# 2021 FORT BEND COUNTY EMPLOYEE BENEFIT PLAN RATES

| Medical Coverage Plan A | RETIREE MONTHLY | COBRA MONTHLY |
|---|---|---|
| **FANN - NO HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant** | | |
| Retiree Only | $130.05 | $1,335.79 |
| Retiree's Spouse Only | N/A | $1,535.54 |
| Retiree's Child(ren) Only | N/A | $1,368.22 |
| Retiree's Spouse & Child(ren) Only | N/A | $1,700.61 |
| Retiree & Child(ren) | $291.89 | $1,500.87 |
| Retiree & Spouse | $455.93 | $1,668.19 |
| Retiree & Family | $617.77 | $1,833.27 |
| **FANY - NO HRA/Biometric Screening & Nicotine User** | | |
| Retiree Only | $261.01 | 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) | $422.85 | N/A |
| Retiree & Spouse | $586.89 | N/A |
| Retiree & Family | $748.73 | N/A |
| **FAHN - HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant** | | |
| Retiree Only | $120.05 | 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) | $281.89 | N/A |
| Retiree & Spouse | $445.93 | N/A |
| Retiree & Family | $607.77 | N/A |
| **FAHY - HRA/Biometric Screening & Nicotine User** | | |
| Retiree Only | $251.01 | 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) | $412.85 | N/A |
| Retiree & Spouse | $576.89 | N/A |
| Retiree & Family | $738.73 | N/A |

# 2021 FORT BEND COUNTY EMPLOYEE BENEFIT PLAN RATES

| Medical Coverage Plan B | RETIREE MONTHLY | COBRA MONTHLY |
|---|---|---|
| **FBNN - NO HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant** | | |
| Retiree Only | $54.27 | $1,258.50 |
| Retiree's Spouse Only | N/A | $1,360.29 |
| Retiree's Child(ren) Only | N/A | $1,281.50 |
| Retiree's Spouse & Child(ren) Only | N/A | $1,438.65 |
| Retiree & Child(ren) | $131.09 | $1,336.85 |
| Retiree & Spouse | $208.34 | $1,415.65 |
| Retiree & Family | $285.16 | $1,494.00 |
| **FBNY - NO HRA/Biometric Screening & Nicotine User** | | |
| Retiree Only | $177.66 | 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) | $254.47 | N/A |
| Retiree & Spouse | $331.72 | N/A |
| Retiree & Family | $408.54 | N/A |
| **FBHN - HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant** | | |
| Retiree Only | $44.27 | 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) | $121.09 | N/A |
| Retiree & Spouse | $198.34 | N/A |
| Retiree & Family | $275.16 | N/A |
| **FBHY - HRA/Biometric Screening & Nicotine User** | | |
| Retiree Only | $167.66 | 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) | $244.47 | N/A |
| Retiree & Spouse | $321.72 | N/A |
| Retiree & Family | $398.54 | N/A |

# 2021 FORT BEND COUNTY EMPLOYEE BENEFIT PLAN RATES

| DENTAL COVERAGE FORT BEND COUNTY | RETIREE MONTHLY | COBRA MONTHLY |
|---|---|---|
| Retiree Only | $11.79 | $127.15 |
| Retiree's Spouse Only | N/A | $149.92 |
| Retiree's Child(ren) Only | N/A | $163.73 |
| Retiree's Spouse & Child(ren) Only | N/A | $186.50 |
| Retiree & Child(ren) | $45.66 | $163.73 |
| Retiree & Spouse | $32.12 | $149.92 |
| Retiree & Family | $65.99 | $186.50 |

| DENTAL COVERAGE HUMANA | RETIREE MONTHLY | 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 | 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 |