

2021 FORT BEND COUNTY EMPLOYEE BENEFIT PLAN RATES

Medical Coverage Plan A	ACTIVE 24 PAYROLL DEDUCTIONS	LOA MONTHLY	COBRA MONTHLY
FANN - NO HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant **DEFAULT MEDICAL PLAN A**			
Employee Only	\$48.82	\$1,057.40	\$1,078.55
Employee's Spouse Only	N/A	N/A	\$1,237.24
Employee's Child(ren) Only	N/A	N/A	\$1,107.42
Employee's Spouse & Child(ren) Only	N/A	N/A	\$1,365.70
Employee & Child(ren)	\$111.80	\$1,183.35	\$1,207.01
Employee & Spouse	\$175.43	\$1,310.62	\$1,336.83
Employee & Family	\$238.40	\$1,436.56	\$1,465.29
FANY - NO HRA/Biometric Screening & Nicotine User			
Employee Only	\$101.69	\$1,163.14	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)	\$164.67	\$1,289.09	N/A
Employee & Spouse	\$228.30	\$1,416.36	N/A
Employee & Family	\$291.27	\$1,542.30	N/A
FAHN - HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant			
Employee Only	\$43.82	\$1,047.40	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)	\$106.80	\$1,173.35	N/A
Employee & Spouse	\$170.43	\$1,300.62	N/A
Employee & Family	\$233.40	\$1,426.56	N/A
FAHY - HRA/Biometric Screening & Nicotine User			
Employee Only	\$96.69	\$1,153.14	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)	\$159.67	\$1,279.09	N/A
Employee & Spouse	\$223.30	\$1,406.36	N/A
Employee & Family	\$286.27	\$1,532.30	N/A

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Medical Coverage Plan B	ACTIVE 24 PAYROLL DEDUCTIONS	LOA MONTHLY	COBRA MONTHLY
FBNN - NO HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant **DEFAULT MEDICAL PLAN B**			
Employee Only	\$19.35	\$998.45	\$1,018.42
Employee's Spouse Only	N/A	N/A	\$1,101.34
Employee's Child(ren) Only	N/A	N/A	\$1,039.91
Employee's Spouse & Child(ren) Only	N/A	N/A	\$1,162.30
Employee & Child(ren)	\$49.23	\$1,058.21	\$1,079.37
Employee & Spouse	\$79.34	\$1,118.44	\$1,140.81
Employee & Family	\$109.22	\$1,178.20	\$1,201.76
FBNY - NO HRA/Biometric Screening & Nicotine User			
Employee Only	\$69.27	\$1,098.30	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)	\$99.15	\$1,158.05	N/A
Employee & Spouse	\$129.27	\$1,218.29	N/A
Employee & Family	\$159.14	\$1,278.04	N/A
FBHN - HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant			
Employee Only	\$14.35	\$988.45	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)	\$44.23	\$1,048.21	N/A
Employee & Spouse	\$74.34	\$1,108.44	N/A
Employee & Family	\$104.22	\$1,168.20	N/A
FBHY - HRA/Biometric Screening & Nicotine User			
Employee Only	\$64.27	\$1,088.30	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)	\$94.15	\$1,148.05	N/A
Employee & Spouse	\$124.27	\$1,208.29	N/A
Employee & Family	\$154.14	\$1,268.04	N/A

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DENTAL COVERAGE FORT BEND COUNTY	ACTIVE 24 PAYROLL DEDUCTIONS	LOA MONTHLY	COBRA MONTHLY
Employee Only	\$0.00	\$101.43	\$103.46
Employee's Spouse Only	N/A	N/A	\$126.23
Employee's Child(ren) Only	N/A	N/A	\$140.04
Employee's Spouse & Child(ren) Only	N/A	N/A	\$162.81
Employee & Child(ren)	\$17.93	\$137.30	\$140.04
Employee & Spouse	\$11.16	\$123.75	\$126.23
Employee & Family	\$29.09	\$159.62	\$162.81

DENTAL COVERAGE HUMANA	ACTIVE 24 PAYROLL DEDUCTIONS	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	ACTIVE 24 PAYROLL DEDUCTIONS	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