

2018 FORT BEND COUNTY EMPLOYEE BENEFIT LOA and COBRA PREMIUMS

Medical Coverage Plan A	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	\$9,963.98	\$830.33	\$27.30	\$10,163.26	\$846.94	\$27.84
Employee's Spouse Only	N/A	N/A	N/A	\$12,075.27	\$1,006.27	\$33.08
Employee's Child(ren) Only	N/A	N/A	N/A	\$10,609.77	\$884.15	\$29.07
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A	\$13,538.19	\$1,128.18	\$37.09
Employee & Child(ren)	\$11,398.22	\$949.85	\$31.23	\$11,626.18	\$968.85	\$31.85
Employee & Spouse	\$12,834.98	\$1,069.58	\$35.16	\$13,091.68	\$1,090.97	\$35.87
Employee & Family	\$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	\$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
Employee's Child(ren) Only	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
Employee & Child(ren)	\$12,160.82	\$1,013.40	\$33.32	N/A	N/A	N/A
Employee & Spouse	\$13,597.46	\$1,133.12	\$37.25	N/A	N/A	N/A
Employee & Family	\$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	\$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
Employee's Child(ren) Only	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
Employee & Child(ren)	\$11,278.22	\$939.85	\$30.90	N/A	N/A	N/A
Employee & Spouse	\$12,714.98	\$1,059.58	\$34.84	N/A	N/A	N/A
Employee & Family	\$14,149.22	\$1,179.10	\$38.76	N/A	N/A	N/A
FAHY - HRA/Biometric Screening & Nicotine User						
Employee Only	\$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
Employee's Child(ren) Only	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
Employee & Child(ren)	\$12,040.82	\$1,003.40	\$32.99	N/A	N/A	N/A
Employee & Spouse	\$13,477.46	\$1,123.12	\$36.92	N/A	N/A	N/A
Employee & Family	\$14,911.82	\$1,242.65	\$40.85	N/A	N/A	N/A

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Medical Coverage Plan B	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	\$9,292.58	\$774.38	\$25.46	\$9,478.43	\$789.87	\$25.97
Employee's Spouse Only	N/A	N/A	N/A	\$10,543.07	\$878.59	\$28.89
Employee's Child(ren) Only	N/A	N/A	N/A	\$9,846.24	\$820.52	\$26.98
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A	\$11,242.34	\$936.86	\$30.80
Employee & Child(ren)	\$9,978.26	\$831.52	\$27.34	\$10,177.83	\$848.15	\$27.88
Employee & Spouse	\$10,661.42	\$888.45	\$29.21	\$10,874.65	\$906.22	\$29.79
Employee & Family	\$11,346.98	\$945.58	\$31.09	\$11,573.92	\$964.49	\$31.71
FBNY - NO HRA/Biometric Screening & Nicotine User						
Employee Only	\$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
Employee's Child(ren) Only	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
Employee & Child(ren)	\$10,740.86	\$895.07	\$29.43	N/A	N/A	N/A
Employee & Spouse	\$11,423.90	\$951.99	\$31.30	N/A	N/A	N/A
Employee & Family	\$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	\$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
Employee's Child(ren) Only	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
Employee & Child(ren)	\$9,858.26	\$821.52	\$27.01	N/A	N/A	N/A
Employee & Spouse	\$10,541.42	\$878.45	\$28.88	N/A	N/A	N/A
Employee & Family	\$11,226.98	\$935.58	\$30.76	N/A	N/A	N/A
FBHY - HRA/Biometric Screening & Nicotine User						
Employee Only	\$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
Employee's Child(ren) Only	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
Employee & Child(ren)	\$10,620.86	\$885.07	\$29.10	N/A	N/A	N/A
Employee & Spouse	\$11,303.90	\$941.99	\$30.97	N/A	N/A	N/A
Employee & Family	\$11,989.58	\$999.13	\$32.85	N/A	N/A	N/A

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DENTAL COVERAGE FORT BEND COUNTY	LOA ANNUAL	LOA MONTHLY	LOA DAILY	COBRA ANNUAL	COBRA MONTHLY	COBRA DAILY
Employee Only	\$947.71	\$78.98	\$2.60	\$966.66	\$80.56	\$2.65
Employee's Spouse Only	N/A	N/A	N/A	\$1,239.90	\$103.33	\$3.40
Employee's Child(ren) Only	N/A	N/A	N/A	\$1,405.65	\$117.14	\$3.85
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A	\$1,678.89	\$139.91	\$4.60
Employee & Child(ren)	\$1,378.09	\$114.84	\$3.78	\$1,405.65	\$117.14	\$3.85
Employee & Spouse	\$1,215.59	\$101.30	\$3.33	\$1,239.90	\$103.33	\$3.40
Employee & Family	\$1,645.97	\$137.16	\$4.51	\$1,678.89	\$139.91	\$4.60

DENTAL COVERAGE HUMANA	LOA ANNUAL	LOA MONTHLY	LOA DAILY	COBRA ANNUAL	COBRA MONTHLY	COBRA DAILY
Employee Only	\$131.76	\$10.98	\$0.36	\$134.40	\$11.20	\$0.37
Employee's Spouse Only	N/A	N/A	N/A	\$134.40	\$11.20	\$0.37
Employee's Child(ren) Only	N/A	N/A	N/A	\$134.40	\$11.20	\$0.37
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A	\$260.96	\$21.75	\$0.71
Employee & Child(ren)	\$255.84	\$21.32	\$0.70	\$260.96	\$21.75	\$0.71
Employee & Spouse	\$240.00	\$20.00	\$0.66	\$244.80	\$20.40	\$0.67
Employee & Family	\$358.08	\$29.84	\$0.98	\$365.24	\$30.44	\$1.00

VISION COVERAGE HUMANA	LOA ANNUAL	LOA MONTHLY	LOA DAILY	COBRA ANNUAL	COBRA MONTHLY	COBRA DAILY
Employee Only	\$87.24	\$7.27	\$0.24	\$88.98	\$7.42	\$0.24
Employee's Spouse Only	N/A	N/A	N/A	\$88.98	\$7.42	\$0.24
Employee's Child(ren) Only	N/A	N/A	N/A	\$88.98	\$7.42	\$0.24
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A	\$168.42	\$14.04	\$0.46
Employee & Child(ren)	\$165.12	\$13.76	\$0.45	\$168.42	\$14.04	\$0.46
Employee & Spouse	\$173.88	\$14.49	\$0.48	\$177.36	\$14.78	\$0.49
Employee & Family	\$292.08	\$24.34	\$0.80	\$297.92	\$24.83	\$0.82