

BRAZORIA COUNTY HEALTH CARE PROGRAM
ACTIVE EMPLOYEE RATES
EFFECTIVE 10/01/2025 TO 09/30/2026

Standard Option (Buy Up Plan)			
	Rate	County Pays	Employee Pays
Employee Only	\$ 1,200.00	\$ 1,050.00	\$ 150.00
Employee + Spouse	\$ 1,626.50	\$ 1,050.00	\$ 576.50
Employee + Chil(dren)	\$ 1,399.25	\$ 1,050.00	\$ 349.25
Employee + Family	\$ 1,908.00	\$ 1,050.00	\$ 858.00

Health Reimbursement Account (HRA) Option			
	Rate	County Pays	Employee Pays
Employee Only	\$ 1,050.00	\$ 1,050.00	\$ -
Employee + Spouse	\$ 1,414.00	\$ 1,050.00	\$ 364.00
Employee + Chil(dren)	\$ 1,254.00	\$ 1,050.00	\$ 204.00
Employee + Family	\$ 1,620.00	\$ 1,050.00	\$ 570.00

COBRA - Standard Option			
	Rate	County Pays	Employee Pays*
Individual (EE, SP, CH)	\$ 1,200.00	\$ -	\$ 1,200.00
Employee + Spouse	\$ 1,626.50	\$ -	\$ 1,626.50
Employee + Chil(dren)	\$ 1,399.25	\$ -	\$ 1,399.25
Employee + Family	\$ 1,908.00	\$ -	\$ 1,908.00

COBRA - Health Reimbursement Account (HRA) Option			
	Rate	County Pays	Employee Pays*
Employee Only	\$ 1,050.00	\$ -	\$ 1,050.00
Employee + Spouse	\$ 1,414.00	\$ -	\$ 1,414.00
Employee + Chil(dren)	\$ 1,254.00	\$ -	\$ 1,254.00
Employee + Family	\$ 1,620.00	\$ -	\$ 1,620.00

Available for Dependents of Active Employees that Do Not Enroll Dependents for Medical Coverage	Dependent Only Dental		
	Spouse	Child	Family
	\$ 34.00	\$ 37.00	\$ 61.00
	COBRA - Dependent Only Dental		
	Spouse	Child	Family
	\$ 34.00	\$ 37.00	\$ 61.00

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