RESOLUTION NO. _____

SPONSORED BY: Commissioners

A RESOLUTION ESTABLISHING THE 2027 MEDICAL PLAN FUNDING RATES FOR THE SELF-FUNDED HEALH PLAN OF BLOUNT COUNTY, TN

WHEREAS, Blount County, TN (the "County") provides full-time employees and their dependents access to medical insurance benefits; and

WHEREAS, the County, in consultation with its broker, has reviewed projected medical claims, administrative expenses, stop loss insurance premiums, reserve requirements, and actuarial projections for the 2027 plan year and has determined that the financial condition of the plan supports holding the 2027 funding rates at the same levels established for the 2026 plan year; and

WHEREAS, based upon this review, the monthly funding rates for the County's self-funded medical plan for the period beginning January 1, 2027, and ending December 31, 2027, shall be as follows:

Plan	**Plan 1-PPO**	**Plan 2-PPO**	**Plan 3-CDHP/HSA**
Employee Only	761	701	663
Employee + Spouse	1,745	1,609	1,522
Employee + Child(ren)	1,716	1,583	1,496
Family	1,773	1,635	1,549

**Fiscal note: Sufficient funds have been included in the approved 2026-2027 budget; and*

WHEREAS, these rates shall apply to all eligible participants enrolled in the County's self-funded medical plan; and

WHEREAS, the employer funding contribution established in Resolution No. 19-08-013 shall be based on the employer contribution for plan 2 and shall be applied uniformly to each eligible employee electing medical coverage, thereby maintaining neutral cost to the County regardless of whether the employee elects coverage under plan 1, plan 2, or plan 3 with the employee responsible for any difference in funding resulting from the selected plan; and

WHEREAS, on the 28th day of July 2026, the Blount County Human Resources Committee and Insurance Committee acted to recommend approval of the medical funding rates to the Blount County Board of Commissioners.

NOW, THEREFORE BE IT RESOLVED by the Board of County Commissioners of Blount County, Tennessee, assembled in regular session this 18th day of August 2026, that the monthly funding rates set forth herein are hereby approved and adopted for the County Self-Funded Medical Plan for the 2027 plan year, effective January 1, 2027.

BE IT FURTHER RESOLVED that the medical plans are approved with a 3% actuarial variance should the State of Tennessee not deem these plans comparable to the Partnership plans; and

BE IT FURTHER RESOLVED that if the plan does not meet the State of Tennessee standard by less than a 3% actuarial variance, the Director of Human Resources shall make the changes necessary to meet the standard.

BE IT FURTHER RESOLVED THAT THIS RESOLUTION TAKE EFFECT FROM AND AFTER ITS PASSAGE, THE PUBLIC WELFARE REQUIRING IT; AND THAT ANY PRIOR RESOLUTION TO THE CONTRARY IS HEREBY DECLARED VOID.

CERTIFICATION OF ACTION

_____
Chairman

Approved: _____

Vetoed: _____

ATTEST

_____
County Clerk

_____ _____
County Mayor Date