

2019 FORT BEND COUNTY EMPLOYEE BENEFIT PLAN RETIREE RATES

Medical Coverage Plan A	RETIREE MONTHLY CONTRIBUTION	COBRA MONTHLY
FANN - NO HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant		
Retiree Only	\$84.22	\$870.56
Retiree's Spouse Only	N/A	\$1,028.58
Retiree's Child(ren) Only	N/A	\$906.44
Retiree's Spouse & Child(ren) Only	N/A	\$1,150.37
Retiree & Child(ren)	\$203.62	\$992.35
Retiree & Spouse	\$323.36	\$1,114.48
Retiree & Family	\$442.76	\$1,236.27
FANY - NO HRA/Biometric Screening & Nicotine User		
Retiree Only	\$169.57	N/A
Retiree's Spouse Only	N/A	N/A
Retiree's Child(ren) Only	N/A	N/A
Retiree's Spouse & Child(ren) Only	N/A	N/A
Retiree & Child(ren)	\$288.97	N/A
Retiree & Spouse	\$408.71	N/A
Retiree & Family	\$528.10	N/A
FAHN - HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant		
Retiree Only	\$74.22	N/A
Retiree's Spouse Only	N/A	N/A
Retiree's Child(ren) Only	N/A	N/A
Retiree's Spouse & Child(ren) Only	N/A	N/A
Retiree & Child(ren)	\$193.62	N/A
Retiree & Spouse	\$313.36	N/A
Retiree & Family	\$432.76	N/A
FAHY - HRA/Biometric Screening & Nicotine User		
Retiree Only	\$159.57	N/A
Retiree's Spouse Only	N/A	N/A
Retiree's Child(ren) Only	N/A	N/A
Retiree's Spouse & Child(ren) Only	N/A	N/A
Retiree & Child(ren)	\$278.97	N/A
Retiree & Spouse	\$398.71	N/A
Retiree & Family	\$518.10	N/A

2019 FORT BEND COUNTY EMPLOYEE BENEFIT PLAN RETIREE RATES

Medical Coverage Plan B	RETIREE MONTHLY CONTRIBUTION	COBRA MONTHLY
FBNN - NO HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant		
Retiree Only	\$28.34	\$813.56
Retiree's Spouse Only	N/A	\$900.85
Retiree's Child(ren) Only	N/A	\$842.84
Retiree's Spouse & Child(ren) Only	N/A	\$959.04
Retiree & Child(ren)	\$85.38	\$871.74
Retiree & Spouse	\$142.26	\$929.76
Retiree & Family	\$199.30	\$987.94
FBNY - NO HRA/Biometric Screening & Nicotine User		
Retiree Only	\$108.10	N/A
Retiree's Spouse Only	N/A	N/A
Retiree's Child(ren) Only	N/A	N/A
Retiree's Spouse & Child(ren) Only	N/A	N/A
Retiree & Child(ren)	\$165.14	N/A
Retiree & Spouse	\$222.02	N/A
Retiree & Family	\$279.06	N/A
FBHN - HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant		
Retiree Only	\$18.34	N/A
Retiree's Spouse Only	N/A	N/A
Retiree's Child(ren) Only	N/A	N/A
Retiree's Spouse & Child(ren) Only	N/A	N/A
Retiree & Child(ren)	\$75.38	N/A
Retiree & Spouse	\$132.26	N/A
Retiree & Family	\$189.30	N/A
FBHY - HRA/Biometric Screening & Nicotine User		
Retiree Only	\$98.10	N/A
Retiree's Spouse Only	N/A	N/A
Retiree's Child(ren) Only	N/A	N/A
Retiree's Spouse & Child(ren) Only	N/A	N/A
Retiree & Child(ren)	\$155.14	N/A
Retiree & Spouse	\$212.02	N/A
Retiree & Family	\$269.06	N/A

2019 FORT BEND COUNTY EMPLOYEE BENEFIT PLAN RETIREE RATES

DENTAL COVERAGE FORT BEND COUNTY	RETIREE MONTHLY CONTRIBUTION	COBRA MONTHLY
Retiree Only	\$11.79	\$82.93
Retiree's Spouse Only	N/A	\$105.69
Retiree's Child(ren) Only	N/A	\$119.51
Retiree's Spouse & Child(ren) Only	N/A	\$142.28
Retiree & Child(ren)	\$45.66	\$119.51
Retiree & Spouse	\$32.12	\$105.69
Retiree & Family	\$65.99	\$142.28

DENTAL COVERAGE HUMANA	RETIREE MONTHLY CONTRIBUTION	COBRA MONTHLY
Retiree Only	N/A	\$11.20
Retiree's Spouse Only	N/A	\$11.20
Retiree's Child(ren) Only	N/A	\$11.20
Retiree's Spouse & Child(ren) Only	N/A	\$21.75
Retiree & Child(ren)	N/A	\$21.75
Retiree & Spouse	N/A	\$20.40
Retiree & Family	N/A	\$30.44

VISION COVERAGE HUMANA	RETIREE MONTHLY CONTRIBUTION	COBRA MONTHLY
Retiree Only	N/A	\$7.42
Retiree's Spouse Only	N/A	\$7.42
Retiree's Child(ren) Only	N/A	\$7.42
Retiree's Spouse & Child(ren) Only	N/A	\$14.04
Retiree & Child(ren)	N/A	\$14.04
Retiree & Spouse	N/A	\$14.78
Retiree & Family	N/A	\$24.83