2013 FORT BEND COUNTY EMPLOYEE BENEFIT PREMIUMS

			24 PAYROLL		LOA	LOA	LOA	COBRA	COBRA	COBRA
PREMIUM RATES	ANNUAL	MONTHLY	DEDUCTIONS	DAILY	ANNUAL	MONTHLY	DAILY	ANNUAL	MONTHLY	DAILY
MEDICAL COVERAGE										
FBCEB Plan Option A										
Employee Only	\$599.52	\$49.96	\$24.98	\$1.64	\$8,863.69	\$738.64	8	\$9,040.96	\$753.41	\$24.77
Employee's Spouse Only	N/A	N/A	N/A	N/A	N/A	N/A		\$11,015.15	\$917.93	\$30.18
Employee's Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A		\$9,722.49	\$810.21	\$26.64
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A		\$12,308.19	\$1,025.68	\$33.12
Employee & Child(ren)	\$1,867.20	\$155.60	\$77.80	\$5.12	\$10,131.37	\$844.28	\$27.76	\$10,334.00	\$068.80	\$31.85
Employee & Spouse	\$3,134.52	\$261.21	\$130.61	\$10.08	\$12,666,37	\$1 055 53	\$34 70	\$12,919.70	\$1,076,64	\$35.40
Епроуее о гаппу	02.20t,#¢	\$000.00	# 100.TO	÷ 11.00	# 12,000.01	1				
FBCEB Plan Option B			3	3000	2000	200000	200	37 007 03	\$700 45	\$320
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00	\$8,264.77	\$000.00	N/A	\$0,429.45	\$805.73	\$26.49
Employee's Spouse Only	Z Z	N/A	N/A	Z/A	NA	N S		\$9.049.61	\$754.13	\$24.79
Employee's Spouse & Child(ren) Only	N/A	NA	N/A	N/A	N/A	N/A		\$10,288.91	\$857.41	\$28.19
Employee & Child(ren)	\$608.00	\$50.67	\$25.33	\$1.67	\$8,872.17	\$739.35	\$24.31	\$9,049.61	\$754.13	\$24.7
Employee & Spouse	\$1,215.00	\$101.25	\$50.63	\$3.33	\$9,479.17	\$789.93	\$25.97	\$9,668.75	\$805.73	\$26.49
Employee & Family	\$1,823.00	\$151.92	\$75.96	\$4.99	\$10,087.17	\$840.60	\$27.64	\$10,288.91	\$857.41	\$20.18
DENTAL COVERAGE										
FBCEB Dental Plan								200	47.77	3
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00	\$873.38	\$72.78	\$2.39	\$890.85	\$07.01	4.74
Employee's Spouse Only	NA	N/A	N/A	N/A	N/A	N/A	Z	\$1,329.84	\$110.82	\$3.64
Employee's Child(ren) Only	N/A	NA	NA S	N S	N/A	N/A	N/A	\$1,602.81	\$133.57	\$4.39
Employee & Child(ren)	\$430.38	\$35.87	\$17.93	\$1.18	\$1,303.76	\$108.65	\$3.57		\$110.82	\$3.64
Employee & Spouse	\$267.88	\$22.32	\$11.16	\$0.73		\$95.11	\$3.13		\$97.01	\$3.19
Employee & Family	\$698.00	\$58.17	\$29.08	\$1.91	\$1,571.38	\$130.95	\$4.31	\$1,602.81	\$133.57	\$4.38
CompBenefits CompDent (DHMO)									2	9
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00	\$131.76	\$10.98	\$0.36	\$134.40	\$11.20	\$0.37
Employee's Spouse Only	NA	N/A	N/A	N/A	Z	N/A	N/A	\$134.40	\$11.20	\$0.3
Employee's Child(ren) Only	N/A	N N	N/A	N/A	N/A	N/A	NA	\$260.96	\$21.75	\$0.71
Employee's Spouse & Child(reft) Offity	\$255.84	\$21.32	\$10.66	\$0.70			\$0.70	\$260.96	\$21.75	\$0.71
Employee & Spouse	\$240.00	\$20.00	\$10.00	\$0.66			\$0.66	T	\$20.40	\$1.00
Employee & Family	\$358.08	\$29.84	\$14.92	\$0.98	\$358.08	\$25.04	\$0.00	\$300c#	#00.11	1
VISION COVERAGE										
CompBenefits VisionCare							3000			#50
Employee Only	\$83.04	\$6.92	\$3.46	\$0.23	\$83.04	76.0¢	N/A	T		\$0.2
Employee's Spouse Only	N/A	NA	N/A	N/A	N/A		NA	\$84.70		\$0.23
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A	N/A	П	z	N/A		\$13.36	\$0.4
Employee & Child(ren)	\$157.20	\$13.10	\$6.55		\$157.20	\$13.10	\$0.43			\$0.46
Employee & Spouse	\$165.60	\$13.80	\$6.90	\$0.45			\$0.76	\$283.72		\$0.78
Employee & Family	\$270.10	\$25.10	4 1.00		Γ			I		

2013 FORT BEND COUNTY EMPLOYEE BENEFIT PLAN AND COUNTY CHOICE SILVER RETIREE PREMIUMS

	The same of the sa		The second name of the second na	THE R. P. LEWIS CO., LANSING, SPINSTER, SPINST	September 1990 Company of the last of the	THE R. P. LEWIS CO., LANSING, S. LEWIS CO., L
PREMIUM RATES	SUBSIDIZED	SUBSIDIZED	SUBSIDIZED DAILY	* NON- SUBSIDIZED ANNUAL	* NON- SUBSIDIZED MONTHLY	SUBSIDIZED DAILY
MEDICAL COVERAGE - AGE 64 AND UNDER						
ERCER Plan Option A						
Retiree Only	\$599.52	\$49.96	\$1.64	\$9,040.96	\$753.41	
Retiree's Spouse Only	\$2,535.00	\$211.25		S	\$917.93	\$30.18
Retiree's Child(ren) Only	\$1,267.68	\$105.64			\$810.21	\$26.64
Retiree's Spouse & Child(ren) Only	\$3,802.68	\$316.89		\$12,308.19	\$1,025.68	\$33.72
Retiree & Child(ren)	\$1,867.20	\$155.60			\$861.17	\$28.31
Retiree & Spouse	\$3,134.52	\$261.21	\$8.59	\$11,626.66	\$968.89	\$31.85
Retiree & Family	\$4,402.20	\$366.85	\$12.06	\$12,919.70	\$1,076.64	\$35.40
FBCEB Plan Option B						
Retiree Only	\$0.00	\$0.00	\$0.00	8255	\$702.45	
Retiree's Spouse Only	\$1,215.00	\$101.25		\$9,668.75	\$805.73	
Retiree's Child(ren) Only	\$608.00	\$50.67				
Retiree's Spouse & Child(ren) Only	\$1,823.00	\$151.92	\$4.99	\$10,288.91		
Retiree & Child(ren)	\$608.00	\$50.67				
Retiree & Spouse	\$1,215.00	\$101.25		Γ	\$805.73	
Retiree & Family	\$1,823.00	\$151.92	\$4.99	\$10,288.91	\$857.41	\$28.19
DENTAL COVERAGE - ELIGIBLE RETIREE ONLY						
ERCER Dental Plan						
Retiree Only	\$141.48	\$11.79	\$0.39	N/A	N/A	N/A
Retiree & Child(ren)	\$547.92	\$45.66	\$1.50	N/A	N/A	NA
Retiree & Spouse	\$385.44	\$32.12	\$1.06	N/A	NA	NA
Retiree & Family	\$791.88	\$65.99	\$2.17	N/A	N/A	N/A

2013 FORT BEND COUNTY EMPLOYEE BENEFIT PLAN AND COUNTY CHOICE SILVER RETIREE PREMIUMS

				* NON-		* NON-
DDEMILIM DATES	SUBSIDIZED	SUBSIDIZED	SUBSIDIZED	SUBSIDIZED	MONTHLY	SUBSIDIZED
MEDICAL COVERAGE - AGE 65 AND OVER						
** County Choice Silver (Medicare Supplement)	(Medicar	(Medicare Parts A & B Required)	equired)	(Medicare	(Medicare Parts A, B & D Required)	Required)
Retiree Only 65-69	\$279.84	\$23.32	\$0.77	\$2,196.84	\$183.07	\$6.02
Retires Only 70-74	\$335.28	\$27.94	\$0.92	\$2,633.19	\$219.43	\$7.21
Retiree Only 75-79	\$459.96	\$38.33	\$1.26	\$3,611.41	\$300.95	\$9.89
Retiree Only 80+	\$494.40	\$41.20	\$1.35	\$3,882.28	\$323.52	\$10.64
Refiree's Spouse Only 65-69	\$1,494.84	\$124.57	\$4.10	\$2,196.84	\$183.07	\$6.02
Refiree's Spouse Only 70-74	\$1.550.28	\$129.19	\$4.25	\$2,633.19	\$219.43	\$7.21
Retiree's Spouse Only 75-79	\$1,674.84	\$139.57	\$4.59	\$3,611.41	\$300.95	\$9.89
Retiree's Spouse Only 80+	\$1,709.40	\$142.45	\$4.68	\$3,882.28	\$323.52	\$10.64
Widow(er) 65-69	N/A	N/A	N/A	\$2,196.84	\$183.07	\$6.02
Widow(er) 70-74	N/A	N/A	N/A	\$2,633.19	\$219.43	\$7.21
Widow(er) 75-79	N/A	N/A	N/A	\$3,611.41	\$300.95	\$9.89
Widow(er) 80+	N/A	N/A	N/A	\$3,882.28	\$323.52	\$10.64

^{*} Non-Subsidized includes 2% Administration Fee

Subsidized Only. (Note: Non-Subsidized and Widow(er)s do not have an Rx program with Fort Bend County.) ** CCS excludes a prescription program. Rx is provided by Fort Bend County Employee Benefit Plan at 100% County Contribution for

Retiree and Spouse both have CCS coverage, add together appropriate rate for each participant's age level from "Retiree Only" and NOTE: If a retiree and their spouse or child(ren) are on different medical plans, you must add together the premiums for each plan. If the "Retiree's Spouse Only".