

2021 FORT BEND COUNTY EMPLOYEE BENEFIT PLAN RATES

Medical Coverage Plan A	ACTIVE ANNUAL	ACTIVE MONTHLY	ACTIVE 24 PAYROLL DEDUCTIONS	ACTIVE DAILY	LOA ANNUAL	LOA MONTHLY	LOA DAILY	COBRA ANNUAL	COBRA MONTHLY
FANN - NO HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant **DEFAULT MEDICAL PLAN A**									
Employee Only	\$1,560.60	\$130.05	\$65.03	\$4.28	\$15,715.19	\$1,309.60	\$43.06	\$16,029.49	\$1,335.79
Employee's Spouse Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$18,426.45	\$1,535.54
Employee's Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$16,418.60	\$1,368.22
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$20,407.37	\$1,700.61
Employee & Child(ren)	\$3,502.68	\$291.89	\$145.95	\$9.60	\$17,657.27	\$1,471.44	\$48.38	\$18,010.42	\$1,500.87
Employee & Spouse	\$5,471.16	\$455.93	\$227.97	\$14.99	\$19,625.75	\$1,635.48	\$53.77	\$20,018.27	\$1,668.19
Employee & Family	\$7,413.24	\$617.77	\$308.89	\$20.31	\$21,567.83	\$1,797.32	\$59.09	\$21,999.19	\$1,833.27
FANY - NO HRA/Biometric Screening & Nicotine User									
Employee Only	\$3,132.12	\$261.01	\$130.51	\$8.58	\$17,286.71	\$1,440.56	\$47.36	N/A	N/A
Employee's Spouse Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee's Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee & Child(ren)	\$5,074.20	\$422.85	\$211.43	\$13.90	\$19,228.79	\$1,602.40	\$52.68	N/A	N/A
Employee & Spouse	\$7,042.68	\$586.89	\$293.45	\$19.30	\$21,197.27	\$1,766.44	\$58.07	N/A	N/A
Employee & Family	\$8,984.76	\$748.73	\$374.37	\$24.62	\$23,139.35	\$1,928.28	\$63.40	N/A	N/A
FAHN - HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant									
Employee Only	\$1,440.60	\$120.05	\$60.03	\$3.95	\$15,595.19	\$1,299.60	\$42.73	N/A	N/A
Employee's Spouse Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee's Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee & Child(ren)	\$3,382.68	\$281.89	\$140.95	\$9.27	\$17,537.27	\$1,461.44	\$48.05	N/A	N/A
Employee & Spouse	\$5,351.16	\$445.93	\$222.97	\$14.66	\$19,505.75	\$1,625.48	\$53.44	N/A	N/A
Employee & Family	\$7,293.24	\$607.77	\$303.89	\$19.98	\$21,447.83	\$1,787.32	\$58.76	N/A	N/A
FAHY - HRA/Biometric Screening & Nicotine User									
Employee Only	\$3,012.12	\$251.01	\$125.51	\$8.25	\$17,166.71	\$1,430.56	\$47.03	N/A	N/A
Employee's Spouse Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee's Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee & Child(ren)	\$4,954.20	\$412.85	\$206.43	\$13.57	\$19,108.79	\$1,592.40	\$52.35	N/A	N/A
Employee & Spouse	\$6,922.68	\$576.89	\$288.45	\$18.97	\$21,077.27	\$1,756.44	\$57.75	N/A	N/A
Employee & Family	\$8,864.76	\$738.73	\$369.37	\$24.29	\$23,019.35	\$1,918.28	\$63.07	N/A	N/A

2021 FORT BEND COUNTY EMPLOYEE BENEFIT PLAN RATES

Medical Coverage Plan B	ACTIVE ANNUAL	ACTIVE MONTHLY	ACTIVE 24 PAYROLL DEDUCTIONS	ACTIVE DAILY	LOA ANNUAL	LOA MONTHLY	LOA DAILY	COBRA ANNUAL	COBRA MONTHLY
FBNN - NO HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant **DEFAULT MEDICAL PLAN B**									
Employee Only	\$651.24	\$54.27	\$27.14	\$1.78	\$14,805.83	\$1,233.82	\$40.56	\$15,101.95	\$1,258.50
Employee's Spouse Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$16,323.50	\$1,360.29
Employee's Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$15,377.96	\$1,281.50
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$17,263.78	\$1,438.65
Employee & Child(ren)	\$1,573.08	\$131.09	\$65.55	\$4.31	\$15,727.67	\$1,310.64	\$43.09	\$16,042.22	\$1,336.85
Employee & Spouse	\$2,500.08	\$208.34	\$104.17	\$6.85	\$16,654.67	\$1,387.89	\$45.63	\$16,987.76	\$1,415.65
Employee & Family	\$3,421.92	\$285.16	\$142.58	\$9.38	\$17,576.51	\$1,464.71	\$48.15	\$17,928.04	\$1,494.00
FBNY - NO HRA/Biometric Screening & Nicotine User									
Employee Only	\$2,131.92	\$177.66	\$88.83	\$5.84	\$16,286.51	\$1,357.21	\$44.62	N/A	N/A
Employee's Spouse Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee's Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee & Child(ren)	\$3,053.64	\$254.47	\$127.24	\$8.37	\$17,208.23	\$1,434.02	\$47.15	N/A	N/A
Employee & Spouse	\$3,980.64	\$331.72	\$165.86	\$10.91	\$18,135.23	\$1,511.27	\$49.69	N/A	N/A
Employee & Family	\$4,902.48	\$408.54	\$204.27	\$13.43	\$19,057.07	\$1,588.09	\$52.21	N/A	N/A
FBHN - HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant									
Employee Only	\$531.24	\$44.27	\$22.14	\$1.46	\$14,685.83	\$1,223.82	\$40.24	N/A	N/A
Employee's Spouse Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee's Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee & Child(ren)	\$1,453.08	\$121.09	\$60.55	\$3.98	\$15,607.67	\$1,300.64	\$42.76	N/A	N/A
Employee & Spouse	\$2,380.08	\$198.34	\$99.17	\$6.52	\$16,534.67	\$1,377.89	\$45.30	N/A	N/A
Employee & Family	\$3,301.92	\$275.16	\$137.58	\$9.05	\$17,456.51	\$1,454.71	\$47.83	N/A	N/A
FBHY - HRA/Biometric Screening & Nicotine User									
Employee Only	\$2,011.92	\$167.66	\$83.83	\$5.51	\$16,166.51	\$1,347.21	\$44.29	N/A	N/A
Employee's Spouse Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee's Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee & Child(ren)	\$2,933.64	\$244.47	\$122.24	\$8.04	\$17,088.23	\$1,424.02	\$46.82	N/A	N/A
Employee & Spouse	\$3,860.64	\$321.72	\$160.86	\$10.58	\$18,015.23	\$1,501.27	\$49.36	N/A	N/A
Employee & Family	\$4,782.48	\$398.54	\$199.27	\$13.10	\$18,937.07	\$1,578.09	\$51.88	N/A	N/A

2021 FORT BEND COUNTY EMPLOYEE BENEFIT PLAN RATES

DENTAL COVERAGE FORT BEND COUNTY	ACTIVE ANNUAL	ACTIVE MONTHLY	ACTIVE 24 PAYROLL DEDUCTIONS	ACTIVE DAILY	LOA ANNUAL	LOA MONTHLY	LOA DAILY	COBRA ANNUAL	COBRA MONTHLY
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00	\$1,495.90	\$124.66	\$4.10	\$1,525.82	\$127.15
Employee's Spouse Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$1,799.06	\$149.92
Employee's Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$1,964.81	\$163.73
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$2,238.04	\$186.50
Employee & Child(ren)	\$430.38	\$35.87	\$17.93	\$1.18	\$1,926.28	\$160.52	\$5.28	\$1,964.81	\$163.73
Employee & Spouse	\$267.88	\$22.32	\$11.16	\$0.73	\$1,763.78	\$146.98	\$4.83	\$1,799.06	\$149.92
Employee & Family	\$698.26	\$58.19	\$29.09	\$1.91	\$2,194.16	\$182.85	\$6.01	\$2,238.04	\$186.50

DENTAL COVERAGE HUMANA	ACTIVE ANNUAL	ACTIVE MONTHLY	ACTIVE 24 PAYROLL DEDUCTIONS	ACTIVE DAILY	LOA ANNUAL	LOA MONTHLY	LOA DAILY	COBRA ANNUAL	COBRA MONTHLY
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00	\$131.76	\$10.98	\$0.36	\$134.40	\$11.20
Employee's Spouse Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$134.40	\$11.20
Employee's Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$134.40	\$11.20
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$260.96	\$21.75
Employee & Child(ren)	\$255.84	\$21.32	\$10.66	\$0.70	\$255.84	\$21.32	\$0.70	\$260.96	\$21.75
Employee & Spouse	\$240.00	\$20.00	\$10.00	\$0.66	\$240.00	\$20.00	\$0.66	\$244.80	\$20.40
Employee & Family	\$358.08	\$29.84	\$14.92	\$0.98	\$358.08	\$29.84	\$0.98	\$365.24	\$30.44

VISION COVERAGE HUMANA	ACTIVE ANNUAL	ACTIVE MONTHLY	ACTIVE 24 PAYROLL DEDUCTIONS	ACTIVE DAILY	LOA ANNUAL	LOA MONTHLY	LOA DAILY	COBRA ANNUAL	COBRA MONTHLY
Employee Only	\$87.24	\$7.27	\$3.64	\$0.24	\$87.24	\$7.27	\$0.24	\$88.98	\$7.42
Employee's Spouse Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$88.98	\$7.42
Employee's Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$88.98	\$7.42
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$168.42	\$14.04
Employee & Child(ren)	\$165.12	\$13.76	\$6.88	\$0.45	\$165.12	\$13.76	\$0.45	\$168.42	\$14.04
Employee & Spouse	\$173.88	\$14.49	\$7.25	\$0.48	\$173.88	\$14.49	\$0.48	\$177.36	\$14.78
Employee & Family	\$292.08	\$24.34	\$12.17	\$0.80	\$292.08	\$24.34	\$0.80	\$297.92	\$24.83