

2018 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
FANN - NO HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant **DEFAULT MEDICAL PLAN A**										
Employee Only	\$996.48	\$83.04	\$41.52	\$2.73	\$9,963.98	\$830.33	\$27.30	\$10,163.26	\$846.94	\$27.84
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	\$11,830.26	\$985.85	\$32.41
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$14,758.68	\$1,229.89	\$40.43
Employee & Child(ren)	\$2,430.72	\$202.56	\$101.28	\$6.66	\$11,398.22	\$949.85	\$31.23	\$11,626.18	\$968.85	\$31.85
Employee & Spouse	\$3,867.48	\$322.29	\$161.15	\$10.60	\$12,834.98	\$1,069.58	\$35.16	\$13,091.68	\$1,090.97	\$35.87
Employee & Family	\$5,301.72	\$441.81	\$220.91	\$14.53	\$14,269.22	\$1,189.10	\$39.09	\$14,554.60	\$1,212.88	\$39.88
FANY - NO HRA/Biometric Screening & Nicotine User										
Employee Only	\$1,758.96	\$146.58	\$73.29	\$4.82	\$10,726.46	\$893.87	\$29.39	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) Only	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	\$12,160.82	\$1,013.40	\$33.32	N/A	N/A	N/A
Employee & Spouse	\$4,629.96	\$385.83	\$192.92	\$12.68	\$13,597.46	\$1,133.12	\$37.25	N/A	N/A	N/A
Employee & Family	\$6,064.32	\$505.36	\$252.68	\$16.61	\$15,031.82	\$1,252.65	\$41.18	N/A	N/A	N/A
FAHN - HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant										
Employee Only	\$876.48	\$73.04	\$36.52	\$2.40	\$9,843.98	\$820.33	\$26.97	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) Only	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	\$11,278.22	\$939.85	\$30.90	N/A	N/A	N/A
Employee & Spouse	\$3,747.48	\$312.29	\$156.15	\$10.27	\$12,714.98	\$1,059.58	\$34.84	N/A	N/A	N/A
Employee & Family	\$5,181.72	\$431.81	\$215.91	\$14.20	\$14,149.22	\$1,179.10	\$38.76	N/A	N/A	N/A
FAHY - HRA/Biometric Screening & Nicotine User										
Employee Only	\$1,638.96	\$136.58	\$68.29	\$4.49	\$10,606.46	\$883.87	\$29.06	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) Only	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	\$12,040.82	\$1,003.40	\$32.99	N/A	N/A	N/A
Employee & Spouse	\$4,509.96	\$375.83	\$187.92	\$12.36	\$13,477.46	\$1,123.12	\$36.92	N/A	N/A	N/A
Employee & Family	\$5,944.32	\$495.36	\$247.68	\$16.29	\$14,911.82	\$1,242.65	\$40.85	N/A	N/A	N/A

2018 FORT BEND COUNTY EMPLOYEE BENEFIT PREMIUMS

Medical Coverage Plan B	ACTIVE ANNUAL	ACTIVE MONTHLY	ACTIVE 24 PAYROLL DEDUCTIONS	ACTIVE DAILY	LOA ANNUAL	LOA MONTHLY	LOA DAILY	COBRA ANNUAL	COBRA MONTHLY	COBRA DAILY
FBNN - NO HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant **DEFAULT MEDICAL PLAN B**										
Employee Only	\$325.08	\$27.09	\$13.55	\$0.89	\$9,292.58	\$774.38	\$25.46	\$9,478.43	\$789.87	\$25.97
Employee's Spouse Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$11,763.55	\$980.30	\$32.23
Employee's Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$11,066.72	\$922.23	\$30.32
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$12,462.82	\$1,038.57	\$34.14
Employee & Child(ren)	\$1,010.76	\$84.23	\$42.12	\$2.77	\$9,978.26	\$831.52	\$27.34	\$10,177.83	\$848.15	\$27.88
Employee & Spouse	\$1,693.92	\$141.16	\$70.58	\$4.64	\$10,661.42	\$888.45	\$29.21	\$10,874.65	\$906.22	\$29.79
Employee & Family	\$2,379.48	\$198.29	\$99.15	\$6.52	\$11,346.98	\$945.58	\$31.09	\$11,573.92	\$964.49	\$31.71
FBNY - NO HRA/Biometric Screening & Nicotine User										
Employee Only	\$1,087.68	\$90.64	\$45.32	\$2.98	\$10,055.18	\$837.93	\$27.55	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) Only	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	\$10,740.86	\$895.07	\$29.43	N/A	N/A	N/A
Employee & Spouse	\$2,456.40	\$204.70	\$102.35	\$6.73	\$11,423.90	\$951.99	\$31.30	N/A	N/A	N/A
Employee & Family	\$3,142.08	\$261.84	\$130.92	\$8.61	\$12,109.58	\$1,009.13	\$33.18	N/A	N/A	N/A
FBHN - HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant										
Employee Only	\$205.08	\$17.09	\$8.55	\$0.56	\$9,172.58	\$764.38	\$25.13	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) Only	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	\$9,858.26	\$821.52	\$27.01	N/A	N/A	N/A
Employee & Spouse	\$1,573.92	\$131.16	\$65.58	\$4.31	\$10,541.42	\$878.45	\$28.88	N/A	N/A	N/A
Employee & Family	\$2,259.48	\$188.29	\$94.15	\$6.19	\$11,226.98	\$935.58	\$30.76	N/A	N/A	N/A
FBHY - HRA/Biometric Screening & Nicotine User										
Employee Only	\$967.68	\$80.64	\$40.32	\$2.65	\$9,935.18	\$827.93	\$27.22	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) Only	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	\$10,620.86	\$885.07	\$29.10	N/A	N/A	N/A
Employee & Spouse	\$2,336.40	\$194.70	\$97.35	\$6.40	\$11,303.90	\$941.99	\$30.97	N/A	N/A	N/A
Employee & Family	\$3,022.08	\$251.84	\$125.92	\$8.28	\$11,989.58	\$999.13	\$32.85	N/A	N/A	N/A

2018 FORT BEND COUNTY EMPLOYEE BENEFIT PREMIUMS

DENTAL COVERAGE FORT BEND COUNTY	ACTIVE ANNUAL	ACTIVE MONTHLY	ACTIVE 24 PAYROLL DEDUCTIONS	ACTIVE DAILY	LOA ANNUAL	LOA MONTHLY	LOA DAILY	COBRA ANNUAL	COBRA MONTHLY	COBRA DAILY
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) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$1,807.88	\$150.66	\$4.95
Employee & Child(ren)	\$430.38	\$35.87	\$17.93	\$1.18	\$1,504.55	\$125.38	\$4.12	\$1,534.64	\$127.89	\$4.20
Employee & Spouse	\$267.88	\$22.32	\$11.16	\$0.73	\$1,342.05	\$111.84	\$3.68	\$1,368.89	\$114.07	\$3.75
Employee & Family	\$698.26	\$58.19	\$29.09	\$1.91	\$1,772.43	\$147.70	\$4.86	\$1,807.88	\$150.66	\$4.95

DENTAL COVERAGE HUMANA	ACTIVE ANNUAL	ACTIVE MONTHLY	ACTIVE 24 PAYROLL DEDUCTIONS	ACTIVE DAILY	LOA ANNUAL	LOA MONTHLY	LOA DAILY	COBRA ANNUAL	COBRA MONTHLY	COBRA DAILY
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) Only	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

VISION COVERAGE HUMANA	ACTIVE ANNUAL	ACTIVE MONTHLY	ACTIVE 24 PAYROLL DEDUCTIONS	ACTIVE DAILY	LOA ANNUAL	LOA MONTHLY	LOA DAILY	COBRA ANNUAL	COBRA MONTHLY	COBRA DAILY
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) Only	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