



Health Benefit Rates

Valid 10/01/25 through 09/30/26

		Employee Contribution		City Contribution
Coverage Type		Bi-Weekly	Monthly	Monthly
Medical Coverage (TX Health)	Employee Only	\$ -	\$ -	\$ 607.72
	Children	\$ 225.91	\$ 451.82	\$ 10.00
	Spouse	\$ 307.98	\$ 615.96	\$ 10.00
	Family	\$ 587.48	\$ 1,174.96	\$ 10.00
Vision Coverage (TX Health)	Employee Only	\$ -	\$ -	\$ 6.14
	Family	\$ 4.76	\$ 9.52	\$ -
Dental Coverage (Blue Cross Blue Shield)	Employee Only	\$ -	\$ -	\$ 30.66
	Children	\$ 20.51	\$ 41.01	\$ -
	Spouse	\$ 17.15	\$ 34.30	\$ -
	Family	\$ 39.81	\$ 79.61	\$ -

Note: Coverage is effective the 1st of the month following date of hire for employee and dependents