

2019 FORT BEND COUNTY EMPLOYEE BENEFIT PLAN RATES

Medical Coverage Plan A	PAYROLL DEDUCTION	LOA MONTHLY	COBRA MONTHLY
FANN - NO HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant **DEFAULT MEDICAL PLAN A**			
Employee Only	\$42.11	\$853.49	\$870.56
Employee's Spouse Only	N/A	N/A	\$1,028.58
Employee's Child(ren) Only	N/A	N/A	\$906.44
Employee's Spouse & Child(ren) Only	N/A	N/A	\$1,150.37
Employee & Child(ren)	\$101.81	\$972.89	\$992.35
Employee & Spouse	\$161.68	\$1,092.63	\$1,114.48
Employee & Family	\$221.38	\$1,212.03	\$1,236.27
FANY - NO HRA/Biometric Screening & Nicotine User			
Employee Only	\$84.79	\$938.84	N/A
Employee's Spouse Only	N/A	N/A	N/A
Employee's Child(ren) Only	N/A	N/A	N/A
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A
Employee & Child(ren)	\$144.49	\$1,058.24	N/A
Employee & Spouse	\$204.36	\$1,177.98	N/A
Employee & Family	\$264.05	\$1,297.37	N/A
FAHN - HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant			
Employee Only	\$37.11	\$843.49	N/A
Employee's Spouse Only	N/A	N/A	N/A
Employee's Child(ren) Only	N/A	N/A	N/A
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A
Employee & Child(ren)	\$96.81	\$962.89	N/A
Employee & Spouse	\$156.68	\$1,082.63	N/A
Employee & Family	\$216.38	\$1,202.03	N/A
FAHY - HRA/Biometric Screening & Nicotine User			
Employee Only	\$79.79	\$928.84	N/A
Employee's Spouse Only	N/A	N/A	N/A
Employee's Child(ren) Only	N/A	N/A	N/A
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A
Employee & Child(ren)	\$139.49	\$1,048.24	N/A
Employee & Spouse	\$199.36	\$1,167.98	N/A
Employee & Family	\$259.05	\$1,287.37	N/A

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Medical Coverage Plan B	PAYROLL DEDUCTION	LOA MONTHLY	COBRA MONTHLY
FBNN - NO HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant **DEFAULT MEDICAL PLAN B**			
Employee Only	\$14.17	\$797.61	\$813.56
Employee's Spouse Only	N/A	N/A	\$900.85
Employee's Child(ren) Only	N/A	N/A	\$842.84
Employee's Spouse & Child(ren) Only	N/A	N/A	\$959.04
Employee & Child(ren)	\$42.69	\$854.65	\$871.74
Employee & Spouse	\$71.13	\$911.53	\$929.76
Employee & Family	\$99.65	\$968.57	\$987.94
FBNY - NO HRA/Biometric Screening & Nicotine User			
Employee Only	\$54.05	\$877.37	N/A
Employee's Spouse Only	N/A	N/A	N/A
Employee's Child(ren) Only	N/A	N/A	N/A
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A
Employee & Child(ren)	\$82.57	\$934.41	N/A
Employee & Spouse	\$111.01	\$991.29	N/A
Employee & Family	\$139.53	\$1,048.33	N/A
FBHN - HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant			
Employee Only	\$9.17	\$787.61	N/A
Employee's Spouse Only	N/A	N/A	N/A
Employee's Child(ren) Only	N/A	N/A	N/A
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A
Employee & Child(ren)	\$37.69	\$844.65	N/A
Employee & Spouse	\$66.13	\$901.53	N/A
Employee & Family	\$94.65	\$958.57	N/A
FBHY - HRA/Biometric Screening & Nicotine User			
Employee Only	\$49.05	\$867.37	N/A
Employee's Spouse Only	N/A	N/A	N/A
Employee's Child(ren) Only	N/A	N/A	N/A
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A
Employee & Child(ren)	\$77.57	\$924.41	N/A
Employee & Spouse	\$106.01	\$981.29	N/A
Employee & Family	\$134.53	\$1,038.33	N/A

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DENTAL COVERAGE FORT BEND COUNTY	PAYROLL DEDUCTION	LOA MONTHLY	COBRA MONTHLY
Employee Only	\$0.00	\$81.30	\$82.93
Employee's Spouse Only	N/A	N/A	\$105.69
Employee's Child(ren) Only	N/A	N/A	\$119.51
Employee's Spouse & Child(ren) Only	N/A	N/A	\$142.28
Employee & Child(ren)	\$17.93	\$117.16	\$119.51
Employee & Spouse	\$11.16	\$103.62	\$105.69
Employee & Family	\$29.09	\$139.49	\$142.28

DENTAL COVERAGE HUMANA	PAYROLL DEDUCTION	LOA MONTHLY	COBRA MONTHLY
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)	\$10.66	\$21.32	\$21.75
Employee & Spouse	\$10.00	\$20.00	\$20.40
Employee & Family	\$14.92	\$29.84	\$30.44

VISION COVERAGE HUMANA	PAYROLL DEDUCTION	LOA MONTHLY	COBRA MONTHLY
Employee Only	\$3.64	\$7.27	\$7.42
Employee's Spouse Only	N/A	N/A	\$7.42
Employee's Child(ren) Only	N/A	N/A	\$7.42
Employee's Spouse & Child(ren) Only	N/A	N/A	\$14.04
Employee & Child(ren)	\$6.88	\$13.76	\$14.04
Employee & Spouse	\$7.25	\$14.49	\$14.78
Employee & Family	\$12.17	\$24.34	\$24.83