TEXAS ASSOCIATION	OF COUNTIES	3			
BLUE CROSS AND BL					
HARDIN COUNTY					
DECEMBER 01, 2025	THRU NOVEME	BFR 30, 2026			
DEGEMBER 01, 2020	THING NOVEME	JEI (00, 2020			
					EMPLOYEE
		2025/2026	EMPLOYER	EMPLOYEE	BI-WEEKLY
TYPE		RATES	CONTRIBUTION	CONTRIBUTION	RATE
\$500 DEDUCTIBLE	EO	1,181.10	1,181.10	0.00	
(800-NG)	EC	1,768.78	1,625.00	143.78	
	ES	2,480.34	1,625.00	855.34	
	FAM	3,063.38	1,625.00	1,438.38	719.19
\$4000 DEDUCTION F	50	4 000 00	4 000 00	0.00	0.00
\$1000 DEDUCTIBLE (1200-NG)	EO EC	1,098.82 1,645.12	1,098.82 1,625.00	0.00 20.12	
(1200-140)	ES	2,306.66	1,625.00	20.12 681.66	
	FAM	2,848.66	1,625.00	1,223.66	
	i / MVI	2,040.00	1,020.00	1,220.00	011.03
\$2000 DEDUCTIBLE	EO	1,016.16	1.016.16	0.00	0.00
(1400-NG)	EC	1,520.86	1,520.86	0.00	
7	ES	2,131.90	1,625.00	506.90	
	FAM	2,632.62	1,625.00	1,007.62	503.81
\$4000 DEDUCTIBLE	EO	886.54	886.54	0.00	
(4000-NG)	EC	1,325.86	1,325.86	0.00	
	ES	1,857.80	1,625.00	232.80	
	FAM	2,293.62	1,625.00	668.62	334.31
DENTAL	EO	26.08	26.08	0.00	0.00
	E/DEP	74.28	62.74	11.54	
LIFE	EO	3.30	3.30	0.00	
	E/DEP	5.49	5.49	0.00	
VISION	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	
EFFECTIVE DATES: 1ST C	F THE MONTH F	OLLOWING 60 DAYS	AFTER HIRE		
TERMINATION DATES: L	AST DAY OF MON	ITH FOLLOWING TE	RMINATION/RESIGNA	TION	
		.		41.005	
DEDUCTIBLE:	\$500	\$1,000	\$2,000	\$4,000	
RETIREES CONTRIBUTE: 50% OF HEALTH RATE	\$590.55	\$549.41	\$508.08	\$443.27	
100% OF DENTAL RATE	\$26.08/\$74.29	Ф 049.41	φ00.00	Φ443.2 1	
100% OF LIFE RATE	\$20.00/\$74.29				
100% OF VISION RATE	SAME AS EMPLO	YEES			
*County will be responsible f			mployees who retire with	30+ continuous years of	service.
RETIREES ELIGIBILITY & 1	EDMINIATION: So	e Personnel Policy		2025	
CONTINUE DENTAL/LIFE/			COVERAGE	2025 FICA 7.65%	
CONTINUL DENTAL/LIFE/	HOION UNTIL REI	IIVEE TEIVININATES	OUVLINAGE	TCDRS 15.46%	
APPR COMM COURT 12.12	<u>.</u> 2.11			UNEMP .0013	
*REVISED 08/12/2025	··			W/C - SEE CHART	
	1	I			I.