

2020 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		
Employee Only	\$90.19	\$876.65
Employee's Spouse Only	N/A	\$1,005.63
Employee's Child(ren) Only	N/A	\$883.40
Employee's Spouse & Child(ren) Only	N/A	\$1,126.79
Employee & Child(ren)	\$208.98	\$997.82
Employee & Spouse	\$328.81	\$1,120.04
Employee & Family	\$447.59	\$1,241.20
FANY - NO HRA/Biometric Screening & Nicotine User		
Employee Only	\$176.14	N/A
Employee's Spouse Only	N/A	N/A
Employee's Child(ren) Only	N/A	N/A
Employee's Spouse & Child(ren) Only	N/A	N/A
Employee & Child(ren)	\$294.92	N/A
Employee & Spouse	\$414.75	N/A
Employee & Family	\$533.53	N/A
FAHN - HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant		
Employee Only	\$80.19	N/A
Employee's Spouse Only	N/A	N/A
Employee's Child(ren) Only	N/A	N/A
Employee's Spouse & Child(ren) Only	N/A	N/A
Employee & Child(ren)	\$198.98	N/A
Employee & Spouse	\$318.81	N/A
Employee & Family	\$437.59	N/A
FAHY - HRA/Biometric Screening & Nicotine User		
Employee Only	\$166.14	N/A
Employee's Spouse Only	N/A	N/A
Employee's Child(ren) Only	N/A	N/A
Employee's Spouse & Child(ren) Only	N/A	N/A
Employee & Child(ren)	\$284.92	N/A
Employee & Spouse	\$404.75	N/A
Employee & Family	\$523.53	N/A

2020 FORT BEND COUNTY EMPLOYEE BENEFIT PLAN RETIREE RATES

Medical Coverage Plan B	ACTIVE MONTHLY	COBRA MONTHLY
FBNN - NO HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant		
Employee Only	\$34.59	\$819.94
Employee's Spouse Only	N/A	\$877.71
Employee's Child(ren) Only	N/A	\$819.93
Employee's Spouse & Child(ren) Only	N/A	\$935.40
Employee & Child(ren)	\$91.15	\$877.63
Employee & Spouse	\$147.80	\$935.41
Employee & Family	\$204.36	\$993.10
FBNY - NO HRA/Biometric Screening & Nicotine User		
Employee Only	\$114.97	N/A
Employee's Spouse Only	N/A	N/A
Employee's Child(ren) Only	N/A	N/A
Employee's Spouse & Child(ren) Only	N/A	N/A
Employee & Child(ren)	\$171.53	N/A
Employee & Spouse	\$228.18	N/A
Employee & Family	\$284.74	N/A
FBHN - HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant		
Employee Only	\$24.59	N/A
Employee's Spouse Only	N/A	N/A
Employee's Child(ren) Only	N/A	N/A
Employee's Spouse & Child(ren) Only	N/A	N/A
Employee & Child(ren)	\$81.15	N/A
Employee & Spouse	\$137.80	N/A
Employee & Family	\$194.36	N/A
FBHY - HRA/Biometric Screening & Nicotine User		
Employee Only	\$104.97	N/A
Employee's Spouse Only	N/A	N/A
Employee's Child(ren) Only	N/A	N/A
Employee's Spouse & Child(ren) Only	N/A	N/A
Employee & Child(ren)	\$161.53	N/A
Employee & Spouse	\$218.18	N/A
Employee & Family	\$274.74	N/A

2020 FORT BEND COUNTY EMPLOYEE BENEFIT PLAN

RETIREE RATES

DENTAL COVERAGE FORT BEND COUNTY	ACTIVE MONTHLY	COBRA MONTHLY
Employee Only	\$11.79	\$82.93
Employee's Spouse Only	N/A	\$103.33
Employee's Child(ren) Only	N/A	\$117.14
Employee's Spouse & Child(ren) Only	N/A	\$139.91
Employee & Child(ren)	\$45.66	\$119.51
Employee & Spouse	\$32.12	\$105.69
Employee & Family	\$65.99	\$142.28

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

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