2023 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
FANN - NO HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant					****DEFAULT MEDICAL PLAN A****		
Employee Only	$1,714.32	$142.86	$71.43	$4.70	$16,088.70	$1,340.73	$44.08
Employee's Spouse Only	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
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee & Child(ren)	$3,829.20	$319.10	$159.55	$10.49	$18,203.58	$1,516.97	$49.87
Employee & Spouse	$5,974.80	$497.90	$248.95	$16.37	$20,349.18	$1,695.77	$55.75
Employee & Family	$8,089.68	$674.14	$337.07	$22.16	$22,464.06	$1,872.01	$61.55
FANY - NO HRA/Biometric Screening & Nicotine User							
Employee Only	$3,323.16	$276.93	$138.47	$9.10	$17,697.54	$1,474.80	$48.49
Employee's Spouse Only	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
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee & Child(ren)	$5,438.04	$453.17	$226.59	$14.90	$19,812.42	$1,651.04	$54.28
Employee & Spouse	$7,583.64	$631.97	$315.99	$20.78	$21,958.02	$1,829.84	$60.16
Employee & Family	$9,698.64	$808.22	$404.11	$26.57	$24,073.02	$2,006.09	$65.95
FAHN - HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant							
Employee Only	$1,594.32	$132.86	$66.43	$4.37	$15,968.70	$1,330.73	$43.75
Employee's Spouse Only	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
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee & Child(ren)	$3,709.20	$309.10	$154.55	$10.16	$18,083.58	$1,506.97	$49.54
Employee & Spouse	$5,854.80	$487.90	$243.95	$16.04	$20,229.18	$1,685.77	$55.42
Employee & Family	$7,969.68	$664.14	$332.07	$21.83	$22,344.06	$1,862.01	$61.22
FAHY - HRA/Biometric Screening & Nicotine User							
Employee Only	$3,203.16	$266.93	$133.47	$8.78	$17,577.54	$1,464.80	$48.16
Employee's Spouse Only	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
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee & Child(ren)	$5,318.04	$443.17	$221.59	$14.57	$19,692.42	$1,641.04	$53.95
Employee & Spouse	$7,463.64	$621.97	$310.99	$20.45	$21,838.02	$1,819.84	$59.83
Employee & Family	$9,578.64	$798.22	$399.11	$26.24	$23,953.02	$1,996.09	$65.62

MEDICAL PLAN A COBRA	ANNUAL	MONTHLY
Employee Only	$16,410.47	$1,367.54
Employee's Spouse Only	$19,007.56	$1,583.96
Employee's Child(ren) Only	$16,819.05	$1,401.59
Employee's Spouse & Child(ren) Only	$21,164.73	$1,763.73
Employee & Child(ren)	$18,567.65	$1,547.30
Employee & Spouse	$20,756.16	$1,729.68
Employee & Family	$22,913.34	$1,909.45

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Medical Coverage Plan B	ACTIVE ANNUAL	ACTIVE MONTHLY	ACTIVE 24 PAYROLL DEDUCTIONS	ACTIVE DAILY	LOA ANNUAL	LOA MONTHLY	LOA DAILY
FBNN - NO HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant					****DEFAULT MEDICAL PLAN B****		
Employee Only	$724.56	$60.38	$30.19	$1.99	$15,098.94	$1,258.25	$41.37
Employee's Spouse Only	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
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee & Child(ren)	$1,728.36	$144.03	$72.02	$4.74	$16,102.74	$1,341.90	$44.12
Employee & Spouse	$2,737.32	$228.11	$114.06	$7.50	$17,111.70	$1,425.98	$46.88
Employee & Family	$3,741.12	$311.76	$155.88	$10.25	$18,115.50	$1,509.63	$49.63
FBNY - NO HRA/Biometric Screening & Nicotine User							
Employee Only	$2,234.40	$186.20	$93.10	$6.12	$16,608.78	$1,384.07	$45.50
Employee's Spouse Only	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
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee & Child(ren)	$3,238.32	$269.86	$134.93	$8.87	$17,612.70	$1,467.73	$48.25
Employee & Spouse	$4,247.16	$353.93	$176.97	$11.64	$18,621.54	$1,551.80	$51.02
Employee & Family	$5,250.96	$437.58	$218.79	$14.39	$19,625.34	$1,635.45	$53.77
FBHN - HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant							
Employee Only	$604.56	$50.38	$25.19	$1.66	$14,978.94	$1,248.25	$41.04
Employee's Spouse Only	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
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee & Child(ren)	$1,608.36	$134.03	$67.02	$4.41	$15,982.74	$1,331.90	$43.79
Employee & Spouse	$2,617.32	$218.11	$109.06	$7.17	$16,991.70	$1,415.98	$46.55
Employee & Family	$3,621.12	$301.76	$150.88	$9.92	$17,995.50	$1,499.63	$49.30
FBHY - HRA/Biometric Screening & Nicotine User							
Employee Only	$2,114.40	$176.20	$88.10	$5.79	$16,488.78	$1,374.07	$45.17
Employee's Spouse Only	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
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee & Child(ren)	$3,118.32	$259.86	$129.93	$8.54	$17,492.70	$1,457.73	$47.93
Employee & Spouse	$4,127.16	$343.93	$171.97	$11.31	$18,501.54	$1,541.80	$50.69
Employee & Family	$5,130.96	$427.58	$213.79	$14.06	$19,505.34	$1,625.45	$53.44

MEDICAL PLAN B COBRA	ANNUAL	MONTHLY
Employee Only	$15,400.92	$1,283.41
Employee's Spouse Only	$16,714.88	$1,392.91
Employee's Child(ren) Only	$15,685.74	$1,307.15
Employee's Spouse & Child(ren) Only	$17,738.76	$1,478.23
Employee & Child(ren)	$16,424.79	$1,368.73
Employee & Spouse	$17,453.93	$1,454.49
Employee & Family	$18,477.81	$1,539.82

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DENTAL COVERAGE FORT BEND COUNTY	ACTIVE ANNUAL	ACTIVE MONTHLY	ACTIVE 24 PAYROLL DEDUCTIONS	ACTIVE DAILY	LOA ANNUAL	LOA MONTHLY	LOA DAILY
Employee Only	$0.00	$0.00	$0.00	$0.00	$1,519.13	$126.59	$4.16
Employee's Spouse Only	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
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee & Child(ren)	$430.38	$35.87	$17.93	$1.18	$1,949.51	$162.46	$5.34
Employee & Spouse	$267.88	$22.32	$11.16	$0.73	$1,787.01	$148.92	$4.90
Employee & Family	$698.26	$58.19	$29.09	$1.91	$2,217.39	$184.78	$6.08

FBC DENTAL COBRA	ANNUAL	MONTHLY
Employee Only	$1,549.51	$129.13
Employee's Spouse Only	$1,822.75	$151.90
Employee's Child(ren) Only	$1,988.50	$165.71
Employee's Spouse & Child(ren) Only	$2,261.74	$188.48
Employee & Child(ren)	$1,988.50	$165.71
Employee & Spouse	$1,822.75	$151.90
Employee & Family	$2,261.74	$188.48

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

HUMANA DENTAL COBRA	ANNUAL	MONTHLY
Employee Only	$134.40	$11.20
Employee's Spouse Only	$134.40	$11.20
Employee's Child(ren) Only	$134.40	$11.20
Employee's Spouse & Child(ren) Only	$260.96	$21.75
Employee & Child(ren)	$260.96	$21.75
Employee & Spouse	$244.80	$20.40
Employee & Family	$365.24	$30.44

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

HUMANA VISION COBRA	ANNUAL	MONTHLY
Employee Only	$88.98	$7.42
Employee's Spouse Only	$88.98	$7.42
Employee's Child(ren) Only	$88.98	$7.42
Employee's Spouse & Child(ren) Only	$168.42	$14.04
Employee & Child(ren)	$168.42	$14.04
Employee & Spouse	$177.36	$14.78
Employee & Family	$297.92	$24.83