

## 2026 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
<b>FANN - NO HRA/Biometric Screening &amp; Non-Nicotine User/Nicotine Cessation Participant    **DEFAULT MEDICAL PLAN A**</b>							
Employee Only	\$1,787.04	\$148.92	\$74.46	\$4.90	\$17,102.13	\$1,425.18	\$46.86
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)	\$3,983.64	\$331.97	\$165.99	\$10.91	\$19,298.73	\$1,608.23	\$52.87
Employee & Spouse	\$6,212.16	\$517.68	\$258.84	\$17.02	\$21,527.25	\$1,793.94	\$58.98
Employee & Family	\$8,408.64	\$700.72	\$350.36	\$23.04	\$23,723.73	\$1,976.98	\$65.00
<b>FANY - NO HRA/Biometric Screening &amp; Nicotine User</b>							
Employee Only	\$3,403.20	\$283.60	\$141.80	\$9.32	\$18,718.29	\$1,559.86	\$51.28
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)	\$5,599.80	\$466.65	\$233.33	\$15.34	\$20,914.89	\$1,742.91	\$57.30
Employee & Spouse	\$7,828.20	\$652.35	\$326.18	\$21.45	\$23,143.29	\$1,928.61	\$63.41
Employee & Family	\$10,024.80	\$835.40	\$417.70	\$27.47	\$25,339.89	\$2,111.66	\$69.42
<b>FAHN - HRA/Biometric Screening &amp; Non-Nicotine User/Nicotine Cessation Participant</b>							
Employee Only	\$1,667.04	\$138.92	\$69.46	\$4.57	\$16,982.13	\$1,415.18	\$46.53
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)	\$3,863.64	\$321.97	\$160.99	\$10.59	\$19,178.73	\$1,598.23	\$52.54
Employee & Spouse	\$6,092.16	\$507.68	\$253.84	\$16.69	\$21,407.25	\$1,783.94	\$58.65
Employee & Family	\$8,288.64	\$690.72	\$345.36	\$22.71	\$23,603.73	\$1,966.98	\$64.67
<b>FAHY - HRA/Biometric Screening &amp; Nicotine User</b>							
Employee Only	\$3,283.20	\$273.60	\$136.80	\$9.00	\$18,598.29	\$1,549.86	\$50.95
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)	\$5,479.80	\$456.65	\$228.33	\$15.01	\$20,794.89	\$1,732.91	\$56.97
Employee & Spouse	\$7,708.20	\$642.35	\$321.18	\$21.12	\$23,023.29	\$1,918.61	\$63.08
Employee & Family	\$9,904.80	\$825.40	\$412.70	\$27.14	\$25,219.89	\$2,101.66	\$69.10

MEDICAL PLAN A COBRA		
	ANNUAL	MONTHLY
Employee Only	\$17,444.17	\$1,453.68
Employee's Spouse Only	\$19,175.49	\$1,597.96
Employee's Child(ren) Only	\$16,902.40	\$1,408.53
Employee's Spouse & Child(ren) Only	\$21,415.90	\$1,784.66
Employee & Child(ren)	\$19,684.70	\$1,640.39
Employee & Spouse	\$21,957.80	\$1,829.82
Employee & Family	\$24,198.20	\$2,016.52

## 2026 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
<b>FBNN - NO HRA/Biometric Screening &amp; Non-Nicotine User/Nicotine Cessation Participant **DEFAULT MEDICAL PLAN B**</b>							
Employee Only	\$759.48	\$63.29	\$31.65	\$2.08	\$16,074.57	\$1,339.55	\$44.04
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)	\$1,801.80	\$150.15	\$75.08	\$4.94	\$17,116.89	\$1,426.41	\$46.90
Employee & Spouse	\$2,849.40	\$237.45	\$118.73	\$7.81	\$18,164.49	\$1,513.71	\$49.77
Employee & Family	\$3,891.72	\$324.31	\$162.16	\$10.66	\$19,206.81	\$1,600.57	\$52.62
<b>FBNY - NO HRA/Biometric Screening &amp; Nicotine User</b>							
Employee Only	\$2,272.80	\$189.40	\$94.70	\$6.23	\$17,587.89	\$1,465.66	\$48.19
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)	\$3,315.12	\$276.26	\$138.13	\$9.08	\$18,630.21	\$1,552.52	\$51.04
Employee & Spouse	\$4,362.84	\$363.57	\$181.79	\$11.95	\$19,677.93	\$1,639.83	\$53.91
Employee & Family	\$5,405.16	\$450.43	\$225.22	\$14.81	\$20,720.25	\$1,726.69	\$56.77
<b>FBHN - HRA/Biometric Screening &amp; Non-Nicotine User/Nicotine Cessation Participant</b>							
Employee Only	\$639.48	\$53.29	\$26.65	\$1.75	\$15,954.57	\$1,329.55	\$43.71
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)	\$1,681.80	\$140.15	\$70.08	\$4.61	\$16,996.89	\$1,416.41	\$46.57
Employee & Spouse	\$2,729.40	\$227.45	\$113.73	\$7.48	\$18,044.49	\$1,503.71	\$49.44
Employee & Family	\$3,771.72	\$314.31	\$157.16	\$10.33	\$19,086.81	\$1,590.57	\$52.29
<b>FBHY - HRA/Biometric Screening &amp; Nicotine User</b>							
Employee Only	\$2,152.80	\$179.40	\$89.70	\$5.90	\$17,467.89	\$1,455.66	\$47.86
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)	\$3,195.12	\$266.26	\$133.13	\$8.75	\$18,510.21	\$1,542.52	\$50.71
Employee & Spouse	\$4,242.84	\$353.57	\$176.79	\$11.62	\$19,557.93	\$1,629.83	\$53.58
Employee & Family	\$5,285.16	\$440.43	\$220.22	\$14.48	\$20,600.25	\$1,716.69	\$56.44

MEDICAL PLAN B COBRA		
	ANNUAL	MONTHLY
Employee Only	\$16,396.06	\$1,366.34
Employee's Spouse Only	\$16,793.59	\$1,399.47
Employee's Child(ren) Only	\$15,725.03	\$1,310.42
Employee's Spouse & Child(ren) Only	\$17,856.75	\$1,488.06
Employee & Child(ren)	\$17,459.23	\$1,454.94
Employee & Spouse	\$18,527.78	\$1,543.98
Employee & Family	\$19,590.95	\$1,632.58

## 2026 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
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