

**BRAZORIA COUNTY HEALTH CARE PROGRAM
ACTIVE EMPLOYEE RATES
EFFECTIVE 10/01/2024 TO 09/30/2025**

Standard Option (Buy Up Plan)			
	Rate	County Pays	Employee Pays
Employee Only	\$ 1,175.00	\$ 1,025.00	\$ 150.00
Employee + Spouse	\$ 1,601.50	\$ 1,025.00	\$ 576.50
Employee + Chil(dren)	\$ 1,374.25	\$ 1,025.00	\$ 349.25
Employee + Family	\$ 1,883.00	\$ 1,025.00	\$ 858.00

Health Reimbursement Account (HRA) Option			
	Rate	County Pays	Employee Pays
Employee Only	\$ 1,025.00	\$ 1,025.00	\$ -
Employee + Spouse	\$ 1,389.00	\$ 1,025.00	\$ 364.00
Employee + Chil(dren)	\$ 1,229.00	\$ 1,025.00	\$ 204.00
Employee + Family	\$ 1,595.00	\$ 1,025.00	\$ 570.00

COBRA - Standard Option			
	Rate	County Pays	Employee Pays*
Individual (EE, SP, CH)	\$ 1,175.00	\$ -	\$ 1,175.00
Employee + Spouse	\$ 1,601.50	\$ -	\$ 1,601.50
Employee + Chil(dren)	\$ 1,374.25	\$ -	\$ 1,374.25
Employee + Family	\$ 1,883.00	\$ -	\$ 1,883.00

COBRA - Health Reimbursement Account (HRA) Option			
	Rate	County Pays	Employee Pays*
Employee Only	\$ 1,025.00	\$ -	\$ 1,025.00
Employee + Spouse	\$ 1,389.00	\$ -	\$ 1,389.00
Employee + Chil(dren)	\$ 1,229.00	\$ -	\$ 1,229.00
Employee + Family	\$ 1,595.00	\$ -	\$ 1,595.00

	Dependent Only Dental		
	Spouse	Child	Family
	Available for Dependents of Active Employees that Do Not Enroll Dependents for Medical Coverage	\$ 24.00	\$ 27.00
	COBRA - Dependent Only Dental		
	Spouse	Child	Family
		\$ 24.00	\$ 27.00

***An additional 2% fee will be added by the COBRA plan administrator, PayFlex**