

<b>TEXAS ASSOCIATION OF COUNTIES</b>				
<b>BLUE CROSS AND BLUE SHIELD</b>				
<b>HARDIN COUNTY</b>				
<b>DECEMBER 01, 2024 THRU NOVEMBER 30, 2025</b>				
				<b>EMPLOYEE</b>
<b>TYPE</b>		<b>2024/2025</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>
		<b>RATES</b>	<b>CONTRIBUTION</b>	<b>CONTRIBUTION</b>
				<b>BI-WEEKLY</b>
				<b>RATE</b>
<b>\$500 DEDUCTIBLE</b>	EO	1,101.78	1,101.78	0.00
<b>(800-NG)</b>	EC	1,649.98	1,500.68	149.30
	ES	2,313.76	1,500.68	813.08
	FAM	2,857.64	1,500.68	1,356.96
<b>\$1000 DEDUCTIBLE</b>	EO	1,025.02	1,025.02	0.00
<b>(1200-NG)</b>	EC	1,534.64	1,500.68	33.96
	ES	2,151.74	1,500.68	651.06
	FAM	2,657.34	1,500.68	1,156.66
<b>\$2000 DEDUCTIBLE</b>	EO	947.92	947.92	0.00
<b>(1400-NG)</b>	EC	1,418.72	1,418.72	0.00
	ES	1,988.72	1,500.68	488.04
	FAM	2,455.80	1,500.68	955.12
<b>\$4000 DEDUCTIBLE</b>	EO	827.00	827.00	0.00
<b>(4000-NG)</b>	EC	1,236.82	1,236.82	0.00
	ES	1,733.02	1,500.68	232.34
	FAM	2,139.58	1,500.68	638.90
<b>DENTAL</b>	EO	23.08	23.08	0.00
	E/DEP	65.74	54.20	11.54
<b>LIFE</b>	EO		3.30	0.00
	E/DEP		5.49	0.00
<b>VISION</b>	EO	7.86	0.00	7.86
	ES	14.98	0.00	14.98
	EC	15.78	0.00	15.78
	FAM	23.22	0.00	23.22
<b>EFFECTIVE DATES: 1ST OF THE MONTH FOLLOWING 60 DAYS AFTER HIRE</b>				
<b>TERMINATION DATES: LAST DAY OF MONTH FOLLOWING TERMINATION/RESIGNATION</b>				
<b>DEDUCTIBLE:</b>	\$500	\$1,000	\$2,000	\$4,000
<b>RETIREEES CONTRIBUTE:</b>				
50% OF HEALTH RATE	\$550.89	\$512.51	\$473.96	\$413.50
100% OF DENTAL RATE	\$23.08/\$65.74			
100% OF LIFE RATE	\$2.37			
100% OF VISION RATE	SEE ABOVE (SAME AS EMPLOYEE RATE)			
*County will be responsible for 75% of the monthly health rate for employees who retire with 30+ continuous years of service.				
<b>RETIREEES ELIGIBILITY &amp; TERMINATION: See Personnel Policy</b>			2025	
<b>CONTINUE DENTAL/LIFE/VISION UNTIL RETIREEE TERMINATES COVERAGE</b>			FICA 7.65%	
			TCDRS 15.45%	
APPR COMM COURT 12.12.11			UNEMP .0019	
*REVISED			W/C - SEE CHART	