

2024 FORT BEND COUNTY EMPLOYEE BENEFIT PLAN RATES

Medical Coverage Plan A	RETIREE ANNUAL	RETIREE MONTHLY
NO HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant		
Retiree Only	\$1,714.32	\$142.86
Retiree's Spouse Only	\$4,260.48	\$355.04
Retiree's Child(ren) Only	\$2,114.88	\$176.24
Retiree's Spouse & Child(ren) Only	\$6,375.36	\$531.28
Retiree & Child(ren)	\$3,829.20	\$319.10
Retiree & Spouse	\$5,974.80	\$497.90
Retiree & Family	\$8,089.68	\$674.14
NO HRA/Biometric Screening & Nicotine User		
Retiree Only	\$3,323.16	\$276.93
Retiree's Spouse Only	\$4,260.48	\$355.04
Retiree's Child(ren) Only	\$2,114.88	\$176.24
Retiree's Spouse & Child(ren) Only	\$6,375.48	\$531.29
Retiree & Child(ren)	\$5,438.04	\$453.17
Retiree & Spouse	\$7,583.64	\$631.97
Retiree & Family	\$9,698.64	\$808.22
HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant		
Retiree Only	\$1,594.32	\$132.86
Retiree's Spouse Only	\$4,260.48	\$355.04
Retiree's Child(ren) Only	\$2,114.88	\$176.24
Retiree's Spouse & Child(ren) Only	\$6,375.36	\$531.28
Retiree & Child(ren)	\$3,709.20	\$309.10
Retiree & Spouse	\$5,854.80	\$487.90
Retiree & Family	\$7,969.68	\$664.14
HRA/Biometric Screening & Nicotine User		
Retiree Only	\$3,203.16	\$266.93
Retiree's Spouse Only	\$4,260.48	\$355.04
Retiree's Child(ren) Only	\$2,114.88	\$176.24
Retiree's Spouse & Child(ren) Only	\$6,375.48	\$531.29
Retiree & Child(ren)	\$5,318.04	\$443.17
Retiree & Spouse	\$7,463.64	\$621.97
Retiree & Family	\$9,578.64	\$798.22

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Medical Coverage Plan B	RETIREE ANNUAL	RETIREE MONTHLY
NO HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant		
Retiree Only	\$724.56	\$60.38
Retiree's Spouse Only	\$2,012.76	\$167.73
Retiree's Child(ren) Only	\$1,003.80	\$83.65
Retiree's Spouse & Child(ren) Only	\$3,016.56	\$251.38
Retiree & Child(ren)	\$1,728.36	\$144.03
Retiree & Spouse	\$2,737.32	\$228.11
Retiree & Family	\$3,741.12	\$311.76
NO HRA/Biometric Screening & Nicotine User		
Retiree Only	\$2,234.40	\$186.20
Retiree's Spouse Only	\$2,012.76	\$167.73
Retiree's Child(ren) Only	\$1,003.92	\$83.66
Retiree's Spouse & Child(ren) Only	\$3,016.56	\$251.38
Retiree & Child(ren)	\$3,238.32	\$269.86
Retiree & Spouse	\$4,247.16	\$353.93
Retiree & Family	\$5,250.96	\$437.58
HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant		
Retiree Only	\$604.56	\$50.38
Retiree's Spouse Only	\$2,012.76	\$167.73
Retiree's Child(ren) Only	\$1,003.80	\$83.65
Retiree's Spouse & Child(ren) Only	\$3,016.56	\$251.38
Retiree & Child(ren)	\$1,608.36	\$134.03
Retiree & Spouse	\$2,617.32	\$218.11
Retiree & Family	\$3,621.12	\$301.76
HRA/Biometric Screening & Nicotine User		
Retiree Only	\$2,114.40	\$176.20
Retiree's Spouse Only	\$2,012.76	\$167.73
Retiree's Child(ren) Only	\$1,003.92	\$83.66
Retiree's Spouse & Child(ren) Only	\$3,016.56	\$251.38
Retiree & Child(ren)	\$3,118.32	\$259.86
Retiree & Spouse	\$4,127.16	\$343.93
Retiree & Family	\$5,130.96	\$427.58

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DENTAL COVERAGE FORT BEND COUNTY	RETIREE ANNUAL	RETIREE MONTHLY
Retiree Only	\$141.48	\$11.79
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)	\$547.92	\$45.66
Retiree & Spouse	\$385.44	\$32.12
Retiree & Family	\$791.88	\$65.99