

2021 FORT BEND COUNTY RETIREE BENEFIT PLAN RATES

Medical Coverage Plan A	RETIREE MONTHLY CONTRIBUTION	COBRA MONTHLY
FANN - NO HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant		
Retiree Only	\$97.64	\$1,078.55
Retiree's Spouse Only	N/A	\$1,237.24
Retiree's Child(ren) Only	N/A	\$1,107.42
Retiree's Spouse & Child(ren) Only	N/A	\$1,365.70
Retiree & Child(ren)	\$223.59	\$1,207.01
Retiree & Spouse	\$350.86	\$1,336.83
Retiree & Family	\$476.80	\$1,465.29
FANY - NO HRA/Biometric Screening & Nicotine User		
Retiree Only	\$203.38	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)	\$329.33	N/A
Retiree & Spouse	\$456.60	N/A
Retiree & Family	\$582.54	N/A
FAHN - HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant		
Retiree Only	\$87.64	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)	\$213.59	N/A
Retiree & Spouse	\$340.86	N/A
Retiree & Family	\$466.80	N/A
FAHY - HRA/Biometric Screening & Nicotine User		
Retiree Only	\$193.38	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)	\$319.33	N/A
Retiree & Spouse	\$446.60	N/A
Retiree & Family	\$572.54	N/A

2021 FORT BEND COUNTY RETIREE BENEFIT PLAN RATES

Medical Coverage Plan B	RETIREE MONTHLY CONTRIBUTION	COBRA MONTHLY
FBNN - NO HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant		
Retiree Only	\$38.69	\$1,018.42
Retiree's Spouse Only	N/A	\$1,101.34
Retiree's Child(ren) Only	N/A	\$1,039.91
Retiree's Spouse & Child(ren) Only	N/A	\$1,162.30
Retiree & Child(ren)	\$98.45	\$1,079.37
Retiree & Spouse	\$158.68	\$1,140.81
Retiree & Family	\$218.44	\$1,201.76
FBNY - NO HRA/Biometric Screening & Nicotine User		
Retiree Only	\$138.54	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)	\$198.29	N/A
Retiree & Spouse	\$258.53	N/A
Retiree & Family	\$318.28	N/A
FBHN - HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant		
Retiree Only	\$28.69	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)	\$88.45	N/A
Retiree & Spouse	\$148.68	N/A
Retiree & Family	\$208.44	N/A
FBHY - HRA/Biometric Screening & Nicotine User		
Retiree Only	\$128.54	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)	\$188.29	N/A
Retiree & Spouse	\$248.53	N/A
Retiree & Family	\$308.28	N/A

2021 FORT BEND COUNTY RETIREE BENEFIT PLAN RATES

DENTAL COVERAGE FORT BEND COUNTY	RETIREE MONTHLY CONTRIBUTION	COBRA MONTHLY
Retiree Only	\$11.79	\$103.46
Retiree's Spouse Only	N/A	\$126.23
Retiree's Child(ren) Only	N/A	\$140.04
Retiree's Spouse & Child(ren) Only	N/A	\$162.81
Retiree & Child(ren)	\$45.66	\$140.04
Retiree & Spouse	\$32.12	\$126.23
Retiree & Family	\$65.99	\$162.81

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