn additional days of PTO, or other rewards decided on by the County or District. Penalties and Rewards are administered at the county or district level.

Healthy County is available to assist in the process of designing, communicating, and tracking a CSI. Employees will be able to view their progress and completion of the incentive online or via mobile app.

Navarro County's CSI

Our records indicate that Navarro County currently has a County Specific Incentive program in place. Please make a selection below to let us know if you would like to keep your current design in place for the 2025-2026 plan year, or if you would like to make modifications to your current design. If you select "Yes," your TAC HEBP Wellness Consultant will reach out to you to confirm reward and penalty options for the upcoming plan year. Please also feel free to contact your consultant at any time to begin this process. If you decide to make changes to your CSI, there is a six week waiting period before employees can view the program online.

Current CSI >

Annual Physical:
Wellness Rate and Avoid the \$25 Monthly Health Benefits Contribution

Please select one:

☒ Yes, we would like to continue with the same CSI program for the 2025-2026 plan year.

☐ We are interested in making changes to our CSI program.

County Name: Navarro County

Printed Name and Title: Terri Gillen, County Auditor

Contracting Authority Signature: 

Date: 6/23/2025

Plan Year 2026 Benefit Updates

COBRA Update

New TAC HEBP Billing Policy

Spouse Eligibility Form Change

Pharmacy Network Update

New Billing & Payment Policy

Effective May 1, 2025

TAC HEBP now has a new billing policy. Groups are required to pay on time and as billed each month.

The updated policy which included information on Timely Payment Requirements, Late Payment Timelines, Payment Methods, and Payment Options was sent in mid-April. If you did not receive it or need another copy, please contact your Employee Benefit Specialist.

New COBRA Administrator

Effective May 1, 2025

TAC HEBP transitioned to a new COBRA administrator, **BenefitConnect|COBRA**.

All current groups partnering with TAC HEBP for COBRA services have successfully transitioned to the new vendor. If your group is continuing COBRA administration through TAC HEBP and BenefitConnect|COBRA, you will receive an amended Interlocal Agreement with your renewal. Please review, sign, and return it promptly.

Groups interested in transitioning to BenefitConnect|COBRA or learning more about the service may contact their Employee Benefits Consultant (EBC) for details, including the COBRA fee schedule and support model.

At renewal, groups have the option to:

1. Continue COBRA administration through TAC HEBP and BenefitConnect|COBRA;
2. Elect to self-administer COBRA benefits; or
3. Select an outside third-party administrator (TPA) — groups choosing this option will continue to process terminations through OASys.

If your group currently self-administers or uses a TPA, we encourage you to explore the benefits of our fully supported COBRA solution. Your EBC is available to walk you through the advantages and answer any questions.

Spouse Eligibility Verification

Effective October 1, 2025

The Board voted to remove the requirement for spouses to obtain coverage through their own employer before becoming eligible for coverage under the Pool.

While the Spouse Eligibility Verification Form will remain available for groups that wish to continue using it, its use is now optional and no longer mandatory.

Pharmacy Network Optimization

To help manage rising pharmacy costs and enhance overall prescription drug savings for the Pool, TAC HEBP will transition to a more focused pharmacy network. As part of this change, **CVS, Kroger, United Pharmacy, and Albertsons pharmacies will no longer be included** in the network effective on your group's anniversary date.

Navitus, our pharmacy benefit manager, conducted a thorough analysis and estimates that this change will impact **fewer than 12%** of the Pool's 49,000 covered members.

Members who currently fill prescriptions at one of the excluded pharmacies will be contacted 30 days prior to the effective date and provided with a list of nearby, in-network pharmacy alternatives based on their zip code.

This strategic shift is designed to maximize cost efficiency while continuing to support access to high-quality pharmacy care.



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

12-Month Medical Report

Post Date : Mar 2025

Metrics : (Average Members, Average Subscribers, Total Contribution, Medical Paid, Pharmacy Paid, Paid)

Rows : (Paid Date)

Columns : (Metrics)

Paid Date : Last 12 Months [Apr 2024 - Mar 2025]

Account : (000094500 - POOLED)

Coverage Type : (Medical)

Group : (066504 - NAVARRO COUNTY)

Paid Date	Average Subscribers	Average Members	Total Contribution	Medical Paid	Pharmacy Paid	Paid
Apr 2024	298	352	\$338,452.34	\$269,935.59	\$38,711.39	\$308,646.98
May 2024	296	348	\$335,951.32	\$234,222.98	\$78,059.29	\$312,282.27
Jun 2024	296	348	\$335,570.38	\$273,183.84	\$82,271.46	\$355,455.30
Jul 2024	295	347	\$334,510.34	\$345,845.35	\$118,132.26	\$463,977.61
Aug 2024	297	348	\$337,011.36	\$474,370.21	\$84,580.02	\$558,950.23
Sep 2024	296	348	\$335,951.32	\$277,688.79	\$124,003.53	\$401,692.32
Oct 2024	301	448	\$370,240.40	\$283,766.81	\$71,687.22	\$355,454.03
Nov 2024	306	454	\$376,562.52	\$315,464.83	\$49,754.73	\$365,219.56
Dec 2024	306	456	\$376,761.74	\$388,586.97	\$151,152.21	\$539,739.18
Jan 2025	309	459	\$380,287.36	\$365,359.66	\$139,177.80	\$504,537.46
Feb 2025	307	457	\$378,214.40	\$443,914.57	\$126,486.76	\$570,401.33
Mar 2025	308	458	\$379,323.20	\$459,639.69	\$144,245.43	\$603,885.12
Total: Selected Filter(s)	301	402	\$4,278,836.68	\$4,131,979.29	\$1,208,262.10	\$5,340,241.39



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

12-Month Dental Report

Post Date : Mar 2025

Metrics : (Average Subscribers, Average Members, Total Contribution, Dental Paid)

Rows : (Paid Date)

Columns : (Metrics)

Paid Date : Last 12 Months [Apr 2024 - Mar 2025]

Account : (000094500 - POOLED)

Coverage Type : (Dental)

Group : (066504 - NAVARRO COUNTY)

Paid Date	Average Subscribers	Average Members	Total Contribution	Dental Paid
Apr 2024	298	454	\$12,866.46	\$14,091.97
May 2024	296	449	\$12,750.74	\$14,799.86
Jun 2024	296	448	\$12,757.28	\$10,214.13
Jul 2024	295	447	\$12,670.48	\$11,441.17
Aug 2024	297	444	\$12,728.32	\$9,789.04
Sep 2024	297	444	\$12,699.38	\$8,525.79
Oct 2024	301	505	\$14,591.44	\$10,051.18
Nov 2024	305	510	\$14,811.96	\$10,669.38
Dec 2024	305	511	\$14,863.82	\$12,615.34
Jan 2025	308	514	\$14,951.42	\$11,237.50
Feb 2025	305	507	\$14,811.96	\$9,053.94
Mar 2025	306	509	\$14,893.02	\$9,303.86
Total: Selected Filter(s)	301	479	\$165,396.28	\$131,793.16



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

HCC - No PHI

Post Date : Mar 2025

Service Category : Total (Inpatient Facility, Outpatient Facility, Pharmacy, Professional)

Metrics : (Paid)

Claim Type : (MEDICAL, PHARMACY)

Coverage Type : (Medical)

Group : (066504 - NAVARRO COUNTY)

Paid Month : Last 12 Months [Apr 2024 - Mar 2025]

Paid greater or equal 10000.00

Paid : descending

Encrypted Member ID	Member	Status	Medical Paid	Pharmacy Paid	Paid
3054296659	Under 65 Retiree		\$265,783.76	\$422,190.97	\$687,974.73
18041496064	Active		\$537,837.68	\$137,587.73	\$675,425.41
3510180105	Active		\$306,046.54	\$1,455.39	\$307,501.93
18140380611	Active		\$244,365.06	\$0.00	\$244,365.06
20700031279	Active		\$199,280.22	\$455.17	\$199,735.39
17030167365	Under 65 Retiree		\$175,249.98	\$20,354.98	\$195,604.96
11510498000	Active		\$105,379.92	\$10,946.65	\$116,326.57
3110163602	Under 65 Retiree		\$105,240.00	\$393.99	\$105,633.99
3210458350	Active		\$94,070.80	\$399.51	\$94,470.31
18041495961	Active		\$93,509.13	\$153.97	\$93,663.10
16060134832	Active		\$88,612.04	\$1,159.62	\$89,771.66
17770096874	Active		\$87,412.41	\$250.71	\$87,663.12
20390124509	Active		\$79,965.24	\$0.00	\$79,965.24
3065591813	Active		\$73,619.63	\$1,065.28	\$74,684.91
8840146739	Active		\$70,560.83	\$390.87	\$70,951.70
7040219122	Active		\$57,084.63	\$2,939.21	\$60,023.84
20750459821	Active		\$50,683.72	\$3,294.89	\$53,978.61
16990183989	Active		\$48,556.81	\$452.74	\$49,009.55
17770096833	Active		\$47,661.12	\$420.80	\$48,081.92
3110168894	Active		\$46,918.80	\$171.26	\$47,090.06
20390124508	Active		\$46,915.70	\$11.20	\$46,926.90
19880136962	Active		\$42,967.20	\$320.97	\$43,288.17
20020581534	Active		\$26,641.80	\$15,483.21	\$42,125.01



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

HCC - No PHI

3061409690	Active	\$37,385.74	\$3,046.73	\$40,432.47
3062629304	Active	\$38,013.27	\$215.40	\$38,228.67
3040645590	Active	\$37,515.79	\$169.43	\$37,685.22
3040645649	Active	\$34,925.16	\$211.29	\$35,136.45
9060115913	Active	\$29,915.52	\$1,809.95	\$31,725.47
18990194646	Active	\$28,680.00	\$2,822.48	\$31,502.48
20051210164	Active	\$23,883.86	\$5,669.71	\$29,553.57
19400314513	Active	\$10,716.10	\$18,481.05	\$29,197.15
3060547923	Active	\$440.26	\$27,775.23	\$28,215.49
19490201804	Active	\$10,506.67	\$15,587.33	\$26,094.00
3630726429	65+ Retiree	\$12,456.09	\$13,147.98	\$25,604.07
17928166713	Active	\$9,613.65	\$14,977.30	\$24,590.95
18990194674	Active	\$24,420.75	\$14.13	\$24,434.88
19670762397	Active	\$24,419.18	\$11.19	\$24,430.37
6120220877	Active	\$8,863.18	\$13,751.50	\$22,614.68
19770458539	Active	\$22,518.38	\$0.00	\$22,518.38
18640403966	Active	\$2,933.29	\$19,372.15	\$22,305.44
5680195993	Active	\$2,337.25	\$18,216.79	\$20,554.04
3040645643	Active	\$19,008.16	\$0.00	\$19,008.16
15140190951	Active	\$7,830.43	\$10,874.48	\$18,704.91
3062629539	Active	\$18,361.95	\$61.74	\$18,423.69
17460428482	Active	\$18,234.76	\$42.05	\$18,276.81
20440173666	Active	\$17,096.04	\$134.35	\$17,230.39
20020034318	Active	\$3,709.82	\$13,135.66	\$16,845.48
5240002606	Active	\$3,019.64	\$13,508.42	\$16,528.06
20630127145	Active	\$9,492.50	\$6,878.08	\$16,370.58
20110053614	Active	\$3,062.05	\$12,921.59	\$15,983.64
3041467903	Active	\$4,649.23	\$11,204.58	\$15,853.81
3062629427	Active	\$6,586.42	\$8,969.53	\$15,555.95
18240626056	Active	\$2,083.65	\$12,868.66	\$14,952.31
3044450769	Active	\$1,676.07	\$13,092.52	\$14,768.59
20860569510	Active	\$1,098.14	\$13,463.19	\$14,561.33
20020579786	Active	\$2,561.40	\$11,924.51	\$14,485.91
3240197941	Active	\$12,638.99	\$1,743.45	\$14,382.44
3054575856	Active	\$193.51	\$14,150.26	\$14,343.77
3067592302	Active	\$13,865.92	\$46.35	\$13,912.27
18990502234	Active	\$1,001.29	\$12,849.62	\$13,850.91
20630127108	Active	\$5,491.80	\$8,350.82	\$13,842.62
20821157186	Active	\$771.03	\$12,823.86	\$13,594.89
17810183791	Active	\$4,794.48	\$8,661.52	\$13,456.00
8140082553	Active	\$13,163.80	\$111.93	\$13,275.73



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

HCC - No PHI

20520181601	Active	\$3,816.11	\$9,381.52	\$13,197.63
3210536249	Active	\$12,067.45	\$1,023.78	\$13,091.23
20690123750	Active	\$13,043.60	\$0.00	\$13,043.60
19670290658	Active	\$11,926.97	\$1,028.11	\$12,955.08
16370570564	Active	\$839.21	\$11,959.03	\$12,798.24
17944813244	Active	\$11,839.47	\$581.69	\$12,421.16
18530154926	Active	\$2,321.92	\$10,098.39	\$12,420.31
20820875804	Active	\$11,667.37	\$737.83	\$12,405.20
3062629343	Active	\$12,004.55	\$97.27	\$12,101.82
18041495974	Active	\$1,720.63	\$10,216.87	\$11,937.50
3058372287	Active	\$5,872.82	\$5,885.52	\$11,758.34
3062629404	Active	\$3,579.28	\$7,921.25	\$11,500.53
18210557365	Active	\$11,071.21	\$25.85	\$11,097.06
18270153502	Active	\$616.69	\$10,395.32	\$11,012.01
12020159357	Active	\$2,175.23	\$8,703.70	\$10,878.93
19960425404	Active	\$10,823.56	\$7.74	\$10,831.30
4000861912	Active	\$10,789.52	\$23.84	\$10,813.36
18270483741	Active	\$10,122.04	\$296.47	\$10,418.51
20360222102	Active	\$3,877.54	\$6,349.99	\$10,227.53
12750075737	Active	\$9,783.29	\$422.80	\$10,206.09
Query Total	84	\$3,574,256.70	\$1,048,152.90	\$4,622,409.60

Medical	Plan 1100NGS / RX-4A NG	Renewal Increase: 7.7%	Overall TAC Pool Increase Avg 6.0%
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The Benefit Review Committee met 6/11/2025 and agreed to stay with the current plan that continues to participate in the TAC Dependent Pilot Program. The current medical/dental/vision plans are presented to Commissioners Court for PY2026 renewal.

Tier	Current	Renewal	County Monthly Contribution	Employee Monthly Cost	EmpCost Per Pay Period	Emp portion Increase per PP from PY25 to PY26	# of Participants on June 2025 Billing	PY2025 Monthly County Contribution	PY2026 Monthly County Contribution
Employee Only	\$1,108.80	\$1,194.18	\$1,194.18	\$0.00	\$0.00	\$0.00	206	\$228,412.80	\$246,001.08
Employee + Child	\$1,308.02	\$1,408.74	\$1,405.49	\$0.00	\$0.00	\$0.00	72	\$94,177.44	\$101,195.28
Employee + Children	\$1,687.70	\$1,817.64	\$1,466.83	\$350.81	\$175.41	\$34.88	31	\$43,605.84	\$45,471.73
Employee + Spouse	\$2,327.80	\$2,507.04	\$1,513.83	\$993.21	\$496.61	\$53.43	3	\$4,324.32	\$4,541.49
Employee + Family	\$2,562.84	\$2,760.18	\$1,608.21	\$1,151.97	\$575.99	\$75.10	3	\$4,683.18	\$4,824.63
								\$375,203.58	\$402,034.21

Dental	Plan 1 with Ortho	Renewal Increase: 4.5%
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Tier	Current	Renewal	County Monthly Contribution	Employee Monthly Cost	EmpCost Per Pay Period	Increase per PP from PY24 25	# of Participants on June 2025 Billing	PY2025 Monthly County Contribution	PY2026 Monthly County Contribution
Employee Only	\$29.20	\$30.50	\$30.50	\$0.00	\$0.00	\$0.00	199		
Employee + Spouse	\$58.44	\$61.06	\$30.50	\$30.56	\$15.28	\$0.66	28		
Employee + Child(ren)	\$81.06	\$84.70	\$30.50	\$54.20	\$27.10	\$1.17	62		
Employee + Family	\$110.30	\$115.26	\$30.50	\$84.76	\$42.38	\$1.83	24		
							313	\$9,139.60	\$9,546.50

No changes to Vision rates for PY2026

PY 2026 Total County Contribution/Month (based on current enrollment)	\$411,580.71
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High dollar medical claims over this current plan year contributed to the increase for PY2026.