

**2012 FORT BEND COUNTY EMPLOYEE BENEFIT PREMIUMS**

PREMIUM RATES	MONTHLY	LOA MONTHLY	COBRA MONTHLY
<b>MEDICAL COVERAGE</b>			
<i>FBCEB Plan Option A</i>			
Employee Only	\$49.96	\$775.27	\$790.78
Employee's Spouse Only	N/A	N/A	\$955.29
Employee's Child(ren) Only	N/A	N/A	\$847.57
Employee's Spouse & Child(ren) Only	N/A	N/A	\$1,063.05
Employee & Child(ren)	\$155.60	\$880.91	\$898.53
Employee & Spouse	\$261.21	\$986.52	\$1,006.25
Employee & Family	\$366.85	\$1,092.16	\$1,114.01
<i>FBCEB Plan Option B</i>			
Employee Only	\$0.00	\$725.31	\$739.82
Employee's Spouse Only	N/A	N/A	\$843.09
Employee's Child(ren) Only	N/A	N/A	\$791.50
Employee's Spouse & Child(ren) Only	N/A	N/A	\$894.77
Employee & Child(ren)	\$50.67	\$775.98	\$791.50
Employee & Spouse	\$101.25	\$826.56	\$843.09
Employee & Family	\$151.92	\$877.23	\$894.77
<b>DENTAL COVERAGE</b>			
<i>FBCEB Dental Plan</i>			
Employee Only	\$0.00	\$76.65	\$78.19
Employee's Spouse Only	N/A	N/A	\$100.96
Employee's Child(ren) Only	N/A	N/A	\$114.77
Employee's Spouse & Child(ren) Only	N/A	N/A	\$137.52
Employee & Child(ren)	\$35.87	\$112.52	\$114.77
Employee & Spouse	\$22.32	\$98.98	\$100.96
Employee & Family	\$58.17	\$134.82	\$137.52
<i>CompBenefits CompDent (DHMO)</i>			
Employee Only	\$0.00	\$10.98	\$11.20
Employee's Spouse Only	N/A	N/A	\$11.20
Employee's Child(ren) Only	N/A	N/A	\$11.20
Employee's Spouse & Child(ren) Only	N/A	N/A	\$21.75
Employee & Child(ren)	\$21.32	\$21.32	\$21.75
Employee & Spouse	\$20.00	\$20.00	\$20.40
Employee & Family	\$29.84	\$29.84	\$30.44
<b>VISION COVERAGE</b>			
<i>CompBenefits VisionCare</i>			
Employee Only	\$6.92	\$6.92	\$7.06
Employee's Spouse Only	N/A	N/A	\$7.06
Employee's Child(ren) Only	N/A	N/A	\$7.06
Employee's Spouse & Child(ren) Only	N/A	N/A	\$13.36
Employee & Child(ren)	\$13.10	\$13.10	\$13.36
Employee & Spouse	\$13.80	\$13.80	\$14.08
Employee & Family	\$23.18	\$23.18	\$23.64

**FORT BEND COUNTY**  
**2012 COUNTY PAID / SUBSIDIZED RETIREE PREMIUMS**

PREMIUM RATES	SUBSIDIZED MONTHLY
<b>MEDICAL COVERAGE - AGE 64 AND UNDER</b>	
<i><b>FBCEB Plan Option A</b></i>	
Retiree Only	\$49.96
Retiree's Spouse Only	\$211.25
Retiree's Child(ren) Only	\$105.64
Retiree's Spouse & Child(ren) Only	\$316.89
Retiree & Child(ren)	\$155.60
Retiree & Spouse	\$261.21
Retiree & Family	\$366.85
<i><b>FBCEB Plan Option B</b></i>	
Retiree Only	\$0.00
Retiree's Spouse Only	\$101.25
Retiree's Child(ren) Only	\$50.67
Retiree's Spouse & Child(ren) Only	\$151.92
Retiree & Child(ren)	\$50.67
Retiree & Spouse	\$101.25
Retiree & Family	\$151.92
<b>DENTAL COVERAGE - ELIGIBLE RETIREE ONLY</b>	
<i><b>FBCEB Dental Plan</b></i>	
Retiree Only	\$11.79
Retiree & Child(ren)	\$45.66
Retiree & Spouse	\$32.12
Retiree & Family	\$65.99
<b>MEDICAL COVERAGE - AGE 65 AND OVER</b>	
<i><b>County Choice Silver (Medicare Supplement)</b></i>	
Retiree Only 65-69	\$15.53
Retiree Only 70-74	\$18.61
Retiree Only 75-79	\$25.53
Retiree Only 80+	\$27.44
Retiree's Spouse Only 65-69	\$116.78
Retiree's Spouse Only 70-74	\$119.86
Retiree's Spouse Only 75-79	\$126.77
Retiree's Spouse Only 80+	\$128.69
Retiree & Spouse 65-69	\$132.31
Retiree & Spouse 70-74	\$138.47
Retiree & Spouse 75-79	\$152.30
Retiree & Spouse 80+	\$156.13

*NOTE: If a retiree and their spouse or child(ren) are on different medical plans, you must add together the premiums for each plan.*

**FORT BEND COUNTY  
2012 CONTINUATION OF COVERAGE  
NON-SUBSIDIZED RETIREE PREMIUMS**

PREMIUM RATES	NON-SUBSIDIZED MONTHLY
<b>MEDICAL COVERAGE - AGE 64 AND UNDER</b>	
<i>FBCEB Plan Option A</i>	
Retiree Only	\$790.78
Retiree's Spouse Only	\$955.29
Retiree's Child(ren) Only	\$847.57
Retiree's Spouse & Child(ren) Only	\$1,063.05
Retiree & Child(ren)	\$898.53
Retiree & Spouse	\$1,006.25
Retiree & Family	\$1,114.01
<i>FBCEB Plan Option B</i>	
Retiree Only	\$739.82
Retiree's Spouse Only	\$843.09
Retiree's Child(ren) Only	\$791.50
Retiree's Spouse & Child(ren) Only	\$894.77
Retiree & Child(ren)	\$791.50
Retiree & Spouse	\$843.09
Retiree & Family	\$894.77
<b>MEDICAL COVERAGE - AGE 65 AND OVER</b>	
<i>* County Choice Silver (Medicare Supplement)</i>	
Retiree Only 65-69	\$167.19
Retiree Only 70-74	\$200.40
Retiree Only 75-79	\$274.84
Retiree Only 80+	\$295.45
Retiree's Spouse Only 65-69	\$167.19
Retiree's Spouse Only 70-74	\$200.40
Retiree's Spouse Only 75-79	\$274.84
Retiree's Spouse Only 80+	\$295.45
Retiree & Spouse 65-69	** N/A
Retiree & Spouse 70-74	** N/A
Retiree & Spouse 75-79	** N/A
Retiree & Spouse 80+	** N/A
Widow(er) 65-69	\$167.19
Widow(er) 70-74	\$200.40
Widow(er) 75-79	\$274.84
Widow(er) 80+	\$295.45

\* CCS Non-Subsidized and Widow(er)s do not have an Rx program with Fort Bend County.

\*\* For a Non-Subsidized Retiree and Spouse who both have CCS coverage, add together appropriate rate for each participant's age level from Retiree Only and Retiree's Spouse Only above.

**NOTE:** If a retiree and their spouse or child(ren) are on different medical plans, you must add together the premiums for each plan.