



Williamson County

2026 Benefits Fund Budget –
Benefit Committee Recommendations

June 24, 2025

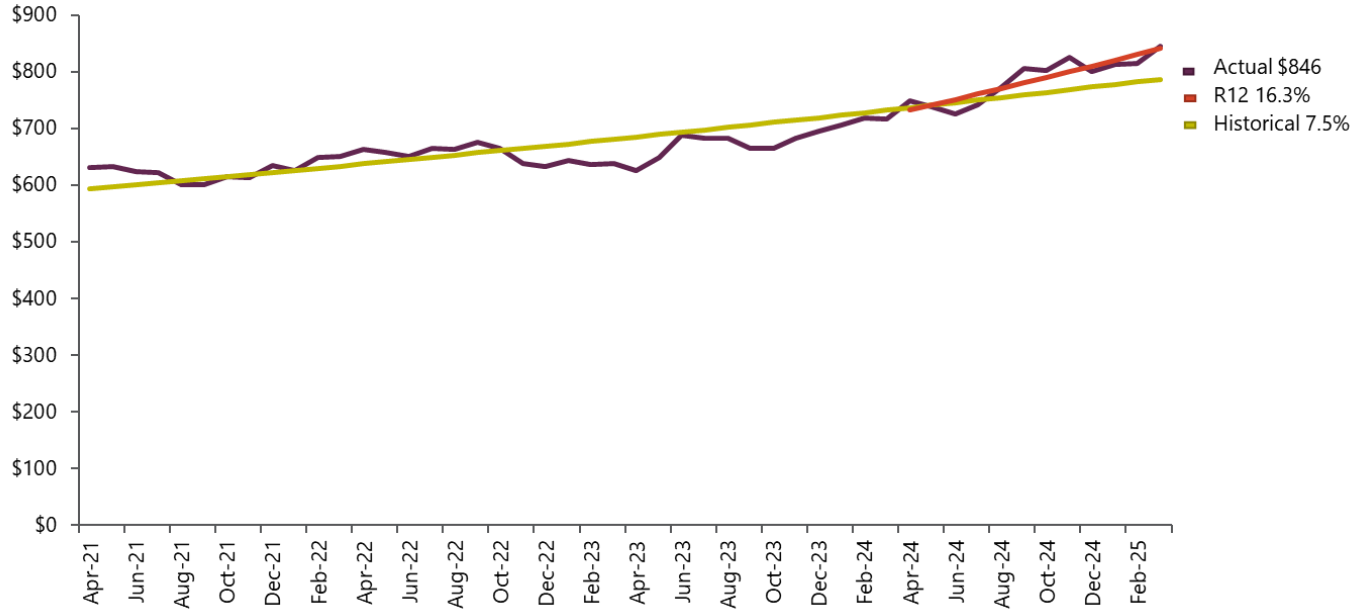
Table of Contents

- ☐ Medical Trend
- ☐ Pharmacy Trend
- ☐ Medical Plan Designs 2026
- ☐ 2026 Medical & Pharmacy Budget Assumptions
- ☐ 2026 Medical & Wellness Add-On
- ☐ 2026 Medical Rates for Actives and Retirees
- ☐ 2026 Dental Budget Assumptions
- ☐ 2026 Dental Plan Design
- ☐ 2026 Dental Rates



Medical Trend Rolling 12

Look-Back Rolling 12 Medical Claims



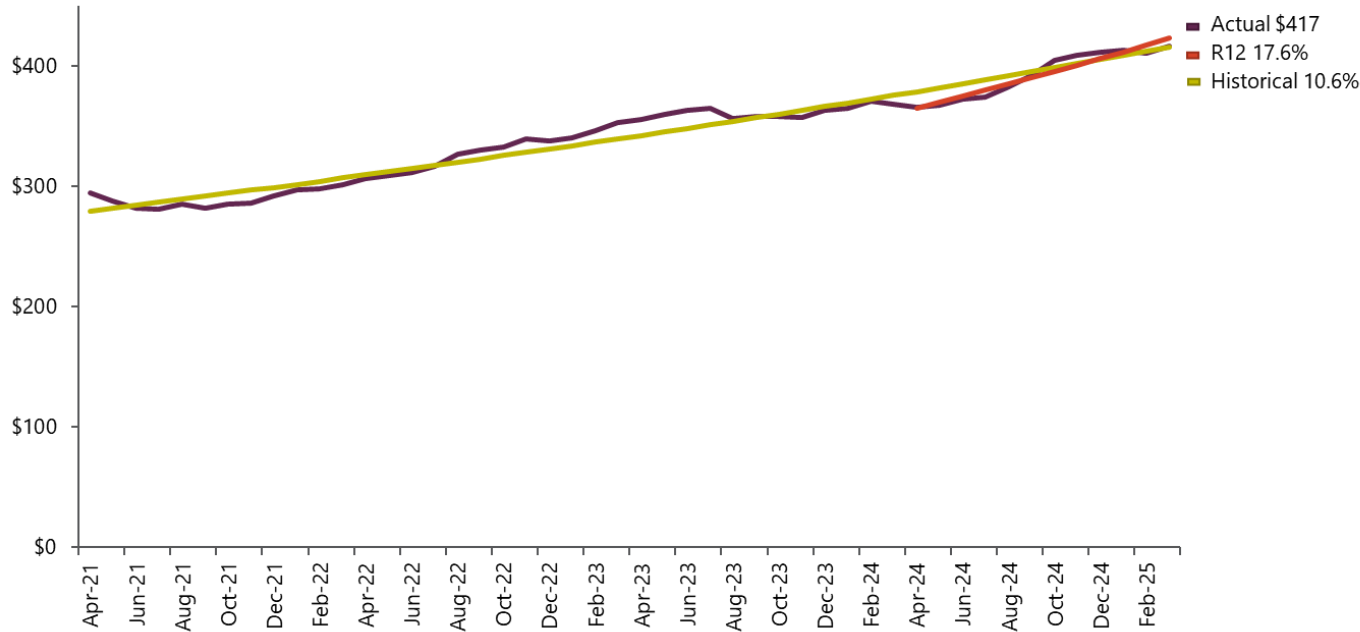
Gross medical claims before SL reimbursements

- Since 2021 the County's medical trend has been negative 7.5% before stop loss reimbursements
- For the last 12 months the County's medical trend has been 16.3% due to inflation and higher utilization (before stop loss reimbursements)
- The County's historical medical trend is lower than national average



Pharmacy Trend Rolling 12

Look-Back Rolling 12 Pharmacy Claims



Gross pharmacy claims before rebates

- Since 2021 the County's pharmacy trend has been 10.6% before pharmacy rebates
- For the last 12 months the County's pharmacy trend has been 17.6% (before pharmacy rebates)
- The County's historical pharmacy trend is lower than national average



2026 Proposed Medical Plan Design Changes

	HSA Plan	Traditional Plan Choice		Traditional Plan Choice+	
	<u>In-Network ONLY</u>	<u>In-Network ONLY</u>		<u>In-Network*</u>	
Coinsurance (Employer portion)	80%	80%		80%	
Deductible (Ind/Fam)	\$3,400 / \$6,800	\$2,500 / \$5,000		\$1,500 / \$3,000	
Out-of-Pocket Max (Ind/Fam)	\$5,500 / \$11,000	\$5,500 / \$11,000		\$5,500 / \$11,000	
County HSA Contribution	\$2,000	N/A		N/A	
Medical Plan Design					
Primary Office Visit	**20% Coinsurance	\$25 Copay, \$10 <19 Child		\$25 Copay, \$10 <19 Child	
Specialist Office Visit	**20% Coinsurance	\$50 Copay		\$50 Copay	
In Patient Hospital	**20% Coinsurance	**20% Coinsurance		**20% Coinsurance	
Emergency Room	**20% Coinsurance	\$400 Copay		\$400 Copay	
Diagnostic Labs	**20% Coinsurance	No charge		No charge	
Basic X-rays and Diagnostic Imaging	**20% Coinsurance	No charge		No charge	
Rx Plan Design	Retail Mail Order	Retail	Mail Order	Retail	Mail Order
Generics	**20% Coinsurance	35% (\$10 Min/\$125 Max)	\$20 Copay	35% (\$10 Min/\$125 Max)	\$20 Copay
Preferred Brand Drugs	**20% Coinsurance	35% (\$40 Min/\$125 Max)	\$80 Copay	35% (\$40 Min/\$125 Max)	\$80 Copay
Non-Preferred Brand Drugs	**20% Coinsurance	35% (\$75 Min/\$125 Max)	\$100 Copay	35% (\$75 Min/\$125 Max)	\$100 Copay
Specialty High-Cost Drugs	**20% Coinsurance	\$150 Copay	\$150 Copay	\$150 Copay	\$150 Copay

- Deductible changes from \$3,300 individual / \$6,600 family due to IRS 2026 changes to maintain an aggregate deductible.

*Out-of-Network Benefits available but not listed

**20% Coinsurance, after deductible is met



2026 Medical and Rx Budget Assumptions

- Projected costs based on Williamson County claims experience through **March 2025**.
- **Medical trend assumption of 7.9%, and Rx trend of 11.4%** based on 2025 Segal Health Plan Cost Trend Survey.
- Medical Past Coverage Level (PCL) selected at 50th percentile.
- Pharmacy Past Coverage Level (PCL) selected at 50th percentile.
- **Plan Changes:**
 - To remain ACA compliant, **HSA Plan** deductibles will be increasing to \$3,400 Individual & \$6,800 Family.
- **Contribution Changes:**
 - Increase employer contribution per full-time employee (FTE) from \$810 to \$844.
 - Minimal increase to all **Choice and Choice+ Plan** employee contributions.
 - Minimal increase to **HSA Plan** employee contributions (no change to employee ONLY contributions).
 - Increase to retirees to account for increased utilization.
- **Fixed Cost Assumptions:**
 - Assumes 3% increase to current **admin fees, subject to final negotiation**.
 - Assumes +15% increase to current **Individual Stop Loss coverage fees, subject to final negotiation**.
 - Assumes 2026 County budget rates will increase slightly.



2026 Budget Add-Ons – Wellness Initiatives

Add-On	Cost Impact
Employee Wilco Parks Pass	\$0
Wellness Massage Reimbursement Increasing from \$40 to \$60 per Quarter	Adjusted amount from \$150,000 (2025) to \$15,000 (2026) due to utilization
UHC One Pass Select for all Full Time Employees Enrolled in Medical	\$199,071
MAVEN – Maternity Pregnancy Support	\$10,000
Proposed 2026 Wellness Budget - \$502,255.48	Total Impact - \$209,071



2026 Active Medical Cost

(Choice and Choice+ employee plan costs will minimal increase depending on tier. HSA employee plan cost remains flat, but on the Employee+Spouse, Employee+Child(ren) and Employee+Family coverage tiers will be slightly increasing)

Active Employees					
With All Incentives					
Choice Plan	Employee Per 24 Pay Periods	Monthly Employee	Monthly Employer	Total Cost	\$ Change for EE by pay period
Employee Only	\$29.54	\$59.08	\$748.33	\$ 807.41	\$1.67
Employee/Spouse	\$118.08	\$236.16	\$1,580.52	\$1,816.68	\$6.68
Employee/Child	\$61.88	\$123.77	\$1,491.06	\$1,614.83	\$3.50
Employee/Family	\$126.10	\$252.20	\$2,371.90	\$2,624.10	\$9.34

With All Incentives					
Choice Plus Plan	Employee Per 24 Pay Period	Monthly Employee	Monthly Employer	Total Cost	\$ Change for EE by pay period
Employee Only	\$115.25	\$230.50	\$ 579.40	\$ 809.90	\$ 6.52
Employee/Spouse	\$191.33	\$382.66	\$1,439.61	\$1,822.27	\$10.83
Employee/Child	\$147.04	\$294.09	\$1,325.69	\$1,619.78	\$ 8.32
Employee/Family	\$225.02	\$450.04	\$2,182.11	\$2,632.15	\$16.67

With All Incentives					
HSA Plan	Employee Per 24 Pay Periods	Monthly Employee	Monthly Employer	Total Cost	\$ Change for EE by pay period
Employee Only	\$0.00	\$ 0.00	\$ 969.62	\$ 969.62	\$0.00
Employee/Spouse	\$59.04	\$118.08	\$2,063.51	\$2,181.59	\$3.34
Employee/Child	\$30.94	\$61.88	\$1,877.31	\$1,939.19	\$1.75
Employee/Family	\$63.05	\$126.10	\$3,025.11	\$3,151.21	\$4.67

Total Cost
=
Medical & RX Claims
+
Administration
+
Stop Loss Coverage



2026 Retiree Medical Cost

Retired Employees - Before 2/1/13				
With All Incentives				
Choice Plan	Monthly Retiree	Monthly Employer	Total Cost	\$ Change for Retiree by month
Employee Only	\$68.28	\$739.15	\$807.43	\$8.91
Employee/Spouse	\$272.88	\$1,543.82	\$1,816.70	\$35.59
Employee/Child	\$143.00	\$1,471.83	\$1,614.83	\$18.65
Employee/Family	\$286.01	\$2,338.09	\$2,624.10	\$37.30

With All Incentives				
Choice Plus Plan	Monthly Retiree	Monthly Employer	Total Cost	\$ Change for Retiree by month
Employee Only	\$266.32	\$543.58	\$809.90	\$34.74
Employee/Spouse	\$442.12	\$1,380.13	\$1,822.26	\$57.67
Employee/Child	\$339.79	\$1,279.98	\$1,619.78	\$44.32
Employee/Family	\$510.36	\$2,121.79	\$2,632.15	\$66.57

Total Cost
 =
Medical & RX Claims
 +
Administration
 +
Stop Loss Coverage

2026 Retiree Medical Cost

Retired Employees - 8-15 years of Service				
With All Incentives				
Choice Plan	Monthly Retiree	Monthly Employer	Total Cost	\$ Change for Retiree by month
Employee Only	\$518.63	\$288.79	\$807.43	\$67.65
Employee/Spouse	\$997.08	\$819.61	\$1,816.70	\$130.05
Employee/Child	\$812.10	\$802.73	\$1,614.83	\$105.93
Employee/Family	\$1,456.07	\$1,168.03	\$2,624.10	\$189.92

With All Incentives				
Choice Plus Plan	Monthly Retiree	Monthly Employer	Total Cost	\$ Change for Retiree by month
Employee Only	\$732.07	\$77.83	\$809.90	\$95.49
Employee/Spouse	\$1,292.27	\$529.99	\$1,822.26	\$168.56
Employee/Child	\$1,050.87	\$568.91	\$1,619.78	\$137.07
Employee/Family	\$1,752.58	\$879.57	\$2,632.15	\$228.60

Total Cost
 =
Medical & RX Claims
 +
Administration
 +
Stop Loss Coverage



2026 Retiree Medical Cost

Retired Employees - 16+ years of Service				
With All Incentives				
Choice Plan	Monthly Retiree	Monthly Employer	Total Cost	\$ Change for Retiree by month
Employee Only	\$284.92	\$522.50	\$807.42	\$37.16
Employee/Spouse	\$574.64	\$1,242.06	\$1,816.70	\$74.95
Employee/Child	\$446.06	\$1,168.77	\$1,614.83	\$58.18
Employee/Family	\$800.30	\$1,823.80	\$2,624.10	\$104.39

With All Incentives				
Choice Plus Plan	Monthly Retiree	Monthly Employer	Total Cost	\$ Change for Retiree by month
Employee Only	\$476.25	\$333.66	\$809.91	\$62.12
Employee/Spouse	\$952.48	\$869.78	\$1,822.26	\$124.24
Employee/Child	\$646.79	\$972.99	\$1,619.78	\$84.36
Employee/Family	\$1,086.58	\$1,545.57	\$2,632.15	\$141.73

Total Cost
 =
Medical & RX Claims
 +
Administration
 +
Stop Loss Coverage



2026 Current Dental Plan Design

— *No Changes Proposed from 2025 plans*

Dental Benefits Overview	Dental Low Plan	Dental High Plan
	In-Network Benefits*	In-Network Benefits*
Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum	\$1,000	\$1,750
Preventive Services		
Oral Exam, Cleanings, Sealants, Space maintainers, X-rays, Fluoride treatments	100%	100%
Basic Services		
Fillings	90% after ded	90% after ded
Emergency Treatment	90% after ded	90% after ded
Simple Extractions	90% after ded	90% after ded
Oral Surgery	90% after ded	90% after ded
Root Canal / Endodontics	90% after ded	90% after ded
Periodontics	90% after ded	90% after ded
Major Services		
Crowns	Not Covered	65% after ded
Dentures, Inlays/Onlays	Not Covered	65% after ded
Reapris	Not Covered	65% after ded
Orthodontic Services - Adults & Children	Not Covered	50% up to \$2,500 lifetime maximum

* Out-of-network benefits are available and are reimbursed based on usual and customary fees.



2026 Dental Cost

– *No Changes Proposed from 2025 plan rates*

Active Employees (Retiree's will pay Monthly)				
Dental Low Plan	Employee Per Pay Period	Monthly Employee	Monthly Employer	Total Cost
Employee Only	\$17.50	\$35.00	\$0	\$35.00
Employee/Spouse	\$32.50	\$65.00	\$0	\$65.00
Employee/Child	\$36.00	\$72.00	\$0	\$72.00
Employee/Family	\$40.50	\$81.00	\$0	\$81.00

Dental High Plan	Employee Per Pay Period	Monthly Employee	Monthly Employer	Total Cost
Employee Only	\$24.00	\$48.00	\$0	\$48.00
Employee/Spouse	\$44.50	\$89.00	\$0	\$89.00
Employee/Child	\$48.50	\$97.00	\$0	\$97.00
Employee/Family	\$55.00	\$110.00	\$0	\$110.00



2026 Vision Cost

– *No Changes Proposed from 2025 plan rates*

Active Employees (Retiree's will pay Monthly)				
Vision Low Plan	Employee Per Pay Period	Monthly Employee	Monthly Employer	Total Cost
Employee Only	\$ 6.35	\$12.69	\$0	\$12.69
Employee/Spouse	\$12.69	\$25.38	\$0	\$25.38
Employee/Child	\$13.84	\$27.67	\$0	\$27.67
Employee/Family	\$19.62	\$39.23	\$0	\$39.23

Vision High Plan	Employee Per Pay Period	Monthly Employee	Monthly Employer	Total Cost
Employee Only	\$8.68	\$17.36	\$0	\$17.36
Employee/Spouse	\$17.36	\$34.72	\$0	\$34.72
Employee/Child	\$18.92	\$37.84	\$0	\$37.84
Employee/Family	\$26.82	\$53.63	\$0	\$53.63



Thank
you.