

# 2020 FORT BEND COUNTY EMPLOYEE BENEFIT PLAN RATES

Medical Coverage Plan A	PAYROLL DEDUCTION	LOA MONTHLY	COBRA MONTHLY
<b>FANN - NO HRA/Biometric Screening &amp; Non-Nicotine User/Nicotine Cessation Participant **DEFAULT MEDICAL PLAN A**</b>			
Employee Only	\$45.10	\$859.46	\$876.65
Employee's Spouse Only	N/A	N/A	\$1,005.63
Employee's Child(ren) Only	N/A	N/A	\$883.40
Employee's Spouse & Child(ren) Only	N/A	N/A	\$1,126.79
Employee & Child(ren)	\$104.49	\$978.25	\$997.82
Employee & Spouse	\$164.41	\$1,098.08	\$1,120.04
Employee & Family	\$223.80	\$1,216.86	\$1,241.20
<b>FANY - NO HRA/Biometric Screening &amp; Nicotine User</b>			
Employee Only	\$88.07	\$945.41	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)	\$147.46	\$1,064.19	N/A
Employee & Spouse	\$207.38	\$1,184.02	N/A
Employee & Family	\$266.77	\$1,302.80	N/A
<b>FAHN - HRA/Biometric Screening &amp; Non-Nicotine User/Nicotine Cessation Participant</b>			
Employee Only	\$40.10	\$849.46	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)	\$99.49	\$968.25	N/A
Employee & Spouse	\$159.41	\$1,088.08	N/A
Employee & Family	\$218.80	\$1,206.86	N/A
<b>FAHY - HRA/Biometric Screening &amp; Nicotine User</b>			
Employee Only	\$83.07	\$935.41	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)	\$142.46	\$1,054.19	N/A
Employee & Spouse	\$202.38	\$1,174.02	N/A
Employee & Family	\$261.77	\$1,292.80	N/A

# 2020 FORT BEND COUNTY EMPLOYEE BENEFIT PLAN RATES

Medical Coverage Plan B	ACTIVE 24 PAYROLL DEDUCTIONS	LOA MONTHLY	COBRA MONTHLY
<b>FBNN - NO HRA/Biometric Screening &amp; Non-Nicotine User/Nicotine Cessation Participant **DEFAULT MEDICAL PLAN B**</b>			
Employee Only	\$17.30	\$803.86	\$819.94
Employee's Spouse Only	N/A	N/A	\$877.71
Employee's Child(ren) Only	N/A	N/A	\$819.93
Employee's Spouse & Child(ren) Only	N/A	N/A	\$935.40
Employee & Child(ren)	\$45.58	\$860.42	\$877.63
Employee & Spouse	\$73.90	\$917.07	\$935.41
Employee & Family	\$102.18	\$973.63	\$993.10
<b>FBNY - NO HRA/Biometric Screening &amp; Nicotine User</b>			
Employee Only	\$57.49	\$884.24	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)	\$85.77	\$940.80	N/A
Employee & Spouse	\$114.09	\$997.45	N/A
Employee & Family	\$142.37	\$1,054.01	N/A
<b>FBHN - HRA/Biometric Screening &amp; Non-Nicotine User/Nicotine Cessation Participant</b>			
Employee Only	\$12.30	\$793.86	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)	\$40.58	\$850.42	N/A
Employee & Spouse	\$68.90	\$907.07	N/A
Employee & Family	\$97.18	\$963.63	N/A
<b>FBHY - HRA/Biometric Screening &amp; Nicotine User</b>			
Employee Only	\$52.49	\$874.24	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)	\$80.77	\$930.80	N/A
Employee & Spouse	\$109.09	\$987.45	N/A
Employee & Family	\$137.37	\$1,044.01	N/A

# 2020 FORT BEND COUNTY EMPLOYEE BENEFIT PLAN RATES

<b>DENTAL COVERAGE FORT BEND COUNTY</b>	<b>ACTIVE 24 PAYROLL DEDUCTIONS</b>	<b>LOA MONTHLY</b>	<b>COBRA MONTHLY</b>
Employee Only	\$0.00	\$81.30	\$82.93
Employee's Spouse Only	N/A	N/A	\$103.33
Employee's Child(ren) Only	N/A	N/A	\$117.14
Employee's Spouse & Child(ren) Only	N/A	N/A	\$139.91
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

<b>DENTAL COVERAGE HUMANA</b>	<b>ACTIVE 24 PAYROLL DEDUCTIONS</b>	<b>LOA MONTHLY</b>	<b>COBRA MONTHLY</b>
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

<b>VISION COVERAGE HUMANA</b>	<b>ACTIVE 24 PAYROLL DEDUCTIONS</b>	<b>LOA MONTHLY</b>	<b>COBRA MONTHLY</b>
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