# 2011 FORT BEND COUNTY EMPLOYEE BENEFIT PREMIUMS

| PREMIUM RATES | MONTHLY | 24 PAYROLL DEDUCTIONS | LOA MONTHLY | COBRA MONTHLY |
|---|---|---|---|---|
| **MEDICAL COVERAGE** | | | | |
| *FBCEB Plan Option A* | | | | |
| Employee Only | $49.96 | $24.98 | $745.97 | $760.89 |
| Employee's Spouse Only | N/A | N/A | N/A | $925.40 |
| Employee's Child(ren) Only | N/A | N/A | N/A | $817.88 |
| Employee's Spouse & Child(ren) Only | N/A | N/A | N/A | $1,033.16 |
| Employee & Child(ren) | $155.60 | $77.80 | 851.61 | $868.64 |
| Employee & Spouse | $261.21 | $130.61 | 957.22 | $976.36 |
| Employee & Family | $366.85 | $183.43 | 1,062.86 | $1,084.11 |
| *FBCEB Plan Option B* | | | | |
| Employee Only | $0.00 | $0.00 | 696.01 | $709.93 |
| Employee's Spouse Only | N/A | N/A | N/A | $813.20 |
| Employee's Child(ren) Only | N/A | N/A | N/A | $761.61 |
| Employee's Spouse & Child(ren) Only | N/A | N/A | N/A | $864.88 |
| Employee & Child(ren) | $50.67 | $25.33 | 746.68 | $761.61 |
| Employee & Spouse | $101.25 | $50.63 | 797.26 | $813.20 |
| Employee & Family | $151.92 | $75.96 | 847.93 | $864.88 |
| **DENTAL COVERAGE** | | | | |
| *FBCEB Dental Plan* | | | | |
| Employee Only | $0.00 | $0.00 | 73.56 | $75.03 |
| Employee's Spouse Only | N/A | N/A | N/A | $97.80 |
| Employee's Child(ren) Only | N/A | N/A | N/A | $111.61 |
| Employee's Spouse & Child(ren) Only | N/A | N/A | N/A | $134.36 |
| Employee & Child(ren) | $35.67 | $17.93 | 109.43 | $111.61 |
| Employee & Spouse | $22.32 | $11.16 | 95.88 | $97.80 |
| Employee & Family | $58.17 | $29.08 | 131.73 | $134.36 |
| *CompBenefits CompDent (DHMO)* | | | | |
| Employee Only | $0.00 | $0.00 | $10.98 | $11.20 |
| Employee's Spouse Only | N/A | N/A | N/A | $11.20 |
| Employee's Child(ren) Only | N/A | N/A | N/A | $11.20 |
| Employee's Spouse & Child(ren) Only | N/A | N/A | N/A | $21.75 |
| Employee & Child(ren) | $21.32 | $10.66 | $21.32 | $21.75 |
| Employee & Spouse | $20.00 | $10.00 | $20.00 | $20.40 |
| Employee & Family | $29.84 | $14.92 | $29.84 | $30.44 |
| **VISION COVERAGE** | | | | |
| *CompBenefits VisionCare* | | | | |
| Employee Only | $8.92 | $3.46 | $6.92 | $7.06 |
| Employee's Spouse Only | N/A | N/A | N/A | $7.06 |
| Employee's Child(ren) Only | N/A | N/A | N/A | $7.06 |
| Employee's Spouse & Child(ren) Only | N/A | N/A | N/A | $13.36 |
| Employee & Child(ren) | $13.10 | $6.55 | $13.10 | $13.36 |
| Employee & Spouse | $13.80 | $6.90 | $13.80 | $14.08 |
| Employee & Family | $23.18 | $11.59 | $23.18 | $23.64 |

# 2011 FORT BEND COUNTY EMPLOYEE BENEFIT PLAN AND COUNTY CHOICE SILVER RETIREE PREMIUMS

| PREMIUM RATES | SUBSIDIZED MONTHLY | NON-SUBSIDIZED MONTHLY |
|---|---|---|
| **MEDICAL COVERAGE - AGE 64 AND UNDER** | | |
| ***FBCEB Plan Option A*** | | |
| Retiree Only | $49.96 | $760.89 |
| Retiree's Spouse Only | $211.25 | $925.40 |
| Retiree's Child(ren) Only | $105.64 | $817.68 |
| Retiree's Spouse & Child(ren) Only | $316.89 | $1,033.16 |
| Retiree & Child(ren) | $155.60 | $868.64 |
| Retiree & Spouse | $261.21 | $976.36 |
| Retiree & Family | $366.85 | $1,084.11 |
| ***FBCEB Plan Option B*** | | |
| Retiree Only | $0.00 | $709.93 |
| Retiree's Spouse Only | $101.25 | $813.20 |
| Retiree's Child(ren) Only | $50.67 | $761.61 |
| Retiree's Spouse & Child(ren) Only | $151.92 | $864.88 |
| Retiree & Child(ren) | $50.67 | $761.61 |
| Retiree & Spouse | $101.25 | $813.20 |
| Retiree & Family | $151.92 | $864.86 |
| **DENTAL COVERAGE - ELIGIBLE RETIREE ONLY** | | |
| ***FBCEB Dental Plan*** | | |
| Retiree Only | $11.79 | N/A |
| Retiree & Child(ren) | $45.66 | N/A |
| Retiree & Spouse | $32.12 | N/A |
| Retiree & Family | $65.99 | N/A |

# 2011 FORT BEND COUNTY EMPLOYEE BENEFIT PLAN AND COUNTY CHOICE SILVER RETIREE PREMIUMS

| PREMIUM RATES | SUBSIDIZED MONTHLY | NON-SUBSIDIZED MONTHLY |
|---|---|---|
| **MEDICAL COVERAGE - AGE 65 AND OVER** | | |
| *** County Choice Silver (Medicare Supplement)* | *(Medicare Parts A & B Required)* | *(Medicare Parts A, B & D Required)* |
| Retiree Only 65-69 | $13.14 | $162.32 |
| Retiree Only 70-74 | $15.75 | $194.57 |
| Retiree Only 75-79 | $21.60 | $266.83 |
| Retiree Only 80+ | $23.22 | $286.84 |
| Retiree's Spouse Only 65-69 | $114.39 | $148.92 |
| Retiree's Spouse Only 70-74 | $117.00 | $178.50 |
| Retiree's Spouse Only 75-79 | $122.85 | $244.80 |
| Retiree's Spouse Only 80+ | $124.47 | $263.16 |
| Retiree & Spouse 65-69 | $127.53 | * N/A |
| Retiree & Spouse 70-74 | $132.75 | * N/A |
| Retiree & Spouse 75-79 | $144.45 | * N/A |
| Retiree & Spouse 80+ | $147.69 | * N/A |
| Widow(er) 65-69 | N/A | $162.32 |
| Widow(er) 70-74 | N/A | $194.57 |
| Widow(er) 75-79 | N/A | $266.83 |
| Widow(er) 80+ | N/A | $286.84 |

*** For a Non-Subsidized Retiree and Spouse who both have CCS coverage, add together appropriate rate for each participant's age level from Retiree Only and Retiree's Spouse Only above.**

**** CCS excludes a prescription program. Rx is provided by Fort Bend County Employee Benefit Plan at 100% County Contribution for Subsidized Only. (Note: Non-Subsidized and Widow(er)s do not have an Rx program with Fort Bend County.)**

***NOTE: If a retiree and their spouse or child(ren) are on different medical plans, you must add together the premiums for each plan.***