

## 2017 Fort Bend County Employee Benefit Premiums

MEDICAL COVERAGE PLAN A	ACTIVE ANNUAL	ACTIVE MONTHLY	ACTIVE 24 PAYROLL DEDUCTIONS	ACTIVE DAILY	LOA ANNUAL	LOA MONTHLY	LOA DAILY	COBRA ANNUAL	COBRA MONTHLY	COBRA DAILY
<b>FANN - No HRA/Biometirc and Non-Nicotine or Nicotine Cessation Participant      **DEFAULT MEDICAL PLAN A**</b>										
Employee Only	\$996.48	\$83.04	\$41.52	\$2.73	\$11,160.53	\$930.04	\$30.58	\$11,373.71	948.64	31.19
Employee's Spouse Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	13,295.75	1,107.98	36.43
Employee's Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	11,830.27	985.86	32.41
Employee's Spouse & Child(ren)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	14,758.69	1,229.89	40.43
Employee & Child(ren)	\$2,430.72	\$202.56	\$101.28	\$6.66	\$12,594.77	\$1,049.56	\$34.51	12,846.65	1,070.55	35.20
Employee & Spouse	\$3,867.48	\$322.29	\$161.15	\$10.60	\$14,031.53	\$1,169.29	\$38.44	14,312.13	1,192.68	39.21
Employee & Family	\$5,301.72	\$441.81	\$220.91	\$14.53	\$15,465.77	\$1,288.81	\$42.37	15,775.07	1,314.59	43.22
<b>FANY - No HRA/Biometirc and Nicotine User</b>										
Employee Only	\$1,758.96	\$146.58	\$73.29	\$4.82	\$11,923.01	\$993.58	\$32.67	N/A	N/A	N/A
Employee's Spouse Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee's Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee's Spouse & Child(ren)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee & Child(ren)	\$3,193.32	\$266.11	\$133.06	\$8.75	\$13,357.37	\$1,113.11	\$36.60	N/A	N/A	N/A
Employee & Spouse	\$4,629.96	\$385.83	\$192.92	\$12.68	\$14,794.01	\$1,232.83	\$40.53	N/A	N/A	N/A
Employee & Family	\$6,064.32	\$505.36	\$252.68	\$16.61	\$16,228.37	\$1,352.36	\$44.46	N/A	N/A	N/A
<b>FAHN - Completed HRA/Biometric and Non-Nicotine or Nicotine Cessation Participant</b>										
Employee Only	\$876.48	\$73.04	\$36.52	\$2.40	\$11,040.53	\$920.04	\$30.25	N/A	N/A	N/A
Employee's Spouse Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee's Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee's Spouse & Child(ren)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee & Child(ren)	\$2,310.72	\$192.56	\$96.28	\$6.33	\$12,474.77	\$1,039.56	\$34.18	N/A	N/A	N/A
Employee & Spouse	\$3,747.48	\$312.29	\$156.15	\$10.27	\$13,911.53	\$1,159.29	\$38.11	N/A	N/A	N/A
Employee & Family	\$5,181.72	\$431.81	\$215.91	\$14.20	\$15,345.77	\$1,278.81	\$42.04	N/A	N/A	N/A
<b>FAHY - Completed HRA/Biometric and Nicotine User</b>										
Employee Only	\$1,638.96	\$136.58	\$68.29	\$4.49	\$11,803.01	\$983.58	\$32.34	N/A	N/A	N/A
Employee's Spouse Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee's Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee's Spouse & Child(ren)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee & Child(ren)	\$3,073.32	\$256.11	\$128.06	\$8.42	\$13,237.37	\$1,103.11	\$36.27	N/A	N/A	N/A
Employee & Spouse	\$4,509.96	\$375.83	\$187.92	\$12.36	\$14,674.01	\$1,222.83	\$40.20	N/A	N/A	N/A
Employee & Family	\$5,944.32	\$495.36	\$247.68	\$16.29	\$16,108.37	\$1,342.36	\$44.13	N/A	N/A	N/A

<b>MEDICAL COVERAGE PLAN B</b>	<b>ACTIVE ANNUAL</b>	<b>ACTIVE MONTHLY</b>	<b>ACTIVE 24 PAYROLL DEDUCTIONS</b>	<b>ACTIVE DAILY</b>	<b>LOA ANNUAL</b>	<b>LOA MONTHLY</b>	<b>LOA DAILY</b>	<b>COBRA ANNUAL</b>	<b>COBRA MONTHLY</b>	<b>COBRA DAILY</b>
<b>FBNN - No HRA/Biometric and Non-Nicotine or Nicotine Cessation Participant      **DEFAULT MEDICAL PLAN B**</b>										
Employee Only	\$325.08	\$27.09	\$13.55	\$0.89	\$10,489.13	\$874.09	\$28.74	10,698.96	891.58	29.31
Employee's Spouse Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	11,763.46	980.29	32.23
Employee's Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	11,066.66	922.22	30.32
Employee's Spouse & Child(ren)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	12,462.79	1,038.57	34.14
Employee & Child(ren)	\$1,010.76	\$84.23	\$42.12	\$2.77	\$11,174.81	\$931.23	\$30.62	11,398.30	949.86	31.23
Employee & Spouse	\$1,693.92	\$141.16	\$70.58	\$4.64	\$11,857.97	\$988.16	\$32.49	12,095.09	1,007.92	33.14
Employee & Family	\$2,379.48	\$198.29	\$99.15	\$6.52	\$12,543.53	\$1,045.29	\$34.37	12,794.42	1,066.20	35.05
<b>FBNY - No HRA/Biometric and Nicotine User</b>										
Employee Only	\$1,087.68	\$90.64	\$45.32	\$2.98	\$11,251.73	\$937.64	\$30.83	N/A	N/A	N/A
Employee's Spouse Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee's Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee's Spouse & Child(ren)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee & Child(ren)	\$1,773.36	\$147.78	\$73.89	\$4.86	\$11,937.41	\$994.78	\$32.71	N/A	N/A	N/A
Employee & Spouse	\$2,456.40	\$204.70	\$102.35	\$6.73	\$12,620.45	\$1,051.70	\$34.58	N/A	N/A	N/A
Employee & Family	\$3,142.08	\$261.84	\$130.92	\$8.61	\$13,306.13	\$1,108.84	\$36.46	N/A	N/A	N/A
<b>FBHN - Completed HRA/Biometric and Non-Nicotine or Nicotine Cessation Participant</b>										
Employee Only	\$205.08	\$17.09	\$8.55	\$0.56	\$10,369.13	\$864.09	\$28.41	N/A	N/A	N/A
Employee's Spouse Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee's Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee's Spouse & Child(ren)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee & Child(ren)	\$890.76	\$74.23	\$37.12	\$2.44	\$11,054.81	\$921.23	\$30.29	N/A	N/A	N/A
Employee & Spouse	\$1,573.92	\$131.16	\$65.58	\$4.31	\$11,737.97	\$978.16	\$32.16	N/A	N/A	N/A
Employee & Family	\$2,259.48	\$188.29	\$94.15	\$6.19	\$12,423.53	\$1,035.29	\$34.04	N/A	N/A	N/A
<b>FBHY - Completed HRA/Biometric and Nicotine User</b>										
Employee Only	\$967.68	\$80.64	\$40.32	\$2.65	\$11,131.73	\$927.64	\$30.50	N/A	N/A	N/A
Employee's Spouse Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee's Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee's Spouse & Child(ren)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee & Child(ren)	\$1,653.36	\$137.78	\$68.89	\$4.53	\$11,817.41	\$984.78	\$32.38	N/A	N/A	N/A
Employee & Spouse	\$2,336.40	\$194.70	\$97.35	\$6.40	\$12,500.45	\$1,041.70	\$34.25	N/A	N/A	N/A
Employee & Family	\$3,022.08	\$251.84	\$125.92	\$8.28	\$13,186.13	\$1,098.84	\$36.13	N/A	N/A	N/A

<b>DENTAL COVERAGE FORT BEND COUNTY</b>	<b>ACTIVE ANNUAL</b>	<b>ACTIVE MONTHLY</b>	<b>ACTIVE 24 PAYROLL DEDUCTIONS</b>	<b>ACTIVE DAILY</b>	<b>LOA ANNUAL</b>	<b>LOA MONTHLY</b>	<b>LOA DAILY</b>	<b>COBRA ANNUAL</b>	<b>COBRA MONTHLY</b>	<b>COBRA DAILY</b>
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00	\$1,074.17	\$89.51	\$2.94	\$1,095.65	\$91.30	\$3.00
Employee's Spouse Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$1,368.89	\$114.07	\$3.75
Employee's Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$1,534.64	\$127.89	\$4.20
Employee's Spouse & Child(ren)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$1,807.88	\$150.66	\$4.95
Employee & Child(ren)	\$430.44	\$35.87	\$17.94	\$1.18	\$1,504.61	\$125.38	\$4.12	\$1,534.70	\$127.89	\$4.20
Employee & Spouse	\$267.84	\$22.32	\$11.16	\$0.73	\$1,342.01	\$111.83	\$3.68	\$1,368.85	\$114.07	\$3.75
Employee & Family	\$698.28	\$58.19	\$29.10	\$1.91	\$1,772.45	\$147.70	\$4.86	\$1,807.90	\$150.66	\$4.95

<b>DENTAL COVERAGE HUMANA COMPDENT</b>	<b>ACTIVE ANNUAL</b>	<b>ACTIVE MONTHLY</b>	<b>ACTIVE 24 PAYROLL DEDUCTIONS</b>	<b>ACTIVE DAILY</b>	<b>LOA ANNUAL</b>	<b>LOA MONTHLY</b>	<b>LOA DAILY</b>	<b>COBRA ANNUAL</b>	<b>COBRA MONTHLY</b>	<b>COBRA DAILY</b>
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	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$134.40	\$11.20	\$0.37
Employee's Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$134.40	\$11.20	\$0.37
Employee's Spouse & Child(ren)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$260.96	\$21.75	\$0.71
Employee & Child(ren)	\$255.84	\$21.32	\$10.66	\$0.70	\$255.84	\$21.32	\$0.70	\$260.96	\$21.75	\$0.71
Employee & Spouse	\$240.00	\$20.00	\$10.00	\$0.66	\$240.00	\$20.00	\$0.66	\$244.80	\$20.40	\$0.67
Employee & Family	\$358.08	\$29.84	\$14.92	\$0.98	\$358.08	\$29.84	\$0.98	\$365.24	\$30.44	\$1.00

<b>VISION COVERAGE HUMANA VISIONCARE</b>	<b>ACTIVE ANNUAL</b>	<b>ACTIVE MONTHLY</b>	<b>ACTIVE 24 PAYROLL DEDUCTIONS</b>	<b>ACTIVE DAILY</b>	<b>LOA ANNUAL</b>	<b>LOA MONTHLY</b>	<b>LOA DAILY</b>	<b>COBRA ANNUAL</b>	<b>COBRA MONTHLY</b>	<b>COBRA DAILY</b>
Employee Only	\$87.24	\$7.27	\$3.64	\$0.24	\$87.24	\$7.27	\$0.24	\$88.98	\$7.42	\$0.24
Employee's Spouse Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$88.98	\$7.42	\$0.24
Employee's Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$88.98	\$7.42	\$0.24
Employee's Spouse & Child(ren)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$168.42	\$14.04	\$0.46
Employee & Child(ren)	\$165.12	\$13.76	\$6.88	\$0.45	\$165.12	\$13.76	\$0.45	\$168.42	\$14.04	\$0.46
Employee & Spouse	\$173.88	\$14.49	\$7.25	\$0.48	\$173.88	\$14.49	\$0.48	\$177.36	\$14.78	\$0.49
Employee & Family	\$292.08	\$24.34	\$12.17	\$0.80	\$292.08	\$24.34	\$0.80	\$297.92	\$24.83	\$0.82